

DERMATOLOGY DIALOGUE

*A Message
From
IPMS*



*Robert Wenz
Dermatology Acct Manager*

As everyone knows, May 23rd was the deadline for “NPI only”. The provider’s NPI number must now be used in lieu of legacy provider identifiers in the HIPAA standards transactions for all claim submissions to Medicare, Medicaid and managed care payors.

Medicare allowed legacy-only numbers in the secondary fields until May 23rd to assist billing providers that were unable to obtain NPIs for secondary providers. Provider offices that were unprepared for the deadline can expect cash flow issues. IPMS stayed ahead of the deadlines. As a result, we have successfully made the switch and are monitoring all claims to ensure that our providers do not experience an interruption in their reimbursement flow. You can be assured that IPMS will make this transition a seamless one to your wallet.

2008 E&M CHANGES

Has your practice begun using the new E&M codes this year? CPT 2008 has re-created and/or revised several codes relating to the following areas: medical conferences, telephone calls and online services.

- **MEDICAL CONFERENCE CODES**

Deleted: 99361-99362

New: 99366-99368

The new Medical Conference codes are still under the “case management” subheading in CPT, but now they are entitled “Medical Conference Codes” rather than “Team Conference Codes”. The new codes differentiate between when the patient is present vs. not present. They must be used on an established patient that’s had an evaluation within the previous 60 days. There must be face-to-face participation by a minimum of three qualified health care professionals from different specialties—each of whom provide direct care to the patient. Patient and/or family presence at these conferences is not required. These codes are not to be used when there is face-to-face presence with the patient.

- **TELEPHONE CALL CODES**

Deleted: 99371-99373

New: 99441-99443

These codes are only for use by physicians (non-physicians should refer to medicine section: 98966-68). An established patient, or guardian of, must request the service. You wouldn’t bill these codes for a telephone call placed within a global or follow-up period, and they can only be reported once in a seven-day period.

- **ONLINE EVALUATION**

New: 99444

This is obviously a non-face-to-face service provided to a patient using Internet resources—or to put it more simply, it’s responding to a patient’s email! (It must be a timely response.) Permanent storage of the electronic communication is required. You would only report this code once per seven days for each episode of care. Only physicians should use the new code: 99444. Non-physicians should refer to code 98969 in the medicine section of CPT. If the response has to do with a prior E&M visit that occurred within the past seven days or within the global post-op follow up period, then you would not charge for this online response. You would just bill the online code or the telephone code described above—not both.

The rationale for introducing the above new codes is in response to the changing consumer and health plan expectations for enhanced access to care, as well as the need to reduce costs of medical services. Even though your insurer may be slow to approve these codes, the AMA is encouraging physicians to begin using them and appealing their denials. This billing activity will facilitate “putting them on the map” reimbursement-wise.

—Sharon Donelli, CPC
Administrative Officer

CODING CORNER



Sharon Donelli, CPC
Administrative Officer

Skin Tag Notation

Removal of skin tags is coded by:

11200 – Removal of skin tags, multiple fibrocutaneous tags, any areas; up to and including 15 lesions.

+11201 – . . . each additional 10 lesions (list separately in addition to code for primary procedure).

In 2008 CPT, the word “destruction” was added to the Removal of Skin Tags guidelines following the word “chemical” as a grammatical clarification to the guideline sentence to clarify the method of removal of the skin tags.



The new parenthetical note explains “Removal by scissoring or any sharp method, ligature strangulation, electrosurgical destruction or combination of treatment modalities, including chemical destruction or electrocauterization of wound, with or without local anesthesia.”

MEDICARE ALERT ~ARE YOU UP TO DATE?

- **Changes to Information Required When Calling Medicare** – Important changes to the information required when calling Medicare took effect on May 23, 2008 in conjunction with final implementation of the national provider identifier (NPI).
- **Remember to Have Your NPI and PTAN Available** – Beginning May 23, 2008, Medicare guidelines require that contractors ask providers for both their provider transaction access number (PTAN) and NPI number, via both their interactive voice response system (IVR) and customer service representative (CSR) lines. Therefore, it is vitally important you have this information available when calling any of the Medicare service lines.
- **Always Use Your MOST Current NPI When Asked to Provide This Information Via Medicare’s Customer Service and/or IVR Service Lines** – First Coast Service Options, Inc. (FCSO) recognizes that some providers may have new NPI numbers as a result of a change you may have made. When calling FCSO service lines, please be prepared to provide your most current NPI number. Having the most current NPI number can help in validating this information at the start of each call.
- **Providers With One NPI and Multiple PTANs** – FCSO is aware that some providers have one NPI and multiple PTANs and multiple NPIs to one PTAN. Beginning May 23, 2008, when calling the IVR line their system will be able to validate multiple NPI/PTAN combinations. However, it is possible you may experience a short delay while your information is being validated. They ask that you be patient and not hang up. The IVR will most likely be able to provide the information you are looking for. Providers are encouraged not to call the CSR line for status, eligibility, and other information currently available via their IVR systems. CSRs are now required to re-direct providers back to the IVR to obtain any information available via the IVR systems.

—Michele Krpata, CPC
Training Specialist

ARE REFERRALS CONSULTATIONS?

No, not always. Routine referrals for diagnosis are not consultations and should not be billed that way. For example, a dermatologist performs 15 skin biopsies, has slides prepared (the technical component of surgical pathology), and routinely transfers the slides to a pathologist “for consultation”. It would be incorrect if the pathologist bills Medicare for each case as a consultation, while the dermatologist incorporates each diagnosis into his notes and bills each case to Medicare for the interpretation.

The cases should either be signed out and billed by the diagnostic pathologist for the professional component of the interpretation, or, the reports could be treated as a “purchased interpretation” by the dermatologist in which case the pathologist would not bill separately.

—Sharon Donelli, CPC

MEDICAID HOT TOPICS ~ KEEPING YOU IN THE LOOP

Medicaid has developed a website to keep providers informed of system issues or ways to resolve common denial issues. Your office will benefit from logging onto www.ctdssmap.com for their weekly Hot Topics listing.

This website can be instrumental to your follow-up on Medicaid claims as they identify system issues as they arise and offer specific instructions on how to get your claims re-processed as necessary for all specialties. It also references other Medicaid Managed Care plans and offers updates to system issues within their programs as well.

—Tina Scavetta

NATIONAL INCREASE IN CONSUMER-DIRECTED HEALTH PLANS

The number of companies that offer a consumer-directed health plan (CDHP) to their employees is seeing a slow but steady increase according to results of a survey by the National Business Group on Health and the Center for Studying Health System Change and the Commonwealth fund. Nearly half of large employers surveyed nationally say they have offered a CDHP to their employees, and the number of employees enrolled in the programs has nearly doubled over the last two years according to the results of these surveys.

These surveys suggest that CDHPs—typically high-deductible health plans accompanied by either a health reimbursement arrangement (HRA) or health savings account (HSA)—are being offered by a growing number of employers. It is projected that by 2009, 54 percent of companies plan to offer a CDHP.

With more employers offering this type of health plan, the number of employees who enroll rises as well. But does enrolling in a CDHP really save money? Of those companies with at least half of their workforce enrolled in a CDHP, the two-year median medical and pharmacy cost increase was about 3.6 percent. That's about half of the increase for companies with no CDHP offering.

Overall, companies with a CDHP experienced a two-year cost increase of 5.5 percent, versus 7 percent without a CDHP. As the popularity of the consumer-driven approach to health care grows, companies are better able to manage costs and workers will begin to take a more active interest in their own health care.

—Tina Scavetta
IPMS Account Manager

A LOOK IN THE MIRROR

It's a well-known fact that we are judged on our appearance, attitude and behaviors in nearly everything we do. It is also known that appearances can be deceiving. Just as people warn their friends and family of bad service at restaurants, or a bad movie at the theater, the same thing can happen to your practice. In most cases, people don't complain to the physicians, but what they will do is warn their friends and family and refuse to return. Without their feedback, you remain unaware of the problem and the patient remains unsatisfied.

An easy fix to this dilemma is to ask your patients for advice and feedback. They actually may be pleased to be solicited for their opinions. Patients want to be heard, both about the negative and the positive. The use of an anonymous written survey, one page, with a series of graded responses, starting with easy questions and getting more serious is one way of obtaining the patients true feelings on dealing with your physicians and staff. Allow some open-ended questions for the patients to express themselves as well. Have the physicians hand the patients the survey at the end of their appointment along with a stamped envelope so that they can fill it out and return it at their leisure.

You may be pleasantly surprised at how many positive and supportive comments you will receive from patients. However, what you really want to focus on are those complaints addressed by more than one patient. Actively listen to what your patients are trying to tell you and try to read between the lines if necessary.

As a follow-up to these surveys, you must correct the weaknesses and problems that have become apparent and take the opportunity to communicate to your patients that you appreciate and value their input. A little effort goes a long way toward making your patients happy and your practice successful.

—Tina Scavetta

UPDATES FROM MELANIE



Melanie Vail
Director, Ops & Marketing

Knowledge is power. "Dermatology Dialogue" is our way of keeping you informed of industry news, market trends and what's happening at IPMS. We issue quarterly, specialty specific newsletters that explore the ever-changing world of billing and collections with informative articles written by our very own billing and collections experts.

The IPMS newsletters are a must-read for anyone looking to stay ahead of the curve.

Check out our website at www.ipmscorp.com for our past newsletter publications. Stay informed so you can stay ahead.



WHAT OUR HIGHLY VALUED CLIENTS HAVE TO SAY ABOUT IPMS . . .

“I have been outsourcing my medical billing for ten years and have been disappointed with both my A/R as well as the care and treatment given to both my patients and my staff by previous billing companies. The professionalism exhibited, the excellent results obtained, the personal care to my patients and myself is outstanding . . . I could not be more pleased with IPMS.”

**~Rand L Werbitt MD
Dermatologist
Stamford, Connecticut**



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