



Related MLN Matters Article #: MM5687

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Related CR #: 5687

Claim Status Category Code and Claim Status Code Update

Key Words

MM5687, R1314CP, CR5687, Status, Claim

Provider Types Affected

Physicians, providers, and suppliers who submit Health Care Claim Status Transactions to Medicare carriers, Part A/B Medicare Administrative Contractors (A/B MACs), Durable Medical Equipment MACs (DME MACs), Fiscal Intermediaries (FIs), and Regional Home Health Intermediaries (RHHIs)

Key Points

- The effective date of the instruction is January 1, 2008.
- The implementation date is January 7, 2008.
- Under the Health Insurance Portability and Accountability Act, 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 claims sent in the Version 004010X093A1 Health Care Claim Status Request and Response transactions.
- These codes indicate the general category of a claim's status (accepted, rejected, additional information requested, etc.). The national Code Maintenance Committee maintains the Claim Status Category and Claim Status Codes.
- The national Code Maintenance Committee meets at the beginning of each X12 trimester meeting (February, June, and October) and makes decisions about additions, modifications, and retirement of existing codes.
- The codes sets are available at <http://www.wpc-edi.com/content/view/180/223/> (previously referenced by the following URL address: <http://www.wpc-edi.com/codes>).
- All code changes approved during the June 2007 committee meeting were posted on that site on July 9, 2007.

- Included in the code lists are specific details, including the date when a code was added, changed, or deleted.
- One of the decisions made during this June meeting by this Maintenance Committee was to allow the industry more lead-time for implementation of code changes. At least 6 months lead-time will be allowed for industry implementation of all Claim Status-related code changes as well as Claim Adjustment Reason Code changes (the same committee maintains these code sets).
- Therefore, changes approved in June 2007 will be effective January 1, 2008.

Important Links

The related MLN Matters article can be found at

<http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM5687.pdf> on the CMS website.

The official instruction (CR5687) regarding this change may be viewed at

<http://www.cms.gov/Transmittals/downloads/R1314CP.pdf> on the CMS website.

If providers have questions regarding this issue, they may contact their Medicare FI, carrier, DME MAC, RHHI or A/B MAC at their toll-free number, which may be found at

<http://www.cms.hhs.gov/MLNProducts/downloads/CallCenterTollNumDirectory.zip> on the CMS website.