

Home Health & Hospice

FISS Overview

*Fiscal Intermediary Standard System (FISS) Direct Data Entry (DDE)
Guide*

Chapter 1



A CELERIAN GROUP COMPANY



February 2020
CGS Administrators, LLC

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What is FISS?

The Fiscal Intermediary Standard System (FISS) is the standard Medicare Part A claims processing system. It allows you to perform the following functions:

- Enter, correct, adjust, or cancel your Medicare home health and hospice billing transactions
- Inquire about beneficiary eligibility
- Inquire about the status of claims
- Inquire about the need to respond to an additional development request (ADR)
- Access various inquiry screens (e.g., revenue codes, diagnosis codes, reason codes, etc.)

Note: Throughout this chapter, the terms billing transaction and claims are used interchangeably to describe claims, notices of election (NOEs), and requests for anticipated payment (RAPs).

FISS Availability

FISS is available Monday through Friday typically between the hours of 5:00 a.m. and 8:00 p.m. CT (Central Time) and Saturday between the hours of 5:00 a.m. and 5:00 p.m. CT. **Note:** Depending on the time it takes the nightly system cycle to run, FISS may not always be available at 5:00 a.m. CT. In addition, FISS system releases may affect availability over weekends. FISS is not available on Sunday or on national holidays.

Direct Access to FISS

If you want direct electronic access to FISS in order to perform the above functions, contact the CGS EDI (Electronic Data Interchange) department between 7:00 a.m. – 4:00 p.m. CT at **1-877-299-4500 (select Option 2)** for assistance. You must also contract with a connectivity vendor to establish direct connection to the Enterprise Data Center (EDC) for FISS access through a connectivity product (e.g., IVANS). The CGS EDI department does not provide support for your connectivity product; therefore, you will need to contact your connectivity vendor for any issues related to your direct connection. For additional information, refer to the Electronic Data Interchange (EDI) Web page at <http://www.cgsmedicare.com/hhh/edi/index.html> on the CGS website.

Sign-on/Sign-off Procedures

Once connection has been established, the CGS EDI department will provide the necessary logon-ID and password. If you experience any security issues with accessing FISS or need to have your password reset, please email the CGS Security Administration Team at cgs.medicare.opid@cgsadmin.com. Please

include the user ID that is experiencing problems and the first and last name of the user to which that ID is assigned in your email request.

CMS DXC Virtual Data Center

To access FISS, type **2** in the Enter Request field and press the *Enter* key. The DXC –Virtual Data Center screen will display.

```
CMSMSG10          Centers For Medicare & Medicaid Services          CMS TN3270 Server
                   DXC Virtual Data Center

*****
This warning banner provides privacy and security notices consistent with
applicable federal laws, directives, and other federal guidance for accessing
this Government system, which includes all devices/storage media attached to
this system. This system is provided for Government authorized use only.
Unauthorized or improper use of this system is prohibited and may result in
disciplinary action and/or civil and criminal penalties. At any time, and
for any lawful Government purpose, the government may monitor, record, and
audit your system usage and/or intercept, search and seize any communication
or data transiting or stored on this system. Therefore, you have no reasonable
expectation of privacy. Any communication or data transiting or stored on
this system may be disclosed or used for any lawful government purpose.
*****

1  CDS-VDC Menu
2  DXC-VDC Menu
3  BDC-VDC Menu
4  CMS Menu

T1SC0065 - DXC  ENTER REQUEST ==> 2
```

DXC-VDC Sign-on Menu

FISS is accessed from the **DXC–VDC Menu** screen.

1. Type your logon-ID in the **Userid:** field.
2. Tab to the **Password:** field, and type your password.
3. Press the *ENTER* key.

```

DXC-VDC Menu          Centers for Medicare & Medicaid Services
This warning banner provides privacy and security notices consistent with
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this Government system, which includes all devices/storage media attached to
this system. This system is provided for Government authorized use only.
Unauthorized or improper use of this system is prohibited and may result in
disciplinary action and/or civil and criminal penalties. At any time, and
for any lawful Government purpose, the government may monitor, record, and
audit your system usage and/or intercept, search and seize any communication
or data transiting or stored on this system. Therefore, you have no reasonable
expectation of privacy. Any communication or data transiting or stored on
this system may be disclosed or used for any lawful Government purpose.

  Userid:                (or LOGOFF)                Time:    11:34:51
  Password:              Date:    01/08/18
  New Password:         Terminal: T1SC0065
  Account:              Model:   PC92-4AG
  Transfer:             SMRT:   SMRTPROD

Data contained in this system is confidential and proprietary. Use of this data
for other than legitimate purposes authorized by CMS will be prosecuted.
----- CA TPX Session Management -----
PF1=Help    PF3=Logoff
  
```

The **TPX MENU FOR <logon-id>** screen will display. Your cursor will be positioned in the **Command ===>** field in the lower left corner.

```

                TPX MENU FOR          XXXXXX          Panelid - TEN0041
                Cmdkey=PF15          Jump=PF13          Menu=PF14          Terminal - SG153799
                Print=NONE           Cmdchar=/          Model - 3292-4A
                Sessid              Sesskey            Session Description  Status
                [S] FISP15-1        PF                MAC J15 FISS PROD - HHH
                Command ===>
                PF1=Help  PF7/19=Up  PF8/20=Down  PF10/22=Left  PF11/23=Right  H =Cmd Help
  
```

- Use your Tab key to move your cursor to the left of the **MAC J15 FISS PROD – HHH** application line. Type an **S** and press the *Enter* key.

The **Welcome to CMS** screen will appear as shown below. The cursor will be positioned in the upper left corner of the screen. Type *FSS0* (the 0 is the number zero; not the letter 'O') to access the FISS Main Menu.

```
fss0WELCOME TO CMS CICS A552 - J15 MAC USER TEST
A C M F A 5 5 2   MVS/ESA VER 2R01 SP7.2.1  M2827   CICS TS  4.2.0
NETNAME: T22G1001  TERMINAL: $01A   DATE: 01/08/18   TIME: 14:01:10

This warning banner provides privacy and security notices
consistent with applicable federal laws, directives, and other
federal guidance for accessing this Government system, which
includes all devices/storage media attached to this system. This
system is provided for Government-authorized use only.
Unauthorized or improper use of this system is prohibited and may
result in disciplinary action and/or civil and criminal penalties.
At any time, and for any lawful Government purpose, the government
may monitor, record, and audit your system usage and/or intercept,
search and seize any communication or data transiting or stored on
this system. Therefore, you have no reasonable expectation of
privacy. Any communication or data transiting or stored on this
system may be disclosed or used for any lawful Government purpose.

KEY IN TRANSACTION CODE AND PRESS ENTER

DFH3504I SIGN ON COMPLETE
```

Your connection *may* allow you to access the beneficiary eligibility information via the Common Working File (CWF) Part A Eligibility System screens, ELGA (Part A eligibility information) and ELGH (Home Health/Hospice eligibility information). To check beneficiary eligibility information via CWF records, instead of typing *FSS0*, type *ELGA* to access ELGA, or type *ELGH* to access ELGH. Press *Enter*.

NOTE: Beginning fall of 2019, CMS discontinued clearinghouse and vendor access to the CWF beneficiary eligibility data when they already access this same data through the HIPAA Eligibility Transaction System (HETS). Providers can continue to submit individual provider queries using the Fiscal Intermediary Standard System (FISS) Direct Data Entry (DDE) Beneficiary/CWF (Option 10). Refer to the CGS FISS DDE Guide, Chapter Three: Inquiry Menu at https://cgsmedicare.com/hhh/education/materials/pdf/chapter_3-inquiry_menu.pdf for additional information.

When accessing ELGA or ELGH, you will be prompted to enter beneficiary information. Refer to “Chapter Two: Checking Beneficiary Eligibility” (http://www.cgsmedicare.com/hhh/education/materials/pdf/Chapter_2-Checking_Beneficiary_Eligibility.pdf) of the FISS Guide for additional information.

- Refer to the “Checking Beneficiary Eligibility” Web page at http://www.cgsmedicare.com/hhh/claims/checking_bene_eligibility.html for information about other systems that are available to check a beneficiary’s eligibility.

Terminating the Session

Follow the steps below when you are finished with FISS.

1. When you are finished in FISS, press *F4* to terminate your session. When you are finished in ELGA or ELGH press *F3* to exit.
2. Type *logoff* and press *Enter*. The **TPX MENU FOR <logon-id>** screen will display.
3. Your cursor will be positioned in the **Command** =====> field in the lower left corner. Type */K* and press the *ENTER* key.

Accessing Multiple Sessions

With direct connection, you have the ability to access multiple sessions simultaneously. This means that you can be signed on to FISS and to ELGA or ELGH at the same time. To learn how to access more than one session, refer to the instructions provided by your connectivity vendor.

Proceed to the following page for information about FISS menu options.

FISS Menu Options

The FISS Main Menu contains four options (listed below). For instructions, screen illustrations and field descriptions of each option, refer to the appropriate chapters of this guide.

MAP1701 XXXXXXX	CGS J15 MAC - HHH REGION MAIN MENU	ACPFA052 MM/DD/YY C20112VF HH:MM:SS
	01 INQUIRIES	
	02 CLAIMS/ATTACHMENTS	
	03 CLAIMS CORRECTION	
	04 ONLINE REPORTS	
ENTER MENU SELECTION:		
PLEASE ENTER DATA - OR PRESS PF3 TO EXIT		

Note: Throughout this guide, the terms billing transaction and claims are used interchangeably to describe claims, notices of election (NOEs), and requests for anticipated payment (RAPs).

All of the FISS functionality that you will need for claims processing is available through FISS options 01, 02, and 03.

The CWF Part A Eligibility System screens, ELGA (Part A eligibility information) and ELGH (Home Health/Hospice eligibility information) are accessible through the FISS connection; however, they are not accessible within the FISS menu options. Refer to “Chapter Two: Checking Beneficiary Eligibility” (http://www.cgsmedicare.com/hhh/education/materials/pdf/Chapter_2-Checking_Beneficiary_Eligibility.pdf) of the FISS Guide for information on accessing ELGA and ELGH.

The following pages provide screen prints of the menu options 01 (Inquiry), 02, (Claim/Attachments), and 03 (Claims Correction) and a summary of how providers can utilize these menu options.

- ➔ All FISS direct data entry (DDE) screens display two lines of information in the top right corner that identifies the region (ACPFA052), the current date, release number (e.g., C20112VF) and the time of day. This information will assist CGS staff in researching issues when screen prints are provided.

- ➔ FISS screens are referenced by Map numbers. Map numbers (e.g., MAP1701) are listed in the upper left corner of the screen. Each claim screen displays page numbers to the right of the Map number.

Inquiry Menu

The Inquiry Menu allows you to check the status of claims, including how to check for Additional Development Requests (ADRs), claims summary, Medicare check history, home health payment totals, and view inquiry screens to check the validity of diagnosis codes, revenue codes, and HCPCS codes, and review reason code narratives.

The menu options shown in bold text are those that you will use most often. For details about the Inquiry Menu, refer to the FISS Guide, “Chapter Three: Inquiry Menu” (http://www.cgsmedicare.com/hhh/education/materials/pdf/chapter_3-inquiry_menu.pdf).

MAP1702	CGS J15 MAC - HHH REGION	ACPFA052 MM/DD/YY
XXXXXXX	INQUIRY MENU	C201314P HH:MM:SS
BENEFICIARY/CWF	10	ZIP CODE FILE 19
DRG (PRICER/GROUPER)	11	OSC REPOSITORY INQUIRY 1A
CLAIM SUMMARY	12	CLAIM COUNT SUMMARY 56
REVENUE CODES	13	HOME HEALTH PYMT TOTALS 67
HCPC CODES	14	ANSI REASON CODES 68
DX/PROC CODES ICD-9	15	CHECK HISTORY FI
ADJUSTMENT REASON CODES	16	DX/PROC CODES ICD-10 1B
REASON CODES	17	CMHC PAYMENT TOTALS 1C
INVOICE NO/DCN TRANS	88	PROV PRACTICE ADDR QUER 1D
		NEW HCPC SCREEN 1E
ENTER MENU SELECTION:		
PLEASE ENTER DATA - OR PRESS PF3 TO EXIT		

Claim and Attachments Entry Menu

The Claim and Attachments Entry Menu allows you to enter UB-04 claim information, including home health requests for anticipated payment (RAPs), hospices notices of election (NOEs), notices of election termination/revocation (NOTRs) and roster bill data entry for influenza vaccines provided by home health and hospice agencies and pneumococcal vaccines provided by home health agencies.

The menu options shown in bold text are those that you will use most often. For details about the Claim and Attachments Entry Menu, refer to the FISS Guide “Chapter 4: Claims and Attachments Menu” (http://www.cgsmedicare.com/hhh/education/materials/pdf/Chapter_4-Claims_and_Attachments_Menu.pdf).

The “Attachment Entry” options are not accepted electronically via FISS DDE.

MAP1703	CGS J15 MAC - HHH REGION	ACPFA052 MM/DD/YY
XXXXXXX	CLAIM AND ATTACHMENTS ENTRY MENU	C201314P HH:MM:SS
CLAIMS ENTRY		
INPATIENT		20
OUTPATIENT		22
SNF		24
HOME HEALTH		26
HOSPICE		28
NOE/NOA		49
ROSTER BILL ENTRY		87
ATTACHMENT ENTRY		
HOME HEALTH		41
DME HISTORY		54
ESRD CMS-382 FORM		57
ENTER MENU SELECTION:		
PLEASE ENTER DATA - OR PRESS PF3 TO EXIT		

Claims and Attachments Correction Menu

The Claims and Attachments Correction Menu allows you to correct billing transactions that are in the Return to Provider (RTP) file, adjust and cancel billing transactions.

The menu options shown in bold text are those that you will use most often. For details about the Claim and Attachments Correction Menu, refer to the FISS Guide “Chapter 5: Claims Correction”

(http://www.cgsmedicare.com/hhh/education/materials/pdf/chapter_5-claims_correction_menu.pdf).

The “Attachments” options are not accepted electronically via FISS DDE.

MAP1704	CGS J15 MAC - HHH REGION	ACPFA052 MM/DD/YY
XXXXXXXX	CLAIM AND ATTACHMENTS CORRECTION MENU	C201314P HH:MM:SS
CLAIMS CORRECTION		
INPATIENT	21	
OUTPATIENT	23	
SNF	25	
HOME HEALTH	27	
HOSPICE	29	
CLAIM ADJUSTMENTS		CANCELS
INPATIENT	30	50
OUTPATIENT	31	51
SNF	32	52
HOME HEALTH	33	53
HOSPICE	35	55
ATTACHMENTS		
PACEMAKER	42	
AMBULANCE	43	
HOME HEALTH	45	
ENTER MENU SELECTION:		
PLEASE ENTER DATA - OR PRESS PF3 TO EXIT		

FISS Function Keys


The use of the function keys described below allows you to move within the FISS screens. FISS displays what function keys are available for use on the bottom of each screen. Function keys are most often found across the top of your keyboard.

F1	Help	From a claims entry, inquiry, or correction screen, F1 provides a narrative description of a reason code that appears on a billing transaction (used most often in the return to provider (RTP) file).
F2	Line Item Detail Info	Enables user to access line item detail information for a particular revenue code line in FISS from page 02 of the claim.
F3	Screen Exit	Exits user to previous screens.
F4	System Exit	Terminates FISS session and returns user to blank screen where 'FSS0', 'ELGA', 'ELGH', or 'Logoff' can be entered.
F5	Scroll Back	Scrolls up (backward) through a list of revenue code page.
F6	Scroll Forward	Scrolls down (forward) through a list or revenue code page.
F7	Page Back	Moves user one FISS claim page back.
F8	Page Forward	Moves user one FISS claim page forward.
F9	Save	Saves/stores claim information. (Note: FISS will only save information when the information is complete and correct.)
F10	Scroll Left	Scrolls one page to the left. Only available on the following screens: <ul style="list-style-type: none"> • MAP171A, MAP171E, MAP171D, MAP 1719, MAP1772 Also retrieves claim data for an archived claim.
F11	Scroll Right	Scrolls one page to the right. Only available on the following screens: <ul style="list-style-type: none"> • MAP1712, MAP1713, MAP171A, MAP171E and MAP1771

Use caution before pressing F3 because it will take you back to the previous screen and could cause you to lose your work. For example, if you are entering a billing transaction into FISS and accidentally press *F3*, you will be returned to the Claim and Attachments Entry Menu and the information you were entering on the billing transaction will be lost.

- ➔ You may need to contact your connectivity vendor for assistance in mapping your keyboard if your function keys do not achieve the same results as described above.

FISS Shortcuts

- ☑ Use your arrow keys and/or Tab key to move between fields. Do not use your *ENTER* key or the space bar. Using the *Tab* key is preferred, as your arrow keys may not place your cursor in the correct field position.
- ☑ If you attempt to type in an invalid field position, your keyboard will lock, and you will see this icon  in the lower left hand corner of your screen. To “unlock” your keyboard, try to press the *ESC* key or the left *Ctrl* key. The method used to unlock your keyboard depends on your keyboard set up. Once you have unlocked your keyboard, you must press the *Tab* key to move your cursor into a valid field position.
- ☑ To move back one data field at a time, press and hold the *SHIFT* key and then press *Tab*.
- ☑ To quickly move between claim pages, press your *HOME* key on your keyboard, which takes your cursor to the ‘Page’ field. Type the number of the page to which you want to move, and then press *Enter*. In FISS, the claim consists of six pages. However, two additional pages, page 7 and page 8, are available for claims in Additional Development Request (ADR) status/location S B6001.
- ☑ While in a claim, use the **SC** (Screen Control) field located in the upper left corner (under the **Page** field) of the FISS screen as a shortcut to information within the Inquiry Menu. To access this field, press the *HOME* key and then the *Tab* key. To quickly move to one of the following options, type the option number (e.g., 13) in the ‘SC’ field and press *Enter*. Press *F3* to return to the claim page. Refer to the following example.
 - **10** (Beneficiary/CWF)
 - **13** (Revenue Codes)
 - **14** (HCPC Codes)
 - **15** (Diagnosis/Procedure Codes)
 - **16** (Adjustment Reason Codes)
 - **17** (Reason Codes)
 - **56** (Claim Count Summary)
 - **68** (ANSI Reason Codes)

Example: To move from the Claim Entry screen to the revenue code screen, type 13 in the **SC** field and press *Enter*. The Revenue Code Table Inquiry screen appears.

MAP1711	PAGE 01	CGS J15 MAC - HHH REGION	ACPFA052 MM/DD/YY
AB01CD	SC 13	INST CLAIM ENTRY	C20112VF HH:MM:SS
MID	TOP 322	S/LOC S B0100 OSCAR	SV: UB-FORM
NPI	TRANS HOSP PROV	PROCESS NEW MID	
PAT.CNTL#:	TAX#/SUB:	TAXO.CD:	

You may need to contact your connectivity vendor for assistance in mapping your keyboard if you are unable to perform the shortcuts listed above.

FISS Screen Prints

To print a copy of an FISS screen, try one of the following options:

- Select File from the Toolbar and click on Print from the dropdown box
- Press ALT+PRINT SCREEN
- Press SHIFT+PRINT SCREEN
- Press ALT+L

If you are unable to print using the options above, try pressing the *PRINT SCREEN* key on your keyboard, which will make a copy of the screen; then open a word processing software document and paste the copied image into it. You should then be able to print the word processing document. If none of these options work, and you have consulted with your technical support department with no resolution, please contact your connectivity vendor.

Monitoring your Billing Transactions

CGS recommends that you use FISS to check your billing transactions at least once a week. Checking more often is encouraged. For some billing transactions, you may need to take additional action after you have submitted them. There are often provider deadlines associated with these additional actions. For example, when responding to a medical review additional development request (MR ADR) (status/location S B6001), documentation must be received by CGS within 45 calendar.

Some claims may be returned to the provider (RTPd) due to missing, incorrect, or incomplete information. You will need to access your billing transactions in the Return to Provider (RTP) to make the necessary corrections. When a claim is corrected from the RTP file, it will receive a new receipt date.

To assist you with monitoring your billing transactions, CGS has developed the following checklist. When you sign on to FISS, you should:

- ☑ Check option 56 (Claim Count Summary) within the “Inquiry Menu” to see a quick summary of billing transactions that are currently processing in FISS. Refer to “Chapter 3: Inquiry Menu” (http://www.cgsmedicare.com/hhh/education/materials/pdf/chapter_3-inquiry_menu.pdf) of the *FISS Guide* for information about the Claim Count Summary screen.
- ☑ Correct any billing transactions that are in your RTP file. Refer to “Chapter 5: Claims Correction” (http://www.cgsmedicare.com/hhh/education/materials/pdf/chapter_5-claims_correction_menu.pdf) of the *FISS Guide* for additional information.
- ☑ Respond to any MR ADR or non-MR ADR. Refer to “Chapter 3: Inquiry Menu” (http://www.cgsmedicare.com/hhh/education/materials/pdf/chapter_3-inquiry_menu.pdf) of the *FISS Guide* for information about accessing ADRs.

About Status/Location Codes

As billing transactions process in FISS, they move through various stages of the system. These stages are identified by status/location codes and provide information about what’s happening to the claim. Sometimes the status/location indicates that you need to take action on the billing transaction in order for it to continue processing. There are six status codes that are represented in FISS by one letter (e.g., P for Paid). By looking at the status, you can quickly find what’s happening to your billing transaction. Review the table below to familiarize yourself with these codes. This table will be a valuable resource when reviewing the Claim Count Summary (56) screen.

Claim Status	Which Means?
P (Processed/Paid)	Claim is approved for payment and is on the payment floor, NOE** is processed or RAP*/claim is paid (full or partial). * The acronym RAP (Request for Anticipated Payment) applies only to home health providers. ** The acronym NOE (Notice of Election) applies only to hospice providers.
R (Rejected)	Billing transaction is rejected for reasons such as: <ul style="list-style-type: none"> ○ Medicare eligibility issue ○ Billing issues ○ Duplicate to a previously submitted claim
D (Denied)	Claim was denied. Denials may be for various reasons, such as medical review denial, demand billing, or eligibility.
S (Suspended)	Billing transaction is temporarily paused in FISS for processing and/or Medicare staff intervention may be required. No action is required by you unless the claim is in status/location S B6001 (Additional Development Request (ADR)). Billing transactions may be suspended for about 30 days. Claims that have been selected for an ADR or for medical review may be suspended for more than 30 days. Claims with Medicare Secondary Payer (MSP) information often require Medicare staff intervention and may be suspended for more than 60 days.
T (Return to Provider [RTP])	Billing transaction is waiting for correction by you in the RTP file.
I (Inactivated)	Billing transaction was inactivated or suppressed from RTP. Awaiting final system purge.

Locations further define what is happening to a billing transaction in a particular status. Locations are 5-character positions that follow the status code (e.g., P B9997; where P is the status and B9997 is the location). There are thousands of combinations of status/locations and not all are represented in this guide. Because of the quantity, CGS does not provide a printed handout of all the possible status/location code combinations. However, we do provide you with the most common status/location codes listed below.

Common Status/Location Codes

P B9996	Payment floor
P B9997	Processed or paid (full or partial) billing transaction
P B7501	Post-pay MSP review
P B7505	Post-pay MSP review
P O9998	Archived claim
R B9997	Rejected billing transaction (finalized)
R B75XX	Rejected billing transaction (suspended). It may take at least 75 days for the claim to move to R B9997 finalized status/location.
D B9997	Denied claim (all services denied). Claims with partial denials will appear in the P status.
T B9900	Billing transaction will need correction when it moves into T B9997 in next cycle.
T B9997	Billing transaction needing correction by provider (referred to as the Return to Provider (RTP) status/location).
S B0100	System processing (billing transaction is suspended).
S B6000	Claim will need additional information when it moves to S B6001.
S B6001	Claim needs additional information from provider (referred to as medical review Additional Development Request (MR ADR or a non-MR ADR). Refer to the “Additional Development Request (ADR) Overview” Web page at http://www.cgsmedicare.com/hhh/claims/overview_adr.html for additional information.
S M50MR	Medical review of documentation (claims move to this location once ADR information has been received). This review process may take up to 60 days to complete.
S B90XX	Claim data is being compared with beneficiary eligibility information posted at the Common Working File (CWF).
S MXXXX	Suspended claim/adjustment requires Medicare staff intervention and may be suspended for about 30 days. Claims with Medicare Secondary Payer (MSP) information may be suspended for more than 60 days. Providers may call the Provider Contact Center if their claims have been in the same “S MXXXX” status/location for longer than 30 days, or 60 days for MSP claims.
S M87DR	Hospice Only – acknowledgement that CGS has received the documentation for an exception request for an untimely notice of election. Refer to the “Requesting an Exception for an Untimely NOE” Web page at http://www.cgsmedicare.com/hhh/education/materials/requesting_exception_untimely_noes.html for additional information.

Common Status/Location Codes, *continued...*

S M87RE	Hospice Only – the documentation provided in the Remarks field for an exception request for an untimely notice of election is being reviewed.
S M8877	Hospice Only – if documentation for an exception request for an untimely notice of election is not received within 30 days of the initial request, the claim will move to this status/location until day 45, or until your documentation is received. If documentation is not received by day 46, the claim will be released to process as billed. Refer to the “Requesting an Exception for an Untimely NOE” Web page at http://www.cgsmedicare.com/hhh/education/materials/requesting_exception_untimely_noes.html for additional information.
S MRADJ	MSP adjustment – created after MSP adjustment received; awaiting completion.
I B9900	Billing transaction inactivated from RTP file; waiting to purge from FISS.