



News Flash – National Provider Identifier (NPI) News – Medicare is now asking that submitters send a small number of claims using only the NPI. If no claims are rejected, the submitter can gradually increase the volume. Additional information can be found at the CMS NPI website at <http://www.cms.gov/Regulations-and-Guidance/HIPAA-Administrative-Simplification/NationalProvIdentStand/index.html> on the CMS website. .

MLN Matters Number: MM5411 **Revised**

Related Change Request (CR) #: 5411

Related CR Release Date: January 19, 2007

Effective Date: July 1, 2007

Related CR Transmittal #: R2610TN

Implementation Date: July 2, 2007

Note: This article was updated on August 24, 2012, to reflect current Web addresses. All other information is the same.

Institutional Value Code Changes

Provider Types Affected

Providers who bill fiscal intermediaries (FI), Part A/B Medicare Administrative Contractors (A/B MACs), or regional home health intermediaries (RHHIs) for Medicare services.

What You Need to Know

Value codes A1, A2, A7, B1, B2, B7, C1, C2, and C7 are now restricted to use only in paper claims, and are no longer available for use on X12N 837 institutional claim transactions.

Background

The National Uniform Billing Committee (NUBC) has restricted the use of value codes A1, A2, A7, B1, B2, B7, C1, C2, and C7 to paper claims only. These value codes are no longer available for use on X12N 837 institutional claim transactions.

Your Medicare FI, RHHI, or A/B MAC will create edits to restrict the use of these value codes to paper claims, and to not allow their use on direct data entry claims. Further, Medicare will ensure that any paper claim data from value codes A1, A2, A7, B1, B2, B7, C1, C2, or C7 are migrated to the appropriate X12N 837 2320 Claim Level Adjustment (CAS) segment (claim adjustment reason code "PR") for coordination of benefits files.

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Note that CR5411 does **not** say that **adjustments** that might previously be reported on an electronic claim using the value codes A1, A2, A7, B1, B2, B7, C1, C2, or C7 must now all be reported in the claim level CAS. Requirements already in the 837-I Implementation Guide that apply to reporting of adjustments in either the claim or the service level CASs apply when submitting initial electronic claims that involve such adjustments.

Additional Information

You can find the official instruction, CR 5411, issued to your FI, A/B MAC, or RHHI by visiting <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R2610TN.pdf> on the CMS website

If you have any questions, please contact your FI, RHHI, or A/B MAC at their toll-free number, which may be found at <http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/provider-compliance-interactive-map/index.html> on the CMS website.

News Flash - It's seasonal flu season again. If you have Medicare patients who haven't yet received their flu shot, you can help them reduce their risk of contracting seasonal flu and potential complications by recommending an annual influenza and a one-time pneumococcal vaccination. Medicare provides coverage for flu and pneumococcal vaccines and their administration. –And don't forget to immunize yourself and your staff. Protect yourself, your patients and your family and friends. Get Your Flu Shot – Not the Flu! Remember – influenza vaccination is a covered Part B benefit but the influenza vaccine is NOT a Part D covered drug. Health care professionals and their staff can learn more about Medicare's coverage of adult immunizations and related provider education resources by reviewing Special Edition *MLN Matters* article SE0748 at <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/SE0748.pdf> on the CMS website.

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