CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 1065	**Date: April 26, 2012**
	Change Request 7605

SUBJECT: Addition of New Common Working File (CWF) Medicare Secondary Payer (MSP) Utilization Edit Codes for CWF to Send the Shared Systems When the Diagnosis Code on the Claim Is Considered a Match with the Family of DX Codes in CWF for Non-Group Health Plan (NGHP) MSP Claims

I. SUMMARY OF CHANGES: The purpose of the change request is to instruct CWF to send a new error code when the DX code is considered a match, or within the family of the code category, and for the shared systems to accept the new error code for NGHP claims.

EFFECTIVE DATE: MCS, October 1, 2012
VMS, October 1, 2012 - Analysis and Design
VMS, January 1, 2013 - Coding and Implementation
FISS and CWF, January 1, 2013

IMPLEMENTATION DATE: MCS, October 1, 2012
VMS, October 1, 2012 - Analysis and Design
VMS, January 7, 2013 - Coding and Implementation
FISS and CWF, January 7, 2013

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; Contractor activities are to be carried out within 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 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
**Unless otherwise specified, the effective date is the date of service.*

Attachment – One-Time Notification

Pub. 100-20	Transmittal: 1065	Date: April 26, 2012	Change Request: 7605

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I. GENERAL INFORMATION

A. Background: CR 7149, Pub. 100-05, Transmittal 77, dated January 21, 2011, explained that there are situations where Liability (L), No Fault (NF), Black Lung (BL), or Workers' Compensation (WC) claims contain a diagnosis (DX) code that does not exactly match the code reflected on the MSP auxiliary file. This has led to MSP claims being inappropriately denied or not paid appropriately. The CR 7149 instructed CWF to automate and establish a program where CWF determines whether the DX codes housed on the MSP auxiliary record are related to the ICD-9 DX codes on the incoming claim without unnecessarily prompting denial of claims or requiring the contractor to determine if the DX codes are related.

Although CWF implemented CR 7149 it was later discovered that CWF was determining the relatedness of DX codes on incoming MSP claim that contain claim adjustment reason codes 19, 20 and 21 and not for all L, NF, WC and BL claims received. Medicare Contractors also noted that the 6803 MSP utilization edit code sent by CWF on L, NF, WC and BL claims, would not assist the contractor in determining whether the DX code on the claim matched the DX code in CWF. Contractors recommended that CWF provide a new MSP utilization edit code indicating to the contractor when the diagnosis is considered a match whether it was an exact match or within the family of the code category. The purpose of this change request is to instruct CWF to send a new MSP utilization edit code when the DX code is considered a match, or within the family of the code category, and for the shared systems to accept the new MSP utilization edit code for NGHP claims.

B. Policy: NGHP claims must be processed in accordance with the MSP statutes and processing provisions. The appropriate MSP utilization edit codes must be sent to the shared systems and contractors so MSP claims are processed appropriately.

II. BUSINESS REQUIREMENTS TABLE

Number	Requirement	Responsibility									
		A/B MAC	DME MAC	FI	CARRIER	RHHI	Shared-System Maintainers				OTHER
							FISS	MCS	VMS	CWF	
7605.1	CWF shall consider GHP occurrences prior to NGHP occurrences when setting MSP utilization edit codes.									X	
7605.2	The existing MSP utilization edit codes (6801-6815) shall be retained, but will set only for GHP occurrences as applicable.									X	
7605.3	CWF shall create a set of new edit codes for NGHP occurrences.									X	
7605.3.1	The new NGHP edit codes shall duplicate the applicable existing utilization MSP edit codes.									X	
7605.3.2	CWF shall determine which of the 6801-6815 MSP utilization edit codes shall be duplicated for NGHP claims.									X	
7605.3.3	Medicare Contractors and shared systems shall accept these new NGHP edit codes.	X	X	X	X	X	X	X	X		
7605.3.4	FISS shall replace/update existing logic for the 6803 for ‘D’, ‘E’, ‘H’ and ‘L’ with the new edit.						X				
7605.4	CWF shall also conduct DX code matching for an exact match, or match within the family as stated in CR 7149, if there is an active ‘D’, ‘E’, ‘H’, ‘L’, or ‘W’ record on the MSP Auxiliary File for the date of service submitted and an incoming Medicare primary claim contains DX codes, however it does not contain the MSP type nor MSP information, there is no GHP record on CWF, but the claim is submitted as Medicare primary.									X	
7605.4.1	The Medicare Contractors and shared systems shall process the claim as related to the accident or injury active record if the diagnosis codes on the Medicare claim match, or are within the same category as the diagnosis codes on the CWF MSP record.		X				X	X			
7605.4.2	Medicare contractors and shared systems shall not make payment on Black Lung services unless the Department of Labor (DOL) does not pay for all services, and the claimant resubmits the claim to the Part A, Part B or the DME contractor with DOL's explanation of its payment.	X	X	X	X	X	X	X			
7605.5	CWF shall set a new override able MSP utilization edit code '6819’ at the override able detail ‘N’ if an incoming primary claim contains a diagnosis code and									X	

Number	Requirement	Responsibility									
		A/B MAC	DME MAC	FI	CARRIER	RHHI	Shared-System Maintainers				OTHER
							FISS	MCS	VMS	CWF	
	is considered an exact match, or a match within the family of the category code on the open 'D', 'E', 'H','L' or 'W' occurrence.										
7605.5.1	CWF shall send FISS, MCS and VMS return trailers 03 and 08 with the 6819 MSP utilization edit code.									X	
7605.5.2	Medicare Contractors and shared systems shall accept the new CWF 6819 MSP utilization edit code and respective trailers.	X	X	X	X	X	X		X		
7605.5.3	The shared systems shall apply the applicable promptly period rules, as outlined in CR 7355, to determine the appropriate action and systematically override the MSP utilization edit code, or process the claim, utilizing the appropriate shared system audit/denial code, based on the MSP type when edit code '6819' is received by the shared systems.						X		X		
7605.6	CWF shall set a new override able MSP utilization edit code '68YY' at the detail "N" if there is no diagnosis code on the open 'D', 'E' 'H', 'L', or 'W' occurrence in CWF and the incoming MSP, or non-MSP, claim contains a diagnosis code.									X	
7605.6.1	Medicare Contractors and shared systems shall accept this new CWF MSP utilization edit code '68YY'.	X	X	X	X	X	X		X		
7605.6.2	When MSP utilization edit code '68YY' is received Part B and DME Medicare Contractors shall suspend and submit an ECRS request to the Coordination of Benefits Contractor (COBC), using action code DD (Diagnosis code Development), to determine if the diagnosis code on the claim is related to the open NGHP occurrence on CWF that does not contain DX codes. The claim may be released to pay conditionally except for Black Lung claims.	X	X		X						
7605.6.3	When MSP utilization edit code '68YY' is received FISS shall suspend and submit an ECRS request for Part A Contractors to the Coordination of Benefits Contractor (COBC), using action code DD (Diagnosis code Development), to determine if the diagnosis code on the claim is related to the open NGHP occurrence on CWF that does not contain DX codes. The claim may be released to pay conditionally except for Black Lung						X				

Number	Requirement	Responsibility									
		A/B MAC	DME MAC	FI	CARRIER	RHHI	Shared-System Maintainers				OTHER
							FISS	MCS	VMS	CWF	
	claims.										
7605.6.4	COBC shall accept and develop these ECRS requests.										COBC
7605.6.5	CWF shall send FISS, MCS and VMS return trailers 03, and 08 with the '68YY' MSP utilization edit code.									X	
7605.7	CWF, Medicare Contractors and the shared systems shall disable MSP utilization edit codes, 6816 (Part A, only) 6817 (Part B/DMERC, only) and 6818 all record types.	X	X	X	X	X	X		X	X	
7605.8	Contractors shall deactivate any promptly period logic from their internal systems only if shared system hard coded logic is in place for L, NF and WC claims since the shared system will make promptly period determinations based on instructions found in CR 7355.	X	X	X	X	X	X				
7605.9	Medicare contractors shall make sure its internal system MSP records correctly reflect the MSP record information found on CWF when processing claims.	X	X	X	X	X					

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility									
		A/B MAC	DME MAC	FI	CARRIER	RHHI	Shared-System Maintainers				OTHER
							FISS	MCS	VMS	CWF	
	None.										

IV. SUPPORTING INFORMATION

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

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): Richard Mazur, (410) 786-1418, Richard.Mazur2@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; contractor activities are to be carried out within their operating budgets.

Section B: *For Medicare Administrative Contractors (MACs)*, include the following statement:

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.