CMS Manual System	**Department of Health & Human Services (DHHS)**
Pub 100-04 Medicare Claims Processing	**Centers for Medicare & Medicaid Services (CMS)**
Transmittal 1446	**Date: FEBRUARY 8, 2008**
	Change Request 5907

Subject: Update to Common Working File (CWF Edits) 7284 and 7548

I. SUMMARY OF CHANGES: Update Common Working File (CWF) edits 7284 and 7548 to check for Medicare A entitlement at the time the services were rendered before returning an error/informational unsolicited response (IUR). CWF edit 7284 is returned when an Indian Health Service (IHS) IHS provider submits a type of bill (TOB) 12X with a date of service that is equal to or overlaps a claim in history on TOB 13X or 72X. CWF edit 7548 is returned when TOB 12X is submitted by an IHS provider and the line item date of service is equal to or one day following the discharge date on a TOB 11X.

New / Revised Material
Effective Date: July 1, 2008
Implementation Date: July 7, 2008

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
R	4/240.2/Indian Health Service/Tribal Hospital Inpatient Social Admits
R	19/100.3.3/FI - Social Admissions

III. FUNDING:
SECTION A: For Fiscal Intermediaries and Carriers:
No additional funding will be provided by CMS; Contractor activities are to be carried out within their operating budgets.

SECTION B: 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:

Business Requirements

Manual Instructions

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

Attachment - Business Requirements

Pub. 100-04	Transmittal: 1446	Date: February 8, 2008	Change Request: 5907

SUBJECT: Update to Common Working File (CWF) Edits 7284 and 7548

Effective Date: July 1, 2008

Implementation Date: July 7, 2008

I. GENERAL INFORMATION

A. Background: Change request 3452, Transmittal 596 issued on June 24, 2005 implemented instructions to CWF for editing Indian Health Service (IHS) and tribal facility claims for social admissions. The CWF edits/informational unsolicited responses (IURs) 7284 and 7548 were added to address these instructions. The CWF edit/IUR 7284 is returned for type of bill (TOB) 12X with an IHS provider number when the date of service on the claim is equal to or overlaps a claim in history with TOB 13X or 72X. The CWF edit/IUR 7548 is returned for TOB 12X with an IHS provider number when a line item date of service (LIDOS) is equal to or the day following the discharge date on a TOB 11X. Currently, CWF is not editing to ensure that the beneficiary was entitled to Medicare Part A at the time the service on TOB 12X was rendered.

B. Policy: The CWF shall return edit/IUR 7284 for a TOB 12X submitted with an IHS provider number when the date of service on the claim is equal to or overlapping the dates of service on a claim in history with TOB 13X or 72X. The CWF shall return edit/IUR 7548 for TOB 12X submitted with an IHS provider number with a LIDOS that is equal to or one day following the discharge date on a TOB 11X. The CWF shall bypass edits/IURs 7284 or 7548 when the beneficiary was not entitled to Medicare Part A at the time the services on TOB 12X were rendered.

II. BUSINESS REQUIREMENTS TABLE

Shall denotes a mandatory requirement

Number	**Requirement**	**Responsibility (place an "X" in each applicable column)**									
		A/B MAC	DME MAC	FI	CARRIER	RHHI	Shared-System Maintainers				OTHER
							FISS	MCS	VMS	CWF	
5907.1	The CWF maintainer (CWFM) shall bypass edit/IUR 7284 when the beneficiary was not entitled to Medicare Part A at the time the service was rendered.									X	
5907.2	The CWFM shall bypass edit/IUR 7548 when the beneficiary was not entitled to Medicare Part A at the time the service was rendered.									X	

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A/B MAC	DME MAC	FI	CARRIER	RHHI	Shared-System Maintainers				OTHER
							FISS	MCS	VMS	CWF	
5907.3	A provider education article related to this instruction will be available at http://www.cms.hhs.gov/MLNMattersArticles/ shortly after the CR is released. You will receive notification of the article release via the established "MLN Matters" listserv. Contractors shall post this article, or a direct link to this article, on their Web site and include information about it in a listserv message within one week of the availability of the provider education article. In addition, the provider education article shall be included in your next regularly scheduled bulletin. Contractors are free to supplement MLN Matters articles with localized information that would benefit their provider community in billing and administering the Medicare program correctly.	X		X							

IV. SUPPORTING INFORMATION: N/A

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): Susan Guerin @cms.hhs.gov or 410-786-6138

Post-Implementation Contact(s): Appropriate Regional Office

VI. FUNDING

Section A: For *Fiscal Intermediaries (FIs), Carriers, and Regional Home Health Carriers (RHHIs)*:
No additional funding will be provided by CMS; contractor activities are to be carried out within their operating budgets. through the regular budget process.

Section B: *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.

Medicare Claims Processing Manual

Chapter 4 - Part B Hospital

(Including Inpatient Hospital Part B and OPPS)

240.2 – Indian Health Service/Tribal Hospital Inpatient Social Admits

(Rev. 1446, Issued: 02-08-08; Effective: 07-01-08; Implementation: 07-07-08)

There may be situations when an American Indian/Alaskan Native (AI/AN) beneficiary is admitted to an IHS/Tribal facility for social reasons. These social admissions are for patient and family convenience and are not billable to Medicare. There are also occasions where IHS/Tribal hospitals elect to admit patients prior to a scheduled day of surgery, or place a patient in a room after an inpatient discharge. These services are also considered to be social admissions as well.

For patients in a social admission status requiring outpatient services at another facility, Medicare disallow*s* payment for inpatient Part B ancillary services, Type of Bill (TOB) 12X during a social admission stay when there is another bill from a different facility for an outpatient service, TOB 13X *or 72X*. *The Common Working File (CWF) returns an A/B crossover edit and creates an unsolicited response (IUR) in this situation.*

The CWF also creates an IUR when a line item date of service on TOB 12X is equal to or one day following the discharge date on TOB 11X for the same provider.

The CWF bypasses both of these edits when the beneficiary is not entitled to Medicare Part A at the time the services on TOB 12X are rendered.

100.3.3 - FI - Social Admissions

(Rev. 1446, Issued: 02-08-08; Effective: 07-01-08; Implementation: 07-07-08)

Social admissions for patient and family convenience are not covered by Medicare. They are not billable to Medicare by IHS providers (including CAHs) on either TOB 11X (hospital inpatient) or 12X (hospital inpatient Part B). For admissions before surgery, only the scheduled surgery and related services may be billed on TOB 83X (ambulatory surgical center) if the surgery is performed on an outpatient basis and on TOB 11X if the surgery is performed on an inpatient basis. When placing a patient in a room for social reasons after discharge from an inpatient stay this portion of inpatient care may not be billed to Medicare. Medicare disallows payment for inpatient Medicare Part B ancillary services during a social admission stay when there is another bill from a different facility for an outpatient service. A TOB 12X from the admitting facility with a 13X (hospital outpatient) TOB from another hospital, a 72X (hospital based or freestanding renal dialysis center) TOB from a renal dialysis facility (RDF). Consequently, CWF will send an *informational* unsolicited response *(IUR)* to the designated FI on receipt of the 13X *or* 72X bill.

Medicare also disallows payment for inpatient Part B ancillary services during a social admission stay when a TOB 12X has a line item date of service (LIDOS) that is equal to or one day following the discharge date on a TOB 11X for the same provider. The CWF sends an IUR to the designated FI in this situation.

The CWF bypasses both of these edits when the beneficiary is not entitled to Medicare Part A at the time the services on TOB 12X are rendered.

See Chapter 4, §240.2 of Pub. 100-04, Medicare Claims Processing Manual, for more information on social admissions.

NOTE: Effective for dates of service on or after January 1, 2008, the FI no longer processes claims for IHS ASCs (TOB 83X). All IHS ASC providers must submit their claims to the carrier.