



277CA Health Care Claims Acknowledgement Companion Guide

Version 2.3

December 2017

For use with ASC X12N 837 Health Care Professional and Institutional Transactions Set Implementation Guides and Addenda (Version HIPAA 5010)

www.beaconhealthoptions.com | Version 2.0 – November. 2017

CONTENTS

- Introduction..... 1**
 - 1.1. Introduction 2
 - 1.2. What is HIPAA? 2
 - 1.3. Purpose..... 2
- Audience and Contact Information..... 3**
 - 2.1. Intended Audience 4
 - 2.2. Contact Information 4
- 277CA Implementation 5**
 - 3.1. Interchange Control Header Specifications 9
 - 3.2. Interchange Control Trailer Specifications 11
 - 3.3. Functional Group Header Specifications 12
 - 3.4. Functional Group Trailer Specifications 14
 - 3.5. 277CA Health Care Claim Acknowledgement- Header ... **Error! Bookmark not defined.**
 - 3.6. 277CA Health Care Claim Acknowledgement- Detail 16

VERSION	CHANGES	DATE
277CA Health Care Claim Acknowledgement Companion Guide Version 1.0	Draft	Sept. 2016
277CA Health Care Claim Acknowledgement Companion Guide Version 1.1	Addition of Service line level	Oct. 2016
277CA Health Care Claim Acknowledgement Companion Guide Version 1.2	Format updates	Oct. 2016
277CA Health Care Claim Acknowledgement Companion Guide Version 2.2	Rewrite based on Data Review	Nov. 2017
277CA Health Care Claim Acknowledgement Companion Guide Version 2.3	Update to Group Information to show the correct Sender/Receiver ID as an Outbound document	Dec. 2017

Chapter 1

Introduction

- 1.1. Introduction
- 1.2. What is HIPAA?
- 1.3. Purpose

1.1. Introduction

This Companion Guide identifies unique information processing or adjudication needs specific to Beacon Health Options (Beacon), in its implementation of the 277CA Health Care Claim Acknowledgement transaction. The 277CA transaction is created as an acknowledgement of receipt of an incoming X12 837 5010 claim submission transaction. Authorized entities involved with processing the claim need to track the claim's current status through the adjudication process.

1.2. What is HIPAA?

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 mandates the establishment of national standards for electronic transmission of health data and ensuring privacy protection. The Administrative Simplification provisions of HIPAA, Title II, require the Department of Health and Human Services to establish national standards for electronic healthcare transactions and national identifiers for providers, health plans and employers. It also addresses the security and privacy of health data. Adopting these standards improves the efficiency and effectiveness of the nation's healthcare system by encouraging the widespread use of electronic data interchange in health care.

1.3. Purpose

The purpose of this document is to provide the information necessary to receive/translate 277 Claim Acknowledgments from Beacon Health Options, Inc. This companion guide is to be used in conjunction with the ANSI X12N implementation guides. The information describes specific requirements for processing data within the payer's system. The companion guide supplements, but does not contradict or replace any requirements in the implementation guide. The implementation guides can be obtained from the Washington Publishing Company by calling 1-800-972-4334 or are available for download on their web site at www.wpc-edi.com

Other important websites:

- Workgroup for Electronic Data Interchange (WEDI) – <http://www.wedi.org>
- United States Department of Health and Human Services (DHHS) – [http://aspe.hhs.gov/ Centers for Medicare and Medicaid Services \(CMS\)](http://aspe.hhs.gov/Centers%20for%20Medicare%20and%20Medicaid%20Services) – <http://www.cms.gov>
- National Council of Prescription Drug Programs (NCPDP) – <http://www.ncpdp.org/> National Uniform Billing Committee (NUBC) – <http://www.nubc.org/>
- Accredited Standards Committee (ASC X12) – <http://www.x12.org/>

This Document has been prepared as the Beacon Health Options (Beacon) specific Companion Guide to the ASC X12 Implementation Guide(s).

The objectives of the Beacon Companion Guide are:

- To provide clarification and supplementation to the HIPPA ASC X12N standards.
- To describe the process of Beacon's claim-level acknowledgement file.
- To convey errors of claims received in the front-end processing system before claims are sent into Beacon Health Options' adjudication system.

This document will be subject to revisions as new versions of the X12 277CA Health Care Claim Transaction Acknowledgment Implementation Guides are released.

Audience and Contact Information

- 2.1. Intended Audience
- 2.2. Contact Information

2.1. Intended Audience

The intended audience for this document is the technical department/team responsible for submitting electronic claims transactions to Beacon Health Options. In addition, this information should be communicated and coordinated with the provider's billing office in order to ensure the required billing information is provided to their billing agent/submitter.

2.2. Contact Information

For HIPAA, 837 transactions, EDI, EDI Gateway, documentation and testing questions relating to Beacon, you can get answers by contacting any one of the following:

- EDI Helpdesk
 - Contact with EDI-related questions
 - 888.247.9311
 - E-supportservices@beaconhealthoptions.com

- Compliance Department
 - Contact for compliance/legal concerns 781.994.7500
 - compliance@beaconhealthoptions.com.

277CA Implementation

- 3.1 Interchange Control Header Specifications
- 3.2. Interchange Control Trailer Specifications
- 3.3. Functional Group Header Specifications
- 3.4. Functional Group Trailer Specifications
- 3.5. 277CA Health Care Claim Acknowledgement- Header
- 3.6. 277CA Health Care Claim Acknowledgement- Detail

3.1. Interchange Control Header Specifications

SEG	DATA	NAME	USAGE	COMMENTS	EXPECTED VALUE
ISA		INTERCHANGE	R		
	ISA01	Authorization Information Qualifier	R		
	ISA02	Authorization Information	R		
	ISA03	Security Information Qualifier	R		
	ISA04	Security Information	R		
	ISA05	Interchange ID Qualifier	R		Beacon will send 'ZZ' Mutually Defined.
	ISA06	Interchange Sender ID	R		Beacon will send 'BEACON963116116'
	ISA07	Interchange ID Qualifier	R		Beacon will send 'ZZ'
	ISA08	Interchange Receiver ID	R		Beacon will send the partner's Submitter ID out to 15 characters.
	ISA09	Interchange Date	R	Date format YYYYMMDD.	

SEG	DATA	NAME	USAGE	COMMENTS	EXPECTED VALUE
	ISA10	Interchange Time	R	Time format HHMM.	
	ISA11	Repetition Separator	R		Beacon will send '^' as the Repetition Separator
	ISA12	Interchange Control Version Number	R	Use the current standard approved for the ISA/IEA envelope.	'00501'
	ISA13	Interchange Control Number	R		
	ISA14	Acknowledgement Requested	R		Beacon will send "0" – No Acknowledgment Requested.
	ISA15	Usage Indicator	R		
	ISA16	Component Element Separator	R		Beacon will send ':' (colon).

3.2. Interchange Control Trailer Specifications

Seg	Data Element	Name	Usage	Comments	Expected Value
IEA		INTERCHANGE CONTROL TRAILER	R		
	IEA01	Number of Included Functional Groups		Count the number of functional groups in the interchange	Multiple functional groups may be sent in one ISA/IEA envelope. This is the count of the GS/GE functional groups included in the interchange structure. Limit the ISA/IEA envelope to one type of functional group i.e. functional identifier code 'HN' Health Care Claim Acknowledgment.
	IEA02	Interchange Control Number		The interchange control number	The interchange control number

3.3. Functional Group Header Specifications

Seg	Data Element	Name	Usage	Comments	Expected Value
GS		Functional Group Header	R		
	GS01	Functional Identifier Code	R	Code identifying a group of application related transaction sets. Valid value: 'HN' Health Care Claim Acknowledgments	
	GS02	Application Sender's Code	R		Beacon will send 'EDI' for the Sender's ID.
	GS03	Application Receiver's Code	R	This field will identify how the file is received by Beacon Health Options.	Beacon will send the Submitter ID Assigned to the Trading Partner by Beacon
	GS04	Date	R	Date format CCYYMMDD	
	GS05	Time	R	Time format HHMM	
	GS06	Group Control Number	R	The group control number in GS06, must be identical to the associated group trailer GE02.	
	GS07	Responsible Agency Code	R	Code identifying the issuer of the standard. Valid value: 'X' -Accredited Standards Committee X12	

	GS08	Version/Release Industry ID Code	R	Standards Approved for Publication by ASC X12: '005010X214'	
--	------	----------------------------------	---	---	--

3.4. Functional Group Trailer Specifications

Seg	Data Element	Name	Usage	Comments	Expected Value
GE		FUNCTIONAL GROUP TRAILER	R		
	GE01	Number of Transaction Sets Included	R	Count of the number of transaction sets in the functional group.	Multiple transaction sets may be sent in one GS/GE functional group. Only similar transaction sets may be included in the functional group.
	GE02	Group Control Number	R	The group control number in GE02 must be identical to the associated functional group header value sent in GS06.	The group control number in GE02 will be compared to the number sent in GS06. If the numbers do not match the entire file will be rejected.

3.5. 277CA Health Care Claim Acknowledgement- Header

SEG	DATA	NAME	USAGE	COMMENTS	EXPECTED VALUE
ST		TRANSACTION SET HEADER	R		
	ST01	Transaction Set Header	R	'277' - Health Care Claim Status Response.	
	ST02	Transaction Set Control Number	R	Identifying Control Number that must be unique within the transaction set functional group	
	ST03	Implementation Convention Reference	R	Version, Release or Industry Identifier	
BHT		BEGINNING OF HIERARCHICAL TRANSACTION			
	BHT01	Hierarchical Structure Code	R	'0085' - Information Source, Information Receiver, Provider of Service, Patient	
	BHT02	Transaction Set Purpose Code	R	'08' - Transaction Set Purpose Code	
	BHT03	Reference Identification	R	Transaction (batch) control number	
	BHT04	Date	R	Date the transaction was created	
	BHT06	Transaction Type Code	R	'TH' - Receipt acknowledgement Advice	

3.6. 277CA Health Care Claim Acknowledgement- Detail

SEG	DATA	NAME	USAGE	COMMENTS	EXPECTED VALUE
LOOP 2000A- INFORMATION SOURCE LEVEL					
HL		Information Source Level			
	HL01	Hierarchical ID Number	R		
	HL03	Hierarchical Level Code	R	'20' – Information Source	
	HL04	Hierarchical Child Code	R	'1' – Additional Subordinate HL Data Segment in this Hierarchical Structure.	
LOOP 2100A- INFORMATION SOURCE NAME					
NM1		Information Source Name			
	NM101	Entity ID Code	R	'PR' - Payer	
	NM102	Entity Type Qualifier	R	'2' Non-Person Entity	
	NM103	Organization Name	R	Information Source Name	Beacon will send 'BEACON HEALTH OPTIONS, INC'
	NM108	Identification Code Qualifier	R	'46' - Electronic Transmitter Identification Number (ETIN)	
	NM109	Identification Code	R	Beacon ETIN	Beacon will send 'BEACON963116116'
LOOP 2200A- TRANSMISSION RECEIPT CONTROL IDENTIFIER					
TRN		Transmission Receipt Control Identifier			
	TRN01	Entity ID Code	R	'1' - Current Transaction Trace Numbers	
	TRN02	Entity Type Qualifier	R	Reference Identification	

DTP		Information Source Process Date			
	DTP01	Date/Time Qualifier	R	'050' – Received	
	DTP02	Date Time Period Format Qualifier	R	'D8' – Date Expressed in Format CCYYMMDD	
	DTP03	Date Time Period	R		
DTP		Information Source Receipt Date			
	DTP01	Date/Time Qualifier	R	'003' – Process	
	DTP02	Date Time Period Format Qualifier	R	'D8' – Date Expressed in Format CCYYMMDD	
	DTP03	Date Time Period	R		
LOOP 2000B- INFORMATION RECEIVER LEVEL					
HL		Information Receiver Level			
	HL01	Hierarchical ID Number	R		
	HL02	Hierarchical Parent ID Number	R		
	HL03	Hierarchical Level Code	R	'21' – Information Receiver	
	HL04	Hierarchical Child Code	R	'0' – No Subordinate HL Segment in this Hierarchical Structure '1' – Additional Subordinate HL Data Segment in this Hierarchical Structure.	

LOOP 2100B- INFORMATION RECEIVER NAME

NM1		Information Receiver Name			
	NM101	Entity ID Code	R	'41'- Submitter	
	NM102	Entity Type Qualifier	R	'1' Person '2' Non-Person Entity	
	NM103	Organization Name	R	Information Receiver Name	
	NM108	Identification Code Qualifier	R	'46' - Electronic Transmitter Identification Number (ETIN)	
	NM109	Identification Code	R		

LOOP 2200B- INFORMATION RECEIVER APPLICATION TRACE IDENTIFIER

TRN		Information Receiver Application Trace Identifier			
	TRN01	Entity ID Code	R	'2' – Referenced Transaction Trace Numbers	
	TRN02	Entity Type Qualifier	R	Reference Identification	
STC		Information Receiver Status Information			
	STC01-01	Entity ID Code	R	Health Care Claim Status Category Code	
	STC01-02	Industry Code	R	Health Care Claim Status Code	
	STC01-03	Entity Identifier Code	S	'36' – Employer '40' – Receiver '41' – Submitter 'AY' – Clearinghouse 'PR' - Payer	

STC02	Date	R	Status Information Effective Date Format CCYYMMDD	
STC03	Action Code	R		
STC04	Monetary Amount	R	Total Submitted Charges for Unit Work	
STC10-01	Entity ID Code	R	Health Care Claim Status Category Code	
STC10-02	Industry Code	R	Health Care Claim Status Code	
STC10-03	Entity Identifier Code	S	'36' – Employer '40' – Receiver '41' – Submitter 'AY' – Clearinghouse 'PR' - Payer	
STC11-01	Entity ID Code	R	Health Care Claim Status Category Code	
STC11-02	Industry Code	R	Health Care Claim Status Code	
STC11-03	Entity Identifier Code	S	'36' – Employer '40' – Receiver '41' – Submitter 'AY' – Clearinghouse 'PR' - Payer	

QTY		Total Accepted Quantity			
	QTY01	Quantity Qualifier	R	'90' – Acknowledged Quantity	
	QTY02	Quantity			
QTY		Total Rejected Quantity			
	QTY01	Quantity Qualifier	R	'AA' – Unacknowledged Quantity	
	QTY02	Quantity			
AMT		Total Accepted Amount			
	AMT01	Amount Qualifier Code	R	'YU' – In Process	
	QTY02	Quantity			
AMT		Total Rejected Amount			
	AMT01	Amount Qualifier Code	R	'YY' – Returned	
	QTY02	Quantity			

LOOP 2000C- BILLING PROVIDER OF SERVICE LEVEL

HL		Billing Provider of Service Level			
	HL01	Hierarchical ID Number	R		
	HL02	Hierarchical Parent ID Number	R		
	HL03	Hierarchical Level Code	R	'19' – Provider of Service	
	HL04	Hierarchical Child Code	R	'0' – No Subordinate HL Segment in this Hierarchical Structure '1' – Additional Subordinate HL Data Segment in this Hierarchical Structure.	

LOOP 2100C- BILLING PROVIDER NAME

NM1		Billing Provider Name			
	NM101	Entity ID Code	R	'85'- Billing Provider	
	NM102	Entity Type Qualifier	R	'1' Person '2' Non-Person Entity	
	NM103	Last Name or Organization Name	R	Billing Provider Name	
	NM104	First Name	S		
	NM105	Middle Name	S		
	NM107	Name Suffix	S		
	NM108	Identification Code Qualifier	R	'FI' – Federal Taxpayer's Identification Number 'XX' – Centers for Medicare and Medicaid Services National Provider Identifier	

	NM109	Identification Code	R		
LOOP 2000D- PATIENT LEVEL					
HL		Patient Level			
	HL01	Hierarchical ID Number	R		
	HL02	Hierarchical Parent ID Number	R		
	HL03	Hierarchical Level Code	R	'PT' – Patient	
NM1		Patient Name			
	NM101	Entity ID Code	R	'QC' - Patient	
	NM102	Entity Type Qualifier	R	'1' Person	
	NM103	Last Name	R	Patient Name	
	NM104	First Name	S		
	NM105	Middle Name	S		
	NM107	Name Suffix	S		
	NM108	Identification Code Qualifier	R	'MI' – Member Identification Number	
	NM109	Identification Code	R		

LOOP 2200D- CLAIM STATUS TRACKING NUMBER

TRN		Claim Status Tracking Number			
	TRN01	Entity ID Code	R	'2' – Referenced Transaction Trace Numbers	
	TRN02	Entity Type Qualifier	R	Reference Identification	
STC		Information Receiver Status Information			
	STC01-01	Entity ID Code	R	Health Care Claim Status Category Code	
	STC01-02	Industry Code	R	Health Care Claim Status Code	
	STC01-03	Entity Identifier Code	S		
	STC02	Date	R	Status Information Effective Date Format CCYYMMDD	
	STC03	Action Code	R		
	STC04	Monetary Amount	R	Total Submitted Charges for Unit Work	
	STC10-01	Entity ID Code	R	Health Care Claim Status Category Code	

	STC10-02	Industry Code	R	Health Care Claim Status Code	
	STC10-03	Entity Identifier Code	S	'36' – Employer '40' – Receiver '41' – Submitter 'AY' – Clearinghouse 'PR' - Payer	
	STC11-01	Entity ID Code	R	Health Care Claim Status Category Code	
	STC11-02	Industry Code	R	Health Care Claim Status Code	
	STC11-03	Entity Identifier Code	S	'36' – Employer '40' – Receiver '41' – Submitter 'AY' – Clearinghouse 'PR' - Payer	
	STC12	Free-Form Message Text	S		
REF		Payer Claim Control Number			
	REF01	Reference Identification Qualifier	R	'1K' – Payor's Claim Number	
	REF02	Reference Identification			
REF		Claim Identifier for Clearinghouse and Other			
	REF01	Reference Identification Qualifier	R	'D9' – Claim Number	

	REF02	Reference Identification			
LOOP 2220D- SERVICE LINE INFORMATION					
SVC		Service Line Information			
	SVC01-01	Product/Service ID Qualifier	R	'HC' – Health Care Financing Administration Common Procedural Coding System (HCPCS)	
	SVC01-02	Product/Service ID	R		
	SVC01-03	Procedure Modifier	S		
	SVC01-04	Procedure Modifier	S		
	SVC01-05	Procedure Modifier	S		
	SVC01-06	Procedure Modifier	S		
	SVC02	Monetary Amount	R	Line Item Charge Amount	
	SVC04	Product/Service ID	S		
	SVC07	Quantity	R		

STC		Information Receiver Status Information			
	STC01-01	Entity ID Code	R	Health Care Claim Status Category Code	
	STC01-02	Industry Code	R	Health Care Claim Status Code	
	STC01-03	Entity Identifier Code	S		
	STC02	Date	R	Status Information Effective Date Format CCYYMMDD	
	STC03	Action Code	R		
	STC04	Monetary Amount	R	Total Submitted Charges for Unit Work	
	STC10-01	Entity ID Code	R	Health Care Claim Status Category Code	
	STC10-02	Industry Code	R	Health Care Claim Status Code	
	STC10-03	Entity Identifier Code	S	'36' – Employer '40' – Receiver '41' – Submitter 'AY' – Clearinghouse 'PR' - Payer	

	STC11-01	Entity ID Code	R	Health Care Claim Status Category Code	
	STC11-02	Industry Code	R	Health Care Claim Status Code	
	STC11-03	Entity Identifier Code	S	'36' – Employer '40' – Receiver '41' – Submitter 'AY' – Clearinghouse 'PR' - Payer	
	STC12	Free-Form Message Text	S		
REF		Claim Identifier for Clearinghouse and Other			
	REF01	Reference Identification Qualifier	R	'FJ' – Line Item Control Number	
	REF02	Reference Identification	R		
DTP		Service Line Date			
	DTP01	Date/Time Qualifier	R	'472' – Service	
	DTP02	Date Time Period Format Qualifier	R	'D8' – CCYYMMDD 'RD8' – CCYYMMDD-CCYYMMDD	

	DTP03	Date Time Period	R		
--	-------	------------------	---	--	--