

<b>CMS Manual System</b>	<b>Department of Health &amp; Human Services (DHHS)</b>
<b>Pub 100-20 One-Time Notification</b>	<b>Centers for Medicare &amp; Medicaid Services (CMS)</b>
<b>Transmittal 1833</b>	<b>Date: April 28, 2017</b>
	<b>Change Request 9880</b>

**SUBJECT: Implementing the remittance advice messaging for the 20-hour weekly minimum for Partial Hospitalization Program services.**

**I. SUMMARY OF CHANGES:** This Change Request implements remittance advice messaging, effective October 1, 2017, that conveys supplemental and educational information to the provider submitting claims for Partial Hospitalization Program services where the patient did not receive the minimum 20 hours per week of therapeutic services his plan of care indicates is required, on claims with line item date of service (LIDOS) on or after October 1, 2017.

**EFFECTIVE DATE: October 1, 2017**

*\*Unless otherwise specified, the effective date is the date of service.*

**IMPLEMENTATION DATE: October 2, 2017**

*Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.*

**II. CHANGES IN MANUAL INSTRUCTIONS:** (N/A if manual is not updated)

R=REVISED, N=NEW, D=DELETED-*Only One Per Row.*

<b>R/N/D</b>	<b>CHAPTER / SECTION / SUBSECTION / TITLE</b>
N/A	N/A

**III. FUNDING:**

**For Medicare Administrative Contractors (MACs):**

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

**IV. ATTACHMENTS:**

**One Time Notification**



Number	Requirement	Responsibility								
		A/B MAC			D M E M A C	Shared-System Maintainers				Other
		A	B	H H H		F I S S	M C S	V M S	C W F	
	care.”									
9880.2	Currently I/OCE Edit 95 is set at claim level. Shared System Maintainer shall now set I/OCE Edit 95 to line level.					X			IOCE	
9880.3	Currently I/OCE Edit 95 is set to non-pay. Share System Maintainer shall until further notice now set I/OCE Edit 95 to pay and send RARC N787 code on the remittance. The IOCE will pass a new value in the Line Item Denial or Rejection Flag. The new value of "3" will represent "“Line item not denied or rejected; identified for informational alert”. When the Line Item Denial or Rejection Flag is changed to "1" the Shared System Maintainer will no longer pay I/OCE Edit 95 but will non-pay.					X			IOCE	
9880.4	Contractors shall continue to process and adjudicate PHP claims as described in IOM Pub 100-04, Chapter 4, and Section 260.	X								

### III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			D M E M A C	C E D I
		A	B	H H H		
9880.5	MLN Article: A provider education article related to this instruction will be available at <a href="http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/">http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/</a> shortly after the CR is released. You will receive notification of the article release via the established "MLN Matters" listserv. Contractors shall post this article, or a direct link to this article, on their Web sites and include information about it in a listserv message within 5 business days after receipt of the notification from CMS announcing the availability of the article. In addition, the provider education article shall be included in the contractor's next regularly scheduled bulletin. Contractors are free to supplement MLN Matters articles with localized information that would benefit their provider community in billing and administering the Medicare program correctly.	X				

#### IV. SUPPORTING INFORMATION

##### Section A: Recommendations and supporting information associated with listed requirements:

*"Should" denotes a recommendation.*

X-Ref Requirement Number	Recommendations or other supporting information:
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##### Section B: All other recommendations and supporting information: N/A

#### V. CONTACTS

**Pre-Implementation Contact(s):** Fred Rooke, fred.rooke@cms.hhs.gov (for institutional claims processing questions) , Katherine Lucas, katherine.lucas@cms.hhs.gov (for policy questions)

**Post-Implementation Contact(s):** Contact your Contracting Officer's Representative (COR).

#### VI. FUNDING

##### Section A: For Medicare Administrative Contractors (MACs):

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**ATTACHMENTS: 0**