



**ANSI ASC X12N 277P
Pending Remittance**

Acute Care

COMPANION GUIDE
For Non-covered Transactions

April 29, 2016



Table of Contents

Section 1:	Introduction	3
1.1	Purpose.....	3
1.2	Contact Information	3
1.3	Security and Privacy Statement.....	3
1.4	Important Dates	4
1.5	Disclaimer	4
Section 2:	277P Pending Remittance	5
Appendix A:	Legend of Field Requirements.....	16
Appendix B:	Legend of Format Requirements	17
Appendix C:	277P Example Transaction.....	18
Appendix D:	Summary of Version Changes	19

Section 1: Introduction

1.1 Purpose

This vendor specification describes the components that are in the Acute Care Pending Remittance (277P) file. The 277P is an outbound file from Texas Medicaid, with information regarding claims that have been accepted at Texas Medicaid but the status of claims are not finalized. The data sets within this file are not covered under the *Health Insurance Portability and Accountability Act* 1996 (HIPAA).

The Texas Medicaid EDI Connectivity Guide that contains specific instructions regarding connectivity options can be found on the EDI page of the TMHP website at www.tmhp.com.

www.tmhp.com/File%20Library/File%20Library/EDI/TMHP%20EDI%20Connectivity%20Guide.pdf

1.2 Contact Information

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)
- For Long Term Care issues, call 1-800-626-4117 (Select option 3) (or in Austin, call 1-512-335-4729)
- The Texas Medicaid 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

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.

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: 277P Pending Remittance

This section is used to describe the data sets within a Pending Remittance file (277P) from Texas Medicaid regarding the status of Texas Medicaid claims.

Appendix A explains the definitions for the abbreviations in the Field Requirements¹ (Field Req.) column. Appendix B clarifies the meaning of the values used in the Format² column. Elements that are in bold are absolute values for the specified field within the file.

Loop ID	Segment ID	Data Element Name	Format ²	Length Min/Max	Field Req. ¹	Field Value/Comments
	ISA	Interchange Control Header	ID	3/3	R	ISA
	ISA01	Authorization Information Qualifier	AN	2/2	R	00
	ISA02	Authorization Information	AN	10/10	R	Space fill
		Data Element Separator		1/1	N/A	*(asterisk)
	ISA03	Security Information Qualifier	ID	2/2	R	00
		Data Element Separator		1/1	N/A	*
	ISA04	Security Information	AN	10/10	R	Space fill
		Data Element Separator		1/1	N/A	*
	ISA05	Interchange ID Qualifier	ID	2/2	R	ZZ
		Data Element Separator		1/1	N/A	*
	ISA06	Interchange Sender ID	AN	15/15	R	Production ID = 617591011C21P Test ID = 617591011C21T
		Data Element Separator		1/1	N/A	*
	ISA07	Interchange ID Qualifier	ID	2/2	R	ZZ
		Data Element Separator		1/1	N/A	*
	ISA08	Interchange Receiver ID	AN	15/15	R	Texas Medicaid assigned, 9 numeric Submitter Identification number. Also known as the ETIN
		Data Element Separator		1/1	N/A	*
	ISA09	Interchange Date	DT	6/6	R	System Date in YYMMDD format.
		Data Element Separator		1/1	N/A	*



Loop ID	Segment ID	Data Element Name	Format ²	Length Min/Max	Field Req. ¹	Field Value/Comments
	ISA10	Interchange Time	TM	4/4	R	Texas Medicaid will return the System Time in HHMM format
		Data Element Separator		1/1	N/A	*
	ISA11	Interchange Control Standards Identifier	ID	1/1	R	“ ” Pipe - Texas Medicaid 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 Texas Medicaid does not support the processing of repeated occurrences of a simple data element or a composite data structure.
		Data Element Separator		1/1	N/A	*
	ISA12	Interchange Control Version Number	ID	5/5	R	00501
		Data Element Separator		1/1	N/A	*
	ISA13	Interchange Control Number	NO	9/9	R	Must be 9 digits.
		Data Element Separator		1/1	N/A	*
	ISA14	Acknowledgment Request	ID	1/1	R	0
		Data Element Separator		1/1	N/A	*
	ISA15	Test Indicator	ID	1/1	R	P = Production
		Data Element Separator		1/1	N/A	
	ISA16	Sub-element Separator		1/1	R	:
		Segment Terminator		2/2	N/A	~ (tilde)
	GS	Functional Group Header	ID	2/2	R	GS
		Data Element Separator		1/1	N/A	*
	GS01	Functional Identifier code	ID	2/2	R	HN
		Data Element Separator		1/1	N/A	*



Loop ID	Segment ID	Data Element Name	Format ²	Length Min/Max	Field Req. ¹	Field Value/Comments
	GS02	Application Sender's code	AN	2/15	R	Production value = 617591011C21P Test value = 617591011C21T
		Data Element Separator		1/1	N/A	*
	GS03	Application Receiver's Code	AN	2/15	R	Texas Medicaid assigned, 9 numeric Submitter Identification number. Also known as the ETIN. Must match the number sent in the ISA08
		Data Element Separator		1/1	N/A	*
	GS04	Date	DT	6/8	R	System Date in YYMMDD format
		Data Element Separator		1/1	N/A	*
	GS05	Time	TM	4/8	R	System Time in HHMM format
		Data Element Separator		1/1	N/A	*
		Data Element Separator		1/1	N/A	*
		Data Element Separator		1/1	N/A	*
	GS08	Version-Release-Industry Identifier Code	AN	1/12	R	005010
		Segment Terminator		2/2	N/A	~
	ST	Transaction Set Header	ID	2/2	R	ST
		Data Element Separator		1/1	N/A	*
	ST01	Transaction Set Identifier Code	ID	3/3	R	277
		Data Element Separator		1/1	N/A	*
	ST02	Transaction Set Control Number	AN	4/9	R	This number is TMHP System generated.
		Segment Terminator		2/2	N/A	Carriage Return Line Feed
	BHT	Beginning of Hierarchical Transaction	ID	3/3	R	BHT
		Data Element Separator		1/1	N/A	*
	BHT01	Hierarchical Structure Code	ID	4/4	R	0016



Loop ID	Segment ID	Data Element Name	Format ²	Length Min/Max	Field Req. ¹	Field Value/Comments
		Data Element Separator		1/1	N/A	*
	BHT02	Transaction Set Purpose Code	ID	2/2	R	08
		Data Element Separator		1/1	N/A	*
	BHT03	Reference Identification	AN	1/30	O	Remittance and Status (R&S) number
		Data Element Separator		1/1	N/A	*
	BHT04	Date	DT	8/8	O	YYYYMMDD
		Data Element Separator		1/1	N/A	*
	BHT05	Time	TM	4/8	O	Create Time of the file in the HHMM format.
		Segment Terminator		2/2	N/A	Carriage Return Line Feed
1000	REF	Reference Identification	ID			This is the first occurrence of the <i>REF</i> qualifier.
		Data Element Separator		1/1		*
	REF01	Reference Identification Qualifier	ID	2/3	C	PQ Taxonomy
		Data Element Separator		1/1		*
	REF02	Reference Number	AN	1/30(10)	C	REF02 will contain the billing provider's assigned 10 alphanumeric taxonomy code on file with TMHP.
		Segment Terminator		2/2		Carriage Return Line Feed
	PER	Administrative Communications Contact	ID	3/3	O	PER
		Data Element Separator		1/1	N/A	*
	PER01	Contact Function Code	ID	2/2	R	CX
		Data Element Separator		1/1	N/A	*
	PER02	Name	AN	1/60	I	Program Name
		Data Element Separator		1/1	N/A	*
	PER03	Communication Number Qualifier	ID	2/2	I	TE
		Data Element Separator		1/1	N/A	*



Loop ID	Segment ID	Data Element Name	Format ²	Length Min/Max	Field Req. ¹	Field Value/Comments
	PER04	Communications Number	AN	1/80(10)	I	Telephone Number. TMHP will only populate the first 10 characters.
		Segment Terminator		1		*
2000	HL	Hierarchical Level	ID	2/2	R	HL
		Data Element Separator		1/1		*
	HL01	Hierarchical ID Number	AN	1/12(2)	R	This number is TMHP System generated. TMHP will only populate the first 2 characters.
		Data Element Separator		1/1		*
	HL02	Hierarchical Parent ID Number	AN	1/12	O	This number is TMHP System generated.
		Data Element Separator		1/1		*
	HL03	Hierarchical Level Code	ID	1/2	R	19
		Data Element Separator		1/1		*
	HL04	Hierarchical Child Code	ID	1/1	O	1
		Segment Terminator		2/2		Carriage Return Line Feed
2100	NM1	Individual or Organizational Name	ID	3/3	O	NM1
		Data Element Separator		1/1		*
	NM101	Entity Identifier Code	ID	2/3	R	1P
		Data Element Separator		1/1		*
	NM102	Entity Type Qualifier	ID	1/1	R	2
		Data Element Separator		1/1		*
	NM103	Name Last or Organization Name	AN	1/35(13)	O	Provider Name or Last Name (space) First name TMHP will only populate the first 13 characters.
		Data Element Separator		1/1		*
	NM104	Name First	AN	1/25	O	*



Loop ID	Segment ID	Data Element Name	Format ²	Length Min/Max	Field Req. ¹	Field Value/Comments
	NM105	Name Middle	AN	1/25	O	*
	NM106	Name Prefix	AN	1/10	O	*
	NM107	Name Suffix	AN	1/10	O	*
	NM108	Identification Code Qualifier	ID	1/2	R	SV Atypical Provider Identifier (API) XX National Provider Identifier (NPI)
		Data Element Separator		1/1		*
	NM109	Identification Code	AN	2/80 (10)	R	If NM108 is equal to XX, NM109 will contain the provider's assigned 10 numeric NPI. If the NM108 is equal to SV, NM109 will contain the provider's assigned 10 alphanumeric API.
		Segment Terminator		2/2		Carriage Return Line Feed
	N3	Address Information	ID	2/2	O	N3
		Data Element Separator		1/1		*
	N301	Address Information	AN	1/55(40)	R	TMHP will return the first line of the Billing Provider's Address on file. TMHP will only populate the first 40 characters.
		Segment Terminator		2/2		Carriage Return Line Feed
	N4	Geographic Location	ID	2/2	O	N4
		Data Element Separator		1/1		*
	N401	City Name	AN	2/30(25)	O	TMHP will return the Billing Provider's City on file. TMHP will only populate the first 25 characters.
		Data Element Separator		1/1		*
	N402	State or Province Code	ID	2/2	O	TMHP will return the Billing Provider's State (short abbreviation).
		Data Element Separator		1/1		*
	N403	Postal Code	ID	3/15(9)	O	TMHP will return the Billing Provider's Zip on file. TMHP will only populate the first 9 characters.



Loop ID	Segment ID	Data Element Name	Format ²	Length Min/Max	Field Req. ¹	Field Value/Comments
		Segment Terminator		2/2		Carriage Return Line Feed
2000	HL	Hierarchical Level	ID	2/2	R	HL
		Data Element Separator		1/1		*
	HL01	Hierarchical ID Number	AN	1/12(2)	R	This value is TMHP System generated.
		Data Element Separator		1/1		*
	HL02	Hierarchical Parent ID Number	AN	1/12	O	This value is TMHP System generated.
		Data Element Separator		1/1		*
	HL03	Hierarchical Level Code	ID	1/2	R	22
		Data Element Separator		1/1		*
	HL04	Hierarchical Child Code	ID	1/1	O	0
		Segment Terminator		2/2		Carriage Return Line Feed
2100	NM1	Individual or Organizational Name	ID	3/3	O	NM1
		Data Element Separator		1/1		*
	NM101	Entity Identifier Code	ID	2/3	R	QC
		Data Element Separator		1/1		*
	NM102	Entity Type Qualifier	ID	1/1	R	1
		Data Element Separator		1/1		*
	NM103	Name Last or Organization Name	AN	1/35(25)	O	TMHP will return the Patient's Last Name on file. TMHP will only populate the first 25 characters.
		Data Element Separator		1/1		*
	NM104	Name First	AN	1/25(15)	O	TMHP will return the Patient's First on file. TMHP will only populate the first 15 characters.
	NM105	Name Middle	AN	1/25	O	*
	NM106	Name Prefix	AN	1/10	O	*
	NM107	Name Suffix	AN	1/10	O	*



Loop ID	Segment ID	Data Element Name	Format ²	Length Min/Max	Field Req. ¹	Field Value/Comments
	NM108	Identification Code Qualifier	ID	1/2	R	MR
		Data Element Separator		1/1		*
	NM109	Identification Code	AN	2/80(9)	R	TMHP will return the Recipient Number on file. TMHP will only populate the first 9 characters.
		Segment Terminator		2/2		Carriage Return Line Feed
2200	STC	Status Information	ID	3/3	R	STC
		Data Element Separator		1/1		*
	STC01	Healthcare Claim Status	ID	5/5	R	This is the first occurrence of the 5-digit EOP code.
		Data Element Separator		1/1		*
	STC02	Date	DT	8/8	O	*
	STC03	Action Code	ID	1/2	O	*
	STC04	Monetary Amount		1/18	O	Amount Billed in a claim.
		Data Element Separator		1/1		*
	STC05	Monetary Amount		1/18	O	*
	STC06	Date	DT	8/8	O	*
	STC07	Payment Method Code	ID	3/3	O	*
	STC08	Date	DT	8/8	O	*
	STC09	Check Number	AN	1/16	O	*
	STC10	Healthcare Claim Status	ID	5/5	O	This is the second occurrence of the 5-digit EOP code.
		Data Element Separator		1/1		*
	STC11	Healthcare Claim Status	AN	1/16	O	This is the third occurrence of the 5-digit EOP code.
		Data Element Separator		1/1		*
	STC12	Healthcare Claim Status	AN	1/16	O	This is the fourth occurrence of the 5-digit EOP code.
		Segment Terminator		2/2		Carriage Return Line Feed
	REF	Reference Identification	ID			This is the first occurrence of the REF qualifier.
		Data Element Separator		1/1		*
	REF01	Reference Identification Qualifier	ID	2/3	R	EA



Loop ID	Segment ID	Data Element Name	Format ²	Length Min/Max	Field Req. ¹	Field Value/Comments
		Data Element Separator		1/1		*
	REF02	Reference Number	AN	1/30(17)	R	TMHP fills this field with the Medical Record Number. TMHP will only populate the first 17 characters.
		Segment Terminator		2/2		Carriage Return Line Feed
	REF	Reference Identification	ID			This is the second occurrence of the <i>REF</i> qualifier.
		Data Element Separator		1/1		*
	REF01	Reference Identification Qualifier	ID	2/3	R	EJ
		Data Element Separator		1/1		*
	REF02	Reference Number	AN	1/30(17)	R	TMHP fills this field with the Patient Account Number. TMHP will only populate the first 17 characters.
		Segment Terminator		2/2		Carriage Return Line Feed
	REF	Reference Identification	ID			This is the third occurrence of the <i>REF</i> qualifier.
		Data Element Separator		1/1		*
	REF01	Reference Identification Qualifier	ID	2/3(2)	R	1K Internal Control Number Qualifier. TMHP will only populate the first 2 characters.
		Data Element Separator		1/1		*
	REF02	Reference Number	AN	1/30(24)	R	TMHP Internal Control Number (ICN). TMHP will only populate the first 24 characters.
		Segment Terminator		2/2		Carriage Return Line Feed
	REF	Reference Identification	ID			This is the fourth occurrence of the <i>REF</i> qualifier.
		Data Element Separator		1/1		*
	REF01	Reference Identification Qualifier	ID	2/3	C	G3 Benefit Code
		Data Element Separator		1/1		*



Loop ID	Segment ID	Data Element Name	Format ²	Length Min/Max	Field Req. ¹	Field Value/Comments
	REF02	Reference Number	AN	1/30(3)	C	REF02 will contain the Benefit Code submitted on the 837 transaction.
		Segment Terminator		2/2		Carriage Return Line Feed
	DTP	Date or Time Period	ID	3/3	O	DTP
		Data Element Separator		1/1		*
	DTP01	Date/Time Qualifier	ID	3/3	R	150
		Data Element Separator		1/1		*
	DTP02	Date Time Format Qualifier	ID	2/3	R	D8
		Data Element Separator		1/1		*
	DTP03	Date Time Period	AN	1/35(8)	R	From Date of Service. TMHP will only populate the first 8 characters.
		Segment Terminator		2/2		Carriage Return Line Feed.
	SE	Transaction Set Trailer	ID	2/2	R	SE
		Data Element Separator		1/1		*
	SE01	Number of included segments	N0	1/10	R	This is the number of segments between and including the ST/SE Transaction Set
		Data Element Separator		1/1		*
	SE02	Transaction Set Control Number	AN	4/9	R	This field is TMHP System generated.
		Segment Terminator		2/2		Carriage Return Line Feed.
	GE	Functional Group Trailer	ID	2/2	R	GE
		Data Element Separator		1/1		*
	GE01	Number of Transaction Sets Included	N0	1/6	R	This field is TMHP System generated.
		Data Element Separator		1/1		*
	GE02	Group Control Number	N0	1/9	R	This field is TMHP System generated.
		Segment Terminator		2/2		Carriage Return Line Feed



Loop ID	Segment ID	Data Element Name	Format ²	Length Min/Max	Field Req. ¹	Field Value/Comments
	IEA	Interchange Control Trailer	ID	3/3	R	IEA
		Data Element Separator		1/1		*
	IEA01	Number of Included Functional Groups	N0	1/5	R	This field is TMHP System generated.
		Data Element Separator		1/1		*
	IEA02	Interchange Control Number	N0	9/9	R	Must be 9 digits
		Segment Terminator		2/2		Carriage Return Line Feed

Appendix A: Legend of Field Requirements

The following table explains what each letter means in terms of field requirements. This information will help the provider understand what information is essential to TMHP and what information can be left out or included on an optional basis.

R	-	Required	Fields that are necessary to pass edits which determine if the transaction will be considered for processing.
C	-	Conditional	Fields that are required when a condition exists
I	-	Ignored	Fields that are ignored by TMHP and have no bearing on the disposition of the transaction.
O	-	Optional	Fields which are optional and may be considered in the disposition of the transaction.
D	-	Desirable	Fields which might be helpful to TMHP's Provider Automation Team for identifying files, providers, and clients.

Appendix B: Legend of Format Requirements

The following table explains the type of characters that make up the data type they represent. This will help the provider understand what kind of information can be input into a field and how TMHP is ready to read it and process it.

AN	-	Alpha numeric	The value in this field can be a combination of letters and numbers.
DT	-	Date	The value in this field is formatted to represent a date.
ID	-	Identification	The value in this field serves as an identification.
NO	-	Number	The value in this field is a number(s).
TM	-	Time	The value in this field is formatted to represent time.



Appendix C: 277P Example Transaction

Details: This Acute Care Pending Remittance (277P) transaction is an outbound file from TMHP, with information regarding claims that have been accepted at TMHP but the status of claims are not finalized. These claims were not included in the 835 Electronic Remittance (or E&S report). A single status is returned for each claim reported on the 277P.

TMHP Note: In the following example carriage return line feeds are inserted in place of ~ character for improved readability purposes.

API 277P Transaction Example:

ISA*00* *00* *ZZ*617591011C21P *ZZ*111111111 *991231*1139*|*00501*113916022*0*P*:
GS*HN*617591011C21P*111111111*991231*1139*113916022*X*005010
ST*277*84589645
BHT*0016*08*032245179*070310*0120
REF*PQ*1111X00L01
PER*CX*MEDI*TE*5127941234
HL*1**19*1
NM1*1P*2*ORGANIZATION NAME*****SV*A111111111
N3*100 MAIN STREET
N4*TOWN*TX*123456789
HL*2**22*0
NM1*QC*1*LAST NAME*FIRST NAME****MR*111111111
STC*00C04***6500.0
REF*EJ*111111111
REF*1K*1111111111111111111111111111111111
DTP*150*D8*19991231
SE*15*84589645
GE*1*113916022
IEA*1*113916022

NPI 277P Transaction Example:

ISA*00* *00* *ZZ*617591011C21P *ZZ*111111111 *991231*1139*|*00501*113916022*0*P*:
GS*HN*617591011C21P*111111111*991231*1139*113916022*X*005010
ST*277*84589645
BHT*0016*08*032245179*110701*0120
REF*PQ*1111X00L01
PER*CX*MEDI*TE*5127941234
HL*1**19*1
NM1*1P*2* ORGANIZATION NAME*****XX*11111111111
N3*100 MAIN STREET
N4*TOWN*TX*123456789
HL*2**22*0
NM1*QC*1*LAST NAME*FIRST NAME****MR*111111111
STC*00C04***6500.0
REF*EJ*111111111
REF*1K*1111111111111111111111111111111111
REF*G3*CCP
DTP*150*D8*19991231
SE*16*84589645
GE*2*113916022
IEA*1*113916022



Appendix D: Summary of Version Changes

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

	Change	Date
1	Example transactions updated.	07/07/2014