

DR. KNOW

We won't change the way you do billing...we'll change the way you do business!

An e-newsletter created by **PLEXUS HEALTH SOLUTIONS, INC.**

NPI IS HERE

We're Set

As of May 23, 2008, we are required to use the NPI numbers only when billing your services. Because we have been testing for a couple of months now, we found that some of you did not complete the crosswalk transition with some carriers. This has been immediately identified and fixed.

We are confident that we are compliant with this HIPAA regulation and prepared for its official date of use.

NEW CLEARINGHOUSE

Paperwork Is In

Plexus would like to thank all of its' clients for cooperating with us on the new paperwork needed to re-direct your electronic claims.

This was more than a monetary savings for us (and you-in the long run) this service will print your secondary claims and attach the primary EOB and send them, they will auto post

your insurance payments and set up balances for patient statements. But the best feature for us is that when the claims are submitted to the various carriers, we receive a submission number. This number is our guarantee that claims have been received and accepted by the insurance carrier. We won't have to battle with a he said/she said method of appealing when we are told that they do not have the claim in their system.

You may see some claims being denied as "duplicate" as we sent live data when we were testing with the new entity.

WPS & Email

They Don't Like It!

WPS does not like to be sent protected health information (PHI) or personal physician information (that can be found on their provider applications), as they do not feel it is secure.

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You can view past issues of this newsletter on our website.

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Plexus does use and will continue to use this method of communication, but we have a method of security in place that we use. You can feel safe that we are protecting your privacy and personal data.

PROLONGED SERVICES

Are You Billing For All Your Time?

When you spend 30+ minutes beyond the average time for a given E&M code, the service qualifies for a "prolonged service" code. These are "add-on" codes that you add to your usual E&M code.

When using these codes be sure to document in the patient chart the length of time spent face-to-face with the patient and the specific need for this time spent. If the time is not recorded in the chart, you cannot bill for these prolonged service codes.

These codes range from 99354 to 99357.

These add-on codes cannot be used with SNF visits.

If you would like a chart of the AMA threshold times and the prolonged times let us know, we'll be glad to share it with you.

WHAT IF...?

What Do You Think?

A new patient presents himself to your office. Fills out all of your paperwork, you make a chart (paper or electronic), your nursing staff takes vitals and then the patient waits for the physician to continue the exam or service.

The patient leaves, against your advice, rather than wait for the physician. Can you bill for the services performed thus far?

No, the services so far are largely administrative and not billable to an insurance carrier OR THE PATIENT.

BILLING FOR INJECTIONS

Things To Keep In Mind

When billing for a serum or other injectable, be sure to use the "J" HCPCS code. Along with this code we will need the dosage used. This is manually put on the CMS-1500 form and is necessary for any kind of payment.

MEMORIAL DAY

Closed

Plexus will be closed on Monday, June 26 in honor of Memorial Day. We will reopen on Tuesday June 27 at our regular hours.

Jean will be on vacation from Friday June 23 through July 1. Diane and other staff are here for any needs you may have.

WE SPEAK ESPANOL

Overcoming Communication Obstacles

In an effort to continually meet the needs of you and your patients we have hired an experienced biller who is bilingual.