

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 13996	Date: October 8, 2026
	Change Request 14605

SUBJECT: Home Health Reason Code 19963 Edit – Notice of Admission Not Found

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to ensure home health claims submitted with dates of service within 24 months of the admission date but received after 24 months of the admission date are not returned in error due to Notice of Admission records being purged from the Fiscal Intermediary Shared System.

EFFECTIVE DATE: April 1, 2027

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

IMPLEMENTATION DATE: April 5, 2027

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: During the processing of a Home Health (HH) prospective payment system claim (Type of Bill (TOB) 032x), the Medicare Administrative Contractors identified issues with claims related to reason code 19963. Claims submitted with a From date and Through date that fall within 24 months of the Admission date but received after 24 months of the Admission date cannot process because the Notice of Admission (NOA) records are being purged from the Fiscal Intermediary System (FISS).

This Change Request (CR) will ensure that home health claims submitted with dates of service within 24 months of the Admission date but received after 24 months of the Admission date are not returned in error due to NOA records being purged from the FISS.

B. Policy: This CR contains no new policy.

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	
14605.1	The contractor shall accept the claim and send the claim Admission date to the HH Pricer in the RECEIPT DATE field, on HH claims where: • a corresponding NOA cannot be found and • the claim From date and the claim Through date are within 24 months of the Admission date and					X				

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	the claim is received after 24 months of the Admission date *Note: the business requirement implemented in CR 13684 still stands. This CR implements additional instructions to address the recently reported issue with claims related to reason code 19963.									

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:
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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