

<b>CMS Manual System</b>	<b>Department of Health &amp; Human Services (DHHS)</b>
<b>Pub 100-04 Medicare Claims Processing</b>	<b>Centers for Medicare &amp; Medicaid Services (CMS)</b>
<b>Transmittal 13509</b>	<b>Date: December 5, 2025</b>
	<b>Change Request 14306</b>

**SUBJECT: Combined Common Edits/Enhancements Modules (CCEM) Code Set Update**

**I. SUMMARY OF CHANGES:** The purpose of this Change Request (CR) directs Medicare shared system maintainers to obtain and implement the most current external code sets by updating the necessary tables and reference files within the Combined Common Edits/Enhancements Modules (CCEM) software used by Medicare Administrative Contractors (MACs). This recurring update notification applies to publication 100-04, chapter 24, section 50.3.4.

**EFFECTIVE DATE: April 1, 2026**

*\*Unless otherwise specified, the effective date is the date of service.*

**IMPLEMENTATION DATE: April 6, 2026**

*Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.*

**II. CHANGES IN MANUAL INSTRUCTIONS:** (N/A if manual is not updated)

R=REVISED, N=NEW, D=DELETED-Only One Per Row.

<b>R/N/D</b>	<b>CHAPTER / SECTION / SUBSECTION / TITLE</b>
N/A	N/A

**III. FUNDING:**

**For Medicare Administrative Contractors (MACs):**

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

**IV. ATTACHMENTS:**

**Recurring Update Notification**

# Attachment - Recurring Update Notification

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## II. GENERAL INFORMATION

**A. Background:** To ensure the Medicare fee-for-service program can correctly and accurately process inbound Accredited Standards Committee X12 version 5010 transactions—including 837 Institutional claims, 837 Professional claims, and 276 Claim Status Inquiries—several code set updates are required.

These standardized code sets are utilized across both Part A and Part B CCEMs and require regular updates to maintain system accuracy and compliance. The updates must be implemented by the MACs within their CCEM software systems to support proper claims processing and status inquiry functionality.

**B. Policy:** Health Insurance Reform: Modifications to the Health Insurance Portability and Accountability Act (HIPAA): Final Rules published in the Federal Register on January 16, 2009, by the Department of Health and Human Services at 45 CFR Part 16.

## III. BUSINESS REQUIREMENTS TABLE

*"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.*

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
14306.1	The contractor shall maintain and update all external code set tables as defined in business requirement 14306.1.1 to ensure accurate claim processing and editing capabilities.						X			

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
14306.1.1	<p>The contractor shall update and maintain the Spitab tables for the following external code sets required for claim editing:</p> <ul style="list-style-type: none"> <li>Country Codes – International Organization for Standardization (ISO) 3166-1</li> <li>Country Subdivision Codes – ISO 3166-2</li> <li>State Codes – United States, Canada, and Mexico</li> <li>Not Otherwise Classified (NOC) Procedure Codes – as defined by CMS</li> <li>National Uniform Billing Committee (NUBC) Condition Codes – that are valid for use on the 837 Professional per National Uniform Claim Committee (NUCC)</li> </ul> <p>Note: The contractor shall continue to check for codes until the 30-day point of release.</p>						X			
14306.1.1.1	The contractor shall direct all inquiries regarding NOC Procedure Codes, as defined by CMS, to						X			

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	<a href="mailto:HCPCS@cms.hhs.gov">HCPCS@cms.hhs.gov</a> .									
14306.2	The contractor shall deliver a copy of the NOC Procedure Codes code set, as defined by CMS, to <a href="mailto:EDI_CR@cms.hhs.gov">EDI_CR@cms.hhs.gov</a> no later than 30 days prior to each quarterly release.						X			

#### IV. PROVIDER EDUCATION

None

**Impacted Contractors:** None

#### V. SUPPORTING INFORMATION

**Section A: Recommendations and supporting information associated with listed requirements:** N/A

*"Should" denotes a recommendation.*

X-Ref Requirement Number	Recommendations or other supporting information:
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**Section B: All other recommendations and supporting information:** N/A

#### VI. CONTACTS

**Post-Implementation Contact(s):** Contact your Contracting Officer's Representative (COR).

#### VII. FUNDING

##### **Section A: For Medicare Administrative Contractors (MACs):**

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