

# North Carolina Division of Medical Assistance (DMA)

Instructions related to the Transactions based on ASC  
X12 Implementation Guides, version 005010X212 276/277  
Health Care Claim Status Request And Response

**Companion Guide Version Number: 1.0**

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## Preface

Companion Guides (CG) may contain two types of data, instructions for electronic communications with the publishing entity (Communications/Connectivity Instructions) and supplemental information for creating transactions for the publishing entity while ensuring compliance with the associated ASC X12 IG (Transaction Instructions). Either the Communications/Connectivity component or the Transaction Instruction component must be included in every CG. The components may be published as separate documents or as a single document.

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

The Transaction Instruction component is included in the CG when the publishing entity wants to clarify the IG instructions for submission of specific electronic transactions. The Transaction Instruction component content is limited by ASCX12's copyrights and Fair Use statement.

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# Transaction Instruction (TI)

## 1 TI Introduction

### 1.1 Background

#### 1.1.1 Overview of HIPAA Legislation

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 carries provisions for administrative simplification. This requires the Secretary of the Department of Health and Human Services (HHS) to adopt standards to support the electronic exchange of administrative and financial health care transactions primarily between health care providers and plans. HIPAA directs the Secretary to adopt standards for transactions to enable health information to be exchanged electronically and to adopt specifications for implementing each standard HIPAA serves to:

- Create better access to health insurance
- Limit fraud and abuse
- Reduce administrative costs

#### 1.1.2 Compliance according to HIPAA

The HIPAA regulations at 45 CFR 162.915 require that covered entities not enter into a trading partner agreement that would do any of the following:

- Change the definition, data condition, or use of a data element or segment in a standard.
- Add any data elements or segments to the maximum defined data set.
- Use any code or data elements that are marked “not used” in the standard’s implementation specifications or are not in the standard’s implementation specification(s).
- Change the meaning or intent of the standard’s implementation specification(s).

### **1.1.3 Compliance according to ASC X12**

ASC X12 requirements include specific restrictions that prohibit trading partners from:

- Modifying any defining, explanatory, or clarifying content contained in the implementation guide.
- Modifying any requirement contained in the implementation guide.

## **1.2 Intended Use**

The Companion Guide is to be used with, and to supplement the requirements in the HIPAA ASC X12 Implementation Guides, without contradicting those requirements. Implementation Guides define the national data standards, electronic format, and values for each data element within an electronic transaction. The purpose of the Companion guide is to provide trading partners with a guide to communicate North Carolina Division of Medical Assistance (DMA) specific information required to successfully exchange transactions.

## **1.3 Intended Audience**

This companion guide is intended for the business and technical users, within or on behalf of trading partners, responsible for the testing and setup of electronic claims submissions to North Carolina DMA. In addition, this information should be communicated to, and coordinated with, the provider's billing office in order to ensure that the required billing information is provided to its billing agent/submitter.

## **1.4 Purpose of Companion Guide**

The Companion Guide is to be used with, and to supplement the requirements in the HIPAA ASC X12 Implementation Guides, without contradicting those requirements. Implementation Guides define the national data standards, electronic format, and values for each data element within an electronic transaction. The Companion Guide provides trading partners with a guide to communicate North Carolina DMA specific information required to successfully submit a valid 276/277 Claim Status request and response transactions.

## **1.5 Acknowledgements**

A 999 Acknowledgement report will be sent to the trading partner's OUTBOX for retrieval. This report serves as the acknowledgement of the submission of a file.

Typically, 999 Acknowledgement reports are available within moments of submission.

## 1.6 Trading Partner Agreement Setup

Providers, or vendors, wishing to submit 276/277 transactions with NC DMA should contact HP Enterprise Services (HPES) Electronic Commerce Services (ECS) at 1-800-688-6696, menu option 1, to initiate the enrollment process. A Trading Partner Agreement (TPA) is required and is available at <http://www.ncdhhs.gov/dma/hipaa/index.htm>.

## 1.7 Testing

The following outlines the testing process:

- Prior to testing, a Testing Coordinator with the HPES ECS Department will discuss the expectations and testing process with the trading partner
- This transaction is tested in production because live data is returned.
- The vendor/provider submits an X12 276 transaction using their production logon. Vendor/provider transmits the 276 file to us, and within minutes we return a 999 response file.
- Within 2-4 business hours, we return a 277 transaction to their production logon.
- When necessary, the ECS Testing Coordinator may monitor the first few production submissions to ensure compliance.

## 2 Included ASC X12 Implementation Guides

This table lists the X12N Implementation Guides for which specific transaction instructions apply and which are included in Section 3 of this document.

Unique ID	Name
005010X212	Health Care Claim Status Request And Response (276/277)

### 3 Instruction Tables

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

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

#### 005010X212 276 Health Care Claim Status Request

Loop ID	Reference	Name	Codes	Notes/Comments
	ISA	Interchange Control Header		The ISA is a fixed-length record with fixed-length elements. NOTE: Deviating from the standard ISA element size will result in a rejected file.
	ISA03	Interchange Control Security Information Qualifier	00	For NC DMA, use "00" – No Security Information Present.
	ISA05	Interchange ID (Sender) Qualifier	ZZ	For NC DMA, use "ZZ" – Mutually Defined.
	ISA06	Interchange Sender ID		For NC DMA, use the 4 or 5 digit Submitter ID/Mailbox # issued by NC DMA
	ISA07	Interchange ID (Receiver) ID	ZZ	For NC DMA, use "ZZ" – Mutually Defined.
	ISA08	Interchange Receiver ID	NCXIX	For NC DMA, use "NCXIX" – North Carolina Title 19.
	GS	Functional Group Header		

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	GS02	Application Sender's Code		For NC DMA, use the 4 or 5 digit Submitter ID/Mailbox # issued by NC DMA. This is the same value as provided in the ISA06.
	GS03	Application Receiver's Code	NCXIX	For NC DMA, use "NCXIX" – North Carolina Title 19.
	ST	Transaction Set Header		
	ST03	Implementation Conversion Reference	005010X212	Refer to section 1.2 of Implementation Guide
2100A	NM1	PAYER NAME		
	NM108	Identification Code Qualifier	PI	For NC DMA use "PI" - Payer Identification
2100C	NM1	PROVIDER NAME		
	NM108	Identification Code Qualifier	XX,SV	For NC DMA use "XX" – National Provider Identifier (NPI) or "SV" – Service Provider Number, if the provider is atypical
2100D	NM1	SUBSCRIBER NAME		
	NM108	Identification Code Qualifier	MI	For NC DMA use "MI" – Member identification Number
2200D		CLAIM STATUS TRACKING NUMBER		
	REF01	Reference Identification Qualifier	D9	For NC DMA use "D9" - Claim Number
2200D	DTP	CLAIM STATUS TRACKING NUMBER		
	DTP01	Date Time Qualifier		For NC DMA use "472" - Service

**005010X212 277 Health Care Claim Status Response**

Loop ID	Reference	Name	Codes	Notes/Comments
	ISA	Interchange Control Header		The ISA is a fixed-length record with fixed-length elements.
	ISA03	Interchange Control Security Information Qualifier	00	NC DMA will set "00" – No Security Information Present.
	ISA05	Interchange ID (Sender) Qualifier	ZZ	NC DMA will set "ZZ" – Mutually Defined.
	ISA06	Interchange Receiver ID	NCXIX	NC DMA will set "NCXIX" – North Carolina Title 19.
	ISA07	Interchange ID (Receiver) ID	ZZ	NC DMA will set "ZZ" – Mutually Defined.
	ISA08	Interchange Receiver ID		NC DMA will set the 4 or 5 digit Submitter ID/Mailbox # as received on the inbound 276.
	ST	Transaction Set Header		
	ST03	Implementation Conversion Reference	005010X212	Refer to section 1.2 of Implementation Guide
2100A		PAYER NAME		
	NM103	Information Source Last or Organization Name	NC Medicaid	NC DMA will set NC Medicaid
	NM108	Identification Code Qualifier	PI	NC DMA will set "PI" - Payer Identification
2100C		PROVIDER NAME		
	NM108	Identification Code Qualifier	XX,SV	NC DMA will set "XX" – National Provider Identifier (NPI) or "SV" – Service Provider Number, if the provider is atypical
2100D		SUBSCRIBER NAME		
	NM108	Identification Code Qualifier	MI	NC DMA will set "MI" - Member Identification Number

## 4 Additional Information

### 4.1 Payer Specific Business Rules and Limitations

Not applicable.

### 4.2 System Maintenance

This service option is available 24 hours a day, 7 days a week, except during system maintenance (1:00 a.m. to 5:00 a.m. on the first, second, fourth, and fifth Sundays of the month and 1:00 a.m. to 7:00 a.m. on the third Sunday of the month).

### 4.3 Frequently Asked Questions

No FAQ at this time.

### 4.4 Other Resources

- Washington Publishing Company (WPC) at [www.wpc-edi.com](http://www.wpc-edi.com)
- ASC X12 at [www.x12.org](http://www.x12.org)
- North Carolina Division of Medical Assistance (DMA) at [www.ncdhhs.gov/DMA](http://www.ncdhhs.gov/DMA)
- NC DMA Electronic Commerce Services (ECS) 1-800-688-6696. Menu option 1

## 5 Change Summary

Date	Change	Responsible Party
11/28/2011	Original Document	HPES 5010 Implementation Team and DMA IT and HIPAA section