



News Flash - Are you ready for the new Medicare provider authentication process at Fiscal Intermediaries (FIs), Carriers, or Medicare Administrative Contractors (MACs)? Effective April 6, 2009, for all Medicare provider telephone and written inquiries to your Medicare claims processing contractors, inquirers will need to give the last five digits of the provider's tax identification number (TIN) in addition to the provider's national provider identifier (NPI) and provider transaction access number (PTAN). In addition, inquirers will only be allowed three attempts to provide the correct NPI, PTAN, and last five digits of the TIN. You can find more information about the new provider authentication requirements for Medicare inquiries to your Medicare claims processing contractors by going to the MLN Matters article related to CR 6139, located at <http://www.cms.gov/outreach-and-education/medicare-learning-network-mln/mlnmattersarticles/downloads/MM6139.pdf> on the CMS website.

MLN Matters Number: MM6332 **Revised**

Related Change Request (CR) #: 6332

Related CR Release Date: January 30, 2009

Effective Date: July 1, 2005

Related CR Transmittal #: R1673CP

Implementation Date: July 6, 2009

Correction to the Common Working File (CWF) for Late Re-certifications

Note: Note: This article was updated on December 17, 2012, to reflect current Web addresses. This article was revised previously on February 11, 2009, to amend the "News Flash" (above) to show the effective date of the new provider authentication process has been changed to April 6, 2009. All other information in this article remains the same.

Provider Types Affected

Hospices billing Regional Home Health Intermediaries (RHHIs) for services provided to Medicare beneficiaries.

Provider Action Needed

This article is based on Change Request (CR) 6332, which will allow Medicare's CWF system to post a claim when the occurrence code 27 (date of certification / recertification) is not reported on the claim for the billing period in which it was due. When the re-certification is late and not obtained until a subsequent month, the

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.

occurrence span code 77 should be reported with the through date of the span code equal to the through date of the claim.

Background

Change Request 3686, Transmittal 458 issued on January 28, 2005 entitled "Hospice Physician Recertification Requirements" provided the requirement for hospices to report the occurrence span code 77 for non-covered days when the physician recertification is obtained late. It has recently come to the attention of the Centers for Medicare & Medicaid Services (CMS) that there is a problem posting claims in the CWF when the re-certification is not reported on the claim within the month it was due.

Key Points

- The Medicare systems will **allow a hospice claim not reporting an occurrence code 27** when the re-certification is due **if an occurrence span code 77 is present** with a through date equal to the claim through date.
- Medicare contractors holding claims with this criterion due to the CWF issue will release the claims upon implementation of CR 6332.
- Medicare contractors will override timely filing for claims meeting this criterion for up to 90 days following implementation of CR 6332 when brought to their attention by the provider.

Additional Information

If you have questions, please contact your Medicare RHHI 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.

The official instruction (CR6332) issued to your Medicare RHHI is available at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R1673CP.pdf> on the CMS website. To review the MLN Matters article related to CR 3686 that outlines the hospice physician recertification requirements see <http://www.cms.gov/outreach-and-education/medicare-learning-network-mln/mlnmattersarticles/downloads/mm3686.pdf> on the CMS website.

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.