



Are you wondering how to find the latest and greatest Medicare resources by subject? The REVISED Guided Pathways booklets incorporate existing Medicare Learning Network (MLN) products and other resources into well organized sections that can help Medicare Fee-for-Service (FFS) providers and suppliers find information to understand and navigate the Medicare Program. These booklets guide learners to Medicare program resources, FFS policies and requirements. You can access the REVISED Guided Pathways booklets at http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNEdWebGuide/Guided_Pathways.html on the Medicare Learning Network.

MLN Matters® Number: MM6721

Related Change Request (CR) #: 6721

Related CR Release Date: January 15, 2010

Effective Date: April 1, 2010 (except July 1, 2010 for Jurisdiction 9 MAC)

Related CR Transmittal #: R6230TN

Implementation Date: April 5, 2010 (except July 6, 2010 for Jurisdiction 9 MAC)

Note: This article was revised on October 22, 2013, to add a reference to MLN Matters® article MM8446 (<http://www.cms.gov/outreach-and-education/medicare-learning-network-mln/mlnmattersarticles/downloads/MM8446.pdf>) which requires Medicare contractors to use only national Code Maintenance Committee-approved Claim Status Category and claim status codes in 277 transactions. Proprietary codes may not be used in the X12 276/277 to report claim status. All other information is unchanged.

Implementation of the Health Insurance Portability and Accountability Act (HIPAA) Version 5010 276/277 Claim Status Second Phase

Provider Types Affected

Physicians, providers, and suppliers submitting claims to Medicare contractors (Carriers, Fiscal Intermediaries (FIs), DME Medicare Administrative Contractors (DME MACs), A/B Medicare Administrative Contractors (A/B MACs), and/or Regional Home Health Intermediaries (RHHIs)) for services provided to Medicare beneficiaries should be aware of this issue.

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Provider Action Needed

This article is based on Change Request (CR) 6721 which provides technical directions to Medicare Shared System Maintainers and Medicare Contractors regarding the implementation of the Health Insurance Portability and Accountability Act (HIPAA) of 1996 for the Accredited Standards Committee (ASC) X12 Version 005010 Health Care Claim Status Request and Response (276/277) transaction sets. Providers need to be aware of their own requirements to be fully compliant with the X12 5010 standards by January 1, 2012. Extensive information regarding the standards, along with helpful guidance for providers, is available at <http://www.cms.gov/Medicare/Billing/ElectronicBillingEDITrans/index.html> on the Centers for Medicare & Medicaid Services (CMS) website. Note that the above implementation dates relate only to Medicare contractors completion of work on this particular phase of the implementation.

Background

Change Request (CR) 6721 provides technical direction to the following Medicare Shared System Maintainers and Medicare Contractors for implementing the second phase of the Health Insurance Portability and Accountability Act (HIPAA) of 1996 for the Accredited Standards Committee (ASC) X12 Version 005010 Health Care Claim Status Request and Response (276/277) transaction sets. The CR also contains details on the Common Edits and Enhancement Module (CEM) software for the inbound Claim Status Inquiry process.

CMS has prepared a comparison of the current X12 HIPAA Electronic Data Interchange (EDI) standards (Version 4010/4010A1) with Version 5010 and the National Council for Prescription Drug Programs (NCPDP) EDI standards Version 5.1 to Version D.0. The 4010A1 Implementation Guides and the 5010 Technical Report 3 (TR3) documents served as reference materials during the preparation of the comparison excel spreadsheets. CMS is making the side-by-side comparison documents available for download in both Microsoft Excel and PDF formats. The comparisons were performed for Medicare Fee-for-Service business use and while they may serve other uses, CMS does not offer to maintain this product for purposes other than Medicare Fee-for-Service. You can find these documents at http://www.cms.gov/MFFS5010D0/20_TechnicalDocumentation.asp on the CMS website.

Additional Information

The official instruction, CR 6721, issued to your carrier, FI, A/B MAC, RHHI, and DME MAC regarding this change may be viewed at

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<http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R6230TN.pdf> on the CMS website.

You can also review the Final Rule as published in the Federal Register on January 16, 2009 by the Department of Health and Human Services 45 CFR Part 162, Subpart N—Health Care Claim Status at <http://www.gpo.gov/fdsys/pkg/FR-2009-01-16/pdf/E9-740.pdf> on the Internet.

You can find more information about HIPAA Version 5010 and NCPDP Version D.O. at http://www.cms.gov/Medicare/Billing/ElectronicBillingEDITrans/18_5010D0.html on the CMS website.

A special edition MLN Matters® article, SE0832, on the ICD-10 code set is available at <http://www.cms.gov/outreach-and-education/medicare-learning-network-mln/mlnmattersarticles/downloads/SE0832.pdf> on the CMS website.

You may want to review SE1106 (<http://www.cms.gov/outreach-and-education/medicare-learning-network-mln/mlnmattersarticles/downloads/SE1106.pdf>) for important reminders about the implementation of HIPAA 5010 and D.O., including Fee-for-service implementation schedule and readiness assessments.

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