Vermont MMIS HIPAA Tech Specs

277 – Claim Status Response

Claim Status

Field	HIPAA Guide Name	Page #	HIPAA Usage	Medicaid Note	MMIS Instruction
		NA (Interchange Control Header)			
		ISA (Interchange Control Header)			
ISA01	Authorization Information Qualifier	B.3	R	Y	VT Medicaid will always send "00"
ISA02	Authorization Information	B.3	R	Y	VT Medicaid will always send spaces.
ISA03	Security Information Qualifier	B.4	R	Y	VT Medicaid will send "00"
ISA04	Security Information	B.4	R	Y	VT Medicaid will always send spaces.
ISA05	Interchange Sender ID Qualifier	B.4	R	Y	VT Medicaid will always send "ZZ"
ISA06	Interchange Sender ID	B.4	R	Y	VT Medicaid will send our EIN "752548221"
ISA07	Interchange Receiver ID Qualifier	B.4	R	Y	VT Medicaid will always send "ZZ"
ISA08	Interchange Receiver ID	B.5	R	Y	VT Medicaid will send the assigned Trading Partner ID
ISA09	Interchange Date	B.5	R	N	
ISA10	Interchange Time	B.5	R	N	
ISA11	Interchange Control Standards Identifier	B.5	R	N	
ISA12	Interchange Control Version Number	B.5	R	N	
ISA13	Interchange Control Number	B.5	R	N	
ISA14	Acknowledgment Requested	B.6	R	Y	VT Medicaid will always send "0"
ISA15	Usage Indicator	B.6	R	Y	VT Medicaid will send "T" for responses from the test environment, and "P" for responses from the production environment.
ISA16	Component Element Separator	B.6	R	N	

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NA (Functional Group Header)

GS (Functional Group Header)

GS01	Functional ID Code	B.8	R	Y	VT Medicaid will always send "HN"
GS02	Application Sender's Code	B.8	R	Y	VT Medicaid will send EIN "752548221"
GS03	Application Receiver's Code	B.8	R	Y	VT Medicaid will send the Trading Partner ID of the Sender of the 276 Claim Status Inquiry.
GS04	Date	B.8	R	N	
GS05	Time	B.8	R	N	
GS06	Group Control Number	B.9	R	N	
GS07	Responsible Agency Code	B.9	R	N	
GS08	Version/Release ID Code	B.9	R	Y	VT Medicaid will always send "004010X093A1"

NA (Transaction Set Header)

ST (Transaction Set Header)

ST01	Transaction Set Identifier Code	125	R	Y	Always "277".
ST02	Transaction Set Control Number	125	R	N	

BHT (Beginning of Hierarchical Transaction)

BHT01	Hierarchical Structure Code	126	R	N	
BHT02	Transaction Set Purpose Code	126	R	N	
BHT03	Originator Application Transaction Identifier	126	R	N	
BHT04	Transaction Set Creation Date	127	R	N	
BHT06	Transaction Type Code	127	R	N	

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2000A (Information Source Level)

HL (Information Source Level)

HL01	Hierarchical ID Number	128	R	N	
HL03	Hierarchical Level Code	128	R	N	
HL04	Hierarchical Child Code	129	R	N	

2100A (Payer Name)

NM1 (Payer Name)

NM101	Entity Identifier Code	130	R	N	
NM102	Entity Type Qualifier	131	R	Y	
NM103	Payer Name	131	R	Y	VT Medicaid will always send "VT MEDICAID TITLE XIX".
NM108	Identification Code Qualifier	131	R	Y	VT Medicaid will always send "PI"
NM109	Payer Identifier	132	R	Y	VT Medicaid will send EIN "752548221".

PER (Payer Contact Information)

PER01	Contact Function Code	134	R	N	
PER02	Payer Contact Name	134	S	Y	"Provider Services"
PER03	Communication Number Qualifier	134	R	Y	VT Medicaid will always send "TE"
PER04	Communication Number	134	R	Y	Provider Services telephone "8028794450".
PER05	Communication Number Qualifier	135	S	X	
PER06	Communication Number	135	S	X	
PER07	Communication Number Qualifier	135	S	X	
PER08	Communication Number	135	S	X	

2000B (Information Receiver Level)

HL (Information Receiver Level)

HL01	Hierarchical ID Number	136	R	N	
HL02	Hierarchical Parent ID Number	136	R	N	
HL03	Hierarchical Level Code	137	R	N	
HL04	Hierarchical Child Code	137	R	N	

2100B (Information Receiver Name)

NM1 (Information Receiver Name)

NM101	Entity Identifier Code	138	R	N	
NM102	Entity Type Qualifier	139	R	N	
NM103	Information Receiver Last or Organization Name	139	R	N	
NM104	Information Receiver First Name	139	S	N	
NM105	Information Receiver Middle Name	139	S	N	
NM106	Information Receiver Name Prefix	139	S	N	
NM107	Information Receiver Name Suffix	139	S	N	
NM108	Identification Code Qualifier	139	R	Y	VT Medicaid will use qualifier "46".
NM109	Information Receiver Identification Number	140	R	Y	VT Medicaid will report the Trading Partner ID of the entity who submitted the Claim Status Inquiry.

2000C (Service Provider Level)

HL (Service Provider Level)

HL01	Hierarchical ID Number	141	R	N	
HL02	Hierarchical Parent ID Number	141	R	N	
HL03	Hierarchical Level Code	142	R	N	
HL04	Hierarchical Child Code	142	R	N	

2100C (Provider Name)

NM1 (Provider Name)

NM101	Entity Identifier Code	143	R	Y	VT Medicaid will send qualifier "1P".
NM102	Entity Type Qualifier	143	R	N	
NM103	Provider Last or Organization Name	144	R	N	
NM104	Provider First Name	144	S	N	
NM105	Provider Middle Name	144	S	N	
NM106	Provider Name Prefix	144	S	N	
NM107	Provider Name Suffix	144	S	N	
NM108	Identification Code Qualifier	144	R	Y	VT Medicaid will use "XX" when sending National Provider Identifier. VT Medicaid will use "SV" when sending VT Medicaid Provider Number.
NM109	Provider Identifier	145	R	Y	This field will contain the 10 digit National Provider Identifier. This field will contain the 7 digit VT Medicaid Provider Number.

2000D (Subscriber Level)

HL (Subscriber Level)

HL01	Hierarchical ID Number	146	R	N	
HL02	Hierarchical Parent ID Number	146	R	N	
HL03	Hierarchical Level Code	147	R	N	
HL04	Hierarchical Child Code	147	R	Y	This value will always be "0".

DMG (Subscriber Demographic Information)

DMG01	Date Time Period Format Qualifier	148	R	Y	VT Medicaid will send qualifier "D8".
DMG02	Subscriber Birth Date	149	R	Y	VT Medicaid will send the Subscriber birth date.
DMG03	Subscriber Gender Code	149	R	Y	VT Medicaid will send the Subscriber Gender Code.

2100D (Subscriber Name)

NM1 (Subscriber Name)

NM101	Entity Identifier Code	150	R	Y	VT Medicaid will always send "QC"
NM102	Entity Type Qualifier	151	R	Y	VT Medicaid will always send "1"
NM103	Subscriber Last Name	151	R	N	
NM104	Subscriber First Name	151	S	N	
NM105	Subscriber Middle Name	151	S	N	
NM106	Subscriber Name Prefix	151	S	N	
NM107	Subscriber Name Suffix	151	S	N	
NM108	Identification Code Qualifier	151	R	Y	VT Medicaid will use qulifier "MI".
NM109	Subscriber Identifier	152	R	Y	VT Medicaid will send the 9 character VT Medicaid Subscriber Id.

2200D (Claim Submitter Trace Number)

TRN (Claim Submitter Trace Number)

TRN01		Trace Type Code	153	R	Y	Always "2".
TRN02		Trace Number	153	R	Y	VT Medicaid will return the Trace Number from the Submitter's original 276 transaction.

STC (Claim Level Status Information)

STC01	C043-1	Health Care Claim Status Category Code	154	R	Y	Refer to the Health Care Claim Status Category Code list, Washington Publishing Company.
STC01	C043-2	Health Care Claim Status Code	154	R	Y	Refer to the Health Care Claim Status Code list, Washington Publishing Company. Note: value 485 means that the response exceeds batch size limit.
STC01	C043-3	Entity Identifier Code	155	S	X	
STC02		Status Information Effective Date	162	R	N	
STC04		Total Claim Charge Amount	162	R	N	
STC05		Claim Payment Amount	162	R	N	
STC06		Adjudication or Payment Date	162	S	N	
STC07		Payment Method Code	163	S	Y	When there is a payment amount, VT Medicaid will used CHK in this field.
STC08		Check Issue or EFT Effective Date	163	S	N	
STC09		Check or EFT Trace Number	163	S	N	
STC10	C043-1	Health Care Claim Status Category Code	164	R	X	
STC10	C043-2	Health Care Claim Status Code	164	R	X	
STC10	C043-3	Entity Identifier Code	164	S	X	
STC11	C043-1	Health Care Claim Status Category Code	164	R	X	

STC11	C043-2	Health Care Claim Status Code	164	R	X	
STC11	C043-3	Entity Identifier Code	164	S	X	
		REF (Payer Claim Identification Number)				
REF01		Reference Identification Qualifier	165	R	N	
REF02		Payer Claim Control Number	166	R	Y	VT Medicaid will send the 15 digit Internal Control Number (ICN) when a claim is matched to the Inquiry.
		REF (Institutional Bill Type Identification)				
REF01		Reference Identification Qualifier	167	R	Y	VT Medicaid will send the qualifier “BLT” if reporting Type of Bill on an Institutional claim.
REF02		Bill Type Identifier	168	R	N	
		REF (Medical Record Identification)				
REF01		Reference Identification Qualifier	169	R	Y	VT Medicaid will send "EA" if reporting a Medical Record number.
REF02		Medical Record Number	169	R	N	
		DTP (Claim Service Date)				
DTP01		Date Time Qualifier	171	R	N	
DTP02		Date Time Period Format Qualifier	172	R	N	
DTP03		Claim Service Period	172	R	N	

2220D (Service Line Information)

		SVC (Service Line Information)				
SVC01	C003-1	Product or Service ID Qualifier	174	R	Y	VT Medicaid will send qualifiers AD, HC, N4 or NU, if reporting on the claim service line.
SVC01	C003-2	Service Identification Code	175	R	N	
SVC01	C003-3	Procedure Modifier	175	S	N	
SVC01	C003-4	Procedure Modifier	175	S	N	
SVC01	C003-5	Procedure Modifier	175	S	N	
SVC01	C003-6	Procedure Modifier	175	S	N	
SVC02		Line Item Charge Amount	175	R	N	

SVC03		Line Item Provider Payment Amount	176	R	N	
SVC04		Revenue Code	176	S	N	
SVC07		Original Units of Service Count	176	S	N	
		STC (Service Line Status Information)				
STC01	C043-1	Health Care Claim Status Category Code	177	R	Y	Reported if the claim is adjudicated at the Service level.
STC01	C043-2	Health Care Claim Status Code	177	R	Y	Reported if the claim is adjudicated at the Service level.
STC01	C043-3	Entity Identifier Code	177	S	X	
STC02		Status Information Effective Date	185	R	N	
STC04		Line Item Charge Amount	185	S	N	
STC05		Line Item Provider Payment Amount	185	S	N	
STC10	C043-1	Health Care Claim Status Category Code	185	R	X	
STC10	C043-2	Health Care Claim Status Code	186	R	X	
STC10	C043-3	Entity Identifier Code	186	S	X	
STC11	C043-1	Health Care Claim Status Category Code	186	R	X	
STC11	C043-2	Health Care Claim Status Code	186	R	X	
STC11	C043-3	Entity Identifier Code	186	S	X	
		REF (Service Line Item Identification)				
REF01		Reference Identification Qualifier	187	R	Y	VT Medicaid will send "FJ" if the original claim had a Line Item Control Number.
REF02		Line Item Control Number	187	R	N	

DTP (Service Line Date)

DTP01	Date Time Qualifier	188	R	Y	Service Line information is returned on claims that are adjudicated at the service level.
DTP02	Date Time Period Format Qualifier	188	R	N	
DTP03	Service Line Date	189	R	N	

2000E (Dependent Level)

HL (Dependent Level)

HL01	Hierarchical ID Number	190	R	X
HL02	Hierarchical Parent ID Number	190	R	X
HL03	Hierarchical Level Code	191	R	X
HL04	Hierarchical Child Code	191	N	X

DMG (Dependent Demographic Information)

DMG01	Date Time Period Format Qualifier	192	R	X
DMG02	Subscriber Birth Date	193	R	X
DMG03	Subscriber Gender Code	193	R	X

2100E (Dependent Name)

NM1 (Dependent Name)

NM101	Entity Identifier Code	194	R	X
NM102	Entity Type Qualifier	194	R	X
NM103	Subscriber Last Name	195	R	X
NM104	Subscriber First Name	195	S	X
NM105	Subscriber Middle Name	195	S	X
NM106	Subscriber Name Prefix	195	S	X
NM107	Subscriber Name Suffix	195	S	X
NM108	Identification Code Qualifier	195	S	X
NM109	Subscriber Identifier	196	S	X

2200E (Claim Submitter Trace Number)

TRN (Claim Submitter Trace Number)

TRN01		Trace Type Code	197	R	X
TRN02		Trace Number	197	R	X

STC (Claim Level Status Information)

STC01	C043-1	Health Care Claim Status Category Code	199	R	X
STC01	C043-2	Health Care Claim Status Code	200	R	X
STC01	C043-3	Entity Identifier Code	200	S	X
STC02		Status Information Effective Date	207	R	X
STC04		Total Claim Charge Amount	207	R	X
STC05		Claim Payment Amount	207	R	X
STC06		Adjudication or Payment Date	207	S	X
STC07		Payment Method Code	208	S	X
STC08		Check Issue or EFT Effective Date	208	S	X
STC09		Check or EFT Trace Number	208	S	X
STC10	C043-1	Health Care Claim Status Category Code	208	R	X
STC10	C043-2	Health Care Claim Status Code	209	R	X
STC10	C043-3	Entity Identifier Code	209	S	X
STC11	C043-1	Health Care Claim Status Category Code	209	R	X
STC11	C043-2	Health Care Claim Status Code	209	R	X
STC11	C043-3	Entity Identifier Code	209	S	X

REF (Payer Claim Identification Number)

REF01		Reference Identification Qualifier	210	R	X

REF02		Payer Claim Control Number	210	R	X
		REF (Institutional Bill Type Identification)			
REF01		Reference Identification Qualifier	212	R	X
REF02		Bill Type Identifier	213	R	X
		REF (Medical Record Identification)			
REF01		Reference Identification Qualifier	214	R	X
REF02		Medical Record Number	215	R	X
		DTP (Claim Service Date)			
DTP01		Date Time Qualifier	216	R	X
DTP02		Date Time Period Format Qualifier	217	R	X
DTP03		Claim Service Period	217	R	X

2220E (Service Line Information)

		SVC (Service Line Information)			
SVC01	C003-1	Product or Service ID Qualifier	219	R	X
SVC01	C003-2	Service Identification Code	219	R	X
SVC01	C003-3	Procedure Modifier	220	S	X
SVC01	C003-4	Procedure Modifier	220	S	X
SVC01	C003-5	Procedure Modifier	220	S	X
SVC01	C003-6	Procedure Modifier	220	S	X
SVC02		Line Item Charge Amount	220	R	X
SVC03		Line Item Provider Payment Amount	220	R	X
SVC04		Revenue Code	220	S	X
SVC07		Original Units of Service Count	220	S	X
		STC (Service Line Status Information)			
STC01	C043-1	Health Care Claim Status Category Code	221	R	X

Claim Status

STC01	C043-3	Entity Identifier Code	222	S	X
STC02		Status Information Effective Date	229	R	X
STC04		Line Item Charge Amount	229	S	X
STC05		Line Item Provider Payment Amount	229	S	X
STC10	C043-1	Health Care Claim Status Category Code	230	R	X
STC10	C043-2	Health Care Claim Status Code	230	R	X
STC10	C043-3	Entity Identifier Code	230	S	X
STC11	C043	Health Care Claim Status	230	S	X
STC11	C043-1	Health Care Claim Status Category Code	230	R	X
STC11	C043-2	Health Care Claim Status Code	230	R	X
STC11	C043-3	Entity Identifier Code	230	S	X
		REF (Service Line Item Identification)			
REF01		Reference Identification Qualifier	231	R	X
REF02		Line Item Control Number	231	R	X
		DTP (Service Line Date)			
DTP01		Date Time Qualifier	232	R	X
DTP02		Date Time Period Format Qualifier	232	R	X
DTP03		Service Line Date	233	R	X

NA (Transaction Set Trailer)

		SE (Transaction Set Trailer)			
SE01		Transaction Segment Count	234	R	N
SE02		Transaction Set Control Number	234	R	N

NA (Functional Group Trailer)

GE (Functional Group Trailer)

GE01	Number of Transaction Sets Included	B.10	R	N
GE02	Group Control Number	B.10	R	N

NA (Interchange Control Trailer)

IEA (Interchange Control Trailer)

IEA01	Number of Included Functional Groups	B.7	R	N
IEA02	Interchange Control Number	B.7	R	N