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# The Healthcare Bulletin

## Nine-Day Hold On Medicare Payments

During the last nine days of the federal fiscal year -- September 22-30, 2006 --no payments will be made on Medicare claims. This hold is mandated by the Deficit Reduction Act of 2006. See Transmittal 944 for more information about the hold on Medicare payments.

## SNF Open Door Forum

The next CMS Open Door Forum is scheduled for August 29, 2006 at 2:00 PM Eastern Daylight Savings Time. To participate by phone, dial 1-800-837-1935 & Reference Conference ID: 8270211.

## Certificates of Medical Necessity

A Certificate of Medical Necessity (CMN) is required to help document the medical necessity and other coverage criteria for selected DMEPOS items. CMS has developed and improved the CMS forms. There is a transition period for claims with initial dates of service from October 1, 2006, through December 31, 2006, where claims for items requiring a CMN will be accepted with either the old or the new form. The old form will not be accepted after January 1, 2007. The improved forms also permit the use of a signature and date stamp.

## Therapy Documentation Tip

"Clinicians should consider the discharge note the last opportunity to justify the medical necessity of the entire treatment episode in case the record is reviewed. The record should be reviewed and organized, so the required documentation is ready for presentation to the contractor when requested." (*Source: Medicare Benefit Policy Manual, Chapter 15, Section 220*).

## Medicare Billing Manual

**Billing: Prospective Payment System and Consolidated Billing for the Skilled Nursing Facility** manual provides SNFs with up-to-date information and answers to daily billing dilemmas. Topics include RUGS III, PPs, consolidated billing, payment issues, off site services, Part B billing, DME in the SNF, billing tips and compliance issues. This manual is a

must for both the beginning and the experienced billers who wish to bill accurately and efficiently to receive proper reimbursement. This manual comes on a CD at no extra charge. Updates are available through a subscription service. Price: \$150. To order a copy call Ed Roberts at 770-529-3243.

## Annual ICD-9-CM Coding Update

The new and revised ICD-9-CM diagnosis codes will be effective October 1, 2006. Providers are reminded to order new code books now to be prepared to use the new codes by October 1.

## National Provider Identifier Reminder

A National Provider Identifier (NPI) will be required to be used by all covered entities in standard transactions by May 23, 2007. Small health plans must comply by May 23, 2008. The NPI will replace the current provider numbers assigned by Medicaid, Medicare, and private health plans, thereby eliminating the need for multiple provider identification numbers.

Providers may apply through an easy-to-use online application process at <https://nppes.cms.hhs.gov>.

Key information:

- All healthcare providers need a NPI
- The NPI is required on the April 2006 version of the provider Medicare enrollment application
- On claims submitted through October 2, 2006, the current Medicare Provider/Supplier number or that number and the NPI are acceptable.
- Between October 2, 2006 and May 22, 2007, either the old Medicare Provider/Supplier number or the NPI are acceptable; however, if providers choose to use their NPI, Medicare strongly recommends that they include their old numbers as a secondary identifier.

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