

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 2297	Date: May 3, 2019
	Change Request 11209

SUBJECT: Modifications to the National Coordination of Benefits Agreement (COBA) Crossover Process

I. SUMMARY OF CHANGES: Through this change request, the Centers for Medicare & Medicaid Services (CMS) ensures it is handling the masking of pre-1964 Railroad Board numbers in a standard fashion. This instruction will also address an issue that is negatively impacting Coordination of Benefits Agreement (COBA) 837 professional claims when the zip code of the Service Facility Location Provider differs from the zip code of the Bill-to Provider.

EFFECTIVE DATE: October 1, 2019

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

IMPLEMENTATION DATE: October 7, 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	

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

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SUBJECT: Modifications to the National Coordination of Benefits Agreement (COBA) Crossover Process

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IMPLEMENTATION DATE: October 7, 2019

I. GENERAL INFORMATION

A. Background: Through this instruction, the Centers for Medicare & Medicaid Services (CMS) will be implementing the following two (2) changes: 1) ensuring that the Part B shared system no longer masks pre-March 1964 Railroad Retirement Board (RRB) numbers; and 2) ensuring that a Service Facility Location loop is created for 837 coordination of benefits (COB) claims when the Service Facility Location Provider zip code is different from the Bill-to Provider zip code.

Following the issuance of Transmittal 4160, Change Request (CR) 10961, CMS implemented changes to ensure that all Health Insurance Claim Numbers (HICNs) and RRB HICNs are appropriately masked on all outbound COBA provider notification letters or reports, to comply with the requirements of the Social Security Number (SSN) Fraud Prevention Act of 2017. Through CR 10961, the Part A shared system and Durable Medical Equipment Medicare Administrative Contractors (DME MACs) also implemented changes not to mask RRB numbers issued before March 1964 on outbound COBA provider notification letters. Through this instruction, CMS is now implementing a change to ensure that the Part B shared system will also no longer mask RRB numbers issued before March 1964 on COBA-related letters.

The CMS has determined it needs to modify its past stance concerning when it allows a Service Facility Location Provider loop to be created on outbound crossover claims. Service Facility Location provider information may be created either in the 2310C loop or 2420C loop as part of 837 claims transactions. COBA trading partners need to receive the Service Facility Location Provider address information when it differs from the Bill-to Provider address to ensure correct payment of crossover claims. CMS is also remedying this issue through this instruction.

B. Policy: The Part B shared system shall no longer mask pre-March 1964 RRB numbers (which include an alpha prefix followed by six numbers; e.g., A000000 or CAxxxxx1) when included on the outbound COBA provider notification letters. (**Note:** These letters are created in accordance with direction provided in Publication (Pub.)100-04, chapter 28, section 70.6.1.)

For situations in which the NPIs of the Bill-to Provider in loop 2010AA and the Service Facility Location Provider in loop 2310C or 2420C match, but the zip codes for each provider differ, the Part B shared system shall map this corresponding information to the 837 professional COB flat file for transmission to the BCRC. Additional business requirements relating to this operational policy are included below.

II. BUSINESS REQUIREMENTS TABLE

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

Number	Requirement	Responsibility									
		A/B MAC		H H H	D M E M A C	Shared- System Maintainers				Other	
		A	B			F I S S	M C S	V M S	C W F		
11209.1	The Part B shared system shall no longer mask pre-March 1964 RRB numbers (which include an alpha prefix followed by six numbers; e.g., A000000 or CAxxxxx1) when included on the outbound COBA provider notification letters. (Note: These letters are created in accordance with direction provided in Pub.100-04, chapter 28, section 70.6.1.)						X				
11209.2	For situations in which the NPIs of the Bill-to Provider in loop 2010AA and the Service Facility Location Provider in loop 2310C or 2420C match, but the zip codes for each differ, the Part B shared system shall map this corresponding information to the 837 professional COB flat file for transmission to the BCRC.						X				
11209.2.1	In mapping the 2310C or 2420C loop information to the 837 professional COB flat file, the Part B shared system shall not create the 2310C or 2420C NM108 and NM109 situational segments if the 2310C or 2420C NM109 (NPI) value matches the 2010AA NM109 (NPI).						X				
11209.2.2	The Part B shared system shall continue to suppress the 2310C loop when creating 837 professional COB claims for all other pre-existing scenarios not associated with a match being found for the NPI at the Bill-to and Service Facility Location Provider loops.						X				
11209.2.2.1	The Part B shared system shall continue to suppress the 2310C loop when any of the following scenarios on the claim are identified: <ul style="list-style-type: none"> The NPIs of the Bill-to Provider and Service Facility Location Provider <u>and</u> the addresses for each are the same; or The Place of Service code on the first claim detail line equals 11 (office); or The billing specialty or first claim detail line billing specialty equals 59 (ambulance). <p>NOTE: Additionally, the Part B shared system shall continue to clear the Service Facility Provider Name (2310C NM1) when it otherwise suppresses the 2310C loop.</p>						X				

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			D M E	C E D I
		A	B	H H H		
	None					

IV. SUPPORTING INFORMATION

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

"Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:

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

V. CONTACTS

Pre-Implementation Contact(s): Brian Pabst, 410-786-2487 or brian.pabst@cms.hhs.gov

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

VI. FUNDING

Section A: 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.

ATTACHMENTS: 0