
Program Memorandum Intermediaries/Carriers

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

Transmittal AB-03-131

Date: AUGUST 22, 2003

CHANGE REQUEST 2786

SUBJECT: Update to Health Care Claims Status Category Codes and Health Care Claim Status Codes for Use with the Health Care Claim Status Request and Response ASC X12N 276/277

Transmittal AB-03-029, Change Request 2555, dated February 28, 2003, instructed you to update your claims system with the most current health care claims status category codes and health care claim status codes and directed you to the Washington Publishing Company (WPC) Web site <http://www.wpc-edi.com/codes/Codes.asp> to obtain the most current codes. In May, claims status codes were added to the Web site with the description “note: new as of February 2003.”

This Program Memorandum (PM) instructs you to go to the WPC Web site and update your system to include those claims status codes with the February 2003 dates. You should already have implemented the codes with pre-February 2003 dates under Transmittal AB-03-029. Do not update your system to include codes that are dated post-February 2003 until instructed.

Under the Health Insurance Portability and Accountability Act (HIPAA), all payers must use health care claims status category codes and health care claim status codes approved by the Health Care Code Maintenance Committee. At each X12 trimester meeting (generally held the months of February, June and October) the Committee may update the claims status category codes and health care claim status codes. The code changes are then subsequently posted to the WPC site.

By September 1, 2003, you must have all applicable code changes and new codes, that are posted to the Web site with the “new as of February 03” designation and prior dates for use in production. If a code does not apply to Medicare, do not accommodate it in your adjudication system nor in your 277 response. If the level of detail in any code is not currently supported by your adjudication system, do not accommodate the code. Issue a code only if it is included on the health care claims status category codes and health care claim status codes at the Washington Publishing Company (WPC) Web site dated February 2003 date and prior.

By September 1, 2003, contractors must inform providers/submitters of any new codes providers may see in 277 responses. You have a number of options for informing providers/submitters including provider bulletins, educational articles, provider outreach presentations or electronic mail/web page/electronic bulletin board. Choose from any of these options (as well as others) to reach your provider/submitter audience by the most effective and efficient means. Use any of the aforementioned communication techniques timed with your system’s availability of the codes to your providers/submitters.

CMS will issue instructions through the Change Request process regarding future changes to the codes. Contractor and shared systems 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.

CMS-Pub.60AB

The effective date and implementation dates for this PM are September 1, 2003.

This instruction is to be implemented within your current operating budget.

This PM may be discarded September 1, 2004. By that date, the requirements for this PM will be included in Chapter 31 of the (revised) Medicare Claims Processing Manual.

If you have any questions, contact James Krall on 410-786-6999, E-Mail: jkral@cms.hhs.gov.