

## MEETING MINUTES

### Indiana – State Uniform Billing Committee May 15, 2015 – 2 p.m. EDT MHS Offices, Indianapolis, Indiana

#### *Welcome & Introductions*

Jim Miller called the meeting to order at 2:02 p.m. EDT. Ten committee members were present in person or by teleconference. Introductions of those attending followed. Jim Miller thanked Audra Buchanan and MHS for hosting the meeting.

#### *Approval of February 17, 2015 meeting minutes*

The minutes of the February 17, 2015 I-SUBC meeting were approved as submitted. Jim Miller stated that once approved, the minutes are posted on HFMA web site.

#### *SUBC administrative matters*

Jim Miller reminded committee members that meeting agendas and minutes are available on the Indiana HFMA web site at [www.hfma-indiana.org](http://www.hfma-indiana.org). He noted that the subscription to the National Uniform Billing Committee (NUBC) web site expired June 30, 2015, and that he will contact HFMA to get the subscription renewed.

#### *NUBC update*

Jim Miller reported on the latest updates from the NUBC. The latest posting on NUBC's web site were for the February 18, 2015 conference call on February 18, 2015 and the onsite meeting in Chicago on March 3-4, 2015. The outcomes of those meetings were as follows:

#### **1. February 18, 2015 NUBC teleconference**

A DSMO request for estimated delivery dates (EDD) for babies on a professional claim: The X12 panel voted to approve the request for electronic formatting, while the NUCC voted to disapprove the request for professional claims. After a discussion on CMS' use of reporting metrics, including the use of ultrasounds for a more precise delivery date, NUBC deferred a decision for 45 days for further study.

#### **2. March 3-4, 2015 meeting in Chicago**

- a) *Implementation of the Reopening Type of Bill and Reopening Condition Codes (R1-R9)*: Discussion centered on CMS readiness for 10/1/15 implementation date of Reopening types of bill and condition codes. NUBC disapproved a request for 10/1/15 start date and recommended holding provider implementation until 1/1/16 and add clarification as to use in an upcoming Change Request.
- b) *Clarification of CMS CR 9016*: CMS' Change Request attempted to resolve issues about matching IRF (Inpatient Rehab Facility) claims to patient assessments. Because issues were raised regarding sufficient digits in 837 and X12 segments, NUBC deferred the matter for more clarification.

- c) *Value Code Maintenance*: NUBC’s discussed a conflict among Version 5010 and UB/837 formats regarding leading zeroes in value coding (e.g., dollar amounts, accident hour in military time, zip codes, etc.) NUBC members raised concerns about value coding updates could impact existing systems. NUBC agreed to form a subcommittee to review all UB-04 coding to determine questionable use of leading zeros. The review is expected to be an 18- to 24-month process.
- d) *837I Service Date Change Request for ASC X12 Consideration*: NUBC discussed the need to clarify line item service dates on institutional claims, especially in cases of single dates vs. range of dates. NUBC plans to file proposed recommendations to X12 for consistency purposes with respect to service dates.
- e) *Repetitive services*: CMS expressed concerns about frequency of billing and the repetitive services list. Under OPPS, all services rendered on the same day had to be on the same claim, which conflicts with repetitive services, such as therapeutic radiation billed on monthly basis. NUBC decided to table the matter until the August 2015 meeting – to allow for further discussion.

***UB-04 Implementation Calendar***

- a) Effective Date – 7/1/15: FL18-28: New Condition Code for Initial Placement of a Medical Device
- b) Effective Date – 1/1/16 (Postponed from 4/1/15): FL04: New Type of Bill Frequency Code for claim reopenings; FL18-28: New Condition Codes for claim reopenings

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

- a) Clarification on Discharge Status (FL 17) 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.”
- b) Clarification on 1-Admit through Discharge Claim – use this code when billing for a confined treatment or inpatient period. Note: Use Occurrence Code 42 in indicate the date of discharge when the “Through” date in FL 06 (Statement Coverage Period) is not the actual discharge date and the frequency code in FL4 is that of a final bill, i.e., 1, 4, or 7.
- c) Present on Admission indicator (FL67): AHIMA, AHA, CMS and National Center for Health Statistics have published a list of ICD codes that are exempt from POA reporting. This list is included in the POA guidelines published in the “ICD-9-CM and ICD-10-CM Official Guidelines for Coding and Reporting.”

***2014 NUBC meeting schedule***

- a) Monthly teleconferences through November 2015
- b) Onsite meetings
  - a. August 4-5, 2015 – Baltimore
  - b. June 1, 2015 – San Antonio with NUCC and ASCX12

- c. September 28, 2015 – Charlotte with NUCC and ASCX12

### **Old Business**

1. ICD-10 implementation is still on track toward its October 1, 2015 implementation.
  - a) Current action underway in Congress to postpone from 10/1/15: House Resolution 2126 (Ted Poe, R-Texas, with six GOP sponsors) – would prohibit DHHS from replacing ICD-9 with ICD-10 on 10/1/15.
  - b) Most providers and provider associations support the 10/1/15 implementation, except AMA. The AMA and state medical associations and societies called for contingency plans from CMS.

*Qualitest* survey in April 2015 found 83% of healthcare organizations expect ICD-10 to go live 10/1/15; 83% of surveyed reported being prepared, have updated their HIM systems for ICD-10, and expect them to work fine; and 67% of surveyed have conducted testing with clearinghouses and 3<sup>rd</sup>-parties with billing and transaction processes.

Jim Miller reported that internal, external testing updates – from 5 insurers/payers – will be sent out to SUBC members after meeting. The five respondents were:

- 1) Anthem.com
- 2) MHS 5-page PowerPoint
- 3) Medicaid: 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](http://cigna.com/EDIVendors)

Jim Miller reported that the Medicare MACs will conduct ICD-10 end-to-end testing July 20-24, 2015. Volunteer testers need to sign up with the MAC by May 22, 2015. He noted that ICD-10 testing results from March 2015 showed CMS accepted 91.8% of nearly 9,000 test claims from 775 providers – an improvement over 87% acceptance rate from the test in November 2014. He also noted physician associations had advocated the use of dual code sets (ICD-9 and ICD-10) with the 10/1/15 implementation date.

IHCP systems implementation – update: IndianaAIM (IMMIS) will be replaced by an enhanced system to include state-of-the-art technology and business processes. Virginia Hudson reported the new MMIS is scheduled to be implemented about January 1, 2016. She noted the new “portal” will be demonstrated at the upcoming IHCP Annual Seminar in October 2015.

### **New Business**

1. **FISS update:** Jim Miller reported that WPS, the Medicare MAC for Michigan and Indiana, was hosting its quarterly POE-AG meeting today and that there would not be a FISS update from I-SUBC member Janet Mateo.

2. **Other:** Michael Puskarich reported that there will be some upcoming new hospice-related billing requirements. He requested that the topic be added to the next I-SUBC meeting agenda.

Virginia Hudson noted that IHCP will be conducting 2<sup>nd</sup> Quarter 2015 workshops in May and June 2015. The workshops will include half-day sessions and be conducted in new locations to reach providers in various parts of Indiana. Workshop topics will include billing secondary insurance and Medicaid 101 (basic information)

Next meeting: Jim Miller proposed that I-SUBC next meet on Thursday, August 20, 2015 (2-4 p.m. EDT), at a site to be determined.

There being no further business, the meeting adjourned at 3:01 p.m. EDT.

Respectfully submitted,

James E. Miller, Chairperson  
Indiana State Uniform Billing Committee