



BlueCross BlueShield of South Carolina and  
BlueChoice® HealthPlan of South Carolina

# ASC X12N 276 (005010X212A1) HEALTH CARE CLAIM STATUS REQUEST SYSTEM COMPANION GUIDE



# PREFACE

This companion guide to the v5010 ASC X12/005010X212 Health Care Claim Status Requests (276) Implementation Guides and associated errata adopted under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) clarifies and specifies data content when exchanging electronically with BlueCross BlueShield of South Carolina and its subsidiaries' health plans.

Transmissions based on this companion guide, used in tandem with the v5010 ASC X12/005010X212 Health Care Claim Status Requests (276) 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 X12/005010X212 Health Care Claim Status Requests (276) 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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# INTRODUCTION

This application for real-time and batch 276/277s follows the Council for Affordable and Quality Healthcare (CAQH) Phase II guidelines.

## Scope

Providers, billing services and clearinghouses are advised to use the ASC X12/005010X212 Health Care Claim Status Requests (276) Implementation Guide as a basis for their submission of Claim Status inquiries. This companion document should be used to clarify the business rules for 276/277 data content requirements, batch and real-time acknowledgment, connectivity, response time, and system availability, specifically for submissions through the system. These rules differ from the companion guide for submissions via BlueCross' EC Gateway connection. This document is intended for use with CAQH-compliant systems.

## Overview

The purpose of this document is to introduce and provide information about BlueCross' CAQH solution for submitting real-time 276/277 transactions.

## What Is CAQH?

CAQH stands for the Council for Affordable and Quality Healthcare. It is a not-for-profit alliance of health plans, provider networks and associations with a goal to provide a variety of solutions to simplify health care administration.

## References

ASC X12 Version 5010A1 Implementation Guides: [www.wpc-edi.com](http://www.wpc-edi.com)

BlueCross BlueShield of South Carolina EDI Gateway Technical Communication User's Manual:  
[www.HIPAAcriticalCenter.com/resources/technicalinformation.aspx](http://www.HIPAAcriticalCenter.com/resources/technicalinformation.aspx)

CAQH: [www.caqh.org/benefits.php](http://www.caqh.org/benefits.php)

## Additional Information

Submitters must have internet (HTTPS) connection capability to submit a 276 request and receive 277 responses.

The submitter must be associated with at least one provider in the BlueCross provider database.

Both real-time and batch 276 inquiries are supported.

This system supports inquiries for members only.

# GETTING STARTED

## **Working With BlueCross BlueShield of South Carolina**

Providers, billing services and clearinghouses interested in submitting 276 inquiries and receiving 277 responses via BlueCross should contact BlueCross by visiting [www.HIPAAcriticalCenter.com](http://www.HIPAAcriticalCenter.com) and selecting **Contact Us** at the **top right**.

## **Trading Partner Registration**

Enrollment with the EDI Gateway requires prospective trading partners to fill out and submit the BlueCross BlueShield of South Carolina EDIG Trading Partner Enrollment Form and the Trading Partner Agreement. The purpose of the BlueCross BlueShield of South Carolina EDIG Trading Partner Enrollment Form is to enroll providers, software vendors, clearinghouses and billing services as trading partners and recipients of electronic data. It is important you follow these instructions and fill out all the required information. We will return incomplete forms to the applicant. This could delay the enrollment process.

## **Testing With the Payer**

You can find testing procedures in the EDI Gateway Technical Communication User's Manual at [www.HIPAAcriticalCenter.com/resources/technicalinformation.aspx](http://www.HIPAAcriticalCenter.com/resources/technicalinformation.aspx).

## **Connectivity With the Payer/Communications**

You can find connectivity and communication procedures in the EDI Gateway Technical Communication User's Manual at [www.HIPAAcriticalCenter.com/resources/technicalinformation.aspx](http://www.HIPAAcriticalCenter.com/resources/technicalinformation.aspx).

# CONTACT INFORMATION

## **EDI Customer Service and Technical Assistance**

You can access EDI Gateway's production environment 24 hours a day, seven days a week, with the exception of weekly maintenance performed Sundays between 3 p.m. and 10 p.m. You can access EDI Gateway's test environment Monday through Saturday from 5 a.m. to 10 p.m.

We send notifications of EDI Gateway outages to trading partners via email. We generally send notifications of scheduled outages with two days' notice. We send notifications of unscheduled outages as soon as the outage is reported.

Please call the BlueCross Technology Support Center at 803-736-5980 or 800-868-2505 with questions or to report problems.

## **Provider Service Number**

If you have nontechnical questions about information related to subscribers, please call BlueCross at 800-334-2583.

## **Applicable Web/Email Contact Information**

Additional information is available online at [www.SouthCarolinaBlues.com](http://www.SouthCarolinaBlues.com).

# CONTROL SEGMENTS/ENVELOPES

## EDIG Specifications for Enveloping X12 Transactions

This table lists envelope instructions for inbound (to EDI Gateway) HIPAA X12 transactions.

Segment ID	Data Element	Description
ISA01	Authorization Info Qualifier	03
ISA02	Authorization Information	BlueCross BlueShield of South Carolina Assigned Trading Partner ID
ISA03	Security Information Qualifier	00
ISA05	Interchange ID Qualifier	ZZ
ISA06	Interchange Sender ID	BlueCross BlueShield of South Carolina Assigned Trading Partner ID
ISA07	Interchange ID Qualifier	30 (Qualifier Indicating U.S. Federal Tax Identification Number)
ISA08	Interchange Receiver ID	Destination Entity U.S. Federal Tax Identification Number
ISA15	Usage Indicator	P, T (Production or Test Indicator)
GS02	Application Sender's Code	BlueCross BlueShield of South Carolina Assigned Trading Partner ID
GS03	Application Receiver's Code	Destination Entity U.S. Federal Tax Identification Number Must Be the Same as ISA08

## BlueCross BlueShield of South Carolina and Subsidiaries

This table lists envelope instructions for inbound (to EDI Gateway) HIPAA X12 transactions.

Entity	Federal TIN
BlueCross BlueShield of South Carolina	570287419
BlueChoice® HealthPlan of South Carolina	570768835
Carolina Benefit Administrators	571001631
Federal Bureau of Prisons (FBOP)	592876465
Planned Administrators Incorporated (PAI)	570718839, 571032566

**Note:** Additional explanations are available in the ASC X12 Standards for Electronic Data Interchange Technical Report Type 3. The ASC X12 TR3s that detail the full requirements for these transactions are available at [store.x12.org/store](http://store.x12.org/store).

Planned Administrators Incorporated (PAI) is a company that provides third-party administrative services on behalf of BlueCross. BlueChoice® is an independent licensee of the Blue Cross Blue Shield Association.

# BLUE CROSS BLUE SHIELD OF SOUTH CAROLINA SPECIFIC BUSINESS RULES AND LIMITATIONS

## Supported Service Types

BlueCross supports these 276 service types and will respond on the 277 with the noted service types. Requested service types other than the ones listed here will result in a default list of responses in the 277.

276 Request (Eq)	277 Response	Description
	3A	Hospital Unit Within an Institution for the Mentally Retarded
	3C	Tuberculosis and Other Respiratory Diseases Facility
	3D	Obstetrics and Gynecology Facility
	3E	Eye, Ear, Nose and Throat Facility
	3F	Rehabilitation Facility
	3G	Orthopedic Facility
	3H	Chronic Disease Facility
	3I	Other Specialty Facility
	3J	Children's General Facility
	3K	Children's Hospital Unit of an Institution
	3L	Children's Psychiatric Facility
	3M	Children's Tuberculosis and Other Respiratory Diseases Facility
	3N	Children's Eye, Ear, Nose and Throat Facility
	3O	Children's Rehabilitation Facility
	3P	Children's Orthopedic Facility
	3Q	Children's Chronic Disease Facility
	3R	Children's Other Specialty Facility
	3S	Institution for Mental Retardation
	3T	Alcoholism and Other Chemical Dependency Facility
	3U	General Inpatient Care for AIDS/ARC Facility
	3V	AIDS/ARC Unit
	3W	Specialized Outpatient Program for AIDS/ARC
	3X	Alcohol/Drug Abuse or Dependency Inpatient Unit
	3Y	Alcohol/Drug Abuse or Dependency Outpatient Services
	3Z	Arthritis Treatment Center
	40	Receiver
	43	Claimant Authorized Representative
	44	Data Processing Service Bureau
	4A	Birthing Room/LDRP Room
	4B	Burn Care Unit



276 Request (Eq)	277 Response	Description
	4C	Cardiac Catheterization Laboratory
	4D	Open-Heart Surgery Facility
	4E	Cardiac Intensive Care Unit
	4F	Angioplasty Facility
	4G	Chronic Obstructive Pulmonary Disease Service Facility
	4G	Emergency Department
	4H	Trauma Center (Certified)
	4I	Extracorporeal Shock-Wave Lithotripter (ESWL) Unit
	4J	Genetic Counseling/Screening Services
	4L	Adult Day Care Program Facility
	4M	Alzheimer's Diagnostic/Assessment Services
	4N	Comprehensive Geriatric Assessment Facility
	4O	Emergency Response (Geriatric) Unit
	4P	Geriatric Acute Care Unit
	4Q	Geriatric Clinics
	4R	Respite Care Facility
	4S	Patient Education Unit
	4U	Community Health Promotion Facility
	4V	Worksite Health Promotion Facility
	4W	Hemodialysis Facility
	4X	Home Health Services
	4Y	Hospice
	4Z	Medical Surgical or Other Intensive Care Unit
	5A	Histopathology Laboratory
	5B	Blood Bank
	5C	Neonatal Intensive Care Unit
	5D	Obstetrics Unit
	5E	Occupational Health Services
	5F	Organized Outpatient Services
	5G	Pediatric Acute Inpatient Unit
	5H	Psychiatric Child/Adolescent Services
	5I	Psychiatric Consultation-Liaison Services
	5J	Psychiatric Education Services
	5K	Psychiatric Emergency Services
	5L	Psychiatric Geriatric Services
	5M	Psychiatric Inpatient Unit
	5N	Psychiatric Outpatient Services

276 Request (Eq)	277 Response	Description
	5O	Psychiatric Outpatient Services
	5P	Psychiatric Partial Hospitalization Program
	5Q	Megavoltage Radiation Therapy Unit
	5R	Radioactive Implants Unit
	5S	Therapeutic Radioisotope Facility
	5T	X-Ray Radiation Therapy Unit
	5U	CT Scanner Unit
	5V	Diagnostic Radioisotope Facility
	5W	Magnetic Resonance Imaging (MRI) Facility
	5X	Ultrasound Unit
	5Y	Rehabilitation Inpatient Unit
	5Z	Rehabilitation Outpatient Services
	6I	Performed At
	6A	Reproductive Health Services
	6B	Skilled Nursing or Other Long-Term Care Unit
	6C	Single Photon Emission Computerized Tomography (SPECT) Unit
	6D	Organized Social Work Service Facility
	6E	Outpatient Social Work Services
	6F	Emergency Department Social Work Services
	6G	Sports Medicine Clinic/Services
	6H	Hospital Auxiliary Unit
	6I	Patient Representative Services
	6J	Volunteer Services Department
	6K	Outpatient Surgery Services
	6L	Organ/Tissue Transplant Unit
	6M	Orthopedic Surgery Facility
	6N	Occupational Therapy Services
	6O	Physical Therapy Services
	6P	Recreational Therapy Services
	6Q	Respiratory Therapy Services
	6R	Speech Therapy Services
	6S	Women's Health Center/Services
	6U	Cardiac Rehabilitation Program Facility
	6V	Noninvasive Cardiac Assessment Services
	6W	Emergency Medical Technician
	6X	Disciplinary Contact
	6Y	Case Manager

276 Request (Eq)	277 Response	Description
	71	Attending Physician
	72	Operating Physician
	73	Other Physician
	74	Corrected Insured
	77	Service Location
	7C	Place of Occurrence
	80	Hospital
	82	Rendering Provider
	84	Subscriber's Employer
	85	Billing Provider
	87	Pay-to Provider
	95	Research Institute
	CK	Pharmacist
	CZ	Admitting Surgeon
	D2	Commercial Insurer
	DD	Assistant Surgeon
	DJ	Consulting Physician
	DK	Ordering Physician
	DN	Referring Provider
	DO	Dependent Name
	DQ	Supervising Physician
	E1	Person or Other Entity Legally Responsible for a Child
	E2	Person or Other Entity With Whom a Child
	Resides	Outpatient Surgery Services
	E7	Previous Employer
	E9	Participating Laboratory
	FA	Facility
	FD	Physical Address
	FE	Mail Address
	G0	Dependent Insured
	G3	Clinic
	GB	Other Insured
	GD	Guardian
	GI	Paramedic
	GJ	Paramedical Company
	GK	Previous Insured
	GM	Spouse Insured

276 Request (Eq)	277 Response	Description
	GY	Treatment Facility
	HF	Health Care Professional Shortage Area (HPSA) Facility
	HH	Home Health Agency
	I3	Independent Physicians Association (IPA)
	IJ	Injection Point
	IL	Insured or Subscriber
	IN	Insurer
	LI	Independent Lab
	LR	Legal Representative
	MR	Medical Insurance Carrier
	MSC	Mammography Screening Center
	OB	Ordered By
	OD	Doctor of Optometry
	OX	Oxygen Therapy Facility
	P0	Patient Facility
	P2	Primary Insured or Subscriber
	P3	Primary Care Provider
	P4	Prior Insurance Carrier
	P6	Third-Party Reviewing Preferred Provider Organization (PPO)
	P7	Third-Party Repricing Preferred Provider Organization (PPO)
	PRP	Primary Payer
	PT	Party to Receive Test Report
	PV	Party Performing Certification
	PW	Pickup Address
	QA	Pharmacy
	QB	Purchase Service Provider
	QC	Patient
	QD	Responsible Party
	QE	Policyholder
	QH	Physician
	QK	Managed Care
	QL	Chiropractor
	QN	Dentist
	QO	Doctor of Osteopathy
	QS	Podiatrist
	QV	Group Practice
	QY	Medical Doctor

276 Request (Eq)	277 Response	Description
	RC	Receiving Location
	RW	Rural Health Clinic
	S4	Skilled Nursing Facility
	SEP	Secondary Payer
	SJ	Service Provider
	SU	Supplier/Manufacturer
	T4	Transfer Point
	TL	Testing Laboratory
	TQ	Third-Party Reviewing Organization
	TT	Transfer To
	TTP	Tertiary Payer
	TU	Third-Party Repricing Organization
	UH	Nursing Home
	X3	Utilization Management Organization
	X4	Spouse
	X5	Durable Medical Equipment Supplier
	ZZ	Mutually Defined

**BlueCross accepts these 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 DTP segments are required.

When the patient is a dependent, the 2200E AMT and DTP segments are required. If BlueCross is able to locate the Subscriber Identification Number submitted in the request but cannot determine the applicable patient on the contract, it will return claims for all patients on the contract that match the submitted Provider Identification Number and fall within the submitted range for date of service.

The AMT segment is not required. If it is submitted, 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.

The DTP segment is 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 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 20000101 (Jan. 1, 2000) and end with the last day of the current year request dater. For example, when a request for claim status is sent on Aug. 31, 2009, the DTP line should appear as DTP\*232\*RD8\*20000101- 20090831". This date range ensures all relevant claims are returned.

# ADDITIONAL INFORMATION

## Acknowledgments and/or Reports

You can find acknowledgments and/or reports in the EDI Gateway Technical Communication User's Manual at [www.HIPAAcriticalCenter.com/resources/technicalinformation.aspx](http://www.HIPAAcriticalCenter.com/resources/technicalinformation.aspx).

## Trading Partner Agreements

You can find trading partner agreements in the EDI Gateway Technical Communication User's Manual at [www.HIPAAcriticalCenter.com/resources/technicalinformation.aspx](http://www.HIPAAcriticalCenter.com/resources/technicalinformation.aspx).

## Transaction-Specific Information

Loop ID	Reference	Name	Codes	Notes/Comments
2100A	NM109	Identification Code	38520	BlueCross BlueShield of South Carolina
-----	-----	-----	95741	BlueChoice HealthPlan
2210D	SVC	Service Line Information	-----	BlueCross BlueShield of South Carolina does not support line-level inquiries.
2210D	REF	Service Line Item Identification	-----	BlueCross BlueShield of South Carolina does not support line-level inquiries.
2210D	DTP	Service Line Date	-----	BlueCross BlueShield of South Carolina does not support line-level inquiries.

## Change Summary

Date	Updated by	Revision Number
March 2016	Patricia O'Cain	Original Document





BlueCross BlueShield of South Carolina and  
BlueChoice® HealthPlan of South Carolina

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The information in this guide is subject to change. We will note any changes at [www.SouthCarolinaBlues.com](http://www.SouthCarolinaBlues.com).

You can use this transaction set to find out about the status of a claim on file at BlueCross BlueShield of South Carolina.

The transaction set is meant to be used by all lines of insurance. This document is for the sole purpose of clarification. It describes specific requirements to use in processing BlueCross BlueShield of South Carolina and its subsidiaries' ASC X12/005010X212 Claim Status

Request (276) transactions (1)(2). The 277 response returned by BlueCross is not a guarantee of payment. Payment of benefits remains subject to all health plan terms, limits, conditions, exclusions and the member's eligibility at the time of services

BlueCross accepts one type of transaction per transmission. Therefore, all ST01 elements within the transmission will have the same transaction number.

For example, putting 14 276 transactions in one enveloping sequence is acceptable. Putting 13 276s and one 270 in one enveloping sequence is unacceptable.

In the event of any inconsistency between information in this handbook and agreement(s) between you and BlueCross BlueShield of South Carolina, the terms of such agreement(s) shall govern. The information included is general information and in no event should be deemed to be a promise or guarantee of payment.

We do not assume and hereby disclaim any liability for loss caused by errors or omissions in preparation and editing of this publication.

\*Some links in this guide lead to third-party sites. Those organizations are solely responsible for the content and privacy policies on these sites.