

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 10597	Date: March 12, 2021
	Change Request 12086

SUBJECT: Submission of Condition Codes to the Inpatient Prospective Payment System (IPPS) Pricer to Report Services Provided as Part of an Expanded Access Approval or Emergency Use Authorization

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to make system changes to pass new NUBC Condition Codes "90" and "91" to the Inpatient Prospective Payment System (IPPS) PRICER, when reported on the claim. This systems change allows Medicare to implement new payment mechanisms for services provided as part of an Expanded Access Approval or through an Emergency Use Authorization. This CR also ensures that Payer Only Condition Codes ZA-ZZ, and provider-submitted Condition Codes 90 and 91 are passed to downstream systems.

EFFECTIVE DATE: July 1, 2021

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

IMPLEMENTATION DATE: July 6, 2021

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
N/A	N/A

III. FUNDING:

For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

IV. ATTACHMENTS:

One Time Notification

Attachment - One-Time Notification

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SUBJECT: Submission of Condition Codes to the Inpatient Prospective Payment System (IPPS) Pricer to Report Services Provided as Part of an Expanded Access Approval or Emergency Use Authorization

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I. GENERAL INFORMATION

A. Background: This Change Request (CR) allows for system changes to pass new NUBC Condition Codes created under CR 12049 (Implementation of Two (2) New NUBC Condition Codes. Condition Code “90”, “Service provided as Part of an Expanded Access Approval (EA)” and Condition Code “91”, “Service Provided as Part of an Emergency Use Authorization (EUA)”) to the IPPS PPS Pricer. This CR also ensures that Payer-Only Condition Codes ZA-ZZ, and provider-submitted Condition Codes 90 and 91 flow to the Integrated Data Repository (IDR), National Claims History (NCH) files, and the Medicare Provider Analysis and Review (MedPAR) files.

B. Policy: There is no new policy.

II. BUSINESS REQUIREMENTS TABLE

"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.

Number	Requirement	Responsibility								
		A/B MAC			D M E	Shared- System Maintainers				Other
		A	B	H H H		F I S S	M C S	V M S	C W F	
12086.1	The SSM shall send Condition Codes ‘90’ and ‘91’ to the IPPS Pricer when present on the inpatient claim. Duplicate occurrences of Condition Codes ‘90’ or ‘91’ shall not be passed to the IPPS PRICER.					X				
12086.2	Medicare contractors shall ensure the following Condition Codes flow to the IDR, NCH, and MedPAR files, when present on the claim record: Payer Only Condition Codes: <ul style="list-style-type: none"> • ZA- Inpatient. Positive test result is not included in the patient’s medical record. • ZB- Inpatient. Service provided as part of an Expanded Access approval. 								IDR, MedPar, NCH	

Number	Requirement	Responsibility								
		A/B MAC			D M E	Shared-System Maintainers				Other
		A	B	H H H		F I S S	M C S	V M S	C W F	
	<ul style="list-style-type: none"> ZC- Inpatient. Clinical Trial of a different product. ZD-ZZ- Reserved. Not currently in use by Medicare. <p>Provider-submitted Condition Codes:</p> <ul style="list-style-type: none"> 90- Service provided as part of an Expanded Access approval. Code is for Inpatient and Outpatient claims that have reported Expanded Access services. 91- Service provided as part of an Emergency Use Authorization. Code is for Inpatient and Outpatient claims that have reported Emergency Use Authorization. 									

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			D M E	C E I
		A	B	H H H		
	None					

IV. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements: N/A

"Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:
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Section B: All other recommendations and supporting information: N/A

V. CONTACTS

Pre-Implementation Contact(s): Yvette Rivas, yvette.rivas@cms.hhs.gov

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR).

VI. FUNDING

Section A: For Medicare Administrative Contractors (MACs):

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ATTACHMENTS: 0