

<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 908</b>	<b>Date: June 22, 2011</b>
	<b>Change Request 7306</b>

**Note to Contractors: Transmittal 849, dated January 28, 2011, is being rescinded and replaced by Transmittal 908, dated June 22, 2011, to revise the Effective and Implementation dates for the DME MACs only, to update the background with the revised implementation dates, and to revise the transmittal references in Business Requirements 7306.1, 7306.2.2, and 7306.3.1. All other information remains the same.**

**SUBJECT: Modifications to the Implementation of the PWK (paperwork) segment for X12N Version 5010**

**I. SUMMARY OF CHANGES:** Additional business requirements are necessary to complete the implementation of the PWK segment scheduled for July 2011 under Change Request (CR) 7041.

**EFFECTIVE DATE: July 1, 2011 for all except DME MACs;  
October 1, 2011 for DME MACs only**

**IMPLEMENTATION DATE: July 5, 2011 for all except DME MACs;  
October 3, 2011 for DME MACs only**

*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:**  
Funding for implementation activities will be provided to contractors through the regular budget process.

**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.*

# Attachment – One-Time Notification

<b>Pub. 100-20</b>	<b>Transmittal: 908</b>	<b>Date: June 22, 2011</b>	<b>Change Request: 7306</b>
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**SUBJECT: Modifications to the Implementation of the PWK (paperwork) segment for X12N Version 5010**

**Effective Date: July 1, 2011 for all except DME MACs;  
October 1, 2011 for DME MACs only**

**Implementation Date: July 5, 2011 for all except DME MACs;  
October 3, 2011 for DME MACs only**

## I. GENERAL INFORMATION

**A. Background:** Additional business requirements are necessary to complete the implementation of the PWK segment scheduled for July and October 2011 under Change Request (CR) 7041.

Estimates for this CR should include a breakdown as part of the Level of Effort (LOE) response, utilizing the following table to be included in the “Estimate-Specific Comments” portion of the LOE template, to follow the Investment Lifecycle Phases. The shared system maintainers are not required to estimate per the Investment Lifecycle Phases.

Investment Lifecycle Phase	Total Hours	Total Cost
Pre-Implementation/CR Review		
Design & Engineering Phase		
Development Phase		
Testing Phase		
Implementation Phase		

Note that the Pre-Implementation/CR Review costs will not be funded under the unique funding situation for the 5010/D.0 project, but instead out of the MAC’s pot of hours for Pre-Implementation/CR Review.

**B. Policy:** The Administrative Simplification provisions of HIPAA require the Secretary of HHS to adopt standard electronic transactions and code sets for administrative health care transactions. The Secretary may also modify these standards periodically.

## II. BUSINESS REQUIREMENTS TABLE

Number	Requirement	Responsibility (place an “X” in each applicable column)						
		A	D	F	C	R	Shared-	OTH
		/	M	I	A	H	System	ER
		B	E		R	H	Maintainers	

		M A C	M A C		R I E R	I S S	F I S S	M C S	V M S	C W F	
7306.1	Contractors shall return only the PWK fax/mail cover sheet when the fax/mail cover sheet is incomplete or incorrectly filled out. This business requirement replaces business requirement 7041.2.3 in Transmittal 874 dated April 20, 2011.	X	X	X	X	X					RRB
7306.1.1	Contractors shall take the necessary steps to mask any Protected Health Information (PHI) present on returned fax/mail cover sheets. Contractors are free to select their method of PHI protection.	X	X	X	X	X					RRB
7306.2	Shared system shall provide a contractor controlled mechanism to accept the PWK02 value EL for those contractors in a CMS-approved electronic claims attachment pilot. This mechanism will suppress initial auto letter generation when PWK02 is EL and is present at any level of the claim (claim or line).						X	X			
7306.2.1	Contractors shall allow seven calendar “waiting” days (from the date of receipt) for additional information to be submitted when the PWK02 value is EL.	X	X	X	X	X					RRB
7306.2.2	Waiting days shall be backed out per business requirement 7041.14.1 in Transmittal 874 dated April 20, 2011						X	X			
7306.3	Contractors will only use the values BM, and FX in PWK02 and will communicate that via companion document.	X		X	X	X					RRB CEDI
7306.3.1	Those contractors in a CMS-approved electronic claims attachment pilot may accept other values based on agreement with willing trading partners. This business requirement replaces business requirement 7041.12 in Transmittal 874 dated April 20, 2011.	X		X	X	X					RRB

### III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility (place an “X” in each applicable column)									
		A / B M A C	D M A C	F I E R	C A R I E R	R H I S S	Shared-System Maintainers				OTH ER
						F I S S	M C S	V M S	C W F		
7306.4	A provider education article related to this instruction will be available at <a href="http://www.cms.hhs.gov/MLNMattersArticles/">http://www.cms.hhs.gov/MLNMattersArticles/</a> shortly after the CR is released. You will receive notification of the article release via the established "MLN Matters" listserv.	X	X	X	X	X					RRB CEDI

Number	Requirement	Responsibility (place an "X" in each applicable column)								
		A / B  M A C	D M E  M A C	F I  M A C	C A R I E R	R H I  S S	Shared-System Maintainers			
						F I S S	M C S	V M S	C W F	
	Contractors shall post this article, or a direct link to this article, on their Web site and include information about it in a listserv message within one week of the availability of the provider education article. In addition, the provider education article shall be included in your next regularly scheduled bulletin. Contractors are free to supplement MLN Matters articles with localized information that would benefit their provider community in billing and administering the Medicare program correctly.									

**IV. SUPPORTING INFORMATION**

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

*Use "Should" to denote a recommendation.*

X-Ref Requirement Number	Recommendations or other supporting information:

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

**V. CONTACTS**

**Pre-Implementation Contact(s):** Brian Reitz, [Brian.Reitz@cms.hhs.gov](mailto:Brian.Reitz@cms.hhs.gov) , 410-786-5001 for professional claims and Matthew Klischer [Matthew.Klischer@cms.hhs.gov](mailto:Matthew.Klischer@cms.hhs.gov) , 410-786-7488 for institutional claims.

**Post-Implementation Contact(s):** *Contact your Contracting Officer's Technical Representative (COTR) or Contractor Manager, as applicable.*

## **VI. FUNDING**

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

Funding for implementation activities will be provided to contractors through the regular budget process.

### **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.