

IMA WIRE Newsletter

In this issue...

- Idaho COVID-19 vaccine update
- Board of Medicine nominations
- AMA publishes clarification of certain E/M guidelines
- IMA Webinar Education Series
- Telehealth bills in Congress
- Medicare sequester fast-approaching March 31 deadline – Senate passes bipartisan fix
- Holland & Hart Healthcare Compliance Webinar Series
- Have you ordered your 2021 HCPCS books yet?

Idaho COVID-19 vaccine update

On March 29, all Idahoans 16 years of age and older with at least one medical condition are eligible to receive the COVID-19 vaccine.

The Pfizer vaccine is the *only* vaccine brand that can be administered to 16 and 17-year-olds while Moderna and Janssen (Johnson & Johnson) are for those 18 years of age and older.

Starting April 5, all Idahoans will be eligible to receive the vaccine.

Eligible groups can sign up for a vaccine appointment by using the [state's pre-registration system](#) or by booking an appointment with a provider directly. Idahoans can find providers who are

administering the vaccine in their area on the [state's COVID-19 website](#) in the health district section.

The University of Michigan has created the following flyer about vaccine hesitation, you can download it [here](#).

Helping Others Overcome Vaccine Hesitancy

Trying to encourage someone to be vaccinated? Here are seven key pieces of advice from experts.

	PROVIDE EMOTIONAL SUPPORT	Say "I know there is uncertainty, but this disease is scary. I got the vaccine (or am planning to) and I want it for my family and want you to get it too."
	ACKNOWLEDGE UNCERTAIN RISK	The threat of COVID-19 is real and increasing, and while it is reasonable to wonder about the vaccine or seek more information from reliable sources before deciding to get vaccinated, getting vaccinated will reduce risk to yourself, your loved ones and society as a whole.
	TALK ABOUT KNOWN RISKS	Let people know what to expect when getting the vaccines, from common side effects like muscle soreness and fever to the rare risk of allergic reactions. Talk about what's being done to monitor and respond to those reactions.
	PROVIDE INFORMATION FOR INFORMATION-SEEKERS	Share articles from reputable sources to combat misinformation about the vaccines and their safety and efficacy.
	PARTNER WITH COMMUNITIES	Approach patients who are skeptical with transparency and respect. For example, with Black communities, acknowledge the problems that exist and partner with those with long-standing relationships in the communities to provide information.
	SHARE YOUR EXPERIENCE	Saying "go get the vaccine" is one thing; showing that you are willing to do it openly is another, and even more powerful.
	TAP INTO PEOPLE'S DESIRE TO PROTECT	Use those pre-existing motivations to protect friends and family, and frame getting vaccinated as something you and everyone can do concretely for the people you love.

Source: University of Michigan
<https://healthblog.uofmhealth.org/wellness-prevention/overcoming-covid-19-vaccine-hesitancy>



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Board of Medicine nominations

The Board of Medicine (BOM) has alerted the IMA of upcoming vacancies on both the BOM and Committee on Professional Discipline (COPD).

The terms for both BOM members Dr. Malek (emergency medicine, Coeur d'Alene) and Dr. Garland (neurology, Idaho Falls) will expire in May, 2021. BOM is seeking nominations to be sent to the governor for physicians to fill these positions.

Regarding the COPD, the terms of Dr. William Ganz (neurosurgeon, Coeur d'Alene) and Dr. William Bennett (family medicine, Idaho Falls) will terminate on June 30, 2021.

For all of these four vacant positions, the BOM would like to retain its current geographic diversity and is certainly open to having physicians from other regions, as well. The BOM is losing its representation in Health **District 7** and does not have any current physician representation from Health **Districts 2, 3, or 6**.

Regarding specialties, BOM enjoyed having an **emergency physician** and found **neurology** helpful as there are frequent complaints before BOM that include these specialties. In addition, BOM is interested in having physicians who practice **internal medicine with subspecialties of gastroenterology, cardio, nephrology, or pulmonary critical care**.

After reading the preferences for these positions, if you feel you would be a strong candidate for any of the four COPD or BOM vacancies, please complete the following:

1. This form: bit.ly/BOMnomination (Only BOM applicants need to provide this form, not COPD)
2. An updated Curriculum Vitae.
3. A brief statement (200 words or less) describing why you wish to serve on the Board of Medicine or the Committee on Professional Discipline, and why your expertise and experience make you a quality candidate.

Please respond by **April 16**. Materials can be emailed to susie@idmed.org or faxed to 208-344-7903. All names will be reviewed by your local medical society president or president-elect for input prior to submitting the list of candidates to the IMA Board and then onto the governor. Thank you for your continued support and participation. Feel free to email Susie with any questions.

AMA publishes clarification of certain E/M guidelines

By IMA Reimbursement Consultant Jana Weis, CPC, Principal, Gill Compliance Solutions

In a March 9th technical correction publication, the AMA clarified several interpretation points of the 2021 Evaluation and Management guidelines. This was anticipated, and likely to continue through this year as providers challenge and question the new counting structure over medical complexity. The clarifications focused on the E/M elements and CPT definitions within the medical decision-making table. Several of the main discussion points are listed below however, we recommend reviewing the full article from the AMA here: <https://www.ama-assn.org/system/files/2019-06/cpt-office-prolonged-svs-code-changes.pdf>. These changes will only be communicated through the AMA website and not published within the 2021 edition of the CPT Guide.

Counting a test in the data section:

If tests are being ordered and billed for by the provider, then these are not counted as part of the data area due to the provider being paid for that test. When a provider does not bill for the test, or the test is recommended after shared decision making, and is not ordered, this can be counted as part of the “ordered” within the data section. Documentation would need to show that this was considered and not initiated through that decision making.

Tests that don't normally have a formal interpretation (CBC, etc.) and are only analyzed through results would not count as an independent interpretation. Rather, this would be counted as part of ordered or reviewed, depending on documentation and billing.

Management risk:

A diagnosis itself should not be the determinate of the MDM risk. If a presenting symptom represents a highly morbid condition, this could drive the MDM risk even if the diagnosis is not high morbidity. The term 'risk' is used to describe how it relates to the condition and not always correlated with the risk of management.

Analyzed (CPT Definition):

Tests ordered at the encounter are presumed to be analyzed when the results are reported. Tests that are compared to past like tests (Prothrombin), are only counted for the current encounter for which they are ordered, and not summed, with tests that have occurred at a previous encounter. If a test is ordered between encounters, this can be counted as 'reviewed' at the encounter that it is discussed with the patient. Ordered and reviewed would not be counted separately for a single test ordered at an encounter, as this is presumed to be reviewed as part of that order.

For the purposes of data reviewed and analyzed, pulse oximetry is not considered a test.

Unique test and Unique source (CPT definitions):

Unique tests are represented by a single CPT code, (i.e. 80053 comprehensive metabolic panel). When tests are compared to past like test (as noted above), this would still count as a single test. A unique source can represent a different clinic, facility, or specialty (if within the same group). Review of all materials from a unique source would count as one element.

Combination of data elements:

Elements can be determined from a single bullet (CBC ordered = 1 element) or multiple elements within a single bullet (CBC, B12 ordered, independent historian = 3 elements). You do not have to represent each bullet under the criteria for Category 1 in the data section.

Discussion (CPT Definition):

Discussion with a patient or family needs to be an interactive exchange. Communication should not be through a third party (medical assistant, lab technician) and not through written exchanges. Discussion can be asynchronous and does not have to happen the date of the encounter (if coding using the MDM table and not time). Communication on a different date needs to be within one or two days (short period). GCS highly recommends future conversations are documented as an addendum to the original encounter to show this was completed if counted as part of the decision making process.

Counting time:

The AMA clarified that time spent on separately billable services should not be included as part of E/M time. Travel time and teaching that is general and not limited to a discussion required for management of a specific patient should not be included in the E/M time.

IMA Webinar Education Series



Aspects of Consent in the Outpatient Practice: Informed consent/refusal for medical procedures, administrative consent for photos, audio/video recording, telehealth, consent to treat minors. Guest from MIEC, Kathy Kenady (1 CEU)
Wednesday, April 21, 2021, 12:15 – 1:30 pm (MT)

Register today to join MIEC guest Kathy Kenady on April 21, 2021. Don't miss this valuable and informative webinar! This webinar will be presented via Zoom, dial-in instructions as well as any presentation materials will be emailed to you the day before the webinar. A registration form is available at idmed.org. Questions? Contact the IMA at 208-344-7888 or rebecca@idmed.org.

Telehealth bills in Congress

In Congress, the IMA will be working with AMA to monitor several telehealth bills in hopes of sustaining the high utilization created by the COVID-19 pandemic. In the Senate, Tim Scott from South Carolina and Brian Schatz from Hawaii released a bipartisan bill to make permanent several of the coverage restrictions that were waived during the pandemic. Specifically, the Telehealth Modernization Act would remove the geographic and originating site restrictions from Medicare, allow coverage for FQHC's under Medicare, and expand the types of telehealth services covered by Medicare. Idaho Sen. Mike Crapo will be a key player in telehealth reforms as the ranking member of the Senate Finance Committee. In February, Sen. Crapo pledged to work with the now Secretary of Health and Human Services on bipartisan reforms to telehealth and recently **noted it is a priority issue**.

Medicare sequester fast-approaching March 31 deadline – Senate passes bipartisan fix

In the COVID-19 relief package that passed in December, there was a provision to delay a two percent across-the-board cut to Medicare payments. The cuts, known as the Medicare sequester, are delayed to March 31, 2021 which is less than a week away. However, members of Congress are considering several solutions to delay the Medicare sequester.

Last week, the House passed H.R. 1868 on a mostly Democrat party line vote, which would delay the Medicare sequester to December 31, 2021 and waives a budgetary rule that requires legislation not to create a net increase in the federal deficit over a 10-year period. In the Senate, that bill was amended to eliminate the budgetary waiver but retained the Medicare sequester delay until December 31, 2021. The bill received the support of both Idaho Senators Mike Crapo and Jim Risch and passed by a vote of 90-2. The legislation will return to the House for a vote in mid-April where bipartisan passage is expected. The cuts will likely not go into effect as CMS will wait to process claims until the legislation is signed into law.

Idaho Rep. Mike Simpson is a cosponsor of H.R. 315, the Medicare Sequester Moratorium Act which was one of the first bipartisan proposals issued to delay the Medicare sequester in the 117th Congress.

Holland & Hart Healthcare Compliance Webinar Series

Holland & Hart is pleased to invite you to our complimentary Healthcare Compliance Webinar Series. This series is taking the place of our annual in-person Holland & Hart Bootcamp to comply with CDC guidelines related to COVID-19.

In our Healthcare Compliance Webinar Series, designed for the healthcare and life sciences industry, we will address compliance issues that frequently impact administrators, compliance officers, HR specialists, and other healthcare professionals. Please see below for details about our next events.

TODAY! Thursday, April 1, 12-1 PM: FDA Regulatory Issues for Medical Device Companies
Speakers: Lee Gray, Brent Johnson, and Kristy Kimball

[RSVP HERE](#)

Have you ordered your 2021 HCPCS books yet?

HCPCS 2021 Level II Professional Edition provides your practice a quick and accurate coding reference. Along with the most current HCPCS codes and regulations included in the codebook, you'll have everything needed for accurate medical billing and maximum reimbursement. Organized for quick and accurate coding, HCPCS Level II 2021 Professional Edition codebook includes the most current Healthcare Common Procedure Coding System codes and regulations, which are essential references needed for accurate medical billing and maximum permissible reimbursement. This professional edition includes such features as Netter's Anatomy illustrations, dental codes and ASC (Ambulatory Surgical Center) payment and status indicators.

The books are already at the IMA office and can be picked up, shipped, or delivered today! As part of your membership, the Idaho Medical Association offers most coding, billing, and reference manuals at a significant discount. This saves you and your office money when you provide your staff with the tools to help you ward off unwelcome challenges to your revenue.

[Click here for the 2021 publications order form](#)

If you have questions or if there is a type of book you don't see but would like to purchase, please contact Rebecca Adams at rebecca@idmed.org or 208-344-7888.

IMAFS financial tip: Make the most of the tax extension



FINANCIAL SERVICES

Recently, the IRS announced they are extending the federal tax filing deadline for 2020 from April 15 to May 17, 2021. This includes individual federal income returns and sole proprietorships. The Idaho State Tax Commission is also following suit by postponing state tax filings to May 17.

So what does this mean for you?

If you haven't fulfilled your 2020 IRA, SEP IRA, Roth IRA, or HSA contributions you can still contribute by May 17! Contributing to a deductible IRA, SEP IRA, or HSA may lower your tax burden.

Maximum Contributions for 2020 are as follows:

IRA = \$6,000 (additional \$1,000 catch up if over age 50)

Roth IRA = \$6,000 (additional \$1,000 catch up if over age 50)

SEP IRA = 20% of self-employed income up to a maximum of \$57,000

HSA = \$7,100 family or \$3,550 single

Additional Notes:

Deductible IRA contributions and Roth IRA contributions are subject to income limitations. However, the backdoor Roth IRA strategy may allow you to avoid income limitations.

Your IMA membership includes an initial no-cost tax evaluation with an IMAFS advisor! If you would like to learn more and evaluate the options that are applicable to you, please contact IMA Financial Services at 208-336-9066 and meet with a Financial Planner today!

All products and services are screened by a board of your IMA peers. IMAFS operates as a fiduciary to provide advice that is in your best interest, that means they are not influenced by commissions.



Idaho Medical Association

P.O. Box 2668 Boise, ID 83701 | 208-344-7888

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