

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.**

LOTS OF MEDICARE CHANGES IN 2011

Various Effective Dates

2-2-10: Medicare will no longer reimburse for flu vaccines (90658). You must now use one of the following codes to indicate what serum you used for payment.

Q2035
Q2036
Q2037
Q2038
Q2038
Q2039

Don't forget to use the administration code along with this G0008. If you need descriptions on these codes, let us know.

1-1-11: when a nurse is teaching a patient on the Advair Diskus, you should bill 94664. If a billing professional sees the patient or teaches this product you can bill an E&M along with the 94664. Be sure to indicate the medication used and it's dosage.

If the patient needs to be retrained on this product bill 94640.

MEDICARE PAYMENT REDUCTION DELAYED

Through 12-31-11

The Senate has reached a one year reimbursement delay on the 25% cuts. We are safe for 2011.

The estimated cost of this "patch" is \$19 billion.

The formula for this annual reduction has not changed and will have to be addressed by Congress again in the fourth quarter of 2011.

NEW THERAPY RATES FOR 2011

New Cap Rate

Effective 1-1-11: the annual maximum benefit for Medicare patients is \$1,870.

There are exceptions and please refer to the Medicare Handbook for a listing. Make sure you check this out prior to performing more physical, occupational or speech therapy.

December 15, 2010

**Volume No. 5
Issue No. 50**

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

You can contact us at:

Plexus Health Solutions, Inc.

P.O. Box 0655

Kenosha, WI 53141-0655

262-654-5555 (voice)

800-982-3804 (toll free)

262-654-9333 (fax)

<http://www.plexushealthsolutions.com/>

Content:

Lots of Medicare Changes in 2011.....	1
Medicare Payment Reduction Delayed....	1
New Therapy Rates For 2011.....	1
ICD-10-CM.....	2
Register Your EMR Product for Reimbursement Incentives.....	2
Embezzlement.....	2

ICD-10-CM

Never Too Soon To Prepare

On October 1, 2013 the ICD-10-CM codes will replace the current ICD-9 diagnosis coding system.

I know you have seen this many times in this newsletter and we want to impress upon you the impact this change will have on your practice AND your reimbursements.

ICD-10-CM is a standard classification coding set and methodology for reporting diagnoses, conditions, complaints, symptoms or reasons for performing a medical service.

Communications from CMS indicate that there will be no delays or postponements on this implementation.

ICD-9 has 13,000 codes and ICD-10 has 68,000. Categories are restructured and codes are being reorganized and this has resulted in the reclassification of some diseases and disorders.

Codes are getting new definitions; "V" and "E" codes are being absorbed into other areas.

The learning curve on this is going to be huge and we are recommending that you sign up for training on this through your local medical society or specialty association.

Begin now to access the impact. Develop a budget for implementation and training. Search for coding cross-walk programs or books to help you with coding claims. Develop a transition plan and train staff on it. Make sure the EMR product you select implements this change smoothly and on time.

Why is this change taking place? Most of the developed world is already using ICD-10, ICD-9 is running out of numeration for codes, ICD-10 is much more specific in nature and CMS SAYS WE HAVE TO!

REGISTER YOUR EMR PRODUCT FOR REIMBURSEMENT INCENTIVES

Begin This on 1-3-11

If you have picked and are using an EMR product go to the link below to get more information on the incentive reimbursement process and registration.

CMS says that Medicare incentives will begin to be paid in May 2011. Medicaid incentives will begin in 2011 and will vary by state. We have no data yet on when Wisconsin will be paying this money.

Keep in mind that you can only sign up with only one entity: Medicare OR Medicaid.

Below is a listing of the information you will need in order to process your application;

- NPI
- An account in the NPES system (PECOS) ID and password
- Payee FIN (if reassigning your benefits)(none of our clients do this)
- Payee NPI (if reassigning your benefits)(none of our clients do this)

You will need the EMR certified information when you attest the application data.

For help with this process you can go to:

EMR Information Center

888-734-6433

Monday-Friday

8:30 a.m. – 4:30 p.m.

https://www.cms.gov/EHRIncentivePrograms/20_RegistrationandAttestation.asp

EMBEZZLEMENT

Things To Know

If your practice becomes of victim of embezzlement you should notify your accounting specialist and have the embezzled amount included in the embezzler's gross income. This may alert the IRS of unreported income by the embezzler.

And since your practice suffered a loss this should be reported to the IRS also.