

# SAVE YOUR PRACTICE TIME AND MONEY!

## MMA 2011 Base

- Contains the most current fee schedule information and updates for Medicare, Medicaid and BCBSMT
- The Excel format in the Base is "user-friendly!" Location of codes and payment information is easily accessible and physicians can modify the Base to create a system for developing and reviewing charges.
- Updates are incorporated into one database, eliminating the work of physician staff to manually copy updates received in Medicare Bulletins to a separate document.
- CD-ROM format eliminates waste of paper and storage space. Database automatically downloads to your PC desktop.

The following Excel spreadsheet provides a portion of the data contained in the Base.

(Data below represents 2010 Montana Medicare fee information)

CPT	MT Adj Fully Implemented Office Total RVU	MT Adj Fully Implemented Facility Total RVU	MT Medicare PAR Office Allowable Effective January 1, 2010	MT Medicare PAR Facility Allowable Effective January 1, 2010	Global Days (FUDs)	Multiple Proc Modifier -51	Bilateral Proc
27826	21.1841	21.1841	\$753.52	\$753.52	090	Ok	Ok
99213	1.8168	1.3640	\$63.92	\$47.91	XXX	No	No

## National Correct Coding Policy Manual for Medicare Part B

- Provides a complete guide to current Medicare CCI bundling edits.
- Contains search and retrieval software. Find needed codes quickly and easily.
- Subscription includes automatic receipt of quarterly updates.
- CD-ROM Format eliminates waste of paper and storage space. Database automatically downloads to your PC desktop.

## Montana Medical Association CD-ROM Reimbursement Tools

**THESE OFFERS ARE AVAILABLE ONLY TO MMA MEMBERS.**

Payment must accompany your order—thank you.

<u>Available in CD-ROM only</u>	<u>Price</u>	<u>Quantity</u>	<u>Subtotal</u>
___ 2011 Base	\$ 95	___	_____
___ CCI (Yearly Subscription)	\$200	___	_____
___ CCI (Single Issue Update only)	\$ 65	___	_____
<b>TOTAL</b>			<b>\$_____</b>

Name \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_ FAX \_\_\_\_\_

Physician Name \_\_\_\_\_ Clinic/Hospital Name \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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Detach form and **mail with payment** to:

MMA Executive Office, 2021 Eleventh Avenue, Suite 1, Helena, Montana 59601

Questions contact ~ (877) 443-4000