Meritain Health

**HIPAA 276/277 Transaction
Standard Companion Guide**

**Refers to the Implementation Guides
Based on ASC X12 version 005010X212**

May 2013

Disclosure Statement

This document is designed to outline the data elements required on all incoming claim status inquiries to Meritain Health, Inc., as well as those that will appear on Meritain's claim status responses.

Preface

This Companion Guide to the v5010 ASC X12N Implementation Guides and associated errata adopted under HIPAA clarifies and specifies the data content when exchanging electronically with Meritain Health, Inc. Transmissions based on this companion guide, used in tandem with the v5010 ASC X12N Implementation Guides, are compliant with both ASC X12 syntax and those guides. This Companion Guide is intended to convey information that is within the framework of the ASC X12N Implementation Guides adopted for use under HIPAA. The Companion Guide is not intended to convey information that in any way exceeds the requirements or usages of data expressed in the Implementation Guides.

EDITOR'S NOTE:
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1 INTRODUCTION

This section describes how ASC X12N Implementation Guides (IGs) adopted under HIPAA will be detailed with the use of a table. The tables contain a row for each segment that Meritain Health has something additional, over and above, the information in the IGs. That information can:

1. Limit the repeat of loops, or segments
2. Limit the length of a simple data element
3. Specify a sub-set of the IGs internal code listings
4. Clarify the use of loops, segments, composite and simple data elements
5. Any other information tied directly to a loop, segment, composite or simple data element pertinent to trading electronically with Meritain Health

In addition to the row for each segment, one or more additional rows are used to describe Meritain Health's usage for composite and simple data elements and for any other information. Notes and comments should be placed at the deepest level of detail. For example, a note about a code value should be placed on a row specifically for that code value, not in a general note about the segment.

The following table specifies the columns and suggested use of the rows for the detailed description of the transaction set companion guides.

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
193	2100C	NM1	Subscriber Name			This type of row always exists to indicate that a new segment has begun. It is always shaded at 10% and notes or comment about the segment itself goes in this cell.
195	2100C	NM109	Subscriber Primary Identifier		15	This type of row exists to limit the length of the specified data element.
196	2100C	REF	Subscriber Additional Identification			
197	2100C	REF01	Reference Identification Qualifier	18, 49, 6P, HJ, N6		These are the only codes transmitted by Meritain Health
			Plan Network Identification Number	N6		This type of row exists when a note for a particular code value is required. For example, this note may say that value N6 is the default. Not populating the first 3 columns makes it clear that the code value belongs to the row immediately above it.
218	2110C	EB	Subscriber Eligibility or Benefit Information			
231	2110C	EB13-1	Product/Service ID Qualifier	AD		This row illustrates how to indicate a component data element in the Reference column and also how to specify that only one code value is applicable.

SCOPE

This document has been written to be used in conjunction with the ASC X12N 005010X212 Health Care Claim Status Request and Response Guide. The use of this document is solely for the purpose of clarification. Please note this guide is intended only as a supplement, and not as a replacement for, the ASC X12N 005010X212 implementation guide.

OVERVIEW

This document includes a detailed layout of the 276 and 277 transactions, displaying the complete loops and segments spelled out in the corresponding 005010X212 implementation guide, using the table format referred to in the introduction. The table for each transaction includes notes on specific segments and values Meritain Health requires in the inbound transaction, as well as what can be expected in the outbound transaction.

REFERENCES

ASC X12N 005010X212 Implementation Guide (available at wpc-edi.com)

ADDITIONAL INFORMATION

Meritain Health invites interested present and future trading partners to exchange these transactions with Meritain as a means of improving efficiency in checking claim status, eliminating the delays present in checking status using phone or fax, providing a greater level of detail than phone or fax can provide, and adding a level of security through our encrypted transfers.

2 GETTING STARTED

WORKING WITH MERITAIN HEALTH

Clients of Meritain Health who are interested in establishing the 276/277 data feed should reach out to their Client Relationship Manager (CRM) to initiate the request. Other interested trading partners can reach Meritain at 1-877-MERITAIN or sales@meritain.com

TRADING PARTNER REGISTRATION

Meritain currently uses Change Healthcare as their exclusive clearinghouse for managing 276/277 connections with Meritain. Interested providers should contact their practice management software vendor, so they can submit through Change Healthcare. Trading partners seeking to connect to Change Healthcare for the first time can contact Change Healthcare at 800-819-7965 or clientsupport@changehealthcare.com

CERTIFICATION AND TESTING OVERVIEW

The interface with Change Healthcare will involve utilization of Change Healthcare's proprietary software suite, and trading partners who have not used it before may possibly need to go through a testing phase with Change Healthcare.

3 TESTING WITH MERITAIN HEALTH

Testing with Meritain Health should not be necessary as Meritain has already completed an exhaustive testing cycle with Change Healthcare to ensure the accuracy and security of these file transfers.

4 CONNECTIVITY WITH THE PAYER/COMMUNICATIONS

PROCESS FLOWS

The process flow for the 276/277 transaction exchange will involve three separate entities: Meritain Health, the provider or clearinghouse sending the claim status request, and Change Healthcare, who will serve as an intermediary between the request source and Meritain,

exchanging the claim status request and Meritain's claim status response through their secure connections with both entities.
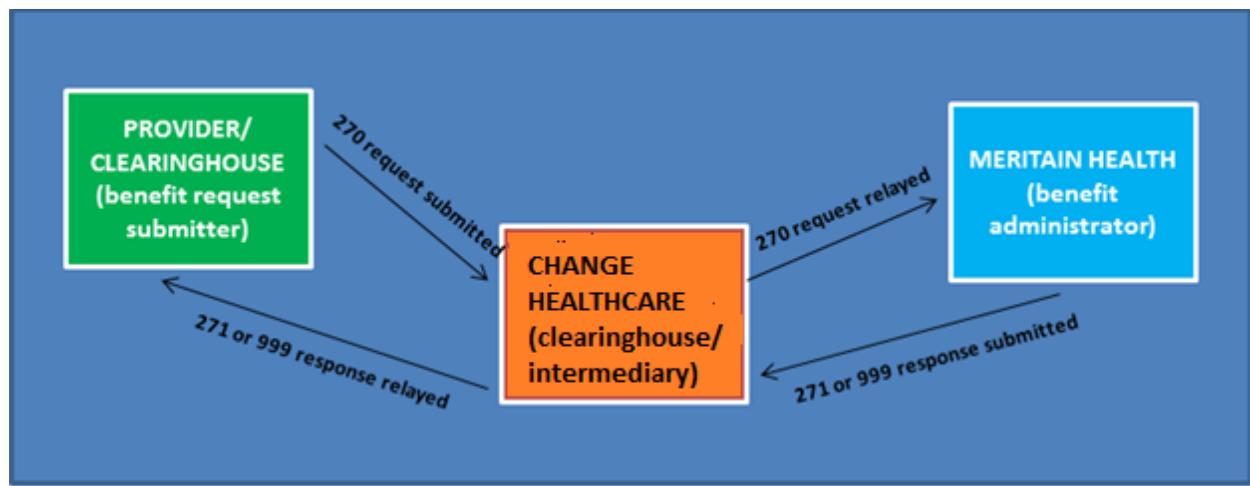
As shown by the above diagram, Meritain will either return a 277 response or a 999 acknowledgement upon receiving the 276. A 999 response is an indication that the request has failed structural validation and will need to be corrected and submitted before a 277 can be generated (for further detail on this process see section 8 of this document on acknowledgements & reports).

TRANSMISSION ADMINISTRATIVE PROCEDURES

Meritain Health will return a 277 response or 999 (in case of failed validation) within 20 seconds of receiving the 276 request from Change Healthcare to provide as close to a real-time response as possible. Automation is currently configured to run 24 hours a day in order to process requests as they come in at any time of day+.

RE-TRANSMISSION PROCEDURE

Meritain Health can only process files on a 1-to-1 basis, meaning we must receive a file to send a response, and that file should have unique control numbers in the ISA/GS/ST headers to distinguish it from past transmissions. Files already submitted to Meritain Health can only be retransmitted if the control numbers are updated to unique values.

COMMUNICATION PROTOCOL SPECIFICATIONS

Meritain Health is happy to respond to any questions or concerns via phone or e-mail using the contact information below in section 5. Please understand that any issues with transmissions may possibly involve Change Healthcare, and may need to be resolved by their support staff rather than Meritain.

PASSWORDS

As a secure connection between Change Healthcare and Meritain has already been established, any passwords to protect the security of the data would only need to be setup between the trading partner and Change Healthcare.

5 CONTACT INFORMATION

EDI CUSTOMER SERVICE AND TECHNICAL ASSISTANCE

Please contact the Meritain EDI team at edi@meritain.com

PROVIDER SERVICE NUMBER

For provider services, please contact 1-877-MERITAIN.

APPLICABLE WEBSITES/E-MAIL

For more about Meritain Health, you can check out our website at www.meritain.com or e-mail us at sales@meritain.com

6 CONTROL SEGMENTS/ENVELOPES

ISA-IEA

Below we have provided what Meritain Health expects as far the interchange control segments. It includes a description of expected sender and receiver codes, authorization information, and delimiters, for both the Interchange Control Header (ISA) and the Interchange Control Trailer (IEA).

ISA RECORD LAYOUT

Reference Designator	Usage	Description	Possible Values (preferred in bold)	Min	Max
ISA01	R	Authorization Information Qualifier	**00**, 03	2	2
ISA02	R	Authorization Information	**(leave blank)**	10	10
ISA03	R	Security Information Qualifier	**00**, 01	2	2
ISA04	R	Security Information	**(leave blank)**	10	10
ISA05	R	Interchange ID Qualifier	01, 14, 20, 27, 28, 29, 30, 33, ZZ	2	2
ISA06	R	Interchange Sender ID	(defined by sender)	15	15
ISA07	R	Interchange ID Qualifier	01, 14, 20, 27, 28, 29, 30, 33, **ZZ**	2	2
ISA08	R	Interchange Receiver ID	**64157**	15	15
ISA09	R	Interchange Date	YYMMDD format	6	6
ISA10	R	Interchange Time	HHMM format	4	4
ISA11	R	Repetition Separator	(defined by sender)	1	1
ISA12	R	Interchange Control Version No.	**00501**	5	5
ISA13	R	Interchange Control Number	(defined by sender)	9	9
ISA14	R	Acknowledgement Requested	0	1	1
ISA15	R	Usage Indicator	P, T	1	1
ISA16	R	Component Element Separator	**:**	1	1
		Segment Terminator	**~**	1	1

IEA RECORD LAYOUT

Reference Designator	Usage	Description	Possible Values	Min	Max
IEA01	R	Number of Included Functional Groups		1	5
IEA02	R	Group Control Number	(must match ISA13)	9	9

GS-GE

Below we have provided what Meritain Health expects as far as the functional group control segments. It includes a description of expected application sender and receiver codes, for both the Group Control Header (GS) and the Group Control Trailer (GE). On inbound transmissions, we expect the trading partner to define the group control number to be sent. On outbound transmissions Meritain will generate a unique sequenced control number.

GS RECORD LAYOUT

Reference Designator	Usage	Description	Possible Values (preferred in bold)	Min	Max
GS01	R	Functional Identifier Code	**HR (inbound), HN (outbound)**	2	2
GS02	R	Application Sender's Code	(defined by sender)	2	15
GS03	R	Application Receiver's Code	**64157**	2	15
GS04	R	Date	CCYYMMDD fmt	8	8
GS05	R	Time	HHMM format	4	8
GS06	R	Group Control Number	(defined by sender)	1	9
GS07	R	Responsible Agency Code	**X**	1	2
GS08	R	Version/Release/Industry Identifier	**005010X212**	1	12

GE RECORD LAYOUT

Reference Designator	Usage	Description	Possible Values	Min	Max
GE01	R	Number of Transaction Sets Included		1	6
GE02	R	Group Control Number	(must match GS06)	1	9

ST-SE

Below we have provided what Meritain Health expects as far as the transaction set segments. It includes a description of expected transaction codes, for both the Transaction Set Header (ST) and the Transaction Set Trailer (SE). On inbound

transmissions, we expect the trading partner to define the transaction set control number to be sent. On outbound transmissions Meritain will generate a unique sequenced control number.

ST RECORD LAYOUT

Reference Designator	Usage	Description	Possible Values (preferred in bold)	Min	Max
ST01	R	Transaction Set Identifier Code	**276** (inbound requests), **277** (outbound responses)	3	3
ST02	R	Transaction Set Control Number	(incrementing no.)	4	9
ST03	R	Implementation Convention Ref.	**005010X212**	1	35

SE RECORD LAYOUT

Reference Designator	Usage	Description	Possible Values	Min	Max
SE01	R	Number of Included Segments		1	10
SE02	R	Transaction Set Control Number	(must match ST02)	4	9

7   **PAYER SPECIFIC BUSINESS RULES AND LIMITATIONS**

This section describes Meritain Health's business rules:

1. Meritain can only accept incoming 276 transaction files of a size less than 15MB.
2. Meritain requires the following search elements on all transactions: first name, last name, date of birth, and member ID. The member ID should be the unique identifier assigned by Meritain Health- if not available, a SSN can be substituted but may not yield the most accurate results.
3. **Downtime**: Although Meritain Health is dedicated to providing a stable environment which can deliver real-time responses 24 hours a day, there will be times where Meritain systems go down for maintenance, typically on designated weekends, so requests submitted during these times will not return responses until after the close of the maintenance window. Responses may also be delayed for requests submitted weekday mornings prior to business hours and evenings after business hours, due to system updates running during this time.

So to ensure as close to a real-time response as possible, **requests are best submitted between 8am and 5 pm Eastern Standard Time, Monday through Friday**. Meritain Health

cannot guarantee the timeliness of responses outside of these hours, but all requests received regardless of when they are submitted will be responded to.

In the event of an emergency, Meritain systems could possibly be brought down during normal business hours, which could impact our ability to deliver response transactions, but our staff are committed to minimizing such downtime should it occur.

The following chart (all times are EST) displays a color coded schedule for the likelihood of responses within 20 seconds of a submission. **Red** represents maintenance days and times when systems could potentially be down and inaccessible. **Yellow** represents days and times when systems should be up, but data exchange could be slowed by system updates during this time. **Green** represents days and times, coinciding with Meritain's business hours, when no system maintenance should be in effect, and responses should be immediate.

TIME	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
12am	Red	Yellow	Yellow	Yellow	Yellow	Yellow	Red
1am	Red	Yellow	Yellow	Yellow	Yellow	Yellow	Red
2am	Red	Yellow	Yellow	Yellow	Yellow	Yellow	Red
3am	Red	Yellow	Yellow	Yellow	Yellow	Yellow	Red
4am	Red	Yellow	Yellow	Yellow	Yellow	Yellow	Red
5am	Red	Yellow	Yellow	Yellow	Yellow	Yellow	Red
6am	Red	Yellow	Yellow	Yellow	Yellow	Yellow	Red
7am	Red	Yellow	Yellow	Yellow	Yellow	Yellow	Red
8am	Red	Green	Green	Green	Green	Green	Red
9am	Red	Green	Green	Green	Green	Green	Red
10am	Red	Green	Green	Green	Green	Green	Red
11am	Red	Green	Green	Green	Green	Green	Red
12pm	Red	Green	Green	Green	Green	Green	Red
1pm	Red	Green	Green	Green	Green	Green	Red
2pm	Red	Green	Green	Green	Green	Green	Red
3pm	Red	Green	Green	Green	Green	Green	Red
4pm	Red	Green	Green	Green	Green	Green	Red
5pm	Red	Yellow	Yellow	Yellow	Yellow	Yellow	Red
6pm	Red	Yellow	Yellow	Yellow	Yellow	Yellow	Red
7pm	Red	Yellow	Yellow	Yellow	Yellow	Yellow	Red
8pm	Red	Yellow	Yellow	Yellow	Yellow	Red	Red
9pm	Red	Yellow	Yellow	Yellow	Yellow	Red	Red
10pm	Red	Yellow	Yellow	Yellow	Yellow	Red	Red
11pm	Red	Yellow	Yellow	Yellow	Yellow	Red	Red

8   ACKNOWLEDGEMENTS AND/OR REPORTS

As the 276 transaction is designed to be exchanged for a 277 response containing the claim information sought in the 276 request, Meritain Health will not be sending any other sort of acknowledgement that the 276 has been received, unless there is a problem processing the request. Should the 276 fail structural validation upon receipt, a 999 acknowledgement file will be returned detailing the specific errors. No 277 response will be generated unless the 276 is corrected and resubmitted.

REPORT INVENTORY
999 Implementation Acknowledgement (005010X231A1)

9 TRADING PARTNER AGREEMENTS

This section contains general information concerning Trading Partner Agreements (TPA).

TRADING PARTNERS

An EDI Trading Partner is defined as any Meritain customer (provider, billing service, software vendor, employer group, financial institution, etc.) that transmits to, or receives electronic data from Meritain.

Payers have EDI Trading Partner Agreements that accompany the standard implementation guide to ensure the integrity of the electronic transaction process. The Trading Partner Agreement is related to the electronic exchange of information, whether the agreement is an entity or a part of a larger agreement, between each party to the agreement.

For example, a Trading Partner Agreement may specify among other things, the roles and responsibilities of each party to the agreement in conducting standard transactions.

As Meritain only will be directly exchanging data with Change Healthcare, the existing trading partner agreement between Meritain and Change Healthcare will cover these transmissions. It may be necessary for those originating these transactions to complete similar paperwork with Change Healthcare.

10 TRANSACTION SPECIFIC INFORMATION

This section describes how the 276 and 277 ASC X12N Implementation Guides (IGs) adopted under HIPAA will be detailed with the use of a table. The tables contain a row for each segment that Meritain Health has something additional, over and above, the information in the IGs. That information can:
1. Limit the repeat of loops, or segments
2. Limit the length of a simple data element
3. Specify a sub-set of the IGs internal code listings
4. Clarify the use of loops, segments, composite and simple data elements
5. Any other information tied directly to a loop, segment, composite or simple data element pertinent to trading electronically with Meritain Health

276 CLAIM STATUS REQUEST TRANSACTION

Segment ID: BHT- Beginning of Hierarchical Transaction (required)

Reference Designator	Usage	Description	Possible Values (preferred in bold)	Min Length	Max Length
BHT01	R	Hierarchical Structure Code	**0010**	4	4
BHT02	R	Transaction Set Purpose Code	13	2	2
BHT03	S	Reference Identification	(defined by sender)	1	50
BHT04	R	Date	CCYYMMDD fmt	8	8
BHT05	R	Time	HHMM format	4	8
BHT06	NU	Transaction Type Code		2	2

2000A LOOP

Segment ID: HL- Information Source Level (required)

Reference Designator	Usage	Description	Possible Values (preferred in bold)	Min Length	Max Length
HL01	R	Hierarchical ID Number	(incrementing no.)	1	12
HL02	NU	Hierarchical Parent ID Number		1	12
HL03	R	Hierarchical Level Code	**20**	1	2
HL04	R	Hierarchical Child Code	**1**	1	1

2100A LOOP

Segment ID: NM1- Payer Name (required)

Reference Designator	Usage	Description	Possible Values (preferred in bold)	Min Length	Max Length
NM101	R	Entity Identifier Code	PR	2	3
NM102	R	Entity Type Qualifier	**2**	1	1
NM103	R	Name Last or Organization Name	**MERITAIN HEALTH**	1	60
NM104	NU	Name First		1	35
NM105	NU	Name Middle		1	25
NM106	NU	Name Prefix		1	10
NM107	NU	Name Suffix		1	10
NM108	R	Identification Code Qualifier	**PI**, XV	1	2
NM109	R	Identification Code	**64157**	2	80
NM110	NU	Entity Relationship Code		2	2
NM111	NU	Entity Identifier Code		2	3

NM112	NU	Name Last or Organization Name		1	60

2000B LOOP

Segment ID: HL- Information Receiver Level (required)

Reference Designator	Usage	Description	Possible Values (preferred in bold)	Min Length	Max Length
HL01	R	Hierarchical ID Number	(incrementing no.)	1	12
HL02	R	Hierarchical Parent ID Number		1	12
HL03	R	Hierarchical Level Code	**21**	1	2
HL04	R	Hierarchical Child Code	**1**	1	1

2100B LOOP

Segment ID: NM1- Information Receiver Name (required)

Reference Designator	Usage	Description	Possible Values (preferred in bold)	Min Length	Max Length
NM101	R	Entity Identifier Code	41	2	3
NM102	R	Entity Type Qualifier	1, 2	1	1
NM103	S	Name Last or Organization Name	(defined by sender)	1	60
NM104	S	Name First		1	35
NM105	S	Name Middle		1	25
NM106	NU	Name Prefix		1	10
NM107	NU	Name Suffix		1	10
NM108	R	Identification Code Qualifier	46	1	2
NM109	R	Identification Code	(defined by sender)	2	80
NM110	NU	Entity Relationship Code		2	2
NM111	NU	Entity Identifier Code		2	3
NM112	NU	Name Last or Organization Name		1	60

2000C LOOP

Segment ID: HL- Service Provider Level (required)

Reference Designator	Usage	Description	Possible Values (preferred in bold)	Min Length	Max Length
HL01	R	Hierarchical ID Number	(incrementing no.)	1	12
HL02	R	Hierarchical Parent ID Number	(# in previous HL)	1	12
HL03	R	Hierarchical Level Code	**19**	1	2
HL04	R	Hierarchical Child Code	1	1	1

2100C LOOP

Segment ID: NM1- Provider Name (required)

Reference Designator	Usage	Description	Possible Values (preferred in bold)	Min Length	Max Length
NM101	R	Entity Identifier Code	**1P**	2	3
NM102	R	Entity Type Qualifier	1, 2	1	1
NM103	S	Name Last or Organization Name		1	60
NM104	S	Name First		1	35
NM105	S	Name Middle		1	25
NM106	NU	Name Prefix		1	10
NM107	S	Name Suffix		1	10
NM108	R	Identification Code Qualifier	FI, SV, **XX**	1	2
NM109	R	Identification Code		2	80
NM110	NU	Entity Relationship Code		2	2
NM111	NU	Entity Identifier Code		2	3
NM112	NU	Name Last or Organization Name		1	60

2000D LOOP

Segment ID: HL- Subscriber Level (required)

Reference Designator	Usage	Description	Possible Values (preferred in bold)	Min Length	Max Length
HL01	R	Hierarchical ID Number		1	12
HL02	R	Hierarchical Parent ID Number		1	12
HL03	R	Hierarchical Level Code	**22**	1	2
HL04	R	Hierarchical Child Code	**0**, 1	1	1

Segment ID: DMG – Subscriber Demographic Information (Required by Meritain)

Reference Designator	Usage	Description	Possible Values (preferred in bold)	Min Length	Max Length
DMG01	R	Date Time Period Format Qualifier	D8	2	3
DMG02	R	Date Time Period (date of birth)		1	35
DMG03	S	Gender Code	F, M	1	1
DMG04	NU	Marital Status Code		1	1
DMG05	NU	Race or Ethnicity Code		1	1
DMG06	NU	Citizenship Status Code		1	2

DMG07	NU	Country Code		2	3
DMG08	NU	Basis of Verification		1	2
DMG09	NU	Quantity		1	15
DMG10	NU	Code List Qualifier Code		1	3
DMG11	NU	Industry Code		1	30

2100D LOOP

Segment ID: NM1- Subscriber Name (required)

Reference Designator	Usage	Description	Possible Values (preferred in bold)	Min Length	Max Length
NM101	R	Entity Identifier Code	**IL**	2	3
NM102	R	Entity Type Qualifier	**1,** 2	1	1
NM103	R	Name Last or Organization Name		1	60
NM104	S	Name First		1	35
NM105	S	Name Middle		1	25
NM106	NU	Name Prefix		1	10
NM107	S	Name Suffix		1	10
NM108	R	Identification Code Qualifier	24, II, **MI**	1	2
NM109	R	Identification Code		2	80
NM110	NU	Entity Relationship Code		2	2
NM111	NU	Entity Identifier Code		2	3
NM112	NU	Name Last or Organization Name		1	60

2200D LOOP

Segment ID: TRN – Claim Status Tracking Number (situational)

Reference Designator	Usage	Description	Possible Values (preferred in bold)	Min Length	Max Length
TRN01	R	Trace Type Code	**1**	1	2
TRN02	R	Reference Identification		1	50
TRN03	NU	Originating Company Identifier		10	10
TRN04	NU	Reference Identification		1	50

Segment ID: REF – Payer Claim Control Number (situational/PLEASE SEND)

Reference Designator	Usage	Description	Possible Values (preferred in bold)	Min Length	Max Length
REF01	R	Reference Identification Qualifier	1K	2	3
REF02	R	Reference Identification		1	50
REF03	NU	Description		1	80
REF04	NU	Reference Identifier			

Segment ID: REF – Institutional Bill Type Identification (situational)

Reference Designator	Usage	Description	Possible Values (preferred in bold)	Min Length	Max Length
REF01	R	Reference Identification Qualifier	BLT	2	3
REF02	R	Reference Identification		1	50
REF03	NU	Description		1	80
REF04	NU	Reference Identifier			

Segment ID: REF – Application or Location System Identifier (situational)

Reference Designator	Usage	Description	Possible Values (preferred in bold)	Min Length	Max Length
REF01	R	Reference Identification Qualifier	LU	2	3
REF02	R	Reference Identification		1	50
REF03	NU	Description		1	80
REF04	NU	Reference Identifier		1	50

Segment ID: REF – Group Number (situational/PLEASE SEND)

Reference Designator	Usage	Description	Possible Values (preferred in bold)	Min Length	Max Length

REF01	R	Reference Identification Qualifier	6P	2	3
REF02	R	Reference Identification		1	50
REF03	NU	Description		1	80
REF04	NU	Reference Identifier			

Segment ID: REF – Patient Control Number (situational/PLEASE SEND)

Reference Designator	Usage	Description	Possible Values (preferred in bold)	Min Length	Max Length
REF01	R	Reference Identification Qualifier	EJ	2	3
REF02	R	Reference Identification		1	50
REF03	NU	Description		1	80
REF04	NU	Reference Identifier			

Segment ID: REF – Pharmacy Prescription Number (situational)

Reference Designator	Usage	Description	Possible Values (preferred in bold)	Min Length	Max Length
REF01	R	Reference Identification Qualifier	XZ	2	3
REF02	R	Reference Identification		1	50
REF03	NU	Description		1	80
REF04	NU	Reference Identifier			

Segment ID: REF – Claim Identification Number for Clearinghouses and Other Transmission Intermediaries (situational)

Reference Designator	Usage	Description	Possible Values (preferred in bold)	Min Length	Max Length

REF01	R	Reference Identification Qualifier	D9	2	3
REF02	R	Reference Identification		1	50
REF03	NU	Description		1	80
REF04	NU	Reference Identifier			

Segment ID: AMT – Claim Submitted Charges (situational)

Reference Designator	Usage	Description	Possible Values (preferred in bold)	Min Length	Max Length
AMT01	R	Amount Qualifier Code	T3	1	3
AMT02	R	Monetary Amount		1	18
AMT03	NU	Credit/Debit Flag Code		1	1

Segment ID: DTP – Claim Service Date (situational)

Reference Designator	Usage	Description	Possible Values (preferred in bold)	Min Length	Max Length
DTP01	R	Date/Time Qualifier	472	3	3
DTP02	R	Date Time Period Format Qualifier	**D8**, RD8	2	3
DTP03	R	Date Time Period	**CCYYMMDD,** CCYYMMDD-CCYYMMDD	1	35

2210D LOOP

Segment ID: SVC – Service Line Information (situational)

Reference Designator	Usage	Description	Possible Values (preferred in bold)	Min Length	Max Length
SVC01	R	Composite Medical Procedure Identifier			
SVC01-1	R	Product/Service ID Qualifier	AD, ER, HC, HP, IV, N4, NU, WK	2	2

SVC01-2	R	Product/Service ID		1	48
SVC01-3	S	Procedure Modifier		2	2
SVC01-4	S	Procedure Modifier		2	2
SVC01-5	S	Procedure Modifier		2	2
SVC01-6	S	Procedure Modifier		2	2
SVC01-7	NU	Description		1	80
SVC01-8	NU	Product Service ID		1	48
SVC02	R	Monetary Amount		1	18
SVC03	NU	Monetary Amount		1	18
SVC04	S	Product/Service ID		1	48
SVC05	NU	Quantity		1	15
SVC06	NU	Composite Medical Procedure Identifier			
SVC07	R	Quantity		1	15

Segment ID: REF – Service Line Item Identification (situational)

Reference Designator	Usage	Description	Possible Values (preferred in bold)	Min	Max
REF01	R	Reference Identification Qualifier	FJ	2	3
REF02	R	Reference Identification		1	50
REF03	NU	Description		1	80
REF04	NU	Reference Identifier			

Segment ID: DTP – Service Line Date (required)

Reference Designator	Usage	Description	Possible Values (preferred in bold)	Min	Max
DTP01	R	Date/Time Qualifier	472	3	3
DTP02	R	Date Time Period Format Qualifier	**D8**, RD8	2	3

DTP03	R	Date Time Period	**CCYYMMDD**, CCYYMMDD- CCYYMMDD	1	35

2000E LOOP

Segment ID: HL – Dependent Level (situational)

Reference Designator	Usage	Description	Possible Values (preferred in bold)	Min	Max
HL01	R	Hierarchical ID Number		1	12
HL02	R	Hierarchical Parent ID Number		1	12
HL03	R	Hierarchical Level Code	23	1	2
HL04	NU	Hierarchical Child Code		1	1

Segment ID: DMG – Dependent Demographic Information (required)

Reference Designator	Usage	Description	Possible Values (preferred in bold)	Min	Max
DMG01	R	Date Time Period Format Qualifier	D8	2	3
DMG02	R	Date Time Period (date of birth)		1	35
DMG03	S	Gender Code	F,M	1	1
DMG04	NU	Marital Status Code		1	1
DMG05	NU	Race or Ethnicity Code		1	1
DMG06	NU	Citizenship Status Code		1	2
DMG07	NU	Country Code		2	3
DMG08	NU	Basis of Verification		1	2
DMG09	NU	Quantity		1	15
DMG10	NU	Code List Qualifier Code		1	3
DMG11	NU	Industry Code		1	30

2100E LOOP

Segment ID: NM1 – Dependent Name (required)

Reference Designator	Usage	Description	Possible Values (preferred in bold)	Min	Max
NM101	R	Entity Identifier Code	QC	2	3
NM102	R	Entity Type Qualifier	**1**	1	1
NM103	R	Name Last or Organization Name		1	60
NM104	S	Name First		1	35
NM105	S	Name Middle		1	25
NM106	NU	Name Prefix		1	10
NM107	S	Name Suffix		1	10
NM108	NU	Identification Code Qualifier		1	2
NM109	NU	Identification Code		2	80
NM110	NU	Entity Relationship Code		2	2
NM111	NU	Entity Identifier Code		2	3
NM112	NU	Last Name		1	60

2200E LOOP

Segment ID: TRN – Claim Status Tracking Number (required)

Reference Designator	Usage	Description	Possible Values (preferred in bold)	Min	Max
TRN01	R	Trace Type Code	**1**	1	2
TRN02	R	Reference Identification		1	50
TRN03	NU	Originating Company Identifier		10	10
TRN04	NU	Reference Identification		1	50

Segment ID: REF – Payer Claim Control Number (situational)

Reference Designator	Usage	Description	Possible Values (preferred in bold)	Min	Max
REF01	R	Reference Identification Qualifier	1K	2	3

REF02	R	Reference Identification		1	50
REF03	NU	Description		1	80
REF04	NU	Reference Identifier			

Segment ID: REF – Institutional Bill Type Identification (situational)

Reference Designator	Usage	Description	Possible Values (preferred in bold)	Min Length	Max Length
REF01	R	Reference Identification Qualifier	BLT	2	3
REF02	R	Reference Identification		1	50
REF03	NU	Description		1	80
REF04	NU	Reference Identifier			

Segment ID: REF – Application or Location System Identifier (situational)

Reference Designator	Usage	Description	Possible Values (preferred in bold)	Min Length	Max Length
REF01	R	Reference Identification Qualifier	LU	2	3
REF02	R	Reference Identification		1	50
REF03	NU	Description		1	80
REF04	NU	Reference Identifier			

Segment ID: REF – Group Number (situational)

Reference Designator	Usage	Description	Possible Values (preferred in bold)	Min Length	Max Length
REF01	R	Reference Identification Qualifier	6P	2	3
REF02	R	Reference Identification		1	50
REF03	NU	Description		1	80
REF04	NU	Reference Identifier			

Segment ID: REF – Patient Control Number (situational)

Reference Designator	Usage	Description	Possible Values (preferred in bold)	Min Length	Max Length
REF01	R	Reference Identification Qualifier	EJ	2	3
REF02	R	Reference Identification		1	50
REF03	NU	Description		1	80
REF04	NU	Reference Identifier			

Segment ID: REF – Pharmacy Prescription Number (situational)

Reference Designator	Usage	Description	Possible Values (preferred in bold)	Min Length	Max Length
REF01	R	Reference Identification Qualifier	XZ	2	3
REF02	R	Reference Identification		1	50
REF03	NU	Description		1	80
REF04	NU	Reference Identifier			

Segment ID: REF – Claim ID for Clearinghouses and Other Transmission Intermediaries (situational)

Reference Designator	Usage	Description	Possible Values (preferred in bold)	Min Length	Max Length
REF01	R	Reference Identification Qualifier	D9	2	3
REF02	R	Reference Identification		1	50
REF03	NU	Description		1	80
REF04	NU	Reference Identifier			

Segment ID: AMT – Claim Submitted Charges (situational)

Reference Designator	Usage	Description	Possible Values (preferred in bold)	Min Lengt	Max Lengt

				h	h
AMT01	R	Amount Qualifier Code	T3	1	3
AMT02	R	Monetary Amount		1	18
AMT03	NU	Credit/Debit Flag Code		1	1

Segment ID: DTP – Claim Service Date (situational)

Reference Designator	Usage	Description	Possible Values (preferred in bold)	Min Length	Max Length
DTP01	R	Date/Time Qualifier	472	3	3
DTP02	R	Date Time Period Format Qualifier	**D8**, RD8	2	3
DTP03	R	Date Time Period	**CCYYMMDD,** CCYYMMDD-CCYYMMDD	1	35

2210E LOOP

Segment ID: SVC – Service Line Information (situational)

Reference Designator	Usage	Description	Possible Values (preferred in bold)	Min Length	Max Length
SVC01	R	Composite Medical Procedure Identifier			
SVC01-1	R	Product/Service ID Qualifier	AD, ER, HC, HP, IV, N4, NU, WK	2	2
SVC01-2	R	Product/Service ID		1	48
SVC01-3	S	Procedure Modifier		2	2
SVC01-4	S	Procedure Modifier		2	2
SVC01-5	S	Procedure Modifier		2	2
SVC01-6	S	Procedure Modifier		2	2
SVC01-7	NU	Description		1	80
SVC01-8	NU	Product Service ID		1	48

SVC02	R	Monetary Amount		1	18
SVC03	NU	Monetary Amount		1	18
SVC04	S	Product/Service ID		1	48
SVC05	NU	Quantity		1	15
SVC06	NU	Composite Medical Procedure Identifier			
SVC07	R	Quantity		1	15

Segment ID: REF – Service Line Item Identification (situational)

Reference Designator	Usage	Description	Possible Values (preferred in bold)	Min Length	Max Length
REF01	R	Reference Identification Qualifier	FJ	2	3
REF02	R	Reference Identification		1	50
REF03	NU	Description		1	80
REF04	NU	Reference Identifier			

Segment ID: DTP – Service Line Date (required)

Reference Designator	Usage	Description	Possible Values (preferred in bold)	Min Length	Max Length
DTP01	R	Date/Time Qualifier	472	3	3
DTP02	R	Date Time Period Format Qualifier	**D8**, RD8	2	3
DTP03	R	Date Time Period	**CCYYMMDD**, CCYYMMDD-CCYYMMDD	1	35

277 CLAIM STATUS RESPONSE TRANSACTION

Segment ID: BHT- Beginning of Hierarchical Transaction (required)

Reference Designator	Usage	Description	Possible Values (preferred in bold)	Min Length	Max Length
BHT01	R	Hierarchical Structure Code	**0010**	4	4
BHT02	R	Transaction Set Purpose Code	08	2	2
BHT03	S	Reference Identification	(defined by sender)	1	50
BHT04	R	Date	CCYYMMDD fmt	8	8
BHT05	R	Time	HHMM format	4	8
BHT06	S	Transaction Type Code	DG	2	2

2000A LOOP

Segment ID: HL- Information Source Level (required)

Reference Designator	Usage	Description	Possible Values (preferred in bold)	Min Length	Max Length
HL01	R	Hierarchical ID Number	(incrementing no.)	1	12
HL02	NU	Hierarchical Parent ID Number		1	12
HL03	R	Hierarchical Level Code	**20**	1	2
HL04	R	Hierarchical Child Code	**1**	1	1

2100A LOOP

Segment ID: NM1- Payer Name (required)

Reference Designator	Usage	Description	Possible Values (preferred in bold)	Min Length	Max Length
NM101	R	Entity Identifier Code	PR	2	3
NM102	R	Entity Type Qualifier	**2**	1	1
NM103	R	Name Last or Organization Name	**MERITAIN HEALTH**	1	60
NM104	NU	Name First		1	35
NM105	NU	Name Middle		1	25
NM106	NU	Name Prefix		1	10
NM107	NU	Name Suffix		1	10
NM108	R	Identification Code Qualifier	**PI**, XV	1	2
NM109	R	Identification Code	**64157**	2	80
NM110	NU	Entity Relationship Code		2	2
NM111	NU	Entity Identifier Code		2	3

Reference Designator		Description		Min	Max
NM112	NU	Name Last or Organization Name		1	60

Segment ID: PER- Payer Contact Information (situational)

Reference Designator	Usage	Description	Possible Values (preferred in bold)	Min Length	Max Length
PER01	R	Contact Function Code	IC	2	2
PER02	S	Name		1	60
PER03	R	Communication Number Qualifier	ED,EM,TE,FX	2	2
PER04	R	Communication Number		1	256
PER05	S	Communication Nimber Qualifier	ED,EM,TE,FX, EX	2	2
PER06	S	Communication Number		1	256
PER07	S	Communication Number Qualifier	ED,EM,TE,FX, EX	2	2
PER08	S	Communication Number		1	256
PER09	NU	Contact Inquiry Reference		1	20

2000B LOOP

Segment ID: HL- Information Receiver Level (required)

Reference Designator	Usage	Description	Possible Values (preferred in bold)	Min Length	Max Length
HL01	R	Hierarchical ID Number	(incrementing no.)	1	12
HL02	R	Hierarchical Parent ID Number		1	12
HL03	R	Hierarchical Level Code	**21**	1	2
HL04	R	Hierarchical Child Code	0**, 1**	1	1

2100B LOOP

Segment ID: NM1- Information Receiver Name (required)

Reference Designator	Usage	Description	Possible Values (preferred in bold)	Min Length	Max Length
NM101	R	Entity Identifier Code	41	2	3

NM102	R	Entity Type Qualifier	1, 2	1	1
NM103	S	Name Last or Organization Name	(defined by sender)	1	60
NM104	S	Name First		1	35
NM105	S	Name Middle		1	25
NM106	NU	Name Prefix		1	10
NM107	NU	Name Suffix		1	10
NM108	R	Identification Code Qualifier	46	1	2
NM109	R	Identification Code	(defined by sender)	2	80
NM110	NU	Entity Relationship Code		2	2
NM111	NU	Entity Identifier Code		2	3
NM112	NU	Name Last or Organization Name		1	60

2200B LOOP

Segment ID: TRN – Information Receiver Trace Identifier (situational)

Reference Designator	Usage	Description	Possible Values (preferred in bold)	Min Length	Max Length
TRN01	R	Trace Type Code	2	1	2
TRN02	R	Reference Identification		1	50
TRN03	NU	Originating Company Identifier		10	10
TRN04	NU	Reference Identification		1	50

Segment ID: STC – Information Receiver Status (required)

Reference Designator	Usage	Description	Possible Values (preferred in bold)	Min Length	Max Length
STC01	R	Health Care Claim Status			
STC01-1	R	Industry Code		1	30
STC01-2	R	Industry Code		1	30
STC01-3	S	Entity Identifier Code	41, AY, PR	2	3
STC01-4	NU	Code List Qualifier Code		1	3
STC02	R	Status Information Effective Date		8	8
STC03	NU	Action Code		1	12
STC04	NU	Monetary Amount		1	18

STC05	NU	Monetary Amount		1	18
STC06	NU	Date		8	8
STC07	NU	Payment Method Code		3	3
STC08	NU	Date		8	8
STC09	NU	Check Number		1	16
STC10	S	Health Care Claim Status			
STC10-1	R	Health Care Claim Status Category Code	D0, E	1	30
STC10-2	R	Health Care Claim Status Code		1	30
STC10-3	S	Entity Identifier Code	41, AY, PR	2	3
STC10-4	NU	Code List Qualifier Code		1	3
STC11	S	Health Care Claim Status			
STC11-1	R	Health Care Claim Status Category Code	D0, E	1	30
STC11-2	R	Health Care Claim Status Code		1	30
STC11-3	S	Entity Identifier Code	41, AY, PR	2	3
STC11-4	NU	Code List Qualifier Code		1	3
STC12	NU	Free-Form Message Text		1	264

2000C LOOP

Segment ID: HL- Service Provider Level (situational)

Reference Designator	Usage	Description	Possible Values (preferred in bold)	Min Length	Max Length
HL01	R	Hierarchical ID Number	(incrementing no.)	1	12
HL02	R	Hierarchical Parent ID Number	(# in previous HL)	1	12
HL03	R	Hierarchical Level Code	**19**	1	2
HL04	R	Hierarchical Child Code	0, 1	1	1

2100C LOOP

Segment ID: NM1- Provider Name (required)

Reference Designator	Usage	Description	Possible Values (preferred in bold)	Min Length	Max Length
NM101	R	Entity Identifier Code	**1P**	2	3
NM102	R	Entity Type Qualifier	1, 2	1	1
NM103	S	Name Last or Organization Name		1	60
NM104	S	Name First		1	35
NM105	S	Name Middle		1	25
NM106	NU	Name Prefix		1	10
NM107	S	Name Suffix		1	10
NM108	R	Identification Code Qualifier	FI, SV, **XX**	1	2
NM109	R	Identification Code		2	80
NM110	NU	Entity Relationship Code		2	2
NM111	NU	Entity Identifier Code		2	3
NM112	NU	Name Last or Organization Name		1	60

2200C LOOP

Segment ID: TRN – Provider of Service Trace Identifier (situational)

Reference Designator	Usage	Description	Possible Values (preferred in bold)	Min Length	Max Length
TRN01	R	Current Transaction Trace Number	1	1	2
TRN02	R	Provider of Service Information Trace Identifier		1	50
TRN03	NU	Originating Company Identifier		10	10
TRN04	NU	Reference Identification		1	50

Segment ID: STC – Provider Status Information (required)

Reference Designator	Usage	Description	Possible Values (preferred in bold)	Min Length	Max Length
STC01	R	Health Care Claim Status			
STC01-1	R	Health Care Claim Status Category Code	D0, E	1	30
STC01-2	R	Health Care Claim Status Code		1	30
STC01-3	S	Entity Identifier Code	1P	2	3
STC01-4	NU	Code List Qualifier Code		1	3

STC02	R	Status Information Effective Date		8	8
STC03	NU	Action Code		1	2
STC04	NU	Monetary Amount		1	18
STC05	NU	Monetary Amount		1	18
STC06	NU	Date		8	8
STC07	NU	Payment Method Code		3	3
STC08	NU	Date		8	8
STC09	NU	Check Number		1	16
STC10	S	Health Care Claim Status			
STC10-1	R	Health Care Claim Status Category Code	D0, E	1	30
STC10-2	R	Health Care Claim Status Code		1	30
STC10-3	S	Entity Identifier Code	1P	2	3
STC10-4	NU	Code List Qualifier Code		1	3
STC11	S	Health Care Claim Status			
STC11-1	R	Health Care Claim Status Category Code	D0, E	1	30
STC11-2	R	Health Care Claim Status Code		1	30
STC11-3	S	Entity Identifier Code	1P	2	3
STC11-4	NU	Code List Qualifier Code		1	3
STC12	NU	Free-Form Message Text		1	264

2000D LOOP

Segment ID: HL- Subscriber Level (situational)

Reference Designator	Usage	Description	Possible Values (preferred in bold)	Min Length	Max Length
HL01	R	Hierarchical ID Number		1	12
HL02	R	Hierarchical Parent ID Number		1	12
HL03	R	Hierarchical Level Code	**22**	1	2
HL04	R	Hierarchical Child Code	**0**, 1	1	1

2100D LOOP

Segment ID: NM1- Subscriber Name (required)

Reference Designator	Usage	Description	Possible Values (preferred in bold)	Min Length	Max Length
NM101	R	Entity Identifier Code	**IL**	2	3
NM102	R	Entity Type Qualifier	**1,** 2	1	1
NM103	R	Name Last or Organization Name		1	60
NM104	S	Name First		1	35
NM105	S	Name Middle		1	25
NM106	NU	Name Prefix		1	10
NM107	S	Name Suffix		1	10
NM108	R	Identification Code Qualifier	24, II, **MI**	1	2
NM109	R	Identification Code		2	80
NM110	NU	Entity Relationship Code		2	2
NM111	NU	Entity Identifier Code		2	3
NM112	NU	Name Last or Organization Name		1	60

2200D LOOP

Segment ID: TRN – Claim Status Tracking Number (situational)

Reference Designator	Usage	Description	Possible Values (preferred in bold)	Min Length	Max Length
TRN01	R	Trace Type Code	**2**	1	2
TRN02	R	Reference Identification		1	50
TRN03	NU	Originating Company Identifier		10	10
TRN04	NU	Reference Identification		1	50

Segment ID: STC – Claim Level Status Information (required)

Reference Designator	Usage	Description	Possible Values (preferred in bold)	Min Length	Max Length
STC01	R	Health Care Claim Status			
STC01-1	R	Health Care Claim Status Category Code		1	30
STC01-2	R	Health Care Claim Status Code		1	30

| STC01-3 | S | Entity Identifier Code | 03, 13, 17, 1E, 1G, 1H, 1I, 1O, 1P, 1Q, 1R, 1S, 1T, 1U, 1V, 1W, 1X, 1Y, 1Z, 28, 2A, 2B, 2E, 2I, 2K, 2P, 2Q, 2S, 2Z, 30, 36, 3A, 3C, 3D, 3E, 3F, 3G, 3H, 3I, 3J, 3K, 3L, 3M, 3N, 3O, 3P, 3Q, 3R, 3S, 3T, 3U, 3V, 3W, 3X, 3Y, 3Z, 40, 43, 44, 4A, 4B, 4C, 4D, 4E, 4F, 4G, 4H, 4I, 4J, 4L, 4M, 4N, 4O, 4P, 4Q, 4R, 4S, 4U, 4V, 4W, 4X, 4Y, 4Z, 5A, 5B, 5C, 5D, 5E, 5F, 5G, 5H, 5I, 5J, 5K, 5L, 5M, 5N, 5O, 5P, 5Q, 5R, 5S, 5T, 5U, 5V, 5W, 5X, 5Y, 5Z, 61, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H, 6I, 6J, 6K, 6L, 6M, 6N, 6O, 6P, 6Q, 6R, 6S, 6U, 6V, 6W, 6X, 6Y, 71, 72, 73, 74, 77, 7C, 80, 82, 84, 85, 87, 95, CK, CZ, D2, DD, DJ, DK, DN, DO, DQ, E1, E2, E7, E9, FA, FD, FE, G0, G3, GB, GD, GI, GJ, GK, GM, GY, HF, HH, I3, IJ, IL, IN, LI, LR, MR, OB, OD, OX, P0, P2, P3, P4, P6, P7, | 2 | 3 |

			PT, PV, PW, QA, QB, QC, QD, QE, QH, QK, QL, QN, QO, QS, QV, QY, RC, RW, S4, SJ, SU, T4, TQ, TT, TU, UH, X3, X4, X5, ZZ, 2D, MSC, PRP, SEP, TL, TTP		
STC01-4	S	Code List Qualifier Code	RX	1	3
STC02	R	Status Information Effective Date		8	8
STC03	NU	Action Code		1	2
STC04	S	Monetary Amount		1	18
STC05	S	Monetary Amount		1	18
STC06	S	Date		8	8
STC07	NU	Payment Method Code		3	3
STC08	S	Date		8	8
STC09	S	Check Number		1	16
STC10	S	Health Care Claim Status			
STC10-1	R	Health Care Claim Status Category Code		1	30
STC10-2	R	Health Care Claim Status Code		1	30
STC10-3	S	Entity Identifier Code		2	3
STC10-4	S	Code List Qualifier Code	RX	1	3
STC11	S	Health Care Claim Status			
STC11-1	R	Health Care Claim Status Category Code		1	30
STC11-2	R	Health Care Claim Status Code		1	30
STC11-3	S	Entity Identifier Code	1P	2	3
STC11-4	S	Code List Qualifier Code		1	3
STC12	NU	Free-Form Message Text		1	264

Segment ID: REF – Payer Claim Control Number (situational)

Reference Designator	Usage	Description	Possible Values (preferred in bold)	Min Length	Max Length
REF01	R	Trace Type Code	1K	2	3
REF02	R	Reference Identification		1	50
REF03	NU	Originating Company Identifier		1	80
REF04	NU	Reference Identification			

Segment ID: REF – Institutional Bill Type Identification (situational)

Reference Designator	Usage	Description	Possible Values (preferred in bold)	Min Length	Max Length
REF01	R	Trace Type Code	BLT	2	3
REF02	R	Reference Identification		1	50
REF03	NU	Originating Company Identifier		1	80
REF04	NU	Reference Identification			

Segment ID: REF – Patient Control Number(situational)

Reference Designator	Usage	Description	Possible Values (preferred in bold)	Min Length	Max Length
REF01	R	Reference Identification Qualifier	EJ	2	3
REF02	R	Reference Identification		1	50
REF03	NU	Description		1	80
REF04	NU	Reference Identifier			

Segment ID: REF – Pharmacy Prescription Number (situational)

Reference	Usage	Description	Possible Values	Min	Max

Designator			(preferred in bold)	Lengt h	Lengt h
REF01	R	Reference Identification Qualifier	XZ	2	3
REF02	R	Reference Identification		1	50
REF03	NU	Description		1	80
REF04	NU	Reference Identifier			

Segment ID: REF – Voucher Identifier (situational)

Reference Designator	Usage	Description	Possible Values (preferred in bold)	Min Lengt h	Max Lengt h
REF01	R	Reference Identification Qualifier	VV	2	3
REF02	R	Reference Identification		1	50
REF03	NU	Description		1	80
REF04	NU	Reference Identifier			

Segment ID: REF – Claim Identification Number for Clearinghouse and Other Transmission Intermediaries (situational)

Reference Designator	Usage	Description	Possible Values (preferred in bold)	Min Lengt h	Max Lengt h
REF01	R	Reference Identification Qualifier	D9	2	3
REF02	R	Reference Identification		1	50
REF03	NU	Description		1	80
REF04	NU	Reference Identifier		1	50

Segment ID: DTP – Claim Service Date (situational)

Reference Designator	Usage	Description	Possible Values (preferred in bold)	Min Lengt h	Max Lengt h

DTP01	R	Date/Time Qualifier	472	3	3
DTP02	R	Date Time Period Format Qualifier	**D8**. RD8	2	3
DTP03	R	Date Time Period	**CCYYMMDD,** CCYYMMDD-CCYYMMDD	1	35

2220D LOOP

Segment ID: SVC – Service Line Information (situational)

Reference Designator	Usage	Description	Possible Values (preferred in bold)	Min Length	Max Length
SVC01	R	Composite Medical Procedure Identifier			
SVC01-1	R	Product/Service ID Qualifier	AD, ER, HC, HP, IV, N4, NU, WK	2	2
SVC01-2	R	Product/Service ID		1	48
SVC01-3	S	Procedure Modifier		2	2
SVC01-4	S	Procedure Modifier		2	2
SVC01-5	S	Procedure Modifier		2	2
SVC01-6	S	Procedure Modifier		2	2
SVC01-7	NU	Description		1	80
SVC01-8	NU	Product Service ID		1	48
SVC02	R	Monetary Amount		1	18
SVC03	R	Monetary Amount		1	18
SVC04	S	Product/Service ID		1	48
SVC05	NU	Quantity		1	15
SVC06	NU	Composite Medical Procedure Identifier			
SVC07	R	Quantity		1	15

Segment ID: STC – Service Line Status Information (required)

Reference Designator	Usage	Description	Possible Values (preferred in bold)	Min Length	Max Length
STC01	R	Health Care Claim Status			
STC01-1	R	Health Care Claim Status Category Code		1	30
STC01-2	R	Health Care Claim Status Code		1	30
STC01-3	S	Entity Identifier Code	13, 17, 1E, 1G, 1H, 1I, 1O, 1P, 1Q, 1R, 1S, 1T, 1U, 1V, 1W, 1X, 1Y, 1Z, 28, 2A, 2B, 2E, 2I, 2K, 2P, 2Q, 2S, 2Z, 30, 36, 3A, 3C, 3D, 3E, 3F, 3G, 3H, 3I, 3J, 3K, 3L, 3M, 3N, 3O, 3P, 3Q, 3R, 3S, 3T, 3U, 3V, 3W, 3X, 3Y, 3Z, 40, 43, 44, 4A, 4B, 4C, 4D, 4E, 4F, 4G, 4H, 4I, 4J, 4L, 4M, 4N, 4O, 4P, 4Q, 4R, 4S, 4U, 4V, 4W, 4X, 4Y, 4Z, 5A, 5B, 5C, 5D, 5E, 5F, 5G, 5H, 5I, 5J, 5K, 5L, 5M, 5N, 5O, 5P, 5Q, 5R, 5S, 5T, 5U, 5V, 5W, 5X, 5Y, 5Z, 61, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H, 6I, 6J, 6K, 6L, 6M, 6N, 6O, 6P, 6Q, 6R, 6S, 6U, 6V, 6W, 6X, 6Y, 71, 72, 73, 74, 77, 7C, 80, 82, 84, 85, 87, 95, CK, CZ, D2, DD, DJ, DK,	2	3

			DN, DO, DQ, E1, E2, E7, E9, FA, FD, FE, G0, G3, GB, GD, GI, GJ, GK, GM, GY, HF, HH, I3, IJ, IL, IN, LI, LR, MR, OB, OD, OX, P0, P2, P3, P4, P6, P7, PT, PV, PW, QA, QB, QC, QD, QE, QH, QK, QL, QN, QO, QS, QV, QY, RC, RW, S4, SJ, SU, T4, TQ, TT, TU, UH, X3, X4, X5, ZZ, 03, 2D, MSC, PRP, SEP, TL, TTP		
STC01-4	S	Code List Qualifier Code	RX	1	3
STC02	R	Status Information Effective Date		8	8
STC03	NU	Action Code		1	2
STC04	NU	Monetary Amount		1	18
STC05	NU	Monetary Amount		1	18
STC06	NU	Date		8	8
STC07	NU	Payment Method Code		3	3
STC08	NU	Date		8	8
STC09	NU	Check Number		1	16
STC10	S	Health Care Claim Status			
STC10-1	R	Health Care Claim Status Category Code		1	30
STC10-2	R	Health Care Claim Status Code		1	30
STC10-3	S	Entity Identifier Code		2	3
STC10-4	S	Code List Qualifier Code	RX	1	3

STC11	S	Health Care Claim Status			
STC11-1	R	Health Care Claim Status Category Code		1	30
STC11-2	R	Health Care Claim Status Code		1	30
STC11-3	S	Entity Identifier Code	1P	2	3
STC11-4	S	Code List Qualifier Code	RX	1	3
STC12	NU	Free-Form Message Text		1	264

Segment ID: REF – Service Line Item Identification (situational)

Reference Designator	Usage	Description	Possible Values (preferred in bold)	Min Length	Max Length
REF01	R	Reference Identification Qualifier	FJ	2	3
REF02	R	Reference Identification		1	50
REF03	NU	Description		1	80
REF04	NU	Reference Identifier			

Segment ID: DTP – Service Line Date (required)

Reference Designator	Usage	Description	Possible Values (preferred in bold)	Min Length	Max Length
DTP01	R	Date/Time Qualifier	472	3	3
DTP02	R	Date Time Period Format Qualifier	**D8**, RD8	2	3
DTP03	R	Date Time Period	**CCYYMMDD**, CCYYMMDD-CCYYMMDD	1	35

2000E LOOP

Segment ID: HL – Dependent Level (situational)

Reference Designator	Usage	Description	Possible Values	Min Length	Max Length

			(preferred in bold)	h	h
HL01	R	Hierarchical ID Number		1	12
HL02	R	Hierarchical Parent ID Number		1	12
HL03	R	Hierarchical Level Code	23	1	2
HL04	NU	Hierarchical Child Code		1	1

2100E LOOP

Segment ID: NM1 – Dependent Name (required)

Reference Designator	Usage	Description	Possible Values (preferred in bold)	Min Length	Max Length
NM101	R	Entity Identifier Code	QC	2	3
NM102	R	Entity Type Qualifier	**1**	1	1
NM103	R	Name Last or Organization Name		1	60
NM104	S	Name First		1	35
NM105	S	Name Middle		1	25
NM106	NU	Name Prefix		1	10
NM107	S	Name Suffix		1	10
NM108	NU	Identification Code Qualifier		1	2
NM109	NU	Identification Code		2	80
NM110	NU	Entity Relationship Code		2	2
NM111	NU	Entity Identifier Code		2	3
NM112	NU	Last Name		1	60

2200E LOOP

Segment ID: TRN – Claim Status Tracking Number (required)

Reference Designator	Usage	Description	Possible Values (preferred in bold)	Min Length	Max Length

TRN01	R	Trace Type Code	**2**	1	2
TRN02	R	Reference Identification		1	50
TRN03	NU	Originating Company Identifier		10	10
TRN04	NU	Reference Identification		1	50

Segment ID: STC – Claims Level Staus Information (required)

Reference Designator	Usage	Description	Possible Values (preferred in bold)	Min Length	Max Length
STC01	R	Health Care Claim Status			
STC01-1	R	Health Care Claim Status Category Code		1	30
STC01-2	R	Health Care Claim Status Code		1	30
STC01-3	S	Entity Identifier Code	13, 17, 1E, 1G, 1H, 1I, 1O, 1P, 1Q, 1R, 1S, 1T, 1U, 1V, 1W, 1X, 1Y, 1Z, 28, 2A, 2B, 2E, 2I, 2K, 2P, 2Q, 2S, 2Z, 30, 36, 3A, 3C, 3D, 3E, 3F, 3G, 3H, 3I, 3J, 3K, 3L, 3M, 3N, 3O, 3P, 3Q, 3R, 3S, 3T, 3U, 3V, 3W, 3X, 3Y, 3Z, 40, 43, 44, 4A, 4B, 4C, 4D, 4E, 4F, 4G, 4H, 4I, 4J, 4L, 4M, 4N, 4O, 4P, 4Q, 4R, 4S, 4U, 4V, 4W, 4X, 4Y, 4Z, 5A, 5B, 5C, 5D, 5E, 5F, 5G, 5H, 5I, 5J, 5K, 5L, 5M, 5N, 5O, 5P, 5Q, 5R, 5S, 5T, 5U, 5V, 5W, 5X, 5Y, 5Z, 61, 6A, 6B, 6C, 6D, 6E, 6F, 6G,	2	3

			6H, 6I, 6J, 6K, 6L, 6M, 6N, 6O, 6P, 6Q, 6R, 6S, 6U, 6V, 6W, 6X, 6Y, 71, 72, 73, 74, 77, 7C, 80, 82, 84, 85, 87, 95, CK, CZ, D2, DD, DJ, DK, DN, DO, DQ, E1, E2, E7, E9, FA, FD, FE, G0, G3, GB, GD, GI, GJ, GK, GM, GY, HF, HH, I3, IJ, IL, IN, LI, LR, MR, OB, OD, OX, P0, P2, P3, P4, P6, P7, PT, PV, PW, QA, QB, QC, QD, QE, QH, QK, QL, QN, QO, QS, QV, QY, RC, RW, S4, SJ, SU, T4, TQ, TT, TU, UH, X3, X4, X5, ZZ, 03, 2D, MSC, PRP, SEP, TL, TTP		
STC01-4	S	Code List Qualifier Code	RX	1	3
STC02	R	Status Information Effective Date		8	8
STC03	NU	Action Code		1	2
STC04	S	Monetary Amount		1	18
STC05	S	Monetary Amount		1	18
STC06	S	Date		8	8
STC07	NU	Payment Method Code		3	3
STC08	S	Date		8	8
STC09	S	Check Number		1	16

STC10	S	Health Care Claim Status			
STC10-1	R	Health Care Claim Status Category Code		1	30
STC10-2	R	Health Care Claim Status Code		1	30
STC10-3	S	Entity Identifier Code		2	3
STC10-4	S	Code List Qualifier Code	RX	1	3
STC11	S	Health Care Claim Status			
STC11-1	R	Health Care Claim Status Category Code		1	30
STC11-2	R	Health Care Claim Status Code		1	30
STC11-3	S	Entity Identifier Code	1P	2	3
STC11-4	S	Code List Qualifier Code	RX	1	3
STC12	NU	Free-Form Message Text		1	264

Segment ID: REF – Payer Claim Control Number (situational)

Reference Designator	Usage	Description	Possible Values (preferred in bold)	Min Length	Max Length
REF01	R	Reference Identification Qualifier	1K	2	3
REF02	R	Reference Identification		1	50
REF03	NU	Description		1	80
REF04	NU	Reference Identifier			

Segment ID: REF – Institutional Bill Type Identification (situational)

Reference Designator	Usage	Description	Possible Values (preferred in bold)	Min Length	Max Length
REF01	R	Reference Identification Qualifier	BLT	2	3
REF02	R	Reference Identification		1	50
REF03	NU	Description		1	80

REF04	NU	Reference Identifier			

Segment ID: REF – Patient Control Number (situational)

Reference Designator	Usage	Description	Possible Values (preferred in bold)	Min Length	Max Length
REF01	R	Reference Identification Qualifier	EJ	2	3
REF02	R	Reference Identification		1	50
REF03	NU	Description		1	80
REF04	NU	Reference Identifier			

Segment ID: REF – Pharmacy Prescription Number (situational)

Reference Designator	Usage	Description	Possible Values (preferred in bold)	Min Length	Max Length
REF01	R	Reference Identification Qualifier	XZ	2	3
REF02	R	Reference Identification		1	50
REF03	NU	Description		1	80
REF04	NU	Reference Identifier			

Segment ID: REF – Voucher Identifier (situational)

Reference Designator	Usage	Description	Possible Values (preferred in bold)	Min Length	Max Length
REF01	R	Reference Identification Qualifier	VV	2	3
REF02	R	Reference Identification		1	50
REF03	NU	Description		1	80
REF04	NU	Reference Identifier			

Segment ID: REF – Claim ID for Clearinghouses and Other Transmission Intermediaries (situational)

Reference Designator	Usage	Description	Possible Values (preferred in bold)	Min Length	Max Length
REF01	R	Reference Identification Qualifier	D9	2	3
REF02	R	Reference Identification		1	50
REF03	NU	Description		1	80
REF04	NU	Reference Identifier			

Segment ID: DTP – Claim Service Date (situational)

Reference Designator	Usage	Description	Possible Values (preferred in bold)	Min Length	Max Length
DTP01	R	Date/Time Qualifier	472	3	3
DTP02	R	Date Time Period Format Qualifier	**D8**, RD8	2	3
DTP03	R	Date Time Period	**CCYYMMDD,** CCYYMMDD-CCYYMMDD	1	35

2220E LOOP

Segment ID: SVC – Service Line Information (situational)

Reference Designator	Usage	Description	Possible Values (preferred in bold)	Min Length	Max Length
SVC01	R	Composite Medical Procedure Identifier			
SVC01-1	R	Product/Service ID Qualifier	AD, ER, HC, HP, IV, N4, NU, WK	2	2
SVC01-2	R	Product/Service ID		1	48
SVC01-3	S	Procedure Modifier		2	2
SVC01-4	S	Procedure Modifier		2	2
SVC01-5	S	Procedure Modifier		2	2

SVC01-6	S	Procedure Modifier		2	2
SVC01-7	NU	Description		1	80
SVC01-8	NU	Product Service ID		1	48
SVC02	R	Monetary Amount		1	18
SVC03	R	Monetary Amount		1	18
SVC04	S	Product/Service ID		1	48
SVC05	NU	Quantity		1	15
SVC06	NU	Composite Medical Procedure Identifier			
SVC07	R	Quantity		1	15

Segment ID: STC – Service Line Status Information (required)

Reference Designator	Usage	Description	Possible Values (preferred in bold)	Min Length	Max Length
STC01	R	Health Care Claim Status			
STC01-1	R	Health Care Claim Status Category Code		1	30
STC01-2	R	Health Care Claim Status Code		1	30
STC01-3	S	Entity Identifier Code	13, 17, 1E, 1G, 1H, 1I, 1O, 1P, 1Q, 1R, 1S, 1T, 1U, 1V, 1W, 1X, 1Y, 1Z, 28, 2A, 2B, 2E, 2I, 2K, 2P, 2Q, 2S, 2Z, 30, 36, 3A, 3C, 3D, 3E, 3F, 3G, 3H, 3I, 3J, 3K, 3L, 3M, 3N, 3O, 3P, 3Q, 3R, 3S, 3T, 3U, 3V, 3W, 3X, 3Y, 3Z, 40, 43, 44, 4A, 4B, 4C, 4D, 4E, 4F, 4G, 4H, 4I, 4J, 4L, 4M, 4N, 4O, 4P, 4Q, 4R, 4S,	2	3

			4U, 4V, 4W, 4X, 4Y, 4Z, 5A, 5B, 5C, 5D, 5E, 5F, 5G, 5H, 5I, 5J, 5K, 5L, 5M, 5N, 5O, 5P, 5Q, 5R, 5S, 5T, 5U, 5V, 5W, 5X, 5Y, 5Z, 61, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H, 6I, 6J, 6K, 6L, 6M, 6N, 6O, 6P, 6Q, 6R, 6S, 6U, 6V, 6W, 6X, 6Y, 71, 72, 73, 74, 77, 7C, 80, 82, 84, 85, 87, 95, CK, CZ, D2, DD, DJ, DK, DN, DO, DQ, E1, E2, E7, E9, FA, FD, FE, G0, G3, GB, GD, GI, GJ, GK, GM, GY, HF, HH, I3, IJ, IL, IN, LI, LR, MR, OB, OD, OX, P0, P2, P3, P4, P6, P7, PT, PV, PW, QA, QB, QC, QD, QE, QH, QK, QL, QN, QO, QS, QV, QY, RC, RW, S4, SJ, SU, T4, TQ, TT, TU, UH, X3, X4, X5, ZZ, 03, 2D, MSC, PRP, SEP, TL, TTP		
STC01-4	S	Code List Qualifier Code	RX	1	3
STC02	R	Status Information Effective Date		8	8
STC03	NU	Action Code		1	2

STC04	NU	Monetary Amount		1	18
STC05	NU	Monetary Amount		1	18
STC06	NU	Date		8	8
STC07	NU	Payment Method Code		3	3
STC08	NU	Date		8	8
STC09	NU	Check Number		1	16
STC10	S	Health Care Claim Status			
STC10-1	R	Health Care Claim Status Category Code		1	30
STC10-2	R	Health Care Claim Status Code		1	30
STC10-3	S	Entity Identifier Code		2	3
STC10-4	S	Code List Qualifier Code	RX	1	3
STC11	S	Health Care Claim Status			
STC11-1	R	Health Care Claim Status Category Code		1	30
STC11-2	R	Health Care Claim Status Code		1	30
STC11-3	S	Entity Identifier Code	1P	2	3
STC11-4	S	Code List Qualifier Code	RX	1	3
STC12	NU	Free-Form Message Text		1	264

Segment ID: REF – Service Line Item Identification (situational)

Reference Designator	Usage	Description	Possible Values (preferred in bold)	Min Length	Max Length
REF01	R	Reference Identification Qualifier	FJ	2	3
REF02	R	Reference Identification		1	50
REF03	NU	Description		1	80
REF04	NU	Reference Identifier			

Segment ID: DTP – Service Line Date (required)

Reference Designator	Usage	Description	Possible Values (preferred in bold)	Min Length	Max Length
DTP01	R	Date/Time Qualifier	472	3	3
DTP02	R	Date Time Period Format Qualifier	**D8**, RD8	2	3
DTP03	R	Date Time Period	**CCYYMMDD**, CCYYMMDD-CCYYMMDD	1	35

APPENDIX 1: IMPLEMENTATION CHECKLIST

☐   Request Claim Status setup

     If you are a Meritain client, contact your Client Relationship Manager at Meritain Health

     If you are a provider, contact your practice management software vendor

     If you are a vendor or other trading partner, contact Change Healthcare

☐   Complete setup arrangements with Change Healthcare

     Install or have your vendor install Change Healthcare's software suite/complete testing

APPENDIX 2: BUSINESS SCENARIOS

The submission of a 276 benefit request transaction to Meritain Health can result in one of two scenarios, which can be briefly summarized as the transaction being accepted or rejected.

Business Scenario 1: 276 Transaction Accepted
The 276 transaction must match the HIPAA 005010X212 layout as spelled out in the HIPAA implementation guide and contain any necessary Meritain-specific codes and formatting as established within this companion guide. Upon receipt of the 276 transaction, Meritain's X12 translator will perform a validation routine to ensure the file received is in the proper layout and acceptable. If it passes validation, a 277 response will be generated and returned to the trading partner, confirming the content of the request and containing any relevant claim information determined as deliverable to the trading partner based on the layout and restrictions set forth by HIPAA for the 277 transaction. For examples of an accepted 276 transaction and the corresponding 277 response, please see Appendix 3.

Business Scenario 2: 276 Transaction Rejected
Should the 276 transaction fail validation by our X12 translator, a 277 response will not be generated, but a 999 functional acknowledgement will be sent, acknowledging the transmission of the 276 and identifying the errors within the rejected transaction. The 999 transaction will be in the HIPAA 005010X231A1 format, and can be deciphered with the aid of the HIPAA implementation guide for that transaction. It is then the responsibility of the trading partner to correct the errors within the 276 transaction and resubmit that file to Meritain Health to obtain the needed claim status response. For examples of a rejected 276 transaction and the corresponding 999 response, please see Appendix 3.

APPENDIX 3: TRANSMISSION EXAMPLES

Accepted 276 Transaction

```
ISA*00*          *00*          *ZZ*PARTNER       *ZZ*41124
*100804*1201*^*00501*100000001*0*T*:~
GS*HR*PARTNER*41124*20100901*120134*1001*X*005010X212~
ST*276*1001*005010X212~
BHT*0010*13*1001*20100901*1200~
HL*1**20*1~
NM1*PR*2*MERITAIN HEALTH*****PI*64157~
HL*2*1*21*1~
NM1*41*2*SUBMITTER*****46*11112~
HL*3*2*19*1~
NM1*1P*2*JOHN SMITH*****XX*1999999999~
HL*4*3*22*0~
DMG*D8*19661110*M~
NM1*IL*1*DOE*JOHN****MI*9999999999~
TRN*1*21203738900~
REF*EJ*PATIENT ACCOUNT 2222~
AMT*T3*92.56~
DTP*472*D8*20091111~
SE*16*1001~
GE*1*1001~
IEA*1*100000001~
```

277 Transaction (in response to accepted 276 transaction)

```
ISA*00*          *00*          *ZZ*41124         *ZZ*PARTNER
*100804*1202*^*00501*000005619*0*T*:~
GS*HN*41124*621249087*20100804*213438*1001*X*005010X212~
ST*277*5579*005010X212~
BHT*0010*08*1001*20100901*1200*DG~
HL*1**20*1~
NM1*PR*2*MERITAIN HEALTH*****PI*64157~
HL*2*1*21*1~
NM1*41*2*SUBMITTER*****46*11112~
HL*3*2*19*1~
NM1*1P*2*JOHN SMITH*****XX*1999999999~
HL*4*3*22*0~
NM1*IL*1*DOE*JOHN****MI*9999999999~
TRN*2*91206738900~
STC*F1:65*20100804**9.46*9.46*20100502~
DTP*472*D8*20100102~
SE*14*5579~
GE*1*5579~
IEA*1*000005619~
```

Rejected 276 Transaction (missing Patient Name)

```
ISA*00*          *00*          *ZZ*PARTNER        *ZZ*41124
*130101*1201*^*00501*100000005*0*T*:~
GS*HR*PARTNER*41124*20130101*120134*1005*X*005010X212~
ST*276*1001*005010X212~
BHT*0010*13*1001*20130101*1200~
HL*1**20*1~
NM1*PR*2*MERITAIN HEALTH*****PI*64157~
HL*2*1*21*1~
NM1*41*2*SUBMITTER*****46*11112~
HL*3*2*19*1~
NM1*1P*2*JOHN SMITH*****XX*1999999999~
HL*4*3*22*0~
DMG*D8*19490505*M~
NM1*IL*1******MI*1111111111~
TRN*1*91303738900~
REF*EJ*PATIENT ACCOUNT 4442~
AMT*T3*107.23~
DTP*472*D8*20121001~
SE*16*1001~
GE*1*1001~
IEA*1*100000001~
```

999 Transaction (in response to rejected 276 transaction)

```
ISA*00*          *00*          *ZZ*41124          *ZZ*PARTNER
*130101*1202*^*00501*000020059*0*T*:~
GS*FA*41124*PARTNER*20130101*1202*20059*X*005010~
ST*999*19909*005010X231A1~
AK1*HR*1005*005010X212~
IK4*11**1~
AK9*R*1*1*0~
SE*4*19909~
GE*1*20059~
IEA*1*000020059~
```