INCISIVE™ MD

Contents

What's new in INCISIVE MD?

This is an intermediate release to correct an issue with treatment searching.

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.

Integration with INCISIVE RC

We have created another new and innovative software tool called INCISIVE RC that handles the prioritization and management of work queues. It is web browser-based application but has been designed from the ground up to work with INCISIVE MD. This release provides for a significant update of INCISIVE MD server infrastructure at our colocation facility to handle this integration between the two products. Most of these changes will be transparent to our existing INCISIVE MD customers and should have no impact upon INCISIVE MD performance or usability.

Washington Labor & Industry 2012 Contract Update

The 2012 conversion factor for Washing Labor & Industry medical fee schedule remains that same from 2011, $55.34. It appears that the Washington State geographic adjustment factors have also remained unchanged. The geographic adjustment factors are:

- 100.8% of the Work Component RVU
- 105.2% of the Practice Expense RVU
- 86.7% of the Malpractice RVU

CCI Edits Version 18.2

On July 1, the Centers for Medicare and Medicaid Services (CMS) published the July 2012, Version 18.2, quarterly update to the National Correct Coding Initiative (CCI) edits. There are 2,521 new edit pairs and 88 deleted edit pairs while 532 edit pairs had the Modifier Indicator changed from "1" to "0", meaning a Modifier 59 is no longer appropriate. It appears that most of these changed edit pairs were to permanently bundling of laparoscopy (CPT 44180) into surgical procedures.

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AMA CPT Guidelines Correction

The AMA added a new instrumentation guideline in 2012 to resolve possible over-coding of reinsertion and removal with insertion of new hardware. The guideline states:

> *Codes 22849, 22850, 22852, and 22855 are subject to modifier 51 if reported with other definitive procedure(s), including arthrodesis, decompression, and exploration of fusion. Code 22849 should not be reported in conjunction with 22850, 22852, and 22855 at the same spinal levels. Only the appropriate insertion code (22840-22848) should be reported when previously placed spinal instrumentation is being removed or revised during the same session where new instrumentation is inserted at levels including all or part of the previously instrumented segments. Do not report the reinsertion (22849) or removal (22850, 22852, 22855) procedures in addition to the insertion of the new instrumentation (22840- 22848).*

Further guidance has come forward from both the AMA and NASS that the intention of the new guideline was that when insertion of instrumentation is performed that involves the original levels *along with new levels*, only the appropriate code for the type of instrumentation (anterior or posterior) should be reported. INCISIVE MD will continue automatically correcting Removal and Insertion done at the same vertebral segment with Reinsertion. However, when new levels are added to a construct users should select the best single insertion, reinsertion, or removal procedure for the case that best represents the instrumentation work done in that surgical case.

For Payers with RVU-based contracts with the INCISIVE MD contract set to use AMA CPT Guidelines, when Reinsertion is present in a case all other instrumentation procedures will be set to $0 expected amounts because Reinsertion has the highest RVU / Payment value of the instrumentation procedures, see Table 1.

Table 1. CMS National Payment Amounts

CPT	22840	22841	22842	22843	22844	22845	22846	22847	22848	22849	22850	22852	22855
	Posterior					Anterior			Pelvic Fixation	Re-insertion	Removal		
Payment	$773	$0	$774	$822	$990	$746	$774	$893	$363	$1,309	$725	$693	$1,127
Precedence	8	13	7	5	3	9	6	4	12	1	10	11	2

However, Medicare did not update the National CCI Edits to take this guideline in account. If a contract is not set to use the AMA CPT Guidelines, users may see coding edits for these instrumentation procedures. Users should review their existing compliance policies regarding to ensure they are updated to include this new AMA CPT Guideline and when it would be appropriate to over-ride the CCI edit with Modifier 59. Because of the ability to override these edits with Modifier 59, users may unintentionally over code their cases if they include removal, reinsertion, and insertion with Modifier 59. If users are interested, we have written a technical document that outlines different instrumentation scenarios in which the AMA CPT Guidelines and Medicare CCI edits can be different along with the resulting procedure coding.

We have updated the AMA CPT Guidelines to allow Pelvic Fixation (CPT 22848) to be priced along with Insertion procedures (CPT 22840 to 22847) in the same surgical case. Previously, when Pelvic fixation was included along with other Insertion procedures, the

application would set the contractual expected amount to $0 based upon the 2012 AMA CPT Instrumentation Guideline.

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