

DR. KNOW

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

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2007 ICD-9 CODES

Begin Using Them On 10-1-06

You should begin using these new codes with service dates of October 1, 2006. There is no grace period for using the new codes.

Be sure you have your **2007** ICD-9 book. The editing process that Plexus uses will catch any obsolete codes and we will send the claim back to you for correcting.

There have been many codes upgraded to five digits from the previous format of four digits. Many descriptions have been modified too.

CPT-4 codes for 2007 will have a required beginning date of 1-1-07.

PRACTICE AUDITS

A HIPAA Requirement

HIPAA laws require all medical practices to audit their compliancy on a regular basis. This includes, but is not limited to, your charting and coding. There are some audit programs that you can purchase that will do this for you. One that has been mentioned to Plexus in the past is Intelicode.

<http://www.intelisoft.com>

BILLING FALLACY

You Wouldn't Believe What We Hear!

On a recent statement stub we found a hand written note from the patient stating that, "since the correct insurance information was given to the physicians office at the time of service I have no responsibility at all for the claim."

The truth is, medical billing is a courtesy and patients are responsible for all charges from the minute they are incurred. A provider is only required by law to bill Medicare and Medicaid.

The old train of thought was that the provider offices did the billing because then the physician will receive the remittance and explanation of benefits, if they do not, the patient will receive the funds and payment description and the practice will incur extraordinary costs trying to collect this money, besides any copay and deductible that is owed.

But due to standardization in the medical industry there is no method in place that will allow the patient to send in a "superbill" and receive payments anymore. The only way a patient may receive an insurance payment is if you do not accept assignment.

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EMR

More Info To Consider

You have options in regard to this area of your practice. You can purchase a software system that you have control of and will include such things as; a computer network system in place, software, one time set up fees software and hardware maintenance and usually upgrade fees and a backup system.

Some physicians find the costs so daunting that they have approached a third party, such as their billing agency, lawyer or accountant to offer these services and impose a monthly fee. Same great benefits without the maintenance and hassle.

If you use a web-based system you won't need servers, a one time set up fee, no charge for upgrades or software maintenance and automatic backups.

Another option is to approach the hospital that you are on staff at and see if you can use their EMR system. Our research shows that this is a common practice and is usually free to staff physicians. They are on-line 24/7 and you have no worries at all.

MEDICARE ELIGIBILITY ON LINE

Medicare Modernization Act (MMA)

The MMA requires providers to use self-service technology to access information about claims and beneficiary eligibility.

In Wisconsin you can call 877-567-7176 and use the Interactive Voice Response (IVR) system or sign up for CMS Secure Net Access Pilot (C-SNAP).

www.medicareinfo.com

NEED TO KNOW MORE

Try On-Line Computer Classes

For \$30 per month you can take unlimited classes on many subjects, such as MS Word, Excel, FrontPage and many more. You can cancel at any time.

Check this out at www.vtc.com.

2007 PHYSICIAN PAYMENTS

Fatally Flawed Formula

On 9-28-06 the House Energy & Commerce Committee's Health Subcommittee held it's fifth hearing this year to identify how Congress may correct the formula that sets Medicare's physician reimbursement rates.

By the end of the session the subcommittee did not develop an action but many members said they hoped to address the following:

- Suspend the 5.1% payment cut scheduled for 1-1-07.
- Reverse additional cuts slated beyond 2007.
- Develop a multi-year permanent plan to reform the reimbursement rates.

TYPICAL FAMILY OF FOUR

9.6% Increase from 2005 to 2006

Milliman Medican Index says that the typical American family of four reached an average total medical spending of \$13,382 in 2006. The average annual rate increase for the four-year period of 2002-2006 was 9.7%.

www.milliman.com