



COMPANION DOCUMENTATION

**276/277 Health Care Claim Status
Inquiry and Response**

WebMD Office

**Administered by:
Unison Administrative Services
300 Oxford Drive
Monroeville, PA 15146**

INTRODUCTION

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires that Unison Administrative Services (UAS) comply with the mandated EDI standards for health care as established by the Secretary of Health and Human Services. UAS recognizes the administrative efficiencies that can be gained from the HIPAA transactions and contracted with ENVOY, a subsidiary of WebMD, to make these transactions accessible to the provider community. Please utilize the HIPAA implementation guides for the corresponding transactions. The implementation guides can be found at the Washington Publishing Company's website and downloaded free of charge (http://www.wpc-edi.com/hipaa/HIPAA_40.asp). Additional information regarding the standards for electronic transaction are available at the Department of Health and Human Services website (<http://aspe.hhs.gov/admnsimp/final/txfin00.htm>).

PURPOSE

The companion guides produced by UAS are designed to be used in conjunction with the implementation guides that are posted on the Washington Publishing Company website. Due to the evolving nature of the HIPAA regulations these documents are subject to change as updates occur to UAS's adjudication procedures or as legislation is updated or revised. The sole purpose of the documentation is for clarification and to outline specific requirements for the transactions.

SPECIAL NOTES

- Unison's trading partner ID: **251756858**
- Provider must use the health plan's provider identifier. *
- Please use the patient identifier found on the health plan's member identification card. *
- **Please reference the Health Care Claim Status Inquiry and Response Implementation guide (004010X093).**

**Indicates additional information provided within the data element description section.*

REQUESTED DATA

- Subscriber's ID Number – 9 or 10 digit number as seen on the Subscriber's ID card
- Subscriber's Last Name – as seen on the Subscriber's ID card
- Subscriber's First Name – as seen on the Subscriber's ID card
- Subscriber's Date of Birth
- Subscriber's Gender
- Total Submitted Charges on the claim
- Claim Service Start Date – defaulted to today's date, can be changed if necessary
- Claim Service End Date – defaulted to today's date, can be changed if necessary
- Provider's Tax ID – 9 digit number
- Provider or Organization's Last Name
- Provider's First Name (required for an individual)
- Provider's ID Number – 12 digit health plan's Provider Number
- Procedure Code – required for a claim line level inquiry
- Line Charges Amount – required for a claim line level inquiry

Sample Inquiry Screen

WebMDOffice John Klesius Wednesday, May 25, 2005
 • Logout

Turn On Batching | Office Home | Check Eligibility | **Check Claims** | HCS Review Inquiry | HCS Review Request | Batch Manager | Find Providers | Claim Entry | Send Claims | [Help](#)

Step 1 - Select payer

Three Rivers Administrative Services/UNISON **Provider Search**

Step 2 - Enter Claim Information * indicates required fields

* Subscriber ID 1234567890	* Last Name SMITH	* First Name JOHN
* Date of Birth 07/04/1995	* Gender Male	
* Claim Service Start Date 05/15/2003	Claim Service End Date 05/15/2003	* Total Submitted Charges \$50.00
		Claim Number <input type="text"/>

Optional Service Line Information

Procedure Code <input type="text"/> <input type="button" value="Select..."/>	Qualifier <input type="text"/>
Modifier1 <input type="text"/>	Modifier2 <input type="text"/>
Original Units Of Service <input type="text"/>	Item Control Number <input type="text"/>
Service Line Start Date <input type="text"/>	Service Line End Date <input type="text"/>
	Modifier3 <input type="text"/>
	Modifier4 <input type="text"/>
	Item Charges Amount <input type="text"/>

Requesting Provider

* Tax ID 123456789 <input type="button" value="Select..."/>	* Individual/Organization Individual
* Last Name/Organization Name BEWELL	First Name (Required for Individual) JOHN

Service Provider

<input checked="" type="checkbox"/> Same as Requesting Provider	
* Provider ID 000000112233 <input type="button" value="Select..."/>	* Individual/Organization Individual
* Last Name/Organization Name BEWELL	First Name (Required for Individual) JOHN

Step 3 - Begin search

Sample Response Screen

WebMD Office John Klesius Wednesday, May 25, 2005
 · Logout

Turn On Batching | Office Home | Check Eligibility | **Check Claims** | HCS Review Inquiry | HCS Review Request | Batch Manager | Find Providers | Claim Entry | Send Claims | [Help](#)

Claim Status Notification

Three Rivers Administrative Services/UNISON

Request: Insured=JOHN SMITH MemberID=1234567890 DOB=07/04/1995 ProviderID=123456789

WebMD Trace Number :296267277

Payer Contact Info

Name : PROVIDER SERVICES DEPARTMENT
Telephone : (800) 600-9007

Patient : JOHN SMITH Member ID : 1234567890 DOB : 07/04/1995 Gender : Male	Provider : JOHN BEWELL Service Provider # : 000000112233
	Submitter : JOHN BEWELL Federal Taxpayer's ID : 123456789

Claim# : 000901239900
 Status : Finalized/Payment-The claim/line has been paid.
 Processed according to contract/plan provisions.

Status Information Effective Date : 05/25/2005
 Total Claim Charge Amount : \$ 50.00
 Claim Payment Amount : \$ 15.76
 Payment Method : Check
 Check or EFT Date : 07/04/2003
 Check or EFT # : 12345678
 Claim Statement Period Start : 05/15/2003-05/15/2003

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EDI INQUIRES & TROUBLE SHOOTING

If you are interested in submitting electronic transactions or have EDI issues please contact UAS's Provider Services Department at 1-800-600-9007.

To assist the Provider Services Representative with EDI issues please have the following:

- 12 Character health plan provider identification number
- 9 Character transaction number
- Provider Identifier Number

If you are having any problems, contact Emdeon Customer Support at 1-877-469-3263, officesupport@emdeon.com, or your clearinghouse.