

EyeMed Vision Care

HEALTHCARE CLAIM STATUS REQUEST

Companion Document to ASC X12N 276 (004010X093)

Welcome to EyeMed Vision Care's HIPAA TCS implementation process. We have developed this guide to assist you in preparing to trade HIPAA 276 Claim Status Request transactions with us.

This Companion Guide to the ASC X12N 276 Implementation Guide adopted under HIPAA clarifies and specifies the data content for data that is electronically transmitted to EyeMed. Transmissions based on this Companion Guide, used in tandem with the X12N Implementation Guide, are compliant with both X12 syntax and the HIPAA Implementation Guide. This Companion Guide is intended to convey information that is within the framework of the ASC X12N Implementation Guide adopted for use under HIPAA. The Companion Guide is not intended to convey information that in any way exceeds the requirements or usages of data expressed in the HIPAA Implementation Guide.

This document is to be used as a companion to the HIPAA Implementation Guide for trading enrollment transactions with EyeMed Vision Care. The first section describes the loops and segments EyeMed will capture, along with specific data element requirements and guidelines. The second section describes the situational loops, segments, and data elements that EyeMed will *not* be capturing; therefore, you are not required to include these when you trade with us.

We look forward to testing with you and establishing an effective trading relationship.

276 Health Care Claim Status Request												
Pg#	Seg	DE	Req	PIC	Min Max	Use	Description	X12 Codes	X12 Code Definition	Values	Notes	
INTERCHANGE CONTROL HEADER												
	ISA		M				INTERCHANGE CONTROL HEADER					
	GS		M				FUNCTIONAL GROUP CONTROL HEADER					
TABLE 1 HEADER												
49	ST		M		1/1	R	TRANSACTION SET HEADER					
50	BHT		M		1/1	R	BEGINNING OF HIERARCHICAL TRANSACTION					
LOOP 2000 A												
						R	INFORMATION SOURCE LEVEL					
52	HL		M		1/1	R	INFORMATION SOURCE LEVEL					
LOOP 2100 A												
						R	PAYER NAME					
54	NM1		O		1/1	R	PAYER NAME					
57	PER		O		0/1	S	PAYER CONTACT INFORMATION					
LOOP 2000 B												
						R	INFORMATION RECEIVER LEVEL					
60	HL		M		1/1	R	INFORMATION RECEIVER LEVEL					
LOOP 2100 B												
						R	INFORMATION RECEIVER NAME					
62	NM1		O		1/1	R	INFORMATION RECEIVER NAME					
LOOP 2000 C												
						R	SERVICE PROVIDER LEVEL					
65	HL		M		1/1	R	SERVICE PROVIDER LEVEL					
LOOP 2100 C												
						R	PROVIDER NAME					
67	NM1		O		1/1	R	PROVIDER NAME					
LOOP 2000 D												
						R	SUBSCRIBER LEVEL					
70	HL		M		1/1	R	SUBSCRIBER LEVEL					
72	DMG		O		0/1	S	SUBSCRIBER DEMOGRAPHIC INFORMATION					
LOOP 2100 D												
						R	SUBSCRIBER NAME					
74	NM1		O		1/1	R	INDIVIDUAL OR ORGANIZATIONAL NAME					
	NM108	66	X	ID	1/2	R	Identification Code Qualifier	24 MI ZZ	Employer's Identification Number Member Identification Number Mutually Defined	MI	EyeMed expects "MI" (Member Identification Number)	
LOOP 2200 D												
						R	CLAIM SUBMITTER TRACE NUMBER					
77	TRN		O			R	CLAIM SUBMITTER TRACE NUMBER					
78	REF		O		0/1	S	PAYER CLAIM IDENTIFICATION NUMBER				Expected to be sent for subscriber claims	
82	REF		O		0/1	S	MEDICAL RECORD IDENTIFICATION					
84	AMT		O		0/1	S	CLAIM SUBMITTED CHARGES					
86	DTP		O		0/1	S	CLAIM SERVICE DATE					
LOOP 2000 E												
						S	DEPENDENT LEVEL					
94	HL		M		0/1	S	DEPENDENT LEVEL					
96	DMG		O		1/1	R	DEPENDENT DEMOGRAPHIC INFORMATION					
LOOP 2100 E												
						R	DEPENDENT NAME					
98	NM1		O		1/1	R	DEPENDENT NAME					
LOOP 2200 E												
						R	CLAIM SUBMITTER TRACE NUMBER					
101	TRN		O		1/1	R	CLAIM SUBMITTER TRACE NUMBER					
103	REF		O		0/1	S	PAYER CLAIM IDENTIFICATION NUMBER				Expected to be sent for dependent claims	
107	REF		O		0/1	S	MEDICAL RECORD IDENTIFICATION					
109	AMT		O		0/1	S	CLAIM SUBMITTED CHARGES					
111	DTP		O		0/1	S	CLAIM SERVICE DATE					
TRANSACTION SET TRAILER												
120	SE		M		1/1	R	TRANSACTION SET TRAILER					
	GE		M			R	FUNCTIONAL GROUP TRAILER					
	IEA		M			R	INTERCHANGE CONTROL TRAILER					

LOCATION	USE	NAME	NOTES
Loops not picked up by EyeMed			
Loop 2210 D		Service Line Information	EyeMed will provide all available claim info
Loop 2210 E		Service Line Information	EyeMed will provide all available claim info
Segments not picked up by EyeMed			
Loop 2200 D		Claim Submitter Trace Number	
	REF	S	Institutional Bill Type Identification
Loop 2200 E		Claim Submitter Trace Number	
	REF	S	Institutional Bill Type Identification
Elements not picked up by EyeMed			
Loop 2100 A		Payer Contact Information	
	PER		Payer Name
	PER02	S	Payer Contact Name
Loop 2100 B		Information Receiver Name	
	NM1		Information Receiver Name
	NM105	S	Information Receiver Middle Name
	NM107	S	Information Receiver Name Suffix
Loop 2100 C		Provider Name	
	NM1		Provider Name
	NM106	S	Provider Name Prefix
	NM107	S	Provider Name Suffix
Loop 2100 D		Subscriber Name	
	NM1		Subscriber Name
	NM106	S	Subscriber Name Prefix
	NM107	S	Subscriber Name Suffix
Loop 2100 E		Dependent Name	
	NM1		Dependent Name
	NM106	S	Patient Name Prefix
	NM107	S	Patient Name Suffix

Guidelines for Interpreting the Companion Guide:

If Usage = "Not Used", the element/segment is omitted from the Companion Guide and "Data Not Picked Up" worksheet

Element Names are from Industry Standard, if available

If an element is required but is not mapped, the element is **not** listed in the "Data Not Picked Up" worksheet

If an element is **not** required (= "O" or "X") and is not mapped, the element is listed in the "Data Not Picked Up" worksheet