



KY Medicaid

**KY MMIS 277U Companion Guide
Claim Status (ASC X12N 277U)
Companion Guide**

*Version 1.0_FINAL
Version 003070 X070*

*Cabinet for Health and Family Services
Department for Medicaid Services*

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1 Introduction

The following is intended to be a companion document to the National Electronic Data Interchange Transaction Set Implementation Guide, Health Care Payer Unsolicited Claim Status, ASC X12N 277 (003070X070).

This transaction is not a Health Insurance Portability and Accountability Act (HIPAA) covered transaction. The authors of the HIPAA covered Transaction for the Remittance Advice (835) do not recommend including information about suspended claims from the adjudication system in the remittance advice. For financial accounting purposes, the authors recommend that the remittance advice process, which generates the 835 transaction set, only contain information pertaining to finalized claims. For that reason, the Cabinet for Health and Family Services Department for Medicaid Services is utilizing this 277 Health Care Payer Unsolicited Claim Status to communicate pended claim information in an electronic format to fee-for-service providers.

The Cabinet for Health and Family Services Department for Medicaid Services will also utilize this 277 Health Care Payer Unsolicited Claim Status to communicate paid and denied claim information to Managed Care Organizations. Those organizations will not receive the 835 transaction for paid and denied claims.

The HIPAA Implementation Guides can be accessed at http://www.wpc-edi.com/hipaa/HIPAA_40.asp.

1.1 Purpose

This transaction provides fee-for-service provider status information for pended claims and managed care organizations status information for paid and denied claims. The business application of the 277U will also augment the use of the Health Care Claim Status Request and Response paired transaction by providing the Internal Control Numbers (ICN) assigned to claims for trading partners to specifically inquire upon.

Unsolicited Health Care Payer Claim Status responses will be sent weekly in a batch mode for fee-for-service providers, and daily for managed care organizations along with any claim transaction in which a Medicaid provider ID or National Provider Identifier (NPI) is unidentifiable.

Even though the use of the 277U was not included in the *Transactions and Code Set Final Regulations*, the Cabinet for Health and Family Services Department for Medicaid Services and HP Enterprise Services (HP) have elected to support the 277 Health Care Payer Unsolicited Claim Status Version 3070, Implementation Guideline.

1.2 Minimum Mandated Processing Requirements

The business purpose described herein is not a HIPAA-mandated business purpose and thus is agreed upon between willing trading partners. The Agency for Health Care Administration requirements are as follows:

1. Information Source Identifier (77027);
2. Information Receiver Identifier (Trading Partner as assigned by the HP EDI area);
3. Service Provider Identifier (NPI or Medicaid Provider ID);

4. Beneficiary Identifier (Recipient Number);
5. Claim Dates of Service (Header and/or Detail); and
6. Header Claim Submitted Charges.

The claim status segment is required at the header of the claim. Therefore, a header status will always be given. Within the status segment, there are certain minimum requirements.

1. The status data element defined in the 277 Transaction Set is a composite data structure that consists of three difference data elements. It is repeated a total of three times within the STC segment. Each status data element consists of the following three data elements:
 - a. Health Care Claim Status Category Code – The overall category for where the claim currently is in processing (e.g., P2 – Pending/In Process – The Claim is suspended pending review);
 - b. Health Care Claim Status Code – Detailed information as to the reason the claim being in the category defined in the category code (e.g., 450 – Awaiting spend down determination);
 - c. Entity Identifier – The identity of the entity from which additional information about the claim has been requested if the claim is pended for additional information (e.g., QC – Patient);
2. The status effective date is always sent within this segment at the Claim Header level. This will consist of the last date that the claim adjudicated in the system;
3. The Action Code is always sent at the Claim Header level. This directs the receiver of the transaction as to what actions are required on their part;
4. The claim header submitted charge is always sent at the Claim Header level; and,
5. A free-form text area is available for specific messages related to the Health Care Claim Status Code 448. The code 448 is not currently utilized, thus STC12 will not be populated.

1.3 Special Considerations for 834 Transaction

1.3.1 Subscriber, Insured = Member in the Kentucky Medicaid Eligibility Verification System

The Commonwealth of Kentucky Medicaid Eligibility Verification System does not allow for dependents to be enrolled under a primary subscriber, rather all enrollees/members are primary subscribers within each program or MCO (Managed Care Organization).

The finalized naming convention for 277U file

KYWD277U_mcoid(710016XXXX)_datestamp(20111007)_timestamp(165014).dat.zip

2 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 |
| ➤ | ST – Transaction Set Header |
| ➤ | SE – Transaction Set Trailer |

2.1 ISA – Interchange Control Header Segment

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.

| 277 Health Care Payer Unsolicited Claim Status | | | | |
|--|------|---------|---|---|
| Page | Loop | Segment | Data Element | Comments |
| B.3 | N/A | ISA | ISA01 - Authorization Information Qualifier | '00' – No Authorization Information Present |
| B.3 | N/A | ISA | ISA02 - Authorization Information | [space fill] |
| B.4 | N/A | ISA | ISA03 - Security Information Qualifier | '00' – No Security Information Present |
| B.4 | N/A | ISA | ISA04 – Security Information | [space fill] |
| B.4 | N/A | ISA | ISA05 - Interchange ID Qualifier | 'ZZ' – Mutually Defined |
| B.4 | N/A | ISA | ISA06 - Interchange Sender ID | 'KY Medicaid' – Sender ID |
| B.4 | N/A | ISA | ISA07 - Interchange ID Qualifier | 'ZZ' – Mutually Defined |
| B.5 | N/A | ISA | ISA08 - Interchange Receiver ID | 'ID Supplied by KY Medicaid' – Receiver ID |
| B.5 | N/A | ISA | ISA09 – Interchange Date | The date format is YYMMDD |

| 277 Health Care Payer Unsolicited Claim Status | | | | |
|--|------|---------|--|--|
| Page | Loop | Segment | Data Element | Comments |
| B.5 | N/A | ISA | ISA10 – Interchange Time | The time format is HHMM |
| B.5 | N/A | ISA | ISA11 – Interchange Control Standards Identifier | ‘U’ – Interchange Control Standards Identifier |
| B.5 | N/A | ISA | ISA12 – Interchange Control Version Number | ‘00307’ – Interchange Control Version Number |
| B.5 | N/A | ISA | ISA13 – Interchange Control Number | Interchange Unique Sequential Control Number |
| B.5 | N/A | ISA | ISA14 – Acknowledgment Requested | ‘1’ – Interchange Acknowledgement Requested |
| B.6 | N/A | ISA | ISA15 – Test Indicator | ‘T’ – Test Data ‘P’ – Production Data |
| B.6 | N/A | ISA | ISA16 – Component Element Separator | ‘.’ – Component Element Separator |

2.2 IEA – Interchange Control Trailer

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.

| 277 Health Care Payer Unsolicited Claim Status | | | | |
|--|------|---------|--|---|
| Page | Loop | Segment | Data Element | Comments |
| B.7 | N/A | IEA | IEA01 – Number of Included Functional Groups | Number of Included Functional Groups |
| B.7 | N/A | IEA | IEA02 – Interchange Control Number | Must be identical to the value in ISA13 |

2.3 GS – Functional Group Header

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.

| 277 Health Care Payer Unsolicited Claim Status | | | | |
|--|------|---------|--|---|
| Page | Loop | Segment | Data Element | Comments |
| B.8 | N/A | GS | GS01 – Functional Identifier Code | ‘HN’ – Health Care Claim Status Notification (277) |
| B.8 | N/A | GS | GS02 – Application Sender’s Code | This will be equal to the value in ISA06. |
| B.8 | N/A | GS | GS03 - Application Receiver’s Code | This will be equal to the value in ISA08. |
| B.8 | N/A | GS | GS04 – Date | The date format is YYMMDD |
| B.8 | N/A | GS | GS05 – Time | The time format is HHMM |
| B.9 | N/A | GS | GS06 – Group Control Number | Group Control Number |
| B.9 | N/A | GS | GS07 – Responsible Agency Code | ‘X’ – Responsible Agency Code |
| B.9 | N/A | GS | GS08 - Version/Release/ Industry Identifier Code | ‘003070X070’ – Version / Release / Industry Identifier Code |

2.4 GE – Functional Group Trailer

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.

| 277 Health Care Payer Unsolicited Claim Status | | | | |
|--|------|---------|--|--|
| Page | Loop | Segment | Data Element | Comments |
| B.10 | N/A | GE | GE01 – Number of Transaction Sets Included | Number of Included Transaction Sets |
| B.10 | N/A | GE | GE02 – Group Control Number | Must be identical to the value in GS06 |

2.5 ST – Transaction Set Header

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.

| 277 Health Care Payer Unsolicited Claim Status | | | | |
|--|------|---------|--|---|
| Page | Loop | Segment | Data Element | Comments |
| 27 | N/A | ST | ST01 – Transaction Set Identifier Code | '277' – Health Care Claim Status Notification |
| 27 | N/A | ST | ST02 – Transaction Set Control Number | Transaction Control Number |

2.6 SE – Transaction Set Trailer

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.

| 277 Health Care Payer Unsolicited Claim Status | | | | |
|--|------|---------|---------------------------------------|---|
| Page | Loop | Segment | Data Element | Comments |
| 107 | N/A | SE | SE01 – Number of Included Segments | Total Number of Segments Included in Transaction Set Including ST and SE. |
| 107 | N/A | SE | SE02 – Transaction Set Control Number | Must be identical to the value in ST02 |

2.7 Valid Delimiters for Kentucky Medicaid EDI

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

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| 277 Health Care Payer Unsolicited Claim Status | | | | |
|--|-------|---------|--|--|
| Page | Loop | Segment | Data Element | Comments |
| Header | | | | |
| 28 | N/A | BHT | BHT03 – Reference Identification | FFS: RA (Remittance) number Encounter: Current Date in CCYYMMDD Format |
| 29 | N/A | BHT | BHT06 – Transaction Type Code | 'NO' – Notice |
| Information Source | | | | |
| 30 | 2000A | HL | HL01 – Hierarchical ID Number | The first HL01 value will be '1' and each HL will increment by one throughout the transaction set. |
| 30 | 2000A | HL | HL02 – Hierarchical Parent ID Number | '0' – Hierarchical Parent ID Number |
| 31 | 2000A | HL | HL03 – Hierarchical Level Code | '20' – Information Source |
| 31 | 2000A | HL | HL04 – Hierarchical Child Code | '1' – Additional Subordinate HL Data Segment in this Hierarchical Structure |
| Payer Name | | | | |
| 32 | 2100A | NM1 | NM101 – Entity Identifier Code | 'PR' Payer |
| 32 | 2100A | NM1 | NM102 – Entity Type Qualifier | '2' Non-Person Entity |
| 33 | 2100A | NM1 | NM103 – Name Last or Organization Name | 'KY MEDICAID' |
| 33 | 2100A | NM1 | NM108 – Identification Code Qualifier | 'PI' – Payor Identification |
| 33 | 2100A | NM1 | NM109 – Identification Code | 'KYMEDICAID' |
| 34 | 2100A | N3 | N301 – Address Information | '275 E. MAIN STREET' '6W-C' |
| 35 | 2100A | N4 | N401 – City Name | 'FRANKFORT' |

| 277 Health Care Payer Unsolicited Claim Status | | | | |
|--|-------|---------|--|--|
| Page | Loop | Segment | Data Element | Comments |
| 35 | 2100A | N4 | N402 – State or Province Code | 'KY' |
| 35 | 2100A | N4 | N403 – Postal Code | '40621' |
| Information Receiver | | | | |
| 36 | 2000B | HL | HL01 – Hierarchical ID Number | Incremented by '1' from the previous HL segment in the Transaction Set. |
| 36 | 2000B | HL | HL02 – Hierarchical Parent ID Number | The value in this data element will reference the Parent HL01 at the Information Source Level. |
| 37 | 2000B | HL | HL03 – Hierarchical Level Code | '21' – Information Receiver |
| 37 | 2000B | HL | HL04 – Hierarchical Child Code | '1' – Additional Subordinate HL Data Segment in this Hierarchical Structure |
| Information Receiver Name | | | | |
| 38 | 2100B | NM1 | NM101 – Entity Identifier Code | '41' - Submitter |
| 38 | 2100B | NM1 | NM102 – Entity Type Qualifier | '2' – Non-Person Entity |
| 39 | 2100B | NM1 | NM103 – Name Last or Organization Name | 'KYMEDICAID' |
| 39 | 2100B | NM1 | NM108 – Identification Code Qualifier | '46' – Electronic Transmitter Identification Number (ETIN) |
| 39 | 2100B | NM1 | NM109 – Identification Code | Trading Partner ID |
| Provider of Service | | | | |
| 42 | 2000C | HL | HL01 – Hierarchical ID Number | Incremented by '1' from the previous HL segment in the Transaction Set. |
| 42 | 2000C | HL | HL02 – Hierarchical Parent ID Number | The value in this data element will reference the Parent HL01 at the Information Source Level. |
| 43 | 2000C | HL | HL03 – Hierarchical Level Code | '19' – Provider of Service |
| 43 | 2000C | HL | HL04 – Hierarchical Child Code | '1' – Additional Subordinate HL Data Segment in this |

| 277 Health Care Payer Unsolicited Claim Status | | | | |
|--|-------|---------|--|--|
| Page | Loop | Segment | Data Element | Comments |
| | | | | Hierarchical Structure |
| Provider Information | | | | |
| 44 | 2100C | NM1 | NM101 – Entity Identifier Code | '1P' – Provider |
| 44 | 2100C | NM1 | NM102 – Entity Type Qualifier | '1' – Person '2' – Non-Person Entity |
| 45 | 2100C | NM1 | NM103 – Name Last or Organization Name | Provider Last Name or Organization |
| 45 | 2100C | NM1 | NM104 – Name First | Provider First Name |
| 45 | 2100C | NM1 | NM108 – Identification Code Qualifier | 'SV' – Service Provider Number 'XX' - Health Care Financing Administration National Provider Identifier |
| 45 | 2100C | NM1 | NM109 – Identification Code | Medicaid Provider Number |
| Subscriber | | | | |
| 46 | 2000D | HL | HL01 – Hierarchical ID Number | Incremented by '1' from the previous HL segment in the Transaction Set. |
| 46 | 2000D | HL | HL02 – Hierarchical Parent ID Number | The value in this data element will reference the Parent HL01 at the Information Source Level. |
| 47 | 2000D | HL | HL03 – Hierarchical Level Code | '22' – Subscriber |
| 47 | 2000D | HL | HL04 – Hierarchical Child Code | '0' – No Subordinate HL Segment in this Hierarchical Structure |
| Subscriber Name | | | | |
| 48 | 2100D | NM1 | NM101 – Entity Identifier Code | 'QC' – Patient |
| 49 | 2100D | NM1 | NM102 – Entity Type Qualifier | '1' – Person |
| 49 | 2100D | NM1 | NM103 – Name Last or Organization Name | Member Last Name |

| 277 Health Care Payer Unsolicited Claim Status | | | | |
|--|-------|---------|---------------------------------------|---|
| Page | Loop | Segment | Data Element | Comments |
| 49 | 2100D | NM1 | NM104 – Name First | Member First Name |
| 49 | 2100D | NM1 | NM105 – Name Middle | Member Middle Initial, if available |
| 49 | 2100D | NM1 | NM108 – Identification Code Qualifier | 'MR' – Medicaid Member Identification Number |
| 49 | 2100D | NM1 | NM109 – Identification Code | '10-digit Medicaid ID' |
| Claim Submitter's Identifier | | | | |
| 53 | 2200D | TRN | TRN01 – Trace Type Code | '2' – Reference Transaction Trace Numbers |
| 53 | 2200D | TRN | TRN02 – Reference Identification | Patient Control Number that was received on the original claim. |
| 54 | 2200D | TRN | TRN04 – Reference Identification | If applicable, the value that was received on the original claim from SBR09. 'MC' Medicaid |
| 55 | 2200D | STC | STC01-1 – Industry Code | From Code List 507 Claim Status Category Codes are available at www.wpc-edi.com |
| 58 | 2200D | STC | STC10-1 – Industry Code | From Code List 507 Claim Status Category Codes are available at www.wpc-edi.com |
| 59 | 2200D | STC | STC11-1 - Industry Code | From Code List 507 Claim Status Category Codes are available at www.wpc-edi.com |
| 56 | 2200D | STC | STC01-2 - Industry Code | From Code List 508 Health Care Claim Status Codes are available at www.wpc-edi.com |
| 59 | 2200D | STC | STC10-2 - Industry Code | From Code List 508 Health Care Claim Status Codes are available at www.wpc-edi.com |

| 277 Health Care Payer Unsolicited Claim Status | | | | |
|--|-------|---------|--|--|
| Page | Loop | Segment | Data Element | Comments |
| 59 | 2200D | STC | STC11-2 - Industry Code | From Code List 508 Health Care Claim Status Codes are available at www.wpc-edi.com |
| 58 | 2200D | STC | STC02 – Status Information Effective Date | Status Date of Claim. Format YYMMDD |
| 58 | 2200D | STC | STC03 – Action Code | ‘NA’ – No Action Required |
| 60 | 2200D | REF | REF01 – Reference Identification Qualifier | ‘1K’ – Payor’s Claim Number |
| 60 | 2200D | REF | REF02 – Reference Identification | 13-digit ICN or 17-digit TCN assigned by Medicaid for this claim. |
| 62 | 2200D | REF | REF01 – Reference Identification Qualifier | ‘BLT’ – Billing Type This REF segment is only sent if the original claim was billed on an 837I transaction for EDI or UB92 or UB04 for Paper Claims. |
| 62 | 2200D | REF | REF02 – Reference Identification | ‘Type of Bill’ that was present on the original claim |
| 66 | 2200D | DTP | DTP01 – Date/Time Qualifier | ‘472’ – Service |
| 66 | 2200D | DTP | DTP02 – Date Time Period Format Qualifier | ‘RD8’ – Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD |
| 66 | 2200D | DTP | DTP03 – Date Time Period | The Date(s) associated with this claim for Header level information. The system will take the Earliest ‘From Date’ and the Latest ‘To Date’ and report that information. |
| Service Line Information | | | | |
| 68 | 2200D | SVC | SVC01-1 – Product/Service ID Qualifier | ‘ND’ = National Drug Code ‘AD’ = American Dental Associates Code ‘NU’ = National Health |

| 277 Health Care Payer Unsolicited Claim Status | | | | |
|--|-------|---------|------------------------------|--|
| Page | Loop | Segment | Data Element | Comments |
| | | | | Related Item Code 'HC' = Health Care Financing Administration Common Procedural Coding System |
| 68 | 2200D | SVC | SVC01-2 – Product/Service ID | Original submitted Code or final adjudicated service code. |
| 68 | 2200D | SVC | SVC01-3 - Procedure Modifier | Original submitted Code(s) or final adjudicated service code. |
| 68 | 2200D | SVC | SVC01-4 - Procedure Modifier | Original submitted Code(s) or final adjudicated service code. |
| 68 | 2200D | SVC | SVC01-5 - Procedure Modifier | Original submitted Code(s) or final adjudicated service code. |
| 68 | 2200D | SVC | SVC01-6 - Procedure Modifier | Original submitted Code(s) or final adjudicated service code. |
| 69 | 2200D | SVC | SVC04 – Product/Service ID | When both a HCPCS code and a NUBC Revenue code are associated with a line item, this data element will contain the Revenue Code. |
| 70 | 2220D | STC | STC01-1 – Industry Code | From Code List 507 Claim Status Category Codes are available at www.wpc-edi.com |
| 73 | 2220D | STC | STC10-1 -- Industry Code | From Code List 507 Claim Status Category Codes are available at www.wpc-edi.com |
| 74 | 2220D | STC | STC11-1 – Industry Code | From Code List 507 Claim Status Category Codes are available at www.wpc-edi.com |
| 71 | 2220D | STC | STC01-2 - Industry Code | From Code List 508 Health Care Claim Status Codes are |

| 277 Health Care Payer Unsolicited Claim Status | | | | |
|--|-------|---------|--|---|
| Page | Loop | Segment | Data Element | Comments |
| | | | | available at www.wpc-edi.com |
| 73 | 2220D | STC | STC10-2 - Industry Code | From Code List 508 Health Care Claim Status Codes are available at www.wpc-edi.com |
| 74 | 2220D | STC | STC11-2 - Industry Code | From Code List 508 Health Care Claim Status Codes are available at www.wpc-edi.com |
| 71 | 2220D | STC | STC01-3 - Industry Code | Used to clarify STC01-2. |
| 73 | 2220D | STC | STC10-3 - Industry Code | Used to clarify STC10-2 |
| 74 | 2220D | STC | STC11-3 - Industry Code | Used to clarify STC11-2 |
| 75 | 2220D | REF | REF01 – Reference Identification Qualifier | 'FJ' – Line Item Control Number |
| 75 | 2220D | REF | REF02 – Reference Identification | Value that was submitted on the original claim if submitted on the 837I, 837P or 837D transaction. |
| 76 | 2220D | DTP | DTP01 – Date/Time Qualifier | '472' – Service |
| 76 | 2220D | DTP | DTP02 – Date Time Period Format Qualifier | 'RD8' – Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD |
| 76 | 2220D | DTP | DTP03 – Date Time Period | Only used when a Service line date is available on the claim. If only a 'From Date' is available, the 'From Date' will equal the 'To Date'. |
| 80 | 2100E | NM1 | NM103 - Name Last or Organization Name | Member last name as stored on KY Medicaid file. If member not found on file, the value will be the member last name from the claim form. |
| 80 | 2100E | NM1 | NM104 - Name First | Member first name as stored on KY Medicaid file. If member not found on file, the value will be the member first |

| 277 Health Care Payer Unsolicited Claim Status | | | | |
|--|-------|---------|---------------------------------------|--|
| Page | Loop | Segment | Data Element | Comments |
| | | | | name from the claim form |
| 80 | 2100E | NM1 | NM108 – Identification Code Qualifier | 'MR' Medicaid Recipient Identification Number |
| 80 | 2100E | NM1 | NM109 – Identification Code | 10 digit MAID number assigned by KY Medicaid |
| 83 | 2200E | TRN | TRN02 – Reference Identification | Patient Account Number |
| 83 | 2200E | TRN | TRN04 – Reference Identification | 'MC' Medicaid |
| 85 | 2200E | STC | STC01 -1 Industry Code | Health Care Claim Status Category Codes can be found at www.wpc-edi.com/reference/ |
| 85 | 2200E | STC | STC01 -2 Industry Code | Health Care Claim Code can be found at www.wpc-edi.com/reference/ |
| 85 | 2200E | STC | STC02 – Date | Date of Status YYMMDD |
| 85 | 2200E | STC | STC03 – Action Code | 'NA' No Action Required |
| 88 | 2200E | STC | STC04 – Monetary Amount | Amount of original submitted charges. |
| 100 | 2220E | STC | STC01 -1 Industry Code | Health Care Claim Status Category Codes can be found at www.wpc-edi.com/reference |
| 101 | 2220E | STC | STC01 -2 Industry Code | Health Care Claim Code can be found at www.wpc-edi.com/reference/ |
| 103 | 2220E | STC | STC04 – Monetary Amount | Amount of original submitted charges. |