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# CMS Manual System

## Pub. 100-04 Medicare Claims Processing

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Department of Health &  
Human Services (DHHS)  
Centers for Medicare &  
Medicaid Services (CMS)

Transmittal 237

Date: JULY 23, 2004

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CHANGE REQUEST 3364

**I. SUMMARY OF CHANGES:** This CR instructs the fiscal intermediary standard system, the common working file, and fiscal intermediaries to implement a new patient status code. It also provides instruction on its use.

**NEW/REVISED MATERIAL - EFFECTIVE DATE: April 1, 2004**

**\*IMPLEMENTATION DATE: January 3, 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**

**(R = REVISED, N = NEW, D = DELETED) – (Only One Per Row.)**

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

**\*III. FUNDING:**

These instructions shall be implemented within your current operating budget.

**IV. ATTACHMENTS:**

<b>X</b>	<b>Business Requirements</b>
	<b>Manual Instruction</b>
	<b>Confidential Requirements</b>
	<b>One-Time Notification</b>
	<b>Recurring Update Notification</b>

**\*Medicare contractors only**

## Attachment - Business Requirements

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**SUBJECT: Implementation of Patient Status Code 65, Discharged/Transferred to a Psychiatric Hospital or Psychiatric Distinct Part Unit of a Hospital**

### I. GENERAL INFORMATION

**A. Background:** Psychiatric hospitals and psychiatric distinct part units were included in patient status code 05 (previously defined as discharged/transferred to another type of facility). These types of hospitals were pulled from 05 and given their own separately identifiable code, 65. Medicare identifies psychiatric hospitals by provider number xx-4000 through xx-4499 and psychiatric distinct part units by provider number xx-Sxxx. Payment has the potential to be affected when an acute inpatient prospective payment (IPPS) hospital transfers a patient to a psychiatric hospital because psychiatric hospitals are included in the postacute care transfer policy. For all other providers, payment is not affected; however, this is a required field on the claim and must be coded accurately.

**B. Policy:** Field Locator 22 on the UB-92 or electronic equivalent is a required field for all Part A inpatient, skilled nursing facility, hospice, home health agency, and outpatient hospital bills. This code indicates a patient's status as of the "through" date of the billing period.

**C. Provider Education:** A provider education article related to this instruction will be available at <http://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 one week of the availability of the provider education article. In addition, the provider education article must be included in your next regularly scheduled bulletin.

### II. BUSINESS REQUIREMENTS

*"Shall" denotes a mandatory requirement*

*"Should" denotes an optional requirement*

Requirement #	Requirements	Responsibility
3364.1	The Fiscal Intermediary Standard System (FISS) and the Common Working File (CWF) shall accept patient status code 65.	FISS & CWF
3364.1.1	FISS shall create an edit to ensure that patient status code 65 will be allowed on claims with a discharge date greater than April 1, 2004.	FISS
3364.1.2	The standard systems shall include patient status code 65 in the list of patient status codes	FISS & CWF

	allowed in a same day transfer situation.	
3364.2	FISS shall map patient status code 65 to IPPS Pricer review codes 09 or 11 (as is done with 05).	FISS
3364.3	CWF shall verify that patient status code 65 is present on an IPPS claim when either the history or incoming claim contains a psychiatric hospital provider number range xx-4000 through xx-4499.	CWF

### III. SUPPORTING INFORMATION AND POSSIBLE DESIGN CONSIDERATIONS

#### A. Other Instructions:

X-Ref Requirement #	Instructions
3364.1	Providers were instructed to continue to use patient status code 05 when billing Medicare until such time that 65 was available. Providers do not need to resubmit bills, but upon implementation of this CR begin billing with 65.

#### B. Design Considerations: N/A

X-Ref Requirement #	Recommendation for Medicare System Requirements

#### C. Interfaces: N/A

#### D. Contractor Financial Reporting /Workload Impact: N/A

#### E. Dependencies: N/A

#### F. Testing Considerations: N/A

### IV. SCHEDULE, CONTACTS, AND FUNDING

<p><b>Effective Date:</b> April 1, 2004</p> <p><b>Implementation Date:</b> January 3, 2005</p> <p><b>Pre-Implementation Contact(s):</b> Sarah Shirey at sshirey@cms.hhs.gov</p> <p><b>Post-Implementation Contact(s):</b> Appropriate CMS Regional Office</p>	<p><b>These instructions shall be implemented within your current operating budget.</b></p>
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