January-February 2009

NCDS update

A Billing Industry Newsletter for Clients

Keeping your office up-to-date on industry and insurance changes, late-breaking billing & reimbursement news, and general inter-office communication…

BREAKING NEWS… INTRODUCING YOUR NEW MEDICARE CARRIER!!!

Just announced January 14, 2009…Palmetto GBA will no longer be your Medicare carrier. HighMark BCBS of PA will be taking over the contract no later than March 2010. Watch for more details about this big change in future editions.

HIGHMARK Blue Cross Blue Shield

An Independent Licensee of the Blue Cross and Blue Shield Association

ABOUT THE CODER…

Susan J. Hunt, CPC
Senior Coding Specialist

Susan has been with NCDS for 10 years this coming March and has overseen the coding department since 2002. She is a graduate of Baldwin-Wallace College with a BA in psychology and sociology. Susan started in the medical field working for Dr. Yong Jae Song (an NCDS client) while attending college. She has experience with Internal Medicine, General and several surgical specialties, Emergency Care and Radiology while working with multiple physicians prior to her career with NCDS.

During her 22 years of experience in the medical field Susan has pursued her career by obtaining her certification in coding and continues to further her education by attending educational seminars and workshops. She strives for excellence for all our clients and is dedicated to providing the most up to date information to our staff and yours. Please contact her with coding related questions.

NEW 2009 CPT'S ARE HERE

You may notice some changes on your encounter form; the new 2009 CPT codes are effective as of January 1, 2009. Please verify the description of the appropriate code, as the old CPT code you are familiar with may no longer be valid. Call NCDS, choose option 4 for Coding Support and our staff will be glad to discuss what these CPT code changes mean specifically for your practice.

EVERY CALL COUNTS…

NCDS upgraded to the enhanced MITEL 3000 digital phone system on January 12, 2009. This change has allowed us to significantly expand our telephone lines. This will increase our availability to better serve you and your patients.

You can now directly contact NCDS personnel, please ask for our extension. We appreciate your cooperation and patience during the transition.

CLIENTS: 888-876-8833 / PATIENTS: 800-556-6236

APPEALS: FRIEND OR FOE?

Appeals are a necessary part of medical claims processing. When used to amend a service such as a surgical procedure due to added difficulty and extended time (modifier 22) it can yield extra money ($$). When the insurance company processes a claim incorrectly an appeal can help resolve the problem (many insurance companies now require an appeal even if the error is on their part). However, when an appeal is done due to overlooked items or simple errors on the billing sheet or operative report at the beginning stages of the billing process the costs can be staggering.

The cost of reprocessing a claim is not only time consuming for the biller, but also the physician and their staff. In some cases charts must be pulled and reviewed again by the physician and in some instances re-documented. The office staff then has to call or resend those items back to the billing staff. Once received back, the billing staff must reevaluate the information and in most cases write an appeal (gone are the days of calling the insurance company to amend a claim). Several of the larger insurance carriers have their own appeal form and guidelines that need to be followed. The time spent here has now dropped your average reimbursement rate for that service due to duplication on everyone who initially handled the claim (you are paying someone twice to do the same thing).

There are some simple ways to avoid unnecessary appeals and send backs to the office…

MAKE IT A CLEAN CLAIM THE FIRST TIME BY:

1) Get a complete & signed LEGIBLE registration form, including a copy of the insurance card that is readable.
2) Provide a complete & LEGIBLE encounter form, including date of service, levels of E&M's and or all procedures as well as the diagnosis.
3) Send operative reports that include ALL pages + the pathological report and clearly states the date of service.
4) For a hand written service done by the physician (i.e.: hospital consult or procedure not preprinted on the encounter form) make sure it is LEGIBLE, that there is a date of service, a level of service if required and the diagnosis.
5) Make a checklist of ALL of the above and have an office staff member verify you are sending all this information to the billing staff (NCDS).

Remember we are only a phone call away. NCDS and all of our highly trained and friendly staff are here to assist you. Our goal and highest priority is to satisfy our clients.

Susan J. Hunt, CPC
Senior Coding Specialist
susans@ncdsinc.com

CMS Releases 2009 Fee Schedule

The Centers for Medicare and Medicaid Services (CMS) released the 2009 Physician Fee Schedule Final Rule. This final rule establishes the physician fee schedule payment rates under Medicare Part B and makes a number of other changes of interest to physicians and billing companies that became effective when it appeared in the November Federal Register. To review this early release document, go to:

http://www.cms.hhs.gov/physicianfeesched/downloads/CMS-1403-FC.pdf?agree=yes&next=Accept

2009 Physician Fee Schedule Conversion Factor

One of the most significant actions announced in the annual fee schedule final rule is the conversion factor for the calendar year. The conversion factor is the number Medicare uses to convert the point value assigned to a code under the Resource Based Relative Value Scale (RBRVS) system. For the past several years, this number was scheduled to go down significantly, however, intervention by Congress has prevented reductions in physician payments. As in the past, Congress intervened earlier this year to prevent a scheduled reduction and instead, authorized a 1.1% increase in the conversion factor.

Watch for developing healthcare news and it's impact on physician fees, coverage policies, incentive plans, etc. as the new congress and administration begin debates. Contact NCDS for a list of specific bills and legislative issues important to your practice obtainable from our HBMA lobbyist in Washington, DC.

Medicare Payments Could Be Reduced If The IRS Needs to Collect Overdue Taxes That YOU Owe.

The Taxpayer Relief Act of 1997, Section 1024, requires the IRS to reduce certain federal payments, including Medicare payments, to allow collection of overdue taxes. Should you owe such taxes and your payments are reduced, your remittance advice will reflect a provider level adjustment code (PLB) of "WU" in the PLB03-1 data field.

CMS Centers for Medicare & Medicaid Services

Premiums & Deductibles for 2009

The standard Medicare Part B monthly premium will be $96.40 in 2009, the same as the Part B premium for 2008. This is the first year since 2000 that there was no increase in the standard premium over the prior year. From year to year the monthly Part B premium and general revenue financing are adjusted to match increases in program costs and to maintain an appropriate contingency reserve in the trust fund. When assets exceed a normal, adequate level, the premium increase for the following year can be somewhat lower than would otherwise be necessary. Since the enactment of Medicare, there have been five prior years for which no Part B premium increase was required because the contingency reserve was more than adequate.

The Part B deductible was increased to $110 in 2005 and, as a result of the Medicare Modernization Act, is currently indexed to the annual percentage increase in the Part B actuarial rate for aged beneficiaries. In 2009, the Part B deductible will be $135, the same as it was in 2008.

Please remember Medicare patients owe their deductible plus 20% of all allowed charges their after. Secondary insurance often have an out-of-pocket expense to the patients too.

Watch for "Medicare Advantage Plan" insurance cards as some patient chose coverage from private Medicare programs.

About the President: Get Certified!

"Mick" Michael J. Polo III, President of NCDS, earned his CHMBE (Certified Healthcare Billing & Management Executive) certification from the HBMA. His commitment to a high standard of professionalism, education and dedication to strong client service illustrates to our clients his devotion to the healthcare community and its demands...Job well done!

Beware of Insurance Direct Deposit Offers

NCDS would like to caution all clients to be wary of insurance companies with special direct deposit programs. Many insurance carriers are presenting direct deposit options on their websites as well as mailing applications to physicians. These programs are designed to benefit the insurance company, ***not*** the physicians, as they often provide no notice of deposit and require the office to retrieve remittances from their website. Many times a provider is unaware that a deposit has taken place, and it is a cumbersome process to determine which claims are being paid. Currently the only programs that are beneficial for providers are those offered through Medicare.

NCDS is working to be at the cutting edge of electronic remittances and direct deposits and we are aware of the growing number of clients that would like to take advantage of these options. We will keep you informed of any beneficial programs as they may arise in the future and strongly advise against enrolling in any programs that may present themselves at this time. **ALWAYS CONSULT WITH NCDS BEFORE SIGNING ANY INSURANCE FORMS, ETC.**

Having Difficulties Processing Credit Card Transactions?...

When you process a patient's credit card for a copay or account balance please be aware of one very important detail:
After swiping the card the transaction details first come to NCDS and then go to the credit card company. While waiting for the credit card company to respond it is possible for your internet connection to pause, or hiccup, which can interrupt the credit card transaction process. Often it will appear that the transaction stopped and did not go through, and the first impulse is to swipe the card again. However, the internet connection between our office and the credit card company did **not** pause and typically the transaction will complete processing. Please be patient. If you experience this problem please feel free to contact Jessica Polo at NCDS. She is happy to review the transaction records to confirm if the transaction completed.

Jessica L. E. Polo
Accounts Receivables Mgmt.
jessicap@ncdsinc.com

BEST WISHES to CHARLES and CAROLYN GBUR, M.D.
They started their private cardiology practice, OHIO HEART AND VASCULAR CONSULTANTS, in Maumee, Ohio this past November 2008. We appreciate their business and wish them success in their new business venture.

THANK YOU FOR YOUR REFERALS! Sharing your experience with your friends and colleagues is our best advertising.