



Related MLN Matters Article #: MM3389

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Related CR #: 3389

Revision of Common Working File (CWF) Editing for Same-Day, Same-Provider Acute Care Readmissions

Keywords

MM3389, CR3389, R266CP, Common Working file, CWF, Acute Care Readmissions, Same-Day, Same-Provider

Provider Types Affected

Inpatient Hospitals

Key Points

- The effective date for of the instruction is January 1, 2004.
- The implementation date is January 3, 2005.
- When a patient is discharged/transferred from an acute care Prospective Payment System (PPS) hospital and is readmitted to the same acute care PPS hospital on the same day for symptoms related to, or for evaluation and management of, the prior stay's medical condition, hospitals will adjust the original claim generated by the original stay by combining the original and subsequent stay onto a single claim.
- Services rendered by other institutional providers during a combined stay must be paid by the acute care PPS hospital, as per common Medicare practice.
- Hospitals should place condition code (CC) B4 on the readmitting claim for the subsequent readmission when a patient is discharged/transferred from an acute care PPS hospital and is readmitted to the same acute care PPS hospital on the same day for symptoms unrelated to, and/or not for evaluation and management of, the prior stay's medical condition.
- A Quality Improvement Organization may request hospitals to submit medical records pertaining to the readmission.
- Fiscal intermediaries (FIs) must receive claims with CC B4 by February 1, 2005, and claims with discharges before January 1, 2005, in order to apply interest.

- Non-PPS acute care hospitals (such as Maryland waiver hospitals) do not have to combine the readmission bill (if related to original admission) with the original bill if the stay spans a month. The original bill would have to be adjusted to change the patient status code to 30 (still a patient). Subsequent monthly bills for this admission would be billed as interim bills, 112,113, or 114.
- Hospitals with claims that were improperly rejected due to the previous edits (i.e. claims where the readmission was for an unrelated condition) can resubmit those claims with condition code of B4.

Important Links

The related MLN Matters article can be found at

<http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM3389.pdf> on the CMS website.

The official instruction (CR3389) regarding this change may be viewed at

<http://www.cms.gov/Transmittals/downloads/R266CP.pdf> on the CMS website.

If providers have any questions, they may contact their FI at their toll-free number, which may be found at

<http://www.cms.hhs.gov/MLNProducts/downloads/CallCenterTollNumDirectory.zip> on the CMS website.