

<b>CMS Manual System</b>	<b>Department of Health &amp; Human Services (DHHS)</b>
<b>Pub 100-20 One-Time Notification</b>	<b>Centers for Medicare &amp; Medicaid Services (CMS)</b>
<b>Transmittal 1308</b>	<b>Date: November 6, 2013</b>
	<b>Change Request 8479</b>

**SUBJECT: MREP and PC Print Updates for Operating Rules Phase III 360 Rule Compliance**

**I. SUMMARY OF CHANGES:** The purpose of this CR is to facilitate compliance with the Coalition for Affordable Quality Healthcare (CAQH) Committee on Operating Rules for Information Exchange (CORE) mandated operating rule 360: Uniform Use of CARCs and RARCs (835) Rule.

**EFFECTIVE DATE: April 1, 2014**

**IMPLEMENTATION DATE: April 7, 2014**

*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/revised 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.

<b>R/N/D</b>	<b>CHAPTER / SECTION / SUBSECTION / TITLE</b>
N/A	N/A

**III. FUNDING:**

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

No additional funding will be provided by CMS; contractor's activities are to be carried out within their operating budgets.

**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 obliged 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

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**SUBJECT: MREP and PC Print Updates for Operating Rules Phase III 360 Rule Compliance**

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## I. GENERAL INFORMATION

**A. Background:** Section 1104 of the Patient Protection and Affordable Care Act (ACA) requires the Secretary to adopt and regularly update standards, implementation specifications, and operating rules for the electronic exchange and use of health information for the purpose of financial and administrative transactions.

**B. Policy:** Section of 1104 of the Patient Protection and Affordable Care Act

## II. BUSINESS REQUIREMENTS TABLE

*"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.*

Number	Requirement	Responsibility											
		A/B MAC			D M E	F I	C A R	R H I	Shared- System Maintainers				Other
		A	B	H H H					F I S S	M C S	V M S	C W F	
8479.1	FISS and VMS shall publish text describing the Group Code/CARC/RARC/CAGC reject codes included in the remittance advice to trading partners using MREP (Part B), PC Print (Part A), or PCACE (Part A) software to view/print all v5010 X12 835 transactions.								X		X		
8479.1.1	All published text shall contain corresponding code description or definition specified in the code lists without changing the meaning and intent of the description.								X		X		
8479.2	FISS and VMS shall publish text describing the corresponding CORE-defined Claim Adjustment/Denial Business Scenario on all v5010 X12 835 transactions for trading partners using MREP, PC Print, or PCACE software to view/print v5010 X12 835 transactions.								X		X		
8479.3	FISS shall ensure that PC ACE makes all necessary changes to PC Print.								X				

### III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility							
		A/B MAC			D M E M A C	F I M A C	C A R R I E R	R H H I	Other
		A	B	H H H					
8479.4	MLN Article: A provider education article related to this instruction will be available at <a href="http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/">http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/</a> shortly after the CR is released. You will receive notification of the article release via the established "MLN Matters" listserv. Contractors shall post this article, or a direct link to this article, on their Web sites and include information about it in a listserv message within one week of the availability of the provider education article. In addition, the provider education article shall be included in the contractor's next regularly scheduled bulletin. Contractors are free to supplement MLN Matters articles with localized information that would benefit their provider community in billing and administering the Medicare program correctly.	X	X						

### IV. SUPPORTING INFORMATION

**Section A: Recommendations and supporting information associated with listed requirements: N/A**

*"Should" denotes a recommendation.*

X-Ref Requirement Number	Recommendations or other supporting information:

**Section B: All other recommendations and supporting information: N/A**

### V. CONTACTS

**Pre-Implementation Contact(s):** Lauren Vandegrift, 410-786-4882 or [Lauren.Vandegrift@cms.hhs.gov](mailto:Lauren.Vandegrift@cms.hhs.gov) , Sumita Sen, 410-786-5755 or [Sumita.Sen@cms.hhs.gov](mailto:Sumita.Sen@cms.hhs.gov)

**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:**

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

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