

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 11688	Date: November 9, 2022
	Change Request 12270

SUBJECT: User Enhancement Change Request (UECR): Enhance the Multi-Carrier System (MCS) Detail History Screen

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to enhance the MCS Detail History screen accessed through the mnemonic HI, by adding addition screen toggle capabilities from this screen.

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

Pub. 100-20	Transmittal: 11688	Date: November 9, 2022	Change Request: 12270
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SUBJECT: User Enhancement Change Request (UECR): Enhance the Multi-Carrier System (MCS) Detail History Screen

EFFECTIVE DATE: April 1, 2023

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

IMPLEMENTATION DATE: April 3, 2023

I. GENERAL INFORMATION

A. Background: The purpose of this CR is to enhance the MCS Detail History screen accessed through the mnemonic HI, by adding addition screen toggle capabilities from this screen.

Currently, when a user of the MCS is accessing the Detail History screen on page 1, the capability to access the Bank Check Status screen from field number 17, field name PI and described as the provider's internal check number, does not exist. The Bank Check Status screen displays information related to the status of a check.

When a user accesses the Detail History screen on page 1 or page 4, the capability to be directed to the Diagnosis Code Lookup screen does not exist. This is identified as the field number 22, field name DX on page 1 of the Detail History screen. On page 4 of the Detail History screen this is field number 42, field name DIAG 1-6 and field number 43 identified as field name DIAG 7-12. The Diagnosis Code Lookup screen displays a narrative description of a selected diagnosis code.

The additional enhancements to the Detail History screen (line-level) have been identified and are listed below.

- Procedure Code Lookup screen: When opening the half screen at the bottom of the Detail History screen, the procedure code that corresponds to the line number the mnemonic PC was entered, the ability to change the procedure code displayed does not exist.
- Full Procedure Code Inquiry screen: When the mnemonic FP is entered at the line-level of the Detail History screen, the user is currently taken to a blank Full Procedure Code Inquiry screen.
- Modifier Inquiry screen: When opening the half screen at the bottom of the Detail History screen, for the modifier that corresponds to the line number the mnemonic MD was entered, the ability to change the modifier displayed does not exist.
- Provider Eligibility screen: When accessing the Provider Eligibility screen from the Detail History screen, the user is not returned to the Detail History screen when the Programmed Function (PF) 3 key is utilized.

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			D M E	Shared- System Maintainers				Other	
		A	B	H H H		M A C	F I S S	M C S	V M S		C W F
12270.1	The MCS shall update the Detail History screen on page 1 to display the Bank Check Status screen information when the user depresses enter in field number 17, field name PI and described as the provider's internal check number.							X			
12270.1.1	The MCS shall program the PF3 key to return the user to the Detail History screen from the Bank Check Status screen when it is depressed.							X			
12270.2	The MCS shall update field number 22, field name DX on page 1 of the Detail History screen to display the Diagnosis Code Lookup screen information for the diagnosis code selected in field number 22.							X			
12270.3	The MCS shall update field number 42, field name DIAG 1-6 on page 4 of the Detail History screen to display the Diagnosis Code Lookup screen information for the diagnosis code selected in field number 42.							X			
12270.4	The MCS shall update field number 43 identified as field name DIAG 7-12 on page 4 of the Detail History screen to display the Diagnosis Code Lookup screen information for the diagnosis code selected in field number 43.							X			
12270.5	The MCS shall program the PF3 key to return the user to the Detail History screen from the Diagnosis Code Lookup screen when it is depressed.							X			
12270.6	The MCS shall display the Full Procedure Code Inquiry screen from the Detail History screen when the mnemonic FP is keyed in the detail AC field.							X			
12270.6.1	The MCS shall ensure the procedure code and the type of service is populated to the Full Procedure Code Inquiry screen from the line queried on the Detail History screen.							X			
12270.6.2	The MCS shall program the PF3 key to return the user to the Detail History screen from the Full Procedure Code Inquiry screen when it is depressed.							X			

Number	Requirement	Responsibility									
		A/B MAC		H H H	M A C	D M E	Shared- System Maintainers				Other
		A	B				F I S S	M C S	V M S	C W F	
12270.7	The MCS shall update the Procedure Code Lookup screen to allow for a procedure code to be changed when it is selected from the line level information displayed on the Detail History screen.							X			
12270.7.1	The MCS shall ensure the PF3 key returns the user to the Detail History screen from the Procedure Code Lookup screen.							X			
12270.8	The MCS shall update the Modifier Inquiry screen to allow for the modifier to be changed from the modifier that corresponds to the line number the mnemonic MD was entered on from the Detail History screen.							X			
12270.8.1	The MCS shall ensure the PF3 key returns the user to the Detail History screen from the Modifier Inquiry screen.							X			
12270.9	The MCS shall program the PF3 key to return the user to the Detail History screen from the Provider Eligibility screen.							X			

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility						
		A/B MAC			H H H	M A C	D M E	C E D I
		A	B					
	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): 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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