

## SWEEPING CHANGES TO RISK CODING ANNOUNCED BY CMS

In an effort to predict cost more accurately in Medicare Advantage plans by removing codes that tend to lead to inflated risk reporting, CMS is overhauling its Hierarchical Condition Category list, deleting some HCCs altogether while renumbering and adding new ones to better align with ICD-10. Though there will be a greater number of more specific categories, over 2000 diagnosis codes that once had designated risk have been removed from the HCC list, updating to have no risk value at all, while some diagnoses shifted to categories tied to significantly lower risk.

With implementation set for 1/1/2024, the codes that will be risk adjusted under the new rules are already being reported in your claims this year. Changes in score calculation will be phased in over three years with only 33% of 2024 scoring based on the new risk tables. The new tables will also apply to your coding of your original Medicare patients. In the coming months, MetroCare will begin scheduling webinars with updated risk scoring information to prepare your practice for these changes. [For CMS announcement click here](#)

**CMS is also stirring up MA plans with its final rule for RADV audits** that took effect 1/1/2023, and though they will not affect the way that you code or bill for services, they will remove the fee for service adjustor that paid a base FFS rate on encounters tied to codes that resulted in artificially inflated risk, allowing for higher shared savings. In the past, the risk was adjusted downward after audit, but a base fee called the FFS adjustor was still paid for providing the service.

The removal of that FFS adjustor will allow CMS to recoup the full payment attached to claims deemed to involve upscoring. Some think that MA plans could lose up to \$11 billion in revenue next year with the loss of the fee-for-service risk adjustor and the changes in the HCC risk tables. Currently in question is how the plans will make up for that loss.



## All DEA Healthcare Provider License Holders Required to Complete 8 Hours of Education on Addiction Treatment

Beginning June 27, each DEA license renewal for all practitioners, other than veterinarians, with schedules II-V prescribing will require a one-time attestation to at least 8 hours of training in treatment and care for opioid or other substance use disorders. The American Academy of Family Physicians and several other healthcare organizations are strenuously lobbying for a one year waiver to allow those renewing or applying this year to have a one-year extension from the renewal/effective date to complete their training. At this time it remains in effect for Jun 27.

MetroCare will closely monitor this situation, but if you are renewing your DEA license application after June 27 of this year, please be prepared to complete this mandated continuing education in time for renewal. Free training applicable across all provider types with many choices of topic is being provided through SAMHSA.

Provider Clinical Support free training module access [click here](#)

[Original DOJ letter/info here](#)

## CIGNA'S 25 MODIFIER DOCUMENTATION POLICY RETURNS

**Cigna originally announced this policy for 2022, but was not fully prepared to receive documentation**

After nearly a year, the much-dreaded Cigna 25 Modifier policy that requires submission of office notes with each claim is back and ready to be implemented with an effective date of May 25, 2023.

Each time that your office submits a claim for Current Procedural Terminology (CPT®) codes 99212, 99213, 99214, and 99215 and modifier 25 when a minor procedure is billed, the E&M line will be denied if Cigna does not receive documentation that supports that a significant and separately identifiable service was performed.

Originally, the policy had stated that all office notes with supporting documentation were only to be faxed to Cigna, but now a dedicated email has been set up for submission as well.

Send your secured email submissions to:

**Modifier25MedicalRecords@cigna.com**

The fax number , 833.462.1360

is still available for those who choose not to submit by email

[ACCESS FULL CIGNA NOTICE HERE](#)

## April ICD 10 Updates

**May 10 12:15**

**May 24 12:15**

Karen will go over the extra updates that became effective April 1.

## CODING BOOT CAMP on Four Fridays in June

**June 2: Anatomy and Terminology Day**

**June 9: ICD Day**

**June 16: CPT Day**

**June 30: Review and Test Prep**

## SVMIC Monthly Lunchtime Webinars

Practice management experts give these excellent monthly presentations from a risk management perspective. These are all at NOON

**APR 13: Dealing with Difficult Patients**

**May 10: Front Desk Best Practices**

**JUN 15: Burnout: Is it Contagious?**

**JUL 27: OSHA for Medical Practice Staff**

**AUG 17: Payer Recoupments and Audits**

**SEP 14: Telemedicine Updates**

**OCT 12: Clinical Documentation**

**NOV 9: Billing and Supervising AP Practitioners**

[CLICK HERE FOR EVENT CALENDAR ACCESS TO RSVP](#)

## We Are Here to Assist You

A dedicated team of professionals is committed to assuring MetroCare physicians have the tools and resources to achieve success with the changes required by transition to value-based healthcare.

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