

PRESIDENT'S UPDATE

New York State Ophthalmological Society

March 2008

2008 MEDICARE CODING PROGRAMS SLATED

NYSOS will be sponsoring its annual Medicare Coding & Billing Seminars in five cities throughout New York during March 2008. A full course description and registration information were sent to NYSOS members in the winter issue of the *NYSight* magazine. The information is also available at www.nysos.com/2008coding.pdf.

In addition to presenting policy and payment changes for the coming year, the 2008 seminar series will examine new opportunities for the coming year and an interactive review of case studies examining practice patterns and revenue generation.

Be sure to reserve a place for you and your staff at the discount rate by completing and returning the registration form by the early bird deadline of February 29, 2008.

A PRIMER ON MALPRACTICE INSURANCE

As ophthalmologists grapple with ways to deal with paying the cost of soaring malpractice premiums, they are looking closely at their current plans and alternate insurance carriers. When doing so, keep in mind that in addition to the annual premium cost, there are significant differences between and among the types of malpractice insurance carriers which should be fully considered before switching companies or coverage type.

In an effort to help its members wade through the information, NYSOS compared rates for the three major malpractice insurers in NY and found that, with the exception of one of the seven regions in the state, MLMIC's rates for both occurrence and claims made policies are moderately to significantly lower than PRI and OMIC.

Types of Malpractice Insurance Carriers

Licensed Insurance Company – subject to NYS Insurance Law and regulated by the NYS Insurance Department (e.g., MLMIC, PRI). May not change coverage policies or institute premium increases without approval of the State Insurance Department. Offer choice of occurrence and claims made policies.

Risk Retention Group – licensed in any state and allowed to do business in all states (e.g., OMIC). May modify coverage policies or premium costs, absent approval from the State Insurance Department. Generally offer claims made policies only.

Trust – self-insurance vehicle that is typically formed by its constituents to meet their specific insurance needs and may not be regulated by the State Insurance Department.

Captive – self-insurance vehicle that is typically formed by an organization (e.g., hospital) or some constituency (e.g., NY ophthalmologists) to meet their specific insurance needs and may not be regulated by the State Insurance Department.

Type of Policy Forms

Occurrence – the most comprehensive protection, covering an insured when an incident *occurs* while the policy is in effect, regardless of when it is reported or paid

Claims Made - covers an insured when an incident is *reported* while the policy is in effect, regardless of when it is paid. Less comprehensive than occurrence, since it does not cover unreported events if continuing coverage is not maintained and, therefore, costs less than occurrence for the first few years.

Claims Paid – the least comprehensive option, covering an insured only when an incident is *paid* while the policy is in effect. Because it covers considerably less insurance risk initially than claims made or occurrence, it is less expensive than the other two options for several years. However, it is *the insured* who assumes the responsibility of unpaid and *unreported* claims if continuing coverage is not maintained.

Solvency

If an insurance carrier becomes insolvent and unable to perform its contractual obligations, the insured becomes responsible for those obligations unless there is some other form of protection. Insurers that are licensed by NYS have access to the NYS Property and Liability Security Fund which acts as a safety net, protecting insureds for the risks covered by their policies. In the event of insolvency, this fund will pay insured obligations under the policy up to \$1M per claim. Insurers not regulated by New York (e.g., RRG, trusts, captives) are typically not covered by the State's guarantee fund.

Excess Coverage

Physicians with hospital affiliations who purchase primary coverage from an entity that is not regulated by NYS may not have access to the \$1M of excess coverage provided by the State. This excess coverage is currently provided at not cost to physicians who purchase primary limits of \$1.3M/\$3.9M from an insurer regulated by NYS.

Hospital Acceptance

Insurance purchased from an insurer not regulated by NYS may differ from what is customarily offered in NY and may pose a significant concern to hospitals that grant staff privileges, particularly if there are coverage gaps or shortfalls as there would be in claims paid coverage, or if physicians are not eligible to receive the excess layer of coverage.

MARK YOUR CALENDARS FOR OPHTHALMOLOGY LOBBY DAY

The NYS Ophthalmological Society will hold its Annual Lobby Day on Tuesday, April 29, 2008 in Albany, NY. The day will begin with a breakfast briefing on key bills before the State Legislature followed by physician visits with their State Senate and Assembly Representatives. Following legislative visits, the group will reconvene for a debriefing and lunch.

Each year attendance at the program has grown and we hope to break all previous records at our 2008 Lobby Day event. We urge you to plan to attend and do your part to educate lawmakers and help insure that medical eye care in New York State is not compromised.

Please register by calling the NYSOS office at (518) 438-2020, and staff will work with you in scheduling visits with your elected representatives.

MARCH 1ST IS A CRITICAL DATE FOR NPI!

Prior to March 1, 2008:

- Claims with both an NPI and a Medicare legacy number are rejected if the pair is not found on the Medicare NPI Crosswalk.
- Claims submitted with just a Medicare legacy number are being paid (unless of course, they have other errors that cause them to be rejected).

As of March 1, 2008:

- Claims with both an NPI and a Medicare legacy number will continue to be rejected if the pair is not found on the Medicare NPI Crosswalk.
- Claims without an NPI in the primary provider field will be rejected!
- Claims with only a Medicare legacy number in the primary provider field will be rejected!

This means that you will not be able to get paid for any Medicare services you provide until you begin using your NPI. Also, if needed, you must correct any data which may be preventing an NPI/legacy match on the NPI crosswalk. The correction might require that you file a CMS-855 Medicare Provider Enrollment form with your Medicare carrier, A/B MAC, or DME MAC a process which can take a number of months to accomplish.

TEST NPI-only NOW: If you have been submitting claims with both an NPI and a Medicare legacy number and those claims have been paid, you need to test your ability to get paid using only your NPI by submitting one or two claims today with just the NPI (i.e., no Medicare legacy number).

If the Medicare NPI Crosswalk cannot match your NPI to your Medicare legacy number, the claim with an NPI-only will be rejected. You can and should do this test now! If the claim is processed and you are paid, continue to increase the volume of claims sent with only your NPI. If the claims reject, call your Medicare carrier or A/B MAC enrollment staff for advice right away. The enrollment number is likely to be quite busy after the March 1 deadline, so don't delay.

MEDICARE CLARIFIES SUBMISSION OF A-SCAN FOR IOL POWER CALCULATION

Due to numerous concerns regarding billing discrepancies and patient care issues, the Medicare carriers in NY and NJ have amended and clarified the Local Coverage Determination (LCD) for Ophthalmic Biometry for Intraocular Lens Power Calculation.

The "Indications and Limitations" now includes the following language:

"Ophthalmic biometry for lens power calculation should not be performed, unless a decision to remove the cataract has been made by the patient and the surgeon.

If the biometry is performed by the optometrist, he/she should do so in coordination with the operating surgeon so that only one procedure is necessary.

If the biometry is repeated, by the operating surgeon, due to inadequacy of the study, the original eye care provider should anticipate not being reimbursed for the study."

This clarification is welcomed and in the best interests of our patients.

INTERNET INTERACTIVE CONNECTION AVAILABLE FOR MEDICARE

In support of the M2 migration for National Government Services, VisionShare will be hosting a series of FREE Webinar education programs each Wednesday at 2:00 p.m., beginning January 9, 2008. VisionShare is an internet-based alternative to the present methods used to securely submit claims and check patient eligibility.

The Webinars will demonstrate how to use the VisionShare Secure Exchange Site Web portal to:

- Submit claims
- Retrieve remittances
- Check eligibility
- Download reports

The intent of the training is to assist providers in their migration from e-Link and to provide a forum for questions and answers. For more information and to register for the upcoming webinars, go to www.empiremedicare.com/news/nynews08/ngs_012908_visionshare.htm

UPDATE TO CODE FOR RANIBIZUMAB/LUCENTIS

The 2008 CPT/HCPCS section and coding guidelines have been revised to include HCPCS code J2778 for Lucentis effective for dates of service on or after 01/01/2008.

Claims for ranibizumab should be reported with HCPCS code J3590 (Unclassified biologic) for dates of service prior to January 1, 2008, and code J2778 (Injection, ranibizumab, 0.1 mg) for dates of service on or after January 1, 2008.

When using code J3590, enter the name "Lucentis" or "ranibizumab" and dosage per eye in Item 19 of the CMS-1500 form or the electronic equivalent. The drug must be reported on a separate claim line for each eye treated, using the appropriate site modifier, RT or LT.

- All Medicare carriers should be adjusting their Local Coverage Determinations to show the following:
- The article text paragraph has been revised for clarity and to correct the spelling of pharmacopoeia

- Corrected utilization guideline to match FDA approved labeling
- Revised Coding Guidelines 2 and 5 to include site modifier requirements effective for dates of service on or after 02/01/2008
- Corrected drug code acronym in Coding Guideline 4 and revised guideline for clarity
- Added payable places of service for Medicare Part B

UPDATE ON INDIVIDUALS AUTHORIZED ACCESS TO CMS COMPUTER SERVICES - PROVIDER COMMUNITY

As previously reported, CMS will soon be offering the Provider Enrollment, Chain and Ownership System and Provider Statistical and Reimbursement Report online. These new online enterprise applications will allow Medicare fee-for-service physicians to access, update, and submit enrollment and cost report information over the Internet. However, physicians and/or appropriate staff must register for access through a new CMS security system known as the Individuals Authorized Access to CMS Computer Services - Provider Community.

It is recommended that physicians read the series of MLN Matters articles on this subject and act now. The articles can be found at the following links:

www.cms.hhs.gov/MLNMattersArticles/downloads/SE0747.pdf

www.cms.hhs.gov/MLNMattersArticles/downloads/SE0753.pdf

www.cms.hhs.gov/MLNMattersArticles/downloads/SE0754.pdf

In addition, a Fact Sheet, containing Steps to Accessing CMS Enterprise Applications for Provider Organizations, can be viewed at www.cms.hhs.gov/MLNProducts/downloads/IACSchart.pdf

MEDICARE ISSUES REVISED LCDS

The Medicare carriers have made change(s) to Part B Local Coverage Determinations and Coding Guidelines. You may view the LCDs/Coding Guidelines change(s) on your carrier's site:

National Government Services- www.empiremedicare.com/partbny/partbny_lcd.cfm

GHI Medicare - Pending (view other carrier sites and use as a guide until effective date from GHI)

Upstate Medicare Division - www.umd.nycpic.com/lcd.html

LCDs listed under the Notice Index:

- Blepharoplasty
- Ocular Blood Flow Tests
- Ophthalmic biometry for Intraocular Lens Power Calculation
- Visual Fields Testing

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