

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 13083	Date: March 13, 2025
	Change Request 13924

SUBJECT: Rejections in the Medicare Adjudication Portal (MAP)

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to add functionality to MAP to allow MACs to indicate a claim should be rejected (not denied).

EFFECTIVE DATE: April 1, 2025 - for whole claim rejections; July 1, 2025 - for partial claim rejections

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

IMPLEMENTATION DATE: April 7, 2025 - for whole claim rejections; July 7, 2025 - for partial claim rejections

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/revise 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	
	approved to pay, or update any other claims processing functions such as deductibles etc.									
13924.2.2	<p>With the implementation of the April Release, MACs shall use the reject claims functionality when appropriate to reject the entire claim.</p> <p>Note: Until the implementation of the split claims logic, MACs shall continue to use the work around to deny multi-line claims when some claim lines should be rejected, and other claim lines should be processed.</p>		X							
13924.3	For the July Release, the contractor shall give MACs the ability to split claims when some claim lines should be rejected, and other claim lines should be processed (partial claim rejections).								Dental - MAP	
13924.3.1	With the implementation of the July Release, MACs shall process claims in MAP where some lines are rejected and other lines are processed.		X							
13924.3.2	Contractors shall process claim lines that are NOT rejected as usual (e.g. applying deductibles, duplicate editing, etc.)		X						Dental - MAP	
13924.4	Contractor shall not include the rejected claims in duplicate checking logic.								Dental - MAP	
13924.5	Contractor shall not display the rejected claims in claims history with other processed								Dental - MAP	

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CFW	
	claims.									
13924.6	Contractor shall ensure the appropriate rejection messages to the provider are generated.		X							Dental - MAP
13924.7	MACs shall participate in the Dental System/MAC Weekly Sync Calls to provide feedback on demonstrations of the system updates.		X							Dental - MAP
13924.8	The MACs shall test this functionality in MAP from end to end during the specified quarterly releases.		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