



# WCH Bulletin

Winter Special Double Issue, 2015

3,809  
readers

LET THE PAIN OF **ICD10** REMAIN LAST YEAR, WITH  
WCH YOU ARE MOVING FORWARD PAIN FREE

**WCH CONTEST WINNERS OF ICD 10 CHALLENGE:**



**W54.0XXA**  
BITTEN BY DOG,  
INITIAL ENCOUNTER

**ANASTASIYA CHECHINA**  
Account Representative

**V00.111A**  
FALL FROM IN-LINE  
ROLLER SKATES,  
INITIAL ENCOUNTER

**MARIA CHECHINA**  
Account Representative



ONC Certified **Electronic Health Record**  
System by **WCH Service Bureau INC**



# WELCOME TO OUR WINTER EDITION

## INSIDE THIS ISSUE

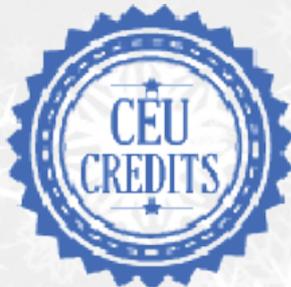


WCH Corner page 3-16

Healthcare Section page 17-20

Questions & Answers page 21-22

Feedback page 23



**Get your  
CEU credits  
TODAY**

For more information please **CONTACT US** at **718-934-6714 x 1202** or by e-mail to: [nanak@wchsb.com](mailto:nanak@wchsb.com)



# Greetings WCH Family

This time of the year is a time for reflection, making resolutions, and spending quality time with friends and family.

As we start the New Year, WCH will continue to improve the quality of our services to make your lives easier. We add more certified professional to improve our knowledge to help with anything that you need. We continue to improve our customer service so that we can make communication with you and our office easier. WCH will keep being involved in the healthcare industry, including webinars, live conferences, and other professional association involvements.

We are grateful to those who have given their time and support to us, and we appreciate your trust at every step of the way.

We expect 2016 to be a year that will bring success and growth to us as a family as well as our clients and the community. We are ready to face all the challenges that this year will bring. We will keep providing full support to our clients and we will always be there for you.

We at WCH want to wish everyone a Happy Holidays and a prosperous New Year!



**Best Wishes from your devoted  
and trusted WCH Team!**



# UNSPECIFIED ICD-10 LEADS TO AUDIT

INSURANCES WILL NOT  
WAIT FOR YOU  
TO UNDERSTAND ICD-10

**OKSANA POKOYEVA**  
CPC , CPMA, CUC

It has already been over a month since the implementation of ICD-10 has taken effect. The WCH Team wants you to know the risks of waiting until last minute to understand how to use ICD-10. The insurance companies are only giving a one year grace period for doctors to understand and implement the transition from ICD-9 to ICD-10 codes. If doctors wait until last minute to implement these codes, they risk facing an audit by the insurance company.

If you over use unspecified diagnosis codes, you risk getting an audit as well. The implementation of ICD-10 now specifies some diagnoses where unspecified ones cannot be used. This means that if you keep relying on unspecified codes, you might write the wrong code and not receive payments. If you keep waiting to implement ICD-10 codes, you will have denials in your claims when the grace period is over for not being prepared. Please make sure that you are practicing how to implement ICD-10 codes to the best of your ability so that when the grace period ends, you will be prepared to transition fully from ICD-9 to ICD-10.

# CONGRATULATIONS JULIA!

On passing the CPB exam  
and becoming a Certified  
Professional Biller.



**Julia Kruglova**  
CPB, Account Representative

Julia, CPB, is an experienced biller. She recently took an exam through AAPC and became a certified Professional Biller (CPB). The WCH management team acknowledges this great achievement and is proud to share it with our clients.

Certified CPB's are able to:

- Understand the various types of insurance plans
- Expertise in effective claim follow-up, patient follow up, and denial resolution
- Understanding of medical billing claims and how to improve revenue cycles.
- Knowledge of CPT, ICD-9-CM, and HCPCS Level II coding guidelines

## Congratulations Julia, we are proud!



# WHY I LOVE WORKING AT WCH

## INTERVIEW WITH JULIA KRUGLOVA

### **What is your position at WCH? Explain what you do.**

I work as an account representative and biller in WCH. I communicate with healthcare insurances and providers. I always try to do my best to help my clients with any assistance they need and maintain their reimbursement and satisfaction on the highest level.

### **What is most interesting about your job?**

Working with healthcare providers, I learn numerous things I didn't know before about healthcare. It is very interesting and plus, it encourages me to be on top of all the issues.

### **What do you like most about work- ing at WCH?**

WCH gives every employee opportunities to develop and grow as a professional. Our company is always open to employee's offers and questions. The company is always eager to support all the employees. Also, I love the atmosphere in our company – it is friendly, positive, and supportive. That's why I come to work in a great mood every day!

### **What are your favorite hobbies and why?**

I adore traveling because it always gives me a lot of unforgettable impressions and memories. That's why I also love photography; I can keep my memories in wonderful pictures.

### **Now that you are certified as a Certi- fied Professional Biller, how will that help and change how you work?**

During the exam study course, I have reviewed the same things that I come across in my daily work, and I learned a lot of details and peculiarities. So now I feel more professional as I can assist more of my clients and my colleagues when they have any questions or issues.





# CONGRATULATIONS ALBINA AND TAMARA!

**On Passing the CMRS Exam and becoming a Certified  
Medical Reimbursement Specialist.**



**Albina Rakhimova, CMRS**  
Account Representative



**Tamara Andreeva, CMRS**  
Account Representative

Albina, CMRS and Tamara, CMRS are experienced billers. They recently took an exam through AMBA. The WCH management team acknowledges this great achievement and is proud to share it with our clients.

Certified CMRS are able to:

- Facilitate the claims paying process from the time a service is rendered by a healthcare provider until the balance is paid.
- Become more knowledgeable in ICD-9, ICD-10, CPT4 and HCPCS coding.
- Are knowledgeable in insurance claims and billing, appeals and denials, fraud and abuse, HIPPA, OIG Compliance, and reimbursement.
- To play a critical role in a health care provider's daily business operations.

## **Congratulations Albina and Tamara, we are proud!**



# WCH Participates in First Annual Russian American Summit!

WCH participated at the First Annual Russian American Summit. We had the opportunity to network with local business owners, and share our expertise on current healthcare challenges that physicians face.



Olga sitting with a panel of experts speaking at the Russian American Summit.



Nana and Olga at their table presenting at the Russian American Summit



Panel of experts presenting at the event



# Famous Doctor in Medicine!

# Jonas Salk

## Found the Vaccine for Polio



People today rarely get Polio. The reason for this is because of this doctor, Jonas Salk. He discovered the Vaccine for Polio that would treat people and prevent them from Polio's effects. Before the creation of this vaccine, people who got Polio knew that they would not be able to be cured. These people would get this disease as children and become paralyzed and not able to walk. President Franklin D. Roosevelt had Polio and had to run the country in a wheelchair. Salk's amazing discovery is remembered as a breakthrough in medicine and that is why we are honoring him today in this newsletter.

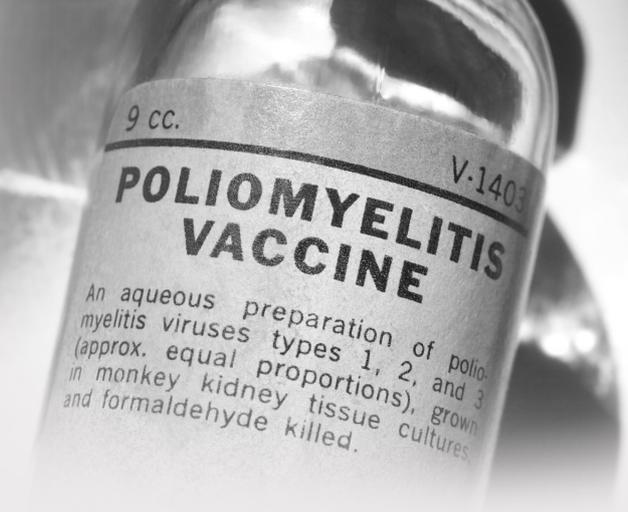
Salk was born on October 28, 1914 in New York City. He grew up in a poor family, and did not have the same opportunities as other kids had. But his parents

thought that education was really important, and they made sure that he went to school. Salk went to City College of New York and earned a bachelor's degree in Science. He went on to get his Medical Degree in New York University. Elizabeth Stern could easily be regarded as one of the most influential people in medical history. Without her discovery, many women would not have the proper medicine to treat this deadly form of cancer that has killed so many women.

In 1947, Salk started to conduct research on Polio at the University of Pittsburg. He wanted to create a vaccine that would kill the virus that caused Polio. He grew Polio viruses in his laboratory and tested to see if he could find the right vaccine to kill the virus. When he thought that he might have the right vaccine, he started to do clinical trials. In 1952, over two million children were given the vaccine during the trials. It ended up working and curing the children. The vaccine was approved for use in 1955. When that happened, Salk became a national hero. The number of Polio cases dropped from 57,000 in 1952 to under 1000 cases in 1962.

Jonas Salk could easily be regarded as one of the most influential people in medical history. Without his discovery, many people would not have the proper medicine to treat this horrible disease that affected so many people.

Source: <http://www.biography.com/people/jonas-salk-9470147#early-life>



# ICD-10

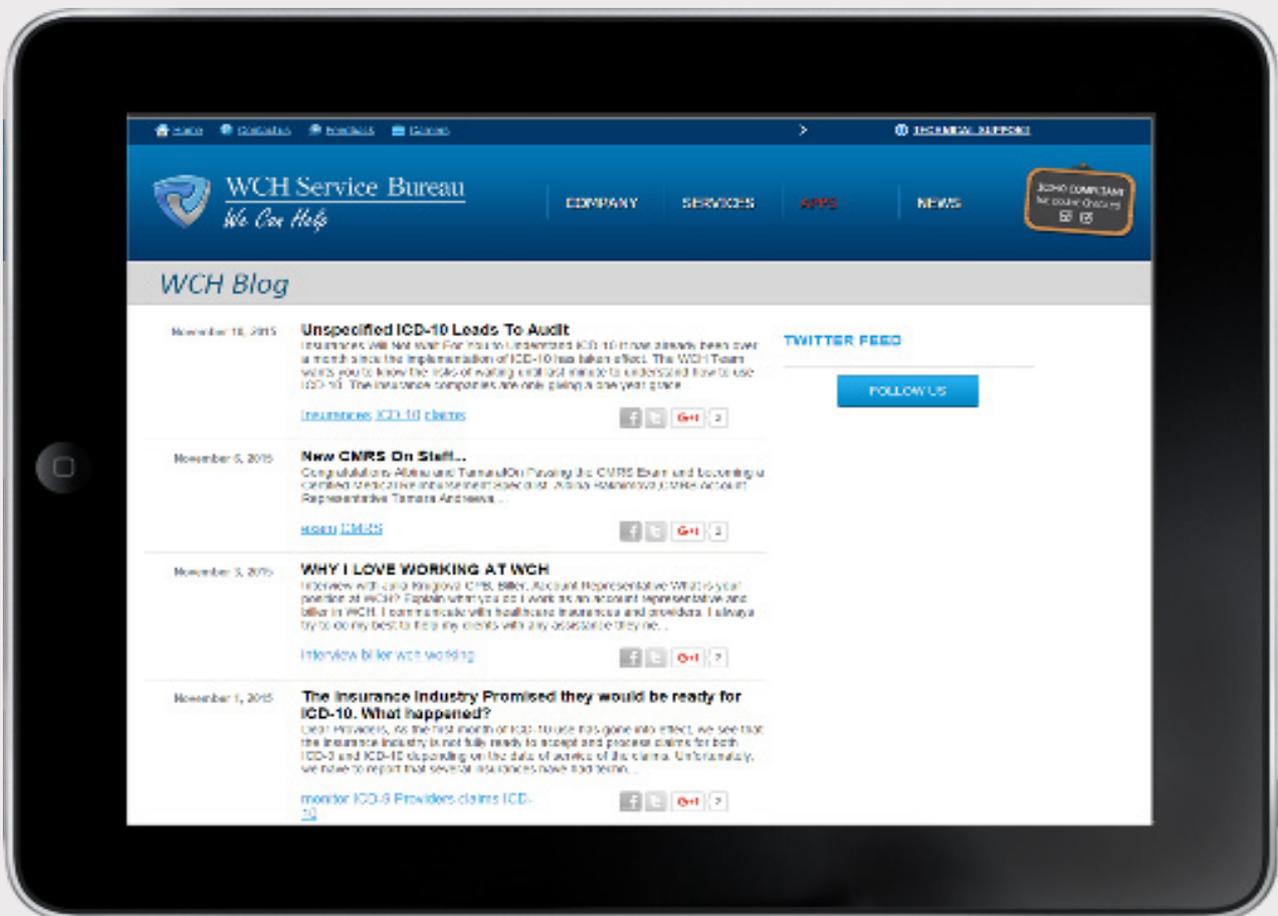
THE RIGHT WAY  
WITH  
WCH





# WCH invites you to visit our **blog** section

The WCH Team wants you to always be informed on what is going on at WCH. We update our blog everyday informing you of any important information that will benefit them. You can log onto <http://wchsb.com/News/blog> to see these daily updates. The WCH Team knows how busy you can be and knows that there are so many changes that keep happening in the healthcare industry for you to keep up. You can read these blogs to see how the WCH Team is keeping up with these changes because as the healthcare industry changes, we do too.

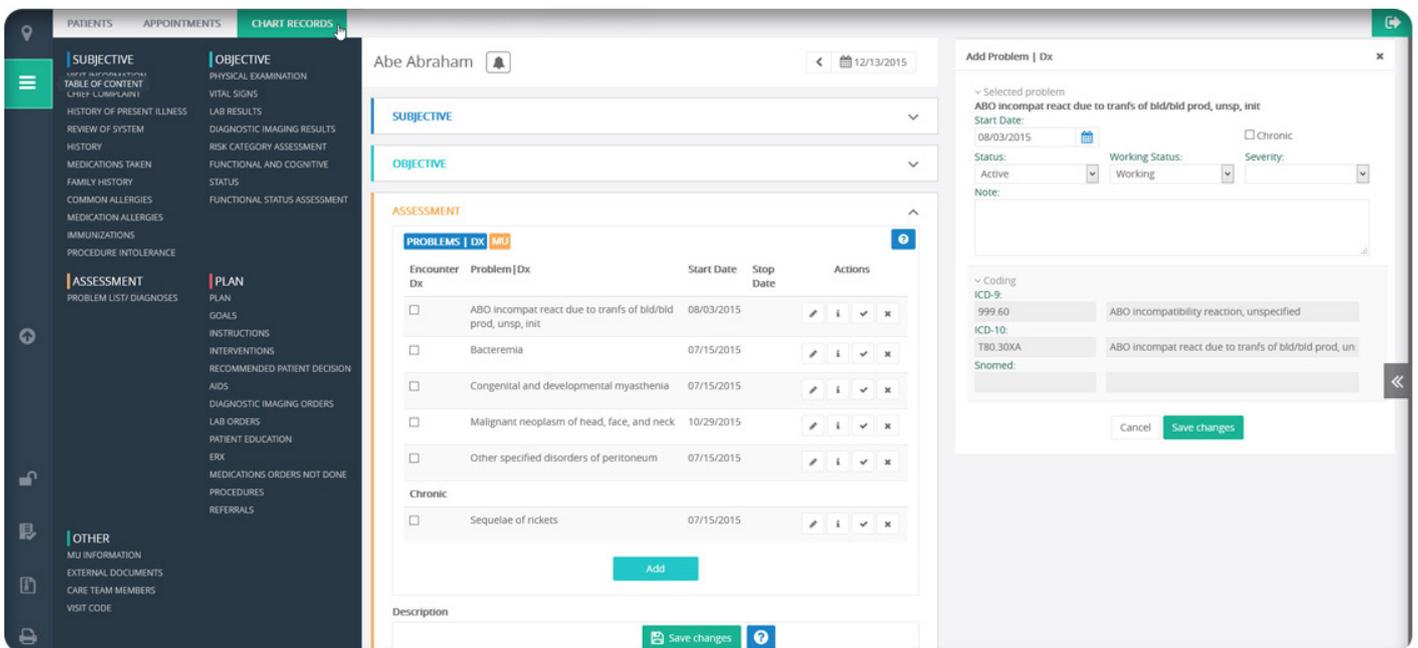


# EHR REDESIGNED FOR OUR Smart USERS

## We did it together!

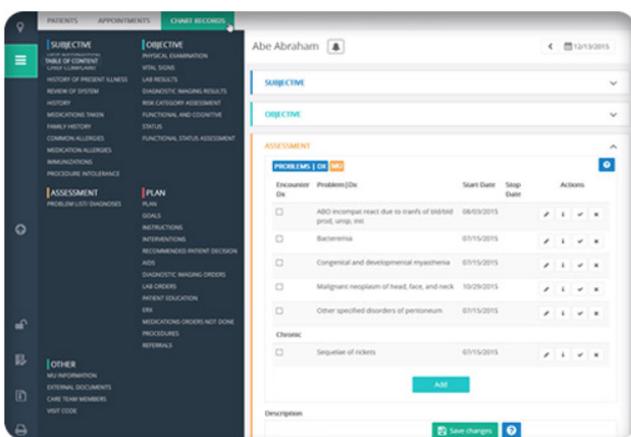
After months of work, our new interface is finally in production. The new interface is composed of a more easy to use chart record layout. The biggest advantage of this new design is that the whole record is all on one page without it being spread out on tabs as it was in the previous design. A tutorial regarding all changes can be reviewed here:

<https://www.iorad.com/4599/15255/Chart-Record--Overview>



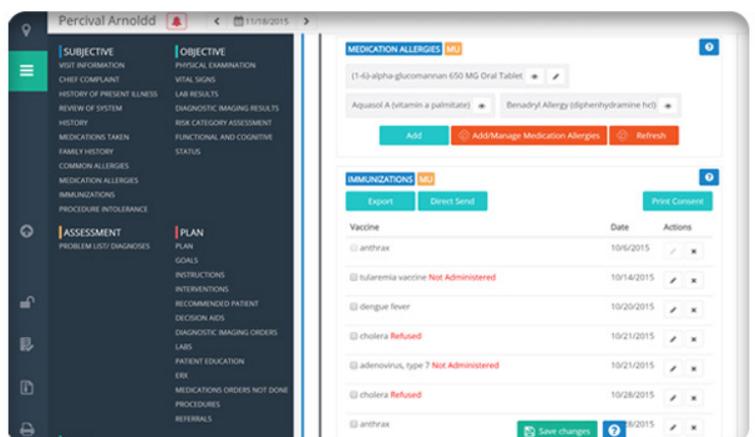
The screenshot displays the EHR interface for patient Abe Abraham on 12/13/2015. The interface is organized into several sections:

- Left Sidebar:** A navigation menu with categories: SUBJECTIVE (Visit Information, Table of Content, Chief Complaint, History of Present Illness, Review of System, History, Medications Taken, Family History, Common Allergies, Medication Allergies, Immunizations, Procedure Intolerance), ASSESSMENT (Problem List/Diagnoses), and OTHER (MU Information, External Documents, Care Team Members, Visit Code).
- Top Section:** Patient name (Abe Abraham) and date (12/13/2015).
- Subjective Section:** A dropdown menu for 'SUBJECTIVE'.
- Objective Section:** A dropdown menu for 'OBJECTIVE'.
- Assessment Section:** A table titled 'PROBLEMS | DX | MU' listing medical conditions with their start and stop dates and action icons.
- Right Panel:** A modal window titled 'Add Problem | Dx' with fields for 'Selected problem', 'Start Date', 'Status', 'Working Status', 'Severity', and 'Coding' (ICD-9, ICD-10, Snomed).



This screenshot shows the EHR interface for Abe Abraham, similar to the one above, but with the 'ASSESSMENT' section expanded to show a table of problems:

Encounter Dx	Problem   Dx	Start Date	Stop Date	Actions
<input type="checkbox"/>	ABO incompat react due to trans of bld/bld prod, unsp, init	08/03/2015		[edit] [info] [delete]
<input type="checkbox"/>	Bacteremia	07/15/2015		[edit] [info] [delete]
<input type="checkbox"/>	Congenital and developmental myasthenia	07/15/2015		[edit] [info] [delete]
<input type="checkbox"/>	Malignant neoplasm of head, face, and neck	10/29/2015		[edit] [info] [delete]
<input type="checkbox"/>	Other specified disorders of peritoneum	07/15/2015		[edit] [info] [delete]



This screenshot shows the EHR interface for patient Percival Arnold on 11/18/2015. The 'ASSESSMENT' section is expanded to show 'MEDICATION ALLERGIES' and 'IMMUNIZATIONS':

- MEDICATION ALLERGIES:** A table listing allergies such as 'Aqueous A (vitamin a palmitate)' and 'Benadryl Allergy (diphenhydramine hcl)'. Buttons for 'Add', 'Manage Medication Allergies', and 'Refresh' are visible.
- IMMUNIZATIONS:** A table listing vaccines and their administration status, including 'anthrax', 'tetanus vaccine', 'dengue fever', 'cholera', and 'adenovirus, type 7'.

PATIENTS APPOINTMENTS CHART RECORDS

← Back to Chart Record **Frank French**

Visit information: Date: 12/15/2015 | Doctor: Henry Seven | Location: third location

### SUPERBILL

Ordering: \_\_\_\_\_ Referring: \_\_\_\_\_ Attending: \_\_\_\_\_

**Procedures**

17110 Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions other than skin tags or cutaneous vascular proliferative lesions; up to 14 lesions

17119 Trimming of nondystrophic nails, any number

**Diagnoses**

H65.113 Acute and subacute allergic otitis media (serous), bi

F43.22 Adjustment disorder with anxiety

Notes:

\*DPM - for podiatry service, please write attending physician last seen date in the notes.  
 \*DC - for Chiropractic services, please write the date of the first symptom in the notes.

Save and Submit Download

**PROCEDURES**

Search: \_\_\_\_\_ Add procedure

Include	Code	Description	Modifier	Units	Action
<input checked="" type="checkbox"/>	11719	Trimming of nondystrophic nails, any number		1	<input type="checkbox"/>
<input checked="" type="checkbox"/>	17110	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions other than skin tags or cutaneous vascular proliferative lesions; up to 14 lesions		1	<input type="checkbox"/>
<input type="checkbox"/>	20600	Arthrocentesis, aspiration and/or injection, small joint or bursa (eg, fingers, toes)		1	<input type="checkbox"/>
<input type="checkbox"/>	20605	Arthrocentesis, aspiration and/or injection,		1	<input type="checkbox"/>

**DIAGNOSES**

Search: \_\_\_\_\_ Add Diagnoses

Include	Code	Description
<input checked="" type="checkbox"/>	H65.113	Acute and subacute allergic otitis media (serous), bi
<input checked="" type="checkbox"/>	F43.22	Adjustment disorder with anxiety
<input type="checkbox"/>	K31.1	Adult hypertrophic pyloric stenosis
<input type="checkbox"/>	J45.998	Other asthma
<input type="checkbox"/>	E51.11	Dry beriberi
<input type="checkbox"/>	A81.83	Fatal familial insomnia
<input type="checkbox"/>	B19.00	Gammaherpesviral mononucleosis without mononucleosis

PATIENTS APPOINTMENTS CHART RECORDS

Frank French 12/15/2015

SUBJECTIVE

OBJECTIVE

ASSESSMENT

PROBLEMS | Dx | MU

Encounter	Problem   Dx	Start Date	Stop Date	Actions
<input type="checkbox"/>	Acute allergic mucoid otitis media	07/30/2015		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	Adjustment disorder with anxiety	10/06/2015		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	Adult hypertrophic pyloric stenosis	11/06/2015		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	Arthropathy, unspecified, ankle and foot	01/22/2015		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	Asthma, unspecified type, unspecified	07/30/2015		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	Beriberi	11/03/2015		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Save changes ?

**Add Problem | Dx**

Selected problem: Acute allergic mucoid otitis media

Start Date: 07/30/2015  Chronic

Status: Active Working Status: Working Severity: \_\_\_\_\_

Note: \_\_\_\_\_

Coding

ICD-9: 381.05 Acute allergic mucoid otitis media

ICD-10: H65.113 Acute and subacute allergic otitis media (serous), t

Snomed: \_\_\_\_\_

Cancel Save changes

Frank French 12/15/2015

SUBJECTIVE

OBJECTIVE

ASSESSMENT

PLAN

OTHER

PHYSICAL EXAMINATION

VITAL SIGNS

LAB RESULTS

DIAGNOSTIC IMAGING RESULTS

RISK CATEGORY ASSESSMENT

FUNCTIONAL AND COGNITIVE STATUS

FUNCTIONAL STATUS ASSESSMENT

PLAN

PLAN

GOALS

INSTRUCTIONS

INTERVENTIONS

RECOMMENDED PATIENT DECISION

AIDS

DIAGNOSTIC IMAGING ORDERS

LAB ORDERS

PATIENT EDUCATION

ERX

MEDICATIONS ORDERS NOT DONE

PROCEDURES

REFERRALS

SELECT FROM TEMPLATES

**Add Problem | Dx**

Selected problem: Acute allergic mucoid otitis media

Start Date: 07/30/2015  Chronic

Status: Active Working Status: Working Severity: \_\_\_\_\_

Note: \_\_\_\_\_

Coding

ICD-9: 381.05 Acute allergic mucoid otitis media

ICD-10: H65.113 Acute and subacute allergic otitis media (serous), t

Snomed: \_\_\_\_\_

Cancel Save changes

Should you have any questions or need any help, please do not hesitate to contact our IT department at **EXT 1111**.

# NYS Mandatory Provider Compliance Program Certification 2015

WCH is in compliance with the NYS Law. WCH has submitted a certification for the Mandatory Compliance Law for Medicaid providers for this year.

Here is what you need to know about WCH compliance program.

The Mandatory Compliance Law was established by the New York State Office of the Medicaid Inspector General(OMIG), which requires that Medicaid providers develop, adopt and implement effective compliance programs aimed at detecting fraud, waste, and abuse in the Medicaid program. This promotes integrity in the Medicaid program dollars by reducing inappropriate payments and maximizing appropriate payments for covered services that are delivered to Medicaid recipients.

## WCH and Mandatory Compliance Law:

The compliance program is required for other persons, providers or affiliates who provide care, services or supplies under the Medicaid program, or who submit claims for care, services or supplies for or on behalf of another person for which Medicaid is, or should be reasonably expected by the provider to be a substantial portion of their business operations. Under this classification WCH meets the description and therefore by law, must have a compliance program in place and must conform to the mandatory compliance program obligation.

## What does WCH Compliance program contain?

Written policies and procedures that describe compliance expectations as embodied in a code of conduct or code of ethics, implement the operation of the compliance program, provide guidance to employees and others on dealing with potential compliance issues:

1. Designated employee vested with responsibility for the day-to-day operation of the compliance program;
2. Training and education of all affected employees and persons associated with the provider;
3. Communication lines to the responsible compliance position are accessible to all employees, persons associated with the provider, executives, and governing body members, to allow compliance issues to be reported;
4. Disciplinary policies to encourage good faith participation in the compliance program by all affected individuals, including policies that articulate expectations for reporting compliance issues and assisting in their resolution;
5. A system for routine identification of compliance risk areas specific to the provider type, for self-evaluation of such risk areas;
6. A system for responding to compliance issues as they are raised; for investigating potential compliance problems; responding to compliance problems as identified in the course of self-evaluations and audits; correcting such problems promptly and thoroughly and implementing procedures, policies and systems as necessary to reduce the potential for recurrence; identifying and reporting compliance issues to the department or the office of Medicaid inspector general; and refunding overpayments;
7. A policy of non-intimidation and non-retaliation for good faith participation in the compliance program.



Should you have any questions regarding our policies please contact our compliance officer Anna Kim at [Annakim@wchsb.com](mailto:Annakim@wchsb.com)





Re: ValueOptions, Inc. renamed Beacon Health Options, Inc.

Dear Provider:

We are pleased to share that ValueOptions has legally changed its corporate name to Beacon Health Options, Inc. (Beacon) effective **December 9, 2015**. By way of this letter, ValueOptions is amending your provider contract to change its name to Beacon Health Options, Inc. throughout the contract. The terms of your provider contract and your existing reimbursement rates will not be changed.

As you know, it has been twelve months since ValueOptions, Inc. and Beacon Health Strategies, LLC came together, and we have made great progress in regards to operational integration. As we get closer to the end of 2015, we have been hard at work with renaming and rebranding efforts from ValueOptions to Beacon Health Options. We want to thank you for your continued participation and support as we work through the many layers associated with this type of project. We recognize that it is only through exceptional professionals like you that we can make high quality behavioral health care more accessible to a greater number of people.

To continue your participating status as a network provider, no further action on your part is necessary. This name change became effective **December 9, 2015** and all your existing contractual terms will remain in effect moving forward.

If you have any objections to this name change amendment, you will need to provide them in writing within thirty (30) days of your receipt of this letter. Once the thirty (30) day notice period has passed, we will consider your non-response as acceptance of the name change amendment. Written objections to this name change amendment may be mailed or faxed to:

**Beacon Health Options, Inc.**  
**Attention: National Network Department**  
P.O. Box 41055  
Norfolk, VA 23541  
Fax: 866.612.7795

If you have any questions or need assistance, please feel free to call us at 1.800.397.1630 between 8 a.m. and 8 p.m. ET, Monday through Friday. A provider network representative will be available to assist you with any questions. We appreciate your attention to this important announcement and look forward to your continued network participation.

Sincerely,

A handwritten signature in black ink, appearing to read "Ray Coleman".

Ray Coleman  
Assistant Vice President, Provider Relations & Network Development  
Beacon Health Options, Inc.



## Refer In Network

Your patient's wallets will thank you.

With health care costs rising, it's important to know how much your patients are paying for their care. Your referral choices can reduce the costs and improve the quality of the service your patients receive. If you refer to a non-participating lab, your patients will owe more money. And these costs could be a big financial burden to them.

Take advantage of savings with national labs

We understand the challenges of working across multiple networks. We make it easy for you by having two major national lab providers in our network - LabCorp® and Quest Diagnostics Inc. - as well as numerous additional participating local labs that you can refer to.

For a full list of all of our participating labs, visit the online Cigna Health Care Professional Directory at [HCPDirectory.Cigna.Com](http://HCPDirectory.Cigna.Com).

# REMINDER TO ALL MEDICARE PART B PROVIDERS REGARDING NY MEDICAID POLICY

Pursuant to 2015 changes to Social Services Law, the NYS Department of Health is revising the Medicaid reimbursement methodology for claims containing Medicare Part B services/supplies. Effective January 1, 2016, Medicaid will no longer reimburse partial Medicare Part B coinsurance amounts when the Medicare payment exceeds the Medicaid fee or rate for that service. This change is retroactive to July 1, 2015 and applies to Medicare Part B services.

These changes will also apply to claims submitted by pharmacies for certain drugs and supplies. Additional information on the effective date specific to pharmacy claims will be forthcoming.





# Put an **I-STOP** to the Controlled Substance Abuse Epidemic

The I-STOP Act, passed in New York, is the first piece of statewide legislation enacted in order to help combat the rising rates of prescription drug abuse. The law requires all New York providers to adopt legend drug and controlled substance e-prescribing.

## **I-STOP: More Than Just a Mandate**

DrFirst is ready to help practices, acute care enterprises, and vendors comply with I-STOP and experience the universal benefits of e-prescribing. A powerful combination of legend drug and controlled substance e-prescribing, DrFirst's award-winning Rcopia® and EPCS Gold<sup>SM</sup> 2.0 enables providers to send all prescriptions electronically, making prescribing more efficient and helping to protect against drug misuse and diversion.

## **E-Prescribe all Medications in One Workflow**

With Rcopia and EPCS Gold, seamlessly send controlled substance prescriptions within the same workflow as legend drugs. Fully compliant and secure, EPCS Gold meets requirements set by Surescripts, the Drug Enforcement Administration's (DEA) Interim Final Rule (IFR), and National Institute of Standards and Technology's (NIST) Identity Proofing protocol.

## **I-STOP Requirement 1: Mandatory Queries of the State Prescription Monitoring System**

Medical providers must query the state prescription monitoring system (PMP) and review a patient's recent medication history prior to writing any prescriptions for Schedule II-V controlled substances. This query will give providers a six-month medication history report, helping to detect potential drug shoppers and prescription drug abusers.

## **I-STOP Requirement 2: Electronic Prescribing of Legend Drugs and Controlled Substances**

All prescriptions for legend drugs and Schedule II-V controlled substances must be sent electronically by March 27, 2016.

To get started with e-prescribing or schedule a demo, call (866) 263-6511 or email [sales@drfirst.com](mailto:sales@drfirst.com).



# DrFirst®

Practical. Powerful. Innovations.

### **Corporate Headquarters**

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Toll Free (866) 263-6511

[sales@drfirst.com](mailto:sales@drfirst.com)

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[www.drfirst.com](http://www.drfirst.com) | [blog.drfirst.com](http://blog.drfirst.com)

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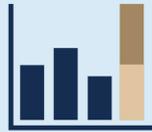


# NY I-STOP: Fighting Prescription Drug Abuse with Technology

**The PROBLEM:** Addiction to prescription drugs and deaths from overdoses



Drug overdose deaths in New York have risen 56% since 1999



Nationwide, drug overdose was the leading cause of death from injury in 2012



Most drug overdose deaths (53%) are caused by prescription drugs

6.2 million



Each month, 6.2 million American adults use prescription drugs non-medically

Deaths from opioid pain reliever overdoses are four times the rate of heroin and cocaine deaths combined and, as a percentage of total prescription drug overdoses, are up:

**415%** for women since 1999

**265%** for men since 1999

Each day, 46 Americans die from an overdose of prescription painkillers

## New York Fights Back

As part of the Internet System for Tracking Over-Prescribing (I-STOP) Act, all New York practitioners, pharmacists and other individuals authorized to prescribe, administer or dispense controlled substances will be required to:



As of August 27, 2013, check the New York prescription monitoring program (PMP) before prescribing Schedule II – IV controlled substances

Beginning March 27, 2016, electronically prescribe legend drugs (eRx) and controlled substances (EPCS)



## How Can the PMP and E-Prescribing Help?

Checking PMP and using electronic prescribing systems streamline clinical workflows and provide critical security measures designed to:



**Prevent Prescription Drug Abuse**  
by making it easy to spot overprescribing



**Prevent "Doctor Shopping"**  
by making it easy to see a patient's controlled substance prescriptions from other providers



**Prevent Prescription Fraud**  
by eliminating paper prescription pads that can be stolen, altered or forged

In 3 years, up to 1.4 million Rx pads were stolen from NY hospitals

## Ready, Set, Go!

New York's healthcare IT software vendor community is moving quickly to enable providers, practices, hospitals and extended care facilities with e-prescribing capabilities by March 27, 2016. As of January 1, 2015:



**80%** Ambulatory EHRs serving 77% of NY providers are on target to support eRx and EPCS, including leading systems from Allscripts, Cerner, DrFirst (Rcopia), eClinicalWorks, e-MDs, Epic, Greenway, McKesson, MEDITECH, NextGen and SRSsoft



of NY pharmacies are eRx-ready



**85%** Acute EHRs serving 85% of NY hospitals are on target to support eRx and EPCS, including leading systems from Allscripts, Cerner, Epic, McKesson, MEDITECH, Prognosis, Siemens and QuadraMed



of NY pharmacies are EPCS-ready



88 EHR and stand-alone e-prescribing systems used by NY doctors will support eRx and EPCS by the I-STOP deadline, including 77 EHRs using DrFirst eRx and EPCS e-prescribing technology

With I-STOP, New York leads the way for other states in fighting prescription drug abuse.

## Need to Catch Up?

If your health system, medical practice or acute care facility isn't ready, DrFirst can help: (866) 989-1415 or [www.drfirst.com](http://www.drfirst.com).



Sources: Centers for Disease Control; DrFirst analysis of data obtained from Definitive Healthcare, SureScripts, DrFirst customers and other publicly available material; National Institute on Drug Abuse; State of New York Department of Health

20150824

# TELEMEDICINE:

## Physicians Need to Know State Requirements

As telemedicine grows in popularity, it is important for physicians to be aware of the state-by-state requirements when practicing in this revolutionary area of healthcare.

Telemedicine is a model of delivering long-distance clinical healthcare, patient and professional health-related education, public health and health administration through the use of interactive telecommunications technologies. The model aims to serve patients in remote locations, provide alternative methods of care delivery, and expand the market that can be served by a healthcare provider. Telemedicine services involve clinical services such as consultations, examinations and monitoring of patients, as well as non-clinical services such as continuing medical education, administrative meetings, and provider training. Proponents argue that telemedicine is a modern form of healthcare that saves time, reduces the costs of care and brings needed medical services to remote areas.

Telemedicine uses multimedia technologies, including videoconferencing, the internet, streaming media, wireless communications, and telerobotic sur-

gical and examination tools, to meet the healthcare needs of individuals. As telemedicine develops, a growing number of subspecialty areas have successfully used it, including home care, radiology, neurology, pathology, dermatology, ophthalmology, cardiology and psychiatry.

When deciding whether to establish a telemedicine program, it is important to review state licensure requirements as both the location of the physician and the patient are legally significant.

Listed below is an overview of a few state-by-state medical board approaches to telemedicine licensing. For the entire 50-state survey, go to: [http://library.fsmb.org/pdf/grpol\\_telemedicine\\_licensure.pdf](http://library.fsmb.org/pdf/grpol_telemedicine_licensure.pdf)

District of Columbia (DC): Physicians physically outside of DC but practicing medicine on patients living in DC are required to meet the same statutory qualifications as the resident physicians practicing within the DC. Therefore, DC requires a physician to obtain a DC medical license to practice telemedicine on patients in DC.



**Kentucky (KY):** Physicians physically outside of KY but practicing medicine on patients living in KY are required to meet the same statutory qualifications as the resident physicians practicing within KY. Therefore, KY requires a physician to obtain a KY medical license to practice telemedicine on patients living in the state.

**Ohio (OH):** Physicians are not required to have an OH medical license. Instead, if a physician is licensed to practice medicine in another state, the physician must obtain a Medical Board issued telemedicine certificate. The telemedicine certificate permits a physician to practice telemedicine on patients living in OH, but it does not authorize the practice of medicine in-person within OH on patients living in the state.

**Pennsylvania (PA):** Physicians physically outside of Pennsylvania but practicing medicine on patients living in PA are required to meet the same statutory qualifications as the resident physicians practicing within the state. Therefore, PA requires a physician to obtain a PA medical license to practice telemedicine on patients living in the state (although some exceptions do exist in PA for physicians near state lines).

**West Virginia (WV):** Physicians physically outside of West Virginia but practicing medicine on patients living in West Virginia are required to meet the same statutory qualifications as the resident physicians practicing within the state. Therefore, WV requires a physician to obtain a WV

medical license to practice telemedicine on patients living in the state.

Telemedicine provides an opportunity for physicians to explore innovative services. As telecommunications technologies become more widely available and telemedicine becomes increasingly central to our nation's healthcare delivery system, physicians may want to explore their business options and the new requirements that accompany those opportunities.

Source of information: [http://www.dinsmore.com/telemedicine\\_physicians\\_state\\_requirements/](http://www.dinsmore.com/telemedicine_physicians_state_requirements/)





## NCDs & LCDs Released With Covered ICD-10 Codes: Will Your Documentation Support Medical Necessity?

Centers for Medicare & Medicaid Services (CMS) has posted national coverage determinations (NCDs) with covered ICD-10 codes that will take effect Oct. 1. An alphabetized list of NCDs can be found here: <https://www.cms.gov/medicare-coverage-database>

Likewise, Medicare Administrative Contractors (MACs) have posted local coverage determinations (LCDs) with covered ICD-10 codes that will also take effect Oct. 1. The LCDs for individual states can be found online as well, on the web-sites of each carrier.

Make sure you review "medical necessity" requirements for all payors based on ICD 10 codes

## ICD 10 Pre-authorizations for 1199

**Q1:** Will there be any changes to the pre-authorization procedures as a result of implementing ICD-10?

**A:** There will be no change to the Benefit Funds' pre-authorization procedures. ICD-10 codes must be used for prior authorization requests submitted with dates of service on or after October 1, 2015.

**Q2:** For scheduled services, how far in advance of October 1, 2015, can you provide ICD-10 authorizations when the date of service is on or after October 1, 2015?

**A:** The Benefit Funds can accept ICD-10 authorizations for scheduled services as of August 1, 2015.

**Q3:** How will you handle authorizations of services that span the ICD-10 compliance date? For example, a claim receives an authorization for services prior to October 1, 2015, and the services span over October 1, 2015. Does a new authorization need to be obtained under these circumstances?

**A:** A new authorization is not needed by the Benefit Funds. However, for a date of service or a date of discharge on or after October 1, 2015, the claim must be submitted with ICD-10.

**Q4:** Will case management/utilization review be required to use ICD-10 narratives for crossover continued-stay authorizations?

**A:** If the patient has an admitting ICD-9 code and is discharged on or after October 1, 2015, the provider must revise the admitting diagnosis to an ICD-10 code.

**Source:** <https://www.1199seiubenefits.org/providers/icd-10>



**Q:** I own and operate a billing company. My staff and I have done our best over past umpteenth months to educate our clients about ICD-10. Apparently to no avail. We are receiving claims submissions that are 70-80% incorrect, if I had to guess. We offer claims scrubbing as a service, but we never take responsibility for code selection. What exposure do I have if my clients tell me to “just submit”?

**A:** P, thank you for the question. This Q&A most certainly applies to both sides of the aisle - biller and practitioner alike. First lets hit on potential exposure areas for submitting the wrong codes: denial, audit, recoupment, allegations of fraud or intentional conduct that may be tantamount to criminal (if government funds are involved). So, we run the gambit here from fairly innocuous to “orange is the new black” exposure.

Next question: whose exposure is it? As you say, you are only contracted to submit claims, not to do the coding. Well, that is the key to our puzzle. Where the billing company is not performing code selection and is not facilitating code selection and has proper contractual protections and appropriate language documenting same in its service contract, I would feel very comfortable defending the position that the billing company’s job is to submit whatever the client hands them. On the flip side, where the exposure might come in, is you mention you performed training. If you failed to properly document the materials you trained on, or if you trained on the wrong stuff, or if you failed to properly train or completely train, an argument may be made you took the responsibility on to train proper coding, and there, if you do not have enforceable contractual protections, you may have exposure.

With the anticipated muck of ICD-10 implementation, tread carefully and go back to your service agreement to confirm what your responsibilities are. Do not take on more than you are contractually

protected for.

To our healthcare providers still reading, please take the time to educate yourselves and your staff (even your biller who has been doing this forever - no one is immune from benefiting from a proper training or refresher course). Your ARs are your practice’s life blood. Do not risk payment by failing to properly educate and implement ICD-10.

**Q:** An accounting firm contacted me and asked for documentation confirming I qualified for my meaningful use payments. They are saying I have to return the money. What should I do?

**A:** Meaningful use payment audits are not new. We have been seeing them for a few years now. The bad news is the auditors are paid based on recoupment, so they are not interested in being shown you have met the standards. The good news is the qualifications in the first instance were pretty specific, so if you attempted to comply and have decent records, you will likely prevail under the microscope. The important lesson to learn here is to keep good records in your compliance measures. If you took the time to certify you qualify for the meaningful use incentive payments, you or your affiliated vendor contracted to assist you, should have some sort of tabulation of metrics you met to qualify in the first place. DO NOT WAIT to dig up your support. Most of the problems I see in these audits is many of my clients wait until the last minute to even look at the audit request, and then deadlines are missed and the auditors are out for blood with collection efforts. Be organized in your response, and keep great records. You also would benefit from representation, so your presentation is professional, your office is kept out of communications and you will be less likely to be pushed around.

**Source: Jennifer Kirschenbaum**



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Thank you!

