CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 11373	Date: April 29, 2022
	Change Request 12643

SUBJECT: Update the Common Working File Utilization Reject 86x7 and 86x6

I. SUMMARY OF CHANGES: The Common Working File (CWF) is setting Utilization Reject (UR) 86x7 and 86x6 on one detail line of a claim when the logic applies to more than one detail line. This is causing claims to cycle multiple times to CWF and negatively impacting the Part B Medicare Administrative Contractors (MACs) Claim Processing Timeliness (CPT).

EFFECTIVE DATE: October 1, 2022

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

IMPLEMENTATION DATE: October 3, 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

SUBJECT: Update the Common Working File Utilization Reject 86x7 and 86x6

EFFECTIVE DATE: October 1, 2022

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I. GENERAL INFORMATION

A. Background: The Common Working File (CWF) currently will return to the Multi-Carrier System (MCS) Utilization Reject (UR) 86x7 for Part B claims when the detail line Healthcare Common Procedure Coding System (HCPCS) is not payable for the Clinical Laboratory Improvement Amendment (CLIA) Certification Type. The CWF will also return to the MCS, UR 86x6 when the claim line dates of service do not fall within a certification period on the CLIA record. These rejections are being returned at the claim line level, but for one detail line at a time. With the 50-detail line expansion in the MCS, there are instances of a claim taking months to process due to multiple lines of service. There is a potential for 100 cycle days should the claim contain 50 details, as it requires one cycle day for the claim to transmit to CWF and an additional cycle day for the claim to be returned to the MCS on the CWF response file.

B. Policy: N/A

II. BUSINESS REQUIREMENTS TABLE

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

Number	Requirement	Responsibility								
		122 2			D Shared- M System E Maintainers					Other
		A	В	H H H	M A C	F I S S	M C S		C W F	
12643.1	The CWF shall disable utilization edit '86x7' and replace with new edit '8617' and identify all the detail lines in Trailer 39 subject to the new edit.								X	
12643.1.1	The same set and bypass conditions shall apply to the new edit '8617' as it currently does for '86x7'.								X	
12643.2	The CWF shall disable utilization edit '86x6' and replace with new edit '8616' and identify all the detail lines in Trailer 39 subject to the new edit.								X	
12643.2.1	The same set and bypass conditions shall apply to the new edit '8616' as it currently does for '86x6'.								X	
12643.3	The CWF shall return Trailer 08 (CWF Reject Reason) for both new error codes '8616' and '8617'.								X	

Number	Requirement	Responsibility								
		A/B MAC				A System				Other
		A	В	H H H	M A C	F I S S	M C S	V M S		
12643.4	The CWF shall return CLIA Trailer 19 for both new edits '8616' and '8617' to indicate CLIA certification information and claim processing conflicts associated with the certification submitted on the claim.								X	
12643.5	The A/B MACs Part B shall create local audits to accept the new CWF edits '8616' and '8617'. They shall continue to deny claims receiving these errors as they currently do for the "86x6' and '86x7'.		X							
12643.6	The A/B MAC Part B, specifically Wisconsin Physicians Service Insurance Corporation (WPS), Novitas and First Coast Service Options, Inc. (FCSO), shall test this change in its entirety.		X							J5 A/B MAC, J8 A/B MAC, JH A/B MAC, JL A/B MAC, JN A/B MAC

III. PROVIDER EDUCATION TABLE

Number	Requirement	Re	spo	nsib	ility	
			A/B		D	C
		I	MA(\mathbb{C}	M	Е
					Е	D
		Α	В	Н		I
				Н	M	
				Н	A	
					С	
	None					

IV. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements: N/A

[&]quot;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

Pre-Implementation Contact(s): Cathleen Gurreri, 443-934-2913 or cathleen.gurreri@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