

MEDICARE PART A BULLETIN

July 25, 1997

CMHC Medicare Bulletin M-10

TO: All Medicare Community Mental Health Center (CMHC) Providers

FROM: Andy DePirro, Director, Program Relations

SUBJECT: **REITERATION OF TYPE OF BILL CODE (76X) FOR CMHC BILLING:
EFFECTIVE APRIL 1, 1997**

ATTENTION MEDICARE BUSINESS OFFICE: Please distribute to all appropriate health care facility personnel.

CMHC Medicare Bulletin M-09, published January 28, 1997, advised Community Mental Health Center (CMHC) providers that the Health Care Financing Administration (HCFA), in conjunction with the National Uniform Billing Committee (NUBC), designated a distinct new type of bill code (76X) for CMHC billing, effective April 1, 1997.

The purpose of this bulletin to reiterate instructions requiring CMHC providers to utilize TOB 76X, effective April 1, 1997. Our processing system allowed a "grace period," through June 30, 1997, for CMHC providers to transition to the new TOB requirement. However, many CMHC providers have failed to comply with HCFA's instructions by continuing to submit bills reflecting TOB code 74X rather than correctly submitting TOB code 76X.

As of July 1, 1997, all CMHC claims received by the intermediary with the incorrect TOB (74X) have resulted in return-to-provider (RTP) claims. CMHC providers should resubmit these RTP claims as new submissions, preferably via electronic mode, using the correct TOB (76X).

HCFA ESTABLISHED THE NEW CMHC BILL TYPE (76X) TO ALLOW ACCURATE CAPTURING OF DATA AND MORE EFFICIENT CLAIMS PAYMENT UNDER THE MEDICARE PROGRAM. EFFECTIVE APRIL 1, 1997, TOB 76X BECAME THE ONLY VALID BILL TYPE FOR CMHC CLAIMS. THEREFORE, ALL CMHC PROVIDERS MUST COMPLY WITH HCFA'S BILLING INSTRUCTIONS AND UTILIZE ONLY TOB 76X FOR SUBMISSION OF MEDICARE PART A CLAIMS, VIA THE HCFA-1450/UB-92 BILLING FORMAT.

Questions regarding this bulletin may be addressed to the Medicare Part A Customer Service Department by calling 904/355-8899.