

## AGENDA

### Indiana State Uniform Billing Committee

June 22, 2017 - 2 p.m. EDT

*I.U. Health*

*250 N. Shadeland Avenue*

*Indianapolis, Indiana*

Dial-in Number: 866.740.1260

Access Code: 2098733

1. Welcome & Introductions
2. Review of March 2, 2017 meeting minutes
3. I-SUBC administrative matters
  - a. Indiana HFMA presentation - April 21<sup>st</sup> at Marriott North
    - i. Mission of I-SUBC; Transgender issues; MBI - about 50 in attendance
    - ii. TriState meeting in September?
  - b. Renewal of NUBC subscription - renewed 6/21/17 for 2071-18
4. NUBC update
  - a. NUBC meetings update
    - i. January 18, 2017
      1. Discussion on use of type bill frequency code “Q” for reopening/reconsideration of a final determination or decision on a previously adjudication claim outside of a payer’s filing limits. Discussion centered on appropriateness of using frequency codes “7” or “Q” and when, especially with upcoming implementation of format 7030 for 837 transactions. NUBC agreed to put footnote in UB manual in FL64 (DCN number) for appropriate frequency code for replacement or voided claim, and include appropriate language for 7030 837I situational language in upcoming 7030 UB manual.
      2. NUBC to review request from Office of Statewide Health Planning and Development-California on use of Point of Origin (FL15) and Priority (type) of Admission (FL14) codes. Action deferred to later meeting.
    - ii. March 14, 2017
      1. NUBC reviewed inquiry from California OSHPD office and updated FAQs on Point of Service (FL15) and Priority Type of Admission (FL14) codes, effective July 1, 2017.
      2. **READ the highlighted FAQs as presented/updated by NUBC**
    - iii. April 4-5, 2017 in Chicago
      1. Minutes not yet posted on NUBC website

- b. UB-04 Change Implementation Calendar
  - i. Deferred; new effective date is TBD (in April 4-5, 2017 NUBC minutes)
    - 1. FL42: new revenue code for shorter duration hemodialysis (4/20/16 minutes)
    - 2. FL18-28: new condition code for additional hemodialysis treatments with medical justification (4/20/16 minutes)
    - 3. FL39-41: new value code for shorter duration hemodialysis (4/20/16 minutes)
  - ii. 7/1/17: FL42: new revenue code in 100X series for Outdoor/ Wilderness behavioral healthcare
  - iii. 7/1/17: FL18-28: new condition code for ESRD self-care retraining
  - iv. 1/1/18: FL 31-34: new occurrence code for hospice election or revocation date (*Description not available - in April 4-5, 2017 meeting minutes*)
- c. UB-04 Version 9.00 Clarifications/Errata/Updates (as of 10/14/16)
  - i. For Form Locators 18-28 (Condition Codes):
    - 1. Condition Code B2 (CAH Ambulance Attestation): Attestation by CAH that it meets criteria for exemption from the ambulance fee schedule
    - 2. Condition Code B3 (Pregnancy Indicator): Indicates patient is pregnant. Required when mandated by law; determination of pregnancy completed in compliance with applicable law.
    - 3. Condition Code D2 (Changes in Revenue Codes/HCPCS/HIPPS Rate Codes): Report this claim change reason code on a replacement claim (bill type frequency 7) to reflect a change in revenue codes (FL42)/HCPCS/HIPPS rate codes (FL44).
  - ii. For Form Locators 18-28 (Condition Codes):
    - 1. Condition Code 54 should read: “No skilled home health visits in billing period. Policy exception documented at home health agency.”
    - 2. Effective 7/1/16
- d. Upcoming NUBC meeting schedule
  - i. August 8-9, 2017 in Baltimore (Joint with NUCC)

## 5. Old Business:

- a. CoreMMIS/Portal update - issues?
- b. Health Plan Identifiers (HPID) update - delayed 10/1/14 until further notice
- c. Unique Device identifiers (UDI) update
  - i. As of 9/24/16, Class III devices were required to be labeled with UDI with a permanent marking on the device itself if the device is intended to be used more than once and intended to be reprocessed before each use. Hospitals are now inputting and scanning in UDI info into their purchasing databases for direct transfer to patient EHR and billing records (?)
    - 1. Class III devices are generally the highest risk devices and are therefore subject to the highest level of regulatory control by

the FDA. Class III devices must typically be approved by the FDA before they are marketed; Example, replacement heart valves, etc.

2. Impact of *21<sup>st</sup> Century Cures Act* on Class III device approvals?
3. Class I devices are deemed to be low risk and subject to least amount of regulatory control; Example, dental floss
4. Class II devices are higher risk than Class I and subject to regulatory controls to provide reasonable assurance of the device's safety and effectiveness; Example, condoms

d. SSNRI/MBI update

- i. NBC News report - focus on identity theft among senior citizens
- ii. CMS actively publishing info on transition to MBI
  1. Providers allowed to use HIC through 2019? CMS claimed to allow use of either HIC or MBI during transition . . . .
  2. Provider fallout - pre- and registration, HIM records, etc.

6. New Business:

- a. FISS update - WPS

7. Open Discussion

**Next Meeting - TBD**

Thursday, September 21, 2017 - any takers?

**Adjournment**