

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 2785	Date: September 13, 2013
	Change Request 8447

SUBJECT: Common Edits and Enhancements Modules (CEM) Code Set Update

I. SUMMARY OF CHANGES: The Medicare Shared System Maintainers of the CEM software shall obtain the most recent external code sets, and use them to update the necessary tables and/or reference files as part of the CEM software utilized by the A/B MACs. This change became a recurring with updates to Pub. 100-04, Chapter 24, Section 50.3

EFFECTIVE DATE: January 1, 2014

IMPLEMENTATION DATE: January 6, 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.

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 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:

Recurring Update Notification

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

Attachment - Recurring Update Notification

Pub. 100-04	Transmittal: 2785	Date: September 13, 2013	Change Request: 8447
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SUBJECT: Common Edits and Enhancements Modules (CEM) Code Set Update

EFFECTIVE DATE: January 1, 2014

IMPLEMENTATION DATE: January 6, 2014

I. GENERAL INFORMATION

A. Background: The Medicare Fee-for-Service program has made significant changes to the Medicare Administrative Contractor (MAC) local data center front end systems. These changes include the newly developed CEMs (Part A and Part B developed) for version 5010. In order for the CEMs to correctly and accurately edit the inbound Accredited Standards Committee (ASC) X12 version 5010 837 Institutional, 837 Professional claims, and the 276 Claim Status Inquiry, several code set updates are required. As part of this change request (CR), the shared system maintainers shall review the latest published code sets, and make the necessary updates to the tables developed under CR 7392, Transmittal 917, dated July 21, 2011. These changes shall then be included on the reference file updates the A/B MACs receive from the shared systems.

The Medicare Shared System Maintainers of the CEM software shall obtain the most recent external code sets, and use them to update the necessary tables and/or reference files as part of the CEM software utilized by the A/B MACs. This change became recurring with updates to Pub. 100-04, Chapter 24, Section 50.3

B. Policy: Health Insurance Reform: Modifications to the Health Insurance Portability and Accountability Act (HIPAA): Final Rules published in the Federal Register on January 16, 2009, by the DHHS at 45 CFR Part 162.

II. BUSINESS REQUIREMENTS TABLE

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

Number	Requirement	Responsibility											
		A/B MAC			D M E M A C	F I	C A R R I E 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	
8447.1	The Shared System Maintainers of the CEM software shall update the tables in business requirement 8447.1.1 for the external code sets required for claim editing.									X			
8447.1.1	The Shared System Maintainers of the CEM software shall update the maintainer maintained Spitab tables for the following external codes sets: 1. Country Codes (ISO 3166-1)									X			

Number	Requirement	Responsibility											
		A/B MAC			D M E M A C	F I	C A R R I E R	R H H I	Shared-System Maintainers				Other
		A	B	H H H					F I S S	M C S	V M S	C W F	
	2. Country Subdivision Codes (ISO 3166-2) 3. State Codes (US, CA, MX) 4. Not Otherwise Classified (NOC) Procedure Codes (as defined by CMS) 5. National Drug Codes (NDC) (as published by the FDA) NUBC Condition Codes – that are valid for use on the 837 Professional per NUCC												
8447.2	The Shared System Maintainers of the CEM software shall distribute a copy of the Not Otherwise Classified (NOC) Procedure Codes (as defined by CMS) code set to CMS 30 days prior to the quarterly release for posting on the CMS Website.								X				

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility										
		A/B MAC			D M E M A C	F I	C A R R I E R	R H H I	Other			
		A	B	H H H					F I S S	M C S	V M S	C W F
	None											

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

V. CONTACTS

Pre-Implementation Contact(s): Jason Jackson, 410-786-6156 or jason.jackson@cms.hhs.gov, Angie Bartlett, 410-786-2865 or angie.bartlett@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:

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 do 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.