Ohio | Department of Job and Family Services

Ohio Companion Guide
277 Unsolicited Claim/Encounter Status Notifications

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The controlled master of this document is available online on the ODJFS Trading Partner website.
http://jfs.ohio.gov/OHP/tradingpartners/info.stm

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Amendment History

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1.0		HP EDI Team	DRAFT Version
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EDI SUPPORT INFORMATION

Days Available: Monday through Friday

Time Zone: Eastern Standard Time (EST)

Time Available: 8:00 am to 5:00 pm

Phone: (614) 387-1212

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DISCLOSURE STATEMENT

This Companion Guide documents the ODJFS specific use of this transaction to notify Providers/Trading Partners of the Status of 'Accepted' (includes 'Suspended' claims) or 'Denied" for each claim after the 837 Transaction file has been Adjudicated.

This following documentation was referenced for this Transaction:

- ODJFS 4010 CG - 277U Unsolicited Claim Status Companion Guide
- ODJFS 277U Gap Analysis and Mapping based on the 5010 277 Gap Analysis.
- 5010 277 Version 5, Release 1 Claim Status Response Implementation Guide.

The ODJFS Companion Guides are subject to change without prior notice.

Providers and Trading Partners are responsible for periodically checking for Companion Guide updates on the ODJFS Trading Partner website. http://jfs.ohio.gov/OHP/tradingpartners/info.stm

Each Medicaid Provider and/or Trading Partner has the ultimate responsibility to adhere to any Ohio State laws that are applicable including the Ohio Administrative Code. http://codes.ohio.gov/

PURPOSE

ODJFS developed this Companion Guide to accomplish the following:

- Identify and document Specific Codes and/or Values that ODJFS will send in the 277U Outbound Transaction.

This is not a HIPAA mandated Transaction. The content of this Companion Guide reflects Ohio-specific instructions and data values.

INTRODUCTION

The Health Insurance Portability and Accountability Act (HIPAA) require all Providers, Trading Partners and Payers in the United States to comply with the EDI Standards for Health Care.

This is not a HIPAA 'mandated' Transaction, and the only change noted was the name to the 277U Health Care Claim Pending Status Information to meet the original intent of the Transaction. This was documented in the 277 ERRATA.

The new name does not reflect the ODJFS use of the Transaction.

This Outbound Transaction is not checked for Compliance by ODJFS. Thus the Inbound Transaction should not be checked for Compliance.

ODJFS returns the 277U when a Transaction passes Compliance and the EDI Edit Process. The EDI Edit Process can 'Reject' any Claim/Encounter that does not pass the edit criteria. The 'Rejected' Claims/Encounters will not be loaded into MITS, whereas those that do pass the edit process will be loaded into MITS. Once Adjudication has occurred, the 277U will be generated for every Claim/Encounter, listing the Adjudication Status of 'Accepted' (including Suspended) or 'Denied'.

Errors identified by MITS in this transaction set may be corrected and the encounter resubmitted according to the MCP encounter data submission companion guides and submission schedule.

GENERAL INFORMATION

The U277 X12 Transaction was created during the 4010 Phase as a non-mandated Transaction to accommodate Medicaid States that report 'Suspended/Pended' Claims to their TP/Providers.

Since it is not a HIPAA Mandated Transaction it can be customized and used to suit the needs of each Payer.

This EDI Companion Guide provides the Trading Partners with a Status of 'Accepted' (includes Suspended/Pended claims) or 'Rejected' for each claim when an 837 file is Adjudicated.

There was not a 5010 IG since it was never a mandated Transaction.

ODJFS has elected to utilize the 5010 277 as a point of reference to update their 277U.

DATA FORMATTING

All objects including *.837, *.999 files can either be wrapped or unwrapped, which means the files must contain carriage return/line feed control characters at the end of every line or the data in the files must be streamed to be processed. The method chosen must be consistent throughout the entire file. Confirm with Ken

American National Standards Institute (ANSI) X12 Formatting

The EDI objects must strictly adhere to the structure, syntax, and semantic requirements as specified in the ASC X12 National Standard, HIPAA legislation.

American Standard Code for Information Exchange Formatting

ODJFS does not accept Extended Binary Coded Decimal Interchange Code (EBCDIC) files. All data transfers are expected to be in the American Standard Code for Information Exchange (ASCII) format.
For additional information, see the EDI Trading Partner Information Guide found on the ODJFS Trading Partner web site http://jfs.ohio.gov/OHP/tradingpartners/info.stm

REFERENCES

In addition to the resources available on the ODJFS Trading Partner website there are additional websites that contain helpful information to assist with the 5010 Implementation of HIPAA Transactions.

Government and Other Association Links

- Center for Medicare and Medicaid Services(CMS)
  - http://www.cms.hhs.gov
- Answers to Frequently Asked Questions
  - https://questions.cms.hhs.gov/cgi-bin/cmshhs.cfg/php/enduser/std_alp.php?p_sid=GiSFk8jj
- Health and Human Services (HHS) Office for Civil Rights (Privacy)
  - http://www.hhs.gov/ocr/hipaa/
- WEDI SNIP: Workgroup for EDI, Strategic National Implementation Process
  - http://www.wedi.org/snip/
- CMS website for National Provider Identifier (NPI)
  - http://www.cms.gov/NationalProvIdentStand/

ASC X12 Standards Links

- Washington Publishing Company
  - http://www.wpc-edi.com/
- Data Interchange Standards Association
  - http://disa.org/

- American National Standards Institute
  - http://ansi.org/
- Accredited Standards Committee
  - http://www.x12.org

Ohio Department of Job and Family Services Links

- ODJFS website
  - http://jfs.ohio.gov
- Ohio Health Plans (OHP) website
  - http://jfs.ohio.gov/ohp/

SEGMENT INFORMATION

ISA - Interchange Control Header

Segment Repeat: 1

Usage: Required

		ATTRIBUTES				Comments
Element	**Name**	**Use**	**Min/ Max**	**Data Type**	**Codes/ Values**	
ISA01	Authorization Information Qualifier	R	2/2	ID	00	
ISA03	Security Information Qualifier	R	2/2	ID	00	
ISA05	Sender Interchange ID Qualifier	R	2/2	ID	ZZ	
ISA06	Interchange Sender ID	R	15/15	AN	MMISODJFS	This field will be left justified and filled with spaces to meet the minimum length of 15
ISA07	Interchange Receiver ID Qualifier	R	2/2	ID	ZZ	

		ATTRIBUTES				Comments
Element	**Name**	**Use**	**Min/ Max**	**Data Type**	**Codes/ Values**	
ISA08	Interchange Receiver ID	R	15/15	AN		7 digit Trading Partner ID assigned by ODJFS This field will be left justified and filled with spaces to meet the minimum length of 15
ISA14	Acknowledgment Requested	R	1/1	ID	0	

GS – Functional Group Header

Segment Repeat: 1

Usage: Required

		ATTRIBUTES				Comments
Element	**Name**	**Use**	**Min/ Max**	**Data Type**	**Codes/ Values**	
GS02	Application Sender's Code	R	2/15	AN	MMISODJFS	
GS03	Application Receiver's Code	R	2/15	AN		7 digit Trading Partner ID assigned by ODJFS

BHT – Beginning of Hierarchical Transaction

Segment Repeat: 1

Usage: Required

		ATTRIBUTES				Comments
Element	**Name**	**Use**	**Min/ Max**	**Data Type**	**Codes/ Values**	
BHT01	Hierarchical Structure Code	R	4/4	R	0010	
BHT02	Transaction Set Purpose Code	R	2/2	R	08	
BHT03	Reference Identification	S	1/50	S		Concatenation of Trading Partner ID and System Date
BHT06	Transaction Type Code	S	2/2	O	DG	Response

Loop 2000: HL – Hierarchical Level

Loop Repeat: >1

Segment Repeat: 1

Usage: Required

		ATTRIBUTES				Comments
Element	**Name**	**Use**	**Min/ Max**	**Data Type**	**Codes/ Values**	
HL03	Hierarchical Level Code	R	1/2	ID	20	
HL04	Hierarchical Child Code	S	1/1	ID	1	

Loop 2100: NM1 – Individual or Organizational Name

Loop Repeat: >1

Segment Repeat: 1

Usage: Required

		ATTRIBUTES				Comments
Element	**Name**	**Use**	**Min/ Max**	**Data Type**	**Codes/ Values**	
NM101	Entity Identifier Code	R	2/3	ID	PR	
NM102	Entity Type Qualifier	R	1/1	ID	2	
NM103	Name Last or Organization Name	S	1/35	AN	ODJFS	
NM104	Name First	S	1/25	AN		Not used.
NM108	Identification Code Qualifier	S	1/2	ID	PI	
NM109	Identification Code	S	2/80	AN	MMISODJFS	

Loop 2200: TRN – Trace

Loop Repeat: >1

Segment Repeat: 1

Usage: Required

		ATTRIBUTES				Comments
Element	**Name**	**Use**	**Min/ Max**	**Data Type**	**Codes/ Values**	
TRN01	Trace Type Code	R	1/2	ID	2	Referenced Transaction Trace Numbers
TRN02	Reference Identification	R	1/30	AN		For Encounters, this will be the MCP's Transaction Control Number (TCN). For FFS Claims, this will be the original Transaction Control Number from the 837 Claim.

Loop 2200: STC – Status Information

Loop Repeat: >1

Segment Repeat: >1

Usage: Required

		ATTRIBUTES				Comments
Element	**Name**	**Use**	**Min/ Max**	**Data Type**	**Codes/ Values**	
STC01-1	Industry Code	R	1/30	AN	A2	Encounters/FFS – Adjudication Status of 'Accepted'
					A7	Encounter/FFS – Adjudication Status of 'Rejected'
STC01-3	Entity Identifier Code	S	2/3	ID	03	Dependent
					2D	Miscellaneous Health Care Facility
					71	Attending Physician - Used with Status Code 26
					72	Operating Physician - Used with Status Code 26
					82	Rendering Provider. Used with Status Code 26
					DN	Referring Provider. Used with Status Code 26
					MSC	Mammography Screening Center
					PRP	Primary Payer
					QC	Patient - Used with Status Code 21 and 478

		ATTRIBUTES				Comments
Element	**Name**	**Use**	**Min/ Max**	**Data Type**	**Codes/ Values**	
					SEP TL TTP	Secondary Payer Testing Laboratory Tertiary Payer
STC12	Free-Form Message Text	S	1/264	AN		This element is for Encounter Claims only. This will be the 4 digit Error (EOB) Codes regarding Encounter Transactions for both informational and critical Errors. Please see Appendix A for more information on the EOB Code(s). The Error Codes will appear as a continuous string of numbers. For example, the Error Codes of 201, 203, 269, and 3047 will be displayed as 0201020302693047

Loop 2200: REF – Reference Identification

Loop Repeat: >1

Segment Repeat: 1

Usage: Optional

NOTE: When a Claim/Encounter is accepted into the ODJFS system, a control number assigned by the ODJFS system is returned with REF01 set to '1K' and REF 02 set to the ODJFS internal control number (ICN) for the Claim/Encounter. The ICN is 13 bytes in length.

		ATTRIBUTES				Comments
Element	**Name**	**Use**	**Min/ Max**	**Data Type**	**Codes/ Values**	
REF01	Reference Identification Qualifier	R	2/3	ID	1K	Value used for Claims/Encounters accepted into MITS.
REF02	Reference Identification	S	1/30	AN		ODJFS assigned Internal Control Number (ICN). ICN's are assigned to every Claim/Encounter that has been accepted into MITS prior to Adjudication.

Loop 2200: DTP – Date or Time or Period

Loop Repeat: >1

Segment Repeat: 1

Usage: Situational

		ATTRIBUTES				Comments
Element	**Name**	**Use**	**Min/ Max**	**Data Type**	**Codes/ Values**	
DTP02	Date Time Period Format Qualifier	R	2/3	ID	D8 RD8	Date Expressed in Format CCYYMMDD Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD
DTP03	Date Time Period	R	1/35	AN		Dates of service for the Institutional, Dental, and Professional Claim/Encounter.

Loop 2220: SVC – Service Information

Loop Repeat: >1

Segment Repeat: 1

Usage: Required

		ATTRIBUTES				Comments
Element	**Name**	**Use**	**Min/ Max**	**Data Type**	**Codes/ Values**	
SVC01-1	Product or Service ID Qualifier	R	2/2	ID	AD	American Dental Association Codes (ADA)
					ER	Jurisdiction Specific Procedure and Supply Codes
					HC	Health Care Financing Administration Common Procedural Coding System (HCPCS) Codes
					HP	Health Insurance Prospective Payment System (HIPPS) Skilled Nursing Facility Rate Code
					IV	Home Infusion EDI Coalition (HIEC) Product/Service Code
					N4	National Drug Code in 5-4-2 Format
					NU	National Uniform Billing Committee (NUBC) UB92 Codes
					WK	Advanced Billing Concepts (ABC) Codes

Loop 2220: STC – Status Information

Loop Repeat: >1

Segment Repeat: >1

Usage: Required

		ATTRIBUTES				Comments
Element	**Name**	**Use**	**Min/ Max**	**Data Type**	**Codes/ Values**	
STC01-1	Industry Code	R	1/30	AN	A2 A7	Encounter/Claim Adjudication Status of 'Accepted' Encounter/Claim Adjudication Status of 'Denied'
STC12	Free-Form Message Text	O	1/264	AN		This element is for Encounter Claims only. This will be the 4 digit Error (EOB) Codes regarding Encounter Transactions for both informational and critical Errors. Please see Appendix A for more information on the EOB Code(s) for MCPs. The Error Codes will appear as a continuous string of numbers. For example, the Error Codes of 201, 203, 269, and 3047 will be displayed as 0201020302693047.

Loop 2220: DTP – Date or Time or Period

Loop Repeat: >1

Segment Repeat: 1

Usage: Situational

		ATTRIBUTES				Comments
Element	**Name**	**Use**	**Min/ Max**	**Data Type**	**Codes/ Values**	
DTP01	Date/Time Qualifier	R	3/3	ID	472	Service – Begin and end dates of the service being rendered.
DTP02	Date time Period Format Qualifier	R	2/3	ID	D8 RD8	Date Expressed in Format CCYYMMDD Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD
DTP03	Date Time Period	R	1/35	AN		Service Line Date

APPENDIX A

This appendix is to be used as a reference for Encounter Claims to assist the MCP's with information that is provided in the STC12 segments located in Loops 2200 and 2220.

EOB Code	EOB Description
30	MILEAGE RATE MISSING OR ZEROS
50	CLAIM DENIED. PLEASE CORRECT COVERED DAYS FIELD AND RESUBMIT
51	PATIENT CONDITION/STATUS CODE MISSING, INVALID
62	CLAIM DENIED. THE HOUR OF ADMISSION IS MISSING OR INVALID.
124	INVALID DATE OF SERVICE
132	HEADER TOTAL/SUBMITTED CHARGE MISSING OR INVALID
133	SUBMITTED CHARGES/TOTAL CLAIM CHARGE CONFLICT
136	REVENUE CENTER CODE IS MISSING/INVALID
138	TYPE OF BILL IS INVALID
167	PATIENT STATUS MISSING OR INVALID
170	PLACE OF SERVICE IS INVALID
184	DETAIL TOTAL/SUBMITTED CHARGE MISSING OR INVALID
321	PROCEDURE CODE NOT ON FILE
361	PROCEDURE CODE NOT ALLOWED FOR DATE OF SERVICE
482	CLAIM/DETAIL DENIED. DUPLICATE SERVICE BILLED.
872	FIRST DIAGNOSIS CODE NOT ON FILE
873	SECOND DIAGNOSIS CODE NOT ON FILE
875	THIRD DIAGNOSIS CODE NOT ON FILE
878	FOURTH DIAGNOSIS CODE NOT ON FILE
885	FIFTH DIAGNOSIS CODE NOT ON FILE
888	SIXTH DIAGNOSIS CODE NOT ON FILE
892	SEVENTH DIAGNOSIS CODE NOT ON FILE
898	EIGHTH DIAGNOSIS CODE NOT ON FILE
1027	FIRST SURGICAL PROCEDURE CODE NOT ON FILE
1028	SECOND SURGICAL PROCEDURE NOT ON FILE

EOB Code	EOB Description
1029	THIRD SURGICAL PROCEDURE NOT ON FILE
1030	4TH SURGICAL PROCEDURE NOT FOUND
1031	5TH SURGICAL PROCEDURE NOT FOUND
1032	6TH SURGICAL PROCEDURE NOT FOUND
1090	1ST SURGICAL PROCEDURE DATE IS MISSING OR ZEROS
1091	2ND SURGICAL PROCEDURE DATE IS MISSING OR ZEROS
1092	3RD SURGICAL PROCEDURE DATE IS MISSING OR ZEROS
1093	4TH SURGICAL PROCEDURE DATE INVALID
1094	5TH SURGICAL PROCDURE DATE INVALID
1095	6TH SURGICAL PROCEDURE DATE INVALID
1152	CREDIT/ADJUSTMENT REQUIRES ICN
1157	CLAIM NOT ON HISTORY
2091	RECIPIENT SERVICES COVERED BY HMO PLAN
2126	FIRST DATE OF SERV GREATER THAN LAST DATE OF SERV
2168	INVALID SOURCE OF ADMISSION
2183	MISSING UNITS OF SERVICE
2199	DATE OF SURGERY IS MISSING
2200	INVALID TYPE OF ADMISSION
2313	DIAGNOSIS CODE MISSING/NOT ON FILE
2314	SURGICAL PROCEDURE CODE NOT FOUND
2317	PROCEDURE CODE/MODIFIER CONFLICT
2321	PROCEDURE CODE IS NO LONGER VALID
4252	DIAGNOSIS CODE 10-24 NOT ON FILE
4893	NDC CODE MISSING
4897	NDC SHOULD NOT REPEAT FOR CLAIM DETAIL
5000	THIS IS A DUPLICATE OF ANOTHER CLAIM
8884	MCP PROVIDER NUMBER/NPI BILLED INCORRETLY
8885	MCP PROVIDER NUMBER NOT ON FILE
8886	RECIPIENT IS NOT ENROLLED IN MCO
8887	INVALID MCP RECIPIENT ID
8888	NO MEDICAID ELIGIBILITY FOR MCP RECIPIENT
8889	PROCEDURE CODE REQUIRED AT DETAIL LEVEL FOR ENCOUNTERS

EOB Code	EOB Description
8890	MISSING OR INVALID MCP PAID DATE
8891	MCP PAID DATE IS LESS THAN DETAIL DOS
8892	MODIFIER NOT ON FILE
8893	LMP REQUIRED FOR DELIVERY OR PRENATAL PROCEDURE
8894	INVALID LMP DATE
8895	LMP DATE MUST BE LESS THAN FIRST DOS
8896	EPSDT REFERRAL INDICATOR REQUIRED
8897	INVALID ADMIT HOUR MINUTES
8898	MCP CLAIM NUMBER REQUIRED
8899	MCP CLAIM NUMBER MUST BE BETWEEN 1 AND 18 BYTES IN LENGTH AND ONLY CONTAINS ALPHA NUMERIC CHARACTERS
8900	MISSING HEADER MCP AMOUNT
8901	CAPITATION INDICATOR REQUIRED AT THE DETAIL LEVEL
8902	CAPITATION INDICATOR REQUIRES AMOUNT >$0 AT THE CLAIM LEVEL
8903	CAPITATION INDICATOR ON ALL DETAILS REQUIRES AMOUNT > $0 AT THE CLAIM LEVEL
8904	HEADER MCP CAPITATION PAYMENT MUST BE SUM OF DETAIL MCP CAPITATION PAYMENTS
8906	INVALID DETAIL CAPITATED AMOUNT SUBMITTED WITH NINE 9'S AND A DECIMAL
8907	INVALID BIRTH WEIGHT
8908	INVALID MCP PAID DATE AT LINE LEVEL WHEN FINAL PER TYPE OF BILL
8909	INVALID DISCHARGE HOUR
8910	MISSING MCP PAID DATE AT LINE LEVEL WHEN FINAL PER TYPE OF BILL
8911	MCP PAID DATE AT LINE LEVEL WHEN FINAL PER TYPE OF BILL LESS THAN FIRST AND LAST DATES OF SERVICE
8912	INVALID HEADER MCP PAYMENT AMOUNT
8913	MISSING DETAIL MCP PAYMENT AMOUNT
8914	INVALID DETAIL MCP PAYMENT AMOUNT
8915	CAPITATION INDICATOR REQUIRES $0 AT THE DETAIL LEVEL
8916	QUALIFIER MUST BE EI OR SY
8917	INVALID EIN/SSN FOR QUALIFIERS EI/SY/24/34
8918	INVALID HEADER MCP PAYMENT AMOUNT
8919	VALUE MUST BE 1, 7 OR 8 IN 2300-CLM05-3
8920	DATE QUALIFIER MUST BE D8

EOB Code	EOB Description
8921	CONTRACT TYPE CODE INVALID ON HEADER
8922	RECIPIENT ID NOT ON FILE
8923	QUALIFIER MUST BE 'XX/'24'/'34'/'46'/'MI'/'EI/SY/PI'
8924	INVALID CHECK DIGIT FOR NPI
8925	FIRST OCCURRENCE MUST BE 'P'
8926	FIRST OCCURRENCE MUST BE 18
8927	ISA06 NOT SUBMITTED PROPERLY WITH 2320 SBR03
8928	FIRST OCCURRENCE QUALIFIER MUST BE HM
8929	FIRST OCCURRENCE MUST BE 'D'
8930	MISSING HEADER MCP PAYMENT AMOUNT
8931	2330B NM109 FIRST OCCURRENCE NOT SUBMITTED PROPERLY WITH 2320 AND 2430
8932	FIRST OCCURRENCE MUST BE '573'
8933	VALUE MUST BE D8 AT DETAIL
8934	CONTRACT TYPE CODE INVALID ON DETAIL
8935	QUALIFIER MUST BE XX AT DETAIL
8936	INVALID NPI CHECK DIGIT AT DETAIL
8938	INVALID REGION/PROGRAM SPECIFIC MCP PROVIDER NUMBER AT DETAIL LEVEL
8939	FIRST OCCURRENCE OF MCP AMOUNT IS REQUIRED AT DETAIL
8940	FIRST OCCURRENCE OF DATE/TIME QLFR MUST BE 573 AT DETAIL
8941	FIRST OCCURRENCE OF DATE/TIME FMT QLFR MUST MUST BE D8 AT DETAIL
8943	DRG CODE NOT SUPPLIED FOR INPATIENT
8944	MISSING INDICATOR ON PAID BY DRG CLAIM
8945	DRG PD MUST HAVE 1ST DTL MCP AMT=0 OR MCP HDR AMT
8946	DRG CODE NOT ON FILE FOR INPATIENT
8947	INVALID TRADING PARTNER ID
8954	MCP ATTENDING PROVIDER NUMBER/NPI BILLED INCORRETLY
8955	DETAIL LEVEL MCP ATTENDING PROVIDER NUMBER/NPI NOT ON FILE
8956	MCP OPERATING PROVIDER NUMBER/NPI NOT ON FILE
8957	INVALID CHECK DIGIT FOR OTHER PHYSICIAN NPI
8958	INVALID CHECK DIGIT FOR MCP ATTENDING PROVIDER NPI
8959	MCP OTHER PHYSICIAN NUMBER/NPI NOT ON FILE
8980	CLMCN1 SEGMENT IS NOT FOUND

EOB Code	EOB Description
8981	OTHER PAYER INFORMATION MISSING OR INVALID