

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 12250	Date: September 15, 2023
	Change Request 12935

SUBJECT: Modernize the Vaccine Process and Roster Billing - Full Agile Pilot CR

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to create a modern and fully automated process to implement vaccine codes across Medicare Shared Systems and CWF when new HCPCS and/or CPT vaccine codes are developed. This CR will also serve as a medium to develop a fully automated and streamlined in-house roster billing process that interfaces with Parts A & B Shared Systems.

The current process to implement new vaccine codes is achieved through Technical Direction Letters that instructs Medicare Administrative Contractors (MACs) to manually load vaccine codes (including pricing and descriptors) and add the vaccine codes to existing edits and/or bypass existing edits.

This CR will implement new vaccine codes in a more efficient manner, reduce the burden of manual intervention by the MACs, and bridge the gap of how the roster billing process works across Parts A & B systems.

EFFECTIVE DATE: April 1, 2023 - FISS - Analysis of Modernizing the Vaccine Process and creation of test files; MCS - Analysis of Modernizing the Vaccine Process and Update of the ASP file input to remove the effective date requirements ; CWF - Analysis of Modernizing the Vaccine Process; July 1, 2023 - FISS - Analysis of Roster Billing; CWF - Implementing Features 1 through 5 for Modernizing the Vaccine Process; October 1, 2023 - FISS - Analysis of Roster Billing; CWF - Implementing Feature 6 for Modernizing the Vaccine Process; January 1, 2024 - FISS - Analysis, Design and Coding of Modernizing the Vaccine Process and Roster Billing; April 1, 2024 - FISS – Implementation of Modernizing the Vaccine Process and Roster Billing

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

IMPLEMENTATION DATE: April 3, 2023 - FISS - Analysis of Modernizing the Vaccine Process and creation of test files; MCS - Analysis of Modernizing the Vaccine Process and Update of the ASP file input to remove the effective date requirements ; CWF - Analysis of Modernizing the Vaccine Process; July 3, 2023 - FISS - Analysis of Roster Billing; CWF - Implementing Features 1 through 5 for Modernizing the Vaccine Process; October 2, 2023 - FISS - Analysis of Roster Billing; CWF - Implementing Feature 6 for Modernizing the Vaccine Process; January 2, 2024 - FISS - Analysis, Design, and Coding of Modernizing the Vaccine Process and Roster Billing; April 1, 2024 - FISS – Implementation of Modernizing the Vaccine Process and Roster Billing

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: The purpose of this Change Request (CR) is to analyze and design a modern and fully automated process to implement vaccine codes across Medicare Fee for Service (FFS) Shared Systems and the Common Working File (CWF) when new HCPCS and/or CPT vaccine codes are established. This includes analyzing and developing a fully automated and streamlined in-house roster billing process that interfaces with Parts A & B Shared Systems. Routinely, CMS utilizes CRs for the implementation of new vaccine codes and associated edits and pricing, however, the current process inhibits CMS from implementing these codes in a timely manner for institutional claims because the implementation for adding new codes is tied to the quarterly release process which requires a large number of hours for the Fiscal Intermediary Claims Processing System (FISS). In 2018, CMS implemented CR10415 which attempted to streamline the implementation of Influenza and PPV vaccine codes. However, after the implementation of the new design actual hours remained high. As an example, CMS issued CR11603 in 2020 to implement one new influenza virus vaccine code. For this CR, FISS actual hours were 940 and CWF actual hours were 361.

At the start of the COVID-19 public health emergency, CMS was faced with a critical need to initiate an alternate process that would expedite the implementation of COVID-19 vaccine codes by having the FFS systems “pre-load” a placeholder range of HCPCS codes. This was done using FS1259 for FISS and CWF CR34615 respectively, and should be referenced during the analysis of this effort. As new COVID-19 vaccines were approved by the FDA, CMS used Technical Direction Letters to instruct Medicare Administrative Contractors (MACs) to manually load vaccine codes (including pricing and descriptors) using codes from the placeholder range and add those vaccine codes to existing edits and/or bypass existing edits. While this alternate process served the immediate need, a modernized approach is essential for the future.

The goal of this CR will take a modernized approach so that CMS can implement new vaccine codes more efficiently, eliminate the need for system maintainer intervention if possible, reduce the burden of manual intervention by the MACs, and bridge the gap of how the roster billing process works across Parts A & B systems. Currently, Parts A & B process Medicare roster claims using contrasting procedures.

Both institutional and professional providers may roster bill.

- Providers must submit a separate roster bill claim for each type of vaccination
- Institutional:
 - Submit through DDE or paper.
 - Need a FISS systems change to update a reason code to all MACs to add new codes.
 - Would then need a MAC ECPS event to actually add the code.
- Professional:
 - Submit through PC ACE or paper.
 - ABILITY|PC-ACE is a billing software provided by EDISS for creating claims and reviewing acknowledgement reports and remittance advices. ABILITY|PC-ACE is available to download free of charge (<http://www.edissweb.com/cgp/software/pace.html>)
 - Electronic roster billing is done through PC-ACE
 - CMS does not have a direct contract with EDISS

Stakeholders: Parts A & B MACs, FISS, MCS, and CWF

Implementation Timeline: TBD

B. Policy: There is no change in Policy. Payment guidelines for vaccines and their administrations will remain the same.

II. BUSINESS REQUIREMENTS TABLE

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

Number	Requirement	Responsibility								
		A/B MAC			D M E M A C S	Shared-System Maintainers				Other
		A	B	H H H		F I S S	M C S	V M S	C W F	
12935.1	The system maintainers shall set up discussions with the external and internal stakeholders to define the business requirements. Stakeholders include the A/B MACs, virtual data centers, CMS Office of Information Technology (OIT), CMS Medicare Contractor Management Group (MCMG) and CMS CMMI.	X				X			X	
12935.1.1	CWF shall update the CWF HCCB table using the new program and JCL to add a new key for preventive vaccines with TOS 'V'.								X	
12935.1.2	CWF shall update CWF HCCB table using the new program to add new keys for vaccine types with TOS 'V' and description field keywords: INFLUENZA, PNEUMOCOCCAL, COVID, HEPATITIS B, H1N1, OTHER.								X	
12935.2	Contractors shall automate the implementation of					X			X	

Number	Requirement	Responsibility								Other
		A/B MAC			D M E M A C	Shared-System Maintainers				
		A	B	H H H		F I S S	M C S	V M S	C W F	
	vaccine codes across Medicare Fee-for-Service when new HCPCS AND/OR CPT codes are established.									
12935.2.1	CWF shall modify the 68xx edits to read the CABHCCB table for the Flu, PPV, H1N1, COVID, or Other bypass condition for HUBC.									X
12935.2.2	CWF shall modify the 68xx edits to read the CABHCCB table for the Flu, PPV, H1N1, COVID, or Other bypass condition for BDS.									X
12935.3	Contractors shall update HCPCS and/or CPT codes and prices electronically with minimal manual intervention					X				X
12935.3.1	CWF shall modify the 7020 edit to read the CABHCCB table for the edit bypass condition for Flu, PPV, COVID, Hepatitis-B, or Other.									X
12935.3.2	CWF shall modify the 7055 edit to read the CABHCCB table for the edit bypass condition for Flu, PPV, COVID, Hepatitis-B, or Other.									X
12935.3.3	CWF shall modify the 7070 edit to read the CABHCCB table for the edit bypass condition for Flu, PPV, COVID, or Other.									X
12935.3.4	CWF shall modify the 7252 edit to read the CABHCCB table for the edit bypass condition for TOS 'V'.									X
12935.3.5	CWF shall modify the 7080 edit to read the CABHCCB table for the edit bypass condition for Flu, PPV, COVID, H1N1, or Other.									X
12935.3.6	CWF shall modify the 7262 edit to read the CABHCCB tables for the edit set condition for Flu or PPV.									X
12935.4	Contractors shall research best way to deliver updates to the ASP file electronically as opposed to a word doc TDL.					X	X			X
12935.4.1	Contractors shall research how to support 'as needed changes' to the ASP File as opposed to quarterly or yearly updates.					X	X			X

Number	Requirement	Responsibility								Other
		A/B MAC			D M E M A C	Shared- System Maintainers				
		A	B	H H H		F I S S	M C S	V M S	C W F	
12935.9.6	CWF shall update HUPPVSWA COPYBOOK to replace hard-coded HCPCS								X	
12935.9.7	CWF shall update HUOPCUT program to remove CABCCOVX.								X	
12935.9.8	CWF shall update HUSTISWA COPYBOOK to replace hard-coded HCPCS								X	
12935.9.9	CWF shall archive/remove Copybook CABCCOVX								X	
12935.9.10	CWF shall update HUOPCUT program to remove CABCFUX.								X	
12935.9.11	CWF shall update HUOPCUT program to remove PPV HCPCS.								X	
12935.9.12	CWF shall update HUBCCUT program to remove CABCCOVX.								X	
12935.9.13	CWF shall update HUBCCUT program to remove CABCFUX.								X	
12935.9.14	CWF shall update HICRC00 program to remove CABCCOVX for HICR 'UPDATE' transaction.								X	
12935.9.14.1	CWF shall update HICRC00 program to remove CABCCOVX for HICR 'ADD'/'DELETE' .								X	
12935.9.15	CWF shall update CABEMBD Copybook to replace hard-coded HCPCS								X	
12935.9.16	CWF shall update CABENGD to replace hard-coded HCPCS.								X	
12935.10	CWF shall modify the 68xx edits to read the CABHCCB table for the Flu, PPV, H1N1, COVID, or Other bypass condition for HUOP.								X	
12935.11	The contractor shall add a 2-byte field on the Contractor File (05/6Z) (MAP1CI2) to eliminate the hard coding necessary when new Vaccines and Vaccine Administration HCPCS are implemented. (This applies to Influenza, PPV, HepB, Covid HCPCS, Other New Pandemic, Future New Prev Vac					X				

Number	Requirement	Responsibility								
		A/B MAC			D M E M A C	Shared- System Maintainers				Other
		A	B	H H H		F I S S	M C S	V M S	C W F	
	Roster, Future New Prev Vac Non-Roster) Note: This field will be an unprotected field and will be updatable with the defined values.									
12935.12	CMS shall provide testing ASP Drug fee and VAXA fee files with new indicators in position 119 (ASP) and 32 (VAXA) for FISS during unit testing time frame and for MIST during Beta testing time frame.								CMS, MIST	
12935.13	The contractor shall create a new file maintenance edit to assign when an incorrect value is entered in the new field on the Contractor File (05/6Z).					X				
12935.14	<p>The contractor shall modify the HCPCS load process to utilize position 119 of the drug file to indicate special HCPCS load processing as follows (new indicators "7 – 9") to populate the new 2-byte field on the Contractor File (05/6Z) (MAP1C12):</p> <p>2 = FLU</p> <p>5 = HEP B</p> <p>7 = PP PPV</p> <p>8 = H1N1</p> <p>9 = COVID</p> <p>When position 119 is a 2, contractors shall load the HCPCS with the PRI Indicator field = S, the OVR field = 3, the ESRD Pricing Indicator field = V, the ESRD OVR field = 3, and the allowable revenue code field = 0636;</p> <p>When position 119 is a 5, contractors shall load the HCPCS with the PRI Indicator field = A, the OVR field = 3, the ESRD Pricing Indicator field = E, the ESRD OVR field = 3, and the allowable revenue code field = 0636;</p> <p>When position 119 is a 7, contractors shall load the HCPCS with the PRI Indicator field = S, the OVR field = 3, the ESRD Pricing Indicator field = V, the ESRD OVR field = 3, and the allowable revenue code field = 0636;</p>					X				

Number	Requirement	Responsibility							
		A/B MAC		D M E M A C	Shared- System Maintainers				Other
		A	B		H H H	F I S S	M C S	V M S	
	<p>When position 119 is a 8, contractors shall load the HCPCS with the PRI Indicator field = S, the OVR field = 3, the ESRD Pricing Indicator field = V, the ESRD OVR field = 3, and the allowable revenue code field = 0636;</p> <p>When position 119 is a 9, contractors shall load the HCPCS with the PRI Indicator field = S, the OVR field = 3, the ESRD Pricing Indicator field = V, the ESRD OVR field = 3, and the allowable revenue code field = 0636.</p>								
12935.14.1	<p>The contractor shall modify the HCPCS load process to utilize position 119 of the drug file to indicate special HCPCS load processing as follows (new indicators "A – C") to populate the new 2-byte field on the Contractor File (05/6Z) (MAP1CI2):</p> <p>A = OTHER NEW PANDEMIC</p> <p>B = FUTURE NEW PREV VAC ROSTER</p> <p>C = FUTURE NEW PREV VAC NON-ROSTER</p> <p>When position 119 is an A, contractors shall load the HCPCS with the PRI Indicator field = S, the OVR field = 3, the ESRD Pricing Indicator field = V, the ESRD OVR field = 3, and the allowable revenue code field = 0636;</p> <p>When position 119 is a B, contractors shall load the HCPCS with the PRI Indicator field = S, the OVR field = 3, the ESRD Pricing Indicator field = V, the ESRD OVR field = 3, and the allowable revenue code field = 0636;</p> <p>When position 119 is a C, contractors shall load the HCPCS with the PRI Indicator field = A, the OVR field = 3, the ESRD Pricing Indicator field = E, the ESRD OVR field = 3, and the allowable revenue code field = 0636.</p>					X			
12935.15	The contractor shall modify the HCPCS load process for the Part B Vaccine Administration payment file to					X			

Number	Requirement	Responsibility								
		A/B MAC			D M E M A C	Shared- System Maintainers				Other
		A	B	H H H		F I S S	M C S	V M S	C W F	
	<p>utilize position 32 of the file to indicate special HCPCS load processing as the new indicators for the VAXA to populate the new 2-byte field on the Contractor File (05/6Z) (MAP1CI2) as follows:</p> <p>EFF = F; PRI = B; OVR = 3; ESRPR = V; ESROV = 3; PCTC = 5; TYP = based on Position 32 of the VAXA File,</p> <p>Revenue Code = 771</p> <p>2 = FLU</p> <p>5 = HEP B</p> <p>7 = PP PPV</p> <p>8 = H1N1</p> <p>9 = COVID</p> <p>A = OTHER NEW PANDEMIC</p> <p>B = FUTURE NEW PREV VAC ROSTER</p> <p>C = FUTURE NEW PREV VAC NON-ROSTER</p>									
12935.16	The contractor shall modify RPT7415A (HCPCS Contractor Adds/Updates) to include the new field added to the Contractor File (05/6Z).					X				
12935.17	<p>The contractor shall modify the payment modules to use the new VAC-CODE values to determine the type of vaccine and pay based on current regulations.</p> <p>Value A (Other new Pandemic Vaccine) is paid like value 9 (COVID)</p> <p>Value B (Future New Preventive Vaccine Roster) is paid like Value 2 (Influenza (Flu) Vaccine)</p> <p>Value C (Future New Preventive Vaccine Non-Roster) is paid like value 5 (HEP B)</p> <p>Note: Position 119 (ASP) and position 32 (VAXA) values 2, 7, 8, 9, A, and B are codes that are allowed for Roster billing.</p>					X				

Number	Requirement	Responsibility								
		A/B MAC			D M E M A C	Shared-System Maintainers				Other
		A	B	H H H		F I S S	M C S	V M S	C W F	
12935.18	The contractor shall create a utility to auto populate the new field added to the Contractor File (05/6Z) for historical records.					X				

III. PROVIDER EDUCATION TABLE

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

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.

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