

**Kentucky HIPAA
HEALTH CARE PAYER UNSOLICITED
CLAIM STATUS
Companion Guide Unsolicited 277**

Version 1.1

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RECORD OF CHANGE

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| 1.0 | 10/25/02 | Creation and first view by DMS | Unisys Tim Collins Martha Senn | 3/28/03 |
| 1.1 | 4/14/04 7/21/04 | Modified the companion guide to reflect 1. Other corrections based on post-HIPAA requirement 2. Updates to format | Unisys Laura Kovac Martha Senn | 8/16/04 |

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1. CONTROL SEGMENT DEFINITIONS FOR KENTUCKY MEDICAID

X12N EDI Control Segments

- ISA – Interchange Control Header Segment
- IEA – Interchange Control Trailer Segment
- GS – Functional Group Header Segment
- GE – Functional Group Trailer Segment
- TA1 – Interchange Acknowledgment Segment

1.1. ISA - INTERCHANGE CONTROL HEADER SEGMENT

| Reference | Definition | Values |
|-----------|--|--|
| ISA01 | Authorization Information Qualifier | 00 |
| ISA02 | Authorization Information | [space fill] |
| ISA03 | Security Information Qualifier | 00 |
| ISA04 | Security Information | [space fill] |
| ISA05 | Interchange ID Qualifier | ZZ |
| ISA06 | Interchange Sender ID | [ID supplied by KY Medicaid] |
| ISA07 | Interchange ID Qualifier | ZZ |
| ISA08 | Interchange Receiver ID | [Receiver's ID] |
| ISA09 | Interchange Date | The date format is YYMMDD |
| ISA10 | Interchange Time | The time format is HHMM |
| ISA11 | Interchange Control Standards Identifier | U |
| ISA12 | Interchange Control Version Number | 00401 |
| ISA13 | Interchange Control Number | Must be identical to the interchange trailer IEA02 |
| ISA14 | Acknowledgment Request | 1 |
| ISA15 | Usage Indicator | T = Test Data P = Production Data |
| ISA16 | Component Element Separator | : |

1.2. IEA - INTERCHANGE CONTROL TRAILER

| Reference | Definition | Values |
|-----------|--------------------------------------|---|
| IEA01 | Number of included Functional Groups | Number of included Functional Groups |
| IEA02 | Interchange Control Number | Must be identical to the value in ISA13 |

1.3. GS – FUNCTIONAL GROUP HEADER

| Reference | Definition | Values |
|-----------|--|--|
| GS01 | Functional Identifier Code | HN = Health Care Claim Status Notification (277) |
| GS02 | Application Sender's Code | Must be identical to the value in ISA06 |
| GS03 | Application Receiver's Code | KYMEDICAID |
| GS04 | Date | The date format is CCYYMMDD |
| GS05 | Time | The time format is HHMM |
| GS06 | Group Control Number | Assigned and maintained by the sender |
| GS07 | Responsible Agency Code | X |
| GS08 | Version/Release/Industry Identifier Code | 004010X092A1 |

1.4. GE – FUNCTIONAL GROUP TRAILER

| Reference | Definition | Values |
|-----------|-------------------------------------|--|
| GE01 | Number of Transaction Sets Included | Number of Transaction Sets Included |
| GE02 | Group Control Number | Must be identical to the value in GS06 |

1.5. VALID DELIMITERS FOR KENTUCKY MEDICAID EDI

| Definition | ASCII | Decimal | Hexadecimal |
|----------------------------|-------|---------|-------------|
| Segment Separator | ~ | 126 | 7E |
| Element Separator | * | 42 | 2A |
| Compound Element Separator | : | 58 | 3A |

2. SEGMENT DEFINITIONS FROM THE IMPLEMENTATION GUIDE

ISA - Communications transport protocol interchange control header segment. This segment within the X12N implementation guide identifies the start of an interchange of zero or more functional groups and interchange-related control segments. This segment may be thought of traditionally as the file header record.

IEA - Communications transport protocol interchange control trailer segment. This segment within the X12N implementation guide defines the end of an interchange of zero or more functional groups and interchange-related control segments. This segment may be thought of traditionally as the file trailer record.

GS – Communications transport protocol functional group header segment. This segment within the X12N implementation guide indicates the beginning of a functional group and provides control information concerning the batch of transactions. This segment may be thought of traditionally as the batch header record.

GE – Communications transport protocol functional group trailer segment. This segment within the X12N implementation guide indicates the end of a functional group and provides control information concerning the batch of transactions. This segment may be thought of traditionally as the batch trailer record.

ST – Communications transport protocol transaction set header segment. This segment within the X12N implementation guide indicates the start of the transaction set and assigns a control number to the transaction. This segment may be thought of traditionally as the claim header record.

SE – Communications transport protocol transaction set trailer. This segment within the X12N implementation guide indicates the end of the transaction set and provides the count of transmitted segments (including the beginning (ST) and ending (SE) segments). This segment may be thought of traditionally as the claim trailer record.

3. INTRODUCTION TO THE 277 HEALTH CARE PAYER UNSOLICITED CLAIM STATUS TRANSACTION

The unsolicited 277 transaction is the Health Care Claim Request for Additional Information. The purpose of the unsolicited 277 transaction is to notify the provider that a claim is pended.

This document consists of situational fields that are required for the Kentucky Medicaid Program. However, this document is not the complete EDI transaction format.

- 277 Health Care Payer Unsolicited Claim Status Transaction
ANSI ASC X 12.317 (003070X070) July 2002 Draft 3

4. FIELD DEFINITIONS

COLUMN

| | |
|---|--|
| A | The name of the loop as documented in the appropriate HIPAA U277 Implementation Guide. |
| B | A loop ID number used to identify a group of segments that are collectively repeated in a serial fashion up to a specified maximum number of times as documented in the appropriate U277 Implementation Guide. |
| C | The HIPAA field position number and segment number as specified in the appropriate U277 Implementation Guide. |
| D | The data element name and page number as indicated in the appropriate U277 HIPAA Implementation Guide. |
| E | The Values and Comments further describe the U277 Implementation Guide field data that Kentucky Medicaid will accept for Health Care Claim Status Response. |

Note: The valid values in **bold** are the values KY Medicaid will be sending in the transmission.

5. COMPANION GUIDE FOR THE UNSOLICITED 277 TRANSACTION

| UNSOLICITED 277 TRANSACTION | | | | |
|-----------------------------|---------|-------------------------------|---|---|
| Loop Name | Loop ID | HIPAA Field Position/ Segment | HIPAA Data Element Name/Page Number from Implementation Guide | Valid Values And/or Comments |
| A | B | C | D | E |
| Transaction Structure | | 020-BHT03 | Originator Application Transaction Identifier Pg 28 | RA (Remittance) number |
| Transaction Structure | | 020-BHT06 | Transaction Type Code Pg 29 | 'NO' Notice |
| Payer Name | 2100A | 050-NM103 | Payer Name Pg 33 | 'KYMEDICAID' |
| Payer Name | 2100A | 050-NM108 | Identification Code Qualifier Pg 33 | 'PI' Payer ID |
| Payer Name | 2100A | 050-NM109 | Identification Code Qualifier Pg 33 | 'KYMEDICAID' |
| Information Receiver Name | 2100B | 050-NM102 | Entity Type Qualifier Pg 39 | '1' Person |
| Information Receiver Name | 2100B | 050-NM108 | Identification Code Qualifier Pg 39 | '46' Electronic Transmitter Identification Number |
| Information Receiver Name | 2100B | 050-NM109 | Identification Code Pg 39 | KY Medicaid assigned EDI Trading Partner ID |

| UNSOLICITED 277 TRANSACTION | | | | |
|-----------------------------|---------|-------------------------------|---|---|
| Loop Name | Loop ID | HIPAA Field Position/ Segment | HIPAA Data Element Name/Page Number from Implementation Guide | Valid Values And/or Comments |
| A | B | C | D | E |
| Provider Name | 2100C | 050-NM102 | Entity Type Qualifier Pg 39 | '1' Person |
| Provider Name | 2100C | 050-NM103 | Name Last or Organization Code Pg 44 | Pay-to-Provider Last Name as stored on KY Medicaid Provider File |
| Provider Name | 2100C | 050-NM104 | Name Last or Organization Code Pg 44 | Pay-to-Provider First Name as stored on KY Medicaid Provider File |
| Provider Information | 2100C | 050-NM108 | Identification Code Qualifier Pg 45 | SV Service Provider Number |
| Provider Information | 2100C | 050-NM109 | Identification Code Pg 45 | Assigned Kentucky Medicaid Provider Number |
| Subscriber | 2000D | 010-HL4 | Hierarchical Child Code Pg 47 | '0' No subordinate HL segment in this hierarchical structure |
| Subscriber Name | 2000D | 050-NM101 | Entity Identifier Code Pg 48 | 'QC' Patient |
| Subscriber Name | 2000D | 050-NM102 | Entity Type Qualifier Pg 48 | '1' Person |
| Subscriber Name | 2000D | 050-NM108 | Entity Identifier Code Pg 49 | 'MR' Medicaid Recipient Identification Number |
| Subscriber Name | 2000D | 050-NM109 | Entity Identifier Pg 49 | 10 digit KY MAID number |

| UNSOLICITED 277 TRANSACTION | | | | |
|-------------------------------|---------|-------------------------------|---|--|
| Loop Name | Loop ID | HIPAA Field Position/ Segment | HIPAA Data Element Name/Page Number from Implementation Guide | Valid Values And/or Comments |
| A | B | C | D | E |
| Claim Submitter's Identifier | 2200D | 090-TRN02 | Reference Identification Pg 53 | KY Medicaid RA (Remittance) number |
| Claim Submitter's Identifier | 2200D | 110-REF02 | Reference Identification Pg 60 | Transaction Control Number Assigned by Medicaid for this claim |
| Medical Record Identification | 2200D | 110-REF01 | Reference Identification Pg 69 | 'EA' |
| Medical Record Identification | 2200D | 110-REF02 | Reference Identification Pg 69 | Patient Control Number submitted on the 837. If the provider is a Pharmacy it reports the prescription number from claim, else it reports the invoice number from the 837 claim. |
| Service Line Information | 2200D | 190-STC03 | Action Code Pg 73 | 'NA' No Action Required |