

## Quad State Ambulance PET Advisory Committee Minutes

April 28, 2005

Lynn Laufenberg, Chairperson  
St. Louis, MO

Members: Total 22 members

IN PERSON: Paratech Ambulance, MedStar Ambulance, First Care Ambulance Services, Medical Express Ambulance Service, Inc., Air Evac Lifeteam, Jackson County Ambulance, Superior Ambulance, Steve Fradin, CMS,

BY TELECONFERENCE: Wisconsin EMS Association, Gold Cross Ambulance, Paratech Ambulance, Tri-State Ambulance, Life Quest, Fulton County EMS, Life Care Ambulance, Mobile Medical Response, Universal Macomb Ambulance, Gold Cross Ambulance, North Memorial Transportation, Gold Cross/ Mayo Medical Transport, Life Link III

<b>Agenda Item</b>	<b>Discussion</b>	<b>Outcome/Action</b>
Welcome, Roll Call and Introductions	Chairperson: Lynn. Laufenberg, <a href="mailto:LynnLaufenberg@wps.com">LynnLaufenberg@wps.com</a> introduced Sue Brewer, <a href="mailto:Sue.Brewer@wps.com">Sue.Brewer@wps.com</a> who will be involved in the ongoing and new issues for the advisory group.  Joy Johncox from Air Evac Lifeteam was thanked for hosting today's meeting.	

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Steve Fradin, CMS, RO Update	<p>Steve Fradin addressed the group regarding issues and other “hot items” discussed at the last meeting. He stated that he looks at the resolution of these various concerns as a collaborative effort between, CMS, WPS- Part B Contractor and the provider community. All should be working toward the same goal and we all need to listen to each other in order to see all sides of an issue.</p> <p>He commended WPS for having an Ambulance PET for ambulance suppliers to share topics and issues; not all contractors have Ambulance PET advisory groups.</p> <p>He discussed the new Drug Part D benefit. Each provider present received a copy of a CMS letter introducing the new drug benefit that starts in January 2006. He asked the ambulance suppliers to keep the new benefit in mind when dealing with beneficiaries at the time of an ambulance transport. There may be times when pointing out this benefit to patients or their family members may be very helpful to them. Remind them to call 1-800-MEDICARE with questions and help regarding their Medicare benefits. It is CMS’ intent to keep all providers informed about the Prescription Drug Plan.</p> <p>At this time CMS is still approving the entities that will implement this new drug benefit program. There will be a separate premium</p>	

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	for the drug benefit and there are beneficiary assistance programs available.	
Specialty Care Transport(SCT)	<p>Effective 5/01/05- Lynn announced that based on all the previous discussions and clarification from CMS, WPS will allow coverage for inter-facility transports. Up to this point, SCT was only allowed for hospital to hospital ambulance transports.</p> <p>Discussion regarding how to handle previously processed claims. It was determined that claims should be re-submitted as a new claim.</p> <p>Question was asked by Ann Randl regarding how to handle the claims that were down-coded at the Fair Hearing level and the next step is referral for an ALJ hearing. Gary Wingrove also brought up the issue re: having claims down-coded.</p> <p>Illinois providers also stated that there were mileage issue with SCT transports because in some areas the closest appropriate hospital is often more than 50 miles away.</p>	<p>Per Steve Fradin – Due to the edit in the MCS system to look at ambulance HH transports beyond 50 miles, claims for transports for more than 50 miles providers will need to submit the medical necessity documentation for these transports for review. It is the provider’s responsibility to provide the documentation. It is <i>not</i> the Carrier’s responsibility to develop on these cases.</p> <p>WPS staff will need to research how to handle the ALJ referral issue.</p>

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Condition Codes	<p>Lynn referred the group to the MMA article MM3619 addressing Condition codes. The ICD-9- codes listed in this article can be used to document a patient’s condition at the scene. WPS system is set up to recognize the diagnosis codes, but cautioned providers to use the most specific (3-5 digit) diagnosis code to avoid unprocessable denials. No system changes are needed. These ICD-9 codes are not used to make a medical necessity determination determined.</p> <p>Lynn asked the group if there was a need to educate regarding the use of these condition codes. Consensus was that there was no education needed for the ICD-9 medical condition codes. Jerry from Life Quest asked about use of condition codes as modifiers.</p>	<p>WPS will continue to supply the group with any new updates regarding billing for ambulance services as it becomes available.</p> <p>At this time, there is no information available regarding this topic.</p>
	<p>Regarding availability of information, Steve Fradin asked the group if they were familiar with the CMS Open Forum (OF) calls and if anyone has called in for a call. There is a call on all specialties including Ambulance services and CMS CO and RO staff participates in these calls. They are held every other month. Almost everyone present in the room has participated in an OF call. Steve Fradin reminded the group that there is an encore feature on these calls. You can still listen to the call, after the call date by using that feature.</p> <p>Lynn also referred the group to the wealth of information available</p>	

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	<p>on the CMS and WPS websites. Also reminded them all to be sure they are signed up for the WPS Medicare website ListServ to receive the most current updates to Medicare changes.</p>	
<p>SNF Consolidated Billing</p>	<p>MMA 3196 Part B suppliers for any transports. CMS transmittal MM3427 Ambulance suppliers need to bill the Fiscal Intermediary (Part A) for their services. Michael Pieroni brought up a problem with billing for ambulance transports involving a free-standing cancer (radiation) facility.</p> <p>Per CB, ambulance transports for radiation services are paid if patient taken to a hospital and provided by an MD, but denied if provided in a free-standing facility.</p> <p>Situation was also discussed regarding when a patient is in a covered Part A SNF stay, the ambulance services are not getting paid by the SNF. Steve Fradin stated that you generally have to contact SNF staff and CMS does not get involved. Ambulance providers can contract the Office of Inspector General (OIG) at 1-800-hhs.tips.</p> <p>Paula B- Paratech also noted that she has had contact with some SNF's that do not know about SNF CB rules and that there is a list of specific codes that are included in CB when the patient is in a SNF stay.</p>	<p>If you are not receiving payment from the SNF, call Steve Fradin. He will refer the complaint to his counterparts who work with the SNF issues to try to help you.</p> <p>CMS cannot force the SNF to pay, but they can help educate the SNF community.</p> <p>Note: Part A educates the SNF community.</p>

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Rural Air Ambulance	<p><b>MMA – 3571</b>            Personnel determine need for rural air ambulance transport. Local Protocol. Each supplier needs to submit a copy of their Local Protocol to WPS and the CMD’s will review them. Coverage will be based on the CMS Online Manual.</p>	<p>Each supplier needs to submit a copy of the local protocol</p> <p>For MN with 8 different regions, send one copy of the protocol</p>
Mandatory Claim Submission	<p>Discussion of mandatory HIPPA compliant claims date is fast approaching. All providers except those that meet specific exception guidelines will be required to submit claims electronically to Medicare in order to be paid. The Carrier will be monitoring providers who submit paper claims and sending letters to see if these providers meet the exception criteria for not having to file electronic claims. <b>Effective July 5, 2005.</b></p> <p>Issue -Medicare/Medicaid crossover patients, they have to file paper, non-HIPPA compliant claims in order to get paid. If file electronically, they are not paid, if file on paper can get paid. Zoll, Software vendor, the electronic biller has filed a formal complaint with CMS- CO regarding this issue.</p>	<p>Referred them to the CMS &amp; WPS websites. Also reminded them that CMS has software that can be used to submit electronic HIPPA claims. See WPS Medicare Part B website. Steve Fradin will pass this information on to Medicaid staff.</p>

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CWF Edits	<p>Referred to February Communiqué article and SE 5016 on new CWF edit for incorrect claim information. Information on the claim must be an exact match, if not CWF error message will be returned to the carrier and the claim will be denied as unprocessable. We have seen an increase in denials with name mismatches. Be sure that the beneficiary's name, address match their Medicare card</p>	<p>Suppliers should check the Medicare card for exact information. Providers should also be sure to update their Provider enrollment file to be sure that you can get payment.</p>
Customer Service and Other Topics of Discussion	<p>2006- Ambulance Fee Schedule will be fully implemented and jurisdiction will switch to point of pick up. Currently, jurisdiction is determined based on where the vehicle is housed (point of origin). Use the correct modifiers for Ground/ Air Intercept issues. Should be using IH. C-Snap- The group was asked if they used the C-Snap feature, and if they did, what they liked or disliked about it. They liked it, but would also like:</p> <ul style="list-style-type: none"> <li>- Deductible information</li> <li>- MSP Information</li> </ul> <p>Discussion of problems with Illinois Medicaid claims. Members stated that they are having problems with:</p> <ul style="list-style-type: none"> <li>- Claim filing issues (Medicare vs. Medicaid claims, paper vs. EDI Claims).</li> <li>- Not receiving payment for services</li> </ul>	<p>If need help with the registration process, contact Lynn Laufenberg.</p> <p>As new features are added, WPS will notify the group.</p> <p>Steve Fradin stated he will refer their concerns to Medicaid Staff at Chicago-RO. He will try to find Medicaid Staff to refer their questions.</p>

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		<p><b>NOTE:</b> Per e-mail from Steve Fradin (5/04/05).</p> <ol style="list-style-type: none"><li>1) Transportation questions should be referred to Kelly Carter, Chief-IDPA Bureau of Contract Management at (217) 534-7478</li><li>2) Medicaid staff in the Chicago RO is to follow up on the HIPPA compliance issue. Providers can also ask Zoll, your software vendor, to follow-up with the person to whom they submitted the complaint in CMS Central Office (CO).</li><li>3) Regarding the delayed payments and “payment floor”- you can direct your questions to Tim Claborn, Chief-IDPA Bureau of Claims Processing at (217) 782-0472.</li></ol>

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A Day With Medicare	May 12, 2005 in Lansing, MI. We have 415 providers registered to attend. There will be keynote addresses by CMS staff including Dr. Susan Nedsa, CMD for Region V. Presentations by WPS carrier staff and staffed booths with Medicare information.	
Small Provider Initiative	Focusing on the educational needs of the smaller provider. We held a teleconference on the topic and an ACT is scheduled on the topic.	
Open Discussion	Jan- Accu Med Billing brought up the subject of Limited ALS services. In some states, some BLS providers have staff that can provide Limited ALS services. Atty- Steve Wirth has been working with CMS- CO	Steve Fradin-Answer will have to come from CO. He will see what he can find out on this topic.
	Jerry- Life Quest- Addressed the HH transport issue, when 18 miles or over, fee was wrong	Send claim samples to Lynn Laufenberg
	Paula Bliemeister- Paratech- brought up issue of intra-campus transports. When is it intra vs. inter-facility? If both campus/facilities have the same PIN, it is intra-facility and is part of the Part A hospital stay.	
Ambulance Association Meetings		If you let Steve Fradin know, he may be able to come and sit in.

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Change in Appeals	Currently, the last step in the Carrier appeals process, the fair hearing level will be changed to Reconsideration as of January 1, 2006. These appeals will be rendered by a Qualified Independent Contractor (QIC).	As more information becomes available, the group will be notified. Watch the WPS and CMS websites as well as the Communiqué for more information in this process as it becomes available. This change will affect all providers.
Next Meeting	Gary Wingrove, volunteered to host the meeting to be held in early October, 2005 in Rochester, MN.	
Meeting Minutes	Prepared by Sue Brewer	