CMS Manual System	Department of Health & Human Services (DHHS)				
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)				
Transmittal 1844	Date: May 5, 2017				
	Change Request 10103				

SUBJECT: Modification to Two Fiscal Intermediary Shared System (FISS) Edits Created Through Change Request (CR) 9681

I. SUMMARY OF CHANGES: Through this instruction, CMS provides direction to the FISS maintainer to make certain that two Return to Provider edits created through the implementation of CMS CR 9681 will only be applied to "original" and "provider-initiated" adjustment claims. In addition, CMS directs the Part A Medicare Administrative Contractors (MACs) to reactivate the two edits effective with August 7, 2017.

EFFECTIVE DATE: August 7, 2017

*Unless otherwise specified, the effective date is the date of service. IMPLEMENTATION DATE: August 7, 2017

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated) R=REVISED, N=NEW, D=DELETED-*Only One Per Row.*

R/N/D CHAPTER / SECTION / SUBSECTION / TITLE		
N/A		

III. FUNDING:

For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

IV. ATTACHMENTS: One Time Notification

Attachment - One-Time Notification

Pub. 100-20	Transmittal: 1844	Date: May 5, 2017	Change Request: 10103
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SUBJECT: Modification to Two Fiscal Intermediary Shared System (FISS) Edits Created Through Change Request (CR) 9681

EFFECTIVE DATE: August 7, 2017 *Unless otherwise specified, the effective date is the date of service. **IMPLEMENTATION DATE:** August 7, 2017

I. GENERAL INFORMATION

A. Background: Through Transmittal 1770, Change Request (CR) 9681, the Centers for Medicare & Medicaid Services (CMS) implemented two Fiscal Intermediary Shared System (FISS) edits. Edits 34961 and 36190 were designed for use in Part A Medicare Administrative Contractor (MAC) Return-to-Provider (RTP) processes when certain conditions were present. The first condition, addressed by edit 34961, was the incorrect inclusion of a Present on Admission (POA) indicator on Medicare outpatient claims (where the Type of Bill designation is something other than 11x, 18x, 21x, or 41x). The second condition, addressed by edit 36190, was the inclusion of day counts (i.e., covered days, non-covered days, co-insurance days, and Life-Time Reserve days) on Direct Data Entry (DDE)-submitted claims.

As the result of MAC user acceptance testing experiences, CMS has learned that if edits 34961 and 36190 were applied to MAC-initiated adjustment claims, including mass adjustments, the volume of RTP rejections would be extreme. Therefore, CMS needs to assure that the edits are applied only to "original" Medicare outpatient and DDE-submitted claims as well as "provider-initiated" adjustment outpatient and DDE-submitted claims.

B. Policy: The FISS maintainer shall modify edits 34961 and 36190 so that they are applicable only to "original" and "provider-initiated" adjustment claims with dates of receipt of August 7, 2017, and after. All Part A MACs shall reactivate edits 34961 and 36190 effective August 7, 2017.

II. BUSINESS REQUIREMENTS TABLE

Number	Requirement	Responsibility											
		A/B		A/B I			Sha	red-		Other			
		Ν	MAC			MAC M			M System				
					Е	Μ	aint	aine	ers				
		Α	В	Η		F	Μ	V	С				
				Η	Μ	-	С		W				
				Η	A ĩ	S	S	S	F				
					C	S							
10103.1	The FISS maintainer shall modify edits 34961 and					Х							
	36190 so they are applicable only to "original" and												
	"provider-initiated" adjustment claims with dates of												
	receipt of August 7, 2017, and after.												
10103.2	The indicated MACs shall reactivate edits 34961 and	X											
10105.2	36190 effective with August 7, 2017.	Λ											
	50190 effective with August 7, 2017.												
										L			

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

III. PROVIDER EDUCATION TABLE

Number	Requirement	Re	Responsibility			
			A/B		D	C
		MAC		2	Μ	E
					Е	D
		A	В	H H H	M A C	Ι
	None					

IV. SUPPORTING INFORMATION

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

"Should" denotes a recommendation.

X-Ref	Recommendations or other supporting information:
Requirement	
Number	

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

V. CONTACTS

Pre-Implementation Contact(s): Brian Pabst, 410-786-2487 or brian.pabst@cms.hhs.gov

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

VI. FUNDING

Section A: For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

ATTACHMENTS: 0