276/277 HEALTH CARE CLAIM STATUS REQUEST AND RESPONSE
BCBSF
Trading Partner Agreement Companion Document Business Requirements
Blue Cross Blue Shield of Florida
276/277 ANSI X12 Version 004010X93A1

Req #	Loop ID – Segment Description & Element Name	Reference Description	Implementation Guide Page(s)	Plan Requirement
	GLOBAL INFORMATION			
G1	**2000D Subscriber Demographic Information** -Gender Code	DMG03	148	**F** – Female **M**- Male _____ BCBSF requires that only the gender codes listed above be submitted, all others will be rejected.
G2	**2000E Dependent Demographic Information** -Gender Code	DMG03	97	**F** – Female **M**- Male _____ BCBSF requires that only the gender codes listed above be submitted, all others will be rejected.
G3	**Negative Values**			BCBSF will not process negative values (monetary amount fields) in any 276 files. Submission of any negative values (monetary amount fields) in 276 will not be processed or forwarded.
G4	**Date fields**			All dates submitted on an incoming 276 claim transaction must be a valid calendar date (not future date) in the appropriate format based on the respective implementation guide qualifier. Failure to do so will result in a claim /encounter not found message.

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G5	**Acknowledgments** - BCBSF acknowledgements are created to communicate the status of files or claims. It is imperative that they be retrieved on a daily basis. One file could result in multiple acknowledgements. **ANSI X12:** **TA1** – Interchange Acknowledgement - Negative only **997** – Functional Acknowledgement - Positive and Negative **Other:** BCBSF Proprietary Flat File Acknowledgement		Appendix B (B.11, B.15)	**TA1** is available immediately after "depositing file". **997** is available immediately after "depositing file" BCBSF Proprietary is available immediately. *Note:* Dial in and retrieval of acknowledgements or rejects from sender mailbox is required prior to production submission.
G6	**All Segments**			Only loops, segments, and data elements valid for the **276** HIPAA-AS implementation guide **004010X93A1** will be translated. Submitting data not valid based on the implementation guide may cause files to be rejected and not sent for processing.
G7	**All Segments:**		**Response:**	An outbound 277 HIPAA compliant claim status is contingent upon BCBSF'S receipt of an original ANSI X12 4010A1 837 claim. Therefore, if the claim was not received via a HIPAA compliant 837 claim, all relevant data elements and values are not available for return on the 277 transaction.
	ENVELOPING INFORMATION			
E1	**Interchange Control Header**	**ISA**	Reference Appendix A (A.4)	All transactions utilize delimiters from the following list: >,*,~,^,| and : . Submitting delimiters not supported within this list may cause an interchange (transmission) to be rejected*.*

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E2	**Interchange Control Structure** Basic Character Set/Extended Character Set		Appendix A (A.1.2.2) & (A.1.2.3) A.2	Must submit incoming data using the basic character set as defined in Appendix A of the 004010X93A1 Implementation Guide. In addition to the basic character set, you may choose to submit lower case characters and the @ symbol from the extended character set. Any other characters submitted from the extended character set may cause the interchange (transmission) to be rejected.
E3	**Interchange Control Header** Authorization Information	ISA02	Appendix B (B.3)	BCBSF requires 10 **spaces**
E4	**Interchange Control Header** Security Information	ISA04	Appendix B (B.4)	BCBSF requires 10 **spaces**.
E5	**Interchange Control Header** Interchange ID Qualifier	ISA05	Appendix B (B.4)	**ZZ** – Mutually Defined BCBSF requires submission of the above qualifier. All others will result in a rejection of the interchange (transmission).
E6	**Interchange Control Header** Interchange Sender ID	ISA06	Appendix B (B.4)	BCBSF requires the submission of the BCBSF sender mailbox number in this data element. Failure to provide this information may result in a rejection of the transmission.

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E7	**Interchange Control Header** Interchange ID Qualifier	ISA07	Appendix B (B.4, B.5)	**ZZ** – Mutually Defined BCBSF requires submission of the above qualifier. All others will result in a rejection of the interchange (transmission).
E8	**Interchange Control Header** Interchange Receiver ID	ISA08	Appendix B (B.5)	BCBSF will only accept the submission of BCBSF tax ID number **592015694** in this data element.
E9	**Interchange Control Header** Interchange Date	ISA09	Appendix B (B.5)	**YYMMDD** _____ Requires submission of relevant current date of the interchange.
E10	**Interchange Control Header** Interchange Time	ISA10	Appendix B (B.5)	**HHMM** _____ Requires submission of relevant current time of the interchange.
E12	**Interchange Control Header** Interchange Control Standards Identifier	ISA11	Appendix B (B.5)	**U** – US EDI Community of ASC X12, TDCC and UCS _____ BCBSF requires submission of the above value for this data element.
E13	**Interchange Control Header** Interchange Control Version Number	ISA12	Appendix B (B.5)	**00401 –** Draft Standards for Trial Use Approved for Publication by ASC X12 Procedures Review Board, etc. _____ BCBSF requires submission of the above values for this data element.
E14	**Interchange Control Header** Interchange Control Number.	ISA13	Appendix B (B.5	This is a unique control number that is assigned by the sender and the number in this field must be identical to the associated interchange trailer in the IEA02 segment.
E15	**Interchange Control Header** Acknowledgement Requested	ISA14	Appendix B (B.6)	**1** – Interchange Acknowledgment Requested _____ BCBSF requires submission of the above value for this data element.

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E16	**Interchange Control Header** Usage Indicator	ISA15	Appendix B (B.6)	**P** – Production Data **T** – Test Data _____ BCBSF requires a **P** in this field to indicate the data enclosed in this interchange is Production. A **T** would indicate the interchange is for Testing.
E17	**Interchange Control Header** Component Element Separator	ISA16	Appendix B (B.6)	**>** _____ BCBSF requires the use of the above delimiter to separate component data elements within a composite data structure.
E18	**Interchange Control Header** Functional Group Header/Functional Group Trailer	GS-GE ISA-IEA	Appendix B (B.8 - B.10)	BCBSF will only process one transaction type per GS-GE (functional group). However, we will process multiple ST's within one (1) GS segment as long as they are all the same transaction type.
E19	**Functional Group Header** Functional Identifier Code	GS01 **Response:**	Appendix B (B.8)	**HR** – Health Care Status Request (276) BCBSF requires submission of the above value for this data element. _____ **HN** – Health Care Claim Status Notification (277) BCBSF will return the above value for this data element in the 277 response transaction.
E20	**Functional Group Header** Application Sender's Code	GS02	Appendix B (B.8)	BCBSF requires the submission of the **BCBSF Sender Code** for this data element.
E21	**Functional Group Header** Application Receiver's Code	GS03	Appendix B (B.8)	**PBO004010X93A1** _____ BCBSF requires submission of the above value in this data element for the 837transaction. All others will be rejected

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E22	**Functional Group Header** Date	GS04	Appendix B (B.8)	**CCYYMMDD** _____ BCBSF requires submission of current date**.**
E23	**Functional Group Header** Time	GS05	Appendix B (B.9)	**HHMM** _____ BCBSF requires the time associated with the creation of the functional group (reference GS04) expressed in the above format.
E24	**Functional Group Header** Group Control Number	GS06	Appendix B (B.9)	This is a unique number that is assigned by the sender and the number in this field must be identical to the same data element in the associated functional group trailer GE02.
E25	**Functional Group Header** Responsible Agency Code	GS07	Appendix B (B.9)	**X** – Accredited Standards Committee X12 _____ BCBSF requires submission of the above value for this data element.
E26	**Functional Group Header** -Version/Release/Industry - Identifier Code	GS08	Appendix B (B.9)	**004010X093A1** _____ BCBSF requires submission of the above version**.**
E27	**Transaction Header Set** Transaction Set Identifier Code	ST01	49 125 **Response:**	**276** – Health Care Claim Status Request BCBSF requires submission of the above value when submitting a Health Care Claim Status Request. _____ **277** – Health Care Claim Status Notification BCBSF will return the above value in this data element when responding to the 276 transaction request.

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E28	**Transaction Set Header** Transaction Set Control Number	ST02	49	An identifying control number assigned by the sender that must be unique within the transaction set functional group. The transaction set control number in the SE02 segment must be identical to the number in this field.
E29	**Transaction Set Trailer** Transaction Segment Count	SE01		Must include the total number of segments included in a transaction set including ST and SE segments (#).
E30	**Transaction Set Trailer** Transaction set Control Number	SE02	120	An identifying control number assigned by the sender that must be unique within the transaction set functional group. The transaction set control number in the ST02 segment must be identical to the number in this field.
E31	**Functional Group Trailer** Number of Transaction Sets Included	GE01	Appendix B (B.10)	BCBSF requires the submission of the total number of transaction sets included in the functional group or interchange group terminated by the trailer (#).
E32	**Functional Group Trailer** Group Control Number	GE02	Appendix B (B.10)	This is a unique number that is assigned by the sender and the number in this field must be identical to the same data element in the associated functional group header GS06.
E33	**997 Functional Acknowledgement**		Appendix B (B.15)	BCBSF will return the version of the 276 inbound transaction in the GS08 of the 997 functional acknowledgement.
E34	**997 Functional Acknowledgement Interchange Acknowledgement (TA1)**	997/TA1	Appendix B (B.15, B.11)	If 100 errors are encountered on a file, the editing process will be discontinued and the entire file will be rejected.

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	BUSINESS REQUIREMENTS			
B1	**BCBSF Disclaimer**		**Response :** (277)	**Unless otherwise required by state law, this notice is not a guarantee of payment. Benefits are subject to all contract limitations and the member's eligibility status on the date of service.**
B2				If delays are encountered in updates by our claims processing systems, this could result in delays in receiving a timely claim status response.
B3	**2100C Provider Name** - Qualifier - Provider Identifier	NM108 NM109	68 69	**NM108** **SV** – Service Provider Number BCBSF requires the submission of the above qualifier in this data element. ———————————— **NM109** BCBSF requires the submission of the Billing Provider Number in this data element.

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B4	**2100D Subscriber Name** - Qualifier - Subscriber Identifier	NM108 NM109	75 76	**NM108** **MI**- Member Identification Number BCBSF requires the submission of the above qualifier in this data element. _____ **NM109** BCBSF requires the submission of the ID number (#) exactly as it appears on the BCBS ID card **without any embedded spaces**, (this includes any out-of-state Blue Card ID's) including any applicable alpha prefix or suffix. Failure to submit the data as indicated above, may result in a claim/encounter not found message.
B5	**2200D Claim Submitter Trace Number** -Trace Number	TRN02	77 **Response:**	**TRN02** BCBSF requires the submission of the patient account number if available in this data element. BCBSF will return the number that was submitted in the 276 inquiry on the 277 response transaction.
B6	**2200D Payer Claim Identification Number** - Reference Identification Qualifier - Payer Claim Control Number	REF01 REF02	78 79	This segment should not be sent for a claim status inquiry if the provider has already received a statement on the claim, electronic or otherwise using the claim number. Submission of this segment when a statement has already been received, may result in a mis-match condition.

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B7	**2100E Dependent Name** - Identification Code Qualifier - Identification Code	NM108 NM109	99 100	**NM108** **MI**- Member Identification Number BCBSF requires the submission of the above qualifier in this data element. _____ **NM109** BCBSF requires the submission of the ID number (#) exactly as it appears on the BCBS ID card **without any embedded spaces**, (this includes any out-of-state Blue Card ID's) including any applicable alpha prefix or suffix. Failure to submit the data as indicated above, may result in a claim/encounter not found message.
B8	**2200E Claim Submitter Trace Number** -Trace Number	TRN02	101 **Response:**	**TRN02** BCBSF requires the submission of the patient account number if available in this data element. BCBSF will return the number that was submitted in the 276 inquiry on the 277 response transaction.
B9	**2200D Payer Claim Identification Number** - Reference Identification Qualifier - Payer Claim Control Number	REF01 REF02	103 103	This segment should not be sent for a claim status inquiry if the provider has already received a statement on the claim, electronic or otherwise using the claim number. Submission of this segment when a statement has already been received may result in a mis-match condition.

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B10	**2200D/E Claim Level Status Information** - Check Number	STC09	**Response:** 163	BCBSF will not return a check number in this data element if multiple checks are issued for a paid claim. This is in compliance with the direction provided in the ANSI X12 4010A1 277 implementation guide.
B11			**Response:**	If the provider of services, has been assessed a lien, levy or garnishment all monies from claims payments will be withheld by BCBSF. If an ANSI X12 276 requests the status of a claim that meets this condition, the 277 response will provide the payment information that you would have received without the garnishment being applied.