



OSMA News Now

The Latest News, Views, Updates, and Information for Physicians
from the Oklahoma State Medical Association

May 16, 2008

Legislative Update

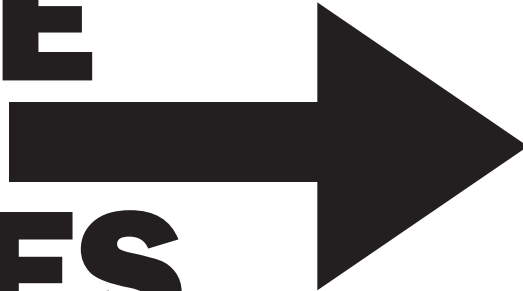
With only one week of the 2008 Legislative Session left, it is a very busy time.

Here is what happened this week.

SB 1577, by Senator Rice, allows Anesthesiology Assistants to practice in Oklahoma. This bill was supported by the Oklahoma State Medical Association and signed into law by the Governor this week. OSMA supported this bill because Anesthesiology Assistants would fall under the direct supervision of an Anesthesiologist, they would be regulated by the Medical Licensure Board, they would be required to carry malpractice insurance, and there is no scope of practice encroachment.

SB 2007, by Senator Nichols, is the fact witness legislation. It would allow for someone who is called as a fact witness to properly compensated. SB 2007 was signed into law this week by the Governor and OSAM supported this bill.

**SAVE
THE
DATES**



Board of Trustees Meeting Dates

Saturday, August 23, 2008

Board Retreat and Board Meeting
9:00 a.m. - 3:00 p.m.
OSMA Headquarters

Sunday, November 16, 2008

1:00 p.m.
Tulsa County Medical Society

Sunday, February 8, 2009

1:00 p.m.
OSMA Headquarters

AARP Oklahoma

Cordially invites you to a symposium on health care and long term financial security

9:30 a.m. to 12 p.m. • Wednesday, June 4, 2008

Meinders School of Business, Oklahoma City University
2501 North Blackwelder, Oklahoma City, Oklahoma

Keynote Address:

Dr. David Satcher
Former Surgeon General of the United States

Seating is limited. Please RSVP to 715-4473

NPI News for Medicare FFS Providers

May 23rd is Days Away – Are you Prepared?

As of May 23, Medicare FFS will require and send NPI-Only in ALL provider identifier fields for all HIPAA and paper transactions where a provider identifier is required. **If you send Medicare a transaction with a Medicare legacy identifier in any of the provider fields, your claim will be rejected.** These transactions include all electronic and paper claims (837I, 837P, NCPDP, DDE and paper CMS-1500 and UB-04), the 276/277 claims status transaction, the 270/271 eligibility transaction, 835 remittance advice and SPR paper remittance.

If your billing software is set up to continue to send both the NPI and the legacy identifier, and your clearinghouse or billing service will not be stripping the legacy identifier from your claim as of May 23rd, the responsibility falls to the provider to send in the Medicare claim with NPI-only, i.e., NO legacy identifiers.

Here is what CMS suggests to help physicians prepare:

- Test a small batch of claims using the NPI only. If billing is done through a billing service or clearinghouse, work with them to arrange the test batch.
- If the claims go through, continue to increase the volume of NPI-only claims in advance of the deadline.
- If the claims are rejected, call the National Plan and Provider Enumeration System (800-465-3203) to check if the information on the claims matches what is in the system. Update the system if needed and resend the rejected claims after three to four days.
- If the information matches, but the claim is not paid, call the appropriate carrier's customer service number to see if Medicare enrollment data need to be changed to match the NPI.
- Obtain NPIs for all referring professionals for inclusion in the secondary provider identifier fields on claims. Starting May 23, if several attempts to obtain these numbers have failed, report the primary physician's name and NPI in the secondary provider identifier field.

NPIs for Secondary Providers

If the entity that is required to be identified in the secondary provider field (i.e., the ordering/referring/attending/operating/supervising/purchased service/other/service facility provider or prescriber) does not furnish an NPI, the billing provider must attempt to obtain that NPI in order to enter it on the claim. The billing provider may use the NPI Registry (<https://nppes.cms.hhs.gov/NPPES/NPIRegistryHome.do>) to obtain the secondary provider's NPI or it may need to directly contact the ordering/referring/attending/operating/supervising/purchased service/other/service facility or prescriber in order to obtain the NPI.

- If the billing provider has exhausted all possibilities of finding the NPI of the ordering/referring/attending/operating/supervising/purchased service/other or prescriber, Medicare FFS is permitting the billing provider (in the X12N 837 transactions) or the service provider (in the NCPDP 5.1 transaction) to use their own NPI as the identifier for those secondary providers. Medicare will reject claims if Medicare policy requires a secondary identifier and there is no NPI present.
- For service facility location loop, if the billing provider is still unable to obtain the NPI of the entity, no identifier should be reported in that loop.

New FAQ Available Regarding Use of an NPI in the Prescriber ID field on NCPDP Transactions

View this FAQ at <http://questions.cms.hhs.gov>

Transcript for April 17th NPI Roundtable Now Available

2008 Oklahoma State Medical Association
and Oklahoma County Medical Society

TrailBlazer Workshop

**On March 1st Medicare Claims Processing for Oklahoma transitioned to TrailBlazer.
Stress no more! Your questions and issues will be answered at this workshop.**

Do you want to receive 2 hours* of CME?

**This Will Be THE Workshop To Attend Specifically Targeting
Oklahoma Physicians & Their Senior Practice Managers.**

June 18, 2008 • Home Builders 625 NW Grand Blvd, OKC

- AGENDA -

5:00 p.m. - 5:30 p.m.

RECEPTION HONORING DEBRA PATTERSON, MD

Medicare Contractor Medical Director, TrailBlazer Health Enterprises, LLC

5:30 p.m. - 6:00 p.m.

Buffet Dinner Served

*Tossed Green Salad with Dressings
Southern Style Fried Chicken
Mashed Potatoes/Gravy
Fresh Cream Corn
Homemade Rolls
Variety of Desserts
Ice Tea, Coffee and Water*

6:00 p.m. - 7:30 p.m.

"TrailBlazer Workshop"

Speaker: Debra Patterson, MD

- Lead Medical Director for TrailBlazer Medical Review and Provider Education Activities
- Lead Medical Director for policy activities related to Ambulance Services, Evaluation and Management, Anesthesia, Cardiology, Allergy and Immunology, Ophthalmology, Podiatry Services, and Chiropractic Services.
- Oversight of CMD/Medical Policy department Quality Management and Performance Measurement/Reporting/Management Controls
- Management duties for TrailBlazer Medical Policy staff

Moderator: Ken King, OSMA Executive Director

Target Audience

All Oklahoma Physicians and their Senior Practice Manager

Objectives

At the end of this presentation, participants will:

- Describe various Medicare rules and instructions and policies
- Apply principles of medical necessity to Medicare billing
- Educate Providers in TrailBlazer's approach to medical review, both manual and automated, of Medicare claims

7:30 p.m. - 8:00 p.m.

Question and Answer Session

Speaker Disclosure

Debra Patterson, MD is the Medicare Contractor Medical Director for TrailBlazer Health Enterprises, LLC and provides educational activities for Providers

REGISTRATION FORM

The workshop cost is \$25 for OSMA Members and their practice manager and \$50 for all OSMA Non-Members and their practice manager.

After completing this form, please mail or fax to: TrailBlazer Reception/Workshop, OSMA, 601 NW Grand Boulevard, Oklahoma City, Oklahoma, 73118. Phone: 405-843-9571 or 800-522-9452 Fax: 405-842-1834 (please mail payment with registration). Contact Sandy Deeba at the OSMA for further questions.

\$25 OSMA Member/Practice Manager \$50 OSMA Non-Member/Practice Manager

(Please Print)

Name: _____

Telephone: _____ Fax: _____

E-mail: _____

Address: _____

City: _____ State: _____ Zip: _____

PAYMENT

TOTAL DUE: _____

Check Included

Credit Card

VISA MASTERCARD AMEX DISCOVER

Credit Card number: _____

Expiration: _____ 3-digit Card Code: _____

Signature: _____

Must receive registration by 5:00pm on June 16th, 2008.

CANCELLATION POLICY: Attendance cancellation must be made 5 business days in advance to receive refund.

Objectives:

1. Describe various Medicare rules and instructions and policies
2. Apply principles of medical necessity to Medicare billing
3. Educate Providers in TrailBlazer's approach to medical review, both annual and automated, of Medicare claims

*This activity has been planned and implemented in accordance with the essential Areas and Policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint sponsorship of the Oklahoma State Medical Association (OSMA) and the Oklahoma County Medical Society (OCMS). The Oklahoma State Medical Association (OSMA) is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to sponsor continuing medical education for physicians.

OSMA designates this educational activity for a maximum of 2 AMA PRA Category 1 Credits™. Physicians should only claim credit commensurate with the extent of their participation in the activity.