

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



**News Flash** – If you are a provider or supplier that furnishes the technical component of Advanced Diagnostic Imaging (ADI) services and bill Medicare under the Physician Fee Schedule for these services, you should know that you must be accredited by Sunday, January 1, 2012. Those not accredited by that deadline will not be able to bill Medicare until they become accredited. For more information about ADI Accreditation, including details of the accreditation process and the organizations approved by the Centers for Medicare & Medicaid Services (CMS) to grant accreditation, please visit [http://www.CMS.gov/MedicareProviderSupEnroll/03\\_AdvancedDiagnosticImagingAccreditation.asp](http://www.CMS.gov/MedicareProviderSupEnroll/03_AdvancedDiagnosticImagingAccreditation.asp) on the CMS website. A Medicare Learning Network (MLN) Special Edition Article (SE1122) – “Important Reminders about Advanced Diagnostic Imaging (ADI) Accreditation Requirements” – has also been published and is available at <http://www.CMS.gov/MLNMattersArticles/Downloads/SE1122.pdf> on the CMS website.

MLN Matters® Number: MM7585

Related Change Request (CR) #: 7585

Related CR Release Date: September 30, 2011

Effective Date: January 1, 2012

Related CR Transmittal #: R2314CP

Implementation Date: January 3, 2012

## Claim Status Category and Claim Status Codes Update

### Provider Types Affected

This article is for all physicians, providers, and suppliers submitting claims to Medicare contractors (Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs), Part A/B Medicare Administrative Contractors (A/B MACs), Medicare Carriers, and Durable Medical Equipment (DME) MACs) for services provided to Medicare beneficiaries.

### Provider Action Needed

This article, based on Change Request (CR) 7585, explains that the Claim Status and Claim Status Category Codes for use by Medicare contractors with the Health Care Claim Status Request and Response ASC X12N 276/277 and the Health Care Claim Acknowledgement ASC X12N 277 are updated three times per year at the Committee

#### Disclaimer

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meeting. These meetings are held in the January/February time frame, again in June and finally in late September or early October, in conjunction with the Accredited Standards Committee (ASC) X12 meetings.

The Committee has decided to allow the industry 6 months for implementation of newly added or changed codes. Medicare contractors will begin using the current codes posted at <http://www.wpc-edi.com/codes> on the Internet, on or about November 1, 2011. Included in the code lists are specific details, including the date when a code was added, changed, or deleted. All providers are reminded to ensure that their billing staffs are aware of the updated codes and the timeframe for implementations.

## Background

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The Health Insurance Portability and Accountability Act (HIPAA) requires all health care benefit payers to use only Claim Status Category Codes and Claim Status Codes approved by the national Code Maintenance Committee in the X12 276/277 Health Care Claim Status Request and Response format adopted as the standard for national use (004010X093A1). These codes explain the status of submitted claims. Proprietary codes may not be used in the X12 276/277 to report claim status.

## Additional Information

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The official instruction, CR7585, issued to your Medicare contractors (FI, RHHI, A/B MAC, DME MAC and carrier) regarding this change, may be viewed at <http://www.cms.gov/Transmittals/downloads/R2314CP.pdf> on the CMS website.

If you have any questions, please contact your Medicare contractor at their toll-free number, which may be found at <http://www.cms.gov/MLNProducts/downloads/CallCenterTollNumDirectory.zip> on the CMS website.

### **News Flash –Vaccinate Early to Protect Against the Flu /2011-2012 Influenza Vaccine Prices Are Now Available**

CDC recommends a yearly flu vaccination as the most important step in protecting against flu viruses. Remind your patients that annual vaccination is recommended for optimal protection. Under Medicare Part B, Medicare pays for the flu vaccine and its administration for seniors and other Medicare beneficiaries with no co-pay or deductible. Take advantage of each office visit and start protecting your patients as soon as your 2011-2012 seasonal flu vaccine arrives. And don't forget to immunize yourself and your staff. Get the Flu Vaccination – Not the Flu.

CMS has posted the 2011-2012 seasonal influenza vaccine payment limits at: [http://www.CMS.gov/McrPartBDrugAvgSalesPrice/10\\_VaccinesPricing.asp](http://www.CMS.gov/McrPartBDrugAvgSalesPrice/10_VaccinesPricing.asp) on the CMS website. Influenza vaccine is NOT a Part D-covered drug. For information about Medicare's coverage of the influenza vaccine, its administration, and educational resources for healthcare professionals and their staff, visit [http://www.CMS.gov/MLNProducts/35\\_PreventiveServices.asp](http://www.CMS.gov/MLNProducts/35_PreventiveServices.asp) on the CMS website

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