

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 12539	Date: March 12, 2024
	Change Request 13370

Transmittal 12340 issued November 02, 2023, is being rescinded and replaced by Transmittal 12539, dated March 12, 2024, to update business requirements 13370.7, 13370.8 and 13370.9. All other information remains the same.

SUBJECT: Implementation to Expand Monetary Amount Fields Related to Billing and Payment to Accommodate 10-Digits in Length (\$99,999,999.99) - Phase 3

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to identify and expand monetary amount fields relative to billing and payment within the Fiscal Intermediary Shared System (FISS) to accommodate 10-digits in length (\$99,999,999.99).

EFFECTIVE DATE: April 1, 2024 - FISS, MCS and CWF Implementation; July 1, 2024 - CWF Changes to HICR under BR 13370.7 and FISS Changes under BR 13370.8 and 13370.9

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

IMPLEMENTATION DATE: April 1, 2024 - FISS, MCS and CWF Implementation; July 1, 2024 - CWF Changes to HICR under BR 13370.7 and FISS Changes under BR 13370.8 and 13370.9

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: 12539	Date: March 12, 2024	Change Request: 13370
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I. GENERAL INFORMATION

A. Background: The purpose of this Change Request (CR) is for the Centers for Medicare & Medicaid Services (CMS) to request the Fiscal Intermediary Shared System (FISS) to implement system screen display expansion, which will allow the monetary amount fields related to billing and payment to display a 10-digit dollar amount (\$99,999,999.99). With the increase of Part B procedures/treatments exceeding the \$999,999.99 limitation, CMS is implementing the expansion of display screens for monetary amount fields related to billing and payment within FISS to accept and process up to 10-digits (\$99,999,999.99). With this CR, CMS is requesting that the claim record screens include the necessary monetary amount fields that would be required to be expanded to 10-digits to effectively process and pay all claims with monetary amounts up to and including 10-digits in length.

This change would allow Medicare Administrative Contractors (MACs) to display in claims processing screens for Part A and Part B claims with monetary amounts up to and including 10-digits in length (\$99,999,999.99).

B. Policy: This has no change in policy.

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	
13370.1	Contractors shall expand Medical Policy Parameters Entry screens (1 of 3) (MAP1182), to display monetary amount fields to 10-digits, as the copybooks currently retain, to effectively display all claim fields with monetary amounts up to and including 10-digits in length.					X				

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
13370.2	Contractors shall expand Hook Selection Inquiry screens (3 of 6) (MAP1A73), to display monetary amount fields to 10-digits, as the copybooks currently retain, to effectively display all claim fields with monetary amounts up to and including 10-digits in length.					X				
13370.3	Contractors shall expand the REIMB-AMT field, VALUE-AMTV field, FIN-CHGS field, and FIN-NONCOV-CHGS field to be redefined as 11-digit field (S9(9)V99). This change should be made for all the modules which pass this value to CWF, this value shall be sent on Inpatient claims. (CABEHUIN). NOTE: The BDS copybook CABEBDSA will have the VALUE-AMTV field expanded. NOTE: The ACO copybook HACCEXTR will have the AIPBP-REDUCED-AMOUNT and REIMB-AMOUNT fields expanded.					X			X	FPS
13370.4	Contractors shall expand the REIMB-AMT field, PROV-DIST field, PAT-DIST field, VALUE-AMTV field, FIN-CHGS field, and FIN-NONCOV-CHGS field to be redefined as 11-digit field (S9(9)V99). This change should be made for all the modules which pass this value to CWF, this value shall be sent on outpatient claims. (CABEHUON). NOTE: The BDS copybook CABEBDSA will have the VALUE-AMTV field expanded.					X			X	FPS

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	NOTE: The ACO copybook HACCEXTR will have the AIPBP-REDUCED-AMOUNT and REIMB-AMOUNT fields expanded.									
13370.5	The Contractor shall expand fields on HIMR for Inpatient claim history (INPH) and for outpatient claim history (OUTH) mentioned in BR.3 and BR.4. NOTE: The HIMR changes will also affect Hospice claim history (HOSH) and Home Health claim history (HHAH).						X		X	
13370.5.1	The Contractor shall implement Expert Claims Processing System (ECPS) updates to allow access of the updated HIMR screens for ECPS processing.					X				
13370.6	Downstream System Contractors shall accept claim level and line level monetary amount expansion with a value of PIC S9(09)V99 from CWF.								X	CVM, NCH
13370.7	The Contractor shall modify HICR transactions (HCBR, HCHA, HCHS HCOH) for the expansion to the TOT-CHGS field for inpatient, outpatient, hospice, and Home Health claims history.								X	
13370.8	Contractors shall expand the Standard Paper Remittance (SPR) to display monetary amount fields to 11-digits, as the copybooks currently retain, to effectively display all claim fields with monetary amounts up to and including 11-digits in length. Note: Negative PC Print testing will be conducted to ensure the					X				

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	SPR monetary amount expanded fields are compatible with PC Print.									
13370.9	Contractors shall expand the Medicare Summary Notice (MSN) to display monetary amount fields to 11-digits, as the copybooks currently retain, to effectively display all claim fields with monetary amounts up to and including 11-digits in length.					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

Pre-Implementation Contact(s): Yvonne Young, 410-786-1886 or yvonne.young@cms.hhs.gov

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