

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 2019	Date: January 26, 2018
	Change Request 10415

SUBJECT: Redesign of Flu Vaccines in Fiscal Intermediary Shared System (FISS)

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to provide an alternative method to the implementation of Influenza/Pneumococcal vaccine Healthcare Common Procedure Coding System (HCPCS) codes received on a recurring basis. In addition, this suggestive alternative will provide a user controlled methodology as well as reduce the amount of hours required by FISS to implement the recurring HCPCS received for Influenza and Pneumococcal claims processing.

EFFECTIVE DATE: July 1, 2018 - - BR10415.1 through BR10415.12.5 and October 1, 2018 BR10415.13 through BR10415.16

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

IMPLEMENTATION DATE: July 2, 2018 - - BR10415.1 through BR10415.12.5 and October 1, 2018 – BR10415.13 through BR10415.16

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/revise 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	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

Attachment - One-Time Notification

Pub. 100-20	Transmittal: 2019	Date: January 26, 2018	Change Request: 10415
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SUBJECT: Redesign of Flu Vaccines in Fiscal Intermediary Shared System (FISS)

**EFFECTIVE DATE: July 1, 2018 - - BR10415.1 through BR10415.12.5 and October 1, 2018
BR10415.13 through BR10415.16**

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

**IMPLEMENTATION DATE: July 2, 2018 - - BR10415.1 through BR10415.12.5 and October 1, 2018
- BR10415.13 through BR10415.16**

I. GENERAL INFORMATION

A. Background: Routinely, the Center for Medicare & Medicaid Services (CMS) distributes new HCPCS codes for the implementation of Influenza/Pneumococcal vaccines. As an example, CMS issued CR 10196 to implement new Influenza/Pneumococcal vaccines with an effective date of August 1, 2017. The new HCPCS included in this CR will also be included in the January 2018 recurring HCPCS update file. The FISS incorporates the new HCPCS into the standard system through the internal FISS HCPCS file and performs modifications to existing Reason Codes and/or new Reason Codes. There are approximately 30 FISS Reason Codes that are updated each time a new Influenza/Pneumococcal HCPCS is implemented or changed.

Future State

FISS is proposing the implementation of a new online HCPCS Control (HCPCS CONTR) file (see Attachment A) to load all HCPCS including Influenza/Pneumococcal HCPCS with a Type of Service equal to 'V'. Once the FISS logic changes are implemented, the system will utilize this file to verify and validate billing of Influenza/Pneumococcal HCPCS. The file will provide the ability for the MAC community to maintain new/changed Influenza/Pneumococcal HCPCS received during an off-annual basis without FISS system changes required. This design will eliminate the need to modify code associated with the Influenza/Pneumococcal related Reason Codes and reduce the amount of time required to implement recurring changes.

B. Policy: There are no regulatory, legislative, or statutory requirements related to this CR.

II. BUSINESS REQUIREMENTS TABLE

"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
10415.1	FISS shall create a new online Virtual Storage Access Method HCPCS CONTR file accessible via the File Maintenance (05).					X				
10415.1.1	FISS shall Include the following FISS standard					X				

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	screen headings: <ol style="list-style-type: none"> 1. MAP Number 2. MAP Heading 3. Transaction Date 4. Operator ID 5. Release Version Number 									
10415.2	FISS shall include the following data elements on the online HCPCS CONTR : <ol style="list-style-type: none"> 1. HCPCS/Modifier (5 Positions) 2. Short Description (28 Positions) 3. HCPCS XREF (5 Positions) – Occurs 5 times 4. HCPCS Pricing Indicator Code (2 Positions) – Occurs 4 times 5. HCPCS Multiple Pricing Indicator Code (1 Position) 6. HCPCS Lab Certification Code (3 Positions) - Occurs 8 times 7. HCPCS Coverage Code (1 Position) 8. HCPCS ASC Payment Group Code (2 Positions) 9. HCPCS MOG Payment Group Code (3 Positions) 10. HCPCS MOG Payment Policy Indicator (1 Position) 11. HCPCS Processing Note Number (4 Positions) 12. HCPCS Type of Service Code (1 					X				

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	Position) – Occurs 5 times 13. HCPCS Berenson-Eggers Type of Service Code (3 Positions) 14. HCPCS Code Added Date (MM/DD/YY) 15. HCPCS Termination Date (MM/DD/YY) 16. HCPCS Action Code (1 Position) 17. HCPCS ASC Effective Date (MM/DD/YY) 18. HCPCS MOG Effective Date (MM/DD/YY) 19. HCPCS Action Effective Date(MM/DD/YY) 20. Coverage Issues Manual Reference (6 Positions) – Occurs 3 times 21. Carrier Manual Reference (8 Positions) – Occurs 3 times 22. Statute (10 Positions) 23. Anesthesia Unit Quantity (3 Positions)									
10415.3	FISS shall perform updates to the HCPCS CONTR file on an annual basis.					X				
10415.3.1	FISS shall perform the annual yearly update function to add new data and replace existing data with new data received while retaining any unmatched updates.					X				

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
10415.4	FISS shall add a new online option for the HCPCS CONTR file to MAP1025					X				
10415.4.1	FISS shall include a transaction type equal to E (Entry), U (Update) or I (Inquiry).					X				
10415.4.1.1	FISS shall set the default value to equal N (No).					X				
10415.5	FISS shall add the HCPCS CONTR file to the Operator Control file on MAP128C.					X				
10415.5.1	FISS shall include the Access value of Y (Yes), N (No) or I (Inquiry).					X				
10415.5.1.1	FISS shall display a message "NOT AUTH" when an Operator is not authorized.					X				
10415.6	FISS shall allow entry, inquiry and update to the HCPCS CONTR file based on authority in the Operator Control file.					X				
10415.7	FISS shall modify the 092-Report, Operator Control File Maintenance report to include the new HCPCS CONTR file.					X				
10415.8	FISS shall modify the 692, Operator Control File Validation – Operators with Operator Control File Update or PF12 Capabilities, report to include the new HCPCS CONTR file.					X				
10415.9	FISS shall modify the 693, Operator Control File Validation – Operators without Operator Control File Update or PF12					X				

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	Capabilities, report to include the new HCPCS CONTR file.									
10415.10	FISS shall add the HCPCS CONTR file to the In-house Security and Logging file on MAP189D					X				
10415.10.1	FISS shall include the values of Y (Yes), N (No) and V (Validate).					X				
10415.10.2	FISS shall set the default value to equal V (Validate).					X				
10415.11	FISS shall create new file maintenance edits to assign on the HCPCS CONTR file when invalid information is entered.					X				
10415.11.1	FISS shall create a new file maintenance edit to assign when the HCPCS pricing indicator is not equal to spaces, 00 and 11 through 13, 21, 22 and 31 through 39, 45, 46 and 51 through 57 or 99.					X				
10415.11.2	FISS shall create a new file maintenance edit to assign when the HCPCS multiple pricing indicator is not equal to spaces, 9 or A through G.					X				
10415.11.3	FISS shall create a new file maintenance edit to assign when the HCPCS lab certification code is not equal to spaces, 010, 100, 110, 115, 120, 130, 140, 150, 200, 210, 220, 300, 310, 320, 330, 340, 350, 400, 500, 510, 520, 530, 540, 550, 560, 600, 610, 620, 630 800 or 900.					X				

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
10415.11.4	FISS shall create a new file maintenance edit to assign when the HCPCS coverage code is not equal to spaces, C, D, I, M or S.					X				
10415.11.5	FISS shall create a new file maintenance edit to assign when the HCPCS MOG Payment Group Code is not equal to spaces, 000, 102, 112, 132, 142, 143, 151, 152, 153, 160, 169, 201, 202, 211, 212, 221, 222, 231 through 233, 241, 242, 260, 269, 270, 279, 280, 289, 290, 302 through 304, 309, 310, 319, 322, 323, 329, 330, 350, 359, 360, 369, 370, 379, 400, 410, 421, 422, 429, 430, 439, 440, 449, 450, 460, 472, 473, 480, 490, 501, 502, 509, 511 through 513, 521, 522, 530, 539, 540, 549, 550, 562, 563, 570, 579, 580, 589, 602, 609, 610, 619, 621, 622, 629, 639, 640, 649, 651, 652, 659, 660, 669, 673, 674. 680 or 689.					X				
10415.11.6	FISS shall create a new file maintenance edit to assign when the HCPCS Medicare Outpatient Group (MOG) Payment Policy Indicator is not equal to spaces, 1 through 4, 6, 7 or 9.					X				
10415.11.7	FISS shall create a new file maintenance edit to assign when the HCPCS action code is not equal to spaces, A through D, F, N, P or R through T.					X				
10415.11.8	FISS shall create a new file maintenance edit to assign when the HCPCS Type of Service Code (TOS) is not					X				

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	equal to a value present in Attachment B.									
10415.11.9	FISS shall create a new file maintenance edit to assign when the HCPCS Berenson-Eggers TOS is not equal to spaces or a value in Attachment C.					X				
10415.11.10	FISS shall create a new file maintenance edit to assign when the HCPCS ASC payment group code is not equal to spaces, YY or Blank.					X				
10415.12	FISS shall create a new daily report to capture activity performed on the HCPCS CONTR file for added or updated HCPCS.					X				
10415.12.1	<p>FISS shall include the following standard FISS report headings:</p> <ul style="list-style-type: none"> - Run Date - Report Number - Intermediary Number - Page - Report heading equal to: HCPCS Contractor Add/Updates 					X				
10415.12.2	<p>FISS shall include the following fields on the report:</p> <ul style="list-style-type: none"> - Operator ID <ul style="list-style-type: none"> 1. HCPCS/Modifier (5 Positions) 2. Short Description (28 Positions) 					X				

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	19. HCPCS Action Effective Date(MM/DD/YY) 20. Coverage Issues Manual Reference (6 Positions) – Occurs 3 times 21. Carrier Manual Reference (8 Positions) – Occurs 3 times 22. Statute (10 Positions) 23. Anesthesia Unit Quantity (3 Positions)									
10415.12.3	FISS shall identify adds/updates on the FISS CONTR file by comparing the run date to the maintenance date, and when matched, select the HCPCS record and include in the report.					X				
10415.12.4	FISS shall for daily reports containing no add/updates, include the message “no data met the report selection criteria” on the report generated.					X				
10415.12.5	FISS shall utilize this report to identify yearly/annual adds/updates that are performed as part of the recurring HCPCS load process.					X				
10415.13	FISS shall modify the logic for the following existing Influenza/Pneumococcal reason codes to verify and validate using the HCPCS CONTR file: <ul style="list-style-type: none"> • 31026 • 31438 • 31490 					X				

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	<ul style="list-style-type: none"> • 31491 • 31498 • 31499 • 31539 • 31590 • 31596 • 31744 • 32066 • 32149 • 32287 • 32408 • 32415 • 32416 • 36106 • 36136 • 36220 • 38022 • 38111 • 38113 									
10415.13.1	FISS shall modify the Influenza/Pneumococcal Reason Code narratives (identified in BR10415.13) to remove the specific Influenza/Pneumococcal HCPCS and replace with a Type Code of V.					X				
10415.14	FISS shall create a new revenue code line item, one position, TOS field in the FISS online claim.					X				
10415.14.1	FISS shall populate the claim TOS field to equal a 'V' when the revenue code line item contains a HCPCS equal to Influenza or Pneumococcal.					X				
10415.15	FISS shall modify the Integrated Data Repository (IDR) to add the new TOS field.					X				
10415.16	FISS shall modify the Expert Claims Processing System (ECPS) to add the					X				

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	new TOS field.									

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			DME MAC	CEDI
		A	B	HHH		
	None					

IV. SUPPORTING INFORMATION

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

"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): Valeri Ritter, 410-786-8652 or valeri.ritter@cms.hhs.gov

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

VI. FUNDING

Section A: 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.

ATTACHMENTS: 3

A – FISS ONLINE HCPCS CONTR VSAM File

-----+-----1-----+-----2-----+-----3-----+-----4-----+-----5-----+-----6-----+-----7-----+-----
MAP1XXX REGRFSSA CICSTRG REGRESSION TESTING APLCITRG 06/14/17
NZ3SYP SC CONTRACTOR HCPC DATA FILE C201724P 07:22:56

HCPC/MOD: 12345 SHORT DESC: 1234567890123456789012345678

TYPE-SERV: 1 2 3 4 5
BE-TYP-SERV: 123 XXX
PRICING IND: 12 22 32 42
MLT-PRICING: 1 XXX
LAB CERT: 123 223 323 423 523 623 723 823
COVERAGE: 1 XXX
ASC-PAY-GRP: 12 XXX
MOG-PAY-GRP: 123 XXX
MOG-POL-IND: 1 XXX

PROC-NOTE: 1234 ANES-BS-UNT-QTY: 123 HCPC XREF: 12345 22345 32345 42345 52345

ADDED-DT: MM/DD/YY ASC-EFF-DT: MM/DD/YY COV-MAN: 123456 223456 323456
TERM-DT: MM/DD/YY MOG-EFF-DT: MM/DD/YY CAR-MAN: 12345678 22345678 32345678
ACTION: 1 ACT-EFF-DT: MM/DD/YY STATUTE: 1234567890

PRESS PF3-EXIT PF8-DOWN

B - HCPCS Type of Service Code

- 1 = Medical care
- 2 = Surgery
- 3 = Consultation
- 4 = Diagnostic radiology
- 5 = Diagnostic laboratory
- 6 = Therapeutic radiology
- 7 = Anesthesia
- 8 = Assistant at surgery
- 9 = Other medical items or services
- 0 = Whole blood only eff 01/96,
whole blood or packed red cells before 01/96
- A = Used durable medical equipment (DME)
- B = High risk screening mammography
(obsolete 1/1/98)
- C = Low risk screening mammography
(obsolete 1/1/98)
- D = Ambulance (eff 04/95)
- E = Enteral/parenteral nutrients/supplies
(eff 04/95)
- F = Ambulatory surgical center (facility
usage for surgical services)
- G = Immunosuppressive drugs
- H = Hospice services (discontinued 01/95)
- I = Purchase of DME (installment basis)
(discontinued 04/95)
- J = Diabetic shoes (eff 04/95)
- K = Hearing items and services (eff 04/95)
- L = ESRD supplies (eff 04/95)
(renal supplier in the home before 04/95)
- M = Monthly capitation payment for dialysis
- N = Kidney donor
- P = Lump sum purchase of DME, prosthetics,
orthotics
- Q = Vision items or services
- R = Rental of DME
- S = Surgical dressings or other medical supplies
(eff 04/95)
- T = Psychological therapy (term. 12/31/97)
outpatient mental health limitation (eff. 1/1/98)
- U = Occupational therapy
- V = Pneumococcal/flu vaccine (eff 01/96),
Pneumococcal/flu/hepatitis B vaccine (eff 04/95-12/95),
Pneumococcal only before 04/95
- W = Physical therapy
- Y = Second opinion on elective surgery
(obsoleted 1/97)
- Z = Third opinion on elective surgery
(obsoleted 1/97)

C - HCPCS Berenson-Eggers Type of Service Code

M1A = Office visits - new
M1B = Office visits - established
M2A = Hospital visit - initial
M2B = Hospital visit - subsequent
M2C = Hospital visit - critical care
M3 = Emergency room visit
M4A = Home visit
M4B = Nursing home visit
M5A = Specialist - pathology
M5B = Specialist - psychiatry
M5C = Specialist - ophthalmology
M5D = Specialist - other
M6 = Consultations
P0 = Anesthesia
P1A = Major procedure - breast
P1B = Major procedure - colectomy
P1C = Major procedure - cholecystectomy
P1D = Major procedure - turp
P1E = Major procedure - hysterectomy
P1F = Major procedure - explor/decompr/excisdisc
P1G = Major procedure - Other
P2A = Major procedure, cardiovascular-CABG
P2B = Major procedure, cardiovascular-Aneurysm repair
P2C = Major Procedure, cardiovascular-Thromboendarterectomy
P2D = Major procedure, cardiovascular-Coronary angioplasty (PTCA)
P2E = Major procedure, cardiovascular-Pacemaker insertion
P2F = Major procedure, cardiovascular-Other
P3A = Major procedure, orthopedic - Hip fracture repair
P3B = Major procedure, orthopedic - Hip replacement
P3C = Major procedure, orthopedic - Knee replacement
P3D = Major procedure, orthopedic - other
P4A = Eye procedure - corneal transplant
P4B = Eye procedure - cataract removal/lens insertion
P4C = Eye procedure - retinal detachment
P4D = Eye procedure - treatment of retinal lesions
P4E = Eye procedure - other
P5A = Ambulatory procedures - skin
P5B = Ambulatory procedures - musculoskeletal
P5C = Ambulatory procedures - inguinal hernia repair
P5D = Ambulatory procedures - lithotripsy
P5E = Ambulatory procedures - other
P6A = Minor procedures - skin
P6B = Minor procedures - musculoskeletal
P6C = Minor procedures - other (Medicare fee schedule)
P6D = Minor procedures - other (non-Medicare fee schedule)
P7A = Oncology - radiation therapy
P7B = Oncology - other
P8A = Endoscopy - arthroscopy
P8B = Endoscopy - upper gastrointestinal
P8C = Endoscopy - sigmoidoscopy
P8D = Endoscopy - colonoscopy
P8E = Endoscopy - cystoscopy

P8F = Endoscopy - bronchoscopy
P8G = Endoscopy - laparoscopic cholecystectomy
P8H = Endoscopy - laryngoscopy
P8I = Endoscopy - other
P9A = Dialysis services (medicare fee schedule)
P9B = Dialysis services (non-medicare fee schedule)
I1A = Standard imaging - chest
I1B = Standard imaging - musculoskeletal
I1C = Standard imaging - breast
I1D = Standard imaging - contrast gastrointestinal
I1E = Standard imaging - nuclear medicine
I1F = Standard imaging - other
I2A = Advanced imaging - CAT/CT/CTA: brain/head/neck
I2B = Advanced imaging - CAT/CT/CTA: other
I2C = Advanced imaging - MRI/MRA: brain/head/neck
I2D = Advanced imaging - MRI/MRA: other
I3A = Echography/ultrasonography - eye
I3B = Echography/ultrasonography - abdomen/pelvis
I3C = Echography/ultrasonography - heart
I3D = Echography/ultrasonography - carotid arteries
I3E = Echography/ultrasonography - prostate, transrectal
I3F = Echography/ultrasonography - other
I4A = Imaging/procedure - heart including cardiac catheterization
I4B = Imaging/procedure - other
T1A = Lab tests - routine venipuncture (non Medicare fee schedule)
T1B = Lab tests - automated general profiles
T1C = Lab tests - urinalysis
T1D = Lab tests - blood counts
T1E = Lab tests - glucose
T1F = Lab tests - bacterial cultures
T1G = Lab tests - other (Medicare fee schedule)
T1H = Lab tests - other (non-Medicare fee schedule)
T2A = Other tests - electrocardiograms
T2B = Other tests - cardiovascular stress tests
T2C = Other tests - EKG monitoring
T2D = Other tests - other
D1A = Medical/surgical supplies
D1B = Hospital beds
D1C = Oxygen and supplies
D1D = Wheelchairs
D1E = Other DME
D1F = Prosthetic/Orthotic devices
D1G = Drugs Administered through DME
O1A = Ambulance
O1B = Chiropractic
O1C = Enteral and parenteral
O1D = Chemotherapy
O1E = Other drugs
O1F = Hearing and speech services
O1G = Immunizations/Vaccinations
Y1 = Other - Medicare fee schedule
Y2 = Other - non-Medicare fee schedule
Z1 = Local codes
Z2 = Undefined codes