

for your Medisoft Patient Accounting Program – October 2006

**From: Integrated Health Care**

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**Attention Medisoft Version 11 Users**

Medisoft Version 11 Service Pack 2 users are currently experiencing an issue when running the Recalculate Unapplied Payments utility within the File Maintenance program. If this utility is run, all payments will appear as unapplied payments when viewed within Transaction Entry or the Quick Ledger.

**Medisoft has created a new version of File Maintenance that will correct this issue. This version is available for download from our website.**

Please visit our downloads page at [www.ihctech.com](http://www.ihctech.com).

**NPI and what it means to you**

- Version 11 users will get **Service Pack 3 in December 2006** to make their system NPI compliant.

New Claim Forms:

- The Form HCFA-1500 has been revised to CMS-1500 to accommodate reporting of the National Provider Identifier (NPI). The change log which lists the various changes made to the Form CMS-1500 (08-05) version can be viewed at the NUCC Website at [http://www.nucc.org/images/stories/PDF/change\\_log.pdf](http://www.nucc.org/images/stories/PDF/change_log.pdf)
- The Form CMS-1500 (08-05) version will be effective January 2007, but will not be mandated for use until April 2, 2007.
- Electronic claims will require the NPI number beginning May 23, 2007.

**If your Medisoft is Version 10 or lower,  
you will be required to upgrade to version 11 or 12.  
Please call our sales department for upgrade pricing information.**

**Taste of Version 12**

We are to get pricing and more features soon!

Here are some items we have been told to look forward to:

- Version 12 will require Advantage version 8 - this will increase the speed of the program
- All the Standard Reports (from the Reports drop down) have been moved to a Crystal environment - this will increase the speed and export options
- New Reports (Advanced and Network Professional): Patients by Insurance, Procedure and Diagnosis
- Missed Copay Tracking Report
- Hide your inactive items: Patients, Providers, Referring Providers, etc
- Final Draft is included with Medisoft for Advanced and Network Professional Users
- Auditing Improvements
- Workflow Improvements: from Transaction Entry to Claims

**2007 ICD9 Codes began October 1, 2006**

There is no grace period for the use of the new ICD-9 codes  
The following CMS website provides a listing of invalid and new ICD-9 and procedure codes that will be effective as of 10/1/2006:

[http://www.cms.hhs.gov/ICD9ProviderDiagnosticCodes/07\\_summarytables.asp#T](http://www.cms.hhs.gov/ICD9ProviderDiagnosticCodes/07_summarytables.asp#T)

**Blue Cross Blue Shield Fee Schedules**

Providers can request fees by downloading the Fee Schedule Request Form at this website:  
[www.bcbsil.com/provider/forms.htm](http://www.bcbsil.com/provider/forms.htm)

**Helpful Medicare Info**

HOW CAN YOU RECOGNIZE A SERVICE THAT IS ALWAYS "BUNDLED?"

**One of the most common denials for a new provider's claims is for bundled services. One easy way to check if the service you bill is always bundled is to refer to the Medicare Physician Fee Schedule Database (MPFSDB), also known as the National Physician Fee Schedule Relative Value File. You can view it on the Centers for Medicare & Medicaid Services Website at the following address:**

<http://www.cms.hhs.gov/PhysicianFeeSched/PFSRVF/list.asp#TopOfPage>

The MPFSDB Status Code column contains a letter "B" when the code is always bundled. A bundled service means payment for covered services are always included into payment for other services not specified.

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