




# CMS LiveWire

✧ E-News for Office Administrative Personnel ✧

Health Care Financing Division  
Colorado Medical Society

June 15, 2006  
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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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2007 ICD-9 Update  
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## Aetna Changes Modifier 25 Policy

Aetna and representatives from several state medical societies reached an agreement whereby Aetna will reimburse physicians separately for specific procedures billed with an E&M code appended with Modifier 25. Physicians do not need to re-submit claims, and no further action is needed on their part. [Click here](#) for more information. (See also *Aetna Claim Filing Deadline* on page 2.)

## “Coding For Billers” Seminar A Success

CMS’ Health Care Finance Division hosted the Quarterly Assembly of Office Administrative Personnel (QAOAP) Coding for Billers on May 25<sup>th</sup> and 26<sup>th</sup>. Todd Welter & Susan Whitney of R. T. Welter and Associates presented this program geared toward office staff new to billing & those wanting a refresher course. With 110 participants, Coding for Billers was the best-attended seminar to date.

The presenters stressed the importance of integration of coding and billing within the entire revenue cycle, beginning with the arrival of the patient in the office through the account reconciliation. The audience was given information on modifier usage, bundling edits and global surgery guidelines, & much time was spent in audience participation through Q & A.

The attendees felt the information was valuable and the presentation was enjoyable. The program was approved for 3 CEUs toward AAPC coding certification. *Very informative. Went at a great pace and kept my attention. Very beneficial. The one on one advice and answers to questions was great! Always enjoy your presentations - lively, fun!*

## NPI Required for Medicare Enrollment/Changes

As part of the revised enrollment process, initial enrollees and existing enrollees making changes to their enrollment information must include their National Provider Identifier (NPI) number and a copy of the National Plan and Provider Enumeration System (NPPES) NPI notification with the enrollment application. No initial application can be approved and no updates to existing enrollment information can be made without this NPI information. All health care providers and suppliers who bill Medicare are required to obtain their NPI in advance of enrolling in or changing their Medicare enrollment data. (See *Related Information in the May 15, 2006 CMS LiveWire*)

## ICD-10-CM Update

The recently passed US House of Representatives’ bill “Health Information Technology Promotion Act of 2005” (HR4157) mandates the use of ICD-10-CM by October 2009; *if* a compromise between the House bill and Senate bill S1418 (Wired for HealthCare Quality Act) can be made. There will be a two-year implementation window once the final notice to implement has been published in the Federal Register. If all goes well between the House and the Senate, a final rule could be published by April 1, 2007. Stay tuned for further updates as they become available.

AR TIP: “Check your insurance contracts! You may be able to collect full payment for non-covered services at the time of service.”- Colleen Greene, Boulder Orthopedics

## More Medicare Info

**The Countdown Begins!** - There is less than one year left; don't risk disruption to your cash flow - get your NPI now! [Click here](#)

**CAP Enrollment Extended** Physicians now have until 6/30/06 to enroll. [Click here](#) for more info.

**CAP Fact Sheet for Beneficiaries** - English & Spanish versions available. [Click here](#)

**MCR Drug & MCR Advantage Plans** currently available in Colorado. [Click here](#) for list.

**Medicare B News Issue 228** Now Available- [Click here](#) to access.

**New Look For The NAS Website!** [Click here](#)

## OTHER INFORMATION...

### **Marilyn Says**

If you don't follow payer policy you will be a "rebel without a cause"!

**Save the Date! CMS Tech Fair, July 28, 2006.**

[Click here](#) for more information and to register online.

### **CRA Satisfaction Survey**

The survey has been mailed to all practices in our database whose issues have been finalized. If you received a survey, please complete & fax to us as soon as possible.

**SB198 Vetoed** - What happened? What's next?

[Click here](#)

## Commercial Insurance Updates

### **-Aetna**

**Claim Filing Deadline** - The deadline for filing/resubmitting claims to Aetna for CAD Mammography Services (CPT Codes 76082 & 76083) provided to Aetna members between January 1, 2004 and March 31, 2005; and/or Myocardial Perfusion Testing Services (CPT Codes 78478 & 78480) provided to Aetna members between January 1, 2004 and May 12, 2005 is July 14, 2006. Timely filing and appeal deadlines will be waived. Late interest and penalty payments will not apply to these claims. Please note that all other policies will still apply and may impact the ultimate payment of the code(s). [Click here](#) for more information.

### **-UnitedHealthcare**

**UHC to Pay for 2 E/M Services** - In late 2006, UHC will modify its policy to allow payment for a preventive service (CPT 99381-99397, HCPCS G0344) & a problem oriented E/M service on the same date of service. The E/M service must be a "significant & separately identifiable" service & modifier -25 must be appended to the code. Reimbursement for the preventive service will be 100% of the allowed rate & the E/M service will be at 50% of the allowed rate. - *UHC Network Bulletin, May 2006*

## Medicaid Updates

**Transportation Assistance** - Do you have patients who are dually eligible for Medicare and Medicaid and have Colorado Access as their Medicaid HMO? Do these patients have difficulties finding transportation to their appointments? Colorado Access has announced a new benefit plan to assist patients in this situation. [Click here](#)

## Medicare Updates

**Part D SSA Premium Withholds** - In response to questions regarding beneficiary options for paying their Medicare prescription drug plan premium, CMS has developed a set of materials that addresses these options and how they work. One option that beneficiaries have is to have their monthly prescription drug plan premium deducted from their monthly Social Security benefits. Other options that beneficiaries have include being billed for their monthly prescription drug plan premium directly by the plan or having their Part D premium automatically deducted from their checking or savings account. [Click here](#) to download patient information.

**Collection of Fee-for-Service Payments During Managed Care Enrollment** - Once the CMS data system recognizes a beneficiary has enrolled in a Medicare Advantage (MA) Organization, the MA receives capitation payments for the beneficiary. In some cases, enrollments with retroactive dates are processed. The result is that Medicare may pay for the services rendered during a specific period twice. A variety of CMS systems issues over the past 18 months prompted CMS to recently synchronize Medicare Advantage enrollment and disenrollment information. [Click here](#) for more information.

**Reporting Mammography Claims Correctly** - CMS is clarifying reporting requirements to allow screening mammography and other services to be reported on the same claim. [Click here](#) for instructions.

**Medicare Preventive Services Information for Providers** - CMS has developed an informational guide to Medicare Preventive Services for providers. The "Quick Reference Information: Medicare Preventive Services" includes vital information on Medicare coverage, coding, billing, and reimbursement issues. [Click here](#)

## Miscellaneous

**Links to Translated Patient Education Materials** - The Virginia Department of Health has posted a Resource Guide with links to translated patient educational materials on their website. [Click here](#) to access the list. -*ACOG Practice Management & Coding Update, June 2006/ Vol 6, Issue 6*



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