

- p. 63 - Condition Code 55 Errata:
Condition Code 55 omitted:
Title: SNF Bed not Available
Definition: Code indicates the patient's SNF admission was delayed more than 30 days after hospital discharge because a SNF bed was not available.
- p. 9 - Upper/Lower Case Clarification:
An Extended Character Set may be used by negotiation between the two parties and includes the lowercase letters and other special characters. **In the absence of a specific trading partner agreement to the contrary, trading partners will assume that the extended character set is acceptable.**
- p. 24 - Type of Bill Frequency Code Q;
p. 74-75 - Condition Codes R1-R9 Update:
The effective dates of Type of Bill frequency code "Q" as well as Condition Codes R1-R9 have been delayed from 1/1/15 to 4/1/15.
CMS will release a revision to CR 8581.
- p. 13 - Billing Provider's Designated Pay-to Address Clarification:
Note added:
This field is used when the provider does not have payment instructions on file with the payer. Health plans use this field as an indicator to contact the provider for information on where payment should be sent. This field may be ignored by health plans that already have the provider enrolled in their systems, and choose to rely on that information. The pay-to address ultimately has to be agreed to by the payer and provider.
- p. 21 - Type of Bill Frequency Code 1 Clarification:
1 - Admit through Discharge Claim
Use this code when billing for a confined treatment or inpatient period. This will include bills representing a total confinement or course of treatment, and bills that represent an entire benefit period of the primary third party payer.
Note: Use Occurrence Code 42 to indicate the date of discharge when the "Through" date in Form Locator 06 (Statement Covers Period) is not the actual discharge date and the frequency code in Form Locator 04 is that of a final bill, i.e., 1, 4, and 7 (when the replacement is for a prior final claim).
- p. 45 - Patient Discharge Status Definition Clarification:
A code indicating the disposition or discharge status of the patient **as of the discharge date-at the end service for the period covered on this bill**, as indicated by the Through date reported in FL6, Statement Covers Period; or by the Date of Discharge when reported in Occurrence Code 42.

p. 201 - Present
on Admission
(POA) Indicator

Clarification/Correction:

The American Health Information Management Association, American Hospital Association, CMS and the National Center for Health Statistics (known as the “Cooperating Parties”) has published a list of ICD codes that are exempt from POA reporting. ~~The indicator can be left unreported only for the codes on this list, that is, the field is left blank on the paper form and Not Used/Not Populated on the 005010-837 electronic claim.~~ This list ~~is of exempt diagnosis codes are~~ included in the POA guidelines published in the “ICD-9-CM Official Guidelines for Coding and Reporting” and “ICD-10-CM Official Guidelines for Coding and Reporting” (Appendix I - Present on Admission Reporting Guidelines). These guidelines will be updated as needed to address identified coding errors, or areas of confusion as well as updates to the classification.