



A General Dynamics Information Technology, Inc. Co.

North Carolina Department of Health and Human Services (NC DHHS)

Division of Health Benefits (DHB)

Division of Mental Health (DMH)

Division of Public Health (DPH)

Standard Companion Guide Transaction Information Instructions related to Transactions based on ASC X12 Implementation Guides, version 005010X228 Health Care Pending Status Information (277P), for MMIS NCTracks starting July 1, 2013



NC DEPARTMENT OF
HEALTH AND
HUMAN SERVICES

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Preface

Companion Guides (CGs) may contain two types of data, instructions for electronic communications with the publishing entity (Communications/Connectivity Instructions) and supplemental information for creating transactions for the publishing entity while ensuring compliance with the associated ASC X12 IG (Transaction Instructions). Either the Communications/Connectivity component or the Transaction Instruction component must be included in every CG. The components may be published as separate documents or as a single document.

The Communications/Connectivity component is included in the CG when the publishing entity wants to convey the information needed to commence and maintain communication exchange.

The Transaction Instruction component is included in the CG when the publishing entity wants to clarify the Implementation Guide (IG) instructions for submission of specific electronic transactions. The Transaction Instruction component content is limited by ASC X12's copyrights and Fair Use statement.

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1. Transaction Instruction (TI) Introduction

1.1 BACKGROUND

1.1.1 Overview of HIPAA Legislation

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 carries provisions for administrative simplification. This requires the Secretary of the Department of Health and Human Services (HHS) to adopt standards to support the electronic exchange of administrative and financial health care transactions primarily between health care providers and plans. HIPAA directs the Secretary to adopt standards for transactions to enable health information to be exchanged electronically and to adopt specifications for implementing each standard. HIPAA serves to:

- Create better access to health insurance
- Limit fraud and abuse
- Reduce administrative costs

1.1.2 Compliance According to HIPAA

The HIPAA regulations at 45 CFR 162.915 require that covered entities not enter into a trading partner agreement that would do any of the following:

- Change the definition, data condition, or use of a data element or segment in a standard
- Add any data elements or segments to the maximum defined data set
- Use any code or data elements that are marked “not used” in the standard’s implementation specifications or are not in the standard’s implementation specification(s)
- Change the meaning or intent of the standard’s implementation specification(s)

1.1.3 Compliance According to ASC X12

ASC X12 requirements include specific restrictions that prohibit trading partners from:

- Modifying any defining, explanatory, or clarifying content contained in the implementation guide
- Modifying any requirement contained in the implementation guide

1.2 INTENDED USE

The Transaction Instruction component of this companion guide must be used in conjunction with an associated ASC X12 Implementation Guide. The instructions in this companion guide are not intended to be stand-alone requirements documents. This companion guide conforms to all the requirements of any associated ASC X12 Implementation Guides and is in conformance with ASC X12’s Fair Use and Copyright statements.

1.3 INTENDED AUDIENCE

This companion guide is intended for the business and technical users, within or on behalf of trading partners, responsible for the testing and setup of electronic claims submissions to NCTracks. In addition, this information should be communicated to, and coordinated with, the provider’s billing office in order to ensure that the required billing information is provided to its billing agent/submitter.

1.4 PURPOSE OF COMPANION GUIDE

The companion guide is to be used with and to supplement the requirements in the HIPAA ASC X12 Implementation Guides, without contradicting those requirements. Implementation Guides define the national data standards, electronic format, and values for each data element within an electronic transaction. The purpose of the companion guide is to provide trading partners with a guide to communicate NCTracks-specific information required to successfully exchange transactions.

The primary purpose of this document is to assist the trading partner with the appropriate use of the transactions; it is not intended to be a billing or policy guide.

1.5 ACKNOWLEDGMENTS

For all inbound transactions, a 999 Acknowledgment report will be sent to the trading partner's OUTBOX for retrieval. This report serves as the acknowledgment of the submission of a file. Typically, 999 Acknowledgment reports are available within moments of submission.

1.6 TRADING PARTNER AGREEMENT SETUP

Refer to Section 2.2, Trading Partner Registration, of the NCTracks Trading Partner Connectivity Guide.

1.7 TESTING

NC DHHS (Division of Health Benefits [DHB], Division of Mental Health [DMH], and Division of Public Health [DPH]) requires testing, or third-party certification, prior to approving a trading partner to submit claims in production. Once trading partner claims are in production, NC DHHS (DHB, DMH, and DPH) reserves the right to require re-testing if it is determined that the trading partner is receiving/generating an unacceptable volume of errors.

Refer to Section 3, Testing and Certification Requirements, of the NCTracks Trading Partner Connectivity Guide.

2. Included ASC X12 Implementation Guides

The following table identifies the X12N Implementation Guides for all of the transactions supported by NCTracks. Companion guides are available for each of the transactions.

Section 3 of this document provides information specific to the 277P transaction, as defined in the 005010X228 Health Care Claim Pending Status Information (277P) Technical Report 3 (TR3) dated May 2008, and updated by:

- Errata 005010X228E1 Health Care Claim Pending Status Information (277P) dated January 2009

| Unique ID | Name |
|------------|---|
| 005010X222 | Health Care Claim: Professional (837P) |
| 005010X223 | Health Care Claim: Institutional (837I) |
| 005010X224 | Health Care Claim: Dental (837D) |
| 005010X228 | Health Care Claim Pending Status Information (277P) |
| 005010X279 | Health Care Eligibility Benefit Inquiry and Response (270/271) |
| 005010X221 | Health Care Claim Payment/Advice (835) |
| 005010X212 | Health Care Claim Status Request and Response (276/277) |
| 005010X220 | Benefit Enrollment and Maintenance (834) |
| 005010X218 | Payroll Deducted and Other Group Premium Payment for Insurance Products (820) |
| 005010X231 | Implementation Acknowledgment for Health Care Insurance (999) |

Pharmacy claims are submitted using the National Council for Prescription Drug Programs (NCPDP) D.0 format. Please refer to the D.0 Companion Guide for NCPDP D.0 claim formatting used by NCTracks.

3. Instruction Tables

These tables contain one or more rows for each segment for which a supplemental instruction is needed.

Legend

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| Header rows: Midnight blue with white text |
| Subheader rows: Dandelion gold with black text |
| Table rows: Alternate row shading with Cornflower blue with black text |

005010X228 Health Care Claim Pending Status Information (277P)

| Loop ID | Reference | Name | Codes | Notes/Comments |
|---------------|------------|---|--------|---|
| Header | ISA | Interchange Control Header | | |
| | ISA01 | Author Information Qualifier | 00 | '00' is returned |
| | ISA03 | Security Information Qualifier | 00 | '00' is returned |
| | ISA05 | Interchange ID Qualifier | ZZ | 'ZZ' is returned |
| | ISA06 | Interchange Sender ID | | 'NCTRACKSBAT' is returned |
| | ISA07 | Interchange ID Qualifier | ZZ | 'ZZ' is returned |
| Header | GS | Functional Group Header | | |
| | GS02 | Application Sender's Code | | 'NCTRACKSBAT' is returned |
| Header | BHT | Beginning of Hierarchical Transaction | | |
| | BHT03 | Originator Application Transaction Identifier | | NCTracks will send a unique transaction identifier for each BHT segment. |
| 2100A | NM1 | Payer Name | | |
| | NM103 | Payer Name | | 'NCTracks' is returned |
| | NM108 | Identification Code Qualifier | PI | 'PI' is returned |
| 2100B | NM1 | Information Receiver Name | | |
| | NM102 | Entity Type Qualifier | 1 | '1' is returned |
| | NM108 | Identification Code Qualifier | 46 | '46' is returned |
| 2100C | NM1 | Provider Name | | |
| | NM108 | Identification Code Qualifier | SV, XX | 'SV' or 'XX' is returned |
| | NM109 | Provider Identifier | | The 277P will be separated based on the Provider ID (NPI/Atypical ID) in the 2100C, NM109, Provider Identifier segment. There |

| Loop ID | Reference | Name | Codes | Notes/Comments |
|--------------|------------|-------------------------------|-------|---|
| | | | | will be only one (1) Provider ID per 277P file. |
| 2100D | NM1 | Patient Name | | |
| | NM108 | Identification Code Qualifier | MI | 'MI' is returned |
| | NM109 | Identification Code | | Patient Identification Number |

4. TI Additional Information

4.1 BUSINESS SCENARIOS

The 277P, Health Care Claim Pending Status Information, is used to report pended (unadjudicated) claims. The 277P is created to supplement the 835, Health Care Claim Payment/Advice, which reports paid and denied (adjudicated) claims.

In the past, the 835 and 277P transactions were created by the Transmission Supplier Number (TSN) based on the Submitter User ID, which could have had multiple Provider IDs within the 835 and 277P transactions. The 835 and 277P transactions are now separated based on the Provider ID (NPI/Atypical). The Provider ID associated with each file will be defined in the name of the 277P file sent to the Trading Partner. Refer to Section 4.2, Naming Standards for Outbound Transactions.

4.2 NAMING STANDARDS FOR OUTBOUND TRANSACTIONS

The following is the naming convention standard for outbound transactions:

[R/F]-[Mailbox ID]-[Timestamp]-[File ID]-[Provider Number]-[Transaction Type]-ISA-0001-.x12

ex: R-BXA12345-140628112722-141790000000022FF-1234567890-5R-ISA-0001-.x12

| Node Name | # of Characters | Description |
|------------------|-----------------|--|
| R/F | 1 | R: Response F: File |
| Mailbox ID | 8 | Alphanumeric characters |
| Timestamp | 12 | The timestamp format is YYMMDDHHMMSS. |
| File ID | 18 | Alphanumeric characters. The last 2 characters are always FF. |
| Provider Number | Up to 10 | NPI or Atypical ID |
| Transaction Type | 2 | 01 = TA1 02 = F-File 03 = 999 5A = 820 5E = 834 5R = 277P 5T = 835 09 = 277 10 = 271 |
| ISA-0001 | 8 | This is a static value that will be present for all transactions. |

4.3 PAYER-SPECIFIC BUSINESS RULES AND LIMITATIONS

The 277P contains claims that were pended in the week being reported.

4.4 SCHEDULED MAINTENANCE

NCTracks maintenance will occur Sunday morning from 12:01 a.m. through 4:00 a.m. NCTracks will not be available to submit files during this time.

4.5 FREQUENTLY ASKED QUESTIONS

This section will contain a compilation of questions and answers as they are identified.

4.6 OTHER RESOURCES

- **Washington Publishing Company**

The Implementation Guides for X12N and all other HIPAA standard transactions are available electronically at www.wpc-edi.com.

- **ASC X12 Organization**

<http://www.x12.org/>

- **United States Department of Health and Human Services (HHS)**

This site is a resource for the Notice of Proposed Rule Making, rules and other information about HIPAA:

www.aspe.hhs.gov/admsimp

- **Workgroup for Electronic Data Interchange (WEDI)**

A workgroup dedicated to improving health-care through electronic commerce, which includes the Strategic National Implementation Process (SNIP) for complying with the administrative simplification provisions of HIPAA:

www.wedi.org

- **North Carolina Department of Health and Human Services**

www.ncdhhs.gov

- **North Carolina Division of Health Benefits**

<https://medicaid.ncdhhs.gov/>

- **North Carolina Division of Mental Health/Development Disabilities/Substances Abuse Services**

<http://www.ncdhhs.gov/mhddsas/>

- **North Carolina Division of Public Health**

<http://publichealth.nc.gov/>

5. Contact Information

5.1 ELECTRONIC DATA INTERCHANGE (EDI) TECHNICAL ASSISTANCE

Phone: 1-800-688-6696, option #1

Email: NCMMIS_EDI_SUPPORT@GDIT.COM

Website: <http://www.nctracks.nc.gov/provider/index.html>

Companion Guides: <http://www.nctracks.nc.gov/provider/guides/index.html>

5.2 PROVIDER/TRADING PARTNER ENROLLMENT

Currently Enrolled Provider (CEP), Billing Agent Enrollment

Phone: 1-800-688-6696

Email: NCTracksprovider@nctracks.com

Website: <https://www.nctracks.nc.gov/provider/providerEnrollment/>

NCTracks Enrollment

Phone: 1-800-688-6696

Email: NCTracksprovider@nctracks.com

Website: <https://www.nctracks.nc.gov/content/public/providers/provider-enrollment.html>

Change Summary

| Date | Change | Responsible Party |
|-------------------|--|-------------------------------------|
| November 16, 2012 | Initial trading partner test version | CSC under the direction of NC DHHS |
| July 1, 2013 | Production version | CSC under the direction of NC DHHS |
| September 8, 2014 | Draft version | CSC under the direction of NC DHHS |
| November 02, 2014 | 277P transaction formatting change | CSC under the direction of NC DHHS |
| February 03, 2016 | Update to Fiscal Agent name and logo | CSRA under the direction of NC DHHS |
| March 20, 2017 | Update EDI contact information | CSRA under the direction of NC DHHS |
| April 26, 2017 | Update Copyright statement | CSRA under the direction of NC DHHS |
| December 03, 2018 | Updated from Division of Medical Assistance to Division of Health Benefits | CSRA under the direction of NC DHHS |
| March 3, 2021 | Update to EDI support email address | CSRA under the direction of NC DHHS |
| | | |