



# RheumWATCH

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## PRACTICE MANAGEMENT NEWS

### Building Relationships - A Mississippi Success Story

In the business world, building relationships can be the key to success, and this principle is what a Mississippi practice applied to a challenging situation.

Charles King, MD, a practicing rheumatologist in Mississippi, was asked by BlueCross of Mississippi to write a letter of medical necessity for a patient with rheumatoid arthritis on infliximab infusions. Dr. King received a response from BC of Mississippi stating that the medication was not covered and that they were also denying the six infusions he administered previously to the patient.

Taking the time to develop a relationship with the medical director of BC of Mississippi after a meeting at the state insurance commissioner's office and obtaining his personal phone number – Dr. King decided that he would call him personally and discuss the denial of the patient's treatment.

The medical director personally returned Dr. King's call and informed him that BlueCross would cover the infliximab infusion for his patient as well as retroactively reimburse him for the six infusions they were denied.

"This is an important and effective strategy that should be leveraged whenever and wherever possible," said Dr. King. "My story is an example demonstrating the importance of engaging the state insurance commissioner in our struggles and making good relationships with medical directors and third party payors."

The ACR applauds Dr. King and his practice for their efforts, and encourages physicians to become partners with payors to effectively deliver the right care to our patients and their beneficiaries.

### AMA Practice Management Alerts

The American Medical Association has developed practice management alerts to help physician practices save time and money. These alerts are free of charge to physicians and their practice staff. Signing up for these timely e-mail alerts can assist practices in staying up to date on unfair payer practices, give tips on responding to payors as well as provide practice management resources and tools. On the new practice management alerts Web site, there are options to take action on various types of alerts, invite colleagues to join and share practice management stories.

Visit [www.ama-assn.org/go/pmalerts](http://www.ama-assn.org/go/pmalerts) to sign up or contact Laura Snapp at [lsnapp@rheumatology.org](mailto:lsnapp@rheumatology.org) for additional questions.



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## **ACR to Comment on UHC's Infliximab Draft Policy**

In August, UnitedHealthcare requested that the American College of Rheumatology review and comment on their infliximab draft policy. The presented policy was sent to the ACR's insurance subcommittee for input. Overall, ISC concluded that the policy contained good coverage for patients with rheumatoid arthritis and psoriasis. However, the policy did not match the ACR's biologics policy with regards to uveitis. According to the ACR's biologics policy, infliximab is listed as an off-label candidate for treating uveitis, whereas UHC has listed infliximab as "unproven for the treatment of" uveitis. The ACR will send a response to UHC requesting that UHC modify their infliximab policy so that it reflects the ACR's biologics policy.

## **Regence "Fail First" Policies**

The American College of Rheumatology was given notice of Regence's policies in regards to their biologic response modifying agents. These policies require patients to first fail a response to conventional treatment as well as having to have failed two preferred disease-modifying anti-rheumatic biologic drugs before being eligible to receive any other biologic. The ACR contacted Regence in an effort to revise their policies to align with the ACR's model biologics policy.

## **New Rights for Consumers to Appeal Health Claim Denials**

The Department of Labor announced that under federal regulations consumers will be given new rights to appeal denials of health insurance claims as well as rights to appeal the cancellation of insurance coverage – this is allowed if the beneficiary is covered during the appeal process.

These new rights will be an element in the new healthcare law, and will assist with process and procedures for appealing denied claims. However, these new rules won't apply to insurance plans that existed before the healthcare law was approved back in March.

For most Americans with private insurance coverage, these new rights will not go into effect right away. Consumers with private coverage will first have to appeal to the insurer. Then if the claim gets denied a second time, consumers will be able to work with an independent reviewer- the insurer will be required to pay the cost of the claim reviewing. The independent reviewer's decision will be a final decision and if the reviewer rules against the insurer, the insurer will be responsible for fully covering the disputed claim.

For more information on this new appeal process, contact Laura Snapp at [lsnapp@rheumatology.org](mailto:lsnapp@rheumatology.org).

## **2011 ICD-9 Codes Effective October 1!**

It is that time of year again – the new ICD-9 codes are available for 2011. Currently there is one revised code and one new code that rheumatology practices should be cognizant of:

- lumbar region, without neurogenic claudication 724.02  
Lumbar region NOS
- lumbar region, with neurogenic claudication 724.03

On October 1, 2010 the new ICD-9 books should be used to ensure that all diagnosis codes are billed at the highest level of specificity. Physician practices should make sure that all charge slips and encounter forms are current and up-to-date.

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Keep in mind that CMS no longer allows a 90 day grace period for the any new codes. Having the most current coding manuals is vital to correct coding and running an efficient and effective practice

For specific coding and billing questions, contact Melesia Tillman, CPC, CRHC, CHA at [mtillman@rheumatology.org](mailto:mtillman@rheumatology.org) or (404) 633-3777 ext 820.

## **2009 PQRI Payments**

The Centers for Medicare and Medicaid Services released the payment schedule for the 2009 physician quality reporting initiative and E-prescribing payments.

Payments will be made in the fall of 2010 on the following schedule:

- 2009 E-prescribing payments will be made from September 21<sup>st</sup> to October 22<sup>nd</sup>
- 2009 PQRI payments will be made from October 25<sup>th</sup> through November 12<sup>th</sup>

For additional information on PQRI reporting guidelines and/or payments, contact Melesia Tillman, CPC, CRHC, CHA at [mtillman@rheumatology.org](mailto:mtillman@rheumatology.org).

## **LEGISLATIVE NEWS**

### **House Energy & Commerce Subcommittee Hearing Considers the *Arthritis Prevention Control and Cure Act (H.R.1210/S.984)***

Thanks to years of dedicated advocacy efforts, the Arthritis Prevention Control and Cure Act will be considered in the [House Energy & Commerce](#) Subcommittee on Health Wednesday, September, 15. This is a key first step to congressional passage of one of the ACR's legislative priorities.

Take Action! Contact your members of Congress by:

- Calling using the AMA Grassroots Hotline (800) 833-6354
- E-mailing through the ACR Legislative Action Center

### **ACR sends Letters to Congress and the Administration**

Among its advocacy efforts in the rheumatology community, the ACR has sent a number of letters to Congress and the Administration over the last month.

- August 24<sup>th</sup> – **ACR Comment Letter to CMS on the 2011 Medicare Physician Fee Schedule:** The letter addresses issues of concern in the 2011 MPFS that, if implemented, could compromise patient access to necessary care. Specifically, the ACR requested that consultation codes be reportable and reimbursable by Medicare and that CMS make additional modifications to the PQRI program to include feedback for physicians.

To view the letter, [click here](#).

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- August 27<sup>th</sup> – **Coalition letter to MedPAC Chairman, Glenn Hackbarth, M.D. on In-Office Ancillary Services:** The letter expresses concern that the policies outlined in the June 2010 Report to Congress regarding in-office ancillary services could interfere in the efficient and effective delivery of in-office imaging services, limit patient access, reduce competition, and increase overall Medicare costs by driving services into higher cost hospital settings. It was suggested that MedPAC focus on policies that would facilitate and reward the provision of high quality, clinically appropriate diagnostic imaging services instead of developing formal recommendations to implement policy options.

The ACR is a member of the Coalition of Patient-Centered Imaging.

To view the letter, [click here](#).

- September 1<sup>st</sup> – **Coalition Letter to Treasury Secretary Timothy Geithner on Attorney Tax Deduction:** This letter, which was signed by over 90 state and medical societies, expresses opposition to the U.S. Treasury Department's consideration to change a federal tax policy to allow a special tax deduction for trial attorneys who enter into gross fee contingency contracts with their clients.

To view the letter, [click here](#).

- September 2<sup>nd</sup> – **ACR Letter to Senator John Cornyn (R-Texas) on Repeal of IPAB:** Senator Cornyn recently introduced the *Health Care Bureaucrats Elimination Act* (S. 3653) which would repeal the Independent Payment Advisory Board established through the *Patient Protection and Affordable Care Act* (H.R. 3590). This legislation would prevent unaccountable bureaucrats from making health care decisions for seniors and their physicians. The ACR sent a letter of support thanking Sen. Cornyn for his leadership on this issue.

To view the letter, [click here](#).

## **Get Involved: Call Your Lawmakers and Support ACR Advocacy Efforts**

[ACR](#) and ARHP members are joining their patients on Capitol Hill on Tuesday, September 21. They are meeting with members of Congress to discuss [issues](#) important to the rheumatology community.

You can get involved and support ACR advocacy efforts by contacting your Representative and Senators about the following issues:

- The elimination of consultation service codes
- The continued battle to avert Medicare cuts
- Passage of the *Arthritis Prevention, Control and Cure Act* (H.R. 1210/S.984)
- Increased research funding

Contacting Congress is easy. Simply call the AMA Grassroots Hotline at (800) 833-6354 or visit the [ACR Legislative Action Center](#).

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Active engagement in advocacy efforts increases Congress' awareness of rheumatology. For more information, contact ACR government affairs staff at [advocacy@rheumatology.org](mailto:advocacy@rheumatology.org)

## **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:

- Representative Pete Sessions (R-TX)  
Rep. Sessions is a co-sponsor of the *Medicare Fracture Prevention and Osteoporosis Testing Act* and the *Arthritis Prevention, Control and Cure Act*.

RheumPAC is the only PAC that directly represents the interests of rheumatology professionals on Capitol Hill. Please visit [www.rheumatology.org/advocacy](http://www.rheumatology.org/advocacy) or contact Katie Jones at [KJones@Rheumatology.org](mailto: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](http://www.rheumatology.org/advocacy).

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