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# CMS Manual System

## Pub. 100-05 Medicare Secondary Payer

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Department of Health &  
Human Services (DHHS)  
Centers for Medicare &  
Medicaid Services (CMS)

Transmittal 12

Date: MARCH 5, 2004

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### CHANGE REQUEST 3117

**I. SUMMARY OF CHANGES:** The current version of the Health Insurance Portability and Accountability Act (HIPAA) transaction and code sets contains individual relationship codes that are not recognized by the Center for Medicare & Medicaid Services' (CMS') Common Working File (CWF) system. Through this Change Request, CMS shall instruct Medicare intermediaries to manually work the CWF SP edits that they receive when they have attempted to add an invalid patient relationship code. Contractors shall use the CMS-provided conversion chart for purposes of resolving the MSP edits and/or CWF SP edits received when an invalid patient relationship code appears on the incoming claim.

**NEW/REVISED MATERIAL - EFFECTIVE DATE: March 19, 2004**

**\*IMPLEMENTATION DATE: March 19, 2004**

**II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual not updated.)**  
**(R = REVISED, N = NEW, D = DELETED – (Only One Per Row.)**

R/N/D	CHAPTER/SECTION/SUBSECTION/TITLE
R	6/70/ Converting Health Insurance Portability and Accountability Act (HIPAA) Individual Relationship Codes to Common Working File (CWF) Patient Relationship Codes

**\*III. FUNDING:**

**These instructions shall be implemented within your current operating budget.**

**IV. ATTACHMENTS:**

X	Business Requirements
X	Manual Instruction
	Confidential Requirements
	One-Time Notification
	Recurring Update Notification

**\*Medicare contractors only**

# Business Requirements

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## **SUBJECT: Interim Non-Systems Solution: Converting Health Insurance Portability and Accountability Act (HIPAA) Individual Relationship Codes to Common Working File (CWF) Patient Relationship Codes**

### **I. GENERAL INFORMATION**

**A. Background:** Through the issuance of program transmittal 1881 (Change Request 2655), you received instruction on the various patient relationship to the insured codes that should be used prior to and on and after October 16, 2003. CMS has determined that the logic for its Common Working File (CWF) Medicare Secondary Payer (MSP) auxiliary record is not equipped to properly associate the newly established patient relationship codes (termed "Individual Relationship Codes"), as found in the Health Insurance Portability and Accountability Act (HIPAA) 837 Institutional and/or Professional Implementation Guides (version 4010), with each corresponding MSP type code, such as working aged (A), end-stage renal disease (ESRD) [B], and disability (G). CMS must ensure that the appropriate patient relationship codes are paired with their corresponding MSP Type Codes for purposes of creating accurate MSP auxiliary records. Medicare intermediaries shall follow the procedures detailed in the Business Requirements section with respect to conversion of HIPAA Individual Relationship Codes to CWF Patient Relationship Codes. Providers shall continue to submit the HIPAA individual relationship codes, as directed by the National Uniform Billing Committee (NUBC).

Currently, Carriers and DMERCs establish MSP "I" (Investigational) auxiliary records via manual processes. Therefore, they continue to apply CWF patient relationship codes when creating such records, independent of what alternative values may appear on an incoming claim.

**B. Policy:** Until Part A shared system changes can be effectuated, Medicare intermediaries shall react to CWF SP edits received due to the use of invalid patient relationship codes in the manner specified below.

**C. Provider Education:** None. Providers that bill intermediaries were already instructed to bill the HIPAA individual relationship codes on incoming claims.

### **II. BUSINESS REQUIREMENTS**

<b>Requirement #</b>	<b>Requirements</b>	<b>Responsibility</b>
Ch. 6, Sec. 70 3117-1	If you receive an SP-33 or SP-52 edit that indicates that an invalid patient relationship code was sent to CWF, you shall manually work the SP edit by converting the HIPAA	Intermediaries

	individual relationship code to appropriate the CWF patient relationship code. You shall use the attached Conversion Chart to crosswalk HIPAA individual relationship codes to equivalent CWF patient relationship codes (See attachment).	
Ch. 6, Sec. 70 3117-2	If you receive MSP edits and can determine that the patient relationship submitted on the claim is the HIPAA individual relationship code verses the CWF patient relationship code, you shall manually work the MSP edits incurred by converting the HIPAA individual relationship code to the appropriate CWF patient relationship code. (See attachment.)	Intermediaries
Ch. 6, Sec. 70 3117-3	Until Part A shared system changes are effectuated to convert HIPAA individual relationship codes to the CWF patient relationship codes, intermediaries may move claims with a systems age of 30 days or older that have suspended for resolution of invalid patient relationship code, including SP-33 or SP-52 edits, to condition code 15 (CC-15).	Intermediaries

### III. 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

### IV. SCHEDULE, CONTACTS, AND FUNDING

**See Attachment**

<p><b>Effective Date:</b> March 19, 2004</p> <p><b>Implementation Date:</b> March 19, 2004</p> <p><b>Pre-Implementation Contact(s):</b> Brian Pabst (410-786-2487) and Olivia White (410-786-6565)</p> <p><b>Post-Implementation Contact(s):</b> MSP Regional Office contact</p>	<p><b>These instructions shall be implemented within your current operating budget</b></p>
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## Attachment

### HIPAA Individual Relationship Codes/ CWF Patient Relationship Codes Conversion Chart

<i>HIPAA Individual Relationship Codes</i>	<i>Convert To CWF Patient Relationship Codes</i>	<i>Valid Values</i>
18	01	<i>Patient is Insured</i>
01	02	<i>Spouse</i>
19	03	<i>Natural Child, Insured has financial responsibility</i>
43	04	<i>Natural Child, insured does not have financial responsibility</i>
17	05	<i>Step Child</i>
10	06	<i>Foster Child</i>
15	07	<i>Ward of the Court</i>
20	08	<i>Employee</i>
21	09	<i>Unknown</i>
22	10	<i>Handicapped Dependent</i>
39	11	<i>Organ donor</i>
40	12	<i>Cadaver donor</i>
05	13	<i>Grandchild</i>
07	14	<i>Niece/Nephew</i>
41	15	<i>Injured Plaintiff</i>
23	16	<i>Sponsored Dependent</i>
24	17	<i>Minor Dependent of a Minor Dependent</i>
32,33	18	<i>Parent</i>
04	19	<i>Grandparent</i>
53	20	<i>Life Partner</i>
29	N/A	<i>Significant Other</i>
30	N/A	??
31	N/A	??
36	N/A	??
G8	N/A	??
<i>Other HIPAA Individual Relationship Codes</i>	N/A	??

# Medicare Secondary Payer (MSP) Manual

## Chapter 6 - Medicare Secondary Payer (MSP) CWF Process

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### Table of Contents

*(Rev. 12, 03-05-04)*

#### [Crosswalk to Old Manuals](#)

*70 -- Converting Health Insurance Portability and Accountability Act (HIPAA) Individual Relationship Codes to Common Working File (CWF) Medicare Secondary Payer (MSP) Patient Relationship Codes*

#### ***70—Converting Health Insurance Portability and Accountability Act (HIPAA) Individual Relationship Codes to Common Working File (CWF) Medicare Secondary Payer (MSP) Patient Relationship Codes***

***(Rev 12, 03-05-04)***

*CMS has realized that its Common Working File (CWF) HUSP transaction does not allow for the correct association of HIPAA individual relationship codes, as found in the HIPAA 837 (version 4010) Institutional and Professional Claims Implementation Guides, with corresponding MSP Type Codes, such as working aged (A), end-stage renal disease (B), and disability (G). Therefore, effective July 6, 2004, all intermediaries that receive incoming electronic HIPAA, DDE, or hard copy claims that are in the HIPAA ANSI X-12 format shall convert the incoming individual relationship codes to their equivalent CWF patient relationship codes. Until further notice, intermediaries shall continue to operate under the working assumption that all providers will be including HIPAA individual relationship codes on incoming claims.*

*Before CMS' systems changes are effectuated, intermediaries may receive SP edits (i.e., SP-33 and SP-52) that indicate that an invalid patient relationship code was applied. Intermediaries are to resolve those edits by manually converting the HIPAA individual relationship code to the CWF patient relationship code, as specified in the conversion chart below. If the intermediary receives MSP edits and can determine that the HIPAA individual relationship code rather than the CWF patient relationship code was submitted on the incoming claim, it shall manually work the MSP edits incurred by converting the HIPAA individual relationship code to the appropriate CWF patient relationship code.*

*Until Part A shared system changes are effectuated to convert HIPAA individual relationship codes to CWF patient relationship codes, intermediaries may move claims with a systems age of 30 days or older that have suspended for resolution of patient relationship code, including SP-33 or SP-52 edits, to condition code 15 (CC-15).*

*The Part A contractor system shall utilize the conversion chart, found below, to cross-walk incoming HIPAA individual relationship codes to the CWF patient relationship code values.*

<i>HIPAA Individual Relationship Codes</i>	<i>Convert To CWF Patient Relationship Codes</i>	<i>Valid Values</i>
<i>18</i>	<i>01</i>	<i>Patient is Insured</i>
<i>01</i>	<i>02</i>	<i>Spouse</i>
<i>19</i>	<i>03</i>	<i>Natural Child, Insured has financial responsibility</i>
<i>43</i>	<i>04</i>	<i>Natural Child, insured does not have financial responsibility</i>
<i>17</i>	<i>05</i>	<i>Step Child</i>
<i>10</i>	<i>06</i>	<i>Foster Child</i>
<i>15</i>	<i>07</i>	<i>Ward of the Court</i>
<i>20</i>	<i>08</i>	<i>Employee</i>
<i>21</i>	<i>09</i>	<i>Unknown</i>
<i>22</i>	<i>10</i>	<i>Handicapped Dependent</i>
<i>39</i>	<i>11</i>	<i>Organ donor</i>
<i>40</i>	<i>12</i>	<i>Cadaver donor</i>
<i>05</i>	<i>13</i>	<i>Grandchild</i>
<i>07</i>	<i>14</i>	<i>Niece/Nephew</i>
<i>41</i>	<i>15</i>	<i>Injured Plaintiff</i>
<i>23</i>	<i>16</i>	<i>Sponsored Dependent</i>
<i>24</i>	<i>17</i>	<i>Minor Dependent of a Minor Dependent</i>
<i>32,33</i>	<i>18</i>	<i>Parent</i>

<i>04</i>	<i>19</i>	<i>Grandparent</i>
<i>53</i>	<i>20</i>	<i>Life Partner</i>
<i>29</i>	<i>N/A</i>	<i>Significant Other</i>
<i>30</i>	<i>N/A</i>	<i>?</i>
<i>31</i>	<i>N/A</i>	<i>?</i>
<i>36</i>	<i>N/A</i>	<i>?</i>
<i>G8</i>	<i>N/A</i>	<i>?</i>
<i>Other HIPAA Individual Relationship Codes</i>	<i>N/A</i>	<i>?</i>

*Intermediaries shall allow for the storing of CWF patient relationship codes in their internal MSP control files, since these files should be populated with information sent back to the intermediaries' systems via the automated HUSC transaction.*