Fiscal Intermediary Shared System (FISS) Training Manual

This manual serves as a reference and is ideal for both experienced and inexperienced FISS users. It provides guidance on how to enter information onto the claim pages associated with the uniform bill (UB04) claim form and provides field descriptions of the FISS screens.

To have a pleasant experience working with FISS and the manual, you will see the screens are in the same order as the UB-04 form. Throughout the manual, you will be directed to the [National Uniform Billing Committee (NUBC)](http://www.nubc.org/) for specific claim data, such as condition codes and occurrence codes. You will need to subscribe to the NUBC to access the data.

You will notice that the claim entry and claim inquiry screens are identical. So that you do not become lost, it is important to keep in mind the menu option you have chosen. In addition, as you follow along with your manual you will see that the pages in FISS are known as MAP pages and are in the upper left-hand corner. Paying attention to the MAP pages will ensure that you will never be lost.

When entering information remember to TAB among the fields until you have completed the screen. To move onto the next screen/page, press F8. Depending on the type of bill, the cursor will skip fields that are not required. If you press F3 while you are in the middle of entering your claim before you have ‘stored’ the claim, you will lose all the information you have keyed. If, at any time, you press F4, you will be bumped off the system, and you must sign back on.

We make every effort to ensure that the material in this manual is accurate and current. However, since the Medicare program is constantly changing, it is your responsibility to remain abreast of changes in the Medicare program.

Best wishes on your journey through FISS.

[Chapter 1 - Introduction](ddocname:00263904" \o "Chapter 1 - Introduction)

* 1.1 - Introduction to DDE
* 1.2 - Movement within screens
* 1.3 - Sign on/Sign off procedures

[Chapter 2 -](ddocname:00263905" \o "Chapter 2 - Beneficiary/CWF) [Beneficiary/CWF eligibility](ddocname:00263905" \o "Chapter 2 - Beneficiary/CWF)

* 2.1 - Eligibility detail inquiry screen 1 (MAP1751)
* 2.2 - Eligibility detail inquiry screen 2 (MAP1752)
* 2.3 - Eligibility detail inquiry screen 3 (MAP175J & MAP175M)
* 2.4 - Eligibility detail inquiry screen 4 (MAP1755)
* 2.5 - Eligibility detail inquiry screen 5 (MAP1756)
* 2.6 - Eligibility detail inquiry screen 6 (MAP1757)
* 2.7 - Eligibility detail inquiry screen 7 (MAP1758)
* 2.8 - Eligibility detail inquiry screen 8 (MAP175C)
* 2.9 - Eligibility detail inquiry screen 9 (MAP175K)
* 2.10 - Eligibility detail inquiry screen 10 (MAP175L)
* 2.11 - Eligibility detail inquiry screen 11 (MAP1759)
* 2.12 - Eligibility detail inquiry screen 12 (MAP175N)
* 2.13 - Eligibility detail inquiry screen 13 (MAP175O)
* 2.14 - Eligibility detail inquiry screen 14 (MAP175P)
* 2.15 - Eligibility detail inquiry screen 15 (MAP175Q)
* 2.16 - Eligibility detail inquiry screen 16 (MAP175R)

[Chapter 3 - Claims](ddocname:00263906" \o "Chapter 3 - Claims)

* 3.1 - Claim summary inquiry
* 3.2 - Claims/attachments/roster bill
* 3.2a - Claims entry
* 3.2b - Roster bill
* 3.3 - Claims correction/adjustment/cancel
* 3.3a - Correction
* 3.3b - Adjustments
* 3.3c - Cancels

[Chapter 4 - Inquiry menu](ddocname:00263907" \o "Chapter 4 - Inquiry menu)

* 4.1 - DRG/PPS
* 4.2 - Revenue codes
* 4.3 - Adjustment reason codes
* 4.4 - Reason codes
* 4.5 - Zip code
* 4.6 - Invoice no/DCN transaction
* 4.7 - OSC repository
* 4.8 - Claim count summary
* 4.9 - Home health payment totals
* 4.10 - ANSI codes
* 4.11 - Check history
* 4.12 - DX/Proc codes ICD-10
* 4.13 - CMHC payment totals
* 4.14 - Provider practice address
* 4.15 - New HCPCS screen
* 4.16 - OUD Demo 99

[Chapter 5 - Online reports](ddocname:00263909" \o "Chapter 5 - Online reports)

* 5.1 - Introduction
* 5.2 - Summary of reports
* 5.3 - View a report
* 5.4 - Credit balance report

[Chapter 6 - Tips](ddocname:00263910" \o "Chapter 6 - Tips)

* 6.1 - Deleting and/or adding revenue code lines
* 6.2 - DDE sort
* 6.3 - Online return to provider (RTP) report 050
* 6.4 - Retrieve additional documentation request (ADR) letter
* 6.5 - Retrieve offline claims
* 6.7 - Suppress view

[Chapter 7 - Appendix](ddocname:00263911" \o "Chapter 7 - Appendix)

* 7.1 - Adjustment reason codes
* 7.2 - FISS menu applications
* 7.3 - Function keys
* 7.4 - Integrated outpatient code editor (IOCE) flags
* 7.5 - Status/location descriptions