

p. 47; Patient
Discharge Status
Code 05

Errata:

The reference to the corresponding planned readmission code should be Code 85.

(See Code 85 for a discharge with a Planned Acute Care Hospital Inpatient Readmission)

(85 - Discharged/Transferred to a Designated Cancer Center or Children's Hospital with a Planned Acute Care Hospital Inpatient Readmission (Effective 10/1/13))

p. 284;
UB-04/837
Reporting
Differences

Clarification:

Attending Physician Taxonomy is not a data element on the UB-04. (Loop ID 2310A | PRV03 on the 837.)

p. 168; FL 43
Notes

Errata:

Add missing note for Line Level Rendering Provider NPI.

- Report on lines containing professional fees revenue codes (096x, 097x, and 098x) the rendering physician or other practitioner NPI, if it differs from the rendering physician/practitioner reported at the claim level (FL 78-79).

Required for providers that under federal regulatory requirements submit a "combined claim", that is, a claim that includes both facility and professional components. The requirement therefore applies to Critical Access Hospitals billing under Method II, Federally Qualified Health Centers, and Rural Health Clinics that submit claims to Medicare contractors for services provided to Medicare beneficiaries.