CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 1038	Date: January 27, 2012
	Change Request 7690

SUBJECT: Updates to Editing of Patient Discharge Status Codes on Hospice Claims

I. SUMMARY OF CHANGES: This Change Request updates Medicare system edits regarding patient discharge status codes on hospice claims to conform to current CMS policies and current NUBC coding.

EFFECTIVE DATE: July 1, 2012
IMPLEMENTATION DATE: July 2, 2012

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	

III. FUNDING:
For Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs) and/or Carriers:
No additional funding will be provided by CMS; Contractor activities are to be carried out within their operating budgets.

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

Unless otherwise specified, the effective date is the date of service.

Attachment – One Time Notification

Pub. 100-20	Transmittal: 1038	Date: January 27, 2012	Change Request: 7690

SUBJECT: Updates to Editing of Patient Discharge Status Codes on Hospice Claims

Effective Date: July 1, 2012

Implementation Date: July 2, 2012

I.   GENERAL INFORMATION

A.   Background: Change Request (CR) 7473, Transmittal 2258, implemented changes to the processing of hospice discharge claims effective January 1, 2012. In the course of implementing that CR, Medicare contractors brought to CMS' attention several system edits in the Fiscal Intermediary Shared System (FISS) which apply to patient discharge status codes on hospice claims. A review of these edits determined they are enforcing outdated requirements or have not been updated to reflect changes in the UB-04 code set maintained by the National Uniform Billing Committee (NUBC). The requirements in this CR update these edits to conform to current CMS policies and current NUBC coding.

B.   Policy: This CR contains no new policy.

II.   BUSINESS REQUIREMENTS TABLE

Number	Requirement	A / B MAC	D M E MAC	F I	C A R R I E R	R H H I	FISS	MCS	VMS	CWF	OTHER
							Shared-System Maintainers				
7690.1	Medicare contractors shall require that, if a hospice claim (type of bill 81X or 82X) reports occurrence code 42, then the patient discharge status code must represent that the beneficiary was discharged from hospice care alive.	X				X	X				
7690.1.1	Medicare contractors shall return to the provider any hospice claim that reports occurrence code 42 and reports a patient discharge status code 30, 40, 41, 42, 50 or 51.	X				X	X				
7690.2	Medicare contractors shall not accept a patient discharge status code indicating the beneficiary expired outside hospice on a hospice claim (type of bill 81X or 82X).	X				X	X				
7690.2.1	Medicare contractors shall return to the provider any hospice claim reporting patient discharge status code 20.	X				X	X				
7690.3	Medicare contractors shall not enforce any requirements regarding patient discharge status codes not specified in this CR.	X				X	X				

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A/B MAC	DME MAC	FI	CARRIER	RHHI	Shared-System Maintainers				OTHER
							FISS	MCS	VMS	CWF	
	None.										

IV. SUPPORTING INFORMATION

Section A: For any recommendations and supporting information associated with listed requirements, use the box below:

X-Ref Requirement Number	Recommendations or other supporting information:
7690.1	This requirement revises current FISS reason code 31418.
7690.2	This requirement revises current FISS reason code 31566.
7690.3	This requirement disables current FISS reason code 12102.

Section B: For all other recommendations and supporting information, use this space: N/A

V. CONTACTS

Pre-Implementation Contact(s): Wil Gehne, 410-786-6148, wilfried.gehne@cms.hhs.gov , Wendy Tucker, 410-786-3004, wendy.tucker@cms.hhs.gov

Post-Implementation Contact(s): Contact your Contracting Officer's Technical Representative (COTR) or Contractor Manager, as applicable.

VI. FUNDING

Section A: For *Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs),* **and/or** *Carriers***:**

No additional funding will be provided by CMS; contractor activities are to be carried out within their operating budgets.

Section B: *For Medicare Administrative Contractors (MACs)*, **include the following statement:**

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.