

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 970	Date: October 26, 2011
	Change Request 7467

SUBJECT: VMS Modifications to Oxygen CMN Editing

I. SUMMARY OF CHANGES: Instructs the VMS maintainer to develop and incorporate into its base system programming electronic oxygen CMN editing for 5010 claims to align with the requirements on paper CMN.

EFFECTIVE DATE: April 1, 2012

IMPLEMENTATION DATE: April 2, 2012

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
N/A	

III. FUNDING:

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.

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. ATTACHMENT:

One-Time Notification

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

Attachment – One-Time Notification

Pub. 100-20	Transmittal: 970	Date: October 26, 2011	Change Request: 7467
-------------	------------------	------------------------	----------------------

SUBJECT: VMS Modifications to Oxygen CMN Editing

Effective Date: April 1, 2012

Implementation Date: April 2, 2012

I. GENERAL INFORMATION

The purpose of this Change Request is to instruct the VMS maintainer to develop and incorporate into its base system programming electronic oxygen CMN editing for 5010 claims to align with the requirements on paper CMN.

A. Background:

The issue with the editing of the electronic oxygen CMN is to align it with the requirements on the paper CMN. The paper CMN/DIFs were updated with CR 4296 but the requirements for the paper Oxygen CMN did not change from the previous version to the current version in use today.

Paper Oxygen CMN Form # 484.03 has:

“ANSWER QUESTIONS 7-9 **ONLY** IF PO2 = 56-59 OR OXYGEN SATURATION = 89 IN QUESTION 1”.

Current CEDI edit logic for 4010A1 claims which did not change from when front end edits were done by VMS:

If PO2 is between 55 and 60, at least one question of questions 7 – 9 must be answered.

If Oxygen Saturation is above 80%, at least one question of questions 7 – 9 must be answered.

Question 7 is in the 2400.CR513 where “1” equates to a “Yes” response.

Question 8 is in the 2400.CR514 where “2” equates to a “Yes” response.

Question 9 is in the 2400.CR515 where “3” equates to a “Yes” response.

Part of the issue with 4010A1 claims is that if the CR513, CR514 or CR515 is blank, it is not interpreted by VMS to be “No” response; instead, it is a non-response. This will be resolved with version 5010 as it will use the FRM segment to indicate the responses to questions 7 – 9 with “Y” or “N”.

The 5010 edits (as they are listed right now) appear that they would still have the same outcome as the logic used for 4010A1:

If 2440.LQ = "484.03" and 2440.FRM01 = "1A" and **FRM03** >= **56.0** and <= **59.0**, one occurrence of 2440.FRM with FRM01 = "07", "08" or "09" is required.

If 2440.LQ = "484.03" and 2440.FRM01 = "1B" and **FRM03** >= **89.0**, one occurrence of 2440.FRM with FRM01 = "07", "08" or "09" is required.

The current edit logic above does not match with current CMS policy where standard rounding rules should be applied so that:

Where the paper CMN states PO2 = 56-59, this would include values submitted as 55.5 through 59.4; and

Where the paper CMN states the Oxygen Saturation = 89, this would indicate values submitted as 88.5 – 89.4.

The 5010 front end edits and VMS processing logic should be updated to match the standard rounding rules and also address the following:

1. Any value of 55.5 though 59.4 for PO2 require CMN questions 7-9.
2. The value of 88.5 through 89.4 for Oxygen Saturation requires questions 7-9.
3. All questions 7-9 are required to be answered when the criteria in question 1 was met

The business requirements associated with this change request will be effective on **January 1, 2012**.

B. Policy: N/A

II. BUSINESS REQUIREMENTS TABLE

Use "Shall" to denote a mandatory requirement

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B M A C	D M E M A C	F I C R I E R	C A R R I E R	R H H I	Shared-System Maintainers				OTH ER
							F I S S	M C S	V M S	C W F	
7467.1	VMS inbound CMN mapping logic for 5010 claims shall be revised for Oxygen CMNs to round the values for arterial blood gas (PO2) and/or oxygen saturation tests in Loop and Segment 2440.LQ if they are submitted with decimals.								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 R I E R	C A R R I E R	R H H I	Shared-System Maintainers				OTH ER
							F I S S	M C S	V M S	C W F	
	None.										

IV. SUPPORTING INFORMATION

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

Use "Should" to denote a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:
	None.

B. Contractor Financial Reporting /Workload Impact: N/A

V. CONTACTS

Pre-Implementation Contact(s):

Doris Jackson, 410-786-4459; Doris.Jackson@cms.hhs.gov

Post-Implementation Contact(s):

Contact your Contracting Officer's Technical Representative (COTR) 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; 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.