

DME MAC Jurisdiction A

Crossover Claims Impacted by Common Working File (CWF) Pacific Host Site Problem that occurred on May 04, 2009 (JSM 09321) ([GEN](#))

Revised June 15, 2009

Posted June 12, 2009

Note: *JSM 09321 has been revised. Where stated: Arizona has replaced Arkansas. All other information remains the same.*

The Centers for Medicare & Medicaid Services (CMS) is alerting all providers, physicians, and suppliers to a problem that occurred on May 4, 2009, and would have negatively impacted their patients' crossover claims. On May 4, 2009, Medicare contractors that utilize the Common Working File (CWF) Pacific Host Site for paid claims authorization for their beneficiaries who primarily reside, or until recently resided, in Arizona, California, Hawaii, and Nevada did not receive the customary confirmation from their host site that various claims were selected for crossover. The identified problem inhibiting the crossing over of claims was limited to the CWF Pacific Host's payment authorization process on May 4, 2009, and most likely would have impacted those claims billed to Part A and Part B Medicare Administrative Contractors (A/B MACs), carriers, fiscal intermediaries, and Durable Medical Equipment Medicare Administrative Contractors (DME MACs) around April 30 or May 1, 2009. The CMS volume estimates in terms of impacted claims are as follows: approximately 78,700 Part B physician claims; over 10,000 institutional claims; and an undetermined number of DME MAC claims (claims for durable medical equipment, prosthetics, orthotics, and medical supplies).

Providers, physicians, and suppliers should note that, as aforementioned, not all claims sent to the CWF Pacific Host Site on May 4, 2009, encountered crossover problems. Therefore, CMS' recommendation to individual providers, physicians, and suppliers is as follows: Examine your electronic remittance advice or standard paper remittance advice to determine if your patients' claims are identified as having been crossed over to your patients' supplemental insurers. If you determine these claims were not crossed over, you are within your rights to submit claims to your patients' insurers for supplemental payment using methodologies acceptable to those entities.