CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 1250	**Date: June 25, 2013**
	Change Request 8056

NOTE: Transmittal 1205, dated April 5, 2013, is rescinded and replaced by Transmittal 1250, dated June 25, 2013 to make changes to BR 8056.1 and 8056.3. The changes include the deletion of CARC B11 code. All other information remains the same.

SUBJECT: Incentive Payment Related to Prior Authorization for Power Mobility Devices (PMD).

I. SUMMARY OF CHANGES: Under this PMD demonstration, if a physician submits the initial prior authorization request, the physician/treating practitioner would be entitled to a G-code (G9156) incentive payment. This incentive payment is for his/her initial prior authorization request for a beneficiary only. The $10 incentive payment is issued to the physician/treating practitioner quarterly.

EFFECTIVE DATE: July 1, 2013
IMPLEMENTATION DATE: July 1, 2013

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 Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs) and/or Carriers:
Not Applicable

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 obliged 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: 1250	Date: June 25, 2013	Change Request: 8056

NOTE: Transmittal 1205, dated April 5, 2013, is rescinded and replaced by Transmittal 1250, dated June 25, 2013 to make changes to BR 8056.1 and 8056.3. The changes include the deletion of CARC B11 code. All other information remains the same.

SUBJECT: Incentive Payment Related to Prior Authorization for Power Mobility Devices (PMD).

EFFECTIVE DATE: July 1, 2013
IMPLEMENTATION DATE: July 1, 2013

I. GENERAL INFORMATION

A. Background: CMS has the authority under section 1834(a)(15) of the Social Security Act to develop and periodically update a list of DME items which are subject to prior authorization before claim payment. Under demonstration authority CMS is proposing a three year mandatory prior authorization process for Power Mobility Devices (PMD) in California, Florida, Illinois, Michigan, New York, North Carolina and Texas based on beneficiary addresses, an initiative referred to hereafter as prior authorization. This initiative is designed as a tool to protect the Medicare Trust Fund by deterring fraudulent and abusive billing practices and making the physician or treating practitioner more accountable for the items he or she orders to prevent improper payments.

Under this PMD demonstration the physician/treating practitioner may submit the prior authorization request. If the prior authorization request is submitted by the physician/treating practitioner, the physician/treating practitioner can bill G9156. The physician/treating practitioner would be entitled to a quarterly incentive payment of $10 for each G9156 code that meets all eligibility requirements. G9156 is submitted to the contractor with the PMD prior authorization number. The $10 incentive payment is issued to the physician/treating practitioner quarterly.

A designated Payment Contractor will issue the incentive payments for all Medicare contractors. The incentive payments will be issued from the PMD Demonstration funds.

B. Policy: Under this PMD demonstration, if a physician/treating practitioner submits theinitial prior authorization request, the physician/treating practitioner would be entitled to a G-code incentive payment (G9156). This G-code incentive payment is for his/her initial prior authorization request for a beneficiary only. A $10 incentive payment will be issued quarterly for each G9156 code that meets all the eligibility requirements.

Related CRs are 7495 and 7563.

II. BUSINESS REQUIREMENTS TABLE

Use "Shall" to denote a mandatory requirement.

Number	Requirement	Responsibility						
		A/B MAC	DME	FI	CAR	RHH	Shared-System Maintainers	Oth

		Part A	Part B	MAC		RIER	I	FISS	MCS	VMS	CWF	er
8056.1	G9156 shall process through all CWF and MCS edits as stated in CR 7495. All G9156 claim lines that are deemed to be eligible for the $10 incentive payment shall be processed using RARC (N571) on the Electronic Remittance Advice (835) and the Standard Paper Remit. N571 - Alert: Payment will be issued quarterly by another payer/contractor. MCS shall allow the claims with G9156 to process as stated in CR 7495 and suppress the provider payment for any payable details with G9156. MCS shall offset the payment at the PLB level using PLB reason code J1 – Nonreimbursable. MCS shall suppress the beneficiary Medicare Summary Notice.		X			X			X			
8056.2	Contractors shall establish an edit to reject G9156 when the billed amount does not equal $10. CARC 125 and RARC M79 shall be used on the Electronic Remitance Advice (835) and the Standard Paper Remit.		X			X						
8056.3	All G9156 claim lines that are adjusted and denied shall be processed using a new RARC N573 on the Electronic Remittance Advice (835) and the Standard Paper Remit. Contractors shall use existing and most appropriate denial CARCs and RARCs for the claim adjustments, as referenced in CR 7495 for G9156, along with the new RARC N573. N573 Alert – You have been overpaid and must refund the overpayment. The refund will be requested separately by another payer/contractor. MCS shall offset the reversal at the PLB level using PLB reason code J1 – Nonreimbursable. MCS shall suppress demand letter and offset. Designated Payment Contractor shall issue demand letter.		X			X			X			Designated Payment Contractor
8056.4	MCS shall automatically split the claim when G9156 is								X			

Number	Requirement	Responsibility										
		A/B MAC		DME MAC	FI	CARRIER	RHHI	Shared-System Maintainers				Other
		Part A	Part B					FISS	MCS	VMS	CWF	
	submitted with other codes. Providers shall submit G9156 on an assigned claim with no other codes.											
8056.5	MCS shall hold all Do Not Forward situations for the incentive payments until the Do Not Forward is resolved.								X			
8056.6	MCS shall develop a user controlled switch to indicate applying or suppressing claims processing timeliness (CPT) interest. MCS shall default suppressing interest until otherwise instructed by CMS.								X			
8056.7	Quarterly, MCS shall generate and EDC shall send using Connect Direct, to the Designated Payment Contractor, an electronic Payment Summary File by the 5th business day after the end of the quarter. MCS shall follow the revised record layout provided in the attachment to the Correction Final of CR8056. The Payment Summary File shall contain initial claims and adjusted claims. MCS shall report 'Adjustment' in the payment category field on the attached record layout to indicate adjusted claims that require payment or recoupment.								X			EDC
8056.8	These requirements and the Error Codes on the original attachment are deleted by CMS and replaced with the following requirements. Contractors shall provide a point of contact (POC) to the Payment Contractor for questions on the validity of the Payment Summary File data contained in the record layout. EDC shall provide a point of contact to the Payment Contractor for questions regarding the submission of the Payment Summary File. Payment Contractor shall use MCS User Support as the POC for questions on the Payment Summary File format.		X			X			X			EDC Designated Paym

Number	Requirement	Responsibility										
		A/B MAC		DME MAC	FI	CARRIER	RHHI	Shared-System Maintainers				Other
		Part A	Part B					FISS	MCS	VMS	CWF	
	Payment Contractor shall contact the contractors POC or MCS User Support or EDC POC via email within 2 business days of receipt from the EDC of any validation questions or file format questions or submission questions related to the Payment Summary File. Contractors, MCS and EDC shall respond via email to the Payment Contractor questions within 2 business days.											Contractor
8056.9	The Designated Payment Contractor shall process the incentive payments funded from a special funding allocation (PMD Demonstration funds).											Designated Payment Contractor
8056.10	The Designated Payment Contractor shall issue a payment roster.											Designated Pay

Number	Requirement	Responsibility										
		A/B MAC		DME MAC	FI	CARRIER	RHHI	Shared-System Maintainers				Other
		Part A	Part B					FISS	MCS	VMS	CWF	
												mentContractor

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility						
		A/B MAC		DME MAC	FI	CARRIER	RHHI	Other
		Part A	Part B					
8056.11	MLN Article : A provider education article related to this instruction will be available at http://www.cms.hhs.gov/MLNMattersArticles/ shortly after the CR is released. You will receive notification of the article release via the established "MLN Matters" listserv. Contractors shall post this article, or a direct link to this article, on their Web sites and include information about it in a listserv message within one week of the availability of the provider education article. In addition, the provider education article shall be included in the contractor's next regularly scheduled bulletin. Contractors are free to supplement MLN Matters articles with localized information that would benefit their provider community in billing and administering the Medicare program correctly.		X			X		

IV. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements:
Use "Should" to denote a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:
	CR 7495 and CR 7563.

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

V. CONTACTS

Pre-Implementation Contact(s): Margery Glover, 410-786-1053 or margery.glover@cms.hhs.gov , Sumita Sen, 410-786-5755 or sumita.sen@cms.hhs.gov , Kathy Metrick, 410-786-8041 or kathy.metrick@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:
Not Applicable

Section B: For Medicare Administrative Contractors (MACs):
The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS do 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.

Attachment: 1

Data Element	Required	Data Constraints	Default
Transaction Number	R	15 Max	ICN plus plan code
NPI	R	11 Max	
Payee TIN	R	9 Max	
Legal Name	R	40 Max	
Provider Name	R	25 Max	
MAC/FI Contractor Number	R	5 Max	
Payment Category	R	13 Max	"INITIAL" or “ADJUSTMENT”
Depository (Bank) Routing Transit Number	O	9 Max	If check then leave blank, when blank then PFDC assumes that payment is Check and then Check Payment info is required
Depository (Bank) Account Number (required)	R	17 Max	If check then leave blank, when blank then PFDC assumes that payment is Check and then Check Payment info is required
Bank Account Type	R	8 Max	"CHECKING" or "SAVINGS"
Dispersal Amount	R	Decimal 14,2	
Provider Number	R	11 Max	
Payment Cycle Date	R	Date/Time	Timestamp when file created.
TIN Type	R	3 Max	“SSN” or “EIN”
Provider Type	R	2 Max	“EP”
Check Payment Payee Address 1	O	40 Max	If Bank Routing # and Account # is blank then send otherwise leave blank
Check Payment Payee Address 2	O	40 Max	If Bank Routing # and Account # is blank then send otherwise leave blank
Check Payment Payee City	O	25 Max	If Bank Routing # and Account # is blank then send otherwise leave blank
Check Payment Payee State	O	15 Max	If Bank Routing # and Account # is blank then send otherwise leave blank
Check Payment Payee Zip Code	O	5 or 9	If Bank Routing # and Account # is blank then send otherwise leave blank
Contact Name	O	40 Max	If Demand is necessary then demand information will go here, otherwise normal contact information here.
Contact Address 1	O	40 Max	If Demand is necessary then demand information will go here, otherwise normal contact information here.
Contact Address 2	O	40 Max	If Demand is necessary then demand information will go here, otherwise normal contact information here.
Contact City	O	25 Max	If Demand is necessary then demand information will go here, otherwise normal contact information here.
Contact State	O	2 Max	If Demand is necessary then demand information will go here, otherwise normal contact information here.
Contact Zip	O	5 or 9	
Contact E-Mail	O	80 Max	
Contact Phone	O	15 Max	
Contact Fax	O	15 Max	
Contractor Name	O	25 Max	

Data Element	Required	Data Constraints	Default/Comments
CheckNumber	Y	1-15 characters	
InvoiceDate	Y	MM/DD/YYYY	
CheckAmount	Y	Decimal (14 characters.2 characters)	
CheckAddressLine1	Y	1-25 characters	
CheckAddressLine2	Y	1-40 characters	
CheckAddressLine3	N	0-40 characters	
CheckAddressLine4	Y	1-39 characters	
CheckMemo	N		Not used today
CheckNotes	N		Not used today

NOTE: Payment Contractor creates this file for the print shop and these are the fields we send them.

Data Element	Required	Data Constraints	Default/Comments
CheckNumber	Y	1-15 characters	
TransactionID	Y	1-15 characters	
InvoiceDate	Y	MM/DD/YYYY	
InvoiceAmount	Y	Decimal 14 characers.2 characters	
LineAmount	Y	Decimal 14 characers.2 characters	
NPI/Provider Name	Y		Last 4 of NPI + 1st Character of First Name + space + hyphen + Last Name
Line Reason	N	0-25 characters	

NOTE: Payment Contractor creates this file for the print shop and these are the fields we send them.

Field	Default	Constraints
Interchange Sender ID	PC name	max length allowed is 15
Interchange Receiver ID	USBANK	max length allowed is 15
Application Sender's Code	PC name	the max length allowed is 15
Application Receiver's Code	USBANK	the max length allowed is 15
Name (Payer)	PC name	the max length allowed is 60
Reference Identification (REMIT Type Info)	EX: "XXXXXX4383-Mickey Mouse" Last 4 NPI proceeded by XXXXXX space hyphen space and then NAME the max length allowed is 30. Another Example of value we would enter in the Reference Identification field if we withheld some money for a Treasury Offset would be "TAX COLLECTION: phone number".	

NOTE: Payment Contractor creates this file to be sent to the bank, the field list below is not all the fields that get submitted on the 820 file but high level these fields are fields that the Payment Contractor needs to know what values will be used for this contract when we create the 820 bank file