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Related CR Transmittal #: R1427CP

Implementation Date: July 7, 2008

New Value Code to Report Patient Prior Payments

Note: This article was updated on July 6, 2013, to reflect current Web addresses. All other information remains unchanged.

Provider Types Affected

Hospitals, home health agencies, and other providers who bill Medicare contractors (fiscal intermediaries (FI) regional home health intermediaries (RHHI), or Medicare Administrative Contractors (A/B MAC)) for services provided to Medicare beneficiaries.

What You Need to Know

CR 5882, from which this article is taken, announces the creation of a new value code for the Medicare Form UB-04 (CMS-1450). This new code, **Value Code FC – Patient Prior Payment**, will enable you to continue to report patient prior payments (the amount you received from the beneficiary toward payment of the submitted claim prior to the billing date).

Make sure that your billing staffs are aware of the creation of this new value code, and that they know to implement it effective July 1, 2008.

Background

Previous Medicare Form CMS-1450 billing instructions for form locator (FL) 54 allowed providers to report the total amount of payments toward deductibles and/or coinsurance that they had collected from a patient for all services other than inpatient hospitals or skilled nursing facilities (SNF). However, with the implementation of the UB-04, the National Uniform Billing Committee (NUBC) eliminated "Patient" from FL 54; which is now used to report prior payer payments.

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To enable Medicare providers to continue to report patient prior payments, the Centers for Medicare & Medicaid Services (CMS) asked the NUBC to create a value code for this purpose. NUBC approved this request on 11/14/2007; and CR 5882, from which this article is taken, announces the creation of this new value code: **Value Code FC – Patient Prior Payment**.

Effective July 1, 2008, you may use this value code to report patient prior payments.

Additional Information

You can find CR 5882 at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R1427CP.pdf> on the CMS website. There is also information in the *Medicare Claims Processing Manual*, Chapter 25 (Completing and Processing the Form CMS-1450 Data Set), on completing the UB-04. This manual is available at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Internet-Only-Manuals-IOMs.html> on the CMS website.

If you have any questions, please contact your FI, RHHI, 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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