Hi and happy Feb!  It is kind of nuts around here for weather - we are unseasonably warm!  CRAZY.

\*\*\*\*\*\*\*\*\*\*\***Hey, save the date as we are darn close to publishing the FINAL Boot Camp Agenda\***\*\*\*\*\*\*\*RAC SUMMIT and ARS co-produce\*\*\*\*\*with American College of Physician Advisors co-sponsoring the PA pre-con\*\*\*\*\*\*\*\*\*\*\*

SAVE the Date:

                        July 22-24th            San Antonio, TX

**Highlights:**

    A separate Pre-Con for Physician advisors and one for UR -integrated CDI efforts.  Wonderful case studies..with excellent examples of 'beyond the bootcamp'

    The boot camp will focus on both the PA's role and the UR's role in the 4 key areas of success - 1st point of contact, daily process, denial prevention and ongoing education.

Includes wins with a dedicated Outpt treatment unit, leading a meaninful UR committee, CDI hints for training, how to engage hospitalists, tied to ER and Surgery -get it right the first time PLUS how to handle the 'difficult situation' panel.

    WPS/MAC will be presenting lessons learned from the Probe and Educate audits

    Case study working lunch; breakfast chat tables; dutch dinner with faculty - all networking opportunities to continue the learning experience

    Audience participation

If you can't attend in person, we always offer live web/streaming..so load up the office and learn together.

We would love to have you join us ---as there is discounting for more than 1 person - physician advisors and UR together!  YEAHOO

Keep watching our website or the RAC SUMMIT...March!!

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**ICD -10 is alive and well**

Yes, as of today, ICD -10 is still going live in Oct 15.  There are lots of 'readiness' efforts in all organizations but here are a few pointers - beyond HIM.

1. Physician office partners.  To be able to do medical necessity screening, it is imperative that dx are received at the time of ordering.  We all know ICD 9, but who in the hospital/provider is going to receive the a) narrative or b) old ICD 9 code and translate into the ICD 10 PRIOR to the service?  Do the ABN for the pt or call the provider and ask for additional new ICD 10 dx?  OR if the provider is doing dx thru CPOE, who is going to get the 'rejected dx against CPT codes/Medical necessity and ask - are there any other dx codes associated with this test that you may have ommitted when selecting the codes? Huge potential for new denials/rejections/lost revenue and/or inappropriate ABNs with pts.  CANNOT write off CPT tests because the screening was not done PRIOR to the testing.  Has been and always will be against Medicare rules...
2. Physician office partners.  Give something back to the practices!  We need a strong partnership with all the employed and community providers--and most of that comes by providing support and FREE education to their office staff/nursing.  Idea:  Host 'lunch and learns' - HIM coding team help the office code a record with ICD 10.
3. Payer readiness.  Be sure to get your letter to ALL payers - asking who is their contact to test, when will they start, how long can you submit ICD 9 claims after go live/ask for 1 year, can you test all patient types (ER separate from inpt separate from inpt surgeries separate from onocology, etc) Not just one big batch as only 'loops and segments/837' will be tested. Run the individual pt types thru the edits and receive the return to provider rejections and watch the 835/electronic payment too - be on the lookout for unique/new denials.  Going from 15,000 dx to over 70,000 = could result in new rejections. BE READY!
4. Remote coding support to keep the UR down thru coder practice times and beyond. Yes, we are offering remote coding - with no minimum # of claims and we are NOT raising our rates for ICD -10...  Let me know if you would like more info and/or go to our website and see all the services we are offering. (Doctor education/why it is an enhanced pt story!  It is easy)   Not to mention, overall hospital dept head training and their impact- yep, pre-certification dx will need to be assessed too.

**New Modifiers - X**

In today's Open Door Forum call, there was great information regarding the implementation of the new X modifiers.

Highlights:

    CMS Integrity Initiative - when deciding to attach a 59 - can still use the 59 modifier with the same rules as has always been present.

    Using of the X - a full rollout will occur over the year(s) as they identify procedures where the X will be required instead of the 59.For now, can use either and CMS will treat same.

    The CMO for the Ingrity Unit did the clarification.  To hear the entire session - for 2 days - you can go to:  855 859 2056  Conference ID  12540136

    Also there is a MedLearn, CR 8863, Effective 1-1-15.   <https://www.coms.gov/Outreach-and-education/medicare-learning-network-MLN/MLNmattersarticles/downloads/SE1503.pdf>

**RAC Program Improvements**

There are some excellent 'expected' improvements that will be in place 'with the new RAC contracts-which are on hold for now."

Still definitely worth reviewing.

    Go to:   <http://www.cms.gov/research-statistics-data-and-systems/monitoring-programs/medicare-FFS-compliance-programs/recovery-audit-program/downloads/RAC-program-improvements.pdf>

**Tidbits**

Go to CMS webpage - check out 99490/Chronic Care Managment/CCM.  CCM services are non-face-to-face care management /coordination services for certain Medicare beneficiares having multiple (two or more ) chronic conditions.  UB: V status indicator.  $53.70 less pt portion  PLUS  1500 fee schedule payment 99490  $31.07.  CPT 99490 cannot be billed during the same calendar month as 99495-99496 (transitional care mgt) or G0181-G0182  (Home health care supervision)  or  90951-90970 (ESRD services).  Look for CMS for additional coverage limitations.

Good stuff! (Thanks, K Ball, Idaho.)

68% settlement- time to stay in close contact with your MAC on round 2 of the settlement process.  CMS is hosting a call on Weds, 25th.

If questions, use email:  MedicareAppealsSettlement@cms.hhs.gov.  Get your money!  (Thanks, K Robinson, Mercy)

Webpage - hey be sure to go to our webpage for historical Info Lines, plus a bunch of Updated classes...and yes, full scope of services.

\*\*\*\*\*\*\*\*\*\*\***Come and say hi at the upcoming events  or join us for a fun audio \*\*\*\*\*\*\*\*The groups ask me to invite you...happy to \*\*\*\*\*\*\*\***

March 12-13th            CO HFMA            Medicare mini- boot camp

March 19th                AAHAM TX            Medicare 101, Charge capture to find lost revenue

March 26th                SD HFMA             Optimizing charge masters and charge capture to find and keep revenue

March 27th                Neb HFMA            Optimizing fun class

April 10th                   Ill AHIMA              Mastering the 2 MN rule - documentation to support inpts

April 14th                  Compliance 360     Common denials - and processes to improve them     ---FREE   FREE    FREE  webinar

April 16th                  SD AAPC              ICD 10 changes everything in the revenue cycle,   Mastering the 2 MN

April 21st                    ICAHN                 Inpt vs obs - why is it so hard?  Audio

April 23rd                    OK HFMA            ICD -10 and Mastering 2 MN

Continue to love the work we get to do ...and hope you have few 'bootstrap' days!  Happy to all!