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**MICHIGAN DEPARTMENT OF  
COMMUNITY HEALTH**

**COMPANION GUIDE  
FOR THE HIPAA  
277U HEALTH CARE PAYER  
UNSOLICITED CLAIM STATUS**

**To be effective with CHAMPS Go Live  
September 18, 2009**

Michigan Department  
of Community Health





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This document is intended as a companion to the **National Electronic Data Interchange Transaction Set Implementation Guides: Health Care Payer Unsolicited Claim Status, ASC X12N 277U (003070X070)**, dated December 1996, and **Health Care Claim Status Request, ASC X12N 277 (004010X93)**, dated May 2000. The purpose of this companion guide is to provide clarification. It does not contradict requirements in the ANSI X12 Implementation Guides. The following details the requirements for processing data.

The implementation guide and code lists can be found at <http://www.wpc-edi.com/hipaa>. Additional information on the Final Rule for Standards for Electronic Transmissions can be found at <http://aspe.os.dhhs.gov/admsimp/bannertx.htm>.

### **Purpose of the 277U Health Care Payer Unsolicited Claim Status**

The MDCH has chosen to implement a 277U Health Care Payer Unsolicited Claim Status as a means of communicating pended claim information. The 277U transaction is not a HIPAA-mandated transaction.

For implementation, the 277 Response format was used with modifications made to the GS and BHT segments in order to distinguish the 277U transaction from the standard 277 response to a 276 request.

The 277U transaction will “gap fill” in order to meet specific data requirements. Keeping with Medicare, to “gap fill”, the standard systems must enter meaningless characters to meet the data element minimum requirements in any outgoing X12 transaction if insufficient data are available for entry in a required data element.

### **Delimiters**

Delimiters are used throughout the 277U transaction to separate data elements and to terminate segments. The delimiters are specified in the interchange header segment (ISA). The delimiters within the data elements of submitted claims should be avoided. If one of the characters below is transmitted in a claim data element that is echoed back on the 277U, transaction errors may occur.

The 277U transaction uses the following delimiters, as shown in the table below.

Character	Name	Delimiter
*	Asterisk	Data Element Separator
:	Colon	Subelement Separator
~	Tilde	Segment Terminator

### **Line Feeds**

The 277U transaction can be downloaded from the Data Exchange Gateway (DEG) in two formats, either ASCII or binary. When downloading to ASCII, files will include line feeds. Line feeds will appear after each segment, and will function as carriage returns. However, downloading to binary eliminates the use of line feeds.



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Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
	<b>ISA</b>		<b>Interchange Control Header</b>	
	ISA	ISA01	Authorization Information Qualifier	03
	ISA	ISA02	Authorization Information	Elements 1-2 indicate the Pay Cycle Number
	ISA	ISA03	Security Information Qualifier	00
	ISA	ISA04	Security Information	10 spaces
	ISA	ISA05	Interchange ID Qualifier	ZZ
	ISA	ISA06	Interchange Sender ID	D00111
	ISA	ISA07	Interchange ID Qualifier	ZZ
	ISA	ISA08	Interchange Receiver ID	DEG ID, Provider ID or NPI
	ISA	ISA14	Acknowledgment Requested	0
	ISA	ISA15	Usage Indicator	P for a Production file T for a test file
	ISA	ISA16	Component Element Separator	:
	<b>GS</b>		<b>Functional Group Header</b>	
	GS	GS01	Functional Identifier Code	HN (Health Care Claim Status Notification)
	GS	GS02	Application Sender's Code	D00111
	GS	GS03	Application Receiver's Code	DEG ID, Provider ID or NPI
	GS	GS06	Group Control Number	Data Interchange Control Number MDCH will transmit identical transaction set control numbers in ST02 and SE03.
	GS	GS08	Version / Release / Industry Identifier Code	003070X070
	<b>ST</b>		<b>Transaction Set Header</b>	
	ST	ST01	Transaction set identifier code	277



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	<b>ST</b>	ST02	Transaction Set Control Number	Transaction Set Control Number MDCH will assign a unique number within the transaction set to indicate the start of the transaction. MDCH will transmit identical transaction set control numbers in ST02 and SE03.
	<b>BHT</b>		<b>Beginning of Hierarchical Transaction</b>	
	<b>BHT</b>	BHT01	Hierarchical Structure Code	0010 (Information Source, Information Receiver, Provider of Service, Subscriber, Dependent)
	<b>BHT</b>	BHT02	Transaction Set Purpose Code	08
	<b>BHT</b>	BHT03	Reference Identification	Number assigned by MDCH to identify the transaction within the MDCH system.
	<b>BHT</b>	BHT06	Transaction Type Code	NO (Notice)
<b>2000A</b>	<b>HL</b>		<b>Billing/Pay-To Provider Hierarchical Level</b>	
<b>2000A</b>	<b>HL</b>	HL01	Hierarchical ID Number	Assigned by MDCH to identify each occurrence of a HL segment in a transaction.
<b>2000A</b>	<b>HL</b>	HL03	Hierarchical Level Code	20
<b>2000A</b>	<b>HL</b>	HL04	Hierarchical Child Code	1 (Additional Subordinate HL Data Segment in this Hierarchical Structure)
<b>2100A</b>	<b>NM1</b>			
<b>2100A</b>	<b>NM1</b>	NM101	Entity Identifier Code	PR (Payer)
<b>2100A</b>	<b>NM1</b>	NM102	Entity Type Qualifier	2 (Non-Person Entity)
<b>2100A</b>	<b>NM1</b>	NM103	Name Last or Organization Name	Department of Community Health
<b>2100A</b>	<b>NM1</b>	NM108	Identification Code Qualifier	PI (Payor Identification)
<b>2100A</b>	<b>NM1</b>	NM109	Identification Code	MDCH Federal Tax ID Number
<b>2000B</b>	<b>HL</b>			
<b>2000B</b>	<b>HL</b>	HL01	Hierarchical ID Number	Assigned by MDCH to identify each occurrence of a HL segment in a transaction.
<b>2000B</b>	<b>HL</b>	HL02	Hierarchical Parent ID	Identifies the next hierarchical ID number



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			Number	of the HL segment to which the current HL segment is subordinate.
<b>2000B</b>	<b>HL</b>	HL03	Hierarchical Level Code	21 (Information Receiver)
<b>2000B</b>	<b>HL</b>	HL04	Hierarchical Child Code	1 (Additional Subordinate HL Data Segment in this Hierarchical Structure)
<b>2100B</b>	<b>NM1</b>			
<b>2100B</b>	<b>NM1</b>	NM101	Entity Identifier Code	41 (Submitter)
<b>2100B</b>	<b>NM1</b>	NM102	Entity Type Qualifier	2 (Non-Person Entity)
<b>2100B</b>	<b>NM1</b>	NM103	Name Last or Organization Name	Provider Name or Billing Agent Name
<b>2100B</b>	<b>NM1</b>	NM108	Identification Code Qualifier	XX or FI
<b>2100B</b>	<b>NM1</b>	NM109	Identification Code	NPI or Tax ID
<b>2000C</b>	<b>HL</b>			
<b>2000C</b>	<b>HL</b>	HL01	Hierarchical ID Number	Assigned by MDCH to identify each occurrence of a HL segment in a transaction.
<b>2000C</b>	<b>HL</b>	HL02	Hierarchical Parent ID Number	Identifies the next hierarchical ID number of the HL segment to which the current HL segment is subordinate.
<b>2000C</b>	<b>HL</b>	HL03	Hierarchical Level Code	19 (Provider of Service)
<b>2000C</b>	<b>HL</b>	HL04	Hierarchical Child Code	1 (Additional Subordinate HL Data Segment in this Hierarchical Structure)
<b>2100C</b>	<b>NM1</b>			
<b>2100C</b>	<b>NM1</b>	NM101	Entity Identifier Code	1P (Provider)
<b>2100C</b>	<b>NM1</b>	NM102	Entity Type Qualifier	1 (Person) 2 (Non-Person Entity)
<b>2100C</b>	<b>NM1</b>	NM103	Name Last or Organization Name	Provider Last Name
<b>2100C</b>	<b>NM1</b>	NM104	Name First	Provider First Name
<b>2100C</b>	<b>NM1</b>	NM105	Name Middle	Provider Middle Name or Initial
<b>2100C</b>	<b>NM1</b>	NM108	Identification Code Qualifier	XX or SV
<b>2000D</b>	<b>HL</b>			
<b>2000D</b>	<b>HL</b>	HL01	Hierarchical ID Number	Assigned by MDCH to identify each occurrence of a HL segment in a transaction.



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<b>2000D</b>	<b>HL</b>	HL02	Hierarchical Parent ID Number	Identifies the next hierarchical ID number of the HL segment to which the HL segment is subordinate.
<b>2000D</b>	<b>HL</b>	HL03	Hierarchical Level Code	22 (Subscriber)
<b>2000D</b>	<b>HL</b>	HL04	Hierarchical Child Code	0 (No Subordinate HL Segment in this Hierarchical Structure)
<b>2100D</b>	<b>NM1</b>			
<b>2100D</b>	<b>NM1</b>	NM101	Entity Identifier Code	QC (Patient)
<b>2100D</b>	<b>NM1</b>	NM102	Entity Type Qualifier	1 (Person)
<b>2100D</b>	<b>NM1</b>	NM103	Name Last or Organization Name	Beneficiary Last Name UNKNOWN if not available
<b>2100D</b>	<b>NM1</b>	NM104	Name First	Beneficiary First Name UNKNOWN if not available
<b>2100D</b>	<b>NM1</b>	NM105	Name Middle	Beneficiary Middle Name or Initial
<b>2100D</b>	<b>NM1</b>	NM107	Name Suffix	Beneficiary Name Suffix
<b>2100D</b>	<b>NM1</b>	NM108	Identification Code Qualifier	MI (Member Identification Number)
<b>2100D</b>	<b>NM1</b>	NM109	Identification Code	10-character Beneficiary ID Number
<b>2200D</b>	<b>TRN</b>			
<b>2200D</b>	<b>TRN</b>	TRN01	Trace Type Code	2 (Referenced Transaction Trace Numbers)
<b>2200D</b>	<b>TRN</b>	TRN02	Reference Identification	Provider's Patient Control Number
<b>2200D</b>	<b>STC</b>	STC01	Health Care Claim Status	
<b>2200D</b>	<b>STC</b>	STC01 - 3	Entity Identifier Code	Further modifies the status code in STC01-2, using CMS Health Care Claim Status Code Modifier as identified in the 004010X93 IG.
<b>2200D</b>	<b>STC</b>	STC02	Date	Status Effective Date in CCYYMMDD format
<b>2200D</b>	<b>STC</b>	STC03	Action Code	NA (No Action Required) - Always use for pended claim list function Use 15 (Correct and Resubmit Claim) to request additional info
<b>2200D</b>	<b>STC</b>	STC04	Monetary Amount	Amount of the Original Submitted Charges
<b>2200D</b>	<b>REF</b>			



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<b>2200D</b>	<b>REF</b>	REF02	Reference Identification	TCN
<b>2200D</b>	<b>REF</b>			
<b>2200D</b>	<b>REF</b>	REF01	Reference Identification Qualifier	BLT (Billing Type)
<b>2200D</b>	<b>REF</b>	REF02	Reference Identification	Type of Bill
<b>2200D</b>	<b>REF</b>			
<b>2200D</b>	<b>REF</b>	REF01	Reference Identification Qualifier	EA (Medical Record Identification Number)
<b>2200D</b>	<b>REF</b>	REF02	Reference Identification	Medical Record Number
<b>2200D</b>	<b>DTP</b>			
<b>2200D</b>	<b>DTP</b>	DTP01	Date/Time Qualifier	472 (Service Date)
<b>2200D</b>	<b>DTP</b>	DTP02	Date Time Period Format Qualifier	RD8 (Range of Dates in CCYYMMDD - CCYYMMDD format)
<b>2200D</b>	<b>DTP</b>	DTP03	Date Time Period	Service Date 11111111 if not available
<b>2220D</b>	<b>SVC</b>	SVC01	Composite Medical Procedure Identifier	
<b>2220D</b>	<b>SVC</b>	SVC01 - 1	Product/Service ID Qualifier	Type of Service ZZ (Mutually Defined) if not available
<b>2220D</b>	<b>STC</b>	STC01	Health Care Claim Status	
<b>2220D</b>	<b>STC</b>	STC01 - 3	Entity Identifier Code	Further modifies the status code in STC01-2, using CMS Health Care Claim Status Code Modifier as identified in the 004010X93 IG.
<b>2220D</b>	<b>STC</b>	STC03	Action Code	Use NA (No Action Required) or 15 (Correct and Resubmit Claim)
<b>2220D</b>	<b>STC</b>	STC04	Monetary Amount	Amount of Original Submitted Charges
<b>2220D</b>	<b>REF</b>			
<b>2220D</b>	<b>REF</b>	REF01	Reference Identification Qualifier	FJ (Line Item Control Number)
<b>2220D</b>	<b>REF</b>	REF02	Reference Identification	Line Item Control Number
<b>2220D</b>	<b>DTP</b>			
<b>2220D</b>	<b>DTP</b>	DTP01	Date/Time Qualifier	472 (Service)
<b>2220D</b>	<b>DTP</b>	DTP02	Date Time Period Format Qualifier	RD8 (Range of dates expressed in format CCYYMMDD - CCYYMMDD)



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2220D	DTP	DTP03	Date Time Period	CCYYMMDD 11111111 if not available
2000E				Dependent data is never valid for MDCH and use of Loop 2000E or any of the Dependent Loops within it (2100E, 2200E, and 2220E) is not anticipated.