

<b>CMS Manual System</b>	<b>Department of Health &amp; Human Services (DHHS)</b>
<b>Pub 100-04 Medicare Claims Processing</b>	<b>Centers for Medicare &amp; Medicaid Services (CMS)</b>
<b>Transmittal 1170</b>	<b>Date: FEBRUARY 2, 2007</b>
	<b>Change Request 5470</b>

**SUBJECT: Inpatient Psychiatric Facility Prospective Payment System (IPF PPS) for Oncology Treatment Payment Adjustment**

**I. SUMMARY OF CHANGES:** An oncology adjustment factor should be applied when the oncology procedure code appears in either the principal procedure code field or any of the other procedure code fields. This transmittal states that FISS will pass Pricer all procedure codes, including the principal procedure code.

**New / Revised Material**

**Effective Date: January 1, 2005**

**Implementation Date: July 2, 2007**

*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.*

<b>R/N/D</b>	<b>CHAPTER / SECTION / SUBSECTION / TITLE</b>
N/A	

**III. FUNDING:**

No additional funding will be provided by CMS; contractor activities are to be carried out within their FY 2007 operating budgets.

**IV. ATTACHMENTS:**

**One-Time Notification**

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

# Attachment - One-Time Notification

Pub. 100-04	Transmittal: 1170	Date: February 2, 2007	Change Request: 5470
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**SUBJECT: Inpatient Psychiatric Facility Prospective Payment System (IPF PPS) for Oncology Treatment Payment Adjustment**

**Effective Date:** January 1, 2005

**Implementation Date:** July 2, 2007

## I. GENERAL INFORMATION

**A. Background:** Currently, the IPF PPS Pricer program receives only the ‘other’ procedure codes from the Fiscal Intermediary Standard System (FISS), so if a radiation or chemotherapy procedure code appears in the principal procedure code field, the claim will not receive the Oncology Treatment payment adjustment. An oncology adjustment factor should be applied when the oncology procedure code appears in either the principal procedure code field or any of the other procedure code fields. This transmittal states that FISS will pass the IPF PPS Pricer all procedure codes, including the principal procedure code.

If an IPF believes that they are entitled to a comorbidity adjustment for Oncology Treatment, they should resubmit their claim after July 2, 2007, so that they may be reimbursed accurately.

**B. Policy:** IPF PPS provides a comorbidity adjustment of 1.07 for Oncology Treatment. In order to receive this adjustment, a claim must have an ICD-9-CM code in the range from 1400 through 2399, along with a procedure code 99.25 (chemotherapy) or 92.21 through 92.29 (radiation).

## II. BUSINESS REQUIREMENTS TABLE

*Use “Shall” to denote a mandatory requirement*

Number	Requirement	Responsibility (place an “X” in each applicable column)								
		A / B  M A C	D M M A C	F I  I E R	C A R E R	D M R C	R E R I	Shared-System Maintainers		
						F I S S	M C S	V M S	C W F	
5470.1	FISS shall pass Pricer the principle procedure code (currently FISS is passing only the “other” procedure codes).	X		X			X			
5470.1.1	FISS shall allow this capability back to January 1, 2005 (the implementation of IPF PPS).	X		X			X			
5470.2	Contactors shall advise IPFs to resubmit claims after July 1, 2007, if IPFs believe that they are entitled to a comorbidity adjustment for Oncology Treatment.	X		X						
5470.2.1	Contractors shall bypass timely filing edits	X		X						

Number	Requirement	Responsibility (place an "X" in each applicable column)										
		A / B	D M E	F I	C A R R I C E R	D M R R I C	R H I	Shared-System Maintainers				OTHER
		M A C	M A C					F I S S	M C S	V M S	C W F	
	should an IPF resubmit a claim for this reason and receive a timely filing edit.											

### III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)										
		A / B	D M E	F I	C A R R I C E R	D M R R I C	R H I	Shared-System Maintainers				OTHER
		M A C	M A C					F I S S	M C S	V M S	C W F	
5470.3	A provider education article related to this instruction will be available at <a href="http://www.cms.hhs.gov/MLNMattersArticles/">http://www.cms.hhs.gov/MLNMattersArticles/</a> 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

A. For any recommendations and supporting information associated with listed requirements, use the box below: N/A

Use "Should" to denote a recommendation.

<b>X-Ref Requirement Number</b>	<b>Recommendations or other supporting information:</b>

**B. For all other recommendations and supporting information, use the space below: N/A**

## **V. CONTACTS**

### **Pre-Implementation Contact(s):**

Policy: Dorothy Colbert at (410) 786-9671 and Matt Quarrick (410) 786-9867

Claims Processing: Valeri Ritter at (410)786-8652

**Post-Implementation Contact(s):** Regional Office

## **VI. FUNDING**

### **A. TITLE XVIII Contractors:**

No additional funding will be provided by CMS; contractor activities are to be carried out within their FY 2007 operating budgets.

### **B. Medicare Administrative Contractors:**

The contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the Statement of Work (SOW). The contractor is not obligated to incur costs in excess of the amounts specified 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.