



News Flash – It’s Not Too Late to Give and Get the Flu Shot! In the U.S., the peak of flu season typically occurs anywhere from late December through March; however, flu season can last as late as May. Each office visit presents an opportunity for you to talk with your patients about the importance of getting an annual flu shot and a one time pneumococcal vaccination. Protect yourself, your patients, and your family and friends by getting and giving the flu shot. **Don’t Get the Flu. Don’t Give the Flu. Get Vaccinated!** Remember - Influenza and pneumococcal vaccinations and their administration are covered Part B benefits. Note that influenza and pneumococcal vaccines are NOT Part D covered drugs. You and your staff can learn more about Medicare’s coverage of adult immunizations and related provider education resources, by reviewing Special Edition MLN Matters article SE0748 at <http://www.cms.hhs.gov/MLNMattersArticles/downloads/SE0748.pdf> on the CMS website.

MLN Matters Number: MM5855

Related Change Request (CR) #: 5855

Related CR Release Date: February 22, 2008

Effective Date: Claims processed on or after July 7, 2008

Related CR Transmittal #: R1453CP

Implementation Date: July 7, 2008

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

Provider Types Affected

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

Provider Action Needed



STOP – Impact to You

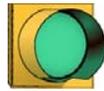
This article is based on Change Request (CR) 5855, which implements system changes for prescription order numbers for the Competitive Acquisition Program (CAP) for Part B drugs and biologicals.

Disclaimer

This article was prepared as a service to the public and is not intended to grant rights or impose obligations. This article may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations and other interpretive materials for a full and accurate statement of their contents.

**CAUTION – What You Need to Know**

Necessary edits will be implemented to the Medicare Part B claims processing system to treat CAP claims received with inappropriate spaces in prescription order numbers as well as claims with prescription order numbers with less than 10 characters as unprocessable. A new Medicare system edit will also treat duplicate prescription order numbers as unprocessable. These edits are necessary for CAP claims to process and pay correctly. Physicians submitting claims under the CAP may not submit new claims with prescription order numbers that have been submitted on previously adjudicated claims, even if the prior claims have been denied.

**GO – What You Need to Do**

See the Background and Additional Information Sections of this article for further details regarding these edits.

Background

The Centers for Medicare & Medicaid Services (CMS) has learned that some providers are submitting Competitive Acquisition Program (CAP) claims with prescription order numbers that have inappropriate spaces inserted thus disrupting the matching process with the vendor claims.

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.

Note that CR 5855 further instructs that 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. This also applies if the prescription order number has inappropriate spaces or is less than 10 characters. This also applies to claims submitted with the J1 modifier, but lacking a prescription order number.

When claims are returned as unprocessable because the prescription number is missing, is less than 10 characters or has inappropriate spaces, contractors will

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also return Claim Adjustment Reason Code (CARC) 16 (Claim/service lacks information which is needed for adjudication.) and 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 Remittance Advice for such claims, a CARC 18 (Duplicate claim/service) and 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).

Additional Information

The official instruction, CR 5855, issued to your Medicare carrier and A/B MAC regarding this change may be viewed at <http://www.cms.hhs.gov/Transmittals/downloads/R1453CP.pdf> on the CMS website.

If you have any questions, please contact your Medicare 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.

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