
CMS Manual System

Pub. 100-04 Medicare Claims Processing

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

Transmittal 350

Date: October 29, 2004

CHANGE REQUEST 3347

SUBJECT: Editing for Part B Carriers and Durable Medical Equipment Regional Carriers (DMERCs) for Duplicate Claims in Process at the Same Time

I. SUMMARY OF CHANGES: Establishing a front-end edit to detect duplicate claims that are being processed at the same time.

NEW/REVISED MATERIAL - EFFECTIVE DATE: April 1, 2005

***IMPLEMENTATION DATE:** April 4, 2005

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:

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

***Medicare contractors only**

Attachment - One-Time Notification

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SUBJECT: Editing for Part B Carriers and Durable Medical Equipment Regional Carriers (DMERCs) for Duplicate Claims in Process at the Same Time

I. GENERAL INFORMATION

Background: CMS is now requiring all standard systems to have an edit in place to detect duplicate claims that are in process at the same time. MCS has implemented this edit. Therefore, MCS is exempt from the requirements of this CR. However, VIPS does not have this type of edit in place with respect to Location 2 (claims in development).

B. Policy: Standard System Maintainers must edit to detect duplicate claims. These business requirements will redirect the VIPS standard system to execute the edit with respect to Location 2.

C. Provider Education: None.

II. BUSINESS REQUIREMENTS

"Shall" denotes a mandatory requirement
"Should" denotes an optional requirement

Requirement #	Requirements	Responsibility
3347.1	The standard system maintainer shall add Location 2 (claims in development) to the existing duplicate claims processing logic.	VIPS

III. SUPPORTING INFORMATION AND POSSIBLE DESIGN CONSIDERATIONS

A. Other Instructions: N/A

X-Ref Requirement #	Instructions

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>Effective Date: April 1, 2005</p> <p>Implementation Date: April 4, 2005</p> <p>Pre-Implementation Contact(s): Tracey Hemphill themphill@cms.hhs.gov, or Joanne Spalding jspalding@cms.hhs.gov, or Yvette Cousar ycousar@cms.hhs.gov</p> <p>Post-Implementation Contact(s): Appropriate Regional Office</p>	<p>These instructions shall be implemented within your current operating budget.</p>
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