



Compliance Newsletter

August 2011

Volume 13, Number 6

In This Issue

- Advance Beneficiary Notice of Noncoverage
- ICD-9 Changes for 2012
- Venipuncture Documentation - Palmetto
- Lab Requisitions - CMS
- Compliance Discussion Group for September

Compliance Hotline

Type: <http://157.21.29.163/Compliance/> and click on Hotline. EVMS Health Services Compliance concerns may also be sent to the EVMS Health Services Compliance Office via phone, mail or e-mail.

Contact Us

EVMS Health Services Compliance Office

4111 Monarch Way, Suite 500
Norfolk, VA 23508
Phone 451-6200
www.evmshealthservices.org

James F. Lind, Jr., MBA
Compliance Officer

Privacy Office
Privacy Line 451-6298

Leanne Smith, CHC
Director of Compliance & Internal Audit

Pamela Wheelley, CPC
Compliance & Internal Audit Specialist

Advance Beneficiary Notice of Noncoverage (ABN)

The ABN is a standardized notice that must be given to a Medicare patient when the provider believes that Medicare may not pay for an item or service that Medicare usually covers because it is not considered medically reasonable and necessary for this patient in this particular instance. These patients may not be billed if they have not received this notice. Although an ABN is not required in order to bill a patient for an item or service that is never covered, the notice may be used to forewarn the patient of his/her financial responsibility.

The latest version of the ABN (with the release date of 3/2011 printed in the lower left hand corner) must be used beginning **November 1, 2011**. After October 31, 2011 the current version will no longer be valid. The new version has been printed and EVMS Health Services will distribute an initial supply to the departments. Supplies of the current version (release date 3/08) may be used until November 1st.

A booklet explaining the use of the Advance Beneficiary Notice of Noncoverage may be found at:

https://www.cms.gov/MLNProducts/downloads/ABN_Booklet_ICN006266.pdf

ICD-9 Changes for 2012

The 2012 ICD-9 changes become effective and must be used beginning **October 1, 2011**. There is no grace period. A complete summary of code changes may be

found at:

http://www.cms.hhs.gov/ICD9ProviderDiagnosticCodes/07_summarytables.asp#TopOfPage

These changes will be entered in the IDX system and EHR by EVMS Health Services. **Please note that this will not automatically update a provider's "favorites" in the EHR.** Also, any department using charge tickets must make the appropriate changes and send copies to the EVMS Health Services Compliance Office for review.

Thirty-three codes have been deleted. Each of these codes was replaced with two to ten new, more specific codes. In all, 168 new diagnosis codes become effective October 1st. The definitions of an additional forty-one codes were revised.

Changes include but are not limited to:

- Forty new codes (173.00-173.99) to specify the type and location of a neoplasm of the skin;
- Seven new glaucoma codes (365.05-365.74);
- Three new codes for influenza with various other manifestations (488.84-488.89);
- Twenty-three new codes to specify other diseases of respiratory system (512.2-518.53);
- A new section for gastric band and bariatric surgery complications (539.01-539.89);
- Additional codes for other disorders of bladder (596.81-596.89);
- Four new codes for complications of pregnancy, childbirth, and the puerperium (631.0-649.82).

These are a few of the changes for 2012. It is important to review the complete list at the web site noted above to determine which changes will affect your department. Because the codes are much more specific than previous codes, documentation in the notes must be more specific to support them. **This more detailed and specific documentation will also be necessary to support ICD-10 codes which will replace all ICD-9 codes on October 1, 2013.**

Venipuncture Documentation - Palmetto

Palmetto, our Medicare Administrative Contractor (MAC), requires that supporting documentation for venipuncture clearly reflects that the venipuncture has been performed. Lab results alone are not sufficient to

document that venipuncture was performed.

Lab Requisitions

On June 30, 2011 CMS issued a proposed rule that would rescind the requirement for each lab requisition to have a physician signature. Although CMS proposes to rescind their signature requirement, individual labs may still require signatures on requisitions sent to their facilities.

Compliance Discussion Group for September 2011

Topic: Overview of ICD-9 Changes for 2012

Bring your 2011 ICD-9 Manuals. We will compare the 2011 and 2012 codes.

Dates and Locations:

Tuesday, September 20, Hofheimer Hall 753

Thursday, September 22, Hofheimer Hall 751

Time:

Noon to 1:00.

RSVP by email or phone to Leanne Smith (451-6207).

Bring your lunch