



# **Iowa Medicaid**

## **HIPAA Transaction Standard Companion Guide**

**Refers to the Implementation Guides  
Based on ASC X12N/005010X212**

**Health Care Claim Status Request and  
Response (276/277)**

**July 2020**

## **Disclosure Statement**

The following Iowa Medicaid Companion Guide is intended to serve as a companion guide to the corresponding ASC X12N/005010X212 Health Care Claim Status Request and Response (276/277). The companion guide further specifies the requirements to be used when receiving and processing electronic health care administrative data. This companion guide supplements, but does not contradict, disagree, oppose, or otherwise modify the 005010X212 in a manner that will make its implementation by users to be out of compliance.

## **Preface**

Companion Guides (CG) may contain two types of data, instructions for electronic communications with the publishing entity (Communications/Connectivity Instructions) and supplemental information for creating transactions for the publishing entity while ensuring compliance with the associated ASC X12 IG (Transaction Instructions). Either the Communications/Connectivity component or the Transaction Instruction component must be included in every CG. The components may be published as separate documents or as a single document.

The Communications/Connectivity component is included in the CG when the publishing entity wants to convey the information needed to commence and maintain communication exchange.

The Transaction Instruction component is included in the CG when the publishing entity wants to clarify the IG instructions for submission of specific electronic transactions. The Transaction Instruction component content is limited by ASCX12's copyrights and Fair Use statement.

<b>1 INTRODUCTION</b>	<b>5</b>
1.1 BACKGROUND	5
1.1.1 <i>Overview of HIPAA Legislation</i>	5
1.1.2 <i>Compliance according to HIPAA</i>	5
1.1.3 <i>Compliance according to ASC X12</i>	5
1.2 SCOPE	6
1.3 OVERVIEW	6
1.4 REFERENCES	7
<b>2 GETTING STARTED</b>	<b>7</b>
2.1 TRADING PARTNER REGISTRATION	7
2.1.1 <i>Register in EDISS Connect</i>	7
2.1.2 <i>WebPortal Additional Access</i>	9
2.2 SOAP/WSDL AND HTTP-MIME CERTIFICATION AND TESTING	9
<b>3 CONNECTIVITY WITH THE PAYER/COMMUNICATIONS</b>	<b>10</b>
3.1 PROCESS FLOWS	10
3.2 TRANSMISSION ADMINISTRATIVE PROCEDURES	10
3.3 RE-TRANSMISSION PROCEDURE	11
<b>4 CONTACT INFORMATION</b>	<b>11</b>
4.1 WEBSITES	11
4.2 EDI SUPPORT SERVICES HELP DESK	11
4.3 EDI SUPPORT SERVICES MAILING ADDRESS	11
4.4 PROVIDER SERVICE NUMBER	12
4.5 EMAIL	12
<b>5 CONTROL SEGMENTS/ENVELOPES</b>	<b>12</b>
5.1 ISA- INTERCHANGE CONTROL HEADER	13
5.2 GS - FUNCTIONAL GROUP HEADER	14
5.3 ST - TRANSACTION SET HEADER	14
5.4 BHT - BEGINNING OF HIERARCHICAL TRANSACTION	15
5.5 SE - TRANSACTION SET TRAILER	15
5.6 GE – FUNCTIONAL GROUP TRAILER	15
5.7 IEA- INTERCHANGE CONTROL TRAILER	16
<b>6 ACKNOWLEDGEMENTS AND/OR REPORTS</b>	<b>16</b>
6.1 REPORT INVENTORY	16
<b>7 TRANSACTION SPECIFIC INFORMATION</b>	<b>16</b>
7.1 276 REQUEST	16
7.1.1 <i>Primary information required on the claims inquiry:</i>	16
7.1.2 <i>Additional Information</i>	17
<b>APPENDICES</b>	<b>27</b>
1. BUSINESS SCENARIOS	27
2. FREQUENTLY ASKED QUESTIONS	27
3. CHANGE SUMMARY	27

# 1 INTRODUCTION

## 1.1 Background

### 1.1.1 Overview of HIPAA Legislation

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 carries provisions for administrative simplification. This requires the Secretary of the Department of Health and Human Services (HHS) to adopt standards to support the electronic exchange of administrative and financial health care transactions primarily between health care providers and plans. HIPAA directs the Secretary to adopt standards for transactions to enable health information to be exchanged electronically and to adopt specifications for implementing each standard HIPAA serves to:

- Create better access to health insurance
- Limit fraud and abuse
- Reduce administrative costs

### 1.1.2 Compliance according to HIPAA

The HIPAA regulations at 45 CFR 162.915 require that covered entities not enter into a trading partner agreement that would do any of the following:

- Change the definition, data condition, or use of a data element or segment in a standard.
- Add any data elements or segments to the maximum defined data set.
- Use any code or data elements that are marked “not used” in the standard’s implementation specifications or are not in the standard’s implementation specification(s).
- Change the meaning or intent of the standard’s implementation specification(s).

### 1.1.3 Compliance according to ASC X12

ASC X12 requirements include specific restrictions that prohibit trading partners from:

- Modifying any defining, explanatory, or clarifying content contained in the implementation guide.
- Modifying any requirement contained in the implementation guide.

## 1.2 SCOPE

This document is to be used for the implementation of the Technical Report Type 3 (TR3) HIPAA 5010 276/277 Health Care Claim Status Request and Response for the purpose of submitting claims inquiries electronically. This companion guide (CG) is not intended to replace the TR3

## 1.3 OVERVIEW

The information within the document is organized in the following sections:

### Getting Started

This section includes information related to trading partner registration and testing requirements.

### Connectivity/Communications

This section includes information on Medicaid's transmission procedures.

### Contact Information

This section includes EDI customer service and technical assistance, provider services and applicable Websites.

### Control Segments/Envelopes

This section contains information needed to create the ISA/IEA, GS/GE and ST/SE control segments for transactions in conjunction with the requirements outlined in the implementation guide.

### Acknowledgments and Reports

This section contains information on all transaction acknowledgments sent by Medicaid and any applicable report inventory.

### Transaction Specific Information

This section lists trading partner specific information directly related to loops, segments and data elements to be used in conjunction with the implementation guide.

### APPENDICES

This appendix contains applicable Business Scenarios, Frequently Asked Questions, and the Change Summary.

## 1.4 REFERENCES

For more information regarding electronic claims submission, HIPAA Standards and general EDI-industry questions visit the following links:

- <http://www.edissweb.com/med/index.html>
- [http://www.cms.gov/Versions5010andD0/40\\_Educational\\_Resources.asp](http://www.cms.gov/Versions5010andD0/40_Educational_Resources.asp)
- <http://www.wpc-edi.com/>

## 2 GETTING STARTED

### 2.1 TRADING PARTNER REGISTRATION

All electronic data must be exchanged through a third party vendor, Noridian EDI Support Services (EDISS). MCOs must follow registration process as defined below to establish connectivity with Iowa Medicaid through EDISS.

Detailed information on the EDISS registration process, including User Guides and Tutorials, can be found at the link listed below.

<http://www.edissweb.com/med/registration/>

#### 2.1.1 Register in EDISS Connect

<https://connect.edissweb.com/>

EDISS Connect is the initial account registration and creation tool where basic demographic information is collected, and users will set up a login and password for their EDISS Connect account. The steps below are outlined in the User Guides and Online Tutorials located in the Help section of the site.

Getting Started Checklist

##### 1. Register

Before using the system, all providers and vendors must register. This is the initial account creation where basic demographic and transaction-related information is collected.

For providers, the initial registration process requires a billing NPI to be entered to establish the account. Additional billing NPI's may

be added after the account has been created.

The following information is needed for registration:

- NPI
- TIN
- Contact/demographic information
- Vendor Submitter ID (If a clearinghouse or billing service will be utilized)

The HTTP Connectivity option during setup should only be selected by Trading Partners planning to use SOAP or MIME protocols. See the SOAP/WSDL and HTTP-MIME Certification and Testing subsection for additional information.

## **2. Account Security**

Upon initial registration, you will create your EDISS Connect username and password. After your first login attempt into the system, you will need to establish Account Security questions. This set of security questions will protect your account. This account will only apply to EDISS Connect based functions.

## **3. Account Settings**

EDISS Connect users can choose who will administer their profile. If you are administering your account, you will be responsible for completing the registration and adding transactions. During the registration process, you will be asked to select what software you will be using. EDISS offers support for ABILITY | PCACE, a free software available for download from [www.edissweb.com](http://www.edissweb.com) under the Software/Connectivity page.

If a vendor (clearing house or billing service) will be your account administrator, you will need to grant them this access during initial registration or later in your account settings. The vendor will need to accept this role after they are selected.

## **4. Transactions**

When your account is established, you will have the ability to add/manage your transactions by first entering the NPI(s), state(s), line(s) of business and transaction types (professional, institutional or dental).

Note: The available transactions are dependent on the state(s) and line(s) of business selected.

## **5. Forms**

After adding transactions, EDI Enrollment Form is needed. The EDI Enrollment Form will be agreed to electronically. To view the EDI Enrollment Form, click the EDI Enrollment Terms and Conditions link. To accept the EDI Enrollment Form, check the I agree to the



EDI Enrollment Terms and Conditions box. You will be able to view the status of your forms from your account home page.

## **6. Testing**

EDISS does not require Trading Partner testing for 276 transactions. After a Trading Partner registers for electronic transactions using EDISS Connect, allow 7-10 business days to be approved to send 276 transactions electronically. Trading Partners can verify approval status and retrieve Submitter ID by logging into EDISS Connect.

### **2.1.2 WebPortal Additional Access**

If your organization will require more than one account for accessing the Iowa Medicaid webportal, an Additional Access Request form will need to be completed.

To request access, complete the Additional Access Request form:

<http://www.edissweb.com/docs/med/add-access-request-IME.pdf>

Once the user has been set up with EDISS, they will receive a fax containing their log in information.

## **2.2 SOAP/WSDL AND HTTP-MIME CERTIFICATION AND TESTING**

Trading Partners should consult with their EDI application vendors to see if their solution supports Hyper Test Transfer Protocol Secure (HTTPS) connectivity. This connectivity is conducted as defined by the CORE Operating Rules. See CORE Rule 270 for more information.

<https://www.cagh.org/sites/default/files/core/phase-ii/policy-rules/270-v5010.pdf>

If SOAP or MIME protocols will be used to submit transactions to EDISS, select the HTTPS Connectivity option during Trading Partner Registration in EDISS Connect. See the Trading Partner Registration subsection for additional information on the registration process.

When prompted, provide an X.509 certificate. Certificates are accepted from the following vendors.

- Digicert
- Entrust
- Symantec

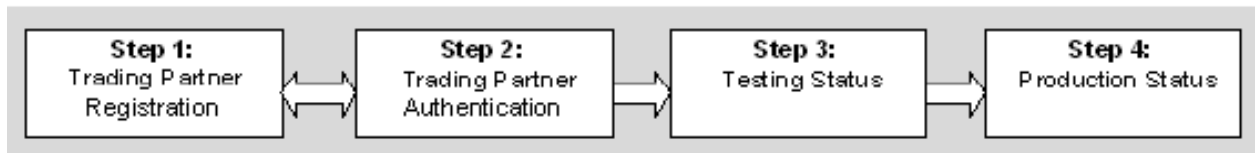
The test and prod URLs for SOAP/MIME protocol submissions will be provided upon successful registration.

### 3 CONNECTIVITY WITH THE PAYER/COMMUNICATIONS

#### 3.1 PROCESS FLOWS

In order to access the EDISS applications, potential Trading Partners must obtain a Submitter ID through EDISS. Figure 1 illustrates the high-level process for successfully registering as a Trading Partner and submitting 276 transactions:

**Figure 1 – Process for Submitting 276 Transactions**



#### 3.2 TRANSMISSION ADMINISTRATIVE PROCEDURES

The EDISS system is available 24 hours a day, 7 days a week, except for scheduled system maintenance. EDISS will notify the Trading Partners of any planned or unplanned downtime. Notifications are available via the EDISS website: [www.edissweb.com](http://www.edissweb.com)

The EDISS production systems maintenance window is Sunday from 6:00 am -12:00 pm (CT). These timeframes were selected since EDISS typically has low activity during this time and would have the least impact on Trading Partners. If you have scheduled any jobs to automatically send your claim data, please note this downtime and adjust scheduled sends accordingly. We apologize for any inconvenience.

### 3.3 RE-TRANSMISSION PROCEDURE

Trading Partners may contact EDISS for assistance in researching problems with their transactions. However, EDISS will not edit Trading Partner eligibility data and/or resubmit transactions for processing on behalf of a Trading Partner. The Trading Partner must correct the file and resubmit, following the same processes and procedures of the original file.

## 4 CONTACT INFORMATION

To assist the community with their electronic data exchange needs, Iowa Medicaid has the following options available for either contacting a help desk or referencing a website.

### 4.1 Websites

- <http://dhs.iowa.gov/ime/providers/tools-trainings-and-services/provider-tools>
- <http://www.edissweb.com/med/index.html>

### 4.2 EDI Support Services Help Desk

Phone: 1-800-967-7902

Fax: 1-701-277-7850

Hours of Operation:  
Monday – Friday 8:00 A.M. – 7:00 P.M. (CT)

Training Closure Schedule:

<http://www.edissweb.com/med/contact/closures.html>

### 4.3 EDI Support Services Mailing Address

EDI Support Services  
PO Box 6729  
Fargo, ND 58108-6729

#### 4.4 Provider Service Number

Provider inquiries regarding claims, credit/adjustments, provider enrollment and status of application.

Toll Free Phone: 800-338-7909

Des Moines Area Phone: 515-256-4609

Fax: 515-725-1155

Hours of Operation: Monday through Friday 7:30 a.m. - 4:30 p.m. (CT)

#### 4.5 Email

[support@edissweb.com](mailto:support@edissweb.com)

When using email to contact EDISS, include the following information:

- Your name
- Business name and location
- NPI
- Business telephone number and extension
- Complete description of the issue

To ensure delivery to your inbox (not bulk or junk mail folders), please add support@edissweb.com to your address book or safe list.

Do not e-mail requests to EDISS for issues such as the status of a claim or remittance or questions about claim processing and denials. EDISS does not handle such inquiries.

### 5 CONTROL SEGMENTS/ENVELOPES

This section describes Iowa Medicaid's use of the interchange control segments. It includes a description of expected sender and receiver codes, authorization information, and delimiters.

To promote efficient, accurate electronic transaction processing, please note the following Iowa MMIS specifications:

- Each MCO is assigned a unique trading partner ID.

- All dates are in the CCYYMMDD format with the exception of the ISA09 which is YYMMDD.
- All date/times are in the CCYYMMDDHHMM format.
- Only one (1) ISA/IEA will be present within a logical file.

Transactions transmitted during a session or as a batch are identified by an ISA header segment and IEA trailer segment, which form the envelope enclosing the transmission. Each ISA marks the beginning of the transmission (batch) and provides sender and receiver identification. The tables below represent the interchange envelope information.

## 5.1 ISA- INTERCHANGE CONTROL HEADER

R-Required, S - Situational

Page #	Loop	Element Identifier	Description	IME Values	Min. Max.	Usage R or S.	Notes/Comments
C.3		ISA	INTERCHANGE CONTROL HEADER		1	R	
C.3		ISA01	Authorization Information Qualifier	00, 03	2-2	R	
C.3		ISA02	Authorization Information		10-10	R	
C.3		ISA03	Security Information Qualifier	00, 01	2-2	R	
C.3		ISA04	Security Information		10-10	R	
C.3		ISA05	Interchange ID Qualifier		2-2	R	
C.3		ISA06	Interchange Sender ID	EDISS Assigned	15-15	R	
C.3		ISA07	Interchange ID Qualifier		2-2	R	
C.3		ISA08	Interchange Receiver ID	33477, 18049	15-15	R	
C.3		ISA09	Interchange Date	YYMMDD	6-6	R	
C.3		ISA10	Interchange Time	HHMM	4-4	R	
C.3		ISA11	Repetition Separator		1-1	R	
C.3		ISA12	Interchange Control Version Number	00501	5-5	R	
C.3		ISA13	Interchange Control Number		9-9	R	
C.3		ISA14	Acknowledgement Requested	0, 1	1-1	R	
C.3		ISA15	Usage Indicator	P, T	1-1	R	

Page #	Loop	Element Identifier	Description	IME Values	Min. Max.	Usage R or S.	Notes/Comments
C.3		ISA16	Component Element Separator		1-1	R	

## 5.2 GS - FUNCTIONAL GROUP HEADER

Page #	Loop	Element Identifier	Description	IME Values	Min. Max.	Usage R or S.	Notes/Comments
C.7		GS	FUNCTIONAL GROUP HEADER		1	R	
C.7		GS01	Functional Identifier Code	HR	2-2	R	
C.7		GS02	Application Sender's Code	EDISS Assigned	2-15	R	
C.7		GS03	Application Receiver's Code	0026,18049	2-15	R	0026- Request 276 18049 - 277 Response
C.7		GS04	Date	CCYYMMDD	8-8	R	
C.7		GS05	Time	HHMM	4-8	R	
C.7		GS06	Group Control Number		1-9	R	
C.7		GS07	Responsible Agency Code	X	1-2	R	
C.7		GS08	Version Identifier Code	005010X212	1-12	R	

## 5.3 ST - TRANSACTION SET HEADER

Page #	Loop	Element Identifier	Description	IME Values	Min. Max.	Usage R or S.	Notes/Comments
106		ST	TRANSACTION SET HEADER		1	R	
106		ST01	Transaction Set Identifier Code	276,277	3-3	R	276 - Claim Request 277 - Claim Response
106		ST02	Transaction Set Control Number		4-9	R	
106		ST03	Version, Release, or Industry Identifier	005010X212	1-35	R	

**5.4 BHT - BEGINNING OF HIERARCHICAL TRANSACTION**

Page #	Loop	Element Identifier	Description	IME Values	Min. Max.	Usage R or S.	Notes/Comments
107		BHT	BEGINNING OF HIERARCHICAL TRANSACTION		1	R	
107		BHT01	Hierarchical Structure Code	0010	4-4	R	
107		BHT02	Transaction Set Purpose Code	13	2-2	R	
107		BHT03	Originator Application Transaction ID		1-50	R	
107		BHT04	Transaction Set Creation Date	CCYYMMDD	8-8	R	
107		BHT05	Transaction Set Creation Time	HHMMSS	4-8	R	
107		BHT06	Transaction Type Code	DG	2-2	R	DG – For 277 Response

**5.5 SE - TRANSACTION SET TRAILER**

Page #	Loop	Element Identifier	Description	IME Values	Min. Max.	Usage R or S.	Notes/Comments
213		SE	TRANSACTION SET TRAILER		1	R	
213		SE01	Transaction Segment Count		1-10	R	
213		SE02	Transaction Set Control Number		4-9	R	

**5.6 GE – FUNCTIONAL GROUP TRAILER**

Page #	Loop	Element Identifier	Description	IME Values	Min. Max.	Usage R or S.	Notes/Comments
C.9		GE	FUNCTIONAL GROUP TRAILER		1	R	
C.9		GE01	Number of Transaction Sets Included		1-6	R	

C.9		GE02	Group Control Number		1-9	R	
-----	--	------	----------------------	--	-----	---	--

## 5.7 IEA- INTERCHANGE CONTROL TRAILER

Page #	Loop	Element Identifier	Description	IME Values	Min. Max.	Usage R or S.	Notes/Comments
C.10		IEA	INTERCHANGE CONTROL TRAILER		1	R	
C.10		IEA01	Number of Included Functional Groups		1-5	R	
C.10		IEA02	Interchange Control Number		9-9	R	

## 6 ACKNOWLEDGEMENTS AND/OR REPORTS

EDISS issues claim reports after each received transaction. The reports are generated by EDISS' front-end collection system and are a vital part in following the requests as they process through the EDISS front-end collection system. EDISS reports are listed in the order they would be received from EDISS after the electronic file has been submitted.

### 6.1 REPORT INVENTORY

- Transaction Acknowledgement (TRN)
- 999 Functional Acknowledgement

## 7 TRANSACTION SPECIFIC INFORMATION

The Iowa Medicaid Web Portal allows users to view claim status thru portal and Batch processing Menu.

### 7.1 276 REQUEST

#### 7.1.1 Primary information required on the claims inquiry:

- Original billing provider
- Subscriber Information
  - Last Name
  - First Name
  - Middle Name
  - Prefix
  - Suffix
  - Gender



- Medicaid Recipient ID
- Date of Birth

### 7.1.2 Additional Information

- Payer ICN/DCN/CCN
- Claim Service Date From – To (Date Range).

#### Health Care Claim Status Request Transaction (276)

Page #	Loop	Element Identifier	Description	IME Values	Min. Max.	Usage R or S.	Notes/Comments
39	2000A	HL	INFORMATION SOURCE LEVEL			R	
39		HL01	Hierarchical ID Number			R	
39		HL02	Hierarchical Parent ID Number			R	
40		HL03	Hierarchical Level Code	20		R	Information Source
40		HL04	Hierarchical Child Code	1		R	Additional Subordinate HL Data Segment in This Hierarchical Structure
41	2100A	NM1	PAYER NAME			R	
41		NM101	Entity Identifier Code	PR		R	Used to identify organizational entity. Ex. PR = Payer
41		NM102	Entity Type Qualifier	2		R	Non-Person Entity
41		NM103	Name Last or Organization Name	IOWA MEDICAID		R	Payer Name
42		NM108	Identification Code Qualifier	PI		R	Payer ID
42		NM109	Payer Identifier	18049		R	
43	2000B	HL	INFORMATION RECEIVER LEVEL			R	

43		HL01	Hierarchical ID Number			R	
43		HL02	Hierarchical Parent ID Number			R	
44		HL03	Hierarchical Level Code	21		R	Information Receiver
44		HL04	Hierarchical Child Code	1		R	Additional Subordinate HL Data Segment in This Hierarchical Structure
45	2100B	NM1	PAYER NAME			R	
45		NM101	Entity Identifier Code	41		R	Submitter
45		NM102	Entity Type Qualifier	1,2		R	1 - Person 2 - Non-Person Entity
46		NM103	Name Last or Organization Name			R	Information Receiver Last or Organization Name
46		NM108	Identification Code Qualifier	46		R	Electronic Transmitter Identification Number (ETIN)
46		NM109	Identification Code			R	Information Receiver Identification Number
47	2000C	HL	SERVICE PROVIDER LEVEL			R	
47		HL01	Hierarchical ID Number			R	
47		HL02	Hierarchical Parent ID Number			R	
47		HL03	Hierarchical Level Code	19		R	Provider of Service
47		HL04	Hierarchical Child Code	1		R	Additional Subordinate HL Data

							Segment in This Hierarchical Structure
49	2100C	NM1	PROVIDER NAME			R	
50		NM101	Entity Identifier Code	1P		R	Provider
50		NM102	Entity Type Qualifier	1,2		R	1 - Person 2 - Non-Person Entity
50		NM103	Name Last or Organization Name			R	Provider Last or Organization Name
50		NM108	Identification Code Qualifier	XX		R	Provider Identifier
50		NM109	Payer Identifier			R	NPI
53	2000D	HL	SUBSCRIBER LEVEL				
53		HL01	Hierarchical ID Number			R	
53		HL02	Hierarchical Parent ID Number			R	
53		HL03	Hierarchical Level Code	22		R	Subscriber
53		HL04	Hierarchical Child Code	1		R	Additional Subordinate HL Data Segment in This Hierarchical Structure
54	2000D	DMG	SUBSCRIBER DEMOGRAPHIC INFORMATION			R	
54		DMG01	Date Time Period Format Qualifier	D8		R	Date Expressed in Format CCYYMMDD
55		DMG02	Date Time Period			R	Subscriber Birth Date
55		DMG03	Gender Code	F,M		R	F - Female M - Male
56	2100D	NM1	SUBSCRIBER NAME			R	

56		NM101	Entity Identifier Code	IL		R	Insured or Subscriber
56		NM102	Entity Type Qualifier	1,2		R	1 - Person 2 - Non-Person Entity
57		NM103	Name Last or Organization Name			R	Member Name
57		NM108	Identification Code Qualifier	MI		R	Member Identification Number
57		NM109	Subscriber Identifier			R	Member id
58	2200D	TRN	CLAIM STATUS TRACKING NUMBER				
58		TRN01	Trace Type Code	1		R	
58		TRN02	Reference Identification			R	Current Transaction Trace Number
59	2200D	REF	PAYER CLAIM CONTROL NUMBER			S	
59		REF01	Reference Identification Qualifier	1K		R	Payor's Claim Number
59		REF02	Reference Identification			R	Payer Claim Control Number
63	2200D	REF	PATIENT CONTROL NUMBER			S	
63		REF01	Reference Identification Qualifier	EJ		R	Patient Account Number
63		REF02	Reference Identification			R	Patient Control Number
64	2200D	REF	PHARMACY PRESCRIPTION NUMBER			S	
64		REF01	Reference Identification Qualifier	XZ		R	Pharmacy Prescription Number
64		REF02	Reference Identification			R	Pharmacy Prescription Number

65	2200D	REF	CLAIM IDENTIFICATION NUMBER FOR CLEARINGHOUSES AND OTHER TRANSMISSION INTERMEDIARIES			S	
65		REF01	Reference Identification Qualifier	D9		R	Claim Number
65		REF02	Reference Identification			R	Clearinghouse Trace Number
67	2200D	DTP	CLAIM SERVICE DATE			R	
67		DTP01	Date/Time Qualifier	472		R	Service
67		DTP02	Date Time Period Format Qualifier	RD8		R	Range of Dates Expressed in Format CCYYMMDD C-CYYMMDD
68		DTP03	Date Time Period			R	First and Last Service dates
82	2200E	REF	PAYER CLAIM CONTROL NUMBER			S	
82		REF01	Reference Identification Qualifier	1K		R	Payor's Claim Number
82		REF02	Reference Identification			R	Payer Claim Control Number

**Health Care Claim Status Response Transaction (277)**

Page #	Loop	Element Identifier	Description	IME Values	Min. Max.	Usage R or S.	Notes/Comments
109	2000A	HL	INFORMATION SOURCE LEVEL			R	
109		HL01	Hierarchical ID Number			R	
109		HL02	Hierarchical Parent ID Number				
110		HL03	Hierarchical Level Code	20		R	Information Source
110		HL04	Hierarchical Child Code	1		R	Additional Subordinate HL Data Segment in This Hierarchical Structure.
111	2100A	NM1	PAYER NAME			R	
111		NM101	Entity Identifier Code	PR		R	Used to identify organizational entity. Ex. PR = Payer
111		NM102	Entity Type Qualifier	2		R	Non-Person Entity
112		NM103	Name Last or Organization Name	IOWA MEDICAID		R	Payer Name
112		NM108	Identification Code Qualifier	PI		R	Payer ID
112		NM109	Payer Identifier	18049		R	
116	2000B	HL	INFORMATION RECEIVER LEVEL			R	
116		HL01	Hierarchical ID Number	2		R	
116		HL02	Hierarchical Parent ID Number			R	
117		HL03	Hierarchical Level Code	21		R	Information Receiver
117		HL04	Hierarchical Child Code	1		R	Additional Subordinate HL Data

							Segment in This Hierarchical Structure.
118	2100B	NM1	INFORMATION RECEIVER NAME			R	
118		NM101	Entity Identifier Code	41		R	Submitter
118		NM102	Entity Type Qualifier	1,2		R	1 - Person 2 - Non-Person Entity
119		NM103	Name Last or Organization Name			R	Information Receiver Last or Organization Name
119		NM108	Identification Code Qualifier	46		R	Electronic Transmitter Identification Number (ETIN)
119		NM109	Identification Code			R	Information Receiver Identification Number
124	2000C	HL	SERVICE PROVIDER LEVEL			R	
124		HL01	Hierarchical Parent ID Number	3		R	
124		HL02	Hierarchical Parent ID Number			R	
125		HL03	Hierarchical Level Code	19		R	Provider of Service
125		HL04	Hierarchical Child Code	0,1		R	0 - No Subordinate HL Segment in This Hierarchical Structure. 1 - Additional Subordinate HL Data Segment in This Hierarchical Structure.
126	2100C	NM1	PROVIDER NAME			R	

127		NM101	Entity Identifier Code	1P		R	Provider
127		NM102	Entity Type Qualifier	1,2		R	1 - Person 2 - Non-Person Entity
127		NM103	Name Last or Organization Name			R	Provider Last or Organization Name
128		NM108	Identification Code Qualifier	XX		R	Provider Identifier
128		NM109	Payer Identifier			R	NPI
133	2000D	HL	SUBSCRIBER LEVEL			S	
134		HL01	Hierarchical ID Number	4		R	
134		HL02	Hierarchical Parent ID Number			R	
134		HL03	Hierarchical Level Code	22		R	Subscriber
134		HL04	Hierarchical Child Code	0		R	0 - No Subordinate HL Segment in This Hierarchical Structure.
135	2100D	NM1	SUBSCRIBER NAME			S	
135		NM101	Entity Identifier Code	IL		R	Insured or Subscriber
135		NM102	Entity Type Qualifier	1,2		R	1 - Person 2 - Non-Person Entity
136		NM103	Name Last or Organization Name			R	Member Name
136		NM108	Identification Code Qualifier	MI		R	Member Identification Number
136		NM109	Subscriber Identifier			R	Member id
129	2200C	TRN	PROVIDER OF SERVICE TRACE IDENTIFIER			S	
129		TRN01	Trace Type Code	1		R	Current Transaction Trace Numbers



129		TRN02	Reference Identification			R	Provider of Service Information Trace Identifier
130	2200C	STC	PROVIDER STATUS INFORMATION			S	
130		STC01-1	Industry Code	D0		R	Health Care Claim Status Category Code
130		STC01-2	Status Code	26		R	
131		STC01-3	Entity Identifier Code	1P			Provider
131		STC02	Date			R	Request Date/Current Date
137	2200D	TRN	TRN - CLAIM STATUS TRACKING NUMBER			S	
137		TRN01	Trace Type Code	2		R	Referenced Transaction Trace Numbers
137		TRN02	Reference Identification			R	Referenced Transaction Trace Number
138	2200D	STC	CLAIM LEVEL STATUS INFORMATION			S	
138		STC01-1	Industry Code	P1,F1,F2,D0,E0		R	Health Care Claim Status Category Code
138		STC01-2	Status Code	38,3,1,35,0		R	
139		STC01-3	Entity Identifier Code	Spaces			
145		STC02	Date			R	Request Date/Current Date
145		STC04	Monetary Amount			S	Total Submitted Charge

145		STC05	Monetary Amount			S	Total Reimbursement Amount
145		STC06	Date			S	Adjudication Finalized Date. CCYYMMDD
146		STC08	Date			S	Warrant Date Date. CCYYMMDD
146		STC09	Check Number			S	Warrant Number
149	2200D	REF	PAYER CLAIM CONTROL NUMBER			S	
149		REF01	Reference Identification Qualifier	1K		R	Payor's Claim Number
149		REF02	Reference Identification			R	Transaction Control Number
150	2200D	REF	INSTITUTIONAL BILL TYPE IDENTIFICATION			S	
150		REF01	Reference Identification Qualifier	BLT		R	Billing Type
150		REF02	Reference Identification			R	Bill type Identifier
151	2200D	REF	PATIENT CONTROL NUMBER			S	
151		REF01	Reference Identification Qualifier	EJ		R	Patient Account Number
151		REF02	Reference Identification			R	Patient Control Number
152	2200D	REF	PHARMACY PRESCRIPTION NUMBER			S	
152		REF01	Reference Identification Qualifier	XZ		R	Pharmacy Prescription Number

152		REF02	Reference Identification			R	Pharmacy Prescription Number
153	2200D	REF	VOUCHER IDENTIFIER			S	
153		REF01	Reference Identification Qualifier	VV		R	Voucher
153		REF02	Reference Identification			R	Voucher Identifier
155	2200D	DTP	CLAIM SERVICE DATE			S	
155		DTP01	Date/Time Qualifier	472		R	Service
155		DTP02	Date Time Period Format Qualifier	RD8		R	
156		DTP03	Date Time Period			R	Claim Service Period

## APPENDICES

### 1. Business Scenarios

This section contains all typical business scenarios with transmission examples.

The scenarios and examples are intended to be explicit examples of situations that are not described in detail within in the implementation guide.

- At this time, there are no applicable Business Scenarios.

### 2. Frequently Asked Questions

<http://www.edissweb.com/med/registration/index.html>

[http://www.edissweb.com/docs/shared/edi\\_faq.pdf](http://www.edissweb.com/docs/shared/edi_faq.pdf)

### 3. Change Summary

Version	Date	Description of Change
1.0.0	07/16/2020	Original document for publication