



A Bi-monthly Informational Bulletin Brought To You By Polaris Group

Polaris Group Hits 20 Year Anniversary in 2008!

Twenty (20) years of proven expertise will be celebrated by Polaris Group in 2008. It is with great pride and enthusiasm that we celebrate this milestone and thank each of our valued clients for their continued support. Twenty years in business, especially with a niche in health care consulting, puts Polaris Group in a limited company in the healthcare industry. An entire year of activities is planned for our staff, and clients. Please stay tuned for the special edition of the **Polaris Pulse Newsletter** announcing coming activities, events and archives.



2008 Medicare

Deductible, Coinsurance and Therapy Caps

| 2008 Part A (Hospital Insurance) | | | |
|---|------------|--------------|-------------|
| Deductible | \$1,024.00 | | |
| Coinsurance | Hospital | | SNF |
| | Days 61-90 | Days 91-150* | Days 21—100 |
| | \$256.00 | \$512.00 | \$128.00 |
| 2008 Part B (Supplementary Medical Insurance) | | | |
| Deductible | \$135.00 | | |
| Coinsurance | 20% | | |
| 2008 Therapy Cap | | | |
| PT / SLP* | \$1,810.00 | | |
| OT** | \$1,810.00 | | |

* PT = Physical Therapy
 SLP = Speech Language Pathology
 **OT = Occupational Therapy

On December 29, 2007, President Bush signed the "Medicare, Medicaid, and SCHIP Extension Act of 2007" (S.249;9). This act allows the Part B Therapy Cap

Exception Process to continue through June 30, 2008. The ACT also provided for a 0.5% increase to the physician fee schedule (PFS) conversion factor for January 1 through June 30, 2008, instead of the -10.1% that was scheduled to take place. As of July 1, 2008, the -10.1% update to the PFS will go into effect.

Congressional and President action will be required to extend Therapy Cap relief beyond June 30, 2008. Polaris will continue to monitor pertinent legislation.

The Time for the NPI is NOW

All Medicare Part A claims with a receipt date of 01/01/08 or later must contain the National Provider Identifier (NPI) in fields identifying the primary provider (the Billing and Pay-to Providers) on Medicare electronic and paper institutional claims (837I and UB-04 claims). Legacy identifiers may continue to be used in these fields as long as the NPI is included in these fields.

For institutional claims, the primary provider fields are the Billing and Pay-to Provider fields. For professional claims, the primary provider fields are the Billing, Pay-to, and Rendering Provider fields. If the Pay-to Provider is the same as the Billing Provider, the Pay-to Provider does not need to be identified.

Beginning 3/1/08, Medicare Fee-For-Service 837P and CMS-1500 claims must include an NPI in the primary fields on the claim (the billing, pay-to, and rendering fields). NPI/legacy pairs may continue to be submitted in these fields. Although claims may be submitted with the NPI only, claims with only legacy identifiers will not be accepted.

2008 SNF Consolidated Billing

Annual Update

The annual Consolidated Billing (CB) has been updated to CMS's complete list of HCPCS codes that are

For more information, please contact your Polaris Group representative.



excluded from SNF CB for claims submitted to Fiscal Intermediaries and A/B MACS for payment. The updates are effective for claims with dates of service on or after 1/01/2008. There were 0 codes deleted and 3 codes added to the 2008 SNF Consolidated Billing list.

The following Radiation Therapy Codes were added to Major Category I (D) exclusions list:

- A4648 - Implantable Tissue Marker
- A4650 - Implant Radiation Dosimeter

The following code was added to the Major Category V (A) Part B therapy **inclusions** list:

- 96125 - Standard Cognitive Performance Testing

The five Major Categories for SNF Consolidated Billing remain unchanged:

Major Category 1—Exclusion of Services Beyond the Scope of a SNF. These services (CT Scans, MRIs, Radiation Therapy, etc.) must be provided on an outpatient basis at a hospital.

Major Category II—Additional Services Excluded when Rendered to Specific Beneficiaries. These services must be provided to either (A) End Stage Renal Disease (ESRD) beneficiaries or (B) Beneficiaries who have elected hospice by specific licensed Medicare providers, and are excluded from SNF PPS consolidated billing.

Major Category III—Additional Excluded Services Rendered by Certified Providers. The HCPCS code ranges for excluded services, including Chemotherapy, Chemotherapy Administration, Radioisotopes and Customized Prosthetic Devices, are set in statute.

Major Category IV—Additional Excluded Preventive and Screening Services. These services are covered as Part B benefits and are not included in SNF PPS for beneficiaries in a Part A stay with Part B eligibility. This category includes:

- Mammography
- Pneumococcal, Flu and Hepatitis B Vaccines
- Vaccine Administration
- Screening Pap Smear and Pelvic Exams
- Colorectal Screening Services
- Prostate Cancer Screening
- Glaucoma Screening
- Diabetic Screening
- Cardiovascular Screening
- Initial Preventative Physical Exam

- Abdominal Aortic Aneurysms (AAA) Screening

Major Category V—Part B Services Included in SNF Consolidated Billing. Therapy services are included in SNF PPS and consolidated billing for residents in a Part A stay and **must be billed by the SNF alone for its Part B residents and non-residents.**

Post Acute Care Payment Reform Demonstration

The Post Acute Care Payment Reform Demonstration (PAC-PRD) was mandated by Congress in the Deficit Reduction Act of 2005. The PAC-PRD will use a standardized Patient Assessment Tool at acute hospital discharge and at PAC admission and discharge. The toll will be used to collect and compare consistent information regarding the health of beneficiaries and the care or clinical services received across the various types of health care providers. The demonstration project will include Acute Care Hospitals, Long Term Care Hospitals (LTCHs), Inpatient Rehabilitation Facilities (IFRs), Skilled Nursing Facilities (SNFs) and Home Health Agencies (HHAs).

Medicare currently pays for beneficiaries' care based on where the beneficiary receives the health care services. Different types of health care providers (skilled nursing facilities, home care agencies, etc.) are paid in different ways even if the services they offer or the clients they treat may be similar.

“Our goal is to develop a system that is better integrated and more flexible in meeting the needs of our beneficiaries,” said CMS Acting Administrator Kerry Weems. “This demonstration is a good first step in developing a comprehensive system focused on helping the patient get the most appropriate health care setting, rather than the setting when payment is highest.”

Ten markets were identified for primary recruitment and nine markets were identified as alternatives. The selected markets are centered on cities, but recruited facilities may be located within a two hour radius to include nearby suburban and rural areas. If it is not possible to recruit an adequate sample of volunteer providers in a given primary market, recruitment will be attempted in the identified alternative market.

The ten demonstration markets were selected based on various factors including population density, geographic area, the presence of different types of PAC providers



and the availability of volunteer providers in each market area. The selection of providers in each market will depend on organizational characteristics such as corporate ownership, profit status, hospital affiliation and size, the ability to recruit other providers in the same referral network and the need to recruit a representative sample. The primary and alternative markets selected for the demonstration project are:

| Primary | Alternative |
|------------------------------|-------------------------------|
| Boston, MA | Philadelphia, PA |
| Chicago, IL | None Identified |
| Dallas, TX | Atlanta, GA |
| Lakeland / Tampa, FL | Wilmington, NC |
| Lincoln, NE | Colorado Springs / Pueblo, CO |
| Louisville, KY | Canton / Akron, OH |
| Rapid City, SD | Marquette, MI |
| Rochester, NY | Portland, ME |
| San Francisco / Bay Area, CA | Salt Lake City, UT |
| Seattle / Tacoma, WA | Portland, OR |

CMS awarded the project demonstration contract to Research Triangle Institute (RTI). RTI will be contacting selected Boston providers regarding participation in January 2008 with training and data collection beginning in March for this area. The selection of providers to approach in the remaining markets will occur between January and July 2008. Data collection in these areas will begin between late May and early September 2008.

Q & A

“Where No Question Goes Unanswered!”

- Q. Why is a Physician Assistant’s (PA) signature not accepted on certifications or re-certifications for SNF residents?
- A. Congress amended section 1814(a)(2) of the Social Security Act in 1989. The Act specifies that Nurse Practitioners and Certified Nurse Specialists who are not employed by the facility may certify and recertify that the services a beneficiary requires may only be performed in the SNF. Congress did not extend this benefit to Pas. Therefore, by statute, PAs may not sign SNF certifications/re-certifications.

TELECONFERENCE TRAININGS

Polaris Group is pleased to present the following **CEU approved** teleconference trainings

Live Teleconference Trainings

| Topic | Date |
|---|------|
| Super Supervisor | 1/9 |
| Mastering ADL Coding | 1/10 |
| Implementing a QA Program | 1/15 |
| Feedback on Performance | 1/16 |
| Sections K, P, and T | 1/17 |
| Accidents and Hazards Survey Protocol | 1/22 |
| Denials (Cut) Letters, ABNs & Generic Notices | 1/23 |
| Sections I, J, O, and W | 1/24 |
| Additional Development Request-Series 1 | 2/5 |
| Additional Development Request-Series 2 | 2/6 |
| Additional Development Request-Series 3 | 2/7 |
| F-Tag Review | 2/13 |
| Medicare Basics | 2/14 |
| Survey Process Preparation | 2/20 |
| Nursing Documentation | 2/21 |
| Writing a POC | 2/27 |
| Case Management PPS | 2/28 |

*Please join us in our Teleconferences .
For further information regarding these seminars, please contact the Seminar Department at: 800-275-6252 ext. 233 or register at: www.polaris-group.com*



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