

<b>CMS Manual System</b>	<b>Department of Health &amp; Human Services (DHHS)</b>
<b>Pub 100-04 Medicare Claims Processing</b>	<b>Centers for Medicare &amp; Medicaid Services (CMS)</b>
<b>Transmittal 1153</b>	<b>Date: JANUARY 12, 2007</b>
	<b>Change Request 5430</b>

**Subject: Claim Status Category Code and Claim Status Code Update**

**I. SUMMARY OF CHANGES:** This transmittal updates the Claim Status Category Codes and Claim Status 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 February 2007' designation and prior dates and inform affected providers of the new codes. The Attached Recurring Update Notification applies to Chapter 31, Section 20.7, Health Care Claim Status Category Codes and Health Care Claim Status Codes for use with the Health Care Claim Status Request and Response ASC X12N 276/277.

**New / Revised Material**

**Effective Date: April 1, 2007**

**Implementation Date: April 2, 2007**

*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 2007 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: 1153	Date: January 12, 2007	Change Request 5430
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**SUBJECT:** Claim Status Category Code and Claim Status Code Update

**Effective Date:** April 1, 2007

**Implementation Date:** April 2, 2007

## I. GENERAL INFORMATION

**A. Background:** The Health Insurance Portability and Accountability Act (HIPAA) requires all health care benefit payers to use only Claim Status Category Codes and Claim Status Codes approved by the national Code Maintenance Committee in the X12 276/277 Health Care Claim Status Request and Response format adopted as the standard for national use (004010X093A1). These codes explain the status of submitted claim(s). Proprietary codes may not be used in the X12 276/277 to report claim status.

The national Code Maintenance 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 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. All code changes approved during February 2007 committee meeting should be listed at that site within thirty (30) days after the meeting concludes. By April 2, 2007, contractors must have completed entry of all applicable code text changes and new codes, and terminated use of deactivated codes.

CMS will issue Recurring Update Notification (RUNs) regarding the need for future updates to these 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. 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.

**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 TABLE

Use "Shall" to denote a mandatory requirement

Number	Requirement	Responsibility (place an "X" in each applicable column)											
		A / B  M A C	D M  M A C	F I  M  C	C A R E R	D M R C	R E H R I	Shared- System Maintainers	F I S S	M C S	V M S	C W F	OTHER
5430.1	Contractors and maintainers shall update claim status category and claim status codes that have been modified by April 1, 2007.	X	X	X	X	X	X	X	X	X			
5430.2	Contractors and maintainers shall use the new claim status category and claim status codes as applicable in 277 responses issued on or after April 1, 2007.	X	X	X	X	X	X	X	X	X			

## III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)											
		A / B  M A C	D M  M A C	F I  M  C	C A R E R	D M R C	R E H R I	Shared- System Maintainers	F I S S	M C S	V M S	C W F	OTHER
	None.												

## 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:

**B. For all other recommendations and supporting information, use the space below:**

## **V. CONTACTS**

**Pre-Implementation Contact(s):** Indria Robinson, 410-786-6155 regarding this Change Request.  
Robert Huffman, 410-786-6317 regarding the 276/277 Issues.

**Post-Implementation Contact(s):** Indria Robinson, 410-786-6155 regarding this Change Request.  
Robert Huffman, 410-786-6317 regarding the 276/277 Issues.

## **VI. FUNDING**

No additional funding will be provided by CMS; contractor activities are to be carried out within their FY 2007 operating budgets.

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 specified 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.