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AcSel ADVISOR

Medical Solutions LLC

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CMS PUSHING BACK...THE EHR MEANINGFUL USE STAGE 2

Providers are going to get some breathing room from CMS. You have another year to show you have met the Stage 2 criteria outlined by the federal government's incentive program for using an electronic health record system. The government's incentive program is encouraging providers to adopt the *meaningful use* of an EHR.

Stage 2 will be extended to the end of 2016. Stage 3 will begin on the fiscal year 2017 for hospitals and the calendar year 2017 for physicians and other eligible professionals that have complete at least 2 years of Stage 2.

The intent of this delay is to allow CMS and the Office of the National Coordinator for Health Information Technology at HHS to help providers meet Stage 2's demands for patient interaction, information exchange and to collect data to develop policy decisions for Stage 3.

The proposed rules for Stage 3 are expected to be released in the fall of 2014 informing the providers of the requirements that are going to be expected of them.

HCPC G8553—NO LONGER VALID FOR 2014

G8553 that was used for eRX claims is no longer valid for claims billed with dates of service 01/01/2014 and after.

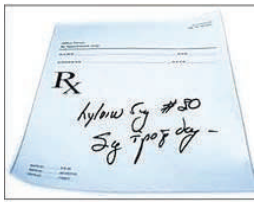
Individual eligible professionals and group practices participating in the eRx Group Practice Reporting Option who are not successful electronic prescribers will be subject to a 2.0% payment adjustment on their Medicare Part B services provided January 1, 2014 through December 31, 2014.

To avoid the 2014 eRx payment adjustment, individual eligible professionals had to have been a successful electronic prescriber in 2012 and reported G9553 code for at least 10 billable Medicare Part B services provided January 1, 2013 through June 30, 2013.

A fact sheet is available for your review with more detailed information on how an eligible professional or group practice can request a hardship exemption to the 2014 eRx payment adjustment.

https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/ERxIncentive/Downloads/2014eRxPaymentAdjustment_InformalReviewMadeSimple_10-09-2013.pdf

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!



EMERGENCY UPDATE - CY 2014 Medicare Physician Fee Schedule Database

Article CR8534 amends payment files and accounts for the year-end Congressional legislation for a 0.5 precent update to the 2014 conversion factor and extends the non-budget neutral geographic practice cost index work floors, all effective for January 1, 2014 through March 31, 2014. MACS will begin to pay claims using these new files no later than January 16, 2014 for dates of service January 1, 2014. You should be now able to see these fees on the MACs websites.

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

To schedule your FREE 5 chart readiness assessment.

If you'd like, we can add you to our mailing list for our AcSel Advisor Medical Billing & Compliance Newsletter. It's free!

ICD-10-CM NEWS CORNER

Time to start thinking seriously about ICD-10-CM. The clock is ticking down and October 1, 2014 will be upon us before the blink of an eye. Starting with this issue, AcSel will focus on the structure of ICD-10.

The general coding guidelines for ICD-10 is really not that different from ICD-9. We have always located the tem in the Alphabetic Index for the reason of the visit and then verified the code in the Tabular Listing. For ICD-10 it is going to be even more important to reference the Alphabetic Index first, read all the instructions that are noted in each section.

It is essential to use both the Alphabetic Index and Tabular List when locating and assigning a n ICD-10 code. The Alphabetic Index does not always provide the full code. Coding the laterality and any applicable "7" character can only be done in the Tabular List.

Don't throw away your ICD-9-CM books. It is a possibility that for a period of two years or more, you will need to access both ICD-9-CM codes and ICD-10-CM codes as the transitions progresses. Mapping between these two code sets can be a helpful tool .

AcSel Medical Solutions is ready to help you understand how to prepare your physician and staff for ICD-10. Focusing on clinical documentation improvement to make the transition over from ICD-9 less stressful for all. After all, besides the ability to be more specific in the selection of the ICD-10 code is going to rely solely on the documentation found in the chart.

2014 PQRS MEASURES ARE NOW AVAILABLE

The 2014 measures codes resources with information about PQRS quality measures for claims and registry-based reporting are now available.

The PQRS website includes these 2014 resources:

- **2014 PQRS Implementation Guide**
- **2014 PQRS Individual Claims Registry Measure Specification Supporting Documents**
- **2014 PQRS Measure Groups Specifications, Release Notes, Getting Started with 2014 PQRS Measures Groups, 2014 Quality-Data Categories, and 2014 PQRS Measures Groups Single Source Code Master**

Considerations when selecting measures for 2014 reporting:

- **clinical conditions you treat most often**
- **type(s) of care you typically provide**
- **Setting(s) where you usually deliver care**
- **Quality improvement goals you have planned for 2014**
- **Additional quality reporting programs you use now or are considering**

HIPAA RULES EMAILING AND TEXTING WITH PATIENTS

The new HIPAA Ominbus rules contain many changes to HIPAA Privacy, Security and Breach Notification rules that affect the communication with patients and clients in the health care field. Many of the polices and procedures speak to emails and text messages.

Free web email services (Gmail, Yahoo, Hotmail) are not secure and no electronic Protecte4d Heath Information (ePHI) should be sent through these systems, either in messages or attachments.

Taken from the HIPAA OMNIBUS FINAL RULE (page 5634) - *We clarify that covered entities are permitted to send individuals unencrypted emails if they have advised the individual of the risk, and the individual still prefers the unencrypted email… If individuals are notified of the risks and still prefer unencrypted email, the individual has the right to receive protected health information in that way, and covered entities are not responsible for unauthorized access of protected health information while in transmission to the individual based on the individual's request. Further, covered entities are not responsible for safeguarding information once delivered to the individual.*

Patients don't want to bother with secure Web-site-based solutions, they just want to use the tools they already use at no cost for their communications. Your office needs to unde4rstand the various ways that health care communications can take place, and how patient communications fit in with the HIPAA rules.

If a patient asks you to send them information at a free web email service, you should inform them that their system is not secure and ask if they still want the information sent to them. If they say yes, it is HIPAA compliant to do this. Be sure you document your conversation and their approval. Additional protection would be to have a release form in your office for the patient to sign.

Worried about how ICD-10 will affect your revenue cycle?

The transition will affect more than the coding aspect of medical billing. AMS provides the tools, processes and services necessary to prepare your practice for a smooth transition.

Call 1-800-336-3038 or email us at info@acselmedical.com for more information.

Don't be too quick to report an E/M routinely with every procedure that is done in your office. Most procedures include an element of evaluation and management.

Stop and Think . . . Is the E/M service going to be able to "stand by itself" meeting the components of the CPT code truly a establishing a significant and separately identifiable service to justify appending a modifier?

Stop and ask yourself…"What is the intent of the visit?"

Can You Code It ...???

Diagnosis coding can be a challenge whether coding by using ICD-9-Cm or ICD-10-CM. Which of the following applies when you are coding from either system and is the most definitive answer for your **primary** diagnosis?

A. Always code the sign and symptom

B. Signs and symptoms that are associated routinely with a disease process should be assigned as primary diagnosis

C. A related definitive diagnosis has been established and should be used as principal diagnosis. Signs and symptoms should not be used as primary.

LAST ISSUE'S ANSWERS: Answer '3'...27244 (intertrochanteric femoral fracture), 27758 (open reduction tibial with or without fibula fracture)

AcSel Medical Solutions LLC

Find us on the web:
www.acsel.org

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

In This Issue:

- CMS Mandatory Payment Reductions
- ICD-10 Checklists and Timelines

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