Medicare A Bulletin

A Newsletter for Florida Medicare Part A Providers

Special Issue

June 5, 2000

Implementation of Claim Expansion and Line Item Processing Initiative

The claim expansion line item processing (CELIP) project *was* scheduled for national implementation on April 1, 2000. The complexity of the changes to the Fiscal Intermediary Shared System (FISS) required additional time to implement this initiative. Therefore, implementation of the CELIP initiative is **June 5, 2000**.

To ensure that all the required and extensive processing system modifications are installed successfully, the FISS Direct Data Entry (DDE) online claim system will not be available from 8:00 a.m. Friday, June 2, 2000 to 12:00 a.m. Monday June 5, 2000. During this period,

- Providers may continue to transmit claims electronically to the mailbox; and
- The Medicare Part A Customer Service Department will not be available.

Effective Monday, June 5, 2000,

- The Medicare Part A Customer Service Department will resume normal business hours; and
- The DDE claim system will be available for normal processing and business use.

The claim expansion line item processing (CELIP) initiative is the first transition step in preparation for the implementation of outpatient prospective payment system on July 1, 2000.

Providers billing claims for outpatient services must meet the CELIP criteria when submitting claims on or after June 5, 2000, or the claims will be returned to provider (RTP).

Implementation of CELIP will expand the claim size for reporting line item information, (revenue codes, HCPCS/ modifiers, date of service, units and charges) up to 450 lines.

The CELIP initiative includes several changes to claim reporting. Providers will be required to:

- Report outpatient services using HCFA Common Procedure Coding System (HCPCS) codes, as well as a modifier (if applicable) in form locator 44 (HCPCS/Rates)
- Submit line item dates of services, (form locator 45), for every line where a HCPCS code is reported on an outpatient bill
- Redefine "units" as the number of times the service or procedure being reported was performed according to the HCPCS coding descriptor (form locator 46). ❖

Please share the *Medicare A Bulletin* with appropriate members of your organization.

Routing Suggestions:

- ☐ Medicare Manager
- ☐ Reimbursement Director
- ☐ Chief Financial Officer
- ☐ Compliance Officer
- ☐ DRG Coordinator
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

HCFA Health Care Financing Administration

FIRST COAST SERVICE OPTIONS, INC.
A HCFA Contracted Carrier & Intermediary