



**ANSI ASC X12N 277P
Claims Activity**

Long Term Care

COMPANION GUIDE
For Non-covered Transactions

July 2014



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 Claims Activity	5
Appendix A: Legend of Field Requirements	20
Appendix B: Legend of Format Requirements	21
Appendix C: 277P Example Transaction	22
Appendix D: Summary of Version Changes	23



Section 1: Introduction

1.1 Purpose

This vendor specification describes the components that are related to the file for the Long Term Care Claims Activity (277P) file. The 277P is an outbound file from TMHP, with information regarding claims that have been accepted at TMHP 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 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 www.tmhp.com.

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

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 in Austin, 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.



Section 2: 277P Claims Activity

This section is used to describe the data sets for a Claims Activity file (277P) from TMHP regarding the status of Texas Medicaid claims.

Appendix A explains the definitions for the abbreviations in the Field Requirements¹ (Field Req.) column. Appendix B explains the definitions of the abbreviations within the Format 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		3/3	R	ISA
		Data Element Separator		1/1		*
	ISA01	Authorization Information Qualifier	ID	2/2	R	00
		Data Element Separator		1/1		*
	ISA02	Authorization Information	AN	10/10	R	This space is not filled and is left blank by TMHP.
		Data Element Separator		1/1		*
	ISA03	Security Information Qualifier	ID	2/2	R	00
		Data Element Separator		1/1		*
	ISA04	Security Information	AN	10/10	R	This space is not filled and is left blank by TMHP.
		Data Element Separator		1/1		*
	ISA05	Interchange ID Qualifier	ID	2/2	R	ZZ
		Data Element Separator		1/1		*
	ISA06	Interchange Sender ID	AN	15/15	R	617591011CMSP This is the TMHP sender ID.
		Data Element Separator		1/1		*
	ISA07	Interchange ID Qualifier	ID	2/2	R	ZZ
		Data Element Separator		1/1		*
	ISA08	Interchange Receiver ID	AN	15/15	R	This is the number assigned to the provider by TMHP, for use within their system.
		Data Element Separator		1/1		*



Loop ID	Segment ID	Data Element Name	Format ²	Length Min/Max	Field Req. ¹	Field Value/Comments
	ISA09	Interchange Date	DT	6/6	R	TMHP's system date, which uses the format YYMMDD.
		Data Element Separator		1/1		*
	ISA10	Interchange Time	TM	4/4	R	TMHP's system time, format HHMM.
		Data Element Separator		1/1		*
	ISA11	Interchange Control Standards Identifier	ID	1/1	R	" " 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.
		Data Element Separator		1/1		*
	ISA12	Interchange Control Version Number	ID	5/5	R	00501
		Data Element Separator		1/1		*
	ISA13	Interchange Control Number	N0	9/9	R	This value is called the Control number and is assigned by the TMHP interchange sender. This number must be identical to IEA02.
		Data Element Separator		1/1		*
	ISA14	Acknowledgment Requested	ID	1/1	R	0
		Data Element Separator		1/1		*
	ISA15	Usage Indicator	ID	1/1	R	P
		Data Element Separator				*
	ISA16	Sub-element Separator	AN		R	:
		Segment Terminator		2/2	R	~
	GS	Functional Group Header		2/2	R	GS Functional Group Header Segment



Loop ID	Segment ID	Data Element Name	Format ²	Length Min/Max	Field Req. ¹	Field Value/Comments
		Data Element Separator		1/1		*
	GS01	Functional Identifier Code	ID	2/2	R	HN TMHP uses this value as the Healthcare Claim Payment/Advice identifier.
		Data Element Separator		1/1		*
	GS02	Application Sender's Code	AN	2/15	R	This is TMHP's Sender ID. Production = 617591011CMSP Testing = 617591011CMST
		Data Element Separator		1		*
	GS03	Application Receiver's Code	AN	2/15	R	This value is the Submitter ID and is assigned by TMHP.
		Data Element Separator		1/1		*
	GS04	Date	DT	8/8	R	The following format will be used for this date field: CCYYMMDD
		Data Element Separator		1/1		*
	GS05	Time	TM	4/8	R	The following format will be used for this time field: HHMM
		Data Element Separator		1/1		*
	GS06	Group Control Number	N0	1/9	R	TMHP will fill the GS and GE segments with the same value.
		Data Element Separator		1/1		*
	GS07	Responsible Agency Code	ID	1/2	R	X
		Data Element Separator		1/1		*
	GS08	Version/Release/Industry Identifier Code	AN	1/12	R	005010
		Segment Terminator		2/2		~
	ST	Transaction Set Header		2/2	R	ST TMHP uses this value as the Transaction Set Header Segment
		Data Element Separator		1/1		*
	ST01	Transaction Set Identifier Code	ID	3/3	R	277 TMHP uses this value to identify the Healthcare Claim Status Notification.



Loop ID	Segment ID	Data Element Name	Format ²	Length Min/Max	Field Req. ¹	Field Value/Comments
		Data Element Separator		1/1		*
	ST02	Transaction Set Control Number	AN	4/9	R	TMHP will fill the ST02 and SE02 segments with the same value.
		Segment Terminator				~
2000	BHT	Beginning of Hierarchical Transaction		3/3	R	BHT
		Data Element Separator		1/1		*
	BHT01	Hierarchical Structure Code	ID	4/4	R	0016
		Data Element Separator		1/1		*
	BHT02	Transaction Set Purpose Code	ID	2/2	R	08
		Data Element Separator		1/1		*
	BHT03	Reference Identification	AN	1/30	O	Report Number
		Data Element Separator		1/1		*
	BHT04	Date	DT	8/8	O	TMHP uses the following Report Date format: CCYYMMDD
		Data Element Separator		1/1		*
	BHT05	Time	TM	4/8	R	The following format will be used for this time field: HHMM
		Data Element Separator		1/1		*
	BHT06	Transaction Type Code	N0	1/9	R	* Not Used
		Segment Terminator		2/2		~
2000	REF	Reference Identifier		3/3	O	REF
		Data Element Separator		1/1		*
	REF01	Reference Identification Qualifier	ID	2/3	R	94
		Data Element Separator		1/1		*
	REF02	Reference Identification	AN	1/30	R	TMHP uses this value as the Submitter Batch Number.
		Segment Terminator		2/2		~



Loop ID	Segment ID	Data Element Name	Format ²	Length Min/Max	Field Req. ¹	Field Value/Comments
2000	REF	Reference Identifier		3/3	O	REF
		Data Element Separator		1/1		*
	REF01	Reference Identification Qualifier	ID	2/3	R	70
		Data Element Sep.		1/1		*
	REF02	Reference Identification	AN	1/30	R	This is the Report Begin Date for TMHP.
		Segment Terminator		2/2		~
2000	REF	Reference Identifier		3/3	O	REF
		Data Element Separator		1/1		*
	REF01	Reference Identification Qualifier	ID	2/3	R	ZZ
		Data Element Separator		1/1		*
	REF02	Reference Identification	AN	1/30	R	This value is the TMHP Report End Date.
		Segment Terminator		2/2		~
2000	HL	Hierarchical Level		2/2	R	HL
		Data Element Separator		1/1		*
	HL01	Hierarchical ID Number	AN	1/12	R	Sequential HL Loop IDs identifying the sequence within the transaction. Incremented by 1 for each additional HL Loops within the transaction.
		Data Element Separator		1/1		*
	HL02	Hierarchical Parent ID Number		1/1		*
	HL03	Hierarchical Level Code	ID	1/2	R	19
		Data Element Separator		1/1		*
	HL04	Hierarchical Child Code	ID	1/1	O	“0” Indicates no additional HL Child Segments are to be mapped after this one
		Segment Terminator		2/2		~
2100	NM1	Individual or Organizational		3/3	R	NM1 This segment contains provider



Loop ID	Segment ID	Data Element Name	Format ²	Length Min/Max	Field Req. ¹	Field Value/Comments
		Name				information.
		Data Element Separator		1/1		*
	NM101	Entity Identifier Code	ID	2/3	R	BS
		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		1/1		*
	NM104	Name First		1/1		*
	NM105	Name Middle		1/1		*
	NM106	Name Prefix		1/1		*
	NM107	Name Suffix		1/1		*
	NM108	Identification Code Qualifier	AN	1/2	O	EV, XX or SV
		Data Element Separator		1/1		*
	NM109	Identification Code	AN	2/80 (9 or 10 alphanumeric.)	R	When Billing Provider Contract number—TMHP will populate the first 9 characters. TMHP will populate with one of these three values based on the following hierarchy: EV = Billing Provider Contract number. The value of NM108 will contain EV when the contract number is present in NM109 XX = NPI. Map XX when RS-PB-NPI present and first byte does NOT begin with "D". (NPI will be 10 numeric) SV = API. Map SV when API Value Present (10AN first byte begins with 'D')
		Segment Terminator		2/2		~
2100	PER	Admin Communications Contact		3/3	R	PER
		Data Element Separator		1/1		*



Loop ID	Segment ID	Data Element Name	Format ²	Length Min/Max	Field Req. ¹	Field Value/Comments
	PER01	Contact Function Code	ID	2/2	R	PH
		Data Element Separator		1/1		*
	PER02	Name	AN	1/60	O	
		Data Element Separator				*
	PER03	Communication Number Qualifier	ID	2/2		*
	PER04	Communication Number	AN	1/80		*
	PER05	Communication Number Qualifier	ID	2/2		*
	PER06	Communication Number	AN	1/80		*
	PER07	Communication Number Qualifier	ID	2/2		*
	PER08	Communication Number	AN	1/80		*
	PER09	Contact Inquiry Reference	AN	1/20	O	TMHP stores the PIN Number in this reference variable.
		Segment Terminator		2/2		~
2100	REF	Reference Identifier		3/3	O	REF
		Data Element Separator		1/1		*
	REF01	Reference Identification Qualifier	ID	2/3	R	SV, XX TMHP will populate NM108 with SV if the billing provider's Atypical Provider Identifier (API) is present in NM109. TMHP will populate NM108 with XX if the billing provider's National Provider Identifier (NPI) is present in NM109.
		Data Element Separator		1/1		*
	REF02	Referenced Identification	AN	1/30(10)	R	Billing provider NPI or API— TMHP will populate the first 10 characters.
		Segment Terminator				-
2000	HL	Hierarchical Level		2/2	R	HL
		Data Element Separator		1/1		*



Loop ID	Segment ID	Data Element Name	Format ²	Length Min/Max	Field Req. ¹	Field Value/Comments
	HL01	Hierarchical ID Number	AN	1/12	R	Sequential HL Loop ID identifying the sequence within the transaction. This ID is incremented by 1 for each additional HL Loop within the transaction.
		Data Element Separator		1/1		*
	HL02	Hierarchical Parent ID Number	AN	1/12		*
	HL03	Hierarchical Level Code	ID	1/2	R	22
	HL04	Data Element Separator		1/1		*
	HL05	Parent/Child ID		1/1		0
		Segment Terminator				~
2100	NM1	Individual or Organizational Name		3/3	R	NM1 TMHP uses this variable as the Client Information Segment.
		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 / Org.	AN	1/35	O	This is where TMHP stores the Client's Last Name.
		Data Element Separator		1/1		*
	NM104	Name First	AN	1/25	O	This is where TMHP stores the Client's First Name.
		Data Element Separator		1/1		*
	NM105	Name Middle	AN	1/25	O	This is where TMHP stores the Client's Middle Initial.
		Data Element Separator		1/1		*
	NM106	Name Prefix		1/1		*
	NM107	Name Suffix		1/1		*
	NM108	Identification Code Qualifier	ID	1/2	R	MI
		Data Element		1/1		*



Loop ID	Segment ID	Data Element Name	Format ²	Length Min/Max	Field Req. ¹	Field Value/Comments
		Separator				
	NM109	Identification Code	AN	2/80	R	This is where TMHP stores the Client ID Number.
		Segment Terminator		2/2		~
2000	TRN	Trace Number		3/3	O	TRN
		Data Element Separator		1/1		*
	TRN01	Trace Type Code	ID	1/2	R	2
		Data Element Separator		1/1		*
	TRN02	Referenced Identification	AN	1/30	R	Provider's Client Number. This is the Client Control Number assigned by the Provider and submitted on the original claim.
		Segment Terminator				~
2200	STC	Status Information		3/3	R	STC
		Data Element Separator		1/1		*
	STC01	Healthcare Claim Status			R	
	STC01-1	Industry Code	AN	1/30	R	P1 Pending
		Sub-element Separator		1/1		:
	STC01-2	Industry Code	AN	1/30	R	P
		Data Element Separator		1/1		*
	STC02	Date		1/1		*
	STC03	Action Code	ID	1/2	O	A4 Pended
		Data Element Separator		1/1		*
	STC04	Monetary Amount	R	1/13	O	Claim Billed Amount (\$\$\$\$\$\$\$\$\$\$.). The decimal point is included in the value up to 13 characters. There will always be two positions to the right of the decimal point (tenths & hundredths).
		Segment Terminator		2/2		~
2200	REF	Reference Identifier		3/3	O	REF
		Data Element Separator		1/1		*
	REF01	Reference Identification	ID	2/3	R	1K



Loop ID	Segment ID	Data Element Name	Format ²	Length Min/Max	Field Req. ¹	Field Value/Comments
		Qualifier				
		Data Element Separator		1/1		*
	REF02	Reference Identification	AN	1/30(15 or 23)	R	TMHP-assigned claim internal control number (ICN). TMHP will populate the first 15 characters of the ICN. TMHP will populate characters 16–23 with the referral number (8 numeric) if it was submitted in the 837 claim file.
		Segment Terminator		2/2		~
2200	REF	Reference Identifier		3/3	O	REF
		Data Element Separator		1/1		*
	REF01	Reference Identification Qualifier	ID	2/3	R	2I
		Data Element Separator		1/1		*
	REF02	Reference Identification	AN	1/30	R	This is where TMHP stores the ECMS Transmission ID.
		Segment Terminator		2/2		~
2200	REF	Reference Identifier		3/3	O	REF
		Data Element Separator		1/1		*
	REF01	Reference Identification Qualifier	ID	2/3	R	EA
		Data Element Separator		1/1		*
	REF02	Reference Identification	AN	1/30	R	This is where TMHP store the trainee social security number.
		Segment Terminator		2/2		~
2220	SVC	Service Information		3/3	O	SVC
		Data Element Separator		1/1		*
	SVC01	Composite Medical Procedure Identifier			R	
	SVC01-1	Product/Service	ID	2/2	R	HC



Loop ID	Segment ID	Data Element Name	Format ²	Length Min/Max	Field Req. ¹	Field Value/Comments
		ID Qualifier				
		Sub-element Separator		1/1		:
	SVC01-2	Product/Service ID	AN	1/48	R	This is where TMHP stores the Service Code.
		Data Element Separator		1/1		*
	SVC02	Monetary Amount	R	1/13	R	Line Item Billed Amount (\$\$\$\$\$\$\$\$.\$\$) The decimal point is included in the value up to 13 characters. There will always be two positions to the right of the decimal point (tenths & hundredths).
		Data Element Separator		1/1		*
	SVC03	Monetary Amount		1/11		Approved to Pay Amount (\$\$\$\$\$\$\$\$.\$\$) The decimal point is included in the value up to 11 characters. There will always be two positions to the right of the decimal point (tenths & hundredths).
		Data Element Separator		1/1		*
	SVC04	Product/Service ID	AN	1/48	O	This is where TMHP stores the Billing Code.
		Data Element Separator		1/1		*
	SVC05	Quantity	R	1/15	O	Approved to Pay Units (999999.99)
		Data Element Separator		1/1		*
	SVC06	Data Element Separator		1/1		*
	SVC07	Quantity	R	1/15	O	Number of Units Billed (999999.99)
		Segment Terminator		2/2		~
2220	STC	Service Line Status Information		3/3	R	STC
		Data Element Separator		1/1		*
	STC01	Healthcare Claim Status			R	
	STC01-1	Industry Code	AN	1/30	R	P1 Pending
		Sub-element		1/1		:



Loop ID	Segment ID	Data Element Name	Format ²	Length Min/Max	Field Req. ¹	Field Value/Comments
		Separator				
	STC01-2	Industry Code	AN	1/30	R	This is the first occurrence of the EOB field.
		Sub-element Separator		1/1		:
	STC01-3	Entity Identifier Code	ID	1/30	R	(x) Where x = A value from 1 to 30 for the corresponding Adjustment Reference Code. This element is for Line Item Adjustment Requests only.
		Data Element Separator		1/1		*
	STC02	Date		1/1		*
	STC03	Action Code		1/1		*
	STC04	Monetary Amount		1/1		STC04 is the OI Paid amount reported by the provider. TMHP will populate STC04 with the OI Paid Amt. The decimal point is included in the value up to 11 characters. There will always be two positions to the right of the decimal point (tenths & hundredths).
	STC05	Monetary Amount		1/1		STC05 is the OI amount applied by pricing. TMHP will populate STC05 with the Applied OI Amt. The decimal point is included in the value up to 11 characters. There will always be two positions to the right of the decimal point (tenths & hundredths).
	STC06	Date		1/1		*
	STC07	Payment Method Code		1/1		*
	STC08	Date		1/1		*
	STC09	Check Number		1/1		*
	STC10	Health Care Claim Status		1/1		*
	STC11	Healthcare Claim Status Code			O	*
	STC11-1	Industry Code	AN	1/30	R	P1 Pending
		Sub-element Separator		1/1		:
	STC11-2	Industry Code	AN	1/30	R	This is the second occurrence of the EOB field.
		Data Element Separator				*



Loop ID	Segment ID	Data Element Name	Format ²	Length Min/Max	Field Req. ¹	Field Value/Comments
	STC12	Free Form Message	AN	1/264	O	This is where TMHP stores the Original Claim ICN.
		Segment Terminator		2/2		~
2220	REF	Reference Identification		3/3	O	REF
		Data Element Separator		1/1		*
	REF01	Reference Identification Qualifier	ID	2/3	R	FJ
		Data Element Separator		1/1		*
	REF02	Reference Identification	AN	1/30	R	(x) Where x = A value from 1 to 30 for the corresponding Line Item. This is where TMHP stores the Line Item Number.
		Data Element Separator		1/1		*
	REF03	Description	AN	1/80	R	Allowed Unit Rate (Pos. 1-8) Positive/Negative Indicator (Pos. 9) Allowed Amount (Pos. 10-19) Positive/Negative Indicator (Pos. 20) Allowed Units (Pos. 21-28)
		Segment Terminator		2/2		~
2220	REF	Reference Identification		3/3	R	REF This segment contains the status code of a claims
		Data Element Separator		1/1		*
	REF01	Reference Identification Qualifier	ID	2/3	R	ACC
		Data Element Separator		1/1		*
	REF02	Reference Identification	AN	1/30	R	A = Approved for payment D = Denied for payment I = In process P = Paid PZ = Zero balance S = Suspended T = Transferred
		Segment Terminator		2/2		~
2220	DTP	Date or Time or Period		3/3	O	DTP



Loop ID	Segment ID	Data Element Name	Format ²	Length Min/Max	Field Req. ¹	Field Value/Comments
		Data Element Separator		1/1		*
	DTP01	Date/Time Qualifier	ID	3/3		472
		Data Element Separator		1/1		*
	DTP02	Date Time Period Format Qualifier	ID	2/3	R	RD8
		Data Element Separator				*
	DTP03	Date Time Period	AN	1/35	R	Service Begin Date - Service End Date
		Segment Terminator		2/2		~
2220	SE	Transaction Set Trailer		2/2	R	SE
		Data Element Separator		1/1		*
	SE01	Number of Included Segments	NO	1/10	R	Transaction Segment Count (Between ST & SE, inclusive)
		Data Element Separator		1/1		*
	SE02	Transaction Set Control Number	AN	4/9	R	Same Control Number in ST02. Unique number assigned by the originator and MUST be the same number located in ST02.
		Segment Terminator		2/2		~
2220	GE	Functional Group Trailer		2	R	GE
		Data Element Separator		1		*
	GE01	Number of Transaction Sets Included	NO	1/6	R	This is where TMHP stores the Total number of ST/SE groups.
		Data Element Separator		1		*
	GE02	Group Control Number	NO	1/9	R	Same Control Number as GS02.
		Segment Terminator		2/2		~
2220	IEA	Interchange Control Trailer		3/3	R	IEA
		Data Element Separator		1/1		*
	IEA01	Number of Included Functional Groups	NO	1/5	R	This is where TMHP stores the Total number of GS/GE groups.



Loop ID	Segment ID	Data Element Name	Format ²	Length Min/Max	Field Req. ¹	Field Value/Comments
		Data Element Separator		1/1		*
	IEA02	Interchange Control Number	N0	33	R	This is where TMHP stores the Originator assigned number. Must be the same as ISA013
		Segment Terminator		2/2		~



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 inputted 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 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 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	COR 53- Include mapping in 2220 STC04 and STC05 for Other Insurance Paid Amount and Applied OI Amount	11/26/2012
2	Example transactions updated	07/07/2014