CMS Manual System	Department of Health & Human Services (DHHS)					
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)					
Transmittal 11629	Date: October 6, 2022					
	Change Request 12184					

SUBJECT: User CR: Fiscal Intermediary Shared System (FISS) Enhancement to View All Changes for All Adjustment Types

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to expand the FISS functionality that allows the MACs to compare the fields of an original claim and adjustment. This functionality was added with CR 9071. Currently, this functionality is limited to bill types XX7 and XXQ. This UCR is a MAC request to expand this capability to allow comparison for all adjustments.

EFFECTIVE DATE: April 1, 2023

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

IMPLEMENTATION DATE: April 3, 2023

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: With Change Request (CR) 9071, FISS implemented functionality to allow the Medicare Administrative Contractors (MACs) to execute a side-by-side comparison of an adjustment and the original processed claim. This function is currently limited to provider submitted adjustments with bill type XX7 or XXQ. The MACs have requested an enhancement to allow the compare functionality for all adjustment types. This change will allow more efficient MAC research by allowing a side by side comparison of the previous/original and adjustment to see where changes were made to the processed claim.

B. Policy: This is a technical change to improve MAC efficiency and there is no policy impact.

II. BUSINESS REQUIREMENTS TABLE

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

Number	Requirement	Responsibility								
		A/B MAC			A/B MAC DME Shared-System Maintainers					Other
		A	В	ННН		FISS	MCS	VMS	CWF	
					MAC					
12184.1	FISS shall modify the adjustment comparison process, that displays the original and adjustment claim on MAP1D41, to allow the user to initiate the comparison for any valid adjustment bill type.					X				

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
			A/	Έ	DME	CEDI
			MA	AC		
					MAC	
		A	В	ННН		
	None					

IV. SUPPORTING INFORMATION

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

"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): Rita Hazlip, 410-786-5755

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