CMS Manual System	Department of Health & Human Services (DHHS)
Pub. 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)

Transmittal 243	Date: JULY 23, 2004

CHANGE REQUEST 2800

I. SUMMARY OF CHANGES: This Transmittal issues Business Requirements requiring the Shared System Maintainer to make changes to ensure that the information in FLs 22 and 76, from claims submitted on bill type 13x, is passed to the OPPS Outpatient Code Editor (OCE) and to the Common Working File (CWF). This instruction also requires the CWF Maintainer to make changes to ensure that the information in FL 76, from claims submitted on bill type 13x, is passed to the National Claims History (NCH) files.

NEW/REVISED MATERIAL – EFFECTIVE DATE: January 1, 2005
*IMPLEMENTATION DATE: January 3, 2005

Disclaimer for manual changes only: The revision date and transmittal number apply to the red italicized material only. 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:
   (R = REVISED, N = NEW, D = DELETED) – (*Only One Per Row.*)

R/N/D	CHAPTER/SECTION/SUBSECTION/TITLE
R	4/Table of Contents
N	4/40/40.1.1/Patient Status Code and Reason for Patient Visit for the Hospital OPPS

*III. FUNDING:

These instructions shall be implemented within your current operating budget.

IV. ATTACHMENTS:

X	**Business Requirements**
X	**Manual Instruction**
	Confidential Requirements
	One-Time Notification
	Recurring Update Notification

*Medicare contractors only

Attachment – Business Requirements

Pub. 100-04	Transmittal: 243	Date: July 23, 2004	Change Request 2800

SUBJECT: Patient Status Code and Reason for Patient Visit for the Hospital Outpatient Prospective Payment System (OPPS)

I.   GENERAL INFORMATION

A.   Background:

In order to ensure that OPPS claims are being submitted and processed to payment in accordance with OPPS payment policy, CMS must be able to monitor information reported by hospitals on Form CMS-1450 in Form Locators (FLs) 22 (Patient Status) and 76 (Reason for Patient Visit). This instruction requires the Shared System Maintainer to make changes to ensure that the information in FLs 22 and 76, from claims submitted on bill type 13x, is passed to the OPPS Outpatient Code Editor (OCE) and to the Common Working File (CWF). This instruction also requires the Common Working File Maintainer to make changes to ensure that the information in FL 76, from claims submitted on bill type 13x, is passed to the National Claims History (NCH) files.

B.   Policy:

1.   Transmittal A-02-129, Change Request 2503, issued on January 3, 2003, instructs hospitals that bill for separate payment for observation services using HCPCS code G0244, "Observation care provided by a facility to a patient with CHF, chest pain, or asthma, minimum 8 hours, maximum 48 hours," to include certain specified ICD-9-CM diagnosis code(s) on the bill as the admitting, primary, or secondary diagnosis. CMS needs to access FL 76 on 13x bill types in the NCH to monitor payments for observation services, and FL 76 has to pass to the OCE in case special OCE edits are required to ensure appropriate payment for G0244.

2.   Transmittal A-02-129, Change Request 2503, issued on January 3, 2003, implements modifier –CA, "Procedure payable only in the inpatient setting when performed emergently on an outpatient who dies prior to admission." CMS needs to access FL 22 on 13x bill types in the NCH in order to monitor payment of claims reporting modifier –CA, and FL 22 has to pass to the OCE in case special OCE edits are required to ensure appropriate payment of claims with modifier – CA.

C.   Provider Education: None

II. BUSINESS REQUIREMENTS

"Shall" denotes a mandatory requirement
"Should" denotes an optional requirement

Requirement #	Requirements	Responsibility
2800.1	The Shared System Maintainer shall make changes to its system to pass the Patient Status Code (FL 22) on the Form CMS-1450, or its electronic equivalent, to the OCE.	SSM
2800.1.2	The Shared System Maintainer shall pass the Patient Status Code (FL 22) on the Form CMS-1450, or its electronic equivalent, to the OCE, for claims received on or after January 1, 2005.	SSM
2800.2	The Shared System Maintainer shall make changes to its system to pass the Reason for Patient Visit (FL 76) on the Form CMS-1450, or its electronic equivalent, to the CWF.	SSM
2800.2.2	The Shared System Maintainer shall pass the Reason for Patient Visit (FL 76) on the Form CMS-1450, or its electronic equivalent, to the CWF, for claims received on or after January 1, 2005.	SSM
2800.3	The Common Working File Maintainer shall make changes to its system to pass the Reason for Patient Visit (FL 76) on the Form CMS-1450, or its electronic equivalent, to the NCH.	CWFM
2800.3.2	The Common Working File Maintainer shall pass the Reason for Patient Visit (FL 76) on the Form CMS-1450, or its electronic equivalent, to the NCH, for claims received on or after January 1, 2005.	CWFM

III. SUPPORTING INFORMATION & POSSIBLE DESIGN CONSIDERATIONS

A. Other Instructions: N/A

X-Ref Requirement #	Instructions

B. Design Considerations: N/A

X-Ref Requirement #	Recommendation for Medicare System Requirements

C. **Interfaces:** N/A

D. **Contractor Financial Reporting /Workload Impact:** N/A

E. **Dependencies:** N/A

F. **Testing Considerations:** N/A

IV. SCHEDULE, CONTACTS, AND FUNDING

Effective Date: January 1, 2005 **Implementation Date:** January 3, 2005 **Pre-Implementation Contact(s):** Melissa Dehn mdehn@cms.hhs.gov **Post-Implementation Contact(s):** Regional Office	These instructions shall be implemented within your current operating budget.

Medicare Claims Processing Manual
Chapter 4 - Part B Hospital
(Including Inpatient Hospital Part B and OPPS)

Table of Contents

(Rev. 243, 07-23-04)

40.1.1 - Patient Status Code and Reason for Patient Visit for the Hospital OPPS
(Rev.243, Issued 07-23-04, Effective: January 1, 2005/Implementation: January 3, 2005)

In order to ensure that OPPS claims are being submitted and processed to payment in accordance with OPPS payment policy, CMS must be able to monitor information reported by hospitals on Form CMS-1450 in Form Locators (FLs) 22 (Patient Status) and 76 (Reason for Patient Visit). This instruction requires the Shared System Maintainer to make changes to ensure that the information in FLs 22 and 76, from claims submitted on bill type 13x, is passed to the OPPS Outpatient Code Editor (OCE) and to the Common Working File (CWF). This instruction also requires the Common Working File Maintainer to make changes to ensure that the information in FL 76, from claims submitted on bill type 13x, is passed to the National Claims History (NCH) files.