

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 1285	Date: August 16, 2013
	Change Request 8391

SUBJECT: Further Instruction to Use Non-Alert Remittance Advice Remark Codes (RARCs)

I. SUMMARY OF CHANGES: This Change Request is instructing the shared systems and the contractors to continue to send Non-Alert Remittance Advice Remark Codes (RARCs) without associated Group Codes and/or Claim Adjustment Reason Codes (CARCs). CMS is exploring an alternative approach and will provide further instruction if necessary.

EFFECTIVE DATE: October 1, 2013

IMPLEMENTATION DATE: October 7, 2013 - For FISS and MCS; January 6, 2014 - For VMS

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
N/A	

III. FUNDING:

For Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs) and/or Carriers:

No additional funding will be provided by CMS; Contractors activities are to be carried out with their operating budgets

For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC statement of Work. The contractor is not obliged to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

IV. ATTACHMENTS:

One-Time-Notification

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

Attachment - One-Time Notification

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EFFECTIVE DATE: October 1, 2013

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I. GENERAL INFORMATION

A. Background: This Change Request is instructing the shared systems and the contractors to continue to send Non-Alert Remittance Advice Remark Codes (RARCs) without associated Group Codes and/or Claim Adjustment Reason Codes (CARCs). CMS is exploring an alternative approach and will provide further instruction if necessary.

B. Policy: CMS addresses issues brought by the provider community and also develops strategies to be compliant with any Federal mandate.

II. BUSINESS REQUIREMENTS TABLE

"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.

Number	Requirement	Responsibility												
		A/B MAC			DME	FI	CA	RH	Shared-System Maintainers				Other	
		A	B	HHH					FISS	MCS	VMS	CWF		
8391.1	FISS/MCS/VMS shall remove the edit to check that every RARC has an associated CARC even when the RARC is not "Informational".. Note: 'Informational' RARCs start with the word "Alert"									X	X	X		
8391.2	All contractors shall make appropriate changes so that any appropriate RARC (even if non-Alert RARC) can be selected and sent to the relevant SS to be reported on the remittance advice without a CARC or a Group Code.	X	X		X	X	X	X						

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility					
		A/B MAC	DME	FI	CA	RH	Other

		A	B	H H H	M A C		R I E R	I
8391.3	MLN Article : A provider education article related to this instruction will be available at http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/ shortly after the CR is released. You will receive notification of the article release via the established "MLN Matters" listserv. Contractors shall post this article, or a direct link to this article, on their Web sites and include information about it in a listserv message within one week of the availability of the provider education article. In addition, the provider education article shall be included in the contractor's next regularly scheduled bulletin. Contractors are free to supplement MLN Matters articles with localized information that would benefit their provider community in billing and administering the Medicare program correctly.	X	X	X	X	X	X	X

IV. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements:

"Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:
	Refer to CR 7910 (Transmittal 1252, Published on July 9, 2013) Business Requirement 7910.2

Section B: All other recommendations and supporting information: N/A

V. CONTACTS

Pre-Implementation Contact(s): sumita sen, sumita.sen@cms.hhs.gov

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR) or Contractor Manager, as applicable.

VI. FUNDING

Section A: For Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs), and/or Carriers:

No additional funding will be provided by CMS; Contractors activities are to be carried out with their operating budgets

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