CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal: 12490	**Date: January 25, 2024**
	Change Request 12066

SUBJECT: User Enhancement Change Request (UECR): ViPS Medicare System (VMS)- Update Suppression Adjustment Force Code Processing

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to update the suppression process for adjustment claims when correcting history.

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

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I.   GENERAL INFORMATION

A.   Background: Adjustments are necessary to correct history and not issue payment to the supplier or beneficiary under certain conditions. Adjustment force codes 'B' and/or 'P' are used in ViPS Medicare System (VMS) to suppress payment when correcting history. When these adjustments are created, they should not go to Healthcare Integrated General Ledger Accounting System (HIGLAS). To ensure that the adjustments do not need further manual intervention, VMS shall create a monthly report for the Durable Medical Equipment Medicare Administrative Contractors (DME MACs) to review and complete any action, if applicable.

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 MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
12066.1	The contractor shall not send an adjustment claim to HIGLAS if it contains any combination of the adjustment force codes 'B' or 'P' (suppression codes). If the adjustment claim is for a split pay claim regardless of which suppression code (B or P) is used on the adjustment, the full claim should remain suppressed from HIGLAS for both the beneficiary and the provider portion.							X		
12066.2	The contractor shall create a monthly report for suppressed adjustments that did not interface into HIGLAS Data Elements for Report:							X		

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	• Supplier Number • Supplier NPI • Adjusted ICN (Adjusted Claim) • Original ICN (Claim being adjusted) • ICOR DCN • From Date of Service • To Date of Service • Reason Discovery Code • Paid Date • HICN/MBI • Adjustment Suppression Codes • Supplier Payment Amount Suppressed • Beneficiary Payment Amount Suppressed • OPID									
12066.3	The contractors shall monitor the report and determine if any follow up action is needed on the adjustments.				X					
12066.3.1	The contractors shall complete any actions on the adjustments identified on the report, if applicable.				X					
12066.4	The contractors shall test all changes.				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:

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