



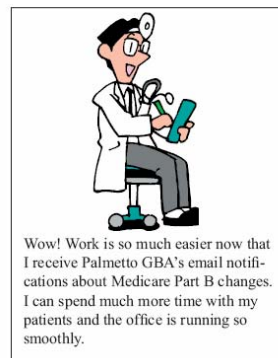
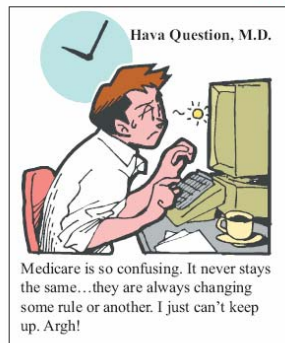
**Professional Receivables Control, Inc.
Monthly Newsletter
JANUARY 2007**

Please route to appropriate staff



From all of us at PRC

Palmetto Place



**HAVE YOU SEEN THIS IN THE DECEMBER 2006 MEDICARE ADVISORY?
Palmetto has pulled out all the stops, now resorting to cartoons to get you to sign up for their advisories. Please, please do it today. Thank you, Mable**

START THE NEW YEAR RIGHT

In the past I have discussed with you the importance of signing up for the Medicare E-Mail Updates but now it has even more significance.

We have had several emergencies and natural disasters in the last few years and Medicare recognizes the fact that if we are hit by one of those emergencies/disasters it may effect our communication with Medicare. They have now, more than ever, asked that you sign up for their E-Mail Updates because that is the way they will send you emergency messages.

It is suggested that you have at least two people in your practice signed up to receive these updates. However, there is no limit as to how many can receive them. Just go to www.PalmettoGBA.com and choose "E-Mail Updates" from the top navigation bar, and then choose "Register Now".

If you already signed up for the E-Mail Updates and stopped getting them, just go to the above directed link and UPDATE your profile. Medicare changed the way they are sending out the updates and for us at PRC they dumped our profiles some time in October. Once we noticed this we did the update and the E-Mails resumed.

******2007 MEDICARE FEE SCHEDULE******

From Part B News in December we were told, "The House and Senate have reached a deal to freeze your 2007 payments at 2006 levels, averting a scheduled 5% pay cut..... You would also be able to receive up to a 1.5% pay hike beginning in July for reporting quality measures based on the Physician Voluntary Reporting Program."

CMS E-MAIL UPDATES

CMS offers their updates via e-mail and these are called "Listservs". You can sign up at www.cms.hhs.gov/apps/maillinglists . Leave your name and e-mail address and they will provide you with information from the Medicare Learning Network, MLN Matters Articles, and much more.

WELCOME TO MEDICARE PHYSICAL ADDITION

Per CMS: For 2007, people who are at risk for aortic abdominal aneurysms may get a referral for a one time screening ultrasound as part of their Welcome To Medicare Physical. Remember this physical must be done within 6 months of the beginning date of the patient's coverage with Medicare Part B.

MEDICARE PREMIUM AND DEDUCTIBLE GOING UP IN 2007

For Part B, the standard premium is \$93.50, and the deductible is \$131.00.

SCREENING MAMMOGRAMS

In Medlearn Matters the question was asked, "Is it necessary for a physician to order a screening mammogram?" Per CMS the following answer was given,

"No, a doctor's prescription or referral is not necessary for the procedure to be covered. Whether payment can be made is determined by a woman's age and statutory frequency parameter. Section 4101 of the Balanced Budget Act (BBA) of 1997 provides for annual screening mammographies for women over age 39 and waives the Part B deductible. Coverage applies as follows:

Under age 35-no payment allowed

From 35-39-baseline (payment for only one screening mammography performed on a woman between her 35th and 40th birthday

Over age 39-annual (11 full months have elapsed following the month of last screening)

More information about screening mammography can be found in the *Medicare Claims Processing Manual*, Chapter 18, Section 20 at <http://www.cms.hhs.gov/manuals/downloads/clm104c18.pdf>. For additional coverage information

for a screening mammography, also see *Medicare Benefit Policy Manual*, Chapter 15, Section 280.3, at <http://www.cms.hhs.gov/manuals/Downloads/bp102c15.pdf>.”

CODING YOUR EVALUATION AND MANAGEMENT SERVICES

Medicare is looking closely at evaluation and management billing and we are advised to make sure we code, in all respects, to the highest level.

If you are using a high level office visit CPT code due to the diagnosis of diabetes, uncontrolled (250.03) be sure to add the additional diagnosis codes for the complications such as numbness in hands and feet (series 362.0x) or retinopathy (series 250.6x) and V58.27 for long term insulin use.

Make sure that you don't omit appropriated diagnosis codes simply because they are not listed on your route slips.

Part B News reminds us that this is especially important on your high level E/M.

MEDICARE NATIONAL PAID CLAIM ERROR RATE ON EKG

For claims submitted in 2004 Palmetto GBA states that the error rate for Ohio and West Virginia was 10.2% with the biggest reason being failure of the reading physician to sign his interpretation. If you are reading EKGs make sure your doctor is signing his interpretations. For more information check out this EKG Overview [http://www.palmettogba.com/palmetto/providers.nsf/\(Docs\)/85256D580043E754852571C70056D622?OpenDocument](http://www.palmettogba.com/palmetto/providers.nsf/(Docs)/85256D580043E754852571C70056D622?OpenDocument)

WORK TASK PROGRAM AND IN – HOUSE CLIENTS

Reminder: if you receive a work task from PRC that requires you to return an answer to the person at PRC, please remember to “forward” the work task back. **Do not RESOLVE.** The **RESOLVE** is only to be used if you have completed the work task and no further action is required.

AVOID LOSING NPPS MEDICARE NUMBER WHEN BILLING NPPS INCIDENT TO

If you are billing all of your non-physician providers (NPP) incident to your physicians, remember you **MUST** bill under the NPPs own numbers at least once a year or Medicare will deactivate their number. If that happens, you have to go through the whole enrollment process all over again to get it re-activated. *Remember that the OIG (Office of Inspector General) is going to be looking at incident to billing in 2007 to make sure the “quality” of care is not being compromised. Make sure that your Direct Supervision requirements are being met.*

ULTRASOUND FOR ANEURYSM ADDED TO MEDICARE PREVENTIVE

From Medicare Updates:

Effective January 1, 2007, Medicare Part B will allow for one ultrasound screening for Abdominal Aortic Aneurysms (AAA), subject to certain eligibility and other limitations. The provision allowing for this service also waives the annual Part B deductible for the AAA screening test. The term “ultrasound screening for abdominal aortic aneurysm” means: A procedure using sound waves (or such other procedures using alternative technologies, of commensurate accuracy and cost, as specified by the Secretary of Health and Human Services through the national coverage determination process) provided for the early detection of abdominal aortic aneurysms; and includes a physician's interpretation of the results of the procedure. (OH/WV)

Effective for dates of service on and after January 1, 2007 Medicare will pay for a one-time ultrasound screening for AAA, for patients who meet the following criteria:

Receives a referral for such an ultrasound screening as a result of an initial preventive physical examination (IPPE) (See *MLN Matters* article MM 3638 at <http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM3638.pdf> for more details on the IPPE.)

1. Receives such ultrasound screening from a provider or supplier who is authorized to provide covered diagnostic services.
2. Has not been previously furnished such an ultrasound screening under the Medicare Program
3. Is included in at least one of the following risk categories:
4. Has a family history of abdominal aortic aneurysm;
5. Is a man age 65 to 75 who has smoked at least 100 cigarettes in his lifetime;
6. Is a beneficiary, who manifests other risk factors in a patient category recommended for screening by the United States Preventive Services Task Force regarding AAA, as specified by the Secretary of Health and Human Services, through the national coverage determinations process.

If the screening is provided in a physician office, the service is billed to the carrier using the HCPCS code G0389: Ultrasound, B-scan and/or real time with image documentation; for abdominal aortic aneurysm (AAA) screening.

Short Descriptor: Ultrasound exam AAA screen (put this in the Medicare Doc Record)

HCPCS modifier TC and CPT modifier 26 (modifiers are optional)

Payment is under the Medicare Physician Fee Schedule (MPFS).

REMEMBER THIS IS COVERED ONCE IN A LIFETIME BY MEDICARE.

DRUG/RADIOPHARMACEUTICAL NOT OTHERWISE CLASSIFIED BILLING

Per PalmettoGBA December Advisory: As of January 1, 2007 when billing “not otherwise classified” or “unlisted” HCPCS codes J3490, J3590, J7599, J9999, A4641, A9699, and/or A9700, the National Drug Code (NDC) must be in the documentation record. You must enter the name, dosage, and the NDC number or your claims will be rejected.

Mable Scott (330) 564-2645

mscott@prcontrol.com