



Gainwell Technologies

Submitter's Companion Guide for the Claims Status Inquiry System (CSI)

**Refers to the Implementation Guides
Based on ASC X12 version 005010**

February 19, 2021

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Preface

This Companion Guide to the v5010 ASC X12N Implementation Guides and associated errata adopted under HIPAA clarifies and specifies the data content when exchanging electronically with Gainwell Technologies (Gainwell). Transmissions based on this companion guide, used in tandem with the v5010 ASC X12N Implementation Guides, are compliant with both ASC X12 syntax and those guides. This Companion Guide is intended to convey information that is within the framework of the ASC X12N Implementation Guides adopted for use under HIPAA. The Companion Guide is not intended to convey information that in any way exceeds the requirements or usages of data expressed in the Implementation Guides.

EDITOR'S NOTE

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1. INTRODUCTION

Scope

The Gainwell Louisiana Medicaid Management Information System (LAMMIS) provides access for Medicaid providers to verify claim status information in a real time environment, in conjunction with commercial network vendors.

Network vendors are provided specifications for the communications interface protocol and transaction formats. Network vendor software will allow a provider to request a claim status and receive a claim status response using the ANSI ASC X.12 EDI Health Care Claim Status Request transaction set 276 for inquiry and set 277 for the responses to the claim status inquiry. For HIPAA compliance, version 005010X212 of the X12 telecommunications standards is being used.

The Claims Status Inquiry (CSI) system reports claim status information on claims in various acknowledgement stages: pre-adjudication, pending or a finalized stage. Finalized claims are further defined as paid, paid (no payment forthcoming) or denied.

Overview

The CSI system is a real-time multi-faceted product that allows Medicaid providers to inquire on the status of a claim (i.e. paid, deny, pending) and receive response transactions via personal computer or web applications using the HIPPA compliant Transaction Set 276/277. Vendors who market their services to individual service providers process Claims Status Inquiry requests originated by providers and the corresponding CSI system responses. The Health Care Claim Status requests and associated responses are transferred using paired transaction sets in an Electronic Data Interchange (EDI) environment, specifically the Health Care Claim Status Request (276) and the Health Care Claim Status Response (277).

References

The format and data content of these transaction sets are specified in the National Electronic Data Interchange Transaction Set Implementation Guide for Health Care Claim Status Request (276) and Response (277), ASC X12N 276/277 (005010X212) document. For more information, please refer to <http://www.x12.org/>.

2. GETTING STARTED

Working with Gainwell Technologies CSI VENDOR QUALIFICATION REQUIREMENTS

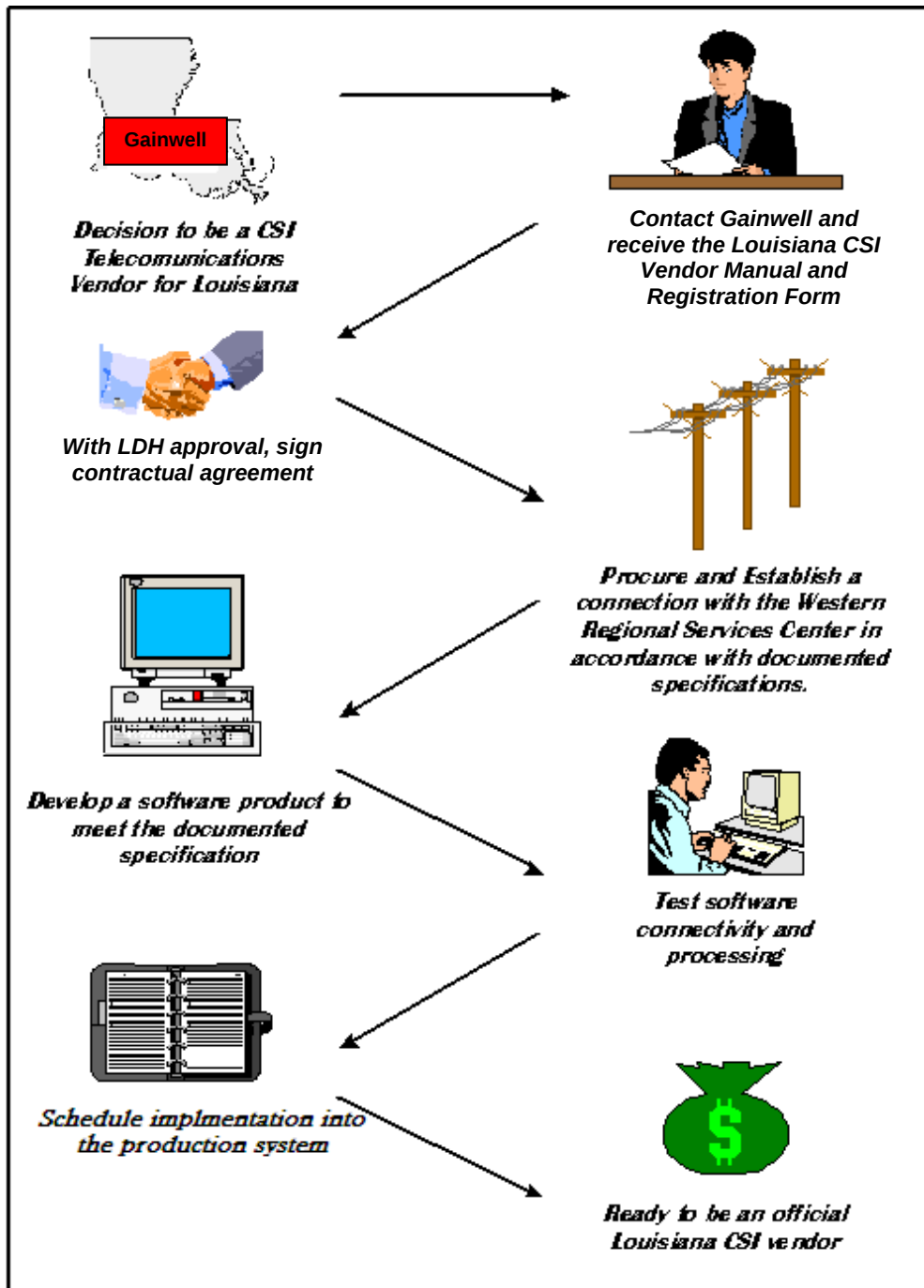
Each telecommunications network vendor must meet the following specifications and criteria prior to being granted authorization to provide Claim Status services:

1. Prospective vendor must have two (2) years of prior experience providing telecommunications network vendor services. References are required.

2. Prospective vendor must obtain a Vendor ID from Gainwell.
3. Prospective vendor must sign a telecommunications contract with Gainwell.
4. Vendor must comply with communications specifications.

CSI OPERATIONS SERVICES AND PROCEDURES

The process for becoming a Louisiana CSI vendor is depicted in the following graphic:



Trading Partner Registration REGISTRATION FORM

The vendor registration form notifies Gainwell that a vendor wants to become an authorized Louisiana CSI vendor and offer CSI services to the provider community. A business contact is requested for contract negotiations, etc. A project contract is requested for the dissemination of information regarding new options, changing requirements, scheduled downtime, vendor conferences, etc. A technical contact may also be listed. The Technical Specifications Information section requests the following information to enable appropriate scheduling.

1. Whether a new or existing telecommunications line to Unisys North American Enterprise Computing (NAEC) facility is to be used for the Louisiana project;
2. Whether an existing telecommunications line upgrade is planned.

It should be noted that submittal of the vendor registration form is not a guarantee that the submitting vendor shall be accepted by the State authority and/or Gainwell. Submittal of the vendor registration form in no way obligates the State or Gainwell regarding the submittal of claims inquiries through Gainwell CSI program.

Please mail the Vendor Registration form to:

Gainwell Technologies
8591 United Plaza Boulevard, Suite 300
Baton Rouge, LA 70809
Attn: Gloria Gardner
FAX: (225) 216-6373

VENDOR REGISTRATION FORM

VENDOR REGISTRATION FORM								
Name of Vendor				Vendor Proc. ID				
Mailing Address of Vendor								
City				State	Zip			
Phone Number				FAX Number				
LIST OF CONTACTS								
Name (Business Contact)				Phone/FAX				
Address		City/State/ZIP						
Name (Project Manager)				Phone/FAX				
Address		City/State/ZIP						
Name (Technical Contact)				Phone/FAX				
Address		City/State/ZIP						
TECHNICAL SPECIFICATIONS INFORMATION								
Marketing & Research Provider Information Requested:				Yes:		No:		
Signature (Project Manager)								

TELECOMMUNICATIONS VENDOR CONTRACT

Direct questions concerning Vendor Contract status to:

Gainwell Technologies
8591 United Plaza Boulevard, Suite 300
Baton Rouge, LA 70809
Attn: Gloria Gardner
FAX: (225) 216-6373

3. TESTING WITH THE PAYER

Test scenarios will be developed for testing of the network vendors who wish to submit claims data queries to Gainwell CSI. Gainwell will supply the network vendors with test cases and data to be used during application testing. Hard copies of completed test cases must be mailed or emailed to Gainwell. This is necessary to demonstrate that the appropriate responses to the inquiries are returned to the POS device or PC screen. The test cases will be designed to verify editing procedures and error handling, as well as the return of valid data.

The following are testing objectives for the LAMMIS CSI vendor testing:

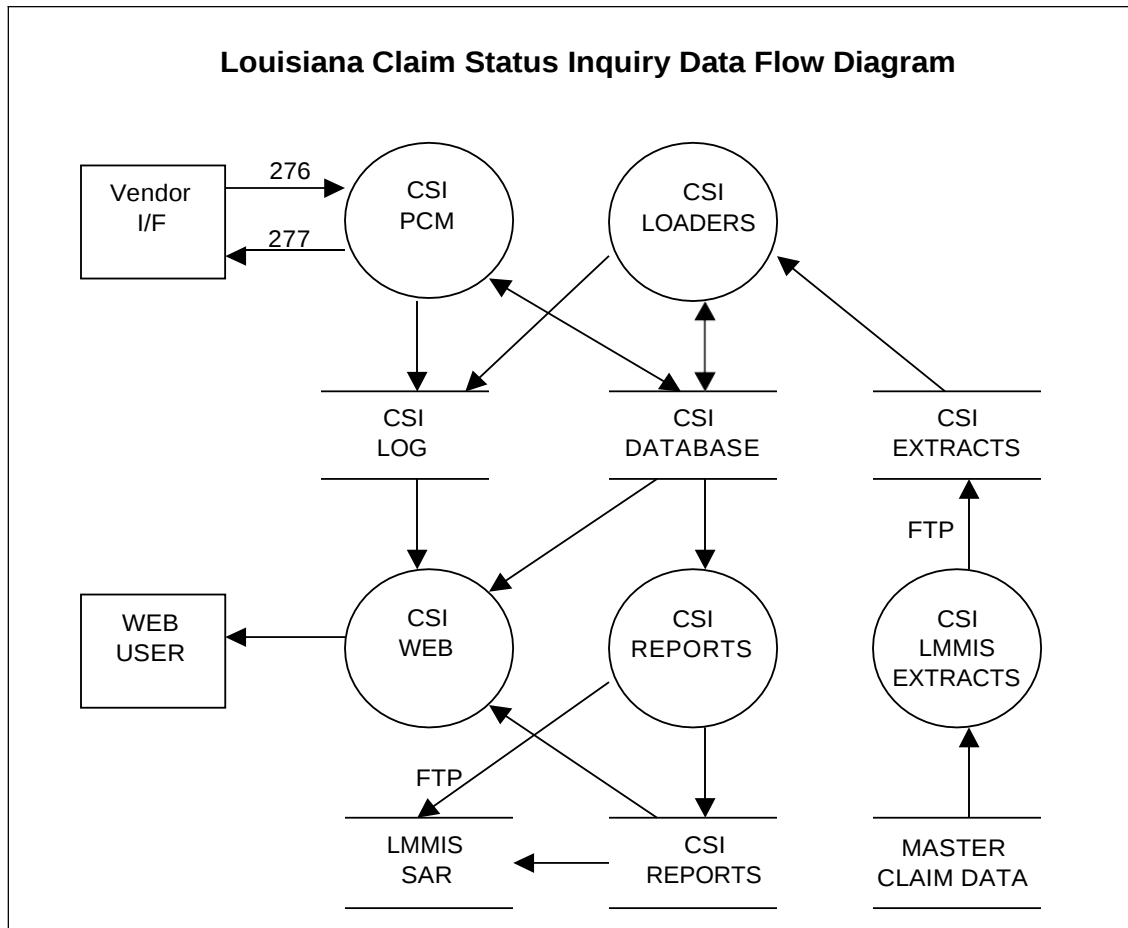
1. Validate syntax edits for input transaction data elements
2. Validate business rule edits for the input transaction data elements
3. Validate that data in the response correctly reflects data values from the input transaction
4. Test all access methods

Additional test are available to validate and ensure that network connectivity processes and security safeguards are functioning properly.

The vendor must agree to safeguard all LAMMIS information received from Gainwell and recognize all such information as privileged communications owned by LDH for the state of Louisiana, which shall be held confidential, and not to be disclosed or divulged without the written consent of Gainwell and LDH.

4. CONNECTIVITY WITH THE PAYER/COMMUNICATIONS

Process Flows



CSI VENDOR COMMUNICATIONS SPECIFICATIONS

The vendor communications specifications for the CSI systems are detailed in the following sections.

REQUIREMENTS FOR NETWORK COMMUNICATIONS

This section describes the requirements for network vendors to be able to send Louisiana Medicaid transactions for CSI to Gainwell.

Telecommunications coordination can begin prior to the execution of a Trading Partner agreement with approval from Gainwell or State Provider Services/Relations. However, no telecommunication equipment or services will be installed or connected without a signed agreement.

DEDICATED LINES

Network vendors are required to provide telecommunications connectivity from their sending facilities to the Unisys North American Enterprise Computing (NAEC) center in Salt Lake City, UT. To set up dedicated lines, network vendors must provide:

- A terminating CSU/DSU modem and Ethernet routers as appropriate to the line service being provided.
- A transceiver and/or cable from the router to the patch panels. The cables must terminate in an RJ45 (CAT 5 UTP recommended). The length of the cable will need to be coordinated with Gainwell prior to installation.
- CSU/DSUs and Ethernet router must include rack-mounting hardware for a standard 19" electronics rack.

Note, that the telecommunications DEMARC is located in a separate room approximately 600 feet from the rack housing the CSU/DSU. The connection between the DEMARC and the rack will be provided by Gainwell. Standard phone wiring will be used unless special arrangements are established prior to installation.

WAN PROTOCOLS FOR TCP CONNECTIONS

Gainwell uses TCP/IP protocols only. The network vendor is responsible for all IP addressing space up to, but not including the Ethernet interface on the Gainwell side of the router. The vendor and Gainwell will provide public routable Ethernet IP addresses unless otherwise negotiated. The vendor's interface will be connected to a non-secure Ethernet DMZ. Routing protocols such as RIP will not be enabled. Static routes will only be used. Testing with a temporary IP address can be accommodated.

NUMBER OF TCP CONNECTIONS TO GAINWELL

The number of connections to Gainwell is limited to ensure that all networks are provided equitable service. Normally, network vendors are limited to four (4) connections to each Gainwell system. A single connection can process transactions for Point of Sale (POS), Medicaid Eligibility and Verification System (MEVS), and CSI applications. We do not designate connections for any specific application. If additional connections would be beneficial, contact Gainwell. The specific port number for a network vendor will be assigned by Gainwell. No other TCP service port should be used.

TRANSACTION PROCESSING

Once a connection is established, it is normally left connected and transactions are processed when sent. The connection should only be disconnected under error conditions. Each connection can handle multiple simultaneous transactions. The responses will be returned when processing is completed.

Once transmission of a transaction has been initiated, all Transmission Control Protocol (TCP) for those transactions must be transmitted before sending packets from any other transaction. Likewise, Gainwell will send all packets for a response together. Packets from different responses will not be intermingled.

All Gainwell processing is performed in stream mode. Packets are constructed for convenience in transmission only. The envelope described in the following section provides an End of Transmission (EOT) flag to identify the end of each transaction and response.

Because of the nature of streams processing, responses will not always be contained in separate packets. The size of the response packet is such that the start of the following response may be in the same packet as the termination of the preceding response. The EOT flag must be scanned to locate properly the end of the responses.

SINGLE THREADED/MULTI THREADED TRANSACTION PROCESSING

Gainwell supports two types of connections: single-threaded and multi-threaded. These are also called half duplex and full duplex mode, respectively.

In a single-threaded connection, once a transaction is received, Gainwell will not accept any additional transactions on that connection until the response has been returned. All transactions in the single-threaded connections have a timeout response. If for some reason we are unable to process a transaction within the timeout period, a timeout response is returned at the end of the timeout period.

In a multi-threaded connection, transactions can be submitted at any time. You do not need to wait until the previous response is returned. However, the order of the responses received may be different than the order of the transactions that were sent.

The returned envelope can be used to associate the response with the transaction. Timeouts for processing are similar to those for single-threaded except that not all timeouts may result in system unavailable responses. There are conditions where no response will be provided.

Should a vendor wish to change their original connection type, a request must be sent to the NAEC Help Desk. The request will be sent to the appropriate technician to make the change.

TIMEOUTS

Timeouts for CSI transactions are 30 seconds.

If the vendor decides to timeout the line earlier than the Gainwell timeout response and reestablish the connection, they may encounter a situation where Gainwell will not start up another connection until the first connection has completely dropped. As a result, there may be periods where the vendor will not be able to reestablish the connection immediately. We recommend waiting until the timeout message has been received, or setting the timeout to beyond 30 seconds for CSI transactions.

When a connection is dropped, any transactions that have been received but not responded to will be effectively lost, because there is no longer any way to return the response, even though these transactions may have been processed on the Gainwell system.

Network vendors can contact NAEC to have their lines reset. Situations can occur where a connection will come down hard between the network vendor and the Gainwell system, but the Gainwell system keeps the connection open. In these situations when the network vendor tries to establish a connection, they will receive a message indicating that they cannot open a new connection because the Gainwell system believes the network vendor already has the maximum number of connections open. Having the NAEC operators restart a vendor's connection usually takes a second to perform and can be done at the request of the network vendor.

HEADER INFORMATION

CSI transactions and responses must be placed in envelopes. Transactions submitted by network switches to Gainwell must be in the following envelope.

A 16 byte header must be prefixed to each transaction defined by:

- The first three (3) bytes of the header must be a network switch identifier. The value of the identifier will be assigned by Gainwell.
- The next six (6) bytes should contain a transaction identifier containing any combination of the characters 0-9, A-Z, and a-z, or they must contain all zeros. This transaction identifier is used by the network switch to match the response with the corresponding request. This is necessary

since in multi-threaded mode multiple claims may be processed and the responses are not necessarily returned in the same order the requests were received. If a network switch does not use this transaction identifier, then the network switch will have to wait for the response to a transaction before sending the next transaction.

- The next seven (7) bytes must be spaces.

Each transaction must be terminated by an EOT flag consisting of a single byte with the binary value 100, which is decimal 04.

The response to a transaction will be returned in the same envelope. The response will be prefixed with the header that was received with the transaction. If a network switch requires variations in the response header, they must be negotiated with Gainwell prior to installation.

DEFAULT RESPONSE FORMATS

There are situations where Gainwell will not be able to process the transaction. In those situations, a default response will be returned in the received envelope. The format of this response is as follows:

ERRORMMISnnnnneeeeeee 9

where nnnn is a four-digit message identifier that identifies the reason the claim was not processed; eeeeeee is a seven-digit sequence number that identifies the transaction within the Gainwell systems. There are nine spaces after the sequence number.

The four-digit message identifiers currently in use are:

- 0001 – Application is not currently active
- 0002 – Application is not currently active
- 0003 – Application is not currently active
- 0004 – Network ID in envelope is not correct
- 0005 – Unable to respond within required time limits
- 0006 – Application is not authorized
- 0010 – Cannot determine the appropriate application
- 0011 – Default response not defined for this application

5. CONTACT INFORMATION

EDI Customer Service

Coordination With Gainwell Technologies

The contact point for coordination of the line parameters, connections and line installation is:

Karen Woudenberg

(757) 306-4467

The contact point for other communication related issues is:

Kermit Patty

(225) 216-6241

Registration

Gloria Gardner (225) 216-6290 Central Time Zone

Fax (225) 216-6373

Contract Status:

William Dixon (850) 893-6954 Eastern Time Zone

Testing Procedures/Validation

Gloria Gardner (225) 216-6290 Central Time Zone

Fax (225) 216-6373

Marketing Materials:

Gloria Gardner (225) 216-6290 Central Time Zone

Fax (225) 216-6373

EDI Technical Assistance

Establishing Communication

Salt Lake City Help Desk (800) 428-6411 Mountain Time Zone

(800) 642-4230 Mountain Time Zone

Karen Woudenberg (757) 306-4467 Eastern Time Zone

Provider Service Number
Problem Resolution

Salt Lake City Help Desk (800) 428-6411 Mountain Time Zone
(800) 642-4230 Mountain Time Zone

Gainwell Provider Relations:
8:00 AM – 5:00 PM (800) 473-2783 Central Time Zone

Gainwell Technologies

CSI Team:
Kermit Patty (225) 216-6241 Central Time Zone

6. CONTROL SEGMENTS/ENVELOPES

ISA-IEA

See Section 10.

GS-GE

See Section 10.

ST-SE

See Section 10.

7. PAYER SPECIFIC BUSINESS RULES AND LIMITATIONS

Claim Status Request Search Criteria

The CSI application will use Payer Claim Control Number as the primary identifier for searching the claim history database. The Payer Claim Control number is the Internal Control Number (LA MMIS ICN). This search is known as a "Search by ICN". Claim status and claim adjustment statuses will be extracted and returned as part of the transaction. The CSI application will use "Forward Chain Logic" for extracting claim adjustment statuses. After the application extracts the claim status, it checks to see if the claim has adjustments. If it does, the Adjusting Payer Claim Control Number of the claim is used to find the first claim adjustment record. The Adjusting Payer Claim Control Number of each adjustment record found is used to find the next adjustment record in the chain. This searching continues until there are no more adjustments. Each adjustment record will contain a status that will be reported in the 277 response.

The CSI application will use the Provider and Recipient Identifiers for searching the claim history database when the Claim Status Inquiry does not contain Payer Claim Control Number (LA MMIS ICN). This method allows the user to specify search delimiters by providing Institutional Bill Type, Claim Submitted Charges, Product/Service ID Qualifier, Service Identification Code, Line Item Charge Amount, Claim Service Date and/or Service Line Date segments. This is referred to as a "Generic Search." For claim statuses matching these search criteria, Forward Chain Logic is also employed to extract additional claim adjustment statuses that will be extracted and returned as part of the transaction.

Claim And Service Line Information

277 Claim Status Response will contain Claim or Claim and Service Line information based on the claim type. All claim types except Institutionalized service claims will have both Claim and Service Line information. Institutional claims will have only claim level information.

Maximum 277 Claim Status Response

There is a possibility of returning a large number of records, especially when the generic search criteria are chosen. When the number of records retrieved exceeds the maximum the CSI application can return, the last record will indicate that the search criteria should be narrowed. This situation will be indicated by 507/508 status codes of D0/485. When the D0/485 status response is received, narrow the current search criteria or use one of the returned LA MMIS ICNs for a subsequent transaction. It is anticipated that a maximum of 32 segments can be returned, where the 32nd segment indicates the overflow condition.

8. ACKNOWLEDGEMENTS AND/OR REPORTS

N/A

9. TRADING PARTNER AGREEMENTS

Please refer to the Basic Enrollment packets available from the www.lamedicaid.com Provider Enrollment page.

10. TRANSACTION SPECIFIC INFORMATION

276 Health Care Claim Status Request

The Primary input to the CSI application is the ASC X12 Health Care Claim Status Request (276) version 005010X212 of the X12 telecommunications standards format for Claim Status Inquiry.

If the receiver/provider cannot be uniquely identified and cross-walked to a Louisiana Medicaid ID using the National Provider Identifier (NPI) and has not been deemed "atypical" by Louisiana Medicaid, an error will be returned; "A4 35 IP NPI/Provider ID is not found in Database".

A description of the Format is provided below.

Symbol	Type
R	Decimal
AN	String
ID	Identifier
DT	Date
TM	Time
Nn	Numeric

Claim Status Inquiry (276) Data Elements

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
ISA – Interchange Control Header (Req.)						
C.4		ISA01	Authorization Information Qualifier	00= No authorization information present (No meaningful information in I02)	2/2 ID	Req. Data Elem. I01.
C.4		ISA02	Authorization Information	Field filled with ten (10) zeroes	10/10 AN	Req. Data Elem. I02.
C.4		ISA03	Security Information Qualifier	00 = No security Information present (No meaningful information in I04)	2/2 ID	Req. Data Elem. I03.
C.4		ISA04	Security Information	Field filled with ten (10) zeroes	10/10 AN	Req. Data Elem. I04.
C.4		ISA05	Interchange ID Qualifier	ZZ = Mutually defined as sender's ID in I06	2/2 ID	Req. Data Elem. I05.
C.4		ISA06	Interchange Sender ID	Vendor ID to be used for routing data back to them via ASC X12 277 response	15/15 AN	Req. Data Elem. I06.
C.5		ISA07	Interchange ID Qualifier	ZZ = Mutually defined as Receiver's ID	2/2 ID	Req. Data Elem. I05.

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
C.5		ISA08	Interchange Receiver ID	Receiver's ID to whom the sender is routing the data: 610551 = BIN number Gainwell Medicaid processor.	15/15 AN	Req. Data Elem. I07.
C.5		ISA09	Interchange Date (U.S. Central Time)	Date of the interchange in YYMMDD format	6/6 DT	Req. Data Elem. I08.
C.5		ISA10	Interchange Time (U.S. Central Time)	Time in HHMM format	4/4 TM	Req. Data Elem. I09.
C.5		ISA11	Interchange Control Repetition Separator	Value is ASCII character 94	1/1	Req. Data Elem. I65. This field provides the delimiter used to separate repeated occurrences of a simple data element or a composite data structure; this value must be different than the data element separator, component element separator and the segment terminator.
C.5		ISA12	Interchange Control Version Number	00501	5/5 ID	Req. Data Elem. I11.
C.5		ISA13	Interchange Control Number	The value in ISA13 must match IEA02	9/9 NO	Req. Data Elem. I12. Number that uniquely identifies the interchange data to the sender.
C.6		ISA14	Acknowledgment Requested	0 = No	1/1 ID	Req. Data Elem. I13.
C.6		ISA15	Interchange Usage Indicator	P = Production Data T = Test Data	1/1	Req. Data Elem. I14.
C.6		ISA16	Sub-element Separator	<us> (hexadecimal 1F)	1/1 ID	Req. Data Elem. I15.
GS – Functional Group Header (Req.)						
C.7		GS01	Functional Header code	HR = Health Care Claim Status Notification (276)	2/2 ID	Req. Data Elem. 479.
C.7		GS02	Application Sender's code	Vendor ID	2/15 AN	Req. Data Elem. 142. Code identifying party sending transmission.
C.7		GS03	Application Receiver's Code	610551 – BIN Number of Gainwell Medicaid processor	2/15 AN	Req. Data Elem. 124. Code identifying party receiving transmission.
C.7		GS04	Date (U.S. Central Time)	Date in CCYYMMDD format	8/8 DT	Req. Data Elem. 373.
C.8		GS05	Time (U.S. Central Time)	Recommended Time format HHMM.	4/8 TM	Req. Data Elem. 337.
C.8		GS06	Group Control Number	The value in GS06 must match GE02.	1/9 NO	Req. Data Elem. 28. Assigned number originated and maintained by the sender.
C.8		GS07	Responsible Agency Code	X = ASC X12 standard	1/2 ID	Req. Data Elem. 455.
C.8		GS08	Version/Release Industry Identifier Code	005010X212	1/12 AN	Req. Data Elem. 480.
ST – Transaction Set Header (Req.)						
36		ST01	Transaction Set Identifier Code	276 = Health Care Claim Status Request	3/3 ID	Req. Data Elem. 143.

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
36		ST02	Transaction Set Control Number	Value in ST02 must match SE02.	4/9 AN	Req. Data Elem. 329. Identifying control number that must be unique within transaction set assigned by originator.
36		ST03	Version, Release, or Industry Identifier Code	005010X212	1/35 AN	Req. Data Elem. 1705.
BHT – Hierarchical Transaction (Req.)						
37		BHT01	Hierarchical Structure Code	0010 – Information Source, Information Receiver, Provider of Service, Subscriber, dependent	4/4 ID	Req. Data Elem. 1005.
37		BHT02	Transaction Set Purpose Code	13 – Request	2/2 ID	Req. Data Elem. 353.
37		BHT03	Reference Identification	Number assigned by the originator to identify the transaction within the originator's business application system	1/50 AN	Req. Data Elem. 127.
37		BHT04	Transaction Set Creation Date (U.S. Central Time)	CCYYMMDD	8/8 DT	Req. Data Elem. 373.
38		BHT05	Transaction Set Creation Time (U.S. Central Time)	HHMM	4/8 TM	Req. Data Elem. 337.
HL – Hierarchical Level Loop (Req.)						
39	2000A	HL01	Hierarchical ID Number	1	1/12 AN	Req. Data Elem. 628.
39	2000A	HL02	Parent ID Number	Null – Not Used	1/12 AN	Data Elem. 734
40	2000A	HL03	Hierarchical Level Code	20 – Information Source	1/2 ID	Req. Data Elem. 735.
40	2000A	HL04	Hierarchical Child Code	1 – Additional Subordinate HL Data Segment	1/1 ID	Req. Data Elem. 736.
NM1 – Information Source Name (Req.)						
41	2100A	NM101	Entity ID Code	PR – Payer	2/3 ID	Req. Data Elem. 98.
41	2100A	NM102	Entity Type Qualifier	2 – Non-person	1/1 ID	Req. Data Elem. 1065.
41	2100A	NM103	Organization Name	GAINWELL	1/60 AN	Req. Data Elem. 1035.
42	2100A	NM104	First Name	Null – Not Used		Data Elem. 1036.
42	2100A	NM105	Middle Name	Null – Not Used		Data Elem. 1037.
42	2100A	NM106	Name Prefix	Null – Not Used		Data Elem. 1038.
42	2100A	NM107	Name Suffix	Null – Not Used		Data Elem. 1039.
42	2100A	NM108	Identification Code Qualifier	PI – Payer Identification	1/2 ID	Req. Data Elem. 66.
42	2100A	NM109	Identification Code	610551 – BIN Number	2/80 AN	Req. Data Elem. 67.
HL – Hierarchical Level (Req.)						
43	2000B	HL01	Hierarchical ID Number	2	1/12 AN	Req. Data Elem. 628.

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43	2000B	HL02	Hierarchical Parent ID Number	1	1/12 AN	Req. Data Elem. 734.
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Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
44	2000B	HL03	Hierarchical Level Code	21 – Information Receiver	1/2 ID	Req. Data Elem. 735.
44	2000B	HL04	Hierarchical Child Code	1	1/1 ID	Req. Data Elem. 736.
NM1 – Information Receiver Name (Req.)						
45	2100B	NM101	Entity Identifier Code	41 – Submitter	2/3 ID	Req. Data Elem. 98.
45	2100B	NM102	Entity Type Qualifier	1 – Person 2 – Non-person	1/1 ID	Req. Data Elem. 1065.
46	2100B	NM103	Name Last or Organization Name	Last Name, (if the identifier in NM109 is not sufficient to identify the Information Receiver)	1/60 AN	Sit. Data Elem. 1035.
46	2100B	NM104	First Name	(if NM102 is 1)	1/35 AN	Sit. Data Elem. 1036.
46	2100B	NM105	Middle Name	(if NM102 is 1)	1/25 AN	Sit. Data Elem. 1037.
46	2100B	NM106	Name Prefix	Null – Not Used	1/10 AN	Data Elem. 1038.
46	2100B	NM107	Name Suffix	Null – Not Used	1/10 AN	Data Elem. 1039.
46	2100B	NM108	Identification Code Qualifier	46 – ETIN	1/2 ID	Req. Data Elem. 66.
46	2100B	NM109	Identification Code	Information Receiver Identification Number	2/80 AN	Req. Data Elem. 67.
HL – Service Provider Level (Req.)						
47	2000C	HL01	Hierarchical ID Number	3	1/12 AN	Req. Data Elem. 628.
47	2000C	HL02	Hierarchical Parent ID Number	2	1/12 AN	Req. Data Elem. 734.
48	2000C	HL03	Hierarchical Level Code	19 – Provider of Service	1/2 ID	Req. Data Elem. 735.
48	2000C	HL04	Hierarchical Child Code	1	1/1 ID	Req. Data Elem. 736.
NM1 – Provider Name (Req.)						
50	2100C	NM101	Entity Identifier Code	1P – Provider	2/3 ID	Req. Data Elem. 98.
50	2100C	NM102	Entity Type Qualifier	1 – Person 2 – Non-person	1/1 ID	Req. Data Elem. 1065.
50	2100C	NM103	Name Last or Organization Name	Last Name, (if the identifier in NM109 is not sufficient to identify the Provider)	1/60 AN	Sit. Data Elem. 1035.
50	2100C	NM104	First Name	(if NM102 is 1)	1/35 AN	Sit. Data Elem. 1036.
50	2100C	NM105	Middle Name	(if NM102 is 1)	1/25 AN	Sit. Data Elem. 1037.
50	2100C	NM106	Name Prefix	Null – Not Used	1/10 AN	Data Elem. 1038.
50	2100C	NM107	Name Suffix	(if NM102 is 1)	1/10 AN	Sit. Data Elem. 1039.

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
51	2100C	NM108	Identification Code Qualifier	XX – National Provider Identifier (NPI) SV – Service Provider (for atypical providers)	1/2 ID	Req. Data Elem. 66.
51	2100C	NM109	Identification Code	Provider Identification Code	2/80 AN	Req. Data Elem. 67.
HL – Subscriber Level (Req.)						
53	2000D	HL01	Hierarchical ID Number	4	1/12 AN	Req. Data Elem. 628.
53	2000D	HL02	Hierarchical Parent ID Number	3	1/12 AN	Req. Data Elem. 734.
53	2000D	HL03	Hierarchical Level Code	22 – Subscriber	1/2 ID	Req. Data Elem. 735.
53	2000D	HL04	Hierarchical Child Code	0 – No Subordinate HL Segments	1/1 ID	Req. Data Elem. 736.
DMG – SUBSCRIBER DEMOGRAPHIC INFORMATION (Req.)						
54	2000D	DMG01	Date Time Period Format Qualifier	D8 – CCYYMMDD	2/3 ID	Req. Data Elem. 1250.
55	2000D	DMG02	Recipient Date of Birth	Subscriber Birth Date – CCYYMMDD format	1/35	Req. Data Elem. 1251.
55	2000D	DMG03	Gender Code	F – Female M – Male	1/1 ID	Sit. Data Elem. 1068.
NM1 – Subscriber Name (Req.)						
56	2100D	NM101	Entity Identifier Code	IL – Insured or Subscriber	2/3 ID	Req. Data Elem. 98.
56	2100D	NM102	Entity Type Qualifier	1 – Person	1/1 ID	Req. Data Elem. 1065.
57	2100D	NM103	Name Last	Subscriber Last Name	1/60 AN	Req. Data Elem. 1035.
57	2100D	NM104	First Name	Subscriber First Name – if person has first name	1/35 AN	Sit. Data Elem. 1036.
57	2100D	NM105	Middle Name	Subscriber Middle Name – if person has middle name or initial	1/25 AN	Sit. Data Elem. 1037.
57	2100D	NM106	Name Prefix	NULL – Not Used	1/10 AN	Data Elem. 1038.
57	2100D	NM107	Name Suffix	if NM102 = 1 (Under most circumstances, this is not sent)	1/10 AN	Sit. Data Elem. 1039.
57	2100D	NM108	Identification Code Qualifier	MI – Member ID Number	1/2 ID	Req. Data Elem. 66.
57	2100D	NM109	Identification Code	Provider Identification Code Recipient ID (Subscriber Identifier)	2/80 AN	Req. Data Elem. 67.
TRN – Claim Status Tracking Number (Req.) Required When The subscriber is the patient						
58	2200D	TRN01	Trace Type Code	1 – current transaction trace number	1/2 ID	Req. Data Elem. 481.

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
58	2200D	TRN02	Reference Identification	Trace Number – from the originator of the transaction to be returned by the receiver of the transaction	1/50 AN	Req. Data Elem. 127.
REF – Payer Claim Control Number (Sit.) Use if the subscriber is the patient						
59	2200D	REF01	Reference ID Qualifier	1K- Payor's Claim Number.	2/3 ID	Req. Data Elem. 128.
59	2200D	REF02	Reference ID	Payer Claim Control Number – LAMMIS ICN	1/50 AN	Req. Data Elem. 127.
REF – Institutional Bill Type ID (Sit.) Send When Subscriber is the Patient						
60	2200D	REF01	Reference ID Qualifier	BLT – Billing Type.	2/3 ID	Req. Data Elem. 128.
60	2200D	REF02	Reference ID	Bill Type Identifier Found on UB92 – record 40 – 4. Found on 837 CLM-05. Found on UB92 paper form locator 4. Required for Institutional claims Inquires.	1/50 AN	Req. Data Elem. 127.
AMT – Claim Submitted Charges (Req.) The Subscriber is the patient						
66	2200D	AMT01	Amount Qualifier Code	T3 – Total Submitted Charges	1/3 ID	Req. Data Elem. 522.
66	2200D	AMT02	Monetary Amount	Total Claim Charge Amount	1/18 R	Req. Data Elem. 782.
DTP – Claim Service Date (Sit.) If not here, then must use Service Line Date below						
67	2200D	DTP01	Date/Time Qualifier	472 – Service Date	3/3 ID	Req. Data Elem. 374.
67	2200D	DTP02	Date Time Period Format Qualifier	RD8 – range of dates D8 – single date	2/3 ID	Req. Data Elem. 1250.
68	2200D	DTP03	Date Time Period	Service Period Date in format CCYYMMDD-CCYYMMDD or CCYYMMDD	1/35 AN	Req. Data Elem. 1251.
SVC – Service Line Information (Sit.) Use this segment to request status information about a service line.						
69	2210D	SVC01-1	Product/ Service ID Qualifier	AD – ADA Code HC – HCPCS Code N4 – National Drug Code (NDC) in 5-4-2 Format NU – NUBC Revenue Code WK – Advanced Billing Concepts (ABC) codes	2/2 ID	Req. Data Elem. 235.

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
71	2210D	SVC01-2	Product/ Service ID	Service ID Code – if SVC01-1 is NU, then this element contains the NUBC Revenue Code and SVC04 is not used	1/48 AN	Req. Data Elem. 234.
71	2210D	SVC01-3	Procedure Modifier	Required if submitted on original claim service line	2/2 AN	Sit. Data Elem. 1339.
71	2210D	SVC01-4	Procedure Modifier	Required if submitted on original claim service line	2/2 AN	Sit. Data Elem. 1339.
71	2210D	SVC01-5	Procedure Modifier	Required if submitted on original claim service line	2/2 AN	Sit. Data Elem. 1339.
72	2210D	SVC01-6	Procedure Modifier	Required if submitted on original claim service line	2/2 AN	Sit. Data Elem. 1339.
72	2210D	SVC02	Monetary Amount	Line Item Charge Amount	1/18 R	Req. Data Elem. 782.
72	2210D	SVC03	Monetary Amount	Null – Not Used	1/18 R	Data Elem. 782.
72	2210D	SVC04	Product/ Service ID	Revenue Code – NUBC revenue code belongs in SVC01-2	1/48 AN	Sit. Data Elem. 234.
72	2210D	SVC05	Quantity	Null – Not Used	1/15 R	Data Elem. 380.
72	2210D	SVC06	Composite Medical Procedure ID	Null – Not Used		Data. Elem. C003.
72	2210D	SVC07	Quantity	Units of service count. The default is 1. Use this element for values greater than 1.	1/15 R	Req. Data Elem. 380
REF –Service Line Item Identification (Sit.) Required when available form original claim (not used)						
73	2210D	REF01	Reference ID Qualifier	FJ = Line Item Control Number	2/3 ID	Req. Data Elem. 128.
73	2210D	REF02	Reference ID	Line Item Control Number	1/50 AN	Req. Data Elem. 127.
DTP – Service Line Date (Sit.) If not here, then must use Claim Service Date above						
74	2210D	DTP01	Date/Time Qualifier	472 – Service	3/3 ID	Req. Data Elem. 374.
74	2210D	DTP02	Date Time Period Format Qualifier	RD8 – range of dates D8 – single date	2/3 ID	Req. Data Elem. 1250.
74	2210D	DTP03	Date Time Period	Service line date in format CCYYMMDD – CCYYMMDD or CCYYMMDD	1/35 AN	Req. Data Elem. 1251.

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
SE – Transaction Set Trailer (Req.)						
98		SE01	Number of Included Segments	Total number of segments included in the transaction set, including ST and SE segments.	1/10 N0	Req. Data Elem. 96.
98		SE02	Transaction Set Control Number	Value in SE02 must match ST02.	4/9 AN	Req. Data Elem. 329.
GE – Functional Group Trailer (Req.)						
C.9		GE01	Number of Transaction Sets Included	Will always be one (1).	1/6 N0	Req. Data Elem. 97.
C.9		GE02	Group Control Number	The value in GE02 must match GS06.	1/9 N0	Req. Data Elem. 28.
IEA – Interchange Trailer (Req.)						
C.10		IEA01	Number of Included Functional Groups	This will always be one (1).	1/5 N0	Req. Data Elem. I16.
C.10		IEA02	Interchange control Number	The value in IEA02 must match ISA13.	9/9 N0	Req. Data Elem. I12.

277 Health Care Claim Status Response (Output)

The Primary Response from CSI application is the ANSI X12 Health Care Claim Status Response (277) version 005010X212 of the X12 telecommunications standards format for Claim Status Inquiry (276) request.

Symbol Type

R Decimal
 AN String
 ID Identifier
 DT Date
 TM Time
 Nn Numeric

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
ISA – Interchange Control Header (Req.)						
C.4		ISA01	Authorization Information Qualifier	00= No authorization information present (No meaningful information in I02)	2/2 ID	Req. Data Elem. I01.
C.4		ISA02	Authorization Information	Field filled with ten (10) zeroes	10/10 AN	Req. Data Elem. I02.
C.4		ISA03	Security Information Qualifier	00 = No security Information present (No meaningful information in I04)	2/2 ID	Req. Data Elem. I03.
C.4		ISA04	Security Information	Field filled with ten (10) zeroes	10/10 AN	Req. Data Elem. I04.
C.4		ISA05	Interchange ID Qualifier	ZZ = Mutually defined as sender's ID in I06	2/2 ID	Req. Data Elem. I05.
C.4		ISA06	Interchange Sender ID	610551 – Bin Number. ISA06 must match GS02.	15/15 AN	Req. Data Elem. I06.
C.5		ISA07	Interchange ID Qualifier	ZZ = Mutually defined as Receiver's ID	2/2 ID	Req. Data Elem. I05.
C.5		ISA08	Interchange Receiver ID	Vendor ID	15/15 AN	Req. Data Elem. I07.
C.5		ISA09	Interchange Date (U.S. Central Time)	Date of Interchange in YYMMDD format	6/6 DT	Req. Data Elem. I08.
C.5		ISA10	Interchange Time (U.S. Central Time)	Time of Interchange in HHMM format	4/4 TM	Req. Data Elem. I09.
C.5		ISA11	Interchange Control Repetition Separator	Value is ASCII character 94	1/1	Req. Data Elem. I65. This field provides the delimiter used to separate repeated occurrences of a simple data element or a composite data structure; this value must be different than the data element separator, component element separator and the segment terminator.
C.5		ISA12	Interchange Control Version Number	00501	5/5 ID	Req. Data Elem. I11.

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
C.5		ISA13	Interchange Control Number	The value in ISA13 must match IEA02	9/9 NO	Req. Data Elem. I12. Number that uniquely identifies the interchange data to the sender.
C.6		ISA14	Acknowledgment Requested	0 = No	1/1 ID	Req. Data Elem. I13.
C.6		ISA15	Test Indicator	P = Production Data T = Test Data	1/1	Req. Data Elem. I14.
C.6		ISA16	Sub-element Separator	<us> (hexadecimal 1F)	1/1 ID	Req. Data Elem. I15.
GS – Functional Group Header (Req.)						
C.7		GS01	Functional Header code	HN = Health Care Claim Status Notification (277)	2/2 ID	Req. Data Elem. 479.
C.7		GS02	Application Sender's code	610551 – BIN Number of Gainwell Medicaid processor	2/15 AN	Req. Data Elem. 142. Code identifying party sending transmission.
C.7		GS03	Application Receiver's Code	Vendor ID	2/15 AN	Req. Data Elem. 124. Code identifying party receiving transmission.
C.7		GS04	Date (U.S. Central Time)	Date in CCYYMMDD format	8/8 DT	Req. Data Elem. 373.
C.8		GS05	Time (U.S. Central Time)	Time format HHMM.	4/8 TM	Req. Data Elem. 337.
C.8		GS06	Group Control Number	The value in GS06 must match GE02.	1/9 NO	Req. Data Elem. 28. Assigned number originated and maintained by the sender.
C.8		GS07	Responsible Agency Code	X = ASC X12 standard	1/2 ID	Req. Data Elem. 455.
C.8		GS08	Version/Release Industry Identifier Code	005010X212	1/12 AN	Req. Data Elem. 480.
ST – Transaction Set Header (Req.)						
106		ST01	Transaction Set Identifier Code	277 = Health Care Claim Status Notification	3/3 ID	Req. Data Elem. 143.
106		ST02	Transaction Set Control Number	Value in ST02 must match SE02.	4/9 AN	Req. Data Elem. 329. Identifying control number that must be unique within transaction set assigned by Gainwell
106		ST03	Version, Release, or Industry Identifier Code	005010X212	1/35 AN	Req. Data Elem. 1705.
BHT – Hierarchical Transaction (Req.)						
107		BHT01	Hierarchical Structure Code	0010 – Information Source, Information Receiver, Provider of Service, Subscriber, dependent	4/4 ID	Req. Data Elem. 1005.
107		BHT02	Transaction Set Purpose Code	08 – Status	2/2 ID	Req. Data Elem. 353.

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
107		BHT03	Reference Identification	Originator Application Transaction Identifier – assigned by the originator will contain the Trace Number from the associated 276 transaction's TRN02.	1/50 AN	Req. Data Elem. 127.
107		BHT04	Transaction Set Creation Date (U.S. Central Time)	CCYYMMDD	8/8 DT	Req. Data Elem. 373.
108		BHT05	Transaction Set Creation Time (U.S. Central Time)	HHMM	4/8 TM	Req. Data Elem. 337.
108		BHT06	Transaction Type Code	DG – Response	2/2 ID	Req. Data Elem. 640
HL – Hierarchical Level Loop (Req.)						
109	2000A	HL01	Hierarchical ID Number	1	1/12 AN	Req. Data Elem. 628.
109	2000A	HL02	Parent ID Number	Null – Not Used	1/12 AN	Data Elem. 734
110	2000A	HL03	Hierarchical Level Code	20 – Information Source	1/2 ID	Req. Data Elem. 735.
110	2000A	HL04	Hierarchical Child Code	1 – Additional Subordinate HL Data Segment	1/1 ID	Req. Data Elem. 736.
NM1 – Information Source Name (Req.)						
111	2100A	NM101	Entity ID Code	PR – Payer	2/3 ID	Req. Data Elem. 98.
111	2100A	NM102	Entity Type Qualifier	2 – Non-person	1/1 ID	Req. Data Elem. 1065.
111	2100A	NM103	Organization Name	GAINWELL	1/60 AN	Req. Data Elem. 1035.
112	2100A	NM104	First Name	Null – Not Used		Data Elem. 1036.
112	2100A	NM105	Middle Name	Null – Not Used		Data Elem. 1037.
112	2100A	NM106	Name Prefix	Null – Not Used		Data Elem. 1038.
112	2100A	NM107	Name Suffix	Null – Not Used		Data Elem. 1039.
112	2100A	NM108	Identification Code Qualifier	PI – Payer Identification	1/2 ID	Req. Data Elem. 66.
112	2100A	NM109	Identification Code	610551 – BIN Number	2/80 AN	Req. Data Elem. 67.
PER – Payer Contact Information (Sit.) Used When the 507/508 returned values indicate an Error						
114	2100A	PER01	Contact Function Code	IC – Information Contact	2/2 ID	Req. Data Elem. 366.
114	2100A	PER02	Name	Null – Not Used	1/60 AN	Data Elem. 93.
114	2100A	PER03	Comm. Number Qualifier	TE – Telephone	1/60 AN	Req. Data Elem. 365.
114	2100A	PER04	Comm. Number	Gainwell POC Telephone Number format "AAABBBCCCC" where AAA is the area code, BBB is the telephone number prefix, and CCCC is the telephone number	1/256 an	Req. Data Elem. 364.
114	2100A	PER05	Comm. Number Qualifier	EX – Telephone Extension	2/2 ID	Sit. Data Elem. 365.

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
115	2100A	PER06	Comm. Number	Gainwell POC Telephone Extension – If required the extension of the Gainwell POC telephone number	1/256 AN	Sit. Data Elem. 364.
HL – Hierarchical Level (Req.)						
116	2000B	HL01	Hierarchical ID Number	2	1/12 AN	Req. Data Elem. 628.
116	2000B	HL02	Hierarchical Parent ID Number	1	1/12 AN	Req. Data Elem. 734.
117	2000B	HL03	Hierarchical Level Code	21 – Information Receiver	1/2 ID	Req. Data Elem. 735.
117	2000B	HL04	Hierarchical Child Code	1	1/1 ID	Req. Data Elem. 736.
NM1 – Information Receiver Name (Req.)						
118	2100B	NM101	Entity Identifier Code	41 – Submitter	2/3 ID	Req. Data Elem. 98.
118	2100B	NM102	Entity Type Qualifier	1 – Person 2 – Non-person	1/1 ID	Req. Data Elem. 1065.
119	2100B	NM103	Name Last or Organization Name	Last Name, (if NM102 is 1) – Organization name (if NM102 is 2)	1/60 AN	Sit. Data Elem. 1035.
119	2100B	NM104	First Name	(if NM102 is 1)	1/35 AN	Sit. Data Elem. 1036.
119	2100B	NM105	Middle Name	(if NM102 is 1)	1/25 AN	Sit. Data Elem. 1037.
119	2100B	NM106	Name Prefix	Null – Not Used	1/10 AN	Data Elem. 1038.
119	2100B	NM107	Name Suffix	Null – Not Used	1/10 AN	Data Elem. 1039.
119	2100B	NM108	Identification Code Qualifier	46 – Electronic Transmitter Identification Number (ETIN)	1/2 ID	Req. Data Elem. 66.
119	2100B	NM109	Identification Code	Information Receiver Identification Number	2/80 AN	Req. Data Elem. 67.
HL – Service Provider Level (Req.)						
124	2000C	HL01	Hierarchical ID Number	3	1/12 AN	Req. Data Elem. 628.
124	2000C	HL02	Hierarchical Parent ID Number	2	1/12 AN	Req. Data Elem. 734.
125	2000C	HL03	Hierarchical Level Code	19 – Provider of Service	1/2 ID	Req. Data Elem. 735.
125	2000C	HL04	Hierarchical Child Code	1	1/1 ID	Req. Data Elem. 736.
NM1 – Provider Name (Req.)						
127	2100C	NM101	Entity Identifier Code	1P – Provider	2/3 ID	Req. Data Elem. 98.
127	2100C	NM102	Entity Type Qualifier	1 – Person 2 – Non-person	1/1 ID	Req. Data Elem. 1065.

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
127	2100C	NM103	Name Last or Organization Name	Last name (if NM102 is 1) or Organization name (if NM102 is 2)	1/60 AN	Sit. Data Elem. 1035.
127	2100C	NM104	First Name	(if NM102 is 1)	1/35 AN	Sit. Data Elem. 1036.
127	2100C	NM105	Middle Name	(if NM102 is 1)	1/25 AN	Sit. Data Elem. 1037.
127	2100C	NM106	Name Prefix	Null – Not Used	1/10 AN	Data Elem. 1038.
127	2100C	NM107	Name Suffix	(if NM102 is 1)	1/10 AN	Sit. Data Elem. 1039.
128	2100C	NM108	Identification Code Qualifier	XX – National Provider Identifier (NPI) SV – Service Provider (for atypical providers)	1/2 ID	Req. Data Elem. 66.
128	2100C	NM109	Identification Code	Provider Identification Code	2/80 AN	Req. Data Elem. 67.
HL – Subscriber Level (Req.)						
134	2000D	HL01	Hierarchical ID Number	4	1/12 AN	Req. Data Elem. 628.
134	2000D	HL02	Hierarchical Parent ID Number	3	1/12 AN	Req. Data Elem. 734.
134	2000D	HL03	Hierarchical Level Code	22 – Subscriber	1/2 ID	Req. Data Elem. 735.
134	2000D	HL04	Hierarchical Child Code	0 – No Subordinate HL Segments	1/1 ID	Req. Data Elem. 736.
NM1 – Subscriber Name (Req.)						
135	2100D	NM101	Entity Identifier Code	IL – Insured or Subscriber	2/3 ID	Req. Data Elem. 98.
135	2100D	NM102	Entity Type Qualifier	1 – Person 2 – Non-Person Entity	1/1 ID	Req. Data Elem. 1065.
136	2100D	NM103	Name Last	Subscriber Last Name	1/60 AN	Req. Data Elem. 1035.
136	2100D	NM104	First Name	Subscriber First Name – if person has first name	1/35 AN	Sit. Data Elem. 1036.
136	2100D	NM105	Middle Name	Subscriber Middle Name – if person has middle name or initial	1/25 AN	Sit. Data Elem. 1037.
136	2100D	NM106	Name Prefix	NULL – Not Used	1/10 AN	Data Elem. 1038.
136	2100D	NM107	Name Suffix	Only if NM102 = 1	1/10 AN	Sit. Data Elem. 1039.
136	2100D	NM108	Identification Code Qualifier	MI – Member ID Number	1/2 ID	Req. Data Elem. 66.
136	2100D	NM109	Identification Code	Recipient ID (Subscriber Identifier)	2/80 AN	Req. Data Elem. 67.

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
TRN – Claim Status Tracking Number (Req.) Required When The subscriber is the patient						
137	2200D	TRN01	Trace Type Code	2 – Referenced transaction trace number	1/2 ID	Req. Data Elem. 481.
137	2200D	TRN02	Reference Identification	Trace Number – corresponding 276 Trace Number.	1/50 AN	Req. Data Elem. 127.
STC – Claim Level Status Information (Req.)						
138	2200D	STC01-1	Industry Code	Code source 507	1/30 AN	Req. Data Elem. 1271.
138	2200D	STC01-2	Industry Code	Code Source 508	1/30 AN	Req. Data Elem. 1271.
139	2200D	STC01-3	Entity Identifier Code	1P – Provider 13 – Contracted Service Provider 1I – PPO CK – Pharmacist 80 – Hospital	2/3 ID	Sit. Data Elem. 98.
145	2200D	STC02	Date (U.S. Central Time)	Status information effective date in CCYYMMDD format	8/8 DT	Req. Data Elem. 373.
145	2200D	STC03	Action Code	Null – Not Used	1/2 ID	Data Elem. 306.
145	2200D	STC04	Monetary Amount	Total Claim Charge Amount	1/18 R	Sit. Data Elem. 782.
145	2200D	STC05	Monetary Amount	Claim Payment Amount	1/18 R	Sit. Data Elem. 782.
145	2200D	STC06	Date (U.S. Central Time)	Adjudication or Payment date in CCYYMMDD format if payment determination is complete.	8/8 DT	Sit. Data. Elem. 373.
146	2200D	STC07	Payment Method Code	Null – not used	3/3 ID	Data Elem. 591.
146	2200D	STC08	Date (Us Central Time)	Remittance Date – Check issue or EFT date.	8/8 DT	Sit. Data Elem. 373.
146	2200D	STC09	Check Number	Remittance Trace Number – Check or EFT Trace Number (if paid) LA will return the remit number	1/16 AN	Sit. Data Elem. 429.
146	2200D	STC10	Health Care Claim Status			Sit. Data Elem. C043. Used if a second claim status is needed. LA will return multiple 'explanation of benefits' when needed for clarification
146	2200D	STC10-1	Industry Code	Code Source 507	1/30 AN	Req. Data Elem. 1271.
146	2200D	STC10-2	Industry Code	Code Source 508	1/30 AN	Req. Data Elem. 1271.
147	2200D	STC10-3	Entity Identifier Code	1P – Provider 13 – Contracted Service Provider 1I – PPO CK – Pharmacist 80 – Hospital	2/3 ID	Sit. Data Elem. 98.
147	2200D	STC11	Health Care Claim Status			Sit. Data Elem. C043. Used if a third claim status is needed. LA will return multiple 'explanation of benefits' when needed for clarification

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
147	2200D	STC11-1	Industry Code	Code Source 507	1/30 AN	Req. Data Elem. 1271.
147	2200D	STC11-2	Industry Code	Code Source 508	1/30 AN	Req. Data Elem. 1271.
148	2200D	STC11-3	Entity Identifier Code	1P – Provider 13 – Contracted Service Provider 1I – PPO CK – Pharmacist 80 – Hospital	2/3 ID	Sit. Data Elem. 98.
REF – Payer Claim Control Number (Sit.) If Subscriber is the Patient.						
149	2200D	REF01	Reference ID Qualifier	1K – Payor's Claim Number.	2/3 ID	Req. Data Elem. 128.
149	2200D	REF02	Reference ID	Payer Claim Control Number – LAMMIS ICN	1/50 AN	Req. Data Elem. 127.
REF – Institutional Bill Type ID (Sit.) Send When Subscriber is the Patient and data is found in Claim History						
150	2200D	REF01	Reference ID Qualifier	BLT – Billing Type.	2/3 ID	Req. Data Elem. 128.
150	2200D	REF02	Reference ID	Bill Type Identifier Found on UB92 – record 40 – 4. Found on 837 CLM-05. Found on UB92 paper form locator 4. Required for Institutional Inquires.	1/50 AN	Req. Data Elem. 127.
REF – Patient Control Number (Sit.) When available from original claim (echoes data received in 276)						
151	2200D	REF01	Reference ID Qualifier	EJ – Patient Account Number	2/3 ID	Req. Data Elem. 128.
151	2200D	REF02	Reference ID	Patient Control Number	1/50 AN	Req. Data Elem. 127.
REF – Pharmacy Prescription Number (Sit.) When available form original claim (echoes data received in 276)						
152	2200D	REF01	Reference ID Qualifier	XZ – Pharmacy Prescription Number	2/3 ID	Req. Data Elem. 128.
152	2200D	REF02	Reference ID	Pharmacy Prescription Number	1/50 AN	Req. Data Elem. 127.
REF – Claim Identification Number for Clearinghouses and Other Transmission Intermediaries (Sit.) When available from original claim (echoes data received in 276)						
154	2200D	REF01	Reference ID Qualifier	D9 – Claim Number	2/3 ID	Req. Data Elem. 128.
154	2200D	REF02	Reference ID	Clearinghouse Trace Number	1/50 AN	Req. Data Elem. 127.
DTP – Claim Service Date (Sit.) If not here, then will be in Service Line Date below						
155	2200D	DTP01	Date/Time Qualifier	472 – Service	3/3 ID	Req. Data Elem. 374.
155	2200D	DTP02	Date Time Period Format Qualifier	RD8 – if date is a single date of service, then begin date equals the end date.	2/3 ID	Req. Data Elem. 1250.

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
156	2200D	DTP03	Date Time Period	Claim Service in format CCYYMMDD – CCYYMMDD	1/35 AN	Req. Data Elem. 1251.
SVC – Service Line Information (Sit.) This segment is used in response for information about a service line.						
157	2220D	SVC01-1	Product/ Service ID Qualifier	AD – ADA Code HC – HCPCS Code HP – Health Insurance Prospective Payment System (HIPPS) Skilled Nursing Facility Rate Code N4 – National Drug Code (NDC) in 5-4-2 Format NU – NUBC Revenue Code WK – Advanced Billing Concepts (ABC) Codes	2/2 ID	Req. Data Elem. 235.
159	2220D	SVC01-2	Product/ Service ID	Service ID Code – if SVC01-1 is NU, then this element contains the NUBC Revenue Code and SVC04 is not used	1/48 AN	Req. Data Elem. 234.
159	2220D	SVC01-3	Procedure Modifier	Identifies special circumstances related to the performance of the service	2/2 AN	Sit. Data Elem. 1339.
159	2220D	SVC01-4	Procedure Modifier	Identifies special circumstances related to the performance of the service	2/2 AN	Sit. Data Elem. 1339.
159	2220D	SVC01-5	Procedure Modifier	Identifies special circumstances related to the performance of the service	2/2 AN	Sit. Data Elem. 1339.
160	2220D	SVC01-6	Procedure Modifier	Identifies special circumstances related to the performance of the service	2/2 AN	Sit. Data Elem. 1339.
160	2220D	SVC02	Monetary Amount	Line Item Charge Amount	1/18 R	Req. Data Elem. 782.
160	2220D	SVC03	Monetary Amount	Line Item Provider Payment Amount	1/18 R	Req. Data Elem. 782.
160	2220D	SVC04	Product/ Service ID	Revenue Code – NUBC revenue code belongs in SVC01-2. When SVC01-1 = NU, this element is not used.	1/48 AN	Sit. Data Elem. 234.
160	2220D	SVC05	Quantity	Null – Not Used	1/15 R	Data Elem. 380.

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
160	2220D	SVC06	Composite Medical Procedure ID	Null – Not Used		Data. Elem. C003.
160	2220D	SVC07	Quantity	Units of service count.	1/15 R	Req. Data Elem. 380
STC – Service Line Status Information (Sit.)						
161	2220D	STC01-1	Industry Code	Code source 507	1/30 AN	Req. Data Elem. 1271.
161	2220D	STC01-2	Industry Code	Code Source 508	1/30 AN	Req. Data Elem. 1271.
162	2220D	STC01-3	Entity Identifier Code	1P – Provider 13 – Contracted Service Provider 1I – PPO CK – Pharmacist 80 – Hospital	2/3 ID	Sit. Data Elem. 98.
168	2220D	STC02	Date (U.S. Central Time)	Status information effective date in CCYYMMDD format	8/8 DT	Req. Data Elem. 373.
168	2220D	STC03	Action Code	Null – Not Used	1/2 ID	Data Elem. 306.
168	2220D	STC04	Monetary Amount	Null – Not Used	1/18 R	Data Elem. 782.
168	2220D	STC05	Monetary Amount	Null – Not Used	1/18 R	Data Elem. 782.
168	2220D	STC06	Date	Null – Not Used	8/8 DT	Data. Elem. 373.
168	2220D	STC07	Payment Method Code	Null – not used	3/3 ID	Data Elem. 591.
168	2220D	STC08	Date (Us Central Time)	Null – Not Used	8/8 DT	Data Elem. 373.
168	2220D	STC09	Check Number	Null – Not Used	1/16 AN	Data Elem. 429.
168	2220D	STC10	Health Care Claim Status			Sit. Data Elem. C043. Used if a second claim status is needed. LA will return multiple 'explanation of benefits' when needed for clarification
168	2220D	STC10-1	Industry Code	Code Source 507	1/30 AN	Req. Data Elem. 1271.
168	2220D	STC10-2	Industry Code	Code Source 508	1/30 AN	Req. Data Elem. 1271.
169	2220D	STC10-3	Entity Identifier Code	1P – Provider 13 – Contracted Service Provider 1I – PPO CK – Pharmacist 80 – Hospital	2/3 ID	Sit. Data Elem. 98.
169	2220D	STC11	Health Care Claim Status			Sit. Data Elem. C043. Used if a third claim status is needed. LA will return multiple 'explanation of benefits' when needed for clarification
169	2220D	STC11-1	Industry Code	Code Source 507	1/30 AN	Req. Data Elem. 1271.
169	2220D	STC11-2	Industry Code	Code Source 508	1/30 AN	Req. Data Elem. 1271.
170	2220D	STC11-3	Entity Identifier Code	1P – Provider 13 – Contracted Service Provider 1I – PPO CK – Pharmacist 80 – Hospital	2/3 ID	Sit. Data Elem. 98.
REF – Service Line Item Identification (Sit.) Required when available from original claim (echoes data received in 276)						
171	2220D	REF01	Reference ID Qualifier	FJ = Line Item Control Number	2/3 ID	Req. Data Elem. 128.
171	2220D	REF02	Reference ID	Line Item Control	1/50 AN	Req. Data Elem. 127.

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
DTP – Service Line Date (Sit.) If not here, then must use Claim Service Date above						
172	2220D	DTP01	Date/Time Qualifier	472 – Service	3/3 ID	Req. Data Elem. 374.
172	2220D	DTP02	Date Time Period Format Qualifier	RD8 – Range of Dates if single date, start date equals end date.	2/3 ID	Req. Data Elem. 1250.
172	2220D	DTP03	Date Time Period	Service line date in format CCYYMMDD – CCYYMMDD	1/35 AN	Req. Data Elem. 1251.
SE – Transaction Set Trailer (Req.)						
213		SE01	Number of Included Segments	Total number of segments included in the transaction set, including ST and SE segments.	1/10 NO	Req. Data Elem. 96.
213		SE02	Transaction Set Control Number	Value in SE02 must match ST02.	4/9 AN	Req. Data Elem. 329.
GE – Functional Group Trailer (Req.)						
C.9		GE01	Number of Transaction Sets Included	Will always be one (1).	1/6 NO	Req. Data Elem. 97.
C.9		GE02	Group Control Number	The value in GE02 must match GS06.	1/9 NO	Req. Data Elem. 28.
IEA – Interchange Trailer (Req.)						
C.10		IEA01	Number of Included Functional Groups	This will always be one (1).	1/5 NO	Req. Data Elem. I16.
C.10		IEA02	Interchange control Number	The value in IEA02 must match ISA13.	9/9 NO	Req. Data Elem. I12.

997 Functional Acknowledgement (Output)

The Functional Acknowledgment (997) is used to acknowledge the receipt of a Health Care Payer Unsolicited Claim Status. CSI application will use 997 acknowledgements to acknowledge formatting error in Header, Detail and Trailer level. CSI will be able to send up to 25 formatting errors.

Symbol Type

AN String
ID Identifier
DT Date
TM Time
Nn Numeric

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
ISA – Interchange Control Header (Req.)						
C.4		ISA01	Authorization Information Qualifier	00= No authorization information present (No meaningful information in I02)	2/2 ID	Req. Data Elem. I01.
C.4		ISA02	Authorization Information	Field filled with ten (10) zeroes	10/10 AN	Req. Data Elem. I02.
C.4		ISA03	Security Information Qualifier	00 = No security Information present (No meaningful information in I04)	2/2 ID	Req. Data Elem. I03.
C.4		ISA04	Security Information	Field filled with ten (10) zeroes	10/10 AN	Req. Data Elem. I04.
C.4		ISA05	Interchange ID Qualifier	ZZ = Mutually defined as sender's ID in I06	2/2 ID	Req. Data Elem. I05.
C.6		ISA06	Interchange Sender ID	610551 – Bin Number. ISA06 must match GS02.	15/15 AN	Req. Data Elem. I06.
C.6		ISA07	Interchange ID Qualifier	ZZ = Mutually defined as Receiver's ID	2/2 ID	Req. Data Elem. I05.
C.8		ISA08	Interchange Receiver ID	Vendor ID	15/15 AN	Req. Data Elem. I07.
C.9		ISA09	Interchange Date (U.S. Central Time)	Date of Interchange in YYMMDD format	6/6 DT	Req. Data Elem. I08.
C.9		ISA10	Interchange Time (U.S. Central Time)	Time of Interchange in HHMM format	4/4 TM	Req. Data Elem. I09.
C.9		ISA11	Interchange Control Standards Identifier	Value is ASCII character 94	1/1	Req. Data Elem. I65. This field provides the delimiter used to separate repeated occurrences of a simple data element or a composite data structure; this value must be different than the data element separator, component element separator and the segment terminator.
C.9		ISA12	Interchange Control Version Number	00501	5/5 ID	Req. Data Elem. I11.

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
C.9		ISA13	Interchange Control Number	The value in ISA13 must match IEA02	9/9 NO	Req. Data Elem. I12. Number that uniquely identifies the interchange data to the sender.
C.9		ISA14	Acknowledgment Requested	0 = No	1/1 ID	Req. Data Elem. I13.
C.9		ISA15	Test Indicator	P = Production Data T = Test Data	1/1	Req. Data Elem. I14.
		ISA16	Sub-element Separator	<us> (hexadecimal 1F)	1/1 ID	Req. Data Elem. I15.
GS – Functional Group Header (Req.)						
C.12		GS01	Functional Header code	FA = Functional Acknowledgment (997)	2/2 ID	Req. Data Elem. 479.
C.12		GS02	Application Sender's code	610551 – Bin Number. Must match value for ISA06	2/15 AN	Req. Data Elem. 142.
C.12		GS03	Application Receiver's Code	Vendor ID	2/15 AN	Req. Data Elem. 124. Code identifying party receiving transmission.
C.13		GS04	Date (U.S. Central Time)	Date in CCYYMMDD format	8/8 DT	Req. Data Elem. 373.
C.13		GS05	Time (U.S. Central Time)	Time format HHMM.	4/8 TM	Req. Data Elem. 337.
C.13		GS06	Group Control Number	The value in GS06 must match GE02.	1/9 NO	Req. Data Elem. 28. Assigned number originated and maintained by the sender.
C.13		GS07	Responsible Agency Code	X = ASC X12 standard	1/2 ID	Req. Data Elem. 455.
C.13		GS08	Version/Release Industry Identifier Code	005010X212	1/12 AN	Req. Data Elem. 480.
ST – Transaction Set Header (Req.)						
21		ST01	Transaction Set Identifier Code	997 = Functional Acknowledgment	3/3 ID	Req. Data Elem. 143.
21		ST02	Transaction Set Control Number	Value in ST02 must match SE02.	4/9 AN	Req. Data Elem. 329. Identifying control number that must be unique within transaction set assigned by Gainwell
AK1 – Functional Group Response Header (Req.)						
23		AK101	Functional Identifier Code	FA – Functional Acknowledgment (997)	2/2 ID	Req. Data Elem. 479.
23		AK102	Group Control Number	The value in AK102 must match GS06	1/9 NO	Req. Data Elem. 28. Assigned number originated and maintained by the sender.
AK2 – Transaction Set Response Header (Sit.)						
25		AK201	Transaction Set Identifier Code	276 – Health Care Claim Status Request	3/3 ID	Req. Data Elem. 143.
26		AK202	Transaction Set Control Number	Value in AK202 must match ST02	4/9 AN	Req. Data Elem. 329. Identifying control number that must be unique within transaction set assigned by Gainwell

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
AK3 – Data Segment Note (Sit.) Used When there are errors to report in a Transaction.						
		AK301	Segment ID Code	(This is two or Three characters which occur at the beginning of a segment)	2/3 ID	Req. Data Elem. 721. Code defining the segment ID of the data segment in error.
		AK302	Segment Position in Transaction Set	The Numerical count position of the data segment from the start of the transaction Set	1/6 N0	Req. Data Elem. 719.
		AK303	Loop Identifier Code	Null – Not Used	1/6 AN	Data Elem. 447.
		AK304	Segment Syntax Error Code	8 – Segment Has Data Element Errors	1/3 ID	Sit. Data Elem. 720. Code Indicating error found based on the syntax editing of a segment.
AK4 – Data Segment Note (Sit.) Used when there are errors to report in a data element or composite data structure.						
		AK401	Position in Segment			Req. Data Elem. C030.
		AK401-1	Element Position in Segment	Used to indicate the relative position of a data element	1/2 N0	Req. Data Elem. 722.
		AK401-2	Component Data Element Position in Composite	Null = Not Used	1/2 N0	Data Elem. 1528.
		AK402	Data Element Reference Number	Null = Not Used	1/4 N0	Data Elem. 725.
		AK403	Data Element Syntax Error Code	1 – Mandatory data element missing 5 – Data element too long 7 – Invalid code value	1/3 ID	Req. Data Elem 723. Code Indicating the error found after syntax edits of a data element
		AK404	Copy of Bad Data Element	This is a copy of the data element in error		
AK5 – Transaction Set Response Trailer (Req.)						
		AK501	Transaction Set Acknowledgement Code	R – Rejected ADVISED	1/1 ID	Req. Data Elem. 717. Code indicating accept or reject condition based on the syntax editing of the transaction set.
		AK502	Transaction Set Syntax Error Code	5 – One or More Segments in Error	1/3 ID	Sit. Data Elem. 718. Code indicating error found based on the syntax editing of a transaction set.
		AK503	Transaction Set Syntax Error Code	Null = Not used	1/3 ID	Data Elem. 718
		AK504	Transaction Set Syntax Error Code	Null = Not used	1/3 ID	Data Elem. 718.
		AK505	Transaction Set Syntax Error Code	Null = Not used	1/3 ID	Data Elem. 718.
		AK506	Transaction Set Syntax Error Code	Null = Not used	1/3 ID	Data. Elem. 718.
AK9 – Functional Group Response Trailer (Req.)						
42		AK901	Functional Group Acknowledge Code	R – Rejected ADVISED	1/1 ID	Req. Data Elem. 715. Code Indicating accept or reject condition based on the syntax editing of the functional group.
43		AK902	Number of Transaction Sets Included	This value must match GE01	1/6 N0	Req. Data Elem. 97. Total number of transaction sets included in the functional group or interchange group terminated by the trailer containing this data element.

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
43		AK903	Number of Received Transaction Sets	Will always be (1)	1/6 N0	Req. Data Elem. 123.
43		AK904	Number of Accepted Transaction Sets	Will always be (0)	1/6 N0	Req. Data Elem. 2.
43		AK905	Functional Group Syntax Error Code	Null = Not used	1/3 ID	Data Elem. 716.
44		AK906	Functional Group Syntax Error Code	Null = Not used	1/3 ID	Data. Elem. 716.
44		AK907	Functional Group Syntax Error Code	Null = Not used	1/3 ID	Data Elem. 716.
44		AK908	Functional Group Syntax Error Code	Null = Not used	1/3 ID	Data Elem. 716.
44		AK909	Functional Group Syntax Error Code	Null = Not used	1/3 ID	Data. Elem. 716.
SE – Transaction Set Trailer (Req.)						
45		SE01	Number if Included Segments	Total number of segments included in the transaction set, including ST and SE segments.	1/10 N0	Req. Data Elem. 96.
45		SE02	Transaction Set Control Number	Value in SE02 must match ST02.	4/9 AN	Req. Data Elem. 329.
GE – Functional Group Trailer (Req.)						
C.15		GE01	Number of Transaction Sets Included	Will always be one (1).	1/6 N0	Req. Data Elem. 97.
C.15		GE02	Group Control Number	The value in GE02 must match GS06.	1/9 N0	Req. Data Elem. 28.
IEA – Interchange Trailer (Req.)						
C.16		IEA01	Number of Included Functional Groups	Will always be one (1).	1/5 N0	Req. Data Elem. I16.
C.16		IEA02	Interchange control Number	The value in IEA02 must match ISA13.	9/9 N0	Req. Data Elem. I12.

11. APPENDICES

Sample Input And Responses

In the following examples, these symbols are used.

- * - data element separator (<gs>)
- ~<new line> - data segment separator (<tr>)
- : - component element separator (<us>)

NOTE: Significant spaces are shown as a “.” character.

276 Claim Status Request Examples

A 276 Claim Status Request of Particular Payer Claim Control Number (ICN), containing only required fields, is shown below. Optional fields are not shown.

NOTE: The following field lengths:

- Provider Identifier (2100C/NM109) length should be 10.
Seven digit Legacy Provider Identifier will be allowed for atypical providers
- Subscriber Identifier (2100D/NM109) length should be 13.
- Payer Claim Control Number (2200D/REF02) length should be 13.

```
ISA*00*0000000000*00*0000000000*ZZ*SENDERID.....*ZZ*610551.....*
110308*1348*^*00501*123456789*0*T*:~
GS*HR*SENDERID*610551*2011020308*1348*123456*X*005010X212~
ST*276*TSCN00001*005010X212~
BHT*0010*13*TN000000001*20110308*1348~
HL*1**20*1~
NM1*PR*2*LOUISIANA MMIS*****PI*610551~
HL*2*1*21*1~
NM1*41*2*SUBMITTER 1*****46*ETIN56789012~
HL*3*2*19*1~
NM1*1P*2*PROVIDER 1*****XX*0000000000~
HL*4*3*22*0~
DMG*D8*19800101*M~
NM1*IL*1*DOE*****MI*000000000000~
```

```

TRN*1*TN000000001~
REF*1K*000000000000~          - Payer Claim Control Number
AMT*T3*123.45~
DTP*472*RD8*20100301-20100301~
SE*16*TSCN00001~
GE*1*123456~
IEA*1*123456789~

```

Same example but with a Legacy Provider ID

```

ISA*00*0000000000*00*0000000000*ZZ*SENDERID.....*ZZ*610551.....*
110308*1348*^*00501*123456789*0*T*:~
GS*HR*SENDERID*610551*20110308*1348*123456*X*005010X212~
ST*276*TSCN00001*005010X212~
BHT*0010*13*TN000000001*20110308*1348~
HL*1**20*1~
NM1*PR*2*LOUISIANA MMIS*****PI*610551~
HL*2*1*21*1~
NM1*41*2*SUBMITTER 1*****46*ETIN56789012~
HL*3*2*19*1~
NM1*1P*2*PROVIDER 1*****SV*00000000~
HL*4*3*22*0~
DMG*D8*19800101*M~
NM1*IL*1*DOE*****MI*000000000000~
TRN*1*TN000000001~
REF*1K*000000000000~          - Payer Claim Control Number
AMT*T3*123.45~
DTP*472*RD8*20100301-20100301~
SE*16*TSCN00001~
GE*1*123456~
IEA*1*123456789~

```

A 276 Claim-Level Status Request of a particular provider and recipient is shown below. Optional fields are not shown.

```
ISA*00*0000000000*00*0000000000*ZZ*SENDERID.....*ZZ*610551.....*
110308*1348*^^*00501*123456789*0*T*:~

GS*HR*SENDERID*610551*20110308*1348*123456*X*005010X212~

ST*276*TSCN00001*005010X212~

BHT*0010*13*TN000000001*20110308*1348~

HL*1**20*1~

NM1*PR*2*LOUISIANA MMIS*****PI*610551~

HL*2*1*21*1~

NM1*41*2*SUBMITTER 1*****46*ETIN56789012~

HL*3*2*19*1~

NM1*1P*2*PROVIDER 1*****XX*0000000000~ - Provider ID

HL*4*3*22*0~

DMG*D8*19800101*M~

NM1*IL*1*DOE*****MI*000000000000~ - Recipient (Subscriber) ID

TRN*1*TN000000001~

AMT*T3*123.45~

DTP*472*RD8*20100301-20100301~

SE*15*TSCN00001~

GE*1*123456~

IEA*1*123456789~
```

Same example but with a Legacy Provider ID

```

ISA*00*0000000000*00*0000000000*ZZ*SENDERID.....*ZZ*610551.....*
110308*1348*^*00501*123456789*0*T*:~

GS*HR*SENDERID*610551*20110308*1348*123456*X*005010X212~

ST*276*TSCN00001*005010X212~

BHT*0010*13*TN000000001*20110308*1348~

HL*1**20*1~

NM1*PR*2*LOUISIANA MMIS*****PI*610551~

HL*2*1*21*1~

NM1*41*2*SUBMITTER 1*****46*ETIN56789012~

HL*3*2*19*1~

NM1*1P*2*PROVIDER 1*****SV*0000000~ - Provider ID

HL*4*3*22*0~

DMG*D8*19800101*M~

NM1*IL*1*DOE*****MI*000000000000~ - Recipient (Subscriber) ID

TRN*1*TN000000001~

AMT*T3*123.45~

DTP*472*RD8*20100301-20100301~

SE*15*TSCN00001~

GE*1*123456~

IEA*1*123456789~

```

Claim-Level Status Request of a particular provider and recipient with Optional fields:

```

ISA*00*0000000000*00*0000000000*ZZ*SENDERID.....*ZZ*610551.....*
110308*1348*^*00501*123456789*0*T*:~

GS*HR*SENDERID*610551*20110308*1348*123456*X*005010X212~

ST*276*TSCN00001*005010X212~

BHT*0010*13*TN000000001*20110308*1348~

HL*1**20*1~

NM1*PR*2*LOUISIANA MMIS*****PI*610551~

HL*2*1*21*1~

NM1*41*2*SUBMITTER 1*****46*ETIN56789012~

HL*3*2*19*1~

NM1*1P*2*PROVIDER 1*****XX*0000000000~

HL*4*3*22*0~

DMG*D8*19800101*M~

NM1*IL*1*DOE*JOHN****MI*000000000000~

TRN*1*TN000000001~

REF*BLT*BILL TYPE IDENTIFIER~

AMT*T3*123.45~

DTP*472*20100301-20100301~

SVC*ID:PROCEDURE CODE*12.34**REVENUE CODE***1~

REF*FJ*1~

DTP*472*RD8*20100301-20100301~

SE*16*TSCN00001~

GE*1*123456~

IEA*1*234567890~

```

Same example but with a Legacy Provider ID

```

ISA*00*0000000000*00*0000000000*ZZ*SENDERID.....*ZZ*610551.....*
110308*1348*^*00501*123456789*0*T*:~

GS*HR*SENDERID*610551*20110308*1348*123456*X*005010X212~

ST*276*TSCN00001*005010X212~

BHT*0010*13*TN000000001*20110308*1348~

HL*1**20*1~

NM1*PR*2*LOUISIANA MMIS*****PI*610551~

HL*2*1*21*1~

NM1*41*2*SUBMITTER 1*****46*ETIN56789012~

HL*3*2*19*1~

NM1*1P*2*PROVIDER 1*****SV*0000000~

HL*4*3*22*0~

DMG*D8*19800101*M~

NM1*IL*1*DOE*JOHN****MI*00000000000000~

TRN*1*TN000000001~

REF*BLT*BILL TYPE IDENTIFIER~

AMT*T3*123.45~

DTP*472*20100301-20100301~

SVC*ID:PROCEDURE CODE*12.34**REVENUE CODE***1~

REF*FJ*1~

DTP*472*RD8*20100301-20100301~

SE*16*TSCN00001~

GE*1*123456~

IEA*1*234567890~

```

(Note: Line level service date is supplied.)

```

ISA*00*0000000000*00*0000000000*ZZ*SENDERID.....*ZZ*610551.....*
110308*1348*^*00501*123456789*0*T*:~

GS*HR*SENDERID*610551*20110308*1348*123456*X*005010X212~

ST*276*TSCN00001*005010X212~

BHT*0010*13*TN000000001*20110308*1348~

HL*1**20*1~

NM1*PR*2*LOUISIANA MMIS*****PI*610551~

HL*2*1*21*1~

NM1*41*2*SUBMITTER 1*****46*ETIN56789012~

HL*3*2*19*1~

NM1*1P*2*PROVIDER 1*****XX*0000000000~

HL*4*3*22*0~

DMG*D8*19800101*M~

NM1*IL*1*DOE*JOHN****MI*00000000000000~

TRN*1*TN000000001~

REF*BLT*BILL TYPE IDENTIFIER~

AMT*T3*123.45~

DTP*472*20100301-20100301~

SVC*ID:PROCEDURE CODE:PM:PM:PM:PM*12.34**REVENUE CODE***1~

REF*FJ*1~

DTP*472*RD8*20100301-20100301~

SE*16*TSCN00001~

GE*1*123456~

IEA*1*234567890~

```

Same example but with a Legacy Provider ID

```

ISA*00*0000000000*00*0000000000*ZZ*SENDERID.....*ZZ*610551.....*
110308*1348*^*00501*123456789*0*T*:~
GS*HR*SENDERID*610551*20110308*1348*123456*X*005010X212~
ST*276*TSCN00001*005010X212~
BHT*0010*13*TN000000001*20110308*1348~
HL*1**20*1~
NM1*PR*2*LOUISIANA MMIS*****PI*610551~
HL*2*1*21*1~
NM1*41*2*SUBMITTER 1*****46*ETIN56789012~
HL*3*2*19*1~
NM1*1P*2*PROVIDER 1*****SV*0000000~
HL*4*3*22*0~
DMG*D8*19800101*M~
NM1*IL*1*DOE*JOHN****MI*00000000000000~
TRN*1*TN000000001~
REF*BLT*BILL TYPE IDENTIFIER~
AMT*T3*123.45~
DTP*472*20100301-20100301~
SVC*ID:PROCEDURE CODE:PM:PM:PM:PM*12.34**REVENUE CODE***1~
REF*FJ*1~
DTP*472*RD8*20100301-20100301~
SE*16*TSCN00001~
GE*1*123456~
IEA*1*234567890~

```

277 Claim Response Example

A 277 Claim Status Response with claim level Information is shown below.

Note: Based on the Claim type, the 277 response will contain claim level or claim and service line level information. A 277 will contain only claim level information if claim type is institutional.

```

ISA*00*0000000000*00*0000000000*ZZ*610551.....*ZZ*
SENDERID.....*110308*1348*^*00501*234567890*0*T*:~
GS*HN*610551*SENDERID*110308*1349*234567*X*005010X212~
ST*277*TSCN00001*005010X212~
BHT*0010*08*TN000000001*20110308*1348*DG~
HL*1**20*1~
NM1*PR*2*LOUISIANA MMIS*****PI*610551~
HL*2*1*21*1~
NM1*41*2*SUBMITTER 1*****46*ETIN56789012~
HL*3*2*19*1~
NM1*1P*2*PROVIDER 1*****XX*0000000000~
HL*4*3*22*0~
NM1*IL*1*DOE*****MI*00000000000000~
TRN*2*TN000000001~
STC*507CODE:508CODE*20100315**12.34*11.11*20100310**20100316*CHK123456
~
or
STC*507CODE:508CODE*20100315**12.34*11.11*20100310**20100316*CHK123456
*507CODE:508CODE~
or
STC*507CODE:508CODE*20100315**12.34*11.11*20100310**20100316*CHK123456
*507CODE:508CODE*507CODE:508CODE~
REF*1K*00000000000000~

REF*BLT*BILL TYPE IDENTIFIER~           Provided when found in
                                           Claim history.

```

REF*EJ*PATIENT ACCOUNT NUMBER~	Copied from 276 if present
REF*XZ*PHARMACY PRESCRIPTION NUMBER~	Copied from 276 if present
REF*D9*CLAIM IDENTIFICATION NUMBER FOR CLEARINGHOUSES AND OTHER TRANSMISSION INTERMEDIARIES~	Copied from 276 if present
DTP*472*RD8*20100301-20100301~	
SE*18*TSCN00001~	
GE*1*234567~	
IEA*1*234567890~	

Same example but with a Legacy Provider ID

```

ISA*00*0000000000*00*0000000000*ZZ*610551.....*ZZ*
SENDERID.....*110308*1348*^*00501*234567890*0*T*:~
GS*HN*610551*SENDERID*110308*1349*234567*X*005010X212~
ST*277*TSCN00001*005010X212~
BHT*0010*08*TN000000001*20110308*1348*DG~
HL*1**20*1~
NM1*PR*2*LOUISIANA MMIS*****PI*610551~
HL*2*1*21*1~
NM1*41*2*SUBMITTER 1*****46*ETIN56789012~
HL*3*2*19*1~
NM1*1P*2*PROVIDER 1*****SV*0000000~
HL*4*3*22*0~
NM1*IL*1*DOE*****MI*0000000000000~
TRN*2*TN000000001~
STC*507CODE:508CODE*20100315**12.34*11.11*20100310**20100316*CHK123456
~
or
STC*507CODE:508CODE*20100315**12.34*11.11*20100310**20100316*CHK123456
*507CODE:508CODE~
or
STC*507CODE:508CODE*20100315**12.34*11.11*20100310**20100316*CHK123456
*507CODE:508CODE*507CODE:508CODE~

```

REF*1K*0000000000000~

REF*BLT*BILL TYPE IDENTIFIER~

Provided when found in
Claim history.

REF*EJ*PATIENT ACCOUNT NUMBER~

Copied from 276 if present

REF*XZ*PHARMACY PRESCRIPTION NUMBER~ Copied from 276 if present

REF*D9*CLAIM IDENTIFICATION NUMBER FOR CLEARINGHOUSES AND OTHER
TRANSMISSION INTERMEDIARIES~ Copied from 276 if
present

DTP*472*RD8*20100301-20100301~

SE*18*TSCN00001~

GE*1*234567~

IEA*1*234567890~

A 277 Claim Status Response with claim and service line information is shown below.

Note: A 277 response will contain claim and service line level information for all claims except institutionalized services.

```

ISA*00*0000000000*00*0000000000*ZZ*610551.....*ZZ*
SENDERID.....*110308*1348^^*00501*234567890*0*T*:~
GS*HN*610551*SENDERID*110308*1349*234567*X*005010X212~
ST*277*TSCN00001*005010X212~
BHT*0010*08*TN000000001*20110308*1349*DG~
HL*1**20*1~
NM1*PR*2*LOUISIANA MMIS*****PI*610551~
HL*2*1*21*1~
NM1*41*2*SUBMITTER 1*****46*ETIN56789012~
HL*3*2*19*1~
NM1*1P*2*PROVIDER 1*****XX*0000000000~
HL*4*3*22*0~
NM1*IL*1*DOE*JOHN****MI*00000000000000~
TRN*2*TN000000001~
STC*507CODE:508CODE*20100315**12.34*11.11*20100310**20100316*CHK123456
~
or
STC*507CODE:508CODE*20100315**12.34*11.11*20100310**20100316*CHK123456
*507CODE:508CODE~
or
STC*507CODE:508CODE*20100315**12.34*11.11*20100310**20100316*CHK123456
*507CODE:508CODE*507CODE:508CODE~
REF*1K*2094700100100~
REF*BLT*BILL TYPE IDENTIFIER~           Provided when found in
                                           Claim history.
REF*EJ*PATIENT ACCOUNT NUMBER~           Copied from 276 if present
REF*XZ*PHARMACY PRESCRIPTION NUMBER~     Copied from 276 if present
REF*D9*CLAIM IDENTIFICATION NUMBER FOR CLEARINGHOUSES AND OTHER
TRANSMISSION INTERMEDIARIES~             Copied from 276 if
present
DTP*472*RD8*20100301-20100301~
SVC*ID:PROCEDURE CODE*12.34*11.11*REVENUE CODE***1~
STC*507CODE:508CODE*20100315~
or
STC*507CODE:508CODE*20100315*****507CODE:508CODE~
or
STC*507CODE:508CODE*20100315*****507CODE:508CODE*507CODE:508CODE~
REF*FJ*1~                               Copied from 276 if present.
DTP*472*RD8*20100301-20100301~
SE*22*TSCN00001~
GE*1*234567~

```

IEA*1*234567890~

Same example but with a Legacy Provider ID

```

ISA*00*0000000000*00*0000000000*ZZ*610551.....*ZZ*
SENDERID.....*110308*1348^^*00501*234567890*0*T*:~
GS*HN*610551*SENDERID*110308*1349*234567*X*005010X212~
ST*277*TSCN00001*005010X212~
BHT*0010*08*TN000000001*20110308*1349*DG~
HL*1**20*1~
NM1*PR*2*LOUISIANA MMIS*****PI*610551~
HL*2*1*21*1~
NM1*41*2*SUBMITTER 1*****46*ETIN56789012~
HL*3*2*19*1~
NM1*1P*2*PROVIDER 1*****SV*0000000~
HL*4*3*22*0~
NM1*IL*1*DOE*JOHN*****MI*00000000000000~
TRN*2*TN000000001~
STC*507CODE:508CODE*20100315**12.34*11.11*20100310**20100316*CHK123456
~
or
STC*507CODE:508CODE*20100315**12.34*11.11*20100310**20100316*CHK123456
*507CODE:508CODE~
or
STC*507CODE:508CODE*20100315**12.34*11.11*20100310**20100316*CHK123456
*507CODE:508CODE*507CODE:508CODE~
REF*1K*2094700100100~
REF*BLT*BILL TYPE IDENTIFIER~           Provided when found in
                                           Claim history.
REF*EJ*PATIENT ACCOUNT NUMBER~           Copied from 276 if present
REF*XZ*PHARMACY PRESCRIPTION NUMBER~     Copied from 276 if present
REF*D9*CLAIM IDENTIFICATION NUMBER FOR CLEARINGHOUSES AND OTHER
TRANSMISSION INTERMEDIARIES~             Copied from 276 if
present
DTP*472*RD8*20100301-20100301~
SVC*ID:PROCEDURE CODE*12.34*11.11*REVENUE CODE***1~
STC*507CODE:508CODE*20100315~
or
STC*507CODE:508CODE*20100315*****507CODE:508CODE~
or

```

STC*507CODE:508CODE*20100315*****507CODE:508CODE*507CODE:508CODE~ REF*FJ*1~ DTP*472*RD8*20100301-20100301~ SE*22*TSCN00001~ GE*1*234567~ IEA*1*234567890~	Copied from 276 if present.
--	-----------------------------

A 277 Claim Status Response with multiple claim and service line information is shown below.

```

ISA*00*0000000000*00*0000000000*ZZ*610551.....*ZZ*SENDERID.....*110308*1348*^00501*2345678
90*0*T*:~
GS*HN*610551*SENDERID*20110308*1349*234567*X*005010X212~
ST*277*TSCN000001*005010X212~
BHT*0010*08*TN0000000001*20110308*1349*DG~
HL*1**20*1~
NM1*PR*2*LOUISIANA MMIS*****PI*610551~
HL*2*1*21*1~
NM1*41*2*SUBMITTER 1*****46*ETIN56789012~
HL*3*2*19*1~
NM1*1P*2*PROVIDER 1*****XX*0000000000~
HL*4*3*22*0~
NM1*IL*1*DOE*JOHN****MI*000000000000~
TRN*2*TN0000000001~
STC*507CODE:508CODE*20100315**12.34*11.11*20100310**20100316*CHK123456~
or
STC*507CODE:508CODE*20100315**12.34*11.11*20100310**20100316*CHK123456*507CODE:508CODE~
or
STC*507CODE:508CODE*20100315**12.34*11.11*20100310**20100316*CHK123456*507CODE:508CODE*507CODE:50
8CODE~
REF*1K*00000000000000~
REF*BLT*BILL TYPE IDENTIFIER~          Provided when found in
                                          Claim history.
REF*EJ*PATIENT ACCOUNT NUMBER~          Copied from 276 if present
REF*XZ*PHARMACY PRESCRIPTION NUMBER~    Copied from 276 if present
REF*D9*CLAIM IDENTIFICATION NUMBER FOR CLEARINGHOUSES AND OTHER TRANSMISSION INTERMEDIARIES~
                                          Copied from 276 if present

DTP*472*RD8*20100301-20100301~
SVC*ID:PROCEDURE CODE*23.45*22.22*REVENUE CODE***1~
STC*507CODE:508CODE*2010315~
or
STC*507CODE:508CODE*2010315*****507CODE:508CODE~
or
STC*507CODE:508CODE*2010315*****507CODE:508CODE*507CODE:508CODE~
REF*FJ*1~                               Copied from 276 if present.
DTP*472*RD8*20100301-20100301~
TRN*2*TN0000000001~
STC*507CODE:508CODE*20100315**34.56*33.33*20100310**20100316*CHK123456~
or
STC*507CODE:508CODE*20100315**34.56*33.33*20100310**20100316*CHK123456*507CODE:508CODE~
or
STC*507CODE:508CODE*20100315**34.56*33.33*20100310**20100316*CHK123456*507CODE:508CODE*507CODE:50
8CODE~
REF*1K*00000000000000~
REF*BLT*BILL TYPE IDENTIFIER~          Provided when found in
                                          Claim history.
REF*EJ*PATIENT ACCOUNT NUMBER~          Copied from 276 if present
REF*XZ*PHARMACY PRESCRIPTION NUMBER~    Copied from 276 if present
REF*D9*CLAIM IDENTIFICATION NUMBER FOR CLEARINGHOUSES AND OTHER TRANSMISSION INTERMEDIARIES~
                                          Copied from 276 if present

DTP*472*RD8*20100302-20100302~
SVC*ID:PROCEDURE CODE*45.67*44.44*REVENUE CODE***1.234~
STC*507CODE:508CODE*20100315~
or
STC*507CODE:508CODE*20100315*****507CODE:508CODE~

```

```

or
STC*507CODE:508CODE*20100315*****507CODE:508CODE*507CODE:508CODE~
REF*FJ*2~                               Copied from 276 if present.
DTP*472*RD8*20100301-20100301~
SE*32*TSCN00001~
GE*1*234567~
IEA*1*234567890~

```

Same example but with a Legacy Provider ID

```

ISA*00*0000000000*00*0000000000*ZZ*610551.....ZZ*SENDERID.....*110308*1348*^*00501*2345678
90*0*T*~
GS*HN*610551*SENDERID*20100308*1349*234567*X*005010X212~
ST*277*TSCN00001*005010X212~
BHT*0010*08*TN000000001*20110308*1349*DG~
HL*1**20*1~
NM1*PR*2*LOUISIANA MMIS*****PI*610551~
HL*2*1*21*1~
NM1*41*2*SUBMITTER 1*****46*ETIN56789012~
HL*3*2*19*1~
NM1*1P*2*PROVIDER 1*****SV*0000000~
HL*4*3*22*0~
NM1*IL*1*DOE*JOHN****MI*00000000000000~
TRN*2*TN000000001~
STC*507CODE:508CODE*20100315**12.34*11.11*20100310**20100316*CHK123456~
or
STC*507CODE:508CODE*20100315**12.34*11.11*20100310**20100316*CHK123456*507CODE:508CODE~
or
STC*507CODE:508CODE*20100315**12.34*11.11*20100310**20100316*CHK123456*507CODE:508CODE*507CODE:50
8CODE~
REF*1K*00000000000000~
REF*BLT*BILL TYPE IDENTIFIER~           Provided when found in
                                         Claim history.
REF*EJ*PATIENT ACCOUNT NUMBER~         Copied from 276 if present
REF*XZ*PHARMACY PRESCRIPTION NUMBER~   Copied from 276 if present
REF*D9*CLAIM IDENTIFICATION NUMBER FOR CLEARINGHOUSES AND OTHER TRANSMISSION INTERMEDIARIES~
                                         Copied from 276 if present

DTP*472*RD8*20100301-20100301~
SVC*ID:PROCEDURE CODE*23.45*22.22*REVENUE CODE***23.456~
STC*507CODE:508CODE*20100315~
or
STC*507CODE:508CODE*20100315*****507CODE:508CODE~
or
STC*507CODE:508CODE*20100315*****507CODE:508CODE*507CODE:508CODE~
REF*FJ*1~                               Copied from 276 if present.
DTP*472*RD8*20100301-20100301~
TRN*2*TN000000001~
STC*507CODE:508CODE*20100315**34.56*33.33*20100310**20100316*CHK123456~
or
STC*507CODE:508CODE*20100315**34.56*33.33*20100310**20100316*CHK123456*507CODE:508CODE~
or
STC*507CODE:508CODE*20100315**34.56*33.33*20100310**20100316*CHK123456*507CODE:508CODE*507CODE:50
8CODE~
REF*1K*00000000000000~
REF*BLT*BILL TYPE IDENTIFIER~           Provided when found in
                                         Claim history.
REF*EJ*PATIENT ACCOUNT NUMBER~         Copied from 276 if present
REF*XZ*PHARMACY PRESCRIPTION NUMBER~   Copied from 276 if present
REF*D9*CLAIM IDENTIFICATION NUMBER FOR CLEARINGHOUSES AND OTHER TRANSMISSION INTERMEDIARIES~
                                         Copied from 276 if present

```

```
DTP*472*RD8*20100302-20100302~  
SVC*ID:PROCEDURE CODE*45.67*44.44*REVENUE CODE***1.234~  
STC*507CODE:508CODE*20100315~  
or  
STC*507CODE:508CODE*20100315*****507CODE:508CODE~  
or  
STC*507CODE:508CODE*20100315*****507CODE:508CODE*507CODE:508CODE~  
REF*FJ*2~                               Copied from 276 if present.  
DTP*472*RD8*20100301-20100301~  
SE*32*TSCN00001~  
GE*1*234567~  
IEA*1*234567890~
```

997 Reject Response Examples

A 997 Reject Response (when an error occurs in one segment) is shown below.

Note: Segment ID Codes for ISA and GS segments will be 0 and will be the next segment ID of DTP for SE, GE and IEA (i.e, if DTP's segment ID is 16 then SE is 17, GE is 18 and IEA is 19).

ISA*00*0000000000*00*0000000000*ZZ*610551.....*ZZ*	
SENDERID.....*110308*1348*^*00501*234567890*0*T*:~	
GS*FA*610551*SENDERID*110308*1349*234567*X*005010X212~	
ST*997*TSCN00001~	
AK1*FA*234567890~	
AK2*276*TSCN00001~	
AK3*NM1*4**8~	Indicates error in NM1 segment and Segment number is 4.
AK4*1***7*PT~	Indicates the Element number(1) Copy of bad data(PT) .
AK5*R*5~	
AK9*R*1*1*0~	
SE*8*TSCN00001~	
GE*1*234567~	
IEA*1*234567890~	

A 997 Reject Response (when multiple errors occur in the same segment) is shown below.

ISA*00*0000000000*00*0000000000*ZZ*610551.....*ZZ*	
SENDERID.....*110308*1348*^*00501*234567890*0*T*:~	
GS*FA*610551*SENDERID*110308*1349*234567*X*005010X212~	
ST*997*TSCN00001~	
AK1*FA*234567890~	
AK2*276*TSCN00001~	
AK3*NM1*4**8~	Indicates error in NM1 segment and Segment number is 4.
AK4*1***7*PT~	Indicates the element number(1) Copy of bad data(PT) .
AK4*9***7*710551~	Indicates the element number(9) Copy of bad data(710551) .
AK5*R*5~	
AK9*R*1*1*0~	
SE*8*TSCN00001~	
GE*1*234567~	
IEA*1*234567890~	

A 997 Reject Response (When Errors Occur in Multiple Segments) is shown below.

ISA*00*0000000000*00*0000000000*ZZ*610551.....*ZZ*	
SENDERID.....*110308*1348*^*00501*234567890*0*T*:~	
GS*FA*610551*SENDERID*110308*1349*234567*X*005010X212~	
ST*997*TSCN00001~	
AK1*FA*234567890~	
AK2*276* TSCN00001~	
AK3*NM1*4**8~	Indicates error in NM1 segment and Segment number is 4.
AK4*1***7*PT~	Indicates Element number(1) Copy of bad data(PT).
AK3*DMG*10**8~	Indicates Error in DMG segment and Segment number is 10.
AK4*3**7*G~	Indicates Element number is 3, copy of Bad data(G).
AK5*R*5~	
AK9*R*1*1*0~	
SE*10*TSCN00001~	
GE*1*234567~	
IEA*1*234567890~	

A 997 Reject Response (when error is in ISA segment) is shown below.

ISA*00*0000000000*00*0000000000*ZZ*610551.....*ZZ*	
SENDERID.....*110308*1348*^*00501*234567890*0*T*:~	
GS*FA*610551*SENDERID*110308*1349*234567*X*005010X212~	
ST*997*TSCN00001~	
AK1*FA*234567890~	
AK2*276* TSCN00001~	
AK3*ISA*0**8~	Indicates error in ISA segment and Segment number is 0.
AK4*8**7*710551~	Indicates the Element number(8) Copy of bad data(710551).
AK5*R*5~	
AK9*R*1*1*0~	
SE*8*TSCN00001~	
GE*1*234567~	
IEA*1*234567890~	

277 Reject Response Examples

```

ISA*00*0000000000*00*0000000000*ZZ*610551.....*ZZ*
SENDERID.....*110308*1348*^*00501*234567890*0*T*:~

GS*HN*610551*SENDERID*110308*1349*234567*X*005010X212~
ST*277*TSCN00001*005010X212~

BHT*0010*08*TN000000001*20110308*1349*DG~
HL*1**20*1~

NM1*PR*2*LOUISIANA MMIS*****PI*610551~
PER*IC*TE*1-877-212-3744~
HL*2*1*21*1~

NM1*41*2*SUBMITTER 1*****46*ETIN56789012~
HL*3*2*19*1~

NM1*1P*2*PROVIDER 1*****XX*0000000000~
HL*4*3*22*0~

NM1*IL*1*DOE*JOHN*****MI*00000000000000~
TRN*2*TN000000001~

STC*A4:35:IL*20100315**0*0~ Subscriber ID not found in Database.
or
STC*A4:35*20100315**0*0~ Claim Not found in Database.
or
STC*A4:35:1P*20100315**0*0*****~ Provider ID not found in
Database.
or
STC*A7:21*20100315**0*0*****A4:116~ Vendor ID not found in
Database.

DTP*232*RD8*20100301-20100301~
SE*17*TSCN00001~
GE*1*234567~
IEA*1*234567890~

```

277 Maximum Response

Note: CSI will be able to send a maximum of 31 Claim Level and Service Line Level information.

```

ISA*00*0000000000*00*0000000000*ZZ*610551.....*ZZ*
SENDERID.....*110308*1348*^*00501*234567890*0*T*:~
GS*HN*610551*SENDERID*110308*1349*234567*X*005010X0212~
ST*277*TSCN00001*005010X212~
BHT*0010*08*TN000000001*20110308*1349*DG~
HL*1**20*1~
NM1*PR*2*LOUISIANA MMIS*****PI*610551~
HL*2*1*21*1~
NM1*41*2*SUBMITTER 1*****46*ETIN56789012~
HL*3*2*19*1~
NM1*1P*2*PROVIDER 1*****XX*0000000000~
HL*4*3*22*0~
NM1*IL*1*DOE*JOHN*****MI*0000000000000~
TRN*2*TN000000001~
STC*F0:68*20100315**11.99*9*20100310**20100316*CHK123456~
REF*1K*0000000000000~
REF*BLT*BILL TYPE IDENTIFIER~           Provided when found in
                                           Claim history.
REF*EJ*PATIENT ACCOUNT NUMBER~           Copied from 276 if present
REF*XZ*PHARMACY PRESCRIPTION NUMBER~     Copied from 276 if present
REF*D9*CLAIM IDENTIFICATION NUMBER FOR CLEARINGHOUSES AND OTHER TRANSMISSION
INTERMEDIARIES~
                                           Copied from 276 if present

DTP*472*RD8*20100301-20100301~
SVC*HC:90788*11.99*9*REVENUE CODE***1~
STC*F0:68*20100315*****~
REF*FJ*1~                               Copied from 276 if present.
DTP*472*RD8*20100301-20100301~
TRN*2*TN000000001~
STC*F2:117*20100315**11.99*9*20100310**20100316*CHK123456~
REF*1K*0000000000000~
REF*BLT*BILL TYPE IDENTIFIER~           Provided when found in
                                           Claim history.
REF*EJ*PATIENT ACCOUNT NUMBER~           Copied from 276 if present
REF*XZ*PHARMACY PRESCRIPTION NUMBER~     Copied from 276 if present
REF*D9*CLAIM IDENTIFICATION NUMBER FOR CLEARINGHOUSES AND OTHER TRANSMISSION
INTERMEDIARIES~
                                           Copied from 276 if present

DTP*472*RD8*20100301-20100301~

```

Claim and Service Line level information will be repeated up-to 30-31 times based on the claim type. The 31st or 32nd claim will contain 507/508 status code (D0/485).

TRN*2*TN000000001~

STC*D0:485*20100315**0*0~

More Information is available than can be returned in real time mode. Narrow your current search criteria.

SE*NNNN*TSCN00001~

GE*1*234567~

IEA*1*234567890~

277 Reject Response 507/508 Codes

507	508	Entity ID Code	507	508	Entity ID Code	Description
A4	35					Claim Not found in History.
A4	35	IP				NPI/Provider ID is not found in Database.
A4	35	IL				Subscriber ID is not found in Database.
A7	21		A4	116		Vendor ID not found in Database.
D0	485					More Information is available than can be returned in real time mode. Narrow your current Search Criteria.
E1	0					CSI is not able to send Response within the time-out period.

997 Acknowledgment Codes

AK403	Description
1	Mandatory Data element missing.
5	Data element too long. Data element too short.
7	Data element is Null. Data Element not in Range. Not a proper Data type.

Marketing**Provider Information Available to Vendors**

Information regarding Louisiana Medicaid providers will be available to vendors on a “one time” basis. A signed contract for Louisiana CSI is required in order to receive provider information. Vendors may indicate their desire for this information on the registration form provided in this document. The provider information will include:

- Provider Name
- Provider Address
- Provider Telephone Number
- Provider Type

Provider information selection will be based on claim volume within the last twelve months.

Vendor Marketing Material Approval

The following procedures are suggested for Vendor marketing material approval to ensure a timely and consistent response.

- Prerequisite:
 - Signed contract for LA CSI between the Vendor and Gainwell
 - Communications link to NAEC must be established or in process

- Vendor must demonstrate ability to provide claims information to the Provider community, through completion of testing process, or reasonable progress in the test phase.
- Materials must be submitted thirty (30) days prior to the Vendor production implementation date.
- Materials must be submitted to Gainwell Louisiana staff and a designated person from LDH, and may be in electronic or “hard copy” form.
- The vendor must designate a contact and the preferred method of obtaining the decision on materials (i.e., e-mail, letter).
- Gainwell and LDH staff will have two (2) weeks from the receipt of the materials to review the documents.
- If changes to the materials are necessary, LDH and Gainwell reserve the option to review the materials after recommended changes have been made.
- NO marketing materials may be released to the provider community without LDH approval.

Problem Resolution

CSI Availability

A significant advantage to providers is the availability of CSI: 24 hours a day, seven days a week, except the time needed for file updates and system maintenance.

Problem Escalation Procedures

In the event of problems involving the CSI application, a problem resolution procedure will be followed to ensure that the problem is resolved as quickly and effectively as possible.

NAEC Salt Lake City, UT personnel are available 7 X 24 and are familiar with various POS applications. The NAEC operations telephone number will be published to Vendors. Certain details are helpful when notifying NAEC of a problem:

When reporting the problem please specify:

1. The application by state and type (for instance, LACSI)
2. Vendor ID (for example, ABC)
3. The time the problem began and ended or ongoing
4. If the problem is affecting other Gainwell applications
5. If the problem is data related (a particular provider is experiencing a problem)

Glossary

ANSI	American National Standards Institute
ASC	Accredited Standards Committee
BIN	Banking Identification Number
CSI	Claim Status Inquiry
LDH	Louisiana Department of Health
LAMMIS	Louisiana Medicaid Management Information System
EOT	End of Transmission
ICN	Internal Control Number
MEVS	Medicaid Eligibility Verification System
NPI	National Provider Identifier
POS	Point of Service
TCP	Transmission Control Protocol
NAEC	Unisys North American Enterprise Computing in Salt Lake City, UT

Project Information

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8/29/2006	Updated contact information; formatted per TCG standards; corrected 4.1 from "xxx services" to CSI services.	Randy Sheehan
2/20/2007	Updated for NPI changes	Karyn Grimes
4/17/2007	Updated to clarify NPI changes.	Cindy Daniel
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5/28/2007	Changed references to "payor" to "payer" spelling for consistency. Updated 13.2 Marketing language to match MEVS change. Updated 14.1 to remove "Pharmacy" and replace with "CSI".	Cindy Daniel
1/11/2011	Changed references to Unisys to Molina Medicaid Solutions	Medy Alexander
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06/14/2019	Put Karen Olson in place of John Dempsey. Remove Dave Baker.	Karyn Grimes
02/19/2021	Gainwell rebranding	Karen Woudenberg