

<b>CMS Manual System</b>	<b>Department of Health &amp; Human Services (DHHS)</b>
<b>Pub 100-03 Medicare National Coverage Determinations</b>	<b>Centers for Medicare &amp; Medicaid Services (CMS)</b>
<b>Transmittal 82</b>	<b>Date: APRIL 18, 2008</b>
	<b>Change Request 5914</b>

**SUBJECT: Removal of VIPS Medicare System (VMS) and Common Working File (CWF) Edits That Deny Claims for Parenteral or Enteral Services and/or Supplies if a Provider Has Not Recertified the Beneficiary's Need for Parenteral or Enteral Services and/or Supplies**

**I. SUMMARY OF CHANGES:** In January 2007, durable medical equipment program safeguard contractors (DME PSCs) implemented a local coverage determination (LCD) that removed the requirement for one routine recertification of a beneficiary's need for parenteral or enteral services and/or supplies at 6 months after the initial certification of the beneficiary's need for parenteral or enteral services and/or supplies. A VMS edit and a CWF edit are in place that continues to deny claims for beneficiaries that have not received a recertification. These edits continued to deny a large number of claims. To eliminate the impact of those denials on beneficiaries, DME PSCs implemented a manual process to approve claims that the VMS edit denied.

In addition to the workload that the edit creates, the edit is no longer viable given that recertification was based on a CMN attestation that is obsolete. Therefore, this CR requires that VMS and CWF remove the edits.

**NEW / REVISED MATERIAL**

**EFFECTIVE DATE: OCTOBER 1, 2008**

**IMPLEMENTATION DATE: OCTOBER 6, 2008**

*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**

<b>R/N/D</b>	<b>CHAPTER / SECTION / SUBSECTION / TITLE</b>
N/A	

**III. FUNDING:**

**SECTION A: For Fiscal Intermediaries and 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.

#### **IV. ATTACHMENTS:**

##### **One-Time Notification**

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

# Attachment – One Time Notification

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**SUBJECT: Removal of VIPS Medicare System (VMS) and Common Working File (CWF) Edits That Deny Claims for Parenteral or Enteral Services and/or Supplies if a Provider Has Not Recertified the Beneficiary's Need for Parenteral or Enteral Services and/or Supplies**

**Effective Date: October 1, 2008**

**Implementation Date: October 6, 2008**

## I. GENERAL INFORMATION

**A. Background:** In January 2007, durable medical equipment program safeguard contractors (DME PSCs) implemented a local coverage determination (LCD) that removed the requirement for one routine recertification of a beneficiary's need for parenteral or enteral services and/or supplies at 6 months after the initial certification of the beneficiary's need for parenteral or enteral services and/or supplies. A VMS edit and a CWF edit are in place that continue to deny claims for beneficiaries that have not received a recertification. These edits continued to deny a large number of claims. To eliminate the impact of those denials on beneficiaries, DME PSCs implemented a manual process to approve claims that the VMS edit denied.

In addition to the workload that the edit creates, the edit is no longer viable given that recertification was based on a CMN attestation that is obsolete. Therefore, this CR requires that VMS and CWF remove the edits.

The removal of the recertification potentially creates vulnerability. Ongoing monitoring of parenteral and enteral nutrition utilization is indicated.

**B. Policy:** The DME PSCs revised the following enteral polices and articles:

- Electronic Data Systems Corp. (77006)/Noridian Administrative Services (19003) - **LCD:** L11568 - Enteral Nutrition
- Tricenturion (77011)/NHIC (16003) and NGS (17003) - **LCD:** L5041 - Enteral Nutrition - **ARTICLE:** A43138 - Correction to Enteral Nutrition LCD
- Trustsolutions (77512)/CIGNA Government Services (18003) - **LCD:** L11553 - Enteral Nutrition

The DME PSCs revised the following parenteral polices and articles:

- Electronic Data Systems Corp. (77006)/Noridian Administrative Services (19003) - **LCD:** L11576 - Parenteral Nutrition - **ARTICLE:** A37077 - Parenteral Nutrition - Policy Article - Effective January 2007
- Tricenturion (77011)/NHIC (16003) and NGS (17003) - **LCD:** L5063 Parenteral Nutrition - **ARTICLE:** A37215 Parenteral Nutrition - Policy Article - Effective January 2007
- Trustsolutions (77512)/CIGNA Government Services (18003) - **LCD:** L11561 Parenteral Nutrition - **ARTICLES:** A38029 Parenteral Nutrition - Lipids - HCPCS Code Changes and A37054 Parenteral Nutrition - Policy Article - Effective June 2007

Procedure codes that define parenteral and enteral services and supplies are included in the LCDs.

CMS Pub. 100-3 (National Coverage Determinations Manual), chapter 1, section 180.2, authorized payment for parenteral or enteral services and supplies but does not include requirements for recertification of a beneficiaries need for parenteral and enteral services and/or supplies..

In summary, there is no longer a requirement in CMS or contractor polices for an edit to determine if a provider has recertified a beneficiary’s need for parenteral or enteral services and/or supplies within six months of the initial certification of the beneficiary’s need.

## II. BUSINESS REQUIREMENTS TABLE

Number	Requirement	Responsibility (place an “X” in each applicable column)									
		A / B  M A C	D M E  M A C	F I	C A R R I E R	R H I	Shared-System Maintainers				OTHER
							F I S S	M C S	V M S	C W F	
5914.1	The VMS shared system maintainer shall remove the edit that denies claims for parenteral or enteral supplies and/or services for beneficiaries that have not received a recertification of their need for parenteral or enteral services and supplies within 6 months of initial certification of their need for parenteral or enteral supplies and/or services (procedure categories 9, 10, and 20)								X		
5914.2	The CWF maintainer shall remove the edit that denies claims for parenteral or enteral supplies and/or services for beneficiaries that have not received a recertification of their need for parenteral or enteral services and supplies within six months of initial certification of their need for parenteral or enteral supplies and/or services (procedure categories 9, 10, and 20)										X
5914.2.1	The CWF maintainer shall auto fill end date fields with “no end date” for denials of lines for categories 9, 10, and 20 due to no recertification and currently in process at CWF on the implementation date of this CR.										X
5914.3	Data centers shall insure the module developed in requirements 5914.1 is installed in time for DME contractors to begin operating the module by the implementation date of this OTN.										Contractor Data Centers or EDCs
5914.4	Contractors shall insure that the module developed in requirement 5914.1 is installed in time for contractors to begin operating the module by the implementation date of this OTN.		X								DME PSCs
5914.5	The CWF host sites shall insure that the module developed in requirement 5914..2 is installed in time for the module to begin operating by the implementation date of this OTN.										CWF HOST SITES

### 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	C A R R I E R	R H I	Shared-System Maintainers				OTHER
							F I S S	M C S	V M S	C W F	
5914.1	None										

### IV. SUPPORTING INFORMATION

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

X-Ref Requirement Number	Recommendations or other supporting information:
5914.1	None

**B. For all other recommendations and supporting information, use this space:**

### V. CONTACTS

**Pre-Implementation Contact(s):** John Stewart - [John.Stewart@CMS.HHS.gov](mailto:John.Stewart@CMS.HHS.gov)

**Post-Implementation Contact(s):** John Stewart - [John.Stewart@CMS.HHS.gov](mailto:John.Stewart@CMS.HHS.gov)

### VI. FUNDING

**A. For *Fiscal Intermediaries and Carriers*, use only one of the following statements:**

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

**B. For *Medicare Administrative Contractors (MACs)*, use the following statement:**

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.