

<b>CMS Manual System</b>	<b>Department of Health &amp; Human Services (DHHS)</b>
<b>Pub 100-20 One-Time Notification</b>	<b>Centers for Medicare &amp; Medicaid Services (CMS)</b>
<b>Transmittal 12134</b>	<b>Date: July 20, 2023</b>
	<b>Change Request 10681</b>

**SUBJECT: User Enhancement Change Request (UECR): Update the Multi-Carrier System (MCS) to Display Additional Information on the Program Integrity Management Reporting (PIMR) Verification Reports**

**I. SUMMARY OF CHANGES:** The purpose of this Change Request (CR) is to update the MCS PIMR Verification reports PIMRVERF and H99RAPVR to display additional information.

**EFFECTIVE DATE: January 1, 2024**

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

**IMPLEMENTATION DATE: January 2, 2024**

*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.

<b>R/N/D</b>	<b>CHAPTER / SECTION / SUBSECTION / TITLE</b>
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:** The purpose of this CR is to update the MCS PIMR Verification reports PIMRVERF and H99RAPVR to display additional information. The Centers for Medicare & Medicaid Services (CMS) PIMR database has been retired. The PIMR controls within the MCS are currently operational and are used for Medical Review (MR) data metrics. The use of the term 'PIMR' contained in this CR do not refer to the retired CMS database.

Currently, when the user performs a procedure code change as a result of MR, the PIMRVERF and H99RAPVR reports are not displaying the allowed amount of the new procedure code before the MR activity. The PIMRVERF and H99RAPVR reports provide a display of an allowed amount in field number 24, titled 'ORIG ALL BFOR MR' representing the original procedure code allowed amount. This change shall add a new field to the report to display the allowed amount of the final procedure code/changed procedure code before the MR activity.

Adding the new field will eliminate the need for the user to manually calculate the allowed amount before MR when the submitted procedure code is changed. The current report does not display the allowed amount of the updated procedure code before the MR review.

**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			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
10681.1	The MCS shall update the PIMRVERF and H99RAPVR reports to display the allowed amount of a changed procedure code before the MR activity by adding a new field.						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:

**Section B: All other recommendations and supporting information: N/A**

**V. CONTACTS**

**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**