CMS Manual System	Department of Health & Human Services (DHHS)	
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)	
Transmittal 2154	Date: October 26, 2018	
	Change Request 10948	

SUBJECT: Shared System Enhancement 2018: Streamline National Provider Identifier (NPI) Processing in the VIPS Medicare System (VMS)

I. SUMMARY OF CHANGES: This Change Request (CR) will update and streamline processing of the American National Standards Institute (ANSI) X837 inbound claims and Certificate of Medical Necessity (CMN) formats.

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	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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EFFECTIVE DATE: April 1, 2019

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IMPLEMENTATION DATE: April 1, 2019

I. GENERAL INFORMATION

A. Background: CMS is directing the Durable Medical Equipment Claims Processing System to streamline NPI processing of the American National Standards Institute (ANSI) X837 inbound file when formatting claims and CMN. This change will simplify maintenance efforts in the future.

*NOTE: The changes will be applicable to all processing that occurs following the implementation date, there will be no effective date logic included (e.g. date of service, date of receipt etc.) in these changes.

B. Policy: None

II. BUSINESS REQUIREMENTS TABLE

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

Number	Requirement	Responsibility								
			A/B		D		Sha	red-		Other
		MAC		M	System					
			E		Е	Maintainers			ers	
		A	В	Н		F	M	V	C	
				Н	M		C	M	W	
				Н	A	S	S	S	F	
					C	S				
10948.1	The contractor shall update VMS processing that uses							X		
	the NPI crosswalk to obtain the corresponding NSC									
	number in the ANSI X837 Inbound process when									
	formatting the claims and CMNs.									
10948.2	The contractor shall remove obsolete logic that checks							X		
	for the NSC to be present in the ANSI X837 inbound									
	file.									
10948.3	All logic implemented for this change request shall be							X		
	effective as of the date of implementation. None of									
	the logic implemented for this change request shall									
	involve claim date of service.									

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
			A/B		D	C
		MAC		\mathbf{C}	M	Е
					Е	D
		Α	В	Н		Ι
				Н	M	
				Н	Α	
					C	
	None					

IV. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements: N/A *"Should" denotes a recommendation.*

X-Ref	Recommendations or other supporting information:
Requirement	
Number	

Section B: All other recommendations and supporting information: N/A

V. CONTACTS

Pre-Implementation Contact(s): Emma Battista, 443-319-5003 or emma.battista@cms.hhs.gov (Katie Bentz), Katie Bentz, 410-786-5084 or katie.bentz@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