

American National Standards Institute X12N 276/277 Health Care Claim Status Request/Response, Version 004010X093A1, Companion Document

Wisconsin Physicians Service Commercial Insurance and Epic Life Insurance

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 276/277 implementation guide has been established as the standard for compliance for claim status requests and responses. The implementation guides for each HIPAA standard 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 276/277, version 004010X093A1 implementation guide. The use of this document is solely for the purpose of clarification for the 276/277 Health Care Status Request and Response transactions.

The information describes specific requirements to be used for processing the incoming 276 claim status request and outgoing 277 claim status response transactions in the Wisconsin Physicians Service (WPS) Commercial Insurance and Epic Life Insurance systems. The information in this document is subject to change. Changes will be communicated on the WPS web site: www.wpsic.com. This companion document supplements, but does not contradict, any requirements in the X12N 276/277 version 004010X093A1 implementation guide. Additional companion documents/trading partner agreements will be developed for use with other HIPAA standards as they become available.

LANGUAGE

The incoming 276 and outgoing 277 transactions utilize delimiters from the following list: >,*~,^,| and :. Submitting delimiters in the 276 claim status request not supported within this list may cause an interchange to be rejected.

You must submit incoming 276 Claim Status Request data using the basic character set as defined in Appendix A of the 276/277 Implementation Guide.

Wisconsin Physicians Insurance Corporation (WPS)/Epic Life Insurance can accept one or multiple 276 transactions per functional group.

We suggest retrieval of the ANSI 997 functional acknowledgment files on or before the first business day after the 276 claim status request file is submitted, but no later than five days after the file submission.

WPS/Epic will return '004010X093A1' as the version in GS08 (Version Release/Industry Identifier Code) of the 997.

WPS/EPIC will reject an interchange that is submitted with a submitter identification number that is not authorized for electronic submission to WPS.
WPS/Epic will convert all lower case characters submitted on an inbound 276 file to upper case when sending data to the WPS system.
WPS/Epic will edit data submitted within the envelope segments (ISA, GS, ST, SE, GE, and IEA) beyond the requirements defined in the 276 version 004010X093A1 implementation guide. This includes, but is not limited to, submitter ID's and receiver ID's.
Only loops, segments, and data elements valid for the HIPAA 276 health care claim status request transaction (version 004010X093A1) Implementation Guide will be translated. Non-Implementation guide data will not be sent for processing consideration and may cause the entire file to be rejected.
WPS/Epic will reject an interchange (transmission) that does not have the appropriate ID as assigned by WPS in ISA06 (Interchange Sender ID) in ISA Interchange Control Header.
WPS/Epic will reject an interchange (transmission) that does not have one of the following values in ISA08 (Interchange Receiver ID) in ISA Interchange Control Header: 'WPS' for WPS Commercial Insurance 'EPIC' for Epic Life Insurance
WPS/Epic will reject an interchange (transmission) that does not have the appropriate ID as assigned by WPS in GS02 (Application Sender Code) in GS Functional Group Header.
WPS/Epic will reject an interchange (transmission) that does not have value of "WPS", or "EPIC" in GS03 (Application Receiver Code) in GS Functional Group Header.
WPS/Epic may reject an interchange (transmission) that is not submitted with unique values in the ST02 (Transaction Set Control Number) elements.
All dates that are submitted on an incoming 276 transaction must be valid calendar dates in the appropriate format based on the respective qualifier. Failure to submit a valid calendar date can result in rejection of the entire transaction.
All claim charge amount elements that are reported on an incoming 276 transaction must be expressed in U.S. dollar format. Failure to submit charges in US dollars may result in a false negative 277 response.
WPS/Epic expects one 2000A loop (Information Source Level) per transaction (ST through SE).
WPS/Epic may reject an interchange that has a value other than "PI" in the Payer Name segment element NM108 (Identification Code Qualifier) of loop 2100A.
WPS/Epic may reject an interchange that has a value other than "WPS" or "Epic" in the Payer Name segment element NM109 (Payer Identifier) of loop 2100A.
WPS/Epic may reject an interchange that has a value other than "46" (indicating "Electronic Transmitter Identification Number") in the Information Receiver Name segment element NM108 (Identification Code Qualifier) of loop 2100B.
WPS/Epic may reject an interchange that does not contain the WPS-Assigned Electronic Submitter Number in the Information Receiver Name segment element NM109 (Information Receiver Identification Number) of loop 2100B.

Loop 2100D (Subscriber Name) MUST contain information pertaining to the WPS/Epic “Customer”. The “Customer” is the individual whose relationship to the patient (self, spouse, parent, etc.) provides WPS or Epic eligibility.

If the WPS/Epic “Customer” is the patient, subsequent “Dependent” loops should not be included in the transaction (loop 20000E, loop 2100E, loop 2200E and loop 2210E). If the WPS/Epic “Customer” is NOT the patient, subsequent “Dependent” loops must be included in the transaction.

Failure to include the correct WPS/Epic “Customer” information in loop 2100D will, potentially, result in a false negative 277 response (claim not found).

Subscriber Name segment element NM101 (Entity ID code) in loop 2100D must be:

“QC” – If the WPS/Epic “Customer” is the patient.

“IL” – If the patient is the spouse, child, etc. of the WPS/Epic “Customer”.

WPS/Epic may reject an interchange that contains a value other than “1” (indicating “Person”) in the Subscriber Name segment element NM102 (Entity Type Qualifier) of loop 2100D.

Subscriber Name segment elements NM103 (Subscriber Last Name) and NM104 (Subscriber First Name) must contain the WPS/Epic customer’s name. This MAY or MAY NOT be the patient. Check the WPS/Epic-issued ID cards for the appropriate “Customer” name information.

WPS/Epic may reject an interchange that has a value other than “MI” (indicating “Member Identification Number”) in the Subscriber Name segment element NM108 (Identification Code Qualifier) of loop 2100D.

Subscriber Name segment element NM109 (Subscriber Identifier) must contain a 9-digit WPS or Epic Customer Number.

WPS/Epic may reject an interchange that contains a value other than “AD”, “HC”, “ID”, “ND” or “NU” in the Service Line Information segment element SVC01-1 (Product or Service ID Qualifier) of loop 2210D or loop 2210E.

WPS requires that the Claim Submitted Charge and Claim Service Dates be reported in AMT and DTP segments in loop 2200D. Failure to report these data elements may generate a false “Not Found” response in the 277 transaction that is returned.

Compression of files using PKZIP or a compatible file compression software is supported for transmissions between the submitter and Wisconsin Physicians Service.