

# DERMATOLOGY DIALOGUE

## A Message From IPMS



*Michele Krpata, CPC  
Coding & Compliance Specialist*

The Patient Protection and Affordable Care Act (PPACA), signed into law March 23, 2010, amended the Medicare fee-for-service (FFS) claim timely file limit.

Starting with date of service January 1, 2010, the timely file requirements for Medicare FFS claims have been reduced to only one calendar year after the date of service.

In addition, claims for services furnished before January 1, 2010 must be filed no later than December 31, 2010.

- Claims with dates of service before October 1, 2009 must follow the pre-PPACA timely filing rules and be filed by December 31, 2010.

*(continued on page 2)*

## IPMS KEEPS PACE WITH INDUSTRY CHALLENGES . . .

The #1 priority of IPMS is assisting physicians to enhance their medical practice profitability through our depth of industry knowledge and expertise. Today's healthcare industry presents physicians with growing practice challenges in the realms of Medical Billing, Coding and Compliance. As healthcare in the United States continues to evolve and electronic information sharing grows to levels of utilization that were ideas just a few years ago, physicians will be individually and collectively subject to a host of new and complex rules, regulations and reimbursement processes that are ever-changing.

In conjunction with growth of electronic information sharing and changes in reimbursement rules, it is expected that government and private payers will significantly increase the volume and extent of coding and payment audits to seek financial "pull-backs" from medical providers. In order to prevent a costly audit outcome for our clients, IPMS has increased its emphasis upon assisting physicians through different educational functions and by conducting voluntary internal audits. Our goals are clear. Assist physicians in ways that:



*David L. Korn  
Chief Executive Officer*

- Have a direct impact upon continuously improving their coding processes.
- Assure that documentation precisely/correctly supports physicians' coding decisions.
- Provides valuable updates that physicians incorporate into their day-to-day coding, documentation and billing functions to maintain audit risk reduction.

Today, and certainly going forward, a key manner of enhancing practice profitability is to support efforts that assure reimbursement while avoiding the risks of third party audits. Such audits can result in significant pull-backs of revenue together with potential fines and related problems. *When correct coding and effective billing processes are combined with accurate documentation, practice outcomes are improved while the risks and costs of highly technical third party audits are reduced.*

We embrace the value that physicians provide for the population, together with a clear knowledge of the inevitability of change in how healthcare services are reimbursed. We look forward to providing physicians with the knowledge and know-how that is necessary to effectively and correctly address the changes that will become more prevalent. By applying our expertise, technology and in-depth understanding of these intricacies we can better assist physicians to receive full value for their services.

## FDA AND TANNING DEVICES

Tanning beds are presently considered "Class I". What is Class I? The Federal Drug Administration (FDA) has a three digit range for assigning levels of risk or harm to individuals, using roman numerals I, II or III.

The FDA panel selected to advise on regulation or classification changes needed for indoor tanning devices held a public hearing on March 25, 2010. The goal for many at this hearing was to raise the level of risk assigned to utilization of tanning beds. Dermatologists, researchers and patients presented cases regarding the need for increased regulations on non-medical indoor tanning devices and the risks associated with the use of ultraviolet lamps. As a result of this hearing, the panel agreed that age restrictions and a classification change should be recommended as well as other special controls.

The American Academy of Dermatology (AAD) has gone on record to request the FDA to ban non-medical tanning devices because they increase the risk of skin cancer. The use of tanning beds before age 35 increases an individual's risk for melanoma by 75%. Melanoma is the most common form of cancer for young adults 25-29 years old and is the second most common form of cancer for adolescents and young adults 15-29 years old. Until the day when these devices may be banned, at the very least, the above proposals made by the panel are a step toward greater safety for individuals. The panel was split on which level of risk should be assigned to non-medical tanning devices. Some thought Class II and others thought Class III was more appropriate.

Despite the unresolved issues on the table, President Obama signed the 2010 Patient Protection and Affordable Care Act into law on March 23, 2010. This bill includes a 10% tax on indoor tanning services, which replaced the 5% cosmetic surgery tax originally part of the bill. The tax on tanning services using ultraviolet lamps with wavelengths between 200 and 400 nanometers goes into effect July 1, 2010. The 10% tax will not affect tanning options such as spray tans and tanning lotions. Dr. William D. James, president of the American Academy of Dermatology Association, said, the indoor tanning tax will "serve as a signal from the federal government to young people that indoor tanning is dangerous and should be avoided."

References:

- <http://www.fda.gov/downloads/AdvisoryCommittees/CommitteesMeetingMaterials/MedicalDevices/MedicalDevicesAdvisoryCommittee/GeneralandPlasticSurgeryDevicesPanel/UCM206522.pdf>
- [http://money.cnn.com/2010/03/24/news/economy/tanning\\_tax/index.htm](http://money.cnn.com/2010/03/24/news/economy/tanning_tax/index.htm)
- [http://www.aad.org/media/background/news/releases/AADA\\_Testifies\\_at\\_FDA\\_Hearing\\_on\\_Indoor\\_Tanning\\_De/](http://www.aad.org/media/background/news/releases/AADA_Testifies_at_FDA_Hearing_on_Indoor_Tanning_De/)

—Michele Krpata, CPC

## CODING CORNER - CONSULATION UPDATES



Sharon Donelli, CPC, CPC-H  
Administrative Officer

January 1, 2010 marked the first date of Medicare's new policy to disallow consultation codes. Have you been assigning the correct crosswalk codes to your consultations for those payers that no longer reimburse them? Besides Medicare and Railroad Medicare, many of the Medicare Advantage Plans have also adopted this policy—such as Aetna PFS, BC BS Smart Value and Connecticare VIP.

For new patient consultations performed in your office (99241-99245), you may crosswalk to the new patient code series (99201-99205). The E&M components of history, exam and medical decision-making match up evenly between these two sets of codes.

For established patient consultations performed in your office (99241-99245), you may crosswalk to the established patient code series (99212-99215). The established patient levels do not mirror the consultation codes for the same level so you'll have to refer to CPT for individual code components.

Keep in mind that when using established patient codes, you only need to meet levels for two out of the three components of history, exam and medical decision-making, even though you are performing a consultation. REMEMBER! You only need to crosswalk codes for the Medicare products that do not allow consultation billing. Continue to bill the appropriate consultation code to your other payers.

## A MESSAGE FROM IPMS *(continued from page 1)*

- Claims with dates of service October 1, 2009 through December 31, 2009 must also be submitted by December 31, 2010.

This amendment to PPACA allows for certain exceptions to the one year file limit. However, these exceptions have not been established yet.

More information can be found at [www.ngsmedicare.com](http://www.ngsmedicare.com). Then select Part B and input What's New.

## QUICK TIPS TO EARN CME CREDITS

Looking to earn CME credits in a hurry? These things tend to creep up on you with everything else you have to think about, but the Web has made it more convenient to get the continuing education you need. Although sometimes it's still worth the time and effort to leave your practice to attend a medical conference, it's no longer necessary. Here are some easy ways to get CME's without even leaving your office:

- **Online Options:** Rather than searching aimlessly online, check out [The Annotated List of Online Continuing Medical Education](#) link at [www.cmelist.com](http://www.cmelist.com). This site conveniently compiles and links to more than 300 CME websites.
- **Webinars:** [www.CMElectures.org](http://www.CMElectures.org) has a great webinar library which provides narration and graphics to accompany each of the more than 135 lectures they offer, and are available for an annual subscription fee.
- **Podcasts:** Get your CME's on the go! Download free CME podcasts to your iPod and listen at your convenience. Log onto [www.cmepodcasting.com](http://www.cmepodcasting.com), a healthcare communications company that offers tons of podcasts—and step-by-step instructions for downloading made easy.
- **Videos:** The Doctor's Channel ([www.thedoctorschannel.com](http://www.thedoctorschannel.com)) provides hundreds of free CME videos in a slew of specialties.
- **Mobile devices:** Yup! There's an app for that! [www.WebMD.com](http://www.WebMD.com) now offers a Medscape iPhone app that includes opportunities to earn CME credits.
- **Live events:** Sometimes you just want to talk to other doctors face-to-face and take a break from the everyday hustle and bustle. Physicians Travel and Meeting Network's CMEplanner (at [www.CMEplanner.com](http://www.CMEplanner.com)) helps you find events in your region or specialty.
- **Publications:** Many journals still offer the opportunity to earn credits for free. Simply reading the articles online and answering quiz questions can earn you easy credits.



—Tina Scavetta  
Account Manager

## WORKPLACE WELLNESS PROGRAMS WORK



Cynthia Ambrose  
Human Resources Manager

A recent news release from the American Heart Association states that a new study shows workplace wellness programs help employees lose weight and reduce their risk of heart disease.

U.S. researchers followed 757 hospital workers who took part in a voluntary 12-week team-based wellness program that focused on diet and exercise. The participants' weight, lifestyle behavior and heart disease risk factors were collected at the start, end and one year after the program ended.

At the start of the study, 33% of participants were overweight (BMI of 25 to 29.9) and 30% were obese (BMI of 30 or more). The study found that obese participants lost the most weight—3% at 12 weeks and 0.9% at one year—and were most likely to reduce their intake of dietary sugar. Overweight participants had an average weight loss of 2.7% at 12 weeks and 0.4% at one year. The study shows that all participants had similar improvements in levels of physical activity, along with lower cholesterol and blood pressure levels, and reduced waist circumferences at the end of the program and a year

after the program ended.

"Voluntary wellness programs can successfully address weight loss and lifestyle behaviors for employees in all weight categories, but more work is needed to improve long-term changes," the Massachusetts General Hospital researchers concluded.

The study was presented at the American Heart Association's Nutrition, Physical Activity and Metabolism Conference in San Francisco in March, 2010.

Additional research presented at the conference included a study that found aerobic exercise reduces levels of inflammatory markers in men with heart disease. The Polish study included 100 men, average age 55, who'd had coronary artery bypass surgery about two months previously to treat angina pectoris—chest pain experienced during physical activity. They were randomly selected to be in a control group or a group that did six weeks of exercise training, three times a week, at 60% to 80% of maximum heart rate.

At the end of their program, the men in the training group showed significant improvement in exercise capacity and a significant decrease in inflammatory markers. This did not occur in the control group. One year later, levels of inflammatory markers of the men in the training group were still significantly lower than they had been at the start of the study.

# Check Out Our New Website!

We're very proud to unveil our new Integrated Physicians Management Services (IPMS) website! Our goal was to bring a fresh new look to the site as well as to expand upon the services we provide to our valuable clients. "The Pulse" is your direct link to healthcare updates that can affect your practice. We hope you like it!



The Pulse

[www.ipmscorp.com](http://www.ipmscorp.com)



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