

Florida Blue Medicare Health Plan

HIPAA Transaction Standard Companion Guide

For Availity^{®1} Health Information Network Users

Refers to the Technical Report Type Three (TR3) Based on ASC Version 005010X212

ANSI 276/277- Health Care Claim Status Request and Response

Companion Guide Version Number: 2.0

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Disclosure Statement

The Florida Blue Medicare HIPAA Transaction Standard Companion Guide for EDI Transaction Technical Report, Type three (3) (TR3) provides guidelines for submitting electronic batch transactions. Because the HIPAA ASC X12-TR3s require submitters and receivers to make certain determinations /elections (e.g., whether, or to what extent, situational data elements apply) this Companion Guide documents those determinations, elections, assumptions or data issues that are permitted to be specific to Florida Blue Medicare business processes when implementing the HIPAA ASC X12 5010 TR3s.

This Companion Guide does not replace or cover all segments specified in the HIPAA ASC X12 TR3s. It does not attempt to amend any of the requirements of the TR3s or impose any additional obligations on trading partners of Florida Blue Medicare that are not permitted to be imposed by the HIPAA Standards for Electronic Transactions. This Companion Guide provides information on Florida Blue Medicare specific codes relevant to Florida Blue Medicare business processes, rules and situations that are within the parameters of HIPAA. Readers of this Companion Guide should be acquainted with the HIPAA ASC X12 TR3s, their structure and content.

This Companion Guide provides supplemental information that exists between Florida Blue Medicare and its trading partners. Trading partners should refer to their Trading Partner Agreement for guidelines pertaining to Availity LLC, legal conditions surrounding the implementation of the EDI transactions and code sets. However, trading partners should refer to this Companion Guide for information on Florida Blue Medicare business rules or technical requirements regarding the implementation of HIPAA-compliant EDI transactions and code sets.

Nothing contained in this Companion Guide is intended to amend, revoke, contradict or otherwise alter the terms and conditions of your applicable Trading Partner Agreement. If there is an inconsistency between the terms of this Companion Guide and the terms of your applicable Trading Partner Agreement, the terms of the Trading Partner Agreement will govern. If there is an inconsistency between the terms of this Companion Guide and any terms of the TR3, the relevant TR3 will govern with respect to HIPAA edits and this Companion Guide will govern with respect to business edits.

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06/01/2023	Section 1.4 verbiage modification - (version 1.2)	6-7
12/15/2023	Update to section 3	8
12/15/2023	Update to section 1.4 Florida Blue Scheduled Downtown	6
12/15/2023	Update to Table of Contents	5

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1 INTRODUCTION

The Health Insurance Portability and Accountability Act (HIPAA) requires that the health care industry in the United States comply with the electronic data interchange (EDI) standards as established by the Secretary of Health and Human Services. The Technical Report Type three (3) Guides (TR3s) for the ANSI 276/277 Claim Status Request and Response transaction specifies in detail the required formats. It contains requirements for the use of specific segments and specific data elements within segments and was written for all health care providers and other submitters. It is critical that your software vendor or IT staff review this document carefully and follow its requirements to send HIPAA compliant files to Florida Blue. The ASC X12 005010X212 is the established standard for Claim Status Request and Response (ANSI 276/277).

1.1 Scope

This ANSI 276/277 Companion Guide was created for Florida Blue Medicare trading partners to supplement the ANSI 276/277 TR3. It describes the data content, Florida Blue Medicare business rules, and characteristics of the ANSI 276/277 transaction.

1.2 Overview

The Technical Report Type three (3) Guides (TR3s) for the ANSI 276/277 Claim Status Request and Response transaction specifies in detail the required formats. It contains requirements for the use of specific segments and specific data elements within segments and was written for all health care providers and other submitters. It is critical that your software vendor or IT staff review this document carefully and follow its requirements to send HIPAA-compliant files to Florida Blue Medicare.

1.3 References

- TR3 Guides for ASC X12 005010X212 Claim Status Request and Response (ANSI 276/277) and all other HIPAA standard transactions are available electronically at x12.org/products
- For more information, including an online demonstration, please visit availability.com or call 800-282-4548.
- CAQH CORE Operating Rules Phase II [CAQH CORE Claim Status Infrastructure](#) .

1.4 Additional Information

Florida Blue Scheduled Downtime

Florida Blue production systems are available 24 hours per day, 7 days per week except for scheduled monthly maintenance. On Sunday’s from 9PM-6AM every week, Florida Blue IT Teams conduct a scheduled outage on IT systems and services. UNIX patching occurs once a month as well as Florida Blue Enterprise Release. Please see scheduled downtimes below.

2024 UNIX patching schedule and Release schedule

AIX-LUNIX MONTHLY	2024 JAN	2024 FEB	2024 MAR	2024 APR	2024 MAY	2024 JUN	2024 JULY	2024 AUG	2024 SEPT	2024 OCT	2024 NOV	2024 DEC
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Florida Blue Medicare Health Plan Companion Guide ANSI 276/277 Transaction Type

PATCHING OVERVIEW												
Production Environment Patching (1 day, Sunday Maintenance window)	01/21	02/25	03/24	04/28	05/19	06/23	07/28	08/25	09/22	10/13	11/10	12/15

Enterprise Release Schedule:

Release Month	Feb 10	Apr 12	May 18 FEP	Jun 22	July 27 FEP ONLY	Aug 24	Sep 21	Oct 12 FEP ONLY	Oct 18	Nov 16	Dec 14	Jan 1, 2025 FEP ONLY
Production Milestone	Sat-Sun Imp	Fri-Sat Imp	Sat-Sun Imp	Sat-Sun Imp	Sat-Sun Imp	Sat-Sun Imp	Sat-Sun Imp	Sat-Sun Imp	Fri-Sat Imp	Sat-Sun Imp	Sat-Sun Imp	Mon - Tues Imp
Implementation	02/10-02/11	04/12-04/13	05/18-05/19	06/22-06/23	07/27-07/28	08/24-08/25	09/21-09/22	10/12-10/13	10/18-10/19	11/16-11/17	12/14-12/15	01/01-01/02

Any additional planned maintenance or unscheduled outages will be posted on the Status page as well as on News and Announcements at www.Availity.com.

Holiday Schedule

Our company observes the following holidays for 2024:

1. New Year's Day - Monday, January 1
2. Martin Luther King Jr. Day - Monday, January 15
3. Memorial Day - Monday, May 27
4. Juneteenth - Wednesday, June 19
5. Independence Day - Thursday, July 4
6. Labor Day - Monday, September 2
7. Thanksgiving Holiday - Thursday, November 28 & Friday, November 29
8. Christmas Holiday - Tuesday, December 24 & Wednesday, December 25

If a holiday falls on a day when our company doesn't operate, we will observe that holiday on the closest business day. For example, if a holiday falls on a Sunday, the following Monday will be observed as a holiday.

2 GETTING STARTED

2.1 Working with Florida Blue Medicare and Availity

Availity optimizes an information exchange between multiple health care stakeholders through a single, secure network. Availity encompasses administrative, financial, and clinical services, supporting both real-time and batch EDI via the web and through business-to-business (B2B) integration. For more information, including an online demonstration, please visit availity.com or call 800-282-4548.

2.2 Trading Partner Registration

To register, you will need:

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- Basic information about your practice, including your Federal Tax ID and National Provider Identifier.
- Someone with the legal authority (typically an owner or senior partner) to sign agreements for your organization.
- An office manager or other employee who can oversee the Availity implementation and maintain User IDs and access.

2.3 Certification and Testing Overview

All trading partners and clearinghouses should be certified via Availity. It is recommended that the trading partner obtain HIPAA Certification from an approved testing and certification third party vendor prior to testing.

3 CONNECTIVITY/COMMUNICATIONS WITH FLORIDA BLUE MEDICARE AND AVAILITY

3.1 Communication Protocol

- HTTPS and your common Internet browsers

3.2 Passwords

- If a password change is necessary, please contact Availity at 800-282-4548 or [availity.com](https://www.availity.com).

4 CONTACT INFORMATION

4.1 EDI Support visit [availity.com](https://www.availity.com) or call 800-282-4548.

4.2 Provider Support visit [floridablue.com](https://www.floridablue.com) or call 800-727-2227. Please have your Availity transaction ID ready.

5 CONTROL SEGMENTS/ENVELOPES

The purpose of this section is to delineate specific data requirements where multiple valid values are presented within the 5010 TR3.

Common Definitions

- **Interchange control header (ISA06) Interchange Sender ID (Mailbox ID)** – is individually assigned to each trading partner.
- **Interchange control header (ISA08) Interchange Receiver ID** – is the Florida Blue Tax ID, 592015694.
- **Interchange control header (ISA15) Usage Indicator** – defines whether the transaction is a test (T) or production (P).
- **Functional Group Header (GS02) Application Sender's code** – is individually assigned to each trading partner.

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**ANSI 276/277 - Claim Status Request and Response:
Global Information**

Req #	Loop ID – Segment Description & Element Name	Reference Description	TR3 Page(s)	Plan Requirement
G1	All Transactions			Florida Blue Medicare requires a trading partner Agreement to be on file with Availity indicating all electronic transactions the trading partner intends to send or receive.
G2	All Segments			Only loops, segments, and data elements valid for the 276 HIPAA TR3 Guide ASC X12 005010X212 are allowed.
G3	<p>Acknowledgments –</p> <p>Florida Blue Medicare acknowledgements are created to communicate the status of transactions. They may be retrieved daily. One file could result in multiple acknowledgements.</p> <p><u>ANSI X12:</u></p> <p>-TA1 – Interchange Acknowledgement</p> <p>-999– Functional Acknowledgement</p>			<p>TA1 is available immediately after file submission.</p> <p>999 is available immediately after file submission.</p>
G4	Negative Values			Negative values are not allowed.
G5	Date fields			All dates must be a valid calendar date and follow the format based on the respective qualifier, in the 276/277 005010 TR3.
G6	Batch Transaction Processing			Generally, transmissions are accepted 24 hours a day, 7 days a week.

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Req #	Loop ID – Segment Description & Element Name	Reference Description	TR3 Page(s)	Plan Requirement
G7	Multiple Transmissions	All Segments		Any errors detected in a transaction set will result in the entire transaction set being rejected.
	All transactions – B2B / EDI			Remove - (dashes) from all tax IDs, SSNs and zip codes.
G9	All Segments	Response		A 277 claim status response is contingent upon Florida Blue Medicare’s receipt of an original ANSI X12 5010 837 claim.
G10		Response		<p>If the provider of services has been assessed a lien, levy or garnishment, claim payments will be withheld by Florida Blue Medicare.</p> <p>If a 276 request is sent on a claim that meets this condition, the 277 response will provide the payment information that would have been paid without the garnishment.</p>

Enveloping Information – 276 Request

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Florida Blue Medicare Health Plan Companion Guide ANSI 276/277 Transaction Type

Req #	Loop ID - Segment Description & Element Name	Reference Description	TR3 Page(s)	Plan Requirement
E1	Interchange Control Header	ISA	Appendix (B.5; C.3)	All transactions utilize delimiters from the following list: >,*,~,^, , { and : . Submitting delimiters not supported within this list may cause an interchange (transmission) to be rejected.
E2	Interchange Control Structure	ISA	Appendix B (B.3)	Must submit Claim Status Request data using the basic character set as defined in Appendix B of the ASC X12 005010X212 TR3. In addition to the basic character set, you may choose to submit lower case characters and the special character (@) from the extended character set. Any other characters submitted from the extended character set may cause the interchange (transmission) to be rejected.
E3	Interchange Control Header Authorization Information Qualifier	ISA01	Appendix C (C.4)	00
E4	Interchange Control Header Authorization Information	ISA02	Appendix C (C.4)	10 spaces
E5	Interchange Control Header Security Information Qualifier	ISA03	Appendix C (C.4)	00
E6	Interchange Control Header Security Information	ISA04	Appendix C (C.4)	10 spaces
E7	Interchange Control Header Interchange ID Qualifier	ISA05	Appendix C (C.4)	01
E8	Interchange Control Header Interchange Sender ID	ISA06	Appendix C (C.4)	Florida Blue Medicare sender mailbox number
E9	Interchange Control Header Interchange ID Qualifier	ISA07	Appendix C (C.5)	ZZ
E10	Interchange Control Header Interchange Receiver ID	ISA08	Appendix C (C.5)	592015694 (Florida Blue Tax ID)

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Florida Blue Medicare Health Plan Companion Guide ANSI 276/277 Transaction Type

Req #	Loop ID - Segment Description & Element Name	Reference Description	TR3 Page(s)	Plan Requirement
E11	Interchange Control Header Repetition Separator	ISA11	Appendix C (C.5)	{ (bracket) delimiter
E12	Interchange Control Header Acknowledgement Requested	ISA14	Appendix C (C.6)	1 (one)
E13	Interchange Control Header Interchange Usage Indicator	ISA15	Appendix C (C.6)	P or T is required and indicates Production or Test.
E14	Interchange Control Header Component Element Separator	ISA16	Appendix C (C.6)	: (colon) delimiter
E15	Interchange Control Header Functional Group Header/Functional Group Trailer	GS - GE ISA - IEA	Appendix C (C.7)	Multiple ST's within one (1) GS segment are permissible and will be processed.
E16	Functional Group Header Functional Identifier Code	GS01	Appendix C (C.7)	HR - Health Care Claim Status Request (276)
E17	Functional Group Header Application Sender's Code	GS02	Appendix C (C.7)	Florida Blue Medicare assigned Sender Code
E18	Functional Group Header Application Receiver's Code	GS03	Appendix C (C.7)	592015694 (Florida Blue Tax ID)
E19	Version / Release / Industry Identifier Code	GS08	Appendix C (C.8)	005010X212
E20	Implementation Convention Reference	ST03	36	005010X212

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6 PAYER SPECIFIC BUSINESS RULES AND LIMITATIONS

Business Requirements

Req #	Loop ID – Segment Description & Element Name	Reference Description	TR3 Page(s)	Plan Requirement
B1	2100A – Information Source Level - Payer Name Name Last or Organization Name	NM103	41	Florida Blue

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Req #	Loop ID – Segment Description & Element Name	Reference Description	TR3 Page(s)	Plan Requirement
B2	2100B – Information Receiver Level - Information Receiver Name 2100C – Service Provider Level – Provider Name	NM1	45	NM108 - 46 NM109 - Florida Blue Medicare Sender ID
B3	2100C - Service Provider Level First Name	NM104	50	If NM102 = 1 Then NM014 Required - Provider First Name that is known.
B4	2100C - Service Provider Level Identification Code Qualifier Identification Code – Provider Identifier –	NM108 NM109	51	NM108 - XX NM109 - Provider NPI
B5	2000D/2000E – Subscriber / Dependent Demographic Information Subscriber/Patient Date of Birth (DOB)	DMG02	55	Patient DOB is a required by Florida Blue. Patient DOB cannot be greater than the request submit date.
B6	2000D/2000E – Subscriber / Dependent Demographic Information Subscriber/Patient Gender Code	DMG03	55	If gender code is submitted, it must be either M – Male or F - Female. Any other value will cause a rejection.
B7	2100D – Subscriber Name First Name	NM104	57	If NM102 = 1 Then NM104 Required - Subscriber First Name that is known

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Florida Blue Medicare Health Plan Companion Guide ANSI 276/277 Transaction Type

Req #	Loop ID – Segment Description & Element Name	Reference Description	TR3 Page(s)	Plan Requirement
B8	2100D – Subscriber Name 2100E – Dependent Name Identification Code Qualifier Identification Code	NM108 NM109	57, 136	NM108 – MI NM109 – Member Identification number exactly as it appears on the Florida Blue Medicare ID card, including any out-of-state Blue Card IDs. Failure to submit the data as indicated above may result in a claim/encounter not found message.
B9	2200D/2200E - Claim Status Tracking Number Reference Identification Qualifier Payer Claim Control Number	REF01 REF02	59	REF01 - 1K REF02 - Payer's Claim Number
B10	2200D/2200E - Claim Status Tracking Number Patient Control Number	REF01 REF02	63	REF01 = EJ REF02 – Patient control number If a patient control number is submitted, it must be 20 characters or less.
B11	2200D/2200E - Claim Status Tracking Number Total Claim Charge Amount	AMT02	66	Negative amounts are not allowed.
B12	2100E – Dependent Name Patient First Name	NM104	80	If NM102 = 1 Then NM104 Required - Dependent First Name when it is known

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Florida Blue Medicare Health Plan Companion Guide ANSI 276/277 Transaction Type

Req #	Loop ID – Segment Description & Element Name	Reference Description	TR3 Page(s)	Plan Requirement
B13	2200D/2200E – Claim Status Tracking Number Institutional Bill Type	REF02 REF01	83	Bill type, if submitted, then REF01 must be BLT (Billing Type). REF02 – Facility Bill type
B14	2200D - Payer Claim Identification Number 2200D - Claim Submitter Trace Number	TRN02 Response:	137	Florida Blue Medicare will return the Trace number that was submitted in the 276 request.
B15	2200D - Subscriber Level 2200E – Dependent Level Check Number	STC09 Response	146	Florida Blue Medicare will not return a check number in this data element if multiple checks are issued for a paid claim. This is in compliance with the direction provided in the ANSI X12 5010 277 TR3.
B16	2200D/2200E – Claim Status Tracking Number Patient Account Number Patient Control Number	REF01 REF02 Response	151	REF01 = EJ REF02 – Patient control number Patient control number from 276

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<p>B17</p>	<p>2200D - Subscriber Level 2200E – Dependent Level Claim Service Period From Claim Service Period To</p>	<p>DTP03</p>	<p>156</p>	<p>The Claim Service From and To dates must be on or after the Patient Date of Birth.</p> <p>The Claim Service From and To dates must be within 2 years of the request submit date</p> <p>The Claim Service From and To dates cannot be in the future.</p> <p>The Claim Service From date cannot be greater than the Claim Service To date.</p> <p>The Claim Service From and To Dates must not span more than 365 days.</p>
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Enveloping Information – 277 Response

Req #	Loop ID - Segment Description & Element Name	Reference Description	TR3 Page(s)	Plan Requirement
E1	Interchange Control Header	ISA	Appendix B.5; C.3	All transactions utilize delimiters from the following list: >,*,~,^, ,{ and : .
E2	Interchange Control Structure	ISA	Appendix B (B.3)	Florida Blue Medicare sends Claim Status response data using the basic character set as defined in Appendix B of the ASC X12 005010X212 TR3. In addition to the basic character set, lower case characters and the special character (@) from the extended character set may be used.
E3	Interchange Control Header Authorization Information Qualifier	ISA01	Appendix C (C.4)	00
E4	Interchange Control Header Authorization Information	ISA02	Appendix C (C.4)	10 spaces
E5	Interchange Control Header Security Information Qualifier	ISA03	Appendix C (C.4)	00

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Florida Blue Medicare Health Plan Companion Guide ANSI 276/277 Transaction Type

Req #	Loop ID - Segment Description & Element Name	Reference Description	TR3 Page(s)	Plan Requirement
E6	Interchange Control Header Security Information	ISA04	Appendix C (C.4)	10 spaces
E7	Interchange Control Header Interchange ID Qualifier	ISA05	Appendix C (C.4)	ZZ
E8	Interchange Control Header Interchange Sender ID	ISA06	Appendix C (C.4)	592015694 (Florida Blue Tax ID)
E9	Interchange Control Header Interchange ID Qualifier	ISA07	Appendix C (C.5)	01
E10	Interchange Control Header Interchange Receiver ID	ISA08	Appendix C (C.5)	Florida Blue Medicare sender mailbox number
E11	Interchange Control Header Repetition Separator	ISA11	Appendix C (C.5)	{ (bracket) repetition separator.
E12	Interchange Control Header Acknowledgement Requested	ISA14	Appendix C (C.6)	1 (one)
E13	Interchange Control Header Interchange Usage Indicator	ISA15	Appendix C (C.6)	P or T is required and indicates Production or Test.
E14	Interchange Control Header Component Element Separator	ISA16	Appendix C (C.6)	: (colon) delimiter
E15	Interchange Control Header Functional Group Header/Functional Group Trailer	GS - GE ISA - IEA	Appendix C (C.7)	Multiple ST's within one (1) GS segment are permissible and will be processed.
E16	Functional Group Header Functional Identifier Code	GS01	Appendix C (C.7)	HN – Health Care Information Status Notification (277)
E17	Functional Group Header Application Sender's Code	GS02	Appendix C (C.7)	592015694 (Florida Blue Tax ID)
E18	Functional Group Header Application Receiver's Code	GS03	Appendix C (C.7)	Florida Blue Medicare assigned Sender Code

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Req #	Loop ID - Segment Description & Element Name	Reference Description	TR3 Page(s)	Plan Requirement
E19	Functional Group Header Version / Release / Industry Identifier Code Implementation Convention Reference	GS08	Appendix C (C.8)	005010X212
E20	Implementation Convention Reference	ST03	36	005010X212

7 ACKNOWLEDGEMENTS AND/OR REPORTS

The purpose of this section is to outline Florida Blue Medicare processes for handling the initial processing of incoming files and the electronic acknowledgment generation process.

TA1 Interchange Acknowledgement Transaction

All X12 file submissions are pre-screened upon receipt to determine if the ISA or IEA segments are readable. If errors are found, a TA1 response transaction will be sent to notify the trading partner that the file could not be processed provided the file contains a code value of one (1) in the ISA14. No TA1 response transaction will be sent for error-free files.

Once Florida Blue Medicare determines that the file is readable, validation is performed on the interchange control header (ISA) and interchange control trailer (IEA) loop information. If these segments have a non-standard structure, the file will receive a full file reject and the TA1 response transaction will be sent to the trading partner, provided the file contains a code value of one (1) in the ISA14.

999 Functional Acknowledgement Transactions

If the file submission passes the ISA/IEA pre-screening above, it is then checked for ASC X12 syntax and HIPAA compliance errors. When the compliance check is complete, a 999 will be sent to the trading partner informing them if the file has been accepted or rejected. If multiple transaction sets (ST-SE) are sent within a functional group (GS-GE), the entire functional group (GS-GE) will be rejected when an ASC X12 or HIPAA compliance error is found.

8 TRADING PARTNER AGREEMENTS

Please contact Availity for your Trading Partner Agreement at 800-282-4548 or availity.com.

9 TRANSACTION SPECIFIC INFORMATION

9.1 ASC X12 Transactions Supported

Florida Blue Medicare processes the following ASCX12 HIPAA transactions for Claim Status

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Request:

ASC X12 276/277 ASC X12 005010X212	Claim Status Request and Response
ASC X12 TA1 005010X231A1	Response to the X12 transactions where errors are encountered in the outer envelopes (ISA/IEA and GS/GE segments)
ASC X12 999 005010X231A1	Functional Acknowledgement

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