CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 2181	Date: March 25, 2011
	Change Request 7269

SUBJECT: Medicare Claims Processing Pub. 100-04 Chapter 24 Update for HIPAA 5010 and EDI Enhancements

I. SUMMARY OF CHANGES: The purpose of this CR is to publish an updated version of Internet Only Manual (IOM) Pub.100-04, Chapter 24.   The chapter has been updated to reflect changes in EDI stemming from the implementation of the HIPAA version 5010.   This CR also communicates information on Coordination of Benefits that has been shifted from IOM Pub.100-04, Chapter 24 to IOM Pub. 100-04, Chapter 28, section 70.6.

EFFECTIVE DATE: April 25, 2011
IMPLEMENTATION DATE: April 25, 2011

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	24/Title/Medicare Claims Processing Manual Chapter 24? General EDI and EDI Support Requirements, Electronic Claims, and Mandatory Electronic Filing of Medicare Claims
R	24/Table of Contents
D	24/10/Electronic Data Interchange (EDI) General Outreach Activities
N	24/10/Introduction to Electronic Data Interchange (EDI) for Medicare Fee For Services (FFS)
D	24/10/10.1/Carrier, DMERC, and FI Analysis of Internal Information
N	24/10/10.1/Requirement for EDI
D	24/10/10.1.1/Systems Information
D	24/10/10.2/Contact with New Providers
N	24/10/10.2/Audience for this chapter
D	24/10/10.3/Production and Distribution of Information to Increase Use of EDI
N	24/10/10.3/Scope of this chapter
D	24/10/10.4/Production and Distribution of Material to Market EDI
N	24/10/10.4/Acronyms and Definitions
D	24/20/EDI Enrollment
N	24/20/General EDI
D	24/20/20.1/EDI Enrollment Form
N	24/20/20.1/HIPAA Legislative Background
D	24/20/20.1.1/New Enrollments and Maintenance of Existing Enrollments
D	24/20/20.2/Submitter Number
N	24/20/20.2/The America Reinvestment and Recovery Act (ARRA)
D	24/20/20.3/Release of Medicare Eligibility Data
N	24/20/20.3/HIPAA and ARRA on Security and Privacy
D	24/20/20.4/Network Service Vendor (NSV) Agreement
N	24/20/20.4/Administrative Simplification and Compliance Act (ASCA)
D	24/20/20.5/EDI User Guidelines
D	24/20/20.6/Directory of Billing Software Vendors and Clearinghouses
D	24/20/20.7/EDI Enrollment and EDI Claim Record Retention
D	24/30/Technical Requirements - Data, Media, and Telecommunications
N	24/30/EDI Enrollment and Registration (AKA Trading Partner Agreements)
D	24/30/30.1/System Availability

R	24/30/30.1/EDI Enrollment
D	24/30/30.2/Media
R	24/30/30.2/New Enrollments and Maintenance of Existing Enrollments
D	24/30/30.3/Telecommunications and Transmission Protocols
R	24/30/30.3/Submitter Number
D	24/30/30.4/Toll-Free Service
R	24/30/30.4/Network Service Vendor (NSV) Agreement
D	24/30/30.5/Initial Editing
D	24/30/30.6/Translators
D	24/30/30.7/Claim Key Shop and Optical Character Recognition (OCR)/Image
D	24/40/Required Electronic Data Interchange Formats
R	24/40/Medicare FFS EDI User Roles and Responsibilities in an EDI environment
D	24/40 /40.1/General HIPAA EDI Requirements
R	24/40 /40.1/Centers for Medicare and Medicaid Services - Medicare Fee-For-Service
D	24/40 /40.1.1/Reserved
R	24/40 /40.1.1/HIPAA transaction standards as designated by CMS
D	24/40 /40.1.2/Reserved
R	24/40 /40.1.2/Transactions Used In the Acknowledgement of Receipt of Claims
D	24/40 /40.1.3/FI HIPAA Claim Level Edits
R	24/40 /40.1.3/Change Request (CR) to Communicate Policy
D	24/40 /40.2/Continued Support of Pre-HIPAA EDI Formats
R	24/40 /40.2/Medicare FFS Contractors (FI, Carriers, RHHI, A/B MAC, DME MAC)
N	24/40 /40.2.1/Certification Purpose and Process of Certification Testing
N	24/40/40.2.2/Security Requirements - Insert SA-9 Language
N	24/40 /40.2.2.1/FI, Carrier, RHHI, A/B MAC, DME MAC, and CEDI Data Security and Confidentiality Requirements
N	24/40 /40.2.2.2/FIs, Carriers, RHIIs, A/B MACs, DME MACs, and CEDI EDI Audit Trails
N	24/40 /40.2.2.3/Security-Related Requirements for FIs Carriers, RHHIs, A/B MACs, and CEDI Arrangements With Clearinghouses and Billing Services
N	24/40 /40.2.2.4/Release of Medicare Eligibility Data
N	24/40 /40.2.2.5/EDI Enrollment and EDI Claim Record Retention

N	24/40 /40.2.3/General EDI Outreach Activities
N	24/40 /40.2.3.1/FIs, Carriers, RHHIs, A/B MACs, DME MACs and CEDI Analysis of Internal Information
N	24/40 /40.2.3.2/Contact With New Providers
N	24/40 /40.2.3.3/Production and Distribution of Information to Increase Use of EDI
N	24/40 /40.2.3.4/Production and Distribution of Material to Market EDI
N	24/40 /40.2.4/Trading Partner Management
N	24/40 /40.2.4.1/User Guidelines
N	24/40 /40.2.4.2/Technical Assistance to EDI Trading Partners
N	24/40 /40.2.4.3/Training Content and Frequency
N	24/40 /40.2.4.4/Prohibition Against Requiring Use of Proprietary Software or DDE
N	24/40 /40.2.4.5/Free Claim Submission Software
N	24/40 /40.2.4.6/Newsletters/Bulletin Board/Internet Publication of EDI Information
N	24/40 /40.2.4.7/Provider Guidelines for Choosing a Vendor
N	24/40 /40.2.4.7.1/Determining Goals/Requirements
N	24/40 /40.2.4.7.2/Vendor Selection
N	24/40 /40.2.4.7.3/Evaluating Proposals
N	24/40 /40.2.4.7.4/Negotiating With Vendors
N	24/40 /40.2.5/Provision of EDI User Guidelines
N	24/40 /40.2.6/Provision and Maintenance of a Directory of Billing Software Vendors and Clearinghouses
D	24/40/40.3/National Council for Prescription Drug Program (NCPDP) Claim Requirements
R	24/40 /40.3/Trading Partners (reserved)
D	24/40/40.3.1/Remittance Advice
D	24/40/40.3.2/Standard Paper Remittance (SPR) Notices
D	24/40/40.3.3/Remittance Advice Remark Codes
D	24/40/40.4/COB Trading Partner and Contractor Crossover Claim Requirements
D	24/40/40.4.1/Payment Floor Requirement
D	24/40/40.4.2/Alternative to EFT
D	24/40/40.4.3/Tri-Partite Bank Agreement
D	24/40/40.5/Direct Data Entry (DDE) Screens
D	24/40/40.6/Use of Imaging, External Key Shop, and In-House Keying for Entry of Transaction Data Submitted on Paper

D	24/40/40.7/Electronic Funds Transfer (EFT)
D	24/40/40.7.1/X12N 837 Institutional Implementation Guide (IG) Edits
D	24/40/40.7.2/X12N 837 Professional Implementation Guide (IG) Edits
D	24/40/40.7.3/National Council for Prescription Drug Program (NCPDP) Implementation
D	24/40/40.8/Claim Implementation Guide Edits
D	24/40/40.8.1/X12N 837 Institutional Implementation Guide and Direct Data Entry Edits
D	24/40/40.8.2/X12N 837 Professional Implementation Guide Edits
D	24/40/40.8.3/National Council of Prescription Drug Programs (NCPDP) Implementation Guide Edits
D	24/50/EDI Testing Requirements
R	24/50/Technical Requirements
D	24/50/50.1/Shared System and Common Working File (CWF) Maintainers Internal Testing Requirements
R	24/50/50.1/Telecommunications, Internet and Dial-up
N	24/50/50.1.1/System Availability
N	24/50/50.1.2/Media
N	24/50/50.1.3/Telecommunications and Transmission Protocols
N	24/50/50.1.4/Toll-Free Service
R	24/50/50.2/Translators
D	24/50/50.3/Third-Party Certification Systems and Services
R	24/50/50.3/Common Edits and Enhancements Module (CEM) General Description
N	24/50/50.3.1/Claim Numbering
N	24/50/50.3.2/Receipt/ Control/Balancing
N	24/50/50.3.3/Acknowledgements
D	24/50/50.4/EDI Submitter/Receiver Testing by Carriers, DMERCs, and FIs
R	24/50/50.4/DME Unique Specifications
D	24/50/50.4.1/Testing Accuracy
R	24/50/50.4.1/Claim Numbering
D	24/50/50.4.2/Limitation on Testing of Multiple Providers that Use the Same Clearinghouse, Billing Service, or Vendor Software
R	24/50/50.4.2/Receipt Control and Balancing
D	24/50/50.4.3/Carrier, DMERC, and FI Submitter/Receiver Testing with Legacy Formats during the HIPAA Contingency Period

R	24/50/50.4.3/Acknowledgements for X12 5010 and NCPDP D.0 Transactions
D	24/50/50.4.4/Discontinuation of Use of COB Claim Legacy Formats Following Successful HIPAA Format Testing
D	24/50/50.4.5/EDI Receiver Testing by Carriers, DMERCs, and Intermediaries
D	24/50/50.5/Changes in Provider's System or Vendor's Software and Use of Additional EDI Formats
R	24/50/50.5/Testing Accuracy
N	24/50/50.5.1/Limitation on Testing of Multiple Providers that Use the Same Clearinghouse, Billing Service, or Vendor Software
N	24/50/50.5.2/EDI Receiver Testing by FIs, Carriers, RHHIs, and A/B MACs, and CEDI
N	24/50/50.6/Changes in Provider's System or Vendor's Software and Use of Additional EDI Formats
N	24/50/50.7/Delimiters
N	24/50/50.8/Nulls (reserved)
N	24/50/50.9/Direct Data Entry (DDE) Screens
D	24/60/Support of EDI Trading Partners
R	24/60/EDI Edit Requirements
D	24/60/60.1/User Guidelines
R	24/60/60.1/FIs, Carriers, RHHIs, A/B MACs, and CEDI Edit Requirements
D	24/60/60.2/Technical Assistance to EDI Trading Partners
R	24/60/60.2/Claim Implementation Guide Edits
N	24/60/60.2.1/FIs, Carriers, RHHIs, A/B MACs, and CEDI HIPAA Claim Level Edits
N	24/60/60.2.2/X12N 837 Institutional Implementation Guide (IG) Edits
N	24/60/60.2.3/X12N 837 Institutional Implementation Guide and Direct Data Entry Edits
N	24/60/60.2.4/Supplemental FI-Specific Shared System Edit Requirements
D	24/60/60.3/Training Content and Frequency
R	24/60/60.3/Claim Implementation Guide Edits Part B and DME

N	24/60/60.3.1/X12N 837 Professional Implementation Guide (IG) Edits
N	24/60/60.3.2/National Council for Prescription Drug Program (NCPDP) Implementation
D	24/60/60.4/Prohibition Against Requiring Use of Proprietary Software or DDE
R	24/60/60.4/Key Shop and Optical Character Recognition
N	24/60/60.4.1/Claim Key Shop and Optical Character Recognition (OCR)/Image Character Recognition (ICR) Mapping to X12N Based Flat File
N	24/60/60.4.2/Key Shop and Image Processing
D	24/60/60.5/Free Claim Submission Software
R	24/60/60.5/COB Trading Partner and Contractor Crossover Claim Requirements
D	24/60/60.6/Remittance Advice Print Software
D	24/60/60.6.1/Medicare Remit Easy-Print Software for Professional Providers and Suppliers
D	24/60/60.6.2/Medicare Standard Electronic PC Print Software for Institutional Providers
R	24/60/60.6/Remittance Advice and Standard Paper Remittances
D	24/60/60.7/Newsletters/Bulletin Board/Internet Publication of EDI Information
R	24/60/60.7/Payments
N	24/60/60.7.1/Payment Floor Requirement
N	24/60/60.7.2/Alternative to EFT
N	24/60/60.7.3/Electronic Funds Transfer (EFT)
N	24/60/60.7.4/Tri-Partite Bank Agreement
D	24/60/60.8/Provider Guidelines for Choosing a Vendor
D	24/60/60.8.1/Determining Goals/Requirements

D	24/60/60.8.2/Vendor Selection
D	24/60/60.8.3/Evaluating Proposals
D	24/60/60.8.4/Negotiating With Vendors
D	24/70/EDI Edit Requirements
R	24/70/CMS Defined File Formats
D	24/70/70.1/Carrier, DMERC, and FI X12 Edit Requirements
R	24/70/70.1/General HIPAA EDI Requirements
D	24/70/70.2/Supplemental FI-Specific Shared System Edit Requirements
R	24/70/70.2/National Council for Prescription Drug Program (NCPDP) Claim Requirements
D	24/70/70.2.1/FI HIPAA Claim Level Implementation Guide Edits
D	24/70/70.3/Supplemental Carrier/DMERC-Specific Shared System Implementation Guide Edit Requirements
D	24/70/70.4/Key Shop and Image Processing
D	24/80/Security
R	24/80/Electronic Data Interchange (EDI) Reporting Requirements
D	24/80/80.1/Carrier, DMERC, or FI Data Security and Confidentiality Requirements
R	24/80/80.1/Contractor Reporting of Operational and Workload (CROWD) Reporting
D	24/80/80.2/Carrier, DMERC, and FI EDI Audit Trails
R	24/80/80.2/Common Edits and Enhancements Module (CEM) Reporting
D	24/80/80.3/Security-Related Requirements for Carrier, DMERC, or FI Arrangements with Clearinghouses and Billing Services
R	24/80/80.3/Common Electronic Data Interchange (CEDI) Reporting
N	24/80/80.4/HIPAA Transition Reporting
N	24/80/80.5/Administrative Simplification and Compliance Act (ASCA) Reporting
R	24/90/Mandatory Electronic Submission of Medicare Claims
R	24/90/90.1/Small Providers and Full-Time Equivalent Employee Self-Assessments
R	24/90/90.2/Exceptions
R	24/90/90.3/"Unusual Circumstance" Waivers

R	24/90/90.3.1/Unusual Circumstance Waivers Subject to Provider Self-Assessment
R	24/90/90.3.2/Unusual Circumstance Waivers Subject to Contractor Evaluation and CMS Decision
R	24/90/90.4/Electronic and Paper Claims Implications of Mandatory Electronic Submission
R	24/90/90.5.2/MCS and VMS Roles in ASCA Enforcement
R	24/90/90.5.3/Contractor Roles in ASCA Reviews
R	24/90/90.6 Provider Education
R	24/90/90.7 Application of Electronic Data Interchange Enrollment Information and ASCA Enforcement Review Decisions from Other Medicare Contractors to the Same Providers When They Bill the Railroad Medicare Carrier
R	24/90/90.7.1 RMC Entry of ASCA Enforcement Review Decisions and EDI Enrollment Information from Other Medicare Contractors into PES
R	28/70/70.6/Consolidation of the Claims Crossover Process

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. ATTACHMENT:

Business Requirement

Manual Instruction

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