

Errata:

p. 93 - Value Code
A6

The definition should read as follows:

The amount included in covered charges for self-administrable drugs administered to the patient because the drug was necessary for diagnostic study or other reason (e.g., the drug is specifically covered by the payer). For use with Revenue Code 0637.

p. 50 - Patient
Discharge Status
Code FAQ #43

The word “covered” should be removed from the last sentence in the answer. It should read as follows:

A: If the patient has made a hospice election, the appropriate code would be 50 or 51 depending on the level of care (See FAQ #39). If no hospice election has been made, and the nursing facility is non-skilled, the appropriate code would be 04; if the transfer is to a Medicare certified SNF in anticipation of skilled care, the appropriate code would be 03.

p. 15 - Exceptions
to
Inpatient/Outpatient
General

FL12 - Admission/Start of Care Date

Required on all inpatient claims (“IP”) 032x, 033x, 034x, 012x, 022x, 081x, and 082x.

Designation by
Data Element/Form
Locator

FL69 - Admitting Diagnosis

~~Required ONLY on 011x, 012x, 018x, and 021x.~~

Required on 012x, 022x and inpatient claims (“IP”) except 028x, 065x, 066x, 084x, and 086x.

Clarifications:

p. 56 - Condition
Code 42

Change in code title:

Continuing Care not Related to Inpatient ~~Admission~~ Hospitalization