

Related Change Request (CR) #: 3543

MLN Matters Number: MM3543

Related CR Release Date: November 12, 2004

Related CR Transmittal #: 368

Effective Date: January 1, 2005 and April 1, 2005 as noted in the article

Implementation Date: April 4, 2005

## *Instructions for Completion of Form CMS-1450*

**Note:** This article was revised to contain Web addresses that conform to the new CMS website and to show they are now MLN Matters articles. All other information remains the same.

### Provider Types Affected

Providers who submit Form CMS-1450 to Medicare intermediaries for billing

### Provider Action Needed



#### **STOP – Impact to You**

The National Uniform Billing Committee (NUBC) has approved the use of a new condition code and value code.



#### **CAUTION – What You Need to Know**

A new condition code Form Locator (FL) 24-30 (80 – Home Dialysis – Nursing Facility) and a new value code FL 39-41 (P1-Do Not Resuscitate Order (DNR)) have been added to the updated instructions and a definition has been removed from patient status code for FL 19 (Type of Admission/Visit).



#### **GO – What You Need to Do**

To ensure accurate claims processing, please review the information included here and stay current with updated instructions for completion of form CMS-1450 for billing (Medicare Claims Processing Manual, Chapter 25, Section 60).

#### 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

Section 42 CFR 424.5(a)(5) requires providers of services to submit a claim for payment prior to any Medicare reimbursement.

The CMS-1450 Part A claim form is used to collect claim information for payment. Instructions for completion are the same for inpatient and outpatient claims unless otherwise stated.

Please note the following updates:

- For Type of Admission/Visit (FL 19) the definition from code 9 "Information Not Available" will be removed (but the code will be kept).
- **Effective April 1, 2005**, Medicare intermediaries, including Regional Home Health Intermediaries (RHHIs), will accept, in FL 24-30, the condition code 80 Home Dialysis – Nursing Facility.
- **Effective January 1, 2005**, Medicare intermediaries will accept, in FL 39-41, the value code of P1 –Do Not Resuscitate Order (DNR). *This code is for public health data reporting only.* This code indicates that a DNR order was written at the time of or within the first 24 hours of the patient's admission to the hospital and is clearly documented in the patient's medical record

## Additional Information

The official instruction issued regarding this change can be found online, referenced via CR 3543, at <http://www.cms.hhs.gov/transmittals/downloads/R368CP.pdf> on the CMS website.

The revised Chapter 25, Section 60 of the Medicare Claims Processing Manual is attached to CR 3543 and this chapter provides the updated instructions for completion of form CMS-1450 for billing.

If you have questions regarding this issue, you may also contact your intermediary/RHHI on their toll free number, found online at <http://www.cms.hhs.gov/MLNProducts/downloads/CallCenterTollNumDirectory.zip> on the CMS website.

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