



Related MLN Matters Article #: SE0524

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Electronically Requesting and Receiving Information Regarding Claims Using the ASC X12N276/277 Claims Status Inquiry/Response Transactions

Keywords

SE0524, ASC X12N276/277, Claims, Status, Inquiry, HIPAA

Provider Types Affected

Physicians, providers and suppliers billing Medicare carriers and Fiscal Intermediaries (FIs)

Key Points

- SE0524 discusses how health care providers may want to implement the ASC X12N 276/277 Claims Status Inquiry/Response Transactions.
- The Health Insurance Portability and Accountability Act (HIPAA) of 1996 includes administrative simplification provisions for reducing and simplifying the administrative demands faced by healthcare providers.
- HIPAA directed the Federal government to adopt national standards for the transfer of certain health care data and requires all payers to use national standard transaction formats and code sets.
- Medicare carriers and FIs must periodically update their claims system with the most current health care claim status codes for use with the Health Care Claim Status Request (ASC X12N 276) and the Health Care Claim Response (ASC X12N 277).
- The ASC X12N 276 (Claims Status Inquiry Transaction) is used to transmit request(s) for status of specific health care claim(s).
- The ASC X12N 277 (Claims Status Response Transaction) can be used for any of the following:
 - As a response to a health care claim status request (276);
 - As a notification about health care claim(s) status, including front end acknowledgments; and
 - As a request for additional information about a health care claim(s).
- Most health care providers who are currently using an electronic format and who wish to request claim status electronically using the ASC X12N 276/277 may incur some conversion costs.

- After implementation, providers will benefit by being able to request and receive the status of claims in one standard format, from all health care plans.
- This would make electronic claim status requests and receipt of responses feasible for small providers, and eliminate the need to maintain redundant software and send and review claim status requests and responses manually.

Important Links

The related MLN Matters article can be found at

<http://www.cms.hhs.gov/MLNMattersArticles/downloads/SE0524.pdf> on the CMS website.