

<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 639</b>	<b>Date: February 12, 2010</b>
	<b>Change Request 6824</b>

**SUBJECT: Editing Guidance/Clarification Related to HIPAA 5010**

**I. SUMMARY OF CHANGES:** This CR provides the requested HIPAA 5010 guidance and clarification regarding the issues raised by contractors.

**EFFECTIVE DATE: July 1, 2010**

**IMPLEMENTATION DATE: July 6, 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.

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

**IV. ATTACHMENTS:**

**One-Time Notification**

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



#### IV. SUPPORTING INFORMATION

**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:

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

#### V. CONTACTS

**Pre-Implementation Contact(s):** Brian Reitz (410) 786-5001 [brian.reitz@cms.hhs.gov](mailto:brian.reitz@cms.hhs.gov)  
Matthew Klischer (410) 786-7488 [matthew.klischer@cms.hhs.gov](mailto:matthew.klischer@cms.hhs.gov)

**Post-Implementation Contact(s):** Brian Reitz (410) 786-5001 [brian.reitz@cms.hhs.gov](mailto:brian.reitz@cms.hhs.gov)  
Matthew Klischer (410) 786-7488 [matthew.klischer@cms.hhs.gov](mailto:matthew.klischer@cms.hhs.gov)

#### VI. FUNDING

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

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

**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 does 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.

ATTACHMENT: CR6824 Attachment.doc

## **CR6824 Attachment**

- **Technical Requirements**

- 837I limit is 449 lines per claim;
- Contractor can restrict submitter to one GS-GE (Functional Group) per ISA-IEA (Interchange);
- Contractors have flexibility on the acknowledgement type used when executing the edit for a missing ISA segment.

- **Character Requirements**

- Entire extended character set must be supported or not. Contractors cannot accept a subset of the extended character set;
- Contractor cannot restrict delimiters. They can only recommend;
- Lower case characters must be converted to upper case at translation.

- **Editing Requirements**

- Edits for data element length will remain as 999E. Contractors will truncate the data in the following manner:
  - Alphanumeric data will be truncated at the end of the data;
  - Numeric data will be decimally aligned and will be truncated at the beginning and/or end of the data (depending on the received value/data);
- MSP balancing edits will be performed in the Common Edits & Enhancements Module (CEM);
- Contractors will not edit data submitted in a NOT USED element;
- There is not an “error threshold” for the number of errors which can be encountered in a file. When technically possible, editing will continue to the end of the file.

- **Trading Partner Management (TPM)**

- TPM is a function of the contractor's front end services.