
CMS Manual System

Pub. 100-20 One-Time Notification

Department of Health &
Human Services (DHHS)
Centers for Medicare &
Medicaid Services (CMS)

Transmittal 141

Date: FEBRUARY 4, 2005

CHANGE REQUEST 3718

SUBJECT: Shared System and CWF Renovation of Override Code Process (Phase 3)

I. SUMMARY OF CHANGES: All existing fields in CWF that have override capability will be replaced with a new functionality. The existing 1-byte override code indicator will be replaced with a new 4-byte field, enabling users to enter edit error code(s) to initiate programmatic bypass logic. Ten new bypass fields will be available for each claim, five for header and five for line Item application.

Once a claim that has been rejected with an applicable error and local research has determined that the edit does not apply, the edit error number would be inserted on the claim prior to resubmission. The edit would then be bypassed in the CWF system.

This instruction completes the implementation of the new approach for override code processing for CWF and the Shared Systems.

NEW/REVISED MATERIAL - EFFECTIVE DATE: July 1, 2005

***IMPLEMENTATION DATE: July 5, 2005**

Disclaimer for manual changes only: The revision date and transmittal number apply to the red italicized material only. 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

(R = REVISED, N = NEW, D = DELETED)

R/N/D	CHAPTER/SECTION/SUBSECTION/TITLE
N/A	

***III. FUNDING:**

These instructions shall be implemented within your current operating budget.

IV. ATTACHMENTS:

	Business Requirements
	Manual Instruction
	Confidential Requirements
X	One-Time Notification
	Recurring Update Notification

***Medicare contractors only**

Attachment – One Time Notification

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SUBJECT: Shared System and CWF Renovation of Override Code Process (Phase 3)

I. GENERAL INFORMATION

A. Background:

Over the recent years the Common Working File (CWF) has seen a trend of new requirements to bypass CWF edits resulting from CMS requests and legislative mandates. With increasing frequency, new edit errors are being added with unique bypass criteria. Currently, a 1-byte override code is used to bypass a particular edit. Due to a limited amount of available space on the current claim structures, CWF will soon hit limits that will prohibit additional edits to be bypassed using the same technique. In addition, the user community is being inundated with new fields and values that must also be incorporated into their local systems. Phase One (CR 3190) of the override code renovation included the addition of new data fields to the CWF query record for the override process and the addition of two new modifier fields to the CWF Part B query record as well as an expansion of CWF history. Phase Two completed the analysis necessary to recognize four modifier fields on the Part B query record and the associated edits currently in CWF.

Phase 3 completes the implementation of the new approach for override code processing for CWF and the Shared Systems.

Current Processing:

The current CWF system has override codes for over a dozen different edit types, such as HHPPS, SNF, PT/OT, DMERC, HMO, Hospice, MSP etc. The override code concept is currently used for all claim types. It is utilized in both header and detail line item bypasses, further complicating the meanings and consistencies between edit bypass fields. With each additional bypass, the level of complexity is also increased. If an override code is present, other information may or may not be required depending on the particular value. In addition, this one byte indicator in some cases has multiple values for controlling different edits using a single field. For example, the ED Override field has the following values:

- 1 – Previous A/B crossover reject was investigated. Bypass A/B crossover edit.
- 2 – Bypass Deceased UPIN edit.
- 3 – Bypass PT/OT edits.

The ED Override field does not allow both the PT/OT and the Deceased UPIN edits to be bypassed since only 1 value may be used.

New Approach:

All existing fields in CWF that have override capability will be replaced with a new functionality. The existing 1-byte override code indicator will be replaced with a new 4-byte field; enabling users to enter edit error code(s) to initiate programmatic bypass logic. Ten new bypass fields will be available for each claim, 5 for header and 5 for line Item application.

Once a claim that has been rejected with an applicable error and local research has determined that the edit does not apply, the edit error number would be inserted on the claim prior to resubmission. The edit would then be bypassed in the CWF system.

This instruction is to complete the implementation of the new approach for override code processing for CWF and the Shared Systems.

B. Policy: Not applicable. There is no specific Medicare Regulation tied to this CR.

II. BUSINESS REQUIREMENTS

“Shall” denotes a mandatory requirement

“Should” denotes an optional requirement

Requirement Number	Requirements	Responsibility (“X” indicates the columns that apply)								
		FI	RHHI	C a r r i e r	D M E R C	Shared System Maintainers				Other
					F I S S	M C S	V M S	C W F		
3718.1	Upon receipt of a CWF reject that allows for an override (Attachment) the four position CWF reject code shall be added to one of the new override code fields on the CWF query record at the header or line level.	X	X	X	X	X	X	X		
3718.1.1	The SSM should add the new fields to the claim system files and screens.					X	X	X		
3718.1.2	The FI, Carrier or DMERC will determine if suspended claims need to be bypassed, and enter the new override codes on appropriately suspended claims at the claim level and line level.	X	X	X	X					

Requirement Number	Requirements	Responsibility (“X” indicates the columns that apply)								
		FI	RHHI	C a r r i e r	D M E R C	Shared System Maintainers				Other
FISS	M C S					VM S	C W F			
3718.8	CWF shall not generate unsolicited responses when the new override code is found in the new header or detail override field.								X	

III. PROVIDER EDUCATION

Requirement Number	Requirements	Responsibility (“X” indicates the columns that apply)								
		FI	RHHI	C a r r i e r	D M E R C	Shared System Maintainers				Other
FISS	M C S					VM S	C W F			
	None.									

IV. SUPPORTING INFORMATION AND POSSIBLE DESIGN CONSIDERATIONS

A. Other Instructions: N/A

X-Ref Requirement #	Instructions

B. Design Considerations: N/A

X-Ref Requirement #	Recommendation for Medicare System Requirements

C. Interfaces: N/A

D. Contractor Financial Reporting /Workload Impact: N/A

E. Dependencies: N/A

F. Testing Considerations: N/A

V. SCHEDULE, CONTACTS, AND FUNDING

Effective Date*: July 1, 2005 Implementation Date: July 5, 2005 Pre-Implementation Contact(s): Brent Bowden (410)786-8124 Post-Implementation Contact(s): Brent Bowden (410)786-8124	No additional funding will be provided by CMS; Contractor activities are to be carried out within their FY 2005 operating budgets.
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***Unless otherwise specified, the effective date is the date of service**

ATTACHMENT

Attachment

Edits that can be overridden in CWF (by claim type)

HUBC/HUDC

HEADER:

ED Override a/b crossover, Deceased UPIN(D930)
PT/OT limitations (8022, 8024, 5412, 5413)
Hospice Override (524Z & 525Z)
GHO Override (5232)
ALIEN Override (538Q)
Duplicate Lab/Radiology Service (7282)

DETAIL:

MSP Code: (6803)
CB Override Consolidated Billing Home Health (5389,5390,7702,7703)
SNF (7253,7257,7258,7259,7260,7261,7269,7275)
DS Override DME (5512)
DUP Override (DME DUP EDITS DA02, DA05, DA06, DA07, and DA09)

HUOP/HUHH/HUHC

HEADER:

ALIEN Override (538Q)
HMO Override (5233 & 5234)
Invalid Interrupted Stay (7279)

DETAIL:

Special Action Override Code (6803, 6806, 7274)
CB Override Consolidated Billing- Home Health (5390, 7703)
SNF (7251, 7252, 7253, 7254, 7255, 7257)
PT/OT override code – (8022, 8024, 5412, 5413)
Consistency override – (51#L)
CB Override Consolidated Billing SNF (7275)

HUIP

HEADER:

Alien Override (538Q)
HMO Override (5233 & 5234)
Special Action Override Code (6803 & 6806)
Invalid Interrupted Stay (7280)

The same edits that apply to the Informational Unsolicited and Unsolicited Response Process will not generate if the override code is present. Example: if HMO override is set then no Unsolicited Response will generate for the HHMO overlay (5233). If the CB override code is set, then the Informational Unsolicited Response will not generate for the Consolidated Billing edits process.