

<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 1435</b>	<b>Date: November 6, 2014</b>
	<b>Change Request 8844</b>

**SUBJECT: New Informational Unsolicited Response (IUR) Process for Durable Medical Equipment (DME) Items Furnished during a Part A Hospital Inpatient Stay**

**I. SUMMARY OF CHANGES:** Change Request (CR) 8172 provided guidance on the Centers for Medicare & Medicaid Services' (CMS) longstanding edits in place to deny claims for DME items furnished during an inpatient stay. However, this CR only addressed Prosthetics and Orthotics and did not include DME. In addition the CR provided instructions for the date of service through discharge date, but did not include day of discharge. This CR creates a new line item IUR to include DME and discharge date for claims received during a Part A Hospital Inpatient Stay.

**EFFECTIVE DATE: April 1, 2015**

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

**IMPLEMENTATION DATE: April 6, 2015**

*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	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 obliged 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**





Number	Requirement	Responsibility								Other
		A/B MAC			D M E M A C	Shared-System Maintainers				
		A	B	H H H		F I S S	M C S	V M S	C W F	
	Care of Organized Home Health Service Organization with a Planned Acute Care Hospital Inpatient Readmission).									
8844.4	CWF shall not generate an IUR when the DME claims Patient Status Code (PSC) is 03 or 83 and the SNF claim is not on file.									X
8844.5	CWF shall ensure that the IUR is overridable.									X
8844.5.1	Contractors shall use the override for additional purposes upon approval by CMS.				X					
8844.6	CWF shall modify the existing edits as necessary to the criteria specified in 8844.1 and 8844.3 for the categories listed in 8844.2.									X
8844.6.1	CWF shall continue to apply all standard and routine editing criteria specified in this Change Request (CR) as they apply to the categories listed in 8844.2 (for example, VMS shall deny claim lines of the CWF_CR A/B Crossover error, bypassing no pay claims, etc.)									X
8844.7	CWF shall forward the new IUR to the DME MACs for processing.									X
8844.8	Contractors shall process the IURs generated by CWF.				X					
8844.9	Contractors shall use the following remittance advice and MSN messages to deny claims for DME when the contractor receives an IUR from CWF indicating that the DME was furnished during a period when the beneficiary was a hospital inpatient:  Reason Code 96 - Non covered charge(s)  Remark Code M18 - Certain Services may be approved for home use. Neither a hospital nor a Skilled Nursing Facility (SNF) is considered to be a patient's home  Group Code PR – Patient Responsibility  MSN Message 13.9 – Medicare Part B does not pay for this item or service since our records show that you				X					

Number	Requirement	Responsibility								
		A/B MAC			D M E M A C	Shared-System Maintainers				Other
		A	B	H H H		F I S S	M C S	V M S	C W F	
	were in a skilled nursing facility on this date.									

### III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			D M E M A C	C E D I
		A	B	H H H		
8844.10	MLN Article : A provider education article related to this instruction will be available at <a href="http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/">http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/</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 to this article, on their Web sites 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 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.				X	

### IV. SUPPORTING INFORMATION

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

*"Should" denotes a recommendation.*

X-Ref Requirement Number	Recommendations or other supporting information:

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

### V. CONTACTS

**Pre-Implementation Contact(s):** Bobbett Plummer, [bobbett.plummer@cms.hhs.gov](mailto:bobbett.plummer@cms.hhs.gov)

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

## **VI. FUNDING**

### **Section A: 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.

**ATTACHMENTS: 0**