

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 666	Date: March 26, 2010
	Change Request 6360

SUBJECT: Update ViPS Medicare System (VMS) to Deactivate Billing Numbers for Non-Frequent Billing Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Suppliers.

I. SUMMARY OF CHANGES: The Centers for Medicare and Medicaid Services (CMS) policy regulation requiring the above action to deactivate non-billing providers and suppliers can be found 42CFR424.540. This CR outlines a systematic approach to identify DMEPOS suppliers who should be deactivated after 12 consecutive months of non-billing.

EFFECTIVE DATE: October 1, 2010

IMPLEMENTATION DATE: October 4, 2010

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/revise 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:
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.*

Number	Requirement	Responsibility									
		A / B M A C	D M E M A C	F I I E R	C A R R I E R	R H I I S S	Shared-System Maintainers				Other
							F I S S	M C S	V M S	C W F	
	not get flagged for deactivation.										
6360.5	PECOS shall not deactivate any PTAN that matches the criteria in Business requirements 6360.2 through 6360.4.										PECOS
6360.6	PECOS shall generate a report for the NSC showing the number of PTANs that have been deactivated for non-billing in PECOS.										PECOS
6360.7	The NSC shall forward a copy of the report to the CMS/DPSE contractor liaison within 15 days of receipt from PECOS.										NSC
6360.8	PECOS shall generate an extract containing the following data elements of deactivated PTANs for use by the NSC to generate appropriate notices: Legal Business Name NSC Number Correspondence Line 1 Street Address Correspondence Line 2 Street Address Correspondence City Correspondence State Code Correspondence Zip Code National Provider Identifier (NPI)										PECOS NSC
6360.9	In the event a claim is submitted after the 12 consecutive months of non-billing, VMS shall generate a message via a remittance notice using standard reason/remark B7 – <i>“This provider was not certified/eligible to be paid for this procedure/service on this date of service.”</i>								X		

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility									
		A / B	D M E	F I	C A R I E R	R H I	Shared-System Maintainers				Other
							F I S S	M C S	V M S	C W F	
	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): Michael Collett, OFM/DPSE, (410)786-6121

Post-Implementation Contact(s): Michael Collett, OFM/DPSE, (410)786-6121

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)*:

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.