CMS Manual System	Department of Health & Human Services (DHHS)					
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)					
Transmittal 12312	Date: October 20, 2023					
	Change Request 13319					

SUBJECT: User Enhancement Change Request (UECR) Update the Multi-Carrier System (MCS) to Add Edit/Audit/Error Code Number Search from the MCS Desktop Tool (MCSDT) and the Beneficiary and Provider History Screens

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to provide the user with the ability to limit the online display of claims by an edit number, audit number, or the Common Working File (CWF) error code for a beneficiary or provider inquiry. This change shall limit the universe of claims selected for research, by the user specifying a single edit, audit or CWF error code.

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

Pub. 100-20	Transmittal: 12312	Date: October 20, 2023	Change Request: 13319

SUBJECT: User Enhancement Change Request (UECR) Update the Multi-Carrier System (MCS) to Add Edit/Audit/Error Code Number Search from the MCS Desktop Tool (MCSDT) and the Beneficiary and Provider History Screens

EFFECTIVE DATE: April 1, 2024 *Unless otherwise specified, the effective date is the date of service. **IMPLEMENTATION DATE: April 1, 2024**

I. GENERAL INFORMATION

A. Background: The purpose of this CR is to implement the necessary coding changes required to limit the online display of claims by an edit number, audit number, or CWF error code for a beneficiary or provider inquiry. This change shall limit the universe of claims selected for research, by the user specifying a single edit, audit or CWF error code.

Currently, there is not a method of limiting the claim history pull to the online display when using the Beneficiary History screen accessed through the use of the mnemonic of IN, the Provider History screen accessed through the use of the mnemonic of PH or through the use of the MCSDT screens titled Beneficiary Claim Summary and Provider Claim Summary. These screens allow for a user to research claims pending and finalized in addition to adjustments and correspondence.

The intent of this change is not to alter what is currently pulled to the online display for these screens. The intent is to allow the user to further define and limit the display through the use of a single audit, a single edit or a single CWF error code. This shall include all claim types that are currently pulled to the screens today.

B. Policy: N/A

II. BUSINESS REQUIREMENTS TABLE

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

Number	Requirement	Responsibility								
		A/B MAC		/B MAC DME Shared-System Maintainers				tainers	Other	
		Α	В	HHH		FISS	MCS	VMS	CWF	
					MAC					
13319.1	The MCS shall add a new field to the Beneficiary History						Х			
	screen.									
13319.1.1	The MCS shall limit the online display of claims to only those claims containing the specified edit, audit or CWF error code responsible for a denial when entered into the new field.						X			

Number	Requirement	Re	spoi	nsibility	7	-				
		A/B MAC		DME	Shared-System Maintainers				Other	
		A	В	HHH	MAC	FISS	MCS	VMS	CWF	
13319.2	MCS shall add a new field to the Provider History screen.						Х			
13319.2.1	The MCS shall limit the online display of claims to only those claims containing the specified edit, audit or CWF error code responsible for a denial when entered into the new field.						Х			
13319.3	The MCS shall add a new field to the Beneficiary Claim Summary screen in the MCSDT application.						Х			
13319.3.1	The MCS shall limit the online display of claims to only those claims containing the specified edit, audit or CWF error code responsible for a denial when entered into the new field.						X			
13319.4	The MCS shall add a new field to the Provider Claim Summary screen in the MCSDT application.						Х			
13319.4.1	The MCS shall limit the online display of claims to only those claims containing the specified edit, audit or CWF error code responsible for a denial when entered into the new field.						X			

III. PROVIDER EDUCATION TABLE

Number	Requirement	Re	spoi	nsibility	7	
			A/	'B	DME	CEDI
			MA	AC		
					MAC	
		А	В	HHH		
		-				
	None					

IV. SUPPORTING INFORMATION

"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

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