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# Program Memorandum Intermediaries

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

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## CHANGE REQUEST 2279

**SUBJECT: Intermediaries Must Adjust Their Translators for Reporting Line Item Dates, and HCPCS Codes for Part A Outpatient Claims**

The 4010 version of the ASC X12N 837 institutional implementation guide states that HCPCS be reported with each submitted revenue code on outpatient claims. It has been established that this is an error in the 837 version 4010 implementation guide. There are certain revenue codes that do not have or require HCPCS for outpatient claims sent to Medicare or other payers. Intermediaries must suppress this edit in their translators to avoid rejecting outpatient claims with line level revenue codes but no HCPCS.

The implementation guide also requires entry of the date of service on an outpatient claim when a revenue code is reported at the line level. Date of service does not apply, however, in the absence of a HCPCS. Intermediaries must also suppress their translator edit for the absence of a date of service where there are no HCPCS.

**The *effective date* for this Program Memorandum (PM) is August 14, 2002.**

**The *implementation date* for this PM is October 16, 2002.**

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

**This PM may be discarded after October 16, 2003.**

**If you have any questions, contact Jean M Harris on 410-786-6168 or [Jharris2@cms.hhs.gov](mailto:Jharris2@cms.hhs.gov).**

