



A METROCARE PHYSICIANS PUBLICATION

OCT 2022

OCT 19 6PM
Chickasaw Country Club

IN PERSON

VIDEO OPTION



ANNUAL MEETING: NETWORK UPDATES AND LOCAL PHYSICIAN PANEL

Your MetroCare peers will discuss implementation and success of their new practice initiatives

MetroCare is returning to an in-person annual meeting this year, but will offer an online video after for those unable to attend.

As in 2019, in addition to voting in the board election, this meeting will feature informational network updates and presentations by MetroCare Physician members who will briefly discuss successful implementation of some quality based changes or new procedures in their practices.

2021 Trilogy Network Shared Savings will be announced

Panel topics for the evening will include:

Aaron Mitchell MD: Medicare Annual Wellness Visits

West Clinic: New Gamma Tile Procedure



CLICK HERE FOR DETAILS/RSVP

CLICK HERE FOR BOARD SLATE

E&M CHANGES: 2023 the sequel

Now that many have just gotten used to the outpatient E&M coding changes that took place in 2021, the AMA has announced its changes that will bring all E&M leveling for all sites of service and primary physicians and specialists into alignment so that you no longer need to choose between a 92\97 format. MetroCare will be offering several repeat sessions of webinars to help you prepare for the January 1 implementation date.

MetroCare will, of course, host our usual three hour full 2023 CPT update classes in December, but will also offer one hour intro classes for these specific E&M changes during lunch and evening times the next few months to accommodate our providers and staff as well as three hour day sessions in November aimed at our certified coders.

Intro to E&M 2023 changes

OCT 4 6PM Evening Program click here NOV 9 Lunchtime Program click here

OCT 6 12:15 Lunchtime program click here

NOV 15 6PM Evening Program click here

EVENING PROGRAM: ONE HOUR ON 25 MODIFIER Sept 20 6PM

We are repeating our new and very successful program on the proper use of the modifier 25. The use of this modifier can be controversial at times and is often used inappropriately and the subject of frequent audits. CLICK HERE to register

SVMIC Monthly Lunchtime Webinars

Practice management experts give these excellent monthly presentations from a risk management perspective.

NOV 3: Addressing Bias in Your Practice
12 NOON This presentation
gently empowers attendees with information
and step-by-step strategies to work against
institutional bias regardless of their position in
an organization. This could be a great lunchtime
program for your entire practice. CLICK HERE

Coding Corner: ABN

"Not Medically Necessary" from CMS does not mean that a patient does not need or cannot obtain a service from you, but it does make obtaining an ABN, advance beneficiary notice, necessary for you to be allowed to bill the patient if the service is denied.

Any time that you perform a test or procedure that Medicare may not cover, obtaining an ABN prior to performing that service will allow the patient to accept payment responsibility, whether it is a service at the patient's request, or one that you deem necessary, but is not covered by Medicare. The form also allows the patient to refuse the service on the record, if they do not wish to pay for it. This can potentially protect your practice if the service is needed but not covered, and refused by the patient for that reason.

A current form from CMS must be used, must stipulate the service, named by CPT code, that you suspect may not be covered and must contain a reasonable estimate for cost of that service, and be thoroughly explained to the patient prior to performing the service before filing the completed form with the patient chart. CLICK HERE FOR DETAILS

We Are Here to Assist You

A dedicated team of professionals is committed to assuring MetroCare physicians have the tools and resources to achieve success with the changes required by transition to value-based healthcare.

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