



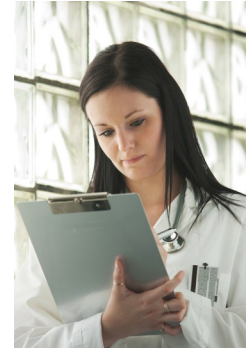
INFORMANT

Diablo Medical Billing, Inc.



Medicare Fee Schedule for 2012

As you undoubtedly know, Medicare rates are set to be reduced by as much as 29%, effective with dates of service 1/1/12. As of today, there is no other plan in place to avoid this cut. We will keep you informed of the negotiations as we can, but feel very strongly that your practice should be ready for these cuts. Please be aware that at this time your January 2012 receipts may be drastically reduced!



Stay tuned!

Debbie and Allen

VERY IMPORTANT!!

Are you obtaining the most current information from your patients?

Don't forget to ask probing questions at each appointment such as:

1. "Are you still currently residing at..." or,
2. "We are showing your current insurance as..., is this correct?"

Maintaining the most current information assures prompt payment!!

ICD-10 Benefits for Healthcare Providers

Physician practices and hospitals know a change is coming on October 1, 2013, that will dramatically impact current business processes. The best approach is acceptance and a positive attitude, which should motivate each player in this process to do what is required to ensure compliance.

Listed below are key benefits to keep in mind during this transition to ICD-10:

- With the number of codes increasing from 17,000 to 155,000, the codes will more accurately describe patients' diagnoses and conditions. With patients' having more in-depth information included in their claims, there will be more supporting documentation and reasoning for medically-necessary procedures and services.
- It better reflects current medical practice. ICD-9 was developed in 1979!
- Its structure accommodates the addition of new codes, so it is less likely to become obsolete.
- Its greater specificity has the potential to reduce coding errors.
- Once coding is completed, ICD-10 makes claim submission more efficient.

Diablo Medical Billing has begun training and establishing systems to help your practice during this time of transition. If you have any questions, contact your account representative.



Medicare Audits and your Chart Notes

As you all know, determining the level of E&M service to bill is based on three components – history, exam, and Medical Decision Making. For a new patient, you must meet the criteria in all three components to get to a level of service. For established patients, you only need to meet two. One of the



areas now under scrutiny from CMS is the medical decision making component, which is probably the hardest to document! Of course, the primary factor in determining a level of service is medical necessity, and just because you do a high level exam and history does not make it medically necessary.

Look for potential MDM-boosting factors, including chronic conditions that may affect the present illness, the need for diagnostic tests and the plan of care you deter-



mine. List the complicating factors in your notes. Consider various management options, and document which one you are choosing as well as the expected outcome and possible options if the outcome is not successful. Consider the complexity of the patient when choosing your level of MDM. And, most importantly, **DOCUMENT, DOCUMENT, DOCUMENT!**

The following is a chart that might help you in calculating the correct number of elements for MDM:

# of dx or management options	Amt and/or complexity of data to review	Risk of complications	Type of Medical Decision Making
Minimal (1 minor or stable)	Minimal- 0-1 Data set	Minimal	Straightforward- Needed for 99212
Limited (2 minor or stable OR 1 unstable)	Limited – 2 data sets	Low- OTC drugs,	Low – Needed for 99213
Multiple (1 new problem w/no addt'l work-up OR >1 problem, with one being unstable)	Moderate- 3 data sets	Moderate- Includes prescription drug management	Moderate – Needed for 99214
Extensive (1 new problem w/addt'l work-up OR >1 problem w/at least 1 being new)	Extensive – 4 data sets	High	High – Needed for 99215

New ABN Use

Effective with dates of service 1/1/12, Medicare has created a new ABN form which your office will be required to use. I have attached a copy to the newsletter. You can download a copy of the form, instructions for use and a Spanish version at http://www.cms.gov/BNI/02_ABN.aspt. As always, if you have a patient sign the ABN for non-covered services, please stamp the superbill so your account rep can attach the appropriate modifier to your claim.