

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 11204	Date: January 20, 2022
	Change Request 12588

SUBJECT: Modify Fiscal Intermediary Shared System (FISS) Existing Logic for Vaccine Administration Codes for Non-outpatient Prospective Payment System (Non-OPPS) Island Providers

I. SUMMARY OF CHANGES: This Change Request (CR) instructs FISS to modify existing logic to allow the processing of claims, submitted by island providers, containing vaccine administration codes, when pricing indicator “B” is present for these codes.

EFFECTIVE DATE: February 28, 2022 - Unless otherwise specified, the effective date is by the receipt date. (This CR is using July 2022 Hours)

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

IMPLEMENTATION DATE: February 28, 2022 - (This CR is using July 2022 Hours)

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: On March 11, 2020, the World Health Organization declared the Novel Coronavirus Disease (COVID-19) as an infectious disease. On March 13, 2020, a national emergency was declared in the United States concerning the COVID-19 pandemic. More recently, the A/B Medicare Administrative Contractors (MACs) were instructed via technical direction to manually load and begin paying for new Current Procedural Terminology (CPT) codes that describe COVID-19 vaccine products and the associated service to administer the products. CMS gave technical direction to instruct the A/B MACs to pay for both the COVID-19 vaccine product codes (when the product is not purchased by the government and given to providers for free) and the affiliated service to administer the products in the same way that Medicare pays for other statutory vaccines, such as the flu vaccine.

It has come to CMS' attention that no-payment is being made to claims for COVID-19 vaccine administration, codes 0002A and 0003A, or for other vaccine administration codes such as G0008, when submitted by island providers (e.g., Guam).

The Fiscal Intermediary Shared System (FISS) has determined that this non-payment issue for island providers is occurring because existing FISS logic, incorrectly, looks for the pricing indicator field value to be 'S' in order to make payment. The correct pricing indicator for vaccine administration is "B".

This CR instructs FISS to modify existing logic to allow the processing of claims, submitted by island providers, containing vaccine administration codes, when pricing indicator "B" is present for these codes.

B. Policy: There are no regulatory, legislative or statutory requirements related to this CR.

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	
12588.1	The contractor shall modify existing logic to allow the processing of claims, submitted by island providers, containing healthcare common procedure coding system codes for vaccine administration when the pricing indicator is "B" for					X				

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	these codes.									
12588.2	Medicare contractors should not search their files to retroactively pay claims. However, contractors shall adjust claims brought to their attention.	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

Pre-Implementation Contact(s): Kajol Balani, 410-786-8078 or Kajol.Balani@cms.hhs.gov , William Ruiz, 410-786-9283 or william.ruiz@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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and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

ATTACHMENTS: 0