

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



MSI Registration – Going, going, gone!

Have you registered for the MSI? If not, your time is running out. The MSI registration will close on Monday, September 30<sup>th</sup>.

*Why should I register?*

- The MSI will provide the best opportunity for you to rate your satisfaction with your MAC
- Your input will help your MAC to improve the services that they offer you
- Your opinion counts!

If you are a Medicare FFS provider or you represent a Medicare FFS provider and are interested in participating, take a moment to register your contact information by completing the application at <https://adobeformscentral.com/?f=eMRKPqaWpgMxNOmTQpSKDA> on the Internet. It will take about 1 minute to complete.

For more information visit <http://www.cms.gov/Medicare/Medicare-Contracting/MSI> on the CMS MSI website. Let your voice be heard!

MLN Matters® Number: MM8446

Related Change Request (CR) #: CR 8446

Related CR Release Date: September 20, 2013

Effective Date: January 1, 2014

Related CR Transmittal #: R2792CP

Implementation Date: January 6, 2014

## Claim Status Category and Claim Status Codes Update

### Provider Types Affected

This MLN Matters® Article is intended for physicians, 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

This article was prepared as a service to the public and is not intended to grant rights or impose obligations. This article may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations and other interpretive materials for a full and accurate statement of their contents. CPT only copyright 2012 American Medical Association.

## What You Need to Know

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The Centers for Medicare & Medicaid Services (CMS) issued Change Request (CR) 8446, from which this article is taken, and 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 September 2013 committee meeting will be posted on or about November 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 reflected in the X12 277 transactions issued on and after the date of implementation of this CR8446 (January 1, 2014).

## 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 CR8446 (January 1, 2014), your Medicare contractor will:

1. Complete the entry of all applicable code text changes and new codes;
2. Terminate the use of deactivated codes; and
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, CR 8446 issued to your MAC regarding this change may be viewed at <http://cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R2792CP.pdf> on the CMS website.

If you have any questions, please contact your 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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