One-Time Notification

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R12850OTN	09/19/24	User Management in the Medicare Adjudication Portal (MAP) for 837D Dental Claims	01/06/25	13739
R12846OTN	09/12/24	Migration of the Contractor Reporting of Operational and Workload Data (CROWD) to the Centers for Medicare & Medicaid Services (CMS) Enterprise Portal	09/12/24	12742
R12819OTN	09/05/24	Update The Cloud-based Provider Specific File (PSF) with Older Missing Records	10/08/24	13741
R12818OTN	08/30/24	American Dental Association (ADA) Paper Claims in the Medicare Adjudication Portal (MAP) for 837D Dental Claims	10/7/24	13728
R12785OTN	08/13/24	Instructions for Processing Requests for SSI Realignment for Cost Reporting Periods Starting Before October 1, 2013	07/31/24	13413

R12777OTN	08/08/24	Fiscal Intermediary Shared System (FISS) - Create New Search Function to Identify Claims in the Archived Claims File	11/01/24	13745
R12776OTN	08/08/24	User Enhancement Change Request (UECR): ViPS Medicare System (VMS) - Accommodate Electrical Workers Insurance Fund (EWIF) and Indirect Payment Procedure (IPP) Providers Processing with Healthcare Integrated General Ledger Accounting System (HIGLAS)	01/06/25	13691
R12775OTN	08/08/24	User Enhancement Change Request (UECR): ViPS Medicare System (VMS) – Current Dating on User Acceptance Testing (UAT) Report Jobs	01/06/25	13657
R12770OTN	08/07/24	Updating Calendar Year (CY) 2025 Medicare Diabetes Prevention Program (MDPP) Inflation Payment Rates	01/06/25	13712
R12768OTN	08/05/24	Replacement Wheelchair Equipment When the Manufacturer Exits Wheelchair Business	07/08/24	13610

R12757OTN	08/02/24	International Classification of Diseases, 10th Revision (ICD-10) and Other Coding Revisions to National Coverage Determinations (NCDs) and Update to the Appropriate Use Criteria (AUC) Program--January 2025	01/06/25	13706
R12752OTN	07/31/24	Updates to the Recovery Audit Contractor Data Warehouse (RACDW) Suppression Upload File Format	10/07/27	13527
R12751OTN	08/02/24	Health Insurance Portability and Accountability Act (HIPAA) Electronic Data Interchange (EDI) Front End Updates for January 2025	01/06/25	13673
R12750OTN	07/31/24	Modernize the Vaccine Process and Roster Billing - Full Agile Pilot CR	04/03/23;07/03/23; 10/02/23;01/02/24; 04/01/24	12935
R12747OTN	07/26/24	Instructions for Processing Requests for SSI Realignment for Cost Reporting Periods Starting Before October 1, 2013	07/31/24	13413
R12743OTN	07/24/24	Fiscal Intermediary Shared System (FISS) User Enhancement Change Request (UECR) - Expand the Home Health Payment Totals Screens to Display 6 Years of Claims Payment Information	01/06/25	13653

R12741OTN	07/24/24	User Enhancement Change Request (UECR) - Update the Multi-Carrier System (MCS) Criteria File (CRIT) Maintenance/Criteria Location Movement Maintenance (CT/CM)	01/06/25	13630
R12735OTN	07/24/24	Revision to the Cost Report Acceptability Checklists - This CR Rescinds and Fully Replaces CR 11644.	10/01/24	13702
R12727OTN	11/06/24	All-Inclusive Rate (AIR) Add-On Payment for High-Cost Drugs Provided by Indian Health Service (IHS) and Tribal Hospitals	01/06/25	13698
R12726OTN	07/18/24	Update to the Patient-Driven Payment Model (PDPM) Claim Editing	10/07/24;01/06/25	13689
R12725OTN	07/18/24	Implementation of Common Working File (CWF) Edits to Prevent Duplicate Payments for Compression Bandaging Systems	01/06/25	13670
R12723OTN	07/18/24	Revisions to Home Health Edit Matching Claims to Notices of Admission	01/06/25	13684

R12722OTN	07/18/24	Fiscal Intermediary Shared System (FISS) - Delete Obsolete Reason Codes - Part 5	01/06/25	13680
R12720OTN	07/17/24	Fiscal Intermediary Shared System (FISS) - Delete Obsolete Reason Codes - Part 4	07/01/24	13482
R12716OTN	07/11/24	New State Codes for Arizona, California, Nevada, and Texas	07/01/24;07/26/24	13685
R12714OTN	07/11/24	Update to the Patient-Driven Payment Model (PDPM) Claim Editing	01/06/25	13689
R12703OTN	06/27/24	Fiscal Intermediary Shared System (FISS) - User Enhancement Change Request (UECR) - Create a Beneficiary Liable Reason Code for National Coverage Determination (NCD) 210.14	10/7/24	13603
R12702OTN	06/27/24	Utilization of KX Modifier Medicare Physician Fee Schedule Payment for Dental Services Inextricably Linked to Covered Medical Services	07/01/24	13649

R12701OTN	06/27/24	New State Codes for Arizona, California, Nevada, and Texas	07/01/24	13685
R12672OTN	06/06/24	Replacement Wheelchair Equipment When the Manufacturer Exits Wheelchair Business	07/08/24	13610
R12668OTN	05/31/24	User Enhancement Change Request (UECR) - Enhance the Multi-Carrier System Desktop Tool (MCSDT) to Export Tables	10/07/24	13586
R12667OTN	05/31/24	Clarification of Liability for Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) Claims Overlapping Inpatient Hospital Stays	07/01/24	13631
R12641OTN	05/16/24	Updates to the Recovery Audit Contractor Data Warehouse (RACDW) Suppression Upload File Format	10/07/24	13527
R12636OTN	05/10/24	Implement Edits on Hospice Claims	04/01/24;06/03/24	13342

R12631OTN	05/09/24	Fiscal Intermediary Shared System (FISS) - New Process to Create and Use Overridable Reason Codes	10/07/24;01/06/25	13618
R12626OTN	05/09/24	International Classification of Diseases, 10th Revision (ICD-10) and Other Coding Revisions to National Coverage Determinations (NCDs)--October 2024	06/10/24;07/01/24	13596
R12625OTN	05/07/24	Fiscal Intermediary Shared System (FISS) User Enhancement Change Request (UECR) - Expiration of a Unique Tracking Number (UTN) on the Prior Authorization (PA) Tracking File	04/01/24;07/01/24	13284
R12619OTN	05/02/24	User Enhancement Change Request (UECR) - Enhance the Multi-Carrier System Desktop Tool (MCSDT) to Export Tables	10/07/24	13586
R12618OTN	05/02/24	User Enhancement Change Request (UECR): ViPS Medicare System (VMS) - Increase the Number of Accumulation File Numbers (AFNs) That Can Be Assigned to a Procedure Code	10/7/24;01/06/25; 04/07/25	13585
R12617OTN	05/02/24	User Enhancement Change Request (UECR) - Enhance the MCS Desktop Tool (MCSDT) Table Manager and Customer Service Representative (CSR) Security Table	10/07/24	13538

R12616OTN	05/02/24	Fiscal Intermediary Shared System (FISS) - User Enhancement Change Request (UECR) - Create a Beneficiary Liable Reason Code for National Coverage Determination (NCD) 210.14	10/07/24	13603
R12588OTN	04/19/24	Fiscal Intermediary Shared System (FISS) - Delete Obsolete Reason Codes - Part 2	10/07/24	13345
R12585OTN	04/16/24	Report of Hospice Election for Part D (Response File)	05/13/24	13348
R12579OTN	04/12/24	Fiscal Intermediary Shared System (FISS) - Delete Obsolete Reason Codes - Part 4	07/01/24	13482
R12574OTN	04/11/24	Implementation of the Award for the Jurisdiction 15 (J-15) Part A and Part B Medicare Administrative Contractor (J15 A/B MAC)	05/31/24	13562
R12549OTN	03/19/24	Fiscal Intermediary Shared System (FISS) User Enhancement Change Request (UECR) - Expiration of a Unique Tracking Number (UTN) on the Prior Authorization (PA) Tracking File	04/01/24	13284

R12539OTN	03/12/24	Implementation to Expand Monetary Amount Fields Related to Billing and Payment to Accommodate 10-Digits in Length ($99,999,999.99) - Phase 3	04/01/24;07/01/24	13370
R12525OTN	03/01/24	Patient Driven Payment Model (PDPM) Corrections to Interrupted Stay Edits	04/01/24	13360
R12518OTN	02/22/24	Report of Hospice Election for Part D (Response File)	04/01/24	13348
R12513OTN	02/21/24	Change Request (CR) to Implement the Medicare Program Final Action: Treatment of Medicare Part C Days in the Calculation of a Hospital's Medicare Disproportionate Patient Percentage	03/25/24	13294
R12508OTN	02/15/24	Appropriate Use Criteria for Advanced Diagnostic Imaging Policy Update in the Calendar Year 2024 Physician Fee Schedule Final Rule	01/03/25	13485

R12506OTN	02/08/24	User Enhancement Change Request (UECR): New Multi-Carrier System (MCS) Inquiry Search Screen Using a Procedure Code to Display an Associated Edit or Audit	01/06/25	13344
R12493OTN	02/01/24	International Classification of Diseases, 10th Revision (ICD-10) and Other Coding Revisions to National Coverage Determinations (NCDs)--July 2024 Update	07/01/24	13507
R12490OTN	01/25/24	User Enhancement Change Request (UECR): ViPS Medicare System (VMS)-Update Suppression Adjustment Force Code Processing	07/01/24	12066
R12489OTN	01/25/24	User Enhancement Change Request (UECR): ViPS Medicare System (VMS) – Update Paging on Claim/Pricing Inquiry Split Screen	07/01/24	13354
R12488OTN	01/25/24	User Enhancement Change Request (UECR): ViPS Medicare System (VMS) – Update Electronic Funds Transfer (EFT) Process when a Change of Information (COI) Is Received	7/01/240	13022
R12487OTN	01/25/24	User Enhancement Change Request (UECR): ViPS Medicare System (VMS) – Creation of a New Claim Edit to Stop Creation of a Tenth Adjustment	07/01/24	12783

R12486OTN	01/25/24	User Enhancement Change Request (UECR): ViPS Medicare System (VMS) – FIND Command for SuperOp Value Set Definition Screen	07/01/24	12319
R12482OTN	01/25/24	User Enhancement Change Request (UECR): ViPS Medicare System (VMS) - Create Multi-line Add Functionality and View Only Mode to the Message File (MSSG)	07/01/24	11556
R12481OTN	01/25/24	User Enhancement Change Request (UECR): ViPS Medicare System (VMS) - Add System Auditing Function Expert (SAFE) system to Online Documentation System (OLDS) for Error Messages	07/01/24	11399
R12464OTN	01/18/24	Fiscal Intermediary Shared System (FISS) - Delete Obsolete Reason Codes - Part 4	07/01/24	13482
R12463OTN	01/18/24	Fiscal Intermediary Shared System (FISS) - Delete Obsolete Reason Codes - Part 3	07/01/24	13459
R12460OTN	01/18/24	Enforcing Billing Requirements for Intensive Outpatient Program (IOP) Services with Revenue Code 0905 for Federally Qualified Health Centers (FQHC) and Rural Health Clinics (RHC)	01/02/24	13264

R12454OTN	01/11/24	System Updates to Lump Sum Utility for Addition of Wage Index Fields	07/01/24	13456
R12450OTN	01/11/24	Updating Fiscal Intermediary Shared System (FISS) Editing for Practice Locations to Bypass Non-OPPS Provider	07/01/24	13415
R12447OTN	01/11/24	Modifications to the Automated Duplicate Primary Payer (DPP) Process	07/01/24	13450
R12444OTN	01/04/24	International Classification of Diseases, 10th Revision (ICD-10) and Other Coding Revisions to National Coverage Determinations (NCDs)--January 2024 Update	01/02/24	13278
R12441OTN	01/03/24	International Classification of Diseases, 10th Revision (ICD-10) and Other Coding Revisions to National Coverage Determinations (NCDs)--April 2024 Update--CR 1 of 2	11/21/23;04/01/24	13390
R12440OTN	01/03/24	International Classification of Diseases, 10th Revision (ICD-10) and Other Coding Revisions to National Coverage Determinations (NCDs)--April 2024 Update--CR 2 of 2	11/21/23;01/02/24; 04/01/24	13391

R12428OTN	12/21/23	Provider Education for the Review Choice Demonstration (RCD) for Inpatient Rehabilitation Facility Services (IRFs)	01/24/24	13428
R12410OTN	12/13/23	Updating Calendar Year (CY) 2024 Medicare Diabetes Prevention Program (MDPP) Payment Rates	01/2/24	13484
R12405OTN	12/13/23	Direct Mailing Notification to Hospice Providers Regarding the Value-Based Insurance Design (VBID) Model, Hospice Benefit Component, Participating Medicare Advantage Organizations	01/16/24	13462
R12397OTN	12/07/23	Payment of Codes for Chemotherapy Administration and Nonchemotherapy Injections and Infusions	12/21/23	13468
R12392OTN	12/05/23	Enforcing Billing Requirements for Intensive Outpatient Program (IOP) Services with Revenue Code 0905 for Federally Qualified Health Centers (FQHC) and Rural Health Clinics (RHC)	01/02/24	13264
R12355OTN	11/09/23	International Classification of Diseases, 10th Revision (ICD-10) and Other Coding Revisions to National Coverage Determinations (NCDs)--January 2024 Update	01/02/24	13278

R12351OTN	11/03/23	Requirements for a Provider Direct Mailing and Education & Outreach for Behavioral Health Initiatives	11/06/23	13389
R12350OTN	11/03/23	International Classification of Diseases, 10th Revision (ICD-10) and Other Coding Revisions to National Coverage Determinations (NCDs)--April 2024 Update--CR 2 of 2	11/21/23; 01/02/24; 04/01/24	13391
R12345OTN	10/31/23	Implementation of a National Fee Schedule for Medicare Part B Vaccine Administration CMS	04/03/23;01/02/24	12943
R12340OTN	11/02/23	Implementation to Expand Monetary Amount Fields Related to Billing and Payment to Accommodate 10-Digits in Length ($99,999,999.99) - Phase 3	04/01/24;07/01/24	13370
R12335OTN	10/27/23	Allowing Audiologists to Furnish Certain Diagnostic Tests Without a Physician Order	01/02/24	13279
R12334OTN	10/27/23	Remittance Advice (RA) Changes due to Durable Medical Equipment Medicare Administrative Contractors (DME MACs) Transition to Healthcare Integrated General Ledger Accounting System (HIGLAS)	01/02/24;04/01/24;07/01/24;10/07/24	13265

R12331OTN	10/26/23	Report of Hospice Election for Part D (Response File)	04/01/24	13348
R12330OTN	10/26/23	Implement Edits on Hospice Claims	04/01/24	13342
R12292OTN	10/06/23	Implementation to Expand Monetary Amount Fields Related to Billing and Payment to Accommodate 10-Digits in Length ($99,999,999.99) - Phase 2	01/02/24	13223
R12286OTN	10/05/23	Patient Driven Payment Model (PDPM) Corrections to Interrupted Stay Edits	04/01/24	13360
R12285OTN	10/05/23	Requirements for a Provider Direct Mailing and Education & Outreach for Behavioral Health Initiatives	11/06/23	13389
R12274OTN	09/27/23	Allow Users to Modify the Provider Demonstration File in the User Acceptance Testing (UAT) Environment - Full Agile Pilot CR	01/02/24	12934

R12273OTN	09/27/23	Report of Hospice Election for Part D	01/02/24	13202
R12269OTN	09/28/23	Fiscal Intermediary Shared System (FISS) - Delete Obsolete Reason Codes - Part 2	04/01/24	13345
R12251OTN	09/15/23	Revision to Implementation of Consolidated Appropriations Act (CAA) of 2023, Section 4143: Waiver of Cap on Annual Payments for Nursing and Allied Health Education Payments	03/19/23	13337
R12250OTN	09/15/23	Modernize the Vaccine Process and Roster Billing - Full Agile Pilot CR	04/03/23;07/03/23; 10/02/23;01/21/24; 04/01/24	12935
R12240OTN	09/06/23	Patient Responsibility Reporting with Medicare Secondary Payer (MSP)	10/09/23	13037
R12235OTN	09/01/23	New Medicare Provider Specialty Codes (E1 and E2) and Payment for Marriage and Family Therapists and Mental Health Counselors	10/02/23	13167

R12223OTN	08/28/23	User Enhancement Change Request (UECR): Create New System Control Facility (SCF) Data Elements for Use in the Multi-Carrier System (MCS)	01/02/24; 04/01/24	10744
R12214OTN	08/18/23	OTC COVID-19 Tests	08/14/23; 08/15/23; 08/28/23	13336
R12213OTN	08/17/23	User Enhancement Change Request (UECR) - Update the Multi-Carrier System (MCS) to Display Edit/Audit and CWF Error Code Override Information on the MCS Desktop Tool (MCSDT)	01/02/24	13137
R12212OTN	08/17/23	User Enhancement Change Request (UECR): Fiscal Intermediary Shared System (FISS) - Expand Ability to Search Through the Revenue Lines and Apply User Defined Quantity Limits to One or More Services - Full Agile Pilot	07/03/23;10/02/23; 01/02/24;04/01/24	12592
R12207OTN	08/11/23	International Classification of Diseases, 10th Revision (ICD-10) and Other Coding Revisions to National Coverage Determinations (NCDs)--October 2023 Update	08/07/23;10/02/23	13166

R12205OTN	08/11/23	Remittance Advice (RA) Changes due to Durable Medical Equipment Medicare Administrative Contractors (DME MACs) Transition to Healthcare Integrated General Ledger Accounting System (HIGLAS)	01/2/24;04/01/24; 07/01/24;01/07/24	13265
R12196OTN	08/10/23	User Enhancement Change Request (UECR): ViPS Medicare System (VMS) - Cancellation Process Phase 2	01/02/24;04/01/24	13152
R12188OTN	08/04/23	Prior Authorization (PA) Changes to Implement the Inpatient Rehabilitation Facility (IRF) Review Choice Demonstration (RCD)	10/02/23	13251
R12184OTN	08/03/23	International Classification of Diseases, 10th Revision (ICD-10) and Other Coding Revisions to National Coverage Determinations (NCDs)--January 2024 Update	01/02/24	13278
R12180OTN	08/03/23	Create Additional Location/Statuses in ViPS Medicare System (VMS) that are Excluded from Claims Processing Timeliness (CPT)	01/02/24	13268
R12179OTN	08/03/23	User Enhancement Change Request (UECR): ViPS Medicare System (VMS) - Copy Tables and Screens from User Acceptance Testing (UAT) Regions to Production - Phase 1	01/02/24	13171

R12178OTN	08/03/23	User Enhancement Change Request (UECR): ViPS Medicare System (VMS) - Include Additional Documentation Request (ADR) number on Adjustments	01/02/24	11906
R12163OTN	07/27/23	Fiscal Intermediary Shared System (FISS) - Correct CMS Standard on Reason Code File	01/02/24	13249
R12162OTN	07/27/23	Fiscal Intermediary Shared System (FISS) - Delete Obsolete Reason Codes	01/02/24	13247
R12161OTN	07/27/23	Fiscal Intermediary Shared System (FISS) - Create Utility to Update Reason Code File to Remove Deleted Codes	01/02/24	13245
R12160OTN	07/27/23	Report of Hospice Election for Part D	01/02/24	13202
R12159OTN	07/27/23	Fiscal Intermediary Shared System (FISS) User Enhancement Change Request (UECR) - Add Inquiry Access for the Holiday Update Screen	01/02/24	13100

R12158OTN	07/27/23	Fiscal Intermediary Shared System (FISS) User Enhancement Change Request (UECR) - Enhancement to the Duplicate Payment Process (DPP)	01/02/24	13097
R12155OTN	07/24/23	Implementation to Expand Monetary Amount Fields Related to Billing and Payment to Accommodate 10-Digits in Length ($99,999,999.99) - Phase 1	10/02/23	13138
R12151OTN	07/21/23	Remittance Advice (RA) Changes due to Durable Medical Equipment Medicare Administrative Contractors (DME MACs) Transition to Healthcare Integrated General Ledger Accounting System (HIGLAS)	01/02/24;04/01/24; 07/01/24;10/07/24	13265
R12146OTN	07/21/23	Patient Driven Payment Model (PDPM) Corrections to Claims Processing Edits	01/02/24	13240
R12145OTN	07/20/23	Implementation to Expand Monetary Amount Fields Related to Billing and Payment to Accommodate 10-Digits in Length ($99,999,999.99) - Phase 2	01/02/24	13223
R12144OTN	07/20/23	User Enhancement Change Request (UECR) - Update the Multi-Carrier System (MCS) to Accept Additional Payee Identification Code Qualifiers for Third Party Payee (TPP) Provider Level Balancing (PLB) Code L3	01/02/24	13170

R12143OTN	07/20/23	User Enhancement Change Request (UECR) - Update the Multi-Carrier System (MCS) to Display Edit/Audit and CWF Error Code Override Information on the MCS Desktop Tool (MCSDT)	01/02/24	13137
R12142OTN	07/20/23	User Enhancement Change Request (UECR) - Update the Multi-Carrier System (MCS) to Allow Punctuation on the Beneficiary Name, Sex, Date of Birth Update (BN Transaction)	01/02/24	12722
R12141OTN	07/20/23	User Enhancement Change Request (UECR): Update the Multi-Carrier System (MCS) to Display the Internal Control Number (ICN) on the H99RBMSD and H99RBMSI Reports	01/02/24	12660
R12140OTN	07/20/23	User Enhancement Change Request (UECR) - Update the Multi-Carrier System (MCS) Additional Documentation Request (ADR) - ADS History Screen	01/02/24	11774
R12139OTN	07/20/23	User Enhancement Change Request (UECR) - Update the Multi-Carrier System (MCS) Checks Issued to Payee Screen	01/02/24	10797
R12138OTN	07/20/23	User Enhancement Change Request (UECR) - Update the Multi-Carrier System (MCS) Primary Function Keys (PF) for the Provider Enrollment Screens	01/02/24	10752

R12137OTN	07/20/23	User Enhancement Change Request (UECR) - Update the Multi-Carrier System (MCS) to Accept Alpha Numeric Values in the Division Number (DIV) Field of the Clerk Record and Department Profile Inquiry/Update Screens	01/02/24	10749
R12136OTN	07/20/23	User Enhancement Change Request (UECR): Create New System Control Facility (SCF) Data Elements for Use in the Multi-Carrier System (MCS)	01/02/24	10744
R12135OTN	07/20/23	User Enhancement Change Request (UECR): Update the DATAIN VppYUFLU in the Multi-Carrier System (MCS) to Allow for Alphanumeric Provider Specialty Codes	01/02/24	10706
R12134OTN	07/20/23	User Enhancement Change Request (UECR): Update the Multi-Carrier System (MCS) to Display Additional Information on the Program Integrity Management Reporting (PIMR) Verification Reports	01/02/24	10681
R12129OTN	07/20/23	2022 Hospice Aggregate Cap Calculation	08/21/23	13226
R12119OTN	06/29/23	CMS Mammography Quality Standards Act (MQSA) File Reformatting	10/02/23	13132

R12118OTN	06/29/23	Addition of New Data Elements to the National Claims History (NCH) Claims Data Output	10/02/23	12945
R12114OTN	06/29/23	Modifications to the Automated Duplicate Primary Payment (DPP) Process	01/02/24	13230
R12110OTN	06/29/23	Health Insurance Portability and Accountability Act (HIPAA) Electronic Data Interchange (EDI) Front-End Updates for January 2024	01/02/24	13224
R12108OTN	06/29/23	Creation of the Medicare Fee-For-Service (FFS) Companion Guide for 837D (Dental Format)	09/01/23	13233
R12104OTN	06/29/23	Shared System Support Hours for Application Programming Interfaces (APIs) - January 2024	01/02/24	13239
R12103OTN	06/27/23	Update the Multi-Carrier System (MCS) to Reduce the Ambulatory Surgical Center (ASC) Code Pair at the Appropriate Rate	06/27/23	13163

R12095OTN	06/22/23	Allow Users to Modify the Provider Demonstration File in the User Acceptance Testing (UAT) Environment - Full Agile Pilot CR	07/25/23	12934
R12094OTN	06/22/23	Implementation of the Award for the Jurisdiction B Durable Medical Equipment Medicare Administrative Contractor (JB DME MAC)	09/01/23	13212
R12093OTN	06/22/23	Provider Education for the Review Choice Demonstration (RCD) for Inpatient Rehabilitation Facility Services (IRFs)	07/25/23	13243
R12092OTN	06/20/23	User Enhancement Change Request (UECR): Fiscal Intermediary Shared System (FISS) - Automate Inpatient/Skilled Nursing Facility Common Working File (CWF) Alerts Received on the L1001 and L1002 Reports	07/03/23	12991
R12091OTN	06/15/23	Allowing Audiologists to Furnish Certain Diagnostic Tests Without a Physician Order	07/03/23	13055

R12080OTN	06/15/23	Prior Authorization (PA) Changes to Implement the Inpatient Rehabilitation Facility (IRF) Review Choice Demonstration (RCD)	10/02/23	13251
R12071OTN	06/06/23	Addition of New Data Elements to the National Claims History (NCH) Claims Data Output	10/02/23	12945
R12066OTN	05/31/23	Fiscal Intermediary Shared System (FISS) Reason Code File Updates to Correct CMS Standard for Common Working File (CWF) Reason Codes	10/02/23	13084
R12037OTN	05/15/23	Skilled Nursing Facility (SNF) 5-Claim Probe and Educate Review	06/05/23	13164
R12022OTN	05/08/23	User Enhancement Change Request (UECR): Fiscal Intermediary Shared System (FISS) - Automate Inpatient/Skilled Nursing Facility Common Working File (CWF) Alerts Received on the L1001 and L1002 Reports	07/03/23	12991
R12019OTN	05/04/23	Healthcare Integrated General Ledger Accounting System (HIGLAS) Payment to CMSHQ – Return to Trust Fund	07/03/23	12944

R12017OTN	05/04/23	International Classification of Diseases, 10th Revision (ICD-10) and Other Coding Revisions to National Coverage Determinations (NCDs)--October 2023 Update	08/07/23;10/02/23	13166
R12011OTN	04/27/23	User Enhancement Change Request (UECR): ViPS Medicare System (VMS) – Update to Prevent Erroneous Claim Payment Outside of the Common Working File (CWF)	10/02/23	12211
R12006OTN	04/28/23	Correction to Payment Window Edits for Inpatient Prospective Payment System (IPPS)- Excluded Hospitals and IPPS-Excluded Units	10/02/23	13182
R12005OTN	04/27/23	User Enhancement Change Request (UECR): ViPS Medicare System (VMS) - Copy Tables and Screens from User Acceptance Testing (UAT) Regions to Production - Phase 2	10/02/23	13148
R12004OTN	04/27/23	Retirement of Three California Localities in the Medicare Physician Fee Schedule (MPFS), and in Enrollment Records	10/02/23	13119
R12002OTN	04/28/23	User Enhancement Change Request (UECR): Update the Multi-Carrier System (MCS) Sort Logic for the Edit/Audit/Procedure Processing Criteria Report H99RBSCC	10/02/23	13106

R12001OTN	04/27/23	Fiscal Intermediary Shared System (FISS) User Enhancement Change Request (UECR) - Modify Additional Development Request (ADR) Letters to Set Response Due Date from the Reason Code File	10/02/23	13098
R12000OTN	04/27/23	User Enhancement Change Request (UECR): ViPS Medicare System (VMS) – Create Report for Changes in Provider Transaction Access Number (PTAN) Effective Dates	10/02/23	12882
R11999OTN	04/27/23	User Enhancement Change Request (UECR): Enhance the Multi-Carrier System (MCS) Common Working File (CWF) Error Code Screen and the User File Copy Request Screen	10/02/23	10683
R11990OTN	04/21/23	Update the Multi-Carrier System (MCS) to Reduce the Ambulatory Surgical Center (ASC) Code Pair at the Appropriate Rate	10/02/23;01/02/24	13163
R11989OTN	04/21/23	Shared System Support Hours for Application Programming Interfaces (APIs) - October 2023	10/02/23	13156

R11986OTN	04/21/23	Implementation to Expand Monetary Amount Fields Related to Billing and Payment to Accommodate 10-Digits in Length ($99,999,999.99) - Phase 1	10/02/23	13138
R11985OTN	04/20/23	CMS Mammography Quality Standards Act (MQSA) File Reformatting	10/02/23	13132
R11982OTN	04/20/23	Fiscal Intermediary Shared System (FISS) Reason Code File Updates to Correct CMS Standard for Common Working File (CWF) Reason Codes	10/02/23	13084
R11979OTN	04/20/23	User Enhancement Change Request (UECR) - Update the Multi-Carrier System (MCS) Procedure Maintenance Screen to Accept Lower Case Characters	10/02/23	12810
R11977OTN	04/20/23	User Enhancement Change Request (UECR) - Update the Multi-Carrier System (MCS) to Display Pre-Care and Post-Care Global Day Fields on the MCS Desktop Tool (MCSDT)	10/02/23	12358
R11976OTN	04/20/23	User Enhancement Change Request (UECR): Correct the Multi-Carrier System (MCS) Bundled Payments for Care Improvement (BPCI) Reports	10/02/23	12304

R11975OTN	04/20/23	User Enhancement Change Request (UECR): Fiscal Intermediary Shared System (FISS) and Healthcare Integrated General Ledger Accounting System (HIGLAS) - Identification of Hospice Cap Settlement Activities	10/02/23	11621
R11974OTN	04/20/23	User Enhancement Change Request (UECR) - Update the Multi-Carrier System HBBRC06 Report	10/02/23	10743
R11973OTN	04/20/23	User Enhancement Change Request (UECR) - Update the Multi-Carrier System (MCS) Checks Issued to Payee Screen	10/02/23	10713
R11971OTN	04/20/23	Addition of New Data Elements to the National Claims History (NCH) Claims Data Output	10/02/23	12945
R11969OTN	04/20/23	ViPS Medicare System (VMS) - Increase Edit Code Maximum	10/02/23;01/02/24	13060

R11958OTN	04/20/23	User Enhancement Change Request (UECR): Update the Multi-Carrier System (MCS) Mass Adjustment Process to Include Selection Criteria for a Pricing Action Code (PAC) or Pricing Level Code	07/03/23	10718
R11954OTN	04/13/23	Implementation of a National Fee Schedule for Medicare Part B Vaccine Administration	04/03/23;01/02/24	12943
R11953OTN	04/12/23	User Enhancement Change Request (UECR): ViPS Medicare System (VMS) - Update Beneficiary Information Tracking System (BITS) Edit BT06 to allow the Response Date to be equal to the Receipt Date	07/03/23	12954
R11952OTN	04/12/23	International Classification of Diseases, 10th Revision (ICD-10) and Other Coding Revisions to National Coverage Determinations (NCDs)--July 2023 Update	03/03/23;07/03/23	13070
R11951OTN	04/13/23	Automate Maintainer Quarterly Edit Spreadsheets - Full Agile	07/03/23	13003

R11940OTN	04/04/23	User Enhancement Change Request (UECR): Update the Multi-Carrier System (MCS) to Allow a User the Ability to Control Development Letter Creation for Adjustment Claims	07/03/23	10673
R11935OTN	06/01/23	Allowing Audiologists to Furnish Certain Diagnostic Tests Without a Physician Order	07/03/23	13055
R11932OTN	03/29/23	Enhancements to Patient Driven Payment Model (PDPM) Claim Edits to Improve Claim Processing	04/03/23	12896
R11928OTN	03/27/23	User Enhancement Change Request (UECR): Update the Multi-Carrier System (MCS) Procedure Code Lookup Screen and the Procedure Maintenance Screen	04/17/23;07/03/23	10688
R11912OTN	03/16/23	Instructions Relating to the Evaluation of Section 1115 Waiver Days in the Calculation of Disproportionate Share Hospital Reimbursement	05/17/23	12669
R11904OTN	03/16/23	: Implementation of Consolidated Appropriations Act (CAA) of 2023, Section 4143: Waiver of Cap on Annual Payments for Nursing and Allied Health Education Payments	12/28/23	13122

R11899OTN	03/10/23	Upload of Notice Program Reimbursement (NPR) Letters, Interim Rate Reviews, and Tentative Settlement Documentation into the System for Tracking Audit and Reimbursement (STAR)	06/12/23	12748
R11894OTN	03/10/23	User Enhancement Change Request (UECR): ViPS Medicare System (VMS) - Update Beneficiary Information Tracking System (BITS) Edit BT06 to allow the Response Date to be equal to the Receipt Date	07/03/23	12954
R11884OTN	03/01/23	International Classification of Diseases, 10th Revision (ICD-10) and Other Coding Revisions to National Coverage Determinations (NCDs)--July 2023 Update	03/03/23;07/03/23	13070
R11879OTN	02/24/23	Enhancements to Patient Driven Payment Model (PDPM) Claim Edits to Improve Claim Processing	04/03/23	12896
R11878OTN	02/23/23	Extensions of Certain Temporary Changes to the Low-Volume Hospital Payment Adjustment and the Medicare Dependent Hospital (MDH) Program under the Inpatient Prospective Payment System (IPPS) Provided by the Further Continuing Appropriations and Extensions Act, 2023, and the Consolidated Appropriations Act, 2023	03/10/23	13103

R11869OTN	02/23/23	User Enhancement Change Request (UECR): ViPS Medicare System (VMS) – Create an Audit Record for Manual Denials on Claim Edit Audit Trail (BUDS05)	07/03/23	12265
R11864OTN	02/16/23	User Enhancement Change Request (UECR): Fiscal Intermediary Shared System (FISS) - Automate Inpatient/Skilled Nursing Facility Common Working File (CWF) Alerts Received on the L1001 and L1002 Reports	07/03/23	12991
R11862OTN	02/16/23	User Enhancement Change Request (UECR): Fiscal Intermediary Shared System (FISS) - Reason Code 10404 Assigns on Accrete Claims	07/03/23	12879
R11860OTN	02/16/23	User Enhancement Change Request (UECR): Update the Multi-Carrier System (MCS) Procedure Maintenance Screen PG Segment	07/03/23	10697
R11856OTN	02/09/23	User Enhancement Change Request (UECR): Update the Multi-Carrier System (MCS) to Allow a User the Ability to Control Development Letter Creation for Adjustment Claims	07/03/23	10673

R11855OTN	02/09/23	User Enhancement Change Request (UECR): Update the Multi-Carrier System (MCS) to Include Additional Navigational Functionality	07/03/23	10709
R11854OTN	02/09/23	User Enhancement Change Request (UECR): Update the Multi-Carrier System (MCS) Procedure Code Lookup Screen and the Procedure Maintenance Screen	07/03/23	10688
R11853OTN	02/09/23	User Enhancement Change Request (UECR) - Update the Multi-Carrier System (MCS) to Display Additional Screen Data Accessible from the Detail History and Claim Screens	07/03/23;10/02/23	10682
R11852OTN	02/09/23	User Enhancement Change Request (UECR): Update the Multi-Carrier System (MCS) Additional Documentation Request (ADR) Automated Development System (ADS) Letters	07/03/23	11300
R11847OTN	02/09/23	Healthcare Integrated General Ledger Accounting System (HIGLAS) Payment to CMSHQ – Return to Trust Fund	07/03/23	12944
R11845OTN	02/09/23	Modify the Health Insurance Claim Number (HICN)/Medicare Beneficiary's Identification (MBI) Correction Process for Fiscal Intermediary Shared System (FISS)	07/03/23	13087

R11838OTN	02/06/23	New State Codes for North Carolina and other States	04/03/23	12988
R11833OTN	02/02/23	Patient Responsibility Reporting with Medicare Secondary Payer (MSP)	07/03/23	13037
R11832OTN	02/02/23	International Classification of Diseases, 10th Revision (ICD-10) and Other Coding Revisions to National Coverage Determinations (NCDs)--July 2023 Update	03/03/23;07/03/23	13070
R11814OTN	01/26/23	Expand Bills Pending Reports Parameter (PARM) in Fiscal Intermediary Shared System (FISS)	07/03/23	13068
R11813OTN	01/26/23	Update to Change Request (CR) 12636 Payment for Critical Access Hospitals (CAHs) Ancillary Services Submitted on 12X Type of Bill (TOB) Claim	07/03/23	13035
R11812OTN	01/26/23	Shared System Support Hours for Application Programming Interfaces (APIs) - July 2023	07/03/23	12968

R11772OTN	12/29/22	Changes to Beneficiary Coinsurance for Additional Procedures Furnished During the Same Clinical Encounter As Certain Colorectal Cancer Screening Tests	10/03/22;01/03/23	12656
R11753OTN	12/21/22	Provider Education for Prior Authorization (PA) Process for Facet Joint Interventions in the Hospital Outpatient Department (OPD) Setting	02/15/23	13016
R11751OTN	12/15/22	Updating Calendar Year (CY) 2023 Medicare Diabetes Prevention Program (MDPP) Payment Rates	01/03/23	12987
R11744OTN	12/13/22	Phase two: Undeliverable Medicare Summary Notices (UMSNs) - Beneficiary Do Not Forward Process	01/03/23;04/03/23	12238
R11743OTN	12/09/22	Implementation of the Award for the National Provider Enrollment (Medicare and Medicaid) Eastern Region (NPEAST) and Western Region (NPWEST) Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) Enrollment Contractors I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to	11/07/22	12951

R11740OTN	12/09/22	Extensions of Certain Temporary Changes to the Low-Volume Hospital Payment Adjustment and the Medicare Dependent Hospital (MDH) Program under the Inpatient Prospective Payment System (IPPS) provided by the Continuing Appropriations and Ukraine Supplemental Appropriations Act, 2023	11/01/22;12/17/22	12970
R11730OTN	12/08/22	Implementation of the Award for the Jurisdiction M (J-M) Part A and Part B Medicare Administrative Contractor (JM A/B MAC)	02/01/23	12971
R11728OTN	12/02/22	Medicare Administrative Contractors (MACs) Updating Their Systems to Integrate with Call Center Post-Transaction Feedback Collection from Providers – Implementation	02/28/23	12962
R11725OTN	11/30/22	User Enhancement Change Request (UECR): Update the Multi-Carrier System (MCS) Edit/Audit/Procedure Processing Criteria Report H99RBSCC	04/03/23	12359
R11720OTN	11/23/22	MAC Use of Jira and Confluence	12/28/22	12974

R11719OTN	11/23/22	Update the Common Working File (CWF) to Apply Error Code 7282 to all Applicable Detail Lines of a Claim	04/03/23	13001
R11710OTN	11/17/22	Implementation of a National Fee Schedule for Medicare Part B Vaccine Administration CMS	04/03/23	12943
R11709OTN	11/17/22	User Enhancement Change Request (UECR): Update the Multi-Carrier System (MCS) Comment Screen	04/03/23	10693
R11698OTN	11/09/22	Modern Solution to SuperOp Claim Counter Maximum Implementation	04/03/23;07/03/23; 10/02/23	12966
R11695OTN	11/09/22	New State Codes for North Carolina	04/03/23	12988
R11689OTN	11/09/22	User Enhancement Change Request (UECR): Add the Common Working File (CWF) Disposition Code to the Multi-Carrier System (MCS) Medicare Secondary Payer (MSP) 'I' Records Detail Screens, the MCS Desk	04/03/23	12530

		Top Tool (MCSDT) and the MSP CWF Transaction Reject Report H99RB552		
R11688OTN	11/09/22	User Enhancement Change Request (UECR): Enhance the Multi-Carrier System (MCS) Detail History Screen	04/03/23	12270
R11686OTN	11/09/22	User Enhancement Change Request (UECR): ViPS Medicare System (VMS) - Reset Beneficiary and Provider Healthcare Integrated General Ledger Accounting System (HIGLAS) Flags	04/03/23	11900
R11681OTN	11/04/22	User Enhancement Change Request (UECR): Update the Multi-Carrier System (MCS) Edit/Audit/Procedure Processing Criteria Report H99RBSCC	04/03/23	12359
R11680OTN	11/04/22	User Enhancement Change Request (UECR): Update the Multi-Carrier System (MCS) to Include Additional Options for Requesting Duplicate Remittance Advices	04/03/23	10691
R11679OTN	11/04/22	User Enhancement Change Request (UECR): Enhance the Multi-Carrier System (MCS) Related Procedures Diagnosis Segments Screen	04/03/23	10670

R11676OTN	11/04/22	International Classification of Diseases, 10th Revision (ICD-10) and Other Coding Revisions to National Coverage Determinations (NCDs)--April 2023 Update	04/03/23	12960
R11667OTN	10/27/22	User Enhancement Change Request (UECR): Update the Multi-Carrier System (MCS) to Display the Current Location of a History Claim on the Related History Line and the MCS Desktop Tool (MCSDT) Related History Window	04/03/23	10665
R11660OTN	10/21/222	Extensions of Certain Temporary Changes to the Low-Volume Hospital Payment Adjustment and the Medicare Dependent Hospital (MDH) Program under the Inpatient Prospective Payment System (IPPS) provided by the Continuing Appropriations and Ukraine Supplemental Appropriations Act, 2023	11/01/22	12970
R11659OTN	10/21/22	Updates to the Common Working File (CWF) for Editing and Claims Processing to Allow Medicare Fee-For-Service (FFS) Coverage of Kidney Acquisition Costs for Medicare Advantage (MA) Beneficiaries Provided by Maryland Waiver (MW) Hospitals	07/05/22;10/03/22	12589
R11651OTN	10/20/22	Shared System Support Hours for Application Programming Interfaces (APIs) - April 2023	04/03/23	12947

R11650OTN	10/20/22	Enhancements to Patient Driven Payment Model (PDPM) Claim Edits to Improve Claim Processing	04/03/23	12896
R11649OTN	10/20/22	User Enhancement Change Request (UECR): Fiscal Intermediary Shared System (FISS) - Skilled Nursing Facility (SNF) Patient Driven Payment Model (PDPM) Reason Code 31849	04/03/23	12621
R11648OTN	10/20/22	Instructions for Durable Medical Equipment (DME) Medicare Administrative Contractors (MACs) to Print and Mail Previously Undeliverable Medicare Summary Notices (MSNs)	120 days from delivery of the final MSN files from VMS	12930
R11636OTN	10/05/22	International Classification of Diseases, 10th Revision (ICD-10) and Other Coding Revisions to National Coverage Determinations (NCDs)--January 2023 Update--2 of 2	09/06/22;01/03/23	12842
R11629OTN	10/06/22	User CR: Fiscal Intermediary Shared System (FISS) Enhancement to View All Changes for All Adjustment Types	04/03/23	12184
R11624OTN	10/04/22	Mobile Personal Identity Verification (PIV) Station	01/06/23	12863

R11623OTN	09/30/22	`Updates to the Common Working File (CWF) for Editing and Claims Processing to Allow Medicare Fee-For-Service (FFS) Coverage of Kidney Acquisition Costs for Medicare Advantage (MA) Beneficiaries Provided by Maryland Waiver (MW) Hospitals	07/05/22;10/03/22	12589
R11622OTN	09/29/22	Changes to Beneficiary Coinsurance for Additional Procedures Furnished During the Same Clinical Encounter As Certain Colorectal Cancer Screening	10/03/22;01/03/23	12656
R11585OTN	09/01/22	User Enhancement Change Request (CR) - Update the Multi-Carrier System (MCS) Desk Top Tool (MCSDT) Editing for Same Day Adjustments	01/03/23	10715
R11584OTN	08/31/22	International Classification of Diseases, 10th Revision (ICD-10) and Other Coding Revisions to National Coverage Determination (NCDs)--January 2023 Update	09/06/22;10/03/22; 01/03/23	12822
R11582OTN	09/01/22	Mobile Personal Identity Verification (PIV) Station	12/30/22	12863

R11578OTN	08/25/22	Updated Merit-based Incentive Payment System (MIPS)/MIPS Value Pathways (MVP) Healthcare Common Procedure Coding System (HCPCS) Codes	01/03/23	12694
R11569OTN	08/18/22	Medicare Summary Notice (MSN) Created with Wrong Beneficiary Data - Update Beneficiary Data Streamlining Logic	08/08/22;10/03/22	12710
R11568OTN	08/18/22	User CR: MCS - HIMR Functions Menu Additional Fields	08/08/22;10/03/22	10727
R11546OTN	08/04/22	International Classification of Diseases, 10th Revision (ICD-10) and Other Coding Revisions to National Coverage Determinations (NCDs)--January 2023 Update--2 of 2	09/06/22;01/03/23	12842
R11545OTN	08/05/22	International Classification of Diseases, 10th Revision (ICD-10) and Other Coding Revisions to National Coverage Determination (NCDs)--January 2023 Update	10/03/22;01/03/23	12822
R11539OTN	08/05/22	Implementation of the Award for the Jurisdiction N (J-N) Part A and Part B Medicare Administrative Contractor (JN A/B MAC)	09/01/22	12811

R11535OTN	08/05/22	Health Insurance Portability and Accountability Act (HIPAA) Electronic Data Interchange (EDI) Front-End Updates for January 2023	01/03/23	12784
R11533OTN	07/29/22	Implementation of the Capital Related Assets Adjustment (CRA) for the Transitional Add-on Payment Adjustment for New and Innovative Equipment and Supplies (TPNIES) Under the End Stage Renal Disease Prospective Payment System (ESRD PPS)	01/03/23	12347
R11526OTN	07/28/22	User Enhancement Change Request (CR)- Update the Model Participant Provider (M1) Screen and Model Participant Provider Report (H99RVMPP) in the Multi-Carrier System (MCS)	01/03/23	12263
R11525OTN	07/28/22	User Enhancement Change Request (CR) - Update the Multi-Carrier System (MCS) Desk Top Tool (MCSDT) Editing for Same Day Adjustments	01/03/23	10715
R11522OTN	07/28/22	Remove Hard Coded Logic for Edits 004H and 005H - Remove the Edits from Displaying on the H99RBEA1 and H99RBEA2 Reports	01/03/23	12787

R11521OTN	07/28/22	Multi-Carrier System (MCS) Removal of the Physician Pay for Reporting (P4R), Physician Quality Reporting System (PQRS) and Electronic Prescribing (ERx) Incentive Payments Financial Logic from the Claims Processing System	01/03/23	12757
R11503OTN	07/21/22	Corrections to Processing of Canceled Home Health Notices of Admission and of Period Sequence Edits	01/03/23	12790
R11492OTN	07/08/22	User CR: MCS - HIMR Functions Menu Additional Fields	10/03/22	10727
R11491OTN	07/08/22	Interns and Residents Information System (IRIS) XML Format	08/19/22	12724
R11488OTN	07/07/22	New Edit for Prospective Payment System (PPS) Outpatient and Inpatient Bill Types Receiving an Outlier Payment When a Device Credit is Reported	01/03/23	12769

R11485OTN	07/07/22	Instructions to the Fiscal Intermediary Shared System [FISS] Edit to Expand the Existing MA Bypass Reusable Solution PARMCC78 and Modify the Existing Logic to Read the New PARMs	01/03/23	12733
R11461OTN	06/21/22	National Coverage Determination (NCD) 90.2, Next Generation Sequencing (NGS)	11/23/21	12483
R11460OTN	06/17/22	International Classification of Diseases, 10th Revision (ICD-10) and Other Coding Revisions to National Coverage Determination (NCDs)--October 2022 Update	07/19/22;10/03/22	12705
R11453OTN	06/10/22	International Classification of Diseases, 10th Revision (ICD-10) and Other Coding Revisions to National Coverage Determination (NCDs)--July 2021	07/06/21	12124
R11433OTN	05/26/22	Update to Addition of Disposition Category "U" to Recovery Audit Contractor Data Warehouse (RACDW) Appeals Layout File - This CR Rescinds and Fully Replaces CR 12528.	10/03/22	12703
R11418OTN	05/19/22	Interns and Residents Information System (IRIS) XML Format	08/19/22	12724

R11416OTN	05/19/22	User Change Request (UCR): Fiscal Intermediary Shared System (FISS) - Off-line History Retrieval of Canceled Claims	10/03/22	12706
R11413OTN	05/12/22	User CR: ViPS Medicare System (VMS) - Improve Transportation within VMS Subsystems	10/03/22	11590
R11409OTN	05/12/22	User Enhancement - Update the Multi-Carrier System (MCS) to Display the Full History of a Claims' Audit Trail Location	10/03/22	12239
R11400OTN	05/04/22	International Classification of Diseases, 10th Revision (ICD-10) and Other Coding Revisions to National Coverage Determination (NCDs)--October 2022 Update	10/03/22	12705
R11391OTN	04/29/22	International Classification of Diseases, 10th Revision (ICD-10) and Other Coding Revisions to National Coverage Determinations (NCDs) -- July 2022	03/12/22;07/05/22	12606
R11390OTN	04/28/22	Implementation of the Award for the Jurisdiction K (J-K) Part A and Part B Medicare Administrative Contractor (JK A/B MAC)	05/01/22	12695

R11377OTN	04/29/22	Updating Reason Code 32287 Edit in the Fiscal Intermediary Shared System (FISS) to Allow Processing of Claims Containing COVID-19 Vaccine and Other Vaccines When Billed on the Same Claim	10/03/22	12711
R11376OTN	04/29/22	Medicare Summary Notice (MSN) Created with Wrong Beneficiary Data - Update Beneficiary Data Streamlining Logic	10/03/22	12710
R11374OTN	04/29/22	Changes to Beneficiary Coinsurance for Additional Procedures Furnished During the Same Clinical Encounter As Certain Colorectal Cancer Screening Tests	10/03/22;01/03/23	12656
R11373OTN	04/29/22	Update the Common Working File Utilization Reject 86x7 and 86x6	10/03/22	12643
R11369OTN	04/28/22	User CR: MCS - SCF Claim Field Update for Rendering Provider Number	10/03/22	12622
R11368OTN	04/29/22	User CR: ViPS Medicare System (VMS) - Allow Updates to the Submitted Medicare Beneficiary Identifier (MBI)	10/03/22	11777

R11367OTN	04/28/22	User CR: MCS - HIMR Functions Menu Additional Fields	10/03/22	10727
R11366OTN	04/28/22	Section 127 of the Consolidated Appropriations Act: Graduate Medical Education (GME) Payment for Rural Track Programs (RTPs)	10/01/22	12709
R11364OTN	04/27/22	Common Working File (CWF) Editing - National Coverage Determination (NCD) 270.3 Blood-Derived Products for Chronic, Non-Healing Wounds	07/05/22	12611
R11356OTN	04/14/22	New State Codes for California	10/03/22	12644
R11346OTN	04/07/22	Updates For Medical Severity Diagnosis Related Groups (MS-DRG) Subject to Inpatient Prospective Payment System (IPPS) Replaced Devices Offered Without Cost or With a Credit Policy- Fiscal Years (FYs) 2021-2022	10/03/22	12662
R11345OTN	04/07/22	Instruction to the Multi-Carrier System Maintainer to Remove Edits 055D and 179D from the H99RBEA1 and H99RBEA2 Reports	10/03/22	12640

R11343OTN	04/07/22	System Limitation Update for Centralized Flu Billers (CFB), Pneumococcal and Covid-19 Vaccinations	10/03/22	12673
R11342OTN	04/06/22	International Classification of Diseases, 10th Revision (ICD-10) and Other Coding Revisions to National Coverage Determinations (NCDs) -- July 2022	03/12/22;07/05/22	12606
R11340OTN	04/07/22	Updates to Current Inpatient Claim Edits	10/03/22	12647
R11339OTN	04/07/22	Payment for Critical Access Hospitals (CAHs) Ancillary Services Submitted on 12X Type of Bill (TOB) Claim	10/03/22	12636
R11337OTN	04/07/22	Electronic Transmission of Medicare Administrative Contractor Provider Enrollment Recommendations of Approval	04/15/22	12670
R11336OTN	04/07/22	Request for Read-Only Access to the CMS Shared Systems for the Comprehensive Error Rate Testing (CERT) Review Contractor (RC)	07/11/22	12646

R11333OTN	04/06/22	User Change Request (UCR): Fiscal Intermediary Shared System (FISS) - Claim Page 2 Adjustment Document Control Number (AD DCN) to Match the Claim Page 6 Cross Reference DCN (XREF DCN)	07/05/22	12497
R11331OTN	03/30/22	Phase two: Undeliverable Medicare Summary Notices (UMSNs) - Beneficiary Do Not Forward Process	04/04/22;07/05/22;01/03/23;04/03/23	12238
R11328OTN	03/31/22	Increase SuperOp Claim Counter Maximum	07/05/22	12684
R11321OTN	03/23/22	Revisions to Medicare Administrative Contractor (MAC) Standardized Monthly Status Report (MSR) Narrative Template - This CR Rescinds and Fully Replaces CR 12144.	04/22/22	12620
R11291OTN	03/10/22	Revisions to Medicare Administrative Contractor (MAC) Standardized Monthly Status Report (MSR) Narrative Template - This CR Rescinds and Fully Replaces CR 12144.	04/11/22	12620
R11290OTN	03/02/22	Correction to Processing When Osteoporosis Drugs Are Billed for Other Indications	07/05/22	12551

R11289OTN	03/08/22	User Change Request (UCR): Fiscal Intermediary Shared System (FISS) - Modify Reason Code 38205 to Include All Patient Status Codes	07/05/22	12493
R11285OTN	03/03/22	User CR: MCS - Create an Audit Trail for Updates to Multi-Carrier System (MCS) Eligible Professional (EP) Screen	07/05/22	10678
R11273OTN	02/18/22	Send Electronic Funds Transfer (EFT) Information from Provider Enrollment Chain and Ownership System (PECOS) to Fiscal Intermediary Shared System (FISS) - Implementation CR, Consolidation of January 2022 and April 2022 Releases	01/03/22;04/04/22	12346
R11270OTN	02/17/22	User CR: MCS - Add Search by Rendering National Provider Identifier (NPI) Option	07/05/22	10671
R11264OTN	02/10/22	International Classification of Diseases, 10th Revision (ICD-10) and Other Coding Revisions to National Coverage Determinations (NCDs) -- July 2022	03/12/22;07/05/22	12606

R11262OTN	02/10/22	Common Working File (CWF) Editing - National Coverage Determination (NCD) 270.3 Blood-Derived Products for Chronic, Non-Healing Wounds	07/05/22;10/03/22	12611
R11256OTN	02/09/22	Update to Skilled Nursing Facility (SNF) Patient Driven Payment Model (PDPM) Claims Containing Non-Covered days	04/04/22	12501
R11254OTN	02/04/22	Mobile Personal Identity Verification (PIV) Station	03/05/22	12601
R11252OTN	02/04/22	User CR: ViPS Medicare System (VMS) - Update Beneficiary Information Tracking System (BITS) Menu to Include a Selection Field of Electronic Submission of Medical Documentation (esMD) Transaction ID	07/05/22	12057
R11248OTN	02/04/22	Nursing and Allied Health Medicare Advantage Payment - Revision to CY 2018	08/08/22	12596
R11240OTN	01/27/22	Updates to the Common Working File (CWF) for Editing and Claims Processing to Allow Medicare Fee-For-Service (FFS) Coverage of Kidney Acquisition Costs for Medicare Advantage (MA) Beneficiaries Provided by	07/05/22;10/03/22	12589

		Maryland Waiver (MW) Hospitals		
R11238OTN	01/27/22	ViPS Medicare System (VMS) - Track Claim Counter Activity in SuperOp - Implementation of User CR 11558	07/05/22	12580
R11236OTN	01/27/22	Updating the Exempt Diagnosis Codes Present on Admission (POA) File to Accommodate Multiple Effective and Termination Dates	07/05/22	12572
R11235OTN	01/27/22	User Change Request (UCR): Fiscal Intermediary Shared System (FISS) - Modify Access to Reason Code File Update to Allow Narrative Only Updates	07/05/22	12570
R11234OTN	01/27/22	User Change Request (UCR): Fiscal Intermediary Shared System (FISS) - Medicare Secondary Payer (MSP) Reports RPT800AA and RPT800AB Updates	07/05/22	12565
R11232OTN	01/27/22	User Change Request (UCR): Fiscal Intermediary Shared System (FISS) - Claim Page 2 Adjustment Document Control Number (AD DCN) to Match the Claim Page 6 Cross Reference DCN (XREF DCN)	07/05/22	12497

R11230OTN	01/27/22	User Change Request (UCR): Fiscal Intermediary Shared System (FISS) - Modify Reason Code 38205 to Include All Patient Status Codes	07/05/22	12493
R11229OTN	01/27/22	User Change Request (UCR): Fiscal Intermediary Shared System (FISS) - Clear PRMNAPRO Screen Upon Completion of Job	07/05/22	12261
R11228OTN	01/27/22	User Change Request (UCR): Fiscal Intermediary Shared System (FISS) - MAP1I81 Online Grab Request to Include Line Numbers	07/05/22	12054
R11227OTN	01/27/22	User CR: MCS - Test UAT Future Dates Beyond the Current Year	07/05/22	11903
R11226OTN	01/27/22	User Change Request (UCR): Fiscal Intermediary Shared System (FISS) - Expert Claims Processing System (ECPS) Enhancement to Process Notice of Elections (NOEs) with Frequency B or E	07/05/22	10771
R11220OTN	01/26/22	Updating the 32287 Reason Code Edit in the Fiscal Intermediary Shared System (FISS) to Allow Processing of Claims Containing Healthcare Common Procedure Coding System (HCPCS) Code Q0249	07/05/22	12539

R11209OTN	01/14/22	Send Electronic Funds Transfer (EFT) Information from Provider Enrollment Chain and Ownership System (PECOS) to Fiscal Intermediary Shared System (FISS) - Implementation CR, Consolidation of January 2022 and April 2022 Releases	01/03/22;04/04/22	12346
R11204OTN	01/20/22	Modify Fiscal Intermediary Shared System (FISS) Existing Logic for Vaccine Administration Codes for Non-outpatient Prospective Payment System (Non-OPPS) Island Providers	02/28/22	12588
R11198OTN	01/26/22	Implementation of Medicare Administrative Contractor (MAC) Appeals Upload Process Changes for the Recovery Audit Contractor (RAC) Data Warehouse (RACDW) and Addition of Disposition Category "U" to RACDW Appeals Layout File	01/07/22	12528
R11196OTN	01/27/22	MAC Participation in Change Request (CR) Development	03/16/22	12547
R11194OTN	01/20/22	Prevent Loading of Dental HCPCS Codes in the Fiscal Intermediary Shared System	07/05/22	12535

R11192OTN	01/20/22	Updating the 32287 Reason Code Edit in the Fiscal Intermediary Shared System (FISS) to Allow Processing of Claims Containing Healthcare Common Procedure Coding System (HCPCS) Code Q0249	07/05/22	12539
R11191OTN	01/20/22	New Occurrence Span Code and Revenue Code for Acute Hospital Care at Home	07/05/22	12540
R11190OTN	01/20/22	Correction to Processing When Osteoporosis Drugs Are Billed for Other Indications	07/05/22	12551
R11185OTN	01/12/22	User CR: MCS - Enhancement to Automate the XHIC Error Process	01/03/22;04/04/22	11400
R11179OTN	01/12/22	International Classification of Diseases, 10th Revision (ICD-10) and Other Coding Revisions to National Coverage Determinations (NCDs) -- April 2022 (CR 1 of 2)	01/14/22;11/23/21;04/04/22	12480
R11178OTN	01/05/22	Skilled Nursing Facility (SNF) Claims Processing Update to Fiscal Year End (FYE) Edits	01/03/22	12457

R11175OTN	01/14/22	CY2022 Telehealth Update Medicare Physician Fee Schedule	04/04/22	12549
R11166OTN	12/21/21	Implementation of the Capital Related Assets Adjustment (CRA) for the Transitional Add-on Payment Adjustment for New and Innovative Equipment and Supplies (TPNIES) Under the End Stage Renal Disease Prospective Payment System (ESRD PPS)	01/03/22	12347
R11162OTN	12/14/21	Medicare Diabetes Prevention Program (MDPP) Service Period Change from 2 Years to 1 Year	01/03/22	12398
R11160OTN	12/16/21	Direct Mailing Notification to Hospice Providers Regarding the Hospice Benefit Component, Value-Based Insurance Design (VBID) Model, Participating Medicare Advantage Organizations (MAOs)	01/31/22	12524
R11156OTN	12/10/21	Addition of the QW modifier to Healthcare Common Procedure Coding System (HCPCS) Code 86328	01/03/22	12557
R11155OTN	12/10/21	Correct Processing of Home Health Claims if the Request for Anticipated Payment (RAP) or Notice of Admission (NOA) Was More Than 30 Days Late and Correct Identification Critical Access Hospital Sub-	04/04/22	12461

		Unit Discharges as Institutional Periods of Care		
R11144OTN	12/02/21	Implementation of Medicare Administrative Contractor (MAC) Appeals Upload Process Changes for the Recovery Audit Contractor (RAC) Data Warehouse (RACDW) and Addition of Disposition Category "U" to RACDW Appeals Layout File	01/07/22	12528
R11141OTN	11/30/21	User Change Request (UCR) - Fiscal Intermediary Shared System (FISS) - Implement New Search Functionality for Reason Codes, Expert Claims Processing System (ECPS) and Medical Policy Parameters (MPP)	04/04/22;07/05/22	12441
R11132OTN	11/19/21	Medicare Diabetes Prevention Program (MDPP) Service Period Change from 2 Years to 1 Year	01/03/22	12398
R11123OTN	11/15/21	Send Electronic Funds Transfer (EFT) Information from Provider Enrollment Chain and Ownership System (PECOS) to Fiscal Intermediary Shared System (FISS) - Implementation CR, Consolidation of January 2022 and April 2022 Releases.	01/03/22	12346

R11104OTN	11/10/21	User CR: Multi-Carrier System (MCS) - PSUP Query System Lookup	04/04/22	10889
R11103OTN	11/10/21	Clarifying Instructions for Billing and Processing and Payment of Claims Based on Locality of the Home Infusion Therapy (HIT) Service Visit	04/04/22	12508
R11101OTN	11/10/21	User CR: Multi-Carrier System (MCS) - Add Receipt Date to "AC" Segment	04/04/22	11449
R11100OTN	11/10/21	User CR: Multi-Carrier System (MCS) - Beneficiary Age Data Element	04/04/22	10716
R11110OTN	11/10/21	Phase two: Undeliverable Medicare Summary Notices (UMSNs) - Beneficiary Do Not Forward Process	04/04/22	12238
R11103OTN	11/10/21	Clarifying Instructions for Billing and Processing and Payment of Claims Based on Locality of the Home Infusion Therapy (HIT) Service Visit	04/04/22	12508

R11098OTN	11/10/21	MAC Customer Experience (MCE) Provider Enrollment Survey Link	01/13/22	12449
R11083OTN	10/29/21	International Classification of Diseases, 10th Revision (ICD-10) and Other Coding Revisions to National Coverage Determination (NCDs) -- April 2022 (CR 2 of 2 for April 2022)	12/02/21	12482
R11078OTN	10/28/21	User Change Request (UCR) - Fiscal Intermediary Shared System (FISS) - Implement New Search Functionality for Reason Codes, Expert Claims Processing System (ECPS) and Medical Policy Parameters (MPP)	04/04/22	12441
R11076OTN	10/28/21	User Change Request (UCR): Fiscal Intermediary Shared System (FISS) - Workload Reports to Capture Optical Character Reader (OCR) and Paper Claim Counts Correctly	04/04/22	12055
R11068OTN	10/21/21	International Classification of Diseases, 10th Revision (ICD-10) and Other Coding Revisions to National Coverage Determinations (NCDs) -- April 2022 (CR 1 of 2)	11/23/21	12480
R11060OTN	10/22/21	Skilled Nursing Facility (SNF) Claims Processing Update to Fiscal Year End (FYE) Edits	04/04/22	12457

R11055OTN	10/21/21	National Coverage Determination (NCD) 90.2, Next Generation Sequencing (NGS)	11/23/21	12483
R11054OTN	10/14/21	Send Electronic Funds Transfer (EFT) Information from Provider Enrollment Chain and Ownership System (PECOS) to ViPS Medicare System (VMS): Implementation CR	01/03/22	12350
R11041OTN	10/21/21	Update to Nursing and Allied Health (N&AH) Education Medicare Advantage (MA) Payment Rates - Calendar Year (CY) 2019	01/03/22	12407
R11033OTN	10/01/21	Implementation of the Award for the Jurisdiction L (J-L) Part A and Part B Medicare Administrative Contractor (JL A/B MAC)	12/01/21	12448
R11025OTN	09/28/21	International Classification of Diseases, 10th Revision (ICD-10) and Other Coding Revisions to National Coverage Determination (NCDs)--January 2022	10/04/21	12399
R11010OTN	10/01/21	Mobile Personal Identity Verification (PIV) Station Installation	11/02/21	12437

R11007OTN	09/16/21	Send Electronic Funds Transfer [EFT] Information from Provider Enrollment Chain and Ownership System [PECOS] to ViPS Medicare System [VMS]: Implementation CR	01/03/22	12350
R11002OTN	09/16/21	Additional Payment Edits for DMEPOS Suppliers of Custom Fabricated and Prefabricated (Custom Fitted) Orthotics. Update to Change Request (CR) 3959, CR 8390, and CR 8730	10/04/21	12282
R11001OTN	09/16/21	Direct Mailing Notification to the Medicare Administrative Contractors (MACs) Regarding Clinical Laboratory Fee Schedule (CLFS)	09/30/21	12452
R10990OTN	09/10/21	User CR: MCS - Enhance Health Professional Shortage Area (HPSA) Reports	01/03/22	11588
R10989OTN	09/08/21	User CR: MCS - Enhancement to Automate the XHIC Error Process	01/03/22	11400
R10986OTN	08/27/21	Send Electronic Funds Transfer [EFT] Information from Provider Enrollment Chain and Ownership System [PECOS] to ViPS Medicare System [VMS] : Implementation CR	01/03/22	12350

R10977OTN	08/19/21	Replacing Home Health Requests for Anticipated Payment (RAPs) with a Notice of Admission (NOA) -- Implementation	10/4/21;01/03/22; 04/03/22	12227
R10963OTN	08/19/21	International Classification of Diseases, 10th Revision (ICD-10) and Other Coding Revisions to National Coverage Determination (NCDs)--January 2022	09/20/22; 01/03/22	12399
R10957OTN	08/19/21	Send Electronic Funds Transfer [EFT] Information from Provider Enrollment Chain and Ownership System [PECOS] to Fiscal Intermediary Shared System [FISS] - Implementation CR, Consolidation of January 2022 and April 2022 Releases.	01/03/22; 04/04/22	12346
R10955OTN	08/19/21	User CR: Multi-Carrier-System (MCS) - Expand Number of Details on Provider Profiles Inquiry (PI) Screen	01/03/22	10692
R10954OTN	08/19/21	User CR: MCS - Mass Load "PJ" Segments	01/03/22	10653
R10953OTN	08/19/21	Update to Nursing and Allied Health (N&AH) Education Medicare Advantage (MA) Payment Rates - Calendar Year (CY) 2019	11/19/21	12407

R10951OTN	08/11/21	Phase One Changes Needed to Implement the Revised Process for Handling Undeliverable Beneficiary Addresses in VMS	01/03/22	12276
R10933OTN	08/11/21	Implementation of the Capital Related Assets Adjustment (CRA) for the Transitional Add-on Payment Adjustment for New and Innovative Equipment and Supplies (TPNIES) Under the End Stage Renal Disease Prospective Payment System (ESRD PPS)	01/03/22	12347
R10928OTN	08/03/21	Medicare Fee-for-Service (FFS) Coverage of Costs for Kidney Acquisitions in Maryland Waiver (MW) Hospitals for Medicare Advantage (MA) Beneficiaries	10/04/21	12206
R10917OTN	08/10/21	User Change Request (UCR): Fiscal Intermediary Shared System (FISS) - Periodic Interim Payment (PIP) Timeliness Report Update	01/03/22	12061
R10916OTN	08/11/21	User Change Request (UCR): Fiscal Intermediary Shared System (FISS)- All Zero Electronic Funds Transfer Numbers (EFT#) Not Possible in the Healthcare Integrated General Ledger System (HIGLAS)	01/03/22	10757
R10914OTN	08/11/21	Send Electronic Funds Transfer [EFT] Information from Provider Enrollment Chain and Ownership System [PECOS] to ViPS Medicare System [VMS]: Implementation CR	01/03/22	12350

R10908OTN	08/11/21	Fiscal Intermediary Shared System (FISS) - Restrict the Maryland Waiver Indicator (MWI) to State Codes 21 and 80	01/03/22	12383
R10899OTN	07/27/21	Viable Information Processing Systems (ViPS) Medicare Systems (VMS) Changes to Accommodate National Provider Identifier Associations	04/05/21	11990
R10896OTN	07/21/21	Additional Payment Edits for DMEPOS Suppliers of Custom Fabricated and Prefabricated (Custom Fitted) Orthotics. Update to Change Request (CR) 3959, CR 8390, and CR 8730	10/04/21	12282
R10890OTN	07/19/21	Replacing Home Health Requests for Anticipated Payment (RAPs) with a Notice of Admission (NOA) -- Implementation	10/04/21	12227
R10885OTN	08/09/21	Clinical Laboratory Fee Schedule (CLFS) - Instructions to Remove Co-insurance/Deductible Multi-Carrier System (MCS) Logic	01/03/22	12343
R10866OTN	06/29/21	October Quarterly Update to 2021 Annual Update of HCPCS Codes Used for Skilled Nursing Facility (SNF) Consolidated Billing (CB) Enforcement	10/04/21	12272

R10863OTN	07/13/21	User CR: MCS - Beneficiary Do Not Forward DLV Flag Changes Needed	10/04/21	11447
R10861OTN	07/13/21	Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) Prior Authorization Coversheet Requirements	08/12/21	12267
R10856OTN	07/13/21	Implementation of the Award for the Jurisdiction E (J-E) Part A and Part B Medicare Administrative Contractor (JE A/B MAC)	08/01/21	12306
R10842OTN	06/11/21	Implementation of the Hospital Outpatient Department (HOPD) Prior Authorization (PA) Paired Items of Service for the X12 278 PA Transactions	10/04/21	11743
R10832OTN	06/02/21	International Classification of Diseases, 10th Revision (ICD-10) and Other Coding Revisions to National Coverage Determination (NCDs)--July 2021	07/06/21	12124
R10827OTN	06/11/21	Addition of the QW Modifier to Healthcare Common Procedure Coding System (HCPCS) Codes 0240U, 0241U, 87637	07/06/21	12318

R10817OTN	05/21/21	International Classification of Diseases, 10th Revision (ICD-10) and Other Coding Revisions to National Coverage Determination (NCDs)--October 2021	10/04/21	12279
R10804OTN	05/14/21	International Classification of Diseases, 10th Revision (ICD-10) and Other Coding Revisions to National Coverage Determination (NCDs)--July 2021	07/06/21	12124
R10801OTN	05/20/21	Additional Payment Edits for DMEPOS Suppliers of Custom Fabricated and Prefabricated (Custom Fitted) Orthotics. Update to Change Request (CR) 3959, CR 8390, and CR 8730	10/04/21	12282
R10798OTN	05/20/21	Addition of the Shared System CWF to the Business Requirements for the Healthcare Common Procedure Coding System (HCPCS) codes U0002QW and 87635QW Mentioned in Change Request 11765	07/06/21	12294
R10795OTN	05/20/21	Replacing Home Health Requests for Anticipated Payment (RAPs) with a Notice of Admission (NOA) -- Implementation	07/23/21	12227
R10792OTN	05/2021	Mobile Personal Identity Verification (PIV) Station Installation	06/22/21	12281

R10789OTN	05/12/21	The Fiscal Intermediary Shared System (FISS) Business Requirement for Rejected Claims Throwing Off the Provider and Statistical Reimbursement (PS&R) System Managed Care Days	10/04/21	12251
R10781OTN	05/12/21	Initiative to Reduce Avoidable Hospitalizations among Nursing Facility Residents (NFI) - Updates and Clarifications	06/18/21	12217
R10780OTN	05/04/21	Update to Rural Health Clinic (RHC) Payment Limits	04/05/21	12185
R10770OTN	05/11/21	October Quarterly Update to 2021 Annual Update of HCPCS Codes Used for Skilled Nursing Facility (SNF) Consolidated Billing (CB) Enforcement	10/04/21	12272
R10769OTN	05/11/21	Waiver of Coinsurance and Deductible for Hepatitis B Preventive Service Vaccine Code, Section 4104 of the Patient Protection and Affordable Health Care Act (the Affordable Care Act), Removal of Barriers to Preventive Services in Medicare	10/04/21	12230
R10767OTN	5/11/21	Updates to Reason Code Bypass for Editing on Provider Submitted Adjustment Claims Resulting in a Diagnosis Related Group (DRG) Weight Increase	10/04/21	12216

R10765OTN	05/11/21	Medicare Fee-for-Service (FFS) Coverage of Costs for Kidney Acquisitions in Maryland Waiver (MW) Hospitals for Medicare Advantage (MA) Beneficiaries	10/04/21	12206
R10764OTN	05/11/21	Ensuring Allogenic Stem Cell Acquisition Charges Are Not Included in the Inpatient Prospective Payment System (IPPS) Payment Calculation	10/04/21	12200
R10763OTN	05/11/21	Correction to Osteoporosis Drug Processing	10/04/21	12199
R10759OTN	05/11/21	Fiscal Intermediary Shared System (FISS) - Modify Total Number of Bills Pending Reports to Exclude Clean Claims Delayed in the Processing System	10/04/21	12170
R10755OTN	05/11/21	Health Insurance Portability and Accountability Act (HIPAA) Electronic Data Interchange (EDI) Front End Updates for October 2021	10/04/21	12207
R10732OTN	04/26/21	Addition of the QW Modifier to Healthcare Common Procedure Coding System (HCPCS) Code 87636	07/06/21	12269

R10720OTN	05/14/21	Provider Education for Required Prior Authorization (PA) Process for the Cervical Fusion with Disc Removal and Implanted Spinal Neurostimulators in the Hospital Outpatient Department (OPD) Setting	06/17/21	12214
R10718OTN	04/26/21	Cognitive Assessment & Care Plan Services	05/26/21	12247
R10717OTN	04/27/21	MAC Participation in Change Requests Developed through Agile Methodology	05/07/21	12223
R10694OTN	03/24/21	Create a New Media Preference Indicator Custom Format and New eMedicare Correspondence Preference Indicator	07/06/21	11746
R10687OTN	03/31/21	Medicare Administrative Contractor (MAC) Enhanced Release Testing	07/06/21	12150
R10686OTN	03/24/21	Expand Retention of Claims History for Outpatient, Part B, and Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) to 5 years	10/05/20	11626

R10679OTN	03/15/21	Update to Rural Health Clinic (RHC) Payment Limits	04/05/21	12185
R10673OTN	03/19/21	Send Electronic Funds Transfer (EFT) Information from Provider Enrollment Chain and Ownership System (PECOS) to Multi-Carrier System (MCS) Phase 2	04/05/21	11987
R10670OTN	03/12/21	Modification to Existing Common Working File (CWF) Edits for Osteoporosis Drug Codes Billable on Home Health Claims	07/06/21	12016
R10663OTN	03/16/21	Revisions to Medicare Administrative Contractor (MAC) Standardized Monthly Status Report (MSR) Narrative Template	04/20/21	12144
R10655OTN	03/16/21	Mobile Personal Identity Verification (PIV) Station Installation	04/15/21	11723
R10634OTN	03/16/21	User CR: ViPS Medicare System (VMS) - Update Interactive Correspondence Online Reporting (ICOR) Mail Date Calculation	07/06/21	12043

R10624OTN	03/23/21	International Classification of Diseases, 10th Revision (ICD-10) and Other Coding Revisions to National Coverage Determination (NCDs)--July 2021	07/06/21	12124
R10616OTN	03/12/21	User Change Request (CR): Multi-Carrier System (MCS) - Correct Coding Initiative (CCI) Related Procedure Codes	07/06/21	11798
R10600OTN	03/16/21	Modification to Existing Editing for Screening Pap Smears and Pelvic Examinations	07/06/21	12090
R10599OTN	03/11/21	Health Insurance Portability and Accountability Act (HIPAA) Electronic Data Interchange (EDI) Front End Updates for July 2021	07/06/21	12089
R10597OTN	03/12/21	Submission of Condition Codes to the Inpatient Prospective Payment System (IPPS) Pricer to Report Services Provided as Part of an Expanded Access Approval or Emergency Use Authorization	07/06/21	12086
R10596OTN	03/16/21	Correction to Period Sequence Edits on Home Health Claims	07/06/21	12085

R10593OTN	03/19/21	Modernization of the Electronic Files Transfer (EFT) Processes Associated with Medicare Integrated Systems Testing (MIST) Contractor Testing and Fiscal Intermediary Shared System (FISS) Alpha Testing with the Coordination of Benefits and Recovery (COB and R) System on Behalf of the Benefits Coordination and Recovery Center (BCRC)	07/06/21	12073
R10592OTN	03/12/21	Intermediary Shared System (FISS) - Eliminate Multiple Common Working File (CWF) Replies Received in the Same Cycle	07/06/21	12067
R10579OTN	03/19/21	Special Provisions for Radiology Additional Documentation Requests	12/01/20	11659
R10566OTN	01/14/21	International Classification of Diseases, 10th Revision (ICD-10) and Other Coding Revisions to National Coverage Determination (NCDs)--April 2021	12/16/20	12027
R10552OTN	01/05/21	Modification to Existing Common Working File (CWF) Edits for Osteoporosis Drug Codes Billable on Home Health Claims	07/06/21	12016

R10551OTN	01/05/21	Send Electronic Funds Transfer (EFT) Information from Provider Enrollment Chain and Ownership System (PECOS) to Multi-Carrier System (MCS) Phase 2	04/05/21	11987
R10549OTN	01/08/21	Shared System Enhancement 2018: Rewrite Fiscal Intermediary Shared System (FISS) module FSSB6001, Common Working File (CWF) Unsolicited Response Function	07/06/21	11010
R10545OTN	12/31/20	ESRD Treatment Choices (ETC) Model Implementation: Home Dialysis Payment Adjustment (HDPA) & Waiver of the Kidney Disease Education (KDE) Benefit	01/04/21	12038
R10530OTN	12/23/20	Instructions to Medicare Administration Contractor (MAC) on COVID-19 Emergency Declaration Blanket Waivers for Medicare-Dependent, Small Rural Hospitals and Sole Community Hospitals	03/29/21	12070
R10529OTN	12/23/20	Addition of the QW modifier to Healthcare Common Procedure Coding System (HCPCS) Codes 87811 and 87428	04/05/21	12093
R10528OTN	12/23/20	Updating Calendar Year (CY) 2021 Medicare Diabetes Prevention Program (MDPP) Payment Rates	01/04/21	12030

R10525OTN	12/17/20	Implementation of the New Ambulatory Surgical Center (ASC) Payment Indicator “K5”	01/04/21	11803
R10520OTN	12/14/20	Updates to Nursing and Allied Health Education Medicare Advantage Payment Policies	12/21/20	11642
R10515OTN	12/10/20	International Classification of Diseases, 10th Revision (ICD-10) and Other Coding Revisions to National Coverage Determination (NCDs)--April 2021	12/16/20	12027
R10508OTN	12/03/20	Update to the Fiscal Intermediary Shared System (FISS) Integrated Outpatient Code Editor (IOCE) Claim and Return Buffer Interface Changes	04/05/21	11953
R10501OTN	12/01/20	Shared Systems Report of Medicare Summary Notice (MSN) Counts by Type	04/05/21	12039
R10500OTN	12/01/20	COBOL Version 6.2 Upgrade - Phased Implementation for Fiscal Intermediary Shared System (FISS) and Multi Carrier System (MCS)	01/04/21	11851

R10499OTN	12/01/20	COBOL Version 6.2 Upgrade - Phased Implementation for ViPS Medicare System (VMS) and the Common Working File (CWF)	01/04/21	11850
R10495OTN	11/24/20	ESRD Treatment Choices (ETC) Model Implementation: Home Dialysis Payment Adjustment (HDPA) & Waiver of the Kidney Disease Education (KDE) Benefit	01/04/21	12038
R10491OTN	11/25/20	Medicare Administrative Contractors (MACs) to Allow Medicare Diabetes Prevention Program (MDPP) Suppliers to Use the Same Centers for Disease Control (CDC) Organizational Codes	04/05/21	11931
R10486OTN	11/19/20	Updates to Nursing and Allied Health Education Medicare Advantage Payment Policies	12/14/20	11642
R10478OTN	11/20/20	Shared Systems Report of Medicare Summary Notice (MSN) Counts by Type	04/05/21	12039
R10475OTN	11/20/20	April 2021 Healthcare Common Procedure Coding System (HCPCS) Quarterly Update Reminder	04/05/21	12029

R10471OTN	11/20/20	Provide Systematic Auto-Inactivation of SuperOp Events for Related Entity Action Records (EARs) in ViPS Medicare System (VMS) - Implementation of User CR 11397	04/05/21	11890
R10470OTN	11/20/20	Implementation of Two (2) New NUBC Condition Codes. Condition Code “90”, “Service provided as Part of an Expanded Access Approval (EA)” and Condition Code “91”, “Service Provided as Part of an Emergency Use Authorization (EUA)”	02/22/21	12049
R10462OTN	11/13/20	Implementation of the Award for the Jurisdiction C Durable Medical Equipment Medicare Administrative Contractor (JC DME MAC)	01/04/21	11985
R10458OTN	11/13/20	Direct Mailing Notification to Hospice Providers Regarding the Hospice Benefit Component, Value-Based Insurance Design (VBID) Model, for Participating Medicare Advantage Organizations (MAOs)	12/06/20	12045
R10452OTN	11/06/20	Implementation of the Award for the Jurisdiction 6 Part A and Part B Medicare Administrative Contractor (J-6 A/B MAC)	11/12/20	11976
R10449OTN	11/06/20	Part A Opt Out Common Working File (CWF) Report	04/05/21	11993

R10446OTN	11/06/20	Viable Information Processing Systems (ViPS) Medicare Systems (VMS) Changes to Accommodate National Provider Identifier Associations	04/05/21	11990
R10432OTN	10/30/20	International Classification of Diseases, 10th Revision (ICD-10) and Other Coding Revisions to National Coverage Determination (NCDs)--April 2021	12/16/20	12027
R10430OTN	10/30/20	ESRD Treatment Choices (ETC) Model Implementation: Home Dialysis Payment Adjustment (HDPA) & Waiver of the Kidney Disease Education (KDE) Benefit	01/04/21	12038
R10429OTN	10/30/20	Processing of Multiple Unsolicited Responses on the Same Home Health Claims	04/05/21	12021
R10424OTN	10/30/20	Health Insurance Portability and Accountability Act (HIPAA) Electronic Data Interchange (EDI) Front End Updates for April 2021	04/05/21	11994
R10422OTN	10/30/20	Send Electronic Funds Transfer (EFT) Information from Provider Enrollment Chain and Ownership System (PECOS) to Multi-Carrier System (MCS) Phase 2	04/05/21	11987

R10417OTN	10/30/20	Update to the Fiscal Intermediary Shared System (FISS) Integrated Outpatient Code Editor (IOCE) Claim and Return Buffer Interface Changes	04/05/21	11953
R10412OTN	10/30/20	Special Provisions for Radiology Additional Documentation Requests	12/01/20	11659
R10409OTN	10/27/20	Utility to Reprocess Bypassed Common Working File (CWF) Informational Unsolicited Responses (IURs)	01/04/21	11637
R10395OTN	10/15/20	Implementation for First Coast Service Options (FCSO) and Novitas for the CMS Enterprise Identity Management OKTA/Saviynt Migration	01/15/21	11452
R10378OTN	09/29/20	Implementation of the Error Scenario for the Document Code File (DCF) and Data Element Format Revisions for Providers Participating in the Electronic Medical Documentation Requests (eMDR) via the Electronic Submission of Medical Documentation (esMD) System	10/05/20	11728

R10361OTN	09/17/20	Update to the Implementation of the Increased Payments for COVID-19 Discharges Under the Inpatient Prospective Payment System (IPPS) Under Section 3710 of the CARES Act	10/05/20	11925
R10352OTN	09/10/20	Updates to Bills Pending Reports to Assist Medicare Administrative Contractors (MACs) with Monthly Status Report (MSR)	01/04/21	11922
R10317OTN	08/21/20	Update to the International Classification of Diseases, Tenth Revision (ICD-10) Diagnosis Codes for Vaping Related Disorder and Diagnosis and Procedure Codes for the 2019 Novel Coronavirus (COVID-19)	04/06/20	11623
R10316OTN	08/21/20	Revision to the Cost Report Acceptability Checklists - This CR Rescinds and Fully Replaces CR 10920	12/31/20	11644
R10315OTN	08/21/20	Updates to Nursing and Allied Health Education Medicare Advantage Payment Policies	11/23/20	11642
R10302OTN	08/13/20	Shared System Enhancement 2018: Rewrite Fiscal Intermediary Shared System (FISS) module FSSB6001, Common Working File (CWF) Unsolicited Response Function	04/01/19	11010

R10301OTN	08/14/20	Updates to Bills Pending Reports to Assist Medicare Administrative Contractors (MACs) with Monthly Status Report (MSR)	01/04/21	11922
R10295OTN	08/14/20	Shared System Support Hours for Application Programming Interfaces (APIs)	01/04/21	11893
R10291OTN	08/06/20	Expand Retention of Claims History for Outpatient, Part B, and Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) to 5 years	10/05/20	11626
R10287OTN	08/07/20	User CR: ViPS Medicare System (VMS) - Enhancements to the Claim Edit Audit Trail Screen (BUDS05)	01/04/21	11649
R10286OTN	08/07/20	User CR: ViPS Medicare System (VMS) - Create a Beneficiary Record Submitted with Medicare Beneficiary Identifier (MBI)	01/04/21	11779
R10283OTN	08/07/20	COBOL Version 6.2 Upgrade - Phased Implementation for ViPS Medicare System (VMS) and the Common Working File (CWF)	01/04/21	11850

R10278OTN	08/07/20	Create a New Media Preference Indicator Custom Format and New eMedicare Correspondence Preference Indicator	01/04/21	11746
R10275OTN	08/07/20	Correction to Editing Update for Vaccine Services	01/04/21	11867
R10271OTN	08/07/20	Utility to Reprocess Bypassed Common Working File (CWF) Informational Unsolicited Responses (IURs)	01/04/21	11637
R10261OTN	07/31/20	International Classification of Diseases, 10th Revision (ICD-10) and Other Coding Revisions to National Coverage Determination (NCDs)--January 2021 Update	08/31/20	11905
R10258OTN	07/31/20	Send Electronic Funds Transfer (EFT) Information from Provider Enrollment Chain and Ownership System (PECOS) to Multi-Carrier System (MCS) Phase 1	01/04/21	11873
R10252OTN	07/31/20	COBOL Version 6.2 Upgrade - Phased Implementation for Fiscal Intermediary Shared System (FISS) and Multi Carrier System (MCS)	01/04/21	11851

R10250OTN	07/31/20	Update the Combined Common Edits Module (CCEM) for Compatibility with JAVA Software Version 1.8 (also known as JAVA 8)	01/04/21	11848
R10248OTN	07/31/20	Health Insurance Portability and Accountability Act (HIPAA) Electronic Data Interchange (EDI) Front End Updates for January 2021	01/04/21	11826
R10241OTN	07/31/20	Reason Code Updates for the 2020 Annual Therapy Current Procedural Terminology (CPT) Codes in Change Request (CR) 11501	01/04/21	11762
R10240OTN	07/31/20	IDR Shared Systems (IDRSS) Reference File Request for the Fiscal Intermediary Shared System (FISS) Adjustment Reason Codes	01/04/21	11639
R10231OTN	07/24/20	Addition of the QW modifier to Healthcare Common Procedure Coding System (HCPCS) code 87426	10/05/20	11927
R10223OTN	07/14/20	Medicare Appeals System (MAS) Enhanced Web Services for Part A Medicare Administrative Contractors	08/18/20	11786

R10212OTN	07/10/20	Reprocessing of Fiscal Year (FY) 2019 and 2020 Inpatient Prospective Payment System (IPPS) Claims for Certain Hospitals	08/25/20	11847
R10205OTN	07/01/20	New Point of Origin Code for Transfer From a Designated Disaster Alternate Care Site	08/03/20	11836
R10191OTN	06/19/20	International Classification of Diseases, 10th Revision (ICD-10) and Other Coding Revisions to National Coverage Determination (NCDs)--July 2020 Update	03/24/20	11655
R10178OTN	06/12/20	New Point of Origin Code for Transfer From a Designated Disaster Alternate Care Site	07/06/20	11836
R10172OTN	06/12/20	Medicare Appeals System (MAS) Enhanced Web Services for Part A Medicare Administrative Contractors	07/13/20	11786
R10162OTN	05/27/20	COBOL Version 6.2 Upgrade - Additional Analysis and Phase I Implementation	10/05/20	11677

R10161OTN	05/26/20	Therapy Codes Update	06/16/20	11791
R10160OTN	05/22/20	Summary of Policies in the Calendar Year (CY) 2020 Medicare Physician Fee Schedule (MPFS) Public Health Emergency (PHE) Interim Final Rules	06/12/20	11895
R10155OTN	05/21/20	Provider Education for Required Prior Authorization (PA) of Hospital Outpatient Department (OPD) Services	06/17/20	11671
R10143OTN	05/14/20	Editing Update for Abdominal Aortic Aneurism and Screening Pap Smears and Pelvic Examinations	10/05/20	11504
R10139OTN	05/15/20	Therapy Codes Update	07/06/20	11791
R10119OTN	05/08/20	User Change Request (CR): Fiscal Intermediary Shared System (FISS) - Invalid User IDs on the Operator Control File	10/05/20	10758

R10118OTN	05/08/20	User CR: ViPS Medicare System (VMS) - Contractor Options Screen Contractor Options Screen (VMAP/1/1) Automation	10/05/20	11565
R10116OTN	05/08/20	Extension of Payment for Section 3712 of the Coronavirus Aid, Relief, and Economic Security Act (CARES Act)	10/05/20	11784
R10112OTN	05/08/20	Common Working File (CWF) to Medicare Beneficiary Database (MBD) Extract File Changes to send Hospice DOEBA, DOLBA dates and days used to support HIPAA Eligibility Transaction System (HETS)	10/05/20	11741
R10110OTN	05/08/20	Implement Error Tracking into the Recovery Audit Contractor (RAC) Data Warehouse (RACDW) Non-RAC Prepayment File Layout	10/05/20	11731
R10109OTN	05/08/20	Updates to Skilled Nursing Facility (SNF) Patient Driven Payment Model (PDPM) to Correct the Adjustment Process	10/05/20	11727
R10106OTN	05/08/20	User Change Request (UCR): Implementation Requirements for Analysis UCR 10766 - Reduce Unmailable Medicare Summary Notices (uMSNs) Created in the Fiscal Intermediary Shared System	10/05/20	11669

R10105OTN	05/08/20	User CR: ViPS Medicare System (VMS) - Update Waiver of Liability Claim Edits 6142 and 6143	10/05/20	11646
R10104OTN	05/08/20	Expand Retention of Claims History for Outpatient, Part B, and Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) to 5 years	10/05/20	11626
R10103OTN	05/08/20	Editing Update for Abdominal Aortic Aneurism and Screening Pap Smears and Pelvic Examinations	10/05/20	11504
R10102OTN	05/08/20	User Change Request (CR): Fiscal Intermediary Shared System (FISS) - Operator Control File Enhancement for Online Parm Access	10/05/20	10767
R10019OTN	05/07/20	Payment Change for Wheelchair Accessories and Seat and Back Cushions used with Complex Rehabilitative Manual Wheelchairs and Certain Manual Wheelchairs under Section 106 of the Further Consolidated Appropriations Act, 2020	07/06/20	11635
R10095OTN	04/30/20	Updates to Ensure the Original 1-Day and 3-Day Payment Window Edits are Consistent With Current Policy	07/06/20	11559

R10094OTN	04/29/20	Implementation for First Coast Service Options (FCSO) and Novitas for the CMS Enterprise Identity Management OKTA/Saviynt Migration	01/04/21	11452
R10092OTN	05/01/20	International Classification of Diseases, 10th Revision (ICD-10) and Other Coding Revisions to National Coverage Determination (NCDs)--October 2020 Update	06/01/20	11749
R10091OTN	05/01/20	Systematic Updating of the Spanish Medicare Summary Notice (MSN) Short Descriptors	10/05/20	11748
R10089OTN	05/01/20	Implementation of the Error Scenario for the Document Code File (DCF) and Data Element Format Revisions for Providers Participating in the Electronic Medical Documentation Requests (eMDR) via the Electronic Submission of Medical Documentation (esMD) System	10/05/20	11728
R10083OTN	05/01/20	Update to Medicare Shared Savings Program (SSP) Skilled Nursing Facility (SNF) Affiliates' Requirement to Include Demonstration Code 77 on SNF Waiver Claims	10/05/20	11714

R10078OTN	05/01/20	Additional Coordination of Benefits (COB) Workload Numbers Added to the Medicare Part B Contractor Reporting Operational Workload Data (CROWD) Table for Purposes of Identifying Medicare Secondary Payer (MSP) Part B Recovery Savings for the Benefits Coordination and Recovery Center (BCRC) and the Commercial Repayment Center (CRC) Contractors	10/05/20	11690
R10077OTN	05/01/20	Coding Support for Secure Destruction Program Implemented in Change Request (CR) 11363	10/05/20	11682
R10076OTN	05/01/20	COBOL Version 6.2 Upgrade - Additional Analysis and Phase I Implementation	10/05/20	11677
R10066OTN	04/24/20	Addition of the QW modifier to Healthcare Common Procedure Coding System (HCPCS) code U0002 and 87635	05/08/20	11765
R10065OTN	04/23/20	Fiscal Intermediary Shared System (FISS) Enhancement of PC Print Billing Software	07/01/19	11070

R10061OTN	04/24/20	Provider Education for Required Prior Authorization (PA) of Hospital Outpatient Department (OPD) Services	05/26/20	11671
R10055OTN	04/17/20	Implementation of the Award for the Jurisdiction 5 Part A and Part B Medicare Administrative Contractor (J-5 A/B MAC)	03/01/20	11555
R10043OTN	04/09/20	Implementation of Additional Requirement to add Healthcare Common Procedure Coding System (HCPC) and Current Procedural Terminology (CPT) - HCPC/CPT as Paired Items of Service for Prior Authorization and Medicare Claims Processing for Part A and Home Health and Hospice	07/06/20	11516
R10034OTN	04/03/20	Fiscal Intermediary Shared System (FISS) Enhancement of PC Print Billing Software	07/01/19	11070
R10032OTN	04/03/20	User CR: ViPS Medicare System (VMS) Report Daily Edit Receipts	07/06/20	11315
R10029OTN	04/01/20	Update to the International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) for Vaping Related Disorder and 2019 Novel Coronavirus (COVID-19)	04/06/20	11623

R10025OTN	04/01/20	Update to the Home Health Grouper for New Diagnosis Codes for Vaping Related Disorder and COVID-19.	04/06/20	11656
R10024OTN	04/01/20	Second Update to CR 11152 Implementation of the Skilled Nursing Facility (SNF) Patient Driven Payment Model (PDPM)	07/06/20	11632
R10021OTN	03/27/20	Implementation of Additional Requirement to add Healthcare Common Procedure Coding System (HCPC) and Current Procedural Terminology (CPT) - HCPC/CPT as Paired Items of Service for Prior Authorization and Medicare Claims Processing for Part A, Part B, DME, and Home Health and Hospice	07/06/20	11516
R10018OTN	03/26/20	Shared System Enhancement 2018: Rewrite Fiscal Intermediary Shared System (FISS) module FSSB6001, Common Working File (CWF) Unsolicited Response Function	04/01/19	11010
R2444OTN	03/13/20	The Supplemental Security Income (SSI)/Medicare Beneficiary Data for Fiscal Year 2018 for Inpatient Prospective Payment System (IPPS) Hospitals, Inpatient Rehabilitation Facilities (IRFs), and Long Term Care Hospitals (LTCHs)	04/13/20	11679

R2443OTN	03/13/20	Schedule and Policies for Termination of the Rural Community Hospital Demonstration	06/12/20	11674
R2439OTN	02/21/20	International Classification of Diseases, 10th Revision (ICD-10) and Other Coding Revisions to National Coverage Determination (NCDs)--July 2020 Update	03/24/20	11655
R2438OTN	02/21/20	Implementation of Additional Requirement to add Healthcare Common Procedure Coding System (HCPC) and Current Procedural Terminology (CPT) - HCPC/CPT as Paired Items of Service for Prior Authorization and Medicare Claims Processing for Part A, Part B, DME, and Home Health and Hospice	07/06/20	11516
R2437OTN	02/14/20	User CR: ViPS Medicare System (VMS) Report Daily Edit Receipts	07/06/20	11315
R2436OTN	02/14/20	User CR: ViPS Medicare System (VMS) Analysis and Design to Create Auto-Inactivation Utility for SuperOp	07/06/20	11397

R2435OTN	02/14/20	User CR: ViPS Medicare System (VMS) Analysis and Redesign of SuperOp Claim Counter Functionality	07/06/20	11558
R2434OTN	02/13/20	Implementation for First Coast Service Options (FCSO) and Novitas for the CMS Enterprise Identity Management OKTA/Saviynt Migration	04/06/20	11452
R2433OTN	02/07/20	Update to the Home Health Grouper for New Diagnosis Code for Vaping Related Disorder	07/06/20	11656
R2431OTN	02/07/20	Second Update to CR 11152 Implementation of the Skilled Nursing Facility (SNF) Patient Driven Payment Model (PDPM)	07/06/20	11632
R2430OTN	02/07/20	Update to the Fiscal Intermediary Shared System (FISS) Integrated Outpatient Code Editor (IOCE) Claim Return Buffer	07/06/20	11569
R2429OTN	02/07/20	Updates to Ensure the Original 1-Day and 3-Day Payment Window Edits are Consistent with Current Policy	07/06/20	11559

R2428OTN	02/07/20	Multi-Carrier System (MCS) Financial Changes for Combining Pay Alone Payments in the Healthcare General Ledger Accounting System (HIGLAS) Payment Sets	07/06/20	11522
R2427OTN	02/04/20	International Classification of Diseases, 10th Revision (ICD-10) and Other Coding Revisions to National Coverage Determination (NCDs)--April 2020 Update	12/18/19	11491
R2426OTN	01/31/20	Update to the International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) for Vaping Related Disorder	04/06/20	11623
R2425OTN	01/31/20	Implementation of Usage of the K3 Segment for Reporting Line Level Ordering Provider on Institutional Claims for Advanced Diagnostic Imaging	07/06/20	11571
R2424OTN	01/31/20	Analysis of the Combined Common Edits Module (CCEM) for compatibility with JAVA Software Version 1.8 (also known as JAVA 8)	07/06/20	11604
R2422OTN	01/22/20	Add Dates of Service (DOS) for Pneumococcal Pneumonia Vaccination (PPV) Health Care Procedure Code System (HCPCS) Codes (90670, 90732), and remove Next eligible dates for PPV HCPCS	04/06/20	11335

R2421OTN	01/16/20	User Change Request (CR) - Adjustment Reason Code to Identify Office of the Inspector General (OIG) Initiated Overpayments and Healthcare Integrated General Ledger Accounting System (HIGLAS) Demand Letter Verbiage	04/06/20	10787
R2420OTN	01/16/20	Implementation to Adopt the Document Codes into the Post-Pay Electronic Medical Documentation Requests (eMDR) to Participating Providers via the Electronic Submission of Medical Documentation (esMD) System	04/06/20	11474
R2419OTN	01/15/20	Implementation to Send Pre-Pay Electronic Medical Documentation Requests (eMDR) to Participating Providers via the Electronic Submission of Medical Documentation (esMD) System	10/07/19	11141
R2418OTN	01/15/20	Implementation to Accept Document Codes and Include Appropriate Document Code(s) in the Pre-Pay Electronic Medical Documentation Requests (eMDR) to Participating Providers, via the Electronic Submission of Medical Documentation (esMD) System	04/06/20	11473
R2417OTN	01/10/20	Implementation to Send Post-Pay Electronic Medical Documentation Requests (eMDR) to Participating Providers via the Electronic Submission of Medical Documentation (esMD) System	10/07/19	11142

R2416OTN	01/08/20	User CR: ViPS Medicare System (VMS) - Increase Edit Code Maximum	04/06/20	11398
R2415OTN	01/03/20	Updates to Bills Pending Report for the Fiscal Intermediary Shared System (FISS)	04/06/20	11404
R2414OTN	01/03/20	ViPS Medicare System (VMS) Online and Print Reporting of Automated Claims Examination System (ACES) Statistics	04/06/20	11521
R2413OTN	01/03/20	New State Codes for California, Kentucky and West Virginia	04/06/20	11600
R2412OTN	12/31/19	Expand Narrative File Message Number Range Implementation	07/01/19	11156
R2409OTN	12/20/19	Medicare Shared Savings Program (SSP) Skilled Nursing Facility (SNF) Affiliates' Updated Qualifying Stay Edits	04/06/20	11511

R2408OTN	12/12/19	Add Dates of Service (DOS) for Pneumococcal Pneumonia Vaccination (PPV) Health Care Procedure Code System (HCPCS) Codes (90670, 90732), and remove Next eligible dates for PPV HCPCS.	04/06/20	11335
R2407OTN	12/13/19	User Change Request: Enhancement to Update Electronic Funds Transfer (EFT) Process	04/06/20	10770
R2406OTN	12/10/19	Health Insurance Portability and Accountability Act (HIPAA) Electronic Data Interchange (EDI) Front End Updates for January 2020	01/06/20	11341
R2405OTN	12/06/19	Expand Other Amounts Indicator to Carry Additional Values	01/06/20	11387
R2404OTN	12/06/19	Appropriate Use Criteria (AUC) for Advanced Diagnostic Imaging – Educational and Operations Testing Period - Claims Processing Requirements	01/06/20	11268
R2403OTN	11/27/19	Automation of Part B Underpayment Processing of Recovery Audit Contractor (RAC) Adjustments	01/06/20	11285

R2402OTN	11/27/19	Implementation to Adopt the Document Codes into the Post-Pay Electronic Medical Documentation Requests (eMDR) to Participating Providers via the Electronic Submission of Medical Documentation (esMD) System	04/06/20	11474
R2401OTN	11/22/19	Fiscal Intermediary Shared System (FISS) Reason Code Reports to Show Status for Active Reason Codes	04/06/20	11458
R2399OTN	11/22/19	User CR: ViPS Medicare System (VMS) Update to the Automated Paperless Exception System (APEX) Selection Process	04/06/20	11235
R2398OTN	11/22/19	Updates to Bills Pending Report for the Fiscal Intermediary Shared System (FISS)	04/06/20	11404
R2397OTN	11/15/19	User CR: ViPS Medicare System (VMS) Updates to Entry Code (VEC9) Processing	04/06/20	11234
R2396OTN	11/15/19	Create a New Standalone Health Insurance Master Record (HIMR) Application - Analysis Only	04/06/20	11552

R2395OTN	11/15/19	Implementation to Accept Document Codes and Include Appropriate Document Code(s) in the Pre-Pay Electronic Medical Documentation Requests (eMDR) to Participating Providers, via the Electronic Submission of Medical Documentation (esMD) System	04/06/20	11473
R2394OTN	11/15/19	Updating Fiscal Intermediary Shared System (FISS) Editing for Practice Locations to Bypass Mobile Facility and/or Portable Units and Services Rendered in the Patient's Home	04/06/20	11470
R2393OTN	11/15/19	Mobile Personal Identity Verification (PIV) Station Installation	12/02/19	11539
R2392OTN	11/08/19	Refinement of the Transitional Drug Add-on Payment Adjustment (TDAPA)	04/06/20	11514
R2390OTN	11/08/19	Enhance Maximum Claim Counter for Edits and Audits - Implementation	04/06/20	11469
R2389OTN	11/08/19	User CR: ViPS Medicare System (VMS) Increase Number of SuperOp Occurrences within a Value Set	04/06/20	11306

R2388OTN	11/0819	User Change Request (CR) - Adjustment Reason Code to Identify Office of the Inspector General (OIG) Initiated Overpayments and Healthcare Integrated General Ledger Accounting System (HIGLAS) Demand Letter Verbiage	04/06/20	10787
R2387OTN	11/08/2019	Positron Emission Tomography (PET) Scan - Allow Tracer Codes Q9982 and Q9983 in the Fiscal Intermediary Shared System (FISS)	04/06/20	11537
R2386OTN	11/08/19	ViPS Medicare System (VMS) Online and Print Reporting of Automated Claims Examination System (ACES) Statistics	04/06/20	11521
R2385OTN	11/08/19	Medicare Shared Savings Program (SSP) Skilled Nursing Facility (SNF) Affiliates' Updated Qualifying Stay Edits	04/06/20	11511
R2384OTN	11/08/2019	User CR: ViPS Medicare System (VMS) - Increase Edit Code Maximum	04/06/20	11398
R2383OTN	11/08/19	User Change Request: Fiscal Intermediary Shared System (FISS) - Hook Option for National Provider Identifier (NPI) Does Not Select Claims	04/06/20	10769

R2382OTN	11/01/19	International Classification of Diseases, 10th Revision (ICD-10) and Other Coding Revisions to National Coverage Determination (NCDs)--April 2020 Update	12/18/19	11491
R2381OTN	11/01/19	Addition of Medical Severity Diagnosis Related Groups (MS-DRG) Subject to Inpatient Prospective Payment System (IPPS) Replaced Devices Offered Without Cost or With a Credit Policy	04/06/20	11508
R2380OTN	11/01/19	Editing Update for Vaccine Services	04/06/20	11492
R2379OTN	11/01/19	Updates to CR 11152 Implementation of the Skilled Nursing Facility (SNF) Patient Driven Payment Model (PDPM)	04/06/20	11513
R2377OTN	11/01/19	User Change Request: Analysis for Medicare Summary Notices (MSNs) without Beneficiary Address after Finalist	12/03/19	10766
R2376OTN	10/23/19	User CR: MCS - Updates to Beneficiary Deliverable Logic for Internal/Clerk Duplicate Medicare Summary Notices (MSNs) and Temporary Addresses	01/06/20	10660

R2375OTN	10/18/19	Advanced Provider Screening (APS) Phase 2 Go-Live	11/18/19	11174
R2374OTN	10/18/19	Updating Calendar Year (CY) 2020 Medicare Diabetes Prevention Program (MDPP) Payment Rates	01/06/20	11455
R2373OTN	10/10/19	Home Health Orders for Nurse Practitioners under the Maryland Total Cost of Care (TCOC) Model	01/06/20	11330
R2372OTN	10/11/19	Add Dates of Service (DOS) for Pneumococcal Pneumonia Vaccination (PPV) Health Care Procedure Code System (HCPCS) Codes (90670, 90732), and remove Next eligible dates for PPV HCPCS.	04/06/20	11335
R2371OTN	10/09/19	New Overpayment Field Established within the ViPS Medicare System (VMS) for Healthcare Integrated General Ledger Accounting System (HIGLAS) Reporting	10/07/19	11297
R2370OTN	10/08/19	Integrated Data Repository (IDR) Weekly Scheduled Full Provider Master File Extracts	01/06/20	11299

R2369OTN	10/04/19	Implementation for First Coast Service Options (FCSO) and Novitas for the CMS Enterprise Identity Management OKTA/Saviynt Migration	03/31/20	11452
R2368OTN	10/04/19	Reconciliation Effort Between Shared Systems and Provider Enrollment Chain and Ownership System (PECOS)	11/05/19	11427
R2367OTN	10/03/19	Integrated Data Repository (IDR) Weekly Scheduled Full Provider Master File Extracts	01/06/20	11299
R2366OTN	10/03/19	Implementation of the Skilled Nursing Facility (SNF) Patient Driven Payment Model (PDPM)	07/01/19	11152
R2365OTN	09/27/19	Discontinuing the Erythropoietin Stimulating Agent (ESA) Monitoring Policy System Edits under the End Stage Renal Dialysis Prospective Payment System (ESRD PPS)	01/06/20	11244
R2364OTN	09/25/19	User Change Request: Fiscal Intermediary Standard System (FISS) - Autopopulate the Line Item User Action Code for Hard Coded 59XXX Reason Codes	01/06/20	11382

R2363OTN	09/25/19	Instructions Relating to the Self-Disallowance Requirement for Determining Jurisdiction over Appeals	03/08/19	10912
R2362OTN	09/19/19	International Classification of Diseases, 10th Revision (ICD-10) and Other Coding Revisions to National Coverage Determination (NCDs)--January 2020 Update	01/06/20	11392
R2361OTN	09/10/19	Solutions to the Medicare Administrative Contractor (MAC) Prepayment Review Reports	01/06/20	11326
R2360OTN	09/06/19	Integrated Data Repository (IDR) Weekly Scheduled Full Provider Master File Extracts	01/06/20	11299
R2359OTN	09/05/19	User CR: ViPS Medicare System (VMS) Changes to Provide Cross Copy Functionality for Multiple SuperOp Events and Value Sets	01/06/20	10890
R2358OTN	09/06/19	Implementation of the Award for the Jurisdiction H Part A and Part B Medicare Administrative Contractor (JH A/B MAC)	09/30/19	11421

R2357OTN	09/06/19	Additional Instructions to Hospitals on the Election of a Medicare-Supplemental Security Income (SSI) Component of the Disproportionate Share (DSH) Payment Adjustment for Cost Reports that Involve SSI Ratios for Fiscal Year (FY) 2004 and Earlier, or SSI Ratios for Hospital Cost-Reporting Periods for Patient Discharges Occurring Before October 1, 2004	12/09/19	10484
R2356OTN	08/30/19	Utilizing Data from the USPS Secure Destruction Program to Suppress Mailing Medicare Summary Notices (MSNs) to Undeliverable Addresses: Implementation by All MACs - This CR Rescinds and Fully Replaces CR 11075.	01/06/20	11363
R2355OTN	08/28/19	Implementation to Send Post-Pay Electronic Medical Documentation Requests (eMDR) to Participating Providers via the Electronic Submission of Medical Documentation (esMD) System	10/07/19	11142
R2354OTN	08/30/19	Utilizing the Blank Page on Odd-Numbered Medicare Summary Notices to Promote CMS Priorities: All MACs - This CR Rescinds and Fully Replaces CR 11140.	01/06/20	11364
R2353OTN	08/16/19	User CR: MCS - Updates to Beneficiary Deliverable Logic for Internal/Clerk Duplicate Medicare Summary Notices (MSNs) and Temporary Addresses	01/06/20	10660

R2352OTN	08/16/19	User Change Request: Fiscal Intermediary Standard System - Online PARM 6L Line Numbers	01/06/20	10755
R2351OTN	08/16/19	User Change Request: Fiscal Intermediary Standard System (FISS) - Wage Index for End Stage Renal Disease (ESRD) Providers Incorrect on MAP1C15	01/06/20	11382
R2350OTN	08/16/19	User Change Request: Fiscal Intermediary Standard System (FISS) - Autopopulate the Line Item User Action Code for Hard Coded 59XXX Reason Codes	01/06/20	11382
R2349OTN	08/09/19	Solutions to the Medicare Administrative Contractor (MAC) Prepayment Review Reports	01/06/20	11326
R2348OTN	08/09/19	International Classification of Diseases, 10th Revision (ICD-10) and Other Coding Revisions to National Coverage Determination (NCDs)--January 2020 Update	01/06/20	11392
R2347OTN	08/09/19	User CR: ViPS Medicare System (VMS) to Report Claims Paid Outside of CWF	01/06/20	11305

R2346OTN	08/09/19	User Change Request (CR): Fiscal Intermediary Shared System (FISS) - Add Tape Flags W, T, and O to the 6H Status Location (SLOC) Function	01/06/20	10765
R2345OTN	08/09/19	Integrated Data Repository (IDR) Weekly Scheduled Full Provider Master File (PMF) Extracts	01/06/20	11299
R2344OTN	08/09/19	User Change Request: FISS - Bypass 38021 for New Patient Discharge Status	01/06/20	10772
R2343OTN	08/09/19	Expand Other Amounts Indicator to Carry Additional Values	01/06/20	11387
R2342OTN	08/09/19	Supplemental to Change Request (CR) 10829 Medicare Appeals System (MAS) Data Collection Web Services Pilot (DCP) Additional Appeals Reporting Requirements for the Pilot Jurisdictions (JD and J15)	11/12/19	11376
R2341OTN	08/09/19	Shared System Enhancement 2018: Minimize Data Elements on Daily Extracts to Medicare Beneficiary Database (MBD) and Next Generation Desktop (NGD)	01/06/20	11324

R2340OTN	08/09/19	User Change Request: Fiscal Intermediary Standard System (FISS) - SC10 File Fix Utility Enhancement	01/06/20	10774
R2339OTN	08/09/19	User CR: ViPS Medicare System (VMS) Changes to Provide Cross Copy Functionality for Multiple SuperOp Events and Value Sets	01/06/20	10890
R2338OTN	08/09/19	Bypassing Payment Window Edits for Donor Post-Kidney Transplant Complication Services	01/06/20	11312
R2337OTN	08/09/19	User CR: MCS - Enhance CA Screen to Display Initial Transactions on an Adjustment	01/06/20	10662
R2336OTN	08/09/19	User CR: ViPS Medicare System (VMS) changes for Auto-Removal of Certificates of Medical Necessity (CMNs) associated with Super-Deleted Initial CMNs	01/06/20	11145
R2335OTN	08/02/19	Instructions for Use of Informational Remittance Advice Remark Code Alert on Laboratory Service Remittance Advices	01/06/20	11369

R2334OTN	08/02/19	Technical Change: Modification to Durable Medical Equipment (DME) Claims Cancellation Process	01/06/20	11379
R2333OTN	08/02/19	Update Encounter Data Version of Combined Common Edit Module (CCEM) to Use Receipt Date	01/06/20	11365
R2332OTN	08/02/19	Health Insurance Portability and Accountability Act (HIPAA) Electronic Data Interchange (EDI) Front End Updates for January 2020	01/06/20	11341
R2331OTN	08/02/19	Modifications to the National Coordination of Benefits Agreement (COBA) Crossover Process	01/06/20	11307
R2330OTN	08/02/19	Medicare Shared Savings Program (SSP) Skilled Nursing Facility (SNF) Affiliates' Requirement to Include Demonstration Code 77 on SNF Waiver Claims	01/06/20	11290
R2329OTN	08/02/19	Automation of Part B Underpayment Processing of Recovery Audit Contractor (RAC) Adjustments	01/06/20	11285

R2326OTN	07/31/19	Oxygen Policy Update	01/07/19	10837
R2325OTN	07/24/19	Implementation to Send Post-Pay Electronic Medical Documentation Requests (eMDR) to Participating Providers via the Electronic Submission of Medical Documentation (esMD) System	10/07/19	11142
R2324OTN	07/24/19	Implementation to Send Pre-Pay Electronic Medical Documentation Requests (eMDR) to Participating Providers via the Electronic Submission of Medical Documentation (esMD) System	10/07/19	11141
R2323OTN	07/26/19	Appropriate Use Criteria (AUC) for Advanced Diagnostic Imaging – Educational and Operations Testing Period - Claims Processing Requirements	01/06/20	11268
R2322OTN	07/18/19	Possible Use of Session Initiation Protocol (SIP) at Medicare Administrative Contractors (MACs) - Analysis Only	07/25/19	10971
R2321OTN	07/12/19	Fee For Service (FFS) Applications Upgrade Customer Information Control System (CICS) to Transaction Server (TS) v5.4 and Liberty Profile Functionality	01/06/20	11162

R2320OTN	07/08/19	FISS Integrated Outpatient Code Editor (IOCE) Claim Return Buffer Interface Changes Related to New Return Code Field Updates	10/07/19	11183
R2319OTN	07/05/19	Implementation to Send Pre-Pay Electronic Medical Documentation Requests (eMDR) to Participating Providers via the Electronic Submission of Medical Documentation (esMD) System	10/07/19	11141
R2318OTN	07/03/19	New Bills Pending Reports to Assist Medicare Administrative Contractors (MACs) with Monthly Status Report (MSR)	10/07/19	11257
R2317OTN	06/28/19	Possible Use of Session Initiation Protocol (SIP) at Medicare Administrative Contractors (MACs)	07/30/19	11308
R2316OTN	06/25/19	Fiscal Intermediary Shared System (FISS) Enhancement of PC Print Billing Software	07/01/19	11070
R2315OTN	06/14/19	Mobile Personal Identity Verification (PIV) Station Pilot Project	07/16/19	11304

R2313OTN	06/10/19	FISS Integrated Outpatient Code Editor (IOCE) Claim Return Buffer Interface Changes Related to New Return Code Field Updates	10/07/19	11183
R2311OTN	05/24/19	New Bills Pending Reports to Assist Medicare Administrative Contractors (MACs) with Monthly Status Report (MSR)	10/07/19	11257
R2310OTN	05/17/19	Viable Information Processing Systems (ViPS) Medicare Systems (VMS) Changes to Accommodate National Provider Identifier Associations Analysis and Development	07/01/19	11096
R2309OTN	05/17/19	New Overpayment Field Established within the ViPS Medicare System (VMS) for Healthcare Integrated General Ledger Accounting System (HIGLAS) Reporting	10/07/19	11297
R2308OTN	05/15/19	New CWF Edit for Part A Outpatient Medicare Advantage (MA), Health Maintenance Organization (HMO)	01/07/19	10813
R2307OTN	05/17/19	Additional Processing Instructions to Update the Standard Paper Remit (SPR)	10/07/19	11289

R2306OTN	05/09/19	Analysis for First Coast Service Options (FCSO) and Novitas for the CMS Enterprise Identity Management OKTA/Saviynt Migration	01/15/19	10791
R2305OTN	05/10/19	Implementation to Send Post-Pay Electronic Medical Documentation Requests (eMDR) to Participating Providers via the Electronic Submission of Medical Documentation (esMD) System	10/07/19	11142
R2304OTN	05/10/19	Automatic Transmission of the Prepayment File to the Recovery Audit Contractor (RAC) Data Warehouse (DW)	10/07/19	11256
R2303OTN	05/09/19	Shared System Enhancement 2018: Rewrite Fiscal Intermediary Shared System (FISS) module FSSB6001, Common Working File (CWF) Unsolicited Response Function	04/01/19	11010
R2302OTN	05/10/19	Implementation to Send Pre-Pay Electronic Medical Documentation Requests (eMDR) to Participating Providers via the Electronic Submission of Medical Documentation (esMD) System	10/07/19	11141
R2301OTN	05/10/19	User CR: MCS - Update the RB55 Job to Include Processing of Additional Fields on the Procedure Code File	10/07/19	10652

R2300OTN	05/10/19	Reporting the Patient Relationship Categories and Codes	08/12/19	11259
R2299OTN	05/03/19	Implementation of the Skilled Nursing Facility (SNF) Patient Driven Payment Model (PDPM)	07/01/19	11152
R2298OTN	05/03/19	International Classification of Diseases, 10th Revision (ICD-10) and Other Coding Revisions to National Coverage Determination (NCDs)	10/07/19	11229
R2297OTN	05/03/19	Modifications to the National Coordination of Benefits Agreement (COBA) Crossover Process	10/07/19	11209
R2296OTN	05/03/19	Updating Fiscal Intermediary Shared System (FISS) for Pricing Drugs at Different Rates Depending on Provider Type	10/07/19	11199
R2295OTN	05/03/19	Archiving and Retrieving of the Integrated Outpatient Code Editor (I/OCE) for Processing Claims	10/07/19	11196

R2294OTN	05/03/19	FISS Integrated Outpatient Code Editor (IOCE) Claim Return Buffer Interface Changes Related to New Return Code Field Updates	10/07/19	11183
R2293OTN	05/03/19	Systems Changes to Allow IPPS-Excluded Hospitals to Operate IPPS-Excluded Units	10/07/19	11173
R2292OTN	05/03/19	User CR: FISS - Analysis Only - Enhancement to Allow MACs to Copy VSAM Files from One Region to Another to Reduce File Maintenance	10/07/19	11018
R2291OTN	05/03/19	User CR: FISS - Expand Number of Archived Claims That May Be Retrieved per Cycle	10/07/19	10764
R2290OTN	05/03/19	User CR: ViPS Medicare System (VMS) - New Standard Paper Remittance (SPR) Files for Use on Durable Medical Equipment Medicare Administrative Contractors (DME MAC) Web Portals	10/07/19	10722
R2289OTN	05/03/19	User CR: FISS Update RPTMEDR1 to Provide Medical Policy Parameters (MPP) Status	10/07/19	10538

R2288OTN	05/03/19	User CR: FISS - Develop Enhanced Claims Search Reporting in FISS - Phase 2	10/07/19	10534
R2287OTN	05/03/19	Health Insurance Portability and Accountability Act (HIPAA) Electronic Data Interchange (EDI) Front End Updates for October 2019	10/07/19	11238
R2285OTN	05/03/19	Common Working File (CWF) to Medicare Beneficiary Database (MBD) Extract File Changes to send all Hospice periods to Support HIPAA Eligibility Transaction **System (HETS)**	10/07/19	11277
R2280OTN	04/19/19	MAC Reporting of Issuance of Compliance Letters to Specific Providers and Suppliers Regarding Inappropriate Billing of Qualified Medicare Beneficiaries (QMBs) for Medicare Cost-Sharing	06/21/19	11250
R2279OTN	04/12/19	Direct Mailing Notification to the Medicare Administrative Contractors (MACs) Regarding Clinical Laboratory Fee Schedule (CLFS)	05/03/19	11271
R2276OTN	04/05/19	Update to Claim Processing Logic to Allow 53 Automated Development System (ADS) Messages (Three Header and 50 Claim Lines)	10/07/19	11164

R2275OTN	04/05/19	User CR: MCS - Add Date to NU Screen for Health Insurance Claim Number (HICN) Changes	10/07/19	10689
R2273OTN	03/29/19	Revision to the Cost Report Acceptability Checklists	07/01/19	10920
R2271OTN	03/29/19	The Supplemental Security Income (SSI)/Medicare Beneficiary Data for Fiscal Year 2017 for Inpatient Prospective Payment System (IPPS) Hospitals, Inpatient Rehabilitation Facilities (IRFs), and Long Term Care Hospitals (LTCHs)	04/29/19	11187
R2270OTN	03/13/19	Implementation of the Skilled Nursing Facility (SNF) Patient Driven Payment Model (PDPM)	07/01/19	11152
R2269OTN	03/07/19	User CR: MCS - Health Professional Shortage Area (HPSA) No Pay Remittances Should Not Be Sent for Do Not Forward (DNF) Provider	07/01/19	10656
R2268OTN	03/08/19	Instructions Relating to the Self-Disallowance Requirement for Determining Jurisdiction over Appeals	04/08/19	10912

R2267OTN	03/06/19	New State Code for CA, FL, LA, MI, MS, OH, PA, TN and TX	04/22/19	11065
R2266OTN	02/28/19	Revising the Remittance Advice Messaging for the 20-Hour Weekly Minimum for Partial Hospitalization Program (PHP) Services	07/01/19	11066
R2265OTN	02/25/19	Revising the Remittance Advice Messaging for the 20-Hour Weekly Minimum for Partial Hospitalization Program (PHP) Services	07/01/19	11066
R2264OTN	02/21/19	Implementation to Exchange the list of Electronic Medical Documentation Requests (eMDR) for Registered Providers via the Electronic Submission of Medical Documentation (esMD) System	07/01/19	11003
R2263OTN	02/22/19	Implementation of the Award for the Jurisdiction 8 (J-8) Part A and Part B Medicare Administrative Contractor (J8 A/B MAC)	03/01/19	11153
R2262OTN	02/21/19	Ensuring Organ Acquisition Charges Are Not Included in the Inpatient Prospective Payment System (IPPS) Payment Calculation	07/01/19	11087

R2261OTN	02/13/19	Direct Mailing Notification to MACs Regarding Addressing the Opioid Crisis	02/28/19	11069
R2260OTN	02/15/19	User CR: MCS - Add MSP Confirmed Flag and Cost Avoid to History Screen, IDR, and other Files	07/01/19	10669
R2259OTN	02/15/19	Modification of the MCS Claims Processing System Logic for Modifier 59, XE, XS, XP, and XU Involving the National Correct Coding Initiative (NCCI) Procedure to Procedure (PTP) Column One and Column Two Codes	07/01/19	11168
R2258OTN	02/15/19	User CR: MCS - Display Region on Select MCS Screens	07/01/19	10657
R2257OTN	02/15/19	User CR: MCS - Health Professional Shortage Area (HPSA) No Pay Remittances Should Not Be Sent for Do Not Forward (DNF) Provide	07/01/19	10656
R2255OTN	02/08/19	Shared System Enhancement 2018: Rewrite Fiscal Intermediary Shared System (FISS) module FSSB6001, Common Working File (CWF) Unsolicited Response Function	04/01/19	11010

R2253OTN	02/08/19	Implementation of Additional Contact with Providers in the Event of a Rejected Cost Report Filing	03/12/19	10919
R2252OTN	02/08/19	Implementation of the Skilled Nursing Facility (SNF) Patient Driven Payment Model (PDPM)	07/01/19	11152
R2251OTN	02/08/19	Utilizing the Blank Page on Odd-Numbered Medicare Summary Notices to Promote CMS Priorities	04/01/19	11140
R2250OTN	02/01/19	ViPS Medicare System (VMS) changes to the IC4301 - RAC Reopenings and Appeals Tracking Report to Display the Current Appeal Level	07/01/19	10646
R2249OTN	02/01/19	Analysis on Systems to use Documentation Code References in Additional Documentation Request (ADR) Letters and to Include Non-Medical ADRs for Electronic Medical Documentation Requests (eMDRs) via the Electronic Submission of Medical Documentation (esMD) System	07/01/19	11139

R2248OTN	02/01/19	Implementation to Exchange the list of Electronic Medical Documentation Requests (eMDR) for Registered Providers via the Electronic Submission of Medical Documentation (esMD) System	07/01/19	11003
R2247OTN	02/01/19	Analysis Call to Discuss Multi-Carrier System (MCS) Limitation When Quantity Allowed is Greater Than Quantity Billed	07/01/19	11149
R2246OTN	02/01/19	Expand Narrative File Message Number Range Implementation	070/01/19	11156
R2245OTN	02/01/19	Processing Instructions to Update the Standard Paper Remit (SPR)	07/01/19	11112
R2244OTN	02/01/19	Multi-Carrier System (MCS) Analysis Change Request (CR) to create Application Program Interfaces (APIs) for Letter Writing	07/01/19	11154
R2243OTN	02/01/19	International Classification of Diseases, 10th Revision (ICD-10) and Other Coding Revisions to National Coverage Determination (NCDs)	07/01/19	11134

R2241OTN	01/29/19	Enhancing the Verification Process of Common Working File (CWF) Part A Provider Inquiries	04/01/19	10983
R2240OTN	01/25/19	User CR: MCS - Print Report Edit/Audit and PJ/PL/PM Set-Up PJ/PL or PL/PM	07/01/19	10659
R2239OTN	01/24/19	Targeted Probe and Educate	10/01/17	10249
R2238OTN	01/25/19	Reduce/Eliminate Screen-Scraping for Shared Systems by Creating Transaction-based Access to Common Working File (CWF) Beneficiary Data - Analysis and Design	07/01/19	11133
R2237OTN	01/25/19	Viable Information Processing Systems (ViPS) Medicare Systems (VMS) Changes to Accommodate National Provider Identifier Associations Analysis and Development	07/01/19	11096
R2235OTN	01/25/19	Ensuring Organ Acquisition Charges Are Not Included in the Inpatient Prospective Payment System (IPPS) Payment Calculation	07/01/19	11087

R2234OTN	01/25/19	Utilizing Data from the USPS Secure Destruction Program to Suppress Mailing Medicare Summary Notices (MSNs) to Undeliverable Addresses	04/01/19	11075
R2233OTN	01/25/19	Shared System Enhancement 2018: Automate Health Insurance Master Record (HIMR) Lookup Within Common Working File (CWF)	07/01/19	11095
R2232OTN	01/25/19	Revising the Remittance Advice Messaging for the 20-Hour Weekly Minimum for Partial Hospitalization Program (PHP) Services	07/01/19	11066
R2231OTN	01/25/19	Processing Veterans Administration (VA) Inpatient Claims Exempt from Present on Admission (POA) Reporting	07/01/19	11053
R2230OTN	01/25/19	Removal of Quality Programs from the Medicare Physician Fee Schedule (MPFS) Disclosure Report	07/10/19	11119
R2229OTN	01/25/19	Lock the Claim Term Date on File 41 - Analysis Only	07/01/19	11107

R2228OTN	01/25/19	Fiscal Intermediary Shared System (FISS) Enhancement of PC Print Billing Software	07/01/19	11070
R2227OTN	01/25/19	New State Code for CA, FL, LA, MI, MS, OH, PA, TN and TX	07/01/19	11065
R2226OTN	01/25/19	Synchronize the Common Working File (CWF) and Enrollment Data Base (EDB) Entitlement Data	07/01/19	11052
R2224OTN	01/22/19	ViPS Medicare System (VMS) Prepayment Review File	04/01/19	10461
R2223OTN	01/18/19	Multi-Carrier System (MCS) Prepayment Review File	04/01/19	10460
R2222OTN	01/18/19	Update to the Medicare Fee-For-Service (FFS) Companion Guides	03/01/19	11131

R2221OTN	01/18/19	Fiscal Intermediary Standard System (FISS) Prepayment Review Report	04/01/19	10414
R2220OTN	01/11/2019	Direct Mailing Notification to MACs Regarding Addressing the Opioid Crisis	02/15/19	11069
R2219OTN	01/11/2019	Shared System Enhancement 2018: Enhance Common Working File (CWF) Internal Testing Facility (ITF) Response Records	04/01/19	10974
R2218OTN	01/04/2019	ViPS Medicare System (VMS) Prepayment Review File	04/01/19	10461
R2217OTN	12/28/2018	Multi-Carrier System (MCS) Prepayment Review File	04/01/19	10460
R2216OTN	12/28/2018	Clarification of Part B Recovery Audit Contractor (RAC) Appeals Case File Sharing Process	07/01/19	11037

R2215OTN	12/28/2018	Analysis of the Combined Common Edits/Enhancements Module (CCEM) and MSSQL and Oracle Relational Data Base Management Systems	07/01/19	11050
R2214OTN	12/14/18	Transitioning the Pricing, Data Analysis and Coding (PDAC) to the New Contractor	01/14/19	11071
R2213OTN	12/14/18	Implementing the Revised Patient's Request for Medical Payment Form CMS-1490S, Version 01/18	01/07/19	10957
R2209OTN	12/07/18	Analysis and Implementation for First Coast Service Options (FCSO) and Novitas for the CMS Enterprise Identity Management OKTA/Saviynt Migration	01/16/19	10791
R2208OTN	11/30/18	Implementing the Insertion of a Sheet of Paper Promoting the Electronic Medicare Summary Notices (eMSNs) into Mailed Medicare Summary Notices (MSNs)	01/07/19	10910
R2206OTN	11/21/18	Implementation of a Bundled Payment for Multi-Component Durable Medical Equipment (DME)	01/07/19	10854

R2204OTN	11/14/18	Update to the Long Description for Spanish Records on The Procedure Descriptor Master File for all Adds and Updates That Were Not Loaded with Change Request (CR) 10286	01/07/19	10977
R2203OTN	11/09/18	User CR: FISS to Add Location/Statuses to the 6H File Fix	01/07/19	10546
R2202OTN	11/09/18	International Classification of Diseases, 10th Revision (ICD-10) and Other Coding Revisions to National Coverage Determination (NCDs)	04/01/19	11005
R2201OTN	11/09/18	User CR: Fiscal Intermediary Shared System (FISS) - Implementation of the Molecular Diagnostic Services (MolDX)	04/01/19	10760
R2200OTN	11/09/18	International Classification of Diseases, Tenth Revision (ICD-10) and Other Coding Revisions to National Coverage Determinations (NCDs)	01/07/19	10859
R2199OTN	11/09/18	Appeon PowerBuilder Upgrade Analysis Only	04/01/19	11041

R2198OTN	11/09/18	Enhancing the Verification Process of Common Working File (CWF) Part A Provider Inquiries	04/01/19	10983
R2197OTN	11/09/18	ViPS Medicare System (VMS) Prepayment Review File	04/01/19	10461
R2196OTN	11/09/18	Analysis to Create a Standard Coded List of Document Types to be used by Review Contractors (RC) for Requesting Documentation in Pre-Pay and Post-Pay Additional Documentation Request (ADR) Letters (and/or Electronic Medical Documentation Requests (eMDR) via the Electronic Submission of Medical Documentation (esMD) System)	04/01/19	11001
R2195OTN	11/09/18	Analysis to Discuss and Resolve the Challenges Around the Design of (Pre-/Post-Pay) Electronic Medical Documentation Requests (eMDR) via the Electronic Submission of Medical Documentation (esMD) System	04/01/19	11002

R2194OTN	11/02/18	Medicare Cost Report E-Filing (MCReF)	01/02/19	10611
R2193OTN	11/02/18	Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Update	01/07/19	10838
R2192OTN	11/02/18	Implementation of Healthcare Common Procedure Coding System (HCPCS) Code J3591 and Additional Changes for End Stage Renal Disease (ESRD) Claims	01/07/19	10851
R2191OTN	11/02/18	Multi-Carrier System (MCS) Prepayment Review File	04/01/19	10460
R2190OTN	11/02/18	Shared System Enhancement 2018: Improve Organization of the International Code of Diseases, Tenth Revision (ICD-10) File during Creation	04/01/19	11009
R2189OTN	11/02/18	User CR: Update FISS Utility to Retain Original Claim Receipt Date	04/01/19	10903

R2188OTN	11/02/18	Fiscal Intermediary Standard System (FISS) Prepayment Review Report	04/01/19	10414
R2187OTN	11/02/18	Shared System Enhancement 2018: Rewrite Fiscal Intermediary Shared System (FISS) module FSSB6001, Common Working File (CWF) Unsolicited Response Function	04/01/19	11010
R2186OTN	11/02/18	Shared System Enhancement 2018: Analysis to Minimize Data for Medicare Beneficiary Database (MBD) Extract	04/01/19	10975
R2185OTN	11/02/18	User Change Request (CR): Multi-Carrier System (MCS) - Enhance System Control Facility (SCF) to Add Fraud Prevention System (FPS) Criteria	04/01/19	10680
R2183OTN	11/02/18	Shared System Enhancement 2018: Move Authorized Reason Code Override Processing to FSSBSTUF	04/01/19	11011
R2182OTN	11/02/18	User Change Request (CR): Multi-Carrier System (MCS) - Analysis to Enhance the Maximum Claim Counter Process for Edits and Audits	04/01/19	10655

R2181OTN	11/02/18	User CR: ViPS Medicare System (VMS) Changes to Bypass Claim Edit 0192 on an Adjustment Claim when Payment was Suppressed on the Previous Adjustment	04/01/19	10724
R2180OTN	11/02/18	FISS Integrated Outpatient Code Editor (IOCE) Claim and Return Buffer Interface Changes Related to new Contractor Line Level Bypass Updates	04/01/19	10988
R2179OTN	11/02/18	User Change Request (CR): ViPS Medicare System (VMS) Changes to Edit Dispensing and Supply Fee Codes Allowed when Related Drug Codes are Denied in Batch	04/01/19	10580
R2178OTN	11/02/18	Removal of the Provider Requirement for Reporting on an Institutional Claim a Value Code (VC) 05 - Professional Component-Split Implementation	04/01/19	10986
R2176OTN	11/02/18	Revision of Skilled Nursing Facility (SNF) Consolidated Billing (CB) Edits for Ambulance Services Rendered to Beneficiaries in a Part A SNF Stay	04/01/19	10955
R2175OTN	10/26/18	Shared System Enhancement 2018: Establish a HMBI Query/Response Log	04/01/19	11008

R2174OTN	10/26/18	Correction to Common Working File (CWF) Informational Unsolicited Response (IUR) 7272 for Intervening Stay	04/01/19	10960
R2173OTN	10/26/18	Shared System Enhancement 2018: Renovate 2029 Serial Date Processing – Analysis Only	04/01/19	10944
R2172OTN	10/26/18	Shared System Enhancement 2018: Remove Obsolete VIPS Medicare System (VMS) logic Related to the ViPS Medicare Automated Parameter (VMAP) Carrier Parameter Table	04/01/19	10949
R2171OTN	10/26/18	Analysis to Implement Changes to Regulations Allowing Inpatient Prospective Payment System (IPPS)-Excluded Hospitals to Operate IPPS-Excluded Units	04/01/19	10953
R2170OTN	10/26/18	Analysis of the Combined Common Edits/Enhancements Module (CCEM) and Intelligent Data Stream (IDS) Reporting Software to Ensure Effective Operation Under Java Version 8	04/01/19	10993
R2168OTN	10/26/18	Provider Enrollment Chain and Ownership System (PECOS) Data Source Change	01/01/19	10413

R2167OTN	10/26/18	Decommissioning of the Client Letter Application within VIPS Medicare System (VMS)	04/01/19	10996
R2166OTN	10/26/18	Shared System Enhancement 2018: Enhance Common Working File (CWF) Internal Testing Facility (ITF) Response Records	04/01/19	10974
R2165OTN	10/26/18	Fiscal Intermediary Shared System (FISS) AGILE Development and Implementation of Application Programming Interface (API) for Medicare Administrative Contractors (MACs)	04/01/19	11013
R2164OTN	10/26/18	Shared System Enhancement 2018: Enhance Common Working File (CWF) Data Extract Process	04/01/19	10976
R2163OTN	10/26/18	Shared System Enhancement 2018 ViPS Medicare Systems (VMS): Streamline the use of Assembler Language Code (ALC) Modules	04/01/19	10946
R2162OTN	10/26/18	Modify Common Working File (CWF) Editing to Apply Code G0476 to Female Beneficiaries Only	04/01/19	10623

R2161OTN	10/26/18	Shared System Enhancement 2018: Remove Default Automated Development System (ADS) and Field ADS Questions	04/01/19	10943
R2160OTN	10/26/18	Shared System Enhancement 2018: Eliminate action code logic	04/01/19	10945
R2159OTN	10/26/18	Shared System Enhancement 2018: Remove Remaining Obsolete Access Restriction by Granular User Services (ARGUS) Processing	04/01/19	10934
R2158OTN	10/26/18	Shared System Enhancement 2018: Establish Beneficiary Data Streaming (BDS) Log Files	04/01/19	11007
R2157OTN	10/26/18	Systems Changes to Address Acute Kidney Injury (AKI) Claims and Outlier Payments	04/01/19	10985
R2156OTN	10/26/18	Update to Common Working File (CWF) Edit of Medicare Advantage (MA) Enrollees' Inpatient Claims from Approved Teaching Hospitals Billed with Indirect Medical Education (IME) or Coverage with Evidence Development (CED)	04/01/19	10959

R2154OTN	10/26/18	Shared System Enhancement 2018: Streamline National Provider Identifier (NPI) Processing in the VIPS Medicare System (VMS)	04/01/19	10948
R2153OTN	10/26/18	Medicare Cost Report E-Filing (MCReF)	06/12/18	10611
R2152OTN	10/12/18	Procedures for Shared Systems to Handle Foreign (non US) Addresses	01/07/19	10844
R2151OTN	10/12/18	Updating Calendar Year (CY) 2019 Medicare Diabetes Prevention Program (MDPP) Payment Rates	01/07/19	10970
R2149OTN	10/05/18	Analysis to Implement the Skilled Nursing Facility (SNF) Patient Driven Payment Model (PDPM)	04/01/19	10950
R2148OTN	10/05/18	Claim Based Incentive Programs - Non-Assigned Claim Update	04/01/19	10804

R2147OTN	10/05/18	Update to the Long Description for Spanish Records on The Procedure Descriptor Master File for all Adds and Updates That Were Not Loaded with Change Request (CR) 10286	11/06/18	10977
R2146OTN	10/05/18	Update to Common Working File (CWF) Benefit Period Logic for Occurrence Code 22 on Skilled Nursing Facility (SNF) and Swing Bed Inpatient Claims	04/01/19	10922
R2145OTN	10/05/18	Shared System Enhancement 2018: Implementation of the Medicare Summary Notice (MSN) Zip Code Analyzer Tool	04/01/19	10935
R2144OTN	10/01/18	User CR: FISS to Add Location/Statuses to the 6H File Fix	01/07/19	10546
R2143OTN	09/28/18	Implementation of the Award for the Jurisdiction F (J-F) Part A and Part B Medicare Administrative Contractor (JF A/B MAC)	11/30/18	10917
R2142OTN	09/28/18	New Modifier for Expanding the Use of Telehealth for Individuals with Stroke	01/07/19	10883

R2141OTN	09/21/18	Implementing the Insertion of a Sheet of Paper Promoting the Electronic Medicare Summary Notices (eMSNs) into Mailed Medicare Summary Notices (MSNs)	01/02/19	10910
R2139OTN	09/14/18	Monthly Status Report (MSR) Excel Data Template Updates and Implementation of Medicare Administrative Contractor (MAC)/Centers for Medicare & Medicaid Services (CMS) Data Exchange (MDX) Portal System - This CR Rescinds and Fully Replaces CR 10399.	09/27/18	10870
R2138OTN	09/11/18	International Classification of Diseases, Tenth Revision (ICD-10) and Other Coding Revisions to National Coverage Determinations (NCDs)	09/28/18	10859
R2137OTN	09/06/18	National Correct Coding Initiative (NCCI) Add-on Codes for Non-Outpatient Prospective Payment System (OPPS) Institutional Providers Implementation	10/01/18	10504
R2136OTN	09/05/18	Standardization of Case File Transmittal and Provider Information Processes, Bankruptcy, Payment Hold, and Cancellation Reporting Between the Medicare Administrative Contractors (MAC) and the Recovery Audit Contractor (RAC)	10/01/18	10369

R2135OTN	08/31/18	Medicare Appeals System (MAS) Part B and Durable Medical Equipment (DME) Data Collection Web Services Pilot	10/01/18	10829
R2134OTN	08/24/18	Shared System Enhancement 2015: Resolve Operating Report (ORPT) Issues - Development and Implementation	07/03/17	9734
R2133OTN	08/17/18	Clarification of Policies Related to Reasonable Cost Payment for Nursing and Allied Health Education Programs	01/07/19	10552
R2132OTN	08/17/18	User CR: MCS - Enhance H9 Screen to Hold Information After Claim Finalizes	01/07/19	10650
R2131OTN	08/17/18	Ensuring Home Health Standardized Amounts Are Reflected in the National Claims History	01/07/19	10523
R2126OTN	08/10/18	User CR: FISS to Add Location/Statuses to the 6H File Fix	01/07/19	10546

R2122OTN	08/10/18	International Code of Diseases, Tenth Revision (ICD-10) and Other Coding Revisions to National Coverage Determinations (NCDs)	01/07/19	10859
R2120OTN	08/10/18	New CWF Edit for Part A Outpatient Medicare Advantage (MA), Health Maintenance Organization (HMO)	01/07/19	10813
R2119OTN	08/10/18	Process Improvement for Recovery Audit Contractor (RAC) Mass Adjustment Input File – Underpayment Adjustment Enhancement	01/07/19	10493
R2116OTN	08/10/18	Modifications to the National Coordination of Benefits Agreement (COBA) Medicare Crossover Process	01/07/19	10815
R2115OTN	08/10/18	Correct the CWF Handling of Beneficiaries with 14+ MSP Occurrences for HETS	01/0719	10811
R2113OTN	08/10/18	Combined Common Edits/Enhancements Module (CCEM) Updates for JAVA (version 6) to JAVA (version 7)	01/07/19	10822

R2112OTN	08/10/18	User CR: FISS to Add Additional Search Features to Provider Direct Data Entry (DDE) Screen	01/07/19	10542
R2111OTN	08/10/18	Modifications Within Common Working File (CWF) to Adjustment Claims Exceeding Annual Therapy Threshold	01/07/19	10810
R2109OTN	12/14/18	Guidance for Medicare Administrative Contractors (MACs) Processing Beneficiary and Family Centered Care (BFCC) Quality Improvement Organizations (QIO) Two-Midnight (2MN) Short Stay Review (SSR) Determinations	11/13/18	10600
R2108OTN	08/03/18	Shared System Enhancement 2015: Identify Inactive Medicare Demonstration Projects within the Fiscal Intermediary Shared System - (Removing /Archiving demonstration codes 44 and 47)	01/07/19	10846
R2106OTN	08/03/18	Procedures for Shared Systems to Handle Foreign (non US) Addresses	01/07/19	10844
R2105OTN	08/03/18	User CR: MCS - Analysis to Expand Narrative File Message Number Range	01/07/19	10637

R2104OTN	08/03/18	Analysis of the Structured Data Elements for Sending Additional Documentation Request (ADR) Decision Letters and Prior Authorization/Pre-Claim Review (PA/PCR) Decision Letters Electronically via the Electronic Submission of Medical Documentation (esMD) System	11/05/18	10807
R2102OTN	08/03/18	Shared System Enhancement 2014: Implementation of Fiscal Intermediary Shared System (FISS) Obsolete On-Request Jobs - Phase 3	01/07/19	10814
R2101OTN	08/03/18	Shared System Enhancement 2014: Implementation of Fiscal Intermediary Shared System (FISS) Obsolete On-Request Jobs - Phase 4	01/07/19	10551
R2100OTN	07/20/18	Analysis for First Coast Service Options (FCSO) and Novitas for the Security Assertion Markup Language 2.0 (SAML 2.0) Migration	07/30/18	10790
R2099OTN	07/20/18	Client Letter Code Removal and Decommission in the ViPS Medicare System (VMS)	01/07/19	10835

R2098OTN	07/12/18	Implementation of Automating First Claim Review in Serial Claims for Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS)	07/02/18	10426
R2097OTN	06/26/18	Clean-up of Fiscal Intermediary Shared System (FISS) Reason Codes and Quarterly Reports	10/01/18	10255
R2096OTN	09/22/18	Global Surgical Days for Critical Access Hospital (CAH) Method II	07/02/18	10425
R2095OTN	06/20/18	Revisions to the Telehealth Billing Requirements for Distant Site Services	10/01/18	10583
R2094OTN	06/20/18	Update to the Hospital Transfer Policy for Early Discharges to Hospice Care	10/01/18	10602
R2093OTN	06/07/2018	Standardization of Case File Transmittal and Provider Information Processes, Bankruptcy, Payment Hold, and Cancellation Reporting Between the Medicare Administrative Contractors (MAC) and the Recovery Audit Contractor (RAC)	10/01/18	10369

R2092OTN	06/08/2018	Analysis for First Coast Service Options (FCSO) and Novitas for the Security Assertion Markup Language 2.0 (SAML 2.0) Migration	06/25/18	10790
R2090OTN	05/24/18	Use the VMAP/4D States Table in all VMS Address Processing	10/01/18	10524
R2086OTN	05/04/18	Combined Common Edits/Enhancements Module (CCEM) Updates for Apache POI (version 3.14.0) to Apache POI (version 3.17) and Analysis from JAVA (version 6) to JAVA (version 7)	10/01/18	10625
R2085OTN	05/04/18	Implementation of Procedures for Undeliverable Medicare Summary Notices (uMSNs) and Summary MSNs for Previously Undeliverable MSNs for FISS and MCS (No-Pay only)	10/01/18	10035
R2084OTN	05/04/18	Analysis and Design for Fiscal Intermediary Shared System (FISS), Multi-Carrier System (MCS), and Viable Information Processing System (VIPS) Medicare System (VMS) Prepayment Review Report	10/01/18	10608
R2083OTN	05/04/18	Implementation of Changes to the Pre-Payment Additional Documentation Request (ADR) Letters for Medical Review	10/01/18	10525

R2082OTN	05/04/18	Analysis for Mandatory Support of Review Contractors to Send Electronic Medical Documentation Requests (eMDR) to Participating Providers via the Electronic Submission of Medical Documentation (esMD) System	10/01/18	10526
R2081OTN	05/11/18	Transition Letter Writing from Client Letter Software to the Durable Medical Equipment (DME) Medicare Administrative Contractors (MACs)	10/01/18	10634
R2080OTN	05/04/18	Fee-For-Service (FFS) Shared System Maintainers (SSMs) Standardized Release Identification (ID) Format	10/01/18	10562
R2079OTN	05/04/18	Identifying and Eliminating Discrepancies between the Provider Enrollment, Chain and Ownership System (PECOS) and the Fiscal Intermediary Shared System (FISS)	10/01/18	10564
R2077OTN	05/04/18	Clean-up of Fiscal Intermediary Shared System (FISS) Reason Codes and Quarterly Reports	10/01/18	10255

R2076OTN	05/04/18	International Code of Diseases, Tenth Revision (ICD-10) and Other Coding Revisions to National Coverage Determinations (NCDs)	10/01/18	10622
R2075OTN	04/30/18	Medicare Cost Report E-Filing (MCReF)	06/12/18	10611
R2074OTN	04/27/18	Modifying FISS Part B Claims Overlap Edits	10/01/18	10518
R2073OTN	04/27/18	Use the VMAP/4D States Table in all VMS Address Processing	10/01/18	10524
R2072OTN	04/27/18	Implementation of Business Requirements to Increase Claim Counter Maximum and Create Auto-Deletion Utility	10/01/18	10522
R2071OTN	05/01/18	Phase 4 - Updating the Fiscal Intermediary Shared System (FISS) to Make Payment for Drugs and Biologicals Services for Outpatient Prospective Payment System (OPPS) Providers	10/01/18	10519

R2070OTN	04/27/18	Shared System Enhancement 2015: Identify Inactive Medicare Demonstration Projects within the Fiscal Intermediary Shared System - (Removing/Archiving Demonstration Codes 51 and 56)	10/01/18	10508
R2069OTN	04/27/18	Shared System Enhancement 2014: Implementation of Fiscal Intermediary Shared System (FISS) Obsolete On-Request Jobs - Phase 3	10/01/18	10496
R2068OTN	04/27/18	Common Working File (CWF) Split Medicare Part A Claims to Carry 50 Lines per Segment Rather than 100 Lines per Segment	10/01/18	10495
R2067OTN	04/27/18	Shared System Enhancement 2014: Implementation of Fiscal Intermediary Shared System (FISS) Obsolete On-Request Jobs - Phase 2	10/01/18	10469
R2066OTN	04/27/18	Enhancement for Undeliverable Pay Medicare Summary Notices (MSNs) for Multi-Carrier System (MCS) Users	10/01/18	10439
R2065OTN	04/27/18	Part B Detail Line Expansion - Multi-Carrier System (MCS) Phase 9	10/1/18	10034

R2064OTN	04/27/18	Part B Detail Line Expansion - Fiscal Intermediary Shared System (FISS)	07/02/18	10628
R2063OTN	04/27/18	Processing Instructions to Update the Identification Code Qualifier Being Used in the NM108 Data Element at the 2100 Loop, NM1- Patient Name Segment in the 835 Guide	10/1/18	10565
R2062OTN	04/27/18	Updates to Peritoneal Dialysis Claims Processing, Provider Statistical and Reimbursement Report (PSR) and Payment for Ultrafiltration for Beneficiaries with Acute Kidney Injury (AKI)	10/01/18	10574
R2057OTN	04/27/18	Common Working File (CWF) to Increase Next Eligible Date Occurrences to 99 for Preventative Services	10/01/18	10532
R2056OTN	04/27/18	User CR: Develop Enhanced Claims Search Reporting in Fiscal Intermediary Shared System (FISS) - Phase 1	10/01/18	10533
R2055OTN	04/27/18	Update to the Hospital Transfer Policy for Early Discharges to Hospice Care	10/01/18	10602

R2054OTN	04/13/18	Change in Type of Service (TOS) for Current Procedural Terminology (CPT) Code 77067	04/13/18	10607
R2051OTN	04/04/18	Claims Processing Actions to Implement Certain Provisions of the Bipartisan Budget Act of 2018	04/02/18	10531
R2050OTN	04/03/18	Modifications to the Implementation of the Paperwork (PWK) Segment of the Electronic Submission of Medical Documentation (esMD) System	07/02/18	10397
R2049OTN	03/30/18	National Supplier Clearinghouse (NSC) Numbers Shortage for Walgreen TIN	04/02/18	10594
R2048OTN	03/23/18	Fiscal Intermediary Shared System (FISS) Internal Crosswalk Modification	07/02/18	10554
R2047OTN	03/23/18	Claims Processing Actions to Implement Certain Provisions of the Bipartisan Budget Act of 2018	04/02/18	10531

R2045OTN	03/16/18	Identifying and Eliminating Discrepancies in Shared System Enrollment Data and Provider Enrollment Chain and Ownership System (PECOS) Data	07/02/18	10411
R2044OTN	03/16/18	National Correct Coding Initiative (NCCI) Add-on Codes for Non-Outpatient Prospective Payment System (OPPS) Institutional Providers Implementation	04/02/18	10504
R2043OTN	03/16/18	The Supplemental Security Income (SSI)/Medicare Beneficiary Data for Fiscal Year 2016 for Inpatient Prospective Payment System (IPPS) Hospitals, Inpatient Rehabilitation Facilities (IRFs), and Long Term Care Hospitals (LTCH)	04/16/18	10527
R2042OTN	03/16/18	Adjustments to Qualified Medicare Beneficiary (QMB) Claims Processed Under CR 9911	09/20/18	10494
R2041OTN	03/13/18	Redesign of Flu Vaccines in Fiscal Intermediary Shared System (FISS)	07/02/18	10415

R2040OTN	03/02/18	Appropriate Use Criteria for Advanced Diagnostic Imaging – Voluntary Participation and Reporting Period - Claims Processing Requirements – HCPCS Modifier QQ	07/02/18	10481
R2039OTN	02/28/18	ICD-10 and Other Coding Revisions to National Coverage Determinations (NCDs)	04/02/18	10473
R2034OTN	02/16/18	Identifying and Eliminating Discrepancies in Shared System Enrollment Data and Provider Enrollment Chain and Ownership System (PECOS) Data	07/02/18	10411
R2033OTN	02/16/18	ICD-10 and Other Coding Revisions to National Coverage Determinations (NCDs	04/02/18	10473
R2032OTN	02/16/18	Provider Enrollment, Chain, and Ownership System (PECOS) Extract Changes for Multi-Carrier System (MCS) - Analysis Only	07/02/18	10455
R2031OTN	02/16/18	Modifications to the Implementation of the Paperwork (PWK) Segment of the Electronic Submission of Medical Documentation (esMD) System	07/02/18	10397

R2030OTN	02/02/18	Shared System Enhancement 2014: Implementation of Fiscal Intermediary Shared System (FISS) Obsolete Core Reports - Phase 3	07/02/18	10464
R2029OTN	02/02/18	Implementation of Automating First Claim Review in Serial Claims for prosthetics, Orthotics, and Supplies (DMEPOS)Durable Medical Equipment, P	07/02/18	10426
R2028OTN	02/02/18	Shared System Enhancement 2014: Implementation of Fiscal Intermediary Shared System (FISS) Obsolete Financial Reports - Phase 3	07/02/18	10463
R2026OTN	02/02/18	Part B Detail Line Expansion - Multi-Carrier System (MCS) Phase 8	07/02/18	10033
R2025OTN	02/02/18	Shared System Enhancement 2014: Implementation of Fiscal Intermediary Shared System (FISS) Obsolete On-Request Jobs - Phase 1	07/02/18	10451
R2022OTN	01/26/18	Modifications to the National Coordination of Benefits Agreement (COBA) Crossover Process	04/02/18	10292

R2021OTN	01/26/18	Shared System Enhancement 2014: Implementation of Fiscal Intermediary Shared System (FISS) Obsolete Financial Reports - Phase 2	07/02/18	10437
R2019OTN	01/26/18	Redesign of Flu Vaccines in Fiscal Intermediary Shared System (FISS)	07/02/18	10415
R2018OTN	01/26/18	Shared System Enhancement 2014: Implementation of Fiscal Intermediary Shared System (FISS) Obsolete Core Reports - Phase 2	07/02/18	10444
R2017OTN	01/26/18	Updates to Common Working File (CWF) Edits for Acute Kidney Injury (AKI) Claims	07/02/18	10430
R2016OTN	01/26/18	Part B Detail Line Expansion - VMS	07/02/18	10032
R2015OTN	01/26/18	Updates to the Common Working File (CWF) to Allow Entry Code 9 Durable Medical Equipment (DME) Claims to Process Correctly	07/02/18	10376

R2014OTN	01/26/18	Identifying Prior Hospice Days When Calculating Hospice Routine Home Care Payments After a Transfer	07/02/18	10180
R2013OTN	01/26/18	Global Surgical Days for Critical Access Hospital (CAH) Method II	07/02/18	10425
R2012OTN	01/26/18	Analysis of Reject Responses for Prior Authorization/Pre-Claim Review Requests (PA/PCR) via the Electronic Submission of Medical Documentation (esMD) System and Usage of Standardized Review Reason Codes and Statements	07/02/18	10396
R2011OTN	01/26/18	Shared System Enhancement 2015: Identify Inactive Medicare Demonstration Codes 46, 48, and 49 within the Fiscal Intermediary Shared System (FISS)	07/02/18	10401
R2010OTN	01/26/18	Analysis Only: Procedures to Handle Foreign (non US) Addresses	07/02/18	10428
R2008OTN	01/24/18	Shared System Enhancement 2015: Identify Inactive Medicare Demonstration Projects Within the Common Working File (CWF)	04/02/18	10017

R2006OTN	01/19/18	Monthly Status Report (MSR) Excel Data Template Updates and Implementation of MAC/CMS Data Exchange (MDX) Portal System	02/20/18	10399
R2005OTN	01/18/18	ICD-10 and Other Coding Revisions to National Coverage Determinations (NCDs)	01/29/18	10318
R2000OTN	01/12/18	MCS Proof of Concept to Convert Existing MCSDT Window to Utilize API Technology	07/02/18	10449
R1999OTN	01/10/18	Implementation of the Transitional Drug Add-On Payment Adjustment	01/02/18	10065
R1998OTN	01/04/18	HIGLAS Enhancement Required for Implementation of Overpayment based Denials	04/02/18	10166
R1997OTN	01/05/18	Enhancement to the Recovery Audit Contractor (RAC) Mass Adjustment Input File	07/02/18	10394

R1996OTN	01/05/18	Analyze Common Working File (CWF) System and Identify Layouts with Minimum FILLER Areas Available	04/02/18	10387
R1994OTN	12/28/17	Suppression of the Standard Paper Remittance Advice (SPR) in 45 Days if Also Receiving Electronic Remittance Advice (ERA)	01/02/18	10151
R1993OTN	12/29/17	Analyze the Common Working File (CWF) System and Identify Customer Information Control System (CICS) Screens Requiring Expansion	04/02/18	10389
R1991OTN	12/29/17	Method of Cost Settlement for Inpatient Services for Rural Hospitals Participating Under the Rural Community Hospital Demonstration	01/29/18	10373
R1990OTN	12/21/17	Suppression of the Standard Paper Remittance Advice (SPR) in 45 Days if Also Receiving Electronic Remittance Advice (ERA)	01/02/18	10151
R1989OTN	12/20/17	Fiscal Intermediary Shared Systems (FISS) Enhancements to the Mass Adjustment of Process Recovery Audit Contractor (RAC) Claims	04/02/18	10304

R1988OTN	12/19/17	National Provider Identification Crosswalk System (NPICS) Retirement Analysis Only - Engage Shared Systems Maintainers (SSMs) and Medicare Administrative Contractors (MACs) in Meetings and Correspondence Related to the NPICS Retirement with the Integrated Data Repository (IDR) Team	01/02/18	10007
R1987OTN	12/15/17	Archiving National Provider Identifier Crosswalk System (NPICS) System Logic in the Durable Medical Equipment (DME) Claims Processing System	04/02/18	10279
R1985OTN	12/13/17	Analysis Only- Medicare Reporting on the Return of Self-Identified Overpayments	07/02/18	10127
R1982OTN	12/01/17	Line Level versus Claim Level Reporting – Analysis Only	01/02/18	10150
R1981OTN	12/01/17	Fiscal Year (FY) 2014 and 2015 Worksheet S-10 Revisions: Further Extension for All Inpatient Prospective Payment System (IPPS) Hospitals	01/02/18	10378

R1980OTN	11/29/17	Shared System Enhancement 2015: Removing/Archiving Obsolete On Request Jobs within the Multi-Carrier System (MCS)	04/02/18	10290
R1978OTN	11/17/17	Implementation of Changes to Certificate of Medical Necessity (CMN) and CMN DME Information Form (CMN DIF) as a result of the New Medicare Card Project	04/02/18	10367
R1976OTN	11/09/17	Common Working File (CWF) to Modify CWF Provider Queries to Only Accept National Provider Identifier (NPI) as valid Provider Number	01/02/18	10098
R1975OTN	11/09/17	ICD-10 and Other Coding Revisions to National Coverage Determinations (NCDs)	12/29/17	10318
R1974OTN	11/09/17	Revision of PWK (Paperwork) Fax/Mail Cover Sheets	04/02/18	10124
R1973OTN	11/09/17	Multi-Carrier System (MCS) Modernization Proof of Concept Number 8	04/02/18	10375

R1972OTN	11/09/17	Analysis Only: Develop Enhanced Claims Search Reporting in Fiscal Intermediary Shared System (FISS)	04/02/18	10364
R1971OTN	11/09/17	Modifications to the National Coordination of Benefits Agreement (COBA) Crossover Process	04/02/18	10292
R1970OTN	11/09/17	Establish an Automated Process For Creating Mass Adjustments Utilizing Expert Claims Processing System (ECPS) - Analysis Only	04/02/18	10363
R1969OTN	11/09/17	Partial Settlement of 2-Midnight Policy Court Cases	12/11/17	10337
R1968OTN	11/09/17	Tracking Status of Claims Adjustments	04/02/18	10288
R1967OTN	11/08/17	CICS Region Merge(s) for A/B MACs - Analysis Only	01/02/18	10191

R1966OTN	11/03/17	Out-of-Jurisdiction Providers (OJP) and Qualified Chain Providers (QCP) Move to Correct A/B MAC Jurisdiction - Analysis CR Only	01/02/18	10192
R1965OTN	11/03/17	Shared System Enhancement 2015: Resolve Operating Report (ORPT) Issues - Development and Implementation	07/03/17	9734
R1964OTN	11/03/17	Fee For Service (FFS) Applications Upgrade Customer Information Control System (CICS) to Transaction Server (TS) v5.2	01/02/18	9961
R1962OTN	11/03/17	Shared System Enhancement 2014: Implementation of Fiscal Intermediary Shared System (FISS) Obsolete Core Reports - Phase 1	04/02/18	10294
R1960OTN	11/03/17	Implementation of the Award for the Jurisdiction Part A and Part B Medicare Administrative Contractor (JJ A/B MAC)	01/29/18	10316
R1959OTN	11/03/17	Analysis Only: VMS Accreditation Logic Related to HCPCS Codes Contained in Multiple Product and Service Codes	04/02/18	10300

R1958OTN	11/03/17	Shared System Enhancement 2014: Implementation of Fiscal Intermediary Shared System (FISS) Obsolete Financial and Expert Claims Processing System (ECPS) Reports - Phase 1	04/02/18	10293
R1957OTN	11/03/17	Shared System Enhancement 2015: Identify Inactive Medicare Demonstration Projects Within the Common Working File (CWF) - Removing/Archiving demonstration codes 51 and 56	04/02/18	10251
R1956OTN	11/01/17	Analysis and Design Working Sessions for the Development of a Pre-Payment Common Additional Documentation Request (ADR) Letter	10/02/17	9936
R1954OTN	10/27/17	New Common Working File (CWF) Medicare Secondary Payer (MSP) Type for Liability Medicare Set-Aside Arrangements (LMSAs) and No-Fault Medicare Set-Aside Arrangements (NFMSAs)	07/03/17	9893
R1953OTN	10/27/17	Shared System Enhancement 2014: Implementation of Fiscal Intermediary Shared System (FISS) Obsolete On-Request Jobs - Phase 1	11/06/17	10305
R1952OTN	10/27/17	Calculating Interim Rates for Graduate Medical Education (GME) Payments to New Teaching Hospitals	10/23/17	10240

R1951OTN	10/27/17	Shared System Enhancement 2015: Removing/Archiving Obsolete On Request Jobs within the Multi-Carrier System (MCS)	04/02/18	10290
R1950OTN	10/27/17	Fiscal Intermediary Shared System (FISS) and VIPS Medicare Shared System (VMS) to Update Records Based on the Automation of Prior Authorization (PA) Requests/Pre-Claim Reviews (PCR) and their Responses with Multiple Services (for programs like Home Health (HH)	04/02/18	10282
R1949OTN	10/27/17	Remove Obsolete Edits from the Fiscal Intermediary Shared Systems (FISS)	04/02/18	10274
R1948OTN	10/27/17	Archiving National Provider Identifier Crosswalk System (NPICS) System Logic in the Muti-Carrier System (MCS)	04/02/18	10278
R1947OTN	10/27/17	Health Insurance Portability and Accountability Act (HIPAA) Electronic Data Interchange (EDI) Front End Updates for April 2018	04/02/18	10260

R1946OTN	10/27/17	Shared System Enhancement 2015: Removing/Archiving Obsolete Reports within the Multi-Carrier System (MCS)	04/02/18	10289
R1945OTN	10/27/17	Add Date of Receipt to the Beneficiary Data Streamlining (BDS) Part A Claims Layout	04/02/18	10326
R1944OTN	10/27/17	MCS Analysis Only: Undeliverable Medicare Summary Notices (UMSNs) - Beneficiary Do Not Forward Process	04/02/18	10332
R1943OTN	10/27/17	Assign the Correct 935 Indicator on Adjustment Claims Submitted through the Provider Portal	04/02/18	10301
R1942OTN	10/27/17	Common Working File (CWF) to Medicare Beneficiary Database (MBD) Extract File Changes for Detailed Skilled Nursing Facility Data to Support HIPAA Eligibility Transaction System (HETS)	04/02/18	10111
R1941OTN	10/27/17	Transitional Drug Add-on Payment Adjustment (TDAPA) for patients with Acute Kidney Injury (AKI)	04/02/18	10281

R1939OTN	10/27/17	Fiscal Intermediary Shared Systems (FISS) Enhancements to the Mass Adjustment of Process Recovery Audit Contractor (RAC) Claims	04/02/18	10304
R1938OTN	10/27/17	Archiving National Provider Identifier Crosswalk System (NPICS) System Logic in the Durable Medical Equipment (DME) Claims Processing System	04/02/18	10279
R1937OTN	10/27/17	Provider Education and Referral Reporting	11/27/17	10263
R1936OTN	10/19/17	Modifications to the National Coordination of Benefits Agreement (COBA) Crossover Process	01/02/18	10155
R1935OTN	10/19/17	FISS Process Enhancements – Analysis Only	01/02/18	10119
R1933OTN	10/06/17	Shared System Enhancement 2015: Identify Inactive Medicare Demonstration Projects within the Fiscal Intermediary Shared System - (Removing/Archiving demonstration codes 38, 42 and 43)	04/02/18	10250

R1930OTN	10/06/17	Shared System Enhancement 2014: Implementation of Fiscal Intermediary Shared System (FISS) Obsolete On-Request Jobs - Phase 1	11/06/17	10305
R1927OTN	09/29/17	Shared System Enhancement 2014: Implementation of Fiscal Intermediary Shared System (FISS) Obsolete Core Reports	10/30/17	10252
R1923OTN	09/22/17	Calculating Interim Rates for Graduate Medical Education (GME) Payments to New Teaching Hospitals	10/23/17	10240
R1922OTN	09/22/17	Shared System Enhancement 2014: Implementation of Fiscal Intermediary Shared System (FISS) Obsolete Financial and Expert Claims Processing System (ECPS) Reports	10/23/17	10253
R1919OTN	09/15/17	Targeted Probe and Educate	10/01/17	10249
R1918OTN	09/13/17	Correcting Payment of Inpatient Prospective Payment System (IPPS) Transfer Claims Assigned to Medicare Severity-Diagnosis Related Group (MS DRG) 385 and Allowing Part A Deductible on Medicare Secondary Payer (MSP) Same Day Transfer Inpatient Claims	01/02/18	10145

R1917OTN	09/13/17	Shared System Enhancement 2014 – Identification of Fiscal Intermediary Standard System (FISS) Obsolete Reports - Analysis Only	10/02/17	9564
R1915OTN	09/08/17	Medicare Administrative Contractor (MAC) and Pricing, Data Analysis and Coding (PDAC) Contractor Implementation of the New Medicare Card Project	04/02/18	10112
R1913OTN	09/06/17	FISS Integrated Outpatient Code Editor (IOCE) Claim and Return Buffer Interface Changes Related to OPPS 2018 Annual Updates	01/02/18	10116
R1912OTN	09/01/17	HIGLAS Enhancement Required for Implementation of Overpayment based Denials	04/02/18	10166
R1910OTN	08/18/17	Guidance on Implementing System Edits for Certain Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS)	10/02/17	9904
R1909OTN	08/18/17	Implementation of Section 1557 for Medicare Redetermination Notices (MRNs) by Adding a Notice and Tagline Sheet	10/02/17	9938

R1906OTN	08/18/17	Out-of-Jurisdiction Providers (OJP) and Qualified Chain Providers (QCP) Move to Correct A/B MAC Jurisdiction - Analysis CR Only	01/02/18	10192
R1905OTN	08/18/17	Modify VMS Accreditation Logic to Accept Additional Modifiers	01/02/18	10217
R1904OTN	08/18/17	Multi-Carrier System (MCS), Fiscal Intermediary Shared System (FISS) and VIPS Medicare Shared System (VMS) Automation of Prior Authorization (PA) Requests/Pre-Claim Reviews (PCR) and their Responses with Multiple Services (for programs like Home Health (HH)) via the Electronic Submission of Medical Documentation (esMD) System	01/02/18	10087
R1903OTN	08/11/17	Implement Changes to Effect the Functionality of Combination Force Codes in the ViPS Medicare System (VMS)	01/02/18	10225
R1901OTN	08/11/17	Automating the HCPCS Load Process	01/02/18	10215

R1900OTN	08/11/17	CICS Region Merge(s) for A/B MACs - Analysis Only	01/02/18	10191
R1896OTN	08/04/17	Shared System Enhancement 2015: Identify Inactive Medicare Demonstration Projects within the Fiscal Intermediary Shared System - (Removing/Archiving demonstration codes 03, 04 and 15)	01/02/18	10171
R1895OTN	08/04/17	System Changes to Implement Section 15010 of the 21st Century Cures Act, Temporary Exception for Certain Severe Wound Discharges from Certain Long-Term Care Hospitals (LTCHs)	01/02/18	10185
R1893OTN	08/04/17	Combined Common Edits/Enhancements Module (CCEM) Updates to Business and Holiday Tables	01/02/18	10201
R1892OTN	08/04/17	Shared System Enhancement 2015: Identify Inactive Medicare Demonstration Projects within the Fiscal Intermediary Shared System	01/02/18	10126
R1891OTN	08/04/17	Provider-Based Determination	11/06/17	10095

R1890OTN	08/04/17	Suppression of the Standard Paper Remittance Advice (SPR) in 45 Days if also receiving Electronic Remittance Advice (ERA)	01/02/18	10151
R1889OTN	08/04/17	Implementation of the Transitional Drug Add-On Payment Adjustment	01/02/18	10065
R1887OTN	07/28/17	Shared System Enhancement 2015: Identify Inactive Medicare Demonstration Projects Within the Common Working File (CWF)	07/03/17	10017
R1885OTN	07/27/17	Shared System Maintainers (SSMs) Standardized Release Identification (ID) Format Analysis and Design	01/02/18	10129
R1884OTN	07/27/17	Analysis Only- Medicare Reporting on the Return of Self-Identified Overpayments	01/02/18	10127
R1883OTN	07/28/17	System Changes to Implement Section 15009 of the 21st Century Cures Act, Temporary Exception for Certain Spinal Cord Specialty Hospitals under the Long Term Care Hospital (LTCH) Prospective Payment System (PPS)	01/02/18	10182

R1880OTN	07/27/17	Shared Savings Program (SSP) Demonstration Code 77 Modification	01/02/18	10144
R1879OTN	07/27/17	Common Working File (CWF) to Increase the Next Eligible Date Occurrences for Preventive Services to 99 Occurrences - Analysis	01/02/18	10022
R1877OTN	07/27/17	Common Working File (CWF) to Modify CWF Provider Queries to Only Accept National Provider Identifier (NPI) as valid Provider Number	01/02/18	10098
R1876OTN	07/27/17	Modifications to the National Coordination of Benefits Agreement (COBA) Crossover Process	01/02/18	10155
R1875OTN	07/27/17	ICD-10 Coding Revisions to National Coverage Determinations (NCDs)	09/13/17	10184
R1874OTN	07/27/17	Implementation CR: Integrating NLR into the HQR system	01/02/18	10134

R1873OTN	07/28/17	Line Level versus Claim Level Reporting – Analysis Only	01/02/18	10150
R1872OTN	07/27/17	Common Working File (CWF) to Add User Identification (ID) Information to CWF Provider Queries Audit File(s)	01/02/18	10130
R1871OTN	07/27/17	FISS Process Enhancements – Analysis Only	01/02/18	10119
R1870OTN	07/27/17	Correcting Payment of Inpatient Prospective Payment System (IPPS) Transfer Claims Assigned to Medicare Severity-Diagnosis Related Group (MS DRG) 385 and Allowing Part A Deductible on Medicare Secondary Payer (MSP) Same Day Transfer Inpatient Claims	01/02/18	10145
R1868OTN	07/14/17	Fee For Service (FFS) Applications Upgrade Customer Information Control System (CICS) to Transaction Server (TS) v5.2	10/02/17	9961

R1867OTN	07/14/17	Renovate MCS Correspondence Entry Driver Program H99P1C00	01/02/18	9828
R1866OTN	07/14/17	National Provider Identification Crosswalk System (NPICS) Retirement Analysis Only - Engage Shared Systems Maintainers (SSMs) and Medicare Administrative Contractors (MACs) in Meetings and Correspondence Related to the NPICS Retirement with the Integrated Data Repository (IDR) Team	01/02/18	10007
R1865OTN	07/14/17	Health Insurance Portability and Accountability Act (HIPAA) Electronic Data Interchange (EDI) Front End Updates for January 2018	01/02/18	10162
R1863OTN	06/30/17	The Supplemental Security Income (SSI)/Medicare Beneficiary Data for Fiscal Year 2015 for Inpatient Prospective Payment System (IPPS) Hospitals, Inpatient Rehabilitation Facilities (IRFs), and Long Term Care Hospitals (LTCH)	7/31/17	10026
R1862OTN	06/30/17	Introductory Letters for Suppliers and Providers Related to the Prior Authorization for Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Items	07/31/17	10146

R1861OTN	06/29/17	Targeted Probe and Educate Pilot	07/03/17	10073
R1860OTN	06/23/17	Updates to the CMS-855R Processing Guide	07/25/17	10114
R1859OTN	06/22/17	Common Working File (CWF) to Archive Inactive Part B Consistency Edits	10/02/17	9975
R1855OTN	05/02/17	Targeted Probe and Educate Pilot	07/03/17	10073
R1854OTN	05/26/17	ICD-10 Coding Revisions to National Coverage Determinations (NCDs)	10/2/17	10086
R1849OTN	05/12/17	Implementation of Modifier CG for Type of Bill 72x	10/02/17	9989

R1847OTN	05/12/17	Common Working File (CWF) to reject CWF Provider Queries containing Health Insurance Claim Numbers (HICNs) starting with '9'	10/02/17	10097
R1846OTN	05/12/17	MCS Implementation of the Restructured Clinical Lab Fee Schedule	10/02/17	10057
R1844OTN	05/05/17	Modification to Two Fiscal Intermediary Shared System (FISS) Edits Created Through Change Request (CR) 9681	10/02/17	10103
R1843OTN	05/05/17	Analysis for Common Working File (CWF) to Medicare Beneficiary Database (MBD) Extract File Changes for Detailed Skilled Nursing Facility Data to Support HIPAA Eligibility Transaction System (HETS)	10/02/17	10050
R1842OTN	05/05/17	Remove HSQLDB from the Combined Common Edits/Enhancements Module (CCEM)	10/02/17	10088
R1841OTN	05/05/17	Medicare Fee-for-Service Recovery Audit Contractor (RAC) Data Centers	06/06/17	10051

R1840OTN	05/05/17	Update FISS Editing to Include All Three Patient Reason for Visit Code Fields	10/02/17	9672
R1839OTN	04/28/17	Implementation of Section 1557 for Medicare Redetermination Notices (MRNs) by Adding a Notice and Tagline Sheet	10/02/17	9938
R1838OTN	04/28/17	Part B Detail Line Expansion - Common Working File (CWF)	10/02/17	10031
R1837OTN	04/28/17	Shared System Enhancement 2015: Identify Inactive Medicare Demonstration Projects within the Fiscal Intermediary Shared System (Analysis Only)	10/02/17	10019
R1836OTN	04/28/17	Analysis Only-Provider Number Validation Update for the Shared Systems Maintainer (SSM)	10/02/17	9999
R1835OTN	04/28/17	Reason Codes 36233 and 36330 Bypass for Claims Submitted on the 72x Type of Bill for Services Provided to Beneficiaries with Acute Kidney Injury (AKI) and edits related to not separately payable drugs	10/02/17	9987

R1834OTN	04/28/17	Analysis and Design Working Sessions for the Development of a Pre-Payment Common Additional Documentation Request (ADR) Letter	10/02/17	9936
R1833OTN	04/28/17	Implementing the remittance advice messaging for the 20-hour weekly minimum for Partial Hospitalization Program services	10/02/17	9880
R1832OTN	04/28/17	Update FISS Editing to Include the Admitting Diagnosis Code Field	10/02/17	9753
R1831OTN	04/28/17	Introductory Letters for Suppliers and Providers Related to the Prior Authorization for Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Items	05/30/17	10068
R1819OTN	04/07/17	Update to Common Working File (CWF) Blood Editing on Medicare Advantage (MA) Enrollees' Inpatient Claims for Indirect Medical Education (IME) Payment	10/02/17	10012
R1818OTN	04/07/17	Annual Updates to the Prior Authorization/Pre-Claim Review Federal Holiday Schedule Tables for Generating Reports	10/02/17	9995

R1817OTN	04/07/17	Enrollment Data Base (EDB) and Common Working File (CWF) Data Resync - Analysis and Design	10/02/17	9994
R1815OTN	04/07/07	Common Working File (CWF) to Archive Inactive Part B Consistency Edits	10/02/17	9975
R1814OTN	03/31/17	Shared System Enhancement 2014 – Identification of Fiscal Intermediary Standard System (FISS) Obsolete Reports - Analysis Only	10/03/16	9564
R1813OTN	03/31/17	Shared System Enhancement 2015: Identify Inactive Medicare Demonstration Projects Within the Common Working File (CWF)	07/03/17	10017
R1812OTN	03/31/17	HIGLAS Connectivity Updates and Testing	05/30/17	10042
R1811OTN	03/29/17	Shared System Enhancement 2014 – Identification of Fiscal Intermediary Shared System (FISS) Obsolete On-Request Jobs - Analysis Only	04/03/17	9566

R1809OTN	03/24/17	Client Letter v5.2 Upgrade - DME MAC Training and Testing	04/24/17	10027
R1808OTN	03/24/17	Advanced Provider Screening (APS) Phase 1 Go-Live	05/15/17	9983
R1807OTN	03/17/17	Intern and Resident Information System (IRIS) Data Upload into STAR	04/17/17	9984
R1803OTN	02/17/17	Innovation Payment Contractor (IPC) for D1 D4 File Exchange	07/03/17	9899
R1799OTN	02/17/17	Preventing Hospice Notices of Election with Future Dates	07/03/17	9932
R1798OTN	02/17/17	ICD-10 Coding Revisions to National Coverage Determinations (NCDs)	03/20/17	9982

R1797OTN	02/10/17	Guidance on Implementing System Edits for Certain Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS)	07/03/17	9904
R1796OTN	02/10/17	Processing Updates for VMS From Provider Enrollment, Chain and Ownership System (PECOS) Extract File	07/03/17	9962
R1795OTN	02/10/17	Advance Care Planning (ACP) Implementation for Outpatient Prospective Payment System (OPPS) Claims	07/03/17	9862
R1794OTN	02/10/17	Provider Enrollment, Chain and Ownership System (PECOS) Extract File - Analysis	07/03/17	9949
R1792OTN	02/03/17	ICD-10 Coding Revisions to National Coverage Determination (NCDs)	03/03/17	9861
R1791OTN	02/03/17	Change to Beneficiary Liability and Cost Report Days for Sub-clause (II) Long Term Care Hospitals (LTCHs)	07/03/17	9912

R1790OTN	02/03/17	Shared System Enhancement 2016: Complete Disablement of Health Maintenance Organization (HMO) Inquiry Transaction, HIHO, and Related Vestige Within Common Working File (CWF)	07/03/17	9974
R1789OTN	02/03/17	Shared System Enhancement 2016: Common Working File (CWF) to Show Date for Informational Unsolicited Response (IUR) Indicator on Claim History	07/03/17	9965
R1788OTN	02/03/17	Combined Common Edits/Enhancements (CCEM) Proxool and Apache Software Upgrades	07/03/17	9929
R1787OTN	02/03/17	New Common Working File (CWF) Medicare Secondary Payer (MSP) Type for Liability Medicare Set-Aside Arrangements (LMSAs) and No-Fault Medicare Set-Aside Arrangements (NFMSAs)	07/03/17	9893
R1786OTN	02/03/17	Update for Additional International Classification of Diseases (ICD)-10 Codes for the System Changes to Implement Section 231 of the Consolidated Appropriations Act, 2016, Temporary Exception for Certain Severe Wound Discharges From Certain Long-Term Care Hospitals (LTCHs)	07/03/17	9872

R1785OTN	02/03/17	Payment for Oxygen Volume Adjustments and Portable Oxygen Equipment- FISS	07/03/17	9928
R1783OTN	02/02/17	Implementing FISS Updates to Accommodate Section 603 Bipartisan Budget Act of 2015 - Phase 2	07/03/17	9907
R1776OTN	01/27/17	Instructions to Hospitals on the Election of a Medicare-Supplemental Security Income (SSI) Component of the Disproportionate Share (DSH) Payment Adjustment for Cost Reports that Involve SSI Ratios for Fiscal Year (FY) 2004 and earlier, or SSI Ratios for Hospital Cost-reporting Periods for Patient Discharges Occurring before October 1, 2004	01/19/17	9896
R1775OTN	01/27/17	Updated Editing of Professional Therapy Services	07/03/17	9933
R1774OTN	01/13/17	Shared System Enhancement 2014 – Identification of Fiscal Intermediary Standard System (FISS) Obsolete Reports - Analysis Only	10/03/16	9564

R1772OTN	01/11/17	Common Working File (CWF) Reorganization of Daily Beneficiary Extract Files	04/03/17	9787
R1771OTN	01/10/17	Fraud Prevention System (FPS) 2 Edit Migration Testing	02/21/17	9920
R1770OTN	01/06/17	Modifications to the National Coordination of Benefits Agreement (COBA) Crossover Process	04/03/17	9681
R1769OTN	01/06/17	eMSN and Alternate Format MSN Service Improvements	01/03/17	9731
R1768OTN	01/06/17	Shared System Enhancement 2015: Resolve Operating Report (ORPT) Issues - Development and Implementation	07/3/17	9734
R1767OTN	01/06/17	Health Insurance Portability and Accountability Act (HIPAA) Electronic Data Interchange (EDI) Front End Updates for July 2017	07/3/17	9881

R1765OTN	12/23/16	SSNRI: MAC-Only Analysis and Planning for the Social Security Number Removal Initiative (SSNRI) Project	02/24/17	9884
R1758OTN	11/23/16	Updates for the Shared System Maintainers to implement the Social Security Number Removal Initiative (SSNRI)	04/03/17	9858
R1757OTN	11/18/16	Issuing Compliance Letters to Specific Providers and Suppliers Regarding Inappropriate Billing of Qualified Medicare Beneficiaries (QMBs) for Medicare Cost-Sharing	12/16/16	9817
R1756OTN	11/18/16	Analysis Only - Modification of Process for Handling the Provider Enrollment Chain Ownership System (PECOS) Extract File	04/03/17	9560
R1755OTN	11/18/16	ICD-10 Coding Revisions to National Coverage Determination (NCDs)	01/20/17	9861
R1754OTN	11/18/16	Common Working File and Fraud Prevention System 2.0 Predictive Modeling and Edits, Data Feed Migration	01/03/17	9853

R1753OTN	11/18/16	Coding Revisions to National Coverage Determination (NCDs)	01/03/17	9751
R1752OTN	11/18/16	System Specific Enhancement 2014: String Testing Automation	07/05/16	9224
R1751OTN	11/18/16	Adding a Foreign Language Tagline Sheet to Medicare Summary Notices (MSNs)	12/05/16	9617
R1750OTN	11/10/16	Increasing the Number of Address Fields in MCS to Match the Address Fields in CWF in Order to Improve the Undeliverable Medicare Summary Notices (uMSNs) Situation: Phase One of Improving FFS9372	04/03/17	9857
R1748OTN	11/08/16	Adding a Foreign Language Tagline Sheet to Medicare Summary Notices (MSNs)	10/28/16	9617
R1747OTN	11/04/16	Issuing Compliance Letters to Specific Providers and Suppliers Regarding Inappropriate Billing of Qualified Medicare Beneficiaries (QMBs) for Medicare Cost-Sharing	04/03/17	9817

R1746OTN	11/04/16	Medicare Electronic Health Record (EHR) Incentive Program – Analysis of Meaningful Use Hospital Transition into Hospital Quality Reporting System	04/03/17	9836
R1745OTN	11/04/16	Part B Detail Line Expansion - Checkpoint Discussion Meetings	04/03/17	9840
R1744OTN	11/04/16	Audit Trail for Reason Code Edit Changes	04/03/17	9366
R1743OTN	11/04/16	Modifications to the National Coordination of Benefits Agreement (COBA) Crossover Process	04/03/17	9808
R1740OTN	10/28/16	Shared System Enhancement 2015: National Coverage Determination (NCD) – Fiscal Intermediary Shared System (FISS) Implementation	04/03/17	9783
R1738OTN	10/27/16	Network Fee Reduction for Acute Kidney Injury (AKI) services submitted on Type of Bill 72x	04/03/17	9814

R1736OTN	10/27/16	Shared System Enhancement 2014 – Identification of Fiscal Intermediary Shared System (FISS) Obsolete On-Request Jobs - Analysis Only	04/03/17	9566
R1735OTN	10/27/16	System Specific Enhancement 2014: Retaining Most Recent Update for Auxiliary (Aux) File Data in Common Working File (CWF)	04/03/17	9786
R1734OTN	10/27/16	Phase 3 - Updating the Fiscal Intermediary Shared System (FISS) to Make Payment for Drugs and Biologicals Services for Outpatient Prospective Payment System (OPPS) Providers	04/03/17	9742
R1733OTN	10/27/16	Modifications to the National Coordination of Benefits Agreement (COBA) Crossover Process	04/03/17	9681
R1732OTN	10/27/16	Phase Three: Changing Fiscal Intermediary Shared System (FISS) Action on Informational Unsolicited Responses (IURs) From Canceled Claims to Adjustments	04/03/17	9816
R1731OTN	10/26/16	Fiscal Intermediary Shared System (FISS) Heath Information Technology for Economic and Clinical Health (HITECH) Quarterly Report	01/03/17	9555

R1730OTN	10/21/16	Part B Detail Line Expansion – MCS Phase 5	04/03/17	9800
R1729OTN	10/21/16	Analysis Only - Populate MCS PE Screens from PECOS (Phased Approach)	04/03/17	9805
R1728OTN	10/21/16	Part B Detail Line Expansion – MCS Phase 6	04/03/17	9801
R1725OTN	10/13/16	Changes to the End-Stage Renal Disease (ESRD) Facility Claim (Type of Bill 72X) to Accommodate Dialysis Furnished to Beneficiaries with Acute Kidney Injury (AKI)	01/03/17	9598
R1724OTN	10/07/16	Common Working File (CWF) Reorganization of Daily Beneficiary Extract Files	04/03/17	9787
R1722OTN	09/29/16	Updating the Fiscal Intermediary Shared System (FISS) to Make Payment for Drugs and Biologicals Services for Outpatient Prospective Payment System (OPPS) Providers	07/05/16	9479

R1721OTN	09/29/16	Adding a Foreign Language Tagline Sheet to Medicare Summary Notices (MSNs)	12/05/16	9617
R1720OTN	09/23/16	Reporting of All Recovery Auditor-Initiated Claim Adjustments and their Subsequent Adjustments for Periodic Interim Payment (PIP) Facilities	01/03/17	9662
R1718OTN	09/15/16	Common Working File (CWF) to Remove Remaining Federal Tax Information (FTI) Received through the Internal Revenue Service (IRS), Social Security Administration (SSA), Centers for Medicare and Medicaid Services (CMS) Medicare Secondary Payer (MSP) Data Match Program from CWF	01/03/17	9699
R1717OTN	09/15/16	Section 504: Adding a Qualified Reader Preference in Alternate Formats	01/03/17	9730
R1716OTN	09/16/16	Affordable Care Act - Operating Rules - Requirements for Phase II and Phase III Compliance for Batch Processing	04/03/17	9358

R1715OTN	09/16/16	Updates to the 72X Type of Bill for Home and Self-Dialysis Training, Retraining, and Nocturnal Hemodialysis	01/03/17	9609
R1714OTN	09/01/16	Shared System Enhancement 2014 – Identification of Fiscal Intermediary Standard System (FISS) Obsolete Reports - Analysis Only	10/02/17	9564
R1713OTN	09/01/16	Editing Update for Screening for Sexually Transmitted Infections	01/03/17	9719
R1712OTN	08/30/16	Shared System Enhancement 2014 – Identification of Fiscal Intermediary Standard System (FISS) Obsolete Reports - Analysis Only	10/01/16	9564
R1711OTN	08/26/16	Medicare Appeals System (MAS) Level 1 Part A and Home, Heath, Hospice (HHH) Onboarding Effort	12/31/16	9683
R1710OTN	08/26/16	Adding a Foreign Language Tagline Sheet to Medicare Summary Notices (MSNs)	10/28/16	9617

R1708OTN	08/19/16	Coding Revisions to National Coverage Determination (NCDs)	01/03/17	9751
R1707OTN	08/12/16	eMSN and Alternate Format MSN Service Improvements	01/03/17	9731
R1706OTN	08/05/16	Health Insurance Portability and Accountability Act (HIPAA) Electronic Data Interchange (EDI) Front End Updates for January 2017	01/03/17	9666
R1704OTN	08/05/16	Implementing Provider File Updates and PECOS to FISS Interface Via Extract File Updates to Accommodate Section 603 Bipartisan Budget Act of 2015	01/03/17	9613
R1703OTN	08/05/16	Recovery Auditor Mass Adjustment and Reporting Process Enhancements - Analysis Only	01/03/17	9587
R1702OTN	08/05/16	Section 504: Adding a Qualified Reader Preference in Alternate Formats	01/03/17	9730

R1701OTN	08/05/16	Combined Common Edits/Enhancements (CCEM) Third Party Software Upgrades	01/03/17	9738
R1699OTN	08/05/16	Appropriate Use Criteria for Advanced Imaging – Analysis and Design	01/03/17	9707
R1698OTN	08/05/16	Editing Update for Screening for Sexually Transmitted Infections	01/03/17	9719
R1697OTN	08/05/16	Reporting of All Recovery Auditor-Initiated Claim Adjustments and their Subsequent Adjustments for Periodic Interim Payment (PIP) Facilities	01/03/17	9662
R1696OTN	08/05/16	Shared System Enhancement 2014 - Additional Removal of Obsolete Reports and On-Request Jobs from the ViPS Medicare System (VMS) -- Implementation	01/03/17	9618
R1695OTN	08/05/16	Fiscal Intermediary Shared System (FISS) Heath Information Technology for Economic and Clinical Health (HITECH) Quarterly Report	01/03/17	9555

R1693OTN	07/29/16	Common Working File (CWF) to Remove Remaining Federal Tax Information (FTI) Received through the Internal Revenue Service (IRS), Social Security Administration (SSA), Centers for Medicare and Medicaid Services (CMS) Medicare Secondary Payer (MSP) Data Match Program from CWF	01/03/17	9699
R1688OTN	07/29/16	Part B Detail Line Expansion – MCS Phase 2	01/03/17	9653
R1687OTN	07/29/16	Common Working File (CWF) to Locate Medicare Beneficiary Record and Provide Responses to Provider Queries	01/03/17	9740
R1686OTN	07/29/16	Part B Detail Line Expansion – MCS Phase 7	01/03/17	9663
R1685OTN	07/29/16	Update the Primary Insurer's Policy Number of the Insured Field to 17 Bytes on the Health Insurance Master Record (HIMR) Screen Found in the Medicare Secondary Payer (MSP) Auxiliary File	01/03/17	9728

R1683OTN	07/21/16	Shared Savings Program (SSP) Accountable Care Organization (ACO) Qualifying Stay Edits	10/03/17	9568
R1681OTN	07/15/16	The Supplemental Security Income (SSI)/Medicare Beneficiary Data for Fiscal Year 2014 for Inpatient Prospective Payment System (IPPS) Hospitals, Inpatient Rehabilitation Facilities (IRFs), and Long Term Care Hospitals (LTCH)	08/16/17	9648
R1679OTN	07/01/16	Shared Savings Program (SSP) Accountable Care Organization (ACO) Qualifying Stay Edits	01/03/17	9568
R1677OTN	06/23/16	Revised Fee Schedules for Healthcare Common Procedure Coding System (HCPCS) Code E1012 in Association with Change Request 9642	07/05/16	9692
R1675OTN	06/16/16	System Changes to Implement Section 231 of the Consolidated Appropriations Act, 2016, Temporary Exception for Certain Severe Wound Discharges From Certain Long-Term Care Hospitals (LTCHs)	10/03/16	9599
R1674OTN	06/17/16	Medicare Administrative Contractors (MACs) Analysis of the Proposed Contract CMS Security Clause Update	07/18/16	9645

R1673OTN	06/10/16	Shared System Enhancement 2015 Analysis and Design HUOPCUT Hospice Period and Health Maintenance Organization (HMO) Processing	06/20/16	9419
R1672OTN	06/03/16	Coding Revisions to National Coverage Determinations (NCDs)	10/3/16	9631
R1671OTN	06/02/16	Payment Change for Group 3 Complex Rehabilitative Power Wheelchairs Accessories and Seat and Back Cushions under Section 2 of the Patient Access and Medicare Protection Act (PAMPA) for Home Health Claims	10/3/16	9586
R1670OTN	05/20/16	Shared System Enhancement 2014 – Identification of Fiscal Intermediary Standard System (FISS) Obsolete Reports - Analysis Only	10/03/16	9564
R1669OTN	05/20/16	Guidance on Implementing System Edits for Certain Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS)	10/03/16	9371
R1668OTN	05/13/16	National Provider Identifier Crosswalk System (NPICS) Retirement Analysis Only - Engage Shared Systems Maintainers and Medicare Administrative Contractors (MACs) in Meetings and Correspondence Related to the NPICS Retirement with the	10/03/16	9604

		Stakeholders		
R1667OTN	05/12/16	Analysis Only CR - Medicare ID end-date	10/03/16	9605
R1665OTN	05/13/16	Coding Revisions to National Coverage Determinations (NCDs)	10/03/16	9631
R1664OTN	05/13/16	Reporting Medicare Administrative Contractor (MAC) Provider Education Website Analytic Data to the Provider Customer Service Program Contractor Information Database (PCID)	06/14/16	9619
R1660OTN	05/06/16	Shared Savings Program (SSP) Accountable Care Organization (ACO) Qualifying Stay Edits	10/03/16	9568
R1659OTN	05/06/16	Convert Assembler Code to COBOL or Best Coding Language to Improve MCS System Maintainability and Sustainability, Analysis only	10/03/16	9624

R1658OTN	04/29/16	Coding Revisions to National Coverage Determinations	07/05/16	9540
R1657OTN	04/29/16	Issuing Continuing Compliance Letters to Specific Providers and Suppliers	02/22/16	9462
R1655OTN	04/29/16	Recurring calls with the Fiscal Intermediary Shared System (FISS) for any in-depth discussions	10/03/16	9556
R1654OTN	04/29/16	System Changes to Implement Section 231 of the Consolidated Appropriations Act, 2016, Temporary Exception for Certain Severe Wound Discharges From Certain Long-Term Care Hospitals (LTCHs)	10/03/16	9599
R1653OTN	04/29/16	New State Code for AZ, ID, NY, and WV	10/03/16	9567
R1652OTN	04/29/16	Analysis Only: To Obtain a Rough Order of Magnitude (ROM) from Durable Medical Equipment Medicare Administrative Contractors (DME MACs), GDIT/VMS, the National Supplier Clearinghouse (NSC) and the Common Electronic Data	10/03/16	9593

		Interchange (CEDI) Contractor to Develop and Implement a Process for DME MAC Provider Self-Service Internet Portal Authentication of Medicare Providers Using EDI Enrollment Data Elements		
R1651OTN	04/28/16	National Provider Identifier Crosswalk System (NPICS) Retirement Analysis Only - Engage Shared Systems Maintainers and Medicare Administrative Contractors (MACs) in Meetings and Correspondence Related to the NPICS Retirement with the Stakeholders	10/03/16	9604
R1650OTN	04/28/16	Shared System Enhancement 2015: Archive/Remove Inactive Medicare Demonstration Projects	10/03/16	9473
R1649OTN	04/28/16	Phase 2 of Updating the Fiscal Intermediary Shared System (FISS) to Make Payment for Drugs and Biologicals Services for Outpatient Prospective Payment System (OPPS) Providers	10/03/16	9601
R1647OTN	04/28/16	Payment Change for Group 3 Complex Rehabilitative Power Wheelchairs Accessories and Seat and Back Cushions under Section 2 of the Patient Access and Medicare Protection Act (PAMPA) for Home Health Claims	10/03/16	9586

R1646OTN	04/28/16	Upgrade (Jaspersoft) reporting software for the Combined Common Edits/Enhancement Module (CCEM)	10/03/16	9592
R1645OTN	04/28/16	Analysis of the Combined Common Edits/Enhancements Module (CCEM) 3rd Party Software	10/03/16	9594
R1644OTN	04/26/16	Reclassification of Certain Durable Medical Equipment HCPCS Codes Included in Competitive Bidding Programs (CBP) from the Inexpensive and Routinely Purchased Payment Category to the Capped Rental Payment Category	07/05/16	8822
R1640OTN	04/01/16	End Stage Renal Disease (ESRD) Cost Audits	05/02/16	9534
R1639OTN	03/24/16	Reporting Principal and Interest Amounts When Refunding Previously Recouped Money on the Remittance Advice (RA)	04/04/16	9168
R1636OTN	03/11/16	Implementation of the Award for Jurisdiction B Durable Medical Equipment (DME) Medicare Administrative Contractor (MAC) Workload	07/05/16	9526

R1635OTN	03/11/16	VIPS Medicare System (VMS), Analysis and Design for Jurisdiction A (JA) and Jurisdiction B (JB) Durable Medical Equipment (DME) Medicare Administrative Contractors (MACs) Transitions	07/05/16	9574
R1634OTN	03/11/16	Implementation of the Award for Jurisdiction A Durable Medical Equipment (DME) Medicare Administrative Contractor (MAC) Workload	07/05/16	9546
R1633OTN	03/11/16	Settlement Effectuation Instructions for the Department of Health and Human Services' (DHHS) Office of Medicare Hearings and Appeals (OMHA) Settlement Conference Facilitation (SCF) Pilot Related to Part A Appeals (Phase 3)	04/11/16	9521
R1631OTN	02/26/16	Shared System Enhancement 2015 Edit Control/Override Table, Analysis and Design	07/05/16	9418
R1630OTN	02/26/16	Coding Revisions to National Coverage Determinations	07/05/16	9540
R1627OTN	02/16/16	Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) Competitive Bidding Program (CBP): Implementation of Round 2 Re-compete of the DMEPOS CBP Program and	07/05/16	9490

		National Mail Order (NMO) Re-compete		
R1626OTN	02/19/16	Reclassification of Certain Durable Medical Equipment HCPCS Codes Included in Competitive Bidding Programs (CBP) from the Inexpensive and Routinely Purchased Payment Category to the Capped Rental Payment Category	07/05/16	8822
R1625OTN	02/05/16	Identifying "No Documentation" Medical Necessity Denials for Claims Flagged for Recovery Auditor Review	07/06/16	8913
R1624OTN	02/05/16	System Specific Enhancement 2015: Fiscal Intermediary Standard System (FISS) Enhanced Purge Process	07/05/16	9399
R1623OTN	02/05/16	Using scrubbed Medicare beneficiary/legal rep address data within the Fee-For-Service (FFS) systems - Analysis and Design	07/05/16	9464
R1622OTN	02/05/16	Shared System Enhancement 2015 Analysis and Design HUOPCUT Hospice Period and Health Maintenance Organization (HMO) Processing	07/05/16	9419

R1620OTN	02/05/16	Shared System Enhancement 2015: National Coverage Determination (NCD) Analysis Process	07/05/16	9414
R1619OTN	02/05/16	Revision to Fiscal Intermediary Shared System (FISS) Lab Travel Allowance Editing to Include New Specimen Collection Code G0471	07/05/16	9471
R1618OTN	02/05/16	System Specific Enhancement 2015: Replace FISS ACS/Development Letters with HP Exstream, Analysis Only	07/05/16	9398
R1617OTN	02/04/16	System Specific Enhancement 2014: String Testing Automation	07/05/16	9224
R1616OTN	02/04/16	Updating the Fiscal Intermediary Shared System (FISS) to Make Payment for Drugs and Biologicals Services for Outpatient Prospective Payment System (OPPS) Providers	07/05/16	9479
R1615OTN	02/04/16	Advance Care Planning (ACP) Services furnished by Rural Health Clinics (RHCs)	07/05/16	9503

R1610OTN	02/04/16	System Specific Enhancement 2014: Fiscal Intermediary Standard System (FISS) Edit/Rules Engine Analysis and Design	07/05/16	9211
R1609OTN	02/04/16	Accredited Standards Committee (ASC) X12 Healthcare Claims Acknowledgement (277CA) Flat File Update	07/05/16	9454
R1607OTN	01/29/16	Shared System Enhancement 2015 Improve Efficiency of Drug Code, Provider, and Procedure and Diagnosis Codes Processing, Analysis and Design	07/05/16	9420
R1606OTN	01/29/16	Shared System Enhancement 2015 Edit Control/Override Table, Analysis and Design	07/05/16	9418
R1605OTN	01/29/16	Common Working File (CWF) Daily Beneficiary Extract Files Reaching Maximum Record Size, Analysis and Design for Possible Data Reorganization	07/05/16	9451
R1604OTN	01/29/16	Part B Detail Line Expansion – MCS Phase 3	07/05/16	9539

R1603OTN	01/29/16	Part B Detail Line Expansion – MCS Phase 1	07/05/16	9537
R1602OTN	01/29/16	Part B Detail Line Expansion – MCS Phase 4	07/05/16	9538
R1601OTN	01/29/16	Payment Clarification for the Purchase of Used Inexpensive and Routinely Purchased Durable Medical Equipment (DME) when Previously Rented	07/05/16	9491
R1600OTN	01/29/16	Award of Medicare Administrative Contractor (MAC) Contract for Jurisdiction 15	03/01/16	9456
R1598OTN	01/29/16	Shared System Enhancement 2015 Resolve Operating Report (ORPT) Issues, Analysis and Design	07/05/16	9417
R1597OTN	01/29/16	System Specific Enhancement 2014: Create A Single Trailer-Generating Module in Common Working File (CWF)	07/05/16	9184

R1596OTN	01/26/16	Required Billing Updates for Rural Health Clinics	04/04/16	9269
R1595OTN	01/22/16	Issuing Continuing Compliance Letters to Specific Providers and Suppliers	02/22/16	9462
R1593OTN	01/22/16	Health Insurance Portability and Accountability Act (HIPAA) EDI Front End Updates for July 2016	07/05/16	9496
R1592OTN	01/15/16	Award of Durable Medical Equipment (DME) Medicare Administrative Contractor (MAC) Contract for Jurisdiction D	03/01/16	9453
R1591OTN	01/08/16	Changes to the Medicare Electronic Health Record (EHR) Incentive Program Payment Adjustment beginning January 1, 2016	01/04/16	9441
R1590OTN	01/05/16	Implementation of Procedures for Undeliverable Medicare Summary Notices (uMSNs)	04/04/16	9372

R1589OTN	12/31/15	Updating Scanning for the Information Security and Privacy Group (ISPG) Enterprise Vulnerability Management Program (EVMP)	02/01/16	9445
R1588OTN	12/24/15	Settlement Effectuation Instructions for the Department of Health and Human Services' (DHHS) Office of Medicare Hearings and Appeals (OMHA) Settlement Conference Facilitation (SCF) Pilot	01/13/16	9217
R1587OTN	12/17/15	Instruction to Apply the Part A Deductible on a Medicare Secondary Payer (MSP) Inpatient Same Day Transfer Claim	04/04/16	9394
R1586OTN	12/17/15	Eliminate Two Case-mix Payment Adjustments (Monoclonal Gammopathy and Bacterial Pneumonia) Available Under the End State Renal Disease (ESRD) Prospective Payment System (PPS) in Accordance With Section 632 of the American Taxpayer Relief Act (ATRA)	01/04/16	9268
R1585OTN	12/16/15	Modifications to the National Coordination of Benefits Agreement (COBA) Crossover Process	07/05/16	9054

R1583OTN	12/11/15	Settlement Effectuation Instructions for the Department of Health and Human Services' (DHHS) Office of Medicare Hearings and Appeals (OMHA) Settlement Conference Facilitation (SCF) Pilot	01/13/16	9217
R1580OTN	12/03/15	ICD-10 Conversion/Coding Infrastructure Revisions to National Coverage Determinations (NCDs)--3rd Maintenance CR	01/04/16	9252
R1578OTN	11/19/15	System Specific Enhancement 2014: Process Health Maintenance Organization (HMO) edits in a single module in Common Working File (CWF) Analysis Only	04/04/16	9185
R1577OTN	11/20/15	System Specific Enhancement 2015: Remove Direct Claim Updates within the Daily Batch Cycle Analysis and Design CR	04/04/16	9400
R1575OTN	11/13/15	Shared System Enhancement 2015: Identify Inactive Medicare Demonstration Projects (Analysis Only)	04/04/16	9325
R1574OTN	11/13/15	Shared System Enhancement 2015: Technical Improvements to the Redesigned Medicare Summary Notice (MSN) process	04/04/16	9381

R1573OTN	11/13/15	Shared System Enhancement 2014 - Removal of Obsolete Reports and On-Request Jobs from the ViPS Medicare System (VMS) -- Implementation	04/04/16	9421
R1572OTN	11/06/15	Removal of Device Portion from Certain Discontinued Device-Intensive Ambulatory Surgical Center (ASC) Procedures Prior to the Administration of Anesthesia	04/04/16	9297
R1570OTN	11/06/15	Reporting Principal and Interest Amounts When Refunding Previously Recouped Money on the Remittance Advice (RA)	04/04/16	9168
R1569OTN	11/06/15	Shared System Enhancement 2015: Combined Common Edits/Enhancements Module (CCEM) Claim Tracking and Logging	04/04/16	9425
R1568OTN	11/06/15	Implementation of Procedures for Undeliverable Medicare Summary Notices (uMSNs)	04/04/16	9372
R1567OTN	11/06/15	System Specific Enhancements 2014: Retaining most recent update for Auxiliary (Aux) file data in Common Working File (CWF) Analysis Only	04/04/16	9186

R1565OTN	11/06/15	System Specific Enhancement 2015: Fiscal Intermediary Standard System (FISS) Extend Hard Segregation of Security	04/04/16	9402
R1564OTN	11/06/15	Health Insurance Portability and Accountability Act (HIPAA) EDI Front End Updates for April 2016	04/04/16	9405
R1561OTN	11/06/15	Part B Detail Line Expansion - Trailer 08 Update	04/04/16	9379
R1560OTN	11/05/15	Instruction to Apply the Part A Deductible on a Medicare Secondary Payer (MSP) Inpatient Same Day Transfer Claim	04/04/16	9394
R1559OTN	11/05/15	Shared System Enhancement 2015: Modify Purged Claim History to Improve Efficiency	04/04/16	9422
R1557OTN	11/05/15	System Specific Enhancement 2015: Archive Competitive Bidding Demonstration Logic in ViPS Medicare System (VMS)	04/04/16	9376

R1556OTN	11/05/15	Shared System Enhancement 2015: Eliminate Remaining Uses of AREAFILE and CUSTCHRG Virtual Storage Access Method Files	04/04/16	9373
R1554OTN	11/05/15	System Specific Enhancements 2014: Retaining Most Recent Update for Auxiliary (Aux) File Data in Common Working File (CWF)	04/04/16	9337
R1553OTN	11/05/15	New State Code for CT, MA, NJ, PR, GA, NC, SC, TN, AR, OK, CO, CA, OR, LA, NM, TX and WA	04/04/16	9300
R1552OTN	11/05/15	Medicare Remit Easy Print (MREP) Upgrade	04/04/16	9291
R1551OTN	11/05/15	System Specific Enhancements 2014: Move PAP smear Risk Indicator (PAPRI) and Technical (TECH)/Professional (PROF) Dates to Screening Auxiliary file	04/04/16	9188
R1550OTN	11/05/15	System Specific Enhancement 2014: Process Health Maintenance Organization (HMO) edits in a single module in Common Working File (CWF)	04/04/16	9185

R1549OTN	10/30/15	Shared System Enhancement 2014 - Removal of Railroad Board (RRB) obsolete reports identified by Multi-Carrier System (MCS) Shared System Maintainer (SSM)	04/04/16	9294
R1548OTN	10/30/15	Analysis Only: To Obtain the Level of Effort (LOE) from Medicare Administrative Contractors (MACs) to Implement Multifactor Authentication (MFA) as an Option for Non-Organization Users and to also Obtain the Level of Effort (LOE) from Medicare Administrative Contractors (MACs) to Implement Multifactor Authentication (MFA) as a Requirement for Non-Organization Users	12/02/15	9309
R1545OTN	09/30/15	Procedures for Processing Under Tolerance Part A 935, Part A-Other, Part A and B Healthcare Professional Shortage Area (HPSA), and Part A-Provider Recovery Audit Contractor (RAC) Identified debts in the Healthcare Integrated General Ledger Accounting System (HIGLAS)	07/05/16	9221
R1544OTN	09/22/15	Implementation of Long-Term Care Hospital (LTCH) Prospective Payment System (PPS) Based on Specific Clinical Criteria	07/06/15	9015

R1542OTN	09/04/15	Implementation of Biosimilar Claim Modifiers	01/04/16	9284
R1541OTN	08/28/15	Health Insurance Portability and Accountability Act (HIPAA) EDI Front End Updates for October 2015	10/01/15	9145
R1540OTN	08/28/15	Modification to the Telehealth Originating Site Facility Fee Billing Requirements for Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs)	10/05/15	9144
R1539OTN	08/28/15	Implementing the Insertion of a Sheet of Paper Promoting the Electronic Medicare Summary Notices (eMSNs) into Mailed Medicare Summary Notices (MSNs)	09/29/15	9275
R1538OTN	08/28/15	Medicare Prior Authorization of Power Mobility Devices (PMDs) Demonstration: Advance Determination of Medicare Coverage (ADMC) Reviews for Beneficiaries Who Have Representative Payees	09/29/15	9286
R1537OTN	08/21/15	ICD-10 Conversion/Coding Infrastructure Revisions to National Coverage Determinations (NCDs)--3rd Maintenance CR	01/04/16	9252

R1536OTN	08/21/15	Increasing Tax Withholding to 100 Percent for Internal Revenue Service (IRS) Federal Payment Levy Program (FPLP)	10/16/15	9285
R1535OTN	08/14/15	International Classification of Diseases, 10th Revision (ICD-10) Additional Acknowledgement Testing Reporting	09/15/15	9256
R1534OTN	08/07/15	Health Insurance Portability and Accountability Act (HIPAA) EDI Front End Updates for January 2016	01/04/16	9259
R1533OTN	08/07/15	Update Hard Coded Audit 205A MSP Return Code 3925 and Edit 152D	01/04/16	9237
R1528OTN	08/06/15	Reporting of Anti-Cancer and Anti-Emetic Drugs	01/04/16	9255
R1527OTN	08/06/15	Update for Paper Claims Processing Under the Administrative Simplification Compliance Act (ASCA)	09/08/15	9210

R1525OTN	08/06/15	Add Original Common Working Files (CWF) Occurrence Number to the CWF Feed to MBD	01/04/16	9209
R1524OTN	08/06/15	Medicare Remit Easy Print (MREP) Upgrade	01/04/16	9203
R1523OTN	07/31/15	Procedures for Processing Under Tolerance Part A 935, Part A-Other, Part A and B Healthcare Professional Shortage Area (HPSA), and Part A-Provider Recovery Audit Contractor (RAC) Identified debts in the Healthcare Integrated General Ledger Accounting System (HIGLAS)	04/04/16	9221
R1522OTN	07/31/15	Data Act Treasury Referral Timeframe and Reporting - DME MAC Changes	08/31/15	9193
R1521OTN	07/24/15	CMS Information Security Acceptable Risk Safeguards Update - Multifactor Authentication	09/25/15	9277

R1519OTN	07/10/15	Medicare Appeals System (MAS) Upgrade	07/27/15	9208
R1518OTN	07/10/15	Contractor Reporting of Operational and Workload Data (CROWD) Form 5 Remittance Advice Reporting	08/11/15	9181
R1517OTN	07/02/15	Tester Resolution Reports for International Classification of Diseases, Tenth Revision (ICD-10) Limited End to End Testing with Submitters	05/29/15	9137
R1516OTN	07/02/15	Analysis and Design for Part B Detail Line Expansion	10/05/15	9096
R1514OTN	07/02/15	Award of Medicare Administrative Contractor (MAC) Contract for Jurisdiction J	06/01/15	8960
R1511OTN	06/12/15	Classification of Speech Generating Devices (SGD) and Accessories under the Payment Category for Inexpensive or Routinely Purchased Durable Medical Equipment	10/05/15	9179

R1510OTN	06/12/15	Award of Medicare Administrative Contractor (MAC) Contract for Jurisdiction M	07/13/15	9171
R1508OTN	06/05/15	The Supplemental Security Income (SSI)/Medicare Beneficiary Data for Fiscal Year 2013 for Inpatient Prospective Payment System (IPPS) Hospitals, Inpatient Rehabilitation Facilities (IRFs), and Long Term Care Hospitals (LTCH)	07/06/15	9195
R1507OTN	05/22/15	HIGLAS Release 12 (R12) Upgrade and Organizational Transitions for A/B MACs - R12 Upgrade	06/23/15	9135
R1505OTN	05/22/15	Analysis for Inserting a Pre-printed Sheet of Paper in Medicare Summary Notice (MSN) Envelopes	06/23/15	9161
R1504OTN	05/20/15	ICD-10 Conversion/Coding Infrastructure Revisions/ICD-9 Updates to National Coverage Determinations (NCDs)--2nd Maintenance CR	06/22/15	9087
R1503OTN	05/15/15	Health Insurance Portability and Accountability Act (HIPAA) EDI Front End Updates for July 2015	07/06/15	9064

R1502OTN	05/15/15	Analysis - Procedures for Undeliverable Medicare Summary Notices (MSNs)	10/05/15	9047
R1500OTN	05/08/15	IDR Shared Systems Daily Claims Feeds Expansion to Accommodate Medical Review Data Elements	10/05/15	9126
R1499OTN	05/08/15	Section 504: Implement National Medicare Summary Notices (MSNs) in Alternate Formats	10/05/15	9153
R1498OTN	05/08/15	Modifications to the National Coordination of Benefits Agreement (COBA) Crossover Process	10/05/15	9054
R1497OTN	05/08/15	Health Insurance Portability and Accountability Act (HIPAA) EDI Front End Updates for October 2015	10/01/15	9145
R1496OTN	05/08/15	Modification to the Telehealth Originating Site Facility Fee Billing Requirements for Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs)	10/05/15	9144

R1495OTN	08/19/15	Revision to Medicare Code Editor (MCE) Edit, Procedure Inconsistent with Length of Stay (LOS) for International Classification of Diseases, Tenth Revision, Procedure Classification System (ICD-10-PCS) Respiratory Ventilation, Greater than 96 Consecutive Hours	10/05/15	9117
R1494OTN	08/19/15	Updates of Medicare Severity Diagnosis Related Groups (MS-DRGs) to the List Subject to Inpatient Prospective Payment System (IPPS) Replaced Devices Offered without Cost or with a Credit Policy	10/05/15	9121
R1492OTN	05/05/15	Health Insurance Portability and Accountability Act (HIPAA) EDI Front End Updates for July 2015	07/06/15	9064
R1491OTN	05/01/15	Identification of Obsolete Shared System Maintainer (SSM) On-Request Jobs - FISS and VMS	10/05/15	9102
R1490OTN	05/01/15	Identification of Obsolete Shared System Maintainer (SSM) Reports - FISS and VMS	10/05/15	9103

R1489OTN	05/01/15	Analysis and Design for Part B Detail Line Expansion	10/05/15	9096
R1488OTN	04/17/15	The Supplemental Security Income (SSI)/Medicare Beneficiary Data for Fiscal Year 2012 for Inpatient Prospective Payment System (IPPS) Hospitals, Inpatient Rehabilitation Facilities (IRFs), and Long Term Care Hospitals (LTCH)	05/18/15	8835
R1486OTN	04/10/15	Increasing Tax Withholding to 30% for IRS Federal Payment Levy Program (FPLP)	06/19/15	9154
R1485OTN	04/10/15	Continuation of Systematic Validation of Payment Group Codes for Prospective Payment Systems (PPS) Based on Patient Assessments	07/06/15	9132
R1483OTN	03/31/15	Identifying "No Documentation" Medical Necessity Denials for Claims Flagged for Recovery Auditor Review	07/06/15	8913
R1482OTN	03/27/15	Use of Modifiers KK, KG, KU, and KW under the Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) Competitive Bidding Program	07/06/15	9059

R1481OTN	03/27/15	Tester Resolution Reports for International Classification of Diseases, Tenth Revision (ICD-10) Limited End to End Testing with Submitters	05/29/15	9137
R1480OTN	03/26/15	Health Insurance Portability and Accountability Act (HIPAA) EDI Front End Updates for July 2015	07/06/15	9064
R1478OTN	03/06/15	ICD-10 Conversion/Coding Infrastructure Revisions/ICD-9 Updates to National Coverage Determinations (NCDs)--2nd Maintenance CR	04/06/15	9087
R1476OTN	02/26/15	International Classification of Diseases, Tenth Revision (ICD-10) Limited End-to-end Testing with Submitters for 2015	01/05/15	8867
R1475OTN	02/27/15	Health Insurance Portability and Accountability Act (HIPAA) EDI Front End Updates for April 2015	04/06/15	8851
R1473OTN	02/27/15	Correction of the Maintenance of the Medicare Status Code	07/06/15	9080

R1470OTN	02/13/15	Durable Medical Equipment Prosthetics Orthotics and Supplies (DMEPOS) Competitive Bidding Program (CBP): Additional Instructions for Grandfathered Items Subject to CBP	07/06/15	9060
R1469OTN	02/13/15	Develop Rough Order of Magnitude (ROM) for Appeals Workload in Preparation for Implementation of International Classification of Diseases-10th Revision (ICD-10)	03/16/15	9036
R1468OTN	02/13/15	Identification of Obsolete Shared System Maintainer (SSM) Reports	07/06/15	9022
R1467OTN	02/13/15	Reporting Force Balance Claim Payment on the Electronic Remittance Advice (ERA) 835 and Cross Over Beneficiary (COB) 837 Claim Transactions	07/06/15	9050
R1466OTN	02/13/15	Use of Modifiers KK, KG, KU, and KW under the Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) Competitive Bidding Program	07/06/15	9059
R1463OTN	02/06/15	Identification of Obsolete Shared System Maintainer (SSM) On-Request Jobs	07/06/15	9023

R1462OTN	02/06/15	Identifying "No Documentation" Medical Necessity Denials for Claims Flagged for Recovery Auditor Review	10/05/15	8913
R1460OTN	01/30/15	Health Insurance Portability and Accountability Act (HIPAA) EDI Front End Updates for July 2015	07/06/15	9064
R1459OTN	01/30/15	Continuation of Systematic Validation of Payment Group Codes for Prospective Payment Systems (PPS) Based on Patient Assessments	07/06/15	9016
R1458OTN	01/30/15	Fee for Service Beneficiary Data Streamlining (FFS BDS) Phase II Beneficiary Address Analysis and Design	07/06/15	9029
R1457OTN	01/30/15	Renaming PPS-FLX6-PAYMENT Field in the Inpatient Prospective Payment System (IPPS) Pricer Output	07/06/15	9031
R1456OTN	01/30/15	Phase Two: Changing Fiscal Intermediary Shared System (FISS) Action on Informational Unsolicited Responses (IURs) From Canceled Claims to Adjustments	07/06/15	8990

R1455OTN	01/30/15	Corrections to Processing Service Facility Information on Hospice Claims	07/06/15	9042
R1450OTN	01/09/15	Moratorium on Classification of Long-Term Care Hospitals (LTCH) or Satellites/Increase in Certified LTCH Beds	02/10/15	9025
R1449OTN	12/19/14	2015 Electronic Health Record System Payment Adjustment Letter	12/29/14	9024
R1446OTN	12/05/14	IDR Shared Systems Daily Claims Feeds Expansion to Accommodate Medical Review Data Elements	01/05/15	8823
R1445OTN	12/05/14	Rescind and Replace of CR 8409: Reclassification of Certain Durable Medical Equipment from the Inexpensive and Routinely Purchased Payment Category to the Capped Rental Payment Category	04/07/14	8566
R1444OTN	11/06/14	Analysis and Design to Automate Adjustments That Are Completed In The Common Working File (CWF) When Inpatient (INP) Or Skilled Nursing Facility (SNF) Claims Are Processed Out Of Sequence	04/06/15	8934

R1441OTN	11/06/14	Implementation Instructions for the A/B and DME Medicare Administrative Contractors (MACs) and their Designated Shared Systems to Send the Correct Cost Avoided Indicator and Special Project Type to the Common Working File (CWF) To Ensure Correct Savings is Applied Both to the Medicare Secondary Payer (MSP) Savings Report and the Originating Contractor	04/06/15	8762
R1440OTN	11/06/14	Health Insurance Portability and Accountability Act (HIPAA) EDI Front End Updates for April 2015	04/06/15	8851
R1438OTN	11/06/14	Data Quality between the Fiscal Intermediary Shared System (FISS) and the Common Working File (CWF)	04/06/15	8931
R1437OTN	11/06/14	Data Quality Between the Multi Carrier System (MCS) and ViPS Medicare System (VMS) and the Common Working File (CWF)	04/06/15	8930
R1436OTN	11/06/14	Fee for Service Beneficiary Data Streamlining (FFS BDS) Phase II Analysis	04/06/15	8915

R1435OTN	11/06/14	New Informational Unsolicited Response (IUR) Process for Durable Medical Equipment (DME) Items Furnished during a Part A Hospital Inpatient Stay	04/06/15	8844
R1434OTN	11/06/14	Payment for G0101 and Q0091 in Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs) that Bill under the All-Inclusive Rate (AIR) System	04/06/15	8927
R1433OTN	11/06/14	Additional Instruction on the Use of Claims Adjustment Reason Codes (CARCs) and Remittance Advice Remark Codes (RARCs) with Regard to Operating Rule: 360 Compliance	04/06/15	8790
R1429OTN	10/01/14	Fee for Service Beneficiary Data Streamlining (FFS BDS) Updates to Operational Issues	01/05/15	8677
R1428OTN	09/24/14	Correction to Hospice Notice of Revocation Processing	01/05/15	8795
R1424OTN	08/22/14	IDR Shared Systems Daily Claims Feeds Expansion to Accommodate Medical Review Data Elements	01/05/15	8823

R1423OTN	08/22/14	International Classification of Diseases, 10th Revision (ICD-10) Testing - Acknowledgement Testing with Providers	09/30/14	8858
R1422OTN	08/15/14	Specific Modifiers for Distinct Procedural Services	01/05/14	8863
R1421OTN	08/15/14	Revised Modification to the Medically Unlikely Edit (MUE) Program	01/05/14	8853
R1420OTN	08/15/14	DMEPOS Competitive Bidding Program (CBP): Correction to VMS Processing of Wheelchair Accessory Claims for Round 2	01/05/15	8864
R1418OTN	08/08/14	Implement Operating Rules - Phase III ERA EFT: CORE 360 Uniform Use of Claim Adjustment Reason Codes (CARC) and Remittance Advice Remark Codes (RARC) Rule - Update from CAQH CORE - July 1, 2014 version 3.1.1	09/02/14	8711
R1414OTN	08/01/14	Health Insurance Portability and Accountability Act (HIPAA) EDI Front End Updates for January 2015	01/05/15	8753

R1413OTN	08/01/14	Medicare Remit Easy Print (MREP) Enhancement	01/05/15	8856
R1412OTN	08/01/14	Modifying FISS Part B Claims Overlap Edits related to CMS-1599-F	01/05/15	8820
R1411OTN	08/01/14	Removal of User-Controlled Effective Date to Apply Therapy Caps to Critical Access Hospital (CAH) Claims	01/05/15	8686
R1410OTN	08/01/14	Instructions for Removing Logic Involving the IUR Implemented with CR8271	01/05/15	8573
R1409OTN	08/01/14	IDR Shared Systems Daily Claims Feeds Expansion to Accommodate Ambulance Data Elements	01/05/15	8741
R1408OTN	08/01/14	Fee for Service Beneficiary Data Streamlining (FFS BDS) Updates to Operational Issues	01/05/15	8677

R1407OTN	08/01/14	Inpatient Hospital Claims and Medicare Secondary Payer (MSP) Claims with Medicare Coinsurance Days and/or Medicare Lifetime Reserve Days Occurring in the Seventh or More Calendar Years – Analysis and Design Only	01/05/15	8555
R1406OTN	08/01/14	Add Smoking Cessation Initial Session Date to the Common Working File (CWF) to Medicare Beneficiary Database (MBD) Extract File	01/05/15	8631
R1405OTN	08/01/14	Diagnosis Reporting on Home Health Claims	01/05/15	8813
R1404OTN	08/01/14	Modify the Daily Common Working File (CWF) to Medicare Beneficiary Database (MBD) File to no longer include Preventive Healthcare Common Procedure Coding System (HCPCS) Codes that have been terminated	01/05/15	8745
R1403OTN	08/01/14	Change in Applying Co-insurance and Lifetime Reserve (LTR) Amounts on Informational Only Claims with Condition Code (CC) 04	01/05/15	8704

R1401OTN	08/01/14	Fee for Service Beneficiary Data Streamlining (FFS BDS) - Phase II - Auxiliary Data	01/05/15	8681
R1399OTN	08/01/14	Federally Qualified Health Centers Prospective Payment System- Recurring File Updates	01/05/15	8854
R1397OTN	07/25/14	Consolidation of HIGLAS Organizations for a MAC - Organization Merges	07/27/14	8817
R1396OTN	07/25/14	Clarification of Remittance Advice Code Combination Reports Generated by Shared Systems	07/07/14	8616
R1395OTN	07/16/14	Implementation of a Prospective Payment System (PPS) for Federally Qualified Health Centers (FQHCs)	10/6/14	8743
R1392OTN	06/25/14	Implement Operating Rules - Phase III ERA EFT: CORE 360 Uniform Use of Claim Adjustment Reason Codes (CARC) and Remittance Advice Remark Codes (RARC) Rule - Update from CAQH CORE - June 1, 2014 version 3.1.0	09/02/14	8711

R1390OTN	06/06/14	Implementing the Re-competition Award for the Jurisdiction N (formerly Jurisdiction 9) Part A/Part B Medicare Administrative Contractor (A/B MAC) Workload	07/08/14	8759
R1388OTN	05/23/14	ICD-10 Conversion/Coding Infrastructure Revisions/ICD-9 Updates to National Coverage Determinations (NCDs)--Maintenance CR	10/06/14	8691
R1386OTN	05/16/14	Modifying the Daily Common Working File (CWF) to Medicare Beneficiary Database (MBD) File to Include Diagnosis Codes on the Health Insurance Portability and Accountability Act Eligibility Transaction System (HETS) 270/271 Transactions	10/06/14	8456
R1385OTN	05/16/14	Additional States Requiring Payment Edits for DMEPOS Suppliers of Prosthetics and Certain Custom-Fabricated Orthotics. Update to CR 3959 and CR 8390	06/17/14	8730
R1384OTN	05/16/14	Posting the Limiting Charge after Applying the Electronic Health Record (EHR) and Physician Quality Reporting System (PQRS) Negative Adjustments	10/06/14	8667
R1383OTN	05/09/14	Implementation of a Prospective Payment System (PPS) for Federally Qualified Health Centers (FQHCs)	10/06/14	8743

R1380OTN	05/02/14	Present on Admission (POA) Indicator Editing for Maryland Waiver Hospitals	10/06/14	8709
R1379OTN	05/02/14	Anesthesiologist/Certified Registered Nurse Anesthetist (CRNA) Related Services in a Method II Critical Access Hospital (CAH)	10/06/14	8708
R1378OTN	05/02/14	Implement Operating Rules - Phase III ERA EFT: CORE 360 Uniform Use of Claim Adjustment Reason Codes (CARC) and Remittance Advice Remark Codes (RARC) Rule - Update from CAQH CORE - June 1, 2014 version 3.0.5	10/06/14	8711
R1377OTN	05/01/14	Hewlett Packard Enterprise Services, LLC (HPES) Shared Systems Maintainer (SSM) support for Medicare Administrator Contractors (MACs) testing and inquiries for the Combined Common Edits/Enhancements Module (CCEM) for Part A and Part B	10/06/14	8722
R1376OTN	05/01/14	Return Maintenance of the ANSILIST to the Durable Medical Equipment (DME) Medicare Administrative Contractors (MACs)	10/06/14	8729

R1375OTN	05/01/14	Adding New MSP Data Fields to the CWF Daily File	10/06/14	8733
R1374OTN	05/01/14	Health Insurance Portability and Accountability Act (HIPAA) EDI Front End Updates for October 2014	10/06/14	8700
R1373OTN	04/28/14	CWF Editing for Vaccines Furnished at Hospice - Correction	04/07/14	8620
R1371OTN	04/18/14	Instructions to Contractors for Implementing Section 5506 of the Affordable Care Act (ACA) - Preservation of Resident Cap Positions from Closed Teaching Hospitals – Rounds 1, 2, 3 and After	05/19/14	8633
R1370OTN	04/10/14	Implement Operating Rules - Phase III ERA EFT: CORE 360 Uniform Use of Claim Adjustment Reason Codes (CARC) and Remittance Advice Remark Codes (RARC) Rule - Update from CAQH CORE - February 1, 2014 version 3.0.4	07/07/14	8651

R1369OTN	04/10/14	Clarification of Remittance Advice Code Combination Reports Generated by Shared Systems	10/06/14	8616
R1367OTN	04/09/14	Implementation of NACHA Operating Rules for Health Care Electronic Funds Transfers (EFT)	07/07/14	8629
R1366OTN	04/08/14	Termination of the Common Working File ELGA, ELGH, HIQA, HIQH, and HUQA Part A Provider Queries	04/07/14	8248
R1365OTN	04/02/14	Reporting principal and interest amounts when refunding previously recouped money on the Remittance Advice (RA)	10/06/14	8485
R1363OTN	03/28/14	Implement Operating Rules - Phase III ERA EFT: CORE 360 Uniform Use of Claim Adjustment Reason Codes (CARC) and Remittance Advice Remark Codes (RARC) Rule - Update from CAQH CORE - February 1, 2014 version 3.0.4	06/30/14	8651
R1362OTN	03/25/14	Rescind and Replace of CR 8409: Reclassification of Certain Durable Medical Equipment from the Inexpensive and Routinely Purchased Payment Category to the Capped Rental Payment	04/07/14	8566

		Category		
R1361OTN	03/25/14	Implementation of NACHA Operating Rules for Health Care Electronic Funds Transfers (EFT)	07/07/14	8629
R1360OTN	03/18/14	Implement Operating Rules - Phase III ERA EFT: CORE 360 Uniform Use of Claim Adjustment Reason Codes (CARC) and Remittance Advice Remark Codes (RARC) Rule - Update from CAQH CORE - October 1, 2013 version 3.0.3	05/05/14	8518
R1359OTN	03/18/14	The Coordination of Benefits Contractor (COBC) to Remove and No Longer Apply Federal Tax Information (FTI) Received through the Internal Revenue Service (IRS), Social Security Administration (SSA), Centers for Medicare and Medicaid Services (CMS) Medicare Secondary Payer (MSP) Data Match Program on the Common Working File (CWF)	07/07/14	8353
R1358OTN	03/14/14	Implement Operating Rules - Phase III ERA EFT: CORE 360 Uniform Use of Claim Adjustment Reason Codes (CARC) and Remittance Advice Remark Codes (RARC) Rule - Update from CAQH CORE - October 1, 2013 version 3.0.3	04/07/14	8518

R1357OTN	03/07/14	International Classification of Diseases, 10th Revision (ICD-10) Testing with Providers through the Common Edits and Enhancements Module (CEM) and Common Electronic Data Interchange (CEDI)	03/12/14	8465
R1356OTN	03/06/14	Modifying the Daily Common Working File (CWF) to Medicare Beneficiary Database (MBD) File to Include Diagnosis Codes on the Health Insurance Portability and Accountability Act Eligibility Transaction System (HETS) 270/271 Transactions	10/06/14	8456
R1352OTN	02/21/14	International Classification of Diseases, Tenth Revision (ICD-10) Limited End to End Testing with Submitters	07/07/14	8602
R1351OTN	02/21/14	Implementation of HIPAA Standards and Operating Rules for Health Care Electronic Funds Transfers	07/07/14	8619

R1350OTN	02/21/14	Clarification of Remittance Advice Code Combination Reports Generated by Shared Systems	07/07/14	8616
R1349OTN	02/21/14	Implementation of NACHA Operating Rules for Health Care Electronic Funds Transfers (EFT)	07/07/14	8629
R1348OTN	02/21/14	Handling Bankrupt Suppliers within VMS	04/06/15	8502
R1347OTN	02/14/14	Inpatient Prospective Payment System (IPPS) Hospital Extensions per the Pathway for SGR Reform Act of 2013	04/07/14	8627
R1345OTN	02/14/14	Implementing Operating Rule (OR)-Phase III ERA Or Dual Delivery of ERA and Paper Remittance	07/07/14	8570
R1344OTN	02/07/14	Fee for Service Beneficiary Data Streamlining (FFS BDS)	07/07/14	8603

R1342OTN	02/06/14	Reporting principal and interest amounts when refunding previously recouped money on the Remittance Advice (RA)	07/07/14	8485
R1341OTN	02/06/14	Changing Fiscal Intermediary Shared System (FISS) Action on Informational Unsolicited Responses (IURs) From Canceled Claims to Adjustments	07/07/14	8554
R1340OTN	02/06/14	Health Insurance Portability and Accountability Act (HIPAA) EDI Front End Updates for July 2014	07/07/14	8571
R1339OTN	02/06/14	CWF Editing for Vaccines Furnished at Hospice - Correction	04/07/14	8620
R1337OTN	02/05/14	Encounter Data System Payer ID: Payer ID Creation for the Financial Alignment Demonstration for Medicare Medicaid Plans (MMPs)	07/07/14	8489
R1336OTN	02/05/14	Modifying the Daily Common Working File (CWF) to Medicare Beneficiary Database (MBD) File to Include Diagnosis Codes on the Health Insurance Portability and Accountability Act Eligibility Transaction System (HETS) 270/271 Transactions	07/07/14	8456

R1334OTN	01/24/14	Occurrence Span Code 72; Identification of Outpatient Time Associated with an Inpatient Hospital Admission and Inpatient Claim for Payment	02/25/14	8586
R1330OTN	12/27/13	Revised Beneficiary Liability and Messages Associated with Denials for Claims for Services Furnished to Incarcerated Beneficiaries	04/07/14	8488
R1329OTN	12/26/13	Immediate Suspension of Postpayment Patient Status Reviews of Inpatient Hospital Admissions 10/1/13-12/31/13	12/02/13	8508
R1326OTN	12/06/13	Informational Unsolicited Response (IUR) or Reject for Ambulance SNF to SNF Transfer	04/07/14	8408
R1323OTN	11/29/13	Medicare Appeals System (MAS) Level 1 Implementation	12/06/13	8354
R1322OTN	11/22/13	Merge of the Daily CMS-1522 PULSE Roll-Up Number Report Data for A/B MAC Workloads	01/27/14	8529

R1320OTN	11/22/13	Revised Beneficiary Liability and Messages Associated with Denials for Claims for Services Furnished to Incarcerated Beneficiaries	02/24/14	8488
R1318OTN	11/15/13	Use of Claim Adjustment Reason Code 23	04/07/14	8297
R1316OTN	11/15/13	Implement Operating Rules - Phase III ERA EFT: CORE 360 Uniform Use of Claim Adjustment Reason Codes (CARC) and Remittance Advice Remark Codes (RARC) Rule - Update from CAQH CORE - October 1, 2013 version 3.0.3	04/07/14	8518
R1315OTN	11/15/13	Immediate Suspension of Postpayment Patient Status Reviews of Inpatient Hospital Admissions 10/1/13-12/31/13	12/02/13	8508
R1314OTN	11/13/13	Implementation of the Award for the Jurisdiction K (JK) Part A and Part B Medicare Administrative Contractor (A/B MAC) to National Government Services	10/07/13	8303
R1313OTN	11/07/13	Termination of the Common Working File ELGA, ELGH, HIQA, HIQH, and HUQA Part A Provider Queries	04/07/14	8248

R1312OTN	11/07/13	Common Working File (CWF) and Fiscal Intermediary Standard System (FISS) Informational Unsolicited Response (IUR) or Denial of Inpatient Services Related to a Hospice Terminal Diagnosis	04/07/14	8273
R1311OTN	11/06/13	Informational Unsolicited Response (IUR) or Reject for Ambulance SNF to SNF Transfer	04/07/14	8408
R1310OTN	11/06/13	HCPCS Analysis CR for Conversion of Old HCPCS Code to New	04/07/14	8451
R1309OTN	11/06/13	FISS Claims Processing Update for Ambulance Services	04/07/14	8251
R1308OTN	11/06/13	MREP and PC Print Updates for Operating Rules Phase III 360 Rule Compliance	04/07/14	8479
R1307OTN	11/06/13	The Coordination of Benefits Contractor (COBC) to Remove and No Longer Apply Federal Tax Information (FTI) Received through the Internal Revenue Service (IRS), Social Security Administration (SSA), Centers for Medicare and Medicaid Services (CMS)	04/07/14	8353

		Medicare Secondary Payer (MSP) Data Match Program on the Common Working File (CWF)		
R1305OTN	11/06/13	Denial for Power Mobility Device (PMD) Claim from a Supplier of Durable Medical, Orthotics, Prosthetics, and Supplies (DMEPOS) When Ordered By a Non-Authorized Provider	04/07/14	8239
R1303OTN	11/01/13	International Classification of Diseases, 10th Revision (ICD-10) Testing with Providers through the Common Edits and Enhancements Module (CEM) and Common Electronic Data Interchange (CEDI)	03/03/14	8465
R1302OTN	11/01/13	Braille and Large Print Medicare Summary Notices	01/06/14	8260
R1301OTN	10/18/13	Virtual Data Center Contract (VDC) Workload Realignment	10/07/13	8449
R1299OTN	09/30/13	MCS Prepayment Review Report	10/07/13	8224

R1298OTN	09/30/13	CWF Editing for Vaccines Furnished at Hospice	10/07/13	8098
R1297OTN	09/27/13	VMS Prepayment Review Report	10/07/13	8225
R1293OTN	09/13/13	Display of ICD-10 Local Coverage Determinations (LCDs) on the Medicare Coverage Database (MCD)	04/10/13	8348
R1291OTN	08/30/13	Standardizing the standard - Operating Rules for code usage in Remittance Advice	10/07/13	8182
R1290OTN	08/27/13	MCS Prepayment Review Report	10/07/13	8224
R1288OTN	08/23/13	Health Insurance Portability and Accountability Act (HIPAA) EDI Front End Updates for January 2014	01/06/14	8345

R1286OTN	08/16/13	Handling Bankrupt Suppliers within VMS	01/06/14	8414
R1285OTN	08/16/13	Further Instruction to Use Non-Alert Remittance Advice Remark Codes (RARCs)	10/07/13	8391
R1283OTN	08/15/13	Multi Carrier System (MCS) Modifications to Liability Assignment Regarding Therapy Cap Claim Denials	08/16/13	8321
R1281OTN	08/16/13	Implement Operating Rules - Phase III ERA EFT: CORE 360 Uniform Use of Claim Adjustment Reason Codes (CARC) and Remittance Advice Remark Codes (RARC) Rule - Update from CAQH CORE	01/06/14	8365
R1280OTN	08/16/13	Ambulatory Surgical Center Quality Reporting (ASCQR) Program Payment Reduction (MIEA-TRCHA, 2006) - Implementation	01/06/14	8349
R1277OTN	08/09/13	Medicare Physician Fee Schedule Database (MPFSDB) Field Revisions for the New Purchased Diagnostic Test (PDT) Indicator and New Effective Date Field	01/06/14	8388

R1276OTN	08/09/13	Revision to the CWF Edit for Technical Component (TC) of Pathology Services Occurring on the Same Day as an Outpatient Hospital Visit	01/06/14	8399
R1274OTN	08/02/13	The Supplemental Security Income (SSI)/Medicare Beneficiary Data for Fiscal Year 2011 for Inpatient Prospective Payment System (IPPS) Hospitals, Inpatient Rehabilitation Facilities (IRFs), and Long Term Care Hospitals (LTCH)	09/03/13	8406
R1272OTN	08/02/13	CEDI Removal of 4010A1 Jobs and Processes	10/07/13	8398
R1271OTN	08/02/13	Health Insurance Portability and Accountability Act (HIPAA) EDI Front End Updates for January 2014	01/06/14	8345
R1268OTN	07/26/13	Update to Post Acute Transfer Edit 7272 to Extend Home Health Agency CMS Certification Number (CCN) Range and Add Bypass	01/06/14	8367
R1266OTN	07/26/13	Common Working File (CWF) Informational Unsolicited Response (IUR) and Reject for Hospital to Hospital Transfers	01/06/14	8231

R1264OTN	07/26/13	Addition of the End Stage Renal Disease (ESRD) Facilities Located in the Pacific Rim to the ESRD Prospective Payment System (PPS)	01/06/14	8368
R1262OTN	07/26/13	Informational Unsolicited Response (IUR) or Reject for Add-On Codes billed without respective Primary Codes	01/06/14	8271
R1261OTN	07/26/13	Fee for Service Beneficiary Data Streamlining (FFS BDS) Local Beneficiary File Analysis	01/06/14	8285
R1259OTN	07/25/13	HIPAA 5010 and D.0 2013 Annual Recertification	08/26/13	8352
R1258OTN	07/25/13	Redaction of Health Insurance Claim Numbers (HICNs) in Medicare Redetermination Notices (MRNs)	01/06/14	8268
R1257OTN	07/19/13	Medicare Appeals System (MAS) Level 1 Implementation	08/19/13	8152

R1253OTN	07/10/13	Change in Creation Date for CMS Standard Edit/Audit/Reason Code Reports	07/19/13	7846
R1252OTN	07/09/13	Standardizing the Standard - Phase I	01/06/14	7910
R1251OTN	06/27/13	Affordable Care Act (ACA) Model 4 Bundled Payments for Care Improvement - Episode of Care - Implementation Phase 3	07/01/13	8070
R1250OTN	06/25/13	Incentive Payment Related to Prior Authorization for Power Mobility Devices (PMD)	07/01/13	8056
R1248OTN	06/14/13	Multi Carrier System (MCS) Modifications to Liability Assignment Regarding Therapy Cap Claim Denials	10/07/13	8321
R1247OTN	06/10/13	Implementation of CMS Ruling 1455-R (Medicare Program; Part B Billing in Hospitals)	07/01/13	8277

R1246OTN	06/07/13	Implementation of the Award for the Jurisdiction K (JK) Part A and Part B Medicare Administrative Contractor (A/B MAC) to National Government Services	10/07/13	8303
R1245OTN	06/07/13	Implementing the Re-competition Award for the Jurisdiction L (formerly Jurisdiction 12) Part A/Part B Medicare Administrative Contractor (A/B MAC) Workload	07/01/13	8327
R1244OTN	05/31/13	Common Working File (CWF) Informational Unsolicited Response (IUR) or Reject for a new patient visit billed by the same physician or physician group within the past three years	10/07/13	8165
R1243OTN	05/31/13	Implementation of CMS Ruling 1455-R (Medicare Program; Part B Billing in Hospitals)	07/01/13	8277
R1242OTN	05/30/13	Change in Creation Date for CMS Standard Edit/Audit/Reason Code Reports	06/21/13	7846
R1240OTN	07/19/13	Affordable Care Act (ACA) Model 4 Bundled Payments for Care Improvement Episode of Care Implementation Phase Two	04/01/13	7887

R1239OTN	05/21/13	New Healthcare Common Procedure Coding System (HCPCS) Codes for Customized Durable Medical Equipment	07/01/13	8158
R1237OTN	05/17/13	Analysis and Design of VMS for implementing system changes for handling Bankrupt Suppliers	10/07/13	8310
R1236OTN	05/22/13	Standardizing the Standard - Phase I	01/06/14	7910
R1234OTN	05/10/13	MSP Claims and use of CARC 23 - Analysis and Design	10/07/13	8308
R1232OTN	05/06/13	New Healthcare Common Procedure Coding System (HCPCS) Codes for Customized Durable Medical Equipment	07/01/13	8158
R1231OTN	05/03/13	Common Working File (CWF) Informational Unsolicited Response (IUR) or Reject for a new patient visit billed by the same physician or physician group within the past three years	10/07/13	8165

R1228OTN	05/02/13	Debts Referred to Treasury through the Healthcare Integrated General Ledger Accounting System (HIGLAS)	10/07/13	8216
R1227OTN	05/02/13	Update to the Common Working File (CWF) Qualifying Stay Edit for Skilled Nursing Facility (SNF) and Swing Bed (SB) Providers	10/07/13	8210
R1225OTN	05/02/13	Reporting of Principal and Interest when returning previously recouped money - Analysis	10/07/13	8092
R1224OTN	05/03/13	Phase III ERA Enrollment Operating Rules	10/07/13	8223
R1220OTN	05/03/13	Health Insurance Portability and Accountability Act (HIPAA) EDI Front End Updates for October 2013	10/07/13	8234
R1219OTN	05/03/13	National Competitive Bidding Program (CBP): Instructions for Processing CBP Oxygen and Capped Rental Item Claims with the Start of the Round One Re-compete	10/07/13	8270

R1218OTN	05/03/13	American Recovery and Reinvestment Act of 2009 Electronic Health Record (EHR) Incentive : New Critical Access Hospital Banking Information File Transfer for Eligible Professional Payment	10/07/13	8209
R1217OTN	05/03/13	CWF Editing for Vaccines Furnished at Hospice	10/07/13	8098
R1216OTN	05/03/13	Applying Multiple Procedure Payment Reductions to Therapy Cap Amounts for Critical Access Hospital Claims	10/07/13	8278
R1215OTN	05/03/13	VMS Prepayment Review Report	10/07/13	8225
R1214OTN	05/03/13	Medicare System Update to Include Line Level National Provider Identifier (NPI) Sanction Editing on Critical Access Hospital (CAH) Method II Outpatient Claims	10/07/13	8170
R1213OTN	05/03/13	Updating the Shared Systems and Common Working File (CWF) to no Longer Create Veteran Affairs (VA) “I” records in the Medicare Secondary Payer (MSP) Auxiliary File	10/07/13	8198

R1212OTN	05/03/13	MCS Prepayment Review Report	10/07/13	8224
R1211OTN	05/03/13	Modification to Change Request (CR)7254	10/07/13	8280
R1210OTN	04/19/13	Implementing the Re-competition Award for the Jurisdiction C Durable Medical Equipment (DME) Medicare Administrative Contractor (MAC) Workload	05/01/13	8235
R1209OTN	04/11/13	Recovery of Annual Wellness Visit (AWV) Overpayments	07/01/13	8153
R1208OTN	04/11/13	Use of Q6 Modifier for Locum Tenens by Providing Performing Provider NPT "FOR ANALYSIS ONLY"	04/01/13	8124
R1207OTN	04/12/13	Direct Mailing to Referral Agents about the DMEPOS Competitive Bidding Program Round 2 and National Mail-Order for Diabetic Testing Supplies	05/13/13	8262

R1205OTN	04/04/13	Incentive Payment Related to Prior Authorization for Power Mobility Devices (PMD)	07/01/13	8056
R1203OTN	03/22/13	CMS Administrator's Ruling: Part A to Part B Rebilling of Denied Hospital Inpatient Claims	07/01/13	8185
R1202OTN	03/22/13	Transition to New Centers for Medicare and Medicaid Services (CMS) Identity Mark	04/22/13	8113
R1201OTN	03/22/13	Implementation of the Award for Jurisdiction E Part A/Part B Medicare Administrative Contractor (JE A/B MAC)	07/01/13	8226
R1200OTN	03/21/13	The Supplemental Security Income (SSI)/Medicare Beneficiary Data for Fiscal Year 2010 for Inpatient Prospective Payment System (IPPS) Hospitals, Inpatient Rehabilitation Facilities (IRFs), and Long Term Care Hospitals (LTCHs)	12/03/12	8078
R1199OTN	03/15/13	International Classification of Diseases (ICD)-10 Conversion from ICD-9 and Related Code Infrastructure of the Medicare Shared Systems as They Relate to CMS National Coverage Determinations (NCDs)	07/01/13	8197

R1197OTN	03/15/13	Implementation of the Award for Jurisdiction 6 Part A/Part B Medicare Administrative Contractor (J6 A/B MAC)	07/01/13	8227
R1196OTN	03/08/13	Outpatient Therapy Functional Reporting Non-Compliance Alerts	04/01/13	8166
R1195OTN	03/01/13	Inpatient Prospective Payment System (IPPS) Hospital Extensions per the American Taxpayer Relief Act of 2012	04/01/13	8214
R1194OTN	02/22/13	Multiple Procedure Payment Reduction (MPPR) for Selected Therapy Services	04/01/13	8206
R1193OTN	02/15/13	Standardizing the Standard - Phase I	10/07/13	7910
R1192OTN	02/15/13	The Inclusion of Veterans Administration (VA) Skilled Nursing Facility (SNF) claims to the VA Medicare Remittance Advice (eMRA) Process- Implementation	07/01/13	8089

R1191OTN	02/15/13	ICD-10 CR--Updates to National Coverage Determination/Local Coverage Determination (NCD/LCD) Processing in the VMS Shared System	10/07/13	8207
R1190OTN	02/15/13	Recovery of Annual Wellness Visit (AWV) Overpayments	07/01/13	8153
R1189OTN	02/15/13	Bundled Payments for Care Improvement Model 4 - HI and SMI Payment Attribution and Outlier Payments	07/01/13	8196
R1187OTN	02/08/13	Standardizing the standard - Operating Rules for code usage in Remittance Advice	07/01/13	8182
R1186OTN	02/08/13	FISS Prepayment Review Report	07/01/13	8175
R1184OTN	02/08/13	Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) National Competitive Bidding (NCB): Using the “KY” Modifier to Bill for Accessories for Non-NCB Wheelchair Base Units	07/01/13	8181

R1183OTN	02/08/13	Revision to CWF and VMS: Reject or Informational Unsolicited Response (IUR) Edit for Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) Provided During an Inpatient Stay	07/01/13	8172
R1182OTN	02/08/13	Incentive Payment Related to Prior Authorization for Power Mobility Devices (PMD)	07/01/13	8056
R1176OTN	02/01/13	Health Insurance Portability and Accountability Act (HIPAA) EDI Front End Updates for July 2013	07/01/13	8177
R1174OTN	02/01/13	Changes to the Laboratory National Coverage Determination (NCD) Software for ICD-10	07/01/13	8202
R1173OTN	02/01/13	Durable Medical Equipment, Prosthetics, Orthotics, and Supplies Competitive Bidding Program: Correction to the Medicare Summary Notice Message for PEN Items Furnished to Traveling Beneficiaries	07/01/13	8189
R1171OTN	01/31/13	Instructions to Contractors for Implementing Section 5506 of the Affordable Care Act (ACA)-Preservation of Resident Cap Positions from Closed Teaching Hospitals - Round 1 and Round 2 Only	03/04/13	7746

R1170OTN	01/31/13	Common Working File (CWF) Informational Unsolicited Response (IUR) or Reject for place of service billed by physician office and either ambulatory surgical center or inpatient hospital, for the same beneficiary, same date of service, and same procedure, based on sequence received of the Part B claim	07/01/13	7892
R1169OTN	01/31/13	Modification of Payment Window Edit in the Common Working File (CWF) to Modify Diagnostic Service List	07/01/13	8046
R1167OTN	01/31/13	Correction to Common Working File (CWF) A/B Crossover Edit 7272 for Transfer to Home for Home Health Services	07/01/13	8139
R1165OTN	01/18/13	International Classification of Diseases (ICD)-10 Conversion from ICD-9 and Related Code Infrastructure of the Medicare Shared Systems as They Relate to CMS National Coverage Determinations (NCDs)	04/01/13	8109

R1164OTN	01/18/13	Implementation of New and Revised Medicare Summary Notice (MSN) Messages and Discontinuation of Obsolete MSN Messages	02/18/13	8106
R1163OTN	01/18/13	Medicare Remit Easy Print (MREP) Enhancement	04/01/13	8149
R1162OTN	01/04/13	International Classification of Diseases (ICD)-10 Conversion from ICD-9 and Related Code Infrastructure of the Medicare Shared Systems as They Relate to CMS National Coverage Determinations (NCDs)	04/01/13	8109
R1161OTN	12/28/12	Implementation of New and Revised Medicare Summary Notice (MSN) Messages and Discontinuation of Obsolete MSN Messages	02/18/13	8106
R1160OTN	12/21/12	Quarterly Update for the Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) Competitive Bidding Program (CBP) - April 2013	04/01/13	8144
R1159OTN	12/21/12	New Healthcare Common Procedure Coding System (HCPCS) Codes for Replacement Accessories and Supplies for External Ventricular Assist Devices or Any Ventricular Assist Device (VAD) for Which Payment Was Not Made Under Medicare Part A	04/01/13	7888

R1158OTN	12/18/12	Use of Q6 Modifier for Locum Tenens by Providing the Substitute Physician's Unique Identifier	04/01/13	8124
R1157OTN	12/14/12	Standardizing the Standard - Phase I	01/07/13	7910
R1156OTN	12/13/12	Addition of New Common Working File (CWF) Medicare Secondary Payer (MSP) Utilization Edit Codes for CWF to Send the Shared Systems When the Diagnosis Code on the Claim is Considered a Match with the Family of DX Codes in CWF for Non-Group Health Plan (NGHP) MSP Claims	10/01/12	7605
R1155OTN	07/19/13	Affordable Care Act (ACA) Model 4 Bundled Payments for Care Improvement - Episode of Care - Implementation Phase 3	07/01/13	8070

R1152OTN	11/16/12	New Screens and Processes for ICD-9/ICD-10, ICD-10/ICD-9 Diagnosis and Procedure Codes Conversions for Medicare Secondary (MSP) Claims Using the General Equivalence Mappings (GEMS) 2013 Table in CWF	04/01/13	8034
R1151OTN	11/16/12	Use of Q6 Modifier for Locum Tenens by Providing Performing Provider NPI - Analysis only CR	04/01/13	8124
R1149OTN	11/06/12	Multiple Procedure Payment Reduction (MPPR) on the Technical Component (TC) of Diagnostic Cardiovascular and Ophthalmology Procedures	01/07/13	7848
R1148OTN	11/02/12	Fee for Service Beneficiary Data Streamlining (FFS BDS)	04/01/13	8091
R1147OTN	11/02/12	Implementation of the Revised Health Insurance Claim Form CMS-1500 (02/12) (Analysis Only)	04/01/13	8015
R1145OTN	11/02/12	Health Insurance Portability and Accountability Act (HIPAA) EDI Front End Updates for April 2013	04/01/13	8073

R1144OTN	11/02/12	MCS/TACs System Edits	04/01/13	8053
R1142OTN	11/02/12	Editing for Duplicate Payment of Nonphysician Outpatient Services Provided During an Inpatient Hospital Admission	04/01/13	7849
R1141OTN	11/02/12	The Supplemental Security Income (SSI)/Medicare Beneficiary Data for Fiscal Year 2010 for Inpatient Prospective Payment System (IPPS) Hospitals, Inpatient Rehabilitation Facilities (IRFs), and Long Term Care Hospitals (LTCHs)	12/03/12	8078
R1140OTN	11/02/12	Termination of the Common Working File ELGB Provider Query	04/01/13	8086
R1139OTN	11/01/12	Durable Medical Equipment (DME) National Competitive Bidding (NCB): National Mail Order (NMO) Program Implementation for Diabetic Supplies	04/01/13	8080
R1138OTN	11/01/12	Adding Bankruptcy Status Field to the Recovery Audit Contractor Daily and Weekly Reports	04/01/13	8083

R1137OTN	11/01/12	PWK System Modifications for Processing Days	04/01/13	8014
R1136OTN	11/01/12	National Correct Coding Initiative (NCCI) Associated Modifier Changes (Additions)	01/07/13	8111
R1134OTN	11/01/12	New Informational Unsolicited Response (IUR) Process to Identify Previously Paid Claims for Services Furnished to Incarcerated Medicare Beneficiaries	04/01/13	8007
R1133OTN	11/01/12	New Informational Unsolicited Response (IUR) Process to Identify Previously Paid Claims for Services Furnished to Medicare Beneficiaries Classified as "Unlawfully Present" in the United States	04/01/13	8009
R1130OTN	10/26/12	Implementation of the Redesigned MSN	04/01/13	8081
R1129OTN	10/12/12	Elimination of the Fiscal Intermediary Shared System (FISS) Off Quarter User Releases	01/07/13	8022

R1128OTN	10/05/12	Recompiling of Application Data Structure Descriptors	10/26/12	8099
R1124OTN	09/25/12	Manual Medical Review of Therapy Services	10/01/12	8036
R1122OTN	09/14/12	International Classification of Diseases (ICD)-10 Conversion from ICD-9 and Related Code Infrastructure of the Medicare Shared Systems as They Relate to CMS National Coverage Determinations (NCDs) (CR 1 of 3) (ICD-10)	01/07/13	7818
R1119OTN	09/14/12	Implementation of the Award for the Jurisdiction 5 Part A and Part B Medicare Administrative Contractor (J5 A/B MAC) Reprocurment Including a New Workload Number for the Remaining WPS Legacy Workload	10/22/12	8059
R1117OTN	08/31/12	Manual Medical Review of Therapy Services	10/01/12	8036

R1116OTN	08/24/12	Standardizing the Standard - Phase I	01/07/13	7910
R1115OTN	08/24/12	Implement Fraud Prevention Predictive Modeling Prepayment Edits for Shared Systems (xref CR7787)	01/07/13	7861
R1114OTN	08/17/12	New Field Established within FISS and MCS	01/17/13	8012
R1112OTN	08/10/12	Health Insurance Portability and Accountability Act (HIPAA) 5010 837 Institutional (837I) Edits and 5010 837 Professional (837P) Edits January 2013	01/07/13	7880
R1111OTN	08/06/12	Expand Place of Service Address to Include Full Address	04/01/13	7786
R1110OTN	08/03/12	Revision of Medicare Summary Notice (MSN) for Non-Competitive Bid Claims	07/02/12	7729

R1108OTN	08/03/12	Fee For Service Common Eligibility Services (FFS CES) - Common Working File (CWF) Detail Analysis, Design and Requirements	01/07/13	7895
R1107OTN	08/03/12	The Medicare Secondary Payer Payment Module (MSPPAY) to be Maintained by the Shared System Maintainers for all Future Enhancements	01/07/13	7826
R1104OTN	08/02/12	Application of the Multiple Procedure Payment Reduction (MPPR) on the Professional Component (PC) and Technical Component (TC) of Certain Diagnostic Imaging Procedures to Physicians in the Same Group Practice	01/07/13	7747
R1103OTN	08/01/12	Health Insurance Portability and Accountability Act (HIPAA) 5010 and D.0 Execution of the Annual Recertification Program	09/04/12	7904
R1102OTN	08/01/12	Direction to Modify Institutional Reason Code 39012	01/07/13	7832
R1101OTN	07/19/12	Reporting of Recoupment for Overpayment on the Remittance Advice (RA) with Patient Control Number	01/03/12	7499

R1100OTN	06/28/12	Fiscal Intermediary Shared System (FISS) System Enhancement for Including Line Level Rendering Physicians/Practitioners National Provider Identifier (NPI) and Name Information in the Comprehensive Error Rate Testing (CERT) Resolution Record	10/01/12	7807
R1099OTN	06/28/12	Reporting of Recoupment for Overpayment on the Remittance Advice (RA) with Patient Control Number	01/03/12	7499
R1098OTN	06/22/12	Addition of New Common Working File (CWF) Medicare Secondary Payer (MSP) Utilization Edit Codes for CWF to Send the Shared Systems When the Diagnosis Code on the Claim is Considered a Match with the Family of DX Codes in CWF for Non-Group Health Plan (NGHP) MSP Claims	10/01/12	7605
R1097OTN	06/15/12	Change in Creation Date for CMS Standard Edit/Audit/Reason Code Reports	10/15/12	7846
R1095OTN	06/07/12	Enhancements to the Recovery Audit Mass Adjustment/Reporting Process in the ViPS Medicare System (VMS)	07/02/12	7603

R1093OTN	05/23/12	Automated Tracking and Reporting of Recovery Audit-Associated Re-openings and Appeals	04/02/12	7604
R1091OTN	05/16/12	Enhancements to the Recovery Audit Mass Adjustment/Reporting Process in the Fiscal Intermediary Shared System (FISS)	04/02/12	7601
R1089OTN	05/11/12	Implement Fraud Prevention Predictive Modeling Prepayment Edits	10/01/12	7787
R1088OTN	05/10/12	Reporting of Recoupment for Overpayment on the Remittance Advice (RA) with Patient Control Number	01/03/12	7499
R1087OTN	05/04/12	Expand Place of Service Address to Include Full Address	10/1/12	7786
R1085OTN	05/02/12	Establish an Automated Process between ViPS Medicare System (VMS) and the Provider Enrollment Chain and Ownership System (PECOS) to Post Payment Suspension Alert Codes and Related Data to All Four Durable Medical Equipment Medicare Administrator	10/01/12	7424

		Contractors **(DME MAC) Jurisdictions**		
R1084OTN	04/26/12	Common Edits and Enhancements Module (CEM) and Receipt, Control, and Balancing Updates – October 2012	10/01/12	7811
R1083OTN	04/27/12	Temporary Direction to Accommodate Organ Donor Complications Billing on 837I Claims	10/01/12	7816
R1082OTN	04/27/12	FISS update for Clinical Laboratory Fee Schedule upload to include Kansas Payment Locality Structure	10/01/12	7815
R1079OTN	04/27/12	New Occurrence Code to Report Date of Death	10/01/12	7792
R1077OTN	04/26/12	Update to the Fiscal Intermediary Shared Systems (FISS) Outpatient Provider Specific File (OPSF) for Children's Hospitals	10/01/12	7798

R1076OTN	04/26/12	Health Insurance Portability and Accountability (HIPAA) 5010/D.0 Fixes - October 2012	10/01/12	7769
R1075OTN	05/18/12	Medicare Fee-for-Service (FFS) Editing and Flat File Utility	10/1/12	7823
R1073OTN	04/26/12	American Recovery and Reinvestment Act of 2009 Electronic Health Record (EHR) Incentive Program: Financial Information File Transfer Modifications for Eligible Hospitals	10/01/12	7776
R1072OTN	04/26/12	Fiscal Intermediary Shared System (FISS) System Enhancement for Including Line Level Rendering Physicians/Practitioners National Provider Identifier (NPI) and Name Information in the Comprehensive Error Rate Testing (CERT) Resolution Record	10/01/12	7807
R1071OTN	04/26/12	Expansion of the Laboratory National Coverage Determination (NCD) Edit Software	10/01/12	7808

R1070OTN	04/26/12	Request to Require Hours for Research and Conference Calls with Maintainers, MACs, and EDCs and Additional Requirements for IDR Shared Systems	10/01/12	7756
R1067OTN	04/26/12	Fee for Service Common Eligibility Services Conference Calls and Research	10/01/12	7800
R1066OTN	04/27/12	Implementation of the HIPAA Version 5010 276/277 Claim Status Edits October 2012 Release	10/01/12	7804
R1065OTN	04/26/12	Addition of New Common Working File (CWF) Medicare Secondary Payer (MSP) Utilization Edit Codes for CWF to Send the Shared Systems When the Diagnosis Code on the Claim Is Considered a Match with the Family of DX Codes in CWF for Non-Group Health Plan (NGHP) MSP Claims	10/01/12	7605
R1064OTN	04/26/12	Health Insurance Portability and Accountability Act (HIPAA) 5010 837 Institutional (837I) Edits and 5010 837 Professional (837P) Edits - October 2012	10/01/12	7817

R1062OTN	04/06/12	Health Insurance Portability and Accountability Act (HIPAA) 5010 and D.0 Annual Re-Certification Program	05/07/12	7758
R1061OTN	03/30/12	Implementation of the Award for the Jurisdiction 8 Part A and Part B Medicare Administrative Contractor (J8 A/B MAC) including New Workload Numbers for Indiana and Michigan	07/02/12	7752
R1060OTN	04/13/12	Implementation of the Award for the Jurisdiction H Part A and Part B Medicare Administrative Contractor (JH A/B MAC) Including New Workload Numbers for Arkansas, Colorado, Louisiana, Mississippi, New Mexico, Oklahoma, and Texas as well as for the J4 WPS Legacy Part A Workload	07/02/12	7812
R1058OTN	03/14/12	Emergency March 2012 Update (MCTRJCA) to the CY 2012 Medicare Physician Fee Schedule (MPFS) Database	03/15/12	7767
R1057OTN	03/09/12	Implementation of a Correction of Initial Default Values for Medically Unlikely Edits (MUEs)	01/03/12	7418

R1056OTN	03/09/12	Revision of Medicare Summary Notice (MSN) for Non-Competitive Bid Claims	07/02/12	7729
R1055OTN	03/09/12	Medicare Fiscal Intermediaries Shared System (FISS), HealthCare Integrated General Ledger Accounting System (HIGLAS), and Change of Ownership Process Revisions for IRS Form 1099 Reporting	07/02/12	7732
R1054OTN	03/07/12	Use of Revised Remittance Advice Remark Code (RARC) N103 When Denying Services Furnished to Federally Incarcerated Beneficiaries	07/02/12	7678
R1052OTN	03/01/12	Analysis and Design of Edits to Correct Recovery Auditor Identified Improper Payments in MCS	07/02/12	7673
R1051OTN	02/29/12	Analysis of Improper Overpayments to Design Edits to Correct these Overpayments in CWF, MCS, and FISS	07/02/12	7661
R1050OTN	02/29/12	Automated Tracking and Reporting of Recovery Audit-Associated Reopenings and Appeals	04/02/12	7604

R1049OTN	02/24/12	Implement Fraud Prevention Predictive Modeling Prepayment Edits - Analysis and Design Only	07/02/12	7669
R1047OTN	02/17/12	Enhancements to the Recovery Audit Mass Adjustment/Reporting Process in the ViPS Medicare System (VMS)	07/02/12	7603
R1046OTN	02/17/12	Fiscal Intermediary Shared System (FISS) and Common Working File (CWF) System Enhancement for Storing Line Level Rendering Physicians/Practitioners National Provider Identifier (NPI) and Physician Specialty Code Information	07/02/12	7578
R1043OTN	03/01/12	Delayed Work from CR 7589: Request to Require Hours for Research and Conference Calls with Maintainers, MACs, and EDCs and Additional Requirements for IDR Shared Systems	07/02/12	7662
R1042OTN	02/03/12	Creation of New Indicator for Use on the Ambulatory Surgical Centers (ASCs) Payment Indicator File for Reporting Quality Measures	04/02/12	7472
R1040OTN	02/03/12	Interaction of Multiple Procedure Payment Reduction (MPPR) on Imaging Procedures and the Outpatient Prospective Payment System (OPPS) Cap on the Technical Component of Imaging Procedures	07/02/12	7703

R1039OTN	02/3/12	International Classification of Diseases-10th Edition (ICD-10), Inclusion of Type of Bill (TOB) 33X, Home Health, Outpatient (includes HHA visits under a Part A Plan of treatment)	07/02/12	7704
R1038OTN	01/27/12	Updates to Editing of Patient Discharge Status Codes on Hospice Claims	07/02/12	7690
R1037OTN	01/27/12	Health Insurance Portability and Accountability (HIPAA) 5010/D.0 Fixes - July 2012	07/02/12	7664
R1033OTN	01/27/12	Analysis of Improper Overpayments to Design Edits to Correct these Overpayments in CWF, MCS, and FISS	07/2/12	7661
R1032OTN	01/26/12	Revisions to the Hospice Medicare Summary Notice (MSN)	07/02/12	7675

R1031OTN	01/26/12	Analysis and Design of Edits to Correct Recovery Auditor Identified Improper Payments in MCS	07/02/12	7673
R1030OTN	01/26/12	Health Insurance Portability and Accountability Act (HIPAA) 5010 837 Institutional (837I) Edits and 5010 837 Professional (837P) Edits – July 2012 Version	07/02/12	7719
R1029OTN	01/26/12	Delayed Work from CR 7589: Request to Require Hours for Research and Conference Calls with Maintainers, MACs, and EDCs and Additional Requirements for IDR Shared Systems	07/02/12	7662
R1028OTN	01/27/12	Contractor Instructions to Implement International Classification of Diseases-10th Revision (ICD-10) Plans	04/01/13	7592
R1027OTN	01/26/12	New Occurrence Span Code to Report Antepartum Days	07/02/12	7716
R1026OTN	01/26/12	Implementation of the HIPAA Version 5010 276/277 Claim Status Edits July 2012 Release	07/02/12	7582

R1025OTN	01/26/12	Enterprise Electronic Change Information Management Portal (ECHIMP)	07/02/12	7643
R1024OTN	01/26/12	Common Edits and Enhancements Modules (CEM) Code Set Update	07/02/12	7665
R1023OTN	01/26/12	Common Edits and Enhancements Module (CEM) and Receipt, Control, and Balancing Updates - July 2012	07/02/12	7713
R1022OTN	01/26/12	Fee for Service Common Eligibility Services Conference Calls and Research	07/02/12	7712
R1021OTN	01/26/12	Automated Tracking and Reporting of Recovery Audit-Associated Reopenings and Appeals	04/02/12	7604
R1019OTN	01/25/12	Update to the Fiscal Year (FY) 2012 List of Codes Exempt from Reporting Present on Admission (POA)	07/02/12	7680

R1016OTN	01/25/12	Direct Mailing to Medicare Providers About the 2012 Electronic Prescribing Payment	02/27/12	7730
R1015OTN	01/20/12	Emergency Update to the CY 2012 Medicare Physician Fee Schedule Database (MPFSDB)	01/26/12	7737
R1014OTN	01/06/12	Instructions to Teaching Hospitals for Reporting the Internal Revenue Service (IRS) Refund of Medical Resident FICA Taxes	02/06/12	7685
R1013OTN	01/06/12	Contractor Instructions to Implement International Classification of Diseases-10th Revision (ICD-10) Plans	04/01/13	7592
R1012OTN	01/06/12	Use of Revised Remittance Advice Remark Code (RARC) N103 When Denying Services Furnished to Federally Incarcerated Beneficiaries	07/02/12	7678