



State of New Jersey
Department of Human Services
Division of Medical Assistance & Health Services

NEWSLETTER

Volume 8 No. 44

June 1998

TO: Hospitals - Chief Executive Officer
and Health Maintenance Organizations - For Information

ONLY APPLICABLE TO: New Jersey, New York and
Pennsylvania DRG Hospitals

Route to: Finance, Accounting, Billing and Utilization Review Offices

EFFECTIVE: Immediately

SUBJECT: Hospital Readmission

PURPOSE: The purpose of this Newsletter is to remind the above referenced hospitals that, for Medicaid and NJ KidCare fee-for-service beneficiaries, a "readmission" is defined as being admitted to an acute care hospital within the defined time span as identified below. For these readmissions, hospital stays must be combined on the same claim forms for pricing purposes. Also, new systemic discharge and readmission edits have been added to the Division's fiscal agent claims processing system.

ACTION: At the present time, the new edits are pending claims with the discharge and readmission dates of the same hospital of the same beneficiary with the same first three digits of the principle diagnosis as described below. However, on July 1, 1998, the edits will both deny the pending claims and any future claims where the edits apply. The edits are as follows:

1. For New Jersey hospitals, the edit (919) is for within seven (7) days;
2. For Pennsylvania hospitals, the edit (920) is for within thirty-one (31) days;
and
3. For New York hospitals, the edit (924) is for thirty (30) days.

When a denial is received with one of the above-mentioned edit codes, the previously paid claim must be adjusted by the provider and resubmitted to Unisys to combine charges for both hospital stays, regardless of the effect on reimbursement. Adjustments must be completed in accordance with the Adjustment Request Form (FD-999) instructions. (Please see attached examples.) In addition, if the beneficiary was

out of the hospital for any portion of the combined claim period, the days absent must be recorded as residential days.

On the UB-92 claim form, **Form Locators 32 - 35** must contain two separate occurrence codes and corresponding dates. **Occurrence Code 60** and the date of discharge for the first claim and **Occurrence Code 61** and the admit date of the second claim must be noted on the adjusted UB-92 claim. Instructions on **Form Locator 32 - 35** are attached as well as a claim sample for an adjusted claim.

New Jersey DRG hospitals which are non-delegated for utilization review and disagree with the above-mentioned denial must request an appeal through their hospital's Utilization Review Organization (URO). Hospitals which are delegated for utilization review and disagree with the above-mentioned denial must request an appeal through their hospital's appeal process with the hospital's final appeal decision rendered by the Physician Advisor (PA). If an appeal is approved by the URO or PA, the claim must be submitted along with the approval to Unisys, the Division's fiscal agent, **in writing**, on URO letterhead or hospital letterhead, and include the beneficiary's name, Eligibility Identification Number, date(s) of service for the denied claim, provider name and number, a statement that the hospital stays should not be combined, the reason for the determination, and an original signature of the hospital or URO Physician Advisor. (Example letter is attached.)

New York and Pennsylvania DRG hospitals which disagree with the above-mentioned denials must submit an appeal request with the claim and any necessary attachments, **in writing**, on hospital letterhead and include the beneficiary's name, Eligibility Identification Number, date(s) of service for the denied claim, the provider number, and the reason why the payment for the hospital stays should not be combined.

New York and Pennsylvania appeal requests should be mailed to:

Division of Medical Assistance and Health Services
Attn: Hospital Discharge/Readmit Appeals
P.O. Box 712
Mail Code #44
Building 7, Room 302
Trenton, NJ 08625-0712

Hospitals should discard page 6-53 and the "MMIS Claim Adjustment Request Form" pages from the Fiscal Agent Billing Supplement and replace them with the attached related pages from this Newsletter.

For further information or questions concerning this Newsletter, please contact Unisys, the Division's fiscal agent, Provider Services Unit, at 1-800-776-6334.

**RETAIN THIS NEWSLETTER NUMERICALLY BEHIND THE NEWSLETTER TAB
(BLUE TAB MARKED "5")**

Attachments:

SAMPLE DRAFT:

Non-Delegated Hospital URO Letterhead
or
Delegated Hospital Letterhead

Date of Letter
Hospital Name and Provider Number
Patient Name and Medicaid Eligibility Identification Number (MEI)
Dates of Service

Dear Unisys Claims Reviewer:

The Hospital's Utilization Review Organization has reviewed the beneficiary's care and **approved** two separate claims for submission _____

_____.
The second admission was medically necessary and was not caused by an error by the hospital.

Sincerely,

Jane Doe, M.D.
Physician Advisor

EFFECTIVE:

FORM LOCATOR 32 AB - 35 AB

DATA ELEMENT: Occurrence Codes and Dates

Definition: The code and associated date defining a significant event relating to this bill that may affect payer processing.

Instruction: If applicable, enter one of the two-digit occurrence codes from the National Uniform Data Element Specifications. Enter the occurrence code dates in MMDDYY format.

Field Characteristics: 4 fields (codes)
 2 lines
 2 positions
 alpha-numeric
 left-justification (all positions fully coded)

 -- 4 fields (dates)
 2 lines
 6 positions
 numeric (all positions)

Values:

- Notes:
- 1) If applicable, complete all Form Locators in sequence, 32A through 35A, then 32B through 35B.
 - 2) An occurrence code must always be accompanied by the associated date.
 - 3) For Inpatient Combination Claims with discharge and readmission within 7 days for New Jersey hospitals, 30 days for New York hospitals, and 31 days for Pennsylvania hospitals, list occurrence code 60 and the date of discharge for the first admission and list occurrence code 61 and the admit date of the second admission.

CLAIM TYPE (S):

OR

INPATIENT

OR

OUTPATIENT

1 A Hospital 1 Hospital Place Anytown, NJ 01234		2 0018000000000000			3 PATIENT CONTROL NO 11110		4 TYPE OF BILL 111	
5 FED TAX NO	6 STATEMENT COVERS PERIOD FROM 121996	7 COV D 18	8 N-C-D	9 C-D-D	10 L-R-C	11		

12 PATIENT NAME Doe, Jane				13 PATIENT ADDRESS 1 Main Street, Anytown, NJ			
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14 BIRTHDATE 03181916	15 SEX F	16 M/S S	17 DATE 121996	18 HR 21	19 TYPE 1	20 SRC 7	21 D HR 15	22 STAT 01	23 MEDICAL RECORD NO	24 CONDITION CODES 30				31
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27 OCCURRENCE CODE	28 OCCURRENCE DATE	29 OCCURRENCE CODE	30 OCCURRENCE DATE	31 OCCURRENCE CODE	32 OCCURRENCE DATE	33 OCCURRENCE CODE	34 OCCURRENCE DATE	35 OCCURRENCE CODE	36 OCCURRENCE DATE	37 OCCURRENCE CODE	38 OCCURRENCE DATE	39 OCCURRENCE CODE	40 OCCURRENCE DATE	41 OCCURRENCE CODE	42 OCCURRENCE DATE
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38	39 VALUE CODES AMOUNTS	40 VALUE CODES AMOUNTS	41 VALUE CODES AMOUNTS
a			
b			
c			
d			

43 REV CD	44 DESCRIPTION	45 HCPCS RATES	46 SERV DATE	48 SERV UNITS	47 TOTAL CHARGES	49 NON-COVERED CHARGES
121	MED-SUR-GY/2BED	1077.00		18	19386 00	
258	IV SOLUTIONS			21	185 99	
259	DRUGS/OTHER			327	2823 78	
272	STERILE SUPPLY			1	240 71	
279	SUPPLY/OTHER			4	1041 71	
301	LAB/CHEMISTRY			24	434 80	
302	LAB/IMMUNOLOGY			1	71 67	
305	LAB/HEMATOLOGY			46	949 07	
307	LAB/UROLOGY			1	15 90	
309	LAB/OTHER			1	57 90	
312	PATHOL/HISTOL			2	449 80	
329	DX X-RAY/OTHER			3	520 98	
352	CT SCAN/BODY			3	837 24	
402	ULTRASOUND			1	137 95	
459	OTHER EMER ROOM			1	475 26	
490	AMBUL SURG			1	1247 41	
710	RECOVERY ROOM			1	365 93	
739	OTHER EKG-ECG			1	65 14	
001	TOTAL CHARGES				29310 24	

51 PAYER MEDICAID	52 INFO 012	53 ASG BEN Y	54 PRIOR PAYMENTS	55 EST AMOUNT DUE	56
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DUE FROM PATIENT

57 INSURED'S NAME	58 CERT SSN-HIC 4D NO 01 123456789101	59 GROUP NAME	60 INSURANCE GROUP NO
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61 EMPLOYER NAME 5 RETIRED	62 EMPLOYER LOCATION
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63 PRINCIPAL PROCEDURE CODE 56039 1977	64 OTHER DIAG CODES 70 CODE 2113 71 CODE 36960	65 ADM DIAG CD 7890	66 I-CODE 180
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67 PRINCIPAL PROCEDURE CODE 4585	68 OTHER PROCEDURE CODE 122396	69 OTHER PROCEDURE CODE 4542	70 OTHER PROCEDURE CODE 122396	71 ATTENDING PHYS ID 666666
72 OTHER PROCEDURE CODE	73 OTHER PROCEDURE CODE	74 OTHER PROCEDURE CODE	75 OTHER PROCEDURE CODE	76 OTHER PHYS ID 666666

77 REMARKS CLAIM 1	78 PROVIDER REPRESENTATIVE x <i>IMA Biller</i>	79 DATE 011397
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1 A Hospital 1 Hospital Place Anytown, NJ 01234		2 0010000000000000			3 PATIENT CONTROL NO 11112		4 TYPE OF BILL 111	
5 FED TAX NO	6 STATEMENT COVERS PERIOD FROM 011097	7 COV D 10	8 NCD	9 CDD	10 LRD	11		

12 PATIENT NAME Doe, Jane				13 PATIENT ADDRESS 1 Main Street, Anytown, NJ				
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14 BIRTH DATE 03181916	15 SEX F	16 MS S	17 DATE 011097	18 HR	19 TYPE	20 SRC	21 D HR 11	22 STAT 03	23 MEDICAL RECORD NO	24	25	26	27	28	29	31
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32 OCCURRENCE CODE	33 OCCURRENCE DATE	34 OCCURRENCE CODE	35 OCCURRENCE DATE	36 OCCURRENCE CODE	37 OCCURRENCE FROM	37 OCCURRENCE THROUGH	37 A	37 B	37 C

38	39 VALUE CODES CODE	39 VALUE CODES AMOUNTS	40 VALUE CODES CODE	40 VALUE CODES AMOUNTS	41 VALUE CODES CODE	41 VALUE CODES AMOUNTS
a						
b						
c						
d						

42 REV CD	43 DESCRIPTION	44 HCPCS RATES	45 SERV DATE	46 SERV UNITS	47 TOTAL CHARGES	48 NON COVERED CHARGES	49
121	MED-SURG-GY/2BED	1260.00		10	12600 00		
258	IV SOLUTIONS			9	93 78		
259	DRUGS/OTHER			190	587 75		
270	MED-SUR SUPPLIES			1	12 32		
301	LAB/CHEMISTRY			12	255 12		
305	LAB/HEMATOLOGY			36	839 10		
306	LAB/BACT-MICRO			4	200 29		
307	LAB/UROLOGY			2	27 15		
309	LAB/OTHER			2	97 37		
329	DX X-RAY/OTHER			4	505 20		
459	OTHER EMER ROOM			1	556 05		
739	OTHER EKG-ECG			1	77 38		
942	EDUC/TRAINING			1	37 20		
001	TOTAL CHARGES				15688 71		

50 PAYER MEDICAID	012	51 PROVIDER NO 1234567	52 REL INFO Y	53 ABS-BSN Y	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56
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DUE FROM PATIENT

57 INSURED'S NAME	58 SEX 1	59 CERT. SSN-HIC ID NO 123456789101	60 GROUP NAME	61 INSURANCE GROUP NO
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62 TREATMENT AUTHORIZATION CODES	63 ICD-9 5	64 EMPLOYER NAME RETIRED	65 EMPLOYER LOCATION
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66 ICD-9 CODE 56039	67 ICD-9 CODE 1977	68 ICD-9 CODE V1005	69 ICD-9 CODE 36960	70 ICD-9 CODE 5183	71 ICD-9 CODE	72 ICD-9 CODE	73 ICD-9 CODE	74 ICD-9 CODE	75 ICD-9 CODE	76 ADM DIAG CD 56039	77 ICD-9 CODE	78 180
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79	80 PRINCIPAL PROCEDURE CODE	80 PRINCIPAL PROCEDURE DATE	81 OTHER PROCEDURE CODE	81 OTHER PROCEDURE DATE	82 OTHER PROCEDURE CODE	82 OTHER PROCEDURE DATE	83 ATTENDING PHYS ID 6666666
							83 OTHER PHYS ID
							OTHER PHYS ID

84 CLAIM 2	85 PROVIDER REPRESENTATIVE X <i>JMA</i>	86 DATE 082297
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1 A Hospital
1 Hospital Place
Anytown, NJ 01234

2 0028 0000 0000 0005

3 PATIENT CONTROL NO

4 TYPE OF BILL 111

5 FED TAX NO 8 STATEMENT COVERS PERIOD FROM TO 7 COV D 8 N-C-D 9 C-O-D 10 L-R-D 11

121996 010697 28 5

12 PATIENT NAME Doe, Jane

13 PATIENT ADDRESS

14 BIRTHDATE 15 SEX 16 MS 17 DATE 18 HR 19 TYPE 20 SRC 21 D HR 22 STAT 23 MEDICAL RECORD NO 24 25 26 27 28 29 30 31

01381916 F S 121996 21 1 7 15 01

32 OCCURRENCE CODE DATE 33 OCCURRENCE CODE DATE 34 OCCURRENCE CODE DATE 35 OCCURRENCE CODE DATE 36 OCCURRENCE SPAN FROM THROUGH 37 A B C

60 010697 61 011097

38

39 VALUE CODES AMOUNTS 40 VALUE CODES AMOUNTS 41 VALUE CODES AMOUNTS

a b c d

42 REV CD	43 DESCRIPTION	44 HPCS RATES	45 SERV DATE	46 SERV UNITS	47 TOTAL CHARGES	48 NONCOVERED CHARGES	49
121	MED-SUR-GY/2BED	1077.00		28	31986 00		
268	IV SOLUTIONS			30	280 77		
259	DRUGS/OTHER			517	3411 53		
272	STERILE SUPPLY			1	240 71		
279	SUPPLY/OTHER			4	1041 71		
301	LAB/CHEMISTRY			36	689 92		
302	LAB/IMMUNOLOGY			1	71 67		
305	LAB/HEMATOLOGY			82	1788 17		
307	LAB/UROLOGY			3	44 05		
309	LAB/OTHER			3	155 27		
312	PATHOL/HISTOL			2	449 80		
329	DX X-RAY/OTHER			7	1026 18		
362	CT SCAN/BODY			3	837 24		
402	ULTRASOUND			1	137 95		
469	OTHER EMER ROOM			2	1031 31		
490	AMBUL SURG			1	1247 41		
710	RECOVERY ROOM			1	365 93		
739	OTHER EKG-ECG			2	143 52		
270	MED/SURG SUPPLIES			1	12 32		
306	LAB/BACT-MICRO			4	200 29		
942	EDMC/TRAINING			1	37 20		
093	RESIDENTIAL			5	500 00		
001	TOTAL CHARGES				45698 95		

50 PAYER MEDICAID 012 51 PROVIDER NO 1234567 54 PRIOR PAYMENTS 55 EST AMOUNT DUE 56

54 REL INFO 55 ASB SSN Y Y

DUE FROM PATIENT

60 CERT SSN-HIC ID NO 123456789101 61 GROUP NAME 62 INSURANCE GROUP NO

63 EMPLOYER NAME 64 EMPLOYER LOCATION

5 RETIRED 6 RETIRED

76 ADM DIAG CD 77 E CODE 78

56039 1977 5533 2113 36960 V1005 5183 7890 180

82 ATTENDING PHYS ID 6666666

83 OTHER PHYS ID 6666666

OTHER PHYS ID

84 REMARKS ADJUSTMENT

85 PROVIDER REPRESENTATIVE *[Signature]* 86 DATE 011397

**ATTACH THE RA
PAGE FOR THE
CLAIM WHICH
PAID**