

## -- Meeting Minutes --

Indiana – State Uniform Billing Committee

March 4, 2014 – 2 p.m. EST

Conference Center – Franciscan St. Francis Health (Indianapolis, Indiana)

### 1. Welcome & Introductions

Jim Miller called the meeting to order at 2:04 p.m. EST. Fifteen (15) committee members were present in person or by teleconference, and introductions of those attending followed. Jim Miller thanked Franciscan St. Francis Health for agreeing to host the meeting.

### 2. Review of September 24, 2013 I-SUBC meeting minutes

The minutes of the September 24, 2013 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 I-SUBC sent follow-up responses to inquiries from AAHAM and IHCP regarding UB-04 updates and specific form locator definitions respectively.

### 4. NUBC update

Jim Miller recapped the outcome of the July 31-August 1, 2013 meeting and August 21, 2013 and September 18, 2013 NUBC conference calls. Items discussed included:

#### *July 31-August 1, 2013 meeting*

- A request by the Public Health Data Standards Consortium to use Industry and Occupation Classification Codes for Public Health reporting purposes was disapproved. The requested data was not applicable in a UB format.
- A request by CMS for a new bill type and condition codes related to claim reopenings was approved effective January 1, 2015. (A reopening is an action taken to change a final determination or decision that resulted in either an overpayment or an underpayment; not reopening of cost report, etc.) The new approved bill type will use Q as the 3<sup>rd</sup> digit in the bill type. The Q-code is will be used to identify claims submitted for reconsideration that fall outside of the payer's timely filing limits. Nine (9) new condition codes (R1-R7) will be billed in conjunction with the new bill type to identify the applicable condition. The new condition codes are as follows:
  - *R1-math.computation mistake*
  - *R2-inaccurate data entry*
  - *R3-misapplication of fee schedule*
  - *R4-computer errors*
  - *R5-Incorrectly identified dupe claim*
  - *R6-Other clerical errors*
  - *R7-corrections other than clerical error*
  - *R8-new, material evidence*

- *R9-faulty evidence*
- A brief discussion ensued regarding the incorporation of UDI (Unique Device Identifier) into claims transactions, beginning in 2014, ramping up in 2015 to a full seven-year transition by 2021. SUBC will continue to monitor this development.
- A request by Wyoming Medicaid to utilize Form Locator 14 -- Priority type of admission -- to better reflect Emergency Department triage levels was denied. NUBC members believed current Evaluation & Management (E&M) codes better reflect severity of illness, etc. along with the three standard admission levels (emergent, urgent and elective). The requestor had requested use of the nationally recognized Emergency Severity Index triage levels (1-5) in lieu of emergent, urgent and elective admission levels.
- CMS approached NUBC with a proposal to use Condition codes 49 & 50 to report replacement of a device due to a patient's medical condition rather than a recall, field action or malfunction. NUBC opted to defer the matter based on the UDI implementation schedule.
- CMS requested that a new value code be added to identify the zip code of a facility service location. This would be an additional paper-only value code since Medicare already requires 9-digit zip code in 2310E loop of the 837I transaction. NUBC deferred the matter to a later date.
- CMS also requested four (4) paper-only indicator codes to be used in Form Locator 81 to aid with paper claim transactions involving MSP. NUBC deferred the matter to a later date.
- Finally, CMS requested an additional occurrence code to be used in Form Locator 81 to identify rebilling of claims (using bill type 012X) originally submitted as inpatient that did not meet medical necessity for inpatient services. After some discussion regarding DCN appearing on rebilling, NUBC opted to defer the matter to a later date. Janet Mateo of WPS commented on the appropriate rebilling procedures, referring to Change Request 8445 for further information.

***August 21, 2013 conference call***

As a follow-up to requests made by CMS at the July 31-August 1, 2013 meeting, NUBC decided to:

- Approve the use of Condition Code 49 to identify the "replacement of a product earlier than the anticipated lifestyle," effective January 1, 2015;
- Allow CMS' withdrawal of a request to add an additional value code to identify a facility's service location via a 9-digit zip code -- on paper claims only;
- Allow CMS' withdrawal of a request to add four (4) additional codes in Form Locator 81 to help identify MSP-related matters on paper claims only; and
- Defer a decision to a later regarding the additional of an occurrence code in Form Locator 81 for rebilling (under bill type 012X) for inpatient services not meeting medical necessity.

***September 18, 2013 conference call***

NUBC continued discussion on billing of free-standing birthing centers, previously agreeing to allow bill type 084X and those services as outpatient billable under Revenue Code 0724. After some deliberation and discussion (on various billing methodologies, ASC billing on

CMS 1500, etc.) NUBC agreed to allow the use of bill type 084X and Revenue Code 0724 to proceed.

#### ***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

#### ***Occurrence Code 72 – Accommodate 2-Midnight provision***

Effective December 1, 2013, hospitals – PPS and critical access – may use Occurrence Code 72 on inpatient bills to denote the date span on contiguous outpatient hospital services that preceded the inpatient admission. In January 2014, CMS announced that the 2-midnight provision had been delayed until after September 30, 2014.

#### ***Expansion of use of bill type 141***

At the request of St. Vincent Health, I-SUBC inquired with NUBC into the CMS-proposed expansion of bill type 141 – beyond its traditional use for non-patient diagnostic services. CMS wanted bill type 141 to be expanded to report any unrelated lab tests performed on the same day as other outpatient services – for patient or non-patient services. Based on NUBC feedback, CMS agreed to re-review the procedure and provide further clarification in the final rule.

#### ***UB-04: Version 8.00 Clarifications/Errata/Updates***

Jim Miller reported on three (3) items related to Version 8.00 Errata:

- Discharge Code 85 – to be used for inpatient hospital discharge with a planned acute care readmission;
- Attending physician taxonomy: not a data element on the UB-04 format; and
- CAH Method II billing: professional/physician services are to be reported using Revenue Codes 096X-098X and the NPI for the rendering physician or other physician is required if it differs from the rendering physician reported at claim level in Form Locators 78-79.

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

Jim Miller reported that NUBC will host monthly teleconferences through November 2014 and will host onsite meetings on February 25-26, 2014 and July 29-30, 2014.

## **5. Old Business**

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

A lengthy discussion ensued regarding preparations for ICD-10 implementation, scheduled for October 1, 2014. Various payers gave updates on ICD-10 preparedness: Mark Vonderheit of Wellpoint/Anthem referred SUBC members to the MyAnthem website for updates. He believes that hospitals and large clinics are ready to go but expressed concerns about rural providers. Chris Kern of MDwise stated that MDwise is working within FSSA's project plan. Randy Mills of MHS stated that MHS systems are ready to go and that testing is underway with providers on test claims. Jenifer Smith of United Healthcare noted testing with providers is underway and referred SUBC members to UnitedHealthcareOnline.com for updates and tools and resources related to ICD-10. Janet Mateo of WPS referred SUBC members to Change Requests 4792 and 8465 regarding billing of dates of service spanning the ICD-10 implementation and

front-testing between trading partners and Medicare MACs respectively. Jim Miller noted that he had discussed the importance of cash reserves in anticipation of the ICD-10 implementation with Indiana hospital CFOs.

A brief discussion ensued regarding IHCP's (Indiana Health Coverage Programs) requirement (effective January 6, 2014) to use ICD-10 indicators in Form Locator 66.

***Home health/Hospice POS (Place of Service) reporting***

Michael Puskarich reported that POS (Point of Service) reporting for home health/hospice reporting is not taking place, although POS coding may occur in SNF and non-SNF setting for fraud and abuse reporting in conjunction with the ICD-10 conversion (effective October 1, 2014).

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

Discussion on the impending IHCP systems implementations in 2015 was deferred to a later meeting.

**6. New Business**

***FISS update***

Janet Mateo of WPS provided an update on Medicare and FISS. Items of discussion included:

- Lab claims billed with CPT 81228 have been suspended back to July 2013. No system resolution is available yet.
- CWF/HIQA termination has been delayed until further notice. A 90-day advance notice will be given. C-SNAP should be the preferred eligibility portal.
- The status of Part A appeals is available via C-SNAP.
- Effective July 2014, MSP information will be available through HIPAA 270-271 transactions.
- WPS has implemented a provider single toll-free number to call.
- Revalidations of provider enrollments/eligibility are posted on WPS' website on a monthly basis. As of the period of October-December 2013, approximately 24,000 enrollments had occurred in CMS Jurisdictions 5 and 8.

**7. Next Steps - Next Meeting**

Discussion ensued regarding the next SUBC meeting - proposed for June 17, 2014. Jim Miller stated that he would contact MDwise about hosting the next meeting at its Indianapolis office.

Danita Forgey reminded SUBC members about the upcoming IHIMA conference on April 7-9, 2014 at the Marriott Hotel in downtown Indianapolis. She noted the meeting would be dedicated to the ICD-10 conversion.

There being no additional business, the meeting adjourned at 3:45 p.m. EST.

Respectfully submitted,

Jim Miller, Indiana SUBC Chairperson