



News Flash – If you are a Medicare Fee-For-Service physician, provider, or supplier submitting claims to Medicare for payment, this is very important information you need to know. Effective immediately, any Medicare Fee-For-Service claim with a date of service on or after Jan 1, 2010, must be received by your Medicare contractor no later than one calendar year (12 months) from the claim's date of service – or Medicare will deny the claim. For additional information, see MLN Matters® Articles MM6960 at <http://www.cms.gov/outreach-and-education/medicare-learning-network-mln/mlnmattersarticles/downloads/MM6960.pdf> and MM7080 at <http://www.cms.gov/outreach-and-education/medicare-learning-network-mln/mlnmattersarticles/downloads/MM7080.pdf> on the CMS website. You can also listen to a podcast on this subject by visiting http://www.cms.gov/CMSFeeds/02_listofpodcasts.asp on the same site.

MLN Matters® Number: MM7141

Related Change Request (CR) #: 7141

Related CR Release Date: November 12, 2010

Effective Date: October 1, 2010

Related CR Transmittal #: R8070TN

Implementation Date: April 4, 2011

Note: This article was updated on December 10, 2012, to reflect current Web addresses. All other information remains unchanged.

Expansion of Inpatient Prospective Payment System (IPPS) Transfer Policy to Include Critical Access Hospitals (CAHs) and Non-Participating Hospitals

Provider Types Affected

This article is for inpatient acute care prospective payment system hospitals that bill Medicare fiscal intermediaries (FIs) or Medicare Administrative Contractors (MACs) for services provided to Medicare beneficiaries.

Provider Action Needed

Effective October 1, 2010, the transfer regulations at 42 CFR 412.40(b) (see <http://edocket.access.gpo.gov/cfr/2004/octqtr/pdf/42cfr412.4.pdf> on the Internet) include transfers to Critical Access Hospitals (CAHs) and non-participating hospitals. Make sure your billing staff is aware of these 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.

Background

A discharge of an acute hospital inpatient is considered to be a transfer for purposes of payment if the discharge is made from the acute hospital to the care of another inpatient prospective payment system (IPPS) hospital. This policy is also in effect for patients who leave against medical advice, known as LAMAs. For patients who are admitted to another IPPS hospital on the same day they leave an IPPS hospital, the “transferring” hospital will be subject to the payment outlined by the transfer policy. Only IPPS hospitals are subject to this transfer policy prior to October 1, 2010.

Effective October 1, 2010, the transfer regulations at 42 CFR 412.4(b) include IPPS hospital transfers to a Critical Access Hospital (CAH) and a transfer to a non-participating hospital.

Additional Information

The official instruction, CR 7141 issued to your FI or MAC regarding this change may be viewed at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R8070TN.pdf> on the Centers for Medicare & Medicaid (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.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/provider-compliance-interactive-map/index.html> on the CMS website.

News Flash - Each Office Visit is an Opportunity. Medicare patients give many reasons for not getting their annual flu vaccination, but the fact is that there are 36,000 flu-related deaths in the United States each year, on average. More than 90% of these deaths occur in people 65 years of age and older. Please talk with your Medicare patients about the importance of getting their annual flu vaccination. This Medicare-covered preventive service will protect them for the entire flu season. And remember, vaccination is important for health care workers too, who may spread the flu to high risk patients. **Don't forget to immunize yourself and your staff. Protect your patients. Protect your family. Protect yourself. Get Your Flu Vaccine - Not the Flu.** Remember – Influenza vaccine plus its administration are covered Part B benefits. Note that influenza vaccine is NOT a Part D covered drug. For information about Medicare's coverage of the influenza vaccine and its administration, as well as related educational resources for health care professionals and their staff, please visit http://www.cms.gov/MLNProducts/Downloads/Flu_Products.pdf and <http://www.cms.gov/AdultImmunizations> on the CMS website.

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.