CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 10105	**Date: May 8, 2020**
	Change Request 11646

SUBJECT: User CR: ViPS Medicare System (VMS) - Update Waiver of Liability Claim Edits 6142 and 6143

I. SUMMARY OF CHANGES: ViPS Medicare System (VMS) will be updated to plug the claim Line Review Code based on the GA modifier when Waiver of Liability Claim Edits 6142 and 6143 generate.

EFFECTIVE DATE: October 5, 2020 - Business Requirements are effective upon implementation.
Unless otherwise specified, the effective date is the date of service.
IMPLEMENTATION DATE: October 5, 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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I.   GENERAL INFORMATION

A.   Background: One of the Durable Medical Equipment Medicare Administrative Contractors (DME MACs) opened ViPS Medicare System (VMS) Question Control Number (QCN) 6261 to determine why SuperOp is not taking the expected action when claim edit 6142 generates. Claim edit 6142 generates to prompt the operator to check the assigned claim for a Waiver of Liability statement. Claim edit 6143 generates in the same manner for non-assigned claims. These edits can be triggered from online or batch processing. Per QCN 6261, excluding SuperOp Sure Events, batch does not process SuperOp. If the edits generate during online processing, a SuperOp event will resolve the edits by plugging an appropriate Line Review Code. Because batch does not have SuperOp logic tied to the edits, the Line Review Code is not plugged and the claim suspends to be worked online.

If the DME MAC works the claim using the VMS Automated Paperless Exceptions (APEX) subsystem and selects the ALLR mode (processing mode where edits are suspended), the action code is removed; the edit is reset and processed, only to be set again in batch. If the DME MAC works the claim manually, the claim will hit the 6142 SuperOp event and finalize correctly. This Change Request (CR) will update VMS to ensure claim edits 6142/6143 will plug the Y if there is a GA modifier and N if there is no GA modifier. This CR will prevent operators from having to manually key the Line Review Code and ensure these claims are processed timely. If the claim is denied, the appropriate liability will be assigned, and no longer suspend for manual intervention.

B.   Policy: N/A

II.   BUSINESS REQUIREMENTS TABLE

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

Number	Requirement	Responsibility								
		A/B MAC			D M E M A C	Shared-System Maintainers				Other
		A	B	H H H		F I S S	M C S	V M S	C W F	
11646.1	The contractor shall update VMS batch processing that currently generates claim edit 6142, to no longer generate the edit and instead plug a 'Y' in the Line Review Code when the GA modifier is present or 'N'							X		

Number	Requirement	Responsibility								
		A/B MAC			D M E MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	in the Line Review Code if the GA modifier is not present.									
11646.2	The contractor shall update VMS batch processing that currently generates claim edit 6143, to no longer generate the edit and instead plug a 'Y' in the Line Review Code when the GA modifier is present or 'N' in the Line Review Code if the GA modifier is not present.							X		
11646.3	The contractor shall update VMS to eliminate Line Review Code 'O' indicating the Waiver of Liability is attached but not acceptable.							X		
11646.4	Contractors shall ensure the requirements of this CR are effective for all claims processed after the changes are implemented.							X		

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			D M E MAC	C E D I
		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

Pre-Implementation Contact(s): Kay Curry, 410-786-1801 or Kay.Curry@cms.hhs.gov , Stacey Ndelle, 410-786-8208 or Stacey.Ndelle@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