Texas Medicaid

HIPAA Transaction Standard Companion Guide

Refers to the Implementation Guide Long Term Care 276/277 Health Care Claim Status Inquiry and Response Based on ASC X12 version 005010

CORE v5010 Companion Guide

December 2014

Disclosure Statement

This document is Copyright © 2014 by Texas Medicaid. 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 expressed or implied warranty. Note that the copyright on the underlying Accredited Standards Committee (ASC) X12 Standards is held by Data Interchange Standards Association (DISA) on behalf of ASC X12.

Preface

This Companion Guide to the v5010 ASC X12N Implementation Guide and associated errata adopted under Health Insurance Portability and Accountability Act of 1996 (HIPAA) clarifies and specifies the data content when exchanging electronically with Texas Medicaid. Transmissions based on this Companion Guide, used in tandem with the v5010 ASC X12N Implementation Guides, are compliant with both ASC X12N syntax and those guides. This Companion Guide is intended to convey information that is within the framework of the ASC X12N 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 Implementation Guides.

NOTE: Effective January 1, 2013, health plans, covered entities and their business associates that engage in the exchange of claim status inquiry and response transactions are required by the Affordable Care Act (ACA) to comply with additional operating rule regulations for the 276/277 transactions. These operating rules are maintained by the Council for Affordable Quality Healthcare (CAQH) Committee on Operating Rules for Information Exchange (CORE.)

Table of Contents

1 INTRODUCTION 5

1.1 SCOPE 5
1.2 OVERVIEW 5
1.3 REFERENCES 5
1.4 ADDITIONAL INFORMATION 6

2 GETTING STARTED 7

2.1 WORKING WITH TEXAS MEDICAID 7
2.2 TRADING PARTNER REGISTRATION 7

3 CONTACT INFORMATION 8

3.1 EDI CUSTOMER SERVICE 8
3.2 EDI TECHNICAL ASSISTANCE 8
3.3 PROVIDER SERVICE NUMBER 8
3.4 APPLICABLE WEBSITES/E-MAIL 8

4 PAYER SPECIFIC BUSINESS RULES AND LIMITATIONS 9

5 ACKNOWLEDGEMENTS AND/OR REPORTS 9

5.1 REPORT INVENTORY 9

6 TRADING PARTNER AGREEMENTS 9

6.1 TRADING PARTNERS 9

7 TRANSACTION SPECIFIC INFORMATION 10

7.1 276 Transaction 10
7.2 277 Transaction 17

Appendix A: 276/277 Example Transaction 26

276 Texas Medicaid Example Transaction: 26
277 Texas Medicaid Example Transaction: 27

Appendix B: Summary of Version Changes 28

1 INTRODUCTION

Under the Administrative Simplification provisions of the Health Insurance Portability and Accountability Act (HIPAA) of 1996, the Secretary of the Department of Health and Human Services (HHS) is directed to adopt standards to support the electronic exchange of administrative and financial health care transactions. The purpose of the Administrative Simplification portion of HIPAA is to enable health information to be exchanged electronically and to adopt standards for those transactions.

1.1 SCOPE

This Companion Guide is intended for Texas Medicaid Trading Partners interested in exchanging HIPAA compliant X12N Long Term Care 276/277 Health Care Claim Status Inquiry/Response Transactions with Texas Medicaid. It is intended to be used in conjunction with X12N Implementation Guides and is not intended to contradict or exceed X12N standards. It is intended to be used to clarify the CORE rules and to describe the *required* data values to process claim status inquiries by Texas Medicaid.

All instructions in this document are written using information known at the time of publication and are subject to change.

1.2 OVERVIEW

This Companion Guide includes information needed to assist the trading partners with the submission of a valid Long Term Care 276/277 Health Care Claim Status Inquiry/Response to Texas Medicaid in batch and real-time mode.

The purpose of this document is to assist the provider with Texas Medicaid-particular data sets for information specified in the National Electronic Data Interchange Transaction Set Implementation Guide for the file type. The federal government has set standards to simplify Electronic Data Interchange (EDI). To comply with the standard, Texas Medicaid has updated the data sets for EDI files to be in accordance with HIPAA and is utilizing the ASC X12 nomenclatures. The TR3 dated August 2006 was used to create this Companion Guide for the 276 and 277 file formats.

This Companion Guide is intended for trading partner use in conjunction with the ANSI ASC X12N National Implementation Guide. The ANSI ASC X12N Implementation Guides can be accessed at http://store.x12.org/store/healthcare-5010-consolidated-guides. The Texas Medicaid Companion Guide is designed to provide all entities that submit transactions regarding healthcare claims the specified data sets that Texas Medicaid requires per HIPAA compliance for the 276 and 277 file formats. Not all X12 data sets are used by Texas Medicaid to process and respond for a request for information.

The Texas Medicaid EDI Connectivity Guide that contains specific instructions regarding connectivity options, along with CORE compliant Safe Harbor information, can be found on the EDI page of the Texas Medicaid website at: http://www.tmhp.com/Pages/EDI/EDI_Technical_Info.aspx

1.3 REFERENCES

This section specifies additional documents useful for the read. For example, the X12N Implementation Guides adopted under HIPAA that this document is a companion to:

ACS X12 Version 5010 TR3s: http://store.x12.org/store/healthcare-5010-consolidated-guides

CAQH/CORE: http://www.caqh.org/COREv5010.php

1.4 ADDITIONAL INFORMATION

Security and Privacy Statement

Covered entities were required to implement HIPAA Privacy Regulations no later than April 14, 2003. A covered entity is defined as a health plan, a health care clearinghouse, or a health care provider who transmits any health information in electronic form in connection with a HIPAA transaction. Providers that conduct certain electronic transmissions are responsible for ensuring these privacy regulations are implemented in their business practices. Health and Human Services Commission (HHSC) is a HIPAA Covered Entity. Accordingly, Texas Medicaid is operating as a HIPAA Business Associate of HHSC as defined by the federally mandated rules of HIPAA. A business associate is defined as a person or organization that performs a function or activity on behalf of a covered entity, but is not part of the covered entity's workforce.

The privacy regulation has three major purposes:

1. To protect and enhance the rights of consumers by providing them access to their health information and controlling the appropriate use of that information;
2. To improve the quality of health care in the United States by restoring trust in the health care system among consumers, health care professionals and the many organizations and individuals committed to the delivery of health care; and
3. To improve the efficiency and effectiveness of health care delivery by creating a national framework for health privacy and protection.

In accordance with HIPAA privacy regulations, the state of Texas provided a Notice of Privacy Practices to all Texas Medicaid households. As one of the steps in this process, the state of Texas mailed an "Explanation of Medicaid Privacy Rights and a Privacy Notice" to each Medicaid household in March 2003.

2 GETTING STARTED

2.1 WORKING WITH TEXAS MEDICAID

This section describes how to interact with Texas Medicaid's EDI Department.

EDI Helpdesk is available to assist trading partners in exchanging data with Texas Medicaid. Below are details on how to register and contact the department for assistance.

2.2 TRADING PARTNER REGISTRATION

HHSC requires any entity exchanging electronic data with Texas Medicaid to be enrolled in the Texas Medicaid Program.

Texas Medicaid Enrollment Forms and instructions are available at: http://www.tmhp.com/Pages/SupportServices/PSS_Home.aspx
Successful enrollment is required before proceeding with EDI.
To get started with EDI, please visit the following pages:

Getting Started with EDI:
http://www.tmhp.com/Pages/EDI/EDI_Forms.aspx

EDI Technical Information:
http://www.tmhp.com/Pages/EDI/EDI_Technical_Info.aspx

3 CONTACT INFORMATION

3.1 EDI CUSTOMER SERVICE

This section contains detailed information concerning EDI Customer Service, especially contact numbers.

Texas Medicaid EDI Helpdesk: 1-888-863-3638
The EDI Help Desk assists providers and vendors with TexMedConnect (TMC) access. The Help desk can reset TMC passwords and troubleshoot other TMC and EDI issues such as: internet requirements, EDI enrollment, transmission verification, TMC issues, file rejection, software requests, file resets, technical problems within the Texas Medicaid website, and ER&S download issues.

3.2 EDI TECHNICAL ASSISTANCE

This section contains detailed information concerning EDI Technical Assistance, especially contact numbers.

Texas Medicaid EDI Helpdesk
The EDI Help Desk provides technical assistance only by troubleshooting Texas Medicaid EDI issues. Contact your system administrator for assistance with modem, hardware, or telephone line issues.

To reach the Texas Medicaid EDI Help Desk, select one of the following methods:

- Fax 1-512-514-4230 or 1-512-514-4228
- For Medicaid, CSHCN and Family Planning electronic filing issues, call 1-888-863-3638 (or call 1-512-514-4150)

The Texas Medicaid EDI Help Desk is available Monday through Friday, 7 a.m. to 7 p.m. CST.

3.3 PROVIDER SERVICE NUMBER

This section contains detailed information concerning provider services, especially contact numbers.

Provider Enrollment: 1-800-925-9126, Option 2
The Provider Enrollment queue is designed to assist providers with applications to enroll and update new and existing provider accounts, and questions concerning enrollment policy. Some of the responsibilities include: maintenance of provider accounts, advising providers on how to complete a Texas Medicaid program application, and answering questions regarding policies which impact enrollment.

3.4 APPLICABLE WEBSITES/E-MAIL

This section contains detailed information about useful web sites and email addresses.

EDI Helpful Links:

- Washington Publishing Company - The Washington Publishing Company site includes reference documents pertaining to HIPAA, such as: implementation guides, data conditions, and the data dictionary for X12N standards.
- Workgroup for Electronic Data Interchange (WEDI) - This site provides implementation materials and information.

4 PAYER SPECIFIC BUSINESS RULES AND LIMITATIONS

Texas Medicaid will accept up to 5000 transactions per batch. If a file is submitted with more than 5000 transactions the entire file will be rejected and not processed by Texas Medicaid.

5 ACKNOWLEDGEMENTS AND/OR REPORTS

This section contains information and examples on any applicable payer acknowledgements.

5.1 REPORT INVENTORY

This section contains a listing/inventory of all applicable acknowledgement reports.

The following files will be sent in response to a 276 Claim Status Inquiry:
BID (file ID assigned by Texas Medicaid)
999
277

The following files will be sent in response to a non-compliant 276 Claim Status Inquiry:
TA1

6 TRADING PARTNER AGREEMENTS

This section contains general information concerning Trading Partner Agreements (TPA).

6.1 TRADING PARTNERS

An EDI Trading Partner is defined as any Texas Medicaid customer (provider, billing service, software vendor, employer group, financial institution, etc.) that transmits to, or receives electronic data from, Texas Medicaid.

Payers have EDI Trading Partner Agreements that accompany the standard implementation guide to ensure the integrity of the electronic transaction process. The Trading Partner Agreement is related to the electronic exchange of information, whether the agreement is an entity or a part of a larger agreement, between each party to the agreement.

For example, a Trading Partner Agreement may specify, among other things, the roles and responsibilities of each party to the agreement in conducting standard transactions.

Texas Medicaid Trading Partner Agreement will be found on this web page:
http://www.tmhp.com/Pages/EDI/EDI_Forms.aspx

7 TRANSACTION SPECIFIC INFORMATION

This section uses a table to describe how ASC X12N Implementation Guides (IGs) adopted under HIPAA will be detailed with the use of a table. The table contains a row for each segment that Texas 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 Texas Medicaid

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

This section is used to describe the *required* data values for the Healthcare claim status request and response. The 276 format is a Claim Status Inquiry (CSI) Request. This is the file that is sent to Texas Medicaid for processing. Once the request is processed a response will be sent from Texas Medicaid. The 277 format is the CSI Response. As an assumption for these file formats, if the Subscriber is the same individual as the Patient then the Patient Loop is not to be populated per HIPAA compliance.

Note: X12 files with more than one GS-GE Functional Group will fail to process in the Texas Medicaid Claims Management (CMS) system.

7.1 276 Transaction

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
Control Segments						
C.3		ISA	Interchange Control Header			
C.4		ISA01	Authorization Information Qualifier	"00"		This specific data element needs to be populated for Texas Medicaid purposes. "00" is utilized for no authorization information present.
C.4		ISA03	Security Information Qualifier	"00"		This specific data element needs to be populated for Texas Medicaid purposes. "00" is utilized for no security information present.
C.4		ISA05	Interchange ID	"ZZ"		This Mutually

			Qualifier			Defined value is used to submit this file format to Texas Medicaid.
C.4		ISA06	Interchange Sender ID			This is the Submitter ID (CMS Electronic Transmitter Identifier) that is specific to the submitter of the request. This ID is assigned to the submitter by Texas Medicaid.
C.5		ISA07	Interchange ID Qualifier	"ZZ"		This Mutually Defined value is used to submit this file format to Texas Medicaid.
C.5		ISA08	Interchange Receiver ID	Production = "617591011CMSP" Testing = "617591011CMST"		This is the Texas Medicaid ID used by CMS for recognition. CMS: Long Term Care Production: 617591011CMSP CMS: Long Term Care Test: 617591011CMST
C.5		ISA11	Repetition Separator	"|"		Texas Medicaid requests that all submitters send a "|" (pipe – not alpha) in the ISA11 field as the Repetition Separator. This is a required field in the X12, and also must be different than the data element separator, component element separator, and the segment terminator but Texas Medicaid does not support the processing of repeated

						occurrences of a simple data element or a composite data structure.
C.6		ISA14	Acknowledgment Requested	“0”		Texas Medicaid will always send “0” in this data element for no acknowledgement requested; provider does not need to send a receipt noting that they have received the 277 from Texas Medicaid.
C.7		GS	Functional Group Header			
C.7		GS01	Functional Identifier Code	"HR"		This notes that the file submitted is a Healthcare Claim Status Request (276.)
C.7		GS02	Application Sender's Code			This value should equal the ISA06 from the 276 request per recommendation by Texas Medicaid.
C.7		GS03	Application Receiver's Code			This value should equal the ISA08 from the 276 request per recommendation by Texas Medicaid.
C.8		GS08	Version / Release / Industry Identifier Code	"005010X212"		"005010X212" - This code is from the 276/277 Addenda dated October 2003 and reflects the value in this Addenda for the GS08 data element.
Transaction Reference Information						
37		BHT	Beginning of Hierarchical Transaction			
37		BHT03	Reference Identification			This transaction reference identification

						number is used to identify transaction within the originator's business application system and is assigned by the originator. This value will be echoed back to the submitter in the 277 response file and will not be stored on the database.
Detail, Information Source Level						
41	2100A	NM1	Payer Name			
41	2100A	NM103	Name Last or Organization Name	"Texas Medicaid/Healthcare Services"		Populate this data element with Texas Medicaid/Health care Services for the Information Source Name.
42	2100A	NM108	Identification Code Qualifier	"PI"		Populate this field with “PI” (for Payor Identification’).
42	2100A	NM109	Identification Code	Production = "617591011CMSP" Testing = "617591011CMST"		This is the Texas Medicaid ID used by CMS for recognition. CMS: Long Term Care Production: 617591011CMSP CMS: Long Term Care Test: 617591011CMST
Detail, Service Provider Level						
49	2100C	NM1	Provider Name			
51	2100C	NM108	Identification Code Qualifier	"XX"		Used to identify the type of data value that will appear in the NM109 data element. “XX” denotes the NPI Number that Texas Medicaid uses to process the request.
51	2100C	NM109	Identification			NM109 must

			Code			equal provider assigned NPI (10 numeric.) The NPI must be validated by Texas Medicaid to be able to process the request appropriately.
51	2100C	NM108	Identification Code Qualifier	“SV”		Used to identify the type of data value that will appear in the NM109 data element. “SV” denotes the Service Provider Number that Texas Medicaid uses to process the request.
51	2100C	NM109	Identification Code			NM109 must equal provider assigned API (10 alphanumeric=A + 9 numeric TPI.) The API must be validated by Texas Medicaid to be able to process the request appropriately.
Detail, Subscriber Level						
56	2100D	NM1	Subscriber Name			
56	2100D	NM101	Entity Identifier Code	"IL"		“IL” Insured or Subscriber.
56	2100D	NM102	Entity Type Qualifier	"1"		“1” signifies person.
57	2100D	NM108	Identification Code Qualifier	"MI"		“MI” in the NM108 data element indicates that the PCN will follow in NM109. If the NM108 is not populated with “MI”, the request will fail at Texas Medicaid
57	2100D	NM109	Identification Code			This is the Medicaid Identification Number (a.k.a. PCN – Patient Control Number)

						and identifies the subscriber.
Claim Status Tracking Number						
58	2200D	TRN	Claim Status Tracking Number			
58	2200D	TRN02	Reference Identification			This Claim Status Tracking Number is used to provide unique identification for each claim identification information loop in the transaction. This value will be echoed back to the submitter in the 277 response file and will not be stored on the database.
Payer Claim Identification Number						
59	2200D	REF	Payer Claim Control Number			
59	2200D	REF01	Reference Identification Qualifier	"1K"		This is Texas Medicaid assigned Payer Identification Number.
59	2200D	REF02	Reference Identification			Texas Medicaid will only read positions 1-24 of this data element.
Patient Control Number						
63	2200D	REF	Patient Control Number			
63	2200D	REF01	Reference Identification Qualifier	"EJ"		Required when the Patient Control Number has been assigned by the service provider.
63	2200D	REF02	Reference Identification			The maximum number of characters supported for the Patient Control Number is 20.
Clearinghouse Trace Number						
65	2200D	REF	Claim Identification Number For Clearinghouses and Other			

			Transmission Intermediaries			
65	2200D	REF01	Reference Identification Qualifier	"D9"		Required when a Clearinghouse or other transmission intermediary needs to attach their own unique claim number.
65	2200D	REF02	Reference Identification			Clearinghouse Identification Number is required to be returned on the outbound transaction (277) if sent on the inbound transaction.
Claim Service Date						
67	2200D	DTP	Claim Service Date			
68	2200D	DTP03	Date Time Period			Texas Medicaid will only read the 2200D Loop for the Claim Service Date and will not use the 2210D Loop (Line Service Date) for this information. The submitter of the 276 is required to verify the date is entered into this data element for Texas Medicaid to process this request.
Service Line Information						
74	2210D	DTP	Service Line Date			
74	2210D	DTP03	Date Time Period			Texas Medicaid will only read the 2200D Loop for the Claim Service Date and will not use the 2210D Loop (Line Service Date) for this information. The submitter of the 276 is required to verify

						the date is entered into this data element for Texas Medicaid to process this request.

7.2 277 Transaction

Note: The Hierarchical Child Code has been added to indicate whether there are subordinate *child* segments related to the current segment (i.e. claim status information at the provider and subscriber levels). This new functionality has been added to the 277 transaction only and 5010 requires use of this new code when rejecting claim status requests for errors at the Information Source or Information Receiver levels.

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
Control Segments						
C.3		ISA	Interchange Control Header			
C.4		ISA01	Authorization Information Qualifier	"00"		Texas Medicaid will populate “00” in the 277 file for response.
C.4		ISA03	Security Information Qualifier	"00"		Texas Medicaid will populate “00” in the 277 file for response.
C.4		ISA05	Interchange ID Qualifier	"ZZ"		Texas Medicaid will populate “ZZ” in the 277 file for a response.
C.4		ISA06	Interchange Sender ID	Production = "617591011CMSP" Testing = "617591011CMST"		This is the Texas Medicaid ID used by CMS for recognition. CMS: Long Term Care Production = 617591011CMSP CMS: Long Term Care Testing = 617591011CMST
C.5		ISA07	Interchange ID Qualifier	"ZZ"		Texas Medicaid will populate “ZZ” in the 277 file for a response.
C.5		ISA08	Interchange Receiver ID			This is the Submitter ID (CMS Electronic Transmitter Identifier) that is specific to the submitter of the request. This ID is

						assigned to the submitter by Texas Medicaid.
C.5		ISA11	Repetition Separator	"|"		Texas Medicaid will send a "|" (pipe – not alpha) in the ISA11 field as the Repetition Separator. This is a required field in the X12, and also must be different than the data element separator, component element separator, and the segment terminator but Texas Medicaid does not support the processing of repeated occurrences of a simple data element or a composite data structure.
C.6		ISA14	Acknowledgment Requested	"0"		Texas Medicaid will always send "0" in this data element for no acknowledgement requested; provider does not need to send a receipt noting that they have received the 277 from Texas Medicaid.
C.7		GS	Functional Group Header			
C.7		GS01	Functional Identifier Code	"HN"		This notes that the file submitted is a Health Care Claim Status Notification (277.)
C.7		GS02	Application Sender's Code			This value should equal the element ISA06 of the 277 response from Texas Medicaid.
C.7		GS03	Application Receiver's Code			This value should equal the element ISA08 of the 277 response from Texas Medicaid.
C.8		GS08	Version /	"005010X212"		This code is from the

			Release / Industry Identifier Code			276/277 Addenda dated October 2003 and reflects the value in this Addenda for the GS08 data element.
Transaction Reference Identification						
107		BHT	Beginning of Hierarchical Transaction			
107		BHT03	Reference Identification			This transaction reference identification number is used to identify transaction within the originator's business application system and is assigned by the originator. This value will be echoed back to the submitter in 277 response file and will not be stored on the database.
108		BHT06	Transaction Type Code	"DG"		Element value "DG" will be populated.
Detail, Information Source Level						
111	2100A	NM1	Payer Name			
111	2100A	NM103	Name Last or Organization Name	"Texas Medicaid/Healthcare Services"		This will be populated in this data element regardless of the payor name that was submitted in the 276 to Texas Medicaid.
Information Receiver Level						
120	2200B	TRN	Information Receiver Trace Identifier			
120	2200B	TRN01	Trace Type Code	"02"		Referenced Transaction Trace Number is used when rejecting claim status requests for errors at Information Source or Information Receiver levels.
Detail, Service Provider Level						
126	2100C	NM1	Provider Name			
127	2100C	NM102	Entity Type			In the 277 file, Texas

			Qualifier			Medicaid will send back the information as it exists in the Texas Medicaid adjudication system that matches the data set sent to Texas Medicaid by the Transmitter in the NM109 data element of the 276 request. If Texas Medicaid does not match the data set in the NM109 data element, then NM102 will have the same data set populated that was on the 276 request.
127	2100C	NM103	Name Last or Organization Name			In the 277 file, Texas Medicaid will send back the information as it exists in the Texas Medicaid adjudication system that matches the data set sent to Texas Medicaid by the Transmitter in the NM109 data element of the 276 request. If Texas Medicaid does not match the data set in the NM109 data element, then NM103 will have the same data set populated that was on the 276 request.
127	2100C	NM104	Name First			In the 277 file, Texas Medicaid will send back the information as it exists in the Texas Medicaid adjudication system that matches the data set sent to Texas Medicaid by the Transmitter in the NM109 data element of the 276 request. If Texas Medicaid does not match the data set in the NM109 data element, then

						NM104 will have the same data set populated that was on the 276 request.
127	2100C	NM105	Name Middle			In the 277 file, Texas Medicaid will send back the information as it exists in the Texas Medicaid adjudication system that matches the data set sent to Texas Medicaid by the Transmitter in the NM109 data element of the 276 request. If Texas Medicaid does not match the data set in the NM109 data element, then NM105 will have the same data set populated that was on the 276 request.
127	2100C	NM107	Name Suffix			In the 277 file, Texas Medicaid will send back the information as it exists in the Texas Medicaid adjudication system that matches the data set sent to Texas Medicaid by the Transmitter in the NM109 data element of the 276 request. If Texas Medicaid does not match the data set in the NM109 data element, then NM107 will have the same data set populated that was on the 276 request.
128	2100C	NM108	Identification Code Qualifier	“XX”		When the NPI is submitted, the value of NM108 must equal “XX”.
128	2100C	NM109	Identification Code			NM109 must equal provider assigned NPI (10 numeric.) The NPI must be validated by Texas Medicaid to be able to process the

						request appropriately.
128	2100C	NM108	Identification Code Qualifier	"SV"		When the API is submitted, the value of NM108 must equal "SV".
128	2100C	NM109	Identification Code			NM109 must equal provider assigned API (10 alphanumeric=A + 9 numeric TPI.) The API must be validated by Texas Medicaid to be able to process the request appropriately
Provider of Service Trace Identifier						
129	2200C	TRN	Provider of Service Trace Identifier			
129	2200C	TRN01	Trace Type Code	"01"		Current Transaction Trace Number Code is used when rejecting the claim status request(s) for errors at the provider level.
129	2200C	TRN02	Reference Identification			TRN02 can be either a default value of zero (0) or any value that Texas Medicaid chooses to assign.
Detail, Subscriber Level						
135	2100D	NM1	Subscriber Name			
135	2100D	NM101	Entity Identifier Code	"IL"		"IL" signifies Insured or Subscriber. The 277 response will reflect what is submitted to Texas Medicaid.
135	2100D	NM102	Entity Type Qualifier	"1"		"1" signifies person. The 277 response will reflect what is submitted to Texas Medicaid.
136	2100D	NM108	Identification Code Qualifier	"MI"		"MI" in the NM108 data element indicates that the PCN will follow in NM109. If the NM108 is not populated with "MI", the request will fail at

						Texas Medicaid".
136	2100D	NM109	Identification Code			This is the Medicaid Identification Number (a.k.a. PCN – Patient Control Number) and identifies the subscriber. The 277 response will reflect what is submitted to Texas Medicaid. Texas Medicaid will only read positions 1-9 in the 276 of this data element.
Claim Status Tracking Number						
137	2200D	TRN	Claim Status Tracking Number			
137	2200D	TRN01	Trace Type Code	"02"		This is Referenced Transaction Trace Number Code. It is echoed from the originator of the transaction that was provided for this patient's 276 request.
137	2200D	TRN02	Reference Identification			This Claim Status Tracking Number is used to provide unique identification for each claim identification information loop in the transaction. This value must be echoed back from 276 CSI to the submitter in 277 response file and will not be stored on the database. This data element corresponds to the CLM01 data element of the ASC X12N Dental, Institutional, and Professional Implementation Guide(s). Paper based claims may not require a Patient Account Number for adjudication. When

						inquiring on paper based claims the trace number is required to be returned in the TRN of the 277 Health Care Claim Status Response transaction in TRN02.
Claim Level Information						
138	2200D	STC	Claim Level Status Information			
139	2200D	STC01-03	Entity Identifier Code	"ZZ"		If there is a fourth or fifth Status or Category code, then “ZZ” will populate the second iteration if necessary.
Patient Control Number						
151	2200D	REF	Patient Control Number			
151	2200D	REF01	Reference Identification Qualifier	"EJ"		Required when the Patient Control Number has been assigned and sent in by the service provider in 276 CSI.
151	2200D	REF02	Reference Identification			The maximum number of characters supported by Texas Medicaid for the Patient Control Number is 20 and must be returned as it was received in 276 CSI.
Clearinghouse Trace Number						
154	2200D	REF	Claim Identification Number For Clearinghouses and Other Transmission Intermediaries			
154	2200D	REF01	Reference Identification Qualifier	"D9"		Required when a Clearinghouse or other transmission intermediary needs to attach their own unique claim number.
154	2200D	REF02	Reference Identification			Clearinghouse Identification Number

						is required to be returned on the outbound transaction (277) if sent on the inbound transaction.
Service Line Information						
161	2220D	STC	Service Line Status Information			
162	2220D	STC01-03	Entity Identifier Code	"ZZ"		If there is a fourth or fifth Status or Category code, then “ZZ” will populate the second iteration if necessary.

Appendix A: 276/277 Example Transaction

Texas Medicaid Note:
This section is used to describe the required data values for claim status processing by Texas Medicaid regarding status of Texas Medicaid claims. The 276 format is a Claim Status Inquiry (CSI) Request. This is the file that is sent to Texas Medicaid for processing. Once the request is processed a response will be sent from Texas Medicaid. The 277 format is the CSI Response. As an assumption for these file formats, if the Subscriber is the same individual as the Patient then the Patient Loop is not to be populated per HIPAA compliance.

276 Texas Medicaid Example Transaction:

```
ISA*00*          *00*          *ZZ*SUBMITTERS.ID    *ZZ*617591011CMSP    *010726*1745*|*00501*000000905*0*P*:~
GS*HR*SUBMITTERS.ID*617591011CMSP*20030512*1745*1*X*005010X212~
ST*276*0001*005010X212~
BHT*0010*13*ABC276XXX*20050915*1425~
HL*1**20*1~
NM1*PR*2* Texas Medicaid/Healthcare Services*****PI*617591011CMSP~
HL*2*1*21*1~
NM1*41*2*ORGANIZATION NAME*****46*1111111111~
HL*3*2*19*1~
NM1*1P*2*ORGANIZATION NAME*****XX*1111111111~
HL*4*3*22*0~
DMG*D8*19991231*M~
NM1*IL*1*LAST NAME*FIRST NAME****MI*111111111~
TRN*1*ABCXYZ1~
REF*BLT*111~
REF*EJ*11111111~
AMT*T3*8513.88~
DTP*472*RD8*20050831-20050906~
HL*5*3*22*0~
DMG*D8*19991231*F~
NM1*IL*1*LAST NAME*FIRST NAME****MI*111111111~
TRN*1*ABCXYZ2~
REF*BLT*111~
REF*EJ*11111111~
AMT*T3*7599~
DTP*472*RD8*20050731-20050809~
HL*6*2*19*1~
NM1*1P*2*ORGANIZATION NAME*****XX*1111111111~
HL*7*6*22*1~
NM1*IL*1*LAST NAME*FIRST NAME****MI*111111111~
HL*8*7*23~
DMG*D8*19991231*M~
NM1*QC*1*LAST NAME*FIRST NAME~
TRN*1*ABCXYZ3~
REF*EJ*11111111~
SVC*HC:99203*150*****1~
DTP*472*D8*20050501~
SE*36*0001~
GE*1*1
IEA*1*000000905~
```

277 Texas Medicaid Example Transaction:

```
ISA*00*..........*00*..........*ZZ*617591011C1MSP..*ZZ*RECEIVERS.ID...*030101*1253*|*00501*000000905*1*P*
:
GS*HN*617591011CMSP*RECEIVERCODE*19991231*0802*1*X*005010X212~
ST*277*0001*005010X212~
BHT*0010*08*277X212*20050916*0810*DG~
HL*1**20*1~
NM1*PR*2* Texas Medicaid/Healthcare Services*****PI*617591011CMSP~
HL*2*1*21*1~
NM1*41*2*ORGANIZATION NAME*****46*1111111111~
HL*3*2*19*1~
NM1*1P*2*ORGANIZATION NAME*****XX*1111111111~
HL*4*3*22*0~
NM1*IL*1*LAST NAME*FIRST NAME****MI*1111111111~
TRN*2*ABCXYZ1~
STC*P3:317*20050913**8513.88~
REF*1K*1111111111111111111111111~
REF*BLT*111~
REF*EJ*11111111~
DTP*472*RD8*20050831-20050906~
HL*5*3*22*0~
NM1*IL*1*LAST NAME*FIRST NAME****MI*111111111~
TRN*2*ABCXYZ2~
STC*F0:3*20050915**7599*7599~
REF*1K*1111111111111111111111111~
REF*BLT*111~
REF*EJ*11111111~
DTP*472*RD8*20050731-20050809~
HL*6*2*19*1~
NM1*1P*2*ORGANIZATION NAME*****XX*1111111111~
HL*7*6*22*1~
NM1*IL*1*LAST NAME*FIRST NAME****MI*1111111111~
HL*8*7*23~
NM1*QC*1*LAST NAME*FIRST NAME~
TRN*2*ABCXYC3~
STC*F2:88:QC*20050612**150*0~
REF*1K*1111111111111111111111111~
REF*EJ*11111111~
SVC*HC:99203*150*0****1~
STC*F2:88:QC*20050612~
DTP*472*D8*20050501~
SE*38*0001~
GE*1*1~
IEA*1*000000905~
```

Appendix B: Summary of Version Changes

The following is a log of changes made since the original version of the document was published.

	Change	Date
1	Deleted STC segment having Claim Status Category code “E0” and value “24” and “26” at the Information Receiver Level.	02/15/2011
2	Deleted STC segment having Claim Status Category code “E0” and value “26”, “562” and “132” at the Provider Level.	02/15/2011
3	Example transactions updated.	07/08/2014
4	CAQH CORE language and format added.	10/08/2014