

One-Time Notification

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R1975OTN	11/09/17	ICD-10 and Other Coding Revisions to National Coverage Determinations (NCDs)	12/29/17	10318

R1974OTN	11/09/17	Revision of PWK (Paperwork) Fax/Mail Cover Sheets	04/02/18	10124
R1973OTN	11/09/17	Multi-Carrier System (MCS) Modernization Proof of Concept Number 8	04/02/18	10375
R1972OTN	11/09/17	Analysis Only: Develop Enhanced Claims Search Reporting in Fiscal Intermediary Shared System (FISS)	04/02/18	10364
R1971OTN	11/09/17	Modifications to the National Coordination of Benefits Agreement (COBA) Crossover Process	04/02/18	10292
R1970OTN	11/09/17	Establish an Automated Process For Creating Mass Adjustments Utilizing Expert Claims Processing System (ECPS) - Analysis Only	04/02/18	10363
R1969OTN	11/09/17	Partial Settlement of 2-Midnight Policy Court Cases	12/11/17	10337

R1968OTN	11/09/17	Tracking Status of Claims Adjustments	04/02/18	10288
R1967OTN	11/08/17	CICS Region Merge(s) for A/B MACs - Analysis Only	01/02/18	10191
R1966OTN	11/03/17	Out-of-Jurisdiction Providers (OJP) and Qualified Chain Providers (QCP) Move to Correct A/B MAC Jurisdiction - Analysis CR Only	01/02/18	10192
R1965OTN	11/03/17	Shared System Enhancement 2015: Resolve Operating Report (ORPT) Issues - Development and Implementation	07/03/17	9734
R1964OTN	11/03/17	Fee For Service (FFS) Applications Upgrade Customer Information Control System (CICS) to Transaction Server (TS) v5.2	01/02/18	9961
R1962OTN	11/03/17	Shared System Enhancement 2014: Implementation of Fiscal Intermediary Shared System (FISS) Obsolete Core Reports - Phase 1	04/02/18	10294

R1960OTN	11/03/17	Implementation of the Award for the Jurisdiction Part A and Part B Medicare Administrative Contractor (JJ A/B MAC)	01/29/18	10316
R1959OTN	11/03/17	Analysis Only: VMS Accreditation Logic Related to HCPCS Codes Contained in Multiple Product and Service Codes	04/02/18	10300
R1958OTN	11/03/17	Shared System Enhancement 2014: Implementation of Fiscal Intermediary Shared System (FISS) Obsolete Financial and Expert Claims Processing System (ECPS) Reports - Phase 1	04/02/18	10293
R1957OTN	11/03/17	Shared System Enhancement 2015: Identify Inactive Medicare Demonstration Projects Within the Common Working File (CWF) - Removing/Archiving demonstration codes 51 and 56	04/02/18	10251
R1956OTN	11/01/17	Analysis and Design Working Sessions for the Development of a Pre-Payment Common Additional Documentation Request (ADR) Letter	10/02/17	9936
R1954OTN	10/27/17	New Common Working File (CWF) Medicare Secondary Payer (MSP) Type for Liability Medicare Set-Aside Arrangements (LMSAs) and No-Fault Medicare Set-Aside Arrangements (NFMSAs)	07/03/17	9893

R1953OTN	10/27/17	Shared System Enhancement 2014: Implementation of Fiscal Intermediary Shared System (FISS) Obsolete On-Request Jobs - Phase 1	11/06/17	10305
R1952OTN	10/27/17	Calculating Interim Rates for Graduate Medical Education (GME) Payments to New Teaching Hospitals	10/23/17	10240
R1951OTN	10/27/17	Shared System Enhancement 2015: Removing/Archiving Obsolete On Request Jobs within the Multi-Carrier System (MCS)	04/02/18	10290
R1950OTN	10/27/17	Fiscal Intermediary Shared System (FISS) and VIPS Medicare Shared System (VMS) to Update Records Based on the Automation of Prior Authorization (PA) Requests/Pre- Claim Reviews (PCR) and their Responses with Multiple Services (for programs like Home Health (HH))	04/02/18	10282
R1949OTN	10/27/17	Remove Obsolete Edits from the Fiscal Intermediary Shared Systems (FISS)	04/02/18	10274
R1948OTN	10/27/17	Archiving National Provider Identifier Crosswalk System (NPICS) System Logic in the Muti-Carrier System (MCS)	04/02/18	10278

R1947OTN	10/27/17	Health Insurance Portability and Accountability Act (HIPAA) Electronic Data Interchange (EDI) Front End Updates for April 2018	04/02/18	10260
R1946OTN	10/27/17	Shared System Enhancement 2015: Removing/Archiving Obsolete Reports within the Multi-Carrier System (MCS)	04/02/18	10289
R1945OTN	10/27/17	Add Date of Receipt to the Beneficiary Data Streamlining (BDS) Part A Claims Layout	04/02/18	10326
R1944OTN	10/27/17	MCS Analysis Only: Undeliverable Medicare Summary Notices (UMSNs) - Beneficiary Do Not Forward Process	04/02/18	10332
R1943OTN	10/27/17	Assign the Correct 935 Indicator on Adjustment Claims Submitted through the Provider Portal	04/02/18	10301
R1942OTN	10/27/17	Common Working File (CWF) to Medicare Beneficiary Database (MBD) Extract File Changes for Detailed Skilled Nursing Facility Data to Support HIPAA Eligibility Transaction System (HETS)	04/02/18	10111

R1941OTN	10/27/17	Transitional Drug Add-on Payment Adjustment (TDAPA) for patients with Acute Kidney Injury (AKI)	04/02/18	10281
R1939OTN	10/27/17	Fiscal Intermediary Shared Systems (FISS) Enhancements to the Mass Adjustment of Process Recovery Audit Contractor (RAC) Claims	04/02/18	10304
R1938OTN	10/27/17	Archiving National Provider Identifier Crosswalk System (NPICS) System Logic in the Durable Medical Equipment (DME) Claims Processing System	04/02/18	10279
R1937OTN	10/27/17	Provider Education and Referral Reporting	11/27/17	10263
R1936OTN	10/19/17	Modifications to the National Coordination of Benefits Agreement (COBA) Crossover Process	01/02/18	10155
R1935OTN	10/19/17	FISS Process Enhancements – Analysis Only	01/02/18	10119

R1933OTN	10/06/17	Shared System Enhancement 2015: Identify Inactive Medicare Demonstration Projects within the Fiscal Intermediary Shared System - (Removing/Archiving demonstration codes 38, 42 and 43)	04/02/18	10250
R1930OTN	10/06/17	Shared System Enhancement 2014: Implementation of Fiscal Intermediary Shared System (FISS) Obsolete On-Request Jobs - Phase 1	11/06/17	10305
R1927OTN	09/29/17	Shared System Enhancement 2014: Implementation of Fiscal Intermediary Shared System (FISS) Obsolete Core Reports	10/30/17	10252
R1923OTN	09/22/17	Calculating Interim Rates for Graduate Medical Education (GME) Payments to New Teaching Hospitals	10/23/17	10240
R1922OTN	09/22/17	Shared System Enhancement 2014: Implementation of Fiscal Intermediary Shared System (FISS) Obsolete Financial and Expert Claims Processing System (ECPS) Reports	10/23/17	10253
R1919OTN	09/15/17	Targeted Probe and Educate	10/01/17	10249

R1918OTN	09/13/17	Correcting Payment of Inpatient Prospective Payment System (IPPS) Transfer Claims Assigned to Medicare Severity-Diagnosis Related Group (MS DRG) 385 and Allowing Part A Deductible on Medicare Secondary Payer (MSP) Same Day Transfer Inpatient Claims	01/02/18	10145
R1917OTN	09/13/17	Shared System Enhancement 2014 – Identification of Fiscal Intermediary Standard System (FISS) Obsolete Reports - Analysis Only	10/02/17	9564
R1915OTN	09/08/17	Medicare Administrative Contractor (MAC) and Pricing, Data Analysis and Coding (PDAC) Contractor Implementation of the New Medicare Card Project	04/02/18	10112
R1913OTN	09/06/17	FISS Integrated Outpatient Code Editor (IOCE) Claim and Return Buffer Interface Changes Related to OPSS 2018 Annual Updates	01/02/18	10116
R1912OTN	09/01/17	HIGLAS Enhancement Required for Implementation of Overpayment based Denials	04/02/18	10166
R1910OTN	08/18/17	Guidance on Implementing System Edits for Certain Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS)	10/02/17	9904

R1909OTN	08/18/17	Implementation of Section 1557 for Medicare Redetermination Notices (MRNs) by Adding a Notice and Tagline Sheet	10/02/17	9938
R1906OTN	08/18/17	Out-of-Jurisdiction Providers (OJP) and Qualified Chain Providers (QCP) Move to Correct A/B MAC Jurisdiction - Analysis CR Only	01/02/18	10192
R1905OTN	08/18/17	Modify VMS Accreditation Logic to Accept Additional Modifiers	01/02/18	10217
R1904OTN	08/18/17	Multi-Carrier System (MCS), Fiscal Intermediary Shared System (FISS) and ViPS Medicare Shared System (VMS) Automation of Prior Authorization (PA) Requests/Pre-Claim Reviews (PCR) and their Responses with Multiple Services (for programs like Home Health (HH)) via the Electronic Submission of Medical Documentation (esMD) System	01/02/18	10087
R1903OTN	08/11/17	Implement Changes to Effect the Functionality of Combination Force Codes in the ViPS Medicare System (VMS)	01/02/18	10225

R1901OTN	08/11/17	Automating the HCPCS Load Process	01/02/18	10215
R1900OTN	08/11/17	CICS Region Merge(s) for A/B MACs - Analysis Only	01/02/18	10191
R1896OTN	08/04/17	Shared System Enhancement 2015: Identify Inactive Medicare Demonstration Projects within the Fiscal Intermediary Shared System - (Removing/Archiving demonstration codes 03, 04 and 15)	01/02/18	10171
R1895OTN	08/04/17	System Changes to Implement Section 15010 of the 21st Century Cures Act, Temporary Exception for Certain Severe Wound Discharges from Certain Long-Term Care Hospitals (LTCHs)	01/02/18	10185
R1893OTN	08/04/17	Combined Common Edits/Enhancements Module (CCEM) Updates to Business and Holiday Tables	01/02/18	10201
R1892OTN	08/04/17	Shared System Enhancement 2015: Identify Inactive Medicare Demonstration Projects within the Fiscal Intermediary Shared System	01/02/18	10126

R1891OTN	08/04/17	Provider-Based Determination	11/06/17	10095
R1890OTN	08/04/17	Suppression of the Standard Paper Remittance Advice (SPR) in 45 Days if also receiving Electronic Remittance Advice (ERA)	01/02/18	10151
R1889OTN	08/04/17	Implementation of the Transitional Drug Add-On Payment Adjustment	01/02/18	10065
R1887OTN	07/28/17	Shared System Enhancement 2015: Identify Inactive Medicare Demonstration Projects Within the Common Working File (CWF)	07/03/17	10017
R1885OTN	07/27/17	Shared System Maintainers (SSMs) Standardized Release Identification (ID) Format Analysis and Design	01/02/18	10129
R1884OTN	07/27/17	Analysis Only- Medicare Reporting on the Return of Self-Identified Overpayments	01/02/18	10127

R1883OTN	07/28/17	System Changes to Implement Section 15009 of the 21st Century Cures Act, Temporary Exception for Certain Spinal Cord Specialty Hospitals under the Long Term Care Hospital (LTCH) Prospective Payment System (PPS)	01/02/18	10182
R1880OTN	07/27/17	Shared Savings Program (SSP) Demonstration Code 77 Modification	01/02/18	10144
R1879OTN	07/27/17	Common Working File (CWF) to Increase the Next Eligible Date Occurrences for Preventive Services to 99 Occurrences - Analysis	01/02/18	10022
R1877OTN	07/27/17	Common Working File (CWF) to Modify CWF Provider Queries to Only Accept National Provider Identifier (NPI) as valid Provider Number	01/02/18	10098
R1876OTN	07/27/17	Modifications to the National Coordination of Benefits Agreement (COBA) Crossover Process	01/02/18	10155
R1875OTN	07/27/17	ICD-10 Coding Revisions to National Coverage Determinations (NCDs)	09/13/17	10184

R1874OTN	07/27/17	Implementation CR: Integrating NLR into the HQR system	01/02/18	10134
R1873OTN	07/28/17	Line Level versus Claim Level Reporting – Analysis Only	01/02/18	10150
R1872OTN	07/27/17	Common Working File (CWF) to Add User Identification (ID) Information to CWF Provider Queries Audit File(s)	01/02/18	10130
R1871OTN	07/27/17	FISS Process Enhancements – Analysis Only	01/02/18	10119
R1870OTN	07/27/17	Correcting Payment of Inpatient Prospective Payment System (IPPS) Transfer Claims Assigned to Medicare Severity-Diagnosis Related Group (MS DRG) 385 and Allowing Part A Deductible on Medicare Secondary Payer (MSP) Same Day Transfer Inpatient Claims	01/02/18	10145
R1868OTN	07/14/17	Fee For Service (FFS) Applications Upgrade Customer Information Control System (CICS) to Transaction Server (TS) v5.2	10/02/17	9961

R1867OTN	07/14/17	Renovate MCS Correspondence Entry Driver Program H99P1C00	01/02/18	9828
R1866OTN	07/14/17	National Provider Identification Crosswalk System (NPICS) Retirement Analysis Only - Engage Shared Systems Maintainers (SSMs) and Medicare Administrative Contractors (MACs) in Meetings and Correspondence Related to the NPICS Retirement with the Integrated Data Repository (IDR) Team	01/02/18	10007
R1865OTN	07/14/17	Health Insurance Portability and Accountability Act (HIPAA) Electronic Data Interchange (EDI) Front End Updates for January 2018	01/02/18	10162
R1863OTN	06/30/17	The Supplemental Security Income (SSI)/Medicare Beneficiary Data for Fiscal Year 2015 for Inpatient Prospective Payment System (IPPS) Hospitals, Inpatient Rehabilitation Facilities (IRFs), and Long Term Care Hospitals (LTCH)	7/31/17	10026
R1862OTN	06/30/17	Introductory Letters for Suppliers and Providers Related to the Prior Authorization for Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Items	07/31/17	10146
R1861OTN	06/29/17	Targeted Probe and Educate Pilot	07/03/17	10073

R1860OTN	06/23/17	Updates to the CMS-855R Processing Guide	07/25/17	10114
R1859OTN	06/22/17	Common Working File (CWF) to Archive Inactive Part B Consistency Edits	10/02/17	9975
R1855OTN	05/02/17	Targeted Probe and Educate Pilot	07/03/17	10073
R1854OTN	05/26/17	ICD-10 Coding Revisions to National Coverage Determinations (NCDs)	10/2/17	10086
R1849OTN	05/12/17	Implementation of Modifier CG for Type of Bill 72x	10/02/17	9989
R1847OTN	05/12/17	Common Working File (CWF) to reject CWF Provider Queries containing Health Insurance Claim Numbers (HICNs) starting with '9'	10/02/17	10097

R1846OTN	05/12/17	MCS Implementation of the Restructured Clinical Lab Fee Schedule	10/02/17	10057
R1844OTN	05/05/17	Modification to Two Fiscal Intermediary Shared System (FISS) Edits Created Through Change Request (CR) 9681	10/02/17	10103
R1843OTN	05/05/17	Analysis for Common Working File (CWF) to Medicare Beneficiary Database (MBD) Extract File Changes for Detailed Skilled Nursing Facility Data to Support HIPAA Eligibility Transaction System (HETS)	10/02/17	10050
R1842OTN	05/05/17	Remove HSQLDB from the Combined Common Edits/Enhancements Module (CCEM)	10/02/17	10088
R1841OTN	05/05/17	Medicare Fee-for-Service Recovery Audit Contractor (RAC) Data Centers	06/06/17	10051
R1840OTN	05/05/17	Update FISS Editing to Include All Three Patient Reason for Visit Code Fields	10/02/17	9672

R1839OTN	04/28/17	Implementation of Section 1557 for Medicare Redetermination Notices (MRNs) by Adding a Notice and Tagline Sheet	10/02/17	9938
R1838OTN	04/28/17	Part B Detail Line Expansion - Common Working File (CWF)	10/02/17	10031
R1837OTN	04/28/17	Shared System Enhancement 2015: Identify Inactive Medicare Demonstration Projects within the Fiscal Intermediary Shared System (Analysis Only)	10/02/17	10019
R1836OTN	04/28/17	Analysis Only-Provider Number Validation Update for the Shared Systems Maintainer (SSM)	10/02/17	9999
R1835OTN	04/28/17	Reason Codes 36233 and 36330 Bypass for Claims Submitted on the 72x Type of Bill for Services Provided to Beneficiaries with Acute Kidney Injury (AKI) and edits related to not separately payable drugs	10/02/17	9987
R1834OTN	04/28/17	Analysis and Design Working Sessions for the Development of a Pre-Payment Common Additional Documentation Request (ADR) Letter	10/02/17	9936

R1833OTN	04/28/17	Implementing the remittance advice messaging for the 20-hour weekly minimum for Partial Hospitalization Program services	10/02/17	9880
R1832OTN	04/28/17	Update FISS Editing to Include the Admitting Diagnosis Code Field	10/02/17	9753
R1831OTN	04/28/17	Introductory Letters for Suppliers and Providers Related to the Prior Authorization for Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Items	05/30/17	10068
R1819OTN	04/07/17	Update to Common Working File (CWF) Blood Editing on Medicare Advantage (MA) Enrollees' Inpatient Claims for Indirect Medical Education (IME) Payment	10/02/17	10012
R1818OTN	04/07/17	Annual Updates to the Prior Authorization/Pre-Claim Review Federal Holiday Schedule Tables for Generating Reports	10/02/17	9995
R1817OTN	04/07/17	Enrollment Data Base (EDB) and Common Working File (CWF) Data Resync - Analysis and Design	10/02/17	9994

R1815OTN	04/07/07	Common Working File (CWF) to Archive Inactive Part B Consistency Edits	10/02/17	9975
R1814OTN	03/31/17	Shared System Enhancement 2014 – Identification of Fiscal Intermediary Standard System (FISS) Obsolete Reports - Analysis Only	10/03/16	9564
R1813OTN	03/31/17	Shared System Enhancement 2015: Identify Inactive Medicare Demonstration Projects Within the Common Working File (CWF)	07/03/17	10017
R1812OTN	03/31/17	HIGLAS Connectivity Updates and Testing	05/30/17	10042
R1811OTN	03/29/17	Shared System Enhancement 2014 – Identification of Fiscal Intermediary Shared System (FISS) Obsolete On-Request Jobs - Analysis Only	04/03/17	9566
R1809OTN	03/24/17	Client Letter v5.2 Upgrade - DME MAC Training and Testing	04/24/17	10027

R1808OTN	03/24/17	Advanced Provider Screening (APS) Phase 1 Go-Live	05/15/17	9983
R1807OTN	03/17/17	Intern and Resident Information System (IRIS) Data Upload into STAR	04/17/17	9984
R1803OTN	02/17/17	Innovation Payment Contractor (IPC) for D1 D4 File Exchange	07/03/17	9899
R1799OTN	02/17/17	Preventing Hospice Notices of Election with Future Dates	07/03/17	9932
R1798OTN	02/17/17	ICD-10 Coding Revisions to National Coverage Determinations (NCDs)	03/20/17	9982
R1797OTN	02/10/17	Guidance on Implementing System Edits for Certain Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS)	07/03/17	9904

R1796OTN	02/10/17	Processing Updates for VMS From Provider Enrollment, Chain and Ownership System (PECOS) Extract File	07/03/17	9962
R1795OTN	02/10/17	Advance Care Planning (ACP) Implementation for Outpatient Prospective Payment System (OPPS) Claims	07/03/17	9862
R1794OTN	02/10/17	Provider Enrollment, Chain and Ownership System (PECOS) Extract File - Analysis	07/03/17	9949
R1792OTN	02/03/17	ICD-10 Coding Revisions to National Coverage Determination (NCDs)	03/03/17	9861
R1791OTN	02/03/17	Change to Beneficiary Liability and Cost Report Days for Sub-clause (II) Long Term Care Hospitals (LTCHs)	07/03/17	9912
R1790OTN	02/03/17	Shared System Enhancement 2016: Complete Disablement of Health Maintenance Organization (HMO) Inquiry Transaction, HIHO, and Related Vestige Within Common Working File (CWF)	07/03/17	9974

R1789OTN	02/03/17	Shared System Enhancement 2016: Common Working File (CWF) to Show Date for Informational Unsolicited Response (IUR) Indicator on Claim History	07/03/17	9965
R1788OTN	02/03/17	Combined Common Edits/Enhancements (CCEM) Proxool and Apache Software Upgrades	07/03/17	9929
R1787OTN	02/03/17	New Common Working File (CWF) Medicare Secondary Payer (MSP) Type for Liability Medicare Set-Aside Arrangements (LMSAs) and No-Fault Medicare Set-Aside Arrangements (NFMSAs)	07/03/17	9893
R1786OTN	02/03/17	Update for Additional International Classification of Diseases (ICD)-10 Codes for the System Changes to Implement Section 231 of the Consolidated Appropriations Act, 2016, Temporary Exception for Certain Severe Wound Discharges From Certain Long-Term Care Hospitals (LTCHs)	07/03/17	9872
R1785OTN	02/03/17	Payment for Oxygen Volume Adjustments and Portable Oxygen Equipment- FISS	07/03/17	9928
R1783OTN	02/02/17	Implementing FISS Updates to Accommodate Section 603 Bipartisan Budget Act of 2015 - Phase 2	07/03/17	9907

R1776OTN	01/27/17	Instructions to Hospitals on the Election of a Medicare-Supplemental Security Income (SSI) Component of the Disproportionate Share (DSH) Payment Adjustment for Cost Reports that Involve SSI Ratios for Fiscal Year (FY) 2004 and earlier, or SSI Ratios for Hospital Cost-reporting Periods for Patient Discharges Occurring before October 1, 2004	01/19/17	9896
R1775OTN	01/27/17	Updated Editing of Professional Therapy Services	07/03/17	9933
R1774OTN	01/13/17	Shared System Enhancement 2014 – Identification of Fiscal Intermediary Standard System (FISS) Obsolete Reports - Analysis Only	10/03/16	9564
R1772OTN	01/11/17	Common Working File (CWF) Reorganization of Daily Beneficiary Extract Files	04/03/17	9787
R1771OTN	01/10/17	Fraud Prevention System (FPS) 2 Edit Migration Testing	02/21/17	9920
R1770OTN	01/06/17	Modifications to the National Coordination of Benefits Agreement (COBA) Crossover Process	04/03/17	9681

R1769OTN	01/06/17	eMSN and Alternate Format MSN Service Improvements	01/03/17	9731
R1768OTN	01/06/17	Shared System Enhancement 2015: Resolve Operating Report (ORPT) Issues - Development and Implementation	07/3/17	9734
R1767OTN	01/06/17	Health Insurance Portability and Accountability Act (HIPAA) Electronic Data Interchange (EDI) Front End Updates for July 2017	07/3/17	9881
R1765OTN	12/23/16	SSNRI: MAC-Only Analysis and Planning for the Social Security Number Removal Initiative (SSNRI) Project	02/24/17	9884
R1758OTN	11/23/16	Updates for the Shared System Maintainers to implement the Social Security Number Removal Initiative (SSNRI)	04/03/17	9858
R1757OTN	11/18/16	Issuing Compliance Letters to Specific Providers and Suppliers Regarding Inappropriate Billing of Qualified Medicare Beneficiaries (QMBs) for Medicare Cost-Sharing	12/16/16	9817

R1756OTN	11/18/16	Analysis Only - Modification of Process for Handling the Provider Enrollment Chain Ownership System (PECOS) Extract File	04/03/17	9560
R1755OTN	11/18/16	ICD-10 Coding Revisions to National Coverage Determination (NCDs)	01/20/17	9861
R1754OTN	11/18/16	Common Working File and Fraud Prevention System 2.0 Predictive Modeling and Edits, Data Feed Migration	01/03/17	9853
R1753OTN	11/18/16	Coding Revisions to National Coverage Determination (NCDs)	01/03/17	9751
R1752OTN	11/18/16	System Specific Enhancement 2014: String Testing Automation	07/05/16	9224
R1751OTN	11/18/16	Adding a Foreign Language Tagline Sheet to Medicare Summary Notices (MSNs)	12/05/16	9617

R1750OTN	11/10/16	Increasing the Number of Address Fields in MCS to Match the Address Fields in CWF in Order to Improve the Undeliverable Medicare Summary Notices (uMSNs) Situation: Phase One of Improving FFS9372	04/03/17	9857
R1748OTN	11/08/16	Adding a Foreign Language Tagline Sheet to Medicare Summary Notices (MSNs)	10/28/16	9617
R1747OTN	11/04/16	Issuing Compliance Letters to Specific Providers and Suppliers Regarding Inappropriate Billing of Qualified Medicare Beneficiaries (QMBs) for Medicare Cost-Sharing	04/03/17	9817
R1746OTN	11/04/16	Medicare Electronic Health Record (EHR) Incentive Program – Analysis of Meaningful Use Hospital Transition into Hospital Quality Reporting System	04/03/17	9836
R1745OTN	11/04/16	Part B Detail Line Expansion - Checkpoint Discussion Meetings	04/03/17	9840
R1744OTN	11/04/16	Audit Trail for Reason Code Edit Changes	04/03/17	9366

R1743OTN	11/04/16	Modifications to the National Coordination of Benefits Agreement (COBA) Crossover Process	04/03/17	9808
R1740OTN	10/28/16	Shared System Enhancement 2015: National Coverage Determination (NCD) – Fiscal Intermediary Shared System (FISS) Implementation	04/03/17	9783
R1738OTN	10/27/16	Network Fee Reduction for Acute Kidney Injury (AKI) services submitted on Type of Bill 72x	04/03/17	9814
R1736OTN	10/27/16	Shared System Enhancement 2014 – Identification of Fiscal Intermediary Shared System (FISS) Obsolete On-Request Jobs - Analysis Only	04/03/17	9566
R1735OTN	10/27/16	System Specific Enhancement 2014: Retaining Most Recent Update for Auxiliary (Aux) File Data in Common Working File (CWF)	04/03/17	9786
R1734OTN	10/27/16	Phase 3 - Updating the Fiscal Intermediary Shared System (FISS) to Make Payment for Drugs and Biologicals Services for Outpatient Prospective Payment System (OPPS) Providers	04/03/17	9742

R1733OTN	10/27/16	Modifications to the National Coordination of Benefits Agreement (COBA) Crossover Process	04/03/17	9681
R1732OTN	10/27/16	Phase Three: Changing Fiscal Intermediary Shared System (FISS) Action on Informational Unsolicited Responses (IURs) From Canceled Claims to Adjustments	04/03/17	9816
R1731OTN	10/26/16	Fiscal Intermediary Shared System (FISS) Health Information Technology for Economic and Clinical Health (HITECH) Quarterly Report	01/03/17	9555
R1730OTN	10/21/16	Part B Detail Line Expansion – MCS Phase 5	04/03/17	9800
R1729OTN	10/21/16	Analysis Only - Populate MCS PE Screens from PECOS (Phased Approach)	04/03/17	9805
R1728OTN	10/21/16	Part B Detail Line Expansion – MCS Phase 6	04/03/17	9801

R1725OTN	10/13/16	Changes to the End-Stage Renal Disease (ESRD) Facility Claim (Type of Bill 72X) to Accommodate Dialysis Furnished to Beneficiaries with Acute Kidney Injury (AKI)	01/03/17	9598
R1724OTN	10/07/16	Common Working File (CWF) Reorganization of Daily Beneficiary Extract Files	04/03/17	9787
R1722OTN	09/29/16	Updating the Fiscal Intermediary Shared System (FISS) to Make Payment for Drugs and Biologicals Services for Outpatient Prospective Payment System (OPPS) Providers	07/05/16	9479
R1721OTN	09/29/16	Adding a Foreign Language Tagline Sheet to Medicare Summary Notices (MSNs)	12/05/16	9617
R1720OTN	09/23/16	Reporting of All Recovery Auditor-Initiated Claim Adjustments and their Subsequent Adjustments for Periodic Interim Payment (PIP) Facilities	01/03/17	9662
R1718OTN	09/15/16	Common Working File (CWF) to Remove Remaining Federal Tax Information (FTI) Received through the Internal Revenue Service (IRS), Social Security Administration (SSA), Centers for Medicare and Medicaid Services (CMS) Medicare Secondary Payer (MSP) Data Match Program from CWF	01/03/17	9699

R1717OTN	09/15/16	Section 504: Adding a Qualified Reader Preference in Alternate Formats	01/03/17	9730
R1716OTN	09/16/16	Affordable Care Act - Operating Rules - Requirements for Phase II and Phase III Compliance for Batch Processing	04/03/17	9358
R1715OTN	09/16/16	Updates to the 72X Type of Bill for Home and Self-Dialysis Training, Retraining, and Nocturnal Hemodialysis	01/03/17	9609
R1714OTN	09/01/16	Shared System Enhancement 2014 – Identification of Fiscal Intermediary Standard System (FISS) Obsolete Reports - Analysis Only	10/02/17	9564
R1713OTN	09/01/16	Editing Update for Screening for Sexually Transmitted Infections	01/03/17	9719
R1712OTN	08/30/16	Shared System Enhancement 2014 – Identification of Fiscal Intermediary Standard System (FISS) Obsolete Reports - Analysis Only	10/01/16	9564

R1711OTN	08/26/16	Medicare Appeals System (MAS) Level 1 Part A and Home, Health, Hospice (HHH) Onboarding Effort	12/31/16	9683
R1710OTN	08/26/16	Adding a Foreign Language Tagline Sheet to Medicare Summary Notices (MSNs)	10/28/16	9617
R1708OTN	08/19/16	Coding Revisions to National Coverage Determination (NCDs)	01/03/17	9751
R1707OTN	08/12/16	eMSN and Alternate Format MSN Service Improvements	01/03/17	9731
R1706OTN	08/05/16	Health Insurance Portability and Accountability Act (HIPAA) Electronic Data Interchange (EDI) Front End Updates for January 2017	01/03/17	9666
R1704OTN	08/05/16	Implementing Provider File Updates and PECOS to FISS Interface Via Extract File Updates to Accommodate Section 603 Bipartisan Budget Act of 2015	01/03/17	9613

R1703OTN	08/05/16	Recovery Auditor Mass Adjustment and Reporting Process Enhancements - Analysis Only	01/03/17	9587
R1702OTN	08/05/16	Section 504: Adding a Qualified Reader Preference in Alternate Formats	01/03/17	9730
R1701OTN	08/05/16	Combined Common Edits/Enhancements (CCEM) Third Party Software Upgrades	01/03/17	9738
R1699OTN	08/05/16	Appropriate Use Criteria for Advanced Imaging – Analysis and Design	01/03/17	9707
R1698OTN	08/05/16	Editing Update for Screening for Sexually Transmitted Infections	01/03/17	9719
R1697OTN	08/05/16	Reporting of All Recovery Auditor-Initiated Claim Adjustments and their Subsequent Adjustments for Periodic Interim Payment (PIP) Facilities	01/03/17	9662

R1696OTN	08/05/16	Shared System Enhancement 2014 - Additional Removal of Obsolete Reports and On-Request Jobs from the ViPS Medicare System (VMS) -- Implementation	01/03/17	9618
R1695OTN	08/05/16	Fiscal Intermediary Shared System (FISS) Health Information Technology for Economic and Clinical Health (HITECH) Quarterly Report	01/03/17	9555
R1693OTN	07/29/16	Common Working File (CWF) to Remove Remaining Federal Tax Information (FTI) Received through the Internal Revenue Service (IRS), Social Security Administration (SSA), Centers for Medicare and Medicaid Services (CMS) Medicare Secondary Payer (MSP) Data Match Program from CWF	01/03/17	9699
R1688OTN	07/29/16	Part B Detail Line Expansion – MCS Phase 2	01/03/17	9653
R1687OTN	07/29/16	Common Working File (CWF) to Locate Medicare Beneficiary Record and Provide Responses to Provider Queries	01/03/17	9740
R1686OTN	07/29/16	Part B Detail Line Expansion – MCS Phase 7	01/03/17	9663

R1685OTN	07/29/16	Update the Primary Insurer's Policy Number of the Insured Field to 17 Bytes on the Health Insurance Master Record (HIMR) Screen Found in the Medicare Secondary Payer (MSP) Auxiliary File	01/03/17	9728
R1683OTN	07/21/16	Shared Savings Program (SSP) Accountable Care Organization (ACO) Qualifying Stay Edits	10/03/17	9568
R1681OTN	07/15/16	The Supplemental Security Income (SSI)/Medicare Beneficiary Data for Fiscal Year 2014 for Inpatient Prospective Payment System (IPPS) Hospitals, Inpatient Rehabilitation Facilities (IRFs), and Long Term Care Hospitals (LTCH)	08/16/17	9648
R1679OTN	07/01/16	Shared Savings Program (SSP) Accountable Care Organization (ACO) Qualifying Stay Edits	01/03/17	9568
R1677OTN	06/23/16	Revised Fee Schedules for Healthcare Common Procedure Coding System (HCPCS) Code E1012 in Association with Change Request 9642	07/05/16	9692
R1675OTN	06/16/16	System Changes to Implement Section 231 of the Consolidated Appropriations Act, 2016, Temporary Exception for Certain Severe Wound Discharges From Certain Long-Term Care Hospitals (LTCHs)	10/03/16	9599

R1674OTN	06/17/16	Medicare Administrative Contractors (MACs) Analysis of the Proposed Contract CMS Security Clause Update	07/18/16	9645
R1673OTN	06/10/16	Shared System Enhancement 2015 Analysis and Design HUOPCUT Hospice Period and Health Maintenance Organization (HMO) Processing	06/20/16	9419
R1672OTN	06/03/16	Coding Revisions to National Coverage Determinations (NCDs)	10/3/16	9631
R1671OTN	06/02/16	Payment Change for Group 3 Complex Rehabilitative Power Wheelchairs Accessories and Seat and Back Cushions under Section 2 of the Patient Access and Medicare Protection Act (PAMPA) for Home Health Claims	10/3/16	9586
R1670OTN	05/20/16	Shared System Enhancement 2014 – Identification of Fiscal Intermediary Standard System (FISS) Obsolete Reports - Analysis Only	10/03/16	9564
R1669OTN	05/20/16	Guidance on Implementing System Edits for Certain Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS)	10/03/16	9371

R1668OTN	05/13/16	National Provider Identifier Crosswalk System (NPICS) Retirement Analysis Only - Engage Shared Systems Maintainers and Medicare Administrative Contractors (MACs) in Meetings and Correspondence Related to the NPICS Retirement with the Stakeholders	10/03/16	9604
R1667OTN	05/12/16	Analysis Only CR - Medicare ID end-date	10/03/16	9605
R1665OTN	05/13/16	Coding Revisions to National Coverage Determinations (NCDs)	10/03/16	9631
R1664OTN	05/13/16	Reporting Medicare Administrative Contractor (MAC) Provider Education Website Analytic Data to the Provider Customer Service Program Contractor Information Database (PCID)	06/14/16	9619
R1660OTN	05/06/16	Shared Savings Program (SSP) Accountable Care Organization (ACO) Qualifying Stay Edits	10/03/16	9568
R1659OTN	05/06/16	Convert Assembler Code to COBOL or Best Coding Language to Improve MCS System Maintainability and Sustainability, Analysis only	10/03/16	9624

R1658OTN	04/29/16	Coding Revisions to National Coverage Determinations	07/05/16	9540
R1657OTN	04/29/16	Issuing Continuing Compliance Letters to Specific Providers and Suppliers	02/22/16	9462
R1655OTN	04/29/16	Recurring calls with the Fiscal Intermediary Shared System (FISS) for any in-depth discussions	10/03/16	9556
R1654OTN	04/29/16	System Changes to Implement Section 231 of the Consolidated Appropriations Act, 2016, Temporary Exception for Certain Severe Wound Discharges From Certain Long-Term Care Hospitals (LTCHs)	10/03/16	9599
R1653OTN	04/29/16	New State Code for AZ, ID, NY, and WV	10/03/16	9567
R1652OTN	04/29/16	Analysis Only: To Obtain a Rough Order of Magnitude (ROM) from Durable Medical Equipment Medicare Administrative Contractors (DME MACs), GDIT/VMS, the National Supplier Clearinghouse (NSC) and the Common Electronic Data Interchange (CEDI) Contractor to Develop and Implement a Process for DME MAC Provider Self-Service	10/03/16	9593

		Internet Portal Authentication of Medicare Providers Using EDI Enrollment Data Elements		
R1651OTN	04/28/16	National Provider Identifier Crosswalk System (NPICS) Retirement Analysis Only - Engage Shared Systems Maintainers and Medicare Administrative Contractors (MACs) in Meetings and Correspondence Related to the NPICS Retirement with the Stakeholders	10/03/16	9604
R1650OTN	04/28/16	Shared System Enhancement 2015: Archive/Remove Inactive Medicare Demonstration Projects	10/03/16	9473
R1649OTN	04/28/16	Phase 2 of Updating the Fiscal Intermediary Shared System (FISS) to Make Payment for Drugs and Biologicals Services for Outpatient Prospective Payment System (OPPS) Providers	10/03/16	9601
R1647OTN	04/28/16	Payment Change for Group 3 Complex Rehabilitative Power Wheelchairs Accessories and Seat and Back Cushions under Section 2 of the Patient Access and Medicare Protection Act (PAMPA) for Home Health Claims	10/03/16	9586
R1646OTN	04/28/16	Upgrade (Jaspersoft) reporting software for the Combined Common Edits/Enhancement Module (CCEM)	10/03/16	9592

R1645OTN	04/28/16	Analysis of the Combined Common Edits/Enhancements Module (CCEM) 3rd Party Software	10/03/16	9594
R1644OTN	04/26/16	Reclassification of Certain Durable Medical Equipment HCPCS Codes Included in Competitive Bidding Programs (CBP) from the Inexpensive and Routinely Purchased Payment Category to the Capped Rental Payment Category	07/05/16	8822
R1640OTN	04/01/16	End Stage Renal Disease (ESRD) Cost Audits	05/02/16	9534
R1639OTN	03/24/16	Reporting Principal and Interest Amounts When Refunding Previously Recouped Money on the Remittance Advice (RA)	04/04/16	9168
R1636OTN	03/11/16	Implementation of the Award for Jurisdiction B Durable Medical Equipment (DME) Medicare Administrative Contractor (MAC) Workload	07/05/16	9526
R1635OTN	03/11/16	VIPS Medicare System (VMS), Analysis and Design for Jurisdiction A (JA) and Jurisdiction B (JB) Durable Medical Equipment (DME) Medicare Administrative Contractors (MACs) Transitions	07/05/16	9574

R1634OTN	03/11/16	Implementation of the Award for Jurisdiction A Durable Medical Equipment (DME) Medicare Administrative Contractor (MAC) Workload	07/05/16	9546
R1633OTN	03/11/16	Settlement Effectuation Instructions for the Department of Health and Human Services' (DHHS) Office of Medicare Hearings and Appeals (OMHA) Settlement Conference Facilitation (SCF) Pilot Related to Part A Appeals (Phase 3)	04/11/16	9521
R1631OTN	02/26/16	Shared System Enhancement 2015 Edit Control/Override Table, Analysis and Design	07/05/16	9418
R1630OTN	02/26/16	Coding Revisions to National Coverage Determinations	07/05/16	9540
R1627OTN	02/16/16	Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) Competitive Bidding Program (CBP): Implementation of Round 2 Re-compete of the DMEPOS CBP Program and National Mail Order (NMO) Re-compete	07/05/16	9490
R1626OTN	02/19/16	Reclassification of Certain Durable Medical Equipment HCPCS Codes Included in Competitive Bidding Programs (CBP) from the Inexpensive and Routinely Purchased Payment Category to the Capped Rental Payment Category	07/05/16	8822

R1625OTN	02/05/16	Identifying "No Documentation" Medical Necessity Denials for Claims Flagged for Recovery Auditor Review	07/06/16	8913
R1624OTN	02/05/16	System Specific Enhancement 2015: Fiscal Intermediary Standard System (FISS) Enhanced Purge Process	07/05/16	9399
R1623OTN	02/05/16	Using scrubbed Medicare beneficiary/legal rep address data within the Fee-For-Service (FFS) systems - Analysis and Design	07/05/16	9464
R1622OTN	02/05/16	Shared System Enhancement 2015 Analysis and Design HUOPCUT Hospice Period and Health Maintenance Organization (HMO) Processing	07/05/16	9419
R1620OTN	02/05/16	Shared System Enhancement 2015: National Coverage Determination (NCD) Analysis Process	07/05/16	9414
R1619OTN	02/05/16	Revision to Fiscal Intermediary Shared System (FISS) Lab Travel Allowance Editing to Include New Specimen Collection Code G0471	07/05/16	9471

R1618OTN	02/05/16	System Specific Enhancement 2015: Replace FISS ACS/Development Letters with HP Exstream, Analysis Only	07/05/16	9398
R1617OTN	02/04/16	System Specific Enhancement 2014: String Testing Automation	07/05/16	9224
R1616OTN	02/04/16	Updating the Fiscal Intermediary Shared System (FISS) to Make Payment for Drugs and Biologicals Services for Outpatient Prospective Payment System (OPPS) Providers	07/05/16	9479
R1615OTN	02/04/16	Advance Care Planning (ACP) Services furnished by Rural Health Clinics (RHCs)	07/05/16	9503
R1610OTN	02/04/16	System Specific Enhancement 2014: Fiscal Intermediary Standard System (FISS) Edit/Rules Engine Analysis and Design	07/05/16	9211
R1609OTN	02/04/16	Accredited Standards Committee (ASC) X12 Healthcare Claims Acknowledgement (277CA) Flat File Update	07/05/16	9454

R1607OTN	01/29/16	Shared System Enhancement 2015 Improve Efficiency of Drug Code, Provider, and Procedure and Diagnosis Codes Processing, Analysis and Design	07/05/16	9420
R1606OTN	01/29/16	Shared System Enhancement 2015 Edit Control/Override Table, Analysis and Design	07/05/16	9418
R1605OTN	01/29/16	Common Working File (CWF) Daily Beneficiary Extract Files Reaching Maximum Record Size, Analysis and Design for Possible Data Reorganization	07/05/16	9451
R1604OTN	01/29/16	Part B Detail Line Expansion – MCS Phase 3	07/05/16	9539
R1603OTN	01/29/16	Part B Detail Line Expansion – MCS Phase 1	07/05/16	9537
R1602OTN	01/29/16	Part B Detail Line Expansion – MCS Phase 4	07/05/16	9538

R1601OTN	01/29/16	Payment Clarification for the Purchase of Used Inexpensive and Routinely Purchased Durable Medical Equipment (DME) when Previously Rented	07/05/16	9491
R1600OTN	01/29/16	Award of Medicare Administrative Contractor (MAC) Contract for Jurisdiction 15	03/01/16	9456
R1598OTN	01/29/16	Shared System Enhancement 2015 Resolve Operating Report (ORPT) Issues, Analysis and Design	07/05/16	9417
R1597OTN	01/29/16	System Specific Enhancement 2014: Create A Single Trailer-Generating Module in Common Working File (CWF)	07/05/16	9184
R1596OTN	01/26/16	Required Billing Updates for Rural Health Clinics	04/04/16	9269
R1595OTN	01/22/16	Issuing Continuing Compliance Letters to Specific Providers and Suppliers	02/22/16	9462

R1593OTN	01/22/16	Health Insurance Portability and Accountability Act (HIPAA) EDI Front End Updates for July 2016	07/05/16	9496
R1592OTN	01/15/16	Award of Durable Medical Equipment (DME) Medicare Administrative Contractor (MAC) Contract for Jurisdiction D	03/01/16	9453
R1591OTN	01/08/16	Changes to the Medicare Electronic Health Record (EHR) Incentive Program Payment Adjustment beginning January 1, 2016	01/04/16	9441
R1590OTN	01/05/16	Implementation of Procedures for Undeliverable Medicare Summary Notices (uMSNs)	04/04/16	9372
R1589OTN	12/31/15	Updating Scanning for the Information Security and Privacy Group (ISPG) Enterprise Vulnerability Management Program (EVMP)	02/01/16	9445
R1588OTN	12/24/15	Settlement Effectuation Instructions for the Department of Health and Human Services' (DHHS) Office of Medicare Hearings and Appeals (OMHA) Settlement Conference Facilitation (SCF) Pilot	01/13/16	9217

R1587OTN	12/17/15	Instruction to Apply the Part A Deductible on a Medicare Secondary Payer (MSP) Inpatient Same Day Transfer Claim	04/04/16	9394
R1586OTN	12/17/15	Eliminate Two Case-mix Payment Adjustments (Monoclonal Gammopathy and Bacterial Pneumonia) Available Under the End State Renal Disease (ESRD) Prospective Payment System (PPS) in Accordance With Section 632 of the American Taxpayer Relief Act (ATRA)	01/04/16	9268
R1585OTN	12/16/15	Modifications to the National Coordination of Benefits Agreement (COBA) Crossover Process	07/05/16	9054
R1583OTN	12/11/15	Settlement Effectuation Instructions for the Department of Health and Human Services' (DHHS) Office of Medicare Hearings and Appeals (OMHA) Settlement Conference Facilitation (SCF) Pilot	01/13/16	9217
R1580OTN	12/03/15	ICD-10 Conversion/Coding Infrastructure Revisions to National Coverage Determinations (NCDs)-- 3rd Maintenance CR	01/04/16	9252
R1578OTN	11/19/15	System Specific Enhancement 2014: Process Health Maintenance Organization (HMO) edits in a single module in Common Working File (CWF) Analysis Only	04/04/16	9185

R1577OTN	11/20/15	System Specific Enhancement 2015: Remove Direct Claim Updates within the Daily Batch Cycle Analysis and Design CR	04/04/16	9400
R1575OTN	11/13/15	Shared System Enhancement 2015: Identify Inactive Medicare Demonstration Projects (Analysis Only)	04/04/16	9325
R1574OTN	11/13/15	Shared System Enhancement 2015: Technical Improvements to the Redesigned Medicare Summary Notice (MSN) process	04/04/16	9381
R1573OTN	11/13/15	Shared System Enhancement 2014 - Removal of Obsolete Reports and On-Request Jobs from the ViPS Medicare System (VMS) -- Implementation	04/04/16	9421
R1572OTN	11/06/15	Removal of Device Portion from Certain Discontinued Device- Intensive Ambulatory Surgical Center (ASC) Procedures Prior to the Administration of Anesthesia	04/04/16	9297
R1570OTN	11/06/15	Reporting Principal and Interest Amounts When Refunding Previously Recouped Money on the Remittance Advice (RA)	04/04/16	9168

R1569OTN	11/06/15	Shared System Enhancement 2015: Combined Common Edits/Enhancements Module (CCEM) Claim Tracking and Logging	04/04/16	9425
R1568OTN	11/06/15	Implementation of Procedures for Undeliverable Medicare Summary Notices (uMSNs)	04/04/16	9372
R1567OTN	11/06/15	System Specific Enhancements 2014: Retaining most recent update for Auxiliary (Aux) file data in Common Working File (CWF) Analysis Only	04/04/16	9186
R1565OTN	11/06/15	System Specific Enhancement 2015: Fiscal Intermediary Standard System (FISS) Extend Hard Segregation of Security	04/04/16	9402
R1564OTN	11/06/15	Health Insurance Portability and Accountability Act (HIPAA) EDI Front End Updates for April 2016	04/04/16	9405
R1561OTN	11/06/15	Part B Detail Line Expansion - Trailer 08 Update	04/04/16	9379

R1560OTN	11/05/15	Instruction to Apply the Part A Deductible on a Medicare Secondary Payer (MSP) Inpatient Same Day Transfer Claim	04/04/16	9394
R1559OTN	11/05/15	Shared System Enhancement 2015: Modify Purged Claim History to Improve Efficiency	04/04/16	9422
R1557OTN	11/05/15	System Specific Enhancement 2015: Archive Competitive Bidding Demonstration Logic in ViPS Medicare System (VMS)	04/04/16	9376
R1556OTN	11/05/15	Shared System Enhancement 2015: Eliminate Remaining Uses of AREAFILE and CUSTCHRG Virtual Storage Access Method Files	04/04/16	9373
R1554OTN	11/05/15	System Specific Enhancements 2014: Retaining Most Recent Update for Auxiliary (Aux) File Data in Common Working File (CWF)	04/04/16	9337
R1553OTN	11/05/15	New State Code for CT, MA, NJ, PR, GA, NC, SC, TN, AR, OK, CO, CA, OR, LA, NM, TX and WA	04/04/16	9300

R1552OTN	11/05/15	Medicare Remit Easy Print (MREP) Upgrade	04/04/16	9291
R1551OTN	11/05/15	System Specific Enhancements 2014: Move PAP smear Risk Indicator (PAPRI) and Technical (TECH)/Professional (PROF) Dates to Screening Auxiliary file	04/04/16	9188
R1550OTN	11/05/15	System Specific Enhancement 2014: Process Health Maintenance Organization (HMO) edits in a single module in Common Working File (CWF)	04/04/16	9185
R1549OTN	10/30/15	Shared System Enhancement 2014 - Removal of Railroad Board (RRB) obsolete reports identified by Multi-Carrier System (MCS) Shared System Maintainer (SSM)	04/04/16	9294
R1548OTN	10/30/15	Analysis Only: To Obtain the Level of Effort (LOE) from Medicare Administrative Contractors (MACs) to Implement Multifactor Authentication (MFA) as an Option for Non-Organization Users and to also Obtain the Level of Effort (LOE) from Medicare Administrative Contractors (MACs) to Implement Multifactor Authentication (MFA) as a Requirement for Non-Organization Users	12/02/15	9309

R1545OTN	09/30/15	Procedures for Processing Under Tolerance Part A 935, Part A-Other, Part A and B Healthcare Professional Shortage Area (HPSA), and Part A-Provider Recovery Audit Contractor (RAC) Identified debts in the Healthcare Integrated General Ledger Accounting System (HIGLAS)	07/05/16	9221
R1544OTN	09/22/15	Implementation of Long-Term Care Hospital (LTCH) Prospective Payment System (PPS) Based on Specific Clinical Criteria	07/06/15	9015
R1542OTN	09/04/15	Implementation of Biosimilar Claim Modifiers	01/04/16	9284
R1541OTN	08/28/15	Health Insurance Portability and Accountability Act (HIPAA) EDI Front End Updates for October 2015	10/01/15	9145
R1540OTN	08/28/15	Modification to the Telehealth Originating Site Facility Fee Billing Requirements for Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs)	10/05/15	9144
R1539OTN	08/28/15	Implementing the Insertion of a Sheet of Paper Promoting the Electronic Medicare Summary Notices (eMSNs) into Mailed Medicare Summary Notices (MSNs)	09/29/15	9275

R1538OTN	08/28/15	Medicare Prior Authorization of Power Mobility Devices (PMDs) Demonstration: Advance Determination of Medicare Coverage (ADMC) Reviews for Beneficiaries Who Have Representative Payees	09/29/15	9286
R1537OTN	08/21/15	ICD-10 Conversion/Coding Infrastructure Revisions to National Coverage Determinations (NCDs)-- 3rd Maintenance CR	01/04/16	9252
R1536OTN	08/21/15	Increasing Tax Withholding to 100 Percent for Internal Revenue Service (IRS) Federal Payment Levy Program (FPLP)	10/16/15	9285
R1535OTN	08/14/15	International Classification of Diseases, 10th Revision (ICD-10) Additional Acknowledgement Testing Reporting	09/15/15	9256
R1534OTN	08/07/15	Health Insurance Portability and Accountability Act (HIPAA) EDI Front End Updates for January 2016	01/04/16	9259
R1533OTN	08/07/15	Update Hard Coded Audit 205A MSP Return Code 3925 and Edit 152D	01/04/16	9237

R1528OTN	08/06/15	Reporting of Anti-Cancer and Anti-Emetic Drugs	01/04/16	9255
R1527OTN	08/06/15	Update for Paper Claims Processing Under the Administrative Simplification Compliance Act (ASCA)	09/08/15	9210
R1525OTN	08/06/15	Add Original Common Working Files (CWF) Occurrence Number to the CWF Feed to MBD	01/04/16	9209
R1524OTN	08/06/15	Medicare Remit Easy Print (MREP) Upgrade	01/04/16	9203
R1523OTN	07/31/15	Procedures for Processing Under Tolerance Part A 935, Part A-Other, Part A and B Healthcare Professional Shortage Area (HPSA), and Part A-Provider Recovery Audit Contractor (RAC) Identified debts in the Healthcare Integrated General Ledger Accounting System (HIGLAS)	04/04/16	9221
R1522OTN	07/31/15	Data Act Treasury Referral Timeframe and Reporting - DME MAC Changes	08/31/15	9193

R1521OTN	07/24/15	CMS Information Security Acceptable Risk Safeguards Update - Multifactor Authentication	09/25/15	9277
R1519OTN	07/10/15	Medicare Appeals System (MAS) Upgrade	07/27/15	9208
R1518OTN	07/10/15	Contractor Reporting of Operational and Workload Data (CROWD) Form 5 Remittance Advice Reporting	08/11/15	9181
R1517OTN	07/02/15	Tester Resolution Reports for International Classification of Diseases, Tenth Revision (ICD-10) Limited End to End Testing with Submitters	05/29/15	9137
R1516OTN	07/02/15	Analysis and Design for Part B Detail Line Expansion	10/05/15	9096
R1514OTN	07/02/15	Award of Medicare Administrative Contractor (MAC) Contract for Jurisdiction J	06/01/15	8960

R1511OTN	06/12/15	Classification of Speech Generating Devices (SGD) and Accessories under the Payment Category for Inexpensive or Routinely Purchased Durable Medical Equipment	10/05/15	9179
R1510OTN	06/12/15	Award of Medicare Administrative Contractor (MAC) Contract for Jurisdiction M	07/13/15	9171
R1508OTN	06/05/15	The Supplemental Security Income (SSI)/Medicare Beneficiary Data for Fiscal Year 2013 for Inpatient Prospective Payment System (IPPS) Hospitals, Inpatient Rehabilitation Facilities (IRFs), and Long Term Care Hospitals (LTCH)	07/06/15	9195
R1507OTN	05/22/15	HIGLAS Release 12 (R12) Upgrade and Organizational Transitions for A/B MACs - R12 Upgrade	06/23/15	9135
R1505OTN	05/22/15	Analysis for Inserting a Pre-printed Sheet of Paper in Medicare Summary Notice (MSN) Envelopes	06/23/15	9161
R1504OTN	05/20/15	ICD-10 Conversion/Coding Infrastructure Revisions/ICD-9 Updates to National Coverage Determinations (NCDs)--2nd Maintenance CR	06/22/15	9087

R1503OTN	05/15/15	Health Insurance Portability and Accountability Act (HIPAA) EDI Front End Updates for July 2015	07/06/15	9064
R1502OTN	05/15/15	Analysis - Procedures for Undeliverable Medicare Summary Notices (MSNs)	10/05/15	9047
R1500OTN	05/08/15	IDR Shared Systems Daily Claims Feeds Expansion to Accommodate Medical Review Data Elements	10/05/15	9126
R1499OTN	05/08/15	Section 504: Implement National Medicare Summary Notices (MSNs) in Alternate Formats	10/05/15	9153
R1498OTN	05/08/15	Modifications to the National Coordination of Benefits Agreement (COBA) Crossover Process	10/05/15	9054
R1497OTN	05/08/15	Health Insurance Portability and Accountability Act (HIPAA) EDI Front End Updates for October 2015	10/01/15	9145

R1496OTN	05/08/15	Modification to the Telehealth Originating Site Facility Fee Billing Requirements for Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs)	10/05/15	9144
R1495OTN	08/19/15	Revision to Medicare Code Editor (MCE) Edit, Procedure Inconsistent with Length of Stay (LOS) for International Classification of Diseases, Tenth Revision, Procedure Classification System (ICD-10-PCS) Respiratory Ventilation, Greater than 96 Consecutive Hours	10/05/15	9117
R1494OTN	08/19/15	Updates of Medicare Severity Diagnosis Related Groups (MS-DRGs) to the List Subject to Inpatient Prospective Payment System (IPPS) Replaced Devices Offered without Cost or with a Credit Policy	10/05/15	9121
R1492OTN	05/05/15	Health Insurance Portability and Accountability Act (HIPAA) EDI Front End Updates for July 2015	07/06/15	9064
R1491OTN	05/01/15	Identification of Obsolete Shared System Maintainer (SSM) On-Request Jobs - FISS and VMS	10/05/15	9102
R1490OTN	05/01/15	Identification of Obsolete Shared System Maintainer (SSM) Reports - FISS and VMS	10/05/15	9103

R1489OTN	05/01/15	Analysis and Design for Part B Detail Line Expansion	10/05/15	9096
R1488OTN	04/17/15	The Supplemental Security Income (SSI)/Medicare Beneficiary Data for Fiscal Year 2012 for Inpatient Prospective Payment System (IPPS) Hospitals, Inpatient Rehabilitation Facilities (IRFs), and Long Term Care Hospitals (LTCH)	05/18/15	8835
R1486OTN	04/10/15	Increasing Tax Withholding to 30% for IRS Federal Payment Levy Program (FPLP)	06/19/15	9154
R1485OTN	04/10/15	Continuation of Systematic Validation of Payment Group Codes for Prospective Payment Systems (PPS) Based on Patient Assessments	07/06/15	9132
R1483OTN	03/31/15	Identifying “No Documentation” Medical Necessity Denials for Claims Flagged for Recovery Auditor Review	07/06/15	8913
R1482OTN	03/27/15	Use of Modifiers KK, KG, KU, and KW under the Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) Competitive Bidding Program	07/06/15	9059

R1481OTN	03/27/15	Tester Resolution Reports for International Classification of Diseases, Tenth Revision (ICD-10) Limited End to End Testing with Submitters	05/29/15	9137
R1480OTN	03/26/15	Health Insurance Portability and Accountability Act (HIPAA) EDI Front End Updates for July 2015	07/06/15	9064
R1478OTN	03/06/15	ICD-10 Conversion/Coding Infrastructure Revisions/ICD-9 Updates to National Coverage Determinations (NCDs)--2nd Maintenance CR	04/06/15	9087
R1476OTN	02/26/15	International Classification of Diseases, Tenth Revision (ICD-10) Limited End-to-end Testing with Submitters for 2015	01/05/15	8867
R1475OTN	02/27/15	Health Insurance Portability and Accountability Act (HIPAA) EDI Front End Updates for April 2015	04/06/15	8851
R1473OTN	02/27/15	Correction of the Maintenance of the Medicare Status Code	07/06/15	9080

R1470OTN	02/13/15	Durable Medical Equipment Prosthetics Orthotics and Supplies (DMEPOS) Competitive Bidding Program (CBP): Additional Instructions for Grandfathered Items Subject to CBP	07/06/15	9060
R1469OTN	02/13/15	Develop Rough Order of Magnitude (ROM) for Appeals Workload in Preparation for Implementation of International Classification of Diseases-10th Revision (ICD-10)	03/16/15	9036
R1468OTN	02/13/15	Identification of Obsolete Shared System Maintainer (SSM) Reports	07/06/15	9022
R1467OTN	02/13/15	Reporting Force Balance Claim Payment on the Electronic Remittance Advice (ERA) 835 and Cross Over Beneficiary (COB) 837 Claim Transactions	07/06/15	9050
R1466OTN	02/13/15	Use of Modifiers KK, KG, KU, and KW under the Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) Competitive Bidding Program	07/06/15	9059
R1463OTN	02/06/15	Identification of Obsolete Shared System Maintainer (SSM) On- Request Jobs	07/06/15	9023

R1462OTN	02/06/15	Identifying "No Documentation" Medical Necessity Denials for Claims Flagged for Recovery Auditor Review	10/05/15	8913
R1460OTN	01/30/15	Health Insurance Portability and Accountability Act (HIPAA) EDI Front End Updates for July 2015	07/06/15	9064
R1459OTN	01/30/15	Continuation of Systematic Validation of Payment Group Codes for Prospective Payment Systems (PPS) Based on Patient Assessments	07/06/15	9016
R1458OTN	01/30/15	Fee for Service Beneficiary Data Streamlining (FFS BDS) Phase II Beneficiary Address Analysis and Design	07/06/15	9029
R1457OTN	01/30/15	Renaming PPS-FLX6- PAYMENT Field in the Inpatient Prospective Payment System (IPPS) Pricer Output	07/06/15	9031
R1456OTN	01/30/15	Phase Two: Changing Fiscal Intermediary Shared System (FISS) Action on Informational Unsolicited Responses (IURs) From Canceled Claims to Adjustments	07/06/15	8990

R1455OTN	01/30/15	Corrections to Processing Service Facility Information on Hospice Claims	07/06/15	9042
R1450OTN	01/09/15	Moratorium on Classification of Long-Term Care Hospitals (LTCH) or Satellites/Increase in Certified LTCH Beds	02/10/15	9025
R1449OTN	12/19/14	2015 Electronic Health Record System Payment Adjustment Letter	12/29/14	9024
R1446OTN	12/05/14	IDR Shared Systems Daily Claims Feeds Expansion to Accommodate Medical Review Data Elements	01/05/15	8823
R1445OTN	12/05/14	Rescind and Replace of CR 8409: Reclassification of Certain Durable Medical Equipment from the Inexpensive and Routinely Purchased Payment Category to the Capped Rental Payment Category	04/07/14	8566
R1444OTN	11/06/14	Analysis and Design to Automate Adjustments That Are Completed In The Common Working File (CWF) When Inpatient (INP) Or Skilled Nursing Facility (SNF) Claims Are Processed Out Of Sequence	04/06/15	8934

R1441OTN	11/06/14	Implementation Instructions for the A/B and DME Medicare Administrative Contractors (MACs) and their Designated Shared Systems to Send the Correct Cost Avoided Indicator and Special Project Type to the Common Working File (CWF) To Ensure Correct Savings is Applied Both to the Medicare Secondary Payer (MSP) Savings Report and the Originating Contractor	04/06/15	8762
R1440OTN	11/06/14	Health Insurance Portability and Accountability Act (HIPAA) EDI Front End Updates for April 2015	04/06/15	8851
R1438OTN	11/06/14	Data Quality between the Fiscal Intermediary Shared System (FISS) and the Common Working File (CWF)	04/06/15	8931
R1437OTN	11/06/14	Data Quality Between the Multi Carrier System (MCS) and ViPS Medicare System (VMS) and the Common Working File (CWF)	04/06/15	8930
R1436OTN	11/06/14	Fee for Service Beneficiary Data Streamlining (FFS BDS) Phase II Analysis	04/06/15	8915

R1435OTN	11/06/14	New Informational Unsolicited Response (IUR) Process for Durable Medical Equipment (DME) Items Furnished during a Part A Hospital Inpatient Stay	04/06/15	8844
R1434OTN	11/06/14	Payment for G0101 and Q0091 in Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs) that Bill under the All-Inclusive Rate (AIR) System	04/06/15	8927
R1433OTN	11/06/14	Additional Instruction on the Use of Claims Adjustment Reason Codes (CARCs) and Remittance Advice Remark Codes (RARCs) with Regard to Operating Rule: 360 Compliance	04/06/15	8790
R1429OTN	10/01/14	Fee for Service Beneficiary Data Streamlining (FFS BDS) Updates to Operational Issues	01/05/15	8677
R1428OTN	09/24/14	Correction to Hospice Notice of Revocation Processing	01/05/15	8795
R1424OTN	08/22/14	IDR Shared Systems Daily Claims Feeds Expansion to Accommodate Medical Review Data Elements	01/05/15	8823

R1423OTN	08/22/14	International Classification of Diseases, 10th Revision (ICD-10) Testing - Acknowledgement Testing with Providers	09/30/14	8858
R1422OTN	08/15/14	Specific Modifiers for Distinct Procedural Services	01/05/14	8863
R1421OTN	08/15/14	Revised Modification to the Medically Unlikely Edit (MUE) Program	01/05/14	8853
R1420OTN	08/15/14	DMEPOS Competitive Bidding Program (CBP): Correction to VMS Processing of Wheelchair Accessory Claims for Round 2	01/05/15	8864
R1418OTN	08/08/14	Implement Operating Rules - Phase III ERA EFT: CORE 360 Uniform Use of Claim Adjustment Reason Codes (CARC) and Remittance Advice Remark Codes (RARC) Rule - Update from CAQH CORE - July 1, 2014 version 3.1.1	09/02/14	8711
R1414OTN	08/01/14	Health Insurance Portability and Accountability Act (HIPAA) EDI Front End Updates for January 2015	01/05/15	8753

R1413OTN	08/01/14	Medicare Remit Easy Print (MREP) Enhancement	01/05/15	8856
R1412OTN	08/01/14	Modifying FISS Part B Claims Overlap Edits related to CMS-1599-F	01/05/15	8820
R1411OTN	08/01/14	Removal of User-Controlled Effective Date to Apply Therapy Caps to Critical Access Hospital (CAH) Claims	01/05/15	8686
R1410OTN	08/01/14	Instructions for Removing Logic Involving the IUR Implemented with CR8271	01/05/15	8573
R1409OTN	08/01/14	IDR Shared Systems Daily Claims Feeds Expansion to Accommodate Ambulance Data Elements	01/05/15	8741
R1408OTN	08/01/14	Fee for Service Beneficiary Data Streamlining (FFS BDS) Updates to Operational Issues	01/05/15	8677

R1407OTN	08/01/14	Inpatient Hospital Claims and Medicare Secondary Payer (MSP) Claims with Medicare Coinsurance Days and/or Medicare Lifetime Reserve Days Occurring in the Seventh or More Calendar Years – Analysis and Design Only	01/05/15	8555
R1406OTN	08/01/14	Add Smoking Cessation Initial Session Date to the Common Working File (CWF) to Medicare Beneficiary Database (MBD) Extract File	01/05/15	8631
R1405OTN	08/01/14	Diagnosis Reporting on Home Health Claims	01/05/15	8813
R1404OTN	08/01/14	Modify the Daily Common Working File (CWF) to Medicare Beneficiary Database (MBD) File to no longer include Preventive Healthcare Common Procedure Coding System (HCPCS) Codes that have been terminated	01/05/15	8745
R1403OTN	08/01/14	Change in Applying Co-insurance and Lifetime Reserve (LTR) Amounts on Informational Only Claims with Condition Code (CC) 04	01/05/15	8704
R1401OTN	08/01/14	Fee for Service Beneficiary Data Streamlining (FFS BDS) - Phase II - Auxiliary Data	01/05/15	8681

R1399OTN	08/01/14	Federally Qualified Health Centers Prospective Payment System- Recurring File Updates	01/05/15	8854
R1397OTN	07/25/14	Consolidation of HIGLAS Organizations for a MAC - Organization Merges	07/27/14	8817
R1396OTN	07/25/14	Clarification of Remittance Advice Code Combination Reports Generated by Shared Systems	07/07/14	8616
R1395OTN	07/16/14	Implementation of a Prospective Payment System (PPS) for Federally Qualified Health Centers (FQHCs)	10/6/14	8743
R1392OTN	06/25/14	Implement Operating Rules - Phase III ERA EFT: CORE 360 Uniform Use of Claim Adjustment Reason Codes (CARC) and Remittance Advice Remark Codes (RARC) Rule - Update from CAQH CORE - June 1, 2014 version 3.1.0	09/02/14	8711
R1390OTN	06/06/14	Implementing the Re-competition Award for the Jurisdiction N (formerly Jurisdiction 9) Part A/Part B Medicare Administrative Contractor (A/B MAC) Workload	07/08/14	8759

R1388OTN	05/23/14	ICD-10 Conversion/Coding Infrastructure Revisions/ICD-9 Updates to National Coverage Determinations (NCDs)-- Maintenance CR	10/06/14	8691
R1386OTN	05/16/14	Modifying the Daily Common Working File (CWF) to Medicare Beneficiary Database (MBD) File to Include Diagnosis Codes on the Health Insurance Portability and Accountability Act Eligibility Transaction System (HETS) 270/271 Transactions	10/06/14	8456
R1385OTN	05/16/14	Additional States Requiring Payment Edits for DMEPOS Suppliers of Prosthetics and Certain Custom-Fabricated Orthotics. Update to CR 3959 and CR 8390	06/17/14	8730
R1384OTN	05/16/14	Posting the Limiting Charge after Applying the Electronic Health Record (EHR) and Physician Quality Reporting System (PQRS) Negative Adjustments	10/06/14	8667
R1383OTN	05/09/14	Implementation of a Prospective Payment System (PPS) for Federally Qualified Health Centers (FQHCs)	10/06/14	8743
R1380OTN	05/02/14	Present on Admission (POA) Indicator Editing for Maryland Waiver Hospitals	10/06/14	8709

R1379OTN	05/02/14	Anesthesiologist/Certified Registered Nurse Anesthetist (CRNA) Related Services in a Method II Critical Access Hospital (CAH)	10/06/14	8708
R1378OTN	05/02/14	Implement Operating Rules - Phase III ERA EFT: CORE 360 Uniform Use of Claim Adjustment Reason Codes (CARC) and Remittance Advice Remark Codes (RARC) Rule - Update from CAQH CORE - June 1, 2014 version 3.0.5	10/06/14	8711
R1377OTN	05/01/14	Hewlett Packard Enterprise Services, LLC (HPES) Shared Systems Maintainer (SSM) support for Medicare Administrator Contractors (MACs) testing and inquiries for the Combined Common Edits/Enhancements Module (CCEM) for Part A and Part B	10/06/14	8722
R1376OTN	05/01/14	Return Maintenance of the ANSILIST to the Durable Medical Equipment (DME) Medicare Administrative Contractors (MACs)	10/06/14	8729
R1375OTN	05/01/14	Adding New MSP Data Fields to the CWF Daily File	10/06/14	8733
R1374OTN	05/01/14	Health Insurance Portability and Accountability Act (HIPAA) EDI Front End Updates for October 2014	10/06/14	8700

R1373OTN	04/28/14	CWF Editing for Vaccines Furnished at Hospice - Correction	04/07/14	8620
R1371OTN	04/18/14	Instructions to Contractors for Implementing Section 5506 of the Affordable Care Act (ACA) - Preservation of Resident Cap Positions from Closed Teaching Hospitals – Rounds 1, 2, 3 and After	05/19/14	8633
R1370OTN	04/10/14	Implement Operating Rules - Phase III ERA EFT: CORE 360 Uniform Use of Claim Adjustment Reason Codes (CARC) and Remittance Advice Remark Codes (RARC) Rule - Update from CAQH CORE - February 1, 2014 version 3.0.4	07/07/14	8651
R1369OTN	04/10/14	Clarification of Remittance Advice Code Combination Reports Generated by Shared Systems	10/06/14	8616
R1367OTN	04/09/14	Implementation of NACHA Operating Rules for Health Care Electronic Funds Transfers (EFT)	07/07/14	8629
R1366OTN	04/08/14	Termination of the Common Working File ELGA, ELGH, HIQA, HIQH, and HUQA Part A Provider Queries	04/07/14	8248

R1365OTN	04/02/14	Reporting principal and interest amounts when refunding previously recouped money on the Remittance Advice (RA)	10/06/14	8485
R1363OTN	03/28/14	Implement Operating Rules - Phase III ERA EFT: CORE 360 Uniform Use of Claim Adjustment Reason Codes (CARC) and Remittance Advice Remark Codes (RARC) Rule - Update from CAQH CORE - February 1, 2014 version 3.0.4	06/30/14	8651
R1362OTN	03/25/14	Rescind and Replace of CR 8409: Reclassification of Certain Durable Medical Equipment from the Inexpensive and Routinely Purchased Payment Category to the Capped Rental Payment Category	04/07/14	8566
R1361OTN	03/25/14	Implementation of NACHA Operating Rules for Health Care Electronic Funds Transfers (EFT)	07/07/14	8629
R1360OTN	03/18/14	Implement Operating Rules - Phase III ERA EFT: CORE 360 Uniform Use of Claim Adjustment Reason Codes (CARC) and Remittance Advice Remark Codes (RARC) Rule - Update from CAQH CORE - October 1, 2013 version 3.0.3	05/05/14	8518
R1359OTN	03/18/14	The Coordination of Benefits Contractor (COBC) to Remove and No Longer Apply Federal Tax Information (FTI) Received through the Internal Revenue Service (IRS), Social Security Administration (SSA), Centers for Medicare and Medicaid Services (CMS) Medicare	07/07/14	8353

		Secondary Payer (MSP) Data Match Program on the Common Working File (CWF)		
R1358OTN	03/14/14	Implement Operating Rules - Phase III ERA EFT: CORE 360 Uniform Use of Claim Adjustment Reason Codes (CARC) and Remittance Advice Remark Codes (RARC) Rule - Update from CAQH CORE - October 1, 2013 version 3.0.3	04/07/14	8518
R1357OTN	03/07/14	International Classification of Diseases, 10th Revision (ICD-10) Testing with Providers through the Common Edits and Enhancements Module (CEM) and Common Electronic Data Interchange (CEDI)	03/12/14	8465
R1356OTN	03/06/14	Modifying the Daily Common Working File (CWF) to Medicare Beneficiary Database (MBD) File to Include Diagnosis Codes on the Health Insurance Portability and Accountability Act Eligibility Transaction System (HETS) 270/271 Transactions	10/06/14	8456
R1352OTN	02/21/14	International Classification of Diseases, Tenth Revision (ICD-10) Limited End to End Testing with Submitters	07/07/14	8602
R1351OTN	02/21/14	Implementation of HIPAA Standards and Operating Rules for Health Care Electronic Funds Transfers	07/07/14	8619

R1350OTN	02/21/14	Clarification of Remittance Advice Code Combination Reports Generated by Shared Systems	07/07/14	8616
R1349OTN	02/21/14	Implementation of NACHA Operating Rules for Health Care Electronic Funds Transfers (EFT)	07/07/14	8629
R1348OTN	02/21/14	Handling Bankrupt Suppliers within VMS	04/06/15	8502
R1347OTN	02/14/14	Inpatient Prospective Payment System (IPPS) Hospital Extensions per the Pathway for SGR Reform Act of 2013	04/07/14	8627
R1345OTN	02/14/14	Implementing Operating Rule (OR)-Phase III ERA Or Dual Delivery of ERA and Paper Remittance	07/07/14	8570
R1344OTN	02/07/14	Fee for Service Beneficiary Data Streamlining (FFS BDS)	07/07/14	8603

R1342OTN	02/06/14	Reporting principal and interest amounts when refunding previously recouped money on the Remittance Advice (RA)	07/07/14	8485
R1341OTN	02/06/14	Changing Fiscal Intermediary Shared System (FISS) Action on Informational Unsolicited Responses (IURs) From Canceled Claims to Adjustments	07/07/14	8554
R1340OTN	02/06/14	Health Insurance Portability and Accountability Act (HIPAA) EDI Front End Updates for July 2014	07/07/14	8571
R1339OTN	02/06/14	CWF Editing for Vaccines Furnished at Hospice - Correction	04/07/14	8620
R1337OTN	02/05/14	Encounter Data System Payer ID: Payer ID Creation for the Financial Alignment Demonstration for Medicare Medicaid Plans (MMPs)	07/07/14	8489
R1336OTN	02/05/14	Modifying the Daily Common Working File (CWF) to Medicare Beneficiary Database (MBD) File to Include Diagnosis Codes on the Health Insurance Portability and Accountability Act Eligibility Transaction System (HETS) 270/271 Transactions	07/07/14	8456

R1334OTN	01/24/14	Occurrence Span Code 72; Identification of Outpatient Time Associated with an Inpatient Hospital Admission and Inpatient Claim for Payment	02/25/14	8586
R1330OTN	12/27/13	Revised Beneficiary Liability and Messages Associated with Denials for Claims for Services Furnished to Incarcerated Beneficiaries	04/07/14	8488
R1329OTN	12/26/13	Immediate Suspension of Postpayment Patient Status Reviews of Inpatient Hospital Admissions 10/1/13-12/31/13	12/02/13	8508
R1326OTN	12/06/13	Informational Unsolicited Response (IUR) or Reject for Ambulance SNF to SNF Transfer	04/07/14	8408
R1323OTN	11/29/13	Medicare Appeals System (MAS) Level 1 Implementation	12/06/13	8354
R1322OTN	11/22/13	Merge of the Daily CMS-1522 PULSE Roll-Up Number Report Data for A/B MAC Workloads	01/27/14	8529

R1320OTN	11/22/13	Revised Beneficiary Liability and Messages Associated with Denials for Claims for Services Furnished to Incarcerated Beneficiaries	02/24/14	8488
R1318OTN	11/15/13	Use of Claim Adjustment Reason Code 23	04/07/14	8297
R1316OTN	11/15/13	Implement Operating Rules - Phase III ERA EFT: CORE 360 Uniform Use of Claim Adjustment Reason Codes (CARC) and Remittance Advice Remark Codes (RARC) Rule - Update from CAQH CORE - October 1, 2013 version 3.0.3	04/07/14	8518
R1315OTN	11/15/13	Immediate Suspension of Postpayment Patient Status Reviews of Inpatient Hospital Admissions 10/1/13-12/31/13	12/02/13	8508
R1314OTN	11/13/13	Implementation of the Award for the Jurisdiction K (JK) Part A and Part B Medicare Administrative Contractor (A/B MAC) to National Government Services	10/07/13	8303
R1313OTN	11/07/13	Termination of the Common Working File ELGA, ELGH, HIQA, HIQH, and HUQA Part A Provider Queries	04/07/14	8248

R1312OTN	11/07/13	Common Working File (CWF) and Fiscal Intermediary Standard System (FISS) Informational Unsolicited Response (IUR) or Denial of Inpatient Services Related to a Hospice Terminal Diagnosis	04/07/14	8273
R1311OTN	11/06/13	Informational Unsolicited Response (IUR) or Reject for Ambulance SNF to SNF Transfer	04/07/14	8408
R1310OTN	11/06/13	HCPCS Analysis CR for Conversion of Old HCPCS Code to New	04/07/14	8451
R1309OTN	11/06/13	FISS Claims Processing Update for Ambulance Services	04/07/14	8251
R1308OTN	11/06/13	MREP and PC Print Updates for Operating Rules Phase III 360 Rule Compliance	04/07/14	8479
R1307OTN	11/06/13	The Coordination of Benefits Contractor (COBC) to Remove and No Longer Apply Federal Tax Information (FTI) Received through the Internal Revenue Service (IRS), Social Security Administration (SSA), Centers for Medicare and Medicaid Services (CMS) Medicare Secondary Payer (MSP) Data Match Program on the Common Working	04/07/14	8353

		File (CWF)		
R1305OTN	11/06/13	Denial for Power Mobility Device (PMD) Claim from a Supplier of Durable Medical, Orthotics, Prosthetics, and Supplies (DMEPOS) When Ordered By a Non-Authorized Provider	04/07/14	8239
R1303OTN	11/01/13	International Classification of Diseases, 10th Revision (ICD-10) Testing with Providers through the Common Edits and Enhancements Module (CEM) and Common Electronic Data Interchange (CEDI)	03/03/14	8465
R1302OTN	11/01/13	Braille and Large Print Medicare Summary Notices	01/06/14	8260
R1301OTN	10/18/13	Virtual Data Center Contract (VDC) Workload Realignment	10/07/13	8449
R1299OTN	09/30/13	MCS Prepayment Review Report	10/07/13	8224

R1298OTN	09/30/13	CWF Editing for Vaccines Furnished at Hospice	10/07/13	8098
R1297OTN	09/27/13	VMS Prepayment Review Report	10/07/13	8225
R1293OTN	09/13/13	Display of ICD-10 Local Coverage Determinations (LCDs) on the Medicare Coverage Database (MCD)	04/10/13	8348
R1291OTN	08/30/13	Standardizing the standard - Operating Rules for code usage in Remittance Advice	10/07/13	8182
R1290OTN	08/27/13	MCS Prepayment Review Report	10/07/13	8224
R1288OTN	08/23/13	Health Insurance Portability and Accountability Act (HIPAA) EDI Front End Updates for January 2014	01/06/14	8345

R1286OTN	08/16/13	Handling Bankrupt Suppliers within VMS	01/06/14	8414
R1285OTN	08/16/13	Further Instruction to Use Non-Alert Remittance Advice Remark Codes (RARCs)	10/07/13	8391
R1283OTN	08/15/13	Multi Carrier System (MCS) Modifications to Liability Assignment Regarding Therapy Cap Claim Denials	08/16/13	8321
R1281OTN	08/16/13	Implement Operating Rules - Phase III ERA EFT: CORE 360 Uniform Use of Claim Adjustment Reason Codes (CARC) and Remittance Advice Remark Codes (RARC) Rule - Update from CAQH CORE	01/06/14	8365
R1280OTN	08/16/13	Ambulatory Surgical Center Quality Reporting (ASCQR) Program Payment Reduction (MIEA-TRCHA, 2006) - Implementation	01/06/14	8349
R1277OTN	08/09/13	Medicare Physician Fee Schedule Database (MPFSDB) Field Revisions for the New Purchased Diagnostic Test (PDT) Indicator and New Effective Date Field	01/06/14	8388

R1276OTN	08/09/13	Revision to the CWF Edit for Technical Component (TC) of Pathology Services Occurring on the Same Day as an Outpatient Hospital Visit	01/06/14	8399
R1274OTN	08/02/13	The Supplemental Security Income (SSI)/Medicare Beneficiary Data for Fiscal Year 2011 for Inpatient Prospective Payment System (IPPS) Hospitals, Inpatient Rehabilitation Facilities (IRFs), and Long Term Care Hospitals (LTCH)	09/03/13	8406
R1272OTN	08/02/13	CEDI Removal of 4010A1 Jobs and Processes	10/07/13	8398
R1271OTN	08/02/13	Health Insurance Portability and Accountability Act (HIPAA) EDI Front End Updates for January 2014	01/06/14	8345
R1268OTN	07/26/13	Update to Post Acute Transfer Edit 7272 to Extend Home Health Agency CMS Certification Number (CCN) Range and Add Bypass	01/06/14	8367
R1266OTN	07/26/13	Common Working File (CWF) Informational Unsolicited Response (IUR) and Reject for Hospital to Hospital Transfers	01/06/14	8231

R1264OTN	07/26/13	Addition of the End Stage Renal Disease (ESRD) Facilities Located in the Pacific Rim to the ESRD Prospective Payment System (PPS)	01/06/14	8368
R1262OTN	07/26/13	Informational Unsolicited Response (IUR) or Reject for Add-On Codes billed without respective Primary Codes	01/06/14	8271
R1261OTN	07/26/13	Fee for Service Beneficiary Data Streamlining (FFS BDS) Local Beneficiary File Analysis	01/06/14	8285
R1259OTN	07/25/13	HIPAA 5010 and D.0 2013 Annual Recertification	08/26/13	8352
R1258OTN	07/25/13	Redaction of Health Insurance Claim Numbers (HICNs) in Medicare Redetermination Notices (MRNs)	01/06/14	8268
R1257OTN	07/19/13	Medicare Appeals System (MAS) Level 1 Implementation	08/19/13	8152

R1253OTN	07/10/13	Change in Creation Date for CMS Standard Edit/Audit/Reason Code Reports	07/19/13	7846
R1252OTN	07/09/13	Standardizing the Standard - Phase I	01/06/14	7910
R1251OTN	06/27/13	Affordable Care Act (ACA) Model 4 Bundled Payments for Care Improvement - Episode of Care - Implementation Phase 3	07/01/13	8070
R1250OTN	06/25/13	Incentive Payment Related to Prior Authorization for Power Mobility Devices (PMD)	07/01/13	8056
R1248OTN	06/14/13	Multi Carrier System (MCS) Modifications to Liability Assignment Regarding Therapy Cap Claim Denials	10/07/13	8321
R1247OTN	06/10/13	Implementation of CMS Ruling 1455-R (Medicare Program; Part B Billing in Hospitals)	07/01/13	8277

R1246OTN	06/07/13	Implementation of the Award for the Jurisdiction K (JK) Part A and Part B Medicare Administrative Contractor (A/B MAC) to National Government Services	10/07/13	8303
R1245OTN	06/07/13	Implementing the Re-competition Award for the Jurisdiction L (formerly Jurisdiction 12) Part A/Part B Medicare Administrative Contractor (A/B MAC) Workload	07/01/13	8327
R1244OTN	05/31/13	Common Working File (CWF) Informational Unsolicited Response (IUR) or Reject for a new patient visit billed by the same physician or physician group within the past three years	10/07/13	8165
R1243OTN	05/31/13	Implementation of CMS Ruling 1455-R (Medicare Program; Part B Billing in Hospitals)	07/01/13	8277
R1242OTN	05/30/13	Change in Creation Date for CMS Standard Edit/Audit/Reason Code Reports	06/21/13	7846
R1240OTN	07/19/13	Affordable Care Act (ACA) Model 4 Bundled Payments for Care Improvement Episode of Care Implementation Phase Two	04/01/13	7887

R1239OTN	05/21/13	New Healthcare Common Procedure Coding System (HCPCS) Codes for Customized Durable Medical Equipment	07/01/13	8158
R1237OTN	05/17/13	Analysis and Design of VMS for implementing system changes for handling Bankrupt Suppliers	10/07/13	8310
R1236OTN	05/22/13	Standardizing the Standard - Phase I	01/06/14	7910
R1234OTN	05/10/13	MSP Claims and use of CARC 23 - Analysis and Design	10/07/13	8308
R1232OTN	05/06/13	New Healthcare Common Procedure Coding System (HCPCS) Codes for Customized Durable Medical Equipment	07/01/13	8158
R1231OTN	05/03/13	Common Working File (CWF) Informational Unsolicited Response (IUR) or Reject for a new patient visit billed by the same physician or physician group within the past three years	10/07/13	8165

R1228OTN	05/02/13	Debts Referred to Treasury through the Healthcare Integrated General Ledger Accounting System (HIGLAS)	10/07/13	8216
R1227OTN	05/02/13	Update to the Common Working File (CWF) Qualifying Stay Edit for Skilled Nursing Facility (SNF) and Swing Bed (SB) Providers	10/07/13	8210
R1225OTN	05/02/13	Reporting of Principal and Interest when returning previously recouped money - Analysis	10/07/13	8092
R1224OTN	05/03/13	Phase III ERA Enrollment Operating Rules	10/07/13	8223
R1220OTN	05/03/13	Health Insurance Portability and Accountability Act (HIPAA) EDI Front End Updates for October 2013	10/07/13	8234
R1219OTN	05/03/13	National Competitive Bidding Program (CBP): Instructions for Processing CBP Oxygen and Capped Rental Item Claims with the Start of the Round One Re-compete	10/07/13	8270

R1218OTN	05/03/13	American Recovery and Reinvestment Act of 2009 Electronic Health Record (EHR) Incentive : New Critical Access Hospital Banking Information File Transfer for Eligible Professional Payment	10/07/13	8209
R1217OTN	05/03/13	CWF Editing for Vaccines Furnished at Hospice	10/07/13	8098
R1216OTN	05/03/13	Applying Multiple Procedure Payment Reductions to Therapy Cap Amounts for Critical Access Hospital Claims	10/07/13	8278
R1215OTN	05/03/13	VMS Prepayment Review Report	10/07/13	8225
R1214OTN	05/03/13	Medicare System Update to Include Line Level National Provider Identifier (NPI) Sanction Editing on Critical Access Hospital (CAH) Method II Outpatient Claims	10/07/13	8170
R1213OTN	05/03/13	Updating the Shared Systems and Common Working File (CWF) to no Longer Create Veteran Affairs (VA) "I" records in the Medicare Secondary Payer (MSP) Auxiliary File	10/07/13	8198

R1212OTN	05/03/13	MCS Prepayment Review Report	10/07/13	8224
R1211OTN	05/03/13	Modification to Change Request (CR)7254	10/07/13	8280
R1210OTN	04/19/13	Implementing the Re-competition Award for the Jurisdiction C Durable Medical Equipment (DME) Medicare Administrative Contractor (MAC) Workload	05/01/13	8235
R1209OTN	04/11/13	Recovery of Annual Wellness Visit (AWV) Overpayments	07/01/13	8153
R1208OTN	04/11/13	Use of Q6 Modifier for Locum Tenens by Providing Performing Provider NPT "FOR ANALYSIS ONLY"	04/01/13	8124
R1207OTN	04/12/13	Direct Mailing to Referral Agents about the DMEPOS Competitive Bidding Program Round 2 and National Mail-Order for Diabetic Testing Supplies	05/13/13	8262

R1205OTN	04/04/13	Incentive Payment Related to Prior Authorization for Power Mobility Devices (PMD)	07/01/13	8056
R1203OTN	03/22/13	CMS Administrator's Ruling: Part A to Part B Rebilling of Denied Hospital Inpatient Claims	07/01/13	8185
R1202OTN	03/22/13	Transition to New Centers for Medicare and Medicaid Services (CMS) Identity Mark	04/22/13	8113
R1201OTN	03/22/13	Implementation of the Award for Jurisdiction E Part A/Part B Medicare Administrative Contractor (JE A/B MAC)	07/01/13	8226
R1200OTN	03/21/13	The Supplemental Security Income (SSI)/Medicare Beneficiary Data for Fiscal Year 2010 for Inpatient Prospective Payment System (IPPS) Hospitals, Inpatient Rehabilitation Facilities (IRFs), and Long Term Care Hospitals (LTCHs)	12/03/12	8078
R1199OTN	03/15/13	International Classification of Diseases (ICD)-10 Conversion from ICD-9 and Related Code Infrastructure of the Medicare Shared Systems as They Relate to CMS National Coverage Determinations (NCDs)	07/01/13	8197

R1197OTN	03/15/13	Implementation of the Award for Jurisdiction 6 Part A/Part B Medicare Administrative Contractor (J6 A/B MAC)	07/01/13	8227
R1196OTN	03/08/13	Outpatient Therapy Functional Reporting Non-Compliance Alerts	04/01/13	8166
R1195OTN	03/01/13	Inpatient Prospective Payment System (IPPS) Hospital Extensions per the American Taxpayer Relief Act of 2012	04/01/13	8214
R1194OTN	02/22/13	Multiple Procedure Payment Reduction (MPPR) for Selected Therapy Services	04/01/13	8206
R1193OTN	02/15/13	Standardizing the Standard - Phase I	10/07/13	7910
R1192OTN	02/15/13	The Inclusion of Veterans Administration (VA) Skilled Nursing Facility (SNF) claims to the VA Medicare Remittance Advice (eMRA) Process- Implementation	07/01/13	8089

R1191OTN	02/15/13	ICD-10 CR--Updates to National Coverage Determination/Local Coverage Determination (NCD/LCD) Processing in the VMS Shared System	10/07/13	8207
R1190OTN	02/15/13	Recovery of Annual Wellness Visit (AWV) Overpayments	07/01/13	8153
R1189OTN	02/15/13	Bundled Payments for Care Improvement Model 4 - HI and SMI Payment Attribution and Outlier Payments	07/01/13	8196
R1187OTN	02/08/13	Standardizing the standard - Operating Rules for code usage in Remittance Advice	07/01/13	8182
R1186OTN	02/08/13	FISS Prepayment Review Report	07/01/13	8175
R1184OTN	02/08/13	Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) National Competitive Bidding (NCB): Using the "KY" Modifier to Bill for Accessories for Non-NCB Wheelchair Base Units	07/01/13	8181

R1183OTN	02/08/13	Revision to CWF and VMS: Reject or Informational Unsolicited Response (IUR) Edit for Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) Provided During an Inpatient Stay	07/01/13	8172
R1182OTN	02/08/13	Incentive Payment Related to Prior Authorization for Power Mobility Devices (PMD)	07/01/13	8056
R1176OTN	02/01/13	Health Insurance Portability and Accountability Act (HIPAA) EDI Front End Updates for July 2013	07/01/13	8177
R1174OTN	02/01/13	Changes to the Laboratory National Coverage Determination (NCD) Software for ICD-10	07/01/13	8202
R1173OTN	02/01/13	Durable Medical Equipment, Prosthetics, Orthotics, and Supplies Competitive Bidding Program: Correction to the Medicare Summary Notice Message for PEN Items Furnished to Traveling Beneficiaries	07/01/13	8189
R1171OTN	01/31/13	Instructions to Contractors for Implementing Section 5506 of the Affordable Care Act (ACA)- Preservation of Resident Cap Positions from Closed Teaching Hospitals - Round 1 and Round 2 Only	03/04/13	7746

R1170OTN	01/31/13	Common Working File (CWF) Informational Unsolicited Response (IUR) or Reject for place of service billed by physician office and either ambulatory surgical center or inpatient hospital, for the same beneficiary, same date of service, and same procedure, based on sequence received of the Part B claim	07/01/13	7892
R1169OTN	01/31/13	Modification of Payment Window Edit in the Common Working File (CWF) to Modify Diagnostic Service List	07/01/13	8046
R1167OTN	01/31/13	Correction to Common Working File (CWF) A/B Crossover Edit 7272 for Transfer to Home for Home Health Services	07/01/13	8139
R1165OTN	01/18/13	International Classification of Diseases (ICD)-10 Conversion from ICD-9 and Related Code Infrastructure of the Medicare Shared Systems as They Relate to CMS National Coverage Determinations (NCDs)	04/01/13	8109
R1164OTN	01/18/13	Implementation of New and Revised Medicare Summary Notice (MSN) Messages and Discontinuation of Obsolete MSN Messages	02/18/13	8106
R1163OTN	01/18/13	Medicare Remit Easy Print (MREP) Enhancement	04/01/13	8149

R1162OTN	01/04/13	International Classification of Diseases (ICD)-10 Conversion from ICD-9 and Related Code Infrastructure of the Medicare Shared Systems as They Relate to CMS National Coverage Determinations (NCDs)	04/01/13	8109
R1161OTN	12/28/12	Implementation of New and Revised Medicare Summary Notice (MSN) Messages and Discontinuation of Obsolete MSN Messages	02/18/13	8106
R1160OTN	12/21/12	Quarterly Update for the Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) Competitive Bidding Program (CBP) - April 2013	04/01/13	8144
R1159OTN	12/21/12	New Healthcare Common Procedure Coding System (HCPCS) Codes for Replacement Accessories and Supplies for External Ventricular Assist Devices or Any Ventricular Assist Device (VAD) for Which Payment Was Not Made Under Medicare Part A	04/01/13	7888
R1158OTN	12/18/12	Use of Q6 Modifier for Locum Tenens by Providing the Substitute Physician's Unique Identifier	04/01/13	8124
R1157OTN	12/14/12	Standardizing the Standard - Phase I	01/07/13	7910

R1156OTN	12/13/12	Addition of New Common Working File (CWF) Medicare Secondary Payer (MSP) Utilization Edit Codes for CWF to Send the Shared Systems When the Diagnosis Code on the Claim is Considered a Match with the Family of DX Codes in CWF for Non-Group Health Plan (NGHP) MSP Claims	10/01/12	7605
R1155OTN	07/19/13	Affordable Care Act (ACA) Model 4 Bundled Payments for Care Improvement - Episode of Care - Implementation Phase 3	07/01/13	8070
R1152OTN	11/16/12	New Screens and Processes for ICD-9/ICD-10, ICD-10/ICD-9 Diagnosis and Procedure Codes Conversions for Medicare Secondary (MSP) Claims Using the General Equivalence Mappings (GEMS) 2013 Table in CWF	04/01/13	8034
R1151OTN	11/16/12	Use of Q6 Modifier for Locum Tenens by Providing Performing Provider NPI - Analysis only CR	04/01/13	8124
R1149OTN	11/06/12	Multiple Procedure Payment Reduction (MPPR) on the Technical Component (TC) of Diagnostic Cardiovascular and Ophthalmology Procedures	01/07/13	7848
R1148OTN	11/02/12	Fee for Service Beneficiary Data Streamlining (FFS BDS)	04/01/13	8091

R1147OTN	11/02/12	Implementation of the Revised Health Insurance Claim Form CMS-1500 (02/12) (Analysis Only)	04/01/13	8015
R1145OTN	11/02/12	Health Insurance Portability and Accountability Act (HIPAA) EDI Front End Updates for April 2013	04/01/13	8073
R1144OTN	11/02/12	MCS/TACs System Edits	04/01/13	8053
R1142OTN	11/02/12	Editing for Duplicate Payment of Nonphysician Outpatient Services Provided During an Inpatient Hospital Admission	04/01/13	7849
R1141OTN	11/02/12	The Supplemental Security Income (SSI)/Medicare Beneficiary Data for Fiscal Year 2010 for Inpatient Prospective Payment System (IPPS) Hospitals, Inpatient Rehabilitation Facilities (IRFs), and Long Term Care Hospitals (LTCHs)	12/03/12	8078
R1140OTN	11/02/12	Termination of the Common Working File ELGB Provider Query	04/01/13	8086

R1139OTN	11/01/12	Durable Medical Equipment (DME) National Competitive Bidding (NCB): National Mail Order (NMO) Program Implementation for Diabetic Supplies	04/01/13	8080
R1138OTN	11/01/12	Adding Bankruptcy Status Field to the Recovery Audit Contractor Daily and Weekly Reports	04/01/13	8083
R1137OTN	11/01/12	PWK System Modifications for Processing Days	04/01/13	8014
R1136OTN	11/01/12	National Correct Coding Initiative (NCCI) Associated Modifier Changes (Additions)	01/07/13	8111
R1134OTN	11/01/12	New Informational Unsolicited Response (IUR) Process to Identify Previously Paid Claims for Services Furnished to Incarcerated Medicare Beneficiaries	04/01/13	8007
R1133OTN	11/01/12	New Informational Unsolicited Response (IUR) Process to Identify Previously Paid Claims for Services Furnished to Medicare Beneficiaries Classified as "Unlawfully Present" in the United States	04/01/13	8009

R1130OTN	10/26/12	Implementation of the Redesigned MSN	04/01/13	8081
R1129OTN	10/12/12	Elimination of the Fiscal Intermediary Shared System (FISS) Off Quarter User Releases	01/07/13	8022
R1128OTN	10/05/12	Recompiling of Application Data Structure Descriptors	10/26/12	8099
R1124OTN	09/25/12	Manual Medical Review of Therapy Services	10/01/12	8036
R1122OTN	09/14/12	International Classification of Diseases (ICD)-10 Conversion from ICD-9 and Related Code Infrastructure of the Medicare Shared Systems as They Relate to CMS National Coverage Determinations (NCDs) (CR 1 of 3) (ICD-10)	01/07/13	7818
R1119OTN	09/14/12	Implementation of the Award for the Jurisdiction 5 Part A and Part B Medicare Administrative Contractor (J5 A/B MAC) Recurment Including a New Workload Number for the Remaining WPS Legacy Workload	10/22/12	8059

R1117OTN	08/31/12	Manual Medical Review of Therapy Services	10/01/12	8036
R1116OTN	08/24/12	Standardizing the Standard - Phase I	01/07/13	7910
R1115OTN	08/24/12	Implement Fraud Prevention Predictive Modeling Prepayment Edits for Shared Systems (xref CR7787)	01/07/13	7861
R1114OTN	08/17/12	New Field Established within FISS and MCS	01/17/13	8012
R1112OTN	08/10/12	Health Insurance Portability and Accountability Act (HIPAA) 5010 837 Institutional (837I) Edits and 5010 837 Professional (837P) Edits January 2013	01/07/13	7880
R1111OTN	08/06/12	Expand Place of Service Address to Include Full Address	04/01/13	7786

R1110OTN	08/03/12	Revision of Medicare Summary Notice (MSN) for Non-Competitive Bid Claims	07/02/12	7729
R1108OTN	08/03/12	Fee For Service Common Eligibility Services (FFS CES) - Common Working File (CWF) Detail Analysis, Design and Requirements	01/07/13	7895
R1107OTN	08/03/12	The Medicare Secondary Payer Payment Module (MSPPAY) to be Maintained by the Shared System Maintainers for all Future Enhancements	01/07/13	7826
R1104OTN	08/02/12	Application of the Multiple Procedure Payment Reduction (MPPR) on the Professional Component (PC) and Technical Component (TC) of Certain Diagnostic Imaging Procedures to Physicians in the Same Group Practice	01/07/13	7747
R1103OTN	08/01/12	Health Insurance Portability and Accountability Act (HIPAA) 5010 and D.0 Execution of the Annual Recertification Program	09/04/12	7904
R1102OTN	08/01/12	Direction to Modify Institutional Reason Code 39012	01/07/13	7832

R1101OTN	07/19/12	Reporting of Recoupment for Overpayment on the Remittance Advice (RA) with Patient Control Number	01/03/12	7499
R1100OTN	06/28/12	Fiscal Intermediary Shared System (FISS) System Enhancement for Including Line Level Rendering Physicians/Practitioners National Provider Identifier (NPI) and Name Information in the Comprehensive Error Rate Testing (CERT) Resolution Record	10/01/12	7807
R1099OTN	06/28/12	Reporting of Recoupment for Overpayment on the Remittance Advice (RA) with Patient Control Number	01/03/12	7499
R1098OTN	06/22/12	Addition of New Common Working File (CWF) Medicare Secondary Payer (MSP) Utilization Edit Codes for CWF to Send the Shared Systems When the Diagnosis Code on the Claim is Considered a Match with the Family of DX Codes in CWF for Non-Group Health Plan (NGHP) MSP Claims	10/01/12	7605
R1097OTN	06/15/12	Change in Creation Date for CMS Standard Edit/Audit/Reason Code Reports	10/15/12	7846

R1095OTN	06/07/12	Enhancements to the Recovery Audit Mass Adjustment/Reporting Process in the ViPS Medicare System (VMS)	07/02/12	7603
R1093OTN	05/23/12	Automated Tracking and Reporting of Recovery Audit-Associated Re-openings and Appeals	04/02/12	7604
R1091OTN	05/16/12	Enhancements to the Recovery Audit Mass Adjustment/Reporting Process in the Fiscal Intermediary Shared System (FISS)	04/02/12	7601
R1089OTN	05/11/12	Implement Fraud Prevention Predictive Modeling Prepayment Edits	10/01/12	7787
R1088OTN	05/10/12	Reporting of Recoupment for Overpayment on the Remittance Advice (RA) with Patient Control Number	01/03/12	7499
R1087OTN	05/04/12	Expand Place of Service Address to Include Full Address	10/1/12	7786

R1085OTN	05/02/12	Establish an Automated Process between ViPS Medicare System (VMS) and the Provider Enrollment Chain and Ownership System (PECOS) to Post Payment Suspension Alert Codes and Related Data to All Four Durable Medical Equipment Medicare Administrator Contractors (DME MAC) Jurisdictions	10/01/12	7424
R1084OTN	04/26/12	Common Edits and Enhancements Module (CEM) and Receipt, Control, and Balancing Updates – October 2012	10/01/12	7811
R1083OTN	04/27/12	Temporary Direction to Accommodate Organ Donor Complications Billing on 837I Claims	10/01/12	7816
R1082OTN	04/27/12	FISS update for Clinical Laboratory Fee Schedule upload to include Kansas Payment Locality Structure	10/01/12	7815
R1079OTN	04/27/12	New Occurrence Code to Report Date of Death	10/01/12	7792

R1077OTN	04/26/12	Update to the Fiscal Intermediary Shared Systems (FISS) Outpatient Provider Specific File (OPSF) for Children's Hospitals	10/01/12	7798
R1076OTN	04/26/12	Health Insurance Portability and Accountability (HIPAA) 5010/D.0 Fixes - October 2012	10/01/12	7769
R1075OTN	05/18/12	Medicare Fee-for-Service (FFS) Editing and Flat File Utility	10/1/12	7823
R1073OTN	04/26/12	American Recovery and Reinvestment Act of 2009 Electronic Health Record (EHR) Incentive Program: Financial Information File Transfer Modifications for Eligible Hospitals	10/01/12	7776
R1072OTN	04/26/12	Fiscal Intermediary Shared System (FISS) System Enhancement for Including Line Level Rendering Physicians/Practitioners National Provider Identifier (NPI) and Name Information in the Comprehensive Error Rate Testing (CERT) Resolution Record	10/01/12	7807
R1071OTN	04/26/12	Expansion of the Laboratory National Coverage Determination (NCD) Edit Software	10/01/12	7808

R1070OTN	04/26/12	Request to Require Hours for Research and Conference Calls with Maintainers, MACs, and EDCs and Additional Requirements for IDR Shared Systems	10/01/12	7756
R1067OTN	04/26/12	Fee for Service Common Eligibility Services Conference Calls and Research	10/01/12	7800
R1066OTN	04/27/12	Implementation of the HIPAA Version 5010 276/277 Claim Status Edits October 2012 Release	10/01/12	7804
R1065OTN	04/26/12	Addition of New Common Working File (CWF) Medicare Secondary Payer (MSP) Utilization Edit Codes for CWF to Send the Shared Systems When the Diagnosis Code on the Claim Is Considered a Match with the Family of DX Codes in CWF for Non-Group Health Plan (NGHP) MSP Claims	10/01/12	7605
R1064OTN	04/26/12	Health Insurance Portability and Accountability Act (HIPAA) 5010 837 Institutional (837I) Edits and 5010 837 Professional (837P) Edits - October 2012	10/01/12	7817
R1062OTN	04/06/12	Health Insurance Portability and Accountability Act (HIPAA) 5010 and D.0 Annual Re-Certification Program	05/07/12	7758

R1061OTN	03/30/12	Implementation of the Award for the Jurisdiction 8 Part A and Part B Medicare Administrative Contractor (J8 A/B MAC) including New Workload Numbers for Indiana and Michigan	07/02/12	7752
R1060OTN	04/13/12	Implementation of the Award for the Jurisdiction H Part A and Part B Medicare Administrative Contractor (JH A/B MAC) Including New Workload Numbers for Arkansas, Colorado, Louisiana, Mississippi, New Mexico, Oklahoma, and Texas as well as for the J4 WPS Legacy Part A Workload	07/02/12	7812
R1058OTN	03/14/12	Emergency March 2012 Update (MCTRJCA) to the CY 2012 Medicare Physician Fee Schedule (MPFS) Database	03/15/12	7767
R1057OTN	03/09/12	Implementation of a Correction of Initial Default Values for Medically Unlikely Edits (MUEs)	01/03/12	7418
R1056OTN	03/09/12	Revision of Medicare Summary Notice (MSN) for Non-Competitive Bid Claims	07/02/12	7729
R1055OTN	03/09/12	Medicare Fiscal Intermediaries Shared System (FISS), HealthCare Integrated General Ledger Accounting System (HIGLAS), and Change of Ownership Process Revisions for IRS Form 1099 Reporting	07/02/12	7732

R1054OTN	03/07/12	Use of Revised Remittance Advice Remark Code (RARC) N103 When Denying Services Furnished to Federally Incarcerated Beneficiaries	07/02/12	7678
R1052OTN	03/01/12	Analysis and Design of Edits to Correct Recovery Auditor Identified Improper Payments in MCS	07/02/12	7673
R1051OTN	02/29/12	Analysis of Improper Overpayments to Design Edits to Correct these Overpayments in CWF, MCS, and FISS	07/02/12	7661
R1050OTN	02/29/12	Automated Tracking and Reporting of Recovery Audit-Associated Reopenings and Appeals	04/02/12	7604
R1049OTN	02/24/12	Implement Fraud Prevention Predictive Modeling Prepayment Edits - Analysis and Design Only	07/02/12	7669

R1047OTN	02/17/12	Enhancements to the Recovery Audit Mass Adjustment/Reporting Process in the ViPS Medicare System (VMS)	07/02/12	7603
R1046OTN	02/17/12	Fiscal Intermediary Shared System (FISS) and Common Working File (CWF) System Enhancement for Storing Line Level Rendering Physicians/Practitioners National Provider Identifier (NPI) and Physician Specialty Code Information	07/02/12	7578
R1043OTN	03/01/12	Delayed Work from CR 7589: Request to Require Hours for Research and Conference Calls with Maintainers, MACs, and EDCs and Additional Requirements for IDR Shared Systems	07/02/12	7662
R1042OTN	02/03/12	Creation of New Indicator for Use on the Ambulatory Surgical Centers (ASCs) Payment Indicator File for Reporting Quality Measures	04/02/12	7472
R1040OTN	02/03/12	Interaction of Multiple Procedure Payment Reduction (MPPR) on Imaging Procedures and the Outpatient Prospective Payment System (OPPS) Cap on the Technical Component of Imaging Procedures	07/02/12	7703
R1039OTN	02/3/12	International Classification of Diseases-10 th Edition (ICD-10), Inclusion of Type of Bill (TOB) 33X, Home Health, Outpatient (includes HHA visits under a Part A Plan of treatment)	07/02/12	7704

R1038OTN	01/27/12	Updates to Editing of Patient Discharge Status Codes on Hospice Claims	07/02/12	7690
R1037OTN	01/27/12	Health Insurance Portability and Accountability (HIPAA) 5010/D.0 Fixes - July 2012	07/02/12	7664
R1033OTN	01/27/12	Analysis of Improper Overpayments to Design Edits to Correct these Overpayments in CWF, MCS, and FISS	07/2/12	7661
R1032OTN	01/26/12	Revisions to the Hospice Medicare Summary Notice (MSN)	07/02/12	7675
R1031OTN	01/26/12	Analysis and Design of Edits to Correct Recovery Auditor Identified Improper Payments in MCS	07/02/12	7673
R1030OTN	01/26/12	Health Insurance Portability and Accountability Act (HIPAA) 5010 837 Institutional (837I) Edits and 5010 837 Professional (837P) Edits – July 2012 Version	07/02/12	7719

R1029OTN	01/26/12	Delayed Work from CR 7589: Request to Require Hours for Research and Conference Calls with Maintainers, MACs, and EDCs and Additional Requirements for IDR Shared Systems	07/02/12	7662
R1028OTN	01/27/12	Contractor Instructions to Implement International Classification of Diseases-10th Revision (ICD-10) Plans	04/01/13	7592
R1027OTN	01/26/12	New Occurrence Span Code to Report Antepartum Days	07/02/12	7716
R1026OTN	01/26/12	Implementation of the HIPAA Version 5010 276/277 Claim Status Edits July 2012 Release	07/02/12	7582
R1025OTN	01/26/12	Enterprise Electronic Change Information Management Portal (ECHIMP)	07/02/12	7643
R1024OTN	01/26/12	Common Edits and Enhancements Modules (CEM) Code Set Update	07/02/12	7665

R1023OTN	01/26/12	Common Edits and Enhancements Module (CEM) and Receipt, Control, and Balancing Updates - July 2012	07/02/12	7713
R1022OTN	01/26/12	Fee for Service Common Eligibility Services Conference Calls and Research	07/02/12	7712
R1021OTN	01/26/12	Automated Tracking and Reporting of Recovery Audit-Associated Reopenings and Appeals	04/02/12	7604
R1019OTN	01/25/12	Update to the Fiscal Year (FY) 2012 List of Codes Exempt from Reporting Present on Admission (POA)	07/02/12	7680
R1016OTN	01/25/12	Direct Mailing to Medicare Providers About the 2012 Electronic Prescribing Payment	02/27/12	7730
R1015OTN	01/20/12	Emergency Update to the CY 2012 Medicare Physician Fee Schedule Database (MPFSDB)	01/26/12	7737

R1014OTN	01/06/12	Instructions to Teaching Hospitals for Reporting the Internal Revenue Service (IRS) Refund of Medical Resident FICA Taxes	02/06/12	7685
R1013OTN	01/06/12	Contractor Instructions to Implement International Classification of Diseases-10th Revision (ICD-10) Plans	04/01/13	7592
R1012OTN	01/06/12	Use of Revised Remittance Advice Remark Code (RARC) N103 When Denying Services Furnished to Federally Incarcerated Beneficiaries	07/02/12	7678