



# **Great-West**

**Life & Annuity Insurance Company**

**HIPAA Transaction**

**Standard Companion Guide**

**Section 2 – 276/277**

**Refers to the  
X12N Implementation Guide  
004010X093A1  
276/277 – Health Care Claim Status Request and Response**

**GWL Companion Guide  
Version ~~1.0~~ 1.1**

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## Document Revision History

| Version | Revision Date | Description/Reference   |
|---------|---------------|---|
| 1.0     | 07/21/2003    | Initial release. See Section 2.9, some content has changed from previous draft version regarding 507/508 codes.   |
| 1.1     | 5/7/07        | <p>Updates to accommodate National Provider Identifier (NPI) requirements</p> <ul style="list-style-type: none"> <li>• Section 2.5.2 – Claim Matching</li> <li>• Section 2.5.4 – Search Segments/Elements</li> <li>• Section 2.9 – 277 Claim Not Found/Error Response</li> <li>• Section 3.1 – Data Detail for 276 – Health Care Claim Status Request</li> <li>• Section 3.2 – Data Detail for 277 – Health Care Claim Status Response</li> </ul> <p>Update as responding at both claim and line level on status response</p> <ul style="list-style-type: none"> <li>• Section 2 - General Information and Guidelines</li> <li>• Section 2.8 - 277 Claim vs. Line Response</li> <li>• Section 2.11.2 – 277 Loops and Segments Not Used</li> <li>• Section 3.2 – Data Detail for 277 – Health Care Claim Status Response</li> </ul> <p>Removed Appendices as additional data not available.</p> <p>Removed Crosswalks Health Care Claim Status Category Codes/Status Codes (50/508) – as code sets are continually changing, specific crosswalk data available on request.</p> |
|         |               |   |
|         |               |   |

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## Preface

This Companion Document to the ASC X12N Implementation Guides adopted under HIPAA clarifies and specifies the data content when exchanging electronically with Great-West Life. Transmissions based on this companion document, used in tandem with the X12N Implementation Guides, are compliant with both X12 syntax and those guides. This Companion Guide is intended to convey information that is within the framework of the ASC X12N Implementation Guides adopted for use under HIPAA. The Companion Guide is not intended to convey information that in any way exceeds the requirements or usage of data expressed in the Implementation Guides.

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# Table of Contents

- 1 Introduction ..... 8**
- 2 General Information and Guidelines..... 9**
  - 2.1 Contact Information .....9
  - 2.2 Disclaimer .....9
  - 2.3 Multiple Requests Per Transaction .....9
  - 2.4 Dependent Request Submitted in the Subscriber Loop ..... 10
  - 2.5 Search Options.....10
    - 2.5.1 Member Match ..... 10
    - 2.5.2 Claim Matching ..... 10
    - 2.5.3 Claim Service Date Matching ..... 11
    - 2.5.4 Search Segments/Elements ..... 11
  - 2.6 277 Patient Response ..... 12
  - 2.7 Claim Splits..... 13
  - 2.8 277 Claim vs. Line Response..... 13
  - 2.9 277 Claim Not Found/Error Response ..... 13
  - 2.10 Transaction Set Limitations ..... 15
    - 2.10.1 Number of Patient Requests ..... 15
    - 2.10.2 Allowable Time Frame for Inquires..... 15
    - 2.10.3 Maximum Claim Responses ..... 15
    - 2.10.4 Members with Multiple Policies ..... 15
  - 2.11 Data Not Used..... 15
    - 2.11.1 276 Loops and Segments Not Used..... 15
    - 2.11.2 277 Loops and Segments Not Used..... 17
- 3 Data Detail..... 18**
  - 3.1 Data Detail for 276 – Health Care Claim Status Request ..... 18
  - 3.2 Data Detail for 277 – Health Care Claim Status Response ..... 25
- Appendices ..... 35**
- A Business Scenarios..... 35**
- B Transmission Examples..... 35**
- C Frequently Asked Questions ..... 35**
- D Change Summary ..... 35**
- E Crosswalks ..... 36**
- E.1 Health Care Claim Status Category Codes/Status Codes (507/508)..... 36**

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# 1 Introduction

The 276 – Health Care Claim Status Request transaction is used to request the status of a health care claim(s) and the corresponding 277 – Health Care Claim Status Response is used to respond with information regarding the specified claim(s). The purpose of generating a 276 is to obtain the current status of the claim within the adjudication process at Great-West Life.

The national transaction set implementation guide named in the HIPAA Administrative Simplification Electronic Transaction rule is the primary source for definitions, data usage and requirements. This supplemental document contains clarifications and Great-West Life specific requirements related to data usage and content when submitting a HIPAA 276 transaction to Great-West Life or receiving a HIPAA 277 transaction from Great-West Life.

This Companion Document is to assist those implementing the ASC X12N 276/277 – Health Care Claim Status Request and Response transaction for use with Great-West Life. Great-West Life's recommendations are noted below; otherwise please refer to the ASC X12N Implementation Guide for clarifications and data definitions.

The version of the ASC X12N 276/277 – Health Care Claim Status Request and Response transaction is 004010X093A1 (includes October 2002 Addenda).

## 2 General Information and Guidelines

The sections below provide guidelines for the 276/277 – Health Care Claim Status Request and Response transaction. These sections provide the minimum data requirements for Great-West Life to correctly and completely process this HIPAA transaction.

The purpose of generating a 276 is to obtain the current status of the claim within the adjudication process. Status information can be requested at the claim level or service line level. ~~Great-West Life does not match claim information or respond specifically to line level requests.~~ The 276 transaction provides the information that is necessary for the Great-West Life to identify the specific claim(s) in question. The claim is located by supplying several parameters including the provider number, Member Identifier, patient identifiers and date(s) of service from the original claim.

Great-West Life uses the 277 – Health Care Claim Status Response to transmit the current status within the adjudication process to the requester. When the 276 request does not uniquely identify the claim, the 277 response may include multiple claims that meet the identification parameters supplied by the requester.

The 276/277 transaction set can be submitted in Real Time or Batch mode. If the transaction set is submitted in Real Time, the 276 transaction can be for a single patient only. If the transaction set is submitted in Batch, the 276 transaction can have up to 99 patient requests in a single transaction set (ST-SE loop).

### 2.1 Contact Information

Please see the Great-West Life Standard Companion Guide – Section 1 for contact information.

### 2.2 Disclaimer

Claim information may change due to the adjudication process. Great-West Life acknowledges and understands that the information contained in the 276 response reflects the current claim data (Data on file when the 276 request is submitted for processing). Claims are processed according to the benefit and membership information on file at the time of claim processing. Therefore, the information contained in the 276 response does not guarantee reimbursement for services provided.

### 2.3 Multiple Requests Per Transaction

The 276 – Health Care Claim Status Request can contain multiple Information Source (payer) loops, Information Receiver (trading partner) loops and Service Provider loops per Transaction Set (ST-SE). Great-West Life expects one Information Source loop that identifies Great-West Life as the intended payer for the claim request and one Information Receiver loop that identifies the intended trading partner for the claim response. However, if multiple loops are sent, Great-West Life will process all loops and return the 277 – Health Care Claim Status Response for all loops received (Information Source/ Information Receiver).

Multiple subscribers for one provider and/or multiple dependents for one subscriber can be submitted. Requests for both the subscriber and the subscriber's dependents cannot be included in the same subscriber loop. There must be one subscriber loop submitted for the request related to the subscriber claim request(s) and a second subscriber loop submitted for the request related to the dependent(s) claim request(s).

Multiple claim requests can be specified for either a subscriber patient or dependent patient.

The requestor should change the search data in the 276 request and submit a new request if the claims returned do not answer the initial status request.

## 2.4 Dependent Request Submitted in the Subscriber Loop

Great-West Life will search for the patient submitted on the 276 inquiry as both a subscriber and dependent in our operational systems – regardless of the loop used to submit the patient's 276 claim request. If a dependent is submitted in the subscriber loop, Great-West Life shall return the Claim Status information in the 277 dependent loop and return subscriber information found in the Great-West Life operational systems in the subscriber loop.

## 2.5 Search Options

The 276 Health Care Claim Status Request includes parameters that allow Great-West Life to locate the claim in our adjudication system. Claims are located in 2 distinct steps. First, the patient and member are located (Member Match) and then the claims are located for the matched member/patient (Claim Match).

Note: Great-West Life does NOT match specific claim service lines when the 276 request specifies the Service Line request data. Instead, Great-West Life finds claim information at the claim level only. The Service Lines returned in the 277 response are the lines associated with a matched claim.

### 2.5.1 Member Match

Great-West Life searches for the patient and member (either Subscriber or Dependent) in our operational systems using the following elements:

- Subscriber Member ID (2100D/NM109)
- Patient Date of Birth (2100D/DMG02 or 2100E/DMG02)
- Patient Last Name (2100D/NM103 or 2100E/NM103)
- Patient First Name (2100D/NM104 or 2100E/NM104)
- Patient Gender (2100D/DMG03 or 2100E/DMG03)

The Subscriber Member ID (2100D/NM109) must be the GWL member identifier for the subscriber (located on the member's healthcare ID card). The corresponding 2100D/NM108 data element must equal 'MI'. If the subscriber identifier is not a member identifier (2100D/NM108 = MI) then no member can be matched and claims are not searched.

The member is located using the Subscriber Member ID and the Patient Date of Birth. If a specific member's policy can not be identified using these elements, then the Patient Last Name, Patient First Name and Patient Gender are used as discriminators to reduce the search to a single member and policy.

Note: If a member/subscriber has more than one policy with Great-West Life, then claim status cannot be returned electronically. Members with more than one policy will get a 277 response with a Claim Status Category Code (507) of 'E1' – Response Not Possible and a Claim Status Code (508) of '0' - Cannot provide further status electronically.

### 2.5.2 Claim Matching

Once a member is matched, Great-West Life searches for the claims in our adjudication system using the following elements from the claim request:

Provider Tax ID **or as matched from NPI** (2100C/NM109)  
Claim Service Date (2200D/DTP, 2200E/DTP)  
Service Line Date (2210D/DTP, 2210E/DTP)

~~The Provider Identifier (2100C/NM109) must may be the Federal Tax Identifier or the National Provider Identifier (NPI) for the provider. Great-West Life will use the FIRST occurrence of the Provider Name loop (2100C) to get the Provider Tax Identifier. If the first occurrence of the Provider Name loop is not a Federal Tax ID (2100C/NM108 = FI) then no claims can be matched for the provider.~~

The Provider Identifier (2100C/NM109) must be the National Provider Identifier (NPI) or the Federal Tax Identifier (TIN) for the provider. Great-West Life will use the first occurrence of the Provider Name loop (2100C) which includes a Provider Tax Identifier. If there is no occurrence of the Provider Name loop with a Federal Tax ID (2100C/NM108 = FI), Great-West Life(GWL) will use the first occurrence of the Provider Name loop (2100C) which includes a National Provider Identifier (2100C/NM108 = FI). The NPI will be matched to a TIN using the NPI-TIN Crosswalk developed at GWL. If neither an NPI nor a TIN is provided, then no claims can be matched for the provider. If the NPI received does not match a TIN in the GWL NPI-TIN Crosswalk, then no claims can be matched for the provider.

The claim is located using the Provider Tax ID and the requested Claim Service Dates (located on the Claim Service Date and/or the Service Line Date).

Note: The ~~Federal Tax~~ ID for a Provider can be either a Tax Identification Number or a Social Security Number ~~or the National Provider Identifier(NPI)~~. If a trading partner submits a 276 using their NPI, the resulting responses will be for that NPI only and not for any other parties using that NPI.

### 2.5.3 Claim Service Date Matching

The 276 transaction allows for the date of the request to be specified in multiple segments. The request date can be specified in the Claim Service Date Segment (2200D/2200E DTP) and/or Service Line Date Segments (2210D/2210E DTP) for a given Claim Status request.

The dates specified in the DTP segment are date ranges for anytime during the last 18 months. The date range can be for a single date or a range of dates.

GWL determines the maximum date range specified in the Claim Service Date (2200D/2200E DTP) and/or the Service Line Date Segments (2210D/2210E DTP) to determine Requested Claim Service Date range for matching claims.

#### Examples:

A claim request for a subscriber has a Claim Service Date of 12/15/2002 and no Service Lines. The Requested Claim Service Date Range is 12/15/2002 – 12/15/2002.

A claim request for a subscriber has a Claim Service Date of 12/1/2002 – 12/31/2002. The claim request has service lines with the following service line dates: 12/2/2002, 12/10/2002, 12/11/2002, 12/14/2002 and 1/1/2003. The Requested Claim Service Date Range is 12/1/2002 – 1/1/2003.

A claim request for a subscriber does not have a Claim Service Date. The claim request has service lines with the following service line dates: 12/2/2002, 12/10/2002, 12/11/2002, 12/14/2002 and 1/1/2003. The Requested Claim Service Date Range is 12/2/2002 – 1/1/2003.

### 2.5.4 Search Segments/Elements

Below are segments/elements that may be used by Great-West Life EDI system to correctly locate the claim and return the appropriate claim status response.

| Page # | Loop  | Segment | Element | Description  |
|--------|-------|---------|---------|--|
|        | 2100C |         |         | <i>This loop contains Provider information.</i>        |
| 68     | 2100C | NM1     | NM108   | Identification code qualifier (= 'FI' or XX)           |
| 69     | 2100C | NM1     | NM109   | Provider identifier                                    |
|        | 2000D |         |         | <i>This loop contains subscriber information.</i>      |
| 73     | 2000D | DMG     | DMG02   | Subscriber date of birth                               |
| 73     | 2000D | DMG     | DMG03   | Subscriber gender code                                 |
|        | 2100D |         |         | <i>This loop contains subscriber name information.</i> |
| 75     | 2100D | NM1     | NM103   | Subscriber last name                                   |
| 75     | 2100D | NM1     | NM104   | Subscriber first name                                  |
| 75     | 2100D | NM1     | NM108   | Identification code qualifier (= 'MI')                 |
| 76     | 2100D | NM1     | NM109   | Subscriber identifier                                  |
|        | 2200D |         |         | <i>This loop contains claim information.</i>           |
| 86     | 2200D | DTP     | DTP01   | Date qualifier (=232)                                  |
| 87     | 2200D | DTP     | DTP03   | Claim service period                                   |
|        | 2210D |         |         | <i>This loop contains service line information.</i>    |
| 93     | 2210D | DTP     | DTP01   | Date qualifier (=472)                                  |
| 93     | 2210D | DTP     | DTP03   | Service line date                                      |
|        | 2000E |         |         | <i>This loop contains dependent information.</i>       |
| 97     | 2000E | DMG     | DMG02   | Patient birth date                                     |
| 97     | 2000E | DMG     | DMG03   | Patient gender code                                    |
|        | 2100E |         |         | <i>This loop contains dependent name information.</i>  |
| 99     | 2100E | NM1     | NM103   | Patient last name                                      |
| 99     | 2100E | NM1     | NM104   | Patient first name                                     |
| 100    | 2100E | NM1     | NM109   | Patient primary identifier                             |
|        | 2200E |         |         | <i>This loop contains claim information.</i>           |
| 111    | 2200E | DTP     | DTP01   | Date qualifier (=232)                                  |
| 112    | 2200E | DTP     | DTP03   | Claim service period                                   |
|        | 2210E |         |         | <i>This loop contains service line information.</i>    |
| 118    | 2210E | DTP     | DTP01   | Date qualifier (=472)                                  |
| 119    | 2210E | DTP     | DTP03   | Service date   |

## 2.6 277 Patient Response

The 276 Health Care Claim Status Request can contain claim status requests for more than one patient. Each subscriber loop (2000D) will request claim information for a subscriber patient or multiple dependent patients. Each occurrence of the 2000D/2000E loop specifies a single patient.

A separate 277 Health Care Claim Status Response (ST-SE) will be sent for EACH distinct patient in the 276 Health Care Claim Status Request. If the 276 request for the patient contained many claim requests (TRN loops) then the single 277 response will include the claim data for all the requests.

If multiple claims are found for one status request, then all the matched claims are returned in the 277 response.

## 2.7 Claim Splits

Any claim that is split or paid with multiple drafts will be reported as multiple claims (2200D/2200E loops) on the 277 Health Care Claim Status Response.

## 2.8 277 Claim vs. Line Response

The 277 Health Care Claim Status Response will always return a Claim Level response (2200D/E) for matched claims that contains the claim status and claim payment information. In addition, Service Line Information (2220D/2220E) will also be returned if available for the matched claim.

~~Note: Great West Life does NOT match specific claim service lines when the 276 request specifies the Service Line request data. Instead, Great West Life finds claim information at the claim level only. The Service Lines returned in the 277 response are the lines associated with a matched claim.~~

## 2.9 277 Claim Not Found/Error Response

The following 507/508 codes will be returned on the 277 response when claim information is not found for the request or any error occurs during the claim inquiry processing.

| Description  | 507 (STC01-1)  | 508 (STC01-2)  |
|--|--|--|
| System is Unavailable.   | E1- Response not possible – System Status  | 484 – Business Application Currently Not Available                                     |
| Program Error  | E1 – Response not possible – System Status   | 0 – Cannot provide further status electronically                                       |
| Subscriber/Member not found  | D0 – Entity not found Change Search Criteria   | 33 – Subscriber and subscriber ID not found  |
| Duplicate Subscriber/ Member Found   | D0 – Entity not found Change Search Criteria   | 0 – Cannot provide further status electronically                                       |
| Requested Subscriber Entity is not a person (NM102/2100D <> “1”)   | E0 – Response not possible – error on submitted request  | 21 - Missing or invalid information  |
| <del>The first occurrence of the Requested Provider Name loop is not a Tax ID (NM108/2100C &lt;&gt; “FI”)</del>  | E0 - Response not possible – error on submitted request  | <del>128 – Entity’s tax ID<br/>562 – Entity’s National Provider Identifier (NPI)</del> |
| <del>The Provider Name Loop is not a Tax ID (NM108/2100C &lt;&gt; “FI”) or NPI (NM108/2100C &lt;&gt; “XX”)</del> |  |  |
| <del>Tax Identification Number not found for National Provider Identifier</del>                                  | <del>D0 – Entity not found – Change Search Criteria</del>  | <del>562 – Entity’s National Provider Identifier (NPI)</del>                           |
| The requested subscriber identifier is not a Member ID (NM108/ 2100D <> “MI”)                                    | E0 - Response not possible – error on submitted request  | 153 – Entity’s ID number   |
| No Claims found for the requested member/patient.  | A4- Acknowledgement/ Not Found. The claim/ encounter can not be found in the adjudication system | 35 – Claim/Encounter not found   |
| Claim data could not be returned electronically for the requested member/patient.                                | A1 – Acknowledgement/ Receipt – The claim has been received.                                     | 0 – Cannot provide further status electronically                                       |
| Claim Date Range greater than 18 months in the past or no service dates requested (no DTP).                      | E0 - Response not possible – error on submitted request  | 187 – Date(s) of Service   |

| Description  | 507 (STC01-1)  | 508 (STC01-2)   |
|--|--|---|
| More than 99 claims found or more than 99 lines for any one claim found. | A1 – Acknowledgement/ Receipt – The claim has been received. | 485 - More information available than can be returned in real time mode. Narrow your current search criteria. |

When any of the error or claim not found situations occur, the following values are returned in the 277 response:

| Loop    | Segment | Element     | Usage | Element Name                                 | Mapping  |
|---------|---------|-------------|-------|--|--|
| 2000A   |         |             |       | Information Source Level                     | Payer Name (NM1) is returned with Great-West Life specified values.  |
| 2000B   |         |             |       | Information Receiver Level                   | The values received on the 276 are sent back out on the 277  |
| 2000C   |         |             |       | Service Provider Level                       | The values received on the 276 are sent back out on the 277  |
| 2000D   |         |             |       | Subscriber Level                             | The values received on the 276 are sent back out on the 277  |
| 2000E   |         |             |       | Dependent Level                              | The values received on the 276 are sent back out on the 277  |
| 2200    | TRN     |             |       | Claim Response                               |  |
| 2200D/E | TRN     | TRN01       | R     | Trace Type Code                              | "2"  |
| 2200D/E | TRN     | TRN02       | R     | Trace Number                                 | 276/2200/TRN02   |
| 2200D/E | STC     | STC01-1     | R     | Health Care Claim Status Category Code (507) | See Above.   |
| 2200D/E | STC     | STC01-2     | R     | Health Care Claim Status Code (508)          | See Above.   |
| 2200D/E | STC     | STC02       | R     | Status Information Effective Date            | Processing Date/Current Date   |
| 2200D/E | STC     | STC04       | R     | Total Claim Charge Amount                    | 0 (Zero)   |
| 2200D/E | STC     | STC05       | R     | Claim Payment Amount                         | 0 (Zero)   |
| 2200D/E | STC     | STC06-STC11 | S     |  | No other STC data elements returned.   |
| 2200D/E | REF     |             | S     | Payer Claim Identification Number            | REF02=0000000000   |
| 2200D/E | REF     |             | S     | Institutional Bill Type Identification       | Segment mapped to values found in 276 if the segment was sent in the 276. Otherwise the segment is NOT USED. |
| 2200D/E | REF     |             | S     | Medical Record Identification                | Segment mapped to values found in 276 if the segment was sent in the 276. Otherwise the segment is NOT USED. |
| 2220D/E | SVC     |             |       | Service Line Information                     | Loop <del>Not</del> returned ( <del>STL</del> ).   |

## 2.10 Transaction Set Limitations

### 2.10.1 Number of Patient Requests

- Great-West Life will receive and process no more than 99 patient requests when submitting the transaction in batch mode.
- Great-West Life will receive and process no more than 1 patient request when submitting the transaction in Real-Time mode.

### 2.10.2 Allowable Time Frame for Inquires

- Great-West Life will respond to requests up to 18 months prior to the date of processing.

### 2.10.3 Maximum Claim Responses

- Great-West Life will return up to 99 claims that match the claim status request. If more than 99 claims are found, then the 277 response will be returned with a Claim Status Category Code (507) of 'A1' Acknowledgement/Receipt and a Claim Status Code (508) of '0' Cannot provide further status electronically.

### 2.10.4 Members with Multiple Policies

- If a member/subscriber has more than one policy with Great-West Life, then claim status cannot be returned electronically. Members with more than one policy will get a 277 response with a Claim Status Category Code (507) of 'E1' – Response Not Possible and a Claim Status Code (508) of '0' - Cannot provide further status electronically.

## 2.11 Data Not Used

While the claim status information listed below can be (and in some cases must be) contained in the 276 - Health Care Claim Status Request, Great-West Life may not capture or use this information when processing the claim request.

### 2.11.1 276 Loops and Segments Not Used

The following table lists the loops and segments on the 276 transaction that are **not** used by the Great West Life EDI, pre-processing, or claim adjudication systems at this time: Some of the loops and segments are Required by the HIPAA Implementation Guides but Great-West Life will not use the data for claim inquiry/response.

| Loop  | Segment | Usage | Name                                   | Note   |
|-------|---------|-------|--|--|
| 2000A |         | R     | Information Source Level               | This loop is not used by the Great-West Life process. All occurrences of the 2000A loop will be processed but no data elements are used.                   |
| 2200D | REF     | S     | Payer Claim Identification Number      | Segment not used by GWL at this time   |
| 2200D | REF     | S     | Institutional Bill Type Identification | Segment not used by GWL at this time   |
| 2200D | REF     | S     | Medical Record Identification          | Segment not used by GWL at this time   |
| 2200D | REF     | S     | Group Number                           | Segment not used by GWL at this time   |
| 2200D | AMT     | S     | Claim Submitted Charges                | Segment not used by GWL at this time   |
| 2210D |         | S     | Service Line Information               | This loop is not used to match requested Service Lines. However, if the Service Line Date is specified – it will be used to match claim level information. |

| Loop  | Segment | Usage | Name                                   | Note   |
|-------|---------|-------|--|--|
| 2210D | SVC     | S     | Service Line Information               | Segment not used by GWL at this time   |
| 2210D | REF     | S     | Service Line Identification            | Segment not used by GWL at this time   |
| 2200E | REF     | S     | Payer Claim Identification Number      | Segment not used by GWL at this time   |
| 2200E | REF     | S     | Institutional Bill Type Identification | Segment not used by GWL at this time   |
| 2200E | REF     | S     | Medical Record Identification          | Segment not used by GWL at this time   |
| 2200E | AMT     | S     | Claim Submitted Charges                | Segment not used by GWL at this time   |
| 2210E |         | S     | Service Line Information               | This loop is not used to match requested Service Lines. However, if the Service Line Date is specified – it will be used to match claim level information. |
| 2210E | SVC     | S     | Service Line Information               | Segment not used by GWL at this time   |
| 2210E | REF     | S     | Service Line Identification            | Segment not used by GWL at this time   |

### 2.11.2 277 Loops and Segments Not Used

The following table lists the loops and segments on the 277 transaction that are **not** used by the Great West Life EDI, pre-processing, or claim adjudication systems at this time:

| Loop  | Segment | Usage | Name                                   | Note  |
|-------|---------|-------|--|---|
| 2200D | REF     | S     | Institutional Bill Type Identification | Segment not used by GWL at this time                                |
| 2200D | REF     | S     | Medical Record Identification          | Segment not used by GWL at this time                                |
| 2200D | REF     | S     | Group Number                           | Segment not used by GWL at this time                                |
| 2220D | REF     | S     | Service Line Item Identification       | Segment not used by GWL at this time<br><i>Used starting 2/1/07</i> |
| 2200E | REF     | S     | Payer Claim Identification Number      | Segment not used by GWL at this time<br><i>Used starting 2/1/07</i> |
| 2200E | REF     | S     | Institutional Bill Type Identification | Segment not used by GWL at this time                                |
| 2200E | REF     | S     | Medical Record Identification          | Segment not used by GWL at this time                                |
| 2220E | REF     | S     | Service Line Item Identification       | Segment not used by GWL at this time                                |

### 3 Data Detail

This section provides the data detail information for the 276/277 – Health Care Claim Status Request and Response transaction. The tables below contain the minimum data requirements that must be followed for Great-West Life to process the 276/277 – Health Care Claim Status Request and Response transaction.

Data loops, segments and elements will ONLY be included if Great-West Life needs to provide clarification on how the data item is used in our processing. This clarification can:

- Limit the repeat of loops, or segments
- Limit the length of a simple data element
- Specify a sub-set of the IGs internal code listings
- Clarify the use of loops, segments, composite and simple data elements
- Any other information tied directly to a loop, segment, composite or simple data element pertinent to trading electronically with Great-West Life
- Define specific data element contents.

#### 3.1 Data Detail for 276 – Health Care Claim Status Request

This section contains specific loops, segments and content detail that must be included in the 276 – Health Care Claim Status Request transaction. Please read them carefully.

| Page # | Loop  | Name       | Description                                  | Codes | Length | Notes/Comments   |
|--------|-------|------------|--|-------|--------|--|
| 49     |       | <i>ST</i>  | <i>Transaction Set Header</i>                |       |        |  |
| 49     |       | ST01       | Transaction Set Identifier Code              | 276   | 3      |  |
| 49     |       | ST02       | Transaction Set Control Number               |       | 4/9    | Unique Transaction Set Identifier. Must be at least 4 alphanumeric characters.   |
| 50     |       | <i>BHT</i> | <i>Beginning of Hierarchical Transaction</i> |       |        |  |
| 50     |       | BHT01      | Hierarchical Structure Code                  | 0010  | 4      |  |
| 50     |       | BHT02      | Transaction Set Purpose Code                 | 13    | 2      |  |
| 50     |       | BHT04      | Transaction Set Creation Date                |       | 8      | Transaction Set Creation Date in CCYYMMDD format.  |
| 52     | 2000A |            | <b>Information Source Level</b>              |       |        | <b>Great-West Life does not validate or use any of the data in the Information Source loop. Only one loop should be sent identifying Great-West Life as payer. But, GWL will process all loops received.</b> |
| 52     | 2000A | <i>HL</i>  | <i>Information Source Level</i>              |       |        |  |
| 52     | 2000A | HL01       | Hierarchical ID Number                       |       | 1/12   | Unique identifier for this HL segment within the   |

| Page #    | Loop         | Name  | Description                                    | Codes | Length | Notes/Comments   |
|-----------|--------------|-------|--|-------|--------|--|
|           |              |       |  |       |        | entire Transaction Set (ST-SE)   |
| 52        | 2000A        | HL03  | Hierarchical Level Code                        | 20    | 2      | Information Source   |
| 53        | 2000A        | HL04  | Hierarchical Child Code                        | 1     | 1      | The Information Source loop always has at least one child.   |
| <b>54</b> | <b>2100A</b> |       | <b>Information Source Level</b>                |       |        |  |
| 54        | 2100A        | NM1   | Payer Name                                     |       |        |  |
| 54        | 2100A        | NM101 | Entity Identifier Code                         | PR    | 2      |  |
| 55        | 2100A        | NM102 | Entity Type Qualifier                          | 2     | 1      | Non-person entity  |
| 55        | 2100A        | NM103 | Payer Name                                     |       | 1/35   |  |
| 55        | 2100A        | NM108 | Identification Code Qualifier                  | PI    | 2      | Use 'PI'   |
| 56        | 2100A        | NM109 | Payer Identifier                               |       | 5      | Use '80705' for Great-West Life  |
| <b>60</b> | <b>2000B</b> |       | <b>Information Receiver Level</b>              |       |        | <b>Great-West Life does not validate any of the data in the Information Receiver loop. Only one loop should be sent identifying the approved Great-West Life Trading Partner. But, GWL will process all loops received and return all 276 Information Receiver data in the 277 response.</b> |
| 60        | 2000B        | HL    | Information Receiver Level                     |       |        |  |
| 60        | 2000B        | HL01  | Hierarchical ID Number                         |       | 1/12   | Unique identifier for this HL segment within the entire Transaction Set (ST-SE)  |
| 60        | 2000B        | HL02  | Hierarchical Parent ID Number                  |       | 1/12   | The 2000A/HL01 value from the parent Information Source loop.  |
| 61        | 2000B        | HL03  | Hierarchical Level Code                        | 21    | 2      | Information Receiver   |
| 61        | 2000B        | HL04  | Hierarchical Child Code                        | 1     | 1      | The Information Receiver loop will always have at least one child.   |
| <b>62</b> | <b>2100B</b> |       | <b>Information Receiver Name</b>               |       |        | <b>Data elements received on the 276 Request will be sent out 'as is' on the 277 Response</b>  |
| 62        | 2100B        | NM1   | Information Receiver Name                      |       |        |  |
| 62        | 2100B        | NM101 | Entity Identifier Code                         | 41    | 2      | Submitter  |
| 63        | 2100B        | NM102 | Entity Type Qualifier                          |       | 1/1    |  |
| 63        | 2100B        | NM103 | Information Receiver Last or Organization Name |       | 1/35   |  |
| 63        | 2100B        | NM108 | Identification Code Qualifier                  | XX    | 2      | Use 'XX'   |
| 63        | 2100B        | NM109 | Information Receiver Identification Number     |       | 2/80   | Use the Great-West Life assigned Trading Partner Identifier.   |
| <b>65</b> | <b>2000C</b> |       | <b>Service Provider Level</b>                  |       |        |  |
| 65        | 2000C        | HL    | Service Provider Level                         |       |        |  |

| Page # | Loop  | Name  | Description                        | Codes    | Length | Notes/Comments  |
|--------|-------|-------|------------------------------------|----------|--------|---|
| 65     | 2000C | HL01  | Hierarchical ID Number             |          | 1/12   | Unique identifier for this HL segment within the entire Transaction Set (ST-SE)   |
| 65     | 2000C | HL02  | Hierarchical Parent ID Number      |          | 1/12   | The 2000B/HL01 value from the parent Information Receiver loop.   |
| 66     | 2000C | HL03  | Hierarchical Level Code            | 19       | 2      | Provider of Service   |
| 66     | 2000C | HL04  | Hierarchical Child Code            | 1        | 1      | The Service Provider Loop has at least one child.   |
| 67     | 2100C |       | <b>Provider Name</b>               |          |        | <b>Only the 1<sup>st</sup> occurrence of the Provider Name loop is used. This MUST include a Federal Tax ID (TIN or SSN) for the Provider to match claims on.</b><br><br><b>The 1<sup>st</sup> occurrence of the Provider Name loop which includes a Federal Tax ID (TIN or SSN) for the Provider to match claims on. If none of the Provider Name loops include a Federal Tax ID, then the 1<sup>st</sup> occurrence of the Provider Name loop which includes a National Provider Identifier (NPI) for GW to match to a Federal Tax ID (TIN or SSN).</b> |
| 67     | 2100C | NM1   | Provider Name                      |          |        |   |
| 67     | 2100C | NM101 | Entity Identifier Code             | 1P       | 2      |   |
| 68     | 2100C | NM102 | Entity Type Qualifier              |          | 1/1    |   |
| 68     | 2100C | NM103 | Provider Last or Organization Name |          | 1/35   |   |
| 68     | 2100C | NM108 | Identification Code Qualifier      | FI or XX | 1/2    | Use 'FI' – Federal Tax Identifier or XX – National Provider Identifier. If 'FI' or 'XX' is not used then no claim data can be found.  |
| 69     | 2100C | NM109 | Provider Identifier                |          | 2/80   | Enter the Federal Tax Identifier (TIN or SSN) or NPI for the provider that the claim was processed under. (Remit Provider)  |
| 70     | 2000D |       | <b>Subscriber Level</b>            |          |        | <b>A single occurrence of the 2000D will contain claim requests for either the Subscriber (2200D loop) or the Subscriber's Dependents (2000E loop) but not both.</b>  |
| 70     | 2000D | HL    | Subscriber Level                   |          |        |   |
| 70     | 2000D | HL01  | Hierarchical ID Number             |          | 1/12   | Unique identifier for this HL segment within the entire Transaction Set (ST-SE)   |
| 70     | 2000D | HL02  | Hierarchical Parent ID Number      |          | 1/12   | The 2000C/HL01 value from the parent Service Provider loop.   |
| 71     | 2000D | HL03  | Hierarchical Level Code            | 22       | 2      | Subscriber  |

| Page #    | Loop         | Name  | Description                         | Codes  | Length | Notes/Comments  |
|-----------|--------------|-------|-------------------------------------|--------|--------|---|
| 71        | 2000D        | HL04  | Hierarchical Child Code             | 0<br>1 | 1      | If '0' then there are no child loops and the subscriber is the patient. If '1' then there is at least one dependent loop and the subscriber is NOT the patient.                       |
| 72        | 2000D        | DMG   | Subscriber Demographic Information  |        |        | If the subscriber is the patient, then this segment MUST be sent. If the dependent is the patient then this segment is NOT USED.  |
| 72        | 2000D        | DMG01 | Date Time Period Format Qualifier   | D8     | 2      |   |
| 73        | 2000D        | DMG02 | Subscriber Birth Date               |        | 8      | Subscriber Birth date (CCYYMMDD) – used to identify the member.   |
| 73        | 2000D        | DMG03 | Subscriber Gender Code              |        | 1      | Subscriber gender – used to identify the member.  |
| <b>74</b> | <b>2100D</b> |       | <b>Subscriber Name</b>              |        |        |   |
| 74        | 2100D        | NM1   | Subscriber Name                     |        |        |   |
| 74        | 2100D        | NM101 | Entity Identifier Code              | IL, QC | 2      | IL - if the subscriber is not the patient (at least one dependent loop follows)<br>QC – if the subscriber is the patient  |
| 75        | 2100D        | NM102 | Entity Type Qualifier               | 1      | 1      | Must be 1 (person). If a '2' is received, then the member cannot be matched and no claim data will be returned.   |
| 75        | 2100D        | NM103 | Subscriber Last Name                |        | 1/35   | Used to identify the member.  |
| 75        | 2100D        | NM104 | Subscriber First Name               |        | 1/25   | If submitted, used to identify the member.  |
| 75        | 2100D        | NM108 | Identification Code Qualifier       | MI     | 2      | Must be 'MI' for Member Identification Number. If 'MI' is not used, then no claim data can be returned.   |
| 76        | 2100D        | NM109 | Subscriber Identifier               |        | 9      | The 9 digit member identification number from the member's identification card (ID Card) – do not include spaces, dashes and other special characters that may appear on the ID card. |
| <b>77</b> | <b>2200D</b> |       | <b>Claim Submitter Trace Number</b> |        |        | <b>Use this loop to specify the claim service dates to match when the subscriber is the patient.</b>  |
| 77        | 2200D        | TRN   | Claim Submitter Trace Number        |        |        |   |
| 77        | 2200D        | TRN01 | Trace Type Code                     | 1      | 1      | Current Transaction Trace Number  |
| 77        | 2200D        | TRN02 | Trace Number                        |        | 1/30   | Unique identifier for the claim request.  |
| 84        | 2200D        | AMT   | Claim Submitted Charges             |        |        | Required when the subscriber is the patient. Claim Submitted Charges is NOT USED by Great-West Life to locate claim data.   |
| 84        | 2200E        | AMT01 | Amount Qualifier Code               | T3     | 2      | Not Used.   |
| 85        | 2200E        | AMT02 | Total Claim Charge Amount           |        | 1/16   | Not Used.   |
| 86        | 2200D        | DTP   | Claim Service Date                  |        |        | The data range to locate claims for.  |

| Page #    | Loop         | Name  | Description                       | Codes | Length | Notes/Comments   |
|-----------|--------------|-------|-----------------------------------|-------|--------|--|
| 86        | 2200D        | DTP01 | Date Time Qualifier               | 232   | 3      |  |
| 87        | 2200D        | DTP02 | Date Time Period Format Qualifier | RD8   | 3      |  |
| 87        | 2200D        | DTP03 | Claim Service Period              |       | 17     | Claim Service Period (CCYYMMDD-CCYYMMDD) – used to identify claim data.  |
| <b>88</b> | <b>2210D</b> |       | <b>Service Line Information</b>   |       |        | <b>Great-West Life does not match claim information at the Service Line level. However, if Service Line information is sent – the Service Line Date segments will be used to build a search data range for Claim Level matching.</b> |
| 93        | 2100D        | DTP   | Service Line Date                 |       |        |  |
| 93        | 2210D        | DTP01 | Date Time Qualifier               | 472   | 3      |  |
| 93        | 2210D        | DTP02 | Date Time Period Format Qualifier | RD8   | 3      |  |
| 93        | 2210D        | DTP03 | Claim Service Period              |       | 17     | Service Line Date Period (CCYYMMDD-CCYYMMDD) – used to identify claim data.  |
| <b>94</b> | <b>2000E</b> |       | <b>Dependent Level</b>            |       |        | <b>Use this loop ONLY when the dependent is the patient.</b>   |
| 94        | 2000E        | HL    | Dependent Level                   |       |        |  |
| 94        | 2000E        | HL01  | Hierarchical ID Number            |       | 1/12   | Unique identifier for this HL segment within the entire Transaction Set (ST-SE)  |
| 94        | 2000E        | HL02  | Hierarchical Parent ID Number     |       | 1/12   | The 2000D/HL01 value from the parent Subscriber loop.  |
| 95        | 2000E        | HL03  | Hierarchical Level Code           | 23    | 2      | Dependent  |
| 96        | 2000E        | DMG   | Dependent Demographic Information |       |        | If the dependent is the patient, then this segment <b>MUST</b> be sent.  |
| 96        | 2000E        | DMG01 | Date Time Period Format Qualifier | D8    | 2      |  |
| 97        | 2000E        | DMG02 | Dependent Birth Date              |       | 8      | Dependent Birth date (CCYYMMDD) – used to identify the patient.  |
| 97        | 2000E        | DMG03 | Dependent Gender Code             |       | 1      | Dependent gender – used to identify the patient.   |
| <b>98</b> | <b>2100E</b> |       | <b>Dependent Name</b>             |       |        |  |
| 98        | 2100E        | NM1   | Dependent Name                    |       |        |  |
| 98        | 2100E        | NM101 | Entity Identifier Code            | QC    | 2      | The dependent is always the patient.   |
| 98        | 2100E        | NM102 | Entity Type Qualifier             | 1     | 1      |  |
| 99        | 2100E        | NM103 | Dependent Last Name               |       | 1/35   | The dependent last name – used to identify the patient.  |
| 99        | 2100E        | NM104 | Dependent First Name              |       | 1/25   | The dependent first name – used to identify the patient.   |
| 99        | 2100E        | NM108 | Identification Code Qualifier     |       | 2      | NOT USED. The dependent Identification Qualifier   |

| Page #     | Loop         | Name  | Description                         | Codes | Length | Notes/Comments   |
|------------|--------------|-------|-------------------------------------|-------|--------|--|
|            |              |       |                                     |       |        | (NM108/NM109) should NEVER be sent because all dependents are identified by the Subscriber Member Identification Number sent in loop 2100D loop.   |
| 100        | 2100E        | NM109 | Dependent Identifier                |       | 1/80   | NOT USED. Send the identification number in the Subscriber 2100D Loop.   |
| <b>101</b> | <b>2200E</b> |       | <b>Claim Submitter Trace Number</b> |       |        | <b>Use this loop to specify the claim service dates to match when the dependent is the patient.</b>  |
| 101        | 2200E        | TRN   | Claim Submitter Trace Number        |       |        |  |
| 101        | 2200E        | TRN01 | Trace Type Code                     | 1     | 1      |  |
| 101        | 2200E        | TRN02 | Trace Number                        |       | 1/30   | Unique identifier for the claim request.   |
| 109        | 2200E        | AMT   | Claim Submitted Charges             |       |        | If the dependent is the patient, then EITHER 2200E/AMT or 2210E/SVC must be submitted. Great-West Life does NOT USE this data to locate claims.  |
| 109        | 2200E        | AMT01 | Amount Qualifier Code               | T3    | 2      | Not Used.  |
| 110        | 2200E        | AMT02 | Total Claim Charge Amount           |       | 1/16   | Not Used.  |
| 111        | 2200E        | DTP   | Claim Service Date                  |       |        |  |
| 111        | 2200E        | DTP01 | Date Time Qualifier                 | 232   | 3      |  |
| 112        | 2200E        | DTP02 | Date Time Period Format Qualifier   | RD8   | 3      |  |
| 113        | 2200E        | DTP03 | Claim Service Period                |       | 17     | Claim Service Period (CCYYMMDD-CCYYMMDD) – used to identify claim data.  |
| <b>112</b> | <b>2210E</b> |       | <b>Service Line Information</b>     |       |        | <b>Great-West Life does not match claim information at the Service Line level. However, if Service Line information is sent – the Service Line Date segments will be used to build a search data range for Claim Level matching.</b> |
| 113        | 2210E        | SVC   | Service Information                 |       |        |  |
| 114        | 2210E        | SVC02 | Line Item Charge Amount             |       | 1/18   | If the dependent is the patient, then EITHER 2200E/AMT or 2210E/SVC must be submitted.   |
| 118        | 2210E        | DTP   | Service Line Date                   |       |        |  |
| 118        | 2210E        | DTP01 | Date Time Qualifier                 | 472   | 3      |  |
| 118        | 2210E        | DTP02 | Date Time Period Format Qualifier   | RD8   | 3      |  |
| 119        | 2210E        | DTP03 | Claim Service Period                |       | 17     | Service Line Date Period (CCYYMMDD-CCYYMMDD) – used to identify claim data.  |
| 120        |              | SE    | Transaction Set Trailer             |       |        |  |
| 120        |              | SE01  | Transaction Segment Count           |       | 1/10   |  |
| 120        |              | SE02  | Transaction Set Control Number      |       | 4/9    |  |



### 3.2 Data Detail for 277 – Health Care Claim Status Response

This section contains specific comments and directions for Great-West Life's implementation of the 277 – Health Care Claim Status Response transaction. Please read them carefully.

| Page #     | Loop         | Name  | Description                           | Codes | Length | Notes/Comments  |
|------------|--------------|-------|---------------------------------------|-------|--------|---|
| 125        |              | ST    | Transaction Set Header                |       |        | Each Transaction Set contains data for one patient. The 277 response can contain multiple claims but only one patient (and the corresponding Information Receiver and Provider information for the patient). If the 276 request is for multiple patients, multiple 277 Transaction Sets will be returned. |
| 125        |              | ST01  | Transaction Set Identifier Code       | 277   | 3      |   |
| 125        |              | ST02  | Transaction Set Control Number        |       | 4/9    | Unique Transaction Set Identifier. Must be at least 4 alphanumeric characters.  |
| 126        |              | BHT   | Beginning of Hierarchical Transaction |       |        |   |
| 126        |              | BHT01 | Hierarchical Structure Code           | 0010  | 4      |   |
| 126        |              | BHT02 | Transaction Set Purpose Code          | 08    | 2      | Status  |
| 127        |              | BHT04 | Transaction Set Creation Date         |       | 8      | Transaction Set Creation date in CCYYMMDD format.   |
| 127        |              | BHT06 | Transaction Type Code                 | DG    | 2      | Response  |
| <b>128</b> | <b>2000A</b> |       | <b>Information Source Level</b>       |       |        | <b>Each Transaction Set (ST-SE) contains one Information Source loop identifying Great-West Life as payer.</b>  |
| 128        | 2000A        | HL    | Information Source Level              |       |        |   |
| 128        | 2000A        | HL01  | Hierarchical ID Number                |       | 1/12   | Unique identifier for this HL segment within the entire Transaction Set (ST-SE)   |
| 128        | 2000A        | HL03  | Hierarchical Level Code               | 20    | 2      | Information Source  |
| 129        | 2000A        | HL04  | Hierarchical Child Code               | 1     | 1      | The Information Source loop always has at least one child.  |
| <b>130</b> | <b>2100A</b> |       | <b>Payer Name</b>                     |       |        |   |
| 130        | 2100A        | NM1   | Payer Name                            |       |        |   |
| 130        | 2100A        | NM101 | Entity Identifier Code                | PR    | 2      | Payer   |
| 131        | 2100A        | NM102 | Entity Type Qualifier                 | 2     | 1      | Non-Person Entity   |
| 131        | 2100A        | NM103 | Payer Name                            |       | 15     | 'Great-West Life'   |
| 131        | 2100A        | NM108 | Identification Code Qualifier         | PI    | 2      | 'PI'  |
| 132        | 2100A        | NM109 | Payer Identifier                      |       | 5      | '80705'   |
| 133        | 2100A        | PER   | Payer Contact Information             |       |        | The PER segment is returned in the 277 response   |

| Page #     | Loop         | Name       | Description                                    | Codes | Length | Notes/Comments   |
|------------|--------------|------------|--|-------|--------|--|
|            |              |            |  |       |        | <i>when the member was found on the Great-West Life operational systems.</i>   |
| 134        | 2100A        | PER01      | Contact Function Code                          | IC    | 2      |  |
| 134        | 2100A        | PER03      | Communication Number Qualifier                 | TE    | 2      | Telephone Number   |
| 134        | 2100A        | PER04      | Communication Number                           |       | 1/80   | Contact Phone number for the Member and the member's plan.   |
|            |              |            |  |       |        |  |
| <b>136</b> | <b>2000B</b> |            | <b>Information Receiver Level</b>              |       |        | <b>Each Transaction Set (ST-SE) contains one Information Receiver loop identifying the Trading Partner information that was sent in the 276 for the patient. The data received in the 276 transaction is sent back out on the 277 transaction – 'as is'.</b> |
| <i>136</i> | <i>2000B</i> | <i>HL</i>  | <i>Information Receiver Level</i>              |       |        |  |
| 136        | 2000B        | HL01       | Hierarchical ID Number                         |       | 1/12   | Unique identifier for this HL segment within the entire Transaction Set (ST-SE)  |
| 136        | 2000B        | HL02       | Hierarchical Parent ID Number                  |       | 1/12   | The 2000A/HL01 value from the parent Information Source loop.  |
| 137        | 2000B        | HL03       | Hierarchical Level Code                        | 21    | 2      | Information Receiver   |
| 137        | 2000B        | HL04       | Hierarchical Child Code                        | 1     | 1      | The Information Receiver loop will always have at least one child.   |
| <b>138</b> | <b>2100B</b> |            | <b>Information Receiver Name</b>               |       |        | <b>Data elements received on the 276 Request will be sent out 'as is' on the 277 Response</b>  |
| <i>138</i> | <i>2100B</i> | <i>NM1</i> | <i>Information Receiver Name</i>               |       |        |  |
| 138        | 2100B        | NM101      | Entity Identifier Code                         | 41    | 2      | Submitter  |
| 139        | 2100B        | NM102      | Entity Type Qualifier                          |       | 1/1    |  |
| 139        | 2100B        | NM103      | Information Receiver Last or Organization Name |       | 1/35   |  |
| 139        | 2100B        | NM104      | Information Receiver First Name                |       | 1/25   |  |
| 139        | 2100B        | NM105      | Information Receiver Middle Name               |       | 1/25   |  |
| 139        | 2100B        | NM107      | Information Receiver Name Suffix               |       | 1/10   |  |
| 139        | 2100B        | NM108      | Identification Code Qualifier                  |       | 2      |  |
| 140        | 2100B        | NM109      | Information Receiver Identification Number     |       | 2/80   |  |
| <b>141</b> | <b>2000C</b> |            | <b>Service Provider Level</b>                  |       |        | <b>Each Transaction Set (ST-SE) contains one Service Provider loop identifying the provider information that the claim was processed under</b>   |

| Page #     | Loop         | Name  | Description                        | Codes       | Length | Notes/Comments   |
|------------|--------------|-------|------------------------------------|-------------|--------|--|
|            |              |       |                                    |             |        | <b>(the Remit Provider) for the patient.</b>   |
| 141        | 2000C        | HL    | Service Provider Level             |             |        |  |
| 141        | 2000C        | HL01  | Hierarchical ID Number             |             | 1/12   | Unique identifier for this HL segment within the entire Transaction Set (ST-SE).   |
| 141        | 2000C        | HL02  | Hierarchical Parent ID Number      |             | 1/12   | The 2000B/HL01 value from the parent Information Receiver loop.  |
| 142        | 2000C        | HL03  | Hierarchical Level Code            | 19          | 2      | Provider of Service  |
| 142        | 2000C        | HL04  | Hierarchical Child Code            | 1           | 1      | The Service Provider Loop has at least one child.  |
| <b>143</b> | <b>2100C</b> |       | <b>Provider Name</b>               |             |        | <b>There is one Provider Name loop that contains the information for the Provider Tax ID (FI). If claims were not matched, the requested 276 Provider Name data is returned.</b><br><br><b>The Provider Name loop(s) which contain the information for the Provider Tax ID (FI), and/or the National Provider Identifier (XX). If claims were not matched, the requested 276 Provider Name data is returned.</b> |
| 143        | 2100C        | NM1   | Provider Name                      |             |        |  |
| 143        | 2100C        | NM101 | Entity Identifier Code             | 1P          | 2      | Provider   |
| 143        | 2100C        | NM102 | Entity Type Qualifier              | 1<br>2      | 1      | 1 = Person<br>2 = Non-Person Entity  |
| 144        | 2100C        | NM103 | Provider Last or Organization Name |             | 1/35   | The Provider Last Name when the Provider is a Person. The Organization Name when the Provider is a Non-Person.   |
| 144        | 2100C        | NM104 | Provider First Name                |             | 1/25   | Provider First Name. Not used is the Provider is a Non-Person.   |
| 144        | 2100C        | NM105 | Provider Middle Name               |             | 1/25   | Provider Middle Name. Not used is the Provider is a Non-Person.  |
| 144        | 2100C        | NM107 | Provider Name Suffix               |             | 1/10   | Provider Name Suffix. Not used is the Provider is a Non-Person.  |
| 144        | 2100C        | NM108 | Identification Code Qualifier      | FI or<br>XX | 2      |  |

| Page # | Loop  | Name  | Description                        | Codes  | Length | Notes/Comments  |
|--------|-------|-------|------------------------------------|--------|--------|---|
| 145    | 2100C | NM109 | Provider Identifier                |        | 2/80   | <del>The Federal Tax Identifier (either TIN or SSN) for the Remit Provider (provider that the claim was submitted under).</del><br><br>The National Provider Identifier (NPI) or Federal Tax Identifier (either TIN or SSN) for the Billing Provider (provider that the claim was submitted under). |
| 146    | 2000D |       | <b>Subscriber Level</b>            |        |        | <b>Each Transaction Set (ST-SE) contains one Subscriber Loop identifying the subscriber for the patient. If the member/subscriber could not be found in the Great-West Life operational systems, the 276 Subscriber data is returned.</b>   |
| 146    | 2000D | HL    | Subscriber Level                   |        |        |   |
| 146    | 2000D | HL01  | Hierarchical ID Number             |        | 1/12   | Unique identifier for this HL segment within the entire Transaction Set (ST-SE).  |
| 146    | 2000D | HL02  | Hierarchical Parent ID Number      |        | 1/12   | The 2000C/HL01 value from the parent Service Provider loop.   |
| 147    | 2000D | HL03  | Hierarchical Level Code            | 22     | 2      | Subscriber  |
| 147    | 2000D | HL04  | Hierarchical Child Code            | 0<br>1 | 1      | If '0' then there are no child loops and the subscriber is the patient. If '1' then there is at least one dependent loop and the subscriber is NOT the patient.   |
| 148    | 2000D | DMG   | Subscriber Demographic Information |        |        | <i>If the subscriber is the patient, then this segment MUST be sent. If the dependent is the patient then this segment is NOT USED.</i>   |
| 148    | 2000D | DMG01 | Date Time Period Format Qualifier  | D8     | 2      |   |
| 149    | 2000D | DMG02 | Subscriber Birth Date              |        | 8      |   |
| 149    | 2000D | DMG03 | Subscriber Gender Code             |        | 1/1    |   |
| 150    | 2100D |       | <b>Subscriber Name</b>             |        |        |   |
| 150    | 2100D | NM1   | Subscriber Name                    |        |        |   |
| 150    | 2100D | NM101 | Entity Identifier Code             | IL, QC | 2      | IL - if the subscriber is not the patient (at least one dependent loop follows)<br>QC – if the subscriber is the patient  |
| 151    | 2100D | NM102 | Entity Type Qualifier              | 1      | 1      | Must be 1 (person). If a '2' is received, then the member cannot be matched and no claim data will be returned.   |
| 151    | 2100D | NM103 | Subscriber Last Name               |        | 1/35   |   |
| 151    | 2100D | NM104 | Subscriber First Name              |        | 1/25   |   |

| Page #     | Loop         | Name     | Description                            | Codes    | Length | Notes/Comments   |
|------------|--------------|----------|--|----------|--------|--|
| 151        | 2100D        | NM108    | Identification Code Qualifier          | MI       | 2      | Indicates that the Subscriber Identifier is a Member Identification Number.  |
| 152        | 2100D        | NM109    | Subscriber Identifier                  |          | 9      | The 9 digit member identification number from the member's identification card (ID Card) – do not include spaces, dashes, and other special characters that may appear on the ID card. This is 9 digits ONLY.  |
| <b>153</b> | <b>2200D</b> |          | <b>Claim Submitter Trace Number</b>    |          |        | <b>This loop is returned only when the subscriber is the patient. There will be one occurrence of this loop for each claim matched. The may be more than one occurrence of this loop is the claim has multiple payments.</b>   |
| 153        | 2200D        | TRN      | Claim Submitter Trace Number           |          |        |  |
| 153        | 2200D        | TRN01    | Trace Type Code                        | 2        | 1      | Referenced Transaction Trace Numbers   |
| 153        | 2200D        | TRN02    | Trace Number                           |          | 1/30   | Set to the 276 Request 2200D/TRN02.  |
| 154        | 2200D        | STC      | Claim Level Status Information         |          |        | <i>This segment specifies the claim level status and payment data for any matched claim.</i>   |
| 154        | 2200D        | STC01    | Health Care Claim Status               |          |        | See Appendix E – Health Care Claim Status Category Codes/Status Codes for a list of the 507/508 codes that Great-West Life returns in the 277 response.  |
| 154        | 2200D        | STC01-01 | Health Care Claim Status Category Code | 507 Code | 1/30   |  |
| 154        | 2200D        | STC01-02 | Health Care Claim Status Code          | 508 Code | 1/30   |  |
| 162        | 2200D        | STC02    | Status Information Effective Date      |          | 8/8    |  |
| 162        | 2200D        | STC04    | Total Claim Charge Amount              |          | 1/18   | The total charge amount in the Great-West Life adjudication system – this may not match the original claim submitted charge amount.  |
| 162        | 2200D        | STC05    | Claim Payment Amount                   |          | 1/18   | The claim paid amount. This will be zero if the claim is still in the adjudication process.  |
| 162        | 2200D        | STC06    | Adjudication or Payment Date           |          | 8/8    | The date the claim was last adjudicated (the date of the last status change for the claim). If the claim is completely processed and finalized – this is the date the claim was finalized. If the claim is pending – this is the date the claim was put into a pending status. |
| 163        | 2200D        | STC07    | Payment Method Code                    | CHK      | 3      | Returned when a payment was made on the claim and a check was sent.  |

| Page # | Loop  | Name     | Description                              | Codes      | Length | Notes/Comments  |
|--------|-------|----------|--|------------|--------|---|
| 163    | 2200D | STC08    | Check Issue or EFT Effective Date        |            | 8/8    |   |
| 163    | 2200D | STC09    | Check or EFT Trace Number                |            | 1/16   |   |
| 165    | 2200D | REF      | <i>Payer Claim Identification Number</i> |            |        |   |
| 165    | 2200D | REF01    | Reference Identification Qualifier       | 1K         | 2      |   |
| 166    | 2200D | REF02    | Payer Claim Control Number               |            | 1/30   | The Great-West Life control number for the claim.   |
| 171    | 2200D | DTP      | <i>Claim Service Date</i>                |            |        |   |
| 171    | 2200D | DTP01    | Date Time Qualifier                      | 232        | 3      |   |
| 172    | 2200D | DTP02    | Date Time Period Format Qualifier        | RD8        | 3      |   |
| 172    | 2200D | DTP03    | Claim Service Period                     |            | 17     | Claim Service Period (CCMMYYDD-CCMMYYDD)  |
| 173    | 2220D |          | <b>Service Line Information</b>          |            |        | <b>This loop is returned when Service Line data is available for the Claim identified in loop 2200D.</b>  |
| 173    | 2220D | SVC      | <i>Service Line Information</i>          |            |        | <i>The claim information for the Service Line.</i>  |
| 174    | 2220D | SVC01    | Composite Medical Procedure Identifier   |            |        |   |
| 174    | 2220D | SVC01-01 | Product or Service ID Qualifier          | HC, ID, NU | 2      | Great-West Life will return Service Lines with 'HC' – HCPCS Codes; 'ID' – ICD-9-CM codes or 'NU' – NUBC codes.  |
| 175    | 2220D | SVC01-02 | Service Identification Code              |            | 1/48   |   |
| 175    | 2220D | SVC02    | Line Item Charge Amount                  |            | 1/18   |   |
| 176    | 2220D | SVC03    | Line Item Provider Payment Amount        |            | 1/18   |   |
| 177    | 2220D | STC      | <i>Service Line Status Information</i>   |            |        | <i>The status for the Service Line.</i>   |
| 177    | 2220D | STC01    | Health Care Claim Status                 |            |        | See Appendix E – Health Care Claim Status Category Codes/Status Codes for a list of the 507/508 codes that Great-West Life returns in the 277 response. |
| 177    | 2220D | STC01-01 | Health Care Claim Status Category Code   |            | 1/30   |   |
| 178    | 2220D | STC01-02 | Health Care Claim Status Code            |            | 1/30   |   |
| 185    | 2220D | STC02    | Status Information Effective Date        |            | 8/8    |   |
| 190    | 2220D | STC04    | Line Item Charge Amount                  |            | 1/18   | Can respond at line and claim level   |
| 190    | 2220D | STC05    | Line Item Provider Payment Amount        |            | 1/18   | Can respond at line and claim level   |
| 188    | 2220D | DTP      | <i>Service Line Date</i>                 |            |        | <i>The Service dates for the Service Line</i>   |
| 188    | 2220D | DTP01    | Date Time Qualifier                      | 472        | 3      |   |

| Page #     | Loop         | Name       | Description                              | Codes | Length | Notes/Comments  |
|------------|--------------|------------|--|-------|--------|---|
| 188        | 2220D        | DTP02      | Date Time Period Format Qualifier        | RD8   | 3      |   |
| 189        | 2220D        | DTP03      | Claim Service Period                     |       | 17     | Service Line Date Period (CCMMYYDD-CCMMYYDD)  |
| <b>190</b> | <b>2000E</b> |            | <b>Dependent Level</b>                   |       |        | <b>Each Transaction Set (ST-SE) contains one Dependent Loop identifying the patient if the dependent is the patient. If the member/subscriber or dependent could not be found in the Great-West Life operational systems, the 276 Dependent data is returned.</b><br><br><b>This loop must be returned if the dependent is the patient. This loop is NOT USED if the subscriber is the patient.</b> |
| <i>190</i> | <i>2000E</i> | <i>HL</i>  | <i>Dependent Level</i>                   |       |        |   |
| 190        | 2000E        | HL01       | Hierarchical ID Number                   |       | 1/12   | Unique identifier for this HL segment within the entire Transaction Set (ST-SE)   |
| 190        | 2000E        | HL02       | Hierarchical Parent ID Number            |       | 1/12   | The 2000D/HL01 value from the parent Subscriber loop.   |
| 191        | 2000E        | HL03       | Hierarchical Level Code                  | 23    | 1/2    | Dependent   |
| <i>192</i> | <i>2000E</i> | <i>DMG</i> | <i>Dependent Demographic Information</i> |       |        |   |
| 192        | 2000E        | DMG01      | Date Time Period Format Qualifier        | D8    | 2      |   |
| 193        | 2000E        | DMG02      | Dependent Birth Date                     |       | 8      |   |
| 193        | 2000E        | DMG03      | Dependent Gender Code                    |       | 1      |   |
| <b>194</b> | <b>2100E</b> |            | <b>Dependent Name</b>                    |       |        |   |
| <i>194</i> | <i>2100E</i> | <i>NM1</i> | <i>Dependent Name</i>                    |       |        |   |
| 194        | 2100E        | NM101      | Entity Identifier Code                   | QC    | 2      |   |
| 194        | 2100E        | NM102      | Entity Type Qualifier                    | 1     | 1      |   |
| 195        | 2100E        | NM103      | Patient Last Name                        |       | 1/35   |   |
| 195        | 2100E        | NM104      | Patient First Name                       |       | 1/25   |   |
| 195        | 2100E        | NM108      | Identification Code Qualifier            |       | 2      | Not Used. The Member ID is returned in the Subscriber Loop.   |
| 196        | 2100E        | NM109      | Patient Primary Identifier               |       | 9      | Not Used. The Member ID is returned in the Subscriber Loop. Dependents use the same identifier as Subscribers.  |
| <b>197</b> | <b>2200E</b> |            | <b>Claim Submitter Trace Number</b>      |       |        | <b>There will be one occurrence of this loop for each claim matched. There may be more than one occurrence of this loop if the claim has multiple payments.</b>   |

| Page # | Loop  | Name     | Description                            | Codes    | Length | Notes/Comments   |
|--------|-------|----------|--|----------|--------|--|
| 197    | 2200E | TRN      | Claim Submitter Trace Number           |          |        |  |
| 197    | 2200E | TRN01    | Trace Type Code                        | 2        | 1      | Referenced Transaction Trace Numbers   |
| 197    | 2200E | TRN02    | Trace Number                           |          | 1/30   | Set to the 276 Request 2200D/TRN02.  |
| 199    | 2200E | STC      | Claim Level Status Information         |          |        | <i>This segment specifies the claim level status and payment data for any matched claim.</i>   |
| 199    | 2200E | STC01    | Health Care Claim Status               |          |        | See Appendix E – Health Care Claim Status Category Codes/Status Codes for a list of the 507/508 codes that Great-West Life returns in the 277 response.  |
| 199    | 2200E | STC01-01 | Health Care Claim Status Category Code | 507 Code | 1/30   |  |
| 200    | 2200E | STC01-02 | Health Care Claim Status Code          | 508 Code | 1/30   |  |
| 207    | 2200E | STC02    | Status Information Effective Date      |          | 8/8    |  |
| 207    | 2200E | STC04    | Total Claim Charge Amount              |          | 1/18   | The total charge amount in the Great-West Life adjudication system – this may not match the original claim submitted charge amount.  |
| 207    | 2200E | STC05    | Claim Payment Amount                   |          | 1/18   | The claim paid amount. This will be zero if the claim is still in the adjudication process.  |
| 207    | 2200E | STC06    | Adjudication or Payment Date           |          | 8/8    | The date the claim was last adjudicated (the date of the last status change for the claim). If the claim is completely processed and finalized – this is the date the claim was finalized. If the claim is pending – this is the date the claim was put into a pending status. |
| 208    | 2200E | STC07    | Payment Method Code                    | CHK      | 3      | Returned when a payment was made on the claim and a check was sent.  |
| 208    | 2200E | STC08    | Check Issue or EFT Effective Date      |          | 8/8    |  |
| 208    | 2200E | STC09    | Check or EFT Trace Number              |          | 1/16   |  |
| 210    | 2200E | REF      | Payer Claim Identification Number      |          |        |  |
| 210    | 2200E | REF01    | Reference Identification Qualifier     | 1K       | 2      |  |
| 210    | 2200E | REF02    | Payer Claim Control Number             |          | 1/30   | The Great-West Life control number for the claim.  |
| 216    | 2200E | DTP      | Claim Service Date                     |          |        |  |
| 216    | 2200E | DTP01    | Date Time Qualifier                    | 232      | 3      |  |
| 217    | 2200E | DTP02    | Date Time Period Format Qualifier      | RD8      | 3      |  |
| 217    | 2200E | DTP03    | Claim Service Period                   |          | 17     | Claim Service Period (CCMMYYDD-CCMMYYDD)   |
| 218    | 2220E |          | <b>Service Line Information</b>        |          |        | <b>This loop is returned when Service Line data is</b>   |

| Page # | Loop  | Name     | Description                            | Codes      | Length | Notes/Comments  |
|--------|-------|----------|--|------------|--------|---|
|        |       |          |  |            |        | <b>available for the Claim identified in loop 2200E.</b>  |
| 218    | 2220E | SVC      | <i>Service Line Information</i>        |            |        | <i>The claim information for the Service Line.</i>  |
| 218    | 2220E | SVC01    | Composite Medical Procedure Identifier | HC, ID, NU |        | Great-West Life will return Service Lines with 'HC' – HCPCS Codes; 'ID' – ICD-9-CM codes or 'NU' – NUBC codes.  |
| 219    | 2220E | SVC01-01 | Product or Service ID Qualifier        |            | 2/2    |   |
| 219    | 2220E | SVC01-02 | Service Identification Code            |            | 1/48   |   |
| 220    | 2220E | SVC02    | Line Item Charge Amount                |            | 1/18   |   |
| 220    | 2220E | SVC03    | Line Item Provider Payment Amount      |            | 1/18   |   |
| 221    | 2220E | STC      | <i>Service Line Status Information</i> |            |        | <i>The status for the Service Line.</i>   |
| 221    | 2220E | STC01    | Health Care Claim Status               |            |        | See Appendix E – Health Care Claim Status Category Codes/Status Codes for a list of the 507/508 codes that Great-West Life returns in the 277 response. |
| 221    | 2220E | STC01-01 | Health Care Claim Status Category Code |            | 1/30   |   |
| 222    | 2220E | STC01-02 | Health Care Claim Status Code          |            | 1/30   |   |
| 229    | 2220E | STC02    | Status Information Effective Date      |            | 8/8    |   |
| 234    | 2220E | STC04    | Line Item Charge Amount                |            | 1/18   | Can respond at line and claim level   |
| 234    | 2220E | STC05    | Line Item Provider Payment Amount      |            | 1/18   | Can respond at line and claim level   |
| 232    | 2220E | DTP      | <i>Service Line Date</i>               |            |        | <i>The Service dates for the Service Line.</i>  |
| 232    | 2220E | DTP01    | Date Time Qualifier                    | 472        | 3      |   |
| 232    | 2220E | DTP02    | Date Time Period Format Qualifier      | RD8        | 3      |   |
| 233    | 2220E | DTP03    | Claim Service Period                   |            | 17     | Service Line Date Period (CCMMYYDD-CCMMYYDD)  |
| 234    |       | SE       | <i>Transaction Set Trailer</i>         |            |        |   |
| 234    |       | SE01     | Transaction Segment Count              |            | 1/10   |   |
| 234    |       | SE02     | Transaction Set Control Number         |            | 4/9    |   |

Legend:

| Column    | Description  |
|-----------|--|
| Page #    | The page in the ASC X12 Implementation Guide that the loop/segment/element can be found on.                              |
| Loop      | The Loop Reference for the loop/segment/element  |
| Reference | The Segment Identifier, Composite Identifier, Sub-Composite Element Identifier or Simple Data Element Identifier for the |

| Column         | Description  |
|----------------|--|
|                | data item. If this is a row about a Loop – this column is blank.   |
| Name           | The name for the data item. The name of a loop is the first segment within the loop.   |
| Description    | Element, segment, or loop descriptive name.  |
| Codes          | A list of the sub-set of codes that are used for this data element. If any HIPAA defined code is acceptable then leave the column blank. This column is ONLY used if Great-West Life specifies a subset. |
| Length         | The length of the data element in the Great-West Life operational data. This can be less than the HIPAA defined length but NOT greater.  |
| Notes/Comments | Describes the Great-West Life data content of the data item.   |

## **Appendices**

This section contains one or more appendices applicable to the 276/277 – Health Care Claim Status Request and Response transaction. Please include all appendices that provide clarification.

### **A Business Scenarios**

This appendix contains free format text descriptions of typical business scenarios. The transmission examples for these scenarios are included in Appendix B.

### **B Transmission Examples**

This appendix contains actual data streams linked to the business scenarios from Appendix A.

### **C Frequently Asked Questions**

This appendix contains a compilation of questions and answers relative to Great West Life and its providers. For example, a typical question might involve a discussion about code sets and their effective dates.

### **D Change Summary**

This section describes the differences between the current Companion Guide and previous guide(s).

## E Crosswalks

### E.1 ~~Health Care Claim Status Category Codes/Status Codes (507/508)~~

The table below specifies the 507/508 codes that Great-West Life sends in the 277 response.

| 507 Code | 508 Code | 507 Code | 508 Code | 507 Code | 508 Code |
|----------|----------|----------|----------|----------|----------|
| F0       | 1        | F2       | 107      | P2       | 1        |
| F0       | 2        | F2       | 108      | P2       | 44       |
| F0       | 6        | F2       | 109      | P2       | 45       |
| F0       | 15       | F2       | 115      | P2       | 46       |
| F0       | 19       | F2       | 116      | P2       | 47       |
| F0       | 20       | F2       | 122      | P2       | 68       |
| F0       | 46       | F2       | 147      | P2       | 110      |
| F0       | 66       | F2       | 259      | P2       | 299      |
| F0       | 67       | F2       | 279      | P2       | 421      |
| F0       | 68       | F2       | 287      | P3       | 2        |
| F0       | 98       | F2       | 475      | P3       | 19       |
| F0       | 100      | F3       | 1        | P3       | 37       |
| F0       | 104      | F3       | 15       | P3       | 46       |
| F0       | 106      | F3       | 37       | P3       | 56       |
| F0       | 107      | F3       | 47       | P3       | 95       |
| F0       | 171      | F3       | 100      | P3       | 110      |
| F0       | 184      | F3       | 101      | P3       | 116      |
| F0       | 483      | F3       | 106      | P3       | 123      |
| F1       | 1        | F3       | 353      | P3       | 124      |
| F1       | 19       | F3F      | 1        | P3       | 171      |
| F1       | 47       | F3F      | 16       | P3       | 174      |
| F1       | 67       | F3F      | 101      | P3       | 196      |
| F1       | 73       | P0       | 19       | P3       | 248      |
| F1       | 101      | P0       | 46       | P3       | 278      |
| F1       | 106      | P1       | 1        | P3       | 280      |
| F1       | 107      | P1       | 19       | P3       | 286      |
| F1       | 294      | P1       | 46       | P3       | 294      |
| F2       | 1        | P1       | 50       | P3       | 296      |
| F2       | 2        | P1       | 56       | P3       | 297      |
| F2       | 9        | P1       | 110      | P3       | 298      |
| F2       | 54       | P1       | 171      | P3       | 300      |
| F2       | 81       | P1       | 248      | P3       | 306      |
| F2       | 84       | P1       | 314      | P3       | 324      |
| F2       | 92       | P1       | 348      | P3       | 359      |
| F2       | 94       | P1       | 364      | P3       | 405      |
| F2       | 96       | P1       | 366      | P3       | 477      |
| F2       | 98       | P1       | 483      | P4       | 280      |
| F2       | 106      |          |          |          |          |