State Initiative Law Changes to Create Health Insurance

Even though it is early in the game, and the Federal regulatory process implementing health care reform is going to take time to be worked through, in the past few days we’ve already heard of at least three ways that state officials have initiated a mechanism to begin the process of exploring or creating a state health insurance exchange as referenced in the Federal health care reform Act. So far we have heard of the following varied initiatives:

**California** / A bill was introduced in the legislature proposing to set up some of the framework for a health benefits exchange; **Michigan** / The Governor issued an executive order on April 8 creating a Health Insurance Reform Coordinating Council which will advise the Governor’s office on recommendations for implementation of a health insurance exchange and **New Mexico** / The Governor is working with the Insurance Commissioner to create a task force to oversee this issue. All states may not take immediate action, but it appears that many states will respond quickly.

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The American Optometric Association has selected Dr. Sarah Marossy, Post Falls, as the 2010 National “Young Optometrist of the Year”. This prestigious award will be presented to her at the National Congress this June in Orlando, FL. Dr. Marossy graduated with honors from Indiana University School of Optometry in 2000. She recently opened a new practice, Post Falls Optometric Physicians, where she specializes in all areas of ocular disease management and pediatric eye care.

In 2008 she received the “Idaho Optometric Physician of the Year” award for her leadership and public service. Most recently, Dr. Marossy was offered the opportunity to add yet another experience to her career as a Governor-appointed Commissioner to serve with the Idaho Commission for the Blind and Visually Impaired.

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IOP Exec to Retire at the end of 2010

IOP Executive Director Larry Benton announced his intention to retire as the association Executive Director effective December 31st of this year. He intends to continue his role as the association lobbyist, representing optometry to the Idaho State legislature and regulatory agencies. Benton served the association as a contracted lobbyist prior to taking the additional roll of Exec Dir. He has been the CEO of the group since 1993.

Benton says that he will “greatly miss” the day-to-day activity of the association, but is looking forward to continuing advocating for optometry in the political arena. “I’ve made many great, lasting friendships over the years. The Idaho optometrists are the finest group I’ve ever worked with, here in Idaho and nationally, as well. Transitioning out of the association managing role is going to be personally difficult”, he said.

IOP Congress Featuring Melton and Thomas

The IOP 2010 Annual Congress features Drs. Ron Melton and Randall Thomas presenting their updated 20 hour COPE approved “Current Therapy in Ocular Disease” program.

Save the Dates!!

Sept. 16—18, 2010

Registration Brochures will be available SOON!

Watch your mail in the coming weeks...

Legislature Revises Medicaid 2010 and 2011 Operating Budgets

The 2010 Idaho Legislature dealt with the most severe revenue shortages it has experienced in the 120 year existence as a State. State departments all around have found themselves working on short budgets, which have brought them face to face with the decisions private businesses face in hard times. All agencies are experiencing layoffs, furloughs, pay cuts, cuts in services, office closures, and the end is not yet in sight. Consolidation scrambling and cash-conservation is reality across the board.

Medicaid has been hit hard and the Department of Health and Welfare has instituted draconian measures to meet reduced spending authority, including payment holdbacks to service providers serving Medicaid clients. Payments to Hospitals and Nursing Homes stopped April 1st and will not resume until the new fiscal year (July). Other physician providers, such as optometric physicians, are experiencing a payment holdback of three cycles (weeks). More permanent payment rate changes are expected to be announced shortly.
IOP Financial Secretary Hetherington also to Retire at the end of 2010

The financial guru and all-around “go-to” guardian of the association treasury” for thirty years has informed the Board that she will retire December 31st of this year. Ruth Hetherington has served this association loyally through the years and has been an advisor to thirty association presidents and has experienced many, many board changes. She will continue her work with Dr. Larry Downer, Emmett. Ruth’s complete association knowledge, experience and skill will be missed. “Ruth, with the assistance of Dr. Downer, has engineered critically needed improvements to the financial reporting and membership tracking systems used by the association”, said Larry Benton, IOP Exec. Dir. “The association is losing it’s chief historian and a great financial manager. Ruth’s contribution to Idaho optometry can’t be described in a short paragraph. Without her counsel, my job would have been difficult.”

National Scene ..... PPACA

In an effort to both curb and fund the cost of health care reform, the Patient Protection and Affordable Care Act ("PPACA") contains many new provisions designed to eliminate waste and deter or punish program fraud and abuse, including the one summarized below. Although a few provisions help certain provider groups, most dramatically increase the burdens on and potential liability of health care providers for non-compliance. Providers should immediately review the new requirements and take necessary steps to ensure ongoing compliance.

Reporting and Returning Overpayments (Sec. 6402). The Fraud Enforcement and Recovery Act ("FERA") amended the False Claims Act ("FCA") to expressly require the return of government program overpayments. PPACA takes FERA even further by requiring providers to report and return overpayments to HHS, the state, or relevant contractor by no later than (1) 60 days after the date the overpayment was identified, or (2) the date the corresponding cost report is due. In addition, the provider must provide a written explanation of the reason for the overpayment to HHS, the state, or applicable contractor. The failure to comply subjects the provider to liability under the Civil Monetary Penalties Law ("CMP") and/or the FCA, including treble damages, civil penalties, and qui tam lawsuits by employees or others who are aware of the overpayment. This may be the most troubling provision in the new law because even technical non-compliance may negate entitlement to program benefits, result in an overpayment, and trigger the duty to report and repay within 60 days. The 60-day deadline apparently takes effect on January 1, 2011; however, FERA’s general repayment obligations are in effect now. It is now more important than ever that all providers who participate in government programs immediately evaluate and ensure their ongoing compliance and prompt response to non-compliance.

PPACA’s fraud and abuse provisions are very troubling. Many provisions will be subject to future regulations; regulations will have to be evaluated to determine how the provisions will be implemented. However, providers cannot wait for the regulations to step up compliance activities. If they have not already done so, providers should evaluate and, as necessary, redouble their efforts to ensure that they remain compliant with existing government regulations governing state and federal health care programs to mitigate their increased exposure resulting from health care reform.
**A Reminder ….. Glaucoma Scans**

As of Jan 1, 2010 scanning lasers are deemed *medically necessary* and claims will be paid by Blue Cross of Idaho for glaucoma suspects and glaucoma patients alike. The codes are listed in the Blue Cross of Idaho medical policy manual found online at [www.bcoi.com](http://www.bcoi.com) (under search word type in “glaucoma”). It is also important to note that only one scanning laser (92135) will be paid per subscriber per calendar year. This could change with final policy, but for now it is still important to note for your billing staff.

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**Coding and Billing Essentials: Code 92135 (scanning lasers)**

Dr. Sarah Marossy, Eye Care Benefit Coordinator

Medical necessity *must be* present when billing. (92135 is not designed as a “screening test”)

The test must be ordered by a physician and *must be in writing* in patient’s medical record.

The best place to “order” a test like this is usually to have the order written under the plan section

(Example:  **ASSESSMENT**: glaucoma suspect  **PLAN**: Order: VF, HRT  RTC 1 week)

An interpretation and report (I&R) must be completed and signed by the doctor (just like for visual fields and fundus photography) and filed with patient’s permanent medical record. The following items should be addressed in the I&R:

- Procedure
- Diagnosis
- Clinical findings
- Clinical management

It is a per-eye test, so a modifier must accompany code 92135 when billing

92135- RT for right eye  92135- LT for left eye

Make sure you have a medical code list handy to know when 92135 is appropriate to bill. CMS has a nice code list, as well as all other insurance carrier. The codes covered can vary between carriers, so check your lists carefully each time you are going to bill. I would also highly suggest having each patient sign a waiver explaining that they will be responsible for anything their insurance company doesn’t pay for. It can avoid unpleasant billing discussions at a later date.

If you are billing multiple diagnostic tests on the same visit, be VERY, VERY careful. Many tests, such as fundus photography and scanning lasers are considered “mutually exclusive”. In order to even consider billing them on the same visit you will need to link each procedure to a separate and dissimilar diagnosis. If you bill both of them together linked to the same diagnosis, many big nasty denial problems will occur and you will only get paid for one test performed and always the one of less reimbursement value!! Make sure each diagnostic test has a separate code linked to it. For example, if you are going to do a scanning laser and fundus photography on the same visit you might want to code the photography with the general systemic diabetic code and the scanning laser with diabetic retinopathy (macular edema). If you only have one diagnosis, such as glaucoma, it is in your best interest to bring the patient back on a different date to perform additional diagnostic tests. The list of mutually exclusive codes is as follows:

- 92135: scanning lasers
- 92250: fundus photography
- 92285: external photography
- 92225: extended ophthalmoscopy

*Note: visual fields are NOT on this list.*