It's a Date

Schedule of Events Winter 2005

January 3
Medical Terminology/Anatomy ONLINE
Register Online

January 3
Fundamentals of Billing and Coding ONLINE
Register Online

January 3
Certified Coding Professional (CCP) ONLINE
Register Online

January 10
Certified Medical Billing Specialist – Study Guide Program
AVAILABLE

January 26
Coding Certification EXAM – 9:30 – 3:30
PHIA Call for registration form

February 28
Medical Terminology/Anatomy ONLINE
Register Online

February 28
Fundamentals of Billing and Coding ONLINE
Register Online

February 28
Certified Coding Professional (CCP) ONLINE
Register Online

March 12
Certified Medical Billing Specialist EXAM 10:00 – 2:30
PHIA Call for registration form

March 18
Coding Certification EXAM – 9:30-3:30
PHIA Call for registration form

March 28
Medical Terminology/Anatomy ONLINE
Register Online

March 28
Fundamentals of Billing and Coding ONLINE
Register Online

March 28
Certified Coding Professional (CCP) ONLINE
Register Online

Cheers to You

Happy Holidays from all of us at PHIA! 2004 was an exciting year full of new opportunities, growth and successes. And, we couldn't have done it without you! Have a very happy and safe holiday season. And may the new year bring you joy and only good things!

PHIA Focus

Online Program Quality and Convenience

We are proud to announce that we are enhancing PHIA’s online educational programs and email presentations. “We have Certified Coding Professionals (CCPs) in 28 states across the U.S. that want and require high quality, yet convenient medical office administration programs,” explained Alma Shaver, PHIA Director of Administration. “To ensure we meet their needs and maintain high standards, our focus has changed from an in-class to an online curriculum and Internet-email driven continuing education format.”

Online courses and email presentations that can be accessed any time of day or night via the internet include Medical Billing, Medical Coding, Chart Auditing and HIPAA compliance. “Our students range from those seeking a career change, to the new graduate or individual wishing to expand their knowledge in the administrative healthcare field,” said Sherry Thomas PHIA Director of Educational Services. “Their schedules, and the fact
Minding Your Medicare

For those of you who are coding and/or billing for trigger point injections, remember the changes and additions made to this series of codes in 2002, 2003 and 2004. During a recent review by CMS in various regions of the country, multiple billing errors were encountered that involved trigger point injection codes. The findings, compiled after the review, were forwarded to the following recommendations:

• Select CPT® codes 20552 and 20553 are for single or multiple trigger point injections. These codes are for use in two muscle groups and three muscle groups.
• These codes should be used per visit of service.
• In addition, the ICD-9-CM code selected must reflect the appropriate muscle group the physician is injecting.

PHIA Focus

Online Program Quality and Convenience

that so many of our members span the country, mandated that we offer a more accessible and convenient method of learning, with the quality they’ve come to expect. To do this effectively, we’ve decided to redirect our energies from the classroom to the computer, and have received very favorable feedback as a result.”

The PHIA online programs go beyond self-study. Each involves a PowerPoint presentation with audio, discussion groups, online chat sessions and complete lessons that require the passing of a test before moving further. “The students are even assigned an online faculty advisor to monitor their weekly progress,” added Thomas. “Our email presentations are also very user-friendly requiring only a computer with speakers and an internet connection.”

PHIA has begun the licensing phase of the in-class medical coding curriculum to other educational facilities throughout the country. Locations can be obtained on the PHIA website at www.PHIA.com

In The News

• Welcome Minnesota and Connecticut to our ever-growing list of states with current PHIA members.
• Be sure to check out our NEW bookstore on-line! You can now shop, order, and purchase books when visiting our web-site!
• Congratulations to Laura Helms, Louisville, KY and Scott Smith Louisvile, KY, our newest Certified Medical Practice Managers (CMSPM®)
• Congratulations to the Rentells’ family on the birth of Christina Marie! (Tammy Rentells is our Chart Audit Supervisor)
• Are you ready for the new HIPAA Security Regulations? Find out with this FREE online test at: http://www.cs2 llc.com/hipaatester.htm

Coding Corner

Answer the following question for 1 CEU. Answer it correctly before we publish the answer, and get 2 CEUs!

Report the appropriate code for a right partial thyroidectomy and a contralateral subtotal lobectomy with intramuscular.

Congratulations to Mary Fouts for being the only one to answer last issue’s correctly before we published the answer! The answer was CPT Code: 42820, ICD-9 Code: 463

CEU Reminders

1. Go on-line (www.phia.com) or call the office (502-473-8806, ext 201) to receive your Continuing Education Units form.
2. Check the status of your continuing education and membership online. Log in and check your PHIA Professional Profile (it will tell you how many CEU’s you need and when your membership is due).
3. Fill out all educational information and submit on-line or mail in along with specified copies of proof (please do not fax).

Take Note

Office of Inspector General’s Work Plan for 2005

On October 12, 2004, the Department of Health and Human Services Office of Inspector General (“OIG”) published its proposed Work Plan for 2005 (“Plan”). The Plan is set forth in four chapters, and encompasses the various projects that the OIG perceives as critical to its mission and that of the Department of Health and Human Services. The Plan affects Medicare providers of all types, including physicians and other health professionals, and outlines projects to be addressed by the OIG’s various divisions including the Office of Audit Services (“OAS”), the Office of Investigations (“OIF”), and the Office of Counsel to the Inspector General (“OCIG”). What follows is that portion of the plan pertaining to physicians and health care professionals.

Medicare Physicians and Other Health Professionals

Billing Service Companies. The OIG will identify and review the relationship among billing companies and the physicians and other Medicare providers who use their services to determine the impact of these arrangements on physicians’ billings.

Care Plan Oversight. The OIG will evaluate the efficacy of controls over Medicare payments for care plan oversight claims submitted by physicians. Under the Medicare home health and hospice benefit, care plan oversight is physician supervision of beneficiaries who need complex or multidisciplinary care requiring ongoing physician involvement. The OIG has seen significant increase in reimbursement for care plan oversight and will assess whether these services were provided in accordance with Medicare regulations.

Cardiography and Echocardiography Service. The OIG will review Medicare payments for cardiography and echocardiography services to determine whether physicians have billed appropriately for the professional and technical components of the services. When a physician performs the interpretation separately, the modifier 26 should be used to bill Medicare for professional services.

Physical and Occupational Therapy Services. Physical and occupational therapy services will be reviewed to determine if the services were reasonable and medically necessary, adequately documented, and certified by a physician certification statement.

Coding of Evaluation and Management Services. The OIG will examine patterns of physician coding of evaluation and management services and determine whether these codes were accurately coded. It was learned by the OIG that a significant portion of services in 2003 were billed with incorrect codes resulting in large overpayments.

Use of Modifier 25. The Plan states that a provider should not bill evaluation and management codes on the same day as a procedure or other service unless the evaluation and management service is a significant, separately identifiable service from such procedure or service. Providers are to report such a circumstance by using the modifier 25. The OIG plans to determine whether providers are using the modifier 25 appropriately.

Other Areas of Review. In addition to the stated, the Plan adds that the OIG will review the areas listed below with respect to Medicare physicians and other health professionals. For details regarding these areas, please refer to the Plan itself, or contact legal counsel:

• Medicare Payments to VA Physicians
• Part B Mental Health Services
• Wound Care Services
• Use of Modifiers with National Correct Coding Initiative Edits
• Physicians Pathology Status
• Long Distance Physician Claims
• Provider Based Entities
• Physician Services at SNFs
• Ordering Physicians Excluded from Medicare

The complete Plan can be viewed at the OIG’s website at: oig.hhs.gov/publications/docs/workplan/2005/2005WPCMS.pdf

It’s Here

The long awaited CMBS (Certified Medical Billing Specialist) Study guide program is now available. The program includes “Mastering the Reimbursement Process” reference text, over 100 questions with answer key, and a mock certification exam with answer key. We are proud to announce a partnership with dGv Services, LLC who restructured and will be managing the program. dGv Services is a Medical Billing company with an excellent reputation and reimbursement record. If you want to participate in this program, you are required to have at least 2 years of actual medical billing experience. This is a disciplined course of study, and you will be expected to complete it within 8 weeks. The $695 fee also includes the first annual PHIA membership and the CMBS exam. This is an introductory fee and will be increased 2nd quarter 2005.

Medicare Update

Influenza Virus and Pneumococcal Vaccine codes and reimbursement update:

Effective 9-1-2004, the Medicare Part B payment allowance is $20.10 for CPT 90658, Influenza Virus Vaccine. The Pneumococcal Vaccine, CPT 90732 is $23.28 (for payment based on 95% of the AWPD). The annual Part B deductible and coinsurance amounts do not apply. For any claims filed prior to October 1, 2004, you must bring any underpayments to the attention of your local Medicare carrier.

The official instruction (CR3490) issued regarding this information can be found at: http://www.cms.hhs.gov/manuals/transactions/dcr.asp

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