

<b>CMS Manual System</b>	<b>Department of Health &amp; Human Services (DHHS)</b>
<b>Pub 100-20 One-Time Notification</b>	<b>Centers for Medicare &amp; Medicaid Services (CMS)</b>
<b>Transmittal 13176</b>	<b>Date: April 29, 2025</b>
	<b>Change Request 13924</b>

**Transmittal 13083 issued March 13, 2025, is being rescinded and replaced by Transmittal 13176, dated April 29, 2025, to revise the effective and implementation dates, Background section and to remove business requirements 13924.3 through 13924.3.2, which were related to the July 2025 Release. All other information remains the same.**

**SUBJECT: Rejections in the Medicare Adjudication Portal (MAP)**

**I. SUMMARY OF CHANGES:** The purpose of this Change Request (CR) is to add functionality to MAP to allow MACs to indicate a claim should be rejected (not denied).

**EFFECTIVE DATE: April 1, 2025**

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

**IMPLEMENTATION DATE: April 7, 2025**

*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/revise 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.

<b>R/N/D</b>	<b>CHAPTER / SECTION / SUBSECTION / TITLE</b>
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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**EFFECTIVE DATE: April 1, 2025**

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**IMPLEMENTATION DATE: April 7, 2025**

**I. SUMMARY OF CHANGES:** The purpose of this Change Request (CR) is to add functionality to MAP to allow MACs to indicate a claim should be rejected (not denied).

**II. GENERAL INFORMATION**

**A. Background:** This CR is to allow MACs the ability to Return to Provider (RTP) a claim in MAP. Contractors shall update MAP to enable the MACs to indicate a line should be rejected. For April, claim splitting logic does not yet exist in MAP, so the system will require the MAC to reject the entire claim back to the provider. The appropriate messages will be included in the remittance advice for the provider to indicate the claim was rejected.

**B. Policy:** No updates to policy or regulations.

**III. 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	
13924.1	Contractor shall update MAP to allow MACs to indicate a claim line or lines shall be rejected.									Dental - MAP
13924.2	For the April Release, the contractor shall reject the entire claim and require all claim lines to be marked as rejected if the MAC marks any one line as rejected (full claim rejections).									Dental - MAP

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
13924.2.1	For the April Release, the contractor shall not allow any of the other lines on the claim to process as a denial, approved to pay, or update any other claims processing functions such as deductibles etc.									Dental - MAP
13924.2.2	With the implementation of the April Release, MACs shall use the reject claims functionality when appropriate to reject the entire claim.  Note: Until the implementation of the split claims logic, MACs shall continue to use the work around to deny multi-line claims when some claim lines should be rejected, and other claim lines should be processed.		X							
13924.3	This requirement has been deleted.									Dental - MAP
13924.3.1	This requirement has been deleted.		X							
13924.3.2	This requirement has been deleted.		X							Dental - MAP
13924.4	Contractor shall not include the rejected claims in duplicate checking logic.									Dental - MAP
13924.5	Contractor shall not display the rejected claims in claims history with other processed claims.									Dental - MAP
13924.6	Contractor shall ensure the appropriate rejection messages to the provider are generated.		X							Dental - MAP

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
13924.7	MACs shall participate in the Dental System/MAC Weekly Sync Calls to provide feedback on demonstrations of the system updates.		X							Dental - MAP
13924.8	The MACs shall test this functionality in MAP from end to end during the specified quarterly releases.		X							

**IV. PROVIDER EDUCATION**

None

**Impacted Contractors:** None

**V. 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

**VI. CONTACTS**

**Pre-Implementation Contact(s):** Stacey Ndelle, 410-786-8208 or Stacey.Ndelle@cms.hhs.gov

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

**VII. FUNDING**

**Section A: For Medicare Administrative Contractors (MACs):**

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**ATTACHMENTS: 0**