



Physicians Committed
to Quality

monthly memo mvma ipa

An important announcement from Richard B. Toll, M.D., MVMA President

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Asthma Education Update

The Asthma Education Program was implemented in June 2002. To date, 14 offices have participated in the "hands-on" in-office education sessions. Physician offices in Saratoga, Schenectady, Albany, and Montgomery Counties have been offered the program. A dinner to discuss the program with Rensselaer County physicians is scheduled for January 2003.

All of the nurses and physicians who have participated in the education sessions have stated that the training and materials are very comprehensive, easy to follow, and will assist in providing a more focused education session for the patient. Some of the comments gathered from the program evaluation form include: "We were very impressed with the education", "excellent learning tool", "The tools and education will help to assess and teach about asthma more efficiently".

Data collection for the asthma program has begun. The data elements being tracked are Date of Enrollment in the program, Member ID, Member name, Date of birth, Age, ER visits, Inpatient Stays and all medications related to the treatment of asthma. Please contact Gail Sapone at (518) 388-2605 if you would like to participate in the program or would like more information.

Antibiotic Initiative for 2003

MVMA is rolling out the latest antibiotic initiative. Our first year focused on utilization of 1st line vs. 2nd line medications. Last year our focus was accurate diagnosis of acute otitis media. This year we will look at the treatment for upper respiratory infections in general, specifically excessive use of antibiotics. The emphasis is on a "wait and watch" approach, which is consistent with new AAP and AFP guidelines for sinusitis and otitis. We will be calling offices to make an appointment to come and meet with physicians and mid-level practitioners for discussion on the treatment of URIs.

Research indicates that 75 percent of antibiotics prescribed in outpatient settings are for respiratory infections. Each year in the United States, an estimated 50 million antibiotic prescriptions are for illnesses such as colds or flu for which antibiotics offer no benefit. We will be receiving a shipment of the updated poster "Sometimes a Parent's Care is the Best Medicine". This poster and other supportive materials help to make the point that antibiotics are not always necessary. If you would like copies of this poster for your office, please call Paula Pecoraro at (518) 388-2209.

2003 CPT™ Codes

Please take the time to review the 2003 CPT manual to familiarize yourself with new coding changes related to your specialty. It would also be helpful to review Appendix C of the manual, which lists clinical examples of visits, specialty specific, and which level of coding would be appropriate. We have visited many physicians this year and are told that they find these examples helpful in determining which code to use for office visits.

Preventive Care Visit and E&M Visit Clarification

The November 2002 newsletter provided a detailed explanation of the guidelines under which a preventive visit and an evaluation and management (E&M) visit would be reimbursed when billed together on the same date of service. MVMA received feedback on this and was asked to clarify the policy for our physicians.

When both visit codes are billed, modifier-25 should be appended to the E&M code. However, MVP policy is to reimburse either the preventive CPT code, or the evaluation & management CPT code, depending on the diagnosis billed. For instance, if a V-code is billed signifying a preventive or well diagnosis, the preventive care service will be reimbursed. When both a well diagnosis and a medical diagnosis are billed, the preventive code will be initially reimbursed.

Continued

**Preventive Care
Visit and E&M
Visit Clarification
(continued)**

Since billing for both a preventive and an E&M visit on the same day is considered to be an infrequent occurrence, documentation of the denied service will need to be sent to MVP for review as part of the appeal process, in order for payment for both services to be considered. MVP will not routinely reimburse both visits based on the use of modifier-25 on the claim upon the initial review.

We apologize for any confusion and hope this clarifies the policy.