CMS Manual System	**Department of Health & Human Services (DHHS)**
Pub 100-04 Medicare Claims Processing	**Centers for Medicare & Medicaid Services (CMS)**
Transmittal 3009	**Date: August 1, 2014**
	Change Request 8770

SUBJECT: Update to Pub. 100-04, Chapter 37 to Provide Language-Only Changes for Updating ASC X12

I. SUMMARY OF CHANGES: This CR contains language-only changes for updating ASC X12 language in Pub 100-04, Chapter 37. Also, references to MACs replace the references to old contractor types in the chapter section that is included in this CR. In addition an error in describing applicable bill types for institutional claims has been corrected. Language is also updated in §1.1 to reflect current procedures for Veterans Administration submission of Medicare claims. These are not new. There are no new coverage policies, payment policies, or codes introduced in this transmittal. Specific policy changes and related business requirements have been announced previously in various communications.

EFFECTIVE DATE: January 1, 2012
**Unless otherwise specified, the effective date is the date of service.*
IMPLEMENTATION DATE: September 2, 2014

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
R	37/1.1/ Requirements for Processing VA Claims

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 obliged 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:
Business Requirements
Manual Instruction

Attachment - Business Requirements

Pub. 100-04	Transmittal: 3009	Date: August 1, 2014	Change Request: 8770

SUBJECT: Update to Pub. 100-04, Chapter 37 to Provide Language-Only Changes for Updating ASC X12

EFFECTIVE DATE: January 1, 2012
**Unless otherwise specified, the effective date is the date of service.*
IMPLEMENTATION DATE: September 2, 2014

I. GENERAL INFORMATION

A. Background: This CR contains language-only changes for updating ASC X12 language in Pub 100-04, Chapter 37.

B. Policy: There are no new coverage policies, payment policies, or codes introduced in this transmittal. Specific policy changes and related business requirements have been announced previously in various communications.

II. BUSINESS REQUIREMENTS TABLE

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

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
8770.1	A/B MACs (A and B) shall be aware of the updated language for ASC X12 in Pub. 100 - 04, Chapter 37.	X	X							

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			DME MAC	CEDI
		A	B	HHH		
	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:
N/A	N/A

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

V. CONTACTS

Pre-Implementation Contact(s): Not Applicable

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR) or Contractor Manager, as applicable.

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: 0

Medicare Claims Processing Manual
Chapter 37 - Department of Veterans Affairs (VA) Claims Adjudication Services Project
(Rev.3009, issued: 08-01-14)

1.1 - Requirements for Processing VA Claims
(Rev. 3009, Issued: 081-01-14, Effective: 01-01-12, Implementation: 09-02-14)

Veterans typically see more than one physician at a VA facility on a given day. The *A/B MAC (B)*-defined provider number will contain a "V" in the first position and specialty codes. Including specialty codes permits the VA to have multiple provider numbers to accommodate various professional services furnished at a given facility on the same day for the same beneficiary-veteran. CWF will edit to ensure that only claims having all three of the following conditions will be processed according to the special VA claims adjudication procedures of this project:

1. A demo number of 31 is present;

2. A V is present in the first position of the *A/B MAC (B)* defined provider number field (HUBC Field 83 Provider Number, Positions 440-449); and

3. The VA processing contractor number is present

If only two of these conditions are present, then CWF will reject the claim. If only the demo code of 31 is present, CWF will also reject the claim.

The VA will use the *ASC X12 837 professional claim format* for *A/B MAC (B)* equivalent claims.

To process VA claims from various localities, the VA claims processing contractor has established a database for the Medicare physician fee schedule to include pricing information for all of the States.

The VA will use the following bill types for *A/B MAC (A)* equivalent claims: 11x, (Hospital Inpatient, Part A), 12x (Hospital *Inpatient*, Part B), 13x (Hospital Outpatient), 14x (Hospital Other, Part B), 18x (Hospital Swing Beds), *21x (SNF inpatient), and 23x (SNF outpatient)*. *These claims are submitted using the ASC X12 837 institutional claim format.*

The SNF VA provider numbering scheme is as follows:

a 2 digit numeric state code, followed by a "5", followed by a 1 digit one up number, followed by with a "V", ending with a single position alpha numeric.