

**-- Meeting Minutes --**  
**Indiana – State Uniform Billing Committee**  
**June 17, 2014 – 2 p.m. EST**  
**Conference Center – MDwise Offices (Indianapolis, Indiana)**

**1. Welcome & Introductions**

Jim Miller called the meeting to order at 2:05 p.m. EDT. Ten (10) committee members were present in person or by teleconference, and introductions of those attending followed. Jim Miller thanked Chris Kern and MDwise for hosting the meeting.

**2. Review of March 4, 2014 I-SUBC meeting minutes**

The minutes of the March 4, 2014 meeting were approved as submitted.

**3. SUBC administrative matters**

Jim Miller reminded SUBC members that meeting minutes and agendas are posted on the Indiana HFMA web site at [www.hfma-indiana.org/I-SUBC](http://www.hfma-indiana.org/I-SUBC). The website also contains a text box to submit questions to I-SUBC.

Jim Miller reported that the NUBC subscription had been renewed for another year (through June 30, 2015), thanks to the Indiana chapter of HFMA.

**4. NUBC update**

Jim Miller recapped the outcome of the November 20, 2013, January 15, 2014 and April 16, 2014 conference calls and February 25-26, 2014 onsite NUBC meeting. Items discussed at those four sessions included:

**November 20, 2013 Conference Call**

1. Revision of Occurrence Span Code 72 for Inpatient Claim Submissions related to the CMS 2-Midnight Rule. CMS wants this code to report/track outpatient time the beneficiary spent receiving contiguous service prior to inpatient admission. Under 2014 IPPS Rule, if an admitting physician expects a beneficiary's treatment, not specifically designated as inpatient-only, to require a medically necessary stay in the hospital lasting at least 2 midnights, and admits based on that expectation, it is generally appropriate that the admission receive Part A payment.

**Approved effective 12/1/13**

**Code: Occurrence Span Code 72**

**Title: First/Last Visit Dates**

*Definition: The from/through dates of outpatient services. For use on outpatient bills where the entire billing record is not represented by the actual From/Thru service dates of FL 06 (Statement Coverage Period) AND On inpatient bills to denote contiguous outpatient hospital services that preceded the inpatient admission.*

**January 15, 2014 Conference Call**

1. Change in Usage of Bill Type 014X -- Use of bill type 141 beyond traditional non-patient diagnostics. CMS wants TOB141 used to report any unrelated lab tests performed on the same day as other outpatient services – for patient or non-patient. Development of HCPCS modifier on 013X TOB when a hospital seeks a separate payment of unrelated lab tests.

2. Wyoming Medicaid: 5 additional emergency department triage levels. Use of FL14-Priority type of admission to reflect ED triage levels to reflect nationally recognized Emergency Severity Index triage levels (1-5) -- beyond current emergent, urgent and elective.

*Request denied; level of E&M better define severity  
Maintain decision of 7/31/13*

#### **February 25-26, 2014 NUBC meeting**

1. Change in Usage of Bill Type 014X: NUBC maintains that 014X is to be used for hospital lab services provided to non-patients (specimens). CMS elected to alter approach by creating a HCPCS modifier in lieu of 014X to denote unrelated lab tests that should not be bundled with other lab items and billed on bill type 013X. L1 modifier defined as “separately payable lab test” and “provider attestation that the hospital lab test is not packaged under the hospital OPPS.”

*Add date is 7/1/2014*

*Services retroactive to 1/1/14; holding claims to be HIPAA compliant*

Janet Mateo reported that Medicare two change requests (CR8776 and SE1412) addressed the usage of the –L1 modifier, which WPS added as a valid modifier (as of July 1, 2014). Dawn McCarty requested additional information pertaining to the –L1 modifier and TOB 141.

2. Update to 2015 UB-04 Manual for ICD-10 conversion -- not needed with Medicare Relief Act of 2014.
3. Health Plan Identifier/Other Entity Identifier: HPID/OEID discussion with X12/837 transactions. FL51 is titled “Health Plan Identification Number” – continue to use FL51 to report existing legacy/proprietary number since HPID haven’t been implemented for UB-04.
4. Unique Device Identifier (UDI): NUBC discussion on reporting UDI on claims, useful data for utilization review and health plans, cost-benefit analysis of UDI, interface with X12, WEDI, etc. NUBC drafting letter to FDA regarding UDI before implemented in transaction standards.
5. CMS Brief on 2-Midnight Rule: More discussion by NUBC as a follow-up to November 20, 2013 conference call.

*Use of OSC 72 with expectation of 2-midnight stay*

*RAC moratorium on DOS 10/1/13 to 9/30/14*

*CMS not inclined to allow Occurrence Span Code 72*

Janet Mateo stated the MAC will be providing additional education on the 2-Midnight Rule, along with additional documentation through its website.

#### **April 16, 2014 Conference Call**

1. Draft of FL 51 (Payer ID/Health Plan ID) for 2015 UB-04 Manual

*Effective 7/1/14 (for inclusion in 2015 UB-04 Manual) for FL 51*

*Title: Payer ID/Health Plan ID*

*Definition: The number used to identify the payer or health plan*

*Reporting: Report the Payer ID or Health Plan ID*

*Updates to UB-04 Manual for ICD (F166-74a-e)*

### ***UB-04 Implementation Calendar***

Jim Miller announced three (3) UB-04 updates, effective January 1, 2015, as follows:

- Form Locator 04: new type of bill frequency (Q) for claim reopenings
- Form Locators 18-28: new condition codes (R1-R9) for claim reopenings
- Form Locators 18-28: revision to the definition of Condition Code 49
- No new updates posted for UB-04 Version 8.0 Errata

### ***2014 NUBC meeting schedule***

Jim Miller reported that NUBC will host monthly teleconferences through November 2014 and will host its next onsite meetings on July 29-30, 2014.

## **5. Old Business**

### ***ICD-10 preparedness***

A lengthy discussion ensued regarding preparations for ICD-10 implementation, delayed until October 1, 2015 by the "Protecting Access to Medicare Act of 2014," which was signed into law on April 1, 2014. Members cited a number of impacts from delay, including mothballing of systems, maintaining ICD-9 code sets for another year and the possibility of another delay when Congress revisits Medicare physician payment reform (Sustained Growth Rate) in early 2015. Danita Forgey commented that training in dual coding (ICD-9 and ICD-10) will give entities an idea of what they will eventually face. Chris Kern noted the MDwise will continue to follow the State's efforts in outreach and education with respect to ICD-10 preparedness. Janet Mateo stated that Medicare will continue to encourage covered entity testing. Teresa Scholl remarked her facility meets monthly regarding documentation enhancements, and that the delay allows providers the opportunity enhance their documentation practices. Jim Miller noted that ICD-10 preparedness will continue to be a standard item on the SUBC agenda, even after implementation (whenever it actually occurs).

### ***2-Midnight provisions***

Jim Miller stated no further discussion was needed. This item was discussed during the NUBC update.

### ***Expansion of use of TOB 141***

Jim Miller stated no further discussion was necessary. This item was reviewed during the NUBC update.

### ***2015 IHCP systems implementation - update***

Jim Miller stated the new Indiana MMIS (Medicaid Management Information System) is scheduled to go live on July 1, 2015. According to the IHCP website, the new MMIS will be an enhanced system to include state-of-the-art technology and business process. More discussion on the MMIS implementation, including plans for user training and integration with ICES and ICD-10, will be included on further SUBC agendas.

## **6. New Business**

### ***FISS update***

Janet Mateo of WPS provided a brief update on Medicare and FISS. She noted that the WPS website has been updated to report Top 10 claim denials and other pertinent claim issues.

**7. Next Steps – Next Meeting**

Discussion ensued regarding the next SUBC meeting – proposed for October 9, 2014. Mark Vonderheit offered to host an upcoming meeting at Anthem’s headquarters in downtown Indianapolis. Jim Miller stated he would notify SUBC members about the date/time/location of the next meeting.

There being no additional business, the meeting adjourned at 2:54 p.m. EDT.

Respectfully submitted,

Jim Miller, Indiana SUBC Chairperson