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What's new in INCISIVE MD?

This document describes the update to Medicare, Oregon Workers' Compensation, and Washington Labor & Industries contracts. Congress passed a mid-year change to the Medicare conversion factor that requires a new contract term for Medicare. We are also providing the new 2011 Oregon Workers' Compensation contract term along with the new 2010 Washington Labor & Industries contract term. In addition, many other small fixes were done to improve the application and correct some issues with the release of INCISIVE MD 3.3.

Who should read these release notes?

If you are an INCISIVE MD user ...

Read this entire document for revised features included in this update.

If you are the clinic technical contact ...

No action is required to update the software if users have administrative privileges to update the \Program Files directory. The INCISIVE MD application will auto-detect and install the update when the user attempts to log into the application following the release of the update to your clinic. For clinics using terminal services, please contact INCISIVE Support for instructions on manually updating users' profiles.

June 2010 Medicare Changes

On June 25, 2010, the Preservation of Access to Care for Medicare Beneficiaries and Pension Relief Act of 2010 was signed into law by President Obama. Section 101 of Public Law 111-192 provides for a 2.2% update to the 2010 conversion factor, effective for dates of service June 1, 2010 through November 30, 2010; the new conversion factor is \$36.8729. This will be the first time that there will be two different conversion factors during the same fiscal year. This fundamental change to store and retrieve Medicare contract information based upon date of service rather than fiscal year.

If customers have planned or coded surgeries with dates of service after June 1, 2010, they need not take any action. The INCISIVE MD Contract Updater will go through your planned and coded surgeries to find those affected by the new Medicare contract term and update them automatically.

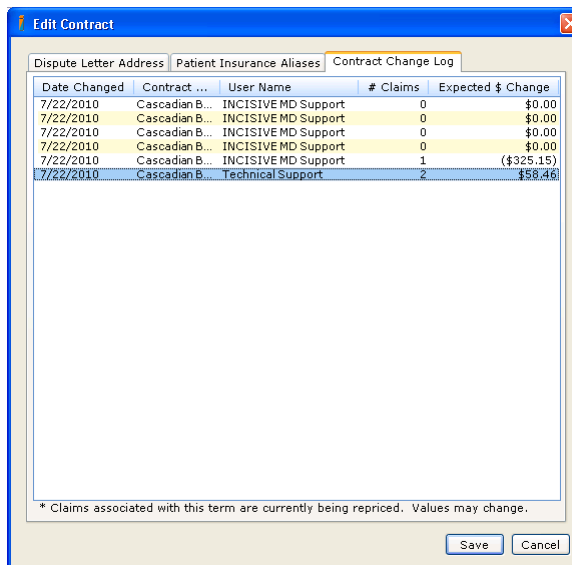
RVU Year	Medicare Conversion Factor
2000	\$ 36.3137
2001	\$ 38.2581
2002	\$ 36.1992
2003	\$ 36.7856
2004	\$ 37.3374
2005	\$ 37.8975
2006	\$ 37.8975
2007	\$ 37.8975
2008	\$ 38.0870
2009	\$ 36.0666
2010A	\$ 36.0846
2010B	\$ 36.8729

Reviewing Medicare Contract Change Report

To see how many fee tickets were updated by the Contract Updater you will need to view the latest Contract Change Report created by the INCISIVE MD server. To view the report:

- 1 From the INCISIVE MD Dashboard, click **Contracts** in the navigation bar
- 2 Select the Medicare contract under the **Contracts** list.
- 3 Click **Edit Contract** under the Task section in the left-hand navigation bar.

- 4 Switch to the Contract Change Log tab.
- 5 Double click on the last entry to view the Contract Change Report.



CCI Edits Version 16.2

Centers for Medicare and Medicaid Services (CMS) published the July 2010, Version 16.2, quarterly National Correct Coding Initiative (CCI) update on July 9, 2010. Unfortunately, the release of this version of CCI edits by CMS was too late to include with the prior INCISIVE MD 3.3 release. It has been included with this release and all new edits were effective on 7/1/2010.

CMS changed 5,725 coding edits related to orthopedic codes for this revision. Almost 80% of the newly added code pairs were related to AMA CPT Category III Codes 0213T and 0216T, which are for paravertebral facet joint injections. Another 10% of the code pairs were related to adding HCPCS Code J0670, Mepivacaine hydrochloride 10 ml injection, as component to other procedures.

New Spine Decompression Code Bundling Edits

Of note to orthopaedic spine surgeons is the addition of five new edits for the bundling of far lateral and transpedicular decompressions [CPT 63046, 63047, and 63055] with lateral extracavitary approach fusion [CPT 22532 and 22533] and transpedicular decompressions [AMA CPT 63056] with posterior lumbar interbody fusions (PLIF) [CPT 22630]. These new CCI edit code pairs are shown in the table below.

Column1/Column 2 Edits				
Column 1	Column 2	Effective Date	Deletion Date	Modifier 59
22532	63046	20100701		1 - Allowed
22532	63055	20100701		1 - Allowed
22533	63047	20100701		1 - Allowed
22533	63056	20100701		1 - Allowed
22630	63056	20100701		1 - Allowed

Customers interested in viewing a list of the orthopaedic related CCI edit changes may visit the [INCISIVE Support](#) website and view the summary Microsoft® Excel® spreadsheet we have created.

Washington Labor & Industry 2010 Contract Update

The 2010 conversion factor for Washington Labor & Industry medical fee schedule is \$60.78 (-1% reduction from 2009). Moreover, the maximum allowable is also geographically adjusted based on the percentages listed below. INCISIVE MD will compute the correct contractual expected based upon the formula outlined in the Washington Administrative Code.

Washington Labor & Industry GPCI Adjustment Changes			
RVU Component	FY2009	FY2010	Change
Work RVU	100.4%	99.5%	-1%
Practice Expense (PE) RVU	100.7%	100.7%	0%
Malpractice (MP) RVU	69.7%	69.7%	0%

If customers have planned or coded surgeries with dates of service after July 1, 2010, they need not take any action. The expected amounts for these surgeries used the previous contract term since no current contract term was available for the date of service. INCISIVE MD will automatically update those fee tickets with any applicable changes and generate a contract change report.

Oregon Workers' Compensation Contract Update

With the on-going struggle between providers and payers in having Oregon workers compensation claims paid at PPO or other discounted rates, the Oregon Workers' Compensation Division changed the Oregon Medical Fee and Payment Rules to no longer specify the Medicare RVU methodology and revert to a maximum allowable payment methodology. As such, the INCISIVE MD Oregon Workers' Compensation 2011 contract term will be converted from an RVU-based to a complex fee schedule-based contract term.

Another interesting twist to for this new contract term is a different conversion factor rate for surgery procedures based upon the global days associated with the procedure. For surgery procedures with a 90-day global window, the conversion factor rate is \$89.00 but only \$84.50 for procedures with a 10-day global window.

The table on the next page provides the conversion factor rates used by the Division in order to calculate the maximum payment amount.

If customers have planned or coded surgeries with dates of service after July 1, 2010, they need not take any action. The expected amounts for these surgeries used the previous contract term since no current contract term was available for the date of service. INCISIVE MD will automatically update those fee tickets with any applicable changes and generate a contract change report.

Oregon Workers Compensation 2010-2011 Conversion Factor Rate Change			
Service Categories	FY2010	FY2011	Change
Evaluation / Management	\$ 64.79	\$ 75.00	16%
Anesthesiology	\$ 53.45	\$ 58.00	9%
Surgery with 90-day global period	\$ 86.44	\$ 89.00	3%
Surgery with 0 & 10-day global period	\$ 86.44	\$ 84.50	-2%
Radiology	\$ 68.00	\$ 69.00	1%
Lab & Pathology	\$ 60.00	\$ 60.00	0%
Medicine	\$ 75.04	\$ 71.00	-5%
Physical Medicine and Rehabilitation	\$ 65.79	\$ 68.00	3%

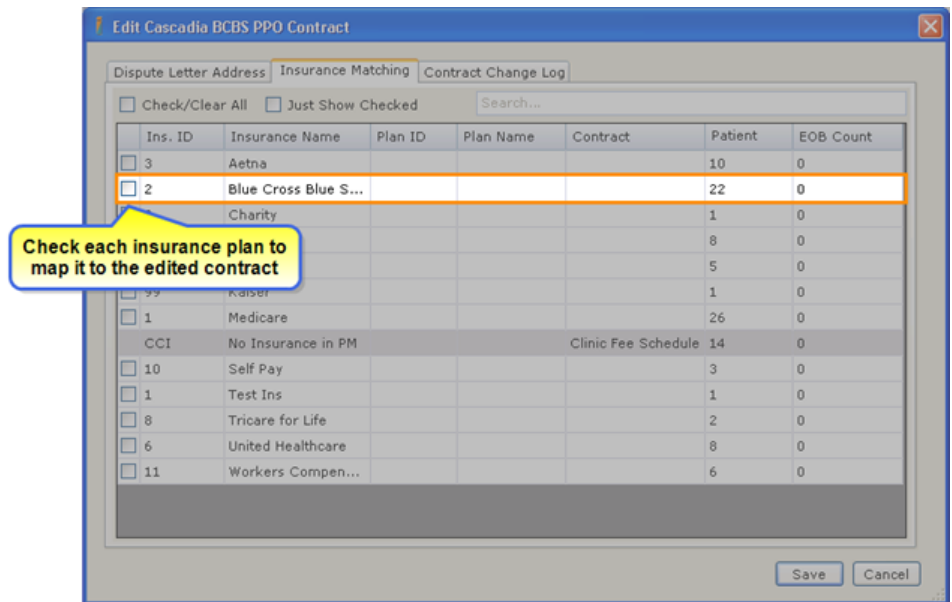
Managing Patient Insurance to Provider Contract Matching

We have made it easier to assign patient insurance plans to match to provider contracts. Previously, the most effective way was to assign an insurance plan for patient with the same insurance plan by editing the patient’s demographics data while either planning or coding a surgery. While this provided a minimal interruption to workflow, it did not allow customers to do this easily as part of the initial setup of INCISIVE MD for the clinic. The other method was to type-in the insurance plan matching information under the Contract Patient Insurance Aliases tab. This method was cumbersome and prone to error and has been replaced with a selection list.

For each contract, the entire list of a patient insurance plans will be shown and customers will be able to check which insurance plans are assigned to a contract. Insurance plans can only be assigned to one contract at a time. To reassign an insurance plan, it will be necessary to unselect it from the currently assigned contract before assigning it to a new contract.

To assign an insurance plan to a contract complete the following steps:

- 1 From the INCISIVE MD Dashboard, click **Contracts** in the navigation bar.
- 2 Under the **Contracts** list, select the contract for assigning insurance plans to.
- 3 Click **Edit Contract** under the navigation bar Task section.
- 4 Switch to the patient **Insurance Matching** tab.
- 5 Check each insurance plan as necessary to assign them to the contract, see picture on the next page
- 6 Click **Save**.



Minor Improvement and Corrections

With the major release of INCISIVE MD 3.3, some minor lagging issues have been found and corrected with this release.

Missing Assistants from Surgery Plan

If you selected surgical assistants, while planning a surgery but did not assign a surgical assistant to a procedure on the **Summary** tab by checking the name of the assistant for each procedure as you do in coding, the application would not list any assistants on the INCISIVE MD Surgery Planner. This has been corrected, each selected surgical assistant will be listed on the Surgery Planner document regardless of whether they were assigned to a procedure on the **Summary** tab or not.

CPT 27654 Summary Text Description Corrected

The Summary tab text description for AMA CPT 27654 incorrectly listed the procedure as a primary repair when it is for secondary repair. The procedure will now correctly display as “Ruptured Right Achilles Tendon secondary repair” where Right is the designated morphological laterality designated by the user.

Surgery Summary / Surgeries grid Description Blank

In some instances, when planning or coding a surgery, the default text for the **Surgery Summary** field remained empty unless a user clicked on the Summary tab Procedures grid. This is now corrected, the first treatment **Summary** tab text description will be the default value for the Surgery Summary field.

Wrong Treatments Displayed For Thoracic & Lumbosacral Decompressions

Some cataloguing information became incoherent during the migration to INCISIVE MD 3.3 version. This caused the display of Corpectomy treatment group procedures under the **Show All** view to be displayed instead of **Decompression** treatment group procedures when the **Spine Thoracic** and **Lumbosacral** regions were selected in the navigation bar **Region** filter selector. The correct procedures will now display under the **Show All** view **Spine Thoracic & Lumbosacral** region **Decompressions** treatment group.

How do I contact INCISIVE Support?

During normal business hours, 8:00 am to 5:00 pm Pacific Time, you may contact technical support at (503) 546-5323 or by email at support@crosscurrentinc.com. Our INCISIVE MD Support website also offers resources to help answer basic questions about the software.