

Vermont MMIS HIPAA Tech Specs

276 – Health Care Claim Status Request

Claim Status

Field	HIPAA Guide Name	Page		HIPAA		Medicaid	MMIS Instruction
		#	Usage	Note			
NA (Interchange Control Header)							
ISA (Interchange Control Header)							
ISA01	Authorization Information Qualifier	B.3	R	Y			Use "00" for VT Medicaid
ISA02	Authorization Information	B.3	R	Y			Leave this field blank.
ISA02	Authorization Information	B.3	R	Y			Space fill this field.
ISA03	Security Information Qualifier	B.4	R	Y			Use "00" for VT Medicaid
ISA04	Security Information	B.4	R	Y			Space fill this field.
ISA05	Interchange Sender ID Qualifier	B.4	R	Y			Use "ZZ" for VT Medicaid
ISA06	Interchange Sender ID	B.4	R	Y			Use Trading Partner ID assigned by VT Medicaid.
ISA07	Interchange Receiver ID Qualifier	B.4	R	Y			Use "ZZ" for VT Medicaid
ISA08	Interchange Receiver ID	B.5	R	Y			Use VT Medicaid EIN "752548221"
ISA09	Interchange Date	B.5	R	N			
ISA10	Interchange Time	B.5	R	N			
ISA11	Interchange Control Standards Identifier	B.5	R	N			
ISA12	Interchange Control Version Number	B.5	R	N			
ISA13	Interchange Control Number	B.5	R	N			
ISA14	Acknowledgment Requested	B.6	R	Y			VT Medicaid expects a "0".
ISA15	Usage Indicator	B.6	R	Y			Make sure that the value is "T" for transactions in test environment, and "P" for transactions in the production environment.
ISA16	Component Element Separator	B.6	R	N			

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NA (Functional Group Header)

GS (Functional Group Header)

GS01	Functional ID Code	B.8	R	Y	Send "HR".
GS02	Application Sender's Code	B.8	R	Y	Use VT Medicaid assigned Trading Partner ID
GS03	Application Receiver's Code	B.8	R	Y	Use VT Medicaid EIN "752548221"
GS04	Date	B.8	R	N	
GS05	Time	B.8	R	N	
GS06	Group Control Number	B.9	R	N	
GS07	Responsible Agency Code	B.9	R	N	
GS08	Version/Release ID Code	B.9	R	Y	Use Version/Release code "004010X093A1".

NA (Transaction Set Header)

ST (Transaction Set Header)

ST01	Transaction Set Identifier Code	49	R	Y	Use "276".
ST02	Transaction Set Control Number	49	R	Y	Recommend start at 0001 and increment per submission

BHT (Beginning of Hierarchical Transaction)

BHT01	Hierarchical Structure Code	50	R	N	
BHT02	Transaction Set Purpose Code	50	R	N	
BHT04	Transaction Set Creation Date	50	R	N	

2000A (Information Source Level)

HL (Information Source Level)

HL01	Hierarchical ID Number	52	R	Y	Recommend start at 1 and increment per submission.
HL03	Hierarchical Level Code	52	R	N	
HL04	Hierarchical Child Code	53	R	N	

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NM1 (Payer Name)					
NM101	Entity Identifier Code	54	R	Y	Send value "PR".
NM102	Entity Type Qualifier	55	R	Y	Use "2" for VT Medicaid
NM103	Payer Name	55	R	Y	Send "VT MEDICAID"
NM108	Identification Code Qualifier	55	R	Y	Send "PI".
NM109	Payer Identifier	56	R	Y	For VT Medicaid, send "752548221".

PER (Payer Contact Information)					
PER01	Contact Function Code	58	R	X	
PER02	Payer Contact Name	58	S	X	
PER03	Communication Number Qualifier	58	R	X	
PER04	Payer Contact Communication Number	58	R	X	
PER05	Communication Number Qualifier	59	S	X	
PER06	Communication Number	59	S	X	
PER07	Communication Number Qualifier	59	S	X	
PER08	Payer Contact Communication Number	59	S	X	

2000B (Information Receiver Level)

HL (Information Receiver Level)					
HL01	Hierarchical ID Number	60	R	N	
HL02	Hierarchical Parent ID Number	60	R	N	
HL03	Hierarchical Level Code	61	R	N	
HL04	Hierarchical Child Code	61	R	N	

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2100B (Information Receiver Name)

NM1 (Information Receiver Name)

NM101	Entity Identifier Code	62	R	N	
NM102	Entity Type Qualifier	63	R	N	
NM103	Information Receiver Last or Organization Name	63	R	N	
NM104	Information Receiver First Name	63	S	N	
NM105	Information Receiver Middle Name	63	S	N	
NM107	Information Receiver Name Suffix	63	S	N	
NM108	Identification Code Qualifier	63	R	Y	VT Medicaid expects to receive qualifier "46".
NM109	Information Receiver Identification Number	63	R	Y	VT Medicaid expects to receive the Trading Partner ID of the entity sending this transaction.

2000C (Service Provider Level)

HL (Service Provider Level)

HL01	Hierarchical ID Number	65	R	N	
HL02	Hierarchical Parent ID Number	65	R	N	
HL03	Hierarchical Level Code	66	R	N	
HL04	Hierarchical Child Code	66	R	N	

2100C (Provider Name)

NM1 (Provider Name)

NM101	Entity Identifier Code	67	R	Y	Use "1P" for VT Medicaid
NM102	Entity Type Qualifier	68	R	N	
NM103	Provider Last or Organization Name	68	R	N	
NM104	Provider First Name	68	S	N	

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NM105	Provider Middle Name	68	S	N	
NM106	Provider Name Prefix	68	S	N	
NM107	Provider Name Suffix	68	S	N	
NM108	Identification Code Qualifier	68	R	Y	Use "XX" for National Provider Identifier Use "SV" for 7 digit VT Medicaid Provider ID.
NM109	Provider Identifier	69	R	Y	Report 10 digit National Provider Identifier. Report 7 digit VT Medicaid Provider ID.

2000D (Subscriber Level)

HL (Subscriber Level)

HL01	Hierarchical ID Number	70	R	N	
HL02	Hierarchical Parent ID Number	70	R	N	
HL03	Hierarchical Level Code	71	R	N	
HL04	Hierarchical Child Code	71	R	Y	This should always equal "0" for VT Medicaid. The Subscriber is always the same as the Patient.

DMG (Subscriber Demographic Information)

DMG01	Date Time Period Format Qualifier	72	R	Y	This DMG segment is required for VT Medicaid.
DMG02	Subscriber Birth Date	73	R	Y	Required for VT Medicaid.
DMG03	Subscriber Gender Code	73	R	Y	Required.

2100D (Subscriber Name)

NM1 (Subscriber Name)

NM101	Entity Identifier Code	74	R	Y	Use "QC" for VT Medicaid; Subscriber is the Patient.
NM102	Entity Type Qualifier	75	R	Y	Use "1" for VT Medicaid.
NM103	Subscriber Last Name	75	R	N	
NM104	Subscriber First Name	75	S	N	
NM105	Subscriber Middle Name	75	S	N	
NM106	Subscriber Name Prefix	75	S	N	
NM107	Subscriber Name Suffix	75	S	N	

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NM108	Identification Code Qualifier	75	R	Y	Use "MI" for VT Medicaid Member ID.
NM109	Subscriber Identifier	76	R	Y	Use 9 character VT Medicaid ID.

2200D (Claim Submitter Trace Number)

TRN (Claim Submitter Trace Number)

TRN01	Trace Type Code	77	R	Y	Use "1" for VT Medicaid.
TRN02	Trace Number	77	R	Y	Required for VT Medicaid.

REF (Payer Claim Identification Number)

REF01	Reference Identification Qualifier	78	R	Y	If sent, use "1K" with VT Medicaid.
REF02	Payer Claim Control Number	79	R	Y	If sent, use the VT Medicaid Transaction Control Number (TCN).

REF (Institutional Bill Type Identification)

REF01	Reference Identification Qualifier	80	R	Y	If the inquiry is for an Institutional claim, send qualifier "BLT".
REF02	Bill Type Identifier	81	R	Y	If inquiry is for an Institutional claim, send the Type of Bill value.

REF (Medical Record Identification)

REF01	Reference Identification Qualifier	82	R	Y	If sending a Medical Record Number, use qualifier "EA".
REF02	Medical Record Number	82	R	Y	Send Medical Record number if using this segment.

AMT (Claim Submitted Charges)

AMT01	Amount Qualifier Code	84	R	Y	Use qualifier "T3".
AMT02	Total Claim Charge Amount	85	R	Y	Use Billed Amount for VT Medicaid

DTP (Claim Service Date)

DTP01	Date Time Qualifier	86	R	N	
DTP02	Date Time Period Format Qualifier	87	R	N	
DTP03	Claim Service Period	87	R	Y	This is always a date range, even if a single day is reported as both start and end date.

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2210D (Service Line Information)

SVC (Service Line Information)

SVC01	C003-1	Product or Service ID Qualifier	89	R	Y	VT Medicaid expects "AD" for Dental, "HC" for Professional, "N4" for National Drug Code, "NU" for Institutional Revenue Code, or "HC" for Institutional HCPCS code.
SVC01	C003-2	Service Identification Code	90	R	N	
SVC01	C003-3	Procedure Modifier	90	S	N	
SVC01	C003-4	Procedure Modifier	90	S	N	
SVC01	C003-5	Procedure Modifier	90	S	N	
SVC01	C003-6	Procedure Modifier	90	S	N	
SVC02		Line Item Charge Amount	90	R	N	
SVC04		Revenue Code	90	S	N	
SVC07		Original Units of Service Count	90	S	N	

REF (Service Line Item Identification)

REF01		Reference Identification Qualifier	91	R	N	
REF02		Line Item Control Number	92	R	N	

DTP (Service Line Date)

DTP01		Date Time Qualifier	93	R	N	
DTP02		Date Time Period Format Qualifier	93	R	N	
DTP03		Service Line Date	93	R	N	

2000E (Dependent Level)

HL (Dependent Level)

HL01		Hierarchical ID Number	94	R	X	
HL02		Hierarchical Parent ID Number	94	R	X	
HL03		Hierarchical Level Code	95	R	X	
HL04		Hierarchical Child Code	95	N	X	

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DMG (Dependent Demographic Information)

DMG01	Date Time Period Format Qualifier	96	R	X
DMG02	Subscriber Birth Date	97	R	X
DMG03	Subscriber Gender Code	97	R	X
DMG04	Marital Status Code	97	N	X
DMG05	Race or Ethnicity Code	97	N	X

2100E (Dependent Name)

NM1 (Dependent Name)

NM101	Entity Identifier Code	98	R	X
NM102	Entity Type Qualifier	98	R	X
NM103	Subscriber Last Name	99	R	X
NM104	Subscriber First Name	99	S	X
NM105	Subscriber Middle Name	99	S	X
NM106	Subscriber Name Prefix	99	S	X
NM107	Subscriber Name Suffix	99	S	X
NM108	Identification Code Qualifier	99	S	X
NM109	Subscriber Identifier	100	S	X

2200E (Claim Submitter Trace Number)

TRN (Claim Submitter Trace Number)

TRN01	Trace Type Code	101	R	X
TRN02	Trace Number	101	R	X

REF (Payer Claim Identification Number)

REF01	Reference Identification Qualifier	103	R	X
REF02	Payer Claim Control Number	103	R	X

REF (Institutional Bill Type Identification)

REF01	Reference Identification Qualifier	105	R	X
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REF02	Bill Type Identifier	106	R	X
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REF (Medical Record Identification)

REF01	Reference Identification Qualifier	107	R	X
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REF02	Medical Record Number	107	R	X
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AMT (Claim Submitted Charges)

AMT01	Amount Qualifier Code	109	R	X
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AMT02	Total Claim Charge Amount	110	R	X
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DTP (Claim Service Date)

DTP01	Date Time Qualifier	111	R	X
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DTP02	Date Time Period Format Qualifier	112	R	X
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DTP03	Claim Service Period	112	R	X
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2210E (Service Line Information)

SVC (Service Line Information)

SVC01	C003-1	Product or Service ID Qualifier	114	R	X
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SVC01	C003-2	Service Identification Code	115	R	X
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SVC01	C003-3	Procedure Modifier	115	S	X
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SVC01	C003-4	Procedure Modifier	115	S	X
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SVC01	C003-5	Procedure Modifier	115	S	X
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SVC01	C003-6	Procedure Modifier	115	S	X
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SVC02		Line Item Charge Amount	115	R	X
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SVC04		Revenue Code	115	S	X
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SVC07		Original Units of Service Count	116	S	X
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REF (Service Line Item Identification)

REF01	Reference Identification Qualifier	117	R	X
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REF02	Line Item Control Number	117	R	X
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DTP (Service Line Date)

DTP01	Date Time Qualifier	118	R	X
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DTP02	Date Time Period Format Qualifier	118	R	X
DTP03	Service Line Date	119	R	X

NA (Transaction Set Trailer)

SE (Transaction Set Trailer)				
SE01	Transaction Segment Count	120	R	N
SE02	Transaction Set Control Number	120	R	N

NA (Functional Group Trailer)

GE (Functional Group Trailer)				
GE01	Number of Transaction Sets Included	B.10	R	N
GE02	Group Control Number	B.10	R	N

NA (Interchange Control Trailer)

IEA (Interchange Control Trailer)				
IEA01	Number of Included Functional Groups	B.7	R	N
IEA02	Interchange Control Number	B.7	R	N