
CMS Manual System

Pub. 100-04 Medicare Claims Processing

Department of Health & Human Services (DHHS)
Centers for Medicare & Medicaid Services (CMS)

Transmittal 36

Date: NOVEMBER 28, 2003

CHANGE REQUEST 2995

I. SUMMARY OF CHANGES: Add revenue code 068X.

NEW/REVISED MATERIAL

EFFECTIVE DATE: October 1, 2002

***IMPLEMENTATION DATE:** January 1, 2004

The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged.

II. CHANGES IN MANUAL INSTRUCTIONS:

(R = REVISED, N = NEW, D = DELETED)

R/N/D	CHAPTER/SECTION/SUBSECTION/TITLE
R	Chapter 4/Section 20/Subsection 5.1.1/Packaged Revenue Codes

***III. FUNDING:** These instructions should be implemented within your current operating budget.

IV. ATTACHMENTS:

X	Business Requirements
X	Manual Instruction
	Confidential Requirements
	One-Time Notification

***Medicare contractors only**

Attachment - Business Requirements

Pub. 100-04	Transmittal: 36	Date: November 28, 2003	Change Request 2995
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SUBJECT: Revenue Code 068X

I. GENERAL INFORMATION

A. Background:

- Medicare Intermediary Manual Transmittal 1875 (CR 2456), issued February 7, 2003, updated section 3604, Review of Form HCFA-1450 for Inpatient and Outpatient Bills, to include new revenue codes (RCs) approved by the National Uniform Billing Committee (NUBC) in Form Locator (FL) 42. One of the new revenue codes is RC 068X, Trauma Response, which was effective October 1, 2002.
- This transmittal adds RC 068X to Pub. 100-04, Claims Processing, Chapter 4, section 20.5.1.1, Packaged Revenue Codes, which lists revenue codes that are packaged under the hospital outpatient prospective payment system (OPPS),

B. Policy:

- RC 068X is a packaged revenue code under the hospital outpatient prospective payment system (OPPS).
- Payment for RC 068X under the hospital inpatient prospective payment system is included in the DRG payment.
- Institutions that report revenue codes and that submit claims to fiscal intermediaries (FIs) but that are not paid under the hospital OPPS or the hospital inpatient PPS would be paid for RC 068X under existing applicable payment methodologies.

C. Provider Education:

Intermediaries shall inform affected providers by posting either a summary or relevant portions of this document on their Web site upon receipt. Also, intermediaries shall publish this same information in their next regularly scheduled bulletin. If they have a listserv that targets affected providers, they shall use it to notify subscribers that information about Revenue code 068X, Trauma Response, is available on their Web site.

II. BUSINESS REQUIREMENTS

"Shall" denotes a mandatory requirement

"Should" denotes an optional requirement

Requirement #	Requirements	Responsibility
1	Intermediaries shall recognize revenue code 068X on bill types 13x (outpatient) and 11x	FIs

	(inpatient)	
2	Upon receipt, intermediaries shall inform hospitals of the manual revision in this transmittal by posting the changes on their Web site.	FIs
3	Intermediaries shall publish the manual revision in this transmittal in their next regularly scheduled bulletin.	FIs
4	Intermediaries shall, if they have a listserv that targets affected providers, use the listserv to notify subscribers that information about Revenue Code 068X, Trauma Activation, has been posted on the intermediary's Web site.	FIs
5	Intermediaries should not search their files to either retract payment or to retroactively pay claims.	FIs
6	Intermediaries shall adjust claims if they are brought to their attention.	FIs

III. SUPPORTING INFORMATION AND POSSIBLE DESIGN CONSIDERATIONS

A. Other Instructions:

X-Ref Requirement #	Instructions
N/A.	

B. Design Considerations:

X-Ref Requirement #	Recommendation for Medicare System Requirements
N/A.	

C. Interfaces: N/A.

D. Contractor Financial Reporting /Workload Impact: N/A.

E. Dependencies: N/A.

F. Testing Considerations: N/A.

IV. SCHEDULE, CONTACTS, AND FUNDING

<p>Effective Date: October 1, 2002</p> <p>Implementation Date: January 1, 2004</p> <p>Pre-Implementation Contact(s): Chuck Braver CMM/HAPG/DOC (410)786-6719</p> <p>Post-Implementation Contact(s): Appropriate Regional Office</p>	<p>These instructions should be implemented within your current operating budget</p>
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20.5.1.1 - Packaged Revenue Codes

(Rev. 36, 11-28-03)

A-01-50, A-03-035

The following revenue codes when billed under OPPS without HCPCS codes are packaged services for which no separate payment is made. However, the cost of these services is included in the transitional outpatient payment (TOP) and outlier calculations. The revenue codes for packaged services are: 0250, 0251, 0252, 0254, 0255, 0257, 0258, 0259, 0260, 0262, 0263, 0264, 0269, 0270, 0271, 0272, 0275, 0276, 0278, 0279, 0280, 0289, 0370, 0371, 0372, 0379, 0390, 0399, 0560, 0569, 0621, 0622, 0624, 0630, 0631, 0632, 0633, 0637, *0681, 0682, 0683, 0684, 0689*, 0700, 0709, 0710, 0719, 0720, 0721, 0762, 0810, 0819, and 0942.

Any other revenue codes that are billable on a hospital outpatient claim must contain a HCPCS code in order to assure payment under OPPS. FIs should return to provider (RTP), claims which contain revenue codes that require HCPCS when no HCPCS is shown on the line.