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| CMS Manual System | Department of Health & Human Services (DHHS) |
| Pub 100-20 One-Time Notification | Centers for Medicare & Medicaid Services (CMS) |
| Transmittal 235 | Date: AUGUST 18, 2006 |
| | Change Request 5217 |

SUBJECT: Correction of Business Requirement 4320.19

I. SUMMARY OF CHANGES: This CR modifies CR 4320. It corrects the 4320.19 business requirement to clarify that the information covered by that business requirement can be shared with providers, in the event it has not yet been shared as a result of the miswording of the original requirement.

NEW / REVISED MATERIAL

EFFECTIVE DATE: *January 1, 2006

IMPLEMENTATION DATE: November 20, 2006

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 |
|--------------|---|
| N/A | |

III. FUNDING:

No additional funding will be provided by CMS; contractor activities are to be carried out within their FY 2007 operating budgets.

IV. ATTACHMENTS:

One-Time Notification

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

Attachment – One-Time Notification

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|-------------|------------------|-----------------------|---------------------|
| Pub. 100-20 | Transmittal: 235 | Date: August 18, 2006 | Change Request 5217 |
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SUBJECT: Correction of Business Requirement 4320.19

I. GENERAL INFORMATION

A. Background: This CR modifies CR4320. It corrects the 4320.19 business requirement to clarify that the information covered by that business requirement can be shared with providers, in the event it has not yet been shared as a result of the miswording of the original requirement.

B. Policy: All system edits that involve NPI or legacy identifier validation may be shared with providers and other submitters of HIPAA electronic transactions.

II. BUSINESS REQUIREMENTS

"Shall" denotes a mandatory requirement

"Should" denotes an optional requirement

| Requirement Number | Requirements | Responsibility ("X" indicates the columns that apply) | | | | | | | | |
|--------------------|--|---|------------------|---------------------------------|-----------------------|---------------------------|-------------|-------------|-------------|---------|
| | | F I | R H H I | C a r r i e r | D M E R C | Shared System Maintainers | | | | Other |
| | | | | | | F I S S | M C S | V M S | C W F | |
| 5217.1 | Carriers, DMERCs and FIs and DME/MAC's were to post information on their provider Web site within two weeks of release of CR 4320 (February 1, 2006) concerning NPI edit and rejection information contained in business requirements 4320.3, .4, .6.2 and .6.3, and in a provider newsletter to notify providers of the new edits to be applied when an NPI is included in an EDI transaction. They were also to notify claim and 276 submitters of actions they can take to avoid rejection of their transactions as result of these edits, and of how to correct and resubmit transactions if rejected as result of these edits. | X | X | X | X | | | | | DME/MAC |
| 5217.2 | Those carriers, DMERCs and FIs and DME/MAC's that did not previously post that information on their provider Web site or publish that information in their Newsletter as | X | X | X | X | | | | | DME/MAC |

| Requirement Number | Requirements | Responsibility (“X” indicates the columns that apply) | | | | | | | | |
|--------------------|---|---|-------------|---------------------------------|-----------------------|--|--|--|--|-------|
| | | F I | R H I | C a r r i e r | D M E R C | Shared System Maintainers F I S S M C S S V M S S C W F F | | | | Other |
| | result of the erroneous inclusion of a confidentiality clause in that business requirement when published as 4320.19 shall post this information on their provider Web site and include the information in a provider newsletter within 90 days of this CR. | | | | | | | | | |

III. PROVIDER EDUCATION

| Requirement Number | Requirements | Responsibility (“X” indicates the columns that apply) | | | | | | | | |
|--------------------|---|---|-------------|---------------------------------|-----------------------|--|--|--|--|---------|
| | | F I | R H I | C a r r i e r | D M E R C | Shared System Maintainers F I S S M C S S V M S S C W F F | | | | Other |
| 5217.3 | <p>In the event this information was not included in the MLN Matters article issued when CR 4320 was released, a provider education article related to this instruction will now be available at www.cms.hhs.gov/MLNMattersArticles shortly after the CR is released. You will receive notification of the article release via the established "MLN Matters" listserv.</p> <p>Contractors shall post this article, or a direct link to this article, on their Web site and include information about it in a listserv message within 1 week of the availability of the provider education article. In addition, the provider education article shall be included in your next regularly scheduled bulletin and incorporated into any educational events on this topic.</p> <p>Contractors are free to supplement MLN Matters articles with localized information that would benefit their provider community in billing and administering the Medicare program correctly.</p> | X | X | X | X | | | | | DME/MAC |

V. SUPPORTING INFORMATION AND POSSIBLE DESIGN CONSIDERATIONS

**A. Other Instructions: CR 3892, Pub. 100-20 Transmittal 160;
CR 4320, Pub. 100-20 Transmittal 204**

| X-Ref Requirement # | Instructions |
|----------------------------|---|
| 4320.19 | Carriers, DMERCs and FIs shall post information on their provider web site within two weeks of release of this CR and in a provider newsletter prior to January 2006 of the additional edits to be applied as result of this CR. They shall notify claim and 276 submitters of actions they can take to avoid rejection of their transaction as result of these edits, or to correct and resubmit transactions rejected as result of these edits. |

B. Design Considerations: N/A

| X-Ref Requirement # | Recommendation for Medicare System Requirements |
|----------------------------|--|
| | |

C. Interfaces: N/A

D. Contractor Financial Reporting /Workload Impact: N/A

E. Dependencies: N/A

F. Testing Considerations: N/A

VI. SCHEDULE, CONTACTS, AND FUNDING

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| Effective Date: *January 1, 2006 Implementation Date: November 20, 2006 Pre-Implementation Contact(s): Kathleen.Simmons@cms.hhs.gov Post-Implementation Contact(s): Kathleen.Simmons@cms.hhs.gov | No additional funding will be provided by CMS; contractor activities are to be carried out within their FY 2007 operating budgets. |
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*Unless otherwise specified, the effective date is the date of service.