CMS Manual System	**Department of Health & Human Services (DHHS)**
Pub 100-04 Medicare Claims Processing	**Centers for Medicare & Medicaid Services (CMS)**
Transmittal 987	**Date: JUNE 23, 2006**
	Change Request 5137

Subject: Claim Status Category Code and Claim Status Code Update

I. SUMMARY OF CHANGES: This transmittal updates the Claim Status Codes and Claim 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 October 2006" designation and prior dates and inform affected providers of the new codes. The attached Recurring Notification Update 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: October 1, 2006
Implementation Date: October 2, 2006

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	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: 987	Date: June 23, 2006	Change Request 5137

SUBJECT: Claim Status Category Code and Claim Status Code Update

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 the June 2006 committee meeting should be listed at that site within thirty (30) days after the meeting concludes. By October 2, 2006, 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 Notifications (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. Shortly after the release of each code update RUN, a provider education article will be available at www.cms.hhs.gov/MLNMattersArticles for contractors to use to conduct provider outreach.

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

"Shall" denotes a mandatory requirement
"Should" denotes an optional requirement

Requirement Number	Requirements	Responsibility ("X" indicates the columns that apply)								
		FI	RHHI	Carrier	DMERC	Shared System Maintainers				Other
						FISS	MCS	VMS	CWF	
5137.1	Contractors and maintainers shall update claim status category and claim status codes that have been modified by October 1, 2006.	X	X	X	X	X	X	X		
5137.2	Contractors and maintainers shall use the new claim status category and claim status codes as applicable in 277 responses issued on or after October 1, 2006.	X	X	X	X	X	X	X		

III. PROVIDER EDUCATION

Requirement Number	Requirements	Responsibility ("X" indicates the columns that apply)								
		FI	RHHI	Carrier	DMERC	Shared System Maintainers				Other
						FISS	MCS	VMS	CWF	
5137.3	A provider education article related to this instruction will be available at www.cms.hhs.gov/MLNMattersArticles shortly after the CR is released. You will receive notification of the article release via the established "MLN 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 shall be included in your next	X	X	X	X	X	X	X		

Requirement Number	Requirements	Responsibility ("X" indicates the columns that apply)								
		FI	RHHI	Carrier	DMERC	Shared System Maintainers				Other
						FISS	MCS	VMS	CWF	
	regularly scheduled bulletin and incorporated into any educational events on this topic. Contractors are free to supplement MLN Matters articles with localized information that would benefit their provider community in billing and administering the Medicare program correctly.									

IV. 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

V. SCHEDULE, CONTACTS, AND FUNDING

Effective Date*: October 1, 2006 **Implementation Date:** October 2, 2006 **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.	**No additional funding will be provided by CMS; contractor activities are to be carried out within their FY 2006 operating budgets.**

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