



Rheum WATCH

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A Texas Trailblazer Success Story

Congratulations to Texas on their victory with Trailblazer!

Last October, the ACR was contacted by several rheumatologists in Texas who were audited by Trailblazer and receiving unfavorable results with demands for large sums of recoupment. The audits ranged from inappropriate office visits billed on the same day as an infusion procedure, to insufficient documentation on clinical response and the billing of saline along with infusions.

Rheumatologists in Texas have been endlessly working in an effort to change Trailblazer's auditing guidelines. Over 80 Texas rheumatologists joined together and signed a petition, organized meetings throughout the state, reached out to their congressmen, and got the ACR involved.

As a result of these efforts, numerous Trailblazer audit rules were changed – Trailblazer has stated that they will make the changes effective January 1, 2010.

Dr. Carmen Perez-Masuelli, a rheumatologist in Houston, TX, shared her Trailblazer auditing experience. "We had our first round of audits last year with terrible results and I knew that something had to be done!" Dr. Perez-Masuelli contacted Alex Limanni, MD, chair of the Affiliate Society Council to ask for assistance from the ACR in dealing with these audits as it clearly would affect patients' access to care. The ACR practice management department responded with letters to Dr. Charles Haley, chief medical director for Trailblazer Health. A copy of the letter can be reviewed on the ACR Web site at

http://www.rheumatology.org/practice/office/insurance/members/index_members.asp

"I would like to acknowledge Dr Bob Jenkins and Dr. Sam Pegram," said Perez, "Dr. Jenkins played a big role in representing our interests with Trailblazer by dealing directly with the medical director and Dr. Pegram drafted a letter detailing with the flaws of the audit and the recommended compromises." Dr. Perez also stated that when Trailblazer returned to her office this year as promised, for a second round of audits, her clinic scored 100 percent in compliance and had no demand for any money back.

The ACR would like to commend Texas for their hard work and efforts in getting several of Trailblazer's audit rules changed.

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The HIPAA Version 5010 for Electronic Transactions

What is Version 5010? Any medical practices that submit a claim, verify patient eligibility, or receive remittances electronically to a payer or through a clearing house will have to update the version of transaction that is currently used.

On January 16, 2009 the Department of Health and Human Services set the compliance date of January 1, 2012 for the update of the “version” for all HIPAA transactions. HHS indicated that the current HIPAA version 4010 can no longer accommodate the technical business needs of the health care industry and a decision was made to move to a newer version – in 2007 the work was completed for the new “5010” version.

The 5010 version is also needed to provide accommodation for the adoption of ICD-10. ICD-10 is the new code set which will replace the current ICD-9-CM for the reporting of diseases, signs and symptoms and all other health conditions for patients. The conversion to ICD-10 will be on October 1, 2013 so it is imperative for practices to begin transition to the HIPAA 5010 version to not lose reimbursement for services.

Tip for Physician Practices on Version 5010

For practices to fully meet the implementation deadlines, preparation should begin now!

1. Contact your practice management vendors to verify that they will be ready accommodate your system with the 5010 version
2. Communicate with your clearing house, billing services and software vendors.
3. Have vendor provide a workflow for internal and external testing of version 5010 on electronic claims to meet the HIPAA standard requirements
4. Keep abreast of the reporting requirements for data
5. Identify what will be needed to train staff for compliance
6. Create a budget plan for implementation cost and training.

Dates to remember:

- **January 1, 2012** – full compliance with Version 5010 standards for all electronic transactions whether billed directly from a medical practice, clearing house or a billing service
- **October 1, 2013** – full implementation of ICD-10 code sets

The Department of HHS has confirmed that the compliance dates are firm and will not be extended. Visit the ACR Webs site for updates and additional information.

Below are links for additional resources on the HIPAA transaction code sets and Version 5010:

- [CMS 5010 Web page](#)
- [HIPAA Transaction and Code Sets Regulation](#)
- [Medicare MLN Matters on 5010](#)

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ACR UPDATES

WellPoint Calls to ACR on Rituximab Draft Policy

In July, WellPoint requested that the American College of Rheumatology review and comment on their rituximab draft policy. The presented policy was sent to the ACR's insurance subcommittee for input. ISC concluded that the policy was well written with good coverage for patients with rheumatic diseases and also included coverage for vasculitis patients. Overall, ISC was impressed and pleased with this policy and the ACR will send a response letter to WellPoint.

Highmark BlueShield's Prior Authorization Form

Highmark BlueShield sent a letter in response to the ACR's Model Biologic Policy and standardized prior authorization form that was sent to them in June. Highmark was pleased to be included in the ACR's distribution of these policies. They informed the ACR that Highmark Pharmacy Services is currently using a one page prior authorization and commented that the two forms are similar. Highmark also indicated that they distributed the ACR's Model Biologic Policy to their medical and pharmacy policy teams for review will forward all comments and responses to the ACR.

LEGISLATIVE NEWS

Congressional Recess Begins

Members of Congress will be home August 6 - September 6 and expect to hear about the issues affecting you - their constituent!

How can I engage my Members of Congress while they are at home?

- Invite your legislators to your office. This is a great opportunity to educate your members of Congress on the importance of the rheumatology subspecialty and the impact arthritis and rheumatic conditions have on one's quality of life.
- Meet with your members of Congress in their district office. An in person meeting is a very effective way to convey your message and allows you to build a relationship with your legislators.
- Attend a town hall meeting. Members of Congress hold town halls to get feedback on policy decisions being made in Washington. Call your legislator's district office to find the next town hall in your area.

These are your elected officials and it is their responsibility to represent you in D.C. But, they can't represent you if they don't know about your issues. Visit the [ACR website](#) today to plan your conversation. A brief visit with your lawmakers could make a lasting impact for your profession and your patients.

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RheumPAC: The ACR's Political Action Committee

RheumPAC, the voluntary, non-partisan political action committee of the American College of Rheumatology, works to support and elect pro-rheumatology candidates.

RheumPAC Supports:

- Senator Barbara Boxer (D-CA)
Sen. Boxer is the sponsor of the *Arthritis Prevention, Control and Cure Act (S. 984)*.
- Representative John Barrow (D-GA)
Rep. Barrow is a member of the Energy and Commerce committee and Health subcommittee and a co-sponsor of the Arthritis Act and DXA legislation.
- Representative Jim Matheson (D-UT)
Rep. Matheson is a member of the Energy and Commerce committee and Health subcommittee, and a co-sponsor of the Arthritis Act.
- Representative Joe Pitts (R-PA)
Rep. Pitts is a member of the Energy and Commerce committee and Health subcommittee and a co-sponsor of the DXA legislation.

RheumPAC is the only PAC that directly represents the interests of rheumatology professionals on Capitol Hill. Please visit www.rheumatology.org/advocacy or contact Katie Jones at KJones@Rheumatology.org for more information.

Who Do You Think RheumPAC Should Support?

ACR and ARHP members can recommend a candidate for RheumPAC support at www.rheumatology.org/advocacy.

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