

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 11333	Date: April 6, 2022
	Change Request 12497

Transmittal 11232, dated January 27, 2022, is being rescinded and replaced by Transmittal 11333, dated, April 6, 2022 to revise the background section and business requirement 12497.1, removing references to DDE to specify hardcopy claims. All other information remains the same.

SUBJECT: User Change Request (UCR): Fiscal Intermediary Shared System (FISS) - Claim Page 2 Adjustment Document Control Number (AD DCN) to Match the Claim Page 6 Cross Reference DCN (XREF DCN)

I. SUMMARY OF CHANGES: FISS displays the DCN of the claim to be adjusted, as submitted by the provider, on claim page 2 in the ADJ DCN field. The value in the ADJ DCN should match to the XREF DCN field on claim page 6. Currently, adjustments submitted through Direct Data Entry (DDE) are displaying an incorrect ADJ DCN when the adjustment/cancel is submitted against a previous adjustment. The ADJ DCN is retaining the DCN of the original claim and is not updated to the adjustment DCN.

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

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SUBJECT: User Change Request (UCR): Fiscal Intermediary Shared System (FISS) - Claim Page 2 Adjustment Document Control Number (AD DCN) to Match the Claim Page 6 Cross Reference DCN (XREF DCN)

EFFECTIVE DATE: July 1, 2022

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I. GENERAL INFORMATION

A. Background: The DCN of the claim to be adjusted is displayed on claim page 2 internally and claim page 1 in Direct Date Entry (DDE). The AD DCN field displays the value submitted by the provider. Currently, when a provider submits a hardcopy adjustment or a DDE cancel to a previously processed adjustment, the AD DCN displayed is equal to the original claim and not the previous adjustment. This UCR will modify the adjustment process to update the AD DCN when the claim is reimaged for adjustment or cancellation.

B. Policy: This is a User CR to correct a technical issue. No policy implications.

II. BUSINESS REQUIREMENTS TABLE

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

Number	Requirement	Responsibility										
		A/B MAC			DMEPOS	Shared-System Maintainers				Other		
		A	B	H H H		F M V C	M C M W					
12497.1	FISS shall modify the hardcopy adjustment process to display the correct DCN in the AD DCN when the claim being adjusted or cancelled is an adjustment.					X						
12497.2	FISS shall modify the DDE adjustment process to display the correct DCN in the AD DCN when the claim being cancelled is an adjustment.					X						

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): Rita Hazlip, 410-786-5755 or 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