
Program Memorandum

Intermediaries

Department of Health and
Human Services (DHHS)
HEALTH CARE FINANCING
ADMINISTRATION (HCFA)

Transmittal A-00-25

Date: MAY 2000

CHANGE REQUEST 1188

SUBJECT: Provider Statistical and Reimbursement Report (PS&R)

The PS&R did not convert the line items to visits for those home health claims with dates of service between July 1, 1999 and September 30, 1999 that did not have HCPC codes. As a result, the PS&R is currently reflecting each 15 minutes as a visit on 32x and 33x claims with dates of service on or after July 1, 1999 that do not contain a HCPC code. Each line on a 32x and a 33x claim for dates of service on or after July 1, 1999 need to be counted as one visit regardless of whether the HCPC code is present or not. The following logic in the PS&R program needs to be removed to correctly count visits on 32x and 33x claims.

IF W-HCPC-Code = "GO15" OR "GO152" OR "GO153" OR "GO154" OR "GO155" OR "GO156"

Once this logic is removed, you will need to purge the PS&R detail file of the incorrect records. You will then need to reprocess the UNIBILLS through the PS&R to rebuild the PS&R detail files for service dates July 1, 1999 and forward.

The *effective date* for this Program Memorandum (PM) is July 1, 2000.

The *implementation date* for this PM is May 22, 2000.

These instructions should be implemented within your current operating budget.

If you have any technical questions, contact Mike Thomas (410-786-9421).

If you have any policy questions, contact David Goldberg (410-786-4512).

This PM may be discarded after May 15, 2001.