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February 2014

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
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2	3	4	5	6	7	8
9	10	11	12	13	14	15
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23	24	25	26	27	28	

Normal Business Hours

9:00am - 4:00pm Monday – Friday

At long last...

***IMS Experts
new website is here!***

Visit us at: <http://imsexperts.net/>

Medicare is now requiring ALL ordering physician's to register with PECOS. All Medicare claims will be denied if ordering Physician is not registered.

Physician registration link below:
<https://pecos.cms.hhs.gov/pecos/login.do>

In this issue: Latest News

- CMS Social Security Act Update
- TENS vs Pain Killers
- New Healthcare Reform
- Now offering DNA Testing
- Orthotics becoming trickier to bill

*****Attention providers please make sure that the RX is dated by the physician before sending order to IMS*****

See article below for details.

What's Bad for Pain Killers is good for TENS

by: [Liz Beaulieu](#) Tuesday, December 31, 2013

YARMOUTH, Maine – A recent recommendation by the U.S. Food and Drug Administration (FDA) could provide a big boost to the makers and providers of alternative pain management therapies like TENS.

Concerned about the abuse of narcotic painkillers, the FDA wants to reduce by half—to 90 days—the supply that patients can get without new prescriptions. The agency's move is no surprise to Ryan Moore, a physical therapist who is vice president of sales for Roscoe Medical's Pain Management Division.

"We've always had the mantra: We want to give pain relief without pills," he said.

There's no doubt pain management is a big business. The latest estimates: Nearly half of Americans (47%) report having at least one type of chronic condition and, seeking relief, they're spending about \$2.6 billion annually on over-the-counter pain medications.

The FDA's recommendation draws new attention to alternative pain management therapies—everything from TENS devices to laser therapy to braces to hot and cold packs, says Mariah Griffith, vice president of sales and marketing for BioMedical Life Systems.

"This is a huge market not being served by HME providers," she said.

With Medicare limiting coverage for prescription TENS devices, companies like Roscoe and BioMedical have expanded their offerings to include over-the-counter TENS devices, a prime retail opportunity for providers, they say.

"The whole industry is moving that way," Griffith said. "If reimbursement changes on one product, and you have a good diversity and have a retail offering, you're going to be in a good position."

Moore hopes this latest move to curb abuse of painkillers will be the push that shoves providers into alternative pain management products. Providers new to the market will want to focus on carrying a range of products featuring the latest technology, he says.

"The ones that are making it successful aren't going with their grandfather's TENS unit," he said. "It's the modern unit that's digital and easy to use."



Social Security

Official Social Security Website

Social Security Act Sections 1834(a)(11)(B) and 1861(s)(2)(K)(iii); Title 42 C.F.R. Section 410.38; CMS Manual System, Pub. 100-08, Medicare Program Integrity Manual, Chapter 5, Sections 5.2 & 5.3; Medicare Benefit Manual, Chapter 15, Section 30.5

The supplier for all durable medical equipment, prosthetics, orthotics and supplies (DMEPOS) is required to keep on file a physician prescription (order). A supplier must have an order from the treating physician before dispensing any DMEPOS item to a beneficiary.

The treating physician must sign and date the detailed written order.

Physician means any of the following entities legally authorized to practice by a State in which he/she provides their services. The services performed by a physician within these definitions are subject to any limitations posed by the State on the scope of practice.

- Doctor of medicine;
- Doctor of osteopathy (including osteopathic practitioner) - must be licensed to practice medicine and surgery;
- Doctor of dental surgery or dental medicine;
- Chiropractor (see below);
- Doctor of podiatric medicine; and
- Doctor of optometry.

The term physician does not include practitioners such as a Christian Science practitioner or naturopath. There is no Medicare benefit for DMEPOS items ordered by these entities.

Medicare coverage for all items and services furnished or ordered by chiropractors, with the exception of treatment by means of manual manipulation of the spine to correct a subluxation, is statutorily excluded. Therefore, all DMEPOS items ordered by chiropractors are denied.

Medicare coverage for all items and services furnished or ordered by podiatrists is limited by State statutes governing the scope of practice for podiatry. DMEPOS

Healthcare: A New Era

A 10- Minute Guide to Health Reform

UnitedHealthcare® Is Offering a 10 Minute Guide to the New Health Reform.

When President Obama signed the **Affordable Care Act**, our country entered a new era of health care.

As the law of the land, health reform is changing how people get health care, how they get health insurance, what it costs and who pays for it. As a result, people are asking:

Make health reform work for you

With health care reform just weeks away, consumers find themselves in [three situations](#). Learn how real people are making health care reform work for them:

- [I have insurance](#)
- [I need insurance](#)
- [I'm in transition](#)

Health Care Providers

Health care providers are encouraged to provide efficient, quality care. Hospitals, doctors, and other providers may get paid more when they provide care that improves patient health, and less when they don't. To improve the delivery of health care and improve patient health, providers are finding ways to become more efficient by adding technology, streamlining processes, and coordinating care more effectively.

For more information visit -

http://www.uhc.com/health_reform_guide.htm

Sections in this Guide

Understand the Basics	Discover the Facts Behind the Buzz	Learn About Different Approaches
How does health reform work , and how might it affect you?	Everybody's talking about health reform. What are the facts behind the buzz ?	See how nine different people make health reform work for them . Which one is most like you – or someone you know?

How Does Health Reform Work?



The Affordable Care Act, the law commonly known as health reform, passed in 2010 and aims to make health care available to all Americans. It's a complex law, but here's a summary of how health reform works:

Everyone, with few exceptions, is required to have health insurance. Health insurance is based on the idea of sharing costs across a large group of insured people.

People who choose not to buy health insurance must pay a penalty, or fee, each year. They must also pay for the costs of all their health care. Most health insurance plans include new benefits, like preventive care with no cost-sharing and coverage for pre-existing conditions.

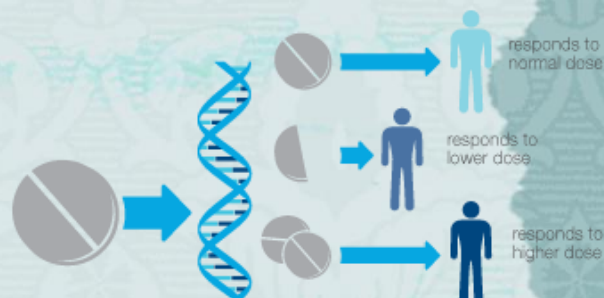
DNA Learning

The newest tool in medicine holds enormous promise.



More than 75% of the population has genetic variations that decrease or increase the availability of cytochrome enzymes that are heavily relied upon for drug metabolism and conversion. Having this information helps you select a combination of medications most likely to succeed for a patient in light of their genetic profile

Pharmacogenetic testing, also called DNA Drug Sensitivity Testing, is the testing of certain genes to determine how individuals are going to react to specific medications. Pharmacogenetics is a science that will reduce medical costs and increase the effectiveness of many drugs in the future.



Orthotics codes become trickier to bill

by: [Theresa Flaherty](#) -Friday, January 3, 2014

BALTIMORE – The 2014 Medicare DMEPOS fee schedule could create billing confusion for orthotics providers. The recently released schedule applies the same payment amounts to 23 orthotics codes, regardless of whether they are classified as off-the-shelf (OTS) orthotics or require some customization.

“There is no difference in the reimbursement, but they do make a distinction in the description of the code,” said Ryan Ball, director of state policy for VGM & Associates. “Whether you just pull it off the shelf and give it to somebody, or if there’s trimming and bending and other customization, you have to note that.” In September, CMS released a [final list](#) of what it considers to be OTS orthotics, which are defined as any items that can be used by the patient with minimal self-adjustment. Custom devices, on the other hand, must be provided by certified fitters, and require more clinical—and more expensive—care.

The question now becomes: Who will make the decision whether orthoses require proper fitting by a trained individual or can be delivered as an off-the-shelf item without additional fitting and training? “The split codes may affect a provider’s ability to bill and receive proper reimbursement for orthoses that require the expertise and professional training of an O&P professional to prevent harm to the patients,” said Wendy Miller, director of facility accreditation for BOC. Also, with two groups of very different products with the same reimbursement, Miller is concerned that providers will be at greater risk for audits.

“BOC encourages providers to do due diligence and document the medical need for additional fitting and training, as well as the actual time spent customizing the device,” she said. There is pressure for CMS to differentiate the payment amounts for OTS vs. custom-fitted orthotics. The Office of Inspector General (OIG), for example, asked CMS to modify the amounts for OTS orthotics back in 2012.

“The OIG has specifically stated that if there wasn’t clinical care provided or any customization by a qualified individual, why was the payment for those services being included?” said Fise, executive director of the American Orthotics and Prosthetics Association. “CMS was asked to either modify the fee through inherent reasonableness, or if this puts us on the pathway to competitive bidding, then there’s a lot to be concerned about.”