



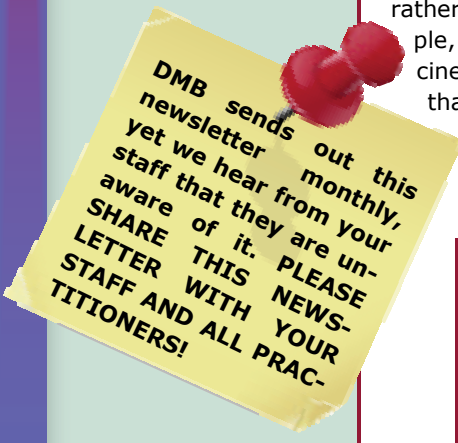
INFORMANT

Diablo Medical Billing, Inc.

February 2011

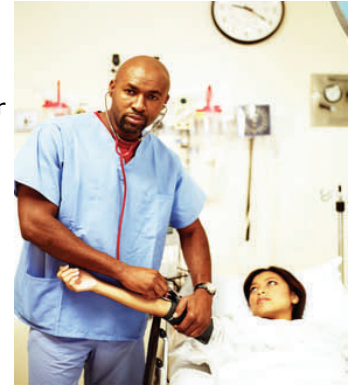
Special points of interest:

- ♥ Put the patient blood pressure reading on at least one claim form a quarter.
- ♥ The PQRI bonus program is slowly turning into PQRS and will become a requirement.
- ♥ There are new immunization administration codes for patients under age 18.



To our Hill Physicians providers:

We know that getting your quarterly PMF is important to your practice, and we are working with Janet Kesterson to make sure that we are doing all we can to help you achieve your goal. Janet suggests that we put the patient blood pressure reading on at least one claim form a quarter. There are HCPCS codes available for reporting, which your account rep will add to the claim if you will please put the BP on the superbill for us. If you have your staff get in the habit of writing the BP on each superbill we can take care of the rest! The codes are:



CODE	SYSTOLIC	CODE	DIASTOLIC
3074F	<130 mmHg	3078F	<80 mmHg
3075F	130-139 mmHg	3079F	80-89 mmHg
3077F	>140 mmHg	3080F	>90 mmHg

Some other suggestions that Janet mentioned:

- ♥ If a patient is seen for bronchitis, be aware of the anti-biotic prescribing guidelines to avoid getting penalized. If there is any other reason for prescribing antibiotics, be sure to put that on the superbill.
- ♥ Chronic conditions should each be reported on a claim form at least once a year.
- ♥ Generic "back pain" will not justify an x-ray. Please be specific in your diagnosis.
- ♥ If you diagnose a patient with pharyngitis, be sure to do a strep screen

While the above suggestions come directly from Hill, there is talk of CMS heading down this path in the years to come. The PQRI bonus program is slowly turning into PQRS and will become a requirement in the future, with penalties for not participating starting in 2014. Anything we can get in the habit of doing now will only help in the future!

There are new immunization administration codes for patients under age 18 when counseling is provided to the patient/parent prior to giving the vaccine. These new codes are 90460 (first component) and 90461 (each additional component). The benefit to these codes, according to the vaccine manufacturers, is that because they are component based rather than injection based, you get reimbursed more for each immunization. For example, if you counsel a parent about the Pentacel vaccine, we will bill a 90698 for the vaccine, a 90460 for the first component and 90461 times 4 for the additional components that make up Pentacel. It remains to be seen whether any carriers will pay with this method, but that is the description of the CPT! It **must** be documented in the patient chart that counseling was provided! If you do provide counseling with your immunizations, note that on the superbill so your account rep can bill appropriately.

ROUNDS WILL BE ON WEDNESDAY, FEBRUARY 23.

Our office will be closed on Monday, February 21 for President's Day. Please let your account rep know if your office will not be available for a pick-up that day.