MEDTRON
SOFTWARE INTELLIGENCE
112514 NEWS BLAST

MEDPM ENHANCEMENTS REVISITED

Recall that **MED**PM Release 16.4, which includes the CMS 1500 updates and other miscellaneous enhancements, was installed on Wednesday evening, March 19, 2014 for Timeshare practices.

1500 Claim Form:

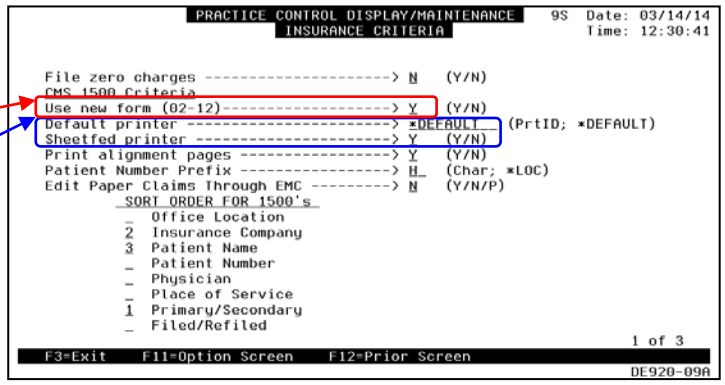
The National Uniform Claim Committee (NUCC) previously announced the timeline for transitioning to the 02-12 version of the 1500 Health Insurance Claim Form (See 012114 News Blast: UPDATE – Revised 1500 Claim Form Usage Transition Begins January 2014). Medicare and most insurance carriers are using the NUCC timeline.

The NUCC timeline:

- January 6 thru March 31, 2014 – dual use period in which payers continue to obtain and process paper claims on the old 1500 Claim Form (version 08/05).
- April 1, 2014 – payers obtain and process paper claims submitted *only* on the revised 1500 Claim Form (version 02-12).

Upon installation of Release 16.4, the CMS 1500 Criteria option in Practice Control, Insurance Criteria section; for 'Use new form (02-12)' field was set to 'N'.
If your practice is using new forms, confirm field correct.

If your practice previously used "continuous" 1500 forms, change the 'Sheetfed printer' field to 'Y' and specify an appropriate 'Default printer' ID (i.e., continuous 1500 forms for the new version 02-12 will not be supported).



User Guide: System Refiles/Generate Insurance EMC Preparation & Submittal has been updated and is available via the **MEDPM User Guide** section of the MEDTRON website (www.medtronsoftware.com).

Updates to **User Guide: CMS 1500 ANSI Situational Field Comments** are available via MEDTRON website.
Refer to **User Guide: Claim Information Reference Number** for expanded claims completion data.

R16.4 Other Enhancements:

Transaction Master - Charges:

'File Ins/EMC (Electronic Media Claims)'→ *changed from 'Send EMC Type'*

Formerly 'Send EMC Type' – based on 'EMC Type':

***Y** = Yes, file ins and send the Transaction code electronically per 'EMC Type' in Insurance Company Master.*

***N** = No, print claim for Transaction code to paper.*

Y = Yes, file ins per 'Insurance Type' field in Insurance Company Master and send the Transaction code electronically per 'EMC Type' field in Insurance Company Master.

N = No, do not file ins for the Transaction code.
(When entering charges, this directive will override the 'File Ins' Indicator per Financial Class Master.)

X = Exclude from electronic filing and print claim for Transaction code to paper.
(When entering charges, this directive will override the 'File Ins' Indicator per Financial Class Master.)

NOTE: MCR requires EMC for primary and secondary claims (effective 10/2005).

NOTE: Abbreviations used in this new application are based on 'Insurance Type'; not 'EMC Type'.
MCR ~ includes Ins type M & R
MCD ~ includes Ins type W
BC ~ includes Ins type B
Oth ~ *formerly 'Clh'* includes all else

NOTE: Installation of Release 16.4 converted any existing 'N' directives to 'X' to continue practice's current functionality.

REMINDER: Lab charges must have Type of Service '5' (Diagnostic Laboratory) for CLIA number (per Location Master) to be sent on claims.

Refer to **User Guide: Setup/Maintain Transaction Master.**
(See special handling of 'By Report', 'Non-Covered', or Crossover only fee schedule indicators)

Electronic Claims – Correct Errors - Default Group Error Correction

Missing Referral Source NPI

For EMC Error 'NPI is missing for Referring Phy' (only occurs if the Referral Source Master is lacking NPI), system will now use rendering provider's NPI and name from the Physician Master for the electronic claim types specified, except when rendering provider has an Audiology or Chiropractor related taxonomy code (231H00000X, 237600000X, 2355A2700X, 111NI0013X, and 111N00000X).

Edits on the ordering/referring providers in Medicare Part B-see 'Effects of Edits on Providers' section requires referral sources be set up in PECOS. See CMS website via: http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/MedicareOrderingandReferring.html

PECOS file archive - contains the National Provider Identifier (NPI) and legal name (last name, first name) of all physicians and non-physician practitioners who are of a type/specialty that is legally eligible to order and refer in the Medicare program and who have current enrollment records in Medicare (i.e., they have enrollment records in PECOS).

Refer to: MLN Matters Article #SE1305: Full Implementation of Edits on the Ordering/Referring Providers in Medicare Part B, DME, and Part A Home Health Agency (HHA) Claims (Change Requests 6417, 6421, 6696, and 6856)

Please watch for upcoming updates to **User Guide: EMC Errors/Electronic Claims List.**

Complementary Louisiana Blue Cross Secondary Claims

For Louisiana practices, any Ins Type B secondary complementary claim to Medicare, regardless of ERA Remittance Advice Remark Code (RARC) MA07, MA18, N89 *being received from Medicare*, will be treated as if RARC was received and the file/refile date of the Blue Cross claim will be changed to that of the Medicare payment process date. This will accommodate the Louisiana Blue Cross requirement to wait 30 days after primary payer disposition to file the secondary claims electronically when system refiles are selected, i.e., ideally these Medigap (comp) claims should pay via automatic crossover from Medicare without the need for a system refile.

Edits/NCC, etc.

Warnings were updated related to modifier usage: warning message will now display the NCC modifier flag at the end of the message. 'Mod:#' will display where # will be 1 or 0 depicting whether a modifier may be added to unbundle services, i.e., *NOTE: CPT Represents a Component of Another Charge: 69210 Mod:1.

Global Surgical Period (GSP) warnings will now occur for new patient visits (CPT 99201 thru 99205).

Refer to **User Guide: National Correct Coding Initiative (NCCI)** and **User Guide: Global Guidelines.**

Online Eligibility

Enhancements to accommodate various insurance carriers.

More Online Eligibility available via Emdeon *due to their change in provider fees*.

"Practice Control-Eligibility Criteria" was updated in all practices to allow online eligibility requests to present without a billable warning as Emdeon changed their policy for billing per Online Eligibility requests - these are now included in an EDI per month per provider fee, i.e., basically these are now unlimited!!

Please watch for upcoming updates to **User Guide: Online Eligibility Requests.**

Contact Software Support for assistance or any questions via:

From **MED**PM or **MED**EHR Sign On screens, double click on 'support@medtronsoftware.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

REMINDER: Community Health Solutions of Louisiana (CHS-LA) requires a referral from a member's Primary Care Physician (PCP) and claims must include **a 7 digit** PCP referral number in CMS 1500 field (box) 17a; typically the PCP Provider Transaction Access Number (PTAN), in some cases the phone number (minus the area code) as the referral number.

(The legacy community care F15 'Y-Auth' protocol can still be used for proper claim reporting.)

IMPORTANT NOTE:

LA Medicaid BHP's 'Shared' plans will be phased out pursuant to the new RFP ≅ February 2015.
Virtually all Community Health Solutions recipients will be routed to LA Healthcare Connections (if their PCP is enrolled).
United Healthcare Community Plan will be retired and a new United Healthcare Prepaid plan introduced.
Aetna will be introduced as a new Prepaid plan.
See previously published **Newsblast: 091014 BHP Shared Plans Scheduled to Terminate 02/01/15** and **Newsblast: 112514 DHH Announces Next Phase of BHP Rollout** for more information.