

MINUTES

Indiana State Uniform Billing Committee

March 2, 2017

St. Vincent's north campus, Indianapolis, Indiana

Welcome & Introductions

Jim Miller called the meeting to order at 2:01 p.m. EST. Fourteen (14) committee members were present in person or by teleconference. Introductions of those in attendance followed. Jim Miller thanked St. Vincent's staff for hosting the meeting.

Jim Miller announced that IHIMA was hosting its annual meeting on May 8-10, 2017 at the Ivy Tech Corporate College and Culinary Institute on North Meridian Street. More information about the annual meeting was available on the IHIMA web site at www.ihima.org.

Approval of December 1, 2016 meeting minutes

The minutes of the December 1, 2016 I-SUBC meeting were approved as submitted. Jim Miller reminded committee members that agendas and minutes of past meetings over the past 5-6 years are available on the Indiana HFMA web site at www.hfma-indiana.org.

I-SUBC administrative matters

Jim Miller reported that he will be giving a presentation on I-SUBC and NUBC billing issues, including transgender coding and the new Medicare Beneficiary Identifier, at the upcoming Indiana HFMA annual institute on April 21, 2017. He also reported that Indiana HFMA renewed the NUBC subscription at its January 2017 board meeting, and reminded committee members to contact him for NUBC or UB-04 related items.

NUBC update

Jim Miller reported that the National Uniform Billing Committee had its last conference call in January 2017 and that minutes from that meeting had not yet been posted on the NUBC web site. He noted that Tom Omundson, NUBC Secretary, had contacted him recently regarding key items discussed during that NUBC conference call. They included:

1. Requests for clarification on Point of Origin and Priority Type of Admission scenarios/ codes: FAQs had been drafted for posting on NUBC's web site on or about March 14, 2017. Clarifications on both will be included in updated UB-04 manual in July 2017.
2. Usage of Document Control Number (FL64):
 - a) 837I implementation guides will refer to UB-04 manual and state that use of DCNs are "Required when directed by the NUBC Official UB Data Specifications Manual and the claim is not a predetermination request. If not required by this implementation guide, do not send."
 - b) Use of DCN will apply only to type of bill frequency codes 7, 8 and Q, and that appropriate clarifications will be included in the next UB manual release, including Version 7030.

UB-04 Change Implementation Calendar

Jim Miller announced that the following UB-04 changes will be effective as of July 1, 2017:

- a) FL 42 - new revenue code for shorter duration hemodialysis -- 826
- b) FL 18-28 - new condition code for additional hemodialysis treatments -- 86
- c) FL 39-41 - new value code for shorter duration hemodialysis -- 86

- d) FL 42 - new revenue code in 1000X series for Outdoor/Wilderness Behavioral Healthcare
- e) FL 18-28 - new condition code for ESRD self-care retraining - 87

A brief discussion ensued regarding the local applicability of the new revenue code (1000X) for Outdoor/Wilderness Behavioral Healthcare. Committee members cited “Hope Haven” and “Compass Roads” as examples of this behavioral healthcare program in Indiana.

UB-04 Version 9.00 Clarifications/Errata/Updates

Jim Miller commented that there were no new “Errata” updates since the last I-SUBC meeting; the latest were as of October 14, 2016 and were the following:

1. Condition Codes B2, B3 and D2 (FL 18-28) had been omitted. Those condition codes were defined as follows:
 - a. B2 - CAH ambulance attestation: attestation by CAH that it meets the criteria for exemption from ambulance fee schedule.
 - b. B3 - Pregnancy Indicator: indicates patient is pregnant; required when mandated by law; determination of pregnancy completed in compliance with applicable law.
 - c. 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).
2. Condition Code 54 (FL 18-28)
 - a. No skilled home health visits in billing period; policy exception documented at home health agency.

Upcoming NUBC meeting schedule

Jim Miller reported that NUBC has scheduled its next conference call for March 14, 2017, followed by onsite joint meeting with NUCC on April 4-5, 2017 (in Chicago) and August 8-9, 2017 meeting (in Baltimore).

NUBC change request guidelines

Jim Miller read the following guidelines for change requests to be submitted to NUBC for consideration:

1. Briefly describe what “action” you are requesting and the proposed implementation or effective date.
2. Include a brief, non-technical description of the service or issue.
3. Provide information regarding the “cause” of the proposed change.
4. Explain what the change is intended to accomplish.
5. Demonstrate that you are raising a national issue.
6. Indicate whether the proposal was presented to the SUBC.
7. Describe why existing UB-04 codes or alternative approaches are insufficient.
8. Indicate the impact on providers.
9. Provide any further documentation that reinforces the national need for the proposed change.

Old Business:

CoreMMIS/Portal update

A discussion ensued regarding the implementation of the new CoreMMIS claims processing for Indiana Medicaid and the “Portal” that replaced the Web interchange. Jim Miller stated that he had reviewed three (3) IHCP bulletins (*BT201667*, *BT201669*, *BT201671*) in advance of the CoreMMIS implementation and found the following concerns in *BT201669*:

1. Procedure code billed with Revenue Code 260- IV therapy-general; not required by national coding guidelines; HCPCS required on OP claims for revenue codes 260-264, 269 (with 265-268 reserved for later use).
2. Procedure code billed with Revenue Code 270 - medical/surgical supplies; not required by national coding guidelines; HCPCS required on 258 - Other Implants
3. Revenue Codes 274, 513, 636, 920, 929, 940 - coding linkages not consistent with national coding guidelines:
 - a. 274 - not required (prosthetics/orthotics)
 - b. 513 - required
 - c. 636 -- required
 - d. 920 - not required
 - e. 929 -- required
 - f. 940 - not required

Health Plan Identifiers (HPID) update

Jim Miller reminded committee members that on October 31, 2014, CMS announced a delay, until further notice, of regulations pertaining to health plan renumeration and use of the Health Plan Identifiers (HPID) in HIPAA transactions. He stated that I-SUBC will continue to monitor any updates pertaining to HPID.

Unique Device identifiers (UDI) update

Jim Miller stated that as of September 24, 2016, manufacturers were required to label all Class III medical devices with a Unique Device Identifier (UDI), and that the device must bear a UDI as a permanent marking, if the device is to be used more than once and intended to be reprocessed before each use, and that the UDI must be submitted to the GUDID data base for use in product recalls.

SSNRI/MBI update

Jim Miller reported that CMS has posted a web page to assist providers prepare for the Medicare Beneficiary Identifier (MBI), which will replace the Medicare HIC# on billing, eligibility status, and claim status transactions by April 2019. He reminded committee members that the MACRA (Medicare Access & CHIP Reauthorization Act) law of 2015 required CMS to remove social security numbers from all Medicare I.D. cards by April 2019. CMS has estimated that approximately 150 million Medicare beneficiaries -- 60 million living and 90 million deceased - will be impacted by the renumeration initiative. The transition period to the new MBI is to begin no earlier than April 1, 2018 and end by 2020 during which time providers can use either the HIC# or MBI to electronically exchange data with CMS. The new MBI will be clearly distinguishable from HIC# and RRB (Railroad Beneficiary) numbers, have 11 characters in length, and be comprised of numbers and uppercase letters with no special characters.

-JW modifier update

Jim Miller reminded committee members that effective January 1, 2017, Medicare would require a -JW modifier to be denoted on a Medicare Part B claim to report the amount of discarded drug or biological that is eligible for payment under the discarded drug policy. The modifier shall only be used for drugs in single dose or single-use packaging.

New Business:

FISS update - WPS

Janet Mateo of WPS provided an update on the FISS system as follows:

1. -JW modifier now required for all providers.
2. As of April 3, 2017, outpatient therapy evaluations and reevaluations submitted without "G" code complexity modifiers will be returned (RTP) to providers, as per CR9782.
3. -GT and -GQ modifiers are applicable for telehealth POS codes.
4. Cycle 2 of the Medicare reenrollment/revalidation is underway. Revalidations are due within six months of the cited due date.
5. The start and end dates of each provider's annual recertification for use of the DDE system is available on the WPS web site.
6. Hospital providers are to use modifiers -PO or -PN when billing for services related to off-campus hospital outpatient departments (HOPD). The -PO modifier is applicable if the hospital has attested to provider-based rules for HOPDs and reimbursed accordingly, while -PN modifier is to be used if the hospital has not attested to the provider-based rules and is subject to reimbursement according to the Medicare physician fee schedule (MPFS). The difference in reimbursement amounts - between provider-based and MPFS -- is estimated at 50%. More information about the use of the two modifiers can be found in CR9930.
7. Performance Recovery Inc. is the new Medicare RAC (Recovery Audit Contractor) for Indiana.

A brief discussion ensued regarding the inability to identify the Medicaid managed care delivery system on the new Portal eligibility verifications.

Jim Miller recommended that the next I-SUBC meeting be scheduled for Thursday, June 22, 2017 (2-4 p.m. EDT) - to be held at I.U. Health's offices at 250 North Shadeland Avenue on Indianapolis' eastside.

There being no additional business, the meeting adjourned at 3:50 p.m.

Respectfully submitted,

James E. Miller, Chairperson
Indiana State Uniform Billing Committee