

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 1386	Date: May 16, 2014
	Change Request 8456

Transmittal 1356, dated March 6, 2014, is being rescinded and replaced by Transmittal 1386, dated May 16, 2014, to remove the A/B MAC and DME MAC requirement for Provider Education. All other information remains the same.

SUBJECT: Modifying the Daily Common Working File (CWF) to Medicare Beneficiary Database (MBD) File to Include Diagnosis Codes on the Health Insurance Portability and Accountability Act Eligibility Transaction System (HETS) 270/271 Transactions

I. SUMMARY OF CHANGES: This CR instructs the CWF to send up to 25 iterations of diagnosis codes associated with MSP no-fault, liability, and workers' compensation records (hereafter referred to as non-group health plans (NGHPs)) for inclusion on the HETS 271 response transaction.

EFFECTIVE DATE: October 1, 2014

IMPLEMENTATION DATE: October 6, 2014

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	

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 obliged 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

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

Number	Requirement	Responsibility								
		A/B MAC			D M E	Shared-System Maintainers				Other
		A	B	H H H		F I S S	M C S	V M S	C W F	
	requested date or date range on the 270 begins on or after 10/1/2014.									
8456.7	In accordance with the X12 standard, the HETS application shall include ICD-10 diagnosis code(s) for an MSP start date prior to 10/1/2014 and an MSP end date on or after 10/1/2014 if the requested date or date range on the 270 has an end date on or after 10/1/2014.								HETS	
8456.8	HETS shall continue to return an AAA42 error when an invalid diagnosis code is obtained from the data base and such invalid codes shall not be returned to providers, physicians, and other suppliers.								HETS	

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			D M E	CEDI
		A	B	H H H		
	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): Richard Mazur, 410-786-1418 or Richard.Mazur2@cms.hhs.gov , Brian Pabst, 410-786-2487 or Brian.Pabst@cms.hhs.gov

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

VI. FUNDING

Section A: For Medicare Administrative Contractors (MACs):

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