
CMS Manual System

Pub. 100-04 Medicare Claims Processing

Department of Health &
Human Services (DHHS)
Centers for Medicare &
Medicaid Services (CMS)

Transmittal 400

Date: DECEMBER 16, 2004

CHANGE REQUEST 3435

NOTE: Transmittal 335, dated October 29, 2004, is rescinded and replaced with Transmittal 400, dated December 16, 2004. We are removing the requirement that this should be in the NCPDP format. All other information remains the same.

SUBJECT: Incorrect Reporting of MTUS Indicator When Drugs are Billed Using an NDC Code

I. SUMMARY OF CHANGES: ViPS (for DMERCs) has been incorrectly inserting the MTUS Indicator value of “6” when a drug is billed in the NCPDP format using a NDC code. This is an invalid value and should be discontinued. ViPS is to code in the MTUS Indicator value of “3” in the circumstance when a drug is billed using a NDC code. A new section has been placed in the manual to explain MTUS.

NEW/REVISED MATERIAL - EFFECTIVE DATE*: April 1, 2005

IMPLEMENTATION DATE: April 4, 2005

Disclaimer for manual changes only: The revision date and transmittal number apply to the red italicized material only. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual not updated.)
(R = REVISED, N = NEW, D = DELETED)

R/N/D	CHAPTER/SECTION/SUBSECTION/TITLE
R	26/Table of Contents
N	26/10.10/Miles/Times/Units/Services (MTUS)
N	26/10.10.1/Methodology of Coding Number of Services, MTUS Count and MTUS Indicator Fields

III. FUNDING: Medicare contractors shall implement these instructions within their current operating budgets.

IV. ATTACHMENTS:

X	Business Requirements
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X	Manual Instruction
	Confidential Requirements
	One-Time Notification
	Recurring Update Notification

***Unless otherwise specified, the effective date is the date of service.**

							FISS	MCS	VMS	CWF	
3435.1	ViPS shall insert MTUS indicator “3” when a drug is billed using an NDC code.								X		
3435.2	CWF shall remove the MTUS indicator value of “6” from their current edits for this field.									X	

III. SUPPORTING INFORMATION AND POSSIBLE DESIGN CONSIDERATIONS

A. Other Instructions: N/A

X-Ref Requirement #	Instructions

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, 2005</p> <p>Implementation Date: April 4, 2005</p> <p>Pre-Implementation Contact(s): Wendy Knarr (410) 786-0843 (TDD)</p> <p>Post-Implementation Contact(s): Appropriate RO contact</p>	<p>Medicare Contractors shall implement these instructions within their current operating budgets.</p>
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Medicare Claims Processing Manual

Chapter 26 - Completing and Processing

Form CMS-1500 Data Set

Table of Contents

(Rev. 400, 12-16-04)

[Crosswalk to Old Manuals](#)

10.10 - Miles/Times/Units/Services (MTUS)

10.10.1 - Methodology for coding number of services, MTUS count and MTUS indicator fields

10.10- Miles/Times/Units/Services (MTUS)

(Rev.400, 12-16-04)

Miles/Times/Units/Services (MTUS) count and MTUS indicator fields are on Part B Physician/Supplier Claims. These fields are documented in the CMS National Claims History Data Dictionary.

Standard systems are to put MTUS count and MTUS indicators on all claims at the line item level.

The purpose of the MTUS Count Field on the line item is to document additional information reflecting certain volumes related to indicators. In most cases, the value in this field will be the same as in the Service Count Field on the line item; however, for services such as anesthesia the field values will differ. In this case, the service count field will likely contain a value of 1 for the occurrence of the surgery while the MTUS Count Field will contain the actual time units that the anesthesiologist spent with the patient in 15 minute increments or a fraction thereof.

The purpose of the Miles, Times, Units, Services (MTUS) Indicator Field is to indicate what the value entered into the MTUS Count Field means. There are 6 indicator values, as follows:

- 0 - No allowed services*
- 1- Ambulance transportation miles*
- 2- Anesthesia Time Units*
- 3 - Services*
- 4- Oxygen units*
- 5- Units of Blood*

Examples of how to code these fields are specified in §10.10.1 below.

10.10.1 - Methodology for Coding Number of Services, MTUS Count and MTUS Indicator Fields

(Rev.)

The following instructions should be used as a guide for coding the number of services, MTUS Count and MTUS Indicator fields on the Part B Physician/Supplier Claim. These fields are documented in the CMS National Claims History Data Dictionary as CWFB_SRVC_CNT, CWFB_MTUS_CNT, and CWFB_MTUS_IND_CD, respectively. Services not falling into examples B, C, E, or F should be coded as shown in example D (services/pricing units).

A. No Allowed Services – (CWFB_MTUS_IND_CD = 0)

For claims reporting no allowed services, the following example should be used to code the line item:

A total of 2 visits was reported for HCPCS code 99211: Office or other outpatient visit for the management of an established patient. Both services were denied.

Number of services: 2 (furnished)

MTUS (services): 0 (allowed)

MTUS indicator: 0

B. Ambulance Miles - (CWFB_MTUS_IND_CD = 1)

For claims reporting ambulance miles, the following example should be used to code the line item:

Mileage Reporting: A total of 10 miles (1 trip) was reported for HCPCS code A0425: Ground mileage, per statute mile.

Number of services: 10

MTUS (miles): 10

MTUS indicator: 1

C. Anesthesia Time Units - (CWFB_MTUS_IND_CD = 2)

For claims reporting anesthesia time units in 15-minute periods or fractions of 15-minute periods, the following example should be used to code the line item:

A total of 1 allowed service is reported for HCPCS code 00142: Anesthesia for procedures on eye; lens surgery. The anesthesiologist attended the patient for 35 minutes.

Number of services: 1

*MTUS (time units): 2.3 (one decimal point implied) **

MTUS indicator: 2

** Two 15-minute periods + 1/3 of a 15-minute period equals 2.3*

D. Services/Pricing Units - (CWFB_MTUS_IND_CD = 3)

For claims reporting a service or pricing unit, the following examples should be used to code the line item:

Example 1-A total of 2 visits was reported for HCPCS code 99211: Office or other outpatient visit for the management of an established patient.

Number of services: 2
MTUS (services): 2
MTUS indicator: 3

Example 2 - A total of 500 milligrams was administered for HCPCS code J0120: Injection, Tetracycline, up to 250 mg.

NOTE: *The number of milligrams should not be reported in the service or MTUS fields. Instead, report the number of pricing units. In this case, up to 250 mg equals 1 unit/service. Thus, 500 mg equals 2 units/services.*

Number of services: 2
MTUS (services): 2
MTUS indicator: 3

Example 3-A total of 24 cans was purchased, each containing 300 calories for HCPCS code B4150: Enteral Formulae, 100 calories.

NOTE: *Neither number of cans nor the number of calories should be reported in the services or MTUS fields. Instead, report the number of pricing units. In this case, 100 calories equals 1 unit/service. Thus, 24 cans * 300 calories / 100 calories equals 72 units/services.*

Number of services: 72
MTUS (services): 72
MTUS indicator: 3

E. Oxygen Services - (CWFB_MTUS_IND_CD = 4)

For claims reporting oxygen units, the following example should be used to code the line item:

A total of 2 allowed services was reported for HCPCS code E0441: Oxygen contents, gaseous, 1 month's supply = 1 unit. The claim reported a 2 month's supply of oxygen.

Number of services: 2
MTUS: 2
MTUS indicator: 4

F. Blood Services - (CWFB_MTUS_IND_CD = 5)

For claims reporting blood units, the following example should be used to code the line item:

A total of 6 units of blood (services) was furnished for HCPCS code P9010: Blood (whole), for transfusion, per unit. Two units were denied.

Number of services: 6 (furnished)

MTUS (units): 4 (allowed)

MTUS indicator: 5