CMS Manual System	**Department of Health & Human Services (DHHS)**
Pub 100-20 One-Time Notification	**Centers for Medicare & Medicaid Services (CMS)**
Transmittal 11191	**Date: January 20, 2022**
	Change Request 12540

SUBJECT: New Occurrence Span Code and Revenue Code for Acute Hospital Care at Home

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to implement a mechanism for identifying and tracking inpatient claims submitted for beneficiaries receiving acute Hospital care services at home. Hospital-at-Home programs enable patients to receive certain acute, in-patient care from their home rather than within a hospital. Currently, there is no delineated method of submitting a Hospital-at-Home institutional claim.

The National Uniform Billing Committee (NUBC) has approved the following codes effective for claims received on or after July 1, 2022:

New Occurrence Span Code:

82: Hospital at Home Care Dates

Definition: The from/through dates of a period of hospital at home care provided during an inpatient hospital stay

New Room and Board (R&B) Revenue Code Subcategory:

0161: Hospital at Home, R&B/Hospital at Home

EFFECTIVE DATE: July 1, 2022 - For claims received on or after July 1, 2022.
**Unless otherwise specified, the effective date is the date of service.*
IMPLEMENTATION DATE: July 5, 2022

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)
R=REVISED, N=NEW, D=DELETED-*Only One Per Row.*

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
N/A	N/A

III. FUNDING:
For Medicare Administrative Contractors (MACs):
The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically

authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

IV. ATTACHMENTS:

One Time Notification

Attachment - One-Time Notification

Pub. 100-20	Transmittal: 11191	Date: January 20, 2022	Change Request: 12540

SUBJECT: New Occurrence Span Code and Revenue Code for Acute Hospital Care at Home

EFFECTIVE DATE: July 1, 2022 - For claims received on or after July 1, 2022.
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I. GENERAL INFORMATION

A. Background: In response to the Novel Coronavirus Disease 2019 (COVID-19) Public Health Emergency (PHE), the Centers for Medicare & Medicaid Services (CMS) announced the Hospitals Without Walls program in March 2020, which provides broad regulatory flexibility that allowed hospitals to provide services in locations beyond their existing walls. Expanding upon this effort, CMS announced on November 25, 2020 the initiation of an innovative Acute Hospital Care At Home program, providing eligible hospitals with unprecedented regulatory flexibilities to treat eligible patients in their homes. This program was developed to support models of at-home hospital care throughout the country that have seen prior success in several leading hospital institutions and networks, and reported in academic journals, including a major study funded by a Healthcare Innovation Award from the Center for Medicare and Medicaid Innovation (CMMI). Under these provisions, CMS is accepting waiver requests to waive §482.23(b) and (b)(1) of the Hospital Conditions of Participation, which require nursing services to be provided on premises 24 hours a day, 7 days a week and the immediate availability of a registered nurse for care of any patient.

Participating hospitals will be required to have appropriate screening protocols before care at home begins to assess both medical and non-medical factors, including working utilities, assessment of physical barriers and screenings for domestic violence concerns. Beneficiaries will only be admitted from emergency departments and inpatient hospital beds, and an in-person physician evaluation is required prior to starting care at home. A registered nurse will evaluate each patient once daily either in person or remotely, and two in-person visits will occur daily by either registered nurses or mobile integrated health paramedics, based on the patient's nursing plan and hospital policies.

CMS anticipates patients may value the ability to spend time with family and caregivers at home without the visitation restrictions that exist in traditional hospital settings. Additionally, patients and their families not diagnosed with COVID-19 may prefer to receive care in their homes if local hospitals are seeing a larger number of patients with COVID-19. It is the patient's choice to receive these services in the home or the traditional hospital setting and patients who do not wish to receive them in the home will not be required to do so.

The program clearly differentiates the delivery of acute hospital care at home from more traditional home health services. While home health care provides important skilled nursing and other skilled care services, Acute Hospital Care at Home is for beneficiaries who require acute inpatient admission to a hospital and who require at least daily rounding by a physician and a medical team monitoring their care needs on an ongoing basis.

To support these efforts, CMS has launched an online portal https://qualitynet.cms.gov/acute-hospital-care-at-home to streamline the waiver request process and allow hospitals and healthcare systems to submit the necessary information to ensure they meet the program's criteria to participate. CMS will also closely monitor the program to safeguard beneficiaries by requiring hospitals to report quality and safety data to CMS on a frequency that is based on their prior experience with the Hospital At Home model.

B. Policy: This CR implements no new policy. In order to identify and track inpatient claims submitted for Acute Hospital Care at Home, the National Uniform Billing Committee (NUBC) has approved the

following codes effective for claims received on or after July 1, 2022:

Revenue Code 0161: Hospital at Home, R&B/Hospital at Home.

Occurrence Span Code 82: Hospital at Home Care Dates.

II. BUSINESS REQUIREMENTS TABLE

"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.

Number	Requirement	Responsibility								
		A/B MAC			DME	Shared-System Maintainers				Other
		A	B	HHH	MAC	FISS	MCS	VMS	CWF	
12540.1	Medicare contractors shall recognize and accept new Occurrence Span Code 82, to identify the from/through dates of a period of hospital at home care provided during an inpatient hospital stay. 82= Hospital at Home Care Dates.	X								
12540.1.1	Medicare contractors shall update the NUBC Code Table Screen to add Occurrence Span Code 82 as indicated in Attachment A- NUBC Code Table.	X								
12540.2	Medicare contractors shall recognize and accept new Revenue Code 0161, to report accommodation charges associated with Room and Board for Hospital at Home care. 0161= Hospital at Home, R&B/Hospital at Home	X				X				
12540.2.1	Medicare contractors shall update the Revenue Code Table Screen to ensure Revenue Code 0161 is billable for 11X claims, effective for claims received on or after July 1, 2022. The revenue code table information is as follows:	X		X						

Number	Requirement	Responsibility								
		A/B MAC			DME	Shared-System Maintainers				Other
		A	B	HHH	MAC	FISS	MCS	VMS	CWF	
	• Effective Date equals "070122" • Indicator equals "R" (Claim receipt date) • Type of Bill (TOB) equals “Y” for 11X, and equals “N” for all other bill types • Unit is "days" (one unit equals one day) equals "Y" • Healthcare Common Procedure Coding System (HCPCS) equals "N" • Rate equals "N" • National Drug Code (NDC) equals "N" • Override (OVR) equals "0" (zero)									
12540.2.2	The SSM shall modify edits to include revenue code 0161 in the current validation of accommodation days that must be equal to covered days, and the validation of days reported in utilization value code amounts.					X				
12540.3	The Shared System Maintainer (SSM) shall create a new claim level reason code to assign as follows: When the 11X claim reports Revenue Code 0161, the claim must also contain the following: • Occurrence Span Code 82 is present, and • Total number of units reported under Revenue Code 0161 is equal to the total number of days					X				

Number	Requirement	Responsibility								
		A/B MAC			DME	Shared-System Maintainers				Other
		A	B	HHH	MAC	FISS	MCS	VMS	CWF	
	reported under Occurrence Span Code 82. Or, when the 11X claim reports Occurrence Span Code 82, the claim must also contain the following: • Revenue Code 0161 is present, and • Total number of units is equal to the total number of days reported under Occurrence Span Code 82. Note: Occurrence Span Code 82 may be reported multiple times on the claim.									
12540.3.1	The SSM shall count all days reported in the Occurrence Span Code 82 date range. When the last day reported in the Occurrence Span Code 82 through date is the same as the discharge date, the date should not be counted for utilization. Example: Occurrence Span Code 82 days = 11/4/2021 through 11/7/2021. Count 4 days of hospital at home care. If the Occurrence Span Code code through date is the same as the discharge date, count 3 days of hospital at home care unless the patient returns or is readmitted before midnight on the same day to the same acute care PPS hospital, for symptoms related to, or for					X				

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	evaluation and management of, the prior stay's medical condition. (The original and subsequent stay is adjusted as one bill).									
12540.3.2	The Medicare contractors shall ensure the new reason code is set to Return to Provider (RTP).	X								
12540.4	The Medicare contractors shall allow for the accepted codes in business requirement 12540.1 and business requirement 12540.2 to be crossed over for coordination of benefits purposes and ensure the data flows to the downstream systems.									BCRC, IDR, MedPar, NCH
12540.5	Medicare contractors shall ensure revenue code 0161 R&B accommodation days and charges flow to the Provider Statistical and Reimbursement (PS&R) Report.					X				PS&R

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			DME MAC	CEDI
		A	B	HHH		
12540.6	Medicare Learning Network® (MLN): CMS will market provider education content through the MLN Connects® newsletter shortly after CMS releases the CR. MACs shall follow IOM Pub. No. 100-09 Chapter 6, Section 50.2.4.1 instructions for distributing the MLN Connects newsletter information to providers and link to relevant information on your website. You may supplement MLN content with your local information after we release the MLN Connects newsletter. Subscribe to the "MLN Connects" listserv to get	X				

Number	Requirement	Responsibility				
		A/B MAC			DME MAC	CEDI
		A	B	HHH		
	MLN content notifications. You don't need to separately track and report MLN content releases when you distribute MLN Connects newsletter content per the manual section referenced above.					

IV. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements: N/A

"Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:

Section B: All other recommendations and supporting information: N/A

V. CONTACTS

Pre-Implementation Contact(s): Yvette Rivas, yvette.rivas@cms.hhs.gov

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR).

VI. FUNDING

Section A: For Medicare Administrative Contractors (MACs):
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ATTACHMENTS: 1

Attachment A-NUBC Code Table

Record Type	Code	Effective Date	Termination date	Date Type Field	Payer Only Code	CWF	Narrative
S	82	07/01/2022		R	N	Y	The from/through dates of a period of hospital at home care provided during an inpatient hospital stay.