

**HCSC  
276 Companion Document**

**ASC X12N  
Health Care Claim Status and Response  
Version 4010A1 Oct 2002  
Purpose of This Document**

This companion guide has been written to assist those who will be implementing the ASC X12N 276/277 Healthcare Claim Status and Response for use with The Health Information Network (HCSC). HCSC's recommendations are noted in the comments section of the companion document, otherwise please refer to the ASC X12N 276 (004010X093A1) Implementation Guide dated Oct 2002 for field requirements. By addressing trading partner specific processing considerations, our hope is that this companion document will simplify your implementation.

Please note that this guide is intended only as a supplement to and NOT a replacement for the ASC X12N 276/277 Healthcare Claim Status Request and Response Implementation Guide as mandated under HIPAA. The implementation specifications for the ASC X12N 276/277 Standard may be obtained from the Washington Publishing Company, PMB 161, 5284 Randolph Road, Rockville, MD, 20852-2116; telephone 301-949-9740; and FAX: 301-949-9742. They are also available through the Washington Publishing Company on the Internet at <http://www.wpc-edi.com>.

EDI System vendors and submitters including individual providers who have programmed their own systems will be required to complete a testing phase before production status can be granted to ensure accurate format and data quality. Once the vendor or submitter is granted production status, providers may use the 276/277 Healthcare Claim Status Request Inquiry and Response transaction without additional testing. We do however, allow and recommend all submitters to submit test transaction files to continuously ensure format and syntax standards are maintained. We must be notified so that the submitter identification number can be activated on the testing facility.

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Element Id	Description	X12 Page No.	ID	Min. Max.	Usage Req.	Loop	Loop Repeat	ANSI VALUES	COMMENTS
<b>ISA</b>	<b>Interchange Control Header</b>	<b>B.3</b>		<b>1</b>	<b>R</b>		<b>1</b>		
ISA01	Authorization Information Qualifier		ID	2-2	R			00, 03	<b>03</b>
ISA02	Authorization Information		AN	10-10	R				<b>A userid value provided by Availity.</b>
ISA03	Security Information Qualifier		ID	2-2	R			00, 01	<b>" 01" is preferred value.</b>
ISA04	Security Information		AN	10-10	R				<b>This is the password assigned by Availity.</b>
ISA05	Interchange ID Qualifier		ID	2-2	R			01, 14, 20, 27, 28, 29, 30, 33, ZZ	<b>* ZZ" is preferred value.</b>
ISA06	Interchange Sender ID		AN	15-15	R				<b>AV09311993 + 5 blank spaces.</b>
ISA07	Interchange ID Qualifier		ID	2-2	R			01, 14, 20, 27, 28, 29, 30, 33, ZZ	<b>01 - Dun &amp; Bradstreet</b>
<b>ISA08</b>	<b>Interchange Receiver ID</b>		<b>AN</b>	<b>15-15</b>	<b>R</b>				
ISA09	Interchange Date		DT	6-6	R			YYMMDD	Can not be greater than current system date.
ISA10	Interchange Time		TM	4-4	R			HHMM	
ISA11	Interchange Control Standards ID		ID	1-1	R			U	
ISA12	Interchange Control Version		ID	5-5	R			00401	
ISA13	Interchange Control Number		NO	9-9	R				Must match IEA02.
ISA14	Acknowledgement Requested		ID	1-1	R			0, 1	
ISA15	Usage Indicator		ID	1-1	R			P, T	Files (whether flagged with T or P) submitted to the internet test facility will not be forwarded to payers for processing.
ISA16	Component Element Separator			1-1	R				Preferred values are * : ~
<b>Example: ISA*03* *01* *ZZ*AV09311993 *01*030240928 *070322*1206*U*00401*060109618*1*T*:-</b>									
<b>GS</b>	<b>Functional Group Header</b>	<b>B.8</b>		<b>1</b>	<b>R</b>		<b>1</b>		
GS01	Functional Identifier Code		ID	2-2	R			HN, HR	
GS02	Application Sender Code		AN	2-15	R				Must match ISA06.
<b>GS03</b>	<b>Application Receiver Code</b>		<b>AN</b>	<b>2-15</b>	<b>R</b>				<b>030240928</b>
GS04	Date		DT	8-8	R			CCYYMMDD	Can not be greater than current system date.
GS05	Time		TM	4-8	R			HHMM, HHMMSS, HHMMSSD, HHMMSSDD	
GS06	Group Control Number		NO	1-9	R				
GS07	Responsible Agency Code		ID	1-2	R			X	
<b>GS08</b>	<b>Version Identifier Code</b>		<b>AN</b>	<b>1-12</b>	<b>R</b>			004010X093A1	
<b>Example: GS*HC*AV01101957*030240928*20070322*1206*423459150*X*004010X098A1~</b>									
<b>ST</b>	<b>Transaction Set Header</b>	<b>49</b>		<b>1</b>	<b>R</b>				
ST01	Transaction Set Identifier Code		ID	3-3	R			276	
ST02	Transaction Set Control Number		AN	4-9	R				Must match SE02
<b>Example: ST*276*0011~</b>									
<b>BHT</b>	<b>Beginning of Hierarchical Transaction</b>	<b>50</b>		<b>1</b>	<b>R</b>				
BHT01	Hierarchical Structure Code		ID	4-4	R			0010	
BHT02	Transaction Set Purpose Code		ID	2-2	R			13	
BHT03	Reference Identification		AN	1-30	N/U				
BHT04	Transaction Set Creation Date		DT	8-8	R			CCYYMMDD	Can not be greater than current system date.
BHT05	Time		TM	4-8	N/U				
BHT06	Transaction Type Code		ID	2-2	N/U				
<b>Example: BHT*0010*13**20051213~</b>									

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Element Id	Description	X12 Page No.	ID	Min. Max.	Usage Req.	Loop	Loop Repeat	ANSI VALUES	COMMENTS
<b>HL</b>	<b>Information Source Level</b>	<b>52</b>		<b>1</b>	<b>R</b>	<b>2000A</b>	<b>&gt;1</b>		
HL01	Hierarchical ID Number		AN	1/12	R				
HL02	Hierarchical Parent ID Number		AN	1/12	N/U				
HL03	Hierarchical Level Code		ID	1/2	R			20	
HL04	Hierarchical Child Code		ID	1/1	R			1	
<b>Example: HL*1**20*1~</b>									
<b>NM1</b>	<b>Payer Name</b>	<b>54</b>		<b>1</b>	<b>R</b>	<b>2100A</b>	<b>&gt;1</b>		
NM101	Entity Identifier Code		ID	2-3	R			PR	
NM102	Entity Type Qualifier		ID	1-1	R			2	
NM103	Payer Name		AN	1-35	R				Enter the destination payer name.
NM104	First Name		AN	1-25	N/U				
NM105	Middle Name		AN	1-25	N/U				
NM106	Name Prefix		AN	1-10	N/U				
NM107	Name Suffix		AN	1-10	N/U				
NM108	Identification Code Qualifier		ID	1-2	R			PI, NI, AD, PP FI, 21, XV	* PI" is preferred value.
NM109	Payer Identifier		AN	2-80	R				Enter valid HCSC payer ID. Example: G00621(BCBSIL), G00790 (BCBSNM), G00840(BCBSOK), G84980 (BCBSTX), CTXPPO (Blue Medicare PPO TX) or CNMPPPO (Blue Medicare NM).
NM110	Entity Relationship Code		ID	2-2	N/U				
NM111	Entity Identifier Code		ID	2-3	N/U				
<b>Example: NM1*PR*2*BCBSTX****PI*G84980~</b>									
<b>PER</b>	<b>Payer Contact Information</b>	<b>57</b>		<b>1</b>	<b>S</b>	<b>2100A</b>			
PER01	Contact Function Code		ID	2-2	R			IC	
PER02	Payer Contact Name		AN	1-60	S				
PER03	Communication Number Qualifier		ID	2-2	R			ED, EM, TE	
PER04	Payer Contact Communication Number		AN	1-80	R				Enter the 10 digit telephone number area code followed by the phone number.
PER05	Communication Number Qualifier		ID	2-2	S			EX	
PER06	Communication Number		AN	1-80	S				
PER07	Communication Number Qualifier		ID	2-2	S			EX, FX	
PER08	Payer Contact Communication Number		AN	1-80	S				
PER09	Contact Inquiry Reference		AN	1-20	N/U				
<b>Example: PER*IC***TE*3135551234***FX*3135554321</b>									
<b>HL</b>	<b>Information Receiver Level</b>	<b>60</b>		<b>1</b>	<b>R</b>	<b>2000B</b>	<b>&gt;1</b>		
HL01	Hierarchical ID Number		AN	1-12	R				
HL02	Hierarchical Parent ID Number		AN	1-12	R				
HL03	Hierarchical Level Code		ID	1-2	R			21	
HL04	Hierarchical Child Code		ID	1-1	R			1	
<b>Example: HL*2*1*21*1~</b>									
<b>NM1</b>	<b>Information Receiver Name</b>	<b>62</b>		<b>1</b>	<b>R</b>	<b>2100B</b>	<b>&gt;1</b>		
NM101	Entity Identifier Code		ID	2-3	R			41	
NM102	Entity Type Qualifier		ID	1-1	R			1,2	
NM103	Information Receiver Last or Organization Name		AN	1-35	R				Enter the last name or organization name of the receiver of the status information.
NM104	Information Receiver First Name		AN	1-25	S				
NM105	Information Receiver Middle Name		AN	1-25	S				
NM106	Name Prefix		AN	1-10	N/U				
NM107	Information Receiver Name Suffix		AN	1-10	S				
NM108	Identification Code Qualifier		ID	1-2	R			XX	Use "XX" qualifier for National Provider ID (NPI).
NM109	Information Receiver Identification Number		AN	2-80	R				NOTE: This should be the billing provider NPI.
NM110	Entity Relationship Code		ID	2-2	N/U				
NM111	Entity Identifier Code		ID	2-3	N/U				
<b>Example: NM1*41*2*DRS BROWN AND BROWN****XX*1234567890~</b>									

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<b>HL</b>	<b>Service Provider Level</b>	<b>65</b>		<b>1</b>	<b>R</b>	<b>2000C</b>	<b>&gt;1</b>		
HL01	Hierarchical ID Number		AN	1-12	R				
HL02	Hierarchical Parent ID Number		AN	1-12	R				
HL03	Hierarchical Level Code		ID	1-2	R			19	
HL04	Hierarchical Child Code		ID	1-1	R			1	
<b>Example: HL*3*2*19*1~</b>									
<b>NM1</b>	<b>Provider Name</b>	<b>67</b>		<b>1</b>	<b>R</b>	<b>2100C</b>	<b>&gt;1</b>		
NM101	Entity Identifier Code		ID	2-3	R			IP	
NM102	Entity Type Qualifier		ID	1-1	R			1,2	
NM103	Provider Last or Organization Name		AN	1-35	R				Enter the provider last name or the provider organization name.
NM104	Billing Provider First Name		AN	1-25	S				
NM105	Billing Provider Middle Name		AN	1-25	S				
NM106	Provider Name Prefix		AN	1-10	S				
NM107	Provider Name Suffix		AN	1-10	S				
<b>NM108</b>	<b>Identification Code Qualifier</b>		<b>ID</b>	<b>1-2</b>	<b>R</b>			<b>XX</b>	<b>Use "XX" qualifier for National Provider ID (NPI).</b>
<b>NM109</b>	<b>Billing Provider Identifier</b>		<b>AN</b>	<b>2-80</b>	<b>R</b>				<b>NOTE: This should be the billing provider NPI.</b>
NM110	Entity Relationship Code		ID	2-2	N/U				
NM111	Entity Identifier Code		ID	2-3	N/U				
<b>NPI Example: NM1*1P*2*DRS BROWN AND BROWN****XX*1234567890~</b>									
<b>HL</b>	<b>Subscriber Level</b>	<b>70</b>		<b>1</b>	<b>R</b>	<b>2000D</b>	<b>&gt;1</b>		
HL01	Hierarchical ID Number		AN	1-12	R				
HL02	Hierarchical Parent ID Number		AN	1-12	R				
HL03	Hierarchical Level Code		ID	1-2	R			22	
HL04	Hierarchical Child Code		ID	1-1	R			0, 1	
<b>Example: HL*4*3*22*0~</b>									
<b>DMG</b>	<b>Subscriber Demographic Information</b>	<b>72</b>		<b>1</b>	<b>S</b>	<b>2000D</b>			
DMG01	Date Time Period Format Qualifier		ID	2-3	R			D8	
DMG02	Date of Birth - Subscriber		AN	1-35	R			CCYYMMDD	Cannot be greater than current system date. If subscriber is patient - enter subscriber date of birth. If subscriber is not the patient this segment is not used.
DMG03	Subscriber Gender Code		ID	1-1	R			F,M,U	"F or M" are preferred values.
DMG04	Marital Status Code		ID	1-1	N/U				
DMG05	Race or Ethnicity Code		ID	1-1	N/U				
DMG06	Citizenship Status Code		ID	1-2	N/U				
DMG07	Country Code		ID	2-3	N/U				
DMG08	Basis of Verification Code		ID	1-2	N/U				
DMG09	Quantity		R	1-15	N/U				
<b>Example: DMG*D8*19330706*M~</b>									
<b>NM1</b>	<b>Subscriber Name</b>	<b>74</b>		<b>1</b>	<b>R</b>	<b>2100D</b>	<b>1</b>		
NM101	Entity Identifier Code		ID	2-3	R			IL,QC	
NM102	Entity Type Qualifier		ID	1-1	R			1, 2	
NM103	Subscriber Last Name		AN	1-35	R				Must be at least one alpha character.
NM104	Subscriber First Name		AN	1-25	S				If present, must be at least one alpha character.
NM105	Subscriber Middle Name		AN	1-25	S				
NM106	Subscriber Name Prefix		AN	1-10	S				
NM107	Subscriber Name Suffix		AN	1-10	S				
NM108	Identification Code Qualifier		ID	1-2	R			24,MI,ZZ	"MI" is preferred value.
<b>NM109</b>	<b>Subscriber Identifier</b>		<b>AN</b>	<b>2-80</b>	<b>R</b>				<b>See Payer Recommendation Tab for values.</b>
NM110	Entity Relationship Code		ID	2-2	N/U				
NM111	Entity Identifier Code		ID	2-3	N/U				
<b>Example: NM1*QC*1*SMITH*STEPHEN****MI*ABC012345678~</b>									

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Element Id	Description	X12 Page No.	ID	Min. Max.	Usage Req.	Loop	Loop Repeat	ANSI VALUES	COMMENTS
<b>TRN</b>	<b>Claim Submitter Trace Number</b>	<b>77</b>		<b>1</b>	<b>S</b>	<b>2200D</b>	<b>&gt;1</b>		NOTE: Usage changed to situational in Addenda version
TRN01	Trace Type Code		ID	1-2	R			1	
TRN02	Trace Number		AN	1-30	R				See Payer Recommendation Tab for values.
TRN03	Originating Company Identifier		AN	10-10	N/U				
TRN04	Reference Identification		AN	1-30	N/U				
<b>Example: TRN*1*1722634842-</b>									
<b>REF</b>	<b>Payer Claim Identification Number</b>	<b>78</b>		<b>1</b>	<b>S</b>	<b>2200D</b>			NOTE: Total Number of REF segments in 2200 loop should not exceed 3.
REF01	Reference Identification Qualifier		ID	2-3	R			1K	
<b>REF02</b>	<b>Payer Claim Control Number</b>		<b>AN</b>	<b>1-30</b>	<b>R</b>				See Payer Recommendation Tab for values.
REF03	Description		AN	1-80	N/U				
REF04	Reference Identifier				N/U				
<b>Example: REF*1K*9947351976-</b>									
<b>REF</b>	<b>Institutional Bill Type Identification</b>	<b>80</b>		<b>1</b>	<b>S</b>	<b>2200D</b>			NOTE: Total Number of REF segments in 2200 loop should not exceed 3.
REF01	Reference Identification Qualifier		ID	2-3	R			BLT	
REF02	Bill Type Identifier		AN	1-30	R				Enter the Bill Type of originally submitted claim to narrow the search criteria.
REF03	Description		AN	1-80	N/U				
REF04	Reference Identifier				N/U				
<b>Example: REF*BLT*131-</b>									
<b>REF</b>	<b>Medical Record Identification</b>	<b>82</b>		<b>1</b>	<b>S</b>	<b>2200D</b>			NOTE: Total Number of REF segments in 2200 loop should not exceed 3.
REF01	Reference Identification Qualifier		ID	2-3	R			EA	
REF02	Medical Record Number		AN	1-30	R				NOTE: Enter the medical record number originally submitted, to narrow the search criteria. See Payer Recommendation Tab for values.
REF03	Description		AN	1-80	N/U				
REF04	Reference Identifier				N/U				
<b>Example: REF*EA*R123456-</b>									
<b>REF</b>	<b>Group Number</b>	<b>Add 18</b>		<b>1</b>	<b>S</b>	<b>2200D</b>			NOTE: New segment in Addenda version
REF01	Reference Identification Qualifier		ID	2-3	R			LU	
REF02	Group Number		AN	1-30	R				In Institutional claim situations where REF01 contains LU the inquirer must determine which REF segment (Bill Type or Medical Record Number) not to be included in the inquiry transaction.
REF03	Description		AN	1-80	N/U				
REF04	Reference Identifier				N/U				
<b>Example: REF*LU*XYZ1234-</b>									
<b>AMT</b>	<b>Claim Submitted Charges</b>	<b>84</b>		<b>1</b>	<b>S</b>	<b>2200D</b>			
AMT01	Amount Qualifier Code		ID	1-3	R			T3	
AMT02	Total Claim Charge Amount		R	1 - 18	R				Enter the total charges submitted on the original claim to narrow the search criteria. Length should not be greater than 9 positions and negative amounts are not allowed.
AMT03	Credit/Debit Flag Code		ID	1-1	N/U				
<b>Example: AMT*13*100.00-</b>									
<b>DTP</b>	<b>Claim Service Date</b>	<b>86</b>		<b>1</b>	<b>S</b>	<b>2200D</b>			
DTP01	Date/Time Qualifier		ID	3-3	R			232	
DTP02	Date Time Period Format Qualifier		ID	2-3	R			RD8	
DTP03	Claim Service Period		AN	1-35	R			CCYYMMDD- CCYYMMDD	Enter the from and thru dates of service to narrow the search criteria. See Payer Recommendations Tab.
<b>Example: DTP*232*RD8*20000524-200000524-</b>									

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<b>SVC</b>	<b>Service Line Information</b>	<b>88</b>		<b>1</b>	<b>S</b>	<b>2210D</b>	<b>&gt;1</b>		
SVC01	Composite Medical Procedure Identifier				R				
SVC01 - 1	Product/Service ID Qualifier		ID	2-2	R			AD, CI, HC, ID, IV, N1, N2, N3, N4, ND, NH, NU, RB	
SVC01 - 2	Service Identification Code		AN	1-48	R				
SVC01 - 3	Procedure Modifier		AN	2-2	S				
SVC01 - 4	Procedure Modifier		AN	2-2	S				
SVC01 - 5	Procedure Modifier		AN	2-2	S				
SVC01 - 6	Procedure Modifier		AN	2-2	S				
SVC01 - 7	Description		AN	1-80	N/U				
SVC02	Line Item Charge Amount		R	1-18	R				
SVC03	Monetary Amount		R	1-18	N/U				
SVC04	Revenue Code		AN	1-48	S				
SVC05	Quantity		R	1-15	N/U				
SVC06	Composite Medical Procedure Identifier				N/U				
SVC07	Original Units of Service Count		R	1-15	S				
<b>Example: SVC*HC:99214*100*****1~</b>									
<b>REF</b>	<b>Service Line Item Identification</b>	<b>91</b>		<b>1</b>	<b>S</b>	<b>2210D</b>			
REF01	Reference Identification Qualifier		ID	2-3	R			FJ	
REF02	Line Item Control Number		AN	1-30	R				
REF03	Description		AN	1-80	N/U				
REF04	Reference Identifier				N/U				
<b>Example: REF*FJ*6042201~</b>									
<b>DTP</b>	<b>Service Line Date</b>	<b>93</b>		<b>1</b>	<b>R</b>	<b>2210D</b>	<b>1</b>		
DTP01	Date/Time Qualifier		ID	3-3	R			472	
DTP02	Date Time Period Format Qualifier		ID	2-3	R			RDB	
DTP03	Service Line Date		AN	1-35	R			CCYYMMDD- CCYYMMDD	
<b>Example: DTP*232*RD8*20000524-20000524~</b>									
<b>HL</b>	<b>Dependent Level</b>	<b>94</b>		<b>1</b>	<b>S</b>	<b>2000E</b>	<b>&gt;1</b>		
HL01	Hierarchical ID Number		AN	1-12	R				
HL02	Hierarchical Parent ID Number		AN	1-12	R				
HL03	Hierarchical Level Code		ID	1-2	R			23	
HL04	Hierarchical Child Code		ID	1-1	N/U				
<b>Example: HL*5*4*23~</b>									
<b>DMG</b>	<b>Dependent Demographic Information</b>	<b>96</b>		<b>1</b>	<b>R</b>	<b>2000E</b>	<b>1</b>		
DMG01	Date Time Period Format Qualifier		ID	2-3	R			D8	
DMG02	Patient Birth Date		AN	1-35	R			CCYYMMDD	Enter the patients date of birth. Must not be greater than current system date.
DMG03	Patient Gender Code		ID	1-1	R			F, M, U	"F or M" are preferred values.
DMG04	Marital Status Code		ID	1-1	N/U				
DMG05	Race or Ethnicity Code		ID	1-1	N/U				
DMG06	Citizenship Status Code		ID	1-2	N/U				
DMG07	Country Code		ID	2-3	N/U				
DMG08	Basis of Verification Code		ID	1-2	N/U				
DMG09	Quantity		R	1-15	N/U				
<b>Example: D8*19601225*F~</b>									

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<b>NM1</b>	<b>Dependent Name</b>	<b>98</b>		<b>1</b>	<b>R</b>	<b>2100E</b>	<b>1</b>		<b>NOTE: Loop repeat change in Addenda version.</b>
NM101	Entity Identifier Code		ID	2-3	R			QC	
NM102	Entity Type Qualifier		ID	1-1	R			1	
NM103	Patient Last Name		AN	1-35	R				Must be at least one alpha character.
NM104	Patient Name First		AN	1-25	S				If present, must be at least one alpha character.
NM105	Patient Name Middle		AN	1-25	S				
NM106	Patient Name Prefix		AN	1-10	S				
NM107	Patient Name Suffix		AN	1-10	S				
NM108	Identification Code Qualifier		ID	1-2	S			MI, ZZ	*MI" is preferred value.
NM109	Patient Primary Identifier		AN	2-80	S				Enter the payer assigned subscriber/member identification number as indicated on the membership card. <b>See Payer Recommendations Tab for values.</b>
NM110	Entity Relationship Code		ID	2-2	N/U				
NM111	Entity Identifier Code		ID	2-3	N/U				
<b>Example: NM1*QC*1*SMITH*MARY*L***MI*12345678902-</b>									
<b>TRN</b>	<b>Claim Submitter Trace Number</b>	<b>101</b>		<b>1</b>	<b>R</b>	<b>2200E</b>	<b>&gt;1</b>		
TRN01	Trace Type Code		ID	1-2	R			1	
TRN02	Trace Number		AN	1-30	R				
TRN03	Originating Company Identifier		AN	10-10	N/U				
TRN04	Reference Identification		AN	1-30	N/U				
<b>Example: TRN*1*1722634842-</b>									
	<b>Payer Claim Identification Number</b>	<b>103</b>		<b>1</b>	<b>S</b>	<b>2200E</b>			<b>NOTE: Total Number of REF segments in 2200 loop should not exceed 3.</b>
REF01	Reference Identification Qualifier		ID	2-3	R			1K	
REF02	Payer Claim Control Number		AN	1-30	R				Enter the payer assigned claim control number to narrow the search criteria. <b>See Payer Recommendation Tab for values.</b>
REF03	Description		AN	1-80	N/U				
REF04	Reference Identifier				N/U				
<b>Example: REF*1K*9947351976-</b>									
	<b>Institutional Bill Type Identification</b>	<b>105</b>		<b>1</b>	<b>S</b>	<b>2200E</b>			<b>NOTE: Total Number of REF segments in 2200 loop should not exceed 3.</b>
REF01	Reference Identification Qualifier		ID	2-3	R			BLT	
REF02	Bill Type Identifier		AN	1-30	R				Enter the Bill Type of originally submitted claim to narrow the search criteria.
REF03	Description		AN	1-80	N/U				
REF04	Reference Identifier				N/U				
<b>Example: REF*BLT*131-</b>									
	<b>Medical Record Identification</b>	<b>107</b>		<b>1</b>	<b>S</b>	<b>2200E</b>			<b>NOTE: Total Number of REF segments in 2200 loop should not exceed 3.</b>
REF01	Reference Identification Qualifier		ID	2-3	R			EA	
REF02	Medical Record Number		AN	1-30	R				Enter the medical record number originally submitted, to narrow the search criteria. <b>See Payer Recommendation Tab for values.</b>
REF03	Description		AN	1-80	N/U				
REF04	Reference Identifier				N/U				
<b>Example: REF*EA*R123456-</b>									
	<b>Claim Submitted Charges</b>	<b>109</b>		<b>1</b>	<b>S</b>	<b>2200E</b>			
AMT01	Amount Qualifier Code		ID	1-3	R			T3	
AMT02	Total Claim Charge Amount		R	1-18	R				Enter the total charges submitted on the original claim to narrow the search criteria. Length should not be greater than 9 positions and negative amounts are not allowed.
AMT03	Credit/Debit Flag Code		ID	1-1	N/U				
<b>Example: AMT*13*100-</b>									
	<b>Claim Service Date</b>	<b>111</b>		<b>1</b>	<b>S</b>	<b>2200E</b>			
DTP01	Date/Time Qualifier		ID	3-3	R			232	
DTP02	Date Time Period Format Qualifier		ID	2-3	R			RD8	
DPT03	Claim Service Period		AN	1-35	R			CCYYMMDD- CCYYMMDD	Enter the from and thru dates of service to narrow the search criteria. <b>See Payer Recommendations Tab.</b>
<b>Example: DPT*232*RD8*20050917-20050918-</b>									

**Availity/HCSC  
276 Companion Guide (Addenda Version Oct 2002)**

Element Id	Description	X12 Page No.	ID	Min. Max.	Usage Req.	Loop	Loop Repeat	ANSI VALUES	COMMENTS
<b>SVC</b>	<b>Service Line Information</b>	<b>113</b>		<b>1</b>	<b>S</b>	<b>2210E</b>	<b>&gt;1</b>		
SVC01	Composite Medical Procedure Identifier				R				
SVC01 - 1	Product/Service ID Qualifier		ID	2-2	R			AD, CI, HC, ID, IV, N1, N2, N3, N4, ND, NH, NU, RB	
SVC01 - 2	Service Identification Code		AN	1-48	R				
SVC01 - 3	Procedure Modifier		AN	2-2	S				
SVC01 - 4	Procedure Modifier		AN	2-2	S				
SVC01 - 5	Procedure Modifier		AN	2-2	S				
SVC01 - 6	Procedure Modifier		AN	2-2	S				
SVC01 - 7	Description		AN	1-80	N/U				
SVC02	Line Item Charge Amount		R	1-18	R				
SVC03	Monetary Amount		R	1-18	N/U				
SVC04	Revenue Code		AN	1-48	S				
SVC05	Quantity		R	1-15	N/U				
SVC06	Composite Medical Procedure Identifier				N/U				
SVC07	Original Units of Service Count		R	1-15	S				
<b>Example: SVC*HC:99214*100****1-</b>									
<b>REF</b>	<b>Service Line Item Identification</b>	<b>117</b>		<b>1</b>	<b>S</b>	<b>2210E</b>	<b>1</b>		
REF01	Reference Identification Qualifier		ID	2-3	R			FJ	
REF02	Line Item Control Number		AN	1-30	R				
REF03	Description		AN	1-80	N/U				
REF04	Reference Identifier				N/U				
<b>Example: REF*FJ*6042201-</b>									
<b>DTP</b>	<b>Service Line Date</b>	<b>118</b>		<b>1</b>	<b>S</b>	<b>2210E</b>	<b>1</b>		
DTP01	Date/Time Qualifier		ID	3-3	R			472	
DTP02	Date Time Period Format Qualifier		ID	2-3	R			RD8	
DTP03	Line Item Service Date		AN	1-35	R			CCYYMMDD-	
<b>Example: DTP*472*RD8*20050917-20050918</b>									
<b>SE</b>	<b>Transaction Set Trailer</b>	<b>120</b>		<b>1</b>	<b>R</b>		<b>1</b>		
SE01	Transaction Segment Count		NO	1-10	R				
SE02	Transaction Set Control Number		AN	4-9	R				Must match ST02.
<b>Example: SE*15*0011-</b>									
<b>GE</b>	<b>Functional Group Trailer</b>	<b>B10</b>			<b>R</b>				
GE01	Number of Transaction Set Included		NO	1-6	R				
GE02	Group Control Number		NO	1-9	R				
<b>GE*1*1-</b>									
<b>IEA</b>	<b>Interchange Control Trailer</b>	<b>B.7</b>			<b>R</b>				
IEA01	Number of Included Functional Groups		NO	1-5	R				
IEA02	Interchange Control Number		NO	9-9	R				
<b>IEA*1*000000905-</b>									

The submitter of the test transaction file must test thru Availity Health Information Network. Availity provides a secure internet connection for testing. This IS NOT a HIPAA certification facility. Availity is no way certifying your transaction as HIPAA compliant. Testing is designed to ensure EDI trading partners meet HCSC eligibility and benefit inquiry and response processing requirements. Testing is coordinated with HCSC.

Contact Availity Client Services at 1-800-282-4548.

**Field Definitions**

**R (Required):** This field must always be included in the transmission.

**S (Situational):** This field is necessary in certain situations. Please review the ASC X12N Implementation Guide for instructions on when this is required.

**N/U (Not Used):** The shaded areas of the Companion Guide are **NOT USED** according to the standard and should not be included in transmissions.

**Comments:** This provides HCSC requirements/recommendations for some fields.

**Important Items to Note:**

All dates are 8 character dates in the format CCYYMMDD. The only date data element that is in YYMMDD is the Interchange date data element in the ISA segment.

We recommend the use of the following delimiters in all transactions:

CHARACTER	NAME	DELIMITER
*	Asterisk	Data Element Separator
:	Colon	Sub-element Separator
~	Tilde	Segment Terminator

HCSC payers are: G00621- BCBS/IL, G00790 - BCBS/NM, G84980 - BCBS/TX, G00840 - BCBSOK, CNMPPO - BLUE MEDICARE PPO (NM), CTPPO - BLUE MEDICARE PPO (TX),

**The 276 Companion Guide (Addenda Version) updates and changes are in bold letters.**

Following are the payer recommendations.

PAYER NUMBER	NAME	LOOP	ELEMENT ID	RECOMMENDED
G00621	BCBS/IL	2100C	NM108	Use "XX" qualifier for National Provider ID (NPI).
		2100C	NM109	<b>Note: This should be the rendering provider NPI number.</b>
		2100D	NM109	Assigned subscriber/member identification number is alpha numeric and length is a minimum of 9 and not greater than 25 positions. This does include the three digit alpha prefix.
		2200D	REF02	Assigned claim control number is alpha numeric and length is not greater than 17 positions.
		2200D	REF02	Medical record number length is not greater than 20 positions.
		2200D	DTP03	Failure to enter a date here may result in every claim for this provider and this subscriber/patient being returned on the 277 response with a date range of 90 days prior to the date the 276 transaction is received.
		2210D	SVC,REF, DTP	BCBS does not support claims inquiry at the service line level. The segments may be submitted, but will be ignored.
		2100E	NM109	Assigned subscriber/member identification number is alpha numeric and length is a minimum of 9 and not greater than 25 positions. This does include the three digit alpha prefix.
		2200E	REF02	Assigned claim control number is alpha numeric and length is not greater than 17 positions.
		2200E	REF02	Medical record number length is not greater than 20 positions.
		2200E	DTP03	Failure to enter a date here may result in every claim for this provider and this subscriber/patient being returned on the 277 response with a date range of 90 days prior to the date the 276 transaction is received.
		2210E	SVC,REF, DTP	BCBS does not support claims inquiry at the service line level. The segments may be submitted, but will be ignored.
PAYER NUMBER	NAME	LOOP	ELEMENT ID	RECOMMENDED
G00790	BCBS/NM	2100C	NM108	Use "XX" qualifier for National Provider ID (NPI).
		2100C	NM109	<b>Note: This should be the rendering provider NPI.</b>
		2100D	NM109	Assigned subscriber/member identification number is alpha numeric and length is a minimum of 9 and not greater than 25 positions. This does include the three digit alpha prefix.
		2200D	REF02	Assigned claim control number is alpha numeric and length is not greater than 17 positions.
		2200D	REF02	Medical record number length is not greater than 20 positions.
		2200D	DTP03	Failure to enter a date here may result in every claim for this provider and this subscriber/patient being returned on the 277 response with a date range of 90 days prior to the date the 276 transaction is received.
		2210D	SVC,REF, DTP	BCBS does not support claims inquiry at the service line level. The segments may be submitted, but will be ignored.
		2100E	NM109	Assigned subscriber/member identification number is alpha numeric and length is a minimum of 9 and not greater than 25 positions. This does include the three digit alpha prefix.
		2200E	REF02	Assigned claim control number is alpha numeric and length is not greater than 17 positions.
		2200E	REF02	Medical record number length is not greater than 20 positions.
		2200E	DTP03	Failure to enter a date here may result in every claim for this provider and this subscriber/patient being returned on the 277 response with a date range of 90 days prior to the date the 276 transaction is received.
		2210E	SVC, REF, DTP	BCBS does not support claims inquiry at the service line level. The segments may be submitted, but will be ignored.

PAYER NUMBER	NAME	LOOP	ELEMENT ID	RECOMMENDED		
G84980	BCBS/TX	2100C	NM108	Use "XX" qualifier for National Provider ID (NPI).		
		2100C	NM109	Note: This should be the rendering provider NPI.		
		2100D	NM109	Assigned subscriber/member identification number is alpha numeric and length is a minimum of 9 and not greater than 25 positions. This does include the three digit alpha prefix.		
		2200D	REF02	Assigned claim control number is alpha numeric and length is not greater than 17 positions. If HMO Blue - the length is not greater than 14 positions.		
		2200D	REF02	Medical record number length is not greater than 20 positions.		
		2200D	DTP03	Failure to enter a date here may result in every claim for this provider and this subscriber/patient being returned on the 277 response with a date range of 90 days prior to the date the 276 transaction is received.		
		2210D	SVC,REF, DTP	BCBS does not support claims inquiry at the service line level. The segments may be submitted, but will be ignored.		
		2100E	NM109	Assigned subscriber/member identification number is alpha numeric and length is a minimum of 9 and not greater than 25 positions. This does include the three digit alpha prefix.		
		2200E	REF02	Assigned claim control number is alpha numeric and length is not greater than 17 positions. If HMO Blue the claim control number is numeric and length is not greater than 14 positions.		
		2200E	REF02	Medical record number length is not greater than 20 positions.		
		2200E	DTP03	Failure to enter a date here may result in every claim for this provider and this subscriber/patient being returned on the 277 response with a date range of 90 days prior to the date the 276 transaction is received.		
		2210E	SVC, REF, DTP	BCBS does not support claims inquiry at the service line level. The segments may be submitted, but will be ignored.		
		PAYER NUMBER	NAME	LOOP	ELEMENT ID	RECOMMENDED
		E00290	INDIAN HEALTH	2100C	NM108	Use "XX" qualifier for National Provider ID (NPI).
2100C	NM109			Note: This should be the rendering provider NPI.		
2100D	NM109			Assigned subscriber/member identification number is numeric for a length 6 positions.		
2200D	TRN02			Enter the Purchase Order Number. The value is alpha numeric for a length of 13 positions.		
2200D	REF02			Assigned claim control number is alpha numeric and length is 13 positions.		
2200D	REF02			Medical record number length is not greater than 11 positions.		
2200D	DTP03			Failure to enter a date here may result in every claim for this provider and this subscriber/patient being returned on the 277 response with a date range of 90 days prior to the date the 276 transaction is received.		
2210D	SVC,REF, DTP			BCBS does not support claims inquiry at the service line level. The segments may be submitted, but will be ignored.		
2100E	NM109			Assigned subscriber/member identification number is numeric and length is 6 positions.		
2200E	REF02			Assigned claim control number is alpha numeric and length is 13 positions.		
2200E	REF02			Medical record number length is not greater than 11 positions.		
2200E	DTP03			Failure to enter a date here may result in every claim for this provider and this subscriber/patient being returned on the 277 response with a date range of 90 days prior to the date the 276 transaction is received.		
2210E	SVC, REF, DTP			BCBS does not support claims inquiry at the service line level. The segments may be submitted, but will be ignored.		

PAYER NUMBER	NAME	LOOP	ELEMENT ID	RECOMMENDED
G00840	BCBS/OK	2100C	NM108	Use "XX" qualifier for National Provider ID (NPI).
		2100C	NM109	Note: This should be the rendering provider NPI.
		2100D	NM109	Assigned subscriber/member identification number is alpha numeric and length is not greater than 11 positions.
		2200D	REF02	Assigned claim control number is numeric and length is not greater than 10 positions.
		2200D	REF02	Segment does not apply.
		2200D	DPT03	To receive a 277 response for pre certification claim status, use a date of 99991231-99991231.
		2210D	SVC,REF, DTP	BCBS does not support claims inquiry at the service line level. The segments may be submitted, but will be ignored.
		2100E	NM109	Assigned subscriber/member identification number is alpha numeric and length is not greater than 11 positions.
		2200E	REF02	Assigned claim control number is numeric and length is not greater than 10 positions.
		2200E	REF02	Segment does not apply.
		2200D	DPT03	To receive a 277 response for pre certification claim status, use a date of 99991231-99991231.
		2210E	SVC, REF, DTP	BCBS does not support claims inquiry at the service line level. The segments may be submitted, but will be ignored.
PAYER NUMBER	NAME	LOOP	ELEMENT ID	RECOMMENDED
CTXPPO	Blue Medicare PPO TX	2100C	NM108	Use "XX" qualifier for National Provider ID (NPI).
		2100C	NM109	Note: This should be the rendering provider NPI.
		2100D	NM109	Assigned subscriber/member identification number is alpha numeric and length is a minimum of 12 and not greater than 17 positions. This does include the three digit alpha prefix.
		2200D	REF02	Assigned claim control number is alpha numeric and length is not greater than 17 positions.
		2200D	REF02	Medical record number length is not greater than 20 positions.
		2200D	DTP03	Failure to enter a date here may result in every claim for this provider and this subscriber/patient being returned on the 277 response with a date range of 90 days prior to the date the 276 transaction is received.
		2210D	SVC,REF, DTP	BCBS does not support claims inquiry at the service line level. The segments may be submitted, but will be ignored.
		2100E	NM109	Assigned subscriber/member identification number is alpha numeric and length is a minimum of 12 and not greater than 17 positions. This does include the three digit alpha prefix.
		2200E	REF02	Assigned claim control number is alpha numeric and length is not greater than 17 positions.
		2200E	REF02	Medical record number length is not greater than 20 positions.
		2200E	DTP03	Failure to enter a date here may result in every claim for this provider and this subscriber/patient being returned on the 277 response with a date range of 90 days prior to the date the 276 transaction is received.
		2210E	SVC, REF, DTP	BCBS does not support claims inquiry at the service line level. The segments may be submitted, but will be ignored.
PAYER NUMBER	NAME	LOOP	ELEMENT ID	RECOMMENDED
CNMPPPO	Blue Medicare PPO NM	2100C	NM108	Use "XX" qualifier for National Provider ID (NPI).
		2100C	NM109	Note: This should be the rendering provider NPI.
		2100D	NM109	Assigned subscriber/member identification number is alpha numeric and length is a minimum of 12 and not greater than 17 positions. This does include the three digit alpha prefix.
		2200D	REF02	Assigned claim control number is alpha numeric and length is not greater than 17 positions.
		2200D	REF02	Medical record number length is not greater than 20 positions.

