CMS Manual System

Pub. 100-20 One-Time Notification

Department of Health & Human Services (DHHS)
Centers for Medicare & Medicaid Services (CMS)

Transmittal 78	Date: APRIL 30, 2004

CHANGE REQUEST 3190

I. SUMMARY OF CHANGES: All existing fields in CWF that have override capability will be replaced with a new functionality. The existing 1-byte override code indicator will be replaced with a new 4-byte field, enabling users to enter edit error code(s) to initiate programmatic bypass logic. Ten new bypass fields will be available for each claim, five for header and five for line Item application.

Once a claim that has been rejected with an applicable error and local research has determined that the edit does not apply, the edit error number would be inserted on the claim prior to resubmission. The edit would then be bypassed in the CWF system

NEW/REVISED MATERIAL - EFFECTIVE DATE: October 1, 2004
*IMPLEMENTATION DATE: October 4, 2004

Disclaimer for manual changes only: The revision date and transmittal number apply to the red italicized material only. 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:
   (R = REVISED, N = NEW, D = DELETED)

R/N/D	CHAPTER/SECTION/SUBSECTION/TITLE
N/A	

*III. FUNDING:

These instructions shall be implemented within your current operating budget.

IV. ATTACHMENTS:

	Business Requirements
	Manual Instruction
	Confidential Requirements
X	One-Time Notification
	Recurring Update Notification

*Medicare contractors only

Attachment - One-Time Notification

Pub. 100-20	Transmittal: 78	Date: April 30, 2004	Change Request 3190

SUBJECT: Renovate Override Code Processing In Common Working File

I. GENERAL INFORMATION

A. Background

Over the recent years the Common Working File (CWF) has seen a trend of new requirements to bypass CWF edits resulting from CMS requests and legislative mandates. With increasing frequency, new edit errors are being added with unique bypass criteria. Currently, a 1-byte override code is used to bypass a particular edit. Due to a limited amount of available space on the current claim structures, CWF will soon hit limits that will prohibit additional edits to be bypassed using the same technique. In addition, the user community is being inundated with new fields and values that must also be incorporated into their local systems.

In addition to renovating the CWF override process; the Part B CWF claim record will be modified to allow for two additional 2-byte modifier fields. This modification will allow the Part B carriers to submit up to four modifiers per line item to CWF.

Current Processing:

The current CWF system has override codes for over a dozen different edit types, such as HHPPS, SNF, PT/OT, DMERC, HMO, Hospice, MSP etc. The override code concept is currently used for all claim types. It is utilized in both header and detail line item bypasses, further complicating the meanings and consistencies between edit bypass fields. With each additional bypass, the level of complexity is also increased. If an override code is present, other information may or may not be required depending on the particular value. In addition, this one byte indicator in some cases has multiple values for controlling different edits using a single field. For example, the ED Override field has the following values:

1 – Previous A/B crossover reject was investigated. Bypass A/B crossover edit.
2 – Bypass Deceased UPIN edit.
3 – Bypass PT/OT edits.
The ED Override field does not allow both the PT/OT and the Deceased UPIN edits to be bypassed since only 1 value may be used.

New Approach:

All existing fields in CWF that have override capability will be replaced with a new functionality. The existing 1-byte override code indicator will be replaced with a new 4-byte field; enabling users to enter edit error code(s) to initiate programmatic bypass logic.

Ten new bypass fields will be available for each claim, five for header and five for line Item application.

Once a claim that has been rejected with an applicable error and local research has determined that the edit does not apply, the edit error number would be inserted on the claim prior to resubmission. The edit would then be bypassed in the CWF system.

The new approach will be separated into two parts. Part one (CR 3190) will be the necessary CWF copybook changes to add the new fields to the CWF claim records. The CWF copybook records will be modified to add the ten 4-byte fields for the override renovation as well as adding the two additional 2-byte modifier fields to the Part B carrier copybook. New data from the Shared Systems will not be added to the new fields until a later date.

Part one will include the necessary CWF history conversions.

Part two will consist of the use of the new edit codes as applicable override codes as well as the submission of the additional modifiers for Part B claims. (Future release.)

B. Policy: Not Applicable. There is no specific Medicare Regulation tied to this CR.

C. Provider Education: None.

II. BUSINESS REQUIREMENTS

"Shall" denotes a mandatory requirement
"Should" denotes an optional requirement

Requirement #	Requirements	Responsibility
3190.1	CWF shall add ten 4-byte fields to each of the following CWF copybooks: HUIP, HUOP, HUHH, HUHC, HUBC, HUDC. Five 4-byte fields will be added to the header portion of the record and five 4-byte fields added at the Line Item Level.	CWF
3190.2	SSMs shall add ten 4-byte fields to each of the following to the CWF query records: HUIP, HUOP, HUHH, HUHC, HUBC, HUDC. Five 4-byte fields will be added to the header portion of the record and five 4-byte fields added at the Line Item Level.	Shared System Maintainers

3190.3	Part B Carrier SSMs shall add two 2-byte fields for modifiers to the HUBC CWF query record. Two 2-byte fields will be added at the line level.	Part B Carrier Shared System Maintainers
3190.4	CWF shall add to the history record in HIMR five 4-byte fields to the header portion of a claim record and five 4-byte fields at the Line Item Level.	CWF
3190.5	CWF shall add to the Part B history record in HIMR two 2-byte fields at the line level.	CWF
3190.6	CWF shall add ten 4-byte fields to the record that gets sent to NCH. Five 4-byte fields will be added to the header portion of the record and five 4-byte fields added at the Line Item Level.	CWF NCH
3190.7	CWF shall add two 2-byte fields for modifiers to the record that gets sent to NCH. Two 2-byte fields will be added at the line level.	CWF NCH

III. SUPPORTING INFORMATION & POSSIBLE DESIGN CONSIDERATIONS

A. Other Instructions: N/A

X-Ref Requirement #	Instructions

B. Design Considerations: N/A

X-Ref Requirement #	Recommendation for Medicare System Requirements

C. Interfaces: N/A

D. Contractor Financial Reporting /Workload Impact: N/A

E. Dependencies: N/A

F. Testing Considerations: N/A

IV. SCHEDULE, CONTACTS, AND FUNDING

Effective Date: October 1, 2004 **Implementation Date: October 4, 2004** **Pre-Implementation Contact(s):** Kim Suhr (410)786-1023 **Post-Implementation Contact(s):** Kim Suhr (410)786-1023	**These instructions should be implemented within your current operating budget.**

Attachment

<p style="text-align: center">Attachment One</p>
<p style="text-align: center">Edits that are allowed to be overridden in CWF (by claim type)</p>

HUBC/HUDC

HEADER:
ED Override a/b crossover, Deceased UPIN(D930), PT/OT limitations (8022, 8024, 5412, 5413)
Hospice Override (7010)
GHO Override (5232)
ALIEN Override (538Q)

DETAIL:
MSP Code: (6803)
CB Override Consolidated Billing Home Health(5389,5390,7702,7703)
SNF(7253,7257,7258,7259,7260,7261,7269)
DS Override DME (5512)
DUP Override (DME DUP EDITS DA02, DA05, DA06, DA07, and DA09)

HUOP/HUHH/HUHC

HEADER:
ALIEN Override (538Q)
HMO Override (5233 & 5234)

DETAIL:
Special Action Override Code (6803, 7274)
CB Override Consolidated Billing- Home Health (5389, 5390, 7702, 7703) SNF(7251, 7252, 7253, 7254, 7255, 7257)
PT/OT override code – (8022, 8024, 5412, 5413)

HUIP
HEADER:
Transfer Code for Deductible Override Code- A and B and 1-3
Alien Override (538Q)
HMO Override (5233 & 5234)
Special Action Override Code (6803)

The same edits that apply to the Informational Unsolicited and Unsolicited Response Process will not generate if the override code is present. Example: if HMO override is set then no Unsolicited Response will generate for the HHMO overlay (5233). If the CB override code is set, then the Informational Unsolicited Response will not generate for the Consolidated Billing edits process.