CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 1303	Date: JULY 20, 2007
	Change Request 5695

SUBJECT: Modification of Part B Flat File for Electronic Remittance Advice – Transaction 835

I. SUMMARY OF CHANGES: This modifies the Part B 835 flat file to make it uniform across multiple Shared Systems.

NEW / REVISED MATERIAL
EFFECTIVE DATE: *January 1, 2008
IMPLEMENTATION DATE: January 7, 2008

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.*

R/N/D	Chapter / Section / Subsection / Title
N/A	

III. FUNDING:
No additional funding will be provided by CMS; Contractor activities are to be carried out within their FY 2008 operating budgets.

IV. ATTACHMENTS:

One-Time Notification

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

Attachment – One-Time Notification

Pub. 100-04	Transmittal: 1303	Date: July 20, 2007	Change Request: 5695

SUBJECT: Modification of Part B Flat File for Electronic Remittance Advice – Transaction 835

EFFECTIVE DATE: January 1, 2008

IMPLEMENTATION DATE: January 7, 2008

I.   GENERAL INFORMATION

A.   Background: This Change Request (CR) instructs Multi Carrier System (MCS) maintainer to expand two fields SVC05 and SVC07 -units of service paid/original count - to S9(7)V999 from current S9(3)V9 and S9(7)V9 respectively in the flat file that is used to generate the Electronic Remittance Advice (ERA) and the Standard Paper Remit (SPR). MCS users must make corresponding changes in their translators, if appropriate. Currently S9(3)V9 and S9(7)V9 are the sizes when the qualifier in SVC01-1 and/or SVC06-1 is HC (HCPCS). In the past VMS expanded these 2 fields to accommodate when the qualifiers in SVC01-1 and/or SVC06-1 is N4 (NDC). This CR is making the flat file consistent across the board. The updated flat file will be posted at: http://www.cms.hhs.gov/ElectronicBillingEDITrans/Downloads/flatfile.pdf

B.   Policy: The flat file for Part B must be uniform, and contractors should receive the same flat file whether receiving from MCS or VMS.

II.   BUSINESS REQUIREMENTS TABLE
Use"Shall" to denote a mandatory requirement

Number	Requirement	Responsibility (place an "X" in each applicable column)										
		A / B MAC	DME MAC	FI	CARRIER	DMERC	RHHI	Shared-System Maintainers FISS	MCS	VMS	CWF	OTHER
5695.1	MCS maintainer shall make the appropriate changes in Loop 2110, data field SVC05 and SVC07 to expand the size to S9(7)V999 from current S9(3)V9 in SVC05 and S9(7)V9 in SVC07.								X			
5695.2	All MCS users shall make changes in their translators, if appropriate, to accommodate the expanded size of data fields SVC05 and SVC07.	X			X							

III.   PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)

		A/B MAC	DME MAC	FI	CARRIER	DMERC	RHHI	Shared-System Maintainers				OTHER
								FISS	MCS	VMS	CWF	
N/A												

IV.   SUPPORTING INFORMATION

A. For any recommendations and supporting information associated with listed requirements, use the box below:
Use "Should" to denote a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:
N/A	

B. For all other recommendations and supporting information, use this space:

V. CONTACTS

Pre-Implementation Contact(s): Sumita Sen at sumita.sen@cms.hhs.gov or 410-786-5755

Post-Implementation Contact(s): Sumita Sen at sumita.sen@cms.hhs.gov or 410-786-5755

VI. FUNDING

A. *For Fiscal Intermediaries, Carriers, and the Durable Medical Equipment Regional Carrier (DMERC),* **use only one of the following statements:**

No additional funding will be provided by CMS; contractor activities are to be carried out within their FY 2008 operating budgets.

B. *For Medicare Administrative Contractors (MAC)***, use the following statement:**

The contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the Statement of Work (SOW). The contractor is not obligated to incur costs in excess of the amounts alloted 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.