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Pain Management Coding Alert

Reimbursement: Don't Miss These Proposed 2016 Updates That Won't Happen

CMS changes its mind on some shifts.

Focusing on the newly-implemented ICD-10 system and preparing for CPT® code changes is important for 2016, but don't overlook other news that may affect your reimbursement starting in the New Year. Here's the latest on two proposed updates to general policies that will keep your practice's reimbursement flowing in 2016.

Keep Reporting Incident-To As Before

According to experts, despite previous indications, incident-to rules remain unchanged for 2016, in that a physician who initiates a patient's care at an initial visit may be in the office when a non-physician practitioner (NPP) or a mid-level provider (MLP) sees his patient during another separate encounter. The practice can then bill the service "incident to" the physician, under the physician's national provider identifier (NPI), for 100 percent reimbursement. To bill incident-to, the physician supervising the incident-to service does not have to be the same one who originally saw the patient, but does have to be part of the same practice and associated with that NPP/MLP.

Important: This reverses a rule change that would have gone into effect on Jan. 1, 2016, says **Michael A. Ferragamo, MD, FACS,** a clinical assistant professor at University Hospital, State University of New York, Stony Brook. "This reversal of the rule change means more NPPs can bill incident-to services directly to Medicare at 100 percent reimbursement when any physician is in the office suite," he adds.

Ferragamo points to Health Law Update's (Baker Hostetler) recent article " Proposed Rule Aims to Reduce Stark Regulations and Clarify 'Incident To,'" which states "... we are aware of communication from CMS after the proposed rule was published indicating that the revisions were intended to clarify that the ordering and supervising physician/NPP do not need to be the same person. Stakeholders are encouraged to submit comments on this issue to ensure that the regulations accurately capture CMS's intended policy."

Background: In the July 15 proposed Medicare Physician Fee Schedule (MPFS), CMS suggested deleting a portion of the incident-to regulations that stated that the physician "supervising the auxiliary personnel need not be the same physician [or NPP] upon whose professional service the incident to service is based." This change confused coders and experts alike, and many worried that the change meant the ordering physician must also be the supervising physician, and thus the billing provider.

Still relevant: CMS also proposed that the person providing the incident-to service does so in accordance with state law and is licensed to do it. The incident-to provider also cannot have been excluded from any federal health care program or have had their enrollment revoked for any reason. In other words, just because the service is billed under a supervising doctor's number doesn't mean the performing NPP can be excluded from Medicare. These guidelines will still apply, even though the supervision changes did not go through.

More details: You can read the article from Health Law Update at www.bakerhealthlawupdate.com/2015/07/proposed-rule-aims-to-refine-stark-regulations-and-clarify-incident-to .

Don't Write Off Global Periods

At the end of 2014, CMS put forth a proposal in the Federal Register that shocked many coding professionals. Under the plan, the current 10-day global codes would transition to 0-day in 2017, and the 90-day global codes will change to 0-day

in 2018. "This certainly would have resulted in a pay cut for surgeons," Ferragamo says.

Update: The Medicare Access and Children's Health Insurance Program Reauthorization Act (MACRA) reversed the decision of CMS to eliminate bundled payments for 10- and 90-day global surgical procedures.

"It's hard to say definitively if the removal of global period would be good or bad for physicians as I think there are good and bad aspects," says **Marcella Bucknam, CPC, CPC-I, CCS-P, CPC-H, CCS, CPC-P, COBGC, CCC,** internal audit manager with Peace Health in Vancouver, Wash. "Certainly the potential is there for surgeons to make more money, especially for patients who are very sick and require more follow-up or for patients who develop complications. At this time, Medicare bundles all of that." On the other hand, Bucknam says surgeons would need to change their thinking and their documentation, improving the details they include, for post-operative visits or face drastic reductions in reimbursement.

Change may still come: "Unfortunately, we will likely see this pay cut in global payments in the near future," Ferragamo says.

Bucknam agrees. "I do think that CMS will eventually eliminate global periods one way or the other," she says. "Consider the proposals to bundle payments for hospital care. Hospitals do not have a global period for surgery. That is particularly for physicians. If payments are bundled I think it is likely the global period concept will not apply. There are also some other new payment methodologies that are being tossed about that would work much better if a global period wasn't part of the equation."