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# CMS Manual System

## Pub. 100-20 One-Time Notification

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Department of Health &  
Human Services (DHHS)  
Centers for Medicare &  
Medicaid Services (CMS)

Transmittal 117

Date: September 29, 2004

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CHANGE REQUEST 3405

*NOTE: Transmittal 108 dated August 27, 2004 is rescinded and replaced with Transmittal 117 dated September 29, 2004. The effective and implementation dates were changed. All other information remains the same.*

**I. SUMMARY OF CHANGES:** A new ANSI Remittance Advice Remark code N218 has been created with the following description "You must furnish and service this item for as long as the patient continues to need it. We can pay for maintenance and/or servicing for the time period specified in the contract or coverage manual".

**NEW/REVISED MATERIAL - EFFECTIVE DATE: October 1, 2004**

**\*IMPLEMENTATION DATE: October 4, 2004**

*Disclaimer for manual changes only: The revision date and transmittal number apply to the red italicized material only. 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 not updated.)**  
**(R = REVISED, N = NEW, D = DELETED) – (Only One Per Row.)**

R/N/D	CHAPTER/SECTION/SUBSECTION/TITLE
N/A	

**\*III. FUNDING:**

These instructions shall be implemented within your current operating budget.

**IV. ATTACHMENTS:**

	Business Requirements
	Manual Instruction
	Confidential Requirements
X	One-Time Notification
	Recurring Update Notification

**\*Medicare contractors only**

# Attachment - One-Time Notification

Pub. 100-20	Transmittal: 117	Date: September 29, 2004	Change Request 3405
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*NOTE: Transmittal 108 dated August 27, 2004 is rescinded and replaced with Transmittal 117 dated September 29, 2004. The effective and implementation dates were changed. All other information remains the same.*

**SUBJECT: New Remark Code Message for Use with Claims for PEN Pumps – DMERC Only**

## **I. GENERAL INFORMATION**

### **A. Background:**

Medicare covers maintenance and servicing every 6 months after the 15<sup>th</sup> paid rental month for most capped rental items. However, Medicare covers maintenance and servicing every 3 months after the 15<sup>th</sup> paid rental month for Parenteral (PEN) pumps.

Previously, the Durable Medical Equipment Regional Carriers (DMERCs) used remark code M6 on remittance advice for claims for PEN pumps, which states:

“You must furnish and service this item for as long as the patient continues to need it. We can pay for maintenance and/or servicing for every 6 month period after the end of the 15<sup>th</sup> paid rental month or the end of the warranty period.”

### **B. Policy:**

Medicare covers maintenance and servicing every 3 months after the 15<sup>th</sup> paid rental month for PEN pumps. Therefore, the language in remark code M6 is inappropriate for PEN pump claims. Consequently, Medicare has established a new remark code, N218, for use with PEN pump claims. The new remark code is as follows:

“You must furnish and service this item for as long as the patient continues to need it. We can pay for maintenance and/or servicing for the time period specified in the contract or coverage manual.”

This instruction implements the new remark code for PEN pump claims.

### **C. Provider Education: None.**

## **II. BUSINESS REQUIREMENTS**

*“Shall” denotes a mandatory requirement*

*“Should” denotes an optional requirement*

Requirement #	Requirements	Responsibility
xxxx.1	The contractor shall use remark code N218 for PEN claims.	DMERC
xxxx.2	The contractor should use remark code N218 for any other claims where maintenance and servicing is paid on any basis other than 6 months.	DMERC

### III. SUPPORTING INFORMATION & POSSIBLE DESIGN CONSIDERATIONS

#### A. Other Instructions:

X-Ref Requirement #	Instructions
xxxx.2	This remark code was left deliberately non-specific in terms of frequency of maintenance and servicing in case there are any other items where Medicare covers maintenance and servicing on any basis other than 6 months. Contractors may use this remark code whenever they deem it to be appropriate. This code will be available for use as of August 1, 2004.

#### B. Design Considerations: N/A

X-Ref Requirement #	Recommendation for Medicare System Requirements

#### C. Interfaces: N/A

#### D. Contractor Financial Reporting /Workload Impact: N/A

#### E. Dependencies: N/A

#### F. Testing Considerations: N/A

### IV. SCHEDULE, CONTACTS, AND FUNDING

<p><b>Effective Date: October 1, 2004</b></p> <p><b>Implementation Date: October 4, 2004</b></p> <p><b>Pre-Implementation Contact(s): Renée Hildt (<a href="mailto:rhildt@cms.gov">rhildt@cms.gov</a>) or Wendy Knarr (<a href="mailto:wknarr@cms.gov">wknarr@cms.gov</a>)</b></p> <p><b>Post-Implementation Contact(s): appropriate regional office</b></p>	<p><b>These instructions shall be implemented within your current operating budget.</b></p>
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