



KY Medicaid

**KY MMIS 277U Companion Guide
Claim Status (ASC X12N 277U)
Companion Guide**

*Version 3.0_FINAL
Version 003070 X070*

*Cabinet for Health and Family Services
Department for Medicaid Services*

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Document Change Log

Version	Changed Date	Changed By	Reason
1.0	10/19/2011	HPES	DMS approved version.
2.0	05/31/2012	HPES	Revised description on Page 11 for TRN02 and TRN04 to note that NCPDP submitted claims, the 277U will return the original MCO Internal Control Number.
3.0	6/15/2012	Kathy Dugan	Revised BHT03 Comments to include new indicator for a failed 5% threshold 'F' or for accepted 5% threshold 'A'. Also included Trading Partner which is sent but not in CG on Page 8.

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1 Introduction

The following is intended to be a companion document to the National Electronic Data Interchange Transaction Set Implementation Guide, Health Care Payer Unsolicited Claim Status, and ASC X12N 277 (003070X070).

This transaction is not a Health Insurance Portability and Accountability Act (HIPAA) covered transaction. The authors of the HIPAA covered Transaction for the Remittance Advice (835) do not recommend including information about suspended claims from the adjudication system in the remittance advice. For financial accounting purposes, the authors recommend that the remittance advice process, which generates the 835 transaction set, only contain information pertaining to finalized claims. For that reason, the Cabinet for Health and Family Services Department for Medicaid Services is utilizing this 277 Health Care Payer Unsolicited Claim Status to communicate pended claim information in an electronic format to fee-for-service providers.

The Cabinet for Health and Family Services Department for Medicaid Services will also utilize this 277 Health Care Payer Unsolicited Claim Status to communicate paid and denied claim information to Managed Care Organizations. Those organizations will not receive the 835 transaction for paid and denied claims.

The HIPAA Implementation Guides can be accessed at http://www.wpc-edi.com/hipaa/HIPAA_40.asp.

1.1 Purpose

This transaction provides fee-for-service provider status information for pended claims and managed care organizations status information for paid and denied claims. The business application of the 277U will also augment the use of the Health Care Claim Status Request and Response paired transaction by providing the Internal Control Numbers (ICN) assigned to claims for trading partners to specifically inquire upon.

Unsolicited Health Care Payer Claim Status responses will be sent weekly in a batch mode for fee-for-service providers, and daily for managed care organizations along with any claim transaction in which a Medicaid provider ID or National Provider Identifier (NPI) is unidentifiable.

Even though the use of the 277U was not included in the *Transactions and Code Set Final Regulations*, the Cabinet for Health and Family Services Department for Medicaid Services and HP Enterprise Services (HP) have elected to support the 277 Health Care Payer Unsolicited Claim Status Version 3070, Implementation Guideline.

1.2 Minimum Mandated Processing Requirements

The business purpose described herein is not a HIPAA-mandated business purpose and thus is agreed upon between willing trading partners. The Agency for Health Care Administration requirements are as follows:

1. Information Source Identifier (77027);
2. Information Receiver Identifier (Trading Partner as assigned by the HP EDI area);
3. Service Provider Identifier (NPI or Medicaid Provider ID);

4. Beneficiary Identifier (Recipient Number);
5. Claim Dates of Service (Header and/or Detail); and
6. Header Claim Submitted Charges.

The claim status segment is required at the header of the claim. Therefore, a header status will always be given. Within the status segment, there are certain minimum requirements.

1. The status data element defined in the 277 Transaction Set is a composite data structure that consists of three difference data elements. It is repeated a total of three times within the STC segment. Each status data element consists of the following three data elements:
 - a. Health Care Claim Status Category Code – The overall category for where the claim currently is in processing (e.g., P2 – Pending/In Process – The Claim is suspended pending review);
 - b. Health Care Claim Status Code – Detailed information as to the reason the claim being in the category defined in the category code (e.g., 450 – Awaiting spend down determination);
 - c. Entity Identifier – The identity of the entity from which additional information about the claim has been requested if the claim is pended for additional information (e.g., QC – Patient);
2. The status effective date is always sent within this segment at the Claim Header level. This will consist of the last date that the claim adjudicated in the system;
3. The Action Code is always sent at the Claim Header level. This directs the receiver of the transaction as to what actions are required on their part;
4. The claim header submitted charge is always sent at the Claim Header level; and,
5. A free-form text area is available for specific messages related to the Health Care Claim Status Code 448. The code 448 is not currently utilized, thus STC12 will not be populated.

1.3 Control Segment Definitions For Kentucky Medicaid

X12N EDI Control Segments

- ISA – Interchange Control Header Segment
- IEA – Interchange Control Trailer Segment
- GS – Functional Group Header Segment
- GE – Functional Group Trailer Segment
- ST – Transaction Set Header
- SE – Transaction Set Trailer

1.4 ISA – Interchange Control Header Segment

Communications transport protocol interchange control header segment. This segment within the X12N implementation guide identifies the start of an interchange of zero or more functional groups and interchange-related control segments. This segment may be thought of traditionally as the file header record.

277 Health Care Payer Unsolicited Claim Status				
Page	Loop	Segment	Data Element	Comments
B.3	N/A	ISA	ISA01 - Authorization Information Qualifier	'00' – No Authorization Information Present
B.3	N/A	ISA	ISA02 - Authorization Information	[space fill]
B.4	N/A	ISA	ISA03 - Security Information Qualifier	'00' – No Security Information Present
B.4	N/A	ISA	ISA04 – Security Information	[space fill]
B.4	N/A	ISA	ISA05 - Interchange ID Qualifier	'ZZ' – Mutually Defined
B.4	N/A	ISA	ISA06 - Interchange Sender ID	'KY Medicaid' – Sender ID
B.4	N/A	ISA	ISA07 - Interchange ID Qualifier	'ZZ' – Mutually Defined
B.5	N/A	ISA	ISA08 - Interchange Receiver ID	'ID Supplied by KY Medicaid' – Receiver ID
B.5	N/A	ISA	ISA09 – Interchange Date	The date format is YYMMDD

277 Health Care Payer Unsolicited Claim Status				
Page	Loop	Segment	Data Element	Comments
B.5	N/A	ISA	ISA10 – Interchange Time	The time format is HHMM
B.5	N/A	ISA	ISA11 – Interchange Control Standards Identifier	‘U’ – Interchange Control Standards Identifier
B.5	N/A	ISA	ISA12 – Interchange Control Version Number	‘00307’ – Interchange Control Version Number
B.5	N/A	ISA	ISA13 – Interchange Control Number	Interchange Unique Sequential Control Number
B.5	N/A	ISA	ISA14 – Acknowledgment Requested	‘1’ – Interchange Acknowledgement Requested
B.6	N/A	ISA	ISA15 – Test Indicator	‘T’ – Test Data ‘P’ – Production Data
B.6	N/A	ISA	ISA16 – Component Element Separator	‘.’ – Component Element Separator

1.5 IEA – Interchange Control Trailer

Communications transport protocol interchange control trailer segment. This segment within the X12N implementation guide defines the end of an interchange of zero or more functional groups and interchange-related control segments. This segment may be thought of traditionally as the file trailer record.

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Page	Loop	Segment	Data Element	Comments
B.7	N/A	IEA	IEA01 – Number of Included Functional Groups	Number of Included Functional Groups
B.7	N/A	IEA	IEA02 – Interchange Control Number	Must be identical to the value in ISA13

1.6 GS – Functional Group Header

Communications transport protocol functional group header segment. This segment within the X12N implementation guide indicates the beginning of a functional group and provides control information concerning the batch of transactions. This segment may be thought of traditionally as the batch header record.

277 Health Care Payer Unsolicited Claim Status				
Page	Loop	Segment	Data Element	Comments
B.8	N/A	GS	GS01 – Functional Identifier Code	‘HN’ – Health Care Claim Status Notification (277)
B.8	N/A	GS	GS02 – Application Sender’s Code	This will be equal to the value in ISA06.
B.8	N/A	GS	GS03 - Application Receiver’s Code	This will be equal to the value in ISA08.
B.8	N/A	GS	GS04 – Date	The date format is YYMMDD
B.8	N/A	GS	GS05 – Time	The time format is HHMM
B.9	N/A	GS	GS06 – Group Control Number	Group Control Number
B.9	N/A	GS	GS07 – Responsible Agency Code	‘X’ – Responsible Agency Code
B.9	N/A	GS	GS08 - Version/Release/ Industry Identifier Code	‘003070X070’ – Version / Release / Industry Identifier Code

1.7 GE – Functional Group Trailer

Communications transport protocol functional group trailer segment. This segment within the X12N implementation guide indicates the end of a functional group and provides control information concerning the batch of transactions. This segment may be thought of traditionally as the batch trailer record.

277 Health Care Payer Unsolicited Claim Status				
Page	Loop	Segment	Data Element	Comments
B.10	N/A	GE	GE01 – Number of Transaction Sets Included	Number of Included Transaction Sets
B.10	N/A	GE	GE02 – Group Control Number	Must be identical to the value in GS06

1.8 ST – Transaction Set Header

Communications transport protocol transaction set header segment. This segment within the X12N implementation guide indicates the start of the transaction set and assigns a control number to the transaction. This segment may be thought of traditionally as the claim header record.

277 Health Care Payer Unsolicited Claim Status				
Page	Loop	Segment	Data Element	Comments
27	N/A	ST	ST01 – Transaction Set Identifier Code	‘277’ – Health Care Claim Status Notification
27	N/A	ST	ST02 – Transaction Set Control Number	Transaction Control Number

1.9 SE – Transaction Set Trailer

Communications transport protocol transaction set trailer. This segment within the X12N implementation guide indicates the end of the transaction set and provides the count of transmitted segments (including the beginning (ST) and ending (SE) segments). This segment may be thought of traditionally as the claim trailer record.

277 Health Care Payer Unsolicited Claim Status				
Page	Loop	Segment	Data Element	Comments
107	N/A	SE	SE01 – Number of Included Segments	Total Number of Segments Included in Transaction Set Including ST and SE.
107	N/A	SE	SE02 – Transaction Set Control Number	Must be identical to the value in ST02

1.10 Valid Delimiters for Kentucky Medicaid EDI

Definition	ASCII	Decimal	Hexadecimal
Segment Terminator	~	126	7E
Data Element Separator	*	42	2A
Component Element Separator	:	58	3A

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Page	Loop	Segment	Data Element	Comments
Header				
28	N/A	BHT	BHT03 – Reference Identification	FFS: RA (Remittance) number Encounter: Trading Partner ID Current Date in CCYYMMDD Format 'F' – Batch Failed 5% Threshold or 'A' – Batch Passed 5% Threshold
29	N/A	BHT	BHT06 – Transaction Type Code	'NO' – Notice
Information Source				
30	2000A	HL	HL01 – Hierarchical ID Number	The first HL01 value will be '1' and each HL will increment by one throughout the transaction set.
30	2000A	HL	HL02 – Hierarchical Parent ID Number	'0' – Hierarchical Parent ID Number
31	2000A	HL	HL03 – Hierarchical Level Code	'20' – Information Source
31	2000A	HL	HL04 – Hierarchical Child Code	'1' – Additional Subordinate HL Data Segment in this Hierarchical Structure
Payer Name				
32	2100A	NM1	NM101 – Entity Identifier Code	'PR' Payer
32	2100A	NM1	NM102 – Entity Type Qualifier	'2' Non-Person Entity
33	2100A	NM1	NM103 – Name Last or Organization Name	'KY MEDICAID'
33	2100A	NM1	NM108 – Identification Code Qualifier	'PI' – Payor Identification
33	2100A	NM1	NM109 – Identification Code	'KYMEDICAID'

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Page	Loop	Segment	Data Element	Comments
34	2100A	N3	N301 – Address Information	'275 E. MAIN STREET' '6W-C'
35	2100A	N4	N401 – City Name	'FRANKFORT'
35	2100A	N4	N402 – State or Province Code	'KY'
35	2100A	N4	N403 – Postal Code	'40621'
Information Receiver				
36	2000B	HL	HL01 – Hierarchical ID Number	Incremented by '1' from the previous HL segment in the Transaction Set.
36	2000B	HL	HL02 – Hierarchical Parent ID Number	The value in this data element will reference the Parent HL01 at the Information Source Level.
37	2000B	HL	HL03 – Hierarchical Level Code	'21' – Information Receiver
37	2000B	HL	HL04 – Hierarchical Child Code	'1' – Additional Subordinate HL Data Segment in this Hierarchical Structure
Information Receiver Name				
38	2100B	NM1	NM101 – Entity Identifier Code	'41' - Submitter
38	2100B	NM1	NM102 – Entity Type Qualifier	'2' – Non-Person Entity
39	2100B	NM1	NM103 – Name Last or Organization Name	'KYMEDICAID'
39	2100B	NM1	NM108 – Identification Code Qualifier	'46' – Electronic Transmitter Identification Number (ETIN)
39	2100B	NM1	NM109 – Identification Code	Trading Partner ID
Provider of Service				
42	2000C	HL	HL01 – Hierarchical ID Number	Incremented by '1' from the previous HL segment in the Transaction Set.
42	2000C	HL	HL02 – Hierarchical Parent ID Number	The value in this data element will reference the Parent HL01 at the Information

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Page	Loop	Segment	Data Element	Comments
				Source Level.
43	2000C	HL	HL03 – Hierarchical Level Code	'19' – Provider of Service
43	2000C	HL	HL04 – Hierarchical Child Code	'1' – Additional Subordinate HL Data Segment in this Hierarchical Structure
Provider Information				
44	2100C	NM1	NM101 – Entity Identifier Code	'1P' – Provider
44	2100C	NM1	NM102 – Entity Type Qualifier	'1' – Person '2' – Non-Person Entity
45	2100C	NM1	NM103 – Name Last or Organization Name	Provider Last Name or Organization
45	2100C	NM1	NM104 – Name First	Provider First Name
45	2100C	NM1	NM108 – Identification Code Qualifier	'SV' – Service Provider Number 'XX' - Health Care Financing Administration National Provider Identifier
45	2100C	NM1	NM109 – Identification Code	Medicaid Provider Number
Subscriber				
46	2000D	HL	HL01 – Hierarchical ID Number	Incremented by '1' from the previous HL segment in the Transaction Set.
46	2000D	HL	HL02 – Hierarchical Parent ID Number	The value in this data element will reference the Parent HL01 at the Information Source Level.
47	2000D	HL	HL03 – Hierarchical Level Code	'22' – Subscriber
47	2000D	HL	HL04 – Hierarchical Child Code	'0' – No Subordinate HL Segment in this Hierarchical Structure
Subscriber Name				

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Page	Loop	Segment	Data Element	Comments
48	2100D	NM1	NM101 – Entity Identifier Code	'QC' – Patient
49	2100D	NM1	NM102 – Entity Type Qualifier	'1' – Person
49	2100D	NM1	NM103 – Name Last or Organization Name	Member Last Name
49	2100D	NM1	NM104 – Name First	Member First Name
49	2100D	NM1	NM105 – Name Middle	Member Middle Initial, if available
49	2100D	NM1	NM108 – Identification Code Qualifier	'MR' – Medicaid Member Identification Number
49	2100D	NM1	NM109 – Identification Code	'10-digit Medicaid ID'
Claim Submitter's Identifier				
53	2200D	TRN	TRN01 – Trace Type Code	'2' – Reference Transaction Trace Numbers
53	2200D	TRN	TRN02 – Reference Identification	For 837 Transactions - Patient Control Number that was received on the original claim. For NCPDP – MCO Internal Control Number that was received on the submitted claim.
54	2200D	TRN	TRN04 – Reference Identification	'MC' Medicaid
55	2200D	STC	STC01-1 – Industry Code	From Code List 507 Claim Status Category Codes are available at www.wpc-edi.com
58	2200D	STC	STC10-1 – Industry Code	From Code List 507 Claim Status Category Codes are available at www.wpc-edi.com
59	2200D	STC	STC11-1 - Industry Code	From Code List 507 Claim Status Category Codes are available at www.wpc-edi.com
56	2200D	STC	STC01-2 - Industry Code	From Code List 508 Health Care Claim Status Codes are

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Page	Loop	Segment	Data Element	Comments
				available at www.wpc-edi.com
59	2200D	STC	STC10-2 - Industry Code	From Code List 508 Health Care Claim Status Codes are available at www.wpc-edi.com
59	2200D	STC	STC11-2 - Industry Code	From Code List 508 Health Care Claim Status Codes are available at www.wpc-edi.com
58	2200D	STC	STC02 – Status Information Effective Date	Status Date of Claim. Format YYMMDD
58	2200D	STC	STC03 – Action Code	‘NA’ – No Action Required
60	2200D	REF	REF01 – Reference Identification Qualifier	‘1K’ – Payor’s Claim Number
60	2200D	REF	REF02 – Reference Identification	13-digit ICN or 17-digit TCN assigned by Medicaid for this claim.
62	2200D	REF	REF01 – Reference Identification Qualifier	‘BLT’ – Billing Type This REF segment is only sent if the original claim was billed on an 837I transaction for EDI or UB92 or UB04 for Paper Claims.
62	2200D	REF	REF02 – Reference Identification	‘Type of Bill’ that was present on the original claim
66	2200D	DTP	DTP01 – Date/Time Qualifier	‘472’ – Service
66	2200D	DTP	DTP02 – Date Time Period Format Qualifier	‘RD8’ – Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD
66	2200D	DTP	DTP03 – Date Time Period	The Date(s) associated with this claim for Header level information. The system will take the Earliest ‘From Date’ and the Latest ‘To Date’ and report that

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Page	Loop	Segment	Data Element	Comments
				information.
Service Line Information				
68	2200D	SVC	SVC01-1 – Product/Service ID Qualifier	<p>‘ND’ = National Drug Code</p> <p>‘AD’ = American Dental Associates Code</p> <p>‘NU’ = National Health Related Item Code</p> <p>‘HC’ = Health Care Financing Administration Common Procedural Coding System</p>
68	2200D	SVC	SVC01-2 – Product/Service ID	Original submitted Code or final adjudicated service code.
68	2200D	SVC	SVC01-3 - Procedure Modifier	Original submitted Code(s) or final adjudicated service code.
68	2200D	SVC	SVC01-4 - Procedure Modifier	Original submitted Code(s) or final adjudicated service code.
68	2200D	SVC	SVC01-5 - Procedure Modifier	Original submitted Code(s) or final adjudicated service code.
68	2200D	SVC	SVC01-6 - Procedure Modifier	Original submitted Code(s) or final adjudicated service code.
69	2200D	SVC	SVC04 – Product/Service ID	When both a HCPCS code and a NUBC Revenue code are associated with a line item, this data element will contain the Revenue Code.
70	2220D	STC	STC01-1 – Industry Code	From Code List 507 Claim Status Category Codes are available at www.wpc-edi.com
73	2220D	STC	STC10-1 -- Industry Code	From Code List 507 Claim Status Category Codes are

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Page	Loop	Segment	Data Element	Comments
				available at www.wpc-edi.com
74	2220D	STC	STC11-1 – Industry Code	From Code List 507 Claim Status Category Codes are available at www.wpc-edi.com
71	2220D	STC	STC01-2 - Industry Code	From Code List 508 Health Care Claim Status Codes are available at www.wpc-edi.com
73	2220D	STC	STC10-2 - Industry Code	From Code List 508 Health Care Claim Status Codes are available at www.wpc-edi.com
74	2220D	STC	STC11-2 - Industry Code	From Code List 508 Health Care Claim Status Codes are available at www.wpc-edi.com
71	2220D	STC	STC01-3 - Industry Code	Used to clarify STC01-2.
73	2220D	STC	STC10-3 - Industry Code	Used to clarify STC10-2
74	2220D	STC	STC11-3 - Industry Code	Used to clarify STC11-2
75	2220D	REF	REF01 – Reference Identification Qualifier	'FJ' – Line Item Control Number
75	2220D	REF	REF02 – Reference Identification	Value that was submitted on the original claim if submitted on the 837I, 837P or 837D transaction.
76	2220D	DTP	DTP01 – Date/Time Qualifier	'472' – Service
76	2220D	DTP	DTP02 – Date Time Period Format Qualifier	'RD8' – Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD
76	2220D	DTP	DTP03 – Date Time Period	Only used when a Service line date is available on the claim. If only a 'From Date' is available, the 'From Date' will equal the 'To Date'.

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Page	Loop	Segment	Data Element	Comments
80	2100E	NM1	NM103 - Name Last or Organization Name	Member last name as stored on KY Medicaid file. If member not found on file, the value will be the member last name from the claim form.
80	2100E	NM1	NM104 - Name First	Member first name as stored on KY Medicaid file. If member not found on file, the value will be the member first name from the claim form
80	2100E	NM1	NM108 – Identification Code Qualifier	‘MR’ Medicaid Recipient Identification Number
80	2100E	NM1	NM109 – Identification Code	10 digit MAID number assigned by KY Medicaid
83	2200E	TRN	TRN02 – Reference Identification	Patient Account Number
83	2200E	TRN	TRN04 – Reference Identification	‘MC’ Medicaid
85	2200E	STC	STC01 -1 Industry Code	Health Care Claim Status Category Codes can be found at www.wpc-edi.com/reference/
85	2200E	STC	STC01 -2 Industry Code	Health Care Claim Code can be found at www.wpc-edi.com/reference/
85	2200E	STC	STC02 – Date	Date of Status YYMMDD
85	2200E	STC	STC03 – Action Code	‘NA’ No Action Required
88	2200E	STC	STC04 – Monetary Amount	Amount of original submitted charges.
100	2220E	STC	STC01 -1 Industry Code	Health Care Claim Status Category Codes can be found at www.wpc-edi.com/reference
101	2220E	STC	STC01 -2 Industry Code	Health Care Claim Code can be found at www.wpc-edi.com/reference/
103	2220E	STC	STC04 – Monetary Amount	Amount of original submitted charges.

