

<b>CMS Manual System</b>	<b>Department of Health &amp; Human Services (DHHS)</b>
<b>Pub 100-04 Medicare Claims Processing</b>	<b>Centers for Medicare &amp; Medicaid Services (CMS)</b>
<b>Transmittal 2021</b>	<b>Date: August 6, 2010</b>
	<b>Change Request 7087</b>

**Note to Contractors: This Transmittal is no longer sensitive and is being re-communicated. The Transmittal Number, date of Transmittal ,and all other information remain the same. The attached instructions may be communicated to the public and posted on your Web site as early as today, November 18, 2010.**

**SUBJECT: National Modifier and Condition Code to Identify Items or Services Related to the 2010 Oil Spill in the Gulf of Mexico**

**I. SUMMARY OF CHANGES:** This transmittal implements a new modifier and a new condition code to be used by providers and suppliers to identify items or services that are provided in relation to an illness, injury, or condition caused or exacerbated by the 2010 oil spill in the Gulf of Mexico or other circumstances related to the spill, such as the subsequent clean-up activities.

**EFFECTIVE DATE: \*April 20, 2010**

**IMPLEMENTATION DATE: January 3, 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	38/20/Identification of Items or Services Related to the 2010 Oil Spill in the Gulf of Mexico
N	38/20.1/Modifier CS
N	38/20.2/Condition Code BP

**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:**

**Business Requirements**

**Manual Instruction**

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

# Attachment - Business Requirements

Pub. 100-04	Transmittal: 2021	Date: August 6, 2010	Change Request: 7087
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**SUBJECT:** National Modifier and Condition Code to Identify Items or Services Related to the 2010 Oil Spill in the Gulf of Mexico

**EFFECTIVE DATE:** April 20, 2010

**IMPLEMENTATION DATE:** January 3, 2011

## I. GENERAL INFORMATION

### Background:

As a result of the oil spill in the Gulf of Mexico, the Centers for Medicare & Medicaid Services (CMS) plans to monitor the potential health and cost impacts of the oil spill, in the short and long-term, on Medicare beneficiaries. In order to ensure that such health care services and costs are properly identified, CMS is requiring that every Medicare fee-for-service claim be specifically identified if it is for an item or service furnished to a Medicare beneficiary, where the provision of such item or service is related, in whole or in part, to an illness, injury, or condition that was caused by or exacerbated by the effects, direct or indirect, of the 2010 oil spill in the Gulf of Mexico (hereafter referred to as the "Gulf oil spill") and/or circumstances related to such oil spill, including but not limited to subsequent clean-up activities.

Claims from physicians, other practitioners, and suppliers must be annotated with a modifier for each line item where the item or service is so related. Similarly, claims from institutional billers must be annotated with a condition code when the entire claim is so related or with a modifier for each relevant line item when only certain line items are so related.

In order to facilitate tracking of items and services provided for treatment of illnesses, injuries, or conditions that are related (directly or indirectly) to the Gulf oil spill, a new modifier and condition code have been established for providers and suppliers to use on claims specific to the aforementioned disaster. The modifier to be used for 2010 Gulf oil spill-related line items is "CS". The condition code to be used for institutional claims is "BP".

### B. Policy:

Effective for dates of service on or after April 20, 2010, all providers and suppliers must annotate their claims with the new modifier and/or condition code (where applicable) when submitting claims for beneficiaries whose illness, injury, or condition is caused or exacerbated by the Gulf oil spill or circumstances related to the Gulf oil spill, including but not limited to subsequent clean-up activities. A detailed explanation of the new modifier and condition code is below.

Modifier CS is valid for use by physicians and suppliers billing their local A/B MAC/Carrier or DME MAC. Both the modifier and the condition code (BP) are valid for use by providers submitting claims to their local

A/B MAC/FI or RHHI. The condition code would identify claims that are or may be directly or indirectly impacted by the Gulf oil spill, while the modifier would indicate a specific Part B item or service that may be directly or indirectly impacted by the aforementioned disaster.

Modifier CS:

The long description of the CS modifier is as follows: “Item or service related, in whole or in part, to an illness, injury, or condition that was caused by or exacerbated by the effects, direct or indirect, of the 2010 oil spill in the Gulf of Mexico, including but not limited to subsequent clean-up activities.”

The short description of the CS modifier is as follows: “Gulf Oil Spill 2010 Related”.

The CS modifier is used in relation to Part B items and services for both institutional and non-institutional billing, but may be submitted on either institutional (i.e., claims submitted by providers on an institutional paper claim form UB-04 or in the electronic format ANSI X12 837I) or non-institutional (i.e., claims submitted by physicians or other suppliers) claims. Non-institutional claims are submitted on paper via the CMS-1500, in the ANSI X12N 837P electronic claim format, or – for pharmacies – in the NCPDP format. Use of the CS modifier is mandatory for applicable HCPCS codes on any claim for which the provider or supplier seeks Medicare Part B payment for treatment of illnesses, injuries, or conditions arising from the Gulf oil spill or related circumstances.

Condition Code BP:

The title of the BP condition code is “Gulf oil spill of 2010” and its definition is as follows: “This code identifies claims where the provision of all services on the claim are related, in whole or in part, to an illness, injury, or condition that was caused by or exacerbated by the effects, direct or indirect, of the 2010 oil spill in the Gulf of Mexico and/or circumstances related to such spill, including but not limited to subsequent clean-up activities.”

The BP condition code is used only for institutional billing, i.e., claims submitted by providers on an institutional paper claim form UB-04 or in the electronic format ANSI ASC X12 837I. Use of the BP condition code is mandatory for any claim for which a provider seeks Medicare payment for treatment of illnesses, injuries, or conditions arising from the Gulf oil spill or related circumstances. The BP condition code is used at the claim level when all of the services/items billed on the claim are related to the Gulf oil spill or related circumstances.

Contractors must compile utilization reports to track the use of the condition code and/or modifier as well as track Medicare spending on claims containing the same as specified in this transmittal and/or via any JSM/TDL as may be subsequently issued.

CMS will issue, as necessary, specific guidance to contractors via one or more JSM/TDLs that will contain a summary of the Secretary’s declaration (if any); specify the end dates that apply to the use of the CS modifier and/or the BP condition code; specify what other uses of the modifier and/or condition code, if any, will be required for this particular disaster; and communicate any other pertinent information as it relates to this disaster and/or the use of the modifier and/or condition code.

**Note:** CMS requests provider, physician and supplier assistance in identifying previously processed claims related to an illness, injury or condition caused or exacerbated either directly or indirectly by the 2010 Gulf oil spill. Providers, physicians and suppliers have the option of adjusting claims submitted and processed prior to the creation of the Gulf oil spill modifier and condition code to append the CS modifier and/or the BP condition code to items or services that were originally processed without these codes.

## II. BUSINESS REQUIREMENTS TABLE

Use "Shall" to denote a mandatory requirement

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	
7087.1	Effective for dates of service on or after April 20, 2010, contractors shall recognize/accept the "CS" modifier at the line item level on all claims.	X	X	X	X	X	X				
7087.2	Effective for dates of service on or after April 20, 2010, contractors shall recognize the "BP" condition code on all claims.	X		X		X	X				
7087.3	Upon a provider, physician, or other supplier's request, contractors shall adjust claims to annotate line items of such claims with the "CS" modifier or such claims with "BP" condition code as reported by providers, physicians and suppliers as being related to the Gulf oil spill.	X	X	X	X	X					
7087.3.1	Contractors shall append the "CS" modifier to services identified as Gulf oil spill related, that were previously submitted and processed without the "CS" modifier.	X	X	X	X	X					
7087.3.2	Contractors shall append the "BP" condition code to claims identified as Gulf oil spill related that were previously submitted and processed without the "BP" condition code.	X		X		X					
7087.4	Contractors shall compile quarterly reports concerning the use of the modifier and condition code and related payments. Delivery of these reports will be addressed in the form of a JSM/TDL. The JSM/TDL will specify to whom the reports shall be sent along with the requested form and content of the report.	X	X	X	X	X					
7087.5	Contractors shall receive guidance from CMS in the form of JSMS/TDLs or instructions regarding any specific use of the modifier or condition code, effective and/or ending dates, reporting requirements, etc.	X	X	X	X	X					CMS CO

### 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	
7087.6	A provider education article related to this instruction will be available at <a href="http://www.cms.hhs.gov/MLN MattersArticles/">http://www.cms.hhs.gov/MLN MattersArticles/</a> 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	X	X	X	X	X					

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 H I	Shared-System Maintainers				OTHER
							F I S S	M C S	V M S	C W F	
	to this article, on their Web site and include information about it in a listserv message within one week of the availability of the provider education article. In addition, the provider education article shall 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.										
7087.7	Contractors shall, when communicating with the provider community concerning Gulf oil spill-related claims, advise the provider community that the use of the CS modifier and/or the BP condition code (where applicable) is required and to monitor the contractor's Web site for information on how and when the new modifier and condition code shall be used.	X	X	X	X	X					

**IV. SUPPORTING INFORMATION**

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

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

**V. CONTACTS**

**Pre-Implementation Contact(s):**

For Supplier claims processing contact Felicia Rowe, [felicia.rowe@cms.hhs.gov](mailto:felicia.rowe@cms.hhs.gov); For Practitioner claims processing contact Cynthia Thomas, [cynthia.thomas2@cms.hhs.gov](mailto:cynthia.thomas2@cms.hhs.gov); For Institutional claims processing contact Bill Ruiz, [william.ruiz@cms.hhs.gov](mailto:william.ruiz@cms.hhs.gov).

**Post-Implementation Contact(s):** The appropriate Regional Office (RO) or your Project Officer (PO).

**VI. FUNDING**

**Section A: For Fiscal Intermediaries (FIs), Carriers, and Regional Home Health Intermediaries (RHHIs):**

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.

# Medicare Claims Processing Manual

## Chapter 38 - Emergency Preparedness Fee-For-Service Guidance

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### ***20 – Identification of Items or Services Related to the 2010 Oil Spill in the Gulf of Mexico***

***(Rev.2021, Issued: 08-06-10, Effective: 04-20-10 Implementation: 01-03-11)***

*As a result of the oil spill in the Gulf of Mexico, the Centers for Medicare & Medicaid Services (CMS) plans to monitor the potential health and cost impacts of the oil spill, in the short and long-term, on Medicare beneficiaries. In order to ensure that such health care services and costs are properly identified, CMS is requiring that every Medicare fee-for-service claim be specifically identified if it is for an item or service furnished to a Medicare beneficiary, where the provision of such item or service is related, in whole or in part, to an illness, injury, or condition that was caused by or exacerbated by the effects, direct or indirect, of the 2010 oil spill in the Gulf of Mexico (hereafter referred to as the “Gulf oil spill”) and/or circumstances related to such oil spill, including but not limited to subsequent clean-up activities.*

*Claims from physicians, other practitioners, and suppliers must be annotated with a modifier for each line item where the item or service is so related. Similarly, claims from institutional billers must be annotated with a condition code when the entire claim is so related or with a modifier for each relevant line item when only certain line items are so related.*

*In order to facilitate tracking of items and services provided for treatment of illnesses, injuries, or conditions that are related (directly or indirectly) to the Gulf oil spill, a new modifier and condition code have been established for providers and suppliers to use on claims specific to the aforementioned disaster. The modifier to be used for 2010 Gulf oil spill-related line items is CS. The condition code to be used for institutional claims is BP.*

*Effective for dates of service on or after April 20, 2010, all providers and suppliers must annotate their claims with the new modifier and/or condition code (where applicable) when submitting claims for beneficiaries whose illness, injury, or condition is caused or exacerbated by the Gulf oil spill or*



*circumstances related to the Gulf oil spill, including but not limited to subsequent clean-up activities. See § 20.1 and § 20.2 for a detailed explanation of the new modifier and condition code, respectively.*

*Modifier CS is valid for use by physicians and suppliers billing their local A/B MAC/Carrier or DME MAC. Both the modifier and the condition code (BP) are valid for use by providers submitting claims to their local A/B MAC/FI or RHHI. The condition code would identify claims that are or may be directly or indirectly impacted by the Gulf oil spill, while the modifier would indicate a specific Part B item or service that may be directly or indirectly impacted by the aforementioned disaster.*

**Note:** *CMS requests provider, physician and supplier assistance in identifying previously processed claims related to an illness, injury or condition caused or exacerbated either directly or indirectly by the 2010 Gulf oil spill. Providers, physicians and suppliers have the option of adjusting claims submitted and processed prior to the creation of the Gulf oil spill modifier and condition code to append the CS modifier and/or the BP condition code to items or services that were originally processed without these codes.*

## **20.1 – Modifier CS**

**(Rev.2021, Issued: 08-06-10, Effective: 04-20-10 Implementation: 01-03-11)**

*The long description of the CS modifier is as follows: “Item or service related, in whole or in part, to an illness, injury, or condition that was caused by or exacerbated by the effects, direct or indirect, of the 2010 oil spill in the Gulf of Mexico, including but not limited to subsequent clean-up activities.”*

*The short description of the CS modifier is as follows: “Gulf Oil Spill 2010 Related”.*

*The CS modifier is used in relation to Part B items and services for both institutional and non-institutional billing, but may be submitted on either institutional or non-institutional (i.e., claims submitted by physicians or other suppliers) claims. Non-institutional claims are submitted on paper via the CMS-1500, in the ANSI X12N 837P electronic claim format, or – for pharmacies – in the NCPDP format. Use of the CS modifier is mandatory for applicable HCPCS codes on any claim for which the provider or supplier seeks Medicare Part B payment for treatment of illnesses, injuries, or conditions arising from the Gulf oil spill or related circumstances.*

## **20.2 – Condition Code BP**

**(Rev.2021, Issued: 08-06-10, Effective: 04-20-10 Implementation: 01-03-11)**

*The title of the BP condition code is “Gulf oil spill of 2010” and its definition is as follows: “This code identifies claims where the provision of all services on the claim are related, in whole or in part, to an illness, injury, or condition that was caused by or exacerbated by the effects, direct or indirect, of the 2010 oil spill in the Gulf of Mexico and/or circumstances related to such spill, including but not limited to subsequent clean-up activities.”*

*The BP condition code is used only for institutional billing, i.e., claims submitted by providers on an institutional paper claim form UB-04 or in the electronic format ANSI ASC X12 837I. Use of the BP condition code is mandatory for any claim for which a provider seeks Medicare payment for treatment of illnesses, injuries, or conditions arising from the Gulf oil spill or related circumstances. The BP condition*

*code is used at the claim level when all of the services/items billed on the claim are related to the Gulf oil spill or related circumstances.*

*Contractors must compile utilization reports to track the use of the condition code and/or modifier as well as track Medicare spending on claims containing the same as specified in this transmittal and/or via any JSM/TDL as may be subsequently issued.*

*CMS will issue, as necessary, specific guidance to contractors via one or more JSM/TDLs that will contain a summary of the Secretary's declaration (if any); specify the end dates that apply to the use of the CS modifier and/or the BP condition code; specify what other uses of the modifier and/or condition code, if any, will be required for this particular disaster; and communicate any other pertinent information as it relates to this disaster and/or the use of the modifier and/or condition code.*