

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 10275	Date: August 7, 2020
	Change Request 11867

SUBJECT: Correction to Editing Update for Vaccine Services

I. SUMMARY OF CHANGES: This Change Request (CR) instructs the Common Working File (CWF) to bypass line item dates of service for vaccines reported on inpatient Part B claims with Type of Bill (TOB) 12X and 22X when the dates of service equals a posted outpatient 73X or 77X service dates, or if present occurrence span code visit date, regardless of the date of service.

EFFECTIVE DATE: January 1, 2021 - For claims received on or after this date.

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

IMPLEMENTATION DATE: January 4, 2021

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: 10275	Date: August 7, 2020	Change Request: 11867
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SUBJECT: Correction to Editing Update for Vaccine Services

EFFECTIVE DATE: January 1, 2021 - For claims received on or after this date.

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IMPLEMENTATION DATE: January 4, 2021

I. GENERAL INFORMATION

A. Background: CR 11492, Editing Update for Vaccine Services, with an effective date of April 1, 2020, requires the CWF to bypass line item dates of service for vaccines reported on inpatient Part B claims with TOB 12X and 22X when the dates of service equals a posted outpatient 73X or 77X service dates, or if present, the occurrence span code visit date. It has been brought to our attention that CWF is not able to bypass line item dates of service for TOB 12X vaccine claims overlapping a TOB 73X or 77X service date with dates of service prior to April 1, 2020.

This CR allows CWF to bypass line item dates of service for TOB 12X vaccine claims overlapping a TOB 73X or 77X service date with dates of service prior to April 1, 2020 regardless of the date of service.

B. Policy: No changes to current policy. This CR is modifying existing editing to ensure correct payment for claims related to vaccine services.

II. BUSINESS REQUIREMENTS TABLE

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

Number	Requirement	Responsibility								
		A/B MAC			D M E	Shared- System Maintainers				Other
		A	B	H		F	M	V	C	
			M	I	C	M	W			
			A	S	S	S	F			
11867.1	Regardless of the date of service, contractors shall allow vaccine related service line items on outpatient claims TOB 12X when the from and through dates equal a posted outpatient 73X or 77X service date or if an occurrence span code visit date is present.					X			X	
11867.1.1	CWF shall bypass edit C7020 for line items with dates of service reported on TOB 12X claims when the dates of service equals a posted 73X or 77X service dates, or if an occurrence span code visit date is present, regardless of the date of service.								X	
11867.2	Medicare contractors should not search their files to retroactively pay claims. However, contractors shall adjust claims brought to their attention.	X								

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			D M E	C E D I
		A	B	H H H	M A C	
11867.3	MLN Article: CMS will make available an MLN Matters provider education article that will be marketed through the MLN Connects weekly newsletter shortly after the CR is released. MACs shall follow IOM Pub. No. 100-09 Chapter 6, Section 50.2.4.1, instructions for distributing MLN Connects information to providers, posting the article or a direct link to the article on your website, and including the article or a direct link to the article in your bulletin or newsletter. You may supplement MLN Matters articles with localized information benefiting your provider community in billing and administering the Medicare program correctly. Subscribe to the “MLN Matters” listserv to get article release notifications, or review them in the MLN Connects weekly newsletter.	X				

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): Bill Ruiz, 410-786-9283 or william.ruiz@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

