

Administrative Services of Kansas

ANSI X12N 276/277 V4010A1 Health Care Claim Status Request and Response Companion Document All Payers

Last Updated August 5, 2010

The Health Insurance Portability and Accountability Act (HIPAA) requires all health insurance payers in the United States to comply with the electronic data interchange (EDI) standards for health care as established by the Secretary of Health and Human Services (HHS). The ANSI X12N 276/277 Implementation Guide has been established as the standard of compliance for health care claim status transactions. The implementation guides for each transaction are available electronically at www.wpc-edi.com.

The following information is intended to serve only as a companion document to the HIPAA ANSI X12N 276/277 Implementation Guide. The use of this document is solely for the purpose of clarification. This companion document supplements, but does not contradict any requirements in the ANSI X12N 276/277 Implementation Guide.

This document is subject to change as new information is available. Please check the ASK Web Site at www.ask-edi.com for updated documents.

General Statements

An ANSI 276 transaction set is required to start the inquiry process. Submitters passing syntax and implementation guide editing will have responses returned via the ANSI 277 transaction set based on the implementation guide. The claims response will be either at the claim level or the line item level for either the subscriber or dependent, depending on the inquiry specifications. Submitters not passing syntax and implementation guide editing will have responses returned via a TA1 or a 997 response.

1. ASK will reject an interchange (transmission) that is submitted with an identification number that is not authorized for electronic submission.
2. All dates that are submitted on an incoming 276 transaction must be valid calendar dates in the appropriate format based on the respective qualifier. Invalid dates will cause the transaction to reject.
3. ASK will only process one transaction type (records group) per interchange (transmission); a submitter must only submit one GS-GE (Functional Group) within an ISA-IEA (Interchange).
4. ASK will edit data submitted within the envelope segments (ISA, GS, ST, SE, GE, and IEA) beyond the requirements defined in the Implementation Guide.
5. Only loops, segments, and data elements valid for the HIPAA 276 Implementation Guide will be translated. Submitting data not valid based on the Implementation Guide will cause files to be rejected.
6. Compression of files using PKZIP or Unix compression is supported for transmissions between the submitter and ASK. Other compression software compatible with these may also be supported.

7. ASK will convert all lower case alphabetic characters submitted on an inbound 276 file to upper case when sending data to the payers processing system. Likewise, ASK will convert the 277 response file from the payer to all upper case alphabetic characters before sending to the trading partner.
8. You must submit incoming 276 eligibility data using the basic character set as defined in Appendix A of the 276 Implementation Guide. In addition to the basic character set, you may choose to submit lower case characters and the '@' symbol from the extended character set. Any other characters submitted from the extended character set may cause the data interchange (transmission) to be rejected at the translator.
9. The incoming 276 transactions utilize delimiters from the following list: '>', '*', '~', '^', '|', and ':'. Submitting delimiters not supported with this list may cause an interchange (transmission) to be rejected. ASK will convert delimiters to '*', ':', and '~' before sending to the payers. Likewise, ASK will only return delimiters of '*', ':', and '~' in the 277 response to the trading partner.
10. BCBSKS and BCBSKC support the 276 Claims Inquiry and a Solicited 277 Claims Response.
11. Requests must be submitted to the local Blue Plan. Requests submitted by providers outside of the company service area will be returned without claims status information.
12. **BCBSKC:** Claim Status inquiries are only accepted in real time for this payer.
13. **BCBSKC:** Real time claim Status inquiries are not available from midnight Saturday through 5:00 A.M. Monday.
14. **BCBSKC:** The claims response will provide claim status information at the claim level regarding the paid, pending or reject status of a claim. The claim status will also reflect when the requested information cannot be found.
15. **BCBSKC:** BCBSKC suggests that 276 inquiries for the same claim should not be sent more than once per week and inquiries should not be submitted until 20 days after the claim has been submitted.
16. **BCBSKC:** If the claim status request contains a certificate alpha prefix which indicates the membership is for another Plan, the membership eligibility response will be developed outside of BCBSKC (via BlueExchange-see definition below). The response may be more or less robust than that of BCBSKC.
17. **BCBSKS:** Claim Status inquiries are not available from midnight to 2:00 A.M. Tuesday through Saturday and 6:00 A.M. to midnight Sunday.
18. **BCBSKS:** Claim status information will only be returned to providers contracting with BCBSKS.
19. **BCBSKS:** If the claim status request is for a FEP member or the certificate alpha prefix indicates that the membership is for another BCBS Plan, the membership eligibility response will be developed outside of BCBSKS (via BlueExchange-see definition below). The response may be more or less robust than that of BCBSKS.

276 Companion Information

The following information is intended to serve as a guide to the HIPAA ANSI X12 276/277 Implementation Guide. Information contained within this document applies to all payers unless otherwise stated.

Page	Loop	Seg.	Data Element	Comments
INTERCHANGE CONTROL HEADER/ISA				
B.4	N/A	ISA05	Interchange ID Qualifier	'ZZ'
B.4	N/A	ISA06	Interchange Sender ID	Trading Partner Number assigned by ASK.
B.4	N/A	ISA07	Interchange ID Qualifier	'ZZ'
B.5	N/A	ISA08	Interchange Receiver ID	ASK INC (A space should be entered between ASK and Inc.)
B.6	N/A	ISA15	Usage Indicator	Must equal 'P'.
FUNCTIONAL GROUP HEADER/GS				
B.8	N/A	GS01	Functional Identifier Code	'HR'
B.8	N/A	GS02	Application Sender's Code	Trading Partner Number Assigned by ASK.
B.8	N/A	GS03	Application Receiver's Code	ASK INC (A space should be entered between ASK and Inc.)
B.9	N/A	GS05	Time	The correct format is 'HHMM'.
TRANSACTION SET HEADER/ ST				
49	N/A	ST01	Transaction Set Identifier Code	'276'
49	N/A	ST02	Transaction Set Control Number	ASK may reject an interchange (transmission) that is not submitted with unique values in the ST02 element. Must be equal to SE02.
LOOP 2000A – INFORMATION SOURCE LEVEL				
52	2000A	HL01	Hierarchical ID Number	All hierarchical level (HL) segments must be in order from one, by one (+1) and must be numeric.
LOOP 2100A – INFORMATION SOURCE NAME				
54	2100A	NM101	Entity Identifier Code	Must equal 'PR'.
55	2100A	NM108	Identification Code Qualifier	Must equal 'PI'
56	2100A	NM109	Payer Identifier	The appropriate Payer number must be submitted. BCBSKS = 47163 BCBSKC = 47171
LOOP 2100B – INFORMATION RECEIVER NAME				
63	2100B	NM108	Identification Code Qualifier	Must contain 'XX'.
63	2100B	NM109	Information Receiver Identification Number	NPI

Page	Loop	Seg.	Data Element	Comments
LOOP 2100C – PROVIDER NAME				
68	2100C	NM108	Identification Code Qualifier	Must contain 'XX'.
69	2100C	NM109	Provider Identifier	NPI
LOOP 2100D – SUBSCRIBER NAME				
75	2100D	NM108	Identification Code Qualifier	Must equal 'MI'.
76	2100D	NM109	Subscriber Identifier	Enter the subscriber identification number including any alpha prefix. BCBSKC: Only the first 12 characters will be used.
LOOP 2200D – CLAIM SUBMITTER TRACE NUMBER				
82	2200D	REF01	Reference Identification Qualifier	BCBSKC: Do not send a REF01 = 1K.
82	2200D	REF02	Medical Record Number	BCBSKS & BlueExchange: If the claim control number is known and submitted in this segment the response will be for that claim only.
LOOP 2100E – DEPENDENT NAME				
99	2100E	NM108	Identification Code Qualifier	Must equal 'MI'
100	2100D	NM109	Patient Primary Identifier	Enter the subscriber identification number including any alpha prefix. BCBSKC: Only the first 12 characters will be used.
LOOP 2200E – CLAIM SUBMITTER TRACE NUMBER				
107	2200E	REF02	Medical Record Number	BCBSKS & BlueExchange: If the claim control number is known and submitted in this segment the response will be for that claim only.

277 Companion Information

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Page	Loop	Seg.	Data Element	Comments
INTERCHANGE CONTROL HEADER/ISA				
B.4	N/A	ISA07	Interchange ID Qualifier	'ZZ'
B.5	N/A	ISA08	Interchange Receiver ID	Trading Partner Number assigned by ASK.
FUNCTIONAL GROUP HEADER/GS				
B.8	N/A	GS01	Functional Identifier Code	'HN'
B.8	N/A	GS02	Application Sender Code	ASK INC (A space will be entered between ASK and INC.)
B.8	N/A	GS03	Application Receiver Code	Trading Partner Number Assigned by ASK.
LOOP 2100B – INFORMATION RECEIVER NAME				
139	2100B	NM108	Identification Code Qualifier	Will contain 'XX'.
140	2100B	NM109	Information Receiver Identification Number	Will contain NPI
LOOP 2100C – PROVIDER NAME				
144	2100C	NM108	Identification Code Qualifier	Will contain 'XX'.
145	2100C	NM109	Provider Identifier	Will contain NPI

BlueExchange

BlueExchange is a solution for managing the flow of standard transactions between Blue Cross Blue Shield Plans to satisfy customer needs. BlueExchange allows trading partners to send standard transactions for any Blue Cross Blue Shield Plan to their local Blue Cross Blue Shield Plan. The trading partners local Plan will route that transaction through BlueExchange to receive a response from the applicable Blue Cross Blue Shield Plan. The BlueExchange core hours of operation are Monday-Saturday 6:00 am to midnight.

997 – Functional Acknowledgement

1. We suggest retrieval of the TA1 & ANSI 997 functional acknowledgement files on or before the first business day after the claim file is submitted, but no later than five days after the file submission.
2. The version of the 837 inbound transactions will be returned in the GS08 (Version/Release/Industry/Identifier Code) of the 997.

3. Separate response files and/or reports are created for each ISA-IEA Interchange within a physical file.
4. Instead of utilizing the ASC X12 syntax rules for the standard generation of the 997, the ASK translation process will utilize the structure presented in the 004010A1x092 IG document as the “standard”.

ASK Claim Status Response (277) Naming

- Date is the four-digit year, the two-digit month, and the two-digit date (i.e. 20030530 – May 30, 2003).
- Time is in military time as the two-digit hour, two-digit minute and a two-digit second (i.e. 142345 – 2:23:45 p.m.).
- NNNN is a four-digit sequence number.
- XXXXXXX is the 7-digit Trading Partner Number.

Naming Format	Description
Filename_00001.NNNN.997	997 for a Submitted 276
KS277.date.time.NNNN	277 Response for a BCBSKS Inquiry
277FWDBX.date.time.NNNN	277 Response for Inquiry Sent to BlueExchange
KC277.date.time.NNNN	277 Response for a BCBSKC Inquiry