Medicare Learning Network
Medlearn Matters
Information for Medicare Providers
CMS CENTERS for MEDICARE & MEDICAID SERVICES

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Revised

Note: This article was revised on October 14, 2004, to include condition code 59 on page 2. All other information is the same as in the original article.

Instructions for Completion of CMS-1450 Billing Form

Provider Types Affected

All Providers who bill Medicare Fiscal Intermediaries (FIs) including the Regional Home Health Intermediaries (RHHIs)

Provider Action Needed

This is primarily for informational purposes, but providers should note that The National Uniform Billing Committee (NUBC) has approved the use of new value codes with an effective date of January 1, 2005.

Background

According to section 42CFR 424.5(a)(5), providers of services need to submit a claim for payment prior to any Medicare reimbursement. The CMS-1450 Part A claim form is used to collect claims information for payments.

The Medicare Claims Processing Manual is being revised and the key revisions clarify the following Forms Locators (FL):

- FL 8 deals with non-covered days and it is a required entry for inpatient claims. The current revision includes as non-covered days those days after the date of covered services ended, such as non-covered level of care, or emergency services after emergency has ended in a non-participating institution.
- FL 22 – The patient status code is required for all Part A inpatient, Skilled Nursing Facility (SNF), hospice, home health agency, and outpatient hospital services. This code indicates the patient's status as of the "Through" date of the billing period (FL 6). The patient status code revisions made by CR3417 are as follows:

- Code 02 is modified to show that the patient was discharged/transferred to a short-term general hospital *for inpatient care.*
- Code 05 now indicates that the patient was discharged/transferred to a *non-Medicare PPS children's hospital or non-Medicare PPS cancer hospital for inpatient care.*

Note that with regard to use of patient status code 05, a Medicare distinct part unit/facility must meet certain Medicare requirements and is exempt from the inpatient prospective payment system; children's hospitals and cancer hospitals are two examples.

Other distinct part units/facility types have specific patient status codes, including:

- SNFs (various codes)
- Inpatient rehabilitation facilities (IRFs) including rehabilitation distinct part units of a hospital (Code 62)
- Medicare certified long term care hospitals (LTCH) (Code 63)
- Psychiatric hospitals or psychiatric distinct part units of a hospital (Code 65).

Also, the use of patient status code 43 relates to a discharge/transfer to a government operated health care facility such as a Department of Defense hospital, a Veterans Administration hospital or a Veterans Administration nursing facility and is used whenever the destination of a discharge is a federal health care facility, whether or not the patient resides there.

FL 24-30 would contain condition codes that apply to the relevant billing period. Condition code 59, non-primary ESRD facility, may now be used and this code indicates that an ESRD beneficiary received non-scheduled or emergency dialysis services at a facility other than his/her primary ESRD facility. Code 59 was actually effective on October 1, 2004.

B4 is now a condition code for an admission unrelated to a discharge on the same day and this code is for discharges on or after January 1, 2004, though is not effective until January 1, 2005. Also, condition code D4 has been expanded for use in LTCHs, IRFs, and inpatient SNFs in addition to inpatient acute care hospitals.

FL 39-41 refers to value codes and has included two new codes that will become effective on January 1, 2005:

- A8 Weight of Patient in kilograms
- A9 Height of Patient in centimeters

Additional Information

The actual revisions to the Medicare Claims Processing Manual are included in the official instructions issued to your FI or RHHI. That instruction may be found at:

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

Once at that site, scroll down the CR NUM column on the right to find CR3417, then click on the file for that CR.

If you have any questions regarding these requirements, contact your FI or RHHI at their toll-free provider number, which may be found on the Medicare web site at:

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