CMS Manual System	Department of Health & Human Services (DHHS)		
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)		
Transmittal 1819	Date: April 7, 2017		
	Change Request 10012		

SUBJECT: Update to Common Working File (CWF) Blood Editing on Medicare Advantage (MA) Enrollees' Inpatient Claims for Indirect Medical Education (IME) Payment

I. SUMMARY OF CHANGES: This change request (CR) instructs CWF to bypass blood services editing on MA enrollee inpatient claims submitted for IME payment.

EFFECTIVE DATE: October 1, 2017

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

IMPLEMENTATION DATE: October 2, 2017

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			
N/A	N/A			

III. FUNDING:

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

Attachment - One-Time Notification

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I. GENERAL INFORMATION

- A. Background: Approved teaching hospitals submit inpatient claims for MA beneficiaries to their Medicare Administrative Contractor (MAC) to receive an IME payment and so that original Medicare Part A can include the inpatient days in the Medicare/Supplemental Security Income fraction. Original Medicare Part A does not track utilization of benefits for beneficiaries enrolled in a MA plan therefore utilization edits should not apply to an IME only inpatient claim. The Centers for Medicare & Medicaid Services was notified that when an inpatient claim from a teaching hospital for a MA beneficiary is submitted with blood revenue codes, the CWF is setting blood related edits. This CR corrects this problem.
- **B. Policy:** This CR contains no new policy. It improves the implementation of existing Medicare payment policies.

II. BUSINESS REQUIREMENTS TABLE

"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.

Number	Requirement	Responsibility										
			A/B MAC					I System				Other
		A	В	H H H	M A C	_	M C S	V M S				
10012.1	CWF shall bypass blood editing on inpatient claims with Type of Bill (TOB) 11x, Prospective Payment System (PPS) indicator Y, condition code 04 and condition code 69.								X			
10012.2	Medicare contractors shall reprocess, upon provider request, inpatient claims (TOB 11x) with blood revenue code(s), PPS indicator Y, condition code 04 and condition code 69 bypassing timely filing edits when necessary.	X										

III. PROVIDER EDUCATION TABLE

Number	Requirement Responsibil		ility			
		MAC M		D M E	C E D	
		A	В	H H H	M A C	Ι
10012.3	MLN Article: A provider education article related to this instruction will be available at http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/ 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 sites and include information about it in a listserv message within 5 business days after receipt of the notification from CMS announcing the availability of the article. In addition, the provider education article shall be included in the contractor's 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.					

IV. SUPPORTING INFORMATION

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

[&]quot;Should" denotes a recommendation.

X-Ref	Recommendations or other supporting information:
Requirement	
Number	

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

V. CONTACTS

Pre-Implementation Contact(s): Cami DiGiacomo, cami.digiacomo@cms.hhs.gov

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR).

VI. FUNDING

Section A: For Medicare Administrative Contractors (MACs):

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ATTACHMENTS: 0