CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 12135	**Date: July 20, 2023**
	Change Request 10706

SUBJECT: User Enhancement Change Request (UECR): Update the DATAIN VppYUFLU in the Multi-Carrier System (MCS) to Allow for Alphanumeric Provider Specialty Codes

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to update the MCS DATAIN VppYUFLU to allow the entry of alphanumeric values for provider specialty codes.

EFFECTIVE DATE: January 1, 2024
Unless otherwise specified, the effective date is the date of service.
IMPLEMENTATION DATE: January 2, 2024

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

Pub. 100-20	Transmittal: 12135	Date: July 20, 2023	Change Request: 10706

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I.   GENERAL INFORMATION

A.   Background: The purpose of this CR is to update the MCS DATAIN VppYUFLU to allow the entry of alphanumeric values for provider specialty codes.

The DATAIN VppYUFLU (where pp represents the plan code/processing state and Y represents 'I' for production processing environment and 'O' for user acceptance testing region) is used to maintain and upload a generic Provider Transaction Access Number (PTAN) and National Provider Identifier (NPI) to the MCS provider file.

This DATAIN is used by the Medicare Administrative Contractors (MACs) to assign a generic PTAN and placeholder NPI for providers who are not enrolled in the Medicare program, mainly flu shot providers. The PTAN/NPI is required to adjudicate these claim types.

The MCS systems specifications documentation S1552000, titled Provider File – Generic Provider Numbers, defines the key data elements that must be entered when using this DATAIN. Currently the field name 'NON PHYS TYPE' that displays the specialty code information for the generic PTAN/NPI only accepts numeric values in the two-byte field, located in column 20-21 of the DATAIN. The Centers for Medicare & Medicaid Services has expanded the assignment of provider specialty codes to use alphanumeric. This CR is instructing the MCS to update the field to accept alphanumeric values. The existing specialty codes of 00, 32, 42, 43, 49, 50, 68, 71, 73, 80, 89, and 97 are currently not allowed to be entered, and that shall remain the same.

The MCS job name is MCSPRV52 and is used by the A/B MAC Part B to request the data to be loaded to the appropriate processing environment.

As noted in the MCS job description document:

This job updates the converted PECOS V205 file with generic placeholder records to allow the MACs to bypass PECOS for FLU and other specialty claims submitted by providers not enrolled in the Medicare program. This job also updates the NPI/PTAN crosswalk file with the placeholder NPI associated with the PTAN.

NOTE: This job should not be ran by the Railroad Retirement Board contractor.

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			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
10706.1	The MCS shall update user maintained DATAIN member VPPYUFLU in the RV52 job, used to create a placeholder PTAN/NPI.						X			
10706.1.1	The MCS shall update the editing to allow alphanumeric values in the provider specialty field. Note: Provider specialty code values 00, 32, 42, 43, 49, 50, 68, 71, 73, 80, 89, and 97 will still be considered as invalid and will set an edit.						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

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