CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 2412	**Date: December 31, 2019**
	Change Request 11156

Transmittal 2246, dated February 1, 2019, is being rescinded and replaced by Transmittal 2412, dated, December 31, 2019, to span the implementation to the July 2020 Release and to revise business requirements 11156.5 and 11156.6. All other information remains the same.

SUBJECT: Expand Narrative File Message Number Range Implementation

I. SUMMARY OF CHANGES: Currently, MACs have the numeric range of 000 to 999 to use for MCS messages along with alphanumeric ranges of A01-F99, H00-H99 and J00-L49. Once an MCS message code is used, the history of the message must remain on the narrative file in order to ensure that any adjustments or remit/ERA recreates will communicate the same verbiage. This makes it difficult to reuse a message number. MAC transitions that use the MCS crosswalk process use any open messages in order to create new messages to keep claim history the same. This process has further used up a large amount of our open message ranges.

Expanding the MCS message range will allow MACs to keep the history of usage for messages already in claims history while allowing for more consistent message numbers across multiple CICS regions.

EFFECTIVE DATE: July 1, 2019 - Analysis, Coding, Implementation and Negative Testing; October 1, 2019 - Analysis, Coding, Implementation and Negative Testing; January 1, 2020 - Analysis, Coding, Implementation and Negative Testing; April 1, 2020 - Coding, Negative Testing, and Implementation; July 1, 2020 - Coding, Testing, and Implementation
*Unless otherwise specified, the effective date is the date of service.
IMPLEMENTATION DATE: July 1, 2019 - Analysis, Coding, Implementation and Negative Testing; October 7, 2019 - Analysis, Coding, Implementation and Negative Testing; January 6, 2020 - Analysis, Coding, Implementation and Negative Testing; April 6, 2020 - Coding, Negative Testing, and Implementation; July 6, 2020 - Coding, Testing, and Implementation

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: Currently, MACs have the numeric range of 000 to 999 to use for MCS messages along with alphanumeric ranges of A01-F99, H00-H99 and J00-L49. Once an MCS message code is used, the history of the message must remain on the narrative file in order to ensure that any adjustments or remit/ERAs recreated will communicate the same verbiage. This makes it difficult to reuse a message number. MAC transitions that use the MCS crosswalk process use any open messages in order to create new messages to keep claim history the same, which has further used up a large amount of open message ranges.

Expanding the MCS message range will allow MACs to keep the history of usage for messages already used in claims history while allowing for more consistent message numbers across multiple CICS regions.

MCS shall redefine the internal 2-byte packed fields to 2-byte binary fields. This solution would have the least number of impacts to the MCS system as well as the users. This solution will open up all alphanumeric combinations for the message codes with the exception of alpha G, alpha I and alpha O. This will increase the number of available message codes from around 2,000 to over 35,000. Although this analysis request is to create a minimum of 500 additional message codes, the number of MCS internal file changes needed to redefine the fields is no different than opening up the full defined range of message codes.

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 M A C	Shared-System Maintainers				Other
		A	B	H H H		F I S S	M C S	V M S	C W F	
11156.1	MCS shall redefine the message number field from an internal two byte packed field to a two byte binary field.						X			
11156.2	MCS shall allow all alphanumeric combinations for the message codes with the exception of alpha G, alpha I and alpha O.						X			
11156.2.1	MCS shall reserve message codes with M, N, and P through Z in the first position only, as well as the existing MCS ranges. All other message combinations shall be available for MAC use.						X			
11156.3	MCS shall assume existing MCS and MAC message codes will remain unchanged.						X			
11156.4	MCS shall create a new pricing audit for multiple surgery cutback messages and discontinue plugging these message codes in the audit field with an E suffix.						X			
11156.4.1	MCS shall not convert history to move existing multiple surgery cutback messages from the audit field to the message field. Older claims shall continue to display the cutback message in the audit field with an E suffix.						X			
11156.5	MACs and STC shall conduct negative testing in releases 1 through 4.		X							STC
11156.6	MACs and STC shall conduct full testing in the fifth release (Implementation). NOTE: This will be the only release the expanded message numbers can be entered to test.		X							STC

III.   PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility					
		A/B MAC			D M E M A C	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): Stacey Ndelle, 410-786-8208 or Stacey.Ndelle@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