

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 869	Date: March 18, 2011
	Change Request 7335

SUBJECT: Allowing the Common Working File (CWF) to accept both Medicare Secondary Payer (MSP) and Non-MSP Lines on MSP Claims and MSP Adjustment Claims. This CR rescinds and fully replaces CR 7026.

I. SUMMARY OF CHANGES: This change request directs CWF to accept both MSP and non-MSP lines on the same claim and not to send the 5414 error code when MSP and non-MSP lines appear on the same claim. This CR also directs CWF to not send the 5410 error code when deductible is due, but to send the AA (deductible rejects) 8018 and 8019 for the Part B and the DMERC Contractors. However, due to previous coding changes that were made, the 5410 does not just validate deductible. Based on the validation performed by 5410, CMS is instructing CWF with this CR to continue to set the 5410 error code when the deductible, limitation amount for PT/OT and the reimbursement amounts do not equal.

EFFECTIVE DATE: January 1, 2011: MCS Analysis and Design

April 1, 2011: VMS and CWF

IMPLEMENTATION DATE: April 4, 2011

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:

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

Not Applicable.

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

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Effective Date: January 1, 2011: MCS Analysis and Design
 April 1, 2011: VMS and CWF

Implementation Date: April 4, 2011

I. GENERAL INFORMATION

A. Background: Currently, Medicare contractors receive a 5414 error code from CWF when contractors and the shared systems attempt to process and/or adjust MSP claims where there are MSP and non-MSP lines on the same claim when the claim information is sent to CWF. CWF does not allow for both MSP and non-MSP lines to appear on the same claim. Although this policy was placed in CWF many years ago it has become apparent in recent years that more claims are received with both MSP and non-MSP lines. This change request directs CWF to accept both MSP and non-MSP lines on the same claim and not to send the 5414 error code when MSP and non-MSP lines appear on the same claim. This CR also directs CWF to not send the 5410 error code when deductible is due, but to send the AA (deductible rejects) 8018 and 8019 for the Part B and the DMERC Contractors. However, due to previous coding changes that were made, the 5410 does not just validate deductible. Based on the validation performed by 5410, CMS is instructing CWF with this CR to continue to set the 5410 error code when the deductible, limitation amount for PT/OT and the reimbursement amounts do not equal.

B. Policy: Medicare must make secondary payments on all clean MSP claims.

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 I E R	C A R R I E R	R H H I	Shared-System Maintainers				OTH ER
						F I S S	M I C S	V M S	C M W F		
7335.1	The shared systems and CWF shall allow MSP claims to contain both MSP and non-MSP lines on the same claim.						X	X	X		
7335.2	Initial and adjustment claims with both MSP and non-MSP lines shall not be split, nor replicated and non-						X	X	X		

IV. SUPPORTING INFORMATION

Section A: For any recommendations and supporting information associated with listed requirements, use the box below: N/A

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): Richard Mazur, Richard.Mazur2@cms.hhs.gov (410) 786-1418

Post-Implementation Contact(s): Contact your Contracting Officer's Technical Representative (COTR) or Contractor Manager, as applicable.

VI. FUNDING

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

Not applicable.

Section B: For *Medicare Administrative Contractors (MACs)*, include 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.