| CMS Manual System                | Department of Health & Human Services (DHHS)      |
|----------------------------------|---|
| Pub 100-20 One-Time Notification | Centers for Medicare &<br>Medicaid Services (CMS) |
| Transmittal 12487                | <b>Date: January 25, 2024</b>                     |
|                                  | Change Request 12783                              |

SUBJECT: User Enhancement Change Request (UECR): ViPS Medicare System (VMS) – Creation of a New Claim Edit to Stop Creation of a Tenth Adjustment

**I. SUMMARY OF CHANGES:** The purpose of this Change Request (CR) is to stop the creation of a tenth adjustment since there is no valid qualifier. The tenth adjustment will process as a replicate claim, and it will pay the full amount instead of reducing payment by what was previously paid on the ninth adjustment including interest calculated back to the original date of receipt on the claim.

# **EFFECTIVE DATE: July 1, 2024**

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

**IMPLEMENTATION DATE: July 1, 2024** 

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: 12487 Date: January 25, 2024 Change Request: 12783

SUBJECT: User Enhancement Change Request (UECR): ViPS Medicare System (VMS) – Creation of a New Claim Edit to Stop Creation of a Tenth Adjustment

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## I. GENERAL INFORMATION

- **A. Background:** In VMS, the last three digits of the Claim Control Number identify the claim as original, split, replicate or adjustment. These last three digits are referred to as the Qualifier (QQQ). The third Q position indicates that a claim has been adjusted; the system uses the original CCN and changes the last qualifier to a value of 1-9. When a ninth adjustment needs to be adjusted a tenth time a CCN will be created with the qualifier 010 which represents a replicate claim instead of adjustment ten. The purpose of this CR is to create an edit to prevent the creation of a tenth adjustment.
- **B. Policy:** There are no policy changes associated with this instruction.

## II. BUSINESS REQUIREMENTS TABLE

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

| Number  | Requirement   | Responsibility |     |              |         |        |      |      |       |   |
|---------|---|----------------|-----|--------------|---------|--------|------|------|-------|---|
|         |   | A/B            |     | D            | Shared- |        |      |      | Other |   |
|         |   | N              | MA( | $\mathbb{C}$ | M       | System |      |      |       |   |
|         |   |                |     |              | Е       | M      | aint | aine | ers   |   |
|         |   | A              | В   | Н            |         | F      | M    | V    | C     |   |
|         |   |                |     | Н            | M       | I      | C    | M    | W     |   |
|         |   |                |     | Н            | A       | S      | S    | S    | F     |   |
|         |   |                |     |              | С       | S      |      |      |       |   |
| 12783.1 | The contractor shall create a new online edit that will       |                |     |              |         |        |      | X    |       |   |
|         | prompt if an operator attempts to initiate an                 |                |     |              |         |        |      |      |       |   |
|         | adjustment of a claim with the CCN Q3 qualifier equal to '9'. |                |     |              |         |        |      |      |       | ı |
|         | Note: There should be no bypass for this edit.                |                |     |              |         |        |      |      |       | ı |

## III. PROVIDER EDUCATION TABLE

| Number | Requirement | Responsibility |     |              |   |   |
|--------|-------------|----------------|-----|--------------|---|---|
|        |             |                | A/B |              | D | С |
|        |             | 1              | MAC | $\mathbf{C}$ | M | E |
|        |             |                |     |              | Е | D |
|        |             | Α              | В   | Н            |   | I |
|        |             |                |     | Н            | M |   |
|        |             |                |     | Н            | A |   |

| Number | Requirement | Responsibility |     |              |   |   |
|--------|-------------|----------------|-----|--------------|---|---|
|        |             |                |     |              |   |   |
|        |             |                | A/B |              | D | С |
|        |             | 1              | MAC | $\mathbb{C}$ | M | E |
|        |             |                |     |              | E | D |
|        |             | Α              | В   | Н            |   | I |
|        |             |                |     | Н            | M |   |
|        |             |                |     | Н            | A |   |
|        |             |                |     |              | C |   |
|        | None        |                |     |              |   |   |

## IV. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements: N/A

"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

**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