



**HIPAA Transaction
Standard Companion Guide**

**Refers to the Technical Report Type 3 (TR3)
Implementation Guides
Based on ASC X12 Version 005010X222
276/277 Health Care Claim Status Request and
Response (276/277)**

Companion Guide Version Number: 2.3

May 2015

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The communications/connectivity component is included in the companion guide when the publishing entity wants to convey the information needed to commence and maintain communication exchange.

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Preface

This companion guide to the v5010 ASC X12N Technical Report Type 3 (TR3) adopted under Health Insurance Portability and Accountability Act of 1996 (HIPAA) clarifies and specifies the data content when exchanging transactions electronically with ForwardHealth. Transmissions based on this companion guide, used in tandem with the TR3, also called 276/277 Health Care Claim Status Request and Response (276/277) ASC X12N (version 005010X222), are compliant with both ASC X12 syntax and those guides. This companion guide is intended to convey information that is within the framework of the ASC X12N TR3 adopted for use under HIPAA. The companion guide is not intended to convey information that in any way exceeds the requirements or usages of data expressed in the TR3.

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1 INTRODUCTION

This section describes how TR3, also called 276/277 ASC X12N (005010X222), adopted under HIPAA, will be detailed with the use of a table. The table contains a Notes/Comments column for each segment that ForwardHealth has additional information to provide, over and above the information in the TR3. That information can:

1. Limit the repeat of loops or segments.
2. Limit the length of a simple data element.
3. Specify a sub-set of the implementation guide internal code listings.
4. Clarify the use of loops, segments, composite, and simple data elements.
5. Any other information tied directly to a loop, segment, composite, or simple data element pertinent to trading electronically with ForwardHealth.

In addition to the row for each segment, one or more additional rows are used to describe ForwardHealth’s usage for composite and simple data elements and for any other information. Notes and comments should be placed at the deepest level of detail. For example, a note about a code value should be placed on a row specifically for that code value, not in a general note about the segment.

The following table specifies the columns and suggested use of the rows for the detailed description of the transaction set companion guides. The table contains a Notes/Comments column for each segment that ForwardHealth has additional information to provide, over and above the information in the TR3. The following is just an example of the type of information that would be spelled out or elaborated on in Section 9: Transaction Specific Information.

Page#	Loop ID	Reference	Name	Codes	Length	Notes/Comments
193	2100C	NM1	Subscriber Name			This type of row always exists to indicate that a new segment has begun. It is always shaded at 10 percent and notes or comments about the segment itself go in this cell.
195	2100C	NM109	Subscriber Primary Identifier		15	This type of row exists to limit the length of the specified data element.
196	2100C	REF	Subscriber Additional Identification			
197	2100C	REF01	Reference Identification Qualifier	18, 49, 6P, HJ, N6		These are the only codes transmitted by ForwardHealth.
			Plan Network Identification Number	N6		This type of row exists when a note for a particular code value is required. For example, this note may say that value N6 is the default. Not populating the first three columns makes it clear that the code value belongs to the row immediately above it.
218	2110C	EB	Subscriber Eligibility or Benefit Information			
231	2110C	EB13-1	Product/Service ID Qualifier	AD		This row illustrates how to indicate a component data element in the Reference column and also how to specify that only one code value is applicable.

1.1 Scope

This Companion Guide is intended for trading partner use in conjunction with the TR3 HIPAA 5010 276/277 (referred to as Claim Status in the rest of this document) for the purpose of submitting claim status requests electronically. This companion guide is not intended to replace the TR3. The TR3s define the national data standards, electronic format, and values for each data element within an electronic transaction. The purpose of this companion guide is to provide trading partners with a guide to communicate ForwardHealth-specific information required to successfully exchange transactions electronically with ForwardHealth interChange. The instructions in this companion guide are not intended to be stand-alone requirements documents. This companion guide conforms to all the requirements of any associated ASC X12 implementation guide and is in conformance with ASC X12's Fair Use and Copyright statements.

The information contained in this companion guide applies to ForwardHealth, which includes the following programs: BadgerCare Plus, Wisconsin Medicaid, SeniorCare, Wisconsin Chronic Disease Program (WCDP), the Wisconsin Well Woman Program (WWWP), and Medicaid managed care programs. All of these programs use ForwardHealth interChange for processing.

ForwardHealth interChange will accept and process any HIPAA-compliant transaction; however, a compliant transaction that does not contain ForwardHealth-specific information, though processed, may be denied. For example, a compliant 276 inquiry created with an invalid ForwardHealth member identification number will be processed by ForwardHealth but will not find the claim requested. For questions regarding appropriate billing procedures, as well as for policy and billing information, providers should refer to their policy-specific area of the ForwardHealth Online Handbook.

Refer to the companion guide first if there is a question about how ForwardHealth processes a HIPAA transaction. For further information, contact the ForwardHealth Electronic Data Interchange (EDI) Department at (866) 416-4979. This document is intended as a resource to assist providers, clearinghouses, service bureaus, and all other trading partners with ForwardHealth interChange in successfully conducting EDI of administrative health care transactions. This document provides instructions for enrolling as a ForwardHealth interChange trading partner, obtaining technical assistance, initiating and maintaining connectivity, sending and receiving files, testing, and other related information. This document does not provide detailed data specifications, which are published separately by the industry committees responsible for their creation and maintenance.

1.2 Overview

ForwardHealth and all other covered entities are required by HIPAA to comply with the EDI standards for health care as established by the Secretary of the federal Department of Health and Human Services (HHS). The Secretary of the HHS is required by HIPAA to adopt standards to support the electronic exchange of administrative and financial health care transactions primarily between health care providers and plans. Per HIPAA direction, the Secretary adopts standards for transactions to enable health information to be exchanged electronically and adopts specifications for implementing each standard.

The purpose of HIPAA is to:

- Create better access to health insurance.
- Limit fraud and abuse.
- Reduce administrative costs.

This guide is designed to help those responsible for testing and setting up electronic claim status transactions. Specifically, it documents and clarifies when situational data elements and segments must be used for reporting and identifies codes and data elements that do not apply to ForwardHealth interChange. This guide supplements (but does not contradict) requirements in the ASC X12N 276/277 (version 005010X222) implementation. This information should be given to the provider's business area to ensure that eligibility responses are interpreted correctly. This guide

provides communications-related information a trading partner needs to enroll as a trading partner, obtain support, format the interchange control header (ISA) and functional group header (GS) envelopes, and exchange test and production transactions with ForwardHealth interChange.

This companion guide must be used in conjunction with the TR3 instructions. The companion guide is intended to assist trading partners in implementing electronic claim status transactions that meet ForwardHealth interChange processing standards, by identifying pertinent structural and data related requirements and recommendations. Updates to this companion guide will occur periodically and new documents will be posted on the Portal at www.forwardhealth.wi.gov/.

1.3 References

For more information regarding the ASC X12 standards for EDI 276/277 (version 005010X222) and to purchase copies of the TR3 documents, consult the Washington Publishing Company Web site at www.wpc-edi.com/.

The implementation guide specifies in detail the required formats for transactions exchanged electronically with an insurance company, health care payer, or government agency. The implementation guide contains requirements for the use of specific segments and specific data elements within those segments and applies to all health care providers and their trading partners. It is critical that the trading partner's information technology (IT) staff or software vendor review this document in its entirety and follow the stated requirements to exchange HIPAA-compliant files with ForwardHealth interChange.

1.4 Additional Information

The American National Standards Institute (ANSI) is the coordinator for information on national and international standards. In 1979, ANSI chartered the Accredited Standards Committee (ASC) X12 to develop uniform standards for electronic interchange of business transactions and eliminate the problem of non-standard electronic data communication. The objective of the ASC X12 committee is to develop standards to facilitate electronic interchange relating to all types of business transactions. The ANSI X12 standard is recognized by the United States as the standard for North America. Electronic Data Interchange adoption has been proved to reduce the administrative burden on providers.

The intended audience for this document is the technical and operational staff responsible for generating, receiving, and reviewing electronic health care transactions.

National Provider Identifier

As a result of HIPAA, the federal HHS adopted a standard identifier for health care providers. The Final Rule published by the HHS adopted the National Provider Identifier (NPI) as the standard identifier.

The NPI replaces all payer-specific identification numbers (e.g., Medicaid provider numbers) on nationally recognized electronic transactions (also known as standard transactions); therefore, all health care providers are required to obtain an NPI to identify themselves on these transactions. The NPI is the only identification number that will be allowed on these transactions.

ForwardHealth has determined that all providers, except for personal care only providers, specialized medical vehicle providers, and blood banks, are health care providers (per the definitions within the NPI Final Rule) and, therefore, are required to obtain and use an NPI. ForwardHealth requires all health care providers to submit their NPI on electronic transactions.

Acceptable Characters

The HIPAA transactions must not contain any carriage returns nor line feeds; the data must be received in one, continuous stream. ForwardHealth accepts the extended character set. Uppercase characters are recommended.

Acknowledgements

An accepted 999 Implementation Acknowledgement (999), rejected 999 Implementation Acknowledgement, or rejected TA1 InterChange Acknowledgement (TA1) will be generated in response to all submitted files. Trading partners are responsible for retrieving acknowledgments from the ForwardHealth Portal to determine the status of their files.

2 GETTING STARTED

2.1 Working with ForwardHealth

This section describes how to interact with ForwardHealth's EDI Department.

Before ForwardHealth can process transactions, the submitter must obtain a trading partner ID, create a Portal user account, and complete Authorization testing. Additional information is provided in the next section of this companion guide. Trading partners should exchange electronic health care transactions with ForwardHealth interChange via the Portal or Safe Harbor Connectivity (Council for Affordable Quality Healthcare [CAQH] Committee on Operating Rules for Information Exchange [CORE] Operating Rules 153 & 270). Each trading partner must successfully complete testing. Upon successful completion of testing, production transactions may be exchanged.

2.2 Trading Partner Registration

This section describes how to register as a trading partner with ForwardHealth.

ForwardHealth maintains a profile for all trading partners. All ForwardHealth trading partners are required to:

- Complete a Trading Partner Profile — Go to <https://www.forwardhealth.wi.gov/>.
- Click the **Trading Partner Profile** link on the bottom right side of the screen.
- Download to your desktop the **Trading Partner Profile Testing Packet for ASC X12 transactions**.
- Click **Submit online** at the top of the screen.
- Enter the information requested and select the transaction types you will be exchanging.
- Agree to the Trading Partner Agreement at the end of the Trading Partner Profile process.
- You will be assigned a Trading Partner ID — please save this number.
- Create a Portal user account using the personal identification number (PIN) that will be mailed to you and the trading partner ID.
- Complete Authorization testing (using the Trading Partner Profile **Testing Packet** referenced above as your guide).

Once this process is completed, you will not be required to complete it again.

Contact ForwardHealth's EDI Helpdesk at (866) 416-4979 or via e-mail using the Contact link at the bottom of <https://www.forwardhealth.wi.gov/> if you have any questions.

2.3 Certification and Testing Overview

This section provides a general overview of what to expect during any certification and testing phases.

ForwardHealth does not require certification of trading partners and their transactions but does require some minimal transaction testing. All trading partners will be "certified" through the completion of trading partner authorization testing. All trading partners that exchange electronic transactions with ForwardHealth must complete trading partner authorization testing. Completion of the testing process must occur prior to electronic submission of production transactions. Testing is conducted to verify the integrity of the format, not the integrity of the data; however, in order to simulate a production environment, we request that trading partners send live transmission data.

The 276/277 transaction is a request and response transaction and does not result in any data changing upon completion; therefore, test transactions (ISA15 value of “T”) with production data can be sent to our production environment without any negative impact. More than one test transmission may be required depending on the number of format errors on a transmission and the relative severity of these errors. Additional testing may be required in the future to verify any changes made to the ForwardHealth interChange system. Also, changes to the ANSI formats may require additional testing.

Reminder: Testers are responsible for the preservation, privacy, and security of data in their possession. While using production data that contains personal health information (PHI) to conduct testing, the data must be guarded and disposed of appropriately.

3 TESTING WITH FORWARDHEALTH

This section contains a detailed description of the testing phase.

Before exchanging production transactions with ForwardHealth, each trading partner must complete authorization testing. The Claim Status transaction is a request and response transaction and does not result in any data changing upon completion; therefore, test transactions (ISA15 value of “T”) with production data can be sent to our production environment without any negative impact.

Trading partner testing includes HIPAA compliance testing as well as validating the use of conditional, optional, and mutually defined components of the transaction.

ForwardHealth recommends that trading partners submit two successful and unique 276 submissions and receive the associated 999 (accepted) acknowledgement in response in order to obtain approval from ForwardHealth to promote to Production.

Trading Partner Authorization Testing is detailed in the Trading Partner Profile [Testing Packet](#) for ASC X12 transactions available on the Trading Partner area of the Portal at <https://www.forwardhealth.wi.gov/> — click on [Trading Partner Profile](#) in the bottom right corner of the main landing page.

Contact the EDI Helpdesk with questions at (866) 416-4979 or via e-mail using the Contact link at the bottom of the Portal home page at <https://www.forwardhealth.wi.gov/>.

4 CONNECTIVITY WITH FORWARDHEALTH / COMMUNICATIONS

This section describes the process to submit (batch and interactive) HIPAA 276 transactions, along with various submission methods, security requirements, and exception handling procedures.

4.1 Process Flows

This section contains process flow diagrams and appropriate text.

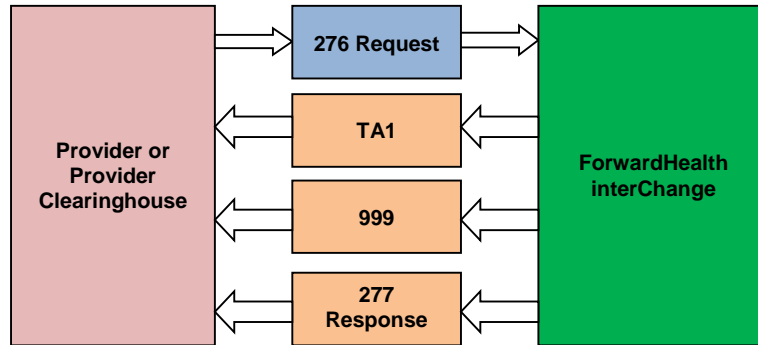
Batch Claim Status Request and Response

The response to a real-time Claim Status transaction will consist of:

1. First-level response — TA1 will be generated when errors occur within the outer envelope (no 999 or 277 will be generated).
2. Second-level response — 999 will be generated — “Rejected” 999 when errors occur during 276 compliance validation or “Accepted” 999 if no errors are detected during the compliance validation).
3. Third-level response — 277 will be generated indicating either the claim status **or** STC errors within request validation.

Each transaction is validated to ensure that the 276 complies with the 005010X222. Transactions that fail this compliance check will generate a “Rejected” 999 file back to the sender with an error

message indicating the compliance error. Transactions that pass this compliance check will generate an “Accepted” 999 file back to the sender with AK9*A to indicate that the file passed compliance. Transactions with multiple ST/SE loops that fail this compliance check in some of the ST/SE loops will generate a “Partial” 999 file back to the sender with an error message indicating the compliance error (all inquiries in the ST/SE envelopes that pass compliance will be processed and a 277 will be generated without the ST/SE loop(s) that failed compliance). Transactions that pass compliance checks but failed to process (e.g., due to member not being found) will generate a real-time 277 response transaction, including an STC segment indicating the nature of the error. Transactions that pass compliance checks and have not failed to process (e.g., the member was found) will create a 277 using the information in ForwardHealth’s Claim Status system.

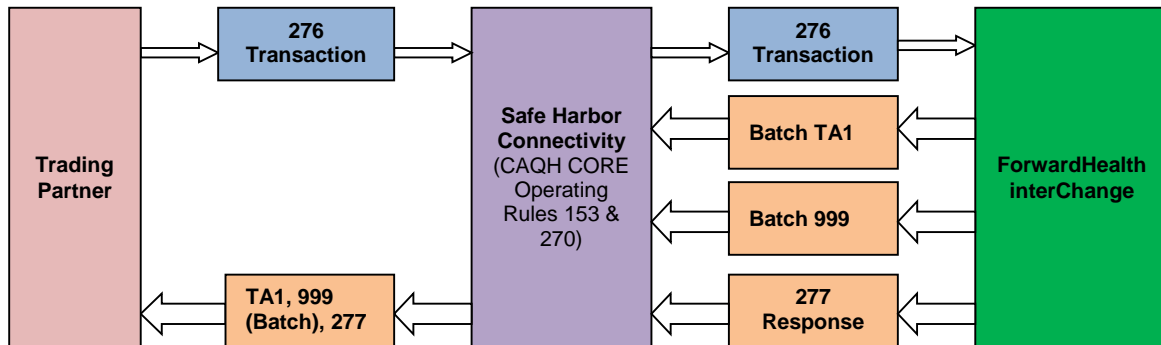


Real-Time Claim Status Request and Response

The response to a real-time claim status request will consist of generating a 277 response transaction to indicate the claim status or indicating errors using the STC segment.

Each transaction is validated to ensure that the 276 complies with the 005010X222 TR3.

Transactions that pass compliance checks but fail to process (e.g., due to member not being found) will generate a real-time 277 response transaction with the appropriate STC segment(s) indicating the nature of the error. Transactions that pass compliance checks and have not failed to process (e.g., the member was found with eligibility within the requested dates) will create a 277 using the information in ForwardHealth’s Claim Status system.



Note: ForwardHealth has not implemented the TA1 and 999 acknowledgement transactions for real-time submissions. Instead, you will get the following error messages:

- TA1 — Validate Payload Content is a valid X12 transaction with all required segments.
- 999 — System Processing Error.

4.2 Transmission Administrative Procedures

This section provides ForwardHealth's specific transmission administrative procedures.

Determine if the transmission you are sending is Test or Production and is using the appropriate indicator. For details about available ForwardHealth Access Methods, refer to the Communication Protocol Specifications section below.

ForwardHealth is available only to authorized users. Submitters must be ForwardHealth trading partners. A submitter is authenticated using a Username and Password assigned by the trading partner.

4.3 Re-transmission Procedure

This section provides ForwardHealth's specific procedures for re-transmissions.

Follow the instructions within the 277 STC data segment for information on whether resubmission is allowed or what data corrections need to be made in order for a successful response.

In the event of an interrupted communications session, the trading partner only has to reconnect and initiate his or her file transfer as he or she normally does.

If a file fails compliance, errors must be corrected before re-transmission. It is recommended that transmitted files that were rejected be assigned new interchange, group, and transaction control numbers.

4.4 Communication Protocol Specifications

This section describes ForwardHealth's communication protocol(s).

The following communication methods are available to get a claim's status from ForwardHealth:

- Portal — Direct Data Entry (DDE).
- Portal — Batch.
- WICall.
- Real-time — Value Access Network (VAN).
- Safe Harbor Connectivity (CAQH CORE Operating Rules 153 & 270).

Portal — DDE

This method utilizes a Web Portal where providers enter their information in a DDE format. Providers can submit enrollment requests, prior authorization (PA) requests, all claims types and claims status requests. Access is free, however, the user must have his or her own internet connection to access the Web application.

Portal — Batch

Trading partners can submit all batch transactions to ForwardHealth interChange and download acknowledgements and response files. Access is free, however, the user must have his or her own internet connection to access the Web application.

WICall

This method utilizes a provider's telephone where users enter their information using their telephone's touchpad. Providers can submit enrollment requests, check on status of PA requests,

and claims status requests. Access is free, however, the user must have a touchpad on his or her telephone to access this application.

Real-Time — VAN

Providers can submit enrollment requests, PA requests, and claims status requests to ForwardHealth interChange through a value-access network (VAN) or Switch.

Safe Harbor Connectivity (CAQH CORE Operating Rules 153 & 270)

Safe Harbor is a Web-based access method used to exchange transaction files. This application complies with the CAQH CORE Phase I & II “Safe Harbor” rules. The ForwardHealth Safe Harbor Connectivity Companion Guide is available for download at <https://www.forwardhealth.wi.gov/>.

4.5 Passwords

This section describes ForwardHealth’s use of passwords.

The Portal password must be reset every 60 days. The passwords are maintained by the external user. If a general user needs a password reset, they must contact the EDI Helpdesk at (866) 416-4979.

Reminder: Strong security precautions should be taken with passwords. For example, password complexity should be used. Passwords must not be shared, or written down where persons other than the authorized party can access them.

5 CONTACT INFORMATION

Refer to this companion guide with questions, then use the contact information below for questions not answered by this guide.

5.1 Electronic Data Interchange Helpdesk

This section contains detailed information concerning EDI Customer Service, especially contact numbers.

Most questions can be answered by referencing the materials posted at <https://www.forwardhealth.wi.gov/>. If you have questions related to ForwardHealth's 276/277, contact the EDI Helpdesk at (866) 416-4979.

5.2 Electronic Data Interchange Technical Assistance

This section contains detailed information concerning EDI Technical Assistance, especially contact numbers.

The EDI Helpdesk can help with connectivity issues or transaction formatting issues at (866) 416-4979 (Monday – Friday, 8:30 a.m. – 4:30 p.m. CT) or via e-mail using the Contact link at the bottom of the Portal home page at <https://www.forwardhealth.wi.gov/>.

The Trading Partner ID is ForwardHealth’s key to accessing trading partner information. Trading partners should have this number available each time they contact the EDI Helpdesk.

5.3 Provider Services

This section contains detailed information concerning Provider Services, especially contact numbers.

Provider Services should be contacted instead of the EDI Helpdesk for questions regarding policy, credentialing, and many other services. Provider Services is available at (800) 947-9627 (Monday –

Friday, 7:00 a.m. – 6:00 p.m. CT) or via e-mail using the Contact link at the bottom of the Portal home page at <https://www.forwardhealth.wi.gov/>.

Note: Have the applicable provider identifier — an NPI for health care providers or a Medicaid Provider ID for atypical providers — available for tracking and faster issue resolution.

The provider relations representatives, also known as field representatives, conduct training sessions on various ForwardHealth topics for both large and small groups of providers and billers. In addition to provider education, field representative are available to assist providers with complex billing and claims processing questions. To find or contact a provider relations representative, use the Contact link at the bottom of the Portal home page at <https://www.forwardhealth.wi.gov/>.

5.4 Applicable Web Sites

This section contains detailed information about useful Web sites and e-mail addresses.

From ForwardHealth's secure Portal <https://www.forwardhealth.wi.gov/>, non-enrolled providers can begin the enrollment process and enrolled providers can do all of the following:

- Create dental, institutional, professional, and pharmacy claims for submission to interChange.
- Request claim reconsiderations.
- Check claim status and member enrollment.
- Submit authorizations, notifications, and referrals.
- View, download and print explanation of benefits (EOBs) and Remittance Advices.

Trading Partners can:

- complete a Trading Partner Profile and authorization testing.
- Submit batch transactions (270, 276, 278, 837D, 837I, and 837P).
- Download batch transactions/acknowledgements (271, 277, 278, TA1, 999, and 835).
- View, download, and print companion guides.

A suite of other EDI and provider tools are also available on the Portal.

Additional information is available on the following Web sites:

- To view the current list of Claim Status Category Codes: www.wpc-edi.com/content/view/181/224.
- To view the current list of claim status codes: www.wpc-edi.com/content/view/524/225.
- Accredited Standards Committee (ASC X12) develops and maintains standards for inter-industry electronic interchange of business transactions: www.x12.org/.
- Accredited Standards Committee develops and maintains X12 EDI and XML standards, standards interpretations and guidelines as they relate to all aspects of insurance and insurance-related business processes: www.x12.org/.
- American Hospital Association (AHA) Central Office on *International Classification of Diseases, Ninth Revision, Clinical Modification* (ICD-9-CM) is a resource for the ICD-9-CM codes used in medical transcription, billing, and for Level I Healthcare Common Procedure Coding System (HCPCS) procedure codes: www.ahacentraloffice.org/.
- American Medical Association (AMA) is a resource for the *Current Procedural Terminology* 4th Edition codes (CPT-4). The AMA copyrights the CPT codes: www.ama-assn.org/.
- Centers for Medicare and Medicaid Services (CMS) is the unit within the HHS that administers the Medicare and Medicaid programs. The CMS provides the Electronic Health-Care Transactions and Code Sets Model Compliance Plan at www.cms.hhs.gov/HIPAAGenInfo/.

- CMS is the resource for information related to the HCPCS: www.cms.hhs.gov/HCPCSReleaseCodeSets/.
- CMS is the resource for Medicaid HIPAA information related to the Administrative Simplification provision: www.cms.gov/medicaid/hipaa/admsimp.
- The CORE is a multi-phase initiative of CAQH; CORE is a committee of more than 100 industry leaders who help create and promulgate a set of voluntary business rules focused on improving physician and hospital access to electronic patient insurance information at or before the time of care: www.caqh.org/CORE_overview.php.
- The CAQH is a nonprofit alliance of health plans and trade associations working to simplify health care administration through industry collaboration on public-private initiatives. Through two initiatives — CORE and Universal Provider Datasource (UPD) — CAQH aims to reduce administrative burden for providers and health plans www.caqh.org/.
- Designated Standard Maintenance Organizations (DSMO) is a resource for information about the standard-setting organizations and transaction change request system: www.hipaa-dsmo.org/.
- Health Level Seven (HL7) is one of several ANSI-accredited Standards Development Organizations (SDOs) and is responsible for clinical and administrative data standards: www.hl7.org/.
- Healthcare Information and Management Systems (HIMSS) is an organization exclusively focused on providing global leadership for the optimal use of IT and management systems for the betterment of health care: www.himss.org/.
- Medicaid HIPAA Compliant Concept Model (MHCCM) presents the Medicaid HIPAA Compliance Concept Model, information, and a toolkit: www.mhccm.org/.
- National Committee on Vital and Health Statistics (NCVHS) was established by Congress to serve as an advisory body to the federal HHS on health data, statistics and national health information policy: www.ncvhs.hhs.gov/.
- National Council of Prescription Drug Programs (NCPDP) is the standards and codes development organization for pharmacy: www.ncpdp.org/.
- National Uniform Billing Committee (NUBC) is affiliated with the AHA and develops standards for institutional claims: www.nubc.org/.
- National Uniform Claim Committee (NUCC) is affiliated with the AMA. It develops and maintains a standardized data set for use by the non-institutional health care organizations to transmit claims and encounter information. The NUCC maintains the national provider taxonomy: www.nucc.org/.
- Office for Civil Rights (OCR) is the office within the federal HHS responsible for enforcing the Privacy Rule under HIPAA: www.hhs.gov/ocr/hipaa/.
- United States HHS is a resource for the Notice of Proposed Rule Making, rules, and other information about HIPAA: www.aspe.hhs.gov/admsimp/.
- Washington Publishing Company (WPC) is a resource for HIPAA-required transaction implementation guides and code sets: www.wpc-edi.com/.

- Workgroup for Electronic Data Interchange (WEDI) is a workgroup dedicated to improving health-care through electronic commerce, which includes the Strategic National Implementation Process (SNIP) for complying with the administrative-simplification provisions of HIPAA: www.wedi.org/.
- The registry for the NPI is the National Plan and Provider Enumeration System (NPPES), at: <https://nppes.cms.hhs.gov/NPPES/Welcome.do>.
- Other resources pertaining to the NPI: www.cms.hhs.gov/NationalProvIdentStand/.
- Implementation guides and non-medical code sets are at: store.x12.org/.
- The HIPAA statute, Final Rules, and related Notices of Proposed Rulemaking (NPRMS) are available at www.cms.hhs.gov/HIPAAGenInfo/ and aspe.hhs.gov/datacncl/adminsims.html.
- Information from CMS about ICD-9 and ICD-10 codes are available at www.cms.hhs.gov/ICD9ProviderDiagnosticCodes/01_overview.asp#TopOfPage and <https://www.cms.gov/ICD10/>.
- Quarterly updates to the HCPCS code set are available from CMS at: www.cms.hhs.gov/HCPCSReleaseCodeSets/. (CPT-4, or Level 1 HCPCS, is maintained and licensed by the AMA and is available for purchase in various hardcopy and softcopy formats from a variety of vendors.)
- Information at the federal level about Medicaid can be found at: www.cms.hhs.gov/home/medicaid.asp.
- The CMS online manuals system and Internet only manuals (IOM) system, including Transmittals and Program Memoranda, at: www.cms.hhs.gov/Manuals/.
- Place of service codes are listed in the Medicare Claims Processing Manual and are maintained by CMS, which are available online at: www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c26.pdf.

6 CONTROL SEGMENTS / ENVELOPES

6.1 ISA-IEA

This section describes ForwardHealth's use of the ISA. It includes a description of expected sender and receiver codes, authorization information, and delimiters.

To promote efficient, accurate electronic transaction processing, note the following ForwardHealth specifications:

- Each trading partner is assigned a nine-digit trading partner ID.
- All dates are in the CCYYMMDD format.
- All date/times are in the CCYYMMDDHHMM format.
- Payer IDs can be found in all companion guides.
- Batch responses are not returned until all inquiries are processed. Limiting the number of total inquiries per ISA-IEA will produce faster results.
- Each Payer ID must be in its own file.
- No more than 99 inquiries per Transaction Set (ST-SE).
- Utilize BHT Segment for Transaction Set Inquiry Response association.
- Utilize TRN Segments for Subscriber Inquiry Response association.

Transactions transmitted during a session or as a batch are identified by an ISA and trailer segment (IEA) that form the envelope enclosing the transmission. Each ISA marks the beginning of the transmission (batch) and provides sender and receiver identification. The table below represents only those fields in which ForwardHealth requires a specific value or has additional guidance on what the value should be. The table does not represent all of the fields necessary for a successful transaction — the TR3 should be reviewed for that information.

TR3 Page #	LOOP ID	Reference	NAME	CODES	Notes/Comments
C.3	None	ISA	Interchange Control Header		
C.4		ISA03	Security Information Qualifier	0	Use "00" to indicate no Security Information Present.
C.4		ISA05	Interchange ID (Sender) Qualifier	ZZ	Enter the value "ZZ", which is mutually defined.
C.4		ISA06	Interchange Sender ID		Enter the nine-digit numeric trading partner identification number assigned by ForwardHealth interChange.
C.5		ISA07	Interchange ID (Receiver) Qualifier	ZZ	Enter the value "ZZ", which is mutually defined.
C.5		ISA08	Interchange Receiver ID	WISC_DHFS	Enter "WISC_DHFS".
C.5		ISA11	Repetition Separator	^	A Caret "^" is recommended.
C.5		ISA13	Interchange Control Number		The interchange control number assigned in ISA13 must be identical to the value in IEA02.
C.6		ISA14	Acknowledgement Requested	0	0 = No interchange acknowledgment requested (TA1).
C.6		ISA15	Usage Identifier	P, T	Code indicating whether the data enclosed is production or test.
			Production Data	P	Enter value "P" to indicate that the file contains production data.
			Test Data	T	Enter value "T" to indicate that the file contains test data.
C.6		ISA16	Component Element Separator	:	A colon ":" is recommended.

6.2 GS-GE

This section describes ForwardHealth's use of the functional group control segments.

It includes a description of expected application sender and receiver codes.

The table below represents only those fields in which ForwardHealth requires a specific value or has additional guidance on what the value should be. The table does not represent all of the fields necessary for a successful transaction — the TR3 should be reviewed for that information.

TR3 Page #	LOOP ID	Reference	NAME	CODES	Notes/Comments
C.7	None	GS	Functional Group Header		
C.7		GS02	Application Sender's Code		Enter the nine-digit numeric trading partner identification number assigned by ForwardHealth interChange.
C.7		GS03	Application Receiver's Code	WISC_TXIX WISC_WWWP WISC_WCDP	These are the only valid values for ForwardHealth.
			Wisconsin Medicaid, SeniorCare, and BadgerCare Plus	WISC_TXIX	
			Wisconsin Well Women Program	WISC_WWWP	
			Wisconsin Chronic Disease Program	WISC_WCDP	

6.3 ST-SE

This section describes ForwardHealth's use of transaction set control numbers.

ForwardHealth recommends that trading partners follow the guidelines set forth in the TR3 — start the first ST02 in the first file with 000000001 and increment from there. The TR3 should be reviewed for how to create compliant transaction set control segments.

6.4 Control Segment Notes

The ISA data segment is a fixed length record and all fields must be supplied. Fields that are not populated with actual data must be filled in with spaces.

6.5 File Delimiters

ForwardHealth requests that you use the following delimiters on your 276 file. If used as delimiters, these characters (* : ~ ^) must not be submitted within the data content of the transaction sets. Contact the EDI Helpdesk at (866) 416-4979 if there is a need to use a delimiter other than the following:

Data Element

Byte 4 in the ISA segment defines the data element separator to be used throughout the entire transaction. The recommended data element delimiter is an asterisk (*).

Repetition Separator

ISA11 defines the repetition separator to be used throughout the entire transaction. The recommended repetition separator is a caret (^).

Component-Element

ISA16 defines the component element delimiter to be used throughout the entire transaction. The recommended component-element delimiter is a colon (:).

Data Segment

Byte 106 of the ISA segment defines the segment terminator used throughout the entire transaction. The recommended data segment delimiter is a tilde (~).

7 FORWARDHEALTH'S SPECIFIC BUSINESS RULES AND LIMITATIONS

7.1 Trading Partner Identification Number

Every entity that exchanges transactions with ForwardHealth must complete a Trading Partner Profile using the Portal (<https://www.forwardhealth.wi.gov/>). The trading partner ID of the trading partner sending the transaction is expected in the outside envelope data element ISA06 (Interchange Sender ID) and in data element GS02 (Application Sender's Code). These must always be the same. Additional information about the Trading Partner Profile is included in the Trading Partner Testing Packet, available in the Trading Partner area of the Portal at <https://www.forwardhealth.wi.gov/>.

7.2 Testing

ForwardHealth requires testing of the 276 transaction prior to accepting production 276 requests. Test requests will be processed to validate that the file structure and content meet HIPAA standards and ForwardHealth-specific data requirements. Once this validation is complete, the trading partner may submit production 276 requests to ForwardHealth interChange for Claim Status responses. Follow the steps in the Trading Partner Testing Packet (available in the Trading Partner area of the Portal at <https://www.forwardhealth.wi.gov/>) to complete Authorization Testing.

7.3 Terminology

The term "subscriber" will be used as a generic term throughout the companion guide. This term could refer to any one of the following programs for which the 276/277 transaction is being processed:

- BadgerCare Plus.
- SeniorCare.
- Wisconsin Chronic Disease Program.
- Wisconsin Medicaid.
- Wisconsin Well Woman Program.

7.4 Member Limit

File Size is restricted to 99 claims per 276 transaction set. One transaction set includes all data between and including a Transaction Set Header (ST) segment and Transaction Set Trailer (SE) segment. The 277 response will be in the same ST/SE structure as the original 276 transaction.

7.5 Notes on 276 Request and 277 Response

Submitters may send a 276 claim status request on claims filed electronically (an 837 Health Care Claim transaction), on paper, or entered directly from the provider's Portal account using the DDE feature. ForwardHealth interChange does not distinguish between paper or electronic or DDE claims when issuing a 277 response.

Date ranges returned on the 277 response (DTP03) are those submitted on the 276 request. The 276 requests that use date ranges for service dates receive all claims within the range, unless other qualifiers, such as claim numbers or amounts billed, preclude their return. **To avoid extraneous responses, users should enter date ranges for an inquiry only when the date range represents the dates of a single service or claim.** ForwardHealth interChange restricts the date range to 45 days.

Submitters may send a 276 claim status request on claims for any dates of service (DOS) — ForwardHealth interChange restricts the date range to 45 days.

ForwardHealth interChange does not support service line-specific status requests. When sent, this data will be ignored and the request will be processed using the claim level data.

ForwardHealth interChange provides claim status information at the claim level for dental, institutional, professional, and pharmacy claims.

ForwardHealth interChange does not support the Dependent Loop since all ForwardHealth interChange members can be uniquely identified at the Subscriber Level (loop 2000D).

For the 276 claim status request transaction, the 2000D: DMG segment is required when the subscriber is the patient. This segment is always required because in the ForwardHealth implementation of HIPAA, the subscriber is always the patient.

For the 276 claim status request transaction, the TRN segment is required when the subscriber is the patient. Because in the ForwardHealth implementation of HIPAA, the subscriber is always the patient, this segment is always required. The TRN segment received on the 276 claim status request transaction will be returned unaltered on the 277 response transaction, except that TRN01 will be changed to "2."

For the 276 claim status request transaction submitted with the AMT segment, the AMT02 value will be used as one of the primary searches when selecting claims to include on the response. Only claims that have an exact dollar amount match will be returned.

ForwardHealth interChange will use, if supplied in the 276, all of the following values in a search for claims:

- Billing provider ID.
- Member ID.
- Payer ID.
- Dates of service.
- Total billed amount.
- Patient control number (patient account number).
- Pharmacy prescription number.
- Institutional bill type.
- Internal control number (ICN).

The minimum values that ForwardHealth interChange must have to search for claims are:

- Billing provider ID.
- Member ID.
- Payer ID.
- Dates of service.

ForwardHealth interChange strongly recommends that at least one extra value from the list of "all possible values" be included to help narrow the number of matches in the search.

If there is not an exact match found for a claim identifier, the system will not return claims that closely match or are in the same date range.

ForwardHealth interChange recommends that no more than 99 requests per batch transmission be made at one time for a variety of reasons. Processing of smaller batches is more efficient and submitters are less likely to receive rejections on smaller batch bundles.

7.6 Scheduled Maintenance

ForwardHealth recycles the real-time servers every night between 00:00 a.m. to 01:00 a.m. Central Standard Time (CST). Real-time processing is not available during this period.

ForwardHealth schedules regular maintenance every Sunday from 00:00 a.m. to 04:00 a.m. CST. Real-time processing is not available during this period.

8 ACKNOWLEDGEMENTS AND/OR REPORTS

8.1 Acknowledgements

TA1 — Transaction Acknowledgement

ForwardHealth interChange will only respond with a TA1 when the batch X12 contains Envelope errors. If a TA1 is produced, then neither a 999 nor 277 response will be sent. The submitted 276 will need to be corrected and resubmitted.

999 — Functional Acknowledgement

This file informs the submitter that the transaction arrived and provides information about the syntactical quality of the Functional Groups in a batch X12 file. ForwardHealth interChange will always respond with a 999 for a batch X12 file. If a “rejected” 999 is produced, then the 277 response will not be sent. The submitted 276 will need to be corrected and resubmitted.

8.2 Report Inventory

There are no acknowledgement reports at this time.

9 TRADING PARTNER AGREEMENTS

Any entity intending to exchange electronic transactions with ForwardHealth must agree to the ForwardHealth Trading Partner Agreement at the end of the Trading Partner Profile process. A Trading Partner Profile can be completed using the Portal (<https://www.forwardhealth.wi.gov>).

9.1 Trading Partners

An EDI Trading Partner is defined as any ForwardHealth customer (provider, billing service, software vendor, employer group, financial institution, etc.) that transmits to, or receives electronic data from, ForwardHealth.

Electronic Data Interchange Trading Partner Agreements ensure the integrity of the electronic transaction process. The Trading Partner Agreement is related to the electronic exchange of information, whether the agreement is an entity or a part of a larger agreement, between each party to the agreement.

10 TRANSACTION-SPECIFIC INFORMATION

This section describes how ASC X12N Implementation Guides adopted under HIPAA will be detailed with the use of a table. The tables contain a row for each segment that ForwardHealth has something additional, over and above, the information in the Implementation Guides. That information can:

1. Limit the repeat of loops, or segments.
2. Limit the length of a simple data element.
3. Specify a sub-set of the implementation guide’s internal code listings.
4. Clarify the use of loops, segments, composite, and simple data elements.
5. Clarify any other information tied directly to a loop, segment, composite, or simple data element pertinent to trading electronically with ForwardHealth.

In addition to the row for each segment, one or more additional rows are used to describe ForwardHealth’s usage for composite and simple data elements and for any other information. Notes and comments will be placed at the deepest level of detail. For example, a note about a code value will be placed on a row specifically for that code value, not in a general note about the segment.

The following table specifies the columns and suggested use of the rows for the detailed description of the transaction set companion guides. The table contains a Notes/Comments column for each segment that ForwardHealth has additional information to provide, over and above the information in the TR3.

10.1 005010X222 — 276 Health Care Claim Status Request

TR3 Page #	LOOP ID	Reference	NAME	CODES	Notes/Comments
41	2100A	NM1	Payer Name		
41	2100A	NM103	Payer Name	FORWARDHEALTH	Enter "FORWARDHEALTH".
41	2100A	NM108	Identification Code Qualifier	PI	Enter "PI" to indicate payer identification.
41	2100A	NM109	Payer Identifier	WISC_TXIX WISC_WWWP WISC_WCDP	
			Wisconsin Medicaid, SeniorCare, and BadgerCare Plus	WISC_TXIX	
			Wisconsin Well Women Program	WISC_WWWP	
			Wisconsin Chronic Disease Program	WISC_WCDP	
49	2100C	NM1	Provider Name		
51	2100C	NM108	Identification Code Qualifier	XX SV	
			National Provider Identifier (NPI)	XX	
			Service Provider Number	SV	
51	2100C	NM109	Provider Identifier		Enter the 10-digit NPI when "XX" was reported in NM108. Enter the eight or nine-digit provider number when "SV" is entered in NM108.
54	200D	DMG	Subscriber Demographic Information		Since all ForwardHealth members are subscribers this segment is required per HIPAA standards.
56	2100D	NM1	Subscriber Name		
57	2100D	NM108	Identification Code Qualifier	MI	
			Member Identification Number.	MI	Note: This can be either a new or an old member ID.
57	2100D	NM109	Subscriber Identifier		Enter the subscriber's member ID.
58	2200D	TRN	Claim Status Tracking Number		Since all ForwardHealth members are subscribers, this segment is required per HIPAA standards.
61	2200D	REF	Application or Location System Identifier		This segment will not be used by ForwardHealth.
67	2200D	DTP	Claim Service Date		ForwardHealth requires this segment as it is needed to refine the search criteria for a specific claim.
67	2200D	DTP01	Date Time Qualifier	291	
			Eligibility	291	
67	2200D	DTP02	Date Time Period Qualifier	D8 RD8	
			Single Date	D8	
			Range of Dates	RD8	
68	2200D	DTP03	Date Time Period		Enter the DOS in CCYYMMDD or CCYYMMDD-CCYYMMDD format.

TR3 Page #	LOOP ID	Reference	NAME	CODES	Notes/Comments
69	2210D	SVC	Service Line Information		ForwardHealth does not support service line status requests. Any data in this loop will not be used to process the claim status request.
75	2000E		Dependent Level		Because each subscriber and each of his/her dependents is assigned a unique identification number, dependents are treated as subscribers in the ForwardHealth interChange system. Any data submitted at the dependent level will be processed as a subscriber.

10.2 005010X222 — 277 Health Care Claim Status Response

TR3 Page #	LOOP ID	Reference	NAME	CODES	Notes/Comments
107		BHT	Beginning of Hierarchical Transaction		
107		BHT03	Originator Application Transaction Number		This field will contain the trading partner ID + system date + system time as the identification number for the transaction.
111	2100A	NM1	Payer Name		The values returned to the receiver in this segment will be identical to the values sent by the information receiver in the 276 request.
113	2100A	PER	Payer Contact Information		This segment will contain ForwardHealth helpdesk information.
126	2100C	NM1	Provider Name		The values returned to the receiver in this segment will be identical to the values sent by the information receiver in the 276 request.
155	2200D	DTP	Claim Service Date		ForwardHealth requires this segment as it is needed to refine the search criteria for a specific claim.
155	2200D	DTP02	Date Time Period Qualifier	RD8	This field will contain the value "RD8" to indicate a range of dates.
			Range of Dates	RD8	This field will contain the value "RD8" to indicate a range of dates.
156	2200D	DTP03	Date Time Period		Date(s) of service returned in CCYYMMDD-CCYYMMDD format.

11 APPENDICES

11.1 Implementation Checklist

A complete implementation checklist is available on the ForwardHealth Portal (<https://www.forwardhealth.wi.gov/>). Click on the [Trading Partner Profile](#) link on the bottom right side of the screen. Download the Trading Partner Profile [Testing Packet](#) for ASC X12 transactions. Contact the EDI Helpdesk with questions at (866) 416-4979 or via e-mail using the Contact link at the bottom of the ForwardHealth Portal.

11.2 Business Scenarios

Terminology

The term “subscriber” will be used as a generic term throughout the companion guide. This term could refer to any one of the following programs for which the 276/277 transaction is being processed:

- BadgerCare Plus.
- SeniorCare.
- Wisconsin Chronic Disease Program.
- Wisconsin Medicaid.
- Wisconsin Well Woman Program.

Member Limit

File Size is restricted to 99 claims per 276 transaction set. One transaction set includes all data between and including an ST segment and SE segment. The response system will attempt to provide one response transaction set per inquiry transaction set.

Transmission Examples

The following are general information for the four claim status scenario listed below:

- ForwardHealth is responsible for Wisconsin Medicaid.
- ForwardHealth payer identification for Wisconsin Medicaid is “WISC_TXIX”.
- XYZ Service, which is a trading partner, has an electronic transmitter identification number of 100000999 that it uses to conduct electronic business transactions with ForwardHealth.
- Home Hospital and Home Hospital Physicians use XYZ Service to submit electronic claims and claim status requests to ForwardHealth.
- Home Hospital's NPI is 1666666661.
- Home Hospital Physician's NPI is 1666666666.

Claim Status Scenario 1: Institutional Claim

Request: Mary Jones is a Medicare enrollee with a member number of 234567890A. Mrs. Jones' birth date is 11/15/1930. A claim status tracking number of ABCXYZ1 was assigned to the status inquiry for Mrs. Jones' claim. Home Hospital requested the status of a claim for inpatient services (bill type 111) from July 31, 2010, through August 9, 2010, in the amount of \$7,599.00. Home Hospital provided a patient control number of JO234567.

The following is the 276 transmission XYZ Services sent to ForwardHealth requesting the status of the claim described in Claim Status Scenario 1: Institutional Claim.

276 Request Transmission

```

ST*276*0001*005010X212~
  BHT*0010*13*FH276XXX*20110415*1425~
    HL*1**20*1~
      NM1*PR*2*FORWARDHEALTH*****PI*WISC_TXIX~
    HL*2*1*21*1~
      NM1*41*2*XYZ SERVICE*****46*100000999~
    HL*3*2*19*1~
      NM1*1P*2*HOME HOSPITAL*****XX*1666666661~
    HL*4*3*22*0~
      DMG*D8*19301115*F~
      NM1*IL*1*JONES*MARY*****MI*234567890A~
      TRN*1*ABCXYZ1~
      REF*BLT*111~
      REF*EJ*JO234567~
      AMT*T3*7599.00~
      DTP*472*RD8*20100731-20100809~
SE*17*0001~

```

Note: **Bolded** fields represent the minimum search criteria required by ForwardHealth interChange. Highlighted lines represent the optional search criteria.

This means XYZ Services' 276 requests could contain all three of the optional (highlighted) segments or two of the segments or one of the segments to refine the search.

ForwardHealth strongly recommends at least one of these optional (highlighted) segments be included in the 276 request transmission.

Response: ForwardHealth assigned a payer claim control number of 0529675341 to Mrs. Jones' claim. The claim was pending additional information that has been requested already.

The following is the 277 transmission ForwardHealth sent in response to the 276 transmission from XYZ Services regarding the claim described in Claim Status Scenario 1: Institutional Claim.

277 Response Transmission

```

ST*277*0001*005010X212~
  BHT*0010*13*FH276XXX*20110415*1500*DG~
    HL*1**20*1~
      NM1*PR*2*FORWARDHEALTH*****PI*WISC_TXIX~
    HL*2*1*21*1~
      NM1*41*2*XYZ SERVICE*****46*100000999~
    HL*3*2*19*1~
      NM1*1P*2*HOME HOSPITAL*****XX*1666666661~
    HL*4*3*22*0~
      NM1*IL*1*JONES*MARY*****MI*234567890A~
      TRN*1*ABCXYZ1~
      STC*P3:317*20110413
      REF*1K*0529675341~
      REF*BLT*111~
      REF*EJ*JO234567~
      DTP*472*RD8*20100731-20100809~
SE*17*0001~

```

Claim Status Scenario 2: Re-checking a Pending Institutional Claim

Request: Mary Jones is a Medicare enrollee with a member number of 234567890A. Mrs. Jones' birth date is 11/15/1930. A claim status tracking number of ABCXYZ1 was assigned to the status inquiry for Mrs. Jones' claim. Home Hospital requested the status of a claim for inpatient services (bill type 111) from July 31, 2010, through August 9, 2010, in the amount of \$7,599.00. Home Hospital provided a patient control number of JO234567. Home Hospital is re-checking the status of a pending claim and knows the payer claim control number is 0529675341.

Response: The claim completed adjudication and is awaiting the payment cycle.

276 Request Transmission

The following is the 276 transmission XYZ Services sent to ForwardHealth requesting the status of the claim described in Claim Status Scenario 2: Re-checking a Pending Institutional Claim.

```

00000001 ST*276*0001*005010X212~
00000002 BHT*0010*13*FH276XXX*20110415*1425~
00000003 HL*1**20*1~
00000004 NM1*PR*2*FORWARDHEALTH*****PI*WISC_TXIX~
00000005 HL*2*1*21*1~
00000006 NM1*41*2*XYZ SERVICE*****46*100000999~
00000007 HL*3*2*19*1~
00000008 NM1*1P*2*HOME HOSPITAL*****XX*1666666661~
00000009 HL*4*3*22*0~
00000010 DMG*D8*19301115*F~
00000011 NM1*IL*1*JONES*MARY*****MI*234567890A~
00000012 TRN*1*ABCXYZ1~
00000013 REF*1K*0529675341~
00000014 REF*BLT*111~
00000015 REF*EJ*JO234567~
00000016 AMT*T3*7599.00~
00000017 DTP*472*RD8*20100731-20100809~
00000018 SE*18*0001~

```

Note: Lines 13-16 are optional. This means XYZ Services' 276 requests could contain zero, one, two, three, or all four of the lines to refine the search. ForwardHealth strongly recommends at least one of these lines is included in the request transmission.

277 Response Transmission

The following is the 277 transmission ForwardHealth sent in response to the 276 transmission from XYZ Services regarding the claim described in Claim Status Scenario 2: Re-checking a Pending Institutional Claim.

```

00000001 ST*277*0001*005010X212~
00000002 BHT*0010*13*FH276XXX*20110415*1500*DG~
00000003 HL*1**20*1~
00000004 NM1*PR*2*FORWARDHEALTH*****PI*WISC_TXIX~
00000005 HL*2*1*21*1~
00000006 NM1*41*2*XYZ SERVICE*****46*100000999~
00000007 HL*3*2*19*1~
00000008 NM1*1P*2*HOME HOSPITAL*****XX*1666666661~
00000009 HL*4*3*22*0~
00000010 NM1*IL*1*JONES*MARY*****MI*234567890A~
00000011 TRN*1*ABCXYZ1~
00000012 STC*F0:3*20110415**7599*7599~
00000013 REF*1K*0529675341~
00000014 REF*BLT*111~

```

00000015 REF*EJ*JO234567~
 00000016 DTP*472*RD8*20100731-20100809~
 00000017 SE*17*0001~

Claim Status Scenario 3: Professional Claim

Request: Mary Jones is a Medicare enrollee with a member number of 234567890A. Mrs. Jones' birth date is 11/15/1930. A claim status tracking number of ABCXYZ1 was assigned to the status inquiry for Mrs. Jones' claim. Home Hospital Physician requested the status of a claim for professional services on July 31, 2010, in the amount of \$145.00. Home Hospital Physician provided a patient control number of JO234567.

Response: ForwardHealth assigned a payer claim control number of 0529675341 to Mrs. Jones' claim. The claim completed adjudication and is awaiting the payment cycle.

276 Request Transmission

The following is the 276 transmission XYZ Services sent to ForwardHealth requesting the status of the claim described in Claim Status Scenario 3: Professional Claim.

00000001 ST*276*0001*005010X212~
 00000002 BHT*0010*13*FH276XXX*20110415*1425~
 00000003 HL*1**20*1~
 00000004 NM1*PR*2*FORWARDHEALTH*****PI*WISC_TXIX~
 00000005 HL*2*1*21*1~
 00000006 NM1*41*2*XYZ SERVICE*****46*100000999~
 00000007 HL*3*2*19*1~
 00000008 NM1*1P*2*HOME HOSPITAL PHYSICIAN*****XX*1666666666~
 00000009 HL*4*3*22*0~
 00000010 DMG*D8*19301115*F~
 00000011 NM1*IL*1*JONES*MARY*****MI*234567890A~
 00000012 TRN*1*ABCXYZ1~
 00000013 REF*EJ*JO234567~
 00000014 AMT*T3*145.00~
 00000015 DTP*472*D8*20100731~
 00000016 SE*16*0001~

Note: Lines 13 and 14 are optional. This means XYZ Services' 276 requests could contain zero, one, or both lines to refine the search. ForwardHealth strongly recommends at least one of these lines is included in the request transmission.

277 Response Transmission

The following is the 277 transmission ForwardHealth sent in response to the 276 transmission from XYZ Service regarding the claim described in Claim Status Scenario 3: Professional Claim.

00000001 ST*276*0001*005010X212~
 00000002 BHT*0010*13*FH276XXX*20110415*1500*DG~
 00000003 HL*1**20*1~
 00000004 NM1*PR*2*FORWARDHEALTH*****PI*WISC_TXIX~
 00000005 HL*2*1*21*1~
 00000006 NM1*41*2*XYZ SERVICE*****46*100000999~
 00000007 HL*3*2*19*1~
 00000008 NM1*1P*2*HOME HOSPITAL PHYSICIAN*****XX*1666666666~
 00000009 HL*4*3*22*0~
 00000010 NM1*IL*1*JONES*MARY*****MI*234567890A~
 00000011 TRN*1*ABCXYZ1~
 00000012 STC*F0:3*20110415**145*145~
 00000013 REF*1K*0529675341~

00000014 REF*EJ*JO234567~
 00000015 DTP*472*RD8*20100731-20100731~
 00000016 SE*16*0001~

Claim Status Scenario 4: Pharmacy Claim

Request: Mary Jones is a Medicare enrollee with a member number of 234567890A. Mrs. Jones' birth date is 11/15/1930. A claim status tracking number of ABCXYZ1 was assigned to the status inquiry for Mrs. Jones' claim. Home Hospital Physician requested the status of a claim for Pharmacy services on July 31, 2010, in the amount of \$120.00. Home Hospital Physician provided a pharmacy prescription number of 28567832.

Response: ForwardHealth assigned a payer claim control number of 0529675341 to Mrs. Jones' claim. The claim completed adjudication and is awaiting the payment cycle.

276 Request Transmission

The following is the 276 transmission XYZ Services sent to ForwardHealth requesting the status of the claim described in Claim Status Scenario 4: Pharmacy Claim.

00000001 ST*276*0001*005010X212~
 00000002 BHT*0010*13*FH276XXX*20110415*1425~
 00000003 HL*1**20*1~
 00000004 NM1*PR*2*FORWARDHEALTH*****PI*WISC_TXIX~
 00000005 HL*2*1*21*1~
 00000006 NM1*41*2*XYZ SERVICE*****46*100000999~
 00000007 HL*3*2*19*1~
 00000008 NM1*1P*2*HOME HOSPITAL PHYSICIAN*****XX*1666666666~
 00000009 HL*4*3*22*0~
 00000010 DMG*D8*19301115*F~
 00000011 NM1*IL*1*JONES*MARY*****MI*234567890A~
 00000012 TRN*1*ABCXYZ1~
 00000013 REF*XZ*28567832~
 00000014 AMT*T3*120.00~
 00000015 DTP*472*RD8*20100731-20100731~
 00000016 SE*16*0001~

Note: Lines 13 and 14 are optional. This means XYZ Services' 276 requests could contain zero, one, or both lines to refine the search. ForwardHealth strongly recommends at least one of these lines is included in the request transmission.

277 Response Transmission

The following is the 277 transmission ForwardHealth sent in response to the 276 transmission from XYZ Services regarding the claim described in Claim Status Scenario 4: Pharmacy Claim.

00000001 ST*276*0001*005010X212~
 00000002 BHT*0010*13*FH276XXX*20110415*1500*DG~
 00000003 HL*1**20*1~
 00000004 NM1*PR*2*FORWARDHEALTH*****PI*WISC_TXIX~
 00000005 HL*2*1*21*1~
 00000006 NM1*41*2*XYZ SERVICE*****46*100000999~
 00000007 HL*3*2*19*1~
 00000008 NM1*1P*2*HOME HOSPITAL PHYSICIAN*****XX*1666666666~
 00000009 HL*4*3*22*0~
 00000010 NM1*IL*1*JONES*MARY*****MI*234567890A~
 00000011 TRN*1*ABCXYZ1~
 00000012 STC*F0:3*20110415**120*120~
 00000013 REF*1K*0529675341~

00000014 REF*XZ*28567832~
 00000015 DTP*472*RD8*20100731-20100731~
 00000016 SE*16*0001~

11.3 Frequently Asked Questions

This appendix contains a compilation of questions and answers relative to ForwardHealth and its providers.

Q: What are the main differences between the Portal, batch, and Real-Time submission methods?

A:

Portal — This option is best for those providers who have a low volume of ForwardHealth claims, want to check for specific claims, or other limited review of ForwardHealth data. Portal access also allows you to modify a claim.

Batch — This option is best for providers who have large volumes of ForwardHealth members and need an automated way to check claim status. Typically, software vendors, billing intermediaries, clearinghouses, and providers with a technical team benefit from this option.

Real-Time — This option is best for those providers who have a large volume of ForwardHealth members and see them on a regular basis but don't have the resources or expertise to use the batch method. This option must be used for single queries.

Q: What are the main differences between a 277 and a 999?

A: 277 is the response to a 276 and contains claim status information. 999 is an acknowledgement transaction that indicates if a 276 file was accepted or rejected. 999 does not contain any claim status information.

Q: Is there a limit to the number of inquiries I can submit at once?

A: We recommend you follow HIPAA requirements for a maximum of 99 inquiries per ST/SE segment. Real-time transactions are limited to one inquiry per interchange.

Q: Are any fields case sensitive?

A: Wisconsin ForwardHealth accepts the extended character set. Uppercase characters are recommended.

11.4 Change Summary

Version 2.1 Revision Log

Companion Document: 276/277 Health Care Claim Status Request and Response

Approved: 2/2014

Modified by: WJ2

Loop ID	Page(s) Revised	Reference	Name	Codes	Text Revised
	ALL PAGES				Modified for CAQH CORE Phase I & II Safe Harbor Connectivity Rules.

Version 2.2 Revision Log
 Companion Document: 276/277 Health Care Claim Status Request and Response
 Approved: 5/2014
 Modified by: WJ2

Loop ID	Page(s) Revised	Reference	Name	Codes	Text Revised
	13 & 14				Remove all text regarding Real-Time TA1 and 999 transactions being returned.

Version 2.3 Revision Log
 Companion Document: 276/277 Health Care Claim Status Request and Response
 Approved: 2/2015
 Modified by: WJ2

Loop ID	Page(s) Revised	Reference	Name	Codes	Text Revised
2200D	23	TRN	Claim Status Tracking Number		Since all ForwardHealth members are subscribers, this segment is required per HIPAA standards.
2200D	23	REF	Application or Location System Identifier		This segment will not be used by ForwardHealth.
2200D	23	DTP	Claim Service Date		ForwardHealth requires this segment as it is needed to refine the search criteria for a specific claim.
2200D	23	DTP01	Date Time Qualifier	291	
2200D	23	DTP02	Date Time Period Qualifier	D8 RD8	
2200D	23	DTP03	Date Time Period		Enter the DOS in CCYYMMDD or CCYYMMDD-CCYYMMDD format.
2200D	24	DTP	Claim Service Date		ForwardHealth requires this segment as it is needed to refine the search criteria for a specific claim.
2200D	24	DTP02	Date Time Period Qualifier	RD8	This field will contain the value "RD8" to indicate a range of dates.
2200D	24	DTP03	Date Time Period		Date(s) of service returned in CCYYMMDD-CCYYMMDD format.