

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 910	Date: July 1, 2011
	Change Request 7406

NOTE to CONTRACTORS: Transmittal 888, dated April 29, 2011, is being rescinded and replaced by Transmittal 910, dated July 1, 2011. This CR is being corrected to include additional fields on the file extract. This will not increase the level of effort on the maintainer or DME MACs. All other information remains the same.

SUBJECT: VMS Utility Run for DME MACs identification of edits for ICD-10

I. SUMMARY OF CHANGES: VMS shall run a utility for the DME MACs to identify edits that will impact ICD-10.

EFFECTIVE DATE: October 1, 2011

IMPLEMENTATION DATE: October 3, 2011

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-

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
N/A	

III. FUNDING:

For Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs) and/or Carriers:

No additional funding will be provided by CMS; contractor activities are to be carried out within their operating budgets.

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. ATTACHMENT:

One-Time Notification

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

Attachment – One-Time Notification

Pub. 100- 20	Transmittal: 910	Date: July 1, 2011	Change Request: 7406
--------------	------------------	--------------------	----------------------

NOTE to CONTRACTORS: Transmittal 888, dated April 29, 2011, is being rescinded and replaced by Transmittal 910, dated July 1, 2011. This CR is being corrected to include additional fields on the file extract. This will not increase the level of effort on the maintainer or DME MACs. All other information remains the same.

SUBJECT: VMS Utility Run for DME MACs Identification of Edits for ICD-10

Effective Date: October 1, 2011

Implementation Date: October 3, 2011

I. GENERAL INFORMATION

A. Background: VMS shall run a utility to identify all the edits in the DME MACs regions that will be impacted by ICD-10.

B. Policy: CMS needs the edit information from the DME MACs in order to complete work prior to the implementation of ICD-10 on 10/1/2013.

II. BUSINESS REQUIREMENTS TABLE

Use "Shall" to denote a mandatory requirement

Number	Requirement	Responsibility (place an "X" in each applicable column)										
		A / B M A C	D M E M A C	F I M A C	C A R R I E R	R H I	Shared-System Maintainers				OTHER	
						F I S S	M C S	V M S	C W F			
7406.1	ViPS shall create a utility that will generate two or more extract files from each of the DME MACs to pull all information associated with VMS edits that contain either ICD-9 diagnosis codes OR Local Coverage Determination (LCD) or National Coverage Determination (NCD) codes.									X		
7406.1.1	One or more files for edits shall include EARs (Entity Action Records), SuperOp events, AFNs and RULEs.									X		
7406.1.2	Another file shall also extract all Master Procedure Record (MPR) data for HCPCS that have Diagnosis Codes or Local Coverage Determination (LCD) or National Coverage Determination (NCD) codes.									X		
7406.1.3	The extract files shall use the same comma delimited format to allow them to be loaded into									X		

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B M A C	D M E M A C	F I I E R	C A R I E R	R H I I S S	Shared-System Maintainers				OTH ER
						F I S S	M C S	V M S	C M W F		
	None.										

IV. SUPPORTING INFORMATION

In order for the MCS system to be compliant with accepting ICD-10 diagnosis codes by October 1, 2013, the diagnosis master files needs to be expanded.

Section A: For any recommendations and supporting information associated with listed requirements, use the box below:

Use "Should" to denote a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:
	None

Section B: For all other recommendations and supporting information, use this space: N/A

V. CONTACTS

Pre-Implementation Contact(s): Tammy Amendola (410) 786-1149, Tammy.Amendola@cms.hhs.gov

Post-Implementation Contact(s): Contact your Contracting Officer's Technical Representative (COTR) or Contractor Manager, as applicable.

VI. FUNDING

Section A: For *Fiscal Intermediaries (FIs)*, *Regional Home Health Intermediaries (RHHIs)*, and/or *Carriers*:

No additional funding will be provided by CMS; contractor activities are to be carried out within their operating budgets.

Section B: *For Medicare Administrative Contractors (MACs):N/A*

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.

Attachment (1)

Medical Review

LCD

NCD

ZPIC

Other