

MLN Matters Number: MM4242

Related Change Request (CR) #: 4242

Related CR Release Date: February 2, 2006

Effective Date: October 1, 2005

Related CR Transmittal #: R829CP

Implementation Date: July 3, 2006

Modification of Roster Billing for Mass Immunizers Billing for Inpatient Part B Services (Type of Bills 12X and 22X)

Note: This article was updated on October 23, 2012, to reflect current Web addresses. All other information remains unchanged.

Provider Types Affected

Providers billing Medicare fiscal intermediaries (FIs) for mass immunization services

Provider Action Needed



STOP – Impact to You

This article is based on Change Request (CR) 4242, which replaces CR3735 (Transmittal 542, dated April 29, 2005).



CAUTION – What You Need to Know

CR3735 incorrectly instructed providers to include the discharge date on the roster billing for mass immunizers. CR4242 removes this requirement and adds instructions to report the following additional (HIPAA required) data elements on the roster when billing for inpatient Part B services (TOBs 12x and 22x) effective October 1, 2005: admission date, admission type, admission diagnosis, patient's status code, and admission source code.



GO – What You Need to Do

See the *Background* section of this article for further details regarding this change.

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Background

Change Request (CR) 4242 replaces CR3735 (Transmittal 542, dated April 29, 2005) and removes the requirement for reporting the discharge date on roster billing for mass immunizers billing for inpatient Part B services.

Because the current roster billing process for mass immunizers billing inpatient Part B services utilizing TOBs 12X (hospitals) and 22X (Skilled Nursing Facilities) does not require the reporting of additional data elements that are mandated by the Health Insurance Portability and Accountability Act (HIPAA), CR 4242:

- Updates the roster billing to include these HIPAA mandated data elements; and
- Instructs your FI to inform providers that mass immunize to report the following additional data elements on the roster when billing for inpatient Part B services (TOBs 12x and 22x) effective October 1, 2005:
 - Admission date
 - Admission type
 - Admission diagnosis
 - Patient's status code
 - Admission source code.

Additional Information

For complete details, please see the official instruction issued to your intermediary regarding this change. That instruction may be viewed at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R829CP.pdf> on the CMS website.

If you have any questions, please contact your intermediary at their toll-free number, which may be found at <http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/provider-compliance-interactive-map/index.html> on the CMS website.

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