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Reporting MVA & WC Injuries at the Same Time as Unrelated Health Issues

Does your practice see patients that present with injuries related to a Worker's Comp incident or an MVA, and also treat those patients for other health care issues?

If you are, make sure you are following the documentation guidelines and federal privacy law guidelines when you see these patients.

If all you treat is the WC or MVA injury, the documentation is usually not problematic. The encounter is billed to the carrier, and must be accompanied by the chart note.

Most business offices have processes in place that makes sure claims go to the correct carrier. Where the problem occurs is when the patient is seen for WC or MVA injuries and unrelated health issues at the same time and everything is documented in the same chart note.

For example, an orthopedist is caring for Mrs. Smith's arthritis in her hand, but today she presents with back injury related to a fall at work, and both problems are addressed in the context of the same visit.

The correct approach is to generate two separate bills and two separate notes – one for the arthritis care and one for the back injury.

The bill and chart note for the back injury will go to the patient worker's compensation carrier. The bill and chart note, if requested, by the carrier, will go to the patient's health insurance carrier.

This isn't a matter of "hiding" health information. It's a process of making sure the carrier only receives information to which it is entitled. If health information is relevant to the situation, it should certainly be included. But the patient's employer, who is receiving a chart note about her work injury, does not also need to be apprised of her ongoing infertility work-up. Sounds far-fetched? That's an actual story.

Sometimes, this information exchange can be inadvertent. A provider can make a conscious effort to separate the two situations by writing two separate notes. But then the EHR automatically includes the patient's problem list or med list, and this may contain unrelated health information.

Bottom line: if treating both MVA/WC and unrelated health issues, be extremely careful with both your billing and your documentation processes.

Updates:

- **Reporting the Professional Component for Diagnostic Tests**

In the previous issue, we covered Medicare's new guidelines for reporting the professional component of diagnostic tests. In mid-February, Medicare rescinded those new guidelines until further notice. While they postponed the guidelines, they did not offer any revisions in its place, so more information will be forthcoming.

- **The Latest Word on Medicare's Conversion Factor**

On Thursday, the House of Representative voted to stall the 21%+ decrease in the Medicare conversion factor. This is part of the Temporary Extension bill which also extends temporarily both unemployment and COBRA benefits. It is now waiting Senate approval. Don't take a deep breath yet. First of all, the bill only provides a 4 week reprieve: the conversion factor cut would now be scheduled to occur on March 28, 2010. Second, to avoid payment confusion, Medicare has announced it will be holding all claims for the first 10 working days of March.

Workers' Compensation Corner:

CONTROVERSIAL CHSWC PROPOSALS AFFECTING MEDICAL W/C PROVIDERS HAS INDUSTRY RATTLED

An alarming proposal to reinstate the \$100 lien-filing fee which existed briefly several years ago is but one of several insurance-friendly ideas being discussed in Sacramento, and that has California medical providers worried. The proposal, apparently developed by the Commission on Health and Safety and Workers Compensation (CHSWC), would also make it harder for medical providers to prevail on their liens unless their treatment was specifically authorized by the employer, or they were provided during a certain window period, or for emergency medical care. Additionally, if the wording of liens does not conform to very specific guidelines, the lien would be deemed invalid. There would also be a tightening up of time statutes so that all medical liens would have to be filed within one year from the date the services would be provided. The ability to file liens on older dates of service would be erased. The controversial proposals would demote liens and other medical or medical/legal billing issues by removing them from the WCAB, and placing liens under the Medical Unit of the DWC. There would be no live testimony or hearing permitted. Critics of the dramatic proposals consider them a major assault on medical provider lien claimants. Although these business/insurance oriented proposals are not yet law, their passage could have considerable impact on the entire industry.

Although most of the attention has been focused on the contentious issues regarding lien claimants, there were also proposals to amend Labor Code Section 4062.2 to require all Agreed Medical Evaluators (AMEs) to be Qualified Medical Evaluators (QMEs). Other proposals by the CHSWC include overturning the February 2009 en banc WCAB decisions in Almaraz-Guzman and Ogilvie.

Additionally, other proposals would dramatically reduce reimbursement to ambulatory surgery centers.

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