

**Mutual of Omaha - Medicare
PCOM Advisory Group Meeting – Central Region**

September 7, 2006

12:00-3:00 p.m.

Present:

Jane Kurtz, North Kansas City Hospital (H, R, S)
Kathy Boschert, BJC Health Care (proxy for Cecil Terry) (H, R, P, S, D, CAH, RHC)
Paulett Anderson, St. John's Hospital-Springfield (H, R, P, S)
Rodney Gibson, Missouri Delta Medical Center (H, R, P, D, RHC)
Lisa Wright, University Hospital-Columbia (H, R, P, D)
Kathy Heckman, Southeast Missouri Hospital (H, R, P)
Gary Toliver, Missouri Hospital Association
Mary Ann Shackelford, Primaris (QIO)
Janie Elliott, Cass Medical Center (RHC)
Margaret Gregg, Skaggs Health Center (H, S) (via teleconference)
Robert Henderson, Skaggs Health Center (H, S) (via teleconference)

Absent:

Branda Campbell, Cooper County Hospital
Judy Gelsheimer, L. C. Cox Medical Centers
Tina Davis, University Hospital-Columbia
Betty Council, Medicaid
Amy Miller, IntegriGuard, LLC
Rona McNally, Missouri SORT Program
Lisa Dillion, University Hospital-Columbia
Donna Coates, St. Mary's Health Center-Jefferson City
Doug Klise, BlueCross BlueShield of Kansas
Carolyn Kreissler, CRRS, Inc.
Carolyn Duncan, Skaggs Community Health Center
Becky Fisk, North Kansas City Hospital
Mary Ann Schackelford, Primaris (QIO)
Patty Aguilera, IntegriGuard, LLC
JP Greco, eSolutions, Inc.
Vicki Newsom, St. Lukes Hospital-Kansas City
Davis Burd, Nebraska Hospital Association
Kevin Conway, Nebraska Hospital Association
Greg Hart, Missouri Medicare Services
Marcia Kennedy, Missouri Medicare Services
Brent Pike, HCA Midwest Division
Kathy Hughes, St. Anthony's Medical Center
Cecil Terry, BJC Health Care
Mike Gorman, Key Rehabilitation, Inc.

Shelly Fortney, CCI
Joanne Hollett, SSM Health Care
Sandra Soerries, Coding & Compliance
Janie Elliott, Cass Medical Center (RHC)

Facilitator:

Bob Haisch, Mutual of Omaha Medicare*

The Provider Communications (PCOM) Advisory Group meeting was held at the Missouri Hospital Association, Jefferson City, Missouri. The provider members present represented hospitals, skilled nursing facilities, dialysis and rural health clinics.

- **Medicare Contractor Beneficiary and Provider Communications Manual (Pub. 100-09), Provider Communications (Chapter 4), Section 20.1.4**

The primary function of PCOM Advisory Groups is to assist the FI in the creation, implementation and review of provider education strategies and efforts. The function of these groups can also be found on the Mutual Medicare Web site under Provider Education. The following suggestions for educational topics were received during the meeting:

Medicare 101 including:

- 3-Day Payment Window**
- Repetitive Services Billing**
- SNF Consolidated Billing**

Please contact Bob Haisch with any suggestions about future topics for seminars, teleconferences or computer based training. Also send any suggestions for seminar locations.

- **Central Region September Seminars**

The following seminars have been scheduled:

| | | |
|----------|------------------------|-----------------------|
| 09/20/06 | SNF Billing Issues | North Kansas City, MO |
| 09/28/06 | CAH Billing/Compliance | Harrisonville, MO |

- **Computer Based Training (CBT)**

The following topics are available on the Mutual Medicare Web site under Provider Education (bold print indicates recent CBT topics):

| | |
|----------------------------------|---|
| Speech-Language Pathology | Medicare Secondary Payer (MSP) |
| Observation Services | Comprehensive Error Rate Testing (CERT) |
| Self Administered Drugs | SNF Consolidated Billing |
| Lifetime Reserve Days | Skilled Nursing Facilities |
| Therapy Limit | CPT-4 Coding for Facilities |
| National Coverage Determinations | Correct Coding Initiative |
| Hyperbaric Oxygen Therapy | |

- **Compliance Presentation**

Jane Kurtz, Compliance Manager, North Kansas City Hospital, gave a PowerPoint compliance presentation. A copy of this presentation will be e-mailed to PCOM Advisory Group members. Please contact Jane at 816-691-2038 or jane.kurtz@nkch.org if you have any questions.

- **Primaris Healthcare Business Solutions (QIO) Update**
 Mary Ann Shackelford, Director, Medicare Beneficiary Protection Program, gave an 8th Scope of Work update. Primaris is currently involved in the hospital monitoring payment program, one-day stays and higher weighted DRG review. There is a proposed rule that would require hospitals to give a notice of noncoverage to every patient two (2) days before discharge. This requirement is similar to the procedure used by SNF, CORF, HHA and hospice providers. Primaris is available to provide EMTALA education. Please contact Mary Ann at 573-817-8300, ext. 162 or mshackelford@moqio.org if you have any questions. Additional information is available at www.primaris.org/.
- **National Provider Identifier (NPI)**
 CMS will conduct a NPI Roundtable on September 26, 2006. The call-in number is 877-203-0044, pass code 4795739. Mutual is scheduling four (4) NPI “Ask-the-Contractor” Teleconferences (ACT) in September. Registration information will be posted to the Mutual Medicare Web site, under Provider Education, in the next few days.
- **Reporting of Taxonomy Codes to Identify Provider Subparts on Institutional Claims**
 Change Request 5243 states that effective 01/01/07 institutional Medicare providers who submit claims for their primary facility and its subparts (such as psychiatric unit, rehabilitation unit, etc.) must report a taxonomy code on all claims submitted to their FI. The taxonomy code will assist Medicare in crosswalking from the NPI of the provider to each of its subparts in the event that the provider chooses not to apply for a unique NPI for each of its subparts individually.
- **UB-04 Training**
 Mutual will conduct four (4) UB-04 ACTs in October. Registration information will be posted to the Mutual Medicare Web site.
- **Nine Day Payment Hold**
 Section 5203 of the Deficit Reduction Act of 2005 mandated that that a hold be placed on Medicare payments for all claims during the last days of Fiscal Year 2006 (September 22 through September 30, 2006). These claims will be paid on October 2, 2006. Refer to Medicare Newsletter June 15, 2006.
- **Hospital Outpatient PPS**
 CMS Web site www.cms.hhs.gov/HospitalOutpatientPPS/ includes the following:
 Hospital Outpatient Regulations and Notices
 CMS-1506-P
 Proposed Changes to the Hospital Outpatient PPS and CY 2007 Rates
 CMS-1501-FC
 Changes to the Hospital Outpatient PPS for Calendar Year 2006
- **Inpatient Rehabilitation Facility (IRF) Presentation**
 An IRF PowerPoint presentation is now available. This presentation is based CMS Pub. 100-02, Chapter 1, Section 110 and Mutual’s Inpatient Rehabilitation Services (L19890) LCD.

For a copy of this presentation contact Bob Haisch at 816-891-6500, ext. 227 or bob.haisch@mutualofomaha.com.

- **Condition Code 44**

The May 15, 2006 Newsletter, page 6, refers to Change Request (CR) 3444. This CR is titled Clarification of Medicare Payment Policy When Inpatient Admission is Determined not to be Medically Necessary, Including the Use of Condition Code 44: “Inpatient Admission Changed to Outpatient”. This CR not only addresses the use of condition code 44, but also includes questions and answers based on the numerous questions received and the requests for clarification.
- **Outpatient Services Treated as Inpatient Services**

Pub. 100-04, Chapter 3, Section 40.3. Nondiagnostic preadmission services are defined as being related to the admission only when there is an exact match (for all digits) between the ICD-9-CM principal diagnosis code assigned for both the preadmission services and the inpatient stay.
- **Comprehensive Error Rate Testing (CERT)**

The error rate for Mutual is 5.4% for May 2006. A public Web site is available which allows providers to view current addresses and/or preferred contact information. This Web site is: www.certprovider.org.
- **Medicare Bad Debts Referred to a Collection Agency**

The July 15, 2006 Newsletter, page 2, states that a hospital that refers debts to a collection agency shall not claim those as bad debts for Medicare reimbursement until the agency ceases all collection activity and returns the debt to the hospital.
- **MSP Questionnaire**

Change Request 5087 rescinds and replaces CR 4098. CR 5087 modifies changes previously made to Part V and incorporates all other changes made via CR 4098. CR 5087 also makes additional changes to other parts of the model questionnaire. The effective date is 09/11/06.
- **Crossover Claims**

CMS is in the process of consolidating the claims crossover function under one contractor, the Medicare Coordination of Benefits Contractor (COBC). Under the new process, Medicare contractors will no longer execute agreements and receive eligibility files from trading partners. The Mutual Medicare Web site, under EDI, COBC, has links to the Trading Partner Contact List and COBC Detailed Error Report Notification Process. If you have questions contact Mutual’s EDI Area at 866-734-6656 or mutual.medicare.edi@mutualofomaha.com.
- **General Health Panel**

Medicare requires that the General Health Panel, CPT code 80050, be billed separately. Missouri Medicaid requires that these tests be billed as a panel.

- **Colorectal Cancer Screening Tests**
Change Request 5127 states that effective 01/01/07 the Medicare Part B deductible will be waived for this preventive service. Coinsurance still applies for these screening tests. This Change Request also lists applicable HCPCS.
- **Sites of Service Revenue Codes for Rural Health Clinics (RHCs)**
Pub. 100-04, Chapter 9, Section 100 – General Billing Requirements, has been revised to include new revenue codes effective 07/01/06. Even though these revenue codes do not affect reimbursement, RHCs are required to submit claims with these revenue codes.
- **December PCOM Advisory Group Meeting**
Note that the December meeting will probably be held via teleconference. Members will be notified when an exact date has been confirmed.

Submitted by Bob Haisch, Medicare Field Representative, Kansas City Field Office

*Mutual of Omaha Medicare will be referred to as Mutual.