

<b>CMS Manual System</b>	<b>Department of Health &amp; Human Services (DHHS)</b>
<b>Pub 100-04 Medicare Claims Processing</b>	<b>Centers for Medicare &amp; Medicaid Services (CMS)</b>
<b>Transmittal 4088</b>	<b>Date: July 13, 2018</b>
	<b>Change Request 10842</b>

**SUBJECT: Update to the Internet Only Manual (IOM) Publication 100-04 - Medicare Claims Processing Manual, Chapter 27 - Contractor Instructions for Common Working File (CWF)**

**I. SUMMARY OF CHANGES:** The purpose of this change request is to remove the obsolete links to CWF documentation.

**EFFECTIVE DATE: August 14, 2018**

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

**IMPLEMENTATION DATE: August 14, 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.

<b>R/N/D</b>	<b>CHAPTER / SECTION / SUBSECTION / TITLE</b>
R	27/70/Change Control Procedures
R	27/80/Processing Disposition and Error Codes

**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:**

**Business Requirements  
Manual Instruction**

# Attachment - Business Requirements

Pub. 100-04	Transmittal: 4088	Date: July 13, 2018	Change Request: 10842
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**IMPLEMENTATION DATE:** August 14, 2018

## I. GENERAL INFORMATION

**A. Background:** The Centers for Medicare & Medicaid Services (CMS) is updating IOM Publication 100-04, Chapter 27 to remove the obsolete links to CWF documentation.

**B. Policy:** N/A

## II. BUSINESS REQUIREMENTS TABLE

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

Number	Requirement	Responsibility									
		A/B MAC			D M E  M A C	Shared-System Maintainers				Other	
		A	B	H H H		F I S S	M C S	V M S	C W F		
10842.1	The contractor shall use the updated IOM publication 100-04, chapter 27.	X	X	X	X						RRB, RRB-SMAC

## III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			D M E  M A C	C E D I
		A	B	H H H		
	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: N/A</b>
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**Section B: All other recommendations and supporting information: N/A**

## **V. CONTACTS**

**Pre-Implementation Contact(s):** Vinay Vuyyuru, 410-786-9111 or Vinay.Vuyyuru@cms.hhs.gov

**Post-Implementation Contact(s):** Contact your Contracting Officer's Representative (COR).

## **VI. FUNDING**

### **Section A: For Medicare Administrative Contractors (MACs):**

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**ATTACHMENTS: 0**

## **70 - Change Control Procedures**

*(Rev. 4088, Issued: 07-13-18, Effective: 08-14-18, Implementation: 08-14-18)*

The CWF software is changed quarterly to accommodate revised CMS requirements, new provisions of law, to correct errors, or to enhance the system. A/B MACs and DME MACs may also request changes to CWF through certain change control procedures.

## **80 - Processing Disposition and Error Codes**

*(Rev. 4088, Issued: 07-13-18, Effective: 08-14-18, Implementation: 08-14-18)*

The results of CWF processing are communicated through a set of codes categorized as either disposition or error codes. There are specific disposition codes for inquiry, transfer/not in file request, and each claim type. Claims have consistency, utilization, A/B crossover, and duplicate error codes.

Transactions for End Stage Renal Disease (ESRD), Medicare Secondary Payer (MSP), and Certificate of Medical Necessity (CMN) error codes, as still applicable, are also available.

If the Host rejects a claim, the A/B MAC or DME MAC shall *either adjudicate the claim systematically or* suspend the claim and review it. After the review is complete and corrections made, the A/B MAC or DME MAC resubmits the claim with an indication that a review was performed and corrections made.