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What's new in INCISIVE MD?

This release adds secure document routing using either a secure email server connection or by using a secure webmail portal. The release also includes the 2014 AMA CPT procedures add to the application related to orthopedic spine and neurosurgery. Additionally, at the beginning of January, 2014, we updated the application to include the 2014 Medicare contract term and the CCI version 20.0 update and these release notes describe those updates. We also fixed an issue related to planning of spine instrumentation insertion and removal.

Who should read these release notes?

If you are an INCISIVE MD user ...

Read this entire document for revised features and changes to INCISIVE MD.

If you are the clinic technical contact ...

No action is required because when the user logs into INCISIVE MD it will auto-detect if any necessary updates are needed and install them into the user's local profile. For clinics using terminal services or in a managed information technology (IT) environment, please contact INCISIVE Support for instructions on manually updating users' profiles.

Document Routing Secure Email

With the release of INCISIVE MD 3.6 in July 2011, we instituted a number of new features and data center changes to assist our customers in Health Insurance Portability and Accountability Act (HIPAA) compliance along with CrossCurrent complying with the Health Information Technology for Economic and Clinic Health (HITECH) Act. The HITECH Act directs certain provisions of HIPAA that were previously applicable only to our customers (covered entities) now applies to us as a Business Associate. This means that we directly bear the risk for the software we provide and the data we house meeting the requirements of the HIPAA Security and Privacy regulations.

We continually implement additional safeguards in our data center but after completing a risk assessment required by the HITECH Act, we have determined that greater safeguards must be placed upon the document routing feature of INCISIVE MD. The application currently allows users to create document routing rules with contacts that have public email addresses for email services like Yahoo! Mail, Gmail, and Hotmail. The INCISIVE MD documents attached to these emails are currently unencrypted and do not meet the HIPAA Security requirement of encrypting all protected health information (PHI) sent over the Internet.

With the release of INCISIVE MD 3.6, we informed customers that we would be exploring methods of encrypting INCISIVE MD routed documents while retaining the ease of distribution our customers currently enjoy with this feature. With this release, we have combined Microsoft Office 365 Message Encryption with INCISIVE MD document routing to send secure emails to public email providers and unsecured email domains.

Document Routing Restrictions

After this update, we will be configuring customer's settings to meet the following restrictions for documents sent by INCISIVE MD:

- All emails sent to public email providers like Yahoo! Mail, Gmail, and Hotmail will be sent as encrypted messages requiring email recipients to log into a secure webmail portal to retrieve their INCISIVE MD documents
- Emails sent to email domains under the control of our customers will be sent using a secure connection between email servers

What steps should customers take because of this change?

To assist you in understanding the impact of these restrictions, we will be sending to each customer's primary contact a list of the users, contacts, and assistants listed in INCISIVE MD and their associated email addresses for review. INCISIVE Support will contact each customer to configure their secure email settings; discuss any identified issues with the email domains of their users, contacts, and assistants; and demonstrate how document routing works when sent by secure email.

All documents routed to your clinic's email domain

If your present document routing rules send INCISIVE MD documents to email recipients within your email domain and a secure connection can be made between your email server and the INCISIVE MD email server, then no action needs to be taken. We will configure your settings and no change to your document routing will occur.

If the INCISIVE MD email server cannot establish a secure connection, after the update your email domain will be set to use secure webmail. INCISIVE Support will contact you about your option to use either the **NO Encryption** or **Secure Webmail** option. If you choose the **NO Encryption** option, you will need to weigh the risks associated with sending protected information unencrypted against the convenience of using INCISIVE MD document routing feature.

Some documents are routed outside of your clinic

If you send INCISIVE MD documents to email addresses outside your clinic, all of those external email addresses will be set to use secure webmail after the update. You will have the option to change the encryption level for those email domains where a secure connection can be made between that email address's email server and the INCISIVE MD email server. We will be contacting you to discuss your options and help you set the encryption levels for each of your email recipients.

Email Security

You can create document routing rules that will send INCISIVE MD documents as email attachments each time a user completes an INCISIVE MD workflow. You have the option of determining what level of email encryption to use for these emails. You have three options:



NO Encryption

Emails are sent as regular email with no encryption while sending nor are the contents of the email and its attached INCISIVE MD documents encrypted.



Encryption while Sending

The connection between the INCISIVE MD email server and the email recipient email server is encrypted but the contents of the email and its attached INCISIVE MD documents are not encrypted.



Secure Webmail

Email recipients will be emailed a link to log into a secure email website to view and download the INCISIVE MD documents attached to the email.

As with any increased level of security, inconvenience is also increased. Using the secure email website is best practice and provides the highest level of security for your INCISIVE MD documents but is also very inconvenient for your document routing recipients. For recipients whose email domain you trust, such as your own, you can use the **Encryption while Sending** method to provide the security you need while minimizing the inconvenience of the **Secure Webmail** option.

NOTE: We do not recommend turning off email encryption but it is available if needed.

Secure Email Configuration Documentation

We have developed a separate guide for the configuration of secure email that will be available on the INCISIVE Support website. Because of the technical nature of the different encryption methods, we recommend customers contact INCISIVE Support to be guided through making any changes to their security settings.

Medicare 2014 Contract

The Centers for Medicare and Medicaid Services (CMS) released the final rule to the 2014 Medical Physician Fee Schedule on 27 November 2013 that included a mandated 20.1% payment reduction according to the Sustainable Growth Rate (SGR) formula. This would have reduced the 2014 conversion factor to \$27.2006. On 26 December 2013, President Obama signed into law the Pathway for SGR Reform Act of 2013. With the passage of the law, Congress postponed dealing with repealing the SGR until April of 2014 and prevented the payment reduction from taking effect on 1 January 2014. The law added a modest 0.5% increase in payments until 31 March 2014. The 2014 conversion factor for dates of service between 1 Jan 2014 and 31 March 2014 is \$35.8228. We provided this interim 2014 Medicare contract term to all customers during early January, 2014.

It was intended that during this 3-month period, Congress would pass a reform law to repeal the SGR formula and provide for a more sustainable Medicare physician payment methodology. At the time of this release, Congress had not acted to repeal the SGR formula nor provide a conversion factor for dates of service after 31 March 2014.

The application will continue to price surgeries coded after 31 March 2014 with the current 2014 conversion factor rate. We will provide customers with an additional Medicare contract term once CMS releases a revised physician fee schedule for the rest of the year.

Illinois Worker Compensation 2014 Contract Term

The annual 2014 Illinois Workers' Compensation Commission (IWCC) medical fee schedule for professional services update was provided to customers in January 2014. The fee schedule changes are effective 1 January 2014 and included a 1.52% increase from last year. No changes in the administrative rules were posted and the updated *Guide to Global Days* was incorporated into the ILWC 2014 contract term.

National Correct Coding Initiative (CCI) Version 20.0 Update

We added Version 20.0 of the National CCI edits published by CMS in early January 2014 automatically for customers. For this revision, 61,120 new edit pairs were added and were mostly related to bundling of non-face-to-face services with procedures. Of note was the inclusion of edits for CPT 38220, Bone Marrow Aspiration, with major surgical procedures. The Modifier 59 indicator was set to 1 to allow reporting of the procedure when done through separate incision or other distinct reason.

There were 13,107 edit pairs terminated on 31 December 2013 and CMS also switched the Modifier 59 indicator from 1 (Modifier 59 may be permissible) to 0 (Modifier 59 not allowed) for 137 edit pairs. Neither of these sets of changes were of significance to orthopedic spine and neurosurgeons.

2014 AMA CPT Update

The table below lists the new 2014 AMA CPT Procedure Codes that have been added to INCISIVE MD. At the end of this document are the details about each these new treatments and where the treatment can be found when viewing the Planning or Coding Procedures tab.

Table 1. 2014 AMA CPT Procedure Added to INCISIVE MD

Treatment Name	CPT Range
Image-Guided Drainage by Catheter	10030
Shoulder Foreign Body Removal	23333
Total Shoulder Prosthesis Removal	23334 and 23335
Total Shoulder Revision	23473 and 23474
Chemodervation of Neck and Larynx Muscles	64616 and 64617
Phone Visit for Established patient	99441, 99442, 99443
Internet Visit for established patient	99444
Interprofessional Telephone or Internet consultation	99446, 99447, 99448, 99449
Low-frequency Ultrasound Wound Therapy	97610

Code Substitution for Instrumentation Removal

In 2012, the AMA CPT Codebook revised the spine instrumentation guideline to clarify that when both removal and insertion are performed via the same approach, only the appropriate insertion procedure code may be reported. We implemented this guideline for both surgical planning and postoperative coding and so the application did not show the removal procedure code when the same approach insertion procedure was selected. A billing note was generated to indicate why the removal treatment was not displayed on the Summary tab. However, for surgical planning this code substitution should not occur because removal procedures require additional surgical time and their own specialized equipment which needs to be indicated to those receiving INCISIVE MD Surgery Planner documents. With this release, if removal and insertion via the same approach are selected, both will be displayed on the Surgery Planner document and the code substitution will not occur until the planned surgery is coded in INCISIVE MD and a Fee Ticket document created.

How do I contact Support?

During normal business hours, 8:00 am to 5:00 pm Pacific Time, you may contact INCISIVE 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.

Table 2. Image-Guided Drainage by Catheter Treatment

Treatment Name	Image-Guided Drainage by Catheter
CPT Codes	10030
CPT Description	Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst), soft tissue (eg, extremity, abdominal wall, neck), percutaneous.
Clinician Description	Percutaneous drainage of fluid of soft tissue with catheter using imaging guidance
Consumer Description	Fluid collection drainage by catheter using imaging guidance, accessed through the skin
Treatment Region	All regions
Treatment Group	Excision
Treatment Heading	Soft Tissue
Treatment Locations	All subregions with qualifier to ask number of catheters
Laterality	No
Show on Common View?	No
Supplemental Codes	None
AMA CPT Bundling Edits	None
MUE Limit	Not yet established
Supplies & Equipment	None
Summary Text	Image-Guided Fluid Collection Drainage by Catheter
Dispute Text	This code represents image-guided fluid collection drainage by catheter.

Table 3. Shoulder Foreign Body Removal Treatment

Treatment Name	Removal of Foreign Body
CPT Codes	23333
CPT Description	Removal of foreign body, shoulder; deep (subfascial or intramuscular)
Clinician Description	Removal of deep foreign body from shoulder
Consumer Description	Removal of foreign body of shoulder joint, accessed beneath the tissue or muscle
Treatment Region	Upper Extremity > Shoulder
Treatment Group	Excision
Treatment Heading	Bone and Joint
Treatment Locations	Shoulder soft tissue
Laterality	Left and Right
Show on Common View?	No
Supplemental Codes	None
AMA CPT Bundling Edits	None
MUE Limit	Limit not set yet
Supplies & Equipment	None
Summary Text	%LATERALITY% %LOCATION% Deep Foreign Body Removal
Dispute Text	This code represents removal of foreign body, shoulder; deep.

Table 4. Shoulder Prosthesis Removal Treatment

Treatment Name	Shoulder Prosthesis Removal
CPT Codes	23334 and 23335
CPT Description	Removal of prosthesis, includes debridement and synovectomy when performed; 23334 humeral or glenoid component 22335 humeral and glenoid component
Clinician Description	23334 Removal of prosthesis from glenoid component of shoulder <i>or</i> Removal of prosthesis from humeral component of shoulder 23335 Removal of prosthesis from glenoid and humeral components of shoulder
Consumer Description	Removal of prosthesis of shoulder
Treatment Region	Upper Extremity > Shoulder
Treatment Group	Excision
Treatment Heading	Bone and Joint
Treatment Locations	Glenoid component Humeral component
Laterality	Left and Right
Show on Common View?	Yes
Supplemental Codes	None
AMA CPT Bundling Edits	None
MUE Limit	1 for both
Supplies & Equipment	None
Summary Text	%LATERALITY% Shoulder Prosthesis Removal of %LOCATIONS%.
Dispute Text	This treatment represents a %LATERALITY% Shoulder Prosthesis Removal of %LOCATIONS%.

Table 5. Total Shoulder Revision Treatment

Treatment Name	Total Shoulder Revision
CPT Codes	23473 and 23474
CPT Description	Revision of total shoulder arthroplasty, including allograft when performed; 23473 humeral or glenoid component 23474 humeral and glenoid component
Clinician Description	23473 Revision of humeral component of total shoulder arthroplasty including allograft <i>or</i> Revision of glenoid component of total shoulder arthroplasty including allograft 23474 Revision of glenoid and humeral components of total shoulder arthroplasty
Consumer Description	Revision of total shoulder repair
Treatment Region	Upper Extremity > Shoulder
Treatment Group	Repair
Treatment Heading	Bone and Joint
Treatment Locations	Glenoid component Humeral component
Laterality	Left and Right
Show on Common View?	No
Supplemental Codes	None
AMA CPT Bundling Edits	None
MUE Limit	1 for both
Supplies & Equipment	None
Summary Text	%LATERALITY% Total Shoulder Revision of %LOCATIONS%.
Dispute Text	This treatment represents a %LATERALITY% Total Shoulder Revision of %LOCATIONS%

Table 6. Chemodenervation of Neck and Larynx Muscles Treatment

Treatment Name	Chemodenervation of Neck Muscle(s)
CPT Codes	64616 and 64617
CPT Description	Chemodenervation of muscle(s); 64616 neck muscle(s), excluding muscles of the larynx, unilateral (e.g., for cervical dystonia, spasmodic torticollis) 64617 larynx, unilateral, percutaneous (e.g. for spasmodic dysphonia), includes guidance by needle electromyography, when performed
Clinician Description	Unilateral chemodenervation of muscle of neck
Consumer Description	64616 Injection of chemical for destruction of nerve muscles on one side of neck excluding voice box accessed through the skin 64617 Injection of chemical for destruction of nerve muscles on one side of voice box accessed through the skin
Treatment Region	Head and Neck > Neck
Treatment Group	Injection
Treatment Heading	Somatic Block
Treatment Locations	Larynx and Neck Nerves
Laterality	Left and Right with Bilateral reported with Modifier 50
Show on Common View?	No
Supplemental Codes	No
AMA CPT Bundling Edits	No
MUE Limit	1 for both
Supplies & Equipment	None
Summary Text	%LATERALITY% %LOCATIONS% muscle chemodenervation
Dispute Text	61616 This code represents chemodenervation of neck muscle(s), excluding muscles of the larynx. 61617 This code represents unilateral percutaneous chemodenervation of Larynx muscle(s) and includes guidance by needle electromyography, when performed.

Table 7. Phone Visit for Established Patient Treatment

Treatment Name	Phone Visit for Established patient
CPT Codes	99441, 99442, 99443
CPT Description	Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure
Clinician Description	<p>99441 Telephone evaluation and management of established patient by physician - 5-10 minutes</p> <p>99442 Telephone evaluation and management of established patient by physician – 11-20 minutes</p> <p>99443 Telephone evaluation and management of established patient by physician – 21-30 minutes</p>
Consumer Description	<p>99441 Telephone evaluation and management of established patient by physician - 5-10 minutes</p> <p>99442 Telephone evaluation and management of established patient by physician – 11-20 minutes</p> <p>99443 Telephone evaluation and management of established patient by physician – 21-30 minutes</p>
Treatment Region	All
Treatment Group	Assistive
Treatment Heading	E and M
Treatment Locations	5-10 minutes, 11-20 minutes, 21-30 minutes, and 31 or more minutes
Laterality	No
Show on Common View?	No
Supplemental Codes	None
AMA CPT Bundling Edits	None
MUE Limit	1
Supplies & Equipment	None
Summary Text	Phone Visit for Established patient not for follow-up, post-op, or before visit that lasted %QUALIFIER%
Dispute Text	This code represents a phone visit for established patient not for follow-up, post-op, or before visit that lasted %QUALIFIER%

Table 8. Internet Visit for Established Patient Treatment

Treatment Name	Internet Visit for established patient
CPT Codes	99444
CPT Description	Online evaluation and management service provided by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient or guardian, not originating from a related E/M service provided within the previous 7 days, using the Internet or similar electronic communications network.
Clinician Description	Online evaluation and management of established patient by physician or health care professional
Consumer Description	Physician or health care professional evaluation and management of patient care by internet (email) related to visit within previous 7 days
Treatment Region	All
Treatment Group	Assistive
Treatment Heading	E and M
Treatment Locations	None
Laterality	No
Show on Common View?	No
Supplemental Codes	None
AMA CPT Bundling Edits	None
MUE Limit	1
Supplies & Equipment	None
Summary Text	Internet Visit for established patient
Dispute Text	This code represents online evaluation and management of established patient by physician or health care professional within previous 7 days.

Table 9. Interprofessional Telephone or Internet Consultation Treatment

Treatment Name	Interprofessional Telephone or Internet consultation
CPT Codes	99446, 99447, 99448, and 99449
CPT Description	<p>Interprofessional telephone/Internet assessment and management service provided by a consultative physician including a verbal and written report to the patient’s treating/requesting physician or other qualified health care professional;</p> <p>99446 5-10 minutes of medical consultative discussion and review</p> <p>99447 11-20 minutes of medical consultative discussion and review</p> <p>99448 21-30 minutes of medical consultative discussion and review</p> <p>99449 31 minutes or more medical consultative discussion and review</p>
Clinician Description	<p>99446 Online evaluation and management of established patient by consulting physician - 5-10 minutes</p> <p>99447 Online evaluation and management of established patient by consulting physician – 11-20 minutes</p> <p>99448 Online evaluation and management of established patient by consulting physician – 21-30 minutes</p> <p>99449 Online evaluation and management of established patient by consulting physician – more than 31 minutes</p>
Consumer Description	<p>99446 Telephone or internet assessment and management service provided by a consultative physician, 5-10 minutes of medical consultative discussion and review</p> <p>99447 Telephone or internet assessment and management service provided by a consultative physician, 11-20 minutes of medical consultative discussion and review</p> <p>99448 Telephone or internet assessment and management service provided by a consultative physician, 20-30 minutes of medical consultative discussion and review</p> <p>99449 Telephone or internet assessment and management service provided by a consultative physician, 31 minutes or more of medical consultative discussion and review</p>
Treatment Region	All
Treatment Group	Assistive
Treatment Heading	E and M
Treatment Locations	None
Laterality	No
Show on Common View?	No
Supplemental Codes	None
AMA CPT Bundling Edits	None
MUE Limit	1
Supplies & Equipment	None

Summary Text	Interprofessional Telephone or Internet consultation for %QUALIFIERS%
Dispute Text	This code represents an Interprofessional telephone/Internet assessment and management service provided by a consultative physician including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional for %QUALIFIERS%.

Table 10. Low-frequency Ultrasound Wound Therapy Treatment

Treatment Name	Low-frequency Ultrasound Wound Therapy
CPT Codes	97610
CPT Description	Low frequency, non-contact, non-thermal ultrasound, including topical application(s), when performed, wound assessment, and instruction(s) for ongoing care, per day
Clinician Description	Low frequency, non-contact, non-thermal ultrasound wound assessment, and instructions for ongoing care, per day
Consumer Description	Non-thermal ultrasound wound therapy
Treatment Region	All
Treatment Group	Assistive
Treatment Heading	Wound
Treatment Locations	None
Laterality	None
Supplemental Codes	None
AMA CPT Bundling Edits	None
Supplies & Equipment	None
MUE Limit	Limit not set yet
Summary Text	Low-frequency Ultrasound Wound Therapy
Dispute Text	This code represents Low-frequency Ultrasound Wound Therapy.