-- Meeting Minutes --

Indiana – State Uniform Billing Committee
November 6, 2014 – 2 p.m. EST
Conference Center – Anthem BCBS Offices (Indianapolis, Indiana)

1. Welcome & Introductions

Jim Miller called the meeting to order at 2:02 p.m. EST. Fourteen (14) committee members were present in person or by teleconference, and introductions of those attending followed. Jim Miller thanked Mark Vonderheit and Anthem BCBS for hosting the meeting. Jim Miller checked on the e-mail addresses of several SUBC committee members whose e-mails had been returned as undeliverable. Adjustments to the SUBC roster will be made based on committee feedback.

2. Review of June 17, 2014 I-SUBC meeting minutes

The minutes of the June 17, 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. He noted the NUBC subscription was renewed as of July 1, 2014 and will be in effect through June 2015.

4. NUBC update

Jim Miller recapped the outcomes of the July 29-30, 2014 onsite NUBC meeting and the August 20, 2014 and September 17, 2014 NUBC conference calls. Items discussed at those three sessions included:

July 29-30, 2014 NUBC meeting

- New Condition Code for initially implanted (non-replacement) medical devices, requested by CMS – Deferred for more explanation.
- Bundling of outpatient services rendered within 24 hours after an inpatient discharge on a 0111 type of bill, recommended by OIG – Clarifications to be issued regarding use of Occurrence Code 42 and outpatient charges bundled into inpatient claim.
- Form Locator 02-billing provider's designated Pay-To address if different than billing provider – NUBC is to provide further guidance on issue.
- UDI: Concerns addressed included FDA regulatory mandate, role of manufacturers, use of claim to capture/transmit UDI, and health plan's reporting of UDI to FDA – NUBC to continue voice concerns with X12 and DHHS advisory groups.

August 20, 2014 Conference Call

- FL02-Billing provider's Pay-To address: "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."
- FL04-Frequency code 1 (Admit thru Discharge): "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 FL06 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.)

- FL17-Patient discharge status: "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."
    - The three clarifications noted above are effected immediately – no changes occurred.
- New Condition Code for initially implanted (non-replacement) medical devices – deferred.
- Implementation delay for claim reporting codes (TOB frequency codes "Q" and Condition Codes R1-R9, CMS not ready for implementation on 1/1/2015 – CR8581 to delay implementation until 4/6/2015, with updated MLN Matters article.

September 17, 2014 Conference Call

- New Condition Code 53 to indicate an initial placement of a medical device as part of a clinical trial or provided as a free sample – Use Condition Code 53 along with Value Code FD with $0.00 or $1.00 charge on outpatient claims only, effective 7/1/2015.
- 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. Tonya Satterfield stated her objection to the NDC requirement for commercial health plans, claiming proper formatting is already in place.

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

UB04 Version 9.00 clarifications/errata/updates

Jim Miller reported the only item on the Version 9.00 errata list pertained to a clarification on discharge state definition, to read: 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."

2015 NUBC meeting schedule

Monthly teleconferences scheduled through November 2015
Onsite meetings:
March 3-4, 2015 – Chicago (with NUCC)
August 4-5, 2015 – Baltimore
January 26, 2015 – Portland with ASCX12
June 15, 2015 – San Antonio with ASCX12
September 29, 2015 – Charlotte with ASCX12

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. Virginia Hudson reported that HP/Medicaid did not have any update on Trading Partner testing; Mark Vonderheit stated that Anthem BCBS continues to work with HP/Medicaid for the presumed 10/1/2015 implementation date; Janet Mateo reported that CMS utilized 50 provider submitters for end-to-end testing in October 2014; Danita Forgey stated that IHIMA has addressed ICD-10 concerns to Congressman Todd Young (R-), who is aware of issues involving dual coding.

2-Midnight provisions

No further discussion occurred. SUBC members agreed this item could be removed from future meeting agendas.

Expansion of use of TOB 141

No further discussion was occurred. SUBC members agreed that this item could be removed from future meeting agendas.

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. A brief discussion ensued regarding how the new MMIS should integrate with ICD-10 and eligibility verification systems (especially if HIP.20 is implemented). Mark Vonderheit offered to contact FSSA officials to participate in the next I-SUBC meeting to discuss the MMIS implementation.

Health Plan Identifier (HPID) and Health Plans

A brief discussion ensued regarding Health Plan Identifiers (HPID) and their relationship with health plans. Jim Miller stated that NUBC defined a health plan as "an individual or group plan that provides, or pays the cost of medical care." A health plan includes but is not limited to: a group health plan, a health insurance issuer, an HMO, an employee welfare benefit plan or any other arrangement with the purpose of providing health benefits to the employees of two or more employers, or any other individual or group plan (or combination of individual or group plans) that provides or pays for the cost of medical care (government programs (e.g., Medicaid, Medicare, VA, Indian Affairs, Federal Employee Health Benefits). Jim Miller reported that DHHS announced in early November 2015, that it is delaying enforcement, until further notice, of HPID.

6. New Business

FISS update

Janet Mateo of WPS provided a brief update on Medicare and FISS. She reported the following items:

- Change Request 8699 – pertaining to closing the gap on inappropriate payment overlaps involving home health and inpatient claims;
- Resubmission of functional "G" codes;

- Outpatient clinic claims involving HCPCS G0463 and 97610 (adjudicated under Reason Code C7252);
- Retraction of repayments on sleep disorder claims (awaiting CMS directives);
- Reopening of "incarcerated" claims; and
- Skilled nursing facility claims processed under Reason Code 38305.

7. Next Steps – Next Meeting

Discussion ensued regarding the next SUBC meeting – proposed for Tuesday, February 17, 2015. 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 3:25 p.m. EST.

Respectfully submitted,

Jim Miller, Indiana SUBC Chairperson