



# Provider Inquiry Assistance

## Claim Status Category Code and Claim Status Code Update – JA6328

Related CR Release Date: December 31, 2008

Date Job Aid Revised: January 20, 2009

Effective Date: January 1, 2009

Implementation Date: January 5, 2009

<b>Key Words</b>	MM6328, CR6328, R1656CP, Claim, Status, Category, Code
<b>Contractors Affected</b>	<ul style="list-style-type: none"> <li>• Carriers</li> <li>• Fiscal Intermediaries (FIs)</li> <li>• Regional Home Health Intermediaries (RHHIs)</li> <li>• Part A/B Medicare Administrative Contractors (A/B MACs)</li> <li>• Durable Medical Equipment MACs (DME MACs)</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) 6328 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).

<b>Provider Needs to Know...</b>	<ul style="list-style-type: none"> <li>• CR6328 updates the changes in the Claim Status Codes and Claim Status Category Codes from the June 2008 committee meeting.</li> <li>• These updates were posted at <a href="http://www.wpc-edi.com/content/view/180/223/">http://www.wpc-edi.com/content/view/180/223/</a> on June 30, 2008. Included in the code lists are specific details, including the date when a code was added, changed, or deleted.</li> <li>• Medicare contractors must have completed the entry of all applicable code text changes and new codes, and terminated the use of deactivated codes by January 5, 2009.</li> </ul>
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- On and after this date, these code changes are to be used in editing of all X12 276 transactions processed and must be reflected in the X12 277 transactions issued.
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**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 transactions.
  - 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.
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**Operational**

**Impact**      N/A

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**Reference  
Materials**

The related MLN Matters article can be found at <http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM6328.pdf> on the CMS website.

The official instruction (CR6328) issued regarding this change is available at <http://www.cms.hhs.gov/Transmittals/downloads/R1656CP.pdf> on the CMS website.

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