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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 Thursday, June 14

#### Medicare Fee-For-Service Version 5010 Specialty Types Transition Information

CMS has recently published information by provider specialty related to the transition activity of the Accredited Standards Committee (ASC) X12 Version 005010. Review the [Specialty Transition Reports](#) on the CMS website.

Effective July 1, 2012 only ASC X12 Version 5010 (Version 5010) and NCPDP Telecom D.0 (NCPDP D.0), standard claim transactions will be accepted by Medicare Fee-For-Service.

Provider associations may wish to review this material and assist their membership accordingly in order to avoid any interruption in claim filing and claim payment activities.

*Special Note Regarding Claims for Ambulance Services:* The ASC has not previously required that diagnosis codes be reported on claims for ambulance services. However, as CMS has previously advised, with the implementation of version 5010, diagnosis codes will be required on all claims, including ambulance claims. Therefore, this message serves as a reminder that, with the implementation of version 5010, entities billing ambulance services are required to submit diagnosis codes on all claims for such services.

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

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