



Monthly Newsletter June 2010

Ohio Medicare Part B

Claims Submission Reduced to Not More Than 12 Months

For more information go to the following link:

[Palmetto GBA - Ohio Part B Carrier - Systems Changes Necessary to Implement the Patient Protection and Affordable Care Act \(PPACA\) Section 6404: Maximum Period for Submission of Medicare Claims Reduced to Not More Than 12 Months](#)

2010 Physician Quality Reporting Initiative (PQRI) Program Update

It is not too late to start participating in the 2010 Physician Quality Reporting Initiative (PQRI) and potentially qualify to receive incentive payments. A new six month reporting period begins on July 1, 2010.

The 2010 Physician Quality Reporting Initiative has two reporting periods: 12-months (January 1-December 31, 2010) and 6-months (July 1-December 31, 2010). For 2010, eligible professionals (EPs) who satisfactorily report PQRI measures for the 6-month reporting period will become eligible to receive a PQRI incentive equal to 2.0% of their total Medicare Part B allowed charges for services performed during the reporting period.

If you have not participated in the PQRI program, you can

begin by reporting PQRI data for July 1-December 31, 2010 using any of the following four options:

- Claims-based reporting of individual measures for 80% or more of applicable patients on at least 3 individual measures or on each measure if less than 3 measures apply.
- Claims-based reporting of one measures group for 80% or more of applicable Medicare Part B FFS patients of each EP (with a *minimum of 8 patients*).
- Registry-based reporting of at least 3 individual PQRI measures for 80% or more of applicable Medicare Part B FFS patients of each EP.
- Registry-based reporting of one measures group for 80% or more of applicable Medicare Part B FFS

patients of each EP (with a *minimum of 8 patients*).

PQRI claims-based reporting involves the addition of quality-data codes (QDC) to claims submitted for services when billing Medicare Part B. EPs also have the option of using a qualified registry to assist in collecting PQRI measure data. The registry will submit this quality data directly to Medicare, eliminating the need for adding QDCs to the Medicare Part B claim.

Eligible professionals do not need to sign up or pre-register to participate in the 2010 PQRI. Submission of QDCs for individual PQRI measures to CMS through a qualified registry or for a measures group through claims or a qualified registry will indicate intent to participate.

Although there is no requirement to register prior to submitting the data, there are some preparatory steps that EPs should take prior to undertaking PQRI reporting. CMS has created many educational products that provide information about how to get started with PQRI reporting. To access all available educational resources on PQRI please visit, <http://www.cms.hhs.gov/PQRI/>

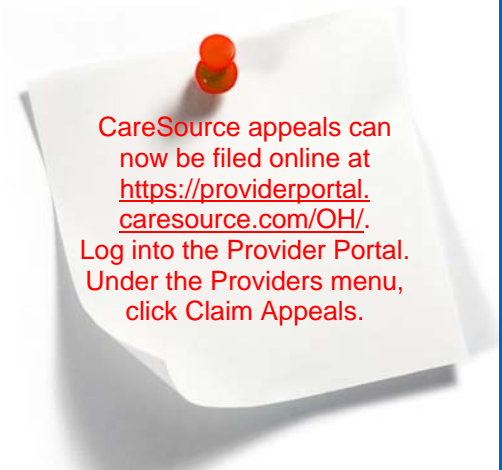
on the CMS website. Eligible professionals are encouraged to visit the PQRI webpage often for the latest information and downloads on PQRI.

<http://www.cms.gov/PQRI/20 AlternativeReportingMechanisms.asp>

Source: CMS List-Serv Message 051910

Resources

- 2010 PQRI Implementation Guide at http://www.cms.gov/PQRI/Downloads/2010_PQRI_ImplementationGuide_02-10-2010_Final.pdf
- Qualified Registries for 2010 PQRI Reporting at



***** If you are interested in the PQRI program, contact your PRC client rep *****

UnitedHealthcare Medicare Solutions Expands Radiology Prior-Authorization Program for Medicare Advantage Plans

From the Network Bulletin: "UnitedHealthcare will expand the scope of its radiology protocols to include Medicare Advantage Plans offered by SecureHorizons®, Evercare® and AARP® Medicare Complete®. Effective June 7, 2010, we will require all participating physicians who are subject to the UnitedHealthcare Administrative Guide to contact us to obtain prior authorization when ordering select advanced imaging procedures for our Medicare Advantage members whose claims are accessible on UnitedHealthcareOnline.com.

The following states with SecureHorizons® and Evercare® Medicare Advantage plans administered on UnitedHealthcareOnline.com and subject to the UnitedHealthcare Provider Administrative Guide are not participating in the program at this time: CT, ID, NE, NJ, RI, OR & WA. All other states are included in the June 7, 2010 effective date except Florida, which has an effective date of March 1, 2010.

The Radiology Prior Authorization Program includes CT scans, MRIs,

MRAs, PET scans, and nuclear medicine studies, including nuclear cardiology. To learn more about the program and to gain access to additional resources such as FAQs, CPT codes and Quick Reference Guides, please visit UnitedHealthcareOnline.com > Clinical Resources > Radiology > Radiology Notification.

Source: Network Bulletin, Volume 36 March 2010 at www.unitedhealthcareonline.com.

Great-West Healthcare Plans Are Now Administered by Cigna

New ID cards will be issued throughout the year. View this reference guide for more information: http://www.cigna.com/customer_care/healthcare_professional/medical/QuickRefGuide_NewGWH_Cards.pdf

Aetna's Reimbursement Change for Mid-Level Practitioners

According to Aetna: "Beginning with June 1, 2010 dates of service, Aetna will pay mid-level practitioners at 85 percent* of the contracted rates for covered professional services (consistent with the Centers for Medicare and Medicaid Services payment policy).

This policy applies to nurse practitioners, physician assistants, certified nurse midwives and registered nurses. As of June 1, you will need to list the mid-level practitioner's name in the servicing provider field when you submit claims for services rendered by a mid-level

practitioner.

This policy does not apply to:

- Certified registered nurse anesthetists, registered nurse first assistants or behavioral health practitioners.
- Claims billed with an assistant surgery modifier.
- Covered DME, orthotics, prosthetics, supplies, drugs, laboratory, radiology services and immunizations billed by a mid-level practitioner.
- Medicare Private Fee-for-Service (non-network based).
- Providers contracted through a third party vendor.

Also we want to make sure the names of all your practices' mid-level practitioners display in our directories. For information on joining our network, reference www.aetna.com. For other questions including the process for submitting practitioner contact information, contact your network representative.

*This policy will not apply in the states of Alaska, Kansas, Maine and Missouri.

Source: Aetna OfficeLink Updates, North Central Region, March 2010 Volume 7, Issue 1 at www.aetna.com.

Buckeye Community Health Plan has entered into an agreement with National Imaging Associates (NIA) to implement an outpatient imaging program. Effective July 1, 2010, the program will be implemented for select diagnostic imaging procedures. Webinars and meetings are scheduled throughout the month of June. Contact NIA at 800-327-0641 if you wish to attend. Reference information is available at <http://www1.radmd.com/account-info/buckeye-community-health-plans.aspx>.

Medical Mutual of Ohio Not Adopting CMS Coding Change

Per Medical Mutual: "As of January 1, 2010, the Centers for Medicare and Medicaid Services (CMS) will no longer recognize CPT codes for consultation services. CMS will instead determine which corresponding patient-visit code applies for these services.

Medical Mutual will not be adopting this CMS policy change. The Company will continue to recognize and reimburse inpatient and office/outpatient consultation

CPT codes, as recognized by the American Medical Association and in agreement with the Covered Person's benefits, for our commercial products.

Contact your local contracting representative if you have questions."

Source: Mutual News Volume 3/Issue 1 at www.medmutual.com.

