

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 242	Date: OCTOBER 27, 2006
	Change Request 5337

Transmittal 242, Change Request 5337, dated October 27, 2006, is being re-communicated to correct the referenced manual publication number in the subject lines, and the business requirements table. The correct publication number is 100-03 not 100-04. The Transmittal Number, Date Issued and all other information remains the same.

SUBJECT: National Coverage Determination (NCD) for Infusion Pump Exception Guidance Pub. 100-03, Chapter 1, Part 4, Section 280.14

I. SUMMARY OF CHANGES: It has come to our attention that there may be some confusion among the DMERCs as to the proper interpretation and application of the exception language in the NCD for infusion pumps, section 280.14. This exception to the NCD is to be applied at the discretion of the DMERCs on a case-by-case basis as warranted by the medical documentation and particular circumstances of the beneficiary. The exception does apply to the preceding sections of the NCD appearing at section 280.14.

CLARIFICATION

EFFECTIVE DATE: NOVEMBER 27, 2006

IMPLEMENTATION DATE: NOVEMBER 27, 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/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 2007 operating budgets.

IV. ATTACHMENTS:

One-Time Notification

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

Attachment – One-Time Notification

Pub. 100-20	Transmittal: 242	Date: October 27, 2006	Change Request: 5337
-------------	------------------	------------------------	----------------------

Transmittal 242, Change Request 5337, dated October 27, 2006, is being re-communicated to correct the referenced manual publication number in the subject lines, and the business requirements table. The correct publication number is 100-03 not 100-04. The Transmittal Number, Date Issued and all other information remains the same.

SUBJECT: National Coverage Determination (NCD) for Infusion Pumps Exception Guidance, Pub. 100-03, Chapter 1, Part 4, Section 280.14

Effective Date: November 27, 2006
Implementation Date: November 27, 2006

I. GENERAL INFORMATION

A. Background: The NCD for infusion pumps at section 280.14, sets forth specific coverage criteria under sections A-D. Under section B.1.f other uses of external infusion pumps are covered if the contractor’s medical staff verifies the appropriateness of the therapy and the prescribed pump for the individual beneficiary.

B. Policy: It has come to the attention of CMS that there may be some confusion among the DMERCs as to the proper interpretation and application of the exception language in the NCD for infusion pumps at §280.14. This exception to the NCD is to be applied at the discretion of the DMERCs on a case-by-case basis as warranted by the medical documentation and particular circumstances of the beneficiary. The exception does apply to the preceding sections of the NCD appearing at §280.14. This CR constitutes no new 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	C A R I E R	D M R C	R H H I	Shared-System Maintainers				OTHER		
							F I S S	M C S	V M S	C W F				
5337.1	Contractors shall apply discretionary exceptions based upon supported documentation on a case-by-case basis as set forth at Pub. 100-03, chapter 1, part 4, section 280.14, the NCD for infusion pumps.		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 	C A R E R	D M R R C	R M E H I	Shared-System Maintainers			
							F I S S	M C S	V M S	C W F	
	None										

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 the space below:

V. CONTACTS:

Pre-Implementation Contact(s): Sandra Jones - 410 786-2273
Betty Shaw - 410 786-4165

Post-Implementation Contact(s): Appropriate regional office.

VI. FUNDING

A. For TITLE XVIII Contractors, 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 only one of the following statements:

The contractor is hereby advised that this constitutes technical direction as defined in your contract. We do 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.

