Medlearn Matters
Information for Medicare Providers

Related Change Request (CR) #: 3366 Medlearn Matters Number: MM3366

Related CR Release Date: September 17, 2004

Related CR Transmittal #: 301

Effective Date: January 1, 2005

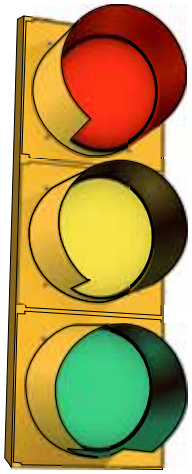
Implementation Date: January 3, 2005

Editing of Hospital and Skilled Nursing Facility Part B Inpatient Services

Provider Types Affected

Hospitals and Skilled Nursing Facilities (SNFs).

Provider Action Needed



STOP – Impact to You

You can bill only the services noted in the bulleted text below as part B inpatient services. Any bills that you submit for the revenue codes listed in the table below, under 12X and 22X types of bills (TOB), will be denied.

CAUTION – What You Need to Know

Medicare is requiring your Fiscal Intermediaries (FIs) to install an edit to assure payment is made on 12X and 22X TOBs only for those Part B inpatient services defined below. Payment for the revenue codes listed in the table will be prevented.

GO – What You Need to Do

Make sure that your billing staffs are aware that only the inpatient services noted in the text below can be billed under 12X and 22X TOB.

Background

Medicare will pay, under Part B, for certain physician and for certain non-physician medical and other health services that a participating hospital or SNF furnishes to their inpatients. This is done when these patients are not eligible or entitled to, or have exhausted, their Part A benefits.

However, CMS has identified that some FIs are paying for services under the 12X and 22X TOBs that do not meet the definition of these inpatient Part B services. Therefore, this CR requires the standard Medicare systems to include an edit to assure payment is made on 12X and 22X TOBs only for those services defined in the bulleted text below. These edits will prevent payment for the revenue codes listed in the table.

Payable services under inpatient Part B are:

- Diagnostic x-ray tests, diagnostic laboratory tests, and other diagnostic tests
- X-ray, radium, and radioactive isotope therapy, including materials and services of technicians
- Surgical dressings, and splints, casts, and other devices used for reduction of fractures and dislocations
- Prosthetic devices (other than dental) which replace all or part of an internal body organ (including contiguous tissue), or all or part of the function of a permanently inoperative or malfunctioning internal body organ, including replacement or repairs of such devices
- Leg, arm, back, and neck braces, trusses, and artificial legs, arms, and eyes including adjustments, repairs, and replacements required because of breakage, wear, loss, or a change in the patient's physical condition
- Outpatient physical therapy, outpatient speech pathology services, and outpatient occupational therapy; (See Publication 100-02, Medicare Benefit Policy Manual, chapter 15, "Covered Medical and Other Health Services," section 220, which may be found at:

  http://www.cms.hhs.gov/manuals/102_policy/bp102index.asp
- Screening mammography services
- Screening pap smears
- Influenza, pneumococcal pneumonia, and hepatitis B vaccines
- Colorectal screening
- Bone mass measurements
- Diabetes self-management
- Prostate screening
- Ambulance services
- Hemophilia clotting factors for hemophilia patients competent to use these factors without supervision
- Immunosuppressive drugs
- Oral anti-cancer drugs
- Oral drug prescribed for use as an acute anti-emetic used as part of an anti-cancer chemotherapeutic regimen
- Epoetin Alfa (EPO).

The following revenue codes will not be reimbursed under Part B inpatient services.

010x	022x	0269	045x	0546	0633	079x	096x
011x	023x	0270	0472	0547	0634	093x	097x
012x	024x	0273	0479	0548	0635	0940	098x
013x	0250	0277	049x	0549	0637	0941	099x
014x	0251	0279	050x	055x	064x	0943	100x
015x	0252	029x	051x	057x	065x	0944	210x
016x	0253	0339	052x	058x	066x	0945	310x
017x	0256	036x	053x	059x	067x	0946	
018x	0257	0370	0541	060x	068x	0947	
019x	0258	0374	0542	0630	072x	0948	
020x	0259	0379	0543	0631	0762	0949	
021x	0261	041x	0544	0632	078x	095x	

Should your intermediary deny a claim for services billed with one of the above revenue codes, your remittance advice will contain a reason code of M28 to reflect that denial.

Additional Information

You can find more information about hospital and SNF Part B inpatient services at:

http://www.cms.hhs.gov/manuals/transmittals.comm_date_dsc.asp

From that web page, look for CR 3366 in the CR NUM column on the right, and click on the file for that CR. You might also want to look at the revised pages of the Medicare Claims Processing Manual, Chapter 4, sections 240/240.1 (Editing Hospital Part B Inpatient Services) and Chapter 7 sections 10/10.1/10.11 (Editing of Skilled Nursing Facilities Part B Inpatient Services). Those revised pages are attached to CR3366.

Please note that the Centers for Medicare & Medicaid Services will be releasing another CR on this particular issue in the near future. As necessary, we will either update this article or issue another article as soon as that CR is issued.

If you have any questions, please contact your intermediary at their toll-free number at:

http://www.cms.hhs.gov/medlearn/tollnums.asp