

<b>CMS Manual System</b>	<b>Department of Health &amp; Human Services (DHHS)</b>
<b>Pub 100-20 One-Time Notification</b>	<b>Centers for Medicare &amp; Medicaid Services (CMS)</b>
<b>Transmittal 2183</b>	<b>Date: November 2, 2018</b>
	<b>Change Request 11011</b>

**SUBJECT: Shared System Enhancement 2018: Move Authorized Reason Code Override Processing to FSSBSTUF**

**I. SUMMARY OF CHANGES:** The purpose of this Change Request (CR) is for the Centers for Medicare & Medicaid Services (CMS) to direct the Fiscal Intermediary Shared System (FISS) maintainer to streamline a facet of the FISS Reason Code assignment process as it relates to effecting operator overrides.

**EFFECTIVE DATE: April 1, 2019 - Analysis, Requirements and Design; July 1, 2019 - Coding, Alpha Testing and Optimization**

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

**IMPLEMENTATION DATE: April 1, 2019; July 1, 2019**

*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.*

<b>R/N/D</b>	<b>CHAPTER / SECTION / SUBSECTION / TITLE</b>
N/A	N/A

**III. FUNDING:**

**For Medicare Administrative Contractors (MACs):**

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

**IV. ATTACHMENTS:**

**One Time Notification**

# Attachment - One-Time Notification

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**EFFECTIVE DATE: April 1, 2019 - Analysis, Requirements and Design; July 1, 2019 - Coding, Alpha Testing and Optimization**

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## I. GENERAL INFORMATION

**A. Background:** The Centers for Medicare & Medicaid Services (CMS) directs the FISS maintainer to streamline a facet of the Fiscal Intermediary Shared System (FISS) Reason Code assignment process as it relates to effecting operator overrides. Specifically, FISS will consolidate the Reason Code eligibility and operator override authority logic (FSSBAUTH) within the process that sets the requested Reason Code on the claim (FSSBSTUF). This will remove the need for hard-coded logic within each reason code assignment, standardizing this process and reducing the level of effort required to enact Reason Code override capability.

**B. Policy:** This change request does not involve any legislative, statutory, or regulatory policies.

## II. BUSINESS REQUIREMENTS TABLE

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

Number	Requirement	Responsibility									
		A/B MAC			D M E M A C	Shared- System Maintainers				Other	
		A	B	H H H		F I S S	M C S	V M S	C W F		
11011.1	The contractor shall modify FISS by moving the logic that determines if a reason code can be overridden into the program that moves the reason codes to the claim, FSSBSTUF.					X					
11011.1.1	The contractor shall ensure a reason code assigns if the authorized reason code override is populated and the user is not authorized to override that reason code.					X					
11011.1.2	The contractor shall remove all calls to the existing reason code override program.					X					

## III. PROVIDER EDUCATION TABLE

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

**IV. SUPPORTING INFORMATION**

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

*"Should" denotes a recommendation.*

X-Ref Requirement Number	Recommendations or other supporting information:

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

**V. CONTACTS**

**Pre-Implementation Contact(s):** Lee Ann Paxton, 410-786-2491 or Leeann.Paxton@cms.hhs.gov , Kathy Campion, 410-786-4706 or Kathy.Campion@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**