

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 10178	Date: June 12, 2020
	Change Request 11836

SUBJECT: New Point of Origin Code for Transfer From a Designated Disaster Alternate Care Site

I. SUMMARY OF CHANGES: This Change Request implements a new Point of Origin (PoO) Code "G" to indicate a "Transfer from a Designated Disaster Alternative Care Site (ACS)," due to changes relative to the COVID-19 Public Health Emergency.

EFFECTIVE DATE: July 1, 2020

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

IMPLEMENTATION DATE: July 6, 2020

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 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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SUBJECT: New Point of Origin Code for Transfer From a Designated Disaster Alternate Care Site

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IMPLEMENTATION DATE: July 6, 2020

I. GENERAL INFORMATION

A. Background: The National Uniform Billing Committee (NUBC) practice is to align Discharge Status Codes and Point of Origin (PoO) Codes whenever possible. It came to the Committee's attention that there is a Discharge Status Code for Alternate Care Sites (ACS) but no specific matching PoO Code. Relative to the COVID-19 Public Health Emergency, NUBC created a new Point of Origin (PoO) Code "G" to be effective 07/01/2020, and defined as "Transfer From a Designated Disaster Alternate Care Site." The requirements below modify Original Medicare Claims processing systems to accept the new code.

This Change Request also instructs contractors to terminate PoO Codes B, C, and 7, as these were removed effective with CRs 6757 "CODING PATIENT TRANSFERS UNDER THE HOME HEALTH PROSPECTIVE PAYMENT SYSTEM (HH PPS)," and 6801 "POINT OF ORIGIN FOR ADMISSION OR VISIT CODES UPDATE TO THE UB-04 (CMS-1450) MANUAL CODE LIST."

B. Policy: Contractors shall accept the new Point of Origin (PoO) Code G. Contractors shall terminate PoO Codes B, C and 7.

II. BUSINESS REQUIREMENTS TABLE

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

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	C W F	
11836.1	The contractor shall accept new PoO Code G - Transfer from a Designated Disaster Alternate Care Site.	X				X				BCRC
11836.1.1	The contractor shall update the Control PARM to accept PoO Code G.					X				
11836.1.2	The contractor shall modify system edit(s) effective for dates of service on or after 07/01/2020, to accept PoO Code G on institutional claims for all Types of Bill that allow PoO reporting.					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	C W F	
11836.2	The contractor shall update the Control PARM to terminate PoO Codes B, C, and 7, effective with the implementation of this CR.					X				

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		
11836.3	MLN Article: CMS will make available an MLN Matters provider education article that will be marketed through the MLN Connects weekly newsletter shortly after the CR is released. MACs shall follow IOM Pub. No. 100-09 Chapter 6, Section 50.2.4.1, instructions for distributing MLN Connects information to providers, posting the article or a direct link to the article on your website, and including the article or a direct link to the article in your bulletin or newsletter. You may supplement MLN Matters articles with localized information benefiting your provider community in billing and administering the Medicare program correctly. Subscribe to the “MLN Matters” listserv to get article release notifications, or review them in the MLN Connects weekly newsletter.	X				

IV. SUPPORTING INFORMATION

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

"Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:
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Section B: All other recommendations and supporting information: N/A

V. CONTACTS

Pre-Implementation Contact(s): Yvette Rivas, yvette.rivas@cms.hhs.gov , Fred Rooke, fred.rooke@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