CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 12878	**Date: October 11, 2024**
	Change Request 13775

SUBJECT: Reporting Identifiers for the Healthcare Integrated General Ledger Accounting System (HIGLAS) Payments Reported for Periodic Interim Payment (PIP) Claims

I. SUMMARY OF CHANGES: The purpose of this Change Request is to ensure that Periodic Interim Payment (PIP) claims reimbursement types are accurately recorded on the Provider Statistical & Reimbursement (PS&R) report.

EFFECTIVE DATE: April 1, 2025
*Unless otherwise specified, the effective date is the date of service.
IMPLEMENTATION DATE: 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

Attachment - One-Time Notification

Pub. 100-20	Transmittal: 12878	Date: October 11, 2024	Change Request: 13775

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IMPLEMENTATION DATE: April 7, 2025

I.   SUMMARY OF CHANGES: The purpose of this Change Request is to ensure that Periodic Interim Payment (PIP) claims reimbursement types are accurately recorded on the Provider Statistical & Reimbursement (PS&R) report.

II.   GENERAL INFORMATION

A.   Background: The purpose of this Change Request is to ensure PIP claims reimbursement types are being properly reported on the Provider Statistical & Reimbursement (PS&R) Report. It has been determined that FISS sends PIP claims with negative reimbursement amounts and with add-on payments such as, outlier payments to HIGLAS. HIGLAS in turn sets up a receivable for these claims and does not pay the add-on payment for services such as outliers. Since this treatment was not reported to the PS&R, it has caused some PIP claims payment data to be reported incorrectly. CMS is instructing FISS to use two new payor only condition codes to report PIP claims that are sent to HIGLAS. The PS&R system will use these new payor only condition codes to identify claims where HIGLAS will recoup payment on PIP claims with negative reimbursement. This will ensure that these claims are reported correctly on PS&R reports through the paid claim file.

The correction of any previously processed claims will be addressed by a separate instruction.

B.   Policy: No new policy is being implemented.

III.   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	
13775.1	Contractors shall recognize and allow two (2) new payor-only condition codes in the global solution screen. **Payer Only Condition Code:**	X				X				HIGLAS, NCH

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	MN - PIP claim received Net Reimbursement payment ML - PIP claim received usual add-on only payment									
13775.2	FISS shall apply payer only condition code "MN" to PIP claims when the Net Reimbursement payment amount is being reported to HIGLAS.					X				
13775.3	FISS shall apply payer only condition code "ML" to PIP claims when the usual add-on only payment amount (outlier, ECT or new technology) is being reported to HIGLAS.					X				
13775.4	FISS shall send the payor only condition code "MN" and "ML" to the Provider Statistical & Reimbursement (PS&R) Reporting System via the paid claim file.					X				
13775.5	The PS&R System shall accept the payor only condition code "MN" and "ML".									PS&R
13775.6	The PS&R System shall report separately the payments/recoupments to/from a PIP provider based on condition code "MN" and "ML".									PS&R

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

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ATTACHMENTS: 0