TEXAS MEDICAID

HIPAA TRANSACTION STANDARD COMPANION GUIDE

ANSI ASC X12N 276/277

Health Care Claim Status Request and Response

Acute Care

August 2023

TEXAS MEDICAID & HEALTHCARE PARTNERSHIP
TMHP **A STATE MEDICAID CONTRACTOR**

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1   Introduction

1.1   Purpose

The purpose of this document is to assist the provider with Texas Medicaid-particular data sets for information specified in the National Electronic Data Interchange Transaction Set Implementation Guide for the file type. The federal government has set standards to simplify Electronic Data Interchange (EDI). To comply with the standard, Texas Medicaid has updated the data sets for EDI files in accordance with HIPAA requirements and is utilizing the ASC X12 nomenclature. The TR3 dated August 2006 was used to create this companion guide for the 276/277 file format.

This companion guide is intended for trading partner use in conjunction with the ANSI ASC X12N National Implementation Guide. The ANSI ASC X12N Implementation Guides can be accessed at:

https://wpc-edi.com

The Texas Medicaid Companion Guide is designed to provide all entities that request review of specialty care, treatment and admission the specified data sets that Texas Medicaid requires per HIPAA compliance for 276/277 file format. Not all HIPAA compliant data sets are used by Texas Medicaid to process and respond to a request for information.

The Texas Medicaid EDI Connectivity Guide that contains specific instructions regarding connectivity options can be found on the EDI page of the Texas Medicaid website at:

https://www.tmhp.com/topics/edi

1.2   Contact Information

Texas Medicaid EDI Helpdesk

The Electronic Data Interchange (EDI) Helpdesk provides technical assistance only by troubleshooting Texas Medicaid EDI issues. Contact your system administrator for assistance with modem, hardware, or telephone line issues.

To reach the Texas Medicaid EDI Help Desk, select one of the following methods:

- Fax 1-512-514-4230 or 1-512-514-4228
- For Medicaid, CSHCN and Family Planning electronic filing issues, call 1-888-863-3638 (or call 1- 512-514-4150)
- For Long Term Care issues, call 1-800-626-4117 (Select option 3) (or call 1-512-335-4729)

The Texas Medicaid EDI Help Desk is available Monday through Friday, 7 a.m. to 7 p.m. CST.

1.3   Security and Privacy Statement

Covered entities were required to implement HIPAA Privacy Regulations no later than April 14, 2003. A covered entity is defined as a Health Plan, a Healthcare clearinghouse, or a Healthcare

provider who transmits any health information in electronic form in connection with a HIPAA transaction. Providers that conduct certain electronic transmissions are responsible for ensuring these privacy regulations are implemented in their business practices. HHSC is a HIPAA Covered Entity. Accordingly, Texas Medicaid is operating as a HIPAA Business Associate of HHSC as defined by the federally mandated rules of HIPAA. A business associate is defined as a person or organization that performs a function or activity on behalf of a covered entity but is not part of the covered entity's workforce.

The privacy regulation has three major purposes:

1. To protect and enhance the rights of consumers by providing them access to their health information and controlling the appropriate use of that information;

2. To improve the quality of Healthcare in the United States by restoring trust in the Healthcare system among consumers, Healthcare professionals and the many organizations and individuals committed to the delivery of healthcare; and

3. To improve the efficiency and effectiveness of healthcare delivery by creating a national framework for health privacy and protection.

In accordance with HIPAA privacy regulations, the State of Texas provided a Notice of Privacy Practices to all Texas Medicaid households. As one of the steps in this process, the State of Texas mailed an "Explanation of Medicaid Privacy Rights and a Privacy Notice" to each Medicaid household in March 2003.

1.4 Disclaimer

Texas Medicaid will accept up to 5000 transactions per batch. If a file is submitted with more than 5000 transactions the entire file will be rejected and not processed.

TMHP submitter IDs will be deactivated after an inactivity period of 180 days. Submitters who wish to have their submitter IDs re-activated will need to contact the EDI Helpdesk at 1-888- 863-3638.

2   276/277 Healthcare Claim Status Request & Response

This section is used to describe the *required* data values for the Healthcare claim status request and response. The 276 format is a Claim Status Inquiry (CSI) Request. This is the file that is sent to Texas Medicaid for processing. Once the request is processed a response will be sent from Texas Medicaid. The 277 format is the CSI Response. As an assumption for these file formats if the Subscriber is the same individual as the Patient, then the Patient Loop is not to be populated per HIPAA compliance.

Note: X12 files with more than one GS-GE Functional Group will fail to process in the Texas Medicaid Compass21 (C21) system.

2.1 276 Transaction

Loop ID	Element ID	Data Value	Description
Control Segments			
Interchange Control Header			
	ISA01	"00"	This specific data element needs to be populated for Texas Medicaid purposes. 00 is utilized for no authorization information present.
	ISA03	"00"	This specific data element needs to be populated for Texas Medicaid purposes. 00 is utilized for no security information present.
	ISA05	"ZZ"	This Mutually Defined value is used to submit this file format to Texas Medicaid.
	ISA06		This is the Submitter ID (Compass21 Electronic Transmitter Identifier) that is specific to the submitter of the request. This ID is assigned to the submitter by Texas Medicaid.
	ISA07	"ZZ"	This Mutually Defined value is used to submit this file format to Texas Medicaid.
	ISA 08	Production = "617591011C21P" Testing = "617591011C21T"	This is the Texas Medicaid Receiver ID used by Compass21 for recognition. C21: Acute Care Production: 617591011C21P C21: Acute Care Test: 617591011C21T
	ISA11	| (pipe – not alpha character)	Texas Medicaid requests that all submitters send a | (pipe – not alpha) in the ISA11 field as the Repetition Separator. This is a required field in the X12 and must be different than the data element separator, component element separator, and the segment terminator. Texas Medicaid does not support the processing of repeated occurrences of a simple data element or a composite data structure.

Loop ID	Element ID	Data Value	Description
Functional Group Header			
	GS01	"HR"	This notes that the file submitted is a Healthcare Claim Status Request (276).
	GS02		This value should equal the ISA06 from the 276 request per recommendation by Texas Medicaid.
	GS03		This value should equal the ISA08 from the 276 request per recommendation by Texas Medicaid.
	GS08	"005010X212"	This code is from the 276/277 Addenda dated October 2003 and reflects the value in this Addenda for the GS08 segment.
Transaction Reference Identification			
	BHT03		This transaction reference identification number is used to identify transaction within the originator's business application system and is assigned by the originator. This value must be echoed back to the submitter in the 277 response file and will not be stored on the database.
Detail, Information Source Level			
Payer Name			
2100A	NM103	"Texas Medicaid/Healthcare Services"	Populate this segment with Texas Medicaid/Health care Services for the Information Source Name.
2100A	NM108	"PI"	It is recommended by Texas Medicaid that the submitter use PI in this segment when submitting a 276 request to Texas Medicaid.
2100A	NM109	Production = "617591011C21P" Testing = "617591011C21T"	This is the Texas Medicaid ID used by Compass21 for recognition. C21: Acute Care Production: 617591011C21P C21: Acute Care Test: 617591011C21T
Detail, Service Provider Level			

Loop ID	Element ID	Data Value	Description
Provider Name			
2100C	NM108	"XX"	When the NPI is submitted, the value of NM108 must equal XX.
2100C	NM109		NM109 must equal provider assigned NPI (10 numeric). The NPI must be validated by Texas Medicaid to be able to process the request appropriately.
2100C	NM108	"SV"	When the API is submitted, the value of NM108 must equal SV.
2100C	NM109		NM109 must equal provider assigned API (10 alphanumeric=A + 9 numeric TPI). The API must be validated by Texas Medicaid to be able to process the request appropriately.
Detail, Subscriber Level			
Subscriber Name			
2100D	NM101	"IL"	IL Insured or Subscriber.
2100D	NM102	"1"	1 signifies person.
2100D	NM108	"MI"	MI is the PCN. If this segment is not populated with "MI" the request will fail at Texas Medicaid.
2100D	NM109		This is the Medicaid Subscriber Identification Number (a.k.a. PCN – Patient Control Number) and identifies the subscriber.
Claim Submitter Trace Number			
2200D	TRN02		This Claim Status Tracking Number is used to provide unique identification for each claim identification information loop in the transaction. This value must be echoed back to the submitter in the 277 response file and will not be stored on the database.
Payer Claim Identification Number			
2200D	REF01	"1K"	Reference Identification Qualifier for the Payer Claim Control Number located in the REF02, also referred to as the ICN.

Loop ID	Element ID	Data Value	Description
2200D	REF02		Payer Claim Control Number, also referred to as the ICN. Texas Medicaid will only read positions 1-24 of this segment.
Patient Control Number			
2200D	REF01	"EJ"	Required when the Patient Control Number has been assigned by the service provider.
2200D	REF02		The maximum number of characters supported for the Patient Control Number is "20".
Clearinghouse Trace Number			
2200D	REF01	"D9"	Required when a Clearinghouse or other transmission intermediary needs to attach their own unique claim number.
2200D	REF02		Clearinghouse Identification Number is required to be returned on the outbound transaction (277) if sent on the inbound transaction.
Claim Service Date			
2200D	DTP03		TMHP will only read the 2200D Loop for the Claim Service Date and will not use the 2210D Loop (Line Service Date) for this information. The submitter of the 276 is required to verify the date is entered into this segment for TMHP to process this request.
Service Line Information			
Service Line Date			
2210D	DTP03		TMHP will only read the 2200D Loop for the Claim Service Date and will not use the 2210D Loop (Line Service Date) for this information. The submitter of the 276 is required to verify the date is entered into this segment for TMHP to process this request.
Detail, Dependent Level (2000E)			
This Loop is not used by TMHP to process requests.			

2.2 277 Transaction

Note: The Hierarchical Child Code has been added to indicate whether there are subordinate *child* segments related to the current segment (i.e. claim status information at the provider and subscriber levels). This new functionality has been added to the 277 transaction only and 5010 requires use of this new code when rejecting claim status requests for errors at the Information Source or Information Receiver levels.

Loop ID	Element ID	Data Value	Description
Control Segments			
Interchange Control Header			
	ISA01	"00"	TMHP will populate *00* in the 277 file for response.
	ISA03	"00"	TMHP will populate *00* in the 277 file for a response.
	ISA05	"ZZ"	TMHP will populate *ZZ* in the 277 file for a response.
	ISA06	Production = "*617591011C21P*" Testing = "*617591011C21T*"	This is the TMHP ID used by Compass21 for recognition. C21: Acute Care Test: 617591011C21T C21: Acute Care Production: 617591011C21P
	ISA07	"ZZ"	TMHP will populate ZZ in the 277 file for a response.
	ISA08		This is the Submitter ID (Compass21 Electronic Transmitter Identifier) that is specific to the submitter of the request. This ID is assigned to the submitter by TMHP.

Loop ID	Element ID	Data Value	Description
	ISA11	| (pipe – not alpha character)	TMHP will send a | (pipe – not alpha) in the ISA11 field as the Repetition Separator. This is a required field in the X12, and also must be different than the data element separator, component element separator, and the segment terminator but TMHP does not support the processing of repeated occurrences of a simple data element or a composite data structure.
	ISA14	"0"	TMHP will always send *0* in this segment for no acknowledgement requested; provider does not need to send a receipt noting that they have received the 277 from TMHP.
Functional Group Header			
	GS01	"HN"	This notes that the file submitted is a Healthcare Claim Status Notification (277).
	GS08	"005010X212"	This code is from the 276/277 Addenda dated *October 2003* and reflects the value in this Addenda for the GS08 segment.
Beginning of Hierarchical Transaction			
	BHT03		This transaction reference identification number is used to identify transaction within the originator's business application system and is assigned by the originator. This value must be echoed back to the submitter in the 277 response file and will not be stored on the database.
Detail, Information Source Level			
Payer Name			
2100A	NM103	"Texas Medicaid/Healthcare Services"	This will be populated in this segment regardless of the payer name that was submitted in the 276 to TMHP.
Detail, Information Receiver Level			
Reference Identification			

Loop ID	Element ID	Data Value	Description
2200B	TRN01	"02"	Referenced Transaction Trace Number is used when rejecting claim status requests for errors at Information Source or Information Receiver levels.
2200B	TRN02		This value must be the BHT03 data element value from the 276 Claim Status Request being rejected.
Detail, Service Provider Level			
Provider Name			
2100C	NM102		In the 277 file, TMHP will send back the information as it exists in the TMHP adjudication system that matches the data set sent to TMHP by the Transmitter in the NM109 segment of the 276 request. If TMHP does not match the data set in the NM109 segment, then NM102 will have the same data set populated that was on the 276 request.
2100C	NM103		In the 277 file, TMHP will send back the information as it exists in the TMHP adjudication system that matches the data set sent to TMHP by the Transmitter in the NM109 segment of the 276 request. If TMHP does not match the data set in the NM109 segment, then NM103 will have the same data set populated that was on the 276 request.
2100C	NM104		In the 277 file, TMHP will send back the information as it exists in the TMHP adjudication system that matches the data set sent to TMHP by the Transmitter in the NM109 segment of the 276 request. If TMHP does not match the data set in the NM109 segment, then NM104 will have the same data set populated that was on the 276 request.

Loop ID	Element ID	Data Value	Description
2100C	NM105		In the 277 file, TMHP will send back the information as it exists in the TMHP adjudication system that matches the data set sent to TMHP by the Transmitter in the NM109 segment of the 276 request. If TMHP does not match the data set in the NM109 segment, then NM105 will have the same data set populated that was on the 276 request.
2100C	NM107		In the 277 file, TMHP will send back the information as it exists in the TMHP adjudication system that matches the data set sent to TMHP by the Transmitter in the NM109 segment of the 276 request. If TMHP does not match the data set in the NM109 segment, then NM107 will have the same data set populated that was on the 276 request.
2100C	NM108	"XX"	When the NPI is submitted, the value of NM108 must equal XX.
2100C	NM109		NM109 must equal provider assigned NPI (10 numeric). The NPI must be validated by TMHP to be able to process the request appropriately.
2100C	NM108	"SV"	When the API is submitted, the value of NM108 must equal SV.
2100C	NM109		NM109 must equal provider assigned API (10 alphanumeric=A + 9 numeric TPI). The API must be validated by TMHP to be able to process the request appropriately.
Reference Identification			
2200C	TRN01	"01"	Current Transaction Trace Number Code is used when rejecting the claim status request(s) for errors at the provider level.
2200C	TRN02		TRN02 can be either a default value of zero (0) or any value that TMHP chooses to assign.

Loop ID	Element ID	Data Value	Description
Detail, Subscriber Level			
Subscriber Name			
2100D	NM101	"IL"	IL Insured or Subscriber. The 277 response will reflect what is submitted to TMHP.
2100D	NM102	"1"	*1* signifies person. The 277 response will reflect what is submitted to TMHP.
2100D	NM108	"MI"	*MI* is the PCN. If this segment is not populated with *MI* the request will fail at TMHP. The 277 response will reflect what is submitted to TMHP.
2100D	NM109		This is the Medicaid Identification Number (a.k.a. PCN – Patient Control Number) and identifies the subscriber. The 277 response will reflect what is submitted to TMHP. TMHP will only read positions 1-9 in the 276 of this segment.
Claim Status Tracking Number			
2200D	TRN01	"02"	This is Referenced Transaction Trace Number Code. It is echoed from the originator of the transaction that was provided for this patient's 276 request.
2200D	TRN02		This Claim Status Tracking Number is used to provide unique identification for each claim identification information loop in the transaction. This value must be echoed back from 276 CSI to the submitter in 277 response file and will not be stored on the database.
Patient Control Number			
2200D	REF01	"EJ"	Required when the Patient Control Number has been assigned and sent in by the service provider in 276 CSI.
2200D	REF02		The maximum number of characters supported for the Patient Control Number is "20" and must be returned as it was

Loop ID	Element ID	Data Value	Description
			received in 276 CSI.
Clearinghouse Trace Number			
2200D	REF01	"D9"	Required when a Clearinghouse or other transmission intermediary needs to attach their own unique claim number
2200D	REF02		Clearinghouse Identification Number is required to be returned on the outbound transaction (277) if sent on the inbound transaction.
Service Line Date			
2220D	STC01-3	"ZZ"	If there is a fourth or fifth Status or Category code, then *ZZ* will populate the second iteration if necessary.

Appendix A: 276/277 Example Transaction

This section is used to describe the required data values for claim status processing by TMHP regarding the status of Texas Medicaid claims. The 276 format is a Claim Status Inquiry (CSI) Request. This is the file that is sent to TMHP for processing. Once the request is processed, a response will be sent from TMHP. The 277 format is the CSI Response. As an assumption for these file formats if the Subscriber is the same individual as the Patient, then the Patient Loop is not to be populated per HIPAA compliance.

276 TMHP Example Transaction:

ISA*00* *00*   *ZZ*SUBMITTERS.ID   *ZZ*617591011C21P
*010726*1745*|*00501*000000905*0*P*:
GS*HR*SUBMITTERS.ID*617591011C21P*20030512*1745*1*X*005010X212
ST*276*0001*005010X212
BHT*0010*13*ABC276XXX*20050915*1425
HL*1**20*1
NM1*PR*2* Texas Medicaid/Healthcare Services*****PI*617591011C121P HL*2*1*21*1
NM1*41*2*ORGANIZATION NAME*****46*111111111
HL*3*2*19*1
NM1*1P*2*ORGANIZATION NAME*****XX*1111111111
HL*4*3*22*0
DMG*D8*19991231*M
NM1*IL*1*LAST NAME*FIRST NAME****MI*111111111 TRN*1*ABCXYZ1
REF*BLT*111
REF*EJ*11111111
AMT*T3*8513.88
DTP*472*RD8*20050831-20050906
HL*5*3*22*0
DMG*D8*19991231*F
NM1*IL*1*LAST NAME*FIRST NAME****MI*111111111 TRN*1*ABCXYZ2
REF*BLT*111
REF*EJ*11111111
AMT*T3*7599
DTP*472*RD8*20050731-20050809
HL*6*2*19*1
NM1*1P*2*ORGANIZATION NAME*****XX*111111111
HL*7*6*22*1
NM1*IL*1*LAST NAME*FIRST NAME****MI*111111111
HL*8*7*23
DMG*D8*19991231*M
NM1*QC*1*LAST NAME*FIRST NAME
TRN*1*ABCXYZ3
REF*EJ*11111111
SVC*HC:99203*150*****1
DTP*472*D8*20050501
SE*36*0001
GE*1*1
IEA*1*000000905

277 Transaction Example:
ISA*00*..........*00*..........*ZZ*617591011C21P..*ZZ*RECEIVERS.ID...*030101*1253*|*00501*000000905*1*
P*:
GS*HN*617591011C21P*RECEIVERCODE*19991231*0802*1*X*005010X212 ST*277*0001*005010X212

BHT*0010*08*277X212*20050916*0810*DG
HL*1**20*1
NM1*PR*2* Texas Medicaid/Healthcare Services*****PI*617591011C21P
HL*2*1*21*1
NM1*41*2*XYZ
SERVICE*****46*X67E HL*3*2*19*1
NM1*1P*2*ORGANIZATION NAME*****XX*1111111111
HL*4*3*22*0
NM1*IL*1*LAST NAME*FIRST NAME****MI*1111111111 TRN*2*ABCXYZ1
STC*P3:317*20050913**8513.88
REF*1K*111111111111111111111111 REF*BLT*111
REF*EJ*11111111
DTP*472*RD8*20050831-20050906
HL*5*3*22*0
NM1*IL*1*LAST NAME*FIRST
NAME****MI*111111111 TRN*2*ABCXYZ2
STC*F0:3*20050915**7599*7599
REF*1K*111111111111111111111111 REF*BLT*111
REF*EJ*111111111
DTP*472*RD8*20050731-20050809
HL*6*2*19*1
NM1*1P*2*ORGANIZATION NAME*****XX*1111111111
HL*7*6*22*1
NM1*IL*1*LAST NAME*FIRST NAME****MI*111111111
HL*8*7*23
NM1*QC*1*LAST NAME*FIRST NAME TRN*2*ABCXYC3
STC*F2:88:QC*1991231**150*0
REF*1K*11111111111
REF*EJ*11111111
SVC*HC:99203*150*0****1
STC*F2:88:QC*20050612
DTP*472*D8*20050501
SE*38*0001
GE*1*1
IEA*1*000000905

Appendix B: Summary of Version Changes

The following is a log of changes made since the original version of the document was published.

	Change	Date
1	Example transactions updated.	07/08/2014
2	Updated http links to https links and updated formatting.	08/10/2023