

The Newsbreaker

HFMA Arkansas Chapter Newsletter, Winter 2020

Note from the Editor

Hello everyone! I hope everyone had a nice, relaxing holiday and that you are all feeling ready to tackle the new year! We've got a lot of exciting events coming up, starting with MidSouth Institute at the end of this month, January 29-31. You won't want to miss out on the educational and networking opportunities at GoldStrike Casino in Tunica, Mississippi. I can't promise you'll leave the casino with your pockets full of winnings, but you'll definitely go home with new insights on topics such as the opioid epidemic, artificial intelligence, accountable care organizations, and much more, not to mention great memories of dancing to Dr. Zarr's Amazing Funk Monster band.

Other upcoming events include the Revenue Cycle Seminar on February 20, the CFO Meeting on February 21, and the spring Annual Conference from April 22-24. Check out the website for more information. We hope to see you soon!

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President's Welcome

Greetings Arkansas members,

It is hard to believe that the holiday season is already over. I hope you and your families enjoyed the holiday season and were able to spend valuable time together!

The start of the new calendar year reminds us that we are nearing our chapter year end. As we start to prepare for the next chapter year, we start thinking about succession planning and chapter leaders for the upcoming year. When I attended the HFMA Leadership Training Conference the last few years, one thing that really stood out about our chapter is the dedication of our volunteers. I was surprised to hear that some of the other chapters struggled with this and asked the secret to our success. In my opinion, the 'secret sauce' of the Arkansas chapter is the connections you make – both professionally and personally. I have made friendships that will last well beyond my career. Those types of connections are what make all of the extra time I have put in as an HFMA volunteer worth it.



Jamison Ashley, 2019-2020 Chapter President

Volunteering is the best way to make those connections with your fellow members. There are several ways you can volunteer and we would love for you to get connected. There are several different roles with varying time commitments.

- Speak at an educational program – whether locally or nationally, this is a great way to share your expertise.
- Write an article – consider authoring an article for the Chapter's newsletter, maybe something you have knowledge or passion for or something you've done for work or school.
- Help the Association grow – share the same benefits with your colleagues and peers by encouraging their membership.
- Volunteer for the Chapter – Become a leader in your HFMA chapter by volunteering. Whether you're interested in serving on a committee, mentoring other HFMA members, or serving as an officer, you'll find that the time and expertise you offer are rewarded many times over through your personal and professional growth, influence on your chapter's future, and broadening of your professional network.

If you are interested in volunteering, I encourage you to reach out to any of our current chapter leaders or you can email arhfma@arkansashfma.org. We love fresh ideas and new perspectives – this is how we will ensure our Chapter's legacy continues and that we continue to serve YOU – the member.

We have some great events coming up. Our Mid-South Institute will be held at the Goldstrike Casino in Tunica, MS on January 29th – 31, 2020. In late February, you won't want to miss out on our CFO meeting and Revenue Cycle Seminar! I hope to see all of you there and look forward to networking with you!

Sincerely,

Jamison Ashley

Arkansas HFMA Chapter President

Meet a New Member



Zach Thomman is the controller at North Arkansas Regional Medical Center. Take a few minutes to get to know Zach, and be sure to welcome him to HFMA the next time you see him at a meeting!

Tell us a little about yourself.

My wife and I recently moved to Harrison, AR shortly after our son was born in the spring of 2019. Harrison, AR has been a great location for us as we are roughly half an hour away from many family members in the Branson, Missouri area. My wife and I enjoy many outdoor activities including scuba diving/spear fishing in the nearby lakes, riding dirt bikes at a family farm, attending outdoor concerts, golfing and camping.

What has surprised you the most about working in the healthcare finance industry?

Before moving to Harrison, I worked as an auditor for BKD in Springfield, Missouri. BKD has provided many decades of excellent service for the healthcare industry throughout the country and was a great experience for me to develop a robust understanding of the financial aspects surrounding healthcare. What originally interested me in healthcare finance and accounting, was all of the complexities surrounding the many different aspects of the healthcare revenue cycle and multiple payer systems. I enjoy a challenge and am glad that I have transitioned into the healthcare industry because it is hard industry in which to get bored due to continuous changes within the industry including regulatory compliance, revenue cycle management, etc.

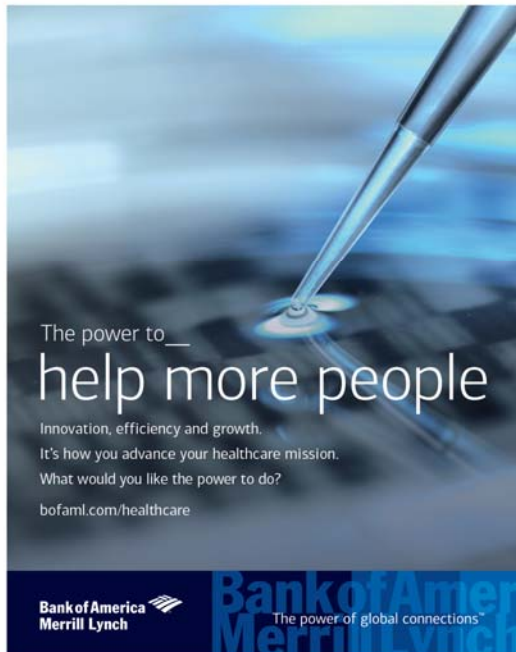
What would be your dream vacation?

As my wife and I both love scuba diving, I think our dream vacation would have to involve a good amount of diving. A dive trip in Australia with some beach lounging, golfing and lots of surf & turf also sprinkled in sounds like a perfect vacation to me!

If you could have dinner with anyone, present or historical, who would it be?

This is always an interesting question. As a Christian, I would have to say Jesus would be the obvious 1st choice. Outside of Him, I would have to say that my Grandad who passed away when I was a high school freshman might be my next choice. It would be great to have a conversation with him now that I am a father and have a few more years on me.

Chapter News



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Promotions!

We love celebrating our chapter members' career successes!

Congratulations to Loretta Hefley who was promoted to Revenue Integrity Manager at Baptist Health System! Loretta has 34 years of healthcare experience, including the last 6 at Baptist.

Congratulations to Brian Fowler who was promoted to CEO of Arkansas Surgical Hospital! Brian previously served as ASH's COO. He is also a past president of our chapter!

Our chapter is so proud to play a role in supporting the careers of our members! Have an exciting career milestone you'd like to share? Email arhfma@arkansashfma.org and let us know!

Job Openings

As a benefit to our members, the Arkansas HFMA website posts current job openings from around the state and region. We hope you are checking it out frequently! Go to <http://www.arkansashfma.org/careers> to see what is currently posted—you could find an amazing opportunity to advance your career!

MidSouth Institute

GoldStrike Casino, Tunica, MS

January 29-31

Here's everything you need to know about the upcoming MidSouth Institute:

Registration:

Go to <https://hfmamidsouth.org> to register and to view the brochure.

Philanthropy:

Our philanthropy project for this quarter will be taking donations for the Ronald McDonald House, which provides accommodations for families with children undergoing medical treatment. Please consider donating to this wonderful cause that is near and dear to many chapter members' hearts! See Lynann Hill for more information.

Networking:

Thursday, January 30—Dinner from 6 to 7:30 and then Dr. Zarr's Amazing Funk Monsters will play from 7:30 to 11:30. In celebration of Super Bowl Sunday, come decked out in support of your favorite team. Whether that's just wearing a jersey or full-on face paint is up to you! We'll also have football trivia and games with prizes. Don't miss out!!

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Proper Use of “Modifier 59” – Provider Compliance

Written by: Cathy Powers, CCS, RCP, ICD-10-CM/PCS Trainer, Education Coordinator Coding Services/
nThrive

The focus of modifier 59 is reimbursement. The foundation takes the form of supportive documentation and correct coding, without unbundling of procedures performed for the date of service. There have been years of controversy with this modifier and rightly so; substantiating documentation with payors to support the claims.

This leaves the providers with a quandary, to append or not to append! Let's review the rules and code conservatively rather than face an algorithm audit of extrapolation. Experience in the RAC contract system for years brings teachable insights worth sharing. The [Office of Inspector General \(OIG\)](#) has determined that overuse of modifier 59 is a good audit target. Modifier 59 is the most widely used modifier and has been incorrectly viewed as the top modifier to use extensively in bypassing the National Correct Coding Initiative (NCCI) edits. The use of this modifier has led to considerable abuse, resulting in RAC data mined audits and claim denials.

Modifier 59

There are occasions when procedures or services are performed distinct from other non-E/M services performed on the same day. The use of Modifier 59, Distinct Procedural Service, is used to identify such procedures/services.

- According to the CPT Assistant, March 2012, documentation should support the following:
 - **A different session, different procedure or surgery, different site or organ system, separate incision/excision, separate lesion, or separate injury.**
 - **Modifier 59 may be reported only if no other modifier is available and if the use of it best explains the circumstances.**
 - **Modifier 59 is also intended to assist in the reporting of codes with the separate procedure designation.**
 - Appending a **modifier 59** to procedures or services designated as “**separate**” are carried out independently, unrelated or distinct from other procedures or services provided at that time, may be reported by itself or in addition to other procedures or services supported in the documentation. This means it is not considered at all a component of/or integral to another procedure performed.

National Correct Coding Initiative (NCCI) Edits

There are Procedure to Procedure (PTP) edits in place to prevent unbundling of procedures resulting in overpayments to providers and outpatient facilities.

- The methodologies were instituted to control improper coding leading to inappropriate payments.
- There are procedures/services that should not be reported together as they are inclusive of one another. The filed claim would indicate a separate/additional payment and would be considered double billing.
- Bypassing the NCCI edits with Modifier 59 is incorrect claim filing if the documentation does not support the modifier, which in many instances it does not.
- "...CMS is concerned by this pattern of abuse because such behavior siphons off funds that should be available to legitimate and compliant providers and additionally unnecessarily increases beneficiary costs...." ¹

Yes, modifier 59 will clear a code edit but using it indiscriminately invites investigation. Documentation is paramount for correct reimbursement. Use the rules by the American Medical Association (AMA) and Current Procedural Terminology (CPT). Following the guidelines will offset any issues you might encounter with the use of this modifier. It has been so over used that Medicare put out **new modifiers to define subsets for modifier 59**. Those will be covered later in this article.

CPT Guidelines and Use of Modifier 59

According to the CPT Assistant, March 2012:

- Modifier 59 should not be appended to E/M codes
- The services provided must be properly documented in the medical record
- Modifier 59 and other NCCI-associated modifiers should NOT be used to bypass a PTP edit unless the proper criteria for use of the modifier are met

OIG and Cert Reports on the Use of Modifier 59 to Bypass Medicare's NCCI edits

The OIG reported has reported in the past that Modifier -59 was frequently applied inappropriately resulting in \$59 million in improper payments in 2003. "According to the 2013 CERT Report data, a

¹ <https://www.cms.gov/Medicare/Coding/NationalCorrectCodInitEd/Downloads/modifier59.pdf>

projected \$2.4 Billion in MPFS payments were made on lines with modifier -59, with a \$320 Million projected error rate. In facility payments, primarily OPPS, a projected \$11 Billion was billed on lines with a -59 modifier with a projected error of \$450 Million. This is a projected 1-year error of \$770 Million...”² The error types that were found by the OIG were primarily services that were not distinct, services not documented, inaccurate codes, and documentation insufficient to determine a procedural service.

Examples of Modifier 59

Example: Column 1 Code / Column 2 Code – **17000 / 11100**

- “CPT Code 17000 – Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses); first lesion
- CPT Code 11100 – Biopsy of skin, subcutaneous tissue and/or mucous membrane (including simple closure), unless otherwise listed; single lesion

Modifier 59 may be reported with code 11100 if the procedures are performed at different anatomic sites on the same side of the body and a specific anatomic modifier is not applicable. If the procedures are performed on different sides of the body, modifiers RT and LT or another pair of anatomic modifiers should be used, not Modifier 59.

- Modifier 59 is used appropriately for different anatomic sites during the same encounter only when procedures which are not ordinarily performed or encountered on the same day are performed on different organs, or different anatomic regions, or in limited situations on different, non-contiguous lesions in different anatomic regions of the same organ.

Example: Column 1 Code / Column 2 Code – **29827 / 29820**

- CPT Code 29827 – Arthroscopy, shoulder, surgical; with rotator cuff repair
- CPT Code 29820 – Arthroscopy, shoulder, surgical; synovectomy, partial

CPT code 29820 should not be reported and modifier 59 should not be used if both procedures are performed on the same shoulder during the same operative session because the shoulder joint is a single anatomic structure. Procedures performed on different shoulders use modifiers RT and LT, not modifier 59.”³

² <https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R1422OTN.pdf>

³ <https://www.cms.gov/Medicare/Coding/NationalCorrectCodInitEd/Downloads/modifier59.pdf>

CMS established Subsets for Modifier 59

These are modifiers used to indicate that a bundled procedure can be reported separately in the following specific services. They were **created to provide more specificity than Modifier 59**. The supportive documentation must clearly fit the modifier's definition in order to bypass the edit, and the edit should not be bypassed if it does not. According to [CMS](#):

- **Modifier XS:** Used for a service is distinct because it was performed on a **separate organ/structure**. If the column 1 procedure and the column 2 procedure were performed on different anatomical sites, the procedures should not be bundled.
- **Modifier XP:** Indicates that a service is distinct because it was performed by a **different physician**. Edits only apply to a single physician.
- **Modifier XE:** Indicates that a service is distinct because it was performed in a **separate encounter**. If the procedures aren't performed in the same encounter they may be reported separately.
- **Modifier -XU:** Indicates that a service is distinct because it **does not overlap usual components of the column 1 code**. The types of services that fall into this category would be true diagnostic imaging in the same encounter as an intervention. It indicates that the column 2 code wasn't imaging guidance for the intervention, but a separate and distinct diagnostic imaging study.

An NCCI edit should rarely be **bypassed with a modifier**. Documentation must support a **separate structure, a separate encounter, or the unique aspect of the column two procedure that would allow it to be reported separately**. Do not **add a distinct procedure modifier to a code because the NCCI says the edit can be bypassed**; that edit notification is only an alert. There must be supportive documentation on whether the two procedures are **“separate and distinct.”**

- That documentation can be sent along with the claim avoiding a hold on the claim.
- Documentation supporting the clinical indications of the procedures performed and substantiating why a modifier if used was appropriate; is the best way to submit your claims.

For more guidance on correct claim submissions and avoidance of overpayment recoveries, reference the following sources:

MLN Matters® Special Edition Article

[OIG Reports Highlight Hospital Billing Issues](#)
[Proper Use of Modifier 59](#)

MLN Matters Article:

[Specific Modifiers for Distinct Procedural Services](#)

Medicare Provider Compliance Newsletters:

[Medicare Quarterly Provider Compliance Newsletter, Volume 2, Issue 1](#)

[Medicare Quarterly Provider Compliance Newsletter, Volume 7, Issue 4](#)

Resources:

- **CPT Assistant, March 2012, Volume22, Issue 3, page 4**
- <https://www.cms.gov/Outreach-and-Education/Outreach/FFSProvPartProg/Provider-Partnership-Email-Archive-Items/2017-09-20-eneews.html#Toc493668147>
- <https://www.cms.gov/apps/ama/license.asp?file=/Medicare/Coding/NationalCorrectCodInitEd/downloads/2018-Jul-Practitioner-PTP-Edits-v242-f1.zip>
- <https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R14220TN.pdf>
- <https://oig.hhs.gov/oei/reports/oei-03-02-00771.pdf>
- <https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R14220TN.pdf>



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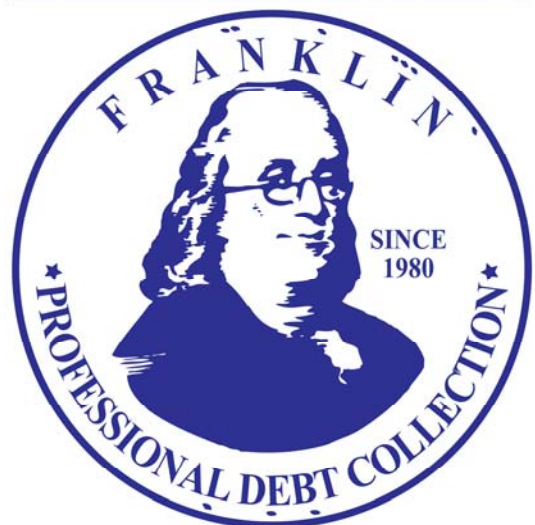
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