UNITED HEALTHCARE (UHC) MINUTES
July 15, 2013 RIC/RAC Meeting

UNITED HEALTHCARE REPRESENTATIVES PRESENT:
Ms. Rhona Waldrep
Ms. Ann Downs

FACILITATORS:
Mr. Ingram Haley
Ms. Karen Northcutt

MR. HALEY: From United we have Rhona Waldrep and Ann Downs.

1. **Follow up to question #1 from the March 11, 2013 RIC/RAC meeting. Did you clarify if an order is needed for inpatient admission for commercial?**

    - Yes, an order is needed in the file for any line of business (LOB) for Inpatient services.

Discussion at Meeting:

MS. WALDREP: To be concise, yes, we need an order in the file for all the lines of business for inpatient services.

MS. DOWNS: I'm the hospital facility advocate for Mississippi. I'm filling in for Linda today. But I did want to give you some reference information with regards to this particular question. Does everyone have access to or been receiving the United Healthcare July *Network Bulletin*?

AUDIENCE: No.

MS. DOWNS: No? If you go out to United Healthcare Online, you can download the July *Network Bulletin*. There's an article that addresses this question- "Inpatient Conversion to Observation Billing". So do take a look at that. It's quite a long, lengthy article and should address any additional questions you might have in regards to that.

MS. WALDREP: Are there any questions around that?

SPEAKER: Around? Just the same question or are you talking about the website?

MS. DOWNS: Well, the article actually confirms the fact that, yes, the orders do need to match.

SPEAKER: Does United Healthcare provide someone on the weekend, 24/7, to look at the claims if the patient is going to get out the door to validate if it's going to be certified for inpatient or out?

MS. DOWNS: Admission notifications are a requirement 24 hours in advance. So you have 24 hours from the point that the orders from the physician they're putting are inpatient to notify us.

SPEAKER: I'm not referring to that piece. But if we're going to make a determination for that status and United Healthcare has to validate that, yes, we're approving inpatient or, no, we feel like this should be outpatient, who can we get that information from while the patient is in the building?

MS. DOWNS: Inpatient care manager. You should have somebody assigned to your facility that your team should be working closely with at United Healthcare in regards to the status of that patient.

SPEAKER: Are they available on Saturday and Sunday? That's what I'm asking you.

MS. DOWNS: Yes. You should have somebody that you should be able to work with on that Monday morning in regards to the status of that patient over the weekend.

SPEAKER: They come Friday evening; they discharge Sunday. Then we don't have the right order that United Healthcare is approving for Monday morning.

MS. DOWNS: You have until Monday at five p.m. to change that order.

SPEAKER: Okay. So we can change the records?

MS. DOWNS: That is correct, yes, ma'am. I'm sorry. I ran you around the mountain on that.

SPEAKER: Okay. What if we don't have a decision by five p.m. on Monday from the payor? Because that's difficult to get. I have coverage 16 hours every day of the week, but we don't get determinations back on a Monday. We may call in several different pre-certs to different companies and not hear anything back from them by five p.m. on Monday. So is that the drop dead if we don't hear back?

MS. DOWNS: You're supposed to notify us of that admission if it happens over the weekend.

SPEAKER: We did.

MS. DOWNS: By five p.m. on that Monday, that is correct.

SPEAKER: But I'm talking about the determination back on that inpatient authorization if it's not approved as inpatient on that Monday at five p.m. and it's maybe Wednesday or Friday during that week. Then the orders are retroactive?

MS. DOWNS: I would have to follow-up with Linda's team on that. I can't speak to that. I'll be glad to look if you've got a specific situation that we could look at.

SPEAKER: Yeah.

MS. DOWNS: Okay. Sure. Send us a scenario. And we'll be glad to get with our clinical team and certainly provide you a response.

SPEAKER: And do you provide audit services post-discharge on patients where you might not approve a case that was already approved as an inpatient and say it should have been done observation?

MS. DOWNS: We have a hospital audit team that does do an audit on the back end, but that's usually verifying the orders to what was billed on the claim.

SPEAKER: Okay. So you wouldn't be asking for a retroactive change?

MS. DOWNS: No. But we do want them to match. We could pull back if they don't match. That goes to the orders to what was actually billed.

2. **Follow up to question #5 from the March 11, 2013 RIC/RAC meeting. E&M services provided by nurse practitioners in a hospital OP clinic setting – should the NP NPI be reported in the attending physician field on the UB as the attending or should the attending doctor NPI be reported?**

    - Yes, the NP NPI should be reported.

    Discussion at Meeting:
    MS. WALDREP: We investigated that one, and Linda sent it back as her follow-up response.

3. **Follow up from the Additional Discussion at the March 11, 2013 RIC/RAC meeting. What is the update on progress of records being accepted electronically?**

    - Optum Cloud is coming very soon. This will allow records and additional documentation to be attached electronically.

    Discussion at Meeting:
    MS. DOWNS: We're real excited. The purpose of me being here today is to talk to you about this particular item. United Healthcare is beginning to launch this month. There are packets out in the foyer. Please make sure you pick one of them up. It talks about Optum Cloud Dashboard. It is going to give you the ability that you can actually submit claims for reconsideration as attachments online through UnitedHealthcareOnline.com.

    This functionality will be available to you in the month of August. It's necessary, if you are a current user of UnitedHealthcare.com that you re-register, because it is actually going to be a separate application until we can move all the functionalities at United Healthcare Online served to you today under Optum Cloud Dashboard.

    So the month of July has been set aside for you to register and get a unique email address if you are a current user. And that email address will be the ability for you to go on through Optum Cloud Dashboard, for you to be able to go out, actually capture that claim, attach attachments, whether that be that we've requested additional medical records, if that's a situation where you need to attach timely

filing, supporting documentation, anything in that manner you will be able to do. And that will actually be rolled out again in August.

As soon as you receive your email, United Healthcare will also be reaching out to you electronically to set up a time to do some webinars. And, again, for those of you who do use United Healthcare Online, know that those can be either instructor-led or 30-minute webinars, whatever is easiest for your team.

We hope by the end of the year to have functionality that you're using for United Healthcare Online as far as checking claims status, checking eligibility, pulling reports, as far as pay pending approved, doing notifications online. All of that will eventually be rolled up underneath Optum Cloud Dashboard. This functionality is only going to be available for the commercial product and Medicare at this time.

So please, please, please, on your way out, make sure you pick up one of these packets so you can go ahead and get that started for your facility.

SPEAKER: But is this going to be a portal.

MS. DOWNS: Yes.

SPEAKER: A secure portal?

MS. DOWNS: Yes, ma'am, it will be. It will be a portal. You'll be able to go out and actually pull in the member information, the claims specific, point, click, download your scanned documents to it, and transmit it through the portal to United Healthcare. You will actually be given a routing number.

Many of you know what that CC number is. It's going to be very similar to that order or service reference number that you get today when you make a call to customer service when you're checking on a particular claim. You will actually be given a routing number so that it gives you the ability that you can go back through the portal and check status in regards to that online reconsideration.

So we're very, very excited about it. I know I've been in health care 20 years, and we have been asking over and over and over when is the day going to come that we can transmit documents electronically to the payor. And we are nearly there.

We also are looking in 2014 for community and state products —I know it does not apply to Alabama, but we are also looking. We are in Medicaid in some of our other states. So we hope in 2014 to have those products rolled into this functionality as well. Very, very, very excited about it.

So whoever you have that's a part of your team that needs to register, please have them go ahead and do that.

4. **A. Please provide education on 99495 and 99496 codes.**

   B. We would like guidance on billing the new Transitional Care Management codes (99495 and 99496) for hospitals. The APC rate has been assigned but we would like guidance on what services should be provided to bill for TCM by the facility. Specific questions: 1) Will the physician fee be reduced if the hospital bills? 2) What services is the hospital receiving payment for? 3) Must the physician face to face portion occur in

a hospital based department for the facility to bill TCM? 4) What services is the facility required to provide in order to bill TCM?

- In this scenario the hospital and physician billing E/M services (such as 99495, 99496) if billed by a provider based clinic, the hospital would not receive additional reimbursement for these codes, and the physician, reporting place of service 22 on the 1500 claim, would be subject to site of service reduction.

  For the 99495 code the provider should bill with a DOS within 14 calendar days of the discharge date from a hospital stay.
  For the 99496 code the provider should bill with a DOS within 7 calendar days of the discharge date from a hospital stay.
  Given that those requirements and the place of service and modifier requirements are met, we would allow these codes.

Discussion at Meeting:

MS. WALDREP: Okay. There's an A and B to number 4, and I'm going to sort of wrap it all up into one answer.

On the hospital side, for these particular codes, these are physician-driven codes. There will be no additional reimbursement on the hospital contract. That's strictly UB billers and is not supported for these particular codes.

On the physician side of the house, if you are billing for physicians, you can receive additional reimbursement for these two particular codes reporting with a place of service 22.

Linda has added in the notes that you receive the description of the two codes that were in question. And it will be subject to a site of service reduction. So if you have the appropriate place of service with the modifier, then these codes will be allowed on the physician side of the house for reimbursement.

5. **A. If a patient is an outpatient and/or observation but is in the hospital and has some rehab service (i.e. physical therapy), in order for the rehab service to be covered, we need a rehab diagnosis code. Can we pick up the code from the (physical) therapist's documentation? Does a treating physician have to countersign the therapist's documentation in order for us to pick up the code?**

   B. In the outpatient setting (OP rehab), can we use the rehab diagnosis/code documented by the therapist without a physician's signature?

   C. In the outpatient setting (OP rehab), can we code from the cert and/or therapist's evaluation prior to the MD signing the document?

   - UHC does not issue coding and billing guidelines for specific services. UHC expects that hospitals follow CPT instructions/guidelines in assigning codes for procedures and services and the official ICD-9-CM Coding Guidelines in assigning diagnosis codes. These

guidelines also include information as to where in the medical record information must exist in order to support the diagnosis coding.

Discussion at Meeting:

MS. WALDREP: As you know, United is not going to tell you how to bill or what to bill on your claims for services provided. We want you to follow the standard coding guidelines that are appropriate for the services that the patient has received. But we also took it a little step further and Ann did some research on it and dug into it.

MS. DOWNS: How many of you get the *MLN Matters* from CMS? If you'll pull the December 2012 *MLN Matters*, it actually addresses the whole scenario that was presented in this multiple question and answer. It actually goes into the CR 8005 for you.

So, if you do have questions on who should bill, where you can receive documentation, etc., what setting, you can receive that out of this December 2012 *MLN Matters* document.

And I'll leave you to look at that specific to your particular situation, your billing situation.

MS. DOWNS: Well, we appreciate you allowing us to come today. Thank you so much for your time. If you have any questions, feel free to stop by the front, and we'll be glad to talk with you.

MR. HALEY: Thank you both for coming.