CMS Manual System	Department of Health & Human Services (DHHS)				
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)				
Transmittal 2204	Date: November 14, 2018				
	Change Request 10977				

Transmittal 2147, dated October 5, 2018, is being Rescinded and Replaced by Transmittal 2204, dated, November 14, 2018 to extend the Effective and Implementation dates to December 3, 2018. All other information remains the same.

SUBJECT: Update to the Long Description for Spanish Records on The Procedure Descriptor Master File for all Adds and Updates That Were Not Loaded with Change Request (CR) 10286

I. SUMMARY OF CHANGES: The purpose of this CR is to allow the Multi-Carrier System (MCS) to create a one-time conversion job to read the CMS-provided EXCEL spreadsheet of long Spanish consumer friendly code descriptors and update the Long Description for Spanish records on the procedure Descriptor master file for all adds and updates that were not loaded with CMS CR 10286.

EFFECTIVE DATE: December 3, 2018; January 1, 2019 - for billing purposes, this CR is charged to the January Release

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

IMPLEMENTATION DATE: December 3, 2018; January 7, 2019 - for billing purposes, this CR is charged to the January Release

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: 2204	Date: November 14, 2018	Change Request: 10977
		200001000000000000000000000000000000000	

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I. GENERAL INFORMATION

A. Background: The purpose of this CR is to allow MCS to create a one-time conversion job to read the CMS-provided EXCEL spreadsheet of long Spanish consumer friendly code descriptors and update the Long Description for Spanish records on the procedure Descriptor master file for all adds and updates that were not loaded with CMS CR 10286.

B. Policy: Per section 1806(a) of the Social Security Act (the Act): CMS is required to provide a Medicare Summary Notice (MSN) (Part A, Part B, and/or Durable Medical Equipment (DME)) to each Medicare beneficiary. Applicable statutes/legislation/court decisions that impact the content and format of the MSN are: the Plain Writing Act of 2010, which requires all government communications to be written in plain language so that it is easily understood by the target audience; section 1806(b) of the Act; section 1816(j) of the Act; section 1842(h)(7) of the Act; section 1848(g) of the Act; section 1869(a)(4) of the Act; section 1869(a)(4) (C) of the Act; 42 C.F.R. section 405.921; section 925 of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (P.L. 108-173); Gray Panthers v. Schweiker, 652 F. 2d 146, 168 (D.C. Cir. 1980); David v. Heckler, 591 F.Supp. 1033 (E.D.N.Y 1984); Vorster v. Bowen, 709 F.Supp 934 (C.D. Cal. 1989); Connecticut Department of Social Services v. Leavitt, 428 F.3d 138 (2d Cir. 2005).

II. BUSINESS REQUIREMENTS TABLE

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

Number	Requirement	R	espo	onsi	bilit	y								
			A/E	3	D	, second	Sha	red	-	Other				
]]	MAC		MAC N		MAC M			I System				
			•		Ε	Ma	aint	aine	ers					
		A	В	Η		F	Μ	V	C					
				Η	Μ	-	С							
				Η	A	S	S	S	F					
					C	S								
10977.1	MCS shall create a one-time conversion job to read						Х							
	the CMS-provided EXCEL spreadsheet of long													
	Spanish consumer friendly code descriptors and													
	update the Long Description for Spanish records on													
	the procedure Descriptor master file for all adds and													
	updates that were not loaded with CMS CR 10286.													

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
			A/B		D	C
		1	MAG	7	Μ	E
					E	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	
Number	

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

V. CONTACTS

Pre-Implementation Contact(s): Cindy Ardissone, 410-786-7410 or Cynthia.Ardissone@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