

Companion Document For
ANSI ASC X12N 277 4010 (Health Care Claim Status) Response
From Blue Cross and Blue Shield of Alabama
(Institutional, Dental, and Professional)
March 2008

The Health Insurance Portability and Accountability Act (HIPAA) requires that all health insurance payers in the United States, comply with the EDI standards for health care as established by the Secretary of Health and Human Services. The ANSI ASC X12N 277 implementation guides have been established as the standards of compliance for claim status transactions.

The implementation guides for each transaction are available electronically at www.wpc-edi.com.

The following information is intended to serve only as a companion document to the HIPAA ANSI ASC X12N 277 implementation guides. The table contains specific requirements to be used for processing data in the Blue Cross and Blue Shield of Alabama professional, dental, and institutional claims processing system.

The use of this document is solely for the purpose of clarification. This document, supplements, but does not contradict any requirements in the ANSI ASC X12N implementation guides.

Additional companion documents are available for use with other HIPAA standards.

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ITEM #	LOOP	SEGMENT NAME	LANGUAGE
1.	-----	-----	277 transactions will contain only upper case characters.
2.	-----	-----	277 transactions may contain any character from the basic character set as defined in Appendix A of the 277 Professional Implementation Guide. In addition to the basic character set, there may also be the '@' symbol from the extended character set.
3.	-----	-----	277 transactions utilize the ~ (tilde) character as the segment terminator, the * (asterisk) character as the data element separator, and the : (colon) character as the component element separator.
4.	-----	-----	Blue Cross will only create one transaction type (records group) per interchange (transmission); and only one GS-GE (Functional Group) within an ISA-IEA (Interchange).
5.	-----	-----	Blue Cross may create multiple transaction sets per functional group; multiple ST-SE (Transaction Sets) within a GS-GE (Functional Group).
6.	-----	Interchange Control Header	For Institutional responses 00010 plus 10 spaces (to meet the minimum/maximum data element requirement of 15 bytes) will be in ISA06 as the Interchange Sender ID. For Dental and Professional responses 00510 plus 10 spaces (to meet the minimum/maximum data element requirement of 15 bytes) will be in ISA06 as the Interchange Sender ID.
7.	-----	Interchange Control Header	Use ZZ in ISA07 as the Interchange ID Qualifier.
8.	-----	Interchange Control Header	Your 10-digit Payee National Provider Identifier (NPI) followed by 5 spaces (to meet the minimum/maximum data element requirement of 15 bytes) will be in ISA08 as the Interchange Receiver ID.
9.	-----	Interchange Control Header	ISA14 (Acknowledgement Requested) will be 0 (zero).
10.	-----	Functional Group Header	GS02 (Application Sender's Code) will be 00010 for Institutional responses and 0510 for Dental and Professional responses.
11.	-----	Functional Group Header	GS03 (Application Receiver's Code) will be your 10-digit Payee NPI.
12.	-----	Functional Group Header	GS05 (Time) will be formatted as HHMMSSDD.
13.	-----	-----	Multiple claims may be returned based on requested criteria.
14.	-----	-----	Requests for which no claims are found will be returned with a status category of A4 and a status code of 35.