

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 492	Date: MAY 8, 2009
	Change Request 6483

SUBJECT: Fiscal Year (FY) 2009 Inpatient Prospective Payment System (IPPS) Claims with Medicare Severity Diagnosis Related Group (MS-DRG) 956

I. SUMMARY OF CHANGES: This CR provides instructions for downloading the revised FY 2009 IPPS Pricer and mass adjusting claims affected by the re-issuance of the FY 2009 IPPS Pricer.

New / Revised Material

Effective Date: Discharges on or after October 1, 2008

Implementation Date: April 27, 2009

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	

III. FUNDING:

SECTION A: For Fiscal Intermediaries and Carriers:

No additional funding will be provided by CMS; Contractor activities are to be carried out within their operating budgets.

SECTION B: 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

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

Attachment – One-Time Notification

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Effective Date: Discharges on or after October 1, 2008

Implementation Date: April 27, 2009

I. GENERAL INFORMATION

A. Background:

The FY 2009 IPPS Final Rule (Table 5) designated MS-DRG 956 as a post acute care DRG, not as a special-pay DRG. MS-DRG 956 incorrectly remained on the list of special-pay post acute care transfer MS-DRGs within the FY 2009 IPPS Pricer. Fiscal Year (FY) 2009 claims that qualified as a transfer under MS-DRG 956 were paid under the special-pay method and, therefore, were overpaid.

NOTE: This CR supersedes the Joint Signature Memo (JSM)/Technical Direction Letter (TDL) entitled, “Mass-Adjusting Fiscal Year (FY) 2009 Inpatient Prospective Payment System (IPPS) Claims Overpaid with Medicare Severity Diagnosis Related Group (MS-DRG) 956.”

B. Policy: N/A

II. BUSINESS REQUIREMENTS TABLE

“Shall” denotes a mandatory requirement

Number	Requirement	Responsibility (place an “X” in each applicable column)									
		A / B M A C	D M E M A C	F I I	C A R R I E R	R H H I	Shared-System Maintainers				OTHER
							F I S S	M C S	V M S	C W F	
6483.1	FISS shall install the revised FY 2009 IPPS Pricer software (v9.6).						X				
6483.2	Once this latest version of FY 2009 IPPS Pricer is installed on April 27, 2009, contractors shall mass adjust claims that meet the following criteria: <ul style="list-style-type: none"> • Has a discharge date on or after October 1, 2008; and • Was assigned MS-DRG 956; and • Was assigned a transfer Pricer Return Code of ‘10’ 	X		X							
6483.2.1	Contractors shall complete the mass adjustment by August 1, 2009.	X		X							

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)								
		A / B M A C	D M E M A C	F I	C A R R I E R	R H H I	Shared-System Maintainers			
						F I S S	M C S	V M S	C W F	
6483.3	<p>A provider education article related to this instruction will be available at http://www.cms.hhs.gov/MLNMattersArticles/ shortly after the CR is released. You will receive notification of the article release via the established "MLN Matters" listserv.</p> <p>Contractors shall post this article, or a direct link to this article, on their Web site and include information about it in a listserv message within one week of the availability of the provider education article. In addition, the provider education article shall be included in your 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.</p>	X		X						

IV. SUPPORTING INFORMATION

Section A: For any recommendations and supporting information associated with listed requirements:
"Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:

Section B: For all other recommendations and supporting information:

V. CONTACTS

Pre-Implementation Contact(s):

Valeri Ritter at 410-786-8652 or valeri.ritter@cms.hhs.gov

Sarah Shirey-Losso at 410-786-0187 or sarah.shirey-losso@cms.hhs.gov

Post-Implementation Contact(s): Regional Office

VI. FUNDING

Section A: For *Fiscal Intermediaries (FIs)*, *Regional Home Health Intermediaries (RHHIs)*, and/or *Carriers*, use only one of the following statements:

No additional funding will be provided by CMS; contractor activities are to be carried out within their operating budgets.

Section B: For *Medicare Administrative Contractors (MACs)*, include the following statement:

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.