IDAHO DEPARTMENT OF
HEALTH & WELFARE

Vendor Specifications
276/277 Health Care Claim Status Request and Response
ASC X12N Version 4010A1

for

State of Idaho MMIS

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UNISYS

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Revision History

Version	Date	Author	Action/Summary of Changes
1.0	4/25/2009	Unisys	Initial Document
1.1	7/16/2009	Unisys	Response to comments
1.2	8/13/2009	Unisys	Response to IDHW comments and added Appendix
1.3	8/25/2009	Unisys	Approved/updated per IDHW comments for UB00080J.
2.0	08/25/2009	QA	Promoted to version 2.0 after state approval
2.1	10/26/2009	Unisys	Updated per IDHW request – value of member's Medicaid ID in 2100D_NM109; CCF #10221

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1. Companion Guide Purpose

This companion guide documents the transaction type listed below and further defines situational and required data elements that are used for processing claims status inquiries/responses for programs administered by Idaho Medicaid. This document is not the complete EDI transaction format specifications.

Please refer to the 4010A1 Implementation Guide for information not supplied in this document, such as code lists, definitions, and edits.

- Health Care Claim Status Request and Response ASC X12N 276/277 (004010X093) May 2000
- Health Care Claim Status Request and Response ASC X12N 276/277 (004010X093A1) October 2002

For any questions, or to begin testing, please contact the Unisys EDI Helpdesk at 1-866-686-4272 and ask for Technical Support or email us at idtechnicalservices@unisys.com.

1.1. Required Information

Data elements, segments, and loops not included in this guide are not used for processing claims by Idaho Medicaid, but must still be sent if the information is required for compliance with the ASC X12N version 4010A1 format.

1.2. Trading Partner ID

A trading partner is defined as any entity with which Unisys exchanges electronic data. The term electronic data is not limited to HIPAA X12 transactions. Idaho Medicaid's Health PAS system supports the following categories of trading partner:

- Provider
- Billing Agency
- Clearinghouse
- Health Plan

Unisys will assign trading partner IDs to support the exchange of X12 EDI transactions for providers, billing agencies and clearinghouses, and other health plans.

All trading partners must be authorized to submit production EDI transactions. Any trading partner may submit test EDI transactions. The Usage Indicator, element 15 of the Interchange Control Header (ISA) of an X12 file, indicates if a file is test or production. Authorization is granted on a per transaction basis. For example, a trading partner may be certified to submit 837P professional claims but not certified to submit 837I institutional claim files.

Trading partners must submit three test files of a particular transaction type, with a minimum of fifteen transactions within each file, and have no failures or rejections to become certified for production. Users will be notified via E-mail and the Trading Partner Status page of Health PAS-OnLine when testing for a particular transaction has been completed.

Detailed instructions for retrieving and interpreting HIPAA validation acknowledgments may be found in Appendix A of this document.

To obtain a trading partner ID please visit our website at: idmedicaid.com or contact us at 866-686-4272.

1.3. Delimiters

Idaho Medicaid does not require the use of specific values for the delimiters used in electronic transactions. The suggested values are included in the specifications below.

1.4. Additional Information

Please refer to the 4010A1 Implementation Guide for information not supplied in this document, such as code lists, definitions, and edits.

Multiple claim status requests are supported for a single Medicaid subscriber within the same ST/SE transaction. However, multiple claim status requests for different Medicaid subscribers must be submitted as separate ST/SE transactions.

2. 276 - Healthcare Claim Status Request

Figure 2-1: 276 - Healthcare Claim Status Request

Loop	Segment ID	Segment Name/ Data Element Name	Format	Length	DE Ref #	Req Des.	Value
HEADER	ISA	Interchange Control Header		3		R	ISA
		Element Separator	AN	1			*
	ISA01	Authorization Information Qualifier	ID	2	I01	R	00 - No Authorization Information Present
		Element Separator	AN	1			*
	ISA02	Authorization Information	AN	10	I02	R	Space fill
		Element Separator	AN	1			*
	ISA03	Security Information Qualifier	ID	2	I03	R	00 - No Security Information Present
		Element Separator	AN	1			*
	ISA04	Security Information	AN	10	I04	R	Space fill
		Element Separator	AN	1			*
	ISA05	Interchange ID Qualifier	ID	2	I05	R	ZZ
		Element Separator	AN	1			*
	ISA06	Interchange Sender ID	AN	15	I06	R	*Unisys assigned Trading Partner ID Left justify and space fill*
		Element Separator	AN	1			*
	ISA07	Interchange ID Qualifier	ID	2	I05	R	ZZ
		Element Separator	AN	1			*
	ISA08	Interchange Receiver ID	AN	15	I07	R	ID_MMIS_4UNISYS
		Element Separator	AN	1			*
	ISA09	Interchange Date	DT	6	I08	R	YYMMDD
		Element Separator	AN	1			*

Loop	Segment ID	Segment Name/ Data Element Name	Format	Length	DE Ref #	Req Des.	Value
	ISA10	Interchange Time	TM	4	I09	R	HHMM
		Element Separator	AN	1			*
	ISA11	Interchange Control ID	ID	1	I10	R	U: U.S. EDI Community of ASC X12, TDCC, and UCS
		Element Separator	AN	1			*
	ISA12	Interchange Version Number	ID	5	I11	R	00401: Draft Standards for Trial Use Approved for Publication by ASC X12 Procedures Review Board through October 1997
		Element Separator	AN	1			*
	ISA13	Interchange Control Number	N0	9	I12	R	Assigned by Sender - must be identical to interchange trailer IEA02
		Element Separator	AN	1			*
	ISA14	Ack. Requested	ID	1	I13	R	1: Interchange Acknowledgment Requested
		Element Separator	AN	1			*
	ISA15	Usage Indicator	ID	1	I14	R	P
		Element Separator	AN	1			*
	ISA16	Component Element Separator		1	I15	R	:
		Segment End	B	1			~
	GS	Functional Group Header		2		R	GS
		Element Separator	AN	1			*
	GS01	Functional Identifier Code	ID	2	479	R	HR - Health Care Claim Status Request
		Element Separator	AN	1			*
	GS02	Application Sender's Code	AN	2/15	142	R	Unisys assigned Trading Partner ID - Must be identical to the value in the

Loop	Segment ID	Segment Name/ Data Element Name	Format	Length	DE Ref #	Req Des.	Value
							ISA06
		Element Separator	AN	1			*
	GS03	Application Receiver's Code	AN	2/15	124	R	ID_MMIS_4UNISYS
		Element Separator	AN	1			*
	GS04	Date	DT	8	373	R	CCYYMMDD
		Element Separator	AN	1			*
	GS05	Time	TM	4/8	337	R	HHMM
		Element Separator	AN	1			*
	GS06	Group Control Number	N0	1/9	28	R	Assigned by Sender
		Element Separator	AN	1			*
	GS07	Responsible Agency Code	ID	1/2	455	R	X
		Element Separator	AN	1			*
	GS08	Version / Release Code	AN	1/12	480	R	004010X093A1
		Segment End	B	1			~
	ST	Transaction Set Header		2		R	ST
		Element Separator	AN	1			*
	ST01	Transaction Set Identifier Code	ID	3	143	R	276 - Health Care Claim Status Request
		Element Separator	AN	1			*
	ST02	Transaction Set Control Number	AN	4/9	329	R	Sequential number assigned by sender. Must be identical to SE02
		Segment End	B	1			~
	BHT	Beginning Hierarchical Transaction Segment	ID	3		R	BHT
		Element Separator	AN	1			*
	BHT01	Hierarchical Structure Code	ID	4	1005	R	0010 - Information Source, Information Receiver, Provider of

Loop	Segment ID	Segment Name/ Data Element Name	Format	Length	DE Ref #	Req Des.	Value
							Service, Subscriber, Dependent
		Element Separator	AN	1			*
	BHT02	Transaction Set Purpose Code	ID	2	353	R	13 - Request
		Element Separator	AN	1			*
		Element Separator	AN	1			*
	BHT04	Date	DT	8	373	R	CCYYMMDD - Transaction Set Creation Date
		Segment End	B	1			~
2000A	HL	Hierarchical Level Segment	ID	2		R	HL
		Element Separator	AN	1			*
	HL01	Hierarchical ID Number	AN	1/12	628	R	1
		Element Separator	AN	1			*
		Element Separator	AN	1			*
	HL03	Hierarchical Level Code	ID	1/2	735	R	20 - Information Source
		Element Separator	AN	1			*
	HL04	Hierarchical Child Code	ID	1/1	736	R	1 - Additional Subordinate HL Data Segment in this Hierarchical Structure
		Segment End	B	1			~
2100A	NM1	Individual or Organizational Name	ID	3		R	NM1
		Element Separator	AN	1			*
	NM101	Entity Identifier Code	ID	2/3	98	R	PR - Payer
		Element Separator	AN	1			*
	NM102	Entity Type Qualifier	ID	1/1	1065	R	2 - Non-Person Entity
		Element Separator	AN	1			*
	NM103	Name Last or	AN	1/35	1035	R	ID_MMIS_4UNISYS

Loop	Segment ID	Segment Name/ Data Element Name	Format	Length	DE Ref #	Req Des.	Value
		Organization					
		Element Separator	AN	1			*
		Element Separator	AN	1			*
		Element Separator	AN	1			*
		Element Separator	AN	1			*
		Element Separator	AN	1			*
	NM108	Identification Code Qualifier	ID	1/2	66	R	PI - Payer Identification
		Element Separator	AN	1			*
	NM109	Identification Code	AN	2/80	67	R	ID_MMIS_4UNISYS
		Segment End	B	1			~
2000B	HL	Hierarchical Level Segment	ID	2		R	HL
		Element Separator	AN	1			*
	HL01	Hierarchical ID Number	AN	1/12	628	R	2
		Element Separator	AN	1			*
	HL02	Hierarchical Parent ID Number	AN	1/12	734	R	1
		Element Separator	AN	1			*
	HL03	Hierarchical Level Code	ID	1/2	735	R	21 - Information Receiver
		Element Separator	AN	1			*
	HL04	Hierarchical Child Code	ID	1/1	736	R	1 - Additional Subordinate HL Data Segment in this Hierarchical Structure
		Segment End	B	1			~
2100B	NM1	Individual or Organizational Name	ID	3		R	NM1
		Element Separator	AN	1			*
	NM101	Entity Identifier Code	ID	2/3	98	R	41 - Submitter

Loop	Segment ID	Segment Name/ Data Element Name	Format	Length	DE Ref #	Req Des.	Value
		Element Separator	AN	1			*
	NM102	Entity Type Qualifier	ID	1/1	1065	R	1 - Person, 2 - Non-Person
		Element Separator	AN	1			*
	NM103	Name Last or Organization Name	AN	1/35	1035	R	
		Element Separator	AN	1			*
	NM104	Name First	AN	1/25	1036	S	
		Element Separator	AN	1			*
	NM105	Name Middle	AN	1/25	1037	S	
		Element Separator	AN	1			*
		Element Separator	AN	1			*
	NM107	Name Suffix	AN	1/10	1039	S	
		Element Separator	AN	1			*
	NM108	Identification Code Qualifier	ID	1/2	66	R	XX - NPI 46 - Electronic Transmitter Identification Number
		Element Separator	AN	1			*
	NM109	Identification Code	AN	10	67	R	*NPI* *Medicaid Provider Number* (“Atypical” providers will continue to use the Medicaid Provider Number.)
		Segment End	B	1			~
2000C	HL	Hierarchical Level Segment	ID	2		R	HL
		Element Separator	AN	1			*
	HL01	Hierarchical ID Number	AN	1/12	628	R	3
		Element Separator	AN	1			*
	HL02	Hierarchical Parent ID	AN	1/12	734	R	2

Loop	Segment ID	Segment Name/ Data Element Name	Format	Length	DE Ref #	Req Des.	Value
		Number					
		Element Separator	AN	1			*
	HL03	Hierarchical Level Code	ID	1/2	735	R	19 – Provider of Service
		Element Separator	AN	1			*
	HL04	Hierarchical Child Code	ID	1/1	736	R	1 - Additional Subordinate HL Data Segment in this Hierarchical Structure. Required when there are dependent claims related to this subscriber
		Segment End	B	1			~
2100C	NM1	Individual or Organizational Name	ID	3		R	NM1
		Element Separator	AN	1			*
	NM101	Entity Identifier Code	ID	2/3	98	R	1P - Provider
		Element Separator	AN	1			*
	NM102	Entity Type Qualifier	ID	1/1	1065	R	1 - Person, 2 - Non-Person
		Element Separator	AN	1			*
	NM103	Name Last or Organization Name	AN	1/35	1035	R	
		Element Separator	AN	1			*
	NM104	Name First	AN	1/25	1036	S	
		Element Separator	AN	1			*
	NM105	Name Middle	AN	1/25	1037	S	
		Element Separator	AN	1			*
	NM106	Name Prefix	AN	1/10	1038	S	
		Element Separator	AN	1			*
	NM107	Name Suffix	AN	1/10	1039	S	
		Element Separator	AN	1			*

Loop	Segment ID	Segment Name/ Data Element Name	Format	Length	DE Ref #	Req Des.	Value
	NM108	Identification Code Qualifier	ID	1/2	66	R	SV - Service Provider Number XX - NPI
		Element Separator	AN	1			*
	NM109	Identification Code	AN	2/80	67	R	XX - NPI. SV - "Atypical" providers will continue to use the Medicaid Provider Number.
		Segment End	B	1			~
2000D	HL	Hierarchical Level Segment	ID	2		R	HL
		Element Separator	AN	1			*
	HL01	Hierarchical ID Number	AN	1/12	628	R	4
		Element Separator	AN	1			*
	HL02	Hierarchical Parent ID Number	AN	1/12	734	R	3
		Element Separator	AN	1			*
	HL03	Hierarchical Level Code	ID	1/2	735	R	22 - Subscriber
		Element Separator	AN	1			*
	HL04	Hierarchical Child Code	ID	1/1	736	R	0 - No Subordinate HL Segment in This Hierarchical Structure. Required when there are no dependent claim status requests for this subscriber. 1 - Additional Subordinate HL Data Segment in this Hierarchical Structure. Required when there are dependent claims related to this subscriber
		Segment End	B	1			~
2000D	DMG	Demographic	ID	3		R	DMG

Loop	Segment ID	Segment Name/ Data Element Name	Format	Length	DE Ref #	Req Des.	Value
		Information					
		Element Separator	AN	1			*
	DMG01	Date Time Period Format Qualifier	ID	2/3	1250	R	D8 - Date Expressed in Format CCYYMMDD
		Element Separator	AN	1			*
	DMG02	Date Time Period	AN	1/35	1251	R	Format: CCYYMMDD - Patient date of birth
		Element Separator	AN	1			*
	DMG03	Gender Code	ID	1/1	1068	R	F - Female, M - Male, U - Unknown
		Segment End	B	1			~
2100D	NM1	Individual or Organizational Name	ID	3		R	NM1
		Element Separator	AN	1			*
	NM101	Entity Identifier Code	ID	2/3	98	R	QC - Patient
		Element Separator	AN	1			*
	NM102	Entity Type Qualifier	ID	1/1	1065	R	1 - Person
		Element Separator	AN	1			*
	NM103	Name Last or Organization Name	AN	1/35	1035	R	
		Element Separator	AN	1			*
	NM104	Name First	AN	1/25	1036	S	
		Element Separator	AN	1			*
	NM105	Name Middle	AN	1/25	1037	S	
		Element Separator	AN	1			*
	NM106	Name Prefix	AN	1/10	1038	S	
		Element Separator	AN	1			*

Loop	Segment ID	Segment Name/ Data Element Name	Format	Length	DE Ref #	Req Des.	Value
	NM107	Name Suffix	AN	1/10	1039	S	
		Element Separator	AN	1			*
	NM108	Identification Code Qualifier	ID	1/2	66	R	MI - Member Identification Number
		Element Separator	AN	1			*
	NM109	Identification Code	AN	7/10	67	R	Enter the Idaho Medicaid member's 7 or 10 digit identification number as it appears on their ID card.
		Segment End	B	1			~
2200D	TRN	Patient Event Tracking Number Segment	ID	3		R	TRN
		Element Separator	AN	1			*
	TRN01	Trace Type Code	ID	1/2	481	R	1 - Current Transaction Trace Numbers
		Element Separator	AN	1			*
	TRN02	Reference Identification	AN	1/30	127	R	
		Segment End	B	1			~
2200D	REF	Reference Identification	ID	3		S	REF
		Element Separator	AN	1			*
	REF01	Reference Identification Qualifier	ID	2/3	128	R	BLT - Billing Type
		Element Separator	AN	1			*
	REF02	Reference Identification	AN	1/30	127	R	
		Segment End	B	1			~
2200D	AMT	Monetary Amount	ID	3		R	AMT
		Element Separator	AN	1			*
	AMT01	Amount Qualifier Code	ID	1/3	522	R	T3 - Total Submitted Charges
		Element Separator	AN	1			*
	AMT02	Monetary Amount	R	1/18	782	R	

Loop	Segment ID	Segment Name/ Data Element Name	Format	Length	DE Ref #	Req Des.	Value
		Segment End	B	1			~
2200D	DTP	Date or Time or Period	ID	3		S	DTP
		Element Separator	AN	1			*
	DTP01	Date/Time Qualifier	ID	3/3	374	R	232 - Claim Statement Period Start. This includes the claim statement period end.
		Element Separator	AN	1			*
	DTP02	Date Time Period Format Qualifier	ID	2/3	1250	R	RD8 - Range of Dates Expressed in Format CCYYMMDD - CCYYMMDD
		Element Separator	AN	1			*
	DTP03	Date Time Period	AN	1/35	1251	R	
		Segment End	B	1			~
TRAILER	SE	Transaction Set Trailer	ID	2		R	SE
		Element Separator	AN	1			*
	SE01	Number of Included Segments	N0	1/10	96	R	Count includes the ST and SE segments.
		Element Separator	AN	1			*
	SE02	Transaction Set Control Number	AN	4/9	329	R	Must be identical to ST02
		Segment End	B	1			~
	GE	Functional Group Trailer	ID	2		R	GE
		Element Separator	AN	1			*
	GE01	Number of Transaction Sets Included	N0	1/6	97	R	
		Element Separator	AN	1			*
	GE02	Group Control Number	N0	1/9	28	R	Must be identical to GS06
		Segment End	B	1			~
	IEA	Interchange Control Trailer	ID	3		R	IEA

Loop	Segment ID	Segment Name/ Data Element Name	Format	Length	DE Ref #	Req Des.	Value
		Element Separator	AN	1			*
	IEA01	Number of Included Functional Groups	N0	1/5	I16	R	
		Element Separator	AN	1			*
	IEA02	Interchange Control Number	N0	9	I12	R	Must be identical to ISA13
		Segment End	B	1			~

3. 277 - Healthcare Claim Status Response

Figure 3-1: 277 - Healthcare Claim Status Response

Loop	Segment ID	Segment Name/ Data Element Name	Format	Length	DE Ref #	Req Des.	Value
HEADER	ISA	Interchange Control Header		3		R	ISA
		Element Separator	AN	1			*
	ISA01	Authorization Information Qualifier	ID	2	I01	R	00 - No Authorization Information Present
		Element Separator	AN	1			*
	ISA02	Authorization Information	AN	10	I02	R	Space fill
		Element Separator	AN	1			*
	ISA03	Security Information Qualifier	ID	2	I03	R	00 - No Security Information Present
		Element Separator	AN	1			*
	ISA04	Security Information	AN	10	I04	R	Space fill
		Element Separator	AN	1			*
	ISA05	Interchange ID Qualifier	ID	2	I05	R	ZZ
		Element Separator	AN	1			*
	ISA06	Interchange Sender ID	AN	15	I06	R	*ID_MMIS_4UNISYS*
		Element Separator	AN	1			*
	ISA07	Interchange ID Qualifier	ID	2	I05	R	ZZ
		Element Separator	AN	1			*
	ISA08	Interchange Receiver ID	AN	15	I07	R	Receiver ID Unisys assigned Trading Partner ID Left justify and space fill
		Element Separator	AN	1			*
	ISA09	Interchange Date	DT	6	I08	R	YYMMDD
		Element Separator	AN	1			*

Loop	Segment ID	Segment Name/ Data Element Name	Format	Length	DE Ref #	Req Des.	Value
	ISA10	Interchange Time	TM	4	I09	R	HHMM
		Element Separator	AN	1			*
	ISA11	Interchange Control ID	ID	1	I10	R	U: U.S. EDI Community of ASC X12, TDCC, and UCS
		Element Separator	AN	1			*
	ISA12	Interchange Version Number	ID	5	I11	R	00401
		Element Separator	AN	1			*
	ISA13	Interchange Control Number	N0	9	I12	R	Assigned by Sender - must be identical to interchange trailer IEA02
		Element Separator	AN	1			*
	ISA14	Ack. Requested	ID	1	I13	R	0: No Acknowledgment Requested
		Element Separator	AN	1			*
	ISA15	Usage Indicator	ID	1	I14	R	P
		Element Separator	AN	1			*
	ISA16	Component Element Separator		1	I15	R	:
		Segment End	B	1			~
	GS	Functional Group Header		2		R	GS
		Element Separator	AN	1			*
	GS01	Functional Identifier Code	ID	2	479	R	Value: HN
		Element Separator	AN	1			*
	GS02	Application Sender's Code	AN	2/15	142	R	ID_MMIS_4UNISYS - Must be identical to the value in the ISA06
		Element Separator	AN	1			*
	GS03	Application Receiver's Code	AN	2/15	124	R	Unisys assigned Trading Partner ID
		Element Separator	AN	1			*

Loop	Segment ID	Segment Name/ Data Element Name	Format	Length	DE Ref #	Req Des.	Value
	GS04	Date	DT	8	373	R	CCYYMMDD
		Element Separator	AN	1			*
	GS05	Time	TM	4/8	337	R	HHMM
		Element Separator	AN	1			*
	GS06	Group Control Number	N0	1/9	28	R	Assigned by Sender
		Element Separator	AN	1			*
	GS07	Responsible Agency Code	ID	1/2	455	R	X
		Element Separator	AN	1			*
	GS08	Version / Release Code	AN	1/12	480	R	004010X093A1
		Segment End	B	1			~
	ST	Transaction Set Header		2		R	ST
		Element Separator	AN	1			*
	ST01	Transaction Set Identifier Code	ID	3	143	R	277 – Health Claim Status Notification
		Element Separator	AN	1			*
	ST02	Transaction Set Control Number	AN	4/9	329	R	Sequential number assigned by sender. Must be identical to SE02
		Segment End	B	1			~
	BHT	Beginning Hierarchical Transaction Segment	ID	3		R	BHT
		Element Separator	AN	1			*
	BHT01	Hierarchical Structure Code	ID	4	1005	R	0010 - Information Source, Information Receiver, Provider of Service, Subscriber, Dependent
		Element Separator	AN	1			*
	BHT02	Transaction Set Purpose Code	ID	2	353	R	08 - Status
		Element Separator	AN	1			*
	BHT03	Reference identification	AN	1/30	127	S	Submitter Transaction Identifier

Loop	Segment ID	Segment Name/ Data Element Name	Format	Length	DE Ref #	Req Des.	Value
							Must be identical to the BHT03 value from corresponding 276 transaction
		Element Separator	AN	1			*
	BHT04	Date	DT	8	373	R	CCYYMMDD - Transaction Set Creation Date
		Element Separator	AN	1			*
		Element Separator	AN	1			*
	BHT06	Transaction Type Code	ID	2/2	640	R	DG – Response
		Segment End	B	1			~
2000A	HL	Hierarchical Level Segment	ID	2		R	HL
		Element Separator	AN	1			*
	HL01	Hierarchical ID Number	AN	1/12	628	R	1
		Element Separator	AN	1			*
		Element Separator	AN	1			*
	HL03	Hierarchical Level Code	ID	1/2	735	R	20 - Information Source
		Element Separator	AN	1			*
	HL04	Hierarchical Child Code	ID	1/1	736	R	1 - Additional Subordinate HL Data Segment in this Hierarchical Structure
		Segment End	B	1			~
2100A	NM1	Individual or Organizational Name	ID	3		R	NM1
		Element Separator	AN	1			*
	NM101	Entity Identifier Code	ID	2/3	98	R	PR - Payer
		Element Separator	AN	1			*
	NM102	Entity Type Qualifier	ID	1/1	1065	R	2 - Non-Person Entity
		Element Separator	AN	1			*

Loop	Segment ID	Segment Name/ Data Element Name	Format	Length	DE Ref #	Req Des.	Value
	NM103	Name Last or Organization Name	AN	1/35	1035	R	ID_MMIS_4UNISYS
		Element Separator	AN	1			*
		Element Separator	AN	1			*
		Element Separator	AN	1			*
		Element Separator	AN	1			*
		Element Separator	AN	1			*
	NM108	Identification Code Qualifier	ID	1/2	66	R	PI - Payer Identification
		Element Separator	AN	1			*
	NM109	Identification Code	AN	2/80	67	R	ID_MMIS_4UNISYS
		Segment End	B	1			~
2000B	HL	Hierarchical Level Segment	ID	2		R	HL
		Element Separator	AN	1			*
	HL01	Hierarchical ID Number	AN	1/12	628	R	2
		Element Separator	AN	1			*
	HL02	Hierarchical Parent ID Number	AN	1/12	734	R	1
		Element Separator	AN	1			*
	HL03	Hierarchical Level Code	ID	1/2	735	R	21 - Information Receiver
		Element Separator	AN	1			*
	HL04	Hierarchical Child Code	ID	1/1	736	R	1 - Additional Subordinate HL Data Segment in this Hierarchical Structure
		Segment End	B	1			~
2100B	NM1	Individual or Organizational Name	ID	3		R	NM1
		Element Separator	AN	1			*

Loop	Segment ID	Segment Name/ Data Element Name	Format	Length	DE Ref #	Req Des.	Value
	NM101	Entity Identifier Code	ID	2/3	98	R	41 - Submitter
		Element Separator	AN	1			*
	NM102	Entity Type Qualifier	ID	1/1	1065	R	1 - Person, 2 - Non-Person
		Element Separator	AN	1			*
	NM103	Name Last or Organization Name	AN	1/35	1035	R	
		Element Separator	AN	1			*
	NM104	Name First	AN	1/25	1036	S	
		Element Separator	AN	1			*
	NM105	Name Middle	AN	1/25	1037	S	
		Element Separator	AN	1			*
	NM106	Name Prefix	AN	1/10	1038	S	
		Element Separator	AN	1			*
	NM107	Name Suffix	AN	1/10	1039	S	
		Element Separator	AN	1			*
	NM108	Identification Code Qualifier	ID	1/2	66	R	46 - Electronic Transmitter Identification Number
		Element Separator	AN	1			*
	NM109	Identification Code	AN	2/80	67	R	
		Segment End	B	1			~
2000C	HL	Hierarchical Level Segment	ID	2		R	HL
		Element Separator	AN	1			*
	HL01	Hierarchical ID Number	AN	1/12	628	R	3
		Element Separator	AN	1			*
	HL02	Hierarchical Parent ID Number	AN	1/12	734	R	2
		Element Separator	AN	1			*

Loop	Segment ID	Segment Name/ Data Element Name	Format	Length	DE Ref #	Req Des.	Value
	HL03	Hierarchical Level Code	ID	1/2	735	R	19 – Provider of Service
		Element Separator	AN	1			*
	HL04	Hierarchical Child Code	ID	1/1	736	R	1 - Additional Subordinate HL Data Segment in this Hierarchical Structure. Required when there are dependent claims related to this subscriber
		Segment End	B	1			~
2100C	NM1	Individual or Organizational Name	ID	3		R	NM1
		Element Separator	AN	1			*
	NM101	Entity Identifier Code	ID	2/3	98	R	1P - Provider
		Element Separator	AN	1			*
	NM102	Entity Type Qualifier	ID	1/1	1065	R	1 - Person, 2 - Non-Person
		Element Separator	AN	1			*
	NM103	Name Last or Organization Name	AN	1/35	1035	R	
		Element Separator	AN	1			*
	NM104	Name First	AN	1/25	1036	S	
		Element Separator	AN	1			*
	NM105	Name Middle	AN	1/25	1037	S	
		Element Separator	AN	1			*
	NM106	Name Prefix	AN	1/10	1038	S	
		Element Separator	AN	1			*
	NM107	Name Suffix	AN	1/10	1039	S	
		Element Separator	AN	1			*
	NM108	Identification Code Qualifier	ID	1/2	66	R	SV - Service Provider Number XX - NPI

Loop	Segment ID	Segment Name/ Data Element Name	Format	Length	DE Ref #	Req Des.	Value
		Element Separator	AN	1			*
	NM109	Identification Code	AN	2/80	67	R	XX - NPI. SV - "Atypical" providers will continue to use the Medicaid Provider Number.
		Segment End	B	1			~
2000D	HL	Hierarchical Level Segment	ID	2		R	HL
		Element Separator	AN	1			*
	HL01	Hierarchical ID Number	AN	1/12	628	R	4
		Element Separator	AN	1			*
	HL02	Hierarchical Parent ID Number	AN	1/12	734	R	3
		Element Separator	AN	1			*
	HL03	Hierarchical Level Code	ID	1/2	735	R	22 - Subscriber
		Element Separator	AN	1			*
	HL04	Hierarchical Child Code	ID	1/1	736	R	0 - No Subordinate HL Segment in This Hierarchical Structure. Required when there are no dependent claim status requests for this subscriber.
		Segment End	B	1			~
2000D	DMG	Demographic Information	ID	3		S	DMG
		Element Separator	AN	1			*
	DMG01	Date Time Period Format Qualifier	ID	2/3	1250	R	D8 - Date Expressed in Format CCYYMMDD
		Element Separator	AN	1			*
	DMG02	Date Time Period	AN	1/35	1251	R	Format: CCYYMMDD - Patient date of birth

Loop	Segment ID	Segment Name/ Data Element Name	Format	Length	DE Ref #	Req Des.	Value
		Element Separator	AN	1			*
	DMG03	Gender Code	ID	1/1	1068	R	F - Female, M - Male, U - Unknown
		Segment End	B	1			~
2100D	NM1	Individual or Organizational Name	ID	3		R	NM1
		Element Separator	AN	1			*
	NM101	Entity Identifier Code	ID	2/3	98	R	QC - Patient
		Element Separator	AN	1			*
	NM102	Entity Type Qualifier	ID	1/1	1065	R	1 - Person
		Element Separator	AN	1			*
	NM103	Name Last or Organization Name	AN	1/35	1035	R	
		Element Separator	AN	1			*
	NM104	Name First	AN	1/25	1036	S	
		Element Separator	AN	1			*
	NM105	Name Middle	AN	1/25	1037	S	
		Element Separator	AN	1			*
	NM106	Name Prefix	AN	1/10	1038	S	
		Element Separator	AN	1			*
	NM107	Name Suffix	AN	1/10	1039	S	
		Element Separator	AN	1			*
	NM108	Identification Code Qualifier	ID	1/2	66	R	MI - Member Identification Number
		Element Separator	AN	1			*
	NM109	Identification Code	AN	7/10	67	R	Idaho Medicaid Member ID
		Segment End	B	1			~
2200D	TRN	Patient Event Tracking	ID	3		R	TRN

Loop	Segment ID	Segment Name/ Data Element Name	Format	Length	DE Ref #	Req Des.	Value
		Number Segment					
		Element Separator	AN	1			*
	TRN01	Trace Type Code	ID	1/2	481	R	2
		Element Separator	AN	1			*
	TRN02	Reference Identification	AN	1/30	127	R	
		Segment End	B	1			~
2200D	STC	Reference Identification	ID	3		R	STC
		Element Separator	AN	1			*
	STC01	Health Care Claim Status	ID		C043	R	
	STC01-1	Claim Category Code	AN	1/30	1271	R	
		Component Element Separator		1			:
	STC01-2	Claim Status Code	AN	1/30	1271	R	
		Component Element Separator		1			:
	STC01-3	Entity Identifier Code	AN	2/3	98	S	
		Element Separator	AN	1			*
	STC02	Date	DT	8/8	373	R	Format: CCYYMMDD
		Element Separator	AN	1			*
		Element Separator	AN	1			*
	STC04	Total Claim Charge Amount	R	1/18	782	R	
		Element Separator	AN	1			*
	STC05	Claim Payment Amount	R	1/18	782	R	
		Element Separator	AN	1			*
	STC06	Adjudication or Payment Date	DT	8/8	373	S	Format: CCYYMMDD
		Element Separator	AN	1			*
	STC07	Payment Method Code	ID	3/3	591	S	

Loop	Segment ID	Segment Name/ Data Element Name	Format	Length	DE Ref #	Req Des.	Value
		Element Separator	AN	1			*
	STC08	Date	DT	8/8	373	S	Format: CCYYMMDD
		Element Separator	AN	1			*
	STC09	Check Number	AN	1/16	429	S	
		Element Separator	AN	1			*
	STC10	Health Care Claim Status	ID		C043	S	
		Element Separator	AN	1			*
	STC10-1	Industry Code	AN	1/30	1271	R	
		Component Element Separator		1			:
	STC10-2	Industry Code	AN	1/30	1271	R	
		Component Element Separator		1			:
	STC10-3	Entity Identifier Code	AN	2/3	98	S	
		Element Separator	AN	1			*
	STC11	Health Care Claim Status	ID		C043	S	
		Element Separator	AN	1			*
	STC11-1	Industry Code	AN	1/30	1271	R	
		Component Element Separator		1			:
	STC11-2	Industry Code	AN	1/30	1271	R	
		Component Element Separator		1			:
	STC11-3	Entity Identifier Code	AN	2/3	98	S	
		Segment End	B	1			~
2200D	REF	Reference Identification	ID	3		S	REF
		Element Separator	AN	1			*
	REF01	Reference Identification Qualifier	ID	2/3	128	R	1K - Payer's Claim Number. This data element corresponds to the

Loop	Segment ID	Segment Name/ Data Element Name	Format	Length	DE Ref #	Req Des.	Value
							value given in the ANSI ASC X12N 837 transaction in CLM01.
		Element Separator	AN	1			*
	REF02	Reference Identification	AN	1/30	127	R	
		Segment End	B	1			~
2200D	REF	Reference Identification	ID	3		S	REF
		Element Separator	AN	1			*
	REF01	Reference Identification Qualifier	ID	2/3	128	R	BLT - Billing Type
		Element Separator	AN	1			*
	REF02	Reference Identification	AN	1/30	127	R	
		Segment End	B	1			~
2200D	REF	Reference Identification	ID	3		S	REF
		Element Separator	AN	1			*
	REF01	Reference Identification Qualifier	ID	2/3	128	R	EA - Medical Record Identification Number
		Element Separator	AN	1			*
	REF02	Reference Identification	AN	1/30	127	R	
		Segment End	B	1			~
2200D	DTP	Date or Time or Period	ID	3		S	DTP
		Element Separator	AN	1			*
	DTP01	Date/Time Qualifier	ID	3/3	374	R	232 - Claim Statement Period Start. This includes the claim statement period end.
		Element Separator	AN	1			*
	DTP02	Date Time Period Format Qualifier	ID	2/3	1250	R	RD8 - Range of Dates Expressed in Format CCYYMMDD - CCYYMMDD
		Element Separator	AN	1			*
	DTP03	Date Time Period	AN	1/35	1251	R	

Loop	Segment ID	Segment Name/ Data Element Name	Format	Length	DE Ref #	Req Des.	Value
		Segment End	B	1			~
2220D	SVC	Service Information	ID	3		S	SVC
		Element Separator	AN	1			*
	SVC01	Composite Medical Procedure Identifier	ID		C0003	R	
	SVC01-1	Product/Service ID Qualifier	ID	2/2	235	R	Values: AD, HC, ID, IV, N1, N2, N3, N4, ND, NH, NU, RB
		Component Element Separator		1			:
	SVC01-2	Product/Service ID	AN	1/48	234	R	
		Component Element Separator		1			:
	SVC01-3	Procedure Modifier	AN	2/2	1339	S	
		Component Element Separator		1			:
	SVC01-4	Procedure Modifier	AN	2/2	1339	S	
		Component Element Separator		1			:
	SVC01-5	Procedure Modifier	AN	2/2	1339	S	
		Component Element Separator		1			:
	SVC01-6	Procedure Modifier	AN	2/2	1339	S	
		Element Separator	AN	1			*
	SVC02	Monetary Amount	R	1/18	782	R	
		Element Separator	AN	1			*
	SVC03	Monetary Amount	R	1/18	782	R	
		Element Separator	AN	1			*
	SVC04	Product/Service ID	AN	1/48	234	S	
		Element Separator	AN	1			*

Loop	Segment ID	Segment Name/ Data Element Name	Format	Length	DE Ref #	Req Des.	Value
		Element Separator	AN	1			*
		Element Separator	AN	1			*
	SVC07	Quantity	R	1/15	380	S	
		Segment End	B	1			~
2220D	STC	Reference Identification	ID	3		R	STC
		Element Separator	AN	1			*
	STC01	Health Care Claim Status	ID		C043	R	
	STC01-1	Industry Code	AN	1/30	1271	R	Values: Code Source 507
		Component Element Separator		1			:
	STC01-2	Industry Code	AN	1/30	1271	R	Values: Code Source 508
		Component Element Separator		1			:
	STC01-3	Entity Identifier Code	AN	2/3	98	S	Values: 13, 17, 1E, 1G, 1H, 1I, 1O-1Z, 28, 2A, 2B, 2E, 2I, 2K, 2P, 2Q, 2S, 2Z, 30, 36, 3A, 3C-3Z, 40, 43, 44, 4A-4J, 4L-4Z, 5A-5Z, 6A-6S, 6U-6Y, 71-74, 77, 7C, 80, 82, 84, 85, 87, 95, CK, CZ, D2, DD, DJ, DK, DN, DO, DQ, E1, E2, E7, E9, FA, FD, FE, G0, G3, GB, GD, GI, GJ, GK, GM, GY, HF, HH, I3, IJ, IL, IN, LI, LR, MR, OB, OD, OX, P0, P2, P3, P4, P6, P7, PT, PV, PW, QA-QE, QH, QK, QL, QN, QO, QS, QV, QY, RC, RW, S4, SJ, SU, T4, TQ, TT, TU, UH, X3, X4, X5, ZZ
		Element Separator	AN	1			*
	STC02	Date	DT	8/8	373	R	Format: CCYYMMDD
		Element Separator	AN	1			*

Loop	Segment ID	Segment Name/ Data Element Name	Format	Length	DE Ref #	Req Des.	Value
		Element Separator	AN	1			*
	STC04	Monetary Amount	R	1/18	782	R	
		Element Separator	AN	1			*
	STC05	Monetary Amount	R	1/18	782	R	
		Element Separator	AN	1			*
		Element Separator	AN	1			*
		Element Separator	AN	1			*
		Element Separator	AN	1			*
		Element Separator	AN	1			*
	STC10	Health Care Claim Status	ID		C043	S	
	STC10-1	Industry Code	AN	1/30	1271	R	Values: Code Source 507
		Component Element Separator		1			:
	STC10-2	Industry Code	AN	1/30	1271	R	Values: Code Source 508
		Component Element Separator		1			:
	STC10-3	Entity Identifier Code	AN	2/3	98	S	See STC01-3
		Element Separator	AN	1			*
	STC11	Health Care Claim Status	ID		C043	S	
		Element Separator	AN	1			*
	STC11-1	Industry Code	AN	1/30	1271	R	Values: Code Source 507
		Component Element Separator		1			:
	STC11-2	Industry Code	AN	1/30	1271	R	Values: Code Source 508
		Component Element Separator		1			:
	STC11-3	Entity Identifier Code	AN	2/3	98	S	See STC01-3
		Segment End	B	1			~
TRAILER	SE	Transaction Set Trailer	ID	2		R	SE

Loop	Segment ID	Segment Name/ Data Element Name	Format	Length	DE Ref #	Req Des.	Value
		Element Separator	AN	1			*
	SE01	Number of Included Segments	N0	1/10	96	R	Count includes the ST and SE segments.
		Element Separator	AN	1			*
	SE02	Transaction Set Control Number	AN	4/9	329	R	Must be identical to ST02
		Segment End	B	1			~
	GE	Functional Group Trailer	ID	2		R	GE
		Element Separator	AN	1			*
	GE01	Number of Transaction Sets Included	N0	1/6	97	R	
		Element Separator	AN	1			*
	GE02	Group Control Number	N0	1/9	28	R	Must be identical to GS06
		Segment End	B	1			~
	IEA	Interchange Control Trailer	ID	3		R	IEA
		Element Separator	AN	1			*
	IEA01	Number of Included Functional Groups	N0	1/5	I16	R	
		Element Separator	AN	1			*
	IEA02	Interchange Control Number	N0	9	I12	R	Must be identical to ISA13
		Segment End	B	1			~

Appendix A.

A.1 Retrieving Acknowledgements for X12 Transactions That Were Uploaded via Health PAS-OnLine

Acknowledgments and Responses to transactions submitted via Health PAS-OnLine can be accessed by selecting ***Download/Responses*** under the File Exchange menu. Acknowledgement for the most recently submitted transactions are automatically displayed in the list for download. Each can be viewed separately by clicking on the appropriate hyperlink or all acknowledgements for a transaction can be downloaded at once by using the Download All button. Older acknowledgements and responses can be located by using the Search button.
See example below.

Figure A-1: Older Acknowledgements and Responses via Search Button

Submission File Name	Submission Date	ICN	Usage Indicator	TA1	997	824	BRR	Action
IDTPID000017-Test-098A1.edi-3484	5/21/2009 9:03:16 AM	000002440	P	73575				Download All...
claimtest.zoe.txt-3010	5/20/2009 1:11:12 PM	000001002	T	73535	73536			Download All...
claimtest.zoe.edi.dat-3008	5/20/2009 1:09:45 PM	000001001	T	73533				Download All...
claimtest.zoe.edi.dat-2561	5/19/2009 3:33:54 PM	000001001	T	73488				Download All...
claimtest.zoe.edi.dat-2553	5/19/2009 3:23:11 PM	000001001	T	73486				Download All...
claimtest.zoe.edi.dat-2530	5/19/2009 2:25:52 PM	000001001	T	73484				Download All...
claimtest.zoe.edi.dat-2448	5/19/2009 10:46:32 AM	000001001	T	73480				Download All...

A.2 Retrieving Acknowledgements for X12 Transactions Submitted via Secured FTP Submission

Trading Partners who have submitted X12 transactions via Secured FTP may retrieve acknowledgements and responses from their designated secured FTP Pickup location. Any validation responses to the original submission (TA1, 997, 824 and BRR) will be based on the Unisys internal file naming convention. This naming convention is as follows:

<Input Class>-<Sender ID>-<Receiver ID>-<Date: CCYYMMDD>-<Time: HHMMSS>-<File ID>-<Transaction Type>-<Usage: T for Test, P for Production>.edi

For example:
An inbound Institutional Healthcare claim file from Trading Partner ID IDTPID000011, would be assigned an internal name of:
VAN-IDTPID000011-ID_MMIS_4UNISYS-20081216-112750-1367-004010X096A1-P.edi

The HIPAA validation acknowledgements would appear in this trading partner's FTP pickup location named:
VAN-IDTPID000011-ID_MMIS_4UNISYS-20081216-112750-1367-004010X096A1-P.edi-1367-TA1.edi
VAN-IDTPID000011-ID_MMIS_4UNISYS-20081216-112750-1367-004010X096A1-P.edi-1367-997.edi
VAN-IDTPID000011-ID_MMIS_4UNISYS-20081216-112750-1367-004010X096A1-P.edi-1367-824.edi
VAN-IDTPID000011-ID_MMIS_4UNISYS-20081216-112750-1367-004010X096A1-P.edi-1367-BRR.edi

A.2.1 Acknowledgements Generated by X12 HIPAA Validation

A.2.1.1 TA1 Interchange Acknowledgement

The TA1 interchange acknowledgement is used to verify the syntactical accuracy of the envelope of the X12 interchange. The TA1 interchange will indicate that the file was successfully received; as well as indicate what errors existed within the envelope segments of the received X12 file.

The structure of a TA1 interchange acknowledgement depends on the structure of the envelope of the original EDI document. When the envelope of the EDI document does not contain an error then the interchange acknowledgement will contain the ISA, TA1, and IEA segments. The TA1 segment will have an Interchange Acknowledgement Code of 'A' (Accepted) followed by a three-digit code of '000' which indicates that there were not any errors.

If the EDI document contains an error at the interchange level, such as in the Interchange Control Header (ISA) segment or the Interchange control trailer (IEA), then the interchange acknowledgement will also only contain the ISA, TA1, and IEA segments. The TA1 segment will have an Interchange Acknowledgement Code of 'R' (Rejected) which will be followed by a three-digit number that corresponds to one of the following codes:

Code	Description
000	No error
001	The interchange control number in the header and trailer do not match. The value from the header is used in the acknowledgment
002	This standard as noted in the control standards identifier is not supported
003	This version of the controls is not supported
005	Invalid interchange id qualifier for sender
006	Invalid interchange sender ID
009	Unknown interchange receiver ID
012	Invalid security information qualifier value

Code	Description
013	Invalid security information value
018	Invalid interchange control number value
019	Invalid acknowledgment requested value
020	Invalid test indicator value
021	Invalid number of included groups value
023	Improper (premature) end-of-file (transmission)
024	Invalid interchange content (e.g., invalid gs segment)
025	Duplicate interchange control number

For additional information regarding the TA1 Interchange Acknowledgement, please reference the Acknowledgements Section of the 4010A1 Implementation Guide.

A.2.1.2 997 Functional Acknowledgement

The purpose of the 997 transaction is to acknowledge the receipt of and status of each transaction sets in an EDI transaction. One 997 is generated for every functional group received in the transmission. The acknowledgement can be either positive or negative. If the functional group in a submission is HIPAA-compliant, then the submitter will receive a positive 997, indicating acceptance for processing. It will not reflect if the claims will be paid or denied. It is simply a notification of successful receipt.

Each segment in a 997 functional acknowledgement plays a specific role in the transaction. For example, the AK1 segment starts the acknowledgement of a functional group. Each AKx segment has a separate set of associated error codes.

The 997 functional acknowledgement includes but is not limited to, the following required segments:

- ST segment—Transaction Set Header
- AK1 segment—Functional Group Response Header, used to respond to functional group header and start the transaction.
- AK5 segment—Transaction Set Response Trailer, used to acknowledge acceptance or rejection and report errors in a transaction set
- AK9 segment—Functional Group Response Trailer, used to acknowledge acceptance or rejection of a functional group and report the number of included transaction sets from the original trailer, the accepted sets, and the received sets in this functional group.
- SE segment—Transaction Set Trailer.

The possible AK501 values produced by the Unisys Health PAS solution during HIPAA validation are:

- A – Accepted
- E – Accepted but errors were noted
- R - Rejected

The possible AK901 values produced by the Unisys Health PAS solution during HIPAA validation are:

- A – Accepted
- E – Accepted but errors were noted
- P - Partially accepted, at least one transaction set was rejected
- R - Rejected

For additional information regarding the 997 Functional Acknowledgement, please reference the Acknowledgements Section of the 4010A1 Implementation Guide.

A.2.1.3 824 Application Advice

This transaction is not mandated by HIPAA, but will be used to report the results of data content edits of transaction sets. It is designed to report rejections based on business rules such as; invalid diagnosis codes, invalid procedure codes, and invalid provider numbers. The 824 Application Advice does not replace the 997 or TA1 transactions and will only be generated by Health PAS if there are errors within the transaction set.

The 824 acknowledgment is divided into two levels of segments; header and detail.

- The header level contains general information, such as the transaction set control reference number of the previously sent transaction, date, time, submitter, and receiver.
- The detail level reports the results of an application system's data content edits.

The 824 Application Advice includes but is not limited to following segments and their roles:

Header Segments:

- ST segment—Transaction Set Header
- BGN segment—Beginning Segment
- N1 segment—Submitter Name
- N1 segment—Receiver Name

Detail Segments:

- OTI segment—Original Transaction Identification
- TED segment—Error or Informational Message Location
- RED segment—Error or Informational Message
- SE segment—Transaction Set Trailer

The Health PAS Application outputs the following errors in the TED segment of the 824 Application Advice:

Code TED01	Description TED02
O	Missing or Invalid Issuer Identification
P	Missing or Invalid Item Quantity
Q	Missing or Invalid Item Identification
U	Missing or Unauthorized Transaction Type Code
006	Duplicate
007	Missing Data
008	Out of Range
009	Invalid Date
010	Total Out of Balance
011	Not Matching
012	Invalid Combination
024	Other Unlisted Reason
027	Customer Identification Number Does not Exist
815	Duplicate Batch
848	Incorrect Data
DTE	Incorrect Date
DUP	Duplicate Transaction
ICA	Invalid Claim Amount
IID	Invalid Identification Code
NAU	Not Authorized
UCN	Unknown Claim Number

A.2.1.4 Business Rejection Report (formally know as the 824 Text Report)

Health PAS also produces a Human Readable version of the 824 called the Business Rejection Report (BRR). This report helps to facilitate the immediate correction and re-bill of claims rejected during HIPAA validation. See Figure A-2: Sample Business Rejection Report (BRR), below.

Figure A-2: Sample Business Rejection Report (BRR)

File Information:

Sender ID:	IDTPID000003	**Transaction Type:**	004010X096A1
Receiver ID:	ID_MMIS_4UNISYS	**Usage Indicator:**	T
Date / Time:	090709 / 1309	**Transaction Control Number:**	190000007

Claim Information:

Billing Provider:	ACUTE CARE HOSPITAL	**Claim Number:**	A13
Billing Provider Qualifier, ID:	XX, 1447352836	**Service Date:**	20090208-20090208
Billing Provider Secondary Qualifier, ID:	n/a	**Claim Charges:**	2500
Subscriber:	ESTELLE, HEADS	**Transaction Set:**	10006
Subscriber Qualifier, ID:	MI, 557854791M		

Transaction Error(s):

Error Number:	1
Error ID:	0x3939339
Error Summary:	Revenue Code is invalid.
Error Message:	Value of element SV201 is incorrect. Expected value is from external code list - NUBC Revenue Code (132). Segment SV2 is defined in the guideline at position 375.
Data in Error:	300
Error Location:	This error was detected at: Segment Count: 37 Element Count: 1 Character: 996 through 999

Error Number:	2
Error ID:	0x3939612
Error Summary:	HCPCS Procedure Code is invalid in Institutional Service Line.
Error Message:	Value of sub-element SV202-02 is incorrect. Expected value is from external code list - HCPCS Code (130) when SV202-01='HC'. Segment SV2 is defined in the guideline at position 375.
Data in Error:	1500
Error Location:	This error was detected at: Segment Count: 37 Composite Count: 2 Sub-Element Count: 2 Character: 1003 through 1007