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CMS National 5010 Testing Day

Is your practice prepared for the transition to HIPAA 5010? The official compliance date for all entities that submit electronic transactions to HIPAA Version 5010 is January 1, 2012. Physician practices should take the necessary steps to get ready today!

In an effort to assist physician practices, CMS has announced a national day of testing for Version 5010 Wednesday, June 15 2011. This is an opportunity for trading partners (i.e., providers, clearinghouses and vendors) to test compliance efforts, with the benefits of real-time help desk and direct access to Medicare Administrative Contractors. The process will facilitate testing protocols and the transition for 5010. This is will also be an opportunity for provider and clearinghouses to test readiness for conversion.

Individual state MACs will send out information concerning testing as the date draws closer. CMS encourages providers, clearinghouses, vendors and all other HIPAA covered entities to participate in the national testing day. For more information on HIPAA Version 5010, visit the [ACR Website](#) or contact the practice management department at (404) 633-3777.

RAC Audits of Drug Administration Codes

As reported in last month issue, the Recovery Audit Contractor, Connolly Consulting Associates (Region C), were auditing claims with chemotherapy drug administration CPT codes when the corresponding J-code indicating medication administered was not billed.

The ACR contacted CMS in regards to the audits. Dr. William Rogers, PRIT director, contacted Connolly Consulting Associates in regards to the inconsistency in the audits. The ACR was informed by Dr. Rogers that Connolly Associates would discontinue audits related to this issue.

For information on coding and billing guidelines, contact Melesia Tillman, CPC, CRHC, CHA at mtillman@rheumatology.com or (404) 633-3777 ext 820.

LATEST NEWS continued

ACR Submits Letter to Energy & Commerce Committee on Physician Payment Reform

On April 29, the ACR submitted a [letter to the House Energy & Commerce Committee](#) on physician payment reform. The letter focuses on the need for Congress to permanently repeal the sustainable growth rate, reinstate consultation codes and that Congress and CMS must value cognitive specialty care.

On May 5, the Energy & Commerce Committee held a hearing to address SGR reform. Witnesses included: **Mark B. McClellan, MD, Ph.D.** Director, Engelberg Center, The Brookings Institution; **M. Todd Williamson, MD**, Coalition of State Medical and National Specialty Societies; **Harold Miller**, Executive Director, Center for Healthcare, Quality and Payment Reform; **Cecil B. Wilson, MD**, President, American Medical Association; **David B. Hoyt, MD**, Executive Director, American College of Surgeons; **Roland Goertz, MD**, President, American Academy of Family Physicians; **Michael Chernew, Ph.D.**, Professor of Health Policy, Harvard Medical School. Testimonies can be found on the [House Energy & Commerce](#) website.

ACR Board on Capitol Hill

The ACR Board of Directors will be on Capitol Hill Thursday, May 19 educating members of Congress and their staff on issues affecting the rheumatology profession and patient access to specialty care.

The Board will urge Congress to:

- Join the Congressional Arthritis Caucus
- Reform the Physician Payment System
- Ensure access to bone density scans
- Maintain funding for arthritis research

Take Action: Contact Your Members of Congress

Reach out to your legislators to ensure the rheumatology message is heard across Capitol Hill. Call your members of Congress using the AMA Grassroots Hotline: (800) 833-6354 or send an e-mail through the ACR Legislative Action Center at www.rheumatology.org/advocacy

ACR to meet with the Centers for Medicare & Medicaid Services

On May 23, the ACR, the American Academy of Neurology, the American Association of Clinical Endocrinologists and The Endocrine Society will meet with CMS Director, Center for Medicare Management, Jon Blum. The coalition will discuss payment policy alternatives that would fairly reimburse specialists. The will seek CMS' support in recognizing the value of specialty care.

LATEST NEWS continued

2011 Advocates for Arthritis Application

On June 6, the application period for the 2011 *Advocates for Arthritis* conference opens. *Advocates for Arthritis* will be held September 19-20 in Washington, D.C. Don't miss this opportunity to educate Congress on the impact arthritis and rheumatic diseases have on one's quality of life and the importance of care provided by a rheumatology professional. The ACR is also looking for patient advocates, so encourage your patients to apply as well. For applications and more information go to www.rheumatology.org/advocacy.

PRACTICE MANAGEMENT NEWS

CMS reports PQRS and E-Prescribing increase quality indicators

The Centers for Medicare and Medicaid Services data for 2009 reveal increased numbers of physicians and eligible professional participation in both Physician Quality Reporting System and ePrescribing Incentive Program. As a result, the report states over 119,804 physician and other health professional in 12,647 practices collected more than \$234 million in incentives demonstrating positive outcomes in the quality of care provided to medicare beneficiaries.

CMS commenced both programs in an effort to encourage healthcare providers to adopt practices that improve patient care. In 2011 CMS launched a meaningful use incentive program for both medicare and Medicaid providers rewarding physician and healthcare professionals for adopting certain health information technology solutions.

Please reference the CMS website for instructions on how to get started or further details

<http://www.cms.gov/PQRS>.

<http://www.cms.gov/ERxIncentive/>.

The full 2009 PQRS and ePrescribing Experience Report is also available on CMS' website at

<http://www.cms.gov/PQRS>.

United Healthcare Medicare Advantage products overpayment Letters

The American Medical Association, in collaboration with The Texas Medical Association and California Medical Association participated in a call with UHC regarding Evercare and SecureHorizons both medicare advantage products regarding recoupment letters to physicians.

Doctors contacted the medical associations with concerns after receiving recoupment letters for overpayment. The letters stated the reason for the recoupment was physicians did not meet the level of documentation required to bill various E/M and /or consultation codes. UHC requested refund for full amount paid for the claim; the medical associations requested doctors are reimbursed for the claim at the reduced/down-coded level.

ACR Reviews Regence Policies

The ACR received a request from Regence to review and comment on the following policies:

- Benlysta draft
- Rituxan
- Immune Globulin Replacement Therapy
- Arthroscopic Debridement and Lavage as Treatment for Osteoarthritis of the Knee
- Hyaluronic Acids

Wellpoint Seek Comment from ACR

Wellpoint contacted the ACR and requested comments on their Percutaneous Electrical Nerve Stimulation and Percutaneous Neuro Modulation Therapy policy.

The ACR insurance subcommittee is reviewing *all policies* and will submit comments to Regence and Wellpoint at the end of May.

PRACTICE MANAGEMENT NEWS *continued*

The claims being discussed are for services rendered between 2008 and 2010. The AMA and both medical associations continue to work with UHC to resolve this issue.

RAC Recovers Millions

The Centers for Medicare and Medicaid Services released their first quarter 2011 recovery report from the Recovery Audit Contractors. The report states the RACs collected \$162 million in overpayments from providers and reimbursed \$22.6 million for underpayments.

CMS published several problems the RACs found that perpetuated the audits:

- incorrect billing of new patients
- incorrect billing of chemotherapy administration and non-chemotherapy injections and infusions

It is extremely important for physicians and their staff to know and understand their rights when it comes to audits. For additional information on how to respond to an audit, appeal an audit or how to self-audit charts, contact the ACR coding and reimbursement specialist, Melesia Tillman at mtillman@rheumatology.org or (404) 633-3777 ext 820.

[Click](#) here to view detail information on CMS' report.

ADVOCACY NEWS

Raising Osteoporosis Awareness on Capitol Hill

On April 28, Rep. Michael Burgess, MD (R-TX) and Rep. Shelley Berkley (D-NV) announced the Congressional Osteoporosis Caucus to help raise awareness about how to prevent osteoporosis and to improve the lives of those who suffer from this disease. Legislation to ensure access to bone density scans is expected to be introduced in May.

ADVOCACY NEWS *continued*

May 2011

ACR Joins Coalition Letter to Rep. Speier Regarding Access to Advanced Diagnostic

On April 12, Rep. Jackie Speier (D-CA) introduced the *Integrity in Medicare Advanced Diagnostic Imaging Act (H.R. 1476)*. This legislation would exclude certain advanced diagnostic imaging services from the in-office ancillary services exception to the prohibition on physician self-referral. These include diagnostic magnetic resonance imaging, computed tomography, and positron emission tomography, and such other diagnostic imaging services, but excluding X-ray, ultrasound, and fluoroscopy. The ACR participates in the Coalition for Patient-Centered Imaging who sent a [letter to Rep. Speier](#) expressing concerns with the legislation.

Rep. Price Introduces Medicare Private Contracting Legislation

On May 2, Rep. Tom Price, MD, introduced the *Medicare Patient Empowerment Act (H.R. 1700)*. This legislation would allow physicians to enter into a private contract with Medicare patients without penalty to either party. Beneficiaries would be able to use their Medicare benefits to offset a portion of their cost of care. The legislation would also eliminate the two-year “opt-out” for physicians who choose to enter into private contracts with their patients. The American Medical Association is spearheading this effort, also known as balanced billing.

Congress is Home May 30-June 3

This is the perfect time to schedule an in-person meeting, invite them to visit your office or attend a town hall. Members of Congress are more accessible when they are in the district. Take this opportunity to educate your lawmakers about issues affecting you and your patients, and [encourage them to join the Arthritis Caucus](#).

Visit the [ACR Legislative Action Center](#) to find the district office nearest you. Visit the [ACR Advocacy Toolkit](#) for tips on communicating with your legislators.

RheumPAC: Advancing Rheumatology on Capitol Hill

Have you joined or renewed your RheumPAC membership for 2011? RheumPAC plays an important role in the ACR’s advocacy efforts by providing one-on-one access to members of Congress. Such access lets us educate lawmakers on the complex issues patients with chronic conditions face, and the important role a rheumatologist plays in care coordination and improved patient outcomes.

Join RheumPAC today and be sure to review the [2011 RheumPAC membership benefits](#) before making your contribution. **To be eligible for VIP Housing at the 2011 ACR/ARHP Annual Scientific Meeting, your contribution must be received by June 3rd.**

