
Program Memorandum Carriers

Department of Health and
Human Services (DHHS)
HEALTH CARE FINANCING
ADMINISTRATION (HCFA)

Transmittal B-01-19

Date: MARCH 8, 2001

CHANGE REQUEST 1586

SUBJECT: Additional Information for TrailBlazer Health Enterprises (TBHE) for Centralized Billing of Flu and Pneumococcal (PPV) Vaccinations

This Program Memorandum (PM) provides information to be implemented only by TrailBlazer. It is effective for flu and PPV claims received by TrailBlazer from designated centralized billers with dates of service on or after October 1, 2000. Currently, TrailBlazer is holding a number of claims while waiting to receive instructions on their disposition. TrailBlazer should process these held claims per this PM.

In order to pay claims correctly for centralized billers, TrailBlazer must have the correct name and address, including zip code, of the entity where the service was provided. This was a requirement for centralized billing per CR 1194, Transmittal B-00-28. TrailBlazer had received claims with incorrect zip codes and has requested clarification as to the disposition of these claims. The following instructions are applicable.

If a claim is received with a zip code that is not included on the zip code file maintained by TrailBlazer, they should refer to the United State Postal Service (USPS) website to determine if the zip code presented is valid. If the zip code is valid, add it to the TBHE maintained zip code file and pay the claim using the appropriate payment locality.

If a claim is received with a zip code that is not valid for the street address given and TrailBlazer can determine the correct zip code from the USPS website, correct the zip code on the claim and pay the claim using the appropriate payment locality.

If the zip code presented is not a valid zip code, or is not a valid zip code with the given street address, and the correct zip code can not be determined from the USPS web site, deny the claim. Use the following remittance advice and Explanation of Medicare Benefits (EOMB) or Medicare Summary Notice (MSN) messages:

Claim adjustment reason code 16, "Claim/service lacks information which is needed for adjudication," in addition to remittance advice remark code MA114, "Did not complete or enter accurately the name and address, the carrier assigned PIN, or the Regional Office assigned OSCAR number of the entity where the services were furnished." (Substitute "NPI" for "PIN" when effective.

EOMB 9.33, "Your service was denied because information required to make payment was missing. We have asked your provider to resubmit a claim with the missing information so that it may be processed."

MSN 9.4, "This item or service was denied because information required to make payment was incorrect."

The *effective date* for this PM is October 1, 2000.

The *implementation date* for this PM is March 8, 2001.

These instructions should be implemented within your current operating budget.

This PM may be discarded after October 1, 2001.

If you have any questions, contact the appropriate regional office.