

<b>CMS Manual System</b>	<b>Department of Health &amp; Human Services (DHHS)</b>
<b>Pub 100-20 One-Time Notification</b>	<b>Centers for Medicare &amp; Medicaid Services (CMS)</b>
<b>Transmittal 13009</b>	<b>Date: December 18, 2024</b>
	<b>Change Request 13772</b>

**Transmittal 12939 issued November 1, 2024, is being rescinded and replaced by Transmittal 13009, dated December 18, 2024, to revise the effective and implementation dates to clarify that all business requirements will be implemented with the July 2025 release. All other information remains the same.**

**SUBJECT: User Enhancement Change Request (UECR): ViPS Medicare System (VMS) – Improve Processing of Capped Rental Items Billed with RT (right) / LT (left) Modifiers**

**I. SUMMARY OF CHANGES:** The purpose of this Change Request (CR) is to implement changes resulting from discussions held with stakeholders during calls for a previous CR. This CR will update areas of VMS to reduce the manual intervention needed for Capped Rental Items Billed with the RT/LT Modifiers.

**EFFECTIVE DATE: April 1, 2025; July 1, 2025**

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

**IMPLEMENTATION DATE: April 7, 2025 - Analysis, Design, Coding, Testing; July 7, 2025 - Analysis, Design, Coding, 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.

<b>R/N/D</b>	<b>CHAPTER / SECTION / SUBSECTION / TITLE</b>
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: 13009	Date: December 18, 2024	Change Request: 13772
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## **II. GENERAL INFORMATION**

**A. Background:** The purpose of this Change Request (CR) is to implement changes resulting from discussions held with stakeholders during calls for a previous CR. This CR will update areas of VMS to reduce the manual intervention needed for Capped Rental Items Billed with the RT/LT Modifiers.

The VMS VDME subsystem tracks rental counts for capped rental procedure codes. Currently, on the VDME Supplier Data Entry Screen, the Submitted and Approved Healthcare Common Procedure Coding System (HCPCS) fields can only accommodate up to two pricing modifiers. VMS uses the RT/LT modifier(s) along with the base code and additional pricing modifiers to determine payment. However, VMS requires manual intervention by the operator to ensure the item(s) for the RT and/or LT process correctly. Of the various capped rental items billed with the RT/LT modifiers, the Durable Medical Equipment Medicare Administrative Contractors (DME MACs) identified the following that require manual involvement:

- E1028 is the most difficult for processing because this code can be used for six different items. Processing one claim with this code and RT/LT modifiers takes 30-45 minutes depending on how many times the code is billed on the same claim.
- E2228, E1020, E2368, E2369, E2370, K0015, K0070.

This enhancement will reduce the manual effort needed to recognize and process items billed with the RT/LT modifiers. It will also reduce the risk of operator errors.

**B. Policy:** There are no policy changes associated with this instruction.

## **III. 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			
13772.1	The contractor shall update VMS to allow the creation of multiple CMNs for capped rental HCPCS E1028RR, E2228RR, E1020RR, E2368RR, E2369RR, E2370RR, K0015RR, and K0070RR. Claims editing associated with restricting multiple CMNs for these items will also be modified.  Note: This functionality already exists in VMS for IRP (Inexpensive and Regularly purchased) HCPCS.								X			
13772.1.1	The contractor shall modify the text that displays for the 'RL' PROC Option on the APPL/4 - MPR PROCESSING OPTIONS screen to no longer indicate that it is exclusive to IRP items.								X			
13772.1.2	The contractor shall ensure that the HCPCS E1028RR, E2228RR, E1020RR, E2368RR, E2369RR, E2370RR, K0015RR, and K0070RR are updated to include the 'RL - DME Equipment with LR/RT MODIFIER' PROC Option on the APPL/4/M3 - MPR PROCESSING OPTIONS screen.				X							
13772.2	The contractor shall update the claims functionality to allow the DME MACs to specify which dummy CMN QCN is to be attached to the claim line when the HCPCS contains the 'RL' and 'DR' PROC Options.								X			
13772.3	The contractor shall update VMS to display a new inquiry list screen of all open QCNs for all HCPCS associated with the 'RL' and 'DR' PROC Options in VDME for a single beneficiary.								X			
13772.4	The contractor shall update the VMS manual to further define each PROC Option.								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.*

<b>X-Ref Requirement Number</b>	<b>Recommendations or other supporting information:</b>
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**Section B: All other recommendations and supporting information:N/A**

**VI. CONTACTS**

**Pre-Implementation Contact(s):** Kay Curry, 410.786.1801 or Kay.Curry@cms.hhs.gov

**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**