



# Derm Coding Consult

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## CMS Newest Review Facilitated by local MACs - Target Probe and Education (TPE)

On September 15, 2017, the Centers for Medicare and Medicaid Services (CMS) announced a Change Proposal -CP10249, which details the expansion of the existing Targeted Probe and Educate (TPE) Pilot to include all Medicare Administrative Contractors (MAC) due to its success. The purpose of this expansion is to reduce appeals, decrease provider burden, and improve the medical review/education process.

This Targeted Probe and Educate Medical Review Strategy (TPE) is a new type of auditing process. Rather than the punitive correction action following most government audits, this updated program will use a more individualized educational approach that hones in on claim error rates and overutilization associated with a specific, national provider identifier (NPI). Ultimately, it will replace all current complex and routine reviews in the MAC's Improper Payment Reduction Strategy (IPRS) with three rounds of a pre-payment Targeted Probe & Educate process.

In the earlier TPE model, CMS selected the medical review subjects for all MAC lines of business. This newest approach will attempt to drill down to how "specific providers" are performing on a given type of service. With this approach, the intent is to lessen the burden and the disruption to well performing providers and to be able to provide assistance to low performing providers to improve documentation.

Like all audits, a mailed letter is sent to providers requesting review of 20 to 40 medical records. The MACs are limited to a 40 chart request and a specific service for review based on data analysis procedures.

This new Target Probe review is different in that it is prepayment based, it has three separate review rounds to allow a provider to meet the MAC's compliance standards of a specific service using individualized review, and is then followed by 'one on one' educational sessions. If errors are found during the first review within the CMS/

MAC acceptable error rate, the review is considered a success and the provider is in the clear for the next 12 calendar months for this specific service. However, if a higher error rate is found, a second round of medical records will be requested and reviewed with the possibility of a third round if necessary. To avoid corrective action, a passing error rate needs to be met. Presently, the error rate has not been disclosed, rates vary based on the different types of services.

The MAC will send the audit results. If the audit was unsuccessful, the reason for denials and additional Medicare regulations will be included in the report and education will commence shortly thereafter.

After each round of reviews, the MAC will provide education directly to the provider. It's the TPE's 'one on one' individual provider education that make this type of audit different and has been proven to be successful in CMS' early pilot. The local MAC personnel shall provide the education after the first and/or second failed review.

According to CMS, the MAC will determine the type of educational methods used which can include, letters,

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### IMPORTANT Please Route to:

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teleconference calls, electronic visits using webinar technology and/or provider report cards. The intent of the education is to focus on improving specific issues without allowing other problems to develop.

This specialized 'one on one' education has shown successful improvement in lowering the provider's error rate. If there is no improvement to the error rate, the MAC will offer the provider a detailed explanation of the denials with the addition of Medicare regulations. Before the next review, there is an opportunity for intra-round education if the reviewer identifies a common theme that can easily be corrected during the review process. If the provider fails all three review rounds with education, CMS has directed the MAC to refer the provider for additional action of ZPIC, RAC auditors, etc.

Take advantage of this 'one on one' TPE education. It may take time to change established habits and improve documentation and error rates. It's a recourse for timely education which may eliminate another TPE and/or other audit.

CMS TPE site: <http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/Medical-Review/Targeted-Probe-and-EducateTPE.html>

## Medicare Takes Aim on Improper Payments

Medicare estimates that over \$40 billion in improper payments were made in 2016. According to Jonathan Morse, Acting Deputy Administrator and Director at the CMS Center of Program Integrity (CPI), improper

payments are most often due to payments for which there is no or insufficient supporting documentation to support the medical necessity of the service provided. Medicare plans to continue efforts to increase physician compliance education and will continue to prevent and recover improper payments.

There are a number of audit entities. Each one, has a goal, a type, and a timing type of recoupment. The chart below details the most frequent types of audits.

Contractor Type	Goal	Review Type	Timing
CERT	Measure incidents of improper payments	Medical Record review	Post payment
Medicare Administrative Contractors	Prevent future improper payments	Automated medical record review	Prepayment
Recovery Audit Contractors	Detect and correct past improper payments	Automated medical record review	Post payment
Zone Program Integrity Contractors	Identify potential fraud	Automated medical record review	Pre and post payment
Office of Inspector General	Identify fraud and improper payments	Automated medical record review	Pre and post payment

CMS audits are on the rise. To assist you through the audit process, the AAD has an Audit Toolkit available at <https://www.aad.org/practicecenter/coding-and-reimbursement/coding/audits-fraud-abuse> ❖

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### Editor's Notes:

The material presented herein is, to the best of our knowledge accurate and factual to date. The information and suggestions are provided as guidelines for coding and reimbursement and should not be construed as organizational policy. The American Academy of Dermatology/Association disclaims any responsibility for the consequences of actions taken, based on the information presented in this newsletter.

### Mission Statement:

*Derm Coding Consult* is published quarterly (March, June, September and December) to provide up-to-date information on coding and reimbursement issues pertinent to dermatology practice.

### Address Correspondence to:

Mollie MacCormack, MD, FAAD  
Editorial Board Derm Coding Consult  
American Academy of Dermatology Association  
P.O. Box 4014 Schaumburg, IL 60168-4014

# CMS Releases 2018 First Quarterly CCI Edit Updates, Effective January 1, 2018

Correct coding is essential to the financial health of all dermatology practices. To avoid incorrect coding that lead to inaccurate claims and risk reimbursement delays, CMS offers the National Correct Coding Initiative (NCCI) Edits, which it maintains and updates.

Starting on January 1, 2018, several new dermatology-specific Procedure-to-Procedure (PTP) edits, Version 24.0 will go into effect.

## Rationale and Appropriate use of the new PDT Codes

**96567** *Photodynamic therapy by external application of light to destroy premalignant lesions of the skin and adjacent mucosa with application and illumination/activation of photosensitizing drug(s), per day*

**Report 96567** when the physician or other qualified health care professional (QHP) **is not directly involved in the delivery** of the photodynamic therapy service, per day

**96573** *Photodynamic therapy by external application of light to destroy premalignant lesions of the skin and adjacent mucosa with application and illumination/activation of photosensitizing drug(s) provided by a physician or other qualified health care professional, per day*

**Report 96573** when the physician or other qualified health care professional (QHP) is **directly involved in the delivery** of the photodynamic therapy service, per day. The physician or QHCP must be involved in the application of the ALA and turning on the light therapy.

**Do not report 96573 in conjunction with 96567, 96574 for the same anatomic area**

**96574** *Debridement of premalignant hyperkeratotic lesion(s) (i.e. targeted curettage, abrasion) followed with photodynamic therapy by external application of light to destroy premalignant lesions of the skin and adjacent mucosa with application and illumination/activation of photosensitizing drug(s) provided by a physician or other qualified health care professional, per day*

**Report 96574** when the physician or other qualified health care professional (QHP) **performs debridement to the hyperkeratotic lesion (e.g. targeted curettage, abrasion) and is directly involved in the delivery** of the photodynamic therapy service, per day. The physician or QHCP must debride the hyperkeratotic lesion(s) and should be directly involved in the application of the ALA and turning on the light therapy.

It is inappropriate to report the debridement codes 1100x series for the same lesion during the same PDT encounter, (code 96574) that includes debridement as part of the service. If debridement is performed on a different lesion (other than the lesion being treated with PDT), the appropriate modifier 59 must be appended.

**Do not report 96574 in conjunction with 96567, 96573 for the same anatomic area.**

See more code combinations below.

## New PTP NCCI Edits effective Janury 1, 2018

Column 1 Code	Column 2 Code	Effective Date	Modifier 0=not allowed; 1=allowed; 9=not applicable	PTP Edit Rationale	Column 1 HCPCS/CPT Code Descriptor	Column 2 HCPCS/CPT Code Descriptor
96573	96567	20180101	1	CPT Instruction	Photodynamic therapy by external application of light to destroy premalignant lesions of the skin and adjacent mucosa with application and illumination/activation of photosensitizing drug(s) provided by a physician or other qualified health care professional, per day	Photodynamic therapy by external application of light to destroy premalignant lesions of the skin and adjacent mucosa with application and illumination/activation of photosensitizing drug(s), per day
96574	96567	20180101	1	CPT Instruction	Debridement of premalignant hyperkeratotic lesion(s) (ie, targeted curettage, abrasion) followed with photodynamic therapy by external application of light to destroy premalignant lesions of the skin and adjacent mucosa with application and illumination/activation of photosensitizing drug(s) provided by a physician or other qualified health care professional, per day	Photodynamic therapy by external application of light to destroy premalignant lesions of the skin and adjacent mucosa with application and illumination/activation of photosensitizing drug(s), per day
96574	96573	20180101	1	CPT Instruction	Debridement of premalignant hyperkeratotic lesion(s) (ie, targeted curettage, abrasion) followed with photodynamic therapy by external application of light to destroy premalignant lesions of the skin and adjacent mucosa with application and illumination/activation of photosensitizing drug(s) provided by a physician or other qualified health care professional, per day	Photodynamic therapy by external application of light to destroy premalignant lesions of the skin and adjacent mucosa with application and illumination/activation of photosensitizing drug(s) provided by a physician or other qualified health care professional, per day
96573	11000	20180101	1	CPT Instruction	Photodynamic therapy by external application of light to destroy premalignant lesions of the skin and adjacent mucosa with application and illumination/activation of photosensitizing drug(s) provided by a physician or other qualified health care professional, per day	Debridement of extensive eczematous or infected skin; up to 10% of body surface
96574	11000	20180101	1	CPT Instruction	Debridement of premalignant hyperkeratotic lesion(s) (ie, targeted curettage, abrasion) followed with photodynamic therapy by external application of light to destroy premalignant lesions of the skin and adjacent mucosa with application and illumination/activation of photosensitizing drug(s) provided by a physician or other qualified health care professional, per day	Debridement of extensive eczematous or infected skin; up to 10% of body surface
96573	11001	20180101	1	CPT Instruction	Photodynamic therapy by external application of light to destroy premalignant lesions of the skin and adjacent mucosa with application and illumination/activation of photosensitizing drug(s) provided by a physician or other qualified health care professional, per day	Debridement of extensive eczematous or infected skin; each additional 10% of the body surface, or part thereof (List separately in addition to code for primary procedure)

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Column 1 Code	Column 2 Code	Effective Date	Modifier 0=not allowed; 1=allowed; 9=not applicable	PTP Edit Rationale	Column 1 HCPCS/CPT Code Descriptor	Column 2 HCPCS/CPT Code Descriptor
96574	11001	20180101	1	CPT Instruction	Debridement of premalignant hyperkeratotic lesion(s) (ie, targeted curettage, abrasion) followed with photodynamic therapy by external application of light to destroy premalignant lesions of the skin and adjacent mucosa with application and illumination/activation of photosensitizing drug(s) provided by a physician or other qualified health care professional, per day	Debridement of extensive eczematous or infected skin; each additional 10% of the body surface, or part thereof (List separately in addition to code for primary procedure)
96573	11004	20180101	1	CPT Instruction	Photodynamic therapy by external application of light to destroy premalignant lesions of the skin and adjacent mucosa with application and illumination/activation of photosensitizing drug(s) provided by a physician or other qualified health care professional, per day	Debridement of skin, subcutaneous tissue, muscle and fascia for necrotizing soft tissue infection; external genitalia and perineum
96574	11004	20180101	1	CPT Instruction	Debridement of premalignant hyperkeratotic lesion(s) (ie, targeted curettage, abrasion) followed with photodynamic therapy by external application of light to destroy premalignant lesions of the skin and adjacent mucosa with application and illumination/activation of photosensitizing drug(s) provided by a physician or other qualified health care professional, per day	Debridement of skin, subcutaneous tissue, muscle and fascia for necrotizing soft tissue infection; external genitalia and perineum
96573	11005	20180101	1	CPT Instruction	Photodynamic therapy by external application of light to destroy premalignant lesions of the skin and adjacent mucosa with application and illumination/activation of photosensitizing drug(s) provided by a physician or other qualified health care professional, per day	Debridement of skin, subcutaneous tissue, muscle and fascia for necrotizing soft tissue infection; abdominal wall, with or without fascial closure
96574	11005	20180101	1	CPT Instruction	Debridement of premalignant hyperkeratotic lesion(s) (ie, targeted curettage, abrasion) followed with photodynamic therapy by external application of light to destroy premalignant lesions of the skin and adjacent mucosa with application and illumination/activation of photosensitizing drug(s) provided by a physician or other qualified health care professional, per day	Debridement of skin, subcutaneous tissue, muscle and fascia for necrotizing soft tissue infection; abdominal wall, with or without fascial closure
96573	11100	20180101	1	CPT Instruction	Photodynamic therapy by external application of light to destroy premalignant lesions of the skin and adjacent mucosa with application and illumination/activation of photosensitizing drug(s) provided by a physician or other qualified health care professional, per day	Biopsy of skin, subcutaneous tissue and/or mucous membrane (including simple closure), unless otherwise listed; single lesion
96574	11100	20180101	1	CPT Instruction	Debridement of premalignant hyperkeratotic lesion(s) (ie, targeted curettage, abrasion) followed with photodynamic therapy by external application of light to destroy premalignant lesions of the skin and adjacent mucosa with application and illumination/activation of photosensitizing drug(s) provided by a physician or other qualified health care professional, per day	Biopsy of skin, subcutaneous tissue and/or mucous membrane (including simple closure), unless otherwise listed; single lesion
96573	11101	20180101	1	CPT Instruction	Photodynamic therapy by external application of light to destroy premalignant lesions of the skin and adjacent mucosa with application and illumination/activation of photosensitizing drug(s) provided by a physician or other qualified health care professional, per day	Biopsy of skin, subcutaneous tissue and/or mucous membrane (including simple closure), unless otherwise listed; each separate/additional lesion (List separately in addition to code for primary procedure)
96574	11101	20180101	1	CPT Instruction	Debridement of premalignant hyperkeratotic lesion(s) (ie, targeted curettage, abrasion) followed with photodynamic therapy by external application of light to destroy premalignant lesions of the skin and adjacent mucosa with application and illumination/activation of photosensitizing drug(s) provided by a physician or other qualified health care professional, per day	Biopsy of skin, subcutaneous tissue and/or mucous membrane (including simple closure), unless otherwise listed; each separate/additional lesion (List separately in addition to code for primary procedure)
96573	11300	20180101	1	CPT Instruction	Photodynamic therapy by external application of light to destroy premalignant lesions of the skin and adjacent mucosa with application and illumination/activation of photosensitizing drug(s) provided by a physician or other qualified health care professional, per day	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 0.5 cm or less
96574	11300	20180101	1	CPT Instruction	Debridement of premalignant hyperkeratotic lesion(s) (ie, targeted curettage, abrasion) followed with photodynamic therapy by external application of light to destroy premalignant lesions of the skin and adjacent mucosa with application and illumination/activation of photosensitizing drug(s) provided by a physician or other qualified health care professional, per day	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 0.5 cm or less
96573	11301	20180101	1	CPT Instruction	Photodynamic therapy by external application of light to destroy premalignant lesions of the skin and adjacent mucosa with application and illumination/activation of photosensitizing drug(s) provided by a physician or other qualified health care professional, per day	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 0.6 to 1.0 cm
96574	11301	20180101	1	CPT Instruction	Debridement of premalignant hyperkeratotic lesion(s) (ie, targeted curettage, abrasion) followed with photodynamic therapy by external application of light to destroy premalignant lesions of the skin and adjacent mucosa with application and illumination/activation of photosensitizing drug(s) provided by a physician or other qualified health care professional, per day	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 0.6 to 1.0 cm
96573	11302	20180101	1	CPT Instruction	Photodynamic therapy by external application of light to destroy premalignant lesions of the skin and adjacent mucosa with application and illumination/activation of photosensitizing drug(s) provided by a physician or other qualified health care professional, per day	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 1.1 to 2.0 cm
96574	11302	20180101	1	CPT Instruction	Debridement of premalignant hyperkeratotic lesion(s) (ie, targeted curettage, abrasion) followed with photodynamic therapy by external application of light to destroy premalignant lesions of the skin and adjacent mucosa with application and illumination/activation of photosensitizing drug(s) provided by a physician or other qualified health care professional, per day	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 1.1 to 2.0 cm
96573	11303	20180101	1	CPT Instruction	Photodynamic therapy by external application of light to destroy premalignant lesions of the skin and adjacent mucosa with application and illumination/activation of photosensitizing drug(s) provided by a physician or other qualified health care professional, per day	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter over 2.0 cm
96574	11303	20180101	1	CPT Instruction	Debridement of premalignant hyperkeratotic lesion(s) (ie, targeted curettage, abrasion) followed with photodynamic therapy by external application of light to destroy premalignant lesions of the skin and adjacent mucosa with application and illumination/activation of photosensitizing drug(s) provided by a physician or other qualified health care professional, per day	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter over 2.0 cm

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Column 1 Code	Column 2 Code	Effective Date	Modifier 0=not allowed; 1=allowed; 9=not applicable	PTP Edit Rationale	Column 1 HCPCS/CPT Code Descriptor	Column 2 HCPCS/CPT Code Descriptor
96573	11305	20180101	1	CPT Instruction	Photodynamic therapy by external application of light to destroy premalignant lesions of the skin and adjacent mucosa with application and illumination/activation of photosensitizing drug(s) provided by a physician or other qualified health care professional, per day	Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter 0.5 cm or less
96574	11305	20180101	1	CPT Instruction	Debridement of premalignant hyperkeratotic lesion(s) (ie, targeted curettage, abrasion) followed with photodynamic therapy by external application of light to destroy premalignant lesions of the skin and adjacent mucosa with application and illumination/activation of photosensitizing drug(s) provided by a physician or other qualified health care professional, per day	Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter 0.5 cm or less
96573	11306	20180101	1	CPT Instruction	Photodynamic therapy by external application of light to destroy premalignant lesions of the skin and adjacent mucosa with application and illumination/activation of photosensitizing drug(s) provided by a physician or other qualified health care professional, per day	Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter 0.6 to 1.0 cm
96574	11306	20180101	1	CPT Instruction	Debridement of premalignant hyperkeratotic lesion(s) (ie, targeted curettage, abrasion) followed with photodynamic therapy by external application of light to destroy premalignant lesions of the skin and adjacent mucosa with application and illumination/activation of photosensitizing drug(s) provided by a physician or other qualified health care professional, per day	Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter 0.6 to 1.0 cm
96573	11307	20180101	1	CPT Instruction	Photodynamic therapy by external application of light to destroy premalignant lesions of the skin and adjacent mucosa with application and illumination/activation of photosensitizing drug(s) provided by a physician or other qualified health care professional, per day	Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter 1.1 to 2.0 cm
96574	11307	20180101	1	CPT Instruction	Debridement of premalignant hyperkeratotic lesion(s) (ie, targeted curettage, abrasion) followed with photodynamic therapy by external application of light to destroy premalignant lesions of the skin and adjacent mucosa with application and illumination/activation of photosensitizing drug(s) provided by a physician or other qualified health care professional, per day	Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter 1.1 to 2.0 cm
96573	11308	20180101	1	CPT Instruction	Photodynamic therapy by external application of light to destroy premalignant lesions of the skin and adjacent mucosa with application and illumination/activation of photosensitizing drug(s) provided by a physician or other qualified health care professional, per day	Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter over 2.0 cm
96574	11308	20180101	1	CPT Instruction	Debridement of premalignant hyperkeratotic lesion(s) (ie, targeted curettage, abrasion) followed with photodynamic therapy by external application of light to destroy premalignant lesions of the skin and adjacent mucosa with application and illumination/activation of photosensitizing drug(s) provided by a physician or other qualified health care professional, per day	Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter over 2.0 cm
96573	11310	20180101	1	CPT Instruction	Photodynamic therapy by external application of light to destroy premalignant lesions of the skin and adjacent mucosa with application and illumination/activation of photosensitizing drug(s) provided by a physician or other qualified health care professional, per day	Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.5 cm or less
96574	11310	20180101	1	CPT Instruction	Debridement of premalignant hyperkeratotic lesion(s) (ie, targeted curettage, abrasion) followed with photodynamic therapy by external application of light to destroy premalignant lesions of the skin and adjacent mucosa with application and illumination/activation of photosensitizing drug(s) provided by a physician or other qualified health care professional, per day	Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.5 cm or less
96573	11311	20180101	1	CPT Instruction	Photodynamic therapy by external application of light to destroy premalignant lesions of the skin and adjacent mucosa with application and illumination/activation of photosensitizing drug(s) provided by a physician or other qualified health care professional, per day	Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.6 to 1.0 cm
96574	11311	20180101	1	CPT Instruction	Debridement of premalignant hyperkeratotic lesion(s) (ie, targeted curettage, abrasion) followed with photodynamic therapy by external application of light to destroy premalignant lesions of the skin and adjacent mucosa with application and illumination/activation of photosensitizing drug(s) provided by a physician or other qualified health care professional, per day	Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.6 to 1.0 cm
96573	11312	20180101	1	CPT Instruction	Photodynamic therapy by external application of light to destroy premalignant lesions of the skin and adjacent mucosa with application and illumination/activation of photosensitizing drug(s) provided by a physician or other qualified health care professional, per day	Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 1.1 to 2.0 cm
96574	11312	20180101	1	CPT Instruction	Debridement of premalignant hyperkeratotic lesion(s) (ie, targeted curettage, abrasion) followed with photodynamic therapy by external application of light to destroy premalignant lesions of the skin and adjacent mucosa with application and illumination/activation of photosensitizing drug(s) provided by a physician or other qualified health care professional, per day	Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 1.1 to 2.0 cm
96573	11313	20180101	1	CPT Instruction	Photodynamic therapy by external application of light to destroy premalignant lesions of the skin and adjacent mucosa with application and illumination/activation of photosensitizing drug(s) provided by a physician or other qualified health care professional, per day	Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter over 2.0 cm
96574	11313	20180101	1	CPT Instruction	Debridement of premalignant hyperkeratotic lesion(s) (ie, targeted curettage, abrasion) followed with photodynamic therapy by external application of light to destroy premalignant lesions of the skin and adjacent mucosa with application and illumination/activation of photosensitizing drug(s) provided by a physician or other qualified health care professional, per day	Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter over 2.0 cm
96573	11400	20180101	1	CPT Instruction	Photodynamic therapy by external application of light to destroy premalignant lesions of the skin and adjacent mucosa with application and illumination/activation of photosensitizing drug(s) provided by a physician or other qualified health care professional, per day	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 0.5 cm or less
96574	11400	20180101	1	CPT Instruction	Debridement of premalignant hyperkeratotic lesion(s) (ie, targeted curettage, abrasion) followed with photodynamic therapy by external application of light to destroy premalignant lesions of the skin and adjacent mucosa with application and illumination/activation of photosensitizing drug(s) provided by a physician or other qualified health care professional, per day	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 0.5 cm or less

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Column 1 Code	Column 2 Code	Effective Date	Modifier 0=not allowed; 1=allowed; 9=not applicable	PTP Edit Rationale	Column 1 HCPCS/CPT Code Descriptor	Column 2 HCPCS/CPT Code Descriptor
96573	11424	20180101	1	CPT Instruction	Photodynamic therapy by external application of light to destroy premalignant lesions of the skin and adjacent mucosa with application and illumination/activation of photosensitizing drug(s) provided by a physician or other qualified health care professional, per day	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 3.1 to 4.0 cm
96574	11424	20180101	1	CPT Instruction	Debridement of premalignant hyperkeratotic lesion(s) (ie, targeted curettage, abrasion) followed with photodynamic therapy by external application of light to destroy premalignant lesions of the skin and adjacent mucosa with application and illumination/activation of photosensitizing drug(s) provided by a physician or other qualified health care professional, per day	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 3.1 to 4.0 cm
96573	11426	20180101	1	CPT Instruction	Photodynamic therapy by external application of light to destroy premalignant lesions of the skin and adjacent mucosa with application and illumination/activation of photosensitizing drug(s) provided by a physician or other qualified health care professional, per day	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter over 4.0 cm
96574	11426	20180101	1	CPT Instruction	Debridement of premalignant hyperkeratotic lesion(s) (ie, targeted curettage, abrasion) followed with photodynamic therapy by external application of light to destroy premalignant lesions of the skin and adjacent mucosa with application and illumination/activation of photosensitizing drug(s) provided by a physician or other qualified health care professional, per day	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter over 4.0 cm
96573	11440	20180101	1	CPT Instruction	Photodynamic therapy by external application of light to destroy premalignant lesions of the skin and adjacent mucosa with application and illumination/activation of photosensitizing drug(s) provided by a physician or other qualified health care professional, per day	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 0.5 cm or less
96574	11440	20180101	1	CPT Instruction	Debridement of premalignant hyperkeratotic lesion(s) (ie, targeted curettage, abrasion) followed with photodynamic therapy by external application of light to destroy premalignant lesions of the skin and adjacent mucosa with application and illumination/activation of photosensitizing drug(s) provided by a physician or other qualified health care professional, per day	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 0.5 cm or less
96573	11441	20180101	1	CPT Instruction	Photodynamic therapy by external application of light to destroy premalignant lesions of the skin and adjacent mucosa with application and illumination/activation of photosensitizing drug(s) provided by a physician or other qualified health care professional, per day	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 0.6 to 1.0 cm
96574	11441	20180101	1	CPT Instruction	Debridement of premalignant hyperkeratotic lesion(s) (ie, targeted curettage, abrasion) followed with photodynamic therapy by external application of light to destroy premalignant lesions of the skin and adjacent mucosa with application and illumination/activation of photosensitizing drug(s) provided by a physician or other qualified health care professional, per day	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 0.6 to 1.0 cm
96573	11442	20180101	1	CPT Instruction	Photodynamic therapy by external application of light to destroy premalignant lesions of the skin and adjacent mucosa with application and illumination/activation of photosensitizing drug(s) provided by a physician or other qualified health care professional, per day	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 1.1 to 2.0 cm
96574	11442	20180101	1	CPT Instruction	Debridement of premalignant hyperkeratotic lesion(s) (ie, targeted curettage, abrasion) followed with photodynamic therapy by external application of light to destroy premalignant lesions of the skin and adjacent mucosa with application and illumination/activation of photosensitizing drug(s) provided by a physician or other qualified health care professional, per day	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 1.1 to 2.0 cm
96573	11443	20180101	1	CPT Instruction	Photodynamic therapy by external application of light to destroy premalignant lesions of the skin and adjacent mucosa with application and illumination/activation of photosensitizing drug(s) provided by a physician or other qualified health care professional, per day	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 2.1 to 3.0 cm
96574	11443	20180101	1	CPT Instruction	Debridement of premalignant hyperkeratotic lesion(s) (ie, targeted curettage, abrasion) followed with photodynamic therapy by external application of light to destroy premalignant lesions of the skin and adjacent mucosa with application and illumination/activation of photosensitizing drug(s) provided by a physician or other qualified health care professional, per day	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 2.1 to 3.0 cm
96573	11444	20180101	1	CPT Instruction	Photodynamic therapy by external application of light to destroy premalignant lesions of the skin and adjacent mucosa with application and illumination/activation of photosensitizing drug(s) provided by a physician or other qualified health care professional, per day	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 3.1 to 4.0 cm
96574	11444	20180101	1	CPT Instruction	Debridement of premalignant hyperkeratotic lesion(s) (ie, targeted curettage, abrasion) followed with photodynamic therapy by external application of light to destroy premalignant lesions of the skin and adjacent mucosa with application and illumination/activation of photosensitizing drug(s) provided by a physician or other qualified health care professional, per day	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 3.1 to 4.0 cm
96573	11446	20180101	1	CPT Instruction	Photodynamic therapy by external application of light to destroy premalignant lesions of the skin and adjacent mucosa with application and illumination/activation of photosensitizing drug(s) provided by a physician or other qualified health care professional, per day	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter over 4.0 cm
96574	11446	20180101	1	CPT Instruction	Debridement of premalignant hyperkeratotic lesion(s) (ie, targeted curettage, abrasion) followed with photodynamic therapy by external application of light to destroy premalignant lesions of the skin and adjacent mucosa with application and illumination/activation of photosensitizing drug(s) provided by a physician or other qualified health care professional, per day	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter over 4.0 cm

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Column 1 Code	Column 2 Code	Effective Date	Modifier 0=not allowed; 1=allowed; 9=not applicable	PTP Edit Rationale	Column 1 HCPCS/CPT Code Descriptor	Column 2 HCPCS/CPT Code Descriptor
96573	11450	20180101	1	CPT Instruction	Photodynamic therapy by external application of light to destroy premalignant lesions of the skin and adjacent mucosa with application and illumination/activation of photosensitizing drug(s) provided by a physician or other qualified health care professional, per day	Excision of skin and subcutaneous tissue for hidradenitis, axillary; with simple or intermediate repair
96574	11450	20180101	1	CPT Instruction	Debridement of premalignant hyperkeratotic lesion(s) (ie, targeted curettage, abrasion) followed with photodynamic therapy by external application of light to destroy premalignant lesions of the skin and adjacent mucosa with application and illumination/activation of photosensitizing drug(s) provided by a physician or other qualified health care professional, per day	Excision of skin and subcutaneous tissue for hidradenitis, axillary; with simple or intermediate repair
96573	11451	20180101	1	CPT Instruction	Photodynamic therapy by external application of light to destroy premalignant lesions of the skin and adjacent mucosa with application and illumination/activation of photosensitizing drug(s) provided by a physician or other qualified health care professional, per day	Excision of skin and subcutaneous tissue for hidradenitis, axillary; with complex repair
96574	11451	20180101	1	CPT Instruction	Debridement of premalignant hyperkeratotic lesion(s) (ie, targeted curettage, abrasion) followed with photodynamic therapy by external application of light to destroy premalignant lesions of the skin and adjacent mucosa with application and illumination/activation of photosensitizing drug(s) provided by a physician or other qualified health care professional, per day	Excision of skin and subcutaneous tissue for hidradenitis, axillary; with complex repair
96573	11462	20180101	1	CPT Instruction	Photodynamic therapy by external application of light to destroy premalignant lesions of the skin and adjacent mucosa with application and illumination/activation of photosensitizing drug(s) provided by a physician or other qualified health care professional, per day	Excision of skin and subcutaneous tissue for hidradenitis, inguinal; with simple or intermediate repair
96574	11462	20180101	1	CPT Instruction	Debridement of premalignant hyperkeratotic lesion(s) (ie, targeted curettage, abrasion) followed with photodynamic therapy by external application of light to destroy premalignant lesions of the skin and adjacent mucosa with application and illumination/activation of photosensitizing drug(s) provided by a physician or other qualified health care professional, per day	Excision of skin and subcutaneous tissue for hidradenitis, inguinal; with simple or intermediate repair
96573	11463	20180101	1	CPT Instruction	Photodynamic therapy by external application of light to destroy premalignant lesions of the skin and adjacent mucosa with application and illumination/activation of photosensitizing drug(s) provided by a physician or other qualified health care professional, per day	Excision of skin and subcutaneous tissue for hidradenitis, inguinal; with complex repair
96574	11463	20180101	1	CPT Instruction	Debridement of premalignant hyperkeratotic lesion(s) (ie, targeted curettage, abrasion) followed with photodynamic therapy by external application of light to destroy premalignant lesions of the skin and adjacent mucosa with application and illumination/activation of photosensitizing drug(s) provided by a physician or other qualified health care professional, per day	Excision of skin and subcutaneous tissue for hidradenitis, inguinal; with complex repair
96573	11470	20180101	1	CPT Instruction	Photodynamic therapy by external application of light to destroy premalignant lesions of the skin and adjacent mucosa with application and illumination/activation of photosensitizing drug(s) provided by a physician or other qualified health care professional, per day	Excision of skin and subcutaneous tissue for hidradenitis, perianal, perineal, or umbilical; with simple or intermediate repair
96574	11470	20180101	1	CPT Instruction	Debridement of premalignant hyperkeratotic lesion(s) (ie, targeted curettage, abrasion) followed with photodynamic therapy by external application of light to destroy premalignant lesions of the skin and adjacent mucosa with application and illumination/activation of photosensitizing drug(s) provided by a physician or other qualified health care professional, per day	Excision of skin and subcutaneous tissue for hidradenitis, perianal, perineal, or umbilical; with simple or intermediate repair
96573	11471	20180101	1	CPT Instruction	Photodynamic therapy by external application of light to destroy premalignant lesions of the skin and adjacent mucosa with application and illumination/activation of photosensitizing drug(s) provided by a physician or other qualified health care professional, per day	Excision of skin and subcutaneous tissue for hidradenitis, perianal, perineal, or umbilical; with complex repair
96574	11471	20180101	1	CPT Instruction	Debridement of premalignant hyperkeratotic lesion(s) (ie, targeted curettage, abrasion) followed with photodynamic therapy by external application of light to destroy premalignant lesions of the skin and adjacent mucosa with application and illumination/activation of photosensitizing drug(s) provided by a physician or other qualified health care professional, per day	Excision of skin and subcutaneous tissue for hidradenitis, perianal, perineal, or umbilical; with complex repair
0497T	0492T	20180101	0	CPT Instruction	Fractional ablative laser fenestration of burn and traumatic scars for functional improvement; first 100 cm <sup>2</sup> or part thereof, or 1% of body surface area of infants and children	Ablative laser treatment, non-contact, full field and fractional ablation, open wound, per day, total treatment surface area; each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)
0492T	0480T	20180101	0	CPT Instruction	Ablative laser treatment, non-contact, full field and fractional ablation, open wound, per day, total treatment surface area; each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)	Fractional ablative laser fenestration of burn and traumatic scars for functional improvement; each additional 100 cm <sup>2</sup> , or each additional 1% of body surface area of infants and children, or part thereof (List separately in addition to code for primary procedure)
0497T	93040	20180101	1	CPT Instruction	External patient-activated, physician- or other qualified health care professional-prescribed, electrocardiographic rhythm derived event recorder without 24 hour attended monitoring; in-office connection	Rhythm ECG, 1-3 leads; with interpretation and report
0497T	93041	20180101	1	CPT Instruction	External patient-activated, physician- or other qualified health care professional-prescribed, electrocardiographic rhythm derived event recorder without 24 hour attended monitoring; in-office connection	Rhythm ECG, 1-3 leads; tracing only without interpretation and report

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For a broader understanding of the National Correct Coding Initiative (NCCI), Medically Unlikely Edits (MUEs) and MUE Adjustment Indicators (MUE MAIs), please review Fall 2017 *Derm Coding Consult* at: <https://www.aad.org/members/publications/derm-coding-consult>

The latest package of PTP CCI edits, Version 24.0, effective January 1, 2018, can be viewed via the CMS Data Center (CDC) at <https://www.cms.gov/Medicare/Coding/NationalCorrectCodInitEd/NCCI-Coding-Edits.html>

Choose the Practitioner PTP Edits v24.0 effective January 1, 2018

For more information, please see:

Overview and Background:

<https://www.cms.gov/Medicare/Coding/NationalCorrectCodInitEd/MUE.html>

Frequently Asked Questions: <https://questions.cms.gov/faq.php?id=5005&rtopic=1867&rsubtopic=7005> ❖

## FAQs

**Q) Can CPT code 11755 -Biopsy of Nail, be used for clipping the nail plate for PAS stain and for obtaining nail plate specimens for fungal cultures?**

A) No, CPT 11755 is not meant to describe the act of clipping a nail. A nail biopsy should include components of the nail unit other than just the nail plate. Taking nail clippings for PAS or Fungal culture is just part of the E/M service, just like taking a swab for a throat culture, and is not a "Nail biopsy". Nail biopsies normally require a digital block or local anesthetic, and represent more physician work than a nail clipping, or curetting under a nail for culture material.

**Q) Our office received a denial for CPT code 11755 -Biopsy of Nail, reported with ICD-10 code B35.1. According to the local coverage determination, this procedure and diagnosis should be paid.**

A) This code set requires an anatomical HCPCS modifier specifying which toe or finger nail needed the surgery.

### Finger modifiers

Anatomical modifiers FA – F9 identify the finger on which a procedure or service was performed at a single session.

FA – Left hand, thumb
F1 – Left hand, second digit
F2 – Left hand, third digit
F3 – Left hand, fourth digit
F4 – Left hand, fifth digit
F5 – Right hand, thumb
F6 – Right hand, second digit
F7 – Right hand, third digit
F8 – Right hand, fourth digit
F9 – Right hand, fifth digit

### Toe modifiers

Anatomical modifiers TA – T9 identify the toe on which a procedure or service was performed at a single session.

TA – Left foot, great toe
T1 – Left foot, second digit
T2 – Left foot, third digit
T3 – Left foot, fourth digit
T4 – Left foot, fifth digit
T5 – Right foot, great toe
T6 – Right foot, second digit
T7 – Right foot, third digit
T8 – Right foot, fourth digit
T9 – Right foot, fifth digit

The following FAQs were published by NGS Medicare Administrator (JK and J6) regarding Medical Documentation

**Q) Please define correct coding for an established patient office visit, in which there is documentation of history and MDM, but no examination is performed.**

A) Established patient visits generally require 2/3 components. CMS does not specify which of the three components are necessary, so any of the two are generally acceptable. Of note, a note with a history and exam, lacking a medical decision or plan of care, often cannot support the medical necessity of the visit. *Updated 8/29/2017*

**Q) When a service is documented as a chief complaint without an HPI, a completed exam, and an assessment without a plan, is it a billable service?**

A) In the situation described, there appears to be documentation of only one element, i.e., examination. Since there is no documented history or MDM, medical necessity for the service cannot be supported and the service does not appear to be billable. *Updated 8/29/2017*

**Q) Please advise on whether documentation by a student nurse, cosigned by a staff RN, is sufficient to support a hospital facility fee.**

— see **FAQ** on page 10

## FAQs

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- A) A nursing student's documentation (like a medical student's) may not be used to support a billed service to Medicare. In order to bill the facility fee, a nurse employed by the hospital must document the service. *Updated 8/29/2017*

**Q) How long does a provider have to complete a note? When do you consider a note incomplete?**

- A) Providers are expected to complete service documentation "during or as soon as practicable after it is provided in order to maintain an accurate medical record." (CMS IOM Publication 100-04, Chapter 12, Section 30.6.1 [1 MB]), although CMS does not define a specific timeframe.

A note is incomplete when it does not support the elements of care represented by the billing code and is not dated and signed clearly by the performing provider.

Generally speaking, the service should be documented on the same date on which it is performed, since the documentation of date and signature must correlate to the date of service on the submitted claim. *Updated 6/9/2017*

**Q) If there are not two patient identifiers on the medical record documentation when reviewed, will the service be paid? Are there any requirements for patient identifiers?**

- A) NGS Medical Review will accept one patient identifier on a record, usually the patient's name and/or HICN. *Updated 6/9/2017*

**Q) How should time be recorded in the medical record?**

- A) Although CMS does not define a specific time recording rule, NGS strongly recommends that time spent rendering a service(s) is included in the associated notes. The preferred format is "11am-11:45am" although "Time spent: 45 minutes" may also be acceptable. *Updated 6/9/2017*

**Q) With EHR, what does NGS give credit for if notes are "cloned" from one visit to the next? Does NGS look for any specific documentation from the provider in order to give credit for past medical, family and social history?**

- A) Cloned notes are strongly discouraged, unless there is clear documentation that the examiner has reviewed the prior material with the patient and updated it as necessary. When PFSH is copied from a prior visit note, the examiner is obliged to indicate that it has been reviewed with the patient and updated as necessary. Bringing prior verbiage forward into a new note must be medically necessary and pertinent to the encounter; adding voluminous verbiage from prior visits is usually not medically necessary. *Updated 6/9/2017*

**Q) When reviewing documentation, should the diagnosis always be listed in the assessment and plan? Or will they allow it to be extracted from the note?**

- A) For the purpose of clarity, the diagnosis should be listed in the assessment and plan, especially since the number and complexity of diagnoses will be factored into the level of complexity for the visit. The patient's chief complaint may include reference to the diagnosis, or may be phrased in the patient's own words as the reason for the visit, but the diagnosis billed on the claim is expected to be clearly stated in the provider's assessment and plan. *Updated 6/9/2017*

The following Questions and Answers were pulled directly from the FAQ section on **History Component of Evaluation and Management from NGS JK and J6 MAC**

**Q) Can a specific negative family history be used to satisfy the family history? Example: family history-negative for diabetes mellitus.**

- A) At the detailed level of care, one pertinent component of PFSH is required, and the example provided here would meet that requirement. At the comprehensive level of care, a complete PFSH is required. *Updated 8/29/2017*

**Q) Is the statement, "medications reviewed" enough to get credit for past history?**

- A) Past history includes at a minimum, a review of the patient's medical and surgical history. Review of medications alone does not suffice as a past history. *Updated 8/29/2017*

**Q) In obtaining a comprehensive HPI for a patient with multiple presenting complaints, does each complaint require documentation of four HPI elements?**

- A) HPI elements are evaluated cumulatively. Documentation for each complaint should reflect the clinically appropriate information. *Updated 6/9/2017* ❖

## In the Know...

### New Medicare ID Cards Are Coming!

Did you know that the Centers for Medicare and Medicaid Services (CMS) is removing Social Security Numbers (SSNs) from Medicare patient identification cards to help fight identity theft and safeguard taxpayer dollars?

Under the 2015 Medicare Access and CHIP Reauthorization Act (MACRA), CMS is required to remove SSNs from all Medicare patient identification cards by April 2019. In light of this requirement, a new unique, randomly generated alphanumeric Medicare Beneficiary Identifier (MBI) will replace the SSN-based Health Insurance Claim Number

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## In the Know...

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(HICN) on the new Medicare cards to be used for Medicare transactions like billing, eligibility status and claim status.

This staggered transition will begin in April 2018 - with Medicare mailing the new MBI-based beneficiary cards to all beneficiaries - and expected to end by April 2019.

### How will you know that the MBI is working effectively?

Medicare plans to test its new MBI-based system, including enhanced integration testing (EIT) for new or high-risk systems. Medicare will not offer end-to-end testing with Medicare fee-for-service claims processing systems. However, dermatologists and/or qualified healthcare providers will be able to use either HICNs or MBIs to submit claims during the transition period. Dermatology practices can use this period as a 'live testing period' and make the necessary updates and adjustments to beneficiary information, while the claims submitted continue to be processed with the HICNs until the transition period ends. Transition period will begin on April 1, 2018 and run through December 31, 2019.

During the transition period, Medicare will monitor the use of both HICNs and MBIs to assess healthcare provider readiness in submitting claims, with only the MBIs being used by January 2020. Medicare will actively monitor the transition and adjustment to the new MBIs to ensure widespread adoption among the healthcare provider community to protect from any interruption to Medicare operations.

After the transition period ends on or after January 1, 2020, healthcare providers will only use MBIs on Medicare claims. There will be a few exceptions permitted to allow the use of either the HICN or MBIs, which include:

<b>Appeals</b>	<b>You can use either the HICN or the MBI for claims appeals and related forms</b>
<b>Claim status query</b>	You can use either the HICN or MBI to check the status of a claim if the earliest date of service on the claim is before January 1, 2020.  If you're checking the status of a claim with a date of service on or after January 1, 2020, you have to use the MBI
<b>Adjustments</b>	HICN will be used indefinitely for some system reports e.g., drug data processing, risk adjustment processing, and encounter data.

### Help your patients get ready

To avoid disruption in claim reimbursement, dermatology practices must invest in educating their patients about the new Medicare identification card. Encourage your patients to ensure their mailing address is up to date at

the Social Security Administration (SSA). Medicare will never ask patients to give them personal or private information in order to receive the new Medicare number and card, so patients must beware of any fraudulent persons pretending to be a Medicare representative.

To update their information or confirm the information contained by the SSA is current, patients can contact the SSA at <https://www.ssa.gov/myaccount/> or call 1-800-772-1213. TTY users can call 1-800-325-0778.

### What will the new Medicare Card with the MBI look like?

Each MBI is unique, randomly generated, and the characters are "non-intelligent," which means they do not have any hidden or special meaning. The MBI will contain 11 characters made up of numbers and uppercase letters e.g. EG4-TE5-MK73 (no special characters). This makes the MBI clearly different from the current HICN. MBIs will fit on the CMS1500 forms the same way HICNs currently do.

- ✓ The MBI's 2nd, 5th, 8th, and 9th characters will always be a letter.
- ✓ Characters 1, 4, 7, 10, and 11 will always be a number.
- ✓ The 3rd and 6th characters will be a letter or a number.
- ✓ The dashes will not be used as part of the MBI. They will not be entered into computer systems or used in file formats.

— see **IN THE KNOW** on page 12



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# In the Know...

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## MBI Format

Pos.	1	2	3	4	5	6	7	8	9	10	11
Type	C	A	AN	N	A	AN	N	A	A	N	N

**Key: C** – Numeric 1 thru 9  
**N** – Numeric 0 thru 9  
**AN** – Either A or N  
**A** – Alphabetic Character (A...Z); Excluding (S, L, O, I, B, Z)

Source: Centers for Medicare & Medicaid

### Current Medicare ID Card

### Medicare ID Card Effective April 2019



Source: Centers for Medicare & Medicaid

### Medicare Identification Card Transition Timeframe Recap

#### For Medicare Beneficiaries

#### For Medicare Providers

- **April 2018:** Transition begins and Medicare patients will start receiving their new MBI-based cards.
- **April 2018 – April 2019:** As Medicare patients start receiving their new MBI-based cards, providers should use this transition period test and update their patient information by replacing HICN with MBI to determine their readiness.
- **April 2019:** Deadline by which Medicare will have mailed out all new patient MBI-based cards.
- **December 2019:** Is the deadline by which most claims will need to use the new MBI when billing Medicare.
- **Note:** Use this transition period to educate your Medicare patients about their new beneficiary cards. Alert them to potential risks of fraud by suspicious individuals posing as Medicare representatives.
- **Note:** Dermatology practices should consider developing their own transition plan to address educating patients, testing new patient ID cards through claim submission, and deciding when to full transition over before the December 2019 deadline.

Medicare has announced that every person with Medicare will receive his or her own randomly generated MBI. Spouses or dependents who may have had similar HICNs will each get their own different MBI.

For more information on the new Medicare ID Card and ensure your practice readiness before April 2019, visit <https://www.cms.gov/Medicare/New-Medicare-Card/index.html>

**Now You Are In The Know!**

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930 East Woodfield Road, Schaumburg, Illinois 60173-4729

