

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 2334	Date: August 2, 2019
	Change Request 11379

SUBJECT: Technical Change: Modification to Durable Medical Equipment (DME) Claims Cancellation Process

I. SUMMARY OF CHANGES: The purpose of this change request is to modify the DME claims Cancellation - Entry Code '3' process to build the claims from ViPS Medicare System (VMS) claims History and adjudicate through Common Working File (CWF).

EFFECTIVE DATE: January 1, 2020

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

IMPLEMENTATION DATE: January 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

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SUBJECT: Technical Change: Modification to Durable Medical Equipment (DME) Claims Cancellation Process

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I. GENERAL INFORMATION

A. Background: Currently, Viable Information Processing Systems (ViPS) Medicare Systems (VMS) builds DME claims for Cancellation - Entry Code '3' from the new incoming/adjusted claims. This results in a CWF edit '6010' that claims do not match CWF history. To address this issue, CMS is directing VMS to modify the EC '3' process to build from previously processed original claims from DME History for adjudication through CWF.

B. Policy: Not applicable

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 M A C	F I S S	M C S	V M S		C W F	
11379.1	The contractor shall modify the existing process to build Cancel - EC '3' claims from DME History rather than building the Cancels from new incoming claims.								X		
11379.2	The contractor shall accept the Cancel claim built from DME History when it matches the CWF Cancel matching criteria and an exact match in CWF History is found.									X	
11379.3	The contractor shall test the Cancel - EC '3' process by cancelling an existing claim built from DME History.				X						

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			D M E M A C	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): 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