

<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 1311</b>	<b>Date: November 6, 2013</b>
	<b>Change Request 8408</b>

**SUBJECT: Informational Unsolicited Response (IUR) or Reject for Ambulance SNF to SNF Transfer**

**I. SUMMARY OF CHANGES:** The contractor claim data identified suppliers that were billing ambulance claims for SNF to SNF transfer separately under Part B resulting in overpayments. As a result of overpayment for a transport between two SNFs when a beneficiary is in a Part A covered SNF stay, CMS will implement an Informational Unsolicited Response (IUR) and Reject for an ambulance claim when suppliers are billing ambulance claims for SNF to SNF transfer separately under Part B.

**EFFECTIVE DATE: April 1, 2014**

**IMPLEMENTATION DATE: April 7, 2014**

*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/revise 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 Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs) and/or Carriers:**

No additional funding will be provided by CMS; Contractors activities are to be carried out with their operating budgets

**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 obliged 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**

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





Number	Requirement	Responsibility											
		A/B MAC			D M E M A C	F I	C A R R I E R	R H I	Shared- System Maintainers				Other
		A	B	H H H					F I S S	M C S	V M S	C W F	
	<ol style="list-style-type: none"> <li>AND There is a <b>current SNF</b> claim, TOB = 21X, for the same HICN as on the Ambulance claim;</li> <li>AND the Discharge Status for the SNF claim equals "03";</li> <li>AND the DOS for the HCPCS Service code from Attachment A, on the Ambulance claim, equals the discharge date of the SNF claim;</li> <li>AND Exclude any claims that will have an overpayment adjustment of less than \$10.00.</li> </ol>												
8408.3.1	The contractor shall issue the adjustment for the Medicare Claim.		X						X				
8408.4	The contractors shall have override capability for a claim upon first appeal when it is determined that the claim should have been paid.		X								X		
8408.5	<p>The Medicare claims processing contractors shall use the following group code, MSN message, RARC, and CARC codes when creating an adjustment and a reject for the claim:</p> <ol style="list-style-type: none"> <li>Group Code - CO;</li> <li>MSN message 16.32- Medicare does not pay separately for this service;</li> <li>RARC N390 - This service/report cannot be billed separately;</li> <li>CARC 97 - The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.</li> </ol>		X										

### III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility							
		A/B MAC			D M E	F I	C A R R I E R	R H H I	Other
		A	B	H H H	M A C				
8408.6	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 one week of the availability of the provider education 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:
Attachment A	Ambulance Specified HCPCS Codes List

Section B: All other recommendations and supporting information: N/A

#### V. CONTACTS

**Pre-Implementation Contact(s):** Megan Hayden, 410-786-1970 or [megan.hayden@cms.hhs.gov](mailto:megan.hayden@cms.hhs.gov) , Carla David, 410-786-4799 or [carla.david@cms.hhs.gov](mailto:carla.david@cms.hhs.gov)

**Post-Implementation Contact(s):** Contact your Contracting Officer's Representative (COR) or Contractor Manager, as applicable.

#### VI. FUNDING

**Section A: For Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs), and/or Carriers:**

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

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