CMS Manual System	Department of Health & Human Services (DHHS)				
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)				
Transmittal 1538	Date: August 28, 2015				
	Change Request 9286				

SUBJECT: Medicare Prior Authorization of Power Mobility Devices (PMDs) Demonstration: Advance Determination of Medicare Coverage (ADMC) Reviews for Beneficiaries Who Have Representative Payees

I. SUMMARY OF CHANGES:

The purpose of this CR is to instruct Durable Medical Equipment Medicare Administrative Contractors (DME MACs) to accept ADMC requests from suppliers/beneficiaries or offer ADMC reviews for beneficiaries who have representative payees and are excluded from the requirements of the demonstration.

EFFECTIVE DATE: September 29, 2015

*Unless otherwise specified, the effective date is the date of service. IMPLEMENTATION DATE: September 29, 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.*

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

Pub. 100-20	Transmittal: 1538	Date: August 28, 2015	Change Request: 9286
FUD. 100-20	Transmittai: 1550	Date: August 20, 2015	Change Request: 9200

SUBJECT: Medicare Prior Authorization of Power Mobility Devices (PMDs) Demonstration: Advance Determination of Medicare Coverage (ADMC) Reviews for Beneficiaries Who Have Representative Payees

EFFECTIVE DATE: September 29, 2015

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

IMPLEMENTATION DATE: September 29, 2015

I. GENERAL INFORMATION

A. Background: The PMD Prior Authorization Demonstration covers beneficiaries who permanently reside in selected states based on their address on file at the Social security Administration. Representative Payees of beneficiaries who reside in demonstration states may live in a non-demonstration state. Therefore, beneficiaries who have Representative Payees on file at the Social Security Administration are excluded from the PMD Prior Authorization Demonstration. A business requirement in CR 7495 (7495.1.7) and in CR 7563 (7563.2) is superceded by this CR.

B. Policy: N/A

II. BUSINESS REQUIREMENTS TABLE

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

Number	Requirement	Responsibility										
		A/B MAC								Sys	red- tem aine	Other
		A	В	H H H		F I S S	M C S	Μ	C W F			
9286.1	Durable Medical Equipment Medicare Administrative Contractors (DME MACs) shall accept ADMC requests from suppliers/beneficiaries with payee representatives if the code is subject to ADMC and is included in the PMD PA Demonstration. The beneficiaries must reside in the demonstration states.				X							
9286.2	Durable Medical Equipment Medicare Administrative Contractors (DME MACs) shall offer suppliers/beneficiaries ADMC review when a Prior Authorization request is received for beneficiaries who are excluded from the requirements on the PA demonstration due to having a Representative Payee on file.				X							

III. PROVIDER EDUCATION TABLE

Number	Requirement	Re	Responsibility				
			A/B		D	С	
		MAC		2	Μ	Е	
				Е	D		
		Α	В	Η		Ι	
				Н	Μ		
				Н	Α		
					С		
	None						

IV. SUPPORTING INFORMATION

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

"Should" denotes a recommendation.

X-Ref Re	Recommendations or other supporting information:
Requirement Number	

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

V. CONTACTS

Pre-Implementation Contact(s): Janice Torres, 410-786-5442 or Janice.Torres@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