CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-05 Medicare Secondary Payer	Centers for Medicare & Medicaid Services (CMS)
Transmittal 13156	**Date: April 16, 2025**
	Change Request 13694

Transmittal 13046 issued January 13, 2025, is being rescinded and replaced by Transmittal 13156, dated April 16, 2025, to update the VADP IOM Instruction attachment, DPP VADP Layout attachment and to revise business requirements 13694.4.1, 13694.10.2, 13694.10.5, 13694.18, 13694.19.1 and 13694.19.2 and 13694.34. This correction also adds business requirement 13694.37. All other information remains the same.

SUBJECT: The Recovery and Adjustment of Medicare Claims where the Department of Veteran Affairs (VA) also Made Payment Using the Medicare Duplicate Payment (DP) Process

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to include the recovery of duplicate payments when both Medicare and the Department of Veteran Affairs made payment for the same services. CMS and associated stakeholders previously designed and developed an automated Duplicate Payment (DP) process to assist in adjusting and recovering Medicare claims. This change request (CR) updates the current Medicare Secondary Payer (MSP) duplicate payment (DP) process to include and instruct A/B and Durable Medical Equipment (DME) MACs to use the automated DP process to adjust and recover VA claims that Medicare mistakenly paid.

EFFECTIVE DATE: January 1, 2025 - For CWF (requirements/coding/preliminary unit testing); for FISS (design/coding); for MCS (analysis/design/coding); for VMS (analysis & coding); April 1, 2025 - For CWF (testing/implementation); FISS (continued development/testing/implementation); MCS (continued coding/testing/implementation); and VMS (testing & implementation)
**Unless otherwise specified, the effective date is the date of service.*
IMPLEMENTATION DATE: January 6, 2025 - For CWF (requirements/coding/preliminary unit testing); for FISS (design/coding); for MCS (analysis/design/coding); for VMS (analysis & coding); April 7, 2025 - For CWF (testing/implementation); FISS (continued development/testing/implementation); MCS (continued coding/testing/implementation); and VMS (testing & implementation)

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
R	7/Table of Contents
N	7/20.5/20.5.2/The Recovery of Medicare Duplicate Payment Claims When the Department of Veteran Affairs and Medicare Make Payment on the Same Services

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:

Business Requirements
Manual Instruction

Attachment - Business Requirements

Pub. 100-05	Transmittal: 13156	Date: April 16, 2025	Change Request: 13694

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II. GENERAL INFORMATION

A. Background: The purpose of this Change Request (CR) is to recover duplicate payments made to providers from both Medicare and the VA for which the Centers for Medicare & Medicaid Services (CMS) may seek recovery. The A/B Medicare Administrative Contractors (MACs) and Durable Medical Equipment (DME) MACs automated the Medicare duplicate primary payment (DPP) process to recover secondary payments that rightfully belong to Medicare. The CMS entered into a computer matching agreement (CMA) with the VA which allows CMS to recover duplicate payments made to providers from both Medicare and the VA for which CMS may seek recovery. For those claims that CMS has the right to recover from providers that billed Medicare and the VA for the same services, the A/B MACs and DME MACs shall generally follow the automated DP process and recover claims payments. This process will be referred to as the VADP process and require system modifications to address the business requirements identified in this CR. The VADP

file will be sent to CWF by the Medicare Secondary Payer Systems Contractor (MSPSC) for A/B MAC and DME MAC recovery purposes.

B. Policy: The shared systems, including CWF, and the A/B MACs and DME MACs shall perform the DP processing and operational requirements for Medicare claims recovery specified in the business requirements below.

III. 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	
13694.1	The MSPSC shall submit the VADP file daily to CWF. Note: • For Part A Services - VADP are all full recovery claims for MACs to recover from providers. • For MCS/VMS - VADP are all full denial, per a detail of a claim, for MACs to recover from providers, physicians and other suppliers.								X	MSPSC
13694.1.1	The MSPSC shall update the Health Utilization Duplicate Payment (HUDP) descriptions/list of valid values to reflect required data for VADP claims that contains the necessary VA information for the shared system to identify Medicare claims and perform needed adjustments (recovery). Note, the MSPSC must									MSPSC

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	indicate on the claim that the services performed are VA authorized services for which Medicare is seeking recovery.									
13694.1.2	The MSPSC shall ensure that the HUDP file, known as the VADP file going forward, contains all required VA elements as found in Attachment A, the HUDP File Layout, and includes the required elements for adjusting/recovering claims that were paid by both Medicare and the VA.									MSPSC
13694.2	CWF shall: 1. Accommodate an updated VADP transaction that contains the Medicare Duplicate Payment data for individual VA beneficiaries (see Attachment A) who also receive Medicare benefits for which Medicare made a duplicate payment; and 2) Develop an associated copybook for the updated transaction (CABEHUDP), that includes claims information from the VA, where CWF shares								X	

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	it with all affected stakeholders prior to implementation of the automated VADP process.									
13694.2.1	CWF shall accept the new VA transaction in the VADP from the MSPSC that contains the Medicare Duplicate Payment data for a Medicare and VA beneficiary (see Attachment A for the HUDP File Layout). (Note: This file shall contain VA claims that shall be sent to the correct A/B MAC or DME MAC.)								X	MSPSC
13694.2.2	The CWF maintainer shall create a separate response file, using the "V", for VADP transactions. Note, CWF will not create a new copy book.								X	MSPSC
13694.3	For each record received on the VADP file, CWF shall: 1. Return each accepted record along with a disposition '01' to the MSPSC; and 2. Return a record with up to four error codes for any								X	MSPSC

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	records for which errors were found on VADP file to the MSPSC.									
13694.3.1	CWF shall return to the MSPSC errors on individual VADP records within the VADP file that failed validation edits; however, CWF shall allow all other VADP records that passed validation to complete processing.								X	
13694.3.1.1	CWF shall send all accepted VADP records to the A/B MACs and DME MACs' associated shared systems. Note, the shared system maintainers shall accept the accepted VADP file from CWF.					X	X	X	X	
13694.3.2	CWF shall edit the following fields on the incoming VADP transaction: Health Insurance Claim Number (HICN)/Medicare Beneficiary Identifier (MBI), MAC Contractor Number, VA Insurance Type Code 42 Claims Processing Indicator, and Dates of Service (DOS).								X	

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
13694.3.3	CWF shall compare the Medicare claim level DOS for PART A and PART B/DME provided on the VADP record with the information on the Medicare claim record.								X	
13694.4	As part of its validation process, CWF shall generate disposition codes for the following four (4) conditions as appropriate: <u>Disposition codes</u>: 60 – I/O error on data base UR – Edit Reject (**Note**: Will also contain an Edit Error Code) AB – System Abend generated during processing CI – CICS processing problem								X	
13694.4.1	CWF shall generate edit error codes for the following when the incoming record is for a VADP recovery: <u>Edit Error Codes:</u> DP01- Beneficiary Identification Incorrect • The Claim HICN/MBI or the Active HICN/MBI on the VADP record is incorrect								X	

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	or beneficiary is not in file; or • Claim HICN/MBI is inactive and no active HICN is provided on the VADP. DP02 – Invalid Claim From/Start or Thru End date. • If Dates of Service are blank/zeros; or • If the Date of service is numeric but converts to an invalid date format. DP06 – MAC Claim Contractor number not valid. • Contractor number is blank; or • The contractor number is not found on the CWF Contractor table. DP07— Claims Processing Indicator is not 'V' when Insurer type code = '42'									
13694.5	After CWF has determined that an incoming record has passed its validation, CWF shall use its internal contractor table to sort the VADP claims into separate files to be sent to the appropriate A/B MAC or DME MAC and								X	

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	associated shared system.									
13694.5.1	CWF shall also read the Contractor Workload Number, Medicare Internal Control Number (ICN)/Document Control Number (DCN)/Claim Control Number (CCN) on the VADP record as part of its process for determining which A/B MAC or DME MAC should receive the VADP claim record.								X	
13694.5.2	CWF shall ensure that <u>all</u> data fields in the HUVP Transaction on the CWFR file are transmitted to the appropriate A/B MAC or DME MAC and associated shared system.								X	
13694.5.2.1	The shared systems shall: • Accept <u>all</u> VADP data elements received from CWF**;** and • Pass these elements on to the A/B MACs and DME MACs as part of VA claims adjudication and the exception report-generation processes (for example, when the shared systems could not fully auto- adjudicate the VADP claims). Note, the	X	X	X	X	X	X	X		

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	A/B MACs and DME MACs shall accept the data elements from the shared systems.									
13694.5.2.1.1	The Hybrid Cloud Data Center (HCDC) that services the A/B MACs (Part A) and A/B MACs (HH&H) shall make the FISS-generated CSV data file (which contains all CWF HUDP data elements) available to their respective MACs whenever the VADP file is created.									Hybrid Cloud Data Center (HCDC)
13694.5.2.2	The shared systems shall ensure that their A/B MACs and DME MACs will receive the Claims Processing Indicator value on any exception reporting created for VADP claims. Note, the A/B and DME MACs shall accept the exceptions reports from the shared systems.	X	X	X	X	X	X	X		
13694.6	CWF shall not be required to store the VADP transactions files.								X	
13694.7	After CWF has transmitted VADP records to the shared system representing a particular A/B MAC or DME MAC, it shall: • Accept all VADP adjustments								X	

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	generated by the shared system or individually by the A/B MAC or DME MAC as part of normal claims processing; and • Apply all customary CWF editing to the VADP adjustment claims.									
13694.8	FISS shall accept the new CWF-generated HUVP transaction containing VADP records in the CWFR (Unsolicited Reply) Response File from CWF. (**Note:** The CWF-transmitted VADP records will contain the claim data for claims that were paid as duplicates by Medicare and need to be adjusted or recovered.					X				
13694.8.1	MCS and VMS shall accept the updated CWF generated HUVP transaction containing VADP records as part of the daily CWF Response File.						X	X		
13694.8.2	The DME MACs shall store the VA claim information sent via the CWF daily CWF Response File, that results in a successful				X					

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	VADP adjustment being created for a minimum of twelve (12) months.									
13694.8.2.1	The A/B MACs (Part A) and A/B MACs (Part B), with assistance as necessary from their HCDC, shall: • Store all VADP claim responses from CWF as received by the shared system as part of the VADP process; and • Have the ability to print off all stored VADP reports and related DP information. (**Note:** All related tasks above shall be available for a minimum of 12 months from the date of creation.)	X	X	X						Hybrid Cloud Data Center (HCDC)
13694.8.2.2	GDIT shall create, and the DME MACs shall accept, the following pipe delimited files for the DME MACs using the same format that is currently used for the DPP reporting: • Daily transaction on the CWF Response file of all VA claim data received from CWF				X			X		

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	• Daily transaction file of all errors encountered for the data received from CWF • Daily transaction file of all VA claim adjustment claims suspended in VMS • Monthly transaction file of all VA adjustment claims suspended in VMS • Monthly transaction file of all VA adjustment claims completed without edits (clean) in VMS • Monthly transaction file of all VA adjustment claims completed with edits (non-clean) in VMS									
13694.8.2.2.1	The DME MACs using the pipi-delimited files provided by VMS shall: • Store all HUDP VA claim responses from CWF as received by the shared				X					

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	system as part of the VADP process; and • Have the ability to print off all stored DP reports and related VADP information. (**Note:** All related tasks above shall be available for a minimum of 12 months from the date of creation.)									
13694.9	FISS, MCS, and VMS shall review the VADP record to determine if an adjustment claim can be created.					X	X	X		
13694.9.1	FISS, MCS, and VMS shall not attempt to create VADP claim adjustments when the Claim Processing Indicator on the VADP record is <u>not</u> equal to "V."					X	X	X		
13694.9.1.1	FISS, MCS and VMS shall include these errant HUVP records on a report for A/B MAC or DME MAC review/intervention for follow-up, as applicable.					X	X	X		
13694.9.2	VMS shall use the HUDP VADP data to systematically generate transactions for the VMS Auto-Adjustment process daily if records are received from CWF for							X		

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	that jurisdiction.									
13694.9.3	FISS and VMS shall create a VADP adjustment claim from the VADP transactions received on the CWF daily Unsolicited Reply Response File when the required data are present on the VADP transactions.					X		X		
13694.9.3.1	FISS and VMS shall create a VADP adjustment claim when the following required data are present on the VADP transaction: • HICN/MBI; • DCN (**Note:** This may also be known as the ICN or CCN, depending upon the system and A/B MAC or DME MAC involved); • 42 Insurance Type Code (VA) • 1-byte Claims Processing Indicator (valid values=V); • Beneficiary's Last Name; • Beneficiary's First Name; • From and Thru Dates of Service; and • Medicare Claim Total Payment Amount needed for Recovery from the Physician or Other					X		X		

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	Supplier for Part B and DME • Procedure Codes (MCS and VMS only) • FISS (Part A MAC) shall use the Medicare Claim Total Submitted Charge Amount for recovery/adjustment purposes									
13694.9.3.1.1	FISS shall allow for VC 42 to include other than inpatient claims to accept VC 42 without cc26 or cc35 for VDP adjustments.					X				
13694.9.4	FISS, MCS and VMS shall reject the VADP claim record/adjustment for A/B MAC or DME MAC review/intervention if the HICN/MBI and Medicare DCN/ICN/CCN cannot be found on active or purged history.					X	X	X		
13694.9.5	FISS, MCS and VMS shall reject the VADP record/adjustment for A/B MAC or DME MAC review/intervention if the Medicare DCN/ICN/CCN included on the VADP record/adjustment has been adjusted previously or recovered.					X	X	X		
13694.9.6	MCS and VMS shall reject the VADP record/adjustment for A/B						X	X		

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	MAC (Part B) or DME MAC review/intervention if the VADP record/adjustment contains claim data for a date of service and procedure code that cannot be found on the Medicare DCN/ICN/CCN claim record.									
13694.9.6.1	FISS shall reject the VADP record/adjustment for A/B MAC (Part A) review/intervention if the record/adjustment contains claim level dates of service that do not match those on the Medicare claim.					X				
13694.9.7	MCS and VMS shall include the VADP record/adjustment on a report for A/B MAC or DME MAC review/intervention when the VADP detail line information does not match the procedure code/modifier and date of service on the Medicare online claim.						X	X		
13694.9.8	MCS and VMS shall include the VADP record/adjustment on a report for A/B MAC or DME MAC review/intervention when the VADP record line number for a claim does not equal the line number for the claim located						X	X		

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	within the shared system.									
13694.9.9	The MSPSC shall not include claims for services prior to June 6, 2019. Note, If the A/B MACs and DME MACs recovered/adjusted VA claims for service dates prior to June 6, 2019, due to your current routine recovery processes, no action is required for these claims. You shall continue to adjust these claims, as necessary, under your current recovery processes. Otherwise process recoveries/adjustments for dates of service June 6, 2019 and after as found on the incoming VADP.	X	X	X	X					MSPSC
13694.10	MCS and VMS shall automatically adjust all well-formed VADP Full Replacement records Claims Processing Indicator = V as full claim adjustment with details denied based on the detail information received on the VAP Transaction. Note: A Full Replacement/Full Claim Adjustment means reversing Medicare claim to take back to where Medicare made a full payment or secondary payment on a detail line if a Medicare payment was made.						X	X		

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
13694.10.1	FISS shall automatically adjust all well-formed VADP Full Replacement records Claims Processing Indicator = V as full recoveries. Note: A Full Replacement/Full Recovery Adjustment means reversing the Medicare claim to take back to where Medicare made a full payment or secondary payment if a Medicare payment was made.					X				
13694.10.2	FISS, MCS, and VMS shall map the VA indicator of "V" from the VADP transaction to the created full claim adjustment.					X	X	X		
13694.10.3	The DME MACs shall add the VA code of "V" to the user table to allow the DME MACs to define the overpayment reason code and overpayment discovery code to be used for auto adjustments.				X					
13694.10.3.1	FISS shall populate the adjustment reason code with the New value (40) created by HIGLAS for VADP claims.					X				
13694.10.4	FISS shall map full payments and Medicare's own paid amounts to the claim level to ensure 100 percent recoupment. Note, FISS will follow the "F"					X				

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	process to recover payments as it does under the current DPP process by using the claim total covered charges amount as the primary payer paid amount.									
13694.10.5	The A/B MACs and DME MACs and shared systems shall ensure that the Medicare full claim adjustment be included on the MSP savings report under Special Project Savings 90000 – Central Office Savings - under the VA/Other Federal Programs column in the Contractor Reporting of Operational and Workload Data (CROWD) system. Note, that CMS has confirmed that special project number 90000 is already available in CROWD.	X	X	X	X	X		X		
13694.10.5.1	FISS shall update its system when VC 42 is present to allow for the capture of VA recovery savings for VADP adjustments in the CROWD report					X				
13694.11	The MACs and DME MACs shall ensure that a VA claims adjustment/recovery resulting from a Claims Processing Indicator=V shall be included on the MSP savings report.	X	X	X	X					

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
13694.12	For VADP VA adjustment claims, all A/B MACs (Part B) and DME MACs shall always set the 935 indicators to "Y." (**Note:** FISS shall set up the VA indicator for its A/B MACs (Part A) as part of the design for this change request.)		X		X	X				
13694.13	FISS shall ensure that VADP adjustment claims are processed using Type of Bill (TOB) frequency code "M."					X				
13694.13.1	FISS shall always use the value F (Fiscal Intermediary) as the adjustment requestor identifier for VADP adjustment claims.					X				
13694.13.2	FISS shall add UAC 'Q' to the adjustment so the claim adjustments do not hit Medical Policy edits.					X				
13694.14	To ensure that A/B MACs and DME MACs receive systematic reporting tied to the VADP process, FISS, MCS and VMS shall create/update existing daily reports to document the VADP records received from the CWF HUVP Transaction processing. . (**Note:** The daily reports shall contain granular,					X	X	X		

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	detailed information.)									
13694.14.1	VMS shall ensure that VA reporting will be generated from the VMS Auto-Adjustment process for the "VADP reprocessing." (**Note:** CMS presumes that this is for VADP records with a Claims Processing Indicator equal to "V")							X		
13694.14.2	FISS, MCS and VMS shall create/update existing a daily report that documents the VADP Adjustments that are successfully created from the VADP transactions. (**Note:** The daily reports shall contain granular, detailed information.)					X	X	X		
13694.14.3	FISS, MCS and VMS shall: 1. Create/update existing a daily report that documents VADP transactions that errored out and did not result in the creation of VADP Adjustments; and 2. Make the report systematically available for the appropriate A/B MAC or DME MAC for					X	X	X		

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	review/intervention. (**Note:** The daily reports shall contain granular, detailed information.)									
13694.14.3.1	FISS, MCS and VMS shall also: 1. Create/update existing a daily report of any VADP adjustment DCNs/ICNs/CCNs that are in a suspense location due to failed edits/audits; and 2. Make the report systematically available for the appropriate A/B MAC or DME MAC for review/intervention. (**Note:** CMS presumes that the VADP adjustment was created but encountered normal systematic edits/audits under this scenario.)					X	X	X		
13694.14.3.2	FISS, MCS and VMS shall include detail regarding what required data elements were missing or what specific issue was encountered that prevented successful adjustment claim creation, when creating the daily reports for the scenarios discussed					X	X	X		

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	in BRs 14.3 and 14.3.1.									
13694.15	FISS, MCS and VMS shall report off-line (purged from history) claims that could not be retrieved in the system and send this information to the appropriate A/B MAC or DME MAC daily for review and resolution.					X	X	X		
13694.15.1	Once the shared systems send the report mentioned in 13694.15 to the associated A/B MAC or DME MAC, the A/B MAC or DME MAC shall work these VADP VA transactions manually, in order to capture manually VADP savings. **(Note:** CMS will provide further guidance regarding time frames for completion of this task as part of updated Joint Operating Agreements as well as in the Quality Assurance Surveillance Plan standards if an update is required for this CR.)	X	X	X	X					
13694.15.2	FISS, MCS and VMS shall: 1. Create/update existing a daily report for pending (i.e., not finalized) VADP Adjustments created from the					X	X	X		

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	VADP transactions; and 2. Make this information available for the associated A/B MACs or DME MACs for review.									
13694.15.3	FISS, MCS and VMS shall: 1. Create/update existing a daily report of all successful VADP adjustments that have finalized and did not pend for review/intervention by the A/B MACs and DME MACs; and 2. Make this information available to the associated A/B MACs or DME MACs for review.					X	X	X		
13694.15.4	FISS and VMS shall ensure that the daily VA report contains claim payment and beneficiary specific information. (**Note:** The daily report shall contain high-level/summary-level detail and not the granular detail provided in the detail report.)					X		X		

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
13694.16	The DME MACs with assistance from their HCDC shall: • Store all VADP-related reports created from the shared system as part of the VADP process; and • Have the ability to print off all stored VADP reports and related VADP information. (**Note:** All related tasks above shall be available for a minimum of 12 months from the date of creation.)				X					Hybrid Cloud Data Center (HCDC)
13694.17	MCS shall create a VADP transaction to the current Response Generator to simulate the receipt of a VADP file from CWF for the User Acceptance Testing (UAT) testing regions.						X			
13694.17.1	VMS shall update the VMS' CWF Reply Generator to create VADP transactions for testing.							X		
13694.18	The DME MACs shall define the following fields for the event for the new type "VADP reprocessing" when setting up the adjustment type in				X					

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	the VMS Auto Adjustment table: • Denial Action Code (AC) • APEX value = U • CIP value = Q • RANK • DCN ranges • ORIGIN • DEPT • LOCN • TYPE • R/D • ITEM STAT • **Notes:** 1. CMS presumes that this table is being used for the creation of Claims Processing Indicator of "V" VADP adjustment actions. 2. CMS presumes that this business requirement is a DME MAC requirement and not a VMS systems requirement.									
13694.18.1	The A/B MACs (Part B) shall complete all required fields within the MCS-		X							RRB-SMAC

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	supplied VADP Adjustment Control table prior to implementation of the automated VADP process for VA claims.									
13694.19	The indicated shared systems shall always set the mass adjustment indicator to “O” in the claim header “mass adjustment indicator” when sending VADP adjustment claims to CWF for normal processing.					X	X	X		
13694.19.1	The indicated shared systems shall always set the 23rd position of the Beginning of the Hierarchical Transaction Reference Identification (BHT03) file indicator to "S" (Mass Adjustments/other) for VADP adjustment claims for COBA processing purposes.					X	X	X		
13694.19.2	VMS shall also include the value “S” in the 23rd byte in field 504-F4 (Message) of any outbound National Council for Prescription Drug Programs (NCPDP) batch COB claims that result from VADP adjustments.							X		
13694.20	For VADP adjustments, A/B MACs and DME MACs shall process these claims as 935 adjustments, as set by the assigned	X	X	X	X					

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	reason/discovery code. (**Notes:** 1. The exception to this requirement is provider- initiated or requested adjustments, which are not subject to the 935 requirements; for more information, see Pub.100-06, chapter 3, section 200. 2. CMS assumes that FISS automatically sets up the VADP adjustment claims with the 935 indicator properly set.)									
13694.21	This business requirements has been deleted.		X	X	X					
13694.22	This business requirement has been deleted.	X	X	X	X				X	
13694.23	This business requirement has been deleted.	X	X	X	X					
13694.24	The MSPSC, CWF, and the Part A MACs**,** Part B MACs and the DME MACs shall participate in User Acceptance Testing (UAT) which will begin on 2/10/2025. HIGLAS will be able to support UAT beginning 2/24/25.	X	X	X	X				X	Hybrid Cloud Data Center (HCDC), MSPIC, MSPSC

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
13694.25	All testing entities shall develop their individual test environments accordingly based on the requirements of this CR.	X	X	X	X	X	X	X	X	CMS, MIST, MSPIC, MSPSC
13694.25.1	Upon receipt of the test MBIs, the A/B MACs and DME MACs participating in UAT testing shall copy production claims data and any supporting data into their UAT test regions.	X	X	X	X					
13694.26	All involved testing entities shall send all test data via secure email.	X	X	X	X				X	MSPSC
13694.26.1	All involved testing entities shall communicate to all testers their secure email or resource email box details/link.	X	X	X	X				X	MSPSC
13694.26.2	In reporting MSPSC-specific problems identified during testing, the A/B MACs and DME MACs shall: 1. Capture the Medicare ICN associated with the VADP claim, and the VA claim id, as derived from the incoming VADP test file; and 2. Make those identifiers available to the MSPSC for	X	X	X	X					MSPIC, MSPSC

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	problem research purposes. Note, the MSPSC shall use the insurer name field on the VADP to share the VA Claim ID with the A/B and DME MACs. All involved testing entities shall send all test data via secure email.									
13694.27	The MSPSC and the A/B MACs and DME MACs shall participate in test case development as necessary. **Note:** CMS assumes the A/B MACs and DME MACs will modify the MSPSC-supplied test data as necessary to test MAC-specific test scenarios not covered by the MSPSC created records.	X	X	X	X					MSPIC, MSPSC
13694.28	The shared systems and A/B MACs and DME MACs shall test the ability to create VADP adjustments (for example, full claim denials (or, as applicable, full claim adjustments) and have them flow through to CWF.	X	X	X	X	X	X	X	X	
13694.29	The MSPSC shall develop test VADP files, using the data supplied to the testers, and send them to CWF for positive and negative									MSPSC

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	testing.									
13694.30	CWF shall send the VADP test file to each shared system representing their associated A/B MACs and DME MACs for testing. (**Note:** The exact testing timeframes will be provided, but they likely will be before this change request (CR) moves to BETA testing in February 2025.)	X				X	X	X	X	
13694.31	The MSPSC shall provide a sample test VADP file to all indicated partner entities for their use in conducting VADP alpha and beta testing and for other VADP testing considerations. (**Note:** The timeframe for sending of the sample test VADP file will be provided, taking into consideration the CWF projected timeframe for fulfilling requirement 13694.30.)	X	X	X	X	X	X	X	X	MIST, MSPSC
13694.32	For initial calls, the indicated entities shall participate in a minimum of five, to a maximum of ten, one hour calls to coordinate the VADP integrated testing strategy. **Note:** As initial calls unfold, all testing entities	X	X	X	X	X	X	X	X	CMS, Hybrid Cloud Data Center (HCDC), MIST, MSPIC,

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	may not be required to attend all calls. CMS will alert all testers when certain entities are not required to attend.									MSPSC
13694.32.1	During Dates 1/22/2025 and 3/31/2025, the indicated testing entities shall participate in a minimum of 10, to a maximum of 15, ad-hoc calls to discuss testing outcomes and any needed refinements. **Note:** All testing entities may not be required to attend all calls. CMS will endeavor to alert all testers when certain entities are not required to attend.	X	X	X	X	X	X	X	X	CMS, HIGLAS, Hybrid Cloud Data Center (HCDC), MIST, MSPIC, MSPSC
13694.33	The MSPIC and MSPSC shall develop a testing strategy as a result of initial testing calls.									CMS, MSPIC, MSPSC
13694.34	The A/B MACs and DME MACs shall use the following messages, as applicable, on their remittance advice and Medicare Summary Notice when VADP claims are recovered or adjusted : • Claim Adjustment Reason Code (CARC) 16 - Claim/service lacks information or has submission/billing error(s).	X	X	X	X					

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	• Group Code (GC): CO Contractual Obligation • Remittance Advice Remark Code (RARC) – M79 - Missing/incomplete/invalid charge. • RARC: MA67 Alert: Correction to a prior claim. • Medicare Summary Notice (MSN) - 31.9 This claim was adjusted because there was an error in billing. • MSN - 16.34 You should not be billed for this service. You are only responsible for any deductible and coinsurance amounts listed in the "Maximum You May Be Billed" column. Note: A/B MACs Part A and HHH MACs shall use MSN message 16.34 only as found in this BR.									
13694.34.1	FISS shall create a new payment reason code for VADP adjustments					X				
13694.35	The indicated shared systems and A/B MACs and DME MACs shall receive and accept the contractor number ID 90000 found on the VADP	X	X	X	X	X	X	X	X	

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	file that identifies the claim as a VADP recovery/adjustment.									
13694.35.1	The indicated shared systems shall create and the A/B MACs and DME MACs shall accept contractor number ID 90000 in its system for purposes of the VADP.	X	X	X	X		X	X	X	
13694.36	Contractors shall make table/file updates to create a new adjustment reason code for overpayments identified under the VA (Veteran Affairs) DP (Duplicate Payment) process. Reason code '40' – The description for the new Reason code is 'VA (Veteran Affairs) DP (Duplicate Payment)'.	X	X	X	X					HIGLAS
13694.36.1	Part A MACs shall use the Reason Code '40' when initiating the VADP manual adjustments for the recoupment of overpayments.	X		X						
13694.36.2	Part B MACs shall use the Reason Code '40' and the existing Discovery Code 'C' when initiating the VADP adjustments for the recoupment of overpayments.		X							
13694.36.3	DME MACs shall use the VMS Reason Code '>',				X					

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	HIGLAS Reason code ‘40’, and existing VMS Discovery Code ‘!’, existing HIGLAS Discovery code ‘11’ combination when initiating the VADP adjustments for the recoupment of overpayments.									
13694.36.4	HIGLAS shall map the Shared System Reason code ‘40’ to the HIGLAS Reason Code ‘40’ for Part A and Part B MACs									HIGLAS
13694.36.5	HIGLAS shall map the Shared System Reason code ‘>’ to the HIGLAS Reason Code ‘40’ for DME MACs.									HIGLAS
13694.36.6	HIGLAS shall map the VADP overpayments to existing Part A transaction types for adjustment reason code '40'. APROV-CLA (Non-935 overpayment) APROV-CLA-935 (935 overpayment) ABENE-CLA (Beneficiary non-935 overpayment)									HIGLAS
13694.36.7	Part A/B and DME MACs shall use the following verbiage for the 'Reason	X	X	X	X					HIGLAS

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	for Overpayment' in the provider (Part A, Part B, and DME) demand letter enclosure for the new HIGLAS Reason code '40': 'The submitted dates of service(s) and procedures have been previously paid resulting in a duplicate payment to be made to you. Medicare does not pay for services that are authorized by the VA, and Medicare regulations prohibit payment for services that are paid for by another government entity.'									
13694.36.8	Part A/B and DME MACs shall use the following verbiage for the 'Reason for Overpayment' in the beneficiary (Part A, Part B, and DME) demand letter enclosure for the new HIGLAS Reason Code '40': 'The submitted dates of service(s) and procedures have been previously paid resulting in a duplicate payment to be made to you. Medicare does not pay for services that are authorized by the VA, and Medicare regulations prohibit payment for services that are paid for	X	X	X	X					HIGLAS

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	by another government entity.' Spanish Translation: HIGLAS shall configure the appropriate Spanish translation provided by CMS									
13694.37	The shared systems shall send an indicator(s) to the IDR identifying adjusted claims impacted due to the VA DPP. Note, the indicators sent by the shared systems to the IDR shall be identified outside this change request.					X	X	X		IDR

IV. PROVIDER EDUCATION

Medicare Learning Network® (MLN): CMS will develop and release national provider education content and market it through the MLN Connects® newsletter shortly after we issue the CR. MACs shall link to relevant information on your website and follow IOM Pub. No. 100-09 Chapter 6, Section 50.2.4.1 for distributing the newsletter to providers. When you follow this manual section, you don't need to separately track and report MLN content releases. You may supplement with your local educational content after we release the newsletter.

Impacted Contractors: A/B MAC Part A, A/B MAC Part B, A/B MAC Part HHH, DME MAC

V. 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

VI. CONTACTS

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR).

VII. FUNDING

Section A: 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.

ATTACHMENTS: 1

Medicare Secondary Payer (MSP) Manual
Chapter 7 – MSP Recovery

Table of Contents
(Rev. 13156; Issued: 04-14-25)

20.5.2 – The Recovery of Medicare Duplicate Payment Claims When the Department of Veteran Affairs (VA) and Medicare Make Payment on the Same Services

(Rev. 13156; Issued: 04-16-25; Effective: 01-01-25; Implementation: 01-06-25)

The Centers for Medicare & Medicaid Services (CMS) entered into a computer matching agreement (CMA) with the VA which allows CMS to recover duplicate payments made to providers from both Medicare and the VA. For those claims that CMS has the right to recover from providers that billed Medicare and the VA for the same services, the A/B MACs and DME MACs:

- *Follow the automated Medicare Secondary Payer (MSP) Health Utilization Duplicate Primary Payment (HUDP) Duplicate Primary Payer (DPP) process, as sited in 20.5.1 above, and*

- *Recover claims payments including a modified HUDP DPP claim record layout that will include the VA Duplicate Payment (VADP) claims transaction using the claim indicator value of "V" for identified duplicate VA claims. Note that the VADP claim recoveries are not MSP recoveries as no VA MSP record exists on CWF. This claim recovery activity is referred to as the VADP process.*

The duplicate claim data will be sent from the VA to the CMS Integrated Data Repository (IDR). The IDR provides the VADP recovery claim data file to the MSP System Contractor. The MSP System Contractor submits the VADP information to CWF included with the HUDP DPP file. The VADP file identifies all full denial/recovery claims for MACs to recover from providers, physicians and other suppliers for which Medicare has the right to recover. This file identifies descriptions/list of valid values to reflect required data for VADP claims that contain the necessary VA information for the shared system to identify Medicare claims and for the A/B MACs and DME MACs perform needed adjustments/recoveries. Note, that the MSP Systen Contractor will not include claims of service prior to June 6, 2019 as the VADP will only include claims for service beginning June 6, 2019. Note, If the A/B MACs and DME MACs recovered/adjusted VA claims for claims of service prior to June 6, 2019, due to current routine recovery processes, the A/B MACs and DME MACs are allowed to continue to accept and adjust these claims, as necessary, under current recovery processes.

CWF accepts the VA transaction from the MSP system contractor that contains the Medicare Duplicate Payment data. This file contains claims information that is sent to the correct A/B MAC and DME MAC for recovery purposes. These records will be sent daily and may not always contain VADP claim. After CWF has transmitted VADP records to the shared system identifying the correct A/B MAC or DME MAC, CWF also accepts all VADP adjustments generated by the shared system, or individually, by the A/B MAC or DME MAC which is part of normal claims processing. CWF applies all customary CWF editing to the VADP recovery/adjustment claims, as necessary.

Once the shared system sends the daily report to the respective A/B MAC or DME MAC, the A/B MAC or DME MAC shall work these VADP recovery transactions, request recovery from the appropriate physician, provider and other suppliers and capture VADP savings. For those claims that do not match the Part A and Part B shared systems reports off-line (purged from history) claims and could not be retrieved in the system send this claim information to the appropriate A/B MAC or DME MAC daily for review and manual resolution. The shared systems include detail regarding what required data elements were missing or what specific issue was encountered that prevented successful adjustment claim creation when creating the daily reports. A/B MACs and DME MACs will resolve these claims issues manually. Those claims that are resolved must also be reported as VA Savings, manually too as necessary.

All A/B MACs (Part B) and DME MACs shall always set the 935 indicators to "Y." For VADP adjustments, A/B MACs and DME MACs shall process these claims as 935 adjustments, as set by the assigned reason/discovery code. FISS automatically sets up the VADP adjustment claims with the 935 indicator properly set. The exception to this requirement is provider-initiated or requested adjustments, which are not subject to the 935 requirements (for more information, see Pub.100-06, chapter 3, section 200.) Note, when there is conflicting information between the data on the VADP record and the claim

within the A/B MAC or DME MAC's claims history and there is no manual resolution to the claim, the A/B MAC or DME MAC will cancel the VADP claim and no VA savings is taken. Follow your current policy and procedures on resolving claims issues like this when recovering Medicare payments from providers.

The A/B MACs (Part A) and A/B MACs (Part B), with assistance as necessary from their DRaaS-CACHE Data Center (s),

- *Stores all VADP claim responses from CWF, as received by the shared system, as part of the VADP process; and*
- *Have the ability to print off all stored VADP reports and related DP information.*

(Note: All related tasks above shall be available for a minimum of 12 months from the date of creation.)

The A/B MACs and DME MACs shall use the following messages, as applicable, on their remittance advice and Medicare Summary Notice when VADP claims are recovered/adjusted:

Claim Adjustment Reason Code (CARC) 16 - Claim/service lacks information or has submission/billing error(s).
Group Code (GC): CO - Contractual Obligation
Remittance Advice Remark Code (RARC) – M79 - Missing/incomplete/invalid charge.
RARC: MA67 Alert: Correction to a prior claim.
Medicare Summary Notice (MSN) - 31.9 - This claim was adjusted because there was an error in billing.
MSN - 16.34 - You should not be billed for this service. You are only responsible for any deductible and coinsurance amounts listed in the "Maximum You May Be Billed" column.

VA Savings

The A/B MACs and DME MACs and shared systems shall ensure that the VADP Medicare recovery/adjustments be included on the MSP savings report under Special Project Savings 9000 – Central Office Savings - under the VA/Other Federal Programs column in the Contractor Reporting of Operational and Workload Data (CROWD) report. When Value Code 42 is present on a claim, the FISS system and Part A MACs allow for the capture of VA recovery savings for VADP adjustments under Special Project Savings 9000 – Central Office Savings under the VA/Other Federal Programs column in the CROWD report.

- Numeric fields will be right justified, zero filled. If no value available, the field will contain all zeros.
- Alphanumeric fields will be left justified, space filled. If no value available, the field will contain spaces.
- Date fields will be numeric. If no value available, field will contain zeros

Header Record:

Field #	Field Name	Position	Format	Length	Description/Value	DPP Req?	VADP - Req?	COBR DPP Comments	VADP Rules/Comments
1	Record Identifier	1-4	Alphanumeric	4	HUHE	Y	Y		
2	Filler	5-5	Alphanumeric	1	Space				
3	Contractor Number	6-10	Alphanumeric	5	Valid Value for COB&R DPP: 79001 **Valid Value for VADP:** **90000**	Y	Y		Always '90000'
4	File Creation Date	11-18	Date - CCYYMMDD	8	Date File created	Y	Y		
5	Filler	19-12150	Alphanumeric	12132	Spaces - For Future Use				

Trailer Record:

Field #	Field Name	Position	Format	Length	Description/Value	Req?		Comments	
1	Record Identifier	1-4	Alphanumeric	4	HUTR	Y	Y		
2	Filler	5-5	Alphanumeric	1	Space				
3	Contractor Number	6-10	Alphanumeric	5	Valid Value for COB&R DPP: 79001 **Valid Value for VADP:** **90000**	Y	Y		Always '90000'
4	Detail Record Count	11-17	Numeric	7	Number of detail records contained within the file. Note: Does not include header and trailer records.	Y	Y		
5	Filler	18-12150	Alphanumeric	12133	Spaces - For Future Use				

Detail Record:

Field #	Field Name	Position	Format	Length	Description/Value	Req?		Comments	
1	Record Identifier	1-4	Alphanumeric	4	Valid Value for COB&R DPP: HUDP **Valid Value for VADP:** **HUVP**	Y	Y		
2	Filler	5-5	Alphanumeric	1	Space	Y	Y		
3	Claim HICN	6-17	Alphanumeric	12	HICN submitted on Medicare claim (IDR)	Y	Y	CWF shall validate the HICN Number and reject record if HICN or active HICN not found.	CWF shall validate the HICN Number and reject record if HICN or active HICN not found.
4	Active/Principal HICN	18-29	Alphanumeric	12	Current active HICN for beneficiary (BIC)	Y	Y		
5	Medicare ICN/DCN/CCN	30-52	Alphanumeric	23	Medicare Claim ID (IDR)	Y	Y		
6	MAC Contractor Number	53-57	Alphanumeric	5	MAC Contract ID (IDR) submitted on the IDR claim.	Y	Y	CWF shall reject this record if this field does not contain a valid MAC contract ID.	CWF shall reject this record if this field does not contain a valid MAC contract ID.
7	Responsible COB&R Contractor Id	58-62	Alphanumeric	5	The COB&R contractor submitting DPP; valid values are: 79001 - NGHP BCRC 79501 - GHP 79801 - NGHP ORM **CMS submitting VADP; valid value:** **90000 - VADP**	Y	Y		Always '90000'
8	Claim Processing Indicator	63-63	Alphanumeric	1	Valid Values : F - claim should be processed as full replacement/full claims denial; or S - claim should be reprocessed as secondary **Valid Value for VADP:** **V - claim should be reporcessed as a full replacement/full claims denial**	Y	Y	For NGHP, the claim processing indicator will be an 'F' to indicate the DPP should be processed as a full replacement/full claims denial; no primary payer info is provided. For GHP, the claim processing indicator will be 'S' and primary payer information must be provided so that the claim can be reprocessed as secondary. MSP should exist.	Always 'V'
9	REMAS Claim Cntl Id	64-78	Numeric	15	Internal ReMAS Claim Id	Y	N	MSPSC Use only.	NA
10	REMAS Case Cntl Id	79-93	Numeric	15	Internal ReMAS Case Id	Y	N	May be used by MACs to communicate issues back to the COB&R contractor; is not PII/PHI.	NA
11	Beneficiary Last Name	94-133	Alphanumeric	40	Bene Last Name (BIC)	Y	Y		
12	Beneficiary First Name	134-173	Alphanumeric	40	Bene First Name (BIC)	Y	Y		
13	Beneficiary Middle Initial	174-174	Alphanumeric	1	Bene Middle Init (BIC)	N	N		
14	Medicare Claim Level Billed From Date of Service	175-182	Date - CCYYMMDD	8	Medicare Claim - Earliest From Date of Service on the claim (IDR)	Y	Y	CWF will edit for a valid date and then verify that the claim service dates correlate to MSP Dates or reject to MSPSC.	CWF will edit for a valid date
15	Medicare Claim Level Billed Thru Date of Service	183-190	Date - CCYYMMDD	8	Medicare Claim - Latest Through Date of Service on the claim (IDR)	Y	Y	CWF will edit for a valid date and- then verify that the claim service dates correlate to MSP Dates or reject to MSPSC.	CWF will edit for a valid date
16	Medicare Claim Total Submitted Charge Amount	191-201	Numeric - 9(09)v99	11	Medicare Claim Level Total of all Submitted Charges (IDR)	Y	Y		

17	Insurer Name	202-281	Alphanumeric	80	Primary Payer Name	Required if "S" record; otherwise provided if available.	Y - redefined	Insurer fields will be populated on "S" records but should not be compared to existing trailer 03 data as the CRC receives updates that may not be sent to CWF.	All VADP claims have the same insurer - VHA. This field will be used to send the VA Claim ID on VADP records, which may be usefulf to the MACs. VADP Claim ID is defined as 70 bytes, alphanumeric
18	Insurer Address Line 1	282-321	Alphanumeric	40	Primary Payer Address Line 1	Required if "S" record; otherwise provided if available.	N	Insurer fields will be populated on "S" records but should not be compared to existing trailer 03 data as the CRC receives updates that may not be sent to CWF.	NA
19	Insurer Address Line 2	322-361	Alphanumeric	40	Primary Payer Address Line 2	Not required; provided if available	N	Will be provided if available and other insurer fields are populated	NA
20	Insurer Address Line 3	362-401	Alphanumeric	40	Primary Payer Address Line 3	Not required; provided if available	N	Will be provided if available and other insurer fields are populated	NA
21	Insurer City	402-425	Alphanumeric	24	Primary Payer City	Required if "S" record; otherwise provided if available.	N	Insurer fields will be populated on "S" records but should not be compared to existing trailer 03 data as the CRC receives updates that may not be sent to CWF.	NA
22	Insurer State Code	426-427	Alphanumeric	2	Primary Payer State Code	Required if "S" record; otherwise provided if available.	N	Insurer fields will be populated on "S" records but should not be compared to existing trailer 03 data as the CRC receives updates that may not be sent to CWF.	NA
23	Insurer Zip Code	428-436	Alphanumeric	9	Primary Payer Zip Code	Required if "S" record; otherwise provided if available.	N	Insurer fields will be populated on "S" records but should not be compared to existing trailer 03 data as the CRC receives updates that may not be sent to CWF.	NA
24	MSP Insurance Type Code	437-438	Alphanumeric	2	Valid Values for COB&R DPP: 12 = Working Aged (A) 13 = ESRD (B) 14 = No - Fault (D) 15 = Workers' Compensation (E) 43 = Disability (G) 47 = Liability (L) **Valid Value for VADP:** **42 = VA**	Y	Y	Note - Black Lung MSP is not included in MSP Recovery and is excluded from this interface.	Always '42'
25	MSP Type Code	439-439	Alphanumeric	1	Valid values for MSP = A, B, D, E, G, L **Valid Value for VADP:** **I = VA**	Y	N	Note - Black Lung MSP is not included in MSP Recovery and is excluded from this interface.	Always 'I'
26	Patient Relationship	440-441	Alphanumeric	2	**CWF Patient relationship code valid values:** 00 = UNKNOWN 01 = Patient is insured 02 = Spouse 03 = Natural child where policyholder has final responsibility 04 = Natural child where policyholder doesn't have final responsibility 05 = Step child 06 = Foster child 07 = Ward of the court 08 = Employee 09 = Unknown 10 = Handicapped dependent 11 = Organ donor 12 = Cadaver donor 13 = Grandchild 14 = Niece/nephew 15 = Injured plaintiff 16 = Sponsored dependent 17 = Minor dependent of a minor dependent 18 = Parent 19 = Grandparent	Y	N		NA
27	Primary Payer Member Identifier	442-471	Alphanumeric	30	Primary Payer Beneficiary/Patient Membership ID/Policy Number	N	Y	If no value provided, SSMs must gap fill to create a HIPAA compliant claim.	VA Member ID
28	Primary Payer Group Number	472-491	Alphanumeric	20	Primary Payer Group Number	N	N		NA
29	Primary Payer Claim Paid Date	492-499	Date - CCYYMMDD	8	Primary Payer Claim-level Paid Date; date must be in the past	Required for "S" record; otherwise may be zero	N		NA

30	Primary Payer Claim Total Paid Amount	500-510	Numeric - 9(09)v99	11	Primary Payer Claim-Level Total Paid Amount; must be > zero for Part A, could be =zero for Part B/DME if provided at the line level.	Required for **PART A and** "S" record; otherwise may be zero	N		NA
	PART A CARC Codes and Amounts	7 Occurrences							
31	Primary Payer CAS Group Code(1)	511-512	Alphanumeric	2	**CAS Group Code valid values:** CO - Contractual Obligation PR - Patient Responsibility OA - Other Adjustment	Required if **PART A and** "S" record; otherwise may be blank	N	CAS Group Code will only be provided on the interface if there is a CARC.	NA
32	Primary Payer CARC Code(1)	513-516	Alphanumeric	4		Required if **PART A and** "S" record; otherwise may be blank	N		NA
33	Primary Payer CARC Amount(1)	517-527	Numeric - S9(09)v99	11	Primary Payer Claim Level CARC Amounts	Required if **PART A and** "S" record; otherwise may be zero	N		NA
34	Primary Payer CAS Group Code(2)	528-529	Alphanumeric	2					NA
35	Primary Payer CARC Code(2)	530-533	Alphanumeric	4					NA
36	Primary Payer CARC Amount(2)	534-544	Numeric - S9(09)v99	11					NA
37	Primary Payer CAS Group Code(3)	545-546	Alphanumeric	2					NA
38	Primary Payer CARC Code(3)	547-550	Alphanumeric	4					NA
39	Primary Payer CARC Amount(3)	551-561	Numeric - S9(09)v99	11					NA
40	Primary Payer CAS Group Code(4)	562-563	Alphanumeric	2					NA
41	Primary Payer CARC Code(4)	564-567	Alphanumeric	4					NA
42	Primary Payer CARC Amount(4)	568-578	Numeric - S9(09)v99	11					NA
43	Primary Payer CAS Group Code(5)	579-580	Alphanumeric	2					NA
44	Primary Payer CARC Code(5)	581-584	Alphanumeric	4					NA
45	Primary Payer CARC Amount(5)	585-595	Numeric - S9(09)v99	11					NA
46	Primary Payer CAS Group Code(6)	596-597	Alphanumeric	2					NA
47	Primary Payer CARC Code(6)	598-601	Alphanumeric	4					NA
48	Primary Payer CARC Amount(6)	602-612	Numeric - S9(09)v99	11					NA
49	Primary Payer CAS Group Code(7)	613-614	Alphanumeric	2					NA
50	Primary Payer CARC Code(7)	615-618	Alphanumeric	4					NA
51	Primary Payer CARC Amount(7)	619-629	Numeric - S9(09)v99	11					NA
		End Occurs							
52	Beneficiary Birth Date	630-637	Date - CCYYMMDD	8		Y	Y		
53	Beneficiary Sex Code	638-638	Alphanumeric	1	M - Male F - Female U - Unknown	Y	Y		
54	REMAS Interface Control ID	639-668	Alphanumeric	30	Internal ReMAS Interface Id	Y	Y		
55	CWF File Run Date	669-676	Date - CCYYMMDD	8	FISS Requested	Y	Y	Reserved for FISS use only. Data populated by CWF.	Reserved for FISS use only. Data populated by CWF.
56	Originating Host	677-677	Alphanumeric	1	CWF Originating Host			CWF use only	CWF use only
57	Processing Host	678-678	Alphanumeric	1	CWF Processing Host			CWF use only	CWF use only
58	Filler	679-740	Alphanumeric	62	Spaces - For Future Use				
59	CWF Disposition Code	741-742	Alphanumeric	2	01 - Approved (response sent to MAC) 60 - I/O error on data base (response returned to MSPSC) UR - Edit Reject (response returned to MSPSC) AB - Transaction caused CICS ABEND (response returned to MSPSC) CI - CICS processing problem (response returned to MSPSC)	Y	Y	Response file to MSPSC will only include records that errored out; all records that are accepted by CWF will be sent to the MACs with '01' disposition code.	Response file to MSPSC will only include records that errored out; all records that are accepted by CWF will be sent to the MACs with '01' disposition code.

60	CWF Edit Error Code	743-746	Alphanumeric	4	DPP Codes DP01- Beneficiary not found in CWF DP02 – Invalid DOS DP03- GHP/NGHP MSP indicated on claim, no MSP Auxiliary file exists. Bene does not have MSP. DP04- GHP/NGHP MSP indicated on claim. Bene has MSP but MSP Type/DOS not found. DP05 - MSP File exists at CWF but no MSP is indicated on the incoming HUDP. (When MSP Type is blank) DP06- Claim Contractor number not valid DP07 – Claims Processing Indicator is blank or invalid **VADP Codes** **DP01- Beneficiary not found in CWF** **DP02 – Invalid DOS** **DP06- Claim Contractor number not valid** **DP07 – Claims Processing Indicator is blank or invalid**	Y	Y	Required for Response file to MSPSC. DP01- Beneficiary not found in CWF DP02 – Invalid DOS DP03- GHP/NGHP MSP indicated on claim, no MSP Auxiliary file exists. Bene does not have MSP. DP04- GHP/NGHP MSP indicated on claim. Bene has MSP but MSP Type/DOS not found. DP05 - MSP File exists at CWF but no MSP is indicated on the incoming HUVP. (When MSP Type is blank) DP06- Claim Contractor number not valid DP07 – Claims Processing Indicator is blank or invalid	Required for Response file to MSPSC - no MSP edits. DP01- Beneficiary not found in CWF DP02 – Invalid DOS DP06- Claim Contractor number not valid DP07 – Claims Processing Indicator is blank or invalid
61	Filler	747-750	Alphanumeric	4	Spaces - For Future Use				
PART B/DME	**Claim Line Data Start**	**Occurs 50**							
62	Claim Line Number(1)	751-755	Numeric	5	Claim Line # from Medicare claims (IDR)	Y	Y		
63	Medicare Claim Line Level From Date of Service(1)	756-763	Date - CCYYMMDD	8	Medicare Claim Line From Date of Service (IDR)	Y	Y	CWF will edit for a valid date, not in the future.	CWF will edit for a valid date, not in the future.
64	Medicare Claim Line Level To Date of Service(1)	764-771	Date - CCYYMMDD	8	Medicare Claim Line To Date of Service (IDR)	Y	Y	CWF will edit for a valid date not in future	CWF will edit for a valid date not in future
65	Medicare Claim Line Level Submitted Amount(1)	772-782	Numeric - 9(09)v99	11	Medicare Claim Line Submitted Amount (IDR)	Y	Y		
66	HCPCS Code(1)	783-787	Alphanumeric	5	Medicare Claim Line HCPCS Code (IDR)	Y	Y		
67	HCPCS Modifier Code(1)	788-789	Alphanumeric	2	Medicare Claim Line HCPCS Modifier Code (IDR)	N	N		
68	HCPCS Modifier Code(2)	790-791	Alphanumeric	2	Medicare Claim Line HCPCS Modifier Code (IDR)	N	N		
69	HCPCS Modifier Code(3)	792-793	Alphanumeric	2	Medicare Claim Line HCPCS Modifier Code (IDR)	N	N		
70	HCPCS Modifier Code(4)	794-795	Alphanumeric	2	Medicare Claim Line HCPCS Modifier Code (IDR)	N	N		
71	Primary Payer Allowed Amt - Line Level(1)	796-806	Numeric - 9(09)v99	11	Primary Payer Allowed Amt at the line level - must be greater than zero	Required if **PART B/DME and** "S" record; otherwise may be zero	N		NA
72	Primary Payer Paid Amt - Line Level(1)	807-817	Numeric - 9(09)v99	11	Primary Payer Paid Amt at the line level -must be greater than zero if not provided at the header level.	Required if **PART B/DME and** "S" record; otherwise may be zero	N		NA
	CARC Codes and Amounts - Line Level(1)	**7 Occurrences**							
73	Primary Payer CAS Group Code(1)	818-819	Alphanumeric	2	CAS Group Code valid values (per CMS xls): CO - Contractual Obligation PR - Patient Responsibility OA - Other Adjustment	Required if **PART B/DME and** "S" record; otherwise may be blank	N	CAS Group Code will only be provided on the interface if there is a CARC.	NA
74	Primary Payer CARC Code(1)	820-823	Alphanumeric	4	Primary Payer Line Level CARC Codes; if provided, must be valid x12 code	Required if **PART B/DME and** "S" record; otherwise may be blank	N		NA
75	Primary Payer CARC Amount(1)	824-834	Numeric - S9(09)v99	11	Primary Payer Line Level CARC Amounts	Required if **PART B/DME and** "S" record; otherwise may be zero	N		NA
76	Primary Payer CAS Group Code(2)	835-836	Alphanumeric	2					NA
77	Primary Payer CARC Code(2)	837-840	Alphanumeric	4					NA
78	Primary Payer CARC Amount(2)	841-851	Numeric - S9(09)v99	11					NA
79	Primary Payer CAS Group Code(3)	852-853	Alphanumeric	2					NA
80	Primary Payer CARC Code(3)	854-857	Alphanumeric	4					NA
81	Primary Payer CARC Amount(3)	858-868	Numeric - S9(09)v99	11					NA
82	Primary Payer CAS Group Code(4)	869-870	Alphanumeric	2					NA

83	Primary Payer CARC Code(4)	871-874	Alphanumeric	4					NA
84	Primary Payer CARC Amount(4)	875-885	Numeric - S9(09)v99	11					NA
85	Primary Payer CAS Group Code(5)	886-887	Alphanumeric	2					NA
86	Primary Payer CARC Code(5)	888-891	Alphanumeric	4					NA
87	Primary Payer CARC Amount(5)	892-902	Numeric - S9(09)v99	11					NA
88	Primary Payer CAS Group Code(6)	903-904	Alphanumeric	2					NA
89	Primary Payer CARC Code(6)	905-908	Alphanumeric	4					NA
90	Primary Payer CARC Amount(6)	909-919	Numeric - S9(09)v99	11					NA
91	Primary Payer CAS Group Code(7)	920-921	Alphanumeric	2					NA
92	Primary Payer CARC Code(7)	922-925	Alphanumeric	4					NA
93	Primary Payer CARC Amount(7)	926-936	Numeric - S9(09)v99	11					NA
		End CARC Occurs							
94	Filler	937-978	Alphanumeric	42	Spaces - For Future Use				
95-123	Part B/DME Line #2 Data	979 -1206		228				If Line #2 exists, see Line #1 Data for required fields.	
124-152	Part B/DME Line #3 Data	1207 - 1434		228				If Line #3 exists, see Line #1 Data for required fields.	
153-181	Part B/DME Line #4 Data	1435 - 1662		228				If Line #4 exists, see Line #1 Data for required fields.	
182-210	Part B/DME Line #5 Data	1663 - 1890		228				If Line #5 exists, see Line #1 Data for required fields.	
211-239	Part B/DME Line #6 Data	1891 - 2118		228				If Line #6 exists, see Line #1 Data for required fields.	
240-268	Part B/DME Line #7 Data	2119 - 2346		228				If Line #7 exists, see Line #1 Data for required fields.	
269-297	Part B/DME Line #8 Data	2347 - 2574		228				If Line #8 exists, see Line #1 Data for required fields.	
298-326	Part B/DME Line #9 Data	2575 - 2802		228				If Line #9 exists, see Line #1 Data for required fields.	
327-1485	Part B/DME Line #10 thru 50 Data	2803 - 12150		9348				If Line #10 thru 50 exists, see Line #1 Data for required fields.	
Part B/DME Line Data		**End Occurs**							

Claim Adjustment Reason Codes (CARCs) - Not applicable to VA DP.
Possibly Included in Primary Payer EOB/RAs

CARC Code	Definition:
1	Deductible Amount
2	Coinsurance Amount
3	Copayment Amount
24	Charges are covered under a capitation agreement/managed care plan
44	Prompt Pay discount
45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement (definitely used by Medicare and others)
59	Processed based on multiple or concurrent procedure rules. (For example, multiple surgery or diagnostic imaging, concurrent anesthesia.)
61	Adjusted for failure to obtain second surgical opinion.
94	Processed in excess of charges (used by Medicare in PPS/DRG situations where Medicare pays more than the billed amount)
100	Payment made to patient/insured/responsible party
102	Major Medical adjustment
103	Provider promotional discount
118	ESRD network support adjustment
144	Incentive adjustment, e.g., preferred product/service
161	Provider performance bonus
169	Alternate benefit has been provided.
172	Payment is adjusted when performed/billed by a provider of this specialty
186	Level of care change adjustment
B10	Allowed amount has been reduced because a component of the basic procedure/test was paid. The beneficiary/patient is not liable for more than the change limit for the basic procedure/test.
B22	This payment is adjusted based on the diagnosis.

Source: x12.org/codes/claim-adjustment-reason-codes

****NOTE: Other add-ins to primary payer paid amount used by FISS in MSP claims situations, as per CMS direction:**

CARC Codes (active)	
29	
58	
61	
95	
112	
117	
130	
150	
163	
164	
179	
181	
182	
197	
210	
223	*
B4	
B7	
B8	
B10	*
B16	

NOTE: With the exception of the codes denoted by *, all other CARCs tie potentially to denied claim/service line situations.

HUDP Update Version	Update Description
4.4.2022	Identify the MSP contractor # to be used in file header/trailer In the comments of multiple fields, clarify that for processing 'F', full claim denial DPPs, there is still expected to be an MSP period related to the service Modify comments and field definitions on claim header and line CARC fields to allow CARC amounts that may be greater than, less than or equal to 0. Clarify that for Part B/DME, the primary payer paid amount on the line is required and must be greater than 0 on a DPP line, if not provided at the claim level.
6.27.2022	Add fields to claim filler area - Bene DOB, Gender, FISS Reserve, REMAS Interface control ID Per request from FISS/CMS, switched order of fields in filler to DOB, Gender, REMAS Interface Control ID followed by FISS-requested 'CWF File Run Date'; adjusted field number and displacements as needed.
7.5.2022	
7.12.2022	Slight modification to the comments column for CWF File Run Date field
8.2.2022	Addition of note to HUDP File Layout tab to define numeric/alphanumeric default values Added two new 1-byte fields in filler for CWF host designations per CWF request. Renumbered all fields. In addition, fixed references in the 'Req?' for numeric fields to indicate correct default value if no data available
8.26.2022	No changes to the existing DPP record layout, processing rules, etc. New values added for VADP added to selected fields; additions are in **bold.**
05.07.2024	Added Column G and Column J to provide data specific to VA DP field requirements.
05.08.2024	Updates applied to reflect new Processing Indicator specific to VA (V), DP08 error and new header/trailer contractor values for separate VA DP file, based on direction from RMazur Added 'I' as a value for Field #25, specific to VA
07.01.2024	Changed all references to "VA DP" and "VA-DP" to "VADP"
07.18.2024	Renamed spreadsheet to reflect current date before sending to IC for distribution For Field #1 on the detail record, added value 'HUVP' for VADP
08.05.2024	Renamed file layout
09.16.2024	Some edits to format and wording; no changes to field mapping/values