



News Flash – As stated in the Centers for Medicare & Medicaid Services (CMS) provider listserv messages that were sent last fall concerning Change Requests (CRs) 6417 and 6421, CMS has made available a file that contains the National Provider Identifier (NPI) and the name (last name, first name) of all physicians and non-physician practitioners who are of a type/specialty that is eligible to order and refer in the Medicare program and who have current enrollment records in Medicare (i.e., they have enrollment records in Medicare’s systems that contain an NPI). This file is downloadable by going to the Medicare provider/supplier enrollment website at <http://www.cms.hhs.gov/MedicareProviderSupEnroll> and clicking on “Ordering/Referring Report” on the left-hand side.

MLN Matters® Number: MM6777 **Revised**

Related Change Request (CR) #: 6777

Related CR Release Date: April 15, 2010

Effective Date: October 1, 2002

Related CR Transmittal #: R1946CP

Implementation Date: October 4, 2010

Billing and Processing Claims with Unlimited Occurrence Span Codes (OSCs)

Note: This article was revised on April 16, 2010, to reflect the revised CR 6777 that was issued on April 15, 2010. The article was revised to reflect a revised CR release date, transmittal number (see above), and a revised Web address for accessing CR 6777. All other information remains the same.

Provider Types Affected

This article is for Long Term Care Hospitals (LTCH), Inpatient Psychiatric Facilities (IPF), and Inpatient Rehabilitation Facilities (IRF) paid under their respective Prospective Payment Systems (PPSs) and submitting claims to Medicare contractors (Fiscal Intermediaries (FIs) and/or Part A/B Medicare Administrative Contractors (A/B MACs)) for services provided to Medicare beneficiaries.

Provider Action Needed

This article is based on Change Request (CR) 6777 which provides claims processing and billing instructions that allow claims to be billed as if no OSC limitation exists on the claim. Be certain your billing staffs are aware of these Medicare changes.

Disclaimer

This article was prepared as a service to the public and is not intended to grant rights or impose obligations. This article may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations and other interpretive materials for a full and accurate statement of their contents.

Key Points of CR6777

- For claims that have been manually processed due to the fact the number of OSC periods exceeded the limitation of ten, Medicare FIs and MACs will work directly with hospitals to ensure such claims are appropriately processed.
- Additional payment will not be made for claims that were already paid manually.
- Medicare contractors will override timely filing for such claims.

Background

Special Billing Procedures When more than Ten Occurrence Span Codes (OSCs) Apply to a Single Stay

LTCH, IPF, and IRF PPSs require a single claim to be billed for an entire stay. Interim claims may be submitted to continually adjust all prior submitted claims for the stay until the beneficiary is discharged. In some instances, significantly long stays having numerous OSCs may exceed the amount of OSCs allowed to be billed on a claim.

When a provider paid under the LTCH, IPF or IRF PPSs encounters a situation in which ten or more OSCs are to be billed on the CMS-1450 or electronic equivalent, the provider must bill for the entire stay up to the Through date of the 10th OSC for the stay (the Through date for the Statement Covers Period equals the Through date of the tenth OSC). As the stay continues, the provider must only bill the 11th through the 20th OSC for the stay, if applicable. Once the twentieth OSC is applied to the claim, the provider must only bill the 21st through the 30th OSC for the stay, if applicable. Medicare's systems (the Fiscal Intermediary Shared System (FISS)) retain the history of all OSCs billed for the stay to ensure proper processing (i.e., as if no OSC limitation exists on the claim).

An illustration of the billing procedure can be found in the official instruction for CR 6777 at the Web address provided below.

Additional Information

If you have questions, please contact your Medicare MAC or FI at their toll-free number which may be found at <http://www.cms.gov/MLNProducts/downloads/CallCenterTollNumDirectory.zip> on the CMS website. The official instruction, CR6777, issued to your Medicare MAC or FI regarding this change may be viewed at <http://www.cms.gov/Transmittals/downloads/R1946CP.pdf> on the CMS

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website. A detailed set of billing scenarios is presented within CR 6777 to show how to bill for stays where more than 10 OSCs occur.

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