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| CMS Manual System | Department of Health & Human Services (DHHS) |
| Pub 100-20 One-Time Notification | Centers for Medicare & Medicaid Services (CMS) |
| Transmittal 554 | Date: September 4, 2009 |
| | Change Request 6565 |

Note to Contractors: Transmittal 514, dated July 2, 2009, is being rescinded and replaced with Transmittal 554, dated September 4, 2009. The Implementation date was changed to add January 4, 2010, and April 5, 2010. The hours in the January and April releases will be for support/maintenance of the October deliverable, until it is integrated with the remaining CEM development work. In addition, the word “release” was added in section IV, Supporting Information, after the October 2009 date. All other information remains the same.

Subject: Implementation of the Health Insurance Portability and Accountability Act (HIPAA) Version 005010 Common Edits and Enhancements Module –File preparation (for MCS ONLY)

I. SUMMARY OF CHANGES: This CR is the third in a series of CRs for the maintainer of the Multi Carrier System (MCS) to address the development and implementation of the Common Edits and Enhancements software Modules, to handle Medicare Part B business. The purpose of this CR is to provide requirements to the maintainer of MCS only, in the creation and disposition of the files necessary to perform the 5010 editing. This editing will take place at the A/B MAC Local Data Center (LDC) post translation into a Medicare compliant flat file.

New / Revised Material

Effective Date: October 1, 2009

Implementation Date: October 5, 2009, January 4, 2010, and April 5, 2010

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:

SECTION A: For Fiscal Intermediaries and Carriers:

Not applicable

SECTION B: For Medicare Administrative Contractors (MACs):

Not applicable

IV. ATTACHMENT:

One-Time Notification

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

Attachment – One-Time Notification

| | | | |
|-------------|------------------|-------------------------|----------------------|
| Pub. 100-20 | Transmittal: 554 | Date: September 4, 2009 | Change Request: 6565 |
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SUBJECT: Implementation of the Health Insurance Portability and Accountability Act (HIPAA) Version 005010 Common Edits and Enhancements Module –File preparation (for MCS ONLY)

Effective Date: October 1, 2009

Implementation Date: October 5, 2009, January 4, 2010, and April 5, 2010

I. GENERAL INFORMATION

A. Background: The Centers for Medicare and Medicaid Services (CMS) is in the process of implementing the next version of the Health Insurance Portability and Accountability Act (HIPAA) transactions.

The Secretary of the Department of Health and Human Services (DHHS) has promulgated in the Final Rules provisions which permit dual use of existing standards Accredited Standards Committee (ASC) X12 version 004010A1 and the new version of the ASC X12 standards version 005010 from the March 17, 2009, effective date until the January 1, 2012 compliance date to facilitate testing subject to trading partner agreement.

CMS is directing the development of Common Edits and Enhancements software modules to establish consistent editing, acknowledgement, and error handling of electronic transactions across Medicare Administrative Contractor (MAC) jurisdictions. This software will be developed by the Medicare shared system maintainers, and implemented by each A/B MAC in their local data center. This software will be executed during electronic data interchange (EDI) transaction exchange. Each A/B MAC will integrate the Common Edits and Enhancements Modules into their Front-End Systems for both inbound and outbound EDI transaction processing. Inbound transactions (e.g. claim, claim status inquiry) will be processed by the A/B MAC translator and use the supplied modules for detailed editing. When errors are determined by the supplied modules, a 005010X214 277 Health Care Claim Acknowledgment (277CA) acknowledgement flat file will be returned to the A/B MAC translator; A/B MACs will need to use their translator to produce the ASC X12 277CA transaction as the standard explanation of error conditions. In addition, the supplied modules will assign claim control numbers to accepted claims and perform overall balancing and control reporting for HIPAA EDI files exchanged with the Enterprise Data Center (EDC).

This CR is the third in a series of CRs for the maintainer of the Multi Carrier System (MCS) to address the development and implementation of the Common Edits and Enhancements software Modules, to handle Medicare Part B business. The purpose of this CR is to provide requirements to the maintainer of MCS only, in the creation and disposition of the files necessary to perform the 5010 editing. This editing will take place at the A/B MAC Local Data Center (LDC) post translation into a Medicare compliant flat file.

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 Department of Health and Human Services 45 CFR Part 162.

II. BUSINESS REQUIREMENTS TABLE

| Number | Requirement | Responsibility (place an "X" in each applicable column) | | | | | | | | | |
|----------|---|---|---------------------------|--------|---------------------------------|-------------|------------------------------|-------------|-------------|-------------|-------|
| | | A / B M A C | D M M A C | F I | C A R R I E R | R H I | Shared-System Maintainers | | | | OTHER |
| | | | | | | | F I S S | M C S | V M S | C W F | |
| 6565.1 | MCS shall develop an automated process to be run daily at the EDCs to automatically extract data from applicable MCS files and tables required to perform common front end validation and relational editing of the 837 and 276 transactions. | | | | | | | X | | | |
| 6565.1.1 | MCS shall accommodate the specific contractor ID or IDs of the cycle being processed and extract data applicable to that given workload. | | | | | | | X | | | |
| 6565.2 | MCS shall develop an automated process to retrieve the data extracts and load data tables to be used by the front end common Edit and Enhancements application. | | | | | | | X | | | |
| 6565.3 | MCS shall develop a process to be run by the LDCs to communicate trading partner information in a specified file layout format, so that the contractor's trading partner systems and MCS are synced up on a daily basis. | | | | | | | X | | | |
| 6565.4 | EDS shall procure and deliver national code sets required to perform certain edits on inbound 5010 transactions. EDS will provide the ability to update each code list. | | | | | | | X | | | |
| 6565.4.1 | EDS shall procure and deliver the State Code List; Source code 22 from Implementation Guide: States and Provinces | | | | | | | X | | | |
| 6565.4.2 | EDS shall procure and deliver the Zip Code List; Source code 51 from Implementation Guide: Zip Codes | | | | | | | X | | | |
| 6565.4.3 | EDS shall procure and deliver the Country Code List; Source code 5 from Implementation Guide: Countries, Currencies and Funds – Part 1 | | | | | | | X | | | |
| 6565.4.4 | EDS shall procure and deliver the Country Code Subdivision; Source code 582 from Implementation Guide: Countries, Currencies and Funds – Part 2 | | | | | | | X | | | |
| 6565.4.5 | EDS shall procure and deliver the NUBC Condition Codes; Source code 582 from Implementation Guide: Centers for Medicare and Medicaid Services (CMS) Durable Medical Equipment Regional Carrier (DMERC) Certificate of Medical Necessity (CMN) Forms | | | | | | | X | | | |
| 6565.4.6 | EDS shall procure and deliver the Form Type Codes; Source code 656 from Implementation Guide: Form Type Codes | | | | | | | X | | | |

| Number | Requirement | Responsibility (place an "X" in each applicable column) | | | | | | | | | |
|----------|---|---|--------------------------------|--------|---------------------------------|-------------|---------------------------|-------------|-------------|-------------|-------|
| | | A / B M A C | D M E M A C | F I | C A R R I E R | R H I | Shared-System Maintainers | | | | OTHER |
| | | | | | | | F I S S | M C S | V M S | C W F | |
| 6565.4.7 | EDS shall procure and deliver the Home Health Form Identifier list (for use in 2440 LQ segment editing) | | | | | | | X | | | |
| 6565.5 | CMS shall send to MCS proprietary code lists required to perform certain edits on inbound 5010 transactions. | | | | | | | | | CMS | |
| 6565.5.1 | CMS shall send to MCS the National Drug Code by Format | | | | | | | | | CMS | |
| 6565.6 | MCS shall create and deliver a process to receive these files from CMS and load them into data tables for use in the common Edit and Enhancements application's editing process. | | | | | | | X | | | |
| 6565.6.1 | MCS shall create and deliver a process to overlay these files from CMS and re-load them into data tables for use in the common Edit and Enhancements application's editing process when updated code sets are made available. | | | | | | | X | | | |

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 | C A R R I E R | R H I | Shared-System Maintainers | | | | OTHER |
| | | | | | | | F I S S | M C S | V M S | C W F | |
| | N/A | | | | | | | | | | |

IV. SUPPORTING INFORMATION

NOTE: This CR is the third in a series of CRs for the MCS Common Edits and Enhancements module to be issued for the October 2009 release. Additional CRs will be issued for the January 2010 release to complete the remaining development for the MCS Common Edits and Enhancements Module. Previous related CRs are 6475 and D201924.

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

| X-Ref Requirement Number | Recommendations or other supporting information: |
|--------------------------|--|
| | N/A |

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

V. CONTACTS

| | | | |
|--|---------------|----------------|--|
| Pre-Implementation Contact(s): | Jason Jackson | (410) 786-6156 | jason.jackson3@cms.hhs.gov |
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| Post-Implementation Contact(s): | Jason Jackson | (410) 786-6156 | jason.jackson3@cms.hhs.gov |
| | Brian Reitz | (410) 786-5001 | brian.reitz@cms.hhs.gov |

VI. FUNDING

Section A: For *Fiscal Intermediaries (FIs)*, *Regional Home Health Intermediaries (RHHIs)*, and/or *Carriers*, use only one of the following statements:

Not applicable.

Section B: For *Medicare Administrative Contractors (MACs)*, include the following statement:

Not applicable.