

THE CODE

The Official Medical Coding Newsletter of MiraMed, A Global Services Company

A Note From Tony

Tony Mira
President and CEO
MiraMed Global Services

I hope all of our clients, associates and friends have enjoyed reading *The Code* over the past year. This monthly publication from MiraMed Global Services features articles by experts in the industry covering the latest news in the world of healthcare and healthcare coding. Our industry is ever-changing and it takes effort to keep up on the latest developments. We hope you have found our articles helpful and informative. As 2015 looms we are sure to see even more change in the industry and rest assured that *The Code* will be with you along the way providing insight and helpful information.

**HAPPY
NEW
YEAR!**

When to Apply Modifiers

Denise M. Nash, MD, CCS, CIM
Vice President of Compliance and Education
MiraMed Global Services

Part 9

In part 8 of this article we discussed how Modifier 26 may be applied to the professional only component (performed by the physician) and how Modifier TC is applied to the technical only component (facility).

Below are modifiers that may be applied when a non-covered procedure (GA, GX, GY and GZ) is performed.

Modifier GA

Waiver of liability statement was issued to the patient as required by payer policy.

It indicates the expected denial that an item or service is not reasonable and necessary. If Medicare determines that the service is not payable, the claim denial is under a "medical necessity denial." The most

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**If you have an article or idea to share for *The Code*, please submit to:
Dr. Denise Nash
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Optimism is the faith that leads to achievement. Nothing can be done without hope and confidence.

Helen Keller

When to Apply Modifiers *(continued from page 1)*

common example of these situations would be services adjudicated under a Local Coverage Determination (LCD). If billing is done for non-covered services without using the GA modifier indicating the patient was not given notice, Medicare will deny the claim. It will revert to provider liability.

Append

- This modifier to indicate that a required ABN is on file which allows the provider to bill the patient if not covered by Medicare.
- This modifier to ensure that upon denial, Medicare will automatically assign the beneficiary liability.

Do Not Use When

- The provider/supplier has no expectation that an item or service will be denied.

Note:

- It is appropriate to report this modifier when the beneficiary refuses to sign the ABN.

Modifier GX

Notice of Liability Issued, Voluntary Under Payer Policy.

Append

- This modifier only to indicate that a voluntary ABN was issued for services that are not covered.

Note:

- Medicare will automatically reject claims that have the –GX modifier applied to any covered charges.
- Modifier GX can be combined with modifiers –GY and –TS (follow up service) but will be rejected if submitted with the following modifiers: EY, GA, GL, GZ, KB, QL and TQ.

Do Not Use When

- The service is non-covered by medical necessity.
- There are other denials such as bundling, not related to statute.

For additional information: <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R1921CP.pdf>

Modifier GY

- Notice of Liability Not Issued, Not Required Under Payer Policy. This modifier is used to obtain a denial on a non-covered service. Use this modifier to notify Medicare that you know this service is excluded. Services provided under statutory exclusion from the Medicare Program, the claim would deny whether or not the modifier is present on the claim.

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When to Apply Modifiers *(continued from page 2)*

Append

- To identify that a service is not covered by Medicare or by statute and does not require that notice of non-coverage be provided.

Do Not Use When

- There are bundled procedures.
- There are add-on codes.

Note: Informational modifier only.

Modifier GZ

Item or service expected to be denied as not reasonable and necessary. When an ABN may be required but was not obtained, this modifier should be applied. If Medicare determines that the service is not payable, denial is under a "medical necessity." The denial message will indicate that the patient is not responsible for payment.

Note: Informational modifier only.

Additional modifier information can be found at: <http://www.cms.gov/manuals/downloads/clm104c12.pdf>, <http://www.cms.gov/mlnmattersarticles/downloads/MM6563.pdf> and <http://www.cms.gov/Medicare/Medicare-Contracting/ContractorLearningResources/Downloads/JA6563.pdf>

This article concludes the series.

PLEASE TAKE A MOMENT ...

It is our mission to grow and improve this newsletter with each issue. In order to accomplish this goal we need your help! Your input is extremely valuable. Please take a moment to answer the following:

- Tell us what you would like to see in future publications.
- What types of articles would be most beneficial?
- Has this newsletter been of value to you?
- Would you be interested in submitting an article for publication?

You may send your responses via e-mail to kim.capello@miramedgs.com.

Success is peace of mind which is a direct result of self-satisfaction in knowing you did your best to become the best you are capable of becoming.

John Wooden

Brush Up On Medical Terminology

Evan Lendle Ramos, RN, CCS
 Senior Manager, Training Department
 MiraMed Philippines Group, LLC—Philippines Branch

MUSCULOSKELETAL SYSTEM

Term	Word Origin	Definition
Achondroplasia	A- no, not, without chondr/o cartilage -plasia condition in or formation	Disorder of the development of cartilage at the epiphyses of the long bones and skull resulting in dwarfism
Arthrosis	arthr/o joint -osis abnormal condition	Abnormal condition of a joint; may be hemarthrosis etc.
Condyle	condyl/o	Rounded projection at the end of a bone that anchors the ligaments and articulates with adjacent bones
Contracture	Con- together tract/o pulling -ure condition	Chronic fixation of a joint flexion (such as finger) caused by atrophy and shortening of muscle fibers after a long period of disuse
Crepitus	crepit/o crackling -us thing	Crackling sound heard in joints
Deltoid	delt/o triangle -oid like	Triangular muscle in shoulder
Fissure	fissur/o	Fairly deep cleft or groove
Foramen	foramin/o	Opening or hole
Gluteus maximus	glute/o buttock -us noun ending maxim/o large -us noun ending	Large buttock muscle
Kyphosis	kyph/o round back -osis abnormal condition	Extreme posterior curvature of thoracic area of the spine
Osteoarthritis	oste/o bone arthr/o joint -it is inflammation	Joint disease characterized by degenerative articular cartilage and a wearing down of the bones' edges at a joint, considered wear and tear
Osteomalacia	oste/o bone -malacia softening	Softening of bone caused by loss of minerals from the bony matrix as a result of vitamin D deficiency.
Osteoporosis	oste/o bone por/o passage -oasis abnormal condition	Loss of bone mass which results in the bone being fragile and at risk of fracture
Polydactyly	poly- many, much dactyl/o fingers, toes -y process of	Condition of more than five fingers or toes on each hand or foot

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Brush Up On Medical Terminology (continued from page 4)

MUSCULOSKELETAL SYSTEM

Term	Word Origin	Definition
Rhabdomyolysis	rhabdomy/o striated muscle -lysis breakdown, destruction	Breakdown of striated muscle
Scoliosis	scoli/o curvature -osis abnormal condition	Lateral S curvature of the spine that can cause an individual to lose inches of height
Spine	spin/o	Thorn-like projection
Sternocleidomastoid	stern/o breast bone cleid/o collar bone mastoid/o mastoid process	Muscles that originates in the sternum and collarbone and inserts on the mastoid process
Sulcus	sulc/o	General term that refers to a groove or depression in an anatomic structure not as deep as a fissure
Syndactyly	syn , joined, together dactyl/o fingers, toes -y process of	condition of joining fingers or toes, giving them a webbed appearance

Is Another ICD-10 Delay On The Horizon?

Phil C. Solomon
Vice President of Global Services
MiraMed Global Services

This year payers and providers alike felt the effects from the decision to delay the ICD-10 transition until October 2015. Representatives in Congress created legislation that both sides of the isle could agree on to delay implementation of ICD-9 to ICD-10 until 2015. Physicians and hospital executives have already begun the lobbying process to support their preferred final outcome.

In November, correspondence from representatives of the American Health Information Management Association (AHIMA) and The Texas Medical Association sent strong messages to their constituents. Both sides are making pleas to support their position to either postpone the implementation of ICD-10 again or have October 1, 2015 be the final drop dead date to transition to the new code set. Below are excerpts from their marketing letters:

- AHIMA Notice:** ACTION NEEDED—OPPOSE EFFORTS TO DELAY ICD-10 TO 2017. “Recently, physician groups have asked Congress to delay ICD-10 until 2017. The 113th Congress will be considering health legislation for two more weeks before recessing for the year on Friday, December 12. Please contact your US Senators and Representatives today. Ask them to support the October 1, 2015 compliance date and vote “no” on any additional delays.

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Is Another ICD-10 Delay On The Horizon? *(Continued from page 5)*

We cannot afford another delay. The Centers for Medicare and Medicaid Services estimated that the last delay has already cost the healthcare industry approximately \$6.8 billion in lost investments, not including the cost associated with missed opportunities for better health data to improve the quality of care and patient safety. AHIMA's Advocacy Assistant provides advocacy tools you can use contact your legislators. You can also learn more about what physician groups are asking Congress at the Journal of AHIMA website."

- **TEXAS MEDICAL ASSOCIATION Notice:** "Join physicians from across the United States to ask Congress for a two-year delay in ICD-10. Ask Congress to delay the mandatory implementation until October 2017 so you and your colleagues can spend more time on patient care. Your patients deserve it.

It's imperative that you contact your representative today and explain how you cannot afford the cost and disruption of ICD-10 implementation to your business, especially now, when you are buried in myriad other bureaucratic burdens. Take action now. It's easy and doesn't require much time. Just cut and paste the letter below onto your personal stationery, then send it to your representative by mail or by fax. It's important the letter is on your personal stationery. Feel free to add your own personal reasons why ICD-10 is not a good idea. Explain how implementing ICD-10 now will affect your practice and will take even more of your time away from patient care. You can find the name, mailing address, and fax number of your U.S. representative in TMA's Legislative Action Center."

The debate is expected to heat up after the first of the year by both parties. Will the transition to ICD-10 really happen in 2015? Only time will tell.

Plan for Success

Kim K. Capello
Administrative Assistant
MiraMed Global Services

As the New Year begins, it's traditional to make resolutions and plans for our future. We assess what is truly important in our lives and make plans to make those dreams a reality. So many of us wake each morning and begin each new day just like every other day; participating in life as we did the day before. What a difference we could make if we change the status quo and determine each morning how we can better and improve on our past accomplishments. It seems like a daunting task; however, if we follow the old adage of "one bite at a time," we can achieve great strides in fulfilling our dreams that we once thought were only mere possibilities.

Goals and aspirations are necessities of growth in both our personal and professional lives. We are given 24 hours each day to accomplish our best. Setting a goal for simply getting out of bed doesn't seem the best usage of the allocated time. One suggestion would be to look back to the day before and see how, with a subtle improvement, you can achieve and accomplish even more. For example; "With better time management I can ... "(fill in the blank).

As each of us progresses at his/her own pace, your decision may be to set one goal at a time in order to move forward. However, there is no limitation on the success that you can achieve, so avoid placing limits on possibilities.

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Plan for Success *(Continued from page 6)*

Take a look at what is important on both a personal and professional level. For example on a personal level, health may be a goal. We may not be able to achieve professional success if our health falters. On a personal level, I will be putting a plan in place and setting a health goal. I will be working toward this goal every day by trying to eat healthier and to make the time to do some form of exercise.

Don't forget to reward yourself for a job well done and do not to rely on others to pat your back. Be proud of each accomplishment on both a personal and professional level.

Finally, log your daily progress. Write down in detail what steps you took each day to reach your goal. Write down any thoughts you may have to make the next day better, as well as anything that did not work. If your process involves a MiraMed work step that will improve processes, please share with your manager, so that together we can all learn from a saved step or a process improvement. Steps backward are just as important as steps forward. Just think of them as little experiments to test and determine what works best to help us not only on a personal but a company level as well.

The MiraMed team goal is quality and not simply achieving but surpassing, to raise us to the best in the industry.

Happy New Year to us all! I look forward to seeing what we can accomplish in 2015!

Coding Case Scenario

Evan Lendle Ramos, RN, CCS
Senior Manager, Training Department
MiraMed Philippines Group, LLC—Philippines Branch

Each month we will offer a coding question for our staff to solve. If you'd like to quiz yourself, feel free. We will gladly let you know the results of your answer. The first coder from each Team (United States, Philippines and India) who correctly answers will be given a prize and recognition in the next issue of our newsletter.

Direction: Code for ICD-9-CM Diagnosis and its corresponding ICD-10-CM

A 49-year-old woman was admitted to the hospital through the emergency department for suspected gallstone pancreatitis. After study it was found the patient had acute pancreatitis, radiologic evidence gallstones and possibly stones in the common bile duct. The patient was taken to the surgery for cholecystectomy and common duct exploration. It was confirmed the patient had chronic cholecystitis with cholelithiasis and choledocholithiasis with obstruction of the biliary system. The physician stated the acute pancreatitis was a consequences of the bile duct stones, but the main reason for the patient's admission to the hospital and the need for surgery were the gall stones and the bile duct stones. The patient had a slow but steady recovery from surgery and was able to return home for further convalescence. The patient was noted to have Hypertension, NIDDM and CKD stage 2.



Correct Answer from Previous Case Scenario:

Category	Condition	ICD 9	ICD 10
Principal Diagnosis	Injury to blood vessels of head and neck, Carotid artery, unspecified	900.03	S15.009A
Secondary Diagnosis	Dissection of carotid artery, for the traumatic carotid artery dissection	443.21	I77.71
Secondary Diagnosis	Striking against or struck accidentally by objects or persons, in sports without subsequent fall	E917.0	W51.XXXA
Secondary Diagnosis	Activities involving other sports and athletics team or group, baseball	E007.3	Y93.64
Secondary Diagnosis	Other external cause status,	E000.8	Y99.8

Rationale: Assign code 900.00, Injury to blood vessels of head and neck, Carotid artery, unspecified, and code 443.21, Dissection of carotid artery, for the traumatic carotid artery dissection. Assign also code E917.0, Striking against or struck accidentally by objects or persons, in sports without subsequent fall, E000.8, Other external cause status, and E007.3, Activities involving other sports and athletics team or group, baseball, to describe the external cause of the injury and the activity.

Ref: Coding Clinic, 1st Quarter 2014, page 20.

CONGRATULATIONS!

Last Month's Winner from the Philippines:

Jericho Luis P. Cacatian, RN

Degree: B.S. in Nursing

Coding Experience: 1 year and 1 month

Certification: CPC-H-A

Specialty: Inpatient

