

IMS Experts Newsletter May 2014



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May 2014

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Hours 9am - 4 pm Monday - Friday

Closed Memorial Day 05/26/2014



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- **Memorial Day Thank you**



10 Sales Tips

- 1. Don't do the bulk of your business prospecting during prime business hours.** Often the call that is placed at 8AM or 6PM will be received by a decision-maker that has more time to talk. And don't under-estimate the value of leaving voice mail messages at night. These will be the very first messages that your prospect will hear in the morning, thereby increasing the odds of them placing a returned call.
- 2. If you want to present products and services that are of value to the prospect and that meet their needs, you have to ASK questions.** Ask the right questions and the prospect will tell you what they want and how they need to be sold.
- 3. Too many sales reps launch into a conversation by discussing the features of their products and services. Features never sold anyone.** The only thing that a prospect cares about is what these features will do for them. In other words, speak in terms of benefits and your prospect will be more pre-disposed to listening to your presentation.
- 4. There's no magic bullet.** Prospecting takes time and if your sales pipeline isn't always filled with prospects in various stages of being worked, then you are in for a future sales slump.
- 5. Don't underestimate the power of faxes.** In these days of email, faxes have taken a back seat. Because of that, faxes get noticed. Carefully position faxes as part of your prospecting efforts.
- 6. Follow-up and follow-through are keys to prospecting success.** Just like gardening, if you don't water the seeds, the garden will languish. And so it is with prospecting... if you don't remain in contact, you will never break through.
- 7. Give a prospect something for nothing.** An article that would be of interest and value, information that you received online etc. and transferred to the prospect with a note "just thought you might be interested in this" indicates that you are thinking of them and wish to be a resource.
- 8. Periodically record a random sampling of your cold calls.** Listen to the recording and assess your tone and voice. How did you sound? Would you want to speak with a person who sounds like you? What about your words? Were they clear and benefits oriented. Taping gives you the opportunity to self-correct your presentation.
- 9. Pace yourself.** Prospecting is a very time-consuming and arduous task. Allocate a specific amount of time each day (week?) and keep to the schedule. It is always easy to put something ahead of the prospecting activity but make an appointment with yourself and don't break it.
- 10. Last but definitely not least, maintain a good sense of humor.** Make the prospect smile and you're halfway there!



It's May; do you know when Your ICD-10 deadline is?

*This was supposed to be a post about what to do in the last six months we had before the Oct. 1 ICD-10 compliance deadline. But on Tuesday, President Barack Obama signed the "**Protecting Access to Medicare Act of 2014**" — which pushes the ICD-10 compliance deadline to Oct. 1, 2015. That pretty much throws the healthcare IT industry in turmoil. There are timetables and contracts that will have to be rethought. But let's focus on what's next.*

What is next?

Either the Centers for Medicare and Medicaid Services (CMS) or the Department of Health & Human Services (DHHS) will issue a statement. It might be vague and full of boilerplate text. But it will address the delay in some way. Next, DHHS needs to issue a rule. That means it must be written and submitted to the Office of Management and Budget (OMB). The rule will spell out exactly what will happen regarding to ICD-10 implementation. It's going to take a couple weeks. This is what happens when laws are passed. The law must be made into a rule that defines how the law will be applied.

Note there is a slight chance that there won't be a final rule at first. DHHS could propose a rule with a commenting period. That means DHHS sees some wiggle room in the wording of the law that gives it some discretion in ICD-10 implementation. I don't know if that's possible. But the healthcare policy wonks may see an opportunity.

If that's the case, the DHHS will want to solicit comments on the idea. Trouble is that any attempt to have some sort of 2014 deadline is running out of time. Commenting periods take up months. Then the DHHS will need to catalog and consider the comments.

A commenting period is unlikely. DHHS will want to move as swiftly as a federal agency can to give everyone clarity. There really isn't time to do something fancy.

Until we get some statements and a final rule is issued, we won't know for sure what's going to happen Oct. 1. But the simplest, most straightforward option is most likely.



Medicare Indications for Lumbar Supports

A spinal orthosis (L0450 - L0651) is covered when it is ordered for one of the following indications:

- **To reduce pain by restricting mobility of the trunk; or**
- **To facilitate healing following an injury to the spine or related soft tissues; or**
- **To facilitate healing following a surgical procedure on the spine or related soft tissue; or**
- **To otherwise support weak spinal muscles and/or a deformed spine.**

Coverage Indications, Limitations and/or Medical Necessity

For any item to be covered by Medicare, it must 1) be eligible for a defined Medicare benefit category, 2) be reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member, and 3) meet all other applicable Medicare statutory and regulatory requirements.

Joint DME MAC Releases Guidelines On OTS Vs. Custom Fit Orthotics

April 1, 2014

A joint publication has been issued by the Durable Medical Equipment Medicare Administrative Contractors with guidelines for suppliers providing off-the-shelf orthoses with parallel codes for custom-fitted versions of the same products. As part of the January 2014 Healthcare Common Procedure Coding System updates, code descriptors for 23 orthoses were split to describe the two delivery methods.

Off-the-shelf (OTS) orthotics are:

- Items that are prefabricated
- They may or may not be supplied as a kit that requires some assembly. Assembly of the item and/or installation of add-on components and/or the use of some basic materials in preparation of the item does not change classification from OTS to custom fitted
- OTS items require minimal self-adjustment for fitting at the time of delivery for appropriate use and do not require expertise in trimming, bending, molding, assembling, or customizing to fit an individual
- This fitting does not require expertise of a certified orthotist or an individual who has equivalent specialized training in the provision of orthoses to fit the item to the individual beneficiary

Custom fitted orthotics are:

- Devices that are prefabricated
- They may or may not be supplied as a kit that requires some assembly. Assembly of the item and/or installation of add-on components and/or the use of some basic materials in preparation of the item does not change classification from OTS to custom fitted
- Classification as custom fitted requires substantial modification for fitting at the time of delivery in order to provide an individualized fit, i.e., the item must be trimmed, bent, molded (with or without heat), or otherwise modified resulting in alterations beyond minimal self-adjustment
- This fitting at delivery does require expertise of a certified orthotist or an individual who has equivalent specialized training in the provision of orthosis to fit the item to the individual beneficiary

Custom fabricated orthotics are:

- A custom fabricated item is one that is individually made for a specific patient.
- No other patient would be able to use this item.
- A custom fabricated item is a device, which is fabricated based on clinically derived and rectified castings, tracings, measurements, and/or other images (such as X-rays) of the body part.
- The fabrication may involve using calculations, templates, and components. This process requires the use of basic materials including, but not limited to, plastic, metal, leather, or cloth in the form of uncut or unshaped sheets, bars, or other basic forms and involves substantial work such as vacuum forming, cutting, bending, molding, sewing, drilling, and finishing prior to fitting on the patient.

Brace Type			
Off the Shelf Codes	L0650	L0648	L0642
Custom Fitted Codes	L0637	L0631	L0627

IMS Experts Now Carries Vista® MultiPost Collar

Adjustability Made Easy

Code L0180 Approved



The Vista® MultiPost Collar is the latest addition to Aspen's award-winning Vista Cervical Collars. This new fully adjustable collar with pivoting occipital panels adds an extra level of support for greater motion restriction. Like the original Vista Collar, the Vista MultiPost Collar is one size adjustable, virtually eliminating waste associated with collar sizing errors. It also features Aspen's proven cotton-lined pads designed to enhance skin care by reducing patient contact points in the occipital area.

Features

Designed to Reduce Pressure

Reduced patient contact on occipital midline helps limit pressure points and heat buildup in danger areas for skin breakdown. Innovative design permits greater visibility to occipital region enhancing ability to inspect skin.



Enhanced Skin Care

Proven cotton-lined Aspen pads wick moisture from patient's skin while clickable polyurethane foam assures optimal pressure distribution.



Cotton Lining
Polyurethane Foam



Pivoting Occipital Panels

Padded panels pivot bilaterally and self-adjust to cradle all head shapes for increased support and maximum comfort.

Fully Adjustable for the Perfect Fit

Height adjustment technology allows clinicians to effectively fit various anatomies and multiple conditions.



Progression of Care

For increased motion restriction and to support the progression of care, the Vista CTO and Vista CTO4 attach easily to the Vista MultiPost Collar.



Knowledgebase

Common Mistakes for Denials

- Rx not signed and dated by physician.
- Incorrect or missing cpt codes.
- DX codes not listed or incorrect.
- Insurance or patient information missing or incorrect.
- Failure to meet coverage criteria.
- Missing clinicals or they do not meet medical guidelines standards.
- Item not provided within approved dates of service.
- Failure to include the CMN on required items.
- If Workers Compensation missing date of injury or carrier information.



IN HONOR OF MEMORIAL DAY

A Memorial Day Tribute - C W Johnson

We walked among the crosses
Where our fallen soldiers lay.
And listened to the bugle
As TAPS began to play.
The Chaplain led a prayer
We stood with heads bowed low.
And I thought of fallen comrades
I had known so long ago.
They came from every city
Across this fertile land.
That we might live in freedom.
They lie here 'neath the sand.
I felt a little guilty
My sacrifice was small.
I only lost a little time
But these men lost their all.
Now the services are over
For this Memorial Day.
To the names upon these crosses
I just want to say,
Thanks for what you've given
No one could ask for more.
May you rest with God in heaven
From now through evermore.

- Poem provided by Catherine

Watch a special video dedicated to our brave men and women who serve in our military.
<http://www.history.com/topics/holidays/memorial-day-history/videos/its-never-too-late-to-thank-a-vet>