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| CMS Manual System | Department of Health & Human Services (DHHS) |
| Pub 100-20 One-Time Notification | Centers for Medicare & Medicaid Services (CMS) |
| Transmittal 12071 | Date: June 6, 2023 |
| | Change Request 12945 |

Transmittal 11971 issued April 20, 2023, is being rescinded and replaced by Transmittal 12071, dated June 6, 2023, to add Fraud Prevention System (FPS) responsibility for business requirements 12945.2.1, 12945.4 and 12945.6. All other information remains the same.

SUBJECT: Addition of New Data Elements to the National Claims History (NCH) Claims Data Output

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to add the following five fields to the NCH claims format data: CWF Admission date, Clinical Trial number, Beneficiary Enrollment date, Provider sub specialty codes, and Taxonomy.

EFFECTIVE DATE: October 1, 2023

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

IMPLEMENTATION DATE: October 2, 2023

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: 12071 | Date: June 6, 2023 | Change Request: 12945 |
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SUBJECT: Addition of New Data Elements to the National Claims History (NCH) Claims Data Output

EFFECTIVE DATE: October 1, 2023

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IMPLEMENTATION DATE: October 2, 2023

I. GENERAL INFORMATION

A. Background: The purpose of this Change Request (CR) is to add the following five fields to the NCH claims format data: CWF Admission date, Clinical Trial number, Beneficiary Enrollment date, Provider sub specialty codes, and Taxonomy.

B. Policy: The nationwide Recovery Audit program was mandated under Division B, Title III, Section 302 of the Tax Relief and Healthcare Act of 2006.

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 | M A C | F I S S | M C S | | V M S |
| 12945.1 | The Contractor shall add the Admission Date for home health and hospice to the CWF output file. | | | | | X | | | | |
| 12945.2 | The Contractor shall add the Clinical Trial number to the NCH data output. For Part A, the clinical trial information is located under the Value Codes (page 2 of FISS) with a D4 and 8-digit number. For Part B, it is billed in Box 19 of the CMS-1500 with the 8-digit number. The Clinical Trial number is located on the "CLAM Screen – Extended Header" (PF7) screen in MCS. | | | | | | | | | NCH |
| 12945.2.1 | The contractor shall continue to pass the Clinical Trail number to CWF when received on the claim. | | | | | | X | | X | FPS |

| Number | Requirement | Responsibility | | | | | | | | | |
|-------------|---|----------------|---|-------|-------|---------------------------|---------|---------|--|-------|---------------|
| | | A/B MAC | | | D M E | Shared-System Maintainers | | | | Other | |
| | | A | B | H H H | | F M V C | I C M W | S S S F | | | |
| 12945.3 | The Contractor shall add the Beneficiary Enrollment Date to the NCH data output. | | | | | | | | | | CVM, NCH |
| 12945.4 | The Contractor shall pass up to 3 Billing and Rendering Provider Secondary Specialties (if applicable) to CWF. The new provider specialty fields on the CWF transmission record (HUBC) shall be a 2-position alphanumeric field like the current provider specialty fields. | | | | | | X | | | X | CVM, FPS, NCH |
| 12945.5 | The Contractor shall add the Admission Date indicated in the CWF to the NCH data output. | | | | | | | | | | NCH |
| 12945.6 | The Contractor shall add the Taxonomy code to the NCH data output. | | | | | | | | | X | CVM, FPS, NCH |
| 12945.6.1 | The Contractor shall send the provider-supplied 10-character Taxonomy code to CWF. | | | | | | X | | | | |
| 12945.6.1.1 | In the event that the provider does not supply the Taxonomy code, the Contractor shall cross-walk the code from the taxonomy tables based on the provider's specialty. | | | | | | X | | | | |
| 12945.7 | The Contractor shall add the fields in BRs 12945. 1 - 12945. 5 that are applicable to their systems to the data in the Integrated Data Repository (IDR). | | | | | | X | | | | IDR |

III. PROVIDER EDUCATION TABLE

| Number | Requirement | Responsibility | | | | | | | | | |
|--------|-------------|----------------|---|-------|-------|---|-------|--|--|--|--|
| | | A/B MAC | | | D M E | C | | | | | |
| | | A | B | H H H | | | M A C | | | | |
| | 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

Pre-Implementation Contact(s): Eric Miller, 4107860060 or eric.miller@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