

**MICHIGAN DEPARTMENT OF  
COMMUNITY HEALTH**

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

**October 1, 2007**





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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 507 and 508 can be found at [http://www.wpc-edi.com/hipaa/hipaa\\_40.asp](http://www.wpc-edi.com/hipaa/hipaa_40.asp). 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 277 Health Care Payer Unsolicited Claim Status as a means of communicating pended claim information. The 277 Unsolicited transaction is not a HIPAA-mandated transaction. This transaction will be available to Medicaid providers on request through their billing agent (also known as service bureau).

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

The 277 Unsolicited 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.



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**Delimiters**

Delimiters are used throughout the 277 Unsolicited transaction to separate data elements and to terminate segments. The delimiters are specified in the interchange header segment (ISA). The use of these 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 277 Unsolicited transaction errors may occur.

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

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

**Additional Identification**

An additional identification has been implemented in the claim reference number (CRN) reported in the 277 Unsolicited transaction. This value is intended to assist with the internal routing of pending claim information. The use of the identifier will vary, based on the business needs of the provider.

The claim submission source will be reported following the claim reference number in Loop 2200D REF Payer's Claim Control Number. This value will match the input ID reported on the paper RA following the ten-digit CRN. If a service bureau submitted the claim, this value will be the service bureau. If the claim was submitted on paper, it will represent the scanner ID.

**Line Feeds**

The 277 Unsolicited 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" (Information Present)  |
|         | ISA        | ISA02           | Authorization Information                | Elements 1-2 indicate the Pay Cycle Number. Element 3 will always be "8".   |
|         | ISA        | ISA03           | Security Information Qualifier           | "00" (No Security Present)  |
|         | ISA        | ISA04           | Security Information                     | <spaces>  |
|         | ISA        | ISA05           | Interchange ID Qualifier                 | "ZZ" (Mutually Defined)   |
|         | ISA        | ISA06           | Interchange Sender ID                    | <D00111>  |
|         | ISA        | ISA07           | Interchange ID Qualifier                 | "ZZ" (Mutually Defined)   |
|         | ISA        | ISA08           | Interchange Receiver ID                  | 4-character Billing Agent ID  |
|         | ISA        | ISA11           | Interchange Control Standards Identifier | "U" (U.E. EDI Community of ASC X12, TDCC, and UCS)  |
|         | ISA        | ISA12           | Interchange Control Version Number       | "00307"   |
|         | ISA        | ISA13           | Interchange Control Number               | <Interchange Control Number><br>MDCH will transmit identical interchange control numbers in ISA 13 and EEA02 for a single interchange envelope. |
|         | ISA        | ISA14           | Acknowledgment Requested                 | "0" (No Acknowledgement Requested)  |
|         | ISA        | ISA15           | Test Indicator                           | "P" (Production) or "T" (Test) data   |
|         | 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              | 4-character Billing Agent ID  |
|         | GS         | GS04            | Date                                     | <Functional Group Creation Date> in CCYYMMDD format   |
|         | GS         | GS05            | Time                                     | <Functional Group Creation Time> in HHMM format   |



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|              |            |       |  |  |
|--------------|------------|-------|--|--|
|              | <b>GS</b>  | GS06  | Group Control Number                         | <Data Interchange Control Number><br>MDCH will transmit identical transaction set control numbers in ST02 and SE03.  |
|              | <b>GS</b>  | GS07  | Responsible Agency Code                      | "X" (Accredited Standards Committee X12)   |
|              | <b>GS</b>  | GS08  | Version / Release / Industry Identifier Code | "003070X070"   |
| <b>None</b>  | <b>ST</b>  |       |  |  |
|              | <b>ST</b>  | ST01  | Transaction Set Identifier Code              | "277"  |
|              | <b>ST</b>  | ST02  | Transaction Set Control Number               | <Transaction Set Control Number><br>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>None</b>  | <b>BHT</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" (Status)  |
|              | <b>BHT</b> | BHT03 | Reference Identification                     | <Number assigned by MDCH> to identify the transaction within the MDCH system.  |
|              | <b>BHT</b> | BHT04 | Date   | <Transaction Set Creation Date> in YYMMDD format   |
|              | <b>BHT</b> | BHT06 | Transaction Type Code                        | "NO" (Notice)<br>This code, included in the 003070X070 Implementation Guide, specifies the type of transaction.  |
| <b>2000A</b> | <b>HL</b>  |       |  |  |
| <b>2000A</b> | <b>HL</b>  | HL01  | Hierarchical ID Number                       | Assigned by the MDCH to identify each occurrence of a HL segment in a transaction.   |
| <b>2000A</b> | <b>HL</b>  | HL03  | Hierarchical Level Code                      | "20" (Information Source)  |
| <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)  |



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|              |            |       |                                |   |
|--------------|------------|-------|--------------------------------|---|
| <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 Number  | Identifies the next hierarchical ID 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" if have NPI, or "FI"   |
| <b>2100B</b> | <b>NM1</b> | NM109 | Identification Code            | <Billing Agent ID>  |
| <b>2000C</b> | <b>HL</b>  |       |                                |   |
| <b>2000C</b> | <b>HL</b>  | HL01  | Hierarchical ID Number         | Assigned by the 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)<br>"2" (Non-Person Entity)   |
| <b>2100C</b> | <b>NM1</b> | NM103 | Name Last or Organization Name | <Provider Last Name>  |



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|--------------|------------|-------|--------------------------------|--|
| <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  | Acceptable values are "SV" and "XX"  |
| <b>2100C</b> | <b>NM1</b> | NM109 | Identification Code            |  |
| <b>2000D</b> | <b>HL</b>  |       |                                |  |
| <b>2000D</b> | <b>HL</b>  | HL01  | Hierarchical ID Number         | <Add one to previous HL01><br>Assigned by the MDCH to identify each occurrence of a HL segment in a transaction. One will be added to the previous HL01. |
| <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><br>MDCH Beneficiary Last Name. When a name is not available, <UNKNOWN> will populate this filed.                                 |
| <b>2100D</b> | <b>NM1</b> | NM104 | Name First                     | <Beneficiary First Name><br>MDCH Beneficiary First Name. When a name is not available, <UNKNOWN> will populate this filed.                               |
| <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><br>This represents the number supplied by the originator of the claim  |
| <b>2200D</b> | <b>STC</b> | STC01 | Health Care Claim Status       |  |



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|       |     |           |  |   |
|-------|-----|-----------|--|---|
| 2200D | STC | STC01 - 1 | Industry Code                          | "P1" (Pending/In Process-The claim or encounter is in the adjudication system).   |
| 2200D | STC | STC01 - 2 | Industry Code                          | "1" (For more detailed information, see remittance advice).   |
| 2200D | STC | 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.                        |
| 2200D | STC | STC02     | Date                                   | <Status Effective Date> in CCYYMMDD format  |
| 2200D | STC | STC03     | Action Code                            | Use "NA" (No Action Required) - Always use for pended claim list function<br>Use 15 (Correct and Resubmit Claim) to request additional info             |
| 2200D | STC | STC04     | Monetary Amount                        | <Amount of the Original Submitted Charges>  |
| 2200D | REF |           |  |   |
| 2200D | REF | REF02     | Reference Identification               | <CRN>   |
| 2200D | REF |           |  |   |
| 2200D | REF | REF01     | Reference Identification Qualifier     | "BLT" (Billing Type)  |
| 2200D | REF | REF02     | Reference Identification               | <Type of Bill>  |
| 2200D | REF |           |  |   |
| 2200D | REF | REF01     | Reference Identification Qualifier     | "EA" (Medical Record Identification Number)<br>Returned dif submitted on the claim.   |
| 2200D | REF | REF02     | Reference Identification               | <Medical Record Number>   |
| 2200D | DTP |           |  |   |
| 2200D | DTP | DTP01     | Date/Time Qualifier                    | "472" (Service Date)  |
| 2200D | DTP | DTP02     | Date Time Period Format Qualifier      | "RD8" (Range of Dates in CCYYMMDD - CCYYMMDD format   |
| 2200D | DTP | DTP03     | Date Time Period                       | <Service Date>  |
| 2220D | SVC | SVC01     | Composite Medical Procedure Identifier |   |
| 2220D | SVC | SVC01 - 1 | Product/Service ID Qualifier           | <Type of Service><br>Returned if submitted on the claim.<br>"ZZ" (Mutually Defined) will be used when the original procedure code cannot be referenced. |



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|              |            |              |                                    |   |
|--------------|------------|--------------|------------------------------------|---|
| <b>2220D</b> | <b>STC</b> | <b>STC01</b> | <b>Health Care Claim Status</b>    |   |
| 2220D        | STC        | STC01 - 1    | Industry Code                      | "P1" (Pending/In Process-The claim or encounter is in the adjudication system).   |
| 2220D        | STC        | STC01 - 2    | Industry Code                      | "1" (For more detailed information, see remittance advice).   |
| 2220D        | STC        | 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.  |
| 2220D        | STC        | STC03        | Action Code                        | Use "NA" (No Action Required) or "15" (Correct and Resubmit Claim)  |
| 2220D        | STC        | STC04        | Monetary Amount                    | <Amount of Original Submitted Charges>  |
| <b>2220D</b> | <b>REF</b> |              |                                    |   |
| 2220D        | REF        | REF01        | Reference Identification Qualifier | "FJ" (Line Item Control Number)   |
| 2220D        | REF        | REF02        | Reference Identification           | <Line Item Control Number><br>Returned if submitted on the claim.   |
| <b>2220D</b> | <b>DTP</b> |              |                                    |   |
| 2220D        | DTP        | DTP01        | Date/Time Qualifier                | "472" (Service)   |
| 2220D        | DTP        | DTP02        | Date Time Period Format Qualifier  | "RD8" (Range of dates expressed in format CCYYMMDD - CCYYMMDD)  |
| 2220D        | DTP        | DTP03        | Date Time Period                   | <Service line date? in CCYYMMDD format<br><11111111> will be used for those claims without a start date."   |
| <b>2000E</b> |            |              |                                    | For claims, submission of dependent-level patient data is considered invalid and results in rejection of 837 Transactions by the translator.<br><br>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. Dependent data is not mentioned in the 8/11/2004 CG. |
|              | <b>SE</b>  | <b>SE01</b>  | <b>Number of Included Segments</b> | <Total number of segment included in a transaction set><br>Including ST and Se segments   |



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|  |            |       |                                      |  |
|--|------------|-------|--------------------------------------|--|
|  | <b>SE</b>  | SE02  | Transaction Set Control Number       | <Transaction Set Control Number><br>MDCH will transmit identical transaction set control numbers in ST02 and S02.                                  |
|  | <b>GE</b>  |       |                                      |  |
|  | <b>GE</b>  | GE01  | Number of Transaction Sets Included  | <Total number of transaction sets> included in the functional group or interchange.  |
|  | <b>GE</b>  | GE02  | Group Control Number                 | <Data Interchange Control Number><br>MDCH will transmit identical data interchange control numbers in GS06 and GE02 for a single functional group. |
|  | <b>IEA</b> |       |                                      |  |
|  | <b>IEA</b> | IEA01 | Number of Included Functional Groups | <Total number of functional groups> included within an interchange.  |
|  | <b>IEA</b> | IEA02 | Interchange Control Number           | <Interchange Control Number><br>MDCH will transmit identical interchange control numbers in ISA13 and IEA02 for a single interchange envelope.     |