-- Meeting Minutes --
Indiana – State Uniform Billing Committee
June 4, 2013 – 2 p.m. EDT
MDwise Offices (Indianapolis, Indiana)

1. Welcome & Introductions

Jim Miller called the meeting to order at 2:06 p.m. EDT. Fifteen (15) committee members were present in person or by teleconference, and introductions of those attending followed. Jim Miller thanked MDwise for agreeing to host the meeting.

2. Review of February 26, 2013 I-SUBC meeting minutes

The minutes of the February 26, 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. He also reported that Indiana HFMA had, once again, funded a subscription to the NUBC web site and UB-04 manual. He asked SUBC members to contact him for NUBC-related items.

4. NUBC update

Jim Miller recapped the outcome of the March 6-7, 2013 NUBC meeting and April 17, 2013 teleconference. Items discussed included:

March 6-7, 2013 NUBC meeting

A request to use value coding fields for public health reporting was withdrawn, deferring the action until the implementation of the HIPAA 6010 version. Kim Peters of Humana reported that the next version is likely to be X12 7020/7040 – likely to be released in 2015 or 2016.

A request to reinstate summary level data into the Medicare remittance advice (once available from Version 4010A1, which was eliminated under HIPAA Transaction 835) was disallowed by NUBC as unnecessary functionality. Providers had requested the reinsertion of data to assist in PSR and cost reporting.

A request by Illinois Medicaid for a new occurrence code for "Final Adjudication Date by a Primary Payer" was deferred – to determine why Illinois Medicaid has failed to gather the requested data which is available from HIPAA 837 files. Illinois Medicaid made the request in conjunction with the "Save Medicaid Access and Resources Together (SMART) Act," which requires Medicaid to receive claims no later than 180 days after date(s) of service. The occurrence code was needed to indicate third party liability (TPL) adjudication date. NUBC maintained the final adjudication date was available at Loop 2330B or line level Loop 2430 in Transaction 837.

A CMS request to streamline provider-requested reopenings to better handle "post adjudication" activities was deferred. CMS had proposed using a 4th digit ("R") in the bill type or a condition code to capture reopening workloads. NUBC instructed CMS to review and propose other bill types and condition coding.

A proposal by New York Medicaid to implement three (3) condition codes to indicate Weeks of Gestation was approved by NUBC – to take effect October 1, 2013. The new condition codes are:

- 81: C-sections or inductions performed at less than 39 weeks gestation for medical necessity
- 82: C-sections or inductions performed at less than 39 weeks gestation electively.
- 83: C-sections or inductions performed 39 weeks gestation or greater.

New York Medicaid proposed the condition codes in response to a new New York State Medicaid policy that reduced provider payments (by 10%) for deliveries that took place at less than 39 weeks. State Medicaid programs in Florida, South Carolina and Florida are looking at similar reimbursement policies for early deliveries.

A CMS Program Integrity request (DMSO#1185) was approved, pending an identifier determination by X12. CMS sought a means to better identify *locum tenens*, physician being substituted for by temporary physicians.

A request by Blue Cross Blue Shield of Michigan for a new revenue code to report pre-hospice services was deferred. Michigan BCBS had requested the revenue series indicator (RC 065X) to identify services prior to election for hospice care. NUBC deferred action on the request, pending determination by Michigan Blue Cross on current pre-hospice procedures.

Other issues under consideration:
The South Carolina Hospital Association has requested expansion of adjustment-related bill type frequency codes as a result of increased audit activities from audit contractors such as RAC, CERT, ZPIC, etc.

A rule to implement the UDI -- Unique Device Indicator) – is due in June 2013, but implementation of a UDI is likely to be at least five years away.

April 17, 2013 NUBC conference call
Illinois Medicaid's request for a new occurrence code for final adjudication by primary payer was deferred to a later date.

CMS' request to use bill type frequency to better administer reopening requests was deferred back to CMS because of the wide variety of Medicare system maintainers. NUBC requested CMS to coordinate the actions among its system maintainers.

NUBC deferred Michigan Blue Cross Blue Shield's request for a new revenue code series to report pre-hospice services (under RC 065X). NUBC ruled that RC065X was not acceptable since it is already used to identify existing hospice care, thereby creating a need to establish a new major category for "pre-hospice/palliative care." Other issues involving relationship between revenue codes and bill type, units of service with respect to HCPCS, inpatient vs. outpatient services and multiple services on the same date need to be resolved through determination of a hospice plan of care.

NUBC took under advisement a proposal to consider how the UB data set could accommodate bundled payments models and demonstrations, which could include professional payment components.

NUBC's next scheduled meeting is July 31-August 1, 2013, in Chicago and the remaining conference calls for 2013 will be on June 19, July 17, September 18, October 16 and November 20.

Jim Miller then outlined the UB-04 Implementation Calendar and UB-04 Version 7.00 Clarifications/Errata/updates.

5. Old Business

a. ICD-10 preparedness: A lengthy discussion ensued regarding preparations for ICD-10 implementation. Kim Peters of Humana provided a high level perspective on ICD-10 preparedness on issues including external trading partner testing, conversion from ICD-9 to ICD-10, financial impacts on all covered entities, and how providers should look at coding procedures as a viable test before the 10/1/14 implementation date. Jim Miller reported that FSSA/OMPP had expressed interest in having I-SUBC participate in a statewide consortium (of healthcare providers, payers, professional organizations and vendors) to increase efficiencies and reduce the significant time and costs associated with IC-10 compliance for Indiana's healthcare industry. After a brief discussion regarding I-SUBC's role in the consortium, the Committee agreed to participate in the proposed consortium.
b. Reporting of POS (Place of Service) for home health and hospice services was tabled until the next meeting.
c. A brief discussion regarding Medicare replacement claims (effective 6/27/13) ensued. Providers had been advised to use claim filing indicator "16" to file Medicare replacement claims through an 837 transaction. (The "16" indicator replaced "MA" or "MB" when filing Medicare replacement claims.)

6. New Business

FISS update: John Wrynn of WPS provided an update on *SE1325* (dated 5/22/13), which addressed the splitting of institutional claims for services spanning the ICD-10 implementation date of October 1, 2014. He urged members to closely review the document to ensure Medicare billing compliance.

Virginia Hudson urged providers to work with IHCP EDI to gain feedback on testing through respective clearinghouses. Mona Green and Dawnalee McCarty noted respective web site links to "jump start" ICD-10 testing for Medicaid fee-for-service and managed care programs. John Wrynn continued the Medicare update, outlining the results of the recent quarterly update involving ASP pricing, fee schedules and CCI/HCPCS coding. He noted related information could be found in *MM8317* and *MM8286*. A brief discussion then ensued regarding Medicare's therapy reporting requirements and payment caps ($3,700) for dates of service July 1, 2013, and thereafter, how the Medicare RACs (Recovery Audit Contractors) will be reviewing therapy services that exceed the caps, and how ABNs need to be issued when therapy services are deemed not to be medically necessary.

Brief discussion ensued regarding the Medicaid system procurements due in 2015 as well as transitions to HIPAA Versions 6020 and 7020/7040 tied with X12 conversions.

7. Next Steps – Next Meeting

Discussion ensued regarding the next SUBC meeting – proposed for September 2013. Jim Miller stated that he would contact St. Vincent's officials to suggest that they host the next meeting at its north campus on U.S. 31/Meridian Street in Indianapolis. He noted he would notify SUBC committee members about meeting information in his next communique.

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

Respectfully submitted,

Jim Miller, Indiana SUBC Chairperson