



ForwardHealth interChange Companion Document to HIPAA Implementation Guide: X12 276/277 Health Care Claims Status Request and Response

ForwardHealth interChange
HIPAA Companion Document
X12 276/277 Health Care Claims Status Request and Response

Companion Document Audience

Companion documents are intended for information technology and/or systems staff who will be coding billing systems or software for compliance with the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA).

Purpose of Companion Documents

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

The companion documents are designed to be used with HIPAA Implementation Guides. Companion documents provide ForwardHealth interChange-specific information that details how to create HIPAA transactions for ForwardHealth interChange and explains how ForwardHealth interChange creates HIPAA transactions. Companion documents provide trading partners with a guide to communicate the ForwardHealth interChange-specific information required to successfully exchange transactions electronically with the ForwardHealth interChange system.

As a result of HIPAA, the federal Department of Health and Human Services (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 will replace 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 providers, specialized medical vehicle (SMV) providers, blood banks, and Community Care Organizations ("Atypical" providers), are health care providers (per the definitions within the NPI Final Rule) and, therefore, are required to obtain and use an NPI. ForwardHealth will require all health care providers to submit their NPI on electronic transactions beginning in 2008.

Companion documents highlight the data elements significant for ForwardHealth interChange. For transactions created by ForwardHealth interChange, companion documents explain how certain data elements are processed. Refer to the companion document first if there is a question about how ForwardHealth interChange processes a HIPAA transaction. For further information, contact the ForwardHealth Electronic Data Interchange (EDI) Department at (866) 416-4979.

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Search Criteria

The following are criteria upon which claim status requests will be searched:

1. Billing provider identification number (required).
2. Member number (required).
3. Payer identification number (required).
4. Internal Control Number (ICN) (optional).
5. Total billed amount (optional).
6. Dates of service (optional).

Acceptable Characters

All alpha characters used in 276 transactions must be in an uppercase format. All alpha characters used in the 277 transactions will also be in an uppercase format.

The 276 transaction must not contain any carriage returns or line feeds; the data must be received in one, continuous stream. Likewise, the 277 transaction will not contain carriage returns or line feeds.

Acknowledgements

An accepted 997 Functional Acknowledgement (997), rejected 997 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 Web to determine the status of their files.

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X12 276 Claim Status Request

Loop	Element	Name	Instructions
	ISA01	Interchange Control	Enter the value "00".
	ISA03	Interchange Control	Enter the value "00".
	ISA05	Interchange ID (Sender) Qualifier	Enter the value "ZZ" to indicate mutually defined.
	ISA06	Interchange Sender ID	Enter the nine-digit numeric Trading Partner identification number assigned by ForwardHealth interChange.
	ISA07	Interchange ID (Receiver) Qualifier	Enter the value "ZZ" to indicate mutually defined.
	ISA08	Interchange Receiver ID	Enter "WISC_DHFS".
	ISA11	Interchange Control Standards Identifier	Enter the value "U" to indicate the US EDI Community of Accredited Standards Committee (ASC) X12, TDCC, and UCS.
	ISA13	Interchange Control Number	The interchange control number assigned in ISA13 must be identical to the value in IEA02. If these numbers do not match, the transaction will not be processed.
	ISA14	Acknowledgment Requested	Enter the value "0" to indicate that TA1 or 997 will be automatically generated.
	ISA15	Usage Indicator	Enter the value "T" to indicate test transaction or "P" to indicate production.
	ISA16	Component Element Separator	ForwardHealth interChange recommends the use of a colon (":") in this field.
	GS02	Application Sender's Code	Enter the nine-digit numeric Trading Partner Identification number assigned by ForwardHealth interChange.
	GS03	Application Receiver's Code	Enter value "WISC_TXIX" for Wisconsin Medicaid, SeniorCare and BadgerCare Plus; "WISC_WWWP" for the Wisconsin Well Woman Program; "WISC_WCDP" for the Wisconsin Chronic Disease Program.
	GS04	Date	Enter the date in "CCYYMMDD" format.
	GS05	Time	Enter the time in "HHMM" format. <i>Note:</i> Use this time for creation time.

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Loop	Element	Name	Instructions
	GS06	Group Control Number	The group control number assigned in GS06 must be identical to the value in GE02.
	GS08	Version / Release / Industry Identifier Code	Enter the value "004010X093A1" to indicate the HIPAA-mandated implementation guide release for this transaction.
	ST01	Transaction Set Identifier Code	Enter the value "276" to indicate a Health Care Claim Status Request.
	ST02	Transaction Set Control Number	The transaction set control number assigned in ST02 must be identical to the value in SE02. If these numbers do not match, the transaction will not be processed. Start with a number, for example "0001", and increment with each subsequent transaction set.
	BHT01	Hierarchical Structure Code	Enter the value "0010" to indicate Information Source, Information Receiver, Provider of Service, Subscriber and Dependent.
2000A	HL03	Hierarchical Level Code	Enter the value "20".
2000A	HL04	Hierarchical Child Code	Enter the value "1".
2100A	NM1	Payer Name	This segment contains information pertaining to the payer of the claim.
2100A	NM101	Entity Identifier Code	Enter the value "PR" to indicate a payer.
2100A	NM102	Entity Type Qualifier	Enter a value of "2" to indicate a non-person entity.
2100A	NM103	Name Last or Organization Name	Enter the Name of the Payer reported in NM109.
2100A	NM108	Identification Code Qualifier	Enter the value "PI" to indicate payer identification.
2100A	NM109	Identification Code	Enter value "WISC_TXIX" for Wisconsin Medicaid, SeniorCare and BadgerCare Plus; "WISC_WWWP" for the Wisconsin Well Woman Program; "WISC_WCDP" for the Wisconsin Chronic Disease Program.
2100A	PER	Payer Contact Information	It is not necessary to submit this segment. Any data submitted in this segment will not be used in processing the request.

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Loop	Element	Name	Instructions
2100B	NM1	Information Receiver Name	This segment contains information pertaining to the individual or organization requesting to receive the status information.
2100B	NM108	Identification Code Qualifier	Enter the value "XX" to designate the use of a National Provider Identifier (NPI); "FI" to designate a Federal Taxpayer's Identification Number; "46" to designate a Electronic Transmitter Identification Number (ETIN).
2100B	NM109	Identification Code	Enter the information receiver's 10-digit NPI when "XX" is entered in NM108. Enter the information receiver's Federal Taxpayer's identification number when "FI" is entered in NM108. Enter the information receiver's ETIN when "46" is entered in NM108.
2100C	NM1	Provider Name	This segment contains information pertaining to the billing provider from the submitted claim.
2100C	NM101	Entity Identifier Code	Enter the value "1P" to indicate provider.
2100C	NM102	Entity Type Qualifier	Enter "1" to indicate a person or "2" to indicate a non-person entity.
2100C	NM103	Name Last or Organization Name	Enter individual last name or organizational name.
2100C	NM104	Name First	Enter the provider's first name when the value in NM102 is "1".
2100C	NM108	Identification Code Qualifier	Enter "XX" to indicate NPI or "SV" to indicate Service Provider Number. <i>Note:</i> Health care provider's must submit a NPI.
2100C	NM109	Identification Code	Enter the billing provider's 10-digit NPI when "XX" is entered in NM108. Enter the billing provider's eight or nine-digit ForwardHealth interChange provider number when "SV" is entered in NM108.
2000D	DMG	Subscriber Demographic Information	This segment contains information pertaining to the subscriber on the claim. Information in this segment will not be used in processing the claim status request.
2100D	NM1	Subscriber Name	This segment contains information pertaining to the subscriber on the claim.
2100D	NM101	Entity Identifier Code	Enter "QC" to indicate the Member.

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Loop	Element	Name	Instructions
2100D	NM102	Entity Type Qualifier	Enter "1" to indicate a person.
2100D	NM103	Name Last or Organization Name	Enter the subscriber's last name.
2100D	NM104	Name First	Enter the subscriber's first name.
2100D	NM108	Identification Code Qualifier	Enter the value "MI" to indicate Member Identification Number.
2100D	NM109	Identification Code	Enter the subscriber's 10-digit member identification number.
2200D	TRN	Claim Submitter Trace Number	This segment contains information pertaining to the unique trace or reference number from the originator of the transaction and will be returned on the 277 response transaction.
2200D	TRN01	Trace Type Code	Enter the value "1" to indicate the current transaction trace number.
2200D	TRN02	Reference Identification	Enter the unique trace number for the transaction. The trace number will be returned in the 277.
2200D	REF01	Reference Identification Qualifier	Enter the value "1K" to indicate the payer's claim number.
2200D	REF02	Payor Claim Control Number	Enter the ICN when known. <i>Note:</i> If this value is sent, it will be used to validate the claim inquiry.
2200D	REF01	Reference Identification Qualifier	Enter "BLT" to indicate billing type.
2200D	REF02	Bill Type Identifier	Enter the Type of Bill. <i>Note:</i> This field is required for Institutional claim requests.
2200D	REF01	Medical Record Identification	Enter the value "EA" to indicate the Medical Record Identification Number.
2200D	REF02	Medical Record Number	Enter the MRN.
2200D	AMT01	Amount Qualifier Code	Enter "T3" to indicate total submitted charges.
2200D	AMT02	Total Claim Charge Amount	Enter the total claim charge amount.
2200D	DTP01	Date/Time Qualifier	Enter "232" to indicate the claim statement period start.

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Loop	Element	Name	Instructions
2200D	DTP02	Date Time Period Format Qualifier	Enter the value "RD8" to indicate a range of dates.
2200D	DTP03	Date Time Period	Enter the claim statement dates in CCYYMMDD-CCYYMMDD format.
2210D	SVC	Service Line Information	ForwardHealth interChange does not support service line status requests. Any data in this segment will not be used to process the claim status request.
2000E		Dependent Level	Each subscriber and each of his/her dependents are assigned a unique identification number. Thus, there is no need to submit any data in this or any subordinate (E) loops. Any data submitted in these loops will not be used in processing the request.
	SE01	Number of Included Segments	Enter the transaction segment count.
	SE02	Transaction Set Control Number	Data value in SE02 must be identical to ST02.
	GE01	Number of Transaction Sets Included	Enter the number of transaction sets included in the interchange.
	GE02	Control Group Number	The value in this field must be identical to the number assigned in field GS06.
	IEA01	Number of Included Functional Groups Included in an Interchange	The number in this field is a count of the "GS" records created. This must always be a value of "1".
	IEA02	Interchange Control Number	The number in this field must be identical to the number entered in ISA13.

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X12 277 Claims Status Response

Loop	Element	Name	Instructions
	ISA	Interchange Control Header	The ISA is a fixed-length record with fixed-length fields.
	ISA05	Interchange ID (Sender) Qualifier	This field will contain a value of "ZZ" to indicate mutually defined.
	ISA06	Interchange Sender ID	This field will contain "WISC_DHFS".
	ISA07	Interchange ID (Receiver) Qualifier	This field will contain a value of "ZZ" to indicate mutually defined.
	ISA08	Interchange Receiver ID	This field will contain the nine-digit numeric Trading Partner identification number assigned by ForwardHealth interChange. This is the value that was in the 276 element ISA06.
	ISA13	Interchange Control Number	This field will contain the control number.
	ISA15	Usage Indicator	This field will contain the value "T" for test or "P" for production transaction.
	ISA16	Component Element Separator	This field will contain a colon (":").
	GS02	Application Sender's Code	This field will contain the payer identification. This is the value that was in 276 GS03.
	GS03	Application Receiver's Code	This field will contain the same value as ISA08, which is the nine-digit numeric Trading Partner identification number.
	GS08	Version / Release / Industry Identifier Code	This field will contain a value of "004010X093A1" to indicate the HIPAA-mandated implementation guide release for this transaction.
	ST01	Transaction Set Identifier Code	This field will contain a value of "277".
	BHT03	Originator Application Transaction Number	This field will contain the identification number for the transaction created by ForwardHealth interChange. It will contain the Trading Partner ID + System Date + System Time.
2100A	NM1	Payer Name	This segment contains information pertaining to the payer of the claim.
2100A	NM101	Entity Identifier Code	This field will contain the value "PR" to indicate a payer.

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Loop	Element	Name	Instructions
2100A	NM102	Entity Type Qualifier	This field will contain the value "2" to indicate a non-person entity.
2100A	NM103	Name Last or Organization Name	This field will contain the payer's name. "WISC_TXIX" for Wisconsin Medicaid, SeniorCare and BadgerCare Plus; "WISC_WWWP" for the Wisconsin Well Woman Program; "WISC_WCDP" for the Wisconsin Chronic Disease Program.
2100A	NM108	Identification Code Qualifier	This field will contain "PI" to indicate payer identification.
2100A	NM109	Identification Code	This field will contain the same value from NM109 from 276.
2100A	PER	Payer Contact Information	This segment will contain EDI Helpdesk information.
2100A	PER01	Contact Function Code	This field will contain "IC" to indicate information contact.
2100A	PER03	Communication Number Qualifier	This field will contain "TE" to indicate telephone.
2100A	PER04	Communication Number	This field will contain the EDI Helpdesk telephone number, (866) 416-4979.
2100B	NM1	Information Receiver Name	The values that are returned to the receiver in this segment will be identical to the values that were sent in the 276 request.
2100B	NM108	Identification Code Qualifier	This field will contain the value "XX" for NPI or "46" or "FI". The value returned is identical to the value sent in the 276 request.
2100B	NM109	Identification Code	This field will contain the receiver's identification number. The value returned is identical to the value sent in the 276 request.
2100C	NM1	Provider Name	The values that are returned to the receiver in this segment are identical to the values that were sent in the 276 request.
2100C	NM101	Entity Identifier Code	This field will contain "1P" to indicate a provider.
2100C	NM108	Identification Code Qualifier	This field will contain either "SV" to indicate the service provider number or "XX" to indicate NPI.

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Loop	Element	Name	Instructions
2100C	NM109	Identification Code	This field will contain the provider number.
2000D	DMG	Subscriber Demographic Information	The values that are returned to the receiver in this segment will be identical to the values that were sent in the 276 request.
2100D	NM1	Subscriber Name	The values that are returned to the receiver in this segment will be the same values entered in the 276 request.
2100D	NM109	Identification Code	This field will contain the subscriber's identification number.
2200D	TRN	Claim Submitter Trace Number	The values that are returned to the receiver in this segment will be identical to the values that were sent in the 276 request.
2200D	STC	Health Care Claim Status	This segment contains information pertaining to the status of the entire claim.
2200D	STC07	Payment Method Code	This field will contain one of the following values: <ul style="list-style-type: none"> • "CHK" (check). • "NON" (non-payment data). • "ACH" (automated clearing house).
2200D	REF01	Reference Identification Qualifier	This field will contain "1K" for the payer's claim number.
2200D	REF02	Payer Claim Control Number	This field will contain the ICN.
2200D	REF01	Reference Identification Qualifier	This field will contain "BLT" to indicate billing type.
2200D	REF02	Bill Type Identifier	This field will contain the bill type.
2200D	REF01	Reference Identification Qualifier	This field will contain the value "EA" to indicate the Medical Record Number.
2200D	REF02	Medical Record Number	This field will contain the Medical Record Number on the original submitted claim, when applicable.
2200D	DTP01	Date Time Qualifier	This field will contain the value "232" for claim period start.
2200D	DTP02	Date Time Period Format Qualifier	This field will contain the value "RD8" to indicate a range of dates.
2200D	DTP03	Claim Service Period	This field will contain a range of dates in "CCYYMMDD-CCYYMMDD" format.

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Loop	Element	Name	Instructions
	SE01	Number of Included Segments	This will contain the total number of segments included in the transaction.
	SE02	Transaction Set Control Number	The value in this field will be identical to the value in field ST02.
	GE01	Number of Transaction Sets Included	This field will contain the number of transaction sets included in the interchange.
	GE02	Control Group Number	The value in this field will be identical to the number assigned in field GS06.
	IEA01	Number of Functional Groups Included in an Interchange	This field will contain the number of functional groups included in the interchange.
	IEA02	Interchange Control Number	The number in this field will be identical to the number entered in ISA13.