CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 512	Date: JULY 2, 2009
	Change Request 6558

Subject: Implementation of the Health Insurance Portability and Accountability Act (HIPAA) Version 005010 Common Edits and Enhancements Module - ICN Generator (for MCS ONLY)

I. SUMMARY OF CHANGES: This CR is the second in a series of CRs for the maintainer of the Multi Carrier System (MCS) to address the development and implementation of the Common Edits and Enhancements software Modules to handle Medicare Part B business. The purpose of this CR is to provide direction to the maintainer of MCS only, in the development of the Claim Control Number (ICN) Generator. The ICN generator will reside at the A/B MAC Local Data Center (LDC) to generate claim control numbers for all accepted version 5010 claims. Accepted claims are those transactions that have been successfully accepted by the A/B MAC, translated into a Medicare compliant flat file, and successfully passed through the yet to be built 837 professional editor.

New / Revised Material
Effective Date: October 1, 2009
Implementation Date: October 5, 2009

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:
SECTION A: For Fiscal Intermediaries and Carriers:
Not applicable.

SECTION B: For Medicare Administrative Contractors (MACs):
Not applicable.

IV. ATTACHMENTS:

One-Time Notification

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

Attachment – One-Time Notification

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SUBJECT: Implementation of the Health Insurance Portability and Accountability Act (HIPAA) Version 005010 Common Edits and Enhancements Module – ICN Generator (for MCS ONLY)

Effective Date: October 1, 2009

Implementation Date: October 5, 2009

I.   GENERAL INFORMATION

A.   Background: The Centers for Medicare and Medicaid Services (CMS) is in the process of implementing the next version of the Health Insurance Portability and Accountability Act (HIPAA) transactions.

The Secretary of the Department of Health and Human Services (DHHS) has promulgated in the Final Rules provisions which permit dual use of existing standards Accredited Standards Committee (ASC) X12 version 004010A1 and the new version of the ASC X12 standards version 005010 from the March 17, 2009, effective date until the January 1, 2012 compliance date to facilitate testing subject to trading partner agreement.

CMS is directing the development of Common Edits and Enhancements software modules to establish consistent editing, acknowledgement, and error handling of electronic transactions across Medicare Administrative Contractor (MAC) jurisdictions. This software will be developed by the Medicare shared system maintainers, and implemented by each A/B MAC in their local data center. This software will be executed during electronic data interchange (EDI) transaction exchange. Each A/B MAC will integrate the Common Edits and Enhancements Modules into their Front-End Systems for both inbound and outbound EDI transaction processing. Inbound transactions (e.g. claim, claim status inquiry) will be processed by the A/B MAC translator and use the supplied modules for detailed editing. When errors are determined by the supplied modules, a 005010X214 277 Health Care Claim Acknowledgment (277CA) acknowledgement flat file will be returned to the A/B MAC translator; A/B MACs will need to use their translator to produce the ASC X12 277CA transaction as the standard explanation of error conditions. In addition, the supplied modules will assign claim control numbers to accepted claims and perform overall balancing and control reporting for HIPAA EDI files exchanged with the Enterprise Data Center (EDC).

This CR is the second in a series of CRs for the maintainer of the Multi Carrier System (MCS) to address the development and implementation of the Common Edits and Enhancements software Modules to handle Medicare Part B business. The purpose of this CR is to provide direction to the maintainer of MCS only, in the development of the Claim Control Number (ICN) Generator. The ICN generator will reside at the A/B MAC Local Data Center (LDC) to generate claim controls numbers for all accepted version 5010 claims.   Accepted claims are those transactions that have been successfully accepted by the A/B MAC, translated into a Medicare compliant flat file, and successfully passed through the yet to be built 837 professional editor.

B.   Policy: Health Insurance Reform: Modifications to the Health Insurance Portability and Accountability Act (HIPAA): Final Rules published in the Federal Register on January 16, 2009 by the Department of Health and Human Services 45 CFR Part 162.

II. BUSINESS REQUIREMENTS TABLE

Number	Requirement	A / B MAC	D M E MAC	FI	C A R R I E R	R H H I	FISS	MCS	VMS	CWF	OTHER
							Shared-System Maintainers				
6558.1	MCS shall develop a claim control number (ICN) generator that will run on mid-tier platforms that will assign MCS ICNs to accepted claims. The MCS ICN generator will create the ICNs in RRYYDDDBBBSSS format, as follows							X			
6558.1.1	The MCS ICN generator shall place the region code (RR) in positions 1 and 2.							X			
6558.1.1.1	The MCS ICN generator shall derive the region code based on a data table (created by CMS CR6565) built from an existing MCS contractor-maintained table. The contractor number/carrier code in the data table will match up to the contractor number/carrier code submitted in the ISA and provide the initial region code to be used in ICN assignment. Additionally, the new data table will also allow chaining from one region to the next.							X			
6558.1.2	The MCS ICN generator shall place the Julian format of the receipt date (YYDDD) in positions 3 through 7.							X			
6558.1.2.1	MCS shall utilize the receipt date inserted in the 837 flat file by the							X			

Number	Requirement	A / B MAC	D M E MAC	FI	C A R R I E R	R H H I	FISS	MCS	VMS	CWF	OTHER
	contractor front end in a +RC DTP at the Functional Group level.										
6558.1.2.2	In a 'back-dating' situation where the receipt is prior to the current date, MCS must not duplicate control numbers assigned (including those assigned by MCS for 4010A1 processing). MCS must utilize a file of available control numbers created by the MCS.							X			
6558.1.3	The MCS ICN generator must place the batch (BBB) in positions 8 through 10.							X			
6558.1.3.1	The MCS ICN generator must derive the batch code based on a data table (created by CMS CR6565) built from an existing MCS contractor-maintained table. The contractor number/carrier code in the data table will match up to the contractor number/carrier code submitted in the ISA and provide the initial and subsequently available batch code to be used in ICN assignment.							X			
6558.1.3.2	The MCS ICN generator must create batches within the range of 001 – 919 only.							X			
6558.1.4	The MCS ICN generator must place the sequence (SSS) in positions 11 through 13.							X			

Number	Requirement	A/B MAC	DME MAC	FI	CARRIER	RHHI	FISS	MCS	VMS	CWF	OTHER
								Shared-System Maintainers			
6558.1.4.1	The MCS ICN generator must create sequences that end in '0', and which fall within the range of 000 – 990 only.							X			

III. PROVIDER EDUCATION TABLE

Number	Requirement	A/B MAC	DME MAC	FI	CARRIER	RHHI	FISS	MCS	VMS	CWF	OTHER
								Shared-System Maintainers			
	None.										

IV. SUPPORTING INFORMATION

NOTE: This CR is the second in a series of CRs for the MCS Common Edits and Enhancements module to be issued for the October 2009. Additional CRs will be issued for the January 2010 release to complete the remaining development for the MCS Common Edits and Enhancements Module. First CR in the series is CR 6475.

Section A: For any recommendations and supporting information associated with listed requirements, use the box below: N/A

X-Ref Requirement Number	Recommendations or other supporting information:

Section B: For all other recommendations and supporting information, use this space: N/A

V. CONTACTS

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VI. FUNDING

Section A: For *Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs),* **and/or** *Carriers,* **use only one of the following statements:**

Not applicable.

Section B: *For Medicare Administrative Contractors (MACs)***, include the following statement:**

Not applicable.