



## Claim Status Category and Claim Status Codes Update

MLN Matters Number: MM11393

Related Change Request (CR) Number: 11393

Related CR Release Date: August 23, 2019

Effective Date: January 1, 2020

Related CR Transmittal Number: R4377CP

Implementation Date: January 6, 2020

### PROVIDER TYPES AFFECTED

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

### PROVIDER ACTION NEEDED

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CR 11393 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 Acknowledgement transactions. Make sure your billing staffs are aware of these updates.

### BACKGROUND

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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 (NCMC) in the ASC X12 276/277 Health Care Claim Status Request and Response transaction standards. These standards were 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 NCMC 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 NCMC allows the industry 6 months for implementation of newly added or changed codes.

The code sets are available at <https://nex12.org/index.php/codes>. Specific details, including the date when a code was added, changed, or deleted, are included in the code lists. All code changes approved during the September/October 2019 NCMC meeting will be posted to above linked websites on or about November 1, 2019.

The Centers for Medicare & Medicaid Services (CMS) will issue notifications 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. The MACs and Medicare's shared systems maintainers will make changes as necessary as part of a routine release to reflect applicable changes such as retirement of previously used codes or newly created codes.

These code changes are used in editing of all ASC X12 276 transactions processed on or after the implementation date and should be reflected in the ASC X12 277 transactions issued on or after CR 11393's implementation date.

**Note:** References in CR 11393 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 Acknowledgement transactions.

## ADDITIONAL INFORMATION

The official instruction, CR 11393, issued to your MAC regarding this change is available at <https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/2019Downloads/R4377CP.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
August 23, 2019	Initial article released.

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