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Implementation of Automating First Claim Review in Serial Claims for Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS)

MLN Matters Number: MM10426 Revised
Related Change Request (CR) Number: 10426
Related CR Release Date: July 12, 2018
Effective Date: July 2, 2018
Related CR Transmittal Number:
Implementation Date: January 7, 2019

Note: This article was revised on July 13, 2018, to reflect a revised Change Request (CR) that revise business requirement 10426.30 and 10426.30.2 (see bold text page 2 below). The CR release date, transmittal number and link to the CR also changed. All other information remains the same.

PROVIDER TYPE AFFECTED

This MLN Matters® Article is for providers and suppliers who submit claims to DME Medicare Administrative Contractors (MACs) for Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) services provided to Medicare beneficiaries.

WHAT YOU NEED TO KNOW

CR 10426 alerts providers of a system solution initiative intended to reduce provider burden, MAC burden and appeals by increasing the consistency of medical review decisions when the same item/supply is provided to the same beneficiary on a recurring basis.

CMS considers serial claims to be claims that are so closely related to one another that the same payment decision should be applied to each claim. In general, serial claims are for the same Healthcare Common Procedure Coding System (HCPCS) code and same beneficiary.

We plan to implement a system that will enable the DME MACs to perform a pre-payment complex medical review on a claim line and then, based on the results of the complex medical review:

1. Pay subsequent claims in the series after passing existing validation edits, OR
2. Deny subsequent claims in the series unless the provider submits additional documentation with the subsequent claim line.

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Providers and suppliers should be aware that if a serial claim is denied after a complex medical review, subsequent claims in the series will be denied unless additional documentation is submitted to demonstrate that the services are reasonable and medically necessary. The process used to submit additional documentation will depend on how the claim is submitted:

- If a paper claim is submitted, any additional documentation must be attached to the claim form.
- **If an electronic claim is submitted, the existing PWK process must be followed and the claim must also include the word "serial" in the NTE02 segment. (Refer to CR7041 for the existing PWK process.)**

Make sure your billing staff is aware of these changes.

ADDITIONAL INFORMATION

The official instruction, CR10426, issued to your MAC regarding this change is available at https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/2018Downloads/R2098OTN.pdf.

There is an Excel® spreadsheet attached to CR10426 containing the HCPCS codes and related serial certification period covered by CR10426.

If you have questions, your MACs may have more information. Find their website at http://go.cms.gov/MAC-website-list.

DOCUMENT HISTORY

Date of Change	Description
March 16, 2021	We replaced an article link with a related CR link.
July 13, 2018	This article was revised on to reflect a revised CR that revise business requirement 10426.30 and 10426.30.2 (see bold text page 2 above). The CR release date, transmittal number and link to the CR also changed. All other information remains the same.
February 2, 2018	Initial article released.