

**MEDDATA**  
SERVICE BUREAU



**MEDTRON**  
SOFTWARE INTELLIGENCE

FALL 2009

Well, summer is over and we are all back to our busy schedules. Our fall focus is on our future as the Centers for Medicare & Medicaid Services (CMS) propose major reductions. Reductions are but one of the wrinkles in the future life of a Health Care Industry contributor. Humana, Blue Cross, along with many other carriers, on top of fee schedule cuts, are introducing stricter edits and changing several 'once payable' codes to 'Experimental Investigational'.

As more aggressive and tighter precertification rules are published our frustration builds as the carriers don't give providers a clear listing by CPT. The providers must ferret out this information to set up their "user defined" edits.

In the midst of an uncertain future most of our clients are experiencing or facing a change from their Medicare carrier to a new Medicare Administrative Contractor (MAC):

VA/TN → Changed **from** Cigna Government Services **to** Cahaba Government Benefit Administrators (GBA), LLC on 9/01/09.

LA/MS/AR → are slated to change **from** Pinnacle Business Solutions, Inc./Cahaba GBA **to** TrailBlazer Health Enterprises, LLC pending the final answer *which is supposed to be issued by 10/28/09*.

The only redeeming factor immediately associated with a new MAC is that the Recovery Audit Contractor (RAC) audit threat is delayed by at least 90 days, *see RAC article on page 5*.

On a positive note: We are a great team!

Your success is a benchmark of our success. Just as you continually strive to provide your patients with superior products and services, we strive to do the same for you, our valued client. We greatly appreciate your suggestions, this kind of feedback allows us to present the most up-to-date industry specific articles and news blasts.

The partnership we have built has never been stronger than it is today.

We listened to your requests and based on those suggestions we are planning the largest release of our 30 year history. We hope you will be as excited as we are when we unveil our new MEDTRON solutions:

**MEDPM, MEDEHR, MEDSUITE** and Release 16 of our *existing* MEDTRON Practice Management Solution (MPMS) system.

It's been a busy year and we are working hard to adapt to and anticipate the ever changing demands of the industry. We hope we have met your expectations to help make your practice management more efficient and streamlined. We look forward to another productive year and hope you will continue to provide us with your thoughts and insights.

Thank you for being an invaluable member of our team.

*Stephanie Woods*

Account Exec

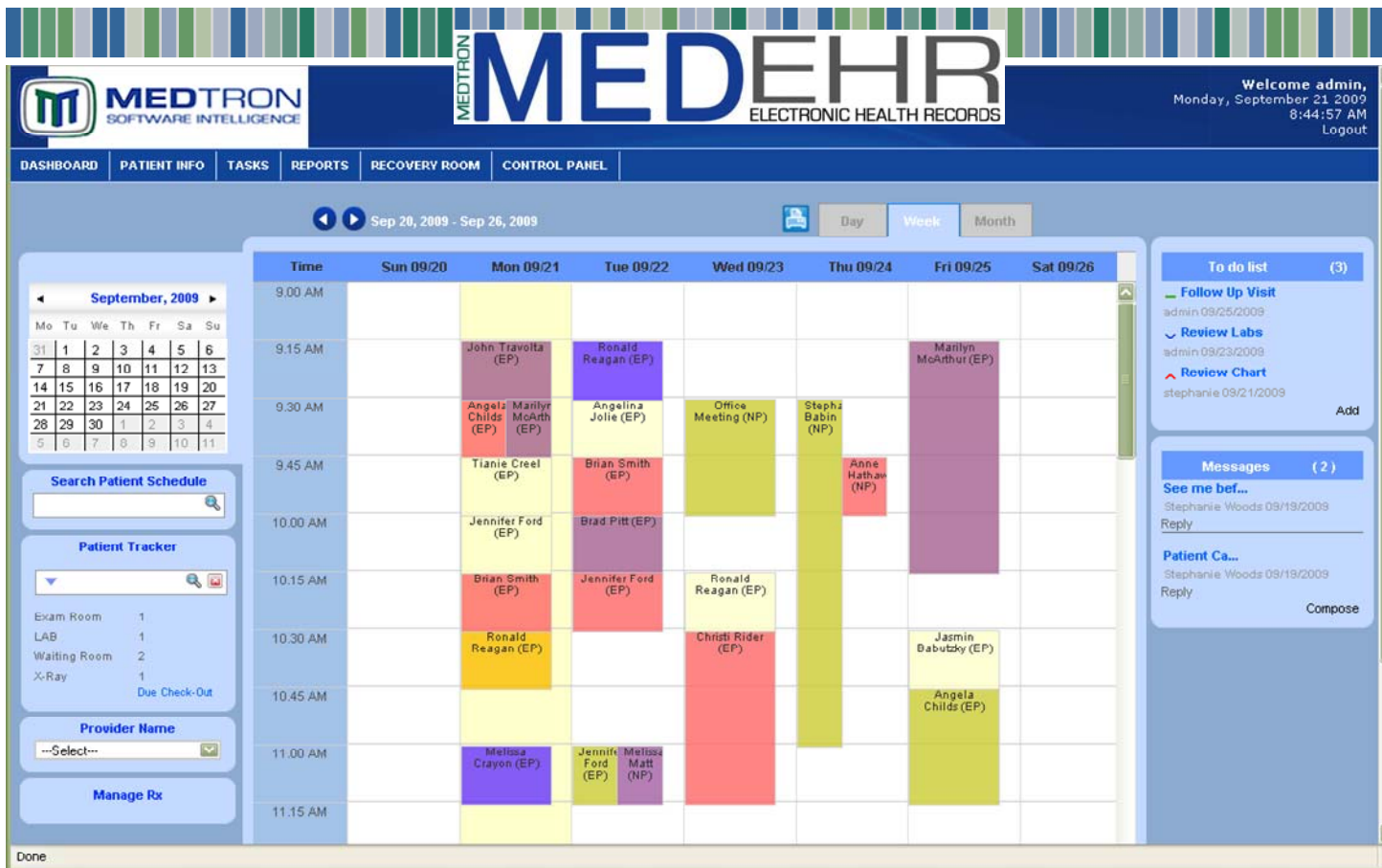
Official Date of Release 16 is pending the LA/MS/AR new Medicare Administrative Contractor (MAC) award information, so we may incorporate any necessary TrailBlazer mandates.

**MEDTRON MEDPM**  
PRACTICE MANAGEMENT

**MEDTRON MEDEHR**  
ELECTRONIC HEALTH RECORDS

**MEDTRON MEDSUITE**  
TOTAL SOLUTION

**MEDTRON MEDDATA**  
MEDICAL BILLING SERVICE



**DASHBOARD:**

**Appointment Scheduling:**

- Drag and drop technology
- Ease of entry
- Multiple providers shown by different colors
- Administrators/Office Managers can see all providers
- Providers only see their own appointments
- Quick Entry allows new patient appointments set up as temporary patient no patient number assigned until checked in
- Day/Week/Month view available
- Easily print schedules
- One-click on calendar to enter appointment screen
- One-click on patient to check in/access chart/access forms/edit appointment
- User Designed

**Search Patient Schedule:**

Allows a search of appointment schedule by first or last name

**Patient Tracker: \***

Shows where patients are physically located, i.e., Waiting Room, Exam Room, *user defined*. Quick click function to move patients through workflow.

**Provider Name:**

Drop down list to view provider specific appointments

**Manage Rx: \***

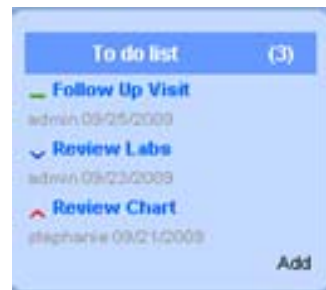
Shortcut to manage patient meds, Rx, tests, labs, referrals and orders

**To do list: \***

Links to tasks that have been created, i.e., prompt to schedule follow up visit, review incoming labs, x-rays, *user defined*

**Messages: \***

Send inter-office messages through EHR system



\* ONLY AVAILABLE IN **MED EHR** AND **MEDSUITE**

**Patient Demographics**

Name: Jasmin Babutsky    E-Mail: jasmin@medtron.com    Address: 304 108th Ave SE, Bellevue, Washington, USA-98004    Phone no.: (287) 327-8888

SSN: \*\*\*-\*\*-9993    Account no.: 2384789    Age: 31 Years 5 Months 3 Days    Sex: Female

Financial Class: MEDICARE(NO 2ND)    Company Name: LifeWise Health Plan of Oregon    Insurance Group: Life and Health Insurance    Effective Date: 05/05/2000    Expiration Date: 05/04/2020

**Follow Up**    **Test Report**    **Scanned Charts**

**Clinic Visit**

**Previous Encounters**

| Date       | Problem              | Provider    | Location                 | Created By           | Encounter Details       |
|------------|----------------------|-------------|--------------------------|----------------------|-------------------------|
| 09/16/2009 | Encounter at 4:02 AM | Chris Drake | Inwood Drive             | system administrator | <a href="#">Details</a> |
| 09/14/2009 | Chest Pain           | Chris Drake | Inwood Drive             | system administrator | <a href="#">Details</a> |
| 08/20/2009 | test                 | Chris Drake | Metairie Pain Management | system administrator | <a href="#">Details</a> |

**Health History**

| Date       | Diagnosis                            | Treated by         | Treatment Place                  | Reason     |
|------------|--------------------------------------|--------------------|----------------------------------|------------|
| 06/16/2009 | 786.5 - CHEST PAIN                   | Dr. Philips Curtis | Overlake Hospital Medical Center | Chest Pain |
| 06/18/2008 | 339.85 - PRIMARY STABBING HEADACHE   | Dr. Nevil Stughome | Kadlec Medical Center            | Headache   |
| 12/16/2002 | 47.89 - Other Operations on Appendix | Dr. Kim Beyonce    | Sacred Heart Medical Center      | Appendix   |

**Family History**

| Date       | Relation | Diagnosis                                   | Treatment Place           |
|------------|----------|---|---------------------------|
| 09/01/2009 | Father   | 250.9 - DIABETES W/UNSPECIFIED COMPLICATION | Spokane Shriners Hospital |

**Social History**

| Date       | Occupation | Education                     | Marital Status | Addiction   |
|------------|------------|-------------------------------|----------------|---|
| 04/14/1993 | Employed   | Masters in Accounts & Finance | Single         | Socially Alcoholic, Cigarettes - One pack per day |

**Authorizations**

Referral's Name :  
Pre-Authorization :  
Visit Type : New Visit

**Allergy**

Penicillin

**Other Sensitivities**

"

**Blood Group**

B+

**Vitals**    Add Vitals

Date : 09/16/2009 12:00 AM  
Temp : [1 \* C]  
BP : [1 \* 1]  
Pulse : [1]  
Resp : [1]  
Weight : [ ]  
Height : [ ]

BMI Chart    BP Chart

~~ Coming soon a NEWS BLAST with a more detailed preview!~~

## FACESHEET

The facesheet screen provides a snapshot of the patient's history and is presented prior to the Encounter Management screen.

The facesheet includes Patient Demographics, Financial Class, Insurance information and a picture of patient.

NOTE: E-Mail address field has been added!

- Quick view presents last 3 entries from: Previous Encounters, Health History, Surgical History, Family History, Social History and Current Medication data banks
  - Previous Encounters: date, problem, provider, location of last encounters with option to view more detail.
  - Health History: date, diagnosis, treated by, treatment place, reason for visit
  - Current Medication: date, medication, diagnosis, dosage, prescribed by
- Authorizations: view any authorization for the encounter
- Allergy/Other Sensitivities/Blood Group
- Vitals: most recent vitals recorded for patient, with link to BMI Chart and BP Chart

Click on 'Test Report' tab to view any tests or lab results that have been received.

Click on 'Scanned Charts' tab to see any scanned images from the patients previous paper chart.

Click on 'Encounter Management' tab to enter triage and physical exam information.



## WE WANT TO HEAR FROM YOU REGARDING PQRI!

As we embark on the 4<sup>th</sup> year for PQRI reporting, the Centers for Medicare and Medicaid Services (CMS) is proposing more changes!

**MEDDATA/MEDTRON** would like to know how many of you participated in PQRI reporting and how you fared?

*For instance*

Did you report PQRI measures in the initial period: 07/2007 – 12/2007?

Did you receive your 2007 PQRI bonus payment from Medicare in July 2008 *for this intro period reporting?*

-OR-

Did your “claims based” reporting “not measure up” to the alleged requirements?

*If you reported PQRI in the initial period, Medicare revealed errors with their processes and you may be slated for reconsideration with the reprocessing of this initial period and get your bonus in November 2009!*

Did you report PQRI measures in either of the two 2008 reporting periods and anticipate a 2008 PQRI bonus?

2008 reporting period bonus is due October 2009; let us know if you get it!

If you did “claim based” reporting which measures did you report?

-OR-

Are you now interested in PQRI reporting and want to start reporting in 2010 to capture the 2% BONUS?

We would love to hear **your** comments and are happy to share our knowledge! Please send comments, requests and/or feedback to Software Support via email: [support@medtronsoftware.com](mailto:support@medtronsoftware.com); subject: PQRI.

Some of the 2010 CMS proposed changes include:

- ✦ Reporting at least 80% of all qualifying Medicare patients for 3 measures; 1 - 2 if < 3 apply.  
*If only reporting 1 measure report 80% which must include a minimum of 15 patients.*
- ✦ Reducing “claims based” reporting
- ✦ Removing the ‘consecutive’ order requirement from group reporting
- ✦ Retiring 7 2009 measures (measure #: 11, 34, 94, 95, 143, 144, 152)
- ✦ Adding 10 new measures eligible for EHR reporting if at least 3 measures apply to provider
- ✦ Adding a new ‘group’ reporting option for practices with >200 providers (via a nomination process)
- ✦ Adding 22 new measures involving:
  - Thrombolytic therapy
  - Referral for otologic evaluation
  - Cataracts
  - Perioperative temperature management
  - Stenosis measurement
  - Blood pressure management
  - Lipid profile
  - Cholesterol count
  - Use of aspirin or other antithrombotic
- ✦ Updating measures eligible for registry reporting only from 18 to 26
- ✦ Adding 6 new measure groups including:
  - Coronary artery disease
  - Heart failure
  - Ischemic vascular disease
  - Hepatitis C
  - AIDS
  - Community acquired pneumonia

Providers can also review the CMS/PQRI website (<http://www.cms.hhs.gov/PQRI>) for more information regarding the full details of proposed changes via the CMS proposed 2010 Medicare Physician Fee Schedule and/or post comments regarding these proposed changes.

### **Tentative Bonus Payment/Feedback Report Schedule:**

First Reporting Period 07/01/07-12/31/07 Paid July 2008

NOTE: Those providers who participated but did not receive a bonus payment for this reporting period are being reconsidered for payment in the reprocessing of this initial period.

First Reporting Period (Reprocessing) 07/01/07-12/31/07 Scheduled to Pay November 2009

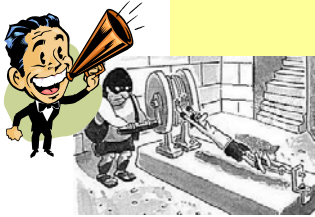
NOTE: Scheduled payment for those providers who participated but did not receive a bonus payment for the first reporting period.

Second Reporting Period 01/01/08-12/31/08 Scheduled to Pay October 2009

NOTE: This reporting period was available in 6 month spans, January-June or July-December.

Third Reporting Period 01/01/09-12/31/09 Scheduled to Pay late 2010 or early 2011

NOTE: This reporting period was also available in 6 month spans, January-June or July-December.  
Bonus payments are scheduled for the same time.



Due to the many questions being received regarding Recovery Audit Contractors (RACs), we invite you to revisit the RAC article published in the 2009 Summer Newsletter by visiting [www.medtronsoftware.com](http://www.medtronsoftware.com), 'Newsletters & News Blasts' page. (See Green below)  
 For LA/MS/AR, there is good news! A RAC can't audit until three months after a state transitions to a new MAC! So, if MAC assignment is determined by 10/30/2009, the attacks won't start until after 01/30/2010!

## The RACs are coming! The RACs are coming! (but not until 2010!)

A major reason for the slow rollout of permanent RAC program is the need for every RAC to create a Joint Operating Agreement (JOA) with each Medicare Administrative Contractor (MAC) in all areas under its jurisdiction. JOAs are also needed between RACs and legacy contractors that still exist in some states; with the MAC transition being delayed in some areas, RACs may choose not to create JOAs with the legacy contractors currently in place, which could delay RAC rollout in those areas for months. All we can do is hope and get ready!



## Medicare Enrollment Changes

Centers for Medicare and Medicaid Services (CMS) has implemented stricter requirements governing retroactive billing and individual and/or organization file updates.

Any organization that is aware of a new Provider: Physician/NPP joining their group must complete required applications and submit to Medicare no sooner than 30 days prior to their effective date and no later than 30 days after their effective date.

As of April, 2009 Medicare has shortened the time frame in which a Provider can be retroactively enrolled. Prior to April 2009, Medicare allowed a 27 month retro active effective date, now tightened to only **30 days**. Be very careful, the 30 days is from the time Medicare receives the enrollment application.

Providers are now required to report any changes, such as a change in ownership, change in practice location and a final adverse action within 30 days. If an individual or organization does not comply with reporting any practice location changes or final adverse actions an overpayment may be assessed to that provider, back to the date of the change in practice, ownership, location or final adverse action.

### MEDTRON is going GREENER!!

Have you noticed and taken advantage of our continued effort to reduce the amount of paper used, with more efficient and effective processes and for better communication or disseminating of material? MEDDATA/MEDTRON has discontinued fax protocol for business memos and notifications to MEDDATA and TIMESHARE clients.

Our **new** communication is via **NEWS BLASTS!** News Blasts are now posted on our website: [www.medtronsoftware.com](http://www.medtronsoftware.com) on the 'Newsletters and News Blasts' page. We are proud to share industry related topics. Please review the caliber of information available to you! On the MEDTRON Sign On Screen, available to all users that sign onto the system, we will post the date and topic of each **new** NEWS BLAST immediately below the User/Password box in **red**. Double click on the website address and click on 'Newsletters and News Blasts' to see the latest communication. (All NEWS BLASTS will be maintained for later review.)

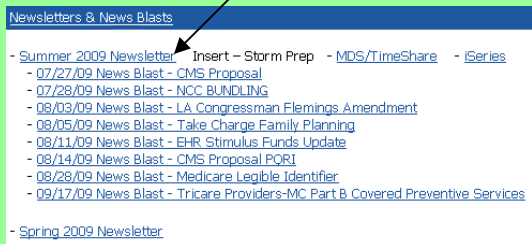


**RAC article**

iSeries clients will continue to receive fax or email notifications, and are able to obtain same info via our website.

Also new to your MEDTRON Sign On Screen is an easier **contact** method. Double click on the department email addresses to create an email for your communication.

The staff at MEDDATA/MEDTRON are here for you!



# ICD-9-CM CODE CHANGES FOR 2010

ICD-9-CM Diagnosis Codes: New: 313; Revised: 45; Invalid: 23

**\*\*Swine Flu (V04.81):** This new code has been created to track the incidence of this emergent disease which is also known as H1N1 influenza. Immunization code: G9142; Administration code: G9141; Diagnosis code: V04.81  
For more information revisit the 091709 NEWSBLAST—Tricare—MC Part B Preventive Services available via [www.medtronsoftware.com](http://www.medtronsoftware.com), 'Newsletters & News Blasts' page.

## DIAGNOSIS HIGHLIGHTS BY SPECIALTY:

### Family Practice:

Merkel cell carcinoma (209.31-209.36, 209.75)  
Gouty arthropathy (274.00-274.03)  
Acute chemical conjunctivitis (372.06)

### General Surgery:

Chronic pulmonary embolism (416.2)  
Acute and chronic venous embolism and thrombosis (453.50-453.52, 453.6, 453.71-453.79, 453.81-453.82)  
Late effects of cerebrovascular disease, dysarthria (438.13)  
Fluency disorder (438.14)

### Pediatrics:

Symptom Codes: voice disturbances (784.42-784.44)  
biliary emesis (787.04), colic (789.7),  
apparent life threatening event in an infant (ALTE)  
Feeding problems (779.31)  
Failure to thrive (779.39)  
Hypoxic-ischemic encephalopathy (HIE) (768.70-768.73)  
Nursmaid's elbow (832.2)

The final addendum providing complete information on changes to the diagnosis part of ICD-9-CM is posted on CDC's website at <http://www.cdc.gov/nchs/icd/icd9.htm>.

Watch for our NEWS BLAST for a listing of New 2010 Codes compliments of Professional Office Services, Inc. (POS) or visit [www.poscorp.com](http://www.poscorp.com) 'Coding Help'.

## ICD-10-CM/PCS

The compliance date for implementation of the International Classification of Diseases, 10th Edition, Clinical Modification/Procedure Coding system (ICD-10-CM/PCS) is October 1, 2013 for all covered entities. ICD-10-CM/PCS will not affect physicians, outpatient facilities, and hospital outpatient departments' use of Current Procedural Terminology (CPT) codes on Medicare fee-for-service claims as CPT will continue to be utilized.

### **MEDTRON's new suite of web products have all been designed to accommodate ICD-10 codes!**

ICD-10-CM/PCS consists of two parts:

- ICD-10-CM - The diagnosis classification system developed by the Centers for Disease Control and Prevention for use in all U.S. health care treatment settings. Diagnosis coding under this system uses 3-7 alpha and numeric digits and full code titles, but the format is very much the same as ICD-9-CM; and
- ICD-10-PCS - The procedure classification system developed by the Centers for Medicare & Medicaid Services (CMS) for use in the U.S. for inpatient hospital settings ONLY. The new procedure coding system uses 7 alpha or numeric digits while the ICD-9-CM coding system uses 3 or 4 numeric digits.

### Structural Differences:

#### ICD-9-CM Diagnoses Codes:

- ◆ 3-5 digits
- ◆ First digit is alpha (E or V) or numeric
- ◆ Digits 2-5 are numeric

#### ICD-10-CM Diagnoses Codes:

- ◆ 3-7 digits
- ◆ Digit 1 is alpha
- ◆ Digit 2 is numeric and digits 3-7 are alpha or numeric (alpha digits are not case sensitive)

#### ICD-9-CM Procedure Codes:

- ◆ 3-4 digits
- ◆ All digits numeric

#### ICD-10-PCS Procedure Codes:

- ◆ 7 digits
- ◆ Each digit is either alpha or numeric (alpha digits are not case sensitive and letters O and I are not used to avoid confusion with numbers 0 and 1)

Source: CMS ICD-10-CM/PCS Introduction

# Shining Stars...

Please join us in congratulating Eric Schneller, Parish Pain Specialists, as our newest celebrity client. Eric was recently quoted in the MGMA Connexion, July 2009 publication, "An Ill Wind Blowing" article regarding the current state of the economy and the effect it has had on his practice. Visit <http://mgma.epubxpress.com> to review the entire article!

## The Future of Physician Reimbursement

Morgan Lorio, M.D. a surgeon in Bristol, TN (*a MEDDATA client*) speaks out on healthcare reform. See the video **Morgan the Doctor Speaks out on Healthcare Reform** on You Tube: [http://www.youtube.com/watch?v=CnI\\_dVHIpAY](http://www.youtube.com/watch?v=CnI_dVHIpAY)

## Five Routes to Modifier 22 Claim Success


### Modifier 22 - Increased Procedural Services

Modifier 22 is intended to identify physician work, not practice expense and should **not** be appended to Evaluation and Management (E/M) Services, CPT 99201-99499.

In the definition/title, the word "Increased" is defined as work "that is substantially greater than typically required". Documentation must support the substantial additional work.

Examples of increased additional work provided are: increased intensity, time, technical difficulty of procedure, severity of patient's condition, physical and mental effort required to perform the procedure.

**Catch 22:** If you're using modifier 22 on almost **all** of your surgical claims, you're headed for an audit. But if you're not using modifier 22 **at all**, you could be passing up ethical reimbursement increases.



|  |   |     |
|--|---|-----|
| Most carriers pay additional percentage for modifier 22 usage. |   |     |
| i.e., Medicare   | ≈ | 15% |
| BCBSLA   | ≈ | 25% |
| LA Medicaid  | ≈ | 25% |

- 1. Know When to Use Modifier 22:** You should use modifier 22 "when the service provided is greater than that usually required for the listed procedure," according to CPT. However, neither CPT nor Medicare provides guidelines about what type of service merits its use; that's up to the provider.
- 2. Support the 'Increased' Argument:** CPT designed modifiers to represent the extra physician work involved in performing a procedure because of extenuating circumstances present in a patient encounter. Modifier 22 represents those extenuating circumstances that don't merit using an additional or alternative CPT code, but instead raise the reimbursement for a given procedure.  
  
The key to collecting reimbursement for increased procedures is all in the documentation. Documentation is the provider's opportunity to demonstrate the special circumstance that warrants modifier 22. Be sure to send documentation with a claim when using modifier 22. Some situations in which you might use modifier 22 include:  

|                            |                           |  |
|----------------------------|---------------------------|--|
| Morbid obesity             | Extremely prolonged cases | Significant scarring or adhesions in the operative field |
| Multiple fetus ultrasounds | Multiple fetus delivery   |  |
- 3. Count Time as a Vital Factor:** Some experts suggest that you shouldn't use modifier 22 unless the procedure takes at least twice as long as usual.
- 4. Use Unlisted-Procedure Code as a Last Resort:** Avoid making the mistake of using an unlisted-procedure code when you could use modifier 22. Some coders use the unlisted codes because they realize the payer must manually review such claims and the carrier's computer cannot automatically deny them. But you could be setting your practice up for missed reimbursement.
- 5. If Possible, Use More Specific CPT Codes Instead of a Modifier:** Instead of attaching modifier 22 when a procedure is above and beyond its normal scope, you should consider reporting a CPT code that more specifically explains why the procedure was prolonged or increased.

Sources: Part B Coding Coach, Vol.9, No.4 and ATS Coding & Billing Quarterly, January 2008

Carriers requiring electronic claims may require modifier 22 claims to be appealed for additional payment due with hard copy support after initial payment.



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SOFTWARE INTELLIGENCE

**MEDTRON**



# Did You Know?

Stephanie Woods, MEDTRON Account Executive, has recently joined the Louisiana Academy of Family Physicians (LAFP) Exhibitor Advisory Committee.

The mission of the Louisiana Academy of Family Physicians is to promote and support Louisiana's family physicians in providing excellent health care and to provide its members with continuing medical education opportunities.

The goal of the Advisory Committee is to aide in the improvement of future LAFP conferences.

If you have any suggestions or ideas for future events, please email [sales@medtronsoftware.com](mailto:sales@medtronsoftware.com).

If you have not been in attendance at an LAFP event, we hope to see you in the future.

For more information about the LAFP, please visit the website: [www.lafp.org](http://www.lafp.org).

## 2009 Holiday Schedule

**MEDTRON's office will be closed:**

Thursday, November 26<sup>th</sup>, 2009 for Thanksgiving  
Statements received after noon on Wednesday, November 25<sup>th</sup> will be mailed on Monday, November 28<sup>th</sup>.



Friday, December 25<sup>th</sup>, 2009 for Christmas  
Statements received after noon on Thursday, December 24<sup>th</sup> will be mailed on Monday, December 28<sup>th</sup>.

Friday, January 1<sup>st</sup>, 2010 for New Years  
Statements received after noon on Thursday, December 31<sup>st</sup> will be mailed on Monday, January 4<sup>th</sup>.



### Upcoming Events

Mississippi MGMA Fall Conference:  
November 13, 2009 in Jackson, MS

Alabama MGMA Conferences:  
March 3-4, 2010 in Birmingham, AL  
July 28-30, 2010 Destin, FL

