CMS Manual System	Department of Health & Human Services (DHHS)				
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)				
Transmittal 11522	Date: July 28, 2022				
	Change Request 12787				

SUBJECT: Remove Hard Coded Logic for Edits 004H and 005H - Remove the Edits from Displaying on the H99RBEA1 and H99RBEA2 Reports

I. SUMMARY OF CHANGES: The purpose of this change request is to remove the code associated with hard coded edits 004H and 005H from the Multi-Carrier System (MCS).

EFFECTIVE DATE: January 1, 2023

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

IMPLEMENTATION DATE: January 3, 2023

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: 11522 | Date: July 28, 2022 | Change Request: 12787

SUBJECT: Remove Hard Coded Logic for Edits 004H and 005H - Remove the Edits from Displaying on the H99RBEA1 and H99RBEA2 Reports

EFFECTIVE DATE: January 1, 2023

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IMPLEMENTATION DATE: January 3, 2023

I. GENERAL INFORMATION

- **A. Background:** Through the issuance of this Change Request (CR), the Centers for Medicare & Medicaid Services (CMS) is instructing the Multi-Carrier System (MCS) to remove the code associated with the edits 004H and 005H. The edits 004H and 005H shall be removed 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, otherwise known as the H99RBEA1 and H99RBEA2 reports.
- **B.** Policy: This CR 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 MA(A/B AC		•				Other
		A	В	H H H	E M A	F I S	aint M C S	- 1	С	
12787.1	The MCS shall remove the code for edit 004H from the system and the edit shall no longer display on the H99RBEA1 and H99RBEA2 reports.					S	X			
12787.2	The MCS shall remove the code for 005H from the system and the edit shall no longer display on the H99RBEA1 and H99RBEA2 reports.						X			

III. PROVIDER EDUCATION TABLE

Number	Requirement	R	Responsibility			
			A/B	;	D	С
			MA	\mathbb{C}	M	Е
					Е	D
		A	В	Н		I
				Н	M	
				Н	A	
					\mathbf{C}	

Number	Requirement	Re	spoi	nsib	ility	
			A/B		D	С
		l	MAC	\mathcal{C}	M	E
					E	D
		A	В	Н		I
				Н	M	
				Н	A	
					C	
	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