

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.**

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REQUIRED CLAIM DATA

Update This At Every Visit

There are some fields on the CMS-1500 form that must be filled in to make the claims clean and payable the first time submitted.

They are; the employer's name and date of birth of the insurance subscriber and the name of the primary care physician or referring physician if you are a specialist.

We cannot stress how important it is to get the date of birth and social security number of guarantors. Without this information we cannot forward bad debts to the credit bureau. As a footnote, the legal responsibility of a financial power of attorney (POA) ends when the patient is deceased. POA's cannot be sent to the credit bureau or collection agency in this case.

If your current registration form does not ask this information, please update them to include this.

When your patient gives you updated insurance information it is very essential that we have an effective date. Some insurance cards have this information on them, but most do not. Please ask!

ICD-10 UPDATE

H.R. 4157 Passes the House 270-147

The House passed the Health Information Technology bill that allows the ICD-10 format of diagnosis codes to be used industry wide by October 2010. It also provides for certain limited protections from federal anti-kickback and self-referral laws for hospitals.

CMS TO TEST ONLINE DATA

Patients Can Track Health Care Online

CMS said that they are testing a project that will allow the feasibility of integrating Medicare claims history with personal health records that will allow Medicare patients to track their health care online.

This project is estimated to cost \$500,000 and is part of a larger project.

At this time, Medicare patients can view their benefits and drug level online at my.medicare.com.

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TRICARE UPDATE

We Now Know What The Group # Is

Are you seeing Tricare patients? If so, you will note that there is no notation on the insurance card as to the group number. This has been a mystery for years.

We have talked with an actual holder of the card (usually we speak to spouses) and we asked what the group number is because we are being denied for this reason. When we call Tricare they will not give us this information.

The group number is the branch of the armed forces that the subscriber is affiliated with. Thus, Army, Navy, Air Force, Marines or Coast Guard. Please obtain this information when seeing these patients and forward it to us. Thank you!

Also, the subscriber is exempt from cost shares as long as they are on active duty, the family members are not exempt from copays.

ANNUAL SCHOOL PHYSICALS

Know The Patients' Benefits

It is that time of year again when your appointment books will be filling up with school physicals. Please be sure that the parent(s) let you know what the annual benefits are on this service according to their insurance policy.

If they only get one a year, have they had one already? Could it have been performed by another physician? Is it a covered benefit or not, if not, collect up front for this service.

Watch your Dx codes, is it actually a school physical or an annual exam? There is a difference.

CIGNA HEALTHCARE

They Are Updating Their Fee Schedule

On November 1, 2006 Cigna will update its physician fee schedule. It will include any new CPT-4 codes since the last update and revise the RBRVS used.

Keep in mind that this may not mean an increase in revenue for you. If the RBRVS went down or stayed the same, there will be no additional funds due.

Their website will have the updated fees 90 days prior to their initiation. You must register to use their website, but it's easy to do.

Go to www.cignaforhcp.com or call them at 1-800-882-4462.

MEDICARE NURSING HOME PMTS

Increased Reimbursement In 2007

In 2007 Medicare will increase the reimbursement to skilled nursing facilities by 3.1 percent. This equates to an approximately \$560 million in additional funds for them.

You can get more information at www.cms.hhs.gov/providers/snfpps.

TENET HEALTHCARE FINES

Coding Errors, Physician Arrangements & Outlier Pmts Were The Blame

Compliance Monitor says Tenet Healthcare agreed to the 2nd largest hospital settlement. They agreed to pay \$725 million in cash & waive an additional \$175 million in fees over the next 4 years. To finance the settlement Tenet will have to sell 11 hospitals by mid-2007.