

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 1517	Date: July 2, 2015
	Change Request 9137

Transmittal 1481, dated March 27, 2015, is being rescinded and replaced by Transmittal 1517, dated July 2, 2015, to remove the requirement for report files to be password protected, and clarify how files shall be sent to CMS. All other information remains the same.

SUBJECT: Tester Resolution Reports for International Classification of Diseases, Tenth Revision (ICD-10) Limited End to End Testing with Submitters

I. SUMMARY OF CHANGES: This Change Request will require MACs to produce a report for each tester that provides the final status of each claim that was submitted.

EFFECTIVE DATE: April 27, 2015

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

IMPLEMENTATION DATE: May 29, 2015 - for April 2015 testing; August 21, 2015 - for July 2015 testing

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-*Only One Per Row.*

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
	N/A

III. FUNDING:

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. ATTACHMENTS:

One Time Notification

Number	Requirement	Responsibility										
		A/B MAC			D M E M A C	Shared- System Maintainers				Other		
		A	B	H H H		F I S S	M C S	V M S	C W F			
	template (institutional and professional) to that tester.											
9137.1.1.1	For the RARC/CARC code field on the report, MACs shall list up to three RARC/CARC codes for denied or partially denied claims. These should be the denial RARC/CARC codes for the line or claim.	X	X	X	X							
9137.2	MACs shall send the report to testers by the following dates: By May 29, 2015 for April 2015 testers. By August 21, 2015 for July 2015 testers.	X	X	X	X						RRB-SMAC	
9137.2.1	MACs shall retain the reports for no less than 90 days from the due date.	X	X	X	X							
9137.3	MACs shall also send a copy of all reports to CMS in ZIP files emailed to the ICD-10ImplementationPlanning@cms.hhs.gov mailbox by the same dates in Requirement 9137.2. A/B MACs shall submit one Part A and one Part B ZIP file per jurisdiction. MACs may submit more than one ZIP file if the number of files is too large.	X	X	X	X						RRB-SMAC	
9137.4	MACs shall keep a log of all testing issues and problems found during each round of testing using the attached template. Items do not need to be confirmed problems, anything that may impact testing shall be reported. MACs may add additional fields if needed.	X	X	X	X							
9137.4.1	MACs shall use the template to report all problems to CMS via the ICD-10ImplementationPlanning mailbox as soon as possible, but no later than 24 hours after discovering the issue.	X	X	X	X							
9137.4.2	In addition to sending the template when a new issue/problem is reported, MACs shall send updates to the template for all open issues every two business days until all issues are resolved/closed.	X	X	X	X							

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			D M E M A C	C E D I
		A	B	H H H		
	None					

IV. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements:

"Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:

Section B: All other recommendations and supporting information: N/A

V. CONTACTS

Pre-Implementation Contact(s): Stacey Shagena, 410-786-8208 or Stacey.Shagena@cms.hhs.gov

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR).

VI. FUNDING

Section A: For Medicare Administrative Contractors (MACs):

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ATTACHMENTS: 4

Contractor
Testing Week
Report Date

Apr-15

Issue/Problem

Date Discovered Date Resolved

Line of business(es)	# of testers affected	# of claims affected	ERAs delayed?	Date ERAs Sent
<i>A, B, DME, HHH, All</i>			<i>Y/N</i>	

ERAs produced?

Y/N

Claims Passing Front End Edits

Submitter ID	NPI	PTAN	Date of Receipt	ICN/CCN	Claim From Date	Claim Thru Date	Amount Billed	Denial RARC/CARC Codes (up to 3)	Paid Date	Claim Status	Unresolved Reason
										Paid Denied Claim Unresolved	Non-ICD-10 system issue ICD-10 system issue HIC set-up issue HIC was not submitted for test HIC posted Date of Death NPI set-up issue NPI was not submitted for test Claim recycling at CWF Claim did not complete timely

Submitter ID

Claims Passing Front End Edits

CCN	NPI	PTAN	Date of Receipt	Claim From Date	Claim Thru Date	Amount Billed	Denial RARC/CARC Codes (up to 3)	Paid Date	Claim Status	Unresolved Reason
									Paid Denied Claim Unresolved	Non-ICD-10 system issue ICD-10 system issue HIC set-up issue HIC was not submitted for test HIC posted Date of Death NPI set-up issue NPI was not submitted for test Claim recycling at CWF Claim did not complete timely

Claims Passing Front End Edits

Submitter ID	NPI	PTAN	Date of Receipt	DCN	TOB	Claim From Date	Claim Thru Date	Amount Billed	Reason Code	Denial RARC/CARC Codes (up to 3)	Paid Date	Claim Resolution	Unresolved Reason
												Paid Denied Rejected (FISS/CWF) RTP Claim Unresolved	Non-ICD-10 system issue ICD-10 system issue HIC set-up issue HIC was not submitted for test HIC posted Date of Death NPI set-up issue NPI was not submitted for test Claim recycling at CWF Claim did not complete timely