



MLN Matters®



Information for Medicare Fee-For-Service Health Care Professionals

MLN Matters Number: MM3321

Related Change Request (CR) #: 3321

Related CR Release Date: July 23, 2004

Effective Date: January 1, 2005

Related CR Transmittal #: 238

Implementation Date: January 3, 2005

Health Insurance Portability and Accountability Act (HIPAA) X12N 837 Institutional Health Care Claim Implementation Guide (IG) Additional Updates

Note: This article was updated on April 5, 2013, to reflect current Web addresses. All other information remains unchanged.

Provider Types Affected

All Medicare providers who bill Medicare fiscal intermediaries (FIs)

Provider Action Needed



STOP – Impact to You

On January 3, 2005, the Centers for Medicare & Medicaid Services (CMS) will implement additional edits for institutional claims submitted via direct data entry (DDE).

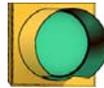


CAUTION – What You Need to Know

Please stay current with HIPAA edit instructions related to X12N 837 institutional claims as failure to comply may result in payment delays.

Disclaimer

This article was prepared as a service to the public and is not intended to grant rights or impose obligations. This article may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations and other interpretive materials for a full and accurate statement of their contents.



GO – What You Need to Do

Ensure that your billing practices comply with changes noted below to facilitate accurate and timely claims processing. Specific changes include requirements for a line item date of service for each revenue code on DDE outpatient claims (as defined in CR3031) and that such claims may not contain covered days in the QTY segment. Also, all DDE claims will be edited to ensure they do not contain a UPIN of NPP000.

Background

HIPAA institutional claim editing business requirements presented in CR 3031 and CR3264 are supplemented by additional direct entry (DDE) claim edits contained in Change Request 3321.

Medicare claims processing systems used by fiscal intermediaries (FIs) will be required to:

- Edit outpatient claims to ensure that a line item date of service is included for each revenue code;
- Edit outpatient claims submitted via DDE to ensure that each does not contain covered days;
- Edit claims submitted via DDE to ensure each does not contain an invalid condition code;
- Edit X12N 837 claims to ensure each does not contain an invalid condition code; and
- Edit all claims submitted via DDE to ensure that each does not contain a NPP000 UPIN.

All claims above submitted via DDE that do not meet the requirements noted will be subject to an appropriate online error message.

Additional Information

The official instruction issued to the intermediary regarding this change can be found online, referenced via CR3321, at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R238CP.pdf> on the CMS website.

If you have questions regarding this issue, you may also contact your intermediary on their toll free number. That number may be found at

Disclaimer

This article was prepared as a service to the public and is not intended to grant rights or impose obligations. This article may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations and other interpretive materials for a full and accurate statement of their contents.

<http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/provider-compliance-interactive-map/index.html> on the CMS website.

For additional information on HIPAA, please refer to <http://www.cms.gov/Regulations-and-Guidance/HIPAA-Administrative-Simplification/HIPAAGenInfo/index.html> on the CMS website.

Disclaimer

This article was prepared as a service to the public and is not intended to grant rights or impose obligations. This article may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations and other interpretive materials for a full and accurate statement of their contents.