



News Flash - Physicians and non-physician practitioners in 44 States and Washington, D.C. can now use the Internet-based Provider Enrollment, Chain and Ownership System (PECOS) to enroll, make a change in their Medicare enrollment, view their Medicare enrollment information on file with Medicare, or check on the status of a Medicare enrollment application via the Internet. CMS expects to expand the availability of Internet-based PECOS for physicians and non-physician practitioners located in California, Texas, Virginia, Oklahoma, New Mexico, Colorado, and Puerto Rico by end of January 2009. In addition, CMS will make Internet-based PECOS available next year to organizational providers and suppliers (except durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS) suppliers). For information about Internet-based PECOS, including important information that physicians and non-physician practitioners should know before submitting a Medicare enrollment application via Internet-based PECOS, go to <http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/index.html> on the CMS website.

MLN Matters Number: MM6325

Related Change Request (CR) #: 6325

Related CR Release Date: January 16, 2009

Effective Date: April 1, 2009

Related CR Transmittal #: R1670CP

Implementation Date: April 6, 2009

Note: This article was updated on December 17, 2012, to reflect current Web addresses. All other information remains unchanged.

Claim Status Category Code and Claim Status Code Update

Provider Types Affected

Physicians, providers, and suppliers who bill Medicare contractors (carriers, fiscal intermediaries (FI), regional home health intermediaries (RHHI), Medicare Administrative Contractors (A/B MAC), and Durable Medical Equipment Medicare Administrative Contractors (DME MAC) for services provided to Medicare beneficiaries.

Provider Action Needed

Change Request (CR) 6325, from which this article is taken, reminds providers of the periodic updates to the Claim Status Codes and Claim Status Category Codes

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that Medicare contractors use with the Health Care Claim Status Request (ASC X12N 276), and the Health Care Claim Response (ASC X12N 277).

Background

The Claim Category and Claim Status Codes explain the status of submitted claims. The Health Insurance Portability and Accountability Act (HIPAA) 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. Included in the code lists are specific details, including the date when a code was added, changed, or deleted.

CR 6325 updates the changes in the Claim Status Codes and Claim Status Category Codes from the September, 2008 committee meeting. These updates were posted at <http://www.wpc-edi.com/> on November 1, 2008. Medicare contractors must have completed the entry of all applicable code text changes and new codes, and terminated the use of deactivated codes by April 6, 2009. 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.

Additional Information

If you have questions, please contact your Medicare contractor at their toll-free number which may be found at on the Centers for Medicare & Medicaid Services (CMS) website. The official instruction (CR6325) issued to your Medicare MAC, carrier, DME MAC, FI, and/or RHHI is available 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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