



North Carolina Department of Health and Human Services (NC DHHS)

Division of Medical Assistance (DMA)

Division of Mental Health (DMH)

Division of Public Health (DPH)

Standard Companion Guide Transaction Information Instructions related to Transactions based on ASC X12 Implementation Guides, version 004010X093A1 Health Care Claim Status Request and Response (276/277), for the Replacement MMIS NCTracks starting July 1, 2013



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Preface

Companion Guides (CG) may contain two types of data, instructions for electronic communications with the publishing entity (Communications/Connectivity Instructions) and supplemental information for creating transactions for the publishing entity while ensuring compliance with the associated ASC X12 IG (Transaction Instructions). Either the Communications/Connectivity component or the Transaction Instruction component must be included in every CG. The components may be published as separate documents or as a single document.

The Communications/Connectivity component is included in the CG when the publishing entity wants to convey the information needed to commence and maintain communication exchange.

The Transaction Instruction component is included in the CG when the publishing entity wants to clarify the IG instructions for submission of specific electronic transactions. The Transaction Instruction component content is limited by ASCX12's copyrights and Fair Use statement.

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1. Transaction Instruction (TI) Introduction

1.1 BACKGROUND

1.1.1 Overview of HIPAA Legislation

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 carries provisions for administrative simplification. This requires the Secretary of the Department of Health and Human Services (HHS) to adopt standards to support the electronic exchange of administrative and financial health care transactions primarily between health care providers and plans. HIPAA directs the Secretary to adopt standards for transactions to enable health information to be exchanged electronically and to adopt specifications for implementing each standard HIPAA serves to:

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

1.1.2 Compliance According to HIPAA

The HIPAA regulations at 45 CFR 162.915 require that covered entities not enter into a trading partner agreement that would do any of the following:

- Change the definition, data condition, or use of a data element or segment in a standard.
- Add any data elements or segments to the maximum defined data set.
- Use any code or data elements that are marked “not used” in the standard’s implementation specifications or are not in the standard’s implementation specification(s).
- Change the meaning or intent of the standard’s implementation specification(s).

1.1.3 Compliance According to ASC X12

ASC X12 requirements include specific restrictions that prohibit trading partners from:

- Modifying any defining, explanatory, or clarifying content contained in the implementation guide.
- Modifying any requirement contained in the implementation guide

1.2 INTENDED USE

The Transaction Instruction component of this companion guide must be used in conjunction with an associated ASC X12 Implementation Guide. 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 Guides and is in conformance with ASC X12’s Fair Use and Copyright statements.

1.3 INTENDED AUDIENCE

This companion guide is intended for the business and technical users, within or on behalf of trading partners, responsible for the testing and setup of electronic claims submissions to NCTracks. In addition, this information should be communicated to, and coordinated with, the provider's billing office in order to ensure that the required billing information is provided to its billing agent/submitter.

1.4 PURPOSE OF COMPANION GUIDE

The Companion Guide is to be used with, and to supplement the requirements in the HIPAA ASC X12 Implementation Guides, without contradicting those requirements. Implementation Guides define the national data standards, electronic format, and values for each data element within an electronic transaction. The purpose of the Companion guide is to provide trading partners with a guide to communicate NCTracks specific information required to successfully exchange transactions.

The primary purpose of this document is to assist the trading partner with the appropriate use of the transactions and is not intended to be a billing or policy guide.

1.5 ACKNOWLEDGEMENTS

For all inbound transactions, a 999 Acknowledgement report will be sent to the trading partner's OUTBOX for retrieval. This report serves as the acknowledgement of the submission of a file. Typically, 999 Acknowledgement reports are available within moments of submission.

1.6 TRADING PARTNER AGREEMENT SETUP

This is a test version – more information will be provided with the final version of the Companion Guide.

1.7 TESTING

NC DHHS (DMA, DMH, and DPH) requires testing, or third party certification, prior to approving a trading partner to submit claims in production. Once in production, NC DHHS (DMA, DMH,DPH) reserves the right to require re-testing if it is determined the trading partner is receiving/generating an unacceptable volume of errors.

This is a test version – more information will be provided with the final version of the Companion Guide.

2. Included ASC X12 Implementation Guides

The table below identifies the X12N Implementation Guides for all of the 4010 transactions supported by NCTracks. Companion guides are available for each of the transactions.

Section 3 of this document provides information specific to the 276/277 Health Care Claim Status Request and Response transaction set, as defined in the ASC/X12N 004010X093 Health Care Claim Status Request and Response Implementation Guide dated May 2000, and updated by:

- Addenda 004010X093A1 Health Care Claim Status Request and Response dated October 2002.

Unique ID	Name
004010X098	Health Care Claim: Professional (837P)
004010X096	Health Care Claim: Institutional (837I)
004010X097	Health Care Claim: Dental (837D)
004010X093	Health Care Claim Pending Status Information (277U)
004010X092	Health Care Eligibility Benefit Inquiry and Response (270/271)
004010X091	Health Care Claim Payment/ Advice (835)
004010X093	Health Care Claim Status Request and Response (276/277)
004010	Functional Acknowledgment (997)

3. Instruction Tables

These tables contain one or more rows for each segment for which a supplemental instruction is needed.

Legend	
SHADED rows represent “segments” in the X12N implementation guide.	
NON-SHADED rows represent “data elements” in the X12N implementation guide.	

004010X093A1 Health Care Claim Status Request and Response (276/277)

Loop ID	Reference	Name	Codes	Notes/Comments
276		Health Care Claim Status Request		
Header	ISA	Interchange Control Header		
	ISA01	Authorization Information Qualifier	00	Use “00”
	ISA03	Interchange Control Security Information qualifier	00	Use “00”
	ISA05	Interchange ID Qualifier	ZZ	Use “ZZ”
	ISA06	Interchange Sender ID		Use the 4 digit Submitter ID provided in the Trading Partner Agreement
	ISA07	Interchange ID Qualifier	ZZ	Use “ZZ”
	ISA08	Interchange Receiver ID		“NCTRACKSREL” is submitted for real-time requests “NCTRACKSBAT” is submitted for batch requests
Header	GS	Functional Group Header		
	GS02	Application Sender's Code		Use the 4-digit Submitter ID provided in the Trading Partner Agreement
	GS03	Application Receiver's Code		“NCTRACKSREL” is submitted for real-time requests “NCTRACKSBAT” is submitted for batch requests
2100A	NM1	Payer Name		
	NM101	Payer	PR	Use ‘PR’
	NM102	Non-Person Entity	2	Use ‘2’
	NM108	Payer Identification Code Qualifier	PI	Use “PI”
	NM109	Payer Identification Code		Use “NCTRACKS”

Loop ID	Reference	Name	Codes	Notes/Comments
276		Health Care Claim Status Request		
2100B	NM1	Information Receiver Name		
	NM108	Receiver Identification Code Qualifier	46	Use "46"
	NM109	Information Receiver Identification Number		Use the 4-digit Submitter ID provided in the Trading Partner Agreement
2100C	NM1	Provider Name		
	NM108	Provider Identification Code Qualifier	SV, XX	Use "SV" for Atypical Provider ID Use "XX" for NPI
	NM109	Provider Identification Code		Only Atypical Providers IDs or NPIs are required on the 276.
2000D		Subscriber Level		The 2000D Subscriber Level loop should be used to identify the recipient, since the recipient is always the subscriber.
2100D	NM1	Subscriber Name		
	NM101	Entity Identifier Code	IL	Use "IL"
	NM102	Subscriber Type Qualifier	1	Use "1"
	NM108	Identification Code Qualifier	MI	Use "MI"
	NM109	Subscriber Identifier		Use the subscriber's 10-digit identification number ending in an alpha character
2200D	REF	Claim Submitter Trace Number		
	REF02	Reference Identification		When available, use the 16-digit TCN assigned by NCTracks
2200D	DTP	Claim Service Date		
	DTP02	Date Time Period Format Qualifier	RD8	Use "RD8"
	DTP03	Claim Service Period		If the Claim Service Date is a single date, then the 'from' and 'to' dates will be the same
2210D	DTP	Service Line Date		
	DTP02	Date Time Period Format Qualifier	RD8	Use "RD8"
	DTP03	Service Date		If the Service Date is a single date, then the 'from' and 'to' dates will be the same
2200E		Dependent Level		This loop and segments will not be captured by NCTracks.

Loop ID	Reference	Name	Codes	Notes/Comments
277		Health Care Claim Status Response		
Header	ISA	Interchange Control Header		
	ISA01	Authorization Information Qualifier	00	"00" is returned
	ISA03	Security Information Qualifier	00	"00" is returned
	ISA05	Interchange ID Qualifier	ZZ	"ZZ" is returned
	ISA06	Interchange Sender ID		"NCTRACKSREL" is returned for real-time requests "NCTRACKSBAT" is returned for batch requests
	ISA07	Interchange ID Qualifier	ZZ	"ZZ" is returned
	ISA08	Interchange Receiver ID		The 4 digit Submitter ID provided in the Trading Partner Agreement is returned
	ISA14	Usage Indicator	0	"0" is returned
Header	GS	Functional Group Header		
	GS01	Functional Identification Code	HN	"HN" is returned
	GS02	Application Sender's Code		"NCTRACKSREL" is returned for real-time requests "NCTRACKSBAT" is returned for batch requests
	GS03	Application Receiver's Code		The 4 digit Submitter ID provided in the Trading Partner Agreement is returned
2100A	NM1	Payer Name		
	NM101	Payer	PR	'PR' is returned
	NM102	Non-Person Entity	2	'2' is returned
	NM108	Payer Identification Code Qualifier	FI	"FI" is returned
	NM109	Payer Identification Code		"NCTRACKS" is returned
2100B	NM1	Information Receiver Name		
	NM101	Entity Identifier Code	41	"41" is returned
	NM108	Receiver Identification Code Qualifier	46	"46" is returned
2100C	NM1	Provider Name		
	NM108	Provider Identification Code Qualifier	SV, XX	"SV" is returned for Atypical Provider ID "XX" is returned for NPI.

Loop ID	Reference	Name	Codes	Notes/Comments
277		Health Care Claim Status Response		
2100D	NM1	Subscriber Name		
	NM109	Subscriber Identifier		The subscriber's 10-digit identification number ending in an alpha character is returned
2200D	STC	Claim Level Status Information		
	STC01-1	Health Care Claim Status Category Code	A7	'A7' is returned if the 276 request submitted has an invalid Provider ID, Provider not found, or an invalid TSN
	STC01-2	Health Care Claim Status Code	26, 96, 132	'132' is returned if Provider is not valid '26' is returned if Provider is not found '96' is returned if TSN is invalid
	STC01-3	Entity Identifier Code	IP	'IP' is returned if there is an invalid Provider ID or Provider not found
2200E		Dependent Level		This loop and segments will not be returned on the 277 response.

4. TI Additional Information

4.1 BUSINESS SCENARIOS

The 276 is submitted to request claim status information.

4.2 PAYER SPECIFIC BUSINESS RULES AND LIMITATIONS

The NCTracks Transaction Control Number (TCN), Date of Service, and Date of Service and Claim Charge combinations are the search combinations used for NCTracks. All combinations must also match on Provider and Recipient.

TCN	
Billing Provider ID	Service Provider loop 2100C NM109
Recipient ID	Subscriber Name loop 2100D NM109
Claim Transaction Control Number (TCN)	Payer Claim Identification Number loop 2200D REF02
Date of Service	
Billing Provider ID	Service Provider loop 2100C NM109
Recipient ID	Subscriber Name loop 2100D NM109
Header Date of Service OR Line Date of Service	Claim Service Date loop 2200D DTP03 Service Line Date loop 2210D DTP03
Date of Service and Claim Charge	
Billing Provider ID	Service Provider loop 2100C NM109
Recipient ID	Subscriber Name loop 2100D NM109
Header Date of Service OR Line Date of Service	Claim Service Date loop 2200D DTP03 Service Line Date loop 2210D DTP03
Header Claim Charge	Total Submitted Charges loop 2200D AMT02

4.3 SCHEDULED MAINTENANCE

This is a test version – more information will be provided with the final version of the Companion Guide.

4.4 FREQUENTLY ASKED QUESTIONS

This section will contain a compilation of questions and answers as they are identified. ***This is a test version – more information will be provided with the final version of the Companion Guide.***

4.5 OTHER RESOURCES

- **Washington Publishing Company**

The Implementation Guides for X12N and all other HIPAA standard transactions are available electronically at www.wpc-edi.com

- **ASC X12 Organization**

<http://www.x12.org/>

- **United States Department of Health and Human Services (HHS)**

This site is a resource for the Notice of Proposed Rule Making, rules and other information about HIPAA. www.aspe.hhs.gov/admsimp

- **Workgroup for Electronic Data Interchange (WEDI)**

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

- **North Carolina Department of Health and Human Services**

www.ncdhhs.gov

- **North Carolina Division of Medical Assistance**

<http://www.ncdhhs.gov/dma/>

- **North Carolina Division of Mental Health/Development Disabilities/Substances Abuse Services**

<http://www.ncdhhs.gov/mhddsas/>

- **North Carolina Division of Public Health**

<http://publichealth.nc.gov/>

5. Change Summary

Date	Change	Responsible Party
November 30, 2012	Initial trading partner test version	CSC under the direction of NC DHHS