



Related MLN Matters Article #: MM5855

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Related CR #: 5855

### *Systems Changes for Prescription Order Numbers for the Competitive Acquisition Program (CAP) for Part B Drugs and Biologicals*

#### Key Words

MM5855, R1453CP, CR5855, CAP, Prescription, Order, Part B, Drugs, Biologicals

#### Provider Types Affected

Physicians submitting CAP claims to Medicare Carriers and/or Part A/B Medicare Administrative Contractors (A/B MACs) for services provided to Medicare beneficiaries

#### Key Points

- The effective date of the instruction is for claims processed on or after July 7, 2008.
- The implementation date is July 7, 2008.
- The Centers for Medicare & Medicaid Services (CMS) has learned that some providers are submitting CAP claims with prescription order numbers that have inappropriate spaces inserted. This is disrupting the matching process with the vendor claims.
- Change Request (CR) 5855 implements Medicare Part B claims processing systems edits that will treat claims processed on or after July 7, 2008, as unprocessable when submitted with inappropriate spaces in the prescription order number.
- Claims also submitted with prescription order numbers less than 10 characters will be treated as unprocessable.
- CAP physicians/providers should not submit new claims with prescription order numbers that have been submitted on previously adjudicated claims, even if the prior claims have been denied.
  - These physicians/providers must request an adjustment to the original claim.
  - Claims previously returned as unprocessable may be resubmitted with the original prescription number after being corrected.
- Medicare contractors will treat the entire claim as unprocessable when a claim is received with CAP services, but the prescription number:
  - Is a duplicate of a number on a prior claim;
  - Has inappropriate spaces or is less than 10 characters; or

- Is missing, but the claim includes the J1 modifier.
- When claims are returned as unprocessable because the prescription number is missing, or is less than 10 characters, or has inappropriate spaces, contractors will also return the following:
  - Claim Adjustment Reason Code (CARC) 16 (Claim/service lacks information which is needed for adjudication.);
  - Remittance Advice Remark Code (RARC) MA130 (Your claim contains incomplete and/or invalid information, and no appeals rights are afforded because the claim is unprocessable. Please submit a new claim with the complete/correct information.); and
  - RARC N388 (Missing/incomplete/invalid prescription number).
- When claims are returned as unprocessable due to duplicate prescription numbers, contractors will indicate on the returned RA:
  - A CARC 18 (Duplicate claim/service);
  - RARC MA130 (Your claim contains incomplete and/or invalid information, and no appeals rights are afforded because the claim is unprocessable. Please submit a new claim with the complete/correct information.);
  - RARC N389 (Duplicate prescription number submitted);
  - RARC M16 (Please see our website, mailings, or bulletins for more details covering this policy/procedure/decision); and
  - RARC N185 – (Alert: Do not resubmit this claim/service).

## Important Links

The related MLN Matters article can be found at <http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM5855.pdf> on the CMS website.

The official instruction (CR5855) regarding this change may be viewed at <http://www.cms.hhs.gov/Transmittals/downloads/R1453CP.pdf> on the CMS website.

If providers have questions regarding this issue, they may contact their carrier and/or A/B MAC at their toll-free number, which may be found at <http://www.cms.hhs.gov/MLNProducts/downloads/CallCenterTollNumDirectory.zip> on the CMS website.