



# 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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06 Medicare Updates  
[Q&A Answers](#)

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## Deadline for CMGMA Salary Survey Extended

Due to requests for more time to complete questionnaires, CMGMA has extended the due date to April 19, 2006. [Click here](#) now to download your copy of the questionnaire and participate in the 2006 Colorado compensation survey for physicians and healthcare staff, jointly conducted by CMS, CMGMA, and the county medical societies!

## Medicare Medically Unbelievable Edits

Last week CMS informed providers that they would extend the due date for comments on medically unbelievable edits (MUEs) by at least 60 days. The revised due date is now June 19, 2006. However, this will not be the final opportunity for comment. Last week the Agency also announced that it is delaying implementation of the MUE effort to no earlier than January 1, 2007. This delay will allow the Agency to revisit the proposed MUEs based on the comments received during this first comment period, make necessary revisions, and then seek a second round of public comment this fall, prior to implementation in 2007.

CMS' intent for these edits is to prevent the payment of obviously erroneous Medicare claims submissions. The medically unbelievable edits are not meant as Medicare payment policy, but only to identify obvious billing mistakes. Throughout this effort, CMS and its contractor Correct Coding Solutions, LLC, will work closely with the provider community and have open discussions about the rationale and statistical basis for establishing these edits based on claims data. Further, CMS will consider the use of modifiers to allow for medically necessary services that may be clinical outliers and work to develop an appeals process to allow for the reconsideration, as needed, of specific claims and specific MUEs.

## How Valuable is Coding Certification?

The CMS Office Manager Advisory Panel (OMAP) asked this question at the March OMAP meeting. Read what Panel member, Patty Ferguson, CPC-OGS, office manager for Western Ob Gyn Associates, has to say about [coding certification](#).

## All ID Cards Are Not Created Equal

Some of you may have seen patients who have presented an Optimum Choice Inc. ID card at their first visit. When you look closely at the card you find "A United-Healthcare Company" in the logo. Beware! While this is a UHC affiliate, it is not a product that is sold to patients or employers in Colorado. There are no Colorado providers in this network and the patient's out-of-network benefits apply only to states surrounding the plan's home state. -*Colleen Greene, Boulder Orthopedics*

## Did You Know?

Effective 1/1/06, all health plans doing business in Colorado must offer dependent coverage to the parent of an unmarried child under 25 years old. (CRS 10-16-104.3)

**"Change is inevitable, except from a vending machine."**

-Submitted by Karen Dack, Conifer Medical Center

## Miscellaneous Information

### **Part B vs. Part D**

[Click here](#) for information on determining which drugs Medicare A, Medicare B and Medicare D cover.

### **Colorado Dual Eligibles**

[Click here](#) for the list of Part D excluded drugs Medicaid will cover.

### **Coding Tip**

Reporting Modifier -59 to CIGNA? Remember to send your documentation with the claim or the claim will deny and you will have to appeal.

-Sue Gillet, Advanced Pediatric Associates

### **Got Forms?**

Do you have a form you use to make your job easier? If so, email it to us and we will post it to our new [Forms](#) page.

## KNOW YOUR CONTRACTS!

One of the big issues practices need to be aware of is that every year many insurance plans drop coverage for procedures that they covered in the past. Your payment entry staff should be well trained to know their insurance contracts in detail so they can watch for inappropriate denials on EOB's. They need to know which procedures are covered and which are automatic write offs. Draw fees, collection/handling fees, and supplies are areas that insurance companies alter frequently. Don't be afraid to challenge the insurance company when they deny charges.

-Carol Schlageck,  
Primary Care Partners

## Commercial Insurance Updates

### **-Aetna**

Translation Services Available for Limited English Beneficiaries - Aetna utilizes the AT&T Language Line to assist providers and patients with their translation needs. If you need a translator call the Aetna Provider Services Unit at 888-632-3862 (PPO) or 800-624+0756 (HMO) for more information.

### **-Anthem BCBS**

LabCorp Exclusive Contract - As of March 1, 2006, all Anthem & HMO Colorado patients must be referred to LabCorp to receive in-network benefits for their laboratory & diagnostic testing services. Please be aware that Anthem & HMO Colorado contracts exclusively with LabCorp. Anthem & HMO Colorado will not be contracting with any other entity for lab services. If you are approached by anyone other than LabCorp stating their organization has a contract with Anthem or HMO Colorado, please call your Anthem Provider Contract Rep. This arrangement does not affect hospital-based lab services. Provider seminar registration form - [Click here](#)

### **-Cigna**

New Address for Provider Appeals - Effective 4/1/06 send all provider appeals for all Cigna plans to: CIGNA HealthCare Inc., National Appeals Unit, PO Box 5225, Scranton, PA, 18505-5225.

Submit COB Claims Electronically - If you submit ANSI 837 HIPAA compliant claims you can now submit electronic COB claims to CIGNA. Call 800-882-4462 for details.

## Medicaid Updates

April 2006 Provider Bulletin Now Available - [Click here](#)

## Medicare Updates

Changes To Medicare Timely Filing Limits - [Click here](#)

Elimination of Surrogate UPIN Rescinded - [Click here](#)

New Enrollment Procedures for Medicare Providers - [Click here](#)

Ensure your enrollment pack is complete the first time to avoid delays - [Click here](#)

Telephone and Written Reopenings - Can't get through to Medicare Telephone Appeals to request a reopening? [Instructions](#) to submit in writing.

Listservs Can Really Help! Medicare has prepared a Fact Sheet that describes the many listserv choices available, the advantages of receiving updates electronically, and how to subscribe. [Click here](#)

Help Your Medicare Patients Find Answers To Their Part D Questions - [Click here](#) to access CMS' Transition Toolkit including patient information sheets in English and Spanish, instructions for appeals, and much more.

April Medicare B News Bulletin Now Available - [Click here](#)

Be on the Lookout for Phone Scams - CMS warns seniors and people with disabilities to be aware of a scheme that asks beneficiaries for money and checking account information to help them enroll in a Part D Plan. This scheme is called the "\$299 Ring" for the typical amount of money beneficiaries are talked into withdrawing from their checking accounts to pay for a non-existent drug plan. Consumers can report these cases to their local law enforcement agencies or call 1-877-7SAFERX (1-877-772-3379). [More info](#)

Physicians Voluntary Reporting Program (PVRP) - CMS develops tools to assist providers enrolled in the PVRP to capture reporting data. [Click here](#)

CPT Category II Codes Added to PVRP - As a result of additional input received by CMS from medical specialties societies, performance measures have been modified and CPT Category II codes added for certain measures. [More info](#)

Standard Paper Remittance (SPR) Advice Suppression to Providers Also Receiving Electronic Remittance Advice (ERA) - Beginning June 1, 2006, carriers and DMERCs will stop sending SPR's if you have been receiving 835s or ERA's. [More info](#)

