Unsolicited 277 Claim Status Response Transactions Companion Guide

ANSI ASC X12N Unsolicited 277 (Version 3070)

State of Washington
Department of Social & Health Services

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CNSI Project Manager		**DSHS Project Manager**
Date		**Date**

Disclaimer

This companion guide for the ANSI ASC X12N Unsolicited 277 transaction has been created for use in conjunction with the standard Implementation Guide. It should not be considered a replacement for the Implementation Guide, but rather used as an additional source of information. The companion guide contains data clarifications derived from specific business rules that apply exclusively to Medicaid processing for Washington State DSHS. The guide also includes useful information about sending and receiving data to and from the ProviderOne system.

Revision History

Documented revisions are maintained in this document through the use of the Revision History Table shown below. All revisions made to this companion guide after the creation date are noted along with the date, page affected, and reason for the change.

Revision Level	Date	Page	Description	Change Summary
WAMMIS-CG277U-00-00-01	06/09/08		Initial Document	
WAMMIS-CG277U-00-00-02	06/27/08		Comments from DSHS incorporated	
WAMMIS-CG-277U-01-01	06/28/08		Final Delivery	
WAMMIS-CG-277U-01-02	07/16/08		Re-Delivery of the Deliverable based on DSHS non-Acceptance and identification of deficiencies	
WAMMIS-CG-277U-01-03	10/01/08		Re-Delivery of the Deliverable based on DSHS suggested changes to Trading Partners Testing Procedures verbiage	
WAMMIS-CG-277U-01-04	04/27/09		Changes to verbiage and configuration	

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1 Introduction

The Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA, Title II) includes requirements that national standards be established for electronic health care transactions, and national identifiers for providers, health plans, and employers. This requires Washington State Department of Social and Health Services (DSHS) to adopt standards to support the electronic exchange of administrative and financial health care transactions between covered entities (health care providers, health plans, and healthcare clearinghouses.

The intent of these standards is to improve the efficiency and effectiveness of the nation's health care system by encouraging widespread use of electronic data interchange standards in health care. The intent of the law is that all electronic transactions for which standards are specified must be conducted according to the standards. These standards were not imposed arbitrarily but were developed by processes that included significant public and private sector input.

1.1 Document Purpose

Companion Guides are used to clarify the exchange of information on HIPAA transactions between the DSHS ProviderOne system and its trading partners. DSHS defines trading partners as covered entities that either submit or retrieve HIPAA batch transactions to and from ProviderOne.

This Companion Guide provides information about the Unsolicited 277 that is specific to DSHS and DSHS trading partners. This Companion Guide is intended for trading partner use in conjunction with the ANSI ASC X12N National Implementation Guide. The ANSI ASC X12N Implementation Guides can be accessed at http://www.wpc-edi.com.

1.1.1 Intended Users

Companion Guides are intended for members of the technical staffs of trading partners who are responsible for electronic transaction/file exchanges.

1.1.2 Relationship to HIPAA Implementation Guides

Companion Guides are intended to supplement the HIPAA Implementation Guides for each of the HIPAA transactions. Rules for format, content, and field values can be found in the Implementation Guides. This Companion Guide describes the technical interface environment with DSHS, including connectivity requirements and protocols, and electronic interchange procedures. This guide also provides specific information on data elements and the values required for transactions sent to or received from DSHS.

Companion Guides are intended to supplement rather than replace the standard Implementation Guide for each transaction set. The information in these documents is not intended to:

- Modify the definition, data condition, or use of any data element or segment in the standard Implementation Guides.
- Add any additional data elements or segments to the defined data set.
- Utilize any code or data values that are not valid in the standard Implementation Guides.
- Change the meaning or intent of any implementation specifications in the standard Implementation Guides.

1.2 Transmission Schedule

N/A

2 Technical Infrastructure and Procedures

2.1 Technical Environment

2.1.1 Communication Requirements

This section will describe how trading partners will receive Unsolicited 277 Transactions from DSHS using 2 methods:

- Secure File Transfer Protocol (SFTP)
- ProviderOne Web Portal

2.1.2 Testing Process

Completion of the testing process must occur prior to production electronic retrieval from ProviderOne. Testing is conducted to ensure the following for maintaining HIPAA guidelines:

1. Syntactical integrity: Testing of the EDI file for valid segments, segment order, element attributes, testing for numeric values in numeric data elements, validation of X12 or NCPDP syntax, and compliance with X12 and NCPDP rules.
2. Syntactical requirements: Testing for HIPAA Implementation Guide-specific syntax requirements, such as limits on repeat counts, used and not used qualifiers, codes, elements and segments. It will also include testing for HIPAA required or intra-segment situational data elements, testing for non-medical code sets as laid out in the Implementation Guide, and values and codes noted in the Implementation Guide via an X12 code list or table.

Additional testing may be required in the future to verify any changes made to the ProviderOne system. Changes to the ANSI formats may also require additional testing. Assistance is available throughout the testing process.

Trading Partner Testing Procedures

1. ProviderOne companion guides and trading partner enrollment package are available for download via the web at http://maa.dshs.wa.gov/dshshipaa
2. The Trading Partner completes the Trading Partner Agreement and submits the signed agreement to DSHS.

   Submit to: Provider Enrollment
   PO Box 45562
   Olympia, WA 98504-5562

For Questions call 1-800-562-3022 option 2, then option 5

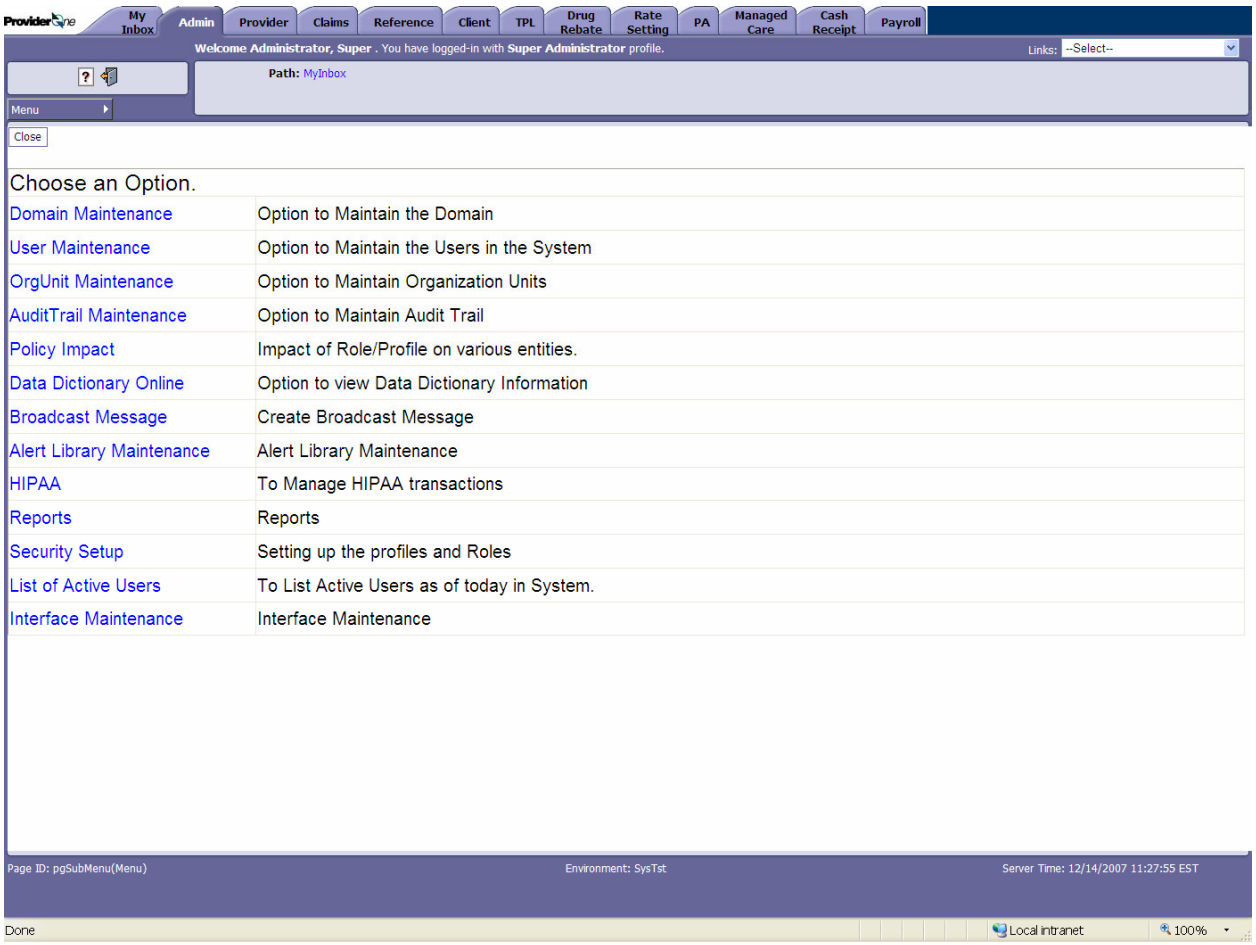
3. The trading partner is assigned a Submitter ID, Domain, Logon User ID and password.
4. ProviderOne system processes and validates all outbound HIPAA test files. It will be available for download via the ProviderOne web portal or Secure File Transfer Protocol (SFTP).
    - Web Portal URL: https://www.waproviderone.org/edi
    - SFTP URL: sftp://ftp.waproviderone.org/
5. The trading partner downloads the file from the ProviderOne web portal or Secure File Transfer Protocol (SFTP).
6. If the test file download is successful and the trading partner's system accepts the file for processing, the trading partner is approved for transaction download in the ProviderOne production environment.
7. If the test file download is unsuccessful, the trading partner should immediately call 1-800-562-3022 to report the failure. They will continue testing in the testing environment until a successful download is completed.

2.1.3 Who to contact for assistance

- Telephone Number: 1-800-562-3022
    - Select option 2
    - Select option 4
    - All calls result in the assignment of a Ticket Number for problem tracking
- Hours: 8:00 AM – 5:00 PM Pacific Standard Time, Monday through Friday
- Information required for initial call:
    - Topic of Call (setup, procedures, etc.)
    - Name of caller
    - Submitter ID Number
    - Organization of caller
    - Telephone number of caller
    - Nature of problem (connection, receipt status, etc.)
- Information required for follow up call(s):
    - Assigned Ticket Number

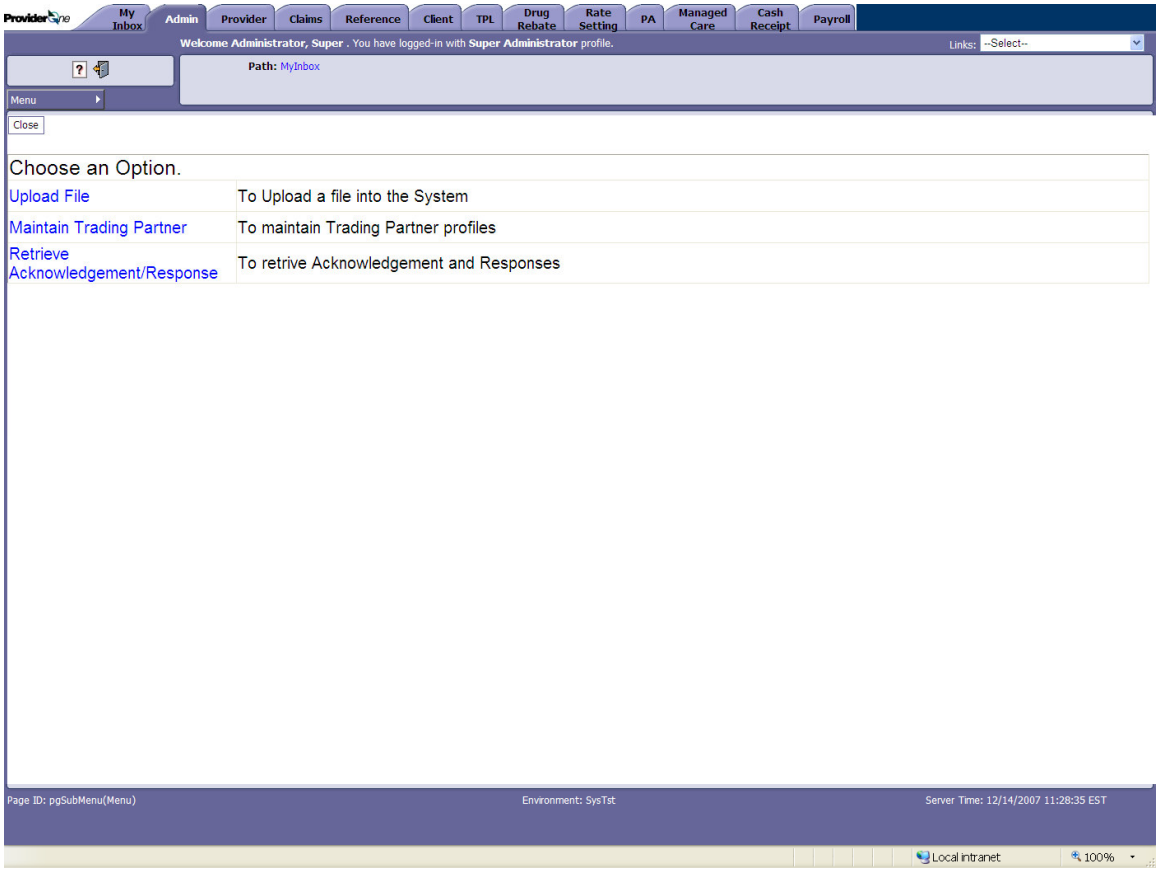
2.2 Retrieve batches via Web Interface

Once logged into the ProviderOne Portal, select the Admin Tab and the following options will be presented to the user:

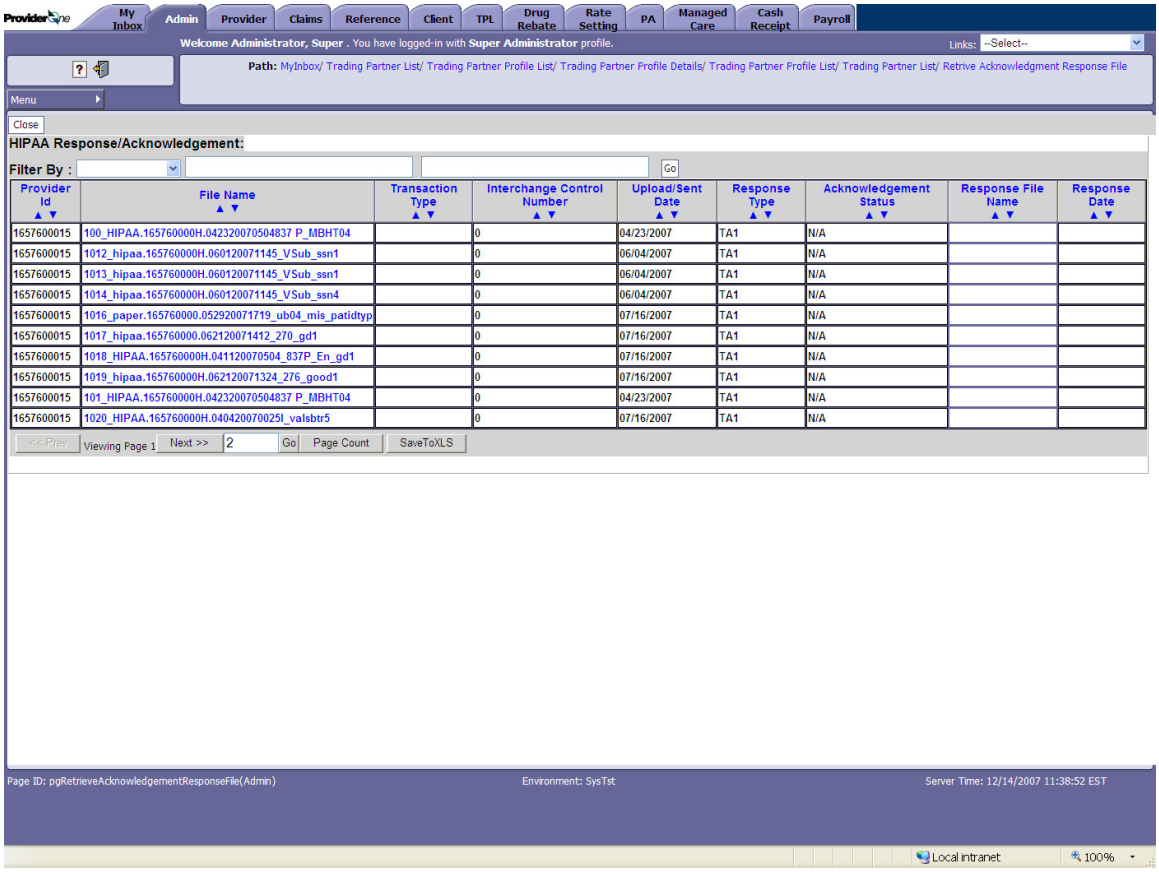


Click on the HIPAA option to manage the HIPAA transactions.

In the HIPAA Transaction Management screen, the user can Upload file and Retrieve Acknowledgement/Response as shown below:



Select Retrieve Acknowledgement/Response option from the HIPAA screen to retrieve Acknowledgements/Responses (TA1, 997, 271, 277, 820, 834, 835, or 277U) as shown below:



Provider Id	File Name	Transaction Type	Interchange Control Number	Upload/Sent Date	Response Type	Acknowledgement Status	Response File Name	Response Date
1657600015	100_HIPAA.165760000H.042320070504837 P_MBHT04		0	04/23/2007	TA1	N/A		
1657600015	1012_hipaa.165760000H.060120071145_VSub_ssn1		0	06/04/2007	TA1	N/A		
1657600015	1013_hipaa.165760000H.060120071145_VSub_ssn1		0	06/04/2007	TA1	N/A		
1657600015	1014_hipaa.165760000H.060120071145_VSub_ssn4		0	06/04/2007	TA1	N/A		
1657600015	1016_paper.165760000.052920071719_ub04_mis_patidtyp		0	07/16/2007	TA1	N/A		
1657600015	1017_hipaa.165760000.062120071412_270_gd1		0	07/16/2007	TA1	N/A		
1657600015	1018_HIPAA.165760000H.041120070504_837P_En_gd1		0	07/16/2007	TA1	N/A		
1657600015	1019_hipaa.165760000H.062120071324_276_good1		0	07/16/2007	TA1	N/A		
1657600015	101_HIPAA.165760000H.042320070504837 P_MBHT04		0	04/23/2007	TA1	N/A		
1657600015	1020_HIPAA.165760000H.040420070025I_valsbtr5		0	07/16/2007	TA1	N/A		

2.3 Set-up, Directory, and File Naming Convention

2.3.1 SFTP Set-up

Trading partners can contact 1-800-562-3022 for information on establishing connections through the FTP server. Upon completion of set-up, they will receive additional instructions on FTP usage.

2.3.2 SFTP Directory Naming Convention

There would be two categories of folders under Trading Partner's SFPT folders:

1. **TEST – Trading Partners should submit and receive their test files under this root folder**
2. **PROD – Trading Partners should submit and receive their production files under this root folder**

Following folder will be available under TEST/PROD folder within SFTP root of the Trading Partner:

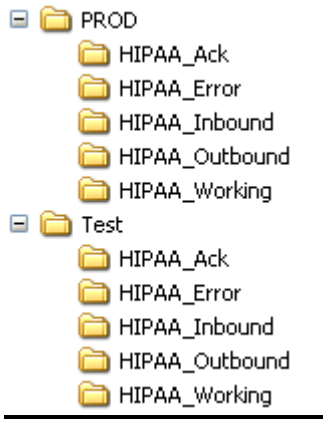
'HIPAA_Inbound' - This folder should be used to drop the Inbound files that needs to be submitted to DSHS

'HIPAA_Ack' - Trading partner should look for acknowledgements to the files submitted in this folder. TA1, 997 and custom error report will be available for all the files submitted by the Trading Partner

'HIPAA_Outbound' – X12 outbound transactions generated by DSHS will be available in this folder

'HIPAA_Error' – Any inbound file that is not HIPAA compliant or is not recognized by ProviderOne will be moved to this folder

Folder structure will appear as:



2.3.3 File Naming Convention

The HIPAA Subsystem Package is responsible for assisting ProviderOne activities related to Electronic Transfer and processing of Health Care and Health Encounter Data, with a few exceptions or limitations.

HIPAA files are named:

For Outbound transactions:

HIPAA.<TPId>.<datetimestamp>.<TxID>.O.<out>

Example of file name: HIPAA.165760000.12262007211315.277U.O.out

- <TPId> is the Trading Partner Id
- <datetimestamp> is the Date timestamp
- <TxID> is the Transaction Id.

2.4 Transaction Standards

2.4.1 General Information

HIPAA standards are specified in the Implementation Guide for each mandated transaction and modified by authorized Addenda. Implementation Guides contain information related to:

- Format and content of interchanges and functional groups

- Format and content of the header, detailer and trailer segments specific to the transaction
- Code sets and values authorized for use in the transaction
- Allowed exceptions to specific transaction requirements

Transmission sizes are limited based on two factors:

- Number of Segments/Records allowed by HIPAA standards
- DSHS file transfer limitations

HIPAA standards for the maximum file size of each transaction set are specified in the Unsolicited 277 Implementation Guide.

DSHS has no size limitations for postings to its FTP Server.

2.4.2 Data Format

Delimiters

The ProviderOne will use the following delimiters on outbound transactions:

- Data element separator, Asterisk, (*)
- Sub-element Separator, Vertical Bar, (:)
- Segment Terminator, Tilde, (~)

Dates

The following rules apply to any dates in the Unsolicited 277 transaction:

- All dates will be formatted according to Year 2000 compliance, CCYYMMDD, except for the ISA09 element where the date format is YYMMDD.
- The only value acceptable for "CC" (century) is 20. The exception to this rule is for any of the Date of Birth values.
- Time is in military time format, 1 to 24 to indicate hours and 00 to 59 to indicate minutes and/or seconds. ISA10 and GS05 elements are formatted HHMM (ie 2115 defines the time of 9:15 p.m).

Field Length

HIPAA regulations specify field lengths for all of the data elements of the Unsolicited 277 transaction. For some of these data elements, ProviderOne processes fewer characters than the maximum allowed. The Transaction Specifications in Section 3 display the ProviderOne field lengths.

Phone Numbers

Phone numbers are presented as contiguous number strings, without dashes or parenthesis markers. For example, the phone number (800) 555-1212 should be presented as 8005551212. Area codes should always be included.

2.4.3 Data Interchange Conventions

When transmitting Unsolicited 277 Transactions to health plans, DSHS follows standards developed by the Accredited Standards Committee (ASC) of the American National Standards Institute (ANSI). These standards involve Interchange (ISA/IEA) and Functional Group (GS/GE) Segments or "outer envelopes". All Unsolicited 277 Transactions are enclosed in transmission level ISA/IEA envelopes and, within transmissions, functional group level GS/GE envelopes. Specific information on how individual data elements are populated by DSHS on ISA/IEA and GS/GE envelopes are shown in the table beginning later in this section.

The ISA/IEA Interchange Envelope, unlike most ASC X12 data structures has fixed field length. The entire data length of the data element should be considered and padded with spaces if the data element length is less than the field length.

Example of ISA with the entire data length with padded spaces:

```
ISA*00*          *00*          *ZZ*123456789      *ZZ*77045
*040303*1300*U*00401*000001001*1*T*:~
```

DSHS transmits Unsolicited 277 Transaction files with a single ISA/IEA and GS/GE envelope.

2.4.4 Acknowledgement Procedures

N/A

2.4.5 Rejected Transmissions and Transactions

DSHS will validate all Unsolicited 277 transactions up to HIPAA validation levels 1 and 2. If a receiver that rejects any part of a transmission, they must reject the entire transmission. Data on rejected Unsolicited 277 transmissions should not be used to update health plan databases. DSHS transmits Unsolicited 277 Transactions within single functional groups, even when multiple transactions (ST through SE Segments) are required.

3 Transaction Specifications

Page	Loop	Segment	Data Element	Element Name	Comments
Interchange Control Header					
App. B	Envelope	ISA	01	Authorization Information Qualifier	Receive '00'
App. B	Envelope	ISA	02	Authorization Information	Receive 10 spaces
App. B	Envelope	ISA	03	Security Information Qualifier	Receive '00'
App. B	Envelope	ISA	04	Security Information	Receive 10 spaces
App. B	Envelope	ISA	05	Interchange ID Qualifier	Receive 'ZZ'
App. B	Envelope	ISA	06	Interchange Sender ID	Receive '77045' followed by spaces
App. B	Envelope	ISA	07	Interchange ID Qualifier	Receive 'ZZ'
App. B	Envelope	ISA	08	Interchange Receiver ID	Receive the 9-digit ProviderOne ID
App. B	Envelope	ISA	09	Interchange Date	Date format is YYMMDD
App. B	Envelope	ISA	10	Interchange Time	Time format is HHMM
App. B	Envelope	ISA	11	Interchange Control Standards Identifier	Receive 'U'
App. B	Envelope	ISA	12	Interchange Control Version Number	Receive '00307'
App. B	Envelope	ISA	13	Interchange Control Number	Must be identical to IEA02
App. B	Envelope	ISA	14	Acknowledgment Requested	Receive '0'
App. B	Envelope	ISA	15	Usage Indicator	Receive 'T' when submitting a Test File Receive 'P' when submitting a Production File
App. B	Envelope	ISA	16	Component Element Separator	Receive ':'
Functional Group Header					

Page	Loop	Segment	Data Element	Element Name	Comments
App. B	Envelope	GS	01	Functional Identifier Code	Receive 'HN'
App. B	Envelope	GS	02	Application Sender's Code	Receive '77045'
App. B	Envelope	GS	03	Application Receiver's Code	Receive the 9-digit ProviderOne ID
App. B	Envelope	GS	04	Date	Date format is YYMMDD
App. B	Envelope	GS	05	Time	Time format is HHMM
App. B	Envelope	GS	06	Group Control Number	Must be identical to GE02
App. B	Envelope	GS	07	Responsible Agency Code	Receive 'X'
App. B	Envelope	GS	08	Version / Release / Industry Identifier Code	Receive '003070X070'
Transaction Set Header					
27	Header	ST	01	Transaction Set Identifier Code	Receive '277'
27	Header	ST	02	Transaction Set Control Number	Must be identical to SE02
Begin of Hierarchical Transaction					
28	Header	BHT	01	Hierarchical Structure Code	Receive '0010'
28	Header	BHT	02	Transaction Set Purpose Code	Receive '08'
28	Header	BHT	03	Reference Identification	
28	Header	BHT	04	Date	Date format is YYMMDD
29	Header	BHT	06	Transaction Type Code	Receive 'NO'
Information Source Level					
30	2000A	HL	01	Hierarchical ID Number	
30	2000A	HL	02	Hierarchical Parent ID Number	
31	2000A	HL	03	Hierarchical Level Code	Receive '20'

Page	Loop	Segment	Data Element	Element Name	Comments
31	2000A	HL	04	Hierarchical Child Code	Receive '1'
Payer Name					
32	2100A	NM1	01	Entity Identifier Code	Receive 'PR'
32	2100A	NM1	02	Entity Type Qualifier	Receive '2'
33	2100A	NM1	03	Name Last or Organization Name	Receive 'WA State DSHS'
33	2100A	NM1	08	Identification Code Qualifier	Receive 'PI'
33	2100A	NM1	09	Identification Code	Receive '77045'
Payer Street Address					
34	2100A	N3	01	Contact Function Code	Receive 'WA State DSHS'
34	2100A	N3	02	Name	Receive 'PO BOX 45500'
Payer City/State/Zip					
35	2100A	N4	01	City Name	Receive 'Olympia'
35	2100A	N4	02	State or Province Code	Receive 'WA'
35	2100A	N4	03	Postal Code	Receive '98504'
Information Receiver Level					
36	2000B	HL	01	Hierarchical ID Number	
36	2000B	HL	02	Hierarchical Parent ID Number	
37	2000B	HL	03	Hierarchical Level Code	Receive '21'
37	2000B	HL	04	Hierarchical Child Code	Receive '1'
Information Receiver Name					
38	2100B	NM1	01	Entity Identifier Code	Receive '41'
38	2100B	NM1	02	Entity Type Qualifier	Receive appropriate code
39	2100B	NM1	03	Name Last or Organization Name	Receive Submitter Last or Organization Name
39	2100B	NM1	04	Name First	Receive if NM102 = 1

Page	Loop	Segment	Data Element	Element Name	Comments
39	2100B	NM1	08	Identification Code Qualifier	Receive '46' for non healthcare providers Receive 'XX' for healthcare providers
39	2100B	NM1	09	Identification Code	Receive 9 digit ProviderOne ID if NM108 = '46' Receive NPI if NM108 = 'XX'
Information Receiver Street Address					
40	2100B	N3	01	Contact Function Code	Receive Information Receiver address information
40	2100B	N3	02	Name	Receive Information Receiver address information
Information Receiver City/State/Zip					
41	2100B	N4	01	City Name	Receive Information Receiver address information
41	2100B	N4	02	State or Province Code	Receive Information Receiver address information
41	2100B	N4	03	Postal Code	Receive Information Receiver address information
Service Provider Level					
42	2000C	HL	01	Hierarchical ID Number	
42	2000C	HL	02	Hierarchical Parent ID Number	
43	2000C	HL	03	Hierarchical Level Code	Receive '19'
43	2000C	HL	04	Hierarchical Child Code	Receive '1'
Provider Name					
44	2100C	NM1	01	Entity Identifier	Receive '1P'

Page	Loop	Segment	Data Element	Element Name	Comments
				Code	
44	2100C	NM1	02	Entity Type Qualifier	Receive appropriate code
45	2100C	NM1	03	Name Last or Organization Name	Receive Provider last or organization name
45	2100C	NM1	04	Name First	Receive if NM102=1
45	2100C	NM1	08	Identification Code Qualifier	Receive 'SV' for non healthcare providers Receive 'XX' for healthcare providers
45	2100C	NM1	09	Identification Code	Receive 9 digit ProviderOne ID if NM108 = 'SV' Receive NPI if NM108 = 'XX'
Subscriber Level					
46	2000D	HL	01	Hierarchical ID Number	
46	2000D	HL	02	Hierarchical Parent ID Number	
47	2000D	HL	03	Hierarchical Level Code	Receive '22'
47	2000D	HL	04	Hierarchical Child Code	Receive '0'
Subscriber Name					
48	2100D	NM1	01	Entity Identifier Code	Receive 'QC'
49	2100D	NM1	02	Entity Type Qualifier	Receive '1'
49	2100D	NM1	03	Name Last or Organization Name	Receive Last Name of Subscriber
49	2100D	NM1	04	Name First	Receive First Name of Subscriber
49	2100D	NM1	05	Name Middle	
49	2100D	NM1	08	Identification Code Qualifier	Receive 'MI'

Page	Loop	Segment	Data Element	Element Name	Comments
49	2100D	NM1	09	Identification Code	Receive 11 digit ProviderOne Client ID
Claim Submitter Trace Number					
NOTE: The patient account number will be returned in this segment if it was submitted on the claim					
53	2200D	TRN	01	Trace Type Code	Receive '2'
53	2200D	TRN	02	Reference Identification	Receive patient account number from claim
54	2200D	TRN	04	Reference Identification	Receive 'MC'
Claim Level Status Information					
55	2200D	STC	01-1	Industry Code	Receive 'P1'
56	2200D	STC	01-2	Industry Code	Receive '46'
56	2200D	STC	01-3	Entity Identifier Code	Receive '1P'
58	2200D	STC	02	Date	Receive Status Date
58	2200D	STC	03	Monetary Amount	Receive 'NA'
58	2200D	STC	04	Monetary Amount	Receive Claim Line Submitted Charges
Payer Claim Identification Number					
60	2200D	REF	01	Reference Identification Qualifier	Receive '1K'
60	2200D	REF	02	Reference Identification	Receive 21-digit claim Transaction Control Number (TCN)
Institutional Bill Type Identification					
NOTE: Receive this information only for Institutional claims					
62	2200D	REF	01	Reference Identification Qualifier	Receive 'BLT'
62	2200D	REF	02	Reference Identification	Receive 3-digit Type of Bill
Medical Record Identification					

Page	Loop	Segment	Data Element	Element Name	Comments
NOTE: Receive this information only if submitted on original claim					
64	2200D	REF	01	Reference Identification Qualifier	Receive 'EA'
64	2200D	REF	02	Reference Identification	Receive Medical Record Number (from 837 2300 loop REF segment)
Claim Service Date					
66	2200D	DTP	01	Date/Time Qualifier	Receive '472'
66	2200D	DTP	02	Date Time Period Format Qualifier	Receive 'RD8'
66	2200D	DTP	03	Date Time Period	Receive Claim Service Date in CCYYMMDD - CCYYMMDD format
Service Line Information					
68	2220D	SVC	01-1	Product/Service ID Qualifier	Receive 'AD', 'HC', or 'NU'
68	2220D	SVC	01-2	Product/Service ID	Receive appropriate code
68	2220D	SVC	01-3	Procedure Modifier	Receive Procedure Modifier if submitted on claim
68	2220D	SVC	01-4	Procedure Modifier	Receive Procedure Modifier if submitted on claim
68	2220D	SVC	01-5	Procedure Modifier	Receive Procedure Modifier if submitted on claim
68	2220D	SVC	01-6	Procedure Modifier	Receive Procedure Modifier if submitted on claim
69	2220D	SVC	02	Monetary Amount	Receive Submitted Charges
69	2220D	SVC	03	Monetary Amount	Receive Amount Paid This will be '0' if no payment amount is

Page	Loop	Segment	Data Element	Element Name	Comments
					associated with claim
69	2220D	SVC	04	Product/Service ID	If applicable, receive Revenue Code
69	2220D	SVC	07	Quantity	Receive Submitted Units of Service
Service Line Status Information					
70	2220D	STC	01-1	Industry Code	Receive 'P1'
71	2220D	STC	01-2	Industry Code	Receive '46'
71	2220D	STC	01-3	Entity Identifier Code	Receive '1P'
73	2220D	STC	03	Date	Receive 'NA'
73	2220D	STC	04	Monetary Amount	Receive Claim Line Submitted Charges
Service Line Item Control					
75	2220D	REF	01	Reference Identification Qualifier	Receive 'FJ'
75	2220D	REF	02	Reference Identification	Receive Line Item Control Number if submitted on claim
Service Line Date					
76	2220D	DTP	01	Date/Time Qualifier	Receive '472'
76	2220D	DTP	02	Date Time Period Format Qualifier	Receive 'RD8'
76	2220D	DTP	03	Date Time Period	Date Format in CCYYMMDD - CCYYMMDD
Transaction Set Trailer					
107	Trailer	SE	01	Number of Included Segments	The total number of segments in the transaction set inclusive to the ST-SE segments
107	Trailer	SE	02	Transaction Set Control Number	Must be identical to ST02

Functional Group Trailer					
App. B	Trailer	GE	01	Number of Transaction Sets Included	
App. B	Trailer	GE	02	Group Control Number	Must be identical to GS06
Interchange Control Trailer					
App. B	Trailer	IEA	01	Number of Included Functional Groups	
App. B	Trailer	IEA	02	Interchange Control Number	Must be identical to ISA13