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What's new in INCISIVE MD?

This document describes the most recent updates to INCISIVE MD. This release updates the application with additional contract options and improvements for managing disputes.

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 by you. 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. For clinics using terminal services, please contact INCISIVE Support for instructions and the update to manually upgrade your users' profiles.

Oregon & Washington Workers Compensation Update

Oregon and Washington 2010 Workers Compensation contract terms provided by CrossCurrent are updated with this release. For details on the changes to the medical fee schedules and administrative rules, users should refer to the respective State Department of Labor websites.

2010 Oregon Workers Compensation Contract Term

The table below lists the conversion factors for the 2010 Oregon Workers Compensation medical fee schedule. Procedures with no RVU value should be paid at 100% of the provider's usual fee. In addition, new rules prohibit insurers from re-pricing claims using silent PPOs unless a provider has, in writing, explicitly agreed to this fee arrangement. Our Oregon customers are urged to review these [new Oregon Workers Compensation Administrative rules](#).

Service Categories	Conversion Factors
Evaluation / Management	\$64.79
Anesthesiology	\$53.45
Surgery	\$86.44
Radiology	\$68.00
Lab & Pathology	\$60.00
Medicine	\$75.04
Physical Medicine and Rehabilitation	\$65.79
Multidisciplinary & Oregon-Specific Codes	\$60.00

NOTE: A clarification of the Oregon workers compensation medical fee schedule administrative rules explicitly states that Medicare Correct Coding Initiative (CCI) edits do not apply to Oregon workers compensation claims. We have updated the 2009 and 2010 contract terms to turn off CCI edits for the prior year and this year. Our Oregon customers are urged to review their 2009 workers compensation claims to ensure items like the microscope, CPT 69990, that may have been considered bundled should have been paid by their payers.

2009 Washington Labor & Industry Contract Term

The 2009 conversion factor for Washington Labor & Industry medical fee schedule is \$61.53. In addition, the maximum allowable fees are also geographically adjusted (see table below). So users are warned that a simple conversion factor times RVU value cannot be used in order to determine the maximum fee. INCISIVE MD automatically takes into account all the factors in determining the base maximum allowable amount. Our Washington customers can review the Washington State Department of Labor & Industry website for changes to the [2009 Medical Fee Schedule Billing Policies](#).

RVU Component	GPCI Adjustment
Work RVU	100.4%
Practice Expense (PE) RVU	100.7%
Malpractice (MP) RVU	69.7%

National Correct Coding Initiative (CCI) Updates

This update includes the CCI 15.2 update. For the third quarter 2009 revision (version 15.2), 2,310 coding edits related to orthopedic codes available within INCISIVE MD were added by the Centers for Medicare and Medicaid (CMS) Services. Customers interested in viewing a list of these CCI edits may go to the [INCISIVE Support](#) website and view a summary Microsoft Excel spreadsheet we have created.

July 2009 AMA CPT Code Update

The AMA and Medicare can add or revise procedure codes on a quarterly basis. For the July 2009 update the following new technology codes were added and have been included with this release of INCISIVE MD. The following tables provide the basic CPT information along with the location of the treatments, the locations that will be displayed, and any other supplemental information that INCISIVE MD may provide while coding the treatments.

Unilateral Percutaneous Sacral Augmentation

Treatment Name	Sacroplasty injection
CPT Codes	0200T - Unilateral
CPT Description	Percutaneous sacral augmentation (sacroplasty), unilateral injection(s), including the use of a balloon or mechanical device (if utilized), one or more needles
Treatment Locations	Spine ▶ Lumbosacral ▶ S1
Location Display	Unilateral Left/Right Spine Segment
Treatment Group	Fractures ▶ Vertebral Fracture/ Dislocation
Associated Supplement Codes	72291, 72292; 20220, 20225
AMA CPT Bundling Edits	Bundled with none
Supplies and Equipment	No

Bilateral Percutaneous Sacral Augmentation

Treatment Name	Sacroplasty injection
CPT Codes	0201T - Bilateral
CPT Description	Percutaneous sacral augmentation (sacroplasty), bilateral injection(s), including the use of a balloon or mechanical device (if utilized), one or more needles
Treatment Locations	Spine ▶ Lumbosacral ▶ S1
Location Display	Unilateral Left/Right Spine Segment
Treatment Group	Fractures ▶ Vertebral Fracture/Dislocation
Associated Supplement Codes	20220, 20225, 72291, 72292
AMA CPT Bundling Edits	Bundled with none
Supplies and Equipment	No

Posterior Vertebral Joint Arthroplasty

Treatment Name	Facet Joint Replacement
CPT Codes	0202T
CPT Description	Posterior vertebral joint(s) arthroplasty (eg facet joint[s] replacement) including facetectomy, laminectomy, foraminotomy and vertebral column fixation, with or without injection of bone cement, including fluoroscopy, single level, lumbar spine
Treatment Locations	Spine ▶ Lumbosacral ▶ L1-2, L2-3, L3-4, L4-5, L5-S1
Location Display	Interspace
Treatment Group	Fractures ▶ Vertebral Joint
Associated Supplement Codes	None
AMA CPT Bundling Edits	22521, 22524, 22840, 22851, 22857, 63005, 63012, 63017, 63030, 63042, 63047, 63056
Supplies and Equipment	None

Treatment Changes

We are constantly striving to improve INCISIVE MD's coding accuracy and ease of use. As such, from time to time we update and change the way treatments are coded within the application. The changes to treatments in this release are detailed below. If customers find situations where INCISIVE MD should be coding a treatment differently because of surgical circumstances or requirements of third-party payer, they should immediately contact INCISIVE Support to discuss this situation and possible solutions that may address the situation.

Rotator Cuff Repair, CPT 23412

We have added "Mini, Open" to the set of location drop down options ("how" methods) for "Rotator Cuff Repair" treatment; the location drop down methods for this treatment are now listed as "Acute Open" and "Chronic Open or Mini-Open". This change was implemented as a result of done based upon the CPT guideline for CPT 29827 that states "For Open or mini-open rotator cuff repair, use 23412".

Removal of Loose or Foreign Body in the Knee, CPT 29874

The AAOS global surgical package definition for the "Arthroscopic Removal of Loose or Foreign Body in the Knee" indicates that the size of the loose or foreign body must be greater than 5 millimeters. Given this AAOS guideline, we created a new treatment entitled "Removal of Loose or Foreign Body > 5 mm" for the knee compartments. The coding of existing surgeries within INCISIVE MD will not change except that if the surgery is edited, the description of the treatment for CPT 29874 will now include "> 5mm".

Stereotactic Computer Assisted Volumetric Navigation, CPT 61795

We added Stereotactic Computer Assisted Volumetric Navigation, CPT 61795, as a supplemental add-on procedure to Gamma Knife procedures (CPT 61796 - 61799).

Meniscectomy with Chondroplasty, CPTs 29880 and 29877

Medicare CCI edits bundle chondroplasties with meniscectomies when they are done in the same compartments. The application previously would *not* set these bundled procedures to zero if both lateral and medial compartments of the same knee were coded for both meniscectomy and chondroplasty; the application was looking to the other compartment to allow the unbundling. We have corrected this with this release. If you code both lateral and medial compartments for both meniscectomy and chondroplasty on the same knee, the application will bundle the chondroplasty.

NOTE: There is a rare circumstance in which the application will still incorrectly code both meniscectomy and chondroplasty together in the same surgical case. If you code meniscectomy for both compartments on one knee and chondroplasties for both lateral and medial compartments on both the left and right knee, the application will code the chondroplasty as payable with Modifier 50. This should be payable but only for the side that did not have the meniscectomy.

Modifier 50 for H-Reflex Studies, CPT 95936

In conjunction with the changes to the AMA CPT PPI for Modifier 50, INCISIVE MD will now properly code a bilateral H-Reflex study as 95936 -50 instead of 93936 - LT -RT when the user selects both Left and Right. Previously coded surgeries

where the application incorrectly displays 93936 -LT -RT will be changed only when a planned or coded surgery is edited. At that point, on the Summary tabs the application will change the display to 95936 -50.

Modifier 50 for AMA CPT Payment Policy Indicators

With the previous version of INCISIVE MD, we allowed users to select the set of payment policy indicator rules they would like to use for the handling of Modifiers 50, 51, 62, 66, 80, 81, and 82. These sets of rules are referred to as Payment Policy Indicators (PPI). We reviewed and revised the indicators for Modifier 50 in this release. We used what Medicare has set for their use of Modifier 50 and then revised those settings based upon the explicit CPT guidelines provided by the AMA; however, if you find that INCISIVE MD is applying Modifier 50 incorrectly (instead of Modifiers LT and RT when your contract terms are set to use AMA CPT), please contact INCISIVE Support immediately so that we can get the application updated.

Co-Surgeon Settings for Thoracic Osteotomies, CPT 22212/22222

Due to a quirk in the Medicare PPIs for thoracic osteotomies, co-surgeons are not billable. A co-surgeon is appropriate for both cervical and lumbar segments. INCISIVE MD will not display co-surgeon for thoracic osteotomies, CPT 22212 and 22222. For physician's acting as assistants at surgery the Summary tab Procedures grid Assistant column will display a blank. While we would not adjust the Medicare PPIs, we have adjusted the AMA CPT PPIs to allow co-surgeons for thoracic osteotomies. If you change a contract term to use AMA CPT instead of Medicare, the application will display "co-surgeon" for physician assistants at surgery.

Display of Medicare Surgeon Assistants for Thoracic Osteotomies

LN	Procedure	Tx Code	Modifiers	Units	721.2	Pierce, Ja...	Co-Surgeon
1	T4 Osteotomy of spine, posterior or posterolateral approach	22212		1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	T8 Osteotomy of spine, including diskectomy, anterior app...	22222	59	1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Display of AMA CPT Surgeon Assistants for Thoracic Osteotomies

LN	Procedure	Tx Code	Modifiers	Units	721.2	Pierce, Ja...	Assistant
1	T4 Osteotomy of spine, posterior or posterolateral approach	22212		1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	T8 Osteotomy of spine, including diskectomy, anterior app...	22222	59	1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Selecting Left and Right

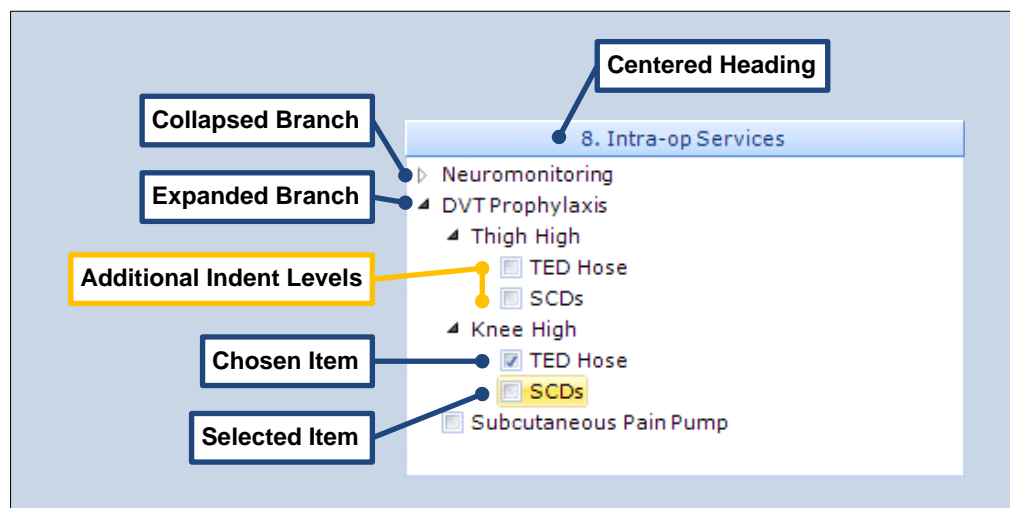
For those treatments that can be done contralaterally on the left and right, users will no longer need to add an additional instance (bold plus sign next to the treatment location) in order to select lateral Left and Right. They can now select both simultaneously; the application will no longer treat each of these locations as exclusive to the other; you will be required to add an additional instance of the treatment location in order to select the other lateral location.

NOTE: We did this based on your feedback to help us improve the usability and speed of coding within the application. For those existing users accustomed to handling those odd medical situations, the application will not prevent you from selecting lateral Left and Right when those locations have been already selected for another instance of the treatment location. So users can inadvertently indicate Left or Right on multiple instances of the same treatment. The simplest way to catch this is on the Summary tab, check for LT or RT being shown on more than one line of the same procedure code.

Equipment and Graft Trees

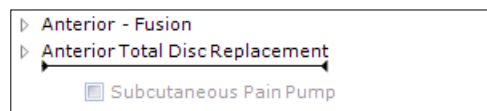
We have updated the **Surgery Planning Equipment** and **Details** tabs list boxes to a new control that allows customers to have additional levels of indent, improves usability of the list box, and allows dragging and dropping of list items between equipment tree lists. As a result, equipment tree groups will only display checkboxes next to the items that can be chosen. Branches containing sub-items will display a black triangle (▲) next to them when expanded and an empty triangle (▷) when collapsed (▷). You may have as many levels of indentation (branches) as they require. We caution our users to refrain from creating too many levels as this may require users to do a lot of scrolling of the equipment lists, thus limiting the glancability of the list.

Display of Medicare Surgeon Assistants for Thoracic Osteotomies



We have removed the pencil edit button previously displayed in the upper right corner of each list box. As a result, you will now need to right-click within the white area of the list group and select the menu item from the displayed context menu. As before, you may add, edit, or remove items from a list group, rename the group header, require a selection from the list, and determine whether multiple items can be selected from the list.

Another new feature of the list box is the ability to move items between each of the equipment list boxes by left-clicking on the item, holding down the mouse button, and then dragging the item to another box. The placement of the moved item in the new list box will be shown by the display of an I-beam insert bar above the item being dragged into the list box

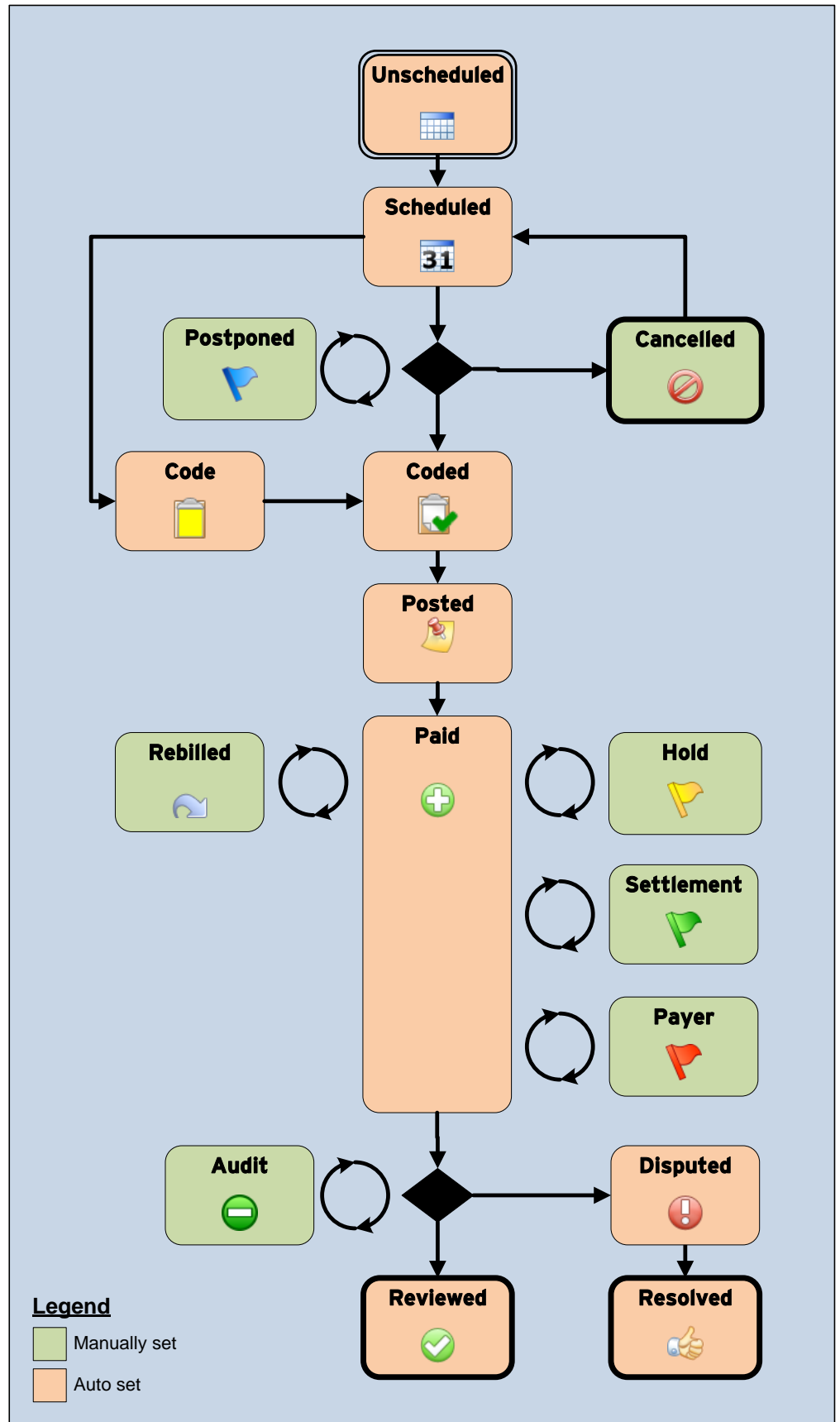


(See the example to the left). If you select a branch with sub-items, the entire set of items will be moved to the new location.

New Surgery and Dispute States

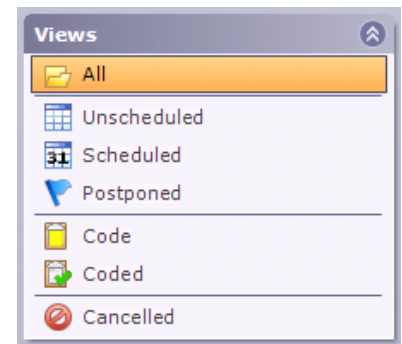
We are delighted that more of our customers are using the **Audit Payment Wizard** to verify they are being properly reimbursed according to their contracts. We have created additional manual flags for both scheduling and auditing which are described below. In addition, we created a chart that shows each of the workflow states for teaching your staffs how INCISIVE MD works.

INCISIVE MD Surgery and Dispute Workflow Diagram



Cancelled Surgeries

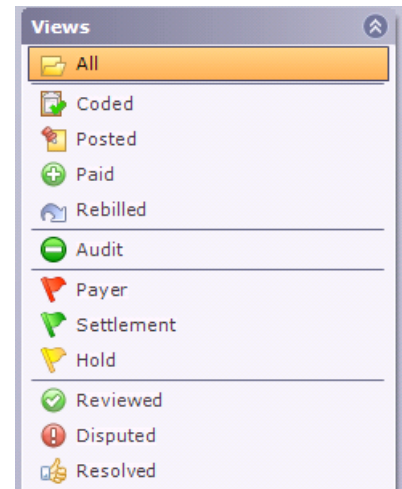
It appears to be fairly common for patients or circumstances to require a surgery to be postponed indefinitely or simply cancelled. Many times, patients will later change their minds and schedule surgery. Many of you requested to keep the planned surgery in case a patient later decides to do surgery but remove it from the **Unscheduled, Scheduled, or Needs Coding** surgeries lists. To accommodate this, we have added **Cancelled** for these surgeries.



Many of you that have retained your cancelled surgeries may have them listed under **Unscheduled, Scheduled, or Needs Coding**. Unfortunately, the **Surgeries** list does not provide the ability to multi-select surgeries so that you could select a group and mark them all as **Cancelled**. You will need to select each surgery individually and mark it as **Cancelled** in order to change it from **Unscheduled, Scheduled, or Needs Coding**.

Flagging Postponed Surgeries

You can identify surgeries that need to be flagged for additional action, are to be postponed, or are placed on hold as **Postponed**.



Rebilled Claims

For those claims that have been paid but rebilled to the payer, you may manually set the claim to **Rebilled**. Each time additional payment information is posted into the practice management system and imported into INCISIVE MD, the application will reset the claim to **Paid**.

Flagging Additional Claim Statuses

We have renamed the existing dispute flags **Awaiting Settlement** and **Awaiting Lien** to be **Settlement** and **Hold**. We also added a new **Payer** flag for times when the payer has requested additional information. You can set each of these flags manually for a claim. As with **Rebilled**, once additional payment information is posted for the claim into the practice management system and imported into INCISIVE MD, the application will reset the claim to **Paid**.

Manually Setting a Surgery or Dispute State with Mark As...

For planned surgeries, you can select **Mark Surgeries As...** from either the Dashboard navigation bar Task group, or you can right click on a selected item in either the **Surgeries** or **Disputes** lists to bring up the context menu and then select **Mark Surgery As...** from the menu.

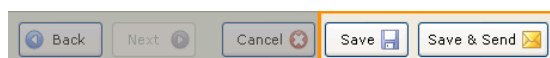
Automated Posted State for Claims

Previously, **Posted** was a manual state. You had to explicitly set a claim to **Posted**. With this release, if we have integrated with your practice management system and

are getting your claim payment information routinely; the application will set a claim to **Posted** if it finds charges for the procedure but no allowed amounts. As before, once INCISIVE MD finds both a charge and allowed amounts for a procedure, it will set the claim to **Paid**.

Saving Surgeries

You can now make changes to a planned or coded surgery without inadvertently printing or emailing the changed Surgery Plan or Fee Ticket. On the **Summary** tab, an additional **Save** button has been added and the former **Finish** button has been renamed **Save & Send**. The renaming was done to reflect that the surgery is saved and then delivered according to whatever document routing rules are active for the surgeon. The **Save** button simply saves the surgery without triggering a document



routing rule to either print or email the surgery.

Changed Surgeries Indicator

Too quickly find and track those surgeries that have been changed but not sent using a document routing rule, a new orange dot will appear next to the surgery in the Surgeries list. This column is sortable so that you can quickly group the surgeries that has been changed but not sent.



Filtering Surgeries

You can also filter the Surgeries list to show only those that have been changed (saved), sent, or both. A new **Filter** group has been added to the Dashboard **Surgeries** navigation bar. By default, both **Saved** and **Saved & Sent** will be displayed in the **Surgeries** list. To view only the changed surgeries, uncheck **Saved & Sent** and only the changed (saved) surgeries will be listed.

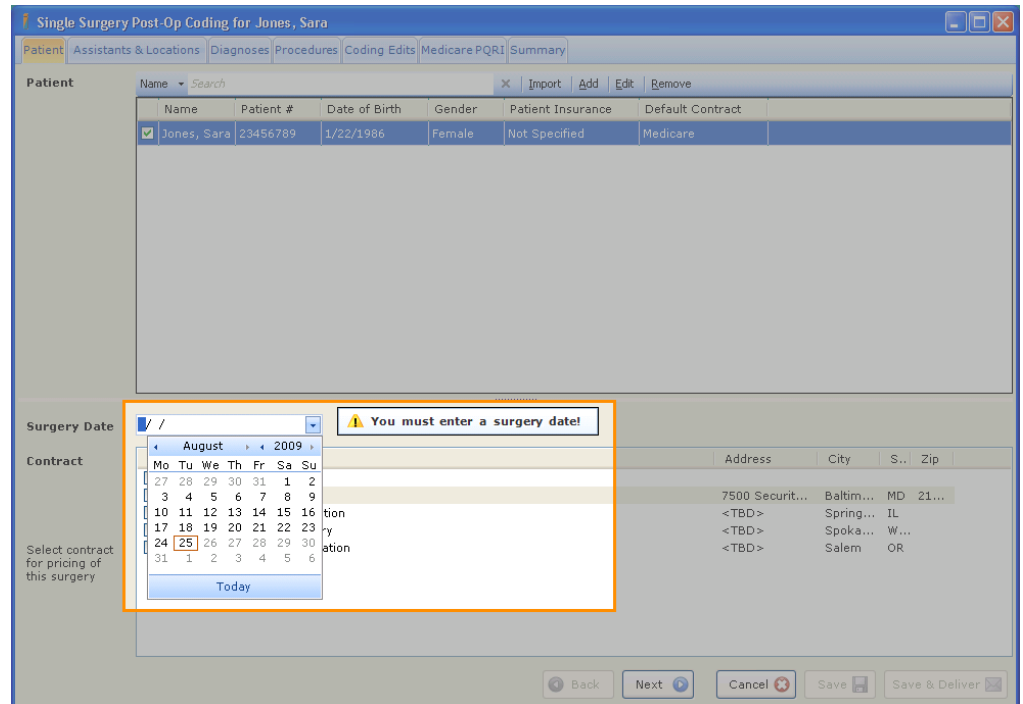


NOTE: Surgeries that have been changed but not sent will not be listed on the Disputes list. You will need to confirm that the surgery is done by editing the surgery, going to the **Summary** tab, and clicking **Save & Send**. This will mark the surgery as complete, trigger the appropriate document routing, remove the **Changed** orange dot, and make the surgery visible on the **Disputes** list.

Date Required Before Moving From Patient Tab

With the last release, we changed the date fields to default to the current date. As a result, you may have unintentionally set a coded surgery's date to be the date it was coded rather than the actual date of the surgery. This resulted in billing staff having to find these surgeries, notify whoever coded the surgery to correct it, and wait for the surgery to be resubmitted for billing.

We apologize for unintended consequences to this change. To correct this problem, we have updated the application's date fields for usability and provided a new warning, when coding a surgery that forces you to select a surgery date before moving off the **Patient** tab. If users do not select a surgery date before clicking **Next** or another tab, a warning message and a calendar will be displayed, indicating that the user must select a date before proceeding. **Surgery Date** will have no date by default, thus a date must be selected. In the case where the user is coding the surgery on the same day as the surgery, the user must still confirm that today is the date of the surgery. To avoid additional confusion, **Surgery Date** has been removed from the **Summary** tab.



New Reports

Some of our early adopters of INCISIVE MD have been using the software for over 3 years and in that time they have entered over a 1,000 surgeries. With this success, many of you are asking INCISIVE Support for reports on the information contained within these surgeries. With this release, we are beginning a transition to providing a full reporting capability within INCISIVE MD. The first steps to completing this year long project are to convert the existing documents within INCISIVE MD to Microsoft SQL Server reports. With this release, we added the capability for us to create and the application to display Microsoft SQL Server reports for two new reports, the Audit Payment Worksheet and the Hospital Service Note. We will convert the Surgery Plan and Fee Ticket in the next release of INCISIVE MD.

These two new reports enable customers to print as well as save the report as a Microsoft Excel spreadsheet or an Adobe Acrobat document. In addition, you can also select either of these two documents when creating a document routing rules so that you can print or send via email these documents.

Audit Payment Worksheet

INCISIVE Support got frequently asked for a way to print the contract expected amounts and the payer maximum allowable amounts for coordinating payment audits within the clinic or reporting this information to the payer. We created a new Audit Payment Worksheet that displays all the information from the **Dispute** wizard **Decide** pane. You can access **Audit Payment Worksheet** under **Disputes** navigation bar **Task** group **View** ▶ **Audit Payment Worksheet** or by right-clicking on the claim and selecting **View** ▶ **Audit Payment Worksheet**.

You can see an example of the worksheet on the next two pages along with an explanation of each section on the worksheet.

Units Now List on Audit Payment Wizard

We have updated the **Dispute** wizard to show the units for each claim service line. This will be the number of units billed for the claim. To validate the number of units coded within INCISIVE MD, the user will have to compare the reported number with the units shown on the surgery's fee ticket.

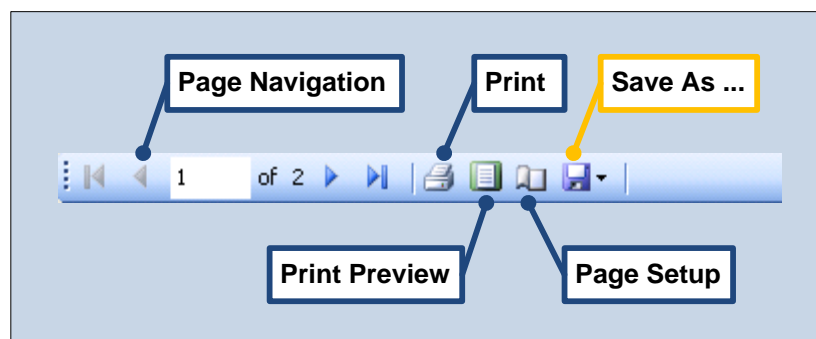
Saving a Report as a Microsoft Excel Spreadsheet

You may now save an Audit Payment Worksheet as a Microsoft Excel spreadsheet. Saving to this format allows users to cut & paste any of the information within the worksheet into other applications or emails. Users can also extend the worksheet within Microsoft Excel with additional formulas and ratios regarding allowed and expected amounts.

To save a worksheet within the report window as a Microsoft Excel spreadsheet:

- ❶ View an audit payment worksheet using the instructions above; for an example of a report window, see the next page.
- ❷ On the report window toolbar, select **Save As...** and **Excel** from the drop down list.

INCISIVE MD Reports Windows Tool Bar



Saving the Audit Payment Worksheet as a PDF Document

You can also save the worksheet as an Adobe Acrobat Portable Document Format (PDF) document. This is the format used when the worksheet is sent via email by a document routing rule. Be forewarned, the PDF document is not security enhanced, so anyone will be able to cut & paste the contents of the document into other applications. You should review this situation with your HIPAA compliance officer.

1 PATIENT and SURGEON HEADER

We have rearranged the patient and surgeon information to ensure the patient and surgeon information is repeated on each page of the report.

2 SURGERY INFORMATION

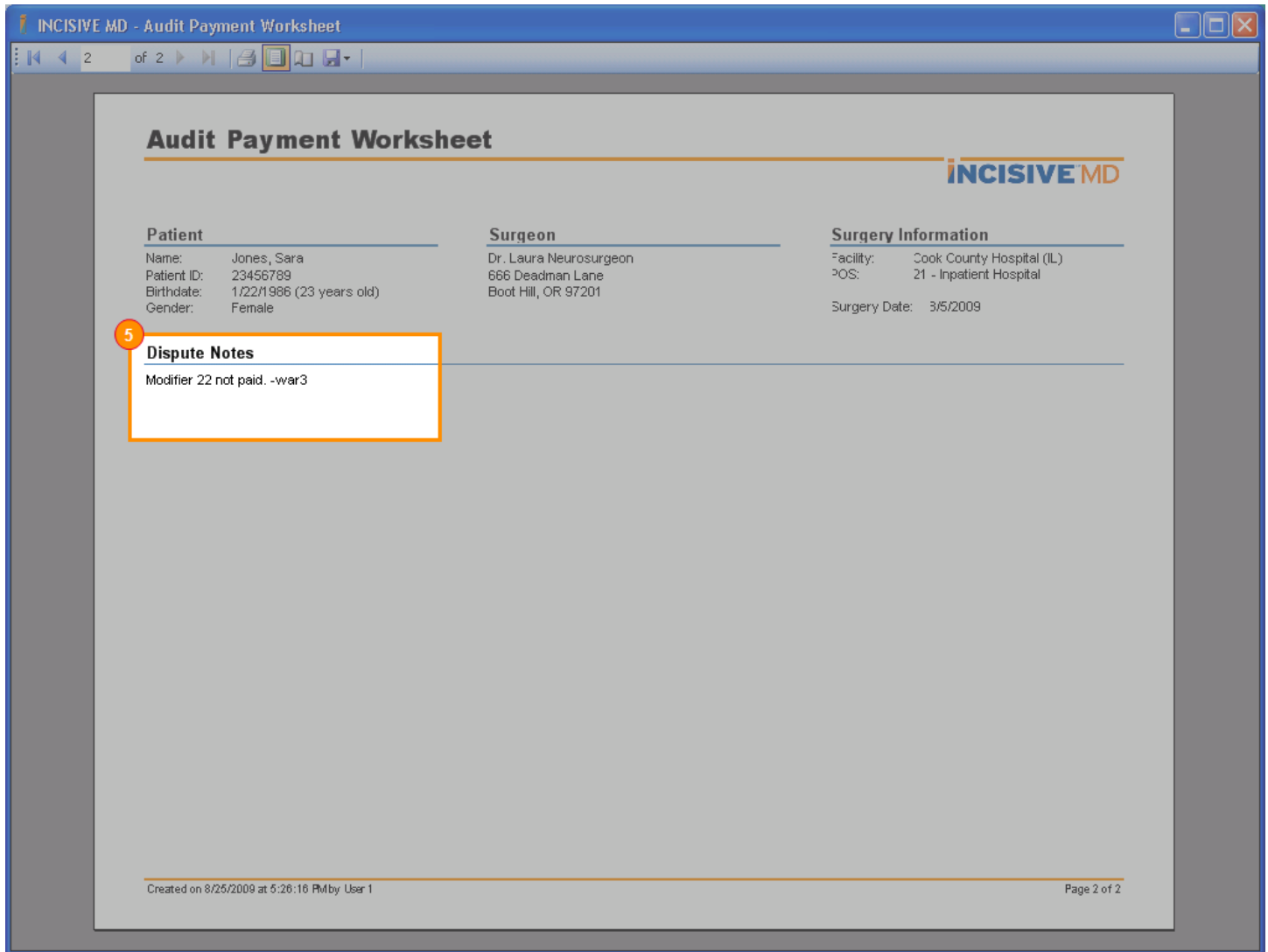
This section provides data on the location and date of the surgery.

3 DISPUTE DETAILS

This section provides the dates that the fee ticket was first created (**Coded Date**), when the claim was paid or entered into your practice management system (**Paid Date**), and the identifier number for the claim in your practice management system (**Charge ID**). In some cases, the date required may be unavailable to show a **Charge ID** for your practice management system. These dates are provided so that you can infer the cycle time for claims.

4 PROCEDURES

This shows the coded procedures from the fee ticket, the posted charges from the practice management system, and the payer’s allowed amounts. The **Difference** column is **Expected** amount minus the **Allowed** amount.




5 DISPUTE NOTES

Any notes entered into the **Dispute** wizard will be displayed on a separate last page of the report. This was done so that you can remove the last page if you want to send the worksheet to a payer but do not want to disclose your internal notes regarding the claim.

To save a worksheet within the report window as a PDF:

- 1 View an Audit Payment Worksheet using the instructions on the previous page; for an example of report window, see the previous page.
- 2 On the report window toolbar, select **Save As...** and **Adobe (PDF) file** from the drop down list.

Hospital Service Note

Many of you also asked for a report that would list the procedures performed in surgery without the payment information from the fee ticket. We created the Hospital Service Note for this need. It lists all the information on the INCISIVE MD Fee Ticket minus the units, charge and payment information, and diagnosis to procedure code matching (see the Hospital Service Note which follows on the next page). You can access the **Hospital Service Note** under the **Surgeries** section **Task** group **View Documents** ▶ **Hospital Service Note** or by  right-clicking on the surgery in the **Surgeries** list and selecting **View Documents** ▶ **Hospital Service Note**.

Post-Op Plan Notes

When coding a surgery, we have also added a **Post-Op Plan** tab under the **Summary** tab **Notes** section, so you can do a short note of their post surgical plan for the patient. These notes are displayed on the Hospital Service Note and will not be displayed on the Fee Ticket. The Hospital Service Note can be printed or sent via email with a document routing rule.

Surgeries and Disputes List Reports

We are in the process of providing better reporting capabilities with INCISIVE MD for our users to print their lists of surgeries or disputed claims. Upon request, INCISIVE Support can provide a Microsoft Excel or Adobe Acrobat file of the **Surgeries** or **Disputes** lists for a single surgeon or the entire clinic. The report was designed to provide the workflow status of each surgery or claim. We recommend the Microsoft Excel file because the user will be able to use the advanced filtering and sorting features of Microsoft Excel for their data analysis. To obtain a copy, email INCISIVE Support and ask for the "Dispute Grid Report". INCISIVE Support will provide you with the report within 2 business days.

Dispute Letter Mail Merge Field Codes

We have created additional mail merge field codes; these variables pull data from INCISIVE MD into the dispute letter. With these new codes, they eliminate the need to enter the patient's identification number, birth date, and claim identifier into the dispute letter.

To request these new field codes be added to your dispute letter template, please email INCISIVE Support and indicate which field codes you would like added and where they should be displayed in your dispute letters.

Patient Id and Date of Birth

We added your practice management system's patient identification number and the patient's date of birth as distinct field codes.

INCISIVE MD - Hospital Service Note

Hospital Service Note

Patient

Name: Jones, Sara
 Patient ID: 23456789
 Birthdate: 1/22/1986 (23 years old)
 Gender: Female
 Insurance: Not Specified

Surgeon

Dr. Laura Neurosurgeon
 866 Deadman Lane
 Boot Hill, OR 97201

Surgery Information

Facility: Cook County Hospital (IL)
 POS: 21 - Inpatient Hospital
 Surgery Date: 8/5/2009

Surgery Summary

arthroscopy, shoulder, surgical; repair of slap lesion

Diagnoses

Dx Code	Diagnosis Description
1 100.0	Leptospirosis icterohemorrhagica

Assistants-at-Surgery

Assistant	Role
1 James Pierce, PA	Assistant

Procedures

LN	Procedure Description	CPT / HCPCS	Asst
1	arthroscopy, shoulder, surgical; repair of slap lesion	29807 -22 -LT	1
2	arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release	29826 -RT	1

Post-Op Plan

None

Created on 8/25/2009 at 5:32:39 PM by User 1
Page 1 of 1

Claim Identifier

Customers using INCISIVE PM can also include the claim identifier within the dispute letter. For other customers, if a unique identifier is provided through the INCISIVE IS interface between your practice management software and INCISIVE MD, the Audit Payment Wizard will show the identifier. If it does show, you can also include the claim identifier within your dispute letters.

Total Amount in Dispute

There is an option, when creating your dispute letters, to show the total amount in dispute. We inadvertently did not update customers' dispute templates to include this mail merge field code. Regardless of whether this box was checked, the total amount in dispute was not included in your dispute letters. With this update, we will update all customers' dispute templates to include the mail merge field code. Customers need not take any action to remediate this problem.

Contracts

Based on some recent payment audits and contract reviews we have conducted, we create additional contract settings to calculate the expected amounts for these audited payers. We added an option to adjust for the Medicare Budget Neutrality factor, a greater specificity in the conversion factor procedure code ranges, and adding a method to price procedures that do not have an RVU value.

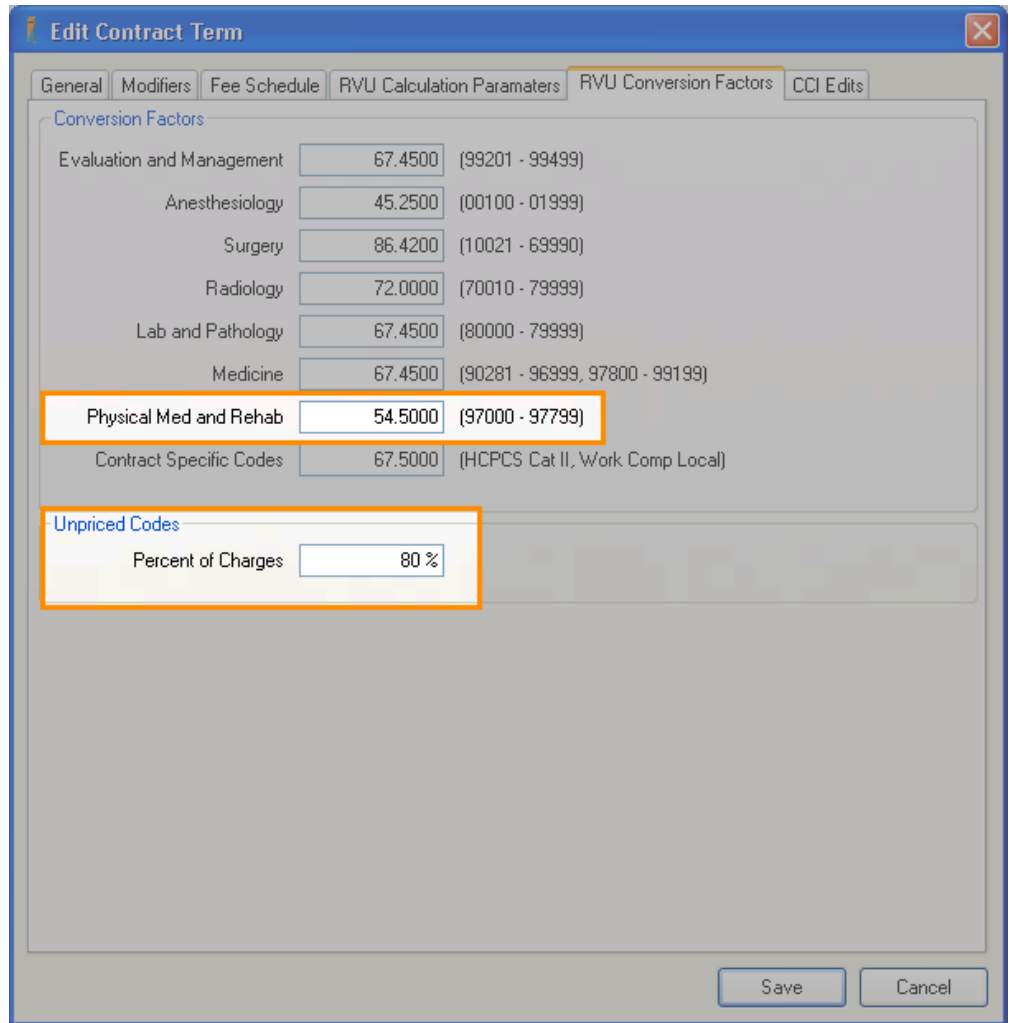
Switch for Medicare Budget Neutrality Factor

While some payers use the Medicare formula for determining their expected amounts, they may or may not adjust their formulas for the Medicare Budget Neutrality (BN) factor. The BN adjustment was created by CMS in order to match the Medicare budget with projected levels of services provided instead of adjusting the conversion factor; which might cause a budget deficit. The BN adjusts the total work RVUs and thus provides CMS a means to shift where the budget cuts impact procedures. In the past, this adjustment has been between 8% and 10%. To account for when a private payer does not adjust their RVU values for the BN factor, we have created a checkbox option. For the Medicare contracts, the BN Adjustment is checked.

Percentage of Billed Charges for Procedures with Zero RVUs

There are two situations where a procedure in an RVU contract may calculate to a \$0 expected amount. The most common is when a procedure does not have an assigned RVU value (RVU=0), like unlisted procedures. The second is when payers who use a prior RVU year for their price calculations and whose contract terms start after new procedure codes become effective. The usual circumstance for this is that procedure codes become effective the first of the calendar year while some workers compensation medical fee schedules take effect at the beginning of the state's fiscal year, usually 1 July.

For this situation, many payers have contract provisions or administrative rules that state the payer will pay these procedures as a percentage of billed charges. We have set the default to be 100% of billed charges. INCISIVE MD will look up the charge amount listed on your INCISIVE MD clinic fee schedule and multiple that amount by the percentage listed in the Percentage of Charges to calculate the expected amount for that procedure.



Additional CPT Code Ranges for Conversion Factors

We have added a Physical Medicine and Rehabilitation conversion factor procedure code ranges. Payers in the Pacific Northwest have been to pay a different conversion factor for this range of procedure codes. The table below lists the current procedure code ranges that can have their own conversion factor.

Procedure Group	Procedure Code Range
Anesthesiology	00100 -01999
Surgery	10021 - 69990
Radiology	70010 - 79999
Lab and Pathology	80000 - 89999
Medicine	90281 - 96999, 97800 - 99199
Physical Medicine & Rehabilitation	97000 - 97799
Supply or Payer Specific Codes	HCPSC or Workers' Compensation Codes