

Accredited Standards Committee X12, Insurance Subcommittee, ASC X12N

Health Care Claim Status Request (276), 005010X212
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<<http://wpc-edi.com>>

The ASC X12 TR3s that detail the full requirements for these transactions are available at <http://store.x12.org/store/>

This Technical Specification supplements Health Care Claim Response (277) ASC X12N/005010X212.

In order to create a HIPAA compliant transaction, you must first meet the requirements of the TR3 and then incorporate the payer specific requirements.

All alpha characters must be received in upper case. Do not use special characters.

Every effort has been made to prevent errors in this document. However, if there is a discrepancy between this document and the TR3, the TR3 is the final authority.

In the examples given in this Technical Specification, a lowercase "b" denotes a blank space and values contained in examples are for reference purposes only.

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ISA - Interchange Control Header - Page C.3

Example: ISA*00*bbbbbbbb*00*bbbbbbbb*ZZ*MB123456bbbb*ZZ*ORDHSbbbbbb*120101*1253*!*00501*00000905*0*P*::~

ELEMENT	NAME	PREFERRED VALUE	COMMENTS
ISA01	Authorization Information Qualifier	00	
ISA03	Security Information Qualifier	00	
ISA05	Interchange ID Qualifier	ZZ	
ISA06	Interchange Sender ID		The sender's mailbox number MB##### (uppercase MB). Insert spaces <u>after</u> data to meet 15-byte requirement.
ISA07	Interchange ID Qualifier	ZZ	
ISA08	Interchange Receiver ID	ORDHS	Insert spaces <u>after</u> data to meet 15-byte requirement.

GS - Functional Group Header - Page C.7

Example: GS*HR*MB123456*ORDHS*20120101*0802*1215*X*005010X212~

ELEMENT	NAME	PREFERRED VALUE	COMMENTS
GS02	Application Senders Code		The sender's mailbox number MB##### (uppercase MB).
GS03	Application Receiver's Code	ORDHS	

NM1 - Payer Name - Page 41

Example: NM1*PR*2*OR-MMIS*****FI*930592162~

ELEMENT	NAME	PREFERRED VALUE	COMMENTS
NM103	Payer Name	OR-MMIS	
NM108	Identification Code Qualifier	PI	
NM109	Payer Identifier	930592162	

NM1 - Information Receiver Name - Page 45

Example: NM1*41*2*ABCDEF*****46*0123456789~

ELEMENT	NAME	PREFERRED VALUE	COMMENTS
NM109	Information Receiver Identification Number		The sender's mailbox number MB##### (uppercase MB)

NM1 - Provider Name - Page 49

Example: NM1*1P*2*ABCDEF*****XX*0123456789~

ELEMENT	NAME	PREFERRED VALUE	COMMENTS
NM108	Identification Code Qualifier	XX SV	XX – Health Care Financing Administration National Provider Identifier (NPI) for Healthcare Providers SV- Enter the Appropriate 6 digit or 9 Digit DMAP number for Atypicals.

NM1 - Subscriber Name - Page 56

Example: NM1*IL*1*DOE*JOHN*T**JR*MI*1234567A~

ELEMENT	NAME	PREFERRED VALUE	COMMENTS
NM103	Subscriber Last Name		Last name as it appears on the DMAP medical care identification. Do not use special characters.
NM104	Subscriber First Name		First name as it appears on the DMAP medical care identification. Do not use special characters.
NM108	Identification Code Qualifier	MI	
NM109	Subscriber Identifier		Prime I.D. as it appears on the DMAP medical care identification.

REF - Payer Claim Control Number - Page 59

Example: REF*1K*1234567890123~

ELEMENT	NAME	PREFERRED VALUE	COMMENTS
REF02	Payer Claim Control Number		OR-MMIS assigned claim number (ICN). If present, only information for this ICN will be returned.