CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 997	Date: November 10, 2011
	Change Request 7639

SUBJECT: Expansion of FISS Medical Policy Parameter

I. SUMMARY OF CHANGES: The FISS system needs to expand the medical policy parameter screens to accommodate ICD-10.

EFFECTIVE DATE: April 1, 2012 IMPLEMENTATION DATE: April 2, 2012

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		

III. FUNDING:

For Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs) and/or Carriers: Not Applicable.

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

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

Attachment – One-Time Notification

Pub. 100- 20Transmittal: 997Date: November 10, 2011Change Request: 7639

SUBJECT: Expansion of FISS Medical Policy Parameter.

Effective Date: April 1, 2012 Implementation Date: April 2, 2012

I. GENERAL INFORMATION

A. Background: The FISS system shall be expanded to accommodate the processing of the seven digit ICD-10 codes.

B. Policy: CMS requires that the FISS system shall be able to accept ICD-10 diagnosis codes by October 1, 2013.

II. BUSINESS REQUIREMENTS TABLE

Use "Shall" to denote a mandatory requirement

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A	D	F	C		í Ó	Shai	ed-		OTH
		/	Μ	Ι	Α	Η		Syst	em		ER
		В	Е		R	Η	Μ	ainta	aine	rs	
					R	Ι	F	Μ	V	С	
		Μ	Μ		Ι		Ι	С	Μ	W	
		A	А		E		S	S	S	F	
		C	С		R		S				
7639.1	The FISS shall expand the Medical Policy Parameter						Х				
	field, Exception Diagnosis, to accept up to 40 Diagnosis										
	code.										
7639.2	The FISS shall expand the Medical Policy Parameter file						Х				
	to accept up to 40 Exception Diagnosis codes.										

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		Α	D	F	С	R		Shai	red-		OTH
		/	Μ	Ι	А	Η		Syst	tem		ER
		В	Е		R	R H Maintainers				ers	
					R	Ι	F	Μ	V	С	
		Μ	Μ		Ι		Ι	С	Μ	W	
		Α	А		Е		S	S	S	F	
		C	С		R		S				
	None.										

IV. SUPPORTING INFORMATION

Section A: For any recommendations and supporting information associated with listed requirements, use the box below: N/A

Use "Should" to denote a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:

Section B: For all other recommendations and supporting information, use this space:

In order for the FISS system to be compliant with accepting ICD-10 diagnosis codes by October 1, 2013, the medical policy parameter screen needs to be expanded.

V. CONTACTS

Pre-Implementation Contact(s): Tammy Amendola (410) 786-1149, Tammy.Amendola@cms.hhs.gov

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

VI. FUNDING

Section A: For Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs), and/or Carriers

Not Applicable.

Section B: 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.