

# CMS Manual System

## Pub 100-04 Medicare Claims Processing

Transmittal 490

Department of Health & Human Services

Center for Medicare and  
&  
Medicaid Services

Date: MARCH 4, 2005

Change Request 3715

**SUBJECT: Claims Status Code/Claims Status Category Code Update**

**I. SUMMARY OF CHANGES:** This transmittal updates the Health Care Claims Status Codes and Health Care Claims 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 10/04" designation and prior dates and to inform affected providers of the new codes.

**NEW/REVISED MATERIAL :**

**EFFECTIVE DATE : July 01, 2005**

**IMPLEMENTATION DATE : July 05, 2005**

*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 / Sub Section / Title
R	31/ 20/20.7/ Health Care Claims Status Category Codes and Health Care Claims Status Codes for Use with Health Care Claims Status Request and Response ASC X12N 276/277

**III. FUNDING:**

No additional funding will be provided by CMS; Contractor activities are to be carried out within their FY 2005 operating budgets.

**IV. ATTACHMENTS:**

Recurring Notification Form

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





Requirement Number	Requirements	Responsibility (“X” indicates the columns that apply)								
		F I	R H I	C a r r i e r	D M E R C	Shared System Maintainers				Other
						F I S S	M C S	V M S	C W F	
	Not all of the codes apply to Medicare. If a code does not apply to Medicare, a contractor need not accommodate it in their adjudication system or in their 277 response and if the level of detail in any code is not currently supported by their adjudication system, they need not accommodate the code.									

### III. PROVIDER EDUCATION

Requirement Number	Requirements	Responsibility (“X” indicates the columns that apply)								
		F I	R H I	C a r r i e r	D M E R C	Shared System Maintainers				Other
						F I S S	M C S	V M S	C W F	
3715	A Medlearn Matters provider education article related to this instruction will be available at <a href="http://www.cms.hhs.gov/medlearn/matters">www.cms.hhs.gov/medlearn/matters</a> 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 must be included in your next regularly scheduled bulletin. 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:

X-Ref Requirement #	Instructions

##### B. Design Considerations:

X-Ref Requirement #	Recommendation for Medicare System Requirements
3715	Contractors need only to have all applicable code changes. If the level of detail in any code is not currently supported by their adjudication system, or is not applicable to Medicare, they need not accommodate the code.

##### 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

<b>Effective Date*:</b> July 1, 2005 <b>Implementation Date:</b> July 5, 2005 <b>Pre-Implementation Contact(s):</b> James Krall, <a href="mailto:jkrall@cms.hhs.gov">jkrall@cms.hhs.gov</a> 410-786-6999 <b>Post-Implementation Contact(s):</b> James Krall, <a href="mailto:jkrall@cms.hhs.gov">jkrall@cms.hhs.gov</a> 410-786-6999	<b>No additional funding will be provided by CMS; Contractor activities are to be carried out within their FY 2005 operating budgets.</b>
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## 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

*(Rev. 490, Issued: 03-04-05, Effective: 07-01-05, Implementation: 07-05-05)*

Under the Health Insurance Portability and Accountability Act (HIPAA), all payers must use health care claim status category codes and health care claim status codes approved by the Health Care Code Maintenance Committee as applicable. 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/codes/Codes.asp>. Included in the code lists are specific details, including the date when a code was added, changed or deleted.

By *July 5, 2005*, Medicare contractors are to have applicable code changes, including new codes, that are posted to that Web site with the *“new as of 10/04” and a prior date designation*. Medicare *contractors* are not to update their systems to include codes dated post-*October 2004* until instructed. Medicare contractors are not required to accommodate codes that do not apply to Medicare adjudication in their 277 responses.

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 that may impact Medicare. 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.