

News Flash - Flu Season is upon us! Begin now to take advantage of each office visit as an opportunity to talk with your patients about the flu virus and their risks for complications associated with the flu. *(Medicare provides coverage of the flu vaccine without any out-of-pocket costs to the Medicare patient. No deductible or copayment/coinsurance applies.)* Remember - Influenza vaccination is a covered Part B benefit. Note that influenza vaccine is NOT a Part D covered drug. For information about Medicare's coverage of flu vaccine and its administration, please go to http://www.cms.hhs.gov/MLNProducts/Downloads/flu_products.pdf on the CMS website. **Get Your Flu Shot. – Not the Flu.**

MLN Matters Number: MM5734

Related Change Request (CR) #: 5734

Related CR Release Date: October 19, 2007

Effective Date: October 1, 2007

Related CR Transmittal #: R1355CP

Implementation Date: January 22, 2008

National Uniform Billing Committee (NUBC) Update on Revenue Codes and Corrected Skilled Nursing Facility (SNF) Spell of Illness Chart

Provider Types Affected

Providers submitting claims to Medicare contractors (Fiscal Intermediaries (FIs) and/or Part A/B Medicare Administrative Contractors (A/B MACs)) for services provided to Medicare beneficiaries.

Provider Action Needed



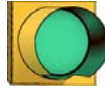
STOP – Impact to You - This article is based on Change Request (CR) 5734 which updates the Medicare Claims Processing Manual by removing two (2) revenue codes with a "9-Other" subcategory code.



CAUTION – What You Need to Know - The NUBC has discontinued several revenue codes with a "9 - Other" designation. CR5734 provides removes revenue codes 0709 and 0719 from the list of "Packaged Revenue Codes in Chapter 3 of the Medicare Claims Processing Manual. In addition, for skilled nursing facilities (SNF), a corrected spell of illness chart is included with CR5734.

Disclaimer

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GO – What You Need to Do - See the Background and Additional Information Sections of this article for further details regarding these changes.

Background

In the process of developing the UB-04 (also known as CMS-1450), the National Uniform Billing Committee (NUBC) reviewed the “9 – Other” subcategory codes for necessity, clarity, and redundancy. As a result of their review, several “9” codes were designated as reserved for assignment by the NUBC because the “0 – General Classification” codes were deemed sufficient.

Specific revenue codes removed include: 0599, 0709, 0719, 0749, 0759, 0779, 0789, and 0799.

As a result of NUBC’s decision regarding these codes, the Centers for Medicare & Medicaid Services (CMS) is removing two revenue codes, 0709 and 0719, from the Medicare Claims Processing Manual, Chapter 3, Section 20.5.1.1 (Packaged Revenue Codes), effective October 1, 2007. The remaining revenue codes include:

0250, 0251, 0252, 0254, 0255, 0257, 0258, 0259, 0260, 0262, 0263, 0264, 0269, 0270, 0271, 0272, 0275, 0276, 0278, 0279, 0280, 0289, 0370, 0371, 0372, 0379, 0390, 0399, 0560, 0569, 0621, 0622, 0624, 0630, 0631, 0632, 0633, 0637, 0681, 0682, 0683, 0684, 0689, 0700, 0710, 0720, 0721, 0762, 0810, 0819, and 0942.

In addition, CMS discovered that the Skilled Nursing Facility (SNF) spell of illness chart posted in the Medicare Claims Processing Manual, Chapter 6, Section 40.8.1 (Spell of Illness Quick Reference Chart) contained formatting errors.

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An updated spell of illness chart is included with CR 5734 and is provided as follows:

Level of Care	Patient's Medicare SNF Part A Benefits Are Exhausted	Patient Is In Medicare Certified Area of the Facility *	If in non-Medicare Area, the Facility Meets the Definition of a SNF **	Is the Inpatient Spell of Illness Continued?	Billing Action
Medicare Skilled	YES	YES	N/A	YES	Submit Monthly Covered Claim
	NO	YES	N/A	YES	Submit Monthly Covered Claim
	YES	NO	YES	YES	Submit Monthly Covered Claim
	NO	NO	YES	YES	Patient should be returned to certified area for Medicare to be billed. Submit Monthly Covered Claim
	NO	NO	NO	NO	Facility should determine whether it would be appropriate to a certified area for coverage
Not Medicare Skilled	YES	NO	NO	NO	Do not submit claim if patient came in non-skilled. Otherwise, submit no-pay claim w/ discharge status code when patient leaves the certified area.
	YES	YES	N/A	NO	Do not submit claim if patient came in non-skilled. Otherwise, submit no-pay claim w/ discharge status code when patient leaves the certified area.
	NO	YES	N/A	NO	Do not submit claim if patient came in non-skilled. Otherwise, submit no-pay claim w/ discharge status code when patient leaves the certified area.
	NO	NO	YES	NO	Do not submit claim if patient came in non-skilled. Otherwise, submit no-pay claim w/ discharge status code when patient leaves the certified area.
	YES	NO	YES	NO	Do not submit claim if patient came in non-skilled. Otherwise, submit no-pay claim w/ discharge status code when patient leaves the certified area.

* Whether the facility considers a patient's bed in the certified area to be a Medicare bed or not has no effect on whether the spell of illness is continued and has no effect on the SNF's action.

** In some states, licensing laws for all nursing homes have incorporated requirements of the basic

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SNF definition (Social Security Act §1819(a)(1)). When this is the case, any nursing home in such a state would be considered to meet this definition (see State Operations Manual, Chapter 2, §2164 at <http://www.cms.hhs.gov/manuals> on the CMS website).

Additional Information

The official instruction, CR5734, issued to your FI and A/B MAC regarding this change may be viewed at <http://www.cms.hhs.gov/Transmittals/downloads/R1355CP.pdf> on the CMS website.

If you have any questions, please contact your Medicare FI or A/B MAC at their toll-free number, which may be found at <http://www.cms.hhs.gov/MLNProducts/downloads/CallCenterTollNumDirectory.zip> on the CMS website.

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