

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 11289	Date: March 8, 2022
	Change Request 12493

Transmittal 11230, dated January 27, 2022 is being rescinded and replaced by Transmittal 11289, dated, March 8, 2022 to add business requirement 12493.2. All other information remains the same.

SUBJECT: User Change Request (UCR): Fiscal Intermediary Shared System (FISS) - Modify Reason Code 38205 to Include All Patient Status Codes

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to ensure FISS considers all patient status codes that represent a discharge when assigning reason code 38205.

EFFECTIVE DATE: July 1, 2022

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

IMPLEMENTATION DATE: July 5, 2022

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: 11289	Date: March 8, 2022	Change Request: 12493
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I. GENERAL INFORMATION

A. Background: FISS reason code 38205 assigns when an outpatient partial hospitalization program (PHP) final claim is received and there is no record of receiving an interim bill with a line item date of service within the last seven (7) days. Currently, FISS does not recognize all patient status codes that represent a discharge when editing the PHP final claim. This UCR will modify FISS to include all discharge status codes.

B. Policy: Not applicable.

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	
12493.1	FISS shall modify reason code 38205 to recognize 01- 06, 21, 43, 61-66, 69, 70 and 81-95 as discharge status codes on PHP final bills.					X				
12493.2	FISS shall modify claim level reason code 12101 for bill types 13X and 85X to allow a patient status code of 81 – 95.					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:
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Section B: All other recommendations and supporting information: N/A

V. CONTACTS

Pre-Implementation Contact(s): Rita Hazlip, Rita.Hazlip@cms.hhs.gov , Kay Curry, Kay.Curry@cms.hhs.gov

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