

This document is intended as a help guide for attaching a CMN to a Durable Medical Equipment (DME) claim entered in the PC-ACE software. It is not intended to replace the general help (accessible by the F1 key) or specific item help (accessible by right-clicking or selecting the F2 key on a specific item) functions in the PC-ACE software nor the PC-ACE User Manual itself. For help with any questions not covered here, please utilize these resources.

For questions on how to bill CMN claims, contact the DME MAC Jurisdiction which will be processing the claims for payment.

PC-ACE was designed for both Institutional (Medicare Part A or hospital/home health/hospice claims) and Professional (Medicare Part B or office visits, and Durable Medical Equipment or DME) billing. Since this is a Medicare DME support document, we will not be covering Medicare Part A or Part B functions.

Note: Durable Medical Equipment [DME] Information Forms (DIFs) are classified as CMNs in the software and claims format, and are selected the same way. Follow the directions below to attach a CMN or a DIF to a claim using the PC-ACE software.

Elimination of Certificates of Medical Necessity & Durable Medical Equipment Information Forms — January 1, 2023

CMS has discontinued Certificates of Medical Necessity (CMNs) and DME Information Forms (DIFs) effective for claims with dates of service January 1, 2023 and after.

- For dates of service on or after January 1, 2023: CEDI will reject any electronic claims submitted with a CMN or DIF
- For dates of service before January 1, 2023: Submit CMN and DIF forms or their electronic claim data elements with the claims if required

Questions related to use of the PC-ACE software should be directed to the CEDI Help Desk at ngs.cedihelpdesk@anthem.com or 866-311-9184.

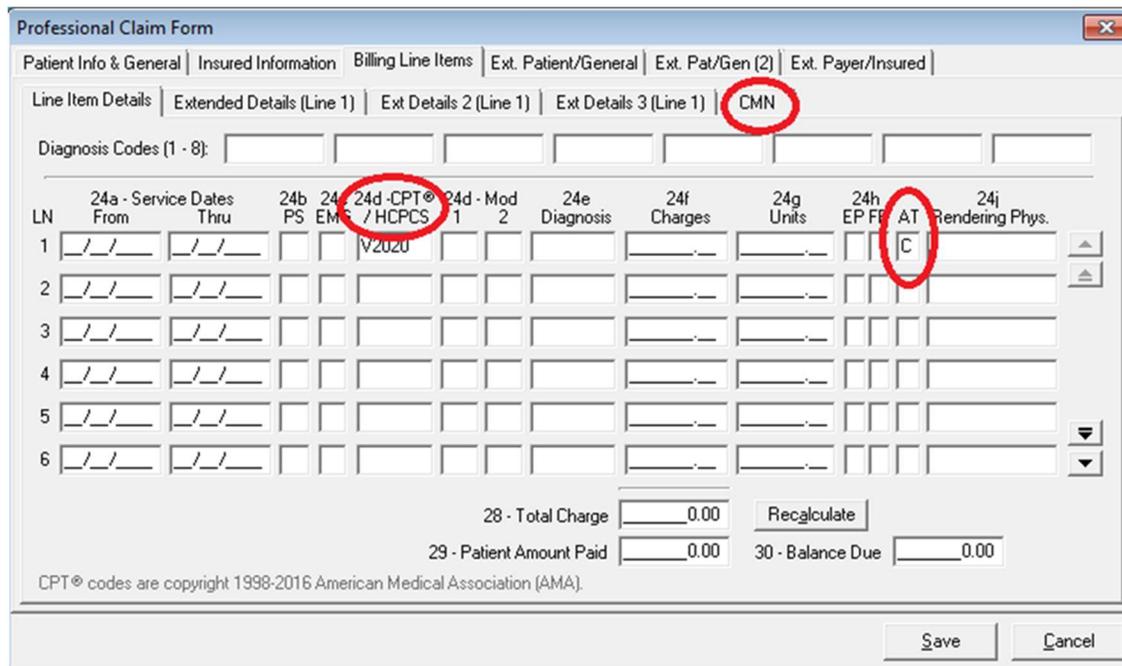
Attaching a CMN

For dates of service before January 1, 2023, submit the CMN or DIF electronic claim data elements with the claims, if required.

For dates of service on or after January 1, 2023, **do not** include CMN or DIF information with the claims. CEDI will reject any electronic claims submitted with a CMN or DIF.

The CMN (or DIF) information will be added to the claim under the **Billing Line Items** tab. DIFs are classified as CMNs in PC-ACE and the electronic claims format.

The **Billing Line Items** tab has multiple sub tabs.



Professional Claim Form

Patient Info & General | Insured Information | **Billing Line Items** | Ext. Patient/General | Ext. Pat/Gen (2) | Ext. Payer/Insured

Line Item Details | Extended Details (Line 1) | Ext Details 2 (Line 1) | Ext Details 3 (Line 1) | **CMN**

Diagnosis Codes (1 - 8):

LN	24a - Service Dates From	24a - Service Dates Thru	24b PS	24c EM	24d - CPT® / HCPCS	24d - Mod 1	24d - Mod 2	24e Diagnosis	24f Charges	24g Units	24h EP	24h FP	24h AT	24j Rendering Phys.
1					V2020								C	
2														
3														
4														
5														
6														

28 - Total Charge 0.00 Recalculate

29 - Patient Amount Paid 0.00 30 - Balance Due 0.00

CPT® codes are copyright 1998-2016 American Medical Association (AMA).

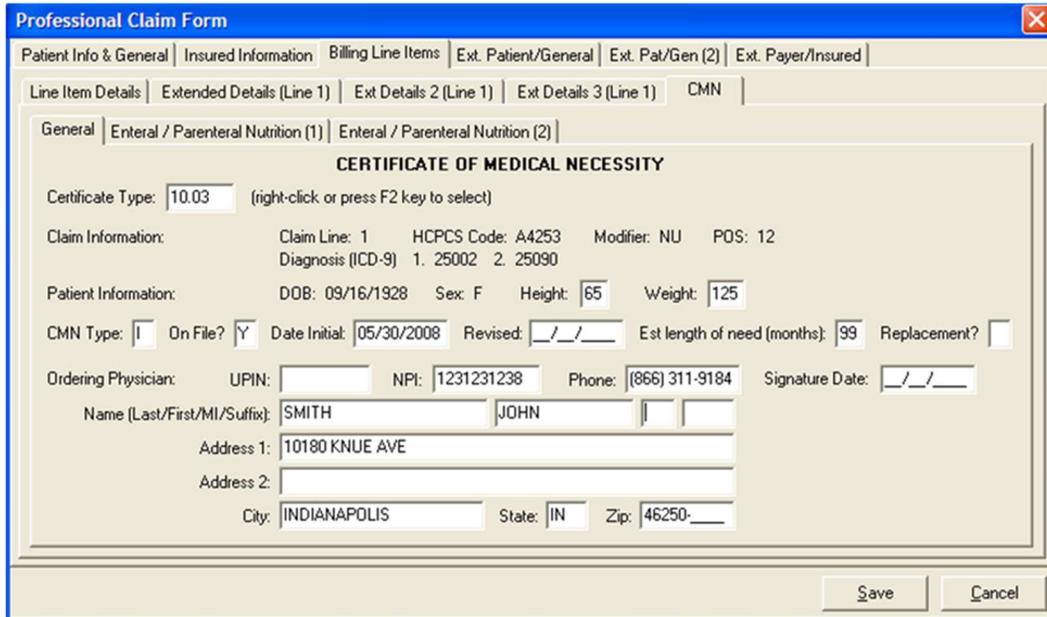
Save Cancel

Line Item Details sub tab (the first tab on the second row of tabs in the screenshot above):

- The HCPCS code must be entered to allow the **CMN** tab to display. This can be entered manually or chosen by right-clicking the F2 look up option.
- **Indicators and Attachments:** The small boxes to the right of **Units** labeled **EP**, **FP**, and **AT** are used to indicate a situation or include an attachment.
 - The **AT** field is used to indicate a CMN/DIF is on the claim.
 - Enter a **C** for **CMN Attachment**. This will produce the tab for entering a CMN/DIF.
 - The charge line where the **C** is placed will attach the CMN/DIF to only that charge line. If a CMN/DIF needs to be attached to multiple charge lines, the **C** will need to be placed in the corresponding **AT** fields.
 - The **CMN** tab will become the fifth tab in the second row under **Billing Line Items**.

CMN tab:

The **CMN** tab is only visible if the **AT** field on the **Line Item Details** tab has a value of **C** entered.



Professional Claim Form

Patient Info & General | Insured Information | Billing Line Items | Ext. Patient/General | Ext. Pat/Gen (2) | Ext. Payer/Insured

Line Item Details | Extended Details (Line 1) | Ext Details 2 (Line 1) | Ext Details 3 (Line 1) | **CMN**

General | Enteral / Parenteral Nutrition (1) | Enteral / Parenteral Nutrition (2)

CERTIFICATE OF MEDICAL NECESSITY

Certificate Type: 10.03 (right-click or press F2 key to select)

Claim Information: Claim Line: 1 HCPCS Code: A4253 Modifier: NU POS: 12
Diagnosis (ICD-9) 1. 25002 2. 25090

Patient Information: DOB: 09/16/1928 Sex: F Height: 65 Weight: 125

CMN Type: I On File? Y Date Initial: 05/30/2008 Revised: ___/___/___ Est length of need (months): 99 Replacement?

Ordering Physician: UPIN: _____ NPI: 1231231238 Phone: (866) 311-9184 Signature Date: ___/___/___
Name (Last/First/MI/Suffix): SMITH JOHN
Address 1: 10180 KNUE AVE
Address 2: _____
City: INDIANAPOLIS State: IN Zip: 46250-____

Save Cancel

General sub-tab:

- **Certificate Type:** Right-click or use the F2 lookup feature to select the appropriate CMN/DIF from the list.
- **Claim Information:** This should be populated from the information entered on the **Line Item Details** tab.
- **Patient Information:** Enter information as appropriate for the CMN/DIF.
- **CMN Type:** Using the right-click or F2 lookup feature, select the CMN/DIF type
 - I – Initial
 - R – Renewed
 - S – Revised
- **On File?:** Select the appropriate option for the CMN/DIF.
- **Date Initial/Revised:** Enter the date associated with this CMN/DIF.
 - **Revised** date is only entered if the **CMN Type** is **R** or **S**.
- **Est. length of need (months) and Replacement?:** Enter the number of months and select the appropriate option for the CMN/DIF.
- **Ordering Physician:** Enter information as appropriate for the CMN/DIF.

- **Signature Date:** This date corresponds to the date the physician signed the CMN or the date the Supplier signed the DIF.

Additional tabs:

The **Additional** tab(s) are based on the type of CMN/DIF entered in the claim.

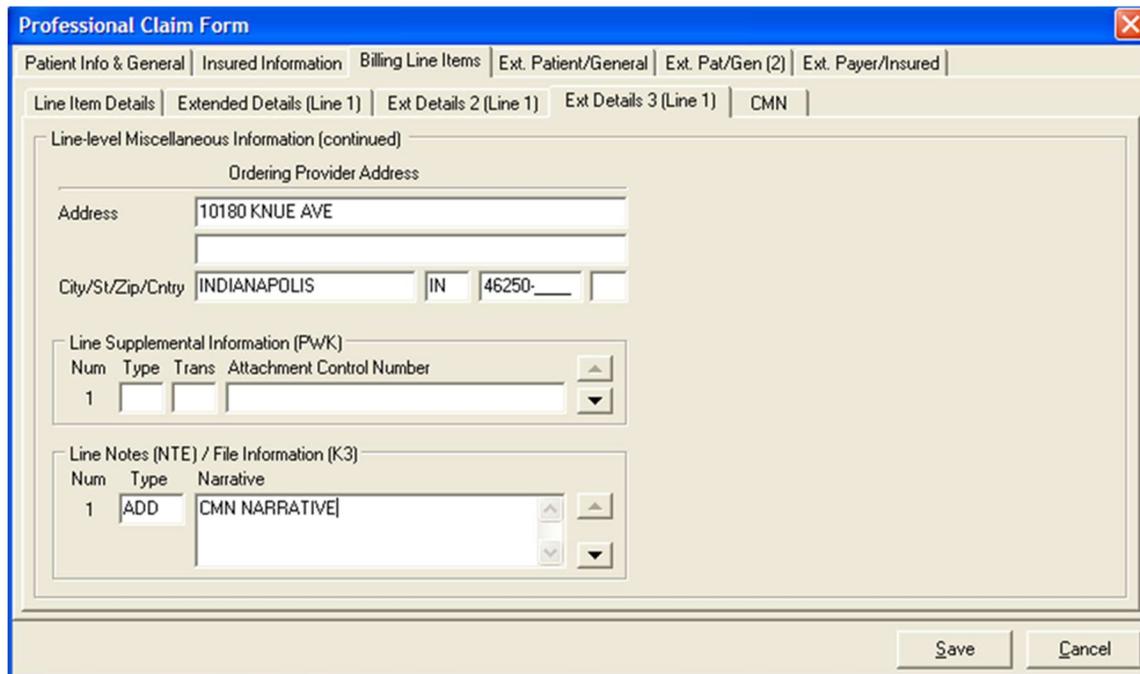
Note: For electronic Oxygen CMNs where Question 1a) is answered with a value from 56 to 59, or where Question 1b) is answered with a value greater than 88, at least one of the three questions on the **Oxygen (2)** tab must be answered with a **Y** for Yes.

- The claim may have a valid Oxygen CMN indicating **N** for No on all three questions
- If the Oxygen CMN does not have at least one **Y**, this claim may need to be billed by paper.
 - Contact the DME MAC Jurisdiction where the claim will be processed in order to verify the claim meets the requirements for paper claims submission.
- The paper Oxygen CMN indicates these questions must be answered only if the value in Question 1b) is equal to 89. The requirements for electronic claims are based on wording in the ANSI Implementation Guide for 5010A1 indicating greater than 88. The requirements for Question 1a) are the same for paper and electronic.

Entering a Narrative:

The narrative for a CMN/DIF is typically entered on the charge line.

Under **Billing Line Items**, select the **Ext Details 3 (Line #)** for the charge line where the CMN/DIF was attached.



Professional Claim Form

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Line Item Details | Extended Details (Line 1) | Ext Details 2 (Line 1) | **Ext Details 3 (Line 1)** | CMN

Line-level Miscellaneous Information (continued)

Ordering Provider Address

Address: 10180 KNUE AVE

City/St/Zip/Cntry: INDIANAPOLIS IN 46250-____

Line Supplemental Information (FWK)

Num	Type	Trans	Attachment Control Number
1			

Line Notes (NTE) / File Information (K3)

Num	Type	Narrative
1	ADD	CMN NARRATIVE

Save Cancel

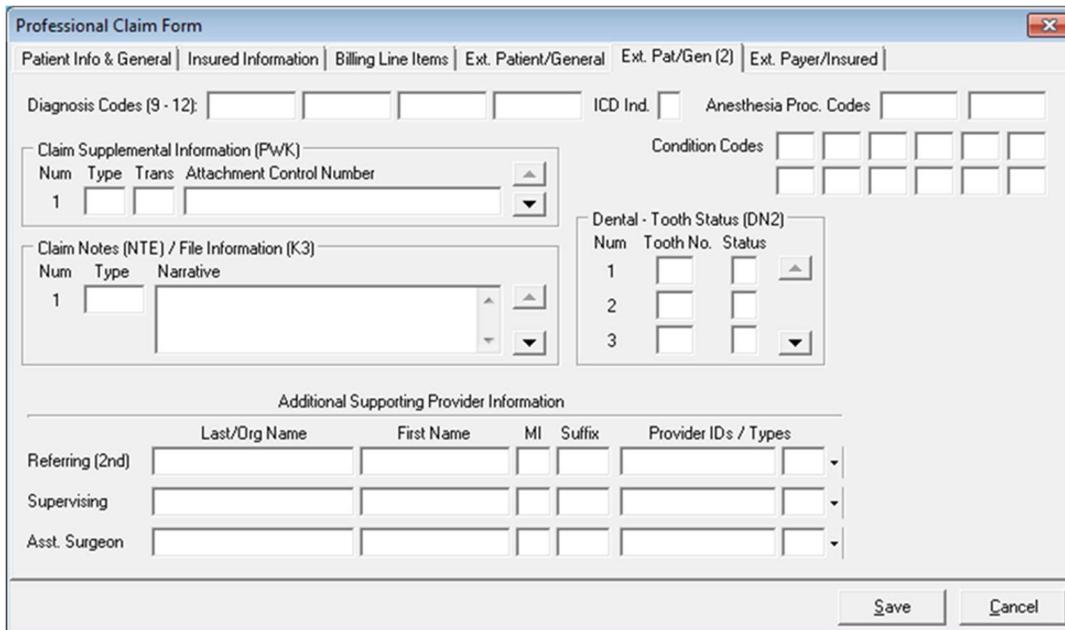
Under the **Line Note (NTE)/File Information (K3)** section enter the following information:

- **Type:** Enter or select **ADD** using the right-click or F2 look-up feature to add a Narrative or note to the charge line.
- **Narrative:** Enter the note/narrative for the CMN/DIF.

Ext. Pat/Gen (2) tab:

The Ext. Pat/Gen (2) tab can be used to enter a narrative for a CMN/DIF at the claim level, if required.

Note: Contact the DME MAC Jurisdiction where the claim will be processed for more information if a claim level narrative is needed.



The screenshot shows the 'Professional Claim Form' window with the 'Ext. Pat/Gen (2)' tab selected. The interface includes the following sections:

- Diagnosis Codes (9 - 12):** Four input fields.
- ICD Ind.** A checkbox.
- Anesthesia Proc. Codes:** Two input fields.
- Claim Supplemental Information (PwK):** A table with columns: Num, Type, Trans, Attachment, Control Number. Row 1: 1, [], [], [], [].
- Condition Codes:** A 2x6 grid of input fields.
- Claim Notes (NTE) / File Information (K3):** A table with columns: Num, Type, Narrative. Row 1: 1, [], [].
- Dental - Tooth Status (DN2):** A table with columns: Num, Tooth No., Status. Rows 1-3: 1, [], []; 2, [], []; 3, [], [].
- Additional Supporting Provider Information:** A table with columns: Last/Org Name, First Name, MI, Suffix, Provider IDs / Types. Rows: Referring (2nd), Supervising, Asst. Surgeon.

Buttons for 'Save' and 'Cancel' are located at the bottom right of the form.

Claim Notes(NTE)/File Information (K3)

- **Type:** Select **CER** using the right-click or F2 lookup feature to indicate CMN/DIF narrative information.
- **Narrative:** Enter the CMN/DIF narrative, if needed.