

MLN Matters Number: MM4256

Related Change Request (CR) #: 4256

Related CR Release Date: January 20, 2006

Effective Date: April 1, 2006

Related CR Transmittal #: R814CP

Implementation Date: April 3, 2006

Claim Status Category Code and Claim Status Code Update

Note: This article was updated on October 26, 2012, to reflect current Web addresses. All other information remains unchanged.

Provider Types Affected

All providers submitting Health Care Claim Status Transactions to Medicare contractors (carriers, durable medical equipment regional carriers (DMERCs), fiscal intermediaries (FIs), and regional home health intermediaries (RHHIs))

Provider Action Needed



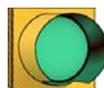
STOP – Impact to You

This article is based on Change Request (CR) 4256, which provides the April 2006 updates of the Claim Status Codes and Claim Status Category Codes for use by Medicare contractors (carriers, DMERCs, FIs, and RHHIs).



CAUTION – What You Need to Know

Medicare contractors are to use codes with the “new as of 4/06” designation and prior dates and inform affected providers of the new codes. CR 4256 applies to Chapter 31, 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.



GO – What You Need to Do

See the *Background* section of this article for further details.

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Background

Claim Status Category codes indicate the general category of a claim's status (accepted, rejected, additional information requested, etc.), which is then further detailed 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, and as previously mentioned, the Committee meets at the beginning of each X12 trimester meeting and makes decisions about additions, modifications, and retirement of existing codes.

Note: The updated list is posted three times a year (after each X12 trimester meeting) at the Washington Publishing Company website at <http://www.wpc-edi.com/codes> on the Internet. Once at the Washington Publishing Company website, 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 February 2006 are to be listed at this above web site approximately thirty (30) days after the meeting concludes. For this update, Medicare will begin using the codes in place as of 4/06.

Additional Information

For complete details, please see the official instruction issued to your carrier/DMERC/intermediary regarding this change. That instruction may be viewed at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R814CP.pdf> on the CMS website.

If you have any questions, please contact your carrier/DMERC/intermediary at their toll-free number, which may be found at <http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/provider-compliance-interactive-map/index.html> on the CMS website.

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