

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 12163	Date: July 27, 2023
	Change Request 13249

SUBJECT: Fiscal Intermediary Shared System (FISS) - Correct CMS Standard on Reason Code File

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to correct the CMS Standard for Medicare Administrative Contractor (MAC) established hooks and some National Coverage Determination (NCD) reason codes assigned to deny Common Working file (CWF) utilization edits.

EFFECTIVE DATE: January 1, 2024

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

IMPLEMENTATION DATE: January 2, 2024

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

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I. GENERAL INFORMATION

A. Background: FISS is doing in-depth analysis of the FISS Reason Code file to identify errors in the value of the CMS Standard. FISS identified that Medicare Administrative Contractor (MAC) established hook reason codes should be allowed to set the CMS Standard to Local (L). Additionally, FISS established 59CXX reason codes to properly deny Common Working File (CWF) edits associated with National Coverage Determination policy. The 59CXX reason codes should have the CMS Standard set to Active (A) but some currently are set-up as CWF (C).

This CR will modify the FISS online parameter file to allow the MACs to set the CMS Standard for hook reason codes. FISS will also reset the CMS Standard to Active for all 59CXX reason codes currently set as CWF.

B. Policy: There is no policy impact.

II. BUSINESS REQUIREMENTS TABLE

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

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
13249.1	FISS shall modify the online parameter file, PRMRSNCD, to allow the CMS STD to be set to L for hook reason codes.					X				
13249.2	FISS shall set the CMS STD to A for 59CXX reason codes where the current value is equal to C.					X				

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			DME MAC	CEDI
		A	B	HHH		
	None					

IV. SUPPORTING INFORMATION

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

"Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:

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

V. CONTACTS

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

VI. FUNDING

Section A: For Medicare Administrative Contractors (MACs):

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ATTACHMENTS: 0