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# CMS

## **Standard Companion Guide Transaction Information**

**Instructions related to the 276/277 Health  
Care Claim Status Request and Response  
based on ASC X12 Technical Report  
Type 3 (TR3), version 005010**

**Companion Guide Version Number: 2.0  
June 10, 2011**

## Preface

Companion Guides (CGs) 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 in conformance with ASC X12's Fair Use and Copyright statements.

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# Transaction Instruction (TI)

## 1. 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.

## 2. Included ASC X12 Implementation Guides

This table lists the X12N Implementation Guide for which specific transaction Instructions apply and which are included in Section 3 of this document.

| Unique ID  | Name  |
|------------|---|
| 005010X212 | Health Care Claim Status Request and Response (276/277) |

## 3. Instruction Table

This table contains rows for where supplemental instruction information is located. The order of table content follows the order of the implementation transaction set as presented in the corresponding implementation guide.

**Category 1.** Situational Rules that explicitly depend upon and reference knowledge of the transaction receiver's policies or processes.

**Category 2.** Technical characteristics or attributes of data elements that have been assigned by the payer or other receiving entity, including size, and character sets applicable, that a sender must be aware of for preparing a transmission.

**Category 3.** Situational segments and elements that are allowed by the implementation guide but do not impact the receiver's processing. (applies to inbound transactions)

**Category 4.** Optional business functions supported by an implementation guide that an entity doesn't support.

**Category 5.** To indicate if there needs to be an agreement between PAYER and the transaction sender to send a specific type of transaction (claim/encounter or specific kind of benefit data) where a specific mandate doesn't already exist.

**Category 6.** To indicate a specific value needed for processing, such that processing may fail without that value, where there are options in the TR3.

**Category 7.** TR3 specification constraints that apply differently between batch and real-time implementations, and are not explicitly set in the guide.

**Category 8.** To identify data values sent by a sender to the receiver.

**Category 9.** To identify processing schedules or constraints that are important to trading partner expectations.

**Category 10.** To identify situational data values or elements that are never sent.

### 005010X212 Health Care Claim Status Request and Response

| Loop ID | Reference | Name                                      | Codes  | Notes/Comments   | Category |
|---------|-----------|---|--------|--|----------|
|         | ISA05     | Interchange ID Qualifier                  | ZZ     | ISA05 must be "ZZ".  | 6        |
|         | ISA07     | Interchange ID Qualifier                  | ZZ     | ISA05 must be "ZZ".  | 6        |
|         | GS02      | Application Sender Code                   |        | GS02 must be a valid sender id.  | 6        |
|         | GS03      | Application Receiver Code                 |        | GS03 must be a valid receiver id.  | 6        |
| 2100A   | NM108     | Identification Code Qualifier             | PI     | 2100A..NM108 must be "PI".   | 6        |
| 2100C   | NM108     | Identification Code Qualifier             | XX     | For everyone except VA, 2100C.NM108 must be "XX".  | 6        |
| 2100C   | NM108     | Identification Code Qualifier             | SV, XX | For VA, 2100C.NM108 must be "XX" or "SV"   | 6        |
| 2100D   | NM108     | Subscriber Name                           |        | For Medicare, the patient is always the subscriber.  | 9        |
| 2200D   | REF01     | Location Number                           | LU     | For VA, 2200D.REF with REF01 = "LU" must be present.   | 6        |
| 2200D   | REF02     | Application or Location System Identifier | LU     | For VA, 2200D.REF REF02 must be a value directly obtained from the contractor when beginning to exchange information. Must be present. | 9        |
| 2200D   | DTP01     |   |        | For Part A, 2200D.DTP with DTP01 = "472" must be present.  | 6        |

|       |                    |   |    |   |   |
|-------|--------------------|---|----|---|---|
| 2200D | DTP01              |   |    | For professional claims, 2200D.DTP with DTP01 = "472" must be present when 2210D.DTP with DTP01 = "472" is not present.   | 6 |
| 2200D | STC – Segment Rule | Service Line Status Information             |    | Part A will be returning claim level status information, but not line level status information.   | 9 |
|       | ISA05              | Interchange ID Qualifier                    | ZZ | ISA05 must be "ZZ".   | 6 |
|       | ISA07              | Interchange ID Qualifier                    | ZZ | ISA05 must be "ZZ".   | 6 |
|       | GS02               | Application Sender Code                     |    | GS02 must be a valid sender id.   | 6 |
|       | GS03               | Application Receiver Code                   |    | GS03 must be a valid receiver id.   | 6 |
|       | GS05               | Time  |    | GS05 must be the current (system) time in a valid value format.   | 6 |
|       | BHT03              | Original Application Transaction Identifier |    | BHT03 must be the cycle date in CCYYDDD Julian date format concatenated with value from ST02.<br>Example: "20091560001"   | 9 |
| 2100A | NM108              | Identification Code Qualifier               | PI | 2100A..NM108 must be "PI".  | 6 |
| 2100A | PER – Segment Rule | PAYER CONTACT INFORMATION                   |    | The telephone number will always be transmitted in the first communication number set, an email address will be sent in the 2nd communication number set, if the information is applicable and available. The 3rd communication number set will not be transmitted. | 8 |
| 2100A | PER03              | Payer Contact Information                   | FX | For DME the value "FX" will not be used   | 8 |

|       |                    |  |        |   |   |
|-------|--------------------|--|--------|---|---|
| 2100A | PER05              | Payer Contact Information                                | FX     | For DME the value "FX" will not be used   | 8 |
| 2100A | PER07              | Payer Contact Information                                | FX     | For DME the value "FX" will not be used   | 8 |
| 2200B | STC – Segment Rule | INFORMATION RECEIVER STATUS INFORMATION                  |        | Medicare limitation: Up to five iterations of the STC will be allowed for all occurrences in these transactions. Should more than 5 iterations be needed to convey a single message(s) then new code request(s) shall be formulated | 9 |
| 2200B | STC01-1            |  |        | 2200B.STC01-1 must be "D0" or "E".  | 9 |
| 2200B | STC01-3            |  |        | 2200B.STC01-3 must be "41".   | 9 |
| 2100C | NM108              | Identification Code Qualifier                            | XX     | For everyone except VA, 2100C.NM108 must be "XX".   | 9 |
| 2100C | NM108              | Identification Code Qualifier                            | SV, XX | For VA, 2100C.NM108 must be "XX" or "SV"  | 9 |
| 2200C | STC – Segment Rule | PROVIDER CLAIM STATUS TRACKING NUMBER                    |        | If reporting error status at this level, the 2000D and 2000E Loops related to this provider are not used.   | 9 |
| 2100D | NM108              | Subscriber Name  |        | For Medicare, the patient is always the subscriber.   | 6 |
| 2200D | STC – Segment Rule | SERVICE LINE STATUS INFORMATION                          |        | Part A will be returning claim level status information, but not line level status information.   | 9 |
| 2200D | STC01-4            | Service Line Status Information Code List Qualifier Code | RX     | Not Used by Medicare  | 9 |
| 2000E | HL – Segment Rule  | Dependent Level  |        | For Medicare, the 2000E loop is never used.   | 9 |

## 4. TI Additional Information

### 4.1 Other Resources

The following Websites provide information for where to obtain documentation for Medicare adopted EDI transactions, code sets and additional resources of use during the 5010 transition year.

| <b>Resource</b>   | <b>Web Address</b>  |
|---|---|
| ASC X12 TR3 Implementation Guides   | <a href="http://store.x12.org">http://store.x12.org</a>   |
| Washington Publishing Company Health Care Code Sets   | <a href="http://www.wpc-edi.com/content/view/711/401/">http://www.wpc-edi.com/content/view/711/401/</a>   |
| Central Version 005010 and D.0 Webpage on CMS website   | <a href="https://www.cms.gov/Regulations-and-Guidance/Administrative-Simplification/Versions5010andD0/index.html">https://www.cms.gov/Regulations-and-Guidance/Administrative-Simplification/Versions5010andD0/index.html</a>                                       |
| Educational Resources (including MLN articles, fact sheets, readiness checklists, brochures, quick reference charts and guides, and transcripts from national provider calls) | <a href="https://www.cms.gov/Regulations-and-Guidance/Administrative-Simplification/Versions5010andD0/40_Educational_Resources.html">https://www.cms.gov/Regulations-and-Guidance/Administrative-Simplification/Versions5010andD0/40_Educational_Resources.html</a> |
| Dedicated HIPAA 005010/D.0 Project Web page (including technical documents and communications at national conferences)  | <a href="http://www.cms.gov/MFFS5010D0/">http://www.cms.gov/MFFS5010D0/</a>   |
| Frequently Asked Questions  | <a href="https://questions.cms.gov/">https://questions.cms.gov/</a>   |
| To request changes to HIPAA adopted standards   | <a href="http://www.hipaa-dsmo.org/">http://www.hipaa-dsmo.org/</a>   |