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Indianapolis Medical Management

7330 Shadeland Station, Ste 200
Indianapolis, IN 46256

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IMM Contacts

Leisa Hills <i>Executive Director, IMM</i>	621-7318
Dave Mooney <i>Senior Director of Finance</i>	621-7494
Sue Gabriel <i>Administrative Assistant</i>	621-7187

Business Consultants

Debbie Bopp	621-7196
Tim Gee	621-9580
Lindsay Gross	621-7738
Anita Huse	621-4090
Linda Hutchens, <i>Director</i>	621-9772
Jason Keller, <i>Director</i>	621-9750
Kathleen McAllen, <i>Director</i>	621-7460
Amy Miller	621-7790
Ellen Stancil	621-9374
Betsy Walter	621-9361
Richard Zenor	621-5139

Billing and Coding Consultants

Amy Dempsey	621-1536
Stracy Faulkner	621-1537
Jan Hooker	621-1644
Carol Hoppe, <i>Director</i>	621-7555
Kathy Mills	621-1889
Judy Odom	621-1645
Pat Schmitter	621-7187
Michelle Trandel	621-9743

IMM Billing Service

Traci Snider	621-7528
Rhonda Williamson	621-7527

Regulatory Compliance

Brenda Chapelle	621-9782
Joanne Komari	621-9797
Beth Wilhelm	621-9751

One-Time PECOS Notification

The Centers for Medicare & Medicaid Services (CMS) has announced that contractors shall send a one-time solicitation letter to every physician and non-physician practitioner who is currently active in Medicare but who does not have an established enrollment record in the Provider Enrollment, Chain and Ownership System (PECOS). Medicare contractors will conduct targeted outreach to ensure that all physicians and non-physician practitioners who are billing Medicare understand their Medicare enrollment and reporting responsibilities to maintain their active enrollment status and ensure they are eligible for future Medicare initiatives and incentives. **Contractors shall complete this one-time mailing no later than June 28, 2010.** Physicians and NPPs not currently enrolled in PECOS or who have not updated their enrollment record since 2003 should enroll as soon as possible. Contractors are awaiting instruction from CMS as to the implementation date of the ordering/referring provider edits.

For more information, the complete transmittal can be found at:
<http://www.cms.gov/transmittals/downloads/R712OTN.pdf>

For questions or concerns, please contact your Billing and Coding Consultant.

Updated Medicare Physician Fee Schedule

As some of you may already be aware, Medicare announced that there would be a reduction in the conversion factor **retroactive to the beginning of 2010**.

Per CMS Transmittal 700 you will be paid slightly less for your services for the remainder of 2010 because CMS reduced the conversion factor used to calculate your payments by half a penny to \$36.0791 as a result of several updates to the 2010 Medicare Physician Fee Schedule. The updates include practice expense geographic price cost index (PE-GPCI) changes affecting practices in low-cost areas called for in the new health care reform law. CMS has not yet indicated how it will account for the retroactive fee schedule change and claims paid at the higher conversion factor rate this year. Once payers receive the final go ahead from CMS they will then have three weeks to pay your claims using the new rate.

Other adjustments to the Medicare fee schedule as a result of PPACA (Patient Protection and Affordable Care Act) include:

- Extension of the work geographic price index (GPCI) floor of 1.0 through 2010 and extension of the mental health add-on through 2010. The add-on increases payments for psychiatric services by 5%.
- Extension of therapy cap exceptions through the end of the year.

While the transmittal indicates that we should expect to be “paid slightly less for your services,” in fact **in the state of Indiana, the effect is actually an increase**. This is due to increases in both the GPCI for work RVU and practice expense RVU. The increase to the physician fee schedule is **2.6% overall** (ranging from a 1.8% to 4.6% increase on an individual CPT basis).

Local practices have reported seeing this increase as of May 18, 2010. Remember this change is retroactive to January 1, 2010.

The updated fee schedule can be found at:

<http://www.ngsmedicare.com/content.aspx?CatID=2&DOCID=20817>.

If you have any questions please contact Jason Keller at 621-9750.