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**ANSI X12N 276 (004010X093A1)  
HEALTH CARE CLAIM STATUS REQUEST  
SUPPLEMENTAL IMPLEMENTATION GUIDE**

**Last Revised September 10, 2008**

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## INTRODUCTION:

The following information is intended to serve only as a companion document to the HIPAA ANSI X12N 276 Health Care Claim Status Request Implementation Guide and Addenda. The use of this document is solely for the purpose of clarification. The information describes specific requirements to be used in processing BlueCross BlueShield of South Carolina HIPAA ANSI X12N 276 Health Care Claim Status Requests submitted via EDI (Electronic Data Interchange). Please note that the HIPAA ANSI X12N 276 Health Care Claim Status Request Supplemental Implementation Guide is subject to change. Any changes will be available at [www.SouthCarolinaBlues.com](http://www.SouthCarolinaBlues.com).

Only segments and/or elements that are used differently than directed in the 276 Implementation Guide and Addenda are represented in this document. To determine the usage of a segment or element that does not appear in this document, refer to the 276 Implementation Guide and its associated addenda.

BlueCross BlueShield of South Carolina accepts the following general claim status inquiries:

1. All claim header and line information for a specific patient and provider
2. All claim header and line information for a specific patient, provider, and claim number
3. All claim header and line information for a specific patient, provider, and service date range
4. All claim header and line information for a specific patient, provider, and total charge
5. All claim header and line information for a specific patient, provider, service date range and total charge

Each request may contain one patient and one provider.

Because each request is specific to one patient and one provider, only one DMG segment will appear in each request — either 2000D DMG when the patient is the subscriber, or 2000E DMG when the patient is a dependent. When the subscriber is the patient, the 2200D AMT and DTP segments are required. When the patient is a dependent, the 2200E AMT and DTP segments are required.

The AMT and DTP segments are required even when the requestor does not want the claims filtered according to claim amount or service date. In requests that do not have a total charge specified (numbers 1-3 above) the AMT02 element *must* contain a single 0 (zero) in the field. Otherwise, the total amount of the claim is entered. The AMT02 element *does not* include an implied decimal point, and leading zeros are suppressed. For example, to enter a claim amount of \$100.00, the value of the AMT02 field will appear as \*100\*. To enter \$100.20, the amount will appear in the data stream as \*100.2\*. Likewise, \$100.01 will appear in the field as \*100.01\*. A maximum of 10 characters are allowed in this element.

To ensure that the request does not exclude any claims based upon date of service, BlueCross recommends that the DTP03 element in the 2200D or 2200E loop begin with 19000101 (January 1, 1900) and end with the last day of the current year. For example, when a request for claim status is sent on October 2, 2003 the DTP line should appear as

DTP\*232\*RD8\*19000101-20031231~

This date range ensures that all relevant claims are returned.

BlueCross BlueShield of South Carolina currently accepts one type of transaction per transmission. Therefore, all ST01 elements within the transmission will equal the same transaction number. For example, fourteen 837I transactions are acceptable within one enveloping sequence, but thirteen 837Is and one 276 within one enveloping sequence is unacceptable.

## REVISION LOG

<b>Date</b>	<b>Author</b>	<b>Revision Description</b>
10/2/2003	E. Baylor-Elks	Original with 4010A1
11/12/2003	E. Baylor-Elks	Added ST01 note to introduction
12/2/2003	E. Baylor-Elks	Modified introduction language
5/20/2005	E. Baylor-Elks	Added BlueChoice HealthPlan, removed Companion HealthCare.
09/10/2008	E. Baylor-Elks	NPI modifications

**Segment:** **NM1** Payer Name  
**Position:** 050  
**Loop:** 2100A  
**Level:** Detail  
**Usage:** Required  
**Max Use:** 1

**Data Element Summary**

<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>
NM108	66	<b>Identification Code Qualifier</b> This element must equal "FI".
		FI Federal Taxpayer's Identification Number
NM109	67	<b>Identification Code</b> The following Federal Taxpayer Identification numbers are accepted.
		201393447 Instil Health Insurance Company
		570287419 BlueCross BlueShield of South Carolina
		570523959 Companion Life Insurance Company
		570768835 BlueChoice HealthPlan
		592876465 Florida Combined Life

**Segment:** **NM1** Information Receiver Name  
**Position:** 050  
**Loop:** 2100B  
**Level:** Detail  
**Usage:** Required  
**Max Use:** 1  
**Notes:**

All entities eligible under CMS guidelines to receive a National Provider ID number must report the NPI number in element 09, using the qualifier 'XX' in element 08.

If the Information Receiver is not eligible to receive a NPI, either the Federal Taxpayer Identification Number (FI) or the Electronic Transmitter Identification Number (46) may be reported in element 09.

**Data Element Summary**

<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>
NM108	66	<b>Identification Code Qualifier</b> The following codes are accepted.
		46 Electronic Transmitter Identification Number (ETIN)
		FI Federal Taxpayer's Identification Number
		XX Health Care Financing Administration National Provider Identifier

**Segment:** **NM1** Provider Name  
**Position:** 050  
**Loop:** 2100C  
**Level:** Detail  
**Usage:** Required  
**Max Use:** 1

**Data Element Summary**

<u>Ref.</u> <u>Des.</u>	<u>Data</u> <u>Element</u>	<u>Name</u>
NM108	66	<b>Identification Code Qualifier</b> If this loop is used, all providers eligible under CMS guidelines to receive a National Provider ID number must report the NPI number in element 09, using the qualifier 'XX' in element 08.  If a provider is not eligible to receive a NPI, either the Federal Taxpayer Identification Number (FI) or the provider's Service Provider Number (SV) may be used in element 09.  FI Federal Taxpayer's Identification Number SV Service Provider Number XX Health Care Financing Administration National Provider Identifier

**Segment:** **DMG** Subscriber Demographic Information  
**Position:** 040  
**Loop:** 2000D  
**Level:** Detail  
**Usage:** Required when the subscriber is the patient  
**Max Use:** 1

**Data Element Summary**

<u>Ref.</u> <u>Des.</u>	<u>Data</u> <u>Element</u>	<u>Name</u>
DMG02	1251	<b>Date Time Period</b> If the subscriber is the patient (2100D NM101 = QC) this field must be populated with the subscriber's date of birth in CCYYMMDD format.  Otherwise, do not submit this element, as each request should only contain one DMG segment.

**Segment:** **NM1** Subscriber Name  
**Position:** 050  
**Loop:** 2100D  
**Level:** Detail  
**Usage:** Required  
**Max Use:** 1

**Data Element Summary**

<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>
NM101	98	<b>Entity Identifier Code</b> If this element equals 'QC', the subscriber's date of birth must be reported in 2000D DMG02. IL Insured or Subscriber QC Patient
NM104	1036	<b>Name First</b> BlueCross BlueShield of South Carolina requires this element to process the request when the subscriber is the patient.
NM108	66	<b>Identification Code Qualifier</b> This element is required regardless of whether the patient is the subscriber or a dependent, and it must equal "MI". MI Member Identification Number
NM109	67	<b>Identification Code</b> This element is required whether the patient is the subscriber or a dependent, and must be populated with the subscriber's ID number from the Member ID card.

**Segment:** **AMT** Claim Submitted Charges  
**Position:** 110  
**Loop:** 2200D  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1

**Notes:** This segment is required, even when the request does not depend upon the claim amount. To avoid unintentional filtering, enter a single 0 (zero) at AMT02.

**Data Element Summary**

<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>
AMT02	782	<b>Monetary Amount</b> If the request does not specify a claim amount, the value of this field may be a single 0 (zero) to return all claims. This element must be present when the patient is the subscriber.

**Segment:** **DTP** Claim Service Date

**Position:** 120  
**Loop:** 2200D  
**Level:** Detail  
**Usage:** Required  
**Max Use:** 1  
**Notes:**

This segment is required even when the request does not depend upon the service date.

**Data Element Summary**

Ref.	Data	
<u>Des.</u>	<u>Element</u>	<u>Name</u>
DTP03	1251	Date Time Period

To request information on claims regardless of date of service, this field may be '19000101-CCYYMMDD', where CCYYMMDD equals the request date. This element is required when the subscriber is the patient.

**Segment:** **SVC** Service Line Information

**Position:** 130  
**Loop:** 2210D  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Notes:**

BlueCross BlueShield of South Carolina does not support line-level inquiries.

**Segment:** **REF** Service Line Item Identification

**Position:** 140  
**Loop:** 2210D  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Notes:**

BlueCross BlueShield of South Carolina does not support line-level inquiries.

**Segment:** **DTP** Service Line Date

**Position:** 150  
**Loop:** 2210D  
**Level:** Detail  
**Usage:** Required  
**Max Use:** 1  
**Notes:**

BlueCross BlueShield of South Carolina does not support line-level inquiries.

When the patient is the subscriber, the following loops and segments are not used.

**Segment:** **DMG** Dependent Demographic Information  
**Position:** 040  
**Loop:** 2000E  
**Level:** Detail  
**Usage:** Required when the patient is a dependent  
**Max Use:** 1

**Data Element Summary**

Ref.	Data	Name
<u>Des.</u>	<u>Element</u>	<u>Name</u>
DMG02	1251	<b>Date Time Period</b>
If the patient is a dependent (2100D NM101 = IL and 2100E NM101 = QC) this field must be populated with the dependent's date of birth in CCYYMMDD format. If the subscriber is the patient, do not submit this element since each request should contain only one DMG segment.		

**Segment:** **NM1** Dependent Name  
**Position:** 050  
**Loop:** 2100E  
**Level:** Detail  
**Usage:** Required when the patient is a dependent  
**Max Use:** 1

**Data Element Summary**

Ref.	Data	Name
<u>Des.</u>	<u>Element</u>	<u>Name</u>
NM101	98	<b>Entity Identifier Code</b>
When the patient is a dependent, the dependent's date of birth (2000E DMG02) must be present in the 2000E DMG segment. QC Patient		
NM103	1035	<b>Name Last or Organization Name</b>
BlueCross BlueShield of South Carolina requires this element for processing the request when the patient is a dependent.		
NM104	1036	<b>Name First</b>
BlueCross BlueShield of South Carolina requires this element for processing the request when the patient is a dependent.		

**Segment:** **AMT** Claim Submitted Charges

**Position:** 110  
**Loop:** 2200E  
**Level:** Detail  
**Usage:** Required  
**Max Use:** 1

**Notes:** This segment is required, even when the request does not depend upon the claim amount. To avoid unintentional filtering, enter a single 0 (zero) at AMT02.

**Data Element Summary**

<u>Ref.</u>	<u>Data</u>	<u>Name</u>
<u>Des.</u>	<u>Element</u>	<u>Name</u>
AMT02	782	Monetary Amount

This element is required when the patient is a dependent. If the request does not specify a claim amount, the value of this field may be a single 0 (zero) to return all claims.

**Segment:** **DTP** Claim Service Date

**Position:** 120  
**Loop:** 2200E  
**Level:** Detail  
**Usage:** Required  
**Max Use:** 1

**Notes:** This segment is required even when the request does not depend upon the service date.

**Data Element Summary**

<u>Ref.</u>	<u>Data</u>	<u>Name</u>
<u>Des.</u>	<u>Element</u>	<u>Name</u>
DTP03	1251	Date Time Period

To request information on claims regardless of date of service, this field may be '19000101-CCMMYYDD', where CCMMYYDD equals the request date. This element is required when the patient is a dependent.

**Segment:** **SVC** Service Line Information

**Position:** 130  
**Loop:** 2210E  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1

**Notes:** BlueCross BlueShield of South Carolina does not support line-level inquiries.

**Segment:** **REF** Service Line Item Identification  
**Position:** 140  
**Loop:** 2210E  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Notes:** BlueCross BlueShield of South Carolina does not support line-level inquiries.

**Segment:** **DTP** Service Line Date  
**Position:** 150  
**Loop:** 2210E  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Notes:** BlueCross BlueShield of South Carolina does not support line-level inquiries.