

CMS Manual System

Pub 100-04 Medicare Claims Processing

Transmittal 958

Department of Health &
Human Services (DHHS)

Centers for Medicare &
Medicaid Services (CMS)

Date: MAY 26, 2006

Change Request 5092

SUBJECT: Chapter 24 Update to the National Council for Prescription Drug Program (NCPDP) Narrative Portion of Prior Authorization Segment

I. SUMMARY OF CHANGES: Most current trading partners cannot accept the NCPDP version 5.1 batch standard 1.1 for COB crossover purposes due to a lack of data elements they consider essential within the transaction. Instructions were issued to publish a revised NCPDP companion document which provided workaround instructions to give current trading partners these data elements. This Transmittal updates Chapter 24, Section 40.3 with the additional modifiers needed for COB.

NEW/REVISED MATERIAL

EFFECTIVE DATE: August 28, 2006

IMPLEMENTATION DATE: August 28, 2006

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.*

R/N/D	Chapter / Section / SubSection / Title
R	24/40.3/D NCPDP Narrative Portion of Prior Authorization Segment

III. FUNDING:

No additional funding will be provided by CMS; Contractor activities are to be carried out within their FY 2006 operating budgets.

IV. ATTACHMENTS:

Business Requirements

Manual Instruction

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

Requirement Number	Requirements	Responsibility (“X” indicates the columns that apply)							
		F I	R H I	C a r r i e r	D M E R C	Shared System Maintainers			
F I S S	M C S					V M S	C W F		
5092.2	A MLN Matters provider education article related to this instruction will be available at www.cms.hhs.gov/medlearn/matters shortly after the CR is released. You will receive notification of the article release via the established “MLN Matters” listserv. Contractors shall post this article, or a direct link to this article, on their Web site and include information about it in a listserv message within 1 week of the availability of the provider education article. In addition, the provider education article must be included in your next regularly scheduled bulletin. Contractors are free to supplement MLN Matters articles with localized information that would benefit their provider community in billing and administering the Medicare program correctly.				X				

IV. SUPPORTING INFORMATION AND POSSIBLE DESIGN CONSIDERATIONS

A. Other Instructions: CR 5080

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

V. SCHEDULE, CONTACTS, AND FUNDING

<p>Effective Date*: August 28, 2006</p> <p>Implementation Date: August 28, 2006</p> <p>Pre-Implementation Contact(s): Tom Latella Thomas.latella@cms.hhs.gov (410) 786-1310</p> <p>Post-Implementation Contact(s): Kathleen Simmons Kathleen.simmons@cms.hhs.gov (410) 786-6157</p>	<p>Medicare contractors shall implement these instructions within their current operating budgets.</p>
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40.3 -- National Council for Prescription Drug Program (NCPDP) Claim Requirements

(Rev. 958, Issued: 05-26-06; Effective/Implementation Dates: 08-28-06)

D. NCPDP Narrative Portion of Prior Authorization Segment

Certain informational modifiers are required to identify compound ingredients in locally prepared medication. The NCPDP format does not currently support reporting modifiers in the compound segment. Therefore, the narrative portion in the prior authorization segment is being used to report these modifiers. The following must be entered in positions 001-003 of the narrative (Example, MMN or MNF). Starting at position 355, indicate the two-byte ingredient number followed by the two-position modifier:

*CMN - Indicates that the Supporting documentation that follows is Medicare required
CMN or DIF information*

*CNA - Indicates that the Supporting documentation that follows is Medicare required
CMN or DIF and narrative information*

*CFA - Indicates that the Supporting documentation that follows is Medicare required
CMN or DIF information and Facility Name and Address*

*CSA - Indicates that the Supporting documentation that follows is Medicare required
CMN or DIF information and Supplier Name and Address*

*CNF - Indicates that the Supporting documentation that follows is Medicare required
CMN or DIF information, narrative information, and Facility Name and Address*

*CNS - Indicates that the Supporting documentation that follows is Medicare required
CMN or DIF information, narrative information, and Supplier Name and Address*

*FAC - Indicates that the Supporting documentation that follows is Medicare required
Facility Name and address*

*FAN - Indicates that the Supporting documentation that follows is Medicare required
Facility Name and Address and narrative information*

*SAC - Indicates that the Supporting documentation that follows is Medicare required
Supplier Name and address*

*SAN - Indicates that the Supporting documentation that follows is Medicare required
Supplier Name and Address and narrative information*

*NAR - Indicates that the Supporting documentation that follows is Medicare required
Narrative Information*

MMN - Indicates that the Supporting documentation that follows is Medicare modifier information and CMN or DIF information

MNA - Indicates that the Supporting documentation that follows is Medicare modifier information, CMN or DIF information and narrative information

MFA - Indicates that the Supporting documentation that follows is Medicare modifier information, CMN or DIF information and Facility Name and Address

MNF - Indicates that the Supporting documentation that follows is Medicare modifier information, CMN or DIF information, narrative information and Facility Name and Address

MAC - Indicates that the Supporting documentation that follows is Medicare modifier information and Facility Name and Address

MAN - Indicates that the Supporting documentation that follows is Medicare modifier information, narrative information and Facility Name and Address

MFA - Indicates that the Supporting documentation that follows is Medicare modifier information, narrative information and Facility Name and Address

MNS - Indicates that the Supporting documentation that follows is Medicare modifier information, CMN or DIF information, narrative information and Supplier Name and Address

MSC - Indicates that the Supporting documentation that follows is Medicare modifier information, and Supplier Name and Address

MSN - Indicates that the Supporting documentation that follows is Medicare modifier information, narrative information and Supplier Name and Address

MAR - Indicates that the Supporting documentation that follows is Medicare modifier information and narrative information

MOD - Indicates that the Supporting documentation that follows is Medicare modifier information