

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 1535	Date: August 14, 2015
	Change Request 9256

SUBJECT: International Classification of Diseases, 10th Revision (ICD-10) Additional Acknowledgement Testing Reporting

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to instruct Medicare Administrative Contractors (MACs) to collect data on Acknowledgement testing leading up to the ICD-10 transition, and report this data to CMS weekly.

EFFECTIVE DATE: September 15, 2015

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

IMPLEMENTATION DATE: September 15, 2015

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

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I. GENERAL INFORMATION

A. Background: The Centers for Medicare and Medicaid Services (CMS) is in the process of implementing International Classification of Diseases, 10th Revision. All covered entities must be fully compliant on October 1, 2015.

The purpose of this CR is to instruct all MACs and the DME MAC Common Electronic Data Interchange (CEDI) contractor to report acknowledgement testing statistics to CMS weekly, using the template provided.

B. Policy: Contractors shall report acknowledgement testing through September 25, 2015.

II. BUSINESS REQUIREMENTS TABLE

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

Number	Requirement	Responsibility								
		A/B MAC			DMEPOS	Shared-System Maintainers				Other
		A	B	H		F	M	V	C	
9256.1	A/B MAC contractors and CEDI shall complete the attached excel spreadsheet with acknowledgement testing results, and email it to the ICD-10 Mailbox (ICD-10ImplementationPlanning@cms.hhs.gov) weekly beginning with the week of August 17, 2015. Daily reports are not required. Reports are due on Tuesday following the reporting week. For example, the report for August 17 though August 21, 2015 is due to CMS on August 25, 2015.	X	X	X					CEDI	
9256.2	A/B MACs and CEDI shall use presence of the ICD-10 qualifier to determine which claims shall be reported. Or, A/B MACs shall follow up with any submitter that submits a test file (between August 17 and September 25, 2015) with more than 150 claims, where more than 50 claims are rejected, to determine if the tester was testing ICD-10. If the tester was not testing ICD-10, those claims shall not be reported, and shall be removed from the weekly report to CMS.	X	X	X					CEDI	

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			D M E	C E D I
		A	B	H H H	M A C	
	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): Kay Curry, 410-786-1801 or Kay.Curry@cms.hhs.gov, 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):

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: 1

