



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

Version 1.2

December 2, 2015

Document Information

Document Title:	Health Care Claim Status Request and Response (276/277)
Document ID:	Ohio 276-277 CG.docx
Version:	1.2
Owner:	Ohio MITS Team
Author:	Ohio Department of Medicaid & Hewlett Packard Enterprise EDI Team

Amendment History

Version	Date	Modified By	Modifications
1.0	11/25/2013	Lorenzo Bridgewater	Initial Creation
1.1	04/29/2014	ODM & HP EDI Team	Updated URL for the Ohio Administrative Code.
1.2	12/02/2015	ODM & HPE EDI Team	Updated references related to Agency name changes.

Disclosure Statement

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The ODM Companion Guides do not:

- Replace the HIPAA ANSI ASC X12N Implementation Guide.
- Contain any actions that would result in a Non-Compliant Transaction.

The ODM Companion Guides are subject to change without prior notice.

Providers and Trading Partners are responsible for periodically checking for Companion Guide updates on the ODM Trading Partner website - <http://medicaid.ohio.gov/PROVIDERS/Billing/TradingPartners.aspx>.

Each Medicaid Provider and/or Trading Partner has the ultimate responsibility to adhere to the HIPAA Federal Requirements as well as any Ohio State laws that are applicable including the Ohio Administrative Code (<http://codes.ohio.gov/oac/5160-1-20>).

Preface

This Companion Guide to the 5010 ASC X12N Technical Report Type 3 Implementation Guides and associated errata and addenda adopted under Health Insurance Portability and Accountability Act (HIPAA) clarifies and specifies the data content when exchanging electronically with ODM. Transmissions based on this companion guide, used in tandem with 005010 ASC X12 TR3 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 TR3 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 TR3 Implementation Guides.

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1 INTRODUCTION

This section describes how ASC X12N Implementation Guides (IGs) adopted under HIPAA will be detailed with the use of a table. The tables contain a row for each segment that the Ohio Department of Medicaid has something additional, over and above, the information in the IGs. That information can:

1. Limit the repeat of loops, or segments
2. Limit the length of a simple data element
3. Specify a sub-set of the IGs internal code listings
4. Clarify the use of loops, segments, composite and simple data elements
5. Any other information tied directly to a loop, segment, composite or simple data element pertinent to trading electronically with the Ohio Department of Medicaid.

In addition to the row for each segment, one or more additional rows are used to describe ODM, usage for composite and simple data elements and for any other information. Notes and comments should be placed at the deepest level of detail. For example, a note about a code value should be placed on a row specifically for that code value, not in a general note about the segment.

The following table specifies the columns and suggested use of the rows for the detailed description of the transaction set companion guides.

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
193	2100C	NM1	Subscriber Name			This type of row always exists to indicate that a new segment has begun. It is always shaded at 10% and notes or comment about the segment itself goes in this cell.
195	2100C	NM109	Subscriber Primary Identifier		15	This type of row exists to limit the length of the specified data element.
196	2100C	REF	Subscriber Additional Identification			
197	2100C	REF01	Reference Identification Qualifier	18, 49, 6P, HJ, N6		These are the only codes transmitted by ODM.
			Plan Network Identification Number	N6		This type of row exists when a note for a particular code value is required. For example, this note may say that value N6 is the default. Not populating the first 3 columns makes it clear that the code value belongs to the row immediately
218	2110C	EB	Subscriber Eligibility or Benefit Information			
231	2110C	EB13-1	Product/Service ID Qualifier	AD		This row illustrates how to indicate a component data element in the Reference column and also how to specify that only one code value is applicable.

1.1 Scope

ODM developed 5010 Companion Guides to supplement each 5010 Transaction Implementation Guide, based on Version 5, Release 1, with regards to:

- Specific Codes and/or Values that ODM will default on Outbound Transactions
- Specific Codes and/or Values that are unique to ODM to accept an Inbound Transaction

ODM Companion Guides will not create a Non-Compliant Transaction

This companion guide is intended to be used in conjunction with the ASC X12N/005010X212 Implementation Guide (IG). It provides supplementation instructions not included in the IG that must be followed for implementation and conducting the transaction with ODM. It does not change the requirements of the IG in any way.

1.2 Overview

The Health Insurance Portability and Accountability Act (HIPAA) require all Providers, Trading Partners and Payers in the United States to comply with the Electronic Data Interchange (EDI) Standards for Health Care.

This Companion document contains the format and establishes the data contents of the 276/277 Health Care Claim Status Request and Response Transaction Set for use within the context of the Electronic Data Interchange (EDI) environment.

The 276 Health Care Claim Status Request was created as an EDI request from the Trading Partner to a Payer for a status on their Claims. The 277 Health Care Claim Status Response is the response to a 276 request for claim status. These are paired transactions and the 276 must precede the 277.

1.3 References

In addition to the resources available on the ODM Trading Partner Website (<http://medicaid.ohio.gov/PROVIDERS/Billing/TradingPartners.aspx>), there are other websites that contain helpful information to assist in the implementation of the electronic data interchange process. Links to these websites are listed below and are separated by category for easy reference.

1.3.1 EDI Basics

For information about EDI software and services, visit: 1EDI Source, Inc (<http://www.1edisource.com/>).

1.3.2 Government and Other Associations

- Center for Medicare and Medicaid Services (CMS): <http://www.cms.hhs.gov>
- Answers to Frequently Asked Questions: <http://www.cms.hhs.gov/hipaa/hipaa2/>
- HHS Office for Civil Rights (Privacy): <http://www.hhs.gov/ocr/hipaa/>
- WEDI SNIP: Workgroup for EDI, Strategic National Implementation Process: <http://www.wedi.org/snip/>
- CMS website for NPI: <http://www.cms.hhs.gov/NationalProvIdentStand/>

1.3.4 ASC X12 Standards

- Washington Publishing Company: <http://www.wpc-edi.com/>
- Data Interchange Standards Association: <http://disa.org/>
- American National Standards Institute: <http://ansi.org/>
- Accredited Standards Committee: <http://www.x12.org>

1.4 Additional Information

For additional information, the Trading Partner Information Guide can be found here:
<http://medicaid.ohio.gov/PROVIDERS/Billing/TradingPartners.aspx>.

2 GETTING STARTED

To get started, the Trading Partner Information Guide, can be found here:

<http://medicaid.ohio.gov/PROVIDERS/Billing/TradingPartners.aspx>.

3 TESTING WITH THE PAYER

Details related to testing are in the Trading Partner Information Guide, which can be found here:

<http://medicaid.ohio.gov/PROVIDERS/Billing/TradingPartners.aspx>.

4 CONNECTIVITY WITH THE PAYER/COMMUNICATIONS

Connectivity information is in the Trading Partner Information Guide, which can be found here:

<http://medicaid.ohio.gov/PROVIDERS/Billing/TradingPartners.aspx>.

5 CONTACT INFORMATION

5.1 EDI Customer Service

Days Available: Monday through Friday

Time Zone: Eastern Time (ET)

Time Available: 8:00 am to 5:00 pm

Phone: (614) 387-1212

Email: DAS-EDI-Support@das.ohio.gov

5.2 EDI Technical Assistance

Days Available: Monday through Friday

Time Zone: Eastern Time (ET)

Time Available: 8:00 am to 5:00 pm

Phone: (614) 387-1212

Email: DAS-EDI-Support@das.ohio.gov

5.3 Provider Service Number

Provider Assistance Unit 1-800-686-1516. Please listen to the entire message before making your selection.

Web URL: <http://medicaid.ohio.gov/PROVIDERS.aspx>

5.4 Applicable Websites/Email

Ohio Medicaid Website: <http://medicaid.ohio.gov/>

The Trading Partner web page can be found by following: Providers > Billing > Trading Partners
(<http://medicaid.ohio.gov/PROVIDERS/Billing/TradingPartners.aspx>)

To contact Ohio Medicaid for assistance, use the link - <http://medicaid.ohio.gov/CONTACT.aspx>

6 CONTROL SEGMENTS/ENVELOPES

6.1 ISA-IEA

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

6.1.1 276 (Inbound)

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
C.3		ISA	Interchange Control Header			
C.4		ISA01	Authorization Information Qualifier	00		No Authorization Information Present (No Meaningful Information in ISA02)
C.4		ISA03	Security Information Qualifier	00		No Security Information Present (No Meaningful Information in ISA04)
C.4		ISA05	Interchange ID Qualifier	ZZ		Mutually Defined
C.4		ISA06	Interchange Sender ID			7 digit Trading Partner ID assigned by ODM. This is a fixed-length field and should be left justified and filled with spaces to meet the minimum length requirement of 15.
C.4		ISA07	Interchange ID Qualifier	ZZ		Mutually Defined
C.4		ISA08	Interchange Receiver ID	MMISODJFS		This is a fixed-length field and should be left justified and filled with spaces to meet the minimum length requirement of 15.
C.5		ISA13	InterChange Control Number			Must be identical to the associated interchange control trailer IEA02
C.6		ISA14	Acknowledgment Requested	0		No Interchange Acknowledgment Requested

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
C.10		IEA	Interchange Control Trailer			
C.10		IEA01	Number of Included Functional Groups			Number of included functional groups.
C.10		IEA02	Interchange Control Number			The control number assigned by the interchange sender. Must be identical to the value in ISA13.

6.1.2 277 (Outbound)

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
C.3		ISA	Interchange Control Header			
C.4		ISA01	Authorization Information Qualifier	00		No Authorization Information Present (No Meaningful Information in ISA02)
C.4		ISA03	Security Information Qualifier	00		No Security Information Present (No Meaningful Information in ISA04)
C.4		ISA05	Interchange ID Qualifier	ZZ		Mutually Defined
C.4		ISA06	Interchange Sender ID	MMISODJFS		This is a fixed-length field and should be left justified and filled with spaces to meet the minimum length requirement of 15.
C.4		ISA07	Interchange ID Qualifier	ZZ		Mutually Defined
C.4		ISA08	Interchange Receiver ID			7 digit Trading Partner ID assigned by ODM. This is a fixed-length field and should be left justified and filled with spaces to meet the minimum length requirement of 15.
C.5		ISA13	InterChange Control Number			Must be identical to the associated interchange control trailer IEA02
C.6		ISA14	Acknowledgment Requested	0		No Interchange Acknowledgment Requested

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
C.10		IEA	Interchange Control Trailer			
C.10		IEA01	Number of Included Functional Groups			Number of included functional groups.
C.10		IEA02	Interchange Control Number			The control number assigned by the interchange sender. Must be identical to the value in ISA13.

6.2 GS-GE

This section describes ODM's use of the functional group control segments. It includes a description of expected application sender and receiver codes. Also included in this section is a description concerning how ODM expects functional groups to be sent and how ODM will send functional groups. These discussions will describe how similar transaction sets will be packaged and ODM use of functional group control numbers.

6.2.1 276 (Inbound)

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
C.7		GS	Functional Group Header			
C.7		GS02	Application Sender's Code			7 digit Trading Partner ID assigned by ODM
C.7		GS03	Application Receiver's Code	MMISODJFS		
C.8		GS06	Group Control Number			Must be identical to the value in GE02.

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
C.9		GE	Functional Group Trailer			
C.9		GE01	Number of Transaction Sets Included			Number of included transaction sets.
C.9		GE02	Group Control Number			The functional group control number. Must be the same value as GS06.

6.2.2 277 (Outbound)

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
C.7		GS	Functional Group Header			
C.7		GS02	Application Sender's Code	MMISODJFS		
C.7		GS03	Application Receiver's Code			7 digit Trading Partner ID assigned by ODM
C.8		GS06	Group Control Number			Must be identical to the value in GE02.

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
C.9		GE	Functional Group Trailer			
C.9		GE01	Number of Transaction Sets Included			Number of included transaction sets.
C.9		GE02	Group Control Number			The functional group control number. Must be the same value as GS06.

6.3 ST-SE

This section describes how ODM uses transaction set control numbers.

6.3.1 276 (Inbound)

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
36		ST	Transaction Set Header			
36		ST02	Transaction Set Control Number			Identical to the value in SE02

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
98		SE	Transaction Set Trailer			
98		SE01	Number of Included Segments			Total number of segments included in a transaction set including ST and SE segments
98		SE02	Transaction Set Control Number			Transaction set control number. Identical to the value in ST02.

6.3.2 277 (Outbound)

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
106		ST	Transaction Set Header			
106		ST02	Transaction Set Control Number			Identical to the value in SE02

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
213		SE	Transaction Set Trailer			
213		SE01	Number of Included Segments			Total number of segments included in a transaction set including ST and SE segments
213		SE02	Transaction Set Control Number			Transaction set control number. Identical to the value in ST02.

7 PAYER SPECIFIC BUSINESS RULES AND LIMITATIONS

In order to conduct claim status requests using the 276/277 X12 transactions, trading partners must be certified by Ohio Medicaid and in active status. These details are documented in the Trading Partner Information Guide which can be found at this link - <http://medicaid.ohio.gov/PROVIDERS/Billing/TradingPartners.aspx>.

8 ACKNOWLEDGEMENTS AND/OR REPORTS

8.1 The TA3 Interchange Acknowledgement

The TA3 allows the receiver of a file to notify the sender that an invalid interchange structure was received or that problems were encountered. The TA3 verifies only the interchange header (ISA/GS) and trailer (IEA/GE) segments of the file envelope.

For real-time, if ISA or GS errors were encountered then the generated TA3 report with the Interchange Header errors will be returned for pickup. The TA3 is not returned for batch transactions.

8.2 The 999 Implementation Acknowledgement

For batch transactions, each time a properly formatted 5010 X12 file is submitted to Ohio Medicaid, a 999 acknowledgement is returned to the submitter.

For real-time, a 999 acknowledgement is generated if the 276 claim status request or 277 response fails compliance.

8.3 Report Inventory

For batch transactions, if a 5010 X12 file fails compliance, a TRC report file is returned to the submitter. This file contains details that will assist the submitter to identify the issue and correct the problem.

9 TRADING PARTNER AGREEMENTS

These details can be found in the Trading Partner Information Guide which can be found at this link - <http://medicaid.ohio.gov/PROVIDERS/Billing/TradingPartners.aspx>.

10 TRANSACTION SPECIFIC INFORMATION

This section describes how ASC X12N Implementation Guides (IGs) adopted under HIPAA will be detailed with the use of a table. The tables contain a row for each segment that ODM has something additional, over and above, the information in the IGs. That information can:

1. Limit the repeat of loops, or segments
2. Limit the length of a simple data element
3. Specify a sub-set of the IGs internal code listings
4. Clarify the use of loops, segments, composite and simple data elements
5. Any other information tied directly to a loop, segment, composite or simple data element pertinent to trading electronically with ODM.

In addition to the row for each segment, one or more additional rows are used to describe ODM’s usage for composite and simple data elements and for any other information. Notes and comments should be placed at the deepest level of detail. For example, a note about a code value should be placed on a row specifically for that code value, not in a general note about the segment.

10.1 276 (Inbound)

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
41	2100A	NM1	Payer Name			
41	2100A	NM103	Name Last or Organization Name	Ohio Department of Medicaid		Payer Name
41	2100A	NM109	Identification Code	MMISODJFS		Payer Identifier
49	2100C	NM1	Provider Name			
51	2100C	NM108	Identification Code Qualifier	SV, XX		SV = Atypical Provider Number assigned by ODM XX = Typical Providers
51	2100C	NM109	Identification Code			The Provider ID must match the Provider ID on the Claim in MITS.
52	2000D	HL	Subscriber Level			
53	2000D	HL04	Hierarchical ID Number	1		No Dependents
56	2100D	NM1	Subscriber Name			
57	2100D	NM108	Identification Code Qualifier	MI		Member Identification Number
57	2100D	NM109	Identification Code			ODM assigned Member ID
66	2200D	AMT	Claim Submitted Charges			

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
66	2200D	AMT02	Monetary Amount			Total Claim Charge Amount

10.2 277 (Outbound)

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
107		BHT	Beginning of Hierarchical Transaction			
107		BHT03	Reference Identification			Originator Application Transaction Identifier Concatenation of Trading Partner ID, System Date, and System Time, as follows: Position (1-15) = Trading Partner ID Position (16-19) = System Date (CCYY) Position (20-23) = System Time (HHMM) Position (24-30) = Spaces
124	2000C	HL	Service Provider Level			
125	2000C	HL04	Hierarchical Child Code	1		Additional Subordinate HL Data Segment in This Hierarchical Structure.
126	2100C	NM1	Provider Name			
127	2100C	NM101	Entity Identifier Code	1P		Provider
128	2100C	NM109	Identification Code			Provider ID
135	2100D	NM1	Subscriber Name			
136	2100D	NM109	Identification Code			ODM Medicaid Subscriber ID
137	2200D	TRN	Claim Status Tracking Number			
137	2200D	TRN02	Reference Identification			Provider of Service Information Trace Identifier Patient control number – the identification for a recipient as assigned by a provider and used in their system. This value originated from the claim (CLM01).

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
138	2200D	STC	Claim Level Status Information			
138	2200D	STC01-1	Industry Code			Health Care Claim Status Category Code (ANSI X12N code source 507).
138	2200D	STC01-2	Industry Code			Claim Status Code (ANSI X12N code source 508).
139	2200D	STC01-3	Entity Identifier Code	13, 17, 1E, 1G, 1H, 1I, 1O, 1P, 1Q, 1R, 1S, 1T, 1U, 1V, 1W, 1X, 1Y, 1Z, 2B, 2A, 2B, 2E, 2I, 2K, 2P, 2Q, 2S, 2Z, 30, 36, 3A, 3C, 3D, 3E, 3F, 3G, 3H, 3I, 3J, 3K, 3L, 3M, 3N, 3O, 3P, 3Q, 3R, 3S, 3T, 3U, 3V, 3W, 3X, 3Y, 3Z, 40, 43, 44, 4A, 4B, 4C, 4D, 4E, 4F, 4G, 4H, 4I, 4J, 4L, 4M, 4N, 4O, 4P, 4Q, 4R, 4S, 4U, 4V, 4W, 4X, 4Y, 4Z, 5A, 5B, 5C, 5D, 5E, 5F, 5G, 5H, 5I, 5J, 5K, 5L, 5M, 5N, 5O, 5P, 5Q, 5R, 5S, 5T, 5U, 5V, 5W, 5X, 5Y, 5Z, 61, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H, 6I, 6J, 6K, 6L, 6M, 6N, 6O, 6P, 6Q, 6R, 6S, 6U, 6V, 6W, 6X, 6Y, 71, 72,		Used to further clarify the status code in STC01-2. 13 = Contracted Service Provider 17 = Consultant's Office 1E = Health Maintenance Organization (HMO) 1G = Oncology Center 1H = Kidney Dialysis Unit 1I = Preferred Provider Organization (PPO) 1O = Acute Care Hospital 1P = Provider 1Q = Military Facility 1R = University, College or School 1S = Outpatient Surgicenter 1T = Physician, Clinic or Group Practice 1U = Long Term Care Facility 1V = Extended Care Facility 1W = Psychiatric Health Facility 1X = Laboratory 1Y = Retail Pharmacy 1Z = Home Health Care 2B = Subcontractor 2A = Federal, State, County or City Facility 2B = Third-Party Administrator 2E = Non-Health Care Miscellaneous Facility 2I = Church Operated Facility 2K = Partnership 2P = Public Health Service Facility 2Q = Veterans Administration Facility 2S = Public Health Service Indian Service Facility 2Z = Hospital Unit of an Institution (prison hospital, college infirmary, etc.) 30 = Service Supplier 36 = Employer 3A = Hospital Unit Within an Institution for the Mentally Retarded 3C = Tuberculosis and Other Respiratory Diseases Facility 3D = Obstetrics and Gynecology

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
				73, 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, QB, QC, QD, QE, QH, QK, QL, QN, QO, QS, QV, QY, RC, RW, S4, SJ, SU, T4, TQ, TT, TU, UH, X3, X4, X5, ZZ		Facility 3E = Eye, Ear, Nose and Throat Facility 3F = Rehabilitation Facility 3G = Orthopedic Facility 3H = Chronic Disease Facility 3I = Other Specialty Facility 3J = Children's General Facility 3K = Children's Hospital Unit of an Institution 3L = Children's Psychiatric Facility 3M = Children's Tuberculosis and Other Respiratory Diseases Facility 3N = Children's Eye, Ear, Nose and Throat Facility 3O = Children's Rehabilitation Facility 3P = Children's Orthopedic Facility 3Q = Children's Chronic Disease Facility 3R = Children's Other Specialty Facility 3S = Institution for Mental Retardation 3T = Alcoholism and Other Chemical Dependency Facility 3U = General Inpatient Care for AIDS/ARC Facility 3V = AIDS/ARC Unit 3W = Specialized Outpatient Program for AIDS/ARC 3X = Alcohol/Drug Abuse or Dependency Inpatient Unit 3Y = Alcohol/Drug Abuse or Dependency Outpatient Services 3Z = Arthritis Treatment Center 40 = Receiver - Entity to accept transmission 43 = Claimant Authorized Representative 44 = Data Processing Service Bureau 4A = Birthing Room/LDRP Room 4B = Burn Care Unit 4C = Cardiac Catheterization Laboratory 4D = Open-Heart Surgery Facility 4E = Cardiac Intensive Care Unit 4F = Angioplasty Facility 4G = Chronic Obstructive Pulmonary Disease Service Facility 4H = Emergency Department 4I = Trauma Center (Certified) 4J = Extracorporeal Shock-Wave Lithotripter (ESWL) Unit 4L = Genetic Counseling/Screening Services 4M = Adult Day Care Program Facility

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
						4N = Alzheimer's Diagnostic/Assessment Services 4O = Comprehensive Geriatric Assessment Facility 4P = Emergency Response (Geriatric) Unit 4Q = Geriatric Acute Care Unit 4R = Geriatric Clinics 4S = Respite Care Facility 4U = Patient Education Unit 4V = Community Health Promotion Facility 4W = Worksite Health Promotion Facility 4X = Hemodialysis Facility 4Y = Home Health Services 4Z = Hospice 5A = Medical Surgical or Other Intensive Care Unit 5B = Histopathology Laboratory 5C = Blood Bank 5D = Neonatal Intensive Care Unit 5E = Obstetrics Unit 5F = Occupational Health Services 5G = Organized Outpatient Services 5H = Pediatric Acute Inpatient Unit 5I = Psychiatric Child/Adolescent Services 5J = Psychiatric Consultation-Liaison Services 5K = Psychiatric Education Services 5L = Psychiatric Emergency Services 5M = Psychiatric Geriatric Services 5N = Psychiatric Inpatient Unit 5O = Psychiatric Outpatient Services 5P = Psychiatric Partial Hospitalization Program 5Q = Megavoltage Radiation Therapy Unit 5R = Radioactive Implants Unit 5S = Therapeutic Radioisotope Facility 5T = X-Ray Radiation Therapy Unit 5U = CT Scanner Unit 5V = Diagnostic Radioisotope Facility 5W = Magnetic Resonance Imaging (MRI) Facility 5X = Ultrasound Unit 5Y = Rehabilitation Inpatient Unit 5Z = Rehabilitation Outpatient Services 61 = Performed at the facility where work was performed 6A = Reproductive Health Services 6B = Skilled Nursing or Other Long-

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
						Term Care Unit 6C = Single Photon Emission Computerized Tomography (SPECT) Unit 6D = Organized Social Work Service Facility 6E = Outpatient Social Work Services 6F = Emergency Department Social Work Services 6G = Sports Medicine Clinic/Services 6H = Hospital Auxiliary Unit 6I = Patient Representative Services 6J = Volunteer Services Department 6K = Outpatient Surgery Services 6L = Organ/Tissue Transplant Unit 6M = Orthopedic Surgery Facility 6N = Occupational Therapy Services 6O = Physical Therapy Services 6P = Recreational Therapy Services 6Q = Respiratory Therapy Services 6R = Speech Therapy Services 6S = Women's Health Center/Services 6U = Cardiac Rehabilitation Program Facility 6V = Non-Invasive Cardiac Assessment Services 6W = Emergency Medical Technician 6X = Disciplinary Contact 6Y = Case Manager 71 = Attending Physician 72 = Operating Physician 73 = Other Physician 74 = Corrected Insured 77 = Service Location 7C = Place of Occurrence 80 = Hospital 82 = Rendering Provider 84 = Subscriber's Employer 85 = Billing Provider 87 = Pay-to Provider 95 = Research Institute CK = Pharmacist CZ = Admitting Surgeon D2 = Commercial Insurer DD = Assistant Surgeon DJ = Consulting Physician DK = Ordering Physician DN = Referring Provider DO = Dependent Name DQ = Supervising Physician E1 = Person or Other Entity Legally Responsible for a Child E2 = Person or Other Entity With

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
						Whom a Child Resides E7 = Previous Employer E9 = Participating Laboratory FA = Facility FD = Physical Address FE = Mail Address G0 = Dependent Insured G3 = Clinic GB = Other Insured GD = Guardian GI = Paramedic GJ = Paramedical Company GK = Previous Insured GM = Spouse Insured GY = Treatment Facility HF = Healthcare Professional Shortage Area (HPSA) Facility HH = Home Health Agency I3 = Independent Physicians Association (IPA) IJ = Injection Point IL = Insured or Subscriber IN = Insurer LI = Independent Lab LR = Legal Representative MR = Medical Insurance Carrier OB = Ordered By OD = Doctor of Optometry OX = Oxygen Therapy Facility P0 = Patient Facility P2 = Primary Insured or Subscriber P3 = Primary Care Provider P4 = Prior Insurance Carrier P6 = Third Party Reviewing Preferred Provider Organization (PPO) P7 = Third Party Re-pricing Preferred Provider Organization (PPO) PT = Party to Receive Test Report PV = Party performing certification PW = Pick Up Address QA = Pharmacy QB = Purchase Service Provider QC = Patient QD = Responsible Party QE = Policyholder QH = Physician QK = Managed Care QL = Chiropractor QN = Dentist QO = Doctor of Osteopathy QS = Podiatrist QV = Group Practice QY = Medical Doctor

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
						RC = Receiving Location RW = Rural Health Clinic S4 = Skilled Nursing Facility SJ = Service Provider SU = Supplier/Manufacturer T4 = Transfer Point TQ = Third Party Reviewing Organization (TPO) TT = Transfer To TU = Third Party Re-pricing Organization (TPO) UH = Nursing Home X3 = Utilization Management Organization X4 = Spouse X5 = Durable Medical Equipment Supplier ZZ = Mutually Defined
149	2200D	REF	Payer Claim Control Number			
149	2200D	REF01	Reference Identification Qualifier	1K		
149	2200D	REF02	Reference Identification			Payer Control Number ODM's 13 digit Internal Control Number (ICN) that was assigned to each Claim, without any spaces or hyphens.
157	2220D	SVC	Service Line Information			
157	2220D	SVC01-1	Product or Service ID Qualifier	AD, HC		AD = American Dental Association Code HC = Health Care Financing Administration Common Procedural Coding System (HCPCS) Code
172	2220D	DTP	Claim Service Date			
172	2220D	DTP02	Date Time Period Format Qualifier	RD8		CCYYMMDD-CCYYMMDD

11 APPENDICES

This section contains one or more appendices.

A. Implementation Checklist

See Trading Partner Information Guide found here: <http://medicaid.ohio.gov/PROVIDERS/Billing/TradingPartners.aspx>.

B. Frequently Asked Questions

See Trading Partner Information Guide found here: <http://medicaid.ohio.gov/PROVIDERS/Billing/TradingPartners.aspx>.