

Practice management resources for the surgeon's office

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This article offers Fellows and their staff members resources to assist in their efforts to comply with federal regulations and address practice management issues. These tools have been developed through the American College of Surgeons, government agencies, and other stakeholders, such as the American Academy of Professional Coders and the American Medical Association (AMA).

Complying with PECOS

The Provider Enrollment, Chain and Ownership System (PECOS) is a Centers for Medicare & Medicaid Services (CMS) policy that became effective on April 5 and applies to all health care professionals who see Medicare Part B patients.

Any health care professional who is not currently enrolled in the Medicare program or who has been enrolled for *more* than six years, but has not submitted any updates or changes to enrollment information, must enroll in PECOS. For example, a surgeon who has participated in Medicare Part B for 20 years and has not submitted any updates or changes to enrollment must sign up—regardless of whether there were any changes. This requirement affects all physicians, nonphysician practitioners, and other Part B providers and suppliers submitting a claim for items or services that were ordered or referred. For more information, go to <http://www.cms.hhs.gov/mlnmattersarticles/downloads/MM6417.pdf>.

CMS has established a new payment stipulation that physicians must observe when ordering health care products and services for Medicare patients, or when referring beneficiaries to another source of such products or services. This policy was developed by CMS in an effort to curb Medicare waste and abuse, particularly in the providing of durable medical equipment.

Under this mandate, which has been in effect since November 2003, Medicare payment contractors may only honor claims for health care prod-

ucts or services when patients are referred, or the products are ordered, by a health care professional listed in the PECOS database.

Surgeons who are not registered should start the enrollment process as soon as possible. The enrollment process will take some time, and failure to comply would interrupt the flow of income.

To see if you are already enrolled in PECOS, go to <https://pecos.cms.hhs.gov/pecos/login.do>. For policy information and examples, go to http://www.cms.hhs.gov/MedicareProviderSupEnroll/04_InternetbasedPECOS.asp.

General coding resources

To assist surgeons in their efforts to deal with coding questions, the College offers the following resources:

- The Coding Hotline. Tel. 1-800-ACS-7911; hours: 7:00 am–4:00 pm Mountain Time. The coding hotline will answer five free coding questions a year for each member of the College. The program is sponsored by Physician Reimbursement Systems (PRS). Web site: <http://www.facs.org/ahp/coding/secoding.html>.

- ACS Coding Today. This program is designed to respond to surgeons' billing and coding questions. The program includes NCCI (National Correct Coding Initiatives), Local Coverage Determinations information, and more. Sign up today for a 30-day trial period. The program is offered at a discount for members of the College and is sponsored by PRS. Web site: <http://acs.codingtoday.com/>.

- ACS-sponsored coding workshops. These workshops are co-sponsored with Karen Zupko and Associates, Inc. Dates and locations: New York, NY, New York Athletic Club, May 13–14; Nashville, TN, Hilton Nashville Downtown, August 26–27; Chicago, IL, ACS headquarters (meeting), November 4–5. The College will also provide these two coding workshops during Clinical Congress 2010, October 2–3, 2010, in Washington, DC.

For more information, visit the Web site <http://www.facs.org/ahp/workshops/workshops.html>.

NCCI

CMS developed the NCCI to promote national correct coding methodologies, and to control improper coding that leads to inappropriate payment in Part B claims. The CMS developed its coding policies based on coding conventions defined in the *AMA Current Procedural Terminology* manual, national and local policies and edits, coding guidelines developed by national societies, analysis of standard medical and surgical practices, and a review of current coding practices. The NCCI also comes with a manual that is helpful for correct coding.

The NCCI Web site is <http://www.cms.hhs.gov/NationalCorrectCodInitEd/>

ICD-10-CM

This coding system is an updated version of the International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM). ICD has changed to reflect the current clinical understanding and technological advancements of medicine, and the code descriptions are designed to provide a more consistent level of detail. It contains a more extensive vocabulary of clinical concepts, body part specificity, patient encounter information, and other components from which codes are

built. For more information, refer to the article regarding ICD-10-CM and general equivalency mapping in the March 2010 issue of the *Bulletin (Bull Am Coll Surg. 2010;95[3]:31-33)*. The implementation date for using ICD-10-CM is October 1, 2013; CMS and World Health Organization resources to reference in order to get your office ready for the change appear in the box on this page.

2010 Medicare fee schedule

The 2010 Medicare physician fee schedule lists all CPT codes and includes payment information for each code, including relative value units, global days, if the surgery can be billed as a bilateral surgery, when an assistant surgeon may be used, payment for co-surgeons, and so on. The fee schedule comes with a manual that surgeons and their billing staff should reference in order to correctly read the letters and numbers in each column of the fee schedule.

For more information, visit <http://www.cms.hhs.gov/PhysicianFeeSched/>.

E-prescribing program

Section 132 of the Medicare Improvements for Patients and Providers Act of 2008 authorizes a new and separate incentive program (launched January 1, 2009) for eligible professionals who are successful electronic prescribers, also known as “e-prescribers.” For more information about the Medicare e-prescribing incentive program, download Medicare’s Practical Guide to the E-prescribing Incentive Program, available at <http://www.cms.hhs.gov/partnerships/downloads/11399-Ppdf>.

For more information about the program, go to http://www.cms.hhs.gov/ERXincentive/01_overview.asp, or <http://www.facs.org/ahp/pqri/2009eprescribing.html>.

Physician Quality Reporting Initiative (PQRI)

To participate in the 2010 PQRI, eligible professionals may choose to report information on individual PQRI quality measures or measures groups using one of the following mechanisms: (1) to CMS on their Medicare Part B claims, (2) to a qualified PQRI registry, or (3) to CMS via a qualified electronic health record product. Individual eligible professionals who meet the criteria for satisfactory submission of PQRI quality measures data

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Office readiness resources

World Health Organization:

- <http://www.who.int/classifications/icd/en/>

CMS:

- http://www.cms.hhs.gov/ICD10/05_Educational_Resources.asp
- http://www.cms.hhs.gov/ICD10/07_Sponsored_Call-s.asp

PQRI information

- <http://www.cms.hhs.gov/PQRI/>
- <http://www.facs.org/ahp/pqri/index.html>
- http://www.cms.hhs.gov/PQRI/22_Group_Practice_Reporting_Option.asp#TopOfPage

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via one of the reporting mechanisms, for services furnished during a 2010 PQRI reporting period, will qualify to earn a PQRI incentive payment equal to 2 percent of their total estimated Medicare Part B allowed charges for professional services furnished during that same reporting period.

Beginning with the 2010 PQRI, a group practice may also qualify to earn PQRI incentive payment

equal to 2 percent of the group practice's total estimated Medicare Part B PFS-allowed charges for covered professional services furnished during a 2010 PQRI reporting period, based on the group practice meeting the criteria for satisfactory reporting specified by CMS. Additional information on PQRI is available at the links in the box on page 31. Ω