



The revised *Medicare Physician Fee Schedule Fact Sheet* (January 2008), which provides general information about the Medicare Physician Fee Schedule, can be accessed at <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/MedcrePhysFeeSchedfctsht.pdf> on the Centers for Medicare & Medicaid Services website.

MLN Matters Number: MM5947

Related Change Request (CR) #: 5947

Related CR Release Date: February 29, 2008

Effective Date: April 1, 2008

Related CR Transmittal #: R1468CP

Implementation Date: April 7, 2008

## Claim Status Category Code and Claim Status Code Update

**Note:** This article was updated on July 12, 2013, to reflect current Web addresses. All other information remains unchanged.

### Provider Types Affected

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

### Provider Action Needed

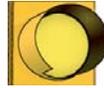


#### STOP – Impact to You

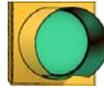
This article is based on Change Request (CR) 5947 which indicates there have been updates to the Claim Status Category Codes and Claim Status Codes.

#### Disclaimer

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**CAUTION – What You Need to Know**

All code changes approved during the October 2007 meeting of the national Code Maintenance Committee have been posted at <http://www.wpc-edi.com/content/view/180/223/> and will become effective April 1, 2008.

**GO – What You Need to Do**

See the Background section of this article for further details.

## Background

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The Health Insurance Portability and Accountability Act (HIPAA) 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.

## Additional Information

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To see the official instruction (CR5947) issued to your Medicare FI, carrier, DME MAC, or A/B MAC, refer to <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R1468CP.pdf> on the CMS website.

If you have questions, please contact your Medicare Carrier, A/B MAC, DME MAC, FI or RHHI 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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