

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 687	Date: April 29, 2010
	Change Request 6795

SUBJECT: Additional Medicare Secondary Payer (MSP) Claims Processing Instructions for the Common Working File, Medicare Part B, and Durable Medical Equipment (DME) Shared Systems Regarding Medicare Secondary Payer Claims that Contain a Claim Adjustment Reason Code (CARC) 19, 20 or 21

I. SUMMARY OF CHANGES: This change request instructs CWF to compare the DX code from each line to what is in the MSP auxiliary records and what action contractors and shared systems must take if DX codes on the claim do not match the DX codes found in the beneficiary MSP Auxiliary record. This change request replaces instructions found only in BR 6427.7.3 through 6427.7.6.2.of CR 6427.

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-

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. ATTACHMENT:

One-Time Notification

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

Attachment – One-Time Notification

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Effective Date: October 1, 2010

Implementation Date: October 4, 2010

I. GENERAL INFORMATION

A. Background: MSP claims may contain diagnosis codes that may or may not match diagnosis codes on the beneficiary’s MSP auxiliary record in CWF. There may be multiple lines of services on the claim containing diagnosis codes that may or may not be related to the accident or injury established in CWF. These types of MSP services may be identified in the CAS segment of the 837 MSP claim. Although the diagnosis codes found on the claim may or may not be related to the diagnosis codes in the beneficiary MSP record, CWF cannot determine which diagnosis codes found on the MSP claim at the line level match the codes in the MSP auxiliary record since CWF does not receive these codes nor make this determination at the line level. CWF currently verifies these codes only at the claim level. Diagnosis codes found on MSP claims should be identified at the line level by the shared system and sent to CWF for verification at the line level. CWF must determine whether the codes on the detail line claim match the codes in CWF by checking each line item diagnosis code it receives from the shared system.

This change request instructs CWF to compare the DX code from each line to what is in the MSP auxiliary records and what action contractors and shared systems must take if DX codes on the claim do not match the DX codes found in the beneficiary MSP Auxiliary record. This change request replaces instructions found only in BR 6427.7.3 through 6427.7.6.2.of CR 6427.

B. Policy: Medicare contractors shall make appropriate payments for MSP claims involving liability, no fault or workers compensation claims where diagnosis codes are found at the line level and CWF must verify if these line level diagnosis codes are found in the MSP auxiliary record.

II. BUSINESS REQUIREMENTS TABLE

Number	Requirement	Responsibility									
		A / B M A C	D M M A C	F I I E R	C A R R	R H H I	Shared-System Maintainers				Other
						F I S S	M C S	V M S	C W F		
6795.1	The shared system shall populate the Worker’s Compensation Indicator field at the line level with a ‘Y’ on an incoming HUBC or HUDC claim transactions to CWF when there is a CARC ‘19’, ‘20’ or ‘21’.						X	X			

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility									
		A / B M A C	D M E M A C	F I	C A R R I E R	R H H I	Shared-System Maintainers				Other
						F I S S	M C S	V M S	C W F		
	N/A										

IV. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements:

X-Ref Requirement Number	Recommendations or other supporting information:
	N/A

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

V. CONTACTS

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Post-Implementation Contact(s): Richard Mazur, Richard.Mazur2@cms.hhs.gov, (410) 786-1418

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.