

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 1901	Date: August 11, 2017
	Change Request 10215

SUBJECT: Automating the HCPCS Load Process

I. SUMMARY OF CHANGES: This Change Request (CR) implements updates to the quarterly Healthcare Common Procedure Coding System (HCPCS) load process and the further application of wild card options to off quarter revisions to the HCPCS file.

EFFECTIVE DATE: January 1, 2018

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

IMPLEMENTATION DATE: January 2, 2018

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

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I. GENERAL INFORMATION

A. Background: Prior to the Centers for Medicare & Medicaid Services (CMS) implementing the Part B drug file expansion, the CMS Average Sales Price (ASP) drug file format contained a single entry for each drug on the file. With the implementation of CR 9501, the CMS ASP drug file was updated to include 20 entries for a single drug – one for each of the 20 Part B drug pricing indicators. With CR 9711, the CMS ASP file format was updated to include 3 modifier entries (and an entry with a blank modifier) for each of the 20 pricing indicators. This totals to 80 entries per drug on the CMS ASP file (20 indicators X 4 modifier fields). The Part A Medicare Administrative Contractors (MACs) have been manually updating each pricing indicator creating a labor intensive process for each time the ASP file is received due to Healthcare Common Procedure Coding System (HCPCS) load process logic errors.

The Fiscal Intermediary Shared System (FISS) process that the Virtual Data Centers (VDC's) use to apply these CMS ASP files to the Part A MACs internal files has pre-defined parameters, with one set of parameters for hemophilia drugs and another for all other drugs. If these parameters do not meet the FISS processing or CMS's guidelines or instructions, the Part A MACs must make manual updates to the drug records. As indicated above, there are now 80 updates rather than just one.

This enhancement to the HCPCS load process will increase efficiency, decrease cost and improve customer satisfaction.

B. Policy: No policy changes are being made with this CR.

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 H H		F M V C	M C S S	V M S S	C W F		
10215.1	Referencing User CR J60048, FISS shall develop a wildcard option to update (i.e., update, modify, delete, and terminate) all existing HCPC records when the user enters a wildcard value of asterisks in the MOD and IND fields on the HCPC Batch Update screen. The wildcard option shall be applied in a similar manner as the wild card option in the HCPC update (i.e., update, modify, delete, and terminate) for the	X				X					

Number	Requirement	Responsibility									
		A/B MAC		H H H	D M E M A C	Shared- System Maintainers				Other	
		A	B			F I S S	M C S	V M S	C W F		
	carrier locality.										
10215.2	<p>Contractors shall utilize position 119 of the drug file to indicate special HCPCS load processing as follows:</p> <p>1 = HEMO</p> <p>2 = PP PPV, FLU</p> <p>3 = Radiopharmaceutical</p> <p>4 = EPO</p> <p>5 = HEP B</p> <p>When position 119 is a 1, Contractors shall load the HCPCS with the PRI Indicator field = F, the OVR field = 0, and the allowable revenue codes field = 0636;</p> <p>When position 119 is a 2, Contractors shall load the HCPCS with the PRI Indicator field = S, the OVR field = 3, the ESRD Pricing Indicator field = V, the ESRD OVR field = 3, and the allowable revenue code field = 0636;</p> <p>When position 119 is a 3, Contractors shall load the HCPCS with the PRI Indicator field = A, the OVR field = 0, and the allowable revenue codes field = 0636, 0343, and 0344;</p> <p>When position 119 is a 4, Contractors shall load the HCPCS with the PRI Indicator field = A, the OVR field = 0, the ESRD Pricing Indicator field = C, the ESRD OVR field = 0, and the allowable revenue codes field = 0634, 0635.</p> <p>When position 119 is a 5, Contractors shall load the HCPCS with the PRI Indicator field = A, the OVR field = 3, the ESRD Pricing Indicator field = E, the ESRD OVR field = 3, and the allowable revenue code field = 0636;</p>	X				X					

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			D M E	C E D I
		A	B	H H H		
	None					

IV. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements:

"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): Rose Salloum, 410-786-0190 or rose.salloum@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