

Business Requirements

Pub. 100-08	Transmittal: 54	Date: October 31, 2003	Change Request 2936
-------------	-----------------	------------------------	---------------------

SUBJECT: Informing Beneficiaries About Which Laboratory Negotiated National Coverage Determination (NCD) is Associated with Their Claim Denial.

I. GENERAL INFORMATION

A. Background:

Contractors, beginning January 1, 2003, were required to give notice to Medicare beneficiaries when denials are based in part or in whole on an LMRP. Beneficiaries should know why their claims are denied, so they can decide whether to appeal those claim denials, and how to avoid such denials in the future. The above mentioned transmittal created a Medicare Summary Notice (MSN) message to be used in conjunction with existing messages. These messages inform the beneficiary that one or more LMRPs were used when the contractor was making the claim determination. However, it does not tell the beneficiary which LMRP(s) were used. Intermediaries are to identify the specific NCD or LMRP ID number that was used as a basis of denial of claims. However, the negotiated clinical diagnostic laboratory NCDs were exempt from this requirement. The clinical diagnostic laboratory edit module that implements the negotiated NCDs has been modified to include the identification number for the NCD associated with claim denials for Part B clinical diagnostic laboratory services.

B. Policy:

By April 1, 2004, the clinical diagnostic laboratory service edit module will be changed to include the NCD number(s) of each NCD associated with the 23 negotiated clinical diagnostic laboratory service edits. The NCD number is the manual section number associated with that NCD in the Medicare Coverage Database on the Internet at cms.hhs.gov/coverage. The edit module will include the identification number in its response. The revised functional specifications and copybook for the linkage/commarea are attached. The shared system maintainers will pass this identification number to the carriers and intermediaries so that they may use it in the suspense editing screens as they do for their LMRP and other NCD identification numbers. Intermediaries will implement this by April 1, 2004. Contractors using the MCS and VMS systems will utilize this functionality as they fully implement this project throughout the upcoming year.

C. Provider Education: N/A

II. BUSINESS REQUIREMENTS

"Shall" denotes a mandatory requirement

"Should" denotes an optional requirement

Requirement #	Requirements	Responsibility
1	By April 1, 2004, all shared systems must be changed to interface with the revised functional specification for the linkage area of the clinical diagnostic laboratory edit module. The linkage area is revised to include identification of the NCD number for the 23 laboratory negotiated NCDs. The NCD numbers will begin with 40- and will include two digits following to identify the NCD.	CSC
2a	By April 1, 2004, the FISS and APASS systems will be modified to interface with the new identification number so that it will be communicated to the local contractor for inclusion in MSN messages in accordance with instructions in CR 2342.	FISS and APASS
2b	MCS and VMS shared system maintainers will modify their systems to interface with the new identification number so that it will be communicated to the local contractor at the same time such changes are made for other part B services. Instructions will be included in a future CR.	MCS and VMS
3a	By April 1, 2004, all fiscal intermediaries must report the laboratory NCD number in MSN denial messages where a laboratory negotiated NCD was responsible for denial of services.	All FIs
3b	Carriers will report the laboratory NCD number in the MSN denial message where a laboratory negotiated NCD was responsible for denial of services at the same time such procedures are in place for other part B services per instructions in a future CR.	All Carriers

III. SUPPORTING INFORMATION AND POSSIBLE DESIGN CONSIDERATIONS

A. Other Instructions:

X-Ref Requirement #	Instructions
2a and 3a	CR 2342

B. Design Considerations: N/A

X-Ref Requirement #	Recommendation for Medicare System Requirements

C. Interfaces: N/A

D. Contractor Financial Reporting /Workload Impact: N/A

E. Dependencies: N/A

F. Testing Considerations: N/A

IV. SCHEDULE, CONTACTS, AND FUNDING

<p>Effective Date: April 1, 2004.</p> <p>Implementation Date: April 5, 2004</p> <p>Pre-Implementation Contact: Glenn Keidel at (410) 786-2133 or at GKeidel@CMS.HHS.GOV Jackie Sheridan-Moore at (410) 786-4635 or at jsheridan@cms.hhs.gov, or Melanie Combs at (410) 786-7683 or Mcombs@cms.hhs.gov</p> <p>.</p>	<p>These instructions should be implemented within your current operating budget.</p> <p>Exception: Contractors using the Arkansas Part A Shared System are granted a waiver until 6 months after the date of their transition to FISS.</p> <p>Post-Implementation Contact: Glenn Keidel at (410) 786-2133 or at GKeidel@CMS.HHS.GOV or Melanie Combs at (410) 786-7683 or Mcombs@cms.hhs.gov .</p>
---	---

Attachment