| CMS Manual System |  <br> Human Services (DHHS) |
| :--- | :--- |
| Pub 100-04 Medicare Claims Processing |  <br> Medicaid Services (CMS) |
| Transmittal 2705 | Date: May 17, 2013 |
|  | Change Request 8319 |

## SUBJECT: Common Edits and Enhancements Modules (CEM) Code Set Update

I. SUMMARY OF CHANGES: The Medicare Shared System Maintainers of the CEM software shall obtain the most recent external code sets, and use them to update the necessary tables and/or reference files as part of the CEM software utilized by the A/B MACs. This change became recurring with updates to Pub. 100-04, Chapter 24, Section 50.3

EFFECTIVE DATE: October 1, 2013
IMPLEMENTATION DATE: October 7, 2013
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, $\mathrm{N}=\mathrm{NEW}, \mathrm{D}=\mathrm{DELETED}-$ Only One Per Row.

| R/N/D | CHAPTER / SECTION / SUBSECTION / TITLE |
| :--- | :--- |
| N/A |  |

## III. FUNDING:

For Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs) and/or Carriers: Not Applicable

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 obliged 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:

## Recurring Update Notification

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

# Attachment - Recurring Update Notification 

| Pub. 100-04 | Transmittal: 2705 | Date: May 17, 2013 | Change Request: 8319 |
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SUBJECT: Common Edits and Enhancements Modules (CEM) Code Set Update

EFFECTIVE DATE: October 1, 2013
IMPLEMENTATION DATE: October 7, 2013

## I. GENERAL INFORMATION

A. Background: The Medicare Fee-for-Service program has made significant changes to the Medicare Administrative Contractor (MAC) local data center front end systems. These changes include the newly developed CEMs (Part A and Part B developed) for version 5010. In order for the CEMs to correctly and accurately edit the inbound Accredited Standards Committee (ASC) X12 version 5010837 Institutional, 837 Professional claims, and the 276 Claim Status Inquiry, several code set updates are required. As part of this change request (CR), the shared system maintainers shall review the latest published code sets, and make the necessary updates to the tables developed under CR 7392, Transmittal 917, dated July 21, 2011. These changes shall then be included on the reference file updates the A/B MACs receive from the shared systems.

The Medicare Shared System Maintainers of the CEM software shall obtain the most recent external code sets, and use them to update the necessary tables and/or reference files as part of the CEM software utilized by the A/B MACs. This change became recurring with updates to Pub. 100-04, Chapter 24, Section 50.3
B. Policy: Health Insurance Reform: Modifications to the Health Insurance Portability and Accountability Act (HIPAA): Final Rules published in the Federal Register on January 16, 2009, by the DHHS at 45 CFR Part 162.

## II. BUSINESS REQUIREMENTS TABLE

"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.



## III. PROVIDER EDUCATION TABLE



## IV. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements: N/A
"Should" denotes a recommendation.

| X-Ref <br> Requirement <br> Number | Recommendations or other supporting information: |
| :--- | :--- |
|  |  |

## Section B: All other recommendations and supporting information: N/A

## V. CONTACTS

Pre-Implementation Contact(s): Jason Jackson, 410-786-6156 or jason.jackson@cms.hhs.gov, Angie Bartlett, 410-786-2865 or angie.bartlett@cms.hhs.gov

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR) or Contractor Manager, as applicable.

## VI. FUNDING

## Section A: For Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs), and/or Carriers:

Not Applicable

## Section B: For Medicare Administrative Contractors (MACs):

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