MLN Matters®
Information for Medicare Fee-for-Service Health Care Professionals

News Flash – The *General Equivalence Mappings – ICD-9-CM To and From ICD-10-CM and ICD-10-PCS Fact Sheet* (March 2009), which provides information and resources regarding the General Equivalence Mappings that were developed as a tool to assist with the conversion of International Classification of Diseases, 9th Edition, Clinical Modification (ICD-9-CM) codes to International Classification of Diseases, 10th Edition (ICD-10) and the conversion of ICD-10 codes back to ICD-9-CM, is now available in downloadable format from the Centers for Medicare & Medicaid Services (CMS) Medicare Learning Network at *http://www.cms.hhs.gov/MLNProducts/downloads/ICD-10_GEM_factsheet.pdf* on the CMS website. The General Equivalence Mappings information discussed in this fact sheet has also been posted in the CMS Frequently Asked Questions database at *https://questions.cms.hhs.gov/cgi-bin/cmshhs.cfg/php/enduser/std_alp.php?p_sid=l2s5Zouj* on the CMS website.

MLN Matters® Number: MM6386 Revised

Related Change Request (CR) #: 6386

Related CR Release Date: April 24, 2009

Effective Date: October 1, 2009

Related CR Transmittal #: R471OTN

Implementation Date: October 5, 2009

Revision to Processing Hospice Visit Charges on Remittance Advices and Medicare Summary Notices (MSNs)

Note: This article was revised on May 4, 2009, to change the Provider Types Affected section. That section is corrected below by deleting the reference to Fiscal Intermediaries and adding Part A/B Medicare Administrative Contractors (A/B MACs). All other information remains unchanged.

Provider Types Affected

Hospice providers submitting claims to Medicare A/B MACs and Regional Home Health Intermediaries (RHHIs) for hospice services provided to Medicare beneficiaries.

Provider Action Needed

This article is based on change request (CR) 6386. The Centers for Medicare & Medicaid Services (CMS) wants providers to know that hospice visit charges that are covered in the hospice bundled payment are showing on the MSN as non-covered and causing confusion and unnecessary appeals by beneficiaries. Upon implementation of CR 6386, CMS will show these charges as covered on the

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remittance advice and MSN in order to reduce confusion, improper payments by some secondary payers and unnecessary appeals by beneficiaries.

Background

MLN Matters article MM5567 entitled *"Reporting of Additional Data to Describe Services on Hospice Claims*" discussed the requirement for hospice providers to report the number of nursing, aides and social worker visits on the claim. MM5567 may be reviewed at *http://www.cms.hhs.gov/MLNMattersArticles/downloads/mm5567.pdf* on the CMS website. The charges associated with those visits are currently being processed as non-covered by Medicare systems with the remittance advice code 97 "Payment adjusted because the benefit for this service is included in the payment / allowance for another service / procedure that has already been adjudicated." The remittance codes are sent to supplemental payers; however, the presence of these charges appearing as non-covered on the remittance advice notice may have caused some secondary payers to make inappropriate payment for these visits.

In addition, there has also been some confusion regarding these charges appearing as non-covered on the beneficiary Medicare Summary Notice (MSN) resulting in some beneficiaries requesting an appeal of the non-covered charges, although these charges are not reflected on the MSN in the "You May Be Billed" column. There is no beneficiary liability for these charges and therefore, no appeal is necessary.

Charges associated with the reported visits are covered under the hospice bundled payment and reflected in the payment for the level of care billed on the claim. No separate or additional payment is made for the charges reported on the revenue lines reflecting visits. However, to minimize confusion for these charges Medicare will change the outcome of processing these charges to reflect as covered on the remittance advice notice and the MSN. In addition, the MSN sent to the beneficiary will reflect the following message "You should not be billed for this service. You are only responsible for any deductible and coinsurance amounts listed in the 'You May Be Billed' column".

Additional Information

If you have questions, please contact your Medicare RHHI or FI at their toll-free number which may be found at *http://www.cms.hhs.gov/MLNProducts/downloads/CallCenterTollNumDirectory.zip* on the CMS website. The official instruction, CR6386, issued to your Medicare RHHI or FI regarding this change may be viewed at

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http://www.cms.hhs.gov/Transmittals/downloads/R471OTN.pdf on the CMS website.

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