CMS Manual System	Department of Health & Human Services (DHHS)						
Pub 100-08 Medicare Program Integrity	Centers for Medicare & Medicaid Services (CMS)						
Transmittal 510	Date: April 11, 2014						
	Change Request 8665						

Transmittal 510 is being re-issued to change the Implementation Date from July 14, 2014 to May 12, 2014. The transmittal number, issue date and all other information remain the same.

SUBJECT: Clarification to Pub. 100-02, Medicare Benefit Policy Manual Regarding Antigens and Deletion of Section 13.14 from Chapter 13 of Pub. 100-08, Medicare Program Integrity Manual

I. SUMMARY OF CHANGES: This change request serves to make the Medicare Benefit Policy Manual provisions consistent with regulatory requirements. Additionally, revisions are being made to Chapter 13 of the Program Integrity Manual to accurately reflect CMS's plan to implement section 731 of the Medicare Prescription Drug, Improvement and Modernization Act of 2003 (MMA).

EFFECTIVE DATE: January 1, 2001 - (Antigen Update); February 24, 2014 - (Section 13.14 deletion) *Unless otherwise specified, the effective date is the date of service.

IMPLEMENTATION DATE: May 12, 2014

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

R/N/D CHAPTER / SECTION / SUBSECTION / TITLE				
D 13/13.14/Evaluation of Local Coverage Determination (LCD) Topics for National Concerning (NCD) Consideration				

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 obliged 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:

Business Requirements Manual Instruction

Attachment - Business Requirements

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EFFECTIVE DATE: January 1, 2001 - (Antigen Update); February 24, 2014 - (Section 13.14 deletion) *Unless otherwise specified, the effective date is the date of service.

IMPLEMENTATION DATE: May 12, 2014

I. GENERAL INFORMATION

- **A. Background:** This change request is to ensure that chapter 13 of the Program Integrity Manual accurately reflects CMS's plan to implement section 731 of the Medicare Prescription Drug, Improvement and Modernization Act of 2003 (MMA). Therefore, section 13.14 of chapter 13 of the Program Integrity Manual is being deleted.
- **B.** Policy: Section 731 of the MMA called for the Secretary to establish a plan to evaluate new local coverage determinations (LCDs) for national coverage. CMS currently has in place a more efficient process to evaluate new and current LCDs that includes extensive engagement and collaboration through conference calls, face to face meetings and open communication with and among the Medicare Administrative Contractors (MACs) and CMS central office. The MACs evaluate LCDs and the evidence supporting the LCDs using the various tools CMS has available. Under this paradigm, LCDs, where appropriate, are becoming more consistent across MACs.

II. BUSINESS REQUIREMENTS TABLE

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

Number	Requirement	Responsibility								
			A/B		D			red-		Other
		N	MAC		M	System				
			l E			Maintainers				
		A	A B H			F	M	V	C	
				Н	M	I	C	M	W	
				Н	A	S	S	S	F	
					C	S				
8665 - 08.1	Contractors shall be aware of the deletion of section 13.14 of chapter 13 in Pub. 100-08, to ensure it accurately reflects CMS's plan to implement section 731 of the Medicare Prescription Drug, Improvement and Modernization Act of 2003 (MMA).	X	X	X	X					

III. PROVIDER EDUCATION TABLE

Number	Requirement		Responsibility				
			A/B		D	С	
		ľ	MA(ن ا	M E	E D	
		A	В	H H H	M A C	I	
8665 - 08.2	CR as Provider Education: Contractors shall post this entire instruction, or a direct link to this instruction, on their Web sites and include information about it in a listserv message within 1 week of the release of this instruction. In addition, the entire instruction must be included in the contractor's next regularly scheduled bulletin. Contractors are free to supplement it with localized information that would benefit their provider community in billing and administering the Medicare program correctly.	X	X	X	X		

IV. SUPPORTING INFORMATION

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

[&]quot;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): Marie Casey, 410-786-7861 or <u>marie.casey@cms.hhs.gov</u> (Coverage)

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR).

VI. FUNDING

Section A: For Medicare Administrative Contractors (MACs):

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