



January 2017

NOTABLE CHANGES ARE OCCURING IN 2018

We at PPR hope you have had a safe and happy holiday season. Not surprisingly 2018 will bring some changes to the medical field with regards to the revenue cycle. As you've come to expect, PPR is committed to making sure that all claims are paid promptly and accurately.

As you know, Medicare is taking steps to remove Social Security numbers from Medicare cards beginning in April 2018. Our advice is that you prepare for this change by signing up for the CMS provider website weekly MLN Connects newsletter. Go to the CMS provider website (<https://www.cms.gov/medicare/new-medicare-card/nmc-home.html>) to sign up for their weekly MLN Connects newsletter. CMS will also announce quarterly information calls in the MLN Connects newsletter.

Additionally, it is important to remember that the Blue Cross Blue Shield Association will begin assigning new alpha numeric prefixes in April 2018. You will see either a three-digit alpha or three-digit alpha numeric prefix on a member's ID card.

These changes in patient identification and claims reporting make it vital that front desk staff collect each patient's most recent insurance ID card. As always the PPR system has been programmed and updated so that you can be confident your claims will be submitted properly.

Post operative visits are now required to be reported in many states. Many physicians perform post operative visits, but do not report the 99024 to the carrier because it is not separately payable and will be reimbursed at \$0.00. It is important to report this because Medicare takes this into account when determining total fees for surgical procedures. It benefits physicians in the long term for Medicare to understand the full scope of care required. However, you should be aware that the post-op visit is included in the fee for the surgery itself. It's vital that physicians be reimbursed for all the care they provide, and reporting this procedure helps to more accurately price the surgery itself.

CODING CHANGES

During the month of January we will be reviewing the procedure codes that you billed in 2017 to notify you of any changes coming in 2018. We also recommend that you review your procedure codes on your own to minimize any delay in payment.

We will also notify you of any denials that you receive in diagnosis codes. As you know, the unspecified diagnosis codes are becoming non payable by carriers. To prevent delays or denials please use the most specific code that you can when submitting charges.

And remember, we're here to help *you*. Don't hesitate to call at any time for any reason.