

<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 2313</b>	<b>Date: June 10, 2019</b>
	<b>Change Request 11183</b>

**Transmittal 2313, dated June 10, 2019, is being rescinded and replaced by Transmittal 2320, dated, July 8, 2019 to update the BR 11183.1 field name from “Error/Fatal Error Return Code” to match the IOCE attachment field name “Claim Return Code”. All other information remains the same.**

**SUBJECT: FISS Integrated Outpatient Code Editor (IOCE) Claim Return Buffer Interface Changes Related to New Return Code Field Updates**