

**MICHIGAN DEPARTMENT OF  
COMMUNITY HEALTH**

**COMPANION GUIDE  
FOR THE HIPAA  
276/277 HEALTH CARE CLAIM STATUS  
REQUEST & RESPONSE ADDENDA,  
VERSION 4010A1**

**November 17, 2009**





MANUAL TITLE	PAGE
<b>COMPANION GUIDE FOR THE HIPAA 276/277 HEALTH CARE CLAIM STATUS REQUEST &amp; RESPONSE ADDENDA v. 4010</b>	<b>i</b>
	DATE
	<b>10-1-07</b>

This document is intended as a companion to the **National Electronic Data Interchange Transaction Set Implementation Guide, Health Care Claim Status Request and Response Addenda, ASC X12N 276/277 (004010X093A1)**, dated October 2002, and the **National Electronic Data Interchange Transaction Set Implementation Guide, Health Care Claim Status Request and Response, ASC X12N 276/277 (004010X093)**, dated May 2000. This document should be used in conjunction with the MDCH Electronic Submission Manual and applicable Michigan Medical Assistance Provider Manuals. It contains data clarifications authorized by the Department of Health and Human Services on September 17, 2001. The clarifications include:

- identifiers to use when a national standard has not been adopted [and]
- parameters in the implementation guide that provide options

(The implementation guide can be found at [http://www.wpc-edi.com/hipaa/hipaa\\_40.asp](http://www.wpc-edi.com/hipaa/hipaa_40.asp). HHS guidance on data clarifications can be found at <http://aspe.os.dhhs.gov/admnsimp/q0321.htm>.)

NOTE: **Page references** from the Implementation Guides refer to the **National Electronic Data Interchange Transaction Set Implementation Guide, Health Care Claim Status Request and Response, ASC X12N 276/277 (004010X093** (“Version 4010”), unless otherwise noted (with an asterisk(\*)) as referring to the Addenda Implementation Guides (“Version 4010A1”), **National Electronic Data Interchange Transaction Set Implementation Guide, Health Care Claim Status Request and Response Addenda, ASC X12N 276/277 (004010X093A1)**. **July 28, 2003, revisions** to this document include a new title, minor editorial changes, and Addenda page numbers for affected data elements.

### **Transaction Details**

- A 276 Claim Status Inquiry transaction is supported for the following claim types:
  - Professional
  - Institutional (all types)
  - Hearing and Vision
  - Dental
- The following data elements are USED by MDCH as search criteria:
  - Provider NPI
  - Subscriber (Recipient) ID
  - Payer’s Claim Number (Transaction Control Number – TCN)
  - Date of Service

Note: The TCN is optional and, when not included in the request, the submitted date of service or dates of service range will be used in combination with the Provider ID and Subscriber ID to locate the claim(s).

- A claim level status or service (line) level status can be submitted. If no errors are encountered when processing a 276 Claim Status Request and the claim(s) is (are) found, MDCH will return a 277 Claim Status Response transaction containing all service (line) levels for the claim(s) requested.
- MDCH can accommodate a 276 Claim Status Request transaction that contains a date range of no more than 31 days. When a Claim Status Request is submitted with a date range greater than 31 days, the 277 Claim Status Response will only reflect claims that are within the first 31 days of the beginning service date range submitted.



MANUAL TITLE <b>COMPANION GUIDE FOR THE HIPAA 276/277 HEALTH CARE CLAIM STATUS REQUEST &amp; RESPONSE ADDENDA v. 4010</b>		PAGE <b>ii</b>
		DATE <b>10-1-07</b>

- 276 Health Care Claim Status Request transactions are processed in a weekly batch procedure. 276 Health Care Claim Status Request transactions accepted for processing between Wednesday and Tuesday will result in the production of the corresponding 277 Health Care Claim Status Response transactions the following Tuesday evening.
- MDCH will return a 997 Acknowledgement when a 276 Claim Status Request transaction is accepted or when syntactical errors are encountered. When a 276 Claim Status Request is accepted for processing but information within the request prevents the proper identification of claim(s), one of the following sets of codes will be reported in the STC segment of Loop 2200D of the 277 Claim Status Response transaction:

STC01-1 Claim Category Code	STC01-2 Claim Status Code	STC01-3 Entity ID Code	Explanation and Recommended Action
D0	21	85	Billing NPI or CHAMPS Provider ID is an invalid format. Review the Billing NPI or CHAMPS Provider ID, make appropriate corrections, and resubmit your request.
D0	21	IL	Recipient ID is an invalid format. Review the recipient ID submitted, make appropriate corrections, and resubmit your request.
E0	116		Provider type on the claim is "50" (Pharmacy) or "17" (HMO). MDCH does not provide 276/277 claim status for these claims at this time.
E0	35		Claim not found. Please review and validate the Transaction Control Number (TCN), provider identification number, and recipient identification number. Make appropriate corrections, and resubmit your request.
E0	187		Claim not found. No Transaction Control Number (TCN) was submitted and the date(s) of service cannot be located for the submitted billing provider identification number and recipient identification number.
E1	0		MDCH is unable to process your Claim Status Request due to a system failure. Please resubmit your 276 Claim Status Request for processing.



MANUAL TITLE <b>COMPANION GUIDE FOR THE HIPAA 276/277 HEALTH CARE CLAIM STATUS REQUEST &amp; RESPONSE ADDENDA v. 4010</b>		PAGE <b>iii</b>
		DATE <b>10-1-07</b>

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
	<b>ISA</b>		<b>INTERCHANGE CONTROL HEADER</b>	
	ISA	<b>ISA01</b>	Authorization Information Qualifier	Please use "00".
	ISA	<b>ISA02</b>	Authorization Information	Please use 10 spaces.
	ISA	<b>ISA03</b>	Security Information Qualifier	Please use "00".
	ISA	<b>ISA04</b>	Security Information	Please use 10 spaces.
	ISA	<b>ISA05</b>	Interchange ID Qualifier	Please use "ZZ".
	ISA	<b>ISA06</b>	Interchange Sender ID	DEG ID, CHAMPS Provider ID or NPI
	ISA	<b>ISA07</b>	Interchange ID Qualifier	Please use "ZZ".
	ISA	<b>ISA08</b>	Interchange Receiver ID	Please use "D00111" for MDCH.
	ISA	<b>ISA09</b>	Interchange Date	Please use the Interchange Date in YYMMDD format.
	ISA	<b>ISA10</b>	Interchange Time	Please use the Interchange Time in HHMM format.
	ISA	<b>ISA11</b>	Interchange Control Standards Identifier	Please use "U"
	ISA	<b>ISA12</b>	Interchange Control Version Number	Please use "00401"
	ISA	<b>ISA13</b>	Interchange Control Number	MDCH will transmit identical interchange control numbers in ISA13 and IEA02 for a single interchange envelope.
	ISA	<b>ISA14</b>	Acknowledgment Requested	Please use "0".
	ISA	<b>ISA15</b>	Usage Indicator	Please use 'T' when submitting a Test file. Please use 'P' when submitting a Production file.
	ISA	<b>ISA16</b>	Component Element Separator	< : >
	<b>GS</b>		<b>FUNCTIONAL GROUP HEADER</b>	
	GS	<b>GS01</b>	Functional Identifier Code	HC
	GS	<b>GS02</b>	Application Sender's Code	DEG ID, CHAMPS Provider ID or NPI



MANUAL TITLE		PAGE
<b>COMPANION GUIDE FOR THE HIPAA 276/277 HEALTH CARE CLAIM STATUS REQUEST &amp; RESPONSE ADDENDA v. 4010</b>		<b>iv</b>
		DATE <b>10-1-07</b>

	GS	<b>GS03</b>	Application Receiver's Code	Use "D00111" for MDCH
	GS	<b>GS04</b>	Date	Please use the functional group creation date, in CCYYMMDD format.
	GS	<b>GS05</b>	Time	Please use the functional group creation time, in HHMM format.
	GS	<b>GS06</b>	Group Control Number	MDCH will transmit identical data interchange control numbers in GS06 and GE02 for a single functional group.
	GS	<b>GS07</b>	Responsible Agency Code	"X" (Accredited Standards Committee X12)
	GS	<b>GS08</b>	Version / Release / Industry Identifier Code	004010X093A1
	<b>ST</b>		<b>Transaction Set Header</b>	MDCH accepts a maximum of 5,000 CLM segments in a single transaction (ST-SE) as recommended by the HIPAA-mandated implementation guide. Submissions greater than 5,000 CLM segments in a single transaction will be rejected.
	ST	<b>ST01</b>	Transaction set identifier code	276
	ST	<b>ST02</b>	Transaction set control number	The value in ST02 must be identical to SE02
	<b>BHT</b>		<b>Begining of Hierarchical Transaction</b>	
	BHT	<b>BHT01</b>	Hierarchical Structure Code	0010- Information Source, Information Receiver, Provider of Service, Subscriber, Dependant
	BHT	<b>BHT02</b>	Transaction Set Purpose Code	13 –Request
	BHT	<b>BHT04</b>	Transaction Set Creation Date	Enter date in CCYYMMDD format.
<b>2000A</b>	<b>HL</b>		<b>Information Source Level</b>	
<b>2000A</b>	HL	<b>HL01</b>	Hierarchical ID Number	HL01 must begin with "1" and be incremented by one each time an HL is used in the transaction. Only numeric values are allowed in HL01.
	HL	<b>HL03</b>	Hierarchical Level Code	20
	HL	<b>HL04</b>	Hierarchical Child Code	1 – Additional Subordinate HL Data Segment in this Hierarchical Structure



MANUAL TITLE <b>COMPANION GUIDE FOR THE HIPAA 276/277 HEALTH CARE CLAIM STATUS REQUEST &amp; RESPONSE ADDENDA v. 4010</b>		PAGE <b>v</b>
		DATE <b>10-1-07</b>

<b>2100A</b>	<b>NM1</b>		<b>Payer Name</b>	
	NM1	<b>NM101</b>	Entity Identifier Code	PR -Payer
	NM1	<b>NM102</b>	Entity Type Qualifier	2 –Non Person Entity
	NM1	<b>NM103</b>	Payer Name	“Department of Community Health”
	NM1	<b>NM108</b>	Identification Code Qualifier	Use “PI” (Payer ID)
	NM1	<b>NM109</b>	Identification Code	Use “D00111” for MDCH
<b>2000B</b>	<b>HL</b>		<b>Information Receiver Level</b>	
	HL	<b>HL01</b>	Hierarchical ID Number	
	HL	<b>HL02</b>	Hierarchical Parent ID Number	
	HL	<b>HL03</b>	Hierarchical Level Code	
	HL	<b>HL04</b>	Hierarchical Child Code	
<b>2100B</b>	<b>NM1</b>		<b>Information Receiver Name</b>	
	NM1	<b>NM101</b>	Entity Identifier Code	41- Submitter
	NM1	<b>NM102</b>	Entity Type Qualifier	1,2
	NM1	<b>NM103</b>	Name Last of Organization Name	Information Receiver Last or Organization Name
	NM1	<b>NM108</b>	Identification Code Qualifier	Use “XX” (NPI), “FI” (Federal Taxpayer ID) or “46” (ETIN)
	NM1	<b>NM109</b>	Identification Code	Information Receiver Identification Number
<b>2000C</b>	<b>HL</b>		<b>Service Provider Level</b>	
	HL	<b>HL01</b>	Hierarchical ID Number	
	HL	<b>HL02</b>	Hierarchical Parent ID Number	
	HL	<b>HL03</b>	Hierarchical Level Code	19- Provider of Service
	HL	<b>HL04</b>	Hierarchical Child Code	
<b>2100C</b>	<b>NM1</b>		<b>Provider Name</b>	



MANUAL TITLE <b>COMPANION GUIDE FOR THE HIPAA 276/277 HEALTH CARE CLAIM STATUS REQUEST &amp; RESPONSE ADDENDA v. 4010</b>		PAGE <b>vi</b>
		DATE <b>10-1-07</b>

	NM1	<b>NM101</b>	Entity Identifier Code	1P
	NM1	<b>NM102</b>	Entity Type Qualifier	1,2
	NM1	<b>NM103</b>	Name Last or Organization Name	Report the last name of the billing provider or the billing organization name used on the original submitted claim.
	NM1	<b>NM108</b>	Identification Code Qualifier	Use "FI" (Federal Taxpayer ID) or "XX" (NPI)
	NM1	<b>NM109</b>	Identification Code	Use the NPI or FI
2000D	<b>HL</b>		<b>Subscriber Level</b>	
	HL	<b>HL01</b>	Hierarchical ID Number	
	HL	<b>HL02</b>	Hierarchical Parent ID Number	
	HL	<b>HL03</b>	Hierarchical Level Code	22 -Subscriber
	HL	<b>HL04</b>	Hierarchical Child Code	0,1
2100D	<b>NM1</b>		<b>Subscriber Name</b>	
	NM1	<b>NM101</b>	Entity Identifier Code	Use "QC" (Subscriber = Patient).
	NM1	<b>NM102</b>	Entity Type Qualifier	
	NM1	<b>NM103</b>	Name Last or Organization Name	
	NM1	<b>NM108</b>	Identification Code Qualifier	Use "MI" (Member ID)
	NM1	<b>NM109</b>	Identification Code	Report the MDCH beneficiary 10-digit identification number.
	<b>SE</b>		<b>Transaction Set Trailer</b>	
	SE	<b>SE01</b>	Number of Included Segments	Transaction Segment Count
	SE	<b>SE02</b>	Transaction Set Control Number	
	<b>GE</b>		<b>Functional Group Trailer</b>	
	GE	<b>GE01</b>	Number of Transaction Sets Included	
	GE	<b>GE02</b>	Group Control Number	This should be equal to the GS06 number in the header segment



MANUAL TITLE <b>COMPANION GUIDE FOR THE HIPAA 276/277 HEALTH CARE          CLAIM STATUS REQUEST &amp; RESPONSE ADDENDA v. 4010</b>		PAGE <b>vii</b>
		DATE <b>10-1-07</b>

	<b>IEA</b>		Interchange Control Trailer	
	IEA	<b>IEA01</b>	Number of Included Functional Groups	
	IEA	<b>IEA02</b>	Interchange Control Number	IEA02 must be the same as ISA02.