

Provider Communication Advisory Committee Minutes (PCOM)

8:30 a.m. - 12:00 noon

June 16, 2005

Chicago, Illinois

Members: Total 20 members

Agenda Item	Discussion	Outcome/Action
1. Welcome and Introductions	<p><i>Roll Call</i></p> <p>Chairperson: Ellen Berra, ellen.berra@wpsic.com Assistant Manager: J. David Bozarth jdavid.bozarth@wpsic.com</p>	20 PCOM Advisory Group members and 2WPS staff attended this meeting.
2. Provider Educational Activities	<p><i>Approval of previous minutes:</i></p> <ul style="list-style-type: none"> ▪ Minutes for meeting on March 10, 2005 ▪ Medicare pays for the first claim and then notifies the beneficiary that Medicare will not pay claims from this particular doctor again ▪ Place of Service Codes – Medicare did a teleconference and we are doing a series of articles on POS <p><i>General Medicare Table of Contents:</i></p> <ul style="list-style-type: none"> ▪ This is a book we are putting together similar to “Introduction to Medicare Basic”. It has general information for Medicare ▪ Error! Bookmark Not Defined – since we copied the table of contents there are no page numbers <p><i>Practical Solution Table of Contents:</i></p> <ul style="list-style-type: none"> ▪ WPS is working on a workbook about common denials that Medicare providers received 	<ul style="list-style-type: none"> ▪ Members approved the minutes ▪ Response on question concerning banned providers ▪ Ellen ask the members if they have any suggestions or difficulty with any POS codes send them to her, she will research them and incorporate them in to future articles ▪ Members were asked to look over table of contents and send Ellen an email with any information or suggestions ▪ Book might be include in CD-ROM with the Fee Schedule ▪ Members were asked to send Ellen an email with any particular denials or messages that confuse their staff

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	<p><i>New Website:</i></p> <ul style="list-style-type: none"> ▪ Effective May 1, 2005, we have a new website address, this will take you directly to WPS Medicare Website <p><i>Smaller Provider's offices:</i></p> <ul style="list-style-type: none"> ▪ Medicare is looking at educating smaller providers offices (less than 25 employees) ▪ How to better provider them with information <p><i>Ask-the-Contractor Teleconferences (ACTs):</i></p> <ul style="list-style-type: none"> ▪ Teleconferences are patterned after the CMS Open Door Forums, and are designed to offer Medicare providers an opportunity to ask questions about a wide variety of topics ▪ We set a topic. After overview and Q&A on topic, we open it up to all questions related to Medicare ▪ Teleconferences are free of charge, 200 lines available (all 4 states) ▪ Phone number and access code are published for the call on the website one week prior to call ▪ For a week following the call, you can call in and get a replay of the whole call on tape <p><i>Internet Demo:</i></p> <ul style="list-style-type: none"> ▪ Getting ready to do a web base education ▪ Program we will be using is the iLinc 	<p>and WPS can incorporate into this book</p> <ul style="list-style-type: none"> ▪ www.wpsmedicare.com ▪ The old address will stay in effect indefinitely <ul style="list-style-type: none"> ▪ Members were asked for suggestions or comments on how to reach smaller offices <ul style="list-style-type: none"> ▪ Four calls for the fiscal year ▪ We need your support for more people to participate <ul style="list-style-type: none"> ▪ Last for one to one half hour ▪ Toll free phone number <ul style="list-style-type: none"> ▪ Starting at the end of this month ▪ Members were asked to listen to the presentation and give Ellen any comments or suggestions they may have
3. Medicare Publications	<p><i>Medlearn Matters # 3648 – Therapy Services:</i></p> <ul style="list-style-type: none"> ▪ Re-organizes sections 220 and 230 in Chapter 15, it adds reference information and clarifies current policy concerning physician visits and certification. It defines the qualifications of therapists 	<ul style="list-style-type: none"> ▪ Members were referred to the CMS web-site for additional information: www.cms.hhs.gov/manuals/transmittals/comm_date_dsc.asp

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	<p>Medlearn Matters #SE0533 – Therapy Services:</p> <ul style="list-style-type: none"> ▪ To sure payments for therapy services you must meet the conditions and standards for therapy services. The qualified therapy service must be furnished by qualified professionals/personnel as defined in the Medicare Benefit Policy Manual <p><i>Medlearn Matters # 3729 – Laboratory Billing:</i></p> <ul style="list-style-type: none"> • Hospital and independent laboratories billing Medicare carriers or fiscal intermediaries (FIs) for laboratory services 1) they may use collected and retained Medicare Secondary payer (MSP) information for the billing of non-face-to-face reference lab service, and 2) they are required to collect MSP information from the beneficiary when billing for face-to-face encounters with Medicare patients for lab services <p><i>Medlearn Matters # 3797 – Autologous Stem Cell Transplantation (AuSCT) for Amyloidosis:</i></p> <ul style="list-style-type: none"> ▪ Talks about different requirements for Autologous Stem Cell Transplantation ▪ Effective date March 15, 2005 <p><i>Medlearn Matters # 3818 – Revised Coding Guidelines for Drug Administration Codes:</i></p> <ul style="list-style-type: none"> ▪ Short duration infusion - the person who administers the substance/drug is continuously present to administer the injection and observe the patient. Or an infusion of 15 minutes ▪ Concurrent infusions - Medicare carriers will allow payment for only one concurrent infusion (code G0350) per patient per encounter ▪ Initial code – is amended to state that the initial code best describes the key or primary reason for the encounter and should always be reported irrespective of the order in which the infusions or injections occur ▪ Hydration therapy – report G0346 to identify hydration furnished concurrent with G0359 ▪ Separately identifiable services appropriate to use modifier 59 not 76 	<ul style="list-style-type: none"> ▪ Members were directed to the handout ▪ Members were directed to the handout ▪ Members were directed to the handout

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	<p><i>Medlearn Matters # 3843 – Continuous Positive Airway Pressure (CPAP) Therapy for Obstructive Sleep apnea (OSA)</i></p> <ul style="list-style-type: none"> ▪ CPAP therapy for OSA will remain unchanged ▪ Unattended home sleep testing for the diagnosis of OSA is not considered reasonable and necessary ▪ Polysomnography must be performed in a facility-based sleep study laboratory, not in the home or a mobile facility <p><i>Medlern Matters # 3822 – Revision to Health Professional Shortage Area (HPSA) and Physician Scarcity Area (PSA) Payment Rules:</i></p> <ul style="list-style-type: none"> ▪ Allow payment of the bonus on just the professional component of services that have a Professional Component (PC)/ technical component (TC) indicator of 1 (even when a global service code is submitted). <p><i>Medlearn Matters # 3827 – MMA – Override of Automated Health Professional Shortage Area (HPSA) and/or Physician Scarcity (PSA) Bonus Payments for Globally Billed Services:</i></p> <ul style="list-style-type: none"> ▪ As of June 13, 2005, effective for claims with dates of services on or after January 1, 2005, Medicare carriers will accept claims from physicians who are eligible to receive automated PHSA/PSA bonus payments but have billed services globally. If approved, the services will be paid, but no bonus payment will be made. These procedures will change for claims received on or after October 1, 2005 <p><i>Medlearn Matters #SE0516 – Matching Claims Data to Beneficiary Records:</i></p> <ul style="list-style-type: none"> ▪ Claims submitted to Medicare must match a Medicare Beneficiary record on Health Insurance Claim Number, beneficiary’s last name (surname) and the beneficiary’s first name ▪ Providers should bill using the name and number as it appears on the beneficiary Medicare card. If the beneficiary insists the Medicare card is incorrect, the provider should advise the beneficiary to contact their local serving Social Security Field Office to obtain a new Medicare card 	<ul style="list-style-type: none"> ▪ Members were directed to the handout ▪ Members were directed to the handout ▪ Members were directed to the handout ▪ Members should contact our Customer Service Line at 866-234-7340 ▪ The name reported on the claim should always be the name shown on the beneficiary’s Medicare card
4. Other Issues	<p><i>A Day with Medicare and Partners:</i></p> <ul style="list-style-type: none"> ▪ 4th in the series - May 12, 2005 – Lansing MI ▪ Dr Susan Nedza, Region V, was there to give keynote address 	<ul style="list-style-type: none"> ▪ October 2003 Madison WI, June 2004 Champagne Urbana IL, October 2004 Bloomington MN

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	<ul style="list-style-type: none"> ▪ Dr. Michael Rosenberg, Medical Director keynote speaker ▪ Over three hundred people attended ▪ Next series will probably be in October 2005 in Madison, WI <p><i>HIPAA Update June 2005:</i></p> <ul style="list-style-type: none"> ▪ NPI is the final stage of implementation for HIPAA, it is what makes HIPAA complete ▪ NPI will be implemented in the next year or two ▪ Billers to Medicare will have to have an NPI ▪ Instruction web tool, called the NPI Viewlet is now available for viewing ▪ May 23, 2005 to January 2, 2006, our claims processing system will accept an existing legacy Medicare number and reject as unprocessable any claims that includes only the NPI ▪ January 3, 2006 through October 1, 2006 our system will accept an existing legacy Medicare number or an NPI as long as the NPI is accompany by the existing legacy number ▪ October 2, 2006 through May 22, 2007 we can accept an existing legacy number and/or NPI ▪ May 23, 2007 NPI only <p><i>New Redetermination Request Form:</i></p> <ul style="list-style-type: none"> ▪ This is the form you can use to request a redetermination. It has replaced the CMS 1964 form 	<ul style="list-style-type: none"> ▪ Very successful ▪ Handouts were passed out to the members ▪ Members were referred to the CMS website:http://www.cms.hhs.gov/medlearn/npiviewlet.asp ▪ Do not use the NPI yet. See dates ▪ Providers questioned use of UPIN for referring/ ordering - please watch publications
5. Beneficiary Information	<p><i>Facts About Medicare Prescription Drug Plan (Medicare Part D):</i></p> <ul style="list-style-type: none"> ▪ This information is specific to the Medicare patient <p>Changes Medicare is making regarding checks:</p> <ul style="list-style-type: none"> ▪ Medicare numbers will no longer appear on the patients Medicare checks starting in October 2005 	<ul style="list-style-type: none"> ▪ Members were directed to the handout passed out by Kathie Wood from CMS (312) 353-9856 ▪ Effective date is January 1, 2006 ▪ Refer patients to the website: www.medicare.gov for more information

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	<i>Key Medicare Dates for 2005:</i> <ul style="list-style-type: none"> ▪ October watch for “Medicare & You” handbook ▪ Starting October 13, Beneficiaries can compare the benefits from Medicare Prescription Drug Plans ▪ November 15, Beneficiaries can enroll in the Medicare Drug Plan 	
6. Open Discussion		

The next meeting will be

September 15, 2005
 Metropolitan Chicago Hospital Council
 222 South Riverside Plaza
 Chicago, IL
 (312) 906-6000