



# ADVISOR

Medical Billing & Compliance  
Bimonthly Newsletter



The AcSel Advisor is now available via email. Just email, [info@acselmedical.com](mailto:info@acselmedical.com) and place the word **“Advisor”** in the subject field to receive your copy!

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**T**he final rule issued on October 31, 2014 updates the payment policies and payment rates for services furnished under the Medicare Physician Fee Schedule on or after January 1, 2015. The final rule was published in the Federal Register on November 13, 2015. One of the big changes in this final rule was for several quality reporting initiatives including the PQRS. Listed below are a few of the changes for the 2015 **PQRS** program:

## CMS 2015 PHYSICIAN FEE SCHEDULE FINAL RULE

- ✓ There is no incentive to 2015 **PQRS** reporting
- ✓ Eligible physicians and group practices that meet the criteria for 2014 report will avoid the negative payment adjustment in 2017.
- ✓ Providers will have 255 measures in 2015 to choose from for their practice

For more information about participating in **PQRS** in 2015, visit **CMS PQRS** website. <http://cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS>

### 2015 CPT CODE BOOK

Have you ordered or received your new **2015 CPT Code Book**? If not, I strongly suggest you do so ASAP. There are several new codes, deletions and new or revised text for existing codes.



**The AcSel Medical Solutions family wishes all a safe and happy Holiday Season. May you and your family be blessed and have a healthy and prosperous New Year.**

Our office will be close at noon on **December 24th** will remained closed on **25th and 26th of December**. We will also observe the **New Year for 2015** by being closed **January 1, 2015**.

## ICD-10-CM NEWS CORNER

NEWS UPDATE.. CMS has issued a rule finalizing October 1, 2015 as the new compliance date for health care providers, health plans, and health care clearinghouses to transition to ICD-10.

**AcSel Medical Solutions** is here to provide education to you, your staff and your providers. We are available to do five (5) charts per provider at \$20.00 per chart which includes a report of our findings — is the documentation compliant, noncompliant or not coded to the highest level of specificity.

Education to your staff and providers is considered a consultation charge. Please call AcSel Medical Solutions for details and rates.

Don't let **ICD-10** take a bite out of your cash flow. Let AcSel's team of experts help lead you through the change.

We can help you with documentation reviews, **ICD-10** education, implementation of the new coding guidelines, and any other revenue cycle management services your practice may need.

Call us today:

**1-800-336-3038**

or email us at

**info@acselmedical.com**

Let us add you to our mailing list for

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ADVISOR  
NEWSLETTER**

# WHAT IS THE **RESPONSE** **YOUR PATIENTS** ARE GIVEN **WHEN** ASKING THESE TYPES OF **QUESTIONS?**

## Why did my doctor collect a \$50 copay when my EOB states I should only pay \$46.00?

Have you every heard this from one of your patients? Does your staff know how to answer the patient if they are asked this question?

Consider this...the patient's co-pay may be \$50.00 as indicated on their insurance card and that is what the front desk staff collects at the time of visit. Now, the office visit that you selected to bill for that visit has an allowable amount by the carrier of \$46.00 according to the contract you have with the carrier. In this scenario, the insurance company will pay nothing to the provider as their allowable is below the patient's copay. and the patient should only be responsible for the \$46.00 per their EOB.

Is this wrong for the front desk to collect the co-pay amount indicated on the patient's insurance card? Absolutely not as they have no idea the level of service that you as the provider will be submitting for the service rendered to the patient. Just be prepared to answer the patient when you are asked this question.

## Is your Doctor in my network?

Each insurance carrier has several different plans or products that they offer to patients. They can have different names such as HMO and PPO in addition to other names. The contracts between these carriers and your office can either include all products offered or only some of the products. Did you know that some providers who are participating with some carriers are excluded from other plans. For example, look at all the plans with the BLUE CROSS BLUE SHIELD as part of the name.

## My card says Medicare so why are you telling me I need to pay you?

Once a patient reaches the age of Medicare eligibility some think they automatically have Medicare coverage. With the open enrollment for new subscribers, some patients present to your office with the traditional Medicare card and yet they have selected a Medicare Advantage plan. Maybe the patient present you with both the traditional card and one that says Medicare Advantage. If you are unsure of which is the correct plan for the patient, best option is to contact member services at Medicare.

## PART A - HOSPITAL INSURANCE - \$1, 260.00

If the patient incurs services beyond 60 days during an admission, he or she is responsible for a coinsurance amount equal to 1/4 of the inpatient hospital deductible per-day for the 61st through 90th day spent in the hospital.

A Medicare beneficiary has an individual lifetime reserve days of coverage of 60 days. These reserve days can be used at any time after the first 90 day period has been reached. For these reserve days, the coinsurance for the patient is equal to 1/2 of the inpatient hospital deductible, or \$630.00 per day. This \$630.00 a day applies to the full 60 day lifetime reserve.

Coinsurance for the patient in a Skilled Nursing Facility is \$157.50 a day for the twenty-first through the one hundredth day.

## PART B - PHYSICIAN INSURANCE - \$104.90 a month

Coinsurance for the patient having the Medicare Part B coverage is 20 per-cent of the remaining charges after the Medicare allowable payment and deductible has been satisfied.

2015  
MEDICARE  
DEDUCTIBLES  
Facts You Should Know About These Deductibles

## Open Enrollment in the marketplace

Open enrollment in the Marketplace began **November 15, 2014** and runs through **February 15, 2015**. Every year insurance companies will be making changes to premiums for the patients, benefits, and giving more choices to the enrollees. Your patients, as the consumer, will be shopping for health insurance coverage that is going to be the best affordable and gives them the coverage for their needs. The cost of the consumer's premiums are lower, there are more doctors to choose from and more services are offered. More can afford to have insurance coverage, but they are also faced with a higher deductible

It is going to be even more important for the front-end staff in your office to be verifying your patient's insurance coverage.

Data shows that nearly 85% of consumers who selected a Marketplace plan in 2014 did so with financial assistance.



### Worried about how ICD-10 will affect your revenue cycle?

The transition will affect more than the coding aspect of medical billing. AMS provides the tools, processes and services necessary to prepare your practice for a smooth transition.

**Call 1-800-336-3038** or email us at [info@acselmedical.com](mailto:info@acselmedical.com) for more information.



# Can you *Code* it...???

It is important to know the main body systems and understanding the components, the major combining form (medical terms) and their major function whether you are selecting a CPT or a diagnosis code. Let's continue with CARDIOVASCULAR System with a 2 part question which best describes the major combining form of this body system and what is the major functions of this system?

- A. Cardio, Arterio, Venio/Phlebo, Hemo/hemato - pumping blood through circulatory system.
- B. Cardio, Arterio, Hemo/Hemato - protection of the heart, arteries, and veins.
- C. Cardio, Arterio, Venio/Phlebo - bring blood into and back out of the heart chambers only.

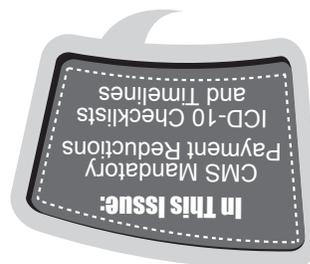
**LAST ISSUE'S ANSWERS:** Answer 'C'...Blood, Veins, Heart, Arteries.

Find us on the web: [www.acsel.org](http://www.acsel.org)



Since 1977, **AcSel Medical Solutions** has provided world class billing services throughout the U.S. to practices such as yours. Our seasoned staff of expert billing professionals is able to assist your practice in all aspects of the business of medicine, in all sub-specialties. AcSel is committed to competent, compliant processes that maximize our clients' cash flow.

**For more information, or to meet with one our consultants, call 800-336-3038**



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