

MLN Matters Number: MM5023

Related Change Request (CR) #: 5023

Related CR Release Date: April 28, 2006

Effective Date: July 28, 2006

Related CR Transmittal #: R46DEMO

Implementation Date: July 28, 2006

Additional Clarification of CR 3816 Business Requirements – Low Vision Rehabilitation Demonstration

Provider Types Affected

Physicians and providers billing Medicare carriers and/or fiscal intermediaries (FIs) for treatment provided to beneficiaries under the Low Vision Rehabilitation Demonstration Project

Providers Action Needed

This article is based on Change Request (CR) 5023 and this article actually revises the article for CR3816 by providing specific information clarifying billing instructions as directed in the Administrative Simplification Compliance Act (ASCA). Be aware that:

- National Provider Identification numbers (NPI) replace physician UPIN numbers by May 23, 2007.
- CR3816 for the Low Vision Rehabilitation Demonstration states that **providers** are to document the plan of care by indicating the date the plan was developed or reviewed in Block 19 (Reserved for Local Use) of the CMS-1500 or its electronic equivalent.
- This is no longer necessary for claims submission for the Low Vision Rehabilitation Demonstration.
- **Facilities** must document the date the plan of care was established or reviewed using occurrence code 17 on CMS-1450 or its electronic equivalent.
- This is no longer necessary for claims submission for the Low Vision Rehabilitation Demonstration.

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Background

According to CR3816, the date the plan of care was established was to be placed in Block 19 of the CMS 1500 form. However, there is no place for this information in the electronic claims form. Therefore, this requirement has been removed whether submitting a paper claim or an electronic claim by providers or facilities.

In addition, although the business requirements in CR3816 mention use of remittance advice messages, and the background makes reference to using the most appropriate Medicare summary notice (MSN) messages unless specified otherwise in the business requirements, there is no corresponding reference to the remittance advice message in the background.

Please note that your carrier/FI will use the most appropriate remittance advice and remark codes when denying a claim unless otherwise specified in CR3816.

Implementation

The implementation date for the instruction is July 28, 2006.

Additional Information

For details of enforcement of the ASCA, please see related MLN Matters article MM3440, "Administrative Simplification Compliance Act (ASCA) Enforcement of Mandatory Electronic Submission of Medicare Claims," at

<http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM3440.pdf> on the CMS website.

To view the MLN Matters article related to CR3816, go to

<http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM3816.pdf> on the CMS website.

The official instructions issued to your intermediary or carrier regarding this change can be found at <http://www.cms.hhs.gov/Transmittals/downloads/R46DEMO.pdf> on the CMS website.

If you have questions, please contact your Medicare intermediary or carrier 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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