



March 2013 Edition

The beginning of next month will usher in the 2nd quarter NCCI, MUE and OPSS updates. To help hospitals wade through the changes facing them over the next few days, March's edition of *Chargemaster Corner* will explore these changes with helpful implementation hints. At first glance there doesn't appear to be that many changes that will impact the facility's chargemaster, but further inspection promises just the opposite. Let's explore what faces us in the next few days:

Transmittal 2664 – OPSS Update
Transmittal 2619 – New Waived Laboratory Tests
Transmittal 2609 – Quarterly Update CCI Edits, Version 19.1

Transmittal 2664, April 2013 Update of the Hospital Outpatient Prospective Payment System (OPSS) contains the majority of changes impacting the facility's chargemaster.

CMS introduced five new HCPCS codes for several pharmaceuticals that will now be separately reportable and reimbursed.

C9130, Injection, immune globulin (Bivigam) 500mg, is a new sugar-free, glycine intravenous immune globulin approved by the FDA in December. Packaging makes the product available in 50 ml (5 gram) and 100 ml (10 gram) vials.

C9297, Injection, omacetaxine mepesuccine, 0.01mg, received FDA approval in October, 2012 and is also known as Synribo. This is the second drug approved recently and prescribed for adults with CML, chronic myeloid leukemia

C9298, Injection, ocriplasmin, 0.125mg, is a new medication prescribed for patients diagnosed with symptomatic vitreomacular adhesion, an eye condition related to aging that can lead to vision loss. Jetrea, is administered by intravitreal injection to the affected eye as a single injection, and is typically packaged as a single use glass vial containing 0.5mg in 0.2ml solution.

A couple of pharmaceutical HCPCS codes underwent a status indicator revision, as follows:

J7315, Mitomycin, ophthalmic, 0.2 mg will change from status indicator "N" (packaged reimbursement) to status indicator "G", paid under OPSS; separate APC payment.

Q4127, Talymed, per square centimeter, will now be reportable and payable when reported for Medicare patients. A bioactive wound matrix product, the use of Talymed stimulates tissue growth and aids in wound closure. HCPCS Q4127 will be reportable, effective April 1, 2013, now that this code has changed from "E", not covered by any Medicare outpatient benefit for reasons other than statutory exclusion, to status indicator "G", paid under OPSS; separate APC payment.

CPT 90661, Influenza virus vaccine, derived from cell cultures, subunit, preservative and antibiotic free, for intramuscular use, has had a status indicator of "E" because the FDA had not granted approval, until recently. Now, effective April 1, this vaccine has been revised to status indicator of "L", paid at reasonable cost; not subject to deductible or coinsurance.

Three new HCPCS codes have been introduced and are eligible for separate reimbursement.

HCPCS C9734, Focused ultrasound ablation/therapeutic intervention, other than uterine leiomyomata, with or without magnetic resonance (MR) guidance. MRgFUS (MR guidance focused ultrasound) provides high intensity focused ultrasound waves emitted and focused area to treat leiomyomatomas located other than the uterus. This is a non-invasive procedure which minimizes complications and allows easier recovery for the patient. Typically moderate sedation is the type of anesthesia of choice by most physicians but general anesthesia may be used.

Medicare has assigned a status indicator of "S" and will be reimbursed \$3,300.64.

The second new HCPCS is C9735, Anoscopy, with direct submucosal injection(s), any substance. Medicare has assigned a "T" status indicator and represents the administration of Solesta and reported with L8605, Injection bulking agent dextranomer/hyaluronic acid copolymer implant, anal canal, 1 ml. The procedure, known as Solesta, requires no anesthesia and typically requires four 1-ml injections into the anal canal, treatment for fecal incontinence.

C9735 will be reimbursed by Medicare approximately \$2,365.67 (SI T) with L8605, packaged reimbursement (SI

N) but the charge reported from the chargemaster should also include shipping and supply costs.

A new HCPCS is now available for reporting physician telehealth pharmacologic management which will be available to track inpatient pharmacologic management services provided remotely to patients in rural hospitals with mental disorders. G0459 reads "Inpatient telehealth pharmacologic management, including prescription, use, and review of medication with no more than minimal medical psychotherapy. Reimbursement will be recognized by Part B, Medicare Physician Fee Schedule.

Transmittal 1159, New Healthcare Common Procedure Coding System (HCPCS) Codes for Replacement Accessories and Supplies for External Ventricular Assist Devices of Any Ventricular Assist Device (VAD) for Which Payment Was Not Made Under Medicare Part A, is a replacement for Transmittal 1135 and discusses various codes for supplies for external VAD, implanted VAD, as well as the deletion and creation of new codes that cover specific supplies and accessories used for a VAD, includes supplies such as control units, monitors and power supplies. Revenue code 274 is the appropriate revenue code for Q0507, Q0508 as well as Q0509, replacing deleted codes of Q0505 and L9900. See other HCPCS codes for supplies and accessories for VAD which include the range of Q0480-Q0504.

New Waived Tests

Transmittal 2619 has updated its list of laboratory tests that have been waived from the oversight of CLIA (Clinical Laboratory Improvement Amendments of 1988). CLIA added 24 new tests to the list.

New CCI Edits

On a quarterly basis, CMS updates the CCI (Correct Coding Initiatives) edits as well as the MUE (Medically Unlikely Edit) tables. Most professional staff finds the issuance of the CCI and MUE updates transparent, since they are automatically incorporated into the facility's billing and HIM software. However, many professionals find it helpful to download these files to analyze and identify significant changes, comparing quarter-by-quarter the impact these revisions have on the operation and reimbursement picture. The quarterly updates can be downloaded from the Quarterly NCCI and MUE Version Update Changes page on the CMS website.



Optum lost a loved and significant member of the *Chargemaster Corner* staff on March 13th. John Arno worked for Optum since 1998, when the consulting team was known as St Anthony Consulting. His expert knowledge about Medicare reporting guidelines as well as facility chargemaster expertise provided endless assistance to Optum's clients as well as the entire consulting team. John had over 25 years' experience in radiography, mammography, interventional radiology, nuclear medicine, CT, ultrasound and radiation oncology management and served as technical director of education at the University of Southern Indiana and as an instructor at Southern Illinois University.

John devoted much of his life to the Boy Scouts of America; he achieved his Eagle Scout rank in 1969, acted as Assistant Scoutmaster over his son's troop for several years, and was a long-time volunteer for Minsi Trails Council.

John leaves behind a loving wife, Irene, and son and daughter-in-law, Ryan and Kristen, as well as countless co-workers and consultants within the Optum family who will miss him terribly. He made a wonderful contribution to the chargemaster team and will be missed on a daily basis.

We hope you enjoy receiving the *Chargemaster Corner* from OptumInsight. Each month OptumInsight will circulate this newsletter via e-mail to those interested parties who have provided contact information either via e-mail request or who have completed an informational form when attending a number of educational seminars conducted nationwide. Please share this e-mail with your co-workers and encourage them to contact OptumInsight via Chargemaster.corner@gmail.com. Contact information will not be shared with any other organization and used *only* for means of distributing this monthly newsletter. For direct contact concerning receipt of this newsletter, please e-mail your comments to the above noted e-mail address. Thank you for your interest in this monthly chargemaster newsletter and hope you find it helpful.

OptumInsight Consulting offers a variety of services to assist hospitals in the inpatient and outpatient coding and chargemaster functions including: 1) Focused and comprehensive chargemaster review; 2) continual chargemaster maintenance; 3) CPT® Coding Audits; 4) Chart-to-claim audit; 5) MS-DRG audits; 6) Educational opportunities via audioconference/onsite; 7) Physician audits, 8) ICD-10-CM/PCS Preparation and Education, 9) Denials Management, and 10) Physician educational opportunities. If you wish to receive information about any

of the consulting services OptumInsight offers, please forward your inquiry to Joe.Martinez@Optum.com or phone 866-867-4248. OptumInsight – bringing you insight and expertise to your chargemaster reporting challenges. In addition, e-mail your questions and subjects you would like to be included in future articles to: Chargemaster.corner@gmail.com.

Also please remember OptumInsight can assist you in the preparation of ICD-10-CM/ICD-10-PCS. Whether doing a gap analysis, assessing financial risk, chart audits or coder and physician education, OptumInsight is prepared to meet your needs.

Have you looked on-line for free resources to use when preparing for ICD-10-CM and ICD-10-PCS? OptumInsight's website has "Inside Track to ICD-10" and provides an overview to the ICD-10 coding system and gives focused spotlight discussions for both ICD-10-CM and ICD-10-PCS. There are even coding scenarios to test your coder's knowledge. The link for "Coding Central" contains a list of valuable and official resource website links for guidance and additional information.

<http://www.optumcoding.com/CodingCentral/>



And be sure to budget and attend the Optum conference agenda for the 13th annual Optum Essential's conference at The Cosmopolitan, Las Vegas. The 2014 OPPS Updates will be discussed, 2014 CPT/HCPCS updates for the Chargemaster, ICD-10-CM/PCS Updates and educational sessions as well as Anatomy and Physiology focused sessions. There is something for everyone!! Check out the above website for the detailed conference schedule, speakers and other sessions to prepare you for ICD-10-CM implementation and 2014 reporting challenges!! See you there.