CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 2722	**Date: June 11, 2013**
	Change Request 8103

Transmittal 2674, dated March 14, 2013, is being rescinded and replaced by Transmittal 2722 dated June 11, 2013 to change the effective date from January 29, 2013 to on or after January 1, 2006 for changes in Contractor designation in processing foreign, emergency and shipboard claims. Also, business requirement 8103.2 is being added. All other information remains the same.

SUBJECT: Changes to Contractor Designation in Processing Foreign, Emergency and Shipboard Claims

I. SUMMARY OF CHANGES: This Change Request (CR) revises the instruction found in the Medicare Claims Processing Manual regarding Contractors designated to process foreign, emergency and shipboard claims.

EFFECTIVE DATE: January 1, 2006
IMPLEMENTATION DATE: January 29, 2013; June 21, 2013 for business requirement 8103.2

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
R	1/10.1.4.2/Contractors Designated to Process Foreign Claims
R	1/10.1.4.3/Source of Part B Claims
R	3/120.2/Designated Contractors

III. FUNDING:
For Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs) and/or Carriers:
No additional funding will be provided by CMS; Contractors activities are to be carried out with 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 obliged 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:

Business Requirements
Manual Instruction

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

Attachment - Business Requirements

Pub. 100-04	Transmittal: 2722	Date: June 11, 2013	Change Request: 8103

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SUBJECT: Changes to Contractor Designation in Processing Foreign Emergency and Shipboard Claims

EFFECTIVE DATE: January 1, 2006

IMPLEMENTATION DATE: January 29, 2013; June 21, 2013 for business requirement 8103.2

I. GENERAL INFORMATION

A. Background: This Change Request (CR) revises the instruction found in the Medicare Claims Processing Manual regarding Contractors designated to process foreign, emergency and shipboard claims.

B. Policy: This CR serves as clarification to previous instructions indicating only certain carriers and Fiscal Intermediaries (FIs) designated to process claims for physicians, ambulance and hospital inpatient services furnished in connection with a covered hospital stay in Canada, Mexico or onboard a ship 6 hours from a U.S. port. Per contractor Statement of Work (SOW) all Contractors are responsible for processing foreign emergency and shipboard claims for their geographic beneficiaries with dates of service effective on or after January 1, 2006.

II. BUSINESS REQUIREMENTS TABLE

Use "Shall" to denote a mandatory requirement.

Number	Requirement	Responsibility										
		A/B MAC		DME MAC	FI	CARRIER	RHHI	Shared-System Maintainers				Other
		Part A	Part B					FISS	MCS	VMS	CWF	
8103.1	Contractors shall be aware of revisions to Medicare Claims Processing manual regarding processing of foreign emergency and shipboard claims.	X	X		X	X						
8103.2	Contractors need not search their files to either retract payment for claims already paid or to retroactively pay claims. However, contractors shall adjust claims brought to their attention.	X	X		X	X						

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility						
		A/B MAC		DME MAC	FI	CARRIER	RHHI	Other
		Part A	Part B					
	None.							

IV. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements: N/A
Use "Should" to denote a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:
	None.

Section B: All other recommendations and supporting information: N/A

V. CONTACTS

Pre-Implementation Contact(s): Shauntari Cheely, shauntari.cheely@cms.hhs.gov (Inpatient Claim Processing) , Sarah Shirey-Losso, sarah.shirey-losso@cms.hhs.gov (Inpatient Claim Processing) , Cynthia Glover, cynthia.glover@cms.hhs.gov (Practitioner Claim Processing)

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

VI. FUNDING

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

No additional funding will be provided by CMS; Contractors activities are to be carried out with 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 do 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.

Medicare Claims Processing Manual

Chapter 1 - General Billing Requirements

10.1.4.2 – Contractors Designated to Process Foreign Claims

(Rev.2722, Issued:06-11-13 , Effective: 01-01-06, Implementation: 01-29-13)

Per contractor Statement of Work (SOW) all contractors are designated to process claims for physicians' and ambulance services furnished in connection with a covered hospital stay in Canada and Mexico *for their beneficiaries who reside in the states/areas for which they process claims.*

All contractors are designated to determine whether the requirements in §10.1.4.1 are met for claims for inpatient services based upon the geographic location of the foreign hospitals furnishing the services.

All contractors are designated to process these claims if there is evidence *that* the Part B services were furnished in connection with covered inpatient hospital services in Canada or Mexico. If there is no evidence, the Contractor must send a front-end rejection notice in accordance with §10.1.4.3.

10.1.4.3 - *Contractor Processing Guidelines*

(Rev.2722, Issued: 06-11-13, Effective: 01-01-06, Implementation: 01-29-13)

Per contractor Statement of Work (SOW) all contractors are responsible for processing foreign, emergency and shipboard claims for their beneficiaries who reside in the states/areas for which they process claims.

The *A/B MAC* determines whether the requirements in §10.1.4.1.A and B are met. If these requirements are not met, the *A/B MAC* denies the Part A claim and related Part B claim and notifies the enrollee. Where the *A/B MAC* determines that the requirements in §10.1.4.1.A or B are met, the *A/B MAC* determines whether other applicable Part A coverage requirements are met. If the *A/B MAC* disallows the Part A claim, it denies the related Part B claim and notifies the enrollee. However, *the A/B MAC* will not be involved in the processing of foreign claims if, for any reason, the related Part A claim is denied.

If the claim does not show that the beneficiary was hospitalized,-*A/B MAC* sends the beneficiary a front-end rejection notice. In filling out the Notification of Medicare Determination, *the A/B MACs should* check "other" and include the following explanation: "Foreign physician or ambulance services are not covered unless they were furnished in connection with a covered inpatient stay."

Medicare Claims Processing Manual

Chapter 3 - Inpatient Hospital Billing

120.2 - Designated *Contractors*

(Rev.2722, Issued: 06-11-13, Effective: 01-01-06, Implementation: 01-29-13)

Per Contractor Statement of Work (SOW) all contractors are designated to process claims for physicians' and ambulance services furnished in connection with a covered hospital stay in Canada and Mexico *for their beneficiaries who reside in the states/areas for which they process claims.*