

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.**

IN OUR UPDATED SPACE

Moved in January

Plexus has moved into our newly updated office space. We expanded our work area and we've updated equipment and software that allows all staff to communicate and operate at efficient levels.

Not all of the updates are complete, but they did not prevent us from moving back into the space.

If you have not been by to check it out, please do and thank you for your patience and consideration during our construction period.

ICD-10 TRAINING

We Have Begun

Plexus has begun the long and necessary process of training on the ICD-10 diagnosis coding system that will take effect in 2013.

Sources tell us that the transition process will be problematic and there will long payment delays due to inadequate cross walking of codes and practices not making the change at all.

The Plexus software vendor is already gearing up for this change and our last update began the process. We're told that within two more updates the conversion will be complete for us and ready for use in 2013.

We cannot stress enough to our clients the importance of getting you and your staff educated on this new and permanent coding system.

There are only a couple, out of many more thousands of codes, that will have an exact description cross walk.

Contact your Wisconsin specialty affiliates or the Wisconsin Medical Society for training webinars and classes.

DELETED CODES

As of 1-1-11

Podiatrists be aware – debridement codes 11040 and 11041 have been deleted as payable codes beginning this year. They have been replaced with 97597 and 97598.

We will continue to request corrected claims unless we have a blanket authorization on file to automatically change the codes.

March 15, 2011

**Volume No. 5
Issue No. 52**

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

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MMEA of 2010

Effective 1-1-11

On 12-15-10 President Obama signed into law the Medicare and Medicaid Extenders Act (MMEA) of 2010.

This is the law that provides for a 0% update to the Medicare Physician Fee Schedule (MPFS) for claims dated as of 1-1-11 through 12-31-11. This is the 23+% reduction aversion to physician reimbursements.

While this update is 0%, other changes to the RVU's are budget neutral. To make these changes budget neutral CMS must make an adjustment to the conversion factor (CF). So, for claims dated 1-1-11 and after the CF will be \$33.9764. The CF in 2010 was \$36.8729.

MEDICARE TIMELY FILING

New Filing Limits

The Affordable Care Act was passed on March 23, 2010.

Prior to this Act being passed physicians had from 15-27 months (depending on the date of service) to file a claim in a timely manner. If you filed after 12 months you took a 10% hit on the regular Medicare allowable rate for the late processing – but your claim was processed and paid.

Now you have 12 months (no grace period) from the date of service to file timely.

HEALTHCARE REFORM

IRS Budget 2012

The IRS says it will need 1,054 new auditors and staffers and new facilities at a cost of more than \$359 million in fiscal 2012 just to start up the initial implementation of the new healthcare plan.

Eighty-one agents/staff will be assigned to make sure tanning salons (25,000) pay the new 10% excise tax. That cost is \$11.5 million. Seventy-six IRA agents to make sure businesses engaged in making and importing drugs pay their new fee which is expected to bring in additional tax revenue of \$2.8 billion in 2012 and 2013.

The IRS said that these implementations represent the largest set of tax law changes in 20 years, with more than 40 provisions that amend the tax laws. They will have to modify existing tax processing systems, make enhancements to notices, collections and conduct focused examination to encourage compliance.

MENTAL HEALTH CHARTING

Nothing New

Mental Health is one of only three medical specialties that are billed by time.

If you perform outpatient mental health services be sure you are charting your actual face-to-face time. If your scheduled appointment time is 9 a.m. to 10 a.m. THIS IS NOT YOUR FACE-TO-FACE CHART TIME. The patient must be called to the room, take off their coat, situate themselves and then the clock begins. This means that if you plan on spending an hours-worth of time with this patient the face-to-face time might be 9:04 a.m. – 9:54 a.m. You are allotted ten minutes worth of unbillable charting time with each mental health code.

If you are audited and are using the appointment times as your face-to-face times you'll be writing a check to that entity.

If you have any questions on this, please do not hesitate to call us.

HOME HEALTH ORDERS

New Directive

If you are a physician who signs off on home health care orders for Medicare patients, a new regulation states that you must have a face-to-face encounter with that patient within 90 days prior to the start of care. If this cannot be achieved, the patient must be seen within 30 days of admission to the home health agency's care.

Also, don't forget to keep copies of these signed home health care authorizations for a period of 7 years.