

**AMERICAN NATIONAL STANDARDS INSTITUTE X12N 276/277 HEALTH
CARE CLAIM STATUS REQUEST AND RESPONSE VERSION
0004010X093 COMPANION DOCUMENT**

The Health Insurance Portability and Accountability Act (HIPAA) requires that Medicare, and all other health insurance payers in the United States, comply with the EDI standards for health care as established by the Secretary of Health and Human Services. The ANSI X12N 276/277 implementation guides have been established as the standard for compliance for Health Care Claim Status Request and Response. The implementation guides for each transaction are available electronically at <http://www.wpc-edi.com>

The following information is intended to serve only as a companion document to the HIPAA ANSIX12N 276/277 implementation guide. The use of this document is solely for the purpose of clarification.

The information describes specific requirements to be used for processing data in the Multi-Carrier System of Wisconsin Physicians Service (WPS) Contractor number Wisconsin 00951, Illinois 00952, Michigan 00953, and Minnesota 00954. The information in this document is subject to change. We communicate changes in the standard Medicare Bulletin or Communiqué monthly news bulletin and on the WPS Website: <http://www.wpsmedicare.com>

This companion document supplements, but does not contradict any requirements in the X12N 276/277 implementation guide. Additional companion documents/trading partner agreements will be developed for use with other HIPAA standards, as they become available.

Please call us at the numbers listed below to discuss any questions or concerns you may have.

Illinois, Michigan, Wisconsin	877-567-7261
Minnesota	952-885-2881
	952-885-2882
	952-885-2811

X12N 276/277 Companion Document

The table provided below indicates those segments or data elements in the X12N 276/277 Implementation Guide version 4010A1 that allow for Medicare to specify its business requirements. The information describes specific requirements used by Wisconsin Physicians Service (WPS), Wisconsin 00951, Illinois 00952, Michigan 00953, and Minnesota 00954. The information in this document is subject to change. Changes will be communicated in the standard Medicare Bulletin or Communiqué monthly news bulletin and on the WPS Website: <http://www.wpsmedicare.com>

General Requirements:

Data elements that are defined by a previous qualifier will contain valid and appropriate information for the noted qualifier.

Examples:

- If ISA07 has a value of “28” indicating a fiscal intermediary ID Number, then ISA08 will contain a valid Fiscal Intermediary ID Number.
- If NM108 has a value of “24” indicating an EIN, then NM109 will contain a valid EIN for the identified provider.

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Wisconsin Physicians Service will process your request for claim status information in batch.

Upon receipt of your 276, we will generate the following:

997 for syntax errors within the same day.

997 to confirm receipt within the same day.

277 next working day.

Wisconsin Physicians Service will process your 276 as identified in the implementation guide and create a 277 as identified in the implementation guide. At least the minimum response data will be sent.

Wisconsin Physicians Service keeps its online paid claims file for a minimum of 18 months. After that time, paid claims are stored in an off-line paid claims history file. A 276 inquiry for a claim that has reached history, will result in a 277 response with a health care claim status code “35” (claim not found).

The 276 transaction must utilize delimiters as defined in the standard. The delimiters selected must not occur in the transmitted data elements. The delimiters used in a 277 response or in an acknowledgment may not necessarily be the same as the delimiters submitted in the original 276 request transaction.

All alphabetic characters in the 277 transaction will be upper case. If lower case characters are included in the 276 request, they will be converted to upper case for data storage and return processing purposes.

Multiple functional groups (GS to GE segments) can be sent in one interchange (ISA to IEA segments). Multiple 276s or 277s (ST through SE) can be included in a single functional group.

For Medicare the subscriber and patient are the same person. The Dependent Level hierarchical level is never used.

Page	Data Segment Name	Segment or Data Element	Supported Value(s)	Requirement
276 Request Transaction				
B.4	Interchange Control Header	ISA05	ZZ	Interchange Identity Qualifier for ISA06 Submitter uses the “ZZ” value.

B.4	Interchange Control Header	ISA06		Interchange sender ID. Submitter chooses and enters a value later used by the contractor for sending back the 277.
B.4	Interchange Control Header	ISA07	27, 28	Carrier submitter uses a "27"; intermediary submitter uses a "28" as the Interchange I.D. Qualifier for ISA08.
B.5	Interchange Control Header	ISA08		Interchange Receiver ID. Submitter uses the CMS assigned Medicare carrier or intermediary number.
28 addenda	Functional Group Header	GS01		Submitter uses code "HR" to designate the 276.
28 addenda	Functional Group Header	GS02		Submitter uses codes agreed to by trading partners.
28 addenda	Functional Group Header	GS03		Submitter uses code agreed to by trading partners.
29 addenda	Functional Group Header	GS05		Submitter uses the recommended HHMM format.
55	Payer Name	NM108	PI	Submitter uses the code "PI" to identify that the carrier or intermediary identifier will follow.
56	Payer Name	NM109		Submitter uses the identifier provided by the carrier or intermediary.
57	Payer Contact Information			This segment is not needed for Medicare.
63	Information Receiver Name	NM108	46	(This is the individual or organization requesting to receive the status information.
63	Information Receiver Name	NM109		Submitter uses identification code as assigned by the carrier or intermediary.
68	Provider Name	NM108	SV	Submitter uses the "SV" qualifier for the Medicare provider number in NM109.
69	Provider Name	NM109		Submitter enters the Medicare provider number.
75	Subscriber Name	NM108	MI	Submitter uses the "MI" qualifier for the patient's Medicare health insurance claim (HIC) number entered in NM109.
76	Subscriber Name	NM109		Submitter enters the patient's Medicare health insurance claim (HIC) number.
14 addenda	Group Number	REF		This segment is not used for inquiries to Medicare.

277 Response Transaction

B.4	Interchange Control Header	ISA05	27, 28	Contractor enters the valid code as a qualifier for ISA106 for Carrier or Intermediary Identification Number as assigned by CMS. Carriers enter "27" and intermediaries enter "28."
B.4	Interchange Control Header	ISA06		Contractor enters the Carrier or Intermediary Identification Number as assigned by CMS.
B.4	Interchange Control Header	ISA07	ZZ	Contractor enters the "ZZ" Qualifier for ISA108.
B.5	Interchange ControlHeader	ISA08		Contractor enters the ID number assigned by the 276 submitter in the 276, ISA06.
28 addend a	Functional Group Header	GS01		Contractor uses code "HN" to designate the 277.
28 addend a	Functional Group Header	GS02		Contractor uses the code agreed to by trading partners.
28 addend a	Functional Group Header	GS03		Contractor uses the code agreed to by trading partners.
29 addend a	Functional Group Header	GS05		Contractor enters the recommended HHMM format.
131	Payer Name	NM108	PI	Contractor enters the "PI" qualifier for NM109.
132	Payer Name	NM109		Contractor enters identification