CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 12625	Date: May 7, 2024
	Change Request 13284

Transmittal 12549 issued March 19, 2024, is being rescinded and replaced by Transmittal 12625, dated May 7, 2024, to clarify that the decision date or PDOS should count as day 1 to calculate the expiration date by revising Business Requirements (BRs) 13284.1.1 and 13284.1.2 and to add BRs 13284.1.3, 13284.1.4 and 13284.1.5 for UTN action field values other than A (affirmed.) The new business requirements will be implemented with the July release, the CR will be modified to reflect a split release by updating the effective and implementation dates. All other information remains the same.

SUBJECT: Fiscal Intermediary Shared System (FISS) User Enhancement Change Request (UECR) - Expiration of a Unique Tracking Number (UTN) on the Prior Authorization (PA) Tracking File

**I. SUMMARY OF CHANGES:** The purpose of this Change Request (CR) is to modify FISS to set the expiration date of a UTN on the Prior Authorization Detail screen.

EFFECTIVE DATE: April 1, 2024 - BRs 13284.1, 13284.1.1, 13284.1.2 and all of 13284.2; July 1, 2024 - Corrected BRs 13284.1.1, 13284.1.2 and new BRs 13284.1.3, 13284.1.4 and 13284.5

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

IMPLEMENTATION DATE: April 1, 2024 - BRs 13284.1, 13284.1.1, 13284.1.2 and all of 13284.2; July 1, 2024 - Corrected BRs 13284.1.1, 13284.1.2 and new BRs 13284.1.3, 13284.1.4 and 13284.5

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: 12625	Date: May 7, 2024	Change Request: 13284
--	-------------	--------------------	-------------------	-----------------------

Transmittal 12549 issued March 19, 2024, is being rescinded and replaced by Transmittal 12625, dated May 7, 2024, to clarify that the decision date or PDOS should count as day 1 to calculate the expiration date by revising Business Requirements (BRs) 13284.1.1 and 13284.1.2 and to add BRs 13284.1.3, 13284.1.4 and 13284.1.5 for UTN action field values other than A (affirmed.) The new business requirements will be implemented with the July release, the CR will be modified to reflect a split release by updating the effective and implementation dates. All other information remains the same.

SUBJECT: Fiscal Intermediary Shared System (FISS) User Enhancement Change Request (UECR) - Expiration of a Unique Tracking Number (UTN) on the Prior Authorization (PA) Tracking File

EFFECTIVE DATE: April 1, 2024 - BRs 13284.1, 13284.1.1, 13284.1.2 and all of 13284.2; July 1, 2024 - Corrected BRs 13284.1.1, 13284.1.2 and new BRs 13284.1.3, 13284.1.4 and 13284.5 \*Unless otherwise specified, the effective date is the date of service.

IMPLEMENTATION DATE: April 1, 2024 - BRs 13284.1, 13284.1.1, 13284.1.2 and all of 13284.2; July 1, 2024 - Corrected BRs 13284.1.1, 13284.1.2 and new BRs 13284.1.3, 13284.1.4 and 13284.5

#### I. GENERAL INFORMATION

**A. Background:** When a PA authorization is approved, the UTN assigned can only be used within a specific time frame. The Med Rev Ct field on the Program file contains the number of calendar days the UTN should be valid after the decision date. FISS doesn't automatically set the expiration date on the Prior Authorization Detail screen, where the UTN is stored, which can result in providers using an expired UTN. Currently, MACs manually update the expiration date.

This UECR will also formally implement the directions previously provided by a technical direction letter that instructs the MACs to set the medical review units on the PA program file for certain outpatient (OPD) services.

This UECR will modify FISS to calculate the UTN expiration date when a decision is received and add the date to the Prior Authorization Detail screen. This enhancement will reduce MAC manual effort and prevent errors by automating the expiration for UTNs.

**B. Policy:** This is a technical change to automate a manual function. 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	Share	Other			
		A	В	ННН		FISS	MCS	VMS	CWF	
					MAC					
13284.1	FISS shall set the expiration date of a UTN on the Prior Authorization Detail record.					X				
13284.1.1	FISS shall calculate the UTN expiration date as the DEC DT from the PA Detail Record					X				

Number	Requirement	Responsibility								
		Α	A/B MAC DME Shared-System Ma				m Main	tainers	Other	
		A	В	ННН	MAC	FISS	MCS	VMS	CWF	
	(MAP1CB3) plus the maximum number of days allowed to provide the service(s) represented in the MED REV CT field on the PA Program file record (MAP1CA1) when the MED REV CT is greater than 0. DEC DT shall be considered as day 1 for the calculation.									
13284.1.2	FISS shall calculate the UTN expiration date using the PA Detail Record (MAP1CB3) projected date of service (PDOS) instead of the DEC DT, when the PDOS is populated. The expiration date of the UTN shall equal the PDOS plus the number in the MED REV CT in the PA Program file (MAP1CA1). PDOS shall be considered as day 1 for the calculation.					X				
13284.1.3	FISS shall calculate an EXP DT when all of the lines on MAP1CB3 contain either A (Affirmed), M (Modified), N (Non-affirm), or I (Incomplete) field values in the Action field.					X				
13284.1.4	FISS shall not calculate an EXP DT when any of the lines on MAP1CB3 have a P (Pending) field value or a blank decision field.					X				
13284.1.5	FISS shall use the most recent DEC DT, regardless of whether the Action field contains an A, M, N or I, when PDOS is not populated and the DEC DT is used.					X				
13284.2	Contractors shall enter the appropriate unit amount on the UTN for Outpatient Department Healthcare Common Procedure Coding	X								

Number	Requirement	Re	spoi	nsibility	7					
		A/B MAC		DME	Other					
		A	В	ННН		FISS	MCS	VMS	CWF	
					MAC					
	System (HCPCS) codes where the PA approval includes a limitation on the number of units allowed. The units shall be stored on the PA Detail record (MAP1CB3) in the MED REV CT field.									
13284.2.1	Contractors shall enter "999" in the in the MED REV CT field for specific OPD services, as instructed by CMS.  Note: Details regarding the specific OPD services will be provided via separate instructions.	X								

# III. PROVIDER EDUCATION TABLE

Number	Requirement	Re	spoi	nsibility	7	
			A	B	DME	CEDI
			MA			
					MAC	
		A	В	ННН		
	None					

# IV. SUPPORTING INFORMATION

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

<sup>&</sup>quot;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

 $\label{eq:contact} \textbf{Pre-Implementation Contact(s):} \ Rita \ Hazlip, Rita. Hazlip@cms.hhs.gov \ , Kay \ Curry, Kay. Curry@cms.hhs.gov \ \\$ 

**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**