CMS Manual System

Department of Health & Human Services

Pub 100-04 Medicare Claims Processing

Centers for Medicare & Medicaid Services

Transmittal 631

Date: JULY 29, 2005

Change Request 3960

SUBJECT: Claim Status Category Code and Claim Status Code Update

I. SUMMARY OF CHANGES: This transmittal updates the Claim Status Codes and Claim Status Category Codes for use by Medicare contractors with the Health Care Claim Status Request and Response ASC X12N 276/277. Contractors are to use codes with the "new as of 10/05" designation and prior dates and inform affected providers of the new codes.

The attached Recurring Notification Update applies to Chapter 31, §20.7, Health Care Claim Status Category Codes and Health Care Claims Status Codes for Use with Health Care Claim Status Request and Response ASC X12N 276/277.

NEW/REVISED MATERIAL :
EFFECTIVE DATE : January 01, 2006
IMPLEMENTATION DATE : January 03, 2006

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 2006 operating budgets.

IV. ATTACHMENTS:

Recurring Update Notification

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

Attachment – Recurring Update Notification

Pub. 100-04	Transmittal: 631	Date: July 29, 2005	Change Request 3960

SUBJECT: Claim Status Category Code and Claim Status Code Update

I.   GENERAL INFORMATION

A.   Background: Per the Health Insurance Portability and Accountability Act (HIPAA), all payers must use Claim Status Category Codes and Claim Status Codes approved by the Code Maintenance Committee as applicable in the 276/277 Health Care Claim Status Request and Response transaction. At each X12 trimester meeting (generally held the months of February, June and October), the Committee may update the Claim Status Category Codes and the Claim Status Codes. When instructed, Medicare contractors must update their claims systems to assure that the current version of these codes is used in their claim status responses.

The codes sets are available at http://www.wpc-edi.com/content/view/180/223/. This page has previously been referenced by the following URL address: http://www.wpc-edi.com/codes. Included in the code lists are specific details, including the date when a code was added, changed or deleted.

CMS will issue Recurring Update Notifications (RUNs) regarding the need for future updates to these codes. Contractor and shared system changes will be made as necessary as part of a routine release to reflect applicable changes such as retirement of previously used codes or newly created codes. Shortly after the release of each code update RUN, a provider education article will be available at http://www.cms.hhs.gov/medlearn/matters for contractors to use to conduct provider outreach.

X12N 276/277 Health Care Payer Claim Status Inquiry and Response

Under HIPAA, all payers, including Medicare, must use Claim Status Category and Claim Status codes approved by a recognized code set maintainer instead of proprietary codes to explain any status of a claim(s) sent in the 004010X093A1 Health Care Claim Status Request and Response transaction. The complete list of Claim Status Category and Claim Status codes is available at:

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

X12N 276/277 Claim Status Category and Claim Status Codes

A national Code Maintenance Committee maintains the Claim Status Category and Claim Status codes. The Committee meets at the beginning of each X12 trimester meeting (February, June and October) and makes decisions about additions, modifications, and retirement of existing codes. The updated list is posted 3 times a year after each X12 trimester meeting at http://www.wpc-edi.com/codes. Select Claim Status Category or Claim Status Code from the pull down menu. All code changes approved in October 2005 are to be listed here approximately thirty (30) days after the meeting concludes. By January 3, 2006 you must have completed entry of all applicable code text changes and new codes, and terminated use of deactivated codes.

B.   Policy: CMS' Medicare contractors must comply with the requirements contained in the version 004010X093A1 ASC X12 276/277 Implementation Guide and must use valid Claim Status Category Codes and Claim Status Codes when sending 277 responses.

II.   BUSINESS REQUIREMENTS

"Shall" denotes a mandatory requirement
"Should" denotes an optional requirement

Requirement Number	Requirements	Responsibility ("X" indicates the columns that apply)								
		FI	RHHI	Carrier	DMERC	Shared System Maintainers				Other
						FISS	MCS	VMS	CWF	
3960.1	Intermediaries/RHHIs/Carriers/DMERCs and FISS, MCS, VMS shall update claim status category and claim status codes that have been modified by January 1, 2006	X	X	X	X	X	X	X		
3960.2	Intermediaries/RHHIs/Carriers/DMERCs, and FISS, MCS, VMS shall add new claim status category and claim status codes by January 1, 2006	X	X	X	X	X	X	X		

III. PROVIDER EDUCATION

Requirement Number	Requirements	Responsibility ("X" indicates the columns that apply)								
		FI	RHHI	Carrier	DMERC	Shared System Maintainers				Other
						FISS	MCS	VMS	CWF	
3960.3	A provider education article related to this instruction will be available at www.cms.hhs.gov/medlearn/matters shortly after the CR is released. You will receive notification of the article release via the established "medlearn matters" listserv. Contractors shall post this article, or a direct link to this article, on their Web site and include information about it in a listserv message within 1 week of the availability of the provider education article. In addition, the provider education article shall be included in your next regularly scheduled bulletin and incorporated into any educational events on this topic. Contractors are free to supplement Medlearn Matters articles with localized information that would benefit their provider community in billing and administering the Medicare program correctly.	X	X	X	X					

IV. SUPPORTING INFORMATION AND POSSIBLE DESIGN CONSIDERATIONS

A.   Other Instructions: N/A

X-Ref Requirement #	Instructions

B.   Design Considerations: N/A

X-Ref Requirement #	Recommendation for Medicare System Requirements

C.   Interfaces: N/A
D.   Contractor Financial Reporting /Workload Impact: N/A

E.   Dependencies: N/A

F.   Testing Considerations: N/A

V.   SCHEDULE, CONTACTS, AND FUNDING

Effective Date*: January 1, 2006 **Implementation Date:** January 3, 2006 **Pre-Implementation Contact(s):** Michael Cabral, michael.cabral@cms.hhs.gov 410-786-6168 **Post-Implementation Contact(s):** Michael Cabral, michael.cabral@cms.hhs.gov 410-786-6168	**No additional funding will be provided by CMS; contractor activities are to be carried out within their FY 2006 operating budgets.**

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