CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 11869	**Date: February 23, 2023**
	Change Request 12265

SUBJECT: User Enhancement Change Request (UECR): ViPS Medicare System (VMS) – Create an Audit Record for Manual Denials on Claim Edit Audit Trail (BUDS05)

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to update BUDS05 to create an audit record when operators manually enter an Action Code on a claim line. This update will help in identifying when a claim was manually denied versus denied due to a SuperOp, EAR, VMAP table or other. It will assist the Durable Medical Equipment Medicare Administrative Contractors (DME MACs) by reducing time spent on researching inquiries.

EFFECTIVE DATE: July 1, 2023
Unless otherwise specified, the effective date is the date of service.
IMPLEMENTATION DATE: July 3, 2023

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: 11869	Date: February 23, 2023	Change Request: 12265

SUBJECT: User Enhancement Change Request (UECR): ViPS Medicare System (VMS) – Create an Audit Record for Manual Denials on Claim Edit Audit Trail (BUDS05)

EFFECTIVE DATE: July 1, 2023
*Unless otherwise specified, the effective date is the date of service.
IMPLEMENTATION DATE: July 3, 2023

I. GENERAL INFORMATION

A. Background: The purpose of this Change Request (CR) is to update BUDS05 to create an audit record when operators manually enter an Action Code on a claim line. This update will help in identifying when a claim was manually denied versus denied due to a SuperOp, EAR, VMAP table or other. It will assist the Durable Medical Equipment Medicare Administrative Contractors (DME MACs) by reducing time spent on researching inquiries.

B. Policy: This CR does not update policy.

II. BUSINESS REQUIREMENTS TABLE

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

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
12265.1	The contractor shall update BUDS05 to create a new audit record when a user has manually denied a claim line.							X		
12265.2	The contractor shall update BUDS05 to display the Date/Time Stamp, Action Code, User ID and the Claim Line Number that the Action Code was applied to, when a user has manually denied a claim line.							X		

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.

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): Kay Curry, 410-786-1801 or Kay.Curry@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