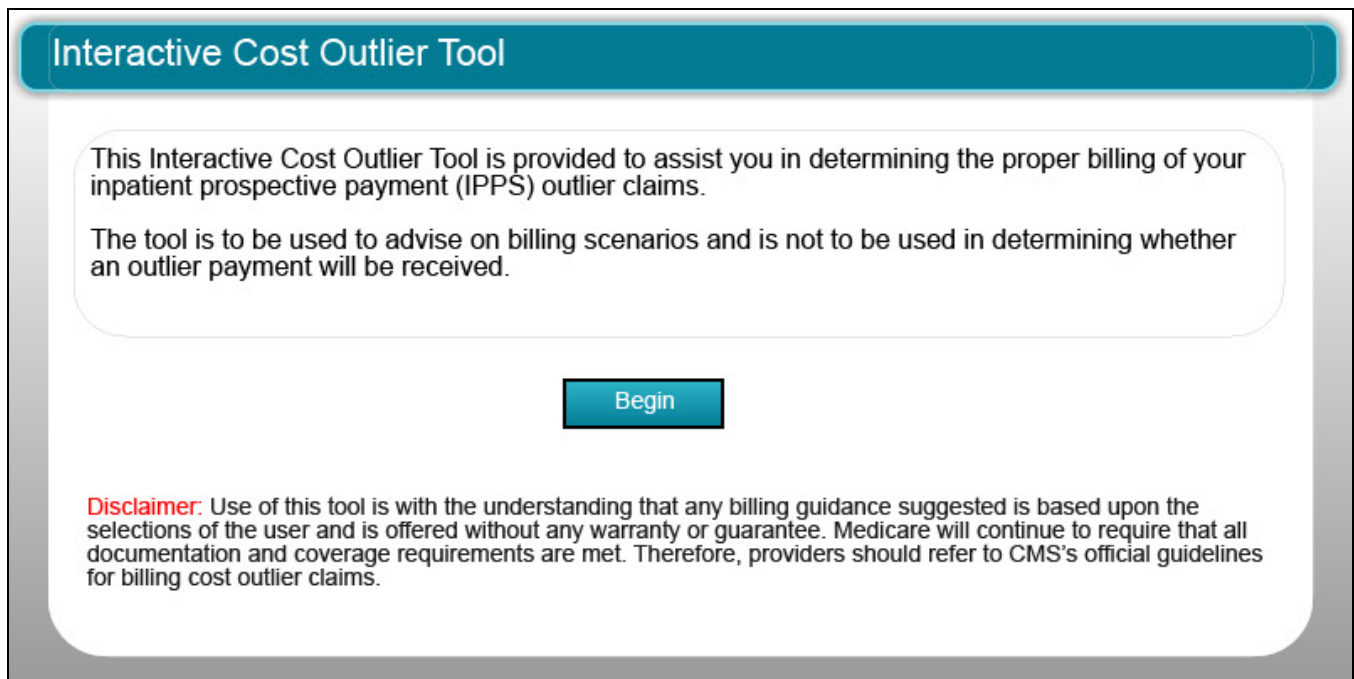


Slide 1

The screenshot shows a presentation slide titled "Interactive Cost Outlier Tool". The slide has a teal header bar with the title. Below the header, there is a white rounded rectangle containing two paragraphs of text. The first paragraph states that the tool is provided to assist in determining the proper billing of inpatient prospective payment (IPPS) outlier claims. The second paragraph states that the tool is to be used to advise on billing scenarios and is not to be used in determining whether an outlier payment will be received. Below the text is a teal button labeled "Begin". At the bottom of the white rounded rectangle, there is a red "Disclaimer" section that reads: "Use of this tool is with the understanding that any billing guidance suggested is based upon the selections of the user and is offered without any warranty or guarantee. Medicare will continue to require that all documentation and coverage requirements are met. Therefore, providers should refer to CMS's official guidelines for billing cost outlier claims." The entire slide content is enclosed in a grey border.

Interactive Cost Outlier Tool

This Interactive Cost Outlier Tool is provided to assist you in determining the proper billing of your inpatient prospective payment (IPPS) outlier claims.

The tool is to be used to advise on billing scenarios and is not to be used in determining whether an outlier payment will be received.

Begin

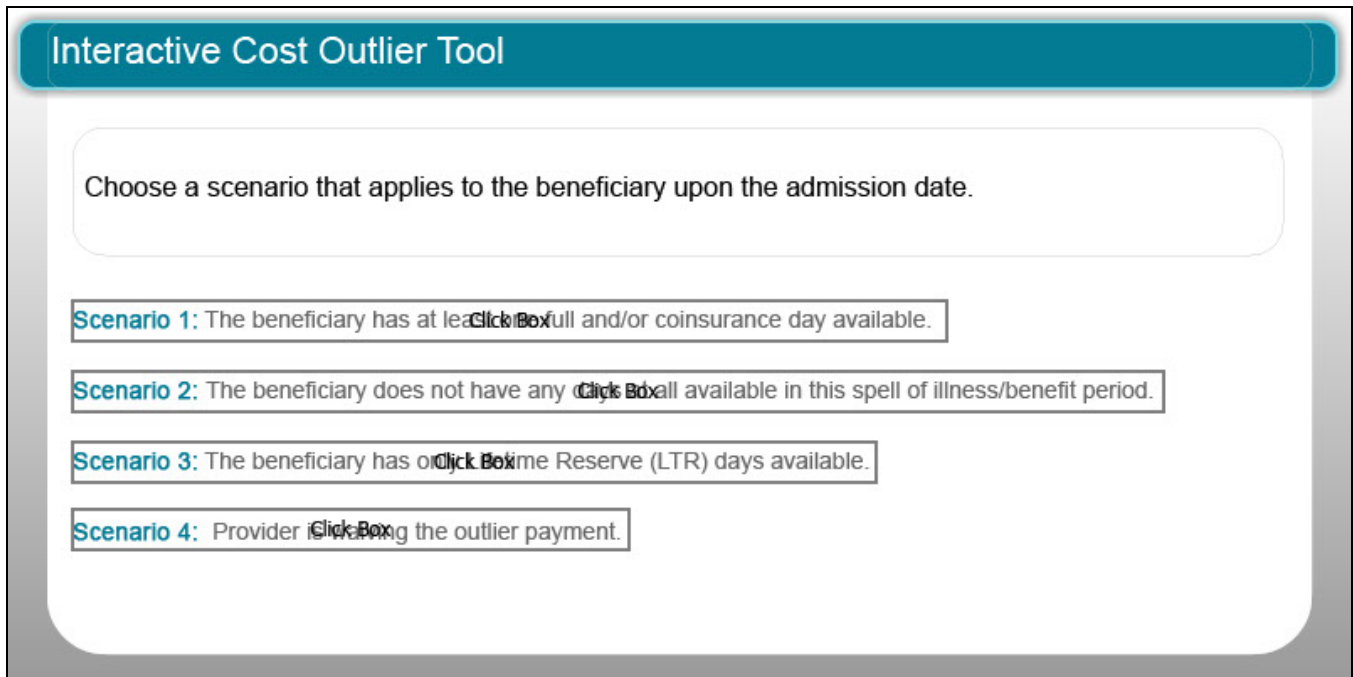
Disclaimer: Use of this tool is with the understanding that any billing guidance suggested is based upon the selections of the user and is offered without any warranty or guarantee. Medicare will continue to require that all documentation and coverage requirements are met. Therefore, providers should refer to CMS's official guidelines for billing cost outlier claims.

This Interactive Cost Outlier Tool is provided to assist you in determining the proper billing of your inpatient prospective payment (IPPS) outlier claims.

The tool is to be used to advise on billing scenarios and is not to be used in determining whether an outlier payment will be received.

Disclaimer: Use of this tool is with the understanding that any billing guidance suggested is based upon the selections of the user and is offered without any warranty or guarantee. Medicare will continue to require that all documentation and coverage requirements are met. Therefore, providers should refer to CMS's official guidelines for billing cost outlier claims.

Slide 2



The screenshot shows a software interface titled "Interactive Cost Outlier Tool". It features a teal header bar with the title. Below the header is a white rounded rectangle containing the instruction: "Choose a scenario that applies to the beneficiary upon the admission date." Underneath this instruction are four separate text boxes, each containing a scenario description. Each text box has a small "Click Box" label overlaid on it, indicating it is an interactive element.

Interactive Cost Outlier Tool

Choose a scenario that applies to the beneficiary upon the admission date.

Scenario 1: The beneficiary has at least one full and/or coinsurance day available.

Scenario 2: The beneficiary does not have any days at all available in this spell of illness/benefit period.

Scenario 3: The beneficiary has only Lifetime Reserve (LTR) days available.

Scenario 4: Provider is waiving the outlier payment.

Choose a scenario that applies to the beneficiary upon the admission date.

Scenario 1: The beneficiary has at least one full and/or coinsurance day available. Go to page 3.

Scenario 2: The beneficiary does not have any days at all available in this spell of illness/benefit period. Go to page 15.

Scenario 3: The beneficiary has only Lifetime Reserve (LTR) days available. Go to page 16.

Scenario 4: Provider is waiving the outlier payment. Go to page 26.

Slide 3

Interactive Cost Outlier Tool

Scenario 1: The beneficiary has at least one full and/or coinsurance day available.

Does the beneficiary have enough full and/or coinsurance days to cover the entire stay?

Yes No

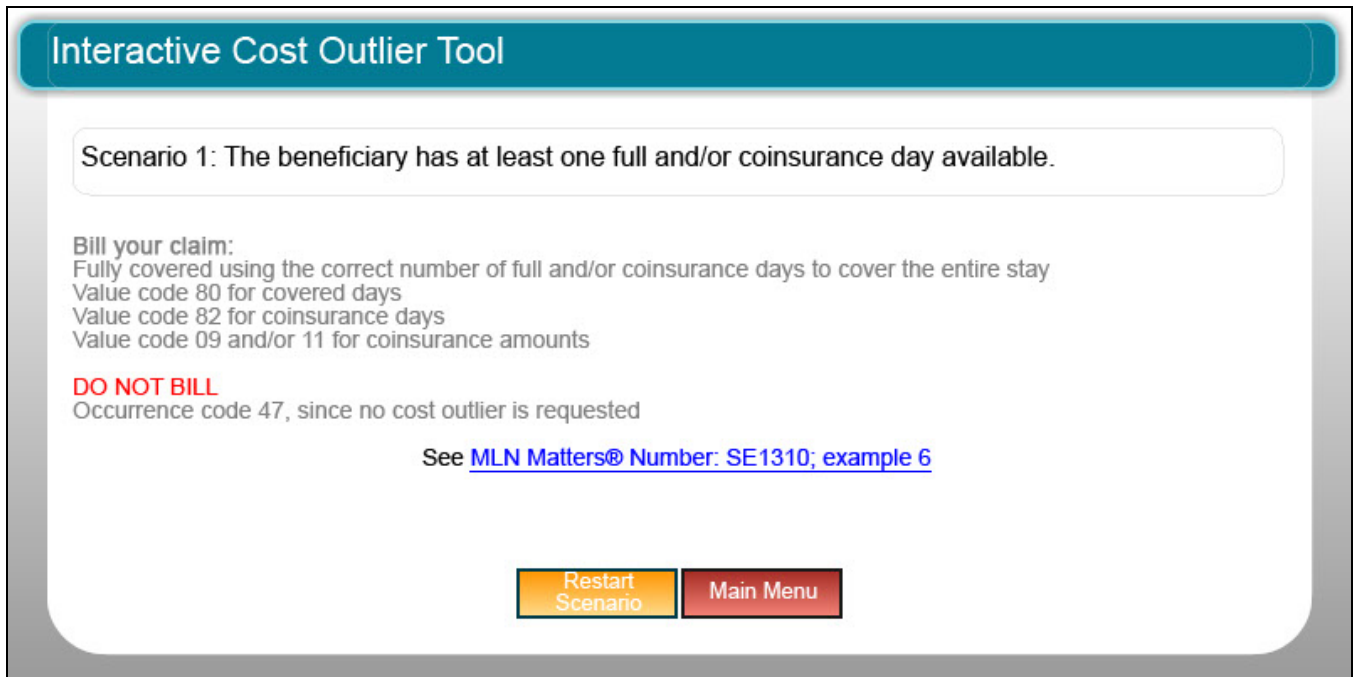
Scenario 1: The beneficiary has at least one full and/or coinsurance day available.

Does the beneficiary have enough full and/or coinsurance days to cover the entire stay?

Yes: Go to page 4.

No: Go to page 5.

Slide 4



Interactive Cost Outlier Tool

Scenario 1: The beneficiary has at least one full and/or coinsurance day available.

Bill your claim:
Fully covered using the correct number of full and/or coinsurance days to cover the entire stay
Value code 80 for covered days
Value code 82 for coinsurance days
Value code 09 and/or 11 for coinsurance amounts

DO NOT BILL
Occurrence code 47, since no cost outlier is requested

See [MLN Matters@ Number: SE1310; example 6](#)

Restart Scenario Main Menu

Scenario 1: The beneficiary has at least one full and/or coinsurance day available.

Bill your claim:

Fully covered using the correct number of full and/or coinsurance days to cover the entire stay

Value code 80 for covered days

Value code 82 for coinsurance days

Value code 09 and/or 11 for coinsurance amounts

DO NOT BILL

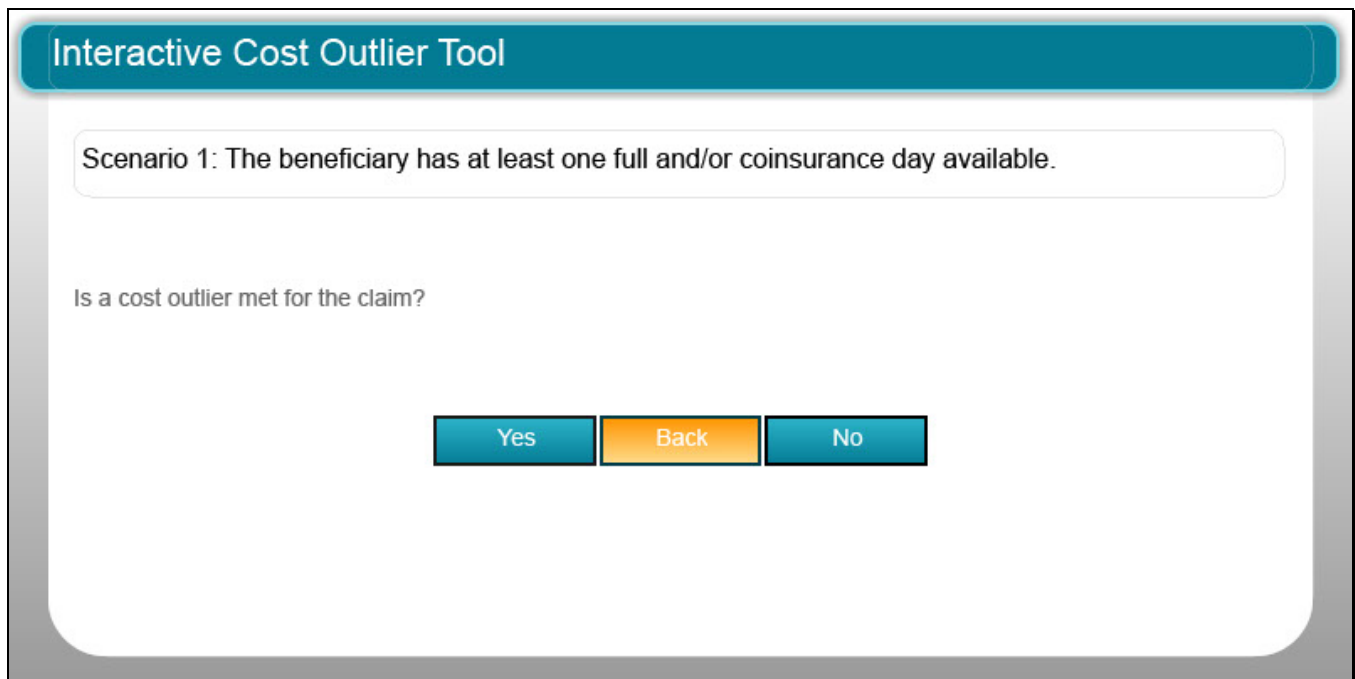
Occurrence code 47, since no cost outlier is requested

See [MLN Matters@ Number: SE1310; example 6](#)

Restart scenario 1: go to page 3.

Main menu: go to page 2.

Slide 5



Scenario 1: The beneficiary has at least one full and/or coinsurance day available.

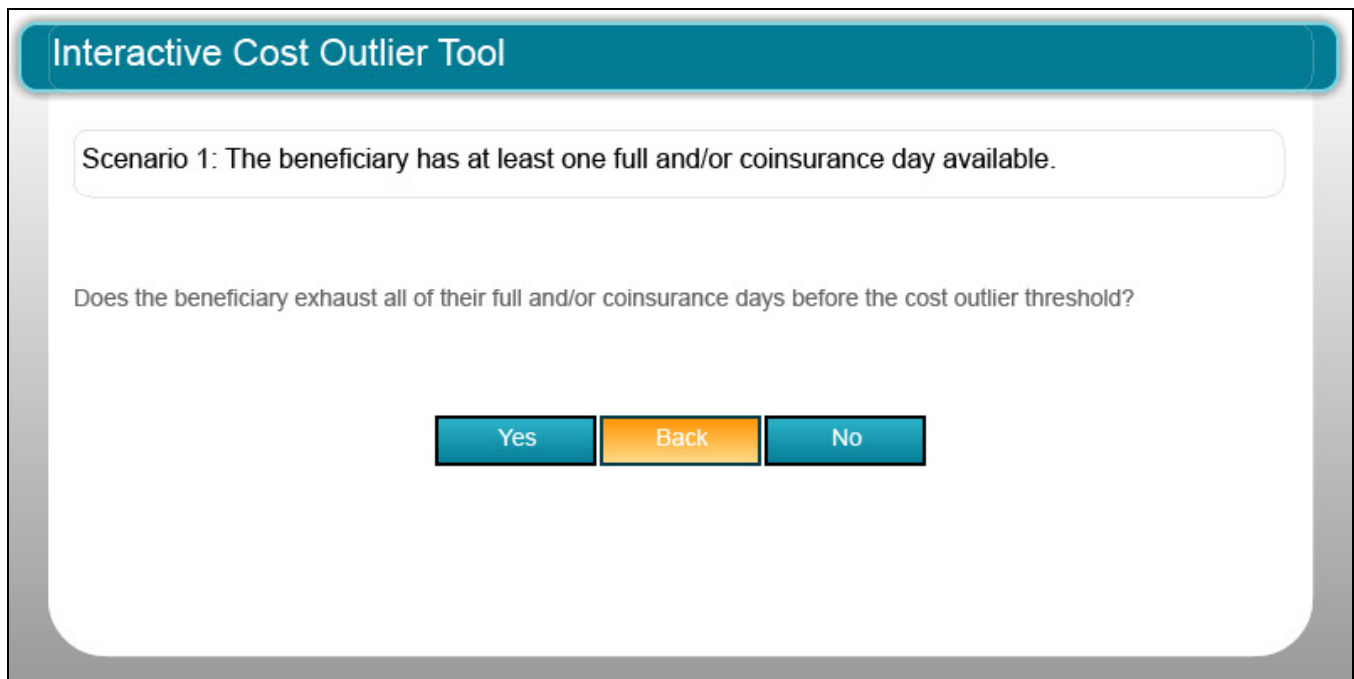
Is a cost outlier met for the claim?

Yes: Go to page 6.

No: Go to page 7.

Back: Return to page 3.

Slide 6



The screenshot shows a software interface titled "Interactive Cost Outlier Tool". At the top, a teal header bar contains the title. Below the header, a white rounded rectangle contains the text "Scenario 1: The beneficiary has at least one full and/or coinsurance day available." Below this, a question is posed: "Does the beneficiary exhaust all of their full and/or coinsurance days before the cost outlier threshold?". At the bottom center, there are three buttons: "Yes" (teal), "Back" (orange), and "No" (teal).

Scenario 1: The beneficiary has at least one full and/or coinsurance day available.

Does the beneficiary exhaust all of their full and/or coinsurance days before the cost outlier threshold?

Yes: Go to page 8.

No: Go to page 8.

Back: Return to page 5.

Slide 7

Interactive Cost Outlier Tool

Scenario 1: The beneficiary has at least one full and/or coinsurance day available.

Bill Your Claim:

- Covered using the correct number of full and/or coinsurance days
- Occurrence span code 70 for remainder of stay (non-utilization/inlier days)
 - Occurrence span code 70 begins the day **after** the last full and/or coinsurance day through the day **before** discharge
 - Associated days are non-covered (value code 81)
 - Associated units and charges on room and board revenue codes are covered
- Value code 80 for covered days
- Value code 82 for coinsurance days
 - Value code 09 and/or 11 for coinsurance amounts

See [Medicare Claims Processing Manual, Chapter 3, Section 40.2 example 2](#)

[Restart Scenario](#) [Main Menu](#)

Scenario 1: The beneficiary has at least one full and/or coinsurance day available.

Bill Your Claim:

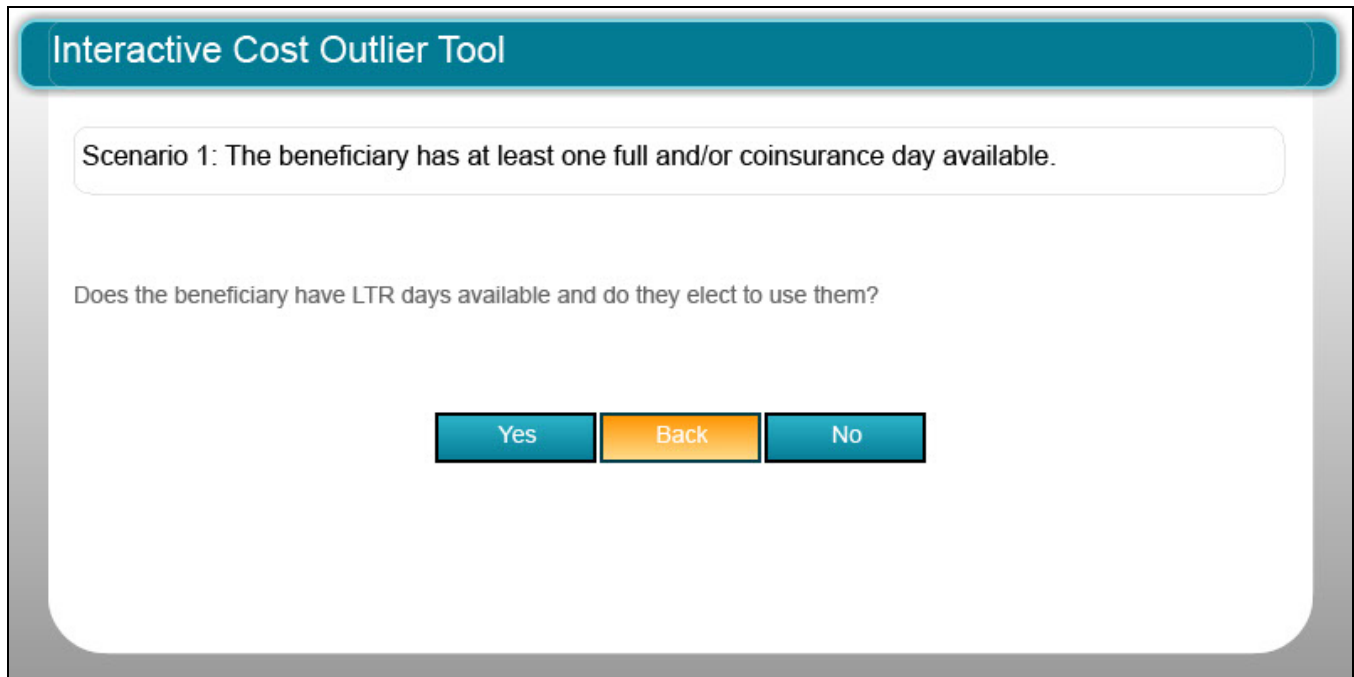
- Covered using the correct number of full and/or coinsurance days
- Occurrence span code 70 for remainder of stay (non-utilization/inlier days)
 - Occurrence span code 70 begins the day **after** the last full and/or coinsurance day through the day **before** discharge
 - Associated days are non-covered (value code 81)
 - Associated units and charges on room and board revenue codes are covered
- Value code 80 for covered days
- Value code 82 for coinsurance days
 - Value code 09 and/or 11 for coinsurance amounts

See [Medicare Claims Processing Manual, Chapter 3, Section 40.2](#)

Restart scenario 1: go to page 3.

Main menu: go to page 2.

Slide 8



The screenshot shows a software interface titled "Interactive Cost Outlier Tool". At the top, a teal header bar contains the title. Below the header, a white rounded rectangle contains the text "Scenario 1: The beneficiary has at least one full and/or coinsurance day available." Below this, the question "Does the beneficiary have LTR days available and do they elect to use them?" is displayed. At the bottom of the white area, three buttons are arranged horizontally: "Yes" (teal), "Back" (orange), and "No" (teal).

Scenario 1: The beneficiary has at least one full and/or coinsurance day available.

Does the beneficiary have LTR days available, and do they elect to use them?

Yes: Go to page 11.

No: Go to page 9.

Back: Return to page 6.

Slide 9

Interactive Cost Outlier Tool

Scenario 1: The beneficiary has at least one full and/or coinsurance day available.

Bill Your Claim:

- Covered using the correct number of full and/or coinsurance days
- Condition code 67 because the beneficiary does not elect to use available LTR days
 - No need to bill condition code 67 if there are not LTR days
- Occurrence code A3 with the date of the last non-utilization/inlier day
 - After the A3 date, bill the remainder of days, units and charges as non-covered for benefits exhaust
- Occurrence code 47 with the date the claim began the outlier payment (the day **after** the outlier threshold is met)
- Occurrence span code 70 (non-utilization/inlier days)
 - Occurrence span code 70 begins the day **after** the last coinsurance day through the day **before** the outlier payment would have begun
 - Associated days are added to any other non-covered days (value code 81)
 - Associated units and charges on room and board revenue codes are covered
 - Covered charges must match the outlier threshold amount

Continued

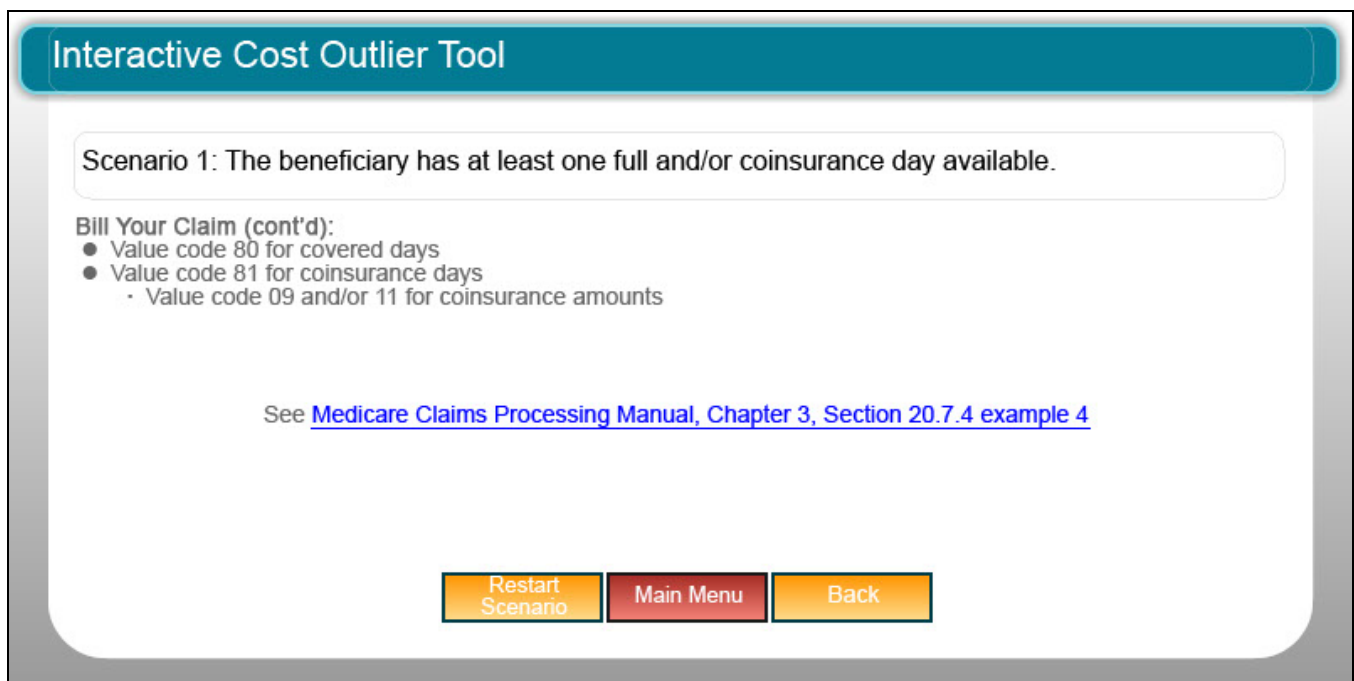
Scenario 1: The beneficiary has at least one full and/or coinsurance day available.

Bill Your Claim:

- Covered using the correct number of full and/or coinsurance days
- Condition code 67 because the beneficiary does not elect to use available LTR days
 - No need to bill condition code 67 if there are not LTR days
- Occurrence code A3 with the date of the last non-utilization/inlier day
 - After the A3 date, bill the remainder of days, units and charges as non-covered for benefits exhaust
- Occurrence code 47 with the date the claim began the outlier payment (the day **after** the outlier threshold is met)
- Occurrence span Code 70 (non-utilization/inlier days)
 - Occurrence span code 70 begins the day **after** the last coinsurance day through the day **before** the outlier payment would have begun
 - Associated days are added to any other non-covered days (value code 81)
 - Associated units and charges on room and board revenue codes are covered
- Covered charges must match the outlier threshold amount

Continued on page 10.

Slide 10



The screenshot shows a software interface titled "Interactive Cost Outlier Tool". It features a teal header bar with the title. Below the header, a white box contains the text "Scenario 1: The beneficiary has at least one full and/or coinsurance day available." Underneath this, the text "Bill Your Claim (cont'd):" is followed by a bulleted list: "● Value code 80 for covered days", "● Value code 81 for coinsurance days", and "· Value code 09 and/or 11 for coinsurance amounts". A blue hyperlink "See Medicare Claims Processing Manual, Chapter 3, Section 20.7.4 example 4" is positioned below the list. At the bottom of the interface, there are three buttons: "Restart Scenario" (orange), "Main Menu" (red), and "Back" (orange).

Scenario 1: The beneficiary has at least one full and/or coinsurance day available.

Bill Your Claim (cont'd):

- Value code 80 for covered days
- Value code 81 for coinsurance days
 - Value codes 09 and/or 11 for insurance amounts

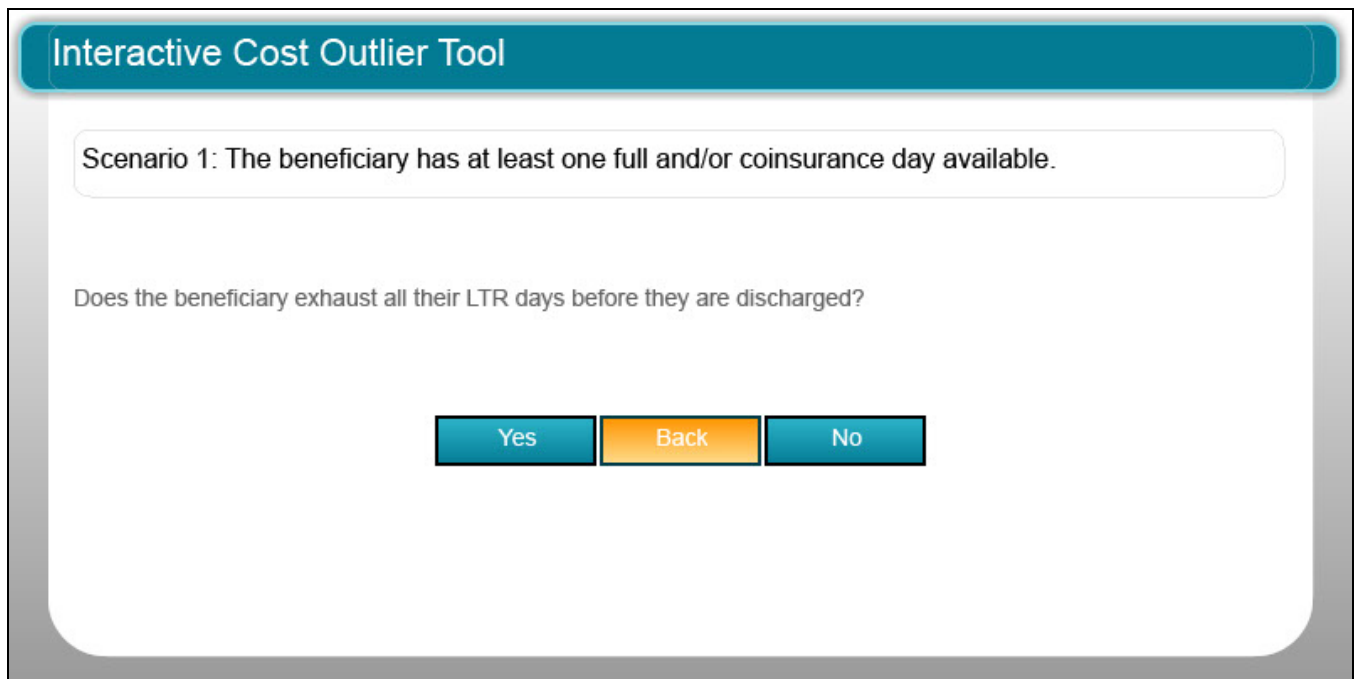
See [Medicare Claims Processing Manual, Chapter 3, Section 20.7.4, example 4](#)

Restart scenario 1: go to page 3.

Main menu: go to page 2.

Back: go to page 9.

Slide 11



The screenshot shows a software interface titled "Interactive Cost Outlier Tool". At the top, a teal header bar contains the title. Below the header, a white rounded rectangle contains the text "Scenario 1: The beneficiary has at least one full and/or coinsurance day available." Below this, the question "Does the beneficiary exhaust all their LTR days before they are discharged?" is displayed. At the bottom center, there are three buttons: "Yes" (teal), "Back" (orange), and "No" (teal).

Scenario 1: The beneficiary has at least one full and/or coinsurance day available.

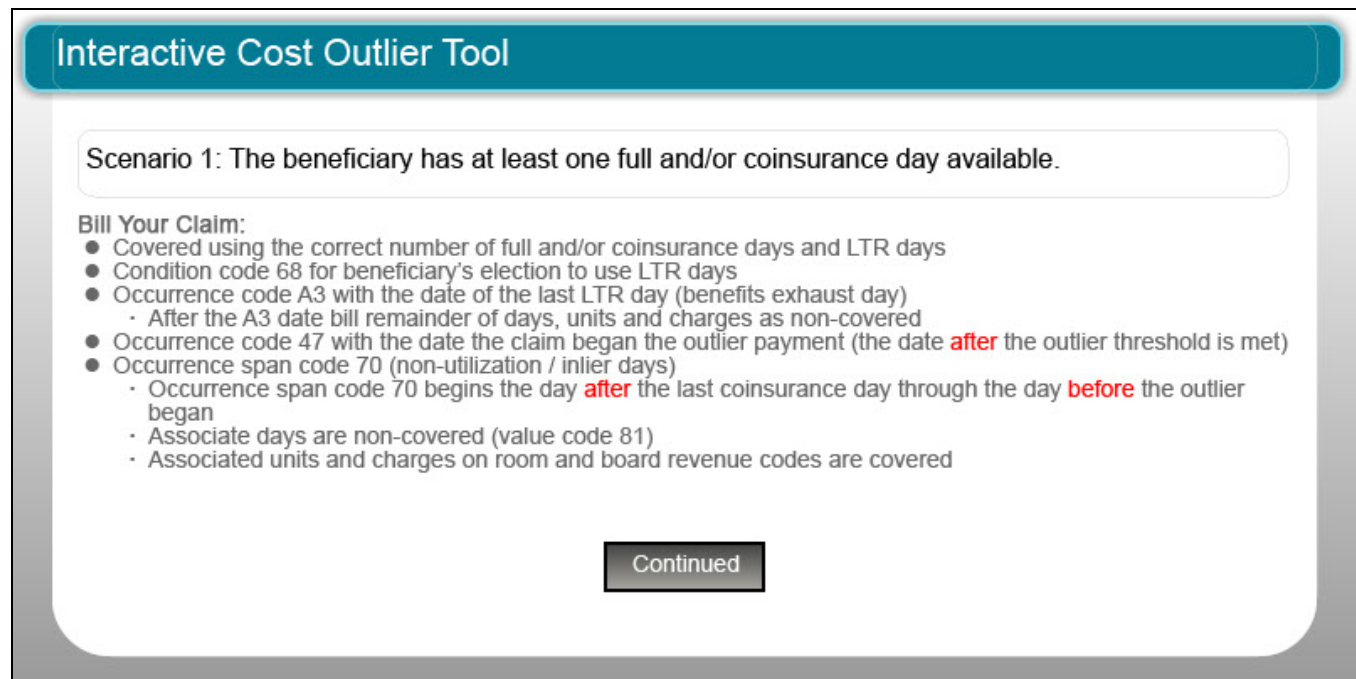
Does the beneficiary exhaust all their LTR days before they are discharged?

Yes: Go to page 12.

No: Go to page 14.

Back: Return to page 6.

Slide 12



Interactive Cost Outlier Tool

Scenario 1: The beneficiary has at least one full and/or coinsurance day available.

Bill Your Claim:

- Covered using the correct number of full and/or coinsurance days and LTR days
- Condition code 68 for beneficiary's election to use LTR days
- Occurrence code A3 with the date of the last LTR day (benefits exhaust day)
 - After the A3 date bill remainder of days, units and charges as non-covered
- Occurrence code 47 with the date the claim began the outlier payment (the date **after** the outlier threshold is met)
- Occurrence span code 70 (non-utilization / inlier days)
 - Occurrence span code 70 begins the day **after** the last coinsurance day through the day **before** the outlier began
 - Associate days are non-covered (value code 81)
 - Associated units and charges on room and board revenue codes are covered

Continued

Scenario 1: The beneficiary has at least one full and/or coinsurance day available.

Bill Your Claim:

- Covered using the correct number of full and/or coinsurance days and LTR days
- Condition code 68 for beneficiary's election to use LTR days
- Occurrence code A3 with the date of the last LTR day (benefits exhaust day)
- After the A3 date bill remainder of days, units and charges as non-covered
- Occurrence code 47 with the date the claim began the outlier payment (the date after the outlier threshold is met)
- Occurrence Span code 70 (non-utilization / inlier days)
- Occurrence Span code 70 begins the day after the last coinsurance day through the day before the outlier began
- Associate days are non-covered (value code 81)
- Associated units and charges on room and board revenue codes are covered

Continued on page 13.

Slide 13

Interactive Cost Outlier Tool

Scenario 1: The beneficiary has at least one full and/or coinsurance day available.

Bill Your Claim:

- Value code 80 for covered days
 - Including available full and/or coinsurance days and utilized LTR days
- Value code 81 for non-covered days
 - Includes non-utilization/inlier days and exhaust days
- Value code 82 for coinsurance days
 - Value code 09 and/or 11 for coinsurance amounts
- Value code 83 for LTR days
 - Value code 08 and/or 10 for LTR amounts
- All units and charges on room and board revenue codes, associated with exhaust days are in non-covered

See [Medicare Claims Processing Manual, Chapter 3, Section 20.7.4](#)

Restart Scenario Main Menu Back

Scenario 1: The beneficiary has at least one full and/or coinsurance day available.

Bill Your Claim:

- Value code 80 for covered days
 - Including available full and/or coinsurance days and utilized LTR days
- Value code 81 for non-covered days
 - Includes non-utilization/inlier days and exhaust days
- Value code 82 for coinsurance days
 - Value code 09 and/or 11 for coinsurance amounts
- Value code 83 for LTR days
 - Value code 08 and/or 10 for LTR amounts
- All units and charges on room and board revenue codes, associated with exhaust days are in non-covered

See [Medicare Claims Processing Manual, Chapter 3, Section 20.7.4](#)

Restart scenario 1: go to page 3

Main menu: go to page 2

Back: go to page 12

Slide 14

Interactive Cost Outlier Tool

Scenario 1: The beneficiary has at least one full and/or coinsurance day available.

Bill Your Claim:

- Covered claim using the correct number of full, coinsurance and LTR days available
- Condition code 68 for beneficiary's election to use LTR days
- Occurrence code 47 with the date the claim began the outlier payment (the day **after** the outlier threshold is met)
- Occurrence span code 70 (non-utilization / inlier days), if applicable
 - Occurrence span code 70 begins the day **after** the last coinsurance day through the day **before** the outlier began
 - Associated days are non-covered
 - Associated units and charges on room and board revenue codes are covered
- Value code 80 for covered days
 - Including available full and/or coinsurance days and LTR days
- Value code 81 for non-covered days
- Value code 82 for coinsurance days
 - Value code 09 and/or 11 for coinsurance amounts
- Value code 83 for LTR days
 - Value code 08 and/or 10 for LTR amounts

Restart Scenario

Main Menu

Scenario 1: The beneficiary has at least one full and/or coinsurance day available.

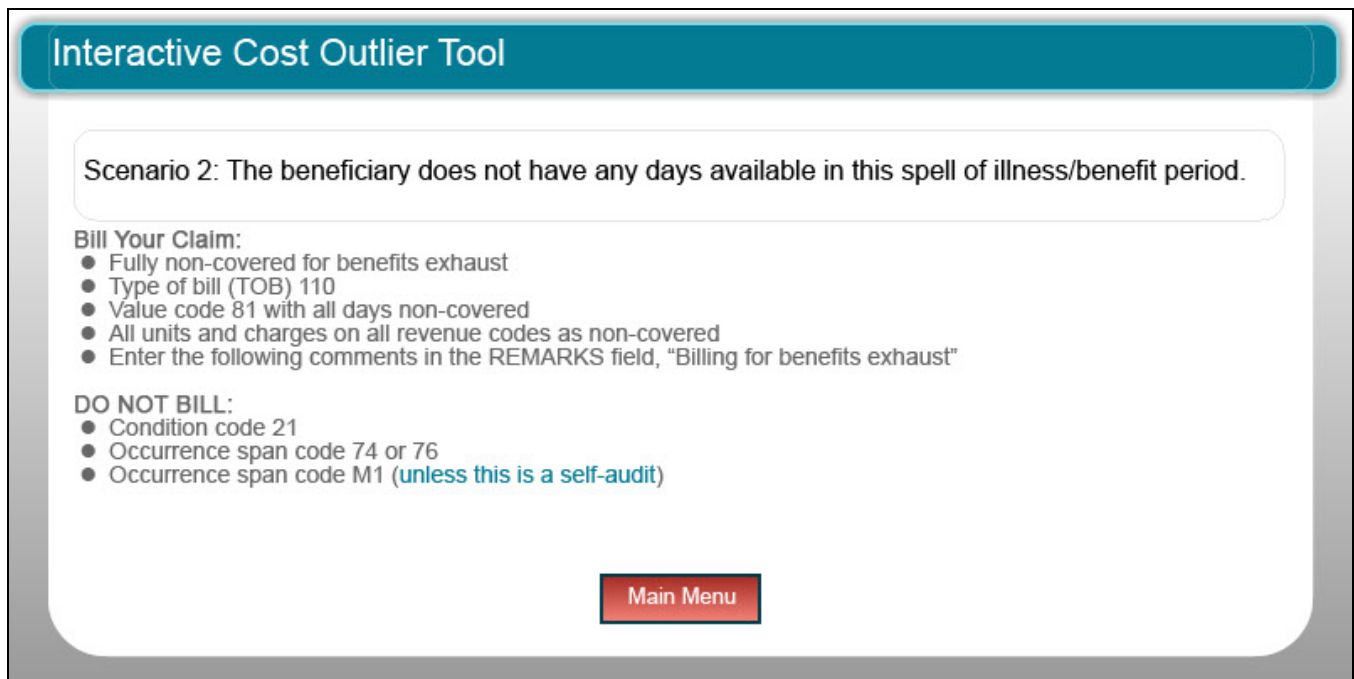
Bill Your Claim:

- Covered claim using the correct number of full, coinsurance and LTR days available
- Condition code 68 for beneficiary's election to use LTR days
- Occurrence code 47 with the date the claim began the outlier payment (the day **after** the outlier threshold is met)
- Occurrence span code 70 (non-utilization / inlier days), if applicable
 - Occurrence Span code 70 begins the day **after** the last coinsurance day through the day **before** the outlier began
 - Associate days are non-covered
 - Associated units and charges on room and board revenue codes are covered
- Value code 80 for covered days
 - Including available full and/or coinsurance days and utilized LTR days
- Value code 82 for coinsurance days
 - Value code 09 and/or 11 for coinsurance amounts
- Value code 83 for LTR days
 - Value code 08 and/or 10 for LTR amounts

Restart scenario 1, go to page 3

Main menu, go to page 2

Slide 15



Interactive Cost Outlier Tool

Scenario 2: The beneficiary does not have any days available in this spell of illness/benefit period.

Bill Your Claim:

- Fully non-covered for benefits exhaust
- Type of bill (TOB) 110
- Value code 81 with all days non-covered
- All units and charges on all revenue codes as non-covered
- Enter the following comments in the REMARKS field, "Billing for benefits exhaust"

DO NOT BILL:

- Condition code 21
- Occurrence span code 74 or 76
- Occurrence span code M1 (unless this is a self-audit)

Main Menu

Scenario 2: The beneficiary does not have any days available in this spell of illness/benefit period.

Bill Your Claim:

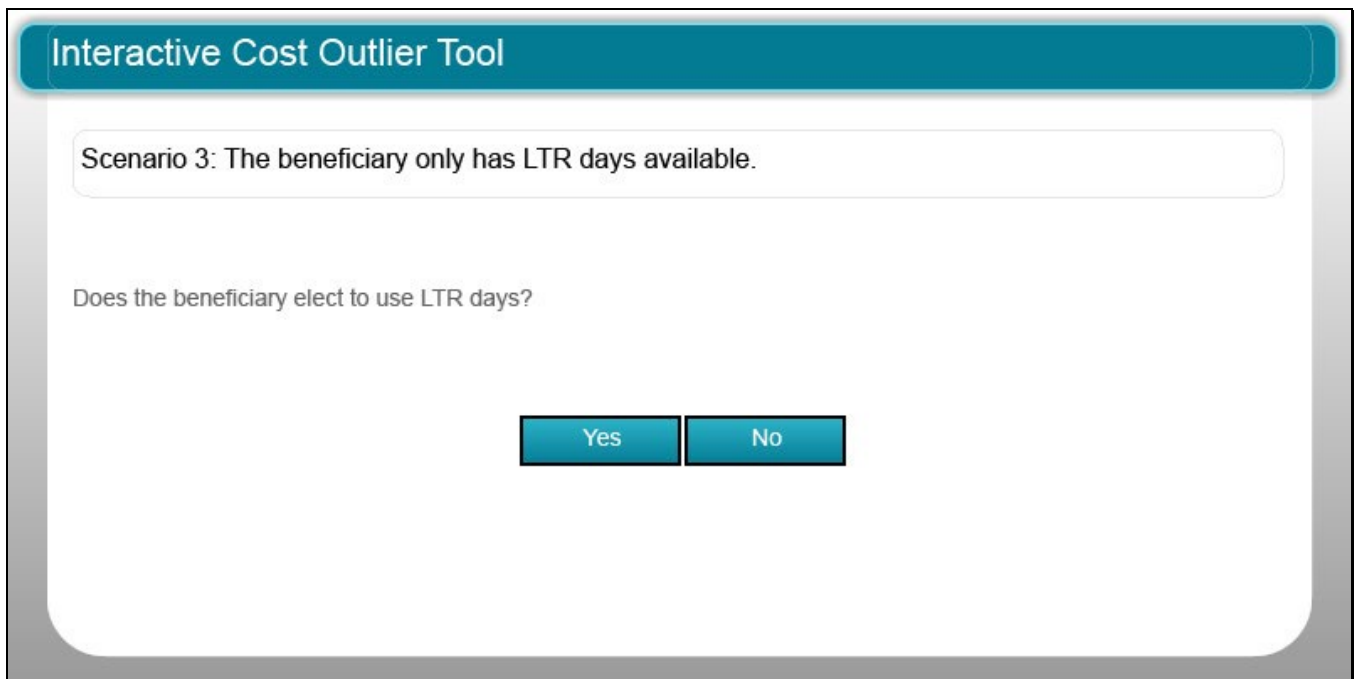
- Fully non-covered for benefits exhaust
- Type of bill (TOB) 110
- Value code 81 with all days non-covered
- All units and charges on all revenue codes as non-covered
- Enter the following comments in the REMARKS field, "Billing for benefits exhaust"

DO NOT BILL:

- Condition code 21
- Occurrence span code 74 or 76
- Occurrence span code M1 (unless this is a self-audit)

Main menu: go to page 2.

Slide 16

The image shows a screenshot of an interactive slide titled "Interactive Cost Outlier Tool". The slide has a teal header bar with the title. Below the header, there is a white rounded rectangle containing the text "Scenario 3: The beneficiary only has LTR days available." Below this, the question "Does the beneficiary elect to use LTR days?" is displayed. At the bottom center, there are two teal buttons labeled "Yes" and "No".

Interactive Cost Outlier Tool

Scenario 3: The beneficiary only has LTR days available.

Does the beneficiary elect to use LTR days?

Yes No

Scenario 3: The beneficiary only has LTR days available.

Does the beneficiary elect to use LTR days?

Yes: Go to page 18.

No: Go to page 17.

Slide 17

The screenshot shows a software interface titled "Interactive Cost Outlier Tool". At the top, a teal header bar contains the title. Below it, a white rounded rectangle contains the text "Scenario 3: The beneficiary has only LTR days available." Underneath, there are two sections: "Bill Your Claim:" and "DO NOT BILL:". The "Bill Your Claim:" section lists six bullet points: "Fully non-covered for benefit exhaust", "Type of Bill (TOB) 110", "Condition code 67 for beneficiary not electing to use LTR days", "Value code 81 with all days as non-covered", "All units and charges on all revenue codes as non-covered", and "Enter the following comments in the REMARKS field, 'Billing for benefits exhaust. Beneficiary elects not to use LTR days'". The "DO NOT BILL:" section lists two bullet points: "Occurrence span code 74 or 76" and "Occurrence span code M1 (unless this is a self-audit)". At the bottom center, there are two buttons: "Restart Scenario" (yellow) and "Main Menu" (red).

Scenario 3: The beneficiary has only LTR days available.

Bill Your Claim:

- Fully non-covered for benefit exhaust
- Type of Bill (TOB) 110
- Condition code 67 for beneficiary not electing to use LTR days
- Value code 81 with all days as non-covered
- All units and charges on all revenue codes as non-covered

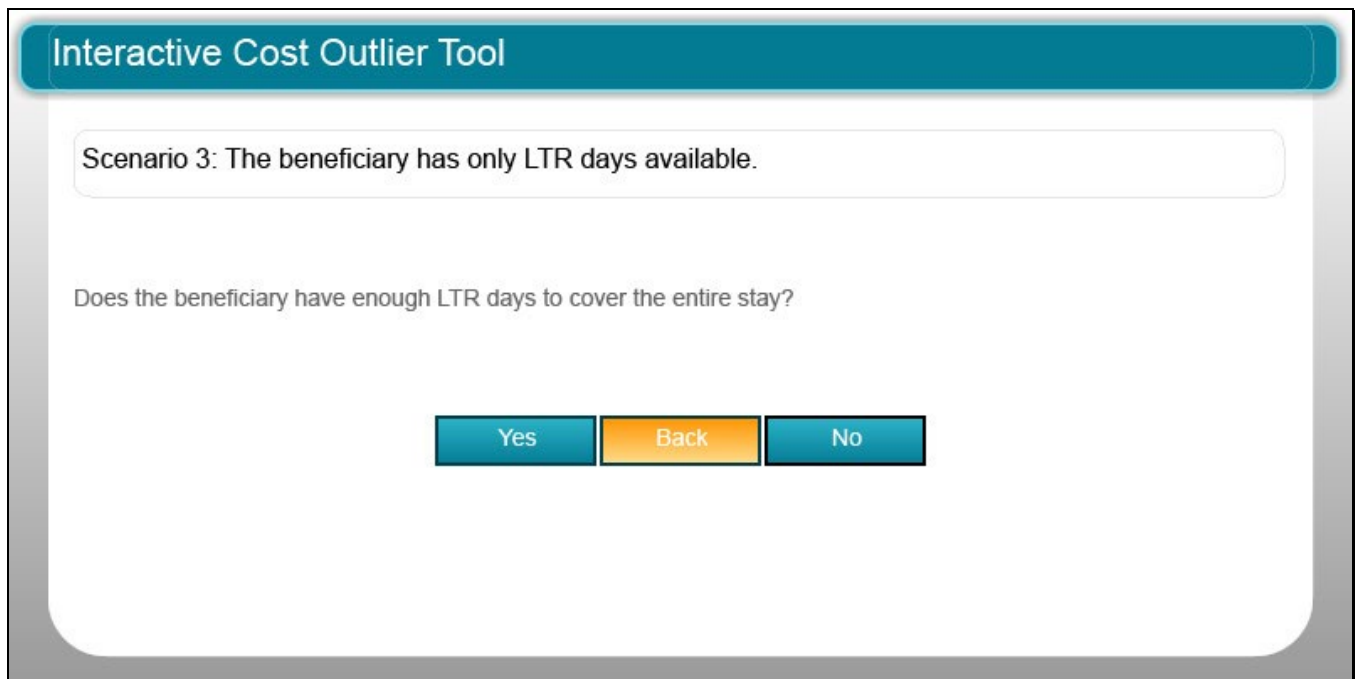
DO NOT BILL:

- Occurrence span code 74 or 76
- Occurrence span code M1 (unless this is a self-audit)

Restart scenario 3: go to page 16.

Main menu: go to page 2.

Slide 18



Scenario 3: The beneficiary has only LTR days available.

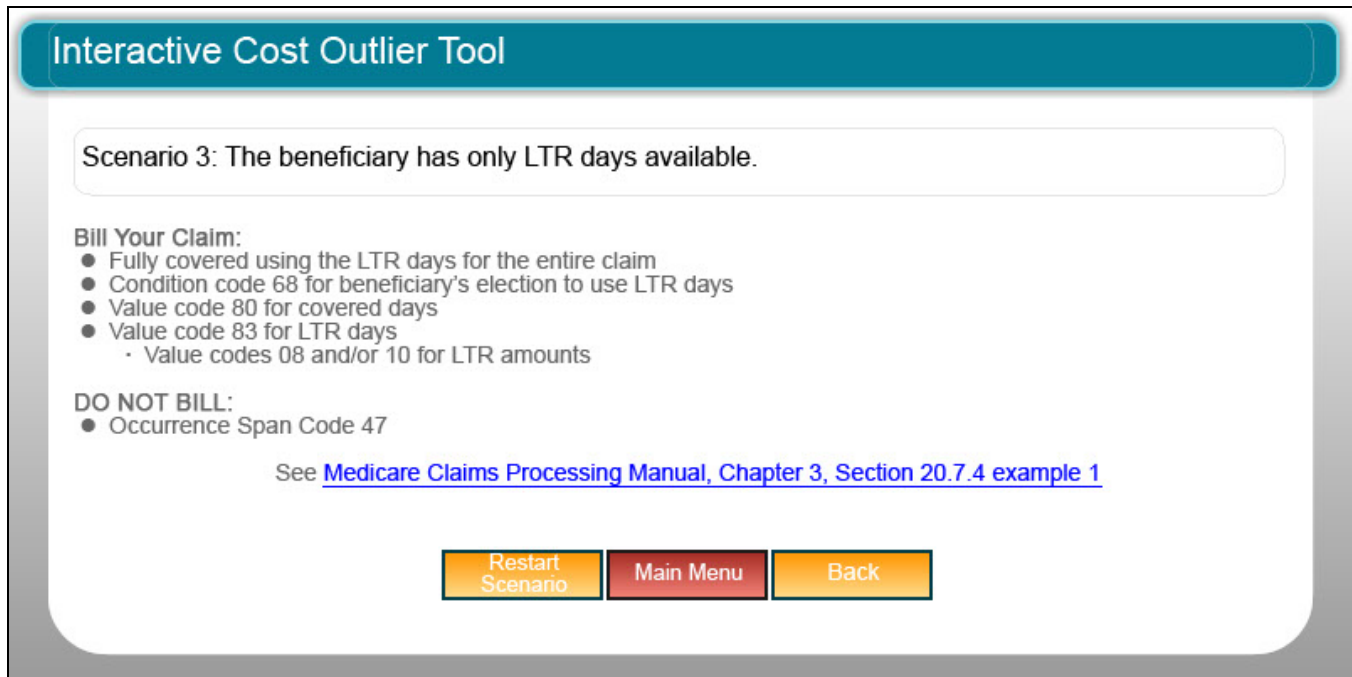
Does the beneficiary have enough LTR days to cover the entire stay?

Yes: Go to page 19.

No: Go to page 20.

Back: Return to page 16.

Slide 19



Interactive Cost Outlier Tool

Scenario 3: The beneficiary has only LTR days available.

Bill Your Claim:

- Fully covered using the LTR days for the entire claim
- Condition code 68 for beneficiary's election to use LTR days
- Value code 80 for covered days
- Value code 83 for LTR days
 - Value codes 08 and/or 10 for LTR amounts

DO NOT BILL:

- Occurrence Span Code 47

See [Medicare Claims Processing Manual, Chapter 3, Section 20.7.4 example 1](#)

Restart Scenario Main Menu Back

Scenario 3: The beneficiary has only LTR days available.

Bill Your Claim:

- Fully covered using the LTR days for the entire claim
- Condition code 68 for beneficiary's election to use LTR days
- Value code 80 for covered days
- Value code 83 for LTR days
 - Value codes 08 and/or 10 for LTR amounts

DO NOT BILL:

- Occurrence Span Code 47

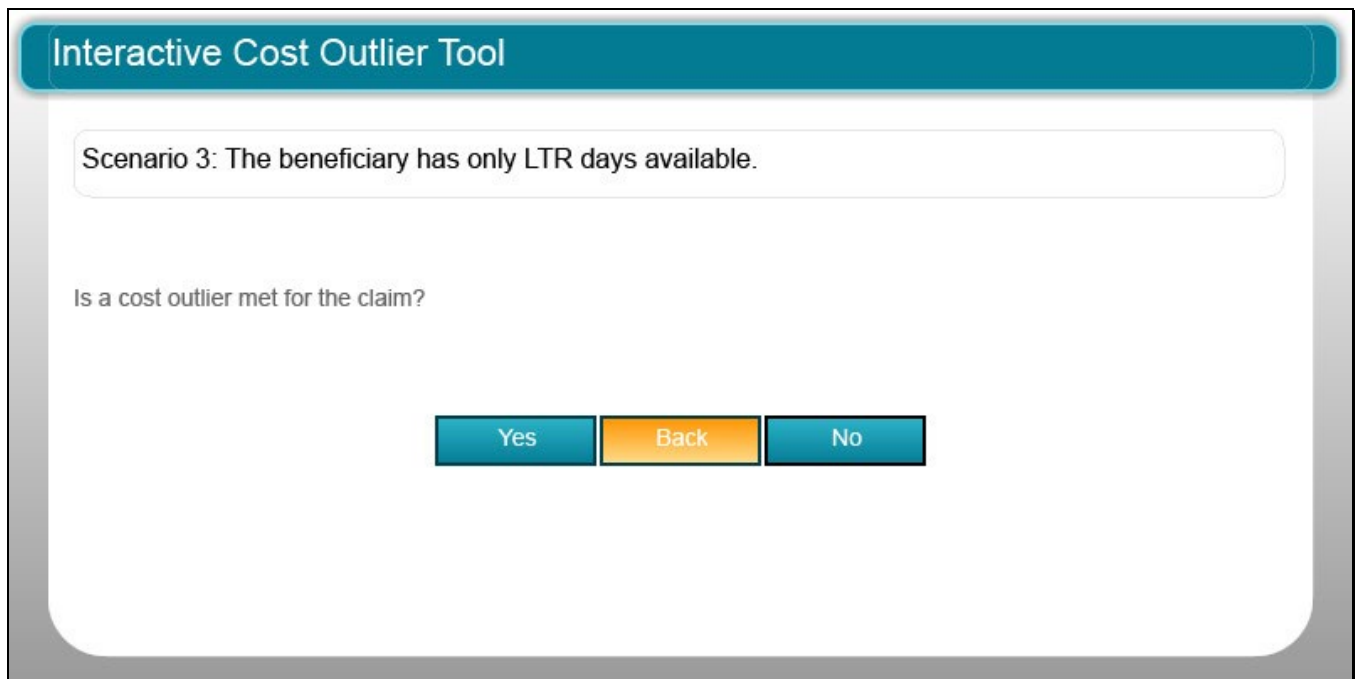
See [Medicare Claims Processing Manual, Chapter 3, Section 20.7.4](#)

Restart scenario 3: go to page 16.

Main menu: go to page 2.

Back: return to page 16.

Slide 20



Scenario 3: The beneficiary has only LTR days available.

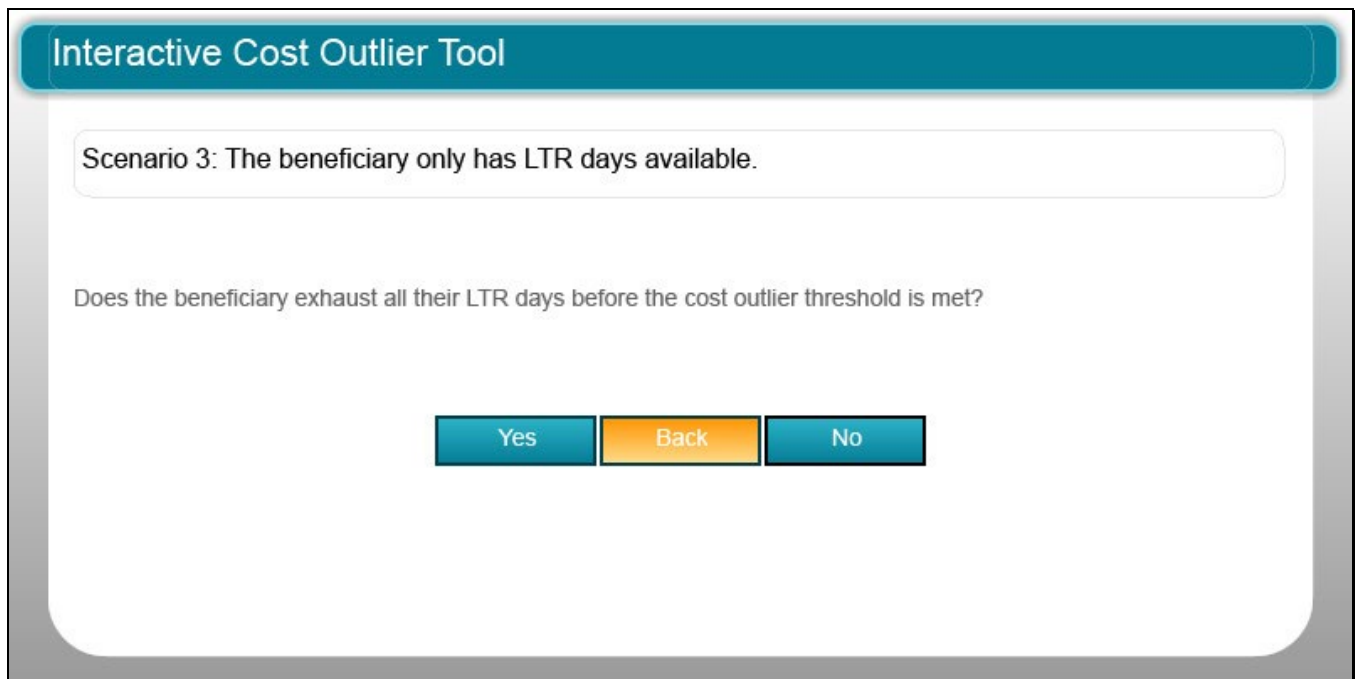
Is a cost outlier met for the claim?

Yes: go to page 21.

No: go to page 22.

Back: return to page 18.

Slide 21



Scenario 3: The beneficiary only has LTR days available.

Does the beneficiary exhaust all their LTR days before the cost outlier threshold is met?

Yes: go to page 23.

No: go to page 25.

Back: return to page 20.

Slide 22

Interactive Cost Outlier Tool

Scenario 3: The beneficiary has only LTR days available.

Bill Your Claim:

- Covered with LTR days available
- Condition code 68 for LTR days
- Occurrence code A3 with the discharge date
- Occurrence span code 70 for remainder of stay (non-utilization/inlier day)
 - Occurrence span code 70 begins the day **after** the last LTR day is used through discharge
 - Associated days are non-covered (Value Code 81)
 - Associated units and charges on room and board revenue codes are covered
- Value code 80 for covered days
- Value code 83 for LTR days
 - Value codes 08 and/or 10 for LTR amounts

DO NOT BILL:

- Occurrence code 47

See [MLN Matters® Number: SE1310; example 11](#)

Restart Scenario
Main Menu

Scenario 3: The beneficiary has only LTR days available.

Bill Your Claim:

- Covered with LTR days available
- Condition code 68 for LTR days
- Occurrence code A3 with the discharge date
- Occurrence span code 70 for remainder of stay (non-utilization/inlier day)
 - Occurrence Span Code 70 begins the day **after** the last LTR day is used through discharge
 - Associated days are non-covered (Value Code 81)
 - Associated units and charges on room and board revenue codes are covered
- Value Code 80 for covered days
- Value Code 83 for LTR days
 - Value Codes 08 and/or 10 for LTR amounts

DO NOT BILL:

- Occurrence Code 47

See [MLN Matters® article number SE1310; example 11](#)

Restart scenario 3: go to page 16.

Main menu: go to page 2.

Slide 23

Interactive Cost Outlier Tool

Scenario 3: The beneficiary has only LTR days available.

Bill Your Claim:

- Covered with LTR days
- Condition code 68 for beneficiary's election to use LTR days
- Occurrence code A3 with the last non-utilization/inlier day's date (last covered LTR day)
 - After the A3 date, bill remainder of days, units and charges as non-covered
- Occurrence code 47 with the date the claim began the outlier payment (the day **after** the outlier threshold is met)
- Occurrence span code 70 for non-utilization/inlier days
 - Occurrence span code 70 begins the day **after** the last LTR day is used through the day **before** the outlier payment starts (occurrence code 47)
 - Associated days are non-covered (Value code 81)
 - Associated units and charges on room and board revenue codes are covered

Continued

Scenario 3: The beneficiary has only LTR days available.

Bill Your Claim:

- Covered with LTR days
- Condition code 68 for beneficiary's election to use LTR days
- Occurrence code A3 with the last non-utilization/inlier day's date (last covered LTR day)
 - After the A3 date, bill remainder of days, units and charges as non-covered
- Occurrence code 47 with the date the claim began the outlier payment (the day **after** the outlier threshold is met)
- Occurrence span code 70 for non-utilization/inlier days
 - Occurrence span code 70 begins the day **after** the last LTR day is used through the day **before** the outlier payment starts (occurrence code 47)
 - Associated days are non-covered (Value code 81)
 - Associated units and charges on room and board revenue codes are covered

Continued on page 24.

Slide 24

The screenshot shows a software interface titled "Interactive Cost Outlier Tool". At the top, a teal header bar contains the title. Below the header, a white box contains the text "Scenario 3: The beneficiary has only LTR days available." Underneath this, a section titled "Bill Your Claim:" lists four bullet points: "Value code 80 for covered days", "Value code 81 for non-covered days", "Value code 83 for LTR days", and "Value codes 08 and/or 10 for LTR coinsurance amounts". A blue hyperlink "See MLN Matters® Number: SE1310 example 3" is positioned below the list. At the bottom of the interface, there are three buttons: "Restart Scenario" (orange), "Main Menu" (red), and "Back" (orange).

Scenario 3: The beneficiary has only LTR days available.

Bill Your Claim:

- Value code 80 for covered days
- Value code 81 for non-covered days
- Value code 83 for LTR days
 - Value codes 08 and/or 10 for LTR coinsurance amounts

See [MLN Matters® Number: SE1310 example 3](#)

Restart scenario 3: go to page 16.

Main menu: go to page 2.

Back: return to page 23.

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Interactive Cost Outlier Tool

Scenario 3: The beneficiary has only LTR days available.

Bill Your Claim:

- Covered using LTR days
- Condition code 68 for LTR days
- Occurrence code A3 with last LTR date
 - Bill remainder of days, units and charges as non-covered
- Occurrence code 47 with the date the claim began the outlier payment (the day **after** the outlier threshold is met)
- Value code 80 for covered days
- Value code 81 for non-covered days
- Value code 83 for LTR days
 - Value code 08 and/or 10 for LTR amounts

See [MLN Matters® Number: SE1310 example 2](#)

[Restart Scenario](#) [Main Menu](#)

Scenario 3: The beneficiary has only LTR days available.

Bill Your Claim:

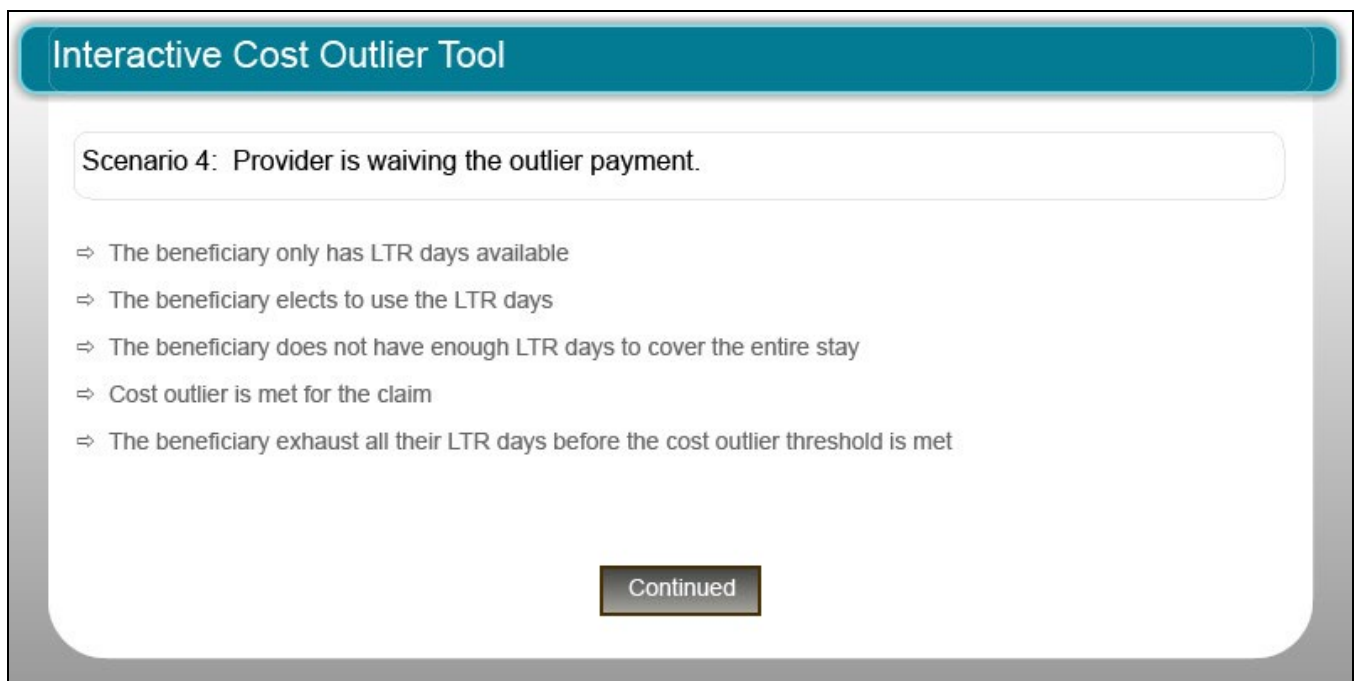
- Covered using LTR days
- Condition code 68 for LTR days
- Occurrence code A3 with last LTR date
- Bill remainder of days, units and charges as non-covered
- Occurrence code 47 with the date the claim began the outlier payment (the day **after** the outlier threshold is met)
- Value code 80 for covered days
- Value code 81 for non-covered days
- Value code 83 for LTR days
 - Value code 08 and/or 10 for LTR amounts

See [MLN Matters® Number: SE1310 example 2](#)

Restart scenario 3: go to page 16.

Main menu: go to page 2.

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Interactive Cost Outlier Tool

Scenario 4: Provider is waiving the outlier payment.

- ⇒ The beneficiary only has LTR days available
- ⇒ The beneficiary elects to use the LTR days
- ⇒ The beneficiary does not have enough LTR days to cover the entire stay
- ⇒ Cost outlier is met for the claim
- ⇒ The beneficiary exhaust all their LTR days before the cost outlier threshold is met

Continued

Scenario 4: Provider is waiving the outlier payment.

- The beneficiary only has LTR days available
- The beneficiary elects to use the LTR days
- The beneficiary does not have enough LTR days to cover the entire stay
- Cost outlier is met for the claim
- The beneficiary exhaust all their LTR days before the cost outlier threshold is met

Continued on page 27.

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Interactive Cost Outlier Tool

Scenario 4: Provider is waiving the outlier payment.

Bill Your Claim:

- Covered claim with LTR days
- Condition code 66 for waiving outlier payment
- Condition code 68 for beneficiary's election to use LTR days
- Occurrence code A3 with the last non-utilization/inlier day's date (last LTR day)
 - After A3 date, bill remainder of days, units and charges as non-covered
- Occurrence span code 70 for non-utilization/inlier day
 - Occurrence span code 70 begins the day **after** the last LTR day is used through the discharge day
 - Associated days are non-covered (value code 81)
 - Associated units and charges on room and board revenue codes are covered
- Value code 80 for covered days
- Value code 81 for non-covered days
- Value code 83 for LTR days
 - Value codes 08 and/or 10 for LTR coinsurance amounts

DO NOT BILL:

- Occurrence code 47

[Main Menu](#)

Scenario 4: Provider is waiving the outlier payment.

Bill Your Claim:

- Covered claim with LTR days
- Condition code 66 for waiving outlier payment
- Condition code 68 for beneficiary's election to use LTR days
- Occurrence code A3 with the last non-utilization/inlier day's date (last LTR day)
 - After A3 date, bill remainder of days, units and charges as non-covered
- Occurrence span code 70 for non-utilization/inlier day
 - Occurrence span code 70 begins the day **after** the last LTR day is used through the discharge day
 - Associated days are non-covered (value code 81)
 - Associated units and charges on room and board revenue codes are covered
- Value code 80 for covered days
- Value code 81 for non-covered days
- Value code 83 for LTR days
 - Value codes 08 and/or 10 for LTR coinsurance amounts

DO NOT BILL:

- Occurrence code 47

Main menu: go to page 2.