CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 1936	**Date: October 19, 2017**
	Change Request 10155

Transmittal 1876, dated July 27, 2017, is being rescinded and replaced by Transmittal 1936, dated, October 19, 2017 to remove references of the receipt date in the policy section, requirements 10155.3 and 10155.3.1. All other information remains the same.

SUBJECT: Modifications to the National Coordination of Benefits Agreement (COBA) Crossover Process

I. SUMMARY OF CHANGES: Through this change request, the Centers for Medicare & Medicaid Services (CMS) modifies the Part A shared system maintainer's Direct Data Entry (DDE) screen entry process to allow for the reporting of a provider taxonomy code at the Attending Physician level.

EFFECTIVE DATE: January 1, 2018
**Unless otherwise specified, the effective date is the date of service.*
IMPLEMENTATION DATE: January 2, 2018

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

Pub. 100-20	Transmittal: 1936	Date: October 19, 2017	Change Request: 10155

Transmittal 1876, dated July 27, 2017, is being rescinded and replaced by Transmittal 1936, dated, October 19, 2017 to remove references of the receipt date in the policy section, requirements 10155.3 and 10155.3.1. All other information remains the same.

.

SUBJECT: Modifications to the National Coordination of Benefits Agreement (COBA) Crossover Process

EFFECTIVE DATE: January 1, 2018
**Unless otherwise specified, the effective date is the date of service.*
IMPLEMENTATION DATE: January 2, 2018

I. GENERAL INFORMATION

A. Background: Currently, healthcare providers report provider taxonomy codes (i.e., standard type and specialty classification codes) on their incoming Health Insurance Portability and Accountability Act (HIPAA) American Standards Committee X12N 837 institutional and professional claims sent to Medicare. Medicare Administrative Contractors (MACs) include these provider taxonomy codes, unchanged, on the outbound HIPAA 837 institutional and professional COBA crossover claims that their shared systems create for transmission to the Benefits Coordination & Recovery Center. Most State Medicaid Agencies (SMAs) require a provider taxonomy code on COBA 837 institutional and professional Coordination of Benefits (COB) claims to assure they are calculating claims reimbursement appropriately for the provider specialty involved on the Medicare crossover claims. The Fiscal Intermediary Shared System (FISS) maintainer currently does not support entry of the Attending Physician level provider taxonomy code on its DDE screens. CMS is modifying this current situation through this instruction.

B. Policy: The FISS maintainer shall add a new Attending Physician level taxonomy code field to its DDE screen so that providers may enter this value as part of Medicare Fee-For-Service (FFS) claims submission. (**Note:** The FISS shared system already supports entry of the Bill-to Provider taxonomy code via DDE claims submission.) FISS shall apply its same editing methodology used for validating the Bill-to Provider taxonomy code to the Attending Physician taxonomy code entered via DDE submission. When FISS determines that the provider has entered a valid provider taxonomy code at the Attending Physician level, it shall capture this information and map it to the FISS claim record. Additionally, FISS shall take the following two (2) steps: 1) Add the new Attending Physician taxonomy field to the FISS Expert Claims Processing System (ECPS); and 2) add the new Attending Physician taxonomy field to the Integrated Data Repository (IDR). When creating outbound 837 institutional COB claims, FISS shall now map the Attending Physician taxonomy code information from the FISS claim record to the 837 institutional COB flat file when present. If the Attending Physician taxonomy code is not present on the FISS claim record, then FISS shall continue to map the Attending Physician taxonomy code from the store-and-forward repository (SFR). (**Note:** This is true for incoming electronic claims.)

II. BUSINESS REQUIREMENTS TABLE

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

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
10155.1	The FISS maintainer shall add a new Attending Physician level taxonomy code field to its DDE screen so that providers may enter this value as part of Medicare FFS claims submission.					X				
10155.1.1	FISS shall apply its same editing methodology used for validating the Bill-to Provider taxonomy code to the Attending Physician taxonomy code entered via DDE submission.					X				
10155.2	When FISS determines the provider has entered a valid provider taxonomy code at Attending Physician level, it shall capture this information and map it to the FISS claim record.					X				
10155.2.1	Additionally, FISS shall take the following two (2) steps: 1. Add the new Attending Physician taxonomy field to the FISS ECPS; and 2. Add the new Attending Physician taxonomy field to the IDR.					X				
10155.3	When creating outbound 837 institutional COB claims, FISS shall now map the Attending Physician taxonomy code information from the FISS claim record to the 837 institutional COB flat file when present. (**Note:** This is true for incoming electronic claims.)					X				
10155.3.1	If the Attending Physician taxonomy code is not present on the FISS claim record, then FISS shall continue to map the Attending Physician taxonomy code from the SFR. (**Note:** This is true for incoming electronic claims.)					X				

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			DME MAC	CEDI
		A	B	HHH		
	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): Brian Pabst, 410-786-2487 or brian.pabst@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