

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 12310	Date: October 20, 2023
	Change Request 13310

SUBJECT: Fiscal Intermediary Shared System (FISS) User Enhancement Change Request (UECR) - New Reason Code to Prevent Adjustments and Cancels From Being Submitted for the Same Claim, on the Same Day

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to create a new reason code to assign when a provider submits a cancel and adjustment for the same claim in the same cycle.

EFFECTIVE DATE: April 1, 2024

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

IMPLEMENTATION DATE: April 1, 2024

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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I. GENERAL INFORMATION

A. Background: Some providers consistently submit a cancel and adjustment, with the same cross reference document control number (XREF DCN), on the same day. When this happens, it creates a problem in FISS where the Common Working File reply isn't applied and the Medicare Administrative Contractor (MAC) ultimately has to apply a tape to tape flag to finalize the adjustment. To resolve this issue, FISS needs to assign a reason code to both the adjustment and cancel claim to allow the MAC to return them to the provider with a message indicating they should bill either a cancel/new bill or just an adjustment to correct the prior payment.

B. Policy: There are no policy impacts.

II. BUSINESS REQUIREMENTS TABLE

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

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
13310.1	FISS shall create a new reason code to assign when a provider submits an electronic media claim (EMC) cancel and a separate EMC adjustment for the same claim in the same cycle. The new reason code shall assign to both incoming claims.					X				CMS
13310.2	Contractors shall return to provider (RTP) the cancel and the adjustment.	X		X						

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			DME MAC	CEDI
		A	B	HHH		
	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

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

VI. FUNDING

Section A: For Medicare Administrative Contractors (MACs):

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ATTACHMENTS: 0