
CMS Manual System

Pub. 100-04 Medicare Claims Processing

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

Transmittal 65

Date: JANUARY 16, 2004

CHANGE REQUEST 2948

I. SUMMARY OF CHANGES: This transmittal corrects certain language in the ANSI X12N transaction 835 companion documents for carriers, Durable Medical Equipment Regional Carriers (DMERCs), and Fiscal Intermediaries (FIs).

NEW/REVISED MATERIAL - EFFECTIVE DATE: February 16, 2004

***IMPLEMENTATION DATE: February 16, 2004**

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.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual not updated.)

(R = REVISED, N = NEW, D = DELETED – (Only One Per Row.)

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

III. FUNDING: *Medicare contractors only:

These instructions should be implemented within your current operating budget.

IV. ATTACHMENTS:

	Business Requirements
	Manual Instruction
	Confidential Requirements
X	One-Time Notification

One-Time Notification

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SUBJECT: ANSI X12 Transaction 835 Companion Document Change for Carriers, Durable Medical Equipment Regional Carriers (DMERCs), and Fiscal Intermediaries (FIs).

I. GENERAL INFORMATION

A. Background:

Language in the 2 companion documents for ANSI X12 transaction 835 needed to change.

The new language in the FI companion document:

SVC01-1 Required. Only HC, NU, N4 and ZZ apply to Medicare fiscal intermediaries. HC mapped to ff record 50, field 13; NU mapped to ff record 50, field 13; ZZ mapped to ff record 50, field 13; N4 mapped to ff record 50, field 15. HC and ZZ would not apply to the same line, but NU and HC or NU and ZZ could apply to the same line. When more than one applies to the same line, enter the HC or ZZ in SVC01-1 and the NU in SVC04. ZZ will be used to report HIPPS codes if used in SNF or HHA billing. Subsequent to the approval of the qualifier for HIPPS codes, the HIPPS code set was expanded to include codes other than for SNFs, such as for home health. Data maintenance is underway with X12 to have the HIPPS code definition likewise expanded. Although the version 4010 implementation guide suggests the code set is limited to SNF codes, that is not the case. The HIPPS qualifier will be used for Medicare reporting of any applicable approved HIPPS codes. N4 will not be used until Medicare begins usage of NDC codes for drugs.

PLB03-2 Situational, but required for Medicare. Positions 1-2=the first Medicare provider adjustment code (mapped to ff record 60, field 14). Although the 4010 implementation version suggests differently, Medicare will use only these 2 positions as per subsequent change in the IG.

The new language in the carrier/DMERC companion document:

PLB03-2 Situational, but required for Medicare. Positions 1-2=RI, RB, OB, or if none of these apply, 00. Positions 3-19=the Financial Control Number or ICN, if applicable to the type of adjustment. Positions 20-30=the HIC number may be entered at the carrier's option. Medicare carriers and DMERCs report this information in these positions when the PLB segment is included in the 835.

SVC06-2 Situational, but required if the procedure or drug code has been changed during adjudication. Insert the original submitted code.

B. Policy:

The HIPAA transactions must comply with the implementation guides, and Medicare companion documents must comply with the implementation guides. The companion documents supplement, but do not contradict any requirements in the X12N 835 version 4010/4010A1 implementation guide. If errors are detected, error resolution must occur in a timely manner.

C. Provider Education: None.

II. BUSINESS REQUIREMENTS

"Shall" denotes a mandatory requirement

"Should" denotes an optional requirement

Requirement #	Requirements	Responsibility
2948.1	Contractors shall replace these data elements in the CMS companion document for transaction 835 if posted on their Web sites.	Carriers/DMERCs/ FIs

III. SUPPORTING INFORMATION & POSSIBLE DESIGN CONSIDERATIONS

A. Other Instructions: None

X-Ref Requirement #	Instructions

B. Design Considerations: None

X-Ref Requirement #	Recommendation for Medicare System Requirements

C. Interfaces: None

D. Contractor Financial Reporting /Workload Impact: None

E. Dependencies: None

F. Testing Considerations: None

IV. SCHEDULE, CONTACTS, AND FUNDING

<p>Effective Date: February 16, 2004</p> <p>Implementation Date: February 16, 2004</p> <p>Pre-Implementation Contact(s): Sumita Sen, ssen@cms.hhs.gov 410-786-5755</p> <p>Post-Implementation Contact(s): Sumita Sen, ssen@cms.hhs.gov 410-786-5755</p>	<p>These instructions should be implemented within your current operating budget.</p>
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