

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 13027	Date: December 23, 2024
	Change Request 13873

SUBJECT: Adjustments in the Medicare Adjudication Portal (MAP) for 837D Dental Claims (Phase 2)

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to inform contractors of the changes to the MAP system related to adjustment functionality. Additional functionality will be added to MAP over a series of releases.

EFFECTIVE DATE: January 1, 2025; April 1, 2025

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

IMPLEMENTATION DATE: January 6, 2025; April 7, 2025

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

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
13873.1.1	The contractor shall update the header date of service span dates to align with the line dates of service as appropriate when the line date of service is changed.									Dental - MAP
13873.2	The contractor shall execute validation edits on all fields.									Dental - MAP
13873.2.1	The contractor shall prompt the MAC to correct any fields that fail validation edits on updatable fields.									Dental - MAP
13873.2.2	The contractor shall prompt the MAC user if validation now fails on a field that is not updatable by the MAC.									Dental - MAP
13873.3	The contractor shall execute all adjudication edits for the adjustment claim.									Dental - MAP
13873.4	MACs shall participate in the Dental System/MAC Weekly Sync Calls to provide feedback on demonstrations of the system updates.		X							Dental - MAP
13873.5	The MACs shall test new adjustment functionality in MAP from end to end during UAT for the Release with which the new functions are implemented.		X							
13873.6	MACs shall note, the following functionality will not be available in the January 2025 or April 2025 Releases, and will be delivered in a later release: <ul style="list-style-type: none"> • Automated Adjustments • Mass Adjustments • Adjustment of a previously adjusted claim 		X							Dental - MAP

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CFW	
	<ul style="list-style-type: none"> Linkage of claims to the Medicare Appeals System (MAS) The ability to override certain validation edits to process the adjustment (such as exact duplicate). 									
13873.7	<p>MACs shall reference the current messages list on Confluence to add the following new "Z" messages for the April 2025 Release in UAT and Production:</p> <ul style="list-style-type: none"> Z20 - Invalid/Inactive Provider Z21 - Invalid/Inactive Procedure Code 		X							

IV. PROVIDER EDUCATION

None

Impacted Contractors: None

V. 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

VI. CONTACTS

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR).

VII. FUNDING

Section A: For Medicare Administrative Contractors (MACs):

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ATTACHMENTS: 0