
CMS Manual System

Pub. 100-04 Medicare Claims Processing

Department of Health &
Human Services (DHHS)
Centers for Medicare &
Medicaid Services (CMS)

Transmittal 284

Date: AUGUST 27, 2004

CHANGE REQUEST 3371

I. SUMMARY OF CHANGES: DMERCs Only - Appeals of Duplicate Claims

NEW/REVISED MATERIAL - EFFECTIVE DATE: September 27, 2004

*IMPLEMENTATION DATE: September 27, 2004

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 not updated.)

(R = REVISED, N = NEW, D = DELETED) – (Only One Per Row.)

R/N/D	CHAPTER/SECTION/SUBSECTION/TITLE
R	20/Table of Contents
N	20/110/110.5/DMERCs Only - Appeals of Duplicate Claims

*III. FUNDING:

These instructions shall be implemented within your current operating budget.

IV. ATTACHMENTS:

X	Business Requirements
X	Manual Instruction
	Confidential Requirements
	One-Time Notification
	Recurring Update Notification

*Medicare contractors only

Attachment - Business Requirements

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SUBJECT: DMERCs Only - Appeals of Duplicate Claims

I. GENERAL INFORMATION

A. Background:

On July 24, 2002, CMS issued Program Memorandum (PM) B-02-047, DMERCs – Appeal Messages on Medicare Summary Notice (MSN) and Medicare Remit Notice. The PM instructed the DMERCs on which MSN and Remittance Advice (RA) messages to use when denying duplicate claims.

One of the instructions in the PM was for the DMERCs to cease printing message MA01 on the RA. This instruction deletes that requirement and allows the DMERCs to continue printing MA01 on the RA. All other instructions contained in this document have been in place since the issuance of PM B-02-047. This instruction reiterates the instructions in PM B-02-047 since the PM was never placed in the Internet Only Manual.

The Durable Medical Equipment Regional Carriers (DMERCs) must afford appeal rights for the initial determination of an item or service only, unless the supplier is appealing whether or not the denied item is actually a duplicate.

B. Policy:

If a claim is denied as a duplicate, the DMERCs must not afford appeal rights based on coverage, medical necessity, pricing, or any basis on which the supplier can otherwise appeal. The DMERC may only afford appeal rights on claims denied as duplicates if the supplier is appealing because the claim is not, in fact, a duplicate. If a supplier appeals a denied duplicate claim on the basis that the claim is not, in fact, a duplicate, the DMERC shall adjudicate the claim in accordance with all other Medicare rules and regulations.

C. Provider Education: None.

II. BUSINESS REQUIREMENTS

"Shall" denotes a mandatory requirement

"Should" denotes an optional requirement

Requirement #	Requirements	Responsibility
3371.1	DMERCs shall not afford appeal rights for claims denied as duplicates, unless the supplier is appealing whether or not the service was, in fact, a duplicate.	DMERC

3371.2	DMERCs shall use the remark codes and MSN messages listed in Pub 100-4, Chapter 20, §110.5.	DMERC
3371.3	If a supplier appeals a denied duplicate claim on the basis that the claim is not, in fact, a duplicate, the DMERC shall adjudicate the claim in accordance with all other Medicare rules and regulations.	DMERC
3371.4	DMERCs are not required to cease printing the MA01 message on claims denied as duplicates.	DMERC

III. 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: N/A

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

E. Dependencies: N/A

F. Testing Considerations: N/A

IV. SCHEDULE, CONTACTS, AND FUNDING

Effective Date: September 27, 2004 Implementation Date: September 27, 2004 Pre-Implementation Contact(s): Renée Hildt (rhildt@cms.gov) Post-Implementation Contact(s): Renée Hildt (rhildt@cms.gov)	These instructions shall be implemented within your current operating budget.
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Medicare Claims Processing Manual

Chapter 20 - Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS)

Table of Contents

(Rev. 284, 08-27-04)

110.5 - DMERCS Only - Appeals of Duplicate Claims

110.5 - DMERCs Only - Appeals of Duplicate Claims

(Rev.284, Issued 08-27-04, Effective: 09-27-04, Implementation: 09-27-04)

The Durable Medical Equipment Regional Carriers (DMERCs) must afford appeal rights for the initial determination of an item or service only, unless the supplier is appealing whether or not the denied item is actually a duplicate. If a claim is denied as a duplicate, the DMERCs must not afford appeal rights based on coverage, medical necessity, pricing, or any basis on which the supplier can otherwise appeal. The DMERC may only afford appeal rights on claims denied as duplicates if the supplier is appealing because the claim is not, in fact, a duplicate. If a supplier appeals a denied duplicate claim on the basis that the claim is not, in fact a duplicate, the DMERC shall adjudicate the claim in accordance with all other Medicare rules and regulations.

The DMERCs must use the following Medicare Summary Notice (MSN) and remittance messages when denying duplicate claims:

MSN 7.3 – This service/item is a duplicate of a previously processed service. No appeal rights are attached to the denial of this service except for the issue as to whether the service is a duplicate. Disregard the appeals information on this notice unless you are appealing whether the service is a duplicate.

Spanish – Este servicio/artículo es un duplicado de otro servicio procesado previamente. No tiene derechos de apelación de este servicio, excepto si cuestiona que este servicio es un duplicado. Haga caso omiso a la información sobre apelaciones en esta notificación, en relación a sus derechos de apelación, a menos que este apelando si el servicio fue duplicado.

Reason code 18: Duplicate claim/service

Remark Code N111 – This service was included in a claim that was previously billed and adjudicated. No appeal rights attached except with regard to whether the service/item is a duplicate.