

Program Agenda

Chargemaster Coding, Billing and Implementation

Updates Effective January 1, 2010

Each Day:

Registration & Continental Breakfast 7:30 AM

Seminar Begins 8:30 AM

Speaker: Miriam Weis

Supplies, Pharmacy, and Pass-Through Billing Requirements

- I. **Implementing OPPS Changes for 2010**
 - a. Changes to status indicator definitions
 - b. Major HCPCS code changes
 - c. Updates and Revisions to appropriate billing of biological wound products
 - d. When should the biological HCPCS code be billed for payment and when should the biological be billed as an implantable device without a HCPCS code
 - e. Importance of billing packaged items and services with assigned HCPCS codes and correct units of service
 - f. When and how to report modifiers FB and FC for no cost or higher cost replacement devices
 - What are these devices
 - Correct billing no cost devices
 - Correct billing of procedures without required devices
 - g. Changes to billing and reimbursement of radioisotopes

h. Why bill contrast media with assigned HCPCS codes

II. **Effective Billing Practices**

- a. Appropriate research of supply/device HCPCS code assignments
- b. Creation of both custom fabricated and prefabricated orthotic Part B billing practices
- c. Establish HCPCS code charges for surgical dressings and understand when to separately bill to Medicare
- d. Capture all implant reimbursement – avoid specific consignment and special order items falling “through the cracks” and incorrect revenue code assignment
- e. Avoid rejected claims due to invalid HCPCS codes
- f. Understand risks of non formulary charges for drugs and solutions
- g. Know when to assign C9399 and C9898 appropriately
- h. Know when to assign other non specific drug HCPCS codes
- i. Understand appropriate billing of compounded drugs and solutions

III. **Cost Report Revisions for reporting Supplies/Device Costs**

- a. Comply with correct revenue code assignments to ensure accurate capture of costs by new cost centers
- b. Know which supply/device costs should be reported to each of the two Cost Report Cost Centers effective May 2009
- c. Understand payment impact of correct Cost Reporting

IV. **Principles of Successful Charge Capture**

- a. Design of complete and accurate Item Master
- b. Decision of which supplies/devices are separately billable to Medicare by hospital providers
- c. Item master inclusion of purchase orders, special orders and consignment items

- d. Linking the Item Master to the chargemaster appropriately
- e. Operationalize new charge process
- f. Implementation of accurate CDM descriptions and revenue code assignment
- g. Pitfalls of bundled or exploded charges
- h. Delete CMS coverage of billed items and services

Lunch 11:45 AM

Afternoon Session: 12:30 PM

Speaker: Glenda Schuler

Diagnostic and Therapeutic Procedures

- V. **Introduction To 2010 Coding for Procedures**
- VI. **New Updates Impacting Chargemaster**
 - a. Laboratory-Another Exciting Year
 - Chemistry, Immunology, Pathology and Microbiology Revisions
 - b. Radiology
 - New, revised and deleted codes review
 - c. **Surgical Procedures**
 - Review of Surgical Section Revisions relative to the Chargemaster
 - d. New Category III Codes
 - Discussion and review of the new Cat III Codes for 2010
 - e. **Observation Challenges in 2010**
 - New HCPCS Codes
 - f. Impact on reimbursement for hospitals
- VII. Infusions and Injections – Anything new?
 - a. Injections/Immunizations
 - b. Chemotherapy/therapeutic administration
- VIII. **Wound Therapy and Hyperbaric Oxygen Therapy**
 - a. Impact on improper reporting of services by providers

- IX. **Transitioning of more Surgical CPT codes from Inpatient Only**
 - a. Review of CPT codes available for reporting on outpatient basis
 - b. Payment for use of modifier –CA (delete #a and #b)
 - a. Review of inpatient only list and CDM requirements

- X. **Rehabilitation Services**
 - a. Review of new CPT/HCPCS coding requirements for 2010

- XI. **Pulmonary Rehab/Intensive Cardiac Rehabilitation**
 - a. New codes, new opportunities

- XII. **Evaluation and Management Codes**
 - a. Review of E/Ms for Emergency Departments
 - b. What's new with Critical Care?
 - c. Brief discussion of E/M criteria submitted by CMS
 - d. Distinction between Type A and Type B emergency departments

- XIII. **Physician Supervision – Next Biggest Challenge**
 - a. How to meet CMS' requirements
 - b. On-campus versus off-campus requirements
 - c. Documentation – where?

- XIV. **Anything we forgot?**

Program Ends: 3:30 PM