CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 11623	**Date: September 30, 2022**
	Change Request 12589

Transmittal 11240, dated January 27, 2022, is being rescinded and replaced by Transmittal 11623, dated, September 30, 2022 to add business requirements 12589.3, 12589.3.1, and 12589.3.2. 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

Attachment - One-Time Notification

Pub. 100-20	Transmittal: 11623	Date: September 30, 2022	Change Request: 12589

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I. GENERAL INFORMATION

A. Background: The CWF Maintainer performed analysis under per CMS direction to identify and document the editing and claims processing to allow Medicare FFS coverage of kidney acquisition cost for MA beneficiaries provided by MW hospitals, utilizing the current processes for supplemental payments for Indirect Medical Education (IME) and/or Graduate Medical Education (GME). This CR implements the identified changes.

B. Policy: No new policy.

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	
12589.1	The Shared System Maintainer (SSM) shall identify Kidney Acquisition Costs submitted by MW Hospitals for MA beneficiaries as follows: • Type of Bill (TOB) 11x (excluding 110) • Condition Code (CC) 04 is present • Claim with admission date on or after January 1, 2021								X	

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	• Value Code 'QK' and amount greater than zero • Health Maintenance Organization (HMO) Paid Field is '0'									
12589.1.1	The SSM shall modify all edits that apply to IME and/or GME (CC 04/69) to utilize the same logic for Kidney Acquisition Costs with CC '04' and Value Code 'QK'.								X	

12589.1.2	The SSM shall apply the same logic for Utilization Reject (UR) 5600 (duplicate) processing that applies to IME/GME (CC 04/69) to utilize the same logic for Kidney Acquisition Costs with CC '04' and Value Code 'QK'.
	• Bypass UR '5600' if Dates of Service equal following in history:
	  • HMO Paid with same Dates of Service
	  • HMO Paid based on same day transfer
	  • IME/GME (CC 04/69) with same Dates of Service
	  • FFS with same Dates of Service
	• Bypass UR '5600', if incoming HMO Paid or IME/GME (CC 04/69) and in history is the same DOS and has Kidney Acquisition Costs with CC '04' and Value Code 'QK'.
	• Apply UR '5600', if Kidney Acquisition Costs with CC '04' and Value Code 'QK' in history.
	• Apply UR '5600', if both Kidney Acquisition Costs with CC '04'and Value Code 'QK and IME/GME CC 69 on same claim in history or vice versa.
									X	

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	NOTE: CWF System shall continue to apply the auto cancel logic (Trailer 20/L1002) if FFS claim with the same Dates of Service is posted to history and apply Auto Adjust Indicator 'A'. • If incoming FFS claim with same Dates of Service as Kidney Acquisition Cost in history, apply UR '5600'.									
12589.1.3	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'. **NOTE:** This includes auto cancel or auto adjustment process.								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	The SSM shall accept the new CWF consistency edit and assign a claim level reason code when the edit is					X				

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	received.									
12589.3.2	The Medicare contractors shall set the new claim level reason code to Return to Provider.	X								

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			DME MAC	CEDI
		A	B	HHH		
	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