



# MLN Matters



Information for Medicare Fee-for-Service Health Care Professionals

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Related Change Request (CR) #: 3566

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Related CR Transmittal #: 408

Implementation Date: April 4, 2005

## *April 2005 Update of Health Care Claims Status Codes and Health Care Claims Status Category Codes for Use with the Health Care Claim Status Request and Response ASC X12N 276/277*

**Note:** This article was revised to contain Web addresses that conform to the new CMS website and to show they are now MLN Matters articles. All other information remains the same.

### Provider Types Affected

Physicians, providers, and suppliers

### Provider Action Needed

Physicians, providers, and suppliers should note that this article and related CR 3566 provide information regarding updates to the Health Care Claims Status Codes and Health Care Claims Status Category Codes for use in requesting information about the status of claims with the Health Care Claim Status Request and Response ASC X12N 276/277 transactions. Effective April 1, 2005, Medicare carriers and intermediaries will use codes with the "new as of June 2004" designation and prior dates.

### Background

The Health Insurance Portability and Accountability Act (HIPAA) directs that all health care plans to use national standards for the transfer of certain health care data. HIPAA requires all payers to use the applicable health care claims status category codes and health care claim status codes of the American National Standards Institute (ANSI) American Standards Committee (ASC) X12N. Medicare carriers and intermediaries must periodically update their claims system with the most current 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 transaction. These transactions are used by providers to inquire about the status of claims they have submitted and by health plans to reply to such inquiries.

Medicare contractors (carriers, Durable Medical Equipment Regional Carriers, intermediaries, and Regional Home Health Intermediaries) must update their claims systems to ensure that the current version of these

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codes is used in their claim status responses. By April 4, 2005, Medicare contractors are to use the “new as of June 2004” or a prior date designation. These codes may be found at:

<http://www.wpc-edi.com/codes/Codes.asp>

Not all of the codes apply to Medicare. Thus, Medicare contractors are not required to accommodate codes that do not apply to Medicare in their 277 responses.

**Note:** Medicare contractors must comply with the requirements contained in the version 4010A1 ASC X12 276/277 IG and must use valid Health Care Claim Status Category Codes and Health Care Claim Status Codes when sending 277 responses.

### Additional Information

The Medicare Claims Processing Manual (Pub. 100-04), Chapter 31 (ANSI X12N Formats), Section 20 (ANSI X12N 276/277 Claims Status Request/Response Transaction Standard), Subsection 20.7, has been revised. The revised manual page(s) are attached to the official instruction released to your Medicare carrier/intermediary. You may view that instruction at

<http://www.cms.hhs.gov/transmittals/Downloads/R406CP.pdf> on the CMS website.

For additional information on claims status codes and claims status category codes, you may also refer to MLN Matters article MM3361, which is available at

<http://www.cms.hhs.gov/MLNMattersArticles/downloads/mm3361.pdf> on the CMS website.

The code sets for use with the 276/277 are the Health Care Claims Status Category Codes and Health Care Claim Status Codes found at <http://www.wpc-edi.com/codes/codes.asp> on the Washington Publishing Company website.

If you have any questions, please contact your carrier/intermediary at their toll-free number, which may be found at <http://www.cms.hhs.gov/MLNProducts/downloads/CallCenterTollNumDirectory.zip> on the CMS website.

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