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# IMA WIRE Newsletter

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## **Moderna to Submit COVID-19 Vaccine to FDA as Full Results Show 94% Efficacy**

On Nov. 30, Moderna said that its COVID-19 vaccine continued to deliver strong efficacy results, showing 94% efficacy in the main analysis

of its key study. The company said it would immediately seek regulatory clearances in the U.S. and Europe.

The milestone suggests that there could be two vaccines against the SARS-CoV-2 virus before the end of 2020. Pfizer and BioNTech released positive results for a similar vaccine on Nov. 18, and requested an emergency use authorization, or EUA, from the Food and Drug Administration two days later. Moderna said it would make its request to the FDA on Nov. 30.

Moderna said that safety data is being reviewed continuously, but that there are no new serious safety concerns. The most common adverse events included site pain, fatigue, muscle or bone pain, headaches, and redness at the injection site. The reactions were more serious in the vaccine group after patients received a second dose. The results Pfizer and BioNTech released 12 days ago for their vaccine are roughly similar. That two-dose vaccine is 95% effective, the companies said in a press release.

It is not yet possible to say, however, how long the immunity granted by either vaccine will last, because studies of both have only lasted a matter of months.

The next step in the process relies on a panel of expert advisers to the FDA, called the Vaccines and Related Biological Products Advisory Committee, which will convene Dec. 10 to review Pfizer's vaccine and recommend whether it should be cleared for use in health workers and other vulnerable populations. A committee meeting to review Moderna's data is set to take place Dec. 17. [Herper and Garde, *STAT*, 11/30] [Read the full article here.](#)

On Dec. 1, the CDC's Advisory Committee on Immunization Practices (ACIP) is holding an emergency meeting. This is the group that recommends how and to whom vaccines in the U.S. are deployed. The ACIP will consider a proposal on prioritizing health care providers and residents of long-term care facilities for a vaccine. ACIP will also discuss how an available vaccine should be monitored for safety once it is distributed.

## New Outpatient Prolonged Services Code for 2021

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

How many times did you want to use a prolonged service code but didn't meet the time or face-to-face criteria? You're not alone, as the AMA and CMS agreed that this category of code needed to be

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overhauled in order to better capture physician time and resources with the new and established code set. Effective January 1, the CPT added a new code with the following description:

**99417** – Prolonged office or other outpatient evaluation and management service(s) beyond the minimum required time of the primary procedure with has been selected using total time, requiring total time with or without patient contact beyond the usual service, on the date of the primary service, each 15 minutes of total time (list separately in addition to codes 99205, 99215 for office or other outpatient evaluation and management services) – Proposed .61 Work RVU

The new definition has several positive changes and is exclusive to the highest level of new and established office services. One major change was the inclusion of both face-to-face and non-face-to-face activities specific to patient care. Another key difference has to do with how the 2021 new and established codes are driven, using time or medical decision making. In order to append this add-on code, time must be used as the primary component of CPT selection. The CPT definition of when the prolonged time should start, starkly contrasts with that of CMS as published in the Proposed Rule earlier this year. The table below represents the likelihood of how time will be counted as per CMS. Note 99205 ends at 74 minutes and 99215 at 54 based on the CPT time brackets. CMS commented that providers should not be starting time until the 75th minute for 99205 and 55th minute for 99215. The table below summarizes minutes required in order to code one or more units of 99217. We will provide an update on this during the IMA December Final Rule Webinar, assuming the final rule publishes in early December.

Starting in January, the old prolonged service codes 99354 and 99355 will no longer be valid with the new and established codes, but can be used with other specified E/M code categories. Likewise, the non-face-to-face 99358 will also bundle on the same date of service. The inpatient prolonged codes and application will not change and still require unit/face-to-face time.

New & Established E/M Codes	Total Time Required for Reporting (CMS Proposed Rule)
<b>99205</b> <b>99205 x 1 and 99217 x 1</b> <b>99205 x 1 and 99217 x 2</b> <b>99205 x 1 and 99217 x 3</b>	60-74 minutes 89-103 minutes 104-118 minutes 119 or more
<b>99215</b> <b>99215 x 1 and 99217 x 1</b> <b>99215 x 1 and 99217 x 2</b> <b>99215 x 1 and 99217 x 3</b>	40-54 minutes 69-83 minutes 84-98 minutes 99 or more

## IMA Statement on Science-based Health Policy Decisions

Recently, there have been many statements and opinions made in public venues and in the media regarding health policy, citing various sources of scientific evidence. Many of these stories and statements are controversial. The IMA supports COVID-19 guidelines from the Centers for Disease Control and Prevention (CDC) and believes this information should be the primary guide to use when considering health policy.

The political atmosphere in our country and in Idaho has become polarized and angry, less conducive to useful discussion and compromise, and there is decreasing consideration of evidence-based decision making when it comes to forming public health policy. In October, Idaho Medical Association delegates adopted a resolution which states:

**IMA strongly supports the use of scientific, evidence-based decision making for developing healthcare policies that impact our public health systems, healthcare providers, schools and universities, businesses, our economy, and our citizens. Idaho Medical Association urges policy-makers and elected officials to seek consultation and work closely with local physicians and other medical experts in creating public policies and guidelines that impact the health and safety of our citizens.**

## **CMS Announces Historic Changes to Physician Self-Referral Regulations**

The Centers for Medicare & Medicaid Services (CMS) finalized changes to outdated federal regulations that have burdened health care providers with added administrative costs and impeded the health care system's move toward value-based reimbursement. The Physician Self-Referral Law, also known as the "Stark Law," generally prohibits a physician from sending a patient for many types of services to a provider that the physician owns, is employed by, or otherwise receives payment from—regardless of what that payment is for. The old federal regulations that interpret and implement this law were designed for a health care system that reimburses providers on a fee-for-service basis, where the financial incentives are to deliver more services. However, the 21st century American health care system is increasingly moving toward financial arrangements that reward providers who are successful at keeping patients healthy and out of the hospital, where payment is tied to value rather than volume.

View the full press release [here](#).

## **Changes to the IMA Lobby Team**

IMA extends our best wishes to Molly Steckel, our longtime lobbyist and policy expert. Molly retired from the IMA in October after serving Idaho physicians for two decades – both as an IMA contract lobbyist and full-time staff member. Molly's contributions to Idaho healthcare are too numerous to list, and she will be deeply missed by all who had the pleasure of working with her. Take care, Molly!

IMA is extremely pleased to announce Jamie Neill as our new Director of Government Affairs. Jamie previously served as the Senior Legislative Assistant to Idaho Congressman Mike Simpson, overseeing healthcare, Interior/environment, and agriculture issues. He has a proven track record of working

collaboratively with Idaho healthcare organizations for many years and brings a high level of expertise and enthusiasm that will allow him to hit the ground running on behalf of Idaho physicians. “I am excited to join IMA and consider it a privilege to work on behalf of the amazing physicians across the state of Idaho. I have enjoyed the chance to meet many Idaho medical professionals during my time working for Congressman Simpson, and I look forward to building on those relationships to advance IMA members' priorities at the Idaho Legislature,” said Neill. Welcome, Jamie!

## **2020 Special Meeting of the AMA House of Delegates**

The American Medical Association House of Delegates convened virtually Nov. 13-17 to discuss and debate the most pressing health care issues currently facing the nation. You can view highlights from the meeting [here](#). Several resolutions were passed including the following:

### **Delegates Advocate for 24/7 Prior Authorization Processing**

Health care does not rest. It operates 24 hours a day, seven days a week, 365 days of the year. While physicians work around the clock to evaluate and treat patients, prior authorization is required by most insurance companies to admit those patients.

However, insurance companies close their offices from Friday at lunch until Monday morning, says a resolution presented at the November 2020 AMA Special Meeting. Those closures last longer around holidays such as Thanksgiving. Those limited office hours negatively affect patient care as prior-authorization delays mount.

To minimize delays in prior authorization, the House of Delegates directed the AMA to “advocate that all insurance companies and benefit managers that require prior authorization have staff available to process approvals 24 hours a day, every day of the year, including holidays and weekends.”

### **Delegates Support Expanding Telemedicine, Financial Relief Programs**

As telemedicine expands because of the COVID-19 pandemic, physicians at the AMA Special Meeting of the House of Delegates approved a measure that called for telemedicine’s use to continue beyond the national public health emergency.

The measure includes language that supports increased funding and planning for infrastructure, such as broadband internet, to ensure more patients can receive health care via telemedicine.

“We feel every American deserves access to physicians, and the only way to achieve that is through broadband access,” Beaumont anesthesiologist Ray Callas, MD, testified.

The measure also calls for uniform state and federal laws, policies, and regulations and policies regarding telemedicine, including ensuring that devices contain “appropriate privacy and security protections.”

“Telemedicine is the practice of medicine ... so we’re trying to make telemedicine another tool in a physician’s toolbox,” Dr. Callas said during his testimony. “Telemedicine should be the choice of patient and physician.”

An amendment was submitted that would call for all insurers to pay the contracted rate for a covered service provided to an enrolled patient. However, that amendment was referred to the AMA Board for its decision at a later date.

To ensure practices continue to stay afloat financially during the pandemic, delegates also passed a measure that calls for improved and expanded federal stimulus programs, including:

- Restarting the suspended Medicare advance payment program;
- Expanding eligibility for the federal Provider Relief Fund;
- Reforming the Paycheck Protection Program to ensure greater flexibility in how the funds are spent and lengthening the repayment period; and
- Loan forgiveness for medical school debt.

## IMA Webinar Education Series



**Explore Medicare's Final Rule 2021 (1 CEU)**  
Wednesday, December 9, 2020, 12:15 – 1:30 pm (MT)

Register **today** to join IMA Reimbursement Consultant Jana Weis, DipCom, CPC, Principal, Gill Compliance Solutions on Dec. 9, 2020. 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](http://idmed.org). Questions? Contact the IMA at 208-344-7888 or [rebecca@idmed.org](mailto:rebecca@idmed.org).

## Survey: Idaho Flu Vaccine Clinic Map

As the COVID-19 pandemic intersects with annual influenza season, it is more important than ever for community members to get vaccinated against influenza. In an effort to inform Idahoans about the options for vaccine clinics this year, the Idaho Department of Health and Welfare will host a publicly available Influenza Vaccine Clinic Map. The map will allow Idahoans to filter clinics by location, date, time, type of clinic (walk-in, drive-through, curbside, etc.), and more. To include your influenza clinic on the map, **[please click here to complete the survey.](#)**

## Deadline Extended to Verify APM Incentive Payment for 2020

If you participated in an **advanced alternative payment model** (APM) under the 2018 Quality Payment Program (QPP), the IMA encourages you to take action now to verify that you have received your 5% APM incentive payment for 2020.

The Centers for Medicare & Medicaid Services (CMS) has begun disbursing the 5% bonus to more than 183,000 clinicians nationwide who achieved “qualifying APM participant” status during the 2018 QPP performance year.

However, more than 22,000 of those clinicians risk not receiving that bonus because CMS has been unable to verify their billing information. The deadline to provide correct billing information has been extended to **Dec. 13**, CMS said.

Verify that you have received a payment by signing in to the **QPP portal** or by contacting your APM administrator. If you should have received a bonus but did not, check CMS’ **public notice** and refer to the Excel spreadsheet linked within the document to review the list of unpaid clinicians and National Provider Identifiers.

If you are on the list, complete the “2020 Incentive Payment Billing Information Collection Form” on the fourth page of the public notice and submit it to the QPP Help Desk by email at **QualityPaymentProgramAPMHelpdesk@cms.hhs.gov** no later than Dec. 13. Note that this is the only method and email address CMS will use to verify billing information.

Complete details can be found in the **2020 APM Incentive Payment Fact Sheet** (zip file). For answers to your APM questions, contact the QPP Service Center at (866) 288-8292.

## **Have you Ordered Your 2021 ICD-10-CM Complete Official Code Set?**

The 2021 ICD-10-CM files contain information on the ICD-10-CM updates for FY 2021. These 2021 ICD-10-CM codes are to be used for discharges occurring from Oct. 1, 2020 through Sept. 30, 2021 and for patient encounters occurring from Oct. 1, 2020 through Sept. 30, 2021. **Your billing staff will need to start using new codes in the ICD-10 book now. 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.

## **Hawley Troxell Law Firm Webinar: Legal Issues for Idaho Healthcare Providers**

Employee vaccination policies, COVID-19 leave, and the Idaho Patient Act  
**Wednesday, December 9th, 9:00 a.m. – 10:30 a.m.**

Join Hawley Troxell employment and healthcare attorneys for this complimentary webinar focusing on legal issues faced by healthcare employers. This live webinar will address the following issues:

**Vaccine Preparations:** It appears that COVID-19 vaccines will be approved soon and that they will be made available to healthcare workers shortly after approval. Those developments create several legal questions, including whether healthcare employers can (or should) require their employees to be vaccinated. We will answer those questions and explain options for implementing appropriate and legally compliant vaccination policies.

**COVID-19 Employee Leave:** Department of Labor regulations initially provided that all employees of healthcare facilities were exempt from the paid leave provisions in the Families First Coronavirus Response Act. As a result of lawsuits challenging that exemption, the Department of Labor has now revised its regulations to provide that, although clinical employees are still exempt, many non-clinical employees may be entitled to paid leave for reasons related to COVID-19. We will explain the new regulations and provide practical guidance and strategies for addressing healthcare employee requests for leave for reasons related to COVID-19.

**Idaho Patient Act:** Effective January 1, 2021, Idaho law will require health care providers to follow certain steps before resorting to legal action to collect amounts owed from patients. These steps include new deadlines for billing the patient's insurance provider, requirements to send detailed notices to patients about the bills they will receive from treatment received at practices and facilities, and timelines before a practice or facility can charge interest or resort to legal action. This webinar will discuss those steps, as well as best practices for maintaining the ability to collect unpaid amounts from patients.

Register for the free webinar [HERE](#).



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