CMS Manual System Pub 100-04 Medicare Claims Processing

Department of Health & Human Services (DHHS)

Centers for Medicare & Medicaid Services (CMS)

Transmittal 881

Date: MARCH 3, 2006 Change Request 4252

SUBJECT: Outpatient Prospective Payment System (OPPS) Hospital Emergency Room Services Exceeding 24 Hours

I. SUMMARY OF CHANGES: Update of the Claims Processing Manual, Chapter 4, to advise OPPS Hospitals of proper billing procedures for Emergency Room Services that exceed 24 hours.

NEW/REVISED MATERIAL EFFECTIVE DATE: April 3, 2006 IMPLEMENTATION DATE: April 3, 2006

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.*

R/N/D	Chapter / Section / SubSection / Title
R	4/ Table of Contents
R	4/180/Accurate Reporting of Surgical and Medical Procedures and Services
N	4/180/180.6/OPPS Hospital Emergency Room Services Exceeding 24 Hours

III. FUNDING:

No additional funding will be provided by CMS; Contractor activities are to be carried out within their FY 2006 operating budgets.

IV. ATTACHMENTS:

Business Requirements Manual Instruction

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

Attachment - Business Requirements

Pub. 100-04	Transmittal: 881	Date: March 3, 2006	Change Request 4252

SUBJECT: Outpatient Prospective Payment System (OPPS) Hospital Emergency Room Services Exceeding 24 Hours

I. GENERAL INFORMATION

A. Background: This Change Request is to notify Fiscal Intermediaries of an update of the Medicare Claims Processing Manual, Chapter 4, Section 180.6, to advise OPPS hospitals of proper billing procedures for emergency room services that exceed 24 hours.

B. Policy: This notification provides updated instructions via the manual regarding the billing of emergency room claims for Hospital Outpatient Prospective Payment System hospitals for services exceeding 24 hours.

II. BUSINESS REQUIREMENTS

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

Requirement Requirements Number		Responsibility ("X" indicates the columns that apply)									
		FI	R H H I	C a r r i e r	D M E R C	Sha	red S	•	С	Other	
4252.1	Fiscal Intermediaries shall inform providers of the proper billing requirements regarding the billing of emergency room services exceeding 24 hours as stated in Pub. 100-04, Medicare Claims Processing Manual, Chapter 1, Sections 10.1.9 and 10.1.9.3.	Х									

III. PROVIDER EDUCATION

-	Requirements		Responsibility ("X" indicates the							
Number		columns that apply)								
		F	R	С	D	Shared System	Other			
		Ι	Η	а	Μ	Maintainers				
			TT		Б					

				F I S S	M C S	V M S	C W F	
4252.2	A provider education article related to this instruction will be available at <u>www.cms.hhs.gov/medlearn/matters</u> 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 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.	Х						

IV. SUPPORTING INFORMATION AND POSSIBLE DESIGN CONSIDERATIONS

A. Other Instructions: NA

X-Ref Requirement #	Instructions

B. Design Considerations: NA

X-Ref Requirement #	Recommendation for Medicare System Requirements

C. Interfaces: NA

D. Contractor Financial Reporting /Workload Impact: NA

- E. Dependencies: NA
- F. Testing Considerations: NA

V. SCHEDULE, CONTACTS, AND FUNDING

Effective Date*: April 3, 2006	No additional funding will be provided by CMS; contractor
Implementation Date: April 3, 2006	activities are to be carried out within their FY 2006 operating
Pre-Implementation Contact(s): Diana	budgets.
Motsiopoulos at diana.motsiopoulos@cms.hhs.gov	
or Jason Kerr at Jason.kerr@cms.hhs.gov	
Post-Implementation Contact(s): Regional Office	

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

Medicare Claims Processing Manual

Chapter 4 - Part B Hospital (Including Inpatient Hospital Part B and OPPS)

Table of Contents

(Rev.881, 03-03-06)

Crosswalk to Old Manuals

<u>180 - Accurate Reporting of Surgical, and *Medical* Procedures *and Services* <u>180.6 – OPPS Emergency Room Services Exceeding 24 Hours</u></u>

180 - Accurate Reporting of Surgical *and Medical* Procedures *and Services*

(Rev. 881, Issued: 03-03-06, Effective: 04-03-06, Implementation: 04-03-06)

180.6 – OPPS Emergency Room Services Exceeding 24 Hours (Rev. 881, Issued: 03-03-06, Effective: 04-03-06, Implementation: 04-03-06)

Hospital OPPS claims submitted for emergency room services should be billed in the following manner:

- The emergency room is identified with revenue code 045x;
- The service date is the date the service was provided in the emergency room;
- If the patient was in the emergency room after midnight, only one service date should be entered, the date the patient entered the emergency room; and
- Service units should be one.