Medlearn Matters
Information for Medicare Providers

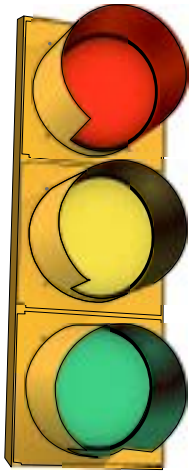
Related Change Request (CR) #: 3177
Medlearn Matters Number: MM3177
Related CR Release Date: April 23, 2004
Related CR Transmittal #: 73
Effective Date: May 24, 2004
Implementation Date: May 24, 2004

Revised American National Standards Institute X12N 837 Professional Health Care Claim Companion Document

Provider Types Affected

Physicians, suppliers, and providers

Provider Action Needed



STOP – Impact to You

Physicians, suppliers, and providers should note that this instruction provides revisions to the American National Standards Institute (ANSI) X12N 837 Professional Health Care Claim Companion Document.

CAUTION – What You Need to Know

The revisions to the ANSI X12N 837 Professional Health Care Claim Companion Document correct errors and omissions in the Companion Document provided previously by Change Request (CR) 2900, Transmittal 29, dated December 19, 2003.

GO – What You Need to Do

Refer to the *Background* and *Additional Information* sections of this instruction for further details regarding these changes.

Background

The Health Insurance Portability and Accountability Act (HIPAA) directed the Secretary of the Department of Health and Human Services (HHS) to adopt standards for transactions to enable health information to be exchanged electronically, and the Administrative Simplification Act (ASA), one of the HIPAA provisions, requires standard formats to be used for electronically submitted health care transactions.

The American National Standard Institute (ANSI) developed these, and the ANSI X12N 837 Implementation Guide has been established as the standard of compliance for claim transactions.

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A Companion Document is defined as a set of statements, which supplements the X12N 837 Professional Implementation Guide, and it clarifies contractors' expectations regarding data submission, processing, and adjudication.

This instruction revises the X12N 837 Professional Health Care Claim Companion Document and corrects errors and omissions in the Companion Document (previously provided by Change Request (CR) 2900, Transmittal 29, dated December 19, 2003).

This instruction also provides additional language to the Companion Document to cover items not previously addressed.

Also note that the Companion Document supplements, but does not contradict, requirements in the X12N 837 Professional implementation guide. A summary of changes to the document includes the following:

- Addition of a new statement indicating *"All diagnosis codes submitted on a claim must be valid codes per the qualified code source. Claims that contain invalid diagnosis codes, pointed to or not, will be rejected;"*
- Addition of two negative value statements for the 2400 loop (SV102 and CR102/CR106) which were omitted from the previous document;
- Revision to the calendar date statement, which changes it from "should" to "must;"
- Revisions to the maximum CLM statement which allows your carrier to specify the actual [value] and changes "will" to "will/may;"
- Revisions to ISA06 and ISA08 statements which changes both from "required" to "optional;"
- Correction made to option B of modifier statement; and
- Removal of calendar date statement from 997 section.

The specific language provided in the Companion Document is based on recommendations/decisions made by the Electronic Data Interchange Functional Workgroup (EDIFWG). The EDIFWG consists of members from the Centers for Medicare & Medicaid Services (CMS), Part B contractors, and shared system maintainers.

To view the actual details of the changes for this Companion Document, please see the additional information section for instructions on how to access the official CMS instruction issued to your carrier.

Implementation

The implementation date for this instruction is May 24, 2004.

Additional Information

The official instruction issued to your carrier regarding this change may be found at:

http://www.cms.hhs.gov/manuals/transmittals/comm_date_dsc.asp

From that web page, look for CR3177 in the CR NUM column on the right, and click on the file for that CR.

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If you have any questions, please contact your carrier/intermediary at their toll-free number, which may be found at:

http://www.cms.hhs.gov/medlearn/tollnums.asp.

Also, implementation guides for all transactions are available electronically for each transaction at the following Web site:

http://www.wpc-edi.com.

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