Contents

What's new in INCISIVE MD?

With this release we have added three new surgical planning statuses, changed the label of planned surgeries needing coding, added the ability to assign patient's with no insurance to a specific contract for computing contractual expected amounts, and added a new option for billing non-physician providers for Noridian Medicare carrier. Additionally, in mid –April 2014, we updated the application to include the 2014 Oregon Workers Compensation contract term and the CCI version 20.1 update. We also fixed an issue related to the reporting of PQRS Measure 21.

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.

Oregon Worker Compensation 2014 Contract Term

We provided the 2014 Oregon Workers' Compensation medical fee schedule for professional services to customers in mid-April. There was no general fee increase this year and so there were no significant changes to fees related to orthopedic spine and neurosurgery.

Correction of PQRS Measure 21 Reporting

In late April, we notified customers that we did not correctly update INCISIVE MD for reporting Medicare PQRS Measure 21 (NQF 0268): "Perioperative Care: Selection of Prophylactic Antibiotic – First OR Second Generation Cephalosporin" with the January 2014 update. For 2014, Medicare replaced numerator CPT II codes 4041F, 4041F with 1P, and 4041F with 8P with G9197, G9196, and G9198 respectively. We apologize for the oversight.

Users do not need to take any action to revise existing surgeries for the Measure 21 quality data code, viewing fee tickets with dates of service in 2014 will properly display the appropriate G-code.

How does INCISIVE MD determine which quality data codes to report?

We have created a visual document that shows which selections on the Surgery Post-Op Coding **Medicare PQRI** tab generate the quality data codes for PQRS Measures 21, 22, 23, and 24. Customers can find this document on the INCISIVE Support website under Documentation.

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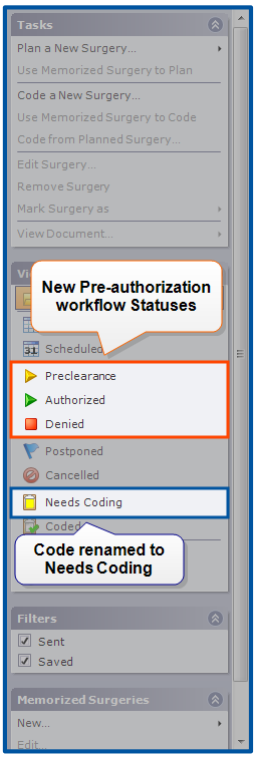
Can claims be resubmitted with correct Measure 21 quality data code?

We contacted the Medicare PQRS QualityNet Help Desk to determine if customers can resubmit claims with the replaced quality data code. The answer is no, Medicare does not allow corrected claims for PQRS reporting codes.

New Surgical Planning Statuses for Pre-authorization



At customer request, we have added three new manual surgical planning statuses to manage the process of obtaining pre-authorization for your surgeries. These three workflow states are **Preclearance**, **Authorized**, and **Denied**. You may use these statuses as needed or not use them at all.

Preclearance

This status can be used to flag those planned surgeries that are awaiting pre-authorization from the patient's insurance company.

Authorized

You can identify surgeries that have been granted preclearance with the **Authorized** status.

Denied

For those surgeries where the patient's insurance company has either denied pre-authorization or requested additional information in order to approve the preauthorization, you can use the **Denied** status to identify those surgeries. If insurance company later approves the surgery, you can then change the status from **Denied** to **Authorized**.

How do I change a planned surgery's status?

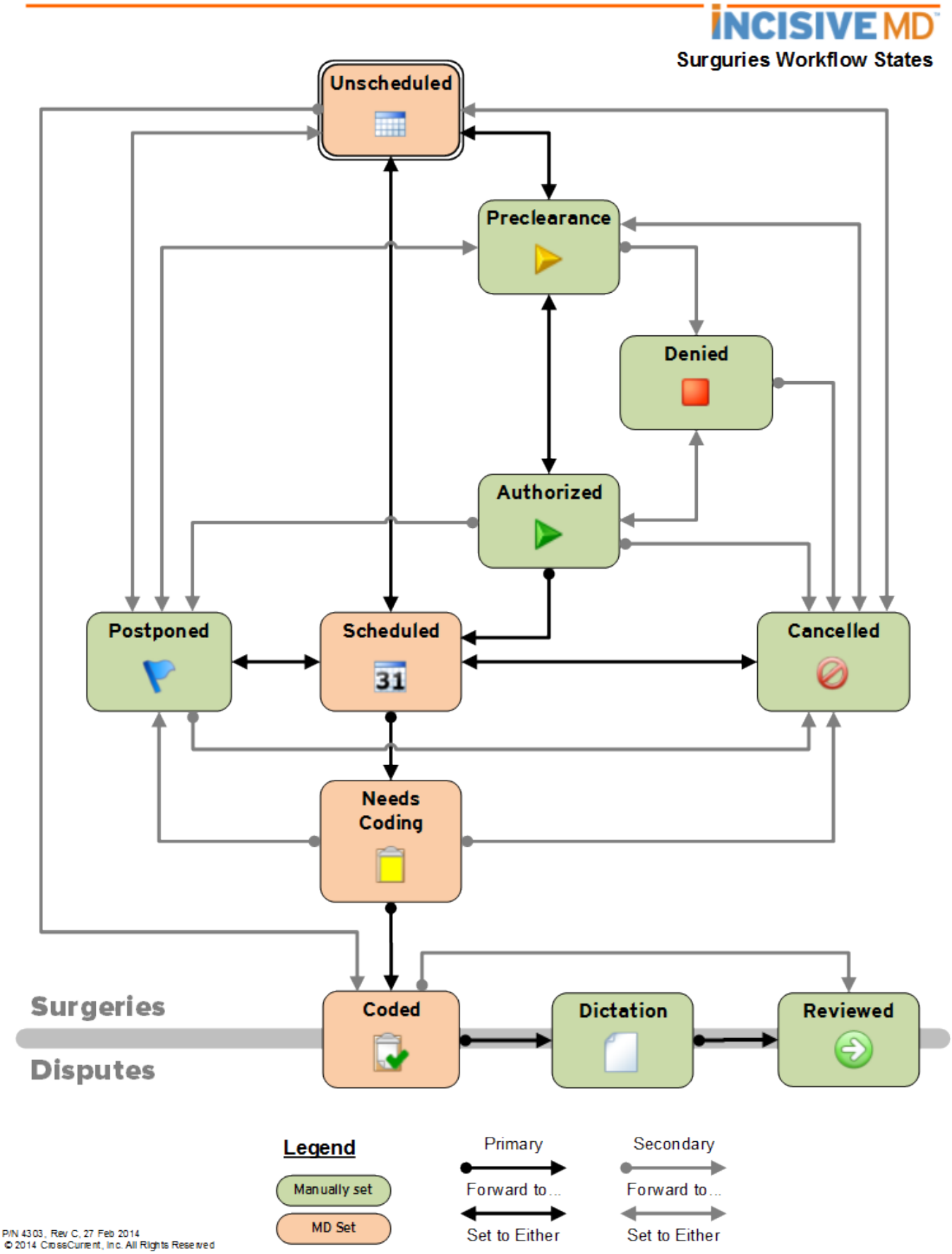
To change a surgeries status, select a surgery and then from the navigation bar **Tasks** menu select **Mark Surgery as...** and then select one of the new statuses. You can only mark surgical plans to these new statuses; coded surgeries cannot be set to preauthorization statuses.

Revised Surgeries Workflow States Job Aid

We have revised the INCISIVE MD *Surgeries Workflow States* job aid that provides a visual layout of the different planning, coding, and disputing workflow statuses. On the next page is the surgery planning and coding workflow and states. Customers can download a copy of the job aid from the INCISIVE Support website.

Code Status Changed to Needs Coding

Along with adding the new statuses for pre-authorization, we changed the title of the **Code** status to **Needs Coding** to clear up some confusion users were reporting with this status. The icon remains the same for this status.


INCISIVE MD
Surguries Workflow States
Unscheduled
Preclearance
Denied
Authorized
Postponed
Scheduled
31
Cancelled
Needs Coding
Surgeries
Disputes
Coded
Dictation
Reviewed
Legend
Manually set
MD Set
Primary
Forward to...
Set to Either
Secondary
Forward to...
Set to Either
P/N 4303, Rev C, 27 Feb 2014
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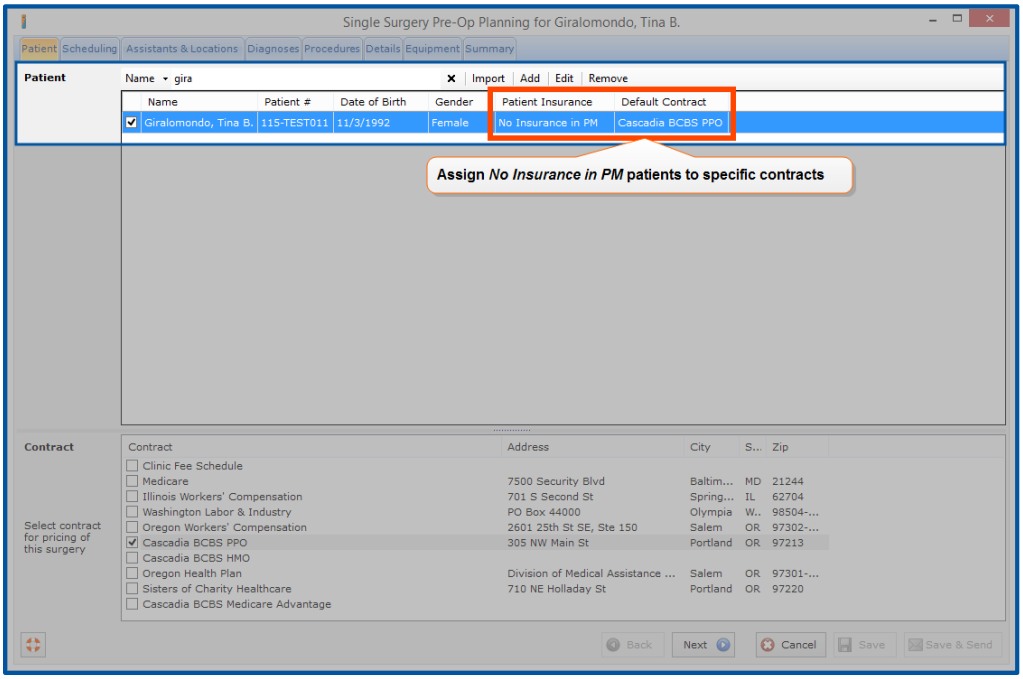
Code from Planned Surgery default action changed

We have changed the default action when a user double clicks on a planned surgery that is in the **Needs Coding** state. In the past, this would edit the existing planned surgery. This was causing some confusion for new users who naturally wanted to code these planned surgeries since they were past the date of surgery. Based upon this user feedback, when a user double clicks on a planned surgery in the **Needs Coding** state, the application will treat this action as **Code from Planned Surgery** so the user may complete coding of the surgery.

Change Default Contract for Patient's with No Specified Insurance

In the past, patients with no identifiable insurance imported from a practice management system were identified within INCISIVE MD as "No Insurance in PM". The software then associated these patient's with the Clinic Fee Schedule (CFS) for determining a contractual expected amount. Customers now have the ability to associate these patients with unidentified insurances to any contract loaded within INCISIVE MD.



Change the No Insurance in PM provider contract mapping

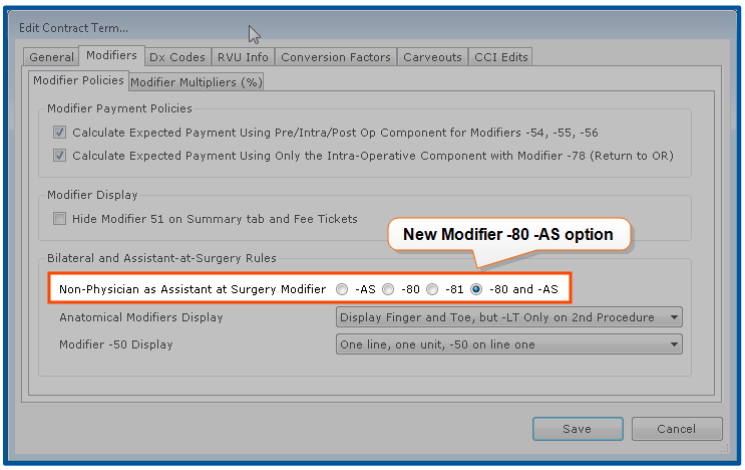
For existing customers, the software will not change the existing patient insurance to provider contract mapping for those patient's whose insurance is shown as "No Insurance in PM". If most of these patients with unidentified insurance are Medicaid or Medicare patients, we recommend customers change the software to associate these patients with the Medicare contract. To change the patient insurance to provider contract mapping for these patients to Medicare, perform the following steps:

1. From the INCISIVE MD dashboard, go to **Contracts** in the navigation bar.
2. Select **Clinic Fee Schedule** from the contracts list.

3. Click **Edit Contract...** from navigation bar **Tasks** group.
4. Switch to **Insurance Matching** tab.
5. Uncheck **Insurance ID** "CCI" from the list of the patient insurances associated with the Clinic Fee Schedule.
6. Click **Save**.
7. From the Contract list, edit the Medicare contract.
8. Switch to **Insurance Matching** tab.
9. Scroll down the list and check **Insurance ID** "CCI".
10. Click **Save**.

Additional Non-physician Provider Modifier Option

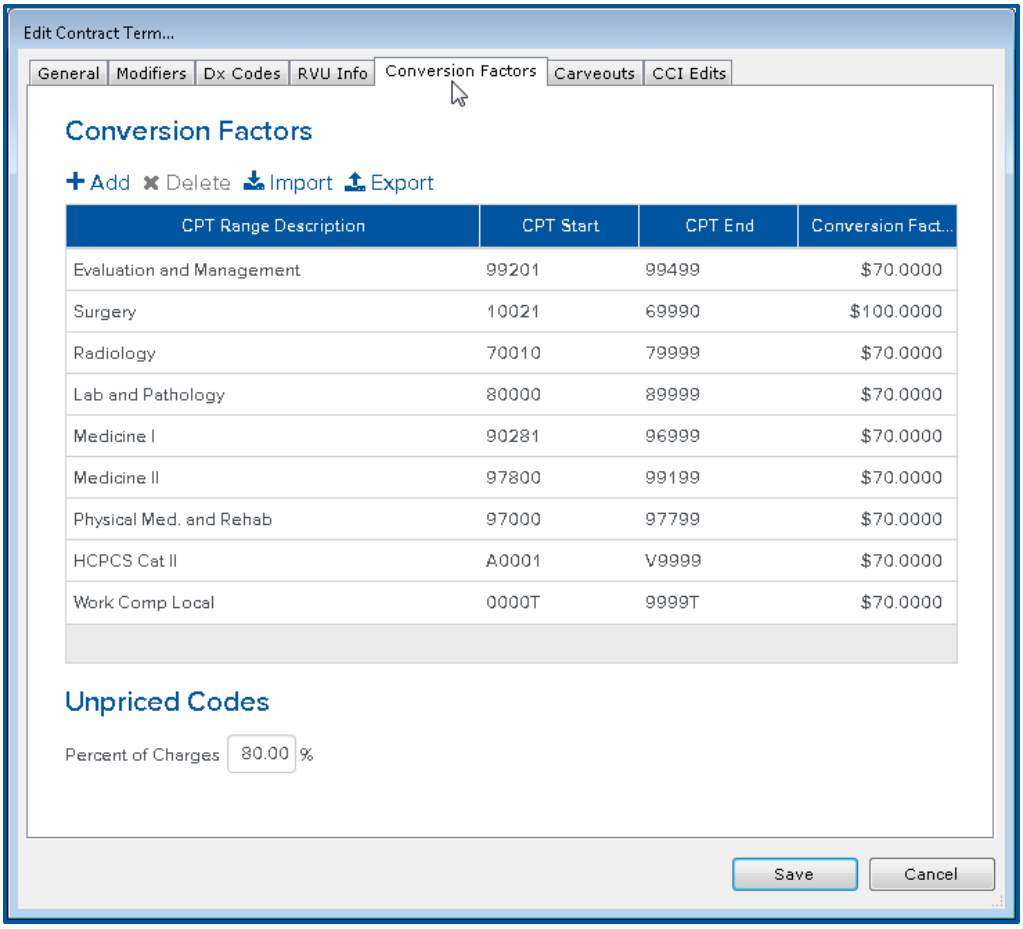
The Noridian Healthcare Solutions *Medicare B News Issue 277* from 3 April 2012, states that for Physician Assistants (PA) "the Internet Only Manual (IOM) *Medicare Claims Processing Manual*, Publication 100-04, Chapter 12, Section 110.3 states that PAs as assistant-at-surgery should be identified with a modifier AS. ...PA assistant-at-surgery claims that do not contain the appropriately appended assistant surgery modifiers (AS **and** 80, 81 or 82) will be denied as unprocessable stating that a required modifier is missing. The claims must be resubmitted with the proper modifiers to process correctly." Accordingly, we have added an additional contract term option to report both modifiers -80 and –AS for non-physician providers acting as assistants-at-surgery.



Greater CPT Ranges for RVU-based Contracts

We have revised RVU-based contract terms to allow for a greater number of CPT ranges when setting up the conversion factors for the contract. Historically, we used the AMA CPT Codebook sections as the allowable CPT ranges for setting of conversion factors. Many of our customers with UnitedHealthcare (UHC) contracts had multiple conversion factors for Imaging and Medicine CPT procedures. This change is to accommodate this contracting practice by UHC.

Existing contract terms will be converted over to the new format and customer do not need to take any action for this change.



Medicare ePrescribing (eRX) Penalty Now per Surgeon

The Medicare eRX penalty can be checked individually for each of the Medicare contract terms from 2012 through 2014, so that the penalties can be applied for each period Medicare assess the penalty. We initially designed the software to apply the penalties for the entire clinic instead of designating which surgeon has been assessed the penalty. The Medicare eRx penalty is assessed on a per physician basis and so we changed the application to designate whether or not the eRX penalty is appropriate for the clinic and then which surgeon should have the penalty applied to their Medicare contractual expected amounts.

Variable Medicare Sequestration Amounts

When we added the Medicare Sequestration statuary reduction to the application in 2012, our understanding was that this was a flat 2% reduction in payments. By law, this was a 2% *maximum* reduction, and we have seen over the course of the past 18 months that customers' Medicare payments are being reduced at different reduction rates depending on their Medicare carrier; we are seeing reduction rates of either 1.6% or 2%. We have changed the application so that the Sequestration percentage can be set for each customers' Medicare contract term.

Chemodenervation treatment revised

We have revised the Muscle Chemodenervation treatment to account for the changes made by the 2014 AMA CPT Codebook to revise and add CPT procedure codes 64642, 64643, 64644, 64645, and 64647. The treatment and location selection will account for the number of muscles injected for each extremity and select the appropriate primary and add-on procedures for a maximum of four total units.

New Custom Treatment for Spinous Process Fusion

We have added a new custom treatment for spinous process fusion.

Table 1. Basic Treatment Information

Definitive Treatment	Spinous process fusion
CPT Codes	22899
Treatment Region	Spine > Cervical | Thoracic | Lumbar
Treatment Group	Fusion
Treatment Locations	C1-2 to L5-S1
Display in Common View?	No
Supplemental Codes	Not applicable
CMS MUE Limit	Not applicable
AMA CPT Bundling Edits	Not applicable
Supplies & Equipment	None

Table 2. Treatment Text Translations

Definitive Treatment	Spinous process fusion
Long Description	Spinous process fusion with Songer cable and fibular strut
Clinician Description	Not Applicable
Consumer Description	Not Applicable
Summary Text	%LOCATIONS% spinous process fusion
Dispute Text	This code represents %LOCATIONS% Posterior Spinous Process Fusion with Songer cable wiring and with/without use of Fibular Struts/Structural allograft.

Table 3. Custom Treatment Information

Clinic Code	22899SPF
Billing Code	22899
Comparable Code	22600

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.