Centers for Medicare & Medicaid Services (CMS)
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Standard Companion Guide
Health Care Claim Status Request and Response (276/277)

Based on ASC X12N Technical Report Type 3 (TR3), Version 005010X212

Companion Guide Version Number: 6.0,
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Disclosure Statement

The Centers for Medicare & Medicaid Services (CMS) is committed to maintaining the integrity and security of health care data in accordance with applicable laws and regulations. Disclosure of Medicare claims is restricted under the provisions of the Privacy Act of 1974 and Health Insurance Portability and Accountability Act of 1996 (HIPAA). This Companion Guide (CG) is to be used for conducting Medicare business only.

Preface

This CG to the Accredited Standards Committee (ASC) X12N Technical Report Type 3 (TR3) Version 005010 and associated errata adopted under HIPAA clarifies and specifies the data content when exchanging transactions electronically with Medicare. Transmissions based on this CG, used in tandem with the TR3 are compliant with both ASC X12N syntax and those guides. This CG is intended to convey information that is within the framework of the TR3 adopted for use under HIPAA. This CG is not intended to convey information that in any way exceeds the requirements or usages of data expressed in the TR3.

This CG contains instructions for electronic communications with the publishing entity, as well as supplemental information, for creating transactions while ensuring compliance with the associated ASC X12N TR3s and the Council for Affordable Quality Healthcare – Committee on Operating Rules for Information Exchange (CAQH CORE) CG operating rules.

In addition, this CG contains the information needed by Trading Partners to send and receive electronic data with the publishing entity, who is acting on behalf of CMS, including detailed instructions for submission of specific electronic transactions. The instructional content is limited by ASC X12N's copyrights and Fair Use statement.

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1 Introduction

This document is intended to provide information from the author of this guide to Trading Partners to give them the information they need to exchange Electronic Data Interchange (EDI) data with the author. This includes information about registration, testing, support, and specific information about control record setup.

An EDI Trading Partner is defined as any Medicare customer (e.g., provider/supplier, billing service, clearinghouse, or software vendor) that transmits to, or receives electronic data from Medicare. Medicare's EDI transaction system supports transactions adopted under HIPAA as well as additional supporting transactions as described in this guide.

Medicare Fee-For-Service (FFS) is publishing this CG to clarify, supplement, and further define specific data content requirements to be used in conjunction with, and not in place of, the ASC X12N Technical Report Type 3 (TR3) Version 005010 and associated errata for all transactions mandated by HIPAA and/or adopted by Medicare FFS for EDI.

This CG provides communication, connectivity and transaction-specific information to Medicare FFS Trading Partners and serves as the authoritative source for Medicare FFS-specific EDI protocols.

Additional information on Medicare FFS EDI practices are referenced within Internet-only Manual (IOM) Pub. 100-04 Medicare Claims Processing Manual:

- Chapter 24 - General EDI and EDI Support, Requirements, Electronic Claims, and Mandatory Electronic Filing of Medicare Claims. This document can be accessed at https://www.cms.gov/RegulationsandGuidance/Guidance/Manuals/downloads/clm104c24.pdf.
- Chapter 31 - X12 Formats Other than Claims or Remittance. This document can be accessed at https://www.cms.gov/manuals/downloads/clm104c31.pdf.

1.1 Scope

EDI addresses how Trading Partners exchange professional and institutional claims, claim acknowledgments, claim remittance advice, claim status inquiry and responses, and eligibility inquiry and responses electronically with Medicare. This CG also applies to ASC X12N 276/277 transactions that are being exchanged with Medicare by third parties, such as clearinghouses, billing services or network service vendors.

This CG provides technical and connectivity specification for the 276/277 Health Care Claim Status Request and Response transaction Version 005010X212.

1.2 Overview

This CG includes information needed to commence and maintain communication exchange with Medicare. In addition, this CG has been written to assist you in designing and implementing the ASC X12N 276/277 transaction standards to meet Medicare's processing standards. This information is organized in the sections listed below:

Getting Started: This section includes information related to hours of operation, data services, and audit procedures. Information concerning Trading Partner registration and the Trading Partner testing process is also included in this section.

Testing and Certification Requirements: This section includes detailed transaction testing information as well as certification requirements needed to complete transaction testing with Medicare.

Connectivity/Communications: This section includes information on Medicare's transmission procedures as well as communication and security protocols.

Contact Information: This section includes EDI customer service, EDI technical assistance, Trading Partner services and applicable websites.

Control Segments/Envelopes: This section contains information needed to create the Interchange Control Header/Trailer (ISA/IEA), Functional Group Header/Trailer (GS/GE), and Transaction Set Header/Trailer (ST/SE) control segments for transactions to be submitted to or received from Medicare.

Specific Business Rules and Limitations: This section contains Medicare business rules and limitations specific to the ASC X12N 276/277.

Acknowledgments and Reports: This section contains information on all transaction acknowledgments sent by Medicare and report inventory.

Trading Partner Agreement: This section contains information related to implementation checklists, transmission examples, Trading Partner Agreements and other resources.

Transaction Specific Information: This section describes the specific CMS requirements over and above the information in the ASC X12N 276/277 TR3.

1.3 References

The following websites provide information for where to obtain documentation for Medicare-adopted EDI transactions and code lists.

Table 1 – EDI Transactions and Code List References

Resource	Web Address
ASC X12N TR3s	The official ASC X12 website.
Washington Publishing Company Health Care Code Lists	The official Washington Publishing Company website.

1.4 Additional Information

Electronic Data Interchange (EDI) provides Trading Partners with an efficient tool for the automatic transmission of business data from one computer application directly to another. Trading Partners do not need to worry about different incompatible computer systems. Through the use of EDI message standards like Real – time and batch, data may be communicated quickly, efficiently and accurately, irrespective of the users' internal hardware and software types.
The successful implementation of EDI provides major benefits for all the Trading Partners involved:

- **Cost efficiency** - significantly reducing the volume of paper to be handled.
- **Increased speed** - large volumes of data can be communicated from one computer to another in a matter of minutes, enabling faster response and greater customer satisfaction.
- **Improved accuracy** - EDI eliminates the inevitable errors resulting from manual data input.
- **Better logistics management and increased productivity** - EDI enables companies to better manage and control production, purchasing and delivery requirements.

The website linked in the following table provide additional resources for HIPAA Version 005010 Implementation:

Table 2 – Additional EDI Resources

Resource	Web Address
Medicare FFS EDI Operations	https://www.cms.gov/ElectronicBillingEDITrans/

2 Getting Started

2.1 Working Together

Wisconsin Physicians Service Insurance Corporation (WPS Health Solutions) is dedicated to providing communication channels to ensure communication remains constant and efficient. WPS Health Solutions has several options to assist the community with their electronic data exchange needs. By using any of these methods, WPS Health Solutions is focused on supplying the Trading Partner community with a variety of support tools.

An EDI help desk is established for the first point of contact for basic information and troubleshooting. The help desk is available to support most EDI questions/incidents while at the same time being structured to triage each incident if more advanced research is needed. Email is also accepted as a method of communicating with WPS Health Solutions EDI. The email account is monitored by knowledgeable staff ready to assist you. When communicating via email, please exclude any protected health information (PHI) to ensure security is maintained. In addition to the WPS Health Solutions EDI help desk and email access, see Section 5 for additional contact information.

WPS Health Solutions also has several external communication components in place to reach out to the Trading Partner community WPS Health Solutions posts all critical updates, system issues, and EDI-specific billing material to their website, http://www.wpshealth.com/resources/provider-resources/edi/index.shtml.

All Trading Partners are encouraged to visit this page to ensure familiarity with the content of the site WPS Health Solutions also distributes EDI-pertinent information in the form of an EDI newsletter or comparable publication, which is posted to the website every 3 months. In addition to the website, a distribution list has been established in order to broadcast urgent messages. Please register for WPS Health Solutions distribution list by going to http://www.wpsgha.com/, select eNews located at the bottom of the page, enter your e-mail address, and check the lists you would like to sign up for (general, state-specific, or specialty specific lists are all available).

2.2 Trading Partner Registration

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

Medicare FFS and WPS Health Solutions support many different types of Trading Partners or customers for EDI. To ensure proper registration, it is important to understand the terminology associated with each customer type:

- **Submitter** – the entity that owns the submitter ID associated with the health care data being submitted. It is most likely the provider, hospital, clinic, supplier, etc., but could also be a third party submitting on behalf of one of these entities. However, a submitter must be directly linked to each billing National Provider Identifier (NPI). Often the terms submitter and Trading Partner are used interchangeably because a Trading Partner is defined as the entity engaged in the exchange or transmission of electronic transactions. Thus, the entity that is submitting electronic administrative transactions to WPS is a Medicare FFS Trading Partner.
- **Vendor** – an entity that provides hardware, software, and/or ongoing technical support for covered entities. In EDI, a vendor can be classified as a software vendor, billing or network service vendor, or clearinghouse.
- **Software Vendor** – an entity that creates software used by Trading Partners to conduct the exchange of electronic transactions with Medicare FFS.

- **Provider/Supplier** – the entity that renders services to beneficiaries and submits health care claims to Medicare.
- **Billing Service** – a third party that prepares and/or submits claims for a provider.
- **Clearinghouse** – a third party that submits and/or exchanges electronic transactions (claims, claim status or eligibility inquiries, remittance advice, etc.) on behalf of a provider.
- **Network Service Vendor** – a third party that provides connectivity between a Trading Partner and WPS.

New Providers wanting to send and receive the 276/277 transaction, will need to complete a self-registration process on our WPS Community Manager System and EDI Express Enrollment (E3).
The EDI Express Enrollment tool is located at the following URL: http://www.wpshealth.com/resources/provider-resources/edi/enrollment.shtml

Under HIPAA, EDI applies to all covered entities transmitting the following HIPAA-established administrative transactions: 837I and 837P, 835, 270/271, 276/277, and the National Council for Prescription Drug Programs (NCPDP) D.0. Additionally, Medicare Administrative Contractors (MACs) and Common Electronic Data Interchange (CEDI) will use the Interchange Acknowledgment (TA1), Implementation Acknowledgment (999), and 277 Claim Acknowledgement (277CA) error-handling transactions.

Medicare requires that WPS furnish information on EDI to new Trading Partners that request Medicare claim privileges. Additionally, Medicare requires WPS to assess the capability of entities to submit data electronically, establish their qualifications (see test requirements in Section 3), and enroll and assign submitter EDI identification numbers to those approved to use EDI.

A provider must obtain an NPI and furnish that NPI to WPS prior to completion of an initial EDI Enrollment Agreement and issuance of an initial EDI number and password by that contractor. WPS is required to verify that NPI is on the Provider Enrollment Chain and Ownership System (PECOS). If the NPI is not verified on the PECOS, the EDI Enrollment Agreement is denied, and the provider is encouraged to contact WPS enrollment department (for Medicare Part A and Part B providers) or the National Supplier Clearinghouse (for Durable Medical Equipment [DME] suppliers) to resolve the issue. Once the NPI is properly verified, the provider can reapply the EDI Enrollment Agreement.

A provider's EDI number and password serve as an electronic signature and the provider would be liable for any improper usage or illegal action performed with it. A provider's EDI access number and password are not part of the capital property of the provider's operation and may not be given to a new owner of the provider's operation. A new owner must obtain their own EDI access number and password.

If providers elect to submit/receive transactions electronically using a third party such as a billing agent, a clearinghouse, or network services vendor, then the provider is required to have an agreement signed by that third party. The third party must agree to meet the same Medicare security and privacy requirements that apply to the provider in regard to viewing or using Medicare beneficiary data. These agreements are not to be

submitted to Medicare but are to be retained by the provider. Providers will notify WPS which third party agents they will be using on their EDI Enrollment form.

Third parties are required to register with WPS by completing the third-party agreement form. This will ensure that their connectivity is completed properly, however they may need to enroll in mailing lists separately in order to receive all publications and email notifications.

Additional third-party billing information can be found at http://www.wpshealth.com/resources/files/medicareconnection.pdf. The third-party agreement form can be found at http://www.wpshealth.com/resources/provider-resources/edi/enrollment.shtml.

The providers must also be informed that they are not permitted to share their personal EDI access number and password with any billing agent, clearinghouse, or network service vendor. Providers must also not share their personal EDI access number with anyone on their own staff who does not need to see the data for completion of a valid electronic claim, to process a remittance advice for a claim, to verify beneficiary eligibility, or to determine the status of a claim. No other non-staff individuals or entities may be permitted to use a Provider's EDI number and password to access Medicare systems. Clearinghouse and other third-party representatives must obtain and use their own unique EDI access number and password from WPS. For a complete reference to security requirements, see Section 4.4.

2.3 Trading Partner Certification and Testing Process

WPS Health Solutions does not require testing for the 276/277 transaction.

3 Testing and Certification Requirements

3.1 Testing Requirements

All submitters must produce accurate electronic test files before being allowed to submit claim transactions in production. Test claims are subject to ASC X12N standard syntax and TR3 semantic data edits. Documentation will be provided when this process detects errors. Testing of the 276/277 paired transactions is dependent on successful and accurate exchange of electronic claims data between Trading Partners. This CG recommends testing the 276/277 prior to production status whenever possible.

WPS Health Solutions does not require testing for the 276/277 transaction. However, if a Trading Partner wants to send a Test file, they can, but the only acknowledgement that will be sent would be the 999.

- Standard syntax testing validates the programming of the incoming file and includes file layout, record sequencing, balancing, alpha-numeric/numeric/date file conventions, field values, and relational edits.

- TR3 Semantic Data testing validates data required for claims processing, e.g., procedure/diagnosis codes and modifiers. A submitter must demonstrate, at a minimum, 95 percent accuracy rate in data testing before submission in production is approved where, in the judgment of WPS Health Solutions, the vendor/submitter will make the necessary correction(s) prior to submitting a production file.

Many submitters use the same software, or the same clearinghouse to submit their electronic transactions to Medicare.

Trading Partners who submit transactions directly to more than one A/B MAC and/or CEDI must contact each A/B MAC and/or CEDI with whom they exchange EDI transactions to inquire about the need for supplemental testing whenever they plan to begin to use an additional EDI transaction, different or significantly modified software for submission of a previously used EDI transaction, or before a billing agent or clearinghouse begins to submit transactions on behalf of an additional Trading Partner. The individual A/B MAC and/or CEDI may need to retest at that time to re-establish compatibility and accuracy, particularly if there will also be a change in the telecommunication connection to be used.

Billing services and clearinghouses are not permitted to begin to submit or receive EDI transactions on behalf of a provider prior to submission of written authorization by the Trading Partner that the billing agent or clearinghouse has been authorized to handle those transactions on the provider's behalf. See Section 2.2 for further information on EDI enrollment.

3.2 Certification Requirements

Medicare FFS does not certify Trading Partners. However, WPS Health Solutions does certify vendors, clearinghouses, and billing services by conducting testing with them and maintaining an approved vendor list that can be accessed at: http://wpshealth.com/resources/files/medicare-connection.pdf

4 Connectivity / Communications

4.1 Process Flows

The 276/277 transaction requires the requestor to have a WPS Health solutions issued Trading Partner/submitter ID. The process to obtain this can be found in Section 2.2.

- A 276 claim status request is sent to WPS by a submitter.
- The request goes through the initial edits. If it fails the initial edits, then WPS Health Solutions creates the failed message. If it passes the initial edits, then it is sent to the Commercial Off-the -Shelf (COTS)Translator.
- At the COTS translator, the request can either be accepted or rejected.
- The COTS will produce the 999, which will be sent to the submitter to advise whether the request was accepted and sent for further processing or rejected

- If a request is rejected, it goes no further.
- If a request is accepted, then it is sent to the Combined Common Edit Module (CCEM).
- At the CCEM, a header record is added and the request is passed into the adjudication system.
- Date editing on all inbound transactions will be done based on the WPS Health Solutions local time, e.g. Central Standard Time.
- The adjudication system will produce the Claim Status Response (277), which will be sent to the submitter with claim status.

4.2 Transmission

**Notice: Date editing on all inbound transactions will be done based on WPS Health Solutions local time, e.g. CST

Before establishing data communications with WPS Health Solutions, a Trading Partner relationship must exist. As part of the process establishing the relationship, WPS Health Solutions and the Trading Partner must exchange certain technical information. This information is needed by both parties to establish communications.

The information requested will include:

1. Contacts; business, data, and communications
2. Dates; testing, production
3. File information; size, naming
4. Transfer; schedule, protocol
5. Server information; host name, User ID, password, file location, file name
6. Notification; failure, success.

4.2.1 Re-transmission Procedures

**Notice: Date editing on all inbound transactions will be done based on WPS Health Solutions local time, e.g. CST.

If requests within a file are rejected for any reason, you will need to resend the corrected file or create a new file with the corrected requests. You will use the same transmission method to send your corrected file.

4.3 Communication Protocol Specifications

The implementation of WPS Community Manager, effective on April 3, 2017, provides new options for Transfer Protocols.

a. **WPS Gateway Express** provides secure, web-based access for Trading Partners so external users associated with these Trading Partners can log in and perform simple file uploads and downloads. Trading Partners communicate with the WPS Gateway Express server by exchanging documents over HTTPS. Support for this industry standard means that the software can be easily implemented using existing technology infrastructure.

b. **WPS Medicare EDI Gateway:** The WPS Medicare EDI Gateway website resides on a Microsoft Windows server platform hardened against threats from the internet and trusted networks. Organizations that need to support very large volumes of file transfers and/or many users may require additional hardware, but for many organizations, the minimum recommended specifications should suffice.

- GHz Pentium-compatible CPU
- 80 GB SATA or SAS hard drive
- 1 GB RAM
- 100/1000 MB TCP/IP-capable ethernet interface

The WPS Secure EDI website has been tested against and fully supports the following major browsers:

- Internet Explorer version 6.0 or higher
- Internet Explorer 7.0 and higher preferred when using Upload/Download Wizard (Active X or Java)
- Firefox (2.0 and 3.0) preferred when using Upload/Download Wizard (Java-Windows/*nix/Mac OS X • Safari (versions 2 and 3) under Macintosh OS X when using Upload/Download Wizard (Java Only)

c. **Hyper Text Transfer Protocol Secure (HTTPS)** also referred to as HTTP, is a protocol for secure communication over a computer network, which is widely used on the internet. It can be used in web application transfers as well as raw structure transfers. WPS Gateway Express web application uses HTTPS for connectivity but is identified as 'Inbox' when you are setting your Primary Transport method. See Inbox transfer protocol type shown below.

d. **Secure File Transfer Protocol (SFTP)** via EDI connection via Network Service Vendor. Network Service Vendor (NSV) list or via any SFTP client.

e. **HTTP** server errors with an HTTP 500 Internal Service Error or an HTTP 503 Service Unavailable error message for transactions as a result of the Phase II Connectivity Rule 270, requirement 4.3.

f. **X12** is an Electronic Data Interchange (EDI) standard developed for the electronic exchange of machinereadable information between businesses. An X12 document is a file containing EDI data to be exchanged between Trading Partners. There are three basic structures in an X12 document:

- Interchange
- Functional Group
- Transaction Set

****Prior to the implementation of Community Manager, the WPS Bulletin Board System and the Medicare EDI Gateway were the only Transfer Protocols available. Although these options are currently still available, all trading partners will be required to transition to the Community Manager and these options will be decommissioned at a future date. ** Batch Process:**

Batch processing offers two transmission methods for you to choose from when registering to become a WPS Electronic Trading Partner. Following are some of the general system requirements for each.

WPS Medicare EDI Gateway:

The WPS Medicare EDI Gateway website resides on a Microsoft Windows server platform hardened against threats from the internet and trusted networks. Organizations that need to support very large volumes of file transfers and/or many users may require additional hardware, but for many organizations, the minimum recommended specifications should suffice.

- 2 GHz Pentium-compatible CPU
- 80 GB SATA or SAS hard drive
- 1 GB RAM
- 100/1000 MB TCP/IP-capable ethernet interface

The WPS Medicare EDI Gateway website has been tested against and fully supports the following major browsers:

- Internet Explorer version 6.0 or higher
- Internet Explorer 7.0 and higher preferred when using MOVEit Upload/Download Wizard (Active X or Java)
- Firefox (2.0 and 3.0) preferred when using MOVEit Upload/Download Wizard (Java-Windows/*nix/Mac OS X)
- Safari (versions 2 and 3) under Macintosh OS X when using MOVEit Upload/Download Wizard (Java Only)

4.3.1 Asynchronous Dial-up Bulletin board system

WPS Health Solutions is currently using the WPS EDI Bulletin Board System (WGBBS) to receive your electronic files using asynchronous telecommunications. The BBS also allows you to receive reports and other files from WPS Health Solutions

- Has compatible modem, with a minimum 9600 baud rate
- Protocols (ASCII, X modem, Y modem, Z modem and Kermit/Super Kermit)
- Analog telephone line (DLS or Cable modem connections will not work)

4.4 Security Protocols and Passwords

All Trading Partners must adhere to CMS information security policies; including, but not limited to, the transmission of electronic claims, claim status, receipt of the remittance advice, or any system access to obtain beneficiary PHI and/or eligibility information. Violation of this policy will result in revocation of all methods of system access. WPS Health Solutions is responsible for notifying all affected Trading Partners as well as reporting the system revocation to CMS. Additional information can be found at: https://www.cms.gov/Research-Statistics-Data-and-Systems/CMS-Information-Technology/CIO-DirectivesandPolicies/CIO-IT-Policy-Library-Items/STANDARD-ARS-Acceptable-Risk-Safeguards.html.

To meet WPS Health Solutions corporate and federal security mandates, the following password policies are in place:

- Passwords expire every 60 days.
- All passwords must be at least nine characters.
- All passwords must contain at least one UPPERCASE letter.
- All passwords must contain at least one lowercase letter.
- All passwords must contain at least one number.
- All passwords must contain at least one special character (,!@#$%^&*()_+|~-=\`{}[]:";'<>?,./)
- You must change your password before it expires.
- Passwords cannot be changed more than one time within a 24-hour period.
- 24 passwords are "remembered" and cannot be reused until 24 others have been used.
- Account is locked after three unsuccessful login attempts within 60 minutes. The account will remain locked for 180 minutes.

Trading Partners who conduct business with WPS Health solutions are subject to WPS security policies. Users should take appropriate measures to prevent unauthorized disclosure or modification of assigned IDs and passwords. Violation of this policy will result in revocation of all methods of system access, including, but not limited to, EDI front-end access. Trading Partners are not permitted to share their personal EDI access number and password with any billing agent or clearing house/network service vendor. Providers must also not share their personal EDI access number with any colleague who does not need to see the data for completion of a valid electronic claim, to process a remittance advice for a claim, to verify beneficiary eligibility, or to determine the status of a claim. No other noncolleague individuals or entities may be permitted to use a provider's EDI number and password to access WPS Health Solutions systems. Clearinghouse and other thirdparty representatives must obtain and use their own unique EDI access number and password provided by WPS Health Solutions.

5 Contact Information

5.1 EDI Customer Service

EDI Customer Service

Medicare Part A & B J5 & Part A J5 National MAC
(IA, KS, MO, NE & J5N Multiple States)
WPS Health Solutions EDI
1717 West Broadway Madison, WI. 53713-1834
Fax: (608) 223-3824
Phone: (866) 518-3285, Option 1

Medicare Part A & B J8 MAC
(IN and MI)
WPS Health Solutions EDI
1717 West Broadway Madison, WI 53713-1834
Fax: (608) 223-3824
Phone: (866) 234-7331, Option 1

Email Addresses:

- Part A email - EDIMedicareA@wpsic.com
- Part B email - EDIMedicareB@wpsic.com

Holiday Schedule
See the below URL for our Holiday Schedule and EDI Help Desk closures:
http://www.wpshealth.com/resources/provider-resources/edi/help-desk-closures.shtml

5.2 EDI Technical Assistance

See Section 5.1

5.3 Trading Partner Service Number

See Section 5.1

5.4 Applicable Websites / Email

- Part A email - EDIMedicareA@wpsic.com

- Part B email - EDIMedicareB@wpsic.com

6 Control Segments / Envelopes

Enveloping information must be as follows for the 276:

Table 3 – 276 Control Segments / Envelope Requirements

Page #	Element	Name	Codes/Content	Notes/Comments
	ISA	Interchange Control Header		
C.4	ISA01	Authorization Information Qualifier	00, 03	ISA01 must be “00” or “03”.
C.4	ISA02	Authorization Information		Medicare expects 10 spaces.
C.4	ISA03	Security Information Qualifier	00, 01	Medicare expects the value to be “00” or “01”.
C.4	ISA04	Security Information		Medicare expects 10 spaces.
C.4	ISA05	Interchange ID Qualifier		ISA05 = “27”, “28”, or “ZZ”.
C.4	ISA06	Interchange Sender ID	WPS Health Solutions]assigned Submitter ID.	This value is required to be in the 2100A Loop, NM1 Segment, NM109 data element.
C.5	ISA07	Interchange ID Qualifier	27, 28, ZZ	ISA07 = “27”, “28”, or “ZZ”.
C.5	ISA08	Interchange Receiver ID	WPS Health Solutions Contract ID	05101, 05102, 05201, 05202, 05301, 05302, 05401, 05402, 05901, 08101, 08102, 08201, 08202
C.5	ISA11	Repetition Separator		Defined by Submitter.
Page #	**Element**	**Name**	**Codes/Content**	**Notes/Comments**

C.6	ISA14	Acknowledgement Requested	1	Medicare requires submitter to send code value 1 - Interchange Acknowledgment Requested (TA1). Medicare will only return a TA1 segment when there is an error in the ISA/IEA Interchange Envelope.
	GS	Functional Group Header		
C.7	GS02	Application Sender Code		Submitter number assigned by WPS Health Solutions
C.7	GS03	Application Receiver Code		WPS Health Solutions receiver ID.
C.7	GS08	Version Identifier Code	005010X212	GS08 must also match the ST03.

Enveloping information will be sent as follows for the 277:

Table 4 – 277 Control Segments / Envelope Requirements

Page #	Element	Name	Codes/Content	Notes/Comments
	ISA	Interchange Control Header		
C.4	ISA01	Authorization Information Qualifier	00, 01	Medicare will send “00”.
C.4	ISA02	Authorization Information		Medicare will send 10 spaces.
C.4	ISA03	Security Information Qualifier	00	Medicare will send “00”.
C.4	ISA04	Security Information		Medicare will send 10 spaces.
C.4	ISA05	Interchange ID Qualifier		Medicare will send “ZZ”.

C.4	ISA06	Interchange Sender ID	05001, 05102, 05202, 05302, 05402, 05901, 08101, 08102, 08201, 08202	
Page #	**Element**	**Name**	**Codes/Content**	**Notes/Comments**
C.5	ISA07	Interchange ID Qualifier		Medicare will send “ZZ”.
C.5	ISA08	Interchange Receiver ID		MAC/CEDI-assigned Trading Partner ID.
C.5	ISA11	Repetition Separator	^	WPS repetition separator character.
C.6	ISA14	Acknowledgement Requested	1	Medicare requires submitter to send code value 1 - Interchange Acknowledgment Requested (TA1). Medicare will only return a TA1 segment when there is an error in the ISA/IEA Interchange Envelope.
	GS	Functional Group		
C.7	GS02	Application Sender Code		WPS Health Solutions sender ID (the Submitter is Receiving).
C.7	GS03	Application Receiver Code		Submitter number assigned by the WPS Health Solutions
C.8	GS08	Version Identifier Code	005010X212	GS08 must match ST03.

Interchange Control (ISA/IEA) and Function Group (GS/GE) and the Transaction (ST/SE) sets must be used as described in the TR3. Medicare’s expectations for the Control Segments and Envelopes are detailed in Sections 6.1, 6.2, and 6.3.

Note: Medicare FFS only accepts one functional group per ISA/IEA, based upon the TR3 for the transaction. If a transaction is submitted based upon a different TR3, it must be contained within its own Interchange.

6.1 ISA-IEA

Delimiters – Inbound Transactions

As detailed in the TR3, delimiters are determined by the characters sent in specified, set positions of the ISA header. For transmissions inbound to Medicare FFS, these characters are determined by the submitter and can be any characters as defined in the TR3 and must not be contained within any data elements within the ISA/IEA Interchange Envelope.

Delimiters – Outbound Transactions

Medicare recommends the use of the following delimiters in all outbound transactions; trading partners/submitters should contact their local A/B MAC or CEDI for any deviations. Note that these characters will not be used in data elements within an ISA/IEA Interchange Envelope.

Table 5 – Outbound Transaction Delimiters

Delimiter Value	Character Used
Data Element separator	*
Component Element Separator	^
Component Element Separator	:
Segment Terminator	~

Inbound Data Element Detail and Explanation

All data elements within the ISA/IEA interchange envelope must follow ASC X12N syntax rules as defined within the TR3.

6.2 GS-GE

Functional group (GS-GE) codes are transaction-specific. Therefore, information concerning the GS/GE Functional Group Envelope can be found in Tables 3 and 4.

6.3 ST-SE

Medicare FFS follows the HIPAA-adopted TR3 requirements.

7 Specific Business Rules

This section describes the specific CMS requirements over and above the standard information in the TR3.

7.1 General Notes

The following general notes pertain to the 276/277 transaction:

- The response to a 276 Version 005010X212 request will always be the paired 277 Version 005010X212 response. The 277CA Version 005010X214 will never be used to respond to a 276 Version 005010X212 request.

7.2 General Transaction Notes

The following general transaction notes pertain to the 276/277 transaction:

- Part A will be returning claim level status information, but not line level status information.
- Information Receiver Status Information (Loop ID 2200B, STC – Segment Rule) has a limitation of up to five iterations allowed for all occurrences in these transactions.
- Dependent level is never used for Medicare.
- Reference TR3 Appendix B.1.1.3.1.2 for notes regarding amount fields in this transaction set.

7.3 Medicare Specific Business Rules

This section does not apply to WPS Health Solutions.

8 Acknowledgments and Reports

The following two acknowledgments will replace proprietary reports previously provided by WPS Health Solutions.

8.1 TA1 Interchange Acknowledgment

The TA1 is used by Medicare FFS to communicate the rejection of a 276 based on errors encountered with ASC X12N compliance, formatting, or CMS-specific requirements of the ISA/IEA Interchange segments.

The following are examples of conditions when a TA1 may be returned:

- A 276 request is received, and the version of the transmission cannot be determined.
- A 276 request is received, and the version of the transmission is unsupported by Medicare FFS.
- The Trading Partner has not been authorized for the submitted ASC X12N version.
- The sender is not authorized as an active Medicare FFS Trading Partner.

8.2 999 Implementation Acknowledgment

Medicare FFS has elected to use the ASC X12 999. For submissions that are out of compliance with the ASC X12 Version 005010 standard, the appropriate response for such errors will be returned with a 999. Refer to Section 7.3 for Medicare-specific 999-related business rules.

Technical specifications for the ASC X12N 999 are published for the ASC X12N 276/277 Health Care Claim Status Request and Response transactions at the official ASC X12 website.

8.3 Report Inventory

The 999 Implementation Acknowledgement reports which will report an implementation error against a functional group based on TR3 guidelines. The 999 will also confirm receipt of a functional group which fully complies with TR3 guidelines.

The 277 Claim Status Response contains corresponding claim status information in accordance with the TR3 Guide.

8.4 999 Implementation Acknowledgment Error Responses

The 999 Implementation Acknowledgment will report syntax errors based on the ASC X12 guidelines.

9 Trading Partner Agreement

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

Medicare FFS requires all Trading Partners to sign a Trading Partner Agreement with WPS Health Solutions This agreement can be found at: http://www.wpshealth.com/resources/providerresources/edi/enrollment.shtml.

Additionally, WPS Health Solutions requires the following:

In addition to the Trading Partner agreement, WPS Health Solutions requires that all Trading Partners complete a self-registration process on our WPS Community Manager System and E3, which is located at the above URL.

10 Transaction-Specific Information

This section describes the specific CMS requirements over and above the standard information in the TR3.

10.1 Health Care Claim Status Request Transaction (276)

The section describes the values required by CMS in 276 requests.

10.1.1 Loop 2000A Information Source Level Structure (276)

The following table defines the specific details associated with Header and Information Source Structures.

Table 6 – Loop 2000A Header and Information Source Data (276)

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
		ST	Transaction Set Header			
		BHT	Beginning of Hierarchical Transaction			
	2000A	HL	Information Source Level			
	2100A	NM1	Payer Name			
42	2100A	NM108	Identification Code Qualifier	PI	2	Medicare expects "PI".
42	2100A	NM109	Payer Identifier		80	Sender ID must match the value submitted in ISA06 and GS02.

10.1.2 Loop 2000B Information Receiver Level Structures (276)

The following table defines the specific details associated with Information Receiver Structures.

Table 7 – Loop 2000B Information Receiver Detail (276)

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
	2000B	HL	Information Receiver Level			
	2100B	NM1	Information Receiver Name			

46	2100B	NM109	Information Receiver Identification Number		80	Receiver ID. Must match the value submitted in ISA08 and GS03.

10.1.3 Loop 2000C Service Provider Detail Structures (276)

Trading Partners that submit transaction on behalf of a provider must ensure that the correct, valid, and active Medicare Provider identification is submitted. The following table defines specific details associated with Service Provider Structures.

Table 8 – Loop 2000C Service Provider Detail (276)

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
	2000C	HL	Service Provider Level			
	2100C	NM1	Provider Name	1P		Medicare Limitation: Only one iteration allowed.
51	2100C	NM108	Identification Code Qualifier	XX, SV	2	For VA, 2100C NM108 must be "XX" or "SV." For everyone except VA, 2100C NM108 must be "XX."
51	2100C	NM109	Provider Identifier		80	

10.1.4 Loop 2000D Subscriber Level Structures (276)

Trading Partners must ensure that only one Medicare beneficiary request is submitted in the Subscriber level for each 276 request. For Medicare, the patient is always the Subscriber. The following table defines specific details associated with Subscriber level Structures.

Table 9 – Loop 2000D Subscriber Detail (276)

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
	2000D	HL	Subscriber Level			

	2000D	DMG	Subscriber Demographic Information			
55	2000D	DMG02	Subscriber Birth Date		35	Must not be a future date.

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
	2100D	NM1	Subscriber Name			
56	2100D	NM102	Entity Type Qualifier	1	1	Medicare requires value = “1”.
57	2100D	NM104	Subscriber First Name		35	Medicare requires Subscriber First Name.
57	2100D	NM108	Identification Code Qualifier	MI	2	Must be "MI".

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments

57	2100D	NM109	Subscriber Identifier		80	For Medicare HICNs: 2100D NM109 must be 10 - 11 positions in the format of NNNNNNNNNA or NNNNNNNNNAA or NNNNNNNNNAN where “A” represents an alpha character and “N” represents a numeric digit. For Railroad IDs: 2100D NM109 must be 7 - 12 positions in the format of ANNNNNN or AANNNNNN or AAANNNNNN or ANNNNNNNNN or AANNNNNNNNN or AAANNNNNNNNN where “A” represents an alpha character and “N” represents a numeric digit. If MBI: Must be 11 positions in the format of C A AN N A AN N A A N N where "C" represents a constrained numeric 1 thru 9; "A" represents alphabetic character A - Z but excluding S, L, O, I, B, Z; "N" represents numeric 0 thru 9; "AN" represents either "A" or "N".
	2200D	TRN	Subscriber Claim Status Tracking Number			
	2200D	REF	Payer Claim Control Number			

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
59	2200D	REF02	Payer Claim Control Number		50	For VMS, must be 14 digits. For MCS, must be 13 digits. For Fiscal Intermediary Standard System (FISS), must be 14 - 23 characters.
	2200D	REF	Institutional Bill Type Identification			
60	2200D	REF01	Bill Type Qualifier	BLT	3	Part A only. Not allowed for Part B and CEDI.
60	2200D	REF02	Bill Type Identifier		50	
	2200D	REF	Application or Location System Identifier			
61	2200D	REF01	Location Number	LU		For VA, 2200D REF with REF01 = “LU” must be present.
61	2200D	REF02	Application or Location System Identifier			For VA, 2200D REF02 must be a value directly obtained from the contractor when beginning to exchange information.
	2200D	AMT	Claim Submitted Charges			
66	2200D	AMT02	Total Claim Charge Amount		10	2200D AMT02 must be <= 99,999,999.99. Refer to TR3 Section B.1.1.3.1.2.
	2200D	DTP	Claim Service Date			

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
67	2200D	DTP01	Date Time Qualifier.		3	For Part A, 2200D.DTP with DTP01 = "472" must be present. For Part B professional claims, 2200D DTP with DTP01 = “472” must be present when 2210D DTP with DTP01 = “472” is not present.
68	2200D	DTP03	Claim Service Period		35	If 2200D DTP02 = "RD8" then the 2nd date listed in 2200D DTP03 must be >= the 1st date listed in 2200D DTP03.
	2210D	SVC	Service Line Information			
69	2210D	SVC01-1	Product or Service ID Qualifier	HC, HP, NU, N4	2	For Part A, must be “HC”, “HP”, or “NU”. For Part B, must be “HC”. For CEDI, must be “HC” or “N4”.
71	2210D	SVC01-2	Procedure Code		48	
72	2210D	SVC02	Line Item Charge Amount		10	2210D SVC02 must be >= 0. Refer to TR3 Section B.1.1.3.1.2.

10.1.5 Loop 2200E Dependent Level Structures (276)

The following table defines specific details associated with 276 Dependent Level Structures.

Table 10 – Loop 2200E Dependent Level Detail (276)

Loop ID	Notes/Comments
2200E	Dependent-level structures are not used by Medicare FFS. The patient is always the Subscriber.

10.2 Health Care Claim Response Transaction (277)

This section defines CMS-specific requirements in conjunction with the standard information in the ASC X12N 276/277 Version 005010X212.

CMS will be the Information Source for all outbound Medicare transactions.

10.2.1 Loop 2000A Information Source Level Structures (277)

The following table defines the specific details associated with 277 Header and Information Source Structures.

Table 11 – Loop 2000A Header and Information Source Detail (277)

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
		ST	Transaction Set Header			
		BHT	Beginning of Hierarchical Transaction			
107		BHT03	Originator Application Transaction Identifier		50	BHT03 will be the cycle date in CCYYDDD Julian date format concatenated with value from ST02.
	2000A	HL	Information Source Level			
	2100A	NM1	Payer Name			
112	2100A	NM108	Identification Code Qualifier	PI	2	Medicare generates the value of "PI".
112	2100A	NM109	Payer Identifier		80	Transmitted value from the associated 276.
Page #	**Loop ID**	**Reference**	**Name**	**Codes**	**Length**	**Notes/Comments**

	2100A	PER	Payer Contact Information			The telephone number will always be transmitted in the first communication number set, an email address will be sent in the second communication number set, if the information is applicable and available. The
						third communication number set will not be transmitted.
114	2100A	PER02	Payer Contact Name.		60	
114	2100A	PER03	Payer Contact Information.	TE	2	For DME the value "FX" will not be used.
114	2100A	PER05	Payer Contact Information.	EM	2	For DME the value "FX" will not be used.
115	2100A	PER07	Communication Number Qualifier	FX	2	For DME the value "FX" will not be used.

10.2.2 Loop 2000B Information Receiver Level Structures (277)

This following table defines specific details associated with 277 Information Receiver Structures.

Table 12 – Loop 2000B Information Receiver Detail (277)

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
	2000B	HL	Information Receiver Level			

	2100B	NM1	Information Receiver Name			
118	2100B	NM101	Entity Identifier Code		3	Transmitted value from the associated 276.
118	2100B	NM102	Entity Type Qualifier		1	Transmitted value from the associated 276.

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
119	2100B	NM103	Information Receiver Last or Organization Name		60	Transmitted value from the associated 276
119	2100B	NM104	Information Receiver First Name		35	Transmitted value from the associated 276
119	2100B	NM105	Information Receiver Middle Name		25	Transmitted value from the associated 276
119	2100B	NM108	Identification Code Qualifier		2	Transmitted value from the associated 276
119	2100B	NM109	Information Receiver Identification Number		80	Transmitted value from the associated 276. Same as GS02.
	2200B	TRN	Information Receiver Trace Identifier			

	2200B	STC	Information Receiver Status Information			Up to five iterations of the STC will be allowed for all occurrences in these transactions. When 2000B HL04 = "0", one iteration of 2200B STC is required. When not triggered, 2200B STC is not allowed.
121	2200B	STC01-1	Health Care Claim Status Category Code		41	
122	2200B	STC02	Status Information Effective Date		8	The current (system) date in CCYYMMDD format.
Page #	**Loop ID**	**Reference**	**Name**	**Codes**	**Length**	**Notes/Comments**
	2200B	STC10	Health Care Claim Status		16	
122	2200B	STC10-1	Health Care Claim Status Category Code		30	
	2200B	STC11	Health Care Claim Status		30	
123	2200B	STC11-1	Health Care Claim Status Category Code		30	

10.2.3 Loop 2000C Service Provider Level Structures (277)

The following table defines specific details associated with 277 Service Provider Structures.

Table 13 – Loop 2000C Service Provider Detail (277)

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
	2000C	HL	Service Provider Level			Must be present.
	2100C	NM1	Provider Name			Only 1 iteration of the 2100C loop allowed by Medicare.
127	2100C	NM101	Entity Identifier Code		3	Transmitted value from the associated 276.
127	2100C	NM102	Entity Type Qualifier		1	Transmitted value from the associated 276.
127	2100C	NM103	Provider Last or Organization Name		60	Transmitted value from the associated 276.
127	2100C	NM104	Provider First Name		35	Transmitted value from the associated 276.
127	2100C	NM105	Provider Middle Name		25	Transmitted value from the associated 276.
Page #	**Loop ID**	**Reference**	**Name**	**Codes**	**Length**	**Notes/Comments**
127	2100C	NM107	Provider Name Suffix		10	Transmitted value from the associated 276.
128	2100C	NM108	Identification Code Qualifier		2	Transmitted value from the associated 276.
128	2100C	NM109	Provider Identifier		80	Transmitted value from the associated 276.
	2200C	TRN	Provider of Service Trace Identifier			

	2200C	STC	Provider Status Information			Up to five iterations of the STC will be allowed for all occurrences in these transactions.
131	2200C	STC02	Status Information Effective Date		8	Current (system) date in CCYYMMDD format.
	2200C	STC10	Health Care Claim Status			
131	2200C	STC10-1	Health Care Claim Status Category Code		30	
	2200C	STC11	Health Care Claim Status			
132	2200C	STC11-1	Health Care Claim Status Category Code		30	2200C STC11-1 may be present if 2200C STC10-1 is present.

10.2.4 Subscriber Level Structures (277)

For Medicare FFS, the patient is always the subscriber. The following table defines specific details associated with 277 Subscriber Structures.

Table 14 – Loop 2000D Subscriber Detail (277)

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
	2000D	HL	Subscriber Level			
	2100D	NM1	Subscriber Name			
135	2100D	NM102	Entity Type Qualifier	1	1	

136	2100D	NM103	Subscriber Last Name		60	Transmitted value from the associated 276.
136	2100D	NM104	Subscriber First Name		35	Transmitted value from the associated 276.
136	2100D	NM105	Subscriber Middle Name or Initial		25	Transmitted value from the associated 276.
136	2100D	NM107	Subscriber Name Suffix		10	Transmitted value from the associated 276.
136	2100D	NM108	Subscriber Name		2	Transmitted from the associated 276.

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments

136	2100D	NM109	Subscriber Identifier		80	For Medicare HICNs: 2100D NM109 must be 10 - 11 positions in the format of NNNNNNNNNA or NNNNNNNNNAA or NNNNNNNNNAN where “A” represents an alpha character and “N” represents a numeric digit. For Railroad IDs: 2100D NM109 must be 7 - 12 positions in the format of ANNNNNN or AANNNNNN or AAANNNNNN or ANNNNNNNNN or AANNNNNNNNN or AAANNNNNNNNN where “A” represents an alpha character and “N” represents a numeric digit. If MBI: Must be 11 positions in the format of C A AN N A AN N A A N N where "C" represents a constrained numeric 1 thru 9; "A" represents alphabetic character A - Z but excluding S, L, O, I, B, Z; "N" represents numeric 0 thru 9; "AN" represents either "A" or "N".
	2200D	TRN	Claim Status Tracking Number			

137	2200D	TRN02	Referenced Transaction Trace Number		50	Transmitted value from the associated 276.

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
	2200D	STC	Claim Level Status Information			Part A returns claim level status information, but not line level status information. Up to five iterations of the STC will be allowed for all occurrences in these transactions.
138	2200D	STC01-1	Health Care Claim Status Category Code		30	Claim found: Any valid Health Care Claim Status Code Category, except "R". Claim not found: Category Code of "A4" will be generated.
138	2200D	STC01-2	Status Code		30	Valid Claim Status Code. Claim not found: Status code "35" will be generated.
144	2200D	STC01-4	Code List Qualifier Code		3	Not present.
145	2200D	STC02	Status Information Effective Date		8	Claim found: Date the claim moved to the current location status from the internal system, in CCYYMMDD format. Claim not found: Current (system) date, in CCYYMMDD format.
145	2200D	STC04	Total Claim Charge Amount		10	Refer to TR3 Section B.1.1.3.1.2

145	2200D	STC05	Claim Payment Amount		10	Refer to TR3 Section B.1.1.3.1.2
145	2200D	STC06	Adjudication Finalized Date		8	
146	2200D	STC08	Remittance Date		8	

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
146	2200D	STC09	Remittance Trace Number		16	
146	2200D	STC10	Health Care Claim Status			
146	2200D	STC10-1	Health Care Claim Status Category Code		30	Any valid Health Care Claim Status Code Category, except "R".
147	2200D	STC10-4	Code List Qualifier Code		3	Not present.
148	2200D	STC11-4	Code List Qualifier Code		3	Not present.
148	2200D	STC12	Free-form Message Text		264	Not present.
149	2200D	REF	Payer Claim Control Number			
149	2200D	REF02	Payer Claim Control Number		50	For VMS, 14 digits. For MCS, 13 digits. For FISS, 14-23 characters.
	2200D	REF	Institutional Bill Type Identification			Part A only.

150	2200D	REF02	Bill Type Identifier		50	
	2200D	REF	Patient Control Number			
151	2200D	REF02	Patient Control Number		20	Transmitted value from the associated 276. If not transmitted from the 276 and claim found, will be the patient account number from the internal system.
	2200D	REF	Pharmacy Prescription Number			

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
152	2200D	REF02	Pharmacy Prescription Number		50	Transmitted value from the associated 276. If not transmitted from the 276, will be the pharmacy prescription number from the internal system.
	2200D	REF	Voucher Identifier			Not used by Medicare.
	2200D	REF	Claim Identification Number for Clearinghouses			
154	2200D	REF02	Clearinghouse Trace Number		50	Transmitted value from the associated 276.
	2200D	DTP	Claim Service Date			

156	2200D	DTP03	Claim Service Period		35	Transmitted value from the associated 276.
	2220D	SVC	Service Line Information			Part A: The appropriate Part A Claim Level Only Processing = E4 Cat & 247 - Claim Status Code indicates only claim level processing to occur.
157	2220D	SVC01-1	Product or Service ID Qualifier		2	Claim found: transmitted value from the associated 276.
159	2220D	SVC01-2	Procedure Code		48	Claim Found: Procedure code used to adjudicate the claim (from the internal system); Claim Not Found: value transmitted from the associated 276.

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
159	2220D	SVC01-3	Procedure Modifier		2	Claim found: If applicable, first procedure modifier used to adjudicate the claim (from the internal system). Claim Not Found: value transmitted from the associated 276.

159	2220D	SVC01-4	Procedure Modifier		2	Claim found: If applicable, second procedure modifier used to adjudicate the claim (from the internal system) Claim not found: Transmitted value from the associated 276.
159	2220D	SVC01-5	Procedure Modifier		2	Claim found: If applicable, third procedure modifier used to adjudicate the claim (from the internal system). Claim Not Found: transmitted value from associated 276.
160	2220D	SVC01-6	Procedure Modifier		2	Claim found: If applicable, third procedure modifier used to adjudicate the claim (from the internal system) Claim not found: Transmitted value from the associated 276.
160	2220D	SVC02	Line Item Charge Amount		10	Refer to TR3 Section B.1.1.3.1.2

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
160	2220D	SVC03	Line Item Payment Amount		10	Refer to TR3 Section B.1.1.3.1.2

160	2220D	SVC04	Revenue Code		48	Claim found: If 2220D SVC01-2 is present then SVC04 may be present. Claim not found: Transmitted value from the associated 276.
160	2220D	SVC07	Units of Service Count		15	Claim found: Units from the internal system. Claim not found: Transmitted value from the associated 276.
	2220D	STC	Service Line Status Information			Line found: Up to five iterations of the STC are allowed for all occurrences in these transactions. Part A only returns Claim Level status information.
161	2220D	STC01	Health Care Claim Status			
161	2220D	STC01-1	Health Care Claim Status Category Code	A4	30	Line Not Found: “A4”.
161	2220D	STC01-2	Health Care Claim Status Code	35, 247	30	Line found: Part A = “247”. Otherwise, valid Claim Status Code. Line Not Found: “35” when Part B or CEDI, “247” when Part A.
167	2220D	STC01-4	Code List Qualifier Code		3	Not used by Medicare.

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
168	2220D	STC02	Status Information Effective Date		8	Line found: Date the claim moved to the current location status from the internal system, in CCYYMMDD format. Line Not Found: Current (system) date in CCYYMMDD format.
168	2220D	STC10	Health Care Claim Status			
169	2220D	STC10-4	Code List Qualifier Code		3	Not used by Medicare.
169	2220D	STC11	Health Care Claim Status			
170	2220D	STC11-4	Code List Qualifier Code		3	Not used by Medicare.
	2220D	REF	Service Line Item Identification			
171	2220D	REF02	Line Item Control Number		50	Contains at least one nonspace character and transmitted value from associated 276.
	2220D	DTP	Service Line Date			
172	2220D	DTP02	Date Time Period Format Qualifier		3	Transmitted value from associated 276.
172	2220D	DTP03	Date Time Period		35	Transmitted value from associated 276.

10.2.5 Loop 2200E Dependent Level Structures (277)

The following table defines specific details associated with 277 Dependent Level Structures. *Table 15 – Loop 2200E Dependent Level Detail (277)*

Loop ID	Notes/Comments
2200E	Dependent-level structures are not used by Medicare. The patient is always the Subscriber.

11 Appendices

11.1 Implementation Checklist

New Trading Partners wanting to send the 276/277 transaction, will need to complete a self-registration process on our WPS Community Manager System and E3.

The EDI Express Enrollment tool is located at the following URL:
http://www.wpshealth.com/resources/provider-resources/edi/enrollment.shtml

Once the enrollment is complete an email will be sent confirming enrollment.

11.2 Transmission Examples

11.2.1 276 Example

```
ISA*00*          *00*          *ZZ*SUBID          *ZZ*CONTRACT       *190127*2051*^*00501*019971019*1*P*:~
GS*HR*SUBID*CONTRACT*20190127*2051*19971019*X*005010X212~
ST*276*000000001*005010X212~
BHT*0010*13*19971019T1*20190127*2051~
```

Figure 1 – Example of the Header segments of a 276 transaction

```
SE*17*000000001~
GE*1*19971019~
IEA*1*019971019~
```

Figure 2 – Example of the Footer segments of a 276 transaction

11.2.2 277 Example

```
ISA*00*          *00*          *ZZ*CONTRACT       *ZZ*SUBID          *190204*2038*^*00501*000000069*0*P*:~
GS*HN*CONTRACT*SUBID*20190204*20384893*1*X*005010X212~
ST*277*000000001*005010X212~
BHT*0010*08*20190350001*20190204*20384893*DG~
```

Figure 3 – Example of the Header segments of a 277 transaction

```
SE*1316*000000001~
GE*1*1~
IEA*1*000000069~
```

Figure 4 – Example of the Footer segments of a 277 transaction

11.2.3 999 Transaction - Accepted 276 Example

```
ISA*00*          *00*          *ZZ*CONTRACT       *ZZ*SUBID          *190214*0820*^*00501*000000001*0*P*:~
GS*FA*CONTRACT*SUBID*20190214*082012*1*X*005010X231A1~
ST*999*0001*005010X231A1~
AK1*HR*20108547*005010X212~
AK2*276*000000001*005010X212~
IK5*A~
AK9*A*1*1*1~
SE*6*0001~
GE*1*1~
IEA*1*000000001~
```

Figure 5 – Example 999 Example showing that the 276 was accepted

11.3 Frequently Asked Questions

WPS does not have an FAQ page specific to EDI.

11.4 Acronym Listing

Table 16 – Acronyms List

Acronym	Definition
276/277	276/277 Claim Status Request and Response transaction
277CA	277 Claim Acknowledgment
999	Implementation Acknowledgment
ASC	Accredited Standards Committee
CAQH CORE	Council for Affordable Quality Healthcare - Committee on Operating Rules for Information Exchange
CCEM	Combined Common Edit Module
CEDI	Common Electronic Data Interchange
CG	Companion Guide
CMS	Centers for Medicare & Medicaid Services
COTS	Commercial Off-the-Shelf

DME	Durable Medical Equipment
E3	EDI Express Enrollment
EDI	Electronic Data Interchange
FFS	Medicare Fee-For-Service
FISS	Fiscal Intermediary Standard System
GS/GE	GS – Functional Group Header / GE – Functional Group Trailer
HIPAA	Health Insurance Portability and Accountability Act of 1996
HTTPS	Hypertext Transfer Protocol Secure
IOM	Internet-only Manual
ISA/IEA	ISA – Interchange Control Header / IEA – Interchange Control Trailer
MAC	Medicare Administrative Contractor
MIME	Multipurpose Internet Mail Extension
Acronym	**Definition**
NCPDP	National Council for Prescription Drug Programs
NPI	National Provider Identifier
PECOS	Provider Enrollment Chain and Ownership System
PHI	Protected Health Information
SFTP	Secure File Transfer Protocol
SOAP	Simple Object Protocol
ST/SE	ST – Transaction Set Header / SE – Transaction Set Trailer
TA1	Interchange Acknowledgment
TR3	Technical Report Type 3

WGBBS	WPS EDI Bulletin Board System
X12	A standards development organization that develops EDI standards and related documents for national and global markets (See the official ASC X12 website)
X12N	Insurance subcommittee of X12

11.5 Change Summary

The following table details the version history of this CG.

Table 17 – Companion Guide Version History

Version	Date	Section(s) Changed	Change Summary
1.0	November 5, 2010	All	Initial Draft
2.0	January 3, 2011	All	1st Publication Version
3.0	April 2011	6.0	2nd Publication Version
4.0	September 2015	All	3rd Publication Version
5.0	March 2019	All	4th Publication Version
6.0	May 2020	References to WPC & X12 URLs	5th Publication Version