
CMS Manual System

Pub. 100-20 – One Time Notification

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

Transmittal 58

Date: FEBRUARY 13, 2004

CHANGE REQUEST 3110

I. SUMMARY OF CHANGES: This is a One Time Notification for Program Integrity Management Reporting (PIMR) System – FY 2004 Update of T and H Codes

The new PIMR system changes reporting requirements for MR and fraud that are in CMS Publication 83 (Program Integrity Manual), Chapter 7 (MR and BI Reports), §§ 1, 2, 5, and 6-10. Formerly the requirements were in Publication 13 (Intermediary Manual), Part 2, §2301, and Part 3, §3939. They were also included in Publication 14 (Carrier Manual), Part 3, §§7504.2, 7535-7537, and 14021.

This Change Request (CR) requires that standard systems make changes to allow collection of information for FY 2004 T and H codes.

NEW/REVISED MATERIAL - EFFECTIVE DATE: FISS and MCS April 1, 2004 and VMS July 1, 2004
***IMPLEMENTATION DATE: FISS and MCS April 1, 2004 and VMS July 6, 2004**

Disclaimer: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged.

II. SCHEDULE OF CHANGES (R = REVISED, N = NEW, D = DELETED)

R/N/D	CHAPTER/SECTION/SUBSECTION/TITLE
NA	

III. FUNDING: *Medicare contractors only:

These instructions should be implemented within your current operating budget.

IV. ATTACHMENTS:

	Business Requirements
	Manual Instruction
	Confidential Requirements
X	One-Time Notification

One Time Notification

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**SUBJECT: Program Integrity Management Reporting (PIMR) System Program
Integrity Management Reporting System (PIMR) FY 2004 F and T Codes**

A. Background:

This Change Request (CR) provides instructions for implementing PIMR for Fiscal Intermediaries (FI), Carriers, and DMERCs for Implementation of F and T Codes.

The new PIMR system changes reporting requirements for medical review (MR) and fraud that are in Publication 100-08 (Program Integrity Manual) Chapter 7 (MR and BI Reports) Sections 1, 5, and 6-10. Formerly the requirements were in Publication 13 (Intermediary Manual) Part 2 §2301 and Part 3 §3939, and Publication 14 (Carriers Manual) Part 3 §§7504.2, 7535-7537, and 14021.

The CMS Program Integrity Group has developed a new system for improving the management of cost, savings, and workload data relative to the MR unit. The PIMR System will replace: The Report of Benefit Savings (RBS); The MR System 1 (MRS-1); The Focused MR (FMR) Report; and The Medicare Focused MR Status Report (MFSR).

The relevant FMR and MFSR data will be collected through PIMR. Mainly, this data relates to how problems are resolved. Certain aspects of the FMR and MFSR systems will not be continued; we will not obtain data on procedure and diagnostic codes that define aberrancies in the future. However, we will obtain the data (i.e., how aberrancies are resolved) we are currently obtaining on aberrancies on each provider type and provider subtype. CMS will obtain that information through interfaces with the shared systems.

PIMR data required for the new system that CMS cannot extract from existing systems will be collected from contractors monthly within 15 calendar days following the end of the month. Contractor data centers will transfer most of the data requested directly from contractor shared systems to the CMS central office computer within 15 calendar days following the end of each month.

Final reporting requirements that shared systems and other sources must meet are provided below. This CR implements reporting of new F and T codes for FY 2004.

Interface Identification

The PIMR system will require summarized data from other CMS databases on a monthly basis. The databases include the Contractor Shared Systems, Contractor Reporting of Operational and Workload Data (CROWD), Contractor Administrative Cost and Financial Management System (CAFM), Fraud Investigation Database (FID), the CMS complaint reporting system, and the CMS overpayment reporting system. CMS will use a Data Transfer Utility to map and transfer the data. Mapping will be the responsibility of CMS.

B. Policy:

Necessary changes in the Program Integrity Manual (PIM) will be forthcoming. These instructions are **reporting** instructions; **they are not instructions for how to perform MR or benefit integrity activities, or requirements for performing those activities.**

C. Provider Education: None

BUSINESS REQUIREMENTS

“Shall” denotes a mandatory requirement

“Should” denotes an optional requirement

Requirement #	Requirements	Responsibility
3110.1	<p>In time for contractors to begin reporting FY 2004 F and T codes as defined in Attachment A by April 1, 2004, Fiscal Intermediary Shared System (FISS) and Medicare Carrier System (MCS) shared system maintainers shall develop shared system modifications that implement and support those requirements.</p> <p>The A Part A Shared System (APASS) and associated FIs are waived from implementing this requirement on April 1, 2004, due to their upcoming transition to the FISS system. However, they must implement this requirement upon transitioning to the FISS system.</p>	FISS and MCS Shared System Maintainers
3110.2	<p>By April 1, 2004, FISS and MCS contractor data centers shall implement, operate, and maintain the shared system modules provided by shared system maintainers in fulfillment of requirement 1.</p> <p>The APASS and associated FIs are waived from implementing this requirement on April 1, 2004, due to their upcoming transition to the FISS system. However, they must implement this requirement upon transitioning to the FISS system.</p>	FISS and MCS Contractor Data Centers
3110.3	<p>PIMR shall report the information identified in requirement 1 on or before April 1, 2004.</p> <p>The APASS and associated FIs are waived from implementing this requirement on April 1, 2004, due to their upcoming transition to the FISS system. However, they must implement this requirement upon transitioning to the FISS system.</p>	FISS and MCS Contractors
3110.4	<p>In time for contractors to begin reporting FY 2004 F and T codes as defined in Attachment A by July 1, 2004, VIPS shared system maintainers shall develop shared system modifications that implement and support those requirements.</p>	VIPS Shared Systems Maintainers
3110.5	<p>By April 1, 2004, VIPS contractor data centers shall implement, operate, and maintain the shared system modules provided by shared system maintainers in fulfillment of requirement 4.</p>	VIPS Contractor Data Centers

Requirement #	Requirements	Responsibility
3110.6	PIMR shall report the information identified in requirement 4 on or before July 1, 2004.	VIPS Contractors

III. Supporting Information and Possible Design Considerations

A. Other Instructions: N/A

X-Ref Requirement #	Requirements	Responsibility

B. Design Considerations: N/A

X-Ref Requirement #	Recommendation for Medicare System Requirements

C. Interfaces: NA

D. Contractor Financial Reporting /Workload Impact: None

E. Dependencies: NA

F. Testing Considerations: None

IV. SCHEDULE, CONTACTS, AND FUNDING

<p>Effective Date: April 1, 2004, for FISS and MCS and July 1, 2004 for VIPS</p> <p>Implementation Date: April 1, 2004, for FISS and MCS and July 6, 2004 for VIPS</p> <p>Pre-Implementation Contact(s): John Stewart (410) 786-1189</p> <p>Post-Implementation Contact(s): John Stewart (410) 786-1189</p>	<p>These instructions should be implemented within your current operating budget</p>
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Attachment

ATTACHMENT A

NEW F AND T CODES FOR FY 2004

CODE	DESCRIPTION	TOS	BILL TYPE	PROV TYPE
0001F	Blood Pressure, Measured	1		5 1 or 2
0002F	Tobacco use, Smoking, Assessed	1		21 1 or 2
0003F	Tobacco use, Non-Smoking, Assessed	1		21 1 or 2
0004F	Tobacco use Cessation Intervention, Counseling	1		21 1 or 2
0005F	Tobacco use Cessation Intervention, Pharmacologic Therapy	1		21 1 or 2
0006F	Statin Therapy, Prescribed	1		4 1 or 2
0007F	Beta-Blocker Therapy, Prescribed	1		21 1 or 2
0008F	Ace Inhibitor Therapy, Prescribed	1		21 1 or 2
0009F	Anginal Symptoms and Level of Activity, Assessed	1		5 1 or 2
0010F	Anginal Symptoms and Level of Activity, Assessed using a standardized instrument (e.g., Canadian Cardiovascular Society Classification -CCSC-System, Seattle Angina Questionnaire-SAQ)	1		5 1 or 2
0011F	Oral Antiplatelet Therapy, Prescribed (EG, Aspirin, Clopidogrel/Plavix, or Combination of Aspirin and Dipyridamole/Aggrenox)	1		21 1 or 2
0045T	With History of Dysplastic nevi or personal history of melanoma	9		21 1 or 2
0046T	Catheter lavage of a mammary duct (s) for collection of cytology specimen(s) in high risk individuals (Gail risk scoring or prior personal history of breast cancer), each breast; single duct	2		2 1 or 2
0047T	Each additional duct	2		2 1 or 2
0048T	Implantation of a ventricular assist device, Extracorporeal, percutaneous transeptal Access, single or dual cannulation	2		2 1 or 2
0049T	Prolonged Extracorporeal, percutaneous transeptal ventricular assist device, greater than 24 hours, each subsequent 24 hour period (list separately in addition to code for primary procedure)	2		2 1 or 2
0050T	Removal of a ventricular assist device, Extracorporeal, percutaneous transeptal access, single or dual cannulation	2		2 1 or 2
0051T	Implantation of a total replacement heart system (artificial heart) with recipient cardiectomy	2		2 1 or 2
0052T	Replacement or repair of thoracic unit of a total replacement heart system (artificial heart)	2		2 1 or 2
0053T	Replacement or repair of implantable component or components of total replacement heart system (artificial heart), excluding thoracic unit	2		2 1 or 2
0054T	Computer assisted musculoskeletal surgical navigational orthopedic procedure, with image-guidance based on fluoroscopic images (List separately in addition to code for primary procedure)	2		2 1 or 2
0055T	Computer assisted musculoskeletal surgical navigational orthopedic procedure, with image-guidance based on CT and MRI images (List separately in addition to code for primary procedure)	2		2 1 or 2
0056T	Computer assisted musculoskeletal surgical navigational orthopedic procedure, image-less (List separately in addition to code for primary procedure)	2		2 1 or 2

NEW F AND T CODES FOR FY 2004

CODE	DESCRIPTION	TOS	BILL TYPE	PROV TYPE
0057T	Upper Gastrointestinal endoscopy, including esophagus, stomach and either the duodenum and/or jejunum as appropriate, with delivery of thermal energy to the muscle of the lower esophageal sphincter and/or gastric cardia, for treatment of gastroesophageal reflux disease	2		2 1 or 2
0058T	Cryopreservation; reproductive tissue, ovarian	5		21 1 or 2
0059T	Oocyte(s)	5		4 1 or 2
0060T	Electrical impedance scan of the breast, bilateral (risk assessment device for breast cancer)	5		13 1 or 2
0061T	Destruction/reduction of malignant breast tumor including breast carcinoma cells in the margins, microwave phased array thermotherapy, disposable catheter with combined temperature monitoring probe and microwave sensor, externally applied microwave energy, including interstitial placement of sensor	2		2 1 or 2