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A Word From Our *President*



President

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Happy New Year everyone!

I hope that 2015 has been kicked off to a great start for you all. We at MGMA of Mississippi are looking forward to helping you get through the year as many new regulations and requirements are put on us.

This year we are offering FREE monthly webinars to our MGMA of MS members! Our February webinar, *Security and the Smartphone Revolution*, will be held on February 10, 12-1pm. You may click [here](#) to register now. Be on the lookout for event notifications that will give you the topic and date of the webinar each month.

Our much anticipated Insurance Forum will be held on Friday, February 13 at the Belhaven Center in Jackson. This event allows our members and their staff to meet the representatives who process your insurance and discuss your issues with them face to face! We will start the morning off with a word from Mike Chaney, Mississippi Insurance Commissioner and Bob Williams, Director of Life and Health Actuarial. The objective of the forum is to create a dialog and establish relationships between offices and payers and to facilitate timely reimbursement. We encourage at least one person from your office to attend, particularly managers and billing personnel responsible for submitting and processing insurance claims.

MGMA of MS will be offering an ICD-10 Boot Camp presented by the AAPC May 21-22 at Virginia College in Jackson. This valuable two-day training will prepare you for the ICD-10 implementation, October 1, 2015. Seating is extremely limited so we urge you to

take advantage of our Early Bird registration which expires March 1. In the event of an implementation delay, we will postpone the boot camp and will refund our registrants. Registration details can be found [here](#).

We are so excited to be back at the Perdido Beach Resort in Orange Beach, AL for our Summer Conference this year! Our President-Elect, Justin Rhodes, is working hard on preparing an amazing agenda for us. Some hot topics on the agenda include New Technologies, Lean Healthcare: Improving Flow in Clinic Operations, Best Practices for Improving Collections and Patient Satisfaction. Stay tuned for detailed agenda and registration on our website February 9. Conference dates are July 8-10, hotel reservations may be made by visiting www.perdidobeachresort.com and entering group code: **10606**.

Also, our Outreach Chairwomen are busy planning and scheduling local outreach meetings throughout the year, and we will return to the Clyde Muse Center for our Annual Fall Meeting November 13.

2015 will be a jam-packed year, and I am looking forward to seeing you at all of our upcoming events. I am honored to serve as your MGMA of Mississippi President and as always, if there is anything I can do to help you or your practice succeed, please reach out to me. Thank you, here's to a great year!

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2015 CPT changes include an important Modifier Change

By Nancy M. Enos, FACMPE, CPC-I, CPMA, CEMC and Mike Enos, CPC, CPMA, CEMC

2015 has brought many coding changes that must be implemented to remain compliant and optimize your billing. Don't overlook modifier changes. Modifiers XE, XS, SP and XU are effective January 1, 2015. These modifiers were developed to provide greater reporting specificity in situations where modifier -59 was previously reported, and should be utilized in lieu of modifier 59 whenever possible. Although NCCI will eventually require the use of these modifiers rather than modifier 59 with certain edits, providers are encouraged to begin using the new -X{EPSU} modifiers for claims with dates of service after January 1st, 2015. Expect higher denials and requests for supporting documentation when claims are submitted with Modifier 59.

Coders tend to err on the side of caution when reviewing the NCCI edits or they don't understand when modifiers should be appended to the CPT code to indicate a *separate* and *distinct* procedure that would otherwise be considered bundled. In this instance, the coder's knowledge of the procedure(s) and understanding the rationale behind the NCCI edits will assist in determining whether a modifier is applicable.

Modifier 59 is known as the "unbundling modifier" and is one of the most widely reported, and incorrectly reported modifiers (distinct procedural service). The -59 modifier should only be applied under certain circumstances. The overuse and misuse of the -59 modifier has been a red flag to Medicare and the Office of Inspector General (OIG.) This is what prompted Medicare to establish the new X modifiers. Some providers incorrectly consider it to be the "modifier to use to bypass (NCCI)." This modifier is associated with considerable abuse and high levels of manual audit activity; leading to reviews, appeals and even civil fraud and abuse cases. The -59 modifier often overrides the edit in the exact circumstance for which CMS created it in the first place. CMS believes that more precise coding options coupled with increased education and selective editing is needed to reduce the errors associated with this overpayment

Per the CMS Transmittal 1422, ".....each modifier is based

on a specific aspect of the unbundled procedure — when the procedures took place, the anatomical locations where they were performed, who performed the services or what made the second service unusual:

1. XE (Separate encounter, a service that is distinct because it occurred during a separate encounter).
2. XS (Separate structure, a service that is distinct because it was performed on a separate organ/structure).
3. XP (Separate practitioner, a service that is distinct because it was performed by a different practitioner).
4. XU (Unusual non-overlapping service, the use of a service that is distinct because it does not overlap usual components of the main service)."

CMS transmittal 1422 explains that there may be instances when modifier 59 is still reported, but it should not be reported when a more specific modifier is available. The -X{EPSU} modifiers are more selective versions of the -59 modifier so **it would be incorrect** to include both modifiers on the same line. Also note that MACs are not prohibited from requiring the use of selective modifiers in lieu of the general -59 modifier, when necessitated by local program integrity and compliance needs. So just because CMS is not requiring use of the -X{EPSU} modifiers immediately, that does not preclude the MACs from making it a requirement on their own

There are risks associated with overuse of Modifier 59. The -59 modifier is the most widely used HCPCS modifier. Modifier -59 can be broadly applied. Some providers incorrectly consider it to be the "modifier to use to bypass (NCCI)." This modifier is associated with considerable abuse and high levels of manual audit activity; leading to reviews, appeals and even civil fraud and abuse cases.

The -59 modifier often overrides the edit in the exact circumstance for which CMS created it in the first place. CMS believes that more precise coding options coupled with increased education and selective editing is needed to reduce the errors associated with this overpayment.

As always, please refer to current CMS transmittals, LCD/NCD directives as well as carrier specific reporting guidelines prior to implementation of any modifier

reporting changes. For more in-depth information regarding these four new modifiers, please refer to CMS Transmittal 1422 at:

www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R1422OTN.pdf

Steps to take:

- Review your claims history for use of modifier 59, especially in cases where there have been denials or requests for review.
- Download the **Modifier 59 Article** written by CMS
 - There are 10 examples of correct and incorrect use of Modifier 59 in this 10 page article that discusses the reason for the change, the specific appropriate and inappropriate uses of Modifier 59 and the definition of the X modifiers.
 - Share the clinical examples that affect your practice as a teaching tool, and begin to report the new XE, XS, XP and XU modifiers when appropriate.



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Medical Group Management Is a Marathon: *How to Stay Fired Up, Pumped Up, and Inspired*



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Medical group management like a marathon can be an endurance event. More than ever healthcare is facing uncertainty and change. Ralph Waldo Emerson said, “Nothing great was ever achieved without enthusiasm.” Everyday as a medical group manager you have the opportunity to make a difference and impact in the lives of patients and the office you manage. In order to do be your best you need to stay energized to cross the finish line. In this article you will learn how you can remain fired up, pumped up, and inspired as a medical group manager.

On September 11, 2002 my life forever changed. At the age of 23 I was told by my doctor, “You have cancer.” After spreading to the fluid in my brain, I slipped into an unconscious state. Doctors did not think I would live. Against all odds, I recovered and had a successful bone marrow transplant. Due to brain damage I had to relearn how to walk and from that went on to run five marathons on five continents. Below are three victory strategies that helped me and you can use to stay fired up, pumped up, and inspired in the marathon of healthcare:

1. Visualize Your Victory

When it comes to your victory as a medical group manager it’s not the outside stuff that matters but the inside stuff that counts. It is easy to get discouraged by day-to-day challenges. To stay fired up, pumped up, and inspired it is essential to be clear on the victory you want to achieve. Once you can see it, believe it’s possible, than you can do it. Lying in my hospital bed I visualized myself crossing the finish line of a marathon. The key is focus on the victory you are striving to achieve instead of focusing on all the challenges.

2. Take Action

How do you run a marathon? One-step at a time. In order to fulfill the vision you are visualizing, you must take action every single day. It does not matter how small it is. The key is to do something everyday that moves you closer to your vision. This builds momentum. Think back to science class and inertia. Objects at rest tend to stay at rest, while objects in motion stay in motion. Remember it is not enough to stare up the steps, you have step up the stairs.

3. Check Your Attitude

In order to complete a marathon I had to have the belief it was possible. Daily I had to check the negative self-talk and the self-defeating inner dialogue. The little voice that says it is impossible. Once you have the attitude that your vision is possible, you will take the necessary action.

Medical group management like a marathon is an endurance event. It is a roller coaster with ups, downs, and surprising turns. Crossing the finish line was one of the greatest victories in my life. Through Visualizing your Victory, Taking Action, and Checking your Attitude you will be able to cross your finish line by staying fired up, pumped up, and inspired.

Matt Jones is considered the top leadership keynote motivational speaker in healthcare. From three-time cancer conqueror to now, life changing inspirational speaker, audiences love Matt. Visit Matt at www.MatthewDJones.com

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"Tis against some men's principle to pay interest and seems against others' interest to pay the principal."



Security and the Smartphone Revolution

By Joe Granneman, MBA, CISSP

Description: There has been a dramatic shift in the way we use technology in both our personal and professional lives. We are no longer tethered to the desktop or laptop computer that had become a staple of business productivity in the last three decades. The smartphone quickly replaced the PC for tasks like email, calendar and contacts. New types of applications have been created for these increasingly personal devices including banking, fitness and healthcare. These new “apps” have caused Smartphone usage to grown faster than any other form of technology in recent history.

This has not gone unnoticed by criminals who have adapted their tactics to focus on smartphones and other types of mobile technology. They are drawn by the large amount of personal information stored on these devices and the insecure apps that have been rushed to market. Smartphones offer many benefits but also new types of security risks due to always connected Internet and GPS tracking.

This webcast will focus on these new risks and some of the ways to reduce your practice’s exposure through technology and policy enforcement.



SPEAKER BIOGRAPHY:

Joseph Granneman developed a passion and expertise in information security after over 20 years of experience as an IT leader in hospitals, clinics and financial trading institutions. This passion has led him to found illumination.io, a cybersecurity consulting firm in Rockford, IL. He served most recently as the CIO for Rockford Orthopedic Associates prior to being regional CIO for Adventist Midwest Health. He also served as the Manager of Information Security for Calamos Investments. Previous to these roles, he was CTO and CSO for Rockford Health System in Rockford Illinois for over 16 years, which was listed on Hospital and Health Networks Top 100 Most Wired 7 consecutive times.

He is an active author and speaker specializing in the fields of health care information technology and information security. He has written articles for Information Security Magazine and CIO/CSO magazine. He was most recently publishing online with TechTarget at <http://searchsecurity.techtarget.com/>

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