

# **Blue Cross and Blue Shield of New Mexico**

## **HIPAA Transaction Standard Companion Guide**

276/277 Health Care Claim Status Inquiry and Response

**Version 1.1**

February 2026

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## Section 1: Introduction

### 1.1 Scope

The Health Insurance Portability and Accountability Act (HIPAA) transaction implementation guides for Electronic Data Interchange (EDI) transactions are called Technical Reports, Type 3 (TR3s). These provide guidelines for submitting HIPAA-standard EDI transactions. The TR3s require transmitters and receivers to make certain determinations. This companion guide is provided to assist trading partners with the 5010 ASC X12N 276/277 Health Care Claims Status Request and Response transactions.

This Companion Guide does not replace the HIPAA ASC X12N TR3s, nor does it attempt to amend any of the information therein. It does not impose any additional obligations on trading partners of BCBSNM which are not permitted to be imposed by the HIPAA standards for electronic transactions.

Additionally, please note this Companion Guide provides supplemental information to the Trading Partner Agreement (TPA) which exists between BCBSNM and its trading partners. Trading partners should refer to their TPA for guidelines pertaining to any legal conditions surrounding implementation of EDI transactions and code sets.

### 1.2 Overview

The 276 is the inquiry about the claim status, and the 277 is the response to the inquiry. We return claim adjudication information on the 277 response. This companion guide contains assumptions, conventions, determinations or data specifications related to claim status transactions which are unique to BCBSNM. This document also provides information on specific code pertinent to our business processes and situations which are within the parameters of HIPAA. Readers of the companion guide should be familiar with the HIPAA ASC X12 TR3s, their structure and content. Refer to this companion guide for information on our business rules or technical requirements regarding the implementation of HIPAA-compliant EDI transactions and code sets.

Information contained in this companion guide is not intended to amend, revoke, contradict, or otherwise alter the terms and conditions of the TPA. If there is an inconsistency with the terms of this guide and the terms of the TPA, the terms of the TPA shall govern. If inconsistencies exist between the terms of this companion guide and the TR3(s), the relevant TR3(s) will govern with respect to HIPAA edits. This Companion Guide will govern with respect to business edits.

### 1.3 References

If you conduct electronic claim status and/or other HIPAA-standard transactions, it is your responsibility to obtain and follow EDI transaction standards specified within the current HIPAA-mandated ASC X12 5010 TR3s.

The Washington Publishing Company (WPC) is an independent publisher of technical reports recognized by the Centers for Medicare & Medicaid Services (CMS) as the industry standard. To purchase TR3s, visit the X12 website at <https://x12.org/products>.

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## Section 2: Getting Started

The purpose of this section is to provide a process by which to initiate a connection with BCBSNM.

### 2.1 Working with BCBSNM

Providers may not establish a direct connection with BCBSNM. Providers must transact using an existing vendor connection with BCBSNM.

Vendors may establish a connection with BCBSNM through the approved vendor of Availity® Essentials. A connection directly to BCBSNM must first be approved by our Electronic Commerce Services. (Refer to [Section 8: Contact Information for details](#))

### 2.2 Trading Partner Agreements

Trading Partner Agreements must be established with our preferred clearinghouse of Availity Essentials.

### 2.3 Communication Protocol Specifications

For potential trading partners requesting a direct connection with BCBSNM to exchange 005010X212 (276/277) transactions, the request must first be evaluated to determine if direct connection is necessary with BCBSNM.

If it is determined a direct connection is appropriate, the interface/connectivity specifications will be sent directly to the trading partner. The trading partner must be able to support HTTPS with mutual authentication and a Simple Object Access Protocol (SOAP) wrapped X12 body. Once all criteria are met, all URLs, URIs, certificates and/or passwords will be shared upon authorization.

If the direct connect request is not accepted, we will refer the trading partner to Availity Essentials, our preferred clearinghouse.

### 2.4 Passwords

The necessary connection information including network user IDs and passwords, will be identified within the interface specifications. This information will be sent once we have determined a direct connection is applicable and the TPA is executed between us and the provider or vendor.

**Note:** If intermediary connections or vendors are involved additional password policies may apply.

### 2.5 Certification and Testing Overview

All trading partners (clearinghouses) must be certified, if applicable. We recommend the trading partner obtain HIPAA certification from an approved third-party testing and HIPAA certification vendor, prior to testing. Providers using a vendor to conduct transactions with us should contact their vendor to verify that certification and testing requirements have been met.

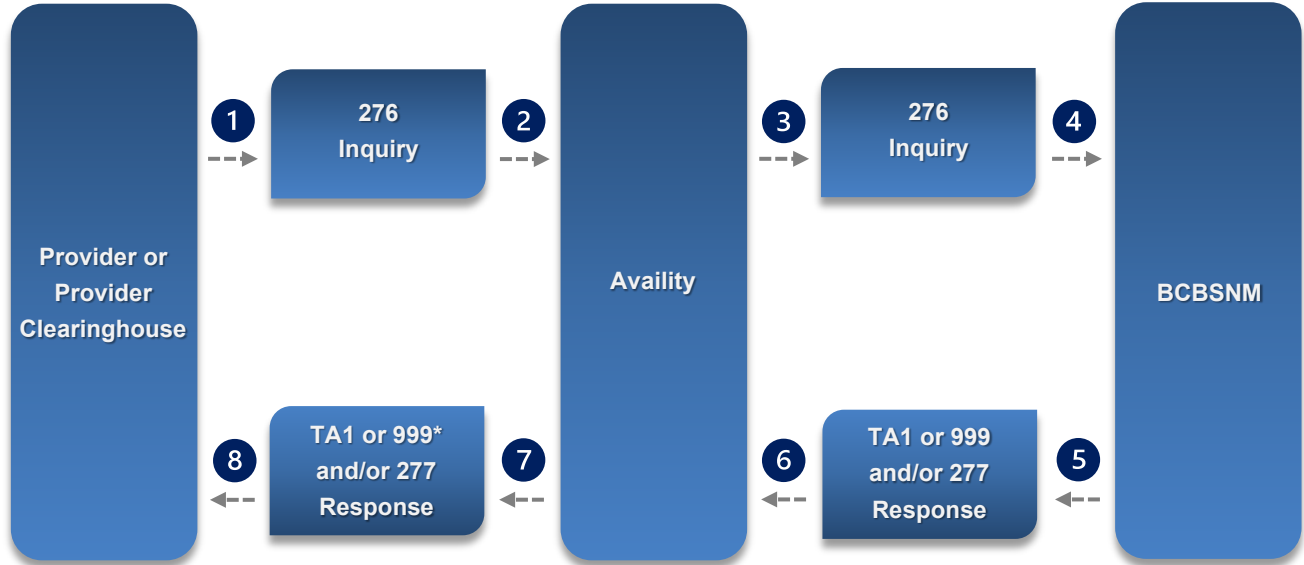
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## Section 3: Connectivity Process

This section outlines the processes and procedures associated with transacting and communicating with BCBSNM.

### 3.1 Process flow

Below is a diagram that outlines the general process flow for the 276/277 transactions:



\*TA1 or 999 sent per agreement between provider or provider clearinghouse and Availity Essentials.

### 3.2 Transmission Administration Procedures

We only allow a transaction to contain a single member inquiry per transmission. In addition, we only allow a single transaction to be contained within a submission, which translates to:

- One interchange (ISA-IEA) per transmission
- One functional group (GS-GE) per transmission
- One transaction set (ST-SE) per transmission

Refer to the TR3(s) for term clarification and additional information.

### 3.3 Re-transmission Procedures

The following notifications will be sent if a transmission is unable to be completed:

- **TA1 Interchange Acknowledgement Transaction**

All X12 transaction submissions are pre-screened upon receipt to determine if the interchange control header (ISA) or interchange control trailer (IEA) segments are readable. If errors are found, a TA1 response transaction will be sent to notify the trading partner the transaction could not be processed.

Once we determine the transaction is readable, validation is performed on the ISA and IEA loop information. If these segments have a non-standard structure, the file will receive a full file reject and the TA1 response transaction will be sent to the trading partner.

- **999 Functional Acknowledgement Transaction**

If the transaction submission passes the ISA/IEA pre-screening above, it is then checked for ASC X12 syntax and HIPAA compliance errors. When the compliance check is complete, a 999 will be sent to the trading partner informing them if the transaction has failed the compliance check. If multiple transaction sets (ST-SE) are sent within a functional group (GS-GE), the entire functional group (GS-GE) will be rejected with a 999 response.

*Continue to next page.*

### 3.4 System Availability

Generally, our system availability is 24 hours, 7 days a week, for real-time inquiry transactions such as the 276/277 Claim Status Inquiry & Response transaction exchanges; hours of active 276/277 Claim Status Inquiry & Response transaction operation include Holidays.

When maintenance is required affecting the availability of the 276/277 Claim Status Inquiry & Response transaction, we will notify our exclusive clearinghouse vendor (Avality) with the target timeframe for the downtime. Unplanned system outages may also occur occasionally and impact our ability to support and/or process 276 Claim Status Inquiry transactions. We will send an email communication to our exclusive clearinghouse vendor advising of our non-routine and unplanned outages.

We reserve each Sunday, from 8 p.m. to 12 a.m. central for maintenance unless otherwise advised via notification to our exclusive clearinghouse vendor.

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## Section 4: Control Segments and Envelopes

Control Segments apply to all transactions and include the ISA and GS Segments. These segments are part of every transmission structure. The parameters outlined below are applicable to vendors who have a direction connection with BCBSNM.

### 4.1 Common Definitions

The *Interchange Control Header (ISA06) Interchange Sender ID (Mailbox ID)* is individually assigned to each trading partner. The *Functional Group Header (GS02) Application Sender's Code* is individually assigned to each trading partner.

### 4.2 Enveloping Details

ASC v5010 Requirements			
Field	Length	276 Inquiry	277 Response
ISA01	2	00	00
ISA03	2	00	00
ISA05	2	01 or 30	ZZ
ISA06	15	Vendor's Dun & Bradstreet (D&B) Data Universal Numbering System (D-U-N-S®) Number or Federal Tax ID	BCBSNM = 00790 Medicare Advantage = HMAPD New Mexico Medicaid = NMMD1
ISA07	2	ZZ	01 or 30
ISA08	15	BCBSNM = 00790 Medicare Advantage = HMAPD New Mexico Medicaid = NMMD1	Vendor's D&B D-U-N-S Number or Federal Tax ID
ISA11	1	Repetition separator (see table below)	Repetition separator (see table below)
ISA14	1	0	0
ISA15	1	P	P
ISA16	1	: = Composite separator	: = Composite separator

*Continue to next page.*

Field	Length	276 Inquiry	277 Response
GS02	2/15	Vendor's D&B D-U-N-S Number or Federal Tax ID with a leading "R"	BCBSNM = 00790 Medicare Advantage = HMAPD New Mexico Medicaid = NMMD1
GS03	2/15	BCBSNM = 00790 Medicare Advantage = HMAPD New Mexico Medicaid = NMMD1	Vendor's D&B D-U-N-S Number or Federal Tax ID with a leading "R"
GS06	1/9	Group Control Number	Group Control Number
2100A-NM109	2/80	BCBSNM = 00790 Medicare Advantage = HMAPD New Mexico Medicaid = NMMD1	BCBSNM = 00790 Medicare Advantage = HMAPD New Mexico Medicaid = NMMD1

### 4.3 Delimiters/Separators

The delimiters/separators below cannot be used in a data element value elsewhere in the transaction. Use of these delimiters/separators within a data element could result in translation errors when the transaction is processed.

Delimiters/Separators		
Name	Character	Description
Asterisk	*	Data element separator
Carat/Curlly Bracket	^ or {	Repeating data element separator (Vendor and/or Provider must support both values)
Colon	:	Composite data element separator
Tilde	~	Terminator

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## Section 5: Business Rules and Limitations

The purpose of this section is to provide our specific data, business processes and situations which are within the parameters of HIPAA.

### 5.1 Business Rules

The guidelines below apply when transacting with BCBSNM.

- Only the ASC v5010 format will be accepted.
- Transactions received within core business hours will be responded to in real-time (20 seconds).
- An updated response may be returned when the same 276 inquiry is received multiple times throughout the life of the claim. If a service line level 276 inquiry is received, we will process the 276 inquiry at the claim level.

### 5.2 Error Codes

The table below references the common error codes received from BCBSNM and the follow-up action which must be taken to address the error received. Other Blue Cross and Blue Shield Plans may return different errors depending on their business edits.

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Error Code	Description	Suggested Next Steps
E2:0	Response not possible: Cannot provide further status electronically	Contact vendor or clearinghouse to report the incident if the error persists
E0:33	Response not possible: Subscriber not found	Confirm subscriber ID and date of service submitted on the inquiry are correct
E0:97	Response not possible: Patient not found	Confirm subscriber ID and date of service submitted on the inquiry are correct
A4:35	Acknowledgement/Claim not found	Confirm the Billing NPI matches the Billing NPI that was submitted on the claim  Ensure the date(s) of service on the inquiry matches the date(s) of service on the claim  Confirm the patient information on the inquiry matches the patient information on the claim
E0:562:1P	Response not possible: Entity's National Provider ID Check Claim Events	Check the provider NPI submitted on the inquiry
E0:219:QA	Response not possible: Prescription number	Confirm the inquiry is not pharmacy related
E0:30	Response not possible: Subscriber ID is mismatch	Confirm the three-character prefix is present, excluding <b>Federal Employee Program</b> <sup>®</sup> policies

For a full list of status and category codes with descriptions, reference the TR3(s) which can be obtained from X12. (*Refer to [Section 8: Contact Information for website information](#)*)

### 5.3 Subscriber and Claim Criteria

The table below includes the search and claim criteria for 276 inquiries with BCBSNM.

Value	Requirement	Result
2100D Subscriber ID	Alpha-numeric prefix (capital) must be three characters  FEP <sup>®</sup> ID contains an "R" followed by all numeric characters	If the three-character prefix is incorrect "Member Not Found" response will be returned
2100D and 2100E Subscriber/Patient and/or Dependent First/Last Name	First name not required on inquiry  First name may be returned on 277 response, if known  Last name	First/last name may be corrected on 277 response, if incorrect on inquiry
2000D and 2000E Date of Birth	Date of birth	Would be used as a determining factor
2200D and 2200E Date of Service	Date of service must be sent in single date or date range  Date of service does not have to match but must fall within the date range	277 claim status response will return date range regardless if single date submitted
2100C Provider Identifier	Must send NPI (National Payer ID) or Federal Tax ID	Must match or may receive "Claim Not Found" message
2200D and 2200E Claim Number	When submitted claim number does not match, but similar claims are found, response will send claims found for search criteria	Claim number will not be returned on claim status 277 response if sent on 276 and claim or similar claims were not found
2200D and 2200E Total Charge	Dollar amounts must not be followed by decimal and zeros unless cents are greater than zero	Transaction would be rejected

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## Section 6: Transaction Specific Information

#	Loop ID – Segment Description and Element Name	Reference Description	TR3 Page(s)	Required Fields and Values for BCBSNM
1	2000A – Information Source Level – Payer Name	NM108 NM109	41 - 42	NM108 – PI (Payer Identification) NM109 – Payer ID
2	2000B – Information Receiver Level – Information Receiver Name	NM108 NM109	45 - 46	NM108 – 46 (Electronic Transmitter ID Number) NM109 – Information Receiver ID Number
3	2000C – Service Provider Level Level – Provider Name	NM108 NM109	49 - 51	NM108 – XX (National Provider Identifier) or FI (Federal Tax ID) NM109 – Provider Identifier (NPI) or Tax ID
4	2000D/2000E – Subscriber/Dependent Demographic Information Patient DOB		54, 77	Incorrect or invalid date of birth may result in claim or member not found. If incorrect data sent and claim can be found, we may send corrected information back on response.
5	2100D/2100E – Subscriber/Dependent Name Last name  Subscriber ID	NM102 NM108 NM109	56, 79	NM102 – 1 NM108 – MI (member ID qualifier) NM109 – Member ID  Three-character prefixes must be capitalized followed by an alpha-numeric ID number with no embedded spaces. FEP must be "R" capitalized followed by a numeric ID with no embedded spaces.  Any incorrect or invalid information may result in claim or member not found.  If incorrect data sent and claim can be found, we may send corrected information back on response.

## Section 7: Acknowledgements

We process the following ASC X12 HIPAA acknowledgements for Claim Status Request:

Acknowledgements	Description
ASC X12 <b>TA1</b> v005010X212 (HIPAA)	Response to the X12 transactions where errors are encountered in the outer envelopes (ISA/IEA and GS/GE segments)
ASC X12 <b>999</b> v005010X212 (HIPAA)	Functional Acknowledgement; A negative 999 is sent in case of compliance issues

(Refer to [Section 3.3](#): Re-transmission Procedure for more information about TA1s and 999s)

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## Section 8: Contact Information

Electronic Trading Partner Inquiries	
For assistance with:	Contact the following:
Connectivity issues, or applications/functions	Vendor or clearinghouse with whom you are trying to connect
Questions on obtaining and following EDI transaction standards specified within the current HIPAA-mandated TR3s	X12 🔗: <a href="https://x12.org/products">https://x12.org/products</a>
Requesting direct connection with BCBSNM, general EDI-related questions which cannot be addressed by Availity, and/or questions on specific transactions	Electronic Commerce Services ✉: <a href="mailto:ecommerceservicesNM@bcbsnm.com">ecommerceservicesNM@bcbsnm.com</a>

Provider Inquiries	
For more information on:	Contact the following:
The utilization of a practice management system and/or an electronic trading partner to conduct electronic transactions on your behalf	Your current software vendor, billing service and/or clearinghouse
Other claim-related questions, such as adjudication or claim review requests	Provider Customer Service ☎: (888) 349-3706 Medicare Advantage Customer Service ☎: (877) 774-8592 Turquoise Care ☎: (800) 693-0663

Applicable Websites	
Additional information on:	Visit:
Related materials, such as Electronic Commerce Alerts, general News and Updates, and more	🔗: <a href="https://bcbsnm.com/provider">bcbsnm.com/provider</a>
Registering with Availity Essentials or to learn more about products and services available to providers contracted with BCBSNM	🔗: <a href="https://availity.com">availity.com</a>
Purchasing TR3s	🔗: <a href="https://x12.org/products">https://x12.org/products</a>

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## Appendices

### A1 Implementation Checklist

The necessary steps for transacting with BCBSNM include:

- Establish connectivity with BCBSNM (Refer to [Section 2](#) and [3](#) for detailed instructions)
- Confirm Trading Partner Registration and Agreements are on file with BCBSNM (Refer to [Section 2.2](#) for details)
- Perform testing and certification prior to onboarding with BCBSNM (Refer to [Section 2.5](#) for details)

### A2 Business Scenarios

Business Scenarios may be obtained by contacting X12. (Refer to [Section 8: Contact Information](#))

### A3 Transmission Examples

To obtain Testing Transmissions Examples, contact X12. (Refer to [Section 8: Contact Information](#))

### A4 Frequently Asked Questions

#### How much time will testing require?

The timeline varies depending on the support and coordination providers establish with their software vendor and/or clearinghouse. The accuracy of the test file, based on the TR3(s) and requirements in this Companion Guide, will also help expedite the testing process.

#### Are there special requirements for HIPAA transactions with BCBSNM?

Yes. There are situational data elements we need in order to conduct business electronically and process transactions. We have developed this Companion Guide to supplement the TR3s. This Companion Guide contains specific data elements required for transactions and clarifies some of the standard uses of the transaction elements.

#### What is the difference between real-time and batch transactions?

Batch transactions are sent with the expectation that a response will not be available immediately. Real-time transactions are sent with the expectation that a response should be returned in the same session, within 20 seconds.

### A5 Change Summary

The Change Log below will be used to document revisions that are made after initial publication of this ASC v5010 Companion Guide.

276/277 Companion Guide Change Log				
Chapter	Section	Change Description	Date of Change	Version
Introduction	1.3	Updated web address for purchasing TR3 reports.	Feb. 4, 2021	V1.0
Getting Started	2.1	Removed non-approved connectivity vendors.	Feb. 4, 2021	V1.0
Getting Started	2.2	Removed non-approved connectivity vendors.	Feb. 4, 2021	V1.0
Connectivity Process	3.1	Removed non-approved connectivity vendors.	Feb. 4, 2021	V1.0
Control Segments and Envelopes	4.2	Removed the following replicated elements from the TR3; ISA02, ISA04, ISA09, ISA10, ISA12, ISA13, GS01, GS04, GS05, GS07, GS08. Removed reference for HPID rule.	Feb. 4, 2021	V1.0
Business Rules and Limitations	5.2	Changed alpha prefix references to three-character prefix. Updated entity for purchasing TR3 reports.	Feb. 4, 2021	V1.0
Business Rules and Limitations	5.3	Changed alpha prefix references to three-character prefix.	Feb. 4, 2021	V1.0
Contact Information	8.0	Updated web address for questions on obtaining and purchasing TR3 reports.	Feb. 4, 2021	V1.0

Contact Information	8.0	Replaced BCBSNM Alliance Management email address with BCBSNM Electronic Commerce Services email address.	Feb. 4, 2021	V1.0
Contact Information	8.0	Replaced the BCBSNM Electronic Commerce Services phone number with email address.	Feb. 4, 2021	V1.0
Contact Information	8.0	Removed non-approved connectivity vendor contact information.	Feb. 4, 2021	V1.0
Contact Information	8.0	Added Medicare Advantage Customer phone numbers.	March 22, 2021	V1.0
Appendices	A2	Updated contact information for Business Scenarios.	Feb. 4, 2021	V1.0
Appendices	A3	Updated contact information for Testing Transmissions Examples.	Feb. 4, 2021	V1.0
Transaction Specific Information	6.0	Removed the following replicated TR3 elements in loop 2100C: DMG01, DMG02, and DMG03.	July 9, 2021	V1.0
Transaction Specific Information	6.0	Removed several Reference Descriptions and BCBSNM Required Fields and Values that are only applicable when situational rules are satisfied.	July 9, 2021	V1.0
Control Segments and Envelopes	4.2	Replaced ANSI references with ASC.	Nov. 17, 2021	V1.1
Business Rules	5.1	Replaced ANSI references with ASC.	Nov. 17, 2021	V1.1
Change Summary	A5	Replaced ANSI references with ASC.	Nov. 17, 2021	V1.1
Transaction Specific Information	6.0	Removed the following replicated TR3 elements in loop 2100B: NM102 and NM102.	May 31, 2022	V1.1
Introduction	1.3	Updated X12 web address for purchasing TR3 reports.	April 23, 2025	V1.1
Contact Information	8.0	Updated X12 web address for purchasing TR3 reports.	April 23, 2025	V1.1
Contact Information	8.0	Added Customer Service phone number for Turquoise Care (New Mexico Medicaid).	April 23, 2025	V1.1
Contact Information	8.0	Updated Electronic Commerce email address.	April 23, 2025	V1.1
System Availability	3.4	Added system availability for 276/277 Claim Status Inquiry & Response transaction exchanges.	April 30, 2025	V1.1
Introduction	1.0	Corrected brand derivatives.	Jan. 6, 2026	V1.1
Getting Started	2.0	Corrected brand derivatives.	Jan. 6, 2026	V1.1
Business Rules and Limitations	5.0	Corrected brand derivatives.	Jan. 6, 2026	V1.1
Transaction Specific Information	6.0	Corrected brand derivatives.	Jan. 6, 2026	V1.1
Acknowledgements	7.0	Corrected brand derivatives.	Jan. 6, 2026	V1.1
Contact Information	8.0	Corrected brand derivatives.	Jan. 6, 2026	V1.1
Appendices	A4	Corrected brand derivatives.	Jan. 6, 2026	V1.1

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