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**WPS Medicare  
Provider Outreach & Education Advisory Group (POE AG) Meeting Minutes  
Northeast Region**

June 25, 2008  
Via Teleconference

**Members Attending:**

Abington Hospital	Kim Roberts, (H,P,R)
Memorial Hospital – York	Kathy Sipe (H, P)
Memorial Hospital - York	Tracey Hoover (H, P)
Lancaster General Hospital	Athena Hasik (H, P, R)
Thomas Jefferson Univ. Hospital	Ann Spitzkopf (H, P, R)
Thomas Jefferson Univ. Hospital	Debbie Kirn (H, P, R)
Montgomery Hospital	Laurie Gielow (H, P)
Montgomery Hospital	Tammy Schmeltzer (H, P)
Berkshire Medical Center	Lori Donaldson (H, P, R, S)
Baystate Medical Center	Dolores Noble ( H, P)
WPS Medicare A	John Wrynn

This meeting was conducted via a teleconference call for the combined Provider Outreach and Education Advisory Groups in Massachusetts and Pennsylvania. The teleconference began at 2:00 PM.

John welcomed everyone to the WPS Part A Provider Outreach & Advisory Group quarterly teleconference call. John asked if everyone had received the e-mail containing the Agenda, the minutes of the last quarterly call and the two Excel files containing the Claim Errors and Claim Denials Tracking Reports. Everyone had the documents.

**Review of Minutes from the Prior Meeting**

The minutes from the Provider Outreach & Education (POE) meeting of March 12, 2008 were referenced to determine if they were acceptable as published. There were no comments offered and the minutes will remain as published on the WPS Medicare Website at [http://www.wpsmedicare.com/part\\_a/education/about\\_pcom.shtml](http://www.wpsmedicare.com/part_a/education/about_pcom.shtml).

**Group Input and Feedback on Provider Education and Training Topics*****Training Topics for FY 2008***

Members were asked about their Medicare education and training needs for 2008. Education can be conducted in any of three formats currently used which is, via Ask The Contractor Teleconferences (ACT), Computer Based Training (CBT) or via Seminars. John reviewed the Seminars, ACT calls conducted since the last teleconference call in March 2008. John also discussed upcoming training for July 2008 and some planned training for the next quarter from July to September 2008.

***Ask-the-Contractor Teleconference (ACT)***

The ACTs scheduled for July 2008 include one on CMS' Comprehensive Error Rate Testing (CERT) Program on July 23, 2008 and one on Common Billing Errors on July 17, 2008. You may sign up for any or all of these ACT teleconference calls via the WPS Website referenced above under Education and then Teleconferences.

- **Seminars**  
Seminars scheduled in the Northeast Region for July 2008 are a SNF Billing & Compliance Seminar on July 23, 2008 in Ft. Washington, PA. John is planning two additional seminars for September 2008 for SNFs in Maryland and Massachusetts. Member suggestions for seminars include a hospital seminar for Massachusetts hospitals preferable in the Springfield, MA area. Members also expressed interest in education on the Medicare Unlikely Edits (MUE) and Erythropoiesis Stimulating Agents (ESA) billing for non-ESRD claims.
- **Computer Based Training (CBT)**  
There are currently 22 Computer Based Training (CBT) topics on the Medicare Part A Website. Three of the CBTs are currently under revision. CBTs can be seen on the WPS Website at [http://www.wpsmedicare.com/part\\_a/education/cbt.shtml](http://www.wpsmedicare.com/part_a/education/cbt.shtml). Plans are underway to add several CBTs to educated providers on using FISS DDE. The CBTs would deal with individual sections of FISS DDE from inquiry, claim entry and claim correction to adjustments and other functions available *in the FISS DDE system*.

Members were reminded to submit any additional topics for consideration in any of the training formats.

**Contractor Updates and Issues*****WPS Medicare Website***

Members were informed of changes to the WPS Medicare Website, <http://www.wpsmedicare.com>, to make it more user-friendly. For example, on the WPS Medicare home page, the link for "Part A Information" now describes which providers should click on the link (those formerly serviced by Mutual of Omaha) to reduce confusion about which Website providers should be accessing. Members were asked what they thought about the WPS Website and if the Website is meeting their needs. No comments were offered.

***Other Agenda Item Discussions***

Many of the topics discussed below at the teleconference are current Medicare topics and are discussed to determine if the topic is one that members believe require education and training for their provider staff.



## **Provider Outreach & Education Topics - Medicare Updates**

### ***Medicare Program Updates and Changes for 2008***

Members were made aware of several updates and changes:

#### ▪ **Hospital Updates**

- Medically Unlikely Edits (MUE) - based on several requests from members about these edit, John updated the members on the status of the edits. Because the FISS system RTPs the claim with a MUE edit (31715), providers do not get a denial. CMS instruction on the CMS Website states that providers with concerns about the edits or who disagree with the edits should submit their comments in writing to National Correct Coding Initiative, Correct Coding Solutions LC, P O Box 907, Carmel, IN 46082-0907, Attention: Niles Rosen M.D. Medical Director, fax # 317-571-1745. Providers are asked to check that procedure modifiers such as 76, 77, etc. have been used where appropriate to explain multiple units.
- Pub 100-4, Transmittal 1531, CR 6084, dated June 6, 2008, refers to the April 2008 update to the national Lab NCDs. This update includes all updates since the last update in April 2007.
- Pub. 100-4, Transmittal 1536, CR 6094, dated June 19, 2008, contains the July 2008 OPPS updates, including notice that brachytherapy source reimbursement and therapeutic radiopharmaceuticals reimbursement changes effective 7-1-08 from charges adjusted to cost to an APC payment as specified in the Addendum B of the OPPS Final Rule dated November 27, 2007; four new drugs with pass-through status beginning July 1, 2008; updated payment rates for certain HCPCS codes going back to October 1, 2008 are identified in Table 5,6, and 7. Adjusted claims would need to be submitted to receive the correct payment rates.
- CR 6006 instruction to use HCPCS Q 4096 for a new Hemophilia Clotting Factor on inpatient claims beginning with discharges on or after April 1, 2008 is being delayed. Providers are requested to bill their inpatient PPS claim absent the Q4096 HCPCS. Once payment is received on the inpatient claim, the provider should submit an adjustment claim containing the Q4096 HCPCS. The adjustments will be held until January 2009, when the coding to pay the Q4096 HCPCS will be included in the January 2009 release.
- MLN Matters article MM5860 (revised), dated May 16, 2008, instructs hospitals to identify device replacement or credits for the 47 MS-DRGs on inpatient claim effective with discharges on or after October 1, 2008. Hospitals will identify such replacements or credits via a Condition Code 49 or 50 and a Value Code FD containing the amount of the credit. The final IPPS payment will be reduced by the amount of the FD value amount.
- MLN Matters article MM6086, dated June 13, 2008 informs non-IPPS acute hospitals who report the POA indicator to include an "X" at the end of the POA reporting in the K3 segment of the EMC record to avoid the Medicare Grouper POA logic being applied to their claims.
- MLN Matters article MM6047 dated May 16, 2008 informs hospitals who perform emergency dialysis and administer EPO and Aranesp ( Q4081 and J0882) to bill using HCPCS G0257 to allow payment without having to bill with an ER revenue code 0450.

**▪ SNF Updates**

MLN Matters article SE 0815 informs providers that the exception to the therapy limit or cap expires 6-30-08. The KX modifier therefore will not be effective for therapy claims with dates of service on and after July 1, 2008. Outpatient hospital therapy is not affected by the therapy limit or cap.

- MLN Matters article MM5840 clarifies the requirements for submitting No Payment billings including No Payment billing for Medicare Advantage beneficiaries.
- Pub. 100-4, Transmittal 1522, CR 6030 dated May 30, 2008 outlines the CMS policy for charges to a Medicare beneficiary. SNFs may charge a Medicare beneficiary for holding a bed during a leave of absence if the payment meets the permissible bed hold policy in Section 30.1.1.1 of this transmittal.

**▪ All Providers**

- Pub 100-4, transmittal 1541, CR 6085 dated June 20, 2008 clarifies language regarding elements needed during a screening pelvic examination.
- CMS Quarterly Provider updates - the CMS Website contains a useful reference page containing all program changes during the past quarters for specific provider types as well as upcoming updates for the next quarter. See [http://www.cms.hhs.gov/QuarterlyProviderUpdates/01\\_Overview.asp](http://www.cms.hhs.gov/QuarterlyProviderUpdates/01_Overview.asp).
- Top Claim Error tracking Report for March 2008 displayed one error code discussed earlier in the call , 31715 – Units in excess of medically reasonable daily allowance frequency, aka the MUE (Medically Unlikely Edits). The edit module in the FISS system is CMS' and members were given information on actions they could take if they disagree with the edits, see above for this information.
- Top Claim Denial Tracking Report – the March 2008 report showed here primary denial reason codes for training consideration. Again modifiers or more specifically the absence of a modifier were combined the second largest category of denial, e.g. W 7020, W7021, W 7039, W7040. WPS training currently includes an education module about use of modifiers. Those members who have seen this training module can offer suggestion of possible enhancements to this education module. Members interested in reviewing and commenting on this module should contact John. Also, 54 NCD denials continue to be the single largest denial reason code. Recent updates in April 2008 by CMS to the NCDs may cause this denial reason code to increase. Members are advised to go to the CMS web site to update their systems for the revisions to the NCDs.

***WPS Medicare and CMS Medicare Website Updates***

Members were reminded to check the WPS Medicare Website for the monthly Newsletter and other current updates in the "What's New" section. Members should also ensure they have signed up to receive our e-News Listserv at <http://www.wpsmedicare.com/listserv>. Members should also check the Frequently Asked Questions (FAQs) in the "Claims" and "Self-Service" sections and the "Education" section for upcoming educational sessions, such as ACTs or Seminars. Also check out our on-line Computer Based Training (CBT) topics.

Providers can also sign up on the CMS Listserv to get Medicare updates. The updates contain all the important Medicare regulatory changes as well as all documents published by CMS that are related to their provider type, e.g., a hospital or a SNF.



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### **Contacting John Wrynn, Northeast Region**

Members who need to contact John can do so via e-mail until such time as a contact telephone number is published. Contact e-mail address is [john.wrynn@wpsic.com](mailto:john.wrynn@wpsic.com).

### **Next Meeting**

Members agreed to hold the next meeting on Wednesday September 24, 2008. Members will be notified well in advance of the meeting. Members with conflicts on this date should contact John as soon as possible.

The meeting was adjourned at 3:12 PM.