



Related MLN Matters Article #: 4218

Date Posted: February 23, 2006

Related CR #: 4218

Revisions to Instructions for Contractors Other Than the Religious Nonmedical Health Care Institutions (RNHCI) Specialty Contractor Regarding Claims for Beneficiaries with RNHCI Elections

Key Words

MM4218, CR4218, R851CP, RNHCI, Religious, AB-03-145, Letters

Provider Types Affected

Physicians, providers, and suppliers who may treat Medicare patients who have elected RNHCI care and bill Medicare Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs), Carriers, and Durable Medical Equipment Regional Carriers (DMERCs) for those services.

Key Points

- The effective date of the instruction is May 11, 2006.
- The implementation date is May 11, 2006.
- CR4218 does the following:
 - Replaces the current process that develops claims via telephone inquiry for beneficiaries with RNHCI elections with a letter using "yes" or "no" questions;
 - Places into the Medicare Claims Processing Manual RNHCI claims processing instructions;
 - Restructures much of the existing RNHCI manual material to be more complete and accessible;
 - Defines the RNHCI; and
 - Lists the qualifying criteria for RNHCI benefits.
- The transmittal publishes enhancements to Medicare manuals to more clearly explain the RNHCI benefit.
- The transmittal revises instructions from Program Memorandum (PM) AB-03-145.
- That PM changed the development process for claims for beneficiaries with RNHCI elections from a review of medical records to a telephone contact process.

- Since the issuance of PM AB-03-145, a number of Medicare contractors (i.e., carriers and FIs) other than the RNHCI specialty contractor have expressed sufficient concerns about the telephone contact process to cause the Centers for Medicare & Medicaid Services (CMS) to revise that process.
- To address these concerns without reverting to a review of medical records, CMS has developed the requirements listed below that will be incorporated into the letter issued to providers.
- Upon receipt of a claim rejected by Medicare systems due to an RNHCI election on file for that Medicare beneficiary, contractors must issue a development letter designed to determine whether care was excepted or nonexcepted.
- Contractors must issue RNHCI development letters that ask questions about the following:
 - Whether the beneficiary paid for the services out of pocket in lieu of requesting payment from Medicare;
 - Whether the beneficiary was unable to make his/her beliefs and wishes known before receiving the services that have been billed; and
 - Whether, for a vaccination service, the vaccination performed was required by a government jurisdiction.
- Determinations Based on Development Letter:
 - Contractors will make determinations of excepted or nonexcepted care based on provider responses to development letters.
 - Contractors will make determinations within 30 days of receipt of the provider's response.
 - Contractors will make determinations of excepted care when a provider responds 'Yes' to any of the questions in the letter.
 - Contractors will make determinations of nonexcepted care when a provider responds "No" to all of the questions in the letter.
 - Contractors will make an excepted/nonexcepted determination based on the evidence presented by the claim itself if the provider does not reply in a timely manner to the development letter.
 - For claims for which no timely response was received, contractors will make a determination of nonexcepted care if the claim contains durable medical equipment or prosthetic/orthotic devices.
 - For claims for which no timely response was received, contractor staff with a clinical background will use the diagnoses and procedures reported on the claim to make their best determination whether the services were excepted or nonexcepted care.
 - For claims for which no timely response was received, contractors will make determinations of excepted or nonexcepted care within 30 days of the end of the timely response period.

Important Links

<http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM4218.pdf>

The document detailing the process for a beneficiary to elect RNHCI care or to terminate that election is attached to CR4218 and may be viewed at

<http://www.cms.hhs.gov/Transmittals/downloads/R45BP.pdf> on the CMS website.

The ten qualifying provisions that must be met for a provider to be defined as an RNHCI, as contained in Section 1861 (ss) (1) of the Act for RNHCI, may be viewed at

<http://www.cms.hhs.gov/Transmittals/downloads/R35GI.pdf> on the CMS website.

Chapter 3 of the *Medicare Claims Processing Manual*, Inpatient Hospital Billing is available at

<http://www.cms.hhs.gov/Transmittals/downloads/R851CP.pdf> on the CMS website.