

# **TIBCO Foresight Products**

## Application Document Tables

*August 2017*

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TIBCO Software Inc. Confidential Information

### General Contact Information

TIBCO Software Inc.  
3303 Hillview Avenue  
Palo Alto, CA 94304 USA  
Tel: +1 650 846 1000  
Fax: +1 650 846 1005

### Technical Support

E-mail: [support@tibco.com](mailto:support@tibco.com)  
Web: <https://support.tibco.com>

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## Introduction

This is a reference document containing tables that affect multiple TIBCO Foresight products. Please see each product's documentation for details about how this information is used.

The application document is the looping level at which document statistics are counted and extended fields are gathered.

The submitter identifier is a unique value that the submitter uses to identify the document. If none of the locations listed below contain data, portal applications display the word `NONE`.

## HIPAA Mandated Transactions

Transaction Set	Transaction Name	Document Level	Submitter ID	\$ Amount	Date/Time	Guideline with IDENT
270	Eligibility, Coverage or Benefit Inquiry	2000D if present Otherwise: 2000C	2100D - NM109 if present Otherwise: 2100C - NM109 if present 2100D- NM103 if present 2100C - NM103	N/A	BHT04 Transaction Set Creation Date	<u><b>X12-4010</b></u> PDSA270
					BHT05 Transaction Set Creation Time	<u><b>X12-5010</b></u> PDSA5010270X279
271	Eligibility, Coverage or Benefit Information	2000D if present Otherwise: 2000C	2100D - NM109 if present Otherwise: 2100C - NM109 if present 2100D- NM103 if present 2100C - NM103	N/A	BHT04 Transaction Set Creation Date	<u><b>X12-4010</b></u> PDSA271
					BHT05 Transaction Set Creation Time	<u><b>X12-5010</b></u> PDSA5010271X279
276	Health Care Claim Status Request	2200E if present Otherwise: 2200D	2200E - TRN02 if present Otherwise: 2200D - TRN02	N/A	BHT04 Date (Time shown does not reflect time the document was generated)	<u><b>X12-4010</b></u> PDSA276
						<u><b>X12-5010</b></u> PDSA5010276X212
276 Medicare	Health Care Claim Status Request - Medicare	2200E if present Otherwise: 2200D	2200E - TRN02 if present Otherwise: 2200D - TRN02	N/A	BHT04 Date (Time shown does not reflect time the document was generated)	<u><b>X12-5010</b></u> PDSA5010MEDICARE-276X212

Transaction Set	Transaction Name	Document Level	Submitter ID	\$ Amount	Date/Time	Guideline with IDENT
277 U277	<b>X12-4010</b> Health Care Claim Status Notification Health Care Claim Status Notification - unsolicited	2200E if present Otherwise: 2200D	2200E - TRN02 if present Otherwise: 2200D - TRN02	2200E 2200D	BHT04 Date (Time shown does not reflect time the document was generated)	<b>X12-4010</b> PDSA277
	<b>X12-5010</b> Health Care Claim Status Response Health Care Claim Status Response – Unsolicited					<b>X12-5010</b> PDSA5010277X212
277CA	Health Care Claim Acknowledgement	2000D	2200D - TRN02	2200E if present Otherwise 2200D	BHT04 Date (Time shown does not reflect time the document was generated)	<b>X12-5010</b> PDSA5010277CAX214
277 Medicare	Health Care Claim Status Response-Medicare	2200E if present Otherwise: 2200D	2200E - TRN02 if present Otherwise: 2200D - TRN02	2200E 2200D	BHT04 Date (Time shown does not reflect time the document was generated)	<b>X12-5010</b> PDSA5010MEDICARE-277X212.std
278RP 278R	<b>X12-4010</b> Health Care Services Review Information – Response to Request for Review	2000E if present Otherwise: 2000C	2010E - NM109 if present Otherwise: 2100E - NM103	N/A	BHT04 Transaction Set Creation Date BHT05 Transaction Set Creation Time	<b>X12-4010</b> PDA278RP
	<b>X12-5010</b> Health Care Services Response to Review					<b>X12-5010</b> PDSA5010278X217R

Transaction Set	Transaction Name	Document Level	Submitter ID	\$ Amount	Date/Time	Guideline with IDENT
278RQ 278Q	<b>X12-4010</b> Health Care Services Review Information – Request for Review	2000E if present Otherwise: 2000C	2010E - NM109 if present Otherwise: 2100E - NM103	N/A	BHT04 Transaction Set Creation Date BHT05 Transaction Set Creation Time	<b>X12-4010</b> PDA278RQ
	<b>X12-5010</b> Health Care Services Request for Review					<b>X12-5010</b> PDSA5010278X217Q
820	<b>X12-4010</b> Payment Order / Remittance Advice	ST	2300B - RMR02 if present Otherwise: 2300A - RMR02	RMR04	BPR16 Date	<b>X12-4010</b> PDSA820
	<b>X12-5010</b> Payroll Deducted and Other Group Premium Payment for Insurance Products					<b>X12-5010</b> PDSA5010820
834	Benefit Enrollment and Maintenance	2000	2000 - Subscriber Number REF02	N/A	BGN03 Transaction Set Creation Date	<b>X12-4010</b> PDSA834
					BGN04 Transaction set Creation Time	<b>X12-5010</b> PDSA5010834
835	Health Care Claim Payment/Advice	ST	ST level Receiver Identification REF02	BPR02	GS04 Functional Group Creation Date	<b>X12-4010</b> PDSA835
					GS05 Functional Group Creation Time	<b>X12-5010</b> PDSA5010835
837D	Health Care Claim: Dental	2300	2000C 2300 - CLM01 if present	CLM02	BHT04 Transaction Set Creation Date	<b>X12-4010</b> PDSA837D
			Otherwise: 2000B 2300 - CLM01		BHT05 Transaction Set Creation Time	<b>X12-5010</b> PDSA5010837D



Transaction Set	Transaction Name	Document Level	Submitter ID	\$ Amount	Date/Time	Guideline with IDENT
837I	Health Care Claim: Institutional	2300	2000C 2300 - CLM01 if present Otherwise: 2000B 2300 - CLM01	CLM02	BHT04 Transaction Set Creation Date	<b><u>X12-4010</u></b> PDSA837I
					BHT05 Transaction Set Creation Time	<b><u>X12-5010</u></b> PDSA5010837I
837I Medicare A	Health Care Claim Institutional – Medicare A	2300	2000C 2300 - CLM01 if present Otherwise: 2000B 2300 - CLM01	CLM02	BHT04 Transaction Set Creation Date BHT05 Transaction Set Creation Time	<b><u>X12-5010</u></b> PDSA5010MEDICAREA
837P	Health Care Claim Professional	2300	2000C 2300 - CLM01 if present Otherwise: 2000B 2300 - CLM01	CLM02	BHT04 Transaction Set Creation Date	<b><u>X12-4010</u></b> PDSA837P
					BHT05 Transaction Set Creation Time	<b><u>X12-5010</u></b> PDSA5010837P
837P Medicare B	Health Care Claim Professional – Medicare B	2300	2000C 2300 - CLM01 if present Otherwise: 2000B 2300 - CLM01	CLM02	BHT04 Transaction Set Creation Date BHT05 Transaction Set Creation Time	<b><u>X12-5010</u></b> PDSA5010MEDICAREB
997	Functional Acknowledgement	ST	AK102		GS04 Functional Group Creation Date	<b><u>X12-4010</u></b> PDSA997
					GS05 Functional Group Creation Time	<b><u>X12-5010</u></b> PDSA5010-997
999	Implementation Acknowledgment	ST	AK102		GS04 Functional Group Creation Date GS05 Functional Group Creation Time	<b><u>X12-5010</u></b> PDSA5010-999X231

## Non-HIPAA Mandated Transactions

Transaction Set	Transaction Name	Document Level	Submitter ID	\$ Amount	Date/Time	Guideline with IDENT
275	Additional Information to Support a Health Care Claim or Encounter	2000A	2000A - TRN02	N/A	BGN03	<b><u>X12-5010</u></b> PDSA5010275X210
277 (277X313)	Health Care Claim Request for Additional Information	2200E if present Otherwise: 2200D	2200E - TRN02 if present Otherwise: 2200D - TRN02	2200E 2200D	BHT04 Date (Time shown does not reflect time the document was generated)	<b><u>X12-6020</u></b> PDSA6020-277X313
278I 278R	Health Care Services Review Inquiry/Response	2000E if present Otherwise: 2000C	2010E - NM109 if present Otherwise: 2100E - NM103	N/A	BHT04 Transaction Set Creation Date BHT05 Transaction Set Creation Time	<b><u>X12-5010</u></b> PDSA5010-278X215I PDSA5010-278X215R
278A 278N	Health Care Services Review - Notification	2000E if present Otherwise: 2000C	2010E - NM109 if present Otherwise: 2100E - NM103	N/A	BHT04 Transaction Set Creation Date BHT05 Transaction Set Creation Time	<b><u>X12-5010</u></b> PDSA5010-278X216A PDSA5010-278X216N
820X306	Health Insurance Exchange: Related Payment	ST	TRN02 (TRNTRACE record)	BPR16 (BPRBeginningSegment record)	BPR16 Date	<b><u>X12-5010</u></b> PDSA5010-820X306
820X306 (HIX)	Health Insurance Exchange: Related Payment (CMS Companion Guideline)	ST	TRN02 (TRN record)	BPR16 (0010 record)	BPR16 Date	<b><u>X12-5010</u></b> PDSA5010HIX-820X306
834 (834X307)	Health Insurance Exchange: Enrollment	2000	2000 - Subscriber Number REF02	N/A	BGN03 Transaction Set Creation Date BGN04 Transaction set Creation Time	<b><u>X12-5010</u></b> PDSA5010-834X307

Transaction Set	Transaction Name	Document Level	Submitter ID	\$ Amount	Date/Time	Guideline with IDENT
837D Post Adjudication	Health Care Claim Dental - Post Adjudication	2300	2000C 2300 - CLM01 if present Otherwise: 2000B 2300 - CLM01	CLM02	BHT04 Transaction Set Creation Date BHT05 Transaction Set Creation Time	<b><u>X12-5010</u></b> PDSA5010-837X300
837I Post Adjudication	Health Care Claim Institutional - Post Adjudication	2300	2000C 2300 - CLM01 if present Otherwise: 2000B 2300 - CLM01	CLM02	BHT04 Transaction Set Creation Date BHT05 Transaction Set Creation Time	<b><u>X12-5010</u></b> PDSA5010-837X299
837P Post Adjudication	Health Care Claim Professional - Post Adjudication	2300	2000C 2300 - CLM01 if present Otherwise: 2000B 2300 - CLM01	CLM02	BHT04 Transaction Set Creation Date BHT05 Transaction Set Creation Time	<b><u>X12-5010</u></b> PDSA5010-837X298

## ***Known Transactions***

Transaction Set	Transaction Name	Document Level	Submitter ID	\$ Amount	Date/Time	Guideline with IDENT
210	Motor Carrier Freight Details and Invoice	ST	B303	N/A	B306	PDSAGM5010-210
810	Invoice	ST	BIG02	N/A	BIG01	PDSAGM5010-810
820	Payment Order/ Remittance Advice	ST	RMR02	BPR02	BPR16	PDSAGM5010-820
850	Purchase Order	ST	BEG03	N/A	BEG05	PDSAGM5010-850
855	Purchase Order Acknowledgment	ST	BAK03	N/A	BAK04	PDSAGM5010-855
856	Ship Notice/Manifest	ST	BSN02	N/A	BSN03/04	PDSAGM5010-856
860	Purchase Order Change Request – Buyer Initiated	ST	BCH03	N/A	BCH06	PDSAGM5010-860

## ***X12 Generic Transactions***

Trans.	Document Level	Submitter ID	\$ Amount	Date/Time	Guideline with IDENT
any	ST	all created by user			

## ***EDIFACT Messages***

Msg.	Document Level	Submitter ID	\$ Amount	Date/Time	Guideline with IDENT
any	UNH	all created by user			

## ***HIPAA Loop Numbers Chart***

Loop numbers on document summary pages refer to these loops.

<b>Transaction</b>	<b>Loop Numbers and Corresponding Loop Names</b>
270	1 = Information Source loop 2 = Information Receiver loop 3 = Subscriber loop 3 = Dependent loop 4 = Subscriber Name loop 4 = Dependent Name loop
271	1 = Information Source loop 2 = Information Receiver loop 3 = Subscriber loop 3 = Dependent loop 4 = Subscriber Name loop 4 = Dependent Name loop
276	1 = Information Source loop 2 = Information Receiver loop 3 = Provider loop 4 = Subscriber loop 5 = Dependent loop
277	1 = Information Source loop 2 = Information Receiver loop 3 = Provider loop 4 = Subscriber loop 5 = Dependent loop
277CA	1 = Information Source loop 2 = Information Receiver loop 3 = Billing Provider level 4 = Patient level
278RQ and 278RP	1 = Utilization Management Organization (UMO) Level 2 = Requester Level 3 = Subscriber Level 4 = Dependent Level 5 = Service Provider Level

Transaction	Loop Numbers and Corresponding Loop Names
820	1 = Organizational Summary Remittance loop 2 = Individual Remittance loop
834	1 = Member loop
835	n/a
837	1 = provider loop 2 = subscriber loop 3 = dependent loop
997 and 999	n/a