



**Medical Healthcare
Solutions, Inc.**

P.O. Box 3160
100 Brickstone Square
Andover, MA 01810
978-474-8885

www.medicalhealthcaresolutions.com



MHS applauds our colleagues In The News...

A. Deniz Ozel, MD, for her most recent appointment as Medical Director at *New England Rehabilitation Hospital*. A physiatrist with NERH since 1992, Dr. Ozel has assumed many leadership roles with the hospital during her tenure here including the Director of Medical Education, Chief of Physiatry and President of the Medical Staff.

New surgery appointments with *Beth Israel Deaconess Medical Center* (BIDMC):
Malcolm DeCamp, Jr., MD, as section chief, thoracic surgery: Dr. DeCamp brings with him extensive clinical expertise in advanced treatment of pulmonary, mediastinal and esophageal ailments;

Seth Karp, MD, division of transplantation surgery: Dr. Karp brings with him extensive clinical knowledge in the latest advances for liver, kidney and pancreatic transplantation and disease management;


Kamal Khabbaz, MD, division of cardiothoracic surgery: Dr. Khabbaz brings with him exceptional skill and experience in performing complex adult cardiac surgery;

Vivian Sanchez, MD, Center for Minimally Invasive Surgery: Dr. Sanchez will focus on developing advanced minimally invasive surgical treatments for all types of hernias, and for gastroesophageal reflux and gastrointestinal disease.

Our Congratulations to all!

Today's Tip:

When billing for an inpatient consult and you are asked to follow the patient during the entire hospital stay to treat the condition, you can continue to be paid **IF** you bill using the inpatient **E/M codes** and **avoid using** the follow-up inpatient **consult codes**.



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THE MHS COMMUNICATOR

Medical Healthcare Solutions, Inc.: Complete Healthcare Management & Billing Services

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*Dear
valued clients
and friends:*

First of all, I would like to thank each of you for giving us the opportunity to service your billing needs in 2004. You have not only met the challenges of this year's HIPAA compliance requirements but also endured the unique demands caused by lower insurance reimbursement rates. However, continuing to maximize your revenue opportunities with your payers remains a central goal for Medical Healthcare Solutions in 2005.

As always, our goal is twofold: a primary focus on adjudicating claims correctly, *the first time*, and making sure that your contractual agreements with each payer are met consistently. As such, we ask that you keep MHS informed about those rates specific to your practice. We will not leave your money on the table!

Remember, the staff at Medical Healthcare Solutions is here to help you. As previously stated, our priority remains the ongoing success of your practice. In addition to online scheduling, billing and electronic medical records management, MHS has many tools available to help facilitate your practice administration needs.

Please know that I appreciate your patronage and value each of the professional relationships that we have formed.

Best regards,

Stephen P. Brighton
President / CEO

Medicare News: Billing Options Abound

The 2005 physician fee schedule, published in the November 15, 2004 *Federal Register*, includes many new billing opportunities for providers as well as some major payment changes. These changes, combined with a 1.5% RBRVS increase guaranteed by the Medicare Modernization Act (MMA), are projected to increase total Medicare spending by about 4% (this will bring physician payments up from about \$53.1 billion in 2004 to \$55.3 billion in 2005).

Beginning in January, for example, *you will be able to bill separately for injections when they are administered on the same date as other Medicare services* because CMS is unbundling **90471** from other covered services; CMS has also afforded this code a sizeable pay-rate increase. Other codes such as **G0008** influenza, **G0009** pneumococcal, and **G0010** hepatitis B will see the same substantial rate hike as **90471**.

Another *billing opportunity can be found with oncology services*. CMS wants to measure how chemotherapy affects patient quality of life. CMS has set up 12 G-codes to describe the degree of patient discomfort for three different areas: pain, nausea and/or vomiting, and fatigue. This pilot project will allow CMS to pay practices an extra \$130 for each patient encounter submitted that meets their criteria. There is no plan enrollment requirement, and participation in the project is open to both physicians and non-physician practitioners alike.

Note: you must chose one code for each of the three conditions to qualify for the \$130 CMS payment.

For more information on the program, please visit www.partbnews.com, click on "Hot Documents" and reference "Extra Chemotherapy Payments".



News From The Private Sector...

All BCBSMA plan participants are scheduled to receive their new non-Social Security based ID number cards by January 1, 2005 and out-of-state residents are scheduled to be converted by January 2006.

As a reminder:

- Always ask patients to show you their most current BCBS ID card.
- Perform an eligibility check to ensure that the new number has been activated; online at Bluecrossma.com for registered providers or call BCBS directly at 800-316-BLUE (2583).
- Make copies of the front and back of the member's ID card for your files and pass the information along to the billing staff.

Cigna HealthCare has restructured its call center capabilities; one phone number does it all: **800-CIGNA-24**.

- Verify member eligibility and benefits.
- Verify claim status and obtain precertifications.
- Use the PAL/IVR system.
- Request prescription drug authorizations.
- Speak with Provider Services and get quick answers to your questions.

800-CIGNA-24 is available 8 am to 6 pm



**Please be sure
that your medical
specialty is listed
correctly with
Medicare.**

**Discrepancies can trigger
unnecessary audits or effect
your rate of reimbursement!**

Attention on-line clients...



If you experience connection problems with your remote access to MHS please contact **Patti Fay**, MHS Network Administrator, for assistance.

During business hours, please contact Patti directly at **978-289-1113**; **After hours**, she may be paged at **978-507-1162**.

Simple Harvard Pilgrim HealthCare (HPHC) tips for reducing claim denials...

Did you know that “no notification” denials of elective and emergency services comprise a significant percentage of **all** HPHC denials? It’s true—and easier than you think to avoid. Granted it can be quite challenging for busy servicing providers and hospitals to find the time to notify an insurance company, but doing so will save you time and effort down the road.

Keep in mind that notification for **elective** procedures should be made **at least one week prior** to patient admission. **Emergency or urgent** admissions require that you notify the insurance company **within two business days** following that admission.

In addition to phoning or faxing in the notifications, specialists or hospitals can now notify HPHC electronically at **HPHConnect** or **NEHEN**. Through e-channels, providers have the added benefit of immediate confirmation that their notification has been received. For more information on e-channels or other HPHC procedures, please visit www.harvardpilgrim.org/providers or contact the HPHC Provider Service Center directly at **800-708-4413, opt 3**.

And The Winner Is...



Toys for Tots !

MHS held its first, annual holiday hat decorating contest and raised \$600 for this wonderful cause — Thank you to all who participated!



More '05 Billing opportunities w/CMS

from the November 22 issue of the Part B News

1. Correction: In the final publication of the 2005 physician fee schedule, replacement code **36415** for venipuncture code **G0001**, was incorrectly assigned status indicator ‘I’ meaning that the code was not valid for Medicare use. However, CMS has recently reported that this classification was a mistake. The correct status indicator for code **36415**, simple blood draw, is actually ‘C’ meaning that the code is carrier-priced. This means that the new code will carry the same reimbursement as G0001 and continue to be payable under the lab fee schedule.

2. New Preventive Visit: The final fee schedule will allow physicians that bill the new ‘Welcome to Medicare’ visit to also bill a separate evaluation and management service (up to a level –5) if medically necessary, when done on the same patient, the same day as the welcome visit.

3. Conversion Factor Variables: The impact of this year’s conversion factor increase could vary widely by specialty and subspecialty. The American College of Rheumatology for example, noted that their specialty should see a 5% increase in revenues whereas the Urology specialty could experience as much as a 14% reduction (dependant upon the mix of their services). Most surgical specialties will receive an increase of about 2% in 2005 with vascular surgery seeing the biggest bump at 6%.

4. Ophthalmology: The good news for this specialty is the introduction of some new codes: **cyclophotocoagulation, endoscopic code 66711** (\$506.69 par, national, office rates) and **ophthalmic ultrasound code 76510** (\$170.00 par, national, office rates).

5. Reduced E/M Neurosurgery Denials: Data from a new 4-year study shows that neurosurgeons have seen denials on their top billed code (99213) **decrease** from 7.9% to 5.9%. However, during that same period, the top non-EM service has seen a double-digit **increase** in its denial rate. A lot of these denials may be attributed to the definition requirement that microscopes be used only in combination with “techniques of microsurgery”. Therefore, CMS recommends that you should not append modifier –51 (multiple procedures) to 69990 when you bill it with another service as it is already an official add-on.

Did you know...

that you can access the latest updates to BCBS medical policies and other documents 24-hours a day via:

www.bluecrossma.com/medicalpolicies

- or -

Fax-on-demand at **1-888-633-7654**



CPT Coding: Changes for 2005

The 2005 codes offer more specifics to help determine how a service should be billed. You can expect 157 new codes, 46 deletions and 74 revisions. Some of the changes that may affect your billing are as follows:

Debridement: new codes have been established for the debridement of skin around abdominal injuries or incisions. **11004** for necrotizing soft tissue infection (external genitalia and perineum); **11005** for the abdominal wall with or without fascial closure; **11006** for the combination of codes 11004 and 11005; and **11008** for removal of the prosthetic material or mesh from the abdominal wall.

Bronchoscopy: Three new codes: **31636** for placement of a stent, **31637** for an additional stent and **31638** for revision of a previously inserted stent. Existing codes **31630** and **31631** have been revised to specify either rigid or flexible bronchoscopy without reference to stent placement.

Reminder: All CPT code changes take effect on January 1, with no grace period allowed for the use of the old codes! Please make sure that your encounter forms are updated accordingly.

Ophthalmology: 76510 added for an ophthalmic diagnostic ultrasound B-scan and quantitative A-scan during the same visit; Code **76511** is revised to specify A-scan only and code **76512** to specify a diagnostic B-scan alone.

Cardiology: 93745 has been added to describe the initial set-up and programming of a wearable defibrillator including the formation of an electrocardiogram baseline.

Otolaryngology: Central auditory function test code **92589** has been deleted and replaced with three new codes; **92620** for evaluation of central auditory function with report, initial 60 minutes; **92621** for each additional 15 minutes; and **92625** for tinnitus.

PET Tests: Based on location, specific codes have been added for various positron emission tomography tests used to image tumors: chest, head/neck (**78811, 78814** with CT scan), skull base to mid-thigh (**78812, 78815** with CT scan), and whole body (**78813, 78816** with CT scan). **Note:** base PET code **78810** has been deleted completely.

Thomas P. Britt, CPA, MST
Certified Public Accountants

1996 Centre Street
West Roxbury, MA 02132

617-469-9949
tbritt@brittcpa.com



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Also IN THE NEWS:



Over the years BCBSMA has developed several e-health initiatives for their providers through the **Online Services** program powered by **WebMD**. In order to improve patient access to care, BCBSMA recently introduced an online pilot program for consulting services. These **WebVisits** when qualified, are billable services for participating providers through **RelayHealth**. The test program is expanding in 2005 to include a members option to e-mail their specialists, in addition to their PCP’s, regarding non-urgent health concerns.

BCBSMA also continues to upgrade its **Online Services**, powered by WebMD. This program allows registered users to access online member eligibility and benefits, submit referrals and authorizations, verify claim status, and much more.

If you would like to become a registered user, please call WebMD at **1-877-GO-WEBMD** (877-469-3263) and give promotional code **P1BCBSMA03** to ensure that you receive this service free of charge.



Are you interested in “Smart Talk”?

Smart Talk is an Automated Appointment Reminder System within the suite of Ntierprise Practice Management Software that will call up your patients and remind them of any upcoming appointments. For more information on this, or any of the other Ntierprise products, please contact Stephen Brighton directly at 978-289-1110 or via email at sbrighton@medicalhealthcaresolutions.com.

MHS is pleased to announce its recent affiliation with the Cystic Fibrosis Foundation. Partnered with the **Junior Lowell Loch Monsters** as part of the ‘Skate for the Cure’ campaign, MHS is sponsoring a fabulous, black tie gala. Scheduled for April 9, 2005, our event will be held at the Windham Inn in Andover, MA.

Mark your calendars...details to follow!



New Colonoscopy Codes Planned for 2005

As a reflection of emergent technologies available for collecting colon samples from patients, CMS has added two new codes: **45391** describes “a colonoscopy, proximal to splenic flexure with an endoscopic ultrasound examination”; **45392** describes “a colonoscopy, proximal to splenic flexure with transendoscopic ultrasound guided intramural or transmural fine needle aspiration / biopsy”. Both codes reflect new ways of collecting the samples needed for the determination of whether a patient’s condition will require more invasive procedures.