Program Memorandum Intermediaries/Carriers

Transmittal B-02-005   Date: JANUARY 31, 2002

CHANGE REQUEST 1691

This PM has been retracted. It has not been printed and the transmittal number will not be used in the future. The new transmittal number for Change Request 1691 is AB-02-014.

SUBJECT: Implementation of Common Working File (CWF) Edits for Flu and Pneumonia Claims

In order to prevent duplicate payments for flu and pneumonia claims by the same fiscal intermediary (FI) or carrier and by local carriers and the centralized billing flu and pneumonia carrier, effective for claims received on or after July 1, 2002, CWF will delete the current flu edit (7240). This edit will be replaced with one new FI edit, two new carrier edits, and one new A/B crossover edit.

FI Edit

In order to prevent duplicate payment by the same FI, CWF will edit by line item on the FI number, the beneficiary Health Insurance Claim (HIC) number, the date of service, the flu procedure codes 90657, 90658, or 90659, the pneumonia procedure code 90732, and the administration codes G0008 or G0009.

If CWF receives a claim with either Healthcare Common Procedure Coding System (HCPCS) codes 90657, 90658 or 90659, and it already has on record a claim with the same HIC number, same FI number, same date of service, and any one of those HCPCS codes, the second claim submitted to CWF will reject.

If CWF receives a claim with HCPCS code 90732 and it already has on record a claim with the same HIC number, same FI number, same date of service, and the same HCPCS code, the second claim submitted to CWF will reject when all four items match.

If CWF receives a claim with HCPCS administration codes G0008 or G0009 and it already has on record a claim with the same HIC number, same FI number, same date of service, and same procedure code, CWF will reject the second claim submitted when all four items match.

CWF will return to the FI a specific reject code for this edit that will be named in the CWF documentation. FIs must deny the second claim and use the same messages they currently use for the denial of duplicate claims.

Carrier Edits

First Edit

In order to prevent duplicate payment by the same carrier, CWF will edit by line item on the carrier number, the HIC number, the date of service, the flu procedure codes 90657, 90658, or 90659, the pneumonia procedure code 90732, and the administration code G0008 or G0009.

If CWF receives a claim with either HCPCS codes 90657, 90658 or 90659, and it already has on record a claim with the same HIC number, same carrier number, same date of service, and any one of those HCPCS codes, the second claim submitted to CWF will reject.

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If CWF receives a claim with HCPCS code 90732 and it already has on record a claim with the same HIC number, same carrier number, same date of service, and the same HCPCS code, the second claim submitted to CWF will reject when all four items match.

If CWF receives a claim with HCPCS administration codes G0008 or G0009 and it already has on record a claim with the same HIC number, same carrier number, same date of service, and same procedure code, CWF will reject the second claim submitted.

CWF will return to the carriers a specific reject code for this edit that will be named in the CWF documentation. Carriers must deny the second claim and use the same messages they currently use for the denial of duplicate claims.

Second Edit

In order to prevent duplicate payment by the centralized billing carrier and local carrier, CWF will edit by line item for carrier number, same HIC number, same date of service, the flu procedure codes 90657, 90658, 90659, the pneumonia procedure code 90732, and the administration code G0008 or G0009.

If CWF receives a claim with either HCPCS codes 90657, 90658 or 90659, and it already has on record a claim with a **different** carrier number, but same HIC number, same date of service, and any one of those same HCPCS codes, the second claim submitted to CWF will reject.

If CWF receives a claim with HCPCS code 90732 and it already has on record a claim with the same HIC number, different carrier number, same date of service, and the same HCPCS code, the second claim submitted to CWF will reject.

If CWF receives a claim with HCPCS administration codes G0008 or G0009 and it already has on record a claim with a different carrier number, but the same HIC number, same date of service, and same procedure code, CWF will reject the second claim submitted.

CWF will return a specific reject code for this edit that will be named in the CWF documentation. Carriers must deny the second claim. For the second edit, the reject code should automatically trigger the following Medicare Summary Notice (MSN), Explanation of Medicare Benefits (EOMB), and Remittance Advice (RA) messages.

? MSN: 7.2 – This is a duplicate of a claim processed by another contractor. You should receive a Medicare Summary Notice from them.

? EOMB: 7.14 – Medicare records show that this is a duplicate of a claim previously processed by another carrier. You should receive an Explanation of Your Medicare Part B Benefits notice from the carrier that processed the claim.

? RA: At the service level, report adjustment reason code 18 – Duplicate claim/service, and at the line level report remark code M43 – Payment for this service previously issued to you or another provider by another Medicare carrier/intermediary.

A/B Crossover Edit (FIs and Carriers)

When CWF receives an outpatient claim from an FI, it will review Part B carrier claims history to verify that a duplicate claim has not already been posted.

When CWF receives a claim from the carrier, it will review Part B outpatient claims history to verify that a duplicate claim has not already been posted.

CWF will edit on the beneficiary HIC number; the date of service; the flu procedure codes 90657, 90658, or 90659; the pneumonia procedure code 90732; and the administration code G0008 or G0009.

CWF will return a specific reject code for this edit that will be named in the CWF documentation. Carriers and FIs must deny the second claim and use the same messages they currently use for the denial of duplicate claims.

The *effective date* for this Program Memorandum (PM) is July 1, 2002.

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

These instructions should be implemented within your current operating budget.

This PM may be discarded after July 1, 2003.

If you have any questions, contact your local regional office.