



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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STOP! Med B Turns On NPI
[Xwalk Edits 10/22/07!](#)

Colorado Medical Society
Communities

Practice Management
Community

Take Advantage of Us, Please...

Are you taking advantage of all of the practice management programs and information the Colorado Medical Society (CMS) has to offer physicians and their staff? In 2007 the CMS Health Care Financing Division has not only rolled-out the Practice Management Community, with all of its potential for peer-to-peer discussion and resource sharing, but we have "beefed-up" our program offerings.

To read more about our programs over the past year, click [here](#).

Congress Removes Medicare Fix from SCHIP Reauthorization Bill Resulting in Deferral of Action to Stop Medicare Cuts - September 19th ASAP

CMS CEO Alfred Gilchrist had this to say upon his return from a lobbying trip to Washington D.C. last week: "The announcement to decouple Medicare reforms (which would have halted the scheduled payment cuts to physicians) from SCHIP reauthorization was not a surprise. Last week, in meetings on Capitol Hill, it was clear that the Senate could not find consensus on SCHIP reauthorization unless the issues were bifurcated. [Read on...](#)

Required Use of Tamper-Resistant Prescription Pads for Drugs Prescribed to Medicaid Recipients On or After April 1, 2008 - NAS Part B Updates 10/5/07

This article was revised on October 2, 2007, to change the effective date from October 1, 2007, to April 1, 2008. This change was a result of the "Extenders Law," which was signed September 29, 2007, delaying the implementation date for all paper Medicaid prescriptions to be written on tamper-resistant paper. Under the new law, all written Medicaid prescriptions must be on tamper-resistant prescription pads as of April 1, 2008. CMS will issue additional guidance on this implementation delay as it becomes available.

OIG Cracks Down on Incident to Claims, E/Ms During Global Period - Medical Coding Wire, 10/5/07

Earlier this week, the Office of Inspector General (OIG) for the Department of Health and Human Services (HHS) released its [2008 Work Plan](#), and it's a doozy for practices that treat Medicare or Medicaid patients.

The 111-page guide reveals that the OIG intends to scrutinize claims for incident to services administered to Medicare patients. According to the Work Plan, the OIG will examine the qualifications and appropriateness of the staff who perform incident to services. Click [here](#) for more information.

Medicare's Fall Open Enrollment Nov 15th - Dec 31, 2007

Now is the time for people with Medicare to enroll in a drug plan, review their health care and drug coverage, and make changes. There's even extra help available for people with limited income and resources. The extra help is worth up to \$3,600 for some people to help pay for their drug coverage. If you have patients who need help finding the right Medicare coverage for them, have them call the Colorado Senior Health Insurance Assistance Program (SHIP) toll-free at 1-888-696-7213 for assistance. SHIP counselors are available to assist Medicare patients with questions on Medicare supplement insurance (Medigap), Medicare HMOs, Medicaid assistance for people on Medicare, and long-term care insurance. This is a FREE service. Encourage your patients to take advantage of it!

**"BROWN BAG"
TELECONFERENCES**



November's Topic:

**Evaluating EMR/Practice
Management Systems**

**Watch your e-mail for de-
tails!**

**OCTOBER HEALTH PLAN
NEWSLETTERS**

Click on the links below to ac-
cess the current issues:

[Medicaid](#)
[Medicare](#)
[UHC](#)

**PRACTICE MANAGEMENT
COMMUNITY TIP OF THE
MONTH**

Since its launch in June of this year, the Practice Management Community has expanded so much that it is necessary for us to "rearrange the furniture." In order to better organize the abundance of information that is (and will be) housed on the Community, we are including *Neighborhoods*. [Read on...](#)

CODING CORNER

Reminder: 2008 ICD-9 changes effective October 1, 2007. Do you have your 2008 coding manuals? [Click here](#) to order discounted coding manuals from Robin Linker & Associates. All proceeds are donated to charity!

JOKE OF THE DAY



Q: Why did Dracula take cold medicine?

A: To stop his coffin.

Commercial Insurance Updates

Anthem - [Bilateral Claims Processing Guidelines](#) - The terminology for some surgical codes includes "bilateral" or "unilateral or bilateral." When a procedure is not identified by its bilateral procedure terminology, it is billed on one line with the surgical procedure code and modifier 50.

UHC - [UHC Adds Dedicated Team For Providers to Escalate UHC & PFC Claims Issues](#) - You've followed all of [UHC](#) &/or [PacifiCare's](#) processes for resolving adverse claim decisions to the letter, but still can't get your claim paid? Where do you go now? UHC has established the *Southwest Regional Phone Team* to assist providers when UHC's PCSU unit or PFC's Provider Customer Service have been unable to resolve your problem. Have your Reference Number handy & call the Team at (866) 574-6088 for assistance.

Sloans Lake - [New Name for HMS/Sloans Lake!](#) - In a September 5th [notice](#) to HMS/Sloans Lake providers, it was announced that Cofinity will be the new name for the businesses previously referred to as Sloans Lake and HMS Healthcare. [Click here](#) for more information.

Medicaid

Telemedicine - Telemedicine general billing instructions are now included in the [CO-1500 Specialty Billing Information](#) (09/07) section of the Billing Manuals.

October/November 2007 Denver Provider Billing Workshops - Provider billing workshops include both Medical Assistance Program Billing instructions and a review of Medical Assistance Program billing procedures. There are specific classes for new billers to the Medical Assistance Program and for specialty training for different types of providers. [Click here](#) to view the schedule & register.

Medicare Updates

NAS Unable to Mass Adjust Claims for CPT Codes 77051 & 77052 - Noridian Administrative Services (NAS) experienced systems issues with the processing of CPT codes 77055-77057 for mammography. These codes were mass adjusted and corrected, but the add-on codes 77051 & 77052 (denied for qualifying code not billed) and were not able to be reprocessed with the mass adjustment. [Click here](#) for instructions.

Surrogate UPIN Usage - Recently the question of surrogate unique provider identification number (UPIN) usage was raised. Providers felt they had been advised that Noridian Administrative Services, LLC (NAS) would deny claims if they were submitted with OTH000 for referring/ordering physician. [Click here](#) to read on.

[Information Required to Process a Redetermination Request](#) - A redetermination is requested anytime there is dissatisfaction with the original determination of a claim. The request for a redetermination must be received within 120 days from the date the claim completed processing, as determined by the date on the Electronic Remittance Advice (ERA) or Standard Paper Remittance (SPR).

[Appeals Reopening and Redetermination Forms](#) - The Reopening and Redetermination forms have been revised and are posted on the Noridian Administrative Services (NAS) website.

Work Comp

Save the Date! [DOWC Medical Fee Schedule Seminar 01/09/2008!](#) - Register now for this informative session presented by the Colorado Division of Workers' Compensation on the "Medical Fee Schedule Effective January 1, 2008." The DOWC will be updating its billing & payer communities on the recent legislative changes and Rules 16 Utilization Standards and 18 Medical Fee Schedule changes that will be effective January 1, 2008. Sessions will be held in Denver, Colorado Springs, & Fort Collins.

Miscellaneous

Consumer Guide to Filing a Complaint with the Medical Board - The Colorado Board of Medical Examiners (BME) is divided into two panels with seven members (four physicians and two public members) on each panel. Each year over 700 complaints are made against Colorado physicians and physician assistants. Each complaint is reviewed by the Inquiry Panel. [Read on...](#)

Billing & Collections: You Are Being Watched *By Laurie Hyland Robertson Physician Practice Pearls 9/13/07* - Have you ever had a patient ask you to leave a diagnosis or prescription out of his medical chart? Odds are you have. And if not, you probably will soon. The reason: That diagnosis or prescription could ultimately prevent the patient from buying health insurance. [Read on...](#)

