



# Provider Inquiry Assistance

## Claim Status Category Code and Claim Status Code Update – JA6090

Related CR Release Date : June 13, 2008

Date Job Aid Revised: July 28, 2008

Effective Date: October 1, 2008

Implementation Date: October 6, 2008

<b>Key Words</b>	MM6090, CR6090, R1533CP, Claim, Status, Category, Code
<b>Contractors Affected</b>	<ul style="list-style-type: none"> <li>• Fiscal Intermediaries (FIs)</li> <li>• Part A/B Medicare Administrative Contractors (A/B MACs)</li> <li>• Durable Medical Equipment MACs (DME MACs)</li> <li>• Medicare Carriers</li> <li>• Regional Home Health Intermediaries (RHHIs)</li> </ul>
<b>Provider Types Affected</b>	Physicians, providers, and suppliers who bill Medicare Carriers, FIs, RHHIs, A/B MACs, and DME MACs for services provided to Medicare beneficiaries



Change Request (CR) 6090 reminds providers of the periodic updates to the Claim Status Codes and Claim Status Category Codes that Medicare contractors use with the Health Care Claim Status Request (ASC X12N 276), and the Health Care Claim Response (ASC X12N 277).

### Provider Needs to Know...

- CR6090 updates the changes in the Claim Status Codes and Claim Status Category Codes from the February 2008 committee meeting, which were posted at <http://www.wpc-edi.com/content/view/180/223/> on February 29, 2008 (previously referenced by <http://www.wpc-edi.com/codes>).
- CR6090 reminds providers of the periodic updates to the Claim Status Codes and Claim Status Category Codes that Medicare contractors use with the Health Care Claim Status Request (ASC X12N 276), and the Health Care Claim Response (ASC X12N 277).
- CR6090 also reminds Medicare contractors that they must have completed the entry of all applicable code text changes and new codes and terminated the use of deactivated codes by its implementation date (October 6, 2008). On and after this date, these code changes are to be used in editing of all X12 276 transactions processed, and to be reflected in the X12 277 transactions issued.

**Background**

The Claim Category and Claim Status Codes explain the status of submitted claims. The Health Insurance Portability and Accountability Act requires all health care benefit payers to use only national Code Maintenance Committee-approved codes in the X12 276/277 Health Care Claim Status Request and Response format adopted as the standard for national use (004010X093A1).

The national Code Maintenance Committee meets at the beginning of each X12 trimester meeting (February, June, and October) to decide about additions, modifications, and retirement of existing codes. Included in the code lists are specific details, including the date when a code was added, changed, or deleted.

---

---

**Operational  
Impact**

N/A

---

---

**Reference  
Materials**

The related MLN Matters article can be found at <http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM6090.pdf> on the CMS website.

The official instruction (CR6090) issued regarding this change may be found at <http://www.cms.hhs.gov/Transmittals/downloads/R1533CP.pdf> on the CMS website

---

---