Electronic Submission of Medical Documentation (esMD)

HIH Technical Release Changes for AR2025.11.0 Interim Release (Preliminary)

Version 1.0

08/25/2025

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1 Introduction

This Technical Release Changes (TRC) document provides details of the interface and technical release changes that will be deployed to the Production (PROD) esMD System in the November 2025 interim release (AR2025.11.0). The following change requests and system enhancements are addressed in this document:

- **CHG01.2025.11:** Implement Ambulatory Surgical Center PA Program in XDR and FHIR Format.

This document must be used in conjunction with the Release Summary and the Centers for Medicare & Medicaid Services (CMS) Health Information Handler (HIH) Implementation Guide.

The audience of this document are implementers, such as architects and developers who are responsible for the exchange of supporting information among healthcare providers, HIHs, and their business associates such as CMS.

2 Overview

This document outlines the functional/technical aspects of the following functionalities that will be implemented in November 2025 interim release for changes under CHG01.2025.11.

1. **CHG01.2025.11**: Implement Ambulatory Surgical Center PA Program in XDR and FHIR Format.

As part of this Change Request (CR) the following changes have been implemented:

- Implement enhancements to the esMD system to enable acceptance of Ambulatory Surgical Center (ASC) requests from participating HIHs in both XDR and FHIR formats.

3 Assumptions

1. Medicare providers shall have the active signed agreements with their respective HIH to exchange the electronic transactions via esMD (including RC outbound transactions with PHI).

2. Medicare providers shall sign up with the appropriate information for their review contractors, including the HIH information to receive the RC outbound transactions.

3. RCs (who already have an existing provider registry) shall enhance their registry to accommodate the details required for the RC outbound transactions.

4. Providers shall share their HIH selection with the respective RCs to confirm the active HIH (to whom the RC outbound transactions shall be sent).

5. Communication between the CMS esMD system and Medicare RCs will be asynchronous.

4 High-Level Requirement Details

4.1 Ambulatory Surgical Center (ASCs) Enhancements

The purpose of this change request is to incorporate changes to support Ambulatory Surgical Center requests sent by participating HIHs in either XDR or FHIR format.

4.1.1 Overview of Submission and Validation Requirements for XDR ASC Requests

- All XDR requests from HIHs must conform to the HITSP C62 format and include both structured and unstructured documents as per XDR submission guidelines.

- HIHs must use Content Type Code 8.7 when submitting Ambulatory Surgical Center Line of Business (LOB) requests.

- The following metadata is validated in the XDR request sent by the HIH:
    1. Class Code: "1" (Unstructured), "2" (Structured)
    2. Format Code: "1" (HITSP C62), "3" (CDP-Set1), "4" (C-CDA)
    3. Health Facility Type Code: "1" (HIH), "2" (Health Care Provider)
    4. Content Type Code (CTC): "8.7"

- The participating HIH OID, RC OID, and the CTC 8.7 are validated to ensure they are active.

- HIHs will receive a validation error for any of validation that fails.

- HIHs will receive a decision indicator at the consolidated decision request level, based on service line decisions.

- HIHs will receive the decision indicators according to the following rules for single and multiple service lines.
    1. If the service line decision is **'A'** (Affirmed), the request-level decision will be **'A'**.
    2. If the service line decision is **'N'** (Non Affirmed), the request-level decision will be **'N'**.

- When the item of service is submitted as **multiple service pairs** within a single record:
    1. If service line decisions are a **combination of 'A' and 'N'**, the request-level decision will be **'P'** (Partially Affirmed).

- HIHs will continue to receive the same audit events, error messages, and associated transaction statuses related to Pickup, PA Reject, Decision, and Admin Error notifications for the Ambulatory Surgical Center PA Program (CTC 8.7).

Note: A sample PA Decision Response will be provided in the final version of the TRC document.

4.1.2 Overview of Submission and Validation Requirements for FHIR ASC Requests

- HIHs must use CTC 8.7 when submitting Ambulatory Surgical Center Line of Business (LOB) requests..

- HIHs must follow the same process and changes to the metadata elements Class Code, Format Code, Health Facility Type Code when submitting the ASC requests.

- The participating HIH OID, RC OID, and the CTC 8.7 are validated to ensure they are active.

- HIHs can pull validation errors for any of the validations that fail.

- HIHs will receive a decision indicator at the consolidated decision request level based on service line decisions.

- HIHs will receive the decision indicators according to the following rules for single and multiple service lines.

    1. If the service line decision is **'A'** (Affirmed), the request-level decision will be **'A'**.

    2. If the service line decision is **'N'** (Non Affirmed), the request-level decision will be **'N'**.

- When the item of service is submitted as **multiple service pairs** within a single record:

    1. If service line decisions are a **combination of 'A' and 'N'**, the request-level decision will be **'P'** (Partially Affirmed).

- HIHs will continue to receive the same audit events, error messages, and associated transaction statuses related to Pickup, PA Reject, Decision, and Admin Error notifications for the Ambulatory Surgical Center PA Program (CTC 8.7).

Note: HIIHs must follow the current process to submit the FHIR Requests for Ambulatory Surgical Center Requests. For reference, see Bundle Submission documentation: https://esmdguide-fhir.cms.hhs.gov/BundleSubmission.html

Appendix A: Record of Changes

Table 1: Record of Changes

Version Number	Date	Author/Owner	Description of Change
1.0	08/05/2025	Venkata Gurram	Preliminary version of the November 2025 Interim Release HIH TRC Version 1.0

Appendix B: Acronyms

Table 2: Acronyms

Acronym	Literal Translation
ASC	Ambulatory Surgical Center
C-CDA	Consolidated-Clinical Data Architecture
CDP	Clinical Documents for Payers
CHG	Change
CMS	Centers for Medicare & Medicaid Services
CR	Change Request
esMD	Electronic Submission of Medical Documentation
FHIR	Fast Healthcare Interoperability Resources
HIH	Health Information Handler
HITSP	Health Information Technology Standards Panel
ID	Identifier
LOB	Line of Business
OID	Organizational Identifier
PA	Prior Authorization
PHI	Protected Health Information
PROD	Production Environment
RC	Review Contractor
TRC	Technical Release Changes
XDR	Cross-Enterprise Document Reliable Interchange

Appendix C: Referenced Documents

Table 3: Referenced Documents

Document Name	Document Location and/or URL	Issuance Date
HIH Implementation Guide AR2025.11.0	TBD	TBD