

MEDICAID MINUTES
November 4, 2013 RIC/RAC Meeting

MEDICAID REPRESENTATIVES PRESENT:
Ms. Jan Sticka, Institutional Services Program
Ms. Betty Payne, Policy and System Management

HP Representatives Present
Ms. Alectra Adair
Ms. Carolyn Thomas

FACILITATORS PRESENT:
Mr. Ingram Haley
Ms. Karen Northcutt

MR. HALEY: Let's welcome Medicaid today as we get started.

1. **Please let us know an approximate date when the LCDs will have the ICD-9-CM diagnoses codes converted to ICD-10-CM diagnoses codes or if alternate plans are being made, when can hospitals expect to be notified of these plans? Also, do you plan to make any coverage changes in any of the LCDs and if so, will we be notified of the specific changes?**

Response: According to MLN Matters Number MM8348 released September 6, 2013 all ICD-10 LCDs and associated ICD-10 articles will be published on the Medicare Coverage Database (MCD) no later than April 10, 2014. Coverage changes in LCDs are not made by Medicaid.

Discussion at Meeting

MS. NORTHCUTT: I was just going to ask one question on it. When you say coverage changes in the LCD, is that more so just what the commandments are to revise the LCDs or actual coverage? Because I know in the past some of the LCDs were actually based on Cahaba's LCD, and I didn't know if that would continue as far as mirroring what Cahaba has as an LCD.

MS. STICKA: I'm not really sure how to answer that. I'm going to have to talk with someone else about that because I'm not sure, Karen.

MS. NORTHCUTT: Okay. That's fine.

2. **If a physician can change a patient status on an original order within 30 days after the date of discharge how does that affect observation services when it changes from inpatient admission status to observation? Can we bill the observation hours retrospectively?**

Response: Observation services can only be billed if the patient was admitted through the emergency room and is limited to 23 hours or less. If the change is made from inpatient to outpatient observation within 30 days of discharge and supported by

MEDICAID MINUTES
November 4, 2013 RIC/RAC Meeting

documentation in the record that the patient met criteria then the Outpatient observation charges may be billed in conjunction with the facility fee.

3. Does Medicaid recognize the new discharge status codes?

Response: Alabama does not operate off of DRGs but we will recognize the new discharge status codes for cross-over claims, and it will not affect payment.

Discussion at Meeting

THE SPEAKER: So you're going to recognize them, but only going to recognize them for cross-over claims?

MS. PAYNE: Right. Because it has no effect on payment, and Medicaid does not operate off of DRGs for payment determination.

MR. HALEY: All right. Anything else on that one?

(No response)

MR. HALEY: Do we have any other follow-up questions to anything for Medicaid? That rounds out the formal questions that we have.

Additional Discussion at Meeting

THE SPEAKER: I'll ask a question. Could you give an update on the recovery audit contractor work that's being done? Do you have any updates on that?

MS. STICKA: I don't know anything about that. I'm sorry.

THE SPEAKER: I'm not sure if there's a glitch in the system. But our billers have notified us in the last two weeks that any claim that had a back diagnosis on it was rejected for an occurrence code and we couldn't find any literature about that because it's only an occurrence code, when we called customer service. And usually in like admitting, if it was an accident, they'll do the accident code. But these are non-accident-type situations. And I was just wondering if this was something that just got turned on in the system.

MS. ADAIR: We are having an issue with the system. That's being researched at this point. With the ICD-10 updates the weekend before last, we have run into that error when you enter it. A 700 diagnosis is on the claim. But it's being researched.

THE SPEAKER: So that's an acceptable answer putting something in there so the claims can drop?

MEDICAID MINUTES
November 4, 2013 RIC/RAC Meeting

MS. ADAIR: At this point, adding an occurrence code has allowed it to pay. But we are researching that on our end.

MR. HALEY: How will that be resolved moving forward? If they're being denied, will HP or will the state rebill them and make sure they get paid, or will the hospital have to rebill?

MS. ADAIR: I'm not certain at this point, being that it's still in the research phase.

MS. NORTHCUTT: When you say starting at seven is it more a whole code range?

MS. ADAIR: It is.

MS. NORTHCUTT: Okay. So it will start with a seven.

MS. ADAIR: Seven hundred.

MS. NORTHCUTT: Seven hundred. And again, that's a lot of symptom codes as well. So just to clarify for people that don't have to deal with codes.

MR. HALEY: Back to Shannon's question earlier. Where is audit going to be handled here? I mean I don't know if it's even changed. But Medicaid RAC or Medicaid audit, is that in the program integrity division now?

MS. STICKA: Yeah. The RAC is in program integrity and it's assigned to a nurse in the provider review unit.

MR. HALEY: Any other follow-up questions or anything for Medicaid?

(No response)

MR. HALEY: All right. Well, thank you for your time this morning, and we'll follow-up with you before our next meeting. Thank you.