

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 1495	Date: August 19, 2015
	Change Request 9117

NOTE: This Transmittal is no longer sensitive and is being re-communicated August 19, 2015. The Transmittal Number, Date of Transmittal and all other information remain the same. This instruction may now be posted on the Internet.

SUBJECT: Revision to Medicare Code Editor (MCE) Edit, Procedure Inconsistent with Length of Stay (LOS) for International Classification of Diseases, Tenth Revision, Procedure Classification System (ICD-10-PCS) Respiratory Ventilation, Greater than 96 Consecutive Hours

I. SUMMARY OF CHANGES: This Change Request (CR) ensures correct coding of ICD-10-CM procedure code 5A1955Z, Respiratory ventilation, greater than 96 consecutive hours, by revising the MCE edit for procedure inconsistent with LOS.

EFFECTIVE DATE: October 1, 2015

**Unless otherwise specified, the effective date is the date of service.*

IMPLEMENTATION DATE: October 5, 2015

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)

R=REVISED, N=NEW, D=DELETED-*Only One Per Row.*

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
N/A	N/A

III. FUNDING:

For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

IV. ATTACHMENTS:

One Time Notification

Attachment - One-Time Notification

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I. GENERAL INFORMATION

A. Background: Currently, MCE has an edit for ICD-9-CM procedure code 96.72, Continuous invasive mechanical ventilation for 96 consecutive hours or more when it is inconsistent with the Length of Stay (LOS). For this code to be reported correctly, a patient must have received continuous mechanical ventilation for 96 consecutive hours or more. This equates to a patient being hospitalized for at least a 4 day LOS and having received continuous invasive mechanical ventilation for a minimum of 4 consecutive days.

The description of the ICD-10-PCS procedure code for mechanical ventilation, 5A1955Z, differs from the ICD-9-CM procedure code.

B. Policy: To ensure correct coding of ICD-10-PCS procedure code 5A1955Z, Respiratory ventilation, greater than 96 consecutive hours, a revision to the MCE edit for procedure inconsistent with LOS is necessary. For this code to be reported correctly, a patient must have received continuous mechanical ventilation for more than 96 consecutive hours. This equates to a patient being hospitalized for at least a 5 day LOS.

II. BUSINESS REQUIREMENTS TABLE

"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.

Number	Requirement	Responsibility							
		A/B MAC		D M E	Shared- System Maintainers				Other
		A	B		H H H	F I S S	M C S	V M S	
9117.1	Medicare contractor shall update reason code W2054 to add reference to ICD-10-PCS Mechanical Ventilation procedure code as follows: FISS has received MCE return flag equal 1. Claim should be returned to provider as the MCE length of stay (LOS) must be 4 or greater when ICD-9 procedure code 96.72 is present or MCE LOS must be 5 or greater					X			

Number	Requirement	Responsibility								Other
		A/B MAC			D M E	Shared- System Maintainers				
		A	B	H H H		F I S S	M C S	V M S	C W F	
	when ICD-10 procedure code 5A1955Z is present on the claim.									
9117.2	<p>Medicare contractor shall determine that the days remaining between the from and through dates, including the from and through dates, regardless of the patient status and outside of each Occurrence Span Code 74, if present, have at least 5 consecutive days when ICD-10-PCS procedure code 5A1955Z is present on the claim. In the following examples there are 5 consecutive days from 01/11/15 to 01/15/15</p> <p>EXAMPLE 1 – No OSC 74 periods</p> <p>From date 01/11/15</p> <p>Through date 01/15/15</p> <p>EXAMPLE 2 – Multiple OSC periods</p> <p>From date: 01/01/15</p> <p>Through date: 01/15/15</p> <p>OSC: 01/04/15 to 01/05/15 and 01/09/15 to 01/10/15</p> <p>Note: The discharge date will now be counted as one of the days to establish the 5 consecutive inpatient days.</p>					X				
9117.2.1	Once the Medicare contractor has found a period of at least 5 consecutive days, the Medicare contractor is not required to continue checking each subsequent period outside of OSC 74. The Medicare contractor shall populate the MCE LOS field with 5 days since the required period has been found.					X				
9117.2.2	<p>If at least 5 consecutive days are not found as instructed in 9117.2 the Medicare contractor shall populate the MCE LOS field with the number of days found in the last period.</p> <p>EXAMPLE: From 11/01/15 Through 11/21/15</p>					X				

Number	Requirement	Responsibility								Other
		A/B MAC			D M E M A C	Shared- System Maintainers				
		A	B	H H H		F I S S	M C S	V M S	C W F	
	<p>OSC 1 – 11/05/15 - 11/06/15</p> <p>OSC 2 – 11/11/15 – 11/13/15</p> <p>OSC3 – 11/17/15 – 11/17/15</p> <p>MCE LOS field populated with ‘4’.</p>									
9117.3	The Medicare contractor shall assign reason code W2054 indicating a LOS conflict with procedure code when MCE Flag ‘1’ is received.					X				
9117.4	Medicare contractors shall return claims to the provider when reason code W2054, indicating a LOS conflict with procedure code 5A1955Z, is present.	X								
9117.5	<p>Effective, October 1, 2012, the Medicare contractor shall include the discharge day in the count of days to establish 4 or more consecutive days outside of Occurrence Span Code 74, regardless of the patient status, when ICD-9-CM procedure code 96.72 is present on the claim. In the following example there are 4 consecutive days from 10/12/12 to 10/15/12.</p> <p>EXAMPLE:</p> <p>From date: 10/01/12</p> <p>Through date: 10/15/12</p> <p>OSC: 10/04/12 to 10/05/12 and 10/09/12 to 10/11/12</p>	X				X				
9117.6	Medicare contractors shall adjust claims with discharge dates on or after October 1, 2012, when brought to their attention, when the discharge date was previously not counted as part of the 4 consecutive day count when ICD-9-CM procedure code 96.72 is present.	X								
9117.7	Medicare contractors shall mass adjust claims, overriding timely filing edits when necessary, with the following parameters by November 16, 2015.	X								

Number	Requirement	Responsibility							
		A/B MAC		D M E M A C	Shared- System Maintainers				Other
		A	B		H H H	F I S S	M C S	V M S	
	<ul style="list-style-type: none"> • TOB - 11X • Discharge date - On or after 10/1/12 through the implementation of FISS problem fix FS8676 (approximately 05/25/15) • Occurrence Span code 74 present • Procedure code 96.72 • Length of stay greater than 4 days 								

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			D M E M A C	C E D I
		A	B	H H H		
9117.8	MLN Article: A provider education article related to this instruction will be available at http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/ shortly after the CR is released. You will receive notification of the article release via the established "MLN Matters" listserv. Contractors shall post this article, or a direct link to this article, on their Web sites and include information about it in a listserv message within 5 business days after receipt of the notification from CMS announcing the availability of the article. In addition, the provider education article shall be included in the contractor's next regularly scheduled bulletin. Contractors are free to supplement MLN Matters articles with localized information that would benefit their provider community in billing and administering the Medicare program correctly.	X				

IV. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements:

"Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:
9117.1	Contractors shall note that the information presented here will be discussed in the Notice of Proposed Rulemaking for the Inpatient Prospective Payment System Hospital update for Fiscal Year 2016; hence the confidentiality of this CR during the proposed rulemaking time period. Once the final rule is published, the information contained in this CR will no longer be confidential.

Section B: All other recommendations and supporting information: N/A

V. CONTACTS

Pre-Implementation Contact(s): Cami DiGiacomo, Cami.DiGiacomo@cms.hhs.gov

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR).

VI. FUNDING

Section A: For Medicare Administrative Contractors (MACs):

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ATTACHMENTS: 0