Program Memorandum Carriers

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

Transmittal B-02-070 **Date: OCTOBER 25, 2002**

CHANGE REQUEST 2361

SUBJECT: Reporting of Admission Date and Additional Edit Requirements for the X12N 837 (version 4010) Coordination of Benefits (COB) Transaction

This Program Memorandum (PM) provides instructions for carriers, durable medical equipment regional carriers (DMERCs), and their standard systems on the requirements for additional edits that are necessary to produce a Health Insurance Portability Accountability Act (HIPAA) compliant outbound X12N 837 (4010) COB. It also provides instructions for carriers and their standard systems for reporting the admission date on the X12N 837 (4010) coordination of benefits (COB) transaction.

Admission Date

The 4010 version of the ASC X12N 837 professional implementation guide states that the admission date is required for all inpatient medical visits claims/encounters. Since this data is not currently captured by the carrier standard system for paper and non-4010 claims, your COB trading partner could reject these COB transactions.

To avoid rejection by your COB trading partners, your standard system must report the "admission" date for the COB transaction when the inbound claim is non-4010 using the earliest date of service at loop 2400, DTP03 (DTP01 = 472), for all inpatient medical visit claims. Do not report the admission date for other inpatient claims, such as surgery, anesthesia, and consultations.

NM109 – Identification Number

When building your outbound X12N 837 (4010) COB transaction, the value in all NM109 data elements are defined by the qualifier in NM108. In order to support standardization across all contractors, if the qualifier in NM108 is "34" and the value in NM109 is not a nine-digit numeric and/or begins with 7, 8, or 9, your standard system must replace the value in NM109 with "199999999". This will eliminate the possibility of creating a valid social security number if NM109 were gap-filled with "9's". If the qualifier in NM108 is "24", the value in NM109 must be nine digits. Your standard system must gap fill any missing characters with "9's". This gap-fill will need to occur after the gap-fill requirement in CR 2021.

Certification Segments

Non-HIPAA claims may not have the ambulance and chiropractic certification information that is required on the outbound X12N 837 (4010) COB transaction. Since these segments are not being created as part of the gap filling process, you must notify your COB trading partners that outbound X12N 837 (4010) COB will not contain these segments when the incoming claim is paper or a non-HIPAA format. Your free Medicare software does not have to build the chiropractic segments. CMS will issue a future instruction requiring the standard systems to gap fill the ambulance segment.

You must inform your COB trading partners of the above changes.

HPBSS Standard System

The HPBSS standard system and associated carriers are waived from implementing this CR due to their upcoming transition to the Multi-Medicare Carrier System.

The *effective date* for this PM is April 1, 2003.

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

These instructions should be implemented within your current operating budget.

This PM may be discarded after October 16, 2003.

If you have any questions, contact Joy Glass on 410-786-6125 or jglass@cms.hhs.gov.