# CMS Manual System

## Pub. 100-04 Medicare Claims Processing

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

**Transmittal 86** **Date: FEBRUARY 6, 2004**

**CHANGE REQUEST 3050**

**I. SUMMARY OF CHANGES:** The Part B and Durable Medical Equipment Regional Carriers (DMERCs) shared system maintainers must make changes to their pre-pass editing process to prevent certain claim errors from being accepted into the Part B and DMERC shared systems. These pre-pass edits will reject all inbound electronic claims that contain an invalid diagnosis code whether pointed to or not, will reject all inbound electronic claims that contain a space, dash, special character, or 1 byte numeric in any zip code field, and will reject all inbound electronic claims that contain a space, dash, special character, or parentheses in any telephone number field.

**NEW/REVISED MATERIAL - EFFECTIVE DATE: July 6, 2004**
***IMPLEMENTATION DATE: July 6, 2004**

***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 only receive the new/revised information, and not the entire table of contents.***

**II. CHANGES IN MANUAL INSTRUCTIONS: (*N/A if manual not updated.*)**
**(R = REVISED, N = NEW, D = DELETED – (*Only One Per Row.*)**

| R/N/D | CHAPTER/SECTION/SUBSECTION/TITLE |
|---|---|
| R | Chapter 24/Table of Contents |
| N | Chapter 24/40.7.2, X12N 837 Professional Implementation Guide (IG) Edits |
| | |

***III. FUNDING:**

**These instructions should be implemented within your current operating budget.**

**IV. ATTACHMENTS:**

| | |
|---|---|
| X | **Business Requirements** |
| X | **Manual Instruction** |
| | **Confidential Requirements** |
| | **One-Time Notification** |
| | **Recurring Change Notification** |

***Medicare contractors only**

# Attachment - Business Requirements

| Pub. 100-04 | Transmittal: 86 | Date: February 6, 2004 | Change Request 3050 |
|---|---|---|---|

**SUBJECT: X12N 837 Professional Implementation Guide (IG) Edits**

## I. GENERAL INFORMATION

**A. Background:** A change is needed to comply with the 837 Professional implementation guide and to allow the creation of compliant coordination of benefits (COB) claim files. Shared system maintainers must create pre-pass edits to reject electronic claims that contain invalid diagnosis codes, electronic claims that contain zip codes, and electronic claims that contain telephone numbers that are not compliant per the implementation guide.

**B. Policy:** The CMS is committed to implementing the professional 837 per the HIPAA implementation guide (IG).

**C. Provider Education:** Carriers and Durable Medical Equipment Regional Carriers (DMERCs) must inform affected providers by posting either a summary or relevant portions of this document on their Web site within 30 days. Also, you must publish this same information in your next regularly scheduled bulletin. If you have a listserv that targets affected providers, you must use it to notify subscribers that information about additional inbound claim editing is available on your Web site.

## II. BUSINESS REQUIREMENTS

*"Shall" denotes a mandatory requirement*
*"Should" denotes an optional requirement*

| Requirement # | Requirements | Responsibility |
|---|---|---|
| 3050.1 | Contractors shall create pre-pass edit to reject inbound electronic claims that contain invalid diagnosis codes whether pointed to or not. | Part B/DMERC shared system maintainers |
| 3050.2 | Contractors shall create pre-pass edit to reject inbound electronic claims that contain a space, dash, special character, or 1 byte numeric in any zip code. | Part B/DMERC shared system maintainers |
| 3050.3 | Contractors shall create pre-pass edit to reject inbound electronic claims that contain a space, dash, special character, or parentheses in any telephone number. | Part B/DMERC shared system maintainers |
| 3050.4 | Within 30 days after publication of this CR, contractors shall notify (via website, listserv, or other means) your providers of the requirements. | Carriers and DMERCs |
| 3050.5 | Contractors shall publish information regarding these new edits in your next regularly scheduled | Carriers and DMERCs |

| | | |
|---|---|---|
| | bulletin. | |

## III. SUPPORTING INFORMATION AND POSSIBLE DESIGN CONSIDERATIONS

**A. Other Instructions: N/A**

| X-Ref Requirement # | Instructions |
|---|---|
| | |

**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**

## IV. SCHEDULE, CONTACTS, AND FUNDING

| | |
|---|---|
| **Effective Date: July 6, 2004**<br><br>**Implementation Date: July 6, 2004**<br><br>**Pre-Implementation Contact(s): Brian Reitz 410-786-5001, breitz@cms.hhs.gov**<br><br>**Post-Implementation Contact(s): Brian Reitz 410-786-5001, breitz@cms.hhs.gov** | **These instructions should be implemented within your current operating budget** |

# Medicare Claims Processing Manual

## Chapter 24 - EDI Support Requirements

Table of Contents

***(Rev. 86, 02-06-04)***

*40.7.2 – X12N 837 Professional Implementation Guide (IG) Edits*

***(Rev. 86, 02-06-04)***

*The Part B Carriers and Durable Medical Equipment Regional Carriers (DMERCs) must reject inbound electronic claims that contain invalid diagnosis codes whether pointed to a specific detail line or not.*

*The Part B Carriers and Durable Medical Equipment Regional Carriers shall reject inbound electronic claims that contain a space, dash, special character, or 1 byte numeric in any zip code.*

*The Part B Carriers and Durable Medical Equipment Regional Carriers (DMERCs) must reject inbound electronic claims that contain a space, dash, special character, or parentheses in any telephone number.*