CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 13888	**Date: July 29, 2026**
	Change Request 14480

Transmittal 13798 issued May 28, 2026, is being rescinded and replaced by Transmittal 13888, dated July 29, 2026, to revise business requirement 14480.3 to include directions for incomplete records, MCS will only send the Decision Reason Codes to CWF. All other information remains the same.

SUBJECT: Send 'Reason for Denial' Value in Prior Authorization Data to the Integrated Data Repository (IDR)

I. SUMMARY OF CHANGES: The purpose of this Change Request is to instruct the Common Working File (CWF) to include the Program Review Reason Code (eMDR) for non-affirmed prior authorization requests in the prior authorization data provided to the IDR. Currently, the Beneficiary Fast Healthcare Interoperability Resources (FHIR) Data (BFD) server ingests prior authorization health data from IDR, but the Program Review Reason Code field is not present in the data received. Contractor reviewers are required to submit this field when denying prior authorization requests.

BFD is planning to surface prior authorization data to its downstream Application Programming Interfaces (APIs), including Beneficiary Claims Data API (BCDA), Blue Button API, AB2D, and Data at the Point of Care (DPC), and including the "Reason for Denial" code (Program Review Reason Code (eMDR) and Service Review Decision Reason Codes (X12)) is a requirement for that effort. Without it, the prior authorization data BFD delivers would be incomplete, reducing its clinical and operational value for the beneficiaries and stakeholders those APIs serve. We are requesting that CWF update the data feed to IDR to include the Program Review Reason Code (eMDR) and Service Review Decision Reason Codes (X12) for non-affirmed prior authorization requests so that BFD can surface this information through its FHIR compliant data pipeline.

EFFECTIVE DATE: October 1, 2026
**Unless otherwise specified, the effective date is the date of service.*
IMPLEMENTATION DATE: October 5, 2026

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: 13888	Date: July 29, 2026	Change Request: 14480

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II. GENERAL INFORMATION

A. Background: A data feed exists between the CWF and the IDR. Prior authorization data is submitted to Medicare Administrative Contractors (MACs), where it is assigned a Unique Transaction Number (UTN) and then processed and cleared through the CWF. The IDR receives a daily extract of this prior authorization information from the CWF, making it the source from which the BFD ingests this data for downstream use.

B. Policy: N/A

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	
14480.1	CWF shall add the "reason for denial" (Program Review Reason Code (eMDR) and Service Review Decision Reason Codes (X12) value to IDRC_EDP_PRD.CMS_EDP_VIEW_CVM_ PRAU_PRD.PRAUC to ensure the prior authorization data extract provided to BFD server via the IDR is complete and accurate.								X	CVM, IDR
14480.2	CWF shall expand the HUPA transaction and the PRAU auxiliary record in HIMR to include Program Review Reason Code (eMDR) and Service Review Decision Codes (x12) for non-affirmed Prior Authorization decisions.								X	
14480.3	FISS, MCS, and VMS shall pass the Program Review Reason Codes (eMDR) and Service Review Decision Reason Codes (X12) for non-affirmed Prior Authorization decisions through to CWF. MCS shall only send the Decision Reason Codes for Incomplete (I) records to CWF.					X	X	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): Jessica Rangel, 210-627-1773 or jessica.rangel@cms.hhs.gov (BFD Product Manager) , Yadira Sanchez, yadira.sanchez@cms.hhs.gov

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

VII. FUNDING

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ATTACHMENTS: 0