



Survey: Only 13 Percent of Hospitals Participating in or Planning ACOs

Only 13 percent of hospitals reported participating in an accountable care organization (ACO) or were planning to participate in an ACO within a year, while 75 percent of hospitals were not considering ACO participation, according to newly published results from a 2011 survey by researchers at The Commonwealth Fund and the Health Research and Educational Trust.

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ICD-10 2014 Date Official

The final rule setting the ICD-10-CM implementation date as October 1, 2014 was released by the Centers for Medicare & Medicaid Services (CMS) this morning. [Read More](#)

EHR Stage 2 Final Rule Released, Creates Hardship Exemption for Anesthesiologists

The Centers for Medicare & Medicaid Services (CMS) released the Electronic Health Record Incentive Program – Stage 2 Final Rule. ASA is continuing to analyze the 672-page rule and will provide a full analysis soon. [Read More](#)

Department of Veterans Affairs (VA) contractors to provide Warn Act notices to employees?

Public sector entities have raised questions about whether the Worker Adjustment and Retraining Notification (WARN) Act requires Department of Veterans Affairs (VA) contractors to provide WARN Act notices to employees because of concerns that their contracts may be terminated or reduced in the event of a sequester on January 2, 2013. [Read More](#)

Medicare Cuts are on the Horizon

The Sequestration slated for January 2013, mandated by the Budget Control Act of 2011, will cut Medicare spending by \$11 billion, according to a report by the Office of Management and Budget (OMB). The automatic cuts, designed to reduce the federal deficit, would involve sequestering Medicare by 2 Percent. HFMA President and CEO Joseph J. Fifer, HFMA, CPA, comments, “The OMB report highlights that downward payment pressure is a reality for healthcare providers, and that they need to change their strategies and operations to achieve high quality at lower costs, following the examples provided in [HFMA’s Value Project](#).”

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Compliance Corner – Preoperative Exams

Use caution, document thoroughly when billing separately

It is possible for an anesthesiologist to get paid for evaluation and management services above and beyond the pre-anesthesia evaluation, but to do so she will have to meet certain requirements of medical necessity and documentation.

And here’s one fact to remember from the start: The pre-anesthesia assessment continues to be a bundled procedure. It is included in the anesthesia base units according to both Medicare and the American Society of Anesthesiologists.

A May 31, 2001, revision to the Medicare Carriers Manual fleshes out when CMS believes separate preoperative exams and diagnostic tests would be payable outside the global surgical package (Transmittal 1707).

Primarily it instructs carriers not to automatically deny these pre-op exams as non-covered. Second, it says they’re only payable if you document the medical necessity as specifically as you can in the patient’s medical record, and in diagnosis codes listed on the claim. [Read More](#)