

AMERICAN NATIONAL STANDARDS INSTITUTE X12N
HEALTH CARE ELIGIBILITY BENEFIT INQUIRY AND RESPONSE,
VERSION 004010X092, COMPANION DOCUMENT

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 X12N 270/271 implementation guides have been established as the standard for compliance for health care eligibility benefit inquiry and response. 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 X12N 270/271, version 004010X092 implementation guide. The use of this document is solely for the purpose of clarification.

The information describes specific requirements to be used for processing the 004010X092 in the WPS Insurance Corporation system. The information in this document is subject to change. Changes will be communicated in the (newsletter?) and on the WPS web site: www.wpsic.com. This companion document supplements, but does not contradict, any requirements in the X12N 270/271 version 004010X092 implementation guide. Additional companion documents/trading partner agreements will be developed for use with other HIPAA standards as they become available.

LANGUAGE
The incoming 270 transactions utilize delimiters from the following list: >,*;~^, , and :. Submitting delimiters not supported within this list may cause an interchange to be rejected.
Tricare will only accept requests for one line of business per transaction. Requests submitted for multiple lines of business within one ST-SE (Transaction Set) may cause the transaction to be rejected.
Tricare will only process one transaction per functional group: a submitter must only submit one ST-SE (Transaction Set) within a GS-GE (Functional Group).
We suggest retrieval of the ANSI 997 functional acknowledgment files on or before the first business day after the claim file is submitted, but no later than five days after the file submission.
Tricare will return '004010X092' as the version in GS08 (Version Release/Industry Identifier Code) of the 997.
Only valid qualifiers for Tricare should be submitted for WPS processing on incoming 270 eligibility requests. Any qualifiers submitted not defined for used in the WPS systems may cause the request or the transaction to be rejected.
Tricare will reject an interchange that is submitted with a submitter identification number that is not authorized for electronic submission.
Tricare may reject an interchange that is submitted with an invalid value in GS03 (Application Receivers Code) based on the definition.
Tricare will convert all lower case characters submitted on an inbound 270 file to upper case when sending data to the WPS system. Consequently data later returned on the 271 response will be in upper case.
All dates that are submitted on an incoming 270 transaction should be valid calendar dates in the appropriate format based on the respective qualifier. Failure to submit a valid calendar date will result in rejection of the request or a no match response.
Tricare will edit data submitted within the envelope segments (ISA, GS, ST, SE, GE and IEA) beyond the requirements defined in the 004010X092 implementation guide. This includes, but is not limited to, submitter ID's, receiver ID's.
Only loops, segments, and data elements valid for the HIPAA Health Care Eligibility Benefit Inquiry 270 (004010X092) Implementation Guide will be translated. Non-Implementation guide data will not be sent for processing consideration or will cause the file or request to be rejected.
Tricare will only process one transaction type (records group) per interchange (transmission; a submitter must only submit one GS-GE (Functional Group) within an ISA-IEA (Interchange)
Tricare will reject an interchange (transmission) with more than 99 patient requests.