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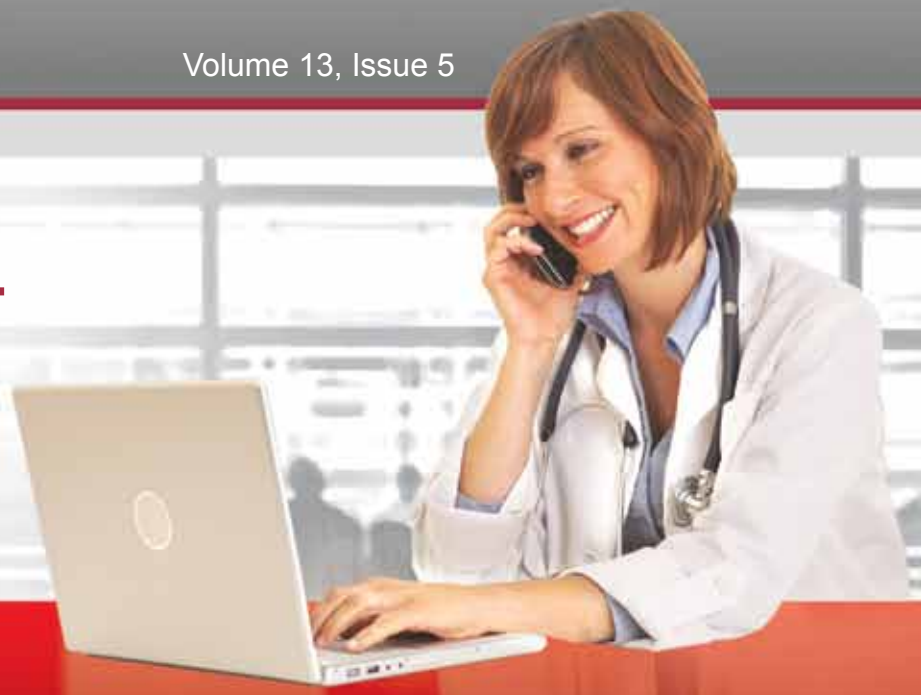

AcSel Medical Solutions LLC ADVISOR

Medical Billing & Compliance Bimonthly Newsletter

The AcSel Advisor is now available via email. Just email, **info@acselmedical.com** and place the word **"Advisor"** in the subject field to receive your copy!

Inside this issue:

CMS INTRODUCES 4 NEW MODIFIERS

Modifier - 59 has become the most widely used HCPCS modifier. The modifier, which is used to distinguish a "distinct procedural service," is now being used to bypass NCCI edits. CMS is saying this misuse is causing higher levels of manual audits, appeals and civil and fraud abuse cases. The article of notification for these new modifiers was published August 15, 2014. With the implementation date of January 4, 2015, CMS will put in place these four modifiers to define subsets of modifier –59:

XE *Separate Encounter:* *a service that is distinct because it occurred during a separate encounter*

XS *Separate Structure:* *a service that is distinct because it was performed on a separate organ/ structure*

SP *Separate Practitioner:* *a service that is distinct because it was performed by a different practitioner*

SU Unusual Non-Overlapping Service: *the use of a service that is distinct because it does not overlap usual components of the main service*

Quote from CMS Manual System Pub 100-20 One-Time Notification Transmittal 1422 Change Request 8863:

The combination of alternative specific modifiers with a general less specific modifier creates additional discrimination in both reporting and editing. As a default, at this time CMS will initially accept either a 59 modifier or a more selective X {EPSU} modifier as correct coding, although the rapid migration of providers to the more selective modifiers is encouraged. However, these modifiers are valid modifiers even before national edits are in place, so contractors are not prohibited from requiring the use of selective modifiers in lieu of the general 59 modifier when necessitated by local program integrity and compliance needs.

The effective date as stated in the CMS Manual notification is THE DATE OF SERVICE.

ICD-10-CM NEWS CORNER

NEWS UPDATE.. CMS has issued a rule finalizing October 1, 2015 as the new compli-ance date for health care providers, health plans, and helath care clearinghouses to transition to ICD-10.

AcSel Medical Solutions is here to provide education to you, your staff and your pro-viders. We are available to do five (5) charts per provider at $20.00 per chart which includes a report of our findings — is the documentation compliant, non-compliant or not coded to the highest level of specificity.

Education to your staff and providers is considered a consultation charge. Please call AcSel Medical Solutions for details and rates.

Don't let **ICD-10** take a bite out of your cash flow. Let AcSel's team of experts help lead you through the change.

We can help you with documentation reviews, **ICD-10** education, implementation of the new coding guidelines, and any other revenue cycle management services your practice may need.

Call us today:

1-800-336-3038

or email us at

info@acselmedical.com

Let us add you to our mailing list for

FREE ACSEL ADVISOR NEWSLETTER

FLU SEASON IS HERE - INFLUENZA VACCINES PRICING

The Medicare Part B payment allowance limits for flu and pneumococcal vaccines are 95% of the Average Wholesale Price when furnished in your office.

Annual Park B deductible and coinsurance amounts do not apply. Per CMS, all physicians, non-physician practitioners, and supplier who administer the vaccinations must take assignment on the claim for the vaccine.

Prices can be found on the CMS website.

Meaningfull Use Update

Centers for Medicare & Medicaid Services and the Office of the National Coordinator for Health Information Technology issued its FINAL RULE to the MU timeline.

Listed are the issues regarding the rule revisions and timeline:

- The rule gives you more flexibility to report in 2014 by removing the report-ing with 2014 Edition CEHRT only.
- The reporting period for 2014 has not changed. Quarterly reporting for you beyond year one, and 90 day continuous reporting for you starting in 2014.
- The reporting period for 2015 is unchanged. This means all providers need to be fully upgraded and ready to report on 2014 certified technology as of January 1, 2015.
- Payment adjustements are in effect as before beginning January 1, 2015 if you did not attest in 2013 or 2014 and if you have not exempted from the program for 2014.

60 DAYS TO REFUND GOVERNMENT OVERPAYMENTS

W hat actions are you taking when you know that you have received monies as an overpayment? Did you know that per The Patient Protection and Affordable Care Act of 2010 that you are required to return monies within 60 days for all government plans from the time the overpayment was "identified."

An "identified" overpayment is when you have actual knowledge of the overpayment OR you act in reckless disregard or deliberate ignorance of the overpayment."

Failure to return the monies within the 60 day time period can result in penalties and at a risk of termination from the Medicare and Medicaid programs.

Affortable Care Act

When you have been given the task of revalidating your provider's enrollment information, or calling on a claim, are you sure of the differences between the provider's NPI number and the PTAN number.

The NPI is exactly what the letters say a NATIONAL PROVIDER IDENTIFIER which is unique to your provider. More information to help you understand the NPI is:

NPI & PTAN differences

- The number is issued by the National Plan and Provider Enumeration System (NPPES)
- The NPI number must be used for administra tive and financial transactions (insurance claims)
- This number is shared with other providers, health plans, clearinghouses and any entity that may need it for billing purposes

The PTAN is a Medicare-only number. More information to help you with this number:

- When a MAC approves a provider's enrollment he/she is sent an acceptance letter and the letter will contain the PTAN number
- The PTAN is limitied to the provider's contacts with their MAC
- This number is used to identify the provider when using MAC phone system, internet portal or online application status

HOME HEALTH CARE

If you are a provider that is billing home health services for a Medicare beneficiary, you need to ensure your documentation is supporting your face-to-face time with the patient. CMS has specific guidelines of documentation for the billing of these HCPCS codes G0180 and G0179 as well as conditions for the patients.

Not only is Medicare looking at your documentation but also at the requirements in place for a patient to qualify for home health services. A Medicare beneficiary must meet all of the requirements as outlined by the Social Security Act.

These are a few examples of face-to-face documentation that when used alone are considered insufficient documentation:

"weak", "dementia" or "confusion", :unable to drive", "unable to leave home", or 'difficult to travel".

For more information on the documentation requirements refer to the CMS website.

Can you Code it...???

It is important to know the main body systems and understanding the components, the major combining form (medical terms) and their major function whether you are selecting a CPT or a diagnosis code. Let's continue with CARDIOVASCULAR System... which best describes the components of this body system?

A. Heart, Arteries, Blood

B. Arteries, Blood, Veins

C. Blood, Veins, Heart, Arteries

D. Heart, Lungs, Blood, Veins, Arteries

LAST ISSUE'S ANSWERS: Answer 'B'...Osteo, arthro, chondro, myo, fascia, tendo, tendino... Major functions of the Musculoskeletal system are support, shape, protect, store minerals, locomotion, hold body erect, movement of body fluids, and generate body heat.

Find us on the web: **www.acsel.org**

AcSeL Medical Solutions LLC

Since 1977, **AcSel Medical Solutions** has provided world class billing services throughout the U.S. to practices such as yours. Our seasoned staff of expert billing professionals is able to assist your practice in all aspects of the business of medicine, in all sub-specialties. Acsel is committed to competent, compliant processes that maximize our clients' cash flow.

For more information, or to meet with one our consultants, call 800-336-3038

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