

FASTEMC NEWS

December 2012



Happy Holidays and Best Wishes for a New Year from all of us at FastEMC.

It has certainly been a hectic but rewarding year and we thank our customers for their patience as we got them all squared away with ANSI 5010 changes. Things are running smoothly these days, but we are not snoozing around here. We are working on some new features and products that we hope you will like. Best Wishes and Good Health to all of our FastEMC friends and family from the FastEMC staff.

Being Prepared for the Transition to ICD 10 Codes

ICD-10 is coming – Plan Ahead

Hopefully you have heard about the upcoming transition to ICD-10.

First, what is ICD-9 and ICD-10? ICD-9 codes are the diagnosis codes currently in use on claims throughout the insurance system in the US. The codes are being discontinued and replaced with ICD-10 codes by Oct. 2014. Testing may start with some Payers as early as Oct. 2013. The ICD-10 code change has already been completed in much of the world, we are one of the last holdouts. This will not go away, so prepare now.

What does ICD-10 mean to your practice?

The entire diagnosis code setup used in your practice must be reviewed. The coders will need to learn a new way to code a claim, choosing from the new codes. It is not as easy as just changing one code for another. The changes are drastic for some specialties. For example, one current code may need to be replaced with multiple new codes. Or multiple current codes are combined into one code. Some codes are gone

and not replaced. Of course there are also new codes that did not exist before. It is up to the coders in your practice to learn and investigate so they are ready for the changes.

Is FastEMC ready?

FastEMC already has the correct logic in place to make this transition. We have included the full new ICD-10 data set in the current installation and will provide the GEMS table connections to help converting your currently used diagnosis codes to the new table.

I am sure you are all aware of the initial question as a claim is entered indicating if the claim will be ICD-10 or not? During the next year you will get more information about how to get your ICD-10 codes setup and we will have some webinars to that end. But we want to be clear that our job is to provide the software you need and make sure it all works as it should. FastEMC cannot advise you on what diagnoses codes should be used or how to code your claims in the new system. Please read and

attend any training offered by your Associations or Payers and review your office procedures to make sure you have everything in place. I am sure testing for the ICD-10 claims will commence sometime before the dead line approaches and may be different for each carrier. This will affect your practice, so please do not wait until the deadline has passed. Stay on top of the information and be sure you read and understand this as it is discussed in the trade media.

Final Note:

As we saw with the ANSI-5010 changes, there will certainly be some disruptions in the claims processing at the clearinghouses and payers. This can affect your cash flow significantly so please keep on top of developments, do the training and research necessary to be ready and sock away a few dollars just in case.

Helpful Tips from the Support Department

- ⇒ Medicare is rejecting claims with an error message that indicates: "Patient Name/ID not matching" or "Too many spaces between name". This will happen when a value is entered in GEN that is not part of the patient's name. The GEN field is used for a generation suffix on a name, i.e. I, II, III, IV, SR and JR. It must appear as part of the patient name on their Insurance card or it should be blank. This new edit went into effect recently and if you get a rejection, double check the values in the GEN field.
- ⇒ Some new CPT Procedure Codes go into effect on January 1, 2013 for some specialties. This is never a problem, the FastEMC system allows CPT codes to be added into FastEMC as you add a claim, or they can be added directly into the Procedure Data using the option on the Maintenance Menu. We do not manage the CPT database that you use.
- ⇒ A new POS code will go into affect on 4/1/2013. 18-Place of Employment/Worksite. The FastEMC code list has been updated and will allow this new code as of the updates posted on 12/10/12. Please visit the CMS web site for more information on how and when to use this new code, if you provide services that might apply.

New Year Price Changes

FastEMC has seen our costs increase and have tried to keep our prices as low as possible, but we had to make some adjustments starting January 2013. We have too many items to list here but have shown the basic pricing on this list.

The price increases are for the subscription side of FastEMC and are not for the clearinghouse charges we currently re-bill for GHN-Online or RelayHealth. To help our clients save some money on this increase we will allow you to change your subscription to an annual subscription that will give you 12 months for the price of 11. An entire month free each year. Also this will fix your plan cost for one year. We will be able to change your current plan to the annual plan at any time during the next few months. Just let us know so we can change your subscription setup.

Most accounts will see a \$8 to \$15 a month increase in their basic subscription rate.

If your account is on AutoPay, then be sure you check the mail notification about the amount that will be charged to your credit card or checking for the Jan 2013 billing. Feel free to give us a call if you want to get the new monthly

balance or change to the annual pricing option and save money.

Again, these do not go into affect until Jan 2013. If your account is already an annual subscription, it will not change until your account is due to be renewed.

Package Name	Current Price Monthly	New Price Monthly	New Price Annual
HCFA DME Only **	\$39.95	\$44.50	\$489.50
HCFA Single Payer **	\$48.50	\$56.50	\$621.50
HCFA Basic Allpay **	\$68.50	\$76.50	\$841.50
UB Basic Allpay **	\$89.50	\$98.50	\$1,083.50
HCFA Total Cycle **	\$96.00	\$108.50	\$1,193.50
HCFA Download Add-On**	21.00	\$25.00	\$275.00
HCFA Basic w/RH 200 claims	\$68.50	\$86.50	\$951.50
HCFA Basic DME Add-On**	\$19.00	\$22.50	\$247.50

**These packages do not include Clearinghouse fees.