NOA 30 Minute Video Explains MIPS

Dr. Quack has created for our NOA Members a 30 minute video explaining MIPS, CMS’s Merit-based Incentive Payment Program.

Replacing PQRS in 2017, MIPS can have a significant impact on Medicare reimbursement, ranging from a 4% bonus to a 4% penalty in all of your 2019 Medicare payments. Ignoring MIPS in 2017 guarantees a 4% penalty in all 2019 Medicare reimbursement, with the size of penalties increasing each year.

Dr. Quack tried to cover MIPS as succinctly as possible while imparting all the information needed to report MIPS successfully in 2017. MIPS is complicated. There is a great deal of information covered in the video, almost an overwhelming amount. Feel free to pause or discontinue viewing the video, retuming later to continue absorbing the material.

The video a available by clicking HERE.

There are four reference URLs provided in the video; we have provided the links below for your convenience:

Slides 21-26: NOA instructions on reporting PQRS in 2016
(analogous to claims-based Quality reporting in 2017)

Slides 51-53: CMS Improvement Activities instructions

Slides 60-61: CMS Advancing Care Information instructions

Slides 65-69: CMS Advancing Care Information fact sheet

Replacing PQRS in 2017, MIPS can have a significant impact on Medicare reimbursement, ranging from a 4% bonus to a 4% penalty on all of your 2019 Medicare payments.
YOU STILL HAVE TIME...

CMS Extends Deadline for 2016 Physician Quality Reporting System (PQRS) Electronic Health Record (EHR) Submission

For providers participating in the Medicare EHR Incentive Program, the deadline for reporting by attestation and by Meaningful Use objective and measurement submission is Monday, March 13, 2017 at 11:59 p.m. Eastern Time (ET). A list of 2016 data submission timeframes is below:

**March 13, 2017 deadline:**
- CQM reporting via attestation – 1/3/17 - 3/13/17
- Meaningful Use objectives and measures – 1/3/17 - 3/13/17

**March 31, 2017 deadlines:**
- EHR Direct or Data Submission Vendor (QRDA I or III) – 1/3/17 - 3/31/17
- Qualified Clinical Data Registries (QRDA III) – 1/3/17 - 3/31/17
- Qualified Registries (Registry XML) – 1/3/17 - 3/31/17
- QCDRs (QCDR XML) – 1/3/17 - 3/31/17
- eCQM reporting for EPs – 1/3/17 - 3/31/17

Submission ends at 8:00 p.m. Eastern Time (ET) on the end date listed for PQRS reporting. An Enterprise Identity Management (EIDM) account with the “Submitter Role” is required for these PQRS data submission methods. Please see the [EIDM System Toolkit](https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/index.html) for additional information.

EPs who do not satisfactorily report 2016 quality measure data to meet the PQRS requirements will be subject to a downward PQRS payment adjustment on all Medicare Part B Physician Fee Schedule (PFS) services rendered in 2018. For questions, please contact the QualityNet Help Desk at 1-866-288-8912 or via email at Qnetsupport@hcqis.org from 7:00 a.m. - 7:00 p.m. Central Time. Complete information about PQRS is available at [https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/index.html](https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/index.html).

**CMS Bulletin: Report Changes in Practice Ownership**

A 2016 Office of the Inspector General (OIG) report noted that providers may not be informing CMS of ownership changes. Providers must update their enrollment information to reflect changes in ownership within 30 days. Owners are individuals or corporations with a 5 percent or more ownership or controlling interest. Failure to comply could result in revocation of your Medicare billing privileges. Resources:

- [Timely Reporting of Provider Enrollment Information Changes](https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/index.html) MLN Matters® Article
Medicare Blepharoplasty and Brow Lift Updates

Medicare’s LCD Background: Blepharoplasty, blepharoptosis and lid reconstruction may be defined as any eyelid surgery that improves abnormal function, reconstructs deformities, or enhances appearance. They may be either functional/reconstructive or cosmetic. Upper blepharoplasty (removal of upper eyelid skin) and/or repair of blepharoptosis should be considered functional/reconstructive in nature when the upper lid position or overhanging skin or brow is sufficiently low to produce functional complaints, usually related to visual field impairment whether in primary gaze or down-gaze reading position. Upper blepharoplasty may also be indicated for chronic dermatitis due to redundant skin. Another indication for blepharoptosis surgery is patients with an anophthalmic socket experiencing ptosis or prosthesis difficulties. Brow ptosis (i.e., descent or droop of the eyebrows) can also produce or contribute to functional impairment.

Update: Documentation requirements for Blepharoplasty and Brow Lift.

- Patient’s signs, symptoms, photographs, and visual field must demonstrate medical necessity.
- When submitting photos, do not send faxes. The images are very dark and Medical Review is unable to determine the medical necessity of the service billed.
- When performing blepharoplasties and brow lifts, both services require that separate visual fields be performed for each procedure billed, for example: separate visual fields of taped and untaped lids and brow areas need to be submitted to support the medical necessity of the services billed.
- Physician interpretation must also be included with the visual fields.
- Photos for Brow Ptosis Repair: Photographs should document medical necessity for brow ptosis repair. Frontal photographs are necessary.
- For Blepharoptosis Repair: photographs of both eyelids in the frontal, straight-ahead position and/or down-gaze should be taken as appropriate.
- For Blepharoplasty Repair: Frontal photos are needed to demonstrate redundant skin on the upper eyelids.

Further documentation requirements can be found in Local Coverage Determination (LCD) L34528, Blepharoplasty, Blepharoptosis and Brow Lift.
When does the SSNRI start?
By April 2019, CMS will send Medicare cards with a new number to all people with Medicare.

Why’s this initiative important?
When CMS replaces the SSN on all Medicare cards, they can better protect:
- Private health care and financial information
- Federal health care benefit and service payments

What does the Social Security Number Removal Initiative (SSNRI) mean for providers?
Look at your practice management systems and business processes and determine what changes you need to make to use the new Medicare Beneficiary Identifier (MBI). You’ll need to make those changes and test them by April 2018, before CMS sends out new Medicare cards.

If you use vendors to bill Medicare, you should contact them to find out about their MBI practice management system changes.

How will providers get MBIs?
Beginning in April 2018, CMS will start mailing new Medicare cards with MBIs to people with Medicare. CMS is currently figuring out the best way to mail the cards. We'll keep you posted about critical information so you can be ready to ask your Medicare patients at the time of service if they have a new card with an MBI.

Beginning in October 2018, through the transition period, when you submit a claim using your patient’s HICN, CMS will return both the HICN and the MBI on every remittance advice. The MBI will be in the same place you currently get the “changed HICN”.

Thanks to Janet Fett, O.D., our NOA representative on the Medicare Contractor Advisory Committee, for her contribution to this article.
HIPAA AUDITS
FROM YOUR AOA

From the AOA: What to expect from a HIPAA onsite audit

When the Department of Health and Human Services Office for Civil Rights (OCR) investigates a potential HIPAA violation, officials will often conduct an onsite audit. It's important for doctors to note that once OCR opens an investigation, they will require all of the necessary documentation in electronic format, including:

- A **Device Audit** documenting all devices that access or store electronic protected health information (ePHI), including details about device security
- A **Physical Site Audit** analyzing hard copy PHI, alarm systems, building keys, and document storage and shredding
- An **IT Report** on the practice's network setup and firewall(s)
- Documentation of the practice's most recent **Security Risk Analysis**
- Documentation of **Employee Training and Attestation**, including their HIPAA 101 training and policy review
- A complete set of the practice's **HIPAA Policies** with corresponding regulation numbers

The easiest way to prepare for an onsite audit—and to prevent HIPAA violations in the first place—is to implement a HIPAA compliance program that addresses the full extent of the law.

Available [AOA HIPAA resources](#)

SALE! 2017 Codes for Optometry Book with Express Mapping card. This coding resource provides information for professionals to implement ICD-10. In addition to diagnostic codes, Codes for Optometry includes documentation guidelines for Evaluation & Management services, Health Care Common Procedure Coding System (HCPCS) codes and modifiers, CPT modifiers and Correct Coding Initiative (CCI) Edits pertinent to optometric practice. AOA members can now save 58 percent off list price. Available while supplies last.
Free View of Patient Records via NeHII

Don't miss this opportunity to streamline your access to integrated patient information.

TO: Nebraska Licensed Healthcare Professionals
FROM: Nebraska Health Information Initiative (NeHII)
RE: Important Change in NeHII Pricing Model

You are probably aware of the Nebraska Health Information Initiative (NeHII), Nebraska's successful health information exchange. NeHII is designed to improve the delivery of healthcare information and reduce the cost of healthcare.

We have exciting news! NeHII has introduced a new pricing model that will allow healthcare providers across the state to take advantage of this critical information system without added cost.

**Effective immediately, all licensed healthcare professionals can now view patient records at no charge.**

Additionally, access to the NeHII Prescription Drug Monitoring Program is available at no cost to both prescribers and dispensers in Nebraska.

The change in the NeHII pricing model was made possible by the Nebraska State Legislature—and we thank our state senators for providing the funding for this game-changing improvement in access to patient information statewide.

Here's how to begin: Contact NeHII today to schedule your free training on the system. It won't be long before you'll be able to view comprehensive information on your patients from across Nebraska—for no charge.

Being able to view patient records for free is a great way for you to discover how NeHII can improve efficiency and patient care.

Don't miss this opportunity to streamline your access to integrated patient information.

Contact NeHII today to get started. Jaime Lubash ilubash@nehii.org 402.980.2570

For additional information about NeHII please visit [http://www.nehii.org](http://www.nehii.org).

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Is it possible to use Google Translate during a patient encounter?

PubMed at the NIH.Gov website says “Google Translate is the most readily available and free initial mode of communication between a doctor and a patient when language is a barrier. Nonetheless, Google Translate should not be trusted for important medical communications unless all avenues to find a human translator have been exhausted, and the procedure is clinically urgent.”

FREE TRANSLATION RESOURCE
TRANSLATES NEBRASKA MEDICAID WEBPAGES

FROM: Nebraska Medicaid Translation Page

For your convenience, the Nebraska Medicaid Website can be translated into 14 different languages using computer-generated translation.

Translation services are provided via Google Language Tools, and are provided "as is". No warranty of any kind, either expressed or implied, is made as to the accuracy, correctness, or reliability of these translations. Some pages may not be accurately translated due to the limitations of Google's translation software.

Images and documents such as PDF, Word, Excel and PowerPoint files will not be translated.

Translation Disclaimer Statement

Translations of the State of Nebraska's web sites are made through an automated/computerized process powered by Google Translation, a free translation service. Computerized translations are only an approximation of the Web site's original content. The translation should not be considered exact and in some cases may include incorrect or offensive language. Neither the State of Nebraska nor any agency, officer, or employee of the State of Nebraska warrants the accuracy, reliability, or timeliness of any information translated by this system and shall not be liable for any losses caused by such reliance on the accuracy, reliability, or timeliness of such information. While every effort is made to ensure the accuracy of the translation, portions may be incorrect. Any person or entity who relies on information obtained from the system does so at his or her own risk. Language Choices (in alphabetical order are listed below.)

To translate Nebraska Medicaid web pages, click below, and you will open a new browser window.

Arabic - باللغة العربية
Chinese Simplified - 在中国
Croatian - Croatian
Czech - Cesky
French - Français
German - Deutsch
Italian - Italiano
Japanese - 和
Korean - 한국
Norwegian - Norwegian
Polish - Polski
Portuguese - Português
Russian - на > русском > языке
Spanish - Español
Dr. Quentin Quack's Queries and Questionable Quotes

Third Party Questions from NOA Doctors and Staff

Using Fundus Photos to follow GLC and AMD

Dear Dr. Quack:

I have a question about fundus photos and billing 92250. If I am managing a patient with glaucoma or macular degeneration, can I take a yearly photo for the purpose of monitoring for progression? Or do I need to wait until progression is noted before repeating the photo?

Dr. Quack's Quote:

The best way to know the answer to your question is to refer to a Medicare LCD (local coverage determination). Our Medicare contractor (Wisconsin Physician Services GHA) used to have an LCD on fundus photography, but it has been retired, so we cannot use them as a resource. However, the Medicare contractor for Florida and other states does have an active LCD for fundus photography. The link to that LCD is here, and it does address the annual photography of the fundus of a glaucoma patient. It states at one point: “Fundus photography may be indicated to document abnormalities related to a disease process affecting the eye, or to follow the course of such disease.”

I think you can rely on it as a resource if you are ever questioned or audited.

Where to Find OCT Billing and Coding Information

Dear Dr. Quack:

We just got an OCT here in our office....and we are not quite sure on how to bill it, and whether we need modifiers when billing. I am aware that we are unable to bill a fundus image and an OCT on the same date of service. I was reading on super coder that we do need the modifier 26 on it, however would just like a little bit more insight on this.

Dr. Quack's Quote:

You can find the information you are seeking on our Medicare carrier’s LCD on SCODI (another term for OCT). It explains the diagnoses needed, limitations, etc.

You need not use the 26 (technical component) modifier unless the doctor interpreting the results of the test does so on a different day than the test was performed. Normally you would bill for both the professional and technical components of any such service together if both the test and interpretation were done on the same day at the same location. That situation does not require a 26 modifier or any other modifier. You can find an explanation of the 26 modifier on page 3 of http://nebraska.aoa.org/prebuilt/NOA/2013-03-3RD-Party-Newsletter.pdf.
Meaningful Use Reporting on Medicare-Medicaid Dual Eligible Patients

Dear Dr. Quack: With the new State of Nebraska Medicaid managed care plans we are seeing a lot of Medicare/Medicaid patients that are covered via Medicaid managed care. We send the exam and refraction claims to Envolve, Avesis, and Superior, but nothing goes to Medicare. If nothing is being submitted to Medicare, is that going to hurt our Meaningful Use score in 2017?

Dr. Quack’s Quote: In 2017 the MU reported in 2016 has been replaced by the ACI (Advancing Care Information) section of MIPS. You can learn how MIPS and ACI are scored at https://qpp.cms.gov/docs/QPP_ACI_Fact_Sheet.pdf.

Now, about your concerns. You can check with your software vendor, but I believe your EHR software will be measuring your participation in the ACI portion of MIPS on all of your patients, not just Medicare patients. So I don’t believe you need to be concerned about Medicare being unaware of the Medicaid MCO claims and services you provide.

Please check with your EHR software vendor so you can be assured your EHR software is configured correctly for MIPS, and that you chose reporting on measures your EHR software can handle. See the article on our MIPS video on page 1 of this newsletter.

Reimbursement Available for Smoking Secession Education

Dear Dr. Quack: I was recently doing some research for meaningful use and was surprised to learn that there exists a CPT code 99406 for smoking secession education, and it is covered and payable by some major carriers. Do you know where our Medicare carrier stands regarding this CPT code? My gut feeling tells me that many ODs do not provide these counseling services, but probably should. Might help to get the word out that these services might be reimbursable.

And, would we be wise to attach a 25 modifier if performed on same day as 992XX?

Dr. Quack’s Quote: Thanks for that information! Dr. Quack learned something...he was not aware of the 99406 code. I did find 99406 information online, and I found that it is indeed reimbursable by Medicare in Nebraska. And CPT 2017 says it should be filed with a 25 modifier.
Quack Help with a Problem Patient

Dear Dr. Quack,

I have a patient with a multitude of visual symptoms and, as yet, I have been unable to help him despite my best efforts. He has diplopia, anisometropia, photopsia, hemianopsia, erythopsia, in addition to vertigo, impotence and indigestion. I’ve tried everything, including prism, orthoptics, topical steroids, and hair transplant. What’s could be his underlying problem? Incidentally, to top it off, the last time he came to the office he had a carrot stuck up one side of his nose, and a dead carp stuck up the other!

Dr. Quack Quote:

Well, this fellow certainly has his problems. And it sound like you have used most of the weapons in your armamentarium. (Hair transplant? You might want to take a look at our licensure law...)

Luckily, Dr. Quack has had some experience with these types of patients in the past, and understands the underlying problem. It’s all related to the last sentence in your question and is rather easily rectified. It’s pretty obvious to Dr. Quack that this poor fellow simply isn’t eating the way he should.