

Version 3.0

Utah State Dept. of Health
Division of Health Care Financing

276/277 CLAIM STATUS
COMPANION GUIDE

Utah Specific Transaction Instructions

276/277 Health Care **Claim Status Request & Response** ASCX12N 276/277 (004010X093A1)

The Health Insurance Portability and Accountability Act (HIPAA) requires that Medicaid, and all health insurance payers in the United States, comply with the Electronic Data Interchange (EDI) standards for healthcare as established by the Secretary of Health and Human Services. The ANSI ASC X12N 276/277 Version 4010 implementation guide has been established as the standard of compliance. The implementation guide is available electronically at www.wpc-edi.com. The following supplemental requirements are specific to Utah Medicaid and are intended to serve as a companion guide to the HIPAA ANSI X12N implementation guide. For clarification regarding submission of encounter records, refer to the encounter provider manual. Further billing instructions and policy are published in the Utah Medicaid Provider Manual.

1. For questions or suggestions about this companion guide, call (800) 662-9651 menu 3, menu 5 or (801) 538-6155 menu 3, menu 5, Operational Support and Development (OS&D). Go to <http://health.utah.gov/hipaa/guides.htm> to obtain the latest version of this guide. OS&D can help resolve issues on electronic transmissions.
2. All electronic data must pass through the Utah Health Information Network (UHIN), an independent, not-for-profit, value added network. Contact UHIN at www.UHIN.com or (801) 466-7705 x200. UHIN will assign a Trading Partner Number (TPN) for EDI.
3. Use your TPN and your Utah Medicaid Provider number to complete the Online Utah Medicaid EDI Enrollment Form at <http://health.utah.gov/hcfenroll>. Without a completed EDI enrollment, the Medicaid computer system cannot process or even acknowledge any transmission (e.g. no 997, no 277FE, etc).
4. Beginning October 1, 2006, register your National Provider Identifier (NPI) with Medicaid, 538 6155, menu 3, menu 4, or fax your NPI (include 12-digit Medicaid Contract number, taxonomy code, and zip code +4) to (801) 536-0471. The 12 digit Medicaid Contract number will not be allowed on or after May 23, 2007, unless you are a provider type not eligible for the NPI. Medicaid requests that billers submit both the NPI and Medicaid Contract number on claims from October 1, 2006 to May 22, 2007. The Provider Taxonomy Code is required if there are multiple provider types/services under the same NPI. Zip Code + 4 is required if you are no longer using the Medicaid Contract number.
NOTE: The 835 will report both the NPI and the Medicaid Contract number until the NPI deadline. While not mandatory, billing with both the NPI and the Medicaid Contract number will help Medicaid to test and exercise their systems to insure a smooth transition when the NPI deadline does occur.

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5. Many providers billing for non-medical transportation, respite care, medical alert systems, construction of wheel chair ramps, meals on wheels, or other non-medical services may not be authorized to obtain a NPI. These providers, known as “atypical” providers, may continue to use the Medicaid Contract number for their electronic claims and requests after the NPI deadline of May 23, 2007.
6. After May 22, 2007, atypical providers must submit their EDI transmissions to a new TPN of HT000004-801. This TPN is strictly for atypical providers who do not have a NPI. Billing agents and clearinghouses will need to separate “NPI” transmissions from “Medicaid Contract number” transmissions until UHIN is able to automatically sort out multiple Medicaid TPNs in one transmission. The new TPN will be available for use on or after April 15, 2007. Those who switch over must remember to update their online EDI Enrollment Form (E Form) from paragraph 3 above.
7. Submit 276 claim status requests 24 hours a day, 7 days a week. The 277 response is available within a couple of hours, except during the claims adjudication process, which begins at 6 pm Friday and continues through Sunday. Currently, only batch requests are supported. At a future date, “Fast Batch” will be supported.
8. A 997 Functional Acknowledgment will be created for all 276 transactions.
9. A claim level response is generated for a claim level request. Line level information may be supplied when a paid claim contains denied lines.
10. A line level response is generated when a line level request is received.
11. When the 276 request includes a TCN, the 277 response will report information relating to that specific claim. If this TCN has been voided or replaced, the 277 will include message F3:1 (Finalized/Revised – Adjudication information has been changed; for more detailed information, see remittance advice).
12. When the 276 request does not contain a TCN, the 277 response will report all claims in the Medicaid Management Information System (MMIS) relating to the request along with the TCN of each. TCNs reporting negative numbers are usually voids, for example (03217**9991**00002400 for -136.20). A replacement TCN for a void would be exactly like the TCN for the void except the ninth digit would be a “2” instead of a “1” and the amount would be positive.

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276 Claim Status Request				
Page	Loop	Segment	Data Element	Values / Comments
55	2100A	NM103	Payer Name	“Utah Medicaid FFS”
55	2100A	NM108	Identification Code Qualifier	“PI”
56	2100A	NM109	Payer Identifier	“HT000004-001” “HT000004-801” (atypical provider only)
63	2100B	NM108	Identification Code Qualifier	“46” After May 22, 2007, use “XX” unless requester is atypical.
63	2100B	NM109	Information Receiver Identification Number	Requester’s TPN. After May 22, 2007, use NPI, unless requester is atypical.
68	2100C	NM108	Identification Code Qualifier	“SV” After May 22, 2007, use “XX”, unless provider type is atypical.
69	2100C	NM109	Provider Identifier	Use the Medicaid Contract number assigned by Utah Medicaid. After May 22, 2007, use NPI, unless provider is atypical.
75	2100D	NM108	Identification Code Qualifier	“MI”
76	2100D	NM109	Subscriber Identifier	Use the 10-digit identifier assigned by Utah Medicaid. Do not submit hyphens or spaces.
78	2200D	REF01	Reference Identification Qualifier	“1K” – Payer’s claim number
79	2200D	REF02	Payer Claim Control Number	Transaction Control Number (TCN) assigned to claim by Utah Medicaid as reported in 277FE. Do not submit hyphens or spaces. Do not submit a 276 Claim Status Request until that TCN has processed through a weekend cycle.
85	2200D	AMT02	Total Claim Charge Amount	Original total submitted charges
87	2200D	DTP03	Claim Service Period	Date of service
Line Level Inquiry (information as submitted on original claim):				
89	2210D	SVC01-1	Service ID Qualifier	“AD” American Dental Association Code “HC” HCPCS “N4” National Drug Code (NDC) (5-4-2) “NU” Revenue Code

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Page	Loop	Segment	Data Element	Values / Comments
90	2210D	SVC01-2	Service Identification Code	Procedure code, revenue code, or NDC
90	2210D	SVC01-3 to SVC01-6	Procedure Modifier	Modifier(s). Required if submitted on original claim line.
90	2210D	SVC02	Line Item Charge Amount.	Original submitted service charge
90	2210D	SVC07	Original Units of Service Count	Original submitted units
92	2210D	REF02	Line Item Control Number	Original submitted line item control number
93	2210D	DTP03	Service Line Date	Date of service

277 Claim Status Response				
Page	Loop	Segment	Data Element	Values / Comments
150	2100D	NM1	Subscriber Name	Name and ID of patient as contained in Medicaid's records.
153	2200D	TRN02	Trace Number	As submitted in the 276 request.
154	2200D	STC	Claim Level Status Information	Status at the claim level will be reported in this loop.
154	2200D	STC01-1	Health Care Claim Status Category Code	Claim status category code. www.wpc-edi.com
154	2200D	STC01-2	Health Care Claim Status Code	Claim status code. www.wpc-edi.com
162	2200D	STC02	Status Information Effective Date	Effective date of status.
162	2200D	STC04	Total Claim Charge Amount	Total of claim. Submitted claim total charge may vary from total claim charge amount due to claims processing, i.e., splitting claims, etc.
162	2200D	STC05	Claim Payment Amount	Total payment amount. Amount will be "0" if claim status is denied or suspended.
163	2200D	STC09	Check or EFT Trace Number	Utah Medicaid Warrant or EFT Number
165	2200D	REF01	Reference Identification Qualifier	"1K" – Payer's claim number
166	2200D	REF02	Payer Claim Control Number	TCN assigned to claim by Utah Medicaid.
Line Level Response:				

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Page	Loop	Segment	Data Element	Values / Comments
173	2220D	SVC	Service Line Information	Status at the line level will be reported in this loop.
174	2220D	SVC01-1	Product or Service ID Qualifier	“AD” American Dental Association Code “HC” HCPCS “N4” National Drug Code (NDC) (5-4-2) “NU” Revenue Code
175	2220D	SVC01-2	Service Identification Code	Product or service ID
175	2220D	SVC01-3 to SVC01-6	Procedure Modifier	Modifier(s).
175	2220D	SVC02	Line Item Charge Amount	Original submitted charge
176	2220D	SVC03	Line Item Provider Payment Amount	Amount paid for service. Amount will be “0” if line status is denied or suspended.
177	2200D	STC01-1	Health Care Claim Status Category Code	Line status category code www.wpc-edi.com
178	2200D	STC01-2	Health Care Claim Status Code	Line status code. www.wpc-edi.com
185	2200D	STC02	Status Information Effective Date	Effective date of status
185	2200D	STC04	Line Item Charge Amount	Amount of original submitted charge
185	2220D	STC05	Line Item Provider Payment Amount	Amount approved for payment