Timing is Everything: Best Practices in Timing Coverage, Coding & Payment

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		Jan	Feb	Mar	Apr	Мау	Jun	July	Α	ug	Sep	Oct	Nov	Dec	
[RV	<u>Jan</u> : New annual rates go into effect	ual Physician Adv Council Physician A s go (PPAC) meets quarterly Council meet		dv proposed new Cou				<u>Aug</u> : Practicing Physician Adv Council meets quarterly		<u>Nov</u> : Final rule on new rates <u>Nov</u> : Practicing Physician Adv Council meets quarterly				
		Jan: ICD- 9 applic. due 2 mos. before March mtg	Feb: Public mtg on new tech add-on applications from previous year	March: ICD-9 cmte meets	<u>Apr</u> : New ICD- 9 codes imple- mented from previou new technol		ew	<u>Jul</u> : ICD-9 appl due 2 mos. before Sept mt		<u>Aug</u> : final rule for new rates effective in Oct	Sept: ICD-9 cmte. meets	Oct: new rate effect for new IC implemente March mtg year and from mtg of prev Oct: new te apps due, f	ext FY D9 codes of from of same om Sept ious year ch add-or	new tech add-on apps due 12/31 Dec: meet with CMS or provide data for changes for Oct of next year	
F		<u>Jan</u> : new annual rates go into effect <u>Jan</u> : C+G HCPCS II temp codes issued each quarter	Feb: APC advisory panel public mtg	advisory banel public ntgapps for new-tech APCs or pass- thrus thrus due;tional imple- mentation of new coding due;tech APCs or pass- thrus due; earliest approval = 10/1on new rates; 60 day comment Jul: transitional implementation of new coding edits			advisory pa public mtg <u>Sept:</u> : appl for new-teo or pass-thr due; earlie	isory panel implement. of new coding edits for some devices of CCE: C+G due bass-throughs devices like the code of		<u>Nov</u> : Final rule on new ates <u>Dec</u> : apps for new-tech APCs or pass-thru's lue; earliest approval = I/1					
[ASC	Jan: CMS must have new ASC payment system working by Jan '08	Feb: RUC mtg to assign work values to new CPTs (ok'd in previous Oct Feb: CPT editorial panel meets	Mar: CPT apps due for Jun meeting of editorial panel	Apr: RUC mtg to assign workvalue s to new CPTs (ok'd in previous Feb mtg)	May: Interim final list of procedure s covered in ASCs published	Jun: CP' editorial panel meets to edit code for '08	procedures implemente July: CPT a	in A ed apps Oct r	ASC s due for	assign work upc values to new pan CPTs (ok'd in <u>Nov</u> previous Jun) prov		upcomir panel <u>Nov</u> : Pro procedu	<u>w</u> : CPT applications due for coming Feb mtg of editorial nel w: Prop. list of covered ocedures in ASCs for next ar; comments due in 60 days	
Lab		Jan: New rates effective Jan 1; CMS sends rates for new codes contract'rs					s to	b <u>July</u> : Public mtg on crosswalk vs gapfill <u>Sept</u> : CMS pos code cross-wal gap-fill			ross-walk or				
	DME	codes; certa	roducts assign ain codes upda ome annually		<u>Apr</u> : DME pr codes; certa quarterly; sc		dated	ted codes; certain codes updated cer				ME products assigned to codes; codes updated quarterly; some lly			
Ĺ			ation of new H0 ations for char				<u>June</u> : Pu public co	ublic mtg to revie omment	ew c	oding appli	cations ar		Nov: Publication of new HCPC II codes, to be effective Jan next		

Calendar of Reimbursement Events

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	Jan	Feb	Mar	Apr	Мау	Jun	July	Aug	Sep	Oct	Nov	Dec
Pavment	Jan: New HOP and RVS rates go into effect for year Jan: Lab New rates go into effect;CMS sends rates for new lab codes to contractors	Feb: HIP Public mtg on new tech add-on apps from prior year Feb: APC advisory panel public mtg Feb: RVS Practicing Phys Adv Council quarterly	Mar: HOP for new-te APCs or p thrus due; earliest approval =	ch noti pass- pro rate <u>Mav</u> = 7/1 Inte of c pro <u>pub</u> <u>Mav</u> Pra Phy Cou	y: HIP ice on posed new ss y: ASC erim final list covered cedures vished y: RVS cticing vs. Adv. uncil urterly mtg	Jun: HOP apps for new-tech APCs or pass-thrus due; earliest approval = 10/1	Jul: Labs public mtg on cross walk vs gapfill Jul: RVS, HOP notices on proposed new rates; 60day comment Jul: ASC final list of covered procedures	Aug: HIP final rule on new rates effective Oct Aug: RVS Practicing Physician Adv Council quart. mtg <u>Aug/Sept</u> : APC advis comm mtg	Sep: Labs: CMS posts new code cross walk or gapfill for labs Sep: HOP applications for new- tech APCs or pass- thrus due; earliest approval = 1/1	Oct: HIP new rates go into effect for next fiscal year Oct: HIP new tech add-on apps due, for FY '07	Nov: RVS, HOP final rules on new rates Nov: RVS Practicing Physician Adv coun. quart. mtg Nov: ASC Proposed list of covered proc. for next year; comment due in 60 days	Dec: HIP Databases for new tech add-on apps due; meet w/ CMS to make recom on new year rates, changes Dec: RVS Practicing Phys Adv Cn quart. mtg Dec: HOP apps for new-tech APCs/pass-thru's due;poss ok = 4/1
Coding	Jan: C+G HCPCS II temp codes issued quarterly Jan: DME products assigned codes; certain codes updated quarterly; some annually Feb: RUC mtg to assign work values to new CPTs(ok'd in previous Oct) Feb: CPT editorial panel meets to edit codes for '07 Mar: CPT apps due for Jun meeting of editorial panel Mar: ICD-9 cmte meets Jan: DME products assigned codes; certain codes updated quarterly; some annually Feb: RUC mtg to assign work values to new CPTs(ok'd in previous Oct) Feb: CPT editorial panel meets to edit codes for '07 Mar: ICD-9 cmte meets Jan: Publication of new HCPCSII codes; applications for following year's due before 1/3 Jan: Publication of new HCPCSII codes;			n cod f for anel Oct for tech HCI cod Apr ass cod Apr in p es; efore imp	: New ICD-9 es implemtd n prior year's applications certain new nologies :C+G PCS II temp es issued : DME igned to es : RUC mtg to a kvalues to new revious Feb m : HOP Transiti lementation of s for some dev	v CPTs (ok'd tg) onal new coding	codes issued Jul: ICD-9 applic. due 2 mos. before Sept. mtg Jul: CPT apps due for Oct mtg of editorial panel Jul: DME products assigned to codes Jul: HOP Transitional implementation of new coding edits for some devices		Sep: ICD-9 Cmte. meets	Oct: RUC m CPTs (ok'd Oct: HOP T coding edits Oct: CPT ec for '08 Oct: DME p	upcoming Feb panel <u>Nov</u> : CMS ma new rates for available in N Jan of next ye CPCS II temp co tg to assign worf in previous Jun) ransitional imple for some device ditorial panel mee	odes issued k values to new mentation of new es ets to edit codes d to codes; certain
Coverage	National or Local?				ational	•••	•CMS must iss decisions withi •CMS must iss decisions withi •In both cases,	n 6 months, if sue a decision n 9 months, if	it seeks no e memorandur CMS seeks	external reviev m in national external revie	w coverage ws	

Calendar of Reimbursement Events

Site-of-Service or Benefit Category	Event	First Quarter	Second Quarter	Third Quarter	Fourth Quarter	Following Year
Hospital Inpatient -	Inpatient Prospective Payment System		Usually		`	
Payment	Notice of Proposed Rulemaking: annual		May			
-	update					
	Inpatient PPS Final Rules			August 1		
	IPPS Implementation				October 1	
	Recommendations for following year's updates & changes				Early December	
	IPPS New Tech program – applications due for FY07 implementation				Oct. 15, 2005, with complete databases dues Dec. 30, 05	
	IPPS New Tech program – public meeting					February 2006
Hospital Inpatient – Coding: Procedures and diagnoses	ICD-9 Committee meetings; conducted by CMS & NCHS staff	Mar 23-24, 2006		Sept. 28- 29, 2006		
~~~~~	ICD-9 applications due 2 months before meeting	Jan. 23-24, 2006		July 28-29, 2006		
	New ICD-9 codes implemented				Oct. 1, 2006 for decision made after Mar. mtg.	October 1, 2007 for Sept mtg. or April 1, 2007 for certain new tech. applications
Hospital Outpatient Payment	Hospital Outpatient Prospective Payment System - Notice of Proposed Rulemaking: annual update			Late July- Early Aug; comments		

Site-of-Service or Benefit Category	Event	First Quarter	Second Quarter	Third Quarter	Fourth Quarter	Following Year
				due in 60 days: Sept/Oct		
	APC Advisory Panel Public Meeting	Feb. 22-24, 2006		Aug. or Sept.		
	Hospital Outpatient PPS - Final Rules				November	
	Hospital Outpatient PPS - Implementation	January 1				January 1
	Hospital Outpatient PPS – transitional implementation of new coding edits for certain devices		April 1	July 1	October 1	
	Hospital Outpatient PPS – New Technology APC or device pass- through programs – applications due	March 1 for earliest approval by July 1	June 1 for earliest approval by October 1	September 1 for earliest approval by January 1	December 1 for earliest approval by April 1	
Hospital Outpatient – special temporary coding: HCPCS II	HCPCS II codes (c-codes; g-codes) for Hospital Outpatient PPS billing only; conducted by CMS staff: requested/coordinated by payment staff in approving new tech application, or implementing a National Coverage Decision; effective in following quarterly update	January 1	April 1	July 1	October 1	
Ambulatory Surgical Centers	Payments	CMS must implement new ASC payment system by Jan. 1, 2008			Congress could increase payment rates	
	Last interim final list of covered		May 4,			
	procedures published		2005	Taalar 5		
	Final list implemented			July 5,		

Site-of-Service or		First	Second	Third	Fourth	Following
Benefit Category	Event	Quarter	Quarter	Quarter	Quarter	Year
				2005		
CPT coding	Annual process to edit, add & delete	Feb. 9-12,	June 8-11,		Oct., 12-15,	Feb. 8-11,
(HCPCS I)- for use	codes conducted by the American	2006 (Last	2006		2006	2007
by physicians,	Medical Association with input from a	mtg for	(Codes		(Codes	(Codes
outpatient units &	board representing specialty	approved	approved		approved	approved
ambulatory facilities	organizations, Editorial Panel meets 3	codes to be	will be in		will be in	will be in
	times per year	in 2007 CPT	2008 CPT		2008 CPT	2008 CPT
		Book)	Book)		Book)	Book)
	Deadline for CPT applications for CPT	Mar. 8,		July 12,	Nov. 7,	Nov. 8,
	2007 or 2008 (effective January 1)	2006 for Jun		2006 for	2005 for	2006 for
		8, 2006		Oct. 12,	Feb. 9,	Feb. 8,
		Editorial		2006	2006	2007
		Panel		Editorial	Editorial	Editorial
		Meeting		Panel	Panel	Panel
				Meeting	Meeting	Meeting
	Relative Value Update Committee	Feb. 2,	April 27,		Oct. 5,	Feb. 1,
	(RUC) meeting to assign work values to	2006, for	2006, for		2006 for	2007 for
	new CPT codes	new CPT	new CPT		new CPT	new CPT
		codes	codes		codes	codes
		approved in	approved in		approved in	approved in
		Oct. 2005	Feb. 2006.		June 2006	Oct. 2006
	RUC 5-year Review Special Meeting			August 25,		
	(not open to the public)			2005		
	CPT Symposium, Chicago				November	
					17-18, 2005	
Physician Payment	Physician Fee Schedule - Resource			Usually		
	Based Relative Value Scale (RBRVS) -			July with		
	Notice of Proposed Rulemaking: annual			60-day		
	update		comment			
				period		
	Physician Fee Schedule – Final Rule				November	
	Physician Fee Schedule –	January 1				January 1
	Implementation					

Site-of-Service or		First	Second	Third	Fourth	Following
Benefit Category	Event	Quarter	Quarter	Quarter	Quarter	Year
	Practicing Physician Advisory Council (PPAC), meets quarterly	Feb./Mar.	May	August	November	
Clinical Laboratory	Public meeting to receive comments on			July		
Tests Payment	whether payment for new CPT codes for clinical lab tests should be determined by cross-walking to existing codes or gap-filling by the Medicare contractors.			5		
	Proposed new code cross-walk or gap- fill determination posted				September	
	Payment amounts for new codes released in CMS program transmittal to contractors	Effective January 1			November	Effective January 1
HCPCS II – Coding	Annual review cycle for establishing	Applications				
for Durable Medical	new codes. Applications for	due by				
Equipment,	administered drugs may be submitted as	January 3				
Prosthetics,	soon as they have FDA approval.					
Orthotics, Medical	Devices and other products must be on					
& Surgical Supplies, and Administered	the market for at least 3 months.					
Drugs						
	Public meetings to review coding applications and accept public oral and written comments.		June			
	Publication of new codes.	Jan. 1			Nov.	Jan. 1
DMEPOS Fee	Assignment of products to codes, and	January 1	April 1	July 1	Oct 1	
Schedule	certain new codes updated quarterly and annually.					
Competitive	Proposed rules to describe the program			Summer		
Bidding for DME	established by the Medicare			2005		
	Prescription Drug Improvement & Modernization Act (Medicare					
	Modernization Act – MMA)					

Site-of-Service or		First	Second	Third	Fourth	Following
Benefit Category	Event	Quarter	Quarter	Quarter	Quarter	Year
	Proposed Quality Standards for DMEPOS suppliers			Sept. 23, 2005 draft quality standards available for 60-day comment period	Nov. 28, 2005, comments on quality standards due	
Coverage Policies & Meetings	Variable. Open meetings and meetings of the Medicare Coverage Advisory Committee convened as needed. Proposed guidance documents and actions on national coverage determinations posted to the CMS website as developed with 30-day comment period.					
	MCAC meeting on age-related macular degeneration				Nov. 29, 2005	

## **Internet Resources for Coverage, Coding & Payment**

Medicare Index: www.cms.hhs.gov/home/medicare.asp

CMS Coverage: www.cms.hhs.gov/center/coverage.asp

Coding

- CMS resources
  - o ICD-9: www.cms.hhs.gov/ICD9ProviderDiagnosticCodes/
  - o HCPCS: www.cms.hhs.gov/MedHCPCSGenInfo/
- AMA CPT resources
  - o www.ama-assn.org/ama/pub/category/3113.html

Payment

- Physician, DME, clinical lab fee schedules
  - o www.cms.hhs.gov/FeeScheduleGenInfo/
- Hospitals and other facilities
  - o www.cms.hhs.gov/ProspMedicareFeeSvcPmtGen/