CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 273	Date: APRIL 27, 2007
	Change Request 5580

Subject: Discontinuing the Application of Outpatient Frequency of Billing Edits to Roster Bills

I. SUMMARY OF CHANGES: This Change Request (CR) instructs Fiscal Intermediary Standard System (FISS) to no longer apply outpatient frequency of billing edits to roster bills.

New / Revised Material

Effective Date: October 1, 2007

Implementation Date: October 1, 2007

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:

No additional funding will be provided by CMS; Contractor activities are to be carried out within their FY 2007 operating budgets.

IV. ATTACHMENTS:

One-Time Notification

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

Attachment – One-Time Notification

Pub. 100-20 Transmittal: 273 Date: April 27, 2007 Change Request: 5580

SUBJECT: Discontinuing the Application of Outpatient Frequency of Billing Edits to Roster Bills

Effective Date: October 1, 2007

Implementation Date: October 1, 2007

I. GENERAL INFORMATION

- **A. Background:** On May 2, 2003, The Centers for Medicare and Medicaid Services (CMS) issued CR 2589. Among other things, this CR instructed the Fiscal Intermediary Standard System (FISS) to establish claims processing edits to require that all related outpatient services be reported on the same claim.
- **B. Policy:** To facilitate processing of mass immunization claims, the CMS has determined that roster bills shall not be subject to frequency of billing edits. Currently, only the following vaccine/administration code pairs are allowed to be roster billed:

Influenza – 90656 with G0008 90658 with G0008 90660 with G0008

Pneumococcal Pneumonia - 90732 with G0009

II. BUSINESS REQUIREMENTS TABLE

Use "Shall" to denote a mandatory requirement

Number	Requirement	Responsibility (place an "X" in each applicable column)										
		A / B	D M E	F	C A R R	D M E R	R H H		Maint Maint M C S	•		OTHER
		A C	A C		E R			S	3	3	Г	
5580.1	Effective for all dates of service, contractors shall not subject roster bills to outpatient frequency of billing edit(s) requiring all services on the same date to be on the same claim.	X		X			X	X				
5580.2	The FISS shall create a bypass for the frequency of billing edits to only apply to roster bills. Note: Roster bills are identifiable through the presence of condition code M1.	X		X			X	X				

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)															
		A /			- - -			- -				D M	R H	Shared-System Maintainers			OTHER
		В	Е		R R	E R	H I	F I	M C	V M	C W						
		M A C	M A		I E R	С		S S	S	S	F						
	None.	C			K												

IV. SUPPORTING INFORMATION

A. For any recommendations and supporting information associated with listed requirements, use the box below:

X-Ref	Recommendations or other supporting information:
Requirement	
Number	
	None.

B. For all other recommendations and supporting information, use this space: N/A

V. CONTACTS

Pre-Implementation Contact(s):

Sherry Murray at sherry.murray@cms.hhs.gov or Joe Bryson at joseph.bryson@cms.hhs.gov

Post-Implementation Contact(s): Regional Office

VI. FUNDING

A. For Fiscal Intermediaries, Carriers, and the Durable Medical Equipment Regional Carrier (DMERC):

No additional funding will be provided by CMS; contractor activities are to be carried out within their FY 2007 operating budgets.

B. For Medicare Administrative Contractors (MAC:

The contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the Statement of Work (SOW). 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.