



## NAMAS Weekly Auditing & Compliance Tips

February 26, 2016

### **Auditing For Cerumen Removal Codes 69209, 69210**

2016 brings changes to how physician practices bill for the removal of impacted cerumen, including a new CPT code. The rules that apply to the two cerumen removal codes now available for use mean that auditors will need to scrutinize the documentation closely in order to ensure codes are being used correctly.

The traditional cerumen removal code has been 69210, which is for the removal of impacted cerumen using instrumentation, such as wax curettes. As auditors, when we have reviewed documentation for this service over the years, we're typically focused on making sure there is some documentation of the instrument that is used by the physician. When there was no documentation of any instrumentation, or if the cerumen was treated with irrigation or lavage, by rule 69210 would not be appropriate and the instruction has

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typically been that this type of impacted cerumen removal was considered part of the E/M service.

Where auditors haven't always been as sharply focused was on making sure that the documentation noted that the cerumen was impacted. Even though the code describes impacted cerumen, and even though a recently added CPT parenthetical states that removal of non-impacted cerumen is part of the E/M service, there is sometimes the belief that the required use of instrumentation almost implies the cerumen was impacted.

The addition of new code 69209, however, makes it more critical that physicians are trained to document that the cerumen is impacted. This new code carves out a way to bill a standalone code for the removal of impacted cerumen with irrigation or lavage. Prior to 2016, this was part of the E/M service, as noted above.

However, again the cerumen must be impacted to use this code. It's far more typical that irrigation or lavage would be used for cerumen that is not impacted as a courtesy to the patient. But the AMA's instructions for this code specifically state that the cerumen must be impacted. If it's not described as impacted in the documentation, there is no way to infer that it is impacted.

By rule, this service if medically necessary - perhaps the patient cannot self-treat the cerumen - then it remains part of the E/M service. The same rule should apply to use of instrumentation and 69210. If the documentation does not specifically state that the cerumen was impacted, then the



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### **Upcoming Classes:**

Atlanta, GA: March 11

Instructor Shannon DeConda

Dover, NH: April 6

Instructor: Shannon DeConda

Austin, TX: April 19

Instructor: Shannon DeConda

Little Rock, AR: April 20

Instructor: Shannon DeConda

Ft. Lauderdale, FL: May 17

Instructor: Shannon DeConda

Additional dates and cities scheduled-  
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documentation really doesn't qualify to bill as 69210.

**This Week's Tip Provided  
By:**

**Scott Kraft**

Scott is an Auditing Specialist for our parent organization, DoctorsManagement, LLC



for details

## NAMAS 8th Annual Auditing & Compliance Conference



**Pre-Conference:** Dec 6 2016

**Conference:** December 7-9 2016

**Location:** Orlando, FL

**February Special Offer-  
Ends 2/29/16**

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### A Note From Our Tip Sponsor

**Is Your Practice Prepared For the  
New Chip Card Technology?**

### Salary Survey: Your Feedback is Requested



Each year, NAMAS collects data

New credit card chip technology can impact your practice operations! You've seen the new credit card technology with the EMV, or chip on the front; or perhaps you even have one yourself. It's said that chip cards are more secure than traditional cards with the magnetic strip.

But did you know that these new cards come with a shift in liabilities if the card is used fraudulently? What does that mean for your practice, and how can you ensure you're compliant?

Doug Dominique, Sales Director for Heritage Payment Solutions, a DoctorsManagement affiliate, has prepared this article that outlines what you need to know and how you can successfully migrate these EMV cards into your practices' operations:

### ***What is EMV and chip technology?***

EMV or Chip technology is becoming the global standard for credit card and debit card payments due to the fact that it is more secure than the traditional magstripe. Named after its original developers (Europay, MasterCard® and Visa®), this technology features credit and debit cards with embedded microprocessor chips that store and protect cardholder data. When Canada implemented EMV technology in 2011, card-present credit and debit card fraud dropped an amazing 73% and the U.S. is hoping for similar results.

### ***What is the "Liability Shift" and The Risk to Our Practice?***

Today, if a card present transaction is conducted using a counterfeit, stolen or otherwise compromised card, the loss from that transaction falls back on the card issuing bank. After the Oct. 1, 2015, deadline created by

from auditors about their employment as auditors.

Please take a few moments to complete our survey. Entering your email address at the end of the survey will enter you into a drawing for a chance to win one of several prizes:

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**GRAND PRIZE is a scholarship to attend our 8th Annual NAMAS Auditing & Compliance Conference in Orlando, Florida**

Click the image above to complete the survey. This survey will close on March 15, 2016 and winners will be selected and contacted by a NAMAS representative. Survey results will be published by the end of March 2016.

### **Weekly Tip Sponsor**



### **NAMAS Calendar of Events**



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major U.S. credit card issuers MasterCard, Visa, Discover and American Express, the liability for [card-present fraud](#) will "shift" to whichever party is the least EMV-compliant in a fraudulent transaction.

This means that your practice could be held liable for these types of fraudulent transactions causing chargebacks to your business resulting in related fees, administrative time and ultimately not getting paid for rendered services. The likelihood of fraud in a medical practice may not seem like a threat or high risk, especially when a practice takes many co-pays under \$50.00. This is something you should seriously consider and have an actionable plan in place.

### ***Will Our Practice be Able to Accept EMV Cards Without a Chip Reader?***

During the initial period of the U.S. migration to EMV, the new Chip cards will still include the magstripe as a fallback so there should not be a concern of the inability to take payment at the time of service.

### ***What Should My Practice Do Now?***

What Are The Best Practices for EMV migration in Your Offices?

1. Training and product awareness at both the business practice and the employee level is crucial to a successful implementation. As EMV acceptance is very different than the traditional magstripe (the card is inserted into the terminal as opposed to swiped, for example), it is imperative that everyone is familiar with the new requirements to

## **Upcoming Webinars**

NAMAS is proud to present the following webinars in March



### **CARE: Knowing Your Personality to "Play Pretty:"**

Speaker: Lauren King

Tuesday, March 1

2pm EST

### **E/M Auditing: Addressing Concerns and Working Case Studies**

Speaker: Shannon DeConda

Tuesday, March 8

2pm EST

### **E/M Encounter Review: Review a Sample Encounter Speaker:**

Shannon DeConda

Tuesday, March 15

2pm EST

### **Preparing For and Responding to Audits and Investigations**

Speaker: David Glaser, JD

Tuesday, March 22

2pm EST

NAMAS Members: Watch your



make the patient experience as smooth as possible.

2. Get a business plan together to first make the change and before actual implementation begins. As EMV equipment upgrades have the potential to be both costly and time consuming, it's best to get started by contacting your DM consultant or your current payment processing provider. You should not only consider the cost of upgrading your POS terminal, which can vary from \$200-\$1000 and upward, but also the patient perception and maintaining PCI & HIPPA Compliance. The change in the way we will pay and accept payments in the U.S. is inevitable, and when investing in new card reader terminal, you will want to make sure you are future-proofed for EMV and Chip card readers.
3. Don't wait to migrate. You may begin to feel the pressure once the EMV card migration starts to reach its critical mass - with issuing banks beginning to issue chip cards to new and existing customers. Businesses that have not already migrated to EMV may consequently have to answer to their customers as to why they have to continue to swipe their new chip cards - especially when the market presents chip technology as the safer way to pay. Don't wait until the last minute to migrate your business.

For a consultation on your Patient Payments and EMV options, please contact your DoctorsManagement consultant.

Doug Dominique can be reached at [doug.d@heritageps.net](mailto:doug.d@heritageps.net) or by phone at (877)590-4629 Ext. 321

Email for Registration Links

Non-Members: Email [namas@namas.co](mailto:namas@namas.co) to learn how to attend these webinars

## Complimentary Tip of the Week

Our weekly auditing & compliance tip emails are available to anyone who could benefit from this information. IF you know someone who would like to receive these emails, invite them to sign. Click the image above to be added to our email list!

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