

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 230	Date: JUNE 16, 2006
	Change Request 5091

Subject: New Remittance Advice Remark Code Message Used for the Physician's Voluntary Reporting Program (PVRP)

I. SUMMARY OF CHANGES: This instruction is to inform contractors to begin using the new Remittance Advice Remark Code message for claims with codes used for the Physician Voluntary Reporting Program (PVRP).

New / Revised Material

Effective Date: July 17, 2006

Implementation Date: July 17, 2006

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.*

R/N/D	Chapter / Section / Subsection / Title
N/A	N/A

III. FUNDING:

No additional funding will be provided by CMS; Contractor activities are to be carried out within their FY 2006 operating budgets.

IV. ATTACHMENTS:

One-Time Notification

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

Attachment – One-Time Notification

Pub. 100-20	Transmittal: 230	Date: June 16, 2006	Change Request 5091
-------------	------------------	---------------------	---------------------

SUBJECT: New Remittance Advice Remark Code Message Used for the Physician's Voluntary Reporting Program (PVRP)

I. GENERAL INFORMATION

A. Background: The Physician Voluntary Reporting Program (PVRP) began on January 1, 2006. The PVRP uses a set of G-codes and Category II CPT Codes to better analyze the quality of care provided to Medicare beneficiaries. These codes are for informational/reporting purposes only. Physicians should not charge for these codes.

B. Policy: There is currently no specific Remittance Advice Remark Code message for carriers to use when denying claims billed with codes used for the PVRP. Physicians are not to collect any monies from Medicare beneficiaries for the PVRP G-codes and Category II CPT Codes as they are for informational use only. Therefore, a new Remittance Advice Remark Code message has been created to be used for processing claims submitted with codes for the PVRP. This new Remittance Advice Remark Code message was made available for use for claims processed on or after April 1, 2006.

II. BUSINESS REQUIREMENTS

"Shall" denotes a mandatory requirement

"Should" denotes an optional requirement

Requirement Number	Requirements	Responsibility ("X" indicates the columns that apply)							
		F I	R H I	C H I	D R C	Shared System Maintainers			
					F I S	M C S	V M S	C W F	
5091.1.	A new Remittance Advice Remark Code message became available on April 1, 2006. For claims processed on and after the implementation date of this instruction, contractors shall use the following new Remittance Advice Remark Code message when denying the PVRP G-codes (G8000 through G8999), and/or Category II CPT codes, billed with \$0.00, or with an amount greater than \$0.00: Number: N365			X					

Requirement Number	Requirements	Responsibility (“X” indicates the columns that apply)							
		F I	R H I	C a r r i e r	D M E R C	Shared System Maintainers			
F I S S	M C S					V M S	C W F		
	Description: This procedure code is not payable. It is for reporting/information purposes only.								
5091.1.1.	Contractors shall use Remittance Advice Remark Code N365 with Claim Adjustment Reason Code 96, group code CO, when denying all PVRP G-codes (G8000 through G8999), and/or Category II CPT codes. NOTE: Physicians are not to collect any monies from Medicare beneficiaries for the PVRP G-codes and Category II CPT Codes as they are for informational use only.			X					

III. PROVIDER EDUCATION

Requirement Number	Requirements	Responsibility (“X” indicates the columns that apply)							
		F I	R H I	C a r r i e r	D M E R C	Shared System Maintainers			
F I S S	M C S					V M S	C W F		
	None.								

IV. SUPPORTING INFORMATION AND POSSIBLE DESIGN CONSIDERATIONS

A. Other Instructions: N/A

X-Ref Requirement #	Instructions

B. Design Considerations: N/A

X-Ref Requirement #	Recommendation for Medicare System Requirements

C. Interfaces: N/A

D. Contractor Financial Reporting /Workload Impact: N/A

E. Dependencies: N/A

F. Testing Considerations: N/A

V. SCHEDULE, CONTACTS, AND FUNDING

<p>Effective Date*: July 17, 2006. Effective Date means date processed (not date of service) for this instruction.</p> <p>Implementation Date: July 17, 2006.</p> <p>Pre-Implementation Contact(s):</p> <p>Kathleen Kersell at 410-786-2033 or kathleen.kersell@cms.hhs.gov and</p> <p>Pat Gill at 410-786-1297 or Patricia.gill@cms.hhs.gov</p> <p>Post-Implementation Contact(s): Appropriate Regional Office.</p>	<p>No additional funding will be provided by CMS; contractor activities are to be carried out within their FY 2006 operating budgets.</p>
---	--

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