

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 13202	Date: May 1, 2025
	Change Request 13982

SUBJECT: User Enhancement Change Request (UECR): ViPS Medicare System (VMS) - Update No Related Logic to Set Using FROM Date of Service (DOS)

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to update the VMS Related Certificate of Medical Necessity (CMN) program to always use the claim line FROM DOS when comparing against the initial date of the associated CMN to fire the Related CMN edits.

EFFECTIVE DATE: October 1, 2025

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

IMPLEMENTATION DATE: October 6, 2025

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/revise 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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II. GENERAL INFORMATION

A. Background: The purpose of this Change Request (CR) is to update the VMS Related Certificate of Medical Necessity (CMN) program to always use the claim line FROM DOS when comparing against the initial date of the associated CMN to fire the Related CMN edits.

Various edits are not generating on claims for Healthcare Common Procedure Coding System (HCPCS) codes that require a related CMN. After reviewing the issue, it was determined that some logic is setting edits based on the TO date of service instead of the FROM date of service. This allows for potential overpayment of supplies/accessories when the related base item's CMN initial date is after the claim line FROM date of service. The current editing allows the entire date span, even though the related base item was received after the FROM date of service for the supplies/accessories.

Editing based on FROM date will prevent incorrect payment of related supplies/accessories when the related base item was received after the claim line

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

III. 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	
13982.1	The contractor shall update the VMS Related CMN program to always use the claim line FROM DOS when comparing against the initial date of the associated CMN to fire the Related CMN edits.							X		

IV. PROVIDER EDUCATION

None

Impacted Contractors: None

V. 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

VI. CONTACTS

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR).

VII. FUNDING

Section A: For Medicare Administrative Contractors (MACs):

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ATTACHMENTS: 0