

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 11979	Date: April 20, 2023
	Change Request 12810

SUBJECT: User Enhancement Change Request (UECR) - Update the Multi-Carrier System (MCS) Procedure Maintenance Screen to Accept Lower Case Characters

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to remove the logic associated with converting the procedure code descriptions, manually entered by the user on the Procedure Maintenance screen to upper case characters when lower case characters are entered.

EFFECTIVE DATE: October 1, 2023

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

IMPLEMENTATION DATE: October 2, 2023

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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EFFECTIVE DATE: October 1, 2023

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IMPLEMENTATION DATE: October 2, 2023

I. GENERAL INFORMATION

A. Background: The purpose of this CR is to remove the logic associated with converting the procedure code descriptions, manually entered by the user on the Procedure Maintenance screen to upper case characters when lower case characters are entered.

The Procedure Maintenance screen, accessed through the use of the mnemonic of PR, allows for display and updates of the PA and PB segments of the procedure file records. The PA segment sets up a master record for each procedure code. It defines the procedure code/modifier/type of service combination accompanied by a narrative description. The PB segment is used to establish edit criteria for every procedure of the procedure file.

The PA segment description field displays the long description from the Healthcare Common Procedure Coding System (HCPCS) file. The user can perform manual maintenance to add/update/delete records on the procedure code file. When manual maintenance is performed, characters in the description field are currently converted from lower case to upper case characters. The systematic load of the HCPCS file to the PA segment and the description field, does not perform the conversion from lower case to upper case characters as appropriate.

B. Policy: N/A

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	M A C	F I S S	M C S		V M S
12810.1	The MCS shall update the systems logic to discontinue converting lower case to upper case characters when manual maintenance is performed in the description field of the PA segment.						X			

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			D M E	C E D I
		A	B	H H H	M A C	
	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): Cathy Gurreri, 410-786-4374 or Cathleen.Gurreri@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