

AcSel Advisor

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Virginia Medicaid – Rate Changes Effective October 1, 2010

In a special memo dated September 2, 2010, Virginia Department of Medical Assistance Services (DMAS) announced rate changes as a result of additional Medicaid funding and other program changes. Effective October 1, 2010, the Appropriation Act authorized and rescinded the rate cuts that went into effect in July 2010 for dates of service October 1, 2010 through June 30, 2011. DMAS did not make the changes retroactive. Claims for dates of service between July 1, 2010 and September 30, 2010 will be reimbursed at the reduced rates.

These are just some of the rate reductions implemented July 1, 2010 that have been rescinded as of October 1, 2010 (for the complete list, go to www.dmas.virginia.gov):

- * 3% reduction to rates for services furnished by physicians and other providers using the same procedure codes
- * Reduction in the maximum reimbursement for pharmaceutical products from Average Wholesale Price (AWP) minus 10.25% to AWP minus 13.1%
- * 3% reduction to rates for mental health therapeutic day treatment, including the assessment for this service

ICD-9-CM & ICD-10-CM Partial Code Freeze To Begin In 2010

The ICD-9-CM Coordination and Maintenance Committee has announced that updates to both the ICD-9-CM and ICD-10-CM code sets will be limited in 2010 and will only accommodate new technologies and diseases. For 2011, expect regular updates to both the ICD-9-CM and ICD-10-CM. In 2013 the ICD-10 code sets will have limited update during the ICD-9-CM to ICD-10-CM transition. There will be no updates to ICD-9 on October 1, 2013, as the system will no longer be a HIPAA standard. On Oct 1, 2014 regular updates to ICD-10 will begin.



**Wishing Everyone
 A Healthy & Happy
 Holiday Season!!**



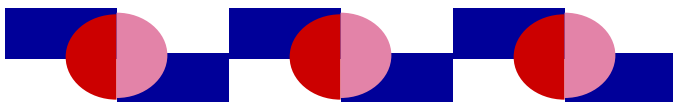
RADIOLOGY ACCREDITATION REQUIREMENTS

Effective January 1, 2012, CMS will require that all independent diagnostic testing facilities, freestanding imaging centers, office-based imaging centers, physicians, non-physicians practitioners and other suppliers of advanced diagnostic imaging procedures be accredited to be eligible for reimbursement from Medicare. CMS has approved the following national organizations – The American College of Radiology, and The Joint Commission or the Intersocietal Accreditation Commission to provide accreditation services.



Medicare Learning Network (MLN) Releases First Edition of the Medicare Quarterly Provider Compliance Newsletter

The Medicare Learning Network (MLN) has released the first edition of the Medicare Quarterly Provider Compliance Newsletter. The newsletter will advise providers about how to avoid common billing errors and other issues. The newsletter will highlight prominent billing issues. The first edition of the newsletter can be found at http://www.cms.gov/MLNProducts/downloads/MedQtrlyComp_Newsletter_ICN904943.pdf. The second edition is due out in January 2011.



Medicare Outpatient Therapy Billing

MLN has published “Medicare Outpatient Therapy Billing” (August 2010). The publication provides information about physical, occupational, speech-language therapy coverage requirements, 2010 therapy codes, and billing measures for therapy services. The publication can be found at <http://www.cms.gov/MLNProducts>



Trailblazer- Billing “Incident To” and Drug Administration

Trailblazer issued a recent article on how to accurately bill “incident to” and drug administration. In order for subsequent services to be billed “incident to”, the provider must have initially seen the patient for the problem being treated and has established a Plan of Care (POC). There should be direct personal supervision by the provider of the auxiliary personnel and the service should be one that is commonly provided in a physician’s office. Documentation should include a co-signature of both the auxiliary personnel and the supervising provider. Also there should be some indication of the supervising provider’s involvement in the patient’s care.



Part B Allowance for Fluzone

Effective for dates of service on or after July 1, 2010, the payment allowance for Fluzone high-dose influenza virus vaccine (0.5 mL), CPT code 90662 is \$29.21. Trailblazers reminds providers that Fluzone includes the H1N1 vaccine, and no separate allowance will be made for the administration of H1N1 (HCPCS code G9142).

Trailblazers – Counseling to Prevent Tobacco Use

Effective for claims with dates of service on or after August 25, 2010, CMS will cover tobacco cessation counseling for outpatient and hospitalized Medicare beneficiaries:

- * Who use tobacco, regardless of whether they have signs or symptoms of tobacco-related disease.
- * Who are competent and alert at the time that counseling is provided.
- * Whose counseling is furnished by a qualified physician or other Medicare-recognized practitioner.



Patients who do not have signs or symptoms of tobacco-related disease will be covered when the above conditions of coverage are met but are subject to certain frequency and other limitations. Diagnosis codes ICD-9-CM 305.1 (non-dependent tobacco use disorder) or V15.82 (history of tobacco use) should be reported.

Effective for dates of service on or after January 1, 2011, the following new HCPCS codes have been created. These are in addition to CPT codes 99406 and 99407 that currently are used for tobacco cessation counseling for symptomatic individuals. Medicare will waive the deductible and coinsurance/copayment for these HCPCS codes on or after January 1, 2011.

- * **G0436:** Smoking and tobacco cessation counseling visit for the asymptomatic patient; intermediate, greater than three minutes, up to 10 minutes.
 - * **G0437:** Smoking and tobacco cessation counseling visit for the asymptomatic patient; intensive, greater than 10 minutes.
- For more information go to: www.trailblazerhealth.com

ALPHA PREFIX NOW REQUIRED WHEN ENTERING POLICY ID'S ON POINT OF CARE

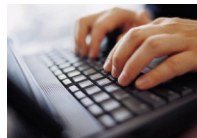


Anthem announced, beginning mid- October 2010, providers will be required to enter the three-position, alpha prefix along with the policy ID number in any field on Anthem Point of Care that requests the member's ID number. Providers are reminded to request that members present their most current ID card at time of service and to include the ID numbers exactly as they appear on the cards when filing claims to Anthem.

NEW ONLINE PRE-CERTIFICATION/PRE-AUTHORIZATION FOR OUT-OF-AREA PATIENTS



Anthem and CareFirst have announced that effective October 1, 2010, providers will be able to access Pre-Certification and Pre-Authorization for Out-of-Area members online. From the CareFirst website, click the [Pre-Cert/Pre-Auth for Out-of-Area Members](#) link located in the [Solution Center](#) and enter the patient's member number with the three letter alpha prefix. For more information go to, www.carefirst.com. From the Anthem website, go to the provider section of www.anthem.com and select the specific state; click the appropriate link for out-of-area Blue members and enter the patient's member number with the three letter alpha prefix.



PRIMARY CARE PHYSICIANS: CPT CODE UPDATE 99050



Effective Oct 1, 2010, CPT 99050 will be eligible for separate reimbursement to primary care physicians practicing in the State of Maryland for after hour service. CareFirst defines these services as “medical office services provided after 6 p.m. and before 8 a.m. weekdays; or weekends and national holidays.” This code may be billed in addition to other services performed on the same day.





Individual PFFS Plans will no longer be offered by CIGNA in 2011

Effective January 1, 2011, CIGNA will no longer offer individual network-based Medicare Advantage products. All current individual PFFS customers will remain fully covered for their current plan with their current benefits intact through December 31, 2010. All current group PFFS customers will be fully covered through the end of their contract term (which for some customers will extend until July 2011).

All CIGNA individual PFFS customers must elect new coverage for 2011 by either enrolling in another insurer's Medicare Advantage plan or returning to original Medicare. However, group plan enrollees may be seen until July 2011. For more information, go to www.cigna.com

Revised out-of-network benefits

Beginning October 1, 2010, the out-of-network benefit for some Aetna patients will be based on a percentage of the Medicare fee schedule for the service. The change will take effect for some new and renewing plans; over time it will become Aetna's standard out-of-network benefit. The change will replace the current benefit of many plans that is based on "reasonable" or "prevailing" charges.

Aetna patients may see significant increases in their out-of-pocket costs. Providers are reminded to direct Aetna patients to in-network facilities and providers whenever possible.

These changes do not apply to emergency services or other in-network benefits.



LCD Updates Effective November 5, 2010

The following J12 MAC Local Coverage Determinations (LCDs) have been posted for notice. They will become effective November 5, 2010:

- * L31187 - Cardiovascular Nuclear Medicine
- * L31165 - Continuous Glucose Monitoring (CGM)
- * L31173 - Dynamic Electrocardiography
- * L31171 - Injectable Collagenase Clostridium Histolyticum for Dupuytren's Contracture
- * L31144 - Loss of Heterozygosity Based Topographic Genotyping with PathfinderTG®
- * L31161 - OVA-1 Assay
- * L27530 - Sleep Disorders Testing

Optima

Optima Family Care received notification from DMAS on September 21, 2010 that the rates for physician/practitioner services effective October 1, 2010 had been released.

In accordance with the Optima Family Care Provider Agreement, the DMAS based fee schedule for physician/practitioner services on and after October 1, 2010 will reflect the DMAS changes. For more information, go to: www.optimahealth.com

Can You Code It ...

What is the correct ICD- 9 code for Pickwickian Syndrome (Obesity hypoventilation syndrome)?



Answer in next's months edition.

Coventry Health Care (CareNet) Rate Changes Effective October 1, 2010

Coventry Health Care has announced that beginning on dates of service on or after October 1, 2010 they will follow the lead of DMAS and implement the reversal of rate reductions.

For more information, go to <http://chcvirginia.coventryhealthcare.com>

Just A Reminder:



2011 CPT Changes
Effective January 1, 2011