CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 1298	**Date: September 30, 2013**
	Change Request 8098

Transmittal 1217, dated May 3, 2013, is being rescinded and replaced by Transmittal 1298, dated September 30, 2013, to replace CARC 171 with CARC 170 in business requirements 8098.2 and 8098.4. All other information remains the same.

SUBJECT: CWF Editing for Vaccines Furnished at Hospice

I. SUMMARY OF CHANGES: Currently, a hospice can provide vaccines (Influenza, Pneumococcal, and Hepatitis B vaccines) to those beneficiaries who request them, including those who have elected the hospice benefit. These services are only covered when provided to hospice beneficiaries by their hospice provider. This Change Request (CR) updates Medicare systems to prevent non-hospice providers from providing vaccines to hospice beneficiaries.

EFFECTIVE DATE: October 1, 2013
IMPLEMENTATION DATE: October 7, 2013

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-*Only One Per Row.*

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
N/A	

III. FUNDING:
For Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs) and/or Carriers:
No additional funding will be provided by CMS; Contractors activities are to be carried out with their operating budgets

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 obliged 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:

One-Time Notification

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

Attachment - One-Time Notification

Pub. 100-20	Transmittal: 1298	Date: September 30, 2013	Change Request: 8098

Transmittal 1217, dated May 3, 2013, is being rescinded and replaced by Transmittal 1298, dated September 30, 2013, to replace CARC 171 with CARC 170 in business requirements 8098.2 and 8098.4. All other information remains the same.

SUBJECT: CWF Editing for Vaccines Furnished at Hospice

EFFECTIVE DATE: October 1, 2013

IMPLEMENTATION DATE: October 7, 2013

I. GENERAL INFORMATION

A. Background: Currently, a hospice can provide vaccines (Influenza, Pneumococcal, and Hepatitis B vaccines) to those beneficiaries who request them, including those who have elected the hospice benefit. These services are only covered when provided to hospice beneficiaries by their hospice provider. Payment for these services is made using the same methodology as if they were a supplier. See the Medicare Claims Processing Manual (Pub. 100-04), chapter 18, section 10.2.4.

It has come to our attention that there are no edits in place in Medicare systems to prevent non-hospice providers from providing vaccines to hospice beneficiaries. This Change Request (CR) updates Medicare systems to prevent non-hospice providers from providing vaccines to hospice beneficiaries.

B. Policy: No change in policy.

II. BUSINESS REQUIREMENTS TABLE

Use "Shall" to denote a mandatory requirement.

Number	Requirement	Responsibility										
		A/B MAC		DME MAC	FI	CARRIER	RHHI	Shared-System Maintainers				Other
		Part A	Part B					FISS	MCS	VMS	CWF	
8098.1	Effective for claims with dates of service on or after October 1, 2013, CWF shall reject claims for vaccines (Influenza, PPV, and Hepatitis B) containing condition code 07 and a date of service falling within a hospice election when submitted on any institutional claim.							X			X	
8098.1.1	Effective for claims with dates of service on or after October 1, 2013, upon receipt of the CWF edit	X			X							

Number	Requirement	Responsibility										
		A/B MAC		DME MAC	FI	CARRIER	RHHI	Shared-System Maintainers				Other
		Part A	Part B					FISS	MCS	VMS	CWF	
	contractors shall reject claims for vaccines containing condition code 07 and a date of service falling within a hospice election when submitted on any institutional claim.											
8098.2	Contractors shall use the following message when rejecting claims for vaccine containing condition code 07 and a date of service falling within a hospice election when submitted on any institutional claim: 1. Claim Adjustment Reason Code (CARC) 170 - Payment is denied when performed/billed by this type of provider. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present. 2. Remittance Advice Remark Code (RARC) N95 - This provider type/provider specialty may not bill this service 3. Medicare Summary Notice (MSN) 21.18- This item or service is not covered when performed or ordered by this provider. 4. Spanish Version - Este servicio no está cubierto cuando es ordenado o rendido por este proveedor. 5. Group code - CO (Contractor Obligation)	X			X							
8098.3	Effective for claims with dates of service on or after October 1, 2013, CWF shall reject claims for vaccines (Influenza, PPV, and Hepatitis B) containing modifier GW when the date of service falling within a hospice election when submitted on any professional claim if a place of service 34 (hospice) is not present.										X	
8098.3.1	Effective for claims with dates of service on or after October 1, 2013, upon receipt of the CWF edit contractors shall deny claims for vaccines containing modifier GW when the date of service falling within a hospice election when submitted on any professional claim if a place of service 34 (hospice) is not present.		X			X						

Number	Requirement	Responsibility										
		A/B MAC		DME MAC	FI	CARRIER	RHHI	Shared-System Maintainers				Other
		Part A	Part B					FISS	MCS	VMS	CWF	
8098.4	Contractors shall use the following message when denying claims for vaccine containing modifier GW when the date of service falling within a hospice election when submitted on any professional claim if a place of service 34 (hospice) is not present: 1. Claim Adjustment Reason Code (CARC) 170 - Payment is denied when performed/billed by this type of provider. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present. 2. Remittance Advice Remark Code (RARC) N95 - This provider type/provider specialty may not bill this service 3. Medicare Summary Notice (MSN) 21.18- This item or service is not covered when performed or ordered by this provider. 4. Spanish Version - Este servicio no está cubierto cuando es ordenado o rendido por este proveedor. 5. Group code - CO (Contractor Obligation)		X			X						

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility						
		A/B MAC		DME MAC	FI	CARRIER	RHHI	Other
		Part A	Part B					

Number	Requirement	Responsibility						
		A/B MAC		DME MAC	FI	CARRIER	RHHI	Other
		Part A	Part B					
	None							

IV. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements: N/A
Use "Should" to denote a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:

Section B: All other recommendations and supporting information: N/A

V. CONTACTS

Pre-Implementation Contact(s): Wil Gehne, 410-786-6148 or wilfried.gehne@cms.hhs.gov, Bill Ruiz, 410-787-9283 or william.ruiz@cms.hhs.gov

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR) or Contractor Manager, as applicable.

VI. FUNDING

Section A: For Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs), and/or Carriers:
No additional funding will be provided by CMS; Contractors activities are to be carried out with their operating budgets

Section B: For Medicare Administrative Contractors (MACs):
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