CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 4177	Date: November 30, 2018
	Change Request 11060

SUBJECT: File Conversions Related to the Spanish Translation of the Healthcare Common Procedure Coding System (HCPCS) Descriptions

I. SUMMARY OF CHANGES: This Change Request (CR) provides direction for the contractors to perform any necessary file conversions related to the Spanish translation of the HCPCS descriptions provided by First Coast Service Options (FCSO) on a quarterly basis. This Recurring Update Notification applies to Chapter 21, section 20. FCSO is providing these updates to the contractors because FCSO is the entity that translates the HCPCS descriptions into Spanish for the Centers for Medicare & Medicaid Services.

EFFECTIVE DATE: January 1, 2019
Unless otherwise specified, the effective date is the date of service.
IMPLEMENTATION DATE: January 7, 2019 - or no later than 30 days after receipt of the quarterly HCPCS description updates sent by FCSO, or as soon as FISS is able to upload the file in a subsequent 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:

Recurring Update Notification

Attachment - Recurring Update Notification

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I.   GENERAL INFORMATION

A.   Background: This CR provides direction for the contractors to perform any necessary file conversions related to the Spanish translation of the HCPCS descriptions provided by FCSO on a quarterly basis. FCSO is providing these updates to the contractors because FCSO is the entity that translates the HCPCS descriptions into Spanish for CMS.

B.   Policy: CMS provides contractors with updates to the Spanish HCPCS descriptions on a quarterly basis.

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	
11060.1	The contractors shall use the spreadsheet provided by FCSO that contains the Spanish translations of the HCPCS descriptions and perform any necessary file conversions, so that this file is available to the Medicare Administrative Contractors (MACs) at the Virtual Data Centers (VDCs) for processing. This Spanish translation spreadsheet shall include the new HCPCS added for the quarter. **NOTE:** The spreadsheet includes only add-ons and changes that were translated. It is not a full file replacement.	X	X	X	X	X		X		IOCE
11060.2	The contractors shall upload the quarterly Spanish HCPCS description updates sent by FCSO by the latter of the implementation date, 30 days after receipt of the updates, or as soon as the Fiscal Intermediary Shared System (FISS) is able to upload the file in a subsequent release.	X	X		X	X		X		IOCE

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): Scott Schiller, 410-786-4514 or scott.schiller@cms.hhs.gov, 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