



News Flash – The revised Hospital Outpatient Prospective Payment System Fact Sheet (January 2010), which provides general information about the Hospital Outpatient Prospective Payment System, ambulatory payment classifications, and how payment rates are set, is now available in downloadable format from the Centers for Medicare & Medicaid Services (CMS) Medicare Learning Network at <http://www.cms.hhs.gov/MLNProducts/downloads/HospitalOutpaysysfctsht.pdf> on the CMS website.

MLN Matters® Number: MM6784

Related Change Request (CR) #: 6784

Related CR Release Date: February 26, 2010

Effective Date: July 1, 2010

Related CR Transmittal #: R6440TN

Implementation Date: July 6, 2010

Accumulation of Claims with Condition Code 04 on the Provider Statistical and Reimbursement Report (PS and R)

Provider Types Affected

Inpatient Prospective Payment System (PPS) hospitals, inpatient rehabilitation PPS hospitals, and PPS LTCHs that submit informational claims for Indirect Medical Education (IME)/Graduate Medical Education (GME)/Nursing and Allied Health to Medicare Fiscal Intermediaries (FI) or Medicare Administrative Contractors (A/B MACs) are affected by this change.

What You Need to Know

CR 6784, from which this article is taken, announces that (effective for discharges on or after July 1, 2010) all hospital informational-only claims that you submit with Condition Code 04 (informational only bill) will begin to accumulate on the Provider Statistical and Reimbursement Report (PS & R) report type 118 (Inpatient – Part A Managed Care), which summarizes services billed under Part A for Medicare managed care patients in order to receive reimbursement for GME and IME. You should make sure that your billing staffs are aware of this change.

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.

Background

Currently, claims that you submit for IME, GME and Nursing and Allied Health with both Condition Codes (CC) 04 (information only bill) and CC 69 are sent to the Provider Statistical and Reimbursement System (PS and R), report type 118.

With the recently released CRs that address capturing days for Supplemental Security Income purposes: 1) CR 5647 -- *Capturing Days on Which Medicare Beneficiaries are Entitled to Medicare Advantage (MA) in the Medicare/Supplemental Security Income (SSI) Fraction*, released on July 20, 2007 (found at <http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM5647.pdf> on the Centers for Medicare & Medicaid Services (CMS) website); and 2) CR 6329 -- *Providers Submitting Information Regarding Medicare Beneficiaries Entitled to Medicare Advantage (MA) for Fiscal Year (FY) 2006 for the Medicare/Supplemental Security Income (SSI)*, released on March 6, 2009 (found at <http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM6329.pdf> on the CMS website), it became necessary to also capture Condition Code 04-only claims in the PS and R, so that the data will be available to both providers and Medicare contractors.

Therefore, CR 6784, from which this article is taken, announces that effective for discharges on or after July 1, 2010, all hospital informational-only claims that you submit with Condition Code 04 will also begin to accumulate on the PS & R report type 118.

Additional Information

The official instruction issued to your FI or MAC is at <http://www.cms.hhs.gov/transmittals/downloads/R644OTN.pdf> on the CMS website.

If you have any questions, please contact your FI or MAC at their toll-free number, which may be found at <http://www.cms.hhs.gov/MLNProducts/downloads/CallCenterTollNumDirectory.zip> on CMS website.

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