CMS Manual System	Department of Health & Human Services (DHHS)					
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)					
Transmittal 2384	Date: November 8, 2019					
	Change Request 11398					

SUBJECT: User CR: ViPS Medicare System (VMS) - Increase Edit Code Maximum

**I. SUMMARY OF CHANGES:** Modify ViPS Medicare System (VMS) to increase the allowable number of entries on the Edit Code Description Table Screen (EDITCD) within the VMS Automated Parameter (VMAP) Claims Parameters (VMPA/4C) subsystem.

## **EFFECTIVE DATE: April 1, 2020**

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

**IMPLEMENTATION DATE: April 6, 2020** 

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: 2384 Date: November 8, 2019 Change Request: 11398

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#### I. GENERAL INFORMATION

**A. Background:** The Change Request (CR) will modify ViPS Medicare System (VMS) to increase the allowable number of entries on the Edit Code Description Table Screen (EDITCD) within the VMS Automated Parameter (VMAP) Claims Parameters (VMAP/4C) subsystem. The Durable Medical Equipment Medicare Administrative Contractors (DME MACs) have reached the maximum limit of entries on the EDITCD table. To add new entries, the DME MACs are currently replacing Edit Codes that are no longer used. The Edit Code Description Table screen provides a place to establish Edit Codes used in other areas of VMS such as ACES (Automated Claims Examination System) or claims errors, and subsequently included in reporting for Medical Review (MR) and the Unified Program Integrity Contractor (UPICs).

**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					Sys	red- tem aine		Other
		A	В	H H H	M A C	F	M C S	V	C W F	
11398.1	The contractor shall make changes within the VMS Automated Parameter (VMAP) Claims Parameters (VMAP/4C) subsystem to expand the number of the entries allowed on the Edit Code Description Table Screen (EDITCD) to at least 10,000.							X		
11398.2	The contractor shall add a new field to the VMAP/4C/EDITCD screen to capture the effective date of the Edit Code.							X		
11398.2.1	The contractor shall enter a default effective date for the existing edit codes equal to the implementation date (04/06/2020).							X		
11398.3	The contractor shall add sorting functionality to the VMAP/4C/EDITCD screen for the the new date field. The system shall default entries to Edit Code.							X		

Number	Requirement	Responsibility										
		A/B		D		Sha	red-		Other			
		N	MAC		M	•						
					Е	M	aint	aine	ers			
		A	В	Н		F		V				
				Н	M	_	C					
				Н	A	S	S	S	F			
					C	S						
11398.4	The contractor shall create a report and a comma							X				
	delimited file to identify any 'events' the existing Edit											
	Codes are tied to (e.g. AFNs, BITS, CMNs, RULEs,									1		
	EARs, Grid EARS, MPRs, SuperOp, etc).									1		
11398.5	The contractor shall create a report and a comma							X		1		
	delimited file to identify Edit Codes that are not used.									1		

## III. PROVIDER EDUCATION TABLE

Number	Requirement	Re	Responsibility			y
						-
			A/B		D	C
		N	/IAC	$\mathbb{C}$	M	Е
					Е	D
		A	В	Н		Ι
				Н	M	
				Н	Α	
					C	
	None					

# IV. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements: N/A

<sup>&</sup>quot;Should" denotes a recommendation.

X-Ref	Recommendations or other supporting information:
Requirement	
Number	

# 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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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**