
Medicare

Carriers Manual

Part 3 - Claims Process

Department of Health and
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HEALTH CARE FINANCING
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<u>HEADER SECTION NUMBERS</u>	<u>PAGES TO INSERT</u>	<u>PAGES TO DELETE</u>
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NEW/REVISED MATERIAL--EFFECTIVE DATE: July 1, 2000
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Sections 4900 through 4900.17, National Emphysema Treatment Trial, provide claims processing instructions for the National Emphysema Treatment Trial (NETT). These sections manualize instructions previously released in Program Memorandum AB-98-14, "Claims Processing Instructions for the National Institutes of Health National Emphysema Treatment Trial (NETT)," dated April 1998, and revised in Program Memorandum B-99-3, dated February 1999. These sections also provide additional detail for the processing of NETT claims, including information regarding the late submission penalty of assigned claims. The following summarizes the content of the sections which comprise the main section, 4900:

4900.1 Background, describes the trial and the entities involved in conducting it.

4900.2 Coverage Summary, notes the effective date for NETT services, lists coverage requirements, and cites the appropriate Coverage Issues Manual section for more information.

4900.3 Beneficiaries Participating in the Study, instructs that payment be made for NETT claims for both fee-for-service and managed care beneficiaries participating in the study.

4900.4 Sites of Service, notes the sites of service where NETT services can be performed and explains the scope of services which may be performed at each type of site.

4900.5 Format for Submitted Claims, notes the form to be used for submitting claims and where to find information on completing it.

4900.6 Identifying NETT Claims, notes the demonstration number which identifies NETT claims and instructs as to where it must be moved to facilitate claims processing.

4900.7 Bypassing Existing Edits in Your System, explains to bypass certain edits in order to ensure the correct processing of NETT claims.

4900.8 Common Working File (CWF) Processing of NETT Claims, describes the editing performed by CWF.

4900.9 Dates of Service, notes the beginning date of service for which NETT services can be processed and describes how to handle claims with the NETT demo number but having dates of service prior to the beginning date.

4900.10 Late Claim Submission, explains how to process late claims.

4900.11 Termination of the Beneficiary's Participation, explains how to process claims when a beneficiary has terminated participation in the study.

4900.12 Coding, describes and lists codes which can be used for NETT claims and explains special processing requirements where needed.

4900.13 Payment, explains how to pay for NETT claims.

4900.14 Managed Care, explains how to process claims for NETT participants who are also managed care beneficiaries.

4900.15 Responding to Billing Questions, explains how to handle billing questions for NETT and non-NETT claims.

4900.16 Denied Claims, describes conditions for denied claims and lists the appropriate messages to send to the provider and beneficiary; explains how to handle erroneously denied claims and gives examples of such claims.

4900.17 Participating Clinical Centers, lists the names, addresses, and contact information for the 17 sites where the study is being conducted as well as for Johns Hopkins University, the coordinating center.

DISCLAIMER: **The revision date and transmittal number only apply to the redlined material. All other material was previously published in the manual and is only being reprinted.**

These instructions should be implemented within your current operating budget.

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4900. NATIONAL EMPHYSEMA TREATMENT TRIAL (NETT)

4900.1 Background.--On August 1, 1997, The National Heart, Lung, and Blood Institute (NHLBI), part of the National Institutes of Health (NIH), began a 7-year study to examine the role of lung volume reduction surgery (LVRS) and evaluate the long-term outcome of the procedure on function, morbidity, and mortality, as well as to define appropriate patient selection criteria. The Health Care Financing Administration (HCFA) entered into an interagency agreement with NHLBI to cosponsor the study by providing payment for the clinical procedures provided in the trial to Medicare beneficiaries. Johns Hopkins University (JHU) is the coordinating center for this study. NETT physicians screen patients to determine eligibility for participation in the study. The study is being conducted at 17 centers, listed in §4900.17.

NHLBI will evaluate the effectiveness of treatment for qualified patients randomized into two treatment groups:

- A. Those receiving maximal medical therapy, including pulmonary rehabilitation services.
- B. Those receiving maximal medical therapy, including pulmonary rehabilitation services, and LVRS.

4900.2 Coverage Summary.--Coverage for NETT services is effective for claims with dates of service on or after September 1, 1997. Section 35-93 of the Medicare *Coverage Issues Manual* defines Medicare coverage of the services for the NETT. In general, pay for NETT services:

- A. Performed on Medicare beneficiaries.
- B. Integral to the NETT study.
- C. Not prohibited from coverage by Medicare statute.

4900.3 Beneficiaries Participating in the Study.--Pay for NETT services for Medicare beneficiaries participating in the study, both for those ordinarily receiving their Medicare services through fee-for-service and those enrolled in a Medicare managed care plan. Process NETT claims for Medicare beneficiaries enrolled in a Medicare managed care plan according to fee-for-service procedures.

4900.4 Sites of Service.--The 17 centers approved to participate in this study are listed at §4900.17. The evaluation and surgery portions of this study must be performed at one of these participating centers. Pulmonary rehabilitation may be performed at one of these centers or at a satellite location closer to the patient's residence, as identified by the participating center and reported to HCFA.

4900.5 Format for Submitted Claims.--Claims for NETT services and procedures are to be submitted on Health Insurance Claim Form HCFA-1500 or electronic equivalent. Follow the general instructions in §2010, Purpose of Health Insurance Claim Form HCFA-1500, *Medicare Carriers Manual*, Part 4, Chapter 2.

4900.6 Identifying NETT Claims.--Providers have been directed to submit all NETT claims with a demonstration number of 30.

To facilitate CWF acceptance of NETT claims and their movement to the National Claims History, enter the demonstration ID number on the HUBC, Field 49, Positions 264-265. Locations of the demonstration number on claims are as follows:

- A. Form HCFA-1500 Paper Claims.--The demonstration ID number appears in field 19.
- B. Electronic Claims.--
 - 1. National Standard Format.--The demonstration number appears at--
Record/field EAO-43.0 Special Program Indicator
 - 2. ANSI X12 837.--The demonstration ID number is submitted in 2-180.C-REF, as follows:
REF 01 = P4 Project Code
REF 02 = Demonstration Project Number (30)

4900.7 Bypassing Existing Edits in Your System.--Bypass the following edits for NETT claims, as applicable to your system:

- A. Managed Care Eligibility Edits.--
- B. Medical Necessity Edits.--For example, bypass edits for pulmonary rehabilitation and for CPT codes 32655 and 32663, acceptable codes for specific kinds of lung volume reduction surgery (refer to Section 4900.12.B for more information about surgical services and codes.).
- C. Local Medical Review Policy Edits.--Bypass edits related to local medical review policy that would result in rejecting NETT claims otherwise meeting the Medicare NETT national coverage protocol. For example, bypass edits for local medical review policy concerning CPT codes 32655 and 32663, acceptable codes for specific kinds of lung volume reduction surgery (refer to Section 4900.12.B for more information about surgical services and codes). Otherwise ensure that your local medical review policy does not erroneously deny covered NETT claims.

4900.8 Common Working File (CWF) Processing of NETT Claims.--The CWF will receive a file and monthly updates from the coordinating center (JHU) identifying all Medicare beneficiaries participating in the NETT study, the randomized phase in which each is enrolled, and the dates of his/her participation.

CWF will edit each claim submitted with the NETT demonstration number to ensure that:

- A. The beneficiary HIC number appears on HCFA's NETT file;
- B. The beneficiary has not terminated participation;
- C. The date of service is within the beneficiary's participation period; and

D. The beneficiary is enrolled in that particular phase of the study, i.e., if a claim is received for the surgery benefit and the master file indicates that the beneficiary is not in that phase, CWF will reject the claim and supply the appropriate reject message. The master file also notes for beneficiaries in the surgery phase a start date for that phase. CWF will reject claims for surgery not performed on or after this start date.

4900.9 Dates of Service--Process Medicare NETT claims for dates of service on or after September 1, 1997, based upon these instructions. Where a provider bills for a service with a date prior to September 1, 1997, with a demonstration ID number of 30, drop the demonstration number and process the claim in accordance with normal National Medicare and local medical review policy.

4900.10 Late Claim Submission--Providers were instructed to hold NETT claims for services outside of an original list of billable codes until April 1, 1999, and permitted to hold all claims until that date. Beginning with dates of service of April 1, 1999, reduce payment by 10 percent for assigned NETT claims submitted beyond 12 months from the date of service. Do not apply the penalty for late submission to assigned NETT claims with dates of service from September 1, 1997, through April 1, 1999, until April 2, 2000. Set the limitation for late filing to be December 31, 2000, for all NETT claims with dates of service from September 1, 1997, through April 1, 1999. Calculate the dates of limitation for late filing according to standard procedures for all NETT claims with dates of service after April 1, 1999.

4900.11 Termination of a Beneficiary's Participation--When a beneficiary's participation in the NETT terminates, apply:

- A. NETT coverage and payment policy for claims up to, but not including the date of termination-
- B. Medicare National and local medical review policy from the date of termination on--

The CWF file of NETT participants notes the date of termination from the study. (In cases where the beneficiary decided to no longer participate, the date of termination is usually the date of that decision. However, in cases where the beneficiary has received services on the same day that he/she has decided to terminate participation, providers are to designate the termination date to be the day after the decision.)

4900.12 Coding--

A. Acceptable Codes and Services: General--For claims with the demonstration ID number of 30, pay as appropriate for CPT and HCPCS codes for services integral to the study and not otherwise precluded by statute from Medicare coverage. For those codes for which professional and technical modifiers apply, providers must report component services with the -26 (professional component) or -TC (technical component) modifier when appropriate depending on the setting and the diagnostic service furnished. Physicians performing both the professional and the technical components for such services must bill using the appropriate code without the modifier.

B. Lung Volume Reduction Surgery Codes--For claims with the demonstration ID number of 30, pay as appropriate for one of the following codes and services for lung volume reduction

surgery. Payment for these surgical services includes payment for patient visits associated with postoperative management and completing forms such as the Interim History (HI), Surgical Summary Report (XS) and the Postoperative Summary Report (XP). Do not pay separately for these visits.

CPT/HCPCS Code	CPT/HCPCS Terminology	Short Descriptor
*32491	Removal of lung, other than total pneumonectomy; excision-plication of emphysematous lung(s) (bullous or non-bullous) for lung volume reduction, sternal split or transthoracic approach, with or without any pleural procedure	Lung volume reduction
32655	Thoracoscopy, surgical; with excision-plication of bullae, including any pleural procedure	Thoracoscopy, surgical
32663	Thoracoscopy, surgical; with lobectomy, total or segmental	Thoracoscopy, surgical
*Pay for this service and code only as appropriate for NETT claims, i.e., those with a demonstration ID number of 30. A complete list of codes for services payable only for the NETT follows in §4900.12.C.		

C. NETT-Only Codes and Services.--Pay for claims for the following services and codes only as appropriate for the NETT study. Deny claims for these services when the claim lacks the demonstration ID number of 30.

CPT/HCPCS Code	CPT/HCPCS Terminology	Short Descriptor
NETT-Only Pulmonary Rehabilitation Codes		
G0110	NETT PulmRehab; education/skills training, individual	NETT pulm-rehab educ; ind
G0111	NETT PulmRehab; education/skills training, group	NETT pulm-rehab educ; group
G0112	NETT PulmRehab; nutritional guidance - initial	NETT; nutrition guid, initial
G0113	NETT PulmRehab; nutritional guidance - subsequent	NETT; nutrition guid, subseqnt
G0114	NETT PulmRehab; psychosocial consultation	NETT; psychosocial consult
G0115	NETT PulmRehab; psychological testing	NETT; psychological testing
G0116	NETT PulmRehab; psychosocial counseling, individual	NETT; psychosocial counsel

C. NETT-Only Codes and Services (Cont.)

CPT/HCPCS Code	CPT/HCPCS Terminology	Short Descriptor
NETT-Only Surgical Code		
32491	Removal of lung, other than total pneumonectomy; excision-plication of emphysematous lung(s) (bullous or non-bullous) for lung volume reduction, sternal split or transthoracic approach, with or without any pleural procedure	Lung volume reduction

4900.13 Payment--Apply deductible and coinsurance to NETT claims. Pay for NETT services according to normal Medicare payment policy. For NETT services using temporary G codes, refer to the Medicare Physician Fee Schedule Database. Do not pay separately for patient visits included in the payment for lung volume reduction surgery, i.e., patient visits associated with postoperative management and completing forms such as Interim History (HI), Surgical Summary Report (XS) and the Postoperative Summary Report (XP). Apply the penalty for late claim submission as instructed in §4900.10.

4900.14 Managed Care--Use fee-for-service procedures to process and pay for NETT claims for Medicare beneficiaries enrolled in Medicare managed care. Apply deductible and coinsurance.

4900.15 Responding to Billing Questions--

A. For NETT Services--Refer providers to JHU, at (410) 955-8175, for inquiries about how to submit bills for services furnished as part of the NETT study. Do not publish billing instructions for this study. JHU will educate the providers based on information we release to JHU.

B. For Non-NETT Services--Help providers resolve claims processing issues about billing procedures or coverage policy outside the scope of this study.

4900.16 Denied Claims--

A. CWF Rejections: Notices and Messages--

1. Provider Remittance Notice--Use the following provider remittance notice for CWF rejections:

Code		Message
Adjustment Reason	Claim Level Remark	
96, non-covered charges	MA84	Patient identified as participating in the National Emphysema Treatment Trial, but our records indicate that this patient is either not a participant, or has not yet been approved for this phase of the study. Contact the Johns Hopkins University, the study coordinator, to resolve if there was a discrepancy.

2. MSN and EOMB Messages.--

a. HIC Number Absent and Service Noncovered.--When a service is rejected because the file does not contain that beneficiary's HIC number as a participant in the trial and the service is noncovered under HCFA's national policy or your local medical review policy, use the following messages, as appropriate:

(1) MSN

Number	Message
16-10	Medicare does not pay for this item or service.
15-4	The information provided does not support the need for this service or item.
15-16	Your claim was reviewed by our medical staff (add on to other messages as appropriate)

(2) EOMB

Number	Message
16-17	Medicare does not pay for this item or service.
15-9	The information we have in your case does not support the need for this service. (If the claim was reviewed by your Medical Staff, add: Your claim was reviewed by our Medical staff.)

b. Service Outside of Participation Dates and Covered Only for Trial Participants.--When a service is rejected because the date of service is outside the beneficiary's participation dates contained on the master file, and the service is a covered service only to participants in this trial (i.e., the surgery and temporary codes restricted to this clinical trial) use one of the following messages, as appropriate to your system:

(1) MSN

Number	Message
16-10	Medicare does not pay for this item or service.

(2) EOMB

Number	Message
16-19	Medicare does not pay for this because it is a treatment that has yet to be proved effective.

c. Participant Enrolled in Phase of Study for Which Service Is Noncovered.--When the beneficiary participates in the study, but is in a phase of the trial for which the service is not covered (e.g, the claim is for LVRS, but the participant is not enrolled in the LVRS phase), use one of the following messages as appropriate:

(1) MSN

Number	Message
16-10	Medicare does not pay for this item or service.
15-4	The information provided does not support the need for this service or item.

(2) EOMB

Number	Message
16-17	Medicare does not pay for this item or service.
15-9	The information we have in your case does not support the need for this service.

B. Erroneously Denied Claims.--Reopen and adjust any erroneously denied NETT claims brought to your attention, either upon appeal or otherwise. Examples of situations in which this could occur include-

1. The NETT master file information in CWF does not agree with the information on a submitted claim and is incorrect.

2. Your system has not bypassed local medical review policy which is contrary to the National coverage protocol for this study.

4900.17 Participating Clinical Centers.--The following centers are approved for participation in the NETT:

Cleveland Clinic Foundation
Cleveland, OH
Principal Investigator: Janet R. Maurer, MD
216-444-6505

University of California, San Diego Medical Center
San Diego, CA
Principal Investigator: Andrew Ries, MD
619-294-6068

University of Michigan
Ann Arbor, MI
Principal Investigator: Fernando J. Martinez, MD
313-936-5201

Temple University
Philadelphia, PA
Principal Investigator: Gerard J. Criner, MD
215-707-8113

4900.17 Participating Clinical Centers (Cont.)

Cedars-Sinai Medical Center
Los Angeles, CA
Principal Investigator: Robert McKenna, M.D.
213-977-1170

Ohio State University
Columbus, OH
Principal Investigator: Philip T. Diaz, M.D.
614-293-4925

University of Pittsburgh
Pittsburgh, PA
Principal Investigator: Robert J. Keenan, M.D.
412-648-8474

Columbia-Presbyterian Medical Center/
Long Island Jewish Center
New York, NY
Principal Investigator: Mark Ginsburg, M.D.
212-305-3408

National Jewish Center for Immunology and Respiratory Medicine
Denver, CO
Principal Investigator: Reuben M. Cherniack, M.D.
303-398-1503

Brigham & Women's Hospital
Boston, MA
Principal Investigator: John J. Reilly, M.D.
617-732-7420

Baylor College of Medicine
Houston, TX
Principal Investigator: Rafael Espada, M.D.
713-798-4556

Duke University Medical Center
Durham, NC
Principal Investigator: Neil R. MacIntyre, M.D.
919-681-2720

Mayo Clinic
Rochester, MN
Principal Investigator: Rolf D. Hubmayr, M.D.
507-255-5441

University of Maryland at Baltimore
Baltimore, MD
Principal Investigator: Mark J. Krasna, M.D.
410-328-6366

4900.17 Participating Clinical Centers (Cont.)

University of Pennsylvania Medical Center
Philadelphia, PA
Principal Investigator: Larry Kaiser, M.D.
215-662-7538

University of Washington
Seattle, WA
Principal Investigator: Richard K. Albert, M.D.
206-543-3166

Saint Louis University
St. Louis, MO
Principal Investigator: Keith S. Naunheim, M.D.
314-577-8360

Coordinating Center

The Johns Hopkins University
Baltimore, MD
Principal Investigator: Steven Piantadosi, M.D.
410-955-4884

