276/277

276/277 Health Care Claim Status Request / Response—Real-Time

This companion document is for informational purposes only to describe certain aspects and expectations regarding the transaction and is not a complete guide. The details contained in this document are supplemental and should be used in conjunction with the ASC X12 Standards for Electronic Data Interchange Technical Report Type 3 (TR3) as published by the Washington Publishing Company.

Section 1 – Claim Status Request/Response: Basic Instructions

Section 2 – Claim Status Request/Response: Enveloping

Section 3 – Claim Status Request/Response: Charts for Situational Rules

NOTE: Availity has been designated to serve as our Electronic Data Interchange (EDI) partner for all electronic data and transactions.

<u>**Get Started With Availity**</u>

The Availity Quick Start Guide will assist you with any EDI connection questions.

If you're a provider and wish to use a Clearinghouse or Billing company, please work with them to ensure connectivity.

<u>**Need Assistance?**</u>

For questions about signing up, contact Availity Client Services
1-800-AVAILITY (1-800-282-4548) or visit www.availity.com

For self funded plans, claims are administered by UniCare Life & Health Insurance Company. Insurance coverage is provided by UniCare Life & Health Insurance Company.

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Section 1 - Basic Instructions

1   Council for Affordable Quality Health Care (CAQH)

CAQH is a non-profit alliance of health plans and trade associations focused on achievable, concrete initiatives designed to strengthen the nation's health care system and simplify health care administration. The CAQH CORE Phase I & II operating rules have been adopted by the Department of Health and Human Services as necessary business rules and guidelines for the electronic exchange of information. These operating rules are incorporated into this companion document.

2   Business Purpose

The purpose of generating a 276 Status Request is to obtain the current status of the claim within the adjudication process. This transaction includes information that is necessary for UniCare to identify the specific claim in question. The following primary identifiers must be supplied:

A. Patient's First Name, in its entirety (10 characters): Loop 2100D, NM104 (if subscriber is the patient); Loop 2100E, NM104 (if dependent is the patient)
B. Billing Provider NPI Number submitted on the original claim: Loop 2100C, NM109
C. Member Identification Number: Loop 2100D, NM109; Loop 2100E, NM109 (if dependent has a unique identifier)
D. Claim Submitter Trace Number: Loop 2200D, TRN02; Loop 2200E, TRN02
E. Claim Number: Loop 2200D, REF02 (if subscriber is the patient); Loop 2200E, REF02 (if dependent is the patient)
F. Date(s) of Service: Loop 2200D, DTP03 (if subscriber is the patient); Loop 2200E, DTP03 (if dependent is the patient)
G. Claim Submitted Charges: Loop 2200D, AMT02 (if subscriber is the patient); Loop 2200E, AMT02 (if dependent is the patient)

3   Delimiters

UniCare only accepts the following delimiters as defined by the ANSI standards of the basic character set:

- Data Element Separator, Asterisk (*)
- Repetition Separator (ISA11), Caret (^)
- Sub-Element Separator, Colon (:)
- Segment Terminator, Tilde (~)

NOTE! Since the above values are the only delimiters supported, the use of any other values will yield a file level rejection. Using values from the extended character set is not permitted without a mutual written agreement between UniCare and trading partner

4   Uppercase Letters

UniCare requests that all data be entered in UPPERCASE letters only.

5   HIPAA Compliant Codes

When entering codes in the 276 claim status request, carefully follow the 276/277 TR3. Use HIPAA Compliant codes from current versions of the sources listed in Appendix A: External Code Sources. UniCare will accept all HIPAA standard codes, however, acceptance of these codes of modifiers will not alter covered benefits or current payment policies, guidelines or processes.

6   System Hours of Availability

As a CORE-certified health plan, UniCare follows the guidelines as set forth under Section 1 of the CAQH CORE System Availability Rule. Regularly scheduled system downtime/maintenance will be reserved for Sundays and the following holidays:

- New Year's Day (01/01/CCYY)
- Memorial Day (Last Monday in May)
- Independence Day (07/04/CCYY)
- Labor Day (First Monday in September)
- Thanksgiving Day (Fourth Thursday in November)
- Christmas Day (12/25/CCYY)

7   Receiver ID

For Blue-branded business, trading partners submit the receiver ID values (ISA08 and GS03) associated to the provider of service. The Application Receiver ID (GS03) is submitted as DEN when requesting eligibility for dental policies.

Receiver ID		
Batch		
State	ISA08	GS03
UniCare	UNI	UNI
Dental	UNI	DEN

8   Acknowledgements and/or Reports

Submitting a 276 transaction, you will receive the following responses:
- Functional acknowledgement reports that includes TA1 (X12) & TA1 (864) when the ISA-IEA envelope cannot be processed and/or 999 when submitted 276 does not pass Level 2 HIPAA validation.
- 277 is returned in all other cases to indicate the member status.

9   Similar Claims Found

When the search criteria submitted (Member ID, Member First and Last Name, Dates of Service, Provider NPI and Total Charges) does not result in a match on the Claim Number (REF '1K'), but does find a series of other claims, a response will be generated with the similar claims. Loop 2200D Subscriber Level or Loop 2200E Dependent Level will be returned with the claim information that match the other search criteria.

10   Adjusted and Voided Claims

A 277 Response will include the final image of an adjusted or voided claim but not the original claim.

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11 Claims Without Dollar Amounts

A 277 Response on a member-payable claim, rejected claim, or approved claim without dollar amounts will contain a zero dollar amount in the data element, STC05 Claim Payment Amount (Loops 2200D, 2200E) and SVC03 Line Item Paid Amount (Loops 2220D, 2220E). Also, in Loops 2220D & 2220E, the following STC data elements will not be included:

- STC08 – Check Issue or EFT Effective Date
- STC09 – Check or EFT Trace Number

12 Standardized Claims Responses

For the following situations, a standardized STC response will be generated. Note that additional claim status codes may provide future specificity in STC10 and STC11.
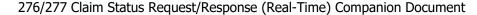
Standardized Claim Responses				
NOTE: These responses are standard for all lines of business. They are not the only codes returned for all situations, other claim status codes are returned.				
Description	**STC Response**		**Description**	**STC Response**
Not Found			***Membership, Coverage***	
Claim Not Found	**A4^35**		Claim rejected due to no membership—finalized status	**F2^33**
Subscriber Not Found	**E0^33**		Claim rejected due to coverage termination—finalized status	**F2^27 F2^108^IL**
Patient Not Found (generic)	**E0^97**		Claim rejected due to coverage termination—pending status	**P1^27 P1^108^IL**
Medical Records			***COB Information***	
Claim Rejected for Requested Medical Records—finalized status	**F2^317**		Claim rejected for COB Information but a request has not been issued at the time a 276 was received—finalized status	**F2^52 F2^57 F2^286**
Claim Pending for Requested Medical Records—pending status	**P3^317**		Claim rejected for Requested COB Information—finalized status	**F2^52 F2^57 F2^286**
Claim Rejected for Medical Records but no request has been issued at the time a 276 was received—finalized status	**F2^317**		Claim pending for Requested COB Information—pending status	**P3^52 P3^57 P3^286**
Claim Pending for Medical Records but no request has been issued at the time a 276 was received—pending status	**P1^317**		Claim pending for COB Information but a request has not been issued at the time a 276 was received—pending status	**P1^52 P1^57 P1^286**

13 Communication Protocol Specifications (not applicable to those transitioned to Availity)

- Transactions Per Second (TPS) Threshold. Must be no more than 20 transactions per second. This rate is a guideline and is not the rate UniCare expects regularly. Do not use the TPS threshold to send transaction bursts or mimic batch processes. The TPS threshold is a combined maximum across all concurrent threads your application may establish.
- HTTPS Connectivity. HTTPS connectivity is available through the internet.

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Web Address. Use the HTTPS URL address where an embedded 276 message may be sent using the HTTPS protocol for a 277 response.

Real-Time URL (single inquiry only): https://www.edirealtime.com/edirealtimeph2/edirealtime

HTTPS Message Format. Input parameters (see table, HTTPS and SOAP metadata) for real-time needs to be submitted on the 276 request data in order to receive a 277 response message.

SOAP Message Format. SOAP used the same field descriptions as HTTPS, but in SOAP format. You must request WSDL files for SOAP processing.

SOAP URL: https://www.hipaaiaswebservice.com/wsedirealtime/wsedirealtime

HTTPS and SOAP Metadata (Real-Time)			
Field Name	**Description**	**Format**	**Example**
PayloadType	Specifies the type of payload included within a request.	Text	**X12_276_Request_005010X212**
ProcessingMode	Indicates Batch or Real-Time processing mode.	Text	**RealTime**
PayloadID	Identifies the request submitted.	Alphanumeric, may contain hyphen	
EncType	Form Data Type	multipart/form-data	
TimeStamp	Time and Date specifying when a message is created and sent to a receiver.	Universal Time (UTC) http://www.w3.org/TR/xmlschema11-2/#date/Time	**2010-02-22T15:15:52Z**
UserName	Is used to log into the account. A password will be associated with the User which allows a request to complete. Username is assigned.	6-12 characters; not case sensitive	
Password	Pairs with the *User* field to allow access to the eligibility request system. Password is assigned.	6-12 characters; case sensitive	
SenderID	Represents the Sender ID (ISA06) from the X12 file being submitted.	Alphanumeric	
ReceiverID	Represents the Receiver ID (ISA08) from the X12 file being submitted.	Alphanumeric	**UNI**
CORERuleVersion	Represents the CORE Rule version; can be used to maintain backward compatibility when parsing/processing messages.	Version number	**2.1.0**
Payload	Contains the file with the X12 request data.	HIPAA X12 Compliant	

HTTPS Error Messages
The following are the different message responses and error notifications that may be received when submitting 276 requests.

- **HTTP 202 Ok.** When authorization is passed and interface is successful with eligibility systems, HTTP 202 Ok status code and the 277 response X12 data content will be returned by the application.
- **Authorization Errors.** If the username and/or password included in the request are not valid, HTTP 403 Forbidden error response with no data will be returned by the application.
- **Server Errors.** When the CAQH connectivity application is not able to process a real-time request due to interface failures or Eligibility system unavailability etc., standard 5xx series error such as HTTP 500 Internal Server Error or HTTP 503 Service will be returned by the application. In this scenario, the 276 request submitter will need to resubmit the request since the application process for 277 message reply failed.

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Section 2 - Enveloping

EDI envelopes control and track communications between you and UniCare. One envelope may contain many transaction sets grouped into the following:

- Interchange Control Header (ISA)
- Functional Group Header (GS)
- Functional Group Trailer (GE)
- Interchange Control Trailer (IEA)

UniCare has designated Availity to operate and serve as UniCare 's EDI Gateway (entry point) as a no-cost option to our Trading Partners. Availity has specific requirements that must be adhered to and should be reviewed in order to ensure transactions are accepted, processed and ultimately delivered to UniCare.

For more information on submitting transactions and the required ISA and GS envelope values, review the following topics in the Availity EDI Guide.

- Uploading and downloading EDI files
- Control Segments/Envelopes
- FTP Client Confirmation
- Acknowledgements and Reports

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Section 3 – Charts for Situational Rules

Listed below are loops, segments, and data elements required for processing by UniCare per the situational rules in the 276/277 TR3.
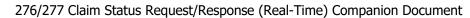
TR3	Segment	Reference Designator(s)	Value	Definitions and Notes Specific to UniCare
P.36	**ST** Transaction Set Header	**ST03** Implementation Convention Reference	***005010X212***	005010X212 - Health Care Claim Status Request
P.37	**BHT**	*Beginning of Hierarchical Transaction - Refer to TR3*		
Loop ID 2000A—Information Source Level				
P.39	**HL**	*Information Source Level - Refer to TR3*		
Loop ID 2100A—Payer Name				
P.41	**NM1** Payer Name	**NM103** Name Last or Organization Name	***(Information Source Last or Org Name)***	UNICARE
		NM108 ID Code Qualifier	***PI***	PI - Payor Identification
		NM109 Identification Code	***UNI***	UNI - represents UniCare as receiver
Loop ID 2000B—Information Receiver Level				
P.43	**HL**	*Information Receiver Level - Refer to TR3*		
P.45	**NM1**	*Information Receiver Name - Refer to TR3*		
Loop ID 2000C—Service Provider Level				
P.47	**HL**	*Service Provider Level - Refer to TR3*		
Loop ID 2100C—Provider Name				
P.49	**NM1**	*Provider Name - Refer to TR3*		
Loop ID 2000D—Subscriber Level				
P.52	**HL**	*Subscriber Level - Refer to TR3*		
P.54	**DMG**	*Subscriber Demographic Information - Refer to TR3*		
Loop ID 2100D—Subscriber Name				
P.66	**NM1** Subscriber Name	**NM108** ID Code Qualifier	***MI***	MI - Member Identification Number
		NM109 Identification Code	***(Subscriber Identifier)***	Alphanumeric subscriber identification as it appears on the front of the ID card and must include the alpha prefix as submitted.

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TR3	Segment	Reference Designator(s)	Value	Definitions and Notes Specific to UniCare
Loop ID 2200D—Claim Status Tracking Number				
P.58	**TRN**	Claim Status Tracking Number - Refer to TR3		
P.59	**REF**	Payer Claim Control Number - Refer to TR3		
P.60	**REF**	Institutional Bill Type Identification - Refer to TR3		
P.61	**REF**	Application or Location System Identifier - Refer to TR3		
P.62	**REF**	Group Number - Refer to TR3		
P.63	**REF**	Patient Control Number - Refer to TR3		
P.64	**REF**	Pharmacy Prescription Number - Refer to TR3		
P.65	**REF**	Claim ID Number for Clearinghouses and Other Transmission Intermediaries - Refer to TR3		
P.66	**AMT**	Claim Submitted Charges - Refer to TR3		
P.67	**DTP**	Claim Service Date - Refer to TR3		
Loop ID 2220D—Service Line Information				
P.69	**SVC**	Service Line Information - Refer to TR3		
P.73	**REF**	Service Line Item Identification - Refer to TR3		
P.74	**DTP**	Service Line Date - Refer to TR3		
Loop ID 2000E—Dependent Level				
P.75	**HL**	Dependent Level - Refer to TR3		
P.77	**DMG**	Dependent Demographic Information - Refer to TR3		
Loop ID 2100E—Dependent Name				
P.79	**NM1**	Dependent Name - Refer to TR3		
Loop ID 2200E—Claim Status Tracking Number				
P.81	**TRN**	Claim Status Tracking Number - Refer to TR3		
P.82	**REF**	Payer Claim Control Number - Refer to TR3		
P.83	**REF**	Institutional Bill Type Identification - Refer to TR3		
P.84	**REF**	Application or Location System Identifier - Refer to TR3		
P.85	**REF**	Group Number - Refer to TR3		
P.86	**REF**	Patient Control Number - Refer to TR3		
P.87	**REF**	Pharmacy Prescription Number - Refer to TR3		
P.88	**REF**	Claim ID Number for Clearinghouses and Other Transmission Intermediaries - Refer to TR3		
P.89	**AMT**	Claim Submitted Charges - Refer to TR3		
P.90	**DTP**	Claim Service Date - Refer to TR3		
Loop ID 2220E—Service Line Information				
P.92	**SVC**	Service Line Information - Refer to TR3		
P.96	**REF**	Service Line Item Identification - Refer to TR3		
P.97	**DTP**	Service Line Date - Refer to TR3		
P.98	**SE**	Transaction Set Trailer - Refer to TR3		

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TR3	Segment	Reference Designator(s)	Value	Definitions and Notes Specific to UniCare
P.106	ST Transaction Set Header	ST03 Implementation Convention Reference	*005010X212*	005010X212 - Health Care Claim Status Response
P.107	BHT	*Beginning of Hierarchical Transaction - Refer to TR3*		
Loop ID 2000A—Information Source Level				
P.109	HL	*Information Source Level - Refer to TR3*		
Loop ID 2100A—Payer Name				
P.111	NM1 Payer Name	NM108 ID Code Qualifier	*PI*	PI - Payor Identification
		NM109 Identification Code	*UNI*	UNI - represents UniCare as sender
P.113	PER	*Payer Contact Information - Refer to TR3*		
Loop ID 2000B—Information Receiver Level				
P.116	HL	*Information Receiver Level - Refer to TR3*		
Loop ID 2100B—Information Receiver Name				
P.118	NM1	*Information Receiver Name - Refer to TR3*		
Loop ID 2200B—Information Receiver Trace Identifier				
P.120	TRN	*Information Receiver Trace Identifier - Refer to TR3*		
P.121	STC	*Information Receiver Status Information - Refer to TR3*		
Loop ID 2000C—Service Provider Level				
P.124	HL	*Service Provider Level - Refer to TR3*		
Loop ID 2100C—Provider Name				
P.126	NM1	*Provider Name - Refer to TR3*		
Loop ID 2200C—Provider of Service Trace Identifier				
P.129	TRN	*Provider of Service Trace Identifier - Refer to TR3*		
P.130	STC	*Provider Status Information - Refer to TR3*		
Loop ID 2000D—Subscriber Level				
P.133	HL	*Subscriber Level - Refer to TR3*		
Loop ID 2100D—Subscriber Name				
P.135	NM1	*Subscriber Name - Refer to TR3*		
Loop ID 2200D—Claim Status Tracking Number				
P.137	TRN	*Claim Status Tracking Number - Refer to TR3*		
P.138	STC	*Claim Level Status Information - Refer to TR3*		
P.149	REF	*Payer Claim Control Number - Refer to TR3*		
P.150	REF	*Institutional Bill Type Identification - Refer to TR3*		
P.151	REF	*Patient Control Number - Refer to TR3*		
P.152	REF	*Pharmacy Prescription Number - Refer to TR3*		
P.153	REF	*Voucher Identifier - Refer to TR3*		
P.154	REF	*Claim ID Number for Clearinghouses and Other Transmission Intermediaries - Refer to TR3*		
P.155	DTP	*Claim Service Date - Refer to TR3*		

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TR3	Segment	Reference Designator(s)	Value	Definitions and Notes Specific to UniCare
Loop ID 2220D—Service Line Information				
P.157	**SVC**	*Service Line Information - Refer to TR3*		
P.161	**STC**	*Service Line Status Information - Refer to TR3*		
P.171	**REF**	*Service Line Item Identification - Refer to TR3*		
P.172	**DTP**	*Service Line Date - Refer to TR3*		
Loop ID 2000E—Dependent Level				
P.173	**HL**	*Dependent Level - Refer to TR3*		
Loop ID 2100E—Dependent Name				
P.175	**NM1**	*Dependent Name - Refer to TR3*		
Loop ID 2200E—Claim Status Tracking Number				
P.177	**TRN**	*Claim Status Tracking Number - Refer to TR3*		
P.178	**STC**	*Claim Level Status Information - Refer to TR3*		
P.189	**REF**	*Payer Claim Control Number - Refer to TR3*		
P.190	**REF**	*Institutional Bill Type Identification - Refer to TR3*		
P.191	**REF**	*Patient Control Number - Refer to TR3*		
P.192	**REF**	*Pharmacy Prescription Number - Refer to TR3*		
P.193	**REF**	*Voucher Identifier - Refer to TR3*		
P.194	**REF**	*Claim ID Number for Clearinghouses and Other Transmission Intermediaries - Refer to TR3*		
P.195	**DTP**	*Claim Service Date - Refer to TR3*		
Loop ID 2220E—Service Line Information				
P.197	**SVC**	*Service Line Information - Refer to TR3*		
P.201	**STC**	*Service Line Status Information - Refer to TR3*		
P.211	**REF**	*Service Line Item Identification - Refer to TR3*		
P.212	**DTP**	*Service Line Date - Refer to TR3*		
P.213	**SE**	*Transaction Set Trailer - Refer to TR3*		

Release Notes

Number	Page(s)	Description
AV-1		*Section 1 – Communication Protocol - removed steps for new set ups as this only applies to trading partners not moved to Availity* *Section 1 – Acknowledgment and reports - removed samples* *Section 1 – format updated* *Section 2 – Enveloping - replaced with Availity information* *Section 3 – Situational Charts - corrected typos*
AV-2		*Removed Availity Welcome Kit* *Updated Availity Quick Start Guide*