

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Centers for Medicare & Medicaid Services



NEW product from the Medicare Learning Network® (MLN)

- **"Medicare Billing: 837I and Form CMS-1450"** Web-based Training (WBT)

MLN Matters® Number: MM8820

Related Change Request (CR) #: CR 8820

Related CR Release Date: August 1, 2014

Effective Date: January 1, 2015

Related CR Transmittal #: R1412OTN

Implementation Date: January 5, 2015

## Modifying FISS Part B Claims Overlap Edits Related to CMS-1599-F

### Provider Types Affected

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This MLN Matters® Article is intended for hospitals submitting claims to Medicare Administrative Contractors (MACs) for services to Medicare beneficiaries.

### What You Need to Know

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Change Request (CR) 8820 directs MACs to use modified Fiscal Intermediary Shared System (FISS) overlap edits for outpatient Type of Bill (TOB) 013x overlapping an inpatient TOB 012x. Effective January 1, 2015, Medicare's FISS system will use modified Part B duplicate claims edit logic to bypass the duplicate claims edits of the TOB 013x and TOB 012x claims if the "Through" date of the TOB 013x is equal to the "From" date of the TOB 012x. Make sure your billing staffs are aware of these changes.

### Background

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When an inpatient admission is found to be not reasonable and necessary, hospitals may bill for the Part B inpatient services specified in the "Medicare Benefit Policy Manual," Chapter 6, Section 10, which is available at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c06.pdf> on the CMS website.

#### Disclaimer

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A hospital may also be paid for Part B inpatient services if it determines under Medicare's utilization review requirements that a beneficiary should have received hospital outpatient rather than hospital inpatient services, and the beneficiary has already been discharged from the hospital (commonly referred to as hospital self-audit). Hospitals may bill for the Part B inpatient services specified in the “Medicare Benefit Policy Manual,” Chapter 6, Section 10, which is available at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c06.pdf> on the CMS website.

When beneficiaries treated as hospital inpatients are either not entitled to Part A at all, or are entitled to Part A but have exhausted their Part A benefits, hospitals may only bill for the limited set of Part B inpatient services specified in the “Medicare Benefit Policy Manual,” Chapter 6, Section 10, which is available at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c06.pdf> on the CMS website.

## Additional Information

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The official instruction, CR8820, issued to your MAC regarding this change is available at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R1412OTN.pdf> on the CMS website.

If you have any questions, please contact your MAC at their toll-free number. That number is available at <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Net-work-MLN/MLNMattersArticles/index.html> under - How Does It Work.

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