

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 13052	Date: January 16, 2025
	Change Request 13787

SUBJECT: User Enhancement Change Request (UECR): ViPS Medicare System (VMS) - Create Error Message in the Beneficiary Information Tracking System (BITS) to Limit the Prior Authorization (PA) Healthcare Common Procedure Coding System (HCPCS) within a Unique Tracking Number (UTN)

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to create an Error Message in BITS that will limit the PA HCPCS within a Unique Tracking Number (UTN) to meet the current Common Working File (CWF) allowable amount of forty (40) HCPCS.

EFFECTIVE DATE: July 1, 2025

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

IMPLEMENTATION DATE: July 7, 2025

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

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
13787.2	<p>The contractor shall prompt a verification message when the operator enters the 40th HCPCS for the UTN. A positive response shall allow the operator to add the HCPCS to the UTN and a negative response shall re-display the screen.</p> <p>Note: The records where the effective dates are equal (deleted) should not be counted as one of the 40 HCPCS attached to the UTN.</p>							X		
13787.3	<p>The contractor shall add a field that will display the total number of HCPCS attached to the UTN on the BITS – ADMC LIST Screen when the operator enters the UTN as a selection criteria from the BENEFICIARY INFORMATION TRACKING SYSTEM MENU.</p> <p>Note: The records where the effective dates are equal (deleted) should not be counted as one of the 40 HCPCS attached to the UTN.</p>							X		
13787.4	<p>The contractor shall create a report prior to the beginning of the User Acceptance Testing (UAT) period of the beneficiaries who have 39 or more HCPCS attached to the same UTN. This report should be provided to the DME MACs at the start of UAT.</p>							X		

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:
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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):

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ATTACHMENTS: 0