Denti-Cal EDI Companion Guide

277 Health Care Information Status Notification/V5010X212

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277 Health Care Information Status Notification

Functional Group=HN

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	O	1		
LOOP ID - 2100C					**2**	
0500	NM1	Provider Name	O	1		
LOOP ID - 2000D					**>1**	
0100	HL	Subscriber Level	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	STC	Claim Level Status Information	O	>1		
1100	REF	Payer Claim Control Number	O	1		
1100	REF	Patient Control Number	O	1		
1100	REF	Claim Identification Number for Clearinghouses and Other Transmission Intermediaries	O	1		
1200	DTP	Claim Service Date	O	1		
2700	SE	Transaction Set Trailer	M	1		

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
ST01	143	**Transaction Set Identifier Code**	M	ID	3/3
		Code / **Name** 277 / Health Care Information Status Notification			
ST02	329	**Transaction Set Control Number**	M	AN	4/9
		Description: Identifying control number that must be unique within the transaction set functional group assigned by the originator for a transaction set			
ST03	1705	**Implementation Convention Reference**	O	AN	1/35
		DENTI-CAL NOTE: *Denti-Cal transmits '005010X212'.*			

SAMPLE:

*ST*277*0001*005010X212~*

BHT Beginning of Hierarchical Transaction

Pos: 0200 **Max: 1**
Heading - Mandatory
Loop: N/A **Elements: 6**

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max
BHT01	1005	**Hierarchical Structure Code**	M	ID	4/4
		Code / **Name** 0010 / Information Source, Information Receiver, Provider of Service, Subscriber, Dependent			
BHT02	353	**Transaction Set Purpose Code**	M	ID	2/2
		Code / **Name** 08 / Status			
BHT03	127	**Reference Identification**	O	AN	1/50
BHT04	373	**Transaction Set Creation Date**	O	DT	8/8
BHT05	337	**Transaction Set Creation Time**	O	TM	4/8
BHT06	640	**Transaction Type Code**	O	ID	2/2
		Code / **Name** DG / Response			

SAMPLE:

*BHT*0010*08*277XXXX*20120921*0430*DG~*

HL Information Source Level

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

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max
HL01	628	**Hierarchical ID Number**	M	AN	1/12
HL03	735	**Hierarchical Level Code**	M	ID	1/2
		Code / **Name** 20 / Information Source			
HL04	736	**Hierarchical Child Code**	O	ID	1/1
		Code / **Name** 1 / Additional Subordinate HL Data Segment in This Hierarchical Structure.			

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
NM101	98	**Entity Identifier Code** **Code** / **Name** PR / Payer	M	ID	2/3
NM102	1065	**Entity Type Qualifier** **Code** / **Name** 2 / Non-Person Entity	M	ID	1/1
NM103	1035	**Name Last or Organization Name** **Description:** DENTICAL	X	AN	1/60
NM108	66	**Identification Code Qualifier** **Code** / **Name** PI / Payer Identification	X	ID	1/2
NM109	67	**Identification Code** **Description:** DENTICAL	X	AN	2/80

SAMPLE:

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

HL Information Receiver Level

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

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max
HL01	628	**Hierarchical ID Number**	M	AN	1/12
HL02	734	**Hierarchical Parent ID Number**	O	AN	1/12
HL03	735	**Hierarchical Level Code**	M	ID	1/2
		Code / **Name** 21 / Information Receiver			
HL04	736	**Hierarchical Child Code**	O	ID	1/1
		Code / **Name** 1 / Additional Subordinate HL Data Segment in This Hierarchical Structure.			

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
NM101	98	**Entity Identifier Code**	M	ID	2/3
		Code / **Name** 41 / Submitter			
NM102	1065	**Entity Type Qualifier**	M	ID	1/1
		Code / **Name** 2 / Non-Person Entity			
NM103	1035	**Submitter Last Name or Organization Name**	X	AN	1/60
NM104	1036	**Submitter First Name**	O	AN	1/35
NM105	1037	**Submitter Middle Name**	O	AN	1/25
NM108	66	**Identification Code Qualifier**	X	ID	1/2
		Code / **Name** 46 / Electronic Transmitter Identification Number (ETIN)			
NM109	67	**Submitter Identification Code**	X	AN	2/80
		DENTI-CAL NOTE: *This is the Denti-Cal Remote ID used by the submitter.*			

SAMPLE:

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

HL Service Provider Level

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

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max
HL01	628	**Hierarchical ID Number**	M	AN	1/12
HL02	734	**Hierarchical Parent ID Number**	O	AN	1/12
HL03	735	**Hierarchical Level Code**	M	ID	1/2
		Code / **Name** 19 / Provider of Service			
HL04	736	**Hierarchical Child Code**	O	ID	1/1
		Code / **Name** 1 / Additional Subordinate HL Data Segment in This Hierarchical Structure.			

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
NM101	98	**Entity Identifier Code**	M	ID	2/3
		Code / **Name** 1P / Provider			
NM102	1065	**Entity Type Qualifier**	M	ID	1/1
		Code / **Name** 2 / Non-Person Entity			
NM103	1035	**Billing Provider Last Name or Organization Name**	X	AN	1/60
NM104	1036	**Billing Provider First Name**	O	AN	1/35
NM105	1037	**Billing Provider Middle Name**	O	AN	1/25
NM107	1039	**Billing Provider Suffix**	O	AN	1/10
NM108	66	**Identification Code Qualifier**	X	ID	1/2
		Code / **Name** XX / Centers for Medicare and Medicaid Services National Provider Identifier			
NM109	67	**Billing Provider ID**	X	AN	2/80

SAMPLE:

*NM1*1P*2*HAPPY TEETH DENTAL OFFICE*****XX*1666666666~*

HL Subscriber Level

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

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max
HL01	628	**Hierarchical ID Number**	M	AN	1/12
HL02	734	**Hierarchical Parent ID Number**	O	AN	1/12
HL03	735	**Hierarchical Level Code**	M	ID	1/2
		Code / **Name** 22 / Subscriber			
HL04	736	**Hierarchical Child Code**	O	ID	1/1
		Code / **Name** 0 / No Subordinate HL Segment in This Hierarchical Structure.			

SAMPLE:

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

NM1 Subscriber Name

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

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max
NM101	98	**Entity Identifier Code**	M	ID	2/3
		Code / **Name** IL / Insured or Subscriber			
NM102	1065	**Entity Type Qualifier**	M	ID	1/1
		Code / **Name** 1 / Person			
NM103	1035	**Beneficiary Last Name**	X	AN	1/60
NM104	1036	**Beneficiary First Name**	O	AN	1/35
NM105	1037	**Beneficiary Middle Name**	O	AN	1/25
NM107	1039	**Beneficiary Suffix Name**	O	AN	1/10
NM108	66	**Identification Code Qualifier**	X	ID	1/2
		Code / **Name** MI / Member Identification Number			
NM109	67	**Beneficiary ID**	X	AN	2/80

SAMPLE:

*NM1*IL*1*SMITH*ROBERT****MI*90099991A~*

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
TRN01	481	**Trace Type Code**	M	ID	1/2
		Code / **Name** 2 / Referenced Transaction Trace Numbers			
TRN02	127	**Transaction Trace Number**	M	AN	1/50
		DENTI-CAL NOTE: *This is the Provider's trace number that was submitted on the 276 transaction.*			

SAMPLE:

*TRN*2*1722634842~*

STC Claim Level Status Information

Pos: 1000 **Max: >1**
Detail - Optional
Loop: 2200D **Elements: 7**

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max
STC01	C043	**Health Care Claim Status**	M	Comp	
		DENTI-CAL NOTE: *Denti-Cal provides a document status at the claim level; it does not provide status at the individual service line level.*			
STC01-01	1271	**Claim Status Category Code**	M	AN	1/30
STC01-02	1271	**Claim Status Code**	M	AN	1/30
STC02	373	**Claim Status Effective Date**	O	DT	8/8
STC04	782	**Claim Billed Amount**	O	R	1/18
STC05	782	**Claim Payment Amount**	O	R	1/18
STC06	373	**Adjudication Date**	O	DT	8/8
STC08	373	**Check Issue Date**	O	DT	8/8
STC09	429	**Check Number**	O	AN	1/16

SAMPLE:

*STC*A4:1*20120501**50*0~ or STC*F1:1*20120511**50*40*20120510**20120510*50321~*

DENTI-CAL NOTE:

Denti-Cal will report status for all documents that meet the submitted trace criteria. This may result in multiple responses to a single request.

Note: When a single NPI is registered with Denti-Cal for more than one service office (the NPI is considered to be non-subparted), Denti-Cal will generate a status response for each service office.

REF Payer Claim Control Number

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

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max
REF01	128	**Reference Identification Qualifier**	M	ID	2/3
		Code / **Name** 1K / Payer's Claim Number			
REF02	127	**Denti-Cal DCN**	X	AN	1/11

SAMPLE:

*REF*1K*11100100101~*

REF Patient Control Number

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

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max
REF01	128	**Reference Identification Qualifier**	M	ID	2/3
		Code / **Name** EJ / Patient Account Number			
REF02	127	**Provider Patient Control Number (PDCN)**	X	AN	1/17

SAMPLE:

*REF*EJ*PT12345~*

REF Claim Identification Number for Clearinghouses and Other Transmission Intermediaries

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

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max
REF01	128	**Reference Identification Qualifier**	M	ID	2/3
		Code / **Name** D9 / Claim Number			
REF02	127	**Clearinghouse Trace Number**	X	AN	1/50
		DENTI-CAL NOTE: *This is the submitting entity's unique trace/tracking number that was included on the 276 transaction.*			

SAMPLE:

*REF*D9*20121513010001~*

DTP Claim Service Date

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

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max
DTP01	374	**Date/Time Qualifier**	M	ID	3/3
		Code / **Name** 472 / Service			
DTP02	1250	**Date Time Period Format Qualifier**	M	ID	2/3
		Code / **Name** D8 / Date Expressed in Format CCYYMMDD RD8 / Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD			
DTP03	1251	**Claim Service Period**	M	AN	1/35

DENTI-CAL NOTE:
The Claim Service Period identifies the first date of service and last date of service for each document that matches the 276 trace criteria.

SAMPLE:

*DTP*472*RD8*20120401-20120402~ or DTP*472*D8*20120501~*

SE Transaction Set Trailer

Pos: 2700	Max: 1
Detail - Mandatory	
Loop: N/A	Elements: 2

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max
SE01	96	**Number of Included Segments**	M	N0	1/10
		Description: Total number of segments included in a transaction set including ST and SE segments			
SE02	329	**Transaction Set Control Number**	M	AN	4/9

SAMPLE:

*SE*34*0001~*