Claim Status Category and Claim Status Codes Update

MLN Matters Number: MM11073

Related CR Release Date: December 21, 2018

Related CR Transmittal Number: R4183CP

Related Change Request (CR) Number: 11073

Effective Date: April 1, 2019

Implementation Date: April 1, 2019

PROVIDER TYPES AFFECTED

This MLN Matters® Article is intended for physicians, providers, and suppliers submitting claims to Medicare Administrative Contractors (MACs) for services provided to Medicare beneficiaries.

PROVIDER ACTION NEEDED

CR 11073 updates, as needed, the Claim Status and Claim Status Category Codes used for the Accredited Standards Committee (ASC) X12 276/277, Health Care Claim Status Request and Response and ASC X12 277 Health Care Claim Acknowledgment transactions. Make sure your billing staffs are aware of these updates.

BACKGROUND

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires all covered entities to use only Claim Status Category Codes and Claim Status Codes approved by the National Code Maintenance Committee in the ASC X12 276/277 Health Care Claim Status Request and Response transaction standards adopted under HIPAA for electronically submitting health care claims status requests and responses. These codes explain the status of submitted claim(s). Proprietary codes may not be used in the ASC X12 276/277 transactions to report claim status.

The National Code Maintenance Committee meets at the beginning of each ASC X12 trimester meeting (January/February, June, and September/October) and makes decisions about additions, modifications, and retirement of existing codes. The Committee allow the industry 6 months for implementation of newly added or changed codes.

The codes sets are available at https://nex12.org/index.php/codes. Included in the code lists are specific details, including the date when a code was added, changed, or deleted. All code changes approved during the January 2019 committee meeting shall be posted on these sites on or about March 1, 2019.

The Centers for Medicare & Medicaid Services (CMS) will issue additional CRs regarding the need for future updates to these codes. When instructed, MACs must update their claims systems to ensure that the current version of these codes is used in their claim status

responses. These code changes are to be used in editing of all ASC X12 276 transactions processed on or after the date of implementation and to be reflected in the ASC X12 277 transactions issued on and after the date of implementation of CR11073.

The MACs must comply with the requirements contained in the current standards adopted

ADDITIONAL INFORMATION

The official instruction, CR11073, issued to your MAC regarding this change is available at https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/2018Downloads/R4183CP.pdf.

If you have questions, your MACs may have more information. Find their website at http://go.cms.gov/MAC-website-list.

DOCUMENT HISTORY

Date of Change	Description
December 21, 2018	Initial article released.