

MEETING MINUTES

Indiana – State Uniform Billing Committee August 20, 2015 Franciscan VNS offices, Indianapolis, Indiana

Welcome & Introductions

Jim Miller called the meeting to order at 2:02 p.m. EDT. Seven (7) committee members were present in person or by teleconference. Introductions of those attending followed. Jim Miller thanked Michael Puskarich of Franciscan VNS for providing meeting facilities.

Approval of May 14, 2015 meeting minutes

The minutes of the May 14, 2015 I-SUBC meeting were approved as submitted. Jim Miller reminded I-SUBC members that once draft minutes are approved, they will be posted on the Indiana HFMA web site at www.hfma-indiana.org/Committees/I-SUBC.

SUBC administrative matters

Jim Miller reminded I-SUBC members that Indiana HFMA provides online space for past meeting documents (agendas and minutes) at www.hfma-indiana.org, and that the web site has a text box for questions to be submitted to I-SUBC. He reported that the subscription to the National Uniform Billing Committee (NUBC) subscription area (which includes UB-04 manual and archived NUBC meeting minutes) had been renewed through June 30, 2016, and that members could obtain NUBC information upon request.

NUBC update

Jim Miller provided an update on the NUBC meeting that occurred on April 15, 2015. Item discussed during that conference call included the following:

1. CY2015 OPPS HCPCS Modifier –PO Required

Included in the CY2015 OPPS final rule for hospitals, CMS wants to collect additional data to understand the rising trend in delivery of physician services in a hospital setting, attributed to hospital acquisition of physician practices. CMS requested that the –PO modifier be required as of January 1, 2016, to report outpatient hospital services furnished in an off-campus provider-based hospital department. The proposed –PO modifier, however, would not be required for “remote” locations of a hospital satellite facilities or ED. (“Remote locations would be excluded because they are an inpatient part of a hospital that is primarily providing inpatient services, according to *42 CFR 413.65 (a) (2) Fed. Register.*) Furthermore, CMS is eliminating POS (Place of Service) code 22 (outpatient hospital department) for professional claims. Instead, CMS is establishing two new POS codes: (1) one POS code to identify outpatient services furnished in “on-campus” remote or satellite locations and (2) one POS code to identify services furnished in an off-campus provider-based hospital department. CMS defines on-campus as physical area immediately adjacent to the provider’s main building, other areas and structures that are not strictly contiguous but located within 250 yard of the main buildings. The new codes are expected to be effective in January 2016. Provider should refer to *CMS Pub. 100-04 (Claims Processing Manual)*, Chapter 4, Section 20.6.11 for additional information.

2. *Estimated Delivery Date (Georgia Medicaid) – professional claims*

NUBC denied a request from the Georgia Medicaid program to mandate EDD (Estimated Delivery Date) on professional claims (i.e., 1500 forms). NUBC's action followed a previous denial of the request by the NUCC. The X12 group originally had approved the Georgia Medicaid request but is reconsidering its decision based on denials by NUCC and NUBC.

3. *Implementing Reopening Type of Bill and Condition Codes (R1-R9)*

The implementation of new bill types and condition codes for claim reopenings was delayed until January 1, 2016, based on NUBC request and CMS approval. (The original implementation date was October 1, 2015.) NUBC requested delay until 1/1/6 with ICD-10 implementation. A discussion ensued regarding adjustments for higher-weighted DRG, which still must be requested within 60 days of initial adjudication.

4. *IRF PAI/Assessment Identification Number*

A proposal to add an assessment identification number for IRF services was rescinded. CMS had originally request to add an assessment ID number to a claim so it could be matched to the applicable PAI assessment, but rescinded the proposal upon further review.

5. *UB-04 Implementation Calendar*

The implementation date for new type of bill and condition codes related to claim reopening requests was postponed to January 1, 2016. (The original implementation date was April 1, 2015, but that date was pushed back to October 1, 2015 – only to have that date postponed further due to ICD-10-CM implementation.)

6. *UB-04: Version 9.00 clarifications/errata/updates*

There were two Version 9.00 clarifications/errata updates provided to I-SUBC members:

1. Discharge status FAQ No. 9 related to discharge status was updated to reflect consistency with FAQ No. 36. FAQ No. 9 should read as follows: What code is used for patients discharged/transferred to residential care? Answer: *Use discharge status 01, discharged to home or self care when the patient is receiving care/services at home and use 04 when the patient's residence is a facility.*
2. Value Code Series: Q10 is not a valid value code; Value codes QA-Y0 are reserved for assignment by NUBC.

Jim Miller reminded I-SUBC members that NUBC will conduct monthly teleconferences through November 2015, and that a two-day onsite meeting occurred on August 4-5, 2015 in Baltimore.

Old Business

ICD-10 implementation

A lengthy discussion ensued regarding the ICD-10-CM implementation scheduled for October 1, 2015. Jim Miller stated that all indications show the implementation to be still on track for that date. He cited two current actions in Congress to delay the implementation and stated that most provider associations support the ICD-10 implementation, with the major exceptions of the American Medical Association (AMA) as well as individual state medical associations and societies. He noted that earlier in the summer (of 2015) that CMS postponed the ICD-10 mandate for Part B claims, which could potentially create confusion among health insurers which provide Part B supplemental coverage.

Jim Miller stated that he had received internal/external ICD-10 testing updates from five (5) I-SUBC participating organizations. The information was available as follows:

1. Anthem.com
2. MHS 5-page PowerPoint
3. Indiana Medicaid (IHCP): two links for information or questions:
<http://provider.indianamedicaid.com/general-provider-services/icd-10-information.aspx>
and INXIX.ICD10Questions@HP.com
4. United Healthcare: <https://www.unitedhealthcareonline.com>
5. Cigna eServices Tools – live webinar; register to use CignaforHCP.com and visit cigna.com/EDIVendors

Jim Miller reported that Medicare MACs had conducted ICD-10 end-to-end testing on July 20, 2015; the results had not yet been released. He also noted that CMS conducted ICD-10 acknowledgement testing in June 2015, and that 90% of nearly 13,100 test claims from 1,238 providers had been accepted – a drop from 91.8% from 9,000 test claims from a similar test in March 2015.

Coding updates

A brief discussion ensued regarding use of potential dual code sets as of October 1, 2015, which had been advocated by physician provider associations. That was followed by a more lengthy discussion on which version of APR-DRG – 30 or 33 – would be used by Indiana Medicaid in conjunction with the ICD-10 implementation. Virginia Hudson of HP stated that Version 30 is being tested for ICD-10 conversion. Audra Buchanan of MHS acknowledged that Version 30 will accept ICD-10 coding and referred I-SUBC members to IHCP bulletin *BT201559* (dated August 18, 2015) for further clarification.

2015 IHCP systems implementation – update

A discussion ensued regarding the new IHCP system – scheduled to be implemented in late 2015. The so-called “Portal” – to replace the long-standing IndianaAIM (IMMIS) – will be an enhanced system to include state-of-the-art technology and business processes. Virginia Hudson of HP stated that the January 1, 2016 go-live date is still on and that training of the various new modules related to the “Portal” is underway, including training/instruction at the upcoming IHCP fall meeting in October 2015. Virginia Hudson confirmed that the current MMIS system (IndianaAIM) will be updated to accommodate ICD-10 coding as of October 1, 2015, even though the existing system is scheduled to be replaced in January 2016.

Health Plan Identifiers (HPID) update

A brief discussion ensued regarding HPID (Health Plan Identifiers). Jim Miller noted that implementation of HPID had been a source of discussion among various federal agencies and interest groups, including DHHS, CMS and the National Committee on Vital and Health Statistics. He noted that the HPID final rule does not require HIPAA-covered entities to identify a health plan in a HIPAA transaction, but requires transactions that do (identify a health plan) to use an HPID beginning November 7, 2016.

New Business

FISS update

Jim Miller reported that WPS could not provide an updated FISS report since its content had not been approved in time by CMS for distribution among I-SUBC members.

RHC updates

A brief discussion ensued regarding upcoming changes involving RHC (rural health clinic) billing. Jim Miller noted that billing for CCM (Chronic Care Management) services will permit only one provider to be designated as a patient's CCM provider, which allows that designated CCM provider to receive a monthly management fee. Jim Miller also reported that HCPCS codes will be required on RHC encounters as of 1/1/2016, and that NUBC Secretary Todd Omundson confirmed that HCPCS determinations are at the discretion of CMS, not NUBC.

Jim Miller reported that next meeting of I-SUBC will be tentatively scheduled for Thursday, November 12, 2015 (2-4 p.m. EST) at a site to be determined.

There being no further business, the meeting adjourned at 3:15 p.m. EDT.

Respectfully submitted,

James E. Miller, Chairperson
Indiana State Uniform Billing Committee