
CMS Manual System

Pub. 100-20 One-Time Notification

Department of Health &
Human Services (DHHS)
Centers for Medicare &
Medicaid Services (CMS)

Transmittal 84

Date: MAY 28, 2004

CHANGE REQUEST 3284

I. SUMMARY OF CHANGES: Changes are needed to report MSP Information on the HIPAA X12N 837 created via the free billing software.

NEW/REVISED MATERIAL - EFFECTIVE DATE: October 1, 2004

***IMPLEMENTATION DATE: October 4, 2004**

II. CHANGES IN MANUAL INSTRUCTIONS: N/A
(R = REVISED, N = NEW, D = DELETED)

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

***III. FUNDING:**

Contractors are to submit funding requests for any costs incurred. Provide a detailed explanation for each task for which additional funding is requested. Submit any funding requests to Sumita Sen (SSEN@cms.hhs.gov) by June 4, 2004 with an e-mail copy to your applicable Consortium Contractor Management Staff coordinator

IV. ATTACHMENTS:

<input checked="" type="checkbox"/>	Business Requirements
<input type="checkbox"/>	Manual Instruction
<input type="checkbox"/>	Confidential Requirements
<input checked="" type="checkbox"/>	One-Time Notification

***Medicare contractors only**

Attachment - One-Time Notification

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SUBJECT: Reporting Medicare Secondary Payer (MSP) Information on the Health Insurance Portability and Accountability Act of 1996 (HIPAA) X12N 837 Created Via Free Billing Software

I. GENERAL INFORMATION

A. Background:

Medicare free billing software must be modified to allow MSP information to be populated on the HIPAA 837.

B. Policy:

The Administrative Simplification Compliance Act requires most providers to send all claims electronically including certain HIPAA 837 MSP claims. The Medicare free billing software must be modified to allow providers to electronically submit MSP claims when there is one primary payer to Medicare. NOTE: The HIPAA 837 does not accommodate data Medicare needs when there is more than one primary payer. Providers must submit these types of MSP claims on paper.

C. Provider Education:

A provider education article related to this instruction will be available at <http://www.cms.hhs.gov/medlearn/matters> shortly after the CR is released. You will receive notification of the article release via the established "medlearn matters" listserv. 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 one week of the availability of the provider education article. In addition, the provider education article must be included in your next regularly scheduled bulletin."

II. BUSINESS REQUIREMENTS

"Shall" denotes a mandatory requirement

"Should" denotes an optional requirement

Requirement #	Requirements	Responsibility
3284.1	Contractors shall ensure the free billing software they offer allows for submission of the necessary data elements to create a HIPAA-compliant 837 MSP claim when there is one primary payer to Medicare.	FIs, carriers, and durable medical equipment regional carriers (DMERCs)
3284.2	Contractors shall ensure the free billing	FIs, carriers, and

	software they offer supports submission of all primary payer data and identifies Medicare as the secondary payer.	DMERCs
3284.3	Contractors shall refer to change requests 2007, 2050 and 2758 for MSP data requirements and instructions.	FIs, carriers, and DMERCs
3284.4	Contractors shall begin beta testing with their free billing software vendor not later than 90 days after issuance of this CR.	FIs, carriers, and DMERCs
3284.5	Contractors shall complete beta testing with their free billing software vendor not later than 120 days after issuance of this CR.	FIs, carriers, and DMERCs
3284.6	Contractors shall issue upgraded free billing software to each provider currently using free billing software no later than October 4, 2004.	FIs, carriers, and DMERCs
3284.7	Contractors shall reject claims submitted using the "old" free billing software effective October 4, 2004. Note: Providers may use the upgraded free billing software before October 4, 2004 if it is available.	FIs, carriers, and DMERCs

III. SUPPORTING INFORMATION & POSSIBLE DESIGN CONSIDERATIONS

A. Other Instructions: None

X-Ref Requirement #	Instructions

B. Design Considerations: None

X-Ref Requirement #	Recommendation for Medicare System Requirements

C. Interfaces: None

D. Contractor Financial Reporting /Workload Impact: None

E. Dependencies: None

F. Testing Considerations: None

IV. SCHEDULE, CONTACTS, AND FUNDING

<p>Effective Date: October 1, 2004</p> <p>Implementation Date: October 4, 2004</p> <p>Pre-Implementation Contact(s): Matt Klischer, mklischer@cms.hhs.gov, 410-786-7488</p> <p>Post-Implementation Contact(s): Matt Klischer, mklischer@cms.hhs.gov, 410-786-7488</p>	<p>Funding for implementation activities will be provided to contractors through the regular budget process.</p>
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