

# Medicare Update

HMWC H.E.L.P

---

MAUREEN BROOKS

FEBRUARY 19, 2015

# Meeting Objectives

---

Review the 2015 Medicare Physician Fee Schedule

Discuss Noridian 2015 Updates

Review OIG 2015 Work Plan

Understand the EMR Incentive Program

Review ICD-10 Implementation

# Medicare Physician Fee Schedule

---

2015 Conversion Factor is \$35.8013

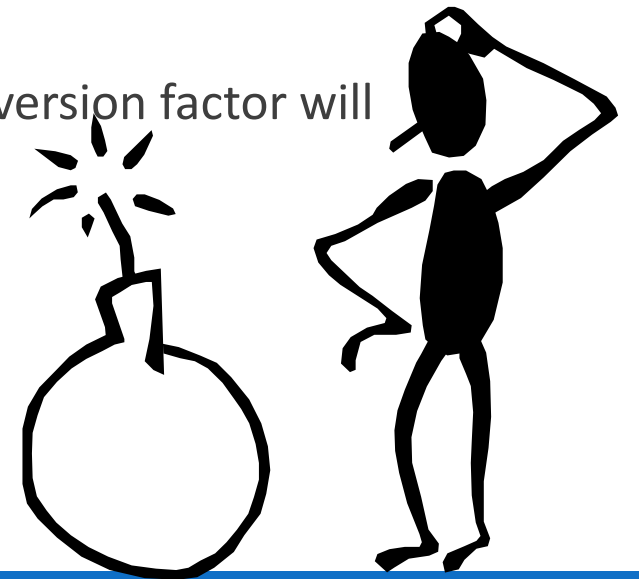
.06% decrease from 2014 to “budget neutral”

2015 Fee schedule effective January 1, 2015 thru March 31, 2015

Congress passed a “fix” to the fee schedule. The fix provides for a zero percent update for services 1/1/15 thru 3/31/15

If Congress does not elect to stop the rate reduction at 4/15/2015 the conversion factor will drop to \$28.2239 (21.2% adjustment)

2% Sequestration reduction continues through 3/31/2015



# Medicare News

---

Medigap errors (system) 1/5/15 thru 1/19/15. Claims did not cross over. Must be crossed manually

Global Package – Transition of 10 and 90 day global packages into 0-day global package;

10 day global codes occur 2017

90 day global codes occur 2018

BEWARE – Medical Necessity rules will apply

# OIG WORKPLAN

---

Evaluation and Management – carryover from prior years

Emphasis on “new” vs. “established” patient. Three (3) year rule

Medical Necessity

- Signature page from EMR if audited

# EMR Incentive Program

---

2014 Attestation deadline for EP's 2/28/2015

Penalty year 2016

Revised PQRS tables

See Medicare website for hardship – difficult to qualify



# ICD-10

I need more  
time....please



# ICD-10 Payer Prep

---

Version 5010 implemented in 2012.

Addition of dx markers to 7 implemented in 2013

Updated HCFA-1500 form to accommodate 7 digit dx codes, changed from 1,2...to A,B..increased possible number of dx codes



# Payer Prep

---

Clearinghouses providing better two way information

ERA's improved

Non government payers updating their edits and adopting Medicare LCD's

# Why are we doing this again?

---

- ✓ Quicker turnaround
- ✓ Fewer denials
- ✓ More accurate claims
- ✓ Payers suggest improved data collection and analysis
- ✓ Catch up with the rest of the world, WHO data collections



# There is still time

---

**PLAN** – Plan the Implementation of ICD-10 for your practice.

**PREPARE** – Prepare training materials, update internal policies, create flow charts

**TRAIN** – Train staff and physicians

**TEST** – Test the changes, run ICD-10 behind ICD-9 and review chart documentation

**IMPLEMENT – OCTOBER 1, 2015**

# Implementation Review

---

Create a team approach.

Team assignments and reporting to the committee

Obtain provider commitment

Review/revise budget

Communication is key:

- Staff
- Providers
- Patients

# Review your current practices

---

Review your use of ICD-9 in your practice

Take an in-depth look at the current level of documentation

Run a frequency report of the most used procedures and diagnosis codes.

# Documentation

---

Take an in-depth look at the current level of documentation in the medical record

Review specificity, think about how to begin the process of improvement.

- Patient intake forms
- Health questionnaires
- Template chart notes

# Hierarchy Structure

---

## Differences in ICD-10-CM

- ❖ Alphanumeric Structure
- ❖ Addition of 6 and 7 extensions to provide a higher level of specificity
- ❖ Reorganizing and adding chapters
- ❖ Expanded to include health related conditions
- ❖ Creation of combination diagnosis/symptom codes to reduce the number of codes need to describe a condition

# ENT Note

---

- ❖ A patient comes in with an earache - the provider does a problem-focused history and exam – the documentation states: Otitis media. Amoxicillin BID x 10 days. Follow-up in one week if no improvement
- ❖ The appropriate ICD-9-CM code is 382.9 – otitis media, unspecified
- ❖ In ICD-10-CM there are many options for this diagnosis



# Otitis media

---

H66.9□ (requires 5th digit) Otitis media, unspecified

H66.90 - Otitis media, unspecified, unspecified ear

H66.91 - Otitis media, unspecified, right ear

H66.92 – Otitis media, unspecified, left ear

H66.93 – Otitis media, unspecified, bilateral

Insurance companies may question the integrity of a claim that is sent in with “unspecified ear” because such vital information should be indicated in the documentation

# Otitis media

H65- Nonsuppurative Otitis media

H65.0- Acute serous Otitis media

Acute, recurrent, laterality

H65.1- Other acute Nonsuppurative Otitis media

Acute, subacute, recurrent, laterality

H65.2- Chronic serous Otitis media

Laterality

H65.3- Chronic mucoid Otitis media

Laterality

H65.4- Other chronic Nonsuppurative Otitis media

Chronic allergic vs. other chronic, laterality

H65.9- Unspecified Nonsuppurative Otitis media

Laterality

# Otitis media

H66- Suppurative and unspecified otitis media

H66.0- Acute suppurative otitis media

    With or without spontaneous rupture of eardrum,  
acute,

    recurrent, laterality (16 codes)

H66.1- Chronic tubotympanic suppurative otitis media

H66.2- Chronic atticoantral suppurative otitis media

H66.3- Other chronic suppurative otitis media

H66.4- Suppurative otitis media

H66.9- Otitis media, unspecified

H67- Otitis media in diseases classified elsewhere

# Tips

---

C – Cancer

H – Hearing

M – Muscle

O – “OB”

R – Rule Out

Y – did it happen

E - Endocrine

I - Infarct

N - Nephrology

P - Perinatal

T – Toxicity

V is now Z

# Acute vs Chronic

---

Documentation of the patients condition must include acute or chronic to assign the most appropriate ICD-10 code.





FORGET ABOUT IT.....I'M  
RETIRING

# Visit these sites for more info

---

[www.aapc.org](http://www.aapc.org)

[www.cms.gov](http://www.cms.gov)

[www.mgma.com](http://www.mgma.com)

<http://apps.who.int/classifications/icd10/browse/2010/en>

# THANK YOU!!

---

## QUESTIONS.....

