



**News Flash** – Suppliers of oxygen and oxygen equipment need to be aware of the procedures for submitting claims for oxygen and oxygen equipment following the enactment of the Medicare Improvements for Patients and Providers Act of 2008 (MIPPA) on July 15, 2008. Section 144(b) of MIPPA took effect on January 1, 2009, and repeals the requirement for suppliers to transfer title to oxygen equipment to the beneficiary after the 36-month payment cap mandated by the Deficit Reduction Act of 2005. Section 144(b) of MIPPA also establishes new payment rules and supplier responsibilities following the 36-month payment period. See Medicare Learning Network –MLN Matters article number SE0840 at <http://www.cms.gov/outreach-and-education/medicare-learning-network-mln/mlnmattersarticles/downloads/SE0840.pdf> for additional information about these new rules.

MLN Matters Number: MM6357

Related Change Request (CR) #: 6357

Related CR Release Date: February 6, 2009

Effective Date: On or before April 6, 2009

Related CR Transmittal #: R4350TN

Implementation Date: On or before April 6, 2009

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

## **ViPs Medicare Systems (VMS) Modifications to Implement the Common Electronic Data Interchange (CEDI) System, Final Implementation**

### **Provider Types Affected**

Providers and suppliers who submit claims to Durable Medical Equipment Medicare Administrative Contractors (DME MACs) for services provided to Medicare beneficiaries

### **Provider Action Needed**

This article is based on CR 6357 and is informational in nature. CR 6357 implements significant changes in Medicare's systems necessary to prepare for the implementation of the Common Electronic Data Interchange (CEDI) System, a common EDI front end developed to support the DME MACs.

#### **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.

## Background

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ViPS, the DME MAC shared system maintainer developed and elevated the software changes necessary to remove or disable certain functionality of the electronic data interchange (EDI) front end system; however, the implementation of edits and claims control numbering at the CEDI system has been delayed. This change request prescribes the requirements for ViPs to implement the final changes which will disable all levels of pre-pass editing associated with the Health Insurance Portability & Accountability Act of 1996 HIPAA version of ANSI 837 and 276 transactions, and will discontinue the claim control number (CCN) assignment process for X12 (837 claims only).

The key information for providers and suppliers of DME services are that new editing processes will be put in place for DME claims. These new processes will not change the codes that are transmitted back to you when you submit claims for DME services. These changes only affect how these claims are handled and processed at your DME MAC.

## Additional Information

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The official instruction, CR 6357, issued to your DME MAC regarding this change may be viewed at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R435OTN.pdf> on the Centers for Medicare & Medicaid Services (CMS) website.

If you have any questions, please contact your DME 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 at <http://www.cms.gov/outreach-and-education/medicare-learning-network-mln/mlnmattersarticles/downloads/se0838.pdf> on the CMS website.

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