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| CMS Manual System | Department of Health & Human Services (DHHS) |
| Pub 100-20 One-Time Notification | Centers for Medicare & Medicaid Services (CMS) |
| Transmittal 11194 | Date: January 20, 2022 |
| | Change Request 12535 |

SUBJECT: Prevent Loading of Dental HCPCS Codes in the Fiscal Intermediary Shared System (FISS)

I. SUMMARY OF CHANGES: This Change Requests corrects a problem where dental codes conflict with Inpatient Rehabilitation Facility Prospective Payment System (IRF PSS) payment group codes.

EFFECTIVE DATE: July 1, 2022 - Claims received on or after this date.

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

IMPLEMENTATION DATE: July 5, 2022

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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|-------------|--------------------|------------------------|-----------------------|
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I. GENERAL INFORMATION

A. Background: Inpatient Rehabilitation Facilities (IRFs) report case-mix groups on their claims using Health Insurance Prospective Payment System (HIPPS) codes. While HIPPS codes are a separate code set from Healthcare Common Procedure Coding System (HCPCS) codes, both codes are reported in the same field on claim lines. HIPPS codes D1701 - D1703 have been valid for IRF billing since January 1, 2002, D1704 since October 1, 2005 and D1705 since October 1, 2019.

The July 2021 HCPCS contractor file contained new HCPCS codes D1701 – D1705, which were established by the American Dental Association (ADA). These codes have Type of Service V, Coverage Code I (not payable by Medicare) and Procedure Status indicator I (Not valid for Medicare purposes. Medicare uses another code for reporting and payment for these services). The addition of Type of Service V to the HCPCS record for these codes caused the Fiscal Intermediary Shared System (FISS) to set reason code 31590 in error on IRF claims. To prevent this, Medicare Administrative Contractors (MACs) must manually update the Type of Service and code descriptions to restore the IRF HIPPS code information after each quarterly contractor file update. Rather than continue this manual correction process each quarter, this Change Request modifies the contractor file load process so dental codes are no longer added.

B. Policy: This Change Request contains no new policy.

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 H H | | F M V C | M C S | M S S | C W F | |
| 12535.1 | The contractor shall no longer add HCPCS codes beginning with D (e.g., D1701) to the contractor file when received as part of the CMS HCPCS file. | | | | | X | | | | |

III. PROVIDER EDUCATION TABLE

| Number | Requirement | Responsibility | | | | |
|--------|-------------|----------------|---|-------------|----------------------------|------------------|
| | | A/B MAC | | | D M E M A C | C E D I |
| | | 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): Wil Gehne, wilfried.gehne@cms.hhs.gov , Kajol Balani, kajol.balani@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: 0