Vermont MMIS HIPAA Tech Specs

277 – Unsolicited Health Care Eligibility/Benefit Roster

277 – Unsolicited Claims (Suspended)

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 send "00"
ISA02	Authorization Information Qualifier	B.3	R	N	
ISA03	Security Information Qualifier	B.4	R	Y	VT Medicaid will use "00"
ISA04	Security Information	B.4	R	N	
ISA05	Interchange Sender ID Qualifier	B.4	R	Y	VT Medicaid will use "ZZ"
ISA06	Interchange Sender ID	B.4	R	Y	VT Medicaid EIN "752548221"
ISA07	Interchange Receiver ID Qualifier	B.4	R	Y	VT Medicaid will send ZZ
ISA08	Interchange Receiver ID	B.5	R	Y	VT Medicaid will send the 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	N	
ISA15	Usage Indicator	B.6	R	N	
ISA16	Component Element Separator	B.6	R	Y	VT Medicaid separators are: ~ = Segment, * = Data Element, : = Composite sub-element

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NA (Functional Group Header)

GS (Functional Group Header)

GS01	Functional ID Code	B.8	R	N	
GS02	Application Sender's Code	B.8	R	Y	VT Medicaid EIN 752548221
GS03	Application Receiver's Code	B.8	R	Y	VT Medicaid will send the Trading Partner ID
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 use Version 003070X070

NA (NoLoopName)

ST (277 Header)

ST01	Transaction Set Identifier Code	27	R	N	
ST02	Transaction Set Control Number	27	R	N	

BHT (Transaction Structure)

BHT01	Hierarchical Structure Code	28	R	N	
BHT02	Transaction Set Purpose Code	28	R	N	
BHT03	Originator Application Transaction Identifier	29	R	Y	VT Medicaid will send the Remittance Advice Number.
BHT04	Transaction Set Creation Date	29	R	N	
BHT05	Time	29	N	N	
BHT06	Transaction Type Code	29	R	Y	VT Medicaid will use NO

2000A (Information Source)

HL (Information Source)

HL01	Hierarchical ID Number	31	R	N	
HL02	Hierarchical Parent ID Number	31	S	N	
HL03	Hierarchical Level Code	31	R	N	
HL04	Hierarchical Child Code	31	R	N	

2100A (Payer Name)

NM1 (Payer Name)

NM101	Entity Identifier Code	32	R	N	
NM102	Entity Type Qualifier	33	R	N	
NM103	Name Last	33	R	Y	Payor name is "EDS - VERMONT MEDICAID"
NM104	Name First	33	N	N	
NM105	Name Middle	33	N	N	
NM106	Name Prefix	33	N	N	
NM107	Name Suffix	33	N	N	
NM108	Identification Code Qualifier	33	R	Y	VT Medicaid will use PI
NM109	Identification Code	33	R	Y	VT Medicaid EIN 752548221
NM110	Entity Relationship Code	33	N	N	
NM111	Entity Identifier Code	33	N	N	

N3 (Payer Street Address)

N301	Address Information	34	R	X	
N302	Address Information	34	S	X	

N4 (Payer City/State/Zip)

N401	City Name	35	R	X	
N402	State or Province Code	35	R	X	
N403	Postal Code	35	S	X	

N404	Country Code	35	N	X	
N405	Location Qualifier	35	N	X	
N406	Location Identifier	35	N	X	

2000B (Information Receiver)

HL (Information Receiver)

HL01	Hierarchical ID Number	37	R	N	
HL02	Hierarchical Parent ID Number	37	R	N	
HL03	Hierarchical Level Code	37	R	N	
HL04	Hierarchical Child Code	37	R	N	

2100B (Information Receiver Name)

NM1 (Information Receiver Name)

NM101	Entity Identifier Code	38	R	N	
NM102	Entity Type Qualifier	39	R	N	
NM103	Information Receiver Last or Organization Name	39	R	N	
NM104	Information Receiver First Name	39	S	N	
NM105	Name Middle	39	S	N	
NM106	Name Prefix	39	S	N	
NM107	Name Suffix	39	S	N	
NM108	Identification Code Qualifier	39	R	Y	VT Medicaid will send "46"
NM109	Information Receiver Identification Number	39	R	Y	VT Medicaid will send the Trading Partner ID
NM110	Entity Relationship Code	39	N	N	
NM111	Entity Identifier Code	39	N	N	

N3 (Information Receiver Street Address)

N301	Address Information	40	R	X	
N302	Address Information	40	S	X	

N4 (Information Receiver City/State/Zip)

N401	City Name	41	R	X	
N402	State or Province Code	41	R	X	
N403	Postal Code	41	R	X	
N404	County Code	41	N	X	
N405	Location Qualifier	41	N	X	
N406	Location Identifier	41	N	X	

2000C (Provider of Service)

HL (Provider of Service)

HL01	Hierarchical ID Number	43	R	N	
HL02	Hierarchical Parent ID Number	43	R	N	
HL03	Hierarchical Level Code	43	R	N	
HL04	Hierarchical Child Code	43	R	N	

2100C (Provider Information)

NM1 (Provider Information)

NM101	Entity Identifier Code	44	R	N	
NM102	Entity Type Qualifier	45	R	N	
NM103	Provider Last or Organization Name	45	R	N	
NM104	Name First	45	S	N	
NM105	Name Middle	45	S	N	
NM106	Name Prefix	45	N	N	
NM107	Name Suffix	45	N	N	
NM108	Identification Code Qualifier	45	R	Y	VT Medicaid will use "XX" when sending National Provider Identifier. VT Medicaid will use "SV" when sending VT Medicaid Provider Number.

NM109	Identification Code	45	R	Y	This field will contain the 10 digit National Provider Identifier. This field will contain the 7 digit VT Medicaid Provider Provider Number.
NM110	Entity Relationship Code	45	N	N	
NM111	Entity Identifier Code	45	N	N	
		2000D (Subscriber)			
		HL (Subscriber)			
HL01	Hierarchical ID Number	47	R	N	
HL02	Hierarchical Parent ID Number	47	R	N	
HL03	Hierarchical Level Code	47	R	N	
HL04	Hierarchical Child Code	47	R	Y	VT Medicaid will send "0"
		2100D (Subscriber Name)			
		NM1 (Subscriber Name)			
NM101	Entity Identifier Code	48	R	Y	VT Medicaid will use QC
NM102	Entity Type Qualifier	49	R	Y	VT Medicaid will use 1
NM103	Subscriber Last Name	49	R	Y	
NM104	Name First	49	S	N	
NM105	Subscriber Middle Name	49	S	N	
NM106	Name Prefix	49	S	N	
NM107	Name Suffix	49	S	N	
NM108	Identification Code Qualifier	49	R	Y	VT Medicaid will use MR
NM109	Subscriber Identifier	49	R	Y	VT Medicaid will use the 9 digit Vermont Medicaid ID
NM110	Entity Relationship Code	49	N	N	
NM111	Entity Identifier Code	49	N	N	
		N3 (Subscriber Address)			
N301	Address Information	50	R	X	

N302		Address Information	50	S	X	
		N4 (Subscriber City/State/Zip)				
N401		City Name	51	R	X	
N402		State or Province Code	51	R	X	
N403		Postal code	51	R	X	
N404		Country Code	51	N	X	
N405		Location Qualifier	51	N	X	
N406		Location Identifier	51	N	X	
		2200D (Claim Submitter's Identifier)				
		TRN (Claim Submitter's Identifier)				
TRN01		Trace Type Code	52	R	N	
TRN02		Reference Identification	52	R	N	
TRN03		Originating Company Identifier	52	N	X	
TRN04		Reference Identification	53	S	X	
		STC (Claim Level Status Information)				
STC01	C043	Health Care Claim Status Category Code	54	R	N	
STC01	C043-1	Health Care Claim Status Category Code	55	R	N	
STC01	C043-2	Health Care Claim Status Category Code	55	R	N	
STC01	C043-3	Entity Identifier Code	55	S	Y	VT Medicaid will send P2
STC02		Status Information Effective Date	57	R	N	
STC03		Action Code	57	R	Y	VT Medicaid will use NA
STC04		Total Claim Charge Amount	57	R	N	
STC05		Claim Payment Amount	57	N	N	
STC06		Adjudication or Payment Date	57	N	N	
STC07		Payment Method Code	57	N	N	
STC08		Check Issue or EFT Effective	57	N	N	

		Date				
STC09		Check Number	57	N	N	
STC10	C043	Health Care Claim Status	57	S	X	
STC10	C043-1	Health Care Claim Status Category Code	57	R	X	
STC10	C043-2	Health Care Claim Status Code	57	R	X	
STC10	C043-3	Entity Identifier Code	57	S	X	
STC11	C043	Health Care Claim Status Code	57	S	X	
STC11	C043-1	Health Care Claim Status Category Code	57	R	X	
STC11	C043-2	Health Care Claim Status Code	57	R	X	
STC11	C043-3	Entity Identifier Code	57	S	X	
STC12		Free-Form Message Text	57	N	X	
		REF (Payer's Claim Control Number)				
REF01		Reference Identification Qualifier	59	R	N	
REF02		Reference Identification	59	R	Y	VT Medicaid will report the 15 digit ICN assigned to the claim
REF03		Description	60	N	N	
REF04		Reference Identifier	60	N	N	
		REF (Institutional Type of Bill)				
REF01		Reference Identification Qualifier	61	R	N	
REF02		Reference Identification	61	R	N	
REF03		Description	62	N	N	
REF04		Reference Identifier	62	N	N	
		REF (Medical Record Number)				
REF01		Reference Identification Qualifier	63	R	N	
REF02		Reference Identification	63	R	N	
REF03		Description	64	N	N	
REF04		Reference Identifier	64	N	N	
		DTP (Claim Service Date)				

DTP01	Date Time Qualifier	65	R	N
DTP02	Date Time Period Format Qualifier	65	R	N
DTP03	Claim Service Period	65	R	N

2220D (Service Line Information)

SVC (Service Line Information)

SVC01	C003	Composite Medical Procedure Identifier	67	R	N	
SVC01	C003-1	Product or Service ID Qualifier	67	R	Y	VT Medicaid will use AD, HC, or NU
SVC01	C003-2	Service Identification Code	67	R	N	
SVC01	C003-3	Procedure Modifier	67	S	N	
SVC01	C003-4	Procedure Modifier	67	S	N	
SVC01	C003-5	Procedure Modifier	67	S	N	
SVC01	C003-6	Procedure Modifier	67	S	N	
SVC01	C003-7	Description	67	N	X	
SVC02		Line Item Charge Amount	68	R	N	
SVC03		Line Item Provider Payment Amount	68	R	Y	VT Medicaid will send "0".
SVC04		Revenue Code	68	S	N	
SVC05		Quantity	68	N	N	
SVC06		Composite Medical Procedure Identifier	68	N	N	
SVC07		Original Units of Service Count	68	S	N	

STC (Service Line Status Information)

STC01	C043	Health Care Claim Status Category Code	69	R	X	
STC01	C043-1	Health Care Claim Status Category Code	70	R	X	
STC01	C043-2	Industry Code	70	R	X	
STC01	C043-3	Entity Identifier Code	70	S	X	
STC02		Date	72	R	N	
STC03		Action Code	72	S	Y	VT Medicaid will use NA
STC04		Line Item Charge Amount	72	S	N	

STC05		Line Item Provider Payment Amount	72	N	N
STC06		Date	72	N	N
STC07		Payment Method Code	72	N	N
STC08		Date	72	N	N
STC09		Check Number	72	N	N
STC10	C043	Health Care Claim Status	72	S	X
STC10	C043-1	Health Care Claim Status Category Code	72	R	X
STC10	C043-2	Health Care Claim Status Code	72	R	X
STC10	C043-3	Entity Identifier Code	72	S	X
STC11	C043	Health Care Claim Status	72	S	X
STC11	C043-1	Health Care Claim Status Category Code	72	R	X
STC11	C043-2	Health Care Claim Status Code	72	R	X
STC11	C043-3	Entity Identifier Code	72	S	X
STC12		Free-Form Message Text	72	N	X
		REF (Service Line Item Control Number)			
REF01		Reference Identification Qualifier	74	R	N
REF02		Line Item Control Number	74	R	N
REF03		Description	74	N	N
REF04		Reference Identifier	74	N	N
		DTP (Service Line Date)			
DTP01		Date Time Qualifier	75	R	N
DTP02		Date Time Period Format Qualifier	75	R	N
DTP03		Service Line Date	75	R	N

		NA (Transaction Trailer)		
		SE (Transaction Trailer)		
SE01	Transaction Segment Count	105	R	N
SE02	Transaction Set Control Number	105	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