# **CMS Manual System**

# **Pub 100-04 Medicare Claims Processing**

**Transmittal 907** 

**Department of Health & Human Services (DHHS)** 

Centers for Medicare & Medicaid Services (CMS)

Date: APRIL 19, 2006 Change Request 4382

SUBJECT: Modify Common Working File (CWF) Edit 51#L

**I. SUMMARY OF CHANGES:** This change request provides instructions for CWF to modify CWF Edit 51#L.

**NEW/REVISED MATERIAL** 

**EFFECTIVE DATE: May 15, 2006** 

**IMPLEMENTATION DATE: May 15, 2006** 

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
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#### III. FUNDING:

No additional funding will be provided by CMS; Contractor activities are to be carried out within their FY 2006 operating budgets.

#### **IV. ATTACHMENTS:**

One-Time Notification

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

# **Attachment – One-Time Notification**

Pub. 100-04 Transmittal: 907 Date: April 19, 2006 Change Request 4382

SUBJECT: Modify Common Working File (CWF) Edit 51#L

#### I. GENERAL INFORMATION

- **A. Background:** CWF Edit 51#L currently does not allow outpatient claims that show units of service for observation (revenue code 0762) greater than 48 hours to be processed to payment. This Change Request provides instructions for the CWF edit to be modified to allow payment for these claims, however continue to edit for certain facilities.
- **B.** Policy: No policy changes are being implemented based on the instructions in this change request.

#### II. BUSINESS REQUIREMENTS

<sup>&</sup>quot;Should" denotes an optional requirement

Requirement	Requirements Responsibility ("X" indicates the				es the			
Number		columns that apply)						
		F I	R H H I	C a r r i e r	D M E R C	red S intair M C S	С	Other
4382.1	CWF shall modify edit 51#L to only set for the following: All TOB 85x claims, TOB 13x claims from Indian Health Services (IHS) facilities, Maryland Waiver (21), TOB 13x for all TEFRA hospitals (those in American Samoa (64), the Northern Mariana Islands (66), and Guam (65) AND the Virgin Islands (48). (The State codes are the first 2 positions of the provider number).						X	
4382.2	All other TOBs with an effective date of 5/1/06 and later not mentioned in 4382.1 that may have been edited incorrectly with 51#L may be resubmitted upon implementation of this CR and should process to payment appropriately.	X						

<sup>&</sup>quot;Shall" denotes a mandatory requirement

## III. PROVIDER EDUCATION

Requirement Number	Requirements						indi	icate	es the
Number		FI	R H H I	C a r r i e	D M E R	red S intain		С	Other
4382.3	A provider education article related to this instruction will be available at <a href="www.cms.hhs.gov/MLNMattersArticles">www.cms.hhs.gov/MLNMattersArticles</a> shortly after the CR is released. You will receive notification of the article release via the established "MLN Matters" listserv.  Contractors shall post this article, or a direct link to this article, on their Web site and include information about it in a listserv message within 1 week of the availability of the provider education article. In addition, the provider education article shall be included in your next regularly scheduled bulletin and incorporated into any educational events on this topic.  Contractors are free to supplement MLN Matters articles with localized information that would benefit their provider community in billing and administering the Medicare program correctly.	X							

# IV. SUPPORTING INFORMATION AND POSSIBLE DESIGN CONSIDERATIONS

A. Other Instructions: N/A

X-Ref Requirement #	Instructions

# B. Design Considerations: N/A

X-Ref Requirement #	Recommendation for Medicare System Requirements

C. Interfaces: CWF

D. Contractor Financial Reporting /Workload Impact: N/A

E. Dependencies: N/A

F. Testing Considerations: N/A

## V. SCHEDULE, CONTACTS, AND FUNDING

**Effective Date\***: For claims processed thru CWF on

or after May 15, 2006

**Implementation Date:** May 15, 2006

**Pre-Implementation Contact(s):** Antoinette

Johnson, (410) 786-9326,

Antoinette.Johnson@cms.hhs.gov or Yvonne Young, (410) 786-1886, Yvonne.Young@cms.hhs.gov

Post-Implementation Contact(s): Regional Office

No additional funding will be provided by CMS; contractor activities are to be carried out within their FY 2006 operating budgets.

<sup>\*</sup>Unless otherwise specified, the effective date is the date of service.