

CMS Implementation of Condition Codes

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As you are probably aware, the Centers for Medicare and Medicaid Services (CMS) indicated the implementation of condition codes effective January 3, 2005. Any of you who attended the AAA sponsored teleconference are also aware the impact his change will have on your operation. Although we have not heard of any local carriers currently requiring these changes, our RescueNet Billing program can readily adapt to the use of condition codes. A number of our clients have requested we detail what system accommodations need to be made. Please review the following instructions.

1. In the Administrative “Complaint” folder you will need to add each of the condition codes that have been “crosswalked” to ICD-9 codes. It is most useful to add the exact description supplied by Medicare and the “crosswalked” ICD-9 code as the speed code.
2. To assist the dispatch (for those of our clients using our RescueNet Dispatch program) and billing staff, you can elect to use the policy section of this Complaint file to describe if this condition code is related to ALS Emergency, BLS Emergency, etc. Keep in mind both an ALS and BLS condition code may be necessary if the dispatch condition differs from the transport condition
3. If any of the 7 modifiers are applicable, this 2 digit field must be added in Supplemental Tab 8, as a “Special Modifier”. This modifier will be added to all charges as an addition to the pick-up and drop-off modifiers.

When CMS finalizes all the codes and modifiers, Zoll Data Systems will review the feasibility of adding the modifiers in the Supplemental Tab and allowing them to only be used on a Medicare payer.

It is important to remember that the condition code you select will not change if you need to change the primary payer from Medicare to a commercial or other type of payer, unless you use the payer override functionality in the “Complaint” folder. You need to ascertain if insurers other than Medicare will accept the “crosswalked” ICD-9 code, as they may be too generic. Additionally, you will have to remove the Special Modifier added in the Supplemental Tab 8 if that modifier is not accepted once the payer changes from Medicare.

From all the information we have received, it is quite possible your local carrier is not going to implement condition codes in the short-term. The above information is only applicable if you local carrier advises you condition codes are now required.

Please review the policy in place with your Medicare carrier and advise us if there are any questions.