CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 13933	**Date: August 19, 2026**
	Change Request 14454

Transmittal 13730 issued May 27, 2026, is being rescinded and replaced by Transmittal 13933, dated August 19, 2026, to move the instructions to the January 2027 release by revising the effective and implementation dates. All other information remains the same.

SUBJECT: Fiscal Intermediary Shared System (FISS) - Modify the Expert Claims Processing System (ECPS) to Process More Than 10 Medical Policy Reason Codes

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to correct a pre-existing design issue in FISS where only the first 10 medical policy reason codes get worked by ECPS. The remaining reason codes are bypassed. The current design allows for some claims/services to be paid incorrectly.

EFFECTIVE DATE: October 1, 2026 - Analysis, Design, Coding and Alpha Testing; January 1, 2027 - Complete Alpha Testing, Beta Testing, User Acceptance Testing and Implementation
**Unless otherwise specified, the effective date is the date of service.*
IMPLEMENTATION DATE: January 4, 2027

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

Pub. 100-20	Transmittal: 13933	Date: August 19, 2026	Change Request: 14454

Transmittal 13730 issued May 27, 2026, is being rescinded and replaced by Transmittal 13933, dated August 19, 2026, to move the instructions to the January 2027 release by revising the effective and implementation dates. All other information remains the same.

SUBJECT: Fiscal Intermediary Shared System (FISS) - Modify the Expert Claims Processing System (ECPS) to Process More Than 10 Medical Policy Reason Codes

EFFECTIVE DATE: October 1, 2026 - Analysis, Design, Coding and Alpha Testing; January 1, 2027 - Complete Alpha Testing, Beta Testing, User Acceptance Testing and Implementation
**Unless otherwise specified, the effective date is the date of service.*
IMPLEMENTATION DATE: January 4, 2027

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to correct a pre-existing design issue in FISS where only the first 10 medical policy reason codes get worked by ECPS. The remaining reason codes are bypassed. The current design allows for some claims/services to be paid incorrectly.

II. GENERAL INFORMATION

A. Background: The Fiscal Intermediary Shared System (FISS) assigns medical policy reason codes during claim processing when claim conditions meet established medical policy criteria. These reason codes are subsequently adjudicated through the Expert Claims Processing System (ECPS), which evaluates the assigned reason codes to determine the appropriate claim outcome.

Under the current system design, FISS is limited to transmitting and processing only the first ten (10) assigned medical policy reason codes for adjudication in ECPS. When more than ten reason codes are assigned to a claim, any reason codes beyond the tenth position are not transmitted for ECPS adjudication and are effectively bypassed.

As a result, ECPS does not adjudicate all medical policy reason codes assigned to a claim when the total exceeds ten. This system limitation prevents full evaluation of all applicable medical policy reason codes associated with the claim and may result in incomplete adjudication of medical policy determinations.

This Change Request (CR) proposes modifying FISS system processing to remove the ten-reason-code limitation and ensure that all assigned medical policy reason codes are transmitted to and adjudicated by ECPS. This change is necessary to support complete and accurate adjudication of claims in accordance with established medical policy.

B. Policy: This is a technical change to allow ECPS to adjudicate all medical policy reason codes assigned to a claim when more than 10 distinct reason codes are assigned. There is no policy impact.

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
		A	B	HHH	MAC	FISS	MCS	VMS	CWF	
14454.1	FISS shall create a new Medical Review reason code overflow table to capture the additional Medical Review reason codes when more than 10 are assigned.					X				
14454.2	FISS shall ensure the claims in FISS and ECPS process back through Medical Policy and bypass any Medical Policy 5XXXX and 7XXXX reason codes previously processed.					X				
14454.3	FISS shall modify the claim screens to identify reason codes worked in the overflow table.					X				

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 Requirement Number	Recommendations or other supporting information:

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

VI. CONTACTS

Pre-Implementation Contact(s): Rita Hazlip, rita.hazlip@cms.hhs.gov

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

VII. 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