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| CMS Manual System | Department of Health & Human Services (DHHS) |
| Pub 100-20 One-Time Notification | Centers for Medicare & Medicaid Services (CMS) |
| Transmittal 1533 | Date: August 7, 2015 |
| | Change Request 9237 |

SUBJECT: Update Hard Coded Audit 205A MSP Return Code 3925 and Edit 152D

I. SUMMARY OF CHANGES: Medicare Administrative Contractors (MACs) processing claims in the Multi-Carrier System (MCS) have requested a bypass to be implemented for CMS Hard Coded Audit 205A to prevent Medicare Secondary Payer (MSP) claims from suspending for details with a zero billed charge. Currently, MACs must manually split these detail lines off the original claim to allow the rest of the claim to process to payment.

The CMS Hard Coded Edit 152D must also be updated.

EFFECTIVE DATE: January 1, 2016

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

IMPLEMENTATION DATE: January 4, 2016

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 | |

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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|--------------------|--------------------------|-----------------------------|-----------------------------|
| Pub. 100-20 | Transmittal: 1533 | Date: August 7, 2015 | Change Request: 9237 |
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SUBJECT: Update Hard Coded Audit 205A MSP Return Code 3925 and Edit 152D

EFFECTIVE DATE: January 1, 2016

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

IMPLEMENTATION DATE: January 4, 2016

I. GENERAL INFORMATION

A. Background: The Medicare Administrative Contractors processing in the Multi-Carrier System (MCS) have requested bypass logic to be implemented which would exclude the Medicare Fee Schedule Data Base (MFSDB) status codes of 'T' not valid for Medicare purposes and 'B' bundled code with a zero billed amount on a claims detail line. CMS Hard Coded Audit 205A is setting in this instance due to invalid data being entered on a Medicare Secondary Payer (MSP) claim detail and the MSPPAY module return code 3295 'Total Actual Charges are Equal to Zero' is received. Claim detail lines meeting the aforementioned criterion should bypass the MSPPAY module and the audit 205A. The MCS needs to insure that any detail line on a claim, containing a zero billed amount is not sent to the MSPPAY Module. This will eliminate the need for updates to this logic in the future, should new status codes be established that are valid for a zero billed amount.

The MCS hard coded edit 152D is setting inappropriately on detail lines containing a MFSDB status code of 'T' or 'B' with a zero billed amount. Bypass logic is needed to exclude these status codes from the set logic for this edit.

B. Policy: N/A

II. BUSINESS REQUIREMENTS TABLE

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

| Number | Requirement | Responsibility | | | | | | | | Other |
|--------|--|----------------|---|-------------|-------------|----------------------------------|-------------|-------------|-------------|-------|
| | | A/B MAC | | | D M E | Shared- System Maintainers | | | | |
| | | A | B | H H H | | F M V C | M C S | V M S | C W F | |
| 9237.1 | MCS shall ensure that MSP claims with MFSDB status code indicator of 'T' not valid for Medicare purposes and a zero billed charge on a detail line shall bypass the MSPPAY module and hard coded audit 205A. | | | | | | X | | | |
| 9237.2 | MCS shall ensure that MSP claims with MFSDB status code indicator of 'B' bundled code and a zero billed charge on a detail line shall bypass the MSPPAY module and hard coded audit 205A. | | | | | | X | | | |
| 9237.3 | MCS shall ensure that a MSP claim containing a detail | | | | | | 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 | |
| | line with a zero billed charge shall bypass the MSPPAY module and hard coded audit 205A regardless of the status code. | | | | | | | | | |
| 9237.4 | MCS shall update hard coded edit 152D to not set on a detail line containing a zero billed charge when the MFSDDB status code indicator is 'T' or 'B'. | | | | | X | | | | |

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 | | |
| | None | | | | | |

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): Cathleen Gurreri, 410-786-4374 or cathleen.gurreri@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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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