DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

Revised products from the Medicare Learning Network® (MLN)

- "Medical Privacy of Protected Health Information," Fact Sheet, ICN 006942, Downloadable only.

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Point of Origin for Admission or Visit Code (Formerly Source of Admission Code) for Inpatient Psychiatric Facilities (IPFs)

Provider Types Affected

This MLN Matters® Special Edition article is intended for Inpatient Psychiatric Facilities (IPFs) submitting claims to Part A/B Medicare Administrative Contractors (A/B MACs) that involve inpatient transfers within the same facility.

What You Need to Know

Recovery Auditors have conducted reviews of Medicare Prospective Payment System (PPS) claims for Inpatient Psychiatric Facilities (IPF) services. These reviews have identified a substantial number of overpayments for inpatient psychiatric services directly following an acute care stay within the same facility. These errors and overpayments occurred because the Source of Admission Code 'D' was not applied to those claims. The Point of Origin for Admission or Visit Code "D" (formerly the Source of Admission Code) must be used when a patient is discharged from an acute-care stay in a hospital and transferred to the same hospital's inpatient psychiatric Distinct Part Unit (DPU).

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Under the Medicare PPS, the Centers for Medicare & Medicaid Services (CMS) makes an additional payment to an IPF or a DPU for the first day of a beneficiary's stay to account for emergency department costs if the IPF has a qualifying emergency department. However, CMS does not make this payment if the beneficiary was discharged from an acute-care stay and transferred to its own hospital based IPF since payment for the emergency department services are included in the Medicare payment for the acute-care stay. The Point of Origin for Admission or Visit Code "D" prevents this overpayment.

The correct Point of Origin for Admission or Visit code (formerly Source of Admission) must be applied to prevent incorrect payments.

Case Studies

Example 1: On January 10, 2010, an 85 year old female is admitted through the Emergency Room for a one day stay in an acute-care inpatient hospital setting. On January 11, 2010, the patient is admitted to the inpatient psychiatric unit of the same facility. The claim for this admission was submitted with Point of Origin for Admission or Visit Code "1" (Physician Referral).

Resolution: Because the January 11th admission was a transfer from the same facility, the Point of Origin for Admission or Visit Code should be coded "D". The incorrect Source of Admission Code resulted in an overpayment of $105.06.

Example 2: On January 19, 2012, a 63 year old male is admitted through the Emergency Room for a two day stay in an acute-care inpatient hospital setting. On January 21, 2012, the patient is admitted to the inpatient psychiatric unit of the same facility. The claim for this admission was submitted with Point of Origin for Admission or Visit Code "2" (Clinic Referral).

Resolution: Because the January 21st admission was a transfer from the same facility, the Point of Origin for Admission or Visit Code should be coded "D". The incorrect Source of Admission Code resulted in an overpayment of $98.15.

Additional Information

If you have any questions, please contact your MAC at their toll-free number, which may be found at http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/provider-compliance-interactive-map/index.html on the CMS website.

For more information about IPFs and use of Point of Origin for Admission or Visit Code D, see the MLN Matters® article SE1020 at http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE1020.pdf on the CMS website.

MM3881 also provides additional information about Point of Origin for Admission or Visit Code 'D' at http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM3881.pdf on the CMS website.

To review the Inpatient Psychiatric Facility Prospective Payment System Fact Sheet that provides detailed information about the background, coverage requirements, payment rates, Fiscal Year (FY)

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2013 updates to the IPF PPS, quality reporting, and resources; visit http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/InpatientPsychFac.pdf on the CMS website.

News Flash - Generally, Medicare Part B covers one flu vaccination and its administration per flu season for beneficiaries without co-pay or deductible. Now is the perfect time to vaccinate beneficiaries. Health care providers are encouraged to get a flu vaccine to help protect themselves from the flu and to keep from spreading it to their family, co-workers, and patients. Note: The flu vaccine is not a Part D-covered drug. For more information, visit:

- MLN Matters® Article #MM8433, "Influenza Vaccine Payment Allowances - Annual Update for 2013-2014 Season"
- MLN Matters® Article #SE1336, "2013-2014 Influenza (Flu) Resources for Health Care Professionals"
- HealthMap Vaccine Finder - a free, online service where users can search for locations offering flu and other adult vaccines. While some providers may offer flu vaccines, those that don't can help their patients locate flu vaccines within their local community.
- The CDC website for Free Resources, including prescription-style tear-pads that allow you to give a customized flu shot reminder to patients at high-risk for complications from the flu.

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