

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.**

SEPTEMBER 15, 2008

**Volume No. 3
Issue No. 26**

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

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UPDATED MC FEES *As of July 15, 2008*

If you are interested in knowing what the updated reimbursement rates are for Medicare you can find them at the website listed below.

http://www.wpsmedicare.com/part_b/fees/schedule.shtml

A GREAT CASE FOR EMR *Bad Weather Issues*

With all the bad weather in the Midwest recently, Medicare is being notified of extensive damage to paper charts and records. This may include the inability to access document storage due high water, floods and washed away roadways.

When you notify MC of this situation they will verify at a local level the circumstances and ask you to attest under penalty of perjury to the destruction of the medical records and your claim will be considered. Find the attestation form for this purpose at

<http://www.certcdc.com/certproviderportal/attestationLetter.aspx>

SCREENING PELVIC EXAMS

What is Required to Bill

In order to send a claim to Medicare for a pelvic exam you must include a clinical breast exam, a pelvic exam with or without specimen collection for smears and cultures that must have at least 7 of the following 11 elements:

1. Inspect/palpate breasts for masses, etc.
 2. Digital rectal exam including sphincter tone
 3. External genitalia
 4. Urethral meatus
 5. Urethra
 6. Bladder
 7. Vagina
 8. Cervix
 9. Uterus
 10. Adnexa/parametria
 11. Anus and perineum
- Be sure all of this is documented.

<http://www.cms.hhs.gov/transmittals/downloads/r1541cp.pdf>

PQRI REPORTS

Changes

There are some changes to the PQRI reporting and those of our clients who are participating in this program will be sent the details via mail or the blue envelope.

REQUIRED SUBMISSIONS

Medicare & Medicaid

It is mandatory for both Medicare and Medicaid that you submit any/all claims for their beneficiaries. You cannot collect money from these patients and then hand them a CMS-1500 form for submission to MC or T-19. This is not applicable to foreign claims or those for DME.

2009 DX CODES

Time Is Close

On October 1, 2008 you are to be using the new 2009 ICD-9 codes. Remember Plexus can supply you with this information for a slight charge. Otherwise, be sure to have your new books by this date.

ERRORS IN DME PAYMENTS

For 2006

It was determined that for fiscal year 2006 the durable medical equipment (DME) error rate on reimbursements was 7.5% or about \$700 million. To see the entire report on this project go to

www.oig.hhs.gov/oas/reports/region1/10700508.pdf

INTERESTING DATA

Check It Out!

The calendar year P/SPS master file has been released from CMS and Frank Cohen of CPA Health Partners has compiled a validation study of this data.

This file contains 100% of all Medicare claims filed during 2007 calendar year. There were over 2.5 billion claim lines used from every specialty in every zip code in the U.S. This equates to nearly 90% of all physicians in the U.S. contributed to this data set. To get a copy of this go to

www.cpahealth.com

and click on the download button.

RED FLAG RULES

From the Federal Trade Commission

As a provider of a service and an entity that may not collect 100% of your fees at the time of service (an extender of credit because we send statements to patients for balances owed) you will fall under the FTC's "Red Flag" rule.

This rule is under debate by almost everyone in the medical industry, but because the definition of a creditor is so broad you are likely to be included in having to adhere to this rule.

For more information on this go to

<http://www.ftc.gov/opa/2007/10/redflag.shtm>