

Blue Cross and Blue Shield of Kansas, Inc.

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

Last Updated April 1, 2009

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 BCBSKS Web Site at www.bcbsks.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. BCBSKS 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. BCBSKS 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. BCBSKS 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 BCBSKS. Other compression software compatible with these may also be supported.
7. BCBSKS 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, BCBSKS 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. BCBSKS will convert delimiters to '*', ':', and '~' before sending to the payers. Likewise, BCBSKS will only return delimiters of '*', ':', and '~' in the 277 response to the trading partner.
10. BCBSKS supports the 276 Claims Inquiry and a Solicited 277 Claims Response.
11. A separate 277 response is created for each 276 submitted.
12. If the claim status request is for a FEP member or the certificate alpha prefix indicates that the membership is for another 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.
13. 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.
14. Claim status information will only be returned to providers contracting with BCBSKS.
15. Claim Status inquiries are not available from midnight to 2:00 A.M. Tuesday through Saturday and 6:00 A.M. to midnight Sunday.

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 BCBSKS. |
| 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.) Real Time: BCBSKS (Blue Cross and Blue Shield of Kansas) |
| 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 BCBSKS. |
| B.8 | N/A | GS03 | Application Receiver's Code | ASK INC (A space should be entered between ASK and Inc.) Real Time: BCBSKS (Blue Cross and Blue Shield of Kansas) |
| 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 | BCBSKS may reject an interchange (transmission) that is not submitted with unique values in the ST02 element. Must be equal to SE02. |

| Page | Loop | Seg. | Data Element | Comments |
|--|-------|-------|--|--|
| 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 | Must be '47163'. |
| LOOP 2100B – INFORMATION RECEIVER NAME | | | | |
| 63 | 2100B | NM108 | Identification Code Qualifier | Must contain 'XX'. |
| 63 | 2100B | NM109 | Information Receiver Identification Number | NPI |
| 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. |
| LOOP 2200D – CLAIM SUBMITTER TRACE NUMBER | | | | |
| 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. |
| 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 |
|---|-------|-------|-------------------------------|--------------|
| FUNCTIONAL GROUP HEATHER/GS | | | | |
| B.8 | N/A | GS01 | Functional Identifier Code | 'HN' |
| LOOP 2100B – INFORMATION RECEIVER NAME | | | | |
| 139 | 2100B | NM108 | Identification Code Qualifier | 'XX' – (NPI) |

| | | | | |
|-----------------------------------|-------|-------|--|-------------------|
| 140 | 2100B | NM109 | Information Receiver Identification Number | Will contain NPI. |
| LOOP 2100C – PROVIDER NAME | | | | |
| 144 | 2100C | NM108 | Identification Code Qualifier | 'XX' – (NPI) |
| 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 (Batch Only)

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 BCBSKS translation process will utilize the structure presented in the 004010A1x092 IG document as the "standard".

BCBSKS Claim Status Response (277) Naming (Batch Only)

- 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.

| 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 |