

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 1551	Date: November 5, 2015
	Change Request 9188

SUBJECT: System Specific Enhancements 2014: Move PAP smear Risk Indicator (PAPRI) and Technical (TECH)/Professional (PROF) Dates to Screening Auxiliary file

I. SUMMARY OF CHANGES: This Change Request (CR) is a request for the Shared System Maintainers (SSMs) to perform detail analysis and design, to ensure PAP processing functions at the Common Working File (CWF).

EFFECTIVE DATE: April 4, 2016

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

IMPLEMENTATION DATE: April 4, 2016; July 5, 2016 - Split between April and July 2016 Releases

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

Number	Requirement	Responsibility								Other
		A/B MAC			D M E M A C	Shared- System Maintainers				
		A	B	H H H		F I S S	M C S	V M S	C W F	
	(P3000, G0123, G0143, G0144, G0145, G0147 and G0148), and will apply up to three occurrences per HCPCS.									
9188.5	CWF shall update existing CWF processes to display PAP data under SCRN in Healthcare Information Master Record (HIMR)					X	X		X	
9188.5.1	CWF shall update existing CWF processes to read PAP data from Screening Auxiliary file instead of Beneficiary file for Medicare Beneficiary Database (MBD), Next Generation Desktop, and National Claims History.								X	MBD
9188.5.2	CWF shall update existing CWF processes to display PAP data from Screening Aux file instead of Beneficiary file for Next Eligible Dates for Preventative Services (PRVN) in HIMR.						X		X	
9188.5.3	CWF shall update existing CWF processes to display PAP data from Screening Aux file instead of Beneficiary file for all Provider Screens, HIQA - Healthcare inquiry for part A for online transactions HIQH - Healthcare inquiry for Home Health for online transactions ELGA - Eligibility for part A ELGH - Eligibility for Home Health HUQA - Healthcare Update Inquiry for part A								X	
9188.5.4	Contractors shall make a change to accommodate the CABEHUQA change to no longer carry PAP information in location 780-784 to now be carried in Screening data location 3974-4533					X			X	
9188.5.5	CWF shall modify utilization edit '5612' to read the occurrences in the Screening Auxiliary file for HCPCS 'P3000', 'G0123', 'G0143', 'G0144', 'G0145', 'G0147' and 'G0148'.								X	
9188.6	Contractors shall verify their current processes and make all necessary changes to read PAP data from SCRN in HIMR					X	X	X		

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			D M E	C E D I
		A	B	H H H		
9188.7	MLN Article: A provider education article related to this instruction will be available at http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/ shortly after the CR is released. You will receive notification of the article release via the established "MLN Matters" listserv. Contractors shall post this article, or a direct link to this article, on their Web sites and include information about it in a listserv message within 5 business days after receipt of the notification from CMS announcing the availability of the article. In addition, the provider education article shall be included in the contractor's next regularly scheduled bulletin. Contractors are free to supplement MLN Matters articles with localized information that would benefit their provider community in billing and administering the Medicare program correctly.	X	X			

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:
	N/A

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

V. CONTACTS

Pre-Implementation Contact(s): Jonathan Horton, 410-786-0072 or Jonathan.Horton@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: 0