National Uniform Billing Committee

November 20, 2013 Meeting Minutes[i]

Barbara A. Rudolph, NAHDO

The November 20th conference call covered four issues: Occurrence Span Code 72 for Inpatient Claim Submission; NCPDP prior authorization transaction for pharmacy benefit only; Discussion on Use of Bill Type 014x for Lab Bills not related to other inpatient Lab Bills; Appeal for UB04 enhancements to accommodate five ED Triage Levels.

Issue 1: Revision of Occurrence Span Code 72 for Inpatient Claim Submission

CMS requested a change in claim processing for cases with:

- Contiguous services (outpatient) prior to inpatient admission, or
- A medically necessary stay in hospital lasting at least 2 midnights.

The NUBC approved the revision of the outpatient definition and the inpatient definition for Code 72 (Title of the definition is: First/Last Visit Date). On the outpatient claim it will remove the "only" from the outpatient definition and will append the definition for inpatient use. On the inpatient code definition it will denote contiguous outpatient hospital services preceded the inpatient admission.

These changes to the definitions will permit the coder or clinician to count contiguous stays from outpatient to inpatient and thus, will eliminate unnecessary RAC audits of 1 day admissions.

Issue 2: DSMO Change Request #1189 regarding NCPDP Prior Authorization Transaction

The change request was to name the NCPDP SCRIPT Standard Version 2013071 as the HIPAA electronic standard for prior authorization transactions for the pharmacy benefit only. It does not impact the use of the ASC x12 transactions for authorizations that are available for use under HIPAA.

This change was approved by the NUBC; the NUBC supports this new transaction as part of the *ePrescribing* solution.

Issue 3: Billing of Inpatient Laboratory Tests unrelated to Primary Service

CMS and the NUBC discussed potential impacts of The Medicare Outpatient Hospital PPS Final Rule on FL14 and FL15. The discussion focused on inpatient laboratory tests that were not related to the reason for the inpatient stay which are treated as being outside of the packaging proposal and paid separately at CLFS rates when billed on a 14X type of bill. NUBC was not aware of the change in rules regarding FL 14X, and did not comment during the comment period for the rules. Alternative approaches were discussed briefly including modifiers, new condition code, type of bill frequency code and a new revenue code. CMS is going to discuss further and propose a change to the NUBC.

Issue 4: Appeal for redefinition of the FL 14 type of bill (also affecting related reporting requirements such as Point of Origin (FL 15)).

The initial request was from Division of Healthcare Financing, Medicaid, Wyoming. The request was not approved by the NUBC. Lindsey Schilling (Wyoming Medicaid) submitted an appeal for reconsideration by the NUBC. In response to the appeal, the NUBC Appeals Committee

sent recommendations to address some misconceptions regarding the usage requirements and definitions of certain UB data. In addition, they supplied pertinent pages from *the UB-04 Data Specifications Manual* for the concerns mentioned by Ms. Schilling. The NUBC suspended the appeal pending the review of their response by Ms. Schilling.

Next Call: January 15th, 2014.

[i] Given my absence from this call, this summary was completed via a review of the approved minutes.