Labor Day 2008

NCDS update

Keeping your office up-to-date on industry and insurance changes, late-breaking billing & reimbursement news, and general inter-office communication…

Careful Coding is a Key to Success!

Coding Review: Consults

Consultation codes (99241-99245 outpatient/office and 99251-99255 inpatient) have the highest error rate of all E/M codes as declared by the Medicare CERT audits. Protect yourself and your practice from an unwanted and time consuming audit by knowing the rules.

What IS a "consult"? Specifically, per the Medicare Claims Processing Manual, Chapter 12, Section 30.6.10, a consultation service is distinguished from other evaluation and management (E/M) visits because it is provided by a physician or qualified nonphysician practitioner (NPP) whose opinion or advice regarding evaluation and/or management of a specific problem is requested by another physician or other appropriate source.

What is NOT a "consult"? Concurrent care, a Referral, Transfer of care, a Second opinion or a Follow up visit alone do not justify a consultation.

What are the CMS and AMA guidelines for documentation?

- **REQUEST** in writing from another provider
- **REASON** for the visit
- **RENDER** an opinion
- **REPORT** in writing to the requesting provider
- **RETURN** of the patient to the requesting provider

Plus don't forget the E/M requirements of a consultation, including 3 key components and the extent of time counseling and/or coordinating care.

For complete details go to:
www.cms.hhs.gov/transmittals/downloads/r788cp.pdf

Always include the full first and last name of the referring physician (several may have the same name) on your encounter/billing form to assist NCDS in quickly processing your charges and prevent returned items.

Billing and Documenting E/M

Are you selecting the proper level of services for your office visits and hospital rounds?

Know the proper coding and self audit your practice by using the July 2008 version of the *Evaluation & Management Services Guide*, which provides E/M services information about medical record documentation, ICD-9 and CPT codes, and key elements of service. It is now available on the CMS Medicare Learning Network at:

http://www.cms.hhs.gov/MLNProducts/downloads/eval_mgmt_serv_guide.pdf

Working with the Coders

Contact an NCDS certified coder for additional assistance on any specific coding and/or documentation question. Our qualified team is always glad to assist you.

Our coding staff obtains the most current knowledge by maintaining certification standards and continuing education requirements as defined by the American Academy of Professional Coders.

A Certified Professional Coder® (CPC®) is an individual of high professional integrity who has passed a medical coding certification examination sponsored by the American Academy of Professional Coders (AAPC). The examination consists of questions regarding the correct application of CPT®, HCPCS procedure and supply codes and ICD-9-CM diagnosis codes used for billing professional medical services to insurance companies.

A CPC® is an individual who in addition to on the job experience as a medical coder has achieved a measurable level of knowledge and expertise in reviewing and adjudicating coding of services, procedures and diagnoses on medical claims.

Medicare Fees

As you know by now, Congress has overridden President Bush's veto of HR 6331, the Medicare Improvement for Patients and Providers Act. Primarily this rescinds the July 1, 2008 reduction of the physician fee schedule payments and provides a 1.1% increase for rates in 2009. There are many other provisions of interest. You may view the entire bill at:

http://thomas.loc.gov/home/gpoxmlc110/h6331_enr.xml

Medicaid Fees

Effective July 1, 2008 the Ohio Department of Job and Family Services announced the Medicaid maximums for certain codes were increased as part of the Governor's biennial budget. An aggregate 3% increase was implemented. The detailed fees by CPT code can be found at:

http://www.registerofohio.state.oh.us/pdfs/5101/3/1/5101$3-1-60_PH_EM_AE_APP1_20080701_1457.pdf

Paramount Advantage Fees

In response to the above ODJFS changes, Paramount Advantage determined that it could no longer sustain making payments at a level higher than the Medicaid fee schedule. Effective July 20, 2008 reimbursement was changed to a rate EQUAL to the Ohio Medicaid fee schedule. Contact your Paramount Provider Relations representative at 800-891-2542 for more information.

Cigna Fees

As of October 1, 2008 Cigna will update its Ohio Physician and Practitioner Fee Schedule. Details are available for registered users at: www.cignaforhcp.com, click on "Register Now" to gain access to the new reimbursement information.

PPOM is now COFINITY Providers

These carriers are in the process of merging in 2008.

With all these insurance changes be sure to ask patients for updated insurance cards at every visit.

Confirm any changes by getting an updated Patient Registration form or Print a Face Sheet from the NCDS system menu and write in any new information.

Patient Registration Form Changes for January 1, 2009

"Going Green" is a hot topic in today's business world but how do you go about Greening our services? Now that the vast majority of clients are providing billing information to NCDS electronically via scanned files or our fax server there is a diminishing need for Two-Part NCR forms. NCDS will begin providing you Single Sheet forms unless you send your daily billing information hardcopy, or specifically request Two-Part NCR.

Scanning technology and paper reducing strategies allow us to consider our environment, contain costs, save energy and save space while making process improvements to help your practice.

Refund for Refund Changes

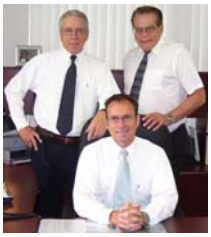
In order to maintain compliance with the Office of Inspector General (OIG) Compliance Program Guidance for Third-Party Medical Billing Companies and the Compliance Program for Individual and Small Group Physician Practices, we must document your patient and insurance refunds more completely.

After authorizing a refund ***please return a signed, dated copy of the refund request along with a copy of the check.*** This information should be submitted to NCDS with your daily billing information. Providing NCDS with this information helps both of us meet the required regulations and gives NCDS the details needed to properly reconcile your accounts and field calls from patients and/or insurance companies inquiring about pending refunds. If you have any questions about this process please feel free to contact our office and speak with Jessica Polo.

EMPLOYEE CORNER

CONGRATULATIONS TO ALL our hardworking employees as NCDS celebrated 23 years in business on August 28, 2008. Our employees' daily commitment to serving our clients keeps our business going and growing.

THANK YOU!



Mike, Dave and Mick Polo