



Nevada MMIS 276/277 Transaction Companion Guide

Health Care Claim Status Request and Response
HIPAA Version 5010

Nevada Medicaid Management Services
Department of Health and Human Services (DHHS)
Division of Health Care Financing and Policy (DHCFP)

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1. Introduction

The Health Insurance Portability and Accountability Act (HIPAA) requires that Medicaid and all other health insurance payers in the United States comply with the Electronic Data Interchange (EDI) standards for health care as established by the Secretary of Health and Human Services.

The X12N Health Care Implementation Guides have been established as the standards of compliance and are online at:

<http://store.x12.org/store/healthcare-5010-consolidated-guides>.

Additional information is on the Department of Health and Human Services website at <http://aspe.hhs.gov/admsimp>.

1.1. Purpose

The intended purpose of this document is to provide information such as registration, testing, support and specific transaction requirements to electronic data interchange (EDI) trading partners that exchange X12 information with the Nevada Medicaid Agency.

An EDI trading partner is defined by Nevada Medicaid as anybody such as a provider, software vendor and clearinghouse that exchanges transactions adopted under the Healthcare Portability and Accountability Act of 1996 (HIPAA).

HPES has prepared this companion guide and website, <http://www.medicaid.nv.gov>, to support Nevada Medicaid and Nevada Check Up billing. (Hereafter, Nevada Medicaid and Nevada Check Up are referred to as Medicaid unless otherwise specified.)

This Companion Guide provides specific requirements for requesting and receiving electronic claim status data from Magellan Medicaid Administration (MMA).

1.2. Intended use

The following information is intended to serve only as a companion guide to the HIPAA ANSI Accredited Standards Committee (ASC) X12N Technical Report Type 3 (TR3) document. The use of this guide is solely for the purpose of clarification. The information describes specific requirements to be used for processing data. This companion guide supplements, but does not contradict any requirements in the ASC X12 TR3 document. Additional companion guides/trading partner agreements will be developed for use with other HIPAA standards, as they become available.

2. Working together

Nevada Medicaid in an effort to assist the community with their electronic data exchange needs have the following options available for either contacting a help desk or referencing a website for further assistance.

Nevada Medicaid Website: <http://www.medicaid.nv.gov>

EDI Helpdesk

Monday – Friday

8:00 a.m. – 5:00 p.m. PT

Technical questions (claim submission or testing): 1-800-924-6741

Fax: 1-804-290-4805

Email: dighelpdesk@magellanhealth.com

Enrollment or setup questions: 1-877 638-3472

Fax: 1-775-784-7932

Email: nvedi@magellanhealth.com

2.1. Trading partner registration

An EDI trading partner is any entity (provider, billing service, clearinghouse, software vendor, etc.) that transmits electronic data to and receives electronic data from another entity. Nevada Medicaid requires all trading partners to complete EDI registration regardless of the trading partner type as defined below. Contact the EDI Helpdesk to register.

- **Trading partner** is an entity engaged in the exchange or transmission of electronic transactions.
- **Vendor** is an entity that provides hardware, software and/or ongoing technical support for covered entities. In EDI, a vendor can be classified as a software vendor, billing or network service vendor or clearinghouse.
- **Software vendor** is an entity that creates software used by billing services, clearinghouses and providers/suppliers to conduct the exchange of electronic transactions.
- **Billing service** is a third party that prepares and/or submits claims for a provider.
- **Clearinghouse** is a third party that submits and/or exchanges electronic transactions on behalf of a provider.

Vendors must fill out a data switch agreement. The Trading Partner Data Switch agreement form is located at:

<http://www.medicaid.nv.gov>

2.2. Trading partner testing and certification

Nevada Medicaid requires that all newly registered trading partners complete basic transaction submission testing. Successful transaction submission and receipt of both valid responses and error responses is an indication that all systems involved can properly submit and receive transactions.

2.2.1. Trading partner ID

Once registration is completed the following IDs will be created:

- Test trading partner ID
- Production trading partner ID

These IDs are exclusive to the environment submitted and will not be accepted if submitted incorrectly.

2.2.2. Web user ID

Each entity will be assigned a personal identification number (PIN) that allows access to a secure website. The secure website allows for the uploading and downloading of electronic transactions. Separate PINs will be produced for testing and production.

2.2.3. Usage indicator

ISA15 of the HIPAA X12 transaction allows for the submission of either a T, to indicate testing or a P, to indicate production. The following process is defined for these usage indicators:

T – May be submitted into the test and production environments. However, only a compliance check will be performed. The electronic files submitted with a T will not be translated for further processing.

P – May be submitted into the test and production environments. A compliance check will be performed and the files will be translated for further processing (edit, audit, adjudication and response).

2.2.4. Response files

- Functional acknowledgement (999)
The 999 will be returned for all files that have been successfully uploaded. This response is intended to convey HIPAA compliance errors.
- Acknowledgement (TA1)
The TA1 will be returned for all 276 files that fail the Interchange Envelope content. This response is intended to report the status of processing on a failed interchange header and trailer.
- No 999 or TA1 acknowledgements will be returned for the 277.

2.2.5. Secure Web upload - tracking number

A tracking number will be assigned and returned online for each successful upload of an electronic file. This tracking number should be maintained if any questions should arise concerning the processing of the file. The following message will be returned:

“File was uploaded successfully. File tracking number is 0123456. Please make note of this number for future reference.”

2.2.6. Error messages

If an electronic file fails to upload, an error message will be returned online.

The following messages will be returned:

- Error occurred. Error uploading file:
- Error occurred. Error gathering information for upload:
- The session has been timed out. Please try login again.

2.2.7. Secure website download – file retention

All electronic files that have been made available for download will remain available online for download as follows:

7 Days	999, TA1, 271, 277
30 Days	277U
90 Days	835

After the allotted time frame has passed the files will be removed from the list and will no longer be available for download. This applies to testing and production.

2.2.8. Testing transactions

The following transaction types are available for testing:

- 270 Eligibility Request / 271 Eligibility Response
- 276 Claim Status Request / 277 Claim Status Response
- 837D Dental Claim
- 837P Professional (CMS-1500) Claim
- 837I Institutional (UB-04) Claim
- 835 Electronic Remittance Advice
- 277U Unsolicited Claim Status

Testing data such as provider IDs and recipient IDs will not be provided. Users should submit recipient information and provider information as done so for production as the test environment is continually updated with production information.

There is not a limit to the number of files that may be submitted. Users will be allowed to move to production once a successfully compliant transaction is received and the appropriate responses returned.

2.3. Payer specific documentation

For additional information in regards to business processes related to eligibility, prior authorization and claims processing please review the Provider Manual located on the Nevada Medicaid Website.

<http://www.medicaid.nv.gov>

For further information on specific payer prior authorization information please see the Nevada Medicaid website.

<http://www.medicaid.nv.gov>

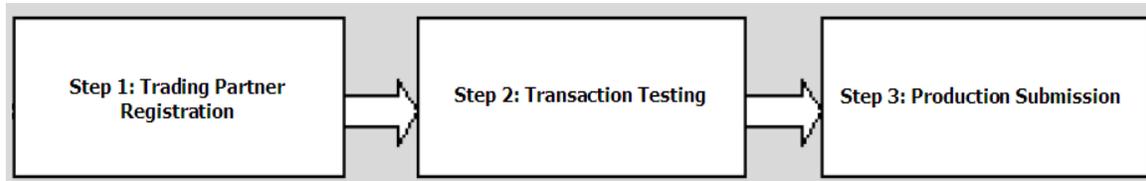
2.4. Testing contact information

All correspondence for assistance with testing should be submitted to the following email address:

nvedi@magellanhealth.com.

3. Connectivity/Communications

3.1. Process flows



3.2. Transmission procedures

Availability

24 hours/7 days a week

Downtime notification

HPES will notify the trading partners in the case of any planned downtime or unexpected downtime using email distribution.

Re-Transmission procedures

Trading partners may call HPES for assistance in researching problems with submitted transactions. HPES will not edit trading partner data and/or resubmit transactions for processing on behalf of a trading partner. The trading partner must correct any errors found and resubmit.

3.3. Communication and security protocols

Vendors may find information regarding communication protocols in the Service Center User Manual.

https://www.medicaid.nv.gov/downloads/provider/MMIS_Service_center_user_manual.pdf

4. Contact information

4.1. EDI customer service/technical assistance

EDI Helpdesk

Monday – Friday

8:00 a.m. – 5:00 p.m. PT

Technical questions (claim submission or testing): 1-800-924-6741

Fax: 1-804-290-4805

Email: dighelpdesk@magellanhealth.com

Enrollment or setup questions: 1-877 638-3472

Fax: 1-775-784-7932

Email: nvedi@magellanhealth.com

4.2. Provider services

Provider Relations Department

The Provider Relations Department is composed of field representatives who are committed to assisting Nevada Medicaid providers in the submission of claims and the resolution of claims processing concerns.

Provider Assistance Center

The Provider Relations Call Center communication specialists are available to respond to written and telephone inquiries from providers on billing questions and procedures, claim status, form orders, adjustments, use of the Automated Response System (ARS), electronic claims submission via electronic data interchange (EDI) and remittance advice (RAs).

Both departments can be reached by calling:

1-877-638-3472

5. Control segments/envelopes

NOTE: The page numbers listed below in each of the tables represent the corresponding page number in the X12N 276/277 HIPAA Implementation Guide.

X12N EDI Control Segments
ISA – Interchange Control Header Segment
IEA – Interchange Control Trailer Segment
GS – Functional Group Header Segment
GE – Functional Group Trailer Segment
ST – Transaction Set Header
SE – Transaction Set Trailer
TA1 – Interchange Acknowledgement

5.1. ISA–Control header – 276

Communications transport protocol interchange control header segment. This segment within the X12N implementation guide identifies the start of an interchange of zero or more functional groups and interchange-related control segments. This segment may be thought of traditionally as the file header record.

Segment	Name	Page in IG	Notes/Comments
ISA	Interchange Control Header		
ISA01	Authorization Information Qualifier	C.4	00 = No Authorization Information Present
ISA02	Authorization Information	C.4	Value is 10 spaces as field is fixed length
ISA03	Security Information Qualifier	C.4	00 = No Security Information Present
ISA04	Security Information	C.4	Value is 10 spaces as field is fixed length
ISA05	Interchange ID Qualifier	C.4	ZZ
ISA06	Interchange Sender ID	C.4	Use the 4-digit Service Center Code assigned by Magellan Medicaid Administration.
ISA07	Interchange ID Qualifier	C.5	ZZ
ISA08	Interchange Receiver ID	C.5	NVM FHSC FA

Segment	Name	Page in IG	Notes/Comments
ISA09	Interchange Date	C.5	Format is YYMMDD
ISA10	Interchange Time	C.5	Format is HHMM
ISA11	Repetition Separator	C.5	^
ISA12	Interchange Control Version Number	C.5	00501
ISA13	Interchange Control Number	C.5	Must be identical to Interchange Trailer IEA02
ISA14	Acknowledgement Requested	C.6	0 = No Interchange Acknowledgment Requested 1 = Interchange Acknowledgment Requested (TA1) NOTE: A TA1 will be generated regardless of the value used.
ISA15	Interchange Usage Indicator	C.6	P = Production Data T = Test Data
ISA16	Component Element Separator	C.6	:

5.2. ISA–Control header – 277

Communications transport protocol interchange control header segment. This segment within the X12N implementation guide identifies the start of an interchange of zero or more functional groups and interchange-related control segments. This segment may be thought of traditionally as the file header record.

Segment	Name	Page in IG	Notes/Comments
ISA	Interchange Control Header		
ISA01	Authorization Information Qualifier	C.4	00 = No Authorization Information Present
ISA02	Authorization Information	C.4	Value is 10 spaces as field is fixed length
ISA03	Security Information Qualifier	C.4	00 = No Security Information Present

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Segment	Name	Page in IG	Notes/Comments
ISA04	Security Information	C.4	Value is 10 spaces as field is fixed length
ISA05	Interchange ID Qualifier	C.4	ZZ
ISA06	Interchange Sender ID	C.4	NVM FHSC FA followed by spaces as data element is fixed length
ISA07	Interchange ID Qualifier	C.5	ZZ
ISA08	Interchange Receiver ID	C.5	Use the 4-digit Service Center Code will be returned as entered in the 276 inquiry followed by spaces as data element is fixed length.
ISA09	Interchange Date	C.5	Format is YYMMDD
ISA10	Interchange Time	C.5	Format is HHMM
ISA11	Repetition Separator	C.5	^
ISA12	Interchange Control Version Number	C.5	00501
ISA13	Interchange Control Number	C.5	Must be identical to Interchange Trailer IEA02
ISA14	Acknowledgment Requested	C.6	0 = No Interchange Acknowledgment Requested
ISA15	Interchange Usage Indicator	C.6	P = Production Data T = Test Data
ISA16	Component Element Separator	C.6	:

5.3. IEA–Control trailer

Communications transport protocol interchange control trailer segment. This segment within the X12N implementation guide defines the end of an interchange of zero or more functional groups and interchange-related control segments. This segment may be thought of traditionally as the file trailer record.

Segment	Name	Page in IG	Notes/Comments
IEA	Interchange Control Trailer		
IEA01	Number of Included Functional Groups	C.10	Number of Functional Groups (GS/GE)
IEA02	Interchange Control Number	C.10	Must be identical to ISA13

5.4. GS–Functional group header – 276

Communications transport protocol functional group header segment. This segment within the X12N implementation guide indicates the beginning of a functional group and provides control information concerning the batch of transactions. This segment may be thought of traditionally as the batch header record.

Segment	Name	Page in IG	Notes/Comments
GS	Functional Group Header		
GS01	Functional Identifier Code	C.7	HR = Health Care Claim Status Request
GS02	Application Sender's Code	C.7	Use the 4-digit Service Center Code assigned by Magellan Medicaid Administration.
GS03	Application Receiver's Code	C.7	NVM FHSC FA
GS04	Date	C.7	Format = CCYYMMDD
GS05	Time	C.8	Format = HHMM
GS06	Group Control Number	C.8	Must be identical to GE02
GS07	Responsible Agency Code	C.8	X = Accredited Standards Committee X12

Segment	Name	Page in IG	Notes/Comments
GS08	Version / Release / Industry Identifier Code	C.8	005010X212

5.5. GS–Functional group header – 277

Communications transport protocol functional group header segment. This segment within the X12N implementation guide indicates the beginning of a functional group and provides control information concerning the batch of transactions. This segment may be thought of traditionally as the batch header record.

Segment	Name	Page in IG	Notes/Comments
GS	Functional Group Header		
GS01	Functional Identifier Code	C.7	HN = Health Care Information Status Notification
GS02	Application Sender's Code	C.7	NVM FHSC FA
GS03	Application Receiver's Code	C.7	Use the 4-digit Service Center Code assigned by Magellan Medicaid Administration.
GS04	Date	C.7	Will be set during processing in format of CCYYMMDD
GS05	Time	C.8	Will be set during processing in format of HHMM or HHMMSS
GS06	Group Control Number	C.8	Will be set during processing
GS07	Responsible Agency Code	C.8	X = Accredited Standards Committee X12
GS08	Version / Release / Industry Identifier Code	C.8	005010X212

5.6. GE–Functional group trailer

Communications transport protocol functional group trailer segment. This segment within the X12N implementation guide indicates the end of a functional group and provides control information concerning the batch of transactions. This segment may be thought of traditionally as the batch trailer record.

Segment	Name	Page in IG	Notes/Comments
GE	Functional Group Trailer		
GE01	Number of Transaction Sets Included	C.9	Number of included Transaction Sets
GE02	Group Control Number	C.9	Must be identical to the value in GS06

5.7. ST–Transaction set header – 276

Communications transport protocol transaction set header segment. This segment within the X12N implementation guide indicates the start of the transaction set and assigns a control number to the transaction. This segment may be thought of traditionally as the claim header record.

Segment	Name	Page in IG	Notes/Comments
ST	Transaction Set Header		
ST01	Transaction Set Identifier Code	36	276 = Health Care Claim Status Request
ST02	Transaction Set Control Header	36	Increment by 1 when multiple transaction sets are included; must be identical to SE02.
ST03	Implementation Convention Reference	36	005010X212

5.8. ST–Transaction set header – 277

Communications transport protocol transaction set header segment. This segment within the X12N implementation guide indicates the start of the transaction set and assigns a control number to the transaction. This segment may be thought of traditionally as the claim header record.

Segment	Name	Page in IG	Notes/Comments
ST	Transaction Set Header		
ST01	Transaction Set Identifier Code	106	277 = Health Care Claim Status Notification
ST02	Transaction Set Control Header	106	Increment by 1 when multiple transaction sets are included; must be identical to SE02.
ST03	Implementation Convention Reference	106	005010X212

5.9. SE–Transaction set trailer

Communications transport protocol transaction set trailer. This segment within the X12N implementation guide indicates the end of the transaction set and provides the count of transmitted segments (including the beginning (ST) and ending (SE) segments). This segment may be thought of traditionally as the claim trailer record.

Segment	Name	Page in IG	Notes/Comments
SE	Transaction Set Trailer		
SE01	Transaction Segment Count	98	Number of segments included within the ST/SE segments
SE02	Transaction Set Control Number	98	Must be identical to ST02

6. Instruction tables

These tables contain rows for each segment for which supplemental instruction is needed.

6.1.005010X212 Health care claim status (276)

Loop	Segment	Name	Page in IG	Comments
	BHT	Beginning of Hierarchical Transaction		
	BHT02	Hierarchal Structure Code		13 = Request
	BHT03	Reference Identification	37	Number assigned by originator to identify the transaction in the originator's application system
2100A	NM1	Payer Name		
	NM103	Payer Name	41	DHCFP
	NM108	Identification Code Qualifier	42	PI = Payer Identification
	NM109	Payer Identifier	42	540849793
2100B	NM1	Information Receiver Name		
	NM108	Identification Code Qualifier	46	46 = Atypical Provider Identifier
	NM109	Information Receiver Identification Number	46	Use the billing provider's NPI or Atypical Provider Identifier.
2100C	NM1	Provider Name		
	NM108	Identification Code Qualifier	51	XX = NPI SV = Atypical Provider Identifier
	NM109	Provider Identifier	51	Use the servicing provider's NPI or Atypical Provider Identifier.
2000D	DMG	Subscriber Demographic Information	54	This segment is required; the recipient is the subscriber.
2100D	NM1	Subscriber Name		

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Loop	Segment	Name	Page in IG	Comments
	NM101	Entity Identifier Code	56	IL - The recipient is the subscriber .
	NM102	Entity Type Qualifier	56	1 = Person
	NM108	Identification Code Qualifier	57	MI = Member ID Number
	NM109	Subscriber Identifier	57	11-digit Recipient ID
2200D	TRN	Claim Status Tracking Number		This segment is required; the recipient is the subscriber.
	TRN02	Current Transaction Trace Number	58	Patient Account Number or Prescription Number
2200D	REF	Payer Claim Control Number		
	REF01	Reference Identification Qualifier	59	1K = Payer's Claim Number
	REF02	Payer Claim Control Number	59	The claim's 16-digit Internal Control Number (ICN) assigned by Magellan Medicaid Administration
2200D	REF	Application or Location System Identifier		
	REF01	Reference Identification Qualifier	61	Nevada Medicaid does not require use of the LU REF segment; the information in this segment shows the group to which the recipient belongs.
2200D	AMT	Claim Submitted Charges		This segment is required when the subscriber is the recipient.

6.2.005010X212 Health care claim response (277)

Loop	Segment	Name	Page in IG	Comments
	BHT	Beginning of Hierarchical Transaction		
	BHT02	Transaction Set Purpose Code	107	08 = Status
	BHT06	Transaction Type Code	108	DG = Response
2100A	NM1	Payer Name		
	NM103	Payer Name	111	DHCFP
	NM108	Identification Code Qualifier	112	PI = Payer Identification
	NM109	Payer Identifier	112	540849793
2100A	PER	Payer Contact Information		Nevada Medicaid does not require payer contact information; this information is used to distinguish different contact points if the payer has multiple systems.
2100B	NM1	Information Receiver Name		
	NM108	Identification Code Qualifier	119	46 = Atypical Provider Identifier
	NM109	Information Receiver Identification Number	119	Use the billing provider's NPI or Atypical Provider Identifier.
2100C	NM1	Provider Name		
	NM108	Identification Code Qualifier	128	XX = NPI SV = Atypical Provider Identifier
	NM109	Provider Identifier	128	Use the servicing provider's NPI or Atypical Provider Identifier.

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Loop	Segment	Name	Page in IG	Comments
2100D	NM1	Subscriber Name		
	NM101	Entity Identifier Code	135	IL The recipient is the subscriber.
	NM102	Entity Type Qualifier	135	1 = Person
	NM108	Identification Code Qualifier	136	MI = Member ID Number
	NM109	Subscriber Identifier	136	11-digit Recipient ID
2200D	TRN	Claim Status Tracking Number		
	TRN02	Reference Transaction Trace Number	137	Patient Account Number or Prescription Number
2200D	REF	Payer Claim Control Number		
	REF01	Reference Identification Qualifier	149	1K = Payer's Claim Number
	REF02	Payer Claim Control Number	149	The claim's 16-digit Internal Control Number (ICN) assigned by Magellan Medicaid Administration

7. Payer specific business rules and limitations

The information when applicable under this section is intended to help the trading partner understand the business context of the EDI transaction.

7.1. Submission and availability

You may submit a 276 request 24 hours a day, 7 days a week. The functional acknowledgment (999 transaction) is normally available one hour later.

- A 276 request submitted before 5:00 p.m. PT, will normally have a 277 response available by 6 a.m. the following morning.
- A 276 request submitted after 5:00 p.m. PT, would normally have a 277 response available by 6:00 a.m. of the second day.
- For 276 inquiries that produce no claim matches, Magellan Medicaid Administration returns a single 277 transaction with a value of R0 in Status-Category-Code-1 and a value of 487 in Status-Code-1.

8. Acknowledgements and reports

Using the 276 request, you may request the status of claims you have submitted to Magellan Medicaid Administration. Magellan Medicaid Administration sends the 277 response to you, which provides the status of your claims.

8.1. Error messages

The 277 response returns an error message if there is a problem with the request or response.

This may occur for any of the following reasons:

- Syntax error
- Unknown requester
- Incorrect file format
- Incorrect/incomplete request
- Transmission-related problem
- Requested entity was not found
- Magellan Medicaid Administration system error