
CMS Manual System

Pub. 100-04 Medicare Claims Processing

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

Transmittal 305

Date: OCTOBER 1, 2004

CHANGE REQUEST 3470

SUBJECT: Disabling the CWF 57x3 Consistency Error Code

I. SUMMARY OF CHANGES: CWF will disable the 57x3 edit

NEW/REVISED MATERIAL - EFFECTIVE DATE*: January 1, 2005

IMPLEMENTATION DATE: January 3, 2005

Disclaimer for manual changes only: The revision date and transmittal number apply to the red italicized material only. 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
N/A	

III. FUNDING: Medicare contractors shall implement these instructions within their current operating budgets.

IV. ATTACHMENTS:

<input checked="" type="checkbox"/>	Business Requirements
<input type="checkbox"/>	Manual Instruction
<input type="checkbox"/>	Confidential Requirements
<input checked="" type="checkbox"/>	One-Time Notification
<input type="checkbox"/>	Recurring Update Notification

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

Attachment – One-Time Notification

Pub. 100-04	Transmittal: 305	Date: October 1, 2004	Change Request 3470
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SUBJECT: Disabling the CWF 57x3 Consistency Error Code

I. GENERAL INFORMATION

Background: The Common Working File (CWF) has a consistency edit which rejects Clinical Diagnostic Laboratory claims billed by an Independent Lab when a performing provider number of a physician is legitimately reported on the service line. This edit is creating unnecessary CWF rejections when an Independent Laboratory bills for a lab test done in Place of Service “81” and a performing provider number of a physician is reported on the service line. This edit duplicates other edits in the claims adjudication process and is being deleted.

B. Policy: The Common Working File shall disable edit 57x3.

C. Provider Education: None.

II. BUSINESS REQUIREMENTS

“Shall” denotes a mandatory requirement

“Should” denotes an optional requirement

Requirement Number	Requirements	Responsibility (“X” indicates the columns that apply)								
		FI	RHHI	Carrier	DMERC	Shared System Maintainers				Other
						FISS	MCS	VMS	CWF	
3470.1	CWF shall disable edit 57x3.								X	

III. SUPPORTING INFORMATION AND POSSIBLE DESIGN CONSIDERATIONS

A. Other Instructions: NA

X-Ref Requirement #	Instructions

B. Design Considerations: NA

X-Ref Requirement #	Recommendation for Medicare System Requirements

C. Interfaces: NA

D. Contractor Financial Reporting /Workload Impact: NA

E. Dependencies: NA

F. Testing Considerations: NA

IV. SCHEDULE, CONTACTS, AND FUNDING

<p>Effective Date*: January 1, 2005</p> <p>Implementation Date: January 3, 2005</p> <p>Pre-Implementation Contact(s): Tracey Hemphill, themphill@cms.hhs.gov</p> <p>Post-Implementation Contact(s): Appropriate Regional Office</p>	<p>Medicare Contractors shall implement these instructions within their current operating budgets.</p>
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