



ADVISOR

Medical Billing & Compliance
Bimonthly Newsletter



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Medicare Patients

What Is Their Coverage For Physicians?

Are you checking your Medicare patient’s insurance when they come into your office? Do you realize how many different plans are now available to these patients? We are all familiar with the standard Medicare Part B for physician coverage, but how familiar are you and your staff with the Managed Care plans?

Some Managed Care plans require a referral for you to see the patient. For these plans, without this referral

you are not going to get paid. You, as the provider, are responsible to know the patient’s coverage and what is required for you to manage and treat them.

Another thing to consider - does the patient have a policy on the Healthcare Exchange? If they do, are you par with that carrier? Just because you are par with a carrier does not mean you are par with the carrier’s exchange plan.

With the new Healthcare Exchange and patients changing their insurance plans, you and your staff need to verify each patient’s policy benefits. This pertains to all patients, not just the Medicare population.

CORRECTION TO PUBLICATION ERROR

SEPTEMBER / OCTOBER
2014 AcSel Advisor

CMS INTRODUCES 4 NEW MODIFIERS

Modifier SP correction is XP - Separate Practitioner

Modifier SU correction is XU - Unusual Non Overlapping Service

ALERT

ICD-10-CM NEWS CORNER

NEWS UPDATE.. CMS has issued a rule finalizing October 1, 2015 as the new compliance date for health care providers, health plans, and health care clearinghouses to transition to ICD-10.

AcSel Medical Solutions is here to provide education to you, your staff and your providers. We are available to do five (5) charts per provider at \$20.00 per chart which includes a report of our findings is the documentation compliant, noncompliant or not coded to the highest level of specificity.

Education to your staff and providers is considered a consultation charge. Please call **AcSel Medical Solutions** for details and rates.

Don't let **ICD-10** take a bite out of your cash flow. Let AcSel's team of experts help lead you through the change.

We can help you with documentation reviews, **ICD-10** education, implementation of the new coding guidelines, and any other revenue cycle management services your practice may need.

Call us today:

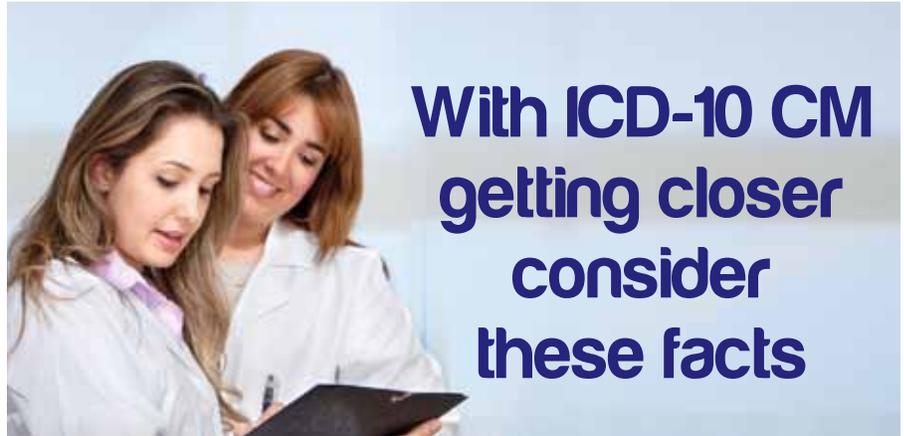
1-800-336-3038

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- ▶ Did you know that “proper linkage” of the diagnostic to procedural codes is imperative for correct coding?
- ▶ When coding the note, does it always include a statement of services that is specific to a diagnosis and a procedure... tells you the WHY and the WHAT?
- ▶ CPT coding differs from diagnosis coding in that the guidelines and rules are different for each section of the CPT manual.
- ▶ Are you listing surgical procedures on your charge ticket in the order that will maximize your reimbursement?

Try these and see what you feel would be the correct linkage of CPT to diagnosis:

SERVICES	DIAGNOSIS
1 Chest x-ray	Anemia
2 CBC	Pneumonia
3 Wound repair	Laceration, open, leg
4 Injection antibiotic	Bacterial infection
5 Electrocardiogram	Chest Pain
6 Bronchospasm evaluation	COPD
7 Psychotherapy, 45 minutes	Fibrocystic breast disease
8 Leg x-ray	Schizophrenia
9 Mammogram	Coronary artery disease
10 Cardiac catheterization	Sprain, leg



New and revised Vaccine Codes

Two new influenza vaccine codes are available for use February 1, 2015.

90620-Meningococcal recombinant protein and outer membrane vesicle vaccine, Serogroup B, 2 dose schedule, for intramuscular use.

90621-Meningococcal recombinant lipoprotein vaccine, Serogroup b, 2 or 3 dose schedule, for intramuscular use.

Additional 90630, a new code in the 2015 CPT book, has been approved by FDA.

48 vaccine codes in the 90632-90748 all have revisions to clarify terminology effective July 2015.

A complete listing of all vaccine code changes are on the AMA website.

BIG CHANGE TO THE ARTHROCENTESIS, ASPIRATION and/or INJECTION CODES



You patient may have requested a joint injection for pain, or you may have determined from your evaluation and management that an injection is medically necessary. Before you code out one of these injections, there are specific guidelines that you need to be aware of. CPT has changed these codes for 2015 dates of service.

This change is not one of those times that applies only to Medicare patients and Medicare's rules. This is a CPT change and we must bill by CPT guidelines.

The old codes 20600, 20605 and 20610 have a revision to the description. CPT no longer instructs you to see imaging guidance codes if performed along with the joint injections.

The 2015 revised description for these CPT codes state "without ultrasound guidance." There are now three (3) new codes that you are to use to report "with ultrasound guidance, with permanent recording and reporting." Notice the requirements for these new codes... with permanent recording and reporting.

Providers, your documentation must clearly state:

- ✓ The medical necessity of the procedure and why the ultrasound guidance was needed to perform the procedure
- ✓ Description of the procedure-location, what was done (e.g., just an injection and why, fluid drained)
- ✓ Was a drug injected if so, name, dosage and location of delivery
- ✓ Must have a separate report with documentation of findings (radiological report)
- ✓ Documentation of permanent recording and where that recording is kept
- ✓ Hard copy films

Did you also know that some carriers are now requiring that these injections be authorized? How many of you or your physicians see the patient and determine, at that visit, that the patient may benefit from an injection or aspiration. Are you going to perform this procedure without even thinking about an authorization requirement? If you do, then be prepared to lose monies.

Get to know your patient's insurance and exactly what benefits are covered under their plans for these types of procedures.

MEDICARE PART B HAS MADE MODIFICATION TO COVERAGE OF PNEUMOCOCCAL VACCINATIONS

- An initial pneumococcal vaccine to all Medicare beneficiaries who have never received the vaccine under Medicare Part B; and
- A different, second pneumococcal vaccine one year after the first vaccine was administered (11 full months have passed following the month in which the last pneumococcal vaccine was given).

Worried about how ICD-10 will affect your revenue cycle?

The transition will affect more than the coding aspect of medical billing. AMS provides the tools, processes and services necessary to prepare your practice for a smooth transition.

Call 1-800-336-3038 or email us at info@acselmedical.com for more information.



Can you *Code* it...???

It is important to know the main body systems and understanding the components, the major combining form (medical terms) and their major function whether you are selecting a CPT or a diagnosis code. Let's continue with RESPIRATORY System which components listed below best describe this system?

A. Mouth, nose, pharynx, lungs

B. Nose, pharynx, trachea, larynx, lungs

C. Mouth, nose, heart, lungs, trachea, larynx

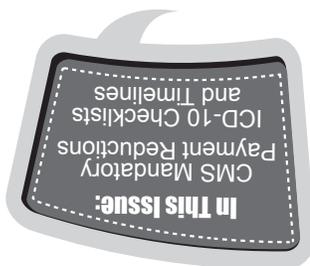
LAST ISSUE'S ANSWERS: Answer 'A'... The major combining form for the Cardiovascular System is cardio, arterio, vero/phlebo, hemo/hernato and the major function is to pump blood through the circulatory system.

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Since 1977, **AcSel Medical Solutions** has provided world class billing services throughout the U.S. to practices such as yours. Our seasoned staff of expert billing professionals is able to assist your practice in all aspects of the business of medicine, in all sub-specialties. Acsel is committed to competent, compliant processes that maximize our clients' cash flow.

For more information, or to meet with one our consultants, call 800-336-3038



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