

Meeting Minutes

Meeting Minutes from Joint PCOM Meeting

- Attendees:** Jan Angelino, Cynthia Burger, Lois Chantry-Larsen, George-Ann Coccia, Susan Cracchiola, Jonathan Dougherty, Linda Engelbrecht, David Frey, Terry Hensel, Darcy Hightower, Janice Jerome, Mary Juedes, Karen Jurkiewicz, Beth Karis, Therese Kundel, Michael Lewensohn, Karla Lopez, Barbara Love, Cynthia Lowe, Liz Maas, Karen Millard, Debbie O'Connor, Laura Pascucci, Amanda Price, Beth Sassano, Linda Smith, Christopher Tirabassi, Lori Tubia, Frank Winter (CMS), UMD Staff: Melany Giordani, Dr. Edward Cox, Barbara Adams, Janet Skrzypek, Sharon Lovejoy, Theresa Weiland, Jennifer Lorang, and, Debbie Lysczek,
- Absent:** Nancy Adams, Sharyn Butwid, Gail Carruth, Fran Cohen, Carol Anne Conti, Jeffrey Dann, Marlene DiStefano, Kevin Dwyer, Kathleen Dyman, Pamela Falleti, Deborah Gregoire, Elaine Guppy, Teresa Halliday, Nancy Hinchcliffe, Fred Holderle, Joseph Ianniello, Tami Kaczmarek, Kim Lagonegro, Kristen McCormick, Matt McGarvey, Sandy McMahon, Jim Merritt, William Murphy, Christine Nadolny, Lori O'Neil, Betty Pettrone, Mark Pundt, MD, Paul Rice, Jeanne Rizzo, Nancy Schuessler, Julie Shiflett, Andrea Stella, Debbie Sturtevant, Anna Zelko, & Kym Zdanowicz
- cc:** Victoria Menichillo
- Facilitator:** Sharon Lovejoy & Theresa Weiland
- Scribe:** Theresa Weiland
- Timekeeper:** NA
- Date and Time:** September 15, 2005 from 11:45 a.m. to 3:30 p.m.
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Meeting Highlights

1. Welcome and Introductions

Melany Giordani introduced guest Frank Winter of CMS, and UMD staff Dr. Cox, Janet Skrzypek, Barb Adams.

2. UMD Updates and Reminders

Theresa Weiland reviewed the following information:

- ✓ The HIPAA contingency plan is ending as of October 3, 2005. All claims submitted on or after October 3, 2005 must be in the most current version (4010A) or your claims will be denied. That means, if you are not eligible for paper billing, you must bill all your claims electronically, including secondary claims.
 - ✓ A reminder to sign up for our ListServe (s). There is a General ListServe as well as specialty ListServes. We need about 160 new subscribers by September 30, 2005 to meet our goal.
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- ✓ HPSA modifiers: The QB and QU modifier will be deleted as of January 1, 2006. These modifiers will be replaced with the AQ modifier.
- ✓ NPI – National Provider Identifier: Remember to start your NPI application process. The NPI will be effective on May 23, 2006.
- ✓ The 2006 Enrollment Package & Physician Fee Schedule will be sent out via CD this year. The following information will be included on the CD:
 - ✓ Billing Guides: Basic Billing Guidelines, MSP Guide, 1500 Claim Form Instructions, Modifier Reference Guide, Global Surgical Policy
 - ✓ Database information
 - ✓ HPSA Information
 - ✓ EDI Information
 - ✓ Enrollment Information
 - ✓ CERT information

3. Medicare Part D Prescription Drug Plan, Frank Winter, CMS

Mr. Winter presented an overview of the Medicare prescription drug program, known as Part D. For information regarding prescription drug coverage, you can visit the following Web sites: www.medicare.gov or www.cms.hhs.gov/partnerships
People with Medicare can contact 1-800-MEDICARE (1-800-633-4227).

4. Critical Care, Barbara Adams, RN, CPC, UMD Medical Review Department

Objectives

- ✓ To understand documentation requirements of critical care codes 99291 and 99292 as defined in the Critical Care Local Medical Review Policy and in the Internet Only Manual Pub. 100-04, Medicare Claims Processing, Chapter 12, §30.6.12.
- ✓ To understand documentation requirements of billing an E&M service and critical care on the same date of service.

Critical Care Codes and Definitions

- ✓ Code 99291 – Critical care, evaluation and management of the critically ill or critically injured patient; first 30-74 minutes.
 - ✓ Code 99292 – each additional 30 minutes

As defined in the Critical Care LMRP, #EN002E01:

Critical Care is the care of critically ill or injured patients who require the full, exclusive attention of the physician. A critical illness or injury is one, which acutely impairs one or more vital organ systems such that the patient's survival is jeopardized.

Critical Care Codes are Timed Codes

- ✓ Per LMRP Documentation Requirements (#4), the record should legibly document the exact times of the day the physician is engaged in work directly related to the patient's care, whether spent at the patient's bedside or elsewhere on the floor or unit, to be considered for reimbursement as critical care.
- ✓ Critical Care time may be continuous or interrupted and may include
 - ✓ Time spent at the nursing station reviewing tests results;
 - ✓ Discussing the patient's care with other medical staff;
 - ✓ Documenting critical care services in the patient's medical record;
 - ✓ Obtaining medical history and discussing treatment options with family

The “prerequisite” is Constant Attendance or Constant Attention

- ✓ For critical care to be billed, the physician must devote his/her full attention to the patient, and cannot render E&M services to any other patient during the same time.
- ✓ Time spent outside of the unit or off the floor (telephone calls whether taken at home, office, or elsewhere in the hospital) may not be reported as critical care time, since the physician is not immediately available to the patient.
- ✓ Time spent with the patient and with rendering services should be substantiated in the record to support the claim for critical care services.

Other E&M Services, Same Day or During Global Period

- ✓ If critical care is required upon presentation to the emergency room, only critical care (99291-99292) may be reported, and ER codes will be denied.
- ✓ If a hospital E&M service is furnished early in the day and at that time the patient does not require critical care, but the patient requires critical care later in the day, both critical care and the E&M service may be allowed with supporting documentation.
- ✓ For critical care services during a surgical global period that is unrelated to the specific anatomic injury or general surgical procedure performed, modifier –25 must be appended.
- ✓ For post-operative critical care unrelated to the specific anatomic injury or general surgical procedure, modifier –24 must be appended.

Medical Review audits claims for critical care and a second E&M service billed on the same day by the same provider and continues to identify problems:

- ✓ The record indicates only a single patient encounter and does not warrant payment of both critical care and an E&M service. When only a single encounter was rendered, the code that best describes the service(s) provided will be allowed. Other reported services not substantiated will be denied.
- ✓ The length of time of the critical care service is not documented. If time is not documented to support add-on code 99292, payment will not be allowed for the additional time billed.

Web site and Bulletin Articles

Critical Care codes 99291 and 99292 (posted on Web site June 1, 2005 and in the September 2005 bulletin).

Update Regarding Critical Care vs. Emergency Room or Hospital Visit, Same Day, Same Physician/Provider (posted on Web site June 7, 2005 and in the September 2005 bulletin)

5. Open Discussion & Outreach Topics

Sharon thanked everyone for their participation this year on the PCOM and the members were presented with certificates of appreciation.

Once again, we had a brief brainstorm session for outreach topics. The suggestions are as follows:

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| Appeals Process | Service Specific Review |
| “Incident to” | Web Site |
| Shared Billing | Recover Audit Contractor (RAC) |
| Smoking Cessation | Welcome to Medicare Visit |

A suggestion was made that we consider evening presentations and more teleconferences.

Next Meeting

Date: December 6(Albany) and
December 8 (Syracuse)
Time: 1:30-3:30
Location: Albany and Syracuse
Dial In #: TBA

Facilitator: Theresa Weiland
Scribe: Theresa Weiland
Timekeeper: NA
Pass Code: TBA