

# HIPAA 276/277 Transactions & Code Sets

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*Companion guide to the  
HIPAA X12 Implementation Guide  
(version 005010X212)*

# Disclosure Statement

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This Companion Guide is issued in an effort to provide Trading Partners of CareFirst BlueCross BlueShield and CareFirst BlueChoice, Inc., collectively known as “CareFirst,” with the most up-to-date information related to standard transactions. Any and all information in this guide is subject to change at any time without notice. Each time you test or submit a standard transaction, we recommend that you refer to the most recently posted Companion Guide to ensure you are using the most current information available.

# Preface

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This Companion Guide to the v5010 ASC X12N Implementation Guides and associated errata adopted under HIPAA clarifies and specifies the data content when exchanging electronically with CareFirst. Transmissions based on this companion guide, used in tandem with the v5010 ASC X12N Implementation Guides, are compliant with both ASC X12 syntax and those guides. This Companion Guide is intended to convey information that is within the framework of the ASC X12N Implementation Guides adopted for use under HIPAA. The Companion Guide is not intended to convey information that in any way exceeds the requirements or usages of data expressed in the Implementation Guides.

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# 1. Introduction

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Under the Administrative Simplification provisions of the Health Insurance Portability and Accountability Act (HIPAA) of 1996, the Secretary of the Department of Health and Human Services (HHS) is directed to adopt standards to support the electronic exchange of administrative and financial health care transactions. The purpose of the Administrative Simplification portion of HIPAA is enable health information to be exchanged electronically and to adopt standards for those transactions.

## 1.1 Scope

This companion guide is intended for CareFirst Trading Partners interested in exchanging HIPAA compliant X12 claim status information (276/277 transactions) with CareFirst. It is intended to be used in conjunction with X12N Implementation Guides and is not intended to contradict or exceed X12 standards. It contains information about specific CareFirst requirements for processing the 276/277 X12 transactions.

All instructions in this document are written using information known at the time of publication and are subject to change. The most current version of the guide is available on the CareFirst website at [carefirst.com/electronicclaims](http://carefirst.com/electronicclaims).

## 1.2 Overview

This Companion Guide is issued in an effort to provide CareFirst Trading Partners with the most up-to-date information related to standard transactions. Any and all information in this guide is subject to change at any time without notice.

This Companion Guide is applicable to all lines of business within CareFirst.

This document is designed to assist both technical and business areas of trading partners who wish to exchange HIPAA standard 276/277 transactions with CareFirst, Inc. It contains specifications for the transactions, contact information, and other information that is helpful.

All instructions in this document are written using information known at the time of publication and will change as necessary to provide the most current information. The most up-to-date version of the Companion Guide is available on the CareFirst website at [carefirst.com/electronicclaims](http://carefirst.com/electronicclaims).

Please be sure to use the most current version of the Companion Guide available at the CareFirst Web site. CareFirst is not responsible for the performance of software outside of its installations.

## 1.3 References

This companion guide is an adjunct to the **National Electronic Data Interchange Transaction Set Implementation Guide Health Care Claim Status Inquiry and Response 276/277 ASC X12N276/277 (005010X212)**.

## 1.4 Additional information

Please be sure to always use the most current version of the companion guide available at [carefirst.com/electronicclaims](http://carefirst.com/electronicclaims) > *Guides*.

Always feel free to contact CareFirst as described in Section 5.

# 2. Getting Started

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## 2.1 Working with CareFirst

In general, there are three steps to submitting standard 276/277 transactions to the CareFirst production environment:

- Registration
- Testing & certification
- Production status

CareFirst accepts X12 standard transactions from any HIPAA covered entity with which it has an agreement. Prior to approving the exchange of the 276/277 transactions, the transactions are tested according to a specific test plan. Results are verified by both parties. Once test results are verified and approved, CareFirst advises the Trading Partner about submitting requests to the production environment.

A submitter is typically a company that has Trading Partner status with CareFirst (e.g., a service bureau or clearinghouse) or is a provider or a group health plan which has an agreement with CareFirst.

All potential CareFirst submitters must contact the EDI Operations Support Group (refer to the CareFirst Contact Information in Section 5) to initiate action and authorization and to receive the necessary information for proceeding.

## 2.2 Trading partner registration

To register to submit electronic transactions a Trading partner must contact CareFirst according to the instructions in Section 5.

The requested information on Trading Partner Information Form (see Section 3) must be filled out by the Trading Partner and emailed to the EDI Operations Support Group address listed in Section 5.

## 2.3 Testing & certification overview

CareFirst requires all potential submitters to participate in testing to ensure that transactions produce the desired results. CareFirst supplies the test data and access information to the test system. Successful completion and validation is an indication that all systems can properly submit and receive the transactions.

## 2.4 Production status

The EDI Operations Support Group will advise the new submitter when all conditions are satisfied and submission of production transactions can begin. At that time a production certificate of trust will be issued by CareFirst to the trading partner.

# 3. Testing

CareFirst requires all potential submitters to participate in testing to ensure that transactions produce the desired results. Successful completion and validation is an indication that all systems can properly submit and receive the transactions.

The CareFirst EDI Operations Support Group coordinates the testing activities and provides a detailed test plan and test data. Additional test cases may be added by the submitter.

The URL for submitting test transactions is:

**<https://webapptt.carefirst.com:443/QA2TIBCO-BC/EDI-X12>**

OR

**<https://webapptt.carefirst.com:443/QA2TIBCO-BC/SOAP>**

NOTE: there are different URL's for test and production transactions. Test time is available from 9 a.m. to 5 p.m. ET, Monday-Friday.

A listing of test 276 requests and expected 277 responses used during testing is provided by the CareFirst test coordinator for review and validation. The successful completion of testing is verified and approved by the EDI Operations Support Staff.

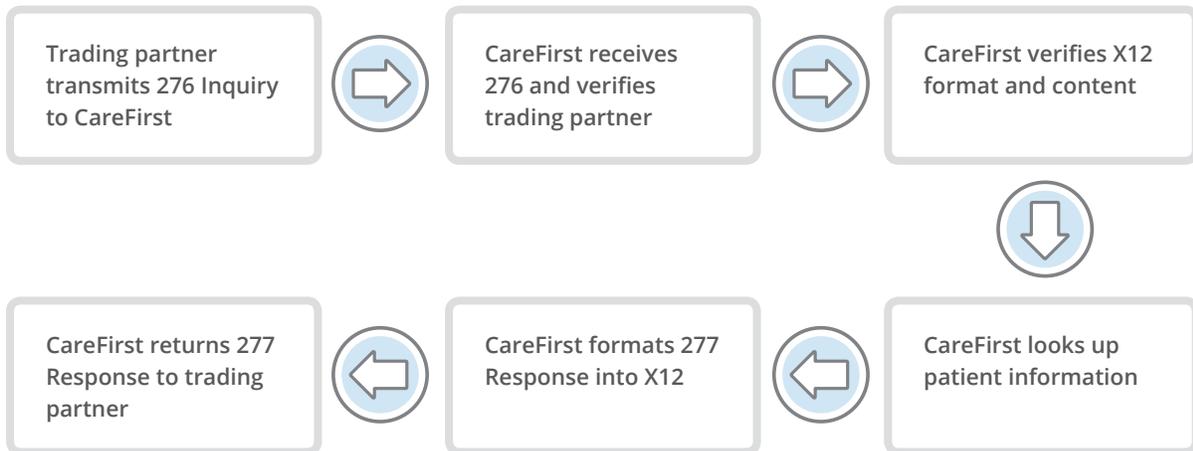
During testing system security is verified with a certificate of trust attached to each transaction and verification of the submitter's IP address. CareFirst provides the certificate of trust for testing to the submitting trading partner. A separate certificate is used for production. The production certificate is issued at the successful completion of testing. The Trading Partner must provide a list IP addresses submitting test transactions.

The information below should be provided to CareFirst for setup so CareFirst can begin testing with Submitters. CareFirst will need to receive this information at least 30 days in advance.

Trading Partner Name:
Primary EDI Support Contact:
Primary EDI Support Contact Phone #:
Primary EDI Support Contact Email:
Primary EDI Support Contact Address:
TP Test/Production IP Address(es) Submitting Transactions:
Transactions that will be submitted to CareFirst by Trading Partner:

# 4. Connectivity/Communications

## 4.1 Process flows



The above illustrates the basic flow of the 276 Inquiry and 277 Response transactions.

## 4.2 Transmission administrative procedures

### 4.2.1 Schedule, availability and downtime notification

CareFirst production systems are available 24 hours per day, 7 days per week with the exception of 1:00 a.m. EST through 9:00 a.m. EST each Sunday for the real-time processing mode. There are no regularly scheduled downtimes except as indicated in the prior statement.

CareFirst Systems' planned downtime will be communicated to all Trading Partners via an email message at least one week prior to the event. The following is an example of the message to be sent to announce planned downtime.

To: Trading Partners  
From: CareFirst B2B Gateway  
The CareFirst B2B Gateway will be unavailable on xx/xx/xxxx from x am to x pm for scheduled maintenance.  
This outage will affect the following transactions: 270/271, 276/277.

CareFirst Systems' unplanned downtime will be communicated to Trading Partners with an email as soon as possible. A second email will be dispatched when the system becomes available.

To: Trading Partners  
From: CareFirst B2B Gateway  
The CareFirst B2B Gateway is unavailable at this time due to a system outage.  
This outage affects the following transactions: 270/271, 276/277.  
We apologize for any inconvenience.

### 4.2.2 Re-transmission procedures

When a 276 inquiry transaction receives a reject code by CareFirst it must be corrected and re-submitted by the provider.

### 4.3 Communication protocol specifications

CareFirst receives and transmits transactions using HTTP/S.

The URL for submitting production transactions to CareFirst is:

**<https://webapp.carefirst.com:443/TIBCO-BC/EDI-X12>**

OR

**<http://webapp.carefirst.com:13001/TIBCO-BC/SOAP>**

NOTE: there are different URL's for test and production transactions.

### 4.4 Passwords

Logon and passwords are replaced by the use of security certificates. The Trading Partner must submit the certificate supplied by CareFirst with every transaction. There are separate certificates for test and production.

CareFirst security is maintained on three levels:

1. Verification of a certificate of trust attached to each transaction
2. Verification of the IP address submitting the transaction (supplied by the submitter)
3. Verification of the Trading Partner Id (in the ISA Segment) supplied by CareFirst.

# 5. CareFirst Contact Information

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## 5.1 EDI customer service

All inquiries and comments regarding initiation, set-up, testing, and submission of HIPAA transactions should be directed to [EDIdirectsubmission@carefirst.com](mailto:EDIdirectsubmission@carefirst.com).

Support for all EDI Transactions is provided by the Helpdesk during normal business hours at 877- 526-8390 or at [EDIdirectsubmission@carefirst.com](mailto:EDIdirectsubmission@carefirst.com).

## 5.2 EDI technical assistance

All inquiries and comments regarding initiation, set-up, testing, and submission of HIPAA transactions should be directed to [EDIdirectsubmission@carefirst.com](mailto:EDIdirectsubmission@carefirst.com).

Support for all EDI Transactions is provided by the Helpdesk during normal business hours at 877- 526-8390 or at [EDIdirectsubmission@carefirst.com](mailto:EDIdirectsubmission@carefirst.com).

## 5.3 Provider service number

All inquiries and comments regarding initiation, set-up, testing, and submission of HIPAA transactions should be directed to [EDIdirectsubmission@carefirst.com](mailto:EDIdirectsubmission@carefirst.com).

Support for all EDI Transactions is provided by the Helpdesk during normal business hours at 877- 526-8390 or at [EDIdirectsubmission@carefirst.com](mailto:EDIdirectsubmission@carefirst.com).

## 5.4 Applicable web-sites/email

All inquiries and comments regarding initiation, set-up, testing, and submission of HIPAA transactions should be directed to [EDIdirectsubmission@carefirst.com](mailto:EDIdirectsubmission@carefirst.com).

Support for all EDI Transactions is provided by the Helpdesk during normal business hours at 877- 526-8390 or at [EDIdirectsubmission@carefirst.com](mailto:EDIdirectsubmission@carefirst.com).

The most current version of this companion guide is available at [carefirst.com/electronicclaims](http://carefirst.com/electronicclaims).

# 6. Control Segments/Envelope

## 6.1 ISA-IEA

### 6.1.1 The 276 Claim Status Inquiry

This section describes the values required by CareFirst in the ISA and IEA segments. specifically noted all values are HIPAA compliant.

IG Page	Reference	X12 Element Name	Length	Valid Values/Notes/Comments
C.3	ISA01	Authorization Information Qualifier	2	Must be "00"
C.4	ISA03	Security Information Qualifier	2	Must be "00"
C.4	ISA05	Interchange ID Qualifier	2	Must be "ZZ"
C.4	ISA06	Interchange Sender ID	15	Must be Trading Partner ID
C.4	ISA07	Interchange ID Qualifier	2	Must be "ZZ"
C.5	ISA08	Interchange Receiver ID	15	Must be CareFirst ID
C.5	ISA09	Interchange Date	6	Must be YYMMDD
C.5	ISA10	Interchange Time	4	Must be HHMM
C.5	ISA11	Interchange Control Standards Identifier	1	Must be '^'
C.5	ISA12	Interchange Control Version	9	Must be "00501"
C.5	ISA13	Interchange Control Number	9	ISA13 must be identical to IEA02
C.6	ISA14	Acknowledgement Indicator	1	Must be "0"
C.6	ISA15	Usage Indicator	1	Must be "T" or "P" NOTE: test system rejects P; Production system rejects T.
C.6	ISA 16	Component Element Separator	1	Must be ":"
C.10	IEA01	Number of included Functional Groups	1	Must be "1"
C.10	IEA02	Interchange Control Number	9	IEA02 must be identical to ISA13

## 6. Control Segments/Envelope

### 6.1.2 The 277 Response

This section describes the values returned by CareFirst in the ISA segment.

IG Page	Reference	X12 Element Name	Length	Valid Values/Notes/Comments
C.4	ISA01	Authorization Information Qualifier	2	"00"
C.4	ISA03	Security Information Qualifier	2	"00"
C.4	ISA05	Interchange ID Qualifier	2	"ZZ"
C.4	ISA06	Interchange Sender ID	15	CareFirst ID
C.5	ISA07	Interchange ID Qualifier	2	"ZZ"
C.5	ISA08	Interchange Receiver ID	15	Trading Partner ID
C.5	ISA09	Interchange Date	6	YYMMDD
C.5	ISA10	Interchange Time	4	HHMM
C.5	ISA11	Interchange Control Standards Identifier	1	"^"
C.5	ISA12	Interchange Control Version	9	"00501"
C.5	ISA13	Interchange Control Number	9	ISA13 will be identical to IEA02
C.6	ISA14	Acknowledgement Indicator	1	"0"
C.6	ISA15	Usage Indicator	1	Must be "T" or "P" NOTE: test system rejects P; Production system rejects T.
C.6	ISA16	Component Element Separator	1	Must be ":"
C.10	IEA01	Number of included Functional Groups	1/5	"1"
C.10	IEA02	Interchange Control Number	9/9	IEA02 will be identical to ISA13

## 6. Control Segments/Envelope

### 6.2 GS-GE

#### 6.2.1 The 276 Claim Status Inquiry

This section describes the values required by CareFirst in the GS segment.

IG Page	Reference	X12 Element Name	Length	Valid Values/Notes/Comments
C.7	GS01	Functional Identifier Code	2/2	Must be "HR"—Health Care Claim Status Request
C.7	GS02	Application Sender's Code	2/15	Must be Trading Partner ID. Trading Partner ID must be appended with "R" for this element only.
C.7	GS03	Application Receiver's Code	9	Must be CareFirst ID
C.7	GS04	Date	8/8	CCYYMMDD
C.8	GS05	Time	4/8	HHMMSS or HHMMSSD or HHMMSSDD
C.8	GS06	Group Control Number	1/9	Functional group header control number must be identical to functional group trailer, GE02.
C.8	GS07	Responsible Agency Code	1/2	Must be "X"
C.8	GS08	Version/Release/ Industry Identifier Code	12	Must be "005010X212"
C.9	GE01	Number of Transaction Sets Included	1/6	Must be "1"
C.9	GE02	Group Control Number	1/9	Functional group trailer control number must be identical to functional group header, GS02.

#### 6.2.2 The 277 Response

This section describes the values returned by CareFirst in the GS segment.

IG Page	Reference	X12 Element Name	Length	Valid Values/Notes/Comments
C.7	GS01	Functional Identifier Code	2/2	Must be "HN"—Health Care Claim Status Response
C.7	GS02	Application Sender's Code	2/15	CareFirst ID
C.7	GS03	Application Receiver's Code	9	Trading Partner ID appended with "R"
C.7	GS04	Date	8/8	CCYYMMDD
C.8	GS05	Time	4/8	HHMMSS
C.8	GS06	Group Control Number	1/9	Functional group header control number must be identical to functional group trailer, GE02.
C.8	GS07	Responsible Agency Code	1/2	Must be "X"
C.8	GS08	Version/Release/ Industry Identifier Code	12	Must be "005010X212"
C.9	GE01	Number of Transaction Sets Included	1/6	Must be "1"
C.9	GE02	Group Control Number	1/9	Functional group trailer control number must be identical to functional group header, GS02.

## 6. Control Segments/Envelope

### 6.3 ST-SE

#### 6.3.1 The 276 Claim Status Inquiry

CareFirst requires standard HIPAA values in the ST and SE segments.

IG Page	Reference	X12 Element Name	Length	Valid Values/Notes/Comments
36	ST01	Transaction Set Identifier Code	3/3	Must be "276"
36	ST02	Transaction Set Control Number	4/9	The Transaction Set Control Numbers in ST02 and SE02 must be identical.
36	ST03	Implementation Convention Reference	1/35	Must be "005010X212."
98	SE01	Number of Included Segments	1/10	Count of data segments including ST and SE Segments. In the event when this count does not match the exact number of data segments, a 999 is generated.
98	SE02	Transaction Set Control Number	4/9	The Transaction Set Control Numbers in ST02 and SE02 must be identical.

#### 6.3.2 The 277 Response

CareFirst returns standard HIPAA values in the ST and SE segments.

# 7. CareFirst Specific Business Rules and Limitations

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## 7.1 Real time processing mode

CareFirst supports only real time 276 inquiry and 277 response transactions.

## 7.2 Single patient inquiry

A real time transaction is limited to one patient per inquiry.

## 7.3 Error conditions

1. A TA1 acknowledgement is returned when there is a transmission or envelope error (other than a timeout).
2. A 999 acknowledgement is returned when there is a HIPAA or an X12 compliance error. The Trading Partner should correct the error and resubmit the transaction.
3. A 277 with an Error Code within Status Category in the STC segment is returned when there is a data error or when the system is unavailable. The Trading Partner should correct the error and resubmit the transaction.

## 7.4 DTP segment

The criteria for Dates of Service are as follows;

1. The "From Date" must be within 3 years of the current date.
2. The "From Date" and "To Date" cannot span more than 1 year.
3. The "To Date" cannot be greater than the current date.

# 8. Acknowledgements and/or Reports

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The TA1 Interchange Acknowledgement is used to indicate a rejection (aka a negative acknowledgement) of the ISA/IEA Interchange containing the 276 Claim Status Inquiry Request.

If the 276 passes ISA/IEA compliance checking, but an error is found during the validation of the Functional Group(s) or Transaction Set(s) within a Functional Group, a 999 Functional Acknowledgement indicates a rejection (negative acknowledgement).

If the 276 complies with the X12 standard syntax requirements, then the 276 Claim Status Response is returned to the submitter.

The STC segments in the 277 are used to report business level error situations.

The submitter of a 276 in real-time will receive only one acknowledgement/response from CareFirst: a TA1 (error); a 999 (error); or a 277.

## 8.1 Report inventory

Identification and documentation of reports requirements for all HIPAA transactions are being worked on separately.

# 9. Trading Partner Agreements

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## 9.1 Trading partners

All inquiries and comments regarding trading partner relationships with CareFirst should be addressed by contacting CareFirst using the information in Section 5.

# 10. Transaction Information

## 10.1 The 276 claim status inquiry

This section describes the standard HIPAA values required by CareFirst in the BHT segment.

IG Page	Reference	X12 Element Name	Length	Valid Values/Notes/Comments
37	BHT01	Hierarchical Structure Code	3/3	Must be "0010"
37	BHT02	Transaction Set Purpose Code	4/9	Must be "13"
37	BHT03	Reference Identification	1/30	Assigned by the Trading Partner
37	BHT04	Date	8/8	CCYYMMDD
38	BHT05	Time	8/8	HHMM or HHMMSS or HHMMSSD, or HHMMSSDD

This section describes the values required by CareFirst in the HL segments.

IG Page	Loop ID	Reference	X12 Element Name	Codes	Length	Valid Values/Notes/Comments
39	2000 A	HL01	Hierarchical ID number	Must be "1"	1/12	Initial HL Segment
39	2000 A	HL02	Hierarchical Parent ID number	Must be missing		
40	2000 A	HL03	Hierarchical Level Code	Must be "20"	1/2	Information Source
40	2000 A	HL04	Hierarchical Child Code	Must be "1"	1/1	Additional Subordinate HL Data Segment in this Hierarchical Structure
43	2000 B	HL01	Hierarchical ID number	Must be "2"	1/12	This number is incremented by one for each successive occurrence of the HL segment
43	2000 B	HL02	Hierarchical Parent ID number	Must be "1"	1/12	
44	2000 B	HL03	Hierarchical Level Code	Must be "21"	1/2	Information Receiver
44	2000 B	HL04	Hierarchical Child Code	Must be "1"	1/1	Additional Subordinate HL Data Segment in this Hierarchical Structure
47	2000 C	HL01	Hierarchical ID number	Must be "3"	1/12	
47	2000 C	HL02	Hierarchical Parent ID number	Must be "2"	1/12	
48	2000 C	HL03	Hierarchical Level Code	Must be "19"	1/2	Provider of Service
48	2000 C	HL04	Hierarchical Child Code	Must be "1"	1/1	Additional Subordinate HL Data Segment in this Hierarchical Structure

## 10. Transaction Information

IG Page	Loop ID	Reference	X12 Element Name	Codes	Length	Valid Values/Notes/Comments
53	2000 D	HL01	Hierarchical ID number	Must be "4"	1/12	This number is incremented by one for each successive occurrence of the HL segment
53	2000 D	HL02	Hierarchical Parent ID number	Must be "3"		
53	2000 D	HL03	Hierarchical Level Code	Must be "22"	1/2	Subscriber
53	2000 D	HL04	Hierarchical Child Code	Must be "1" OR "0"	1/1	Must be "1" when patient is dependent; "0" when subscriber is the patient
75	2000 E	HL01	Hierarchical ID number	Must be "5"	1/12	This loop must be used only when the patient is a dependent of a Member
75	2000 E	HL02	Hierarchical Parent ID number	Must be "4"	1/12	
76	2000 E	HL03	Hierarchical Level Code	Must be "23"	1/2	Dependent
76	2000 E	HL04	Hierarchical Child Code	Must be "0"	1/1	

This section describes the values required by CareFirst in the NM1 segments.

IG Page	Loop ID	Reference	X12 Element Name	Codes	Length	Valid Values/Notes/Comments
41	2100 A	NM101	Entity Identifier Code	Must be "PR"	2	Payer
41	2100 A	NM102	Entity Type Qualifier	Must be "2"	1	Non-Person Entity
41	2100 A	NM103	Last Name or Organization Name	Must be "CareFirst BlueCross BlueShield"	35	
42	2100 A	NM108	Identification Code Qualifier	Must be "PI" or "AD"	2	
42	2100 A	NM109	Information Source Primary Identifier		2/80	BCBS Plan Code "080" or "190" CareFirst will accept any of the allowable values listed above.
45	2100 B	NM101	Entity Identifier Code	Must be "41"	2	Submitter
45	2100 B	NM102	Entity Type Qualifier	Must be "2"	1	Non-Person Entity
46	2100 B	NM103	Last Name or Organization Name		35	Must be Trading Partner ID
46	2100 B	NM108	Identification Code Qualifier	Must be "46"	2	
46	2100 B	NM109	Information Submitter Primary Identifier	Must be a valid Tax ID	2/80	Submitter's Federal Tax Id
50	2100 C	NM101	Entity Identifier Code	Must be "1P"	2	Provider
50	2100 C	NM102	Entity Type Qualifier	Must be "1" or "2"	1	1 Person 2 Non- Person Entity
50	2100 C	NM103	Last Name or Organization Name		35	
50	2100 C	NM104	First Name		25	Required only when NM102 is 1.

## 10. Transaction Information

IG Page	Loop ID	Reference	X12 Element Name	Codes	Length	Valid Values/Notes/Comments
50	2100 C	NM105	Middle Name		25	Submit if available for the person.
51	2100 C	NM108	Identification Code Qualifier	Must be "XX"	2	Health Care Financing Administration Identifier
51	2100 C	NM109	Provider Primary Identifier		2/80	Provider's Billing NPI Number
56	2100 D	NM101	Entity Identifier Code	Must be "IL"	2	
56	2100 D	NM102	Entity Type Qualifier	Must be "1"	1	1 Person
57	2100 D	NM103	Last Name		35	Subscriber Last Name
57	2100 D	NM104	First Name		25	Subscriber First Name
57	2100 D	NM105	Middle Name		25	Submit if available for a subscriber.
57	2100 D	NM107	Identification Code Qualifier	Must be "MI"	2	Member Identification Number
57	2100 D	NM109	Subscriber Identifier		2/80	CareFirst Member/Subscriber ID; including 1-3 Character Alphanumeric Prefix shown on ID Card  Two ways that IDs can be sent: 2) ABC123456789  3) 123456789  A valid FEP Membership ID format is R followed by 8 numeric characters.  Member ID Suffix must not be submitted.
79	2100 E	NM101	Entity Identifier Code	Must be "QC"	2	Dependent
79	2100 E	NM102	Entity Type Qualifier	Must be "1"	1	1 Person
79	2100 E	NM103	Last Name or Organization Name		35	
80	2100 E	NM104	First Name		25	

This section describes the values accepted by CareFirst in the REF segment. The REF segment may appear only at the subscriber or dependent level.

IG Page	Loop ID	Reference	X12 Element Name	Codes	Length	Valid Values/Notes/Comments
59-65 AND 82-88	2200D or 2200E	REF01	Reference Identification Qualifier	Must be "1K" or "BLT" or "EJ"	2	A REF Segment containing DCN Information is strongly recommended to be submitted on the 276 Transaction if available.  A REF Segment at the Claim Level containing Institutional Type of Bill is strongly recommended to be submitted when applicable.  When available, up to three REF Segments will be returned on 277.

10. Transaction Information

IG Page	Loop ID	Reference	X12 Element Name	Codes	Length	Valid Values/Notes/Comments
59-65 AND 82-88	2200D or 2200E	REF02	Reference Identification		1/30	<p>A valid Facets DCN format is 12 positions.</p> <p>A valid FEP DCN format is 11-14 positions.</p> <p>For additional DCN formats please refer to Section 12. DCN Formats.</p> <p>CareFirst will always return a claim number when the claim status is finalized or pending.</p> <p>CareFirst will return an institutional type of bill from the original submitted claim, when it is available.</p>

This section describes the values required by CareFirst in the DMG segment. DMG Segment may appear only at the subscriber or dependent level.

IG Page	Loop ID	Reference	X12 Element Name	Codes	Length	Valid Values/Notes/Comments
54 & 77	2000D or 2000E	DMG01	Date Time Period Format Qualifier	Must be "D8"	2/3	Date expressed in CCYYMMDD
55 & 77	2000D or 2000E	DMG02	Date Time Period	CCYYM MDD		Patient Date of Birth
55 & 78	2000D or 2000E	DMG03	Gender	F or M		

This section describes the values required by CareFirst in the TRN segment. TRN Segment may appear only at the subscriber or dependent level.

IG Page	Loop ID	Reference	X12 Element Name	Codes	Length	Valid Values/Notes/Comments
58 & 81	2200D or 2200E	TRN01	Trace Type Code	Must be "1"	2/3	<p>Current Transaction Trace Number. TRN segment in 2000D loop may be assigned if the subscriber is the patient.</p> <p>TRN segment in 2000E loop may be assigned if the Dependent is the patient.</p>
58 & 81	2200D or 2200E	TRN02	Reference Identification		1/30	

## 10. Transaction Information

This section describes the values required by CareFirst in the AMT segment. AMT Segment may appear only at the subscriber or dependent level.

IG Page	Loop ID	Reference	X12 Element Name	Codes	Length	Valid Values/Notes/Comments
66 & 89	2200D or 2200E	AMT01	Amount Qualifier Code	Must be "T3"	3	Total Submitted Charges
66 & 89	2200D or 2200E	AMT02	Monetary Amount		1/18	Must not be missing. \$0 and \$0.00 are valid values accepted by CareFirst.

This section describes the values required by CareFirst in the DTP segment. DTP Segment may appear only at the subscriber or dependent level.

IG Page	Loop ID	Reference	X12 Element Name	Codes	Length	Valid Values/Notes/Comments
67 & 90	2200D or 2200E	DTP01	Date/Time Qualifier	Must be "472"	3	Service
67 & 90	2200D or 2200E	DTP02	Date Time Period Format Qualifier	Must be "RD8"	3	Range of Dates Expressed in Format CCYMMDDCCYMMDD
68 & 91	2200D or 2200E	DTP03	Dates of Service		17	The following situations must be met for dates to be considered valid. a) The "From Date" must be within 3 years of the current date. b) The "From Date" and "To Date" cannot span more than 1 year. c) The "To Date" cannot be greater than the current date.

## 10. Transaction Information

### 10.2 The 277 Response

The following describes the CareFirst utilization of segments and elements when there is some type of uniqueness or restriction. All other values comply with HIPAA regulations.

This section describes the values returned by CareFirst in the NM1 segments.

IG Page	Loop ID	Reference	X12 Element Name	Codes	Length	Valid Values/Notes/Comments
111	2100 A	NM101	Entity Identifier Code	"PR"	2	
111	2100 A	NM102	Entity Type Qualifier	"2"	1	
112	2100 A	NM103	Entity Description		30	"CareFirst BlueCross BlueShield"
112	2100 A	NM108	Identification Code Qualifier	"PI"	2	Payor Identification
112	2100 A	NM109	Information Source Primary Identifier		6	BCBS Plan Code – "080" or "190" CareFirst will respond on the 277 Response with the same Plan Code received on the 276 Request.
118	2100 B	NM101	Entity Identifier Code	"41"	2	From the 276
119	2100 B	NM108	Identification Code Qualifier	"46"	2	Electronic Transmitter Identification Number (ETIN)
119	2100 B	NM109	Information Receiver Primary Identifier		2/80	Trading Partner ID From the 276
127	2100 C	NM101	Entity Identifier Code	"1P"	2	From the 276
128	2100 C	NM108	Identification Code Qualifier	"XX"	2	Health Care Financing Administration National Provider Identifier
128	2100 C	NM109	Provider Primary Identifier		2/80	Provider's NPI Number
135	2100 D	NM101	Entity Identifier Code	"IL"	2	From the 276
136	2100 D	NM108	Identification Code Qualifier	"MI"	2	Member Identification Number
136	2100 D	NM109	Subscriber Identifier		2/80	CareFirst Member/Subscriber ID
175	2100 E	NM101	Entity Identifier Code	"QC"	2	From the 276
175	2100 E	NM102	Entity Type Qualifier	"1"	1	Person
176	2100 E	NM103	Last Name		35	
176	2100 E	NM104	First Name		25	

## I 10. Transaction Information

This section describes the values returned by CareFirst in the TRN segment. TRN Segment will appear only at the subscriber or dependent level.

IG Page	Loop ID	Reference	X12 Element Name	Codes	Length	Valid Values/Notes/Comments
137 & 177	2200D or 2200E	TRN01	Trace Type Code	Must be "2"	2/3	Referenced Transaction Trace Number
137 & 177	2200D or 2200E	TRN02	Reference Identification		1/30	From 276

This section describes the values returned by CareFirst in the STC segments.

IG Page	Loop ID	Reference	X12 Element Name	Codes	Length	Valid Values/Notes/Comments
138 & 178	2200D or 2200E	STC01	Health Care Claim Status		1/30	STC01-1 is the Category code. STC01- 2 is the Status code.  STC segment in 2000D loop may be assigned if the subscriber is the patient.  STC segment in 2000E loop may be assigned if the Dependent is the patient.
145 & 185	2200D or 2200E	STC02	Date		8	Effective Date of Status Information
145 & 185	2200D or 2200E	STC04	Monetary Amount		1/18	Total Claim Charge Amount
145 & 185	2200D or 2200E	STC05	Monetary Amount		1/18	Claim Payment Amount
145 & 185	2200D or 2200E	STC06	Date		8/8	Claim Payment Date
146 & 186	2200D or 2200E	STC07	Payment Method Code		3/3	Will be used when claim has a dollar payment to the provider of Service.
146 & 186	2200D or 2200E	STC08	Date		8/8	Check Issue or EFT Effective Date
146 & 186	2200D or 2200E	STC09	Check Number		1/16	For paid claims CareFirst will return the check number for non FACETS and voucher number for FACETS claims.  If the payment is EFT (electronic file transfer), this number will be the trace number for all claims.  For pending or rejected claims CareFirst will not return this element for any claims.

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IG Page	Loop ID	Reference	X12 Element Name	Codes	Length	Valid Values/Notes/Comments
161 & 201	2220D or 2220E	STC01	Health Care Claim Status		1/30	STC01-1 is the Category code. STC01-2 is the Status code.  STC segment in 2000D loop may be assigned if the subscriber is the patient.  STC segment in 2000E loop may be assigned if the Dependent is the patient.
168 & 208	2220D or 2220E	STC02	Date		8	Effective Date of Status Information
168 & 208	2220D or 2220E	STC04	Monetary Amount		1/18	Line Item Charge Amount will not be returned.
168 & 208	2220D or 2220E	STC05	Monetary Amount		1/18	Line Item Provider Payment Amount will not be returned.

This section describes the values returned by CareFirst in the REF segments. REF Segment will be returned only at the subscriber or dependent level.

IG Page	Loop ID	Reference	X12 Element Name	Codes	Length	Valid Values/Notes/Comments
149-154 & 189-194	2200D or 2200E	REF01	Reference Identification Qualifier	"1K" or "BLT" or "EJ"	2	When available, up to three REF Segments will be returned on 277.  In an event when 276 is submitted with an invalid DCN format, then in addition to supplying the DCN identified within the requested service date range on the 276, the 277 will also address the invalid DCN submitted on the 276 by returning (A4:35) Claim not found status for it.  In an event when correct DCN is submitted on the 276, the 277 will return the most recent DCN identified within the service date range and will repeat the claim status one more time for that one particular DCN requested on the 276 Transaction.

## 10. Transaction Information

IG Page	Loop ID	Reference	X12 Element Name	Codes	Length	Valid Values/Notes/Comments
149-154 & 189-194	2200D or 2200E	REF02	Reference Identification		1/30	CareFirst will return a claim number when the claim has been finalized, or pending.  CareFirst will return only the most recent DCN when adjustments have been made to the claim. Any other associated DCNs will not be returned. This is in compliance with the BCBSA mandates.  CareFirst will return an institutional type of bill from the original submitted claim, when it is available.
171 & 211	2220D or 2220E	REF01	Reference Identification Qualifier	"FJ"	2/3	Line Item Control Number
171 & 121	2220D or 2220E	REF02	Reference Identification		1/30	CareFirst will return this when available from the original claim.

This section describes the values returned by CareFirst in the DTP segment. DTP Segment may appear only at the subscriber or dependent level.

IG Page	Loop ID	Reference	X12 Element Name	Codes	Length	Valid Values/Notes/Comments
155 & 195	2200D or 2200E	DTP01	Date/Time Qualifier	Must be "472"	3	Service
155 & 195	2200D or 2200E	DTP02	Date Time Period Format Qualifier	Must be "RD8"	3	Range of Dates Expressed in Format CCYYMMDDCCYYMMDD
156 & 196	2200D or 2200E	DTP03	Dates of Service		17	Date Service Period
172 & 212	2220D or 2220E	DTP01	Date/Time Qualifier	Must be "472"	3	Service
172 & 212	2220D or 2220E	DTP02	Date Time Period Format Qualifier	Must be "RD8"	3	Range of Dates Expressed in Format CCYYMMDDCCYYMMDD
172 & 212	2220D or 2220E	DTP03	Dates of Service		17	Service Line Date

# 11. Appendices

## Appendix A

### Implementation Checklist

CareFirst has three Preferred Trading Partners – RealMed, Allscripts (Meddata) and Emdeon for the 276/277 Claim Status Transaction. Please contact one of our preferred vendors to submit 276 transactions to CareFirst.

## Appendix B

### DCN Formats

	FACETS	FEP	CARE	DC	NASCO	BX
Initial Claim	10 digit followed by '00' Suffix Example: 1234567890 00	10 digit followed by a P or F Example: 1234567890P 3120198765F	13 digits Example: 11R9142612345	10 digits Example: 0407900123	14 digits Example: RRYYJJBBNNQQ  The initial claim is assigned a Qualifier number '00' at QQ or 13th & 14th positions.	Scf#
Adjusted Claim	10 digit and incremental suffix. The Suffix is incremented by one for each successive adjustment  Example: Original claim# 1234567890 00  First Adjusted Claim# 1234567890 01  Second Adjusted Claim# 1234567890 02	10 digit followed by a P or F Example: 1234567890P 3120198765F	13 digits Example: 11R9142612345	8 digits followed by two alpha characters. (EA, EF, IF, IA) followed by M followed by alpha sequence  Example: First Adjustment: 40790123EA  Second Adjustment: 40790123EAMA  Twenty-Seventh Adjustment: 40790123EAMZ  Twenty-Eighth Adjustment: 40790123EAMAA	The first adjustment to the original record is assigned a Qualifier number '02' at QQ or 13th & 14th positions.  The second adjustment is assigned a Qualifier number '04' and any subsequent '06' at QQ or 13th & 14th positions.	

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	FACETS	FEP	CARE	DC	NASCO	BX
Split Claim	10 digit and incremental suffix. Example: Original claim# 1234567890 00 First Split Claim# 1234567890 01 Second Split Claim# 1234567890 02	10 digit followed by a P or F followed by 1- 3 position alphanumeric suffix Example: Original Claim# 3120198765F First Split Claim# 3120198765FA Second Split Claim# 3120198765FB Third Split Claim# 3120198765FC 26th Split Claim# 3019019846FY 27th Split Claim# 3019019846FAA 28th Split Claim# 3019019846FAB 29th Split Claim# 3019019846FAC	13 digits Example: 11R9142612345	10 digits followed by M and an alpha sequence Example: Original Claim# 4142198765 First Split Claim# 4142198765MA Second Split Claim# 4142198765MB Third Split Claim# 4142198765MC If the claim has been split more than 19 times, the alpha sequence would start over at A and a second alpha character is added, starting with A. Example: 19th Split Claim# 4142198765MY 20th Split Claim# 4142198765MAA 21st Split Claim# 4142198765MAB	Electronically Split Claim is indicated by 80- 84 codes at the RR or 1st & 2nd position on the claim number. Manually split claims cannot be identified via the claim number.	SCCF#

**Appendix C**

**The claim status category and claim status codes**

The most recent list of Claim Status Category and Specific Codes can be found at the Washington Publishing Company website.

Claim status category: <http://www.wpc-edi.com/reference/codelists/healthcare/claim-status-category-codes/>

Claim status codes: <http://www.wpc-edi.com/reference/codelists/healthcare/claim-status-codes/>

## Appendix D

### Definitions, acronyms and abbreviations

The following is a list of key terms commonly associated with the Health Insurance Portability and Accountability Act (HIPAA).

276	Health Care Claim Status Request
277	Health Care Claim Status Response
999	The X12 standard transaction to notify a Trading Partner when there is a format problem with an incoming (276) request.
Accredited Standards Committee (ACS)	ACS is an organization accredited by the American National Standards Institute (ANSI) for the development of American National Standards.
Accredited Standards Committee X12 (ASC X12)	ASC X12 is a group accredited by the American National Standards Institute (ANSI) that defines electronic data interchange (EDI) standards for many American industries, including health care insurance.
Accredited Standards Committee X12N (ASC X12N)	ASC X12N is a subcommittee of X12 that defines electronic data interchange (EDI) standards for the insurance industry, including health care insurance.
American National Standards Institute (ANSI)	ANSI is an organization that accredits various standards-setting committees, and monitors their compliance. HIPAA prescribes that, whenever practical, ANSI-accredited bodies develop mandated standards.
BOL	Business Objects Layer
CGW	Claims Gateway is CareFirst access point for electronic commerce.
CMDB	Common Member Data Base
DDE	Direct Data Entry
EDI	Electronic Data Interchange
FEP	Federal Employee Program
FEPOC	Federal Employee Program Operations Center. It is the central location where all FEP claims must be sent in order to receive responses/answers to claims that have been billed/processed by FEP
FLEXX	Claims processing system used for Commercial and FEP claims.
HIPAA	Health Insurance Portability Accountability Act of 1996
FACETS	Claims processing system for commercial business

FEP Thin	FCC (FEP Claims Centralization) It is the level below the pipeline that contains touchpoints (pricer, ODS, claimcheck, etc) for FEP processing prior to sending those claims to the FEPOC.
NASCO	Claims processing system for national and Bluecard business
Nasco InterAct	NASCO's XML messaging service that enables Plan applications to interact directly with the NASCO Processing System (NPS). Using InterAct, Plans have real-time access to the most up-to-date NPS information and can use this data for application such as Plan websites, customer service applications or Interactive Voice Response system.
NASCO Processing System (NPS)	NASCO's core business application and claims adjudication engine.
HWS	HIPAA Web Service
IACS	Inquiry, Analysis and Control System
IG	National Electronic Data Interchange Transaction Set Implementation Guide Health Care Claim Status Request and Response 276/277
NPI	National Provider Identification number
TA1	The X12 transaction to notify a Trading Partner when there is an interchange problem.
TP	Trading Partner
X12	A standard transmission protocol and data format used for EDI transactions.
XML	Extensible Markup Language
ICC	Integration Competency Center
HTTPS	Hypertext Transfer Protocol Secure
Claims Status Category Codes	Claim Status Category codes indicate the general category of the status (accepted, rejected, additional information requested, etc.) which is then further detailed in the Claim Status Codes.
Claims Status Codes	Health Care Claim Status Codes convey the status of an entire claim or a specific service line.

## Appendix E Change Summary

The following chart includes the summary of changes made to the Companion Guide.

Companion Document Change Summary				
Date	Version	Status	Page	Description
12/18/12	Version 2.0	Addition		Updates made to incorporate the CORE Companion Guide Template Rule changes.

