



**ANSI ASC X12N 277  
Claims Acknowledgement (277CA)**

**Acute Care  
Long Term Care  
Encounters**

**COMPANION GUIDE**

**July 2019**



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## Section 1: Introduction

### 1.1 Purpose

This vendor specification describes the components that are related to the file for the 277CA (Claims Acknowledgement) for the following transactions:

Acute Care (Texas Medicaid Enrolled and MCO Only Enrolled Providers)  
Encounters (Professional, Institutional, and Dental)  
Long Term Care.

Previously this information was provided on the following reports:  
Accept Report (ACC) and Reject Report (REJ)  
Unsolicited Claims Response (277U).

The 277CA tells the provider whether or not a claim has been rejected or accepted. If the claim was rejected, the 277CA will return a 5 or 8 alphanumeric value. If the claim was rejected, the claim needs to be corrected and resubmitted otherwise TMHP will not keep any record of the transaction or of the claim. The data sets within this file are not covered under the Health Insurance Portability and Accountability Act 1996 (HIPAA).

The TMHP EDI Connectivity Guide that contains specific instructions regarding connectivity options can be found on the EDI page of the TMHP website at [http://www.tmhp.com/Pages/EDI/EDI\\_Technical\\_Info.aspx](http://www.tmhp.com/Pages/EDI/EDI_Technical_Info.aspx).

### 1.2 Contact Information

#### TMHP EDI Helpdesk

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

To reach the TMHP 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)
- For Long Term Care issues, call 1-800-626-4117 (Select option 3) (or call 1-512-335-4729)

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



### 1.3 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. HHSC is a HIPAA Covered Entity. Accordingly, TMHP 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.

### 1.4 Important Dates

5010 Testing and Migration Date: 07/01/2011 – 12/31/2011  
5010 Cutover: 01/01/2012

### 1.5 Disclaimer

TMHP 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 TMHP.

TMHP submitter IDs will be deactivated after an inactivity period of 180 days. Submitters who wish to have their submitter IDs re-activated will need to contact the EDI Helpdesk at 1-888-863-3638.



## Section 2: 277CA (Claims Acknowledgement)

This section is used to describe the data sets on a 277 Claims Acknowledgement (277CA) from TMHP. This is the file that is sent by TMHP as a result of claim transaction.

### 277CA Transaction

Loop	Segment ID	Data Element Name	Length Min / Max	Field Value/Comments
		<b>INTERCHANGE CONTROL HEADER</b>		
	ISA01	Authorization Information Qualifier	2/2	"00"
	ISA02	Authorization Information	10/10	Space fill this field.
	ISA03	Security Information Qualifier	2/2	"00"
	ISA04	Security Information	10/10	Space fill this field.
	ISA05	Interchange ID Qualifier	2/2	"ZZ"
	ISA06	Interchange Sender ID	15/15	<b>CMS LTC:</b> Production = 617591011CMSP Test = 617591011CMST <b>Acute Care:</b> Production = 617591011C21P Test = 617591011C21T <b>LTSS (Long Term Services and Support):</b> Production = 617591011LTSSP Test = 617591011LTSST <b>Encounters:</b> Production = 617591011TEDP Test = 617591011TEDT
	ISA07	Interchange ID Qualifier	2/2	"ZZ"
	ISA08	Interchange Receiver ID	15/15	Receiver ID code; This is the number assigned to the provider/clearinghouse by TMHP.
	ISA09	Interchange Date	6/6	TMHP system generated date of interchange (YYMMDD)
	ISA10	Interchange Time	4/4	TMHP generated time of interchange (HHMM)



Loop	Segment ID	Data Element Name	Length Min / Max	Field Value/Comments
	ISA11	Repetition Separator	1/1	" " Pipe - TMHP will return 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 TMHP does not support the processing of repeated occurrences of a simple data element or a composite data structure.
	ISA12	Interchange Control Version Number	5/5	"00501"
	ISA13	Interchange Control Number	9/9	Unique Control Number; Must be identical to the Interchange Trailer (IEA02)
	ISA14	Acknowledgement Requested	1/1	"0"
	ISA15	Usage Indicator	1/1	P = Production
	ISA16	Component Element Separator	1/1	":" Colon
		<b>FUNCTIONAL GROUP HEADER</b>		
	GS01	Functional Identifier Code	2/2	"HN"
	GS02	Applications Sender's Code	2/15	Identical to the ISA06
	GS03	Applications Receivers Code	2/15	Identical to ISA08
	GS04	Date	8/8	Transmission creation date (CCYYMMDD)
	GS05	Time	4/8	Transmission creation time (HHMM)
	GS06	Group Control Number	1/9	TMHP generated assigned control number. Identical to GE02.
	GS07	Responsible Agency Code	1/2	"X"
	GS08	Version/Release/Industry ID Code	1/12	"005010X214"
		<b>TRANSACTION SET HEADER</b>		When multiple ST-SE transaction sets are received TMHP will return each ST-SE in its own enveloping.
	ST01	Transaction Set Identifier Code	3/3	"277"
	ST02	Transaction Set Control Number	4/9	TMHP generated assigned control number. Identical to SE02.
	ST03	Implementation Convention Reference	1/35	"005010X214"
		<b>BEGINNING OF HIERARCHICAL TRANSACTION</b>		
	BHT01	Hierarchical Structure Code	4/4	"0085"



Loop	Segment ID	Data Element Name	Length Min / Max	Field Value/Comments
	BHT02	Transaction Set Purpose Code	2/2	"08"
	BHT03	Reference Identification	1/50	Information Source Application Trace Identified. As received from 837 file from the BHT03.
	BHT04	Date	8/8	CCYYMMDD
	BHT05	Time	4/8	Transaction Set Creation Date (HHMM)
	BHT06	Transaction Type Code	2/2	"TH" = Receipt Acknowledgment Advice
<b>HL</b>		<b>INFORMATION SOURCE LEVEL</b>		
2000A	HL01	Hierarchical ID Number	1/12	"HL + sequential increase"
2000A	HL02	Hierarchical Parent ID Number		Not Used
2000A	HL03	Hierarchical Level Code	1/2	"20" = Information Source
2000A	HL04	Hierarchical Child Code	1/1	"1"
<b>NM1</b>		<b>INFORMATION SOURCE NAME</b>		
2100A	NM101	Entity Identifier Code	2/3	"PR" = Payer
2100A	NM102	Entity Type Qualifier	1/1	"2"
2100A	NM103	Name Last or Organization Name	1/60	"TMHP"
2100A	NM104	Name First	1/35	Not Mapped
2100A	NM105	Name Middle	1/25	Not Mapped
2100A	NM106	Name Prefix	1/10	Not Mapped
2100A	NM107	Name Suffix	1/10	Not Mapped
2100A	NM108	Identification Code Qualifier	1/2	"PI" = Payer Identification
2100A	NM109	Identification Code	2/80	Receiver ID code; This is the number assigned to the provider/clearinghouse by TMHP.
2100A	NM110	Entity Relationship Code		Not Used
2100A	NM111	Entity Identifier Code		Not Used
2100A	NM112	Last Name		Not Used
<b>TRN</b>		<b>TRANSMISSION RECEIPT CONTROL IDENTIFIER</b>		
2200A	TRN01	Trace Type Code	1/2	"1"
2200A	TRN02	Reference Identification	1/50	Information Source Application Trace Identified. As received from 837 file from the BHT03.
2200A	TRN03			Not Used
2200A	TRN04			Not Used



Loop	Segment ID	Data Element Name	Length Min / Max	Field Value/Comments
<b>DTP</b>		<b>INFORMATION SOURCE RECEIPT DATE</b>		
2200A	DTP01	Date/Time Qualifier	3/3	"050"
2200A	DTP02	Date Time Period Format Qualifier	2/3	"D8"
2200A	DTP03	Date Time Period	1/35	Information Source Receipt Date (CCYYMMDD)
<b>DTP</b>		<b>INFORMATION SOURCE PROCESS DATE</b>		
2200A	DTP01	Date/Time Qualifier	3/3	"009"
2200A	DTP02	Date Time Period Format Qualifier	2/3	"D8"
2200A	DTP03	Date Time Period	1/35	Information Source Process Date (CCYYMMDD)
<b>HL</b>		<b>INFORMATION RECEIVER LEVEL</b>		
2000B	HL01	Hierarchical ID Number	1/12	Continued numbering from the previous HL01 elements within the transaction, incremented by 1.
2000B	HL02	Hierarchical Parent ID Number	1/12	Description: Identification number of the next higher hierarchical data segment that the data segment being described is subordinate to
2000B	HL03	Hierarchical Level Code	1/2	"21" = Information Receiver
2000B	HL04	Hierarchical Child Code	1/1	"1"
<b>NM1</b>		<b>INFORMATION RECEIVER NAME</b>		
2100B	NM101	Entity Identifier Code	2/3	"41"
2100B	NM102	Entity Type Qualifier	1/1	1, 2 - Qualifier as received in 837 - 1000A NM102
2100B	NM103	Name Last or Organization Name	1/60	Information Receiver Last or Organization Name
2100B	NM104	Name First	1/35	Information Receiver first name - Required when the value in NM102 is 1 and the person has a first name.
2100B	NM105	Name Middle	1/25	Information Receiver middle name - Required if additional name information is needed to identify the information receiver
2100B	NM106	Name Prefix	1/10	NOT USED
2100B	NM107	Name Suffix		NOT USED
2100B	NM108	Identification Code Qualifier	1/2	"46" = Electronic Transmitter Identification Number (ETIN)
2100B	NM109	Identification Code	2/80	Information Receiver Identification Number.



Loop	Segment ID	Data Element Name	Length Min / Max	Field Value/Comments
2100B	NM110	Entity Relationship Code		Not Used
2100B	NM111	Entity Identifier Code		Not Used
2100B	NM112	Name Last or Organization Name		Not Used
<b>TRN</b>		<b>INFORMATION RECEIVER APPLICATION TRACE IDENTIFIER</b>		
2200B	TRN01	Trace Type Code	1/2	"2"
2200B	TRN02	Reference Identification	1/50	Equals the BHT03 from 837
2200B	TRN03			Not Used
2200B	TRN04			Not Used
<b>STC</b>		<b>INFORMATION RECEIVER STATUS INFORMATION</b>		
2200B	STC01	HEALTH CARE CLAIM STATUS		"STC"
2200B	STC01-1	Health Care Claim Status Category Code	1/30	"A1" - Default value for this status level. (A1 = Acknowledgement/Receipt-The claim/encounter has been received. This does not mean that the claim has been accepted for adjudication.)
2200B	STC01-2	Health Care Claim Status Code	1/30	"19" - Default value for this status level. (19 = Entity acknowledges receipt of claim/encounter. Note: This code requires use of an Entity Code.)
2200B	STC01-3	Entity Identifier Code	2/3	"PR" = Payer - Default value for this status level.
2200B	STC01-4	Code List Qualifier Code	1/3	NOT USED
2200B	STC02	Status Information Effective Date	8/8	CCYYMMDD - date of the claims acknowledgment.
2200B	STC03	Action Code	1/2	"WQ" = Accept. Default value representing Transaction Level Acceptance. Specific Rejections/Acceptance will be reported in Loop 2200D.
2200B	STC04	Monetary Amount	1/18	Sum of all claims = CLM02 (ST - SE)
2200B	STC05	Monetary Amount	1/18	Not Used
2200B	STC06	Date	8/8	Not Used
2200B	STC07	Payment Method Code	3/3	Not Used
2200B	STC08	Date	8/8	Not Used
2200B	STC09	Check Number	1/16	Not Used
2200B	STC10	Health Care Claim Status		Not Mapped



Loop	Segment ID	Data Element Name	Length Min / Max	Field Value/Comments
2200B	STC10-1	Health Care Claim Status Category Code	1/30	Not Mapped
2200B	STC10-2	Health Care Claim Status Code	1/30	Not Mapped
2200B	STC10-3	Entity Identifier Code	2/3	Not Mapped
2200B	STC10-4	Code List Qualifier Code	1/3	Not Mapped
2200B	STC11	Health Care Claim Status		Not Mapped
2200B	STC11-1	Health Care Claim Status Category Code	1/30	Not Mapped
2200B	STC11-2	Health Care Claim Status Code	1/30	Not Mapped
2200B	STC11-3	Entity Identifier Code	2/3	Not Mapped
2200B	STC11-4	Code List Qualifier Code	1/3	Not Used
2200B	STC12	Free-Form Message Text	1/264	Not Used
<b>QTY</b>		<b>TOTAL ACCEPTED QUANTITY</b>		
2200B	QTY01	TOTAL ACCEPTED QUANTITY	2/2	"90" = Acknowledged Accepted Quantity (not created when all claims rejected)
2200B	QTY02	Quantity	1/15	Total Accepted Quantity
2200B	QTY03	COMPOSITE UNIT OF MEASURE	N/A	Not Used
2200B	QTY04	Free-form Information	1/30	Not Used
<b>QTY</b>		<b>TOTAL REJECTED QUANTITY</b>		
2200B	QTY01	TOTAL REJECTED QUANTITY	2/2	"AA" = Unacknowledged Quantity (not created when all claims are accepted)
2200B	QTY02	Quantity	1/15	Total Rejected Quantity
2200B	QTY03	COMPOSITE UNIT OF MEASURE	N/A	Not Used
2200B	QTY04	Free-form Information	1/30	Not Used
<b>QTY</b>		<b>TOTAL ACCEPTED AMOUNT</b>		
2200B	AMT01	TOTAL ACCEPTED AMOUNT	1/3	"YU" = In Process (not created when all claims are rejected)
2200B	AMT02	Quantity	1/15	Total Accepted Amount
2200B	AMT03	Credit/Debit Flag Code	N/A	Not Used
<b>QTY</b>		<b>TOTAL REJECTED AMOUNT</b>		
2200B	AMT01	TOTAL REJECTED AMOUNT	1/3	"YY" = In Process (not created when all claims are accepted)
2200B	AMT02	Quantity	1/18	Total Rejected Amount
2200B	AMT03	Credit/Debit Flag Code	1/1	Not Used



Loop	Segment ID	Data Element Name	Length Min / Max	Field Value/Comments
<b>LOOP - BILLING PROVIDER OF SERVICE LEVEL</b>				
<b>HL</b>		<b>BILLING PROVIDER OF SERVICE LEVEL</b>		
2000C	HL01	Hierarchical ID Number	1/12	Description: A unique number assigned by the sender to identify a particular data segment in a hierarchical structure
2000C	HL02	Hierarchical Parent ID Number	1/12	Description: Identification number of the next higher hierarchical data segment that the data segment being described is subordinate to
2000C	HL03	Hierarchical Level Code	1/2	"19"
2000C	HL04	Hierarchical Child Code	1/1	"0" or "1"
<b>NM1</b>		<b>BILLING PROVIDER NAME</b>		
2100C	NM101	Entity Identifier Code	2/3	"85"
2100C	NM102	Entity Type Qualifier	1/1	"1" or "2"
2100C	NM103	Name Last or Organization Name	1/60	This is the complete billing provider name when NM102 is "2" and the billing provider last name when NM102 is "1"
2100C	NM104	Name First	1/35	Required when the value in NM102 is "1". This is Not Used when the NM102 is "2".
2100C	NM105	Name Middle	1/25	Required when the value in NM102 is "1" and supplied on submitted claim.
2100C	NM106	Name Prefix	1/10	Not Used
2100C	NM107	Name Suffix	1/10	Required when the value in NM102 is "1". This is Not Used when the NM102 is "2".
2100C	NM108	Identification Code Qualifier	1/2	"F1" or "XX"
2100C	NM109	Identification Code	2/80	This will be the Federal Tax ID of the billing provider number, unless the National Provider ID (NPI) is submitted in the 837 or mandated for use. In absence of the NPI the API 2010BB REF (G2) will be returned when present.
2100C	NM110	Entity Relationship Co		Not Used
2100C	NM111	Entity Identifier Code		Not Used
2100C	NM112	Name Last or Organization Name		Not Used
<b>LOOP - PROVIDER OF SERVICE INFORMATION TRACE IDENTIFIER</b>				
<b>Status / Claim Totals will NOT be provider at the provider level. 2000C STC relational edits will be reported at the Claim/Service Line level.</b>				



Loop	Segment ID	Data Element Name	Length Min / Max	Field Value/Comments
2200C	TRN	PROVIDER OF SERVICE INFORMATION TRACE IDENTIFIER		Segment Not Mapped.
2200C	STC	BILLING PROVIDER STATUS INFORMATION		Segment Not Mapped.
2200C	REF	PROVIDER SECONDARY IDENTIFIER		Segment Not Mapped.
2200C	QTY	TOTAL ACCEPTED QUANTITY	"QA"	Segment Not Mapped.
2200C	QTY	TOTAL REJECTED QUANTITY	"QC"	Segment Not Mapped.
2200C	AMT	TOTAL ACCEPTED AMOUNT	"YU"	Segment Not Mapped.
2200C	AMT	TOTAL REJECTED AMOUNT	"YY"	Segment Not Mapped.
<b>HL</b>				
<b>PATIENT LEVEL</b>				
2000D	HL01	Hierarchical ID Number	1/12	Continued numbering from previous HL01 elements within the transaction, incremented by 1.
2000D	HL02	Hierarchical Parent ID Number	1/12	This must contain the Hierarchical ID number for the 2000C loop that identifies the Billing provider related to the claim identified under this subscriber.
2000D	HL03	Hierarchical Level Code	1/2	"PT"
2000D	HL04	Hierarchical Child Code		Not Used
<b>NM1</b>				
<b>PATIENT NAME</b>				
2100D	NM101	Entity Identifier Code	2/3	"QC"
2100D	NM102	Entity Type Qualifier	1/1	"1"
2100D	NM103	Name Last or Organization Name	1/60	Client's Last Name - Value received from the 837 - 2010BA NM103
2100D	NM104	Name First	1/35	Client's First Name - Value received from 837 - 2010BA NM104
2100D	NM105	Name Middle	1/25	Patient Middle Name or Initial - Value received from 837 - 2010BA NM105
2100D	NM106	Not Used	1/10	Not Used
2100D	NM107	Name Suffix	1/10	Suffix - Value received from 837 - 2010BA NM107
2100D	NM108	Identification Code Qualifier	1/2	"MI"
2100D	NM109	Identification Code	2/80	Client ID - Value from 837 - 2010BA NM109
2100D	NM110	Entity Relationship Co		Not Used



Loop	Segment ID	Data Element Name	Length Min / Max	Field Value/Comments
2100D	NM111	Entity Identifier Code		Not Used
2100D	NM112	Name Last or Organization Name		Not Used
<b>TRN</b>		<b>CLAIM STATUS TRACKING NUMBER</b>		
2200D	TRN01	Trace Type Code	1/2	"2"
2200D	TRN02	Reference Identification	1/50	Patient Control Number. This number must be returned exactly as submitted in the 837 up to the 20 character limit as defined in the 837 guide.
2200D	TRN03			Not Used
2200D	TRN04			Not Used
<b>STC</b>		<b>CLAIM LEVEL STATUS INFORMATION</b>		<b>* Note STC01-02, STC10-02, STC11-02, and STC12 will contain either a Category Code (or) a HIPAA Rejection. A single claim will not have both values. * 2200</b>
2200D	STC			"STC"
2200D	STC01-1	Health Care Claim Status Category Code	1/30	"A2" Accept , "A3" Reject, or "R3" Warning
2200D	STC01-02	HEALTH CARE CLAIM STATUS	1/20	5AN or 9AN Value - This segment includes up to 10 codes returned. Codes and Descriptions available from the TMHP website - Refer to the "Appendix A". *  If no claim level header message code exists, this field will contain one of the following values: 00000 - meaning unavailable header message code. Acute Care: PR001 – generic accept message LTC: AC001 (generic accept) or RJ001 (generic reject) Encounters: PR001 - generic accept message *
		HIPAA Rejection	1/20	9AN Value - This segment includes up to 10 codes returned. *
2200D	STC01-3	Entity Identifier Code	2/3	Not Mapped
2200D	STC01-4	Code List Qualifier Code	1/3	Not Used
2200D	STC02	Status Information Effective Date	8/8	CCYYMMDD
2200D	STC03	Action Code	1/2	Action Code "U" (REJECT) or WQ" (ACCEPTED).
2200D	STC04	Monetary Amount	1/18	Amount Billed
2200D	STC05	Monetary Amount	1/18	Not Used
2200D	STC06	Date	8/8	Not Used



Loop	Segment ID	Data Element Name	Length Min / Max	Field Value/Comments
2200D	STC07	Payment Method Code	3/3	Not Used
2200D	STC08	Date	8/8	Not Used
2200D	STC09	Check Number	1/16	Not Used
2200D	STC10			"STC"
2200D	STC10-1	Health Care Claim Status Category Code	1/30	Not Used
2200D	STC10-02	HEALTH CARE CLAIM STATUS	1/20	Not Used
		HIPAA Rejection	1/20	Not Used
2200D	STC10-3	Entity Identifier Code	2/3	Not Mapped
2200D	STC10-4	Code List Qualifier Code	1/3	Not Used
2200D	STC11			"STC"
2200D	STC11-01	Health Care Claim Status Category Code	1/30	Not Used
2200D	STC11-02	HEALTH CARE CLAIM STATUS	1/20	Not Used
		HIPAA Rejection	1/20	Not Used
2200D	STC11-3	Entity Identifier Code	2/3	Not Mapped
2200D	STC11-4	Code List Qualifier Code	1/3	Not Used
2200D	STC12			"STC"
2200D	STC12	Free Text	1/264	If STC01-02 = HIPAA Edit (x0*****) HIPAA narrative description up to 264 characters
<b>REF</b>		<b>PAYER CLAIM CONTROL NUMBER (ICN)</b>		
2200D	REF01	Reference Identification Qualifier	2/3	"1K" Note: 2200D REF will not be populated for Encounters transactions.
2200D	REF02	Reference Identification	1/50	TMHP assigned Internal Control Number (ICN). TMHP will only populate the first 15 characters.
2200D	REF03			Not Used
2200D	REF04			Not Used
<b>Loop</b>	<b>Segment ID</b>	<b>Data Element Name</b>	<b>Length</b>	<b>Field Value/Comments</b>
<b>REF</b>		<b>CLAIM IDENTIFIER NUMBER OF CLEARINGHOUSE AND OTHER TRANSMISSION INTERMEDIARIES</b>		
2200D	REF01	Reference Identification Qualifier	2/3	"D9"



Loop	Segment ID	Data Element Name	Length Min / Max	Field Value/Comments
2200D	REF02	Reference Identification	1/50	Clearinghouse Trace Number / Claim Number  For claims routed by TMHP to a managed care organization, the first 28 characters will contain the TMHP ETN. Additional characters may be used for the clearinghouse trace number / claim number when present in the X12.
2200D	REF03			Not Used
2200D	REF04			Not Used
<b>REF</b>		<b>MEDICAL RECORD NUMBER</b>		
2200D	REF01	Reference Identification Qualifier	2/3	"EA"
2200D	REF02	Reference Identification	1/50	Medical Record Number (returned when present in X12)
2200D	REF03			Not Used
2200D	REF04			Not Used
<b>REF</b>		<b>INSTITUTIONAL BILL TYPE IDENTIFICATION</b>		
2200D	REF01	Reference Identification Qualifier	2/3	"BLT"
2200D	REF02	Reference Identification	1/50	Institutional Bill Type Identifier
2200D	REF03			Not Used
2200D	REF04			Not Used
<b>DTP</b>		<b>CLAIM LEVEL SERVICE DATE</b>		
2200D	DTP01	Date/Time Qualifier	3/3	"472"
2200D	DTP02	Date Time Period Format Qualifier	2/3	"D8"
2200D	DTP03	Date Time Period	1/35	837P - Earliest service date from 837 - 2400 (DTP01 - 472)  837I - Statement period from 837- 2300 (DTP01 - 434)  837D - Service date at the claim loop from 837 - 2300 (DTP01 - 472)
<b>SVC</b>		<b>SERVICE LINE INFORMATION</b>		
2220D	SVC01	Composite Medical Procedure Identifier		"SVC"
2220D	SVC01-1	Product/Service ID Qualifier	1/48	Code identifying the type/source of the descriptive number used in Product/Service ID (SVC01-2)



Loop	Segment ID	Data Element Name	Length Min / Max	Field Value/Comments
2220D	SVC01-2	Product/Service ID	1/48	Procedure, Bill/Revenue Code will be populated. If not available will not be created.
2220D	SVC01-3	Procedure Modifier	2/2	Modifier 1
2220D	SVC01-4	Procedure Modifier	2/2	Modifier 2
2220D	SVC01-5	Procedure Modifier	2/2	Modifier 3
2220D	SVC01-6	Procedure Modifier	2/2	Modifier 4
2220D	SVC01-7	Description		Not Used
2220D	SVC01-8	Product/Service ID		Not Used
2220D	SVC02	Monetary Amount	1/18	Line Item Charge Amount
2220D	SVC03	Not Used		Not Used
2220D	SVC04	Product/Service ID	1/48	Revenue Code when Both Revenue Code and HCPCS/HIPPS code received. HCPCS/HIPPS will be populated in the SVC01-2.
2220D	SVC05	Not Used		Not Used
2220D	SVC06	Not Used		Not Used
2220D	SVC07	Quantity	1/15	Not Mapped
<b>STC</b>		<b>SERVICE LINE LEVEL STATUS INFORMATION</b>		<p><b>* Note STC01-02, STC10-02, STC11-02, and STC12 will contain either a Category Code (or) a HIPAA Rejection. A single claim will not have both values.</b></p> <p><b>* 2200 STC repeats for each Code Returned</b></p>
2220D	STC			"STC"
2220D	STC01-1	Health Care Claim Status Category Code	1/30	"A2" Accept, "A3" Reject, or "R3" Warning
2220D	STC01-02	HEALTH CARE CLAIM STATUS	1/20	5AN or 9AN Value - This segment includes up to 10 codes returned. Codes and Descriptions available from the TMHP website - Refer to the "Appendix A". *
		HIPAA Rejection	1/20	9AN Value - This segment includes up to 10 codes returned.
2220D	STC01-3	Entity Identifier Code	2/3	Not Mapped
2220D	STC01-4	Code List Qualifier Code	1/3	Not Used
2220D	STC02	Status Information Effective Date	8/8	CCYYMMDD
2220D	STC03	Action Code	1/2	Action Code "U" (REJECT) or WQ" (ACCEPTED).
2220D	STC04	Monetary Amount	1/18	Amount Billed
2220D	STC05	Monetary Amount	1/18	Not Used
2220D	STC06	Date	8/8	Not Used
2220D	STC07	Payment Method Code	3/3	Not Used
2220D	STC08	Date	8/8	Not Used
2220D	STC09	Check Number	1/16	Not Used



Loop	Segment ID	Data Element Name	Length Min / Max	Field Value/Comments
2220D	STC10			"STC"
2220D	STC10-1	Health Care Claim Status Category Code	1/30	Not Used
2220D	STC10-02	HEALTH CARE CLAIM STATUS	1/20	Not Used
		HIPAA Rejection	1/20	Not Used.
2220D	STC10-3	Entity Identifier Code	2/3	Not Mapped
2220D	STC10-4	Code List Qualifier Code	1/3	Not Used
2220D	STC11			"STC"
2220D	STC11-01	Health Care Claim Status Category Code	1/30	Not Used
2220D	STC11-02	HEALTH CARE CLAIM STATUS	1/20	Not Used
		HIPAA Rejection	1/20	Not Used.
2220D	STC11-3	Entity Identifier Code	2/3	Not Mapped
2220D	STC11-4	Code List Qualifier Code	1/3	Not Used
2220D	STC12			"STC"
2220D	STC12	Free Text	1/264	If STC01-02 = HIPAA Edit (x0*****) HIPAA narrative description up to 264 characters.
<b>REF</b>		<b>SERVICE LINE INFORMATION</b>		
2220D	REF01	Reference Identification Qualifier	2/3	"FJ"
2220D	REF02	Reference Identification	1/50	Line Item Control Number
2220D	REF03			Not Used
2220D	REF04			Not Used
2220D	REF	PHARMACY PRESCRIPTION NUMBER	"XY"	Segment Not Mapped
<b>DTP</b>		<b>SERVICE LINE DATE</b>		
2220D	DTP01	Date/Time Qualifier	3/3	"472"
2220D	DTP02	Date Time Period Format Qualifier	2/3	"D8"
2220D	DTP03	Date Time Period	1/35	Service Line Date (CCYYMMDD)
<b>SE</b>		<b>TRANSACTION SET TRAILER</b>		



Loop	Segment ID	Data Element Name	Length Min / Max	Field Value/Comments
	SE01	Number of included segments		To indicate the end of the transaction set and provide the count of the transmitted segments (including the beginning (ST) and ending (SE) segments). EDI will count the total number of segments in the transaction set, including ST and SE, and populate SE01 with the result.
	SE02	Transaction set control number (same as ST02)		Identical to ST02
<b>GE</b>		<b>FUNCTIONAL GROUP TRAILER</b>		
	GE01	Number of Transaction Sets Included in this Function Group		EDI will count the total number of ST/SE transaction sets and populate GE02 with the result.
	GE02	Group Control Number (same as GS06)		Identical to GS06 (Unique Control number)
<b>IEA</b>		<b>INTERCHANGE CONTROL TRAILER</b>		
	IEA01	Number of Included Functional Groups		EDI will count the total number of GS/GE functional groups and populate IEA01 with the result.
	IEA02	Interchange Control Number (same as ISA13)		Identical to ISA13 (Unique Control number)



## **Appendix A: TMHP Reference Links**

**Acute Care (C21):**

[http://www.tmhp.com/Pages/EDI/EDI\\_Reference\\_codes\\_acute.aspx](http://www.tmhp.com/Pages/EDI/EDI_Reference_codes_acute.aspx)

**Long Term Care (CMS):**

[http://www.tmhp.com/Pages/EDI/EDI\\_Reference\\_codes\\_ltc.aspx](http://www.tmhp.com/Pages/EDI/EDI_Reference_codes_ltc.aspx)





HL\*6\*3\*PT  
NM1\*QC\*1\*LASTNAME\*FIRSTNAME\*A\*\*\*MI\*111111111  
TRN\*2\*01302050256 <<< HIPAA REJECTED "0x3938c4c"  
**STC\*A3:0x3938c4c\*20111129\*U\*14.86\*\*\*\*\*Loop 2320 is missing. It is expected to be used when other payers are known to be involved in paying on this claim (SBR01 is 'S').{br}{br}This loop was expected after {br}{tab}Segment Count 32{br}{tab}Character 1197**  
REF\*EA\*111111  
DTP\*472\*D8\*19991231  
HL\*7\*3\*PT  
NM1\*QC\*1\*LASTNAME\*FIRSTNAME\*A\*\*\*MI\*111111111  
TRN\*2\*123456  
STC\*A2:PR001\*19991231\*WQ\*38.36  
REF\*1K\*1111111111111111111111111111111111  
REF\*EA\*111111  
DTP\*472\*D8\*19991231  
HL\*8\*3\*PT  
NM1\*QC\*1\*LASTNAME\*FIRSTNAME\*A\*\*\*MI\*111111111  
TRN\*2\*123456  
STC\*A3:01058\*19991231\*U\*41.76  
REF\*EA\*111111  
DTP\*472\*D8\*19991231  
SVC\*HC:S4993\*41.76  
STC\*A3:00565\*\*U  
REF\*FJ\*111111  
DTP\*472\*D8\*19991231  
HL\*9\*3\*PT  
NM1\*QC\*1\*LASTNAME\*FIRSTNAME\*A\*\*\*MI\*111111111  
TRN\*2\*123456  
REF\*EA\*111111  
DTP\*472\*D8\*19991231  
SVC\*HC:99212\*29.52  
**STC\*A3:00421\*\*U <<< SYSTEM REJECTED "00421"**  
REF\*FJ\*111111  
DTP\*472\*D8\*19991231  
SVC\*HC:J1055\*61.91  
**STC\*A3:00421\*\*U <<< SYSTEM REJECTED "00421"**  
REF\*FJ\*111111  
DTP\*472\*D8\*19991231  
HL\*10\*3\*PT  
NM1\*QC\*1\*LASTNAME\*FIRSTNAME\*A\*\*\*MI\*111111111  
TRN\*2\*123456  
STC\*A2:PR001\*19991231\*WQ\*38.36  
REF\*1K\*1111111111111111111111111111111111  
REF\*EA\*111111  
DTP\*472\*D8\*19991231  
SE\*75\*0007  
GE\*1\*1  
IEA\*1\*000000001





DTP\*472\*D8\*19991231  
SE\*46\*0046  
GE\*1\*1  
IEA\*1\*000000001

### Encounters

ISA\*00\* \*00\* \*ZZ\*617591011TEDP \*ZZ\*111111111  
\*190703\*1300\*|\*00501\*000000001\*O\*P\*:  
GS\*HN\*617591011TEDP\*111111111\*20190703\*1300\*1\*X\*005010X214  
ST\*277\*0001\*005010X214  
BHT\*0085\*08\*001111\*20190703\*1300\*TH  
HL\*1\*\*20\*1  
NM1\*PR\*2\*TMHP\*\*\*\*\*PI\*617591011TED  
TRN\*1\*001111  
DTP\*050\*D8\*20190703  
DTP\*009\*D8\*20190703  
HL\*2\*1\*21\*1  
NM1\*41\*2\*MCO NAME\*\*\*\*\*46\*111111111  
TRN\*2\*001111  
STC\*A1:19:PR\*20190703\*WQ\*677.1  
QTY\*90\*2  
AMT\*YU\*127.1  
HL\*3\*2\*19\*1  
NM1\*85\*2\*ORGANIZATION NAME\*\*\*\*\*XX\*111111111  
HL\*4\*3\*PT  
NM1\*QC\*1\*LASTNAME\*FIRSTNAME\*\*\*\*MI\*111111111  
TRN\*2\*0000123456  
**STC\*R3:Bx000095W\*20190703\*WQ\*550 <<<Warning Business Edit Bx000095W for  
"Submitted Billing Provider Taxonomy does not match the Enrollment Provider Taxonomy for  
Encounter From Date of Service < 01/01/3999"**  
DTP\*472\*D8\*20190409  
HL\*5\*2\*19\*1  
NM1\*85\*2\* ORGANIZATION NAME \*\*\*\*\*XX\*111111111  
HL\*6\*5\*PT  
NM1\*QC\*1\* LASTNAME\*FIRSTNAME\*\*\*\*MI\*111111112  
TRN\*2\*0000123457  
**STC\*A2:PR001\*20190703\*WQ\*69.55 <<< GENERIC ACCEPT CODE "PR001"**  
DTP\*472\*D8\*20190122  
HL\*7\*5\*PT  
NM1\*QC\*1\* LASTNAME\*FIRSTNAME\*\*\*\*MI\*111111113  
TRN\*2\*0000543211  
**STC\*A3: Bx0000011\*20190703\*U\*57.55 <<< Reject for Fatal Business Edit  
Bx0000011 Adjustment original ICN (or previous ICN) is not found**  
DTP\*472\*D8\*20190122  
SE\*33\*0001  
GE\*1\*1  
IEA\*1\*000000001



## Appendix C: Summary of Version Changes

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

Date	Reference	Description
03/25/11	N/A	Published
09/29/11	ISA11	Corrected Data Element Name – Prior read “Interchange Control Standards Identifier”
09/29/11	2000B HL02	Removed note “Asterisks Place Holder” with HL02 description.
09/29/11	2200B QTY 2200B AMT	These fields are now returned with total accepted and rejected totals. Previously these were not mapped.
09/29/11	2100C NM109	Note - In absence of the NPI the API (2010BB REF (G2) will be returned when present.
09/29/11	2200D STC03 2220D STC03	Removed note “Asterisks Place Holder” this will now appear with Action Code “U” (REJECT) or WQ” (ACCEPTED).
09/29/11	2220D STC02 2220D STC04	Removed description and replaced with NOT USED - Asterisks Place Holder
09/29/11	2200D STC* 2220D STC*	Added reference to Appendix A. Added generic header codes, and correct length - “HIPAA Rejection” codes are 9AN.
09/29/11	2000A HL02 2200D STC01-4 2200D STC10-4 2200D STC11-4 2220D STC01-4 2220D STC04 thru STC09 2220D STC10-4 2220D STC11-4	Removed note “Asterisks Place Holder” to clarify usage: Not Used
09/29/11	2100A NM104 thru NM107 2200D STC01-3 2200D STC05 thru STC09 2200D STC10-3 2200D STC11-3 2220D STC01-3 2220D STC10-3 2220D STC11-3	Removed note “Asterisks Place Holder” to clarify usage: Not Mapped
09/29/11	2200D STC12 2220D STC12	Corrected the Max/Min Number of characters. Prior read 1/20. Updated reference to Appendix A.
09/29/11	Appendix	Added and Re-Ordered - Appendix A, B, C



Date	Reference	Description
09/29/11	TMHP Example	New TMHP Example Transactions
02/28/12	Transaction Set Header	Additional Description: When multiple ST-SE transaction sets are received TMHP will return each ST-SE in its own enveloping.
02/28/12	BHT03	Corrected Comments and Usage. Prior Read: TMHP generated Original Claim Transaction Number
02/28/12	2200D STC Claim Level Status Information	Additional Description: 2200 STC repeats for each Code Returned
02/28/12	2200 STC02	Removed Not Used. CMMCCYY will be returned
02/28/12	2200 STC04	Removed Not Used. Amount Billed will be returned
02/28/12	2200D STC10-1 2200D STC11-1 2220D STC10-1 2220D STC11-1	Removed Usage for "A2" Accept, "A3" Reject, or "R3" Warning Replaced with Not Used
02/28/12	2200 STC10-2 2200 STC11-2 2220 STC10-2 2220 STC11-2	Updated Usage for HEALTH CARE CLAIM STATUS and HIPAA Rejection. Replaced with Not Used
02/28/12	2200D STC12	Removed and Updated HEALTH CARE CLAIM STATUS and HIPAA Rejection. STC12 will now contain HIPAA Detailed Narrative Description up to 264 characters.
02/28/12	Appendix B	Updated TMHP Example Transactions
07/07/14	ISA15	Removed 'T = Test'
07/07/14	ISA16	Replaced '~' Tilde' with ':' Colon '
07/07/14	Section 1.1 Purpose	Updated TMHP EDI Connectivity Guide link.
07/07/14	TMHP Example	Example transactions updated.
4/13/2016	<i>SR 5732920 (G1) Ongoing Removal of Inactive Trading Partners</i>	"TMHP submitter IDs will be deactivated after an inactivity period of 180 days. Submitters who wish to have their submitter IDs re-activated will need to contact the EDI Helpdesk at 1-888-863-3638." added to page 10.
7/22/2019	Page 3 Purpose	Further definition of Acute Care Texas Medicaid Enrolled and Acute Care MCO Only Enrolled
7/22/2019	Page 5 – ISA08	Added LTSS Long Term Care Services and Support Receiver IDs
7/22/2019	Page 14 - REF	Added Note: 2200D REF will not be populated for Encounters transactions.
7/22/2019	Page 25 Appendix B	Added Encounters 277CA Example Transaction