

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 11659	Date: October 21, 2022
	Change Request 12589

Transmittal 11623, dated September 30, 2022, is being rescinded and replaced by Transmittal 11659, dated, October 21, 2022, to add a note to business requirements 12589.3.1 and 12589.3.2, clarifying the implementation schedule for the new edit. All other information remains the same.

SUBJECT: Updates to the Common Working File (CWF) for Editing and Claims Processing to Allow Medicare Fee-For-Service (FFS) Coverage of Kidney Acquisition Costs for Medicare Advantage (MA) Beneficiaries Provided by Maryland Waiver (MW) Hospitals

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to update the CWF edits and claims processes to allow Medicare FFS coverage and add-on payment of kidney acquisition costs for MA beneficiaries provided by MW hospitals.

EFFECTIVE DATE: January 1, 2021 - Effective for claims with an admission date on or after January 01, 2021.

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

IMPLEMENTATION DATE: July 5, 2022 - For CWF analysis, requirements, and initial coding; October 3, 2022 - For CWF coding completion, testing, and implementation.

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			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		
	<p>Auto Adjust Indicator ‘A’.</p> <ul style="list-style-type: none"> If incoming FFS claim with same Dates of Service as Kidney Acquisition Cost in history, apply UR ‘5600’. 										
12589.1.3	<p>The SSM shall not apply utilization to the Beneficiary spell record, or apply to rebuild process, or apply to spell during XREF Merge process for claims with Kidney Acquisition Cost with CC ‘04’/ Value Code ‘QK’.</p> <p>NOTE: This includes auto cancel or auto adjustment process.</p>								X		
12589.1.4	The SSM shall write the Kidney Acquisition Cost claim with CC ‘04’/ Value Code ‘QK’ to full claim history.									X	
12589.1.5	The SSM shall apply Kidney Acquisition Cost claims with CC ‘04’/ Value Code ‘QK’ to the National Claims History (NCH) file and also to the special file to HCFA Data Center (HDC) as currently applied with IME/GME claims (CC 04/69).									X	
12589.2	The SSM shall create a new claim level consistency edit to ensure Value Code ‘QK’ is only carried on TOB 11x.									X	
12589.2.1	The SSM shall accept the new CWF consistency edit and assign a claim level reason code when the edit is received.					X					
12589.2.2	The Medicare contractors shall set the new claim level reason code to Return to Provider.	X									
12589.3	The SSM shall create a new consistency edit to validate that value code ‘QK’ is billed with an amount greater than zero.									X	
12589.3.1	<p>The SSM shall accept the new CWF consistency edit and assign a claim level reason code when the edit is received.</p> <p>Note: The reason code narrative shall be distributed with the A20224DP release on November 10, 2022.</p>					X					
12589.3.2	<p>The Medicare contractors shall set the new claim level reason code to Return to Provider.</p> <p>Note: The reason code shall be distributed with the A20224DP release on November 10, 2022.</p>	X									

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			D M E M A C	C E D I
		A	B	H H H		
	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): Yvette Rivas, yvette.rivas@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