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# Michigan State Medical Society



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## Reimbursement Advocate Alert for February 25, 2014

### Today's News

**No More G8553 Reporting by Physicians in 2014**

**MDCH Has Released a New Enhancement in CHAMPS**

**CMS Releases Medicare FFS 10th Edition Testing Approach**

## No More G8553 Reporting by Physicians in 2014

Many physicians and staffs have become accustomed to reporting the e-Prescribing measure G8553 when submitting claims for Medicare Part B Fee-For-Service patients. However, physicians no longer need to report G8553 because 2013 was the last year to receive an incentive under the Medicare Electronic Prescribing Incentive Program.



Also, physicians do not need to report the e-prescribing measure G8553 in 2014 for purposes of avoiding the penalty as there's no penalty in 2015. Any claims submitted with procedure code G8553 for services provided in 2014 will trigger a rejection. Rejected claims will need to be resubmitted with the e-Prescribing procedure code removed.

Physicians who did not successfully report G8553 in 2012 or 2013 (or who did not meet the exclusion criteria under the Medicare e-Prescribing incentive program) will receive a 2% negative payment adjustment on all services paid under the physician fee schedule effective after January 1, 2014. Physicians notified of receiving the 2014 negative payment adjustment have until **February 28, 2014** to email [eRxInformalReview@cms.hhs.gov](mailto:eRxInformalReview@cms.hhs.gov) to ask for an informal review.

Physicians requesting an informal appeal should include:

- Individual rendering National Provider Identifier (NPI)
- Contact information, including email address, telephone number and mailing address
- Statement justifying why an informal appeal is being requested

**Do NOT** include your Tax Identification Number (TIN) via email.

It is important to note that electronic prescribing is still required in order to achieve meaningful use under the Medicare and Medicaid EHR Programs. If you have additional questions, contact Stacey Hettiger at (517) 336-5766 or [shettiger@msms.org](mailto:shettiger@msms.org).

## MDCH Has Released a New Enhancement in CHAMPS

The Michigan Department of Community Health (MDCH) announces availability of the ICD-10 compliant CHAMPS B2B Test system as part of Michigan's preparation for national implementation of ICD-10 Code Set on October 1, 2014. This testing enables practices to pursue CMS' Level II Compliance, to ensure "an entity covered by HIPAA has completed end-to-end testing with each of its external trading partners, and is prepared to move into production mode with the new versions of the standards by the end of that period" (CMS ICD-10 Implementation Guide).



All practices are encouraged to test in the same manner currently used to submit production CHAMPS transactions. Review the following information with your transaction submission team to ensure HIPAA test transactions are appropriately identified as "Test" and verify you are working in the test environment when submitting ICD-10 coded claims or encounters. CHAMPS ICD-10 B2B Testing Providers are asked to test claim adjudication using the CHAMPS ICD-10 B2B Test environment (an ICD-10 compliant version of CHAMPS). Practices may test as follows:

- 1) Practices who submit Medicaid claims through a clearinghouse or Billing Agent should coordinate their ICD-10 testing with that organization. Additional information is available by reading the [MDCH Electronic Submissions Manual](#).
- 2) Practices who currently submit claims using Michigan's SSO logon may also use SSO to access the CHAMPS ICD-10 Parallel/B2B Test system, retrieve a portion of their historical transactions, insert ICD-10 codes with new service dates and re-submit them as test ICD-10 transactions within the B2B Test system:
  - Practices may access the B2B Test system from their regular SSO login by requesting a new CHAMPS - ICD10 Parallel/B2B Test application. Once the automatic approval is received, claims and inquiry transactions may be entered into the B2B Test system in the same manner as in the production CHAMPS system.
  - Test transactions only process in the B2B Test system and will not post as regular patient claims. A banner will be displayed as a caution that you are using the test system.
  - Please refer to the "CHAMPS ICD10 B2B SSO Portal - Test Claim Adjustment Instructions - ICD9 to ICD10" document, available on the MDCH ICD-10 [testing web page](#).

### Test System Is Available Now

Please visit: [HIPAA ICD-10 Testing](#) for further information about ICD-10 and test techniques available from MDCH. If you receive this message and are not the ICD-10 contact in your organization please forward to the appropriate person.

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## CMS Releases Medicare FFS 10th Edition Testing Approach

On February 19, 2014, CMS released SE1409, "Medicare Fee-For-Service (FFS) International Classification of Diseases, 10th Edition (ICD-10) Testing Approach," to explain the testing approach they are taking for ICD-10 implementation. This article includes information regarding CMS Internal Testing of Its Claims Processing Systems, Provider-Initiated Beta Testing Tools, Acknowledgement Testing, and End-to-End Testing. [Read SE1409 on the CMS website](#).

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For more information about reimbursement issues, contact Stacie Saylor, CPC, CMB, at MSMS at (517) 336-5722 or [ssaylor@msms.org](mailto:ssaylor@msms.org). For news and information, visit [www.msms.org](http://www.msms.org) where you can read Medigram and Michigan Medicine online.

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