Program Memorandum **Carriers**	**Department of Health & Human Services (DHHS)** **Centers for Medicare & Medicaid Services (CMS)**
Transmittal B-01-74	Date: NOVEMBER 15, 2001

SUBJECT: Supplier Billing for Glucose Test Strips and Supplies (Revised)

<u>Scope:</u>

This Program Memorandum (PM) replaces Transmittal B-01-11 (CR 1300) that was released on February 14, 2001.

<u>Background:</u>

Based on a recent OIG report entitled "Blood Glucose Test Strips: Inappropriate Medicare payments and Marketing to Medicare Beneficiaries," it was determined that CMS must require suppliers of test strips to bill using appropriate "start" and "end" dates on their claim forms.

<u>Implementation:</u>

1. DMERCs must develop systems edits for appropriate codes to check the Form HCFA-1500 to make sure that the "start" and "end" dates are complete and dates are not exact duplicates.

2. The edit will include all blood glucose monitor supplies, including glucose test strips.

3. The DMERCS should work together to develop a list of specific HCPCS codes for editing purposes.

4. DMERCs will use reason code 16 – Claim/service lacks information which is needed for adjudication--in the provider remittance advice with one of the remark codes, as appropriate:

    M52 – Incomplete/invalid "from" date(s) of service, and/or remark code
    M59 – Incomplete/invalid "to" date(s) of service, as appropriate

5. When the "from" and "to" dates are the same, use the following remark code in conjunction with reason code 16:

    N64 – The "from" and "to" dates must be different.

6. Remarks M52, M59, N64 must be reported at the service level on the claim.

7. N64 is a new remark code. The DMERCs must notify providers/suppliers of N64 prior to its initial usage in remittance advices.

8. Contractors must edit for suspect duplicate claims by checking for matching "from" dates in beneficiary history.

9. CWF logic will reject claims that have exact date of services matches. It will not reject if the dates only overlap, but are not exact.

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10. DMERCs must deny any claims a beneficiary submits for glucose supplies with dates of service on or after April 1, 2002. DMERCs must notify beneficiaries that suppliers are now required to submit these claims to Medicare.

11. The beneficiary liaison staff at the DMERCs who handle the beneficiary toll free lines will be educated on how to answer beneficiary questions . DMERCs will add language to MSNs and Remittance Advice Notices that suppliers are required to submit claims for the beneficiary.

12. When denying beneficiary-submitted claims, use the following Medicare Summary Notice (MSN) messages:

    MSN 16.7 (English): "Your provider must complete and submit your claim."

    MSN16.7 (Spanish): "Su proveedor debe completar y someter su reclamacion."

13. DMERCs should add the following message in the Provider Bulletin Block of the Remittance Advice beginning January 7, 2002:

    "Supplier/Providers must submit Medicare claims for glucose supplies/test strips for the beneficiary."

    "Suppliers must obtain a Supplier Number from the National Supplier Clearinghouse to submit these claims to the DMERC for payment."

Provider Education:

1. In your next supplier bulletins educate the provider/supplier community on how to properly fill in the "start" and "end" dates on their claims.

2. Also include this information on your web site.

3. Utilize outreach and professional relations staff to alert both beneficiary and provider/supplier communities.

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

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

These instructions should be implemented within your current operating budget.

This PM may be discarded after April 2, 2003.

If you have any questions, contact Angie Costello at (410) 786-1554 or acostello@hcfa.gov.