CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 348	Date: June 6, 2008
	Change Request 5819

SUBJECT: Modify the CWF Feed to Limit the Amount of Preventive Data Rows Being Loaded

I. SUMMARY OF CHANGES: The purpose of this instruction is to modify CWF feed to limit the amount of preventive data rows being loaded.

NEW / REVISED MATERIAL EFFECTIVE DATE: *October 1, 2008 IMPLEMENTATION DATE: October 6, 2008

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	l
N/A		

III. FUNDING:

SECTION A: For Fiscal Intermediaries and 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): Not Applicable.

IV. ATTACHMENTS:

One-Time Notification

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

Attachment – One-Time Notification

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SUBJECT: Modify the CWF Feed to Limit the Amount of Preventive Data Rows Being Loaded.

EFFECTIVE DATE: October 1, 2008

IMPLEMENTATION DATE: October 6, 2008

I. GENERAL INFORMATION

A. Background:

The Oracle data structure can not handle the volume of Preventive data that is anticipated by the end of calendar year 2007.

B. Policy: N/A

II. BUSINESS REQUIREMENTS TABLE

Use "Shall" to denote a mandatory requirement

Number	er Requirement Responsibility (applicable colu					• •	(place an "X" in each umn)							
		A		-	C	R		Shar			OTH			
		/ B	M E		A R	H H		Syst aint		rs	ER			
					R	I	F	M		C				
		M			Ι		Ι	C	Μ	W				
		A C	A C		E R		S S	S	S	F				
5819.1	CWF shall modify the feed load into the MBD/CME database.									X	HET S/M BD			
5819.2	CWF shall replace a preventive service HCPC code with zeros when associated with a rule code equal to 018, 'Beneficiary not eligible due to gender'.									X				
5819.3	CWF shall replace a preventive service HCPC code with zeros when associated with a rule code equal to 019, 'Beneficiary not entitled to Part B. Beneficiary not entitled to Part B in last 27 months.									X	HET S/M BD			
5819.4	CWF shall replace a preventive service HCPC code with zeros when associated with a rule code equal to 022, 'Beneficiary not entitled due to Date of Death. Beneficiary's date of death is > 27 months prior.									X	HET S/M BD			
5819.5	CWF shall replace preventive service HCPCS codes G0344, G0366, G0367, G0368 with zeros when associated with a rule code equal to 020 'Beneficiary not									X	HET S/M BD			

Number	Requirement Responsibility (pla applicable column					lace an "X" in each n)					
		A	D	F	C	R		Sha	red-		OTH
		/	Μ	Ι	A	Η		Syst	tem		ER
		B	Е		R	Η	Μ	aint	aine	ers	
					R	Ι	F	Μ	V	С	
		Μ	Μ		Ι		Ι	C	Μ	W	
		A	Α		E		S	S	S	F	
		C	С		R		S				
	eligible for the service. The beneficiary's most recent										
	Part B effective date is > 33 months ago.										
5819.6	CWF shall replace terminated Preventive HCPCS codes									Х	HET
	with the new Preventive HCPC code or zeros if no new										S/M
	HCPC exist when an associated rule code equal to 024										BD
	'HCPC terminated prior to next eligible date' is present.										

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A	D	F	C	R				OTH	
		/	Μ	Ι	A	Η	System			ER	
		В	Е		R	Η	Μ	aint	aine	rs	
					R	Ι	F	Μ	V	С	
		M			I		Ι	C	Μ		
		A	A		E		S	S	S	F	
	•••	С	С		R		S				
	None.										

IV. SUPPORTING INFORMATION

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

Use "Should" to denote a recommendation.

X-Ref	Recommendations or other supporting information:
Requireme	
nt	
Number	

B. For all other recommendations and supporting information, use this space:

V. CONTACTS

Pre-Implementation Contact(s): Vivian Rogers, 410-786-8142, Vivian.Rogers@cms.hhs.gov

Post-Implementation Contact(s): Appropriate CMS Regional Office

VI. FUNDING

A. For Fiscal Intermediaries and Carriers:

No additional funding will be provided by CMS; contractor activities are to be carried out within their operating budgets.

B. *For Medicare Administrative Contractors (MAC)*: Not Applicable.