

# CMS LiveWire

✧ E-News for Office Administrative Personnel ✧

Health Care Financing Division  
Colorado Medical Society

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**WE WANT TO HEAR FROM YOU!**  
Send us your comments,  
ideas for articles, and  
coding/billing tips &  
tricks.

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## In The Spotlight



[Solveras Payment System](#)

Feel free to share this information, but please acknowledge the source.

### Medicare Fee Cut Slightly Less Than The 5.1% Expected

In a memo from the AMA earlier this month, the conversion factor for 2007 will be \$35.9848. The Medicare law includes a statutory formula that will require CMS to implement a minus 5.0 percent update in payment rates for physician-related services. This is slightly less than the 5.1 percent reduction in the proposed rule. This formula compares the actual rate of growth in spending to a target rate, which is based on such factors as the growth in number of Medicare fee-for-service beneficiaries and statutory or regulatory changes in benefits. If the actual rate of spending growth exceeds the target rate, the update is decreased; if it is less, the update is increased. Every year beginning with 2002, in response to rising spending, the statutory update formula would have operated to impose payment cuts. The negative update went into effect in 2002, but for 2003 to 2006, Congress intervened and temporarily suspended the requirements of the formula in favor of specific, statutory updates. [Click here](#) to access Colorado's 2007 Medicare Physician Fee Schedule. - *Editor's Note: Highlights of the changes for 2007 will be published next month.*

### Code Blue Congressional Action Alert! End-Game Effort To Stop Medicare Cuts---Act Immediately!

This is an urgent CODE BLUE alert from your Colorado Medical Society - Congress has one week to stop the 5% Medicare cuts for 2007. Based on an [analysis](#) by the AMA, 43% of Colorado physicians face total Medicare pay cuts of 6-15% in 2007 due to the combined effects of the 5% SGR cut and other changes in 2007 Medicare payment rates. Please read carefully and respond at your very earliest convenience. DO NOT DELAY! [Click here](#) for more information.

### UHC & HCA Reach New, Long-Term, National Agreement

UnitedHealthcare, a UnitedHealth Group (NYSE: UNH) company, and HCA Inc. (NYSE: HCA), today announced a new long-term nationwide agreement. [Click here](#) for the full story.

*Update: FLN maintains local contract with UHC for lab services.*

### AMA Health Plan Complaint Form

The AMA Private Sector Advocacy's (PSA) online Health Plan Complaint Form gives physicians and their staff an opportunity to provide the AMA with critical data on the hassles physicians experience on a day-to-day basis in the managed care environment. This information is critical in helping the AMA identify and combat unfair health insurer and payer business practices. [Click here](#) for more information.

### Doctors Welcome Speedy Access To Patients' Health Plan Status





The Council for Affordable Quality Healthcare's (CAQH) Committee on Operating Rules for Information Exchange (CORE) has developed a series of rules that will make it easier for providers to verify patient insurance information while they are still in the physician's office. CORE operating rules aim to allow doctors who contract with participating members to get current benefit information from any of the participating health plans in 20 seconds or less. More than 15 health plans and 30 vendors have agreed to implement CORE rules in their business practices by March 31, 2007. - AMA PSA Update 10/13/06 - *Editor's Note: If you are an AMA member you can [login](#) and access the full article in the 10/9/06 AMNews.*



From Your Friends  
at CMS!

## Health Plan Bulletins

Click on the health plans  
below to access current  
bulletins:

-  [CIGNA](#)
-  [Medicare](#)
-  [Medicaid](#)
-  [Sloans Lake](#)

## PATIENT RESOURCES

**My Health. My Medicare Initiative.** - Beginning in mid-October, people with Medicare will have new and enhanced tools to help them learn more about their Medicare health care coverage, including comparative information about the services provided by their Medicare prescription drug plans. For more info and links to the enhanced tools [click here](#).

**Connecting Care and Health in Colorado: A Guide to Services for the Uninsured.**

Colorado Coalition for the Medically Underserved (CCMU): [Guidebook](#) Program Database

## Commercial Insurance Updates

**Aetna - Claims Resubmission for E&M visits billed with Modifier 57** - Aetna has reached an agreement with state medical societies to pay resubmitted claims for E&M visits billed with a [Modifier -57](#) (indicating that the decision for surgery was made during the visit) for dates of service from January 1, 2005 through February 11, 2006. After seeking input from medical societies and the independent Physician Advisory Board, Aetna decided to change its policy and began paying these claims effective February 12, 2006

**CIGNA - It's here!** New integrated claim code disclosure tool offers claim edit information for claim payments. This tool, powered by the McKesson Clear Claim Connection™ system, offers claim edit information for CIGNA HealthCare claims payments. [Login](#) to the CIGNA website for more information.

**RMHP - Introducing Access RMHP for Providers** - Our new, secure website is now available for providers to check member eligibility, check claims and look up authorizations. We invite provider main office contacts to register their users and get on-line! [Click here](#) to for more information.

**Sloans Lake/HMS - Sloans Lake System Conversion** - Beginning in January 2007, Sloans Lake Preferred Health Networks will use the DST PowerSTEPP system as their operating platform for claims repricing and reporting. [Read on...](#)

## Medicaid Update

**Medicaid Updates Its List of Procedures Requiring Prior Authorization** - Appendix N has been updated and is now available on the Provider Services Billing Manual section [website](#).

## Medicare Update

**Documentation Guidelines - Amended Records** - Incomplete or illegible records can result in denial of payment for services billed to Medicare. Claim payment decisions that result from a medical review of your records are not a reflection on your competence as a health care professional or the quality of care you provide to your patients. Specifically, the results are based on review of the documentation that Medicare received. [Click here](#) for Medicare's instructions.

**Medicare to Return Paper Claims Received From Clearinghouses** - If a clearinghouse submits claims for you on paper (rather than electronically) your payments may be affected. The Administrative Simplification Compliance Act (ASCA) requires that claims a clearinghouse submits to Medicare on your behalf must be submitted electronically. [Click here](#) for more information.

**Use 82270 to report FOBT for Colorectal CA Screening** - Do not use HCPCS code G0107 for screening [Fecal Occult Blood Tests](#) (FOBT) on or after January 1, 2007. As of that date, that code is being deleted and replaced by CPT code 82270.

## Miscellaneous

**Does Your Office Have A Consistent Policy Regarding The Treatment Of Minors?** Do you know the state laws as they apply to treatment of minors? For example, a nanny brings a small child with a fever of 101.2° to the office for evaluation. Under Colorado law, is the nanny authorized to give consent to treat that child? Don't know? Well, COPIC has an excellent booklet about Colorado Law and how to apply it to the medical treatment of minors titled "Minors and Risk" that will help answer your questions. Call COPIC at 1-800-421-1834 for more information - **Contributed by: Julie Ort, Office Manager, Dermatology and Laser Institute of Colorado.**

**Are You Considering Buying a New Billing System?** - BuyerZone.Com has put together a "[Medical Practice Software Buyer's Guide](#)" filled with useful information including evaluating software and software features, online and desktop systems and much more. There's even an interactive [quote tool](#) that allows you to compare and requests quotes from up to 5 vendors.

Did you hear about the guy whose whole left side was cut off? He's all right now.



**COLORADO MEDICAL SOCIETY**

"Advocating excellence in the profession of medicine."