

<b>CMS Manual System</b>	<b>Department of Health &amp; Human Services (DHHS)</b>
<b>Pub 100-20 One-Time Notification</b>	<b>Centers for Medicare &amp; Medicaid Services (CMS)</b>
<b>Transmittal 12118</b>	<b>Date: June 29, 2023</b>
	<b>Change Request 12945</b>

**Transmittal 12071 issued June 06, 2023, is being rescinded and replaced by Transmittal 12118, dated June 29, 2023, to revise BRs 12945.2.1, 12945.4 and 12945.6.1 per MCS. All other information remains the same.**

**SUBJECT: Addition of New Data Elements to the National Claims History (NCH) Claims Data Output**

**I. SUMMARY OF CHANGES:** The purpose of this Change Request (CR) is to add the following five fields to the NCH claims format data: CWF Admission date, Clinical Trial number, Beneficiary Enrollment date, Provider sub specialty codes, and Taxonomy.

**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/revise 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.

<b>R/N/D</b>	<b>CHAPTER / SECTION / SUBSECTION / TITLE</b>
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**



Number	Requirement	Responsibility									
		A/B MAC		H H H	D M E M A C	Shared- System Maintainers				Other	
		A	B			F I S S	M C S	V M S	C W F		
12945.4	The Contractor shall pass up to 3 Billing and Rendering Provider Secondary Specialties (if applicable) to CWF. The new provider specialty fields on the CWF transmission record (HUBC) shall be a 2-position alphanumeric field like the current provider specialty fields. The Contractor shall update the Detail portion of the HUBC record to contain 3 Secondary Specialties fields for the Rendering Provider. The Contractor shall update the Header portion of the HUBC record to contain 3 Secondary Specialties fields for the Billing Provider.						X		X	CVM, FPS, NCH	
12945.5	The Contractor shall add the Admission Date indicated in the CWF to the NCH data output.									NCH	
12945.6	The Contractor shall add the Taxonomy code to the NCH data output.								X	CVM, FPS, NCH	
12945.6.1	The Contractor shall send the provider-supplied 10-character Taxonomy code to CWF. The Contractor shall update the Header portion of the HUBC record to contain the 10 character taxonomy code field for the Billing Provider. The Contractor shall update the Detail portion of the HUBC record to contain the 10 character taxonomy code field for the Rendering Provider.						X		X		
12945.6.1.1	In the event that the provider does not supply the Taxonomy code, the Contractor shall cross-walk the code from the taxonomy tables based on the provider's specialty.						X				
12945.7	The Contractor shall add the fields in BRs 12945. 1 - 12945. 5 that are applicable to their systems to the data in the Integrated Data Repository (IDR).						X			IDR	

**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):** Eric Miller, 4107860060 or eric.miller@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**