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Information for Medicare Fee-For-Service Health Care Professionals

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Mass Adjustment of Certain Transplant Claims

Note: This article was updated on February 26, 2013, to reflect current Web addresses. All other information remains unchanged.

Provider Types Affected

Hospitals that submitted claims for certain transplants paid under the Inpatient Prospective Payment System (IPPS) by Medicare Fiscal Intermediaries (FIs)

Background

The Centers for Medicare & Medicaid Services (CMS) has discovered that certain transplant claims paid under the IPPS by Medicare FIs may have been processed incorrectly, i.e., overpaid. Specifically, acquisition charges related to heart, liver, intestine, lung, and pancreas transplants (diagnosis-related groups (DRGs) 103, 480, 495, and 513) were being passed with all other charges on the claim to the IPPS PRICER and were, therefore, used in calculating the outlier. However, acquisition charges are considered **pass-throughs** and should **not** be included in the outlier calculation.

CMS has directed Medicare FIs to adjust claims with discharge dates on or after August 8, 2003, containing DRGs 103, 480, 495, or 513 that were paid an outlier. This adjustment will occur automatically without any action required by the provider. CMS will determine at a later date if they need to go back further than August 8, 2003 and will notify you if a decision is made.

Medicare FIs must complete these mass adjustments by **December 31, 2005**.

Additional Information

Additional information on inpatient hospital billing for transplants can be found in the *Medicare Claims Processing Manual*, Chapter 3 (Inpatient Hospital Billing), Section 90, at:

<http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c03.pdf> on the CMS website.

For additional information relating to this issue, please contact local FI 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.

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