



Related MLN Matters Article #: MM5658

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Response to Competitive Acquisition Program (CAP) for Part B Drugs and Biologicals Claims When the Medicare System Common Working File (CWF) 69XD Error Code is Received

Key Words

MM5658, CR5658, R1313CP, CAP, Part B, Drugs, Biologicals, Claims, CWF, 69XD

Provider Types Affected

Participating CAP physicians and other providers billing Medicare carriers or Part A/B Medicare Administrative Contractors (A/B MACs) for Part B drugs and biologicals under the CAP

Key Points

- The effective date of the instruction is August 23, 2007.
- The implementation date is August 23, 2007.
- Carriers and A/B MACs receive an error code when the same prescription order number is submitted more than once on a CAP claim. This inclusion of duplicate prescription order numbers on a single claim can happen (for example) when:
 - The provider is coding wastage of the drug using the JW modifier and has repeated the prescription order number on the wastage line;
 - The units provided for the drug exceed 999, and the balance of the units are coded on an additional line with a repeat of the prescription order number; or
 - The provider has submitted more than one line on the same claim with the same or different dates of service using the same prescription order number (even when the units do not exceed 999).
- In response to this error code, carriers and A/B MACs will return the claims as unprocessable, using the following Remittance Advice Claim Adjustment Reason Code (CARC) and Remittance Advice Remark Code (RARC) messages:
 - CARC 16: Claim/service lacks information which is needed for adjudication. Additional information is supplied using RARCs whenever appropriate. This change is to be effective 4/1/2007. At least one Remark Code must be provided (may be comprised of either the RARC or National Council for Prescription Drug Programs Reject Reason Code).

- Message MA130: Your claim contains incomplete and/or invalid information, and no appeal rights are afforded because the claim is unprocessable. Please submit a new claim with the complete/correct information.
- New RARC N389: Duplicate prescription number submitted.
- RARC M16: Please see our website, mailings, or bulletins for more details concerning this policy/procedure/decision.
- In order to resolve the issue of units that exceed 999, the Centers for Medicare & Medicaid Services (CMS) will be working with the approved CAP vendor to issue additional prescription order numbers when the units of the drug exceed 999.
- Change Request (CR) 5658 rescinds (from CR4309, issued on February 17, 2006) the instructions that addressed applying the unused drug modifier (JW) to indicate billing for the unused portion of a single-use drug product under the CAP. Claims for drugs provided under CAP submitted with the JW modifier will be treated as unprocessable.
- CR5658 does not affect the use of the JW modifier for non-CAP claims.

Important Links

The related MLN Matters article can be found at

<http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM5658.pdf> on the CMS website.

Providers can find the official instruction (CR5658) issued regarding this change at

<http://www.cms.hhs.gov/Transmittals/downloads/R1313CP.pdf> on the CMS website.

Providers can find the official instruction for CR4309 at

<http://www.cms.hhs.gov/Transmittals/downloads/R866CP.pdf> on the CMS website. The related MLN Matters article (MM4309) can be found at

<http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM4309.pdf> on the CMS website.

If providers have any questions, they may contact their carrier 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.