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CMS
Information for Medicare Fee-For-Service Health Care Professionals

News Flash – The audio transcript of the June 15, 2010 national provider conference call, "ICD-10 Implementation in a 5010 Environment", hosted by the Centers for Medicare & Medicaid Services (CMS) is now available. To access the transcript, go to http://www.cms.gov/Medicare/Coding/ICD10/index.html on the CMS website. In the Downloads section select the June 15, 2010 ICD-10 Conference Call Zip file. The audio transcript is 1 hour and 51 minutes in length. The written transcript will be available soon.

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Related Change Request (CR) #: 7019
Related CR Release Date: July 30, 2010
Effective Date: January 1, 2011
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Implementation Date: January 3, 2011

Note: This article was updated on December 7, 2012, to reflect current Web addresses. All other information remains unchanged.

Revised Instructions for Reporting Assessment Dates under the Inpatient Rehabilitation Facility (IRF), Skilled Nursing Facility (SNF), and Swing Bed (SB) Prospective Payment Systems (PPSs)

Provider Types Affected

This article is for Inpatient Rehabilitation Facilities (IRF), Skilled Nursing Facilities (SNF), and Swing Bed (SB) providers paid under the respective Prospective Payment Systems (PPSs) for these providers. Facilities submitting claims to Medicare contractors (Fiscal Intermediaries (FIs) and Medicare Administrative Contractors (MAC)) for services paid under these PPSs are affected.

Provider Action Needed

This article, based on Change Request (CR) 7019, informs you that the assessment date data element has been removed from the new version of the 837I electronic format. Therefore, the Centers for Medicare & Medicaid Services (CMS) has revised the billing instruction to now require an occurrence code 50, for reporting assessment dates for IRF, SNF, and SB PPS providers, effective for dates of service on or after January 1, 2011. *Occurrence Code 50: Assessment Date* is defined as "Code indicating an assessment date as defined by the

assessment instrument applicable to this provider type (e.g. Minimum Data Set (MDS) for skilled nursing). (For IRFs, this is the date assessment data was transmitted to the CMS National Assessment Collection Database)." Please ensure that your billing staffs are aware of this change.

Background

Current Medicare instruction requires IRF and SNF PPS providers to report assessment dates in form locator 45, Service Date, of the UB-04 form or loop 2400, Date and Time Period (DTP) Assessment Date field, in the current 4010A1 837I electronic version. The DTP Assessment Date is removed from the new 837I electronic version. Because of the removal of this field, you will no longer be able to report assessment dates in the service date fields.

For IRF PPS, IRFs will begin using occurrence code 50 to report the date on which assessment data was transmitted to the CMS National Assessment Collection Database. Providers should no longer report this date in the service date field on the UB-04 and the 837I electronic version for dates of service on or after January 1, 2011. Occurrence code 50 must be reported on all IRF PPS 11x bill types for dates of service on or after January 1, 2011. Medicare will return such claims as unprocessed if you fail to include occurrence code 50.

Note: For IRFs, for a revenue code 0024 line containing case mix grouper (CMG) A9999, instead of inputting the transmission date of the IRF-Patient Assessment Instrument in the service date field (as is required on fee-for-service claims), input the discharge date as a default for these informational only claims. As of January 1, 2011, use occurrence code 50 to report this default discharge date, instead of using the service date field.

For service dates on or after January 1, 2011, SNF and SB PPS providers will append an occurrence code 50 with the Assessment Reference Date (ARD) for each Health Insurance Prospective Payment System Code (HIPPS) reported on the claim. Please note that HIPPS code AAAxx (where 'xx' is varying digits) does not need an accompanying occurrence code 50. SNF providers must ensure that each HIPPS code reported on the claim is billed in the order in which that level of care is received for the month.

SNF and SB PPS providers, therefore, must include occurrence code 50 for each revenue code 0022 on your 21x and 18x bill types, except where the HIPPS code reported with the 0022 revenue code is AAAxx. Medicare will return such claims as unprocessed if you do not include occurrence code 50. Note: Only one occurrence code 50 needs to be reported for 2 (two) HIPPS code lines that both end in the same two digits for the following HIPPS: xxx05, xxx06, xxx12, xxx13, xxx14, xxx15, xxx16, xxx17, xxx24, xxx25, xxx26, xxx34, xxx35, xxx36, xxx44, xxx45, xxx46, xxx54, xxx55, and xxx56, where "xxx" is varying digits.

Additional Information

If you have questions, please contact your Medicare carrier and/or 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.

The official instruction issued to your Medicare carrier and/or MAC regarding this change may be viewed at http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R2011CP.pdf on the CMS website.