

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 1846	Date: November 6, 2009
	Change Request 6553

Subject: Implementation of Common Working File (CWF) Editing for Diabetes Self-Management Training (DSMT) and Medical Nutrition Therapy (MNT)

I. SUMMARY OF CHANGES: This instruction implements a new duplicate crossover claim edit in the CWF to identify and prevent claims for DSMT and MNT services being billed with the same dates of service for the same beneficiary submitted from an institutional provider and a professional provider. It develops an edit to prevent DSMT and MNT services from being performed on the same date of service for the same beneficiary.

New / Revised Material

Effective Date: April 1, 2010

Implementation Date: April 5, 2010

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. 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 is not updated)

R=REVISED, N=NEW, D=DELETED

R/N/D	Chapter/Section/Subsection/Title
R	4/300/300.6/Common Working File (CWF) Edits
R	18/Table of Contents
N	18/120/120.3/ Duplicate Edits

III. FUNDING:

SECTION A: For Fiscal Intermediaries and Carriers:

No additional funding will be provided by CMS; contractor activities are to be carried out within their operating budgets.

SECTION B: For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically

authorized by the contracting officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the contracting officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

IV. ATTACHMENTS:

Business Requirements

Manual Instruction

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

Attachment - Business Requirements

Pub. 100-04	Transmittal: 1846	Date: November 6, 2009	Change Request: 6553
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SUBJECT: Implementation of Common Working File (CWF) Editing for Diabetes Self-Management Training (DSMT) and Medical Nutrition Therapy (MNT)

Effective Date: April 1, 2010

Implementation Date: April 5, 2010

I. GENERAL INFORMATION

A. Background: Section 4105 of the Balanced Budget Act of 1997 permits Medicare coverage of DSMT services when these services are furnished by a certified provider who meets certain quality standards. Medicare Part B covers 10 hours of initial training for a beneficiary who has been diagnosed with diabetes. DSMT must be ordered by the physician or qualified non-physician practitioner who is managing the beneficiary's diabetic condition. Beneficiaries are eligible to receive 2 hours of follow-up training each calendar year following the year in which they have been certified as requiring initial training. Both DSMT and MNT services may only be provided in one setting at a time for the same date of service for the same beneficiary.

Section 105 of the Medicare, Medicaid, and SCHIP Benefits Improvement and Protection Act of 2000 (BIPA) permits Medicare coverage of MNT services when furnished by a registered dietitian or nutrition professional meeting certain requirements. It also states that the MNT benefit is a completely separate benefit from the DSMT benefit. CMS had originally planned to limit how much of both benefits a beneficiary might receive in the same time period. However, the national coverage decision, published May 1, 2002, allows a beneficiary to receive the full amount of both benefits in the same time period. Therefore, a beneficiary can receive the full 10 hours of initial DSMT and the full 3 hours of MNT. Although beneficiaries are allowed to receive training and therapy during the same time period, DSMT and MNT services may not be provided on the same day to the same beneficiary.

This instruction implements a new duplicate crossover claim edit in the Common Working File to identify and prevent claims for DSMT and MNT services being billed with the same dates of service for the same beneficiary submitted from an institutional provider and/or a professional provider. It also develops an edit to prevent DSMT and MNT services from being performed on the same date of service for the same beneficiary.

B. Policy: This CR represents no change in existing policy.

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B M A C	D M E M A C	F I	C A R R I E R	R H H I	Shared-System Maintainers				OTHER
							F I S S	M C S	V M S	C W F	
6553.14.1	Contractors/SSM shall accept new reject code(s) returned for the above requirement 6553.14.	X		X	X		X				
6553.14.2	Contractors shall use the following messages when rejecting duplicate claims described in 6553.14: MSN 38.25 – This item or service is being denied. Medicare won't pay for a Medical Nutrition Therapy service and Diabetes Self Management Training item or service performed on the same date for the same person with Medicare. (Spanish translation) - El pago de este artículo o servicio ha sido denegado. Medicare no pagará por la terapia de nutrición y por el entrenamiento para auto control de la diabetes o por el servicio brindado al mismo beneficiario de Medicare en la misma fecha. CARC- 18- Duplicate Claim/Service Group Code- CO	X		X	X		X				

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B M A C	D M E M A C	F I	C A R R I E R	R H H I	Shared-System Maintainers				OTHER
							F I S S	M C S	V M S	C W F	
	None										

IV. SUPPORTING INFORMATION

Section A: For any recommendations and supporting information associated with listed requirements, use the box below:

Use "Should" to denote a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:
6553.1	The CWF shall modify an existing trailer record to contain the information specified in this instruction.

Section B: For all other recommendations and supporting information, use this space: None

V. CONTACTS

Pre-Implementation Contact(s): For FI Claims; Antoinette Johnson, antoinette.johnson@cms.hhs.gov at 410-786-9326 and William Ruiz, william.ruiz@cms.hhs.gov at 410-786-9283. For Carriers; Yvette Cousar, Yvette.cousar@cms.hhs.gov at 410-786-2160

Post-Implementation Contact(s): Appropriate Regional Office

VI. FUNDING

Section A: For *Fiscal Intermediaries (FIs)*, *Regional Home Health Intermediaries (RHHIs)*, and/or *Carriers*:

No additional funding will be provided by CMS; contractor activities are to be carried out within their operating budgets.

Section B: For *Medicare Administrative Contractors (MACs)*, include the following statement:

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the contracting officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the contracting officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

300.6 - Common Working File (CWF) Edits

(Rev. 1846; Issued: 11-06-09; Effective Date: 04-01-10; Implementation Date: 04-05-10)

The CWF edit will allow 3 hours of therapy for MNT in the initial calendar year. The edit will allow more than 3 hours of therapy if there is a change in the beneficiary's medical condition, diagnosis, or treatment regimen and this change must be documented in the beneficiary's medical record. Two new G codes have been created for use when a beneficiary receives a second referral in a calendar year that allows the beneficiary to receive more than 3 hours of therapy. Another edit will allow 2 hours of follow up MNT with another referral in subsequent years.

Advance Beneficiary Notice (ABN)

The beneficiary is liable for services denied over the limited number of hours with referrals for MNT. An ABN should be issued in these situations. In absence of evidence of a valid ABN, the provider will be held liable.

An ABN should not be issued for Medicare-covered services such as those provided by hospital dietitians or nutrition professionals who are qualified to render the service in their state but who have not obtained Medicare provider numbers.

Duplicate Edits

Although beneficiaries are allowed to receive training and therapy during the same time period Diabetes Self-Management and Training (DSMT) and Medical Nutrition Therapy (MNT) services may not be provided on the same day to the same beneficiary. Effective April 1, 2010 CWF shall implement a new duplicate crossover edit to identify and prevent claims for DSMT/MNT services from being billed with the same dates of services for the same beneficiaries submitted from institutional providers and from a professional provider.

Medicare Claims Processing Manual

Chapter 18 - Preventive and Screening Services

Table of Contents *(Rev. 1846, 11-06-09)*

120.3 - Duplicate Edits

120.3 - Duplicate Edits

(Rev. 1846; Issued: 11-06-09; Effective Date: 04-01-10; Implementation Date: 04-05-10)

There are CWF edits applicable to DSMT. Refer to chapter 4, section 300.6 of this manual for a description of these instructions.