

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Medicare & Medicaid Services



MLN Matters® Number: MM9753

Related Change Request (CR) #: CR 9753

Related CR Release Date: April 28, 2017

Effective Date: October 1, 2017

Related CR Transmittal #: R1832OTN

Implementation Date: October 2, 2017

Update FISS Editing to Include the Admitting Diagnosis Code Field

Provider Types Affected

This MLN Matters® Article is intended for providers submitting claims to Medicare Administrative Contractors (MACs) for services to Medicare beneficiaries.

Provider Action Needed

Change Request (CR) 9753 informs MACs about changes to system edits by the maintainer of Medicare's Fiscal Intermediary Shared System (FISS). Make sure that your billing staffs are aware of these changes.

Background

In prior system updates, Medicare required FISS to review diagnosis fields. CR9753 updates various system edits to look at the admitting diagnosis field. FISS editing is now being updated to ensure that all of the National Coverage Determination (NCD) edits within Reason Code ranges 3xxxx and 59xxx that are tied to the diagnosis code fields (other than the primary diagnosis field) include the admitting diagnosis field for Inpatient claims on Types of Bill (TOB) 011x, 012x, 018x, 021x, and 022x.

Additional Information

The official instruction, CR9753, issued to your MAC regarding this change is available at <https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/2017Downloads/R1832OTN.pdf>.

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If you have any questions, please contact your MAC at their toll-free number. That number is available at <https://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/Review-Contractor-Directory-Interactive-Map/>.

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