



Additions

Fall 2010

Unrivalled Medical Credentialing Expertise



The PECOS Deadline is
Fast Approaching.



Level 4 & 5 Claims
Make sure your documentation
meets the requirements.



Fee Schedules
Need to understand the payments
you are supposed to be receiving!



Inside this Issue:

[PECOS Medicare](#)

[Claims for CPT Codes 99204 & 99205](#)

[Fee Schedules](#)

PECOS Medicare

PECOS (Provider Enrollment, Chain & Ownership System) is Medicare's online data base. Physicians and other providers can now register with Medicare using this online system. There has been tremendous confusion about the "deadline" to be registered with PECOS. In May, the Federal Register issued reference to a deadline of July 7, 2010 for PECOS registration where the previous deadlines had referred to January 2011. In order to meet this new deadline, AddVal and many physician practices worked furiously to ensure PECOS Medicare registration was completed by July. Due to the influx of thousands of applications and requests, the PECOS system was overwhelmed and basically not usable during work hours.

In June, AddVal learned that the July deadline was not going to be implemented. Confusion remains, however, because the DME suppliers have been directed to only accept orders from physicians who are active on PECOS. We have verified that all of our clients who order DME are active on PECOS.

January 2011 is not far away. If your practice has not completed the PECOS Medicare registrations, the time to do so is now. If you're not sure if your physicians are active on PECOS, check their status at: <https://pecos.cms.hhs.gov/pecos/login.do>. NPI logins are needed to enter this site and verify listing with PECOS. If your physicians have not made any changes to their Medicare registration in last 5-6 years, they need to be entered in the PECOS system. Call AddVal as 215-396-8972 if you need assistance with this important process – don't let your Medicare payments be held up any longer than they already are!

Claims for CPT Codes 99204 & 99205 ▲ (up)

Commercial payers and Medicare contractors are devoting a tremendous amount of time and effort to the investigation of claims submitted for procedure codes 99204 & 99205. These Evaluation and Management (E/M) codes for new outpatient visits require documentation of a comprehensive history and examination for the visit.

Comprehensive History Requirements:

- Extended history of the present illness;
- Complete review of systems; and,

- Complete review of past medical family & social history.

Comprehensive Examination Requirements:

- A complete review of eight (8) or more systems

It is NOT possible in this newsletter to detail the complexities in the requirements for procedure codes 99204 & 99205. Your local Medicare contractor has documentation worksheets that your practice can use to ensure compliance with the requirements for these codes.

It is important to be aware that all payers are working under the assumption that your patients will fall into the "normal" distribution of complexity. In other words, if physicians in your specialty are billing for 99204 only 25% of the time and you are billing 99204 for 40% of your patients, you will be scrutinized. It is very important to ensure that careful and complete documentation will support your code levels – especially if your practice is outside of the "norm".

All documents reviewed by Medicare and the other payers are required to be authenticated by the author. This means that your signature must be legible (electronic signatures are acceptable). If the legibility of your signature is questionable, be sure to submit an attestation statement with any documentation sent to Medicare or other payers.

Fee Schedules (up)

Do you know your fee schedule? As part of the contracting process, the commercial payers include a fee schedule for the physician. It is crucial to know your fee schedule for each payer to ensure that your claims are being paid at the agreed upon rates. Some practices have received "adjustment checks" from commercial payers when the fee schedule was not being paid accurately. This influx of cash is a nice surprise. However, this also means that your practice has not had the deserved level of cash – you have loaned it to the payer (without interest).

Medicare has a convenient fee schedule look up tool:

<http://www.cms.gov/apps/physician-fee-schedule/overview.aspx>

Since some commercial payers determine their rates as a percentage of Medicare, it is very important to have a solid understanding of your Medicare fee schedule.

Remember...

"Mistakes are part of the dues one pays for a full life." ~ Sophia Loren

**Download AddVal's brochure
for more information on
service benefits...**

(Adobe Acrobat Reader Required)

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