

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Medicare & Medicaid Services



News Flash – The Centers for Medicare & Medicaid Services (CMS) has posted 18 new FAQs about HIPAA version 5010 implementation, and one PDF document containing 27 Q&As specific to the Wednesday, March 30, CMS-hosted 5010 national provider teleconference on provider testing and readiness. To review these FAQs, visit the CMS FAQ database at <http://questions.CMS.hhs.gov> and search for “5010.” For more information, you can also go to http://www.cms.gov/Versions5010andD0/downloads/033011_National_Call_Resource_Mailbox_Qs_and_As.pdf on the CMS website.

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Correct Provider Billing of Admission Date and Statement Covers Period

Provider Types Affected

Inpatient hospital providers who submit claims on the UB-04 claims form or its electronic equivalent to Fiscal Intermediaries (FI) and A/B Medicare Administrative Contractors (MAC) need to be aware of the clarifications in this article.

What You Need to Know

In collaboration with the National Uniform Billing Committee’s (NUBC) definition for reporting of the Admission Date and Statement Covers Period elements on claims, the Centers for Medicare & Medicaid Services (CMS) would like to remind you to review the NUBC definitions for claims submitted **on or after October 1, 2011**.

This special article reminds you of the definitions for reporting the Admission Date and Statement Covers Period on claims.

- The Admission Date (Form Locator 12) is the date the patient was admitted as an inpatient to the facility (or indicates the start of care date for home health and

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hospice). It is reported on all inpatient claims regardless of whether it is an initial, interim, or final bill.

- The Statement Covers Period (“From” and “Through” dates in Form Locator 6) identifies the span of service dates included in a particular bill. The “From” Date is the earliest date of service on the bill.

Previously, Medicare’s Fiscal Intermediary Shared System (FISS) edits required that the Admission Date not be later than the “From” date on initial provider claims as required to match NUBC UB-92 definitions. In order to pass FISS edits and avoid getting a claim rejected, providers may have engineered workarounds that force the two dates to match.

CMS has issued instructions to FISS for modifying FISS edits regarding these data elements to match NUBC UB-04 definitions:

- Based on UB-04 definitions of these two data elements, CMS has modified FISS edits so Admission Date and “From” Dates are not required to match.
- Based on UB-04 definitions of these two data elements, CMS has modified FISS edits so as not to compare the number of days in the Statement Covers Period to any other data element (e.g., total accommodation days reported in the revenue code section).

As a reminder, you should verify your systems edit logic for correct application of these data elements. If you implemented workaround routines, you need to deactivate them. You should contact your trading partners to ensure they are aware of the changes and that they are taking the appropriate steps to correct any edit logic. Please ensure that your staffs are aware of these upcoming changes.

Additional Information

The Medicare Learning Network (MLN) has a fact sheet *UB-04 Overview*, available at http://www.cms.gov/MLNProducts/downloads/ub04_fact_sheet.pdf on the CMS website. Current Medicare policy regarding the coding and edits on the relevant data elements are in the “Medicare Claims Processing Manual” in Chapter 25, Section 75.1 at <http://www.cms.gov/Manuals/downloads/clm104c25.pdf> and in Chapter 1, Section 80.3.2.2 at <http://www.cms.gov/Manuals/downloads/clm104c01.pdf> on the CMS website. If you have any questions, please contact your FI or A/B MAC at their toll-free number, which may be found at <http://www.cms.gov/MLNProducts/downloads/CallCenterTollNumDirectory.zip> on the CMS website.

Visit the NUBC website at http://www.nubc.org/public/whatsnew/11_17_10%20NUBC%20Billing%20Alert.pdf to learn more about this matter.

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