



An Informational Bulletin Brought To You By Polaris Group

Flu Season is Right Around the Corner!

Information to help you prepare:

Federal Guidelines Encourage Employers to Plan Now for Upcoming Influenza

Recommendations Range from Encouraging Hand Washing to Allowing Some Employees to Stay Home

Department of Commerce (DOC) Secretary Gary Locke, Department of Health and Human Services (HHS) Secretary Kathleen Sebelius, and Homeland Security (DHS) Secretary Janet Napolitano announced new guidance for businesses to plan for and respond to the upcoming flu season.

The guidance, released by the Centers for Disease Control and Prevention (CDC), is designed to help employers prepare now for the impact that seasonal and 2009 H1N1 influenza could have this fall and winter on their employee and operations.

Employers' plans should address such points as encouraging employees with flu-like symptoms or illness to stay home, operating with reduced staffing, and possibly having employees who are at higher risk of serious medical complications from infection work from home, according to the CDC guidance.

It is not known whether the 2009 H1N1 influenza virus will cause more illness or more severe illness in the coming months, but the CDC recommends that everyone be prepared for influenza. Because seasonal and 2009 H1N1 influenza pose serious health threats, employers should work with employees to develop and implement plans that can reduce the spread of flu, and to encourage seasonal flu vaccination as well as H1N1 vaccination when that vaccine becomes available. For more information, visit <http://www.flu.gov>.

Billing for the Administration of Influenza Vaccine

Medicare Part B provides coverage for the seasonal influenza virus vaccine and its administration as part of its preventive immunization services. The Part B deductible and co-insurance do not apply for the seasonal influenza virus vaccine and its administration. Typically, the seasonal influenza vaccine is administered once a year in the fall or winter. Additional influenza vaccines (i.e., the number of doses of a vaccine and/or the type of influenza vaccine) are covered by Medicare when deemed to be a medical necessity. The influenza A (H1N1) virus has been identified as an additional type of influenza. The H1N1 virus vaccine will be provided to Medicare Part B beneficiaries as an additional preventive immunization service. Medicare will pay for the administration of the H1N1 vaccine.

The Center for Medicare & Medicaid Services (CMS) has created two new CPCS codes for H1N1, effective for dates of service on and after September 1, 2009:

- G9141 – Influenza A (H1N1) immunization administration (includes the physician counseling the patient/family).
- G9142 – Influenza A (H1N1) vaccine, any route of administration.

Payment for G9141 (Influenza A H1N1) immunization administration, will be paid at the same rate established for G0008 (Administration of influenza virus vaccine). H1N1 administration claims will be processed using the diagnosis V04.81 (influenza), and depending on the provider type, using revenue code 771. The same billing



rules apply to the H1N1 virus vaccine as the seasonal influenza virus vaccine with one exception. **Since the H1N1 vaccine will be made available at no cost to providers, Medicare will not pay providers for the vaccine. Providers do not need to place the G9142 (H1N1 vaccine code) on the claim.** However, if the G9142 appears on the claim, only the claim line will be denied.

If you have any questions, please contact your FL, Medicare carrier, or A/B MAC at their toll free number, which may be found on the CMS website at:

<http://www.cms.hhs.gov/MLNProducts/downloads/CallCenterTollNumDirector.zip>

Facts to Know and Share:

What is H1N1 (swine) flu?

Novel H1N1 (referred to as “swine flu”) is a new influenza virus causing illness in people. This virus was first detected in people in the United States in April 2009. This virus is spreading from person-to-person worldwide, probably in much the same way that regular seasonal influenza viruses spread. On June 11, 2009, the World Health Organization (WHO) signaled that a pandemic of novel H1N1 flu was underway.

What are the signs and symptoms of H1N1(swine) flu in people?

The symptoms of H1N1 (swine) flu in people are similar to the symptoms of regular human flu and include fever, cough, sore throat, body aches, headache, chills and fatigue. Some people have reported diarrhea and vomiting associated with H1N1 (swine) flu. In the past, severe illness (pneumonia and respiratory failure) and deaths have been reported with H1N1 (swine) flu infection in people. Like seasonal flu, H1N1 (swine) flu may cause a worsening of underlying chronic medical conditions.

What ways can we prevent the spread of the flu?

All Americans share in the responsibility to plan for this fall’s flu season. Given the unique combination of regular seasonal flu, as well as the H1N1 virus, it’s important for everyone to take action to reduce the spread of the flu. American families and businesses should prepare their own household and business plans and think through the steps they will need to take if a family member or a co-worker contracts the flu. Here are some everyday actions that you and your family can take to stay healthy.

- Stay home if you get sick
- Cover your nose and mouth with a tissue
- Wash your hands often with soap and water
- Avoid touching your eyes, nose or mouth. Germs spread that way.

For more information, go to www.flu.gov

Skilled Nursing Facility (SNF) Provider Enrollment Revalidation

Effective Date: October 23, 2009

Implementation Date: October 23, 2009

The Centers for Medicare & Medicaid Services will begin a limited provider revalidation effort in fiscal year (FY) 2009. This revalidation effort will focus on the top 50 skilled nursing facility (SNF) billers within each State for each contractor’s identification number.

Consistent with the Federal Regulations found at 42 CFR 424.515 and Pub. 100-08, Medicare Program Integrity Manual, chapter 10, section 9, providers are required to revalidate their enrollment information every 5 years.

To read the entire article, please visit our website at:

<http://www.polaris-group.com/news.asp>

RAC Reviews

CMS Update - CMS is often asked about the phase-in strategy for RAC reviews. CMS has implemented a phase in strategy by review type.



CMS has not put a phase in strategy in place by provider type. All provider types are available for RAC review once provider outreach has occurred in the state. Any reviews completed by the RAC must have been first approved by CMS and posted to the RAC websites. CMS is often asked about other claim types that may be affected by a full inpatient denial and if the RACs will deny other claim types associated with the inpatient stay, such as physician evaluation and management services. At this time the RAC will not automatically deny claims that are associated with a full inpatient denial. However, these claims may be reviewed individually and there may be a need to fully/partially adjust the claim based on the documentation submitted.

Ambulance Transportation for SNF Residents

The OIG has issued a report on "Payments for Ambulance Transportation Provided to Beneficiaries in Skilled Nursing Stays Covered Under Medicare Part A in Calendar Year 2006." The OIG concluded that ambulance suppliers did not always comply with skilled nursing facility (SNF) consolidated billing requirements in calendar year 2006, resulting in an estimated \$12.7 million in potential overpayments. The OIG recommends that CMS recover the overpayments, provide additional guidance for ambulance suppliers and SNF's, and either establish additional claims edits or post-payments reviews to prevent and detect overpayments. CMS concurred with the recommendations.

Q & A

"Where No Question Goes Unanswered!"

Q: Are Nurse Practitioners allowed to sign a delayed physician certification for Part A?
 A: The CMS guidelines do not exclude the NP signing delayed certifications.

TELECONFERENCE TRAININGS

Polaris Group is pleased to offer the following
CEU approved live teleconferences

<u>Topic</u>	<u>Date</u>
RAC Audits: Do's and Don'ts!	9/24
Managed Risk Event Management	10/14
Case Management	10/14
F 309	10/15
Master ADL Coding	10/15
Navigating SNF PPS 2010/2100	10/22
ICD Coding Part 1	10/23
QIS Survey	10/28
MDS 3.0	10/29
ICD Coding Part II	10/30
<u>Medicare Billing Part A & B</u>	
Part I: Billing Cycle	9/15
Part II: UB04	9/22
Part III: The "In's and Out's"	9/29
Part IV: Consolidated Billing	10/8

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Contributors:
 Victor Kintz, MBA, CHC, LNHA, RAC-CT, CCA
 Marty Pachciarz, RN, RAC-CT
 Deborah Moss, RN, MHS, RAC-CT
 Susan Dickson, RN, RAC-CT

Editor:
 Chuck Cave, BS, CHC

Production Manager:
 Cindy Hernandez

For more information, please contact your Polaris Group representative.