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 all health insurance payers in the United States to 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 is the standard of compliance -- available at www.wpc-edi.com. The following supplemental information is specific to Utah Medicaid and serves as a companion guide to the implementation guide. Utah Medicaid Provider Manuals are available at www.health.utah.gov/medicaid/tree/index.html.

1. Telephone number for Medicaid EDI Customer Support is 801-538-6155 or 800-662-9651 option 3, option 5, option 2. Hours of operation are Monday through Friday 8 am to 5 pm, with the exception of Thursday when Medicaid will begin taking calls from 11 am to 5 pm.

2. AccessNow, telephone automated system for member eligibility, is available from 6 am to 12 midnight Monday through Saturday and 12 noon to 12 midnight on Sundays.

3. Medicaid companion guides are available at https://health.utah.gov/hipaa/guides.htm.

4. All EDI must pass through the Utah Health Information Network (UHIN), an independent, not-for-profit, value added network serving all payers in Utah. Contact UHIN at www.uhin.org or call 801-466-7705 x200. UHIN will assign a Trading Partner Number (TPN) for EDI.

5. Use your TPN and your National Provider Identifier (NPI), atypical providers use the Medicaid 12-digit Contract Number, to complete the online EDI Enrollment Form at https://mmcs.health.utah.gov/hcfenroll2/index.jsp. The TPN in the 835 field of the EDI Enrollment will receive the 835 electronic remittance advice.

6. Providers, professional billers, and clearinghouses: please separate HT000004-001 transmissions from HT000004-005 transmissions from HT000004-801 transmissions until UHIN is able to electronically separate multiple Medicaid TPNs in one transmission.

7. **The 276 request must include a Transaction Control Number (TCN).** The TCN can be found on a 277FE response. Do not submit hyphens or spaces. Do not submit a 276 Claim Status Request until that TCN has processed through a weekend cycle.

8. 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.

9. A 997 Functional Acknowledgment will be available for pickup (download) within two hours of transmission for all 276 transactions. If you find no 997, then contact Utah Medicaid. A “rejected” 997 is the same as a transmission that was never received.

10. A claim level response is generated for a claim level request. Line level information may be supplied when a paid claim contains denied lines.

11. A line level response is generated when a line level request is received.

276 Claim Status Request				
Page	**Loop**	**Segment**	**Data Element**	**Values / Comments**
54	2100A	NM101	Entity Identifier Code	"PR"
55	2100A	NM102	Entity Type Qualifier	"2"
55	2100A	NM103	Payer Name	"Utah Medicaid"
55	2100A	NM108	Identification Code Qualifier	"PI" Payer ID
56	2100A	NM109	Payer Identifier	"HT000004-001" "HT000004-801" (atypical provider only)
58	2100A	PER01	Contact Function Code	"IC" Information Contact
58	2100A	PER02	Name	Payer Contact Name
58	2100A	PER03	Communication Number Qualifier	"TE"
58	2100A	PER04	Communication Number	Telephone number
60	2000B	HL01	Hierarchical ID Number	Unique number assigned by the sender
60	2000B	HL02	Hierarchical Parent ID Number	Identifies the hierarchical ID number of the HL segment that the data segment being described is subordinate to
61	2000B	HL03	Hierarchical Level Code	"21" Information Receiver
61	2000B	HL04	Hierarchical Child Code	"1"
62	2100B	NM101	Entity Identifier Code	"41" Submitter
63	2100B	NM102	Entity Type Qualifier	"2" Non-Person Entity
63	2100B	NM108	Identification Code Qualifier	"46"
63	2100B	NM109	Information Receiver Identification Number	Requester's TPN.
65	2000C	HL01	Hierarchical ID Number	Unique number assigned by the sender
65	2000C	HL02	Hierarchical Parent ID Number	Identifies the hierarchical ID number of the HL segment that the data segment being described is subordinate to
66	2000C	HL03	Hierarchical Level Code	"19" Provider of Service

276 Claim Status Request				
Page	**Loop**	**Segment**	**Data Element**	**Values / Comments**
66	2000C	HL04	Hierarchical Child Code	"1"
67	2100C	NM101	Entity Identifier Code	"1P" Provider
68	2100C	NM102	Entity Type Qualifier	"1" Person
68	2100C	NM103	Name Last or Organization Name	Provider Last or Organization Name
68	2100C	NM108	Identification Code Qualifier	"XX", National Provider ID "SV" Service Provider Number (Atypical) "FI" Federal Taxpayer's ID Number
69	2100C	NM109	Provider Identifier	"XX", National Provider ID "SV" Atypical use the Medicaid Contract number assigned by Utah Medicaid "FI" Federal Taxpayer's ID Number
70	2000D	HL01	Hierarchical ID Number	Unique number assigned by the sender
70	2000D	HL02	Hierarchical Parent ID Number	Identifies the hierarchical ID number of the HL segment that the data segment being described is subordinate to
71	2000D	HL03	Hierarchical Level Code	"22" Subscriber
71	2000D	HL04	Hierarchical Child Code	"0" There is no dependent status with Medicaid
72	2000D	DMG01	Date Time Period Format Qualifier	"D8" Date Expressed in Format CCYYMMDD
73	2000D	DMG02	Date Time Period	Date of Birth - Subscriber
73	2000D	DMG03	Gender Code	Gender - Subscriber
74	2100D	NM101	Entity Identifier Code	"QC" Patient
75	2100D	NM102	Entity Type Qualifier	"1" Person
75	2100D	NM103	Name Last or Organization Name	Subscriber Last Name
75	2100D	NM104	Name First	Subscriber First Name
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.
77	2200D	TRN01	Trace Type Code	"1" Current Transaction Trace Numbers
77	2200D	TRN02	Trace Number	Unique Identification for this transaction
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

276 Claim Status Request				
Page	**Loop**	**Segment**	**Data Element**	**Values / Comments**
79	2200D	REF02	Payer Claim Control Number	Transaction Control Number (TCN) assigned to a 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.
80	2200D	REF01	Reference Identification Qualifier	"BLT" Billing Type
81	2200D	REF02	Bill Type Identifier	Required for institutional claims inquiries Found on UB92-record 40-4
82	2200D	REF01	Medical Record Identification Number	"EA" – Medical Record Number
82	2200D	REF02	Medical Record Number	Medical Record Number
84	2200D	AMT01	Amount Qualifier Code	"T3" – Total Submitted Charges
85	2200D	AMT02	Total Claim Charge Amount	Original total submitted charges
86	2200D	DTP01	Date/Time Qualifier	Dates of service submitted on the original claim
87	2200D	DTP02	Date Time Period Format Qualifier	"RD8" Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD
87	2200D	DTP03	Claim Service Period	Date/s 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
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**
130	2100A	NM101	Entity Identifier Code	"PR"
131	2100A	NM102	Entity Type Qualifier	"2"
131	2100A	NM103	Payer Name	"Utah Medicaid"
131	2100A	NM108	Identification Code Qualifier	"PI" Payer ID
132	2100A	NM109	Payer Identifier	"HT000004-001" "HT000004-801" (atypical provider only)
134	2100A	PER01	Contact Function Code	"IC" Information Contact
134	2100A	PER02	Name	Payer Contact Name
134	2100A	PER03	Communication Number Qualifier	"TE"
134	2100A	PER04	Communication Number	Telephone number
136	2000B	HL01	Hierarchical ID Number	Unique number assigned by the sender
136	2000B	HL02	Hierarchical Parent ID Number	Identifies the hierarchical ID number of the HL segment that the data segment being described is subordinate to
137	2000B	HL03	Hierarchical Level Code	"21" Information Receiver
137	2000B	HL04	Hierarchical Child Code	"1"
138	2000B	HL04	Hierarchical Child Code	"1"
139	2100B	NM101	Entity Identifier Code	"41" Submitter
139	2100B	NM102	Entity Type Qualifier	"2" Non-Person Entity
139	2100B	NM108	Identification Code Qualifier	"46"
141	2000C	HL01	Hierarchical ID Number	Unique number assigned by the sender
141	2000C	HL02	Hierarchical Parent ID Number	Identifies the hierarchical ID number of the HL segment that the data segment being described is subordinate to
142	2000C	HL03	Hierarchical Level Code	"19" Provider of Service
142	2000C	HL04	Hierarchical Child Code	"1"
143	2100C	NM101	Entity Identifier Code	"1P" Provider
143	2100C	NM102	Entity Type Qualifier	"1" Person
144	2100C	NM103	Name Last or Organization Name	Provider Last or Organization Name
144	2100C	NM108	Identification Code Qualifier	"XX", National Provider ID "SV" Service Provider Number (Atypical) "FI" Federal Taxpayer's ID Number
145	2100C	NM109	Provider Identifier	"XX", National Provider ID "SV" Atypical use the Medicaid Contract number assigned by Utah Medicaid "FI" Federal Taxpayer's ID Number
146	2000D	HL01	Hierarchical ID Number	Unique number assigned by the sender

277 Claim Status Response				
Page	**Loop**	**Segment**	**Data Element**	**Values / Comments**
146	2000D	HL02	Hierarchical Parent ID Number	Identifies the hierarchical ID number of the HL segment that the data segment being described is subordinate to
147	2000D	HL03	Hierarchical Level Code	"22" Subscriber
147	2000D	HL04	Hierarchical Child Code	"0" There is no dependent status with Medicaid
148	2000D	DMG01	Date Time Period Format Qualifier	"D8" Date Expressed in Format CCYYMMDD
149	2000D	DMG02	Date Time Period	Date of Birth - Subscriber
149	2000D	DMG03	Gender Code	Gender - Subscriber
150	2100D	NM101	Entity Identifier Code	"QC" Patient
151	2100D	NM102	Entity Type Qualifier	"1" Person
151	2100D	NM103	Name Last or Organization Name	Subscriber Last Name as submitted
151	2100D	NM104	Name First	Subscriber First Name as submitted
151	2100D	NM108	Identification Code Qualifier	"MI"
152	2100D	NM109	Subscriber Identifier	ID Number as submitted
153	2200D	TRN01	Trace Type Code	"2" Referenced Transaction Trace Numbers
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.

277 Claim Status Response				
Page	**Loop**	**Segment**	**Data Element**	**Values / Comments**
167	2200D	REF01	Reference Identification Qualifier	"BLT" Billing Type
168	2200D	REF02	Bill Type Identifier	Required for institutional claims inquiries Found on UB92-record 40-4
169	2200D	REF01	Medical Record Identification Number	"EA" – Medical Record Number
169	2200D	REF02	Medical Record Number	Medical Record Number
171	2200D	DTP01	Date/Time Qualifier	Dates of service submitted on the original claim
172	2200D	DTP02	Date Time Period Format Qualifier	"RD8" Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD
172	2200D	DTP03	Claim Service Period	Date/s of Service
Line Level Response:				
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