




CMS LiveWire

✧ E-News for Office Administrative Personnel ✧

Health Care Financing Division
Colorado Medical Society

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7351 Lowry Blvd
Denver, CO 80230

PHONE:
(720) 858-6321

FAX:
(720) 859-7509

E-MAIL:
enews_editor@cms.org

WEBSITE:
[www.cms.org/officestaff/
home.html](http://www.cms.org/officestaff/home.html)



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Substantial Increases In Payments For Time Spent With Patients

CMS issued a notice in the Federal Register June 29, 2006, proposing changes to the Medicare Physician Fee Schedule (MPFS) that will improve the accuracy of payments to physicians for the services they furnish to Medicare beneficiaries. The proposed notice includes substantial increases for “evaluation and management” services, that is, time and effort that physicians spend with patients in evaluating their condition, and advising and assisting them in managing their health. [Click here](#) for the press release.

Five-Year Review and Practice Expense Methodological Changes: The AMA Responds

The changes proposed in this rule would create debate within the profession under the best of circumstances. The fact that they come at a time when physicians face SGR-related cuts of 5% in 2007 and 37% over the next nine years will surely heighten emotions and create the potential for a very public and rancorous “family feud” that could greatly diminish support for legislation to avert the SGR cuts. [Click here](#) to read Dr. Maves’ memo to Medical & Specialty Societies.

Mini-Meds, Mini Benes & Other Hidden Threats to Your Practice

The health plans are responding to the growing number of uninsured by making it easier for them to be under-insured.

There is a growing trend to offer health plan products that look like traditional insurance but in fact are either plans with very low maximums (Mini-Meds) or very small networks. United Healthcare, among others has introduced a plan (United-Health Basics) that look and feel like regular coverage. They may, however, depending on the plan design have extremely low maximum payouts. [Click here](#) for the complete story. - *Contributed by R. Todd Welter, [RT Welter & Associates](#)*

Birthday Rule

One method of determining which parent's medical coverage will be primary for dependent children is the parent whose birthday falls earliest in the year will be considered as having the primary plan. Even though we know the guidelines (or at least think we do), it's always good to have a reminder or confirmation that we are on the right track. [Click here](#) for the Colorado regulation. *Our thanks to Carol Schlageck, Primary Care Partners, PC, for suggesting this topic!*

Par/Non-Par Bill Update

SB06-213 was signed into law on June 2, 2006. The bill codifies the Division of Insurance's interpretation that the Network Adequacy statute, CRS 10-16-704 (3), requires consumers who receive services at an in-network facility from a non-network provider to be held harmless from charges beyond those of an in-network provider. [Click here](#) for the FAQs on SB06-213.

Miscellaneous Info

Medicare B News Issue 229 Now Available - [Click here](#)

July 2006 Medicaid Bulletin Now Available - [Click here](#)

Attention Sloans Lake Providers! - Effective July 3, 2006, the claims entry function on the Sloans Lake Website will no longer be available. Please submit all paper claims to: SLPN, PO Box 241322, Denver CO 80224

CRA Survey Results Are In! Thanks to all who replied. [Click here](#) to view.

On the Lighter Side...

The following are actual newspaper headlines:

1. Include Your Children when Baking Cookies
2. Something Went Wrong in Jet Crash, Expert Says
3. Police Begin Campaign to Run Down Jaywalkers
4. Safety Experts Say School Bus Passengers Should Be Belted
5. Drunk Gets Nine Months in Violin Case
6. Survivor of Siamese Twins Joins Parents
7. Iraqi Head Seeks Arms

- Compiled by Don Self, Don Self & Associates

Commercial Insurance Updates

-Rocky Mountain Health Plans

Are You A Contracted Provider For Both RMHP & PHCS Networks? RMHP PPO Members will present a Member card with both logos. The RMHP network applies to services within Colorado. The PHCS network applies only to services outside of Colorado. For questions call your Provider Representative.

Medicaid Updates

Medicaid Increases Reimbursement for Some E/M Services - Effective July 1, 2006, the maximum allowable reimbursement for 25 E/M services will be increased. We asked the Department of Health Care Policy and Financing to tell us why all codes on the fee schedule were not updated. They responded that, "right now, we aren't looking at increasing the values for other codes. The reason only those codes were updated was because they were the most utilized E&M services." [Click here](#) to view the codes scheduled for update.

Timely Filing and Requests for Reconsideration Reminders - All Medical Assistance Program claims **must** be filed within 120 days of the date of service in order to receive payment. If the claim has been denied, rejected or returned, the claim must be re-filed with the fiscal agent within 60 days of the adverse action. [Click here](#) for complete instructions.

Report Medicaid or CHP+ Issues Due to CBMS - Effective July 1, 2006, all clients and applicants who are experiencing Medicaid or CHP+ problems because of CBMS that cannot be resolved by the county or medical assistance site are being directed to call the Department's Customer Service at 1-800-221-3943 or for the Denver Metro Area, 303-866-3513.

Medicare Updates

Billing Radiopharmaceutical Invoices Electronically - NAS is instructing providers who bill electronically for radiopharmaceuticals requiring an invoice, to use the electronic equivalent of Item 19 of the Centers for Medicare & Medicaid Services (CMS) 1500 paper form to submit the information required for reimbursement. [Click here](#) for instructions.

Having Trouble Identifying When Medicare is Primary? - [Click here](#) for a patient questionnaire developed for facilities you can customize for your office that will make sure the patient's claim goes to the correct payer the first time!

Medicare to Recognize CPT Code 90714 - Effective July 1, 2005 Medicare carriers and intermediaries must use the new CPT code 90714 (Tetanus & diphtheria toxoids (Td) adsorbed, preservative free, for use in individuals seven years or older, for intramuscular use) for services previously billed (dates of service 7/1/05 - 10/1/06) under CPT code 90718. Claim adjustments will be made if brought to Medicare's attention. [Click here](#) to find out more.

NPP Payment for Care Plan Oversight - NPPs must meet certain conditions to be eligible for payment for home health care plan oversight services even though they may not sign the plan of care. [Click here](#) for more requirements.

Provider Enrollment Phone Hours Changing - Effective July 10, 2006, provider enrollment representatives will be available to assist callers 11:00 am - 4:00 pm Central Time (CT), Monday through Thursday. The Provider Enrollment website is available 24 hours per day, seven days a week provides easy access to answer your enrollment questions. [Click here](#) to access the website.

Miscellaneous

2006 CMS Legislative Digest - [Click here](#) to view a brief summary of all bills followed by the CMS Council on Legislation this year.

AC Group Releases 2006 EHR & EMR Survey - Need help to determine which product is right for your practice? If so, [read this](#). - *Contributed by Colleen Greene, Boulder Orthopedics. Thanks for sharing!*



COLORADO MEDICAL SOCIETY

"Advocating excellence in the profession of medicine."