



News Flash - As of January 1, 2009, eligible professionals can participate in the E-Prescribing Incentive Program by reporting on their adoption and use of an e-prescribing system by submitting information on one e-prescribing measure on their Medicare Part B claims. For the 2009 e-prescribing reporting year, to be a successful e-prescriber and to qualify to receive an incentive payment, an eligible professional must report one e-prescribing measure in at least 50% of the cases in which the measure is reportable by the eligible professional during 2009. There is no sign-up or pre-registration to participate in the E-Prescribing Incentive Program. For more information, visit <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/index.html> and select "E-Prescribing Incentive Program" in the left-hand column.

MLN Matters Number: MM6293

Related Change Request (CR) #: 6293

Related CR Release Date: January 30, 2009

Effective Date: claims processed on or after July 6, 2009

Related CR Transmittal #: R1675CP

Implementation Date: July 6, 2009

Note: This article was updated on December 17, 2012, to reflect current Web addresses. All other information remains unchanged.

Standard System Change to Allow Claims Processing Contractors Flexibility with 9-Digit ZIP Codes

Provider Types Affected

Physicians, providers, and suppliers submitting claims to Medicare contractors (carriers and/or Medicare Administrative Contractors (MACs)) for services provided to Medicare beneficiaries.

Provider Action Needed

This article is informational and is based on Change Request (CR) 6293 which makes revisions to Medicare systems to allow Medicare contractors to add new and valid 4-digit ZIP code extensions to the file they use for jurisdictional pricing, thus enabling claims requiring use of the 9-digit ZIP code to process faster when new ZIP codes are established.

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

Should a physician, provider, or supplier have received a claim denial informing them that the 4-digit ZIP code extension they submitted was invalid, but they have verified validity through the United States Postal Service, they should contact their carrier or MAC so that the ZIP code can be added to the file and the claim processed appropriately.

Background

CR 6293 will allow Medicare contractors to add new, valid 4-digit ZIP code extensions more quickly to the 9-digit ZIP code file that contractors receive quarterly from the Centers for Medicare & Medicaid Services (CMS) thus avoiding any delays in processing claims. These changes are effective for claims processed on or after July 6, 2009.

Note: CR 6293 makes no change to the policy of jurisdictional payment for claims paid under the physician fee schedule and anesthesia claims.

Additional Information

The official instruction, CR 6293, issued to your carrier and A/B MAC regarding this change may be viewed at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R1675CP.pdf> on the CMS website.

If you have any questions, please contact your carrier or A/B MAC at their toll-free number, which may be found at <http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/provider-compliance-interactive-map/index.html> on the CMS website.

News Flash - It's Not Too Late to Give and Get the Flu Shot! In the United States, 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.** Remember - Influenza and pneumococcal vaccinations plus their administration are covered Part B benefits. Note that influenza and pneumococcal vaccines are NOT Part D covered drugs. Health care professionals and their staff can learn more about Medicare's Part B coverage of adult immunizations and related provider education resources, by reviewing Special Edition MLN Matters article SE0838 <http://www.cms.gov/outreach-and-education/medicare-learning-network-mln/mlnmattersarticles/downloads/SE0838.pdf> on the CMS website.

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