Idaho Medical Association

Table of Contents:
In this Issue...

IMA Wire

October 1, 2019

Idaho Prior Authorization Survey

The IMA strongly urges you to take a very quick, 12-question survey about Prior Authorization.

In order to understand the impact Prior Authorization (PA) has on Idaho patients and physicians, it is critical to know your practice's PA experiences. We rely on your response for an accurate picture of the PA challenges practices face in Idaho. Real, serious complaints and stories from constituents can strongly influence elected officials to act. IMA plans to collect and publicize PA statistics and stories, provided by physicians like you.

Take the survey here: http://bit.ly/PriorAuthSurvey

Doc Spotlight: Dr. Margot Vloka Reaches Historical Milestone

IMA member Margot Vloka, MD, a Cardiac Electrophysiologist at Saint Alphonsus Regional Medical Center, has become the first female physician in the world to complete 1,000 procedures using the Stereotaxis Robotic Magnetic Navigation System. The system uses powerful magnets to precisely maneuver a catheter through the heart, allowing the physician to pinpoint specific tissues to deliver energy to. This energy normalizes the electrical signals, returning the heart to a normal and healthy rhythm.

Not only is Dr. Vloka, who has been at Saint Alphonsus for 4½ years, the first female physician in the world to treat more than 1,000 patients, she is just the 13th doctor in the world to reach this milestone and the only physician to accomplish this at a community hospital.

“I am proud to be the first woman physician in the world and fifth physician in United States to perform 1,000 robotic procedures for treatment of cardiac arrhythmias,” Dr. Vloka said. “I am even more excited about the fact that I’m the first physician to achieve this distinction in the community hospital setting.”

[Back to Top]

Join the IMA for 2020!

Watch for Membership Notices coming in October.

Visit www.idmed.org for more information.

Office of Inspector General Fraud Alert: Genetic Testing Scam

Scammers are offering Medicare beneficiaries "free" screenings or cheek swabs for genetic testing to obtain their Medicare information for identity theft or fraudulent billing purposes, according to the Office of Inspector General (OIG). Fraudsters are targeting beneficiaries through telemarketing calls, booths at public events, health fairs, and door-to-door visits.

In the alleged scheme, recruiters (aka marketers) get a Medicare beneficiary to take a genetic test. The recruiter then has a doctor sign off on the genetic test so a lab will process the test. The recruiter pays the doctor a kickback in exchange for ordering the test.

So far, the U.S. Department of Justice has brought charges against 35 individuals for their alleged participation in healthcare fraud schemes involving $2.1 billion in losses.

If your patients have questions about this scam, you may refer them to this report. Read the OIG report here.

[Back to Top]

Ranitidine Recall After Discovery of Carcinogen Impurity

Sandoz Inc. has voluntarily recalled 14 lots of prescription ranitidine capsules, according to the U.S. Food and Drug Administration. Ranitidine, the generic version of Zantac, is used to reduce stomach acid. FDA says Sandoz Inc. issued this recall after finding nitrosamine impurity, N-nitrosodimethylamine (NDMA), in the medicine. NDMA is classified as a probable human carcinogen. Walgreens, CVS and Rite Aid are all in the process of removing Zantac and Ranitidine off their shelves.

FDA has issued the following guidelines for physicians and patients:

- If a patient is taking one of the recalled medicines, they should follow the recall instructions provided by the company. This information is available on the FDA's website.
- While the FDA investigates the root cause and risk, consumers and patients can continue to take ranitidine that has not been recalled. It is important to remember that not all ranitidine marketed in the U.S. is being recalled.
- Patients taking prescription ranitidine who wish to discontinue use should talk to their health care professional about other treatment options. Multiple drugs are approved for the same or similar uses as ranitidine.

In a press release, the FDA stated, "The agency is testing ranitidine products from multiple manufacturers and assessing the possible effect on patients who have been taking ranitidine, as well as what manufacturers can do to reduce or eliminate nitrosamine in drugs."

[Back to Top]

Vaping Lung Injuries: CDC Reports Majority of Patients Vaped THC

Friday, the Centers for Disease Control and Prevention reported their latest findings from the investigation into lung injuries associated with e-cigarette use, or vaping. Their findings suggest products containing THC play a role in the outbreak.

The CDC says it received data on 514 patients. This data specified the vaping substances or products each patient reported using in the 30 days prior to their symptom onset.

- About 77% reported using THC-containing products; 36% reported exclusive use of THC-containing products.
- About 57% reported using nicotine-containing products; 16% reported exclusive use of nicotine-containing products.

However, this investigation is still ongoing and no single product or substance has been linked to all lung injury cases. According to CDC, more information is needed to know whether one or more e-cigarette or vaping products, substances, or brand is responsible for the outbreak.

[Back to Top]

IMA Education Series Webinar
Legal Issues in Healthcare
Wednesday, October 16

12:15 – 1:30 pm (MT)

Register today to join IMA Reimbursement Director Teresa Cirelli, CPC, CPMA and Reimbursement Specialist Pam McCord, CPC, COC, CPMA on Wednesday, October 16 for the next webinar in the Legal Issues in Healthcare series. Guest speaker Kim Stranger will discuss HIPPA compliance and cybersecurity (1 CEU).

Don't miss this valuable webinar! A registration form is available on the IMA website.

Questions? Contact the IMA at 208-344-7888 or rebecca@idmed.org.

Next Up: November 13 – Explore Medicare's Final Rule 2020

This program has received prior approval by the American Academy of Professional Coders (AAPC) for one (1) continuing education credit. Granting of prior approval in no way constitutes endorsement by AAPC of the program content or the program sponsor.

[Back to Top]

Coding Corner: Atrial Fibrillation Diagnosis Coding Changes Effective Oct. 1

Atrial fibrillation (AF) is the most common type of abnormal heart rhythm (arrhythmia) and may have potentially serious consequences. Patients with AF may experience either no symptoms or any of the following: chest pain, rapid or irregular heartbeats (palpitations), shortness of breath, dizziness or fainting, fatigue, confusion, or weakness.

In 2019, only four ICD-10-CM codes are available to report AF:

- **I48.0** Paroxysmal AF
- **I48.1** Persistent
- **I48.2** Chronic
- **I48.91** Unspecified

Effective October 1, 2019, more specific options for persistent and chronic atrial fibrillation may require fifth digits:

- **I48** Atrial fibrillation and flutter
- **I48.0** Paroxysmal atrial fibrillation
- **I48.1** Persistent atrial fibrillation
  - **I48.11** Longstanding persistent atrial fibrillation
  - **I48.19** Other persistent atrial fibrillation. Chronic persistent atrial fibrillation. Persistent atrial fibrillation, NOS

- **I48.2** Chronic atrial fibrillation
  - **I48.20** Chronic atrial fibrillation, unspecified
  - **I48.21** Permanent atrial fibrillation
  - **I48.91** Unspecified atrial fibrillation

Definitions to assist with new codes

- **Paroxysmal atrial fibrillation:** Intermittent atrial fibrillation that comes and goes, but never lasts longer than a week and resolves on its own without treatment.
- **Persistent atrial fibrillation:** This type lasts longer than a week and less than a year but does not resolve on its own. It requires pharmacologic treatment or cardioversion in order to return the heart to a normal rhythm and when/if it returns, repeat treatment is necessary.
- **Longstanding, persistent atrial fibrillation:** Persistent atrial fibrillation which lasts longer than a year and *always* requires repeat pharmacologic or electrical cardioversion.
- **Other persistent atrial fibrillation: O**ther types of persistent atrial fibrillation, often documented as "*chronic persistent"* or *"persistent NOS*," last longer than a week, but less than a year. They too require pharmacological treatment or electrical cardioversion.
- **Chronic atrial fibrillation, unspecified:** This type of atrial fibrillation lasts more than a year and is non-refractory, meaning it won't respond to treatment and has not yet been identified in the medical record as permanent.
- **Permanent atrial fibrillation:** This type does not go away, as it has lasted longer than a year and has been unresponsive to cardioversion. For this reason, cardioversion for these patients is no longer recommended (indicated), cannot be performed, or will not be performed. The record must identify the condition as permanent, or the code for chronic, unspecified (I48.20) should be reported.
- **Unspecified atrial fibrillation:** Unspecified is reported when documentation fails to identify a specific type of atrial fibrillation.

[Back to Top]

Burnout Prevention: Tips of the Month

Boost productivity and team moral by communicating in real time

Don’t lose sight of the fact that everyone in your practice is on the same team. Routine huddles contribute to team culture and improved relationships that, in turn, help deliver safe and reliable patient care.

Quick tip: Schedule huddles at a time before clinic sessions start. Huddles should last about five to 15 minutes, maximum. Huddles should also start at a consistent time to integrate smoothly into the practice’s workflow, such as before morning or afternoon clinic hours.

Medication adherence can improve the health of your patients and save time

Statistics from a JAMA study indicate that, for every two patients you see, one of them isn't taking their medicine as prescribed.

Quick tip: Patients may have extenuating reasons for not taking their medications, but if you help them identify and address the root cause of their nonadherence to medications without judgment, you'll build trust – and you may be able to address medication-related issues faster. Work to create a blame-free environment to discuss medication adherence with your patients.

[Back to Top]

IMAFS Financial Health Tip: Retirement Asset Location

All accounts and investments are not created equal — especially when it comes to tax attributes. Retirement accounts can either be taxable or tax-deferred. You will receive a higher rate of return if you understand the tax attributes of your investment accounts and how to allocate your assets properly.

Tax-deferred accounts ensure that assets will grow tax-free until they are withdrawn. These accounts include IRAs and 401(k)s. Assets with significant tax consequences (such as corporate bond mutual funds) are oftentimes better placed in tax-deferred accounts. Additionally, assets with short-term gains, such as actively-traded stocks, are also a great candidate for tax-deferred accounts.

On the other hand, tax-efficient investments can be placed in taxable accounts. Tax-efficient investments include tax-exempt municipal bonds and stock index funds.

If possible, your highest growth investments should be placed in a Roth account. Because they are funded with after-tax dollars, Roth accounts allow assets to grow tax-free and be withdrawn tax-free.

When it comes to investing for retirement, work with an expert financial planner to ensure proper asset allocation and account withdrawals. At Idaho Medical Association Financial Services, we specialize in financial planning for physicians and medical professionals.

Your IMA membership includes an initial NO-COST financial check-up with an IMAFS advisor.

Contact IMAFS today at 208-336-9066 or IMAFS.org.

[Back to Top]

Apply Now! 2019 IMA Foundation Program Awards

On behalf of President Keith Davis MD, the IMA Foundation is pleased to announce that applications are now being accepted for the 2019 IMA Foundation Program Awards. These awards support medical education and residency training programs that educate and train the next generation of Idaho physicians. The award pool is $30,000 and the application deadline is October 25, 2019. The application scoring criteria is outlined here. Please note that for-profit entities are ineligible for IMA Foundation awards.

Submit your application **HERE**.

In addition to the application, you will need to submit an IRS Form W-9 (link included in application).

For more information contact Molly Steckel, molly@idmed.org

[Back to Top]

Update: Medicaid Numerical Fee Schedule

Reimbursement rates may change during the year without update to the numerical fee schedule information published on the Internet. In an attempt to lessen administrative burden, the Department of Health and Welfare is proposing to update the fee schedule on a quarterly basis. If there are any significant changes identified by the Department, the numerical fee schedule will be updated accordingly.

Practices or physician staff should review the fee schedule for any changes to covered codes or allowable amounts. The numerical fee schedule information can be found on the Idaho Department of Health and Welfare website - https://healthandwelfare.idaho.gov/Providers/Providers-Medicaid/MedicaidFeeSchedule/tabid/268/Default.aspx.

Practices or physician staff are always encouraged to verify participant eligibility criteria through the DXC portal. Please contact DXC Provider Services at 1(866) 686-4272 for assistance.

If your physician's office has any comments about this operational change, please contact the Idaho Division of Medicaid, Office of Reimbursement by October 30, 2019 at (208) 287-1180 or email MedicaidReimTeam@dhw.idaho.gov. This process may be subject to change based on the discretion of the Department. Any code is subject to be reviewed by the Department at any time.

[Back to Top]

Order Your 2020 Coding, Billing and Resource Manuals Today!

Do you want to accurately increase reimbursement? Or work with the secure knowledge that your claims are coded appropriately and safe from payer audits? Your billing staff will need to start using new codes in the ICD-10 book on October 1 and the CPT book on January 1, so order your manuals soon!

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.

The order form for 2020 publications is available on the IMA website at https://www.idmed.org/idaho/Idaho_Public/Resources/Products_and_Services/

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. We are happy to help offices obtain the resources and materials at substantial discounts to keep the money you work so hard to earn. Books are expected to start arriving in late September. Please contact us with any questions today!

[Back to Top]

Office of Inspector General Work Plan

Office of Inspector General (OIG) updated its website with audit projects that were added in August and September. The IMA encourages practices to monitor this website monthly to view recently added projects.

These are the projects that the OIG plans to review:

1. Outpatient Services Related to Inpatient DRG - Outpatient services directly related to an inpatient admission are considered part of the inpatient payment and are not separately payable by Medicare. The diagnosis-related group (DRG) window policy defines when CMS considers outpatient services to be an extension of inpatient admissions, and generally includes services that are (1) provided within the 3 days immediately preceding an inpatient admission to an acute-care hospital, (2) diagnostic services or admission-related nondiagnostic services, and (3) provided by the admitting hospital or by an entity wholly owned or operated by the admitting hospital. OIG will also determine any savings to the patient in their report.

2. Medicare Payments of Positive Airway Pressure Devices for Obstructive Sleep Apnea Without Conducting a Prior Sleep Study - An OIG analysis of the 2017 Comprehensive Error Rate Testing (CERT) program for positive airway pressure (PAP) device payments shows potential overpayments. Claims for PAP devices used to treat obstructive sleep apnea (OSA) for beneficiaries who have not had a positive diagnosis of OSA based on an appropriate sleep study are not reasonable and necessary. OIG will examine Medicare payments to durable medical equipment providers for PAP devices used to treat OSA to determine whether an appropriate sleep study was conducted.

3. Specialty Drug Coverage and Reimbursement in Medicaid - Medicaid spending on specialty drugs has rapidly increased. There is no standard definition for specialty drugs. They may be expensive; be difficult to handle, monitor or administer; or treat rare, complex or chronic conditions. OIG will describe States' definitions of, and payment methodologies for, Medicaid specialty drugs and determine how much States paid for specialty drugs. OIG will also review strategies that States use to manage specialty drug costs, such as formularies, cost sharing, step therapy, and prior authorization.

4. Review of Medicare Facet Joint Procedures - Facet joint injections are an interventional technique used to diagnose or treat back pain. Several previous reviews found significant billing errors in this area, including a prior OIG review. The OIG will review payments made by Medicare for facet joint procedures billed by physicians complied with Federal requirements.

[Back to Top]

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