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CMS Medicare FFS Provider e-News

CMS Information for the Medicare Fee-For-Service Provider Community

CMS asks that you share the following important information with all of your association members and state and local chapters. Thank you!

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The e-News for Monday, June 11, 2012

This e-News message is being resent to include the [corrected link](#) to the 4010 rejection error messages information referenced below.

Medicare Fee-For-Service to Reject Version 4010 Electronic Transactions July 1, 2012

Effective July 1, 2012 only ASC X12 Version 5010 (Version 5010) or NCPDP Telecom D.0 (NCPDP D.0) formats will be accepted by Medicare Fee-For-Service (FFS). Providers that are still conducting one or more of the Version 4010 transactions electronically, such as submitting a claim or checking claim status, or rely on a software vendor, billing service or clearinghouse to do this on their behalf, are affected by this change. Now is the time to contact your software vendor, billing service or clearinghouse, when applicable, if you have not done so already to ensure you are ready. Transactions conducted by Medicare Administrative Contractor (MAC), fiscal intermediary (FI) or carrier telephone interactive voice response (IVR) systems, Direct Data Entry (DDE) and Internet Portals, for those contractors with Internet Portals, are not impacted.

Claims (837 I and P)

All claims received after normal close of business cutoff times on June 29, 2012 must be sent as ASC X12 Version 5010 or NCPDP D.0. Any Medicare FFS claims received in version 4010 format after normal close of business on June 29 will be rejected back to the submitter. The specific message you receive if a claim is rejected will depend on your MAC. A detailed list of 4010 rejection error messages by MAC can be found on the [Important 4010 - 5.1 Rejection Information Page](#).

Claim Status (276/277)

The last Claim Status Inquiry will be accepted in version 4010 at the end of the business day on June 29, 2012. Following that date, all Claim Status activity will be in ASC X12 Version 5010.

Remittance Advice (835)

During the transition period Medicare FFS experienced issues with the Remittance Advice (835); therefore Medicare FFS will be allowing an additional 30 days to complete the 835 transition. Information will be forthcoming concerning the final cutoff and cycle timing for the Remittance Advice.

Coordination of Benefits (837)

CMS has directed its MACs, FIs, and carriers to begin sending all claims to the Coordination of Benefits Contractor (COBC) in version 5010 as of June 29, 2012. This will ensure that all claims that the COBC will issue to COB payers as of its July 2, 2012 evening crossover claims cycle will be properly transmitted in the version 5010 format. Therefore, all COB payers will have to be in version 5010 COB production by June 29, 2012.

Medicare FFS will continue to coordinate additional outreach and education activities and messages throughout June. In addition, Medicare FFS will be participating in a series of Regional Webinars on Wednesday, June 20. Please watch for listserv messages on registering for these calls.

For more information on ASCX12Version 5010 and NCPDP D.0, please visit the [Versions 5010 and D.0](#) website.

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The Medicare Learning Network

www.CMS.gov/MLNGenInfo

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