CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 2267	Date: August 1, 2011
	Change Request 7461

NOTE: This Transmittal is no longer sensitive and is being re-communicated August 5, 2011. The Transmittal Number, date of Transmittal and all other information remain the same. This instruction may now be posted to the Internet.

SUBJECT: Common Working File (CWF) Editing for Influenza Virus Vaccine and Pneumococcal Vaccine Codes

I. SUMMARY OF CHANGES: This CR provides instructions for contractors to update the CWF edits to include influenza virus vaccine procedure code 90662 and pneumococcal vaccine (PPV) procedure code 90670 to prevent payment duplication.

EFFECTIVE DATE: January 1, 2012
IMPLEMENTATION DATE: January 3, 2012

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

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
R	18/10.4.1/CWF Edits on FI/AB MAC Claims
R	18/10.4.2/CWF Edits on Carrier/AB MAC Claims
R	18/10.4.3/CWF A/B Crossover Edits for FI/AB MAC and Carrier/AB MAC Claims

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

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SUBJECT: Common Working File (CWF) Editing for Influenza Virus Vaccine and Pneumococcal Vaccine Codes

Effective Date: January 1, 2012
Implementation Date: January 3, 2012

I.   GENERAL INFORMATION

A.   Background: This CR provides instructions for CWF edits to be updated to include influenza virus vaccine procedure code 90662 and pneumococcal vaccine procedure code, 90670 for claims processed on or after January 3, 2012.

B.   Policy: Effective for claims processed on or after January 3, 2012, influenza virus code 90662 and pneumococcal vaccine (PPV) code 90670 are being added to existing CWF edits to prevent payment duplication.

II.   BUSINESS REQUIREMENTS TABLE

Number	Requirement	A / B MAC	D M E MAC	F I	C A R R I E R	R H H I	FISS	MCS	VMS	CWF	OTHER
							Shared-System Maintainers				
7461.1	Contractors shall add influenza virus vaccine code 90662 to the existing influenza virus vaccine edits.									X	
7461.2	Contractors shall add PPV code 90670 to the existing pneumococcal vaccine edits and CWF PPV logic.									X	HETS
7461.3	Contractors shall update the Provider Inquiry Screens, HIMR PRVN screen, and HUQA to add the PPV vaccine code 90670.						X	X		X	MBD NGD
7461.4	Contractors shall not search their files to either retract payment for claims already paid or retroactively pay claims. However, contractors shall adjust claims brought to their attention.	X		X	X						

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A/B MAC	DME MAC	FI	CARRIER	RHHI	Shared-System Maintainers				OTHER
							FISS	MCS	VMS	CWF	
	None										

IV. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements:
Should" denotes a recommendation.

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

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

V. CONTACTS
Pre-Implementation Contact(s): Bridgitté Davis (410) 786-4573
Joscelyn Lissone (410) 786-5116

Post-Implementation Contact(s): Contact your Contracting Officer's Technical Representative (COTR) or Contractor Manager, as applicable.

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: *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.

10.4.1 - CWF Edits on FI/AB MAC Claims
(Rev.2267, Issued: 08-01-11, Effective: 01-01-12, Implementation: 01-03-12)

In order to prevent duplicate payment by the same FI/AB MAC, CWF edits by line item on the FI/AB MAC number, the beneficiary Health Insurance Claim (HIC) number, and the date of service, the influenza virus procedure codes 90655, 90656, 90657, 90658, 90660, *or 90662 and* the pneumococcal procedure codes 90669, *90670*, or 90732, and the administration codes G0008 or G0009.

If CWF receives a claim with either HCPCS codes 90655, 90656, 90657, 90658, 90660*, or 90662* and it already has on record a claim with the same HIC number, same FI/AB MAC number, same date of service, and any one of those HCPCS codes, the second claim submitted to CWF rejects.

If CWF receives a claim with HCPCS codes 90669*, 90670,* or 90732 and it already has on record a claim with the same HIC number, same FI/AB MAC number, same date of service, and the same HCPCS code, the second claim submitted to CWF rejects when all four items match.

If CWF receives a claim with HCPCS administration codes G0008 or G0009 and it already has on record a claim with the same HIC number, same FI/AB MAC number, same date of service, and same procedure code, CWF rejects the second claim submitted when all four items match.

CWF returns to the FI/AB MAC a reject code "7262" for this edit. FIs/AB MACs must deny the second claim and use the same messages they currently use for the denial of duplicate claims.

10.4.2 - CWF Edits on Carrier/AB MAC Claims
(Rev. 2267, Issued: 08-01-11, Effective: 01-01-12, Implementation: 01-03-12)

In order to prevent duplicate payment by the same carrier/AB MAC, CWF will edit by line item on the carrier/AB MAC number, the HIC number, the date of service, the influenza virus procedure codes 90655, 90656, 90657, 90658, 90660*, or 90662*; the pneumococcal procedure codes 90669*, 90670,* or 90732; and the administration code G0008 or G0009.

If CWF receives a claim with either HCPCS codes 90655, 90656, 90657, 90658, 90660*, or 90662* and it already has on record a claim with the same HIC number, same carrier/AB MAC number, same date of service, and any one of those HCPCS codes, the second claim submitted to CWF will reject.

If CWF receives a claim with HCPCS codes 90669*, 90670,* or 90732 and it already has on record a claim with the same HIC number, same carrier/AB MAC number, same date of service, and the same HCPCS code, the second claim submitted to CWF will reject when all four items match.

If CWF receives a claim with HCPCS administration codes G0008 or G0009 and it already has on record a claim with the same HIC number, same carrier/AB MAC number, same date of service, and same procedure code, CWF will reject the second claim submitted.

CWF will return to the carrier/AB MAC a specific reject code for this edit. Carriers/AB MACs must deny the second claim and use the same messages they currently use for the denial of duplicate claims.

In order to prevent duplicate payment by the centralized billing contractor and local carrier/AB MAC, CWF will edit by line item for carrier number, same HIC number, same date of service, the influenza virus procedure codes 90655, 90656, 90657, 90658, 90660*, or 90662*; the pneumococcal procedure codes 90669*, 90670,* or 90732; and the administration code G0008 or G0009.

If CWF receives a claim with either HCPCS codes 90655, 90656, 90657, 90658, 90660*, or 90662* and it already has on record a claim with a **different** carrier/AB MAC number, but same HIC number, same date of service, and any one of those same HCPCS codes, the second claim submitted to CWF will reject.

If CWF receives a claim with HCPCS codes 90669*, 90670,* or 90732 and it already has on record a claim with the same HIC number, different carrier/AB MAC number, same date of service, and the same HCPCS code, the second claim submitted to CWF will reject.

If CWF receives a claim with HCPCS administration codes G0008 or G0009 and it already has on record a claim with a different carrier/AB MAC number, but the same HIC number, same date of service, and same procedure code, CWF will reject the second claim submitted.

CWF will return a specific reject code for this edit. Carriers/AB MACs must deny the second claim. For the second edit, the reject code should automatically trigger the following Medicare Summary Notice (MSN) and Remittance Advice (RA) messages.

MSN: 7.2 – "This is a duplicate of a claim processed by another contractor. You should receive a Medicare Summary Notice from them."

Claim adjustment reason code 18 – duplicate claim or service

10.4.3 - CWF A/B Crossover Edits for FI/AB MAC and Carrier/AB MAC Claims
(Rev. 2267, Issued: 08-01-11, Effective: 01-01-12, Implementation: 01-03-12)

When CWF receives a claim from the carrier/AB MAC, it will review Part B outpatient claims history to verify that a duplicate claim has not already been posted.

CWF will edit on the beneficiary HIC number; the date of service; the influenza virus procedure codes 90655, 90656, 90657, 90658, 90660*, or 90662*; the pneumococcal procedure codes 90669*, 90670,* or 90732; and the administration code G0008 or G0009.

CWF will return a specific reject code for this edit. Contractors must deny the second claim and use the same messages they currently use for the denial of duplicate claims.