

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 11813	Date: January 26, 2023
	Change Request 13035

SUBJECT: Update to Change Request (CR) 12636 Payment for Critical Access Hospitals (CAHs) Ancillary Services Submitted on 12X Type of Bill (TOB) Claim

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to update CR12636 to allow CAH Part B inpatient services for revenue codes 0636 and 0771 on Type of Bill (TOB) 12x.

EFFECTIVE DATE: July 1, 2023

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

IMPLEMENTATION DATE: July 3, 2023

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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I. GENERAL INFORMATION

A. Background: Medicare allows for ancillary services when provided in a CAH. CAH ancillary services are submitted on a TOB 12X and based on 101 percent of reasonable costs like TOB 85x, excluding professional services that are separately billable by the performing clinician. It has been brought to CMS' attention when a CAH submits a TOB 12x no-reimbursement is being made for revenue codes 0636 and 0771. This issue has been identified and an update is needed to CR12636 "Payment for Critical Access Hospitals (CAHs) Ancillary Services Submitted on 12X Type of Bill (TOB) Claim" to allow these revenue codes.

This change request instructs contractors to allow for CAH ancillary services at reasonable cost when appropriate. The CAH ancillary service(s) TOB 12x should include the appropriate revenue codes. For facility services, not including physician or other practitioner services, payment will be based on 101 percent of the reasonable costs of the services. Services are paid based on the Medicare Physician Fee Schedule only when the physician or other practitioner has reassigned their benefits, and should be billed on TOB 85x with the appropriate Healthcare Common Procedure Coding System (HCPCS) code and revenue codes of 096x, 097x or 098x.

B. Policy: There are no regulatory, legislative or statutory requirements related to this CR.

II. BUSINESS REQUIREMENTS TABLE

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

Number	Requirement	Responsibility								
		A/B MAC		D M E M A C C	Shared- System Maintainers				Other	
		A	B		F I S S	M C S	V M S	C W F		
13035.1	Contractors shall allow for CAH vaccine preventative services based on 101 percent of the reasonable cost when submitted on TOB 12X for Coronavirus Disease (COVID), Influenza, Pneumococcal Pneumonia, and Hepatitis B vaccines as well as the following two HCPCS codes: M0249 and M0250, when billed on revenue codes 0636 and 0771.	X				X				

Number	Requirement	Responsibility									
		A/B MAC			D M E	Shared-System Maintainers				Other	
		A	B	H H H		F M V C	I C M W	S S S F			
	<p>Note: This is an update to CR12636. This does not apply to CAH Indian Health (IHS). The allowable preventative services are in PARMHBIH.</p> <p>Note: Allowable CAH TOB 12x (facility services) and 85x (facility services) are processed the same at 101% of reasonable cost unless otherwise stated. HCPCS codes M0249 and M0250 are not allowable on TOB 85x at this time.</p>										
13035.2	Contractors shall mass adjust CAH claims within 45 days from the implementation date of this change request on TOB 12x with HCPCS codes M0249 and M0250 which were previously not allowed on this type of bill.	X									

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility									
		A/B MAC			D M E	Shared-System Maintainers				Other	
		A	B	H H H		F M V C	I C M W	S S S F			
	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): William Ruiz, William.Ruiz@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