



# CMS LiveWire

✧ E-News for Office Administrative Personnel ✧

Health Care Financing Division  
Colorado Medical Society

March 15, 2007  
Volume 2, Issue 6



WE WANT TO HEAR  
FROM YOU!

Send us your comments,  
ideas for articles, and cod-  
ing/billing tips & tricks.

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/h  
ome.html](http://www.cms.org/officestaff/home.html)



Only 68 more days un-  
til May 23, 2007!  
Do you have your NPI?

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

## AAFP Clarifies UHC's New Lab Protocol - *AAFP News Now* - March 7, 2007 - by Sherri Porter

Family physicians concerned about UnitedHealthcare's new protocol on the use of nonparticipating laboratories can breathe a little easier. After clarification of some key points of the protocol, Academy leaders are convinced that the policy is not as onerous as it first appeared.

"At first glance, UHC's new protocol looked like it might be bad for physicians and bad for patients, but after further investigation and follow-up discussion with UHC, our biggest concerns have been addressed," said AAFP Board Chair Larry Fields, M.D., of Flatwoods, Ky. [Click here](#) to read the article.

*Locally, CMS' UHC Physician Advisory Council (PAC) has received similar assurances from UHC representatives in Colorado. The PAC will continue to monitor the exclusive arrangement between UHC & LabCorp & need to hear from you. [Click here](#) to find out how you can help.*

## Medicare Private Fee-For-Service (PFFS) Plans

Medicare defines a PFFS plan as a "Medicare Advantage (MA) health plan, offered by a state licensed risk bearing entity, which has a yearly contract with the Centers for Medicare & Medicaid Services to provide beneficiaries with all their Medicare benefits plus any additional benefits the company decides to provide. One major difference between a PFFS Medicare Advantage Organization (MAO) and other MAOs is that, in most cases, people who join a PFFS MAO are not required to use a network of providers. Beneficiaries can see any provider who is eligible to receive payment from Medicare and agrees to accept payment from the PFFS MAO." [Click here](#) to access Medicare's Provider Q&A. (See related article, *Aetna Offers Medicare PFFS Plan, page 2.*)

## Revised Advance Beneficiary Notice (ABN)

A notice was published in the Federal Register on February 23, 2007 on a revised version of the general ABN (CMS-R-131). Public comments are requested during the 60-day comment period and will be considered as part of finalizing the revised ABN.

As required by Section 1879 of the Social Security Act, the ABN is used to inform beneficiaries of potential financial liability, except in home health care and inpatient hospital settings. Formerly, CMS maintained two versions of the ABN, a general and lab-test specific version, but with this revision, CMS proposes to combine these two versions of the ABN into a single notice meeting both needs. [Click here](#) to view the announcement and requirements for submitting comments in the Federal Register. [Click here](#) to obtain copies of the ABN and supporting documents.

## Delay in Payment Survey

**Your assistance is needed!** A state legislator has asked CMS to survey our physician practices in order to determine what the current claims processing environment is like, from your perspective. Please follow this link to the Survey: <http://www.cms.org/officestaff/DPSurvey.pdf>.

## DID YOU KNOW?

Many commercial health plans do not update their HCPCS/CPT code files until April or later. Check with the health plan *before* submitting claims with the new HCPCS/CPT codes. Use the "old" codes until you receive notification that the health plan is ready to accept the "new" codes.

- Contributed by Colleen Greene, OMAP Member

## Free Seminar!



### "A New Approach To Practice Management"

Your practice management software is supposed to help you. But could its limitations be hurting your practice's financial performance and growth potential? Join Athenahealth & CMS at a *free seminar* on March 27th to show you how a service based approach to practice management and billing can help you identify what is driving your results. [Click here](#) for more info & to register.

## "BROWN BAG" TELECONFERENCES



The next Teleconference is scheduled for April 17, 2007

April's Topic:

*Adding A New Physician To Your Practice*

Watch for details!

## JUST FOR THE FUN OF IT!

How do you catch a unique rabbit? Unique up on it!

How do catch a tame rabbit? Tame way, unique up on it!

## SB07-079 - Standard Health Care Provider Contracts - Where Is It Now?

SB07-079 (formerly SB198) requires fairness and transparency in contracts between health care providers and health plans. On March 8th the Bill passed out of the House with amendments on its 3<sup>rd</sup> reading. The Bill will be sent to the Senate for the next round of readings. Stay tuned!

## Commercial Insurance Updates

**Aetna Offers Medicare PFFS Plan** - The Aetna Medicare Open Plan is a fully insured private fee-for-service (PFFS) Medicare Advantage (MA) plan that offers all of the benefits covered by Original Medicare and more, such as unlimited hospitalization and full coverage for preventive services. [Click here](#) for more info, including plan terms & reimbursement.

**Anthem - Progress Continues on System Conversion Issues!** [Click here](#) for the latest information.

**UnitedHealthcare - Not Getting the Answer You Need From Customer Service?** UHC's Provider Central Service Unit (PCSU) can help. [Click here](#) to view UHC's & PacificCare's Quick Reference Guides to working with the PCSU.

**UHC Offering Web Seminars** - Learn to navigate UHC's new website or get your questions answered. Get more information on UHC's Electronic Payment System (EPS)! All right from your desk! [Click here](#) for more info & to register.

## Medicaid Updates

**The Fiscal Agent is Collecting NPIs!** ACS has started collecting NPI numbers. Instructions for submitting your NPI are on page 1 of the March [bulletin](#).

**Paper Claim Forms & the May 23, 2007 NPI Deadline** - Colorado will not be accepting the UB-04 claim form or any new claim form by the May 23, 2007 NPI deadline. Until further notice, providers must continue to submit paper claims on the paper claim form currently accepted by the Colorado Medical Assistance program. [Click here](#) for more...

## Medicare Updates

**Timely Filing of Requests for Payment** - This article provides information on timely filing for Medicare claims. If you provided services between October 1, 2005 and September 30, 2006, your claim must be filed no later than December 31, 2007. [Click here](#) for more information.

**Timeliness Standards for Processing Other-Than-Clean Claims** - All physicians, providers and suppliers submitting claims to Medicare for services provided to Medicare beneficiaries need to be aware of Medicare timeliness standards for processing "other-than-clean" claims. [Click here](#) to view the article.

**Announcing the 2007 Physician Quality Reporting Initiative (PQRI) Webpage** - The Centers for Medicare & Medicaid Services (CMS) is pleased to announce that the 2007 PQRI [webpage](#) is now available.

**HCPCS G0377** - For dates of service on or after 01/01/07, providers can report G0377 for the administration of a Part D covered vaccine. Please note Medicare has been instructed to pay (\$19.45) for this service for 2007 only.

## Miscellaneous

**How Much Access Should Staff Have to PHI?** - An article in Medical Newswire's 03/02/2007 "HIPAA Wire" suggests that the level of access should be dependent on the staff's need for the information. [Click here](#) to read "4 Strategies to Help You Grant Role-Based Access."

**Correction:** In the January issue of the LiveWire we incorrectly reported that HCPCS code G0394 replaced deleted screening HCPCS code G0105. Code G0394, blood occult test (e.g., guaiac), feces, for single determination for colorectal neoplasm, is used to report a diagnostic FOBT. To report a screening FOBT report CPT code 82270. We apologize for any inconvenience this may have caused. If you have any questions please send an email to [ENews Editor](#).



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