CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 2156	Date: October 26, 2018
	Change Request 10959

SUBJECT: Update to Common Working File (CWF) Edit of Medicare Advantage (MA) Enrollees' Inpatient Claims from Approved Teaching Hospitals Billed with Indirect Medical Education (IME) or Coverage with Evidence Development (CED)

I. SUMMARY OF CHANGES: This Change Request (CR) instructs CWF to bypass edit 5233 on claims billed with Investigational Device Exemption (IDE) or CED approved studies so that the Fiscal Intermediary Shared System (FISS) can make the IME only payment on approved teaching hospital claims.

EFFECTIVE DATE: April 1, 2019

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

IMPLEMENTATION DATE: April 1, 2019

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	N/A				

III. FUNDING:

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 obligated 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

Attachment - One-Time Notification

Pub. 100-20 Transmittal: 2156 Date: October 26, 2018 Change Request: 109;	Pub. 100-20 T	Transmittal: 2156	Date: October 26, 2018	Change Request: 10959
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SUBJECT: Update to the Common Working File (CWF) Edit of Medicare Advantage (MA) Enrollees' Inpatient Claims from Approved Teaching Hospitals Billed for Indirect Medical Education (IME)

EFFECTIVE DATE: April 1, 2019

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

IMPLEMENTATION DATE: April 1, 2019

I. GENERAL INFORMATION

A. Background: CMS was recently made aware that approved teaching hospitals are not receiving the IME adjustment on claims billed with Condition Codes (CC) 04, 69 and 30 and Value Code (VC) 'D4' with a national clinical trial number for an Investigational Device Exemption (IDE) study or a clinical study approved under CED. This issue is an unintended consequence of the implementation of CR 10238, Transmittal 3943 issued on December 22, 2017.

In addition, it was reported that reason code 3719C, with a no payment description is assigned on paid claims.

B. Policy: This CR contains no new policy.

II. BUSINESS REQUIREMENTS TABLE

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

Number	Requirement	Re	espo	nsi	bilit	y				
			A/B		D		Sha			Other
		N	MA(\mathbb{C}	M		Sys			
					Е		aint			
		Α	В	Н	M	F	M		C	
				H H	A	_	C	M S	W F	
				п	C	S	3	3	Г	
10959.1	The Medicare contractor shall bypass 5233 edit, the								X	
	Informational Unsolicited Response (IUR) and									
	Beneficiary Data Streamlining (BDS) on inpatient									
	information only claims with:									
	• Type of Bill 11X									
	• CCs '04', '30' and '69'									
	VC 'D4' with an IDE/CED study number									
	matching one in the mainframe file									
	 Any date of service processed on or after the implementation date of this CR. 									
10959.1.1	The Medicare contractor shall ensure that only the					X				
10,5,1.1	IME payment is made when an inpatient hospital					71				
	claim contains CCs 04 and 69.									
10959.2	Medicare contractors shall assist hospitals in	X								
	resubmitting the rejected inpatient information only									
	claims with condition codes 04, 69, and 30, one of the									
	approved IDE or CED study numbers listed in the									

Number	Requirement	Responsibility								
			A/B		D		Sha	red-		Other
		N	MA(7)	M		Sys	tem		
						Maintainers			ers	
		Α	В	Н		F	M	V	C	
				Н	M	-	C	M	W	
				Н	A	S	S	S	F	
					C	S				
	most updated list MACs received from CMS and an									
	admission date on or after April 1, 2015, through the									
	implementation date of this CR upon request from the									
	hospital.									
10959.3	The Medicare Contractor shall ensure that reason code					X				
	3719C is not assigned when the payment amount field									
	is greater than zero and ensure an appropriate reason									
	code is assigned.									

III. PROVIDER EDUCATION TABLE

Number	Requirement					7
						E E
		A	В	H H H	M A C	I
10959.4	MLN Article: CMS will make available an MLN Matters provider education article that will be marketed through the MLN Connects weekly newsletter shortly after the CR is released. MACs shall follow IOM Pub. No. 100-09 Chapter 6, Section 50.2.4.1, instructions for distributing MLN Connects information to providers, posting the article or a direct link to the article on your website, and including the article or a direct link to the article in your bulletin or newsletter. You may supplement MLN Matters articles with localized information benefiting your provider community in billing and administering the Medicare program correctly. Subscribe to the "MLN Matters" listserv to get article release notifications, or review them in the MLN Connects weekly newsletter.	X				

IV. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements: N/A "Should" denotes a recommendation.

X-Ref	Recommendations or other supporting information:
Requirement	
Number	

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

V. CONTACTS

Pre-Implementation Contact(s): Cami DiGiacomo, cami.digiacomo@cms.hhs.gov.

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR).

VI. FUNDING

Section A: For Medicare Administrative Contractors (MACs):

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ATTACHMENTS: 0