Claim Status Category Codes and Claim Status Codes Update

MLN Matters Number: MM11699  Related Change Request (CR) Number: 11699
Related CR Release Date: May 22, 2020  Effective Date: October 1, 2020
Related CR Transmittal Number: R10148CP  Implementation Date: October 5, 2020

PROVIDER TYPES AFFECTED

This MLN Matters Article is for physicians, providers, and suppliers billing Medicare Administrative Contractors (MACs) for services provided to Medicare beneficiaries.

PROVIDER ACTION NEEDED

CR 11699 updates the Claim Status and Claim Status Category Codes used for the Accredited Standards Committee (ASC) X12 276/277 Health Care Claim Status Request and Response and ASC X12 277 Health Care Claim Acknowledgment transactions. Make sure your billing staff is aware of this update.

BACKGROUND

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires all covered entities to use only Claim Status Category Codes and Claim Status Codes approved by the NCMC. The codes are listed in the ASC X12 276/277 Health Care Claim Status Request and Response and ASC X12 277 Health Care Claim Acknowledgment transaction standards adopted under HIPAA for electronically submitting health care claims status requests and responses. These codes explain the status of submitted claim(s). Proprietary codes are unallowable in the ASC X12 276/277 transactions to report claim status.

The National Code Maintenance Committee (NCMC) meets at the beginning of each ASC X12 trimester meeting (January/February, June, and September/October) and makes decisions about additions, modifications, and retirement of existing codes. The Committee has decided to allow the industry six (6) months for implementation of newly added or changed codes.

The codes sets are available at https://nex12.org/index.php/codes (for Health Care Claim Status Category and Health Care Claim Status Codes). Included in the code lists are specific details, such as the date of an addition, change, or deletion of a code. All code changes approved during the June 2020 committee meeting will be listed on these sites on or about July 1, 2020.

These code changes are to be used in editing of all ASC X12 276 transactions processed on or
after the date of implementation and to be reflected in the ASC X12 277 transactions issued on and after the date of implementation of this CR 11699.

The MACs must comply with the requirements contained in the current standards adopted under HIPAA for electronically submitting certain health care transactions, among them the ASC X12 276/277 Health Care Claim Status Request and Response. The MACs will use valid Claim Status Category Codes and Claim Status Codes when sending ASC X12 277 Health Care Claim Status Responses. They must also use valid Claim Status Category Codes and Claim Status Codes when sending ASC X12 277 Healthcare Claim Acknowledgments. References in CR 11699 to “277 responses” and “claim status responses” encompass both the ASC X12 277 Health Care Claim Status Response and the ASC X12 277 Healthcare Claim Acknowledgment transactions.

ADDITIONAL INFORMATION

The official instruction, CR 11699, issued to your MAC regarding this change is available at https://www.cms.gov/files/document/r10148cp.pdf.

If you have questions, your MACs may have more information. Find their website at http://go.cms.gov/MAC-website-list.

DOCUMENT HISTORY

<table>
<thead>
<tr>
<th>Date of Change</th>
<th>Description</th>
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<tbody>
<tr>
<td>May 22, 2020</td>
<td>Initial article released.</td>
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