



Related MLN Matters Article #: MM5947

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Claim Status Category Code and Claim Status Code Update

Key Words

MM5947, R1468CP, CR5947, Claim, Status

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 April 1, 2008.
- The implementation date is April 7, 2008.
- The Health Insurance Portability and Accountability Act requires all health care benefit payers, including Medicare, to use only Claim Status Category Codes and Claim Status Codes approved by the national Code Maintenance Committee.
- These codes are used in the X12 276/277 Health Care Claim Status Request and Response format to explain the status of submitted claim(s).
- The decisions about additions, modifications, and retirement of existing Claim Status Category and Claim Status Codes made at the October 2007 meeting of the national Code Maintenance Committee were posted at <http://www.wpc-edi.com/content/view/180/223/> on November 5, 2007.
- **These updates are effective April 1, 2008, and are to be used in editing of all X12 276 transactions processed by Medicare contractors on or after April 7, 2008.**

Important Links

The related MLN Matters article can be found at <http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM5947.pdf> on the CMS website.

The official instruction (CR5947) regarding this change may be viewed at <http://www.cms.hhs.gov/Transmittals/downloads/R1468CP.pdf> on the CMS website.

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