CMS Manual System	Department of Health & Human Services (DHHS)			
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)			
Transmittal 11719	Date: November 23, 2022			
	Change Request 13001			

SUBJECT: Update the Common Working File (CWF) to Apply Error Code 7282 to all Applicable Detail Lines of a Claim

I. SUMMARY OF CHANGES: The purpose of this change request is to update the CWF to apply error code 7282 to all applicable detail lines of a claim in one cycle.

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: 11719 Date: November 23, 2022 Change Request: 13001

SUBJECT: Update the Common Working File (CWF) to Apply Error Code 7282 to all Applicable Detail Lines of a Claim

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 change request is to update the CWF to apply error code 7282 to all applicable detail lines of a claim in one cycle.

The CWF currently will return to the Multi-Carrier System (MCS) a reject error code of 7282 for Part B claims when a clinical diagnostic test or interpretation is received, and is a duplicate of a previously paid record in history for the same clinical diagnostic test or interpretation. 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: There are no policy changes associated with this instruction.

II. BUSINESS REQUIREMENTS TABLE

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

Number	Requirement	Responsibility								
			A/B	}	D	S	hai	red-		Other
		N	/AA	\mathbb{C}	M	S	Syst	tem		
					Е	Ma	int	aine	ers	
		A	В	Н		F	M	V	C	
				Н	M	I	C	M	W	
				Н	A	S	S	S	F	
					С	S				
13001.1	The CWF shall remove error code '7282' from								X	
	returning to the MCS on the trailer 13.									
13001.2	The CWF shall return error code '7282' to the MCS on		X						X	
	the trailer 39.									

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility		
		A/B	D	С
		MAC	M	Е
			Е	D

	A	В	Н		I
			Н	M	
			Н	A	
				C	
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): 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):

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.

ATTACHMENTS: 0