



October 2016

2017 ICD-10 CODES EFFECTIVE 10/1/16: Flexibility ends!!!

More precise coding is required as the 12-month “after implementation” grace period comes to an end. Some claims were paid as long as you had indicated a diagnosis from the correct family of codes, even if it was an unspecified code. Those non-specific codes (usually ending in a 9) **may** not be payable any longer.

Remember there was a partial code freeze imposed years prior to the initial ICD-10 implementation in 2015, so now is the perfect time to purchase an updated, 2017 ICD-10 book to familiarize yourself with the new data sets and guidelines.

We will bill all charge slips you send us. If our system flags any of them indicating an unspecified code, we'll send it back to you with a notice that the diagnosis should be reviewed. Feel free to call us if you have any questions.

FRONT DESK NEWS: TIPS TO HELP YOU COLLECT COPAYS/DEDUCTIBLES FROM PATIENTS

It is recommended that you collect copay, coinsurance and deductible amounts BEFORE a patient is seen for a visit. We all know how uncomfortable it can be to ask patients for money. After you've verified the patient's amount payable, these terms might help make it a little easier to ask for payment:

- **Your deductible is the amount of money you must pay each year before your insurance company pays any claims.**
- **Your copayment or coinsurance is a fixed amount or percentage of covered services that you owe. Some policies have BOTH a copay and a coinsurance!**
- **If we accept your insurance, we are CONTRACTUALLY OBLIGATED to collect all copays, deductibles and co-insurances! We are therefore not allowed to waive these cost-sharing amounts.**
- **Your insurance company allows us to insist on payment at the time of service.**
- **When we don't collect the appropriate amounts, it can result in higher health care costs for everyone.**

Remember, your office is entitled to payment for the medical care rendered. A patient can't get a gallon of gas or a load of bread without making a payment – why should your provider be treated any differently?

SOCIAL SECURITY NUMBER REMOVAL INITIATIVE: Medicaid Identifiers will change

MACRA (The Medicare Access and CHIP Reauthorization Act of 2015) will not only change the way Medicare providers are reimbursed, but also requires CMS to remove Society Security numbers from all Medicare cards by April 2019.

A new, randomly generated Medicare Beneficiary identifier (MBI) will replace the SSN-based Health Insurance Claim Number (HICN) on new Medicare cards for transactions like billing, eligibility status, and claim status. Prepare for these changes by visiting the following webpages, which include information on the Transition period, Characteristics of the MBI and How to obtain the MBI:

<http://www.cms.gov/Medicare/SSNRI/Index.html>

<http://www.cms.gov/Medicare/SSNRI/Provicers/Providers.html>