



Companion Document Supporting the Use of ABC Codes in ANSI ASC X12 N Transactions

Introduction

This companion document provides guidance for using ABC codes for ANSI ASC X12 N healthcare business transactions. This document was first used by entities who registered to use ABC codes and their contractual trading partners as authorized by the Secretary of Health and Human Services on January 16, 2003. This pilot ran through October 16, 2006. This companion document for ABC codes may currently be used by entities for which the named transactions are not mandated by HIPAA rules.

Users should follow the implementation instructions in the X12N implementation guides, with the modifications stated below for each transaction.

There are specific instructions for each HIPAA implementation guide in which ABC codes were used under HIPAA. Guidance is provided for

- identifying where and under which circumstances ABC codes are used in the listed transactions;
- identifying services for alternative medicine, nursing and other integrative healthcare when they are to be identified in the guide in other locations; and
- identifying a transaction that is created in conformance with this companion document and its relationship to the HIPAA implementation guides governed by the final rules.

Addenda Version Required

As of October 16, 2003, HIPAA rules require use of the guides named in the Final Rule for Transactions and Code Sets as modified in the Addenda documents named in the Rule modifying the transactions. Therefore, trading partners implementing this companion document should exchange transactions based on the addenda version.



837 Health Care Claim: Professional

Transaction Identification

To identify the transaction as compliant with this companion document use the following identifiers in GS08 and the REF Transmission Type Identification segment in the Header:

Identification of the Addenda version: 004010X098AB

Identification of ABC Codes

To identify ABC codes as the procedure codes in the service line information in Loop 2400, in data element SV101-1 use code:

ZR Service Control Identification.

This code is used to identify the ABC codes. (See information for the code source on the final page of this document.)

Users should note that when the X12 version 4050 guides are released and are adopted under HIPAA, the code adopted in later versions of the X12 standard that specifically identifies the ABC codes is **WK** and that code will appear as a code choice in the implementation guide.

In the implementation guides, data elements SV101-3, SV101-4, SV101-5, and SV101-6 are used for any modifiers to the procedure code from the code list as identified in *SV101-1*. The modifiers in the ABC coding manual are compatible with the data format as it exists, and therefore no changes are needed to enter ABC code modifiers when using the ABC codes in this transaction.



837 Health Care Claim: Institutional

Transaction Identification

To identify the transaction as compliant with this companion document use the following identifiers in GS08 and the REF Transmission Type Identification segment in the Header:

Identification of the Addenda version: 004010X096AB

Identification of ABC Codes

To identify ABC codes as the procedure codes in the service line information in Loop 2400, in data element SV202-1 use code:

ZR Service Control Identification

This code is used to identify the ABC codes. (See information for the code source on the final page of this document.)

Users should note that when the X12 version 4050 guides are released and are adopted under HIPAA, the code adopted in later versions of the X12 standard that specifically identifies the ABC codes is **WK** and that code will appear as a code choice in the implementation guide.

In the implementation guide, data elements SV202-3, SV202-4, SV202-5, and SV202-6 are used for any modifiers to the procedure code as identified in SV202-1. The modifiers in the ABC Code manual are compatible with the data format as it exists, and therefore no changes are needed to enter ABC code modifiers when using the ABC codes in this transaction.

When using an NUBC revenue code to identify alternative medicine, nursing and/or other integrative healthcare services in SV201, use the code stated in the NUBC manual, revenue code 2100 or a more specific code in the 210X range as specified.

Should it be necessary to identify a principal or other procedure in the HI segments for Principal Procedure Information or Other Procedure Information, use code ABS (Assigned by Sender) in HI01-1 for the principal procedure to mean ABC codes. In the unlikely event that it is necessary to send an ABC code for inpatient procedures for both Principal and Other Procedures, for Other Procedure Information, in HI01-1, HI02-1, HI03-1, HI04-1, HI04-1, HI06-1, HI07-1, HI08-1, HI09-1, HI10-1, HI11-1, HI12-1 use code:

ABR (Assigned by Receiver)

This code is used to identify the ABC codes. (See information for the code source on the last page of this document.)



If an ABC code is required in the HI segment for Other Procedure Information but not in the HI segment for Principal Procedure Information, use:

ABS (Assigned by Sender)

This code is used to identify the ABC codes. (See information for the code source on the last page of this document.)

Users should note that when the X12 version 4050 guides are released and are adopted under HIPAA, the code adopted in later versions of the X12 standard that specifically identifies the ABC codes in the SV2 segment is **WK** and in the HI segment is **CAH**. Those codes will appear as code choices in the implementation guide.



835 Health Care Claim Payment/Advice

Transaction Identification

To identify the transaction as compliant with this companion document use the following identifiers in GS08:

Identification of the Addenda version: 004010X091AB

Identification of ABC Codes

In SVC01-1 and SVC06-1 data elements within Loop 2110 for an identifier code use:

ZR Service Control Identification

This code is used to identify the ABC codes. (See information for the code source on the last page of this document.)

Users should note that when the X12 version 4050 guides are released and are adopted under HIPAA, the code adopted in later versions of the X12 standard that specifically identifies the ABC codes is **WK** and that code will appear as a code choice in the implementation guide.

In the implementation guide, data elements SVC01-3, SVC01-4, SVC01-5, SVC01-6 and elements SVC06-3, SVC06-4, SVC06-5, and SVC06-6 are used for any modifiers to the procedure code from the code list as identified in SVC01-1 or SVC06-1. The ABC code modifiers, found in the ABC coding manual, are compatible with the data format as it exists, and therefore no changes are needed to enter ABC code modifiers when using the ABC codes in this transaction.

When using an NUBC revenue code to identify alternative medicine, nursing and/or other integrative healthcare services in SVC01-2 or SVC04, use the code stated in the NUBC manual, revenue code 2100 or a more specific code in the 210X range as specified.



270/271 Health Care Eligibility Benefit Inquiry and Response

Transaction Identification

To identify the transaction as compliant with this companion document use the following identifiers in GS08:

Identification of the Addenda version: 004010X092AB

Identification of ABC Codes

270 Inquiry

In a 270 Inquiry transaction, to identify the services for which eligibility is requested, use the following guidance. In the EQ segment in Subscriber Loop 2110C or Dependent Loop 2110D, do not use EQ01, but use EQ02. In EQ02-1, use code:

ZR Service Control Identification

This code is used to identify the ABC codes. (See information for the code source on the last page of this document.)

Users should note that when the X12 version 4050 guides are released and are adopted under HIPAA, the code adopted in later versions of the X12 standard that specifically identifies the ABC codes is **WK** and that code will appear as a code choice in the implementation guide.

In the implementation guide, data elements EQ02-3, EQ02-4, EQ02-5, and EQ02-6 are used for any modifiers to the procedure code from the code list as identified in EQ02-1. The ABC code modifiers, found in the ABC coding manual, are compatible with the data format as it exists, and therefore no changes are needed to enter ABC code modifiers when using the ABC codes in this transaction.

If payer does not support procedure code level of detail on eligibility requests, treat an inquiry with EQ02 as a generic inquiry (as if EQ01 appeared with the code value 30 in EQ01).

271 Response

In a 271 response transaction, to identify services for which eligibility is reported, use the following guidance. In the EB segment in Subscriber Loop 2110C or Dependent Loop 2110D, do not use EB03 to identify specific alternative medicine, nursing and/or other integrative healthcare coverage, but use EB13, with the value in EB13-1:

ZR Service Control Identification



This code is used to identify the ABC codes. (See information for the code source on the last page of this document.)

Users should note that when the X12 version 4050 guides are released and are adopted under HIPAA, the code adopted in later versions of the X12 standard that specifically identifies the ABC codes is **WK** and that code will appear as a code choice in the implementation guide.

If a payer does not support procedure code level of detail on eligibility requests, reply with the generic response as indicated in the implementation guide. That response is a value in EB03 of 30, and EB13 is not sent.

In the implementation guide, data elements EB13-3, EB13-4, EB13-5, and EB13-6 are used for any modifiers to the procedure code from the codes list as identified in EB13-1. The ABC code modifiers, found in the ABC coding manual, are compatible with the data format as it exists, and therefore no changes are needed to enter ABC code modifiers when using the ABC codes in this transaction.



276/277 Health Care Claim Status Request and Response

Transaction Identification

To identify the transaction as compliant with this companion document use the following identifiers in GS08:

Identification of the Addenda version: 004010X093AB

Identification of ABC Codes

In SVC01-1 data element within the 276 Loop 2210D (Subscriber) and Loop 2210E (Dependent), as well as 277 Loop 2220D (Subscriber) and Loop 2220E (Dependent) for an identifier code use:

ZR Service Control Identification

This code is used to identify the ABC codes. (See information for the code source on the last page of this document.)

Users should note that when the X12 version 4050 guides are released and are adopted under HIPAA, the code adopted in later versions of the X12 standard that specifically identifies the ABC codes is **WK** and that code will appear as a code choice in the implementation guide.

In the implementation guide, data elements SVC01-3, SVC01-4, SVC01-5, and SVC01-6 are used for any modifiers to the procedure code from the code list as identified in SVC01-1. The ABC code modifiers, found in the ABC coding manual, are compatible with the data format as it exists, and therefore no changes are needed to enter ABC code modifiers when using the ABC codes in this transaction.

When using an NUBC revenue code to identify alternative medicine, nursing and/or other integrative healthcare services in SVC01-2 or SVC04 use the code stated in the NUBC manual, revenue code 2100 or a more specific code in the 210X range as specified.



278 Health Care Services Review – Request for Review and Response

Transaction Identification

To identify the transaction as compliant with this companion document use the following identifiers in GS08:

Identification of the Addenda version: 004010X094AB

Identification of ABC Codes

In Loop 2000F in both the Request and Response transactions, use UM03 in the UM Health Care Service Review Information segment only if an applicable code exists. Always use the HI Procedure Code segment. The value in HI01-1, HI02-1, HI03-1, HI04-1, HI04-1, HI06-1, HI07-1, HI08-1, HI09-1, HI10-1, HI11-1, and HI12-1 will be the code:

ABS (Assigned by Sender)

This code is used to identify the ABC codes. (See information for the code source later in this document.)

Users should note that when the X12 version 4050 guides are released and are adopted under HIPAA, the code adopted in later versions of the X12 standard that specifically identifies the ABC codes in the SV2 segment is **WK** and in the HI segment is **CAH**. Those codes will appear as code choices in the implementation guide.



834 Benefit Enrollment and Maintenance

Transaction Identification

To identify the transaction as compliant with this companion document use the following identifiers in GS08:

Identification of the Addenda version: 004010X095AB

Identification of Alternative Medicine, Nursing and Other Integrative Healthcare Coverage

In the HD Health Coverage segment in Loop 2300, use PRA (Practitioners) in HD03, and use HD04 to put in a description of the alternative medicine, nursing and/or other integrative healthcare coverage in the health plan, as provided in plan documents. If multiple modalities are covered, repeat loop 2300 for each type of coverage that must be identified.



ABC Code Availability

ABC Codes are published in *The ABC Coding Manual for Integrative Healthcare* available from:
Alternative Link
6121 Indian School Rd NE
Suite 131
Albuquerque, NM 87110
505-875-0001