



The year is drawing to a close and we are all preparing to move into a new era in medical practice management. To say that technology in the medical practice has changed throughout the past few decades is an understatement. We are about to see a huge convergence to the 'paperless office' with the advancement of Electronic Health Records (EHR). The Health Reform Act and pending stimulus funds for adopting such systems is playing a large role in this paperless trend. Can you imagine an office without hundreds, or possibly thousands of paper charts to review, update and maintain? It's very much a reality and one we all should begin to experience very soon. The goal of implementing an EHR system is to see increased productivity and organizational efficiency; improved access to patient information; decreased costs related to dictation, paper records and manual processes; better charge capture; and the ability to dedicate more office space to revenue-generating activities.

MEDTRON stands ready to make this goal a reality, so as you are closing your books for the current year and review practice spending – consider your expenses for the overhead and material involved in creating and maintaining paper charts. Evaluate your practice and determine where those funds could be better allocated to produce additional revenue needed to offset new CMS fee reductions.

As you plan for 2010 and the implementation of your new **MEDEHR** solution, prepare to streamline your office work flow by reducing manual processes and be ready to control your expenses.

This new year will bring many changes to our industry. MEDTRON looks forward to assisting you through these transitions and helping you realize the many benefits to implementing **MEDEHR** – your Electronic Health Record (EHR) Solution.

We wish all of you a happy and safe holiday season!

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Mark Your Calendars!

Holidays

MEDTRON's office will be closed:

Friday, December 25th, 2009
Christmas

Statements received after noon on
Wednesday, December 23rd will be mailed on Monday, December 28th

Friday, January 1, 2010
New Year's

Statements received after noon on
Wednesday, December 30th will be mailed on Monday, January 4th




MGMA Alabama Winter Conference

March 3-5, 2010

MASA Technology Symposium
(Medical Association of the State of Alabama)

March 5-6, 2010

Look for the  throughout this newsletter for references to MEDTRON's previously published News Blasts and Newsletters!

MEDTRON

Your Combined Practice Management and Electronic Health Record Solution

Let MEDTRON help you take the guess work out of how to prepare for the new government regulations and incentives.

We will work with you every step of the way from implementation to enhanced practice work flow to help ensure compliance and meaningful use.

MEDTRON
MEDPMP
PRACTICE MANAGEMENT

The same superior Practice Management product you are using, with optional web-based screens that offer a state-of-the-art look and feel, while utilizing point and click technology for ease of use.

MEDTRON
MEDEHR
ELECTRONIC HEALTH RECORDS

Electronic Health Records
Developed By MEDTRON
Full Integration With MEDPMP

Electronic Data Integration For Lab/Radiology Orders and Results
Medical Record Document Integration From External Systems
Web-Based To Allow Access From Any Internet Connection
Workflow Oriented
Easily Customizable For Any Specialty
Template Driven
E&M Scoreboard
Enhanced E-Prescribing
And many more features....

MEDSUITE includes all Updates, Enhancements and New Releases as well as toll free access to our Software and Technical Support Desks

Call or email us today to schedule your free demo...

120 Innwood Drive, Covington, LA 70433
Phone: 877-893-2550 Fax: 985-892-5267
Email: sales@medtronsoftware.com

MEDSUITE
TOTAL SOLUTION

Swine Flu – Are you prepared??

With various types of the flu circulating this season, MDS/MSI has published several articles/news blasts regarding the new Influenza A (H1N1) vaccines for the Swine Flu. As you know, the Swine Flu vaccine is being provided to physicians, and therefore the vaccine is not paid by carriers; the carrier will, however, pay for the administration charge. For those of you who are currently administering or plan to administer the vaccine, to obtain more information on the Swine Flu, H1N1 virus immunization we urge you to visit the recently published documents available via:



www.medtronsoftware.com:

[10/30/09 News Blast—H1N1 \(Swine Flu\) Claims User Guide: Vaccines & Administration Medicare Part B Covered Preventative Services](#)



In addition, you should visit the Centers for Disease Control and Prevention (CDC) website: www.cdc.gov and the CMS website: www.cms.hhs.gov/adultimmunizations/; for your patients: www.flu.gov.

LA Medicare/PECOS Remit Rejections

Are you receiving rejection codes for Invalid Provider Information, i.e., N264, N265?

Refer to MEDTRON's 12/01/09 News Blast: Ordering/Referring Provider Edits; available via www.medtronsoftware.com



Medicare Legible Identifier (Signature) Requirements

Are your records being denied for lack of signature?
(i.e., Denial Code 'MA81' Missing/incomplete/invalid provider/supplier signature)

Prevent 'MA81' denials by initiating protocol that confirms that the provider has reviewed and verified the records.

- ~ Always sign your documentation with a handwritten or electronic signature
- ~ Signatures should include first and last name with credentials
- ~ Signatures must be legible
- ~ If it is illegible, you may send a signature card or sheet with the requested documentation
- ~ Initials must be verified with a signature, printed name, or signature card/sheet
- ~ A typed signature only is not acceptable
- ~ An electronic record must be electronically verified by the provider before submission to Medical Review

For additional information, review MEDTRON's 08/28/09 News Blast available via www.medtronsoftware.com



Can your physician afford not to adopt ePrescribing?

Your practice could be missing out on a 2% Medicare bonus, as well as the various efficiencies and error preventions an ePrescribing (eRx) solution can provide. Web sources report that in the past year approximately 12% of all office-based physicians are using eRx, and the rate of adoption continues to double.

For successful claims-based reporting under the 2010 eRx Incentive Program, the single quality-data code G8553 - *'At least one prescription created during the encounter was generated and transmitted electronically using a qualified eRx system'* must be filed by an individual eligible professional on 25 or more unique patient events during the reporting period, i.e., entire calendar year, to insure eligibility for the incentive payment.

MEDTRON's MEDEHR solution includes ePrescribing (eRx); in addition, the MEDTRON Practice Management Solution already facilitates eRx reporting as part of PQRI.

To schedule a free demo of MEDEHR, contact the Sales Dept at sales@medtronsoftware.com.

CMS INACTIVATES CONSULT CODES 99241-99255

Effective Jan. 1, 2010, Medicare will no longer pay for consult codes 99241-99255. The codes still exist in the 2010 CPT code book, however CMS is promoting the use of alternate E&M **inpatient codes 99221-99233** or **outpatient codes 99201-99215** in their place. Revisit the document requirements for billing inpatient initial visit codes (99221-99223). Even though Medicare Carriers or Medicare Administrative Contractors (MACs) will no longer pay for the consult codes, many private payers may still pay. Anticipate confusion, especially when Medicare is Secondary (MSP) to a carrier that will still pay the consult codes.

2009 FISCAL YEAR-END CLOSING

iSeries Clients: If your Fiscal Year ends on December 31st, **DON'T FORGET** to run the YEAR-END CLOSING procedure **IMMEDIATELY AFTER** closing the month of December.

The Year-End process will back-up the files and only produce reports you specified in Setup & Support (option #2), Practice Control (option #1), Closing Reports Criteria, Year End Reports (option #6).

NOTE: Your Year-End totals are reflected on December's Month-End reports under "Year-To-Date".

INSTRUCTIONS TO COMPLETE YEAR-END:

1. Procure a sufficient number of tapes. (You will need one set for the Month-End and a second set for the Year-End.)
If any new tapes will be used, they must first be initialized.
2. From the MEDTRON Master Menu:
 - Select Option #8 Closing and Backup Menu
 - Select Option #3 Month-End Closing to perform the regular month-end.Once completed, you will receive a screen indicating that it is time to close the year, and will have the option to run the Year-End without having to select option #5 Year-End Closing from the Closing & Backup menu.

If you encounter any problems call Software Support immediately. DO NOT attempt to rerun.

MEDDATA and Timeshare Clients: This will automatically be done for you when we run your December Month-End.

For assistance, contact MEDTRON Software Support: 985-234-0599, 800-978-0599, support@medtronsoftware.com



PRODUCTIVITY REMINDERS

On behalf of MEDTRON Software Intelligence, we wish to express our sincerest appreciation for your business. Below are some items that should be considered when using the MEDTRON system to increase productivity in your practice.

Daily Productivity Reminders:

- Enter and process charges
- Generate insurance and system refiles
- Review charge ticket lists for unprocessed tickets and tickets with no charges
Reconcile these lists for missing tickets, unprocessed tickets, etc. Use Option for 'List Charge Tickets' from Front Desk menu.
- Generate the List Incomplete Master/Orphan Scan Report from Front Desk Menu before processing a Front Desk batch
- Retrieve and review BBS confirmations
Use Option #6 Receive BBS Confirmations from the Electronic Claims Menu and select payer
- Review electronic claim errors and verify all are being corrected timely.
Use Option #2 Correct Errors from the Electronic Claims Menu to review electronically **or**
Option #1 List Electronic Claims for hard copy report
- Review Clearinghouse rejections via Emdeon Claim Vision

Monthly Productivity Reminders:

- Generate, work and send patient statements timely; Review Statement Log in Practice Control, Work Statement Summary Report.
- Follow a consistent collection process, i.e., number of statements before collection letters, number of collection letters before collection agency turnover on past due accounts.
- Use Collection Module

Periodic Reminders:

- Develop user defined rules for warnings at charge entry
Use F6 - Condition at Charge Maintenance screen to add new warnings
- Report PQRI
Use F10 Command line, key INSTPQRI, to add measure warnings to system

If you have any questions or would like to schedule training for your staff, please contact MEDTRON's Implementation Department:

Phone: 985-893-2550 or 877-893-2550 -OR- email impl@medtronsoftware.com



Are you prepared for Medicare Reviews and/or Audits?

With all the various types of Medicare reviews and/or audits directed at recouping or preventing physician payments, it is necessary for physician offices to be up to date and knowledgeable on any area of medical billing that may be a targeted area of review.

Medicare Carrier/Medicare Administrative Contractor (MAC) should provide information to providers regarding reviews and/or probes.

Check the website appropriate for your Carrier/MAC, read their newsletters, and sign up for available list services for any announcements.

Recovery Audit Contractors (RAC): these auditors are paid a percent of their recovered payments and are required to publish CMS approved targeted areas of audits specific to states; check the contractor's website for information.

Connolly Consulting Associates is the RAC for Region C, which includes LA, MS, & TN, their website is: http://www.connollyhealthcare.com/RAC/pages/approved_issues.aspx. MEDTRON recommends you check this site at least quarterly.

Being aware of targeted areas enables your practice to be proactive. First, review the information being provided; does it reference your specialty as a target? Sometimes specific CPT codes are referenced, do you bill these codes?

For example, the 2009 Office of Inspector General (OIG) Work Plan indicates they were reviewing Colonoscopy services. CPT Book lists Colonoscopy CPT Codes 45378 through 45392. To determine if this review would affect your practice, first ask do we perform/bill this service?

The Charge Application Report can provide a report for quick reference to determine if you do bill targeted CPT codes.

From the Main Menu select Menu Option #12 Demand Reports, select Option #15 Charge Application.

The Charge Application Report presents 10 Criteria Screens from which user has multiple options to select specific criteria for desired report.

To run a basic report for specific time period and specific CPT code(s), user should [Enter] through the three **Patient Selection Criteria** screens.

On the **Charge Selection** screen (screen 4 of 10), enter desired Transaction Date span, remember some audits can go back 2 years, and RACs can go back to 10/1/2007.

[Enter] to next **Charge Selection** screen.

'Financial Groups to Include' → **M** to include only patients with Medicare on report.

[Enter] to next **Charge Selection** screen, 'Charge Code/CPT Selection' → **2** in 1st field to Include specific Charge Codes or 2nd field to include specific CPT Codes, user is also able to include or omit specific Charge Codes or CPT Codes.

NOTE: All CPT codes are loaded and available via CPT option; Timeshare clients run 'Date Range' 2009 CPT Sort 'Summary' version to identify all 2010 deleted CPT codes with '109' prefix.

[Enter] to accept remaining defaults on criteria screen. [Enter] through remaining criteria screens to print report.

At **Run Options** screen (screen 10 of 10); change 'Print Recap Only' field to 'S' for summary report.

Review the summary report. [F23] to rerun report for specific charge code/CPT using the 'detail' to select a number of patients and review the documentation for the colonoscopy procedures to confirm the procedure is correctly and thoroughly documented to meet the service billed.

Should your practice be targeted for an audit, you'll be ready.

If you have any questions, need a copy of the most current version of the [User Guide: Charge Application Report](#), please contact Software Support:

From MEDTRON **Sign On** screen, double click on 'support@medtronssoftware.com' to compose an email to the Software Support Dept.

-OR-

Phone: (985) 234-0599 (local) / (800) 978-0599 (toll free)

-OR-

Fax: (985) 234-0609

MEDTRON recommends you begin with the review of the OIG Work Plan for the year, the 2010 plan is now available at:

http://www.oig.hhs.gov/publications/docs/workplan/2010/Work_Plan_FY_2010.pdf

Medicare Review of Evaluation and Management (E&M) Services during Global Surgery Periods (GSP) - Use of Modifiers 24, 25, and 57

The Office of Inspector General's 2010 Work Plan states that industry practices related to the number of evaluation and management (E&M) services provided by physicians and reimbursed as part of the global surgery fee will be reviewed, effective October 2009.

Refer to the [User Guide: Global Guidelines](#) for detailed information of billing for Global Surgery Periods.

The Health Information Technology for Economic and Clinical Health Act (HITECH)

The Health Information Technology for Economic and Clinical Health Act (HITECH) is part of the American Recovery and Reinvestment Act, signed in February 2009, which includes \$19 billion for health information technology.

Physician Incentives from Medicare/Medicaid totaling \$17 billion are included in the HITECH Act for implementation and "meaningful" use of an Electronic Health Records (EHR) solution.

- It requires use of a certified EHR solution with ePrescribing included, as determined appropriate by the Secretary of Health and Human Services, and must comply with submission of reports on clinical quality measures.
- If compliant, Physicians can earn up to \$44,000 per provider from Medicare or up to \$65,000 per provider from Medicaid over five years if they are utilizing an EHR in 2011.
 - Providers may receive incentives under only one of the programs.
 - Funding is front loaded with up to \$30,000 (close to 70% of the funding) being allocated in the first two years of EHR use.
 - By the year 2015 reductions in Medicare fees for non-EHR users will be imposed

For more information, contact our Sales Dept: email: sales@medtronsoftware.com or 877-893-2550.

IT'S NOT TOO LATE!

Were you seeing patients on Veterans Day (November 11, 2009) a Federal Holiday?

If so, LA Medicaid allows billing of the Add-On code 99051 and allows a provider to receive an additional \$14 per visit! You can even add these charges late (within timely filing limits). Know that if the Post Office is closed and your office is open you are entitled to get the additional fee!

CARRIER CLAIMS EDITS

Carriers continually make changes to the way claims are processed and this year is no different. Many carriers have sent out letters informing providers of their new, more restricting edits. MEDTRON urges providers to review this information (which is often available on the carriers' website) as soon as possible, as this information will affect the way your practice will get paid.

Listed below are some of the more important changes by just a few carriers:

HUMANA

Effective January 24, 2010, Humana has made several new changes. One important change is that Humana will no longer separately reimburse CPT code 69210 (Removal of impacted cerumen with a Global Surgical Period (GSP) of 10 days) when procedure is billed with an E&M code, even when modifier 25 is affixed to an E&M code!

Many other aggressive edits that deviate from CMS standards have been added, i.e., restricting pain management, not allowing preventive codes with sick visits. For a list of new Humana claim edits, visit:

<http://apps.humana.com/marketing/documents.asp?file=1276314>.

BLUE CROSS

Effective February 1, 2010, Blue Cross will change the reimbursement structure for Anesthesia. Currently, if two providers (i.e., Anesthesiologist and CRNA) bill Blue Cross for the same anesthesia case, the first claim is processed with the allowable charge calculated as if the service was personally performed. When the second claim is received, it is processed with the remaining allowable, if any remains. After February 1, 2010, Anesthesia services will be determined based on the applicable Anesthesia Conversion Factor and the modifier submitted on the claim. The complete billing guidelines were mailed to Anesthesia providers on August 1, 2009.

Be on the lookout for annual precertification lists published annually by carriers. These lists are important for notifying providers of which procedures require prior authorization in order to receive reimbursement for services.

Most carriers will publish a list of services requiring precertification on their individual websites.

Pain Injection Crosswalk.

2009 Deleted Codes – Crosswalk to NEW CODES

2009 Code	Abbreviated Administration Descriptor <small>+ Indicates add on code</small>	2010 Code *
64470	Inj, diagnostic or therapeutic agent, paravertebral facet joint with image guidance, cervical or thoracic ; single level	64490
64472 +	Inj, diagnostic or therapeutic agent, paravertebral facet joint with image guidance, cervical or thoracic	second level
		64491 +
64475	Inj, diagnostic or therapeutic agent, paravertebral facet joint with image guidance, lumbar or sacral ; single level	third and any additional levels
		64492 + <i>Once per day</i>
64476+	Inj, diagnostic or therapeutic agent, paravertebral facet joint with image guidance, lumbar or sacral ;	second level
		64493
64476+	Inj, diagnostic or therapeutic agent, paravertebral facet joint with image guidance, lumbar or sacral ;	third and any additional levels
		64494 +
64476+	Inj, diagnostic or therapeutic agent, paravertebral facet joint with image guidance, lumbar or sacral ;	third and any additional levels
		64495 + <i>Once per day</i>

* New facet codes now have fluoroscopic guidance included in the description, therefore you will no longer be able to bill for fluoro separately with these codes. AMA offers a current list of Category III CPT codes on its website: www.ama-assn.org.

Some carriers will not allow you to bill for anesthesia services associated with facet joint injections. Still others will deny charges for E&M services submitted without appropriate modifiers or documentation. As is true of all pain management codes, carriers are especially wary of multiple charges for the same services. **It is rare that a payer will pay for more than three sets of injections in a six-month period.**

Nuclear Cardiology Changes

Code:	Description:	Code:	Description:
78451	SPECT, single	78453	Planar, single
78452	SPECT, multiple	78454	Planar, multiple

The above codes now include wall motion and ejection fraction, including by first pass and gated technique. You will no longer bill add-on codes 78478, 78480 or 78496 (cardiac blood pool imaging, gated, first pass technique) as an add-on with SPECT or planar nuclear scans. Codes 78460-78465, 78478 and 78480 were deleted.

PQRI 2010 is Almost Here!!

CMS has published the 2010 measures and there are many changes for the upcoming new year. Providers wishing to participate in PQRI for the 2010 reporting period should review new information recently posted on the CMS website: www.cms.hhs.gov/PQRI.



In MEDTRON's [Fall 2009 newsletter](#), page 4 lists the CMS proposed changes for 2010 and requested those providers who previously reported PQRI measures to contact Software Support and let us know how you did, what measures you reported, and whether you received a bonus payment. **There is still time!!** Contact Software Support @ 985-234-0599 or via email: support@medtronsoftware.com and give us your comments and/or feedback.

National Medical Group Practice Week January 18-22, 2010

The theme for the 2010 National Medical Group Practice Week is:

“Leading through Change. Community. Practice. Staff. Physician.”

MEDTRON proudly honors and supports our nation's medical group practices.

Visit the National Medical Group Practice Week website at <http://www.mgma.com/gpw/Default.aspx> to download the free official 2010 Celebration Guide, find free tools and resources to help your group celebrate and promote your practice, and/or purchase National Medical Group Practice Week logo branded merchandise.

2010 SYSTEM UPDATES

- Update your system with new 2010 CPT and ICD-9 Codes. Also identify and inactivate deleted codes.
Reminder – there is no grace period.
- Be certain that the new allowables for Medicare, Medicaid and all Managed Care contracts are updated for 2010.
- After new allowables are loaded, run the Allowable vs. Charge Comparison Report and update any standard prices in the Charge Transaction Master to be certain that all charges exceed allowables, i.e., you aren't leaving any money on the table.
- Update your system for Medical Necessity edits, National Correct Coding Initiative (NCCI) edits, Global Surgical Periods (GSP) associated with CPT codes, Relative Value Units (RVU).



**Contact the MEDTRON Implementation Department if you would like to order updates
via email: impl@medtronsoftware.com**

-OR-

Phone: 985-893-2550 or 877-893-2550



MEDDATA and MEDTRON Staff
Wish You A Joyous Holiday Season



E-NEWS XTRA

The information in this section is only available in the electronic version of this newsletter.

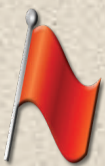
Give the gift of knowledge this holiday season!

MEDTRON is here to assist your practice to get the most out of the MEDTRON Practice Management Solution (MPMS). MEDTRON offers training sessions on all areas of the MPMS system; from basic patient entry to detailed payment posting and electronic remittance advices (ERA).

For a limited time, MEDTRON is offering a 25%* discount off of our standard rate for training conducted at our state-of-the-art training facility before March 31, 2010.

**A minimum of 4 hours of training required.*

Contact the MEDTRON Implementation Dept at
impl@medtronsoftware.com to schedule today!



Thanks to Congress, the implementation of Red Flag Rules has been delayed to June, 2010, so if your practice has not reviewed procedures on properly identifying patients, visit <http://ftc.gov/redflagrule> for the Federal Trade Commission's suggestions to setup your Identity Theft Protection Program.

To review the Red Flag Rules Press Release visit: <http://www.ftc.gov/opa/2009/10/redflags.shtm>
Revisit MEDTRON's 102709 News Blast, available via: <http://www.medtronsoftware.com/>



Cutoff Times for Medicare Electronic Claims Processing



Electronic claims received after 3:30 pm Central Time, will be considered received on the next business day. For example, claims received on Friday at 4:45pm Eastern Time will be considered received on the following Monday. If the following Monday is a holiday then the claims will not be considered received until Tuesday.

This year, Pinnacle Business Solutions and Cahaba GBA will be closed the following dates and times for the holidays:

Pinnacle:

Thursday, December 24 (All Day)
Friday, December 25 (All Day)
Friday, January 1 (All Day)

Cahaba:

Thursday, December 24 (All Day)
Friday, December 25 (All Day)
Friday, January 1 (All Day)

Since New Year's Eve falls on a Thursday, claims that must be submitted to meet filing timeliness deadlines must be submitted no later than 3:30pm Central Time to be considered to have been submitted in 2009. Claims received after the cutoff time on December 31, will not be considered received until Monday, January 4, 2010.

See www.lamedicare.com or www.cahabagba.com for more information.