

Related Change Request (CR) #: 4106

MLN Matters Number: MM4106

Related CR Release Date: October 14, 2005

Related CR Transmittal #: 184

Effective Date: August 21, 2005

Implementation Date: October 3, 2005, but no later than October 31, 2005

## *National Modifier and Condition Code To Be Used To Identify Disaster-Related Claims*

**Note:** This article was revised to contain Web addresses that conform to the new CMS website and to show they are now MLN Matters articles. All other information remains the same.

### Provider Types Affected

Physicians, suppliers, and providers billing Medicare contractors (carriers, including durable medical equipment regional carriers (DMERCs) and/or fiscal intermediaries (FIs), including regional home health intermediaries (RHHIs)) for services rendered to beneficiaries affected by Hurricanes Katrina and Rita.

### Provider Action Needed



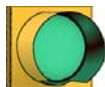
#### **STOP – Impact to You**

This article is based on Change Request (CR) 4106, which establishes a new condition code and modifier for providers to use to indicate claims for victims of Hurricanes Katrina and Rita and other disasters.



#### **CAUTION – What You Need to Know**

To accommodate the emergency health care needs of Medicare beneficiaries and providers affected by Hurricanes Katrina and Rita and any future disasters, the Centers for Medicare & Medicaid Services (CMS) has created the following new condition code and modifier, effective for dates of service on and after August 21, 2005. The new condition code is “**DR (Disaster Related)**” and the new modifier is “**CR (Catastrophe/Disaster Related)**.”



#### **GO – What You Need to Do**

See the *Background* section of this article for further details regarding these changes.

#### Disclaimer

This article was prepared as a service to the public and is not intended to grant rights or impose obligations. This article may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations and other interpretive materials for a full and accurate statement of their contents.

## Background

CMS has acted to ensure that the Medicare program will be flexible enough to accommodate the emergency health care needs of beneficiaries and medical providers in the states devastated by Hurricanes Katrina and Rita. Many of the programs' normal operating procedures have been relaxed to speed the provision of health care services to the elderly and persons with disabilities who depend on Medicare services.

Because of hurricane damage to local health care facilities, many Medicare beneficiaries have been evacuated to neighboring states where receiving hospitals and nursing homes have no access to patients':

- Health care records;
- Current health status; or
- Verification of status as Medicare beneficiaries.

**Note:** CMS is assuring facilities and medical providers receiving Medicare beneficiaries affected by Hurricanes Katrina and Rita that *the normal requirements for documentation will be waived and the presumption of eligibility should be made.*

Health care providers that furnish medical services in good faith but who cannot comply with normal program requirements because of Hurricanes Katrina and Rita will be:

- Paid for services provided; and
- Exempt from sanctions for noncompliance (unless it is discovered that fraud or abuse occurred).

### *New Condition Code and Modifier*

To facilitate Medicare claims processing and track services and items provided to victims of Hurricanes Katrina and Rita and any future disasters, CMS has established a new condition code and modifier for providers to use on disaster-related claims. The new condition code and modifier are for use by providers submitting claims for Medicare beneficiaries who are Katrina and Rita disaster patients in any part of the country and are effective for dates of service on and after August 21, 2005. For use on disaster-related claims, the following apply:

- The new condition code is **DR - Disaster Related**.
- The new modifier is **CR - Catastrophe/Disaster Related**.

For physicians or suppliers billing their local carrier or DMERC, only the modifier (CR) should be reported and not the condition code. A condition code is used in FI billing.

For institutional billing, either the condition code or modifier may be reported. The condition code would identify claims that are impacted or may be impacted by specific payor policies related to a national or regional disaster. The modifier would indicate a specific Part B service that may be impacted by policy related to the disaster.

CR4106 instructs Medicare contractors to recognize the new condition code and modifier on October 3, 2005, if possible, but no later than October 31, 2005.

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In addition to this MLN Matters Article, CMS regional offices will help facilitate contractor outreach regarding provider education on the use of the new modifier and condition code.

### Implementation

The targeted implementation date is October 3, 2005, but no later than October 31, 2005.

### Additional Information

For complete details, please see the official instruction issued to your carrier/DMERC/FI regarding this change. That instruction may be viewed at

<http://www.cms.hhs.gov/transmittals/downloads/R184OTN.pdf> on the CMS website.

If you have any questions, please contact your carrier/DMERC/FI at their toll-free number, which may be found at <http://www.cms.hhs.gov/MLNProducts/downloads/CallCenterTollNumDirectory.zip> on the CMS website.

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