Program Memorandum Intermediaries

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

Transmittal A-02-119 **Date: NOVEMBER 8, 2002**

CHANGE REQUEST 2387

SUBJECT: 0001 Revenue Line Direction for the Health Insurance Portability and Accountability Act (HIPAA) Institutional 837 Health Care Claim

The HIPAA (version 4010) Institutional 837 references the National Uniform Billing Committee (NUBC) as the maintainer of revenue codes used by the 837. Effective May 9, 2002, the NUBC has limited the use of the 0001 revenue code to non-electronic claims (paper or paper facsimile).

After April 1, 2003, CMS will use the amount in the 2300 loop CLM02 (total claim charge amount) as the total in lieu of the 0001 revenue line amount. Between now and April 1, 2003, CMS will be in a 'transition' phase. Within two weeks after receipt of this instruction, notify your providers/submitters via your contractor website that CMS will continue to require test and production claims be submitted with a 0001 revenue line until April 1, 2003 (also include this information in your next regularly scheduled bulletin). The 0001 revenue line submitted on test and production claims after April 1, 2003, will be ignored by your shared system (whether you map the 0001 line or not). Your shared system will use CLM02 data, as well as other line item claim data, to create a 0001 line for use in internal processing. For the purposes of generating an 837 COB, your shared system will not enter the 0001 revenue line on the Medicare Part A/coordination of benefits (COB) flat file (flat file) after April 1, 2003, (moving the 0001 line American National Standards Institute (ANSI) codes to a Claim Level Adjustment fields on the flat file). For the purposes of generating an 837 COB, your shared system will generate the flat file total claim charge amount. The 0001 revenue line will not be sent on the outbound 837 COB transaction after April 1, 2003.

For purposes of direct data entry (DDE) processing, there are no changes at this time.

The 450 service lines direction given in Transmittal A-01-20 (CR1533) dated February 5, 2001, is being changed. After April 1, 2003, (and until further notice), intermediaries will map only the first 449 lines of claims exceeding 449 service lines to the flat file. Within two weeks after receipt of this instruction, notify your providers/submitters via your contractor website that until further notice CMS will not process claims exceeding 449 service lines (also include this information in your next regularly scheduled bulletin). 449 service lines is the threshold so that your shared system can use CLM02 data, as well as other line item claim data, to create a 0001 line for use in internal processing (totaling 450 lines). Your shared system will continue to return to provider (RTP) claims containing 449 lines where the CLM02 amount does not equal the total amount calculated by your shared system.

Until further notice, continue to use the 0001 revenue line for the Medicare 837 version 3051 as CMS maintains the codes used for 3051. Until further notice, continue to use the 0001 revenue line for the Uniform Billing (UB)-92 version 6.0 as this format will no longer be used after the 837 version 4010 is implemented.

The effective date for this PM is November 8, 2002.

The implementation date for this PM is April 1, 2003.

This PM may be discarded after April 1, 2004.

These instructions should be implemented within your current operating budget.

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