

# Medicare Claims Processing Manual

## Chapter 31 - ANSI X12N Formats Other than Claims or Remittance

<b>New Chap</b>	<b>New Sect</b>	<b>Int Pub. 13-3</b>	<b>Carrier Pub 14</b>	<b>Program Memo</b>	<b>Description</b>
31	1				Purpose of Chapter
31	10			PM AB 03-36	ANSI X12N 270/271 Implementation and Direct Date Entry (DDE) Eligibility
31	10.1			PM AB 03-36	Background
31	10.2			PM AB 03-36	Eligibility Queries Options and Workflow
31	10.3			PM AB 03-36	Eligibility Query Types
31	10.4			PM AB 03-36	Intermediary and Carrier Responsibilities
31	10.5			PM AB 03-36	Data Center Responsibilities
31	10.6			PM AB 03-36	Provider/Network Service Vendor's Responsibility
31	10.7			PM AB 03-36	Supplemental CWF Module Information
31	10.8			PM AB 03-36	Eligibility Queries Options and Work Flows
31	20			PM AB 01-06	ANSI X12N 276/277 Claims Status Request/Response Transaction Standar
31	20.1			PM AB 01-06	Transmission Requirements
31	20.1.1			PM AB 01-06	Batch Transactions
31	20.1.2			PM AB 01-06	Online Direct Data Entry (DDE
31	20.1.3			PM AB 01-06	Interactive/Online (Non-DDE)
31	20.2			PM AB 01-06	Summary of the 276/277 Process for Carriers, DMERCs and Intermediaries
31	20.3			PM AB 01-06	Flat Files

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31	20.4			PM AB 01-06	Translation Requirements
31	20.5			PM AB 01-06	Transmission Mode
31	20.6			PM AB 01-06	Restriction and Controlling Access to Claims Status Information
31	30			PM B-00-68	Furnishing Claims Information to Complementary Insurers Under HIPAA
31	40			PM B- 02-53	ASC X12N 278 - Electronic Referral Certification and Authorization
31	50			web page reference	Related Internet Files Routinely Updated by CMS