

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 1905	Date : August 18, 2017
	Change Request 10217

SUBJECT: Modify VMS Accreditation Logic to Accept Additional Modifiers

I. SUMMARY OF CHANGES: CMS Change Request (CR) 6566 was implemented on July 6, 2010 to add accreditation editing and only included the requirement of one modifier – KL. The VMS system needs to accept other modifiers in addition to the KL modifier to process claims correctly based on the established product and service codes.

CMS CR 9904 requires an Accreditation Education Indicator to be sent on allowed claims with the 5001-edit established in CR 6566. The VMS system shall include denied claims in the 5001-edit to avoid future claim denials and multiple claim adjustments.

EFFECTIVE DATE: January 1, 2018

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

IMPLEMENTATION DATE: January 2, 2018

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: 1905	Date: August 18, 2017	Change Request: 10217
-------------	-------------------	-----------------------	-----------------------

SUBJECT: Modify VMS Accreditation Logic to Accept Additional Modifiers

EFFECTIVE DATE: January 1, 2018

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

IMPLEMENTATION DATE: January 2, 2018

I. GENERAL INFORMATION

A. Background: CMS Change Request (CR) 6566 was implemented on July 6, 2010 to add accreditation editing and only included the requirement of one modifier – KL. The VMS system needs to accept other modifiers in addition to the KL modifier to process claims correctly based on the established product and service codes.

CMS CR 9904 requires an Accreditation Education Indicator to be sent on allowed claims with the 5001-edit established in CR 6566. The VMS system shall include denied claims in the 5001-edit to avoid future claim denials and multiple claim adjustments.

Acronyms spelled-out:

NPI – National Provider Identifier

CCN – CMS Certification Number

MAC – Medicare Administrative Contractor

FISS – Fiscal Intermediary Shared System

B. Policy: This CR contains no new policy or changes to existing policy.

II. BUSINESS REQUIREMENTS TABLE

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

Number	Requirement	Responsibility									
		A/B MAC			D M E M A C C	Shared- System Maintainers				Other	
		A	B	H H H		F I S S	M C S	V M S	C W F		
10217.1	VMS shall add logic to allow additional modifiers in addition to the KL modifier on the PDAC HCPCS to 855S Crosswalk.							X			
10217.2	The modifier conditions in business requirement 1 shall be open for modifier changes as needed based on program need.							X			
10217.3	VMS shall conduct testing using the PDAC's HCPCS to 855S Crosswalk for business requirement 1 and 2.							X		PDAC	

Number	Requirement	Responsibility									
		A/B MAC			DMEPOS	Shared-System Maintainers				Other	
		A	B	HHH		FMS	MCS	VMS	CWF		
10217.4	PDAC shall send a test file with a field for a two character modifier (Business Requirement 1 and 2) to VMS by Oct 1st 2017.				X			X			PDAC
10217.5	The STC and DME MACs shall use the file containing the HCPCS to 855 Crosswalk data referenced in (Business Requirement 10217.4) during the testing period.				X						PDAC

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility							
		A/B MAC			DMEPOS	CEDI	Other		
		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:

Section B: All other recommendations and supporting information: N/A

V. CONTACTS

Pre-Implementation Contact(s): Sandhya Mathur, 410-786-3476 or sandhya.mathur1@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