

## Version 3.0

Utah State Dept. of Health  
Division of Health Care Financing

276/277 CLAIM STATUS  
COMPANION GUIDE

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### 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](http://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](http://www.health.utah.gov/medicaid/tree/index.html).

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 and other companion guides. OS&D can help resolve issues on all EDI.
2. 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.com](http://www.UHIN.com) or call (801) 466-7705 x200. UHIN will assign a Trading Partner Number (TPN) for EDI.
3. Use your TPN and your Utah Medicaid 12-digit Contract number or your TPN and your National Provider Identifier (NPI) to complete the Online Utah Medicaid EDI Enrollment Form (EForm) at <http://hcf.health.utah.gov/hcfenroll/index.jsp>. Without a successfully completed EDI enrollment, the Medicaid computer system will not acknowledge any transmission (e.g. no 997, no 277FE, etc).
4. "Atypical" providers are providers billing for non-medical transportation, respite care, medical alert systems, construction of wheel chair ramps, meals on wheels, or other non-medical services. After the NPI deadline, currently May 23, 2008 (may be moved to an earlier date – watch Medicaid Information Bulletins), atypical providers must submit their EDI transmissions to and receive their EDI transmissions from the new Trading Partner Number (TPN) of HT000004-801. Please switch over to the new TPN as soon as feasible -- remember to update the EForm from paragraph 3 above.
5. Register your NPI (n/a for atypical) 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 Medicaid Contract number will not be allowed on or after the NPI deadline, unless you are an atypical provider. The Taxonomy Code is required if there are multiple provider types/services under the same NPI.

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Zip Code+4 is required if you no longer use the Medicaid Contract number. NOTE: The 835 electronic remittance advice will report both the NPI and the Contract number until the NPI deadline. While not mandatory, billing with both the NPI and the Contract number will help Medicaid to insure a smooth transition when the NPI deadline does occur.

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. 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.
8. 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 OS&D. A “rejected” 997 is the same as a transmission that was never received – contact OS&D.
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 Transaction Control Number (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 (03217999100002400 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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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 NPI deadline, use “XX” unless requester is atypical.
63	2100B	NM109	Information Receiver Identification Number	Requester’s TPN. After NPI deadline, use NPI, unless requester is atypical.
68	2100C	NM108	Identification Code Qualifier	“SV” After NPI deadline, use “XX”, unless provider type is atypical.
69	2100C	NM109	Provider Identifier	Use the Medicaid Contract number assigned by Utah Medicaid. After NPI deadline, 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
<b>Line Level Inquiry (information as submitted on original claim):</b>				
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. <a href="http://www.wpc-edi.com">www.wpc-edi.com</a>
154	2200D	STC01-2	Health Care Claim Status Code	Claim status code. <a href="http://www.wpc-edi.com">www.wpc-edi.com</a>
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.
<b>Line Level Response:</b>				

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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 <a href="http://www.wpc-edi.com">www.wpc-edi.com</a>
178	2200D	STC01-2	Health Care Claim Status Code	Line status code. <a href="http://www.wpc-edi.com">www.wpc-edi.com</a>
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