CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 12450	**Date: January 11, 2024**
	Change Request 13415

SUBJECT: Updating Fiscal Intermediary Shared System (FISS) Editing for Practice Locations to Bypass Non-OPPS Provider

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to update the bypass criteria for practice location service facility claims matching.

EFFECTIVE DATE: July 1, 2024
**Unless otherwise specified, the effective date is the date of service.*
IMPLEMENTATION DATE: July 1, 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.*

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: 12450	Date: January 11, 2024	Change Request: 13415

SUBJECT: Updating Fiscal Intermediary Shared System (FISS) Editing for Practice Locations to Bypass Non-OPPS Provider

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I. GENERAL INFORMATION

A. Background: The purpose of this Change Request (CR) is to update the bypass criteria for practice location service facility claims matching. If a hospital claim is submitted with a service facility location that was not included on the CMS 855A enrollment form as a practice location, it will be Returned To the Provider (RTP'd) until the CMS 855A enrollment form and claims processing system is updated. However, there are exceptions to hospital claims where the service facility location is considered on-campus; remote location of a hospital or an on-campus remote location; or a non-OPPS provider.

B. Policy: No new policy.

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	
13415.1	The Shared System Maintainer (SSM) shall update reason code 34978 to bypass when: • "603 PBD" indicator is "Y" and the "603 PBD Exception" is equal to "5"; or • "603 PBD" indicator is "N" and the "Grandfathered PBD" indicator is equal to "5".					X				
13415.2	The SSM shall update reason code 34978 to not bypass when: • "603 PBD" indicator is "Y" and the "603 PBD Exception" is equal to "3", "4", or blank; or • "603 PBD" indicator is "N" and the "Grandfathered PBD Exception" is equal to "3", "4", or blank.					X				

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
13415.3	The SSM shall add logic to search all Practice Location records with the same CMS Certification Number (CCN) and bypass reason code 34978 when • CCN Matches; and • Statement Coverage From Date is within the Effective and Term date of the Practice Location Record; and • "603 PBD" Indicator is a "Y" and the "PBD Exception" is a "1", "2", or "5".					X				
13415.4	The SSM shall add logic to search all Practice Location records with the same CCN and bypass reason code 34978 when • CCN Matches; and • Statement Coverage From Date is within the Effective and Term date of the Practice Location Record; and • "603 PBD" Indicator is a "N" and the "Grandfathered PBD Exception" is a "1", "2", or "5".					X				
13415.5	Contractors shall reactivate reason code 34978 in the shared system. NOTE: There may be exceptions when reason code 34978 will need to be overridden on claim page 09, such as during a merger.	X								
13415.6	The SSM shall update reason code 34985 to bypass when the "603 PBD Exception" is equal to "5".					X				
13415.7	The SSM shall update system logic to recalculate the PBD Indicator when the Practice Original Effective Date is added or updated on MAP1AB2.					X				
13415.8	The contractors shall bypass reason code 34977 when: 1. When the owner of an existing Medicare-participating hospital (Hospital A) has acquired and has accepted automatic assignment of the existing provider agreement of another Medicare-participating hospital (Hospital B) and makes the acquired Hospital	X								

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	B a remote location or second campus of Hospital A, the provider notifies A/B MAC (A) of the merger that allows for immediate billing for newly acquired location(s). a. A/B MAC (A) would confirm merger by receiving a copy of the asset purchase agreement (APA) as soon as the acquisition is complete. 2. Once A/B MACs (A) have confirmed the information, MACs will need to create a process that allows for the bypassing of the reason code 34977 until Provider Enrollment, Chain and Ownership System (PECOS) and FISS have been updated with the newly acquired location(s) information. ECPS events can be used for this process. 3. Once PECOS and FISS contain the newly acquired merger information and the new practice location screens have been updated by the A/B MAC (A), provider enrollment shall notify the appropriate business area that the bypass process shall be terminated so that normal editing for practice location editing can resume.									

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