



www.wpsmedicare.com

**WPS Medicare
Provider Outreach and Education (POE) Advisory Group – Western Region
Meeting Minutes**

March 5, 2008
10:00 AM – 11:00 AM PT
Teleconference

Members Present:

Wesla Arambulo – Skilled Healthcare, LLC
Cathy Schmidt – Ensign Group
Diane Olivas – Tenet Healthcare
Debbie Wickersham – LTC Quick Recovery
Amy Rodriguez – LTC
Kelly Collins - Plum Healthcare
Shirley Guzman – LTC Consulting
Maria Balderas – Presbyterian Intercommunity Hospital
Ana Sanchez – Presbyterian Intercommunity Hospital
Tanya Hoagland – WPS Medicare
Jan Ervin – WPS Medicare

Meeting:

Tanya Hoagland facilitated the meeting.
The meeting was called to order at 10:00 AM.

Tanya reiterated to the members that the primary purpose of the POE Advisory Group is to suggest educational topics and the format for future outreach and education events. These educational events include seminars, Ask-the-Contractor Teleconference (ACT) calls, Computer Based Trainings (CBTs) subjects on the WPS' Website, and our monthly newsletter articles.

Group Input and Feedback:

Training Topics and Upcoming Training: Tanya Hoagland

Tanya went over the training scheduled for the rest of second quarter and that is so far scheduled for FY08 which includes 3 ACT calls.

Recommended Topics for Upcoming Training: Seminars, “Ask the Contractor” Teleconferences (ACT), Computer Based Training (CBT) sessions, Newsletter articles.

Members want more seminars are SNF No-Pay billing and possibly also on MSP.

Members would also like either workshops or ACT calls on documentation requirements for therapies and wound care. Tanya advised she would pass this along to Mary Sue Gardner who does the clinical ACTs for POE.

Members would also like to see some training on the proper use of modifiers.

**Provider Issues:**

Some current claim problems brought up were issues with reason codes 31258, w7078, and c7245.

Prior to the meeting, a member asked that we go over Part B probes and documentation requirements for modifier 59. Tanya presented the following information:

Through multiple reports it was found that several providers were identified as having billing characteristics significantly different than other providers billing the same services.

- A provider specific probe was recommended for any claims containing modifier 59.
 - Documentation does not support that a procedure or service was distinct of independent from other services performed on the same day for the same patients.

The primary purpose of modifier 59 is to indicate that two or more procedures are performed at different anatomical sites or during a different encounter on the same day. Modifier 59 should only be used if no other modifier more appropriately describes the relationships of the two or more procedure codes.

If your facility is being Medically Reviewed for the use of Modifier 59, Documentation Requirements can be found in 2 different places on our Website wpsmedicare.com, under Medical Review and in the LCD section.

- www.wpsmedicare.com/part_a
 - Medicare Areas
 - Medical Review
 - Documentation Guidelines
 - Documentation Guidelines
 - Therapies
 - Policy/Coverage
 - Local
 - View Draft LCDs
 - List of Medicare Draft LCDs.
- 100-2, Chapter 15, Section 220.3

Other Resources:

- MLN Matters Number: SE0715
- OIG report: <http://oig.hhs.gov/oei/reports/oei-03-02-00771.pdf>
- CMS Frequently Asked Questions (FAQs)

Members also wanted information on CR 5840 and CR 5872.

CR 5840 states:

- CMS is not requiring SNF providers to submit no payment bills for non-skilled beneficiary admissions. No pay bills are only required for beneficiaries that have previously received skilled care and subsequently dropped to non-skilled care and continue to reside in the Medicare-certified area of the SNF; and*
- No payment bills may span both Medicare and Provider's fiscal year end dates; and*
- No payment bills are not required for beneficiaries that are in current Medicare Advantage (MA) plans and no longer require skilled care while still under the plan.*



www.wpsmedicare.com

CR 5872 states:

SNF providers are required to submit claims to Medicare for beneficiaries that receive a skilled level of care. This includes beneficiaries that do not meet the qualifying stay or transfer criteria.

Contractor Updates and Issues:

- Tanya introduced Jan Ervin who recently joined the POE team as the Outreach Analyst for the Southeast Region.
- **CMS Quarterly Provider updates** - the CMS Website contains a useful reference page containing all program changes during the past quarters for specific provider types.
- **WPS Frequently Asked Questions (FAQs)** - another source of reference on the WPS Medicare Website for answers to the most commonly asked questions.

National POE Advisory Group Meeting:

Plans are being made to have a face-to-face National POE AG meeting in Kansas City at the end of July or early August. Further details will be coming.

Next Meeting:

June 4, 2008

10:00 am Pacific Time