



News Flash - A new preventive services brochure entitled *Expanded Benefits*, ICN# 006433, is now available on the Centers for Medicare & Medicaid Services (CMS) Medicare Learning Network (MLN). This tri-fold brochure provides health care professionals with an overview of Medicare's coverage of three preventive services: the initial preventive physical examination (IPPE), also known as the "Welcome to Medicare" visit, ultrasound screening for abdominal aortic aneurysms, and cardiovascular screening blood tests. The brochure is available at http://www.cms.hhs.gov/MLNProducts/downloads/Expanded_Benefits.pdf on the CMS website.

MLN Matters Number: MM5768

Related Change Request (CR) #: 5768

Related CR Release Date: November 2, 2007

Effective Date: April 1, 2008

Related CR Transmittal #: R1364CP

Implementation Date: April 7, 2008

Medicare's Common Working File (CWF) Informational Unsolicited Responses for RDF Claims Overlapping Inpatient Hospital Stays

Provider Types Affected

Renal Dialysis Facilities (RDFs) 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) 5768, which changes processes for Common Working File (CWF) Informational Unsolicited Responses for RDF Claims Overlapping Inpatient Hospital Stays.

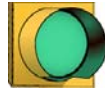


CAUTION – What You Need to Know

Disclaimer

This article was prepared as a service to the public and is not intended to grant rights or impose obligations. This article may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations and other interpretive materials for a full and accurate statement of their contents.

CR 5768 implements an informational unsolicited response from the CWF to prompt the Medicare systems to adjust 72x claims that have line item dates of service overlapping a subsequently received inpatient claim.



GO – What You Need to Do

See the Background and Additional Information Sections of this article for further details regarding these changes.

Background

CR 5039 implemented line item billing for RDFs effective April 1, 2007. (See related MLN Matters article, MM5039 at <http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM5039.pdf> on the CMS website.) In addition, CR 5039 (Transmittal 1084) implemented system functionality in the Medicare systems to compare line item dates of service on RDFs claims to the dates of services on other potential overlapping claims. When an incoming RDF claim (bill type 72x) includes line item dates of service(s) that are included in an inpatient claim, the line item services that are listed with dates that overlap the inpatient stay dates are rejected while allowing the remainder of the claim for dates of service that are not overlapping to be paid. RDFs may bill for and be paid for services on the admission date and discharge date of a hospital stay. Therefore, the inpatient admission date and discharge date are not considered overlapping dates of service. CR 5039 (Transmittal 1084) did not include a process for rejecting services on the RDF claim overlapping an inpatient stay when the RDF claim is received before the inpatient hospital claim.

Therefore, CR 5768 implements processes in Medicare systems to identify previously processed RDF claims received for a patient where a subsequent inpatient claim is received. When such RDF claims are identified, Medicare systems will adjust the already processed 72x claims that have line item dates of service overlapping the incoming inpatient claim.

Additional Information

The official instruction, CR5768, issued to FI and A/B MAC regarding this change may be viewed at <http://www.cms.hhs.gov/Transmittals/downloads/R1364CP.pdf> on the CMS website. The revised sections of Chapter 8 of the Medicare Claims Processing Manual are attached to CR5768.

If you have any questions, please contact your FI or A/B MAC at their toll-free number, which may be found at

Disclaimer

This article was prepared as a service to the public and is not intended to grant rights or impose obligations. This article may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations and other interpretive materials for a full and accurate statement of their contents.

<http://www.cms.hhs.gov/MLNProducts/downloads/CallCenterTollNumDirectory.zip>
on the CMS website.

Disclaimer

This article was prepared as a service to the public and is not intended to grant rights or impose obligations. This article may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations and other interpretive materials for a full and accurate statement of their contents.