

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 337	Date: May 2, 2008
	Change Request 6039

Subject: Processing Federally Qualified Health Center (FQHC) Claims for the Telehealth Originating Site Facility Fee

I. SUMMARY OF CHANGES: This Change Request (CR) changes an existing Common Working File edit to allow for application of the Medicare deductible when an FQHC bills for the telehealth originating site facility fee on type of bill 73X.

New / Revised Material

Effective Date: January 1, 2007

Implementation Date: October 6, 2008

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

Pub. 100-20	Transmittal: 337	Date: May 2, 2008	Change Request: 6039
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SUBJECT: Processing Federally Qualified Health Center (FQHC) Claims for the Telehealth Originating Site Facility Fee

Effective Date: January 1, 2007

Implementation Date: October 6, 2008

I. GENERAL INFORMATION

A. Background:

During the implementation of Change Request (CR) 5201, issued August 2006, neither the Fiscal Intermediary Shared System (FISS) nor Common Working File (CWF) were reprogrammed to allow for the application of the Medicare deductible when an FQHC bills for the telehealth originating site facility fee on Type of Bill (TOB) 73x. FISS has made the necessary changes to apply the deductible to TOB 73x when an FQHC bills for the telehealth originating site facility fee (Healthcare Common Procedure Coding System (HCPCS) Code Q3014 and Revenue Code 0780); however, CWF still edits to reject all TOBs 73x when the Medicare deductible is applied. CWF assigns CWF error A026, in this situation. This CR instructs CWF to bypass edit error A026 when the telehealth originating site facility fee is billed on TOB 73x.

B. Policy:

Apply the Medicare deductible when an FQHC bills for the telehealth originating site facility fee, since this fee is not considered an FQHC service.

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	R H I	Shared-System Maintainers			
						F I S S	M C S	V M S	C W F	
6039.1	Medicare systems shall apply the Medicare deductible when an FQHC bills for the telehealth originating site facility fee. (TOB 73X, HCPCS Q3014, revenue code 0780)						X			X
6039.2	Contractors shall not retroactively search for FQHC telehealth originating site facility fee claims where the Medicare deductible was not applied.	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 R I E R	R H H I	Shared-System Maintainers				OTHER
							F I S S	M C S	V M S	C W F	
	None.										

IV. SUPPORTING INFORMATION

Section 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:
	N/A

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

V. CONTACTS

Pre-Implementation Contact(s): Gertrude Saunders 410-786-5888 gertrude.saunders2@cms.hhs.gov or Cindy Murphy 410-786-5733 cindy.murphy@cms.hhs.gov

Post-Implementation Contact(s): Appropriate Regional Office

VI. FUNDING

Section A: For *Fiscal Intermediaries (FIs), Carriers, and Regional Home Health Carriers (RHHIs)* 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.

Section B: For *Medicare Administrative Contractors (MACs)*, use the following statement: 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.