




# 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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## Good Luck and Best Wishes

Goodbyes are never easy, and this one is extremely difficult. We are sad to say that our editor, Tim Maloney, will be leaving CMS to take a position with the State in the Health Care Policy and Finance Department. Tim, thank you for all of your hard work! Your exemplary work on the newsletter and your years of service to CMS have set an extremely high standard for the rest of us to follow. You will be sorely missed. -*Colorado Medical Society Staff*

## CEUs Granted for “Coding For Billers” Seminar

We have been granted 3.0 Continuing Education Units (CEUs) for our May seminar by the American Academy of Professional Coders (AAPC). If you have not registered for this seminar, please [click here](#) for more information and to download the registration form. Don't delay! Registration deadline is this Friday, May 19<sup>th</sup>!

## Hold on Medicare Payments

A brief hold will be placed on Medicare payments for all claims for the last nine days of the Federal fiscal year, i.e., 9/22/2006 - 9/30/2006. Claims held as a result of this one-time policy will be paid on October 2, 2006. No interest or late penalty will be paid to an entity or individual for any delay in a payment by reason of this one-time hold on payments. [Click here](#) for more info.

## False Claim Advisory - Upcoding

The fact that many physician practices employ the use of software programs to document and bill for services is not indicative of potential fraud. However, there are software programs that automatically generate medical record documentation for each service furnished. If physicians do not tailor or revise the documentation that is automatically generated to reflect the actual services furnished, the automatic coding programs can easily cause false claims.

The American Medical Association's Current Procedural Terminology (CPT) is the source Medicare acknowledges for definition of codes used on claims to represent services rendered to beneficiaries. Unless the service rendered is accurately documented as described by the definition of the code, it is not appropriate to use that code. It is the provider's responsibility to choose codes that most accurately represent the services rendered based on the definitions in the current CPT manual. (Source: NAS Part B Updates 4/20/06)

## CAP Vendor Announced

CMS/Medicare has announced the selection of BioScrip, Inc. as the vendor for the initial phase of the new Competitive Acquisition Program (CAP) for certain Part B drugs and biologicals that begins on July 1, 2006.

If physicians are interested in electing into CAP starting July 1, 2006, they must submit a Physician Election form to the local carrier between May 8, 2006 and June 2, 2006. Additional information about the election process and available drugs will be announced shortly on the [CMS website](#).

## Miscellaneous Information

### Report 99211 Correctly

[Click here](#) for Medicare examples of medically necessary nurse visits and what you can bill if the physician is not on site at the time of service.

### CO Legislative Process

Join Janet McIntyre, Practice Manager for Colorado Rehabilitation & Occupational Medicine, Monday, May 22nd, for an opportunity for practice managers to learn the basic legislative process and how to affect it. Special guest Andrew Romanoff, Speaker of the House of Representatives, will be on hand to answer your questions. [Click here](#) for more information.

## OTHER INFORMATION...

### Marilyn Says

Remember, the payers' response to your appeal request is reflective of the appeal letter you submitted. Know the denial reason. Keep the letter professional & factual. Whenever possible, include copies of the payer's policies, information from the specialty society and any other authoritative information supporting your appeal.

### Conf. on Immunizations

The CMS Denver Regional office will be participating in the 7th National Conference of Immunization Coalitions August 9-11, 2006 as part of the National Influenza and Pneumococcal Outreach Campaign. [Click here](#)

## Commercial Insurance Updates

### -Aetna

*Aetna Names New Chief Medical Officer* - Troyen A. Brennan, MD, MPH has joined Aetna as Senior Vice President & Chief Medical Officer. Dr. Brennan will direct Aetna's National Quality Management, Clinical Policy & Health Informatics units. [Click here](#) to read more about Dr. Brennan.

*Policy Update!* - In the February CMS LiveWire we told you about 2 Aetna policy changes, 2-E/M services & modifier -57. Aetna stated they would reprocess any claims for dates of service 08/15/05 through 02/11/06 affected by either policy that were denied. TIP: If the claims are in Aetna's system, call Provider Services and they will put the claims back into processing for you without your having to submit any additional information. For HMO claims call 800-624-0756, for PPO claims call 888-632-3862.

### -Anthem BCBS

*New Billing Dispute External Review Process for Physicians* - As a result of the Settlement Agreement, Anthem Blue Cross and Blue Shield is offering the billing dispute external review process, effective 5/4/2006. The process is available to physicians who are class members under the Settlement Agreement. They recently contracted with IMEDECs to review billing disputes. For more information on this process, please visit <http://www.anthem.com/>.

### -UnitedHealthcare

*UnitedHealthcare Extras* - Under a new program called "UnitedHealthcare Extras", UHC enrollees can save up to 40% off retail prices on medical supplies not covered under their benefit plan. [Click here](#), select "What's New" and scroll down to "UnitedHealthcare Extras: Valuable Discounts on Medical Supplies" for more information on this new benefit.

## Medicaid Updates

*Medicaid Asks For Provider Feedback* - The Colorado Department of Health Care Policy and Financing (Medicaid) is conducting a provider survey asking for feedback on the services offered by their fiscal agent (ACS). We strongly encourage all Medicaid providers to complete this survey. Your answers will help Medicaid and ACS identify areas needing improvement. Please [click here](#) and take a short amount of time to answer the questions on the survey. Please respond by Friday, 6/9/2006.

*May 06 Bulletin Available!* Features enhancements to the Web Portal - [Click here](#)

## Medicare Updates

*Don't Charge Late Fees* - Section 1842(b)(3)(B)(ii) of the Social Security Act states that providers can collect no more than the Medicare allowed amount from the MCR patient. Par providers are limited to the Par fee schedule amount. Nonpar providers can charge the patients no more than the MCR Limiting Charge.

*E/M Services Guide* - An electronic version that provides E/M services information regarding medical record documentation; ICD-9-CM and CPT Codes; and key elements of service is now available from the [Medicare Learning Network](#).

*EFI Now Available!* - Beginning 5/1/2006, CMS announces the capability for health industry organizations to submit health care providers' applications for NPIs to the NPPES via Electronic File Interchange (EFI). [Click here](#) for more info.

*Medicare Enrollment Application Changes* - New versions of the CMS-855 Medicare enrollment applications effective 5/1/2006 for both Medicare Part A and Part B. Effective immediately, the previous 11/2001 version of enrollment forms will no longer be accepted. [Click here](#) to download the new form.

*Additional Changes to Medicare's Enrollment Process* - When submitting an initial application or change request to Medicare the provider now must complete an EFT form & include their NPI. [More information](#)

*Remittance Advice* - Paper RA's will no longer be sent to providers receiving Electronic RA's after 6/1/06. [Click here](#)



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