

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 903	Date: May 27, 2011
	Change Request 7451

SUBJECT: Medicare Remit Easy Print (MREP) Update to Accommodate Extended Fractional Units for ASC X12 Transaction 835 (Health Care Claim Payment/Advice)

I. SUMMARY OF CHANGES: This Change Request (CR) instructs VMS to update the Medicare Remit Easy Print (MREP) software to accommodate extended fractional units (COBOL PIC S9(7)V999) in the SVC and the CAS segments.

EFFECTIVE DATE: October 1, 2011

IMPLEMENTATION DATE: October 3, 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

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
N/A	

III. FUNDING:

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

Not Applicable.

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

Pub. 100-20	Transmittal: 903	Date: May 27, 2011	Change Request: 7451
-------------	------------------	--------------------	----------------------

SUBJECT: Medicare Remit Easy Print (MREP) Update to Accommodate Extended Fractional Units for ASC X12 Transaction 835 (Health Care Claim Payment/Advice)

Effective Date: October 1, 2011

Implementation Date: October 3, 2011

I. GENERAL INFORMATION

A. Background: Change Request (CR) 7065 (Transmittal 2103 published on November 19, 2010) implemented the requirement to report and pay based on fractional mileage units for ambulance services. All Medicare ambulance providers and suppliers bill mileage that is accurate to a tenth of a mile effective January 1, 2011, and the payment is calculated based on the actual mileage submitted on the claim. ASC X12 835 v4010A1 and v5010A1 is capable of reporting the submitted and paid fractional mileage units. It has come to CMS' attention that MREP Remittance Advice (RA) does not have that capability. This CR instructs VMS to update the MREP software to accommodate extended fractional units (COBOL PIC S9(7)V999) in the SVC and the CAS segments per 835v5010A1 Flat File as attached to CR 7409, Transmittal 873.

NOTE: This update in MREP will accommodate extended fractional units in both 4010A1 and 5010A1 versions.

B. Policy: The Administrative Simplification provisions of HIPAA regulations 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. The Centers for Medicare and Medicaid Services (CMS) will implement the new HIPAA standard for Electronic Remittance Advice (ERA) and be ready for testing by April 1, 2011 and for production on or before January 1, 2012.

II. BUSINESS REQUIREMENTS TABLE

Use "Shall" to denote a mandatory requirement

Number	Requirement	Responsibility (place an "X" in each applicable column)								
		A / B M A C	D E M A C	F I R E R	C A R H I E R	R H I	Shared-System Maintainers			
						F I S S	M C S	V M S	C W F	
7451.1	VMS shall update MREP software to display up to 7 whole numbers and 3 decimal places (S9(7)V999) for the paid and submitted units at the line level: LOOP 2110 SVC05 LOOP 2110 SVC07 for MREP RA per 835v5010A1 flat file attached to CR 7409							X		
7451.2	VMS shall update MREP software to display up to 7 whole							X		

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B	D M E	F I	C A R R I E R	R H I	Shared-System Maintainers				OTHER
		M A C	M A C				F I S S	M C S	V M S	C W F	
	numbers and 3 decimal places (S9(7)V999) for any adjustment quantity at the line level as appropriate: LOOP 2110 CAS04 LOOP 2110 CAS07 LOOP 2110 CAS10 LOOP 2110 CAS13 LOOP 2110 CAS16 LOOP 2110 CAS19 for MREP RA per 835v5010A1 flat file attached to CR 7409										

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B	D M E	F I	C A R R I E R	R H I	Shared-System Maintainers				OTHER
		M A C	M A C				F I S S	M C S	V M S	C W F	
	None.										

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:
N/A	

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

V. CONTACTS

Pre-Implementation Contact(s): Sumita Sen Sumita.Sen@cms.hhs.gov 410-786-5755

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*:

N/A

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

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.