



Claim Status Category and Claim Status Codes Update

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Related Change Request (CR) Number: 12299

Related CR Release Date: October 14, 2021

Effective Date: October 1, 2021

Related CR Transmittal Number: R11034CP

Implementation Date: October 4, 2021

Provider Types Affected

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

Provider Action Needed

This Article updates, as needed, 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 the ASC X12 277 Health Care Claim Acknowledgment transactions. Make sure your billing staff knows about the updates.

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 National Code Maintenance Committee in the ASC X12 276/277 Health Care Claim Status Request and Response transaction standards adopted under HIPAA for electronically submitting health care claims status requests and responses. These codes explain the status of submitted claim(s). HIPAA doesn't allow use of proprietary codes in ASC X12 276/277 transactions to report claim status.

The National Code Maintenance Committee 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 6 months to implement new or changed codes.

The codes sets are available on the official [ASC X12 website](#). Included in the code lists are specific details, including the date when a code was added, changed, or deleted. All code changes approved during the June, 2021, committee meeting shall be posted on these sites on or about July 1, 2021.

CMS will use these code changes in editing of all ASC X12 276 transactions we process on or after the date of implementation for any ASC X12 277 transactions we issue on and after the

date of implementation of CR 12299.

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. They must 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 12299 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.

More Information

We issued [CR 12299](#) to your MAC as the official instruction for this change.

See the [examples](#) of the ASC X12 276 and ASC X12 277 transactions.

For more information, [find your MAC's website](#).

Document History

Date of Change	Description
October 14, 2021	Initial article released.

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