United Concordia dental®

HIPAA Transaction Standard Companion Guide

Refers to the Implementation Guides Based on ASC X12 Implementation Guides, version 005010

CORE v5010 Master Companion Guide August 2026

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 United Concordia. 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 the right-hand page.

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1. Introduction

1.1 Scope

The Provider EDI Companion Guide addresses how Providers, or their business associates, conduct Dental Claim, Claim Acknowledgment, Claim Payment Advice, Claim Status and Eligibility HIPAA standard electronic transactions with United Concordia. This guide also applies to the above referenced transactions that are being transmitted to United Concordia by a clearinghouse. An Electronic Data Interchange (EDI) Trading Partner is defined as any United Concordia customer (Provider, Billing Service, Software Vendor, etc.) that transmits to, or receives electronic data directly from, United Concordia. United Concordia's EDI transaction system supports transactions adopted under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) as well as additional supporting transactions as described in this guide. United Concordia's Dental Electronic Services supports transactions for multiple payers; each transaction chapter lists the supported payers for that transaction.

1.2 Overview

This Companion Guide includes information needed to commence and maintain communication exchange with United Concordia. This information is organized in the sections listed below.

- Getting Started: This section includes information related to system operating hours, provider data services, and audit procedures. It also contains a list of valid characters in text data. Information concerning Trading Partner registration and the Trading Partner testing process is also included in this section**.**
- Testing with the Payer: This section includes detailed transaction testing information as well as other relevant information needed to complete transaction testing with United Concordia.
- Connectivity with the Payer/Communications: This section includes information on United Concordia's transmission procedures as well as communication and security protocols.
- Contact Information: This section includes telephone and fax numbers for United Concordia's Dental Electronic Services.
- Control Segments/Envelopes: This section contains information needed to create the ISA/IEA, GS/GE and ST/SE control segments for transactions to be submitted to United Concordia.
- Payer Specific Business Rules: This section contains information describing United Concordia's business rules.
- Acknowledgments and Reports: This section contains information on all transaction acknowledgments sent by United Concordia. These include the TA1, Health Care Claim Acknowledgment (277CA) and the Implementation Acknowledgment for Health Care Insurance (999).

- Trading Partner Agreements: This section contains general information about and links to United Concordia's trading partner agreements.

- Transaction Specific Information: This section describes how ASC 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 United Concordia has something additional, over and above, the information in the IGs.

1.3 References

Trading Partners must use the ASC X12 National Implementation Guides adopted under the HIPAA Administrative Simplification Electronic Transaction rule and United Concordia's EDI Companion guidelines for development of the EDI transactions. These documents may be accessed through United Concordia's EDI Trading Partner Link: https://www.unitedconcordia.com/home/trading-partners

Trading Partners must use the most current national standard code lists applicable to the EDI transactions. The code lists may be accessed at the Washington Publishing Company website: http://www.wpc-edi.com

The applicable code lists and their respective X12 transactions are as follows:

- Claim Adjustment Reason Codes and Remittance Advice Remark Codes (ASC X12/005010X221A1 Health Care Claim Payment/Advice (835))
- Claim Status Category Codes and Claim Status Codes (ASC X12N/005010X212 Health Care Claim Status Request and Response (276/277) and 005010X214 Health Care Claim Acknowledgment (277CA))
- Provider Taxonomy Codes (ASC X12N/005010X224A2 Health Care Claim: Dental (837D)

1.4 Additional Information

There is no additional information currently.

2. Getting Started

2.1 Working with United Concordia

System Operating Hours

United Concordia is available to handle EDI transactions 24 hours a day seven days a week, except during scheduled system maintenance periods.
We strongly suggest that United Concordia EDI Trading Partners transmit any test data during the hours that United Concordia's Dental Electronic Services support is available, Monday through Friday from 8:00 AM ET to 5:00 PM ET.

Audit Procedures

The Trading Partner ensures that input documents and medical records are available for every automated claim for audit purposes.
United Concordia may require access to the records at any time.
The Trading Partner's automated claim input documents must be kept on file for a period of seven years after date of service for auditing purposes.
The Trading Partner, not their billing agent, is held accountable for accurate records.
The audit consists of verifying a sample of automated claim input against medical records. Retention of records may also be checked. Compliance to reporting requirements is sample checked to ensure proper coding technique is employed. Signature on file records may also be verified. In accordance with the Trading Partner Agreement, United Concordia may request, and the Trading Partner is obligated to provide, access to the records at any time.

Valid Characters in Text Data (AN, string data element type) For data elements that are type AN, "string", United Concordia can accept characters from the basic and extended character sets with the following exceptions:

Character	Name	Hex value
!	Exclamation point	(21)
>	Greater than	(3E)
^	Caret	(5E)
|	Pipe	(7C)
~	Tilde	(7E)

These five characters are used by United Concordia for delimiters on outgoing transactions and control characters for internal processing and therefore would cause problems if encountered in the transaction data. As described in the X12 standards organization's Application Control Structure document (X12.6), a string data element is a sequence of characters from the basic or extended character sets and contains at least one non-space character. The significant characters shall be left justified.

Leading spaces, when they occur, are presumed to be significant characters. In the actual data stream trailing spaces should be suppressed. The representation for this data element type is AN.

Confidentiality
United Concordia and its Trading Partners will comply with the privacy standards for all EDI transactions as outlined in the United Concordia EDI Trading Partner Agreement.

Authorized Release of Information
When contacting Dental Electronic Services concerning any EDI transactions, you will be asked to confirm your Trading Partner information.

2.2 Trading Partner Registration

An EDI Trading Partner is any entity (provider, billing service, software vendor, employer group, financial institution, etc.) that transmits electronic data to or receives electronic data from another entity.
While United Concordia will accept HIPAA compliant transactions from any covered entity, HIPAA security requirements dictate that proper procedure be established in order to secure access to data. As a result, United Concordia has a process in place to establish an Electronic Trading Partner relationship. That process has two aspects:

1. A Trading Partner Agreement must be submitted which establishes the legal relationship and requirements. This is separate from a participating provider agreement.
2. Once the agreement is received, the Trading Partner will be sent a logon ID and password combination for use when accessing United Concordia's EDI system for submission or retrieval of transactions. This ID is also used within EDI Interchanges as the ID of the Trading Partner. Maintenance of the ID and password by the Trading Partner is detailed in the security section of this document.

Authorization Process
New Trading Partners wishing to submit EDI transactions must submit a United Concordia EDI Trading Partner Agreement and EDI transaction Application to United Concordia's Dental Electronic Services.
Both the United Concordia Trading Partner Agreement and EDI Transaction Application can be found at the following link:
https://www.unitedconcordia.com/home/trading-partners

Once these forms are completed, they can be emailed to: DESReps@Highmark.com

These forms must be completed by an authorized representative of the organization.
United Concordia may terminate the Trading Partner Agreement, without notice, if participant's account is inactive for a period of six (6) consecutive months.
Complete and accurate reporting of information will ensure that your agreement and form are processed in a timely manner. If you need assistance in completing the EDI Transaction Application contact your company's technical support area, your software vendor, or Dental Electronic Services.
Upon completion of the authorization process, a Logon ID and Password will be assigned to the Trading Partner. Dental Electronic Services will authorize, in writing, the Trading Partner to submit production EDI transactions. New Logon IDs will be set to 'Test' in production and will be switched to 'Production' after a successful test is completed.
If a breach of your Login ID and/or Password occurs, please contact Dental Electronic Services immediately at (800)633-5430, Monday – Friday from 8:00 AM – 5:00 PM ET.

Receiving ASC X12/005010X221A1 Health Care Claim Payment/Advice (835) Transactions Generated from the Payment Cycle (Batch)
If you are not currently receiving Health Care Claim Payment/Advice (835) remittance transactions generated from the payment cycle in a batch process and wish to, you will need to request ERA (835) by contacting Dental Electronic Services or by going to the link below and completing an ERA Enrollment/Maintenance form:
https://www.unitedconcordia.com/home/trading-partners

Reporting Changes in Status
Trading Partners changing any of their Trading Partner information must inform Dental Electronic Services by completing a new Trading Partner EDI Transaction Application form and including all information that is to be updated. To access this form, select this link:
https://www.unitedconcordia.com/home/trading-partners

835's Through ECHO Health
United Concordia works with ECHO Health to provide ERAs for most lines of business and Partners. Please contact ECHO Health at 800-8831932 to enroll to ensure that the providers that are enrolled with ECHO to receive ERAs with you.

2.3 Certification and Testing Overview
This section provides a general overview of what to expect during certification and testing phases.

Testing Policy
All Trading Partners must be approved to submit 5010 transactions.
To get started, you need a United Concordia Trading Partner ID for both test and production. This requires completion of the United Concordia EDI Trading Partner Agreement and EDI Transaction Application as explained in section 2.2.

United Concordia Transactional Testing Claim Transactions
Batch:
United Concordia can set indicators to allow Trading Partners to send test claim transactions to our test environment. A 999 will be generated for the transaction.

Real-Time:
United Concordia can set indicators to allow Trading Partners to send real-time test claim transactions to our production environment. A rejected 999 will be generated if the transaction fails. If the transaction passes syntax and there is a business error, a 277CA will be generated. If there is no business error, a generic flat file response is provided. The details of the Real-time claim response are outlined in the United Concordia Real Time 837D Claim Submission Guide at:
https://www.unitedconcordia.com/home/trading-partners
Real-time Inquiry Transactions
United Concordia only conducts inquiry transactions in the "real-time" mode and does not allow Trading Partners to send test inquiry transactions to our production environment. A rejected 999 will be generated for any transaction file that has "test" indicated in the ISA15 element. The Real-time inquiry transaction specifications are available through the link below:
https://www.unitedconcordia.com/home/trading-partners

3. Batch Claim file Testing with the Payer

For batch file testing for claims, the Trading Partner should submit a test file containing a minimum of 25 test claims. Test files should contain claims that accurately represent the type of claims that will be submitted in production (ex. Taxonomy/specialty, member & dependent claims). In testing a batch claim file, a 999 and/or 277CA response will be generated. Claims will be created in the United Concordia test system. Upon request, data samples can be provided for review. After a successful test file has been received, the EDI Trading Partner will be moved to production. Any questions may be directed to Dental Electronic Services at 800--633-5430.

Test Files should be submitted using Secure Transport with the following URL https://mft-test.hmhs.com/ucci/?T& When submitting a test file, use a "T" in the ISA15 element.

***Note** – Member and Provider information in the test environment is refreshed every quarter. As a result, you may see provider and/or member 277CA rejections for those providers and/or members that aren't loaded in our test data at time of testing.

Any state-of-the-art browser can be used to access the United Concordia Secure MFT Server. Browsers must support strong encryption (128 bit) and must allow cookies for session tracking purposes. Once the browser capabilities are confirmed, the following are the general guidelines for exchanging files.

1. Launch your web browser.
2. Connect to the test MFT servers at: https://mft-test.hmhs.com/ucci/?T&
3. The server will prompt for an ID and Password. Use the ID/ Password that United Concordia has provided you with to access this service. Enter the ID, tab to password field and enter the password, then hit enter or click on OK.
4. The server will then place you in your individual test file space on the FTP server. No one else can see your space and you cannot access the space of others. You will not be able to change out of your space.
5. You will need to change into the directory for the type of file you are putting or getting from the server.
6. By default, the file transfer mode will be binary, and this mode is acceptable for all data types. However, you may change between ASCII and Binary file transfer modes by clicking the "Set ASCII" / "Set Binary" toggle button.
7. Send United Concordia a file. The following are the steps to send a batch electronic claim transaction file:
    a. Click on the "hipaa-in-test" folder to change into that directory. Click on the browse button to select a file from your system to send to United Concordia. This will pop open a file finder box listing the files available on your system.
    b. Select the file you wish to send to United Concordia and Click on OK.

c. This will return you to the browser with the file name you selected in the filename window. Now click on the "Upload File" button to transfer the file to United Concordia. Once completed, the file will appear in your file list.

8. Retrieve a file from United Concordia. The following are the steps to retrieve an Implementation Acknowledgment for Health Care Insurance (999) file:
    a. Click on the "hipaa-out-test" directory.
    b. Your browser will list all the files available to you.
    c. Click on the "ack" directory.
    d. Click on the file you wish to download. Your browser will download the file. If your browser displays the file instead of downloading, click the browser back button and click on the tools next to the file you wish to receive. Select application/octet-stream. Your system may then prompt you for a "Save As" file location window. Make the selection appropriate for your system and click on save to download the file.

Note: For the HIPAA (ERA), testing consists of setting up the ERA in the test environment and making the file available for retrieval. To make testing arrangements, contact Dental Electronic Services at 800-633-5430

4. Production Connectivity with the Payer/Communications

United Concordia offers its Trading Partners two types of communication methods for transferring data electronically.

- Host Name mft.hmhs.com is available for transactions in batch mode. The IP address is 157.154.4.135
- Hypertext Terminal Protocol Secure (HTTPS) through an Internet web service is available for transactions in real-time mode.

4.1 Transmission Administrative Procedures

Real-Time Technical Connectivity Specifications

United Concordia maintains separate specifications detailing the technical internet connectivity requirements for United Concordia's real-time processes. These connectivity specifications are located in the Trading Partner section under "Access other important information for trading partners: https://www.unitedconcordia.com/home/trading-partners

Real-Time Claim Adjudication

United Concordia has implemented real-time capability for claim adjudication. Real-Time Adjudication – allows providers to submit an electronic claim that is adjudicated in real-time and receive a response at the point of service. This capability allows providers to accurately identify and collect member responsibility based on the finalized claim adjudication results.

4.2 Re-Transmission Procedures

United Concordia does not have specific re-transmission procedures. Submitters can retransmit files at their discretion.

4.3 Communication Protocol Specifications Internet

United Concordia offers two methods to utilize the Internet for conducting electronic business with United Concordia. The first is Secured File Transfer Protocol (SFTP) through "Secure Transport". "Secure Transport" is available for Trading Partners who submit or receive any HIPAA-compliant EDI transactions in batch mode. The second Internet-based service offers "Real-Time" capability for the following real-time enabled transactions:

- Health Care Eligibility Benefit Inquiry and Response (270/271)
- Health Care Claim Status Request and Response (276/277)
- Health Care Claim Adjudication (837D)

Batch Internet Secure Managed File Transfer (SMFT)

The United Concordia Secure MFT Server provides an MFT service over an encrypted data session providing "on-the-wire" privacy during file exchanges. This service offers an Internet accessible environment to provide the ability to exchange files with customers, providers, and business partners using a simple MFT process in an encrypted and private manner.

Any state-of-the-art browser can be used to access the United Concordia Secure MFT Server. Browsers must support strong encryption (128 bit) and must allow cookies for session tracking purposes. Once the browser capabilities are confirmed, the following are the general guidelines for exchanging files.

1. Launch your web browser.
2. Connect to the MFT servers at: mft.hmhs.com
3. The server will prompt for an ID and Password. Use the ID/ Password that United Concordia has provided you for accessing this service. Enter the ID, tab to password field and enter the password, then hit enter or click on OK.
4. The server will then place you in your individual file space on the FTP server. No one else can see your space and you

cannot access the space of others. You will not be able to change out of your space.

5. You will need to change into the directory for the type of file you are putting or getting from the server.
6. By default, the file transfer mode will be binary, and this mode is acceptable for all data types. However, you may change between ASCII and Binary file transfer modes by clicking the "Set ASCII"/"Set Binary" toggle button.
7. Send United Concordia a batch file. The following is an example of the submission of an electronic claim transaction file:
    a. Click on the "hipaa-in" folder to change into that directory.
    b. Click on the browse button to select a file from your system to send to United Concordia. This will pop open a file finder box listing the files available on your system.
    c. Select the file you wish to send to United Concordia and Click on OK.
    d. This will return you to the browser with the file name you selected in the filename window. Now click on the "Upload File" button to transfer the file to United Concordia. Once completed, the file will appear in your file list.
8. Retrieve a batch file from United Concordia. The following are the steps For retrieving of an Implementation Acknowledgment for Health Care Insurance (999) file:
    a. Click on the "hipaa-out" directory.
    b. Your browser will list all the files available to you.
    c. Click on the "ack" directory.
    d. Click on the file you wish to download. Your browser will download the file. If your browser displays the file instead of downloading, click the browser back button and click on the tools next to the file you wish to receive. Select application/octet-stream. Your system may then prompt you for a "Save As" file location window. Make the selection appropriate for your system and click on save to download the file.

Internet/Real-Time (HTTPS- Hypertext Terminal Protocol Secure)

United Concordia offers a Real-Time Web Service through a secure Internet connection (HTTPS) for our real-time enabled transactions:

Real-Time Transactions

- Health Care Eligibility Benefit Inquiry and Response (270/271)
- Claim Status Request/Response (276/277)
- Health Care Claim: Dental (837D)

Real-time inquiry transactions utilize a CORE-compliant Web Services Description Language (WSDL) Simple Object Access Protocol (SOAP). Whereas Real-time claim transactions utilize a United Concordia proprietary format SOAP. SOAP is a way for a program running in one kind of operating system to communicate with another operating system by using Extensible Markup Language (XML) for the exchange of information over the Internet. Since the Internet is being utilized to transport the data, encryption will be utilized to secure messages

This Real-Time Web Service is designed to support interoperable machine-to-machine interaction over the Internet. In order to submit real-time transactions, you will need a computer, a web server, Internet access and the ability to submit and receive HIPAA-compliant transactions using SOAP.

In order to take advantage of real-time transactions with United Concordia, a Trading Partner will need to:

- Ensure that the EDI transaction software is programmed for United Concordia's real-time CORE-compliant or proprietary SOAP transactions, as appropriate. For instructions on how to program for United Concordia's real-time transactions, refer to the connectivity specifications are located in the Trading Partner section under "Access other important information" for trading partners: https://www.unitedconcordia.com/home/trading-partners
- Complete an EDI Transaction Application
  Select the real-time transaction option.
  - O Include your email address.
  - Trading Partner must have a valid Internet enabled 'V' Logon ID. Real-time can be used with any existing 'V' Logon ID.
  - Download the Web Services Security Certificate as outlined in appropriate Real-Time Connectivity Specification documents.

Claim Adjudication

Real-time claim adjudication is designed to provide real-time processing. For typical claim requests, the average response time should be within 1-2 seconds. Actual response time will be dependent upon real-time transaction activity. Batched claim transmissions should not be submitted through the real-time process as they will receive a rejected Implementation Acknowledgment for Health Care Insurance (999).

Inquiry Transactions

For typical inquiry requests, the average response time should be within 1-2 seconds. Actual response time will be dependent upon real-time transaction activity.

Real-time transactions are designed to respond to individual end-user requests for real-time enabled transaction.

4.4 Passwords

United Concordia's Dental Electronic Services personnel will assign Logon IDs and Passwords to Trading Partners. EDI transactions submitted by unauthorized Trading Partners will not be accepted by our system.

Trading Partners should protect password privacy by limiting knowledge of the password to key personnel. Passwords should be changed regularly, upon initial usage and then periodically throughout the year. Also, the password should be changed if there are personnel changes in the Trading Partner office, or at any time the Trading Partner deems necessary. If a breach of your Login ID and/or Password occurs, please contact Dental Electronic Services immediately at (800)633-5430, Monday – Friday from 8:00 AM – 5:00 PM ET.

Password requirements include:

- Password must be 8 characters in length.
- Password must contain a combination of both numeric and alpha characters.
- Password cannot contain the Logon ID.
- Password must be changed periodically

5.Contact information

5.1 EDI Customer Service

Contact information for Dental Electronic Services:
TELEPHONE NUMBER: (800) 633-5430

When contacting Dental Electronic Services, have your Trading Partner Number and Logon ID available. These numbers facilitate the handling of your questions.

Dental Electronic Services personnel are available for questions from 8:00 a.m. to 5:00 p.m. ET, Monday through Friday.

5.2 EDI Technical Assistance

Contact information for Dental Electronic Services:
TELEPHONE NUMBER: (800) 633-5430

When contacting Dental Electronic Services, have your Trading Partner Number and Logon ID available. These numbers facilitate the handling of your questions.

Dental Electronic Services personnel are available for questions from 8:00 a.m. to 5:00 p.m. ET, Monday through Friday.

5.3 Provider Service

If providers have inquiries pertaining to United Concordia Dental claims, they should be directed to contact the appropriate Customer Service Department.

Inquiries pertaining to United Concordia Electronic Fund Transfers (EFT) should be directed to Dental Electronic Services at (800) 6335430.

5.4 Applicable websites / e-mail

EDI specifications, including this companion guide and instructions how to program for United Concordia's Real-Time transactions, can be accessed online at:
EDI Trading Partners | United Concordia

6.Control Segments/Envelopes

Interchange Control (ISA/IEA) and Function Group (GS/GE) envelopes must be used as described in the national implementation guides. United Concordia's expectations for inbound ISAs and a description of data on outbound ISAs are detailed in this chapter.
Specific guidelines and instructions for GS and GE segments are contained in each transaction chapter of the Transaction Information Companion Guide.
Note: United Concordia only supports one interchange (ISA/IEA envelope) per incoming transmission (file). A file containing multiple interchanges will be rejected for a mismatch between the ISA Interchange Control Number at the top of the file and the IEA Interchange Control Number at the end of the file.

For 5010 claim files, the ISA13 Control number must be unique for each submitted interchange. If the content of an interchange matches another interchange submitted within the last 14 days, the file will be considered a duplicate and rejected with a TA1 Duplicate Interchange.

6.1 ISA-IEA

Delimiters

As detailed in the national implementation guides, delimiters are determined by the characters sent in specified, set positions of the ISA header. For transmissions to United Concordia (inbound transmissions), the following list contains all characters that can be accepted as a delimiter.
Note: that line feed, hex value "0A", is not an acceptable delimiter.

Description	Hex value	Description	Hex value
Start of Heading	01	&	26
Start of Text	02	‘	27
End of Text	03	(	28
End of Trans.	04	)	29
Enquiry	05	*	2A
Acknowledge	06	+	2B
BELL	07	,	2C
Vertical Tab	0B	.	2E
Form Feed	0C	/	2F
Carriage Return	0D	:	3A
DeviceControl1	11	;	3B
DeviceControl2	12	<	3C
DeviceControl3	13	=	3D

DeviceControl4	14	>	3E
Negative AcK	15	?	3F
SYNchron.Idle	16	@	40
End Trans Block	17	[	5B
File Separator	1C	]	5D
Group Separator	1D	^ *	5E
Record Separator	1E	{	7B
!	21	}	7D
“	22	~	7E
%	25		

Value “^” may be used as a Data Element Separator, but will not be accepted as Component Element Separator, Repeating Element Separator, or Segment Terminator.
United Concordia will use the following delimiters in all outbound transactions. **Note**: These characters, as well as the Exclamation Point, “!”, cannot be used in text data (type AN, Sting data element) within the transaction. Reference section 2.1 of this document titled Valid Characters in Text Data.

Delimiter Type	Character Used	Hex Value
Date Element Separator	^	5E
Component Element Separator	>	3E
Segment Terminator	~	7E
Repeating Element Separator	{	7B

Data Detail and Explanation of Incoming ISA to United Concordia
Segment: ISA Interchange Control Header (Incoming)
Note: This fixed record length segment must be used in accordance with the guidelines in Appendix B of the national transaction implementation guides, with the clarifications listed below.

Data Element Summary

Loop ID	Reference	Name	Codes	Notes/Comments
ISA		Interchange Control Header		
	ISA01	Authorization Information Qualifier	00	United Concordia can only support code 00 – No Authorization Information present
	ISA02	Authorization Information		This element must be space filled.
	ISA03	Security Information Qualifier	00	United Concordia can only support code 00 – No Security Information present
	ISA04	Security Information		This element must be space filled
	ISA05	Interchange ID Qualifier	ZZ	Use qualifier code value “ZZ” Mutually Defined to designate a payer-defined ID.

	ISA06	Interchange Sender ID		Use the United Concordia assigned security Login ID. The ID must be left justified and space filled. Any alpha characters must be upper case.
	ISA07	Interchange ID Qualifier	33	Use qualifier code value "33".United Concordia only supports the NAIC code to identify the receiver.
	ISA08	Interchange Receiver ID	89070	United Concordia
	ISA13	Interchange Control Number		For 5010 claim files the ISA13 Control number must be unique for each submitted interchange. If the content of an interchange matches another interchange submitted within the last 14 days the file will be considered a duplicate and rejected with a TA1 Duplicate Interchange.

Loop ID	Reference	Name	Codes	Notes/Comments
	ISA14	Acknowledgment Requested	1	United Concordia always returns a TA1 segment when the incoming interchange is rejected due to errors at the interchange or functional group envelope.
	ISA15	Usage Indicator		United Concordia uses the value in this element to determine the test or production nature of all transactions within the interchange.

Data Detail and Explanation of Outgoing ISA from United Concordia
Segment: ISA Interchange Control Header (Outgoing)
Note: Listed below are clarifications of United Concordia's use of the ISA segment for outgoing interchanges.

Data Element Summary

Loop ID	Reference	Name	Codes	Notes/Comments
	ISA01	Authorization Information Qualifier	00	United Concordia will send code 00 – No Authorization Information present
	ISA02	Authorization Information		This element must be space filled.
	ISA03	Security Information Qualifier	00	United Concordia will send code 00 – No Security Information present
	ISA04	Security Information		This element must be space filled
	ISA05	Interchange ID Qualifier	33	United Concordia will send qualifier code value "33" to designate that the NAIC code is used to identify the sender.
	ISA06	Interchange Sender ID	89070	United Concordia
	ISA07	Interchange ID Qualifier	ZZ	United Concordia will send qualifier code value "ZZ" Mutually Defined, to designate that a United Concordia - assigned proprietary ID is used to identify the receiver.
	ISA08	Interchange Receiver ID		The United Concordia--assigned ID will be the trading partner's security login ID. This ID will be left-justified, and space filled.

Loop ID	Reference	Name	Codes	Notes/Comments
	ISA14	Acknowledgment Requested		United Concordia always uses a 0 (No Interchange Acknowledgement Requested).
	ISA15	Usage Indicator		United Concordia provides T or P as appropriate to identify the test or production nature of all transactions within the interchange.

6.2 GS-GE

Functional group (GS-GE) codes are transaction specific. Therefore, information concerning the GS-GE can be found with the related transaction in sections 3 (Instruction Tables) and 7 (Payer Specific Rules and Limitations) of the Transaction Information Companion Guide.

6.3 ST-SE

United Concordia has no requirements outside the national transaction implementation guides.

7. Payer Specific Business Rules and Limitations

7.1 005010X224A2 Health Care Claim: Dental (837D)

The Health Care Claim: Dental (837D) transaction is used for dental claims. The May 2006 ASC X12 005010X224 Implementation Guide, as modified by the July 2010 Type 1 Errata Document, is the primary source for definitions, data usage, and requirements.

This section and the corresponding transaction data detail make up the companion guide for submitting Health Care Claim: Dental (837D) claims for United Concordia benefit plans and its partners.

Additional Payers IDs

The following Payer IDs should be reported in the 2010BB Payer Loop of the 837D transaction: *See specific details in Section 10.*

- United Concordia Payor ID **89070** (if not uniquely identified use 89070)
- Arkansas Blue Cross Blue Shield Payer ID **76031**
- Blue Cross Blue Shield of Louisiana Payer ID **89070**. The Blue Cross Blue Shield Louisiana Payer ID **53120** will be displayed on the responding Claim Status transaction.
- Blue Cross Blue Shield of Rhode Island (BCBSRI) Payer ID **53473**
- Blue Cross Blue Shield of Wyoming (BCBSWY) Payer ID **53767**
- Florida Combined Life Payer ID **76031**
- Hawaii Medical Services Association (HMSA) Payer ID **76031**
- FEP:
    - PA Payer ID **54771**
    - WY Payer ID **55891**

Real-Time Claim Adjudication

United Concordia real-time claim adjudication process leverages the Electronic Claim transaction. The real-time Electronic Claim applies the same business rules and edits as the batch Electronic Claim, with the exception of items listed below. For information on SOAP, connectivity and the related transactions for real-time claim adjudication requests, see the section addressing Real-Time Transaction Capability.

Real-Time Adjudication – allows for the submission of an electronic claim that is adjudicated in real-time. This capability allows providers to accurately identify and collect amounts that are the member's responsibility based on finalized claim adjudication results.

- Real-Time Electronic Claim Submission Limitations

The following are limitations of the real-time electronic claim process:

- The real-time claim adjudication submission process is limited to a single claim (1 Loop 2300 – Claim Information) within an Interchange (ISAIEA). Transmissions with more than a single claim will receive a rejected Implementation Acknowledgment for Health Care Insurance (999).
- Only initial claims can be submitted, not replacement, void, etc.
- Claims for FEP (Federal Employee Program) may be submitted in real-time; however, they will be moved to batch processing.
- Trading Partners must ensure that claims successfully submitted through their real-time process are not included in a batch process submission, resulting in duplicate claims sent to United Concordia.

Claims Resubmission

Previous claims that are pending due to a request from the payer for additional information are not considered a "prior claim" or "finalized claim". An 837 is not an appropriate response to a payer's request for additional information. Rather, the instructions contained on the request must be followed for returning that information.

7.2 005010X214 Health Care Claim Acknowledgment (277CA)

Timeframe for Batch Health Care Claim Acknowledgment

Generally, batch claim submitters should expect a Health Care Claim Acknowledgment (277CA) within twenty-four hours after United Concordia receives the electronic claims, subject to processing cutoffs.

The 277CA files (ISA-IEA) will be grouped by the 277CA transactions (ST-SE) within the same Functional Grouping (GS-GE) submitted on the corresponding 837. Each 277CA grouping (GS-GE) will be in a separate file (ISA-IEA). For example, if an 837 file (ISA – IEA) has 2 Functional Groups (GS-GE) and each Functional Group has two 837 transactions (ST-SE), there will be two 277CA files (ISA-IEA) each with a Functional Group that contains two 277CA transactions (ST-SE) that correspond to the submitted 837 Functional Group and transactions (ST-SE).

There is a one-to-one relationship between an 837 (ST-SE) and the corresponding 277CA (ST-SE).
In the event system issues are encountered and all claims from a single 837 transaction cannot be acknowledged in a single 277CA, it may be necessary to retrieve multiple 277CA transactions related to an electronic claims transaction. See section 4.4 Communication Protocol Specifications information on retrieving the batch Health Care Claim Acknowledgment (277CA).

Real-Time Health Care Claim Acknowledgment (277CA)

United Concordia implemented real-time capability for claim adjudication. The Health Care Claim Acknowledgment (277CA) is used in real-time claim adjudication in specific situations to return a reply of "not accepted" for claim adjudication requests which do not pass United Concordia's business edits. The Health Care Claim Acknowledgment (277CA) will be used to provide status on:

- Claim adjudication requests that are rejected as a result of data validation and business data editing (i.e. front-end edits).

Real-Time Claim Adjudication

For claims accepted into the system for adjudication, but not finalized:

- These claims will continue processing in a batch mode and be reported in a daily or weekly batch payment cycle Electronic Claim/ Health Care Claim Payment/Advice (835) when adjudication has been completed.

Real-time General Requirements and Best Practices

Trading Partners must process the acknowledgement response returned from United Concordia.

Best Practice: Trading Partners are recommended to have a user-friendly messaging screen that can display relevant information and status codes interpreted from the Health Care Claim Acknowledgment (277CA) and other acknowledgment responses, such as the SOAP Fault, TA1 and Implementation Acknowledgment for Health Care Insurance (999). This will enable office staff to understand and correct the relevant transaction information for resubmission, if applicable.

7.3 005010X221A1 Health Care Claim Payment / Advice (835)

835 transaction files are created on a daily basis. The 835 files created on Thursday evenings are the only 835 files during the week that contain information regarding both claims and predetermination of benefits. The 835 files generated on all other days of the week contain only predetermination of benefit information. Once created, the 835 files are available for retrieval for 7 days after it is generated. If an 835 file was expected but not available for retrieval on the third day after the cycle was complete, contact Dental Electronic Services at (800) 633-5430

ERA can be used by providers doing EFT with United Concordia to give them the ability to automatically post claim results and payments. Providers who enroll in United Concordia's EFT process are advised to contact their financial institution and request they provide the EFT Payment Data (CORE Required Minimum CCD-Plus data elements) required to re-associate Payments to the 835. Here is the data from the ERA and the bank's CCD-Plus file that can be used to re- associate payments:

Name	CCD-Plus File	ERA Segment
Effective Entry Date	Record 5, Field 9	BPR16
EFT Amount	Record 6, Field 6	BPR02
Payment Related Information	Record 7, Field 3	TRN Segment (Payment/EFT Trace Number)

Limitations:

- Paper claims may not provide all data utilized in the Health Care Claim Payment/Advice (835). Therefore, some data segments and elements may be populated with "default data" or not available as a result of the claim submission mode.
- Administrative checks are issued from a manual process and are not part of the weekly payment cycle; therefore, they will not be included in the Health Care Claim Payment/Advice (835) transaction. A letter or some form of documentation usually accompanies the check. An administrative check does not routinely contain an Explanation of Benefits notice.
- The following information will be populated with data from internal databases:

Payer name and address

Payee name and address

- The 835 transaction contains information about finalized paid, nonpaid, or rejected claims and predeterminations. They do not contain any Capitation payment information.

Reference:
CAQH CORE EFT & ERA Operating Rules -
http://www.caqh.org/CORE

7.4 005010X212 Health Care Claim Status Request and Response (276/277)

The 276 transaction is used to request the status of a health care claim(s) and the 277 transaction is used to respond with information regarding the specified claim(s). The August 2006 ASC X12N Implementation Guide named in the HIPAA Administrative
Simplification Electronic Transaction rule is the primary source for definitions, data usage, and requirements.

Requests per Transaction Mode

Claim status requests will be processed in real-time mode only. Claim status responses will only include information available on the payer's adjudication system. Claim data which has been purged from the system will not be available on the response. The Claim Status process for United Concordia is limited to one Information Source, Information Receiver and Provider per – ST-SE transaction. If multiple requests are sent, the transaction will be rejected.

Claim Status Search Criteria

United Concordia will use the following three (3) data elements to begin the initial claim search:

Provider NPI	2100C
Member ID	2100D
Service Date(s)	2200D/E or 2210D/E

If the United Concordia assigned claim number is also submitted (2200D/E REF), the initial search will be limited to a claim with an exact match to that claim number and the three (3) initial claim search data elements. If an exact match is not found, a second claim search will be performed using the three (3) initial claim search data elements.

United Concordia will use the following elements and data content to narrow down the matching criteria after searching for claims based on the three (3) initial claim search data elements:

Patient Date of Birth and Gender	2000D/E

Patient Last and First Name	2100D/E
Patient Control Number	2200D/E
Claim Charge Amount	2200D/E Line
Item Control Number	2210D/E

Maximum Claim Responses per Subscriber/Patient/ Dependent If multiple claims are found for one status request, United Concordia will respond with a maximum of 30 claims. If the 30-claim maximum is met, the requestor should change the data in the 276 request and submit a new request if the claims returned do not answer the initial status request.

Corrected Subscriber and Dependent Level

Data should always be sent at the appropriate Subscriber or Dependent level, based on the patient's relationship to the Insured. If the data is at the incorrect level, but United Concordia is able to identify the patient, a 277 response will be returned at the appropriate, corrected level (subscriber or dependent) based on the enrollment information on file at United Concordia.

Claim Splits

Claims that were split during processing will be reported as multiple claims on the 277 Claim Status Response when a Payer Claim Control Number (2200D/E REF) was not submitted on the 276 Request. When a Payer Claim Control Number is reported for a claim that was subsequently split during processing, the 277 Response will only return the portion of the claim specific to the reported Payer Claim Control Number.

Claim vs. Line Level Status

The 276 Health Care Claim Status Request can be used to request a status at a claim level or for specific service lines. The 277 Health Care Claim Status Response will contain information for both pending and finalized claims.

All claim service lines will be returned on a 277 Response to a 276 Request that indicated specific service lines.

Only Claim level information and status will be returned on a 277 Response where a requested claim cannot be found, or a system availability issue occurs.

7.5 005010X279A1 Health Care Eligibility Benefit Inquiry and Response (270/271)

The 270 transaction is used to request the health care eligibility for a subscriber or dependent. The 271 transaction is used to respond to that request. The May 2006 ASC X12N Implementation Guide named in the HIPAA Administrative Simplification Electronic Transaction rule as modified by the July 2010 Addenda document is the primary source for definitions, data usage, and requirements.

Requests per Transaction Mode

The Eligibility Inquiry requests will be processed in real-time mode only. The inquiry process for the payers in this Reference Guide is limited to one information source and Information Receiver per − ST-SE transaction. If multiple requests are sent, the transaction will be rejected.

Patient Search Criteria

In addition to the Required Primary and Required Alternate Search options mandated by the 270/271 implementation guide, United Concordia will search for the patient if only the following combinations of data elements are received on the 270 request:

- Subscriber ID, Patient First Name, and Patient Date of Birth
- Subscriber ID and Patient Date of Birth

7.6 005010X231A1 Implementation Acknowledgment for Health Care Insurance (999)

United Concordia returns an Implementation Acknowledgment for Health Care Insurance (999) for each Functional Group (GS - GE) envelope that is received in a batch mode. In real-time mode, a rejected Implementation Acknowledgment for Health Care Insurance (999) is returned only when the applicable real-time response
transaction cannot be returned due to rejections at this level. If multiple Functional Groups are received in an Interchange (ISA - IEA) envelope, a corresponding number of Implementation
Acknowledgment for Health Care Insurance (999) transactions will be returned.

Action on a Functional Group can be acceptance, partial acceptance, or rejection. A partial acceptance occurs when the Functional Group contains multiple transactions and at least one, but not all, of those transactions is rejected. (Transaction accepted/rejected status is indicated in IK501.) The location and reason for errors are identified in one or more of the following segments:

IK3 - segment errors
IK4 - data element errors
IK5 - transaction errors
AK9 - functional group errors

Rejection codes are contained in the ASC X12C 005010X231A1 Implementation Acknowledgement for Health Care Insurance (999) national Implementation Guide. Rejected transactions or functional groups must be fixed and resubmitted.

Implementation Acknowledgment for Health Care Insurance (999) transactions will have Interchange Control (ISA - IEA) and Functional Group (GS - GE) envelopes. The Version Identifier Code in GS08 of the envelope containing the Implementation Acknowledgment for Health Care Insurance (999) will be "005010", indicating a generic 5010 Implementation Acknowledgment for Health Care Insurance

(999) transaction. **Note** that this will not match the Implementation Guide identifier that was in the GS08 of the envelope of the original submitted transaction. This difference is because the Implementation Acknowledgment for Health Care Insurance (999) is generic to the 5010 version and is not unique to each transaction standard.

As part of your trading partner agreement, values were supplied that identify you as the submitting entity. If any of the values supplied within the envelopes of the submitted transaction do not match the values supplied in the trading partner agreement, a rejected Implementation Acknowledgment for Health Care Insurance (999) will be returned to the submitter. In the following example the IK404 value 'TRADING PARTNER PROFILE' indicates that one or more incorrect values were submitted. In order to process your submission, these values must be corrected and the transaction resubmitted.

ISA^00^^00^^33^89070^ZZ^XXXXXXX^060926^1429^{^00501^035738627^0^P^>
GS^FA^XXXXX^999999^20060926^142948^1^X^005010
ST^999^0001
IK1^HC^655 IK2^837^PA03
IK3^GS^114^^8
IK4^2^^7^TRADING PARTNER PROFILE
IK5^R
AK9^R^1^1^0 SE^8^0001
GE^1^1
IEA^1^035738627

8. Acknowledgments and Reports

8.1 Report Inventory

United Concordia has no proprietary reports.

8.2 ASC X12 Acknowledgments

TA1 Segment	Interchange Acknowledgment
999 Transaction	Implementation Acknowledgment for Health Care Insurance
277CA	Acknowledgment Claim Acknowledgment to the Electronic Claim

Outgoing Interchange Acknowledgment TA1 Segment

United Concordia returns a TA1 Interchange Acknowledgment segment in both batch and real-time modes when the entire interchange (ISA - IEA) must be rejected.

The interchange rejection reason is indicated by the code value in the TA105 data element. This fixed length segment is built in

accordance with the guidelines in Appendix B of the national transaction implementation guides. Each United Concordia TA1 will have an Interchange control envelope (ISA - IEA).

Outgoing Implementation Acknowledgment for Health Care Insurance (999) United Concordia returns an Implementation Acknowledgment for Health Care Insurance (999) for each Functional Group (GS - GE) envelope that is received in a batch mode. In real-time mode, a rejected Implementation Acknowledgment for HealthCare Insurance (999) is returned only when the applicable real-time response transaction cannot be returned due to rejections at this level. If multiple Functional Groups are received in an Interchange (ISA - IEA) envelope, a corresponding number of Implementation Acknowledgment for Health Care Insurance (999) transactions will be returned.
Transaction accepted/rejected status is indicated in IK501. For details on this transaction, please refer to the Implementation Acknowledgment for Health Care Insurance (999) in Sections 3 and 7.8 of the Transaction Information Companion Guide.

Outgoing Claim Acknowledgment (277CA Transaction)
The Claim Acknowledgment Transaction is used to return a reply of "accepted" or "not accepted" for claims or encounters submitted via the electronic claim[1] transaction in batch mode.
The 277CA files (ISA-IEA) will be grouped by the 277CA transactions (ST-SE) within the same Functional Grouping (GS-GE) submitted on the corresponding 837. Each 277CA grouping (GS-GE) will be in a separate file (ISA-IEA). For example, if an 837 file (ISA − IEA) has 2 Functional Groups (GS-GE) and each Functional Group has two 837 transactions (ST-SE), there will be two 277CA files (ISA-IEA) each with a Functional Group that contains two 277CA transactions (ST-SE) that correspond to the submitted 837 Functional Group and transactions (ST-SE).
The Health Care Claim Acknowledgement (277CA) is used within the real-time claim process when the claim does not pass our business edits. Acceptance at this level is based on the electronic claim Implementation Guides and business edits and will apply to individual claims within an electronic claim transaction. For those claims not accepted, the Health Care Claim Acknowledgement (277CA) will detail additional actions required of the submitter in order to correct and resubmit those claims. For details on this transaction, please refer to the Health Care Claim Acknowledgement (277CA) in sections 7.2 and 10 of this guide. Also refer to Appendix 6 for a list of our business edits and descriptions.

9. Trading Partner Agreements

TRADING PARTNERS

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

Payers have EDI Trading Partner Agreements that accompany the standard implementation guide to ensure the integrity of the electronic transaction process. The Trading Partner Agreement is related to the electronic exchange of information, whether the agreement is an entity or a part of a larger agreement, between each party to the agreement.
For example, a Trading Partner Agreement may specify among other things, the roles and responsibilities of each party to the agreement in conducting standard transactions

10. Transaction Specific Information

This section describes how ASC 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 United Concordia 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, composite, or simple data element pertinent to trading electronically with United Concordia

In the row for each segment, one or more additional rows are used to describe United Concordia's usage for composite and simple data elements and for any other information. Notes and comments will be placed at the deepest level of detail. For example, a note about a code value will 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 guides.

Loop ID	Reference	Name	Codes	Notes/Comments
2100C	NM1	Subscriber Name		This type of row always exists to indicate that a new segment has begun. It is always shaded at 10% and notes or comment about the segment itself goes in this cell.
2100C	NM109	Subscriber Primary Identifier		This type of row exists to limit the length of the specified data element (15 characters)
2100C	REF	Subscriber Additional Identification		
2100C	REF01	Reference Identification Qualifier	18, 49, 6P, HJ, N6	These are the only codes transmitted by Acme Health Plan.

Loop ID	Reference	Name	Codes	Notes/Comments
		Plan Network Identification Number	N6	This type of row exists when a note for a particular code value is required. For example, that value N6 is the default. Not populating the first 3 columns makes it clear that the code value belongs to the row immediately above it.
2110C	EB	Subscriber Eligibility or Benefit Information		
2110C	EB13-1	Product/Service ID Qualifier	AD	This row illustrates how to indicate a component data element in the Reference column and specify that only one code value is applicable.

This table lists the X12 Implementation Guides for which specific transaction instructions apply and which are included in Section 10 of this document.

Unique ID	**Name**
005010X224A2	Health Care Claim: Dental
005010X214	Health Care Claim Acknowledgment
005010X221A1	Health Care Claim Payment/Advice
005010X212	Health Care Claim Status Request and Response*
005010X279A1	Health Care Eligibility Benefit Inquiry and Response*
005010X231A1	Implementation Acknowledgment for Health Care Insurance

United Concordia supports the transactions marked with an "*" in real-time only.

005010X224A Health Care Claim: Dental (837D)

Refer to section 7 for United Concordia Business Rules and Limitations

Loop ID	Reference	Name	Codes	Notes/Comments
	GS	Functional Group Header		
	GS02	Application Sender's Code		Sender's United Concordia assigned Trading Partner Number. The submitted value must not include leading zeros. For real-time claim adjudication, add a prefix of "R" to the Trading Partner number
	GS03	Application Receiver's Code	89070	United Concordia
1000A	NM1	Submitter Name		
	NM109	Submitter Identifier		Sender's United Concordia assigned Trading Partner number. The submitted value must not include leading zeros.
1000A	PER	Submitter EDI Contact Information		United Concordia will use contact information on internal files for initial contact
1000B	NM1	Receiver Name		
	NM103	Receiver Name		United Concordia
	NM109	Receiver Primary	89070	Identifies United Concordia as the receiver of the transaction
2000A	CUR			Do not submit foreign currency. US currency will be assumed for all amounts/fees
2010AA	N3	Billing Provider Address		The provider's address on United Concordia's files will be used for mailing of a check or other documents related to the claim. **DO NOT REPORT A PO BOX OR LOCK BOX**
2010AA	N4	Billing Provider City, State, Zip Code		The provider's address on United Concordia's internal files will be used for mailing of a check or other documents related to the claim
	N403	Zip Code		The full 9 digits of the zip +4 code are required. The last four digits cannot be all zeros
2010AA	PER	Billing Provider Contact Information		United Concordia will use contact information on internal files for initial contact
2010AB	NM1	Pay-To Address Name		The provider's address on United Concordia's internal files will be used for mailing of a check or other documents related to the claim
2010BA	NM1	Subscriber Name		
	NM102	Entity Type Code Qualifier	1	The Subscriber must be a 'person', using code value "1".

				The subscriber can only be a nonperson for Worker's Compensation claims, which United Concordia does not process
	NM109	Subscriber Primary Identifier		This is the identifier from the subscriber's identification card (ID card), including alpha characters. Spaces, dashes and other special characters that may appear on the ID card are for readability and spacing.
	REF	Subscriber Secondary Identification		United Concordia does not need secondary identification to identify the subscriber
2010BB	NM1	Payer Name		
	NM109	Payer Identification		Refer to Section 7, Payor Specific Business Rules and Limitation for a full list of Payer Id's
2300	PWK	Claim Supplemental Information		Attachments associated with a PWK paperwork segment should be sent at the same time as the 837 claim transaction is sent.. The PWK segment and attachments should only be used when supplemental information is necessary for the claim to be accurately and completely adjudicated according to established business policies and guidelines. The PWK and attachments should not be used without regard to established requirements because their use will trigger procedures to consider the contents of the supplemental information that may delay the processing of the claim as compared to a like claim without a PWK.
	PWK01	Attachment Type Code		United Concordia may be able to adjudicate your claim more quickly and accurately if you utilize a specific code in PWK01 and not the generic "OZ" – Supporting Data for Claim qualifier.
	PWK02	Attachment Transmission Code	FT (File Transfer)	
2300	SV3	Service Line		
	SV301-7	Description		United Concordia **requires a narrative** for non-specific codes, which include not otherwise classified, unlisted, unspecified, unclassified,

				other, miscellaneous or by report procedure codes
	SV304	Oral Cavity Designation		United Concordia business practices and policy do not support the "09" – Other Area of Oral Cavity code. Do not use this element for the reporting of individual teeth. The TOO segment should be used for reporting tooth numbers.
	SV306	Quantity		United Concordia requires that units of service be reported for anesthesia services (Unit of service = 15 minutes).

005010X214 Health Care Claim Acknowledgment (277CA)

Refer to section 7 for United Concordia Business Rules and Limitations

	Reference	Name	Codes	Notes/Comments
	GS	Functional Group Header		
	GS02	Application Sender's Code	89070	This will match the payer id in the GS03 of the claim transaction United Concordia.
	GS03	Application Receiver's Code		This will always be the United Concordia assigned Trading Partner Number for the entity receiving this transaction.
2100A	NM1	Information Source Name		
	NM109	Information Source Identifier	89070	This will match the payer id in the GS03 of the claim transaction United Concordia.
2100B	NM1	Information Receiver Name		
	NM109	Information Receiver Identifier		This will always be the United Concordia assigned Trading Partner Number for the entity that submitted the original 837 transaction.
2200B	STC	Information Receiver Status Information		Status at this level will always acknowledge receipt of the claim transaction by the payer. It does not mean all the claims have been accepted for processing. We will not report rejected claims at this level.
	STC01-1	Health Care Claim Status Category Code	A1	Default value for this status level.
	STC01-2	Health Care Claim Status Code	19	Default value for this status level.
	STC01-3	Entity Identifier Code	PR	Default value for this status level.
	STC03	Action Code	WQ	This element will always be set to WQ to represent Transaction Level acceptance. Claim specific rejections and acceptance will be reported in Loop 2200D.
	STC04	Total Submitted Charges		In most instances this will be the sum of all claim dollars (CLM02) from the 837 being acknowledged. In instances where the claim dollars do not match, an exception process occurred.

	Reference	Name	Code	Notes/Comments
2200C		Provider of Service Information Trace Identifier		The 2200C loop will not be used. Status or claim totals will not be provided at the provider level.
2200D	STC	Claim Level Status Information		Relational edits between claim and line level data will be reported at the service level. See Appendix 6 for a list of current business edits.
	STC01-2	Health Care Claim Status Code	247	Health Care Claim Status Code 247 - Line Information will be used at the claim level when the reason for the rejection is line specific.
2200D	DTP	Claim Level Service Date		
	DTP02	Date Time Period Format Qualifier	RD8	RD8 will always be used.
	DTP03	Claim Service Period		When the service line is a single date of service, the same date will be used for the range date.
2200D	REF	Payer Claim Control Number		This segment will only be returned in a batch 277 Claim Acknowledgment when the claim was accepted for adjudication. This segment will not be returned for real time claims.
2220D	STC	Service Line Level Status Information		Relational edits between claim and line level data will be reported at the service level.
2220D	DTP	Service Line Date		
	DTP02	Date Time Period Format Qualifier	RD8	RD8 will always be used
	DTP03	Service Line Date		When the service line date is a single date of service the same date will be used for the range date.

5010X221A1 Health Care Claim Payment/ Advice (835)

Refer to section 7 for United Concordia Business Rules and Limitations

Loop ID	Reference	Name	Codes	Notes/Comments
	GS	Functional Group Header		
	GS02	Application Sender's Code	89070	This will match the payer ID in the GS03 of the claim transaction United Concordia.
	GS03	Application Receiver's Code		This will always be the United Concordia assigned Trading partner number for the entity receiving the transaction

Loop ID	Reference	Name	Codes	Notes/Comments
	BPR	Financial Information		
	BPR16	Date		**EFT ONLY:** The date value is plus 3 business days from the DTM02 Production Date.
	TRN	Re-association Trace Number		
	TRN02	Reference Identification		Transactions with no payment will display the following value: "NOPAY" plus "the DTM02 Production Date" plus "a sequentially generated number". Example: NOPAY2013020700001 EFT Payments will begin with the value of "09".
1000A	REF	Additional Payer Identification		
	REF02	Reference Identification		Refer to section 7, Payor Specific Business rules and Limitations for payor ID's
1000B	N1	Payee Identification		
	N103	Identification Code Qualifier	XX	National Provider Identifier
	N104	Identification Code		If the NPI is not set up in United Concordia's system this segment will not be created.
2100	CLP	Claim Payment Information		

Loop ID	Reference	Name	Codes	Notes/Comments
	CLP01	Claim Submitter's Identifier		If the source of the claim is electronic, this will be the value submitted as the Patient Control Number on the claim. If the source is paper, the value will be "0".
	CLP06	Claim Filing Indicator		When primary adjudication can't be determined in the claim system, this value will =ZZ.
	CLP07	Reference Identification	2	This value is the clam number assigned by United Concordia
2100	REF	Other Claim Related Identification		
	REF02	Reference identification		The Plan name under which the claim was processed will be displayed.
2100	NM1	Patient Name		
	NM108	Identification Code Qualifier	MI	Member Identification
2100	DTM	Statement From or to Date		
	DTM02	Date		If CLP02="25 – Predetermination", then the value "19000101" will be populated in this data element
2110	SVC	Service Payment Information		
	SVC01-2	Adjudicated Procedure Codes		When a paper claim is submitted with an invalid procedure code, the most appropriate unspecified code (i.e. D9999) will be returned in this data element
	SVC03	Line Item Provider Payment Amount		RT Estimation Use: The Line Items Provider Payment Amount will always equal 0.
2110	DTM	Service Date		
	DTM02	Date		If CLP02="25 –Predetermination", then the value "19000101" will be populated in this data element
2110	PLB	Provider Adjustment		

Loop ID	Reference	Name	Codes	Notes/Comments
	PLB03-2	Reference Identification		If PLB03-1=”WO” then the NPI will be displayed in this segment. In cases of payment offsets either an Inquiry Number or Case Number will be displayed in this data element. This number should be used when contacting United Concordia about such offsets.
	PLB04	Monetary Amount		The offset amount will be displayed in this data element.

005010X212 Health Care Claim Status Request and Response (276/277)

Refer to section 7 for United Concordia Business Rules and Limitations

005010X212 Health Care Claim Status Request (276)

Loop ID	Reference	Name	Codes	Notes/Comments
	GS	Functional Group Header		
	GS02	Application Sender's Code		The receiver's United Concordia assigned Trading Partner Number will be used, with a prefix R indicating a request for a real-time response.
	GS03	Application Receiver's Code	89070	United Concordia
2100A	NM1	Payer Name		
	NM108	Identification Code Qualifier	PI	
	NM109	Payor Identifier		Refer to section 7, Payor Specific Business rules and Limitations for payor ID's

Loop ID	Reference	Name	Codes	Notes/Comments
2100B	NM1	Information Receiver Name		
	NM109	Information Receiver Identification		This will always be the United Concordia assigned Trading Partner Number. This must be the same Trading Partner number as identified in GS02.
2100C	NM1	Provider Name		
	NM103	Provider Last or Organization name		United Concordia will not use the Provider Name when searching for claims.
	NM108	Identification Code Qualifier	XX	
	NM109	Provider Identifier		This will always be the Billing Provider NPI.
2100D	NM1	Subscriber Name		
	NM103	Subscriber Last Name		United Concordia will not use the subscriber name to search for claims
	NM104	Subscriber First Name		United Concordia will not use the subscriber name to search for claims
	NM108	Identification Code Qualifier	MI	
	NM109	Subscriber Identifier		This is the identifier from the member's identification card (Member ID)
2200D	REF	Payer Claim Control Number		
	REF02	Payer Claim Control Number		When the Payer Claim Control Number is provided, the payer will

005010X212 Health Care Claim Status Response (277)

Loop ID	Reference	Name	Code	Notes/Comments
	GS	Functional Group Header		
	GS02	Application Sender's Code	89070	
	GS03	Application Receiver's Code		The receiver's United Concordia-assigned Trading Partner Number will be used, with a prefix R indicating it is real-time response.
2100A	NM1	Payer Name		
	NM108	Payer Identifier Qualifier	PI	
	NM109	Payer Identification		Refer to section 7, Payor Specific Business rules and Limitations for payor ID's
2100B	NM1	Information Receiver Name		
	NM109	Information Receiver Identifier		This will always be the United Concordia assigned Trading Partner Number.
2200B	TRN	Information Receiver Trace Identifier		United Concordia will not be returning status at the 2200B level.
2100C	NM1	Provider Name		
	NM108	Identification Code	XX	
	NM109	Provider Identifier		This will always be the Billing Provider NPI.

Loop ID	Reference	Name	Codes	Notes/Comments
2200C	TRN	Provider of Service Trace Identifier		United Concordia will not be returning status at the 2200C level.
2100D	NM1	Subscriber Name		
	NM108	Identification Code Qualifier	MI	
	NM109	Subscriber Identifier		This will be the same member identification number that was
2200D	TRN	Claim Status Tracking Number		This number carries forward from the 2200D loop of the 276.

005010279A1 Health Care Eligibility Benefit Inquiry and Response (270/271)

005010X279A1 Health Care Eligibility Benefit Request (270)

Loop ID	Reference	Name	Codes	Notes/Comments
	GS	Functional Group Header		
	GS02	Application Sender's Code		The receiver's United Concordia - assigned Trading Partner Number will be used, with a prefix R indicating a request for a real-time response.
	GS03	Application Receiver's	89070	United Concordia
2100A	NM1	Information Source Name		
	NM101	Entity Identifier Code	PR	
	NM103	Information Source Last or Organization Name		United Concordia will not use the payer name as part of their search criteria.
	NM108	Identification Code Qualifier	NI	Use this code to indicate the NAIC value is being sent in NM109.
	NM109	Information Source Primary Identifier		Refer to section 7, Payor Specific Business rules and Limitations for payor ID's

2100B	NM1	Information Receiver Name		Notes/Comments
	NM101	Entity Identifier Code	1P	United Concordia business practices do not allow for eligibility inquiries from Third Party Administrators, Employers or Plan Sponsors.
	NM108	Identification Code Qualifier	XX	Provider Request
2100B	REF	Information Receiver Additional		The information in this segment will not be captured and used in
2100B	N3	Information Receiver Address		The information in this segment will not be captured and used in the processing.
2100B	N4	Information Receiver City, State, Zip Code		The information in this segment will not be captured and used in the processing.
2100C	NM1	Subscriber Name		
	NM109	Subscriber Primary Identifier		This is the identification number from the member's ID card including alpha characters. Spaces, dashes and special characters that may appear on the ID card should not be sent.
2100C	HI	Subscriber Health Care Diagnosis Code		United Concordia does not process eligibility responses at the diagnosis level. Do not send.
2100C	DTP	Subscriber Date		
	DTP03	Date Time Period		United Concordia will respond to requests up to 24 months prior to the current date and will respond With current coverage if the requested date is up to 6 months in the future.
2110C	EQ	Subscriber Eligibility or Benefit Inquiry		
	EQ01	Service Type Code	30, 35, 23, 24, 25, 26, 27,	United Concordia will accept this as a repeating element when applicable.

Loop ID	Reference	Name	Codes	Notes/Comments
	EQ02	Composite Medical Procedure Identifier		United Concordia does process inquiries at the Procedure level. If a Procedure Code is received in the EQ02, only detailed benefit for that procedure will be supplied.
	EQ03	Coverage Level Code	IND	For IND, the 271 response will include only subscriber eligibility information.
2110C	DTP	Subscriber Eligibility/Benefit		
	DTP03	Date Time Period		United Concordia will respond to requests up to 24 months prior to the current date, and will respond with current coverage if the requested date is up to 6 months in the future.
2100D	HI	Dependent Health Care Diagnosis Code		United Concordia does not process eligibility responses at the diagnosis level. Do not send.

005010X279A1 Health Care Eligibility Benefit Response (271)

Loop ID	Reference	Name	Code	Notes/Comments
	GS	Functional Group Header		
	GS02	Application Sender's Code	8907 0	This will match the payer ID in the GS03 of the 270 transaction.
	GS03	Application Receiver's Code		The receiver's United Concordia assigned Trading Partner Number will be used, with a prefix of "R" indicating a real-time response.
2100A	NM1	Information Source Name		
	NM101	Entity Identifier Code	PR	
	NM108	Identification Code Qualifier	NI	
	NM109	Information Source Primary Identifier		Refer to section 7, Payor Specific Business rules and Limitations for payor ID's
2100B	NM1	Information Receiver Name		
	NM101	Entity Identifier Code	1P	
	NM108	Identification Code Qualifier		
	NM109	Identification Code		National Provider Identifier
2100C	NM1	Subscriber Name		
	NM103	Subscriber Last Name		United Concordia will accept up to 60 characters on the 270 Inquiry. However, only the first 35 characters will be returned on the 271 response.
	NM108	Identification Code Qualifier	MI	This is the only qualifier United Concordia will return on the 271 Response.
	NM109	Subscriber Primary Identifier		If a contract ID that is not a Unique Member ID (UMI) is submitted, United Concordia will return the corrected UMI in this element. The submitted ID will be returned in an REF segment with a Q4 qualifier.
2100C	DEP	Subscriber Eligibility/Benefit Date		

	DTP01	Date Time Qualifier	291 346 347 356 357 539 540	United Concordia will return the effective and cancel dates that apply to coverage 291= Plan Date 346=Plan Begin Date 347=Plan End Date 356=Eligibility Begin Date 357=Eligibility End Date 359=Policy Effective Date 570=Policy Expiration Date

Loop ID	Reference	Name	Codes	Notes/Comments
	DTP0	Date Time Period Qualifier	D8	United Concordia will return just the D8 in this element
	DTP03	Date Time Period		United Concordia will return the applicable date in this element.
2110C	EB	Subscriber Benefit		
		Information		
	EB01	Eligibility or Benefit Information Code	A	A=Coinsurance
			B	B=Copay
			C	C=Deductible
			E	E=Waiting Period
			F	F=Limitation
			G	G=Out of Pocket
			V	V=Cannot Process/Benefits in
				Process
			01	01=Plan Type
			06	06=Coverage Inactive
	EB02	Coverage Level Code		United Concordia will return the following codes to describe the plan code
				CHD = Children Only
				DEP = Dependents Only
				ECH = Employee and Children
				EMP = Employee Only
				ESP = Employee and Children
				FAM = Family
				IND = Individual
				SPC = Spouse and Children
				SPO = Spouse Only
	EB03	Service Type Code	30, 35,	United Concordia will return this as a
			23, 24,	repeating element when applicable.
			25, 26	
			27, 28	
			38, 39	
			40	
	EB06	Time Period Qualifier	6, 7,	United Concordia will return these
			21, 22,	Time Period qualifiers.
			23, 24,	
			25, 26,	
			27, 28,	
			29, 30,	
			31, 32,	
			33, 34,	
			35	
	EB07	Monetary Amount		Monetary amount will be returned when EB01 = B, C, G
	EB08	Percentage as Decimal		United Concordia will utilize this element when EB01 = A. 1 = 100% patient responsibility (Not Covered)

Loop ID	Reference	Name	Codes	Notes/Comments
	EB09	Quantity Qualifier	DY, HAS, MN, S7, S8, VS	United Concordia will return this element to clarify the quantity in the EB10.
	EB10	Quality		United Concordia will return this element to clarify the quantity in the EB09.
	EB11	Authorization Required	Y, N	United Concordia will return this element when EB01 = F
	EB12	Network Indicator	Y, N, W	United Concordia will return this element to show if the benefits returned are either in or out of network. W indicates that the network participation does not affect the benefit. Y = In Network N = Out of Network W = Not Applicable (Benefits are the same regardless of network participation
	EB13-1 EB13-2	Procedure Code Qualifier and ADA Code	AD	United Concordia will return this as a repeating element when applicable. EB13-1 will always be AD. EM13-2 will be the Dental Procedure Code.
2110C	HSD			
	HSD01	Quantity Qualifier	DY, FL, HS, MN, VS	United Concordia will return this element to convey the frequency limitation regarding the procedure that is returned in the EB13.
	HSD02	Quantity		United Concordia will return a value when the HSD01 is used.
	HSD05	Time Period Qualifier	6, 7, 21, 22, 23, 24, 25, 26, 27, 28,	United Concordia will return this element to provide further information about the number and frequency of benefits.

Loop ID	Reference	Name	Codes	Notes/Comments
	HSD06	Number of Periods		United Concordia will return this element to provide further information about the number and frequency of benefits.
2110C	REF	Subscriber Addition Identification		
	REF01	Reference Identification Qualifier	6P, N6	United Concordia will return these qualifiers in anticipation of providing the Plan Network Name and the Member Group Identification Number and Name 6P = Member Group Number N6 = Plan Network Identification Number
2110C	MSG	Message Text		
	MSG01	Free Form Message Text		Free form text returning the benefit information that was requested in the corresponding EQ segment. This segment can repeat.
2100D	NM1	Dependent Name		
	NM103	Dependent Last Name		United Concordia will accept up to 60 characters on the 270 Inquiry. However, only the first 35 characters will be returned on the 271 response.
	NM104	Dependent First Name		United Concordia will accept up to 35 characters on the 270 Inquiry. However, only the first 25 characters will be returned on the 271 response
2110D		Dependent Eligibility or Benefit Information		United Concordia will return the benefits for the dependent in the same manner as the benefits for the subscriber.

005010X231A1 Implementation Acknowledgment for Health Care Insurance (999)

Loop ID	Reference	Name	Codes	Notes/Comments
2100	CTX	Segment Context		United Concordia has implemented levels 1 and 2 edits only. This CTX segment will not be used at this time.
2100	IK4	Implementation Data Element Note		
	IK404	Copy of Bad Data Element		The 005010 version of the 999 transaction does not support codes for errors in the GS segment, therefore, when there are errors in the submitted GS, "TRADING PARTNER PROFILE" will be placed in this element to indicate that one or more invalid values were submitted in the GS.
	CTX	Element Context		United Concordia has implemented levels 1 and 2 edits only. This CTX segment will not be used at this time.

United Concordia Claims Business Edits

STC01-1	STC01-2	STC01-3	Error Description
A2	20		No errors exist
A3	24	41	Trading Partner ID not found
A3	24	85	Provider NPI not found
A3	32	IL	Subscriber/Member not found on our database
A3	116	PR	Invalid Payer NAIC code
A3	116		Misdirected Claim
A3	128	85	Tax ID required when NPI submitted for Billing Provider
A3	128	87	Tax ID required when NPI submitted for Pay-To Provider
A3	132	PE	Entity's Medicaid Provider ID
A3	135/136	82	Claim Level Rendering Provider NPI not found
A3	135/136	85	Billing Provider NPI not found
A3	135/136	87	Pay-To Provider NPI not found
A3	135/136	DD	Assistant Surgeon Provider NPI not found
A3	135/136	DN	Referring Provider NPI on Specialty Care Claim (Referral) not found
A3	135/136	P3	Primary Care Provider NPI on Specialty Care Claim (Referral) not found
A3	155	IL	Patient Relationship reported in Subscriber Loop (SBR02 = 18) contradicts information reported in the Dependent Loop
A3	158	IL	Invalid Subscriber Date of Birth
A3	158	QC	Invalid Patient Date of Birth
A3	164	IL	More than 10 Subscribers
A3	178	85	Currency Code is not equal to USD (US Dollars) or spaces
A3	187		Date of Service End Date is greater than Date of Service Begin Date
A3	187		Invalid Date of Service End Date
A3	187		Invalid Date of Service (future date reported)
A3	189		Invalid Admission Date
A3	190		Invalid Discharge Date
A3	202		Invalid Prior Placement date
A3	240		Procedure Code requires Tooth Surface(s)
A3	240		Invalid Tooth Surface(s)
A3	240		Tooth Surface Code(s) should not be reported for this Procedure Code
A3	242		Tooth Number or Oral Cavity Designation Code is required for this Procedure Code
A3	244		Procedure Code requires Tooth Number(s)
A3	244		Submitted Procedure Code requires Quantity (Number of Procedures) to be equal to the number of Teeth submitted
A3	244		Procedure Code requires Tooth Number(s), Oral Cavity Designation Code(s) submitted
A3	244		Tooth Number reported is not valid for the reported procedure code
A3	245		Oral Cavity Designation Code "09 - Other Area of Oral Cavity" is not an acceptable value
A3	245		Invalid Oral Cavity Code

STC01-1	STC01-2	STC01-3	Error Description
A3	245		Procedure Code requires Tooth Number(s) and/or Oral Cavity Designation Code(s)
A3	245		Invalid Tooth Number
A3	245		Invalid quadrant indicator
A3	247		Line Level Error(s) Exist
A3	255		Submitted diagnosis is not compatible with DOS
A3	286		Claim indicates that other payer is Primary Insurer and required Coordination of Benefit Information is not submitted
A3	306		Procedure Code reported requires Line Level Description
A3	352		Total length of orthodontic treatment required
A3	400		Total Line-Item Charge Amounts do not equal Total Claim Charge Amount
A3	402		Line Charge must be greater than $0
A3	453		Invalid Modifier
A3	454		Invalid Procedure Code
A3	476		Submitted Service until count is less than one
A3	477		Diagnosis code pointer is missing or invalid
A3	488		ICD-10 Codes submitted with a date of service before 10/1/15
A3	500	85	Zip Code Suffix Contains Zeroes or Spaces
A3	503	85	Billing Provider Address is P.O. Box or Lockbox
A3	643		Service Line Paid Amount not reported (Subrogation only)