Office of the Governor | Mississippi Division of Medicaid

Outpatient Prospective Payment System

Date Bundling

October 25, 2016 - November 8, 2016



Mississippi Division of Medicaid

Outpatient Prospective Payment System (OPPS)

- Phase 1 implementation was September 1, 2012
- Phase 1A implementation was January 1, 2013
- Phase 2 implementation was July 1, 2015
- Fee schedule and revenue code lists are updated and published July 1 annually



Overview of Phase 2 Policy

Status indicators

Mississippi Medicaid definition

Multiple procedure discounting

"T" and "MT" status indicators

Multiple medical visits

Condition code G0 (zero)

Revenue Code 0636

Billing requirements

Trauma Response

Revenue code limits

Date bundling

- ET modifier
 - Must use modifier ET on all lines for day two
- Observation
 - All hours for observation must be combined on one line
- Therapies (PT, SP, and OT)
- Chemotherapy
- Recovery Room



Information about the Division of Medicaid (DOM) OPPS Date Bundling

What is Date Bundling?

• The Division of Medicaid (DOM) defines date bundling as services furnished by a single provider, to a single beneficiary over a span of multiple dates.

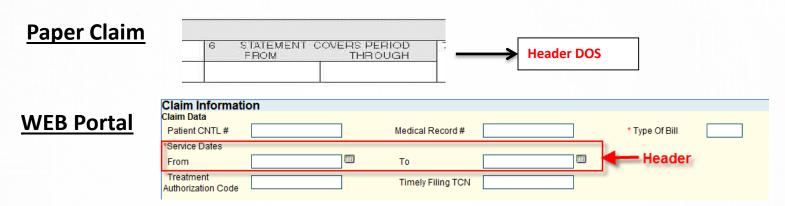


Date Bundling Not Allowed-Edit 0110

- Applies <u>ONLY</u> to claim type O-outpatient hospital claims that span over multiple dates of services.
- <u>DOES NOT</u> apply to single date claims (Statement Covered Period from and through dates are the same).

UB-04 Field 6 – Statement Covered Period is a required field for outpatient services.

- Enter first date of service on this claim in the "From" block
- Enter last date of service on this claim in the "Through" block





Service Type	Service Revenue Code Groups	Maximum Days per Claim
Physical Therapy (PT)	Rev Cd 0420-0429	31 days
Occupational Therapy (OT)	Rev Cd 0430-0439	31 days
Speech-Language Pathology (SP)	Rev Cd 0440-0449	31 days
Chemotherapy Services (Chemo)	Rev Cd 0330-0339	31 days

- These services <u>CANNOT</u> span months.
- These services **CANNOT** be billed on a claim for more than 31 days.
- Header dates **MUST NOT** exceed the line dates of service on the claim.



OPPS Therapy and Chemo Claim Examples

Claim Example 1: Both history and current claims are billed with <u>same</u> revenue code group <u>with no overlapping</u> header dates. Claims <u>will not</u> deny for date bundling edit.

HISTORY CLAIM

Header Beg	in Date: <mark>10/01/2015</mark>	Header End Date: 10/15/2015		<mark>.015</mark>
Line No.	Date of Service	Revenue Code	Procedure Code	Line Status
1	10/1/2015	0420	97110	Paid
2	10/7/2015	0420	97110	Paid
3	10/15/2015	0420	97110	Paid

Header Beg	in Date: <mark>10/16/2015</mark>	Header	[·] End Date: <mark>10/31/2</mark>	<mark>.015</mark>
Line No.	Date of Service	Revenue Code	Procedure Code	Line Status
1	10/16/2015	0424	97110	Paid
2	10/20/2015	0424	97110	Paid
3	10/31/2015	0424	97110	Paid



OPPS Therapy and Chemo Claim Examples

Claim Example 2: Both history and current claims are billed with <u>same</u> revenue code group <u>with overlapping</u> header dates. Current claim <u>will</u> deny for date bundling edit.

HISTORY CLAIM

Header Beg	in Date: 10/01/2015	Header End Date: 10/31/2015		<mark>.015</mark>
Line No.	Date of Service	Revenue Code	Procedure Code	Line Status
1	10/1/2015	0420	97110	Paid
2	10/7/2015	0420	97110	Paid
3	10/15/2015	0420	97110	Paid

Header Begin Date: 10/16/2015		Header	[·] End Date: <mark>10/31/2</mark>	<mark>.015</mark>
Line No.	Date of Service	Revenue Code	Procedure Code	Line Status
1	10/16/2015	0424	97110	Deny
2	10/20/2015	0424	97110	Deny
3	10/31/2015	0424	97110	Deny



OPPS Therapy and Chemo Claim Examples

Claim Example 3: Both history and current claims are billed with a <u>different</u> revenue code group <u>with overlapping</u> header dates. Claims <u>will not</u> deny for date bundling edit.

HISTORY CLAIM

Header Beg	er Begin Date: 03/02/2016 Header End Date: 03/15/2016		<mark>2016</mark>	
Line No.	Date of Service	Revenue Coo	le Procedure Code	Line Status
1	03/02/2016	0430	97530	Paid
2	03/7/2016	0430	97530	Paid
3	03/15/2016	0430	97530	Paid

Header Beg	in Date: <mark>03/12/2016</mark>	6 Header End Date: 03/28/2016		<mark>.016</mark>
Line No.	Date of Service	Revenue Code	Procedure Code	Line Status
1	03/12/2016	0440	92507	Paid
2	03/20/2016	0440	92507	Paid
3	03/28/2016	0440	92507	Paid



OPPS Therapy and Chemo Claim Examples

Claim Example 4: Both history and current claims are billed with <u>same</u> revenue code group <u>with overlapping</u> of header dates. Current claim <u>will</u> deny for date bundling edit.

HISTORY CLAIM

Header Beg	in Date: <mark>09/14/2016</mark>	Header End Date: 09/18/2016		<mark>.016</mark>
Line No.	Date of Service	Revenue Code	Procedure Code	Line Status
1	09/14/2016	0335	96416	Paid
2	09/14/2016	0636	J9190	Paid
3	09/18/2016	0940	96523	Paid

Header Beg	in Date: <mark>09/01/2016</mark>	6 Header End Date: 09/16/2016		
Line No.	Date of Service	Revenue Code	Procedure Code	Line Status
1	09/03/2016	0339	96416	Deny
2	09/12/2016	0636	J9190	Deny
3	09/16/2016	0940	96523	Deny



Service Type	·	Maximum Days per Claim
Observation Services (Observation)	Procedure Code G0378	3 days

- All units for the days billed for this service MUST be billed on a single line.
- These services **CAN** span months.
- These services <u>CANNOT</u> be billed on a claim for more than the allowed number of days.
- Header dates <u>MUST NOT</u> exceed the line dates of service on the claim.
- Both history and current claim billed <u>CANNOT</u> have overlapping header dates.



OPPS Observation Claim Examples

Claim Example 1: Both history and current claims are billed with procedure code G0378 with no overlapping of header dates. Claims will not deny for date bundling edit.

HISTORY CLAIM

Header Begin Date: 03/31/2016 Header End Date: 04/02/2016			<mark>.016</mark>	
Line No.	Date of Service	Revenue Code	Procedure Code	Line Status
1	03/31/2016	0730	93005	Paid
2	03/31/2016	0762	G0378	Paid
3	04/02/2016	0940	96375	Paid

Header Beg	in Date: <mark>04/05/2016</mark>	Header End Date: 04/07/2016		<mark>.016</mark>	
Line No.	Date of Service	Revenue Code		Procedure Code	Line Status
1	04/05/2016	0636		Q0177	Paid
2	04/07/2016	0730		93005	Paid
3	04/05/2016	0762		G0378	Paid

OPPS Observation Claim Examples

Claim Example 2: Both history and current claims are billed with procedure code G0378 with overlapping of header dates. Current claim will deny for date bundling edit.

HISTORY CLAIM

Header Begin Date: 08/18/2016			Header	End Date: <mark>08/20/2</mark>	<mark>.016</mark>
Line No.	Date of Service	Revenu	ie Code	Procedure Code	Line Status
1	08/18/2016	0300		36415	Paid
2	08/20/2016	0312		88305	Paid
3	08/19/2016	0762		G0378	Paid

Header Beg	in Date: <mark>08/20/2016</mark>	Header End Date: 08/22/2016		
Line No.	Date of Service	Revenue Co	ode Procedure Code	Line Status
1	08/20/2016	0306	87633	Deny
2	08/22/2016	0460	94760	Deny
3	08/21/2016	0762	G0378	Deny

OPPS Observation Claim Examples

Claim Example 3: Current claim span is billed with procedure code G0378 billed on multiple lines. First claim line billed with G0378 will not deny for date bundling edit. However, all subsequent lines billed with G0378 will deny for date bundling edit.

Header Begin Date: 08/31/2016			Header End Date: 09/02/2016		
Line No.	Date of Service	Revenu	ie Code	Procedure Code	Line Status
1	08/31/2016	0460		94761	Paid
2	09/01/2016	0762		G0378	Paid
3	09/02/2016	0762		G0378	Deny



Service Type	Service Revenue Groups or specific Procedure Code	Maximum Days per Claim
Emergency Room (ER)	Rev cd 0450 and any proc cd 99281-99285	2 days

- "ET" modifier <u>MUST</u> be present on all line items billed on the second day of service.
- ER Evaluation and Management (E/M) procedure code <u>MUST</u> only be billed on the first day of service
- These services **CAN** span months.
- These services <u>CANNOT</u> be billed on a claim for more than the allowed number of days.
- Header dates **MUST NOT** exceed the line dates of service on the claim.



OPPS ER Claim Examples

Claim Example 1: Both history and current claims are billed with an ER E/M procedure code between 99281 to 99285 with no overlapping header dates. Claims will not deny for date bundling edit.

HISTORY CLAIM

Header Begin Date: 01/11/2016			Header End Date: 01/12/2016		
Line No.	Date of Service	Revenue	Procedure	Modifier	Line
		Code	Code		Status
1	01/11/2016	0450	99285		Paid
2	01/11/2016	0450	96374		Paid
3	01/12/2016	0940	96375	ET	Paid

Header Begin Date: 01/15/2016			Header End Date: 01/16/2016		
Line No.	Date of Service	Revenue	Procedure	Modifier	Line
		Code	Code		Status
1	01/15/2016	0450	99283		Paid
2	01/16/2016	0636	J2405	ET	Paid
3	01/16/2016	0730	93005	ET	Paid

OPPS ER Claim Examples

Claim Example 2: Both history and current claims are span billed with an ER E/M procedure code between 99281 to 99285 with overlapping header dates. Current claim will deny for date bundling edit.

HISTORY CLAIM

Header Begin Date: 02/12/2016			Header End Date: 02/13/2016		
Line No.	Date of Service	Revenue	Procedure Modifier		Line
		Code	Code		Status
1	02/12/2016	0450	99285		Paid
2	02/12/2016	0450	96374		Paid
3	02/12/2016	0940	96375		Paid

Header Begin Date: 02/13/2016			Header End Date: 02/14/2016		
Line No.	Date of Service	Revenue	Procedure	Modifier	Line
		Code	Code		Status
1	02/13/2016	0450	99283		Deny
2	02/13/2016	0636	J2405	ET	Deny
3	02/14/2016	0730	93005	ET	Deny



OPPS ER Claim Examples

Claim Example 3: Current claim is span billed with an ER E/M procedure code between 99281 to 99285 on first date of service. Subsequent lines dates of service <u>did not</u> have "ET" modifier. Subsequent lines <u>will</u> deny for date bundling edit.

Header Begin Date: 04/23/2016			Header End Date: 04/24/2016		
Line No.	Date of Service	Revenue	Procedure	Modifier	Line
		Code	Code		Status
1	04/23/2016	0450	99283		Paid
2	04/24/2016	0636	J2405		Deny
3	04/24/2016	0730	93005		Deny



OPPS ER Claim Examples

Claim Example 4: Current claim is span billed with an ER E/M procedure code between 99281 to 99285 on the second date of service. Claim <u>will</u> deny for date bundling edit.

Header Begin Date: 07/25/2016			Header End Date: 07/26/2016		
Line No.	Date of Service	Revenue	Procedure Modifier		Line
		Code	Code		Status
1	07/26/2016	0259	A9270		Deny
2	07/25/2016	0272			Deny
3	07/26/2016	<mark>0450</mark>	<mark>99283</mark>	ET	Deny



	•	Maximum Days per Claim
Recovery Room (RR)	Rev Cd 0710	2 days

- Revenue Code 0710 <u>MUST</u> be billed the date the patient is placed into recovery. (0710 allows a 2 day window whether they are placed into recovery the 1st day or the 2nd day.)
- These services <u>CAN</u> span months.
- These services <u>CANNOT</u> be billed on a claim for more than the allowed number of days.
- Header dates <u>MUST NOT</u> exceed the line dates of service on the claim.

OPPS RR Claim Examples

Claim Example 1: Current claim is span billed with revenue code 0710 on same day as surgery. Claim will not deny for date bundling edit.

Header Begin Date: 07/23/2016			Header	End Date: <mark>07/24/2</mark>	016
Line No.	Date of Service	Revenu	ie Code	Procedure Code	Line Status
1	07/23/2016	0360		69436	Paid
2	07/24/2016	0636		J1100	Paid
3	07/23/2016	0710			Paid

OPPS RR Claim Examples

Claim Example 2: Current claim is span billed with revenue code 0710 on second day after surgery. Claim <u>will not</u> deny for date bundling edit.

Header Beg		Header End Date: 08/28/2016			
Line No.	Date of Service	Revenue Code		Procedure Code	Line Status
1	08/27/2016	0360		42820	Paid
2	08/28/2016	0636		J1100	Paid
3	08/28/2016	0710			Paid



OPPS Date Bundling RECAP

- OPPS Date Bundling-Edit 0110
 - 1. <u>Does not</u> apply to single date claims.
 - 2. Applies only to claim type O-outpatient hospital.
 - 3. Header dates MUST NOT exceed line dates of service.
 - 4. Both history and current claims billed <u>CANNOT</u> have overlapping header dates.
 - 5. PT, OT, SP, and Chemo span billed services <u>CANNOT</u> span months.
 - PT, OT, SP, and Chemo <u>CANNOT</u> be billed on a claim for more than 31 days.



OPPS Date Bundling RECAP, cont.

- 7. Observation, ER, and RR span billed services <u>CAN</u> span months.
- 8. Observation services <u>MUST</u> be billed on a single line, even hours that take place after midnight.
- 9. "ET" modifier <u>MUST</u> be present on all line items billed on the second day of service.
- 10. ER E/M procedure code <u>MUST</u> only be billed on the first day of service.
- 11. Revenue Code 0710 MUST be billed the date the patient is placed into recovery.
- 12. 0710 <u>ALLOWS</u> a 2 day window whether the patient is placed into recovery the first day or the second day.



QUESTIONS



THANK YOU

For More Information or Questions Contact

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