

<b>CMS Manual System</b>	<b>Department of Health &amp; Human Services (DHHS)</b>
<b>Pub 100-20 One-Time Notification</b>	<b>Centers for Medicare &amp; Medicaid Services (CMS)</b>
<b>Transmittal 2406</b>	<b>Date: December 10, 2019</b>
	<b>Change Request 11341</b>

**Transmittal 2332, dated August 2, 2019, is being rescinded and replaced by Transmittal 2406, dated, December 10, 2019 to replace the CEDI edit spreadsheet with an updated version. All other information remains the same.**

**SUBJECT: Health Insurance Portability and Accountability Act (HIPAA) Electronic Data Interchange (EDI) Front End Updates for January 2020**

**I. SUMMARY OF CHANGES:** The purpose of this Change Request (CR) is to provide the January 2020 Combined Common Edits/Enhancements Module (CCEM) edits for the Part A and Part B Medicare Administrative Contractors (A/B MACs) and the Common Electronic Data Interchange (CEDI) contractor. Additionally, this CR directs Shared Systems to appropriately update the CCEM.

**EFFECTIVE DATE: January 1, 2020**

*\*Unless otherwise specified, the effective date is the date of service.*

**IMPLEMENTATION DATE: January 6, 2020**

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

**II. CHANGES IN MANUAL INSTRUCTIONS:** (N/A if manual is not updated)

R=REVISED, N=NEW, D=DELETED-Only One Per Row.

<b>R/N/D</b>	<b>CHAPTER / SECTION / SUBSECTION / TITLE</b>
N/A	N/A

**III. FUNDING:**

**For Medicare Administrative Contractors (MACs):**

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

**IV. ATTACHMENTS:**

## One Time Notification

# Attachment - One-Time Notification

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## I. GENERAL INFORMATION

**A. Background:** As part of its efforts to comply with the administrative simplification provisions of HIPAA and its implementing regulations, the Centers for Medicare & Medicaid Services (CMS) instructs its shared systems maintainers and local Medicare contractors to maintain common front-end HIPAA validation edits through a quarterly release Change Request (CR). These edits pertain to the current standards adopted under HIPAA.

The CMS determines the edits, which are to be administered at the front end and documents these edits in a spreadsheet attached to the quarterly CR. The spreadsheets document all of the edits to date, as well as those edits, which are changed, deleted, or added. The spreadsheets change log directs the contractors as to those changes they must make for the quarter. The change log worksheet tab contains only the changes made for this version.

Contractors and shared systems maintainers shall use the attached edits spreadsheets as replacements for the previously issued edits spreadsheets. Contractors are not required to replicate work already done, but are only expected to use the updates to the spreadsheets to build upon their previous core deliverables.

**B. Policy:** The Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) require the Secretary of Health & Human Services (HHS) to adopt standard electronic transactions and code sets for administrative health care transactions. The Secretary may also modify these standards periodically.

## II. BUSINESS REQUIREMENTS TABLE

*"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.*

Number	Requirement	Responsibility										
		A/B MAC			D M E M A C	Shared- System Maintainers				Other		
		A	B	H H H		F I S S	M C S	V M S	C W F			
11341.1	Using the attached edits spreadsheets, contractors shall be responsible for creating test data to generate the Medicare defined TA1 at the interchange level and 999 transaction at the functional group and transaction levels.	X	X									
11341.2	Contractors shall use the attached edits spreadsheet to implement the appropriate TA1 at the interchange level.	X	X									CEDI
11341.3	Using the attached edits spreadsheets, contractors shall generate the “Accepted” 999 at both the functional group and transaction levels back to the submitter when the front end translator is able to create a syntactically compliant flat file.	X	X									CEDI
11341.4	Using the attached edits spreadsheets, contractors shall generate the “Fully Rejected” 999 at the functional group and transaction levels based on the attached edits spreadsheets.	X	X									CEDI
11341.5	Using the attached edits spreadsheets, contractors shall generate the “Accepted with Errors” 999 at the functional group and transaction levels based on the attached edits spreadsheets.	X	X									CEDI
11341.6	Shared systems shall use the attached updated edits spreadsheets for the implementation of their CCEM.							X				
11341.6.1	Contractors shall use the attached edits spreadsheets for the implementation of their edits software.	X	X									CEDI

### III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			D M E	C E D I
		A	B	H H H	M A C	
	None					

**IV. SUPPORTING INFORMATION**

**Section A: Recommendations and supporting information associated with listed requirements: N/A**

*"Should" denotes a recommendation.*

X-Ref Requirement Number	Recommendations or other supporting information:

**Section B: All other recommendations and supporting information: N/A**

**V. CONTACTS**

**Pre-Implementation Contact(s):** Charlene Parks, Charlene.Parks@cms.hhs.gov , Matthew Klischer, Matthew.Klischer@cms.hhs.gov

**Post-Implementation Contact(s):** Contact your Contracting Officer's Representative (COR).

**VI. FUNDING**

**Section A: For Medicare Administrative Contractors (MACs):**

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

**ATTACHMENTS: 3**