

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 13205	Date: May 2, 2025
	Change Request 14029

SUBJECT: Fiscal Intermediary Shared System (FISS) User Enhancement Change Request (UECR) - Allow Override for Reason Code 37221

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to modify the FISS reason code file to give the Medicare Administrative Contractors (MACs) the capability to override reason code 37221 on claim page 9. The MACs currently follow workaround instructions that require them to disable reason code 37221, release the claims and turn the reason code back on. This change request (CR) will eliminate the manual intervention required to finalize claims when reason code 37221 assigns incorrectly.

EFFECTIVE DATE: October 1, 2025

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

IMPLEMENTATION DATE: October 6, 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/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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II. GENERAL INFORMATION

A. Background: CR 12020 was implemented in July 2023 to prevent contractor-initiated adjustments (Types of Bills other than 327 and 32Q) with no covered visits from going to the Home Health (HH) Pricer. If there are no covered visits, the adjustments are sending zero days to the HH Pricer. This triggers the receipt of HH Pricer return code 15 and sets reason code 37221, which the MAC cannot resolve.

MACs are seeing Type of Bill 327 hitting 37221. For example, a 327 submitted by the provider for payment after their original claim was rejected. This 327 was reviewed and the rejection was upheld. Therefore, the adjustment had no covered visits, sent zero days to the HH Pricer and received 37221. This reason code cannot be resolved by the MACs, it is manually turned off and back on so the claim(s) can be released.

MACs are requesting reason code 37221 be made overridable to facilitate the processing of Types of Bills 327 and 32Q when necessary. This UECR will eliminate the need for manual intervention by the MACs.

B. Policy: There is no policy impact.

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	
14029.1	FISS shall modify the reason code file to make 37221 overridable.					X				
14029.2	Contractors shall update the Operator Control file, as needed, to authorize specific users to override reason code			X						

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	37221.									

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

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