

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 13335	Date: July 31, 2025
	Change Request 14093

SUBJECT: Hold Split Claims Pulled for Review in ViPS Medicare System (VMS) Online Quality Control (OQC)

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to update the VMS Online Quality Control (OQC) subsystem to hold Split Claims that have been pulled for review.

EFFECTIVE DATE: January 1, 2026

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

IMPLEMENTATION DATE: January 5, 2026

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: 13335	Date: July 31, 2025	Change Request: 14093
--------------------	---------------------------	----------------------------	------------------------------

SUBJECT: Hold Split Claims Pulled for Review in ViPS Medicare System (VMS) Online Quality Control (OQC)

EFFECTIVE DATE: January 1, 2026

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

IMPLEMENTATION DATE: January 5, 2026

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to update the VMS Online Quality Control (OQC) subsystem to hold Split Claims that have been pulled for review.

II. GENERAL INFORMATION

A. Background: The purpose of this Change Request (CR) is to update the VMS Online Quality Control (OQC) subsystem to hold Split Claims that have been pulled for review.

The VMS OQC subsystem provides the Durable Medical Equipment Medicare Administrative Contractors (DME MACs) with an online method for randomly selecting claims for prepayment quality reviews. Quality monitors can view a “snapshot” of a claim the same day as it processes, before it completes adjudication.

Currently, when a claims analyst goes back into the claim after it is pulled by Quality Assurance (QA) and splits the claim or adds claim lines, that information is not held for review as expected. The claims are processed through the system but display the previous image of the claim without the updates. If the claim was processed incorrectly, the DME MACs would need to make an adjustment to correct it.

VMS will be updated to ensure that any claim lines that are split or added remain “held” in the OQC subsystem after a claims analyst has made changes, preventing the need for follow-up adjustments.

B. Policy: There are no policy changes associated with this instruction.

III. BUSINESS REQUIREMENTS TABLE

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

[illegible]

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	OQC.									

IV. PROVIDER EDUCATION

None

Impacted Contractors: None

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: 0