

<b>CMS Manual System</b>	<b>Department of Health &amp; Human Services (DHHS)</b>
<b>Pub 100-20 One-Time Notification</b>	<b>Centers for Medicare &amp; Medicaid Services (CMS)</b>
<b>Transmittal 789</b>	<b>Date: October 28, 2010</b>
	<b>Change Request 7164</b>

**SUBJECT: Revision to Common Working File (CWF) Edit 729K to Deny Claims for Durable Medical Equipment (DME) Furnished to Beneficiaries in a Non-Part A Skilled Nursing Facility (SNF) Stay**

**I. SUMMARY OF CHANGES:** Change Request (CR) 6695 contained instructions for the CWF to create a new edit to reject incoming claims for DME provided to Medicare beneficiaries during non-covered Part A stays in a SNF. It has come to CMS' attention that the criteria for this edit was overly broad, resulting in inappropriate denials of DME claims. Therefore, the coding associated with the 729K edit shall be revised.

**EFFECTIVE DATE: April 1, 2011**

**IMPLEMENTATION DATE: April 4, 2011**

*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.*

<b>R/N/D</b>	<b>CHAPTER / SECTION / SUBSECTION / TITLE</b>
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.*

# Attachment – One-Time Notification

Pub. 100-20	Transmittal: 789	Date: October 28, 2010	Change Request: 7164
-------------	------------------	------------------------	----------------------

**SUBJECT: Revision to Common Working File (CWF) Edit 729K to Deny Claims for Durable Medical Equipment (DME) Furnished to Beneficiaries in a Non-Part A Skilled Nursing Facility (SNF) Stay**

**Effective Date:** April 1, 2011

**Implementation Date:** April 4, 2011

## I. GENERAL INFORMATION

**A. Background:** Change Request (CR) 6695 contained instructions for the CWF to create a new edit to reject incoming claims for DME provided to Medicare beneficiaries during non-covered Part A stays in a SNF. It has come to CMS’ attention that the criteria for this edit was overly broad, resulting in inappropriate denials of DME claims. Therefore, the coding associated with the 729K edit will be revised.

**B. Policy:** This change represents no change to CMS policy. The Informational Unsolicited Response (IUR) process detailed in CR 6695 remains in place.

## II. BUSINESS REQUIREMENTS TABLE

*“Shall” denotes a mandatory requirement*

Number	Requirement	Responsibility (place an “X” in each applicable column)									
		A / B  M A C	D M M A C	F I  I E R	C A R I E R	R H H I	Shared-System Maintainers				OTH ER
						F I S S	M C S	V M S	C W F		
7164.1	The CWF edit created by 6695.1 shall remain in place, however, the coding logic for the edit shall be revised to ensure that: 1) the edit no longer searches through all of Part A claims history for claims with TOB 210 where an Occurrence Code 22 and a Patient Status Code 30 are present (see 6695.1.1.1), and 2) the edit no longer continues to reject DME claims received with a DOS beyond the Thru date of a 210 bill type that contains an Occurrence Code 22 and a Patient Status Code 30 until such time as a SNF 210 discharge bill is received from the same provider (see 6695.2)									X	
7164.1.1	The CWF edit created by 6695.1 and revised by 7164.1 shall continue to be effective for claims with dates of service beginning July 1, 2010.									X	

### III. PROVIDER EDUCATION TABLE

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

### IV. SUPPORTING INFORMATION

**Section A: For any recommendations and supporting information associated with listed requirements, use the box below: N/A**

*"Should" denotes a recommendation.*

X-Ref Requirement Number	Recommendations or other supporting information:

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

### V. CONTACTS

**Pre-Implementation Contact(s):** Eric Coulson at [eric.coulson@cms.hhs.gov](mailto:eric.coulson@cms.hhs.gov)

**Post-Implementation Contact(s):** Appropriate Regional Office.

### 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.