



Quote of the Quarter

ICD-10

What is ICD-10?

It is the medical industry abbreviation of International Classification of Diseases and the 10 represent the revision number by the World Health Organization. Simply put, it is a diagnosis code the doctor or hospital use on medical bills.

ICD-10 is a major change in medical coding in the US that will effect everyone.

It is replacing our old ICD-9 coding system to get us caught up with the rest of the word.

Implementation has been in the works for years. The Health and Human Services (HHS) published a final rule in 2009 for adaptation and planned to adopt ICD-10 with effective date of October 1st 2013. On September 2012 HHS issued a change in compliance implementation to October 1st 2014. On April 2014 Congress passed a Protecting Access to Medicare Act of 2014. This law was passed to address another nagging problem in Medicare, that is the doctor's pay cut called the Sustainable Growth Rate. A testament for our patching up legislation, the bill only pushed back the doctor's pay-cut for another year.

Included in this bill is the postponement of ICD-10 implementation. After all these delays HHS issues a new implementation date of October 1, 2015.

Finally after three years of delays and much anxiety from the medical and insurance community we have joined the rest of the word with our medical coding.

There are 68,069 ICD-10 codes, comparing with the previous version ICD-9 codes that were 14,025. ICD 10 is almost 6 times as many codes as ICD 9. The difference is in the details. The codes are more detailed, therefore provides more information about a specific illness.

Why is it important for you?

All medical bills starting in October 1st must have ICD-10 codes. If your doctor or hospital still use the old coding (ICD-9) your claims will be denied by your

insurance company. This includes all health insurances, Medicare and Medicaid.

Lets look at a diagnosis of diabetes. This medical condition had 40 codes under ICD-9 coding. With the ICD-10 coding there are more than 100 codes. For example the code E08.21 Diabetes mellitus due to underlying condition with diabetic nephropathy.

The code for a routine physical used to be V70.0 Routine general medical examination at a health care facility. The new code is Z00.00 Encounter for general adult medical examination without abnormal findings.

As you can tell the code provides more information. This example is defining the service that is paid first dollar (no deductible, no cost share) preventive medical care paid by all Affordable Care Act compliant policies.

The new codes are forcing doctors and hospitals to be very specific and detailed with diagnosing medical conditions. This specificity also allows the entire medical industry to better track medical conditions and cost of care. There is hope that the more detailed codes will reduce a need for additional information requests and delayed paperwork which will speed up claims processing and payments.

In practice, I foresee a rocky road for the first 6-12 month of the implementation for ICD-10. The provider networks will have hard time adjusting to the new codes, while the insurance company's automated processing will have bugs. During this time, there will be a large number of claims unjustly denied that at very least will delay payments. As such, patients, who are not at fault, will have hard time convincing both the providers and the insurance companies to correct their mistakes.

While most regulations are suppose to make claim processing simpler, and some of them do, the ICD-10 will make claim processing more complicated.

Quote Dr. Marks, a former president of the Connecticut Orthopaedic Society

"The number of codes is exploding. On Oct. 1, we will be speaking a new language. It's like switching to German, after speaking English for 30 years."

Medicare Open Enrollment

Medicare open enrollment is an annual occurrence when changes in Medicare benefits structure can be made.

Starting on October 15 and ends on December 7.

These are the options:

- From Medicare Advantage Plan to Original Medicare
- From Original Medicare to a Medicare Advantage Plan
- Switch from one Medicare Advantage plan to another
- Join a Medicare Prescription plan
- Switch from one Prescription plan to another
- Drop Medicare Prescription plan

Starting on January 1 and ends of February 14

Medicare Advantage Disenrollment Period

- Leave a Medicare Advantage Plan and return to original Medicare
- During this time you can also add a Medicare Prescription Drug plan

If you are in original Medicare and have a decent Medicare supplement plan it is a good idea to keep it. However the Prescription plans are changing every year. There is a good chance that your present prescription plan already sent you a letter noting

rate increase, deductible increase and perhaps elimination of certain drugs from the Formulary.

It is easy to do nothing, but it may be costly. It is a good idea to check your prescriptions and see the changes your plan is making. There is a premium increase nationwide, so cost increase should not be the only deciding factor. You need look at the details.

- Are my present drugs are still in the new formulary?
- Did the Tier designation changed?
- Will the plan increase my deductible?
- Do I need more administration, such as prior approvals?
- Will I have more limitation on the number of pills or mandatory mail order?
- Will my co-pay increase?

Part of your research can be done at www.medicare.gov. However, caution should used because information provided by the website is not always accurate. Once a desired plan is chosen you should look at the plan's website and verify the always important details. There are times when a phone call is necessary to further understand plan details and options.

Definitions:

ICD-10: International Classification of Diseases 10th edition

HHS: Health and Human Services

EOB: Explanation of Benefits – the official health insurance notification of benefits explanation

Tier: Tier is a reference to the group of drugs assigned to each category. For example tier 1 is the least expensive generic drug

MedBillsAssist

Legal Issues or I was is in Trouble this Time?

I paid my August health insurance premium on time as usual. Unfortunately this time I had a case of "happy fingers". I call happy fingers when there is a minor error created by typing.

It turns out that I had underpaid my premium by 8 cents. About a week later I have received a letter from my insurance company telling me that unless I pay-up they are going to terminate my coverage. Using online banking I responded promptly with the additional payment. The only wrinkle here is that my online banking does not allow payments under \$1. so, I sent my insurance company a payment of \$1.08.

That in return generated another letter. Now I have overpaid my premium.

With my September premium I was not going to take any chances and sent a full and correct payment to my insurance.

About 60 days later my medical insurance company graciously refunded my \$1 overpayment.

I am wondering if I should send them a letter requesting interest on my \$1 overpayment. After all they kept my overpayment for 60 days.

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We work with claims in collection or track and resolve claim problems for the entire family.

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