

MEETING MINUTES

**Indiana – State Uniform Billing Committee
February 17, 2015 – 2 p.m. EST
St. Vincent north campus, Indianapolis, Indiana**

1. Welcome & Introductions

Jim Miller called the meeting to order at 2:02 p.m. EST. Thirteen (13) committee members were present in person or by teleconference, and introductions of those attending followed. Jim Miller thanked St. Vincent officials for hosting the meeting.

2. Approval of November 6, 2014 meeting minutes

The minutes of the minutes of the I-SUBC meeting of November 6, 2014 were approved as submitted.

3. SUBC administrative matters

Jim Miller reminded committee members that meeting minutes and agendas are posted on the Indiana HFMA web site at www.hfma-indiana.org/Committees/I-SUBC. He noted that the minutes of meetings are not posted until they are formally adopted by the I-SUBC.

4. NUBC update

Jim Miller reported the latest news from the National Uniform Billing Committee (NUBC). He noted that the latest postings on the NUBC web site were for the conference calls on August 20, 2014 and September 17, 2014 since the January 2015 meeting was cancelled and the next meeting was scheduled for tomorrow (Feb. 18, 2015).

Jim Miller then presented the outcomes of the three most recent NUBC meetings:

July 29-30, 2015 NUBC meeting

- a. New Condition Code for initially implanted (non-replacement) medical devices
 - i. Requested by CMS; deferred for more explanation.
- b. Bundling of outpatient services rendered within 24 hours after an inpatient discharge on a 0111 bill
 - i. OIG recommended post-3 day window; Discharge Date reported in Occurrence Code 42 and OP charges bundled into inpatient claim; clarifications to be issued regarding use of Occurrence Code 42.
- c. FL02-Billing provider's designated Pay-To Address
 - i. Pay To address is different than billing provider and to be determined by provider and payer; NUBC to provide further guidance.
- d. Unique Device Identifier
 - i. Concerns addressed: regulatory mandate (FDA), role of manufacturer, NUBC opposed to use of claim to capture/transmit UDI, and health plan's reporting of UDI to FDA; NUBC to continue voice concerns with X12 and DHSS advisory groups.

August 20, 2014 Conference Call

- a. Updated UB-04 manual pages to better define:
 - i. FL02-Billing provider's Pay To address
 - 1. "This field is used when the provider does not have payment instructions on file with the payer. Health Plans use this field as an indicator to contact the provider for information on where the payment should be sent. This field may be ignored by health plans that already have the provider enrolled in their systems and choose to rely on that information. The Pay-To address ultimately has to be agreed to by the payer and the provider."
 - ii. FL04-Frequency Code 1 (Admit through Discharge)
 - 1. "Use this code when billing for a confined treatment or inpatient period. Use Condition Code 42 to indicate the date of discharge when the Through date is FL 06 is not the actual discharge date and the frequency code in FL04 is that of a final bill (1, 4 or 7-replacement for prior final claim.)"
 - iii. FL17 – Patient Discharge Status
 - 1. "A code indicating the disposition or discharge status of the patient as of the discharge date as indicated by the Through date reported in FL06, or by the Date of Discharge when reported in Occurrence Code 42."

All three updates are effective immediately as clarifications, not changes.

- b. New Condition Code for initially implanted (non-replacement) medical devices was deferred to a later date.
- c. Implementation delay for Claim Reopening codes (TOB frequency codes "Q" and Condition Codes R1-R9)
 - i. CMS admitted it was not ready for implementation on 1/1/15; *CR8581* reported delay of change to April 6, 2015 with updated MLN Matters article.

September 17, 2014 Conference Call

- a. New Condition Code 53
 - i. To indicate an initial placement of a medical device as part of a clinical trial or provided as a free sample – using Condition Code 53 along with value code "FD" with \$0.00 or \$1.00 charge; effective 7/1/15 on outpatient claims only.
- b. Conditional approval of reporting NDC for biologicals and specialty drugs for commercial health plans when "adjudication impact" occurs. CMS defines "specialty drugs" as those that cost more than \$600/month.

UB-04 Implementation Calendar

Jim Miller presented the UB-04 implementation calendar and NUBC meeting schedule for 2015 as follows:

Effective Date – April 1, 2015

- 1. **FL04:** New Type of Bill Frequency Code for claim reopenings
- 2. **FL18-28:** New Condition Codes for claim reopenings

Effective Date – July 1, 2015

- 1. **FL18-28:** New Condition Code for Initial Placement of a Medical Device

UB-04: Version 9.00 clarifications/errata/updates

1. Clarification on Discharge Status Definition: “A code indicating the disposition or discharge status of the patient as of the discharge date, as indicated by the Through date reported in FL6, Statement Covers Period; or by the Date of Discharge when reported in Occurrence Code 42.”

NUBC meeting schedule for 2015

Monthly teleconferences will take place through November 2015, with onsite meetings scheduled for:

- 3/3-3/4/15 in Chicago with NUCC
- 8/4-8/5/15 in Baltimore
- 1/26/15 in Portland with ASCX12
- 6/15/15 in San Antonio with ASCX12
- 9/29/15 in Charlotte with ASCX12

5. Old Business

ICD-10 implementation delayed to October 2015

A lengthy discussion ensued regarding the ICD-10 implementation scheduled for October 1, 2015. Jim Miller reminded committee members that the ICD-10 implementation had been delayed until October 2015 by the “Protecting Access to Medicare Act of 2014,” which was signed into law in April 2014. Danita Forgey noted that the U.S. House of Representatives was conducting hearings on the ICD-10 implementation. Tonya Satterfield stated that St. Vincent’s cost to prepare for the implementation would be exponential should another delay occur. Joe Proctor added the cost numbers would be astronomic with another delay. Jim Miller remarked about the various components of end-to-end testing for ICD-10, including finding problems through preliminary assessments, dual coding, education and ongoing documentation improvements, communicating with payers with test claims and post-implementation issues. Both Clark Memorial and St. Vincent’s hospitals reported successful results from recent end-to-end testing with Medicare, even though the sampling was very limited. Blythe Tomlinson reported that Anthem will be ready to go with the ICD-10 implementation, although she feared many providers will not be ready on the October 1, 2015 implementation date.

IHCP systems implementation – update

Penny Dunning reported that FSSA/Medicaid had postponed implementation of the new IMMIS (Indiana Medicaid Management Information System) until 12/28/15. A brief discussion ensued regarding the functionality of the new IMMIS, commonly referred to as the “Medicaid Portal.”

Sherry Ribble reported that Marion General Hospital was implementing a new 3M coding system that would not accommodate dual coding – between ICD-9 and ICD-10.

5 quick tips for ICD-10 compliance: only 11% compliance as of 10/1/14

Janet Mateo questioned about the agenda item involving 5 tips for ICD-10 compliance. Jim Miller acknowledged that he had overlooked that agenda item. He then itemized the compliance tips as

1. *Appoint a project manager – single point person*
2. *Engage non-IT leaders and staff*
3. *Evaluate technological needs immediately*
4. *Create an implementation calendar*
5. *Use the extra 12 months wisely*

6. New Business

Janet Mateo of WPS (Medicare MAC) provided an update on the Medicare FISS system, highlighting the following items:

- a. The 1st 14 bytes of the Treatment Authorization (FL63) field would be valid Medicare data;
- b. The Medicare MAC utilized 2550 volunteer testers during ICD-10 end-to-end testing in February 2015, and that acknowledgement testing will continue up through the October 1, 2015 implementation date with two special acknowledgement testing period scheduled for March 2-6, 2015 and June 15, 2015 (*SE1409*);
- c. CMS is offering ICD-10-compliant software (*PC-ACE Pro 32*) for physician billing to Medicare; and
- d. Results from end-to-end testing in November 2014 showed 169 claims were accepted, with the majority of claim rejections due to invalid ICD-10 codes or missing data.

7. Open Discussion

Michael Puskarich reported about *SE1408* -- a CMS directive to Part A MACs regarding special instructions on the ICD-10 implementation. He also reported on home health/hospice changes involving NDC (National Drug Code) billing requirements.

8. Next Meeting

Jim Miller recommended that the next I-SUBC meeting be held Thursday, May 14, 2015 (2-4 p.m. EDT) at a site to be determined.

There being no further business, the meeting adjourned at 3:09 p.m. EST.

Respectfully submitted,

James E. Miller, Chairperson, Indiana State Uniform Billing Committee