

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 2201	Date: November 9, 2018
	Change Request 10760

SUBJECT: User CR: Fiscal Intermediary Shared System (FISS) - Implementation of the Molecular Diagnostic Services (MolDX)

I. SUMMARY OF CHANGES: Implementation of the Molecular Diagnostic Services (MolDX) program requires that providers be able to input a unique test ID into their claims at the detail line level. In order to implement the MolDX program for Part A Medicare Administrative Contractors (MACs), a detail line field must be created in FISS to allow providers to input these test IDs during electronic claim submissions. Due to the nature of Part A claim submissions, providers will also need to be able to manually enter or correct the MolDX test ID field through hardcopy or Direct Data Entry (DDE) processing.

Creation of detail line fields in FISS for MolDX test IDs will allow MACs to create automated Expert Claims Processing System (ECPS) events to adjudicate Part A claims involved with the Molecular Diagnostic Services program.

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: 2201	Date: November 9, 2018	Change Request: 10760
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SUBJECT: User CR: Fiscal Intermediary Shared System (FISS) - Implementation of the Molecular Diagnostic Services (MoIDX)

EFFECTIVE DATE: April 1, 2019

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

IMPLEMENTATION DATE: April 1, 2019

I. GENERAL INFORMATION

A. Background: The purpose of this Change Request (CR) is to add a Molecular Diagnostic Services (MoIDX) test ID field to FISS. The MoIDX program requires that providers be able to input a unique test ID into their claims at the detail line level. In order to implement the MoIDX program for Part A MACs, a detail line field must be created in FISS to allow providers to input these test IDs during electronic claim submissions. Due to the nature of Part A claim submissions, providers will also need to be able to manually enter or correct the MoIDX test ID field through hardcopy or Direct Data Entry (DDE) processing.

FISS shall also ensure the new MoIDX test IDs field will be available in Expert Claims Processing System (ECPS) to allow MACs to create events to adjudicate Part A claims involved with the MoIDX program.

B. Policy: N/A

II. BUSINESS REQUIREMENTS TABLE

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

Number	Requirement	Responsibility										
		A/B MAC			D M E	Shared-System Maintainers				Other		
		A	B	H		F	M	V	C			
		H	M	I	C	M	W					
		H	A	S	S	S	F					
			C	S								
10760.1	FISS shall update the mapping logic on the inbound 837I to automatically populate the new MoIDX field when element SV202-7 of the 2400 loop contains a 5-byte alphanumeric value of either Pxxxx or Zxxxx in the first five positions.					X						
10760.1.1	FISS shall only move the first five positions to the MoIDX field on the claim record if the format is Pxxxx or Zxxxx and there is at least one number in position 2, 3, 4 or 5 (represented by 'x' in Pxxxx and Zxxxx).					X						
10760.2	FISS shall continue mapping the value in the SV202-7 element to the SERVICE LINE DESCRIPTION field					X						

Number	Requirement	Responsibility								
		A/B MAC			D M E M A C	Shared-System Maintainers				Other
		A	B	H H H		F I S S	M C S	V M S	C W F	
	on MAP103J as it does today.									
10760.3	FISS shall add a new line level field to store the MoIDX test ID on the claim record.					X				
10760.3.1	FISS shall create the new field as a five-byte alphanumeric field.					X				
10760.3.2	FISS shall ensure the valid values for the new field are blank, PXXXX, or Zxxxx, where there is at least one number in position 2, 3, 4 or 5 (represented by 'x' in Pxxxx and Zxxxx).					X				
10760.4	FISS shall assign a new reason code when an invalid value is entered in the new field. See BR 10760.3.2 for valid values.					X				
10760.5	The MAC shall Return to Provider (RTP) the claim when the reason code in BR 10760.4 is assigned by FISS.	X		X						
10760.6	FISS shall display the new field as follows: <ul style="list-style-type: none"> on claim page 33 (MAP103J) on DDE page 02 (MAP171E) Both shall be at the line level.					X				
10760.7	FISS shall make the MoIDX field available for use in the Expert Claims Processing System (ECPS).					X				
10760.8	FISS shall pass the new MoIDX field to the Integrated Data Repository (IDR).					X			IDR	

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility		
		A/B MAC	D M E	C E D

		A	B	H H H	M A C	I
10760.9	MLN Article: CMS will make available an MLN Matters provider education article that will be marketed through the MLN Connects weekly newsletter shortly after the CR is released. MACs shall follow IOM Pub. No. 100-09 Chapter 6, Section 50.2.4.1, instructions for distributing MLN Connects information to providers, posting the article or a direct link to the article on your website, and including the article or a direct link to the article in your bulletin or newsletter. You may supplement MLN Matters articles with localized information benefiting your provider community in billing and administering the Medicare program correctly. Subscribe to the "MLN Matters" listserv to get article release notifications, or review them in the MLN Connects weekly newsletter.	X				

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): 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):

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.

ATTACHMENTS: 0