

# Provider Communication Advisory Committee Minutes (PCOM)

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

December 8, 2005

Chicago, Illinois

Members: Total 34 members

Agenda Item	Discussion	Outcome/Action
1. Welcome and Introductions	<p><i>Roll Call</i> Chairperson: Ellen Berra, ellen.berra@wpsic.com</p>	16 PCOM Advisory Group members and 4 WPS staff attended
2. Provider Educational Activities	<p><i>Approval of previous minutes:</i></p> <ul style="list-style-type: none"> <li>▪ Minutes for meeting on September 15, 2005</li> <li>▪ Ellen reminded members of the discussion on Medlearn Matters #3953 – Chronic Care Improvement (CCI)</li> <li>▪ Members had concerns about Chiro PET Advisory</li> <li>▪ Members were asked to share top denials for possible education purposes</li> </ul> <p><i>Handouts:</i></p> <ul style="list-style-type: none"> <li>▪ CD ROMS</li> <li>▪ Actual fees will be out on our website &amp; CMS website</li> <li>▪ Information on the Medicare Prescription Drug Program</li> </ul> <p><i>2006 A Day with Medicare and Partners:</i></p> <ul style="list-style-type: none"> <li>▪ Information about A Day with Medicare and Partners in Waukesha, WI on Monday, February 13, 2006</li> </ul> <p><i>Please Help Medicare Help Others (E&amp;M Services):</i></p> <ul style="list-style-type: none"> <li>▪ Medicare is getting ready to do a series of teleconferences on E&amp;M services Members were given a questionnaire to complete</li> </ul>	<ul style="list-style-type: none"> <li>▪ Members approved the minutes</li> <li>▪ Outreach management is evaluating the possibility of sending concerns to CMS</li> <li>▪ Concerns shared with management</li> <li>▪ Members were asked to bring the top 2 denials for next meeting in March</li> <li>▪ CD-ROMS given to members</li> <li>▪ WPS provided handouts that providers can place in their office</li> <li>▪ Watch our website for further details</li> <li>▪ ADWM&amp;P is available for anyone in the quad state area</li> <li>▪ Members are asked to provide feedback by December 20<sup>th</sup></li> </ul>

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	<p><i>Please Help Medicare Help Others (Oncology Services):</i></p> <ul style="list-style-type: none"> <li>▪ Medicare presenting a teleconference on Oncology Services on January 10, 2006. Members were given a questionnaire to complete</li> </ul> <p><i>2006 Medicare Deductibles, Coinsurance &amp; Premiums:</i></p> <ul style="list-style-type: none"> <li>▪ Part A – Hospital – 1<sup>st</sup> through 60<sup>th</sup> day \$952</li> <li>▪ Skilled Nursing Facility – 21<sup>st</sup> through 100<sup>th</sup> day \$119 /day</li> <li>▪ Part B – deductible \$124 per year, co-insurance 20%, premium \$88.50 per month</li> </ul>	<ul style="list-style-type: none"> <li>▪ Members are asked to provide feedback by December 20<sup>th</sup></li> <li>▪ Members were directed to the handout</li> </ul>
3. Medicare Publications	<p><i>CMS NPI Web Page:</i></p> <ul style="list-style-type: none"> <li>▪ Health care providers who are covered entities under HIPAA, are required to obtain a National Provider Identifier (NPI) by May 23, 2007</li> <li>▪ Entities should complete the application on line</li> <li>▪ Members had several questions on NPI and would like a CMS representative at the next meeting</li> </ul> <p><i>Medlearn Matters # SE0543 –Key Medicare News for 2006 for Physicians &amp; Other Health Care Professionals</i></p> <ul style="list-style-type: none"> <li>▪ Informing the Medicare physicians and health care professionals, about important Medicare initiatives and additional new Medicare benefits available in year 2006</li> <li>▪ CMS will reinstate the cap on outpatient occupational, speech-language pathology, and physical therapy effective January 1, 2006. Allowable amount estimated to be \$1,750</li> <li>▪ Competitive Acquisition Program (CAP)– physicians will be given a choice between buying and billing these drugs under the Average Sales Price (ASP) system, or selecting a Medicare-approved CAP vendor that will supply these drugs</li> </ul> <p><i>Medlearn Matters # 4183 – Physician Voluntary Reporting Program Using Quality G-Codes:</i></p> <ul style="list-style-type: none"> <li>▪ Article provides information about the Physician Voluntary Reporting</li> </ul>	<ul style="list-style-type: none"> <li>▪ Members were referred to NPI information: <a href="https://nppes.cms.hhs.gov">https://nppes.cms.hhs.gov</a></li> <li>▪ The CMS representative will be doing an in-service program at our Day with Medicare in Wisconsin.</li> <li>▪ Ellen will discuss with management the possibility of requesting CMS to meet with the group</li> <li>▪ Members were directed to the handout</li> <li>▪ Implemented by July 1, 2006</li> <li>▪ Members were directed to the handout</li> </ul>

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	<p>Program (PVRP), and the G-codes used to report data about the quality of care provided to Medicare beneficiaries</p> <p><i>Medlearn Matters # 4121 – New G Code for Power Mobility Devices (PMDs):</i></p> <ul style="list-style-type: none"> <li>▪ G Code (G0372) is only payable if all of the information necessary to document the PMD prescription is included in the medical record after a face-to-face examination of the beneficiary, and the prescription is received by the PMD supplier within 30 days after the face-to-face examination</li> </ul> <p><i>Medlearn Matters # 4022 – Medical Review Additional Documentation Request (ADRs):</i></p> <ul style="list-style-type: none"> <li>▪ To get more complete picture of a patient’s clinical condition, CR4022 allows carriers, DMERCs and intermediaries to request additional documentation about the patient’s condition before and after a specific service to gain a more complete picture of the clinical condition</li> </ul> <p><i>Medlearn Matters # 4019 – Changes to Chapter 29 - General Appeals Process in Initial Determinations:</i></p> <ul style="list-style-type: none"> <li>▪ 2<sup>nd</sup> Level of appeal which was Fair Hearing is now a Reconsideration and will be performed a Qualified Independent Contractors (QICs)</li> <li>▪ Minor errors and omissions – providers can request a reopening if they have omitted something on the claim or they made a minor error</li> <li>▪</li> </ul> <p><i>Medlearn Matters # 3942 – Appeals of Claims Decisions: Redeterminations and Reconsiderations (Implementation Date May 1, 2005):</i></p> <ul style="list-style-type: none"> <li>▪ Medicare contractors may consider as good cause for late filing written redetermination request that are: mailed or personally delivered to CMS, SSA, RRB office or another government agency; and mailed in good faith and within the time limit, but do not reach the appropriate Medicare contractor until after the time period to file a request expired</li> </ul> <p><i>Medlearn Matters # 3922 – Updates to Home and Domiciliary Care Visits Related to CPT Codes 99321 – 99350:</i></p> <ul style="list-style-type: none"> <li>▪ Codes 99321 – 99333 – Domiciliary, Rest Home, or Custodial Care Services - the correct POS code will be 13 Assisted Living and 14 Group Home</li> </ul>	<ul style="list-style-type: none"> <li>▪ Effective date January 1, 2006</li> <li>▪ Revised November 6, 2005</li> <li>▪ Reimbursement will be equivalent to a Level 1 office visit</li> <li>▪ Providers should be prepared to respond to requests within 30 days</li> <li>▪ Members were directed to the handout</li> <li>▪ Effective date January 9, 2006</li> <li>▪ Changed the POS for these particular coeds</li> </ul>

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	<ul style="list-style-type: none"> <li>▪ Codes 99341 – 99350 - Home Services Codes – instruct carriers to interpret the term “private residence” as a private home, an apartment, town home, or other non-congregate/shared facility living arrangement</li> </ul> <p><i>Medlearn Matters # 3960 – Claim Status Code/Claim Status Category Code Update:</i></p> <ul style="list-style-type: none"> <li>▪ Reminder where you can find Health Care Claims Status Codes and Health Care Claim Status Category Codes</li> </ul> <p><i>Medlearn Matters # 4053 – Calendar Year 2005 Payment for Medicare Part B Radiopharmaceuticals Not Paid on a Cost or Prospective Payment Basis:</i></p> <ul style="list-style-type: none"> <li>▪ The payment allowance limits for radiopharmaceuticals are determined by the payment methodology in place under Part B as of November 2003</li> </ul> <p><i>Medlearn Matters # 3898 – Erroneous Guidance – Basis to Waive Penalty:</i></p> <ul style="list-style-type: none"> <li>▪ Providers and suppliers may not be subject to a penalty if the basis for the penalty that would have otherwise been applicable was that the provider acted in accordance with erroneous guidance from the Medicare program</li> </ul> <p><i>Medlearn Matters # 4106 – National Modifier and Condition Code to Be Used To Identify Disaster Related Claims:</i></p> <ul style="list-style-type: none"> <li>▪ For services rendered to beneficiaries affected by Hurricane Katrina, the new modifier is “CR (Catastrophe/Disaster Related)”</li> </ul> <p><i>Medlearn Matters # 3890 – Carrier Guidelines for End Stage Renal Disease (ESRD) Reimbursement for Automated Multi-Channel Chemistry (AMCC) Tests (Supplemental to Change Request 2813):</i></p> <ul style="list-style-type: none"> <li>▪ Medicare has changed the services that can and cannot be reimbursed separately effective January 1, 2006</li> </ul>	<ul style="list-style-type: none"> <li>▪ Members were directed to the handout</li> </ul> <ul style="list-style-type: none"> <li>▪ Codes are available online at: <a href="http://www.wpc-edi.com/codes/Codes.asp">http://www.wpc-edi.com/codes/Codes.asp</a></li> </ul> <ul style="list-style-type: none"> <li>▪ This is the Average Wholesale Pricing. Providers can request the pricing information from Freedom of Information</li> </ul> <ul style="list-style-type: none"> <li>▪ Members were directed to the handout</li> <li>▪ Implementation date October 3, 2005 but no later than October 31, 2005</li> </ul> <ul style="list-style-type: none"> <li>▪ Members were directed to the handout</li> </ul>
4. Other Issues	<p><i>E-Medicare &amp; You Information Packet for Providers:</i></p> <ul style="list-style-type: none"> <li>▪ Free information packet for providers who are just starting to consider buying a computer for the office to those who have the technology but are still learning how to use it</li> </ul>	<ul style="list-style-type: none"> <li>▪ Members are asked to share the information in the community</li> </ul>

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	<p><i>Medicare Remit Easy Print:</i></p> <ul style="list-style-type: none"> <li>▪ Gives information on how to download this software</li> <li>▪ Phone numbers to find out MREP and/or for information on how to receive a HIPAA compliant ERA</li> <li>▪ Electronic Funds transfer (EFT) phone number</li> </ul> <p><i>Flu Services Provided By Non-Enrolled Providers:</i></p> <ul style="list-style-type: none"> <li>▪ Last year CMS made an exception to allow the payment for flu vaccine by non-enrolled providers due to vaccine shortage. The exception will expire on 11/15/05.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Members were directed to the handouts</li> </ul>
5. Beneficiary Information	<p><i>Medicare Part D:</i></p> <ul style="list-style-type: none"> <li>▪ Article highlights the differences in how drugs are covered and which drugs are covered by Medicare Part B and the new Medicare prescription drug coverage (Part D)</li> </ul>	<ul style="list-style-type: none"> <li>▪ Members were directed to the handouts</li> </ul>
6. Open Discussion	<p><i>SNF Consolidated Billing and IDTFs:</i></p> <ul style="list-style-type: none"> <li>▪ CAT Scans and MRIs are not part of the facility fee when they are provided by a hospital or critical assess hospital. Independent diagnosis testing facility/ a physician's office, or some other non facility entity performing services would look to the SNF for reimbursement.</li> </ul> <p><i>Multiple Anesthesia Billing:</i></p> <ul style="list-style-type: none"> <li>▪ If Medicare receives two anesthesia services for same patient on the same day, we will request anesthesia reports for both services. Computer system is set-up to do this automatically, you want to tell us in the narrative field that you have additional documentation available</li> </ul>	<ul style="list-style-type: none"> <li>▪ This question will be taken to management</li> </ul>

The next meeting will be

March 9, 2006  
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