
CMS Manual System

Pub. 100-04 Medicare Claims Processing

Department of Health &
Human Services (DHHS)
Centers for Medicare &
Medicaid Services (CMS)

Transmittal 891

Date: MARCH 24, 2006

CHANGE REQUEST 5008

NOTE: This CR was initially submit in draft as CR 5007

SUBJECT: Redesignate HCPCS Codes J8597 and E1239 to Their Proper CWF Category

I. SUMMARY OF CHANGES: To instruct the CWF to include these HCPCS in the appropriate category to ensure proper claims adjudication.

NEW/REVISED MATERIAL - EFFECTIVE DATE*: July 1, 2006

IMPLEMENTATION DATE: July 3, 2006

Disclaimer for manual changes only: The revision date and transmittal number apply to the red italicized material only. 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 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:

	Business Requirements
	Manual Instruction
	Confidential Requirements
X	One-Time Notification
	Recurring Update Notification

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

Attachment – One-Time Notification

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SUBJECT: Redesignate HCPCS Codes J8597 and E1239 to Their Proper CWF Category

I. GENERAL INFORMATION

A. Background: HCPCS code J8597 is an anti-emetic, oral, drug. This is a new code that became effective 1/1/06. The HCPCS classification of this drug is not otherwise specified. The correct Common Working File (CWF) category for this drug is 56 (not otherwise specified code). Currently, claims are being improperly rejected because this code is not in the correct CWF category.

HCPCS code E1239 is a power wheelchair. Currently, CWF has this code listed in the category of 001 which represents capped rental. The correct CWF category for power wheelchairs is 005 (Electric Wheelchair).

This instruction directs the CWF to place both codes J8597 and E1239 to their proper CWF category to ensure the accuracy of claims adjudication.

B. Policy: The CWF category for HCPCS code J8597 is 56. The CWF category for HCPCS code E1239 is 005.

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 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	
5008.1	The Common Working File shall add J8597 to category 56.								X	
5008.2	The Common Working File shall add E1239 to category 005.								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				Other
F I S S	M C S					V M S	C W F			
5008.2.2	The Common Working File shall delete E1239 from category 001.								X	
5008.3	Contractors shall adjust claims that are brought to their attention. Contractors need not search their files for incorrectly processed claims.				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				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*: July 1, 2006</p> <p>Implementation Date: July 3, 2006</p> <p>Pre-Implementation Contact(s): Tracey Hemphill at Tracey.Hemphill@cms.hhs.gov or Joanne Spalding at Joanne.Spalding@cms.hhs.gov</p> <p>Post-Implementation Contact(s): Tracey Hemphill or Joanne Spalding</p>	<p>No additional funding will be provided by CMS; contractor activities are to be carried out within their FY 2006 operating budgets.</p>
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