CAQH Committee on Operating Rules for Information Exchange (CORE)
Claim Status Data Content Subgroup (CSSG)
Straw Poll #1: Standardizing Code Combinations Through Business Scenarios
Comments Received on CSSG Straw Poll #1

Contents

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1. Overview

1.1. Overview and Purpose of Straw

Straw Poll #1 gathered CSSG participants' input on the five draft **CORE-defined Claim Status Business Scenarios** and **proposed Claim Status Category Codes (CSCC) + Claim Status Codes (CSC) Claim Status Code Combinations** that would form the foundation of standardized claim status communications across the X12 v5010 277 transaction.

Straw Poll #1 consisted of five sections:

1. Scope & Applicability
2. CORE-defined Claim Status Business Scenarios
3. Code Combinations & Maintenance Process
4. Value & Feasibility
5. Future Rule Development Opportunities

1.2. Overview of Comment Categorization

All comments received on Straw Poll #1 were sorted into three categories:

1. **Substantive Comments:** May impact rule requirements; some comments require Work Group discussion on potential adjustments to the draft requirements.
2. **Points of Clarification:** Pertain to areas where more explanation for the Work Group is required; may require adjustments to the rule which do not change rule requirements.
3. **Non Substantive Comments:** Pertain to typographical/grammatical errors, wordsmithing, clarifying language, addition of references; do not impact rule requirements.

2. Comments Received on Straw Poll #1

2.1. Section 1: Scope & Applicability

This section of the draft rule, focusing on standardizing code combinations through business scenarios, proposes the following scope and addresses the following issues:

- What the Rule Applies To: The rule standardizes the use of Claim Status Category Code (CSCC) and Claim Status Code (CSC) combinations in the X12 005010X212 277 Health Care Claim Status Response to define ubiquitous business cases and establish actionable next steps for information sources and receivers.
- Applicable Code Sources:
  1. 507 Health Care Claim Status Category Code
  2. 508 Health Care Claim Status Code
  3. 530 National Council for Prescription Drug Programs Reject/Payment Codes
- Applicable Loops, Segments, and Data Elements:
  1. 2200B-STC01-01 and 2200B-STC01-02
  2. 2200B-STC10-01 and 2200B-STC10-02
  3. 2200B-STC11-01 and 2200B-STC11-02
  4. 2200C-STC01-01 and 2200C-STC01-02
  5. 2200C-STC10-01 and 2200C-STC10-02
  6. 2200C-STC11-01 and 2200C-STC11-02
  7. 2200D-STC01-01 and 2200D-STC01-02
  8. 2200D-STC10-01 and 2200D-STC10-02
  9. 2200D-STC11-01 and 2200D-STC11-02
  10. 2220D-STC01-01 and 2220D-STC01-02
  11. 2220D-STC10-01 and 2220D-STC10-02
  12. 2220D-STC11-01 and 2220D-STC11-02
- Who It Impacts: Health plans, providers, clearinghouses, and vendors processing claim status transactions.
- What It Does Not Apply to: X12 005010X214 277 Health Care Claim Acknowledgment, X12 005010X213 277 Health Care Claim Request for Additional Information, X12 005010X364 277 Data Reporting Acknowledgment

Table 1. Comments Received on Section 1: Scope & Applicability

#	Comment Type	Comment	CORE CSSG Co-chair & Staff Response
1	Substantive	Three organizations recommended adding the following as Applicable Loops, Segments, and Data Elements: • 2200E-STC01-01 and 2200E-STC01-02 • 2200E-STC10-01 and 2200E-STC10-02	Agree. STC segments in the 2200E and 2220E loops will be added to the Applicable Loops, Segments, and Data Elements in the Scope of the rule.

#	Comment Type	Comment	CORE CSSG Co-chair & Staff Response
		• 2200E-STC11-01 and 2200E-STC11-02 • 2220E-STC01-01 and 2220E-STC01-02 • 2220E-STC10-01 and 2220E-STC10-02 • 2220E-STC11-01 and 2220E-STC11-02	
2	Substantive	One entity made three recommendations: clarify multi-segment combinations in the X12 277 (e.g., dual CSCs in STC 01/10/11), include options for JSON/FHIR-rendered formats, and encourage the use of secondary CSCs to resolve ambiguity.	Agree. CORE will undertake industry education on multi-segment combinations and use of secondary CSCs as outlined in the X12 TR3 Section 1.4.3.1. Rendering the 276/277 in other formats will also be considered.
3	Point of Clarification	One organization asked for more specificity in instances where terminology is vague.	Agree. CORE will revise language for clarity.
4	Non Substantive	One entity noted there would be a significant lift for health plans to implement the rule and there could be discrepancies with vendor displays.	CORE is actively gathering input on potential implementation challenges from stakeholders across the industry. CSSG Co-chairs and Staff recognize that these updates may require significant effort and are working to ensure that the value of standardization outweighs the life required.
5	Non Substantive	Two entities noted their abstention.	n/a

2.2. Section 2: CORE-defined Business Scenarios

CORE proposes five Business Scenarios based on industry-wide environmental scanning and subgroup feedback. Each business scenario corresponds to a set of CSCC + CSC code combinations that reflect common claim status reporting practices.

Table 2. Comments Received on Business Scenario 1: Claim Finalized—Payment Will Be Made

#	Comment Type	Comment	CORE CSSG Co-chair & Staff Response
1	Substantive	One entity recommended updating the description to specify that payment may be for only some portion of the claim with other claim lines denied.	Do not agree. Partial payments are covered as pended claims, as defined by the P type CSCs. This will be clarified as part of guidance.

#	Comment Type	Comment	CORE CSSG Co-chair & Staff Response
2	Substantive	Two entities suggested replacing "paid" with "approved" or "allowed" to account for scenarios where no actual payment is issued (e.g., amounts applied to deductibles or covered by PLBs).	Do not agree. Business Scenario 1 aligns with the F CSCCs. If no direct payment is issued, payers should use appropriate CSCs (e.g., CSC 98 or CSC 101) to indicate payment application or adjustment. This will be clarified as part of guidance.
3	Non Substantive	One entity abstained from taking a position on this business scenario.	n/a

Table 3. Comments Received on Business Scenario 2: Claim Finalized—No Payment Will Be Made

#	Comment Type	Comment	CORE CSSG Co-chair & Staff Response
1	Substantive	One entity suggested that this Business Scenario is not needed.	Do not agree. This Business Scenario is necessary as it reflects a full claim adjustment, such as for non-covered charges, payer determinations, or penalties.
2	Substantive	One entity suggested greater clarification around non-payment scenarios that are not denials, such as capitated services where payment responsibility was met outside of the claim and claims that were fully forwarded to another payer without current payment liability.	Agree. Greater clarity will be included in an updated description of the Business Scenario.
3	Point of Clarification	Three entities questioned whether this Business Scenario is distinct enough from #1: Claim Finalized-Payment will be made and #3: Claim Denied-No payment will be made.	Business Scenario #1 is for claim that were *fully paid* while Business Scenario #2 is the result of an *adjustment*, and Business scenario 3 is a result of a *denial*. Any claims that were *partially paid* are covered in Business Scenario #4: Claim Pended, as defined by the P type CSCs. This will be clarified as part of guidance and revised business scenario descriptions.
4	Non Substantive	One entity noted that their organization is unable to support this systematically.	n/a

#	Comment Type	Comment	CORE CSSG Co-chair & Staff Response
5	Non Substantive	One entity abstained from taking a position on this business scenario.	n/a

Table 4. Comments Received on Business Scenario 3: Claim Denied—No Payment Will Be Made

#	Comment Type	Comment	CORE CSSG Co-chair & Staff Response
1	Substantive	Two entities suggested updating the description to state that the claim was accepted, processed, and finalized, but no payment is approved, implying that the current Business Scenario may be too rigid to communicate nuanced claim outcomes.	Agree. Greater clarity will be included in an updated description of the Business Scenario.
2	Point of Clarification	Three entities asked for greater clarity regarding missing information: one entity asked if the response will appropriately identify the missing information and two entities asked if this reflects a pended claim required submitter action or a finalized denial due to insufficient information.	In this Business Scenario, the missing or invalid information results in a finalized *denied* claim, not a pended one. CSC 21 is used in combination with another CSC to specify the missing or invalid information. If the claim were pended while awaiting additional information, it would be represented under Business Scenario #4: Claim Pended. This will be clarified as part of guidance.
3	Non Substantive	One entity abstained from taking a position on this business scenario.	n/a

Table 5. Comments Received on Business Scenario 4: Claim Pended

#	Comment Type	Comment	CORE CSSG Co-chair & Staff Response
1	Substantive	Two entities recommended breaking this Business Scenario into two subtypes, such as clinical and administrative, or based on whether provider action is required. Differentiating claims that require provider follow up (e.g., documentation requests)	Do Not Adjust. This Business Scenario could be broken into two distinct subtypes but may present additional challenges as a single CSCC+CSC combination can be applied to multiple clinical or administrative actions and

#	Comment Type	Comment	CORE CSSG Co-chair & Staff Response
		from those under internal payer review (e.g., audits) may help reduce unnecessary outreach and clarify next steps for providers.	may not uniquely identify whether the action is on the payer or provider. As permitted in Section 1.4.3.1 in the X12 TR3, payers should respond using multiple CSCs and clearly indicate the appropriate entity in the STC segment. CORE will continue to liaise with X12 to support more consistent and meaningful use of existing codes.
2	Non Substantive	One entity abstained from taking a position on this business scenario.	n/a

Table 6. Comments Received on Business Scenario 5: Errors

#	Comment Type	Comment	CORE CSSG Co-chair & Staff Response
1	Substantive	Two entities suggested updating this Business Scenario to reflect when the claim status request has been rejected, rather than the claim.	Agree. This will be clarified as part of guidance and revised descriptions.
2	Substantive	Three entities noted that their expectation that information would be returned on the 277CA: one entity noted they would expect the A3 message to be returned on the 277CA for claim rejections and that if a claim status request is submitted for a claim that was rejected, they would expect an A4 (not found) response. Another entity commented that the current scenarios do not account for up-front rejections that occur before a claim enters the	Agree. The CSCC and CSC combinations are also used in the 277CA – CORE has published an operating rule for specific business scenarios for this transaction. Those under consideration for this draft rule for the 276/277, Business Scenario #5, allow for those organizations using the 276/277 to communicate these types of errors, too. The 277CA is not a

#	Comment Type	Comment	CORE CSSG Co-chair & Staff Response
		adjudication system, which would typically be communicated via a 277CA. One entity noted that claim rejections are generally sent via the 277CA.	HIPAA mandated transaction, using these combinations in the 276/277 supports provider needs to better understand the reason for when the claim was received but may not make it to the full adjudication cycle. Through periodic Compliance and Market Based Reviews, industry will have the opportunity to revise the code combinations to meet evolving business needs through time.
3	Substantive	One entity noted that the scenario appropriately addresses hard rejections, but recommended enhancements for claim re-entry workflows, such as asking payers to specify the exact field or segment triggering the rejection, mapping CSCs to a remediation checklist or field path, and issuing guidance or a flag to indicate whether a claim can be resubmitted as-is.	Agree. CORE will provide industry guidance and work with industry to identify best practices and workflow improvements to reduce administrative burden due to the lack of clarity in claim rejection detail and resubmission processes.
4	Non Substantive	One entity abstained from taking a position on this business scenario.	n/a

Table 7. Additional Business Scenarios

#	Comment Type	Comment	CORE CSSG Co-chair & Staff Response
1	Substantive	Claim in Progress: provider submits a claim, the claim is accepted into the adjudication system, and the claim is in progress.	Do Not Adjust. Business Scenario #4: Claim Pended could be broken into distinct subtypes but may present additional challenges as a single CSCC+CSC

#	Comment Type	Comment	CORE CSSG Co-chair & Staff Response
		This scenario would help differentiate between claims that are "stuck" from claims that are progressing as normal Examples: P1 + 40 for claim in progress, P3 + 297 for claim pended for provider action, and P2 + 46 for claim pended for payer action	combination can be applied to multiple scenarios. The description of Business Scenario #4 can be updated to clarify that pended claims include claims that are suspended awaiting review.
2	Substantive	Loopback Request: claim requires additional clarification before adjudication can proceed. This scenario captures claims that were received by the payer but cannot progress through adjudication due to non-terminal issues that require clarification or corrected documentation from the provider. Examples: A3 + 192 for Claim un-processable due to missing attachment control number, A3 + 27 for claim not found—likely due to incorrect ID or formatting issues, F2 + 297 for medical notes received but not linked or usable, A7 + 125 for submission incomplete; payer awaits clarification or corrected data	Do Not Adjust. Business Scenario #4: Claim Pended could be broken into distinct subtypes but may present additional challenges as a single CSCC+CSC combination can be applied to multiple scenarios. The description of Business Scenario #4 can be updated to clarify that pended claims include claims that are suspended awaiting further documentation.
3	Substantive	Claim Not Accepted: claim not accepted into adjudication system. This scenario encompasses situations where a claim has not been accepted into the adjudication system, but not due to errors covered by Business Scenario 5: Errors.	Do Not Adjust. Business Scenario #5: Errors could be broken into distinct subtypes but may present additional challenges as a single CSCC+CSC combination can be applied to multiple scenarios. The description of Business Scenario #5 includes claims that were not accepted into the adjudication system. Claim Acknowledgement scenarios currently address these situations.

#	Comment Type	Comment	CORE CSSG Co-chair & Staff Response
4	Non Substantive	One entity asked to clarify the existing scenarios for claims that are fully paid or denied.	n/a

2.3. Section 3: Code Combinations and Maintenance Process

CORE proposes five Business Scenarios based on industry-wide environmental scanning and subgroup feedback. Each business scenario corresponds to a set of CSCC + CSC code combinations that reflect common claim status reporting practices.

Table 8. Comments Received on Code Combinations for Business Scenario 1: Claim Finalized—Payment Will Be Made

#	Comment Type	Comment	CORE CSSG Co-chair & Staff Response
1	Substantive	One entity noted they support these combinations if they are not the only allowed combinations implementers may use.	Agree.
2	Substantive	One entity suggests seeing another version of the combinations due to foundational changes to they suggest to the Business Scenario.	Agree. CSSG participants will have the opportunity to provide feedback on updated code combinations on Straw Poll #2.
3	Substantive	One entity suggested that CSC 106 fits better into Business Scenario #1.	Agree. CSSG participants will have the opportunity to provide feedback on updated code combinations on Straw Poll #2.
4	Substantive	One entity provided feedback on CSCs: • CSC 3: clarify payment method and timing • CSC 171: add documentation guidance about COB workflows • CSC 101 (F3): helpful in corrected claim workflows • CSC 104: vague without modifiers	CORE will work with X12 on potential edits to codes for greater clarity and accuracy.

#	Comment Type	Comment	CORE CSSG Co-chair & Staff Response
		• Strong support for CSC 65, 66, 100, 105, and 107	
5	Point of Clarification	One entity asked for clarification as to why F1 is the CSCC instead of F0.	Business Scenario #1 includes both F0 and F1 as CSCCs.
6	Point of Clarification	One entity noted that this is not an exhaustive list of every payment scenario and asked for clarification regarding the use of additional scenarios.	The CSSG has agreed to make the list a set of best practices, understanding that there are additional use cases for other code combinations that implementers may need to use.
7	Point of Clarification	One entity asked for an entity code to be named for CSC 106.	Guidance regarding the use of entity codes is outlined in the X12 TR3 in Section 1.4.3.1. It is not the responsibility of CORE to specify the entity associated with the claim (provider, payer, patient, etc.). The entity will be unique to that specific claim.
8	Point of Clarification	One entity noted that CSC 171 does not pair well with F1.	Agree. New combinations will be provided in Straw Poll #2 for potential inclusion.
9	Point of Clarification	One entity asked if F1:106 and F1:171 are the same.	No, F1:106 and F1:171 are used for different scenarios.
10	Non Substantive	One entity noted their support but that some proposed combinations do not fit neatly into the Business Scenario.	n/a
11	Non Substantive	One entity noted they accept any valid ANSI code response.	n/a

#	Comment Type	Comment	CORE CSSG Co-chair & Staff Response
12	Non Substantive	One entity noted that they do not support F0:3.	n/a
13	Non Substantive	One entity noted that they do not support F0:104, F0:106, F1:104, and F1:106.	n/a

Table 9. Comments Received on Business Scenario 2: Claim Finalized—No Payment Will Be Made

#	Comment Type	Comment	CORE CSSG Co-chair & Staff Response
1	Substantive	Three entities noted they support these combinations if they are not the only allowed combinations implementers may use.	Agree.
3	Substantive	One entity suggests seeing another version of the combinations due to foundational changes to they suggest to the Business Scenario.	Agree. CSSG participants will have the opportunity to provide feedback on updated code combinations on Straw Poll #2.
	Substantive	One entity commented that the combinations are not applicable to patient access.	The results of the claim status transaction are used both proactively and retroactively by front office staff. Proactively, information regarding delays in payments, denials, RFAIs, etc. is communicated from the revenue cycle team to front office staff to help prevent future delays. Retroactively, this information helps front office staff rectify errors and issues with existing claims.
4	Point of Clarification	One entity asked for an entity code to be named for CSC 106.	Guidance regarding the use of entity codes is outlined in the X12 TR3 in Section 1.4.3.1. It is not the responsibility of CORE to specify the entity associated with the claim (provider,

#	Comment Type	Comment	CORE CSSG Co-chair & Staff Response
			payer, patient, etc.). The entity will be unique to that specific claim.

Table 10. Comments Received on Business Scenario 3: Claim Denied—No Payment Will Be Made

#	Comment Type	Comment	CORE CSSG Co-chair & Staff Response
1	Substantive	One entity commented that several code combinations should be included under Business Scenario 4 instead of Business Scenario 3.	CSSG participants will have the opportunity to provide feedback on updated code combinations on Straw Poll #2.
2	Substantive	One entity suggests seeing another version of the combinations due to foundational changes to they suggest to the Business Scenario.	Agree. CSSG participants will have the opportunity to provide feedback on updated code combinations on Straw Poll #2.
3	Substantive	Two entities noted they support these combinations if they are not the only allowed combinations implementers may use.	Agree.
4	Point of Clarification	One entity asked for a definition of entity.	CORE will work with X12 on potential edits to codes for greater clarity and accuracy.
5	Point of Clarification	Two entities noted combinations that are vague. One entity noted that F2:16 is vague and the combination should clarify the reason for the denial. Another entity noted that CSC 297 does not provide enough information.	CORE will work with X12 on potential edits to codes for greater clarity and accuracy.

Table 11. Comments Received on Business Scenario 4: Claim Pended

#	Comment Type	Comment	CORE CSSG Co-chair & Staff Response
1	Substantive	One entity asked for a more specific CSCC code.	CORE will work with X12 on potential edits to codes for greater clarity and accuracy.
2	Substantive	Two entities noted that this is not an exhaustive list of every scenario and asked for clarification regarding the use of additional scenarios.	The CSSG has agreed to make the list a set of best practices, understanding that there are additional use cases for other code combinations that implementers may need to use.
3	Point of Clarification	One entity asked for an entity code to be named for CSC 123.	Guidance regarding the use of entity codes is outlined in the X12 TR3 in Section 1.4.3.1. It is not the responsibility of CORE to specify the entity associated with the claim (provider, payer, patient, etc.). The entity will be unique to that specific claim.
4	Point of Clarification	One entity noted that CSC 0, 41, and 52 have vague or ambiguous language.	CORE will work with X12 on potential edits to codes for greater clarity and accuracy.

Table 12. Comments Received on Business Scenario 5: Errors

#	Comment Type	Comment	CORE CSSG Co-chair & Staff Response
1	Substantive	Two entities noted that if a claim is rejected due to formatting issues at the time of submission, the claim should not be found to return A3, but it should have been rejected on the 277CA.	Agree. CSSG participants will have the opportunity to provide feedback on updated code combinations on Straw Poll #2, including differentiating scenarios based on transaction.

#	Comment Type	Comment	CORE CSSG Co-chair & Staff Response
2	Substantive	One entity asked for the description to be updated to state that the code combinations are sent in response of a claim status instead of the claim itself.	Agree.
3	Point of Clarification	One entity noted that this is not an exhaustive list of every scenario and asked for clarification regarding the use of additional scenarios.	The CSSG has agreed to make the list a set of best practices, understanding that there are additional use cases for other code combinations that implementers may need to use.
4	Non Substantive	Two entities provided feedback on code combinations. One noted they do not use E1:484 and another does not agree to CSC 21, 24,25, 33,97, and 484.	n/a

For every business scenario, the draft rule provides a list of code combinations developed from thorough environmental scanning and research. A crucial aspect to consider is whether these combinations should be mandatory (meaning they are the only options available for implementers, akin to the CORE Uniform Use of CARCs and RARCs Operating Rule) or if they should be regarded as recommended best practices. This approach allows for flexibility, ensuring they set a minimum standard rather than a maximum, thereby catering to the diverse needs of different trading partners and changing use cases.

Table 13. Comments Received on the Role of Code Combinations

#	Comment Type	Comment	CORE CSSG Co-chair & Staff Response
1	Substantive	One entity recommended a “required floor, optional ceiling” hybrid approach where a minimum core set of code combinations will be required for use, but implementers may go beyond the minimum set to support flexibility, innovation, and complex or unique situations.	For Subgroup Discussion. Should the code set be a “required floor, optional ceiling” approach?

#	Comment Type	Comment	CORE CSSG Co-chair & Staff Response
2	Substantive	Three entities expressed concerns over making the list the only allowable combinations to use because it would be too rigid and unrealistic to accommodate real-life scenarios.	Agree.
3	Substantive	One entity encouraged CORE to work with X12 on the codes before making the code sets mandatory.	CORE will continue to liaise with X12 to support more consistent and meaningful use of existing codes.
4	Non Substantive	One entity asked for more discussion on how implementers use code combinations.	n/a
5	Non Substantive	One entity noted their abstention.	n/a

To ensure consistency, sustainability, and responsiveness to industry needs, CORE will maintain the standardized CSCC + CSC code combinations through its existing CORE Code Combinations Maintenance Process. This process is modeled after the well-established maintenance of the CORE-required CARC + RARC combinations and is designed to:

- Incorporate updates to external code lists (e.g., X12 Code Source 507 and 508)
- Review draft combinations in the context of CORE-defined business scenarios
- Address changes in payer or provider workflows, policy updates, or regulatory shifts
- Support a transparent, consensus-based approach to updates

The CORE Code Combinations Task Group (CCTG), comprising representatives from over 30 industry organizations, convenes a minimum of three times per year to evaluate and update combinations as needed.

This process will maintain CSCC + CSC combinations associated with the Claim Status Data Content Rule, ensuring they remain current and aligned with evolving business needs.

Table 14. Comments Received on Maintenance Process

#	Comment Type	Comment	CORE CSSG Co-chair & Staff Response
1	Substantive	One entity encouraged CORE to work with X12 on the codes before making the code sets mandatory.	CORE will continue to liaise with X12 to support more consistent and meaningful use of existing codes.
2	Substantive	One entity noted their support but recommended a baseline update cycle beyond code source changes, field-level and loop/segment mapping over time, and industry metrics on usability and variability.	Agree. The CSSG will share these recommendations with the CORE Code Combinations Task Group.
3	Substantive	One entity suggested having separate specialty (e.g., dental) meetings to address unique business rules.	Agree. The CSSG will share these recommendations with the CORE Code Combinations Task Group.
4	Non Substantive	One entity asked for more detailed information in vague descriptions	CORE will update language where it is vague.
5	Non Substantive	One entity asked for more discussion about the results.	n/a
6	Non Substantive	One entity noted their abstention.	n/a

2.4. Section 4: Value & Feasibility

As part of the development of the Claim Status Data Content Rule, CORE is evaluating the standardization of Claim Status Category Codes (CSCC) and Claim Status Codes (CSC) through five CORE-defined business scenarios.

This straw poll is intended not only to collect your input on proposed scenarios and code combinations, but also to help assess whether standardizing these combinations would provide enough value to justify implementation effort.

Table 15. Comments Received on Value & Feasibility

#	Comment Type	Comment	CORE CSSG Co-chair & Staff Response
1	Substantive	Two entities noted a concern that the claim status doesn't give enough to avoid making phone calls or using portals.	n/a
2	Substantive	Three entities noted there would be implementation challenges for health plans to update their systems.	n/a
3	Point of Clarification	Two entities noted the need for expected implementation costs and cost/benefit analysis of implementing standardized code combinations.	Throughout the rule development process, CORE will be collecting the expected implementation costs from participating organizations.
4	Non Substantive	One entity noted their support for the draft rule due to the value proposition and feasibility.	n/a
5	Non Substantive	One entity noted their abstention.	n/a

2.5. Section 5: Future Rule Development Opportunities

In addition to standardizing Claim Status Code Combinations, the Subgroup is also considering the following opportunity areas for future rule development as part of the Claim Status Data Content Rule:

1. **Data Alignment**: Standardize the data exchanged within the 276/277 transaction and require additional specificity in certain error responses to reduce ambiguity and promote clarity.
2. **Real-Time Claim Status Processing:** Align on a set of best practices for generating and returning real-time claim status responses to enhance automation and reduce administrative lag.

These areas will be explored through future subgroup discussions and straw polls.

Table 16. Comments Received on Future Rule Development Opportunities

#	Comment Type	Comment	CORE CSSG Co-chair & Staff Response
1	Substantive	One entity made the following suggestions for rule development: • Resolution status tag for CSCC + CSC combinations to indicate whether a claim status	Opportunities will be included on Straw Poll 2 for CSSG input.

#	Comment Type	Comment	CORE CSSG Co-chair & Staff Response
		outcome is final, correctable, appealable, or pending provider action • X12 Field and Loop-level Mapping for each error code: maintain a lookup index that maps each CSC to the most likely X12 loop/segment/field responsible • Code-to-Action Automation Framework- develop a standardized logic model for common resolution actions, optional links to appeal letter templates, and suggested supporting documentation for each denial • AI-Friendly and JSON Schema Prototypes • Claim Life Cycle Status Indicator tags, such as intake, pre-processing, adjudication, finalized, loopback to provider, and closed • Create a Minimal Real-Time Payload Requirement Set	
2	Substantive	One entity suggested a list of status codes that should not be used in isolation.	CSSG Co-chairs and Staff recommend a follow-up guidance document of supplemental status codes that should always be send with an additional status code. Opportunities will be included on Straw Poll 2 for CSSG input.
3	Substantive	One entity suggested examining CARCs & RARCs to see if there are opportunities to add new 277 codes that mirror or adapt their verbiage.	Opportunities will be included on Straw Poll 2 for CSSG input.
4	Non Substantive	One entity noted their interest in data alignment.	n/a
5	Non Substantive	One entity noted their abstention.	n/a