

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



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- [“Safeguarding Your Medical Identity”](#) Web-based Training (WBT)

MLN Matters® Number: MM8994

Related Change Request (CR) #: CR 8994

Related CR Release Date: December 5, 2014

Effective Date: April 1, 2015

Related CR Transmittal #: R3143CP

Implementation Date: April 6, 2015

Claim Status Category and Claim Status Codes Update

Provider Types Affected

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

Provider Action Needed

Change Request (CR) 8994 informs MACs about the changes to Claim Status Category Codes and Claim Status Codes. Make sure that your billing staff are aware of these changes.

Background

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires all health care payers to use only Claim Status Category Codes and Claim Status Codes approved by the National Code Maintenance Committee in the Accredited Standards Committee (ASC) X12 276/277 Health Care Claim Status Request and Response format adopted as the standard for National use under HIPAA. These codes explain the status of submitted claim(s). Proprietary codes may not be used in the ASC X12 276/277 to report

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claim status. The National Code Maintenance Committee meets at the beginning of each ASC X12 trimester meeting (January, June, and October) and makes decisions about additions of new codes, as well as modifications and retirement of existing codes. The codes sets are available 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/> on the Internet.

These pages have previously been referenced at <http://www.wpc-edi.com/codes> on the Internet. 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 2015 committee meeting shall be posted on the previously mentioned websites on or about February 1, 2015. MACs must complete entry of all applicable code text changes and new codes, and terminate use of deactivated codes by the implementation date of CR 8994.

These code changes are to be used in the editing of all ASC X12 276 transactions processed on or after the date of implementation and are to be reflected in ASC X12 277 transactions issued on and after the date of implementation of CR 8994.

Additional Information

The official instruction, CR 8994 issued to your MAC regarding this change is available at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R3143CP.pdf> on the CMS website.

If you have any questions, please contact your MAC at their toll-free number. That number is available at <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Net/work-MLN/MLNMattersArticles/index.html> under - How Does It Work.

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