

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 413	Date: DECEMBER 12, 2008
	Change Request 6283

Subject: Excluding Low Utilization Payment Adjustment (LUPA) Claims from Home Health Prospective Payment System (HH PPS) Episode Sequence Edits

I. SUMMARY OF CHANGES: This transmittal describes a change to Medicare systems editing. LUPA claims will no longer be subject to edits that ensure the claim correctly reports whether the episode is an early or later episode in a sequence of related episodes. Episode sequence has no payment affect on LUPA claims, so this editing was unnecessary.

New / Revised Material

Effective Date: January 1, 2008

Implementation Date: January 12, 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):

Not Applicable.

IV. ATTACHMENTS:

One-Time Notification

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

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 I	Shared-System Maintainers				Other
						F I S S	M C S	V M S	C W F		
	None.										

IV. SUPPORTING INFORMATION

A. Recommendations and supporting information associated with listed requirements:

"Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:
6283.1	This requirement affects CWF edits 524P and 524Q and the associated informational unsolicited response processes.
6283.1	CWF should identify LUPA claims using the presence of an 'L' in the LUPA indicator field.

B. All other recommendations and supporting information: CWF will make the systems changes associated with this CR in a priority release so no quarterly release hours are required. This OTN provides the documentation to support the CWF change.

V. CONTACTS

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VI. FUNDING

A. For Fiscal Intermediaries, Carriers, and the Durable Medical Equipment Regional Carrier (DMERC):

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): N/A