| CMS Manual System | **Department of Health & Human Services (DHHS)** |
|---|---|
| Pub 100-20 One-Time Notification | **Centers for Medicare & Medicaid Services (CMS)** |
| **Transmittal 574** | **Date: October 9, 2009** |
| | **Change Request 6655** |

**Subject: Various OIG Reports that have Medical Review Implications**

**I. SUMMARY OF CHANGES:** Strengthen program safeguards to prevent improper payment for questionable claims.

**New / Revised Material**
**Effective Date: November 9, 2009**
**Implementation Date: November 9, 2009**

*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:**
SECTION A: For Fiscal Intermediaries and Carriers:
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.

**IV. ATTACHMENTS:**

**One-Time Notification**

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

# Attachment – One-Time Notification

| Pub. 100-20 | Transmittal: 574 | Date: October 9, 2009 | Change Request: 6655 |
|---|---|---|---|

**SUBJECT: Various OIG Reports That Have Medical Review Implications**

**Effective Date**: November 9, 2009

**Implementation Date:** November 9, 2009

## I. GENERAL INFORMATION

### A. Background:

The OIG has issued the following reports:
Medicare Part B Chemotherapy Administration: Payment and Policy (OEI-09-08-00190)
http://oig.hhs.gov/oei/reports/oei-09-08-00190.pdf
Prevalence and Qualifications of Nonphysicians Who Performed Medicare Physician Services (OEI-09-06-00430) http://oig.hhs.gov/oei/reports/oei-09-06-00430.pdf
Inappropriate Medicare Payments for Chiropractic Services (OEI-07-07-00390)
http://oig.hhs.gov/oei/reports/oei-07-07-00390.pdf
Medicare Part B Billing for Ultrasound (OEI-01-08-00100)
http://oig.hhs.gov/oei/reports/oei-01-08-00100.pdf

The OIG presented their findings in the reports and made recommendations for CMS to take appropriate action to correct Medicare's vulnerability to questionable claims.

### B. Policy:

Contractors should use the information contained in the OIG reports mentioned above to follow the processes and procedures already in the Program Integrity Manual concerning data analysis, contractor strategies and the progressive corrective action (PCA) process.

## II. BUSINESS REQUIREMENTS 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 | |

| 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 | |
| 6655.1 | Contractors should review the claims data particularly for services mentioned in the OIG reports. | X | X | X | X | X | | | | | |
| 6655.2 | Contractors should take appropriate action consistent with their individual prioritized strategy (e.g., establish automated prepayment edits, develop pre- and postpayment reviews, educate physicians/suppliers), if the data warrants any action. | X | X | 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: For any recommendations and supporting information associated with listed requirements, use the box below: N/A**

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

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

## V. CONTACTS

**Pre-Implementation Contact(s):** Debbie Skinner, 410-786-7480, Debbie.skinner@cms.hhs.gov

**Post-Implementation Contact(s):** Debbie Skinner, 410-786-7480, Debbie.skinner@cms.hhs.gov

## VI. FUNDING

**Section A: For *Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs),* and/or *Carriers,* use only one of the following statements:**

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),* include the following statement:**

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.