

# NEWSLINE

Published monthly for members of the Medical Society of the District of Columbia

## The Night the Museum Came to Life

It happened.

It actually happened.

As soon as the clock struck 6pm on Wednesday, October 21, the National Museum of Health and Medicine came to life. You'd have to have been there and seen it with your own eyes to believe it. The sounds of footsteps on the tiled floor; voices heard throughout the exhibits; evidence around the halls that something or someone had been there.

Okay, so maybe it wasn't the exhibits coming to life. But a more lively and animated evening had never been seen by the Society at the museum before that night. Members explored every inch of the displays and exhibits. If you weren't lost in history, you were lost in conversation with other colleagues and guests. And judging from the empty plates and glasses left behind – the food and wine wasn't too bad, either.

Our program for the evening also benefited from timely and informative keynote. Donna Christiansen, MD, the delegate to Congress from the U.S. Virgin Islands and also a former resident from Howard University Hospital, graciously accepted our invitation to attend and address our membership on health care reform.

In all, 125 of your colleagues were able to bear witness to the "Night at the Museum." Many stayed and enjoyed the rest of their evening after the program, either waiting for the museum's reanimation or for more desserts and coffee.

Both reasons sound like good reasons to us.

## Update: Highmark Medicare and 2010 Revalidation Forms

If you receive a letter from Highmark Medicare Services requesting a revalidation application, it is imperative you submit the application within 60-calendar days from the date of the request. **If this is not done, Highmark must revoke your billing privileges and impose a 1-year re-enrollment ban.** This means you will be barred from participating in the Medicare program for 1-year from the effective date of the revocation. It is important to note that a revocation, in this situation, **will be effective 30-days after the notification of such action is mailed.** The notice of revocation will also include your right to appeal.

If you do not receive a letter requesting a revalidation application, **no action is required.** Highmark asks that physicians do not proactively submit an application for revalidation. If you question whether you will, or should have received a revalidation letter, please visit the Medical Society of DC's website at [www.msdc.org](http://www.msdc.org) to connect to Highmark's "Revalidation Inquiry Tool." You will need to know your Provider Transaction Access Number (PTAN) to perform a search.

CMS has also instructed Highmark Medicare Services as the District's A/B MAC to implement new system edits to ensure Part B providers and suppliers bill for ordered or referred items or services only when those items or services are ordered or referred by physician and non-physician practitioners who are eligible to order/refer such services. Claims that are the result of an order or a referral **must contain the National Provider Identifier (NPI) and the name of the ordering/referring provider and the ordering/referring provider must be in**

the Provider Enrollment Chain and Ownership System (PECOS) or in the A/B MAC's master provider file.

Until January 3, 2010, if the ordering/referring provider is on the claim and is not enrolled as a Medicare provider, the claim will continue to process and the Part B provider or supplier will **receive a warning message on the Remittance Advice.**

After January 3, 2010, if the ordering/referring provider is on the claim and is not enrolled as a Medicare provider, **the claim will not be paid. It will be rejected.**

Highmark Medicare Services will also be mailing every enrolled, actively practicing physician a one-time reminder of the requirements for reporting changes to enrollment information on **November 30, 2009.** If a letter mailed by Highmark to your office is returned as undeliverable, Highmark is **required to deactivate the billing privileges of all practicing locations** associated with the PTAN on the letter and mail a revalidation letter to you at another address. Billing privileges will remain deactivated until the revalidation application is received and processed. If a revalidation application is not received **within 60-calendar days** from the date of the request, Highmark must **revoke your billing privileges and impose a 1-year re-enrollment bar.**

If you question whether a letter was sent that you did not receive, please visit the Medical Society of DC's website at [www.msdc.org](http://www.msdc.org) to connect to the Highmark "Enrollment Center." The tool will be available no later than November 30, 2009. You will need your PTAN to perform a search.

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# They don't have prescription drug coverage. But, they have you.

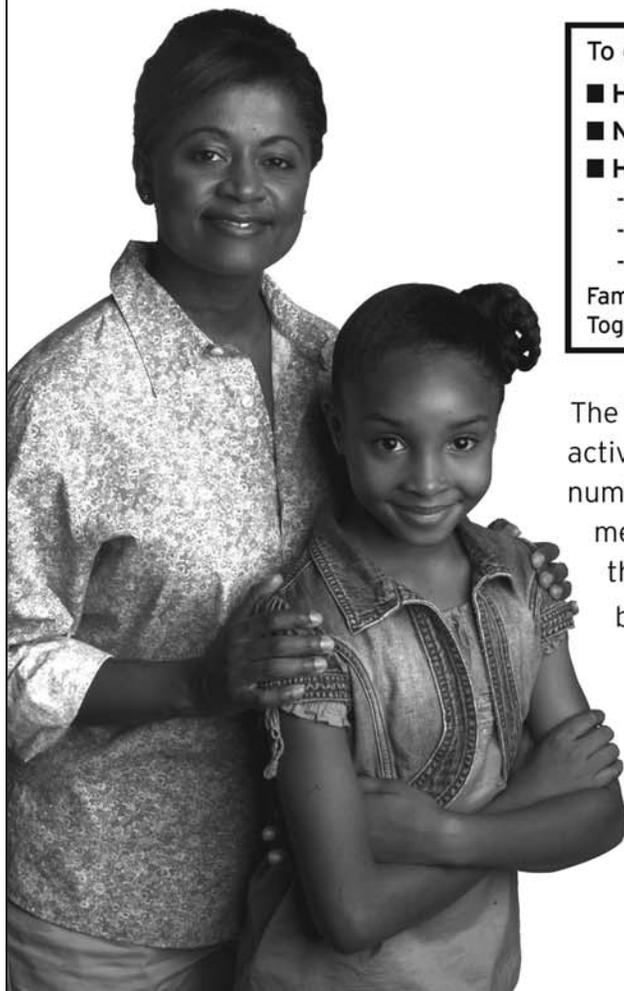
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‡ Visit [TogetherRxAccess.com](http://TogetherRxAccess.com) for the most current list of brand-name medicines and products.

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# Influenza A (H1N1) Update for Physicians/Providers

The American Medical Association and the Centers for Medicaid and Medicare Services have released their billing codes for the 2009 Influenza A (H1N1) virus.

Medicare Part B provides coverage for the seasonal influenza virus vaccine and its administration as part of its preventive immunization services. The Part B deductible and coinsurance do not apply for the seasonal influenza vaccine and its administration.

The Influenza A (H1N1) virus has been identified as an additional type of influenza. The H1N1 virus vaccine will be provided to Medicare Part B beneficiaries as an additional preventive immunization service. Medicare will pay for the administration of the H1N1 vaccine.

CMS has created two new HCPCS codes for H1N1.

- G9141 – Influenza A (H1N1) Immunization administration (includes the physician counseling the patient/family)
- G9142 – Influenza A (H1N1) vaccine, any route of administration.

Payment for G9141 (Influenza A (H1N1)) immunization administration, will be paid at the same rate established for G0008 (administration of influenza virus vaccine). H1N1 administration claims will be processed using the diagnosis

V04.81 (influenza), and, depending on the provider type, using revenue code 771.

The same billing rules apply to the H1N1 virus vaccine as the seasonal influenza virus vaccine with one exception: since the H1N1 vaccine will be made available at no cost to providers, Medicare will not pay providers for the vaccine. Providers do not need to place the G9142 (H1N1 vaccine code) on the claim.

In response to concerns related to the need for national vaccination efforts for H1N1 and to assist health plans with their commitment to cover the cost for vaccine administration, the CPT® Editorial Panel established a new vaccine administration code, 90470, specific to the 2009 H1N1 virus, and revision of existing code 90663 to report either the intranasal or intramuscular formulations of the H1N1 virus.

The use of Current Procedural

Terminology (CPT) codes 90470 and 90663 will help to efficiently report and track immunization administration services related to the H1N1 vaccine throughout the health care system, and will streamline reporting and the reimbursement procedure for physicians and health care providers who are expected to administer nearly 200 million doses of the H1N1 vaccine in the United States. The codes are as follows:

- 90470—H1N1 immunization administration (intramuscular, intranasal), including counseling when performed
- 90663—Influenza virus vaccine, pandemic formulation, H1N1

As is the case with the HCPCS code, G9142, no payment will be issued for CPT code 90663 for the H1N1 vaccine, since it will be provided at no cost.

## Rest for the Weary: Help for DC Homeless

*Ching ching ching!*

The rattle of coins crashing into the side of a shaking cup is all too familiar around the streets of Washington, DC. The city's homeless are as much an institution to those who live and work here as the Smithsonian, the Redskins and frustrating commutes.

Managing this problem has only become more difficult over the past few years. Now, with winter closing in and no apparent rest for the weary, the city has taken a key step, with support from the Medical Society of DC and the Washington Psychiatric Society, to resolve a long-standing and pressing issue that has, until recently, prevented our city's psychiatrists from treating root causes of our city's homeless population. DC Medicaid has recently approved for payment two long acting injectable antipsychotic agents, beginning as early as January 2010. Risperdal Consta (risperidone) and Invega Sustenna (paliperidone palmitate) are intended for patients who have trouble complying with oral medications. Studies have shown as much as a third of medications prescribed are not taken. This not only is costly but leads to high relapse rates

among patients with schizophrenia and bipolar disorder. The newer agents are also less likely to cause Parkinson's Disease-like side effects and are better tolerated by patients. Due to the special handling procedures required by the drug, Walgreen's will be the pilot location for acquiring the necessary doses.

It's easy to understand the difficulties with keeping a regular check-up schedule with the homeless in Washington. Add mental illness, and it becomes even more difficult to treat your homeless patient and achieve positive results, both with their illness and their situation. Risperdal Consta and Invega Sustenna are considered to be long-acting injectables, lasting several weeks after one dose is administered by a treating health care provider. This long-acting injection drastically reduces the chances of treatment non-compliance or partial-compliance by the homeless mentally-ill. And significantly increases their chance of getting off the street by participating in one of the local shelter organizations.

"The toughest part of helping the homeless mentally ill has always been getting them to take their medication."  
(See *HOMELESS*, p. 4)



The Medical Society of the District of Columbia would like to thank the physicians and administration at the Kaiser Foundation Health Plan of the Mid-Atlantic States for making the decision to join our local Medical Society for their first year. The support they're showing is a great asset and allows us to continue serving as the "Voice of Medicine" in the District of Columbia. The commitment to the Society's continued advocacy, colleagues, and the patients of DC will go a long way toward ensuring our continued success in the coming years

# Be Part of the Solution: AMA's "Heal the Claims Process"™ Campaign

Physician practices are spending as much as 14 percent of their total collections to ensure accurate payment for their services. When physicians submit correctly coded health care claims, health insurers and other third-party payers may still inappropriately delay, deny or significantly reduce payments.

The AMA's "Heal the Claims Process"™ campaign calls on all participants in the health care claims process to do their part to eliminate waste in the claims process by committing to efficiencies and getting it right the first time:

- We encourage physicians, their practice staff and their billing partners to submit

timely and accurate claims the first time and implement practice efficiencies.

- We encourage payers to pay accurately and in a timely manner the first time and comply fully with the Health Insurance Portability and Accountability Act (HIPAA) electronic standard transactions. We also call on payers to provide full transparency with respect to fee schedules, payment policies and other information necessary to maximize efficiency.
- We encourage employers to comply fully with the HIPAA electronic standard transactions, provide benefit transparency to their employees and, when appropriate, offer incentives to their payers or third-party plan administrators to pay accurately and in a timely manner the first time.
- We encourage patients to understand their health insurance policies and payment practices and make a good faith effort to meet their financial obligations.

claims process with the following actions:

- Review their internal claims process to ensure claims are submitted accurately and in a timely manner to the appropriate payer.
- Review and reconcile claims payments they receive from payers for accuracy and appropriateness.
- Perform a practice management check-up to identify opportunities to improve practice efficiency.
- Evaluate their practice management systems to prepare for the approaching 5010 and ICD-10 mandated updates and enhanced use of electronic transactions.

The AMA offers a number of online resources to help physicians streamline their internal claims process and appeal inappropriately delayed, denied or underpaid claims. This library of educational materials and practical tools cover every step of the claims management revenue cycle.

Visit [www.ama-assn.org/go/pmc](http://www.ama-assn.org/go/pmc) to access these materials, as well as a variety of others on managing a physician practice—including implementing electronic efficiencies and taking a stand against unfair payer practices. New resources are added frequently, so check back often for updates.

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## MSDC MARKETPLACE

**Busy Family Practice on Capitol Hill** in Washington, DC for sale. 2,200 active patients with excellent payor mix. Includes medical equipment, office furniture and patient charts. Great opportunity for PCPs new to the DC area or local physician looking to expand. For additional information, please call (703) 350-5756

**SPACE TO SHARE:** Sublet available 5 days a week with a congenial medical group in a premier medical space at 1120 19th Street, NW. Furnished consultation room and exam room with shared waiting room, bathroom, and business office; lab and x-ray available. Call (202) 296-2817.

**LISE VAN SUSTEREN, MD**, a clinical and forensic psychiatrist, has opened a new office at 900 New Hampshire Ave. NW. This new office is an addition to an existing practice at 4707 Connecticut Ave. NW.

Check out all classified ads at: <http://www.msdc.org>. Click on Classified Ads.

Would you like to place an ad? Contact Barbara Allen for details, e-mail [allen@msdc.org](mailto:allen@msdc.org), phone 202-466-1800, ext. 103. MSDC members may post ads at no charge!

## *Become involved*

Through the "Heal the Claims Process"™ campaign, physicians, their practice staff and their billing partners can join their peers around the country in improving practice efficiencies that can result in reduced costs for the physician practice and increased time and resources to devote to patient care. Physicians, their practice staff and their billing partners can help heal the

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## *(HOMELESS, from p. 3)*

ting them compliant with their treatment. This announcement by the city will allow us to do our part in getting and keeping the homeless mentally ill off the street," said Dr. Robert Keisling, a local psychiatrist who has worked with the homeless for many years under Pathways DC, an organization that works primarily with the homeless mentally ill to provide case management and treatment for that patient group.

"Several studies have now confirmed that when these people are adequately treated, they are less likely to spend time in jails, hospitals and emergency rooms. Last year alone, 30 individuals accounted

for over 2,000 '911' calls in DC," continued Dr. Keisling.

The city's homeless have many needs—not all within our singular abilities to address. The decision to pay for these drugs by DC Medicaid is a positive step forward by the city in reaching their goal of moving the homeless off the streets and out of the emergency room during winter, and into shelters and apartments for their health and safety. So, in the coming months, the next time you see a Salvation Army Santa in a red suit with a golden bell, drop a few spare quarters in his bucket and help complete the process.

*Ding ding ding!*

# Physicians in the News

**Chiledum A. Ahaghotu, M.D.**, a urologist at Howard University, has been named a member of the Practicing Physicians Advisory Committee, which advises the Secretary of HHS and the Administrator of CMS on proposed changes in regulations and carrier manual instructions.

**Eliot Sorel, M.D., DLFAPA**, Former MSDC President, Clinical Professor of Global Health and of Health Services Management and Leadership and of Psychiatry and Behavioral Sciences at George Washington University in Washington, D.C., was Honored as Doctor Honoris Causa by Carol Davila Medical University of Bucharest at Romanian Athenaeum in Bucharest, Romania, Oct. 6, 2009

**Carlos Silva, M.D.**, current Board Member of MSDC, was acknowledged by George Washington University Hospital with a commemorative award "In recognition and Gratitude for your Dedicated Service to the George Washington University Hospital." Dr. Silva has been involved with GWU Hospital since his first day in medical school, August 1956.

**William B. Lawson, M.D., Ph.D., DFAPA**, Professor and Chair in the Department of Psychiatry and Behavioral Sciences at Howard University College of Medicine

recently received a five year grant for a collaborative program between Howard University and Dartmouth College titled, "*Building Knowledge and Capacity in The Rehabilitation and Recovery of African-Americans Suffering from Severe Mental Illness: The Dartmouth-Howard Collaboration.*" The goal of the program is to expand residency experience, improve access to evidence based rehabilitation care for African Americans with mental illness and substance abuse, to address barriers to getting this care, and to investigate the cultural factors that contribute to the lack of care or service access. Dr. Lawson can be contacted at [wblawson@howard.edu](mailto:wblawson@howard.edu).

**Roger Peele, M.D.**, received the "*Heroes in the Fight*" Award and **William Lawson, M.D., Ph.D., DFAPA**, received a nomination at the October 23, 2009, "*Heroes in the Fight*" Dinner held at the Key Bridge Marriott in Arlington, VA. Sponsored by the DC National Alliance on Mental Illness, the award recognizes local heroes, including healthcare professionals, community supporters and treatment teams for their ongoing dedication to the mental health field.

**John J. Lynch, M.D.**, received the Moral Courage Award from the Washington Hospital Center Foundation and the Center for Ethics at Washington Hospital Center for his accomplishments in the field of clinical ethics. The award was presented Thursday, October 29, 2009.

**Lise Van Susteren, M.D.**, a psychiatrist and environmental advocate, has joined the Advisory Board at the Center for Health and the Global Environment at Harvard Medical School. The mission of the Center is to help people understand that our health, and that of our children, also depends on the health of the environment.

# Avoid the RAC!

While the Geneva Convention has effectively outlawed the use of the rack as an instrument of human suffering, physicians practicing in the United States since October 1, 2007 must now understand and avoid the new RAC.

RACs, or "Recovery Audit Contractors," are private collections companies working under contract with CMS to review Medicare claims for improper payments and recover those improper funds from providers. The RAC serving Maryland and Washington, DC is Diversified Collection Services as DCS Health Care. The RAC serving Virginia is Connolly Consulting as Connolly Health Care. If you bill fee-for-service under Medicare, your claims are subject to review. RACs will be focusing on the following types of improper payments:

- Incorrectly Coded
- Duplicate Services
- "Not Reasonable or Medically Necessary" Services
- Non-Covered Services
- Incorrect Payment Amounts

RACs will not be able to review claims paid prior to October 1, 2007 - the maximum reviewable claim date - and only will review claims on a post-payment basis.

There are some limits in place to protect physicians:

- Sole Practitioners: 10 medical records per 45 days per NPI
- Partnership (2-5 individuals): 20 medical records per 45 days per NPI
- Group (6-15 individuals): 30 medical records per 45 days per NPI
- Large Group (16+ individuals): 50 medical records per 45 days per NPI
- Maximum "look-back" date is October 1, 2007
- RACs will accept imaged medical records on CD/DVD, by fax or by mail
- If a RAC loses at any level of appeal, the RAC must return its contingency fee

If an improper payment is identified, the RAC will send a Letter of Demand. The RAC will offer an opportunity for the provider to discuss the determination with them.

During this discussion, you have the

(See RAC, p. 6)

## MEDICAL FACULTY ASSOCIATES THE GEORGE WASHINGTON UNIVERSITY

The Medical Society of the District of Columbia would like to thank the physicians and administration at the Medical Faculty Associates of GWU for renewing their membership for a third consecutive year. The support shown each year is a great asset and allows us to continue serving as the "Voice of Medicine" in the District of Columbia. The commitment to the Society's continued advocacy, colleagues, and the patients of DC will go a long way toward ensuring our continued success in the coming years.

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for more information

(RAC, from p. 5)

choice as the provider to pay the determined amount by check, allow payment from future billed services, apply for an extended payment plan, or appeal. Unless the provider has paid in full or filed an appeal by Day 30, the MAC will recoup by offset on Day 41. To file an appeal, you must do so before the 30th day following the initial Letter of Demand.

In order to protect yourself and your practice from possibly being audited, it is advised that you:

- Check the CMS/RAC website to see what improper payments were found by the RAC ([www.cms.hhs.gov/rac](http://www.cms.hhs.gov/rac)) and review of OIG and CERT reports to peruse improper payments which they have found. ([www.oig.hhs.gov/reports.asp](http://www.oig.hhs.gov/reports.asp) and [www.cms.hhs.gov/cert](http://www.cms.hhs.gov/cert)).
- Check the RACs' websites for permanent and updated findings
- Provide the precise address and contact

person they should use when sending Medical Records Request letters as soon as possible

- Conduct a self-assessment to identify Medicare rules compliance
- Establish corrective actions to promote compliance
- In documentation, use words instead of abbreviations, apply appropriate adjectives (such as acute or chronic) and use "ruled out" after diagnosis where appropriate
- Appeal when necessary

Many victims of the rack will offer the same advice to physicians facing the RAC: "Tis better to be smart, than brave."

For further information, you may contact the MSDC offices at (202) 466-1800.

- DCS Health Care – [www.dcsrac.com](http://www.dcsrac.com) – [info@dcsrac.com](mailto:info@dcsrac.com) – 1-866-201-0580
- Connolly Consulting – [www.connolly-healthcare.com/rac](http://www.connolly-healthcare.com/rac) - [racinfo@connolly-healthcare.com](mailto:racinfo@connolly-healthcare.com) – 1-866-360-2507



Washington Psychiatric Society  
FOUNDED IN 1949  
A District Branch of the American Psychiatric Association

The Medical Society of the District of Columbia would like to thank the residents, early-career psychiatrists and leadership at the Washington Psychiatric Society-DC Chapter for renewing their membership for a second consecutive year. The support shown by both the DC Chapter and the Medical Society to each other is a great shared asset and significantly strengthens the "Voice of Medicine" in the District of Columbia. The commitment to the Medical Society's continued advocacy, colleagues, and the patients of DC will go a long way toward ensuring continued success in the coming years.

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# Double-Check Your Policy to Ensure You're Properly Insured

By Steve Fargis, VP, Professional Risk Associates

Your medical professional liability insurance policy can be a complex coverage with intricate elements based on your specific practice. As local and national issues in the health care environment change, it is critical that these new and evolving variables are carefully studied regarding how they might affect your practice and the proper liability coverage needed to protect your reputation and your assets.

Taking the time to evaluate your policy coverage and terms can be exhausting and take hours, however it is one of the most important undertakings toward understanding how the language will protect you and your practice in the event of a professional liability claim. Working with Professional Risk Associates (PRA) provides you with the opportunity to have specialty experts in medical liability at your disposal to help you evaluate the risk expo-

sure to your practice and the level of protection needed. As a professional insurance agency, we have a commitment to provide you with the expertise and service to ensure you understand your policy so you will have the proper coverage in place. Working as your advocate with your carrier, Professional Risk agents not only analyze the policy relative to your type of practice, but also help determine if you are appropriately rated and are receiving all credits due to you. By thoroughly evaluating the policy and terms we ensure you have the strongest policy protection available.

PRA is an independent insurance agency that specializes only in medical professional liability and has been serving physicians in the mid-Atlantic area since 1989. We represent several "A" rated AM Best carriers and are the exclusive agent-partner for ProAssurance in the District of

Columbia. PRA also can provide additional coverage for government actions, such as RAC Audits and other Medicare/Medicaid violations as well as, a separate policy for your technology risks. We proudly support the MSDC and contribute to local medical charitable organizations and welcome the opportunity to be of service to you. To find out how we could best serve you, please contact us at 1-800-318-9930 or 202-338-1616.

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# MSDC NEWSLINE

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