

# 277 Unsolicited Health Care Claim Status Notification

Functional Group ID=**HN**

## Introduction:

This Draft Standard for Trial Use contains the format and establishes the data contents of the Health Care Claim Status Notification Transaction Set (277) for use within the context of an Electronic Data Interchange (EDI) environment. This transaction set can be used by a health care payer or authorized agent to notify a provider, recipient, or authorized agent regarding the status of a health care claim or encounter or to request additional information from the provider regarding a health care claim or encounter. This transaction set is not intended to replace the Health Care Claim Payment/Advice Transaction Set (835) and therefore, will not be used for account payment posting. The notification may be at a summary or service line detail level. The notification may be solicited or unsolicited.

## Notes:

### X12 Notes:

The Ohio Department of Job and Family Services returns this transaction when an ASC X12N 837 Health Care Claim is rejected due to errors detected in the claim pre-processing. This rejected claim is not sent to the ODJFS claim adjudication processing. The errors listed in this ASC X12 277 transaction set must be corrected and the claim re-submitted.

Segments/elements marked with an 'X' are not used, segments/elements marked with an 'M' or '>>' are mandatory and segments/elements that are marked with a blank are used by ODJFS.

## Heading:

Page No.	Pos. No.	Seg. ID	Name	HIPAA Usage	ODJFS Usage	Max.Use	Loop Repeat	Notes and Comments
3	005	ISA	Interchange Control Header	R	R	1		
6	007	GS	Functional Group Header	R	R	1		
8	010	ST	Transaction Set Header	R	R	1		
9	020	BHT	Beginning of Hierarchical Transaction	R	R	1		
	030	REF	Reference Identification	S	Not Used	10		
LOOP ID - 1000							>1	
	040	NM1	Individual or Organizational Name	S	Not Used	1		
	050	N2	Additional Name Information	S	Not Used	2		
	060	N3	Address Information	S	Not Used	2		
	070	N4	Geographic Location	S	Not Used	1		
	080	REF	Reference Identification	S	Not Used	2		
	090	PER	Administrative Communications Contact	S	Not Used	1		

## Detail:

Page No.	Pos. No.	Seg. ID	Name	HIPAA Usage	ODJFS Usage	Max.Use	Loop Repeat	Notes and Comments
LOOP ID - 2000							>1	
10	010	HL	Hierarchical Level	R	R	1		
	020	SBR	Subscriber Information	S	Not Used	1		n1
	030	PAT	Patient Information	S	Not Used	1		
	040	DMG	Demographic Information	S	Not Used	1		n2
LOOP ID - 2100							>1	
12	050	NM1	Individual or Organizational Name	S	S	1		

	060	N3	Address Information	S	Not Used	2	
	070	N4	Geographic Location	S	Not Used	1	
14	080	PER	Administrative Communications Contact	S	S	1	
						LOOP ID - 2200	>1
15	090	TRN	Trace	S	S	1	
16	100	STC	Status Information	R	R	>1	
19	110	REF	Reference Identification	S	S	3	
20	120	DTP	Date or Time or Period	S	S	2	
						LOOP ID - 2210	>1
	130	PWK	Paperwork	S	Not Used	1	c1
	140	PER	Administrative Communications Contact	S	Not Used	1	
	150	N1	Name	S	Not Used	1	
	160	N3	Address Information	S	Not Used	1	
	170	N4	Geographic Location	S	Not Used	1	
						LOOP ID - 2220	>1
21	180	SVC	Service Information	S	S	1	
22	190	STC	Status Information	-	R	>1	
	200	REF	Reference Identification	S	Not Used	1	
24	210	DTP	Date or Time or Period	S	S	1	
						LOOP ID - 2225	>1
	220	PWK	Paperwork	S	Not Used	1	c2
	230	PER	Administrative Communications Contact	S	Not Used	1	
	240	N1	Name	S	Not Used	1	
	250	N3	Address Information	S	Not Used	1	
	260	N4	Geographic Location	S	Not Used	1	
25	270	SE	Transaction Set Trailer	R	R	1	
26	280	GE	Functional Group Trailer	R	R	1	
27	290	IEA	Interchange Control Trailer	R	R	1	

## Transaction Set Notes

1. The SBR segment may only appear at the Subscriber (HL03=22) level.
2. The DMG segment may only appear at the Subscriber (HL03=22) or Dependent (HL03=23) level.

## Transaction Set Comments

1. The 2210 loop may be used when there is a status notification or a request for additional information about a particular claim.
2. The 2225 loop may be used when there is a status notification or a request for additional information about a particular service line.

**Segment:** **ISA** Interchange Control Header  
**Position:** 005  
**Loop:**  
**Level:** Heading  
**Usage:** Mandatory  
**Max Use:** 1  
**Purpose:** To start and identify an interchange of zero or more functional groups and interchange-related control segments

**Syntax Notes:**  
**Semantic Notes:**  
**Comments:**  
**Notes:**

**X12 Notes**

ISA\*00\*.....\*01\*SECRET.....\*ZZ\*SUBMITTERS.ID..\*ZZ\*RECEIVERS.ID...\*930602\*1253\*U\*00401\*000000903\*1\*P\*:~

**ODJFS User Note**

ISA\*00\*.....\*00\*.....\*ZZ\*MMMISODJFS.....\*ZZ\*7.DIGIT.ID.....\*031016\*1253\*U\*00401\*000000001\*0\*P\*:~

**Data Element Summary**

<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Base Attributes</u>	<u>User Attributes</u>
ISA01	I01	<b>Authorization Information Qualifier</b>	M ID 2/2	R
		Code to identify the type of information in the Authorization Information		
		00 No Authorization Information Present (No Meaningful Information in I02)		
ISA02	I02	<b>Authorization Information</b>	M AN 10/10	R
		Information used for additional identification or authorization of the interchange sender or the data in the interchange; the type of information is set by the Authorization Information Qualifier (I01)		
		<b>ODJFS User Note:</b>		
		This field should contain all spaces.		
ISA03	I03	<b>Security Information Qualifier</b>	M ID 2/2	R
		Code to identify the type of information in the Security Information		
		00 No Security Information Present (No Meaningful Information in I04)		
ISA04	I04	<b>Security Information</b>	M AN 10/10	R
		This is used for identifying the security information about the interchange sender or the data in the interchange; the type of information is set by the Security Information Qualifier (I03)		
		<b>ODJFS User Note:</b>		
		This field should contain all spaces.		
ISA05	I05	<b>Interchange ID Qualifier</b>	M ID 2/2	R
		Qualifier to designate the system/method of code structure used to designate the sender or receiver ID element being qualified		
		<b>X12 Notes:</b>		
		Set by Trading Partner Agreement.		
		ZZ Mutually Defined		
ISA06	I06	<b>Interchange Sender ID</b>	M AN 15/15	R
		Identification code published by the sender for other parties to use as the receiver ID to route data to them; the sender always codes this value in the sender ID element		
		<b>X12 Notes:</b>		
		Set by Trading Partner Agreement.		
		<b>ODJFS User Note:</b>		
		If you are sending to Medicaid then: This field should contain the 7-digit Medicaid Provider ID assigned to the Sender of this file. Since this is a fixed-length field, it should be filled with spaces to meet the minimum length requirement of 15.		

If you are receiving from Medicaid then: This field should contain the value MMISODJFS assigned to the Sender of this file (Ohio Department of Job and Family Services). Since this is a fixed-length field, it will be filled with spaces to meet the minimum length requirement of 15.

<b>ISA07</b>	<b>I05</b>	<b>Interchange ID Qualifier</b>	<b>M ID 2/2 R</b>
		Qualifier to designate the system/method of code structure used to designate the sender or receiver ID element being qualified	
		<b>X12 Notes:</b>	
		Set by Trading Partner Agreement.	
		ZZ	Mutually Defined
<b>ISA08</b>	<b>I07</b>	<b>Interchange Receiver ID</b>	<b>M AN 15/15 R</b>
		Identification code published by the receiver of the data; When sending, it is used by the sender as their sending ID, thus other parties sending to them will use this as a receiving ID to route data to them	
		<b>X12 Notes:</b>	
		Set by Trading Partner Agreement.	
		<b>ODJFS User Note:</b>	
		If you are sending to Medicaid then: This field should contain the value MMISODJFS assigned to the Receiver of this file (Ohio Department of Job and Family Services). Since this is a fixed-length field, it should be filled with spaces to meet the minimum length requirement of 15.	
		If you are receiving from Medicaid then: This field should contain the 7-digit Medicaid Provider ID assigned to the Receiver of this file. Since this is a fixed-length field, it will be filled with spaces to meet the minimum length requirement of 15.	
<b>ISA09</b>	<b>I08</b>	<b>Interchange Date</b>	<b>M DT 6/6 R</b>
		Date of the interchange	
		<b>X12 Notes:</b>	
		The date format is YYMMDD.	
<b>ISA10</b>	<b>I09</b>	<b>Interchange Time</b>	<b>M TM 4/4 R</b>
		Time of the interchange	
		<b>X12 Notes:</b>	
		The time format is HHMM	
<b>ISA11</b>	<b>I10</b>	<b>Interchange Control Standards Identifier</b>	<b>M ID 1/1 R</b>
		Code to identify the agency responsible for the control standard used by the message that is enclosed by the interchange header and trailer	
		U	U.S. EDI Community of ASC X12, TDCC, and UCS
<b>ISA12</b>	<b>I11</b>	<b>Interchange Control Version Number</b>	<b>M ID 5/5 R</b>
		This version number covers the interchange control segments	
		00401	Draft Standards for Trial Use Approved for Publication by ASC X12 Procedures Review Board through October 1997
<b>ISA13</b>	<b>I12</b>	<b>Interchange Control Number</b>	<b>M N0 9/9 R</b>
		A control number assigned by the interchange sender	
		<b>X12 Notes:</b>	
		The Interchange Control Number is incremented each time an ISA is created. The Interchange Control Number, ISA13, must be identical to the associated Interchange Trailer IEA02.	
		<b>ODJFS Application Note:</b>	
		The Interchange Control Number, ISA13, is identical to the associated Interchange Trailer, IEA02.	
<b>ISA14</b>	<b>I13</b>	<b>Acknowledgment Requested</b>	<b>M ID 1/1 R</b>
		Code sent by the sender to request an interchange acknowledgment (TA1)	
		<b>X12 Notes:</b>	

See Section A.1.5.1 (HIPAA Guide, Appendix A) for interchange acknowledgment information.

**ODJFS User Note:**

ODJFS will return an acknowledgment segment (TA1) for the ISA, if the ISA is in error.

		0	No Acknowledgment Requested			
<b>ISA15</b>	<b>I14</b>	<b>Usage Indicator</b>		<b>M</b>	<b>ID 1/1</b>	<b>R</b>
			Code to indicate whether data enclosed by this interchange envelope is test, production or information			
		P	Production Data			
		T	Test Data			
<b>ISA16</b>	<b>I15</b>	<b>Component Element Separator</b>		<b>M</b>	<b>AN 1/1</b>	<b>R</b>
			Type is not applicable; the component element separator is a delimiter and not a data element; this field provides the delimiter used to separate component data elements within a composite data structure; this value must be different than the data element separator and the segment terminator			

**Segment:** **GS** Functional Group Header  
**Position:** 007  
**Loop:**  
**Level:** Heading  
**Usage:** Mandatory  
**Max Use:** 1  
**Purpose:** To indicate the beginning of a functional group and to provide control information  
**Syntax Notes:**  
**Semantic Notes:**

- 1 GS04 is the group date.
- 2 GS05 is the group time.
- 3 The data interchange control number GS06 in this header must be identical to the same data element in the associated functional group trailer, GE02.

**Comments:**

- 1 A functional group of related transaction sets, within the scope of X12 standards, consists of a collection of similar transaction sets enclosed by a functional group header and a functional group trailer.

**Notes: X12 Notes**

GS\*HC\*SENDER CODE\*RECEIVER CODE\*20031016\*0802\*1\*X\*004010~

**ODJFS User Note**

GS\*HC\*MMISODJFS\*MEDICAID ID\*20031016\*0802\*1\*X\*004010~

**Data Element Summary**

<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Base Attributes</u>	<u>User Attributes</u>
GS01	479	<b>Functional Identifier Code</b> Code identifying a group of application related transaction sets HN Health Care Claim Status Notification (277)	M ID 2/2	R
GS02	142	<b>Application Sender's Code</b> Code identifying party sending transmission; codes agreed to by trading partners <b>X12 Notes:</b> Set by Trading Partner Agreement.	M AN 2/15	R
		<b>ODJFS User Note:</b> If you are receiving from Medicaid then: This field should contain the value MMISODJFS assigned to the Sender of this file (Ohio Department of Job and Family Services).		
GS03	124	<b>Application Receiver's Code</b> Code identifying party receiving transmission; codes agreed to by trading partners <b>X12 Notes:</b> Set by Trading Partner Agreement.	M AN 2/15	R
		<b>ODJFS User Note:</b> If you are receiving from Medicaid then: This field will contain the 7-digit Medicaid Trading Partner ID assigned to the receiver of this file.		
GS04	373	<b>Date</b> Date expressed as CCYYMMDD	M DT 8/8	R
		<b>ODJFS Application Note:</b> Used for the Functional Group Creation Date.		
GS05	337	<b>Time</b> Time expressed in 24-hour clock time as follows: HHMM, or HHMMSS, or HHMMSSD, or HHMMSSDD, where H = hours (00-23), M = minutes (00-59), S = integer seconds (00-59) and DD = decimal seconds; decimal seconds are expressed as follows: D = tenths (0-9) and DD = hundredths (00-99)	M TM 4/8	R
		<b>ODJFS Application Note:</b> Used for the Functional Group Creation Time, HHMM.		
GS06	28	<b>Group Control Number</b> Assigned number originated and maintained by the sender	M N0 1/9	R

**X12 Notes:**

The Group Control Number is incremented each time a GS is created.

<b>GS07</b>	<b>455</b>	<b>Responsible Agency Code</b>	<b>M</b>	<b>ID 1/2</b>	<b>R</b>
		Code used in conjunction with Data Element 480 to identify the issuer of the standard			
		X		Accredited Standards Committee X12	
<b>GS08</b>	<b>480</b>	<b>Version / Release / Industry Identifier Code</b>	<b>M</b>	<b>AN 1/12</b>	<b>R</b>
		Code indicating the version, release, subrelease, and industry identifier of the EDI standard being used, including the GS and GE segments; if code in DE455 in GS segment is X, then in DE 480 positions 1-3 are the version number; positions 4-6 are the release and subrelease, level of the version; and positions 7-12 are the industry or trade association identifiers (optionally assigned by user); if code in DE455 in GS segment is T, then other formats are allowed			
		004010		Draft Standards Approved for Publication by ASC X12 Procedures Review Board through October 1997	

**Segment:** **ST** Transaction Set Header  
**Position:** 010  
**Loop:**  
**Level:** Heading  
**Usage:** Mandatory  
**Max Use:** 1  
**Purpose:** To indicate the start of a transaction set and to assign a control number  
**Syntax Notes:**  
**Semantic Notes:** 1 The transaction set identifier (ST01) is used by the translation routines of the interchange partners to select the appropriate transaction set definition (e.g., 810 selects the Invoice Transaction Set).  
**Comments:**

**Data Element Summary**

<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Base Attributes</u>	<u>User Attributes</u>
ST01	143	Transaction Set Identifier Code Code uniquely identifying a Transaction Set	M ID 3/3	R
		277 Health Care Claim Status Notification		
ST02	329	Transaction Set Control Number Identifying control number that must be unique within the transaction set functional group assigned by the originator for a transaction set	M AN 4/9	R

**Segment:** **BHT** Beginning of Hierarchical Transaction  
**Position:** 020  
**Loop:**  
**Level:** Heading  
**Usage:** Mandatory  
**Max Use:** 1  
**Purpose:** To define the business hierarchical structure of the transaction set and identify the business application purpose and reference data, i.e., number, date, and time

**Syntax Notes:**  
**Semantic Notes:**

- 1 BHT03 is the number assigned by the originator to identify the transaction within the originator's business application system.
- 2 BHT04 is the date the transaction was created within the business application system.
- 3 BHT05 is the time the transaction was created within the business application system.

**Comments:**

**Data Element Summary**

<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Base Attributes</u>	<u>User Attributes</u>
BHT01	1005	<b>Hierarchical Structure Code</b> Code indicating the hierarchical application structure of a transaction set that utilizes the HL segment to define the structure of the transaction set 0010 Information Source, Information Receiver, Provider of Service, Subscriber, Dependent	M ID 4/4	R
BHT02	353	<b>Transaction Set Purpose Code</b> Code identifying purpose of transaction set 08 Status	M ID 2/2	R
BHT03	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier <b>X12 Notes:</b>	O AN 1/30	S
<b>ODJFS User Note:</b> ODJFS User Reference (translator run number).				
BHT04	373	<b>Date</b> Date expressed as CCYYMMDD <b>X12 Notes:</b>	O DT 8/8	S
Transaction creation date.				
BHT05	337	<b>Time</b>	O TM 4/8	N/U
BHT06	640	<b>Transaction Type Code</b> Code specifying the type of transaction TH Receipt Acknowledgment Advice	O ID 2/2	S

**Segment:** **HL Hierarchical Level**  
**Position:** 010  
**Loop:** 2000 Mandatory  
**Level:** Detail  
**Usage:** Mandatory  
**Max Use:** 1  
**Purpose:** To identify dependencies among and the content of hierarchically related groups of data segments

**Syntax Notes:**

**Semantic Notes:**

- Comments:**
- 1 The HL segment is used to identify levels of detail information using a hierarchical structure, such as relating line-item data to shipment data, and packaging data to line-item data.  
The HL segment defines a top-down/left-right ordered structure.
  - 2 HL01 shall contain a unique alphanumeric number for each occurrence of the HL segment in the transaction set. For example, HL01 could be used to indicate the number of occurrences of the HL segment, in which case the value of HL01 would be "1" for the initial HL segment and would be incremented by one in each subsequent HL segment within the transaction.
  - 3 HL02 identifies the hierarchical ID number of the HL segment to which the current HL segment is subordinate.
  - 4 HL03 indicates the context of the series of segments following the current HL segment up to the next occurrence of an HL segment in the transaction. For example, HL03 is used to indicate that subsequent segments in the HL loop form a logical grouping of data referring to shipment, order, or item-level information.
  - 5 HL04 indicates whether or not there are subordinate (or child) HL segments related to the current HL segment.

**Data Element Summary**

<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Base Attributes</u>	<u>User Attributes</u>
HL01	628	<b>Hierarchical ID Number</b> A unique number assigned by the sender to identify a particular data segment in a hierarchical structure <b>X12 Notes:</b> A unique, sequential number starting with 1.	M AN 1/12	R
HL02	734	<b>Hierarchical Parent ID Number</b> Identification number of the next higher hierarchical data segment that the data segment being described is subordinate to <b>X12 Notes:</b> The Hierarchical ID Number of the HL loop that is the parent of this HL segment.	O AN 1/12	S
HL03	735	<b>Hierarchical Level Code</b> Code defining the characteristic of a level in a hierarchical structure 19 Provider of Service <b>X12 Notes:</b> Used for the Pay-to Provider level. 20 Information Source Identifies the payor, maintainer, or source of the information <b>X12 Notes:</b> Used for the Payer level. 21 Information Receiver Identifies the provider or party(ies) who are the recipient(s) of the information <b>X12 Notes:</b> Used for the Trading Partner level.	M ID 1/2	R

22

Subscriber

Identifies the employee or group member who is covered for insurance and to whom, or on behalf of whom, the insurer agrees to pay benefits

**X12 Notes:**

Used for the Subscriber (Patient) level.

**HL04**

**736**

**Hierarchical Child Code**

**O ID 1/1 S**

Code indicating if there are hierarchical child data segments subordinate to the level being described

0

No Subordinate HL Segment in This Hierarchical Structure.

**X12 Notes:**

Used when HL03='22'.

1

Additional Subordinate HL Data Segment in This Hierarchical Structure.

**X12 Notes:**

Used when HL03='20', '21' or '19'.

**Segment:** **NM1** Individual or Organizational Name  
**Position:** 050  
**Loop:** 2100 Optional  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To supply the full name of an individual or organizational entity  
**Syntax Notes:** 1 If either NM108 or NM109 is present, then the other is required.  
2 If NM111 is present, then NM110 is required.  
**Semantic Notes:** 1 NM102 qualifies NM103.  
**Comments:** 1 NM110 and NM111 further define the type of entity in NM101.  
**Notes:** **X12 Notes**

Payer, 'ODJFS', when NM101='PR'.  
Billing Provider, when NM101='41'.  
Pay-to Provider, when NM101='1P'.  
Subscriber (Patient), when NM101='QC'.

### Data Element Summary

Ref. Des.	Data Element	Name	Base Attributes	User Attributes
NM101	98	<b>Entity Identifier Code</b>	M ID 2/3	R
		Code identifying an organizational entity, a physical location, property or an individual		
		1P Provider		
		<b>X12 Notes:</b>		
		Used for the Pay-to Provider, when HL03='19'.		
		41 Submitter		
		Entity transmitting transaction set		
		<b>X12 Notes:</b>		
		Used for the Trading Partner who submitted the claim, when HL03='21'.		
		PR Payer		
		<b>X12 Notes:</b>		
		Used for the Ohio Department of Human Services, when HL03='20'.		
		QC Patient		
		Individual receiving medical care		
		<b>X12 Notes:</b>		
		Used for the Subscriber (Patient), when HL03='22'.		
NM102	1065	<b>Entity Type Qualifier</b>	M ID 1/1	R
		Code qualifying the type of entity		
		1 Person		
		<b>X12 Notes:</b>		
		Used for NM101='QC'.		
		2 Non-Person Entity		
		<b>X12 Notes:</b>		
		Used for NM101='PR', '41', and '1P'.		
NM103	1035	<b>Name Last or Organization Name</b>	O AN 1/35	S
		Individual last name or organizational name		
		<b>X12 Notes:</b>		
		Contains 'ODJFS', when HL03='20' and NM101='PR'.		
		Trading Partner Name, when HL03='21' and NM101='41'.		
		Pay-to Provider Name, when HL03='19' and NM101='1P'		
		Subscriber (Patient) Last Name, when HL03='22' and NM101='QC'.		
NM104	1036	<b>Name First</b>	O AN 1/25	S

Individual first name

**X12 Notes:**

Subscriber (Patient) First Name, when HL03='22' and NM101='QC'.

**NM105 1037 Name Middle O AN 1/25 S**

Individual middle name or initial

**X12 Notes:**

Subscriber (Patient) Middle Initial, when HL03='22' and NM101='QC'.

**NM106 1038 Name Prefix O AN 1/10 N/U**

**NM107 1039 Name Suffix O AN 1/10 N/U**

**NM108 66 Identification Code Qualifier X ID 1/2 S**

Code designating the system/method of code structure used for Identification Code (67)

46 Electronic Transmitter Identification Number (ETIN)  
A unique number assigned to each transmitter and software developer

**X12 Notes:**

Used when NM101= '41'.

MR Medicaid Recipient Identification Number  
Unique identification number assigned to each member covered under a subscriber's contract

**X12 Notes:**

Used when NM101='QC'.

PI Payor Identification

**X12 Notes:**

Used when NM101='PR'.

SV Service Provider Number

**X12 Notes:**

Used when NM101='1P'.

**NM109 67 Identification Code X AN 2/80 S**

Code identifying a party or other code

**X12 Notes:**

ODJFS Payer ID, when NM101='PR' and NM108='PI'.

Trading Partner Sender ID, when NM101='41', and NM108='46'.

Pay-to Provider Medicaid ID, when NM101='1P', and NM108='SV'.

Subscriber (Patient) Recipient Medicaid ID, when NM101='QC', and NM108='MR'.

**ODJFS Application Note:**

Trading Partner ID is the Sender ID (ISA06) from the ASC X12N 837 Health Care Claim.

**Segment:** **PER** Administrative Communications Contact  
**Position:** 080  
**Loop:** 2100 Optional  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To identify a person or office to whom administrative communications should be directed  
**Syntax Notes:**

- 1 If either PER03 or PER04 is present, then the other is required.
- 2 If either PER05 or PER06 is present, then the other is required.
- 3 If either PER07 or PER08 is present, then the other is required.

**Semantic Notes:**  
**Comments:**

**Data Element Summary**

<u>Ref.</u>	<u>Data</u>	<u>Name</u>	<u>Base</u>	<u>User</u>
<u>Des.</u>	<u>Element</u>		<u>Attributes</u>	<u>Attributes</u>
PER01	366	<b>Contact Function Code</b> Code identifying the major duty or responsibility of the person or group named IC Information Contact	M ID 2/2	R
PER02	93	<b>Name</b> Free-form name	O AN 1/60	S
PER03	365	<b>Communication Number Qualifier</b> Code identifying the type of communication number EM Electronic Mail FX Facsimile TE Telephone	X ID 2/2	S
PER04	364	<b>Communication Number</b> Complete communications number including country or area code when applicable	X AN 1/80	S
PER05	365	<b>Communication Number Qualifier</b> Code identifying the type of communication number EM Electronic Mail FX Facsimile TE Telephone	X ID 2/2	S
PER06	364	<b>Communication Number</b> Complete communications number including country or area code when applicable	X AN 1/80	S
PER07	365	<b>Communication Number Qualifier</b> Code identifying the type of communication number EM Electronic Mail FX Facsimile TE Telephone	X ID 2/2	S
PER08	364	<b>Communication Number</b> Complete communications number including country or area code when applicable	X AN 1/80	S

**Segment:** **TRN** Trace  
**Position:** 090  
**Loop:** 2200 Optional  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To uniquely identify a transaction to an application  
**Syntax Notes:**  
**Semantic Notes:**

- 1 TRN02 provides unique identification for the transaction.
- 2 TRN03 identifies an organization.
- 3 TRN04 identifies a further subdivision within the organization.

**Comments:**  
**Notes:** **X12 Notes**  
 Original Patient Control Number.

**Data Element Summary**

<u>Ref.</u>	<u>Data</u>	<u>Name</u>	<u>Base</u>	<u>User</u>
<u>Des.</u>	<u>Element</u>		<u>Attributes</u>	<u>Attributes</u>
TRN01	481	Trace Type Code	M ID 1/2	R
		Code identifying which transaction is being referenced		
		2 Referenced Transaction Trace Numbers		
TRN02	127	Reference Identification	M AN 1/30	R
		Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier		
		<b>X12 Notes:</b>		
		Original Patient Control Number.		
		<b>ODJFS Application Note:</b>		
		From the ASC X12N 837 Claim, CLM01 (2/130).		
TRN03	509	Originating Company Identifier	O AN 10/10	N/U
TRN04	127	Reference Identification	O AN 1/30	S
		Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier		
		<b>X12 Notes:</b>		

**Segment:** **STC** **Status Information**  
**Position:** 100  
**Loop:** 2200 Optional  
**Level:** Detail  
**Usage:** Mandatory  
**Max Use:** >1  
**Purpose:** To report the status, required action, and paid information of a claim or service line  
**Syntax Notes:**  
**Semantic Notes:**

- 1 STC02 is the effective date of the status information.
- 2 STC04 is the amount of original submitted charges.
- 3 STC05 is the amount paid.
- 4 STC06 is the paid date.
- 5 STC08 is the check issue date.
- 6 STC12 allows additional free-form status information.

**Comments:**

**Data Element Summary**

<u>Ref.</u> <u>Des.</u>	<u>Data</u> <u>Element</u>	<u>Name</u>	<u>Base</u> <u>Attributes</u>	<u>User</u> <u>Attributes</u>
STC01	C043	<b>Health Care Claim Status</b> Used to convey status of the entire claim or a specific service line	M	R
C04301	1271	<b>Industry Code</b> Code indicating a code from a specific industry code list <b>X12 Notes:</b> Health Care Claim Status Category Code. A2 Acknowledgement/Acceptance into adjudication system A7 Rejected for Invalid Information	M AN 1/30	R
C04302	1271	<b>Industry Code</b> Code indicating a code from a specific industry code list <b>X12 Notes:</b> Health Care Claim Status Code <b>ODJFS Application Note:</b> The standard values from the Health Care Claim Status Code List (on the Washington Publishing Web Site, WWW.WPC-EDI.COM) that are used by ODJFS are listed. 20 Accepted for processing <b>ODJFS User Note:</b> Accepted into the ODJFS adjudication system for processing 21 Missing or invalid information <b>X12 Notes:</b> Used with entity code 'QC'. Medicaid Recipient ID is missing or invalid. All claims for this patient are rejected. 26 Entity not found <b>X12 Notes:</b> Used with entity codes of 'DN', '71', and '72'. The provider is not found in the ODJFS Medicaid system. The entity code identifies the type of provider. 107 Processed according to contract provisions <b>X12 Notes:</b> Number of claims exceed the limit of 99,999 claims in a single ST-SE. 121 Service line number greater than the maximum allowable for payer <b>X12 Notes:</b> Number of service lines exceed the maximum for ODJFS. The maximum service lines for Professional, Dental and Institutional	M AN 1/30	R

	claims is 50.
122	Invalid Claim Type Submitted <b>ODJFS User Note:</b> Invalid Claim Type Submitted
171	Other insurance coverage information <b>X12 Notes:</b> The number of insurance carriers is greater than 3.
188	Statement from-through dates <b>X12 Notes:</b> Institutional Claim Statement Dates are missing or invalid.
193	Invalid Appeal Date <b>ODJFS User Note:</b> Invalid Appeal Date
194	Invalid or Missing Decision Date <b>ODJFS User Note:</b> Invalid or Missing Decision Date
228	Type of bill for institutional claim <b>X12 Notes:</b> Institutional Type of Bill is invalid.
252	Missing Appeal Date <b>ODJFS User Note:</b> Missing Appeal Date
464	Missing Original Claim TCN/ICN <b>ODJFS User Note:</b> Missing Original Claim TCN/ICN
478	Claim submitter's claim identifier (patient control number) is missing <b>X12 Notes:</b> Used with entity code 'QC'. Patient Control number is missing.
511	Invalid Original Claim TCN or Incomplete Original TCN <b>ODJFS User Note:</b> Invalid Original Claim TCN or Incomplete Original TCN
530	Invalid Adjustment/Void Claim Indicator or Invalid Frequency Type in Type of Bill <b>ODJFS User Note:</b> Invalid Adjustment/Void Claim Indicator or Invalid Frequency Type in Type of Bill

<b>C04303</b>	<b>98</b>	<b>Entity Identifier Code</b>	<b>O ID 2/3 S</b>
		Code identifying an organizational entity, a physical location, property or an individual	
	71	Attending Physician Physician present when medical services are performed <b>X12 Notes:</b> Used with Status Code '26'.	
	72	Operating Physician Doctor who performs a surgical procedure <b>X12 Notes:</b> Used with Status Code '26'.	
	82	Rendering Provider	
	DN	Referring Provider <b>X12 Notes:</b> Used with Status Code '26'.	
	QC	Patient Individual receiving medical care	

**X12 Notes:**

Used with Status Code '21' and '478'.

STC02	373	<b>Date</b>	O	DT 8/8	N/U
STC03	306	<b>Action Code</b>	O	ID 1/2	S
		Code indicating type of action			
		15 Correct and Resubmit Claim			
STC04	782	<b>Monetary Amount</b>	O	R 1/18	N/U
STC05	782	<b>Monetary Amount</b>	O	R 1/18	N/U
STC06	373	<b>Date</b>	O	DT 8/8	N/U
STC07	591	<b>Payment Method Code</b>	O	ID 3/3	N/U
		Refer to 004010 Data Element Dictionary for acceptable code values.			
STC08	373	<b>Date</b>	O	DT 8/8	N/U
STC09	429	<b>Check Number</b>	O	AN 1/16	N/U
STC10	C043	<b>Health Care Claim Status</b>	O		S
		Used to convey status of the entire claim or a specific service line			
C04301	1271	<b>Industry Code</b>	M	AN 1/30	R
		Code indicating a code from a specific industry code list			
C04302	1271	<b>Industry Code</b>	M	AN 1/30	R
		Code indicating a code from a specific industry code list			
C04303	98	<b>Entity Identifier Code</b>	O	ID 2/3	S
		Code identifying an organizational entity, a physical location, property or an individual			
		Refer to 004010 Data Element Dictionary for acceptable code values.			
STC11	C043	<b>Health Care Claim Status</b>	O		S
		Used to convey status of the entire claim or a specific service line			
C04301	1271	<b>Industry Code</b>	M	AN 1/30	R
		Code indicating a code from a specific industry code list			
C04302	1271	<b>Industry Code</b>	M	AN 1/30	R
		Code indicating a code from a specific industry code list			
C04303	98	<b>Entity Identifier Code</b>	O	ID 2/3	S
		Code identifying an organizational entity, a physical location, property or an individual			
		Refer to 004010 Data Element Dictionary for acceptable code values.			
STC12	933	<b>Free-Form Message Text</b>	O	AN 1/264	S
		Free-form message text			

**Segment:** **REF** Reference Identification  
**Position:** 110  
**Loop:** 2200 Optional  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 3  
**Purpose:** To specify identifying information  
**Syntax Notes:**

- 1 At least one of REF02 or REF03 is required.
- 2 If either C04003 or C04004 is present, then the other is required.
- 3 If either C04005 or C04006 is present, then the other is required.

**Semantic Notes:**

- 1 REF04 contains data relating to the value cited in REF02.

**Comments:**  
**Notes:** **X12 Notes**

X12N version number (Professional=004010X098A1, Dental=004010X097A1, Institutional=004010X096A1) will be mapped to the REF segment (detail position 110) where REF01='87' and REF02=004010X098A1, 004010X097A1, or 004010X096A1. (i.e. REF\*87\*004010X098A1~)

**ODJFS User Note**  
When a claim is accepted into the ODJFS claim system, the claim number assigned by the ODJFS system is returned with a REF01 set to '1K' and a REF 02 set to the ODJFS control number for the claim (TCN). The ODJFS control number (TCN) is 17 bytes in length. These values are NOT returned when a claim is rejected.

**Data Element Summary**

<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Base Attributes</u>	<u>User Attributes</u>
REF01	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification <b>X12 Notes:</b> 87 = Functional Category <b>ODJFS User Note:</b> '1K' when REF02 contains the ODJFS internal control number (TCN). Value used for accepted claims only.	M ID 2/3	R
REF02	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier <b>X12 Notes:</b> Professional=004010X098A1 Dental=004010X097A1 Institutional=004010X096A1 <b>ODJFS User Note:</b> Where REF01 = '1K' then REF02 contains the ODJFS internal control number (TCN). TCN is used for accepted claims only.	X AN 1/30	S

**Segment:** **DTP** Date or Time or Period  
**Position:** 120  
**Loop:** 2200 Optional  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 2  
**Purpose:** To specify any or all of a date, a time, or a time period  
**Syntax Notes:**  
**Semantic Notes:** 1 DTP02 is the date or time or period format that will appear in DTP03.  
**Comments:**  
**Notes:**

**X12 Notes**

Claim Dates of Service for the original institutional claim.  
Claim Date of Service for the original dental claim.

**Data Element Summary**

<u>Ref.</u>	<u>Data</u>	<u>Name</u>	<u>Base</u>	<u>User</u>
<u>Des.</u>	<u>Element</u>		<u>Attributes</u>	<u>Attributes</u>
DTP01	374	<b>Date/Time Qualifier</b>	<b>M ID 3/3</b>	<b>R</b>
		Code specifying type of date or time, or both date and time		
		472 Service		
		Begin and end dates of the service being rendered		
DTP02	1250	<b>Date Time Period Format Qualifier</b>	<b>M ID 2/3</b>	<b>R</b>
		Code indicating the date format, time format, or date and time format		
		D8 Date Expressed in Format CCYYMMDD		
		RD8 Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD		
		A range of dates expressed in the format CCYYMMDD-CCYYMMDD where CCYY is the numerical expression of the century CC and year YY, MM is the numerical expression of the month within the year, and DD is the numerical expression of the day within the year; the first occurrence of CCYYMMDD is the beginning date and the second occurrence is the ending date		
DTP03	1251	<b>Date Time Period</b>	<b>M AN 1/35</b>	<b>R</b>
		Expression of a date, a time, or range of dates, times or dates and times		
		<b>X12 Notes:</b>		
		Claim Dates of Service for the original institutional claim.		
		Claim Date of Service for the original dental claim.		
		<b>ODJFS Application Note:</b>		
		From the ASC X12N 837 Institutional claim, DTP03 (2/135), when DTP01='434'.		
		From the ASC X12N 837 Dental claim, DTP03 (2/135), when DTP01='472'.		

**Segment:** **SVC** Service Information  
**Position:** 180  
**Loop:** 2220 Optional  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To supply payment and control information to a provider for a particular service  
**Syntax Notes:**  
**Semantic Notes:**

- 1 SVC01 is the medical procedure upon which adjudication is based.
- 2 SVC02 is the submitted service charge.
- 3 SVC03 is the amount paid this service.
- 4 SVC04 is the National Uniform Billing Committee Revenue Code.
- 5 SVC05 is the paid units of service.
- 6 SVC06 is the original submitted medical procedure.
- 7 SVC07 is the original submitted units of service.

**Comments:**

- 1 For Medicare Part A claims, SVC01 would be the Health Care Financing Administration (HCFA) Common Procedural Coding System (HCPCS) Code (see code source 130) and SVC04 would be the Revenue Code (see code source 132).

**Data Element Summary**

<u>Ref.</u> <u>Des.</u>	<u>Data</u> <u>Element</u>	<u>Name</u>	<u>Base</u> <u>Attributes</u>	<u>User</u> <u>Attributes</u>
SVC01	C003	<b>Composite Medical Procedure Identifier</b>	M	R
		To identify a medical procedure by its standardized codes and applicable modifiers		
C00301	235	<b>Product/Service ID Qualifier</b>	M ID 2/2	R
		Code identifying the type/source of the descriptive number used in Product/Service ID (234)		
		AD	American Dental Association Codes	
			This association's membership consists of U.S. dentists. It sets standards for the dental profession	
		HC	Health Care Financing Administration Common Procedural Coding System (HCPCS) Codes	
			HCFA coding scheme to group procedure(s) performed on an outpatient basis for payment to hospital under Medicare; primarily used for ambulatory surgical and other diagnostic departments	
C00302	234	<b>Product/Service ID</b>	M AN 1/48	R
		Identifying number for a product or service		
		<b>X12 Notes:</b>		
		Procedure Code.		
C00303	1339	<b>Procedure Modifier</b>	O AN 2/2	S
		This identifies special circumstances related to the performance of the service, as defined by trading partners		
		<b>X12 Notes:</b>		
		Procedure Code Modifier.		
SVC02	782	<b>Monetary Amount</b>	M R 1/18	R
		Monetary amount		
		<b>X12 Notes:</b>		
		Original Submitted Service Line Amount.		
		<b>ODJFS Application Note:</b>		
		From ASC X12N 837 professional claim, SV102 (2/370).		
		From ASC X12N 837 institutional claim, SV203 (2/375).		
		From ASC X12N 837 dental claim, SV302 (2/380).		

**Segment:** **STC** **Status Information**  
**Position:** 190  
**Loop:** 2220 Optional  
**Level:** Detail  
**Usage:** Mandatory  
**Max Use:** >1  
**Purpose:** To report the status, required action, and paid information of a claim or service line  
**Syntax Notes:**  
**Semantic Notes:**

- 1 STC02 is the effective date of the status information.
- 2 STC04 is the amount of original submitted charges.
- 3 STC05 is the amount paid.
- 4 STC06 is the paid date.
- 5 STC08 is the check issue date.
- 6 STC12 allows additional free-form status information.

**Comments:**

**Data Element Summary**

<u>Ref.</u>	<u>Data</u>	<u>Name</u>	<u>Base</u>	<u>User</u>
<u>Des.</u>	<u>Element</u>		<u>Attributes</u>	<u>Attributes</u>
STC01	C043	<b>Health Care Claim Status</b>	M	R
		Used to convey status of the entire claim or a specific service line		
C04301	1271	<b>Industry Code</b>	M AN 1/30	R
		Code indicating a code from a specific industry code list		
		<b>X12 Notes:</b>		
		Health Care Claim Status Category Code.		
		A2 Acknowledgement/Acceptance into adjudication system		
		A7 Rejected for Invalid Information		
C04302	1271	<b>Industry Code</b>	M AN 1/30	R
		Code indicating a code from a specific industry code list		
		<b>X12 Notes:</b>		
		Health Care Claim Status Code		
		<b>ODJFS Application Note:</b>		
		The standard values from the Health Care Claim Status Code List (on the Washington Publishing Web Site, WWW.WPC-EDI.COM) are used.		
		187 Date(s) of Service		
		<b>X12 Notes:</b>		
		Service Line Date is missing or invalid.		
		481 Claim/submission format is invalid		
		<b>X12 Notes:</b>		
		Service line field is different than the same field at the claim level. Split the service lines into separate claims and resubmit.		
		583 Invalid Charge Amount in the Line or Non-Numeric value in the Line Charge Amount.		
		<b>ODJFS User Note:</b>		
		Invalid Charge Amount in the Line or Non-Numeric value in the Line Charge Amount.		
C04303	98	<b>Entity Identifier Code</b>	O ID 2/3	S
		Code identifying an organizational entity, a physical location, property or an individual		
		82 Rendering Provider		
STC02	373	<b>Date</b>	O DT 8/8	N/U
STC03	306	<b>Action Code</b>	O ID 1/2	S
		Code indicating type of action		
STC04	782	<b>Monetary Amount</b>	O R 1/18	N/U
STC05	782	<b>Monetary Amount</b>	O R 1/18	N/U

STC06	373	<b>Date</b>	O	DT 8/8	N/U
STC07	591	<b>Payment Method Code</b>	O	ID 3/3	N/U
		Refer to 004010 Data Element Dictionary for acceptable code values.			
STC08	373	<b>Date</b>	O	DT 8/8	N/U
STC09	429	<b>Check Number</b>	O	AN 1/16	N/U
STC10	C043	<b>Health Care Claim Status</b>	O		S
		Used to convey status of the entire claim or a specific service line			
C04301	1271	<b>Industry Code</b>	M	AN 1/30	R
		Code indicating a code from a specific industry code list			
C04302	1271	<b>Industry Code</b>	M	AN 1/30	R
		Code indicating a code from a specific industry code list			
STC11	C043	<b>Health Care Claim Status</b>	O		S
		Used to convey status of the entire claim or a specific service line			
C04301	1271	<b>Industry Code</b>	M	AN 1/30	R
		Code indicating a code from a specific industry code list			
C04302	1271	<b>Industry Code</b>	M	AN 1/30	R
		Code indicating a code from a specific industry code list			
STC12	933	<b>Free-Form Message Text</b>	O	AN 1/264	S
		Free-form message text			

**Segment:** **DTP** Date or Time or Period  
**Position:** 210  
**Loop:** 2220 Optional  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To specify any or all of a date, a time, or a time period  
**Syntax Notes:**  
**Semantic Notes:** 1 DTP02 is the date or time or period format that will appear in DTP03.  
**Comments:**  
**Notes:** **X12 Notes**

Original Service Line Date.

#### Data Element Summary

<u>Ref.</u>	<u>Data</u>	<u>Name</u>	<u>Base</u>	<u>User</u>
<u>Des.</u>	<u>Element</u>		<u>Attributes</u>	<u>Attributes</u>
DTP01	374	<b>Date/Time Qualifier</b>	M ID 3/3	R
		Code specifying type of date or time, or both date and time		
		472 Service		
		Begin and end dates of the service being rendered		
DTP02	1250	<b>Date Time Period Format Qualifier</b>	M ID 2/3	R
		Code indicating the date format, time format, or date and time format		
		D8 Date Expressed in Format CCYYMMDD		
DTP03	1251	<b>Date Time Period</b>	M AN 1/35	R
		Expression of a date, a time, or range of dates, times or dates and times		

**X12 Notes:**

Service Line Date.

**ODJFS Application Note:**

From the ASC X12N 837 professional claim, DTP03 (2/455), when DTP01='472'.

**Segment:** **SE** Transaction Set Trailer  
**Position:** 270  
**Loop:**  
**Level:** Detail  
**Usage:** Mandatory  
**Max Use:** 1  
**Purpose:** To indicate the end of the transaction set and provide the count of the transmitted segments (including the beginning (ST) and ending (SE) segments)

**Syntax Notes:**

**Semantic Notes:**

**Comments:** 1 SE is the last segment of each transaction set.

#### Data Element Summary

<u>Ref.</u> <u>Des.</u>	<u>Data</u> <u>Element</u>	<u>Name</u>	<u>Base</u> <u>Attributes</u>	<u>User</u> <u>Attributes</u>
SE01	96	<b>Number of Included Segments</b>	M N0 1/10	R
		Total number of segments included in a transaction set including ST and SE segments		
SE02	329	<b>Transaction Set Control Number</b>	M AN 4/9	R
		Identifying control number that must be unique within the transaction set functional group assigned by the originator for a transaction set		

**Segment:** **GE** Functional Group Trailer  
**Position:** 280  
**Loop:**  
**Level:** Detail  
**Usage:** Mandatory  
**Max Use:** 1  
**Purpose:** To indicate the end of a functional group and to provide control information  
**Syntax Notes:**  
**Semantic Notes:** 1 The data interchange control number GE02 in this trailer must be identical to the same data element in the associated functional group header, GS06.  
**Comments:** 1 The use of identical data interchange control numbers in the associated functional group header and trailer is designed to maximize functional group integrity. The control number is the same as that used in the corresponding header.

**Data Element Summary**

<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Base Attributes</u>	<u>User Attributes</u>
GE01	97	<b>Number of Transaction Sets Included</b> Total number of transaction sets included in the functional group or interchange (transmission) group terminated by the trailer containing this data element	M N0 1/6	R
GE02	28	<b>Group Control Number</b> Assigned number originated and maintained by the sender	M N0 1/9	R

**Segment:** **IEA** Interchange Control Trailer  
**Position:** 290  
**Loop:**  
**Level:** Detail  
**Usage:** Mandatory  
**Max Use:** 1  
**Purpose:** To define the end of an interchange of zero or more functional groups and interchange-related control segments

**Syntax Notes:**  
**Semantic Notes:**  
**Comments:**

#### Data Element Summary

<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Base Attributes</u>	<u>User Attributes</u>
IEA01	I16	<b>Number of Included Functional Groups</b>	M N0 1/5	R
IEA02	I12	<b>Interchange Control Number</b>	M N0 9/9	R

A count of the number of functional groups included in an interchange

A control number assigned by the interchange sender

**ODJFS Application Note:**

Same value as the associated Interchange Control Number (ISA13).