

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Centers for Medicare & Medicaid Services



#### News Flash -

CMS has instructed its contractors to delay turning on Phase 2 denial edits on the following claims to check for a valid individual National Provider Identifier (NPI) and to deny the claim when this information is missing:

- Medicare Part B **laboratory and imaging** claims and Durable Medical Equipment, Orthotics, and Supplies (DMEPOS) claims that require an ordering or referring physician/non-physician provider; and
- Part A Home Health Agency (HHA) claims that require an attending physician provider.

CMS will advise you of the new implementation date in the near future. In the interim, informational messages will continue to be sent for those claims that would have been denied had the edits been in place. See [MLN Matters® Article SE1305](#) for more information.

MLN Matters® Number: MM8265 **Revised**

Related Change Request (CR) #: CR 8265

Related CR Release Date: April 5, 2013

Effective Date: July 1, 2013

Related CR Transmittal #: R2681CP

Implementation Date: July 1, 2013

### Claim Status Category and Claim Status Codes Update

**Note: This article was revised on April 30, 2013, to revise the news flash (above) to show the Phase 2 edits are delayed. All other information remains the same.**

#### Provider Types Affected

This MLN Matters® Article is intended for all physicians, other providers, and suppliers submitting claims to Medicare contractors (carriers, Fiscal Intermediaries (FI), Regional Home Health Intermediaries (RHHIs), Medicare Administrative Contractors (A/B MACs), and Durable Medical Equipment Medicare Administrative Contractors (DME MACs)) for services to Medicare beneficiaries.

#### Disclaimer

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## What You Need to Know

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Change Request (CR) 8265, from which this article is taken, requires Medicare contractors to use only national Code Maintenance Committee-approved Claim Status Category Codes and Claim Status Codes when sending Medicare healthcare status responses (277 transactions) to report the status of your submitted claim(s). **Proprietary codes may not be used in the X12 276/277 to report claim status.**

All code changes approved during the January 2013 Committee meeting will be posted on or about March 1, 2013, at <http://www.wpc-edi.com/reference/codelists/healthcare/claim-status-category-codes> and <http://www.wpc-edi.com/reference/codelists/healthcare/claim-status-codes> and are to be reflected in the X12 277 transactions issued on and after the date of implementation of CR8265 (July 1, 2013).

## Background

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The Health Insurance Portability and Accountability Act (HIPAA) requires all health care benefit payers to use only national Code Maintenance Committee-approved Claim Status Category Codes and Claim Status Codes to explain the status of submitted claims. These codes, which have been adopted as the national standard to explain the status of submitted claim(s), are the only such codes permitted for use in the X12 276/277 Health Care Claim Status Request and Response format.

The national Code Maintenance Committee meets three times each year (February, June, and October) in conjunction with the Accredited Standards Committee (ASC) X12 trimester meeting, and makes decisions about additions, modifications, and retirement of existing codes. The Committee has decided to allow the industry 6 months for implementation of the newly added or changed codes. Therefore, on and after the date of implementation of CR8265 (July 1, 2013), your Medicare contractor must: 1) Complete the entry of all applicable code text changes and new codes; 2) Terminate the use of deactivated codes; 3) Use these new codes for editing all X12 276 transactions and reflect them in the X12 277 transactions that they issue.

## Additional Information

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The official instruction, CR8265 issued to your carrier, FI, RHHI, A/B MAC, or DME MAC regarding this change may be viewed at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R2681CP.pdf> on the CMS website.

If you have any questions, please contact your carrier, FI, RHHI, A/B MAC, or DME MAC at their toll-free number, which may be found 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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