

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Centers for Medicare & Medicaid Services



**News Flash** – Hurry, time is running out! HIPAA Version 5010 and D.0 will be required to submit Medicare claims beginning Sunday, January 1, 2012! As of Sunday, January 1, 2012, Version 5010 and National Council for Prescription Drug Programs (NCPDP) D.0 will be required for all Health Insurance Portability and Accountability Act (HIPAA) standard transactions. Beginning Sunday, January 1, 2012, HIPAA Version 4010A1 will no longer be accepted by Medicare. All trading partners must operate in HIPAA Version 5010 and D.0. Providers should take advantage of the resources available on CMS' [ICD-10, Versions 5010 & D.0 & 3.0](#), and [Medicare Fee-For-Service 5010 - D0](#) web pages. It is essential to begin the transition now to prevent a disruption to your claims processing and cash flow.

MLN Matters® Number: MM7666 Revised

Related Change Request (CR) #: 7666

Related CR Release Date: December 9, 2011

Effective Date: October 1, 2011

Related CR Transmittal #: R2366CP

Implementation Date: January 3, 2012

## Off-Cycle Release of the Inpatient Prospective Payment System (IPPS) Fiscal Year (FY) 2012 Pricer

Note: This article was updated on August 2, 2012, to reflect current Web addresses. All other information remains the same.

### Provider Types Affected

Hospitals that submit claims to Medicare contractors (Fiscal Intermediaries (FI) or Medicare Administrative Contractors (A/B MAC)) for services to Medicare beneficiaries are affected.

### What You Need to Know

This article is based on Change Request (CR) 7666, which informs Medicare contractors about corrections to make for several IPPS Pricer problems. Contractors will reprocess affected claims from October 1, 2011, through the implementation of

#### Disclaimer

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the revised Pricer.

## Background

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### Pricer Problems

The Centers for Medicare & Medicaid Services (CMS) was recently made aware of several IPPS Pricer problems that will be corrected by CR7666.

- ICD-9-CM diagnosis code 191.5 was omitted from the FY2012.0 IPPS Pricer list of diagnosis codes valid for the new technology add-on payment for AutoLITT™.
- Medical Severity Diagnosis Related Group (MS-DRG) code 009 was inadvertently included in the FY2010 IPPS Pricer table of invalid MS-DRG codes. CR7666 corrects the 2010 Pricer and is also correcting other minor changes to the table of invalid MS-DRG codes in the FY 2010, FY 2011, and FY 2012 Pricers.
- A problem was discovered with the revised FY 2003 and FY 2004 IPPS Pricers installed into the lump sum utility as instructed by CR7244. MM7244 discusses CR 7244 and is available at <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM7244.pdf> on the CMS website.

### Corrective Actions

CMS has instructed Medicare contractors to do the following to correct these Pricer problems:

- Cases involving the AutoLITT™ that are eligible for the new technology add-on payment will be identified by assignment to MS-DRGs 25, 26 and 27 with an ICD-9 procedure code of 17.61 (ICD-10-PCS codes D0Y0KZZ and D0Y1KZZ) in combination with one of the following primary ICD-9 diagnosis codes: 191.0, 191.1, 191.2, 191.3, 191.4, 191.5, 191.6, 191.7, 191.8, 191.9 4 (ICD-10-CM codes C71.0, C71.1, C71.2, C71.3, C71.4, C71.5, C71.6, C71.7, C71.8, and C71.9). The maximum add-on payment for a case involving the AutoLITT™ is \$5,300.
- In addition to removing MS-DRG code 009 from the table of invalid MS-DRG codes in the FY2010 IPPS Pricer, CMS is adding MS-DRG codes 014, 015, 888, 889, and 890 to the table.
- CMS is also adding MS-DRG codes 888, 889, and 890 to the table of invalid MS-DRG codes in the FY2011 IPPS Pricer.

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- In the FY2012 IPPS Pricer, CMS is adding MS-DRG codes 015, 888, 889 and 890, and removing MS-DRG codes 016, 017, 570, 571 and 572 from the table of invalid MS-DRG codes.
- As a result of a U.S. District Court decision, CMS was ordered to apply a revised labor-related share (LRS) percentage to IPPS claims with discharges during FY 2003 and FY 2004 for specified hospitals. To abide by the court order and provide a lump-sum payment to each of the affected hospitals, CMS instructed contractors in CR 7244 to run applicable claims through the "lump-sum payment utility" which included the revised FY 2003 and FY 2004 IPPS Pricer with the correct LRS percentage for applicable hospitals. CMS has corrected the FY 2003 and FY 2004 IPPS Pricers.
- Medicare contractors will identify claims with ICD-9-CM diagnosis code 191.5 and ICD-9-CM procedure code 17.61 with a discharge date on or after October 1, 2011 through January 1, 2012, and reprocess impacted claims.
- Claims that received Pricer Return Code 54/Reason Code 37002 with MS-DRG 009 and a discharge date on or after October 1, 2009 through September 30, 2010 or a discharge date on or after October 1, 2011, will be accepted and processed when you bring such claims to the attention of your contractor after January 3, 2012.

## Additional Information

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The official instruction, CR 7666, issued to your FI and A/B MAC regarding this change, may be viewed at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R2366CP.pdf> on the CMS website.

If you have any questions, please contact your FI or A/B MAC 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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