| CMS Manual System | **Department of Health & Human Services (DHHS)** |
|---|---|
| Pub 100-20 One-Time Notification | **Centers for Medicare & Medicaid Services (CMS)** |
| **Transmittal 1959** | **Date: November 3, 2017** |
| | **Change Request 10300** |

**SUBJECT: Analysis Only: VMS Accreditation Logic Related to HCPCS Codes Contained in Multiple Product and Service Codes**

**I. SUMMARY OF CHANGES:** Through this analysis only Change Request (CR), the Centers for Medicare & Medicaid Services (CMS) is seeking the assistance of the Medicare ViPS Medicare System (VMS) Shared System Maintainer, and the DME (Durable Medical Equipment) Medicare Administrative Contractors (MACs) to analyze system specifications to implement system requirements to properly process claims for accreditation validation.

**EFFECTIVE DATE: April 1, 2018**
**Unless otherwise specified, the effective date is the date of service.*
**IMPLEMENTATION DATE: April 2, 2018**

***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: 1959 | Date: November 3, 2017 | Change Request: 10300 |
|---|---|---|---|

**SUBJECT: Analysis Only: VMS Accreditation Logic Related to HCPCS Codes Contained in Multiple Product and Service Codes**

**EFFECTIVE DATE: April 1, 2018**
**Unless otherwise specified, the effective date is the date of service.*
**IMPLEMENTATION DATE: April 2, 2018**

## I. GENERAL INFORMATION

**A. Background:** The Centers for Medicare & Medicaid Services (CMS) Change Request (CR) 6566 was implemented on July 6, 2010 to add accreditation editing. In cases where a Healthcare Common Procedure Coding System (HCPCS) code is mapped to multiple product or service codes, the current shared system logic only validates one product and service code and continues to process the claim line without validation of all applicable product and services codes. This results in potential inappropriate payment based on an approved accreditation for a different use case of the equipment. For HCPCS codes mapped to multiple product or service codes, CR 6566 did not include requirements for suppliers to indicate which product and service code is most appropriate to allow the shared system to accurately verify provider accreditation for the submitted HCPCS-to-product and service code combination. Suppliers' accreditation must be confirmed and mapped to the appropriate product and service code. The ViPS Medicare System (VMS) system does not account for this. This scenario is a vulnerability to the program if a supplier is accredited for one product and service code, but the equipment provided is included in a different product and service code for which they are not accredited.

**B. Policy:** This CR contains no new policy or changes to existing policy.

## II. BUSINESS REQUIREMENTS TABLE

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

| Number | Requirement | Responsibility | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | A/B MAC | | | DME | Shared-System Maintainers | | | | Other |
| | | A | B | HHH | MAC | FISS | MCS | VMS | CWF | |
| 10300.1 | Medicare contractors shall participate in up to five (5) hourly conference calls to discuss potential implementation of the VMS accreditation logic related to HCPCS codes contained in multiple product and service codes. | | | | X | | | X | | NSC, PDAC |
| 10300.2 | VMS shall prepare an analysis document for CMS based off the discussions that occur in the weekly conference calls. The document should include, but is not limited to:<br>• identified issues;<br>• additional assumptions and considerations; | | | | | | | X | | |

| Number | Requirement | Responsibility | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | A/B MAC | | | DME MAC | Shared-System Maintainers | | | | Other |
| | | A | B | HHH | | FISS | MCS | VMS | CWF | |
| | • obstacles (with alternative solutions);<br>• detailed requirements;<br>• design and implementation strategies;<br>• level of effort. | | | | | | | | | |
| 10300.3 | The analysis document shall be submitted to CMS in a word document no later than 30 business days after the final analysis call. The document shall be emailed to Sandhya.Mathur@cms.hhs.gov and placed in the Post Issued, Analysis Call Document tab in ECHIMP. | | | | | | | X | | |
| 10300.4 | Medicare contractors shall send contact name (s) for attendance of the Accreditation analysis calls to Sandhya Mathur at Sandhya.Mathur@cms.hhs.gov within two (2) days of issuance of this CR. | | | | X | | | | | NSC, PDAC |
| 10300.5 | The CMS shall schedule the calls and provide all participants with the appointment and call-in information, in advance of the scheduled sessions. The CMS will reduce the total number of calls required if issues are satisfactorily addressed in less than five (5) calls. | | | | | | | | | CMS |
| 10300.6 | GDIT/VMS shall post meeting minutes to ECHIMP within 3 business days of an analysis call. | | | | | | | X | | |
| 10300.7 | The VMS maintainer shall provide a current and future state diagram for discussion in time for the initial meeting. The current state diagram is due prior to the initial call and the future state diagram shall be sent prior to the last call. Please email diagrams to the following:<br><br>Sandhya.Mathur@cms.hhs.gov Sandhya Mathur<br><br>Pamela.rumber@cms.hhs.gov Pamela Rumber | | | | | | | X | | |

## III. PROVIDER EDUCATION TABLE

| Number | Requirement | Responsibility | | | | |
|---|---|---|---|---|---|---|
| | | A/B MAC | | | DME MAC | CEDI |
| | | A | B | HHH | | |
| | None | | | | | |

## IV. 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**

## V. CONTACTS

**Pre-Implementation Contact(s):** Pamela Rumber, 410-786-3924 or pamela.rumber@cms.hhs.gov, Sandhya Mathur, 410-786-3476 or Sandhya.Mathur@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**