September-October 2009

NCDS update

A Billing Industry Newsletter for Clients

Keeping your office up-to-date on industry and insurance changes, late-breaking billing & reimbursement news, and general inter-office communication…

MFFS Billing for the Admin of the H1N1 Virus Vaccine

MLN Matters® Number: SE0920 Revised

Note: This article was revised on September 10, 2009.The title of the article was changed and there were references to two MLN Matters® articles (MM6626 and MM6617) added to the Additional Information section. All other information remains the same.

The Centers for Medicare & Medicaid Services (CMS) has created two new HCPCS codes for H1N1, effective for dates of service on and after September 1, 2009:

G9141—Influenza A (H1N1) immunization administration

(includes the physician counseling the patient/family)

G9142---Influenza A (H1N1) vaccine, any route of administration

Payment for HCPCS code G9141 (Influenza A (H1N1) immunization administration, will be paid at the same rate established for G0008 (Administration of influenza virus vaccine). H1N1 administration claims will be processed using the diagnosis V04.81 (influenza), and, depending on the provider type, using revenue code 771. The same billing rules apply to the H1N1 virus vaccine as the seasonal influenza virus vaccine with one exception. Since the H1N1 vaccine will be made available at no cost to providers, Medicare will not pay providers for the vaccine. Providers do not need to place the HCPCS code G9142 (HIN1 vaccine code) on the claim. However, if the HCPCS code G9142 appears on the claim, only the claim line will be denied.

Payment will not be made to providers for office visits when the only purpose of the visit is to administer either the seasonal and/or the H1N1 vaccine(s).

Though Medicare typically pays for one vaccination per year, if more than one vaccination per year is medically necessary (i.e. the number of doses of a vaccine and/or type of influenza vaccine), then Medicare will pay for those additional vaccinations. Our Medicare claims processing contractors have been notified to expect and prepare for earlier-than-usual seasonal flu claims and there should not be a problem in getting those claims paid. Furthermore, in the event that it is necessary for Medicare beneficiaries to receive both a seasonal flu vaccination and influenza A [H1N1] vaccination, then Medicare will pay for both. However, as noted earlier, please be advised that if either vaccine is provided free of charge to the health care provider, then Medicare will only pay for the vaccine's administration (not for the vaccine itself).

ICD-9 Provider & Diagnostic Codes have been updated

effective October 1, 2009. Please check the link below or contact an NCDS Coding representative for more information about what these changes mean specifically to your practice.

www.cms.hhs.gov/ICD9ProviderDiagnosticCodes/07_summarytables.asp#TopOfPage

When patients lose jobs, physicians feel impact

Ohio doctors report that visits are down as laid-off patients are dropped from insurance plans and have trouble paying bills.

By Emily Berry, AMNews staff. Posted Aug. 24, 2009.

Most physicians in Ohio say they have patients who have lost their health insurance and aren't always able to pay their medical bills, according to a survey released in August by the Ohio State Medical Assn.

The OSMA sent an e-mail survey to members and received 559 responses. Physicians could also add comments, which were published along with the results.

Some 70% said they had seen a slowdown in business or an increase in cancellations over the previous nine months.

"Due to high deductibles and limited financial resources, many patients are postponing appointments and tests," one family physician wrote.

More than 90% of respondents said they were seeing more patients who had lost insurance.

91% of Ohio doctors are seeing patients who have lost insurance. "As an obstetrician, I am seeing patients in the midst of their prenatal care who suddenly lose their job and/or insurance," one doctor wrote.

Most respondents -- 87% -- said their patients were having increasing trouble paying medical bills. In response, physicians said they were trying to come up with ways to help patients with payment problems. More than 75% offered payment plans; 58% offered discounts for self-pay patients; 55% offered charity care; and 62% wrote off bills deemed "uncollectable."

Some doctors reported they, too, were having financial problems. A few said they weren't sure how much longer they could stay in business.

"We are struggling to pay bills," one wrote.

"I survive by working 12 hours a day," another said.

"These survey results reinforce the fact that, despite the financial pressures of the practice of medicine, Ohio physicians are working hard to help our patients receive care," OSMA President Roy H. Thomas, MD, said in a prepared statement. "No sector of the economy is immune to the effects of this recession. However, we are trying to work with our patients to ensure continuity of care in this harsh economic climate."

Ohio's June unemployment rate was 11% and more than 14% in the Toledo and Youngstown areas, according to the U.S. Bureau of Labor Statistics. In October 2008, just before unemployment nationwide

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WHEN PATIENTS LOSE JOBS, PHYSICIANS FEEL IMPACT – CONTINUED... began skyrocketing, the rate was 7%. Ohio is one of 16 states with an unemployment rate in double digits, and the rate has been higher than 10% since April.

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With so many patients potentially impacted by joblessness, unemployment, etc. you and your office staff need to focus closely on insurance changes. Please police this closely at the front desk when registering new patients and at each established patient visit. Be sure you are asking patients to confirm or update their insurance and address on file. You should ask to see their current insurance card and driver's license or state ID to verify the information.

Lack of appropriate insurance information is the #1 problem impacting payment in your practice right now. NCDS is working to bring electronic eligibility and benefit verification to you through agreements with vendors including Emdeon, Availity and Navinet. These organizations can help provide a real-time look-up to check the validity of patients' coverage and potentially reduce the errors, denials and costs associated with non-payment. More specific information will be coming in early 2010 as to how this will work within the NCDS system and how it can be used to improve the results for your practice.

OHIO PART B CARRIER - CHANGE IN PAYMENT CYCLE SCHEDULE

A minor change in cycle scheduling will occur for OH/WV and SC Part B providers during the weekend of October 10, 2009. Impact to the provider community will be minimal. Claims that would normally pay on October 15th will pay one day early on October 14th as a result of this change. Normal claim processing times will resume after the October 14th pay date. This change will not result in any days where payments will not be issued. NCDS will be monitoring your Medicare remittance closely to ensure there is no disruption in cash flow. Please contact your NCDS Client Service representative with questions.

HEALTH CARE REFORM UPDATE

BY: MICK POLO, PRESIDENT, NCDS

Congress has returned from the August recess and the health care reform debate continues without actual progress.

The Senate Finance Committee is set to approve its version of a health care bill this week. This puts Democrats close to bringing legislation that makes sweeping changes in the nation's health care system on to the floor of both houses soon. However, at least two Democrats on the committee have refused to pledge support. Both Republican and Democrat Party leaders still face immense challenges as they attempt to combine the rival proposals: two bills in the Senate and three in the House.

This emphasizes the hard work ahead for President Barack Obama as he tries to enact the most ambitious domestic policy legislation in more than a generation. In his weekly radio and internet address he described health care overhaul as a way to bolster small businesses and create jobs, trying to avoid the dismal unemployment numbers released for September. To assemble the sixty votes needed to overcome a filibuster the President needs to hold every Democrat and independent in the Senate.

Politics are thick with promise and accusations are quick to fly but the real information or change is scarce at this point. NCDS is watching, reading, keeping in contact with our colleagues around the country and especially listening to our advocates in Washington, DC for the latest updates on what reforms means to your business. As FACTS develop we will bring them to your immediate attention.

OHIO DOCTORS SLOW TO SIGN ON TO E-PRESCRIPTIONS

From: The Plain Dealer, July 21, 2009, By: June Q. Wu,

Ohio doctors seem reluctant to give up their prescription pads, according to findings by Surescripts, the largest national prescription network.

The state lags far behind the nation's leaders when it comes to sending prescriptions electronically over the network, which covers all major chain pharmacies, such as CVS and Walgreens, as well as 10,000 independent pharmacies.

In 2008, Ohio doctors electronically routed just 4.67 percent of prescriptions, Surescripts reports. Massachusetts tops the list for the second consecutive year with 20 percent -- more than four times Ohio's rate.

Electronic prescriptions, colloquially known as e-prescriptions, allow doctors to monitor and control treatment more efficiently. By getting rid of paper prescriptions and illegible handwriting, e-prescribing also reduces the risk of medical errors.

With the click of a mouse, doctors are able to pull up information about the patient's insurance coverage when prescribing treatment. Easy access to comprehensive patient information allows doctors to prescribe alternative generic drugs to bring down the cost of medication, said Surescripts spokesman Rob Cronin.

The number of prescriptions routed electronically nationwide grew from 29 million in 2007 to 68 million in 2008, and the number of e-prescribers jumped 12 percent.

"One thing that gets the most focus with e-prescriptions is patient safety," Cronin said. "The doctor can use software that provides them with a complete view of the patient's medical history."

Although the national rate of e-prescription use hovers at about 10 percent, John Halamka, an expert on e-prescriptions and chief information officer at Harvard Medical School, expects to see "rapid increases in e-prescribing volumes" next year, as use of electronic prescriptions will likely be a requirement for receiving stimulus money.

Barriers to adopting e-prescribing technology at hospitals and doctor's offices include initial and long-term costs and confusion about competing product offerings, Halamka said. The cost to implement e-prescribing can range from $1,000 to $10,000 per physician in the first year and $250 to $3,000 in subsequent years.

Many physicians at University Hospitals in Cleveland and the Cleveland Clinic already e-prescribe, and other hospitals and health centers in the area plan to implement e-prescribing technology along with electronic medical records in coming years.

Jeffrey Sunshine, interim vice president and chief medical information officer at University Hospitals Case Medical Center, said that the use of e-prescriptions facilitates the transfer of patient data.

"Patients often see many doctors, so it's important to have a central list of medications that the patient is on so we don't duplicate others' efforts."

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If you are using a qualified eRx system be sure you are adding the proper G-codes to your Medicare claims to be eligible for your incentive payment bonus. Contact an NCDS Coding representative to learn more about the appropriate billing of codes **G8443**, **G8445** & **G8446** for e-prescribing.