



Idaho Medical Association

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IMA Wire

November 1, 2019



Idaho Medicaid Expansion will begin on January 1, 2020.

If you have patients who may qualify for Medicaid, the enrollment period begins **November 1, 2019.**

Who is eligible?

To qualify for expanded Medicaid, all of the following must be true. You must:

- Be a citizen or legal resident. Be a resident of the State of Idaho.
- Be between 0 and 138% of the Federal Poverty Level. See [household income limits](#).
- Be between the ages of 19 and 64 years old.
- Not be receiving Medicare. (If you don't qualify for expanded Medicaid, you may still qualify for pre-expanded Medicaid or government tax credits. See [household income limits](#) for the Children's Health Insurance Program, and Medicaid for the Aged, Blind, or Disabled.)

More information about Medicaid expansion enrollment can be found here: <https://medicaidexpansion.idaho.gov/Home/tabid/4483/Default.aspx>

About 70,000 Idahoans Already Identified as Eligible for Medicaid Expansion

Idaho will start enrollment in its newly expanded Medicaid program on Nov. 1, with benefits starting Jan. 1, and the state already has identified about 70,000 people it knows are likely to be eligible and sign up. "We have good information on those folks, because we have an integrated eligibility system in Idaho," said

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Matt Wimmer, administrator of the Division of Medicaid for the Idaho Department of Health & Welfare. That means when people apply for a variety of state programs through Health & Welfare, they go through the same eligibility system, filling out a single, integrated application for any of an array of benefits.

The department has identified 69,860 of those Idahoans, and is conducting an assisted enrollment program to notify them and get them enrolled in the state's new Medicaid expansion.

"They just need to respond, confirm their information ... and then we'll go ahead and enroll them," Wimmer said. That process started in July and is continuing; 17,000 people have already confirmed.

The figures on people who likely are eligible can be broken down by county, based on information in the existing system. They show that there are 14,612 in Ada County residents and 10,418 in Canyon County.

In addition, Wimmer said, an estimated 21,000 people who aren't already known through the eligibility system are expected to enroll, based on actuarial estimates. They'll get their chance in an open enrollment period that starts Nov. 1. [Russell, *Idaho Press Tribune*, 10/20]

Read the full article [here](#).

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Renew Your IMA Membership For 2020!

Easily renew your membership online by following these steps:

1. Visit www.idmed.org
2. Select the 'Membership' tab
3. Select 'Join / Renew' and follow the prompts

Questions? Please contact IMA Membership at 208-344-7888

Non-controlled Prescription Drugs No Longer Have Expiration Date

During the 2019 legislation session, the Idaho Board of Pharmacy recommended deleting the statute allowing prescribers to write prescriptions for up to fifteen months for non-controlled legend drugs. The recommendation passed. With the deletion of IDAPA 27.01.01 section 117 from statute, prescriptions will no longer have an expiration date.

Prescribers that prefer to have an expiration date will need to indicate the number of months on the prescription. Physicians may prefer to renew prescriptions annually when following up on the status of the patient's condition(s).

Schedule III and IV controlled substance order expirations would continue to be governed by statute, [I.C. 37-2722](#), which provides that orders expire six months after the date of the order.

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Doc Spotlight: Dr. Rhiana Menen on KTVB



IMA Member Dr. Rhiana Menen was a guest on [KTVB!](#)

Menen is St. Luke's attending general and breast surgeon. She talked with KTVB about reducing risk and recurrence of cancer.

Watch her segment [HERE](#)

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Sterilization Facility Closures May Cause Shortage of Critical Surgical Tools

The U.S. Food and Drug Administration (FDA) has issued a [warning](#) to hospitals and providers concerning a possible shortage of critical surgical tools. This statement comes after two large facilities that sterilize medical tools with ethylene oxide have been shut down due to environmental concerns. "Ethylene oxide is the most common method of sterilization of medical devices in the U.S. and is a well-established and scientifically-proven method of preventing harmful microorganisms from reproducing and causing infections," FDA stated. More than 20 billion devices sold in the U.S. every year are sterilized with ethylene oxide, accounting for approximately 50 percent of devices that require sterilization, according to the statement.

However, two major sterilization plants have been forced to shut down because of high levels of ethylene oxide emissions in the air around the facilities. One of these plants announced permanent closure in October. The agency stated, "The impact resulting from closure of these and perhaps more facilities will be difficult to reverse, and ultimately could result in years of spot or nationwide shortages of critical medical devices, which could compromise patient care."

The announcement highlights that currently there is no viable alternative sterilization process for these medical devices. Tools that are commonly sterilized by ethylene oxide include surgical kits used in emergency caesarean sections, cardiac surgery, and hip or knee replacement surgeries. The agency anticipates a national shortage of critical devices including feeding tube devices used in neonatal intensive care units, drug-eluting cardiac stents, catheters, shunts and other implantable devices.

FDA urges hospitals and providers to perform inventory assessments and notify the agency if they face shortages.

Contact deviceshortages@fda.hhs.gov to report any delay or anticipated delay in distribution.

FDA will hold a two day meeting in November to discuss how to encourage innovation in medical device sterilization.

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Coding Corner: New Coding Guidance for Vaping Lung Injury Encounters

On October 17, 2019, the CDC published guidelines on correct coding of healthcare encounters and deaths related to e-cigarette, or vaping, product use associated lung injury (EVALI). As necessary, this guidance will be updated as new clinical information becomes available. This guidance is intended to be used in conjunction with current ICD-10-CM classification and Official Guidelines for Coding and Reporting (effective October 1, 2019). The ICD-10-CM codes provided in the clinical scenarios below are intended to provide e-cigarette, or vaping coding guidance only. Other codes for conditions unrelated to e-cigarette or vaping products may be required to fully code these scenarios. A hyphen is used at the end of a code to indicate that additional characters are required.

General Guidance:

Lung-related complications: For patients documented with electronic cigarette (e-cigarette), or vaping, product use associated lung injury (EVALI), assign the code for the specific condition, such as:

- J68.0, Bronchitis and pneumonitis due to chemicals, gases, fumes and vapors; includes chemical pneumonitis
- J69.1, Pneumonitis due to inhalation of oils and essences; includes lipid pneumonia
- J80, Acute respiratory distress syndrome

- J82, Pulmonary eosinophilia, not elsewhere classified
- J84.114, Acute interstitial pneumonitis
- J84.89, Other specified interstitial pulmonary disease

For patients with acute lung injury but without further documentation identifying a specific condition (pneumonitis, bronchitis), assign code:

- J68.9, Unspecified respiratory condition due to chemicals, gases, fumes, and vapors

Poisoning and toxicity: Acute nicotine exposure can be toxic. Children and adults have been poisoned by swallowing, breathing, or absorbing e-cigarette liquid through their skin or eyes. For these patients assign code:

- T65.291-, Toxic effect of other nicotine and tobacco, accidental (unintentional); includes Toxic effect of other tobacco and nicotine NOS.

For a patient with acute tetrahydrocannabinol (THC) toxicity, assign code:

- T40.7X1- Poisoning by cannabis (derivatives), accidental (unintentional).

Substance use, abuse, and dependence: For patients with documented substance use/abuse/dependence, additional codes identifying the substance(s) used should be assigned. When the provider documentation refers to use, abuse and dependence of the same substance (e.g. nicotine, cannabis, etc.), only one code should be assigned to identify the pattern of use based on the following hierarchy:

- If both use and abuse are documented, assign only the code for abuse
- If both abuse and dependence are documented, assign only the code for dependence
- If use, abuse and dependence are all documented, assign only the code for dependence
- If both use and dependence are documented, assign only the code for dependence. Assign as many codes, as appropriate.

Examples:

Cannabis related disorders: F12.---

Nicotine related disorders: F17.----

Specifically, for vaping of nicotine, assign code: F17.29-, Nicotine dependence, other tobacco products. Electronic nicotine delivery systems (ENDS) are non-combustible tobacco products.

Signs and symptoms: For patients presenting with any signs/symptoms (such as fever, etc.) and where a definitive diagnosis has not been established, assign the appropriate code(s) for each of the presenting signs and symptoms such as:

- M79.10 Myalgia, unspecified site
- R06.00 Dyspnea, unspecified
- R06.02 Shortness of breath

Find more sign and symptoms code examples and further guidance at: <https://www.cdc.gov/nchs/icd/icd10cm.htm>

This coding guidance has been approved by the National Center for Health Statistics, the American Health Information Management Association, the American Hospital Association, and the Centers for Medicare & Medicaid Services.

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**IMA Education Webinar Series
Explore Medicare's Final Rule 2020**

Wednesday, November 13

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, November 13 for the next webinar, Explore Medicare's Final Rule (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: December 4 – CPT Changes 2020 – 2 hour session (2 CEU)



This program has the prior approval of AAPC for (1) continuing education hours. Granting of prior approval in no way constitutes endorsement by AAPC of the program content or the program sponsor.

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New HRSA Data Show One in Three US Children Have Suffered an Adverse Childhood Experience

The Health Resources and Services Administration (HRSA) has released data from the 2018 National Survey of Children's Health (NSCH). Data from the survey show that in 2017-2018, one in three children under the age of 18 were reported to have suffered at least one adverse childhood experience (ACE) in their lifetime and 14 percent experienced two or more ACEs.

The American Academy of Pediatrics describes ACEs as stressful or traumatic events that occur during childhood and are strongly related to a wide range of health problems throughout a person's lifetime. The NSCH collects information on several of these experiences, including: having divorced/separated parents or a deceased parent, living with anyone with a drug or alcohol problem or who is mentally ill, having a parent who served time in jail, seeing or hearing parental violence, and witnessing or being the victim of neighborhood violence.

According to the latest NSCH data from 2017-2018, the most prevalent ACE in children's lifetime was "Parent/guardian divorced or separated" (23.4%), followed by "Lived with anyone with alcohol/drug problem" (8.0%), and "Parent/guardian served time in jail" (7.4%).

"Understanding these child health key indicators helps HRSA support programs that help to treat children when they are sick and keep them healthy throughout their lives," said Michael D. Warren, MD, MPH, FAAP, Associate Administrator of HRSA's Maternal and Child Health Bureau.

For more information about the HRSA National Survey of Children's Health, visit <https://mchb.hrsa.gov/data/national-surveys>.

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Reporting non-physician outcomes

In recent years, the scope of practice for various non-physician providers has expanded in Idaho. Physicians are very concerned about the public health implications of this expansion. Examples include pharmacist prescribing, naturopath licensure, prescribing by psychologists, chiropractic medication use, optometric care, and others.

At the 2018 Idaho Medical Association Annual Meeting and House of Delegates, Resolution 203(18) was adopted. This resolution directed IMA to develop an information collection system where Idaho physicians can send in anecdotes and reports about potentially dangerous care practices and/or adverse patient outcomes derived from care by non-physician providers in Idaho.

If you have a non-physician outcome report that you wish to submit to the IMA, please do so by using this collection tool: <https://www.surveymonkey.com/r/WSFXV9J>

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New Home Health Reimbursement Model

Beginning **January 1, 2020**, home health agencies will have a new reimbursement model called the Patient Driven Grouping Model (PDGM). CMS changed some aspects that affect physician orders.

Under PDGM, it is imperative that home health agencies receive the most specific diagnoses for every patient. For PDGM, any primary diagnosis which does not show up on the Medicare Clinical Grouping list will NOT be considered valid and will lead to delays in billing, increased scrutiny and denied payments for home health services.

Vague diagnoses that do not have the underlying etiology will NOT be allowed by CMS. Below are examples of common diagnoses that are not allowed.

Problematic Diagnosis Examples (not valid for home health use as of 1/1/20)	Reason Not Allowed by CMS	An Example of a Type of Diagnosis that is Accepted
R53.1 Weakness	Too vague to develop plan - need underlying etiology	I50.9 Heart failure, unspecified N39.0 Urinary tract infection, site not specified
M54.5 Low back pain	Too vague	M54.16 Radiculopathy, lumbar region
R29.6 Repeated falls	Need underlying etiology	M19.072 Primary osteoarthritis of left ankle and foot
M19.91 Primary osteoarthritis, unspecified site	Need specific location of treatment	M16.12 Unilateral primary osteoarthritis, left hip
M25.551/25.552 Pain in right hip/left hip	Too vague to develop plan – need underlying etiology	M70.62 Trochanteric bursitis, left hip
M62.81 Muscle weakness (generalized)	Too vague to develop plan – need underlying etiology	G90.09 Other idiopathic peripheral autonomic neuropathy
M48.00 Spinal stenosis, site unspecified	Need specificity of location	M48.06 Spinal stenosis, lumbar region
R26.89 Other abnormalities of gait and mobility	Too vague to develop plan – need underlying etiology	M17.11 Unilateral primary osteoarthritis, right knee
M06.9 Rheumatoid arthritis, unspecified	Need to have specific location of treatment	M05.261 Rheumatoid vasculitis with rheumatoid arthritis of right knee
R13.10 Dysphagia, unspecified	Too vague to develop plan – need underlying etiology	I69.391 Dysphagia following cerebral infarction

There were no changes made to the face-to-face requirement for home health services. The patient encounter must occur no more than 90 days prior or 30 days after admission to home health services. Referrals must still include homebound status, need for skilled home health services and the reason for the home health referral. Finally, CMS also changed the billing timeline. Home health billing cycles were shortened to 30 days and they continue to require all orders signed prior to billing. Home Health agencies will require timely return of MD/DO signed home health orders.

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New Medicare Beneficiary Identifier (MBI) Numbers – Are you using them?

Idaho Medicare beneficiaries received their new MBI last year. If your office has not started submitting claims with the new MBI, Medicare claims will be rejected in January.

If the patient has not presented the new MBI card, check the Medicare remittance advice. Noridian Medicare has been providing the MBI when the old Medicare number was submitted on the claim

1. [CMS Information \(Special Edition 18006\)](#)
2. This feature will no longer be available after December 31, 2019!
3. If the patient has not received their MBI card, they need to call 1-800-MEDICARE (633-4227)

Practices may also access Noridian’s Medicare portal look-up tool to find the MBI for each patient. Recent Idaho claim submission data indicates the MBI usage is at sixty-six percent, below the national average.

Remove the old Medicare numbers from your claims and input the MBI.

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IMAFS Financial Health Tip: 2019 Year-End Checklist



- | Yes | No | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Maximized Retirement Plan Contributions |
| <input type="checkbox"/> | <input type="checkbox"/> | Identified Opportunities for Capital Gain Harvesting |
| <input type="checkbox"/> | <input type="checkbox"/> | Identified Opportunities for Capital Loss Harvesting |
| <input type="checkbox"/> | <input type="checkbox"/> | Explored All Roth Conversion Opportunities |
| <input type="checkbox"/> | <input type="checkbox"/> | Reviewed RMD Timing |
| <input type="checkbox"/> | <input type="checkbox"/> | Considered Charitable Gifts / IRA Charitable Gifts |
| <input type="checkbox"/> | <input type="checkbox"/> | Reviewed Charitable Remainder Trust Opportunities |
| <input type="checkbox"/> | <input type="checkbox"/> | Maximized Annual Exclusion Gifts |
| <input type="checkbox"/> | <input type="checkbox"/> | Reviewed Use of 529 Plans |
| <input type="checkbox"/> | <input type="checkbox"/> | Discussed Tax Bracket Management |
| <input type="checkbox"/> | <input type="checkbox"/> | Discussed Potential Deduction Timing |
| <input type="checkbox"/> | <input type="checkbox"/> | Reviewed Estate Plan Strategies |

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Burnout Prevention: Tips of the Month

When that one little frustration—a flickering light, leaky plumbing, missing equipment—goes unaddressed for too long, it can quickly become the last straw.

Quick tip

Collaborate with colleagues to convene a regular roundtable where physicians are able to discuss and prioritize small, easily solved problems, then make requests of administration or implement changes accordingly. Physicians who are able to develop self-care techniques are better equipped to thrive in a challenging—and even chaotic—environment.

Quick tip

Practical activities like self-reflection, mindfulness and documenting patient victories can cultivate a happier and healthier mindset. Additionally, take advantage of any counseling and stress management coaching offered by your practice or organization to develop a formalized self-care plan.

For more information about burnout management, tune into AMA's Moving Medicine podcast

<http://movingmedicine.libsyn.com/>

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Gubernatorial Appointment Vacancies

There are currently two Idaho gubernatorial appointment vacancies that require medical backgrounds.

Board and Commission	Requirement of Vacancies
Idaho Council on Suicide Prevention (4 vacancies)	M.D. Comm. On Aging Suicide Prevention
Idaho Health Facilities Authority (2 vacancies)	Medical Municipal Finance

If you or someone you know would be a good fit for these positions or are interested in serving on any Idaho boards or commissions, contact Joan Varsek at 208-854-3003 or joan.varsek@gov.idaho.gov.

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Transition to Mental Wellness: Navigating Services and Treatment as a Veteran

November 7th, 2019 | 12:00 pm - 1:00 pm

This webinar was created for providers, but all are welcome. In this free webinar, Dr. Melissa Kremer will overview military culture and its impact on veteran mental health. The lens of military culture can shape not only the veteran's approach to treatment, but also how the symptoms manifest in their life. It will look at several common diagnoses, such as major depressive disorder, post-traumatic stress disorder and substance use disorder, and discuss symptom presentations that are common in veterans. It will also touch on treatment considerations for this population to allow us to understand how to better treat those who have served our country.

Register for the webinar [here](#):

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Idaho Medical Association

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