CMS Manual System	Department of Health & Human Services (DHHS)				
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)				
Transmittal 2185	Date: November 2, 2018				
	Change Request 10680				

SUBJECT: User Change Request (CR): Multi-Carrier System (MCS) - Enhance System Control Facility (SCF) to Add Fraud Prevention System (FPS) Criteria

**I. SUMMARY OF CHANGES:** Due to the expanded use of Fraud Prevention System (FPS) edits, SCF changes are needed to accommodate FPS criteria. It is sometimes necessary to use two Local Coverage Determination (LCD) numbers and an effective and end date for the International Classification of Diseases Ninth Edition (ICD-9) diagnoses and an effective date for ICD-10 diagnoses, which requires using SCF. The SCF editing cannot be tied to the specific FPS model number and thus any SCF coding could apply to all FPS edits. This user CR will allow for the proper processing of FPS edits and decrease the need for more complex SCF coding.

# **EFFECTIVE DATE: April 1, 2019**

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

**IMPLEMENTATION DATE: April 1, 2019** 

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: 2185 Date: November 2, 2018 Change Request: 10680

SUBJECT: User Change Request (CR): Multi-Carrier System (MCS) - Enhance System Control Facility (SCF) to Add Fraud Prevention System (FPS) Criteria

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#### I. GENERAL INFORMATION

**A. Background:** Due to the expanded use of FPS edits, SFC needs to be enhanced to accommodate FPS criteria. It is sometimes necessary to use two Local Coverage Determination (LCD) numbers and an effective and end date for the International Classification of Diseases Ninth Edition (ICD-9) diagnoses and an effective date for ICD-10 diagnoses, which requires using SCF. The SCF editing cannot be tied to the specific FPS model number and thus any SCF coding could apply to all FPS edits. This user CR will allow for the proper processing of FPS edits and decrease the need for more complex SCF coding.

B. Policy: N/A

### II. BUSINESS REQUIREMENTS TABLE

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

Number	Requirement	Responsibility								
			A/B		D		Sha	red-	•	Other
		N	MA(	$\mathbb{C}$	M		Sys	tem	l	
					Е	E Maintainers				
		A	В	Н		F	M	V	C	
				Н	M	I	C	M	W	
				Н	A	S	S	S	F	
					C	S				
10680.1	MCS shall add "FPS Model Number" as a criteria in						X			
	SCF.									
10680.2	MCS shall create a new Spitab table to be used in processing the Common Working File (CWF) error code FPSD and FPSH. With the use of SCF, MCS will be able to associate the correct Policy number to the						X			
	claim.									

## III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsi	Responsibility		
		A/B	D	C	
		MAC	M	Е	
			Е	D	

	A	В	Н		I
			Н	M	
			Н	A	
				C	
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: N/A
Requirement	
Number	

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

#### V. CONTACTS

Pre-Implementation Contact(s): Stacey Shagena, 410-786-8208 or Stacey.Shagena@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**