

<b>CMS Manual System</b>	<b>Department of Health &amp; Human Services (DHHS)</b>
<b>Pub 100-08 Medicare Program Integrity</b>	<b>Centers for Medicare &amp; Medicaid Services (CMS)</b>
<b>Transmittal 198</b>	<b>Date: APRIL 13, 2007</b>
	<b>Change Request 5571</b>

**NOTE: We are re-communicating Change Request 5571, Revision 198, dated April 13, 2007. Tables 1 - 4 were inadvertently left off the Business Requirements. The Transmittal Number, date issued and all other information remains the same.**

**SUBJECT: New DMEPOS Certificates of Medical Necessity (CMNs) and DME Information Forms (DIFS) for Claims Processing.**

**I. SUMMARY OF CHANGES:** The CMS has developed improved CMNs and DIFs that are consistent with current medical practices and conform with Medicare guidelines. Through this process, CMS revised several CMNs and replaced three CMNs with two DIFs. We have extended the transition period from October 1, 2006 thru June 30, 2007.

**NEW / REVISED MATERIAL**

**EFFECTIVE DATE: OCTOBER 1, 2006**

**IMPLEMENTATION DATE: JULY 2, 2007**

**TRANSITION PERIOD: OCTOBER 1, 2006 – JUNE 30, 2007**

*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)**

<b>R/N/D</b>	<b>CHAPTER / SECTION / SUBSECTION / TITLE</b>
N/A	

**III. FUNDING:**

**No additional funding will be provided by CMS; contractor activities are to be carried out within their FY 2007 operating budgets.**

**IV. ATTACHMENTS:**

**One-Time Notification**

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

# Attachment – One-Time Notification

Pub. 100-08	Transmittal: 198	Date: April 13, 2007	Change Request: 5571
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**NOTE: We are re-communicating Change Request 5571, Revision 198, dated April 13, 2007. Tables 1 - 4 were inadvertently left off the Business Requirements. The Transmittal Number, date issued and all other information remains the same.**

**SUBJECT: New DMEPOS Certificates of Medical Necessity (CMNs) and DME Information Forms (DIFS) for Claims Processing.**

**Effective Date: October 1, 2006**

**Implementation Date: July 2, 2007**

**Transition Period : October 1, 2006 – June 30, 2007**

## I. GENERAL INFORMATION

**A. Background:** Certificates of Medical Necessity (CMNs) provide a mechanism for suppliers of durable medical equipment, defined in 42 U.S.C. §1395x(n) and medical equipment and supplies defined in 42 U.S.C. §1395j(5), to demonstrate that the item they provide meets the minimal criteria for Medicare coverage. CMNs contain section A through D. Section A and C are completed by the supplier and Section B and D are completed by the physician. A DME Information Form (DIF) is completed and signed by the supplier. It does not require a narrative description of equipment and cost or a physician signature. Contractors review the documentation provided on the CMNs and DIFs and determine if the medical necessity and applicable coverage criteria for DMEPOS have been met.

**B. Policy:** The CMS has developed improved CMNs and DIFs that are consistent with current medical practices and conform with Medicare guidelines. Through this process, CMS revised several CMNs and replaced three CMNs with two DIFs. We have extended the transition period from October 1, 2006 thru June 30, 2007. This CR shall be implemented as of July 2, 2007.

These forms have been approved by the Office of Management and Budget (OMB). The OMB approved form number for the CMS-484 form is #0938-0534. The OMB approved form number for the CMS-846, 847, 848, 849, 854, 10125 and 10126 forms is OMB# 0938-0679.

Contractors shall allow a transition period for CMNs or DIFs processed between October 1, 2006 through June 30, 2007. Claims tied to a CMN/DIF will be accepted and processed based on the format of the CMN/DIF.

Contractors shall no longer accept old CMN/DIF forms processed on or after July 1, 2007.

Use of the new CMNs and DIFs will become effective for claims tied to a CMN or DIF processed on or after July 1, 2007. Claims for items requiring a CMN or DIF shall be submitted and processed using the revised CMNs and DIFs (CMS-484, 846, 847, 848, 849, 854, 10125 and 10126).

Table 1 identifies the old versions of the CMNs that will be processed between October 1, 2006 through June 30, 2007. These forms, as identified in Table 1, will no longer be accepted after July 1, 2007.

**Table 1 – identifies old versions of the CMNs:**

<b>DMERC FORM</b>	<b>CMS FORM</b>	<b>ITEMS ADDRESSED</b>
484.2	484	Home Oxygen Therapy
01.02A	841	Hospital Beds
01.02B	842	Support Surfaces
04.03B	846	Lymphedema Pumps (Pneumatic Compression Devices)
04.03C	847	Osteogenesis Stimulators
06.02B	848	Transcutaneous Electrical Nerve Stimulators (TENS)
07.02A	849	Seat Lift Mechanisms
09.02	851	External Infusion Pumps
10.02A	852	Parenteral Nutrition
10.02B	853	Enteral Nutrition
11.01	854	Section C Continuation Form

Table 2 identifies the revised CMNs that will be processed as of October 01, 2006.

For CMN/DIFs processed on or after July 1, 2007, the new forms will be the only valid versions of the CMNs/DIFs.

Note that the title of the CMS-484 form changed from Home Oxygen Therapy to Oxygen and the title of the CMS-846 form changed from Lymphedema Pumps to Pneumatic Compression Devices.

**Table 2 - identifies the revised CMNs:**

<b>DME FORM</b>	<b>CMS FORM</b>	<b>ITEMS ADDRESSED</b>
		<b>The forms below can be accessed at:</b> <a href="http://www.cms.hhs.gov/CMSForms/CMSForms/list.asp#TopOfPage">http://www.cms.hhs.gov/CMSForms/CMSForms/list.asp#TopOfPage</a>
484.03	484	Oxygen
04.04B	846	Pneumatic Compression Devices
04.04C	847	Osteogenesis Stimulators

06.03B	848	Transcutaneous Electrical Nerve Stimulators (TENS)
07.03A	849	Seat Lift Mechanisms
11.02	854	Section C Continuation Form

Table 3 identifies the new DIFs that will be processed as of October 01, 2006.

For CMN/DIFs processed on or after July 1, 2007, the new forms will be the only valid versions of the CMNs/DIFs.

Note that the CMN for Infusion Pumps (CMS-851) was replaced with a DIF for External Infusion Pump (CMS-10125). The CMNs for Parenteral Nutrition (CMS-852) and Enteral Nutrition (CMS-853) were replaced with a DIF for Enteral and Parenteral Nutrition (CMS-10126).

**Table 3 - identifies the new DIFs:**

DME FORM	CMS FORM	ITEMS ADDRESSED
		<b>The forms below can be accessed at:</b> <a href="http://www.cms.hhs.gov/CMSForms/CMSForms/list.asp#TopOfPage">http://www.cms.hhs.gov/CMSForms/CMSForms/list.asp#TopOfPage</a>
09.03	10125	External Infusion Pumps
10.03	10126	Enteral and Parenteral Nutrition

Contractors shall cease requiring CMNs for hospital beds and support surfaces on claim lines with dates of service on or after October 01, 2006.

Table 4 identifies the CMNs that will be eliminated for claim lines with dates of service on or after October 01, 2006.

**Table 4 – identifies CMNs that have been eliminated:**

DMERC FORM	CMS FORM	ITEMS ADDRESSED
01.02A	841	Hospital Beds
01.02B	842	Support Surfaces

Signature and date stamps will be accepted for DMEPOS items that require a CMN/DIF processed on or after October 01, 2006.

As defined in chapter 3, of the Program Integrity Manual (PIM), if data analysis indicates potentially aberrant billing, contractors shall continue to follow the guidance as defined in this chapter when performing medical review on claims with dates of service during and after the transition to the new forms.

## 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	D M E R C	R H I	Shared-System Maintainers				OTHER
								F I S S	M C S	V M S	C W F	
5571.1	Contractors shall implement new versions of CMN forms that have been developed and approved.		X			X				X		X
5571.2	Contractors shall implement new DIFs that have been developed and approved.		X			X				X		X
5571.3	Contractors shall adjust all locally controlled tables and edits so they relate to the newly revised CMNs and the new DIFs.		X			X				X		X
5571.4	Contractors shall cease requiring CMNs for hospital beds and support surfaces on claim lines with dates of service on or after <u>October 01, 2006</u> .		X			X				X		X
5571.5	CWF shall remove hospital bed codes and support surface codes from CWF Category 59 effective for dates of service on or after October 01, 2006.  The HCPCS codes for Hospital Beds are: E0250-E0251; E0255-E0256; E0260-E0261; E0265-E0266; E0290-E0297; E0301-E0304.  The HCPCS code for Support Surfaces is: E0194.										X	
5571.6	Contractors shall implement new, improved CMN forms: 484, 846, 847, 848, 849 and 854.		X			X				X		X
5571.7	Contractors shall implement new DIFs: 10125-External Infusion Pumps and 10126-External and Parenteral Nutrition.  NOTE: The CMNs for these services have been eliminated.		X			X				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  E R	C A R R I E R	D M E R C	R H I	Shared-System Maintainers				OTHER
								F I S S	M C S	V M S	C W F	
5571.8	Contractors shall allow a transition period for CMN/DIFs processed <u>from October 01, 2006 through June 30, 2007</u> when both the old CMN and the new CMN/DIFs will be accepted.		X			X				X		X
5571.9	Contractors shall no longer accept the old CMN forms for CMN/DIFs processed <u>on or after July 1, 2007</u> .		X			X				X		X
5571.10	Contractors shall reject claims with the old CMN forms after the transition period ends.		X			X				X		X
5571.11	Contractors shall accept signature and date stamps on CMNs and DIFs.		X			X				X		X
5571.12	Contractors shall update free software to conform with the new/revised/deleted CMNs and DIFs		X			X				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  E R	C A R R I E R	D M E R C	R H I	Shared-System Maintainers				OTHER
								F I S S	M C S	V M S	C W F	
5571.1	Contractors shall provide their suppliers and providers very specific guidance on changes in the old CMNs versus new CMNs; deleted CMNs, and new DIFs.		X			X						X
5571.2	Contractors shall instruct their suppliers and providers on how to fill out the new CMNs and DIFs.		X			X						X
5571.3	Contractors shall update all supplier manuals, bulletins, articles, and other educational documents to reflect the new changes contained in this CR.		X			X						X
5571.4	A Medlearn Matters provider education article related to this instruction will be available at <a href="http://www.cms.hhs.gov/medlearn/matters">www.cms.hhs.gov/medlearn/matters</a> shortly after the CR is released. You will receive notification of the article release via the established "medlearn matters" listserv. Contractors shall post this article, or a direct		X			X						X

	<p>link to this article, on their Web site and include information about it in a listserv message within 1 week of the availability of the provider education article. In addition, the provider education article shall be included in your next regularly scheduled bulletin and incorporated into any educational events on this topic. Contractors are free to supplement Medlearn Matters articles with localized information that would benefit their provider community in billing and administering the Medicare program correctly.</p>												
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**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:

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

**V. CONTACTS**

**Pre-Implementation Contact(s):**

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**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 FY 2007 operating budgets.

**B. For Medicare Administrative Contractors (MAC), 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.