CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 10095	**Date: April 30, 2020**
	Change Request 11559

Transmittal 2429, dated February 7, 2020, is being rescinded and replaced by Transmittal 10095, April 30, 2020, to remove business requirement 11559.2 and update 11559.17 to clarify the requirement. All other information remains the same.

SUBJECT: Updates to Ensure the Original 1-Day and 3-Day Payment Window Edits are Consistent With Current Policy

I. SUMMARY OF CHANGES: The purpose of this change request is to ensure the original 1-Day and 3-Day Payment Window edits' set and bypass conditions, implemented in 1990, are consistent with current policy.

EFFECTIVE DATE: July 1, 2020 - The business requirements are effective for all dates of service processed on or after January 6, 2020.
Unless otherwise specified, the effective date is the date of service.
IMPLEMENTATION DATE: July 6, 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

Pub. 100-20	Transmittal: 10095	Date: April 30, 2020	Change Request: 11559

Transmittal 2429, dated February 7, 2020, is being rescinded and replaced by Transmittal 10095, April 30, 2020, to remove business requirement 11559.2 and update 11559.17 to clarify the requirement. All other information remains the same.

SUBJECT: Updates to Ensure the Original 1-Day and 3-Day Payment Window Edits are Consistent With Current Policy

EFFECTIVE DATE: July 1, 2020 - The business requirements are effective for all dates of service processed on or after January 6, 2020.
Unless otherwise specified, the effective date is the date of service.
IMPLEMENTATION DATE: July 6, 2020

I.   GENERAL INFORMATION

A.   Background: During the development of another Change Request, the Centers for Medicare & Medicaid Services (CMS) determined that updates to the Common Working File (CWF) 1-day and 3-day payment window edits are necessary to ensure they are consistent with current policy.

B.   Policy: There are no policy changes. Current policy may be found in Publication 100-04, Medicare Claims Processing Manual, Chapter 4, §10.12, "Payment Window for Outpatient Services Treated as Inpatient Services" and Chapter 3, §40.3, "Outpatient Services Treated as Inpatient Services".

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	
11559.1	The Medicare contractor shall modify CWF A/B Crossover edits '7109', '7113', '7114' and '7115' to read the 3rd digit of the CMS Certification Number (CCN) on inpatient and outpatient claims when an alpha character is present to determine a match.								X	
11559.2	This business requirement has been deleted.								X	
11559.3	The Medicare contractor shall modify CWF A/B Crossover edits '7119', '7120', '7121' and '7122' to read the 3rd digit of the CCN on an Outpatient claim when an Alpha Character is present to determine a match.								X	
11559.4	The Medicare contractor shall modify A/B Crossover edits '7119', '7120', '7121' and '7122' to read the 4th								X	

Number	Requirement	Responsibility								Other
		A/B MAC			DME MAC	Shared-System Maintainers				
		A	B	HHH	MAC	FISS	MCS	VMS	CWF	
	digit of the CCN on an Outpatient claim when the 3rd digit is 'S' or 'T' to determine a match.									
11559.5	The Medicare contractor shall modify A/B Crossover edits '7109', '7113', '7114', '7115', '7119', '7120', '7121' and '7122' by adding the following bypass condition: • When Healthcare Common Procedure Coding System (HCPCS) code 'G0257' is present with any revenue code.								X	
11559.6	The Medicare contractor shall modify A/B Crossover edits '7114', '7115', '7121', and '7122' to not bypass if the Line Item Date of Service (LIDOS) equals the admission date when Condition Code (CC) '51' is present. The existing bypass applies to CC '51' if LIDOS does not equal the admission date. This is effective for LIDOS on or after 06/25/2010.								X	
11559.7	The Medicare contractor shall modify A/B Crossover edits '7109', '7113', '7114', '7115', '7119', '7120', '7121' and '7122' to remove reference to Occurrence Span Code (OSC) '72'. Use LIDOS or if no LIDOS read the Statement Covered Date (STMT COV DT).								X	
11559.8	The Medicare contractor shall ensure the following cardiac HCPCS are reflected in the set condition for CWF A/B Crossover edits '7109', '7113', '7119', and '7120'. '93451' - '93464' added 01/1/2011 '93503' added 01/01/1984 '93505' added 01/01/1984 '93530' - '93533' added 01/01/1998 '93561' - '93562' added 01/01/1984 '93563' - '93568' added 01/01/2011 '93571' added 01/01/1999 '93572' added 01/01/1999								X	

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	
	'93580' - '93581' added 01/01/03 '93582' - '93583' added 01/01/2014 '93590' - '93592' added 01/01/2017 'G0278' added 01/01/2003									
11559.9	The Medicare contractor shall ensure the following mammography HCPCS are reflected in the set condition for CWF A/B Crossover edits '7109', '7113', '7119', and '7120'. '76092' from 01/01/90 - 12/31/06 'G0203' from 04/01/01 - 12/31/01 'G0202' from 04/01/01 - 12/31/17 '76085' from 01/01/02 - 12/31/03 '76083' from 01/01/04 - 12/31/06 '77052' from 01/01/07 - 12/31/16 '77057' from 01/01/07 - 12/31/16 '77063' from 01/01/17 - present '77067' from 01/01/18 - present								X	
11559.10	The Medicare contractor shall modify the 'Therapeutic' edits '7114', '7115', '7121' and '7122' to be identified as 'Non-Diagnostic' edits.								X	
11559.11	The Medicare contractor shall identify all Revenue Codes not found in the diagnostic lists for '7109', '7113', '7119', and '7120' to apply to the Non-Diagnostic edits.								X	
11559.12	The Medicare contractor shall add a header level bypass to A/B Crossover edits '7109', '7113', '7114' and '7115'.								X	
11559.12.1	The Medicare contractors shall only override the payment window edits with CMS approval.	X								

Number	Requirement	A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	Note: Medicare Administrative Contractors (MACs) shall follow existing procedures in obtaining CMS approval.									
11559.13	The Medicare contractor shall ensure the following bypass conditions apply to A/B Crossover edits '7109' and '7113' based on incoming or history. • Type of Bill (TOB) '85x' • TOB '12x' • TOB '14x' for following providers 'xx1300-xx1399' • Demonstration (DEMO) 31 (Department of Veterans Affairs (VA) present) • Cancer Providers History Inpatient Cancer Provider is equal to '050146', '050660', '100079', '100271', '220162', '330154', '330354', '360242', '390196', '450076', '500138'								X	
11559.14	The Medicare contractor shall ensure the following bypass conditions apply to A/B Crossover edits '7114' and '7115' based on incoming or history. • TOB '85x' • TOB '12x' • TOB '14x' 'xx1300-xx1399' • DEMO '31' (VA) • Cancer Providers History Inpatient Cancer Provider is equal to '050146', '050660', '100079', '100271', '220162', '330154', '330354', '360242', '390196', '450076', '500138'.								X	
11559.15	The Medicare contractor shall ensure the following bypass conditions apply to A/B Crossover edits '7119' and '7120' based on incoming or history. • Maryland Provider '21-xxxxx' • TOB '12x' • TOB '85x' • TOB '14x' for following providers 'xx1300-xx1399' • DEMO '31' (VA)								X	

Number	Requirement	A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
11559.16	The Medicare contractor shall ensure the following bypass conditions apply to A/B Crossover edits '7121' and '7122' based on incoming or history. • Maryland Provider '21-xxxxx' • TOB '12x' • TOB '85x' • TOB '14x' for following providers 'xx1300-xx1399' • DEMO '31' (VA)								X	
11559.17	The Medicare contractor shall ensure the changes made in this Change Request match the documentation for A/B Crossover edits '7109', '7113', '7114', '7115', '7119', '7120', '7121' and '7122'.								X	

III.   PROVIDER EDUCATION TABLE

Number	Requirement	A/B MAC			DME MAC	CEDI
		A	B	HHH		
11559.18	MLN Article: CMS will make available an MLN Matters provider education article that will be marketed through the MLN Connects weekly newsletter shortly after the CR is released. MACs shall follow IOM Pub. No. 100-09 Chapter 6, Section 50.2.4.1, instructions for distributing MLN Connects information to providers, posting the article or a direct link to the article on your website, and including the article or a direct link to the article in your bulletin or newsletter. You may supplement MLN Matters articles with localized information benefiting your provider community in billing and administering the Medicare program correctly. Subscribe to the "MLN Matters" listserv to get article release notifications, or review them in the MLN Connects weekly newsletter.	X				

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): Cami DiGiacomo, Cami.digiacomo@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