

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 2181	Date: November 2, 2018
	Change Request 10724

SUBJECT: User CR: ViPS Medicare System (VMS) Changes to Bypass Claim Edit 0192 on an Adjustment Claim when Payment was Suppressed on the Previous Adjustment

I. SUMMARY OF CHANGES: This change request will implement VMS changes to prevent a claim adjustment from getting online claim edit (0192 - NO CHK/NO ADJST) when payment was suppressed on the previous adjustment.

EFFECTIVE DATE: April 1, 2019 - The effective date will be the Process Date.

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

IMPLEMENTATION DATE: April 1, 2019

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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IMPLEMENTATION DATE: April 1, 2019

I. GENERAL INFORMATION

A. Background: This Change Request (CR) will implement ViPS Medicare System (VMS) changes to bypass claim edit (0192 - NO CHK/NO ADJST) when payment was suppressed on the previous adjustment. Claim edit 0192 fires on an adjustment claim when the previous claim version (original or adjustment) is in a completed paid status (status 75) and the check number is blank.

The Durable Medical Equipment Medicare Administrative Contractors (DME MACs) have situations where a subsequent adjustment is being processed and the payment was suppressed on the previous adjustment. Currently, claim edit 0192 fires and the appeals analyst has to back out of the adjustment, update notes and status of their case, and then send it to a team lead. The next day the team lead processes the adjustments to use the claim force code one (1), which bypasses this edit. The day after the team lead completes the adjustment the appeals analyst will complete their case. Adding the bypass to claim edit 0192 on subsequent adjustments eliminates the additional procedures required to bypass this error when payment was suppressed on the previous adjustment.

B. Policy: N/A

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 H H	M A C	F I S S	M C S	
10724.1	The contractor shall update VMS to revise edit 0192 – NO CHK/NO ADJST to check for the adjustment force codes that suppress payment and not fire edit 0192 when the adjustment claim is in a complete paid status but there is no check number because the payment was suppressed.						X		

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			D M E	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): Stacey Shagena, 410-786-8208 or Stacey.Shagena@cms.hhs.gov , 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):

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ATTACHMENTS: 0