

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 1064	April 26, 2012
	Change Request 7817

SUBJECT: Health Insurance Portability and Accountability Act (HIPAA) 5010 837 Institutional (837I) Edits and 5010 837 Professional (837P) Edits - October 2012

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to provide the October 2012 updated edits spreadsheets to specific Part A and Part B (A/B) MACs which are, as of this time, in a position to implement 5010, specifically the following Jurisdictions: J1, JF, J4, J5, J8, J9, J10, J11, J12, J13, J14, and J15, as well as the Common Electronic Data Interchange (CEDI) contractor. Other MACs, not currently in a position to implement 5010, must provide level of effort estimates only if they will be in a position to become 5010 operational prior to the effective date of this CR. A/B MACs currently in Corrective Action Plan or under a protest condition need not reply to this CR at this time. A future CR will address these MAC jurisdictions. Additionally, this CR directs Shared Systems and CEDI to appropriately update the Common Edits Module (CEM) which will reside at the Local Data Center via the attached edits spreadsheets.

EFFECTIVE DATE: October 1, 2012

IMPLEMENTATION DATE: October 1, 2012

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. However, if this revision contains a table of contents, you will receive the new/revise information only, and not the entire table of contents.

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

R=REVISED, N=NEW, D=DELETED-*Only One Per Row.*

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

III. FUNDING:

For Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs) and/or Carriers:
Not Applicable.

For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

IV. ATTACHMENTS:

One-Time Notification

**Unless otherwise specified, the effective date is the date of service.*

Attachment – One-Time Notification

Pub. 100-20	Transmittal: 1064	Date: April 26, 2012	Change Request: 7817
-------------	-------------------	----------------------	----------------------

SUBJECT: Health Insurance Portability and Accountability Act (HIPAA) 5010 837 Institutional (837I) Edits and 5010 837 Professional (837P) Edits – October 2012

EFFECTIVE DATE: October 1, 2012

IMPLEMENTATION DATE: October 1, 2012

I. GENERAL INFORMATION

A. Background: The purpose of this Change Request (CR) is to provide the October 2012 updated edits spreadsheets to specific Part A and Part B (A/B) MACs which are, as of this time, in a position to implement 5010, specifically the following Jurisdictions: J1, JF, J4, J5, J8, J9, J10, J11, J12, J13, J14, and J15, as well as the Common Electronic Data Interchange (CEDI) contractor. Other MACs, not currently in a position to implement 5010, must provide level of effort estimates only if they will be in a position to become 5010 operational prior to the effective date of this CR. A/B MACs currently in Corrective Action Plan or under a protest condition need not reply to this CR at this time. A future CR will address these MAC jurisdictions. Additionally, this CR directs Shared Systems and CEDI to appropriately update the Common Edits Module (CEM) which will reside at the Local Data Center via the attached edits spreadsheets.

The change log worksheet tab contains only the changes made for this version.

Contractors and shared systems maintainers will use the attached edits spreadsheets as replacements for the previously issued edits spreadsheets. Contractors are not required to replicate work already done, but are only expected to use the updates to the spreadsheets to build upon their previous core deliverables.

MAC estimates for this CR should include a breakdown as part of the Level of Effort (LOE) response, utilizing the following table to be included in the “Estimate-Specific Comments” portion of the LOE template, to follow the Investment Lifecycle Phases.

Investment Lifecycle Phase	Total Hours	Total Cost
Pre-Implementation/CR Review		
Design & Engineering Phase		
Development Phase		
Testing Phase		
Implementation Phase		

NOTE: The Pre-Implementation/CR Review costs will not be funded under the unique funding situation for the 5010/D.0 project, but instead out of the MAC’s allocation of hours for Pre-Implementation/CR Review.

B. Policy: The Administrative Simplification provisions of HIPAA require the Secretary of DHHS to adopt standard electronic transactions and code sets for administrative health care transactions. The Secretary may also modify these standards periodically.

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B M A C	D M E M A C	F I M A C	C A R R I E R	R H H I	Shared-System Maintainers				OTH ER
						F I S S	M I C S	V M S	C M W F		
	None										

IV. SUPPORTING INFORMATION

Section A: for any recommendations and supporting information associated with listed requirements, use the box below: N/A

X-Ref Requirement Number	Recommendations or other supporting information:

Section B: For all other recommendations and supporting information, use this space:

The attached October 2012 version of the 837I and 837P edits spreadsheets are a result of an extensive edit consistency review along with incorporating appropriate comments previously received.

V. CONTACTS

Pre-Implementation Contact(s):

For 837I, Matt Klischer, Matthew.Klischer@cms.hhs.gov, 410.786.7488; For 837P, Brian Reitz, Brian.Reitz@cms.hhs.gov, 410.786.5001

Post-Implementation Contact(s):

Contact your Contracting Officer's Representative (COR) or Contractor Manager, as applicable.

VI. FUNDING

Section A: For *Fiscal Intermediaries (FIs)*, *Regional Home Health Intermediaries (RHHIs)*, and/or *Carriers*:

Not Applicable.

Section B: For *Medicare Administrative Contractors (MACs)*:

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be

outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

ATTACHMENTS (2)