

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 1949	Date: October 27, 2017
	Change Request 10274

SUBJECT: Remove Obsolete Edits from the Fiscal Intermediary Shared Systems (FISS)

I. SUMMARY OF CHANGES: The Centers for Medicare & Medicaid Services' (CMS) requests the FISS Maintainer to remove and archive the 26 edits in the attached document.

EFFECTIVE DATE: April 1, 2018

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

IMPLEMENTATION DATE: April 2, 2018

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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IMPLEMENTATION DATE: April 2, 2018

I. GENERAL INFORMATION

A. Background: The Centers for Medicare & Medicaid Services' (CMS) requests that the FISS Maintainer remove and archive 26 obsolete reason codes. The attached document lists the reason codes and associated edits.

B. Policy: N/A

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	Shared- System Maintainers				Other		
		A	B		H H H	F I S S	M C S	V M S		C W F	
10274.1	The contractor shall remove and archive each edit in the attached document.					X					
10274.1.1	The contractor shall update the CMS Status to a delete status for all reason codes in the attached document.					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:
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Section B: All other recommendations and supporting information: N/A

V. CONTACTS

Pre-Implementation Contact(s): Richard Kociszewski, 443-870-3551 or Richard.Kociszewski@cms.hhs.gov , Kathy Campion, 410-786-4706 or Kathy.Campion@cms.hhs.gov

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.

ATTACHMENTS: 1

Proposed Deleted Reason Codes

1. 31715 – Reason code 31715 will assign for DOS on or after 01/01/07 and prior to 04/01/10 when the units of service on a claim line exceeds the max number of allowable units in the MUE table.
2. 31724 – Reason code 31724 will assign for service dates prior to 07/01/01 when revenue code 0270 is present on TOB 74X 75X.
3. 32222 – Reason code 32222 will assign when the TOB is equal to 13X, 23X, 34X, 85X or 74X with provider range equal to (6500-6899) and active receipt date is greater than 11/12/88 and DOS is prior to 06/01/90; therapy service revenue code 042X, 043X or 044X is present and occurrence code 35 is not present.
4. 32223 – Reason code 32223 will assign for claims with receipt date on or after 11/12/88 and coverage date less than 06/01/90 when physical therapy revenue code 042X, 043X or 044X is present and value code 50 is not present or value code 50 is present with no value amount when submitted on TOB 13X, 23X or 74X (provider range 6500-6899).
5. 32231 – Reason code 32231 will assign when from date is less than 07/01/98 and revenue code 036X or 049X is present and there is no HCPCS present on the claim; unless one of the following diagnosis codes are present V641, V642 or V643 when TOB is equal to 13X, 83X or 85X.
6. 32245 – Reason code 32245 will assign when DOS is on or after 1/1/09 and prior to 7/1/09 and a blood clotting HCPCS J7186, J7187, J7189, J7190, J7191, J7192, J7193, J7194, J7195, J7198 or J7199 is present and revenue code 0636 is not present.
7. 32361 – Reason code 32361 will assign when TOB is 85X (payment method = J), CAH provider (XX1300-XX1399) and DOS is prior to 01/01/05 and air ambulance, nurse midwife, clinical psychologist or registered dietician modifier 'AK', 'SB', 'AH' or 'AE' is present but revenue code 096X, 097X, or 098X is not present with a valid HCPCS.
8. 32396 – Reason code 32396 is assigned when TOB is 13X, 71X, 73X or 85X; modifier GT is present and the associated HCPCS is not equal to 90801 and DOS is PRIOR to 03/03/03.

9. 32924 – Reason code 32924 will assign when TOB is 13X, 14X, 72X, 83X or 85X; radiology procedure HCPCS 70010-79999, R0070, R0086 or Q0092 is present and the associated revenue code is not equal to 032X, 0333, 034X, 035X, 040X or 061X. The reason code is automatically bypassed when DOS is on or after 08/01/00.
10. 32925 – Reason code 32925 will assign when TOB is 13X, 14X, 72X, 83X or 85X, DOS is after 12/31/98 and prior to 08/01/00; one of the listed HCPCS is present and the associated revenue code is not 046X.
11. 32926 – Reason code 32926 will assign when TOB is 13X, 14X, 72X, 83X or 85X, DOS is after 12/31/98 and prior to 08/01/00; one of the listed HCPCS is present and the associated revenue code is not 0471.
12. 32927 – Reason code 32927 will assign on outpatient claims (TOB 13X, 14X, 72X, 83X or 85X) with DOS prior to 08/01/00 when heart HCPCS code 93307, 93308, 93312, 93314, 93320, 93321, 93325, 93350, 93600, 93602, 93603, 93607, 93609, 93610, 93612, 93615, 93616, 93618 93571, 93572, 93619, 93620, 93624, 93631, 93640, 93641, 93642, 93303, 93304, 93315 or 93317 is present and revenue code is not equal to 480.
13. 32928 – Reason code 32928 will assign on outpatient claims (TOB 13X, 14X, 72X, 83X or 85X) with DOS prior to 08/01/00 when heart HCPCS code 93555, 93556, 93561, 93562, Q0035, 93501, 93505, 93510, 93511, 93514, 93524, 93526, 93527, 93528, 93529, 93539, 93540, 93541, 93542, 93543, 93544 or 93545 is present and revenue code is not equal to 480 or 481.
14. 32929 - Reason code 32929 will assign on outpatient claims (TOB 13X, 14X, 72X, 83X or 85X) with DOS prior to 08/01/00 when heart stress testing HCPCS code 93017 is present and the revenue code is not equal to 482.
15. 32930 – Reason code 32930 will assign on outpatient claims (TOB 13X, 14X, 72X, 83X or 85X) with DOS prior to 08/01/00 when monitoring EKG HCPCS code 93255, 93268, 93278, G0004 or G00015 is present and revenue code is not equal to 73X.
16. 32931 – Reason code 32931 will assign on outpatient claims (TOB 13X, 14X, 72X, 83X or 85X) with DOS prior to 08/01/00 when heart monitoring HCPCS code 93005, 93024, 93041, 93202, 93208, 93210 or 93221 is present and revenue code is not equal to 730.
17. 32932 – Reason code 32932 will assign on outpatient claims (TOB 13X, 14X, 72X, 83X or 85X) with DOS prior to 08/01/00 when heart monitoring HCPCS code 93225, 93226, 93231, 93232 or 93236 is present and revenue code is not equal to 731.
18. 32933 – Reason code 32933 will assign on outpatient claims (TOB 13X, 14X, 72X, 83X or 85X) with DOS prior to 08/01/00 when heart monitoring with telemetry HCPC 93012 is present and the revenue code is not equal to 732.
19. 32934 – Reason code 32934 will assign for claims with statement covers FROM date is greater than 12/31/94 and less than 08/01/00 when a brain wave activity/EEG HCPC 95816, 95819, 95822, 95824, 95827, 95829, 95920, 95933, '95950, 95951, 95953, 95954, 95955, 95956, 95957, 95958, 95812, 95813, 95961, 95962 is present and revenue code is not equal to 074X when the TOB equals 13X, 14X, 72X, 83X or 85X.
20. 32935 – Reason code 32935 will assign for claims with statement covers FROM date greater than 12/31/94 and less than 08/01/00 when a sleep study HCPCS is present 95805, 95807, 95808 or 95810 and revenue code is not equal to 074X or 0920 when TOB equals 13X, 14X, 72X, 83X or 85X.

21. 32936 – Reason code 32936 will assign for claims with statement covers FROM date greater than 12/31/94 and less than 08/01/00 when a esophagus study HCPCS is 91000, 91010, 91011, 91012, 91020, 91030, 91032, 91033, 91052, 91055, 91060, 91065, 91122 and revenue code is not equal to 075X when TOB equals 13X, 14X, 72X, 83X or 85X.
22. 32937 – Reason code 32937 will assign for claims with statement covers FROM date greater than 12/31/96 and less than 08/01/00 when an eye and bladder study HCPCS 51736, 51741, 51792, 51795, 51797, 54250, 59020, 59025, 92060, 92065, 92081, 92082, 92083, 92235, 92250, 92265, 92270, 92275, 92283, 92284, 92285, 92286 or 92240 is present and revenue code is not equal to 0920 when TOB equals 13X, 14X, 72X, 83X or 85X.
23. 32938 – Reason code 32938 will assign when the TOB is equal to 13X, 14X, 72X or 83X, statement from date is prior to 08/01/00, HCPC code is 54240, 93721, 93731, 93732, 93733, 93734, 93735, 93736, 93737, 93738, 93740, 93770, 93875, 93880, 93882, 93886, 93888, 93922, 93923, 93924, 93925, 93926, 93930, 93931, 93965, 93970, 93971, 93975, 93976, 93978, 93979, 93980, 93981, or 93990 and the associated revenue code is not equal to 921.
24. 32939 - Reason code 32939 will assign for claims with statement covers FROM date greater than 12/31/94 and less than 08/01/00 when a muscle study HCPCS is present 95858, 95860, 95861, 95863, 95864, 95867, 95868, 95869, 95872, 95875, 95900, 95904, 95925, 95937, 95903, 95926, 95927, 95930, 95934, 95936, 95921, 95922, 95923 and revenue code is not equal to 0922 when TOB equals 13X, 14X, 72X, 83X or 85X.
25. 32940 – Reason code 32940 will assign when TOB is 13X, 14X, 72X, 83X or 85X and DOS is after 12/31/94 and prior to 08/01/00; allergic study HCPCS 95004, 95024, 95027, 95028, 95044, 95052, 95056, 95060, 95065, 95070, 95071 or 95078 is present and the associated revenue code is not 0924.
26. 32972 – Reason code 32972 will assign when TOB is 85X, provider reimbursement method equal to 'J', DOS is prior to 07/01/01 and the value amount associated with value code (s) A1, B1 or C1 is greater than the provider REIM rate times the number of units billed with revenue code 0510.