



Claim Status Category and Claim Status Codes Update

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Related Change Request (CR) Number: 11292

Related CR Release Date: May 17, 2019

Effective Date: October 1, 2019

Related CR Transmittal Number: R4304CP

Implementation October 7, 2019

PROVIDER TYPE AFFECTED

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

PROVIDER ACTION NEEDED

CR11292 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). Do not use proprietary codes 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 allows 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 June 2019 committee meeting are available on these sites on or about July 1, 2019.

The Centers for Medicare & Medicaid Services (CMS) will issue future updates to these codes as needed. MACs must update their claims systems to ensure they use the current version of these codes in their claim status responses.

MACs use these code changes in editing all ASC X12 276 transactions the MACs process on or after the implementation date and are in the ASC X12 277 transactions issued on and after the implementation date of CR11292.

MACs must comply with the requirements in the current standards adopted under HIPAA for electronically submitting certain health care transactions, among them the ASC X12 276/277 Health Care Claim Status Request and Response. The MACs must use valid Claim Status Category Codes and Claim Status Codes when sending ASC X12 277 Health Care Claim Status Responses. They must also use valid Claim Status Category Codes and Claim Status Codes when sending ASC X12 277 Healthcare Claim Acknowledgments. References in CR11292 to "277 responses" and "claim status responses" encompass both the ASC X12 277 Health Care Claim Status Response and the ASC X12 277 Healthcare Claim Acknowledgment transactions.

ADDITIONAL INFORMATION

The official instruction, CR11292, issued to your MAC regarding this change is available at <https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/2019Downloads/R4304CP.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
May 17, 2019	Initial article released.

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