

EyeMed Vision Care

HEALTHCARE CLAIM STATUS RESPONSE

Companion Document to ASC X12N 277 (004010X093)

Welcome to EyeMed Vision Care's HIPAA TCS implementation process. We have developed this guide to assist you in preparing to trade HIPAA 277 Claim Status Response transactions with us.

This Companion Guide to the ASC X12N 277 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.

277 Health Care Claim Status Inquiry Response											
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											
125	ST		M		1/1	R	TRANSACTION SET HEADER				
126	BHT		M		1/1	R	BEGINNING OF HIERARCHICAL TRANSACTION				
LOOP 2000 A											
R INFORMATION SOURCE LEVEL											
128	HL		M		1/1	R	INFORMATION SOURCE LEVEL				
LOOP 2100 A											
R PAYER NAME											
130	NM1		O		1/1	R	PAYER NAME				
	NM108	66	X	ID	1/2	R	Identification Code Qualifier		See Implementation Guide for Code List	FI	Expected code from EyeMed is "FI" until the National Plan ID is mandated for use.
133	PER		O		0/1	S	PAYER CONTACT INFORMATION				
	PER03	365	X	ID	2/2	R	Communication Number Qualifier	ED EM TE	Electronic Data Interchange Access Number Electronic Mail Telephone	EM	Expected code from EyeMed is "EM" (Electronic Mail) .
LOOP 2000 B											
R INFORMATION RECEIVER LEVEL											
136	HL		M		1/1	R	INFORMATION RECEIVER LEVEL				
LOOP 2100 B											
R INFORMATION RECEIVER NAME											
138	NM1		O		1/1	R	INFORMATION RECEIVER NAME				
	NM108	66	X	ID	1/2	R	Identification Code Qualifier		See Implementation Guide for Code List	FI	Expected code from EyeMed is "FI" until the National Provider ID is mandated for use.
LOOP 2000 C											
R SERVICE PROVIDER LEVEL											
141	HL		M		1/1	R	SERVICE PROVIDER LEVEL				
LOOP 2100 C											
R PROVIDER NAME											
143	NM1		O		1/1	R	PROVIDER NAME				
LOOP 2000 D											
R SUBSCRIBER LEVEL											
146	HL		M		1/1	R	SUBSCRIBER LEVEL				
148	DMG		O		1/1	R	SUBSCRIBER DEMOGRAPHIC INFORMATION				
LOOP 2100 D											
R SUBSCRIBER NAME											
150	NM1		O		1/1	R	SUBSCRIBER NAME				
LOOP 2200 D											
R CLAIM SUBMITTER TRACE NUMBER											
153	TRN		O		1/1	R	CLAIM SUBMITTER TRACE NUMBER				
154	STC		O		1/1	R	CLAIM LEVEL STATUS INFORMATION				
165	REF		O		0/1	S	PAYER CLAIM IDENTIFICATION NUMBER				
169	REF		O		0/1	S	MEDICAL RECORD IDENTIFICATION				
171	DTP		O		0/1	S	CLAIM SERVICE DATE				
LOOP 2220 D											
S SERVICE LINE INFORMATION											
173	SVC		O		0/1	S	SERVICE LINE INFORMATION				
177	STC		M		0/1	S	SERVICE LINE STATUS INFORMATION				
187	REF		O		0/1	S	SERVICE LINE ITEM IDENTIFICATION				
188	DTP		O		0/1	S	SERVICE LINE DATE				
LOOP 2000 E											
S DEPENDENT LEVEL											
190	HL		M		0/1	S	DEPENDENT LEVEL				
192	DMG		O		1/1	R	DEPENDENT DEMOGRAPHIC INFORMATION				
LOOP 2100 E											
R DEPENDENT NAME											
194	NM1		O		1/1	R	DEPENDENT NAME				
LOOP 2200 E											
R CLAIM SUBMITTER TRACE NUMBER											
197	TRN		O		1/1	R	CLAIM SUBMITTER TRACE NUMBER				
199	STC		M		1/1	R	CLAIM LEVEL STATUS INFORMATION				

277 Health Care Claim Status Inquiry Response											
Pg#	Seg	DE	Req	PIC	Min Max	Use	Description	X12 Codes	X12 Code Definition	Values	Notes
210	REF		O		1/1	R	PAYER CLAIM IDENTIFICATION NUMBER				
214	REF		O		0/1	S	MEDICAL RECORD IDENTIFICATION				
216	DTP		O		0/1	S	CLAIM SERVICE DATE				
LOOP 2220 E											
						S	SERVICE LINE INFORMATION				
218	SVC		O		0/1	S	SERVICE LINE INFORMATION				
221	STC		M		0/1	S	SERVICE LINE STATUS INFORMATION				
231	REF		O		0/1	S	SERVICE LINE ITEM IDENTIFICATION				
232	DTP		O		0/1	S	SERVICE LINE DATE				
TRANSACTION SET TRAILER											
234	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 sent from EyeMed			
N/A			
Segments not sent from 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 sent from EyeMed			
Loop 2200 D		Claim Submitter Trace Number	
STC		Claim Level Status Information	
STC10	S	Health Care Claim Status	
STC11	S	Health Care Claim Status	
Loop 2220 D		Service Line Information	
STC		Service Line Status Information	
STC10	S	Health Care Claim Status	
STC11	S	Health Care Claim Status	
Loop 2200 E		Claim Submitter Trace Number	
STC		Claim Level Status Information	
STC10	S	Health Care Claim Status	
STC11	S	Health Care Claim Status	
Loop 2220 E		Service Line Information	
STC		Service Line Status Information	
STC10	S	Health Care Claim Status	
STC11	S	Health Care Claim Status	

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