CMS Manual System	Department of Health & Human Services (DHHS)	
Pub 100-19 Demonstrations	Centers for Medicare & Medicaid Services (CMS)	
Transmittal 11266	Date: February 10, 2022	
	Change Request 12542	

Transmittal 11201, dated January 20, 2021, is being rescinded and replaced by Transmittal 11266, dated, February 10, 2022 to add business requirement 12542.2. All other information remains the same.

SUBJECT: ESRD Treatment Choices (ETC) Model Demo Priorities Correction

I. SUMMARY OF CHANGES: Change Request (CR) 11390 details the application of demo code 94 to dialysis and dialysis-related claims. A correction is being made through this CR to address the incorrect application of demo code 94 on the VA claims (demo code 31) leading to the VA claims not being processed.

EFFECTIVE DATE: July 1, 2022

*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:

Demonstrations

Attachment - Demonstrations

Pub. 100-19 Transmittal: 11266	Date: February 10, 2022	Change Request: 12542
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SUBJECT: ESRD Treatment Choices (ETC) Model Demo Priorities Correction

EFFECTIVE DATE: July 1, 2022 *Unless otherwise specified, the effective date is the date of service. **IMPLEMENTATION DATE: July 5, 2022**

I. GENERAL INFORMATION

A. Background: The purpose of this Change Request (CR) is to update the demo code priorities as listed in CR 11390 for the ETC Model. The demo code 94 is incorrectly being applied to VA claims (demo code 31) and causing these claims to not process.

B. Policy: ETC Model is a mandatory model, which takes precedence over all other models, hence the demo code 94 which identifies ETC model related claims is placed in the first position. The Veterans Administration (VA) claims, which are represented by demo code 31, are not paid by Medicare. Hence, any VA claims for dialysis should not be part of the ETC model and need to be excluded from the model.

II. BUSINESS REQUIREMENTS TABLE

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

Number	Requirement	Responsibility																		
		A/B MAC		MAC													DShared-MSystemEMaintainers			Other
		A	В	H H H	M A C	-	M C S	V M S												
12542.1	The SSMs shall exclude any claims that have a demo code 31, regardless of the demo code position, from the ETC model with demo code 94.					X	X													
12542.2	The contractors shall reprocess the claims with demo code 94 and demo code 31, suspending and/or on hold, due to model overlap issue, for processing after CR 12542 implementation in July 2022	X	X																	

III. PROVIDER EDUCATION TABLE

Number	Requirement	Re	Responsibility			
			A/B		D	С
		ľ	MAG	C	Μ	E
					Е	D
		Α	В	Η		Ι
				Η	Μ	
				Η	Α	
					С	
	None					

IV. SUPPORTING INFORMATION

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

"Should" denotes a recommendation.

X-Ref	Recommendations or other supporting information:
Requirement	
Number	

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

V. CONTACTS

Pre-Implementation Contact(s): Manasa Peddy, manasa.peddy@cms.hhs.gov, Heather Maldonado, heather.maldonado@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