CMS Manual System

Pub. 100-20 One-Time Notification

Transmittal 156	Date: MAY 13, 2005

CHANGE REQUEST 3829

SUBJECT: New Patient Status Code to Define Discharges or Transfers to a Critical Access Hospital (CAH)

I. SUMMARY OF CHANGES: This CR provides usage and implementing instructions for a new Patient Status Code 66. A new patient status code involves changes to FISS, CWF, and MCE, as well as provider education.

NEW/REVISED MATERIAL - EFFECTIVE DATE*: October 01, 2005 for Medicare systems; discharges/ "to" dates on or after January 01, 2006 for providers
 IMPLEMENTATION DATE: October 03, 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: (*N/A if manual not updated.*)
 (R = REVISED, N = NEW, D = DELETED) – (*Only One Per Row.*)

R/N/D	CHAPTER/SECTION/SUBSECTION/TITLE

III. FUNDING: No additional funding will be provided by CMS; contractor activities are to be carried out within their FY 2005 operating budgets.

IV. ATTACHMENTS:

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

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

One-Time Notification

Pub. 100-04	Transmittal: 156	Date: May 13, 2005	Change Request 3829

SUBJECT: New Patient Status Code 66 to Define Discharges and Transfers to a Critical Access Hospital (CAH)

I.   GENERAL INFORMATION

A.   Background: CAHs, as created by Congress in the Balanced Budget Act of 1997, are limited-service hospitals located in rural areas. They provide 24-hour emergency care services, have an average length of stay of 96 hours or less, and are located more than 35 miles from a hospital or another CAH or more than 15 miles in areas with mountainous terrain or only secondary roads OR are certified by the state as being a "necessary provider" of healthcare services to residents in the area. Reimbursement is based on 101% of the CAHs reasonable costs. They are excluded from inpatient and outpatient prospective payment system. They are identified by the provider number range: XX1300 – XX1399. More background information can be found at www.cms.hhs.gov/providers/cah/default.asp, IOM Pub.100-04, Chapter 3, Section 30, or Pub. 100-04, Chapter 4, Section 250.

Previously, there was no patient status code to define discharges or transfers to a CAH. Providers used 01, 05, or another code since there wasn't another option available.

B.   Policy: Field locator 22 of the UB-92 and its electronic equivalent is a required field for all Part A inpatient, skilled nursing facility, hospice, home health agency, and outpatient bills. This code indicates a patient's status as of the "TO" date of the billing period. The NUBC approved patient status code 66 and defined it as "discharges/transfers to a Critical Access Hospital." **This code is effective for use by providers for discharges/to dates on or after January 1, 2006.**

There will be no payment implications for the use of this code at this time for transfers or postacute transfers, however, the patient status code field is a required field and must be coded accurately.

II.   BUSINESS REQUIREMENTS

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

Requirement Number	Requirements	Responsibility ("X" indicates the columns that apply)								
		FI	RHHI	Carrier	DMERC	Shared System Maintainers				Other
						FISS	MCS	VMS	CWF	

Requirement Number	Requirements	Responsibility ("X" indicates the columns that apply)								
		FI	RHHI	Carrier	DMERC	Shared System Maintainers				Other
						FISS	MCS	VMS	CWF	
3829.1	The shared systems shall accept patient status code 66.					X			X	
3829.2	The shared systems shall include patient status code 66 in the list of patient status codes allowed in a same day transfer situation.					X			X	
3829.3	FISS shall map patient status code 66 to IPPS Pricer review code 00 (as is done with patient status code 01.					X				
3829.4	CWF shall modify the 7272 reject and informational unsolicited response to include patient status code 66 in the list of patient status codes.								X	

III. PROVIDER EDUCATION

Requirement Number	Requirements	Responsibility ("X" indicates the columns that apply)								
		FI	RHHI	Carrier	DMERC	Shared System Maintainers				Other
						FISS	MCS	VMS	CWF	
3829.1	A provider education article related to this instruction will be available at www.cms.hhs.gov/medlearn/matters shortly after the CR is released. You will receive notification of the article release via the established "medlearn 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	X								

Requirement Number	Requirements	Responsibility ("X" indicates the columns that apply)								
		F I	R H H I	C a r r i e r	D M E R C	Shared System Maintainers				Other
						F I S S	M C S	V M S	C W F	
	1 week of the availability of the provider education article. In addition, the provider education article shall be included in your next regularly scheduled bulletin and incorporated into any educational events on this topic. Contractors are free to supplement Medlearn Matters articles with localized information that would benefit their provider community in billing and administering the Medicare program correctly.									

IV. SUPPORTING INFORMATION AND POSSIBLE DESIGN CONSIDERATIONS

A. Other Instructions:

X-Ref Requirement #	Instructions
3829.1	The Medicare Code Editor (MCE)/Grouper shall accept new patient status code 66.

B. Design Considerations: N/A

X-Ref Requirement #	Recommendation for Medicare System Requirements

C. Interfaces: Medicare Code Editor
D. Contractor Financial Reporting /Workload Impact: N/A

E. Dependencies: N/A

F. Testing Considerations: N/A

V. SCHEDULE, CONTACTS, AND FUNDING

Effective Date*: October 1, 2005 (Medicare systems); discharges/statement covers "to" dates on or after January 1, 2006 for providers	No additional funding will be provided by CMS; Contractor activities are to be carried out within their FY 2005 operating budgets.
Implementation Date: October 3, 2005 (The	

Medicare systems will have the systems changes in place to accept the code, however providers should not be billing the code until January 1, 2006.). **Pre-Implementation Contact(s):** Sarah Shirey, email: sarah.shirey-losso@cms.hhs.gov **Post-Implementation Contact(s):** Appropriate Regional Office	

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