

CENTERS FOR MEDICARE AND MEDICAID SERVICES
CCI Edits
Moderator: Robin Phillips
October 6, 2005
12:30 p.m. CT

Operator: Thank you for standing by, and welcome to the Centers for Medicare and Medicaid Services CCI Edits conference call. This conference is being recorded and transcribed.

At this time, I would like to turn the conference over to Robin Phillips. Please go ahead, ma'am.

Robin Phillips: Hi, thank you. Hi, I'm with the Provider Communications Group, Division of Provider Information, Planning and Development at CMS in Baltimore. I'd like to welcome everyone to the first contractor training conference call that will focus on the Correct Coding Initiatives, CCI, affecting all outpatient therapy providers.

Our presenter will be using a PowerPoint slide presentation for this training, and you may want to have it in front of you to review from time to time. The presentation can be found at www.cms.hhs.gov/medlearn/cmsinit.asp.

Before we begin today, I'd like to remind everyone that this call is for Medicare contractors, Central Office and Regional Office staff only, and it's not for providers. The call is being recorded and transcribed, so please identify yourself before you speak.

At this time, I would like each person in the room here at CMS in Baltimore to introduce yourself, and say what component or division you are with.

Pam West: I'm Pam West with the Division of Practitioner Services, and Center for Medicare Services.

Yvonne Young: Yvonne Young, the Division of Institutional Claims Processing.

Will Gehne: Will Gehne, also Institutional Claims.

Jason Kerr: Jason Kerr, Institutional Claims Processing.

Ellen Gay: Ellen Gay, Division of Institutional Post Acute Care.

Dorothy Shannon: Dorothy Shannon, Division for Practitioner Services.

Geanelle Griffith: Geanelle Griffith, Provider Communications Group, Division of Provider Information Planning and Development.

Robin Phillips: Thank you. This is Robin again. After the presentation, we will open the call for questions. And please stay on the line after the questions time, we'll have a few announcements. At this time, I'd like to introduce our presenter, Pam West. Pam is with the Division of Practitioner Services, and I'll now turn the call over to Pam.

Pam West: Good afternoon, and thanks for joining our call today. I am with the Division of Practitioner Services, which, for those of you who might not know, oversees the Physician Fee Schedule under which all outpatient Part B therapy services are paid.

This is the first CCI educational effort of this kind, and I'm excited about being part of this effort today. During the presentation, it is focused on the FIs, and the institutional therapy providers who submit claims to them. This PowerPoint presentation though, is specifically targeted to the therapists who provide services in these settings.

The Carriers were invited to participate in today's meeting as well, because therapists working "incident to" in physician's offices, and PTs and OTs new to the private practice arena may take advantage of the information provided during this initiative, and you will likely be hearing from them, this is our way of giving you a heads up. And also, we'd like for you to share your wisdom with us about your CCI experiences with them.

For these two reasons, I would like all the contractors to, after the presentation, offer your thoughts about the presentation so that we might better address all the issues that the newly impacted providers and their therapists will face come January 1st, 2006.

So as I mentioned – as mentioned before, we will have a question-and-answer session immediately following this presentation, which it will be about – just 30 minutes long.

On the first slide, for the learning objectives, we wanted to make sure that the providers were able to recognize the background for CCI, as well as the purpose for the establishment of the Correct Coding Initiative. The list of impact of CCI edits on provider billing also for the following providers: the Skilled Nursing Facilities, the Comprehensive Outpatient Rehab Facilities, or CORFs, the outpatient physical therapy and speech language pathology providers, also known as rehab agencies, and I'll likely call them – refer to them as rehab agencies. And the last provider is the Home Health Agency.

The Medicare National Correct Coding Initiative, or NCCI, is an edit system that was developed to promote national correct coding methodologies. NCCI is more commonly known as “CCI,” and will be referenced today in that way.

I wanted to draw your attention to the third bullet on this page, which is not correct, if you are looking at it. The – it says that the CCI software installs the set of edits into the contractors’ automated claims processing system. However, at the – for the Carriers, the NCCI contractor provides a file to CMS, which we then make available for Carriers to download. The CCI edits are incorporated for the FIs by a different contractor, who installs them into the Outpatient Code Editor. We will be making those – that change after today's presentation.

Also wanted the therapists and providers to be aware of the – that the CCI edits were developed based on coding conventions, using the CPT manual, current medical and surgical standards, the input from all the specialty societies that are affected by the edits are incorporated as well, including an analysis of current coding practices.

The history of CCI edits, as the Carriers know, began in 1996 when all Part B claims submitted to them were edited with the first set of CCI edits. This – the Carriers then have been editing therapy services provided by physical and occupational therapists in private practice, and all therapy services provided incident to in the physicians' offices.

In 2000, the Outpatient Code Editor version of the CCI edits was implemented for the outpatient OPPS setting, and this has also included the rehabilitation therapy services.

The edits were not applied in 1999 when these provider entities were changed from a cost-based reimbursement to payment for their services under the physician fee schedule. This was mainly because there was no outpatient code editor CCI edit mechanism in place at that point in time.

But it – providers may be asking you what's – why is CMS implementing this initiative at this time? And I think the most important thing is probably not in the box, but for a while we have been working very hard here at CMS to make sure that all the therapy providers are subject to the same billing and coding rules and requirements, and by applying them in these four provider settings, we will be able to do that. Of course there is likely a positive budgetary effect by implementing the CCI edits, which will help somewhat curb some of the rising costs of their therapy services over the past few years.

The – I'm on slide eight, and I am at the very bottom of the page on the last bullet – and – on the notes page. The CCI edits are applied for – based on the date of service, and for therapy services that are billed to the FI, this becomes very important, because they have to submit claims only once a month to the FI. So if a date of service comes in with a start date of January 1 or after, the CCI edits will be applied to that claim. However, if the date of service starts December 29th, and goes through January 21st– these – this claim would not be subject to the CCI edits.

On slide nine, perhaps the most important slide, tells us that the types of bills that will be edited. And this is a reminder that it's not just the therapy services that are edited, it is entire type of bill that's edited. So the – SNFs have two bill types, 22x for inpatient Part B, and 23x for outpatient. CORFs have additional services as well by respiratory therapy and other nurses, and psychologists. All of the – all of the services will be edited from the CORF's bill type 75x.

The rehab agencies (bill type 74x) will also have some social work services that will be edited in addition. The home health agencies Part B services 34x bill type will be edited.

The outpatient OPPOS hospital is on this claim – is on this slide to actually just remind everyone that this – the CCI edits have been in place since 2000 in the hospital, and they've been applied to the therapy services since that point in time.

On slide 10, it talks about the CCI edits as code pairs of CPT or HCPCS level two codes. These edits are placed on codes that are not separately payable, except under certain circumstances. These edits are applied to bills by the same provider or physician for the same beneficiary on the same date of service.

Commonly the question comes up from therapists is does this mean that the CCI edits are applied just to PT alone, and then again to OT? But PT, OT, and SLP services, or any other services applied – supplied that day and by that provider to that beneficiary are handled in a collective manner.

The two CCI tables are defined on page 11, so that they know – that providers would know that there are two tables that they would need to download. The first table, Column one, Column two, Correct Coding Table. The Column Two Code is either a component of the Column One Code, or should not be reported with the Column One Code. The Mutually Exclusive Table, the codes – represent codes that cannot really be done in the same session.

The – some code pair edits never allow payment for both codes of the edit pair. However – and this is especially true for PT and OT and speech services, many code pair edits do permit payment of the Column Two Code in addition to the Column One Code under the appropriate clinical circumstances.

On the bottom of the page, there's an important note on page 11 that – the message here is that these edits are not to be considered medical necessity denials.

On slide 12, it just shows the Web site where the provider could download the hospital CCI edits, and this would tell them how to – how to do that.

The FI edits, or the subset of the OCE edits, are a modified subset of the National Correct Coding Initiative edits, and that Medicare actually does here before it's implemented on the OCE.

On the slide 13, it's one of my favorites, it – because it gives an example of what the CCI table looks like, and how you would use it. So it has a Column One and a Column Two Code, and it's appropriately using the therapy series of codes. For example, the 97036, which is many therapists might not know what this is, but it's the Hubbard tank, and it's edited in Column Two with 64450, which is a TENS application instruction.

And this – the code pair was effective in April 1st, 2003, under the deletion date there's an asterisk which says that it's still active, and not deleted, and then the indicator 1 in the last column means that a provider can use a modifier on that particular code pair.

On the next table on slide 14, there's a picture of a Mutually Exclusive Table. And it has the same columns as the Column One/Column Two Table, and this also has codes for therapy that are highlighted. And I would like to just indicate that the main code 97140, or manual therapy, is edited against three other codes that were created, have an effective date and a deletion date of the same time, so they were never active code pairs, and the final column represents a 9 that says it's not applicable. And that – basically that 9 just means that it's a – you know, a gap filler so that there wouldn't be any empty spaces in the code table, because they don't actually remove the edits from this list, they just will enter a deletion date.

So on this – on these particular edits, the manual therapy was edited against the three chiropractic codes, but the deletion date and the effective date are the same.

Near the bottom of the list is one of our other favorite codes that are – is – can be difficult to code, and that's the 97150, the group therapy code, and it's paired with several things in this list but the 97122, which is listed there, has an effective date in '97 and a deletion date in '99. So it still has

an indicator of 1, because that's what it was when it was an active code pair. So the reason it was deleted in this particular case is that CPT code no longer exists.

On the next page, the – it talks – we talk about modifiers. And the modifiers are used for the provider to report extra information. The modifiers are all appended to the Column 2 codes, and they're appended when and only when they are justified by the clinical circumstances. Modifier -59 is the only modifier that physical and occupational and speech therapists can use in the CCI edits.

The bottom of the page in the notes on this slide gives a better indication – a better definition of what the indicators mean on the tables where a zero in that indicator says that – means that a modifier can not be applied to the code pair in order to bypass the edits. If – but if a modifier is used, it will still not bypass the edits. The number one means that the modifier is permitted to be used with the code pair, and its use will then – will then bypass the CCI edits.

On the slide on page 16, which specifically detailed modifier -59, since it's the one modifier that explains – that can be used by the therapists on their claims.

Particularly PTs and OTs have a lot of 15-minute codes, and the modifier -59 will be used with a code pair to indicate that these services were done in distinct separate time periods, or in sequential time intervals for the same patient encounter, or a separate patient encounter on the same day.

Modifier -59 is also used when there are codes without specific time intervals, such as the re-evaluation codes, or the group therapy code that was discussed earlier. The example at the bottom of the page is also the example that appeared – appears on the billing – therapy billing web site, which we'll talk about later. And it basically walks the therapists through how to use the modifier -59.

On slide 17, the modifier -59 is depicted correctly on a claim form as it is appended to the group therapy code, which is the Column 1 code. And underneath it, the 97110, the therapeutic exercise code, the Column 2 code then has the 59 – modifier -59 after it.

The therapists and providers would benefit from knowing that these CCI edits are updated on a quarterly basis, each quarter new code pairs are added or deleted or modified in – by changing the indicator number. The difference between the Carrier edits and FI edits basically is that the FI edits are one quarter behind the Carrier edits, and again they are a subset, some of the codes have been removed for the OPSS version.

The CCI edits processed with the quarter associated with the from or the start date on the claim. So if a claim – a therapy claim comes in, and its start date is September 29th through October 23rd, the July version of the CCI edits would be used instead of the October 1 version.

It's important to also remind I think the therapists and providers that the CCI principles and logics are the same in the FI and the Carrier systems. However, some of the code pairs may have different modifier indicators because of the different settings.

So on slide 19 is information on how to contact the contractor for the National Correct Coding Initiative, which is AdminaStar Federal. And this is important information because people often ask how do they address questions or a concern about wanting to change the indicator or even – they may even have a suggestion of a code pair that needs to be added to CPT, so they would want to make sure that they knew how to reach AdminaStar Federal.

The therapy billing web page has information on it, not just the information that explains the scenario of using the modifier -59, but it also contains information on the assumptions that are

used for payment of outpatient Part B PT and OT therapy services. So it's a good reference for people if they haven't already found it.

On the slide itself, I need to add that the Internet Only Manual 100-4 Chapter Five contains the Part B outpatient rehab and CORF services provisions.

Slide 21 talks about where to find the information regarding personnel qualifications for therapists that would be necessary in order to bill for the services. These are both listed under Pub. 100-2 and Chapter 15 in Sections 220 and 230, and Chapter 12 for CORF-specific provisions on qualifications for personnel.

That – the – slide 22 was basically information that was already given to the providers through the special edition Medlearn article that was last updated on August 8th, number SE0545, which is also recorded on a following page. But we told them to, you know, prepare their systems to educate their administrative and billing staff, and their therapists, to watch for additional information from us, which will be forthcoming through you folks as well as at the provider education call that is scheduled for December 6th from one to three in the – in the afternoon Eastern Standard Time. We'll give you that date again.

On the next slide, where our request for the FI's action, and basically it's just to disseminate this information, educate the staff that will always be working with it. Watch for other information from us, and test the systems when they're available, and develop – provide training to the impacted providers, and we will be actually revising this PowerPoint presentation after today's call, and hopefully you'll give us some ideas on if there are some changes you would like to see. And it will be incorporated and available around – right after November 1st.

The next slide actually is helpful, it's answers to providers' questions, just tell them where they can find a list of toll numbers that are associated with each contractor and intermediary. And also

how they can get some answers of their own on the CCI edits on the Frequently Asked Questions web site for CMS.

The last two pages are additional resources; many of these same resources were listed on the special edition Medlearn article as well. But it doesn't hurt to repeat this, because I'm not sure that many therapists and providers are – have actually seen the web – the “Medlearn Matters.” We've heard very little at this point. So it'd be good to make sure that they have these resources available to them.

So at this point, before I turn it over for questions and answers, I wanted to let everyone know that at the very end of the call, we will have more of a sense of whether or not you, the contractors, would like to have the second call that was scheduled in the joint signature memo that went out. That call was scheduled for November 9th, and we will try to get a sense of whether you feel that that call is necessary.

So at this point, I would like to open it up for questions and answers.

Operator: Thank you. The question-and-answer session will be conducted electronically. If you would like to ask a question, please do so by pressing the star key followed by the digit one on your touch-tone telephone. If you are using a speakerphone, please make sure your mute function is turned off to allow your signal to reach our equipment. Once again, please press star one on your touch-tone telephone to ask a question. And we'll pause for just a moment to give everyone an opportunity to signal for questions.

And we'll go first to Jean Roberts with AdminaStar Federal.

Fred Rook: Hi, actually this is Fred Rook sitting with Jean Roberts at AdminaStar Federal, and we are not with the NCCI contract, I just wanted to let you guys know that.

I'm looking at a couple of slides, and I had some questions. The first one was on slide number eight, the last bullet point, that mentions that the CCI edits are applied on a date of service basis, and then it goes through some examples here. And it kind of confused me at the last sentence there with the dates of service 12/29/2005 through 1/21/2006 would not be subject to the CCI edits. And I'm confused, because typically we had to instruct providers to split claims at the calendar year end, so they could not possibly bill 12/29 through 1/21, the claim would actually be from July – or from January 1st through January 21st. Is that correct? Is your understanding the same on that?

Pam West: Yes, everyone from the claims division here is saying that that is exactly what happened. So we would – we would definitely remove that example spanning the year, and not the one for the quarter.

Fred Rook: OK, great. My next question was on slide number 17.

Pam West: OK

Fred Rook: So you – it appears to be a UB92 example, billing physical therapy, and it has the HCPCS codes out there, and the order seems to be reversed if a provider were billing the HCPCS codes, they would have to bill them in sequential order. So it would be 97110 with the -59 modifier would actually be on the first line as – is my understanding correct on that one?

Pam West: Can you hold just a second? I – we're going to talk about that here. Hold on just a second, please.

Fred Rook: And I actually think that the system itself will place these codes in sequential order if they're billed out of sequential order.

Yvonne Young: When those codes are implemented – this is Yvonne – when it's – when you put this trend on the claim, and you hit enter, the system actually put them in the order they belong in.

Fred Rook: Yes, that is correct. So should the instructions here actually show the correct way they should be billing?

Yvonne Young: Well I – we can – we can do that, and then I would mark on there that I think the reason that it was done this way is because that's the column two codes. So that's the reason that it was done this way. So we will – we will give you – we'll ask an example.

Pam West: Correct.

Fred Rook: My reason for pausing on this one is because oftentimes our providers will assume that the – that the -59 modifier should be billed on the second HCPCS /CPT code on the claim instead of the actual Column 2 code. So it might be an excellent opportunity to educate them that it is the Column 2 code that needs the modifier, not the second code on the claim.

Pam West: Correct. Yes, I appreciate that, because this is – like I said, this is the first time that we've undertaken a conference provider education effort on CCI edits, and how to actually do them. So I – your comments are appreciated, thank you.

Fred Rook: You're welcome. And in addition, I do kind of notice there's the minus sign in the parenthesis there, and I'm sure that's probably there just for illustration purposes.

Pam West: I think it was, and I did not have it removed, so we will do so.

Fred Rook: And is that also the reason why the plan of treatment modifiers GN, GO, GP, not there?

Pam West: In the next column?

Fred Rook: Well it would be the next two ...

Pam West: We should put that there.

Fred Rook: Oh, OK.

Pam West: That's an excellent idea.

Fred Rook: OK. And then the next part I had a question on – I'm sorry asking so many questions here, but slide number 18, the third bullet point.

Pam West: Yes.

Fred Rook: It makes mention here that the CCI edits that are processed at each quarter associated with the from and start on the claim, and it was my understanding that since the – since the claims are processed, and they're processed by line and date of service, that if a claim received partial services in this example here, September, and additional services here in October that the CCI edits would be applied based on the receipt date than for the dates of service. But this claim came in after October 1st, then the edits that would apply to each date of service would be applicable to the claim.

Pam West: We – I am going to actually have to get back to you on that, because we had checked on this particular issue, and we were – we were told that this is the way it's applied, so on – when you fill out the evaluation set online for your call today, could you please – and this is for everyone – if

you have an additional question that needs to be resolved, please put it in the box at the end, and those calls – those questions will then be forwarded over to me.

Robin Phillips: Robert?

Fred Rook: And then my last question – and it's kind of a combo question – is if it is possible, can you show the differences in the CCI edits versus the Carrier and the FIs so that we can understand why that maybe the difference is based on the setting? As well as maybe perhaps provide some more – and this is just a suggestion – provide some more billing scenario examples that we can kind of walk through to make sure that they're comfortable placing the modifiers on the right codes, maybe an example of both – some more examples of both component and comprehensive, as well as mutually exclusive. I think the examples would be more helpful for the provider community so they can feel – or get the feel for the actual CCI edits.

Pam West: To answer that part of the question, I definitely was going to add more examples, because the one example that was used in all three phases is the same, so I did want to include extra examples for therapy. And when I was going through the slides again right before the call, I realized that, you know, we have – we have some good examples, but there is really only one, so we will add some more.

Robin Phillips: Thank you for all your questions and your comments, we appreciate it. This is Robin Phillips, let me just please recommend that everyone just keep their questions to one question at a time so we can get to all the questions today. And if we do get through all of them, you can go back in and ask additional questions. But we would like for you to – right now to limit your question to one so that we have enough time for everyone to ask their questions today. Next question, please.

Operator: Our next question comes from Jaclyn Warshauer with United Government Services.

Jaclyn Warshauer: Hi, yes, thanks. I was wondering; is there any consideration in the future for having the CCI edits – edit by revenue code? I just think clinically you will see, for instance, speech therapy doing dysphasia treatment, and PT doing unattended e-stim and you can't be using the 59 on that, but PT is not going to get paid, or otherwise clinically another example, if you have a patient who's receiving multiple therapy disciplines, say it's, you know, multiple trauma patient, or a stroke, those therapists literally at the end of the day then are going to have to say, all right, what'd you do with the patient, what'd you do – you know, what are you billing? What am I billing? Because most clinics, even within our large hospital systems here, it's still up to the therapist to tell whoever's going to be doing the charging what codes to bill, and whether or not to put a 59 on. Many systems, you know, they don't have the support staff within therapy departments to have professional coders, now we're moving this out into much smaller therapy venues with your OPTs and CORFs things. And it's going to be a challenge for them to understand and to realize they're going to have to consult with the other therapists to determine how they're going to bill at the end of the day. Just curious, because this is what I hear the most from therapists.

Pam West: Right, and you are correct in that the hospitals have been dealing with this since 2000, and the modifier -59 would have – would allow the edit to pass through. At this time, the revenue codes are not being edited; it's the HCPCS codes.

Robin Phillips: Thank you for your question. Next question, please.

Operator: Next question from Teena Wigley with United Government Services.

Teena Wigley: My question is, have you decided how we're going to train the providers? Is it going to be via teleconference, or what?

Pam West: OK, we have – we will be making changes to this PowerPoint presentation so that you can put it on your web site. And, you know, you're welcome to make changes to it as well, and that would be available after November 1st. The other thing is that we have a provider call scheduled that the – that we will do from CMS, and that's call is for December 6th, which is a Tuesday, and it's scheduled from one to three.

Teena Wigley: Thank you.

Robin Phillips: Thank you for your question. Next question, please.

Operator: Next we'll go to Jeannine Bouchard with Associated Hospital Service.

Jeannine Bouchard: I'm sorry, I'd like to withdraw my question, Fred asked it, and it was answered, it was regarding slide eight. Thank you.

Pam West: Thank you.

Operator: Next question from Kerrie Copeland with Palmetto GBA.

Kerrie Copeland: Hi, on slide 14, you had actually gone over what you call a gap filler, what I'm still not sure about is why is there a place for a code that has a start and stop date the same time, why not just completely take it off the table? It confuses a lot of providers; I get that question all the time.

Pam West: Yes, and I got that question before I knew the answer to it, as well. But all CPI edits are posted, and they all have an effective date. So if in fact the decision is made prior to the actual implementation of it, it – they just – they just use the nine as a placeholder, just like all the other code pairs that were active at one point, they also have a deletion date, but since there was not

an indicator assigned to them, the nine is just a placeholder, just like in the preceding column, the asterisk is a placeholder for the deleted codes that have not yet been deleted.

Kerrie Copeland: OK, thank you.

Robin Phillips: Next question, please.

Operator: Next we'll go to Sharolyn Taylor with Blue Cross Blue Shield.

Sherry Cotton: This is Sherry Cotton at Montana Blue Cross and Blue Shield. I have a question it's – that I would like clarified. I noticed that "CAHs" are not listed, and it says this is going to apply to all outpatient therapy providers, but "CAHs" are a bill type 85, so is that correct, it will not apply to CAHs?

Pam West: Yes, that is correct, it will not apply to CAHs.

Robin Phillips: Thank you for your question. Next question, please.

Operator: Again, that's star one to ask a question. And we'll go next to Jannelle Herman with Mutual of Omaha Medicare.

Jannelle Herman: I'm sorry, I had that on mute. But I just had a quick question. Do you happen to know – and maybe you don't, but are these edits going to be around the same ranges the reason codes currently used in the FISS system for OPPS? Most of them begin with like a W, you know, 7024, something like that. Are they going to be around the same range of reason codes?

Pam West: The answer from my group here is yes, they are.

Jannelle Herman: OK. Thank you.

Operator: OK, and that's star one, ladies and gentlemen, if you'd like to ask a question. And we'll go to
Niles Rosen with AdminaStar Federal.

Niles Rosen: Hi, actually we are the National Correct Coding Initiative contractor. And, Pam, I'd like to
just comment about two things that questions were asked about.

Pam West: Yes, thanks.

Niles Rosen: One is the question that the person made about the start date and the end date being the
same, and a modifier indicator of nine. When CCI has an edit, and the edit gets deleted, CMS
sometimes decides to delete it back to its implementation date, and that's why you'll see that the
start date and the end date for the edit is the same. Other times, CMS deletes the date – deletes
an edit, but it – it's deleted as of the next version of CCI, and then you'll have an end date and a
start date that are different. And puts those edits where you do not have a nine in modifier
indicator, but you'll have either a zero or a one, which reflects what the modifier indicator was
while the edit was in effect.

The second thing I wanted to comment about and sort of ask about was that we found that in the
Carrier Processing System, some of them do not require the modifier to be on the Column 2 code
of an edit, even though CMS has always instructed contractors and providers that they're
supposed to attach modifier -59 to the – to the Column 2 code, there are some processing
systems that if it's attached to the Column 1 code, will still bypass the edit. And I don't know how
the FISS system – FISS system works, but it may be that it does not make a difference whether
it's in the column – whether the modifier -59 is appended to the Column 1 or Column 2 code, and
if that's the case, that would make life a lot easier for therapy providers.

Pam West: Thanks, Niles, I appreciate that explanation.

Robin Phillips: We can go to the next question, please.

Operator: Next question from Jane Whitman with HGS Administrators.

Jane Whitman: Hi, my question is relating to the providers as far as education. Will this PowerPoint presentation be posted on the CMS web site so that providers will be able to view this information as well as the CSRs?

Pam West: Yes, we will actually post this on the therapy billing web site, and on the therapy web site here at CMS. And we will also forward it to all the contractors for posting as well.

We will be – to answer your question, it will also be available online so that if somebody wants to join the call on December 6th, they can – they can follow along, or they can access it if they are not even able to attend the call.

Operator: And our next question comes from Kim Droboniku with Highmark Medicare Services.

Kim Droboniku: Are there any plans for non-OPPS providers to be affected by the Correct Coding Initiative edits?

Pam West: I'm sorry, do you mean non-OPPS hospitals?

Kim Droboniku: Yes.

Pam West: Not at this time.

Kim Droboniku: OK, so they won't have to bill any of – they won't have to bill the modifiers?

Pam West: Not unless there are other modifiers that they've used, but not CCI modifiers. Did you have someone – something – some providers in mind?

Kim Droboniku: Well all of the Maryland hospitals.

Pam West: Oh, the Maryland hospitals are exempt.

Kim Droboniku: OK.

Robin Phillips: Next question, please.

Operator: Next we go to Cheryl Boyson with Empire Medical – Medicare.

Cheryl Boyson: Hi, I have a question. Is the implication then with this that the providers should – it sounds like that they should download this information that they can get the CCI edit software, and that they should run that through before actually sending in the billing to the contractor? Is that kind of how you'd like them to do this?

Pam West: The software that they would need for their systems would be purchased from suppliers that make the software.

Cheryl Boyson: Yes, I understand that. I'm asking then is the intent that the providers, either the therapists or the billing staff at the providers should run their potential bills through the edit system before they actually prepare a bill and submit to the contractor.

Robin Phillips: Let me put some – hold on a second, please, we're going to discuss this.

Cheryl Boyson: Thanks.

Pam West: After a little discussion, I think I understand your question, CMS would not provide software for this, or, nor would we actually require a provider to use software to process their claims through the edits prior to submitting them. So – but there – the provider would be free to purchase the software, if – you know, the system has a large enough provider, but I know that there are plenty of smaller rehab agencies out there that will not be getting the software, but there are other corporate rehab agencies that might.

Cheryl Boyson: Thank you.

Robin Phillips: Thank you. Next question, please.

Operator: Next question comes from Jean Roberts with AdminaStar Federal.

Fred Rook: Hi, this is Fred again, I'm sorry. My question has to do with the edits again. Will these initially be set up to RTP to providers to give them a time period to adjust to these new edits, or are we going to go in January 1st with these new edits set up to reject?

Pam West: There – they will be set up immediately.

Fred Rook: OK, but I thought initially when we went to Outpatient PPS a lot of these edits were set up to RTP to give them a period to adjust, I didn't know if you guys gave any consideration to doing that.

Pam West: Fred, when the CCI edits were developed in 2000 for OPPS, you know, that was probably – they probably needed a learning curve at that point to be able to handle the new system. But the

Correct Coding Initiative is Medicare wide, and the providers and therapists should actually already be aware of them. And they have been in existence since 1996, and because they actually are a coding initiative, it really is applicable to all therapy services, so you know, we will be – we will be implementing them beginning on January 1st.

Fred Rook: OK, I just – I recognized these edits are new to these provider types here, that's why I was just asking the question. But if you're comfortable in assuming that they already are aware of how these edits should be working, then we can go out there and tell – you know, let them know that you guys are comfortable with them.

Pam West: I appreciate your comments. But the edits – the edits themselves are set up, especially for these types of providers, as the coding initiative. And basically most of the edits are for the 15-minute intervals that the 59 modifier – the modifier -59 is applied to say yes, I did observe the coding, the CPT code definition that I needed to spend 15 minutes with a patient in order to bill this CPT code, and then another CPT code with that. So I – the edits – the coding principles are not new really to any of the therapists.

Robin Phillips: Fred, thank you for your questions. Next question, please.

Operator: And it appears there are no further questions, Ms. Phillips. At this time I'd like to turn the conference back over to you for any additional or closing remarks.

Robin Phillips: Thank you very much. I just want to be able to remind everyone that we will be having a second contractor training call on November 9th 1:30 to three Eastern Time. And there will be a provider call scheduled for December 6th, one to three. And Pam may have some other announcements.

Pam West: Yes, I just wanted to remind everybody if they would please submit any questions or additional information that they would like to see covered on – for the next provider call in the box at the end of the evaluation form that you will complete after today's call.

Robin Phillips: And that form can be found at www.cms.hhs.gov/medlearn/cmsinit.asp. And please send your comments to – or send the evaluation form to – I'm drawing a blank on my e-mail box – contractortraining.cms.hhs.gov. OK, so that's contractortraining.cms.hhs.gov. Oh, it's at cms.hhs.gov.

You guys all know that anyway, you've done this before with the contractor training e-mail box.

So I want to thank Pam for presenting today, and for our subject matter experts, and being able to answer the questions. And thank you for your participation on the call. At this time, this ends the call for now. Thank you.

Operator: Thank you for your participation and you may disconnect at this time.

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