CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 1404	**Date: August 1, 2014**
	Change Request 8745

SUBJECT: Modify the Daily Common Working File (CWF) to Medicare Beneficiary Database (MBD) File to no longer include Preventive Healthcare Common Procedure Coding System (HCPCS) Codes that have been terminated

I. SUMMARY OF CHANGES: The purpose of this CR is to ensure that the Preventive Services table used by the Health Insurance Portability & Accountability Act (HIPAA) Eligibility Transaction System (HETS) does not contain invalid Healthcare Common Procedure Coding System (HCPCS) codes.

EFFECTIVE DATE: January 1, 2015
Unless otherwise specified, the effective date is the date of service.
IMPLEMENTATION DATE: January 5, 2015

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 obliged 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: 1404	Date: August 1, 2014	Change Request: 8745

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I.   GENERAL INFORMATION

A.   Background: The HETS 270/271 process is used by Medicare providers, physicians, and other suppliers to reply to queries received concerning individual beneficiary eligibility information under the Medicare program, including Preventive Services information found on the Common Working File (CWF). Preventive Services are returned by the HETS system with eligibility information for each requested, HETS-supported HCPCS code. HETS is designed to return the Preventive HCPCS code data exactly as it is passed from CWF; therefore, if a requested HCPCS code is not active under Medicare as of the current date, but is still passed from CWF, HETS will return an invalid HCPCS code. HIPAA legislation requires that all healthcare transactions follow a set of standards, which requires Trading Partners to exchange only valid code values. Through the removal of this data from the CWF to Medicare Beneficiary Database (MBD) extract file, CMS will ensure that the Preventive Services table used by HETS does not contain invalid HCPCS codes.

As per the CWF maintainer, when a Preventive Services HCPCS code is replaced by a new value, CWF will retain on every beneficiary record both the old HCPCS code, along with a rule code specifying it has been replaced, and the new HCPCS code. This will be done on the date of code replacement and is not driven by claim activity.

The Preventive Services Next Eligible Date for a HCPCS code gives providers the necessary information to guide their patients to the timely receipt of Preventive Services to which they are entitled. This is an important element in the reduction of overall healthcare costs and a key benefit returned by HETS. The HETS 271 response transaction must pass all X12 transaction compliancy standards and therefore may include only Preventive Services benefit details for HCPCS codes that are active as of the date on which the HETS 271 response is sent.

B.   Policy: There is no policy change associated with this change request.

II.   BUSINESS REQUIREMENTS TABLE

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

Number	Requirement	Responsibility								
		A/B MAC			D M E MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
8745.1	Beginning January 5, 2015, CWF shall no longer send								X	

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	terminated HCPCS codes to MBD.									
8745.1.1	CWF shall add all terminated HCPCS codes to the bypass for MBD.								X	
8745.1.2	When a Preventive Services HCPCS code is replaced by a new value, CWF shall retain on every beneficiary record both the old HCPCS code, along with a rule code specifying it has been replaced, and the new HCPCS code. This is existing functionality.								X	
8745.2	On or about January 1, 2015, CWF shall perform a full refresh extract to MBD with full Preventive Services content for every beneficiary.								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): Charles Watson, 410-786-8209 or charles.watson@cms.hhs.gov, Shelia Dickerson, 410-786-2887 or Shelia.Dickerson@cms.hhs.gov, Ada Sanchez, 410-786-9466 or Ada.Sanchez@cms.hhs.gov

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR) or Contractor Manager, as applicable.

VI. FUNDING

Section A: For Medicare Administrative Contractors (MACs):
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ATTACHMENTS: 0