Inpatient From and Thru Dates

OHCA PRN 2012-02

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Hospital Administrators

This letter is to notify you of a change for inpatient claims processing. The Oklahoma Health Care Authority (OHCA) is adopting Medicare’s inpatient claims processing logic in relation to the From and Thru dates. Please see the excerpt below from the article Medicare published.

Correct Provider Billing of Admission Date and Statement Covers Period

In collaboration with the National Uniform Billing Committee’s (NUBC) definition for reporting of the Admission Date and Statement Covers Period elements on claims, the Centers for Medicare & Medicaid Services (CMS) would like to remind you to review the NUBC definitions for claims submitted on or after October 1, 2011 with a discharge date of July 1, 2011 forward. This edit logic change does not apply for claims with a discharge date prior to July 1, 2011.

This special article reminds you of the definitions for reporting the Admission Date and Statement Covers Period on claims.

- The Admission Date (Form Locator 12) is the date the patient was admitted as an inpatient to the facility (or indicates the start of care date for home health and hospice). It is reported on all inpatient claims regardless of whether it is an initial, interim, or final bill.
- The Statement Covers Period (“From” and “Through” dates in Form Locator 6) identifies the span of service dates included in a particular bill. The “From” Date is the earliest date of service on the bill.

Previously, Medicare’s Fiscal Intermediary Shared System (FISS) edits required that the Admission Date not be later than the “From” date on initial provider claims as required to match NUBC UB-92 definitions. In order to pass FISS edits and avoid getting a claim rejected, providers may have engineered workarounds that force the two dates to match.

CMS has issued instructions to FISS for modifying FISS edits regarding these data elements to match NUBC UB-04 definitions:

- Based on UB-04 definitions of these two data elements, CMS has modified FISS edits so Admission Date and “From” Dates are not required to match.
- Based on UB-04 definitions of these two data elements, CMS has modified FISS edits so as not to compare the number of days in the Statement Covers Period to any other data element (e.g., total accommodation days reported in the revenue code section).
As a reminder, you should verify your systems edit logic for correct application of these data elements. If you implemented workaround routines, you need to deactivate them. You should contact your trading partners to ensure they are aware of the changes and that they are taking the appropriate steps to correct any edit logic. Please ensure that your staffs are aware of these upcoming changes.

**SoonerCare Adoption**

As recommended by NUBC, SoonerCare has verified systems edit logic for correct application of these data elements and will adopt these changes for claims submitted on or after July 1, 2012 with a discharge date of July 1, 2012 forward. This edit logic change does not apply for claims with a discharge date prior to July 1, 2012.

If you have any questions or require additional information any of the information contained in this Reimbursement Notice please call Kelly Botten at (405) 522-7108 or email at [Kelly.Botten@okhca.org](mailto:Kelly.Botten@okhca.org).

Thank you for your continued service to Oklahoma’s *SoonerCare* members.