

Companion Document For
ANSI ASC X12N 276 4010A1 (Health Care Claim Status) Request To
Cahaba Government Benefit Administrators®, LLC
November 2009

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 ASC X12N 276 implementation guide has been established as the standard of compliance for claim 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 ASC X12N 276 implementation guide. The table contains specific requirements to be used for processing data in the Medicare Part B MCS System of Cahaba Government Benefit Administrators®, LLC.

The use of this document is solely for the purpose of clarification. This document supplements, but does not contradict, any requirements in the ANSI ASC X12N 276 implementation guides. Additional companion documents will be developed for use with other HIPAA standards as they become available. You may obtain the most recent version of this Companion Document by visiting our web site at http://www.cahabagba.com/part_b/edi/hipaa_n3_companion_documents.htm.

Interchange Sender and Receiver ID

- The **Interchange Sender ID** data element within the ISA segment (ISA06) and the **Application Sender's Code** data element within the GS segment (GS02) must be populated with the applicable submitter ID assigned by Cahaba GBA.
- The **Interchange Receiver ID** data element within the ISA segment (ISA08) and the **Application Receiver's Code** data element within the GS segment (GS03) must be populated as follows:

Segment	Current Cahaba GBA Receiver ID	New Cahaba GBA MAC Workload Number (Receiver ID)	New Receiver ID Effective Date
Alabama – Part A	00010MA	10101	May 18, 2009
Alabama – Part B	00510MB*	10102	May 4, 2009
Georgia – Part A	N/A	10201	May 4, 2009
Georgia – Part B	00511	10202	August 3, 2009
Tennessee – Part A	N/A	10301	August 3, 2009
Tennessee – Part B	N/A	10302	August 29, 2009
Mississippi – Part B	00512	N/A	N/A
Home Health & Hospice	00011	N/A	N/A

*Alabama Part B Submitters – The current Receiver ID used in 1000B loop is 00510. This will also change to 10102 effective May 4, 2009.

ITEM #	LOOP	SEGMENT NAME	LANGUAGE
1.	-----	-----	You must submit incoming 276 transactions 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 will cause the interchange (transmission) to be rejected at the carrier translator.
2.	-----	-----	The incoming 276 transactions should utilize delimiters from the following list: > (greater than), * (asterisk), ~ (tilde), : (colon), (pipe), and ^ (karat). Submitting delimiters not supported within this list will cause an interchange (transmission) to be rejected. The usage of these characters within text data elements in the incoming 276 transaction may cause problems with creation of subsequent 277 transactions. The delimiters used in a 277 response or in an acknowledgement may not necessarily be the same as the delimiters submitted in the original 276 request transaction. NOTE: Do Not use ^ (Karat) as a Segment Terminator.
3.	-----	-----	Only loops, segments, and data elements valid for the HIPAA Implementation Guides will be translated. Submitting data not valid based on the Implementation Guide will cause files to be rejected.
4.	-----	-----	Only loops, segments, and data elements valid for the HIPAA Implementation Guides will be translated. Non-implementation guide data will not be sent for response consideration.
5.	-----	-----	All dates that are submitted on an incoming 276 claim status request transaction should be valid calendar dates in the appropriate format based on the respective qualifier. Failure to submit a valid calendar date will result in rejection of the request or the applicable interchange (transmission).
6.	-----	-----	Cahaba GBA will only process one transaction type (records group) per interchange (transmission); a submitter can submit multiple GS-GE (Functional Group) within an ISA-IEA (Interchange). Multiple functional groups (GS to GE segments) can be sent in one interchange (ISA to IEA segments). Multiple 276s (ST through SE) can be included in a single functional group.
7.	-----	-----	Cahaba GBA will only accept 276 requests for one line of business per transaction. Claim status requests submitted for multiple lines of business within one ST-SE (Transaction Set) will cause the transaction to be rejected.

8	-----	-----	Cahaba GBA will edit data submitted within the envelope segments (ISA, GS, ST, SE, GE, and IEA) beyond the requirements defined in the Implementation Guide.
9.	-----	-----	Cahaba GBA will reject an interchange (transmission) that is submitted with a submitter identification number that is not authorized for electronic claim submission.
10.	-----	-----	Cahaba GBA will reject an interchange (transmission) that is not submitted with a valid carrier code. Each individual Contractor determines this code.
11.	-----	-----	Cahaba GBA will reject an interchange (transmission) submitted with more than 9,999 loops.
12.	-----	-----	Compression of files is supported for transmissions between the submitter and Cahaba GBA. Any compression software compatible with PKZIP by PKWARE, Inc. is supported.
13.	-----	-----	Data elements that are defined by a previous qualifier will contain valid and appropriate information for the noted qualifier.
14.	-----	-----	Cahaba GBA will process your request for claim status information in a batch process (FTP Server). A 997 for the 276 batch submission may be available in as little as 2 hours after the submission. If the 276 was accepted in the 997, the 277 response will be available within 24 hours if the file is submitted by 3:30 PM CST or in 48 hours if submitted after 3:30 PM CST. The 276 will be forwarded to MCS for verification and response and then the response from MCS will be placed back in your FTP directory for pick up.
15.	-----	-----	MCS should 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.
16.	-----	-----	MCS keeps its online paid claims file for a minimum of 15 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).
17.	-----	-----	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.
18.	-----	-----	For Medicare the subscriber and patient are the same person. The Dependent Level

			hierarchical level is never used.
19.	-----	Interchange Control Header	Use ZZ in the ISA05 as the Interchange ID Qualifier.
20.	-----	Interchange Control Header	Use your 8 or 9 character submitter number assigned by Cahaba GBA followed by 6 or 7 spaces to meet the minimum/maximum data element requirement of 15 bytes in ISA06 as the Interchange Sender ID.
21.	-----	Interchange Control Header	Use 27 or ZZ in the ISA07 as the Interchange ID Qualifier.
22.	-----	Interchange Control Header	Use the appropriate Receiver Code, 00510MB, 00511, 00512, or 10302, followed by 10 spaces to meet the minimum/maximum data element requirement of 15 bytes in ISA08 as the Interchange Receiver ID. Effective May 4, 2009, AL will change from 00510MB to 10102. Effective August 3, 2009, GA will change from 00511 to 10202. Effective August 29, 2009, use 10302 for TN.
23.	-----	Functional Group Header	GS01 (Functional Identifier Code) will be HR.
24.	-----	Functional Group Header	GS02 (Application Sender's Code) will be your 8 or 9 character submitter number.
25.	-----	Functional Group Header	GS03 (Application Receiver's Code) will be 00510MB, 00511, or 00512, or 10302. Effective May 4, 2009, AL will change from 00510MB to 10102. Effective August 3, 2009, GA will change from 00511 to 10202. Effective August 29, 2009, use 10302 for TN.
26.	-----	Functional Group Header	GS05 (Time) will be formatted as HHMM.
27.	2100A	Payer Name	NM108 (Identification Code Qualifier) will be PI.
28.	2100A	Payer Name	NM109 (Identification Code) will be 00510MB, 00511, 00512, or 10302. Effective May 4, 2009, AL will change from 00510MB to 10102. Effective August

			3, 2009, GA will change from 00511 to 10202. Effective August 29, 2009, use 10302 for TN.
29.	2100A	Payer Contact Information	The Payer Contact Information segment is not needed for Medicare.
30.	2100B	Information Receiver Name	NM108 is the individual or organization requesting to receive the status information. Use code 46.
31.	2100B	Information Receiver Name	NM109 (Identification Code) will be your assigned submitter ID.
32.	2100C	Provider Name	NM108 (Identification Code Qualifier) will be XX.
33.	2100C	Provider Name	NM109 (Identification Code) will be your National Provider Identifier (NPI).
34.	2100D	Subscriber Name	NM108 (Identification Code Qualifier) will be MI.
35.	2100D	Subscriber Name	NM109 (Identification Code) will be the patient's Medicare health insurance claim (HIC) number.
36.	2200D	Group Number	Group Number REF segment is not used for inquiries to Medicare.