CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 11525	Date: July 28, 2022
	Change Request 10715

#### SUBJECT: User Enhancement Change Request (CR) - Update the Multi-Carrier System (MCS) Desk Top Tool (MCSDT) Editing for Same Day Adjustments

**I. SUMMARY OF CHANGES:** The purpose of this Change Request (CR) is to update the MCSDT processing for adjustments, to ensure the claim has not been previously adjusted.

**EFFECTIVE DATE: January 1, 2023** \*Unless otherwise specified, the effective date is the date of service. **IMPLEMENTATION DATE: January 3, 2023** 

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: 11525	Date: July 28, 2022	Change Request: 10715
1 40. 100 20	11 anshittan 11525	Date: July 20, 2022	Change Request. 10/15

#### SUBJECT: User Enhancement Change Request (CR) - Update the Multi-Carrier System (MCS) Desk Top Tool (MCSDT) Editing for Same Day Adjustments

**EFFECTIVE DATE: January 1, 2023** 

\*Unless otherwise specified, the effective date is the date of service. IMPLEMENTATION DATE: January 3, 2023

#### I. GENERAL INFORMATION

**A. Background:** The MCSDT application requires the Medicare Administrative Contractor (MAC) to perform actions on a claim adjustment, only to find out at the end of those processes that an adjustment was already performed on the claim that day. This CR will update the logic so that the MCSDT application does a search to ensure an adjustment has not already been performed at the point the MAC selects the adjust claim button. The MAC then will not be required to perform unnecessary steps in the process.

#### B. Policy: N/A

#### II. BUSINESS REQUIREMENTS TABLE

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

Number	Requirement	Re	espo	nsil	bilit	y				
		A/B MAC								Other
					Е	M	aint	aine	ers	
		Α	В	H H	М	F I	M C	V M	-	
				Η	A C	S S	S	S	F	
10715.1	The MCS shall update the MCSDT logic to ensure a claim can be adjusted prior to any MCSDT processing of the claim.						X			
10715.1.1	The MCS shall verify the claim has not already been previously adjusted on the same day when the adjustment action is selected in MCSDT.						X			
10715.1.2	The MCS shall update the MCSDT priority of the MAC being required to select the adjustment type, reason code and location after it has been determined a prior adjustment did not already occur the same day.						Х			

## **III. PROVIDER EDUCATION TABLE**

Number	Requirement	Responsibility				
			A/B		D	С
		1	MAG	2	Μ	E
					Е	D
		Α	В	Η		Ι
				Н	Μ	
				Н	Α	
					С	
	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): Cathleen Gurreri, 443-934-2913 or cathleen.gurreri@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