

# Why upgrade to Lytec 2011? Because your practice can't afford not to.

## Can your practice afford to lose \$5,000? How about \$25,000?

That's the risk you run if you can't submit claims in the ANSI 5010 (a.k.a. HIPAA 5010) electronic standard by the January 1, 2012 deadline. Without the ANSI 5010-enabled Lytec 2011 software, experts warn you may see an increase in claim rejections. If you submit \$500,000 in claims each year:

- A 1% increase in claim rejections means \$5,000 in lost revenue to your practice.
- A 5% increase in rejections is \$25,000 in lost revenue!

There are numerous fields missing from previous versions of Lytec that may be required in certain circumstances. Many of these fields are patient-specific.

Some clearinghouses may tell you that they can create a 5010-compliant claim from legacy inbound formats including 4010. This may be true. However, ask how they plan to handle the conversion. Will they hard code the missing data fields, and therefore make the data the same for all patients? Will they use blank fields such as box 10d to map the new fields? Where will the data come from if not from your Lytec system? How will this approach increase risk to your cash flow?

The American Medical Association (AMA) and the Medical Group Management Association (MGMA) say physician offices need to upgrade their practice management systems to 5010-compliant versions (*see box*).

The MSRP on a new Lytec Single User license is \$3,361. MSRP on a new Lytec Professional is \$4,820. Upgrades from one or two versions old are much less.

**Call us today to upgrade to Lytec 2011.**

**"As the date for compliance with the government's updated standard for electronic claims transaction rapidly approaches, physicians need to have practice management software in place that meets those standards,"** said the American Medical Association (AMA) President Cecil B. Wilson, M.D., in a joint statement released April 28, 2011 with the Medical Group Management Association (MGMA).

**"In order to avoid cash flow disruption associated with the transition to the 5010 standard, it is critical for physician practices to convert their administrative systems and test their readiness well in advance of the compliance date,"** added MGMA President and CEO William F. Jessee, M.D.

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