CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 11345	Date: April 7, 2022
	Change Request 12640

SUBJECT: Instruction to the Multi-Carrier System Maintainer to Remove Edits 055D and 179D from the H99RBEA1 and H99RBEA2 Reports

I. SUMMARY OF CHANGES: This change request is being issued to the Multi Carrier-System (MCS) to remove edits 055D and 179D from the CMS reports H99RBEA1 and H99RBEA2.

EFFECTIVE DATE: October 1, 2022 *Unless otherwise specified, the effective date is the date of service. **IMPLEMENTATION DATE: October 3, 2022**

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated) R=REVISED, N=NEW, D=DELETED-*Only One Per Row.*

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE	
N/A	N/A	

III. FUNDING:

For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

IV. ATTACHMENTS:

One Time Notification

Attachment - One-Time Notification

Pub. 100-20	Transmittal: 11345	Date: April 7, 2022	Change Request: 12640

SUBJECT: Instruction to the Multi-Carrier System Maintainer to Remove Edits 055D and 179D from the H99RBEA1 and H99RBEA2 Reports

EFFECTIVE DATE: October 1, 2022

*Unless otherwise specified, the effective date is the date of service. IMPLEMENTATION DATE: October 3, 2022

I. GENERAL INFORMATION

A. Background: The Centers for Medicare & Medicaid Services (CMS) through the issuance of this Change Request (CR) is instructing the Multi-Carrier System (MCS) to remove the edits 055D and 179D from the Medicare Part B Edit/Audit Status Report, All Edits/Audits and Medicare Part B Edit/Audit Status Report Compliant and Non-Compliant Edits/Audits. System logic no longer exists for these two edits.

The MCS through sustainability work, performed under MCS Change Request (CR) 65717 and implemented with the July 2021 release, removed the system code for the 055D and the edit was made obsolete. The MCS maintained table H99THCEA, which controls the CMS edit/audit standard setting on the H99RBEA1 and H99RBEA2 report, was updated to a CMS standard setting of INACTIVE under Problem 67721. The 055D is not INACTIVE; it is obsolete and shall be removed from the reports.

The MCS, also through sustainability work performed under MCS CR 65736 and implemented with the October 2021 release, removed the system code for the 179D. The edit was made obsolete and the CMS standard setting of this edit was updated to be INACTIVE on the H99RBEA1 and H99RBEA2 reports. The 179D is not INACTIVE; it is obsolete and shall be removed from the reports.

B. Policy: This change request does not contain any policy updates.

II. BUSINESS REQUIREMENTS TABLE

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

Number	Requirement	Responsibility								
			A/B	;	D		Sha	red-		Other
		ľ	MAG	С	Μ	I System				
			E		Е	Maintainers			ers	
		Α	В	Η		F	Μ	V	С	
				Η	Μ	Ι	С	Μ	W	
				Η	A	S	S	S	F	
					С	S				
12640.1	The MCS shall remove edit 055D from the						Х			
	H99RBEA1 and H99RBEA2 reports.									
12640.2	The MCS shall remove 179D from the H99RBEA1						Х			
	and H99RBEA2 reports.									

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
			A/B		D	С
		1	MAG	2	Μ	E
					Е	D
		Α	В	Н		Ι
				Н	Μ	
				Н	Α	
					С	
	None					

IV. SUPPORTING INFORMATION

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

"Should" denotes a recommendation.

X-Ref	Recommendations or other supporting information:
Requirement	
Number	

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

V. CONTACTS

Pre-Implementation Contact(s): Cathleen Gurreri, 443-934-2913 or cathleen.gurreri@cms.hhs.gov

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR).

VI. FUNDING

Section A: For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

ATTACHMENTS: 0