**HIPAA Transaction
Standard Companion Guide**

**Refers to the Implementation Guide Based on X12
Version 5010 Health Care Claim Status Request and
Response
(276/277)**

October 2013

Disclosure Statement

This document provides information required to send HIPAA Claim Status request to AvMed Health Plans. Claim status request transactions will be submitted to AvMed in Real-Time mode using Web services.

The information in this document is subject to change. Changes will be posted via the AvMed Health Plans website located at www.avmed.org .

THE 277 RESPONSE RETURNED BY AvMed SHOULD NOT BE INTERPRETED AS A GUARANTEE OF PAYMENT. PAYMENT OF BENEFITS REMAINS SUBJECT TO ALL HEALTH BENEFIT PLAN TERMS, LIMITS, CONDITIONS, EXCLUSIONS AND THE MEMBER'S ELIGIBILITY AT THE TIME SERVICES ARE RENDERED.

.

2013 © AvMed Health Plans

Preface

This Companion Guide to the v5010 ASC X12N Implementation Guides and associated errata adopted under HIPAA clarifies and specifies the data content when exchanging electronically with AvMed Health Plans. Transmissions based on this companion guide, used in tandem with the v5010 ASC X12N Implementation Guides, are compliant with both ASC 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 usages of data expressed in the Implementation Guides.

EDITOR'S NOTE:

This page is blank because major sections of a book should begin on a right hand page.

TABLE OF CONTENTS

1. INTRODUCTION

The Health Insurance Portability and Accountability Act (HIPAA) requires that health Insurance payers and all other covered entities in the United States comply with the Electronic Data Interchange (EDI) standards for health care as established by the Secretary of Health and Human Services. This application for real-time 276/277 follows the CAQH CORE Phase II guidelines.

1.1 Scope

This Companion Guide provides specific requirements for sending Claim Status Request to AvMed Health Plans. It supplements but does not contradict the ASC X12N 276/277 (005010X212) Health Care Implementation Guide and should be used solely for the purpose of clarification.

This document also provides information about the Claim Status Response using CAQH CORE compliance rules

For more information about CAQH CORE rules, go to http://www.caqh.org .

1.2 Overview

This AvMed Health Plans Claim Status Request/Response Companion Guide has been written to assist you in designing and implementing real-time Claim Status transactions to meet AvMed Health Plans processing standards and CAQH CORE certified solution. This Companion Guide must be used in conjunction with the Claim Status Request/Response (276/277) instructions as set forth by the ASC X12 Standards for Electronic Data Interchange (Version 005010X212), referred to hereafter as the Implementation Guide or IG.

1.2.1 What is CAQH?

CAQH stands for the Council for Affordable and Quality Healthcare. It is a not-for-profit alliance of health plans, provider networks, and associations with a goal to provide a variety of solutions to simplify health care administration.

1.2.2 What is CORE?

The Committee on Operating Rules for Information Exchange (CORE) is a multi-stakeholder initiative created, organized and facilitated by CAQH. CORE's Phase II goal is to create, disseminate, and maintain operating rules that enable health care providers to quickly and securely obtain reliable health care eligibility and benefits information. CORE operating rules will decrease the amount of time and

resources providers spend verifying patient eligibility, benefits and other administrative information at the point of care. CORE operating rules, envisioned to be introduced in multiple phases, have support from health plans, medical professional societies, providers, vendors, associations, regional entities, standard setting organizations, government agencies and other health care constituencies.

1.2.3 What is CAQH/CORE certification?

Any entity that creates transmits, or uses eligibility or claim status data is eligible to become CORE-certified. CORE-certification indicates an entity has signed the CORE Pledge and successfully completed certification testing, both of which are designed to demonstrate an entity's compliance with all the CORE Phase II rules. Any entity that agrees to follow the CORE operating rules will be expected to exchange eligibility and benefits information per the requirements of the CORE Phase II rules and policies, with all its trading partners. Given the requirements of the CORE Phase II rules, use of these rules by the industry will enhance the usability and content of the eligibility and claim status transaction as well as decrease administrative costs and resources. See http://www.caqh.org.

1.3   References

1.3.1   ASC X12 Version 5010A1 Implementation Guides: http://www.wpc-edi.com

1.3.2   CAQH/CORE: http://www.caqh.org/benefits.php

1.3.3   WSDL: http://www.w3.org/TR/wsdl

1.3.4   SOAP: http://www.w3.org/TR/soap/

1.3.5   MIME Multipart: http://www.w3.org/Protocols/rfc1341/7_2_Multipart.html

1.3.6   CORE XML Schema: http://www.caqh.org/SOAP/WSDL/CORERule2.2.0.xsd

1.4   Additional Information

The terms 'Submitter' and 'Trading Partner' are used interchangeably throughout this document.

Submitters must have Internet (HTTPS) connection capability to submit a CORE 276 request and receive 277 responses.

Real-time 276 inquiries only are supported.

This system supports inquiries for AvMed Health Plans members only.

2. GETTING STARTED

2.1 Working with AvMed Health Plans

AvMed Health Plans Values:

1. Collaborative -Through team work, we achieve positive results.
2. Accountable - We take responsibility and strive for excellence
3. Respectable - Our decisions are guided by respect and fairness
4. Ethical - We are honest and reliable in our business practices.
5. Service Driven - We aim to provide world-class service.

We work hard to make every business experience a success.

2.2 Trading Partner Registration

To register as a partner with AvMed Health Plans, please visit www.avmed.org or call the EDI Operation Support Center at **305-671-4789** or email your inquires to edi_support@avmed.org . Our registration process is quick and hassle-free. AvMed evaluates and prioritizes each request.

2.3 Certification and Testing Overview

All trading partners who wish to submit Claim Status transactions to AvMed Health Plans via the ASC X12 276 (Version 005010X212) must complete testing to ensure that their systems and connectivity are working correctly before any production transactions can be processed.

One successful test cycle must be achieved before production transactions will be implemented.

3. TESTING WITH AvMed Health Plans

Listed below are steps to follow when testing:
- Register for user ID and password (only if user does not already have a valid user ID) via email to edi_support@avmed.org
- AvMed will add the IP addresses to the firewall (if not already an existing trading partner)
- Create test transaction based on this Companion Guide and Implementation Guide specifications
- Submit via the testing link in Real-Time mode
- Retrieve appropriate response (999, 277)
- Review response to determine production readiness

3.1 WSDL URL

https://ahp0065:18004/prjClaimStatusPassThru_5010X12RealTimeClaimStatus_
_u002F_Deployd2068345376/PortTypeBndPort

3.2   Login Credentials:

User Name: testme5010
Password: avmed50!0 (exclamation mark)

4.   CONNECTIVITY WITH AvMed Health Plans

4.1   AvMed System Availability

4.1.1 Scheduled Maintenance

Routine maintenance is performed weekly on Sunday between 8:00 PM and 9:00
PM.   During this maintenance window electronic transactions will not be processed.
Once the system becomes available processing will continue with any unprocessed
transactions.

4.1.2 Unscheduled and Emergency Maintenance

An email will be sent to all the partners in case of an emergency or unscheduled
maintenance.

Please refer to the AvMed page
http://www.avmed.org/providers/Tools/EDI%20(Electronic%20Claims%20Submission)/in
dex.aspx for the most up-to-date information on system availability.   All scheduled
downtimes will be posted and emergency downtimes will be reflected.

**For any questions or concerns please contact the EDI Operation Support @ 305-671-4789
or email at** edi_support@avmed.org

4.2   Process Flow

4.2.1 Real-time Response and Error Procedures

- The user application submits an HTTPS request.
- The user application submits a SOAP request.
- The AvMed system authenticates the user and ensures the user is
  authorized.
- If the user is successfully authorized the following files will be returned:
  - **999** Reject (If the 276 passes ISA/IEA editing, but an error is
    found during the validation of the Functional Group or
    Transaction Set within a Functional Group, then a 999

Functional Acknowledgement is returned to indicate that the Functional Group is rejected.)

- o **277 Claim Status Response** (If there are no errors in the incoming request, then the 277 is returned along with the claim status.)

4.2.2 Below is an example of a real-time transmission:

```
        ┌─────────────────────────────────────────┐
        │   CORE COMPATIBLE TRADING PARTNER       │
        │             APPLICATION                 │
        └─────────────────────────────────────────┘
                    SEND REQUEST TO
        ┌─────────────────────────────────────────┐
        │   https://ahp0065:18004/                │
        │ prjClaimStatusPassThru_5010X12RealTime  │
        │ ClaimStatus__u002F_Deployd2068345376/   │
        │          PortTypeBndPort                │
        └─────────────────────────────────────────┘

              ◇ AUTHORIZATION ◇ ──Invalid──> [ HTTP 401 ]

                     Valid

        ┌─────────────────────────────────────────┐
        │          AvMed PROCESSING               │
        └─────────────────────────────────────────┘

        [ HTTP 200 & 999 Reject or 277 ]
```
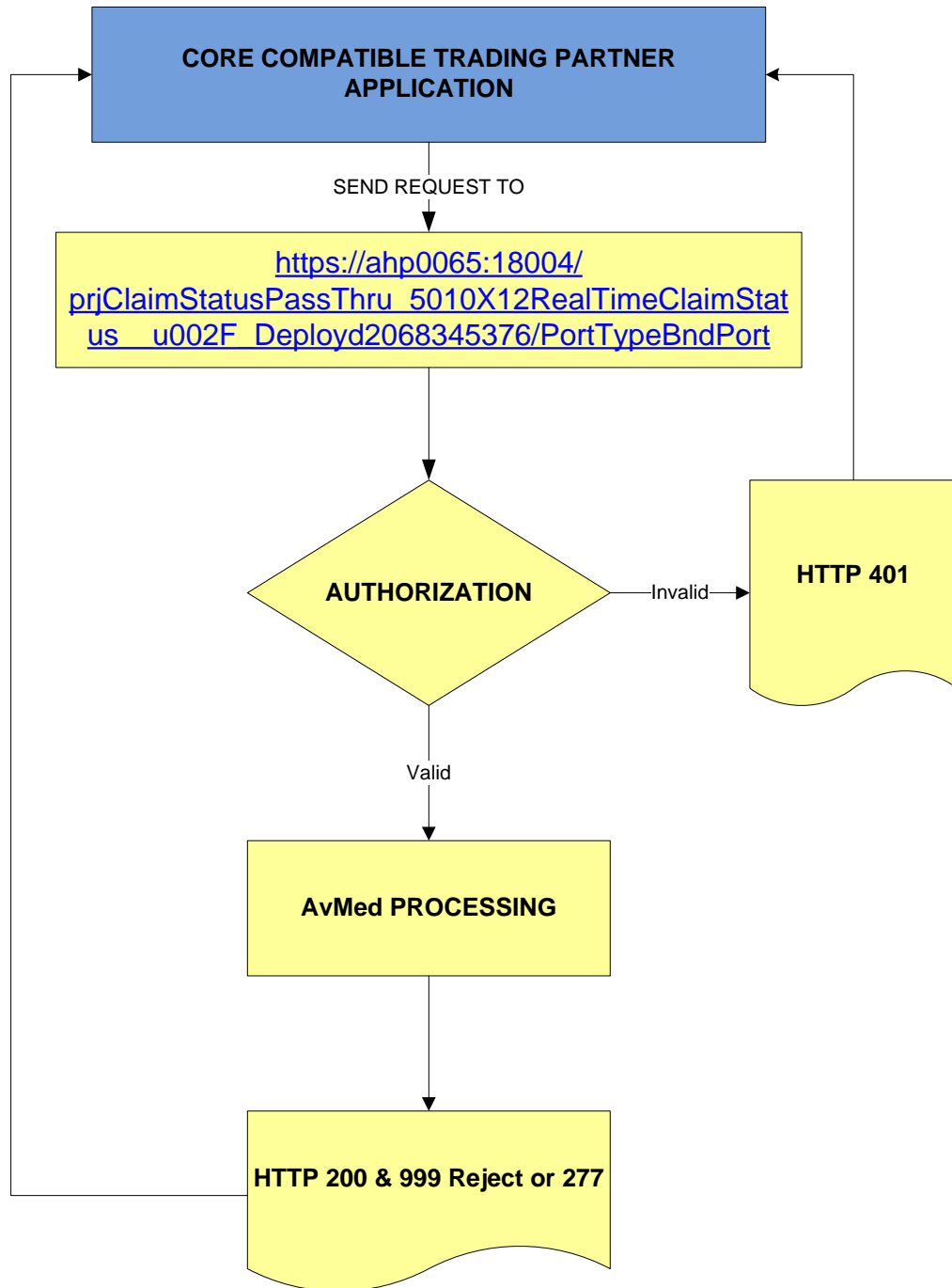
4.2.3 Response Times

A response (999 reject or 277) to real-time inquiries will be provided within 20 seconds.

4.3 Communication Protocols

4.3.1 HTTP MIME Multipart

AvMed supports standard HTTP MIME messages. The MIME format used must be that of *multipart/form-data*. Responses to transactions sent in this manner will also be returned as *multipart/form-data.*

4.3.2 SOAP

AvMed also supports transactions formatted according to the *Simple Object Access Protocol* (SOAP) conforming to standards set forth by the *Web Services Description Language* (WSDL) for XML envelope formatting, submission, and retrieval. This is the preferred method for exchanging data with AvMed.

5. CONTACT INFORMATION

5.1 EDI Customer Service

For all EDI related enquiries, please contact **Operations Support (EDI).**
> **Phone: 305-671-4789**
> **Email: edi_support@avmed.org**

5.2 EDI Technical Assistance

Name	Email	Phone
Operations Support	edi_support@avmed.org	305-671-4789

5.3 Website

For more information, please visit www.avmed.org

6. CONTROL SEGMENTS / ENVELOPES

6.1   ISA-IEA

Transactions transmitted during a session are identified by interchange header segment (ISA) and trailer segment (IEA) which form the envelope enclosing the transmission. Each ISA marks the beginning of the transmission (batch) and provides sender and receiver identification.

6.2 *GS-GE*

EDI transactions of a similar nature and destined for one trading partner may be gathered into a functional group, identified by a functional group header segment (GS) and a functional group trailer segment (GE). Each GS segment marks the beginning of a functional group. There can be many functional groups within an interchange envelope.

6.3 *ST-SE*

The beginning of each individual transaction is identified using a transaction set header segment (ST) and the end of every transaction is marked by a transaction set trailer segment (SE).

7. BUSINESS RULES AND LIMITATIONS

AvMed is CORE Phase I certified. CAQH CORE Phase II certification is being implemented as described in this guide.

8. ACKNOWLEDGEMENTS AND/OR REPORTS

REPORT INVENTORY

See section 4.2.1 for all Acknowledgements.

9. TRADING PARTNER AGREEMENTS

An EDI Trading Partner is defined as any AvMed Health Plans customer (provider, billing service, software vendor, employer group, financial institution, etc.) that transmits to, or receives electronic data from AvMed Health Plans.

AvMed Health Plans requires EDI Trading Partner Agreements (TPA). The Trading Partner Agreement specifies the roles and responsibilities of each party to the agreement in conducting standard transactions. Upon registering and being accepted as a new Trading Partner, the EDI Support Team will send the TPA for review and signature. You may contact edi_support@avmed.org for a sample TPA.

10. TRANSACTION SPECIFIC INFORMATION

This section describes how X12N Implementation Guides (IGs) adopted under HIPAA will be detailed with the use of a table. The tables contain a row for each segment that AvMed Health Plans has something additional, over and above, the information in the IGs. That information can:

> 1. Limit the repeat of loops, or segments

2. Limit the length of a simple data element

3. Specify a sub-set of the IGs internal code listings

4. Clarify the use of loops, segments, composite and simple data elements

5. Any other information tied directly to a loop, segment, and composite or simple data element pertinent to trading electronically with AvMed Health Plans

In addition to the row for each segment, one or more additional rows are used to describe AvMed Health Plans usage for composite and simple data elements and for any other information. Notes and comments should be placed at the deepest level of detail. For example, a note about a code value should be placed on a row specifically for that code value, not in a general note about the segment.

The following table specifies the columns and suggested use of the rows for the detailed description of the transaction set companion guide.

10.1 276 specific Information

Following segments details are for transaction 276. Loops 2000E through 2210E (Dependent) are not used. Each member is treated uniquely when requesting Claim Status information.

AvMed requires at a minimum one of the following segments to validate the claim to report status:
- **Payer Claim Control Number, AND OR**
- **Patient Control Number, AND OR**
- **Claims ID for Clearinghouses and Other Transmission Intermediaries**

Segment ID		Name	Expected Values	Usage	Definition
ISA		**Interchange Control Header**		REQUIRED	Note: This segment is fixed length with **'*'** (asterisk) delimiters
	ISA01	Authorization Info Qualifier	Send **'00**'	REQUIRED	00 - No Authorization Information Present 03 - Additional Data Identification
	ISA02	Authorization Info	Send 10 spaces	REQUIRED	
	ISA03	Security Info Qualifier	Send **'00'**	REQUIRED	00 - No Security Information Present 01 Password

	ISA04	Security Info	Send 10 spaces	REQUIRED	
	ISA05	Interchange ID Qualifier	Send '**ZZ**'	REQUIRED	01 - Duns (Dun & Bradstreet); 14 - Duns Plus Suffix; 20 - Health Industry Number (HIN); 27 - Carrier Identification Number as Assigned by Health Care Financing Administration (HCFA); 28 - Fiscal Intermediary Identification Number; 29 - Medicare Provider and Supplier ID #; 30 - U.S. Federal Tax Identification Number; 33 - National Association of Insurance Carriers Code; ZZ - Mutually Defined
	ISA06	Interchange Sender ID		REQUIRED	Value is defined by trading partner
	ISA07	Interchange ID Qualifier	Send '**30**'	REQUIRED	01 -Duns (Dun & Bradstreet); 14 -Duns Plus Suffix; 20 -Health Industry Number (HIN); 27 -Carrier Identification Number as Assigned by Health Care Financing Administration (HCFA); 28 -Fiscal Intermediary Identification Number; 29 -Medicare Provider and Supplier ID #; 30 -U.S. Federal Tax Identification Number;

					33 -National Association of Insurance Carriers Code; ZZ Mutually Defined
	ISA08	Interchange Receiver ID	Send **'592742907'**	REQUIRED	Normally send vendor's Federal Tax ID # in this field
	ISA09	Interchange Date	Send Sysdate. Format YYMMDD	REQUIRED	
	ISA10	Interchange Time	Send HHMM Format for 24-hour clock	REQUIRED	
	ISA11	Repetition Separator	Send **'^'**	REQUIRED	
	ISA12	Interchange Control Version Number	Send **'00501'**	REQUIRED	00501- Standards Approved for Publication by ASC X12 Procedures Review Board through October 2003
	ISA13	Interchange Control Number	start with '000000001' and increment each file by 1	REQUIRED	Must be Identical to Interchange Trailer IEA02
	ISA14	Acknowledgement Requested	Send **'0'**	REQUIRED	0 -No Acknowledgement Requested; 1 - Interchange Acknowledgement Requested
	ISA15	Usage Indicator	Send **'T'** or **'P'**	REQUIRED	P - Production Data T - Test Data
	ISA16	Component Element Separator	Send **':'** (colon)	REQUIRED	

Segment ID		Name	Expected Values	Usage	Definition
GS		**Functional Group Header**		REQUIRED	
	GS01	Functional Identifier Code	Send **'HR'**	REQUIRED	276 –Health care Claim Status Request.
	GS02	Application Sender Code		REQUIRED	ID defined by trading partner
	GS03	Application Receiver Code	Send **'592742907'**	REQUIRED	Normally send vendor's Federal Tax ID # in this field
	GS04	Date	Send Sysdate Format CCYYMMDD	REQUIRED	
	GS05	Time	Send HHMM Format for 24 hour clock	REQUIRED	
	GS06	Group Control Number	Start with 1 and increment each file by 1	REQUIRED	
	GS07	Responsible Agency Code	Send **'X'**	REQUIRED	X -Accredited Standards Committee X12
	GS08	Version/Release / Industry ID Code	Send **'005010X212'**	REQUIRED	005010X212 - Standards Approved for Publication by ASC X12 Procedures Review Board through October 2003

Segment ID		Name	Expected Values	Usage	Definition
ST		**Transaction Set Header**		REQUIRED	
	ST01	Identifier Code	Send **'276'**	REQUIRED	276 –Health care Claim Status Request.

	ST02	Transaction Set Control Number	Start with 00001 and increment each file by 1	REQUIRED	Value must be the same as SE02 (below)
	ST03	Implementation Convention Reference	Send **'005010X212'**	REQUIRED	Value must be the same as GS08 (above)

Segment ID		Name	Expected Values	Usage	Definition
BHT		**Beginning Segment**		REQUIRED	
	BHT01	Hierarchical Structure Code	0010	REQUIRED	
	BHT02	Transaction set purpose code	13	REQUIRED	Code Identifying the purpose of transaction set.
	BHT03	Reference Identification		REQUIRED	It is the number assigned by the originator
	BHT04	Date	Transaction Create Date (format CCYYMMDD)	REQUIRED	CCYYMMDD (date the submitter created Transaction)
	BHT05	Time	Transaction Create Time (format HHMM use 24-hour clock)	REQUIRED	HHMM, HHMMSS, HHMMSSD, or HHMMSSDD (time of day the submitter created transaction)
	BHT06	Transaction Type Code	Null	NOT USED	

Segment ID		Name	Expected Values	Usage	Definition
NM1		**Payer Name**		REQUIRED	
	NM101	Entity ID code	Send **'PR'**	REQUIRED	PR - Payer
	NM102	Entity Type Qualifier	Send **'2'**	REQUIRED	2-Non Person Entity

	NM10 3	Name (Last or Organization)	Send **'AVMED'**	REQUIRED	Payer Name
	NM10 8	Identification Code Qual	Send **'PI'**	REQUIRED	PI- Payer Identification number
	NM10 9	Identification code	Send **'592742907'**	REQUIRED	Code identifying party or other code

Segment ID		Name	Expected Values	Usage	Definition
NM1		**Information Receiver Name**		REQUIRED	
	NM10 1	Entity ID code	Send **'41'**	REQUIRED	41 - Submitter
	NM10 2	Entity Type Qualifier	Send **'1'** or **'2'**	REQUIRED	1- Person 2-Non Person Entity
	NM10 3	Name (Last or Organization)		SITUATION AL	Information Receiver's last name or Organization name
	NM10 4	First name		OPTIONAL	Information Receiver's First name
	NM10 5	Middle Name		OPTIONAL	Information Receiver's Middle name
	NM10 8	Identification Code Qualifier	Send **'46'**	REQUIRED	46 – Electronic Transmitter Iden Num
	NM10 9	Identification code		REQUIRED	Code identifying party or other code

Segment ID		Name	Expected Values	Usage	Definition
NM1		**Provider Name**		REQUIRED	
	NM10 1	Entity ID code	Send **'1P'**	REQUIRED	1P - Provider
	NM10 2	Entity Type Qualifier	Send **'1'** or **'2'**	REQUIRED	1- Person 2-Non Person Entity
	NM10 3	Name (Last or Organization)		SITUATION AL	Information Receiver's last name or Organization name
	NM10 4	First name		OPTIONAL	Information Receiver's First name

Segment ID		Name	Expected Values	Usage	Definition
	NM105	Middle Name		OPTIONAL	Information Receiver's Middle name
	NM108	Identification Code Qualifier	Send '**XX**'	REQUIRED	XX – National Provider ID (NPI)
	NM109	Identification code		REQUIRED	Provider Identifier

Segment ID		Name	Expected Values	Usage	Definition
DMG		**Subscriber Demographic Information**		SITUATIONAL	
	DMG01	Date Time Period Format Qualifier	Send '**D8**'	REQUIRED	CCYYMMDD (Format)
	DMG02	Date Time Period	Subscriber Birth date (format CCYYMMDD)	REQUIRED	Subscriber Date of Birth
	DMG03	Gender Code	Send '**M**' or '**F**'	SITUATIONAL	Subscriber Gender Code

Segment ID		Name	Expected Values	Usage	Definition
NM1		**Subscriber Name**		REQUIRED	
	NM101	Entity ID code	Send '**IL**'	REQUIRED	IL – Insured or Subscriber
	NM102	Entity Type Qualifier	Send '**1**' or '**2**'	REQUIRED	1- Person 2-Non Person Entity
	NM103	Last Name		REQUIRED	Subscriber's Last Name
	NM104	First name		OPTIONAL	Subscriber's First name
	NM105	Middle Name		OPTIONAL	Subscriber's Middle name
	NM108	Identification Code Qualifier	Send '**MI**'	REQUIRED	MI – Member Identification Number
	NM109	Identification code		REQUIRED	Subscriber Identifier

Segment ID	Name	Expected	Usage	Definition

		Values		
TRN	**Claim Status Tracking Number**		SITUATIONAL	
	TRN01	Trace Type Code	Send **'1'**	REQUIRED	1 – Current Transaction Trace number
	TRN02	Reference Identification		REQUIRED	Unique Identification for the Transaction

Segment ID	Name	Expected Values	Usage	Definition
REF	**Payer Claim Control Number**		SITUATIONAL	
	REF01	Reference Identification Qualifier	Send **'1K'**	REQUIRED	1K – Payor's Claim Number
	REF02	Reference Identification		REQUIRED	Payer Claim control Number

Segment ID	Name	Expected Values	Usage	Definition
REF	**Institutional Bill Type Identification**		SITUATIONAL	
	REF01	Reference Identification Qualifier	Send **'BLT'**	REQUIRED	BLT – Billing Type
	REF02	Reference Identification	Concatenate the 837I CLM05-1 (Facility Type Code) and CLM05-3 (Claim Frequency Code) values. Code Source 236: Uniform Billing Claim Form Bill Type Code Source 235: Claim Frequency	REQUIRED	Bill Type Identifier

			Type Code		

Segment ID		Name	Expected Values	Usage	Definition
REF		**Patient Control Number**		SITUATIONAL	
	REF01	Reference Identification Qualifier	Send **'EJ'**	REQUIRED	EJ – Patient Account Number
	REF02	Reference Identification		REQUIRED	Patient Control Number

Segment ID		Name	Expected Values	Usage	Definition
REF		**Claims ID for Clearinghouses and Other Transmission Intermediaries**		SITUATIONAL	
	REF01	Reference Identification Qualifier	Send **'D9'**	REQUIRED	D9 – Claim Number
	REF02	Clearinghouse Trace Number		REQUIRED	Clearinghouse Trace Number (Claim Number)

Segment ID		Name	Expected Values	Usage	Definition
AMT		**Claim Submitted Charges**		SITUATIONAL	
	AMT01	Amount Qualifier Code	Send **'T'**	REQUIRED	T3 – Total Submitted Charges
	AMT02	Monetary Amount		REQUIRED	Total Claim Charge Amount

Segment ID		Name	Expected Values	Usage	Definition
DTP		**Claim Service Date**		SITUATIONAL	
	DTP01	Date Time Qualifier	Send **'472'**	REQUIRED	472 - Service
	DTP02	Date Time	Send **'D8'** or	REQUIRED	D8 - Date Expressed

Segment ID		Name	Expected Values	Usage	Definition
		Period Format Qualifier	**'RD8'**		in format CCYYMMDD RD8 – Range of dates expressed in format CCYYMMDD - CCYYMMDD
	DTP03	Date Time Period	Claim Service Period (FormatCCYY MMDD)	REQUIRED	Claim Service period

Segment ID		Name	Expected Values	Usage	Definition
SE		**Transaction Set Trailer**		REQUIRED	
	SE01	Transaction Segment Count	Total number of segments in the transaction set including ST and SE segments	REQUIRED	
	SE02	Transaction Set Control Number	Value must be the same as ST02 (above)	REQUIRED	See ST02 (above)

Segment ID		Name	Expected Values	Usage	Definition
GE		**Functional Group Trailer**		REQUIRED	
	GE01	Number of Transaction Sets Included	Send number of transactional sets sent	REQUIRED	
	GE02	Group Control Number	Value must be the same as GS06 (above)	REQUIRED	See GS06 (above)

Segment ID	Name	Expected Values	Usage	Definition

IEA		Interchange Control Trailer		REQUIRED	
	IEA01	Number of Included Functional Groups	Send number of Functional Groups sent	REQUIRED	
	IEA02	Interchange Control Number	Value must be the same as ISA13 (above)	REQUIRED	See ISA13 (above)

10.2 277 Specific Information

The following segment details are for the 277 transaction. When responding with the 277, the claim status code along with all the data that we received on the 276 is returned.

Segment ID		Name	Expected Values	Usage	Definition
ISA		**Interchange Control Header**		REQUIRED	Note: This segment is fixed length with **'*'** (asterisk) delimiters
	ISA01	Authorization Info Qualifier	We Send **'00'**	REQUIRED	00 - No Authorization Information Present 03 - Additional Data Identification
	ISA02	Authorization Info	We Send 10 spaces	REQUIRED	
	ISA03	Security Info Qualifier	We Send **'00'**	REQUIRED	00 - No Security Information Present 01 Password
	ISA04	Security Info	We Send 10 spaces	REQUIRED	
	ISA05	Interchange ID Qualifier	We Send **'ZZ'**	REQUIRED	01 - Duns (Dun & Bradstreet); 14 - Duns Plus Suffix; 20 - Health Industry Number (HIN); 27 - Carrier Identification Number as Assigned by Health

					Care Financing Administration (HCFA); 28 - Fiscal Intermediary Identification Number; 29 - Medicare Provider and Supplier ID #; 30 - U.S. Federal Tax Identification Number; 33 - National Association of Insurance Carriers Code; ZZ - Mutually Defined
	ISA06	Interchange Sender ID	**AVMED**	REQUIRED	Value is defined by trading partner
	ISA07	Interchange ID Qualifier	Send **'ZZ'**	REQUIRED	01 -Duns (Dun & Bradstreet); 14 -Duns Plus Suffix; 20 -Health Industry Number (HIN); 27 -Carrier Identification Number as Assigned by Health Care Financing Administration (HCFA); 28 -Fiscal Intermediary Identification Number; 29 -Medicare Provider and Supplier ID #; 30 -U.S. Federal Tax Identification Number; 33 -National Association of Insurance Carriers Code; ZZ Mutually Defined
	ISA08	Interchange Receiver ID	We Send Partner ID	REQUIRED	Normally send vendor's Federal Tax ID # in this field
	ISA09	Interchange Date	Send Sysdate. Format YYMMDD	REQUIRED	
	ISA10	Interchange Time	Send HHMM Format for 24-hour clock	REQUIRED	

Segment ID		Name	Expected Values	Usage	Definition
	ISA11	Repetition Separator	Send **'^'**	REQUIRED	
	ISA12	Interchange Control Version Number	Send **'00501'**	REQUIRED	00501- Standards Approved for Publication by ASC X12 Procedures Review Board through October 2003
	ISA13	Interchange Control Number	start with '000000001' and increment each file by 1	REQUIRED	Must be Identical to Interchange Trailer IEA02
	ISA14	Acknowledgement Requested	Send **'0'**	REQUIRED	0 -No Acknowledgement Requested; 1 - Interchange Acknowledgement Requested
	ISA15	Usage Indicator	Send **'T'** or **'P'**	REQUIRED	P - Production Data T - Test Data
	ISA16	Component Element Separator	Send **':'** (colon)	REQUIRED	

Segment ID		Name	Expected Values	Usage	Definition
GS		**Functional Group Header**		REQUIRED	
	GS01	Functional Identifier Code	Send **'HN'**	REQUIRED	277 –Health care Information Status notification.
	GS02	Application Sender Code	Send **'592742907'**	REQUIRED	ID defined by trading partner
	GS03	Application Receiver Code	Same as ISA08	REQUIRED	Normally send vendor's Federal Tax ID # in this field
	GS04	Date	Send Sysdate Format CCYYMMDD	REQUIRED	

Segment ID		Name	Expected Values	Usage	Definition
	GS05	Time	Send HHMM Format for 24 hour clock	REQUIRED	
	GS06	Group Control Number	Start with 1 and increment each file by 1	REQUIRED	
	GS07	Responsible Agency Code	Send **'X'**	REQUIRED	X -Accredited Standards Committee X12
	GS08	Version/Release / Industry ID Code	Send **'005010X212'**	REQUIRED	005010X212 - Standards Approved for Publication by ASC X12 Procedures Review Board through October 2003

Segment ID		Name	Expected Values	Usage	Definition
ST		**Transaction Set Header**		REQUIRED	
	ST01	Identifier Code	We Send **'277'**	REQUIRED	277 –Health care Information Status notification.
	ST02	Transaction Set Control Number	Start with 00001 and increment each file by 1	REQUIRED	Value must be the same as SE02 (below)
	ST03	Implementation Convention Reference	Send **'005010X212'**	REQUIRED	Value must be the same as GS08 (above)

Segment ID		Name	Expected Values	Usage	Definition
SE		**Transaction Set Trailer**		REQUIRED	
	SE01	Transaction Segment Count	Total number of segments in the transaction set including ST and SE	REQUIRED	

Segment ID		Name	Expected Values	Usage	Definition
			segments		
	SE02	Transaction Set Control Number	Value must be the same as ST02 (above)	REQUIRED	See ST02 (above)

Segment ID		Name	Expected Values	Usage	Definition
GE		**Functional Group Trailer**		REQUIRED	
	GE01	Number of Transaction Sets Included	Send number of transactional sets sent	REQUIRED	
	GE02	Group Control Number	Value must be the same as GS06 (above)	REQUIRED	See GS06 (above)

Segment ID		Name	Expected Values	Usage	Definition
IEA		**Interchange Control Trailer**		REQUIRED	
	IEA01	Number of Included Functional Groups	Send number of Functional Groups sent	REQUIRED	
	IEA02	Interchange Control Number	Value must be the same as ISA13 (above)	REQUIRED	See ISA13 (above)

11. APPENDICES

11.1 Implementation Checklist

AvMed suggests entities use the following information as a checklist of steps to become an AvMed submitter:

- Read and review this guide.
- Contact **AvMed Operations Support (EDI)** if you have questions**.**
    - **Phone: 305-671-4789**
    - **Email: edi_support@avmed.org**
- Register for a user ID. AvMed Health Plans will provide you with the information required for transacting, like the FTP address and login credentials.

- Send at least one test transaction.
- Begin submitting transactions.

11.2 Business Scenarios

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

The following scenarios are intended to serve as examples of a typical relationship between entities and AvMed Health Plans in regards to the AvMed EDI system.

- *Clearinghouse A submits transactions for Provider A. Clearinghouse A wishes to provide real-time services for Provider A, so they register with their current payers to do real-time transactions via their respective implementations. In order to complete registration and successfully submit transactions on behalf of Provider A, Clearinghouse A must register with AvMed. Once this has occurred, Clearinghouse A can send transactions for Provider A as well as any other clients it has a relationship with that are currently contracted with AvMed Health Plans.*

- *Software Vendor A provides practice management systems to Provider A. The system has the capability to build SOAP-based ANSI transactions for submission to various payers or clearinghouses. Provider A expresses an interest in being able to process real-time ANSI data so Software Vendor A instructs the provider on how to set up this feature. Provider A can register with AvMed to send and receive transactions.*

11.3 Transmission Examples

SAMPLE SOAP REQUEST:

```
<soapenv:Envelope
xmlns:soapenv="http://schemas.xmlsoap.org/soap/envelope/"
xmlns:real="http://www.avmed.org/EDI/RealTimeRequest.xsd">
  <soapenv:Header/>
  <soapenv:Body>
    <real:RealTimeRequest>
      <PayloadType></PayloadType>
      <ProcessingMode></ProcessingMode>
      <PayloadID></PayloadID>
      <TimeStamp></TimeStamp>
      <SenderID></SenderID>
      <ReceiverID></ReceiverID>
      <CORERuleVersion></CORERuleVersion>
      <Payload></Payload>
    </real:RealTimeRequest>
```

```
    </soapenv:Body>
</soapenv:Envelope>

NOTE:
    PayloadType = 005010X212
    ProcessingMode = RealTime
    PayloadID = An Identifier that you will use to identify the request submitted
    TimeStamp = Time and Date specifying when a message is created
    SenderID = sender ID
    ReceiverID = AVMED
    CORERuleVersion = 2.2.0
    Payload = X12 276 Request
```

11.4 Frequently Asked Questions

This appendix contains a compilation of questions and answers relative to AvMed Health Plans and its providers.

Is there a charge for a provider to submit 276 requests and receive 277 responses back?
This is a free service offered by AvMed Health Plans to providers, clearinghouses and billing services and there are no fees associated with the use of this service.

Once a request is submitted when will a response be received back from AvMed Health Plans?
A single real-time request will receive a response back within 20 seconds.

Who do I call for support if a problem arises? What are the hours?

Contact:
AvMed Operations Support (EDI)
       Phone: 305-671-4789
       Email: edi_support@avmed.org
Hours:
Monday through Friday, 9:00 AM – 5:00 PM Eastern Time

12. Change Log

Version	Description of Change	Author	Date
1.0	Initial Draft	Karim Maknojia	8/30/12
2.0	CORE Content Revisions	Peggy Smith	9/24/12
Final	Updated hyperlinks	Peggy Smith	5/7/13
Final Rev	Update maintenance schedule	Peggy Smith	6/27/13
	Correct Typo	Peggy Smith	10/8/13