

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 12618	Date: May 2, 2024
	Change Request 13585

SUBJECT: User Enhancement Change Request (UECR): ViPS Medicare System (VMS) - Increase the Number of Accumulation File Numbers (AFNs) That Can Be Assigned to a Procedure Code

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to implement changes resulting from discussions held with stakeholders during calls for a previous CR. This CR will update VMS to allow up to ten AFNs that can be assigned to a procedure code.

EFFECTIVE DATE: October 1, 2024; January 1, 2025; April 1, 2025

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

IMPLEMENTATION DATE: October 7, 2024 - Full Implementation of CR13585.2, CR13585.3, and CR13585.5.; January 6, 2025 - Analysis, Design, Coding, and Testing of all remaining requirements.; April 7, 2025 - Analysis, Design, Coding, Testing, and Implementation of all remaining requirements.

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

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I. GENERAL INFORMATION

A. Background: The purpose of this Change Request (CR) is to implement changes resulting from discussions held with stakeholders during calls for a previous CR. This CR will update VMS to allow up to ten AFNs that can be assigned to a procedure code. Currently, there is a system limitation which only allows users to assign up to five AFNs for each procedure code. The Durable Medical Equipment Medicare Administrative Contractors (DME MACs) are running into instances where they have reached the maximum number of AFNs that can be assigned to a procedure code. With the increase in the amount of individual consideration requests to allow more units than what the AFNs are set up for, along with the Local Coverage Determination (LCD) frequency limitations and the additional frequency logic implemented at the request of the Unified Program Integrity Contractors (UPICs), the DME MACs are running into situations where claims could potentially hit five or more AFNs.

With this update, the DME MACs will have the ability to implement utilization logic beyond the current five AFN limitation. During analysis calls held with stakeholders, it was agreed that the allowable number of AFNs that can be assigned to a procedure code would increase from five to ten. Additionally, it was decided that an increase to the five Review Utilization Line Edits (RULEs) limitation is not needed.

B. Policy: There are no policy changes associated with this instruction.

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	
13585.1	The shared system maintainer shall increase the number of ACCUMULATION FILE NUMBER PARAMETERS (AFN)s allowed per HCPCS from five (5) to ten (10) in VMS.							X		
13585.2	The shared system maintainer shall update the ACCUMULATION FILE NUMBER PARAMETERS							X		

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	<p>(AFN) screen to remove the following criteria fields:</p> <ul style="list-style-type: none"> - BILL/REND - ML IND - CR IND - COMPARE SERVICE TYPE - COMPARE SPECIALTY - COMPARE DIAGNOSIS ICD-9 - COMPARE DIAGNOSIS ICD-10. <p>The shared system maintainer shall update the ACCUMULATION FILE NUMBER PARAMETERS (AFN) screen to increase the current MAX\$\$\$ field to allow a dollar amount of 99999999999.99.</p>									
13585.3	<p>The shared system maintainer shall change AFN processing to include processing for number of services based on the informational modifiers for the same HCPCS in the same AFN.</p>							X		
13585.4	<p>The shared system maintainer shall remove the following from VMS:</p> <ul style="list-style-type: none"> - Request job VIPSRCDL - SPOT flag 1101 - LCD/NCD Mass Update Report (MP8001) - LCD/NCD Mass Update Errors Report (MP8002) 							X		

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	- 011M - MPR Maintenance Report - 012P - AFN and/or Rules Exceeding the Limit of 5 per Procedure Report - 013G - Procedure Codes Not Found on the ACE Master.									
13585.5	The shared system maintainer shall eliminate the ICD-10 Diagnosis Extract Report (DI3001), the associated comma-delimited file, and the request Proc that generates them.							X		
13585.6	The shared system maintainer shall remove the Pricing Area and Special Payment Indicator fields from the Duplicate Suspect Report (AJR006) and the Utilization Summary Report (AJR007) report.							X		
13585.7	The shared system maintainer shall remove PROC Options that have been end dated fifteen (15) years or more from APPL/4 M3 and provide a comma-delimited audit file for the records that are changed as part of the conversion.							X		

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			DME MAC	CEDI
		A	B	HHH		
	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:
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Section B: All other recommendations and supporting information: N/A

V. CONTACTS

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