Molina Medicaid Solutions

Louisiana Medicaid Management Information Systems (LA MMIS) Vendor Specifications Document for the Claims Status Inquiry System (CSI)

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_____ _____

Signature **Date**

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEMS (LA MMIS) VENDOR SPECIFICATIONS DOCUMENT FOR THE CLAIMS STATUS INQUIRY SYSTEM (CSI)

MOLINA MEDICAID SOLUTIONS

Molina Medicaid Solutions and the Louisiana Department of Health and Hospitals

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PROJECT INFORMATION

Document Title	Louisiana Medicaid Management Information System (LA MMIS) – Vendor Specifications for CSI
Author	Technical Communications Group, Molina Medicaid Solutions

	Revision History	
Date	**Description of Change**	**By**
7/14/2003	Initial draft	Neill Alford
8/29/2006	Updated contact information; formatted per TCG standards; corrected 4.1 from "xxx services" to CSI services.	Randy Sheehan
2/20/2007	Updated for NPI changes	Karyn Grimes
4/17/2007	Updated to clarify NPI changes.	Cindy Daniel
5/8/2007	Updated with changes from Core Team related to NPI	Cindy Daniel
5/28/2007	Changed references to "payor" to "payer" spelling for consistency. Updated 13.2 Marketing language to match MEVS change. Updated 14.1 to remove "Pharmacy" and replace with "CSI".	Cindy Daniel
1/11/2011	Changed references to Unisys to Molina Medicaid Solutions	Medy Alexander
3/15/2011	Updated for 5010 changes	Medy Alexander
5/2/2011	Defined Acronym TCP Updated references to NAEC Made clarifications in Section 5 Updated Glossary	Cindy Daniel, Medy Alexander, John Dempsey

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1.0 INTRODUCTION

The Molina Medicaid Solutions (MMS) Louisiana Medicaid Management Information System (LA MMIS) provides access for Medicaid providers to verify claim status information in a real time environment, in conjunction with commercial network vendors.

Network vendors are provided specifications for the communications interface protocol and transaction formats. Network vendor software will allow a provider to request a claim status and receive a claim status response using the ANSI ASC X.12 EDI Health Care Claim Status Request transaction set 276 for inquiry and set 277 for the responses to the claim status inquiry. For HIPAA compliance, version 005010X212 of the X12 telecommunications standards is being used.

The Claims Status Inquiry (CSI) system reports claim status information on claims in various acknowledgement stages: pre-adjudication, pended or a finalized stage. Finalized claims are further defined as paid, paid (no payment forth coming) or denied.

2.0 OVERVIEW

The CSI system is a real-time multi-faceted product that allows Medicaid providers to inquire on the status of a claim (i.e. paid, deny, pending) and receive response transactions via personal computer or web applications using the HIPPA compliant Transaction Set 276/277. Vendors who market their services to individual service providers process Claims Status Inquiry requests originated by providers and the corresponding CSI system responses. The Health Care Claim Status requests and associated responses are transferred using paired transaction sets in an Electronic Data Interchange (EDI) environment, specifically the Health Care Claim Status Request (276) and the Health Care Claim Status Response (277). The format and data content of these transaction sets are specified in the National Electronic Data Interchange Transaction Set Implementation Guide for Health Care Claim Status Request (276) and Response (277), ASC X12N 276/277 (005010X212) document.

3.0 CSI VENDOR QUALIFICATION REQUIREMENTS

Each telecommunications network vendor must meet the following specifications and criteria prior to being granted authorization to provide Claim Status services:

1. Prospective vendor must have two (2) years of prior experience providing telecommunications network vendor services. References are required.
2. Prospective vendor must obtain a Vendor ID from Molina Medicaid Solutions.
3. Prospective vendor must sign a telecommunications contract with Molina Medicaid Solutions.
4. Vendor must comply with communications specifications (section 5.0)

4.0 CSI OPERATIONS SERVICES AND PROCEDURES

The process for becoming a Louisiana CSI vendor is depicted in Figure 1:

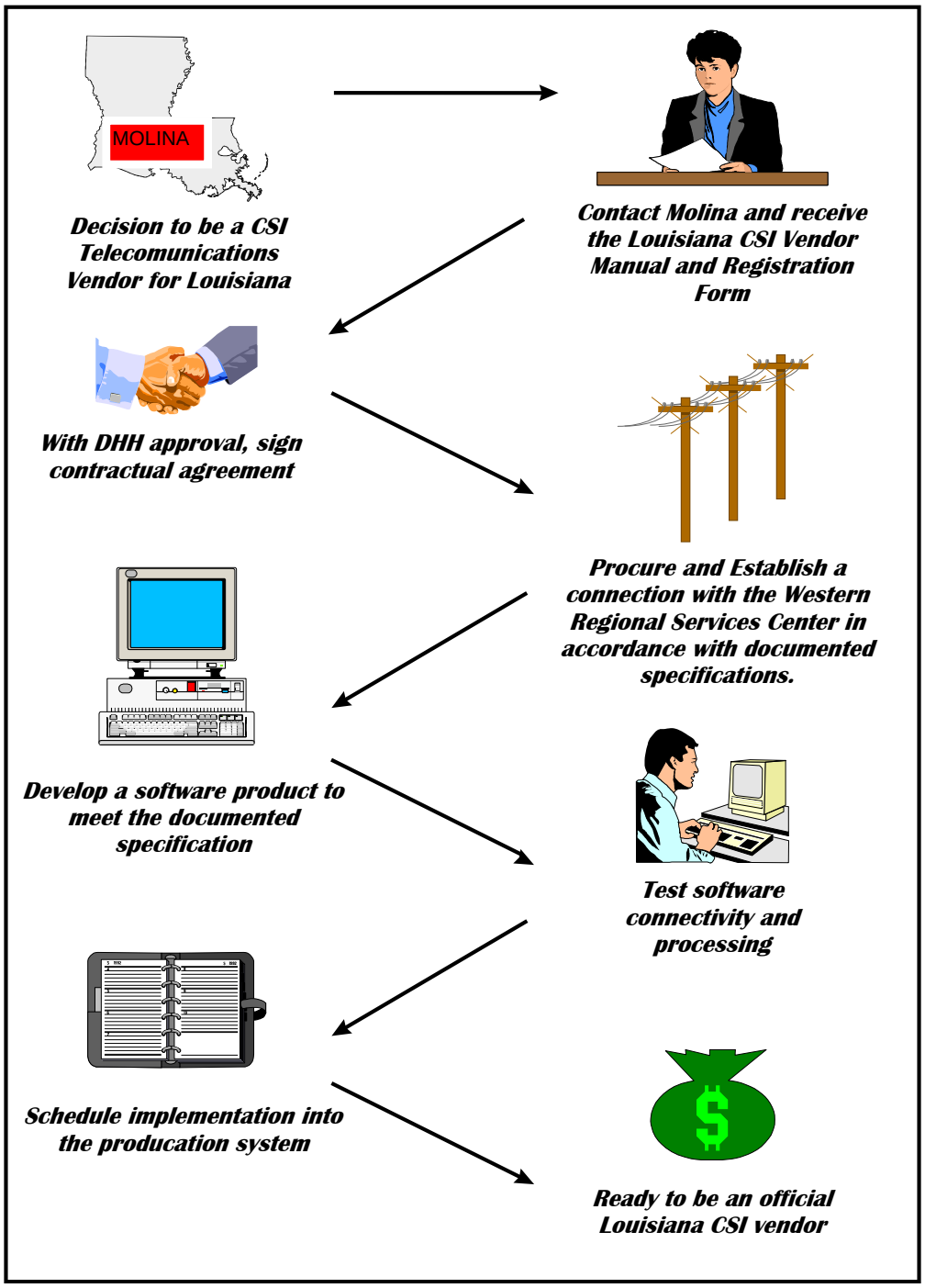

Figure 1 – Vendor Certification Process

4.1 REGISTRATION FORM

The vendor registration form notifies Molina Medicaid Solutions that a vendor wants to become an authorized Louisiana CSI vendor and offer CSI services to the provider community. A business contact is requested for contract negotiations, etc. A project contract is requested for the dissemination of information regarding new options, changing requirements, scheduled downtime, vendor conferences, etc. A technical contact may also be listed. The Technical Specifications Information section requests the following information to enable appropriate scheduling.

1. Whether a new or existing telecommunications line to Unisys North American Enterprise Computing (NAEC) facility is to be used for the Louisiana project;
2. Whether an existing telecommunications line upgrade is planned.

It should be noted that submittal of the vendor registration form is not a guarantee that the submitting vendor shall be accepted by the State authority and/or Molina Medicaid Solutions. Submittal of the vendor registration form in no way obligates the State or Molina Medicaid Solutions regarding the submittal of claims inquiries through Molina Medicaid Solutions CSI program.

Please mail the Vendor Registration form to:

Molina Medicaid Solutions
8591 United Plaza Boulevard, Suite 300
Baton Rouge, LA 70809
Attn: Gloria Gardner
FAX: (225) 216-6373

VENDOR REGISTRATION FORM					
Name of Vendor				**Vendor Proc. ID**	
Mailing Address of Vendor					
City			**State**	**Zip**	
Phone Number			**FAX Number**		
LIST OF CONTACTS					
Name (Business Contact)				**Phone/FAX**	
Address	**City/State/ZIP**				
Name (Project Manager)				**Phone/FAX**	
Address	**City/State/ZIP**				
Name (Technical Contact)				**Phone/FAX**	
Address	**City/State/ZIP**				
TECHNICAL SPECIFICATIONS INFORMATION					
Marketing & Research Provider Information Requested:	Yes:		No:		
Signature (Project Manager)					

4.2 TELECOMMUNICATIONS VENDOR CONTRACT

Direct questions concerning Vendor Contract status to:

Molina Medicaid Solutions
8591 United Plaza Boulevard, Suite 300
Baton Rouge, LA 70809
Attn: Gloria Gardner
FAX: (225) 216-6373

5.0 CSI VENDOR COMMUNICATIONS SPECIFICATIONS

The vendor communications specifications for the CSI systems are detailed in the following sections.

5.1 REQUIREMENTS FOR NETWORK CONNECTIONS

This section describes the requirements for network vendors to be able to send Louisiana Medicaid transactions for CSI to Molina Medicaid Solutions (MMS).

Telecommunications coordination can begin prior to the execution of a Trading Partner agreement with approval from MMS or State Provider Services/Relations. However, no telecommunication equipment or services will be installed or connected without a signed agreement.

5.2 DEDICATED LINES

Network vendors are required to provide telecommunications connectivity from their sending facilities to the Unisys North American Enterprise Computing (NAEC) center in Salt Lake City, UT.

To set up dedicated lines, network vendors must provide:

- A terminating CSU/DSU modem and Ethernet routers as appropriate to the line service being provided.
- A transceiver and/or cable from the router to the patch panels. The cables must terminate in an RJ45 (CAT 5 UTP recommended). The length of the cable will need to be coordinated with MMS prior to installation.
- CSU/DSUs and Ethernet router must include rack-mounting hardware for a standard 19” electronics rack.

Note, that the telecommunications DEMARC is located in a separate room approximately 600 feet from the rack housing the CSU/DSU. The connection between the DEMARC and the rack will be provided by MMS. Standard phone wiring will be used unless special arrangements are established prior to installation.

5.3 WAN PROTOCOLS FOR TCP CONNECTIONS

MMS uses TCP/IP protocols only. The network vendor is responsible for all IP addressing space up to, but not including the Ethernet interface on the MMS side of the router. The vendor and MMS will provide public routable Ethernet IP addresses unless otherwise negotiated. The vendor’s interface will be connected to a non-secure

Ethernet DMZ. Routing protocols such as RIP will not be enabled. Static routes will only be used. Testing with a temporary IP address can be accommodated.

5.4 NUMBER OF TCP CONNECTIONS TO MMS

The number of connections to MMS is limited to ensure that all networks are provided equitable service. Normally, network vendors are limited to four (4) connections to each MMS system. A single connection can process transactions for Point of Sale (POS), Medicaid Eligibility and Verification System (MEVS), and CSI applications. We do not designate connections for any specific application. If additional connections would be beneficial, contact MMS. The specific port number for a network vendor will be assigned by MMS. No other TCP service port should be used.

5.5 TRANSACTION PROCESSING

Once a connection is established, it is normally left connected and transactions are processed when sent. The connection should only be disconnected under error conditions. Each connection can handle multiple simultaneous transactions. The responses will be returned when processing is completed.

Once transmission of a transaction has been initiated, all Transmission Control Protocol (TCP) for those transactions must be transmitted before sending packets from any other transaction. Likewise, MMS will send all packets for a response together. Packets from different responses will not be intermingled.

All MMS processing is performed in stream mode. Packets are constructed for convenience in transmission only. The envelope described in the following section provides an End of Transmission (EOT) flag to identify the end of each transaction and response.

Because of the nature of streams processing, responses will not always be contained in separate packets. The size of the response packet is such that the start of the following response may be in the same packet as the termination of the preceding response. The EOT flag must be scanned to locate properly the end of the responses.

5.6 SINGLE THREADED/MULTI THREADED TRANSACTION PROCESSING

MMS supports two types of connections: single-threaded and multi-threaded. These are also called half duplex and full duplex mode, respectively.

In a single-threaded connection, once a transaction is received, MMS will not accept any additional transactions on that connection until the response has been returned. All transactions in the single-threaded connections have a timeout response. If for some

reason we are unable to process a transaction within the timeout period, a timeout response is returned at the end of the timeout period.

In a multi-threaded connection, transactions can be submitted at any time. You do not need to wait until the previous response is returned. However, the order of the responses received may be different than the order of the transactions that were sent.

The returned envelope can be used to associate the response with the transaction. Timeouts for processing are similar to those for single-threaded except that not all timeouts may result in system unavailable responses. There are conditions where no response will be provided.

Should a vendor wish to change their original connection type, a request must be sent to the NAEC Help Desk. The request will be sent to the appropriate technician to make the change.

5.7 TIMEOUTS

Timeouts for CSI transactions are 30 seconds.

If the vendor decides to timeout the line earlier than the MMS timeout response and reestablish the connection, they may encounter a situation where MMS will not start up another connection until the first connection has completely dropped. As a result, there may be periods where the vendor will not be able to reestablish the connection immediately. We recommend waiting until the timeout message has been received, or setting the timeout to beyond 30 seconds for CSI transactions.
When a connection is dropped, any transactions that have been received but not responded to will be effectively lost, because there is no longer any way to return the response, even though these transactions may have been processed on the MMS system.

Network vendors can contact NAEC to have their lines reset. Situations can occur where a connection will come down hard between the network vendor and the MMS system, but the MMS system keeps the connection open. In these situations when the network vendor tries to establish a connection, they will receive a message indicating that they cannot open a new connection because the MMS system believes the network vendor already has the maximum number of connections open. Having the NAEC operators restart a vendor's connection usually takes a second to perform and can be done at the request of the network vendor.

5.8 HEADER INFORMATION

CSI transactions and responses must be placed in envelopes. Transactions submitted by network switches to MMS must be in the following envelope.

A 16 byte header must be prefixed to each transaction defined by:

- The first three (3) bytes of the header must be a network switch identifier. The value of the identifier will be assigned by MMS.

- The next six (6) bytes should contain a transaction identifier containing any combination of the characters 0-9, A-Z, and a-z, or they must contain all zeros. This transaction identifier is used by the network switch to match the response with the corresponding request. This is necessary since in multi-threaded mode multiple claims may be processed and the responses are not necessarily returned in the same order the requests were received. If a network switch does not use this transaction identifier, then the network switch will have to wait for the response to a transaction before sending the next transaction.

- The next seven (7) bytes must be spaces.

Each transaction must be terminated by an EOT flag consisting of a single byte with the binary value 100, which is decimal 04.

The response to a transaction will be returned in the same envelope. The response will be prefixed with the header that was received with the transaction. If a network switch requires variations in the response header, they must be negotiated with MMS prior to installation.

5.9 DEFAULT RESPONSE FORMATS

There are situations where MMS will not be able to process the transaction. In those situations, a default response will be returned in the received envelope. The format of this response is as follows:

ERRORMMISnnnneeeeeee 9

where nnnn is a four-digit message identifier that identifies the reason the claim was not processed; eeeeeee is a seven-digit sequence number that identifies the transaction within the MMS systems. There are nine spaces after the sequence number.

The four-digit message identifiers currently in use are:

- 0001 - Application is not currently active

- 0002 - Application is not currently active
- 0003 - Application is not currently active
- 0004 - Network ID in envelope is not correct
- 0005 - Unable to respond within required time limits
- 0006 - Application is not authorized
- 0010 - Cannot determine the appropriate application
- 0011 - Default response not defined for this application.

5.10 COORDINATION WITH MOLINA MEDICAID SOLUTIONS

The contact point for coordination of the line parameters and connections is:
John Dempsey
(805) 389-1778

The contact point for line installation is:
Scott Totman
(801)386-4822

The contact point for other communication related issues is:
Kermit Patty
(225) 216-6241

6.0 HEALTH CARE CLAIM STATUS TRANSACTION SPECIFICATIONS

6.1 276 HEALTH CARE CLAIM STATUS REQUEST

The Primary input to the CSI application is the ASC X12 Health Care Claim Status Request (276) version 005010X212 of the X12 telecommunications standards format for Claim Status Inquiry.

If the receiver/provider cannot be uniquely identified and cross-walked to a Louisiana Medicaid ID using the National Provider Identifier (NPI) and has not been deemed "atypical" by Louisiana Medicaid, an error will be returned; "A4 35 IP NPI/Provider ID is not found in Database".

A description of the Format is provided below in Table 1.

Symbol	Type
R	Decimal
AN	String
ID	Identifier
DT	Date
TM	Time
Nn	Numeric

Table 1 – Claim Status Inquiry (276) Data Elements

ANSI ASC X12 276 Transaction							
	Segment ID				Attributes		
Response Field	Ref Desig.	Data Elem.	Name	Description	Req./ Sit.	Type	Size
	ISA		Interchange Control Header		R		
gs							
	ISA01	I01	Authorization Information Qualifier	00= No authorization information present (No meaningful information in I02)	R	ID	2/2
gs							
	ISA02	I02	Authorization Information	Field filled with ten (10) zeroes	R	AN	10/10

ANSI ASC X12 276 Transaction							
	Segment ID				Attributes		
Response Field	**Ref Desig.**	**Data Elem.**	**Name**	**Description**	**Req./ Sit.**	**Type**	**Size**
gs							
	ISA03	I03	Security Information Qualifier	00 = No security Information present (No meaningful information in I04)	R	ID	2/2
gs							
	ISA04	I04	Security Information	Field filled with ten (10) zeroes	R	AN	10/10
gs							
	ISA05	I05	Interchange ID Qualifier	ZZ = Mutually defined as sender's ID in I06	R	ID	2/2
gs							
	ISA06	I06	Interchange Sender ID	Vendor ID to be used for routing data back to them via ASC X12 277 response	R	AN	15/15
gs							
	ISA07	I05	Interchange ID Qualifier	ZZ = Mutually defined as Receiver's ID	R	ID	2/2
gs							
	ISA08	I07	Interchange Receiver ID	Receiver's ID to whom the sender is routing the data: 610551 = BIN number for the Molina Medicaid processor.	R	AN	15/15
gs							
	ISA09	I08	Interchange Date (U.S. Central Time)	Date of the interchange in YYMMDD format	R	DT	6/6
gs							
	ISA10	I09	Interchange Time (U.S. Central Time)	Time in HHMM format	R	TM	4/4
gs							

ANSI ASC X12 276 Transaction							
	Segment ID				Attributes		
Response Field	**Ref Desig.**	**Data Elem.**	**Name**	**Description**	**Req./ Sit.**	**Type**	**Size**
	ISA11	I65	Interchange Control Repetition Separator	This field provides the delimiter used to separate repeated occurrences of a simple data element or a composite data structure; this value must be different than the data element separator, component element separator and the segment terminator. Value is ASCII character 94.	R		1/1
gs							
	ISA12	I11	Interchange Control Version Number	00501	R	ID	5/5
gs							
	ISA13	I12	Interchange Control Number	Number that uniquely identifies the interchange data to the sender. **The value in ISA13 must match IEA02.**	R	N0	9/9
gs							
	ISA14	I13	Acknowledgement Requested	0 = No	R	ID	1/1
gs							
	ISA15	I14	Interchange Usage Indicator	P = Production data T = Test data.	R	ID	1/1
gs							
	ISA16	I15	Sub-element Separator	<us> (hexadecimal 1F)	R		1/1
tr							

ANSI ASC X12 276 Transaction							
	Segment ID				**Attributes**		
Response Field	**Ref Desig.**	**Data Elem.**	**Name**	**Description**	**Req./ Sit.**	**Type**	**Size**
	GS		**Functional Group Header**		**R**		
gs							
	GS01	479	Functional Header Code	HR = Health Car e Claim Status Notification (276)	R	ID	2/2
gs							
	GS02	142	Application Sender's code	Vendor ID – Code Identifying party sending transmission	R	AN	2/15
gs							
	GS03	124	Application Receiver's Code	610551 – BIN Number of the Molina Medicaid processor	R	AN	2/15
gs							
	GS04	373	Date (U.S. Central Time)	Date in CCYYMMDD format	R	DT	8/8
gs							
	GS05	337	Time (U.S. Central Time)	Recommended Time format HHMM.	R	TM	4/8
gs							
	GS06	28	Group Control Number	Assigned number originated and maintained by the sender. **The value in GS06 must match GE02.**	R	N0	1/9
gs							
	GS07	455	Responsible Agency Code	X = ASC X12 standard	R	ID	1/2
gs							
	GS08	480	Version/ Release Industry Identifier Code	005010X212	R	AN	1/12
tr							
	ST		**Transaction Set Header**		**R**		

ANSI ASC X12 276 Transaction							
	Segment ID				**Attributes**		
Response Field	**Ref Desig.**	**Data Elem.**	**Name**	**Description**	**Req./ Sit.**	**Type**	**Size**
gs							
	ST01	143	Transaction Set Identifier Code	276 = Health Care Claim Status Request	R	ID	3/3
gs							
	ST02	329	Transaction Set Control Number	Identifying control number that must be unique within transaction set assigned by originator. **Value in ST02 must match SE02.**	R	AN	4/9
gs							
	ST03	1705	Version, Release, or Industry Identifier Code	005010X212	R	AN	1/35
tr							
	BHT		**Hierarchical Transaction**		**R**		
gs							
	BHT01	1005	Hierarchical Structure Code	0010 – Information Source, Information Receiver, Provider of Service, Subscriber, dependent	R	ID	4/4
gs							
	BHT02	353	Transaction Set Purpose Code	13 – Request	R	ID	2/2
gs							
	BHT03	127	Reference Identification	Number assigned by the originator to identify the transaction within the originator's business application system	R	AN	1/50
gs							

ANSI ASC X12 276 Transaction							
	Segment ID				**Attributes**		
Response Field	**Ref Desig.**	**Data Elem.**	**Name**	**Description**	**Req./ Sit.**	**Type**	**Size**
	BHT04	373	Transaction Set Creation Date (U.S. Central Time)	CCYYMMDD	R	DT	8/8
gs							
	BHT05	337	Transaction Set Creation Time (U.S. Central Time)	HHMM	R	TM	4/8
tr							
	HL		**Hierarchical Level Loop**		**R**		
gs							
	HL01	628	Hierarchical ID Number	1	R	AN	1/12
gs							
	HL02	734	Parent ID Number	Null – Not Used		AN	1/12
gs							
	HL03	735	Hierarchical Level Code	20 – Information Source	R	ID	1/2
gs							
	HL04	736	Hierarchical Child Code	1 – Additional Subordinate HL Data Segment	R	ID	1/1
tr							
	NM1		**Information Source Name**		**R**		
gs							
	NM101	98	Entity ID Code	PR – Payer	R	ID	2/3
gs							
	NM102	1065	Entity Type Qualifier	2 – Non-person	R	ID	1/1
gs							
	NM103	1035	Organization Name	MOLINA LAMMIS	R	AN	1/60
gs							
	NM104	1036	First Name	Null – Not used		AN	1/35
gs							
	NM105	1037	Middle Name	Null – Not Used		AN	1/25
gs							

ANSI ASC X12 276 Transaction							
	Segment ID				**Attributes**		
Response Field	**Ref Desig.**	**Data Elem.**	**Name**	**Description**	**Req./ Sit.**	**Type**	**Size**
	NM106	1038	Name Prefix	Null – Not Used		AN	1/10
gs							
	NM107	1039	Name Suffix	Null – Not Used		AN	1/10
gs							
	NM108	66	Identification Code Qualifier	PI – Payer Identification	R	ID	1/2
gs							
	NM109	67	Identification Code	610551 – BIN Number	R	AN	2/80
tr							
	HL		**Hierarchical Level**		**R**		
gs							
	HL01	628	Hierarchical ID Number	2	R	AN	1/12
gs							
	HL02	734	Hierarchical Parent ID Number	1	R	AN	1/12
gs							
	HL03	735	Hierarchical Level Code	21 – Information Receiver	R	ID	1/2
gs							
	HL04	736	Hierarchical Child Code	1	R	ID	1/1
tr							
	NM1		**Information Receiver Name**		**R**		
gs							
	NM101	98	Entity Identifier Code	41 – Submitter	R	ID	2/3
gs							
	NM102	1065	Entity Type Qualifier	1 – Person 2 – Non-person	R	ID	1/1
gs							

ANSI ASC X12 276 Transaction							
	Segment ID				**Attributes**		
Response Field	**Ref Desig.**	**Data Elem.**	**Name**	**Description**	**Req./ Sit.**	**Type**	**Size**
	NM103	1035	Last Name or Organization Name	Last Name, (if the identifier in NM109 is not sufficient to identify the Information Receiver)	S	AN	1/60
gs							
	NM104	1036	First Name	(if NM102 is 1)	S	AN	1/35
gs							
	NM105	1037	Middle Name	(if NM102 is 1)	S	AN	1/25
gs							
	NM106	1038	Name Prefix	Null - Not Used		AN	1/10
gs							
	NM107	1039	Name Suffix	Null – Not Used		AN	1/10
gs							
	NM108	66	Identification Code Qualifier	46 – ETIN	R	ID	1/2
gs							
	NM109	67	Identification Code	Information Receiver Identification Number	R	AN	2/80
tr							
	HL		**Service Provider Level**		**R**		
gs							
	HL01	628	Hierarchical ID Number	3	R	AN	1/12
gs							
	HL02	734	Hierarchical Parent ID Number	2	R	AN	1/12
gs							
	HL03	735	Hierarchical Level Code	19 – Provider of Service	R	ID	1/2
gs							
	HL04	736	Hierarchical Child Code	1	R	ID	1/1
tr							
	NM1		**Provider Name**		**R**		

ANSI ASC X12 276 Transaction							
	Segment ID				**Attributes**		
Response Field	**Ref Desig.**	**Data Elem.**	**Name**	**Description**	**Req./ Sit.**	**Type**	**Size**
gs							
	NM101	98	Entity Identifier Code	1P – Provider	R	ID	2/3
gs							
	NM102	1065	Entity Type Qualifier	1 – Person 2 – Non-person	R	ID	1/1
gs							
	NM103	1035	Last Name or Organization Name	Last name (if the identifier in NM109 is not sufficient to identify the Provider)	S	AN	1/60
gs							
	NM104	1036	First Name	(if NM102 is 1)	S	AN	1/35
gs							
	NM105	1037	Middle Name	(if NM102 is 1)	S	AN	1/25
gs							
	NM106	1038	Name Prefix	NULL – not used		AN	1/10
gs							
	NM107	1039	Name Suffix	(if NM102 is 1)	S	AN	1/10
gs							
	NM108	66	Identification Code Qualifier	XX – National Provider Identifier (NPI) SV – Service Provider (for atypical providers)	R	ID	1/2
gs							
	NM109	67	Identification Code	Provider Identification Code	R	AN	2/80
tr							
	HL		**Subscriber Level**		**R**		
gs							
	HL01	628	Hierarchical ID Number	4	R	AN	1/12
gs							

ANSI ASC X12 276 Transaction							
	Segment ID				**Attributes**		
Response Field	**Ref Desig.**	**Data Elem.**	**Name**	**Description**	**Req./ Sit.**	**Type**	**Size**
	HL02	734	Hierarchical Parent ID Number	3	R	AN	1/12
gs							
	HL03	735	Hierarchical Level Code	22 – Subscriber	R	ID	1/2
gs							
	HL04	736	Hierarchical Child Code	0 – No Subordinate HL Segments	R	ID	1/1
tr							
	DMG		**Subscriber Demographic Information**		**R**	**The subscriber is the patient**	
gs							
	DMG01	1250	Date Time Period Format Qualifier	D8 – CCYYMMDD	R	ID	2/3
gs							
	DMG02	1251	Recipient Date of Birth	Subscriber Birth Date - CCYYMMDD format	R	AN	1/35
gs							
	DMG03	1068	Gender Code	F – Female M – Male	S	ID	1/1
tr							
	NM1		**Subscriber Name**		**R**		
gs							
	NM101	98	Entity Identifier Code	IL – Insured or Subscriber	R	ID	2/3
gs							
	NM102	1065	Entity Type Qualifier	1 – Person	R	ID	1/1
gs							
	NM103	1035	Last Name	Subscriber Last Name	R	AN	1/60
gs							
	NM104	1036	First Name	Subscriber First Name – if person has first name	S	AN	1/35
gs							

ANSI ASC X12 276 Transaction							
	Segment ID				**Attributes**		
Response Field	**Ref Desig.**	**Data Elem.**	**Name**	**Description**	**Req./ Sit.**	**Type**	**Size**
	NM105	1037	Middle Name	Subscriber Middle Name – if person has middle name or initial	S	AN	1/25
gs							
	NM106	1038	Name Prefix	NULL – Not Used		AN	1/10
gs							
	NM107	1039	Name Suffix	if NM102 = 1 (Under most circumstances, this is not sent)	S	AN	1/10
gs							
	NM108	66	Identification Code Qualifier	MI – Member ID Number	R	ID	1/2
gs							
	NM109	67	Identification Code	Recipient ID (Subscriber Identifier)	R	AN	2/80
tr							
	TRN		**Claim Status Tracking Number**		**R**	**Required When The subscriber is the patient**	
gs							
	TRN01	481	Trace Type Code	1 – current transaction trace number	R	ID	1/2
gs							
	TRN02	127	Reference Identification	Trace Number – from the originator of the transaction to be returned by the receiver of the transaction.	R	AN	1/50
tr							
	REF		**Payer Claim Control Number**		**S**	**Use if the subscriber is the Patient**	
gs							
	REF01	128	Reference ID Qualifier	1K – Payor's Claim Number.	R	ID	2/3
gs							

ANSI ASC X12 276 Transaction							
	Segment ID				**Attributes**		
Response Field	**Ref Desig.**	**Data Elem.**	**Name**	**Description**	**Req./ Sit.**	**Type**	**Size**
	REF02	127	Reference ID	Payer Claim Control Number – LAMMIS ICN	R	AN	1/50
tr							
	REF		**Institutional Bill Type ID**		**S**	**Send When Subscriber is the Patient**	
gs							
	REF01	128	Reference ID Qualifier	BLT – Billing Type.	R	ID	2/3
gs							
	REF02	127	Reference ID	Bill Type Identifier Found on UB92 – record 40 – 4. Found on 837 CLM-05. Found on UB92 paper form locator 4. Required for Institutional claims Inquires.	R	AN	1/50
tr							
	AMT		**Claim Submitted Charges**		**R**	**The subscriber is the patient**	
gs							
	AMT01	522	Amount Qualifier Code	T3 – Total Submitted Charges	R	ID	1/3
gs							
	AMT02	782	Monetary Amount	Total Claim Charge Amount	R	R	1/18
tr							
	DTP		**Claim Service Date**		**S**	**If not here, then must use Service Line Date below**	
gs							
	DTP01	374	Date/Time Qualifier	472 – Service Date	R	ID	3/3
gs							
	DTP02	1250	Date Time Period Format Qualifier	RD8 - range of dates D8 – single date	R	ID	2/3
gs							

ANSI ASC X12 276 Transaction							
	Segment ID				**Attributes**		
Response Field	**Ref Desig.**	**Data Elem.**	**Name**	**Description**	**Req./ Sit.**	**Type**	**Size**
	DTP03	1251	Date Time Period	Service Period Date in format CCYYMMDD-CCYYMMDD or CCYYMMDD	R	AN	1/35
tr							
	SVC		**Service Line Information**		**S**	**Use this segment to request status information about a service line.**	
gs							
	SVC01-1	235	Product/ Service ID Qualifier	AD – ADA Code HC – HCPCS Code N4 – National Drug Code (NDC) in 5-4-2 Format NU – NUBC Revenue Code WK – Advanced Billing Concepts (ABC) codes	R	ID	2/2
us							
	SVC01-2	234	Product/ Service ID	Service ID Code – if SVC01-1 is NU, then this element contains the NUBC Revenue Code and SVC04 is not used	R	AN	1/48
us							
	SVC01-3	1339	Procedure Modifier	Required if submitted on original claim service line	S	AN	2/2
us							
	SVC01-4	1339	Procedure Modifier	Required if submitted on original claim service line	S	AN	2/2
us							

ANSI ASC X12 276 Transaction							
	Segment ID				**Attributes**		
Response Field	**Ref Desig.**	**Data Elem.**	**Name**	**Description**	**Req./ Sit.**	**Type**	**Size**
	SVC01-5	1339	Procedure Modifier	Required if submitted on original claim service line	S	AN	2/2
us							
	SVC01-6	1339	Procedure Modifier	Required if submitted on original claim service line	S	AN	2/2
gs							
	SVC02	782	Monetary Amount	Line Item Charge Amount	R	R	1/18
gs							
	SVC03	782	Monetary Amount	Null – Not Used		R	1/18
gs							
	SVC04	234	Product/ Service ID	Revenue Code – NUBC revenue code belongs in SVC01-2	S	AN	1/48
gs							
	SVC05	380	Quantity	Null – Not Used		R	1/15
gs							
	SVC06	C003	Composite Medical Procedure ID	Null – Not Used			
gs							
	SVC07	380	Quantity	Units of service count. The default is 1. Use this element for values greater than 1.	R	R	1/15
tr							
	REF		**Service Line Item Identification**		**S**	**Required when available from original claim (not used)**	
gs							
	REF01	128	Reference ID Qualifier	FJ = Line Item Control Number	R	ID	2/3
gs							
	REF02	127	Reference ID	Line Item Control Number	R	AN	1/50

ANSI ASC X12 276 Transaction							
	Segment ID				**Attributes**		
Response Field	**Ref Desig.**	**Data Elem.**	**Name**	**Description**	**Req./ Sit.**	**Type**	**Size**
tr							
	DTP		**Service Line Date**		**S**	**If not here, then must use Claim Service Date above**	
gs							
	DTP01	374	Date/Time Qualifier	472 – Service	R	ID	3/3
gs							
	DTP02	1250	Date Time Period Format Qualifier	RD8 – Range of Dates D8 – Single Date	R	ID	2/3
gs							
	DTP03	1251	Date Time Period	Service line date in format CCYYMMDD – CCYYMMDD or CCYYMMDD	R	AN	1/35
	SE		**Transaction Set Trailer**		**R**		
gs							
	SE01	96	Number of Included Segments	Total number of segments included in the transaction set, including ST and SE segments.	R	N0	1/10
gs							
	SE02	329	Transaction Set Control Number	**Value in SE02 must match ST02.**	R	AN	4/9
tr							
	GE		**Functional Group Trailer**		**R**		
	GE01	97	Number of Transaction Sets Included	Will always be one (1).	R	N0	1/6
gs							
	GE02	28	Group Control Number	**The value in GE02 must match GS06.**	R	N0	1/9
tr							
	IEA		**Interchange Trailer**		**R**		
gs							

ANSI ASC X12 276 Transaction							
	Segment ID				**Attributes**		
Response Field	**Ref Desig.**	**Data Elem.**	**Name**	**Description**	**Req./ Sit.**	**Type**	**Size**
	IEA01	I16	Number of Included Functional Groups	This will always be one (1).	R	N0	1/5
gs							
	IEA02	I12	Interchange control Number	**The value in IEA02 must match ISA13.**	R	N0	9/9
tr							

6.2 277 HEALTH CARE CLAIM STATUS RESPONSE (OUTPUT)

The Primary Response from CSI application is the ANSI X12 Health Care Claim Status Response (277) version 005010X212 of the X12 telecommunications standards format for Claim Status Inquiry (276) request.

A description of the format is provided below in Table 2.

Symbol	Type
R	Decimal
AN	String
ID	Identifier
DT	Date
TM	Time
Nn	Numeric

Table 2 – Claim Status Response (277) Data Elements

ANSI ASC X12 277 Transaction							
	Segment ID				Attributes		
Response Field	Ref Desig.	Data Elem.	Name	Description	Req./ Sit.	Type	Size
	ISA		Interchange Control header		R		
gs							
	ISA01	I01	Authorization Information Qualifier	00= No authorization information present (No meaningful information in I02)	R	ID	2/2
gs							
	ISA02	I02	Authorization Information	Field filled with ten (10) zeroes.	R	AN	10/10
gs							
	ISA03	I03	Security Information Qualifier	00 = No security Information present (No meaningful information in I04)	R	ID	2/2
gs							

ANSI ASC X12 277 Transaction							
	Segment ID				Attributes		
Response Field	**Ref Desig.**	**Data Elem.**	**Name**	**Description**	**Req./ Sit.**	**Type**	**Size**
	ISA04	I04	Security Information	Field filled with ten (10) zeroes.	R	AN	10/10
gs							
	ISA05	I05	Interchange ID Qualifier	ZZ = Mutually defined as sender's ID in I06	R	ID	2/2
gs							
	ISA06	I06	Interchange Sender ID	610551 – Bin Number. **ISA06 must match GS02**.	R	AN	15/15
gs							
	ISA07	I05	Interchange ID Qualifier	ZZ = Mutually defined as Receiver's ID	R	ID	2/2
gs							
	ISA08	I07	Interchange Receiver ID	Vendor ID	R	ID	15/15
gs							
	ISA09	IO8	Interchange Date (U.S. Central Time)	Date of Interchange in YYMMDD format	R	DT	6/6
gs							
	ISA10	I09	Interchange Time (U.S. Central Time)	Time of Interchange in HHMM format	R	TM	4/4
gs							

ANSI ASC X12 277 Transaction							
	Segment ID				Attributes		
Response Field	**Ref Desig.**	**Data Elem.**	**Name**	**Description**	**Req./ Sit.**	**Type**	**Size**
	ISA11	I65	Interchange Control Repetition Separator	This field provides the delimiter used to separate repeated occurrences of a simple data element or a composite data structure; this value must be different than the data element separator, component element separator and the segment terminator. Value is ASCII character 94.	R		1/1
gs							
	ISA12	I11	Interchange Control Version Number	00501	R	ID	5/5
gs							
	ISA13	I12	Interchange Control Number	Number that uniquely identifies the interchange data to the sender. **The value in ISA13 must match IEA02.**	R	N0	9/9
gs							
	ISA14	I13	Acknowledgement Requested	0 = No	R	ID	1/1
gs							
	ISA15	I14	Test Indicator	P = Production data T = Test data.	R	ID	1/1
gs							
	ISA16	I15	Sub-element Separator	<us> (hexadecimal 1F)	R	AN	1/1
tr							

ANSI ASC X12 277 Transaction							
	Segment ID				Attributes		
Response Field	**Ref Desig.**	**Data Elem.**	**Name**	**Description**	**Req./ Sit.**	**Type**	**Size**
	GS		**Functional Group Header**		**R**		
gs							
	GS01	479	Functional Header Code	HN = Health Care Claim Status Notification (277)	R	ID	2/2
gs							
	GS02	142	Application Sender's code	610551 – Bin Number. **Must match value for ISA06**	R	AN	2/15
gs							
	GS03	124	Application Receiver's Code	Vendor ID	R	AN	2/15
gs							
	GS04	373	Date (U.S. Central Time)	Date in CCYYMMDD format	R	DT	8/8
gs							
	GS05	337	Time (U.S. Central Time)	Time format HHMM.	R	TM	4/8
gs							
	GS06	28	Group Control Number	Assigned number originated and maintained by the sender. **The value in GS06 must match GE02.**	R	N0	1/9
gs							
	GS07	455	Responsible Agency Code	X = ASC X12 standard	R	ID	1/2
gs							
	GS08	480	Version/ Release Industry Identifier Code	005010X212	R	AN	1/12
tr							
	ST		**Transaction Set Header**		**R**		
gs							

ANSI ASC X12 277 Transaction							
	Segment ID				**Attributes**		
Response Field	**Ref Desig.**	**Data Elem.**	**Name**	**Description**	**Req./ Sit.**	**Type**	**Size**
	ST01	143	Transaction Set Identifier Code	277 = Health Care Claim Status Notification	R	ID	3/3
gs							
	ST02	329	Transaction Set Control Number	Identifying control number that must be unique within transaction set assigned by Molina. **Value in ST02 must match SE02.**	R	AN	4/9
gs							
	ST03	1705	Version, Release or Industry Identifier	005010X212	R	AN	1/35
tr							
	BHT		**Hierarchical Transaction**		**R**		
gs							
	BHT01	1005	Hierarchical Structure Code	0010 – Information Source, Information Receiver, Provider of Service, Subscriber, dependent	R	ID	4/4
gs							
	BHT02	353	Transaction Set Purpose Code	08 – Status	R	ID	2/2
gs							

ANSI ASC X12 277 Transaction							
	Segment ID				**Attributes**		
Response Field	**Ref Desig.**	**Data Elem.**	**Name**	**Description**	**Req./ Sit.**	**Type**	**Size**
	BHT03	127	Reference Identification	Originator Application Transaction Identifier – assigned by the originator will contain the Trace Number from the associated 276 transaction's TRN02.	R	AN	1/50
gs							
	BHT04	373	Transaction Set Creation Date (U.S. Central Time)	CCYYMMDD	R	DT	8/8
gs							
	BHT05	337	Transaction Set Creation Time (U.S. Central Time)	HHMM	R	TM	4/8
gs							
	BHT06	640	Transaction Type Code	DG – Response	R	ID	2/2
tr							
	HL		**Hierarchical Level Loop**		**R**		
gs							
	HL01	628	Hierarchical ID Number	1	R	AN	1/12
gs							
	HL02	734	Parent ID Number	Null – Not Used		AN	1/12
gs							
	HL03	735	Hierarchical Level Code	20 – Information Source	R	ID	1/2
gs							
	HL04	736	Hierarchical Child Code	1 – Additional Subordinate HL Data Segment	R	ID	1/1
tr							

ANSI ASC X12 277 Transaction							
	Segment ID				**Attributes**		
Response Field	**Ref Desig.**	**Data Elem.**	**Name**	**Description**	**Req./ Sit.**	**Type**	**Size**
	NM1		**Information Source Name**		**R**		
gs							
	NM101	98	Entity ID Code	PR – Payer	R	ID	2/3
gs							
	NM102	1065	Entity Type Qualifier	2 – Non-person	R	ID	1/1
gs							
	NM103	1035	Organization Name	MOLINA LAMMIS	R	AN	1/60
gs							
	NM104	1036	First Name	Null – Not Used		AN	1/35
gs							
	NM105	1037	Middle Name	Null – Not Used		AN	1/25
gs							
	NM106	1038	Name Prefix	Null – Not Used		AN	1/10
gs							
	NM107	1039	Name Suffix	Null – Not Used		AN	1/10
gs							
	NM108	66	Identification Code Qualifier	PI – Payer Identification	R	ID	1/2
gs							
	NM109	67	Payer Identifier	610551 – BIN Number	R	AN	2/80
tr							
	PER		**Payer Contact Information**		**S**	**Used When the 507/508 returned values indicate an Error**	
gs							
	PER01	366	Contact Function Code	IC – Information Contact	R	ID	2/2
gs							
	PER02	93	Name	Null – Not Used		AN	1/60
gs							
	PER03	365	Comm. Number Qualifier	TE – Telephone	R	ID	2/2
gs							

ANSI ASC X12 277 Transaction							
	Segment ID				**Attributes**		
Response Field	**Ref Desig.**	**Data Elem.**	**Name**	**Description**	**Req./ Sit.**	**Type**	**Size**
	PER04	364	Comm. Number	Molina Medicaid Solutions POC Telephone Number format "AAABBBCCCC" where AAA is the area code, BBB is the telephone number prefix, and CCCC is the telephone number	R	AN	1/256
gs							
	PER05	365	Comm. Number Qualifier	EX – Telephone Extension	S	ID	2/2
gs							
	PER06	364	Comm. Number	Molina Medicaid Solutions POC Telephone Extension – If required the extension of the Molina Medicaid Solutions POC telephone number	S	AN	1/256
tr							
	HL		**Hierarchical Level**		**R**		
gs							
	HL01	628	Hierarchical ID Number	2	R	AN	1/12
gs							
	HL02	734	Hierarchical Parent ID Number	1	R	AN	1/12
gs							
	HL03	735	Hierarchical Level Code	21 – Information Receiver	R	ID	1/2
gs							
	HL04	736	Hierarchical Child Code	1	R	ID	1/1
tr							

ANSI ASC X12 277 Transaction							
	Segment ID				**Attributes**		
Response Field	**Ref Desig.**	**Data Elem.**	**Name**	**Description**	**Req./ Sit.**	**Type**	**Size**
	NM1		**Information Receiver Name**		**R**		
gs							
	NM101	98	Entity Identifier Code	41 – Submitter	R	ID	2/3
gs							
	NM102	1065	Entity Type Qualifier	1 – Person 2 – Non-person	R	ID	1/1
gs							
	NM103	1035	Last Name or Organization Name	Last Name, (if NM102 is 1) – Organization name (if NM102 is 2)	S	AN	1/60
gs							
	NM104	1036	First Name	(if NM102 is 1)	S	AN	1/35
gs							
	NM105	1037	Middle Name	(if NM102 is 1)	S	AN	1/25
gs							
	NM106	1038	Name Prefix	Null – not used		AN	1/10
gs							
	NM107	1039	Name Suffix	Null – not used		AN	1/10
gs							
	NM108	66	Identification Code Qualifier	46 – Electronic Transmitter Identification Number (ETIN)	R	ID	1/2
gs							
	NM109	67	Identification Code	Information Receiver Identification Number	R	AN	2/80
tr							
	HL		**Service Provider Level**		**R**		
gs							
	HL01	628	Hierarchical ID Number	3	R	AN	1/12
gs							

ANSI ASC X12 277 Transaction							
	Segment ID				**Attributes**		
Response Field	**Ref Desig.**	**Data Elem.**	**Name**	**Description**	**Req./ Sit.**	**Type**	**Size**
	HL02	734	Hierarchical Parent ID Number	2	R	AN	1/12
gs							
	HL03	735	Hierarchical Level	19 – Provider of Service	R	ID	1/2
gs							
	HL04	736	Hierarchical Child Code	1	R	ID	1/1
tr							
	NM1		**Provider Name**		**R**		
gs							
	NM101	98	Entity Identifier Code	1P – Provider	R	ID	2/3
gs							
	NM102	1065	Entity Type Qualifier	1 – Person 2 – Non-person	R	ID	1/1
gs							
	NM103	1035	Last Name or Organization Name	Last name (if NM102 is 1) or Organization name (if NM102 is 2)	S	AN	1/60
gs							
	NM104	1036	First Name	(if NM102 is 1)	S	AN	1/35
gs							
	NM105	1037	Middle Name	(if NM102 is 1)	S	AN	1/25
gs							
	NM106	1038	Name Prefix	Null – not used		AN	1/10
gs							
	NM107	1039	Name Suffix	(if NM102 is 1)	S	AN	1/10
gs							
	NM108	66	Identification Code Qualifier	XX – National Provider Identifier (NPI) SV – Service Provider (for atypical providers.)	R	ID	1/2
gs							

ANSI ASC X12 277 Transaction							
	Segment ID				**Attributes**		
Response Field	**Ref Desig.**	**Data Elem.**	**Name**	**Description**	**Req./ Sit.**	**Type**	**Size**
	NM109	67	Identification Code	Provider Identification Code	R	AN	2/80
tr							
	HL		**Subscriber Level**		**R**		
gs							
	HL01	628	Hierarchical ID Number	4	R	AN	1/12
gs							
	HL02	734	Hierarchical Parent ID Number	3	R	AN	1/12
gs							
	HL03	735	Hierarchical Level Code	22 – Subscriber	R	ID	1/2
gs							
	HL04	736	Hierarchical Child Code	0 – No Subordinate HL Segments	R	ID	1/1
tr							
	NM1		**Subscriber Name**		**R**		
gs							
	NM101	98	Entity Identifier Code	IL – Insured or Subscriber	R	ID	2/3
gs							
	NM102	1065	Entity Type Qualifier	1 – Person 2 – Non-Person Entity	R	ID	1/1
gs							
	NM103	1035	Last Name or Organization	Subscriber Last Name	R	AN	1/60
gs							
	NM104	1036	First Name	Subscriber First Name – if person has first name	S	AN	1/35
gs							
	NM105	1037	Middle Name	Subscriber Middle Name – if person has middle name or initial	S	AN	1/25

ANSI ASC X12 277 Transaction							
	Segment ID				**Attributes**		
Response Field	**Ref Desig.**	**Data Elem.**	**Name**	**Description**	**Req./ Sit.**	**Type**	**Size**
gs							
	NM106	1038	Name Prefix	Null – not used		AN	1/10
gs							
	NM107	1039	Name Suffix	Only if NM102 = 1	S	AN	1/10
gs							
	NM108	66	Identification Code Qualifier	MI – Member ID Number	R	ID	1/2
gs							
	NM109	67	Identification Code	Recipient ID (Subscriber Identifier)	R	AN	2/80
tr							
	TRN		**Claim Status Tracking Number**		**R**	**The subscriber is the patient**	
gs							
	TRN01	481	Trace Type Code	2 – Referenced transaction trace number	R	ID	1/2
gs							
	TRN02	127	Reference Identification	Trace Number – corresponding 276 Trace Number.	R	AN	1/50
tr							
	STC		**Claim Level Status Information**		**R**		
gs							
	STC01-1	1271	Industry Code	Code source 507	R	AN	1/30
us							
	STC01-2	1271	Industry Code	Code Source 508	R	AN	1/30
us							
	STC01-3	98	Entity Identifier Code	1P – Provider 13 – Contracted Service Provider 1I – PPO CK – Pharmacist 80 – Hospital	S	ID	2/3
gs							

ANSI ASC X12 277 Transaction							
	Segment ID				Attributes		
Response Field	**Ref Desig.**	**Data Elem.**	**Name**	**Description**	**Req./ Sit.**	**Type**	**Size**
	STC02	373	Date (U.S. Central Time)	Status information effective date in CCYYMMDD format	R	DT	8/8
gs							
	STC03	306	Action Code	Null – Not Used		ID	1/2
gs							
	STC04	782	Monetary Amount	Total Claim Charge Amount	S	R	1/18
gs							
	STC05	782	Monetary Amount	Claim Payment Amount	S	R	1/18
gs							
	STC06	373	Date (U.S. Central Time)	Adjudication or Payment date in CCYYMMDD format if payment determination is complete.	S	DT	8/8
gs							
	STC07	591	Payment Method Code	Null – not used		ID	3/3
gs							
	STC08	373	Date (Us Central Time)	Remittance Date - Check issue or EFT date.	S	DT	8/8
gs							
	STC09	429	Check Number	Remittance Trace Number - Check or EFT Trace number (if paid) LA will return the remit number	S	AN	1/16
gs							

ANSI ASC X12 277 Transaction							
	Segment ID				**Attributes**		
Response Field	**Ref Desig.**	**Data Elem.**	**Name**	**Description**	**Req./ Sit.**	**Type**	**Size**
	STC10	C043	Health Care Claim Status		S	Used if a second claim status is needed. LA will return multiple 'explanation of benefits' when needed for clarification	
	STC10-1	1271	Industry Code	Code Source 507	R	AN	1/30
us							
	STC10-2	1271	Industry Code	Code Source 508	R	AN	1/30
us							
	STC10-3	98	Entity Identifier Code	1P - Provider 13 – Contracted Service Provider 1I – PPO CK – Pharmacist 80 – Hospital	S	ID	2/3
gs							
	STC11	C043	Health Care Claim Status		**S**	Used if a third claim status is needed. LA will return multiple 'explanation of benefits' when needed for clarification	
	STC11-1	1271	Industry Code	Code Source 507	R	AN	1/30
us							
	STC11-2	1271	Industry Code	Code Source 508	R	AN	1/30
us							
	STC11-3	98	Entity Identifier Code	1P - Provider 13 – Contracted Service Provider 1I – PPO CK – Pharmacist 80 – Hospital	S	ID	2/3
tr							

ANSI ASC X12 277 Transaction							
	Segment ID				**Attributes**		
Response Field	**Ref Desig.**	**Data Elem.**	**Name**	**Description**	**Req./ Sit.**	**Type**	**Size**
	REF		**Payer Claim Control Number**		**S**	**If Subscriber is the Patient.**	
gs							
	REF01	128	Reference ID Qualifier	1K – Payor's Claim Number.	R	ID	2/3
gs							
	REF02	127	Reference ID	Payer Claim Control Number – LAMMIS ICN	R	AN	1/50
tr							
	REF		**Institutional Bill Type ID**		**S**	**Send When Subscriber is the Patient and data is found in Claim History**	
gs							
	REF01	128	Reference ID Qualifier	BLT – Billing Type.	R	ID	2/3
gs							
	REF02	127	Reference ID	Bill Type Identifier Found on UB92 – record 40 – 4. Found on 837 CLM-05. Found on UB92 paper form locator 4. Required for Institutional claims Inquires.	R	AN	1/50
tr							
	REF		**Patient Control Number**		**S**	**When available from original claim (echoes data received in 276)**	
gs							
	REF01	128	Reference ID Qualifier	EJ- Patient Account Number	R	ID	2/3
gs							

ANSI ASC X12 277 Transaction							
	Segment ID				**Attributes**		
Response Field	**Ref Desig.**	**Data Elem.**	**Name**	**Description**	**Req./ Sit.**	**Type**	**Size**
	REF02	127	Reference ID	Patient Control Number	R	AN	1/50
tr							
	REF		**Pharmacy Prescription Number**		**S**	**When available from original claim (echoes data received in 276)**	
gs							
	REF01	128	Reference ID Qualifier	XZ- Pharmacy Prescription Number	R	ID	2/3
gs							
	REF02	127	Reference ID	Pharmacy Prescription Number	R	AN	1/50
tr							
	REF		**Claim Identification Number for Clearinghouses and Other Transmission Intermediaries**		**S**	**When available from original claim (echoes data received in 276)**	
gs							
	REF01	128	Reference ID Qualifier	D9 – Claim Number	R	ID	2/3
gs							
	REF02	127	Reference ID	Clearinghouse Trace Number	R	AN	1/50
tr							
	DTP		**Claim Service Date**		**S**	**If not here, then will be in Service Line Date below**	
gs							
	DTP01	374	Date/Time Qualifier	472 – Service Date	R	ID	3/3
gs							

ANSI ASC X12 277 Transaction							
	Segment ID				**Attributes**		
Response Field	**Ref Desig.**	**Data Elem.**	**Name**	**Description**	**Req./ Sit.**	**Type**	**Size**
	DTP02	1250	Date Time Period Format Qualifier	RD8 – if date is a single date of service, then begin date equals the end date.	R	ID	2/3
gs							
	DTP03	1251	Date Time Period	Claim Service Period in format CCYYMMDD-CCYYMMDD	R	AN	1/35
tr							
	SVC		**Service Line Information**		**S**	**This segment is used in response for information about a service line**	
gs							
	SVC01-1	235	Product/ Service ID Qualifier	AD – ADA Code HC – HCPCS Code HP – Health Insurance Prospective Payment System (HIPPS) Skilled Nursing Facility Rate Code N4 – National Drug Code (NDC) in 5-4-2 Format NU – NUBC Revenue Code WK – Advanced Billing Concepts (ABC) Codes	R	ID	2/2
us							
	SVC01-2	234	Product/ Service ID	Service ID Code – if SVC01-1 is NU, then this element contains the NUBC Revenue Code and SVC04 is not used	R	AN	1/48
us							

ANSI ASC X12 277 Transaction							
	Segment ID				Attributes		
Response Field	**Ref Desig.**	**Data Elem.**	**Name**	**Description**	**Req./ Sit.**	**Type**	**Size**
	SVC01-3	1339	Procedure Modifier	Identifies special circumstances related to the performance of the service	S	AN	2/2
us							
	SVC01-4	1339	Procedure Modifier	Identifies special circumstances related to the performance of the service	S	AN	2/2
us							
	SVC01-5	1339	Procedure Modifier	Identifies special circumstances related to the performance of the service	S	AN	2/2
us							
	SVC01-6	1339	Procedure Modifier	Identifies special circumstances related to the performance of the service	S	AN	2/2
gs							
	SVC02	782	Monetary Amount	Line Item Charge Amount	R	R	1/18
gs							
	SVC03	782	Monetary Amount	Line Item Provider Payment Amount	R	R	1/18
gs							
	SVC04	234	Product/ service ID	Revenue Code – NUBC revenue code belongs in SVC01-2. When SVC01-1 = NU, this element is not used.	S	AN	1/48
gs							
	SVC05	380	Quantity	Null – Not Used		R	1/15
gs							

ANSI ASC X12 277 Transaction							
	Segment ID				**Attributes**		
Response Field	**Ref Desig.**	**Data Elem.**	**Name**	**Description**	**Req./ Sit.**	**Type**	**Size**
	SVC06	C003	Composite Medical Procedure Identifier	Null – Not Used			
gs							
	SVC07	380	Quantity	Units of service count.	R	R	1/15
tr							
	STC		**Service Line Status Information**		**S**		
gs							
	STC01-1	1271	Industry Code	Code Source 507	R	AN	1/30
us							
	STC01-2	1271	Industry Code	Code Source 508	R	AN	1/30
us							
	STC01-3	98	Entity Identifier Code	1P – Provider 13 – Contracted Service Provider 1I – PPO CK – Pharmacist 80 – Hospital	S	ID	2/3
gs							
	STC02	373	Date (U.S. Central Time)	Status information effective date in CCYYMMDD format	R	DT	8/8
gs							
	STC03	306	Action Code	Null – Not Used		ID	1/2
gs							
	STC04	782	Monetary Amount	Null – Not Used		R	1/18
gs							
	STC05	782	Monetary Amount	Null – Not Used		R	1/18
gs							
	STC06	373	Date	Null – Not Used		DT	8/8
gs							
	STC07	591	Payment Method Code	Null – Not Used		ID	3/3

ANSI ASC X12 277 Transaction							
	Segment ID				Attributes		
Response Field	**Ref Desig.**	**Data Elem.**	**Name**	**Description**	**Req./ Sit.**	**Type**	**Size**
gs							
	STC08	373	Date	Null – Not Used		DT	8/8
gs							
	STC09	429	Check Number	Null – Not Used		AN	1/16
gs							
	STC10	C043	Health Care Claim Status		S	Used if a second claim status is needed. LA will return multiple 'explanation of benefits' when needed for clarification	
	STC10-1	1271	Industry Code	Code Source 507	R	AN	1/30
us							
	STC10-2	1271	Industry Code	Code Source 508	R	AN	1/30
us							
	STC10-3	98	Entity Identifier Code	1P = Provider 13 – Contracted Service Provider 1I – PPO CK – Pharmacist 80 – Hospital	S	ID	2/3
gs							
	STC11	C043	Health Care Claim Status		S	Used if a third claim status is needed. LA will return multiple 'explanation of benefits' when needed for clarification	
	STC11-1	1271	Industry Code	Code Source 507	R	AN	1/30
us							
	STC11-2	1271	Industry Code	Code Source 508	R	AN	1/30
us							

ANSI ASC X12 277 Transaction							
	Segment ID				**Attributes**		
Response Field	**Ref Desig.**	**Data Elem.**	**Name**	**Description**	**Req./ Sit.**	**Type**	**Size**
	STC11-3	98	Entity Identifier Code	1P = Provider 13 – Contracted Service Provider 1I – PPO CK – Pharmacist 80 – Hospital	S	ID	2/3
tr							
	REF		**Service Line Item Identification**		**S**	**Required when available from original claim (echoes data received in 276)**	
gs							
	REF01	128	Reference ID Qualifier	FJ = Line Item Control Number	R	ID	2/3
gs							
	REF02	127	Reference Identification	Line Item Control Number	R	AN	1/50
tr							
	DTP		**Service Line Date**		**S**	**If not here, then will be in Claim Service Date above**	
gs							
	DTP01	374	Date/Time Qualifier	472 – Service	R	ID	3/3
gs							
	DTP02	1250	Date Time Period Format Qualifier	RD8 – Range of Dates if single date, start date equals end date.	R	ID	2/3
gs							
	DTP03	1251	Date Time Period	Service line date in format CCYYMMDD – CCYYMMDD	R	AN	1/35
tr							
	SE		**Transaction Set Trailer**		**R**		
gs							

ANSI ASC X12 277 Transaction							
	Segment ID				**Attributes**		
Response Field	**Ref Desig.**	**Data Elem.**	**Name**	**Description**	**Req./ Sit.**	**Type**	**Size**
	SE01	96	Number if Included Segments	Total number of segments included in the transaction set, including ST and SE segments.	R	N0	1/10
gs							
	SE02	329	Transaction Set Control Number	**Value in SE02 must match ST02.**	R	AN	4/9
tr							
	GE		**Functional Group Trailer**		**R**		
	GE01	97	Number of Transaction Sets Included	Will always be one (1).	R	N0	1/6
gs							
	GE02	28	Group Control Number	**The value in GE02 must match GS06.**	R	N0	1/9
tr							
	IEA		**Interchange Trailer**		**R**		
gs							
	IEA01	I16	Number of Included Functional Groups	Will always be one (1).	R	N0	1/5
gs							
	IEA02	I12	Interchange control Number	**The value in IEA02 must match ISA13.**	R	N0	9/9
tr							

6.3 997 FUNCTIONAL ACKNOWLEDGEMENT (OUTPUT)

The Functional Acknowledgment (997) is used to acknowledge the receipt of a Health Care Payer Unsolicited Claim Status. CSI application will use 997 acknowledgements to acknowledge formatting error in Header, Detail and Trailer level. CSI will be able to send up to 25 formatting errors.

A description of the format is provided below in Table 3.

Symbol	Type
AN	String
ID	Identifier
DT	Date
TM	Time
Nn	Numeric

Table 3 – Functional Acknowledgment (997) Data Elements

ANSI ASC X12 997 Acknowledgment							
	Segment ID				Attributes		
Response Field	Ref Desig.	Data Elem.	Name	Description	Req./ Sit.	Type	Size
	ISA		Interchange Control header		R		
gs							
	ISA01	I01	Authorization Information Qualifier	00= No authorization information present (No meaningful information in I02)	R	ID	2/2
gs							
	ISA02	I02	Authorization Information	Field filled with ten (10) zeroes.	R	AN	10/10
gs							
	ISA03	I03	Security Information Qualifier	00 = No security Information present (No meaningful information in I04)	R	ID	2/2
gs							
	ISA04	I04	Security Information	Field filled with ten (10) zeroes.	R	AN	10/10

ANSI ASC X12 997 Acknowledgment							
	Segment ID				Attributes		
Response Field	**Ref Desig.**	**Data Elem.**	**Name**	**Description**	**Req./ Sit.**	**Type**	**Size**
gs							
	ISA05	I05	Interchange ID Qualifier	ZZ = Mutually defined as sender's ID in I06	R	ID	2/2
gs							
	ISA06	I06	Interchange Sender ID	610551 – Bin Number. **ISA06 must match GS02**.	R	AN	15/15
gs							
	ISA07	I05	Interchange ID Qualifier	ZZ = Mutually defined as Receiver's ID	R	ID	2/2
gs							
	ISA08	I07	Interchange Receiver ID	Vendor ID	R	ID	15/15
gs							
	ISA09	IO8	Interchange Date (U.S. Central Time)	Date of Interchange in YYMMDD format	R	DT	6/6
gs							
	ISA10	I09	Interchange Time (U.S. Central Time)	Time of Interchange in HHMM format	R	TM	4/4
gs							
	ISA11	I65	Interchange Control Standards Identifier	This field provides the delimiter used to separate repeated occurrences of a simple data element or a composite data structure; this value must be different than the data element separator, component element separator and the segment terminator. Value is ASCII character 94.	R	ID	1/1
gs							

ANSI ASC X12 997 Acknowledgment							
	Segment ID				**Attributes**		
Response Field	**Ref Desig.**	**Data Elem.**	**Name**	**Description**	**Req./ Sit.**	**Type**	**Size**
	ISA12	I11	Interchange Control Version Number	00501	R	ID	5/5
gs							
	ISA13	I12	Interchange Control Number	Number that uniquely identifies the interchange data to the sender. **The value in ISA13 must match IEA02.**	R	N0	9/9
gs							
	ISA14	I13	Acknowledgement Requested	0 = No	R	ID	1/1
gs							
	ISA15	I14	Test Indicator	P = Production data T = Test data.	R	ID	1/1
gs							
	ISA16	I15	Sub-element Separator	<us> (hexadecimal 1F)	R	AN	1/1
tr							
	GS		**Functional Group Header**		**R**		
gs							
	GS01	479	Functional Header Code	FA = Functional Acknowledgment (997)	R	ID	2/2
gs							
	GS02	142	Application Sender's code	610551 – Bin Number. **Must match value for ISA06**	R	AN	2/15
gs							
	GS03	124	Application Receiver's Code	Vendor ID	R	AN	2/15
gs							
	GS04	373	Date (U.S. Central Time)	Date in CCYYMMDD format	R	DT	8/8

ANSI ASC X12 997 Acknowledgment							
	Segment ID				**Attributes**		
Response Field	**Ref Desig.**	**Data Elem.**	**Name**	**Description**	**Req./ Sit.**	**Type**	**Size**
gs							
	GS05	337	Time (U.S. Central Time)	Time format HHMM.	R	TM	4/8
gs							
	GS06	28	Group Control Number	Assigned number originated and maintained by the sender. **The value in GS06 must match GE02.**	R	N0	1/9
gs							
	GS07	455	Responsible Agency Code	X = ASC X12 standard	R	ID	½
gs							
	GS08	480	Version/ Release Industry Identifier Code	005010X212	R	AN	1/12
tr							
	ST		**Transaction Set Header**		**R**		
gs							
	ST01	143	Transaction Set Identifier Code	997 = Functional Acknowledgment	R	ID	3/3
gs							
	ST02	329	Transaction Set Control Number	Identifying control number that must be unique within transaction set assigned by Molina. **Value in ST02 must match SE02.**	R	AN	4/9
tr							
	AK1		**Functional Group Response Header**		**R**		
gs							
	AK101	479	Functional Identifier Code	FA– Functional Acknowledgment (997)	R	ID	2/2

ANSI ASC X12 997 Acknowledgment							
	Segment ID				**Attributes**		
Response Field	**Ref Desig.**	**Data Elem.**	**Name**	**Description**	**Req./ Sit.**	**Type**	**Size**
gs							
	AK102	28	Group Control Number	Assigned number originated and maintained by the sender. **The value in AK102 must match GS06**	R	N0	1/9
tr							
	AK2		**Transaction Set Response Header**		**S**		
gs							
	AK201	143	Transaction Set Identifier Code	276– Health Care Claim Status Request	R	ID	3/3
gs							
	AK202	329	Transaction Set Control Number	Identifying control number that must be unique within transaction set assigned by Molina. **Value in AK202 must match ST02**	R	AN	4/9
tr							
	AK3		**Data Segment Note**		**S**	**Used When there are errors to report in a Transaction.**	
gs							
	AK301	721	Segment ID Code	Code defining the segment ID of the data segment in error. (**This is two or Three characters which occur at the beginning of a segment)**	R	ID	2/3
gs							

ANSI ASC X12 997 Acknowledgment							
	Segment ID				**Attributes**		
Response Field	**Ref Desig.**	**Data Elem.**	**Name**	**Description**	**Req./ Sit.**	**Type**	**Size**
	AK302	719	Segment Position in Transaction Set	The Numerical count position of the data segment from the start of the transaction Set	R	N0	1/6
gs							
	AK303	447	Loop Identifier Code	Null – Not Used		AN	1/6
gs							
	AK304	720	Segment Syntax Error Code	Code Indicating error found based on the syntax editing of a segment. 8 - Segment Has Data Element Errors	S	ID	1/3
tr							
	AK4		**Data Element Note**		**S**	**Used when there are errors to report in a data element or composite data structure**.	
gs							
	AK401	C030	Position in Segment		R		
	AK401-1	722	Element Position in Segment	Used to indicate the relative position of a data element	R	N0	1/2
gs							
	AK401-2	1528	Component Data Element Position in Composite	Null = Not Used		N0	1/2
gs							
	AK402	725	Data Element Reference Number	Null = Not Used		N0	1/4
gs							

ANSI ASC X12 997 Acknowledgment							
	Segment ID				**Attributes**		
Response Field	**Ref Desig.**	**Data Elem.**	**Name**	**Description**	**Req./ Sit.**	**Type**	**Size**
	AK403	723	Data Element Syntax Error Code	Code Indicating the error found after syntax edits of a data element 1-Mandatory data element missing 5-Data element too long 7-Invalid code value	R	ID	1/3
gs							
	AK404	724	Copy of Bad Data Element	This is a copy of the data element in error	S	AN	1/99
tr							
	AK5		**Transaction Set Response Trailer**		**R**		
gs							
	AK501	717	Transaction Set Acknowledgement Code	Code Indicating accept or reject condition based on the syntax editing of the transaction set. R – Rejected ADVISED	R	ID	1/1
gs							
	AK502	718	Transaction Set Syntax Error Code	Code indicating error found based on the syntax editing of a transaction set. 5 – One or More Segments in Error	S	ID	1/3
gs							
	AK503	718	Transaction Set Syntax Error Code	Null = Not used		ID	1/3
gs							

ANSI ASC X12 997 Acknowledgment							
	Segment ID				**Attributes**		
Response Field	**Ref Desig.**	**Data Elem.**	**Name**	**Description**	**Req./ Sit.**	**Type**	**Size**
	AK504	718	Transaction Set Syntax Error Code	Null = Not used		ID	1/3
gs							
	AK505	718	Transaction Set Syntax Error Code	Null = Not used		ID	1/3
gs							
	AK506	718	Transaction Set Syntax Error Code	Null = Not used		ID	1/3
tr							
	AK9		**Functional Group Response Trailer**		**R**		
gs							
	AK901	715	Functional Group Acknowledge Code	Code Indicating accept or reject condition based on the syntax editing of the functional group. R - Rejected ADVISED	R	ID	1/1
gs							
	AK902	97	Number of Transaction Sets Included	Total number of transaction sets included in the functional group or interchange group terminated by the trailer containing this data element. **This value must match GE01**	R	N0	1/6
gs							
	AK903	123	Number of Received Transaction Sets	Will always be (1)	R	N0	1/6
gs							

ANSI ASC X12 997 Acknowledgment							
	Segment ID				**Attributes**		
Response Field	**Ref Desig.**	**Data Elem.**	**Name**	**Description**	**Req./ Sit.**	**Type**	**Size**
	AK904	2	Number of Accepted Transaction Sets	Will always be (0)	R	N0	1/6
gs							
	AK905	716	Functional Group Syntax Error Code	Null – Not Used		ID	1/3
gs							
	AK906	716	Functional Group Syntax Error Code	Null – Not Used		ID	1/3
gs							
	AK907	716	Functional Group Syntax Error Code	Null – Not Used		ID	1/3
gs							
	AK908	716	Functional Group Syntax Error Code	Null – Not Used		ID	1/3
gs							
	AK909	716	Functional Group Syntax Error Code	Null – Not Used		ID	1/3
tr							
	SE		**Transaction Set Trailer**		**R**		
gs							
	SE01	96	Number if Included Segments	Total number of segments included in the transaction set, including ST and SE segments.	R	N0	1/10
gs							
	SE02	329	Transaction Set Control Number	**Value in SE02 must match ST02.**	R	AN	4/9
tr							
	GE		**Functional Group Trailer**		**R**		

ANSI ASC X12 997 Acknowledgment							
	Segment ID				**Attributes**		
Response Field	**Ref Desig.**	**Data Elem.**	**Name**	**Description**	**Req./ Sit.**	**Type**	**Size**
	GE01	97	Number of Transaction Sets Included	Will always be one (1).	R	N0	1/6
gs							
	GE02	28	Group Control Number	**The value in GE02 must match GS06.**	R	N0	1/9
tr							
	IEA		**Interchange Trailer**		**R**		
gs							
	IEA01	I16	Number of Included Functional Groups	Will always be one (1).	R	N0	1/5
gs							
	IEA02	I12	Interchange control Number	**The value in IEA02 must match ISA13.**	R	N0	9/9
tr							

7.0 CLAIM STATUS REQUEST SEARCH CRITERIA

The CSI application will use Payer Claim Control Number as the primary identifier for searching the claim history database. The Payer Claim Control number is the Internal Control Number (LA MMIS ICN). This search is known as a "Search by ICN". Claim status and claim adjustment statuses will be extracted and returned as part of the transaction. The CSI application will use "Forward Chain Logic" for extracting claim adjustment statuses. After the application extracts the claim status, it checks to see if the claim has adjustments. If it does, the Adjusting Payer Claim Control Number of the claim is used to find the first claim adjustment record. The Adjusting Payer Claim Control Number of each adjustment record found is used to find the next adjustment record in the chain. This searching continues until there are no more adjustments. Each adjustment record will contain a status that will be reported in the 277 response.

The CSI application will use the Provider and Recipient Identifiers for searching the claim history database when the Claim Status Inquiry does not contain Payer Claim Control Number (LA MMIS ICN). This method allows the user to specify search delimiters by providing Institutional Bill Type, Claim Submitted Charges, Product/Service ID Qualifier, Service Identification Code, Line Item Charge Amount, Claim Service Date and/or Service Line Date segments. This is referred to as a "Generic Search." For claim statuses matching these search criteria, Forward Chain Logic is also employed to extract additional claim adjustment statuses that will be extracted and returned as part of the transaction.

8.0 CLAIM AND SERVICE LINE INFORMATION

277 Claim Status Response will contain Claim or Claim and Service Line information based on the claim type. All claim types except Institutionalized service claims will have both Claim and Service Line information. Institutional claims will have only claim level information.

9.0 MAXIMUM 277 CLAIM STATUS RESPONSE

There is a possibility of returning a large number of records, especially when the generic search criteria are chosen. When the number of records retrieved exceeds the maximum the CSI application can return, the last record will indicate that the search criteria should be narrowed. This situation will be indicated by 507/508 status codes of D0/485. When the D0/485 status response is received, narrow the current search criteria or use one of the returned LA MMIS ICNs for a subsequent transaction. It is anticipated that a maximum of 32 segments can be returned, where the 32nd segment indicates the overflow condition.

10.0 SAMPLE INPUT AND RESPONSES

In the following examples, these symbols are used.

* - data element separator (<gs>)
~<new line> - data segment separator (<tr>)
: - component element separator (<us>)

NOTE: Significant spaces are shown as a "·" character.

10.1 276 CLAIM STATUS REQUEST EXAMPLES

A 276 Claim Status Request of Particular Payer Claim Control Number (ICN), containing only required fields, is shown below. Optional fields are not shown.

NOTE: The following field lengths:
- Provider Identifier (2100C/NM109) length should be 10.
  Seven digit Legacy Provider Identifier will be allowed for atypical providers
- Subscriber Identifier (2100D/NM109) length should be 13.
- Payer Claim Control Number (2200D/REF02) length should be 13.

```
ISA*00*0000000000*00*0000000000*ZZ*SENDERID·······*ZZ*610551·········*110308*
1348*^*00501*123456789*0*T*:~
GS*HR*SENDERID*610551*2011020308*1348*123456*X*005010X212~
ST*276*TSCN00001*005010X212~
BHT*0010*13*TN000000001*20110308*1348~
HL*1**20*1~
NM1*PR*2*MOLINA LAMMIS*****PI*610551~
HL*2*1*21*1~
NM1*41*2*SUBMITTER 1*****46*ETIN56789012~
HL*3*2*19*1~
NM1*1P*2*PROVIDER 1*****XX*0000000000~
HL*4*3*22*0~
DMG*D8*19800101*M~
NM1*IL*1*DOE*****MI*0000000000000~
TRN*1*TN000000001~
REF*1K*0000000000000~        - Payer Claim Control Number
AMT*T3*123.45~
DTP*472*RD8*20100301-20100301~
SE*16*TSCN00001~
```

```
GE*1*123456~
IEA*1*123456789~
```

Same example but with a Legacy Provider ID

```
ISA*00*0000000000*00*0000000000*ZZ*SENDERID·······*ZZ*610551·········*110308*
1348*^*00501*123456789*0*T*:~
GS*HR*SENDERID*610551*20110308*1348*123456*X*005010X212~
ST*276*TSCN00001*005010X212~
BHT*0010*13*TN000000001*20110308*1348~
HL*1**20*1~
NM1*PR*2*MOLINA LAMMIS*****PI*610551~
HL*2*1*21*1~
NM1*41*2*SUBMITTER 1*****46*ETIN56789012~
HL*3*2*19*1~
NM1*1P*2*PROVIDER 1*****SV*0000000~
HL*4*3*22*0~
DMG*D8*19800101*M~
NM1*IL*1*DOE*****MI*0000000000000~
TRN*1*TN000000001~
REF*1K*0000000000000~        - Payer Claim Control Number
AMT*T3*123.45~
DTP*472*RD8*20100301-20100301~
SE*16*TSCN00001~
GE*1*123456~
IEA*1*123456789~
```

A 276 Claim-Level Status Request of a particular provider and recipient is shown below. Optional fields are not shown.

```
ISA*00*0000000000*00*0000000000*ZZ*SENDERID·······*ZZ*610551·········*110308*
1348*^*00501*123456789*0*T*:~
GS*HR*SENDERID*610551*20110308*1348*123456*X*005010X212~
ST*276*TSCN00001*005010X212~
BHT*0010*13*TN000000001*20110308*1348~
HL*1**20*1~
NM1*PR*2*MOLINA LAMMIS*****PI*610551~
HL*2*1*21*1~
```

```
NM1*41*2*SUBMITTER 1*****46*ETIN56789012~
HL*3*2*19*1~
NM1*1P*2*PROVIDER 1*****XX*0000000000~   - Provider ID
HL*4*3*22*0~
DMG*D8*19800101*M~
NM1*IL*1*DOE*****MI*0000000000000~ - Recipient (Subscriber) ID
TRN*1*TN000000001~
AMT*T3*123.45~
DTP*472*RD8*20100301-20100301~
SE*15*TSCN00001~
GE*1*123456~
IEA*1*123456789~
```

Same example but with a Legacy Provider ID

```
ISA*00*0000000000*00*0000000000*ZZ*SENDERID·······*ZZ*610551·········*110308*
1348*^*00501*123456789*0*T*:~
GS*HR*SENDERID*610551*20110308*1348*123456*X*005010X212~
ST*276*TSCN00001*005010X212~
BHT*0010*13*TN000000001*20110308*1348~
HL*1**20*1~
NM1*PR*2*MOLINA LAMMIS*****PI*610551~
HL*2*1*21*1~
NM1*41*2*SUBMITTER 1*****46*ETIN56789012~
HL*3*2*19*1~
NM1*1P*2*PROVIDER 1*****SV*0000000~   - Provider ID
HL*4*3*22*0~
DMG*D8*19800101*M~
NM1*IL*1*DOE*****MI*0000000000000~ - Recipient (Subscriber) ID
TRN*1*TN000000001~
AMT*T3*123.45~
DTP*472*RD8*20100301-20100301~
SE*15*TSCN00001~
GE*1*123456~
IEA*1*123456789~
```

Claim-Level Status Request of a particular provider and recipient with Optional fields:

```
ISA*00*0000000000*00*0000000000*ZZ*SENDERID·······*ZZ*610551·········*110308*
1348*^*00501*123456789*0*T*:~
GS*HR*SENDERID*610551*20110308*1348*123456*X*005010X212~
ST*276*TSCN00001*005010X212~
BHT*0010*13*TN000000001*20110308*1348~
HL*1**20*1~
NM1*PR*2*MOLINA LAMMIS*****PI*610551~
HL*2*1*21*1~
NM1*41*2*SUBMITTER 1*****46*ETIN56789012~
HL*3*2*19*1~
NM1*1P*2*PROVIDER 1*****XX*0000000000~
HL*4*3*22*0~
DMG*D8*19800101*M~
NM1*IL*1*DOE*JOHN****MI*0000000000000~
TRN*1*TN000000001~
REF*BLT*BILL TYPE IDENTIFIER~
AMT*T3*123.45~
DTP*472*20100301-20100301~
SVC*ID:PROCEDURE CODE*12.34**REVENUE CODE***1~
REF*FJ*1~
DTP*472*RD8*20100301-20100301~
SE*16*TSCN00001~
GE*1*123456~
IEA*1*234567890~
```

Same example but with a Legacy Provider ID

```
ISA*00*0000000000*00*0000000000*ZZ*SENDERID·······*ZZ*610551·········*110308*
1348*^*00501*123456789*0*T*:~
GS*HR*SENDERID*610551*20110308*1348*123456*X*005010X212~
ST*276*TSCN00001*005010X212~
BHT*0010*13*TN000000001*20110308*1348~
HL*1**20*1~
NM1*PR*2*MOLINA LAMMIS*****PI*610551~
HL*2*1*21*1~
NM1*41*2*SUBMITTER 1*****46*ETIN56789012~
HL*3*2*19*1~
```

```
NM1*1P*2*PROVIDER 1*****SV*0000000~
HL*4*3*22*0~
DMG*D8*19800101*M~
NM1*IL*1*DOE*JOHN****MI*0000000000000~
TRN*1*TN000000001~
REF*BLT*BILL TYPE IDENTIFIER~
AMT*T3*123.45~
DTP*472*20100301-20100301~
SVC*ID:PROCEDURE CODE*12.34**REVENUE CODE***1~
REF*FJ*1~
DTP*472*RD8*20100301-20100301~
SE*16*TSCN00001~
GE*1*123456~
IEA*1*234567890~
```

(**Note:** Line level service date is supplied.)

```
ISA*00*0000000000*00*0000000000*ZZ*SENDERID·······*ZZ*610551·········*110308*
1348*^*00501*123456789*0*T*:~
GS*HR*SENDERID*610551*20110308*1348*123456*X*005010X212~
ST*276*TSCN00001*005010X212~
BHT*0010*13*TN000000001*20110308*1348~
HL*1**20*1~
NM1*PR*2*MOLINA LAMMIS*****PI*610551~
HL*2*1*21*1~
NM1*41*2*SUBMITTER 1*****46*ETIN56789012~
HL*3*2*19*1~
NM1*1P*2*PROVIDER 1*****XX*0000000000~
HL*4*3*22*0~
DMG*D8*19800101*M~
NM1*IL*1*DOE*JOHN****MI*0000000000000~
TRN*1*TN000000001~
REF*BLT*BILL TYPE IDENTIFIER~
AMT*T3*123.45~
DTP*472*20100301-20100301~
SVC*ID:PROCEDURE CODE:PM:PM:PM:PM*12.34**REVENUE CODE***1~
REF*FJ*1~
DTP*472*RD8*20100301-20100301~
SE*16*TSCN00001~
GE*1*123456~
IEA*1*234567890~
```

Same example but with a Legacy Provider ID

```
ISA*00*0000000000*00*0000000000*ZZ*SENDERID·······*ZZ*610551·········*110308*
1348*^*00501*123456789*0*T*:~
GS*HR*SENDERID*610551*20110308*1348*123456*X*005010X212~
ST*276*TSCN00001*005010X212~
BHT*0010*13*TN000000001*20110308*1348~
HL*1**20*1~
NM1*PR*2*MOLINA LAMMIS*****PI*610551~
HL*2*1*21*1~
NM1*41*2*SUBMITTER 1*****46*ETIN56789012~
```

```
HL*3*2*19*1~
NM1*1P*2*PROVIDER 1*****SV*0000000~
HL*4*3*22*0~
DMG*D8*19800101*M~
NM1*IL*1*DOE*JOHN****MI*0000000000000~
TRN*1*TN000000001~
REF*BLT*BILL TYPE IDENTIFIER~
AMT*T3*123.45~
DTP*472*20100301-20100301~
SVC*ID:PROCEDURE CODE:PM:PM:PM:PM*12.34**REVENUE CODE***1~
REF*FJ*1~
DTP*472*RD8*20100301-20100301~
SE*16*TSCN00001~
GE*1*123456~
IEA*1*234567890~
```

10.2 277 CLAIM RESPONSE EXAMPLE

A 277 Claim Status Response with claim level Information is shown below.

Note: Based on the Claim type, the 277 response will contain claim level or claim and service line level information. A 277 will contain only claim level information if claim type is institutional.

```
ISA*00*0000000000*00*0000000000*ZZ*610551·········*ZZ*
SENDERID·······*110308*1348*^*00501*234567890*0*T*:~

GS*HN*610551*SENDERID*110308*1349*234567*X*005010X212~

ST*277*TSCN00001*005010X212~

BHT*0010*08*TN000000001*20110308*1348*DG~

HL*1**20*1~

NM1*PR*2*MOLINA LAMMIS*****PI*610551~

HL*2*1*21*1~

NM1*41*2*SUBMITTER 1*****46*ETIN56789012~

HL*3*2*19*1~

NM1*1P*2*PROVIDER 1*****XX*0000000000~

HL*4*3*22*0~

NM1*IL*1*DOE*****MI*0000000000000~

TRN*2*TN000000001~

STC*507CODE:508CODE*20100315**12.34*11.11*20100310**20100316*CHK123456~

or

STC*507CODE:508CODE*20100315**12.34*11.11*20100310**20100316*CHK123456*507COD
E:508CODE~

or

STC*507CODE:508CODE*20100315**12.34*11.11*20100310**20100316*CHK123456*507COD
E:508CODE*507CODE:508CODE~

REF*1K*0000000000000~


REF*BLT*BILL TYPE IDENTIFIER~        Provided when found in
                                     Claim history.

REF*EJ*PATIENT ACCOUNT NUMBER~       Copied from 276 if present

REF*XZ*PHARMACY PRESCRIPTION NUMBER~ Copied from 276 if present

REF*D9*CLAIM IDENTIFICATION NUMBER FOR CLEARINGHOUSES AND OTHER TRANSMISSION
INTERMEDIARIES~                      Copied from 276 if present

DTP*472*RD8*20100301-20100301~

SE*18*TSCN00001~
```

```
GE*1*234567~
IEA*1*234567890~
```

Same example but with a Legacy Provider ID

```
ISA*00*0000000000*00*0000000000*ZZ*610551·········*ZZ*
SENDERID·······*110308*1348*^*00501*234567890*0*T*:~
GS*HN*610551*SENDERID*110308*1349*234567*X*005010X212~
ST*277*TSCN00001*005010X212~
BHT*0010*08*TN000000001*20110308*1348*DG~
HL*1**20*1~
NM1*PR*2*MOLINA LAMMIS*****PI*610551~
HL*2*1*21*1~
NM1*41*2*SUBMITTER 1*****46*ETIN56789012~
HL*3*2*19*1~
NM1*1P*2*PROVIDER 1*****SV*0000000~
HL*4*3*22*0~
NM1*IL*1*DOE*****MI*0000000000000~
TRN*2*TN000000001~
STC*507CODE:508CODE*20100315**12.34*11.11*20100310**20100316*CHK123456~
or
STC*507CODE:508CODE*20100315**12.34*11.11*20100310**20100316*CHK123456*507COD
E:508CODE~
or
STC*507CODE:508CODE*20100315**12.34*11.11*20100310**20100316*CHK123456*507COD
E:508CODE*507CODE:508CODE~
REF*1K*0000000000000~

REF*BLT*BILL TYPE IDENTIFIER~        Provided when found in
                                     Claim history.
REF*EJ*PATIENT ACCOUNT NUMBER~       Copied from 276 if present
REF*XZ*PHARMACY PRESCRIPTION NUMBER~ Copied from 276 if present
REF*D9*CLAIM IDENTIFICATION NUMBER FOR CLEARINGHOUSES AND OTHER TRANSMISSION
INTERMEDIARIES~                      Copied from 276 if present
DTP*472*RD8*20100301-20100301~
SE*18*TSCN00001~
GE*1*234567~
IEA*1*234567890~
```

A 277 Claim Status Response with claim and service line information is shown below.

Note: A 277 response will contain claim and service line level information for all claims except institutionalized services.

```
ISA*00*0000000000*00*0000000000*ZZ*610551·········*ZZ*
SENDERID·······*110308*1348*^*00501*234567890*0*T*:~
GS*HN*610551*SENDERID*110308*1349*234567*X*005010X212~
ST*277*TSCN00001*005010X212~
BHT*0010*08*TN000000001*20110308*1349*DG~
HL*1**20*1~
NM1*PR*2*MOLINA LAMMIS*****PI*610551~
HL*2*1*21*1~
NM1*41*2*SUBMITTER 1*****46*ETIN56789012~
HL*3*2*19*1~
NM1*1P*2*PROVIDER 1*****XX*0000000000~
HL*4*3*22*0~
NM1*IL*1*DOE*JOHN****MI*0000000000000~
TRN*2*TN000000001~
STC*507CODE:508CODE*20100315**12.34*11.11*20100310**20100316*CHK123456~
or
STC*507CODE:508CODE*20100315**12.34*11.11*20100310**20100316*CHK123456*507COD
E:508CODE~
or
STC*507CODE:508CODE*20100315**12.34*11.11*20100310**20100316*CHK123456*507COD
E:508CODE*507CODE:508CODE~
REF*1K*2094700100100~
REF*BLT*BILL TYPE IDENTIFIER~        Provided when found in
                                     Claim history.
REF*EJ*PATIENT ACCOUNT NUMBER~       Copied from 276 if present

REF*XZ*PHARMACY PRESCRIPTION NUMBER~ Copied from 276 if present

REF*D9*CLAIM IDENTIFICATION NUMBER FOR CLEARINGHOUSES AND OTHER TRANSMISSION
INTERMEDIARIES~                      Copied from 276 if present

DTP*472*RD8*20100301-20100301~
SVC*ID:PROCEDURE CODE*12.34*11.11*REVENUE CODE***1~
STC*507CODE:508CODE*20100315~
or
STC*507CODE:508CODE*20100315********507CODE:508CODE~
or
STC*507CODE:508CODE*20100315********507CODE:508CODE*507CODE:508CODE~
REF*FJ*1~                            Copied from 276 if present.
DTP*472*RD8*20100301-20100301~
SE*22*TSCN00001~
GE*1*234567~
IEA*1*234567890~
```

Same example but with a Legacy Provider ID

```
ISA*00*0000000000*00*0000000000*ZZ*610551·········*ZZ*
SENDERID·······*110308*1348*^*00501*234567890*0*T*:~
GS*HN*610551*SENDERID*110308*1349*234567*X*005010X212~
ST*277*TSCN00001*005010X212~
```

```
BHT*0010*08*TN000000001*20110308*1349*DG~
HL*1**20*1~
NM1*PR*2*MOLINA LAMMIS*****PI*610551~
HL*2*1*21*1~
NM1*41*2*SUBMITTER 1*****46*ETIN56789012~
HL*3*2*19*1~
NM1*1P*2*PROVIDER 1*****SV*0000000~
HL*4*3*22*0~
NM1*IL*1*DOE*JOHN****MI*0000000000000~
TRN*2*TN000000001~
STC*507CODE:508CODE*20100315**12.34*11.11*20100310**20100316*CHK123456~
or
STC*507CODE:508CODE*20100315**12.34*11.11*20100310**20100316*CHK123456*507COD
E:508CODE~
or
STC*507CODE:508CODE*20100315**12.34*11.11*20100310**20100316*CHK123456*507COD
E:508CODE*507CODE:508CODE~
REF*1K*2094700100100~
REF*BLT*BILL TYPE IDENTIFIER~        Provided when found in
                                     Claim history.
REF*EJ*PATIENT ACCOUNT NUMBER~       Copied from 276 if present

REF*XZ*PHARMACY PRESCRIPTION NUMBER~ Copied from 276 if present

REF*D9*CLAIM IDENTIFICATION NUMBER FOR CLEARINGHOUSES AND OTHER TRANSMISSION
INTERMEDIARIES~                      Copied from 276 if present

DTP*472*RD8*20100301-20100301~
SVC*ID:PROCEDURE CODE*12.34*11.11*REVENUE CODE***1~
STC*507CODE:508CODE*20100315~
or
STC*507CODE:508CODE*20100315********507CODE:508CODE~
or
STC*507CODE:508CODE*20100315********507CODE:508CODE*507CODE:508CODE~
REF*FJ*1~                            Copied from 276 if present.
DTP*472*RD8*20100301-20100301~
SE*22*TSCN00001~
GE*1*234567~
IEA*1*234567890~
```

A 277 Claim Status Response with multiple claim and service line information is shown below.

```
ISA*00*0000000000*00*0000000000*ZZ*610551·········*ZZ*SENDERID·······*110308*1348*^*00501*2345678
90*0*T*:~
GS*HN*610551*SENDERID*20110308*1349*234567*X*005010X212~
ST*277*TSCN00001*005010X212~
BHT*0010*08*TN000000001*20110308*1349*DG~
HL*1**20*1~
NM1*PR*2*MOLINA LAMMIS*****PI*610551~
HL*2*1*21*1~
NM1*41*2*SUBMITTER 1*****46*ETIN56789012~
HL*3*2*19*1~
NM1*1P*2*PROVIDER 1*****XX*0000000000~
HL*4*3*22*0~
NM1*IL*1*DOE*JOHN****MI*0000000000000~
TRN*2*TN000000001~
STC*507CODE:508CODE*20100315**12.34*11.11*20100310**20100316*CHK123456~
or
STC*507CODE:508CODE*20100315**12.34*11.11*20100310**20100316*CHK123456*507CODE:508CODE~
or
STC*507CODE:508CODE*20100315**12.34*11.11*20100310**20100316*CHK123456*507CODE:508CODE*507CODE:50
8CODE~
REF*1K*0000000000000~
REF*BLT*BILL TYPE IDENTIFIER~        Provided when found in
                                     Claim history.
REF*EJ*PATIENT ACCOUNT NUMBER~       Copied from 276 if present
REF*XZ*PHARMACY PRESCRIPTION NUMBER~ Copied from 276 if present
REF*D9*CLAIM IDENTIFICATION NUMBER FOR CLEARINGHOUSES AND OTHER TRANSMISSION INTERMEDIARIES~
                                     Copied from 276 if present


DTP*472*RD8*20100301-20100301~
SVC*ID:PROCEDURE CODE*23.45*22.22*REVENUE CODE***1~
STC*507CODE:508CODE*2010315~
or
STC*507CODE:508CODE*2010315********507CODE:508CODE~
or
STC*507CODE:508CODE*20100315********507CODE:508CODE*507CODE:508CODE~
REF*FJ*1~                          Copied from 276 if present.
DTP*472*RD8*20100301-20100301~
TRN*2*TN000000001~
STC*507CODE:508CODE*20100315**34.56*33.33*20100310**20100316*CHK123456~
or
STC*507CODE:508CODE*20100315**34.56*33.33*20100310**20100316*CHK123456*507CODE:508CODE~
or
STC*507CODE:508CODE*20100315**34.56*33.33*20100310**20100316*CHK123456*507CODE:508CODE*507CODE:50
8CODE~
REF*1K*0000000000000~
REF*BLT*BILL TYPE IDENTIFIER~        Provided when found in
                                     Claim history.
REF*EJ*PATIENT ACCOUNT NUMBER~       Copied from 276 if present
REF*XZ*PHARMACY PRESCRIPTION NUMBER~ Copied from 276 if present
REF*D9*CLAIM IDENTIFICATION NUMBER FOR CLEARINGHOUSES AND OTHER TRANSMISSION INTERMEDIARIES~
                                     Copied from 276 if present

DTP*472*RD8*20100302-20100302~
SVC*ID:PROCEDURE CODE*45.67*44.44*REVENUE CODE***1.234~
STC*507CODE:508CODE*20100315~
or
STC*507CODE:508CODE*20100315********507CODE:508CODE~
or
STC*507CODE:508CODE*20100315********507CODE:508CODE*507CODE:508CODE~
REF*FJ*2~                          Copied from 276 if present.
DTP*472*RD8*20100301-20100301~
SE*32*TSCN00001~
GE*1*234567~
IEA*1*234567890~
```

Same example but with a Legacy Provider ID

```
ISA*00*0000000000*00*0000000000*ZZ*610551·········*ZZ*SENDERID·······*110308*1348*^*00501*2345678
90*0*T*:~
GS*HN*610551*SENDERID*20100308*1349*234567*X*005010X212~
ST*277*TSCN00001*005010X212~
BHT*0010*08*TN000000001*20110308*1349*DG~
HL*1**20*1~
NM1*PR*2*MOLINA LAMMIS*****PI*610551~
HL*2*1*21*1~
NM1*41*2*SUBMITTER 1*****46*ETIN56789012~
HL*3*2*19*1~
NM1*1P*2*PROVIDER 1*****SV*0000000~
HL*4*3*22*0~
NM1*IL*1*DOE*JOHN****MI*0000000000000~
TRN*2*TN000000001~
STC*507CODE:508CODE*20100315**12.34*11.11*20100310**20100316*CHK123456~
or
STC*507CODE:508CODE*20100315**12.34*11.11*20100310**20100316*CHK123456*507CODE:508CODE~
or
STC*507CODE:508CODE*20100315**12.34*11.11*20100310**20100316*CHK123456*507CODE:508CODE*507CODE:50
8CODE~
REF*1K*0000000000000~
REF*BLT*BILL TYPE IDENTIFIER~        Provided when found in
                                     Claim history.
REF*EJ*PATIENT ACCOUNT NUMBER~       Copied from 276 if present
REF*XZ*PHARMACY PRESCRIPTION NUMBER~ Copied from 276 if present
REF*D9*CLAIM IDENTIFICATION NUMBER FOR CLEARINGHOUSES AND OTHER TRANSMISSION INTERMEDIARIES~
                                     Copied from 276 if present

DTP*472*RD8*20100301-20100301~
SVC*ID:PROCEDURE CODE*23.45*22.22*REVENUE CODE***23.456~
STC*507CODE:508CODE*20100315~
or
STC*507CODE:508CODE*20100315********507CODE:508CODE~
or
STC*507CODE:508CODE*20100315********507CODE:508CODE*507CODE:508CODE~
REF*FJ*1~                          Copied from 276 if present.
DTP*472*RD8*20100301-20100301~
TRN*2*TN000000001~
STC*507CODE:508CODE*20100315**34.56*33.33*20100310**20100316*CHK123456~
or
STC*507CODE:508CODE*20100315**34.56*33.33*20100310**20100316*CHK123456*507CODE:508CODE~
or
STC*507CODE:508CODE*20100315**34.56*33.33*20100310**20100316*CHK123456*507CODE:508CODE*507CODE:50
8CODE~
REF*1K*0000000000000~
REF*BLT*BILL TYPE IDENTIFIER~        Provided when found in
                                     Claim history.
REF*EJ*PATIENT ACCOUNT NUMBER~       Copied from 276 if present
REF*XZ*PHARMACY PRESCRIPTION NUMBER~ Copied from 276 if present
REF*D9*CLAIM IDENTIFICATION NUMBER FOR CLEARINGHOUSES AND OTHER TRANSMISSION INTERMEDIARIES~
                                     Copied from 276 if present

DTP*472*RD8*20100302-20100302~
SVC*ID:PROCEDURE CODE*45.67*44.44*REVENUE CODE***1.234~
STC*507CODE:508CODE*20100315~
or
STC*507CODE:508CODE*20100315********507CODE:508CODE~
or
STC*507CODE:508CODE*20100315********507CODE:508CODE*507CODE:508CODE~
REF*FJ*2~                          Copied from 276 if present.
DTP*472*RD8*20100301-20100301~
SE*32*TSCN00001~
GE*1*234567~
IEA*1*234567890~
```

10.3 997 REJECT RESPONSE EXAMPLES

A 997 Reject Response (when an error occurs in one segment) is shown below.

Note: Segment ID Codes for ISA and GS segments will be 0 and will be the next segment ID of DTP for SE, GE and IEA (i.e., if DTP's segment ID is 16 then SE is 17, GE is 18 and IEA is 19).

```
ISA*00*0000000000*00*0000000000*ZZ*610551·········*ZZ*
SENDERID·······*110308*1348*^*00501*234567890*0*T*:~
GS*FA*610551*SENDERID*110308*1349*234567*X*005010X212~
ST*997*TSCN00001~
AK1*FA*234567890~
AK2*276*TSCN00001~
AK3*NM1*4**8~                  Indicates error in NM1 segment
                               and Segment number is 4.
AK4*1***7*PT~                  Indicates the Element number(1)
                               Copy of bad data(PT).
AK5*R*5~
AK9*R*1*1*0~
SE*8*TSCN00001~
GE*1*234567~
IEA*1*234567890~
```

A 997 Reject Response (when multiple errors occur in the same segment) is shown below.

```
ISA*00*0000000000*00*0000000000*ZZ*610551·········*ZZ*
SENDERID·······*110308*1348*^*00501*234567890*0*T*:~
GS*FA*610551*SENDERID*110308*1349*234567*X*005010X212~
ST*997*TSCN00001~
AK1*FA*234567890~
AK2*276*TSCN00001~
AK3*NM1*4**8~                  Indicates error in NM1 segment
                               and Segment number is 4.
AK4*1***7*PT~                  Indicates the element number(1)
                               Copy of bad data(PT).
AK4*9***7*710551~              Indicates the element number(9)
                               Copy of bad data(710551).
AK5*R*5~
AK9*R*1*1*0~
SE*8*TSCN00001~
GE*1*234567~
IEA*1*234567890~
```

A 997 Reject Response (When Errors Occur in Multiple Segments) is shown below.

```
ISA*00*0000000000*00*0000000000*ZZ*610551·········*ZZ*
SENDERID·······*110308*1348*^*00501*234567890*0*T*:~
GS*FA*610551*SENDERID*110308*1349*234567*X*005010X212~
ST*997*TSCN00001~
AK1*FA*234567890~
AK2*276* TSCN00001~
AK3*NM1*4**8~                  Indicates error in NM1 segment
                               and Segment number is 4.
AK4*1***7*PT~                  Indicates Element number(1) Copy
                               of bad data(PT).
AK3*DMG*10**8~                 Indicates Error in DMG segment
                               and Segment number is 10.
AK4*3**7*G~                    Indicates Element number is 3,
                               copy of Bad data(G).
AK5*R*5~
AK9*R*1*1*0~
SE*10*TSCN00001~
GE*1*234567~
IEA*1*234567890~
```

A 997 Reject Response (when error is in ISA segment) is shown below.

```
ISA*00*0000000000*00*0000000000*ZZ*610551·········*ZZ*
SENDERID·······*110308*1348*^*00501*234567890*0*T*:~
GS*FA*610551*SENDERID*110308*1349*234567*X*005010X212~
ST*997*TSCN00001~
AK1*FA*234567890~
AK2*276* TSCN00001~
AK3*ISA*0**8~                  Indicates error in ISA segment
                               and Segment number is 0.
AK4*8**7*710551~               Indicates the Element number(8)
                               Copy of bad data(710551).
AK5*R*5~
AK9*R*1*1*0~
SE*8*TSCN00001~
GE*1*234567~
IEA*1*234567890~
```

10.4 277 REJECT RESPONSE EXAMPLES

```
ISA*00*0000000000*00*0000000000*ZZ*610551·········*ZZ*
SENDERID·······*110308*1348*^*00501*234567890*0*T*:~
GS*HN*610551*SENDERID*110308*1349*234567*X*005010X212~
ST*277*TSCN00001*005010X212~
BHT*0010*08*TN000000001*20110308*1349*DG~
HL*1**20*1~
NM1*PR*2*MOLINA LAMMIS*****PI*610551~
PER*IC*TE*1-877-212-3744~
HL*2*1*21*1~
NM1*41*2*SUBMITTER 1*****46*ETIN56789012~
HL*3*2*19*1~
NM1*1P*2*PROVIDER 1*****XX*0000000000~
HL*4*3*22*0~
NM1*IL*1*DOE*JOHN****MI*0000000000000~
TRN*2*TN000000001~
STC*A4:35:IL*20100315**0*0~ Subscriber ID not found in Database.
or
STC*A4:35*20100315**0*0~    Claim Not found in Database.
or
STC*A4:35:1P*20100315**0*0*****~ Provider ID not found in
                                 Database.
or
STC*A7:21*20100315**0*0*****A4:116~ Vendor ID not found in
                                    Database.
DTP*232*RD8*20100301-20100301~
SE*17*TSCN00001~
GE*1*234567~
IEA*1*234567890~
```

10.5 277 MAXIMUM RESPONSE

Note: CSI will be able to send a maximum of 31 Claim Level and Service Line Level information.

```
ISA*00*0000000000*00*0000000000*ZZ*610551·········*ZZ*
SENDERID·······*110308*1348*^*00501*234567890*0*T*:~
```

```
GS*HN*610551*SENDERID*110308*1349*234567*X*005010X0212~
ST*277*TSCN00001*005010X212~
BHT*0010*08*TN000000001*20110308*1349*DG~
HL*1**20*1~
NM1*PR*2*MOLINA LAMMIS*****PI*610551~
HL*2*1*21*1~
NM1*41*2*SUBMITTER 1*****46*ETIN56789012~
HL*3*2*19*1~
NM1*1P*2*PROVIDER 1*****XX*0000000000~
HL*4*3*22*0~
NM1*IL*1*DOE*JOHN****MI*0000000000000~
TRN*2*TN000000001~
STC*F0:68*20100315**11.99*9*20100310**20100316*CHK123456~
REF*1K*0000000000000~
REF*BLT*BILL TYPE IDENTIFIER~        Provided when found in
                                     Claim history.
REF*EJ*PATIENT ACCOUNT NUMBER~       Copied from 276 if present
REF*XZ*PHARMACY PRESCRIPTION NUMBER~ Copied from 276 if present
REF*D9*CLAIM IDENTIFICATION NUMBER FOR CLEARINGHOUSES AND OTHER TRANSMISSION
INTERMEDIARIES~
                                     Copied from 276 if present

DTP*472*RD8*20100301-20100301~
SVC*HC:90788*11.99*9*REVENUE CODE***1~
STC*F0:68*20100315********~
REF*FJ*1~                            Copied from 276 if present.
DTP*472*RD8*20100301-20100301~
TRN*2*TN000000001~
STC*F2:117*20100315**11.99*9*20100310**20100316*CHK123456~
REF*1K*0000000000000~
REF*BLT*BILL TYPE IDENTIFIER~        Provided when found in
                                     Claim history.
REF*EJ*PATIENT ACCOUNT NUMBER~       Copied from 276 if present
REF*XZ*PHARMACY PRESCRIPTION NUMBER~ Copied from 276 if present
REF*D9*CLAIM IDENTIFICATION NUMBER FOR CLEARINGHOUSES AND OTHER TRANSMISSION
INTERMEDIARIES~
                                     Copied from 276 if present

DTP*472*RD8*20100301-20100301~

Claim and Service Line level information will be repeated up-to 30-31 times based
on the claim type. The 31st or 32nd claim will contain 507/508 status code
(D0/485).

TRN*2*TN000000001~
STC*D0:485*20100315**0*0~               More Information is
                                        available than can be
                                        returned in real time
                                        mode. Narrow your
                                        current search criteria.
SE*NNNN*TSCN00001~
GE*1*234567~
IEA*1*234567890~
```

11.0 277 REJECT RESPONSE 507/508 CODES

507	508	Entity ID Code	507	508	Entity ID Code	Description
A4	35					Claim Not found in History.
A4	35	IP				NPI/Provider ID is not found in Database.
A4	35	IL				Subscriber ID is not found in Database.
A7	21		A4	116		Vendor ID not found in Database.
D0	485					More Information is available than can be returned in real time mode. Narrow your current Search Criteria.
E1	0					CSI is not able to send Response within the time-out period.

12.0 997 ACKNOWLEDMENT CODES

AK403	Description
1	Mandatory Data element missing.
5	Data element too long.
	Data element too short.
7	Data element is Null.
	Data Element not in Range.
	Not a proper Data type.

13.0 MARKETING

13.1 PROVIDER INFORMATION AVAILABLE TO VENDORS

Information regarding Louisiana Medicaid providers will be available to vendors on a "one time" basis. A signed contract for Louisiana CSI is required in order to receive provider information. Vendors may indicate their desire for this information on the registration form provided in this document. The provider information will include:

- Provider Name
- Provider Address
- Provider Telephone Number
- Provider Type

Provider information selection will be based on claim volume within the last twelve months.

13.2 VENDOR MARKETING MATERIAL APPROVAL

The following procedures are suggested for Vendor marketing material approval to ensure a timely and consistent response.

- Prerequisite:
  - Signed contract for LA CSI between the Vendor and Molina Medicaid Solutions
  - Communications link to NAEC must be established or in process
  - Vendor must demonstrate ability to provide claims information to the Provider community, through completion of testing process, or reasonable progress in the test phase.
- Materials must be submitted thirty (30) days prior to the Vendor production implementation date.
- Materials must be submitted to Molina Medicaid Solutions Louisiana staff and a designated person from DHH, and may be in electronic or "hard copy" form.
- The vendor must designate a contact and the preferred method of obtaining the decision on materials (i.e., e-mail, letter).
- Molina Medicaid Solutions and DHH staff will have two (2) weeks from the receipt of the materials to review the documents.
- If changes to the materials are necessary, DHH and Molina Medicaid Solutions reserve the option to review the materials after recommended changes have been made.
- NO marketing materials may be released to the provider community without DHH approval.

14.0 PROBLEM RESOLUTION

14.1 CSI AVAILABILITY

A significant advantage to providers is the availability of CSI: 24 hours a day, seven days a week, except the time needed for file updates and system maintenance.

14.2 PROBLEM ESCALATION PROCEDURES

In the event of problems involving the CSI application, a problem resolution procedure will be followed to ensure that the problem is resolved as quickly and effectively as possible.

NAEC Salt Lake City, UT personnel are available 7 X 24 and are familiar with various POS applications. The NAEC operations telephone number will be published to Vendors. Certain details are helpful when notifying NAEC of a problem:

When reporting the problem please specify:

1. The application by state and type (for instance, LACSI)
2. Vendor ID (for example, ABC)
3. The time the problem began and ended or ongoing
4. If the problem is affecting other Molina Medicaid Solutions applications
5. If the problem is data related (a particular provider is experiencing a problem)

15.0 GLOSSARY

ANSI	American National Standards Institute
ASC	Accredited Standards Committee
BIN	Banking Identification Number
CC	Community Care
CCF	Consolidated Computer Facility
CCN	Card Control Number
CSI	Claim Status Inquiry
DHH	Department of Health and Hospitals
EOT	End of Transmission
HMO	Health Maintenance Organization
ICN	Internal Control Number
LA MMIS	Louisiana Medicaid Management Information Systems
MEVS	Medicaid Eligibility Verification System
MMIS	Medicaid Management Information System
MMS	Molina Medicaid Solutions
NPI	National Provider Identifier
POS	Point of Service
TCP	Transmission Control Protocol
NAEC	Unisys North American Enterprise Computing in Salt Lake City, UT

16.0 CONTACT INFORMATION

Registration:

Gloria Gardner	(225) 216-6290	Central Time Zone
Fax	(225) 216-6373	

Contract Status:

William Dixon	(850) 893-6954	Eastern Time Zone

Testing Procedures/Validation:

Gloria Gardner	(225) 216-6290	Central Time Zone
Fax	(225) 216-6373	

Marketing Materials:

Gloria Gardner	(225) 216-6290	Central Time Zone
Fax	(225) 216-6373	

Establishing Communication:

Salt Lake City Help Desk	(800) 428-6411	Mountain Time Zone
	(800) 642-4230	Mountain Time Zone
John Dempsey	(805) 389-1778	Pacific Time Zone
Scott Totman	(801)386-4822	Mountain Time Zone

Problem Resolution:

Salt Lake City Help Desk	(800) 428-6411	Mountain Time Zone
	(800) 642-4230	Mountain Time Zone

Molina Medicaid Solutions
Provider Relations:

8:00 AM – 5:00 PM	(800) 473-2783	Central Time Zone

Molina Medicaid Solutions

CSI Team:

Kermit Patty	(225) 216-6241	Central Time Zone
Sedra Triggs	(225) 216-6202	Central Time Zone