

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 644	Date: February 26, 2010
	Change Request 6784

SUBJECT: Accumulation of Claims with Condition Code 04 on the Provider Statistical and Reimbursement Report (PS&R)

I. SUMMARY OF CHANGES: Effective for discharges on or after July 1, 2010, all hospital informational only claims submitted with Condition Code 04 will begin to accumulate on the PS&R report type 118.

EFFECTIVE DATE: July 1, 2010

IMPLEMENTATION DATE: July 6, 2010

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:

For Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs) and/or Carriers:

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

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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SUBJECT: Accumulation of Claims with Condition Code 04 on the Provider Statistical and Reimbursement Report (PS&R)

Effective Date: July 1, 2010

Implementation Date: July 6, 2010

I. GENERAL INFORMATION

A. Background: Currently, claims submitted for Indirect Medical Education (IME), Graduate Medical Education (GME) and Nursing & Allied Health (N&AH) with both Condition Codes 04 and 69 are sent to the PS&R. These claims are accumulated on PS&R report type 118. With the recent CRs on capturing days for Supplemental Security Income purposes, CRs 5647 and 6329, a need arose to also capture Condition Code 04 only claims in the PS&R, so that providers and contractors will have the data available to them.

B. Policy: Effective for discharges on or after July 1, 2010, all hospital informational only claims submitted with Condition Code 04 will begin to accumulate on the PS&R report type 118.

II. BUSINESS REQUIREMENTS TABLE

Number	Requirement	Responsibility									
		A / B M A C	D M M A C	F I I E R	C A R I E R	R H H I S S	Shared-System Maintainers				Other
						F I S S	M C S	V M S	C W F		
6784.1	FISS shall send all hospital (IPPS, IRF PPS, and LTCH PPS) claims for Medicare Advantage beneficiaries with Condition Code 04 and CWF disposition code 01 to the PS&R.						X				
6784.1.2	The PS&R shall be modified to accommodate these claims.									PS&R	
6784.2	CWF shall not accept a claim containing a Condition Code 04 and HMO option equal to 1, 2, or 4.								X		
6784.2.1	Contractors shall return to provider claims received from CWF containing Condition Code 04 and HMO option equal to 1, 2, or 4.	X		X			X				

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility									
		A / B	D M E	F I	C A R R I E R	R H I	Shared-System Maintainers				Other
							F I S S	M C S	V M S	C W F	
6784.3	<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: Recommendations and supporting information associated with listed requirements:

X-Ref Requirement Number	Recommendations or other supporting information:
6784.1 & 6784.1.2	PS&R Report TYPE 118

Section B: For all other recommendations and supporting information, use this space: N/A

V. CONTACTS

Pre-Implementation Contact(s): Owen Osaghae (PS&R), (410)786-7550 and Sarah Shirey-Losso (claims processing), (410) 786-0187

Post-Implementation Contact(s): Owen Osaghae (PS&R), (410)786-7550 and Sarah Shirey-Losso (claims processing), (410) 786-0187

VI. FUNDING

Section A: For Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs), and/or Carriers:

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Section B: *For Medicare Administrative Contractors (MACs):*

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