Medicare Learning Network
MLN Matters
CMS
Information for Medicare Fee-for-Service Health Care Professionals

MLN Matters Number: MM4276
Related Change Request (CR) #: 4276
Related CR Release Date: October 27, 2006
Effective Date: April 1, 2007
Related CR Transmittal #: R1095CP
Implementation Date: April 2, 2007

NEWS FLASH

Do you have your NPI? National Provider Identifiers (NPIs) will be required on claims sent on or after May 23, 2007. Every health care provider needs to get an NPI. Learn more about the NPI and how to apply for an NPI by visiting http://www.cms.hhs.gov/NationalProvIdentStand/ on the CMS website.

Processing All Diagnosis Codes Reported on Claims Submitted to Carriers

Provider Types Affected

All physicians and providers submitting claims to carriers

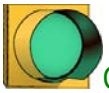
Provider Action Needed

STOP – Impact to You

Effective, at the earliest, July 1, 2007, the carrier standard system for Medicare will automatically process all diagnosis codes that you submit on your claims.

CAUTION – What You Need to Know

CR4276, the second phase in the implementation of the Negotiated Rulemaking agreement to automatically consider all diagnosis codes reported on claims, includes finalization of the requirements and coding development for the standard system used by Medicare carriers.



GO – What You Need to Do

Make sure that your billing staffs are aware of these changes that allow eight diagnosis codes on Medicare claims effective, at the earliest, July 1, 2007.

Background

While the American National Standards Institute (ANSI) 837P 4010A allows the reporting of up to eight diagnosis codes in the 2300 loop, the Medicare carrier standard system uses only the first four diagnosis codes when processing HIPAA format claims. Carriers have used a manual process to consider the remaining diagnosis codes in the Medicare payment determination.

In CR4276, from which this article is taken, CMS is requiring that (effective no earlier than July 1, 2007) the Medicare carrier standard system capture and process all diagnosis codes that are reported, up to the maximum of eight, on any claim (both electronic and paper) processed.

Additional Information

You can find more information about the application of all diagnosis codes reported in processing carrier claims by viewing CR4276 at *http://www.cms.hhs.gov/Transmittals/downloads/R1095CP.pdf* on the CMS website.

If you have any questions, please contact your carrier at their toll-free number, which may be found at *http://www.cms.hhs.gov/MLNProducts/downloads/CallCenterTollNumDirectory.zip* on the CMS website.

Flu Shot Reminder

Flu season is here! Medicare patients give many reasons for not getting their flu shot, including—"It causes the flu; I don't need it; it has side effects; it's not effective; I didn't think about it; I don't like needles!" The fact is that out of the average 36,000 people in the U.S. who die each year from influenza and complications of the virus, greater than 90 percent of deaths occur in persons 65 years of age and older. You can help your Medicare patients overcome these odds and their personal barriers through patient education. Talk to your Medicare patients about the importance of getting their annual flu shot--and don't forget to immunize yourself and your staff. Protect yourself, your patients, and your family and friends. Get Your Flu Shot. Remember - Influenza vaccination is a covered Part B benefit. Note that influenza vaccine is NOT a Part D covered drug. For more information about Medicare's coverage of adult immunizations and educational resources, go to CMS's website:
http://www.cms.hhs.gov/MLNMattersArticles/downloads/SE0667.pdf