

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 2200	Date: November 8, 2018
	Change Request 10859

Transmittal 2138, dated September 18, 2018, is being rescinded and replaced by Transmittal 2200, dated, November 8, 2018 to (1) add ICD-10 dx H35.52 and remove H35.53 from NCD80.11, (2) remove ICD-10 dx D61.1 from the NCD110.21 non-covered list, and (3) correct NCD220.6.17 spreadsheet dx tab to align with requirements by removing ICD-10 dx C4A.12 and adding C4A.21. In addition, this correction revises business requirements 10859.1.1.1.1 and 10859.2 as well as the implementation date. All other information remains the same.

SUBJECT: International Classification of Diseases, Tenth Revision (ICD-10) and Other Coding Revisions to National Coverage Determinations (NCDs)

I. SUMMARY OF CHANGES: This Change Request (CR) constitutes a maintenance update of ICD-10 conversions and other coding updates specific to NCDs. These NCD coding changes are the result of newly available codes, coding revisions to NCDs released separately, or coding feedback received.

Previous NCD coding changes appear in ICD-10 quarterly updates that can be found at: <https://www.cms.gov/Medicare/Coverage/CoverageGenInfo/ICD10.html>, along with other CRs implementing new policy NCDs. Edits to ICD-10 and other coding updates specific to NCDs will be included in subsequent quarterly releases and individual CRs as appropriate. No policy-related changes are included with the ICD-10 quarterly updates. Any policy-related changes to NCDs continue to be implemented via the current, long-standing NCD process.

EFFECTIVE DATE: January 1, 2019 - Unless otherwise noted in requirements

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

IMPLEMENTATION DATE: January 7, 2019 - for shared system edits. Exception: MCS to implement addition of ICD-10 H35.52, removal of ICD-10 H35.53 from NCD80.11 April 1, 2019, with CR11005. FISS & MCS to implement removal of ICD-10 D61.1 from NCD110.21 April 1, 2019, with CR11005. Local MAC edits September 28, 2018. Exception: Edits included in NCD110.21, NCD80.11: 30 days from issuance of this CR.

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	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: 2200	Date: November 8, 2018	Change Request: 10859
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I. GENERAL INFORMATION

A. Background: This Change Request (CR) constitutes a maintenance update of ICD-10 conversions and other coding updates specific to NCDs. These NCD coding changes are the result of newly available codes, coding revisions to NCDs released separately, or coding feedback received.

Previous NCD coding changes appear in ICD-10 quarterly updates that can be found at: <https://www.cms.gov/Medicare/Coverage/CoverageGenInfo/ICD10.html>, along with other CRs implementing new NCD policy.

B. Policy: Edits to ICD-10, and other coding updates specific to NCDs, will be included in subsequent quarterly releases as needed. No policy-related changes are included with these updates. Any policy-related changes to NCDs continue to be implemented via the current, long-standing NCD process. Please follow the link below for the NCD spreadsheets included with this CR:

<https://www.cms.gov/Medicare/Coverage/DeterminationProcess/downloads/CR10859.zip>

Clarification: Coding (as well as payment) is a separate and distinct area of the Medicare Program from coverage policy/criteria. Revisions to codes within an NCD are carefully and thoroughly reviewed and vetted by the Centers for Medicare & Medicaid Services and are not intended to change the original intent of the NCD. The exception to this is when coding revisions are released as official implementation of new or reconsidered NCD policy following a formal national coverage analysis.

Note: The translations from ICD-9 to ICD-10 are not consistent one-to-one matches, nor are all ICD-10 codes appearing in a complete General Equivalence Mappings (GEMs) mapping guide or other mapping guides appropriate when reviewed against individual NCD policies. In addition, for those policies that expressly allow Medicare Administrative Contractor (MAC) discretion, there may be changes to those NCDs based on current review of those NCDs against ICD-10 coding. For these reasons, there may be certain ICD-9 codes that were once considered appropriate prior to ICD-10 implementation that are no longer considered acceptable.

Note/Clarification: A/B MACs Part A and A/B MACs Part B shall complete all tasks that involve updates to local system edits/tables associated with the attached NCDs in this CR.

Note/Clarification: A/B MACs shall use default Council for Affordable Quality Healthcare (CAQH) Committee on Operating Rules for Information Exchange (CORE) messages where appropriate: Remittance Advice Remark Codes (RARC) N386 with Claim Adjustment Reason Code (CARC) 50, 96, and/or 119. See latest CAQH CORE update. When denying claims associated with the attached NCDs, except where otherwise indicated, A/B MACs shall use:

Group Code PR (Patient Responsibility) assigning financial responsibility to the beneficiary (if a claim is received with occurrence code 32, or with occurrence code 32 and a GA modifier, indicating a signed Advance Beneficiary Notice (ABN) is on file).

Group Code CO (Contractual Obligation) assigning financial liability to the provider (if a claim is received with a GZ modifier indicating no signed ABN is on file). For modifier GZ, use CARC 50 and Medicare Summary Notice (MSN) 8.81 per instructions in CR 7228/TR 2148.

II. BUSINESS REQUIREMENTS TABLE

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

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	
10859.1	<p>NCD80.11 Vitrectomy</p> <p>Contractors shall add the following ICD-10 diagnosis (dx) codes back to their original effective dates prior to CR10318: E08.3511, E08.3512, E08.3513, E08.3591, E08.3592, E08.3593, E08.36, E09.3511, E09.3512, E09.3513, E09.3591, E09.3592, E09.3593, E09.36, E10.3511, E10.3512, E10.3513, E10.3591, E10.3592, E10.3593, E10.36, E11.3511, E11.3512, E11.3513, E11.3591, E11.3592, E11.3593, E11.36, E11.39, E13.3511, E13.3512, E13.3513, E13.3591, E13.3592, E13.3593, E13.36, H16.241, H16.242, H16.243, H20.11, H20.12, H20.13, H20.21, H20.22, H20.23, H20.821, H20.822, H20.823, H25.011, H25.012, H25.013, H25.031, H25.032, H25.033, H25.041, H25.042, H25.043, H25.21, H25.22, H25.23, H25.811, H25.812, H25.813, H25.89, H25.9, H26.001, H26.002, H26.003, H26.031, H26.032, H26.033, H26.061, H26.062, H26.063 and H26.09.</p> <p>NOTE: See spreadsheet</p>	X	X			X	X			

Number	Requirement	Responsibility							
		A/B MAC		H H H	D M E M A C	Shared- System Maintainers			Other
		A	B			F I S S	M C S	V M S	
10859.1.1	<p>NCD80.11 Vitrectomy</p> <p>Contractors shall add the following ICD-10 dx codes back to their original effective dates prior to CR10318: H26.101, H26.102, H26.103, H26.111, H26.112, H26.113, H26.121, H26.122, H26.123, H26.131, H26.132, H26.133, H26.221, H26.222, H26.223, H26.31, H26.32, H26.33, H26.40, H26.411, H26.412, H26.413, H26.491, H26.492, H26.493, H26.8, H26.9, H27.01, H27.02, H27.03, H27.10, H27.111, H27.112, H27.113, H27.131, H27.132, H27.133, H28, H30.101, H30.102, H30.103, H30.131, H30.132, H30.133, H30.811, H30.812, H30.813, H30.891, H30.892, H30.893, H30.91, H30.92, H30.93, H31.301, H31.302, H31.303, H31.401, H31.402, H31.403, H31.411, H31.412, H31.413, H33.001, H33.002, H33.003, H33.011, H33.012, H33.013, H33.021, H33.022, H33.023, H33.031, H33.032, H33.033, H33.041, H33.042, H33.043, H33.051, H33.052, H33.053, H33.101, H33.102, H33.103, H33.191, H33.192, H33.193, H33.21, H33.22, H33.23, H33.41, H33.42, H33.43, H33.301 and H33.302.</p> <p>NOTE: See spreadsheet</p>	X	X			X	X		
10859.1.1.1	<p>NCD80.11 Vitrectomy</p> <p>Contractors shall add the following ICD-10 dx codes back to their original effective dates prior to CR10318: H33.303, H33.311, H33.312, H33.313, H33.331, H33.332, H33.333, H33.8, H34.8110, H34.8111, H34.8120, H34.8121, H34.8130, H34.8131, H35.021, H35.022, H35.023, H35.051, H35.052, H35.053, H35.061, H35.062, H35.063, H35.071, H35.072, H35.073, H35.101, H35.102, H35.103, H35.21, H35.22, H35.23, H35.341, H35.342, H35.343, H35.371, H35.372, H35.373, H35.51, H35.61, H35.62, H35.63, H35.81, H40.831, H40.832, H40.833, H40.89, H43.11, H43.12, H43.13, H43.21, H43.22, H43.23, H43.311, H43.312, H43.313, H43.391, H43.392, H43.393, H43.811, H43.812,</p>	X	X			X	X		

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		
	<p>H43.813, H43.821, H43.822, H43.823, H43.89, H43.9, H44.131, H44.132, H44.133, H44.601, H44.602, H44.603, H44.641, H44.642, H44.643, H44.651, H44.652, H44.653, H44.691, H44.692, H44.693, H44.701, H44.702, H44.703, H44.741, H44.742, H44.743, H44.751 and H44.752.</p> <p>NOTE: See spreadsheet</p>										
10859.1.1.1.1	<p>NCD80.11 Vitrectomy</p> <p>Contractors shall add the following ICD-10 dx codes back to their original effective dates prior to CR10318: H44.753, H44.791, H44.792, H44.793, H59.011, H59.012, H59.013, H59.021, H59.022, H59.023, H59.031, H59.032, H59.033, H59.091, H59.092, H59.093, H59.811, H59.812, H59.813, H59.88, H59.89, Q12.0, Q12.1, Q12.2, Q12.3, Q12.4, Q12.8, Q12.9, Q14.0, Q14.1, S05.21XA, S05.22XA, S05.31XA, S05.32XA, S05.51XA, S05.52XA, S05.61XA, S05.62XA, S05.8X1A, S05.8X2A, S05.91XA, S05.92XA, T85.21XA, T85.22XA, T85.29XA, Z98.41, Z98.42 and Z98.83.</p> <p>Contractors shall delete the following ICD-10 dx codes effective September 30, 2017: A18.53, A18.54, E08.3551, E08.3552, E08.3553, E09.3551, E09.3552, E09.3553, E10.3551, E10.3552, E10.3553, E11.3551, E11.3552, E11.3553, E13.3551, E13.3552, E13.3553, H25.11, H25.12, H25.13, H25.091, H25.092, H25.093, H31.321, H31.322, H31.323, H33.111, H33.112, H33.113, H33.321, H33.322, H33.323, H34.8112, H34.8132, H35.361, H35.362, H35.363, H35.30, H44.311, H44.312, H44.313, H44.321, H44.322, H44.323, S05.71xA and S05.72xA.</p> <p>Contractors shall add ICD-10 dx H35.50, H35.52 effective January 1, 2019. (*MCS shall implement addition of H35.52, removal of H35.53 April 1, 2019, in CR11005. Contractors shall set MCS edit 007L to suspend for manual review and deny or override based on dx. Set-up SCF rules to</p>	X	X			X	X				

Number	Requirement	Responsibility									
		A/B MAC		H H H	D M E M A C	Shared- System Maintainers				Other	
		A	B			F I S S	M C S	V M S	C W F		
	<p>automate if volume of claims warrant.</p> <p>Contractors shall reactivate the deactivated edits from CR10318, CR10473 with the implementation of this CR once the above edits are implemented.</p> <p>NOTE: See spreadsheet</p>										
10859.2	<p>NCD110.21 Erythropoiesis-Stimulating Agents (ESAs) for Cancer</p> <p>Contractors shall delete ICD-10 dx codes D46.1, D61.1, D63.1, and D63.8 from the non-covered dx code list effective January 1, 2017. (FISS & MCS shall implement deletion of D61.1 April 1, 2019, in CR11005.)</p> <p>Contractors shall set to suspend RCs 59274-59275. Add ECPS event if volume of claims warrant.</p> <p>Contractors shall ensure there are ECPS events set up for RCs 59276-59277.</p> <p>Contractors shall set edit 292D to suspend for manual review and deny or override based on dx. Set-up SCF rules to automate if volume of claims warrant.</p> <p>Contractors shall reactivate edits from CR10318, CR10473 with the implementation of this CR once the above edits are implemented.</p> <p>FISS to modify NCD and non-NCD RCs used for this policy to utilize the correct dx coding.</p> <p>NOTE: See spreadsheet</p>	X	X			X	X				
10859.3	<p>NCD190.3 Cytogenetics</p> <p>Contractors shall end-date these ICD-10 dx codes from the discretionary coverage list effective September 30, 2018: C44.102, C44.109, C44.192, C44.199, C4A.11, C4A.12.</p>	X	X			X	X				

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	
	<p>Contractors shall end-date this ICD-10 dx code from the nationally covered list effective September 30, 2018: Q93.5.</p> <p>Contractors shall add these 2019 ICD-10 dx codes to the discretionary coverage list effective October 1, 2018: C44.1021, C44.1022, C44.1091, C44.1092, C44.1921, C44.1922, C44.1991, C44.1992, C4A.111, C4A.112, C4A.121, C4A.122.</p> <p>Contractors shall add these 2019 ICD-10 dx codes to the nationally covered list effective October 1, 2018: Q93.51, Q93.59.</p> <p>NOTE:See spreadsheet</p>										
10859.4	<p>NCD190.11 Home Prothrombin Time (PT)/International Normalized Ratio (INR)</p> <p>Contractors shall delete the following ICD-10 dx codes effective January 1, 2019: I80.01, I80.02, I80.03, I80.201, I80.202, I80.203, I80.8, I82.1, I82.401, I82.402, I82.403, I82.4Y1, I82.4Y2, I82.4Y3, I82.4Z1, I82.4Z2, I82.4Z3, I82.501, I82.502, I82.503, I82.5Y1, I82.5Y2, I82.5Y3, I82.5Z1, I82.5Z2, I82.5Z3, I82.601, I82.602, I82.603, I82.611, I82.612, I82.613, I82.701, I82.702, I82.703, I82.711, I82.712, I82.713, I82.811, I82.812, I82.813, O22.51, O22.52, O22.53 and Z95.4.</p> <p>NOTE: See spreadsheet</p>	X	X			X	X				
10859.5	<p>NCD220.6.17 Positron Emission Tomography (PET) for Oncologic Conditions</p> <p>Contractors shall end-date these ICD-10 dx codes effective September 30, 2018: C43.11, C43.12, C44.102, C44.109, C44.112, C44.119, C44.122, C44.129, C44.192, C44.199, C4A.11 and C4A.12.</p> <p>Contractors shall add these 2019 ICD-10 dx codes effective October 1, 2018: C43.111, C43.112, C43.121, C43.122, C44.1021, C44.1022, C44.1091, C44.1092, C44.1121,</p>	X	X			X					

Number	Requirement	Responsibility									
		A/B MAC		H H H	D M E M A C	Shared-System Maintainers				Other	
		A	B			F I S S	M C S	V M S	C W F		
	<p>C44.1122, C44.1191, C44.1192, C44.1221, C44.1222, C44.1291, C44.1292, C44.1921, C44.1922, C44.1991, C44.1992, C4A.111, C4A.112, C4A.121 and C4A.122.</p> <p>Contractors shall delete these ICD-10 dx codes effective January 1, 2019: C00.9, C02.9, C04.9, C05.9, C06.80, C06.9, C08.9, C10.9, C11.9, C13.9, C14.0, C15.9, C16.9, C17.9, C18.9, C21.0, C24.9, C25.9, C26.9, C31.9, C32.9, C34.91, C34.92, C4A.30, C4A.9, C44.310, C44.320, C44.390, C44.99, C45.9, C46.9, C47.9, C48.2, C51.9, C53.9, C54.9, C71.9, C72.50, C75.9, C7A.094, C7A.095, C7A.096, C79.10 and R92.8.</p> <p>Contractors shall add these ICD-10 dx codes effective January 1, 2019: R77.9, R97.21, C7B.01, C7B.02, C7B.03, C7B.04, C7B.09, C7B.1, C7B.8, C88.0, C96.29, R97.21, Z85.020, Z85.028, Z85.030, Z85.040, Z85.05, Z85.060, Z85.068, Z85.07, Z85.09, Z85.110, Z85.230, Z85.238, Z85.29, Z85.41, Z85.42, Z85.44, Z85.47, Z85.48, Z85.49, Z85.51, Z85.520, Z85.528, Z85.53, Z85.54, Z85.59, Z85.6, Z85.71, Z85.72, Z85.821, Z85.831, Z85.840, Z85.841, Z85.848, Z85.858 and Z85.89.</p> <p>NOTE: Whenever a personal history dx code (Z85.XXX) is on a claim, the claim must also contain a dx from the list of covered C, D, or R dx codes.</p> <p>See spreadsheet</p>										
10859.6	<p>NCD270.3 Blood-Derived Products for Chronic, Non-Healing Wounds</p> <p>Contractors shall correct the record that ICD-10 dx I86.219 deleted on October 1, 2017, the correct code is I83.219.</p> <p>NOTE:See spreadsheet</p>	X	X				X				
10859.7	<p>NCD260.1 Adult Liver Transplantation</p> <p>Contractors shall end-date the nationally covered ICD-10 dx codes E72.8 and K83.0 effective</p>	X	X			X	X				

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		
	<p>September 30, 2018.</p> <p>Contractors shall add the nationally covered 2019 ICD-10 dx codes E72.81, E72.89, E88.02, K83.01 and K83.09 effective October 1, 2018.</p> <p>Contractors shall revise the nationally covered 2019 descriptor for E72.53 effective October 1, 2018.</p> <p>NOTE:See spreadsheet</p>										
10859.8	<p>NCD110.18 Aprepitant for Chemo-Induced Emesis</p> <p>Contractors shall end-date these ICD-10 dx codes effective September 30, 2018: C43.11, C43.12, C44.102, C44.109, C44.112, C44.119, C44.122, C44.129, C44.192, C44.199.C4A11, C4A12, D03.11, D03.12, D04.11 and D04.12.</p> <p>Contractors shall add these 2019 ICD-10 dx codes effective October 1, 2018: C43.111, C43.112, C43.121, C43.122, C44.1021, C44.1022, C44.1091, C44.1092, C44.1121, C44.1122, C44.1191, C44.1192, C44.1221, C44.1222, C44.1291, C44.1292, C44.1921, C44.1922, C44.1991, C44.1992, C4A.111, C4A112, C4A.121, C4A.122, D03.111, D03.112, D03.121, D03.122, D04.111, D04.112, D04.121 and D04.122.</p> <p>NOTE:See spreadsheet.</p>	X			X	X					
10859.9	<p>NCD270.1 Electrical Stimulation, Electromagnetic Therapy for Wounds</p> <p>Contractors shall add these 2019 revised ICD-10 dx code descriptors effective October 1, 2018: L98.495, L98.496 and L98.498.</p> <p>NOTE:See spreadsheet</p>	X	X								
10859.10	<p>Contractors shall adjust any claims processed in error associated with CR10859 that are brought to their attention.</p>	X	X								

Number	Requirement	Responsibility								
		A/B MAC		H H H	D M E M A C	Shared-System Maintainers				Other
		A	B			F I S S	M C S	V M S	C W F	
10859.11	Contractors shall use default CAQH CORE messages where appropriate when denying claims associated with the attached NCDs, except where otherwise indicated: RARC N386 with CARC 50, 96, and/or 119. See latest CAQH CORE update.	X	X							
10859.11.1	<p>A/B MACs shall use:</p> <p>Group Code PR (Patient Responsibility) assigning financial responsibility to the beneficiary (if a claim is received with occurrence code 32, or with occurrence code 32 and a GA modifier, indicating a signed ABN is on file).</p> <p>Group Code CO (Contractual Obligation) assigning financial liability to the provider (if a claim is received with a GZ modifier indicating no signed ABN is on file). For modifier GZ, use CARC 50 and MSN 8.81 per instructions in CR 7228/TR 2148.</p> <p>NOTE: This replicates the note under the Policy section.</p>	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			
10859.12	MLN Article: CMS will make available an MLN Matters provider education article that will be marketed through the MLN Connects weekly newsletter shortly after the CR is released. MACs shall follow IOM Pub. No. 100-09 Chapter 6, Section 50.2.4.1, instructions for distributing MLN Connects information to providers, posting the article or a direct link to the article on your website, and including the article or a direct link to the article in your bulletin or newsletter. You may supplement MLN Matters articles with localized information benefiting your provider community in billing and administering the Medicare program correctly. Subscribe to the "MLN Matters" listserv to get	X	X		X		

Number	Requirement	Responsibility				
		A/B MAC			D M E D I	C M E D I
		A	B	H H H		
	article release notifications, or review them in the MLN Connects weekly newsletter.					

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): Pat Brocato-Simons, 410-786-0261 or patricia.brocato-simons@cms.hhs.gov (Coverage) , Wanda Belle, 410-786-7491 or wanda.belle@cms.hhs.gov (Coverage)

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: 10 (Refer to URL Section I.B.)