

Medicare Part A News

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276/277 Claims Status Code Update

The Health Care Claims Status Codes and the Health Care Claims Status Category Codes for use in the X12N 276/277 Claim Status Inquiry/Response Transaction will be updated. Please note that the codes designated as “new as of 10/06” will be used by Medicare Carriers and Intermediaries effective January 2, 2007.

Revisions to X12N 837 Institutional Companion Document

Revisions have been made to the X12N 837 Institutional Companion Document. It has been modified to add National Provider Identifier (NPI) and taxonomy code reporting information. This companion document is a set of statements, which supplements the X12N 837 Institutional Implementation Guide and clarifies Medicare contractor expectations regarding data submission, processing, and adjudication. Information in the companion guide does not contradict any other items in the companion document or X12N 837 Institutional Implementation Guide. For more information, please read the MLNMatters Article MM5334 – Revised American National Standards Institute (ANSI) X12N 837 Institutional Health Care Claim Companion Document @ <http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM5334.pdf>

This bulletin should be shared with all health care practitioners and managerial members of the provider staff. Bulletins are available at no cost from our Websites.

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Valid Taxonomy Codes Required

Effective January 1, 2007, Institutional Medicare providers who submit claims for their primary facility and its subparts (such as psychiatric unit, rehabilitation unit, etc.) must report a valid Taxonomy code in the following locations of the ANSI ASC X12N 837 version 4010.A1 or a rejection will occur:

- Billing/Pay to Provider Loop 2000A
- Service Facility Loop 2310E whenever the service was furnished at an address other than the address reported on the claim for the billing or pay-to- provider.
- When an entity that bills and is to be paid for services furnished by a subpart, and the subpart does not have a unique NPI separate from that of the main entity or another subpart, the subpart that furnished the billed care must be identified in the billing provider loop (2010AA) of the claim and the entity to be paid in the Pay-to provider loop (2010AB). The taxonomy code of the subpart must also be reported in the PRV segment in the 2000A loop.
- DDE claims require a valid Taxonomy Code and a 9-digit Zip Code, two new reason codes were added 32113 will assign if the taxonomy code is invalid and 32114 will assign if the zip code is invalid.

In addition to reporting a valid Taxonomy Code in the locations specified above, you must also:

- Submit separate batches of claims for each subpart identified by a different taxonomy code.
- Submit a 9-digit Zip Code on claims for your primary facility and its subparts

Regulations implementing the Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996 require the use of National Provider Identifiers (NPIs) by covered health care providers and health plans effective May 23,2007. In preparation for the implementation of the NPI, Medicare has identified the need to create a crosswalk for claims from the legacy identifier to the NPI. Because payers cannot be certain that all institutional providers will choose to apply for a unique national provider number for each of its subparts (i.e.; psychiatric unit, rehabilitation unit, etc.), CMS has determined that it is necessary to require those providers who bill for subparts to submit a Taxonomy Code on their claims. Institutional providers that do not currently bill Medicare for subparts are not required to use taxonomy codes on their claims to Medicare. The Taxonomy Code will assist in appropriately cross-walking claims submitted with the NPI of the provider to each of its subparts. The Provider Taxonomy Code will be edited to ensure it is a valid value. If a Provider Taxonomy Code is reported, it must comply with the data attributes reported in the Implementation Guide for the data element as well as be an approved Provider Taxonomy Code. A list of approved Provider Taxonomy Codes is located at <http://www.wpc-edi.com/codes>. A claim level rejection will be encountered for any claims containing an invalid Provider Taxonomy Code. For more details, please read the MLN Matters article at: <http://>

Upcoming Educational Events for December

All training events for Medicare Part A providers are listed on the Upcoming Events webpage which can be found at: <http://www.highmarkmedicare services.com/calendar/index.html>.

Date	Title	Location	
1/11/2007	Medicare Secondary Payer	Chestertown, MD	Register

Reminder: Appeal Requests for Additional Development Request (ADR) denials

An appeal request for a claim that was denied by Medical Review (MR) for lack of documentation must be submitted with all the medical record documentation that was requested in the ADR.

The letters that you receive requesting additional supporting medical record documentation are very specific regarding the type of information that is required. Thoroughly review the ADR to ensure that all items requested have been submitted.

Review any applicable medical policy that is relevant to the services in question. When the records that you submit are incomplete, the claim is denied by Medical Review.

In order to appeal such a denial, all the medical records requested via the ADR must be submitted with your appeal request. Compliance with sending all of the documentation will facilitate payment of the claim.

Please review [Provider Notice 06-066](#) regarding the need for accurate, complete and timely responses to ADRs.

New MLN Matters Articles

Provider Types Affected: All physicians and providers submitting claims to carriers

- MM4276 – Processing All Diagnosis Codes Reported on Claims Submitted to Carriers
<http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM4276.pdf>

Provider Types Affected: Hospitals submitting claims to Medicare Fiscal Intermediaries (FIs) or Part A/B Medicare Administrative Contractors (A/B MACs) for services related to cryosurgery of the prostate gland.

- MM5376 – Clarification on Billing for Cryosurgery of the Prostate Gland
<http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM5376.pdf>

Provider Types Affected: Physicians participating in the CAP for Part B Drugs and Biologicals

- SE0677 – Medicare Part B Drug Competitive Acquisition Program (CAP): Do Not Bill a Prescription Order Number More Than Once
<http://www.cms.hhs.gov/MLNMattersArticles/downloads/SE0677.pdf>

Provider Types Affected: Inpatient Rehabilitation Facilities (IRFs) billing Medicare Fiscal Intermediaries (FIs) or Medicare Part A and Part B Administrative Contractors (A/B MACs) for services paid under the Inpatient Rehabilitation Facility Prospective Payment System (IRF PPS)

- MM5303 – Correction of Instructions for Calculating IRF Compliance Percentage Threshold
<http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM5303.pdf>

New MLN Matters Articles (continued)

Provider Types Affected: Physicians, suppliers and providers billing Medicare carriers, durable medical equipment regional carriers (DMERCs), DME Medicare Administrative Contractors (DME MACs), or Part A/B Medicare Administrative Contractors (A/B MACs) for splints, casts, dialysis supplies, dialysis equipment, and certain intraocular lenses.

- MM5382 – Reasonable Charge Update for 2007 for Splints, Casts, Dialysis Supplies, Dialysis Equipment, and Certain Intraocular Lenses
<http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM5382.pdf>

Provider Types Affected: Suppliers and providers billing Medicare durable medical equipment regional carriers (DMERCs) and DME Medicare Administrative Contractors (DME MACs) for oxygen equipment/services or other rentals of capped DME. Physicians treating Medicare patients using oxygen equipment or other rentals of capped DME may also want to be aware of this issue.

- MM5370 – Additional Provider Education for Upcoming Changes in Payment for Oxygen Equipment and Capped Rentals for Durable Medical Equipment (DME) Based on the Deficit Reduction Act (DRA) of 2005
<http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM5370.pdf>

Provider Types Affected: Providers submitting claims to Medicare Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs), or Part A/B Medicare Administrative Contractors (A/B MACs) for services provided to Medicare beneficiaries.

- MM5334 – Revised American National Standards Institute (ANSI) X12N 837 Institutional Health Care Claim Companion Document
<http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM5334.pdf>

New MLN Matters Articles (continued)

Provider Types Affected: Physicians, providers, and suppliers submitting claims to Medicare carriers and/or Part A/B Medicare Administrative Contractors (A/B MACs) for services provided to Medicare beneficiaries.

- MM5404 – New Waived Tests
<http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM5404.pdf>

Provider Types Affected: Physicians, providers, and suppliers who conduct HIPAA standard transactions, such as claims and eligibility inquiries, with Medicare.

- MM5378 – Claims Submitted With Only a National Provider Identifier (NPI) During the Stage 2 NPI Transition Period
<http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM5378.pdf>

Provider Types Affected: All physicians and providers who bill Medicare carriers, fiscal intermediaries (FI), or Part A/B Medicare Administrative Contractors (A/B MACs) for providing mammography services

- MM5327 – New 2007 Current Procedural Terminology (CPT) Mammography Codes
<http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM5327.pdf>

Provider Types Affected: Physicians and hospitals who bill Medicare fiscal intermediaries (FI) and carriers for performing Cavernous Nerves Electrical Stimulation with Penile Plethysmography in Medicare beneficiaries undergoing nerve-sparing prostatic or colorectal surgical procedures

- MM5294 – Cavernous Nerves Electrical Stimulation with Penile Plethysmograph
<http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM5294.pdf>

New MLN Matters Articles (continued)

Provider Types Affected: Providers submitting paper claims to Medicare Fiscal Intermediaries (FIs) and Part A/B Medicare Administrative Contractors (A/B MACs) for services provided to Medicare beneficiaries

- MM5374 – Optical Character Recognition (OCR) interface in the Fiscal Intermediary Standard System (FISS)
<http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM5374.pdf>

Provider Types Affected: Ambulatory surgical centers (ASCs) submitting claims to Medicare carriers or fiscal intermediaries (FIs) for ASC services provided to Medicare beneficiaries.

- MM5211 – 2007 Update of HCPCS Codes and Payments for Ambulatory Surgical Centers (ASCs)
<http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM5211.pdf>

Provider Types Affected: Medicare certified ESRD facilities billing Medicare fiscal intermediaries (FIs) or Part A/B Medicare Administrative Contractors (A/B MACs) for End Stage Renal Disease (ESRD) dialysis services.

- MM5407 – Implementation of Changes in End Stage Renal Disease (ESRD) Payment for Calendar Year (CY) 2007
<http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM5407.pdf>

Provider Types Affected: Physicians participating in the Medicare Part B Drug CAP.

- MM5259 – Competitive Acquisition Program (CAP) – Claim Processing for Not Otherwise Classified (“NOC”) Drugs
<http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM5259.pdf>

New MLN Matters Articles (continued)

Provider Types Affected: Physicians who submit claims to Medicare carriers and A/B Medicare Administrative Contractors (A/B MACs)

- MM5422 – Quarterly Update to Correct Coding Initiative (CCI) Edits, Version 13.0, Effective January 1, 2007
<http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM5422.pdf>

Provider Types Affected: Medicare Administrative Contractors (A/B MACs), durable medical equipment regional carriers (DMERCs), DME Medicare administrative contractors (DME MACs), fiscal intermediaries (FIs), carriers, and/or regional home health intermediaries (RHHIs)), for services paid under the DMEPOS Fee Schedule.

- MM5417 – Fee Schedule Update for 2007 for Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS)
<http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM5417.pdf>

Provider Types Affected: Clinical laboratories billing Medicare carriers, intermediaries, or Part A/B Medicare Administrative Contractors (A/B MACs)

- MM5362 – 2007 Annual Update for Clinical Laboratory Fee Schedule and Laboratory Services Subject to Reasonable Charge Payment
<http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM5362.pdf>

Provider Types Affected: All providers billing outpatient services to Medicare Fiscal Intermediaries (FIs), including regional home health intermediaries (RHHIs) that are paid under the Outpatient Prospective Payment System (OPPS)

- MM5425 – January 2007 Outpatient Prospective Payment System (OPPS) Outpatient Code Editor (OCE) Specifications Version 8.0
<http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM5425.pdf>

New MLN Matters Articles (continued)

Provider Types Affected: Providers submitting claims to Medicare Fiscal Intermediaries (FIs) and/or Part A/B Medicare Administrative Contractors (A/B MACs) for services provided to Medicare beneficiaries.

- MM5435 - Announcement of Medicare Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs) Payment Rate Increases
<http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM5435.pdf>

Provider Types Affected: Providers who submit hospital emergency room claims paid under the OPPS to Medicare fiscal intermediaries (FIs) or Part A/B Medicare Administrative Contractors (A/B MACs).

- MM5389 – Skilled Nursing Facility (SNF) Consolidated Billing (CB) Common Working File (CWF) Edit Bypass Instructions for Hospital Emergency Room Services Spanning Multiple Service Dates
<http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM5389.pdf>

Provider Types Affected: Physicians and providers submitting claims to Medicare contractors (carriers, Fiscal Intermediaries (FIs), including regional home health intermediaries (RHHIs), and Part A/B Medicare Administrative Contractors (A/B MACs)) for services provided to Medicare beneficiaries, which are paid based on the MPFS.

- MM5448 – Legislative Change to the Update Factor for the 2007 Medicare Physician Fee Schedule (MPFS) and Extension of the Participating Enrollment Period
<http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM5448.pdf>

New MLN Matters Articles (continued)

Provider Types Affected: Physicians, providers and suppliers who bill Medicare contractors (A/B Medicare Administrative Contractors (A/B MACs), fiscal intermediaries (FIs), carriers, regional home health intermediaries (RHHIs), durable medical equipment regional carriers (DMERCs) or durable medical equipment Medicare administrative contractors (DME MAC)) for services provided to Medicare beneficiaries.

- MM5386 – Revisions to Procedures to Establish Good Cause and Qualified Independent Contractor (QIC) Jurisdictions
<http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM5386.pdf>

Provider Types Affected: Providers submitting claims to Medicare Fiscal Intermediaries (FIs) for IRF services provided to Medicare beneficiaries.

- MM5325 – Inpatient Rehabilitation Facility (IRF) Teaching Adjustment
<http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM5325.pdf>

Provider Types Affected: Providers submitting claims to Medicare fiscal intermediaries (FIs) for services rendered to Medicare beneficiaries.

- MM5437 – January 2007 Non-Outpatient Prospective Payment System (Non-OPPS) Outpatient Code Editor (OCE) Specifications Version 22.1
<http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM5437.pdf>

Provider Types Affected: Registered dietitians or nutrition professionals providing services to Medicare beneficiaries

- MM5426 – Private Contracting- Definition of Physician/Practitioner
<http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM5426.pdf>

Revised MLN Matters Articles

Provider Types Affected: Institutional providers who bill Medicare fiscal intermediaries (FIs) for their services

- MM5243 – Reporting of Taxonomy Codes to Identify Provider Subparts on Institutional Claims
<http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM5243.pdf>

Provider Types Affected: Physicians and hospitals (TOB 14X only) who bill Medicare carriers, fiscal intermediaries (FIs), or Part A/B Medicare Administrative Contractors (A/B MACs) for clinical laboratory tests performed for Medicare Part B beneficiaries who live within the competitive bidding demonstration area (CBA) sites

- MM5359 – Laboratory Competitive Bidding Demonstration
<http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM5359.pdf>

Provider Types Affected: All physicians and providers who bill Medicare carriers, fiscal intermediaries (FIs), and Medicare Administrative Contractors (MACs) for subject services

- MM5235 – Implementation of an Ultrasound Screening for Abdominal Aortic Aneurysms (AAA)
<http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM5235.pdf>

Provider Types Affected: Providers, physicians, and non-physician practitioners (NPPs) who bill Medicare contractors (fiscal intermediaries (FIs) including regional home health intermediaries (RHHIs), Part A/B Medicare Administrative Contractors (A/B MACs), and carriers) under the Part B benefit for therapy services

- MM5271 – Outpatient Therapy Cap Exceptions Clarifications
<http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM5271.pdf>

Revised MLN Matters Articles (continued)

Provider Types Affected: Physicians and hospitals who bill Medicare fiscal intermediaries (FI) and carriers for performing Cavernous Nerves Electrical Stimulation with Penile Plethysmography in Medicare beneficiaries undergoing nerve-sparing prostatic or colorectal surgical procedures

- MM5294 – Cavernous Nerves Electrical Stimulation with Penile Plethysmograph
<http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM5294.pdf>

Provider Types Affected: All physicians and providers who bill Medicare carriers, fiscal intermediaries (FIs), and Medicare Administrative Contractors (MACs) for subject services

- MM5235 – Implementation of a One-Time Only Ultrasound Screening for Abdominal Aortic Aneurysms (AAA), Resulting from a Referral from an Initial Preventive Physical Examination
<http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM5235.pdf>

Provider Types Affected: Ambulatory surgical centers (ASCs) submitting claims to Medicare carriers or fiscal intermediaries (FIs) for ASC services provided to Medicare beneficiaries.

- MM5211 – 2007 Update of HCPCS Codes and Payments for Ambulatory Surgical Centers (ASCs)
<http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM5211.pdf>

Special Points of Interest

Important Telephone Numbers

Provider Contact Centers

1-800-560-6170 - PA Providers

1-866-488-0545 - MD Providers

Medicare EDI Services

1-866-488-0546, option 2

CERT Coordinator

QuestCERT@highmark.com

Our mailing lists enable you to receive an email every time we update our web site. It also allows us a way to notify you of important changes in the Medicare program.

To join, access the following URL: <http://www.highmarkmedicare.services.com/maillinglists.html>

The Part A Education mailing list receives all general updates and is the one you should join for up-to-the-minute updates from Highmark Medicare Services and CMS.

Mailing List Protection: We are required to protect your electronic mailing list address from unauthorized access or inappropriate usage. Your email address will not be shared, sold, or in any way transferred to any other organization or entity.

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