



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 HCPCS Updates
[Click here](#)

Feel free to share this in-
formation, but please ac-
knowledge the source.

Medicare Payment Cuts Stopped

The President signed the necessary legislation February 8, 2006 freezing 2006 fees at the 2005 payment rates. [Click here](#) to read the Centers for Medicare & Medicaid Services (CMS) plan for reprocessing provider claims.

2006 Compensation Surveys

The Colorado Medical Group Management Association (CMGMA), the Colorado Medical Society, and the component medical societies are collaborating to conduct the first combined physician and staff salary survey for Colorado. This survey is designed specifically for Colorado medical and dental practices, and your participation is vital to its success. [Click here](#) for more information.

PacifiCare's SecureHorizon Direct Plan

Under this MCR Advantage plan, beneficiaries who enroll are free to use any provider willing to treat them. The plan "replaces" the beneficiary's traditional Part B benefits. This plan does not offer Part D benefits. [Complete information.](#)

It Really Works!

Just in case there was doubt that the CRA program works, we'd like to share a success story with you. An office submitted a CRA to us concerned with a payer's policy to limit reimbursement for administration of vaccines (CPT codes 90465-90474) in a single encounter to four (4). The payer would ultimately pay the additional administrations as long as the provider appealed the denial with supporting documentation. This placed an additional, unnecessary administrative burden on the practice. On behalf of the practice, a letter was submitted to the payer's Medical Director requesting a change in policy to allow providers to report and receive payment for the additional administrations without the need to appeal. We are happy to report that our request was approved and the policy will be updated. So, if you were hesitant to try this program before, we hope this story will change your mind. [CRA Information](#)

More Employers Try Limited Health Plans

The Wall Street Journal, 1/17/06 (via AMA PSA Update 1/20/06)

Limited-benefit plans are now being offered as group plans or individual policies. These products, often as low as \$40 a month, are also appealing to those people who never had health insurance before. Several large companies, including Avon, IBM, GE, and Sears will begin offering limited-benefit plans to independent contractors and part-time employees who are typically not eligible for traditional benefits. These products usually cover many routine services and preventive care but most hospital services are not typically covered. Critics say that often consumers do not fully understand the limitations of the plans and are left to unexpectedly pay large amounts of money for catastrophic care. However, supporters of the plans say that this product is being bought by a large number of people who were previously uninsured and that some coverage is better than no coverage at all.

Miscellaneous Updates

Humana Settlement

Remember, 2/17/06 is the deadline to file a claim in the Humana settlement. [Click here](#) for instructions and [here](#) for the claim form.

UHC/PFC Merger Update

[Click here](#) to read the Colorado Medical Society's Summary of the Conditions and [here](#) to view Colorado Medical Society's Recommended Conditions matrix.

Medicaid Updates

February 2006 Bulletin available - [Click here](#). Contains vital info regarding eligibility, Part D for dual-eligibles, and a list of phone numbers/web sites.

Work Comp Rule Updates

New rules are effective 1/1/06. The Division of Workers' Comp has also redesigned their website. [Click here](#) for the updated rules.

**Learn More About
Joining the CMS
MedicareRx
Volunteer Initiative**



FOR YOUR INFORMATION

Physicians Adopting Computer Technology (PACT) is hosting a one-day workshop 3/11/06 titled, EMR Conference for the Independent Physician Practice. For more info and to register, [click here](#) or call 312-915-9214.

Commercial Insurance Updates

-Aetna

In the 11/15/05 *CMS LiveWire*, we told you about 2 Aetna policy updates: payment for 2 E&M services and modifier -57 - decision for surgery. In their January/February 2006 *Aetna OfficeLink Updates*, Aetna clarifies the implementation date for these policies. To learn more, logon to Aetna's Secured Provider [website](#), click on *Doing Business with Aetna* and follow the links to the *Toolkit*.

-Anthem BCBS

Does your physician have a medical policy question he/she would like to address with an Anthem Medical Director? Physicians with medical policy questions can simply call Anthem at 303-764-7227 or toll free at 866-287-1654. The physician will then be transferred to a Medical Director's direct office line based on selections made within the phone system. Physician office staff can also call these numbers to be directed to the appropriate extensions for authorizations and referrals or for inquiries about an Anthem member.

Lumenos: A New Health Plan for Anthem BCBS Members - "[Lumenos] is a PPO product, so to the providers it is just like any other PPO", said Jackie Ferguson, Network Manager for Anthem Blue Cross & Blue Shield. "The providers always have the right to collect member's cost shares up front. For traditional PPO plans, many providers do not collect up front and wait to see what the cost shares are before billing the member, but they are not required to wait." [Click here](#)

-Sloans Lake Preferred Health Networks/MMA

Attention Colorado Springs Providers - Kaiser Permanente CO Springs - #E668RP and Kaiser Permanente Triple Added Choice Plan & Out of Area - #E591RP have terminated with MMA effective 12/31/05. MMA will be handling run out claims through 12/31/06. If you have any questions please contact MMA Customer Service or your Provider Services Representative.

Reminder PPO Claim Attachments - Please do not include provider/member correspondences, surgical notes, itemization, invoices, etc. when submitting a claim to Sloans or MMA for repricing. The information is not required to reprice the claim and will be shredded. All claim attachments must be submitted directly to the payer. For additional info please refer to the January-March 2006 Network News.

Do you have questions about billing for SLPHN or MMA? If you answered "Yes", plan to attend one of their quarterly workshops. [Click here](#) to view the workshop schedule and download the enrollment form.

Medicare Part B Updates

Attestation Form for Conducting Real Time Eligibility Inquiries - Beginning 9/1/05, an on-line attestation form must be completed by submitters and authenticated by the Centers for Medicare & Medicaid Services (CMS) to conduct 270/271 transactions with CMS before providers may access the real-time 270/271 health care eligibility inquiry and response application. [Click here](#)

REMINDER: UPIN "OTH000" No Longer Valid for DOS 4/1/06 and later - [Click here](#)

Nursing Facility Services - [This article](#) clarifies payment policy (effective 1/1/06) for E&M visits by physicians and qualified NPPs (i.e., NP, PA, or clinical nurse specialists [CNS]) in SNF and NF settings. Effective 1/1/06, CPT codes 99301 - 99303 and 99311-99313 have been deleted, and are replaced by new codes.

Issue w/Pt's MCR card - pg. 9, MCR B 225, Your Medicare Card - [Click here](#)

Reporting Critical Care Services (CPT 99291-99292) - Medicare allows separate payment for critical care services provided during a global period. [Click here](#)

Coding Guidelines for Consultations Updated - Clarification of CMS definition, documentation requirements, & who can perform/request consultations. [Click here](#)

Mobile Cardiac Outpatient Telemetry (MCOT) System - Professional component (modifier -26) not separately paid. [Click here](#)



COLORADO MEDICAL SOCIETY
"Advocating excellence in the profession of medicine."