

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 11986	Date: April 21, 2023
	Change Request 13138

SUBJECT: Implementation to Expand Monetary Amount Fields Related to Billing and Payment to Accommodate 10-Digits in Length (\$99,999,999.99) - Phase 1

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to identify and expand monetary amount fields relative to billing and payment within the Fiscal Intermediary Shared System (FISS) to accommodate 10-digits in length (\$99,999,999.99).

EFFECTIVE DATE: October 1, 2023

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

IMPLEMENTATION DATE: October 2, 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

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SUBJECT: Implementation to Expand Monetary Amount Fields Related to Billing and Payment to Accommodate 10-Digits in Length (\$99,999,999.99) - Phase 1

EFFECTIVE DATE: October 1, 2023

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

IMPLEMENTATION DATE: October 2, 2023

I. GENERAL INFORMATION

A. Background: The purpose of this Change Request (CR) is for the Centers for Medicare & Medicaid Services (CMS) to request the Fiscal Intermediary Shared System (FISS) to implement system screen display expansion, which will allow the monetary amount fields related to billing and payment to display a 10-digit dollar amount (\$99,999,999.99). With the increase of Part B procedures/treatments exceeding the \$999,999.99 limitation, CMS is implementing the expansion of display screens for monetary amount fields related to billing and payment within FISS to accept and process up to 10-digits (\$99,999,999.99). With this CR, CMS is requesting that the claim record screens include the necessary monetary amount fields that would be required to be expanded to 10-digits to effectively process and pay all claims with monetary amounts up to and including 10-digits in length.

This change would allow Medicare Administrative Contractors (MACs) to display in claims processing screens for Part A and Part B claims with monetary amounts up to and including 10-digits in length (\$99,999,999.99).

B. Policy: This has no change in policy.

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	M A C	F I S S	M C S		V M S
13138.1	Contractors shall expand screens Claim Page 03 (MAP1033), Claim Page 09 (MAP1039), Claim Page 10 (MAP103A), Claim Page 11 (MAP103B), Claim Page 13 (MAP103D), Claim Page 14 (MAP103E), Claim Page 30 (MAP103G), Claim Page 31 (MAP103H), Claim Page 32 (MAP103I), Claim Page 33 (MAP103J), Claim Page 40 (MAP103K), Claim Summary Screen (MAP1151) to display monetary amount fields to 10-digits (or 11-digits when there are 3 places to the right of the decimal for fields with a					X				

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	
	9(8)V999), as the copybooks currently retain, to effectively display all claim fields with monetary amounts up to and including 10-digits in length that if the field is not expanded to 10-digits it would cause the claim to process incorrectly or not be HIPAA compliant. The total charges Revenue Code 0001 shall allow 11-digits. NOTE: A previously issued CR contains the API changes.								
13138.1.1	Contractors shall continue to truncate outputs to downstream systems or reports that cannot accept monetary amount fields up to 10-digits (or 11-digits when there are 3 places to the right of the decimal).					X			
13138.2	Contractors shall expand the total charges line (Revenue Code 0001) to 11-digits, 9(9)V99. Although this Revenue Code is not found in the 837I, it is integral to claims processing.					X			
13138.3	Contractors shall expand Direct Data Entry (DDE) screens Claim Page 02 (MAP1712), (Claim Page 02 (MAP171A), Claim Page 02 (MAP171D), Claim Page 03 (MAP1713), Claim Page 06 (MAP1716)) to display monetary amount fields to 10-digits (or 11-digits for the total charges Revenue Code 0001 line), as the copybooks currently retain, to effectively display all claim fields with monetary amounts up to and including 10-digits in length and allow provider entry. The total charges Revenue Code 0001 shall allow 11-digits.					X			
13138.4	Contractors shall expand monetary amount fields on outbound HIPAA 5010 837 to 10-digits.					X			
13138.5	Contractors shall issue instructions to the Medicare Administrative Contractors (MACs) and Virtual Data Centers (VDCs) to update their CICS screen dimension size to match the Multi Carrier System (MCS) dimension size, in order to accommodate the newly expanded fields from the shared system maintainer.	X		X		X			VDC

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	

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:

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

V. CONTACTS

Pre-Implementation Contact(s): Yvonne Young, 410-786-1886 or yvonne.young@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