



HIPAA Transaction Standard Companion Guide

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

**277CA – Claims Acknowledgement for
Fee-For-Service**

This Companion Guide has been developed in coordination with the new Ohio Medicaid Enterprise System (OMES) and provides trading partners information needed to meet future OMES EDI requirements. Trading Partners should not use the instructions in this Companion Guide to submit production files until the official implementation of the new OMES.

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 - [Trading Partners | Medicaid \(ohio.gov\)](#).

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.

EDITOR'S NOTE:

This page is blank because major sections of a book should begin on a right-hand page.

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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 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.

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/005010X214 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.

1.3 REFERENCES

In addition to the resources available on the ODM Trading Partner Website ([Trading Partners | Medicaid \(ohio.gov\)](#)), 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.gov>
- Answers to Frequently Asked Questions: [HIPAA, Administrative Simplification, and ACA FAQs | CMS](#)
- 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>
- 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/>
- 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: [Trading Partners | Medicaid \(ohio.gov\)](#).

2 GETTING STARTED

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

[Trading Partners | Medicaid \(ohio.gov\)](#).

3 TESTING WITH THE PAYER

Details related to testing are in the Trading Partner Information Guide, which can be found here: [Trading Partners | Medicaid \(ohio.gov\)](#).

4 **CONNECTIVITY WITH THE PAYER/COMMUNICATIONS**

Connectivity information is in the Trading Partner Information Guide, which can be found here: [Trading Partners | Medicaid \(ohio.gov\)](#).

5 CONTACT INFORMATION

5.1 EDI CUSTOMER SERVICE

Days Available: Monday through Friday

Time Zone: Eastern Time (ET)

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

Phone: 800-686-1516, option 4.

Email: omesedisupport@medicaid.ohio.gov

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: 800-686-1516, option 4.

Email: omesedisupport@medicaid.ohio.gov

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		ISA02	Authorization Information			Populate with 10 spaces
C.4		ISA03	Security Information Qualifier	00		No Security Information Present (No Meaningful Information in ISA04)
C.4		ISA04	Security Information			Populate with 10 spaces
C.4		ISA05	Interchange ID Qualifier	ZZ		Mutually Defined
C.4		ISA06	Interchange Sender ID	MMISODJFS 0021920 0002937 0004202 0003150 0021919 0007316 0007610 0021914		This is a fixed-length field and should be left justified and filled with spaces to meet the minimum length requirement of 15. MMISODJFS = Ohio Department of Medicaid 0021920 = AmeriHealth Caritas Ohio, Inc. 0002937 = Anthem Blue Cross Blue Shield 0004202 = Buckeye Community Health Plan 0003150 = CareSource 0021919 = Humana Health Plan of Ohio, Inc. 0007316 = Molina Healthcare of Ohio 0007610 = United Healthcare Community Plan of Ohio, Inc 0021914 = Aetna OhioRISE
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
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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's 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			Must be identical to the value in ISA06
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 277CA 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 - [Trading Partners | Medicaid \(ohio.gov\)](#).

8 ACKNOWLEDGEMENTS AND/OR REPORTS

The 277CA 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 - [Trading Partners | Medicaid \(ohio.gov\)](#).

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:

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Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
107		BHT	Beginning of Hierarchical Transaction			
107		BHT01	Hierarchical Structure Code	0085		
107		BHT02	Transaction Set Purpose Code	08		Status
107		BHT03	Originator Application Transaction Identifier			
108		BHT06	Transaction Type Code	TH		Receipt Acknowledgement Advice
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			Payer Name

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
			Name			
112	2100A	NM108	Identification Code Qualifier	46		Electronic Transmitter Identification Number
112	2100A	NM109	Identification Code			
137	2200D	TRN	Claim Status Tracking Number			
137	2200D	TRN01	Trace Type Code	2		Referenced Transaction Trace Numbers
137	2200D	TRN02	Reference Identification			For All 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'
149	2200D	REF	Payer Claim Control Number			
149	2200D	REF01	Reference Identification Qualifier	1K		
149	2200D	REF02	Reference Identification			Unique Claim Control Number assigned by FI for FFS or MCE
157	2220D	SVC	Service Line Information			
157	2220D	SVC01-1		AD, ER, HC, HP, IV, NU, WK		AD = American Dental Association Codes (ADA) ER = Jurisdiction Specific Procedure and Supply Codes HC = Health Care Financing Administration Common Procedural Coding System (HCPCS) Codes

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
						HP = Health Insurance Prospective Payment System (HIPPS) Skilled Nursing Facility Rate Code IV = Home Infusion EDI Coalition (HIEC) Product/Service Code NU = National Uniform Billing Committee (NUBC) UB92 Codes WK = Advanced Billing Concepts (ABC) Codes
161	2220D	STC	Service Line Status Information			

11 APPENDICES

This section contains one or more appendices.

11.1 Implementation Checklist

See Trading Partner Information Guide found here: [Trading Partners | Medicaid \(ohio.gov\)](#).

11.2 Frequently Asked Questions

See Trading Partner website for FAQ's: [Trading Partners | Medicaid \(ohio.gov\)](#).

12 Change Summary

This section describes the differences between the current Companion Guide and previous guide(s).

12/21/2021:

- Updated the revision number in the filename.
- Added EDI helpdesk email address to Section 5 Contact Information
- Added 0021914 = Aetna OhioRISE in ISA06 for 277CA outbound
- Removed details from GS02 for 277CA outbound

04/22/2022:

- Replaced DRAFT with OMES disclaimer
- Removed 0021457 Aetna Better Health of Ohio from ISA06 Sender ID
- Added table and for MCE Payer IDs in 2100A NM109 in Section 7

04/26/2022:

- Replaced 277U with 277CA in Section 7
- Removed MCE Payer ID table in Section 7

09/30/2022

- Added “for Fee-For-Service” on the title/cover page

12/05/2022

- Added clarification for the data required in the ISA02 & ISA04 in Section 6
- Added clarification that GS02 should equal ISA06

01/24/2023

- Updated EDI Support in Section 5, Contact Information.