



MARTIN HEALTH SYSTEM

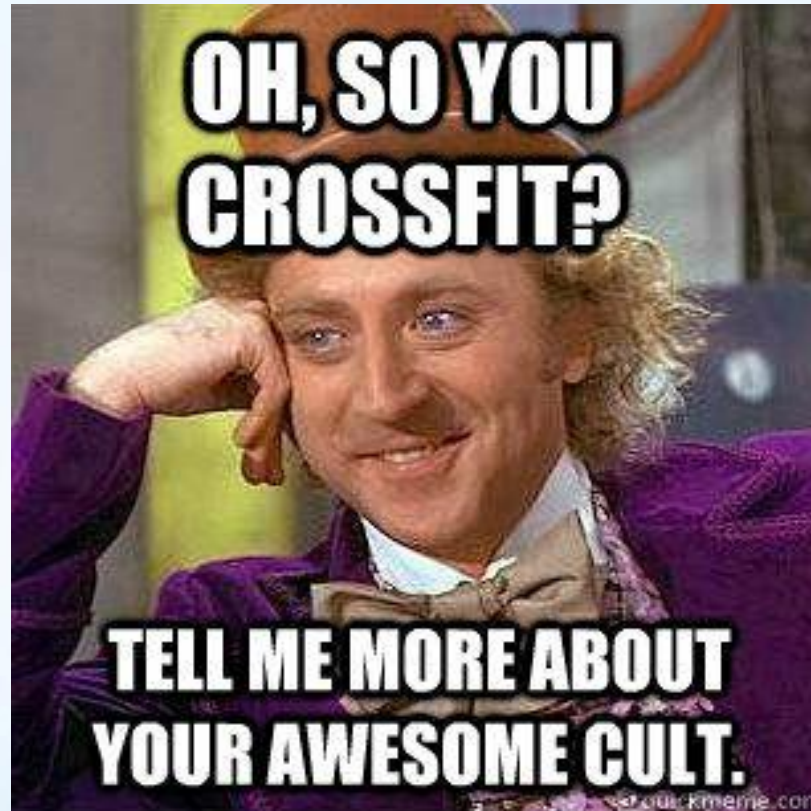


# PFS Black Holes

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- Martin Health System is a 3-hospital healthcare integrated delivery system over 2 counties on the Treasure Coast.
  - Gross Revenue – 2.5B
  - Inpatient Beds - 414
    - Days in AR – 40
  - Aged > 90 – 15.9%



- Are you sure you are as good as you THINK you are?



# So How Do You Know What You Don't Know???

- Glued to your metrics
- Super Fabulous Department of Analysts - \$\$
- AAHAM Meetings!
- Chance



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**Time to Freak Out**

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# Sharing = Caring

- Implant Rev Codes
- Flu Vaccine Billing
- SAD's
- Signed Orders
- Free/Replaced Implants
- Pacer vs Defibrillators
- Inpatient Factors
- Kcentra
- New Technology Adds
- Missing Drugs
- Charges from Charge Entry – manual
- System Configurations



# Inpatient Factors

- All hemophiliacs get their factor's paid separately from a DRG when administered as an inpatient. (IP Claim Processing Manual 20.7.3)
  - 0636 Rev Code: J7189, J7190, J7186, J7187, J7191, J7192 J7185, J7198, J7194, J7195, J7193, J7183, J7180, J7191, etc
  - Paid under Part B Drug Pricing File (ASP + 6%)
  - Must have a hemophilia ICD 10 dx code in D66-D68 range

# Kcentra - Blood Clotting Factor

- New Tech add on code for inpatient
- Total costs of the entire stay must exceed the DRG
- Payment capped at \$1,587.50
- Report by coding procedure code 30283B1 on the inpatient claim
- HCPCS C9132 for outpatient. No HCPCS required for inpatient
- Patient CAN NOT have a Hemophilia diagnosis

# IPPS 2017 Status of current New Technology Add-ons

- Discontinuing Kcentra
- Discontinuing Argus II retinal system
- Discontinuing MitraClip
- Discontinuing RNS
- CardioMems – heart failure technology. Max add-on is \$8875



- Lutonix and In.Pact Admiral– percutaneous transluminal angioplasty covered stents. Max add-on is \$1,035.72
- Blincyto – Rare Bone marrow cancer treatment. Max add-on is \$27,017.85

# New Technology for IPPS 2017

- Magec Spinal Bracing Distraction System – max add on of \$15,750
- Idarucizumab – anticoagulant reversal – max add on of \$1,750
- Defitelio® (Defibrotide) - hepatic veno-occlusive disease – max add on of \$75,900



- GORE IBE – endovascular device – max add on \$5,250
- Vistogard™ (Uridine Triacetate) – reversal of 5-FU toxicity – max add on \$37,500



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Missing a single use of one of  
these could pay an FTE for a  
year!

# Did your current “build” crumble?

- Flu Vaccine separate billing for inpatients
- Client Bills not being followed up?
- Guarantors not set up for statements but exist in your system (for Epic this would be guarantor types)
- Self Pay balances never turning over to collections



# More build....

- Remittance codes changing for payers
  - Did you know that Medicare will use **CO97** (payment included in other service) to completely deny inpatient claims? What actions are linked to that remit code?
  - Same code is used for lines in the outpatient side like labs and xrays in the ER
  - Can your system tell the difference?

# More build.....

- Accounts that went to zero
  - Do you monitor at least weekly?
    - Balance = 0
    - Adjustments = Total Charges
    - Adjustment codes do not include charity, administrative, authorization, other manual adjustments, etc.

# Missing Drugs

- Run a query for admin rev codes with missing or low charge pharmacy codes
  - Admin: 260, 335, 761
  - Pharmacy: 636

# Implant Rev Codes – 278

- Verify your implants are going to 278 and not to 272
- Run a query for 272 rev code transactions and just double check charges of a certain threshold
- Matters for Work Comp and any payer contracts with carve outs for implants

# Pacemaker vs Defibrillator

- Outpatient should be okay as long as you are using CPT to device edits for all payers
- What about Inpatient?

APCs 5222-5231 with range of payment from \$6696 - \$21,930

Inpatient DRG \$12k vs \$30k

# Pacemaker vs Defib...cont

- Ways to find them:
  - Get a patient list from your cath lab or OR for Defibrillator patients and then pull those for APC and DRG assignments
  - Pull your 275 rev code hcpcs codes and compare to the coded CPT and/or DRGs

# Speaking of Devices....

- Free and Replaced Devices
  - Have you audited your process lately to ensure that YOU are told when materials receives credits?
  - BIG deal for Compliance

# Device Replacement cont....

For Devices whose cost is discounted by at least 50% and the APC is a device intensive APC – Table 42 of the final rule

- Add Value Code FD with the free cost
- Add Condition Codes – 49, 50, 53





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So, when you get the cash....



# Now, what can YOU do for ME?

- Inpatient Only procedures – ugh!!!
  - How to identify before
  - Bigger problem – actual surgery becomes inp only?

# Open Discussion

Thank You

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