

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 2979	Date: June 27, 2014
	Change Request 8771

SUBJECT: Update to Pub. 100-04, Chapter 36 to Provide Language-Only Changes for Updating ASC X12

I. SUMMARY OF CHANGES: This CR contains language-only changes for updating ASC X12 language in Pub 100-04, Chapter 36. There are no new coverage policies, payment policies, or codes introduced in this transmittal. Specific policy changes and related business requirements have been announced previously in various communications.

EFFECTIVE DATE: January 1, 2012

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

IMPLEMENTATION DATE: July 28, 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
R	36/50.1/ Electronic Submission of Claims and Mandatory Assignment

III. FUNDING:

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:

**Business Requirements
Manual Instruction**

Attachment - Business Requirements

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IMPLEMENTATION DATE: July 28, 2014

I. GENERAL INFORMATION

A. Background: This CR contains language-only changes for updating ASC X12 language in Pub 100-04, Chapter 36.

B. Policy: There are no new coverage policies, payment policies, or codes introduced in this transmittal. Specific policy changes and related business requirements have been announced previously in various communications.

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	Shared- System Maintainers				Other
		A	B	H H H		F I S S	M C S	V M S	C W F	
8771.1	DME MACs shall be aware of the updated language for ASC X12 in Pub. 100 - 04, Chapter 36.				X					

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			D M E M A C S	C E D I
		A	B	H H H		
	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:
N/A	N/A

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

V. CONTACTS

Pre-Implementation Contact(s): Not Applicable, 123-456-7890

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR).

VI. FUNDING

Section A: For Medicare Administrative Contractors (MACs):

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ATTACHMENTS: 0

Medicare Claims Processing Manual

Chapter 36 – Competitive Bidding

50.1 - Electronic Submission of Claims and Mandatory Assignment

(Rev. 2979, Issued: 06-27-14, Effective: 01-01-12, Implementation: 07-28-14)

Under the DMEPOS Competitive Bidding Program, all claims shall be submitted electronically using the *ASC X12 837 professional claim format* except for MSP claims. (**NOTE:** Claims with multiple MSP situations may be submitted on a paper claim.) Exceptions to the mandatory electronic billing requirement granted under the Administrative Simplification Compliance Act (ASCA) do not apply to DMEPOS Competitive Bidding claims.

All DMEPOS Competitive Bidding Program claims are subject to mandatory assignment. Mandatory assignment denotes that a supplier shall accept the Medicare payment as payment in full for their services. The beneficiary's liability is limited to any applicable deductible plus the 20 percent coinsurance. For additional information concerning mandatory assignment of claims, see Chapter 1, §30.3.1 of the Medicare Claims Processing Manual.