CMS Manual System	Department of Health & Human Services (DHHS)				
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)				
Transmittal 13207	Date: May 2, 2025				
	Change Request 14046				

SUBJECT: Fiscal Intermediary Shared System (FISS) User Enhancement Change Request (UECR) -Modify the Healthcare Common Procedure Code (HCPC) Type of Bill (TOB) Table, MAP1151, to Allow Automation to Update Date Fields

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to Modify the Healthcare Common Procedure Code (HCPC) Type of Bill (TOB) table, MAP1151, to allow the Medicare Administrative Contractors (MACs) to use automation and/or copy/paste to make updates to date fields.

EFFECTIVE DATE: October 1, 2025

*Unless otherwise specified, the effective date is the date of service. IMPLEMENTATION DATE: October 6, 2025

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

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

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

III. FUNDING:

For Medicare Administrative Contractors (MACs):

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

IV. ATTACHMENTS:

One Time Notification

Attachment - One-Time Notification

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II. GENERAL INFORMATION

A. Background: To remove the possibility of human error and reduce the effort to manually perform maintenance in FISS, First Coast Service Options, Inc. and Novitas Solutions, Inc. developed end user Automations (i.e., macros). The current FISS logic adds invalid data when any MAC automation is attempted on MAP1151. This logic also prevents non-automation like the use of copying and pasting from one region and/or environment to another.

This CR requests that logic for all date fields on the HCPC TOB Table (MAP1151) be updated to allow automation and copy/paste to be used to update the file. The same changes were made to the Medical Policy Parm (MPP) file under FS2549 to resolve a similar issue where invalid data was added to date fields when the update wasn't manually keyed to the field.

B. Policy: There is no policy impact. This is a technical change to allow the use of MAC automation to make file updates.

III. BUSINESS REQUIREMENTS TABLE

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

Number	Requirement	Responsibility								
		A/B MAC		DME	Shared-System Maintainers				Other	
		А	В	HHH	MAC	FISS	MCS	VMS	CWF	
14046.1	FISS shall modify the logic for MAP1I51 to only store a value in all date fields when the value is a properly formatted date in MMDDYY format.					X				
14046.2	FISS shall create a one-time utility to clear all existing values in date fields on MAP1151, if the data isn't a					Х				

Number	Requirement	Responsibility								
		A/B MAC		DME	Shared-System Maintainers			Other		
		Α	В	HHH	MAC	FISS	MCS	VMS	CWF	
	valid value in CCYYMMDD format.									

IV. PROVIDER EDUCATION

None

Impacted Contractors: None

V. 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

VI. CONTACTS

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

VII. FUNDING

Section A: For Medicare Administrative Contractors (MACs):

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