



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

**Please route to appropriate staff**

**PROFESSIONAL RECEIVABLES CONTROL, INC.  
PROUDLY ANNOUNCES OUR PARTNERSHIP WITH  
LABCORP**

PRC has partnered with LabCorp to bring our clients quick and easy data entry. PRC and LabCorp can now bridge lines of communication to stop double data entry. Your practice can now access new and updated patient information on your LabCorp PC by simply typing the existing patient account number instead of manually entering information field by field. It will dynamically populate patient information saving you time and avoiding any data entry errors.

WHO can use this feature?

- ✓ Anyone currently using LabCorp Services
- ✓ Anyone who currently has a LabCorp PC

If you are interested in hearing more about this new feature please contact:

LaShawn Fergus, IS Project Manager  
330-564-2620 or at [lfergus@prcontrol.com](mailto:lfergus@prcontrol.com)

**NPI USE EXTENDED?, NOT REALLY**

You may have heard rumors that CMS was going to extend the cut off date for you to have your NPI but that extension is only for small insurance plans that have not been able to get their systems to comply with accepting the NPI identifiers. For those small plans only, the end date has been extended to May 23, 2008. However, you are still required to have your NPI by May 23, 2007

**MEDICARE PART C ENROLLMENT INFORMATION**

CMS has now opened the Part C plan type description display on their common working file. There is a lot of information here as to the plans and how they work. There is an article on this in the May 2007 Advisory and here is the link to the plan directory <http://www.cms.hhs.gov/MCRAAdvPartDEnrolData>

**ANTHEM ONLINE BENEFITS SEARCH UPDATE**

Anthem has simplified the online request for patient benefits at **MyAnthem**. When you sign on to conduct an eligibility search, you will see a drop down box near the upper

right corner. This drop down box allows you to choose a specific benefit. When you enter your information on the first screen, click subscriber or dependent, enter the patient's ID and date of birth and then on the right side of the screen, click on the drop down box labeled **Select Specific Benefit** and choose the benefit you are researching. This eliminates the need to scroll through various screens.

### **MEDICARE PATIENTS IN JAIL OR PRISON**

It's rare but every once in a while you will see a patient in the hospital, or in some cases be asked to see a patient transported to your office from a local penal facility. Remember that if the patient is a Medicare recipient, Medicare will not pay for that person's medical care while they are incarcerated. Medicare presumes that the State or local government has custody of the person and therefore is responsible for their care while in custody.

However, as with most cases there is an exception. If the State or local law requires the patient to repay the cost of medical care and pursues those amounts owed in the same way they would pursue any other debt. You can bill Medicare and use the modifier QJ. QJ means, "Services/items provided to a prisoner or patient in State or local custody, however, the State or local government, as applicable, meets the requirements in regulation 42 CFR 411.4(b).

You should bill incarcerated dates separately from unincarcerated dates, do not combine them. Also if the claim is denied due to incarceration and the patient claims that he/she was not incarcerated on those dates, the patient has to contact Social Security, as they are the ones that disseminate that information and SSI has to make the corrections.

### **TO BILL OR NOT TO BILL ? PRE-OP EXAMINATIONS**

A History and Physical done the day before or the day of surgery is included in the global surgery fee. But if you do an examination two days or more before surgery should you bill for that examination? It depends says *Medical Coding Wire*. Suzan Hvizdash, BS, CPC, CPC-EMS, CPC-EDS, physician education specialist for the department of surgery at UPMC Presbyterian-Shadyside in Pittsburg is quoted, "...you'll have to carefully examine the specifics of any visit ..." before billing.

Let us say you saw a patient two months ago and at that visit decided upon an elective surgery. Now the patient returns to your office (in good health) for an H/P because the hospital required it before surgery you should not bill that examination, if it was not medically necessary.

However, if the examination is needed to be sure the patient is healthy enough to undergo the procedure due to an active medical issue, this H/P would be medically necessary and if done two days or more prior to the surgery will be billable.

In review; if the exam is done as a **requirement of the hospital**, it is **not billable**. If the exam is **required by the surgeon for a medical condition**, and is done two days or more prior to the surgery, **it is billable**.

## **MEDICARE COVERS PROSTATE CANCER SCREENING TESTS**

Screening digital rectal examination (DRE) and screening prostate specific antigen (PSA) blood test. Both of these tests are covered by Medicare under certain conditions.

DRE and PSA are covered once every 12 months for males beneficiaries age 50 and older. Coverage begins the days of the beneficiary's 50<sup>th</sup> birthday, if at least 11 months have passed following the month in which the last Medicare-covered screening DRE and PSA test was performed.

Calculating frequency – to determine the 11 month period, the count starts beginning with the month after the month in which a previous test/procedure was performed.

Example: PSA was done January 2006. The count starts the beginning of February 2006. The patient can have another PSA in January 2007 (the month after 11 months have passed).

The PSA is a lab test and has neither deductible nor coinsurance/co T payment applied.

The Screening DRE – is a procedure and deductible and coinsurance/co-payment apply.

File with the following codes: G0102 for DRE and G0103 for PSA using ICD-9 V76.44 for you diagnosis code. Payments for PSA are under the lab fee schedule and DRE is paid under Medicare Physician Fee Schedule at Par Fee of \$19.15 in your office, \$8.17 if done in a facility setting.

## **PALMETTOGBA INTERACTIVE REDETERMINATION FORM**

This link will take you to the new online interactive redetermination form. You can type in all the necessary information and print out the form to mail in with your redetermination.

<http://www.palmettogba.com/palmetto/providers.nsf/Attachments/ECB07F73436BE5CD85257299004790D9?OpenDocument>

## **SPLIT/SHARED VISITS**

A split/shared evaluation and management (E/M) is a medically necessary encounter with a patient where the physician and a NPP each perform a substantial portion of the E/M service, face to face with the same patient on the same date. The physician and NPP must be in the same group practice or be employed by the same employer. Split/shared visits apply to selected E/M services. **The split/shared visit does not apply to consultations.**

## **PALMETTOGBA ARTICLE LOOK UP**

Need to know how to use a modifier? Now you can go to the PalmettoGBA website and find detail information on modifiers and many more articles for reference. Save the links below for future use. These links take you to the Articles Section, click on Modifier Look-up. Ohio: <http://www.PalmettoGBA.com/boh/articles> West Virginia: <http://www.PalmettoGBA.com/bwv/articles>

## **OBSERVATION CODING**

### THREE RULES FOR OBSERVATION CODING:

1. You should use 99218-99220 with 99217 for discharge if the patient is admitted to observation and released on a different date of service, unless the total duration equals fewer than 8 hours. For multiple day stays, you may use 99218-99220 for each day of service (not counting the day the patient is discharged, for that you use the 99217)
2. For stays of less than 8 hours when the admit and discharge are on different dates, use 99218-99220 only, without the discharge 99217.
3. For stays that are within a single date of service, use 99234-99236. You should not report a separate discharge code.

Examples: Patient observation stay spans 2 dates, but only lasts 3 hours. You bill 99218-99220.

Patient stay spans 2 dates but lasts 8 hrs or more, use 99218-99220 for the first date and the discharge 99217 for the last date.

Patient stay starts at 9 a.m. on Monday and continues till discharged on 9 a.m. Wednesday, use 99218-99220 for Monday and Tuesday and 99217 for Wednesday.

Same day admit and discharge, patient is admitted at 7 a.m. on Monday and discharged at 8 p.m. on Monday, you use 99234-99236 as appropriate for the level of service.

**Rule of thumb: 99218-99220 for 8 hours or less.**

## **HELP DESK HINT**

If you're unable to locate a patient by Name, Social Security # and/or by Account #, the ELF has an Advanced Find feature. In the Find Patient screen of the ELF, you will find the Advanced Find button in the upper right corner to the left of the Patient Options heading. When you click on that button, the Advanced Find window will appear. You can enter in such information in this screen as the patient's birth date, home address, and alias name for both the patient and guarantor as well as locate the patient by their insurance company policy number. Once you've entered in the information in the appropriate field, click on the Find button. The ELF will bring you back to the Locate Patient Account screen when it has found the patient(s) that matches the information you've entered.

**Mable Scott**