

CMS Manual System

Pub 100-04 Medicare Claims Processing

Transmittal 623

Department of Health &
Human Services

Centers for Medicare &
Medicaid Services

Date: JULY 29, 2005

Change Request 3877

SUBJECT: DMERC Only--Corrections to the Billing Indicator Field for Adjusted Claims

I. SUMMARY OF CHANGES: This Change Request makes corrections to the billing indicator field in VMS for adjustments. Currently, the indicator field defaults to a value of 'F' (supplier filed), even if the claim was submitted by a beneficiary.

NEW/REVISED MATERIAL :

EFFECTIVE DATE : January 01, 2006

IMPLEMENTATION DATE : January 03, 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	

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. 100-04	Transmittal: 623	Date: July 29, 2005	Change Request 3877
-------------	------------------	---------------------	---------------------

SUBJECT: DMERC Only--Corrections to the Billing Indicator Field for Adjusted Claims

I. GENERAL INFORMATION

A. Background: Currently, there is an error in the VMS system that causes the billing indicator field to default to a value of “F” on claims adjustments. The value of “F” indicates that the claim was submitted by a supplier, however, the Durable Medical Equipment Regional Carriers (DMERCs) still receive a number of claims that are submitted by beneficiaries. Beneficiary-submitted claims should have a value of “B” in the billing indicator field.

This instruction notifies VMS that they must correct the VMS system so that claims with a billing indicator value of “B” retain that value. It also requires that this field must be able to be updated to correct any possible keying errors.

B. Policy: The billing indicator field must accurately reflect whether a claim was submitted by a supplier or a beneficiary.

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 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	
3877.1	The shared system maintainer shall make changes to the system so that the value in the billing indicator field which the DMERC enters does not change.						X		
3877.2	The shared system maintainer shall allow the DMERC to manually change the value in the billing indicator field where appropriate (e.g., there was a keying error).						X		

III. PROVIDER EDUCATION

Requirement Number	Requirements	Responsibility (“X” indicates the columns that apply)
--------------------	--------------	---

		F I	R H H I	C a r r i e r	D M E R C	Shared System Maintainers				Other
						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*: January 1, 2006</p> <p>Implementation Date: January 3, 2006</p> <p>Pre-Implementation Contact(s): Renée Hildt (410) 786-1446 or rhildt@cms.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.