

<b>CMS Manual System</b>	<b>Department of Health &amp; Human Services (DHHS)</b>
<b>Pub 100-20 One-Time Notification</b>	<b>Centers for Medicare &amp; Medicaid Services (CMS)</b>
<b>Transmittal 10954</b>	<b>Date: August 19, 2021</b>
	<b>Change Request 10653</b>

**SUBJECT: User CR: MCS - Mass Load "PJ" Segments**

**I. SUMMARY OF CHANGES:** Currently, when loading PJ segments for procedure codes associated with audits, all the same information (effective date, place of service, etc.) has to be entered one by one for each PJ segment or copied from one to the next individually. PJ segments are used to define subject procedure codes for MCS audits. This CR will add a screen where a MAC can list all the PJ segment procedure codes, the standard effective date, place of service and other PJ segment data to be automatically loaded.

**EFFECTIVE DATE: January 1, 2022**

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

**IMPLEMENTATION DATE: January 3, 2022**

*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.*

<b>R/N/D</b>	<b>CHAPTER / SECTION / SUBSECTION / TITLE</b>
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: 10954	Date: August 19, 2021	Change Request: 10653
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**SUBJECT: User CR: MCS - Mass Load "PJ" Segments**

**EFFECTIVE DATE: January 1, 2022**

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**IMPLEMENTATION DATE: January 3, 2022**

**I. GENERAL INFORMATION**

**A. Background:** This CR will update the Multi-Carrier System (MCS) system to add a screen where a Medicare Administrative Contractor (MAC) can list all the PJ segment procedure codes, the standard effective date, place of service and other PJ segment data to be automatically loaded. PJ segments are used to define subject procedure codes for MCS audits. Currently, when loading PJ segments for procedure codes associated with audits, all the same information (effective date, place of service, etc.) has to be entered one by one for each PJ segment or copied from one to the next individually. This change will reduce MAC maintenance effort.

**B. Policy:** This change does not affect policy or regulation.

**II. BUSINESS REQUIREMENTS TABLE**

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

Number	Requirement	Responsibility							
		A/B MAC		D M E	Shared- System Maintainers				Other
		A	B		H H H	M A C	F I S S	M C S	
10653.1	MCS shall create a new PJ mass maintenance screen accessible from the FMM screen to enter and process maintenance requests for audit PJ segment records.						X		
10653.1.1	MCS shall ensure the new screen includes a PJ Criteria section to be used to define the criteria that is the same for all the PJ segment records to be built. The fields shall include the audit number, effective date, end date, place of service include/exclude indicator, place of service codes, diagnosis range indicator, state policy apply all indicator, state 1 policy number, state 2 policy number, state 3 policy number, and state 4 policy number.						X		
10653.1.2	MCS shall ensure the new screen includes a PJ Subject Procedure Code section to be used to define the audit subject procedure codes. The fields shall include the procedure code, modifier, and type of						X		

Number	Requirement	Responsibility								
		A/B MAC		H H H	D M E M A C	Shared- System Maintainers				Other
		A	B			F I S S	M C S	V M S	C W F	
	service.									
10653.1.3	MCS shall ensure the new screen includes a Message section to be used to specify a SAFE Maintenance message and display record error messages.						X			
10653.1.4	MCS shall include an option to automatically build a corresponding PL segment record using the subject procedure code as the related procedure code.						X			
10653.2	MCS shall create a new process to build the maintenance transactions for the activity initiated on the new PJ mass maintenance screen.						X			
10653.2.1	MCS shall apply the accepted PJ and PL segment records to the procedure code file.						X			
10653.2.2	MCS shall create a SAFE record for every successful maintenance transaction.						X			
10653.2.3	MCS shall use the Clerk ID of the ID that initiated the update(s) on the new screen.						X			
10653.2.4	MCS shall create a screen update transaction for every segment added on the H99R7RPT report.						X			

### III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility					
		A/B MAC		H H H	D M E M A C	C E D I	
		A	B				
	None						

### IV. SUPPORTING INFORMATION

**Section A: Recommendations and supporting information associated with listed requirements: N/A**

*"Should" denotes a recommendation.*

<b>X-Ref Requirement Number</b>	<b>Recommendations or other supporting information:</b>
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**Section B: All other recommendations and supporting information:** N/A

## **V. CONTACTS**

**Pre-Implementation Contact(s):** Stacey Ndelle, 410-786-8208 or [Stacey.Ndelle@cms.hhs.gov](mailto:Stacey.Ndelle@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**