



277 Unsolicited Claim/Encounter Status Notification

Version 1.14

February 1, 2019

Document Information

Document Title:	277 Unsolicited Health Care Claim/Encounter Status Notification
Document ID:	Ohio 277U CG.docx
Version:	1.14
Owner:	Ohio MITS Team
Author:	Ohio Department of Medicaid & DXC Technology EDI Team

Amendment History

Version	Date	Modified By	Modifications
1.0	03/04/2014	ODM & HP EDI Team	Initial Creation.
1.1	04/29/2014	ODM & HP EDI Team	Updated URL for the Ohio Administrative Code.
1.2	06/24/2014	ODM & HP EDI Team	Updated the EOB Codes in Appendix A.
1.3	04/28/2015	ODM & HP EDI Team	Updated the EOB Codes in Appendix A.
1.4	08/07/2015	ODM & HP EDI Team	Updated the EOB Codes in Appendix A.
1.5	12/02/2015	ODM & HPE EDI Team	Updated references related to Agency name changes.
1.6	06/02/2016	ODM & HPE Team	Updated the EOB Codes in Appendix A.
1.7	11/10/2016	Ben Owens (HPE)	Updated the EOB Codes in Appendix A.
1.8	03/22/2017	ODM & HPE Team	Updated the contact information in Section 5.
1.9	05/31/2017	ODM & DXC EDI Team	Updated the EOB Codes in Appendix A and email addresses in Section 5.
1.10	11/08/2017	ODM & DXC EDI Team	Updated the EOB Codes in Appendix A.
1.11	01/18/2018	ODM & DXC EDI Team	Updated the EOB Codes in Appendix A.
1.12	10/22/2018	ODM & DXC EDI Team	Updated the EOB Codes in Appendix A.
1.13	01/09/2019	ODM & DXC EDI Team	Added P1 to the list of claim status category codes.
1.14	01/09/2019	ODM & DXC EDI Team	Combined the 2 U277 Guides removing Appendix A (EOB Codes).

Disclosure Statement

This companion guide is based on the CORE v5010 Master Companion Guide Template. All rights reserved. It may be freely redistributed in its entirety provided that this copyright notice is not removed. It may not be sold for profit or used in commercial documents without the written permission of the copyright holder. This document is provided 'as is' without any express or implied warranty. Note that the copyright on the underlying ASC X12 Standards is held by DISA on behalf of ASC X12.

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.

Table of Contents

1	INTRODUCTION.....	1
1.1	Scope.....	2
1.2	Overview.....	2
1.3	References.....	3
1.3.1	EDI Basics.....	3
1.3.2	Government and Other Associations.....	3
1.3.3	ASC X12 Standards.....	3
1.4	Additional Information.....	3
2	GETTING STARTED.....	4
3	TESTING WITH THE PAYER.....	5
4	CONNECTIVITY WITH THE PAYER/COMMUNICATIONS.....	6
5	CONTACT INFORMATION.....	7
5.1	EDI Customer Service.....	7
5.2	EDI Technical Assistance.....	7
5.3	Provider Service Number.....	7
5.4	Applicable Websites/Email.....	7
6	CONTROL SEGMENTS/ENVELOPES.....	8
6.1	ISA-IEA.....	8
6.2	GS-GE.....	8
6.3	ST-SE.....	9
7	PAYER SPECIFIC BUSINESS RULES AND LIMITATIONS.....	10
8	ACKNOWLEDGEMENTS AND/OR REPORTS.....	11
9	TRADING PARTNER AGREEMENTS.....	12
10	TRANSACTION SPECIFIC INFORMATION.....	13
	APPENDICES.....	17
A.	Implementation Checklist.....	17
B.	Frequently Asked Questions.....	17

This page intentionally left blank

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 above it.
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 is not a HIPAA 'mandated' Transaction, and the only change noted was the name to the 277U Health Care Claim Pending Status Information to meet the original intent of the Transaction. This was documented in the 277 ERRATA.

The new name does not reflect the ODM use of the Transaction.

This outbound transaction is not checked for compliance by ODM. Thus the inbound transaction should not be checked for compliance.

ODM returns the 277U once a claim/encounter passes compliance and the EDI edit process. The EDI edit process can 'reject' any claim/encounter that does not pass the edit criteria. The 'rejected' claims/encounters will not be loaded into MITS, whereas those that do pass the edit process will be loaded into MITS. Once adjudication has occurred, the 277U will be generated for every claim/encounter, listing the adjudication status of 'Accepted' (including suspended) or 'Denied'.

Encounters denied by MITS in this transaction set may be corrected and the encounter resubmitted according to the MCP encounter data submission companion guides and submission schedule. Denied claims should also be corrected and resubmitted as original claims.

The 277U X12 Transaction was created as a non-mandated Transaction to accommodate Medicaid States that report 'Suspended/Pended' Claims to their TP/Providers.

Since it is not a HIPAA Mandated Transaction it can be customized and used to suit the needs of each Payer.

This EDI Companion Guide provides the Trading Partners with a Status of 'Accepted' (includes Suspended/Pended claims) or 'Rejected' for each claim when an 837 file is adjudicated.

ODM has elected to utilize the 5010 277 as a point of reference to update their 277U.

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: <https://questions.cms.gov>
- HHS Office for Civil Rights (Privacy) <http://www.hhs.gov/ocr/hipaa>
- WEDI - Workgroup for Electronic Data Interchange: <http://www.wedi.org>
- CMS website for NPI: <https://www.cms.gov/Regulations-and-Guidance/Administrative-Simplification/NationalProvIdentStand/>

1.3.3 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 4:30 pm

Phone: (844) 324-7089

Email: ohiomcd-edi-support@dxc.com

5.2 EDI Technical Assistance

Days Available: Monday through Friday

Time Zone: Eastern Time (ET)

Time Available: 8:00 am to 4:30 pm

Phone: (844) 324-7089

Email: ohiomcd-edi-support@dxc.com

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.

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.

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.

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 receive 277U X12 transactions, trading partners must be authorized 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

The 277U is an outbound transaction and there are no associated responses.

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.

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
107		BHT	Beginning of Hierarchical Transaction			
107		BHT01	Hierarchical Structure Code	0010		Information Source, Information Receiver, Provider of Service, Subscriber, Dependent
107		BHT02	Transaction Set Purpose Code	08		Status
107		BHT03	Originator Application Transaction Identifier			Concatenation of Trading Partner ID and System Date
108		BHT06	Transaction Type Code	DG		Response
109	2000A	HL	Information Source Level			
110	2000A	HL03	Hierarchical Level Code	20		Information Source
110	2000A	HL04	Hierarchical Child Code	1		Additional Subordinate HL Data Segment in This Hierarchical Structure.
111	2100A	NM1	Payer Name			
111	2100A	NM101	Entity Identifier Code	PR		Payer
111	2100A	NM102	Entity Type Qualifier	2		Non-Person Entity
111	2100A	NM103	Name Last or Organization Name	Ohio Department of Medicaid		Payer Name
112	2100A	NM108	Identification Code Qualifier	PI		Payor Identification

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
112	2100A	NM109	Identification Code	MMISODJFS		
137	2200D	TRN	Claim Status Tracking Number			
137	2200D	TRN01	Trace Type Code	2		Referenced Transaction Trace Numbers
137	2200D	TRN02	Reference Identification			For Encounters, this will be the MCP's Transaction Control Number (TCN). For FFS Claims, this will be the original Patient Control Number (CLM01) from the 837 Claim.
138	2200D	STC	Claim Level Status Information			
138	2200D	STC01-1	Industry Code	A2, A7, P1		A2 = Encounters/FFS – Adjudication Status of 'Accepted' A7 = Encounter/FFS – Adjudication Status of 'Rejected' P1 = Encounter/Claim Adjudication Status of 'Pending/In Process'
138	2200D	STC12	Free-Form Message Text			This element is for Encounter Claims only. This will be the 4 digit Error (EOB) Codes regarding Encounter Transactions for both informational and critical Errors. The Error Codes will appear as a continuous string of numbers. For example, the Error Codes of 201, 203, 269, and 3047 will be displayed as 0201020302693047
149	2200D	REF	Payer Claim Control Number	1K		Value used for Claims/Encounters accepted into MITS.
149	2200D	REF01	Reference Identification Qualifier			
149	2200D	REF02	Reference Identification			ODM assigned Internal Control Number (ICN). ICNs are assigned to every Claim/Encounter that has been accepted into MITS for adjudication.
155	2200D	DTP	Claim Service Date			
155	2200D	DTP02	Date Time Period Format Qualifier	D8, RD8		D8 = Date Expressed in Format CCYYMMDD RD8 = Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
156	2200D	DTP03	Date Time Period			Dates of service for the Institutional, Dental, and Professional Claim/Encounter.
157	2220D	SVC	Service Line Information			
157	2220D	SVC01-1		AD, ER, HC, HP, IV, N4, NU, WK		<p>AD = American Dental Association Codes (ADA)</p> <p>ER = Jurisdiction Specific Procedure and Supply Codes</p> <p>HC = Health Care Financing Administration Common Procedural Coding System (HCPCS) Codes</p> <p>HP = Health Insurance Prospective Payment System (HIPPS) Skilled Nursing Facility Rate Code</p> <p>IV = Home Infusion EDI Coalition (HIEC) Product/Service Code</p> <p>N4 = National Drug Code in 5-4-2 Format</p> <p>NU = National Uniform Billing Committee (NUBC) UB92 Codes</p> <p>WK = Advanced Billing Concepts (ABC) Codes</p>
161	2220D	STC	Service Line Status Information			
161	2220D	STC01-1	Industry Code	A2, A7, P1		<p>A2 = Encounter/Claim Adjudication Status of 'Accepted'</p> <p>A7 = Encounter/Claim Adjudication Status of 'Rejected'</p> <p>P1 = Encounter/Claim Adjudication Status of 'Pending/In Process'</p>
170	2220D	STC12	Free-Form Message Text			<p>This element is for Encounter Claims only.</p> <p>This will be the 4 digit Error (EOB) Codes regarding Encounter Transactions for both informational and critical Errors.</p> <p>The Error Codes will appear as a continuous string of numbers. For example, the Error Codes of 201, 203, 269, and 3047 will be displayed as</p>

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
						0201020302693047.
172	2220D	DTP	Service Line Date			
172	2220D	DTP01	Date/Time Qualifier	472		Service – Begin and end dates of the service being rendered.
172	2220	DTP02	Date time Period Format Qualifier	D8, RD8		D8 = Date Expressed in Format CCYMMDD RD8 = Range of Dates Expressed in Format CCYMMDD-CCYMMDD
172	2220	DTP03	Date Time Period			Service Line Date

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>.