

<b>CMS Manual System</b>	<b>Department of Health &amp; Human Services (DHHS)</b>
<b>Pub 100-20 One-Time Notification</b>	<b>Centers for Medicare &amp; Medicaid Services (CMS)</b>
<b>Transmittal 1740</b>	<b>Date: October 28, 2016</b>
	<b>Change Request 9783</b>

**SUBJECT: Shared System Enhancement 2015: National Coverage Determination (NCD) – Fiscal Intermediary Shared System (FISS) Implementation**

**I. SUMMARY OF CHANGES:** The purpose of this Change Request (CR) is to implement part of the analysis and design associated with CR 9414.

**EFFECTIVE DATE: April 1, 2017**

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

**IMPLEMENTATION DATE: April 3, 2017**

*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.

<b>R/N/D</b>	<b>CHAPTER / SECTION / SUBSECTION / TITLE</b>
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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**IMPLEMENTATION DATE: April 3, 2017**

**I. GENERAL INFORMATION**

**A. Background:** As recently highlighted in several Fee-For-Service Change Requests (CRs), the increasingly complex national coverage determinations (NCDs) require flexibility in the claim adjudication systems that are challenging to attain in the shared systems environment. For example, binary yes/no decisions are becoming rare, giving way to nuanced decisions between the national and local level (decisions commonly referred to as “contractor discretion”).

The implementation of this change will:

- increase flexibility
- improve auditability of NCD implementation
- improve change tracking of “spreadsheet”
- promote quicker implementation when possible
- reduce claims processing/payment/coverage inconsistencies among Medicare Administrative Contractors (MACs) (Please note that Coverage and Analysis Group understands that retaining contractor discretion is still needed and seeks to reduce challenges where possible)
- reduce the burden on the shared systems and the A/B MACs, which should result in a net savings in implementation hours

**B. Policy:** This change implements part of the analysis and design associated with CR 9414.

**II. BUSINESS REQUIREMENTS TABLE**

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

Number	Requirement	Responsibility									
		A/B MAC			D M E	Shared-System Maintainers			Other		
		A	B	H		F	M	V		C	
					M	I	C	M		W	
					A	S	S	S	F		
					C	S					
9783.1	The FISS maintainer shall perform system modifications to reorder the reason code modules					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		
	associated with NCDs and medical policy.										
9783.1.1	The FISS maintainer shall reorder modules so that reason codes fire in the following order: 3xxxx - General FISS editing excluding basic Unibill (1xxxx) 7xxxx - Med-Policy technical editing (MAC user defined) 5xMUE - MUE HCPCS table edits 5xNCD - External NCD edit module (Lab NCDS) (LEM#BP1) 59xxx - NCD edits ICD-10 5xxxx - Med-Policy medical editing (MAC user defined)					X					

### III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility						
		A/B MAC			H H H	D M E M A C	C E D I	I
		A	B					
	None							

### IV. SUPPORTING INFORMATION

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

*"Should" denotes a recommendation.*

<b>X-Ref Requirement Number</b>	<b>Recommendations or other supporting information: N/A</b>
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**Section B: All other recommendations and supporting information: N/A**

### V. CONTACTS

**Pre-Implementation Contact(s):** LeeAnn Paxton, 410-786-2491 or LeeAnn.Paxton@cms.hhs.gov , Vinay Vuyyuru, 410-786-9111 or Vinay.Vuyyuru@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**