

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 1577	Date: August 15, 2008
	Change Request 6124

SUBJECT: Revisions to the Competitive Acquisition Program (CAP) for Part B Drugs and Biologicals

I. SUMMARY OF CHANGES: Due to a systems edit, CAP claims with the same date of service for the same HCPCS drug code for the same beneficiary are denying as duplicate claims though the prescription order number on the claims are different. The same action may be occurring when lines on the same claim appear to be duplicates except for different prescription order numbers. For claims processed on or after January 5, 2009, this Change Request will revise systems and contractor coding to allow these claims to not be considered duplicate claims when the prescription order number is different.

New / Revised Material

Effective Date: For claims processed on or after January 5, 2009

Implementation Date: January 5, 2009

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:

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

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SUBJECT: Revisions to the Competitive Acquisition Program (CAP) for Part B Drugs and Biologicals

Effective Date: For claims processed on or after January 5, 2009

Implementation Date: January 5, 2009

I. GENERAL INFORMATION

A. Background: Due to a systems edit, CAP claims with the same date of service for the same HCPCS drug code for the same beneficiary are denying as duplicate claims though the prescription order number on the different claims are different. The same action may be occurring when lines on the same claim appear to be duplicates except for different prescription order numbers. This CR will revise standard systems and contractor coding to allow these claims to not be considered duplicate claims when the prescription order number is different.

B. Policy: This Change Request makes no changes to CAP policy.

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 M A C	F I I E R	C A R R E R	D M R R C	R H H I	E D C	Shared-System Maintainers				OTHER	
							F I S S	M C S	V M S	C M S				
6124.1	The contractor shall revise the standard national audit 279 so that it shall allow claims submitted for CAP claims with the same date of service for the same HCPCS code for the same beneficiary, but with different CAP prescription order numbers to not deny as a duplicate claim.								X					
6124.2	Contractors shall revise contractor controlled duplicate edits to allow CAP claims lines with the same date of service for the same HCPCS, but with different CAP prescription order numbers, to not deny as a duplicate claim.	X			X									CAP Designa- ted Carrier
6124.3	Contractors shall adjust incorrectly denied claims when brought to their attention.	X			X									CAP Designa- ted Carrier

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 I E R	C A R R I E R	D M R R C	R H I	E D C	Shared-System Maintainers				OTHER
							F I S S	M C S	V M S	C M S			
6124.4	A provider education article related to this instruction will be available at http://www.cms.hhs.gov/MLNMattersArticles/ 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 site 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 your 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			X								

IV. SUPPORTING INFORMATION

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

Use "Should" to denote a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:

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

V. CONTACTS

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Post-Implementation Contact(s): Leslie Trazzi, Leslie.Trazzi@cms.hhs.gov or at 410-786-7544 or Bonny Dahm, Bonny.Dahm@cms.hhs.gov or at 410-786-4006

VI. FUNDING

A. *For Fiscal Intermediaries, Carriers, and the Durable Medical Equipment Regional Carrier (DMERC), 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 (MAC), use only one of the following statements:*

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 specified 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.