

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

# Division of Health Benefits (DHB) 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 005010X212 Health Care Claim Status Request and Response (276/277), for MMIS NCTracks starting July 1, 2013





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The information in this document is subject to change. Changes will be posted via the NCTracks website located at <u>https://www.nctracks.nc.gov/content/public/providers/provider-trading-partners.html</u>.

## Preface

This Companion Guide (CG) to the v5010 ASC X12N Implementation Guides and associated errata adopted under HIPAA clarifies and specifies the data content when exchanging electronically with NCTracks. Transmissions based on this companion guide, used in tandem with the v5010 ASC X12N Implementation Guides, are compliant with both ASC X12 syntax and those guides. This Companion Guide is intended to convey information that is within the framework of the ASC X12N Implementation Guides adopted for use under HIPAA. The Companion Guide is not intended to convey information that in any way exceeds the requirements or usages of data expressed in the Implementation Guides.

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

The Transaction Instruction component is included in the Companion Guide 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 SCOPE

This Companion Guide provides specific requirements for sending Eligibility Benefit Inquiry to NCTracks. This document provides information about the Eligibility Benefit Response using CAQH CORE compliance rules. It supplements the ASC X12N 276/277 (005010X212) Health Care Implementation Guide and should only be used for the purpose of clarification.

For more information about CAQH-CORE rules, go to http://www.caqh.org.

#### **1.2 OVERVIEW**

The Eligibility Benefit Inquiry/Response Companion Guide has been written to assist you in designing and implementing real-time Eligibility Benefit transactions to meet NCTracks processing standards and CAQH CORE certified solution. This Companion Guide must be used in conjunction with the Eligibility Benefit Inquiry/Response (276/277) instructions as set forth by the ASC X12 Standards for Electronic Data Interchange (Version 005010X212).

#### 1.2.1 What is CAQH?

CAQH stands for the Council for Affordable and Quality Healthcare. It is a nonprofit alliance of health plans, provider networks, and associations with a goal to provide a variety of solutions to simplify health care administration.

#### 1.2.2 What is CORE?

CORE stands for the Committee on Operating Rules for Information Exchanges. CORE consists of a group of health plans, providers, vendors, CMS and other government agencies, associations, regional entities, standard-setting organizations and other healthcare entities that are facilitated by CAQH. CORE's goal is to create, disseminate, and maintain operating rules that enable health care providers to quickly and securely obtain reliable health care eligibility and benefits information. It will decrease the amount of time and resources providers spend verifying patient eligibility, benefits and other administrative information at the point of care.

#### 1.2.3 What is CAQH-CORE Certification?

An entity that creates or transmits eligibility data is eligible to become CAQH-CORE certified. The entity must agree to follow the CAQH-CORE operating rules will be expected to exchange eligibility and benefits information per the requirements of the CORE Phase II rules and policies. To view the CORE Phase II rules and policies, go to <a href="http://www.caqh.org">http://www.caqh.org</a>.

#### **1.3 REFERENCES**

- ASC X12 Version 5010 Implementation Guides: http://www.wpc-edi.com
- CAQH/CORE: <a href="http://www.caqh.org/benefits.php">http://www.caqh.org/benefits.php</a>
- SOAP: http://www.w3.org/TR/soap/
- MIME Multipart: http://www.w3.org/Protocols/rfc1341/7\_2\_Multipart.html
- CORE XML Schema: http://www.caqh.org/SOAP/WSDL/CORERule2.2.0.xsd
- Washington Publishing Company: <u>www.wpc-edi.com</u>.
- ASC X12 Organization: <u>http://www.x12.org/</u>

- United States Department of Health and Human Services (HHS): <u>www.aspe.hhs.gov/admnsimp</u>
- Workgroup for Electronic Data Interchange (WEDI): <u>www.wedi.org</u>
- North Carolina Department of Health and Human Services: <u>www.ncdhhs.gov</u>
  - North Carolina Division of Health Benefits (DHB): <u>https://medicaid.ncdhhs.gov/</u>

Refer to Section 2.2.5, User Provisioning for CAQH-CORE, and Section 4.2.5, CAQH-CORE Phase II Connectivity, of the NCTracks Trading Partner Connectivity Guide for more information concerning CAQH-CORE user provisioning, connectivity, SOAP and MIME transmissions. This document can be obtained from <u>https://www.nctracks.nc.gov/content/public/providers/provider-trading-partners.html</u>.

# 2. Getting Started

#### 2.1 WORKING WITH NCTRACKS

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

Section 10 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 005010X212 Health Care Claim Status Request and Response Technical Report 3 (TR3) dated August 2006, and updated by:

- Errata 005010X212E1 Health Care Claim Status Request and Response dated April 2008
  - Errata 005010X212E2 Health Care Claim Status Request and Response dated January 2009

Unique ID	Name		
005010X222	Health Care Claim: Professional (837P)		
005010X223	Health Care Claim: Institutional (837I)		
005010X224	Health Care Claim: Dental (837D)		
005010X228	Health Care Claim Pending Status Information (277P)		
005010X279	Health Care Eligibility Benefit Inquiry and Response (270/271)		
005010X221	Health Care Claim Payment/ Advice (835)		
005010X212	Health Care Claim Status Request and Response (276/277)		
005010X220	Benefit Enrollment and Maintenance (834)		
005010X218	Payroll Deducted and Other Group Premium Payment for Insurance Products (820)		
005010X231	Implementation Acknowledgment for Health Care Insurance (999)		

**Note**: Pharmacy claims are submitted using the National Council for Prescription Drug Programs (NCPDP) D.0 format. Please refer to the D.0 Companion Guide for NCPDP D.0 claim formatting used by NCTracks.

#### 2.2 TRADING PARTNER REGISTRATION

An Electronic Data Interchange (EDI) Trading Partner is any entity (provider, billing service, software vendor, employer group, financial institution, clearinghouse etc.) that transmits electronic data to or receives electronic data from another entity.

Trading partner registration, which includes electronic signature of the Trading Partner.

Agreement (TPA), generation of Transaction Supplier Number (TSN) is an on-line process. Clearing houses, service bureaus, trading partner, billing agent, and other entities that intend to exchange electronic transactions with NCTracks must sign the TPA and be enrolled into NCTracks.

Please refer to Section 2.2, Trading Partner Registration, of the NCTracks Trading Partner Connectivity Guide for Trading Partner Registration. This document can be obtained from <a href="https://www.nctracks.nc.gov/content/public/providers/provider-trading-partners.html">https://www.nctracks.nc.gov/content/public/providers/provider-trading-partners.html</a>.

#### 2.3 CERTIFICATION AND TESTING OVERVIEW

NCTracks certifies transaction compliance and requires certification from any external entity to submit inbound X12 transactions. Trading Partners (TP) will need to complete a Trading Partner Agreement (TPA) to begin submitting Eligibility transactions. Please refer to the Trading Partner Connectivity Guide for Certification and Testing information. This document can be obtained from <a href="https://www.nctracks.nc.gov/content/public/providers/provider-trading-partners.html">https://www.nctracks.nc.gov/content/public/providers/provider-trading-partners.html</a>.

# **3. Testing with the Payer**

NCTracks requires testing, or third-party certification, prior to approving a trading partner to submit claims in production. Once trading partner claims are in production, NCTracks reserves the right to require re-testing if it is determined that the trading partner is receiving/generating an unacceptable volume of errors.

Refer to Section 3, Testing and Certification Requirements, of the NCTracks Trading Partner Connectivity Guide. This document can be obtained from <a href="https://www.nctracks.nc.gov/content/public/providers/provider-trading-partners.html">https://www.nctracks.nc.gov/content/public/providers/provider-trading-partners.html</a>

# 4. Connectivity with the Payer/Communications

Please refer to the Trading Partner Connectivity Guide for all connectivity requirements, including CAQH-CORE.

# **5. Contact Information**

#### Electronic Data Interchange (EDI) Technical Assistance

Phone: 1-800-688-6696, option #1

Email: NCMMIS\_EDI\_SUPPORT@GDIT.COM

Website: http://www.nctracks.nc.gov/provider/index.html

Companion Guides: http://www.nctracks.nc.gov/provider/guides/index.html

#### Provider/Trading Partner Enrollment Currently Enrolled Provider (CEP), Billing Agent Enrollment Link Phone: 1-800-688-6696

Email: NCTracksprovider@nctracks.com

Website: https://www.nctracks.nc.gov/provider/providerEnrollment/

NCTracks Enrollment Link Phone: 1-800-688-6696

Email: NCTracksprovider@nctracks.com

https://www.nctracks.nc.gov/content/public/providers/provider-enrollment.html

# 6. Control Segments/Envelopes

#### 6.1 ISA-IEA

Transactions transmitted during a session are identified by interchange header segment (ISA) and trailer segment (IEA) which form the envelope enclosing the transmission. Each ISA marks the beginning of the transmission (batch) and provides sender and receiver identification.

#### 6.2 GS-GE

EDI transactions of a similar nature and destined for one trading partner may be gathered into a functional group, identified by a functional group header segment (GS) and a functional group trailer segment (GE). Each GS segment marks the beginning of a functional group. There can be many functional groups within an interchange envelope.

#### 6.3 ST-SE

The beginning of each individual transaction is identified using a transaction set header segment (ST) and the end of every transaction is marked by a transaction set trailer segment (SE).

# 7. Payer Specific Business Rules and Limitations

#### 7.1 SEARCH CRITERIA

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. See Appendix A for the 276 Claim Status Request Search Criteria.

#### 7.2 CLAIM STATUS RETURNED

CMS rules prevent sending dates > 365 days before the 1st day of the query month. Division of Public Health (DPH) allows up to 12 months into the future. DHB does not allow dates beyond the end of the current month.

Division of Mental Health (DMH) information is not returned. That information is available through the Local Managing Entity (LME).

#### 7.3 RANGE OF DATES SUPPORTED FOR INQUIRIES

An inquiry may not be for dates > 365 days before the 1st day of the query month.

DPH allows inquiries for up to 12 months beyond the end of the current month. DHB does not allow dates beyond the end of the current month.

#### 7.4 SCHEDULED MAINTENANCE

NCTracks maintenance will occur Sunday morning from 12:01 a.m. through 4:00 a.m. NCTracks will not be available to submit files during this time.

# 8. 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.

# 9. Trading Partner Agreements

EDI Trading Partner Agreements ensure the integrity of the electronic transaction process. The Trading Partner Agreement is related to the electronic exchange of information, whether the agreement is an entity or a part of a larger agreement, between each party to the agreement.

The Trading Partner Agreement may specify among other things, the roles and responsibilities of each party to the agreement in conducting standard transactions.

The Trading Partner Agreement information may be obtained from <u>https://www.nctracks.nc.gov/content/public/providers/provider-trading-partners.html</u>.

# **10. Transaction Specific Information**

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

#### 005010X212 Health Care Claim Status Request and Response (276/277)

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

#### **10.1 276-SPECIFIC INFORMATION**

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	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		'NCTRACKSBAT' is submitted for batch requests.
				'NCTRACKSREL' is submitted for real- time requests.
				Most submitters will use 'NCTRACKSBAT' unless they have been designated as a real-time submitter
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		'NCTRACKSBAT' is submitted for batch requests.
				'NCTRACKSREL' is submitted for real- time request.
				Most submitters will use 'NCTRACKSBAT' unless they have been designated as a real-time submitter
2100A	NM1	Payer Name		

Loop ID	Reference	Name	Codes	Notes/Comments
276		Health Care Claim Status Request		
	NM108	Payer Identification Code Qualifier	PI	Use 'PI'
	NM109	Payer Identification Code		Use 'NCTRACKS'
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.
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		
	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	Payer Claim Control Number		
	REF02	Reference Identification		When available, use the 16-digit TCN assigned by NCTracks.
2200E		Dependent Level		This loop and segments will not be captured.

### **10.2 277-SPECIFIC INFORMATION**

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.
	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		
	NM108	Payer Identification Code Qualifier	PI	'PI' is returned
	NM109	Payer Identification Code		'NCTRACKS' is returned
2200B	STC	Information Receiver Status Information		If there is an error at the Information Receiver level, loops 2000C (Provider Status Level) and 2000D (Subscriber Level) will not be returned on the 277.
	STC01-1	Health Care Claim Status Category Code		The 277 will be returned with the status of STC01- 1='A7' if the ETIN submitted in the 276 is invalid or the GS02 Submitter ID is not equal to the ETIN in 2100B, NM109.
	STC01-2	Status Code		The 277 will be returned with the status of STC01- 2='96' if there is an ETIN error.
2100C	NM1	Provider Name		
	NM108	Provider Identification Code Qualifier	SV, XX	'SV' is returned for Atypical Provider ID.
2200C	STC	Provider Status Information		If there is an error at the Provider Status Information level, loop 2000D (Subscriber Level) will not be returned on the 277.
	STC01-1	Health Care Claim Status Category Code	A7	The 277 will be returned with the status of STC01- 1='A7' if the Provider ID submitted in the 276 is invalid or Provider ID is not found.
	STC01-2	Status Code	26, 132	The 277 will be returned with the status of STC01- 2='26' if the Provider ID is not found or STC01-

Loop ID	Reference	Name	Codes	Notes/Comments
277		Health Care Claim Status Response		
				2='132' if the Provider ID is not valid.
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		Refer to appropriate Washington Publishing Company (WPC) code source.
	STC01-1	Health Care Claim Status Category Code		http://www.wpc- edi.com/reference/codelists/healthcare/claim-status- category-codes/
	STC01-2	Health Care Claim Status Code		http://www.wpc- edi.com/reference/codelists/healthcare/claim-status- codes/
	STC01-3	Entity Identifier Code		This field is returned when applicable. Refer to the 276/277 TR3 for value definitions.
2200E		Dependent Level		This loop and segments will not be returned on the 277 response.

# Appendix A. 276 Claim Status Request Search Criteria

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	Claim Service Date loop 2200D DTP03			
Service	Service Line Date loop 2210D DTP03			
Date of S	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	Claim Service Date loop 2200D DTP03			
Service	Service Line Date loop 2210D DTP03			
Header Claim Charge	Total Submitted Charges loop 2200D AMT02			

# **Change Summary**

Date	Change	Responsible Party
November 16, 2012	Initial trading partner test version	CSC under the direction of NC DHHS
July 1, 2013	Production version	CSC under the direction of NC DHHS
March 17, 2014	CAQH-CORE standards template version	CSC under the direction of NC DHHS
February 03, 2016	Update to Fiscal Agent name and logo	CSRA under the direction of NC DHHS
March 20, 2017	Update EDI contact information	CSRA under the direction of NC DHHS
April 26, 2017	Update Copyright statement	CSRA under the direction of NC DHHS
December 03, 2018	Updated from Division of Medical Assistance to Division of Health Benefits	CSRA under the direction of NC DHHS
March 3, 2021	Updated EDI Support email address	CSRA under the direction of NC DHHS