

*"A solution for the Medical Industry"*

Electronic Medical Records | Medical Billing | Practice Management | Physician Recruitment | Credentialing

March 5, 2013

### **Novitas - Correct Usage of the EDI Fax Cover Sheet**

A reminder to practices, the Electronic Data Interchange (EDI) Fax Cover Sheet is not to be used when faxing documents for Provider Enrollment. The EDI Fax Cover Sheet should only be used to fax general correspondence to the EDI Department. Using the EDI Fax Cover Sheet with Provider Enrollment documentation will miss-route your fax to the EDI Department. This may result in longer processing times and delays for you.

Source: MSD

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### **Addressing Payer Overpayment Recovery Issues**

Physician practices frequently have to deal with allegations that they have received overpayments from commercial and governmental payers. Attempting to determine the validity of alleged overpayments can divert significant time from direct patient care, which results in lost practice revenue. All too frequently, overpayment demands are made in the most general terms; the practice is not given the specific information such as dates of service, patient names, or individual claims which would enable the practice to determine independently the validity of the demand.

Overpayment demands may also be intimidating, particularly when the amounts alleged are significant. Such amounts are frequently the result of "extrapolated" audits. Sizable demands may also reflect a payer's contention that alleged overpayments have been occurring over many years. The American Medical Association (AMA) has created "Questions to consider when addressing payer overpayment recovery requests on individual claims" at <http://tinyurl.com/amaoverpayment> to help you handle overpayment recovery issues.

Source: MSD

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### **New Evaluation and Management Codes**

There are now 2 new Evaluation and Management codes - They are called transitional care management service codes **99495** and **99496**

They are referred to as TCM codes or transitional care management. CMS will pay physicians and "qualified non-physician practitioners" for TCM services in the 30 days after a Medicare beneficiary leaves a hospital, skilled nursing facility, or community mental health center partial hospitalization program. The Final Rule adopts 2 new CPT codes for TCM. Each requires contacting the patient within 2 business days of discharge; a face-to-face visit within 14 or 7 calendar days; moderate or highly complex medical decision-making; and detailed care coordination activities. One provider - usually a primary care provider, but a specialist, when appropriate -- can bill the service, per

patient per discharge. Nurse practitioners, clinical nurse specialists, and certified nurse midwives are specifically authorized to use these codes. The Final Rule states "As for non-physician qualified health care professionals, only NPs, PAs, CNSs, and certified nurse midwives (CNMs) can furnish the full range of E/M [evaluation and management] services and complete medical management of a patient under their Medicare benefit to the limit of their state scope of practice."

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## Medical Policy Updates – Summary

*Highmark Blue Cross Blue Shield Delaware is committed to keeping you informed of updates to our medical policies. This Provider Medical Policies Update includes information regarding new or updated medical and behavioral health policies, which reflect changes in medical technology, criteria for approving or denying services in various policies, and federal or Delaware medical policy requirements. Usually sent every other month, we will also send you this update whenever there is important, time-sensitive policy information to convey.*

*For more information on all of Highmark Delaware’s medical policies, including those outlined below, please visit the Providers section of [highmarkbcbdsde.com](http://highmarkbcbdsde.com) and click on “Medical/Pre-Authorization Policies.”*

The **updated** policies listed below were effective February 2013.

- **7.01.S-188 Alcohol Induced Septal Ablation (AISA)**
- **2.01.25 Male Sexual Dysfunction**
- **5.01.I-94 Intravitreal Injections**
- **10.01.Z-24 Miscellaneous Services**
- **11.01.L-91 Multi-gene Expression Assay for Predicting Recurrence in Colon Cancer**
- **7.01.82 Surgical Treatment of Varicosities**
- **5.01.09 Human Growth Hormone (HGH) Therapy for Children and Adults**
- **7.01.42 Percutaneous Intracranial and Extracranial Balloon Angioplasty With or Without Stenting**
- **7.01.07 Bone Growth Stimulation**

If you have any questions, please contact our Provider Service Department at **1-800-346-6262**.

Source: Highmark Blue Cross Blue Shield Delaware

### About United Medical, LLC

Founded in November 2005 by Kemal Erkan, United Medical is a turnkey solution for the medical industry. Our mission is to raise the standards expected by today's physicians and practice groups; striving to increase the profitability for their practice while supplying state of the art technology for flawless patient care.

*“We aim to change the behavior of patients, insurance companies, government policy, physicians, hospitals and health systems.”*

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