

Program Memorandum Intermediaries

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

Transmittal A-02-031

Date: APRIL 25, 2002

CHANGE REQUEST 2092

SUBJECT: Updates to Common Working File (CWF) Editing of Intermediary Claims for Durable Medical Equipment (DME) and Prosthetic/Orthotic Devices

I - GENERAL INFORMATION

A - Background:

The purpose of this Program Memorandum (PM) is to provide updated instructions regarding the CWF processing of intermediary claims for DME and prosthetic/orthotic devices. Provider billing instructions for these services are not changed by this PM.

The lists of HCPCS codes defined as DME or as prosthetics/orthotics are updated annually. In CWF processing of carrier claims, the updating of tables of codes for these service categories results in the automatic updating of edits. However, in CWF processing of fiscal intermediary claims, the category tables cannot be accessed and therefore individual edit lists must be updated. In recent years, the conforming updates to fiscal intermediary edit lists have been overlooked and variations between these lists and the category tables must now be corrected.

B - Policy:

The most recent annual update to the fee schedules for DME and prosthetics and orthotics is published in PM AB-01-126. Billing instructions for these services are found in §3629 of the Medicare Intermediary Manual, §463 of the Home Health Agency Manual, §441 of the Hospital Manual, §534 of the Skilled Nursing Facility Manual and §412 of the Outpatient Physical Therapy/Comprehensive Outpatient Rehabilitation Facility/Community Mental Health Center Manual.

II - BUSINESS REQUIREMENTS

Claims Processing Requirements:

Req. #	Resp.	Requirements
2092.1	CWF	CWF must revise edit 6920 to apply to only types of bill (TOBs) 32x and 33x.
2092.2	CWF	CWF must delete edit 6921 entirely.
2092.3	CWF	CWF must ensure edit 6912 applies only to TOBs 12x, 13x, 22x, 32x, 33x, 34x, 74x, 75x, 83x and 85x.
2092.4	CWF	CWF must revise edit 6912 to allow HCPCS in the prosthetics and orthotics category only with revenue codes 0270, 0272 0274, 0278 and 0624.
2092.5	CWF	CWF must revise edit 6912 to ensure the HCPCS in the prosthetics and orthotics list for the edit matches the HCPCS in the current prosthetics and orthotics category for carrier claims (category 3).

2092.6	CWF	CWF must revise edit 6912 to remove logic that requires the investigational devices exemption identifier.
2092.7	CWF	CWF must ensure edit 6914 applies only to TOBs 32x, 33x and 34x.
2092.8	CWF	CWF must revise edit 6914 to ensure the HCPCS in the DME list for the edit matches the HCPCS in the DME category for carrier claims (category 4).

III - Possible Design Considerations and Supporting Information

A - Inputs:

X-Ref Req. #	Input Description
N/A	No new provider claims inputs are required by these changes.

B - Outputs:

X-Ref Req. #	Output Description
N/A	No new claims system outputs to providers are created by these changes.

C - Interfaces:

X-Ref Req. #	Interface Description
N/A	No system interfaces are impacted by these changes.

D - Provider Impact:

X-Ref Req. #	Provider Impact (Specify Contractor Requirements for the Impacts Below)
N/A	No adverse provider impacts will result from these changes.

E - Contractor Financial Reporting /Workload Impact: This instruction corrects edits for which intermediaries currently have claims suspended which they are unable to process. It will not be possible to process such claims systematically until this instruction is implemented.

F - Dependencies: This Change Request is not dependent on any other current Change Request or on any pending regulation/instruction.

G - Testing Considerations: N/A

IV - Attachment(s) N/A

The *effective date* for this PM is October 1, 2002.

The *implementation date* for this PM is October 1, 2002.

These instructions should be implemented within your current operating budget.

This PM may be discarded after October 1, 2003. If you have any questions, contact your Regional Office.