



MVP Health Care

HIPAA Transaction Standard Companion Guide

Refers to the TR3 Guides Based on ASC X12 version 005010

ANSI X12 276/277 Version 005010X212

Health Care Claim Status Request and Response:

Real-time

Guide Version 4.0

January 31, 2013



MVP Health Care's goal is to ensure that our systems, supporting business processes, policies and procedures successfully meet the implementation standards and deadlines mandated by the United States Department of Health and Human Services (DHHS). Additionally, MVP Health Care is committed to maintaining the integrity and security of health care data in accordance with all applicable laws and regulations.

All instructions in this document were written using information known at the time of publication and may change. The most up-to-date version of the Companion Guide is available on the MVP Health Care Web site (<http://www.mvphealthcare.com>). Please be sure that any printed version you use is the same as the latest version available at the MVP Health Care Web site.



This Companion Guide to the v5010 ASC X12N Implementation Guides and associated errata adopted under HIPAA clarifies and specifies the data content when exchanging electronically with MVP Health Care. Transmissions based on this companion guide, used in tandem with the v5010 ASC X12N Implementation Guides, are compliant with both ASC X12 syntax and those guides. This Companion Guide is intended to convey information that is within the framework of the ASC X12N Implementation Guides adopted for use under HIPAA. The Companion Guide is not intended to convey information that in any way exceeds the requirements or usages of data expressed in the Implementation Guides.



This page is blank because major sections of a book should begin on a right hand page.

1.	INTRODUCTION	6
1.1.	SCOPE	6
1.2.	OVERVIEW	6
1.3.	ADDITIONAL INFORMATION	6
1.4.	REFERENCES	6
2.	GETTING STARTED	7
2.1.	WORKING WITH MVP HEALTH CARE	7
2.2.	TRADING PARTNER REGISTRATION	7
2.3.	ENROLL IN POST-N-TRACK.....	7
2.4.	HOW TO ENROLL FOR REAL-TIME.....	7
2.5.	COMMUNICATION PROTOCOL SPECIFICATIONS	8
2.6.	PASSWORDS	9
2.7.	OBTAINING A CERTIFICATE	9
3.	TESTING WITH THE PAYER	9
4.	CONNECTIVITY WITH THE PAYER/COMMUNICATIONS	9
4.1.	TRANSMISSION ADMINISTRATIVE PROCEDURES	10
4.2.	DELIMITERS SUPPORTED	11
4.3.	LIMITATIONS	12
4.4.	DOWN TIME	12
4.5.	RE-TRANSMISSION PROCEDURE	12
5.	CONTACT INFORMATION	13
5.1.	EDI CUSTOMER SERVICE	13
5.2.	EDI TECHNICAL ASSISTANCE	14
5.3.	PROVIDER SERVICE NUMBER	14
5.4.	APPLICABLE WEBSITES/E-MAIL	14
6.	CONTROL SEGMENTS/ENVELOPES	15
6.1.	ISA	15
6.2.	GS.....	15
6.3.	ST	15
7.	PAYER SPECIFIC BUSINESS RULES AND LIMITATIONS	16
7.1.	Request Transactions Supported	16
7.2.	Response Transactions Supported	16
8.	ACKNOWLEDGEMENTS AND/OR REPORTS	16
8.1.	REPORT INVENTORY.....	16
9.	TRADING PARTNER AGREEMENTS	16
10.	TRANSACTION SPECIFIC INFORMATION	17
10.1.	MVP Requirements for the ANSI X12 276 Transaction - Health Care Claim Status Request.....	17
10.2.	MVP Requirements for the ANSI X12 277 Transaction - Health Care Claim Status Response ...	28
11.	APPENDICES.....	41
12.	VERSION CHANGE LOG.....	41



1. INTRODUCTION

This companion guide provides guidance for the use of ASC X12 version 5010 276 and 277 transactions with MVP Health Care. It includes information on set up and communications, how to use the real-time transactions and specific transaction segment detail (transaction tables). This information is provided to supplement (not replace) the 5010 TR3 instructions. The transaction tables detail information that may:

1. Specify a sub-set of the TR3 internal code listings
2. Clarify the use of loops, segments, composite and simple data elements
3. Specify any other information tied directly to a loop, segment, and composite or simple data element pertinent to trading electronically with MVP Health Care

These tables include a row for each segment and one or more additional rows used to describe MVP Health Care's usage for composite and simple data elements and for any other information. Notes and comments can be found in description fields. The transaction tables can be found in Section 10, Transaction Specific Information.

1.1. SCOPE

The purpose of this document is to provide the information necessary to submit Health Care Claim Status and Response transactions, in *real-time*, that are submitted electronically to MVP Health Care. This companion guide is to be used in conjunction with the ANSI X12N TR3 guide. The HIPAA TR3s can be obtained from the Washington Publishing Company by calling 1-800-972-4334 or are available for download on their web site at

<http://www.wpc-edi.com/>

1.2. OVERVIEW

This document provides information to assist in establishing the real-time 276 and 277 transactions with MVP Health Care. Its contents include information about trading partner set up and enrollment (section 2), establishing connectivity (section 4), understanding transaction detail (sections 6 and 10) and contact information (section 5). For a full listing of all sections of this companion guide, please refer to the Table of Contents.

1.3. ADDITIONAL INFORMATION

This Companion Guide assumes the reader is familiar with the 276/277 Health Care Claim Status Request and Response transactions.

Advantages and Benefits of EDI

There are many benefits and advantages to using electronic transactions. Primary benefits include an overall reduction in manual effort required to conduct the transaction using a different method. This saves time, improves efficiency and accuracy, and ultimately saves costs. In addition to these benefits, standardization of key electronic transactions within the health care industry has eliminated the need for providers and facilities to adapt to numerous proprietary formats. Electronic data exchanges should be consistent between providers, facilities and health care payers for such transactions.

1.4. REFERENCES

Workgroup for Electronic Data Interchange (WEDI) – <http://www.wedi.org>

United States Department of Health and Human Services (DHHS) – <http://aspe.hhs.gov/admsimp/>



Centers for Medicare and Medicaid Services (CMS) – <http://www.cms.gov/>

Designated Standard Maintenance Organizations (DSMO) – <http://www.hipaa-dsmo.org/>

National Council of Prescription Drug Programs (NCPDP) – <http://www.ncdp.org/>

National Uniform Billing Committee (NUBC) – <http://www.nubc.org/>

Accredited Standards Committee (ASC X12) – <http://www.x12.org/>

2. GETTING STARTED

2.1. WORKING WITH MVP HEALTH CARE

MVP Healthcare partners with Post-n-Track for providers and clearinghouses to submit real-time transactions through a secure, free connection. Post-n-Track's Real-time Exchange System facilitates the secure exchange of healthcare claims and related transactions, supporting one-to-one and many-to-many real-time transactions.

One-to-One: Real-time transactions require trading partners to post a request, via HTTPS or Web Service, to a designated URL address and receive an immediate response to the request.

To begin the process of setting up real-time transactions with Post-n-Track's Real-time Exchange System clients must do the following:

- Enroll in Post-n-Track
- Select Your Choice of Protocol
- Establish Authentication/Authorization

Once these tasks have been completed, clients can begin sending transactions.

2.2. TRADING PARTNER REGISTRATION

Refer to Section 2.3, Enroll in Post-n-Track.

2.3. ENROLL IN POST-N-TRACK

To begin using Post-n-Track's Real-time System clients must create a profile by completing our enrollment process. Follow the steps listed below to sign up for real-time transactions.

2.4. HOW TO ENROLL FOR REAL-TIME

Real-time enrollment can be accessed from the Post-n-Track website. Step by step instructions are described below.

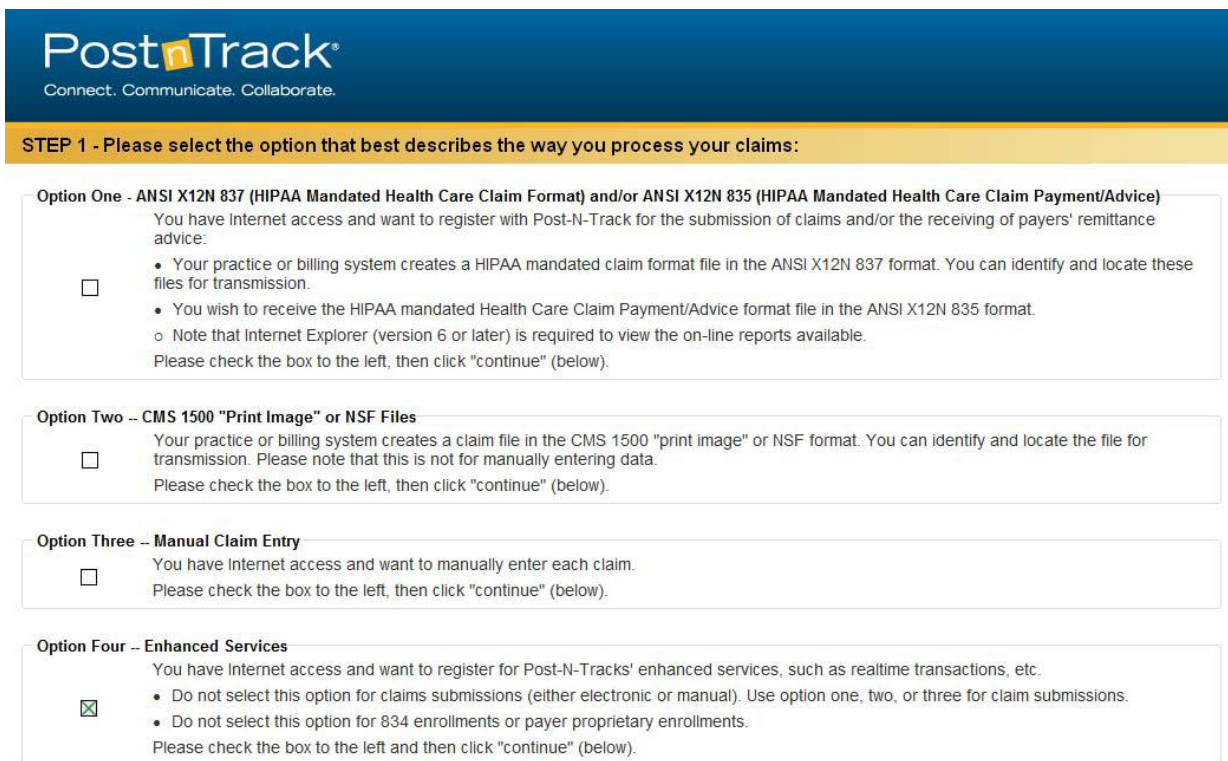
1. Open a Web browser and navigate to the Post-n-Track website:

<http://www.Post-n-Track.com>

2. Select the *Enroll Now!* option located at the top right corner of the home page. This will launch the Enrollment



3. Select Option Four - *Enhanced Services* by selecting the check box and then click the *Continue* button at the bottom of the screen.



Post-n-Track
Connect. Communicate. Collaborate.

STEP 1 - Please select the option that best describes the way you process your claims:

Option One - ANSI X12N 837 (HIPAA Mandated Health Care Claim Format) and/or ANSI X12N 835 (HIPAA Mandated Health Care Claim Payment/Advice)
You have Internet access and want to register with Post-N-Track for the submission of claims and/or the receiving of payers' remittance advice.

- Your practice or billing system creates a HIPAA mandated claim format file in the ANSI X12N 837 format. You can identify and locate these files for transmission.
- You wish to receive the HIPAA mandated Health Care Claim Payment/Advice format file in the ANSI X12N 835 format.
- Note that Internet Explorer (version 6 or later) is required to view the on-line reports available.

Please check the box to the left, then click "continue" (below).

Option Two -- CMS 1500 "Print Image" or NSF Files
Your practice or billing system creates a claim file in the CMS 1500 "print image" or NSF format. You can identify and locate the file for transmission. Please note that this is not for manually entering data.

Please check the box to the left, then click "continue" (below).

Option Three -- Manual Claim Entry
You have Internet access and want to manually enter each claim.

Please check the box to the left, then click "continue" (below).

Option Four -- Enhanced Services
You have Internet access and want to register for Post-N-Tracks' enhanced services, such as realtime transactions, etc.

- Do not select this option for claims submissions (either electronic or manual). Use option one, two, or three for claim submissions.
- Do not select this option for 834 enrollments or payer proprietary enrollments.

Please check the box to the left and then click "continue" (below).

4. On the next screen enter your profile information (for example, your name, company name, etc.). Once all required fields have been completed select *Continue*.

5. A screen will display so you may confirm the profile information you entered. Review the information and select *Continue* to confirm.

6. Please read the license agreement, enter your name and e-mail address, and select *I Agree* or *I Disagree*, then select *Continue*.

2.5. COMMUNICATION PROTOCOL SPECIFICATIONS

Once you have completed the Post-n-Track enrollment process you must select the protocol you wish to use to send your data. If using Real-time one-to-one you must choose one of the following transaction methods.

- HTTPS



2.6. PASSWORDS

Post-n-Track requires client authentication and authorization prior to allowing the request to be processed. Authentication simply means that you are proving to Post-n-Track that you are who you claim you are. In other words, Post-n-Track needs an indisputable way to determine that the request is from a legitimate trading partner. Authorization refers to what you are allowed to do once you are authenticated. Post-n-Track supports two methods of authentication:

- Username/Password
- Digital Certificate

Post-n-Track will allow access to Real-time Exchange System through the use of a username and password. These must be requested from Post-n-Track and will be sent to you via a secure email system. Please note that the HIPAA laws require that this information be sent secured at all times when using any means of electronic communication. This means that if you do a simple "Reply" to the email that you received using a non-secure system and the username and password have not been deleted from the email, then the integrity of the username and password will have been compromised. Post-n-Track will immediately disable the username and password and reissue them. Please contact Post-n-Track if you wish to use the username and password authentication. One will be sent to you via email or phone

2.7. OBTAINING A CERTIFICATE

Digital Certificate authentication refers to using an electronic document which utilizes a digital signature to bind together a public key with an identity, such as the name of a person or an organization, their address, etc.

Post-n-Track recommends using a Class 1 certificate and supports certificates issued by VeriSign and other Certification Authorities. However if you choose to use a Certification Authority other than VeriSign, please contact Post-n-Track prior to doing so. We will check that the Web of Trust for that Certification Authority is present on our servers, and if not, we will work with both you and them to do so.

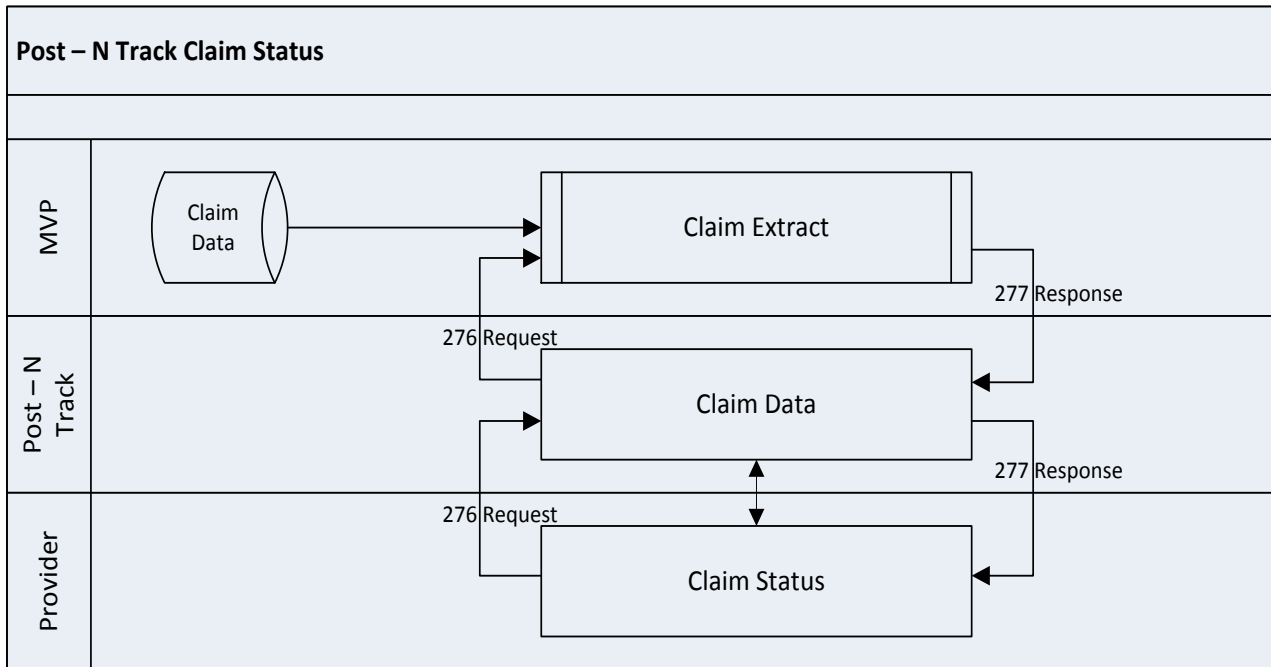
IMPORTANT NOTE: *The certificate should be requested from the computer that will be used to communicate with Post-n-Track. This will ensure that the certificate will be properly installed into the correct certificate store on that computer.*

3. TESTING WITH THE PAYER

Testing will be performed by Post-N-Track.

4. CONNECTIVITY WITH THE PAYER/COMMUNICATIONS

PROCESS FLOWS



4.1. TRANSMISSION ADMINISTRATIVE PROCEDURES

The 276 Health Care Claim Status Request is designed to provide claim status information for patient claims previously submitted to MVP. Since MVP assigns a unique member ID number to subscribers and their dependents the use of the dependent loop is not required and should not be sent. Use of the subscriber loop for both subscriber and dependents is required.

It is recommended trading partners submit the X12 276 data with the equivalent of:

- A **Patient ID** in the NM1 segment of HL22 Subscriber Level (Loop 2000D) – the NM108 should equal MI and the NM109 should equal the patient’s **Member ID** number
- **Rendering Provider ID** (or Billing where applicable) in the NM1 segment of HL19 Provider Level (Loop 2000C) – the NM108 should equal XX and the NM109 should equal the **National Provider Identifier (NPI)**

<ul style="list-style-type: none"> • Table 2 – Subscriber Level Detail will contain information on the patient claim. This claim can be for the subscriber or dependent. (Loops 2000D, 2100D and 2200D).
<ul style="list-style-type: none"> • Table 2 – Dependent Level Detail (Loops 2100E and 2110E and 2200E) is not required. Do not send. MVP Members all have unique identifiers and must be reported in Loops 2000D, 2100D and 2200D.
<ul style="list-style-type: none"> • MVP processes claim level and service level requests from information receivers.
<ul style="list-style-type: none"> • MVP provider validation <ol style="list-style-type: none"> 1. Match Rendering Provider NPI (or Billing where applicable) in the NM1 segment of HL19 Provider Level Loop (2000C Loop) to Rendering MVP Provider ID attached to Patient MVP Claim.



<ul style="list-style-type: none"> MVP search criteria patient validation are: <ol style="list-style-type: none"> Patient Identifier (Loop 2100D – NM109) Patient First Name (Loop 2100D – NM104) Patient Date of Birth (Loop 2000D – DMG02)
<ul style="list-style-type: none"> MVP search criteria for claim level validation are: <ol style="list-style-type: none"> Find Patient using search criteria above Provider Identifier (Loop 2100C – NM109) <ol style="list-style-type: none"> Claim Dates (Loop 2200D - DTP02 qualifier 232) Total charges (Loop 2200D - AMT02 qualifier T3) or <ol style="list-style-type: none"> Payer Claim Control Number (Loop 2200D – REF02 qualifier 1K) <p><i>Note: all Searches include MVP Provider ID validation (Loop 2100C – NM109)</i></p>
<ul style="list-style-type: none"> MVP search criteria for line level validation are: <ol style="list-style-type: none"> Find Patient using search criteria above Provider Identifier (Loop 2100C – NM109) Service Date (Loop 2210D - DTP02 qualifier 472) Service Line Procedure Code (Loop 2210D – SVC01-2) or Revenue Code (Loop 2210D – SVC04) Service Line Charge Amounts (Loop 2210D – SVC02)

The 277 Health Care Claim Status Response transactions are used to provide claim status information back to the information receiver. MVP will provide the following level of detail:

<ul style="list-style-type: none"> Table 2 – Subscriber Level Detail information (if appropriate)
<ul style="list-style-type: none"> Claim Level and Service Line information (if appropriate)

4.2. DELIMITERS SUPPORTED

A delimiter is a character used to separate two data elements or sub-elements, or to terminate a segment. Delimiters are specified in the interchange header segment, ISA. The ISA segment is a 105 byte fixed length record. The data element separator is byte number 4; the component element separator is byte number 105; and the segment terminator is the byte that immediately follows the component element separator. Once specified in the interchange header, delimiters are not to be used in a data element value elsewhere in the transaction.

Description	Default Delimiter
Data element	* Asterisk



separator	
Sub-element separator	: Colon
Repetition separator	^ Carrot
Segment Terminator	~ Tilde

MVP will support these default delimiters or any delimiter specified by the trading partner in the ISA/IEA envelope structure.

4.3. LIMITATIONS

The 276 Health Care Claim Status Request is used only in conjunction with the 277 Health Care Claim Status Response. This implementation guide addresses the paired usage of the 276 as a request for claim status and the 277 as a response to that request. Separate implementation guides were developed to detail using the 277CA Health Care Claim Acknowledgement. This implementation guide should not be used for those purposes.

4.4. DOWN TIME

MVP Health care has regular scheduled Maintenance weekends. The following http://www.mvphealthcare.com/provider/documents/MVP_Health_Care_Planned_Maintenance_Downtime.pdf is not all inclusive and can vary. In the event there is unscheduled downtime or a date has changed we will notify Post-n-Track and all Trading Partners by email.

http://www.mvphealthcare.com/provider/documents/MVP_Health_Care_Planned_Maintenance_Downtime.pdf

4.5. RE-TRANSMISSION PROCEDURE

MVP will reject 276 transactions that fail HIPAA compliance validation at Levels 1 or 2. Rejected transactions at this level should be reviewed, corrected, and resubmitted for processing.

Compliance validation errors will be reported in the 999 Implementation Acknowledgement transactions. The compliance edits are based on the ANSI ASC X12N Technical Report Type 3 (TR3 Implementation Guide) requirements for the 5010 Errata version of the transaction. Validation at Levels 1 and 2 include the following:

Level 1 (X12 Syntax Integrity)

- Valid Segments
- Segment Order
- Data Element Attributes



- Numeric Validation
- X12 Syntax Validation
- X12 Rules

Level 2 (HIPAA Syntactical Requirement Testing)

- Repeat counts
- Used & Not Used Codes
- Elements and Segments
- Required or Intra-segment Situational Data Elements
- Validation of Non-medical Codes contained within TR3 Codes Referenced within the TR3 Guides

Transactions passing the preceding validation edits will be processed. Please consult the 276 TR3 Guide to determine what needs to be done for the specific compliance errors reported.

5. CONTACT INFORMATION

5.1. EDI CUSTOMER SERVICE

This section contains detailed information concerning EDI Customer Service.

This companion guide supports the receipt of the 276 Health Care Claim Status Request and the transmission of the 277 Health Care Claim Status Response in real-time mode.

MVP Health Care Claim Status transactions are facilitated by Post-n-Track, a free service. Please contact your Post-n-Track representative for instructions on communications, testing and implementation. They can also be contacted at:

Real-time Support

Post-n-Track Corporation

2080 Silas Deane Highway

Suite 302

Rocky Hill, CT 06067

860-257-2030

Realtimesupport@post-n-track.com

www.Post-n-track.com

MVP Health Care's EDI Services Department can be contacted at:

1-877-461-4911

EDIServices@mvphhealthcare.com



5.2. EDI TECHNICAL ASSISTANCE

MVP Health Care's EDI Services Department

1-877-461-4911

EDIServices@mvphealthcare.com

5.3. PROVIDER SERVICE NUMBER

MVP Contact Number – Claim Status, Eligibility, and Benefits

Professional Relations Service Center

1-800-999-3920

5.4. APPLICABLE WEBSITES/E-MAIL

www.MVPHealthcare.com

www.Post-n-track.com



6. CONTROL SEGMENTS/ENVELOPES

6.1. ISA

The following tables contain the MVP trading partner identifier and the transaction specific identifiers. Please refer to Sections 10.1 and 10.2 for additional data element specifications.

276

PAGE	USAGE	ELEMENT ID	ELEMENT NAME	VALUE	LENGTH	DESCRIPTION
261	R	ISA08	INTERCHANGE RECEIVER ID	141650868	15/15	MVP Tax ID

277

PAGE	USAGE	ELEMENT ID	ELEMENT NAME	VALUES	LENGTH	DESCRIPTION
260	R	ISA06	INTERCHANGE SENDER ID	141650868	15/15	MVP Tax ID

6.2. GS

The following tables contain the MVP trading partner identifier and the transaction specific identifiers. Please refer to Sections 10.1 and 10.2 for additional data element specifications.

276

PAGE	USAGE	ELEMENT ID	ELEMENT NAME	VALUE	LENGTH	DESCRIPTION
263	R	GS03	APPLICATION RECEIVER'S CODE	141650868	2/15	MVP Federal Tax ID
264	R	GS08	VERSION/RELEASE/INDUSTRY IDENTIFIER CODE	005010X212	1/12	Version / Release / Industry Identifier Code

277

PAGE	USAGE	ELEMENT ID	ELEMENT NAME	VALUES	LENGTH	DESCRIPTION
263	R	GS02	APPLICATION SENDER'S CODE	141650868	2/15	MVP Federal Tax ID
264	R	GS08	VERSION/RELEASE/INDUSTRY IDENTIFIER CODE	005010X212	1/12	Version / Release / Industry Identifier Code

6.3. ST

The following tables contain the MVP trading partner identifier and the transaction specific identifiers. Please refer to Sections 10.1 and 10.2 for additional data element specifications.

276

PAGE	USAGE	ELEMENT ID	ELEMENT NAME	VALUE	LENGTH	DESCRIPTION
36	R	ST03	IMPLEMENTATION	005010X212	1/35	Implementation Convention



PAGE	USAGE	ELEMENT ID	ELEMENT NAME	VALUE	LENGTH	DESCRIPTION
			CONVENTION REFERENCE			Reference

277

PAGE	USAGE	ELEMENT ID	ELEMENT NAME	VALUES	LENGTH	DESCRIPTION
106	R	ST03	IMPLEMENTATION CONVENTION REFERENCE	005010X212	1/35	Implementation Convention Reference

7. PAYER SPECIFIC BUSINESS RULES AND LIMITATIONS

7.1. Request Transactions Supported

This section is intended to identify the type and version of the ASC X12N Health Care Claim Status Request transaction that MVP will accept.

- | |
|---|
| <ul style="list-style-type: none"> 276 Health Care Claim Status Request – ASC X12N 276 (005010X212) |
|---|

7.2. Response Transactions Supported

This section is intended to identify the response transactions supported by MVP.

- | |
|--|
| <ul style="list-style-type: none"> 277 Health Care Claim Status Response - ASC X12N 277 (005010X212) |
| <ul style="list-style-type: none"> 999 Implementation Acknowledgement for Health Care Insurance (005010X231A1) |

8. ACKNOWLEDGEMENTS AND/OR REPORTS

MVP Health Care real-time transactions do not utilize reports. 999 transactions are returned for compliance-related rejections.

8.1. REPORT INVENTORY

There are no reports for these transactions.

9. TRADING PARTNER AGREEMENTS

MVP Health Care real-time transactions are submitted through Post-N-Track. Please contact Post-N-Track for information on Trading Partner Agreements.



10. TRANSACTION SPECIFIC INFORMATION

10.1. MVP Requirements for the ANSI X12 276 Transaction - Health Care Claim Status Request

Note: the information in this table refers to the TR3.

PAGE	USAGE	ELEMENT ID	ELEMENT NAME	VALUE	LENGTH	DESCRIPTION
			INTERCHANGE/FUNCTION HEADERS			
	R	ISA	INTERCHANGE CONTROL HEADER			
260	R	ISA01	AUTHORIZATION INFORMATION QUALIFIER	00	2/2	No Authorization Information Present in I02
260	R	ISA02	AUTHORIZATION INFORMATION		10/10	Blank
260	R	ISA03	SECURITY INFORMATION QUALIFIER	00	2/2	No Security Information Present in I04
260	R	ISA04	SECURITY INFORMATION		10/10	Blank
260	R	ISA05	INTERCHANGE ID QUALIFIER	30	2/2	Federal Tax ID
260	R	ISA06	INTERCHANGE SENDER ID		15/15	Sender Tax ID
261	R	ISA07	INTERCHANGE ID QUALIFIER	30	2/2	Federal Tax ID
261	R	ISA08	INTERCHANGE RECEIVER ID	141650868	15/15	MVP Tax ID
261	R	ISA09	INTERCHANGE DATE	YYMMDD	6/6	Date of interchange(YYMMDD)
261	R	ISA10	INTERCHANGE TIME	HHMM	4/4	Time of interchange



PAGE	USAGE	ELEMENT ID	ELEMENT NAME	VALUE	LENGTH	DESCRIPTION
261	R	ISA11	INTERCHANGE CONTROL STANDARDS IDENTIFIER	^	1/1	Repetition Separator
261	R	ISA12	INTERCHANGE CONTROL VERSION NUMBER	00501	5/5	Draft Standards Approved by ASC X12 thru October 2003
261	R	ISA13	INTERCHANGE CONTROL NUMBER		9/9	Must match IEA02
262	R	ISA14	ACKNOWLEDGMENT REQUESTED	0	1/1	0 = NO
262	R	ISA15	TEST INDICATOR	P	1/1	P = production
262	R	ISA16	COMPONENT ELEMENT SEPARATOR	:	1/1	Delimiter
	R	GS	FUNCTIONAL GROUP HEADER			
263	R	GS01	FUNCTIONAL IDENTIFIER CODE	HR	2/2	Health Care Claim Status Request
263	R	GS02	APPLICATION SENDER'S CODE		2/15	Sender's Tax ID
263	R	GS03	APPLICATION RECEIVER'S CODE	141650868	2/15	MVP Federal Tax ID
263	R	GS04	DATE		8/8	Group Creation Date (CCYYMMDD)
264	R	GS05	TIME		4/8	Creation Time (HHMM)
264	R	GS06	GROUP CONTROL NUMBER		1/9	Assigned by Sender
264	R	GS07	RESPONSIBLE AGENCY CODE	X	1/2	Accredited Standards Committee X12
264	R	GS08	VERSION/RELEASE/INDUSTRY IDENTIFIER CODE	005010X212	1/12	
			TABLE 1 - TRANSACTION HEADER			



PAGE	USAGE	ELEMENT ID	ELEMENT NAME	VALUE	LENGTH	DESCRIPTION
	R	ST	TRANSACTION SET HEADER			
36	R	ST01	TRANSACTION SET IDENTIFIER CODE	276	3/3	Health Care Claim Status Request
36	R	ST02	TRANSACTION SET CONTROL NUMBER		4/9	Must match SE02 control number
36	R	ST03	IMPLEMENTATION CONVENTION REFERENCE	005010X212	1/35	
	R	BHT	BEGINNING OF HIERARCHICAL TRANSACTION			Define the business structure of the transaction set; identify business application purpose and reference data.
37	R	BHT01	HIERARCHICAL STRUCTURE CODE	0010	4/4	Information Source, Information Receiver, Provider of Service, Subscriber, Dependent
37	R	BHT02	TRANSACTION SET PURPOSE CODE	13	2/2	Request
37	R	BHT03	TRANSACTION REFERENCE IDENTIFICATION		1/50	Reference identification / Control number
37	R	BHT04	TRANSACTION SET CREATION DATE	CCYYMMDD	8/8	Date format - CCYYMMDD
38	R	BHT05	TRANSACTION SET CREATION TIME		4/8	HHMM
			TABLE 2 - DETAIL, INFORMATION SOURCE LEVEL			
	R	Loop 2000A	INFORMATION SOURCE LEVEL			MVP is the Information Source
	R	HL	INFORMATION SOURCE LEVEL			
39	R	HL01	HIERARCHICAL ID NUMBER		1/12	Unique number assigned by the sender to identify a particular data segment in the HL structure



PAGE	USAGE	ELEMENT ID	ELEMENT NAME	VALUE	LENGTH	DESCRIPTION
40	R	HL03	HIERARCHICAL LEVEL CODE	20	1/2	Information source
40	R	HL04	HIERARCHICAL CHILD CODE	1	1/1	Additional subordinate HL data segments in this hierarchical structure
	R	Loop 2100A	PAYER NAME			
	R	NM1	PAYER NAME			
41	R	NM101	ENTITY IDENTIFIER CODE	PR	2/3	Payer
41	R	NM102	ENTITY TYPE QUALIFIER	2	1/1	Non person entity
41	R	NM103	PAYER NAME	MVP	1/60	MVP's name
42	R	NM108	IDENTIFICATION CODE QUALIFIER	PI	1/2	Payer identification
42	R	NM109	PAYER IDENTIFIER	141650868	2/80	MVP's Federal Tax ID
			TABLE 2 - DETAIL, INFORMATION RECEIVER LEVEL			
	R	Loop 2000B	INFORMATION RECEIVER LEVEL			This entity expects response from the information source.
	R	HL	INFORMATION RECEIVER LEVEL			
43	R	HL01	HIERARCHICAL ID NUMBER		1/12	Unique number assigned by the sender to identify a particular data segment in the HL structure



PAGE	USAGE	ELEMENT ID	ELEMENT NAME	VALUE	LENGTH	DESCRIPTION
43	R	HL02	HIERARCHICAL PARENT ID NUMBER		1/12	HL02 identifies the hierarchical ID number of the HL segment to which the current HL segment is subordinate.
44	R	HL03	HIERARCHICAL LEVEL CODE	21	1/2	Information Receiver
44	R	HL04	HIERARCHICAL CHILD CODE	1	1/2	Additional subordinate HL data segments in this hierarchical structure
	R	Loop 2100B	INFORMATION RECEIVER NAME			Individual or organization requesting to receive the status information.
	R	NM1	RECEIVER NAME			
45	R	NM101	ENTITY IDENTIFIER CODE	41	2/3	Submitter
45	R	NM102	ENTITY TYPE QUALIFIER	1, 2	1/1	1 = Person 2 = Non person entity
46	R	NM103	INFORMATION RECEIVER LAST OR ORGANIZATION NAME		1/60	Name of entity receiving the information
46	S	NM104	INFORMATION RECEIVER FIRST NAME		1/35	The first name is required when the value in NM102 is '1'
46	S	NM105	INFORMATION RECEIVER MIDDLE NAME		1/25	
46	R	NM108	IDENTIFICATION CODE QUALIFIER	46	1/2	Electronic Transmitter Identification Number (ETIN)
46	R	NM109	INFORMATION RECEIVER IDENTIFICATION NUMBER		2/80	Tax ID of entity receiving the information
			TABLE 2 - DETAIL, SERVICE PROVIDER LEVEL			
	R	Loop 2000C	SERVICE PROVIDER LEVEL			



PAGE	USAGE	ELEMENT ID	ELEMENT NAME	VALUE	LENGTH	DESCRIPTION
	R	HL	SERVICE PROVIDER LEVEL			
47	R	HL01	HIERARCHICAL ID NUMBER		1/12	Unique number assigned by the sender to identify a particular data segment in the HL structure
47	R	HL02	HIERARCHICAL PARENT ID NUMBER		1/12	HL02 identifies the hierarchical ID number of the HL segment to which the current HL segment is subordinate.
48	R	HL03	HIERARCHICAL LEVEL CODE	19	1/2	Provider of Service
48	R	HL04	HIERARCHICAL CHILD CODE	1	1/2	Additional subordinate HL data segments in this hierarchical structure
	R	Loop 2100C	PROVIDER NAME			This is the rendering provider from the original submitted claim.
	R	NM1	PROVIDER NAME			
50	R	NM101	ENTITY IDENTIFIER CODE	1P	2/3	Provider
50	R	NM102	ENTITY TYPE QUALIFIER	1, 2	1/1	1 = Person 2 = Non person entity
50	R	NM103	PROVIDER LAST OR ORGANIZATION NAME		1/60	
50	S	NM104	PROVIDER FIRST NAME		1/35	The first name is required when the value in NM102 is '1'
50	S	NM105	PROVIDER MIDDLE NAME		1/25	
50	S	NM107	PROVIDER NAME SUFFIX		1/10	
51	R	NM108	IDENTIFICATION CODE QUALIFIER	XX	1/2	Provider identification number
51	R	NM109	PROVIDER IDENTIFIER		2/80	NPI



PAGE	USAGE	ELEMENT ID	ELEMENT NAME	VALUE	LENGTH	DESCRIPTION
			TABLE 2 - DETAIL, SUBSCRIBER LEVEL			
	R	Loop 2000D	SUBSCRIBER LEVEL			
	R	HL	SUBSCRIBER LEVEL			
53	R	HL01	HIERARCHICAL ID NUMBER		1/12	Unique number assigned by the sender to identify a particular data segment in the HL structure
53	R	HL02	HIERARCHICAL PARENT ID NUMBER		1/1	HL02 identifies the hierarchical ID number of the HL segment to which the current HL segment is subordinate.
53	R	HL03	HIERARCHICAL LEVEL CODE	22	1/2	Subscriber
53	R	HL04	HIERARCHICAL CHILD CODE	0	1/1	0=No Subordinate HL Segment in This Hierarchical Structure. Required when there are no dependent claim status requests for this subscriber.
	S	DMG	SUBSCRIBER DEMOGRAPHIC INFORMATION			Required: every MVP member has a unique identification number.
54	R	DMG01	DATE FORMAT QUALIFIER	D8	2/3	Date Expressed in Format CCYYMMDD
55	R	DMG02	SUBSCRIBER BIRTH DATE		1/35	Date of Birth
55	R	DMG03	SUBSCRIBER GENDER CODE	F,M	1/1	F = Female, M=Male
	R	Loop 2100D	SUBSCRIBER NAME			
	R	NM1	SUBSCRIBER NAME			



PAGE	USAGE	ELEMENT ID	ELEMENT NAME	VALUE	LENGTH	DESCRIPTION
56	R	NM101	ENTITY IDENTIFIER CODE	IL	2/3	IL = Insured or Subscriber
56	R	NM102	ENTITY TYPE QUALIFIER	1	1/1	1= Person
57	R	NM103	SUBSCRIBER LAST NAME		1/60	
57	R	NM104	SUBSCRIBER FIRST NAME		1/35	The first name is required when the value in NM102 is '1'
57	S	NM105	SUBSCRIBER MIDDLE NAME		1/25	
57	S	NM107	SUBSCRIBER NAME SUFFIX		1/10	
57	R	NM108	IDENTIFICATION CODE QUALIFIER	MI	1/2	MI=Member ID Number
57	R	NM109	SUBSCRIBER IDENTIFIER		2/80	MVP Member ID Number
	S	Loop 2200D	CLAIM SUBMITTER TRACE NUMBER			
	S	TRN	CLAIM SUBMITTER TRACE NUMBER			Required: every MVP member has a unique identification number.
58	R	TRN01	TRACE TYPE CODE	1	1/2	Current Transaction Trace Numbers
58	R	TRN02	TRACE NUMBER		1/50	Trace number assigned by receiver. This data element corresponds to the CLM01 data element of the ASC X12N Dental, Institutional, and Professional Implementation Guides.



PAGE	USAGE	ELEMENT ID	ELEMENT NAME	VALUE	LENGTH	DESCRIPTION
	S	REF	PAYER CLAIM IDENTIFICATION NUMBER			This is the payer's assigned control number. Recommend sending this segment on claim inquires when the information is known.
59	R	REF01	REFERENCE IDENTIFICATION QUALIFIER	1K	2/3	Payer's Claim Number
59	R	REF02	PAYER CLAIM CONTROL NUMBER		1/50	MVP Claim Number
	S	REF	INSTITUTIONAL BILL TYPE IDENTIFICATION			Only use this segment if bill type is being sent in the inquiry request in connection with an institutional bill.
60	R	REF01	REFERENCE IDENTIFICATION QUALIFIER	BLT	2/3	Billing Type
60	R	REF02	BILL TYPE IDENTIFIER		1/50	Required for institutional claims inquiries. Found on UB04 - record 40 - 4 Found on 8371 in CLM-05 Found on UB04 paper form locator 4
	S	AMT	CLAIM SUBMITTED CHARGES			Required: every MVP member has a unique identification number.
66	R	AMT01	AMOUNT QUALIFIER CODE	T3	1/3	Total Submitted Charges
66	R	AMT02	TOTAL CLAIM CHARGE AMOUNT		1/18	



PAGE	USAGE	ELEMENT ID	ELEMENT NAME	VALUE	LENGTH	DESCRIPTION
	S	DTP	CLAIM SERVICE DATE			The date is the statement from and through date. Required for institutional claims.
67	R	DTP01	DATE TIME QUALIFIER	472	3/3	Claims Statement Period Start - includes the claim statement period end.
67	R	DTP02	DATE TIME PERIOD FORMAT QUALIFIER	RD8	2/3	Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD
68	R	DTP03	CLAIM SERVICE PERIOD		1/35	CCYYMMDD - CCYYMMDD
	S	Loop 2210D	SERVICE LINE INFORMATION			
	R	SVC	SERVICE INFORMATION			
69	R	SVC01-1	PRODUCT/SERVICE ID QUALIFIER		2/2	AD=American Dental Assoc Codes HC= HCPCS codes HP= Health Insurance Prospective Payment System (HIPPS) N4 = NDC in 5-4-2 format NU = NUBC (revenue) codes WK = Advanced Billing Concepts(ABC) Codes
71	R	SVC01-2	PROCEDURE MODIFIER		1/48	Procedure Code or If value in SVC01-1 is "NU" then Revenue code
71	S	SVC01-3	PROCEDURE MODIFIER		2/2	Procedure modifier
71	S	SVC01-4	PROCEDURE MODIFIER		2/2	Procedure modifier
71	S	SVC01-5	PROCEDURE MODIFIER		2/2	Procedure modifier



PAGE	USAGE	ELEMENT ID	ELEMENT NAME	VALUE	LENGTH	DESCRIPTION
72	S	SVC01-6	PROCEDURE MODIFIER		2/2	Procedure modifier
72	R	SVC02	MONETARY AMOUNT		1/18	Line Item Charge Amount
72	S	SVC04	PRODUCT/SERVICE ID		1/48	If value in SVC01-1 is "NU" then Revenue code
72	S	SVC07	QUANTITY		1/15	Original Units of Service Count
		REF	SERVICE LINE ITEM IDENTIFICATION			
73	R	REF01	REFERENCE IDENTIFICATION QUALIFIER	FJ	2/3	Line Item Control Number
73	R	REF01	REFERENCE IDENTIFICATION		1/50	Line Number
		DTP	SERVICE LINE DATE			
74	R	DTP01	DATE/TIME QUALIFIER	472	3/3	Service
74	R	DTP02	DATE TIME PERIOD FORMAT QUALIFIER	RD8	2/3	CCYYMMDD-CCYYMMDD
74	R	DTP03	DATE TIME PERIOD		1/35	Begin Date – End Date
			TRANSACTION TRAILER			
		SE	TRANSACTION SET TRAILER			
98	R	SE01	TRANSACTION SEGMENT COUNT		1/10	Map generated
98	R	SE02	TRANSACTION SET CONTROL NUMBER		4/9	Same as ST02



PAGE	USAGE	ELEMENT ID	ELEMENT NAME	VALUE	LENGTH	DESCRIPTION
			FUNCTIONAL/INTERCHANGE TRAILERS			
	R	GE	FUNCTIONAL GROUP TRAILER			
265	R	GE01	NUMBER OF TRANSACTION SETS INCLUDED		1/6	Map Generated
265	R	GE02	GROUP CONTROL NUMBER		1/9	Same as GS06
	R	IEA	INTERCHANGE CONTROL TRAILER			
266	R	IEA01	NUMBER OF INCLUDED FUNCTIONAL GROUPS		1/5	Map Generated
266	R	IEA02	INTERCHANGE CONTROL NUMBER		9/9	Same as ISA13

10.2. MVP Requirements for the ANSI X12 277 Transaction - Health Care Claim Status Response

Note: the information in this table refers to the TR3.

PAGE	USAGE	ELEMENT ID	ELEMENT NAME	VALUES	LENGTH	DESCRIPTION
			INTERCHANGE/FUNCTION HEADERS			
	R	ISA	INTERCHANGE CONTROL HEADER			



PAGE	USAGE	ELEMENT ID	ELEMENT NAME	VALUES	LENGTH	DESCRIPTION
260	R	ISA01	AUTHORIZATION INFORMATION QUALIFIER	00	2/2	No Authorization Information Present in I02
260	R	ISA02	AUTHORIZATION INFORMATION		10/10	Blank
260	R	ISA03	SECURITY INFORMATION QUALIFIER	00	2/2	No Security Information Present in I04
260	R	ISA04	SECURITY INFORMATION		10/10	Blank
260	R	ISA05	INTERCHANGE ID QUALIFIER	30	2/2	Federal Tax ID
260	R	ISA06	INTERCHANGE SENDER ID	141650868	15/15	MVP Tax ID
260	R	ISA07	INTERCHANGE ID QUALIFIER	30	2/2	Federal Tax ID
261	R	ISA08	INTERCHANGE RECEIVER ID		15/15	Trading Partner Tax ID
261	R	ISA09	INTERCHANGE DATE	YYMMDD	6/6	Date of interchange
261	R	ISA10	INTERCHANGE TIME	HHMM	4/4	Time of interchange
261	R	ISA11	INTERCHANGE CONTROL STANDARDS IDENTIFIER	^	1/1	Repetition Separator
261	R	ISA12	INTERCHANGE CONTROL VERSION NUMBER	00501	5/5	Draft Standards Approved by ASC X12 thru October 2003
261	R	ISA13	INTERCHANGE CONTROL NUMBER	Assigned by MVP	9/9	Must match IEA02
262	R	ISA14	ACKNOWLEDGMENT REQUESTED	0	1/1	0 = NO
262	R	ISA15	TEST INDICATOR	P	1/1	P = production
262	R	ISA16	COMPONENT ELEMENT SEPARATOR	:	1/1	Delimiter



PAGE	USAGE	ELEMENT ID	ELEMENT NAME	VALUES	LENGTH	DESCRIPTION
	R	GS	FUNCTIONAL GROUP HEADER			
263	R	GS01	FUNCTIONAL IDENTIFIER CODE	HN	2/2	Health Care Claim Status Response
263	R	GS02	APPLICATION SENDER'S CODE	141650868	2/15	MVP Federal Tax ID
263	R	GS03	APPLICATION RECEIVER'S CODE		2/15	Trading Partner Tax ID
263	R	GS04	DATE		8/8	Group Creation Date (CCYYMMDD)
264	R	GS05	TIME		4/8	Creation Time (HHMM)
264		GS06	GROUP CONTROL NUMBER		1/9	Assigned by MVP
264	R	GS07	RESPONSIBLE AGENCY CODE	X	1/2	Accredited Standards Committee X12
264	R	GS08	VERSION/RELEASE/INDUSTRY IDENTIFIER CODE	005010X212	1/12	Version Number
			TABLE 1 - TRANSACTION HEADER			
	R	ST	TRANSACTION SET HEADER			
106	R	ST01	TRANSACTION SET IDENTIFIER CODE	277	3/3	Health Care Claim Status Response
106	R	ST02	TRANSACTION SET CONTROL NUMBER		4/9	Must match SE02 control number
106	R	ST03	IMPLEMENTATION CONVENTION REFERENCE	005010X212	1/35	
	R	BHT	BEGINNING OF HIERARCHICAL TRANSACTION			Define the business structure of the transaction set; identify business application purpose and reference data.



PAGE	USAGE	ELEMENT ID	ELEMENT NAME	VALUES	LENGTH	DESCRIPTION
107	R	BHT01	HIERARCHICAL STRUCTURE CODE	0010	4/4	Information Source, Information Receiver, Provider of Service, Subscriber, Dependent
107	R	BHT02	TRANSACTION SET PURPOSE CODE	08	2/2	Status
107	R	BHT03	SUBMITTER TRANSACTION ID		150	Trace number submitted on the 276
107	R	BHT04	TRANSACTION SET CREATION DATE		8/8	System Date (CCYYMMDD)
108	R	BHT05	TRANSACTION SET CREATION TIME		4/8	
108	R	BHT06	TRANSACTION TYPE CODE	DG	2/2	Response
			TABLE 2 - DETAIL, INFORMATION SOURCE LEVEL			
	R	Loop 2000A	INFORMATION SOURCE LEVEL			MVP is the Information Source
	R	HL	INFORMATION SOURCE LEVEL			
109	R	HL01	HIERARCHICAL ID NUMBER		1/12	HL Counter
110	R	HL03	HIERARCHICAL LEVEL CODE	20	1/2	Information source
110	R	HL04	HIERARCHICAL CHILD CODE	1	1/1	Additional subordinate HL data segments in this hierarchical structure
	R	Loop 2100A	PAYER NAME			
	R	NM1	PAYER NAME			
111	R	NM101	ENTITY IDENTIFIER CODE	PR	2/3	Payer



PAGE	USAGE	ELEMENT ID	ELEMENT NAME	VALUES	LENGTH	DESCRIPTION
111	R	NM102	ENTITY TYPE QUALIFIER	2	1/1	Non person entity
111	R	NM103	PAYER NAME	MVP	1/60	MVP's name
112	R	NM108	IDENTIFICATION CODE QUALIFIER	PI	1/2	Payer Identification
112	R	NM109	PAYER IDENTIFIER	141650868	2/80	MVP's Federal Tax ID
	S	PER	PAYER CONTACT INFORMATION			
114	R	PER01	CONTACT FUNCTION CODE	IC	2/2	Information Contact
114	S	PER02	PAYER CONTACT NAME	Provider Claim Service	160	MVP department to contact with questions
114	R	PER03	COMMUNICATION NUMBER QUALIFIER	TE	2/2	TE=Telephone
114	R	PER04	PAYER CONTACT COMMUNICATION NUMBER	1-800-684- 9286	1/256	Contact Phone Number
			TABLE 2 - DETAIL, INFORMATION RECEIVER LEVEL			
	R	Loop 2000B	INFORMATION RECEIVER LEVEL			Entity receiving response from MVP
	R	HL	INFORMATION RECEIVER LEVEL			
116	R	HL01	HIERARCHICAL ID NUMBER		1/12	HL Counter
116	R	HL02	HIERARCHICAL PARENT ID NUMBER		1/12	Parent ID Number
117	R	HL03	HIERARCHICAL LEVEL CODE	21	1/2	Information Receiver



PAGE	USAGE	ELEMENT ID	ELEMENT NAME	VALUES	LENGTH	DESCRIPTION
117	R	HL04	HIERARCHICAL CHILD CODE	1	1/1	Additional subordinate HL data segments in this hierarchical structure
	R	Loop 2100B	INFORMATION RECEIVER NAME			Individual or organization requesting to receive the status information.
	R	NM1	INFORMATION RECEIVER NAME			
118	R	NM101	ENTITY IDENTIFIER CODE	41	2/3	Submitter
118	R	NM102	ENTITY TYPE QUALIFIER	1,2	1/1	1 = Person 2 = Non person entity
119	R	NM103	INFORMATION RECEIVER LAST OR ORGANIZATION NAME		1/60	
119	S	NM104	INFORMATION RECEIVER FIRST NAME		1/35	The first name is required when the value in NM102 is '1'
119	S	NM105	INFORMATION RECEIVER MIDDLE NAME		1/25	
119	R	NM108	IDENTIFICATION CODE QUALIFIER	46	1/2	Electronic Transmitter Identification Number (ETIN)
119	R	NM109	INFORMATION RECEIVER IDENTIFICATION NUMBER		2/80	Receiver Tax ID Number
			TABLE 2 - DETAIL, SERVICE PROVIDER LEVEL			
	R	Loop 2000C	SERVICE PROVIDER LEVEL			
	R	HL	SERVICE PROVIDER LEVEL			
124	R	HL01	HIERARCHICAL ID NUMBER		1/12	HL Counter
124	R	HL02	HIERARCHICAL PARENT ID NUMBER		1/12	



PAGE	USAGE	ELEMENT ID	ELEMENT NAME	VALUES	LENGTH	DESCRIPTION
125	R	HL03	HIERARCHICAL LEVEL CODE	19	1/2	Provider of Service
125	R	HL04	HIERARCHICAL CHILD CODE	1	1/1	Additional subordinate HL data segments in this hierarchical structure
	R	Loop 2100C	PROVIDER NAME			This is the rendering provider from the original submitted claim.
	R	NM1	PROVIDER NAME			
127	R	NM101	ENTITY IDENTIFIER CODE	1P	2/3	Provider
127	R	NM102	ENTITY TYPE QUALIFIER	1, 2	1/1	1 = Person 2 = Non person entity
127	R	NM103	PROVIDER LAST OR ORGANZATION NAME		1/60	Provider Name
127	S	NM104	PROVIDER FIRST NAME		1/35	The first name is required when the value in NM102 is '1'
127	S	NM105	PROVIDER MIDDLE NAME		1/25	Provider Middle Name
127	S	NM107	PROVIDER NAME SUFFIX		1/10	Provider Suffix
128	R	NM108	IDENTIFICATION CODE QUALIFIER	XX	1/2	National Provider ID
128	R	NM109	PROVIDER IDENTIFIER		2/80	Provider NPI
			TABLE 2 - DETAIL, SUBSCRIBER LEVEL			
	R	Loop 2000D	SUBSCRIBER LEVEL			
	R	HL	SUBSCRIBER LEVEL			



PAGE	USAGE	ELEMENT ID	ELEMENT NAME	VALUES	LENGTH	DESCRIPTION
134	R	HL01	HIERARCHICAL ID NUMBER		1/12	HL Counter
134	R	HL02	HIERARCHICAL PARENT ID NUMBER		1/12	Provider HL01
134	R	HL03	HIERARCHICAL LEVEL CODE	22	1/2	Subscriber
134	R	HL04	HIERARCHICAL CHILD CODE	0	1/1	Return child code from the 276 Request transaction
	R	Loop 2100D	SUBSCRIBER NAME			
	R	NM1	SUBSCRIBER NAME			
135	R	NM101	ENTITY IDENTIFIER CODE	IL	2/3	IL = Insured or Subscriber
135	R	NM102	ENTITY TYPE QUALIFIER	1, 2	1/1	1 = Person 2 = Non person entity
136	R	NM103	SUBSCRIBER LAST NAME		1/60	Subscriber Last Name
136	S	NM104	SUBSCRIBER FIRST NAME		1/35	Subscriber First Name
136	S	NM105	SUBSCRIBER MIDDLE NAME		1/25	Subscriber Middle Name
136	S	NM107	SUBSCRIBER NAME SUFFIX		1/10	Subscriber Suffix
136	R	NM108	IDENTIFICATION CODE QUALIFIER	MI	1/2	MI=Member ID Number
136	R	NM109	SUBSCRIBER PRIMARY IDENTIFIER		2/80	MVP Member ID Number
	S	Loop 2200D	CLAIM SUBMITTER TRACE NUMBER			
	S	TRN	CLAIM SUBMITTER TRACE NUMBER			Required: every MVP member has a unique identification



PAGE	USAGE	ELEMENT ID	ELEMENT NAME	VALUES	LENGTH	DESCRIPTION
						number.
	R	TRN01	TRACE TYPE CODE	2	1/2	Referenced Transaction Trace Numbers
	R	TRN02	TRACE NUMBER		1/50	Lookup corresponding Trace
	R	STC	CLAIM LEVEL STATUS INFORMATON			Required: every MVP member has a unique identification number.
	R	STC01	HEALTH CARE CLAIM STATUS			
137	R	STC01-1	HEALTH CARE CLAIM STATUS CATEGORY		1/30	This is the Category code. Use code source 507. Level of processing achieved by the claim.
137	R	STC01-2	HEALTH CARE CLAIM STATUS CODE		1/30	This is the Claim Status code. Use code source 508.
145	R	STC02	STATUS INFORMATION EFFECTIVE DATE		8/8	Date
145	R	STC04	TOTAL CLAIM CHARGE AMOUNT		1/18	Submitted claim charges
145	R	STC05	CLAIM PAYMENT AMOUNT		1/18	Pay amount
145	S	STC06	CLAIM ADJUDICATION DATE OR PAYMENT DATE		8/8	Claim Adjudication or Payment date
146	S	STC08	CHECK ISSUE OR EFT EFFECTIVE DATE		8/8	Check Date
146	S	STC09	CHECK OR EFT TRACE NUMBER		1/16	Check Number
	S	REF	PAYER CLAIM CONTROL NUMBER			Required: every MVP member has a unique identification number.



PAGE	USAGE	ELEMENT ID	ELEMENT NAME	VALUES	LENGTH	DESCRIPTION
149	R	REF01	REFERENCE IDENTIFICATION QUALIFIER	1K	2/3	Payer's Claim Number
149	R	REF02	PAYER CLAIM CONTROL NUMBER		1/50	MVP's Payer Claim Number
	S	REF	INSTITUTIONAL BILL TYPE IDENTIFICATION			Only use this segment if the bill type is being sent in the inquiry request in connection with an institutional bill.
150	R	REF01	REFERENCE IDENTIFICATION QUALIFIER	BLT	2/3	Billing Type
150	R	REF02	BILL TYPE IDENTIFIER		1/50	Required institutional claim inquiries.
	S	DTP	CLAIM SERVICE DATE			The date is the statement from and through date. Required for institutional claims and professional dental claims.
155	R	DTP01	DATE TIME QUALIFIER	472	3/3	Service Date
155	R	DTP02	DATE TIME PERIOD FORMAT QUALIFIER	D8, RD8	2/3	Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD
156	R	DTP03	CLAIM SERVICE PERIOD		1/35	CCYYMMDD - CCYYMMDD
	S	Loop 2220D	SERVICE LINE INFORMATION			
	S	SVC	SERVICE LINE INFORMATION			



PAGE	USAGE	ELEMENT ID	ELEMENT NAME	VALUES	LENGTH	DESCRIPTION
159	R	SVC01	COMPOSITE MEDICAL PROCEDURE IDENTIFIER			SVC01-2 will contain the procedure code of the adjudicated claim.
159	R	SVC01-01	PRODUCT OR SERVICE ID QUALIFIER		2/2	AD=American Dental Assoc Codes HC= HCPCS codes N4 = NDC in 5-4-2 format NU = NUBC (revenue) codes
159	R	SVC01-02	SERVICE IDENTIFICATION CODE		1/48	Procedure Code = Service ID Qualifier is not equal to NU (National Uniform Billing Committee) Institutional Revenue Code= Service ID Qualifier = NU (National Uniform Billing Committee)
159	S	SVC01-03	PROCEDURE MODIFIER		2/2	Required if submitted on the original claim service line.
159	S	SVC01-04	PROCEDURE MODIFIER		2/2	Required if submitted on the original claim service line.
159	S	SVC01-05	PROCEDURE MODIFIER		2/2	Required if submitted on the original claim service line.
160	S	SVC01-06	PROCEDURE MODIFIER		2/2	Required if submitted on the original claim service line.
160	R	SVC02	LINE ITEM CHARGE AMOUNT		1/18	This amount is the original submitted charge.
160	R	SVC03	LINE ITEM PROVIDER PAYMENT AMOUNT		1/18	
160	S	SVC04	REVENUE CODE		1/48	If Service ID Qualifier is not equal to NU (National Uniform Billing Committee)
160	R	SVC07	ORIGINAL UNITS OF SERVICE COUNT		1/15	



PAGE	USAGE	ELEMENT ID	ELEMENT NAME	VALUES	LENGTH	DESCRIPTION
	S	STC	SERVICE LINE STATUS INFORMATON			
	R	STC01	HEALTH CARE CLAIM STATUS			
161	R	STC01-1	HEALTH CARE CLAIM STATUS CATEGORY		1/30	This is the Category code. Use Code Source 507 . Level of processing achieved by the claim.
161	R	STC01-2	HEALTH CARE CLAIM STATUS CODE		1/30	This is the Claim Status code. Code Source 508 .
168	R	STC02	STATUS INFORMATION EFFECTIVE DATE		8/8	Date
168	S	STC10	HEALTH CARE CLAIM STATUS			NOT USED
168	R	STC10-1	HEALTH CARE CLAIM STATUS CATEGORY CODE		1/30	NOT USED
168	R	STC10-2	HEALTH CARE CLAIM STATUS CODE		1/30	NOT USED
169	S	STC11	HEALTH CARE CLAIM STATUS			NOT USED
169	R	STC11-1	HEALTH CARE CLAIM STATUS CATEGORY CODE		1/30	NOT USED
169	R	STC11-2	HEALTH CARE CLAIM STATUS CODE		1/30	NOT USED
	S	REF	SERVICE LINE ITEM IDENTIFICATION			Required when available from the original claim.
171	R	REF01	REFERENCE IDENTIFICATION QUALIFIER	FJ	2/3	Line item control number
171	R	REF02	LINE ITEM CONTROL NUMBER		150	Line item control
	S	DTP	SERVICE LINE DATE			



PAGE	USAGE	ELEMENT ID	ELEMENT NAME	VALUES	LENGTH	DESCRIPTION
172	R	DTP01	DATE TIME QUALIFIER	472	3/3	Service
172	R	DTP02	DATE TIME PERIOD FORMAT QUALIFIER	RD8	2/3	Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD
172	R	DTP03	SERVICE LINE DATE		1/35	Service Date(CCYYMMDD-CCYYMMDD)
			TRANSACTION TRAILER			
	R	SE	TRANSACTION SET TRAILER			
213	R	SE01	TRANSACTION SEGMENT COUNT		1/10	Map generated
213	R	SE02	TRANSACTION SET CONTROL NUMBER		4/9	Same as ST02
			FUNCTIONAL/INTERCHANGE TRAILERS			
	R	GE	FUNCTIONAL GROUP TRAILER			
265	R	GE01	NUMBER OF TRANSACTION SETS INCLUDED		1/6	Map Generated
265	R	GE02	GROUP CONTROL NUMBER		1/9	Same as GS06
	R	IEA	INTERCHANGE CONTROL TRAILER			
266	R	IEA01	NUMBER OF INCLUDED FUNCTIONAL GROUPS		1/5	Map Generated
266	R	IEA02	INTERCHANGE CONTROL NUMBER		9/9	Same as ISA13



11. APPENDICES

1. Implementation Checklist

- Review MVP Health Care companion guide for 276/277 real-time transactions
- Enroll in Post-n-Track
- Select Your Choice of Protocol
- Establish Authentication/Authorization
- Test with Post-n-Track
- Implement in production

2. Business Scenarios

Please refer to the business scenarios presented in the TR3 guide.

3. Transmission Examples

Please refer to the transmission examples presented in the TR3 guide.

4. Claim Status Category and Claim Status Codes

Claim Status Category Codes and Claim Status Codes can be found at the Washington Publishing Company website. See the links below.

Claim Status Category Codes:

<http://www.wpc-edi.com/reference/codelists/healthcare/claim-status-category-codes/>

Claim Status Codes:

<http://www.wpc-edi.com/reference/codelists/healthcare/claim-status-codes/>

12. VERSION CHANGE LOG

Version 1.0 Original	September 24, 2003
<hr/>	
Version 1.1 Added Request/Response Naming Conventions	October 1, 2003

Added loop ID and element IDs to bullet 4&5, page 6 Added Communication Specifications	
Version 1.2	October 13, 2003
Added STC 10 and 11 elements to handle multiple status codes Added additional processing information to STC01-1 and 2	
Version 1.3	October 23, 2003
Removed Member validation to match requirements Modified Claim Search Criteria to include Proc and Rev Codes	
Version 1.4	November 20, 2003
Added Washington Publishing Company links for code sets	
Version 1.5	January 15, 2004
Removed unused segments	
Version 1.6	April 24, 2006
Added search criteria for member Added search criteria for provider Added search criteria for claim level status Added search criteria for claim line level status Added Service Line Information segments Loop 2210D Added Dependent Service Line Information segments Loop 2220E	
Version 2.0	April 27, 2009
Updated logo and cleaned up guide.	
Version 3.0 Updated for version 005010.	January, 2011



Version 4.0 Updated for Core Operating Rules

December, 2012

Content changes

Format changes