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The Acute Inpatient Prospective Payment System Fact Sheet (revised November 2007), which provides general information about the Acute Inpatient Prospective Payment System (IPPS) and how IPPS rates are set, is now available in downloadable format at <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/AcutePaymtSysfctsh.pdf> from the Centers for Medicare & Medicaid Services Medicare Learning Network. If the url above does not take you directly to the fact sheet, please copy and paste the url in your web browser.

MLN Matters Number: MM5880

Related Change Request (CR) #: 5880

Related CR Release Date: February 1, 2008

Effective Date: July 1, 2008

Related CR Transmittal #: R1429CP

Implementation Date: July 7, 2008

## Modification of Payment Window Edits in the Medicare's Common Working File (CWF) to Look at Line Item Dates of Service (LIDOS) on Outpatient Claims

**Note: Note:** This article was updated on July 6, 2013, to reflect current Web addresses. MLN Matters® article MM5880 was also revised on November 30, 2010, to add a reference to MM7142 available at <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM7142.pdf> for further clarification of this policy.

### Provider Types Affected

Hospitals submitting outpatient claims to Medicare contractors (Fiscal Intermediaries (FIs), and/or Part A/B Medicare Administrative Contractors (A/B MACs)) for preadmission services provided to Medicare beneficiaries

### Provider Action Needed



#### STOP – Impact to You

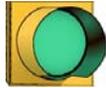
This article is based on Change Request (CR) 5880 which modifies the payment window edits in the CWF to look at the LIDOS of the outpatient bill.

#### Disclaimer

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**CAUTION – What You Need to Know**

Currently, CWF looks at the 'statement covers through' date of the outpatient claim. The modification of the payment window edits in the CWF is to look at the LIDOS of the outpatient bill. This will allow providers to more easily separate out the services that occur prior to the payment window. CR 5880 also incorporates a few missing revenue codes into the Medicare Claims Processing Manual.

**GO – What You Need to Do**

See the Background and Additional Information Sections of this article for further details regarding these changes.

## Background

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Currently, the edits within Medicare's Common Working File (CWF) system look at the '*statement covers through date*' of outpatient claims in order to determine what services fall within the payment window relative to an inpatient stay. Change Request (CR) 5880 modifies the payment window edits (both diagnostic and therapeutic) to look at the '*Line Item Dates of Service*' (LIDOS) of the outpatient bill instead of the '*statement covers through date*'. This modification will make it easier to distinguish between the outpatient preadmission services that should be bundled on the inpatient bill from those that may be reimbursed separately.

**Effective for services on or after July 1, 2008, Medicare's CWF will reject services for payment when the outpatient service's LIDOS falls on the day of admission or any of the 3 days immediately prior to admission of the beneficiary to an IPPS (Inpatient Prospective Payment System) or Maryland waiver hospital or on the day of admission or one day prior to that admission for hospitals excluded from the IPPS, such as an inpatient rehabilitation or an inpatient psychiatric facility.**

The payment window policy is a longstanding Medicare policy. The Social Security Act (Section 1886(a)(4); see [http://www.ssa.gov/OP\\_Home/ssact/title18/1886.htm](http://www.ssa.gov/OP_Home/ssact/title18/1886.htm) on the internet) and the Code of Federal Regulations (42 CFR 412.2(c)(5) and 413.40(c)(2); see <http://www.gpoaccess.gov/cfr/retrieve.html> on the internet) define the operating costs of inpatient services under the prospective payment system to include certain preadmission services furnished by the admitting hospital (or by an entity wholly owned or operated by the admitting hospital or by another entity under arrangements with the admitting hospital). For details as to which services are considered preadmission services and should therefore be bundled into the inpatient bill, refer to the Medicare Claims Processing Manual (Chapter 3, Section 40.3), which is attached to CR5880.

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In summary, CR 5880 instructs your Medicare contractor to:

- Modify all of the payment window edits to look at the outpatient service by the LIDOS;
- Remove revenue code 048X and replace with 0481,0482, 0483, and 0489 in the diagnostic payment window edits; and
- Include the following CPT codes for revenue codes 0481 and 0489: 93501, 93503, 93505, 93508, 93510, 93526, 93541, 93542, 93543, 93544, 93556, 93561, or 93562 in the diagnostic payment window edits. These CPT codes and their descriptors are included in the following table:

CPT Code	Descriptor
93501	Right heart catheterization
93503	Insertion and placement of flow directed catheter (e.g., Swan-Ganz) for monitoring purposes
93505	Endomyocardial biopsy
93508	Catheter placement in coronary artery (s), arterial coronary conduit (s), and/or venous coronary bypass graft (s) for coronary angiography without concomitant left heart catheterization
93510	Left heart catheterization, retrograde, from the brachial artery, axillary artery or femoral artery; percutaneous
93526	Combined right heart catheterization and retrograde left heart catheterization
93541	Injection procedure during cardiac catheterization for pulmonary angiography
93542	Injection procedure during cardiac catheterization for selective right ventricular or right atrial angiography
93543	Injection procedure during cardiac catheterization for selective left ventricular or left atrial angiography
93544	Injection procedure during cardiac catheterization for aortography
93556	pulmonary angiography, aortography, and/or selective coronary angiography including venous bypass grafts and arterial conduits (whether native or used in bypass)
93561	Indicator dilution studies such as dye or thermal dilution, including arterial and/or venous catheterization; with cardiac output measurement
93562	subsequent measurement of cardiac output

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## Additional Information

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The official instruction, CR5880, issued to your Medicare FI and A/B MAC regarding this change, may be viewed at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R1429CP.pdf> on the CMS website.

If you have any questions, please contact your Medicare FI or A/B 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 - It's Not Too Late to Give and Get the Flu Shot!** In the U.S., the peak of flu season typically occurs anywhere from late December through March; however, flu season can last as late as May. Each office visit presents an opportunity for you to talk with your patients about the importance of getting an annual flu shot and a one time pneumococcal vaccination. Protect yourself, your patients, and your family and friends by getting and giving the flu shot. **Don't Get the Flu. Don't Give the Flu. Get Vaccinated!** Remember - Influenza and pneumococcal vaccinations and their administration are covered Part B benefits. Note that influenza and pneumococcal vaccines are NOT Part D covered drugs. You and your staff can learn more about Medicare's coverage of adult immunizations and related provider education resources, by reviewing Special Edition MLN Matters article SE0748 at <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE0748.pdf> on the CMS website.

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