



Related MLN Matters Article #: MM5137

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Related CR #: 5137

Claim Status Category Code and Claim Status Code Update

Key Words

MM5137, CR5137, R987CP, claim, status

Provider Types Affected

Physicians, providers, and suppliers who submit Health Care Claim Status Transactions to Medicare contractors (Carriers, Durable Medical Equipment Regional Carriers (DMERCs), DME Medicare Administrative Contractors (DME MACs), Fiscal Intermediaries (FIs), and Regional Home Health Intermediaries (RHHIs))

Key Points

- The effective date of the instruction is October 1, 2006.
- The implementation date is October 2, 2006.
- Claim Status Category codes indicate the general category of a claim's status (accepted, rejected, additional information requested, and so on). Further detail is provided by the Claim Status Code(s).
- Under the Health Insurance Portability and Accountability Act (HIPAA), all payers (including Medicare) must use Claim Status Category and Claim Status codes approved by a recognized code set maintainer (instead of proprietary codes) to explain any status of a claim(s) sent in the Version 004010X093A1 Health Care Claim Status Request and Response transaction.
- The Health Care Code Maintenance Committee maintains the Claim Status Category and Claim Status codes. The Committee meets at the beginning of each X12 trimester meeting and makes decisions about additions, modifications, and retirement of existing codes.
- The updated Claim Status Category and Claim Status codes list is posted three times a year (after each Health Care Code Maintenance Committee X12 trimester meeting) at the Washington Publishing Company website at <http://www.wpc-edi.com/codes>.
 - At this web site, select "Claim Status Codes" or "Claim Status Category Codes" to access the updated code list.
 - Included in the code lists are specific details, including the date when a code was added, changed or deleted.

- All code changes approved in June 2006 are to be listed to this website approximately thirty (30) days after the meeting concludes.

Note: For this update, Medicare will begin using the codes in place as of October 2006 in claim status responses issued on or after October 2, 2006.

Important Links

<http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM5137.pdf>

For complete details, affected providers should review CR5137, the official instruction issued to their Medicare carrier/DMERC/DME MAC or FI/RHHI regarding changes mentioned in this article. CR5137 may be found at <http://www.cms.hhs.gov/Transmittals/downloads/R987CP.pdf> on the CMS website.

CR5137 applies to Chapter 31 of the *Medicare Claims Processing Manual*, Section 20.7 - Health Care Claim Status Category Codes and Health Care Claims Status Codes for Use with the Health Care Claim Status Request and Response ASC X12N 276/277, which may be found at <http://www.cms.hhs.gov/manuals/downloads/clm104c31.pdf> on the CMS website.

If affected providers have questions, they should contact their Medicare carrier/DMERC/DME MAC, or FI/RHHI at their toll-free number, which may be found at <http://www.cms.hhs.gov/MLNProducts/downloads/CallCenterTollNumDirectory.zip> on the CMS website.