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Related Change Request (CR) #: 3382

Related CR Release Date: August 3, 2004

Effective Date: January 1, 2005

Related CR Transmittal #: 270

Implementation Date: January 3, 2005

## Update to the Frequency of Billing

**Note:** This article was updated on April 5, 2013, to reflect current Web addresses. All other information remains unchanged.

### Provider Types Affected

Skilled Nursing Facilities (SNFs), hospitals considered to be Tax Equity and Fiscal Responsibility Act (TEFRA) hospitals, and hospitals paid under the Outpatient Prospective Payment System (OPPS)

### Provider Action Needed



#### STOP – Impact to You

Effective January 1, 2005, Medicare Fiscal Intermediaries (FIs) will accept inpatient bills monthly from SNFs and TEFRA hospitals. Medicare encourages these facilities to bill monthly. In addition, this article clarifies billing of outpatient services under the OPPS on the same day that a repetitive OPPS service is billed on a separate claim.



#### CAUTION – What You Need to Know

Medicare encourages these facilities to bill monthly. In addition, this article clarifies billing of outpatient services under the OPPS on the same day that a repetitive OPPS service is billed on a separate claim.



#### GO – What You Need to Do

Refer to the *Background* and *Additional Information* sections below for full details on this requirement and make sure that your billing staffs are aware of this change.

#### 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

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On October 1, 2003, The Centers for Medicare & Medicaid Services (CMS) implemented new edits. These edits forced monthly bill submissions for long term care hospitals (LTCHs), SNFs, and inpatient hospitals not subject to the Inpatient Prospective Payment System (IPPS). However, these edits allowed monthly bill submission for periodic interim payment (PIP) providers and inpatient rehabilitation facilities (IRFs).

Inpatient services in TEFRA hospitals (i.e., psychiatric hospital or units, cancer and children's hospitals) and SNFs are to be billed:

- Upon discharge of the beneficiary;
- When the beneficiary's benefits are exhausted
- When the beneficiary's need for care changes; or
- Monthly.

Hospitals in Maryland that are under the jurisdiction of the Health Services Cost Review Commission are subject to monthly billing cycles.

Also, providers subject to the OPSS are reminded that repetitive services to a single individual **will be billed monthly**. Where there is an inpatient stay, or outpatient surgery, or outpatient hospital service subject to OPSS, one bill **will** be submitted for the entire month if the provider uses an occurrence span code 74 to encompass the inpatient stay, day of outpatient surgery, or outpatient service subject to OPSS.

Bills for outpatient services subject to OPSS **will** contain on a single bill all services provided on the same day except claims containing condition codes 20, 21, or G0 (zero) or kidney dialysis services, which are billed on a 72x bill type. If an individual OPSS service is provided on the same day as an OPSS repetitive service, the individual OPSS service **is to be billed on a separate OPSS claim containing the individual service and all packaged and/or related services**. **For example, if a chemotherapy drug is administered on a day that a repetitive service is also rendered, then the chemotherapy drug, its administration, its related supplies, etc., are on a separate claim from the monthly repetitive services claim**. However, if some of the services are for partial hospitalization, the provider will place condition code 41 on the claim. **For claims containing conditions code 41, all services billed on the same day are to be included on the monthly bill for repetitive services**. **Non-repetitive OPSS services, exclusive of partial hospitalization services, are to be put on a single claim along with any packaged services**. **Repetitive services are billed monthly on a separate claim**.

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## Additional Information

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To view the official instruction and revised manual pages issued to your intermediary on this issue, see CR 3382, which may be found at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R270CP.pdf> on the CMS website.

To see CR 3633, Transmittal 407, dated December 17, 2004, go to the following CMS website: <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R407CP.pdf> on the CMS website.

Also, to see the MLN Matters article related to CR 3633, go to the following CMS website: <http://www.cms.gov/outreach-and-education/medicare-learning-network-mln/mlnmattersarticles/downloads/MM3633.pdf> on the CMS website.

If you have any questions, you may also 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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