

MLN Matters Number: MM6328 Revised **Related Change Request (CR) #: 6328**
Related CR Release Date: December 31, 2008 **Effective Date: January 1, 2009**
Related CR Transmittal #: R1656CP **Implementation Date: January 5, 2009**

Claim Status Category Code and Claim Status Code Update

Note: This article was revised on April 27, 2018, to update Web addresses. All other information remains the same.

Provider Types Affected

Physicians, providers, and suppliers who bill Medicare contractors (carriers, fiscal intermediaries (FI), regional home health intermediaries (RHHI), Medicare Administrative Contractors (A/B MAC), and Durable Medical Equipment Medicare Administrative Contractors (DME MAC) for services provided to Medicare beneficiaries.

Provider Action Needed

Change Request (CR) 6328, from which this article is taken, reminds providers of the periodic updates to the Claim Status Codes and Claim Status Category Codes that Medicare contractors use with the Health Care Claim Status Request (ASC X12N 276), and the Health Care Claim Response (ASC X12N 277).

Background

The Claim Category and Claim Status Codes explain the status of submitted claims. The Health Insurance Portability and Accountability Act (HIPAA) requires all health care benefit payers to use only national Code Maintenance Committee-approved codes in the X12 276/277 Health Care Claim Status Request and Response transactions.

The national Code Maintenance Committee meets at the beginning of each X12 trimester meeting (February, June, and October) to decide about additions, modifications, and retirement of existing codes. Included in the code lists are specific details, including the date when a code was added, changed, or deleted.

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CR 6328 updates the changes in the Claim Status Codes and Claim Status Category Codes from the June, 2008 committee meeting. These updates were posted at <http://www.wpc-edi.com/content/view/180/223/> on June 30, 2008. Medicare contractors must have completed the entry of all applicable code text changes and new codes, and terminated the use of deactivated codes by January 5, 2009. On and after this date, these code changes are to be used in editing of all X12 276 transactions processed and must be reflected in the X12 277 transactions issued.

Additional Information

If you have questions, please contact your Medicare contractor at their toll-free number which may be found at <http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/provider-compliance-interactive-map/index.html>.

The official instruction (CR6328) issued to your Medicare MAC, carrier, DME MAC, FI, and/or RHHI is available at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R1656CP.pdf>.

Document History

Date of Change	Description
April 27, 2018	This article was revised to update Web addresses.
January 2, 2009	Initial article released

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