Denti-Cal EDI Companion Guide

276 Health Care Claim Status Request/V5010X212

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276 Health Care Claim Status Request

Functional Group=HR

Purpose: This X12 Transaction Set contains the format and establishes the data contents of the Health Care Claim Request Transaction Set (276) for use within the context of an Electronic Data Interchange (EDI) environment. This transaction set can be used by a provider, recipient of health care products or services, or their authorized agent to request the status of a health care claim or encounter from a health care payer. This transaction set is not intended to replace the Health Care Claim Transaction Set (837), but rather to occur after the receipt of a claim or encounter information. The request may occur at the summary or service line detail level.

DENTI-CAL NOTE:
The delimiters used in the examples provided in this guide are for illustration purposes only and are not specific recommendations or requirements. Trading partners are encouraged to continue using the Denti-Cal recommended delimiters identified in Section 3.4 of the Denti-Cal EDI Companion Guide.

Not Defined:

Pos	Id	Segment Name	Req	Max Use	Repeat	Notes
	ISA	Interchange Control Header	M	1		
	GS	Functional Group Header	M	1		

Heading:

Pos	Id	Segment Name	Req	Max Use	Repeat	Notes
0100	ST	Transaction Set Header	M	1		
0200	BHT	Beginning of Hierarchical Transaction	M	1		

Detail:

Pos	Id	Segment Name	Req	Max Use	Repeat	Notes
LOOP ID - 2000A					**>1**	
0100	HL	Information Source Level	M	1		
LOOP ID - 2100A					**1**	
0500	NM1	Payer Name	O	1		
LOOP ID - 2000B					**>1**	
0100	HL	Information Receiver Level	M	1		
LOOP ID - 2100B					**1**	
0500	NM1	Information Receiver Name	O	1		
LOOP ID - 2000C					**>1**	
0100	HL	Service Provider Level	M	1		
LOOP ID - 2100C					**2**	
0500	NM1	Provider Name	O	1		
LOOP ID - 2000D					**>1**	
0100	HL	Subscriber Level	M	1		
0400	DMG	Subscriber Demographic Information	O	1		
LOOP ID - 2100D					**1**	
0500	NM1	Subscriber Name	O	1		
LOOP ID - 2200D					**>1**	
0900	TRN	Claim Status Tracking Number	O	1		
1000	REF	Payer Claim Control Number	O	1		
1000	REF	Institutional Bill Type Identification	O	1		
1000	REF	Application or Location System Identifier	O	1		
1000	REF	Group Number	O	1		
1000	REF	Patient Control Number	O	1		

1000	REF	Pharmacy Prescription Number	O	1		
1000	REF	Claim Identification Number For Clearinghouses and Other Transmission Intermediaries	O	1		
1100	AMT	Claim Submitted Charges	O	1		
1200	DTP	Claim Service Date	O	1		
LOOP ID - 2210D					**>1**	**C2/1300L**
1300	SVC	Service Line Information	O	1		
LOOP ID - 2000E					**>1**	**C2/0100L**
0100	HL	Dependent Level	O	1		
1600	SE	Transaction Set Trailer	M	1		

Not Defined:

Pos	Id	Segment Name	Req	Max Use	Repeat	Notes
	GE	Functional Group Trailer	M	1		
	IEA	Interchange Control Trailer	M	1		

Comments:

2/1300L Loop 2210D/Service Line Information is not used by Denti-Cal. Dates of service will be retrieved at the Claim level and not at the service line level. Requests at the service line level will not be supported.

2/0100L Loop 2000E/Dependent Level is not used by Denti-Cal. All patients are considered to be subscribers.

ISA Interchange Control Header

Pos:	Max: 1
Not Defined - Mandatory	
Loop: N/A	Elements: 16

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
ISA01	I01	**Authorization Information Qualifier**	M	ID	2/2	Required
		DENTI-CAL NOTE: *Submit '00'.*				
ISA02	I02	**Authorization Information**	M	AN	10/10	Required
		DENTI-CAL NOTE: *Submit 'DENTICAL'.*				
ISA03	I03	**Security Information Qualifier**	M	ID	2/2	Required
		DENTI-CAL NOTE: *Submit '00'.*				
ISA04	I04	**Security Information**	M	AN	10/10	Required
		DENTI-CAL NOTE: *Submit 'NONE'.*				
ISA05	I05	**Interchange ID Qualifier**	M	ID	2/2	Required
		DENTI-CAL NOTE: *Submit 'ZZ'.*				
ISA06	I06	**Interchange Sender ID**	M	AN	15/15	Required
		DENTI-CAL NOTE: *Submit the Denti-Cal Remote ID.*				
ISA07	I05	**Interchange ID Qualifier**	M	ID	2/2	Required
		DENTI-CAL NOTE: *Submit 'ZZ'.*				
ISA08	I07	**Interchange Receiver ID**	M	AN	15/15	Required
		DENTI-CAL NOTE: *Submit 'DENTICAL'.*				
ISA09	I08	**Interchange Date**	M	DT	6/6	Required
ISA10	I09	**Interchange Time**	M	TM	4/4	Required
ISA11	I65	**Repetition Separator**	M		1/1	Required
		Description: Type is not applicable; the repetition separator is a delimiter and not a data element; this field provides the delimiter used to separate repeated occurrences of a simple data element or a composite data structure; this value must be different than the data element separator, component element separator, and the segment terminator				
ISA12	I11	**Interchange Control Version Number**	M	ID	5/5	Required
ISA13	I12	**Interchange Control Number**	M	N0	9/9	Required
ISA14	I13	**Acknowledgment Requested**	M	ID	1/1	Required
		DENTI-CAL NOTE: *Submit '0'.*				
ISA15	I14	**Interchange Usage Indicator**	M	ID	1/1	Required

		DENTI-CAL NOTE: *Submit 'P'.*			
ISA16	I15	**Component Element Separator**	M	1/1	Required

SAMPLE:

*ISA*00*DENTICAL*00*NONE.....*ZZ*DC999999.....*ZZ*DENTICAL.....*110101*1253*^*00501*000000905*0*P*:~*

GS Functional Group Header

Pos: **Max: 1**
Not Defined - Mandatory
Loop: N/A **Elements: 8**

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
GS01	479	**Functional Identifier Code**	M	ID	2/2	Required
		DENTI-CAL NOTE: *Submit 'HR'.*				
GS02	142	**Application Sender's Code**	M	AN	2/15	Required
		DENTI-CAL NOTE: *Submit the Denti-Cal Remote ID.*				
GS03	124	**Application Receiver's Code**	M	AN	2/15	Required
		DENTI-CAL NOTE: *Submit 'DENTICAL'.*				
GS04	373	**Date**	M	DT	8/8	Required
GS05	337	**Time**	M	TM	4/8	Required
GS06	28	**Group Control Number**	M	N0	1/9	Required
GS07	455	**Responsible Agency Code**	M	ID	1/2	Required
GS08	480	**Version / Release / Industry Identifier Code**	M	AN	1/12	Required

SAMPLE:

*GS*HR*DC999999*DENTICAL*20101231*0802*1*X*005010X212~*

ST Transaction Set Header

Pos: 0100 **Max: 1**
Heading - Mandatory
Loop: N/A **Elements: 3**

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
ST01	143	**Transaction Set Identifier Code**	M	ID	3/3	Required
ST02	329	**Transaction Set Control Number**	M	AN	4/9	Required
ST03	1705	**Implementation Convention Reference**	O	AN	1/35	Required
		DENTI-CAL NOTE: *Denti-Cal processes version '005010X212'.*				

SAMPLE:

*ST*276*0001*005010X212~*

BHT Beginning of Hierarchical Transaction

Pos: 0200 **Max: 1**
Heading - Mandatory
Loop: N/A **Elements: 5**

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
BHT01	1005	**Hierarchical Structure Code**	M	ID	4/4	Required
BHT02	353	**Transaction Set Purpose Code**	M	ID	2/2	Required
BHT03	127	**Reference Identification**	O	AN	1/50	Required
BHT04	373	**Transaction Set Create Date**	O	DT	8/8	Required
BHT05	337	**Transaction Set Create Time**	O	TM	4/8	Required

SAMPLE:

*BHT*0010*13*ABC276XXX*20100920*1425~*

HL Information Source Level

Pos: 0100 **Max: 1**
Detail - Mandatory
Loop: 2000A **Elements: 3**

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
HL01	628	**Hierarchical ID Number**	M	AN	1/12	Required
HL03	735	**Hierarchical Level Code**	M	ID	1/2	Required
HL04	736	**Hierarchical Child Code**	O	ID	1/1	Required

SAMPLE:

*HL*1**20*1~*

NM1 Payer Name

Pos: 0500 **Max: 1**
Detail - Optional
Loop: 2100A **Elements: 5**

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
NM101	98	**Entity Identifier Code**	M	ID	2/3	Required
NM102	1065	**Entity Type Qualifier**	M	ID	1/1	Required
NM103	1035	**Payer Name**	X	AN	1/60	Required
		DENTI-CAL NOTE: *Submit 'DENTICAL'.*				
NM108	66	**Identification Code Qualifier**	X	ID	1/2	Required
NM109	67	**Payer Identifier**	X	AN	2/80	Required
		DENTI-CAL NOTE: *Submit ID code '94146'.*				

SAMPLE:

*NM1*PR*2*DENTICAL*****PI*94146~*

HL Information Receiver Level

Pos: 0100 Max: 1
Detail - Mandatory
Loop: 2000B Elements: 4

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
HL01	628	**Hierarchical ID Number**	M	AN	1/12	Required
HL02	734	**Hierarchical Parent ID Number**	O	AN	1/12	Required
HL03	735	**Hierarchical Level Code**	M	ID	1/2	Required
HL04	736	**Hierarchical Child Code**	O	ID	1/1	Required

SAMPLE:

*HL*2*1*21*1~*

NM1 Information Receiver Name

Pos: 0500 **Max: 1**
Detail - Optional
Loop: 2100B **Elements: 7**

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
NM101	98	**Entity Identifier Code**	M	ID	2/3	Required
NM102	1065	**Entity Type Qualifier**	M	ID	1/1	Required
NM103	1035	**Submitter's Last Name or Submitter Organization Name**	X	AN	1/60	Situational
NM104	1036	**Submitter's First Name**	O	AN	1/35	Situational
NM105	1037	**Submitter's Middle Name**	O	AN	1/25	Situational
NM108	66	**Identification Code Qualifier**	X	ID	1/2	Required
NM109	67	**Submitter's Identification Number**	X	AN	2/80	Required

DENTI-CAL NOTE:
Use the Denti-Cal Remote ID as the submitter identifier.

SAMPLE:

*NM1*41*2*DDS SERVICE*****46*DC999999~*

HL Service Provider Level

Pos: 0100 **Max: 1**
Detail - Mandatory
Loop: 2000C **Elements: 4**

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
HL01	628	**Hierarchical ID Number**	M	AN	1/12	Required
HL02	734	**Hierarchical Parent ID Number**	O	AN	1/12	Required
HL03	735	**Hierarchical Level Code**	M	ID	1/2	Required
HL04	736	**Hierarchical Child Code**	O	ID	1/1	Required

SAMPLE:

*HL*3*2*19*1~*

NM1 Provider Name

Pos: 0500 **Max: 1**
Detail - Optional
Loop: 2100C **Elements: 8**

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
NM101	98	**Entity Identifier Code**	M	ID	2/3	Required
NM102	1065	**Entity Type Qualifier**	M	ID	1/1	Required
NM103	1035	**Billing Provider's Last Name or Organization Name**	X	AN	1/60	Situational
NM104	1036	**Billing Provider's First Name**	O	AN	1/35	Situational
NM105	1037	**Billing Provider's Middle Name or Initial**	O	AN	1/25	Situational
NM107	1039	**Billing Provider's Suffix**	O	AN	1/10	Situational
NM108	66	**Identification Code Qualifier**	X	ID	1/2	Required
NM109	67	**Billing Provider's Identifier**	X	AN	2/80	Required

DENTI-CAL NOTE:
Submit the Billing Provider's NPI. If any other provider ID is used the transaction will result in a claim status code of 'E0'. 'E0' indicates that there was an error in the transmission.

SAMPLE:

*NM1*1P*2*DDS PROVIDER*****XX*1666666666~*

HL Subscriber Level

Pos: 0100 **Max: 1**
Detail - Mandatory
Loop: 2000D **Elements: 4**

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
HL01	628	**Hierarchical ID Number**	M	AN	1/12	Required
HL02	734	**Hierarchical Parent ID Number**	O	AN	1/12	Required
HL03	735	**Hierarchical Level Code**	M	ID	1/2	Required
HL04	736	**Hierarchical Child Code**	O	ID	1/1	Required

SAMPLE:

*HL*4*3*22*0~*

DMG Subscriber Demographic Information

Pos: 0400 **Max: 1**
Detail - Optional
Loop: 2000D **Elements: 3**

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
DMG01	1250	**Date Time Period Format Qualifier**	X	ID	2/3	Required
DMG02	1251	**Beneficiary Date of Birth**	X	AN	1/35	Required
DMG03	1068	**Beneficiary Gender Code**	O	ID	1/1	Situational

SAMPLE:

*DMG*D8*20010706*M~*

NM1 Subscriber Name

Pos: 0500 **Max: 1**
Detail - Optional
Loop: 2100D **Elements: 8**

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
NM101	98	**Entity Identifier Code**	M	ID	2/3	Required
NM102	1065	**Entity Type Qualifier**	M	ID	1/1	Required
NM103	1035	**Beneficiary's Last Name**	X	AN	1/60	Required
NM104	1036	**Beneficiary's First Name**	O	AN	1/35	Situational
NM105	1037	**Beneificary's Middle Name or Initial**	O	AN	1/25	Situational
NM107	1039	**Beneficiary's Suffix**	O	AN	1/10	Situational
NM108	66	**Identification Code Qualifier**	X	ID	1/2	Required
		DENTI-CAL NOTE: *Submit 'MI'.*				
NM109	67	**Beneficiary's ID**	X	AN	2/80	Required
		DENTI-CAL NOTE: *Submit the beneficiary's ID as it appears on the Medi-Cal Identification card. DO NOT send the beneficiary's SSN; it will reject.*				

SAMPLE:

*NM1*IL*1*SMITH*ROBERT****MI*9009991A~*

TRN Claim Status Tracking Number

Pos: 0900 **Max: 1**
Detail - Optional
Loop: 2200D **Elements: 2**

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
TRN01	481	**Trace Type Code**	M	ID	1/2	Required
TRN02	127	**Current Transaction Trace Number**	M	AN	1/50	Required

SAMPLE:

*TRN*1*1722634842~*

REF Payer Claim Control Number

Pos: 1000 **Max: 1**
Detail - Optional
Loop: 2200D **Elements: 2**

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
REF01	128	**Reference Identification Qualifier**	M	ID	2/3	Required
REF02	127	**Denti-Cal DCN**	X	AN	1/50	Required

SAMPLE:

*REF*1K*10180469807~*

REF Institutional Bill Type Identification

Pos: 1000	Max: 1
Detail - Optional	
Loop: 2200D	Elements: 0

DENTI-CAL NOTE:
Institutional claims are not applicable to Denti-Cal. This segment is not used.

REF Application or Location System Identifier

Pos: 1000	Max: 1
Detail - Optional	
Loop: 2200D	Elements: 0

DENTI-CAL NOTE:
Application or Location System Identifiers are not applicable to Denti-Cal. This segment is not used.

REF Group Number

Pos: 1000	Max: 1
Detail - Optional	
Loop: 2200D	Elements: 0

DENTI-CAL NOTE:
Group Number is not applicable to Denti-Cal. This segment is not used.

REF Patient Control Number

Pos: 1000 **Max: 1**
Detail - Optional
Loop: 2200D **Elements: 2**

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
REF01	128	**Reference Identification Qualifier**	M	ID	2/3	Required
REF02	127	**Provider Patient Control Number**	X	AN	1/17	Required
		DENTI-CAL NOTE: *Denti-Cal supports a maximum of 17 characters in this field.*				

SAMPLE:

*REF*EJ*9912345~*

REF Pharmacy Prescription Number

Pos: 1000	Max: 1
Detail - Optional	
Loop: 2200D	Elements: 0

DENTI-CAL NOTE:
Pharmacy claims are not applicable to Denti-Cal. This segment is not used.

REF Claim Identification Number For Clearinghouses and Other Transmission Intermediaries

Pos: 1000 **Max: 1**
Detail - Optional
Loop: 2200D **Elements: 2**

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
REF01	128	**Reference Identification Qualifier**	M	ID	2/3	Required
REF02	127	**Clearinghouse Trace Number**	X	AN	1/50	Required

SAMPLE:

*REF*D9*20101513010001~*

AMT Claim Submitted Charges

Pos: 1100 **Max: 1**
Detail - Optional
Loop: 2200D **Elements: 2**

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
AMT01	522	**Amount Qualifier Code**	M	ID	1/3	Required
AMT02	782	**Total Claim Charge Amount**	M	R	1/18	Required

SAMPLE:

*AMT*T3*75~*

DTP Claim Service Date

Pos: 1200 **Max: 1**
Detail - Optional
Loop: 2200D **Elements: 3**

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
DTP01	374	**Date/Time Qualifier**	M	ID	3/3	Required
DTP02	1250	**Date Time Period Format Qualifier**	M	ID	2/3	Required
		DENTI-CAL NOTE: *Submit RD8 when inquiring about claims or NOAs that include multiple dates of service.* *Submit D8 when inquiring about claims or NOAs that include a single date of service.*				
DTP03	1251	**Claim Service Period**	M	AN	1/35	Required

SAMPLE:

*DTP*472*RD8*20100401-20100402~ or DTP*472*D8*20100401~*

DENTI-CAL NOTE:

Submit the Claim Header dates of service based on the dates of service entered at the service line level. Dates of service at the service line level will not be evaluated separately. Only the dates of service at the Claim Header level will be used for processing the transaction..

SVC Service Line Information

Pos: 1300	Max: 1
Detail - Optional	
Loop: 2210D	Elements: 0

DENTI-CAL NOTE:

Loop 2210 and its associated segments are not used by Denti-Cal. Information submitted in Loop 2200D will be used to determine the claim status. Requests at the service line level will not be supported.

HL Dependent Level

Pos: 0100	Max: 1
Detail - Optional	
Loop: 2000E	Elements: 0

DENTI-CAL NOTE:

Loops 2000E, 2100E, 2200E and 2210E are not used by Denti-Cal. All patients are considered to be subscribers. Refer to Loops 2000D, 2100D and 2200D for subscriber information.

SE Transaction Set Trailer

Pos: 1600 **Max: 1**
Detail - Mandatory
Loop: N/A **Elements: 2**

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
SE01	96	**Number of Included Segments**	M	N0	1/10	Required
SE02	329	**Transaction Set Control Number**	M	AN	4/9	Required

SAMPLE:

*SE*34*0001~*

GE Functional Group Trailer

Pos: **Max: 1**
Not Defined - Mandatory
Loop: N/A **Elements: 2**

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
GE01	97	**Number of Transaction Sets Included**	M	N0	1/6	Required
GE02	28	**Group Control Number**	M	N0	1/9	Required

SAMPLE:

*GE*1*1~*

IEA Interchange Control Trailer

Pos: **Max: 1**
Not Defined - Mandatory
Loop: N/A **Elements: 2**

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
IEA01	I16	**Number of Included Functional Groups**	M	N0	1/5	Required
IEA02	I12	**Interchange Control Number**	M	N0	9/9	Required

SAMPLE:

*IEA*1*000000905~*