KLA HEALTHCARE CONSULTANTS

YOUR PRESCRIPTION FOR A FISCALLY FIT PRACTICE.

If you're having trouble viewing this email, you may see it online.

Share This:

In This Issue:

Red Flag Rules Effective June 1

Physician offices have received several reprieves from implementation of the Red Flag Rules; but time may have run out.

As the law stands now, your practice must be in compliance with the law beginning June 1.

What does this mean? Basically, by June 1 your practice needs a **written program** to help spot "red flags", the warning signs of identity theft.

For more information on what this means to you, begin at the FTC site: http://www.ftc.gov/bcp/edu/pubs/articles/art11.shtm.

If you don't have a written program, the FTC provide a template for creating a program at: http://www.ftc.gov/bcp/edu/microsites/redflagsrule/diy-template.shtm.

The American Medical Association also offers a sample policy that may be found on its Red Flag Rules page.

At the absolute minimum, beginning June 1 ensure that you have a picture i.d. on every patient that presents for treatment in your office. This is already a requirement for most Medicaid plans.

A lawsuit was filed in federal court on May 21st by the

American Medical Association, The American Osteopathic Association and The Medical Society of the District of Columbia seeking to exempt medical practices from the Red Flag Rules. For more information on the lawsuit visit:

http://www.ama-assn.org/ama/pub/news/news/lawsuit-red-flags-rule.shtml.

Coding for Nosebleed Treatments

A patient presents with a nosebleed. Are you capturing all reimbursable codes?

If standard methods such as tilting the head, icing, etc. are followed, you would bill for an evaluation and management service only.

But, if the patient presents to the office or ED, he has likely already tried these methods.

If to stop a SIMPLE nosebleed, you:

- packed the nose,
- cauterized a vessel as with a silver nitrate stick, or
- used a nose spray to anesthetize or shrink nasal mucosa,

you may bill CPT code 30901 and collect $50 or more from most carriers. Be sure to document what was done to stop the nosebleed.

The diagnosis for the nosebleed is 784.7, epistaxis.

Some payors may also pay for surgical trays, A4550. But others will include the surgical tray as included in 30901.

If a seperate evaluation and management service was performed to evaluate the patient, code that as well. Append modifier -25. Unless the patient is a new patient

to your office practice, the diagnosis should relate to an evaluation other than nosebleed? For example, was dizziness a concern? Out of control hypertension?

If the nosebleed is a result of an accident, a fight, etc., remember to include the E Codes to tell the entire story to your insurance carrier.

Congress Still Struggling With SGR Delay

As Congress approaches the Memorial Day recess, legislation remains unpassed to extend unemployment benefits and prevent the June 1 SGR mandated slash in Medicare payments to providers of more than 20%.

As fiscal conservatives seek measures to pay for the bill, Democrats continue seeking to rally enough votes to pass the bill under emergency procedures. Shortening the delay of SGR cuts from 3 1/2 years to 2 years is a likely compromise.

For more details, visit Kaiser Health News.

KLA Healthcare Consultants
6890 Hillshire #9
Memphis, Tennessee 38133
Phone: 888.325.1691 | Fax: 888.325.1692
www.klahealthcare.com

Follow Us: Twitter » Facebook » RSS Feed »