

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 1297	Date: September 27, 2013
	Change Request 8225

Transmittal 1215, dated May 3, 2013, is being rescinded and replaced by Transmittal 1297 to include the corrected file layout. All other information remains the same.

SUBJECT: VMS Prepayment Review Report

I. SUMMARY OF CHANGES: Medicare Administrative Contractors, Zone Program Integrity Contractors and Recovery Audit Contractors perform Prepayment Review on Medicare Claims. Prepayment review impacts a provider's cash flow and may cause financial issues that are brought forward to CMS. CMS needs to have knowledge of the prepayment reviews occurring to monitor and administer the program. This CR will create a report in VMS that lists all claims chosen for prepayment review by system edits implemented by the contractors and/or CMS.

EFFECTIVE DATE: October 1, 2013

IMPLEMENTATION DATE: October 7, 2013

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	

III. FUNDING:

For Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs) and/or Carriers:

No additional funding will be provided by CMS; Contractors activities are to be carried out with their operating budgets

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 obliged 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

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

Number	Requirement	Responsibility										
		A/B MAC		D M E M A C	F I	C A R R I E R	R H H I	Shared- System Maintainers				Other
		P a r t A	P a r t B					F I S S	M C S	V M S	C W F	
8225.4	The report/flat file shall be available by the 5th of every month for the preceding calendar month.										X	
8225.4.1	The EDC shall send the report/flat file to the applicable MAC for upload to the RAC Data Warehouse.											EDC
8225.5	The report/flat file shall be uploaded to the CMS RAC Data Warehouse (all claims not just RAC) by the 10th of every month.			X								
8225.6	VMS shall indicate on the report/file which contractor (MAC, ZPIC, or Recovery Auditor) completed the prepayment review.									X		

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility						
		A/B MAC		D M E M A C	F I	C A R R I E R	R H H I	Other
		P a r t A	P a r t B					
	None							

IV. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements: N/A

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): Amy Cinquegrani, amy.cinquegrani@cms.hhs.gov

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR) or Contractor Manager, as applicable.

VI. FUNDING

Section A: For Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs), and/or Carriers:

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Section B: For Medicare Administrative Contractors (MACs):

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ATTACHMENT

Claims Upload File Format							
*Please note that all layouts detailed here pertain to the same claim file. The header is the first record in the file, followed by the claim records.							
Header Layout							
Field Name	Starting Position	Ending Position	Length	Attributes	Required/Situational	Sample	Description - Valid Values and Notes
File Type	1	5	5	AN	R	CLAIM	Value: CLAIM
Filler	6	6	1	AN	R		Space fill
Record Type	7	7	1	AN	R	H	Value: H
Filler	8	8	1	AN	R		Space fill
File Format Version	9	11	3	AN	R	004	Value: 004
Filler	12	12	1	AN	R		Space fill
Record Count	13	18	6	Num	R	000102	Value: Total Number of records contained in file (1 Header record + multiple claim records + multiple claim line item records). Format: Right justified, zero fill.
Filler	19	19	1	AN	R		Space fill
Record Length	20	22	3	Num	R	200	Value: 200
Filler	23	23	1	AN	R		Space fill
Create Date	24	31	8	Num	R	20090617	Value: File Creation Date Format: YYYYMMDD
Filler	32	32	1	AN	R		Space fill
Source ID	33	37	5	AN	R	16003	Value: 5-position Contractor ID Format: Right justified, zero fill.
Filler	38	38	1	AN	R		Space fill
MAC Workload Number	39	43	5	AN	R	16003	Value: 5-position Contractor ID Format: Right justified, zero fill.
Filler	44	200	157	AN	R		Space fill
Claim Record Layout							
Field Name	Starting Position	Ending Position	Length	Attributes	Required/Situational	Sample	Description - Valid Values and Notes
Record Type	1	1	1	AN	R	C	Value: C
Filler	2	2	1	AN	R		Space fill
Claim Type	3	3	1	AN	R	7	Value: NCH MQA Record Identification Code Valid Value: 7 (Durable Medical Equipment)
Filler	4	4	1	AN	R		Space fill
Out-of-Jurisdiction Flag	5	5	1	AN	S		Value: Space fill
Filler	6	6	1	AN	R		Space fill
Beneficiary Residence State Code	7	8	2	AN	R	MD	Value: State Code of beneficiary residence
Filler	9	9	1	AN	R		Space fill

Beneficiary Residence ZIP Code	10	14	5	Num	R	21204	Value: 5-position US Postal Code of beneficiary residence
Filler	15	15	1	AN	R		Space fill
Claim ID	16	29	14	AN		13001228904000	Value: Unique identifier number for claim assigned by DME MAC
Filler	30	30	1	AN	R		Space fill
Date of Service Start	31	38	8	Num	R	20130101	Value: Date of service started/performed (earliest date on the claim). Format: YYYYMMDD
Filler	39	39	1	AN	R		Space fill
Date of Service End	40	47	8	Num	R	20130214	Value: Date of service ended (latest date on the claim). Format: YYYYMMDD
Filler	48	48	1	AN	R		Space fill
Review Type	49	50	2	AN	R	PR	Value: PR (Pre-Payment Review)
Filler	51	51	1	AN	R		Space fill
Date Chosen for Prepayment Review	52	59	8	Num	R	20130505	Value: Date the ADR prepayment medical review letter was initially requested. Format: YYYYMMDD
Filler	60	60	1	AN	R		Space fill
Contractor Indicator	61	62	2	AN	R	RA	Value: Identifies the Contractor that is performing the the prepayment review. Valid Values: DA (DME MAC A) DB (DME MAC B) DC (DME MAC C) DD (DME MAC D) RA (Recovery Auditor) Z0 (ZPIC unknown) Z1 (ZPIC Zone 1 or PSC for DME MAC) Z2 (ZPIC Zone 2 or PSC for DME MAC) Z3 (ZPIC Zone 3 or PSC for DME MAC) Z4 (ZPIC Zone 4 or PSC for DME MAC) Z5 (ZPIC Zone 5 or PSC for DME MAC) Z6 (ZPIC Zone 6 or PSC for DME MAC) Z7 (ZPIC Zone 7 or PSC for DME MAC)
Filler	63	200	138	AN	R		Space fill
Claim Line Item Record Layout							
Field Name	Starting Position	Ending Position	Length	Attributes	Required/Situational	Sample	Description - Valid Values and Notes
Record Type	1	1	1	AN	R	L	Value: L
Filler	2	2	1	AN	R		Space fill

Line item number	3	4	2	Num	R	05	Value: The claim line that is under review/development. Only identify the claim lines under review/development. Valid Values: 01 through 13
Filler	5	5	1	AN	R		Space fill
Provider Legacy Number	6	15	10	AN	R	0123470001	Value: Unique Provider Legacy Number (e.g. PTAN) of the provider that provided/supplied the service.
Filler	16	16	1	AN	R		Space fill
Provider NPI	17	26	10	AN	R	1265427058	Value: Unique Provider NPI for the provider legacy number that that provided/supplied the service.
Filler	27	27	1	AN	R		Space fill
CMS Provider Specialty Code	28	29	2	AN	R	A5	Value: CMS Provider Primary Specialty Code
Filler	30	30	1	AN	R		Space fill
DME Ordering Provider NPI	31	40	10	AN	R	1831108919	Value: NPI of Provider that prescribed the supplies.
Filler	41	41	1	AN	R		Space fill
Original HCPCS	42	46	5	AN	R	B4164	Value: Original 5-position HCPCS on claim. No modifiers.
Filler	47	47	1	AN	R		Space fill
Original Units of Service	48	51	4	Num	R	0001	Value: Original units of service on claim. Format: Right justified, zero fill.
Filler	52	200	149	AN	R		Space fill