CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services CMS)
Transmittal 552	Date: September 4, 2009
	Change Request 6636

Subject: Implementation of the Health Insurance Portability and Accountability Act (HIPAA) Version 005010 Common Edits and Enhancements Module File Preparation (for FISS Only)

I. SUMMARY OF CHANGES: The purpose of this CR is to provide requirements to the maintainer of FISS only, in the creation and disposition of the files necessary to perform the 5010 editing. This editing will take place at the A/B MAC Local Data Center (LDC) post translation into a Medicare compliant flat file.

New / Revised Material
Effective Date: January 1, 2010
Implementation Date: January 4, 2010

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	

III. FUNDING:
SECTION A: For Fiscal Intermediaries and Carriers:
Not applicable.

SECTION B: 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

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

Attachment – One-Time Notification

Pub. 100-20	Transmittal: 552	Date: September 4, 2009	Change Request: 6636

SUBJECT: Implementation of the Health Insurance Portability and Accountability Act (HIPAA) Version 005010 Common Edits and Enhancements Module File Preparation (for FISS Only)

Effective Date: January 1, 2010

Implementation Date: January 4, 2010

I.   GENERAL INFORMATION

A.   Background: The Centers for Medicare and Medicaid Services (CMS) is in the process of implementing the next version of the HIPAA transactions.

The Secretary of the Department of Health and Human Services (DHHS) has promulgated in the Final Rules provisions which permit dual use of existing standards Accredited Standards Committee (ASC) X12 version 004010A1 and the new version of the ASC X12 standards version 005010 from the March 17, 2009, effective date until the January 1, 2012 compliance date to facilitate testing subject to trading partner agreement.

CMS is directing the development of Common Edits and Enhancements software modules to establish consistent editing, acknowledgement, and error handling of electronic transactions across Medicare Administrative Contractor (MAC) jurisdictions. This software will be developed by the Medicare shared system maintainers, and implemented by each A/B MAC in their local data center. This software will be executed during electronic data interchange (EDI) transaction exchange. Each A/B MAC will integrate the Common Edits and Enhancements Modules into their Front-End Systems for both inbound and outbound EDI transaction processing. Inbound transactions (e.g. claim, claim status inquiry) will be processed by the A/B MAC translator and use the supplied modules for detailed editing. When errors are determined by the supplied modules, a 005010X214 277 Health Care Claim Acknowledgment (277CA) acknowledgement flat file will be returned to the A/B MAC translator; A/B MACs will need to use their translator to produce the ASC X12 277CA transaction as the standard explanation of error conditions. In addition, the supplied modules will assign claim control numbers to accepted claims and perform overall balancing and control reporting for HIPAA EDI files exchanged with the Enterprise Data Center (EDC).

FISS shall continue to receive National Uniform Billing Committee (NUBC) code updates as FISS does today via CRs.

The purpose of this CR is to provide requirements to the maintainer of FISS only, in the creation and disposition of the files necessary to perform the 5010 editing. This editing will take place at the A/B MAC Local Data Center (LDC) post translation into a Medicare compliant flat file.

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 Department of Health and Human Services 45 CFR Part 162.

II. BUSINESS REQUIREMENTS TABLE

Number	Requirement	A / B MAC	D M E M A C	F I	C A R R I E R	R H H I	FISS	MCS	VMS	CWF	OTHER
							Shared-System Maintainers				
6636.1	FISS shall develop an automated process to be run daily at the EDCs to automatically extract data from applicable FISS files and/or tables required to perform common front end validation and relational editing of the 837 and 276 flat files.						X				
6636.1.1	FISS must accommodate the specific contractor ID or IDs of the cycle being processed and extract data applicable to that given workload.						X				
6636.2	FISS shall develop an automated process to retrieve the data extracts and/or load data tables to be used by the front end common Edit and Enhancements application.						X				
6636.3	FISS shall develop a process to create an Edit Reference File for Trading Partner Information and Provider information which is to be run by the LDCs to communicate trading partner information in a specified file layout format, so that the contractor's trading partner systems and FISS CEM software are synced up on a daily basis.						X				
6636.4	FISS shall procure national code sets required to perform certain edits on inbound 5010 transactions and shall provide the ability to update each code list, and provide an audit trail report for each update.						X				
6636.4.1	FISS shall procure and implement the State Code List; Code source 22 from Implementation Guide: States and Provinces						X				
6636.4.2	FISS shall develop a process to edit the last four digits of zip codes used on the claim do not equal all nines and do not equal all zeros (this will allow FISS to continue to use the zip code file provided by CMS).						X				
6636.4.3	FISS shall procure and implement the Country Code and Country Code Subdivision list; Code source 5 from Implementation Guide: Countries, Currencies and Funds – Part 1 and Part 2						X				
6636.4.4	FISS shall develop a process to share current NUBC condition codes with MCS.						X				
6636.4.5	FISS shall procure and implement the National Drug Code by Format; Code source 240 from Implementation Guide: National Drug Code by Format						X				

III.   PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B MAC	DME MAC	FI	CARRIER	RHHI	Shared-System Maintainers				OTHER
							FISS	MCS	VMS	CWF	
	None.										

IV.   SUPPORTING INFORMATION

Section A: For any recommendations and supporting information associated with listed requirements, use the box below:

X-Ref Requirement Number	Recommendations or other supporting information:
	Previous related CR is 6476.

Section B: For all other recommendations and supporting information, use this space: N/A.

V. CONTACTS

Pre-Implementation Contact(s):   Matt Klischer (410) 786-7488   matthew.klischer@cms.hhs.gov

Post-Implementation Contact(s): Matt Klischer   (410) 786-7488   matthew.klischer@cms.hhs.gov

VI. FUNDING

Section A: For *Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs),* and/or *Carriers,* use only one of the following statements: N/A.

Section B: *For Medicare Administrative Contractors (MACs)*, include the following statement:

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.