Centers for Medicare & Medicaid Services (CMS)

Standard Companion Guide

Health Care Claim Status Request and Response (276/277)

Based on ASC X12N TR3, Version 005010X212

Companion Guide Version Number: 5.6,
January 2025

Disclosure Statement

The Centers for Medicare & Medicaid Services (CMS) is committed to maintaining the integrity and security of health care data in accordance with applicable laws and regulations. Disclosure of Medicare claims is restricted under the provisions of the Privacy Act of 1974 and Health Insurance Portability and Accountability Act of 1996. This Companion Guide is to be used for conducting Medicare business only.

Preface

This Companion Guide (CG) to the ASC X12N Technical Report Type 3 (TR3) Version 005010 and associated errata adopted under Health Insurance Portability and Accountability Act of 1996 (HIPAA) clarifies and specifies the data content when exchanging transactions electronically with Medicare. Transmissions based on this CG, used in tandem with the TR3, are compliant with both ASC X12N syntax and those guides. This CG is intended to convey information that is within the framework of the TR3 adopted for use under HIPAA. This CG is not intended to convey information that in any way exceeds the requirements or usages of data expressed in the TR3.

This CG contains instructions for electronic communications with the publishing entity, as well as supplemental information, for creating transactions while ensuring compliance with the associated ASC X12N TR3s and the Council for Affordable Quality Healthcare – Committee on Operating Rules for Information Exchange (CAQH CORE) companion guide operating rules.

In addition, this CG contains the information needed by Trading Partners to send and receive electronic data with the publishing entity, who is acting on behalf of CMS, including detailed instructions for submission of specific electronic transactions. The instructional content is limited by ASC X12N's copyrights and Fair Use statement.

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1 Introduction

This document is intended to provide information from the author of this guide to Trading Partners to give them the information they need to exchange Electronic Data Interchange (EDI) data with the author. This includes information about registration, testing, support, and specific information about control record setup.

An EDI Trading Partner is defined as any Medicare customer (e.g., provider/supplier, billing service, clearinghouse, or software vendor) that transmits to, or receives electronic data from Medicare. Medicare's EDI transaction system supports transactions adopted under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) as well as additional supporting transactions as described in this guide.

Medicare Fee-For-Service (FFS) is publishing this Companion Guide (CG) to clarify, supplement, and further define specific data content requirements to be used in conjunction with, and not in place of, the ASC X12N 276/277 Technical Report Type 3 (TR3) Version 005010 mandated by HIPAA and/or adopted by Medicare FFS for EDI.

This CG provides communication, connectivity, and transaction-specific information to Medicare FFS Trading Partners and serves as the authoritative source for Medicare FFS-specific EDI protocols.

Additional information on Medicare FFS EDI practices are referenced within Internet-only Manual (IOM) Pub. 100-04 Medicare Claims Processing Manual:

- Chapter 24 – General EDI and EDI Support, Requirements, Electronic Claims, and Mandatory Electronic Filing of Medicare Claims (https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c24.pdf)
- Chapter 31 – X12 Formats Other than Claims or Remittance (https://www.cms.gov/manuals/downloads/clm104c31.pdf)

1.1 Scope

EDI addresses how Trading Partners exchange professional and institutional claims, claim acknowledgments, claim remittance advice, claim status inquiry and responses, and eligibility inquiry and responses electronically with Medicare. This CG also applies to ASC X12N 276/277 transactions that are being exchanged with Medicare by third parties, such as clearinghouses, billing services or network service vendors.

This CG provides technical and connectivity specification for the 276/277 Health Care Claim Status Request/Response transaction Version 005010.

1.2 Overview

This CG includes information needed to commence and maintain communication exchange with Medicare. In addition, this CG has been written to assist you in designing and implementing the ASC X12N 276/277 transaction standards to meet Medicare's processing standards. This information is organized in the sections listed below:

- *Getting Started:* This section includes information related to hours of operation, and data services. Information concerning Trading Partner registration and the Trading Partner testing process is also included in this section.
- *Testing and Certification Requirements:* This section includes detailed transaction testing information as well as certification requirements needed to complete transaction testing with Medicare.
- *Connectivity/Communications:* This section includes information on Medicare's transmission procedures as well as communication and security protocols.
- *Contact Information:* This section includes EDI customer service, EDI technical assistance, Trading Partner services and applicable websites.
- *Control Segments/Envelopes:* This section contains information needed to create the Interchange Control Header/Trailer (ISA/IEA), Functional Group Header/Trailer (GS/GE), and Transaction Set Header/Trailer (ST/SE) control segments for transactions to be submitted to or received from Medicare.
- *Specific Business Rules and Limitations:* This section contains Medicare business rules and limitations specific to the ASC X12N 276/277.
- *Acknowledgments and Reports:* This section contains information on all transaction acknowledgments sent by Medicare and report inventory.
- *Trading Partner Agreement:* This section contains information related to implementation checklists, transmission examples, Trading Partner Agreements and other resources.
- *Transaction Specific Information:* This section describes the specific CMS requirements over and above the information in the ASC X12N 276/277 TR3.

1.3 References

The following locations provide information for where to obtain documentation for Medicare-adopted EDI transactions and code sets.

Table 1. EDI Transactions and Code Set References

Resource	Location
ASC X12N TR3s	The official ASC X12 website
Washington Publishing Company Health Care Code Sets	The official Washington Publishing Company website

1.4 Additional Information

The websites in the following table provide additional resources for HIPAA:

Table 2. Additional EDI Resources

Resource	Web Address
Medicare FFS EDI Operations	https://www.cms.gov/ElectronicBillingEDITrans/
CAQH CORE Operating Rules	https://www.caqh.org/core/operating-rules
CEDI website	https://www.ngscedi.com

2 Getting Started

2.1 Working Together

National Government Services, Inc. Common Electronic Data Interchange (CEDI) is dedicated to providing communication channels to ensure communication remains constant and efficient. CEDI has several options to assist the community with their electronic data exchange needs. By using any of these methods, CEDI is focused on supplying the Trading Partner community with a variety of support tools.

An EDI help desk is established for the first point of contact for basic information and troubleshooting. The help desk is available to support most EDI questions/incidents while at the same time being structured to triage each incident if more advanced research is needed. Email is also accessible as a method of communicating with CEDI. The email account is monitored by knowledgeable staff ready to assist you. When communicating via email, please exclude any protected health information (PHI) to ensure security is maintained. In addition to the CEDI help desk and email access, see Section 5 for additional contact information.

CEDI also has several external communication components in place to reach out to the Trading Partner community. CEDI posts all critical updates, system issues, and EDI-specific billing material to the CEDI website (https://www.ngscedi.com). All Trading Partners are encouraged to visit this page to ensure familiarity with the content of the site. CEDI also distributes EDI-pertinent information in the form of an EDI newsletter or comparable publication, which is posted to the website every as it becomes available. In addition to the website, a distribution list has been established in order to broadcast urgent messages. Please register for CEDIs distribution list by subscribing (https://www.ngscedi.com/listserv/subscribe.htm).

Specific information about the above-mentioned items can be found in the following sections.

2.2 Trading Partner Registration

An EDI Trading Partner is any entity (provider, billing service, clearinghouse, software vendor, employer group, financial institution, etc.) that transmits electronic data to, or receives electronic data from, another entity.

Medicare FFS and CEDI support many different types of Trading Partners or customers for EDI. To ensure proper registration, it is important to understand the terminology associated with each customer type:

- *Submitter* – the entity that owns the submitter ID associated with the health care data being submitted. It is most likely the provider, hospital, clinic, supplier, etc., but could also be a third party submitting on behalf of one of these entities. However, a submitter must be directly linked to each billing National Provider Identifier (NPI). Often the terms submitter and Trading Partner are used interchangeably because a Trading Partner is defined as the entity engaged in the exchange or transmission of electronic transactions. Thus, the entity that is submitting electronic administrative transactions to CEDI is a Medicare FFS Trading Partner.
- *Vendor* – an entity that provides hardware, software, and/or ongoing technical support for covered entities. In EDI, a vendor can be classified as a software vendor, billing or network service vendor, or clearinghouse.
- *Software Vendor* – an entity that creates software used by Trading Partners to conduct the exchange of electronic transactions with Medicare FFS.
- *Billing Service* – a third party that prepares and/or submits claims for a provider.
- *Clearinghouse* – a third party that submits and/or exchanges electronic transactions (claims, claim status or eligibility inquiries, remittance advice, etc.) on behalf of a provider.
- *Network Service Vendor* – a third party that provides connectivity between a Trading Partner and CEDI.

To enroll for exchanging transactions with CEDI, complete the on-line enrollment forms located on the CEDI website, (https://www.ngscedi.com).

- CEDI Enrollment Agreement Form: Used to enroll in electronic claim transmission.
- CEDI Trading Partner Action Request Form: Used to apply for a Trading Partner/submitter ID to log in and send claim files. This form is also used to indicate the type of transactions requested for the Trading Partner/submitter ID.
- CEDI Supplier Authorization Form: Used to authorize a third-party biller or clearinghouse to send the electronic claims for the supplier.
- CEDI ERA Enrollment Form: Allows a provider to receive ERA from the Common Electronic Data Interchange (CEDI). Enrolls both the NPI and PTAN for Electronic Remittance Advice (ERA). This form is required for new ERA enrollments and changes to an existing ERA setup if the form is not on file with CEDI.

CEDI enrollment documents are completed and submitted on-line. CEDI enrollment forms do not need to be faxed.

Submitted enrollment forms will be issued Packet ID (PID) numbers which will be assigned once the enrollment packet is submitted electronically. The PID will also be emailed to the email address provided on the enrollment packet. The PID number can be used to track the submitted enrollment packet.

When a CEDI enrollment packet is submitted, an acknowledgment email will be generated and sent back to the email address entered on the packet. Once the request has been approved and processed, a setup confirmation will be sent via email. The Trading Partner/submitter must contact the CEDI Help Desk by telephone to obtain their initial password.

Instructions on how to complete the enrollment packet are included on the CEDI website.

Under HIPAA, EDI applies to all covered entities transmitting the following HIPAA-established administrative transactions: 837I and 837P, 835, 270/271, 276/277, and the National Council for Prescription Drug Programs (NCPDP) D.0. Additionally, Medicare Administrative Contractors (MACs) and Common Electronic Data Interchange (CEDI) will use the Interchange Acknowledgment (TA1), Implementation Acknowledgment (999), and 277 Claim Acknowledgement (277CA) error-handling transactions.

Medicare requires that CEDI furnish information on EDI to new Trading Partners that request Medicare claim privileges. Additionally, Medicare requires CEDI to assess the capability of entities to submit data electronically, establish their qualifications (see test requirements in Section 3), and enroll and assign submitter EDI identification numbers to those approved to use EDI.

A provider must obtain an NPI and furnish that NPI to CEDI prior to completion of an initial EDI Enrollment Agreement and issuance of an initial EDI number and password by that contractor. CEDI is required to verify that NPI is on the Provider Enrollment Chain and Ownership System (PECOS). If the NPI is not verified on the PECOS, the EDI Enrollment Agreement is denied, and the provider is encouraged to contact the appropriate MACs provider enrollment department (for Medicare Part A and Part B providers) or the National Supplier Clearinghouse (for Durable Medical Equipment suppliers) to resolve the issue. Once the NPI is properly verified, the provider can reapply the EDI Enrollment Agreement.

A Trading Partner’s EDI number and password serve as an electronic signature and the Trading Partner would be liable for any improper usage or illegal action performed with it. A Trading Partner’s EDI access number and password are not part of the capital property of the Trading Partner’s operation and may not be given to a new owner of the Trading Partner’s operation. A new owner must obtain their own EDI access number and password.

If providers elect to submit/receive transactions electronically using a third party such as a billing agent, a clearinghouse, or network services vendor, then the provider is required to have agreement signed by that third party. The third party must agree to meet the same Medicare security and privacy requirements that apply to the provider in regard to viewing or using Medicare beneficiary data. These agreements are not to be submitted to Medicare but are to be retained by the provider. Providers will notify CEDI which third party agents they will be using on their EDI Enrollment form.

Third parties are required to register with CEDI by completing the third-party agreement form. This will ensure that their connectivity is completed properly, however they may need to enroll in mailing lists separately in order to receive all publications and email notifications.

Additional third-party billing information can be found at the CEDI website (https://www.ngscedi.com/). The third-party agreement form can be found on the CEDI website enrollment page (https://enroll.ngscedi.com/enrollment).

Trading Partners must also be informed that they are not permitted to share their personal EDI access number and password with any billing agent, clearinghouse, or network service vendor. Trading Partners must also not share their personal EDI access number with anyone on their own staff who does not need to see the data for completion of a valid electronic claim, to process a remittance advice for a claim, to verify beneficiary eligibility, or to determine the status of a claim. No other non-staff individuals or entities may be permitted to use a Trading Partner's EDI number and password to access Medicare systems. Clearinghouse and other third-party representatives must obtain and use their own unique EDI access number and password from CEDI. For a complete reference to security requirements see Section 4.4.

2.3 Trading Partner Certification and Testing Process

CEDI does not require testing of the X12N 276/277 Claim Status Request/Response transactions. However, the ability to exchange X12N 276/277 transactions is dependent on successful testing of X12N 837P electronic claims. Refer to the 837P Companion Guide for testing requirements for electronic claims. For more information, contact the CEDI Help Desk (ngs.cedihelpdesk@anthem.com) or by calling 866-311-9184.

3 Testing and Certification Requirements

3.1 Testing Requirements

All claims submitters must produce accurate electronic test files before being allowed to submit claim transactions in production. Test claims are subject to ASC X12N standard syntax and TR3 semantic data edits. Documentation will be provided when this process detects errors. This CG recommends testing the 276/277 prior to production status whenever possible.

CEDI does not require testing of the X12N 276/277 Claim Status Request/Response transactions. For more information regarding X12N 276/277 testing, contact the CEDI Help Desk (ngs.cedihelpdesk@anthem.com) or by calling 866-311-9184.

- Standard syntax testing validates the programming of the incoming file and includes file layout, record sequencing, balancing, alpha-numeric/numeric/date file conventions, field values, and relational edits.
- TR3 Semantic Data testing validates data required for claims processing, e.g., procedure/diagnosis codes and modifiers. A submitter must demonstrate, at a minimum, 95 percent accuracy rate in data

testing before submission in production is approved where, in the judgment of CEDI, the vendor/submitter will make the necessary correction(s) prior to submitting a production file.

Many submitters use the same software, or the same clearinghouse to submit their electronic transactions to Medicare. Refer to the CEDI X12 837P Companion Guide for requirements and protocols specific to 837P claims testing.

Trading Partners who submit transactions directly to more than one A/B MAC and/or CEDI must contact each A/B MAC and/or CEDI with whom they exchange EDI transactions to inquire about the need for supplemental testing whenever they plan to begin to use an additional EDI transaction, different or significantly modified software for submission of a previously used EDI transaction, or before a billing agent or clearinghouse begins to submit transactions on behalf of an additional Trading Partner. The individual A/B MAC and/or CEDI may need to retest at that time to re-establish compatibility and accuracy, particularly if there will also be a change in the telecommunication connection to be used.

Billing services and clearinghouses are not permitted to begin to submit or receive EDI transactions on behalf of a provider prior to submission of written authorization by the provider that the billing agent or clearinghouse has been authorized to handle those transactions on the provider's behalf. See Section 2.2 for further information on EDI enrollment.

3.2 Certification Requirements

Medicare FFS does not certify Trading Partners. However, CEDI does certify vendors, clearinghouses, and billing services by conducting testing with them and maintaining the CEDI Approved Entities List (https://enroll.ngscedi.com/approvedentities).

4 Connectivity / Communications

4.1 Process Flows

The following diagrams show how the production and test transactions flow into and out of CEDI.

Figure 1. CEDI Production Transaction Flows

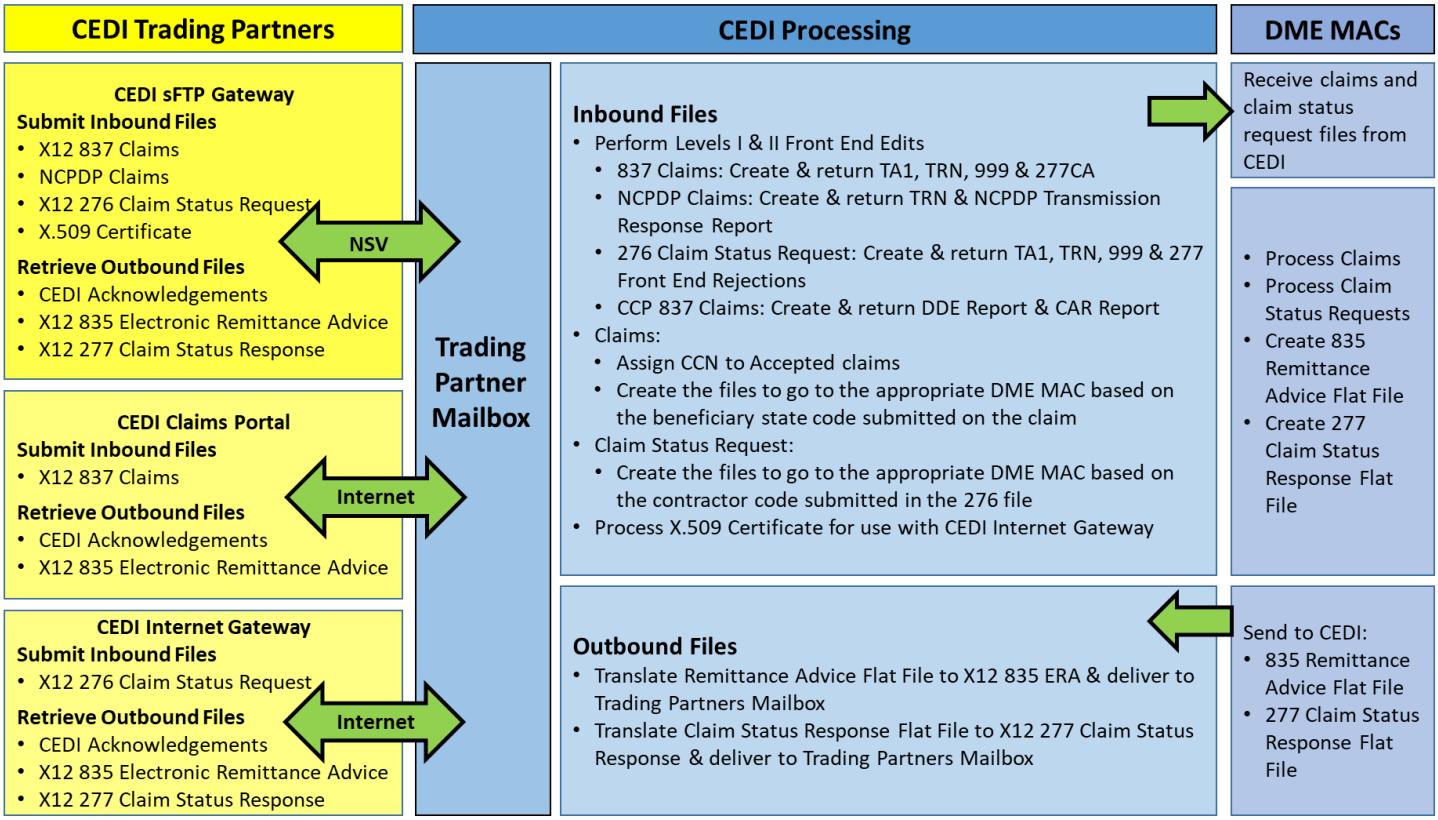
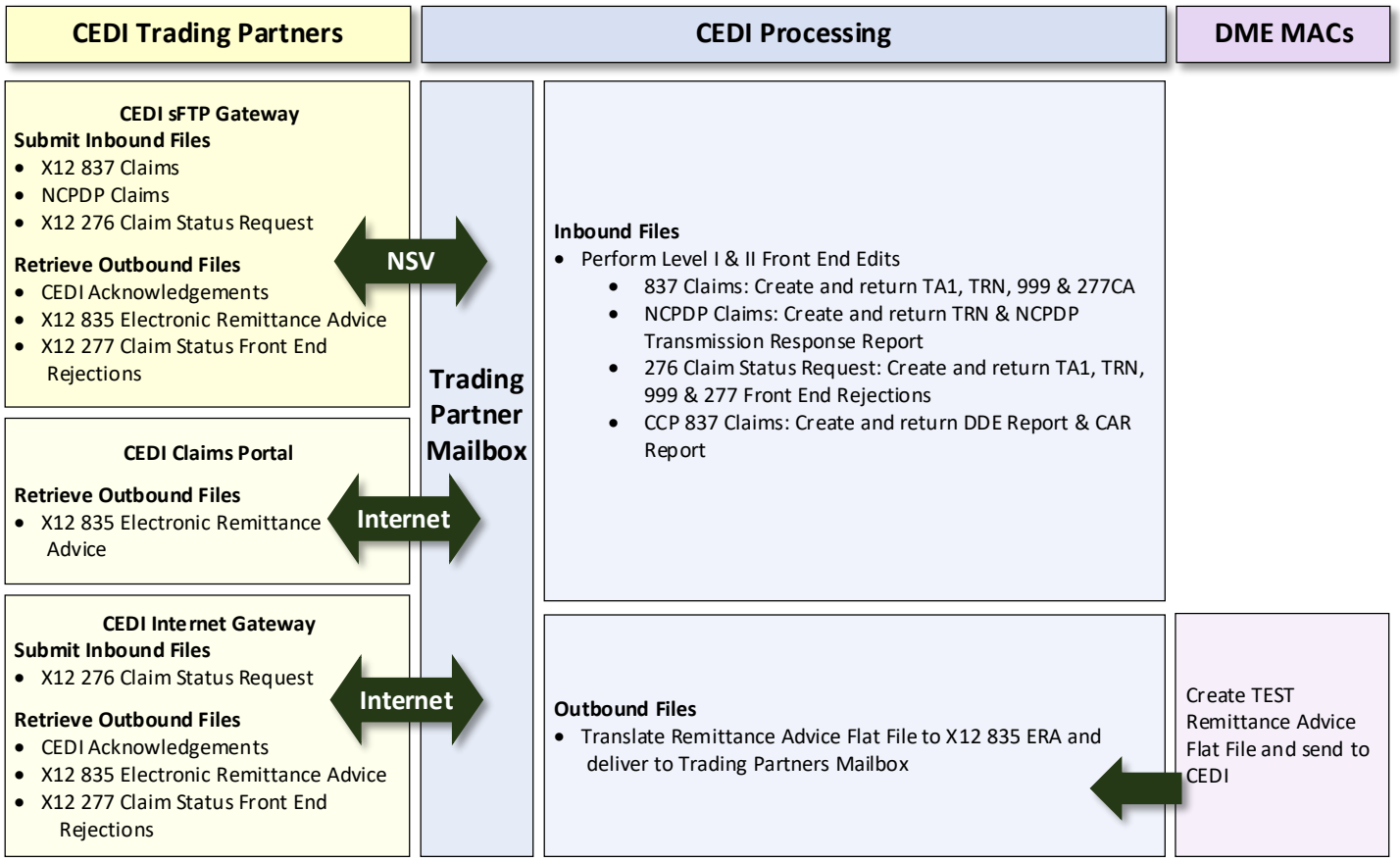


Figure 2. CEDI Test Transaction Flows



4.2 Transmission

CEDI offers two Gateways for connectivity – the CEDI Secure File Transfer Protocol (sFTP) Gateway and CEDI Internet Gateway. Refer to Section 4.3 in this Companion Guide for more information.

4.2.1 Re-transmission Procedures

If a 277 is not received in response to a 276, the 276 can be re-transmitted to CEDI.

4.3 Communication Protocol Specifications

The CEDI sFTP Gateway can be used for all transactions – X12 837 claims, NCPDP claims, X12 276/277 Claim Status Request/Claim Status Response, X12 835 Electronic Remittance Advice, and the associated response transactions and reports. CEDI Trading Partners must use a Network Service Vendor (NSV) to connect to the CEDI sFTP Gateway using their CEDI assigned ID and password. NSVs provide a secure, continuous connection for CEDI Trading Partners. To view the list of NSVs who provide connectivity to CEDI and obtain additional information on the services and pricing they offer, please use the contact information on the Telecommunications page of the CEDI website (www.ngscedi.com/Telecommunications).

The CEDI Internet Gateway supports CAQH CORE compliant exchanges of the 276/277 Claim Status Request/Response and 835 ERA transactions using HTTP+MIME or SOAP+WSDL Message Envelope Standards and X.509 Certificates for authentication. **Note:** The CEDI Internet Gateway does not support the following transactions: X12 837 Claims, NCPDP Claims or real time 276/277 Claim Status Request/Response and the CEDI Internet Gateway will reject these transactions.

CAQH CORE Phase I, II, & III Operating Rules and communication protocol specifications are located on the CAQH CORE website (https://www.caqh.org/core/operating-rules).

CEDI Trading Partners have one mailbox for all their inbound and outbound CEDI transactions and are not restricted to using only the sFTP or only the Internet Gateway for their 276/277 or 835 transactions. Both Gateways are merely methods of accessing the Trading Partner's CEDI mailbox to send and retrieve transactions. For example, it is possible to retrieve TA1, 999, & 277 Claim Status Responses via the Internet Gateway for 276 Claim Status Requests that were originally submitted via the sFTP Gateway and vice versa depending on the commands used upon connection.

Trading Partners who elect to use the CEDI Internet Gateway for the 276/277 and/or 835 transactions are required to obtain an X.509 Certificate to be used for the authentication process. To upload the X.509 Certificate, the Trading Partner will connect and login to the sFTP Gateway using their CEDI assigned login ID and password. CEDI will return a Transaction Acknowledgement Report (TRN) indicating if the X.509 Certificate was accepted or rejected by CEDI. If the Certificate is rejected, the Trading Partner must correct the errors and resubmit the Certificate before they can begin using the CEDI Internet Gateway. When the X.509 Certificate is accepted, the Trading Partner is approved to use the CEDI Internet Gateway.

Trading Partners must submit a new X.509 Certificate to CEDI using the same process as above prior to the expiration of their current Certificate or if their current Certificate has been compromised.

For HTTP+MIME connections to the CEDI Internet Gateway, use the URL:
(https://cedisw.ngscedi.com/CoreBatchGateway/TransactionSocketServlet)

For SOAP+WSDL connections to the CEDI Internet Gateway, use the URL:
(https://cedisw.ngscedi.com/CoreBatchGateway/soap/coreservice)

The Telecommunications page of the CEDI website (www.ngscedi.com/Telecommunications) provides additional information regarding the two CEDI Gateways, a listing of the CEDI approved Network Service Vendors for connection to the CEDI sFTP Gateway, and a listing of the CEDI approved Certificate Authorities for issuance of the X.509 Certificates to access the CEDI Internet Gateway.

4.4 Security Protocols and Passwords

All Trading Partners must adhere to CMS information security policies; including, but not limited to, the transmission of electronic claims, claim status, receipt of the remittance advice, or any system access to obtain beneficiary PHI and/or eligibility information. Violation of this policy will result in revocation of all methods of system access. CEDI is responsible for notifying all affected Trading Partners as well as reporting the system revocation to CMS.

EDI transactions submitted by unauthorized Trading Partners will not be accepted by CEDI. Trading Partners must enroll with CEDI to obtain a Trading Partner identification number, and must contact the CEDI Help Desk by telephone to obtain their initial password (refer to Section 2.2). The Trading Partner will be prompted to change the initial password at the time of the first connection to CEDI. Trading Partners must protect password privacy by limiting knowledge of the password to key personnel and changing the password when there are changes to personnel.

Passwords will expire every 60 days, and thus required to be changed at least every 60 days, but may be changed more frequently at the discretion of the Trading Partner. CEDI offers a self-service password reset portal to aide in the process of resetting passwords.

4.4.1 Guidelines for Creating a "Good" Password

Most security breaches are a direct result of users selecting "bad" passwords. The selection of a "good" password is critical to ensuring the security and integrity of your health care information. A good password is one that is difficult for others to guess and yet is easily remembered by the user.

Passwords will expire every sixty days.

The following basic guidelines should help when creating a password:

DO

- Must be exactly eight (8) characters in length
- Must contain both alphabetic and numeric characters in the password
- Must contain at least 1 uppercase and 1 lowercase letter
- Must contain a special character; for example: ! $ %
- Passwords are case sensitive
- Must contain a minimum of four (4) characters different than the previous password
- Must be different than the last nine (9) passwords

DON'T

- Do not use English defined words
- Do not use your user ID or any permutation of it as the password
- Do not use your company name, department name, or any permutation of it as a password
- Do not use your name or initials in any form
- Do not use family members or pets as part of the password
- Do not use swear words or obscene words; they're among the first words tried when guessing passwords

- Do not write down your password
- Do not reuse your password
- Do not store your password in scripts, files, or applications unless compensating controls are in place
- Do not use any form of date such as month, day, year, etc.

4.4.2 X.509 Certificates

X.509 Certificates are used for exchanging transactions through the CEDI Internet Gateway (refer to Section 4.3 for additional information). The CEDI website includes a list of the CEDI approved Certificate Authorities for exchange of CAQH CORE compliant X12 276/277 Claim Status Request/Claim Status Response (including associated TA1 and 999 acknowledgments).

Only three active X.509 certificates will be accommodated within CEDI for any one Trading Partner. A new X.509 certificate must be submitted to CEDI prior to an older certificate's expiration in order to avoid interruption in ability to use the Internet Gateway. X.509 Certificates must not be valid for more than three years.

5 Contact Information

5.1 EDI Customer Service

For CEDI customer service, contact the CEDI Help Desk:

- Phone: 866-311-9184
- Email: CEDI Help Desk (ngs.cedihelpdesk@anthem.com)
- Fax: (not available)
- The CEDI Help Desk is open Monday through Friday from 9:00 a.m. ET through 7:00 p.m. ET.
- The CEDI Help Desk is closed Thursdays from 3:00 p.m. ET through 4:00 p.m. ET for training.
- Information on closures and holidays is available on the CEDI website – Important Events (www.ngscedi.com/Important Events)

5.2 EDI Technical Assistance

For CEDI technical support, contact the CEDI Help Desk:

- Phone: 866-311-9184
- Email: CEDI Help Desk (ngs.cedihelpdesk@anthem.com)
- Fax: (not available)

- The CEDI Help Desk is open Monday through Friday from 9:00 a.m. ET through 7:00 p.m. ET.
- The CEDI Help Desk is closed Thursdays from 3:00 p.m. ET through 4:00 p.m. ET for training.
- Information on closures and holidays is available on the CEDI website – Important Events (www.ngscedi.com/Important Events)

5.3 Trading Partner Service Number

All CEDI Trading Partner services are accommodated by contacting the CEDI Help Desk:

- Phone: 866-311-9184
- Email: CEDI Help Desk (ngs.cedihelpdesk@anthem.com)

Questions regarding the exchange of the X12N 276/277 claim status/response transactions, and technical support for those transactions are addressed by the CEDI Help Desk.

Questions regarding the actual claim status content (i.e. pending, paid, etc.) are addressed by the DME MAC that processed the claim:

- **Jurisdiction A – Noridian Healthcare Solutions**
  - Noridian Healthcare Solutions supports the following states: CT, DC, DE, MA, MD, ME, NH, NJ, NY, PA, RI, VT
  - Customer Service and IVR: 866-419-9458
  - Noridian Healthcare Solutions (https://med.noridianmedicare.com/web/jadme)
- **Jurisdiction B – CGS Administrators LLC**
  - CGS Administrators LLC supports the following states: IL, IN, KY, MI, MN, OH, WI
  - Provider Contact Center: 866-590-6727
  - Automated IVR System: 877-299-7900
  - CGS Administrators LLC (https://www.cgsmedicare.com/jb)
- **Jurisdiction C – CGS Administrators LLC**
  - CGS Administrators LLC supports the following states: AL, AR, CO, FL, GA, LA, MS, NM, NC, OK, PR, SC, TN, TX, VA, VI, and WV
  - Customer Service: 866-270-4909
  - Automated IVR System: 866-238-9650
  - CGS Administrators LLC (https://www.cgsmedicare.com/jc)
- **Jurisdiction D – Noridian Healthcare Solutions**
  - Noridian supports the following states: AK, AS, AZ, CA, GU, HI, ID, IA, KS, MO, MP, MT, ND, NE, NV, OR, SD, UT, WA, WY

- Supplier Contact Center: 877-320-0390
- Automated IVR System: 877-320-0390
- Noridian Healthcare Solutions (https://med.noridianmedicare.com/web/jddme/)

Questions regarding assigning the National Provider Identifier (NPI) are addressed by the National Plan & Provider Enumeration System (NPPES):

- Phone: 800-465-3203
- Email: NPPES Customer Service (customerservice@npienumerator.com)
- NPPES (https://nppes.cms.hhs.gov/NPPES/Welcome.do)

Questions regarding the assignment of the Durable Medical Equipment Provider Transaction Access Number (PTAN) are addressed by the National Provider Enrollment Eastern Region (NPEAST) or Provider Enrollment Western Region (NPWEST):

- **NPEAST (Novitas Solutions)**

  States: Alabama, Connecticut, Delaware, Florida, Georgia, Illinois, Kentucky, Maine, Maryland, Massachusetts, Michigan, Mississippi, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Tennessee, Vermont, Virginia, Wisconsin, District of Columbia, Puerto Rico, US Virgin Islands

  - Phone: 866-520-5193
  - NPEAST Novitas Solutions (https://www.novitas-solutions.com)

- **NPWEST (Palmetto GBA)**

  States: Alaska, Arizona, Arkansas, California, Colorado, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Texas, Utah, Washington, Wyoming, American Samoa, Guam, Northern Mariana Islands

  - Phone: 866-238-9652
  - NPWEST Palmetto GBA (https://www.palmettogba.com)

Questions regarding the proper use of the Healthcare Common Procedure Coding System (HCPCS) are addressed by the Pricing, Data Analysis and Coding (PDAC):

- Phone: 877-735-1326
- Email: Visit Palmetto GBA PDAC (https://www.dmepdac.com/palmetto/PDAC.nsf/Ad/Contact Us) and select the “Contact Us” option
- Palmetto GBA PDAC (https://www.dmepdac.com/)

Questions regarding the Medicare provider and supplier enrollment process capturing the provider/supplier information from the CMS-855 family of forms and creating the NPI crosswalk entries are addressed by the Provider Enrollment, Chain and Ownership (PECOS):

- Phone: 866-484-8049
- PECOS (https://pecos.cms.hhs.gov/pecos/login.do)

5.4 Applicable Websites / Email

See sections 5.1, 5.2, 5.3 for applicable website/email information.

6 Control Segments / Envelopes

Enveloping information must be as follows for the 276:

Note: Any values in the Codes/Content column in brackets describes the type of value sent. The Notes/Comments column will have the data entered in the field.

Table 3. ISA Interchange Control Header (276)

Page #	Element	Name	Codes/Content	Notes/Comments
C.4	ISA01	Authorization Information Qualifier	00, 03	ISA01 must be “00” or “03”.
C.4	ISA02	Authorization Information	[10 spaces]	Medicare expects 10 spaces.
C.4	ISA03	Security Information Qualifier	00, 01	Medicare expects the value to be “00” or “01”.
C.4	ISA04	Security Information	[10 spaces]	Medicare expects 10 spaces.
C.4	ISA05	Interchange ID Qualifier	27, 28, ZZ	ISA05 = “27”, “28”, or “ZZ”.
C.4	ISA06	Interchange Sender ID	[CEDI Submitter ID]	This value is required to be in the 2100A Loop, NM1 Segment, NM109 data element.
C.5	ISA07	Interchange ID Qualifier	27, 28, ZZ	ISA07 = “27”, “28”, or “ZZ”.

Page #	Element	Name	Codes/Content	Notes/Comments
C.5	ISA08	Interchange Receiver ID	16013, 17013, 18003, 19003	DME MAC Contractor ID: • DME MAC JA: 16013 • DME MAC JB: 17013 • DME MAC JC: 18003 • DME MAC JD: 19003 **Note:** CEDI will route claim status request transactions to the appropriate DME MAC based on the DME MAC Contractor ID in the ISA08.
C.5	ISA11	Repetition Separator	[Submitter Defined]	Defined by the submitter
C.6	ISA14	Acknowledgement Requested	1	Medicare requires submitter to send code value 1 - Interchange Acknowledgment Requested (TA1). Medicare will only return a TA1 segment when there is an error in the ISA/IEA Interchange Envelope.

Note: Any values in the Codes/Content column in brackets describes the type of value sent. The Notes/Comments column will have the data entered in the field.

Table 4. GS Functional Group Header (276)

Page #	Element	Name	Codes/Content	Notes/Comments
C.7	GS02	Application Sender Code	[CEDI Submitter ID]	Submitter number assigned by CEDI.
C.7	GS03	Application Receiver Code	16013, 17013, 18003, 19003	DME MAC Contractor ID: • DME MAC JA: 16013 • DME MAC JB: 17013 • DME MAC JC: 18003 • DME MAC JD: 19003
C.7	GS04	Functional Group Creation Date	[Date]	Must not be a future date
C.7	GS08	Version Identifier Code	005010X212	GS08 must also match the ST03.

Enveloping information will be sent as follows for the 277:

Note: Any values in the Codes column in brackets describes the type of value sent. The Notes/Comments column will have the data entered in the field.

Table 5. ISA Interchange Control Header (277)

Page #	Element	Name	Codes/Content	Notes/Comments
C.4	ISA01	Authorization Information Qualifier	00, 01	Medicare will send “00”.
C.4	ISA02	Authorization Information	[10 spaces]	Medicare will send 10 spaces.
C.4	ISA03	Security Information Qualifier	00	Medicare will send “00”.
C.4	ISA04	Security Information	[10 spaces]	Medicare will send 10 spaces.
C.4	ISA05	Interchange ID Qualifier	ZZ	Medicare will send “ZZ”.
C.4	ISA06	Interchange Sender ID	16013, 17013, 18003, 19003	• DME MAC JA: 16013 • DME MAC JB: 17013 • DME MAC JC: 18003 • DME MAC JD: 19003
C.5	ISA07	Interchange ID Qualifier	ZZ	Medicare will send “ZZ”.
C.5	ISA08	Interchange Receiver ID	[Receiver ID]	CEDI-assigned Trading Partner ID.
C.5	ISA11	Repetition Separator	^	None
C.6	ISA14	Acknowledgement Requested	0	Medicare requires submitter to send code value 1 - Interchange Acknowledgment Requested (TA1). Medicare will only return a TA1 segment when there is an error in the ISA/IEA Interchange Envelope.

Note: Any values in the Codes/Content column in brackets describes the type of value sent. The Notes/Comments column will have the data entered in the field.

Table 6. GS Functional Group (277)

Page #	Element	Name	Codes/Content	Notes/Comments
C.7	GS02	Application Sender Code	16013, 17013, 18003, 19003	DME MAC contractor ID: • DME MAC JA: 16013 • DME MAC JB: 17013 • DME MAC JC: 18003 • DME MAC JD: 19003 (The Submitter is Receiving).
C.7	GS03	Application Receiver Code	[Submitter ID]	Submitter number assigned by CEDI.
C.8	GS08	Version Identifier Code	005010X212	GS08 must match ST03.

Interchange Control (ISA/IEA), Function Group (GS/GE) and the Transaction (ST/SE) sets must be used as described in the TR3. Medicare's expectations for the Control Segments and Envelopes are detailed in Sections 6.1, 6.2, and 6.3.

Note: Medicare FFS only accepts one functional group per ISA/IEA, based upon the TR3 for the transaction. If a transaction is submitted based upon a different TR3, it must be contained within its own Interchange.

6.1 ISA-IEA

Delimiters – Inbound Transactions

As detailed in the TR3, delimiters are determined by the characters sent in specified, set positions of the ISA header. For transmissions inbound to Medicare FFS, these characters are determined by the submitter and can be any characters as defined in the TR3 and must not be contained within any data elements within the ISA/IEA Interchange Envelope.

Delimiters – Outbound Transactions

The TA1 will use the delimiters on the submitted file as the delimiters in the TA1.

If there are no rejections being returned at the functional group level, the 999 will return standard delimiters regardless of those used in the submitted file. If there are rejections being returned at the Functional Group level, the 999 will return the delimiters used in the original submitted file.

If rejections are returned by CEDI on the 277, the delimiters on the submitted X12 276 Claim Status Request will be used.

Trading Partners should contact CEDI for a list of delimiters to expect from Medicare on the 277 Claim Status Response retrieved from CEDI. Note that these characters will not be used in data elements within an ISA/IEA Interchange Envelope.

Inbound Data Element Detail and Explanation

All data elements within the ISA/IEA interchange envelope must follow ASC X12N syntax rules as defined within the TR3.

6.2 GS-GE

Functional group (GS-GE) codes are transaction-specific. Therefore, information concerning the GS/GE Functional Group Envelope can be found in Tables 3 and 4.

6.3 ST-SE

Medicare FFS follows the HIPAA-adopted TR3 requirements.

7 Specific Business Rules

This section describes the specific CMS requirements over and above the standard information in the TR3.

7.1 General Notes

The following general notes pertain to the 276/277 transaction:

- The response to a 276 Version 005010X212 request will always be the paired 277 Version 005010X212 response. The 277CA Version 005010X214 will never be used to respond to a 276 Version 005010X212 request.

7.2 General Transaction Notes

The following general transaction notes pertain to the 276/277 transaction:

- Information Receiver Status Information (Loop ID 2200B, STC – Segment Rule) has a limitation of up to five iterations allowed for all occurrences in these transactions.
- Dependent level is never used for Medicare.
- Reference TR3 Appendix B.1.1.3.1.2 for notes regarding amount fields in this transaction set.
- Submissions with more than one GS-GE (Functional Group) per ISA-IEA (interchange) will be rejected.
- Medicare does not support real time 277 claim status responses.

- In the event that a 276 claim status request transaction is rejected by CEDI, a 277 claim status response will be returned directly from CEDI. If there are no issues with the 276 claim status request transaction, CEDI will forward the status request to the appropriate DME MAC for generation of a 277 claim status response as the result of their batch processing.
- The 277 claim status responses generated by the DME MACs will contain their contractor code as the "Sender" of the 277 response.

7.3 Medicare Specific Business Rules

Within the messaging envelope for HTTP+MIME or SOAP+WSDL for transactions submitted to the CEDI Internet Gateway, the "Sender ID" field must be populated with the CEDI assigned Trading Partner ID. The "Receiver ID" field must be populated with "NGSCEDI". For transactions sent from CEDI, the "Sender ID" field will be populated with "NGSCEDI" and the "Receiver ID" field will be populated with the CEDI assigned Trading Partner ID.

8 Acknowledgments and Reports

The following two acknowledgments will replace proprietary reports previously provided by CEDI.

8.1 TA1 Interchange Acknowledgment

The TA1 is used by Medicare FFS to communicate the rejection of a 276 file based on errors encountered with ASC X12N compliance, formatting, or CMS-specific requirements of the ISA/IEA Interchange segments.

The following are examples of conditions when a TA1 may be returned:

- A 276 request is received, and the version of the transmission cannot be determined.
- A 276 request is received, and the version of the transmission is unsupported by Medicare FFS.

The TA1 returned by CEDI will be within an X12 ISA-IEA envelope.

National Government Services, CEDI will not return a TA1 if the submitted file is not recognized as an X12 format.

8.2 999 Implementation Acknowledgment

Medicare FFS has adopted the ASC X12 999. For submissions that are out of compliance with the ASC X12 Version 005010 standard, the appropriate response for such errors will be returned with a 999.

Technical specifications for the ASC X12N 999 are published for the ASC X12N 276/277 Health Care Claim Status Request and Response transactions at the official ASC X12 website.

CEDI has the ability to receive inbound ASC X12 999 acknowledgement transactions from Trading Partners via the CEDI Internet Gateway only. However, CEDI will not monitor for receipt of a 999 submitted by a Trading Partner. If a Trading Partner has an issue with an outbound file they have retrieved from CEDI, they are advised to contact the CEDI Help Desk (ngs.cedihelpdesk@anthem.com).

8.3 Report Inventory

Transaction Acknowledgment (TRN) Report

- The TRN is a CEDI text file indicating initial validation of the submitted file, including whether or not the file was identified as an ASC X12 file and whether the Trading Partner is authorized.
- The TRN will contain the Time Stamp, File Name, Trading Partner ID, and Original File size of the received X12 Claim Status Request file.
- The TRN will be generated for transactions sent via the CEDI Internet Gateway; however, the TRN will not be available for retrieval via the CEDI Internet Gateway. Instead, any TRNs generated for transactions sent via the Internet Gateway will only be available for retrieval via the sFTP Gateway.

8.4 999 Implementation Acknowledgment Error Responses

CEDI uses the error codes referenced in the X12 276 TR3 for the 999 transaction.

9 Trading Partner Agreement

EDI Trading Partner Agreements ensure the integrity of the electronic transaction process. The Trading Partner Agreement is related to the electronic exchange of information, whether the agreement is an entity or a part of a larger agreement, between each party to the agreement.

Medicare FFS requires all Trading Partners to sign a Trading Partner Agreement with CEDI. The CEDI Trading Partner Action Request Form can be found on the Enrollment page of the CEDI website (https://enroll.ngscedi.com/cedienrollment).

The CEDI Trading Partner Agreement process is part of the overall CEDI registration process. Refer to Section 2.2 for details on the agreements required by CEDI.

10 Transaction-Specific Information

This section defines specific CMS requirements over and above the standard information in the ASC X12N 276/277 TR3.

10.1 Health Care Claim Status Request Transaction (276)

The section describes the values required by CMS in 276 requests.

10.1.1 Header (276)

The following table contains specific details for the 276 Header.

Note: Any values in the Codes/Content column in brackets describes the type of value sent. The Notes/Comments column will have the data entered in the field.

Table 7. ST Transaction Set Header (276)

Page #	Loop ID	Reference	Name	Codes/Content	Length	Notes/Comments
36	N/A	ST02	Transaction Set Control Number	[Control Number]	9	None

Table 8. BHT Beginning of Hierarchical Transaction (276)

Page #	Loop ID	Reference	Name	Codes/Content	Length	Notes/Comments
37	N/A	BHT02	Transaction Set Purpose Code	13	2	Must equal “13”

10.1.2 Loop 2000A Information Source Level Structure (276)

The following table defines the specific details associated with Information Source Structures.

Note: Any values in the Codes/Content column in brackets describes the type of value sent. The Notes/Comments column will have the data entered in the field.

Table 9. Loop 2100A NM1 Payer Name (276)

Page #	Loop ID	Reference	Name	Codes/Content	Length	Notes/Comments
42	2100A	NM108	Identification Code Qualifier	PI	2	Medicare expects "PI".
42	2100A	NM109	Payer Identifier	[Sender ID]	80	Sender ID must match the value submitted in ISA06 and GS02

10.1.3 Loop 2000B Information Receiver Level Structures (276)

The following tables define the specific details associated with Information Receiver Structures.

Note: Any values in the Codes/Content column in brackets describes the type of value sent. The Notes/Comments column will have the data entered in the field.

Table 10. Loop 2100B NM1 Information Receiver Name (276)

Page #	Loop ID	Reference	Name	Codes/Content	Length	Notes/Comments
46	2100B	NM109	Information Receiver Identification Number	[Receiver ID]	80	Receiver ID must match the value submitted in ISA08 and GS03.

10.1.4 Loop 2000C Service Provider Detail Structures (276)

Trading Partners that submit transaction on behalf of a provider must ensure that the correct, valid, and active Medicare Provider identification is submitted. The following table defines specific details associated with Service Provider Structures.

Note: Any values in the Codes/Content column in brackets describes the type of value sent. The Notes/Comments column will have the data entered in the field.

Table 11. Loop 2100C NM1 Provider Name (276)

Page #	Loop ID	Reference	Name	Codes/Content	Length	Notes/Comments
50	2100C	NM101	Entity Identifier Code	1P	3	Medicare Limitation: Only one iteration allowed.
51	2100C	NM108	Identification Code Qualifier	XX	2	2100C NM108 must be “XX.”
51	2100C	NM109	Provider Identifier	[Provider Identifier]	80	None

10.1.5 Loop 2000D Subscriber Level Structures (276)

Trading Partners must ensure that only one Medicare beneficiary request is submitted in the Subscriber level, for each 276 request. For Medicare, the patient is always the Subscriber. The following table defines specific details associated with Subscriber level Structures.

Note: Any values in the Codes/Content column in brackets describes the type of value sent. The Notes/Comments column will have the data entered in the field.

Table 12. Loop 2000D DMG Subscriber Demographic Information (276)

Page #	Loop ID	Reference	Name	Codes/Content	Length	Notes/Comments
55	2000D	DMG02	Subscriber Birth Date	[Date]	35	Must not be a future date.

Note: Any values in the Codes/Content column in brackets describes the type of value sent. The Notes/Comments column will have the data entered in the field.

Table 13. Loop 2100D NM1 Subscriber Name (276)

Page #	Loop ID	Reference	Name	Codes/Content	Length	Notes/Comments
56	2100D	NM102	Entity Type Qualifier	1	1	Medicare requires value = “1”.
57	2100D	NM104	Subscriber First Name	[Name]	35	Medicare requires Subscriber First Name.
57	2100D	NM108	Identification Code Qualifier	MI	2	Must be "MI".
57	2100D	NM109	Subscriber Identifier	[Subscriber Identifier]	80	Refer to Section 7.1 for Medicare-specific information. For the Medicare Beneficiary Identifier MBI: Must be 11 positions in the format of C A AN N A AN N A A N N where "C" represents a constrained numeric 1 thru 9; "A" represents alphabetic character A - Z but excluding S, L, O, I, B, Z; "N" represents numeric 0 thru 9; "AN" represents either "A" or "N".

Note: Any values in the Codes/Content column in brackets describes the type of value sent. The Notes/Comments column will have the data entered in the field.

Table 14. Loop 2200D REF Payer Claim Control Number (276)

Page #	Loop ID	Reference	Name	Codes/Content	Length	Notes/Comments
59	2200D	REF02	Payer Claim Control Number	[Control Number]	50	For DME, must be 14 digits.

Note: Any values in the Codes/Content column in brackets describes the type of value sent. The Notes/Comments column will have the data entered in the field.

Table 15. Loop 2200D REF Institutional Bill Type Identification (276)

Page #	Loop ID	Reference	Name	Codes/Content	Length	Notes/Comments
60	2200D	REF01	Bill Type Qualifier	BLT	3	Not allowed for CEDI.
60	2200D	REF02	Bill Type Identifier	[Bill Type Identifier]	50	None

Table 16. Loop 2200D REF Application or Location System Identifier (276)

Page #	Loop ID	Reference	Name	Codes/Content	Length	Notes/Comments
61	2200D	REF01	Reference Identification Qualifier	LU	3	None

Note: Any values in the Codes/Content column in brackets describes the type of value sent. The Notes/Comments column will have the data entered in the field.

Table 17. Loop 2200D AMT Total Claim Charge Amount (276)

Page #	Loop ID	Reference	Name	Codes/Content	Length	Notes/Comments
66	2200D	AMT02	Total Claim Charge Amount	[Charge Amount]	10	2200D AMT02 must be less than or equal to 99,999,999.99. Refer to TR3 Section B.1.1.3.1.2.

Note: Any values in the Codes/Content column in brackets describes the type of value sent. The Notes/Comments column will have the data entered in the field.

Table 18. Loop 2200D DTP Claim Service Date (276)

Page #	Loop ID	Reference	Name	Codes/Content	Length	Notes/Comments
67	2200D	DTP01	Date Time Qualifier	[Qualifier]	3	For DME, 2200D DTP with DTP01 = “472” must be present when 2210D DTP with DTP01 = “472” is not present.

Page #	Loop ID	Reference	Name	Codes/Content	Length	Notes/Comments
68	2200D	DTP03	Claim Service Period	[Date]	35	If 2200D DTP02 = "RD8" then the 2nd date listed in 2200D DTP03 must be greater than or equal to the 1st date listed in 2200D DTP03.

Note: Any values in the Codes/Content column in brackets describes the type of value sent. The Notes/Comments column will have the data entered in the field.

Table 19. Loop 2210D SVC Service Line Information (276)

Page #	Loop ID	Reference	Name	Codes/Content	Length	Notes/Comments
69	2210D	SVC01-1	Product or Service ID Qualifier	HC, HP, NU, N4	2	For CEDI, must be “HC” or “N4”.
71	2210D	SVC01-2	Procedure Code	[Code]	48	None
72	2210D	SVC02	Line Item Charge Amount	[Amount]	10	2210D SVC02 must be greater than or equal to 0. Refer to TR3 Section B.1.1.3.1.2.

10.1.6 Loop 2200E Dependent Level Structures (276)

The following table defines specific details associated with 276 Dependent Level Structures.

Table 20. Loop 2200E Dependent Level Detail (276)

Loop ID	Notes/Comments
2200E	Dependent-level structures are not used by Medicare FFS. The patient is always the Subscriber.

10.2 Health Care Claim Response Transaction (277)

This section defines CMS-specific requirements in conjunction with the standard information in the ASC X12N 276/277 Version 005010X212.

The DME MAC that produced the claim status response will be the Information Source for all outbound Medicare transactions.

10.2.1 Header (277)

The following table contains specific details for the 277 Header.

Note: Any values in the Codes/Content column in brackets describes the type of value sent. The Notes/Comments column will have the data entered in the field.

Table 21. ST Transaction Set Header (277)

Page #	Loop ID	Reference	Name	Codes/Content	Length	Notes/Comments
106	N/A	ST02	Transaction Set Control Number	[Control Number]	9	None

Note: Any values in the Codes/Content column in brackets describes the type of value sent. The Notes/Comments column will have the data entered in the field.

Table 22. BHT Beginning of Hierarchical Transaction (277)

Page #	Loop ID	Reference	Name	Codes/Content	Length	Notes/Comments
107	N/A	BHT03	Originator Application Transaction Identifier	[Date]	50	BHT03 will be the cycle date in CCYYDDD Julian date format concatenated with value from ST02.

10.2.2 Loop 2000A Information Source Level Structures (277)

The following table defines the specific details associated with Information Source Structures.

Note: Any values in the Codes/Content column in brackets describes the type of value sent. The Notes/Comments column will have the data entered in the field.

Table 23. Loop 2100A NM1 Payer Name (277)

Page #	Loop ID	Reference	Name	Codes/Content	Length	Notes/Comments
112	2100A	NM108	Identification Code Qualifier	PI	2	Medicare generates the value of "PI".
112	2100A	NM109	Payer Identifier	[Identifier]	80	Transmitted value from the associated 276.

For Loop 2100A PER – The telephone number will always be transmitted in the first communication number set, an email address will be sent in the second communication number set, if the information is applicable and available. The third communication number set will not be transmitted.

Note: Any values in the Codes/Content column in brackets describes the type of value sent. The Notes/Comments column will have the data entered in the field.

Table 24. Loop 2100A PER Payer Contact Information (277)

Page #	Loop ID	Reference	Name	Codes/Content	Length	Notes/Comments
114	2100A	PER02	Payer Contact Name	[Name]	60	Payer Contact Name
114	2100A	PER03	Payer Contact Information	TE	2	For DME only the value “TE” will be used.
114	2100A	PER05	Payer Contact Information	EM	2	For DME, the PER05 is not used.
115	2100A	PER07	Communication Number Qualifier	FX	2	For DME, the PER07 is not used.

10.2.3 Loop 2000B Information Receiver Level Structures (277)

This following table defines specific details associated with 277 Information Receiver Structures.

Note: Any values in the Codes/Content column in brackets describes the type of value sent. The Notes/Comments column will have the data entered in the field.

Table 25. Loop 2100B NM1 Information Receiver Name (277)

Page #	Loop ID	Reference	Name	Codes/Content	Length	Notes/Comments
118	2100B	NM101	Entity Identifier Code	[Code]	3	Transmitted value from the associated 276.
118	2100B	NM102	Entity Type Qualifier	[Type]	1	Transmitted value from the associated 276.
119	2100B	NM103	Information Receiver Last or Organization Name	[Name]	60	Transmitted value from the associated 276
119	2100B	NM104	Information Receiver First Name	[Name]	35	Transmitted value from the associated 276
119	2100B	NM105	Information Receiver Middle Name	[Name]	25	Transmitted value from the associated 276
119	2100B	NM108	Identification Code Qualifier	[Code]	2	Transmitted value from the associated 276
119	2100B	NM109	Information Receiver Identification Number	[Receiver Identifier]	80	Transmitted value from the associated 276. Same as GS02.

Table 26. Loop 2200B TRN Information Receiver Trace Identifier (277)

Page #	Loop ID	Reference	Name	Codes/Content	Length	Notes/Comments
120	2200B	TRN01	Referenced Transaction Trace Number	2	2	None

For Loop 2200B STC – Up to five iterations of the STC will be allowed for all occurrences in these transactions. When 2000B HL04 = "0", one iteration of 2200B STC is required. When not triggered, 2200B STC is not allowed.

Note: Any values in the Codes/Content column in brackets describes the type of value sent. The Notes/Comments column will have the data entered in the field.

Table 27. Loop 2200B STC Information Receiver Status Information (277)

Page #	Loop ID	Reference	Name	Codes/Content	Length	Notes/Comments
121	2200B	STC01-1	Health Care Claim Status Category Code	[Code]	41	None
122	2200B	STC02	Status Information Effective Date	[Date]	8	The current (system) date in CCYYMMDD format.
122	2200B	STC10-1	Health Care Claim Status Category Code	[Code]	30	None
123	2200B	STC11-1	Health Care Claim Status Category Code	[Code]	30	None

10.2.4 Loop 2000C Service Provider Level Structures (277)

The following table defines specific details associated with 277 Service Provider Structures.

Only 1 iteration of the 2100C loop allowed by Medicare.

Note: Any values in the Codes/Content column in brackets describes the type of value sent. The Notes/Comments column will have the data entered in the field.

Table 28. Loop 2100C NM1 Provider Name (277)

Page #	Loop ID	Reference	Name	Codes/Content	Length	Notes/Comments
127	2100C	NM101	Entity Identifier Code	[Code]	3	Transmitted value from the associated 276.
127	2100C	NM102	Entity Type Qualifier	[Entity Type]	1	Transmitted value from the associated 276.
127	2100C	NM103	Provider Last or Organization Name	[Name]	60	Transmitted value from the associated 276.

Page #	Loop ID	Reference	Name	Codes/Content	Length	Notes/Comments
127	2100C	NM104	Provider First Name	[Name]	35	Transmitted value from the associated 276.
127	2100C	NM105	Provider Middle Name	[Name]	25	Transmitted value from the associated 276.
127	2100C	NM107	Provider Name Suffix	[Suffix]	10	Transmitted value from the associated 276.
128	2100C	NM108	Identification Code Qualifier	[Code]	2	Transmitted value from the associated 276.
128	2100C	NM109	Provider Identifier	[Provider Identifier]	80	Transmitted value from the associated 276.

Up to five iterations of the STC will be allowed for all occurrences in these transactions.

Note: Any values in the Codes/Content column in brackets describes the type of value sent. The Notes/Comments column will have the data entered in the field.

Table 29. Loop 2200C STC Provider Status Information (277)

Page #	Loop ID	Reference	Name	Codes/Content	Length	Notes/Comments
131	2200C	STC02	Status Information Effective Date	[Date]	8	Current (system) date in CCYYMMDD format.

Note: Any values in the Codes/Content column in brackets describes the type of value sent. The Notes/Comments column will have the data entered in the field.

Table 30. Loop 2200C STC10 Health Care Claim Status (277)

Page #	Loop ID	Reference	Name	Codes/Content	Length	Notes/Comments
131	2200C	STC10-1	Health Care Claim Status Category Code	[Code]	30	None

Note: Any values in the Codes/Content column in brackets describes the type of value sent. The Notes/Comments column will have the data entered in the field.

Table 31. Loop 2200C STC11 Health Care Claim Status (277)

Page #	Loop ID	Reference	Name	Codes/Content	Length	Notes/Comments
132	2200C	STC11-1	Health Care Claim Status Category Code	[Code]	30	2200C STC11-1 may be present if 2200C STC10-1 is present.

10.2.5 Subscriber Level Structures (277)

For Medicare FFS, the patient is always the subscriber. The following table defines specific details associated with 277 Subscriber Structures.

Note: Any values in the Codes/Content column in brackets describes the type of value sent. The Notes/Comments column will have the data entered in the field.

Table 32. Loop 2100D NM1 Subscriber Name (277)

Page #	Loop ID	Reference	Name	Codes/Content	Length	Notes/Comments
135	2100D	NM102	Entity Type Qualifier	1	1	None
136	2100D	NM103	Subscriber Last Name	[Name]	60	Transmitted value from the associated 276.
136	2100D	NM104	Subscriber First Name	[Name]	35	Transmitted value from the associated 276.
136	2100D	NM105	Subscriber Middle Name or Initial	[Name or Initial]	25	Transmitted value from the associated 276.
136	2100D	NM107	Subscriber Name Suffix	[Suffix]	10	Transmitted value from the associated 276.
136	2100D	NM108	Subscriber Name	[Name]	2	Transmitted from the associated 276.

Page #	Loop ID	Reference	Name	Codes/Content	Length	Notes/Comments
136	2100D	NM109	Subscriber Identifier	[Subscriber Identifier]	80	For the MBI: Must be 11 positions in the format of C A AN N A AN N A A N N where "C" represents a constrained numeric 1 thru 9; "A" represents alphabetic character A - Z but excluding S, L, O, I, B, Z; "N" represents numeric 0 thru 9; "AN" represents either "A" or "N".

Note: Any values in the Codes/Content column in brackets describes the type of value sent. The Notes/Comments column will have the data entered in the field.

Table 33. Loop 2200D TRN Claim Status Tracking Number (277)

Page #	Loop ID	Reference	Name	Codes/Content	Length	Notes/Comments
137	2200D	TRN02	Referenced Transaction Trace Number	[Trace Number]	50	Transmitted value from the associated 276.

Up to five iterations of the STC will be allowed for all occurrences in these transactions.

Note: Any values in the Codes/Content column in brackets describes the type of value sent. The Notes/Comments column will have the data entered in the field.

Table 34. Loop 2200D STC Claim Level Status Information (277)

Page #	Loop ID	Reference	Name	Codes/Content	Length	Notes/Comments
138	2200D	STC01-1	Health Care Claim Status Category Code	[Code]	30	**Claim Found:** Any valid Health Care Claim Status Code Category, except "R". **Claim Not Found:** Category Code of "A4" will be generated.
138	2200D	STC01-2	Status Code	[Code]	30	Valid Claim Status Code. **Claim Not Found:** Status code "35" will be generated.
144	2200D	STC01-4	Code List Qualifier Code	[Code]	3	Not present

Page #	Loop ID	Reference	Name	Codes/Content	Length	Notes/Comments
145	2200D	STC02	Status Information Effective Date	[Date]	8	**Claim Found:** Date the claim moved to the current location status from the internal system, in CCYYMMDD format. **Claim Not Found:** Current (system) date, in CCYYMMDD format.
145	2200D	STC04	Total Claim Charge Amount	[Amount]	10	Refer to TR3 Section B.1.1.3.1.2
145	2200D	STC05	Claim Payment Amount	[Amount]	10	Refer to TR3 Section B.1.1.3.1.2
145	2200D	STC06	Adjudication Finalized Date	[Date]	8	None
146	2200D	STC08	Remittance Date	[Date]	8	None
146	2200D	STC09	Remittance Trace Number	[Trace Number]	16	None
146	2200D	STC10-1	Health Care Claim Status Category Code	[Code]	30	Any valid Health Care Claim Status Code Category, except "R".
147	2200D	STC10-4	Code List Qualifier Code	[Code]	3	Not present
148	2200D	STC11-4	Code List Qualifier Code	[Code]	3	Not present
148	2200D	STC12	Free-form Message Text	[Message]	264	Not present

Note: Any values in the Codes/Content column in brackets describes the type of value sent. The Notes/Comments column will have the data entered in the field.

Table 35. Loop 2200D REF Payer Claim Control Number (277)

Page #	Loop ID	Reference	Name	Codes/Content	Length	Notes/Comments
149	2200D	REF02	Payer Claim Control Number	[Control Number]	50	For DME, this will be 14 digits.

Note: Any values in the Codes/Content column in brackets describes the type of value sent. The Notes/Comments column will have the data entered in the field.

Table 36. Loop 2200D REF Patient Control Number (277)

Page #	Loop ID	Reference	Name	Codes/Content	Length	Notes/Comments
151	2200D	REF02	Patient Control Number	[Control Number]	20	Transmitted value from the associated 276. If not transmitted from the 276 and claim found, will be the patient account number from the internal system.

Note: Any values in the Codes/Content column in brackets describes the type of value sent. The Notes/Comments column will have the data entered in the field.

Table 37. Loop 2200D REF Pharmacy Prescription Number (277)

Page #	Loop ID	Reference	Name	Codes/Content	Length	Notes/Comments
152	2200D	REF02	Pharmacy Prescription Number	[Prescription Number]	50	Transmitted value from the associated 276. If not transmitted from the 276, will be the pharmacy prescription number from the internal system.

Note: Any values in the Codes/Content column in brackets describes the type of value sent. The Notes/Comments column will have the data entered in the field.

Table 38. Loop 2200D REF Voucher Identifier (277)

Page #	Loop ID	Reference	Name	Codes/Content	Length	Notes/Comments
153	2200D	REF	Voucher Identifier	[Not Used]	18	Not used by Medicare.

Note: Any values in the Codes/Content column in brackets describes the type of value sent. The Notes/Comments column will have the data entered in the field.

Table 39. Loop 2200D REF Claim Identification Number for Clearinghouses (277)

Page #	Loop ID	Reference	Name	Codes/Content	Length	Notes/Comments
154	2200D	REF02	Clearinghouse Trace Number	[Trace Number]	50	Transmitted value from the associated 276.

Note: Any values in the Codes/Content column in brackets describes the type of value sent. The Notes/Comments column will have the data entered in the field.

Table 40. Loop 2200D DTP Claim Service Date (277)

Page #	Loop ID	Reference	Name	Codes/Content	Length	Notes/Comments
156	2200D	DTP03	Claim Service Period	[Date]	35	Transmitted value from the associated 276.

Note: Any values in the Codes/Content column in brackets describes the type of value sent. The Notes/Comments column will have the data entered in the field.

Table 41. Loop 2220D SVC Service Line Information (277)

Page #	Loop ID	Reference	Name	Codes/Content	Length	Notes/Comments
157	2220D	SVC01-1	Product or Service ID Qualifier	[Service Identifier]	2	**Claim Found:** transmitted value from the associated 276.
159	2220D	SVC01-2	Procedure Code	[Code]	48	**Claim Found:** Procedure code used to adjudicate the claim (from the internal system); **Claim Not Found:** value transmitted from the associated 276.
159	2220D	SVC01-3	Procedure Modifier	[Code]	2	**Claim Found:** If applicable, first procedure modifier used to adjudicate the claim (from the internal system). **Claim Not Found:** Value transmitted from the associated 276.

Page #	Loop ID	Reference	Name	Codes/Content	Length	Notes/Comments
159	2220D	SVC01-4	Procedure Modifier	[Code]	2	**Claim Found:** If applicable, second procedure modifier used to adjudicate the claim (from the internal system) **Claim Not Found:** Transmitted value from the associated 276.
159	2220D	SVC01-5	Procedure Modifier	[Code]	2	**Claim Found:** If applicable, third procedure modifier used to adjudicate the claim (from the internal system). **Claim Not Found:** Transmitted value from associated 276.
160	2220D	SVC01-6	Procedure Modifier	[Code]	2	**Claim Found:** If applicable, fourth procedure modifier used to adjudicate the claim (from the internal system) **Claim Not Found:** Transmitted value from the associated 276.
160	2220D	SVC02	Line Item Charge Amount	[Amount]	10	Refer to TR3 Section B.1.1.3.1.2
160	2220D	SVC03	Line Item Payment Amount	[Amount]	10	Refer to TR3 Section B.1.1.3.1.2
160	2220D	SVC04	Revenue Code	[Code]	48	**Claim Found:** If 2220D SVC01-2 is present then SVC04 may be present. **Claim Not Found:** Transmitted value from the associated 276.
160	2220D	SVC07	Units of Service Count	[Units]	15	**Claim Found:** Units from the internal system. **Claim Not Found:** Transmitted value from the associated 276.

Line found: Up to five iterations of the STC are allowed for all occurrences in these transactions.

Note: Any values in the Codes/Content column in brackets describes the type of value sent. The Notes/Comments column will have the data entered in the field.

Table 42. Loop 2220D STC Service Line Status Information (277)

Page #	Loop ID	Reference	Name	Codes/Content	Length	Notes/Comments
161	2220D	STC01-1	Health Care Claim Status Category Code	A4	30	**Line Not Found:** "A4"
161	2220D	STC01-2	Health Care Claim Status Code	35, 247	30	**Line found:** Any valid Claim Status Code. **Line not found:** "35"
167	2220D	STC01-4	Code List Qualifier Code	[Not Used]	3	Not used by Medicare
168	2220D	STC02	Status Information Effective Date	[Date]	8	**Line found:** Date the claim moved to the current location status from the internal system, in CCYYMMDD format. **Line Not Found:** Current (system) date in CCYYMMDD format.
169	2220D	STC10-4	Code List Qualifier Code	[Not Used]	3	Not used by Medicare
170	2220D	STC11-4	Code List Qualifier Code	[Code]	3	Not used by Medicare

Note: Any values in the Codes/Content column in brackets describes the type of value sent. The Notes/Comments column will have the data entered in the field.

Table 43. Loop 2220D REF Service Line Item Identification (277)

Page #	Loop ID	Reference	Name	Codes/Content	Length	Notes/Comments
171	2220D	REF02	Line Item Control Number	[Control Number]	50	Contains at least one non-space character and transmitted value from associated 276.

Note: Any values in the Codes/Content column in brackets describes the type of value sent. The Notes/Comments column will have the data entered in the field.

Table 44. Loop 2220D DTP Service Line Date (277)

Page #	Loop ID	Reference	Name	Codes/Content	Length	Notes/Comments
172	2220D	DTP02	Date Time Period Format Qualifier	[Format Qualifier]	3	Transmitted value from associated 276
172	2220D	DTP03	Date Time Period	[Date]	35	Transmitted value from associated 276

10.2.6 Loop 2200E Dependent Level Structures (277)

The following table defines specific details associated with 277 Dependent Level Structures.

Table 45. Loop 2200E Dependent Level Detail (277)

Loop ID	Notes/Comments
2200E	Dependent-level structures are not used by Medicare. The patient is always the Subscriber.

11 Appendices

11.1 Implementation Checklist

Vendors and In-House Programmers

- Obtain the ASC X12 TR3 and the Washington Publishing Company Health Care Code Sets listed under Section 1.3 EDI Transactions and Code Set References (Table 1).
- Obtain additional resource materials as needed listed under Section 1.4 Additional EDI Resources (Table 2).

11.2 Transmission Examples

Following is an example of an error free 276 claim status request file submitted to CEDI.

Figure 3. 276 Claim Status Request File Example (Submitted to CEDI Error Free)

```
ISA*00*       *00*       *ZZ*B08XXXXXX     *ZZ*17013
*190115*1111*^*00501*081671000*0*P*:~GS*HR*B08XXXXXX*17013*20190115*1111*11001*X*005010X212~ST*276*0000
00001*005010X212~BHT*0010*13*0816710001100100000000001*20190115*111104~HL*1**20*1~NM1*PR*2*DMEMAC
JB*****PI*17013~HL*2*1*21*1~NM1*41*2*SUBMITTER*****46*B08XXXXXX~HL*3*2*19*1~NM1*1P*2*BILLING
PROVIDER*****XX*1234567893~HL*4*3*22*0~DMG*D8*19350705*M~NM1*IL*1*LASTNAME*FIRSTNAME****MI********
##~TRN*1*201007130000000014H~REF*EJ*TEST1~AMT*T3*200~DTP*472*D8*20150202~SE*16*000000001~GE*1*11001~IEA
*1*081671000~
```

The 276 claim status request file in the example above will produce a TRN report indicating one interchange was received, recognized as an X12 transaction and format supported by CEDI, and accepted through the CEDI front end Trading Partner management system.

Transaction Acknowledgement

Time Stamp = 20190115171613
File Name = CEDI-276request2.txt
Trading Partner ID = B08XXXXXX@B08XXXXXX
Original Filesize = 593

No input validation problemssubsequent reports to follow***

1 envelope processed out of 1 identified

Following is an example of a 999 acknowledgment for the above 276 example above indicating the file was accepted through the X12 standard and syntax rules and passed along to the DME MAC indicated in the request.

Figure 4. 999 Acknowledgement for the 276 Example

```
ISA*00*       *00*       *ZZ*17013       *ZZ*B08XXXXXX
*190115*1716*^*00501*015972491*0*P*:~GS*FA*17013*B08XXXXXX*20190115*1716*15902727*X*005010X231A1~ST*999
*0001*005010X231A1~AK1*HR*11001*005010X212~AK2*276*000000001*005010X212~IK5*A~AK9*A*1*1*1~SE*6*0001~GE*
1*15902727~IEA*1*015972491~
```

The 277 claim status response data content is generated from the DME MAC processing system. CEDI translates the data into the X12 277 file format and delivers it to the CEDI Trading Partner's mailbox for retrieval.

Following is an example of an X12 277 claim status response file generated by the DME MAC and retrieved by the Trading Partner from their CEDI mailbox.

Figure 5. XX12 277 Claim Status Response Example

```
ISA*00*  *00*  *27*17013  *ZZ*B08XXXXXX
*100725*2058*^*00501*000000001*0*P*:~GS*HN*17013*B08XXXXXX*20151125*2058*1*X*005010X212~ST*277*0001*005
010X212~BHT*0010*08*20102060001*20151125*205836*DG~HL*1**20*1~NM1*PR*2*CGS – DME MAC JURISDICTION
B*****PI*17013~PER*IC*JB CUSTOMER CARE*TE*8665906727~HL*2*1*21*1~NM1*41*2*EDI
TEST*****46*B08XXXXXX~HL*3*2*19*1~NM1*1P*2*TEST COMPANY
LLC*****XX*1234567893~HL*4*3*22*0~NM1*IL*1*LASTNAME*FIRSTNAME****MI*##########~TRN*2*TC
27~STC*F2:1*20100626**30*0*20100626**20100626*10177000006~REF*1K*###############~REF*EJ*TC
27~REF*XZ*12345~REF*D9*20100310010001~SVC*HC:J7506*5*0****1~STC*F2:1*20151026~REF*FJ*04~DTP*472*RD8*20090
401-20090401~SVC*HC:J7507*10*0****1~STC*F2:1*20151026~REF*FJ*04~DTP*472*RD8*20090401-
20090401~SVC*HC:J7517*5*0****1~STC*F2:1*20151026~REF*FJ*04~DTP*472*RD8*20090401-
20090401~SVC*HC:J7520*10*0****1~STC*F2:1*20151026~REF*FJ*04~DTP*472*RD8*20151101-20151101~TRN*2*TC
28~STC*F2:1*20090430**30*0*20090430**20090430*09120000003~REF*1K*###############~REF*EJ*TC
28~REF*XZ*12345~REF*D9*20100310010001~SVC*HC:J7506*5*0****1~STC*F2:1*20151026~REF*FJ*04~DTP*472*RD8*20151
101-20151101~SVC*HC:J7507*10*0****1~STC*F2:1*20151026~REF*FJ*04~DTP*472*RD8*20151101-
20151101~SVC*HC:J7517*5*0****1~STC*F2:1*20151026~REF*FJ*04~DTP*472*RD8*20151101-
20151101~SVC*HC:J7520*10*0****1~STC*F2:1*20151026~REF*FJ*04~DTP*472*RD8*20151101-20151101~TRN*2*TC
29~STC*F2:1*20090403**30*0*20090403**20090403*00000003772~REF*1K*###############~REF*EJ*TC
29~REF*XZ*12345~REF*D9*20100310010001~SVC*HC:J7506*5*0****1~STC*F2:1*20151026~REF*FJ*04~DTP*472*RD8*20151
101-20151101~SVC*HC:J7507*10*0****1~STC*F2:1*20151026~REF*FJ*04~DTP*472*RD8*20151101-
20151101~SVC*HC:J7517*5*0****1~STC*F2:1*20151026~REF*FJ*04~DTP*472*RD8*20151101-
20151101~SVC*HC:J7520*10*0****1~STC*F2:1*20151026~REF*FJ*04~DTP*472*RD8*20151101-
20151101~SE*78*0001~GE*1*1~IEA*1*000000001~
```

TA1 Examples

Figure 6. TA1 Response for Invalid Date Submitted in ISA09 of the 276 Request Transaction

```
ISA*00*  *00*  *ZZ*17013  *ZZ*B08XXXXXX
*190115*1534*^*00501*015900022*0*P*:~TA1*081671000*190315*1111*R*014~IEA*0*015900022~
```

Figure 7. TA1 Response for Unmatched Interchange Control Numbers in ISA13 and IEA02 in the 276 Request Transaction

```
ISA*00*  *00*  *ZZ*17013  *ZZ*B08XXXXXX
*190115*1555*^*00501*015900023*0*P*:~TA1*081671000*190115*1111*R*001~IEA*0*015900023~
```


999 Examples

Figure 8. 999 for Accepted File

```
ISA*00*       *00*       *ZZ*17013       *ZZ*B08XXXXXX
*190115*1716*^*00501*015972491*0*P*:~GS*FA*17013*B08XXXXXX*20190115*1716*15902727*X*005010X231A1~ST*999*0001*005010X231A1~AK1*H
R*11001*005010X212~AK2*276*000000001*005010X212~IK5*A~AK9*A*1*1*1~SE*6*0001~GE*1*15902727~IEA*1*015972491~
```

Figure 9. 999 Rejection for Invalid Qualifier in Loop 2100A NM108 of the 276 Request Transaction

```
ISA*00*       *00*       *ZZ*17013       *ZZ*B08XXXXXX
*190115*1618*^*00501*015972485*0*P*:~GS*FA*17013*B08XXXXXX*20190115*1618*15902721*X*005010X231A1~ST*999*0001*005010X231A1~AK1*H
R*11001*005010X212~AK2*276*000000001*005010X212~IK3*NM1*4*2100*8~IK4*8*66*7*TH~IK5*R*5~AK9*R*1*1*0~SE*8*0001~GE*1*15902721~IEA*1
*015972485~
```

Figure 10. 999 Rejection for Incorrect SE01 Segment Count in the 276 Request Transaction

```
ISA*00*       *00*       *ZZ*17013       *ZZ*B08XXXXXX
*190115*1638*^*00501*015972488*0*P*:~GS*FA*17013*B08XXXXXX*20190115*1638*15902724*X*005010X231A1~ST*999*0001*005010X231A1~AK1*H
R*11001*005010X212~AK2*276*000000001*005010X212~IK5*R*4~AK9*R*1*1*0~SE*6*0001~GE*1*15902724~IEA*1*015972488~
```

11.3 Frequently Asked Questions

Frequently asked questions can be accessed at Medicare FFS EDI Operations (https://www.cms.gov/ElectronicBillingEDITrans/) and the CEDI website (https://www.ngscedi.com/) by selecting the resource link for “FAQs.”

11.4 Acronym Listing

Table 46. Acronyms List

Acronym	Definition
276	276 Claim Status Request transaction
277	277 Claim Status Response transaction
277CA	277 Claim Acknowledgment
835	835 Electronic Remittance Advice transaction

Acronym	Definition
837P	837 Professional Claims transaction
999	Implementation Acknowledgment
ASC	Accredited Standards Committee
CAQH CORE	Council for Affordable Quality Healthcare – Committee on Operating Rules for Information Exchange
CCN	Claim Control Number
CEDI	Common Electronic Data Interchange
CG	Companion Guide
CMS	Centers for Medicare & Medicaid Services
DME	Durable Medical Equipment
EDI	Electronic Data Interchange
ERA	Electronic Remittance Advice
FFS	Medicare Fee-For-Service
FISMA	Federal Information Security Management Act
GS/GE	GS – Functional Group Header / GE – Functional Group Trailer
HCPCS	Healthcare Common Procedure Coding System
HIPAA	Health Insurance Portability and Accountability Act of 1996
HTTP	Hyper Text Transfer Protocol
HTTPS	Hyper Text Transfer Protocol Secure
IOM	Internet-only Manual
ISA/IEA	ISA – Interchange Control Header / IEA – Interchange Control Trailer
IVR	Integrated Voice Response
MAC	Medicare Administrative Contractor
MBI	Medicare Beneficiary Identifier
MIME	Multipurpose Internet Mail Extensions
NCPDP	National Council for Prescription Drug Programs
NPEAST	National Provider Enrollment Eastern Region
NPI	National Provider Identifier
NPPES	National Plan & Provider Enumeration System

Acronym	Definition
NPWEST	National Provider Enrollment Western Region
NSV	Network Service Vendor
PDAC	Pricing, Data Analysis and Coding
PECOS	Provider Enrollment Chain and Ownership System
PHI	Protected Health Information
PID	Packet Identifier
PTAN	Provider Transaction Access Number
sFTP	Secure File Transfer Protocol
SOAP	Simple Object Access Protocol
ST/SE	ST – Transaction Set Header / SE – Transaction Set Trailer
TA1	Interchange Acknowledgment
TR3	Technical Report Type 3
TRN	Transaction Acknowledgement report (CEDI proprietary report)
WSDL	Web Services Description Language
X12	A standards development organization that develops EDI standards and related documents for national and global markets. (See the Official ASC X12 website.)
X12N	Insurance subcommittee of X12

11.5 Change Summary

The following table details the version history of this CG.

Table 47. Companion Guide Version History

Version	Date	Section(s) Changed	Change Summary
1.0	November 5, 2010	All	Initial Draft
2.0	January 3, 2011	All	1st Publication Version
3.0	April 2011	6.0	2nd Publication Version
4.0	September 2015	All	3rd Publication Version
5.0	March 2019	All	4th Publication Version

Version	Date	Section(s) Changed	Change Summary
5.1	May 2020	1.3, 8.2, and 11.4	Removed all active URLs referencing “www.wpc-edi.com” and “www.nex12.org”, and replaced them with “the official Washington Publishing Company website” and “the official ASC X12 website”
5.2	February 2021	4.4	Updated URL for ARS Guides
5.3	September 2021	4.1, 5.3, 10.1.4, 10.2.4, 11.4	Section 2.1 – Added “s” after “CEDI” Section 4.1 – Updated process flows Section 5.3 – Reordered states under Jurisdiction B to be in alphabetical order, added MP state code under JD Sections 10.1.4 & 10.2.4 – Removed references to HICN, spelled out MBI acronym Section 11.4 – Removed HICN; added MBI Verified hyperlinks and updated as needed throughout the document
5.4	January 2022	All	508 compliance and table formatting.
5.5	December 2022	Section 4.1 Section 5.3 Section 11.4	Section 4.1, Figure 1 – updated process flow Section 5.3 – replaced NSC with NPEAST and NPWEST Section 11.4 – updated list of Acronyms
5.6	January 2025	Section 4.1 Section 11.4	Section 4.1, Figure 1 – updated process flow Section 11.4, Table 46 – removed acronym “CMN”

