

<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 850</b>	<b>Date: January 28, 2011</b>
	<b>Change Request 7282</b>

**SUBJECT: Health Insurance Portability and Accountability Act (HIPAA) 005010 837 Institutional (837I) Edits and 005010 837 Professional (837P) Edits - July 2011 Version**

**I. SUMMARY OF CHANGES:** The purpose of this Change Request (CR) is to provide the July 2011 updated edits spreadsheets to specific Part A and Part B (A/B) MACs which are, as of this time, in a position to implement 005010, specifically the following Jurisdictions: J1, J3, J4, J5, J9, J10, J12, J13, and J14, as well as the Common Electronic Data Interchange (CEDI) contractor. Other MACs, not currently in a position to implement 005010, must provide level of effort estimates only if they will be in a position to become 5010 operational prior to the effective date of this CR. A/B MACs currently in Corrective Action Plan or under a protest condition need not reply to this CR at this time. A future CR will address these MAC jurisdictions. Additionally, this CR directs Shared Systems and CEDI to implement the Common Edits Module (CEM) which will reside at the Local Data Center via the attached updated edits spreadsheets.

**EFFECTIVE DATE: July 1, 2011**

**IMPLEMENTATION DATE: July 5, 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

<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:**

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.*