



NC Chapter Update



A Newsletter for the Members of North Carolina ACEP

Winter 2012

From the President Frank Smeeks, MD, FACEP

Dear Colleagues,

Our College continues its many partnerships across the State of North Carolina. We have been very active with Community Care of North Carolina and immersed our College in activities where we can have a voice and protect our patients and colleagues. The government staved off the looming Medicare cuts; however, only briefly as they will have to address again in March after most of the primaries are complete. The NCCEP Reimbursement Committee under the leadership of Dr. Bregier continues to work on the many issues facing us in North Carolina with the help of many of our other board members. The financial situation of the College has continued to improve and the membership has grown to the point that we were just allocated an additional councilor for the ACEP Council. There will be many challenges on the horizon with malpractice reform in place and budgets which need to be balanced.

If you are interested in joining a committee or attending one of the board meetings please contact me or Colleen Kochanek. Participation by our colleagues across the state will continue to make us a voice in medicine in North Carolina.

North Carolina College of Emergency Physicians



Frank Smeeks, MD, FACEP,
President

Colleen Kochanek, JD
Executive Director

Contact us:

nc.chapter@acep.org

Phone: 919-881-0872

Fax: 919-882-1563



DOES YOUR WORKLOAD RESEMBLE RAGING BULLS?



Let MMP turn your chaos to calm.

If your day-to-day operations are chaotic, Medical Management Professionals (MMP) can deliver state-of-the-art billing processes, sophisticated chart reconciliation, denial management and payor specific coding services to your practice. In fact, it has billed over 93 million visits since its inception. The results for emergency medicine practices are increased revenues, reduced compliance risk and reduced stress for administrators and physicians.

Counter your chaos with a calming force.



1.877.541.9690 | www.cbizmmp.com



BCBSNC Update Ed Gaines, CCO, MMP

Dr. Raley, Ms. Kochanek and Ms. Norris, respectively, and I met with Dr. Eugenie Komives, MD, Medical Director, Dr. Janet McCauley, Asst. Medical Director, Mark Werner, Corporate Director and others with BCBSNC on Dec. 13, 2011. Enclosed is an update on the discussions.

1. **Ultrasounds (U/S) in the ED:** Prior to NCCEP's first meeting with BCBSNC in July, MMP had provided examples of certain Ultrasounds (U/S) being bundled by Blue. Since that first meeting, BCBSNC has now confirmed that bundling is occurring with some but not all U/S codes, e.g. the echo and other U/S codes used to bill the FAST exam were part of the bundling. Blue Shield stated that the bundling was a ClaimCheck edit. Dr. Komives asked if Medicare reimburse U/S generally and they do; she then asked for data from other commercial health plans whether they reimbursed for U/S.
 - a. That data will be provided in the near term. BCBSNC is considering lifting the ClaimCheck edit provided their review of the incremental medical expense does not reflect significant medical expense impact.
 - b. NCCEP should follow up with Blue in January after providing data on the reimbursement of U/S by commercial health plans.
2. **Moderate Sedation (M/S) in the ED:** from the meeting with BCBSNC last summer in July, our understanding is that BCBSNC would consider reimbursing the set of codes that are not currently reimbursed when the ED physician (EDP) performs both the procedure and provides the M/S—specifically CPTs 99143 and 99144. We indicated that BCBSNC is an outlier in not providing reimbursement as other health plans in NC reimburse these procedures and Blue Shield plans in other states reimburse as well, e.g. BCBS Florida.

Dr. Komives explained again that paying for these sets of M/S codes would require a change in the coverage documents filed with the NC DOI and that regulatory issues/concerns made making this change problematic in the near term.

3. **Deep Sedation (D/S) in the ED:** In July, we discussed that BCBSNC does not reimburse the EDP for D/S in the ED. In that meeting and the meeting today Dr. Raley explained the significant developments in training and credentialing EDPs for procedural sedation including the recent changes in CMS policy in January 2011 that recognized the ED physicians may provide and bill for procedural sedation.

After discussion, BCBSNC agreed that it would consider ED group contracting request to be reimbursed for D/S on a group by group basis. NCCEP agreed to work with Mr. Werner on a joint communiqué to inform NCCEP members that BCBSNC will consider contract discussions regarding reimbursement for the D/S codes (see enclosed the list of D/S codes).

4. **ECGs: CPT 93010:** We discussed our concerns with the current BCBSNC policy to reimburse ECGs that effectively requires the EDP to sign the tracing and to indicate whether he/she agrees or disagrees with the tracing. BCBSNC agreed to change their policy so as to not require that the tracing be signed with a statement from the EDP that the physician agrees or disagrees with the tracing. Blue may also eliminate the requirement of billing the CPT 93010 with

the -59 modifier.

Reimbursement Committee Report Submitted on Behalf of the Reimbursement Committee by Charles A. Bregier Jr., MD, FACEP, Chair

We have two items of significance to report to our members at this time. The first concerns an update NCCEP leadership has had regarding reimbursement of deep sedation codes by BCBSNC as below:

**“Notice to all members of the
NC College of Emergency Physicians (NCCEP)
and other interested stakeholders”**

The North Carolina College of Emergency Physicians (NCCEP) has been engaged in discussions with Blue Cross and Blue Shield of NC (BCBSNC) regarding reimbursement issues with procedural sedation in general and the provision by ED physicians (EDPs) of deep sedation (D/S) in particular. NCCEP board member and Wake Emergency Physicians P.A. Vice President Dr. Jen Raley lead the advocacy efforts on behalf of the College. Based on these discussions and exchange of information, BCBSNC has agreed to negotiate with individual practice groups for reimbursement of the D/S codes; a selection of D/S codes is listed below by way of example and not necessarily exclusive of the codes sets that should be negotiated. Please consult with your ED coding and billing experts for advice and consultation regarding the appropriate D/S code sets, documentation requirements and other reimbursement impacts of billing these codes. ED practice groups or their representatives should contact their BCBSNC provider contract representative or, if not known, Mr. Werner regarding amendments to or provisions to their participation contract:

Mark E. Werner, Corporate Director, BCBSNC,
5901 Chapel Hill Road, Durham, NC 27707,
Email: mark.werner@bcbsnc.com
Toll free: 800-446-8053

Appendix: D/S codes

The anesthesia codes (general or deep) that could apply to the procedures performed done by the ED physician and/or in the Emergency Department are as follows:

1. 00450, Anesthesia for procedures on clavicle and scapula; not otherwise specified
2. 00300, Anesthesia for all procedures on the integumentary system, muscles and nerves of head, neck, and posterior trunk, not otherwise specified
3. 00120, Anesthesia for procedures on external, middle, and inner ear including biopsy, not otherwise specified
4. 00160, Anesthesia for procedures on nose and accessory sinuses; not otherwise specified
5. 00400, Anesthesia for procedures on the integumentary system on the extremities, anterior trunk and perineum; not otherwise specified
6. 00410, Anesthesia for electrical conversion of arrhythmias
7. 00450, Anesthesia for procedures on clavicle and scapula; not otherwise specified


8. 00520, Anesthesia for closed chest procedures; (including bronchoscopy), NOS
9. 00532, Anesthesia for access to central venous circulation
10. 00540, Anesthesia for thoracotomy procedures involving lungs, pleura, diaphragm, and mediastinum; NOS
11. 00700, Anesthesia for procedures on upper anterior abdominal wall; NOS
12. 00730, Anesthesia for procedures on upper posterior abdominal wall
13. 00800, Anesthesia for procedures on lower anterior abdominal wall; NOS
14. 00820, Anesthesia for procedures on lower posterior abdominal wall
15. 00902, Anesthesia for anorectal procedure
16. 00920, Anesthesia for procedures on male genitalia; NOS
17. 00940, Anesthesia for vaginal procedures; NOS
18. 01120, Anesthesia for procedures on bony pelvis
19. 01160, Anesthesia for closed procedures involving symphysis pubis or sacroiliac joint
20. 01200, Anesthesia for all closed procedures involving hip joint
21. 01220, Anesthesia for all closed procedures involving upper two-thirds of femur
22. 01250, Anesthesia for all procedures on nerves, muscles, tendons, fascia and bursae of upper leg
23. 01320, Anesthesia for all procedures on nerves, muscles, tendons, fascia, and bursae of knee and/or popliteal area
24. 01340, Anesthesia for all closed procedures on lower one-third of femur
25. 01380, Anesthesia for all closed procedures on knee joint
26. 01390, Anesthesia for all closed procedures on upper ends of tibia, fibula, and/or patella
27. 01462, Anesthesia for all closed procedures on lower leg, ankle, and foot
28. 01470, Anesthesia for procedures on nerves, tendons and fascia of lower leg, ankle, and foot; NOS
29. 01610, Anesthesia for all procedures on nerves, muscles, tendons, fascia and bursae of shoulder and axilla
30. 01620, Anesthesia for all closed procedures on humeral head and neck, sternoclavicular joint, acromioclavicular joint and shoulder joint.
31. 01710, Anesthesia for procedures on nerves, muscles, tendons, fascia, and bursae of upper arm and elbow; NOS
32. 01730, Anesthesia for all closed procedures on humerus and elbow
33. 01810, Anesthesia for all procedures on nerves, muscles, tendons, fascia, and bursae of forearm, wrist, and hand
34. 01820, Anesthesia for all closed procedures on radius, ulna, wrist or hand bones.

The second item addresses concerns about possible improper payment regarding E&M Code 99284. The ACEP Reimbursement Committee has generated the following survey and is requesting a response from any ED group or billing entity who has identified possible 99284 payment irregularities:

ACEP Survey - Identifying Trends in Health Plan Payments for Out-of-Network (OON) Emergency Physician Services.

Click [here](#) to access the survey.






Rule #1:
**Reward Yourself
with Balance**

**EMA
Physicians
Enjoy:**

- A Culture Committed to Life-Work Balance
- Superior Compensation & Comprehensive Benefits
- An Equal Voice in Everything We Do
- An Equal Share in Everything We Own

• Outstanding Job Opportunities on the East Coast •





E

Emergency
Medical
Associates

The Sign of Excellence in Emergency Medicine®

Follow us:

www.ema.net/careers

651 West Mount Pleasant Avenue • Livingston, New Jersey 07039

Call us today at:
(877) 692-4665 x1048

Email us at: jobs@ema.net

Access to Care Committee (ATCC) Report
Charles A. Bregier Jr., MD, FACEP, Chair

NCCEP is continuing to work closely with Community Care of North Carolina (CCNC) to reduce the cost of providing high quality care for the Medicaid patients in our state.

One of the initial steps in this collaboration focuses on the management of chronic pain patients. These patients can consume significant amount of resources (that are often redundant/duplicative) and can often be managed much more cost effectively in a primary care setting.

The ATCC working closely with the RC to preserve our reimbursement rates from Medicaid. NC Medicaid and CNCC understand the vital safety net we provide and are very appreciative of the steps we have taken to control costs while continuing to provide great care. It is essential that all ED groups and providers in NC strongly support this initiative, which is a requisite for keeping our payment rates where they are.



Practice Management Committee Update Bret Nicks, MD, FACEP

While many of us may have resolutions initiated every new year, CMS has decided to do the same for our patients starting January 1, 2012. As with the previous year's core measures, several have been retired and nearly twice as many added. Below is a document created by the Practice Management section that summarizes those that are germane to our specialty. For most, these will not be a surprise, but we believe having a working document may enhance the uniformity of approach and understanding within our NCCEP region. Happy New Year!

[EM Core Measures Article](#)



ACEP Survey - Identifying Trends in Health Plan Payments for Out-of-Network (OON) Emergency Physician Services

ACEP is requesting the assistance of emergency physician billing services to identify whether, PERHAPS as a result of the new PPACA regulations that went into effect in September 2010, you have experienced significant reductions in the maximum allowable benefit by commercial health plans (HMOs and PPOs) for emergency physician services. Your assistance in completing this survey will help ACEP, EDPMA, and EMAF in our efforts to monitor plan payments and take appropriate action.

[Click here for the link to the instructions, and the survey.](#)



Clinical News

New Drug-Eluting Stents Far Safer Than Older Models

Percutaneous coronary intervention with new-generation drug-eluting stents is associated with significantly lower risk of restenosis, stent thrombosis, and death, compared with both older generation drug-eluting stents and bare-metal stents, according to findings from the Swedish Coronary Angiography and Angioplasty Registry (SCAAR).

[Read the entire article online.](#)

Seeing a Seizure? Look for Pulmonary Embolism

A seizure was initially the only presenting symptom in 1% of patients diagnosed with pulmonary embolism during a 5-year retrospective study of cases seen at an emergency department.

[Read the entire article online.](#)

New Scoring System Devised for Youth With Hodgkin's Lymphoma

A simple scoring system identified a subset of young patients with Hodgkin's lymphoma who are predicted to have an event-free survival rate of less than 80%.

[Read the entire article online.](#)



Call for Posters ACEP Leadership and Advocacy Conference EMRA and Young Physician Section Sunday, May 20, 2012

Submission Requirements

All entrants must be current ACEP members. The first author of abstracts accepted for the Research Poster Award must be willing to attend the ACEP L&A conference (at his/her own expense). Due to finite space, we must limit presenters to a 4' x 4' board.

By submitting a poster to the ACEP-YPS Poster Symposium, you certify that:

- The poster is your original work or original work conducted by you and other authors, and any co-authors are appropriately credited for their contribution and have been informed of the submission.
- Infringements will result in disqualification from the symposium

Any topics related to emergency medicine issues will be considered for submission, but topics related to advocacy issues are strongly encouraged (i.e. boarding, overcrowding, reimbursement, leadership, health policy and education, medical liability reform, advocacy training and fellowships).

Please submit your abstract to academicaffairs@acep.org. Please include a contact phone number and email address.

Abstract Criteria

- Length: Not to exceed 250 words (The 250-word limit does not include the list of authors and their respective institutions, nor does it include the title. The 250-word limit only applies to the body of the abstract.)
- Spacing: Double-space
- Title: Centered, bold-face
- List authors and their respective institution(s).
- Body: must include purpose of research and brief overview on method, result, and conclusion.
- No diagrams or tables should be included in the abstract. Do not include references.
- Your abstract can be about previously reported or current results. If your abstract has been previously accepted and/or presented at other conferences and/or published, please provide the relevant information (conference name, location, date, format, or journal name, volume, edition, date, page numbers). This information will not be considered as part of the 250-word limit. Accepted abstracts must be presented in poster format during the ACEP-YPS Poster

Symposium.

- All costs associated with creation of the poster will be the responsibility of the entrants. Push pins will be provided. If you prefer to use Velcro, you must bring your own supplies. Presenters must set up their posters at the scheduled time prior to the poster session. No exceptions will be made.
- Abstracts will be accepted January 23, 2012 - March 30, 2012. Presenters will be notified by April 16, 2012. Questions can be addressed to academicaffairs@acep.org.



Welcome New Members

Thomas Crouch
William T. Tsai, MD

North Carolina College of Emergency Physicians
PO Box 12946
Raleigh, NC 27605

Copyright © 2011 North Carolina College of Emergency Physicians. All rights reserved.

[Unsubscribe](#)