CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 1456	Date: January 30, 2015
	Change Request 8990

SUBJECT: Phase Two: Changing Fiscal Intermediary Shared System (FISS) Action on Informational Unsolicited Responses (IURs) From Canceled Claims to Adjustments

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to ensure that FISS processes all IURs as adjustments.

EFFECTIVE DATE: July 1, 2015 - For IURs created on or after July 6, 2015

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

IMPLEMENTATION DATE: July 6, 2015

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: 1456 Date: January 30, 2015 Change Request: 8990

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I. GENERAL INFORMATION

- **A. Background:** Recently a large volume of IURs were generated in error due to a change in the data file received from the Social Security Administration. The erroneous data resulted in the need for Medicare to reverse many canceled claims. However, when claims are canceled in error they have to be resubmitted by the provider or recreated by the system maintainer to be reconsidered for payment.
- **B.** Policy: This instruction is the phase-two approach for changing all remaining IURs that are currently processed with the action to 'cancel' and changing the action to 'adjustment' where claim payments are rejected based on the Common Working File (CWF) error code. The purpose of these IURs remains the same and therefore, must result in a take back of the payment.

Currently, (and with the exception of FISS) all Medicare standard systems are processing all IURs as adjustments. Claim adjustments are preferred over claim cancellations for two reasons: 1) the ability to reopen provider claims will remain possible when questioning the accuracy of the IURs and 2) the process of reopening adjusted claims is less resource intensive than recreating claims by the system maintainer or provider resubmission of claims.

II. BUSINESS REQUIREMENTS TABLE

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

Number	Requirement	Responsibility								
			A/B MA(A/B D IAC M E			Sha Sys aint	tem	Other	
		A	В	H H H	M A C	F I S S	M C S		_	
8990.1	Medicare Contractors shall perform claim adjustments (and no longer cancel claims) for IURs transactions for IHS/Tribal Hospitals with payments rejected based on the CWF reason code returned in the trailer. • IUR Code '7284' UNSOL IND 'E' Trailer 13, 24					X				
8990.1.1	Medicare Contractors shall ensure that incoming claims rejecting for IURs transactions for IHS/ Tribal Hospitals are being posted to the CWF (no tape to tape flag X should be included on these reason codes).	X								

Number	Requirement	Re	espo	nsi	bilit	y							
		MAC						D M E		Sys	red- tem aine		Other
		A	В	H H H	M A C	F I S S	M C S	V M S	C W F				
8990.2	Medicare Contractors shall perform claim adjustments (and no longer cancel claims) for IURs transactions for Incorrect Patient Status On IPPS with payments rejected based on the CWF reason code returned in the trailer. • IUR Code '7272' UNSOL IND 'N' Trailer 13,					X							
	24												
8990.2.1	Medicare Contractors shall ensure that incoming claims rejecting for IURs transactions for Incorrect Patient Status On IPPS are being posted to the CWF (no tape to tape flag X should be included on these reason codes).	X											
8990.3	Medicare Contractors shall perform claim adjustments (and no longer cancel claims) for IURs transactions for Interrupted Stay LTCH with payments rejected based on the CWF reason code returned in the trailer.					X							
	• IUR Code '7279' UNSOL IND 'O' Trailer 13, 24												
8990.3.1	Medicare Contractors shall ensure that incoming claims rejecting for IURs transactions for Interrupted Stay LTCH are being posted to the CWF (no tape to tape flag X should be included on these reason codes).	X											
8990.4	Medicare Contractors shall perform claim adjustments (and no longer cancel claims) for IURs transactions for Trans Code for IRF PPS with payments rejected based on the CWF reason code returned in the trailer. • IUR Code '729H' UNSOL IND 'T' Trailer 13, 24					X							
8990.4.1	Medicare Contractors shall ensure that incoming claims rejecting for IURs transactions for Trans Code for IRF PPS are being posted to the CWF (no tape to tape flag X should be included on these reason codes).	X											
8990.5	Medicare Contractors shall perform claim adjustments (and no longer cancel claims) for IURs transactions for 'Behavioral Services' with payments rejected based on the CWF reason code returned in the trailer.					X							
	• IUR Code '7568' UNSOL IND '3' Trailer 24,												

Number	Requirement	Responsibility										
			A/B		D		Shared-			Other		
		N	MAC M		System							
					E		E	Maintainers				
		A	В	Н		F	M	V	C			
				Н	M	-	C	M				
				Н	A	S	S	S	F			
					C	S						
	43											
8990.5.1	Medicare Contractors shall ensure that incoming claims rejecting for IURs transactions for 'Behavioral Services' are being posted to the CWF (no tape to tape flag X should be included on these reason codes).	X										

III. PROVIDER EDUCATION TABLE

Number	Requirement	Re	spo	nsi	bilit	. y
						_
			A/B		D	C
		N	/IAC	\mathbb{C}	M	Е
					Е	D
		Α	В	Н		I
				Н	M	
				Н	A	
					C	
	None					

IV. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements: N/A

[&]quot;Should" denotes a recommendation.

X-Ref	Recommendations or other supporting information:
Requirement	
Number	

Section B: All other recommendations and supporting information: N/A

V. CONTACTS

Pre-Implementation Contact(s): Shauntari Cheely, Shauntari.Cheely@cms.hhs.gov, Jason Kerr, Jason.Kerr@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