Program Memorandum Intermediaries/Carriers

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

Transmittal AB-02-002 Date: JANUARY 11, 2002

CHANGE REQUEST 1995

SUBJECT: Claims Processing Instructions For The Medicare Quality Partnerships Demonstration (formerly referred to as "Centers of Excellence") and The Medicare Provider Partnership Demonstration

This Program Memorandum (PM) contains clarifications and modifications to the following change requests that have recently been issued: CR 1525, Transmittal AB-01-97, dated July 17, 2001, CR 1849, Transmittal AB-01-140 dated September 27, 2001, and CR 1752, Transmittal AB-01-149, dated October 23, 2001. Unless explicitly stated in this PM, all other provisions and requirements of these CRs remain unchanged.

I. Demonstration Name

The official name of the Medicare Participating Centers of Excellence Demonstration has been changed to the Medicare Partnerships for Quality Cardiovascular Services and Medicare Partnerships for Quality Total Joint Replacement Services ("Quality Partnerships" for short). There have been no changes to the name of the Medicare Provider Partnerships Demonstration.

II. New DRGs

As a result of changes to the DRGs effective October 1, 2001, Attachment I, Table IA in CR 1525 is modified and should be replaced with the table shown below. Note that the only changes are in the cardiovascular DRGs. For FY 2002, there is no change in the total joint replacement DRGs listed in Table I B. In future years, there may be other changes to the DRGs covered under either the quality partnerships or provider partnerships demonstrations as a result of changes in the DRG coding system.

Table I A: DRGs Included in Medicare Partnerships for Quality Cardiovascular Services

CARDIAC DRGs			
DRG#	Description	ICD 9 Code	
104	Cardiac Valve & Other Major Cardiothoracic proc w/ cardiac catheterization		
105	Cardiac valve & Other major cardiothoracic procedures w/o cardiac catheterization		
106	Coronary Bypass w/PTCA	All codes	
107	Coronary Bypass w/cardiac catheterization	All codes	
109	Coronary Bypass w/cardiac catheterization	All codes	
124	Circulatory Disorders except AMI w/catheterization & complex diagnosis	All codes	
125	Circulatory Disorders except AMI, w/catheterization but w/o complex diagnosis	All codes	

514	Cardiac Defibrillator Implant w/Cardiac Cath (previously part of DRG 104)	All codes
515	Cardiac Defibrillator Implant w/o Cardiac Cath (previously part of DRG 105)	All codes
516	PTCA with AMI (previously part of DRG 112)	All codes
517	PTCA w/stent but w/o AMI (previously part of DRG 116)	All codes
518	PTCA w/o stent and or AMI (previously part of DRG 112)	All codes

III. PAYMENT PROCESSING REQUIREMENTS

As specified in CR 1525 under "Payment Processing Requirements", Section III (B), Part B Claims Processing (re-titled "Carrier Claims Processing" in CR 1849) insert the following new item #2. The original item #2 should be renumbered to Item #3, and all subsequent items under this heading should be renumbered consecutively.

2. If additional information regarding the site of service provider number is not initially provided on the claim but is necessary in order to determine whether the claim should be processed as a "no pay" demonstration claim, then the claim should be returned to the provider. The provider should be told to re-submit the claim with the site of service provider ID in the appropriate field.

Carriers should use new remark code N101 for this purpose

N101	Additional information is needed in order to process this claim.
	Please resubmit the claim with the identification number of the
	provider where this service took place. The Medicare number of the
	site of service provider should be preceded with the letters "HSP'
	and entered into item #32 on the claim form. You may bill only one
	site of service provider number per claim.

IV. Unsolicited Response and Auto Adjustment of Claims -Initial Implementation Utility

The requirements specified in Section III. C of CR 1752 are hereby eliminated. There will be no need for an initial implementation utility.

The effective date for this PM is January 1, 2002.

The implementation date for this PM is April 1, 2002.

These instructions should be implemented within your current operating budget. There are no extra funds allowed for processing claims under this demonstration.

This PM may be discarded December 31, 2005.

All contractors should address questions or issues surrounding implementation of these instructions to their regional office contact. The demonstration contact person for this PM is Jody Blatt at (410) 786-6921.