

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 13056	Date: January 16, 2025
	Change Request 13852

SUBJECT: Fiscal Intermediary Shared System (FISS) User Enhancement Change Request (UECR) - Creation of New Reason Codes to Validate the National Provider Identifier (NPI) on Prior Authorization (PA) Unique Tracking Numbers (UTNs) and Claims

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to create new FISS reason codes to ensure PA UTNs are submitted with a valid provider NPI and prevent claims from processing when the NPI on the incoming claim doesn't match the NPI on the approved UTN.

EFFECTIVE DATE: July 1, 2025

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

IMPLEMENTATION DATE: July 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

Attachment - One-Time Notification

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II. GENERAL INFORMATION

A. Background: As part of the PA process to create a UTN, both the facility Claims Control Number (CCN) and NPI provided are verified to ensure proper Medicare billing for each PA request. However, when a PA claim is processed, FISS only validates the CCN and not the facility NPI. FISS also allows UTN creation for a CCN and NPI when a term date is present that is prior to UTN submission date.

This UECR will improve FISS editing of prior authorization claims to enforce Medicare billing, coding and payment rules. With the creation of two new reason codes, FISS will prevent the creation of UTNs for a facility that has an expired NPI or CCN and return to provider claims that are billed with a facility NPI that does not match the UTN NPI.

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
13852.1	FISS shall create a file maintenance reason code to ensure the NPI/CCN entered on MAP1CB2 is valid and has not expired. Reason code shall set if NPI/provider crosswalk contains a term date that is prior to the UTN receipt date.					X				
13852.2	FISS shall create a new reason code to assign when the CCN and NPI on the incoming claim doesn't match the CCN and NPI on the UTN (Prior Authorization Detail screen MAP1CB2).					X				

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
13852.2.1	Contractors shall return to provider (RTP) claims when the submitted NPI and CCN do not match NPI and CCN on the UTN.	X		X						

B. Policy: There is no policy impact. This CR will implement a technical change to automate a manual function and prevent improper Medicare billing and payment.

III. BUSINESS REQUIREMENTS TABLE

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

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