

Attachment - Business Requirements

Pub. 100-04	Transmittal: 162	Date: April 30, 2004	Change Request 3180
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SUBJECT: Key Shop and Optical Character Recognition (OCR)/Image Character Recognition (ICR) Output Mapping

I. GENERAL INFORMATION

A. Background: Medicare carriers and Durable Medical Equipment Regional Carriers (DMERCs) use the National Standard Format (NSF) as the output format for paper claims received from key shop and OCR/ICR operations.

NOTE: Carrier/DMERC preliminary work with their outsourced or internal key shop and OCR/ICR operations shall begin upon receipt of this Change Request (CR). This work involves communicating any of the requirements that apply to either their outsourced key shop and OCR/ICR operations or internal key shop and OCR/ICR operations. This may include providing mapping documentation, and any other information, as they deem appropriate.

B. Policy: CMS will cease support of the NSF once the Health Insurance Portability and Accountability Act (HIPAA) contingency plan ends. Therefore, the X12N-based flat file will be the only output format accepted by the shared systems for these claims.

C. Provider Education: None

II. BUSINESS REQUIREMENTS

"Shall" denotes a mandatory requirement

"Should" denotes an optional requirement

Requirement #	Requirements	Responsibility
3180.1	<p>Carriers and DMERCs shall communicate to their key shop and OCR/ICR operations, that do not use the HIPAA 837 or X12N-based flat file as output, one of the following:</p> <ol style="list-style-type: none"> 1. They shall create the output from paper claims in the X12N-based flat file format or the HIPAA 837. When creating the X12N-based flat file, the REF01 segment/element (found prior to the ST segment) shall contain a value of "+PR". For key shop the REF02 shall contain a value of "K". For OCR/ICR the REF02 shall contain a value of "O". 2. They may continue to create output from 	Carrier/DMERC

	paper claims in the NSF file format and you shall convert the format to the X12N-based flat file format prior to submission to your shared system.	
3180.2	Carriers and DMERCs who convert the output from their key shop and OCR/ICR operations shall populate the REF01 segment/element (found prior to the ST segment) with a value of "+PR". For key shop the REF02 shall contain a value of "K". For OCR/ICR the REF02 shall contain a value of "O".	Carriers/DMERC
3180.3	Carriers and DMERCs who support telephone claim submission shall convert the output to the X12N-based flat file format prior to submission to their shared system. The value in REF02 shall contain a "T".	Carrier/DMERC
3180.4	If the REF02 value is either "K", "O", or "T", the shared system shall apply implementation guide edits only to those requirements that are applicable to both the HIPAA 837 and the corresponding fields on the paper claim.	Shared System
3180.5	Contractors or their shared system shall by-pass implementation guide edits on the X12N-based flat file that are inappropriate for paper claims.	Carrier/DMERC or Shared System
3180.6	Shared systems shall continue to process these claims as "skinny" COBs and all necessary gap-fill measures shall be applied when the REF01 = "+PR" and REF02 = "K", "O" or "T" on the X12N-based flat file.	Shared System

III. SUPPORTING INFORMATION AND POSSIBLE DESIGN CONSIDERATIONS

A. Other Instructions: None

X-Ref Requirement #	Instructions

B. Design Considerations: None

X-Ref Requirement #	Recommendation for Medicare System Requirements

C. Interfaces: None

D. Contractor Financial Reporting /Workload Impact: None

E. Dependencies: None

F. Testing Considerations: None

IV. SCHEDULE, CONTACTS, AND FUNDING

<p>Effective Date: October 1, 2004</p> <p>Implementation Date: October 4, 2004</p> <p>Pre-Implementation Contact(s): Joy Glass jglass@cms.hhs.gov</p> <p>Post-Implementation Contact(s): Joy Glass jglass@cms.hhs.gov</p>	<p>Funding is available through the regular budget process for costs required for implementation</p>
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