CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 2397	Date: November 15, 2019
	Change Request 11234

SUBJECT: User CR: ViPS Medicare System (VMS) Updates to Entry Code (VEC9) Processing

**I. SUMMARY OF CHANGES:** The purpose of this Change Request (CR) is to implement VMS changes to improve the processing of adjustment claims returned from Common Working File (CWF) with Error Code 6010 because the original claim is not found or not identifiable at CWF.

# **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: 2397 Date: November 15, 2019 Change Request: 11234

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#### I. GENERAL INFORMATION

**A. Background:** When adjustments are rejected by CWF with the 6010 error (No match on CWF History), Durable Medical Equipment MACs (DME MACs) are required to send the original claim back to CWF utilizing the Entry Code 9 (Add to CWF History). DME MACs identified issues with editing that require extensive manual processing when adjustment claims receive the CWF 6010 error and subsequently move into the VMS Entry Code 9 (VEC9) subsystem.

VEC9 claims are failing certain edits at CWF because the claim does not include all of the data that was sent on the original claim. This CR will require VMS updates to build the VEC9 claim with additional data to prevent the receipt of the identified Consistency Error Codes (ER) Disposition Code edits. The update will increase efficiency by reducing ongoing review required by the DME MACs, as well as, the CWF and VMS system maintainers. Additionally, this will decrease the time spent reworking adjustments of older claims that are often part of Office of Inspector General, Administrative Law Judge, and other escalated reviews.

**B. Policy:** This CR does not involve any legislative or regulatory policies.

#### II. BUSINESS REQUIREMENTS TABLE

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

Number	Requirement	Responsibility								
		A/B MAC		DME	Shared-System Maintainers				Other	
		A	В	ННН		FISS	MCS	VMS	CWF	
					MAC					
11234.1	The contractor shall update							X		
	VMS VEC9 processing to									
	include additional information									
	required by CWF to eliminate									
	receipt of the following ER									
	Disposition Code edits, when									
	DME adjustment claims receive									
	edit 6010 from CWF.									
	Edit D4X2 – DMEPOS is									
	processing a claim for a									
	beneficiary residing outside the									
	DMEPOS's service area;									
	,									
	Edit D5X2 – NOC (not									
	Otherwise Classified)									
	Descriptor missing and the line									

Number	Requirement	Responsibility								
		A/B MAC			DME	Share	Other			
		A	В	ННН	MAC	FISS	MCS	VMS	CWF	
	item is categorized as a NOC;  Edit 91X1 – Patient Reimbursement greater than '0' but Pay Code indicates otherwise; and  Edit 92X7 - Supplier Reimbursement greater than '0' but Pay Code indicates otherwise.									
11234.2	The contractor shall test the VEC9 updates identified in business requirement 11234.1.				X					

#### III. PROVIDER EDUCATION TABLE

Number	Requirement	Re	spoi	nsibility	7	
					ı	ı
			A		DME	CEDI
			$\mathbf{M}$	AC		
					MAC	
		A	В	ННН		
	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

**Pre-Implementation Contact(s):** Kay Curry, 410-786-1801 or Kay.Curry@cms.hhs.gov , Stacey Ndelle, 410-786-8208 or Stacey.Ndelle@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**