

AcSel Advisor

Volume 8, Issue 4

July/August 2011

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**Wishing Everyone a
Safe and Happy
4th of July Holiday!!**



OPTIMA HEALTH—NO LONGER ACCEPTING CONSULT CODES



Effective July 1, 2011, Optima Health will no longer accept consultation codes for all commercial and self-funded accounts. All consultation services should be reported using the appropriate E/M code.

For more information, go to: <http://providers.optimahealth.com/communications/Pages/Network-News.aspx>

CMS – EHR Incentive Program Website and FAQs

The official CMS Web Site for Medicare and Medicaid Electronic Health Records (EHR) Incentive Program can be found at <http://www.cms.gov/EHRIncentivePrograms/>

Also included is a link to EHR FAQ's. Here are some top FAQ's that you may find useful:

Q: *Can eligible professionals participate in the 2011 Physician Quality Reporting System, 2011 Electronic Prescribing (eRx) Incentive Program, and the EHR Incentive Program (aka Meaningful Use) at the same time and earn incentives for each?*

A: *The PQRS, eRx Incentive Program, and EHR Incentive Program are three distinctly separate CMS programs. The Physician Quality Reporting System incentive can be received regardless of an eligible professional's participation in the other programs.*

There are three ways to participate in the EHR Incentive Program: through Medicare, Medicare Advantage, or Medicaid.

- *If participating in the EHR Incentive Program through the Medicaid option, eligible professionals are also able to receive the eRx incentive.*
- *If participating in the Medicare or Medicare Advantage options for the EHR Incentive Program, eligible professionals must still report the eRx measure to avoid the penalty but are only eligible to receive one incentive payment. Eligible professionals successfully participating in both programs will receive the EHR incentive payment.*

Eligible professionals should continue to report the eRx measure in 2011 even if their practice is also participating in the Medicare or Medicare Advantage EHR Incentive Program because claims data for the first six months of 2011 will be analyzed to determine if a 2012 eRx Payment Adjustment will apply to the eligible professional.

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CMS – EHR Incentive Program Website and FAQs– continued from page 1

If an eligible professional successfully generates and reports electronically prescribing 25 times (at least 10 of which are in the first 6 months of 2011 and submitted via claims to CMS) for eRx measure denominator eligible services, (s)he would also be exempt from the 2013 eRx payment adjustment.

Q: *For the Medicare and Medicaid EHR Incentive Programs, when a patient is only seen by a member of the eligible professional's (EP's) clinical staff during the EHR reporting period and not by the EP themselves, do those patients count in the EP's denominator?*

A: *The EP can include or not include those patients in their denominator at their discretion as long as the decision applies universally to all patients for the entire EHR reporting period and the EP is consistent across meaningful use measures. In cases where a member of the EP's clinical staff is eligible for the Medicaid EHR incentive in their own right (NPs and certain physician assistants (PA), patients seen by NPs or PAs under the EP's supervision can be counted by both the NP or PA and the supervising EP as long as the policy is consistent for the entire EHR reporting period.*

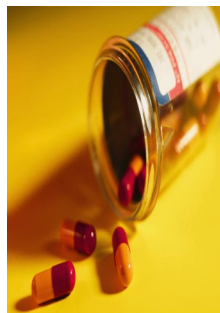
Q: *When can I register and where do I register for the Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs?*

A: *Registration for the Medicare EHR Incentive Program began on January 3, 2011 and is available for eligible professionals (EPs), eligible hospitals and critical access hospitals (CAHs) online at <https://ehrincentives.cms.gov>. Please note that although the Medicaid EHR Incentive programs will begin January 3, 2011, not all states will be ready to participate on this date. Information on when registration will be available for Medicaid EHR Incentive Programs in specific States is posted at http://www.cms.gov/EHRIncentivePrograms/40_MedicaidStateInfo.asp*

For More Information relating to EHR and the Eprescribe programs: contact Mark Schalow at AcSel (800) 366-3038.

CMS - Proposed Changes To eRx Incentive Program

Currently under the Electronic Prescribing (eRx) Incentive Program, CMS will provide incentives to providers who are successfully taking part in eprescribing. Beginning in October 2012, CMS plans to penalize those providers who do not use eprescribing. Recently, CMS published a proposed rule in the Federal Register that will allow providers to excuse themselves from the program without being penalized.



For a complete look at the document, go to: <http://www.gpo.gov/fdsys/pkg/FR-2011-06-01/pdf/2011-13463.pdf>

Aetna – National Precertification List (NPL) Updates

Effective July 1, 2011, precertification is required for outpatient:

- **Endoscopy**: bronchoscopy, colonoscopy, upper gastrointestinal, cystoscopy, hysteroscopy
- **Arthroscopy**: knee and shoulder
- **Laparoscopic cholecystectomy**

Aetna advises providers to follow the current process for obtaining precertification. Providers who perform these services in an office setting (non-facility) are not required to call for precertification.

To obtain a complete list of Aetna NPL's go to: http://www.aetna.com/healthcare-professionals/policies-guidelines/medical_precertification_list.html

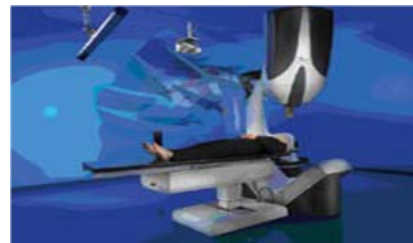
From Highmark Medicare:

Reporting the Unit of Service for Radiologic Guidance Needle Placement

Providers should be cautious about reporting services on multiple lines of a claim and appending modifiers to bypass the medically unlikely edits (MUEs). MUEs were set so that such occurrences should be uncommon. If a provider does this frequently for any particular CPT or HCPCS code, they may be reporting the units of service incorrectly.

CPT radiologic guidance codes 76942, 77002, 77003, 77012, and 77021 are each set with an MUE of one. In addition, the National Correct Coding Initiative Policy Manual for Medicare Services, Chapter IX, Section G.3 advises the Center for Medicare and Medicaid Services payment policy allows one unit of service for any of these codes at a single patient encounter regardless of the number of needle placements

performed. The unit of service for these codes is the patient encounter, not number of lesions, number of aspiration, number of biopsies, number of injections, or number of localizations. Therefore the use of a bypass modifier for these radiologic guidance codes is not appropriate.



Highmark Medicare Services will be initiating overpayment requests for claims with a date of service on or after October 1, 2010, reporting radiologic guidance codes 76942, 77002, 77003, 77012, or 77021 that were submitted and reimbursed on multiple line items with a bypass modifier (e.g., RT, LT, 76 or 77).

Retrieved June 13, 2011 from: <https://www.highmarkmedicare.com/partb/whatsnew/index.html>

TRICARE – Health Net Federal Services

Occupational Therapy/Physical Therapy/Speech Therapy- Referrals Required

TRICARE is reminding providers that all TRICARE Prime and TPR beneficiaries needing physical, occupational and speech therapy services will require an approved Health Net referral submitted by their PCM or specialist. Both Network and non-network provider claims will receive a 10 percent payment reduction during claims processing when claims are submitted for services rendered without a required prior authorization.

Urgent Care - Referrals Required

In addition, all TRICARE Prime and TPR beneficiaries, prior to receiving Urgent Care Services, the beneficiary must first contact their military treatment facility (MTF) or primary care manager (PCM) for care. If the MTF or PCM cannot provide the care, the MTF or PCM must submit a request to Health Net for civilian urgent care services.

For a complete list of referral and authorization requirements go to www.hnfs.com

ARE YOU READY FOR ICD-10 ?

CMS has posted on their website materials from the April 26, 2011 Code-a-thon that was held in conjunction with the AAPC. If you weren't able to attend or if you just want a closer look at all the materials from the presentation, they are now available on the CMS website. http://www.cms.gov/ICD10/02b_Latest_News.asp

TriWest – Injectable Medications Requiring Prior Authorization Updated

The list of injectable medications requiring prior authorization has been updated by TriWest. The new list is effective July 1, 2011.

For more information, go to: www.triwest.com/

CMS- Last Regular Updates to ICD-9-CM

October 1, 2011 is the last day for regular updates to the ICD-9-CM code set.

To download new, deleted and revised ICD-9-CM code summary tables from the CMS website go to:

<http://www.cms.gov/>

Summer Fun Find-A-Word Puzzle

Using the clues provided, find the words in the puzzle:



P E R I C A R D I O L O G Y C L I V E R
 K O P A H J U K D V M O I L L Y M N N O
 H Y D R O C Y S T O M A M L T A B A U M
 E P L M R D I O N B U B O M A L A I S E
 M I M M I M R T A C B L M U C Y L I A C
 I P M N O I B R U B L A X C H I A C O H
 A E Y T R I N E G N E B K L Y M N K K I
 T M M L E O V N S G P V N H C Y C A O N
 A X K M T T R D I A H T C L A K E M O O
 X I P H I S T E R N A L A C R L K C M S
 I F R I N U L L C X R Y O L D N M O U I
 A R B N O I J E K L I O M N I Y K L O S
 A E Q U P L I N M P T K L O C H X E B N
 V N A S A L U B R U I T T L P L A C O M
 A S D U T W E U O P S C U T R A I T O O
 V P H J H J K R K C O R O N E C T O M Y
 I O S S Y D T G R E A K J H T R E M N M
 K I F R R T Y Y E R M N O P P I A Y I D

1. Lack of equality between opposing forces. _____.
2. Ataxia affecting one side of the body. _____.
3. Relating to rapid heart rate _____.
4. Relating to the nose. _____.
5. Relating to the xiphoid process. _____.
6. Excision of a segment of the entire colon. _____.

7. The largest gland of the body. _____.
8. The science or study of the pericardium, its physiology, and diseases. _____.
9. An intentional partial tooth removal. _____.



10. A harsh or musical intermittent auscultatory sound, especially an abnormal one. _____.
11. A qualitative characteristic. _____.
12. Inflammation of the eyelids. _____.
13. A supine position in which the feet are higher than the head. _____.
14. A condition in which the red blood cells have lost their smooth outlines and come to resemble an echinus or sea urchin. _____.
15. A primary abnormality of the choroid with extension to the retina. _____.
16. An eruption of deeply seated vesicles, due to retention in the sweat follicles. _____.
17. Intensity Modulated Radiation Therapy (abbreviation). _____.
18. A feeling of general discomfort or uneasiness; often the first indication of an infection or other disease. _____.

Last's Months Answer: 447.73