

CMS Manual System	Department of Health & Human Services
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services
Transmittal 509	Date: JUNE 26, 2009
	Change Request 6497

SUBJECT: DME MAC Instructions for Therapy Caps 2009

I. SUMMARY OF CHANGES: DME MACs shall update the MSN messages on their claims to be consistent with instructions for 2009 therapy caps.

CLARIFICATION

EFFECTIVE DATE: July 27, 2009

IMPLEMENTATION DATE: July 27, 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=DELETE

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: 509	Date: June 26, 2009	Change Request: 6497
-------------	------------------	---------------------	----------------------

SUBJECT: DME MAC Instructions for Therapy Caps 2009

Effective Date: July 27, 2009

Implementation Date: July 27, 2009

I. GENERAL INFORMATION

A. Background: The Tax Relief and Health Care Act of 2006 established limits on outpatient therapy services. These limits change annually. Medicare Improvements for Patients and Providers Act of 2008 extended the exceptions process for therapy caps through CY2009. Transmittal 1678, Change Request 6321, dated February 13, 2009, supplied instructions for carriers, FIs and MAC contractors to update the Medicare Summary Notices (MSN) on their claims to alert beneficiaries to therapy caps and to inform beneficiaries about the amount of services that has been accrued toward the caps.

B. Policy: DME MACs shall update the MSN messages on their claims and provide educational information to help beneficiaries understand therapy caps.

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	R H I	Shared-System Maintainers				OTHER
							F I S S	M C S	V M S	C W F	
6497.1	The DME MAC contractors shall update the English version of the Medicare Summary Alert 38.18 notice annually to language stated in the manual instructions in Pub. 100-04, chapter 5, section 10.2.		X								
6497.2	The DME MAC contractors shall update the Spanish version of the Medicare Summary Alert 38.18 notice annually to language stated in the manual instructions in Pub. 100-04, chapter 5, section 10.2.		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 I	Shared-System Maintainers				OTHER
							F I S S	M C S	V M S	C W F	

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:

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

V. CONTACTS

Pre-Implementation Contact(s): Dorothy Shannon: Dorothy.Shannon@cms.hhs.gov

Post-Implementation Contact(s): Dorothy Shannon: Dorothy.Shannon@cms.hhs.gov

VI. FUNDING

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

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.