

State Buy-In Manual

Chapter 5 - Part B Transaction Codes

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Transmittals Issued for Chapter 5

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500 - General Information
(Rev. 1, 10-01-03)

The buy-in transaction codes provide a concise, definitive means of communication between CMS and the States. The States are restricted to the use of the following two position numeric codes that should always appear in positions 76 and 77 of the State input record.

Accretion action - codes 61, 63, and 84.

Deletion action - codes 50, 51, and 53.

Simultaneous accretion/deletion action (closed period) - code 75

State change record - code 99

The transaction codes used by CMS consist of not less than two, nor more than four numerics which appear in positions 77 through 80 of the record. If CMS is transmitting a two-position transaction code, positions 79 through 80 will be blank. Certain CMS disposition codes are enhanced by an alphabetic sub-code. When a sub-code is appropriate, it appears in position 81 of the record. An explanation of the sub-code is included with the explanation of the transaction code.

The transaction codes used in communication between CMS and the States are defined below. Most transaction codes require no further action on the part of the State. There are instances, however, when additional action by the State is appropriate. Recommended State action is provided along with the explanation of the transaction code.

The transaction codes are listed in numerical order and are self-explanatory. For ease of understanding, codes are illustrated as follows:

11XX - The XX is shown here to indicate that the code 11 is a prefix code. The XX represents the last two numeric positions.

41bb - The bb indicates that the State can receive this transaction code followed by two blanks. Any code displayed in this section followed by the bb is a valid transaction code.

It is important that the State program its system to accommodate **all** transaction codes and sub-codes.

510 – Part B Buy In Transaction Codes
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11XX The code 11 informs the State that the individual was accreted to the State's buy-in account. The code 11 is followed by a two-digit numeric code that identifies the source of the transaction or the reason that a specific adjustment action was taken by the Third Party System (TPS) prior to accreting the item to the Third Party Master (TPM). The accretion results in a debit action to the State. Next month, the item will appear on the State's bill as a code 41 (ongoing item). The State is liable for the individual's Part B premium and will be billed monthly until the individual is deleted from the State's buy-in account.

1125 The code 1125 informs the State that the effective date in an accretion submitted by the State was adjusted by the TPS to a **later** date. The adjustment was necessary because the TPM showed a closed period of coverage for the **same** State that ended later than the accretion date on the State input record. The State accretion was adjusted to the first month **after** the deletion date on record for the closed period. Next month the item will appear on the State's bill as a code 41 (ongoing item) unless the item is deleted.

1161
1163 The code 1161 or 1163 informs the State that an accretion it submitted has been added to the TPM. The accretion date is the same as reported on the State input record except when a code 30 action is present. (The code 30 notifies the State that the accretion will be adjusted to conform to the individual's Medicare entitlement date.) Next month the item will appear on the State's bill as a code 41 (ongoing item) unless the item is deleted.

1165 The code 1165 informs the State that an accretion was processed to the TPM by CMS. The accretion occurred because the State submitted a written request to CMS requesting an accretion action or because an SSO submitted a form CMS-1957 reporting a problem case. It could also occur because of a computer exception that occurred while processing an accretion submitted by the State in a prior month's data exchange (these occurrences will be rare). Next month, the item will appear on the State's bill as a code 41 (ongoing item) unless the item is deleted.

State Action - Examine State records to verify the correctness of the accretion. If, after investigation, the State does not agree with the accretion, the State has 2 months following the month in which it received code 1165 to submit a code 50 deletion to annul the accretion or establish a closed period of buy-in coverage. If the code 50 is submitted beyond the two-month rule, the code 1165 will be

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deleted in accordance with limitation imposed by the Commissioner's Decision.

If the accretion date is incorrect, annul the transaction within the 2-month time limitation and reaccrete the record with the correct effective date.

1167

The code 1167 informs the State that a Public Welfare (PW) accretion was accreted to the TPM.

State Action - Examine State record to verify the correctness of the accretion. If the State does not agree with the accretion, the State has 2 months following the month in which it received notification of the code 1167, to submit a code 50 to annul the accretion or establish a closed period of buy-in coverage. If the code 50 is submitted beyond the 2-month rule, the code 1167 will be deleted in accordance with the limitation imposed by the Commissioner's Decision.

If the accretion date is incorrect, annul the record within the 2-month limitation and reaccrete the record with the correct effective date.

1180

The code 1180 informs the State which has a 1634 Agreement (auto-accrete State) that CMS has established a buy-in record for an SSI recipient. The effective date of the accretion will be the first month of buy-in eligibility based upon SSI or a Federally administered State supplement but in no case will the retroactivity be greater than 4 years. Next month the item will appear on the State's bill as a code 41 (ongoing item) unless the item is deleted.

Subcode A - If the SSI record received by CMS in the data exchange with SSA reflects earlier SSI coverage for the same State, the code 1180 will be followed by the subcode A to alert the State that it will also receive a RIC A record with the complete SSI data. The State will review the SSI record, and if it determines that the beneficiary is eligible for additional buy-in coverage, the State will submit a simultaneous accretion/deletion record (code 75) to expand the buy-in coverage.

State Action - Review the SDX file to ensure that the individual is recorded on the SDX and that the accretion date is correct. If a RIC A was received, examine the data and expand the buy-in coverage as appropriate

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1184	<p>The code 1184 informs the State that an accretion, which may be submitted by an alert State in response to a code 86 accretion alert record or may be submitted by an auto-accrete State based on an examination of the SDX file, has been added to the TPM. The effective date is the same as reported on the State input record except when a code 30 action is present. (The code 30 informs the State that the effective date was adjusted to a later date to conform to the individual's Medicare entitlement date.) Next month the item will appear on the State's bill as a code 41 (ongoing item) unless the item is deleted.</p>
14bb	<p>This code informs the State that CMS has deleted a record as the result of an internal systems adjustment. These occurrences are rare.</p>
15bb	<p>This code informs the State that the individual was deleted from the State's buy-in account because SSA's records indicate that the individual currently does not meet all the requirements for Medicare (such as age, citizenship or residency, or continuation of disability or end stage renal disease).</p> <p>State Action - If the State has reason to believe that individual does meet the requirements for Medicare, refer the individual to the SSO to re-establish Medicare entitlement. If Medicare entitlement is re-established, reaccrete the record.</p>
16bb	<p>This code informs the State that according to SSA/CMS records, the beneficiary is deceased. CMS has deleted the beneficiary from the buy-in.</p> <p>State Action - If the State believes that the individual is alive, obtain corroboration from the SSO. The State may then re-accrete the individual to State buy-in through the automated data exchange. If SSA's records have not been corrected, the State's reaccretion will reject with another code 16. If the State agrees with the fact of death but disagrees with the date of death, obtain corroboration from the SSO before sending a memorandum to CMS requesting an adjustment to the deletion date.</p>
17XX	<p>The code 17 informs the State that the individual was deleted from the State's buy-in account. The code 17 is followed by a two-digit numeric code that identifies the reason for the deletion. The deletion may trigger a credit action to the State. The State's liability for the individual's Part B premium ends with the month in which the buy-in deletion is effective. If the record is annulled, the State will not</p>

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have any premium liability for the period.

- 1728 This code informs the State that a beneficiary was deleted from the State's buy-in account because another State submitted an accretion that was accepted by the TPS or because SSI records show that the beneficiary's State of residence changed.
- State Action** - The State should examine the Medicaid eligibility record for any beneficiary for whom it receives a code 1728 to ensure that the State's Medicaid eligibility record has been closed. This will prevent a cycle of accretion and deletion actions between States. If the State that receives the code 1728 believes it should retain jurisdiction of the case, it must contact the State that submitted the new accretion in order to resolve jurisdictional issues.
- 1750 This code informs the State that CMS has processed a code 50 to annul or establish a closed period of buy-in coverage for a code 1165 or 1167 transaction. If the code 50 was submitted within 2 months of the month in which the State received the code 1165 or 1167, the code 1750 will reflect the deletion date in the code 50 submitted by the State. If the code 50 was not submitted timely, the code 1750 will reflect a deletion date in accordance with the limitation imposed by the Commissioner's Decision.
- 1751 This code informs the State that the beneficiary was deleted from the State's buy-in account based on a deletion record submitted by the State. The retroactivity on a code 1751 is limited by the Commissioner's Decision.
- 1753 This code informs the State that the beneficiary was deleted from the State's buy-in account based on a death deletion record submitted by the State.
- 1759 This code informs the State that the beneficiary was deleted from the State's buy-in account by a clerical action in CMS. The clerical action was prompted by a written request from the State (which should be extremely rare) or by a form CMS 1957 submitted by an SSO (which should be extremely rare.) Occasionally, the code 1759 may reflect a deletion date that exceeds that allowed by the Commissioner's Decision.
- 20XX The Code 20 informs the State that a deletion action it submitted was
2050 rejected because there is no record of ongoing buy-in coverage for
2051 that State under the claim number submitted.

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2053

State Action - Examine the claim number in the deletion record to ensure that there was not a keying error at input. The claim number in the deletion record must match a corresponding record on the TPM **exactly** in order for the transaction to be applied. If the claim number was keyed correctly, review the case to ensure that the State did not previously delete the record or that the State did not fail to process a prior code 23 claim number change. If the claim number is correct, examine the history file to determine if a code 1728 was received transferring jurisdiction to another State.

21XX

2161

2163

2175

2184

The code 21 informs the State that the accretion or simultaneous accretion/deletion record it submitted cannot be matched to a record on the EDB. The code 21 is followed by the two-digit numeric accretion code submitted by the State. Each code 21 contains an alphabetic sub-code in position 81 that further defines the reject.

Subcode A - There is no record of the claim number on the EDB. The claim number may be absent from the EDB or the claim number in the accretion may contain blanks, alpha characters or special non-numeric characters in positions that should be numeric.

Subcode B - The claim number on the accretion matches a claim number on the EDB record. The personal characteristics differ, however.

Subcode C - The claim number in the accretion matches a record on the EDB, however, the accretion is for a SLMB (buy-in eligibility code "L"), a QMB (buy-in eligibility code "P"), or a QI1 (buy-in eligibility code "U") and the EDB does not reflect Medicare Part A entitlement.

Subcode D - The claim number in the accretion record matches a record in the EDB, however, the accretion is for a QDWI. The State may not pay the Part B Medicare premium through State buy-in for a QDWI. The State may only pay the Part A Medicare premium.

Subcode E - The State's transaction matches the EDB on name and claim number, however, the beneficiary does not have Medicare entitlement. Although the beneficiary may have previously had Medicare entitlement, there is no Medicare entitlement for the period of time that the State is attempting to buy-in.

State Action - Subcodes A and B - Examine the State's record to

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ensure that the claim number, name (surname, first name, middle initial) date of birth (month, day, year) and sex code in the accretion record match the corresponding data on the State's record. If there is a discrepancy, correct the appropriate fields and resubmit the accretion. If the input record and the State's record are in agreement, examine the Medicare eligibility data on the various Federal files that the State receives or can access and correct the input record.

State Action - Subcode C - If the beneficiary is eligible for State buy-in, resubmit the transaction without the SLMB, QMB, or QI1 buy-in eligibility code in position(s) 71-72.

State Action - Subcode D - Drop the item. If the beneficiary meets the QDWI eligibility requirements, accrete the beneficiary through the Part A system.

State Action - Subcode E - This condition occurs when the beneficiary's Medicare entitlement terminated due to the cessation of disability (option code C) or termination of benefits under the end stage renal disease program (option code S). It can also occur when there was an invalid Medicare enrollment (option codes F or X) or if there is no Medicare entitlement on the EDB. If the State believes that the beneficiary should be entitled to Medicare, refer the beneficiary to the SSO to resolve the Medicare entitlement issue.

23XX The code 23 informs the State that the claim number and/or Beneficiary Identification Code (BIC) have been changed. A code 23 may be applied to an accretion, deletion, State change record or to an ongoing code 41 billing record.

State Action - Change the claim number in the State's records and report all future actions under the correct claim number.

23bb This code informs the State that a claim number change was processed to an ongoing buy-in record.

2350
2351
2353 These codes inform the State that a claim number change was processed to a deletion record.

2361
2363
2375 These codes inform the State that a claim number change was processed to an accretion record.

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2384

2399

This code informs the State that a claim number change was processed to a change record.

24XX

The code 24 informs the State that the accretion or deletion action it submitted was rejected because the effective date was blank, incomplete, or otherwise in error.

An accretion action will be rejected if the effective date **is later than the billing month**. It will be orbited for one month if the effective date is equal to the billing month (see transaction code 32).

A deletion action, other than a death deletion, will be rejected if the effective date **is equal to or greater than the billing month**.

A death deletion (code 53) will be rejected if the effective date (i.e. date of death) **is later than the update month**.

2450

2451

2453

These codes inform the State that the deletion record it submitted was rejected. Refer to code 24XX for a detailed explanation.

2461

2463

2475

2484

These codes inform the State that the accretion record it submitted was rejected. Refer to code 24XX for a detailed explanation.

25XX

This code informs the State that the accretion or simultaneous accretion/deletion it submitted was rejected because it duplicates a transaction previously processed by the TPS. In all instances it duplicates a transaction previously submitted by the **same** State.

2561

2563

2575

2584

These codes inform the State that the accretion or simultaneous accretion/deletion record it submitted duplicates an existing accretion.

27XX

This code informs the State that its intended action was rejected because the transaction contained an impossible transaction code. The input code may be blank, may contain alphabetic characters, or may contain a combination of numerics that do not correspond to established State input codes. If a transaction code is used improperly, e.g., if a code 50 is submitted to delete a code other than

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a code 1165 or 1167, the transaction will reject as a code 2750. The reject displays the erroneous input code immediately following the code 27.

29XX
2961
2963
2975
2984

These codes inform the State that the accretion or simultaneous accretion/deletion action it submitted was rejected because there is a **death deletion** on the EDB which is **at least one month earlier** than the accretion effective date. The code 29 may apply to a new accretion or to a reaccretion. The month and year of death will appear in positions 97 through 102 of the reject record.

State Action: If investigation establishes that the beneficiary died later than the date of death on SSA/CMS records or that the beneficiary is alive, contact the SSO to correct the date of death on the MBR. When the date is corrected on the MBR or is removed from the MBR, the updated information will be reflected on the EDB. When the MBR has been corrected, resubmit the buy-in accretion through the automated data exchange.

30XX
3061
3063
3075
3084

These codes inform the State that the effective date in the State's accretion record required adjustment to a **later effective date** to conform to the Medicare entitlement date. As a result of this adjustment action, the TPS will create two records from the State accretion record. The **first record** is a code 30XX that **contains the effective date as submitted by the State**. The **second record contains the adjusted effective date** that corresponds to the individual's Medicare entitlement date. The transaction code in this record can be any one of the possible response codes for a State submitted accretion.

32XX

This code informs the State that the effective date in the accretion transaction it submitted is equal to the billing month. An accretion that is equal to the billing month is orbited for one month before it is processed to completion.

41bb

This code informs the State that the beneficiary is on the State's buy-in rolls as an ongoing billing item. The State is responsible for paying the beneficiary's Part B premium and has deletion responsibility if the beneficiary is no longer eligible for buy-in. The code 41 also means that there has not been a change in the beneficiary's buy-in status since the last billing record.

42XX

All code 42XX records represent a **credit adjustment** to the State's premium liability. Credit actions result from an adjustment to either

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the buy-in accretion date or the deletion date on third party master record. The adjustment may be applied to an open or a closed record. Adjustments are made for a variety of reasons such as a notification from SSA of a correction to Medicare entitlement or termination dates, a correction in the date of death, or the identification of duplicate billing records on the TPM for the beneficiary.

- 42bb This code informs the State of a **credit adjustment** due to the presence of duplicate billing records on the TPM. The duplicate billing occurred for one or more months of buy-in coverage. The duplicate premiums are refunded to the State as a credit adjustment. The transaction date field will be blank if the adjustment action does not involve the current period of buy-in coverage.
- 4211 This code informs the State that the buy-in **accretion date** on an ongoing record was adjusted to a **later date**. The adjustment was necessary because the TPS was notified of a change to the beneficiary's Medicare entitlement date. The buy-in date on the TPM was earlier than the corrected Medicare entitlement date.
- 4214 This code informs the State that the **deletion date** on an established record was adjusted to an **earlier date**.
- 4215 This code informs the State that the **deletion date** on an established record was adjusted to an **earlier date** because the individual did not meet all the requirements for Medicare and should have been terminated prior to the deletion date previously recorded.
- 4216 This code informs the State that the **date of death** in an established record was incorrect and has been adjusted to an **earlier date**.
- 4268 This code informs the State that the **accretion date** on a TP master record was adjusted to a **later date** resulting in a credit to the State. The adjustment is the result of a CMS clerical action.
- 4269 This code informs the State that the **deletion date** on a TP master record was adjusted to an **earlier date** resulting in a credit to the State. The adjustment is the result of a CMS clerical action.
- 43XX All code 43XX records represent a **debit to the State**. Debit actions result from the establishment of a closed period of buy-in coverage caused by a retroactive accretion or a simultaneous accretion/deletion action. Debit actions also result from the adjustment of either the accretion effective date or the deletion effective date on a

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	third party master record. The adjusted master record may be an open or closed record. Adjustments occur for several reasons. Most occur as a result of a State request to expand coverage. Others are SSI related or occur from a TPS recovery action to correct a program error.
4361 4363 4384	These codes inform the State that an earlier period of buy-in coverage, brought about by a retroactive State accretion, has been established for the State. A State may receive one or more code 4361, 4363, or 4384 records from a single input record. These codes always refer to earlier coverage. If ongoing coverage is established, the State will receive a code 1161, 1163, or 1184.
4368	This code informs the State that the accretion date on a TP master record was adjusted to an earlier date resulting in a debit to the State. The adjustment is the result of a CMS clerical action.
4369	This code informs the State that the deletion date on a TP master record was adjusted to a later date resulting in a debit to the State. The adjustment is the result of a CMS clerical action.
4375	This code informs the State that a simultaneous accretion/deletion (closed period of buy-in coverage) has been added to the TPM.
4380	This code informs the State that an earlier period of buy-in coverage, brought about by a retroactive SSI accretion, has been established. A State may receive one or more code 4380 records. The code 4380 always refers to earlier coverage. If ongoing coverage is established, the State will receive a code 1180.
44	This code informs the State that the monthly Part B premium was reduced resulting in a credit to the State. The beneficiary is or was a member of a Group Health Plan that offered a reduction in the Part B premium in accordance with the provisions of BIPA 606.
45	This code informs the State of an increase in the monthly Part B premium rate resulting in a debit to the State. The beneficiary is or was a member of a Group Health Plan that offered a reduction in the Part B premium in accordance with the provisions of BIPA 606. The Group Health Plan subsequently decreased or eliminated the premium reduction.
4999	This code informs the State that a request to correct the buy-in eligibility code or welfare identification number on a master record

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was rejected because the claim number or State agency code in the code 99 did not match a master record on the TPM. This reject code is also used if the State submits a code 99 record with a buy-in eligibility code of “L”, “P”, or “U” (all of which require Medicare Part A entitlement) and the EDB does not reflect Medicare Part A.

50

This deletion code is used by the State to delete or annul a code 1165 or code 1167 accretion posted to the State’s buy-in account by CMS either as the result of a clerical action (1165) or a PW accretion (1167) initiated by the SSA field office. The code 50 may be used either to annul buy-in coverage or to enter a termination date that will establish a closed period of coverage. The code 50 must be sent to CMS no later than the second month following the month in which the State receives the code 1165 or code 1167 accretion. For example, if the accretion is processed in the April update, the State will receive the transaction in May. If the State determines that it should submit a code 50, the State must submit the code 50 no later than the July update. If the State submits the code 50 after more than 2 updates have elapsed, the code 50 will be processed as a deletion in accordance with the limitation imposed by the Commissioner’s Decision. The code 50 will be rejected **only** if the State attempts to apply the code 50 against any codes other than the 1165 and 1167.

If the State is annulling coverage, the effective date of the code 50 deletion must be 1 month **prior** to the accretion date contained in the code 1165 or code 1167. If the State is establishing a closed period of coverage, the effective date of the code 50 deletion must be the last month in which the individual was a member of the State’s coverage group.

51

This deletion code is used by the State to delete a beneficiary from the State’s buy-in account because the beneficiary is no longer a member of the State’s coverage group. Do not use this code for death deletions. The retroactivity of a code 51 deletion is limited to the processing month minus 2 months due to the limitation imposed by the Commissioner’s Decision. For example, a code 51 deletion processed in the December 2003 update may terminate an individual’s coverage retroactive to October 2003. If the State submits a deletion date that exceeds the limitation of the Commissioner’s Decision, the TPS adjusts the deletion date so that it conforms.

53

This deletion code is used by the State to delete an individual from

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the State's buy-in account because the individual is deceased. The effective date of the deletion must be the month and year of death.

- 61 This code is used by the State to accrete a beneficiary to the State's buy-in account. There is no limitation on the retroactivity of an accretion provided all factors of entitlement are met. The State is responsible for the accuracy of the accretion. When the accretion is accepted by the TPS, the accretion date **cannot** be adjusted to a later date even if the State later determines that the accretion date it submitted is in error.
- 63 This code is used by the State to identify accretion records for subsequent State analysis. The code 63 is processed in exactly the same manner as the code 61. The State is responsible for the accuracy of the accretion. When the accretion is accepted by the TPS, the accretion date **cannot** be adjusted to a later date even if the State later determines that the accretion date it submitted is incorrect.
- 75 This code is used by the State to designate a request for a simultaneous accretion/deletion action to establish a closed period of buy-in coverage for a beneficiary. The State is responsible for the accuracy of the dates in the simultaneous accretion/deletion record. When the simultaneous accretion/deletion is accepted by the TPS, the accretion date **cannot** be adjusted to a later date and the deletion date **cannot** be adjusted to an earlier date even if the State later determines that the date it submitted is incorrect.
- 84 This code is used by an alert State to accrete a beneficiary to the buy-in account in response to a code 86 accretion alert record or is used by an auto-accrete State to accrete a beneficiary based on an examination of the SDX file. The State is responsible for the accuracy of the accretion. When the accretion is accepted by the TPS, the accretion date **cannot** be adjusted to a later date even if the State later determines that the accretion date it submitted is incorrect.
- 86bb This code informs the SSI alert State that a beneficiary in its jurisdiction is entitled to SSI benefits and may be eligible for buy-in. It may also be sent to an auto-accrete State for informational purposes if, after the beneficiary has been accreted to the buy-in rolls the individual subsequently becomes eligible for SSI benefits. The TPS will not delete and reaccrete the buy-in record if a beneficiary who was accreted to buy-in by an auto-accrete State subsequently

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becomes eligible for SSI.

The beneficiary's SSI and Medicare entitlement dates are contained in the record.

An auto-accrete State may receive a code 86 record in conjunction with a code 1180 record if the beneficiary has been eligible for SSI in the same State for more than 4 years.

State Action - If the State determines that the beneficiary is eligible for buy-in, the State should accrete with a code 84. The State may use the code 61 or code 63 in lieu of the code 84. The auto-accrete State should use the code 75, simultaneous accretion/deletion action, to establish additional buy-in coverage.

87bb

This code informs both the SSI alert State and the SSI auto-accrete State that SSI entitlement has terminated for the beneficiary.

State Action - Determine the individual's continuing eligibility for buy-in. If the individual remains eligible no action is necessary. If the individual no longer is eligible for buy-in, submit a deletion record.

99

This code is used by the State to correct the buy-in eligibility code or the welfare identification number on an existing buy-in record on the TPM.

520 – MULTIPLE EVENTS

Multiple events can occur as a result of the monthly TPS update. The number of actions submitted for an individual case usually dictates the number of CMS response records. However, there are situations where the TPS automatically creates multiple response records for one State input record. Also, internal data exchange actions (SSI events) may prompt multiple events to occur. The following list of examples is not all inclusive.

Examples of Multiple Events:

*1. 30XX
11XX*

*10. 2750
41bb*

*18. 3361
86bb*

*2. 30XX
25XX
41bb (or) 91bb*

*11. 41bb
87bb*

*19. 3361
1180*

3. 30XX 24XX	12. 34XX 91bb	20. 1180 1787 1190
4. 30XX 29XX	13. 34XX 1787 1190	21. 14bb 1180 1728
5. 30XX 1125 (or) 1128	14. 1175 1776 1180	22. 1787 1180 (or) 1185
6. 30XX 11XX 14bb 1180 1787 1190	15. 4368 41bb (or) 91bb	23. 1787 1190
7. 11XX 14bb 1180 1728	16. 1185 1787	
8. 14bb 1180	17. 14bb 1180 1787	
9. 1172 1772 1165	17. 14bb 1180 1787	

530 – SSI STATUS CODES

A. CMS includes the individual’s SSI status in each SSI accretion, SSI accretion alert, SSI deletion or SSI deletion alert record that the States receive from the TPS.

B. The status codes for SSI accretion or SSI accretion alert records are:

- “C” – conditionally eligible for SSI.
- “E” – eligible for SSI and may or may not be receiving a Federally administered State supplementary payment.
- “M” – special SSI payment for individuals engaged in substantial gainful activity.

- “S” – eligible for SSI and is receiving a Federally administered State supplementary payment only.

C. The status codes for SSI deletion or SSI deletion alert records are:

- “B” – SSI terminated due to cost of living increase in Social Security benefits- Medicaid eligibility is retained.
- “G” – SSI terminated because individual is engaging in substantial gainful activity – Medicaid eligibility is retained.
- “T” – SSI terminated for a reason other than the codes described in this section. The SDX record will provide the precise reason for termination.
- “U” – SSI terminated because the individual is reported to have died but the date of death has not been verified.
- “W” – State withdrawal of agreement for Federally administered State supplemental payments.
- “Y” – SSI terminated because the individual has excess income.
- “Z” – SSI terminated because the individual has excess resources.

540 – BUY-IN ELIGIBILITY CODES

A. Section 410 of this manual provides a further explanation of the buy-in eligibility codes.

B. Mandatory Buy-In Eligibility Codes

- “L” – Specified Low Income Medicare Beneficiary (SLMB)
- “M” – entitled to Medical Assistance Only (MAO) – (non-cash recipients who are not QMBs).
- “P” – Qualified Medicare Beneficiary (QMB).

C. Optional Buy-in Eligibility Codes

- “C” – entitled to Part A of Title IV (AFDC)
- “Z” – deemed categorically needy

D. CMS Generated Buy-in Eligibility Codes (Based on the SSI Record)

- “A” – aged recipient of Federal SSI payments
- “B” – blind recipient of Federal SSI payments
- “D” – disabled recipient of Federal SSI payments

Transmittals Issued for this Chapter

Rev #	Issue Date	Subject	Impl Date	CR#
R1SBI5	10/01/2003	Initial Release of Chapter	N/A	N/A