

Part B Insider (Multispecialty) Coding Alert

Part B Payment: 3 FAQs About 2014 Medicare Payments Help You Collect

From the new conversion factor to the sequestration debacle, we've got the answers.

With the New Year you'll find new payment regulations that can seriously impact your practice's bottom line. But you can help iron out the wrinkles that these rules create by checking out the following three questions submitted to the Insider, as well as advice that can help you navigate the Part B payment terrain.

Question 1: I read in your last issue that Congress voted to delay the 20.1 percent conversion factor cut until the end of March. Was that cut finalized, and if so, what is the new conversion factor?

Answer: Yes, President Obama signed the three-month conversion factor delay into law on Dec. 26, 2013 as part of the Bipartisan Budget Act of 2013. Therefore, you won't have to worry about taking a major Medicare pay cut until April 1. Not only did the ruling revert the conversion factor back to 2013 levels, but it also included a 0.5 percent raise, as noted in the Insider Vol. 14 no. 45. When all calculations were finalized, the 2014 conversion factor is \$35.8228 from Jan. 1 through March 31.

To read the complete Bipartisan Budget Act of 2013, visit <u>http://www.gpo.gov/fdsys/pkg/BILLS-113hjres59enr/pdf/BILLS-113hjres59enr.pdf</u>. The discussion about the 2014 conversion factor starts on page 32.

Question 2: Have the sequestration cuts been halted for 2014?

Answer: Although you may have heard about Congress's deal in early December included averting some of the sequestration cuts, that does not impact the two percent cut to Medicare that kicked in last April. In fact, the sequester cuts were extended for another two years through the end of 2015.

Of course, Congressional intervention could take place down the road to reverse these cuts, but at this point they are still impacting your Medicare pay. For more information on the Sequestration cuts, visit the "Frequently Asked Questions About Sequestration: An Update for FY 2014" at

http://democrats.budget.house.gov/committee-report/frequently-asked-questions-about-sequestration-under-budget-con trol-act-2011.

Question 3: Now that Stage 2 of the Meaningful Use requirement has been extended, does that mean that ICD-10 will be delayed as well?

Answer: No. Although CMS did extend Stage 2 of Meaningful Use through 2016 and Stage 3 through 2017 (see the Insider Vol. 14 no. 44), you won't see such a delay for ICD-10. CMS has repeatedly stressed the fact that there will be no delay beyond the implementation date of Oct. 1, and the AMA recently urged physicians to prepare, since ICD-10 is a federal mandate and will take effect this year.

What you can do: If you want to determine whether your ICD-10 systems will be ready when the new diagnosis coding system takes effect, test out your ICD-10 coding skills this spring with a dry run that CMS plans to offer practices who want to submit sample ICD-10 claims, CMS announced in MLN Matters article MM8465, published on Nov. 1.



During the week of March 3 through March 7, 2014, your MAC will allow you to send in your test claims that include ICD-10 codes. If you have difficulty processing the claims, you'll be able to contact the help desk to figure out what went wrong. In addition, you will get electronic acknowledgement of your test claims that will tell you whether they were accepted or rejected.

After the testing period ends, CMS will share information about the percentage of test claims that were accepted versus rejected, and will offer additional information about lessons learned during the testing period.

To read more about the ICD-10 test dates, visit www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM8465.pdf.