

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-05 Medicare Secondary Payer	Centers for Medicare & Medicaid Services (CMS)
Transmittal 11788	Date: January 19, 2023
	Change Request 12995

SUBJECT: Electronic Correspondence Referral System (ECRS) Updates to the Check Amount Screens, Removal of the Insurer Phone Number, Batch Processing Error Code Updates, Removal and Relocation of Excluded ICD-10 Diagnosis Codes and Clarification of Action Code II

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to inform the Medicare Administrative Contractors (MACs) of modifications to the ECRS Web User Guide. Updates made consist of the following: two decimal places on the ECRS check amount screens; removing the insurer phone number from several ECRS screens; updating various batch processing error codes; removing and relocating excluded International Classification of Diseases (ICD-10) diagnosis codes; and clarifying Automation Action Code “II.”

EFFECTIVE DATE: February 21, 2023

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

IMPLEMENTATION DATE: February 21, 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
R	5/10/10.2/Attachment 1 - ECRS Web User Guide, Software Version 7.0 Rev. 2022/3 October

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:

**Business Requirements
Manual Instruction**

Attachment - Business Requirements

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I. GENERAL INFORMATION

A. Background: This CR informs all MACs of modifications to the ECRS Web application. CMS has updated several ECRS check amount screens to allow for two decimal places for reporting of cents associated with dollar amounts. To ensure continuity among ECRS, the Common Working File (CWF), and Medicare Beneficiary Database (MBD), the CMS is updating several ECRS screens to remove the insurer phone number field, which is not a field stored within the CWF Medicare Secondary Payer auxiliary file or within the MBD. To provide matching consistency with batch and online edits, CMS is updating the batch processing error codes for the following transaction types: CWF AR, PD AR, MSPI, and PDI (see Appendix H).

CMS will be removing the “excluded” ICD-10 diagnosis codes for No-Fault Plan Insurance Type D (previously Appendix J) from the ECRS Web User Guide and replacing it as downloadable ICD-9/ICD-10 Excel spreadsheet for Fiscal Year (FY) 2023 on CMS.gov web page: <https://www.cms.gov/medicare/coordination-benefits-recovery-overview/icd-code-lists>.

Lastly, CMS is clarifying how Automated Action Code "II" (Change insurer information) is being partially automated for Benefits Coordination and Recovery Contractor (BCRC) and the Commercial Repayment Center (CRC) users only (see Sections 3.3.1, 5.2.2, and Appendix E).

B. Policy: All A/B MACs and Durable Medical Equipment Medicare Administrative Contractors (DME MACs) shall use the 7.0 version of the ECRS Web User Guide when submitting ECRS requests.

II. BUSINESS REQUIREMENTS TABLE

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

Number	Requirement	Responsibility								
		A/B MAC			D M E	Shared-System Maintainers				Other
		A	B	H H H		F I S S	M C S	V M S	C W F	
12995.1	All MACs shall use the 7.0 version of the ECRS Web User Guide once released.	X	X	X	X					BCRC, BCRS, CRC, ECRS, MSPIC,

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				
												MSPSC, RRB-SMAC	
12995.2	All MACs shall be aware that with the version 7.0 updates several check amount ECRS screens have been updated with two decimal points to show cents.	X	X	X	X								BCRC, BCRS, CRC, ECRS, MSPIC, MSPSC, RRB-SMAC
12995.3	All MACs shall be aware that version 7.0 ECRS informs ECRSs users that the insurer phone number has been removed from ECRS screens to provide consistency with CWF and MBD.	X	X	X	X								BCRC, BCRS, CRC, ECRS, MSPIC, MSPSC, RRB-SMAC
12995.4	All MACs shall be aware that version 7.0 provides updates to the batch processing error codes in order to match the batch and online edits.	X	X	X	X								BCRC, BCRS, CRC, ECRS, MSPIC, MSPSC, RRB-SMAC
12995.5	All MACs shall be aware that excluded ICD-10 diagnosis codes have been removed from the ECRS User Guide and are available for download on cms.gov.	X	X	X	X								BCRC, BCRS, CRC, ECRS, MSPIC, MSPSC, RRB-SMAC
12995.6	All MACs shall be aware that version 7.0 provides clarification to Automated Action code "II" for BCRC and CRC users only.	X	X	X	X								BCRC, BCRS, CRC, ECRS, MSPIC, MSPSC, RRB-SMAC

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility					
		A/B MAC			D M E M A C	C E D I	
		A	B	H H H			
	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:
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Section B: All other recommendations and supporting information: N/A

V. CONTACTS

Pre-Implementation Contact(s): Vanessa Jackson, 410-786-3276 or Vanessa.Jackson@cms.hhs.gov , Brian Pabst, 410-786-2487 or Brian.Pabst@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