| CMS Manual System | Department of Health & Human Services (DHHS) | | | | | |
|----------------------------------|---|--|--|--|--|--|
| Pub 100-20 One-Time Notification | Centers for Medicare & Medicaid Services (CMS) | | | | | |
| Transmittal 12916 | Date: October 24, 2024 | | | | | |
| | Change Request 13729 | | | | | |

SUBJECT: User Enhancement Change Request (UECR): Update the Multi-Carrier System (MCS) System Control Facility (SCF) System Element (SE) for Diagnosis Validation

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to create a new SCF system element to validate diagnoses.

EFFECTIVE DATE: April 1, 2025

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

IMPLEMENTATION DATE: April 7, 2025

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: 12916 Date: October 24, 2024 Change Request: 13729

SUBJECT: User Enhancement Change Request (UECR): Update the Multi-Carrier System (MCS) System Control Facility (SCF) System Element (SE) for Diagnosis Validation

EFFECTIVE DATE: April 1, 2025

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

IMPLEMENTATION DATE: April 7, 2025

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to create a new SCF system element to validate diagnoses.

II. GENERAL INFORMATION

A. Background: The purpose of this CR is to add a new SCF system element to validate diagnoses.

Currently, a user must set up a look-up functionality support rule in SCF to check both the claim header and claim detail diagnosis listed on separate tables. The new system element shall check both the header and detail diagnosis code against each table and eliminate the need for the look-up support rule. Existing data elements that check separately at the detail diagnosis and then separately at the header, those data elements shall remain.

The user is responsible for the set up of the tables and creating the support rule should they decide to use the new system element. An example of this being used is when a procedure code has dual diagnosis requirements where a single diagnosis code from two separate tables is required.

B. Policy: N/A

III. BUSINESS REQUIREMENTS TABLE

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

| Number | Requirement | Responsibility | | | | | | | | |
|---------|---|----------------|---|-----|-----|---------------------------|-----|-----|-----|-------|
| | | A/B MAC | | | DME | Shared-System Maintainers | | | | Other |
| | | A | В | ННН | | FISS | MCS | VMS | CWF | |
| | | | | | MAC | | | | | |
| 13729.1 | The contractor shall create a new SCF system element to validate a header and detail diagnosis. | | | | | | X | | | |

IV. PROVIDER EDUCATION

None

Impacted Contractors: None

V. 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

VI. CONTACTS

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

VII. FUNDING

Section A: For Medicare Administrative Contractors (MACs):

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ATTACHMENTS: 0