MLN Matters®
Information for Medicare Fee-for-Service Health Care Professionals

News Flash – In conjunction with National Arthritis Awareness Month, the Centers for Medicare & Medicaid Services (CMS) reminds health care professionals that Medicare provides coverage of a range of treatments for Medicare beneficiaries with osteoarthritis. As a health care professional, you play a crucial role in helping your patients manage their arthritis. Please join with CMS in spreading the word about management of arthritis and related Medicare benefits. Note that two osteoarthritis measures are included in the 2009 Physician Quality Reporting Initiative (PQRI) program, under which eligible professionals who meet the criteria for satisfactory submission of quality measures can earn incentive payments of 2.0 percent of their total allowed charges for Medicare Physician Fee Schedule covered professional services furnished during that same period. To learn more about National Arthritis Awareness Month, please visit the Arthritis Foundation website at *http://www.arthritis.org* on the Internet. For information on the 2009 PQRI, see *http://www.cms.hhs.gov/PQRI* on the CMS website.

MLN Matters® Number: MM6438

Related Change Request (CR) #: 6438

Related CR Release Date: May 1, 2009

Effective Date: October 1, 2009

Related CR Transmittal #: R487OTN

Implementation Date: October 5, 2009

Modification of the Common Working File (CWF) Copybook to Transmit "WC" Qualifier Alpha Codes to Various Systems. (supplement to CR 5371)

Provider Types Affected

Physician, providers and suppliers who bill Medicare contractors (carriers, Durable Medical Equipment Medicare Administrative Contractors (DME MACs), fiscal intermediaries (FIs), regional home health intermediaries (RHHIs), and Part A/B Medicare administrative contractors (A/B MACs)) for services related to workers' compensation liability claims.

Provider Action Needed

This article is based on Change Request (CR) 6438 and is informational only for providers. In order to prevent Medicare's paying primarily for future medical expenses that should be covered by workers' compensation Medicare set-aside arrangements (WCMSA), a prior instruction from Medicare, CR 5371, provided your Medicare contractors with instructions on the creation of a new Medicare

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Secondary Payer (MSP) code in Medicare's claims processing systems. With the creation of the new MSP code, the Centers for Medicare & Medicaid Services (CMS) has the capability to discontinue conditional payments for diagnosis codes related to WCMSA settlements.

Background

A WCMSA is an allocation of funds from a workers' compensation (WC) related settlement, judgment or award that is used to pay for an individual's future medical and/or future prescription drug treatment expenses related to a workers' compensation injury, illness or disease that would otherwise be reimbursable by Medicare. (The "WC" qualifier denotes a Workers' Compensation Medicare Set-aside Arrangement.) CMS has a review process for proposed WCMSA amounts and updates its systems in connection with its determination regarding the proposed WCMSA amount. For additional information regarding WCMSAs, visit *http://www.cms.hhs.gov/WorkersCompAgencyServices* on the CMS website.

Change Request (CR) 5371 added the qualifier of "WC" to distinguish a WCMSA Medicare Secondary Payer (MSP) Auxiliary Record from a WC MSP record. An MLN Matters® article related to CR 5371 is available at *http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM5371.pdf* on the CMS website.

Even though the "WC" qualifier was added by CR 5371, no adjustment was made to allow for the transfer of the WC modifier's alpha codes from the CWF system to other important Medicare systems and CR 6438 will implement that transfer.

Additional Information

The official instruction, CR 6438, issued to your carrier, FI, A/B MAC, RHHI, and DME MAC regarding this change may be viewed at *http://www.cms.hhs.gov/Transmittals/downloads/R487OTN.pdf* on the CMS website.

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

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