276/277 Claims Inquiry/Response Transactions Companion Guide
ANSI ASC X12N 276/277 (Version 4010A)

State of Washington
Department of Social & Health Services

Prepared by:
CNSI
3000 Pacific Avenue S.E.
Suite 200
Olympia, Washington 98501

WAMMIS-CG-276-277-01-04

April 27, 2009

276/277 Claims Inquiry/Response Transactions Companion Guide
ANSI ASC X12N 276/277 (Version 4010A)

State of Washington
Department of Social & Health Services

WAMMIS-CG-276-277-01-04

April 27, 2009

Approved By:

CNSI Project Manager		**DSHS Project Manager**
Date		**Date**

Disclaimer

This companion guide for the ANSI ASC X12N 276/277 transaction has been created for use in conjunction with the standard Implementation Guide. It should not be considered a replacement for the Implementation Guide, but rather used as an additional source of information. The companion guide contains data clarifications derived from specific business rules that apply exclusively to Medicaid processing for Washington State DSHS. The guide also includes useful information about sending and receiving data to and from the ProviderOne system.

Revision History

Documented revisions are maintained in this document through the use of the Revision History Table shown below. All revisions made to this companion guide after the creation date are noted along with the date, page affected, and reason for the change.

Revision Level	Date	Page	Description	Change Summary
WAMMIS-CG276-277-00-00-01	06/09/08		Initial Document	
WAMMIS-CG276-277-00-00-02	06/27/08		Incorporated DSHS comments	
WAMMIS-CG-276-277-01-01	06/28/08		Final Delivery	
WAMMIS-CG-276-277-01-02	07/16/08		Re-Delivery of the Deliverable based on DSHS non-Acceptance and identification of deficiencies	
WAMMIS-CG-276-277-01-03	10/01/08		Re-Delivery of the Deliverable based on DSHS suggested changes to Trading Partners Testing Procedures verbiage	
WAMMIS-CG-276-277-01-04	04/27/09		Changes to verbiage and configuration	
	10/30/09		Update screen shots for submitting claims and retrieving responses	Replaced screen shots and updated verbiage.
	11/02/09		Update chapter 2.3.3 File naming convention	Changed requirements on naming convention

Contents

Disclaimer ii

Revision History iii

1 Introduction 5

1.1 Document Purpose 5
1.1.1 Intended Users 5
1.1.2 Relationship to HIPAA Implementation Guides 5
1.2 Transmission Schedule 6

2 Technical Infrastructure and Procedures 7

2.1 Technical Environment 7
2.1.1 Communication Requirements 7
2.1.2 Testing Process 7
2.1.3 Who to contact for assistance 8
2.2 Upload batches via Web Interface 9
2.3 Set-up, Directory, and File Naming Convention 13
2.3.1 SFTP Set-up 13
2.3.2 SFTP Directory Naming Convention 13
2.3.3 File Naming Convention 14
2.4 Transaction Standards 15
2.4.1 General Information 15
2.4.2 Data Format 15
2.4.3 Data Interchange Conventions 16
2.4.4 Acknowledgement Procedures 17
2.4.5 Rejected Transmissions and Transactions 17

3 Transaction Specifications 18

1 Introduction

The Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA, Title II) includes requirements that national standards be established for electronic health care transactions, and national identifiers for providers, health plans, and employers. This requires Washington State Department of Social and Health Services (DSHS) to adopt standards to support the electronic exchange of administrative and financial health care transactions between covered entities (health care providers, health plans, and healthcare clearinghouses).

The intent of these standards is to improve the efficiency and effectiveness of the nation's health care system by encouraging widespread use of electronic data interchange standards in health care. The intent of the law is that all electronic transactions for which standards are specified must be conducted according to the standards. These standards were not imposed arbitrarily but were developed by processes that included significant public and private sector input.

1.1 Document Purpose

Companion Guides are used to clarify the exchange of information on HIPAA transactions between the DSHS ProviderOne system and its trading partners. DSHS defines trading partners as covered entities that either submit or retrieve HIPAA batch transactions to and from ProviderOne.

This Companion Guide provides information related to electronic submission of 276/277 transactions to DSHS by approved trading partners. This Companion Guide is intended for trading partner use in conjunction with the ANSI ASC X12N National Implementation Guides listed below. The ANSI ASC X12N 276/277 Implementation Guides can be accessed at http://www.wpc-edi.com.

- ASC X12N 276/277 (004010X093) Combined
- ASC X12N 276/277 (004010X093A1) (Addenda)

1.1.1 Intended Users

Companion Guides are intended to be used by members/technical staff of trading partners who are responsible for electronic transaction/file exchanges.

1.1.2 Relationship to HIPAA Implementation Guides

Companion Guides are intended to supplement the HIPAA Implementation Guides for each of the HIPAA transactions. Rules for format, content, and field values can be found in the Implementation Guides. This Companion Guide describes the technical interface environment with DSHS, including

connectivity requirements and protocols, and electronic interchange procedures. This guide also provides specific information on data elements and the values required for transactions sent to or received from DSHS.

Companion Guides are intended to supplement rather than replace the standard Implementation Guide for each transaction set. The information in these documents is not intended to:

- Modify the definition, data condition, or use of any data element or segment in the standard Implementation Guides.
- Add any additional data elements or segments to the defined data set.
- Utilize any code or data values that are not valid in the standard Implementation Guides.
- Change the meaning or intent of any implementation specifications in the standard Implementation Guides.

1.2 Transmission Schedule

N/A

2 Technical Infrastructure and Procedures

2.1 Technical Environment

2.1.1 Communication Requirements

This section will describe how trading partners can send 276/277 transactions to DSHS using 2 methods:

- Secure File Transfer Protocol (SFTP)
- ProviderOne Web Portal

2.1.2 Testing Process

Completion of the testing process must occur prior to submitting electronic transactions in production to ProviderOne. Testing is conducted to ensure the following levels of HIPAA compliance:

1. Level 1 – Syntactical integrity: Testing of the EDI file for valid segments, segment order, element attributes, testing for numeric values in numeric data elements, validation of X12 or NCPDP syntax, and compliance with X12 and NCPDP rules.
2. Level 2 – Syntactical requirements: Testing for HIPAA Implementation Guide-specific syntax requirements, such as limits on repeat counts, used and not used qualifiers, codes, elements and segments. It will also include testing for HIPAA required or intra-segment situational data elements, testing for non-medical code sets as laid out in the Implementation Guide, and values and codes noted in the Implementation Guide via an X12 code list or table.
3. Level 7 – DSHS defined custom rules. All transactions will be validated against DSHS defined custom rules as specified in the Transaction Specification section.

Additional testing may be required in the future to verify any changes made to the ProviderOne system. Changes to the ANSI formats may also require additional testing. Assistance is available throughout the testing process.

Trading Partner Testing Procedures

1. ProviderOne companion guides and trading partner enrollment package are available for download via the web at http://maa.dshs.wa.gov/dshshipaa
2. The Trading Partner completes the Trading Partner Agreement and submits the signed agreement to DSHS.

   Submit to: Provider Enrollment

PO Box 45562

Olympia, WA 98504-5562

For Questions call 1-800-562-3022 option 2, then option 5

3. The trading partner is assigned a Submitter ID, Domain, Logon User ID and password.
4. The trading partner submits all HIPAA test files through the ProviderOne web portal or Secure File Transfer Protocol (SFTP).
    - Web Portal URL: https://www.waproviderone.org/edi
    - SFTP URL: sftp://ftp.waproviderone.org/
5. The trading partner downloads acknowledgements for the test file from the ProviderOne web portal or SFTP.
6. If ProviderOne system generates a positive TA1 and positive 997 acknowledgement, the file is successfully accepted. The trading partner is then approved to send 276/277 HIPAA files in production.
7. If the test file generates a negative TA1 or negative 997 acknowledgment, then the submission is unsuccessful and the file is rejected. The trading partner needs to resolve all the errors that are reported on the negative TA1 or negative 997 and resubmit the file for test. Trading partners will continue to test in the testing environment until they receive a positive TA1 and positive 997.

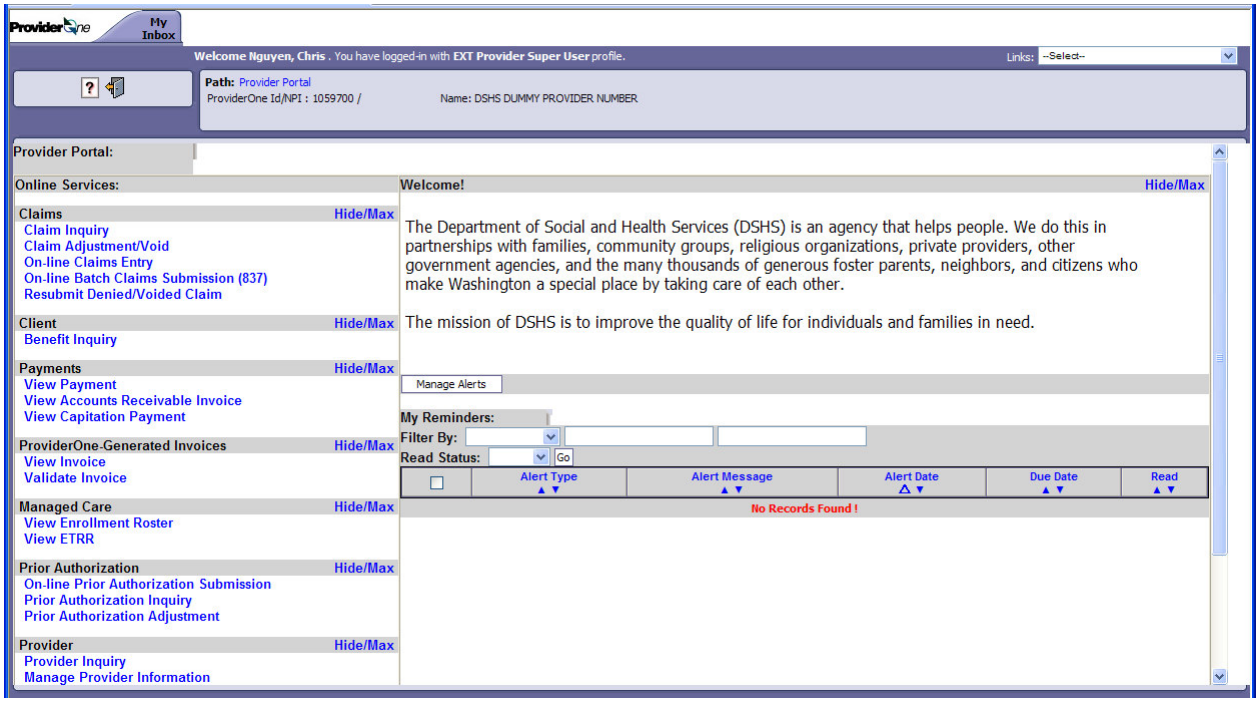
2.1.3 Who to contact for assistance

- Telephone Number: 1-800-562-3022
    - Select option 2
    - Select option 4
    - All calls result in the assignment of a Ticket Number for problem tracking
- Hours: 8:00 AM – 5:00 PM Pacific Standard Time, Monday through Friday
- Information required for initial call:
    - Topic of Call (setup, procedures, etc.)
    - Name of caller
    - Submitter ID Number
    - Organization of caller
    - Telephone number of caller
    - Nature of problem (connection, receipt status, etc.)
- Information required for follow up call(s):

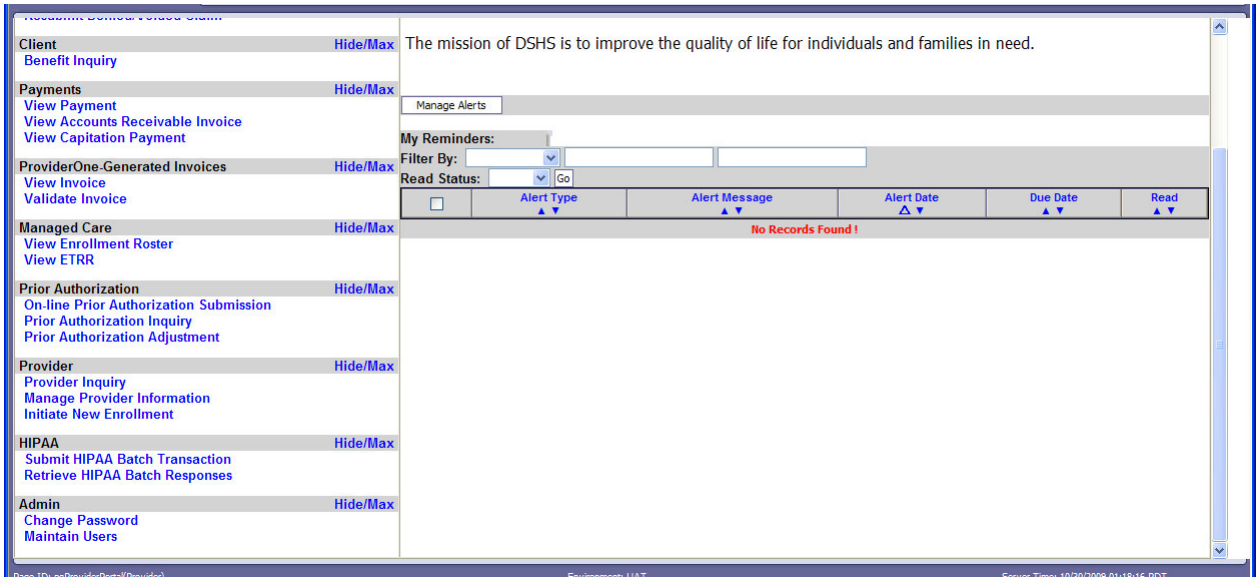
- Assigned Ticket Number

2.2 Upload batches via Web Interface

Once logged into the ProviderOne Portal, the following options will be viewable to the user:

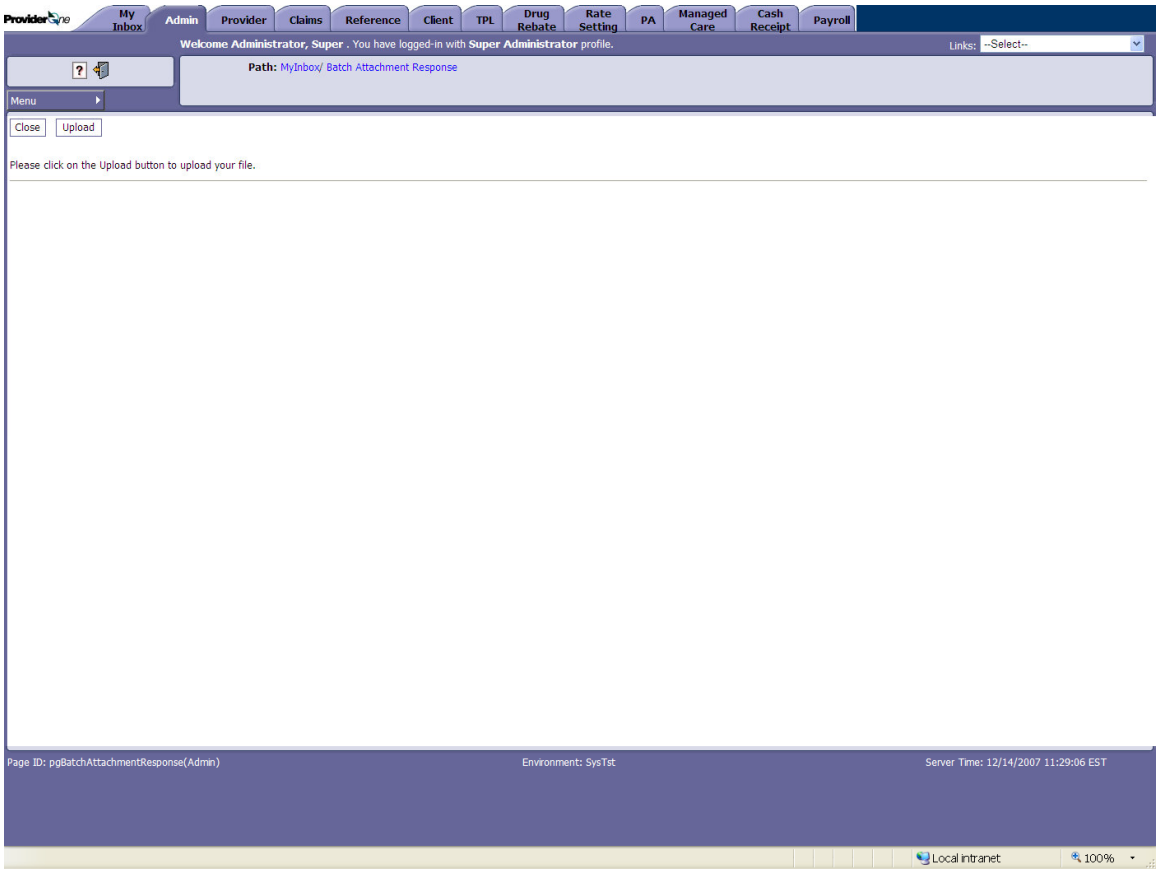


Scroll down to the next page of options and click on the HIPAA option to manage the HIPAA transactions.

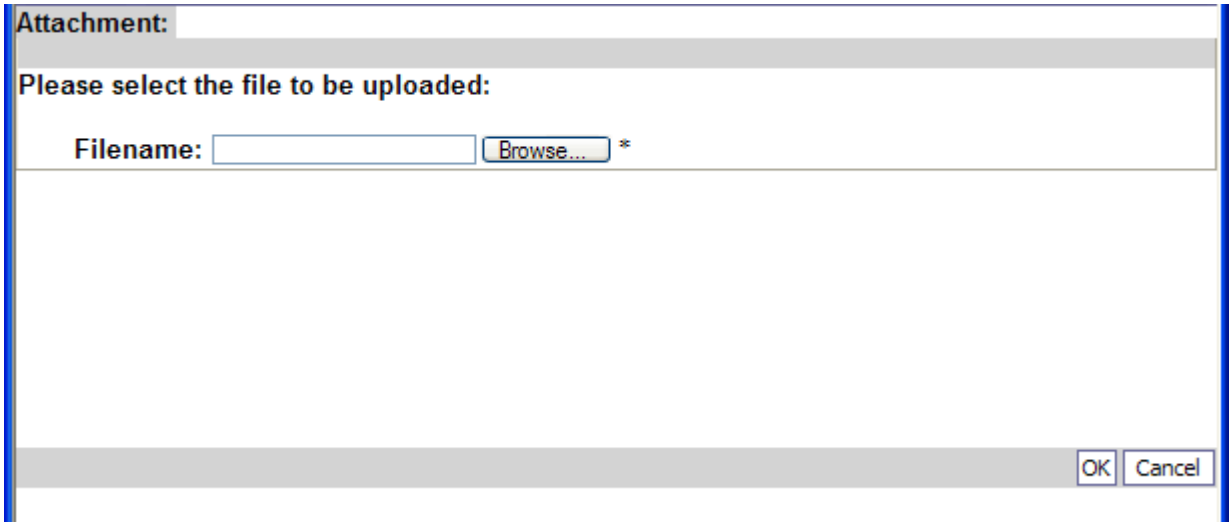


In order to upload a file, the following steps are followed:

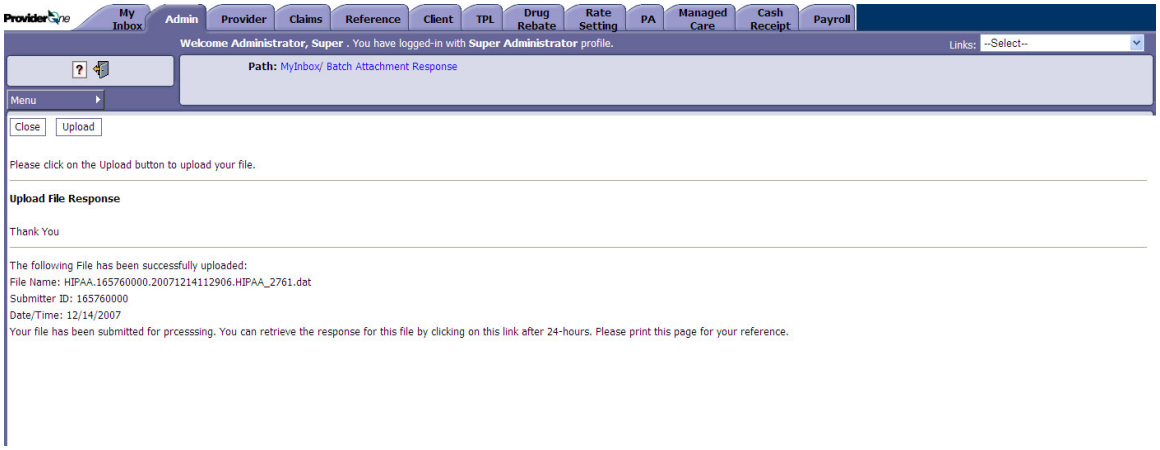
Click on the Upload button to upload a HIPAA file



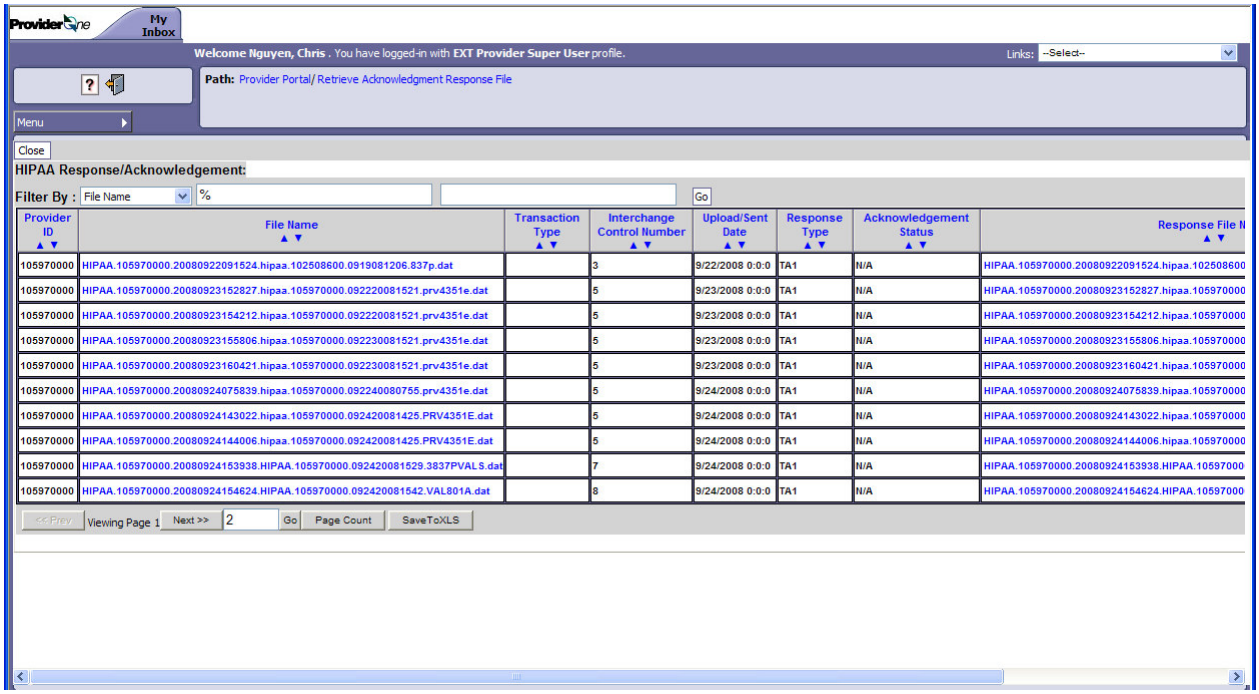
On file upload page click on the Browse button to attach HIPAA file from local file system. After selecting the file from the local file system, press OK to start the upload.


Attachment:
Please select the file to be uploaded:
Filename:
Browse...
*
OK
Cancel

Once the file is uploaded to the ProviderOne system success/failure message is displayed on the screen along with transmission details.



Select Retrieve Acknowledgement/Response option from the HIPAA screen to retrieve Acknowledgements/Responses (TA1, 997, 271, 277, 820, 834, 835, or 277U) as shown below:



*Note: Filter by the File Name and then use the wildcard '%' to see received transactions. The data can be sorted by clicking on the up or down arrows.

2.3 Set-up, Directory, and File Naming Convention

2.3.1 SFTP Set-up

Trading partners can contact 1-800-562-3022 for information on establishing connections through the FTP server. Upon completion of set-up, they will receive additional instructions on FTP usage.

2.3.2 SFTP Directory Naming Convention

There would be two categories of folders under Trading Partner's SFPT folders:

1. **TEST – Trading Partners should submit and receive their test files under this root folder**
2. **PROD – Trading Partners should submit and receive their production files under this root folder**

Following folder will be available under TEST/PROD folder within SFTP root of the Trading Partner:

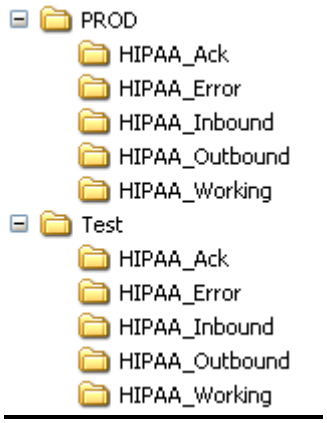
'HIPAA_Inbound' - This folder should be used to drop the Inbound files that needs to be submitted to DSHS

'HIPAA_Ack' - Trading partner should look for acknowledgements to the files submitted in this folder. TA1, 997 and custom error report will be available for all the files submitted by the Trading Partner

'HIPAA_Outbound' – X12 outbound transactions generated by DSHS will be available in this folder

'HIPAA_Error' – Any inbound file that is not HIPAA compliant or is not recognized by ProviderOne will be moved to this folder

Folder structure will appear as:



2.3.3 File Naming Convention

The HIPAA Subsystem Package is responsible for assisting ProviderOne activities related to Electronic Transfer and processing of Health Care and Health Encounter Data, with a few exceptions or limitations.

HIPAA files are named:

For Inbound transactions:

<originalfilename>.<dat>

Example of file name: BCH221.dat

- <originalfilename>: is the original file name which is submitted by the trading partner.
- .dat : If the file does not have '.dat' as the extension it will not be processed. '.dat' is the required extension.

For Outbound transactions:

HIPAA.<TPId>.<datetimestamp>.<TxID>.O.<out>

Example of file name: HIPAA.16576000.12262007211315.277.O.out

- <TPId> is the Trading Partner Id
- <datetimestamp> is the Date timestamp
- <TxID> is the Transaction Id.

2.4 Transaction Standards

2.4.1 General Information

HIPAA standards are specified in the Implementation Guide for each mandated transaction and modified by authorized Addenda. Currently, the 276/277 transaction has one Addendum. This Addendum has been adopted as final and is incorporated into DSHS requirements.

An overview of requirements specific to the transaction can be found in the 276/277 Implementation Guide. Implementation Guides contain information related to:

- Format and content of interchanges and functional groups
- Format and content of the header, detailer and trailer segments specific to the transaction
- Code sets and values authorized for use in the transaction
- Allowed exceptions to specific transaction requirements

Transmission sizes are limited based on two factors:

- Number of Segments/Records allowed by DSHS
- DSHS file size limitations

DSHS limits a file size to 50 MB while uploading HIPAA files through the ProviderOne web portal and 100 MB through FTP.

2.4.2 Data Format

Delimiters

The ProviderOne will use the following delimiters on outbound transactions:

- Data element separator - Asterisk (*)
- Sub-element Separator - colon (:)
- Segment Terminator - Tilde (~)

Dates

The following rules apply to any dates in this transaction:

- All dates will be formatted according to Year 2000 compliance, CCYYMMDD, except for the ISA09 element where the date format is YYMMDD.
- The only value acceptable for "CC" (century) is 20. The exception to this rule is for any of the Date of Birth values.
- Time is in military time format, 1 to 24 to indicate hours and 00 to 59 to indicate minutes and/or seconds. ISA10 and GS05 elements are formatted HHMM (ie 2115 defines the time of 9:15 p.m).
- No spaces or character delimiters should be used in presenting dates or times.
- Dates that are logically invalid (e.g. 20071301) are rejected.

Field Length

HIPAA regulations specify field lengths for all of the data elements of the 276/277 transaction. For some of these data elements, ProviderOne processes fewer characters than the maximum allowed. The Transaction Specifications in section 3 display the ProviderOne field lengths.

Phone Numbers

Phone numbers are presented as contiguous number strings, without dashes or parenthesis markers. For example, the phone number (800) 555-1212 should be presented as 8005551212. Area codes should always be included.

2.4.3 Data Interchange Conventions

When accepting/sending 276/277 transactions from trading partners, DSHS follows standards developed by the Accredited Standards Committee (ASC) of the American National Standards Institute (ANSI). These standards involve Interchange (ISA/IEA) and Functional Group (GS/GE) Segments or “outer envelopes”. All 276/277 Transactions should follow the HIPAA guideline. Please refer to the 276/277 Implementation Guide for ISA/IEA envelop, GS/GE functional group and ST/SE transaction specifications. Specific information on how individual data elements are populated by DSHS on ISA/IEA and GS/GE envelopes are shown in the table beginning later in this section.

The ISA/IEA Interchange Envelope, unlike most ASC X12 data structures has fixed field length. The entire data length of the data element should be considered and padded with spaces if the data element length is less than the field length.

Example of ISA with the entire data length with padded spaces:

ISA*00* *00* *ZZ*123456789 *ZZ*77045
*040303*1300*U*00401*000001001*1*T*:~

DSHS accepts 276 transaction files with single ISA/IEA and GS/GE envelopes. 276 transactions can have multiple ST/SE envelops within the same GS/GE envelope.

2.4.4 Acknowledgement Procedures

Once the file is submitted by the trading partner and is successfully received by the ProviderOne system, a response in the form of TA1 and 997 acknowledgment transactions will be placed in appropriate folder (on the FTP server) of the trading partner. The ProviderOne system generates positive TA1 and positive 997 acknowledgement, if the submitted HIPAA file meets HIPAA standards related to syntax and data integrity. For files, which do not meet the HIPAA standards a negatvie TA1 and/or negative 997 are generated and sent to the trading partner.

2.4.5 Rejected Transmissions and Transactions

276 transactions will be rejected if the file does not meet HIPAA standards for syntax, data integrity and structure (Strategic National Implementation Process (SNIP) type 1 and 2). Additionally, the transactions will be validated against DSHS defined custom rules (SNIP type 7) as specified in the Transaction Specification section. Non-compliance of the custom rules will result in rejection of the transaction.

3 Transaction Specifications

The following are Batch and Data Direct Entry (DDE) access methods supported by ProviderOne:

1. Access by ProviderOne Client ID; Required information
   - Provider Id
   - ProviderOne Client ID
   - Date of Service

2. Access by Claim Transaction Control Number (TCN); Required information
   - Provider Id
   - Claim TCN
   - ProviderOneClient ID
   - Date of Service

276 Claim Status Inquiry

Page	Loop	Segment	Data Element	Element Name	Comments
Interchange Control Header					
App. B	Envelope	ISA	01	Authorization Information Qualifier	Please use '00'
App. B	Envelope	ISA	02	Authorization Information	Please use 10 spaces
App. B	Envelope	ISA	03	Security Information Qualifier	Please use '00'
App. B	Envelope	ISA	04	Security Information	Please use 10 spaces
App. B	Envelope	ISA	05	Interchange ID Qualifier	Please use 'ZZ'
App. B	Envelope	ISA	06	Interchange Sender ID	Please use the 9-digit ProviderOne ID
App. B	Envelope	ISA	07	Interchange ID Qualifier	Please use 'ZZ'
App. B	Envelope	ISA	08	Interchange Receiver ID	Please use '77045' followed by spaces
App. B	Envelope	ISA	09	Interchange Date	Date format is YYMMDD
App. B	Envelope	ISA	10	Interchange Time	Time format is HHMM

Page	Loop	Segment	Data Element	Element Name	Comments
App. B	Envelope	ISA	11	Interchange Control Standards Identifier	Use 'U'
App. B	Envelope	ISA	12	Interchange Control Version Number	Use '00401'
App. B	Envelope	ISA	13	Interchange Control Number	Must be identical to IEA02
App. B	Envelope	ISA	14	Acknowledgment Requested	Please use '1'
App. B	Envelope	ISA	15	Usage Indicator	Please use 'T' when submitting a Test File Please use 'P' when submitting a Production File
App. B	Envelope	ISA	16	Component Element Separator	Please use ':'
Functional Group Header					
App. B	Envelope	GS	01	Functional Identifier Code	Please use 'HR'
App. B	Envelope	GS	02	Application Sender's Code	Please use the 9-digit ProviderOne ID
App. B	Envelope	GS	03	Application Receiver's Code	Please use '77045'
App. B	Envelope	GS	04	Date	Date format is CCYYMMDD
App. B	Envelope	GS	05	Time	Time format is HHMM
App. B	Envelope	GS	06	Group Control Number	Must be identical to GE02
App. B	Envelope	GS	07	Responsible Agency Code	Use 'X'
App. B	Envelope	GS	08	Version / Release / Industry Identifier Code	Use '004010X093A1'
Transaction set Header					
49	Header	ST	01	Transaction Set Identifier Code	Use '276'
49	Header	ST	02	Transaction Set Control Number	Must be identical to SE02

Page	Loop	Segment	Data Element	Element Name	Comments
Begin of Hierarchical Transaction					
50	Header	BHT	01	Hierarchical Structure Code	Use '0010'
50	Header	BHT	02	Transaction Set Purpose Code	Use '13'
50	Header	BHT	04	Date	Date format is CCYYMMDD
Information Source Level					
52	2000A	HL	01	Hierarchical ID Number	
52	2000A	HL	03	Hierarchical Level Code	Use '20'
53	2000A	HL	04	Hierarchical Child Code	Use '1'
Payer Name					
54	2100A	NM1	01	Entity Identifier Code	Use 'PR'
55	2100A	NM1	02	Entity Type Qualifier	Use '2'
55	2100A	NM1	03	Name Last or Organization Name	Please use 'WA State DSHS'
55	2100A	NM1	08	Identification Code Qualifier	Please use 'PI'
56	2100A	NM1	09	Identification Code	Please use '77045'
Payer Contact Information					
58	2100A	PER	01	Contact Function Code	Use 'IC'
58	2100A	PER	02	Name	Please use 'WA State DSHS Provider Relations'
58	2100A	PER	03	Communication Number Qualifier	Please use 'TE'
58	2100A	PER	04	Communication Number	Please use '8005623022'
Information Receiver Level					
60	2000B	HL	01	Hierarchical ID Number	
60	2000B	HL	02	Hierarchical Parent ID Number	

Page	Loop	Segment	Data Element	Element Name	Comments
61	2000B	HL	03	Hierarchical Level Code	Use '21'
61	2000B	HL	04	Hierarchical Child Code	Use '1'
Information Receiver Name					
62	2100B	NM1	01	Entity Identifier Code	Use '41'
63	2100B	NM1	02	Entity Type Qualifier	Please use appropriate code
63	2100B	NM1	03	Name Last or Organization Name	Enter Last Name or Organization Name
63	2100B	NM1	04	Name First	Required if NM102=1
63	2100B	NM1	08	Identification Code Qualifier	Please use '46' for non-healthcare providers Please use 'XX' for healthcare providers
63	2100B	NM1	09	Identification Code	Please enter 9 digit ProviderOne ID if NM108 = 46 Please enter NPI if NM108 = XX
Service Provider Level					
65	2000C	HL	01	Hierarchical ID Number	
65	2000C	HL	02	Hierarchical Parent ID Number	
66	2000C	HL	03	Hierarchical Level Code	Use '19'
66	2000C	HL	04	Hierarchical Child Code	Use '1'
Provider Name					

Page	Loop	Segment	Data Element	Element Name	Comments
67	2100C	NM1	01	Entity Identifier Code	Use '1P'
68	2100C	NM1	02	Entity Type Qualifier	Please use appropriate code
68	2100C	NM1	03	Name Last or Organization Name	Enter Last Name or Organization Name
68	2100C	NM1	04	Name First	Required if NM102 = 1
68	2100C	NM1	08	Identification Code Qualifier	Please use 'SV' for non-healthcare providers Please use 'XX' for healthcare providers
69	2100C	NM1	09	Identification Code	Please enter 9 digit ProviderOne ID if NM108 = SV Please enter NPI if NM108 = XX
Subscriber Level					
70	2000D	HL	01	Hierarchical ID Number	
70	2000D	HL	02	Hierarchical Parent ID Number	
71	2000D	HL	03	Hierarchical Level Code	Use '22'
71	2000D	HL	04	Hierarchical Child Code	Please use '0'
Subscriber Demographic Information					
72	2000D	DMG	01	Date Time Period Format Qualifier	Use 'D8'

Page	Loop	Segment	Data Element	Element Name	Comments
73	2000D	DMG	02	Date Time Period	Please enter Subscriber Date of Birth
73	2000D	DMG	03	Gender Code	Please use appropriate code
Subscriber Name Used for access methods 1 & 2					
74	2100D	NM1	01	Entity Identifier Code	Please use 'QC'
75	2100D	NM1	02	Entity Type Qualifier	Please use '1'
75	2100D	NM1	03	Name Last or Organization Name	Enter Last Name of Subscriber
75	2100D	NM1	04	Name First	Enter First Name of Subscriber
75	2100D	NM1	05	Name Middle	Enter Middle Initial of Subscriber if available
75	2100D	NM1	08	Identification Code Qualifier	Please use 'MI'
76	2100D	NM1	09	Identification Code	Enter ProviderOne Client ID
Claim Submitter Trace Number					
77	2200D	TRN	01	Trace Type Code	Use '1'
78	2200D	TRN	02	Reference Identification	Please enter Trace Number
Payer Claim Identification Number Used for access method 2					
80	2200D	REF	01	Reference Identification Qualifier	Use '1K'
80	2200D	REF	02	Reference Identification	Please enter 21 digit Claim TCN
Claim Submitted Charges					
87	2200D	AMT	01	Amount Qualifier Code	Use 'T3'
88	2200D	AMT	02	Monetary Amount	Please enter Total Claim Charged Amount

Claim Service Date Used for access methods 1 & 2					
89	2200D	DTP	01	Date/Time Qualifier	Use '232'
90	2200D	DTP	02	Date Time Period Format Qualifier	Use 'RD8'
90	2200D	DTP	02	Date Time Period	Date format is CCYYMMDD - CCYYMMDD
Transaction Set Trailer					
123	Trailer	SE	01	Number of Included Segments	The total number of segments in the transaction set inclusive to the ST-SE segments
123	Trailer	SE	02	Transaction Set Control Number	Must be identical to ST02
Functional Group Trailer					
App. B	Trailer	GE	01	Number of Transaction Sets Included	
App. B	Trailer	GE	02	Group Control Number	Must be identical to GS06
Interchange Control Trailer					
App. B	Trailer	IEA	01	Number of Included Functional Groups	
App. B	Trailer	IEA	02	Interchange Control Number	Must be identical to ISA13

277 Claim Status Response

Page	Loop	Segment	Data Element	Element Name	Comments
Interchange Control Header					
App. B	Envelope	ISA	01	Authorization Information Qualifier	Receive '00'
App. B	Envelope	ISA	02	Authorization Information	Receive 10 spaces
App. B	Envelope	ISA	03	Security Information	Receive '00'

Page	Loop	Segment	Data Element	Element Name	Comments
				Qualifier	
App. B	Envelope	ISA	04	Security Information	Receive 10 spaces
App. B	Envelope	ISA	05	Interchange ID Qualifier	Receive 'ZZ'
App. B	Envelope	ISA	06	Interchange Sender ID	Receive '77045' followed by spaces
App. B	Envelope	ISA	07	Interchange ID Qualifier	Receive 'ZZ'
App. B	Envelope	ISA	08	Interchange Receiver ID	Receive 9-digit ProviderOne ID
App. B	Envelope	ISA	09	Interchange Date	Receive Date format in YYMMDD
App. B	Envelope	ISA	10	Interchange Time	Receive Time format in HHMM
App. B	Envelope	ISA	11	Interchange Control Standards Identifier	Receive 'U'
App. B	Envelope	ISA	12	Interchange Control Version Number	Receive '00401'
App. B	Envelope	ISA	13	Interchange Control Number	Must be identical to IEA02
App. B	Envelope	ISA	14	Acknowledgment Requested	Receive '0'
App. B	Envelope	ISA	15	Usage Indicator	Receive 'T' when submitting a Test File Receive 'P' when submitting a Production File
App. B	Envelope	ISA	16	Component Element Separator	Receive ':'
Functional Group Header					
App. B	Envelope	GS	01	Functional Identifier Code	Receive 'HN'
App. B	Envelope	GS	02	Application Sender's Code	Receive '77045'

Page	Loop	Segment	Data Element	Element Name	Comments
App. B	Envelope	GS	03	Application Receiver's Code	Receive 9-digit ProviderOne Trading Partner ID
App. B	Envelope	GS	04	Date	Receive Date format in CCYYMMDD
App. B	Envelope	GS	05	Time	Receive Time format in HHMM
App. B	Envelope	GS	06	Group Control Number	Must be identical to GE02
App. B	Envelope	GS	07	Responsible Agency Code	Receive 'X'
App. B	Envelope	GS	08	Version / Release / Industry Identifier Code	Receive '004010X093A1'
Transaction Set Header					
129	Header	ST	01	Transaction Set Identifier Code	Receive '277'
129	Header	ST	02	Transaction Set Control Number	Must be identical to SE02
Begin of Hierarchical Transaction					
130	Header	BHT	01	Hierarchical Structure Code	Receive '0010'
130	Header	BHT	02	Transaction Set Purpose Code	Receive '08'
130	Header	BHT	03	Reference Identification	
131	Header	BHT	04	Date	Receive Date format in CCYYMMDD
131	Header	BHT	06	Transaction Type Code	Receive 'DG'
Information Source Level					
132	2000A	HL	01	Hierarchical ID Number	
132	2000A	HL	03	Hierarchical Level Code	Receive '20'
133	2000A	HL	04	Hierarchical Child Code	Receive '1'
Payer Name					
134	2100A	NM1	01	Entity Identifier Code	Receive 'PR'

Page	Loop	Segment	Data Element	Element Name	Comments
135	2100A	NM1	02	Entity Type Qualifier	Receive '2'
135	2100A	NM1	03	Name Last or Organization Name	Receive 'WA State DSHS'
135	2100A	NM1	08	Identification Code Qualifier	Receive 'PI'
136	2100A	NM1	09	Identification Code	Receive '77045'
Payer Contact Information					
138	2100A	PER	01	Contact Function Code	Receive 'IC'
138	2100A	PER	02	Name	Receive 'WA State DSHS Provider Relations'
138	2100A	PER	03	Communication Number Qualifier	Receive 'TE'
138	2100A	PER	04	Communication Number	Receive '8005623022'

Information Receiver Level					
140	2000B	HL	01	Hierarchical ID Number	
140	2000B	HL	02	Hierarchical Parent ID Number	
141	2000B	HL	03	Hierarchical Level Code	Receive '21'
141	2000B	HL	04	Hierarchical Child Code	Receive '1'
Information Receiver Name					
142	2100B	NM1	01	Entity Identifier Code	Receive '41'
143	2100B	NM1	02	Entity Type Qualifier	Receive information submitted from 276 file
143	2100B	NM1	03	Name Last or Organization Name	Receive information submitted from 276 file
143	2100B	NM1	04	Name First	Receive information submitted from 276 file
144	2100B	NM1	08	Identification Code Qualifier	Receive information submitted from 276 file
144	2100B	NM1	09	Identification Code	Receive information submitted from 276 file
Service Provider Level					
145	2000C	HL	01	Hierarchical ID Number	
145	2000C	HL	02	Hierarchical Parent ID Number	
146	2000C	HL	03	Hierarchical Level Code	Receive '19'
146	2000C	HL	04	Hierarchical Child Code	Receive '1'
Provider Name					
147	2100C	NM1	01	Entity Identifier Code	Receive '1P'
148	2100C	NM1	02	Entity Type Qualifier	Receive information submitted from 276 file

148	2100C	NM1	03	Name Last or Organization Name	Receive information submitted from 276 file
148	2100C	NM1	04	Name First	
148	2100C	NM1	08	Identification Code Qualifier	Receive information submitted from 276 file
149	2100C	NM1	09	Identification Code	Receive information submitted from 276 file
Subscriber Level					
150	2000D	HL	01	Hierarchical ID Number	
150	2000D	HL	02	Hierarchical Parent ID Number	
151	2000D	HL	03	Hierarchical Level Code	Receive '22'
151	2000D	HL	04	Hierarchical Child Code	Receive '0'
Subscriber Demographic Information					
152	2000D	DMG	01	Date Time Period Format Qualifier	Receive 'D8'
153	2000D	DMG	02	Date Time Period	Receive Subscriber Birth Date
153	2000D	DMG	03	Gender Code	Receive Subscriber Gender Code
Subscriber Name					
154	2100D	NM1	01	Entity Identifier Code	Receive 'QC'
155	2100D	NM1	02	Entity Type Qualifier	Receive '1'
155	2100D	NM1	03	Name Last or Organization Name	Receive Subscriber Last Name
155	2100D	NM1	04	Name First	Receive Subscriber First Name
155	2100D	NM1	05	Name Middle	Receive Subscriber Middle Name or Initial if available
155	2100D	NM1	08	Identification Code Qualifier	Receive 'MI'
156	2100D	NM1	09	Identification Code	Receive ProviderOne Client ID
Claim Submitter Trace Number					

157	2200D	TRN	01	Trace Type Code	Receive '2'
158	2200D	TRN	02	Reference Identification	Receive Trace Number submitted on 276 file
Claim Level Status Information					
159	2200D	STC	01-1	Industry Code	Receive Health Care Claim Status Category Code from Code Source 507
159	2200D	STC	01-2	Industry Code	Receive Health Care Claim Status Code from Code Source 508
167	2200D	STC	02	Date	Receive Status Information Effective Date (Date of Inquiry) Date format in CCYYMMDD
167	2200D	STC	04	Monetary Amount	Receive Total Claim Charge Amount
167	2200D	STC	05	Monetary Amount	Receive Claim Payment Amount The amount will be zero if the adjudication process is not completed
167	2200D	STC	06	Date	Receive Adjudication Date Date format in CCYYMMDD
168	2200D	STC	07	Payment Method Code	Receive 'ACH' or 'CHK'
168	2200D	STC	08	Date	Check Issue or EFT Effective Date (Always Mondays) Date format in CCYYMMDD
168	2200D	STC	09	Check Number	Receive Check or EFT Trace Number

Payer Claim Identification Number					
170	2200D	REF	01	Reference Identification Qualifier	Receive '1K'
171	2200D	REF	02	Reference Identification	Receive 21-digit claim Transaction Control Number (TCN)
Institutional Bill Type Identification					
NOTE: Receive this information only for Institutional claims					
172	2200D	REF	01	Reference Identification Qualifier	Receive 'BLT'
173	2200D	REF	02	Reference Identification	Receive 3-digit Type of Bill
Medical Record Identification					
NOTE: Receive this information only if submitted on original claim					
174	2200D	REF	01	Reference Identification Qualifier	Receive 'EA'
175	2200D	REF	02	Reference Identification	Receive Medical Record Number (from 837 2300 loop REF segment)
Claim Service Date					
176	2200D	DTP	01	Date/Time Qualifier	Receive '232'
177	2200D	DTP	02	Date Time Period Format Qualifier	Receive 'RD8'
177	2200D	DTP	03	Date Time Period	Receive Claim Service Date in CCYYMMDD - CCYYMMDD format
Service Line Information					
179	2220D	SVC	01-1	Product/Service ID Qualifier	DSHS may return the following qualifiers: AD HC NU

180	2220D	SVC	01-2	Product/Service ID	DSHS may return the following codes: AD - ADA Procedure Code HC - HCPCS/CPT Procedure Code NU - UB92 (UB04) Revenue Code
180	2220D	SVC	01-3	Procedure Modifier	Receive if submitted on the original claim service line
180	2220D	SVC	01-4	Procedure Modifier	Receive if submitted on the original claim service line
180	2220D	SVC	01-5	Procedure Modifier	Receive if submitted on the original claim service line
180	2220D	SVC	01-6	Procedure Modifier	Receive if submitted on the original claim service line
180	2220D	SVC	02	Monetary Amount	Receive Line Item Charge Amount
181	2220D	SVC	03	Monetary Amount	Receive Line Item Paid Amount If the adjudication process is not complete, this is zero-filled
181	2220D	SVC	04	Product/Service ID	Receive the Revenue Code if submitted on the claim here
181	2220D	SVC	07	Quantity	Receive Units of Service
Service Line Status Information					

182	2220D	STC	01-1	Industry Code	Receive Health Care Claim Status Category Code from Code Source 507
183	2220D	STC	01-2	Industry Code	Receive Health Care Claim Status Code from Code Source 508
190	2220D	STC	02	Date	Receive Status Information Effective Date (Date of Inquiry) Date format in CCYYMMDD
190	2220D	STC	04	Monetary Amount	Receive Line Item Charge Amount
190	2220D	STC	05	Monetary Amount	Receive Line Item Payment Amount The amount will be zero if the adjudication process is not completed
Service Line Item Identification					
192	2220D	REF	01	Reference Identification Qualifier	Receive 'FJ'
192	2220D	REF	02	Reference Identification	Receive Line Item Control Number from claim (Loop 2400, REF02)
Service Line Date					
193	2220D	DTP	01	Date/Time Qualifier	Receive '472'
193	2220D	DTP	02	Date Time Period Format Qualifier	Receive 'RD8'
194	2220D	DTP	03	Date Time Period	Date Format in CCYYMMDD - CCYYMMDD
Transaction Set Trailer					

239	Trailer	SE	01	Number of Included Segments	The total number of segments in the transaction set inclusive to the ST-SE segments
239	Trailer	SE	02	Transaction Set Control Number	Must be identical to ST02
Functional Group Trailer					
App. B	Trailer	GE	01	Number of Transaction Sets Included	
App. B	Trailer	GE	02	Group Control Number	Must be identical to GS06
Interchange Control Trailer					
App. B	Trailer	IEA	01	Number of Included Functional Groups	
App. B	Trailer	IEA	02	Interchange Control Number	Must be identical to ISA13