



## Wisconsin Physician's Service – Medicare Ask the Contractor Teleconference (ACT) – MINUTES “Proper Use of the 74 Occurrence Span”

**May 15, 2008**

**Chairperson: Aileen Sigler**

The Ask the Contractor Teleconference on the “Proper Use of the 74 Occurrence Span” was called to order by Aileen Sigler, Medicare Outreach Analyst – Omaha Office, at 1:00 PM Central Time.

Aileen began the teleconference by introducing herself. She was joined by other Outreach Analysts and members of the Provider Education staff. The introductions were followed by a brief description of the information available on the WPS Medicare Website. Participants were encouraged to sign up for the WPS and CMS electronic mailing lists.

The introductory discussion was followed by a review of the presentation and handouts that had been e-mailed to the registered teleconference participants prior to the call.

At the conclusion of the presentation, the line was opened up for questions from the audience.

### **OPEN QUESTION AND ANSWER SESSION:**

- Q1. Bill type 85X is not listed as a valid bill type on slide 3. Can Critical Access Hospitals use the 74 span?
- A1. Bill type 85X is not listed in the CMS manual. Critical Access Hospitals do not need to use the 74 span code due to edits in place in our system.**
- Q2. Can wound care and hydrotherapy be billed on the same monthly repetitive bill?
- A2. Yes, that is correct.**
- Q3. If a skilled nursing patient goes to the hospital for a few days and comes back, how many days can we use the 74 span before we have to discharge and readmit the patient?
- A3. It depends on the patient's status at the hospital. If they are admitted as an inpatient, you will discharge and readmit them because they cannot be an inpatient at two places at once.**
- Q4. Is it appropriate to use a 74 occurrence span code on a benefits exhaust claim that I am billing monthly? I have an x-ray company that is trying to get a bill paid after benefits exhaust and it will not go through. The patient is still at skilled level care. The x-ray company told me to contact the Common Working File to have it corrected.
- A4. If the x-ray company is getting an edit on their bill, they need to contact their Medicare Contractor to identify the steps necessary to correct their bill.**



- Q5. If you have an inpatient claim and a monthly repetitive bill with a same revenue code, do those charges need to be “rolled up” into the other account?
- A5. Per 100-4, chapter 1, section 50.2.2: “Any items and/or services in support of the repetitive service shall be reported on the same claim even if the revenue code(s) reported with those supported services are not on the repetitive revenue code list”**
- Q6. If we have a SNF No-pay bill for the entire month, and the patient has two therapy disciplines, one in the beginning of the month, one at the end, do we need two 74 span codes?
- A6. To clarify, CR 5583 states that the 74 span code goes on the 210 type of bill with the dates of service of the 210 type of bill. This is used in the instance where the 22X bill(s) with the therapy have already processed.**
- Q7. We are a Long Term Care Hospital and bill with an 11X type of bill. Are we to bill with the actual dates that the patient is gone from the facility in the 74 span?
- A7. A good rule of thumb is to use the dates that the patient is not present at midnight. See 100-4, chapter 3, section 150.9.1.2.**
- Q8. We are a skilled nursing facility and if a patient goes to the ER over midnight and readmits the next morning, do we use the 74 span code with that one date with the 180 revenue code?
- A8. Yes, that is correct.**
- Q9. We are an inpatient psychiatric facility. We are having trouble with claims for patients coming from skilled nursing facilities, saying we are overlapping a previously processed bill. How can we get these paid?
- A9. If you are admitting the patient, the skilled nursing facility must discharge them. It does not sound like that is happening.**
- Q10. We have ESRD patients with claims for repetitive dialysis services and the patient has other outpatient services done during the month. Do we need to send those to you separately with a 74 span code?
- A10. Yes, that is correct.**
- Q11. We are a SNF and sending a patient to an emergency department for observation and they are gone past midnight. They are not being admitted. Does that night that they are in the hospital come off their 100 days? Do we need to start the patient’s assessment schedule over?
- A11. No, that is why you are sending it as a non covered day so it is not counted as an inpatient day. The assessment schedule does not have to be restarted unless the patient is discharged.**
- Q12. We bill for outpatient psychiatric services with revenue code 914 and 915. I have been billing those as repetitive services. Is that correct?
- A12. Although those revenue codes are not on CMS’ list of repetitive services, they can still be billed monthly.**



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Q13. Do the No-Pay bills have to be sent on paper?

**A13. No, they do not have to be sent on paper.**

The teleconference ended at approximately 2:10 PM Central Time.

The references included in this presentation are for informational purposes only. The current Medicare regulations shall be considered the final authority.

There were 252 participants on 129 lines for the teleconference.