

**-- Meeting Minutes --**  
**Indiana – State Uniform Billing Committee**  
**October 30, 2012 – 2 p.m. EDT**  
**Visiting Nurse Services, Inc. – Indianapolis, Indiana**

**1. Welcome & Introductions**

Jim Miller opened the meeting at 2:05 p.m. EDT. Twelve (12) committee members were present in person or by teleconference. Jim Miller thanked Janet Mateo (in person) and John Wrynn (via teleconference) of WPS for attending. He also thanked Michael Puskarich and VNS, Inc. for hosting the meeting. Michael Puskarich announced that VNS had recently become part of the Franciscan Alliance and was now known as Franciscan VNS.

**2. Review of July 17, 2012 SUBC meeting minutes**

Jim Miller asked that approval of the minutes of the July 17, 2012 be tabled until the next meeting.

**3. SUBC administrative matters**

Jim Miller reported that no further action had taken place with the SUBC-sponsored website. He noted that SUBC (through Indiana HFMA funding) had renewed its two (2) NUBC licenses that expired in July 2012 and offered to provide SUBC members with any applicable data, NUBC updates, etc. upon demand.

**4. NUBC update**

Jim Miller gave an update on two recent NUBC meetings (7/31-8/1/12 conference and 9/19/12 conference call respectively) as follows:

- a) Alternate Care Sites for disaster responses: Effective 10/1/13, there will be a new bill type and discharge code/disposition (71) to reflect ACS. The discharge disposition will be described as “Discharged/transferred to a designated disaster alternative care site;”
- b) Planned readmissions: NUBC approved 15 new patient discharge codes (81-95) to match (in order) discharge codes 01-06, 21, 43, 61-66, and 70, noting that description of “with a planned acute care hospital inpatient readmission” would be appended to the discharge code;
- c) Simplification of home health bill types: Effective 10/1/2013, UB Form Locator 04 will be revised to add bill types 032X (home health services under a plan of treatment), 033X (discontinued) and 034X (home health services not under a plan of treatment); (Michael Puskarich of VNS, Inc. questioned the need for bill type 034X-doing services without discharge orders.)
- d) A review is ongoing between value coding discrepancies between UB-04 and Transaction 837I;
- e) A discussion on the use of UDI (unique device indicators) and their value in reporting;
- f) Value codes Q0-Q9 – reserved for NUBC reassignment as payer use only;
- g) Deferral for further review – placing Part B deductible information on Part A claims, as requested by CMS as part of its bundled care initiative;
- h) Deferral of Minnesota SUBC’s request to use Revenue Code 094X or 095X for “combination of drug and alcohol rehabilitation;

- i) No action on New York managed care entities' use of NDCs for drug rebate reporting;
- j) Deferral on use of Revenue Code 0724 to separate in- and outpatient charges related to birthing centers;
- k) Discussion on capturing socio-economic data for public health purposes;
- l) Deferral of review of impact on UB-04 vs. 1500 billing for office-based surgery-facility services;
- m) Approval to allow the situational reporting of the rendering physician's NPI in the description level at the line level (Form Locator 43), effective 10/1/12; and
- n) Approval of three value codes (Y1, Y3, and Y5) to identify bundled payments for Medicare's demonstration projects for combined institutional claims;

## **5. Old Business**

- a. ICD-10 preparedness: A brief discussion ensued regarding Covered Entity preparations for ICD-10 implementation. John Wrynn stated that WPS has begun testing to accommodate a schedule for formal external testing to begin 10/1/13. Chris Kern reported that HP is moving forward with ICD-10 preparations and that MDwise will "dovetail" those preparations. John Wrynn urged providers to test ICD-10 early since CMS is showing no willingness to extend the implementation beyond 10/1/14.
- b. Transition to Medicare A/B MAC – Jurisdiction 8: Jim Miller reintroduced the WPS contact for Indiana SUBC, Janet Mateo. Janet Mateo gave an update on Change Requests 8041, 7901, 8000, 7907 and 8031, all published in August 2012, noting that the change requests mostly impacted rate changes. She reported that the 2013 OPPS rule would be out in December 2012. Discussion then ensued regarding Medicare therapy caps, which became effective 10/1/12. John Wrynn noted that WPS would turn off all medical reviews of therapy services to avoid claim backlogs, and that the Common Working File (CWF) would be changed to reflect dollars applied (to the \$3700 cap) as of 10/1/12. He noted that critical access hospitals will be exempt from the cap requirements, and that letters to CAHs were sent in error.
- c. POA indicator reporting to Medicaid: A brief discussion ensued regarding the requirement to include the POA indicator on Medicaid hospital inpatient claims as of 7/1/12. SUBC agreed that the item could be removed from future committee discussion.
- d. Admitting diagnosis on Medicare outpatient claims: Jim Miller noted that this item has been tabled twice due to requestor's absence at the SUBC meeting and will be eliminated from future meeting agendas.
- e. Readmission coding: no further discussion occurred.
- f. Occurrence coding to reflect patient expiration: Jim Miller reiterated the need to use Occurrence Code 55 and appropriate discharge status code when reporting patient expiration, as outlined in CR7792.
- g. New therapy caps for Medicare, effective 10/1/12: no additional discussion occurred regarding new Medicare therapy caps.

## **6. New Business**

- a. FISS update: Discussion ensued regarding CMS letters to revalidate providers of service. Janet Mateo instructed providers not to revalidate until instructed (by letter) to do so, and that the letters will be sent to "approved" persons who should respond promptly for recertification purposes.

b. NCCI and code auditing edits at claim detail level: A discussion ensued regarding interface of NCCI and code edits for NPI use at the detail level on 1500 claims. Virginia Hudson of HP confirmed that the edits apply to 1500 claims, and that it does not apply to UB-04 claims. John Wrynn reported that NCCI and Mutually Exclusive edits had been merged into one table (in the most current system version) that took effect in March 2012.

c. Update on OPR (Ordering, Prescribing, Referring) practitioner editing on IHCP claims: A brief discussion ensued regarding OPR editing on IHCP claims. Chris Kern reported the OPR data would be required on pharmacy claims as of 10/1/12. Virginia Hudson noted some issues involving OPR editing – that not all providers are required to do so. She referred to IHCP bulletins BT201220 and BT201233 for further instructions.

**7. Next Steps – Next Meeting**

Discussion ensued regarding the next SUBC meeting – proposed for February 26, 2013. Inez Dailey offered to host the next SUBC meeting at Johnson Memorial Hospital in Franklin. Jim Miller stated he would confirm the date/time/location with Inez Dailey and notify SUBC committee members.

**8. Adjournment**

The meeting adjourned at 3:45p.m. EDT.

Respectfully submitted,

Jim Miller, Indiana SUBC Chairperson