



CareSource

HIPAA Transaction Standard Companion Guide

CareSource 276/277 Health Care Claim Status
Request/Response 5010 Companion Guide

Refers to the Implementation Guides Based on ASC X12 version 005010

Companion Guide Version Number: 1.0

Preface

The information contained in this guide is meant to provide assistance to providers regarding the electronic submission of health information to CareSource. The sole purpose of this document is to provide guidance to entities who wish to become a Trading Partner. Every effort has been made to assure the information in this guide conforms to current requirements of the law. Each Medicaid provider and Trading Partner has the ultimate responsibility to follow federal and state laws. All users of this guide are advised to review these legal requirements with their legal counsel.

This Companion Guide to the ASC X12N Implementation Guides adopted under HIPAA clarifies and specifies the data content when exchanging electronically with CareSource. Transmissions based on this Companion Guide, used in tandem with the X12N Implementation Guides, are compliant with both 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.

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1. INTRODUCTION

This document is intended as a companion to the errata Health Care Claim Status Request and Response (276/277) ASC X12N/005010X212E2, published in January 2009, and the Health Care Claim Status Request and Response (276/277) Implementation Guide (IG) ASC X12N/005010X212, originally published August 2006. This Companion Guide will give CareSource specific guidelines for processing certain scenarios of eligibility inquiries that the Implementation Guides consisting of a row for each segment that CareSource has something additional, over and above, the information in the Implementation Guide. That information can:

1. Limit the repeat of loops, or segments
2. Limit the length of a simple data element
3. Specify a subset of the Implementation Guides internal code listing
4. Clarify the use of loops, segments, composite and simple data elements
5. Any other information tied directly to a loop, segment, composite or simple data element pertinent to trading electronically with CareSource.

Scope

The Companion Guide is intended to be used as a supplement of the Implementation Guides.

Overview

This Companion Guide clarifies what CareSource looks for in specific loops/segments under specific scenarios on a eligibility inquiry or response.

References

This Companion Guide supplements Claim Status Request and Response, which are published by the **Washington Publishing Company** www.wpc-edi.com.

ADDITIONAL INFORMATION

2. GETTING STARTED

WORKING WITH CARESOURCE

Please email CareSource's EDI department at EDIServices@caresource.com to initiate interaction regarding questions/comments/clarifications needed regarding this Companion Guide.

TRADING PARTNER REGISTRATION

CERTIFICATION AND TESTING OVERVIEW

3. TESTING WITH THE PAYER

4. CONNECTIVITY WITH THE PAYER/COMMUNICATIONS

If you have not been set up for a testing account, the CareSource EDI Specialists can provide you with information on:

- PROCESS FLOWS AND PASSWORDS
- TRANSMISSION ADMINISTRATIVE PROCEDURES
- RE-TRANSMISSION PROCEDURE
- COMMUNICATION PROTOCOL SPECIFICATIONS
- DOWNTIMES FOR SERVER MAINTENANCE WILL BE NOTIFIED VIA EMAIL

5. CONTACT INFORMATION

- EDI CUSTOMER SERVICE:
- EDI TECHNICAL ASSISTANCE: EDIServices@caresource.com
- PROVIDER SERVICES NUMBER: 1-800-488-0134
- APPLICABLE WEBSITE: www.caresource.com

6. CONTROL SEGMENTS / ENVELOPES

Specific requirements/expectations, based on transaction type, will be communicated by the EDI department during the life cycle requirements phase for the following:

- ISA-IEA Interchange Control
- GS-GE Functional Group
- ST-SE Transaction Set

7. PAYER SPECIFIC BUSINESS RULES AND LIMITATIONS

Please refer to the Notes/Comments column in section “Transaction Specific Information.”

8. ACKNOWLEDGEMENTS AND/OR REPORTS

Inbound 276 will receive the outbound 277 Response.

9. TRADING PARTNER AGREEMENTS

TRADING PARTNERS

An EDI Trading Partner is defined as any CareSource customer (provider, billing service, software vendor, employer group, financial institution, etc.) that transmits to or receives electronic data from CareSource.

10. TRANSACTION SPECIFIC INFORMATION – 276 Claim Status Request

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
C.3		ISA	Interchange Header Control			
C.6		ISA06	Interchange Sender ID			Trader Partner Sender ID Number
C.5		ISA08	Interchange Receiver ID			Use 31143265
C.7		GS	Functional Group Header			
C.7		GS02	Application Sender's Code			Trader Partner Sender Identification Number
C.7		GS03	Application Receiver's Code			Use 31143265
C.8		GS08	Version/Release/Industry Identifier Code			Use 005010X212
36		ST	Transaction Set Header			
36		ST01	Transaction Set Identifier Code	276	3	Health Care Claim Status Request
36		ST02	Transaction Set Control Number		9	
36		ST03	Implementation Convention Reference		35	
37		BHT	Beginning of Hierarchical Transaction			
37		BHT01	Hierarchical Structure Code	0010	4	Information Source
37		BHT02	Transaction Set Purpose Code	13	2	CareSource will only accept a 276 Request
37		BHT03	Reference Identification		50	
37		BHT04	Date		8	

38		BHT05	Time		8	
39	2000A	HL	Information Source Level			
39	2000A	HL01	Hierarchical ID Number		12	
40	2000A	HL03	Hierarchical Level Code	20	2	Information Source
40	2000A	HL04	Hierarchical Child Code	1	1	Additional Subordinate HL Data Segment in This Hierarchical Structure
41	2100A	NM1	Payer Name			
41	2100A	NM101	Entity Identifier Code	PR	3	Payer
41	2100A	NM102	Entity Type Qualifier	2	1	Non-Person Entity
41	2100A	NM103	Organization Name		60	
42	2100A	NM108	Identification Code Qualifier	PI,XV	2	Payor ID, CMS Plan ID
42	2100A	NM109	Identification Code		80	
43	2000B	HL	Information Receiver Level			
43	2000B	HL01	Hierarchical ID Number		12	
43	2000B	HL02	Hierarchical Parent ID Number		12	
44	2000B	HL03	Hierarchical Level Code	21	2	Information Receiver
44	2000B	HL04	Hierarchical Child Code	1	1	Additional Subordinate HL Data Segment in This Hierarchical Structure
45	2100B	NM1	Information Receiver Name			
45	2100B	NM101	Entity Identifier Code	41	3	Submitter
45	2100B	NM102	Entity Type Qualifier	1,2	1	Person, Non-Person Entity

46	2100B	NM103	Organization Name		60	
46	2100B	NM104	Name First		35	
46	2100B	NM105	Name Middle		25	
46	2100B	NM108	Identification Code Qualifier	PI,XV	2	Payor ID, CMS Plan ID
46	2100B	NM109	Identification Code		80	
47	2000C	HL	Service Provider Level			
47	2000C	HL01	Hierarchical ID Number		12	
47	2000C	HL02	Hierarchical Parent ID Number		12	
48	2000C	HL03	Hierarchical Level Code	19	2	Provider of Service
48	2000C	HL04	Hierarchical Child Code	1	1	Additional Subordinate HL Data Segment in This Hierarchical Structure
49	2100C	NM1	Provider Name			
50	2100C	NM101	Entity Identifier Code	1P	3	Provider
50	2100C	NM102	Entity Type Qualifier	1,2	1	Person, Non-Person Entity
50	2100C	NM103	Organization Name		60	
50	2100C	NM104	Name First		35	
50	2100C	NM105	Name Middle		25	
50	2100C	NM107	Name Suffix		10	
51	2100C	NM108	Identification Code Qualifier	FI,SV,XX	2	Federal TIN, Service Provider Number, CMS NPI
51	2100C	NM109	Identification Code		80	
52	2000D	HL	Subscriber Level			

53	2000D	HL01	Hierarchical ID Number		12	
53	2000D	HL02	Hierarchical Parent ID Number		12	
53	2000D	HL03	Hierarchical Level Code	22	2	Subscriber
	2000D	HL04	Hierarchical Child Code	0,1	1	No Subordinate HL Segment in This Hierarchical Structure, Additional Subordinate HL Data Segment in This Hierarchical Structure
54	2000D	DMG	Subscriber Demographic Information			
54	2000D	DMG01	Date Time Period Format Qualifier	D8	3	CCYYMMDD
55	2000D	DMG02	Date Time Period		35	
55	2000D	DMG03	Gender Code	F,M	1	Female, Male
56	2100D	NM1	Subscriber Name			
56	2100D	NM101	Entity Identifier Code	1L	3	Insured or Subscriber
56	2100D	NM102	Entity Type Qualifier	1,2	1	Person, Non-Person Entity
57	2100D	NM103	Organization Name		60	
57	2100D	NM104	Name First		35	
57	2100D	NM105	Name Middle		25	
57	2100D	NM107	Name Suffix		10	
57	2100D	NM108	Identification Code Qualifier	24, II	2	Employer's ID Number, Standard Unique Health Identifier for each Individual in the US
57	2100D	NM109	Identification Code		80	

58	2200D	TRN	Claim Status Tracking Number			
58	2200D	TRN01	Trace Type Code	1	2	Current Transaction Trace Numbers
58	2200D	TRN02	Reference Identification		50	
59	2200D	REF	Payer Claim Control Number			
59	2200D	REF01	Reference Identification Qualifier	1K	3	Payor's Claim Number
59	2200D	REF02	Reference Identification		50	
60	2200D	REF	Institutional Bill Type Identification			
60	2200D	REF01	Reference Identification Qualifier	BLT	3	Billing Type
60	2200D	REF02	Reference Identification		50	
61	2200D	REF	Application or Location System Identifier			
61	2200D	REF01	Reference Identification Qualifier	LU	3	Location Number
61	2200D	REF02	Reference Identification		50	
62	2200D	REF	Group Number			
62	2200D	REF01	Reference Identification Qualifier	6P	3	Group Number
62	2200D	REF02	Reference Identification		50	
63	2200D	REF	Patient Control Number			
63	2200D	REF01	Reference Identification Qualifier	EJ	3	Patient Account Number

63	2200D	REF02	Reference Identification		50	
64	2200D	REF	Pharmacy Prescription Number			
64	2200D	REF01	Reference Identification Qualifier	XZ	3	Pharmacy Prescription Number
64	2200D	REF02	Reference Identification		50	
65	2200D	REF	Claim Identification Number for Clearinghouses and other Transmission Intermediaries			
65	2200D	REF01	Reference Identification Qualifier	D9	3	Claim Number
65	2200D	REF02	Reference Identification		50	
66	2200D	AMT	Claim Submitted Charges			
66	2200D	AMT01	Amount Qualifier Code	T3	3	Total Submitted Charges
66	2200D	AMT02	Monetary Amount		18	
67	2200D	DTP	Claim Service Date			
67	2200D	DTP01	Date/Time Qualifier	472	3	Service
67	2200D	DTP02	Date Time Period Format Qualifier	D8, RD8	3	CCYYMMDD,CCYYM MDD-CCYYMMDD
68	2200D	DTP03	Date Time Period		35	
69	2210D	SVC	Service Line Information			
69	2210D	SVC01	Composite Medical Procedure Identifier			

69	2210D	SVC01-01	Product / Service ID Qualifier	AD,ER,HC,HP,IV,N4,NU,WK	2	
71	2210D	SVC01-2	Product / Service ID		48	
71	2210D	SVC01-3	Procedure Modifier		2	
71	2210D	SVC01-4	Procedure Modifier		2	
71	2210D	SVC01-5	Procedure Modifier		2	
72	2210D	SVC01-6	Procedure Modifier		2	
72	2210D	SVC02	Monetary Amount		18	
72	2210D	SVC04	Product / Service ID		48	
72	2210D	SVC07	Quantity		15	
73	2210D	REF	Service Line Item Identification			
73	2210D	REF01	Reference Identification Qualifier	FJ	3	Line Item Control Number
73	2210D	REF02	Reference Identification		50	
74	2210D	DTP	Service Line Date			
74	2210D	DTP01	Date/Time Qualifier	472	3	Service
74	2210D	DTP02	Date Time Period Format Qualifier	D8, RD8	3	CCYYMMDD,CCYYM MDD-CCYYMMDD
74	2210D	DTP03	Date Time Period		35	
75	2000E	HL	Dependent Level			
75	2000E	HL01	Hierarchical ID Number		12	
75	2000E	HL02	Hierarchical Parent ID Number		12	

76	2000E	HL03	Hierarchical Level Code	23	2	Dependent
77	2000E	DMG	Dependent Demographic Information			
77	2000E	DMG01	Date Time Period Format Qualifier	D8	3	CCYYMMDD
77	2000E	DMG02	Date Time Period		35	
78	2000E	DMG03	Gender Code	F,M	1	Female, Male
79	2100E	NM1	Dependent Name			
79	2100E	NM101	Entity Identifier Code	QC	3	Patient
79	2100E	NM102	Entity Type Qualifier	1	1	Person
79	2100E	NM103	Organization Name		60	
80	2100E	NM104	Name First		35	
80	2100E	NM105	Name Middle		25	
80	2100E	NM107	Name Suffix		10	
81	2200E	TRN	Claim Status Tracking Number			
81	2200E	TRN01	Trace Type Code	1	2	Current Transaction Trace Numbers
81	2200E	TRN02	Reference Identification		50	
82	2200E	REF	Payer Claim Control Number			
82	2200E	REF01	Reference Identification Qualifier	1K	3	Payor's Claim Number
82	2200E	REF02	Reference Identification		50	
83	2200E	REF	Institutional Bill Type Identification			
83	2200E	REF01	Reference Identification Qualifier	BLT	3	Billing Type
83	2200E	REF02	Reference Identification		50	

84	2200E	REF	Application or Location System Identifier			
84	2200E	REF01	Reference Identification Qualifier	LU	3	Location Number
84	2200E	REF02	Reference Identification		50	
85	2200E	REF	Group Number			
85	2200E	REF01	Reference Identification Qualifier	6P	3	Group Number
85	2200E	REF02	Reference Identification		50	
86	2200E	REF	Payer Control Number			
86	2200E	REF01	Reference Identification Qualifier	EJ	3	Patient Account Number
86	2200E	REF02	Reference Identification		50	
87	2200E	REF	Pharmacy Prescription Number			
87	2200E	REF01	Reference Identification Qualifier	XZ	3	Pharmacy Prescription Number
87	2200E	REF02	Reference Identification		50	
88	2200E	REF	Claim Identification Number for Clearinghouses and other Transmission Intermediaries			
88	2200E	REF01	Reference Identification Qualifier	D9	3	Claim Number
88	2200E	REF02	Reference Identification		50	
89	2200D	AMT	Claim Submitted Charges			
89	2200D	AMT01	Amount Qualifier Code	T3	3	Total Submitted Charges
89	2200D	AMT02	Monetary Amount		18	
90	2200D	DTP	Claim Service Date			

90	2200D	DTP01	Date/Time Qualifier	472	3	Service
90	2200D	DTP02	Date Time Period Format Qualifier	D8, RD8	3	CCYYMMDD,CCYYM MDD-CCYYMMDD
91	2200D	DTP03	Date Time Period		35	
92	2210D	SVC	Service Line Information			
92	2210D	SVC01	Composite Medical Procedure Identifier			
92	2210D	SVC01-01	Product / Service ID Qualifier	AD,ER,HC,HP,IV,N4,NU,WK	2	
94	2210D	SVC01-2	Product / Service ID		48	
94	2210D	SVC01-3	Procedure Modifier		2	
94	2210D	SVC01-4	Procedure Modifier		2	
94	2210D	SVC01-5	Procedure Modifier		2	
95	2210D	SVC01-6	Procedure Modifier		2	
95	2210D	SVC02	Monetary Amount		18	
95	2210D	SVC04	Product / Service ID		48	
95	2210D	SVC07	Quantity		15	
96	2200E	REF	Service Line Item Identification			
96	2200E	REF01	Reference Identification Qualifier	FJ	3	Line Item Identification Qualifier
96	2200E	REF02	Reference Identification		50	
97	2210E	DTP	Service Line Date			
97	2210E	DTP01	Date/Time Qualifier	472	3	Service

97	2210E	DTP02	Date Time Period Format Qualifier	D8, RD8	3	CCYYMMDD,CCYYM MDD-CCYYMMDD
97	2210E	DTP03	Date Time Period		35	
98		SE	Transaction Set Trailer			
98		SE01	Number of Included Segments		10	
98		SE02	Transaction Set Control Number		9	

TRANSACTION SPECIFIC INFORMATION – 277 Claim Status Response

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
106		ST	Transaction Set Header			
106		ST01	Transaction Set Identifier Code	277	3	Health Information Notification Care Status
106		ST02	Transaction Set Control Number		9	
106		ST03	Implementation Convention Reference		35	
107		BHT	Beginning of Hierarchical Transaction			
107		BHT01	Hierarchical Structure Code	0010	4	Information Source
107		BHT02	Transaction Set Purpose Code	08	2	Status
107		BHT03	Reference Identification		50	
107		BHT04	Date		8	
108		BHT05	Time		8	
108		BHT06	Transaction Type Code	DG	2	Response
109	2000A	HL	Information Source Level			
109	2000A	HL01	Hierarchical ID Number		12	
110	2000A	HL03	Hierarchical Level Code	20	2	Information Source
110	2000A	HL04	Hierarchical Child Code	1	1	Additional Subordinate HL Data Segment in this Hierarchical Structure
111	2100A	NM1	Payer Name			
111	2100A	NM101	Entity Identifier Code	PR	3	Payer
111	2100A	NM102	Entity Type Qualifier	2	1	Non-Person Entity

111	2100A	NM103	Organization Name		60	
112	2100A	NM108	Identification Code Qualifier	PI,XV	2	Payor ID, CMS Plan ID
112	2100A	NM109	Identification Code		80	
113	2100A	PER	Payer Contact Information			
114	2100A	PER01	Contact Function Code	IC	2	Information Contact
114	2100A	PER02	Name		60	
114	2100A	PER03	Communication Number Qualifier	ED,EM,FX,TE	2	
114	2100A	PER04	Communication Number		256	
114	2100A	PER05	Communication Number Qualifier	ED,EM,EX,FX,TE	2	
115	2100A	PER06	Communication Number		256	
115	2100A	PER07	Communication Number Qualifier	ED,EM,EX,FX,TE		
115	2100A	PER08	Communication Number		256	
116	2000B	HL	Information Receiver Level			
116	2000B	HL01	Hierarchical ID Number		12	
116	2000B	HL02	Hierarchical Parent ID Number		12	
117	2000B	HL03	Hierarchical Level Code	21	2	Information Receiver
117	2000B	HL04	Hierarchical Child Code	0,1	1	No Subordinate HL Segment in this Hierarchical Structure, Additional Subordinate HL Data Segment in this Hierarchical Structure
118	2100B	NM1	Information Receiver Name			
118	2100B	NM101	Entity Identifier Code	41	3	Submitter
118	2100B	NM102	Entity Type Qualifier	1,2	1	Non-Person Entity
119	2100B	NM103	Organization Name		60	
119	2100B	NM104	Name First		35	

119	2100B	NM105	Name Middle		25	
119	2100B	NM108	Identification Code Qualifier	46	2	ETIN
119	2100B	NM109	Identification Code		80	
120	2200B	TRN	Information Receiver Trace Identifier			
120	2200B	TRN01	Trace Type Code	2	2	Referenced Transaction Trace Numbers
120	2200B	TRN02	Reference Identification		50	
121	2200B	STC	Information Receiver Status Information			
121	2200B	STC01	Health Care Claim Status			
121	2200B	STC01-01	Industry Code		30	
121	2200B	STC01-02	Industry Code		30	
122	2200B	STC01-03	Entity Identifier Code	41,AY,PR	3	Submitter, Clearinghouse, Payer
122	2200B	STC02	Date		8	
122	2200B	STC10	Health Care Claim Status			
122	2200B	STC10-1	Industry Code		30	
122	2200B	STC10-2	Industry Code			
123	2200B	STC10-3	Entity Identifier Code		3	
123	2200B	STC11-1	Industry Code		30	
123	2200B	STC11-2	Industry Code		30	
123	2200B	STC11-3	Entity Identifier Code		3	
124	2000C	HL	Service Provider Level			
124	2000C	HL01	Hierarchical ID Number		12	
124	2000C	HL02	Hierarchical Parent ID Number		12	
125	2000C	HL03	Hierarchical Level Code	19	2	Provider of Service
125	2000C	HL04	Hierarchical Child Code	0,1	1	No Subordinate HL Segment in this Hierarchical Structure, Additional Subordinate HL Data

						Segment in this Hierarchical Structure
126	2100C	NM1	Provider Name			
127	2100C	NM101	Entity Identifier Code	1P	3	Provider
127	2100C	NM102	Entity Type Qualifier	1,2	1	Person, Non-Person Entity
127	2100C	NM103	Organization Name		60	
127	2100C	NM104	Name First		35	
127	2100C	NM105	Name Middle		25	
127	2100C	NM107	Name Suffix		10	
128	2100C	NM108	Identification Code Qualifier	FI,SV,XX	2	
128	2100C	NM109	Identification Code		80	
129	2200C	TRN	Provider of Service Trace Identifier			
129	2200C	TRN01	Trace Type Code	1	2	Current Transaction Trace Numbers
129	2200C	TRN02	Reference Identification		50	
130	2200C	STC	Provider Status Information			
130	2200C	STC01	Health Care Claim Status			
130	2200C	STC01-01	Industry Code		30	
130	2200C	STC01-02	Industry Code		30	
131	2200C	STC01-03	Entity Identifier Code	1P	3	Provider
131	2200C	STC02	Date		8	
131	2200C	STC10	Health Care Claim Status			
131	2200C	STC10-1	Industry Code		30	
131	2200C	STC10-2	Industry Code			
132	2200C	STC10-3	Entity Identifier Code		3	
132	2200C	STC11-1	Industry Code		30	
132	2200C	STC11-2	Industry Code		30	
132	2200C	STC11-3	Entity Identifier Code		3	
133	2000D	HL	Subscriber Level			

134	2000D	HL01	Hierarchical ID Number		12	
134	2000D	HL02	Hierarchical Parent ID Number		12	
134	2000D	HL03	Hierarchical Level Code	22	2	Subscriber
134	2000D	HL04	Hierarchical Child Code	0,1	1	No Subordinate HL Segment in this Hierarchical Structure, Additional Subordinate HL Data Segment in this Hierarchical Structure
135	2100D	NM1	Subscriber Name			
135	2100D	NM101	Entity Identifier Code	1P	3	Provider
135	2100D	NM102	Entity Type Qualifier	1,2	1	Person, Non-Person Entity
136	2100D	NM103	Organization Name		60	
136	2100D	NM104	Name First		35	
136	2100D	NM105	Name Middle		25	
136	2100D	NM107	Name Suffix		10	
136	2100D	NM108	Identification Code Qualifier	24,II,MI	2	
136	2100D	NM109	Identification Code		80	
137	2200D	TRN	Claim Status Tracking Number			
137	2200D	TRN01	Trace Type Code	2	2	Referenced Transaction Trace Numbers
137	2200D	TRN02	Reference Identification		50	
138	2200D	STC	Claim Level Status Information			
138	2200D	STC01	Health Care Claim Status			
138	2200D	STC01-01	Industry Code		30	
138	2200D	STC01-02	Industry Code		30	
145	2200D	STC02	Date		8	
146	2200D	STC10	Health Care Claim Status			
146	2200D	STC10-1	Industry Code		30	

146	2200D	STC10-2	Industry Code			
147	2200D	STC10-3	Entity Identifier Code		3	
147	2200D	STC11-1	Industry Code		30	
147	2200D	STC11-2	Industry Code		30	
147	2200D	STC11-3	Entity Identifier Code		3	
147	2200D	STC11-4	Code List Qualifier Code	RX	3	National Council for Prescription Drug Programs Reject / Payment Codes
149	2200D	REF	Payer Claim Control Number			
149	2200D	REF01	Reference Identification Qualifier	1K	3	Payor's Claim Number
149	2200D	REF02	Reference Identification		50	
150	2200D	REF	Institutional Bill Type Identification			
150	2200D	REF01	Reference Identification Qualifier	BLT	3	Billing Type
150	2200D	REF02	Reference Identification		50	
151	2200D	REF	Patient Control Number			
151	2200D	REF01	Reference Identification Qualifier	EJ	3	Patient Account Number
151	2200D	REF02	Reference Identification		50	
152	2200D	REF	Pharmacy Prescription Number			
152	2200D	REF01	Reference Identification Qualifier	XZ	3	Pharmacy Prescription Number
152	2200D	REF02	Reference Identification		50	
153	2200D	REF	Voucher Identifier			
153	2200D	REF01	Reference Identification Qualifier	VV	3	Voucher
153	2200D	REF02	Reference Identification		50	
154	2200D	REF	Claim Identification Number for Clearinghouses and Other Transmission Intermediaries			

154	2200D	REF01	Reference Identification Qualifier	D9	3	Claim Number
154	2200D	REF02	Reference Identification		50	
155	2200D	DTP	Claim Service Date			
155	2200D	DTP01	Date/Time Qualifier	472	3	Service
155	2200D	DTP02	Date Time Period Format Qualifier	D8, RD8	3	CCYYMMDD,CCYYM MDD-CCYYMMDD
156	2200D	DTP03	Date Time Period		35	
157	2220D	SVC	Service Line Information			
157	2220D	SVC01	Composite Medical Procedure Identifier			
157	2220D	SVC01-01	Product / Service ID Qualifier	AD,ER,HC ,HP,IV,N4, NU,WK	2	
159	2220D	SVC01-2	Product / Service ID		48	
159	2220D	SVC01-3	Procedure Modifier		2	
159	2220D	SVC01-4	Procedure Modifier		2	
159	2220D	SVC01-5	Procedure Modifier		2	
160	2220D	SVC01-6	Procedure Modifier		2	
160	2220D	SVC02	Monetary Amount		18	
160	2220D	SVC03	Monetary Amount		18	
160	2220D	SVC04	Product / Service ID		48	
160	2220D	SVC07	Quantity		15	
161	2220D	STC	Service Line Status Information			
161	2220D	STC01	Health Care Claim Status			
161	2220D	STC01-01	Industry Code		30	
161	2220D	STC01-02	Industry Code		30	
168	2220D	STC02	Date		8	

168	2220D	STC10	Health Care Claim Status			
168	2220D	STC10-1	Industry Code		30	
168	2220D	STC10-2	Industry Code		30	
169	2220D	STC10-3	Entity Identifier Code		3	
169	2220D	STC11-1	Industry Code		30	
169	2220D	STC11-2	Industry Code		30	
170	2220D	STC11-3	Entity Identifier Code		3	
171	2220D	REF	Service Line Item Identification			
171	2220D	REF01	Reference Identification Qualifier	FJ	3	Line Item Control Number
171	2220D	REF02	Reference Identification		50	
172	2220D	DTP	Service Line Date			
172	2220D	DTP01	Date/Time Qualifier	472	3	Service
172	2220D	DTP02	Date Time Period Format Qualifier	D8, RD8	3	CCYYMMDD,CCYYM MDD-CCYYMMDD
172	2220D	DTP03	Date Time Period		35	
173	2000E	HL	Dependent Level			
173	2000E	HL01	Hierarchical ID Number		12	
173	2000E	HL02	Hierarchical Parent ID Number		12	
174	2000E	HL03	Hierarchical Level Code	23	2	Dependent
175	2100E	NM1	Dependent Name			
175	2100E	NM101	Entity Identifier Code	QC	3	Patient
175	2100E	NM102	Entity Type Qualifier	1	1	Person
175	2100E	NM103	Organization Name		60	
176	2100E	NM104	Name First		35	
176	2100E	NM105	Name Middle		25	
176	2100E	NM107	Name Suffix		10	
177	2200E	TRN	Claim Status Tracking Number			

177	2200E	TRN01	Trace Type Code	2	2	Referenced Transaction Numbers	Trace
177	2200E	TRN02	Reference Identification		50		
178	2200E	STC	Claim Level Status Information				
178	2200E	STC01	Health Care Claim Status				
178	2200E	STC01-01	Industry Code		30		
178	2200E	STC01-02	Industry Code		30		
179	2200E	STC01-03	Entity Identifier Code		3		
185	2200E	STC02	Date		8		
186	2200E	STC10	Health Care Claim Status				
186	2200E	STC10-1	Industry Code		30		
186	2200E	STC10-2	Industry Code				
186	2200E	STC10-3	Entity Identifier Code		3		
187	2200E	STC11-1	Industry Code		30		
187	2200E	STC11-2	Industry Code		30		
188	2200E	STC11-3	Entity Identifier Code		3		
189	2200E	REF	Payer Claim Control Number				
189	2200E	REF01	Reference Identification Qualifier	1K	3	Payor's Claim Number	
189	2200E	REF02	Reference Identification		50		
190	2200E	REF	Institutional Bill Type Identification				
190	2200E	REF01	Reference Identification Qualifier	BLT	3	Billing Type	
190	2200E	REF02	Reference Identification		50		
191	2200E	REF	Patient Control Number				
191	2200E	REF01	Reference Identification Qualifier	EJ	3	Patient Number	Account
191	2200E	REF02	Reference Identification		50		
192	2200E	REF	Pharmacy Prescription Number				

192	2200E	REF01	Reference Identification Qualifier	XZ	3	Pharmacy Prescription Number
192	2200E	REF02	Reference Identification		50	
193	2200E	REF	Voucher Identifier			
193	2200E	REF01	Reference Identification Qualifier	VV	3	Voucher
193	2200E	REF02	Reference Identification		50	
194	2200E	REF	Claim Identification Number for Clearinghouses and Other Transmission Intermediaries			
194	2200E	REF01	Reference Identification Qualifier	D9	3	Claim Number
194	2200E	REF02	Reference Identification		50	
195	2200E	DTP	Claim Service Date			
195	2200E	DTP01	Date/Time Qualifier	472	3	Service
195	2200E	DTP02	Date Time Period Format Qualifier	D8, RD8	3	CCYYMMDD,CCYYM MDD-CCYYMMDD
196	2200E	DTP03	Date Time Period		35	
197	2220E	SVC	Service Line Information			
197	2200E	SVC01	Composite Medical Procedure Identifier			
197	2200E	SVC01-01	Product / Service ID Qualifier	AD,ER,HC,HP,IV,N4,NU,WK	2	
199	2200E	SVC01-2	Product / Service ID		48	
199	2200E	SVC01-3	Procedure Modifier		2	
199	2200E	SVC01-4	Procedure Modifier		2	
199	2200E	SVC01-5	Procedure Modifier		2	
200	2200E	SVC01-6	Procedure Modifier		2	

200	2200E	SVC02	Monetary Amount		18	
200	2200E	SVC03	Monetary Amount		18	
200	2200E	SVC04	Product / Service ID		48	
200	2200E	SVC07	Quantity		15	
201	2220E	STC	Service Line Status Information			
201	2220E	STC01	Health Care Claim Status			
201	2220E	STC01-01	Industry Code		30	
201	2220E	STC01-02	Industry Code		30	
202	2220E	STC01-03	Entity Identifier Code		3	
208	2220E	STC02	Date		8	
208	2220E	STC10	Health Care Claim Status			
208	2220E	STC10-1	Industry Code		30	
208	2220E	STC10-2	Industry Code			
209	2220E	STC10-3	Entity Identifier Code		3	
209	2220E	STC11-1	Industry Code		30	
209	2220E	STC11-2	Industry Code		30	
210	2220E	STC11-3	Entity Identifier Code		3	
211	2220E	REF	Service Line Item Identification			
211	2220E	REF01	Reference Identification Qualifier	FJ	3	Line Item Control Number
211	2220E	REF02	Reference Identification		50	
212	2220E	DTP	Service Line Date			
212	2220E	DTP01	Date / Time Qualifier	472	3	Service
212	2220E	DTP02	Date Time Period Format Qualifier	D8, RD8	3	CCYYMMDD, CCYYMMDD-CCYYMMDD
212	2220E	DTP03	Date Time Period		35	
213		SE	Transaction Set Trailer			
213		SE01	Number of Included Segments		10	

213		SE02	Transaction Set Control Number		9	
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Business Scenario 1 - Claim Level Status

CareSource is both the Medicare Part A Fiscal Intermediary and a PPO. CareSource insurance has a payer identification of 12345.

XYZ Service, which is a Clearinghouse, has an electronic transmitter identification number of X67E that it uses to conduct electronic business transactions with CareSource.

Home Hospital and Home Hospital Physicians use XYZ Service to submit electronic claims and claim status requests to CareSource. Home Hospital's National Provider Identifier (NPI) is 1666666661. Home Hospital Physicians' National Provider Identifier (NPI) is 1666666666.

The following details are for 3 claims that XYZ Service requested status and CareSource responded:

Claim 1

Request - Fred Smith is a Medicare enrollee with a health insurance claim number of 123456789A. Mr. Smith's birth date is 12/10/1950. A claim status tracking number of CSXYZ1 was assigned to the status inquiry for Mr. Smith's claim. Home Hospital requested the status of a claim for inpatient services (bill type 111) for services August 31, 2020 through September 6, 2020 in the amount of \$8,513.88. Home Hospital provided a patient control number of SM123456.

Response - CareSource assigned a payer claim control number of 05347006051 to Mr. Smith's claim. The claim was pending waiting on additional information that had already been requested.

Claim 2

Request - Mary Jones is a Medicare enrollee with a health insurance claim number of 234567890A. Mrs. Jones' birth date is 11/15/1950. A claim status tracking number of CSXYZ2 was assigned to the status inquiry for Mrs. Jones' claim. Home Hospital requested the status of a claim for inpatient services (bill type 111) from July 31, 2020 through August 9, 2020 in the amount of \$7,599.00. Home Hospital provided a patient control number of JO234567.

Response – CareSource assigned a payer claim control number of 0529675341 to Mrs. Jones' claim. The claim completed adjudication and is awaiting the payment cycle.

Claim 3

Request - Joseph Mann is a dependent under John Mann's PPO plan. John Mann is the insured, or subscriber, and his member identification is 345678901. Joseph Mann's birth date is 11/01/1995. A claim status tracking number of CSXYZ3 was assigned to the status inquiry for Joseph Mann's claim. Home Hospital Physicians requested the status of a service (99203) on May 1, 2020 in the amount of \$150.00. Home Hospital Physicians provided a patient control number of MA345678.

Response - CareSource assigned a payer internal control number of 051681010827 to Joseph Mann's claim. The service was denied because the dependent was not eligible for benefits at the time of service.

276 Request Transmission:

The following is the 276 transmission XYZ Services sent to CareSource requesting the status of the claims described in Section 3.1 - *Business Scenario 1 -- Claim Level Status*.

ST*276*0001*005010X212~
BHT*0010*13*CARESOURCE276XXX*20200915*1425~
HL*1**20*1~
NM1*PR*2*CARESOURCE*****PI*12345~
HL*2*1*21*1~
NM1*41*2*XYZ SERVICE*****46*X67E~
HL*3*2*19*1~
NM1*1P*2*HOME HOSPITAL *****XX*1666666661~
HL*4*3*22*0~
DMG*D8*19501210*M~
NM1*IL*1*SMITH*FRED****MI*123456789A~
TRN*1*CSXYZ1~
REF*BLT*111~
REF*EJ*SM123456~
AMT*T3*8513.88~
DTP*472*RD8*20200831-20200906~
HL*5*3*22*0~
DMG*D8*19501115*F~
NM1*IL*1*JONES*MARY****MI*234567890A~
TRN*1*CSXYZ2~
REF*BLT*111~
REF*EJ*JO234567~
AMT*T3*7599~
DTP*472*RD8*20200731-20200809~
HL*6*2*19*1~
NM1*1P*2*HOME HOSPITAL PHYSICIANS*****XX*1666666666~
HL*7*6*22*1~
NM1*IL*1*MANN*JOHN****MI*345678901~
HL*8*7*23~
DMG*D8*19951101*M~
NM1*QC*1*MANN*JOSEPH~
TRN*1*CSXYZ3~
REF*EJ*MA345678~
SVC*HC:99203*150*****1~
DTP*472*D8*20200501~
SE*36*0001~

Response Transmission:

The following is the 277 transmission CareSource sent in response to the 276 transmission from XYZ Service regarding the claims described in Section 3.1 – *Business Scenario 1 -- Claim Level Status*.

ST*277*0001*005010X212~
BHT*0010*08*277X212*20200916*0810*DG~
HL*1**20*1~
NM1*PR*2*CARESOURCE*****PI*12345~
HL*2*1*21*1~
NM1*41*2*XYZ SERVICE*****46*X67E~
HL*3*2*19*1~
NM1*1P*2*HOME HOSPITAL *****XX*1666666661~
HL*4*3*22*0~
NM1*IL*1*SMITH*FRED****MI*123456789A~
TRN*2*CSXYZ1~
STC*P3:317*20200913**8513.88~
REF*1K*05347006051~
REF*BLT*111~
REF*EJ*SM123456~
DTP*472*RD8*20200831-20200906~
HL*5*3*22*0~
NM1*IL*1*JONES*MARY****MI*234567890A~
TRN*2*CSXYZ2~
STC*F0:3*20200915**7599*7599~
REF*1K*0529675341~
REF*BLT*111~
REF*EJ*JO234567~
DTP*472*RD8*20200731-20200809~
HL*6*2*19*1~
NM1*1P*2*HOME HOSPITAL PHYSICIANS*****XX*1666666666~
HL*7*6*22*1~
NM1*IL*1*MANN*JOHN****MI*345678901~
HL*8*7*23~
NM1*QC*1*MANN*JOSEPH~
TRN*2*CSXYC3~
STC*F2:88:QC*20200612**150*0~
REF*1K*051681010827~
REF*EJ*MA345678~
SVC*HC:99203*150*0****1~
STC*F2:88:QC*20200612~
DTP*472*D8*20200501~
SE*38*0001~

Business Scenario 2 - Provider Level Status

CareSource is both the Medicare Part A Fiscal Intermediary and a PPO. CareSource has a payer identification of 12345.

XYZ Service, which is a Clearinghouse, has an electronic transmitter identification number of X67E that it uses to conduct electronic business transactions with CareSource.

Home Hospital and Home Hospital Physicians use XYZ Service to submit electronic claims and claim status requests to CareSource. Home Hospital's National Provider Identifier (NPI) is 1666666661. Home Hospital Physicians' National Provider Identifier (NPI) is 1666666666.

The following details are for 2 claims that XYZ Service requested status and CareSource responded:

Claim 1

Request - Fred Smith is a Medicare enrollee with a health insurance claim number of 123456789A. Mr. Smith's birth date is 12/10/1950. A claim status tracking number of CSXYZ1 was assigned to the status inquiry for Mr. Smith's claim. Home Hospital requested the status of a claim for inpatient services (bill type 111) for services August 31, 2020 through September 6, 2020 in the amount of \$8,513.88. Home Hospital provided a patient control number of SM123456.

Response - CareSource assigned a payer claim control number of 05347006051 to Mr. Smith's claim. The claim was pending waiting on additional information that had already been requested.

Claim 2

Request - Joseph Mann is a dependent under John Mann's PPO plan. John Mann is the insured, or subscriber, and his member identification is 345678901. Joseph Mann's birth date is 11/01/1995. A claim status tracking number of CSXYZ3 was assigned to the status inquiry for Joseph Mann's claim. Home Hospital Physicians requested the status of a service (99203) on May 1, 2020 in the amount of \$150.00. Home Hospital Physicians provided a patient control number of MA345678.

Response - CareSource did not recognize the electronic business relationship between Home Hospital Physicians and XYZ Service because Home Hospital Physicians' provider number was erroneously transposed in their transmission set-up. Consequently, CareSource responded at this specific Provider Level indicating the provider was not eligible for EDI status.

276 Request Transmission:

The following is the 276 transmission XYZ Services sent to CareSource requesting the status of the claims described in Section 3.2 - *Business Scenario 2 -- Provider Level Status*:

ST*276*0001*005010X212~
BHT*0010*13*CS276XXX*20200915*1425~
HL*1**20*1~
NM1*PR*2*CARESOURCE*****PI*12345~

HL*2*1*21*1~
NM1*41*2*XYZ SERVICE*****46*X67E~
HL*3*2*19*1~
NM1*1P*2*HOME HOSPITAL *****XX*1666666661~
HL*4*3*22*0~
DMG*D8*19501210*M~
NM1*IL*1*SMITH*FRED****MI*123456789A~
TRN*1*CSXYZ1~
REF*BLT*111~
REF*EJ*SM123456~
AMT*T3*8513.88~
DTP*472*RD8*20200831-20200906~
HL*5*2*19*1~
NM1*1P*2*HOME HOSPITAL PHYSICIANS*****XX*6166666666~
HL*6*5*22*1~
NM1*IL*1*MANN*JOHN****MI*345678901~
HL*7*6*23~
DMG*D8*19951101*M~
NM1*QC*1*MANN*JOSEPH~
TRN*1*CSXYZ3~
REF*EJ*MA345678~
SVC*HC:99203*150*****1~
DTP*472*D8*20200501~
SE*28*0001~

Response Transmission:

The following is the 277 transmission CareSource sent in response to the 276 transmission from XYZ Service regarding the claims described in Section 3.2 – *Business Scenario 2 -- Provider Level Status*:

ST*277*0001*005010X212~
BHT*0010*08*277X212*20200916*0810*DG~
HL*1**20*1~
NM1*PR*2*CARESOURCE*****PI*12345~
HL*2*1*21*1~
NM1*41*2*XYZ SERVICE*****46*X67E~
HL*3*2*19*1~
NM1*1P*2*HOME HOSPITAL *****XX*1666666661~
HL*4*3*22*0~
NM1*IL*1*SMITH*FRED****MI*123456789A~
TRN*2*CSXYZ1~
STC*P3:317*20200913**8513.88~
REF*1K*05347006051~
REF*BLT*111~
REF*EJ*SM123456~
DTP*472*RD8*20200831-20200906~

HL*5*2*19*0~
NM1*1P*2*HOME HOSPITAL PHYSICIANS*****XX*616666666~
TRN*1*0~
STC*E0:24:85*20200916~
SE*21*0001~

Business Scenario 3 – Information Receiver Level Status

CareSource is a Medicare Part A Fiscal Intermediary. CareSource has a payer identification of 12345.

XYZ Service, which is a Clearinghouse, has an electronic transmitter identification number of X67E which it uses to conduct electronic business transactions with CareSource.

Home Hospital uses XYZ Service to submit electronic claims and claim status requests to CareSource. Home Hospital's National Provider Identifier (NPI) is 1666666661.

The following details are for 1 claim that XYZ Service requested status and CareSource responded:

Claim 1

Request - Fred Smith is a Medicare enrollee with a health insurance claim number of 123456789A. Mr. Smith's birth date is 12/10/1950. A claim status tracking number of CSXYZ1 was assigned to the status inquiry for Mr. Smith's claim. Home Hospital requested the status of a claim for inpatient services (bill type 111) for services August 31, 2020 through September 6, 2020 in the amount of \$8,513.88. Home Hospital provided a patient control number of SM123456.

Response – CareSource's system was down and they were unable to respond to the claim status request. CareSource responded at the Information Receiver level with a system unavailable status.

276 Request Transmission:

The following is the 276 transmission XYZ Services sent to CareSource requesting the status of the claims described in Section 3.3 - *Business Scenario 3 – Information Receiver Level Status*:

ST*276*0001*005010X212~
BHT*0010*13*CS276XXX*20200915*1425~
HL*1**20*1~
NM1*PR*2*CARESOURCE*****PI*12345~
HL*2*1*21*1~
NM1*41*2*XYZ SERVICE*****46*X67E~
HL*3*2*19*1~
NM1*1P*2*HOME HOSPITAL *****XX*1666666661~
HL*4*3*22*0~
DMG*D8*19501210*M~
NM1*IL*1*SMITH*FRED****MI*123456789A~
TRN*1*CSXYZ1~
REF*BLT*111~

REF*EJ*SM123456~
AMT*T3*8513.88~
DTP*472*RD8*20200831-20200906~
SE*17*0001~

277 Response Transmission:

The following is the 277 transmission CareSource sent in response to the 276 transmission from XYZ Service regarding the claims described in Section 3.3 – *Business Scenario 3 -- Information Receiver Level Status*:

ST*277*0001*005010X212~
BHT*0010*08*277X212*20200916*0810*DG~
HL*1**20*1~
NM1*PR*2*CARESOURCE*****PI*12345~
HL*2*1*21*0~
NM1*41*2*XYZ SERVICE*****46*X67E~
TRN*2*CS276XXX~
STC*E0:0*20200916~
SE*9*0001~

Business Scenario 4 - Claim Level Status with NCPDP Reject/Payment Code

CareSource is a Medicaid Fiscal Agent. CareSource has a payer identification of 12345.

XYZ Service, which is a Clearinghouse, has an electronic transmitter identification number of X67E which it uses to conduct electronic business transactions with CareSource.

Home Hospital Pharmacy uses XYZ Service to submit electronic claims and claim status requests to CareSource. Home Hospital Pharmacy's National Provider Identifier (NPI) is 1666666662.

The following details are for 1 claim that XYZ Service requested status and CareSource responded:

Claim 1

Request - Fred Smith is a Medicaid enrollee with a Medicaid subscriber identification of 123456789012. Mr. Smith's birth date is 12/10/1950. A claim status tracking number of CSXYZ1 was assigned to the status inquiry for Mr. Smith's claim. Home Hospital Pharmacy requested the status of a claim for a pharmacy service on March 1, 2020 in the amount of \$85. Home Hospital Pharmacy provided a pharmacy prescription number of 7654321.

Response - CareSource assigned a payer claim control number of 05347006051. CareSource provided status using a Claim Status Category of F2 (Finalized/Denied) and a National Council for Prescription Drug Programs (NCPDP) Reject/Payment Code of 80 (Drug- diagnosis mismatch) to indicated the denial reason. The NCPDP Status Code Source was identified by use of the RX Code Source Qualifier in STC01-4.

276 Request Transmission:

The following is a 276 transmission XYZ Services sent to CareSource requesting the status of a pharmacy claim.

ST*276*0001*005010X212~
BHT*0010*13*CS276XXX*20200415*1425~
HL*1**20*1~
NM1*PR*2*CARESOURCE*****PI*12345~
HL*2*1*21*1~
NM1*41*2*XYZ SERVICE*****46*X67E~
HL*3*2*19*1~
NM1*1P*2*HOME HOSPITAL PHARMACY*****XX*1666666662~
HL*4*3*22*0~
DMG*D8*19501210*M~
NM1*IL*1*SMITH*FRED****MI*123456789012~
TRN*1*CSXYZ1~
REF*XZ*7654321~
AMT*T3*85~
DTP*472*D8*20200301~
SE*16*0001~

277 Response Transmission:

The following is the 277 transmission CareSource sent in response to the 276 transmission from XYZ Service regarding the pharmacy claim status.

ST*277*0001*005010X212~
BHT*0010*08*277X212*20200415*0810*DG~
HL*1**20*1~
NM1*PR*2*CARESOURCE*****PI*12345~
HL*2*1*21*1~
NM1*41*2*XYZ SERVICE*****46*X67E~
HL*3*2*19*1~
NM1*1P*2*HOME HOSPITAL PHARMACY*****XX*1666666662~
HL*4*3*22*0~
NM1*IL*1*SMITH*FRED****MI*123456789012~
TRN*2*CSXYZ1~
STC*F2:80::RX*20200301**85*0~
REF*1K*05347006051~
REF*XZ*7654321~
DTP*472*D8*20200301~
SE*16*0001~