

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 2344	Date: August 9, 2019
	Change Request 10772

SUBJECT: User Change Request: FISS - Bypass 38021 for New Patient Discharge Status

I. SUMMARY OF CHANGES: This CR is to make corrections to FISS reason code 38021 to include new patient status codes in the bypass criteria.

EFFECTIVE DATE: January 1, 2020

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

IMPLEMENTATION DATE: January 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	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: FISS duplicate reason code 38021 assigns to inpatient claims or inpatient ancillary claims when the history or incoming claim is for a single date of service and the patient discharge status does not indicate the discharge was a transfer, planned readmission or the patient left against medical advice. Medicare has added several new patient status codes that should bypass assignment of reason code 38021 but they have not been included in the reason code logic. This forces the MACs to override 38021 to override the reason code when the patient status is equal to 69 or 81 – 89 on the history or incoming claim.

B. Policy: This CR has no policy impact.

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	M A C	F I S S	M C S		V M S	C W F	
10772.1	FISS shall modify reason code 38021 by adding patient status codes 69, 81, 82, 83, 84, 85, 86, 87, 88 and 89 to the existing bypass criteria. The change to reason code 38021 should apply to any claim processed (updated) on or after January 6, 2020 including suspended claims received prior to this date. All other logic for the reason code should remain unchanged.						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		
	None					

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:

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

V. CONTACTS

Pre-Implementation Contact(s): Stacey Ndelle, 410-786-8208 or Stacey.Ndelle@cms.hhs.gov , Rita Hazlip, 410-786-8208 or rita.hazlip@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