

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 2111	Date: August 10, 2018
	Change Request 10810

SUBJECT: Modifications Within Common Working File (CWF) to Adjustment Claims Exceeding Annual Therapy Threshold

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is for CWF to modify the process to set CWF edits correctly on adjustment claims when the therapy threshold is exceeded.

EFFECTIVE DATE: January 7, 2019 - CWF claims process date

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

IMPLEMENTATION DATE: January 7, 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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I. GENERAL INFORMATION

A. Background: Currently, when CWF receives an adjustment to a therapy (physical-PT, speech-SP, or occupational-OT) claim which had been paid prior to the therapy cap being reached, CWF searches to see if the beneficiary exceeded the threshold. If the beneficiary exceeds the threshold then CWF subjects the adjustment claim(s) to the normal therapy threshold processing, and if no 'KX' modifier is present, rejects the adjustment claim(s) and generates an edit which ultimately results in the original claim being treated as an overpayment.

The CMS request CWF to review CR 8938 and ensure that the system is in compliance with the therapy adjustment requirements and modify/revise the software if when necessary.

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 MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
10810.1	The contractor shall ensure that the adjustments to therapy claims for PT/SP and/or OT service(s) are excluded from therapy edits and threshold limits.								X	

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			DME MAC	CEDI
		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:
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Section B: All other recommendations and supporting information: N/A

V. CONTACTS

Pre-Implementation Contact(s): Vinay Vuyyuru, 410-786-9111 or Vinay.Vuyyuru@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