

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Centers for Medicare & Medicaid Services



**News Flash** – If you are a provider or supplier that furnishes the technical component of Advanced Diagnostic Imaging (ADI) services and bill Medicare under the Physician Fee Schedule for these services, you should know that you must be accredited by Sunday, January 1, 2012. Those not accredited by that deadline will not be able to bill Medicare until they become accredited. For more information about ADI Accreditation, including details of the accreditation process and the organizations approved by the Centers for Medicare & Medicaid Services (CMS) to grant accreditation, please visit <http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/AdvancedDiagnosticImagingAccreditation.html> on the CMS website. An MLN Special Edition Article (SE1122) – “Important Reminders about Advanced Diagnostic Imaging (ADI) Accreditation Requirements” – has also been published and is available at <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/SE1122.pdf> on the CMS website.

MLN Matters® Number:MM7466 Revised

Related Change Request (CR) #: 7466

Related CR Release Date: July 29, 2011

Effective Date: January 1, 2012

Related CR Transmittal #: R926OTN

Implementation Date: January 3, 2012

### Medicare Remit Easy Print (MREP) and PC Print User Guide Update for Implementation of Version 5010A1

**Note:** This article was updated on September 4, 2012, to reflect current Web addresses. It was previously revised on February 22, 2012, to add a reference to MLN Matters® article SE1138 (<http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/SE1138.pdf>) to alert providers that although the HIPAA 5010/D.0 compliance date of January 1, 2012, did not change, HIPAA enforcement of compliance with the standards will be deferred to March 31, 2012. Also when claims use nonspecific procedure codes, a corresponding description of the service is now required. All other information remains the same.

### Provider Types Affected

This article is intended for physicians, providers, and suppliers using the Medicare Remit Easy Print (MREP) and PC Print software in relation to remittance advices they receive from Medicare

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contractors (carriers, Fiscal Intermediaries (FIs), DME Medicare Administrative Contractors (DME MACs) and/or Part A/B Medicare Administrative Contractors (MACs)) for services provided to Medicare beneficiaries.

## What You Need to Know

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MREP and PC Print have been updated to include the latest enhancements as part of implementing version 5010A1 for Transaction 835 - Health Care Claim Payment/Advice. Specifically:

- The MREP User Guide is being updated to reflect the changes in the software related to the HIPAA 5010A1; and
- The PC Print User Guide is being updated to reflect the changes in the software related to the HIPAA 5010A1 version for ASC X12 Transaction 835.

If you use MREP or PC Print, be sure to download the updated user guide for 835 version 5010A1 when they are available.

## Background

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The Centers for Medicare and Medicaid Services (CMS) is implementing the new standard for Transaction 835 (Health Care Claim Payment/Advice) Version 5010A1 adopted under the Health Insurance Portability and Accountability Act (HIPAA). Providers/Suppliers must transition to the new version on or before January 1, 2012. CMS has made MREP and PC Print software available to providers/suppliers to enable them to view/print/download the electronic remittance advice in version 5010A1 in a human readable format.

## Additional Information

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The official instruction, CR7466 issued to your carrier, FI, A/B MAC, and DME/MAC regarding this change may be viewed at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R926OTN.pdf> on the CMS website. For more information on the Version 5010 transition and implementation, visit <http://www.cms.gov/Regulations-and-Guidance/HIPAA-Administrative-Simplification/Versions5010andD0/index.html> on the CMS website. You may want to review MLN Matters® article SE1131 (<http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/SE1131.pdf>) that references the approaching deadline of January 1, 2012, for 5010 implementation. SE1131 urges providers to contact their MACS for the free version 5010 software and begin testing to avoid delays in payment for Fee-For-Service claims.

If you have any questions, please contact your carrier, FI, A/B MAC, or DME MAC at their toll-free number, which may be found at <http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/provider-compliance-interactive-map/index.html> on the CMS website.

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