

CMS Manual System

Pub 100-19 Demonstrations

Transmittal 46

Department of Health &
Human Services (DHHS)

Centers for Medicare &
Medicaid Services (CMS)

Date: APRIL 28, 2006

Change Request 5023

SUBJECT: Additional Clarification of CR 3816 Business Requirements

I. SUMMARY OF CHANGES: Clarification of billing requirements for CR 3816 - Low Vision Rehabilitation Demonstration - to include reference to the use of the proper billing formats as directed in the Administrative Simplification and Compliance Act (ASCA).

NEW/REVISED MATERIAL

EFFECTIVE DATE: July 28, 2006

IMPLEMENTATION DATE: July 28, 2006

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)

R = REVISED, N = NEW, D = DELETED – *Only One Per Row.*

R/N/D	Chapter / Section / SubSection / Title
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III. FUNDING:

No additional funding will be provided by CMS; Contractor activities are to be carried out within their FY 2006 operating budgets.

IV. ATTACHMENTS:

One-Time Notification

**Unless otherwise specified, the effective date is the date of service.*

Attachment – One Time Notification

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SUBJECT: Additional Clarification of CR 3816 Business Requirements

I. GENERAL INFORMATION

A. Background:

The purpose of this Change Request is to clarify billing instructions in CR 3816 which did not adequately reference the use of electronic claims. Electronic claim submission is required by the Administrative Simplification Compliance Act (ASCA), unless a billing entity qualifies for an exception.

In addition, although the Business Requirements in CR 3816 mention use of remittance advice messages, and the background makes reference to using the most appropriate MSN messages unless specified otherwise in the Business Requirements, there is no corresponding reference to the remittance advice message in the background.

By May 23, 2007 physician UPIN numbers will have been replaced by National Provider Identification numbers (NPI). CR 3816 did not provide instructions for this eventuality.

CR 3816 for the Low Vision Rehabilitation Demonstration refers to documenting the plan of care by indicating the date the plan was developed or reviewed in Block 19 (Reserved for Local Use) of Form CMS-1500 and for facilities to use occurrence code 17 for the date the plan of care was established or reviewed. Contractors shall educate providers and facilities that they must document the plan of care by indicating the date the plan of care was established or reviewed in Block 19 (Reserved for Local Use) on Form CMS-1500 or its electronic equivalent, and facilities must document the date the plan of care was established or reviewed using occurrence code 17 on Form CMS-1450 or its electronic equivalent. However, the layout of the electronic claims form cannot accommodate this information.

Therefore:

Contractors shall also use the most appropriate remittance advice and remark codes when denying a claim unless specified otherwise in the business requirements.

Contractors shall also be aware that beginning in May 2007 UPIN codes will be replaced by National Provider Identifiers (NPI) and NPIs will need to be used for physician identification in lieu of UPINs.

Contractors shall disregard the instructions in BR3816.2.1.6, and BR3816.3.7, as well as instructions in CR 4294.4 that relate to documentation of the date the plan of care was established. However, contractors shall take note of the instructions in BR 3816.1 that make it the responsibility of the supervising physician to develop a written plan of care that is reviewed at least every 30-days still pertain. However, documentation of the date such a plan of care was established is not longer necessary for claims submission.

CMS will revise the current MedLearn Matters Article (MM3816) to include these clarifications.

B. Policy: N/A

II. BUSINESS REQUIREMENTS

"Shall" denotes a mandatory requirement

"Should" denotes an optional requirement

Requirement Number	Requirements	Responsibility ("X" indicates the columns that apply)								
		F I	R H I	C a r r i e r	D M E R C	Shared System Maintainers				Other
						F I S S	M C S	V M S	C W F	
5023.1	Contractors shall disregard instruction in BR3816.2.1.6, and 3816.3.7, as well as instructions in BR 4294.4 as they pertain to documentation of the date the plan of care was established.	X		X		X	X			
5023.2	Contractors shall use the most appropriate remittance advice and remark codes when denying a claim unless specified otherwise in the Business Requirements.	X		X		X	X			
5023.3	Contractors shall also be aware that beginning in May 2007, UPIN codes will be replaced by National Provider Identifiers (NPI) and NPIs will need to be used for physician identification in lieu of UPINs. Further instructions regarding NPI will be issued by CMS.	X		X		X	X			

III. PROVIDER EDUCATION

Requirement Number	Requirements	Responsibility (“X” indicates the columns that apply)								
		F I	R H I	C a r r i e r	D M E R C	Shared System Maintainers				Other
						F I S S	M C S	V M S	C W F	
5023.4	A provider education article related to this instruction will be available at http://www.cms.hhs.gov/MLNMattersArticles/ shortly after the CR is released. You will receive notification of the article release via the established "medlearn matters" listserv. Contractors shall post this article, or a direct link to this article, on their Web site and include information about it in a listserv message within 1 week of the availability of the provider education article. In addition, the provider education article shall be included in your next regularly scheduled bulletin and incorporated into any educational events on this topic. Contractors are free to supplement Medlearn Matters articles with localized information that would benefit their provider community in billing and administering the Medicare program correctly.	X		X						

IV. SUPPORTING INFORMATION AND POSSIBLE DESIGN CONSIDERATIONS

A. Other Instructions: NA

X-Ref Requirement #	Instructions

B. Design Considerations: NA

X-Ref Requirement #	Recommendation for Medicare System Requirements

C. Interfaces: NA

D. Contractor Financial Reporting /Workload Impact: NA

E. Dependencies: NA

F. Testing Considerations: NA

V. SCHEDULE, CONTACTS, AND FUNDING

<p>Effective Date*: July 28, 2006</p> <p>Implementation Date: July 28, 2006</p> <p>Pre-Implementation Contact(s): Jim Coan, (410) 786-9168 Sidney Trieger, (410) 786-6613</p> <p>Post-Implementation Contact(s): Jim Coan, (410) 786-9168 Sidney Trieger, (410) 786-6613</p>	<p>No additional funding will be provided by CMS; contractor activities are to be carried out within their FY 2006 operating budgets.</p>
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