CMS Manual System	Department of Health & Human Services (DHHS)		
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)		
Transmittal 2430	Date: February 7, 2020		
	Change Request 11569		

SUBJECT: Update to the Fiscal Intermediary Shared System (FISS) Integrated Outpatient Code Editor (IOCE) Claim Return Buffer

I. SUMMARY OF CHANGES: This Change Request (CR) will implement the usage of the full array of claims processed flags in the Claim Return Buffer Table.

EFFECTIVE DATE: July 1, 2020 - Claims received on or after the effective date.

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

IMPLEMENTATION DATE: July 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	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: 2430 Date: February 7, 2020 Change Request: 11569

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I. GENERAL INFORMATION

- **A. Background:** Recently, the Centers for Medicare and Medicaid Services (CMS) implement a new Return Code field in the Claim Return Buffer Table. This Return Code field was to be populated when the Claims Processed Flag field was a "4" or "9" only. The purpose of this Change Request (CR) is to implement the full array of Claims Processed Flags in the population of the Claim Return Buffer Table.
- **B. Policy:** No new policy is being implemented.

II. BUSINESS REQUIREMENTS TABLE

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

Number	Requirement	Responsibility												
		A/B MAC								System				Other
		A	В	H H H	M A C	F I S S	M C S	V M S	_					
11569.1	The Shared System Maintainer shall map the "Claim Return Code" field when populated by the IOCE. This is populated when the "Claim Processed Flag" is a "1", "2", "3", "4", or "9". This information is already produced by the IOCE, but FISS currently only maps the "Claim Return Code" field when the "Claim Processed Flag is a "4" or "9". This change will allow the Reason Codes related to the Claim Return Code to assign when the Claim Processed Flag is 1, 2, 3, 4 or 9.					X								
11569.2	The Shared System Maintainer shall add the new field to the claim record to display the "Claim Processed Flag" and to also display in Direct Data Entry (DDE).					X				IDR				

III. PROVIDER EDUCATION TABLE

Number	Requirement	Re	Responsibility			
			A/B		D	C
		ľ	MAC	7	M	Е
					Е	D
		Α	В	Н		I
				Н	M	
				Н	A	
					C	
	None					

IV. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements: N/A

[&]quot;Should" denotes a recommendation.

X-Ref	Recommendations or other supporting information:
Requirement	
Number	

Section B: All other recommendations and supporting information: N/A

V. CONTACTS

Pre-Implementation Contact(s): Fred Rooke, fred.rooke@cms.hhs.gov , Yvonne Young, YVONNE.YOUNG@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