

July 2010

### Front Desk Reminder

When making copies of insurance cards please make sure they are clear-especially the ID number.



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Please get the charges to us quickly to avoid delays in payments. There should be charges and payments every courier pickup for every doctor.

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### Billing information for Providers



Some plans do cover charges for your phone calls to your patients. Hill and some PPO plans do cover these charges. Medicare does not. The codes are as follows:

99441— Brief 5-10 minutes (Hill allows \$13.37 for this)

99442— Intermediate 11-20 minutes (Hill allows \$24.86 for this)

99443 — Complex 21-30 minutes

Your account representative can make up a billing sheet for you if it has not been done already. Let us know if you need one.

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### Reminder to Providers

You are required to update your Medicare enrollment when a “reportable event” occurs (ex. change of address). You may also update or revalidate your enrollment information when you know you have not updated it in the last 6 years. Practices must be in compliance with CMS’s Provider Enrollment Chain and Ownership System (PECOS) by January 3, 2011. CMS is currently seeking out providers that have not enrolled and is in the process of sending letters to providers. **Providers who do get a validation request need to respond within 60 days or their billing number may be deactivated.**

PECOS can be updated on the internet at [www.cms.hhs.gov/MedicareProviderSupEnroll/downloads/GettingStarted.pdf](http://www.cms.hhs.gov/MedicareProviderSupEnroll/downloads/GettingStarted.pdf)

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### New Policy

President Obama has announced a new Patient Bill of Rights, which theoretically goes into effect in September. One of the benefits of this new policy which will help our facility-based clients is removing the out-of-network issue for emergency care. If you see a patient in the hospital and you do not have a contract with their insurance, the insurance is obligated to pay you without charging the patient a higher co-insurance or deductible. This potentially will reduce patient stress, reduce the amount of appeals that need to be done, and generate payment for those charges on a more timely basis.

### ~ COLLECTIONS ~

#### The benefits of

**Diablo Medical Billing and Rash Curtis relationship**

**Rash Curtis & Associates is a full service collection agency specializing in Healthcare Debt Recovery.**

**Their motto is our motto:**

**“Our success is meeting and exceeding your expectations”**

Diablo Medical Billing utilizes Rash Curtis. In most cases we find that one collection letter will trigger a phone call to your account rep to make a payment in full or payment arrangements at which time, Rash Curtis is out of the loop.

If Rash Curtis is able to collect within the first 14 days, there is no charge to you.

Past that point, they will continue to try and collect the debt for 30% of collections.

Rash Curtis will list your accounts with all three Credit Bureaus (when placed for contingency collection). The ability to report your accounts to the Credit Bureaus motivates many accounts to pay quickly. They wait a minimum of 45 days before reporting the account. This avoids reporting those accounts that have a sincere intention to resolve their obligation

If you would like further information on Rash Curtis & Associates, I would be happy to provide you with their Company information, Philosophies & commitment, Collection Account Processing, etc. Please feel free to contact our office.

