

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 1542	Date: JUNE 20, 2008
	Change Request 6159

Change Request (CR) 6159 rescinds and replaces Transmittal 1422, CR 5887, dated February 1, 2008. CR 5887 was a confidential CR. The information contained in CR 5887 is no longer confidential. All information remains the same.

SUBJECT: National Competitive Bidding (NCB) for Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS), Medicare Summary Notice (MSN), and Remittance Advice (RA) Messages

I. SUMMARY OF CHANGES: This CR implements remark and reason codes and MSN messages for use in processing NCB claims.

NEW / REVISED MATERIAL

EFFECTIVE DATE: JULY 1, 2008

IMPLEMENTATION DATE: JULY 7, 2008

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

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
N/A	

III. FUNDING:

SECTION A: For Fiscal Intermediaries and Carriers:

No additional funding will be provided by CMS; contractor activities are to be carried out within their operating budgets.

SECTION B: 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

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

Attachment – One-Time Notification

Pub. 100-04	Transmittal: 1542	Date: June 20, 2008	Change Request:
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Change Request (CR) 6159 rescinds and replaces Transmittal 1422, CR 5887, dated February 1, 2008. CR 5887 was a confidential CR. The information contained in CR 5887 is no longer confidential. All information remains the same.

SUBJECT: National Competitive Bidding (NCB) for Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS), Medicare Summary Notice (MSN), and Remittance Advice (RA) Messages

Effective Date: July 1, 2008

Implementation Date: July 7, 2008

I. GENERAL INFORMATION

A. Background: Currently, Medicare payment for most durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS) is based on fee schedules. However, §302(b) of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (MMA), which amended §1847 of the Social Security Act (the Act), mandates competitive bidding programs to replace the current DMEPOS fee schedule payment amounts for selected items.

The statute provides that competitive bidding will apply to durable medical equipment (DME) meeting the definition of a “covered item” as specified in §1834(a)(13) of the Act, including items used in home infusion and drugs (other than inhalation drugs) and supplies used in conjunction with DME, but excluding class III devices under the Federal Food, Drug, and Cosmetic Act. Competitive bidding will also apply to items and services described in §1842(s)(2)(D) of the Act, other than parenteral nutrients, equipment, and supplies. Further, competitive bidding will apply to off-the-shelf orthotics described in §1861(s)(9) for which payment would otherwise be made under §1834(h) which require minimal self-adjustment for appropriate use and do not require expertise in trimming, bending, molding, assembling, or customizing to fit the individual. Exceptions may be granted for items and services for which the application of competitive acquisition is not likely to result in significant savings or to permit continuity of an existing relationship between a beneficiary and a supplier with respect to furnishing either a rental item or oxygen.

The statute also provides for phasing-in competitive acquisition beginning in 2007 in 10 metropolitan statistical areas (MSA), in 80 MSAs in 2009, and in other areas after 2009. CMS anticipates that NCB will be fully operational for claims with dates of service (DOS) on and after July 1, 2008 in the first 10 MSAs. The first 10 MSAs are: Charlotte-Gastonia-Concord, NC-SC; Cincinnati-Middletown, OH-KY-IN; Cleveland-Elyria-Mentor, OH; Dallas-Fort Worth-Arlington, TX; Kansas City, MO-KS; Miami-Fort Lauderdale-Miami Beach, FL; Orlando, FL; Pittsburgh, PA; Riverside-San Bernardino-Ontario, CA; and San Juan-Caguas-Guaynabo, PR.

The product categories chosen for the first round of National Competitive Bidding (NCB) are: Oxygen Supplies and Equipment; Standard Power Wheelchairs, Scooters, and Related Accessories; Complex Rehabilitative Power Wheelchairs and Related Accessories; Mail-Order Diabetic Supplies; Enteral Nutrients, Equipment, and Supplies; Continuous Positive Airway Pressure (CPAP) Devices, Respiratory Assist Devices (RADs), and Related Supplies and Accessories; Hospital Beds and Related Accessories; Negative Pressure Wound Therapy

(NPWT) Pumps and Related Supplies and Accessories; Walkers and Related Accessories and Support Surfaces (group 2 mattresses and overlays) in the Miami and San Juan MSAs only.

The Final Rule for NCB was published on April 10, 2007 (72 Federal Register 68 (10 April 2007) pp. 17991-18090). CMS is implementing the NCB initiative in phases. Instructions for the first five phases of implementation have been published. (See Change Request (CR) 4327, Transmittal 842, issued February 6, 2006, CR 4337, Transmittal 1003, issued July 21, 2006, CR 5487, Transmittal 1181, issued on February 2, 2007, CR 5686, Transmittal 1299, issued on July 20, 2007, CR 5779, Transmittal 1367 issued November 2, 2007, and CR 5804, Transmittal 1382, issued November 23, 2007.) However, CMS has not yet instructed the standard system maintainers for the Durable Medical Equipment Medicare Administrative Contractors (DME MACs) and the ViPS Medicare System (VMS) which Medicare Summary Notice (MSN) and Remittance Advice (RA) messages (remark and reason codes) to use under the NCB initiative. Therefore, this Transmittal instructs the DME MACs and ViPS to use specific MSN and RA messages for specific circumstances when processing NCB claims.

B. Policy: The contractors shall use the appropriate remark and reason codes and MSN messages when processing NCB claims as indicated in the business requirements below.

II. BUSINESS REQUIREMENTS TABLE
Use "Shall" to denote a mandatory requirement

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B M A C	D M E M A C	F I	C A R R I E R	R H I	Shared-System Maintainers				OTHER
							F I S S	M C S	V M S	C W F	
6159.1	<p>Contractors shall use the following messages when paying a claim for a beneficiary who resides in a CBA who obtains an item from a contract supplier in their CBA:</p> <p>M112: Reimbursement for this item is based on the single payment amount required under the DMEPOS Competitive Bidding Program for the area where the patient resides.</p> <p>MA13: Alert: You may be subject to penalties if you bill the patient for amounts not reported with the PR (patient responsibility) group code.</p> <p>MSN 8.70: The Medicare-approved amount is based on the bid price for this item under the DMEPOS competitive bidding program.</p> <p>MSN 8.70: La cantidad aprobada por Medicare para este artículo se basa en el precio de oferta bajo el programa de oferta competitiva (DMEPOS).</p>		X						X		
6159.2	Contractors shall use the following messages when denying a claim for a beneficiary who resides in a CBA		X						X		

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B M A C	D M E M A C	F I	C A R R I E R	R H I	Shared-System Maintainers				OTHER
							F I S S	M C S	V M S	C W F	
	<p>who obtains an item from a non-contract supplier that has not obtained a signed Advanced Beneficiary Notice (ABN):</p> <p>M115: This item is denied when provided to this patient by a non-contract or non-demonstration supplier.</p> <p>M114: This service was processed in accordance with rules and guidelines under the DMEPOS Competitive Bidding Program or other Demonstration Project. For more information regarding these projects, contact your local contractor.</p> <p>N211: Alert: You may not appeal this decision.</p> <p>MA13: Alert: You may be subject to penalties if you bill the patient for amounts not reported with the PR (patient responsibility) group code.</p> <p>MSN 8.72: This item must be provided by a contract supplier under the DMEPOS competitive bidding program. You should not be billed for this item or service. You do not have to pay this amount. There are no Medicare appeal rights related to this item.</p> <p>MSN 8.72: Este artículo o suministro debe ser distribuido por un "suplidor con contrato" bajo el Programa de Oferta Competitiva (DMEPOS). Usted no será facturado por el artículo o servicio. Usted no tiene que pagar esta cantidad. No existen derechos de Apelación de Medicare relacionados con este artículo.</p>										
6159.3	<p>Contractors shall use the following messages when a supplier has collected more than the 20% co-pay and any remaining deductible for an NCB claim:</p> <p>MA59: Alert: The patient overpaid you for these services. You must issue the patient a refund within 30 days for the difference between his/her payment and the total amount shown as patient responsibility on this notice.</p> <p>M114: This service was processed in accordance with</p>		X						X		

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B M A C	D M E M A C	F I	C A R R I E R	R H H I	Shared-System Maintainers				OTHER
							F I S S	M C S	V M S	C W F	
	<p>rules and guidelines under the DMEPOS Competitive Bidding Program or other Demonstration Project. For more information regarding these projects, contact your local contractor.</p> <p>MSN 8.73: The claim for this service was processed according to rules of the DMEPOS competitive bidding program.</p> <p>MSN 8.73: La reclamación por este servicio fue procesado según los reglamentos del programa de subasta de equipo médico (DMEPOS).</p>										
6159.4	<p>Contractors shall use the following messages when denying a claim for an NCB item obtained from a non-contract supplier when the supplier has obtained an ABN:</p> <p>M115: This item is denied when provided to this patient by a non-contract or non-demonstration supplier.</p> <p>M114: This service was processed in accordance with rules and guidelines under the DMEPOS Competitive Bidding Program or other Demonstration Project. For more information regarding these projects, contact your local contractor.</p> <p>MSN 8.74: You signed an Advanced Beneficiary Notice (ABN) saying that you wanted to get this item from a non-winning supplier under the DMEPOS Competitive Bidding Program. Therefore, Medicare will not pay for this item. You must pay the supplier in full.</p> <p>MSN 8.74: Usted firmó una Notificación Previa al Beneficiario (ABN por su sigla en inglés) diciendo que quería recibir este artículo de un "suplidor sin contrato" bajo el Programa de Oferta Competitiva (DMEPOS). Por lo tanto, Medicare no pagará por este artículo. Usted debe pagarle al suplidor la cantidad total.</p>		X						X		
6159.5	<p>Contractors shall use the following messages when a beneficiary from a CBA travels to a different CBA and obtains an NCB item from a contract supplier in that</p>		X						X		

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B M A C	D M E M A C	F I	C A R R I E R	R H I	Shared-System Maintainers				OTHER
							F I S S	M C S	V M S	C W F	
	<p>CBA:</p> <p>M112: Reimbursement for this item is based on the single payment amount required under the DMEPOS Competitive Bidding Program for the area where the patient resides.</p> <p>M114: This service was processed in accordance with rules and guidelines under the DMEPOS Competitive Bidding Program or other Demonstration Project. For more information regarding these projects, contact your local contractor.</p> <p>MA13: Alert: You may be subject to penalties if you bill the patient for amounts not reported with the PR (patient responsibility) group code.</p> <p>MSN 8.63: This supplier is not located in your competitive bidding area, but is located in a different competitive bidding area. The supplier won a contract under national competitive bidding in their area. They must accept the bid price from your area as payment in full, and may not charge you more than 20% of the bid price for your area, and any unmet deductibles.</p> <p>MSN 8.63: Este suplidor no se encuentra en su área de oferta competitiva sino que está en un área de oferta competitiva distinta. Este suplidor ganó un contrato en su área bajo la oferta competitiva nacional. El suplidor debe usar el costo de la oferta de su área como pago completo y no le puede cobrar más del 20% del costo de oferta para su área y algún deducible que deba.</p>										
6159.6	<p>Contractors shall use the following messages when a beneficiary from a CBA travels to an area that is not designated as a CBA:</p> <p>M112: Reimbursement for this item is based on the single payment amount required under the DMEPOS Competitive Bidding Program for the area where the patient resides.</p> <p>M114: This service was processed in accordance with rules and guidelines under the DMEPOS Competitive</p>		X						X		

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B M A C	D M E M A C	F I	C A R R I E R	R H I	Shared-System Maintainers				OTHER
							F I S S	M C S	V M S	C W F	
	<p>Bidding Program or other Demonstration Project. For more information regarding these projects, contact your local contractor.</p> <p>MA13: Alert: You may be subject to penalties if you bill the patient for amounts not reported with the PR (patient responsibility) group code.</p> <p>MSN 8.61: This supplier is not located in your competitive bidding area, but is required to accept the same price as a supplier in your area. This supplier may not charge you more than 20% of the bid price, and any unmet deductibles.</p> <p>MSN 8.61: Este suplidor no se encuentra en su área de oferta competitiva pero tiene que usar el mismo costo que un suplidor en su área. Este suplidor no le puede cobrar más del 20% del costo de oferta y algún deducible que deba.</p>										
6159.7	<p>Contractors shall use the following messages when making payment to a non-contract supplier at the bid price on a grandfathered claim :</p> <p>M112: Reimbursement for this item is based on the single payment amount required under the DMEPOS Competitive Bidding Program for the area where the patient resides.</p> <p>M113: Our records indicate that this patient began using this item/service prior to the current contract period for DMEPOS Competitive Bidding Program.</p> <p>MA13: Alert: You may be subject to penalties if you bill the patient for amounts not reported with the PR (patient responsibility) group code.</p> <p>MSN 8.71: Our records show that you began using this item before the current round of bidding in the DMEPOS Competitive Bidding Program and you decided to keep getting this item from your current supplier. The Medicare-approved amount is based on the bid price for this item.</p>		X						X		

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B M A C	D M E M A C	F I	C A R R I E R	R H H I	Shared-System Maintainers				OTHER
							F I S S	M C S	V M S	C W F	
	MSN 8.71: Nuestros expedientes demuestran que usted comenzó a usar este artículo antes de que se hiciera la oferta del Programa de Subasta de Equipo Médico Duradero (DMEPOS) y usted decidió mantener su equipo de su suplidor actual. La cantidad aprobada por Medicare para este artículo se basa en el precio de oferta.										
6159.8	<p>Contractors shall use the following messages when making payment to a non-contract supplier at the fee schedule amount on a grandfathered claim for inexpensive and routinely purchased (IRP) items or capped rental base equipment:</p> <p>M113: Our records indicate that this patient began using this item/service prior to the current contract period for DMEPOS Competitive Bidding Program.</p> <p>M114: This service was processed in accordance with rules and guidelines under the DMEPOS Competitive Bidding Program or other Demonstration Project. For more information regarding these projects, contact your local contractor.</p> <p>MA13: Alert: You may be subject to penalties if you bill the patient for amounts not reported with the PR (patient responsibility) group code.</p> <p>MSN 8.75: Our records show that you began using this item before the DMEPOS Competitive Bidding program started for this item in your area. Because you decided to keep getting this item from your current supplier, this item will be paid at the standard payment amount and not at the bid price.</p> <p>MSN 8.75: Nuestros expedientes demuestran que usted comenzó a usar este artículo antes de que el Programa de Oferta Competitiva (DMEPOS) comenzara para este artículo en su área. Porque usted decidió continuar alquilando el equipo de su suplidor actual, este artículo será pagado al costo normal y no al precio de oferta.</p>		X						X		
6159.9	Contractors shall use the following messages when denying claims for physicians acting as DMEPOS		X						X		

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B M A C	D M E M A C	F I	C A R R I E R	R H I	Shared-System Maintainers				OTHER
							F I S S	M C S	V M S	C W F	
	<p>suppliers when no matching office visit is found in claims history:</p> <p>B15: Payment adjusted because this service/procedure requires that a qualifying service/procedure be received and covered. The qualifying other service/procedure has not been received/adjudicated.</p> <p>M114: This service was processed in accordance with rules and guidelines under the DMEPOS Competitive Bidding Program or other Demonstration Project. For more information regarding these projects, contact your local contractor.</p> <p>MA13: Alert: You may be subject to penalties if you bill the patient for amounts not reported with the PR (patient responsibility) group code.</p> <p>MSN 16.26: Medicare does not pay for services or items related to a procedure that has not been approved or billed.</p>										
6159.10	<p>Contractors shall use the following messages when denying beneficiary-submitted claims that are subject to NCB:</p> <p>111: Not covered unless the provider accepts assignment.</p> <p>M114: This service was processed in accordance with rules and guidelines under the DMEPOS Competitive Bidding Program or other Demonstration Project. For more information regarding these projects, contact your local contractor.</p> <p>MA13: Alert: You may be subject to penalties if you bill the patient for amounts not reported with the PR (patient responsibility) group code.</p> <p>MSN 16.7: Your provider must complete and submit your claim.</p>		X						X		
6159.11	<p>Contractors shall use the following messages when denying paper claims subject to NCB:</p>		X						X		

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B M A C	D M E M A C	F I	C A R R I E R	R H H I	Shared-System Maintainers				OTHER
							F I S S	M C S	V M S	C W F	
	<p>A1: Claim/Service Denied.</p> <p>M117: Not covered unless submitted via electronic claim.</p> <p>M114: This service was processed in accordance with rules and guidelines under the DMEPOS Competitive Bidding Program or other Demonstration Project. For more information regarding these projects, contact your local contractor.</p> <p>MA13: Alert: You may be subject to penalties if you bill the patient for amounts not reported with the PR (patient responsibility) group code.</p> <p>MSN 9.9: This service is not covered unless the supplier/provider files an electronic media claim (EMC).</p>										
6159.12	<p>Contractors shall use the following messages when denying claims for SNFs acting as limited contract suppliers when the place of service does not indicate a SNF:</p> <p>170: Payment is denied when performed/billed by this type of provider.</p> <p>M77: Missing/incomplete/invalid place of service.</p> <p>M114: This service was processed in accordance with rules and guidelines under the DMEPOS Competitive Bidding Program or other Demonstration Project. For more information regarding these projects, contact your local contractor.</p> <p>MA13: Alert: You may be subject to penalties if you bill the patient for amounts not reported with the PR (patient responsibility) group code.</p> <p>MSN 8.76: This item or service is not covered because the claim shows that it was not given in a skilled nursing facility or a nursing facility. The claim for this item or service was processed according to the rules of the DMEPOS competitive bidding program.</p>		X						X		

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B M A C	D M E M A C	F I	C A R R I E R	R H H I	Shared-System Maintainers				OTHER
							F I S S	M C S	V M S	C W F	
	MSN 8.76: Este artículo o servicio no está cubierto porque la reclamación demuestra que no fue dada en un centro de enfermería especializada o en un centro de enfermería. La reclamación por este artículo o servicio fue procesada según los reglamentos del Programa de Oferta Competitiva (DMEPOS).										
6159.13	<p>Contractors shall use the following messages when making payments for Oxygen in situations where the beneficiary does not use a grandfathered supplier, so that when the 36-month payment cap under the Deficit Reduction Act (DRA) has been reached, the cap must be increased for a total of up to 45 payments:</p> <p>M114: This service was processed in accordance with rules and guidelines under the DMEPOS Competitive Bidding Program or other Demonstration Project. For more information regarding these projects, contact your local contractor.</p> <p>MA13: Alert: You may be subject to penalties if you bill the patient for amounts not reported with the PR (patient responsibility) group code.</p> <p>MSN 8.73: The claim for this service was processed according to rules of the DMEPOS competitive bidding program.</p> <p>MSN 8.73: La reclamación por este servicio fue procesado según los reglamentos del programa de subasta de equipo médico (DMEPOS).</p>		X						X		
6159.14	<p>Contractors shall use the following messages when making payments for Oxygen when a claim is received after the payment cap has been reached:</p> <p>MA 13: Alert: You may be subject to penalties if you bill the patient for amounts not reported with the PR (patient responsibility) group code.</p> <p>M114: This service was processed in accordance with rules and guidelines under the DMEPOS Competitive Bidding Program or other Demonstration Project. For more information regarding these projects, contact your</p>		X						X		

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B M A C	D M E M A C	F I	C A R R I E R	R H I	Shared-System Maintainers				OTHER
							F I S S	M C S	V M S	C W F	
	<p>local contractor.</p> <p>MSN 8.73: The claim for this service was processed according to rules of the DMEPOS competitive bidding program.</p> <p>MSN 8.73: La reclamación por este servicio fue procesado según los reglamentos del programa de subasta de equipo médico (DMEPOS).</p>										
6159.15	<p>Contractors shall use the following messages when making payments for capped rental situations where the beneficiary does not use a grandfathered supplier, so that a total maximum of up to 25 payments will be made:</p> <p>M114: This service was processed in accordance with rules and guidelines under the DMEPOS Competitive Bidding Program or other Demonstration Project. For more information regarding these projects, contact your local contractor.</p> <p>MA13: Alert: You may be subject to penalties if you bill the patient for amounts not reported with the PR (patient responsibility) group code.</p> <p>MSN 8.73: The claim for this service was processed according to rules of the DMEPOS competitive bidding program.</p> <p>MSN 8.73: La reclamación por este servicio fue procesado según los reglamentos del programa de subasta de equipo médico (DMEPOS).</p>		X						X		
6159.16	<p>Contractors shall use the following messages when making payments for capped rental items when a claim is received after the payment cap has been reached:</p> <p>MA 13: Alert: You may be subject to penalties if you bill the patient for amounts not reported with the PR (patient responsibility) group code.</p> <p>M114: This service was processed in accordance with rules and guidelines under the DMEPOS Competitive Bidding Program or other Demonstration Project. For</p>		X						X		

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B M A C	D M E M A C	F I	C A R R I E R	R H H I	Shared-System Maintainers				OTHER
							F I S S	M C S	V M S	C W F	
	<p>more information regarding these projects, contact your local contractor.</p> <p>MSN 8.73: The claim for this service was processed according to rules of the DMEPOS competitive bidding program.</p> <p>MSN 8.73: La reclamación por este servicio fue procesado según los reglamentos del programa de subasta de equipo médico (DMEPOS).</p>										
6159.17	<p>Contractors shall use the following message when returning unassigned NCB claims as unprocessable:</p> <p>111: Not covered unless the provider accepts assignment.</p>		X						X		
6159.18	<p>Contractors shall use the following messages when a modifier required for NCB is missing from a claim line:</p> <p>4: The procedure code is inconsistent with the modifier use or a required modifier is missing.</p> <p>M114: This service was processed in accordance with rules and guidelines under the DMEPOS Competitive Bidding Program or other Demonstration Project. For more information regarding these projects, contact your local contractor.</p> <p>MA13: Alert: You may be subject to penalties if you bill the patient for amounts not reported with the PR (patient responsibility) group code.</p> <p>MSN 9.2: This item or service was denied because information required to make payment was missing.</p>		X						X		

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B M A C	D M E M A C	F I	C A R R I E R	R H H I	Shared-System Maintainers				OTHER
							F I S S	M C S	V M S	C W F	

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B M A C	D M E M A C	F I	C A R R I E R	R H H I	Shared-System Maintainers				OTHER
							F I S S	M C S	V M S	C W F	
6159.19	Contractors shall post this entire instruction, or a direct link to this instruction, on their Web site and include information about it in a listserv message within 1 week of the release of this instruction. In addition, the entire instruction must be included in your next regularly scheduled bulletin. Contractors are free to supplement it with localized information that would benefit their provider community in billing and administering the Medicare program correctly.		X								

IV. SUPPORTING INFORMATION

A. For any recommendations and supporting information associated with listed requirements, use the box below:

Use "Should" to denote a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:
6159.9	Implement in accordance with business requirement 5804.2.1.1, as specified in CR 5804, Transmittal 1382, issued on 11/23/2007.
6159.1-6159.18	For more information on competitive bidding, see CRs 4327, 4337, 5487, 5686, 5779, and 5804.

B. For all other recommendations and supporting information, use this space:

V. CONTACTS

Pre-Implementation Contact(s): For policy questions, Joel Kaiser at joel.kaiser@cms.hhs.gov or (410) 786-4499. For claims processing questions, Renée Hildt at renee.hildt@cms.hhs.gov or (410) 786-1446.

Post-Implementation Contact(s): For policy questions, Joel Kaiser at joel.kaiser@cms.hhs.gov or (410) 786-4499. For claims processing questions, Renée Hildt at renee.hildt@cms.hhs.gov or (410) 786-1446.

VI. FUNDING

Section A: For Fiscal Intermediaries (FIs), Carriers, and Regional Home Health Carriers (RHHIs) use only one of the following statements:

No additional funding will be provided by CMS; contractor activities are to be carried out within their operating budgets.

B. For Medicare Administrative Contractors (MACs), use the following statement:

The contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the Statement of Work (SOW). 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.