

Program Memorandum Intermediaries

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

Transmittal A-03-041

Date: MAY 16, 2003

CHANGE REQUEST 2706

SUBJECT: Health Insurance Portability and Accountability Act (HIPAA) Version 4010A1 Institutional 837 Health Care Claim Additional Implementation Direction

This Program Memorandum (PM) provides additional information for intermediaries and their shared systems maintainers to ensure an accurate HIPAA implementation.

The Medicare X12N 837 version 4010A1 Edits Document (instedit4.zip) will be available at <http://cms.hhs.gov/providers/edi/hipaadoc.asp> by May 15, 2003. This document contains the specifications of edits that Medicare fiscal intermediaries (FIs) are to perform on an inbound HIPAA compliant 4010A1 837 claim transaction. The first page of the workbook provides an overview of the columns/fields used on the second page. The third page lists the changes between version 4010 and 4010A1.

The institutional claim flat file described in Transmittal AB-03-026 (Change Request 2385) dated February 21, 2003, has been updated. The name of the file will be i4010A1-2.zip. The file will be available at <http://cms.hhs.gov/providers/edi/hipaadoc.asp> by May 15, 2003.

Direction given in the X12N 837 Institutional Implementation Guide (IG) Addenda Items section of Transmittal AB-03-026 is being modified. Under "Shared Systems/FI Action for page 324, "No action required" is changed to "Translator and IG edits must be modified from a Required PRV Segment to a Situational PRV Segment".

Transmittal A-02-051 (Change Request 2128) dated June 18, 2002, established spreadsheets used by Claredi to certify Medicare's HIPAA transactions. These spreadsheets were not intended to be used as edits documents or to be used to program Medicare edits for use in Medicare's claims processing operations, nor did they supersede your current Medicare claims adjudication edits. If you used the spreadsheets to augment your IG edits, do not remove those edits as long as those edits do not conflict with the IG, the Medicare Edits Document, or your Medicare claims processing edits. CMS will no longer maintain the spreadsheets as the Claredi contract has expired.

For purposes of coordination of benefits processing, your shared system may use internal data or repository data to populate the 200 flat file record and the 300 flat file record, whichever data is the most current. This may result in the data not matching what was received with the claim originally, but the data will be the most current.

These instructions should be implemented within your current operating budget. No shared systems changes should be needed to carry out these instructions since it should not involve a change from how you are currently operating under Transmittals AB-03-026 (Change Request 2385) dated February 21, 2003, and AB-02-054 (Change Request 2021) dated April 25, 2002.

The effective and implementation date for this PM is May 27, 2003.

This PM may be discarded after October 31, 2004.

Medicare contractor questions concerning this PM may be directed to Matt Klischer at (410) 786-7488, or mklischer@cms.hhs.gov.

Any provider, clearinghouse, or other vendor questions related to this PM should be directed to their servicing Medicare intermediary(s).

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