CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 2401	**Date: November 22, 2019**
	Change Request 11458

SUBJECT: Fiscal Intermediary Shared System (FISS) Reason Code Reports to Show Status for Active Reason Codes

I. SUMMARY OF CHANGES: This Change Request (CR) will modify the FISS 747/748 Reports that are submitted to CMS Quarterly to include the status from the reason code file when the reason code is Active. The updated report will provide visibility as to how each Medicare Administrative Contractor is handling each reason code when it is assigned. Valid reason code file status codes are Return to Provider (T), Reject (R), Deny (D), Pay (P) and spaces.

EFFECTIVE DATE: April 1, 2020
Unless otherwise specified, the effective date is the date of service.
IMPLEMENTATION DATE: April 6, 2020

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	

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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I. GENERAL INFORMATION

A. Background: FISS created two reports that provide CMS insight into the reason code file in each Medicare Administrative Contractor (MAC) region. The 747 Report displays all reason codes and provides the CMS Standard (CMS status), as well as the current and previous status for hardcopy and electronic media claims (EMC). The 748 report is a subset of the 747 report that only includes reason codes where there is a conflict between the CMS Standard and the current status for hardcopy or EMC claims.

Currently, the reports only display ACTIVE when reporting the status from the reason code file. This only confirms that the reason code will assign to claims when appropriate. FISS is designed to provide the MACs flexibility in reason code set up and they have the ability to direct what will happen when a reason code is assigned by setting the status in the reason code file. The reason code file can be used to suspend claims for manual or Expert Claims Processing System (ECPS) intervention, return the claim to provider unprocessed (RTP), reject the claim/line or deny the claim/line. Status equal to P indicates the reason code is assigned to paid claims. Spaces are also a valid value and indicate there is no status present on the reason code file. It would be beneficial for CMS to have insight into how each MAC has reason codes set up to process when the reason code is ACTIVE.

B. Policy: N/A

II. BUSINESS REQUIREMENTS TABLE

"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.

Number	Requirement	Responsibility								
		A/B MAC			D M E MAC	Shared-System Maintainers				Other
		A	B	H H H		F I S S	M C S	V M S	C W F	
11458.1	FISS shall modify the Edit/Reason Code Status Report All Edits/Reason Codes (FSSW0747) to display the status from the reason code file for all Active reason codes. The values should display as follows: ACTIVE-S - Suspend (S) ACTIVE-T - Return to Provider (T)					X				

Number	Requirement	Responsibility								
		A/B MAC			D M E MAC	Shared-System Maintainers				Other
		A	B	H H H		F I S S	M C S	V M S	C W F	
	ACTIVE-R - Reject (R) ACTIVE-D - Deny (D) ACTIVE-P - Payment (P) ACTIVE- - Space, no status set									
11458.1.1	FISS shall display the new values in the Current Hardcopy, Current EMC, Previous Hardcopy and Previous EMC fields on the 747 Report.					X				
11458.2	FISS shall modify the Edit/Reason Code Status Report Compliant and Non-Compliant Edits/Reason Codes (FSSW0748) to display the status from the reason code file for all Active reason codes. The values should display as follows: ACTIVE-S - Suspend (S) ACTIVE-T - Return to Provider (T) ACTIVE-R - Reject (R) ACTIVE-D - Deny (D) ACTIVE-P - Payment (P) ACTIVE- - Space, no status set					X				
11458.2.1	FISS shall display the new values in the Current Hardcopy, Current EMC, Previous Hardcopy and Previous EMC fields on the 748 Report.					X				

III.   PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			D M E MAC	C E D I
		A	B	H H H		
	None					

IV. 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

V. CONTACTS

Pre-Implementation Contact(s): Rita Hazlip, 904-503-8603 or Rita.Hazlip@cms.hhs.gov , Jamie Mcleod, 214-767-4409 or Jamie.Mcleod@cms.hhs.gov

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

VI. FUNDING

Section A: For Medicare Administrative Contractors (MACs):
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ATTACHMENTS: 0