DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

MLN Matters® Number: MM9450 | **Related Change Request (CR) #: CR 9450**

Related CR Release Date: December 31. 2015 | **Effective Date: July 1, 2015**

Related CR Transmittal #: R3435CP | **Implementation Date: March 31, 2016**

Clarification on Patient's Reason for Visit Necessary to Capture HIPAA Compliant Fields

Provider Types Affected

This MLN Matters® Article is intended for clinical diagnostic laboratories submitting claims to Medicare Administrative Contractors (MACs) for services provided to Medicare beneficiaries.

What You Need to Know

In order for Medicare to process Health Insurance Portability and Accountability Act (HIPAA) compliant claim information located on the UB-04, or 837I transactions, the Centers for Medicare & Medicaid Services (CMS) needs to clarify the usage of the Patient's Reason for Visit used for processing claims. Change Request (CR) 9450 ensures correct education and editing for institutional claims processing system fields. Make sure that your billing staffs are aware of these instructions.

Background

Institutional providers are required to submit HIPAA compliant claims, and CMS is continuing with their application of the HIPAA, V5010. The National Uniform Billing Committee (NUBC) has provided clarified direction on the Patient's Reason for Visit Form Locator (FL) in the 2016 "Data Specifications Manual."

The Administrative Simplification provisions of HIPAA require the Secretary of HHS to adopt standard electronic transactions and code sets for administrative health care transactions. The Secretary may also modify these standards periodically.

The Patient's Reason (FL 70a-c) is a "Situational" reported field. The requirement for reporting Patient's Reason for Visit is restricted to the outpatient Type of Bills 013x and 085x. It is required for these TOBs for Medicare institutional claims processing when:

a) Form Locator 14 (Priority (Type) of Admission or Visit) codes 1, 2, or 5 are reported; and
b) Revenue Codes 045x, 0516, or 0762 are reported.

If the Patient's Reason for Visit is not required, it may be reported on other 013x and 085x bill types that fail to meet the criteria in a) or b) above at the provider's discretion when this information substantiates the medical necessity of services.

Additional Information

The official instruction, CR9450 issued to your MAC regarding this change is available at **http://www.cms.hhs.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R3435CP.pdf** on the CMS website.

If you have any questions, please contact your MAC at their toll-free number. That number is available at **http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/index.html** under - How Does It Work.