

Healthpac 276/277 Message Elements

Version 1.1

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Table of Contents

1	INTRODUCTION	2
1.1	GENERAL COMMENTS	2
1.2	RELATED DOCUMENTS	3
2	276 MESSAGE ELEMENTS.....	4
2.1	HEADER, INFO SOURCE AND INFO RECEIVER	4
2.2	SERVICE PROVIDER	4
2.3	SUBSCRIBER.....	5
2.4	DEPENDENT	6
3	277 MESSAGE ELEMENTS.....	9
3.1	HEADER, INFO SOURCE, AND INFO RECEIVER	9
3.2	SERVICE PROVIDER	9
3.3	SUBSCRIBER.....	9
3.4	DEPENDENT	12
4	CHECKLIST OF CONFIGURABLE ITEMS	16

1 Introduction

1.1 General comments

This document describes the HIPAA 276/277 standard message elements that are or may be used by Healthpac.

When reading 276 messages, there are no restrictions on the number of claim requests in a transaction set or the number of transaction sets in a message other than those dictated by memory limitations of the computer that is running Healthpac's X12 Manager. There is a limit of 99 service lines for each claim.

When creating 277 messages, Healthpac will include all claims which match all the claim requests in a single transaction set. There are no restrictions other than those dictated by memory limitations of the reply message buffer. A message may contain more than one transaction set. The maximum number of transaction sets in a message is configurable.

In the following tables, fields that have a fixed identifier when used (for instance, an ID code qualifier that, if used, can only have a single value) are not listed.

The columns contain the following:

- Group name – name of the group of segments in the HIPAA specification
- Item name – name of the element or subelement in the HIPAA specification
- Loop – loop identifier in the HIPAA specification
- Seg– name of the segment in the HIPAA specification
- Pos – position of the element or subelement in the HIPAA specification
- R/S – Required/Situational indicator from the HIPAA spec; "R*" means the item is required if the segment itself is used, though the segment is Situational
- Type – element type (AN = alphanumeric, R = real/decimal, ID = ID code, and so on, following the nomenclature in the X12 specification.)
- Max – if the maximum field length differs between the HIPAA specification and Healthpac, the HIPAA value is listed first and the Healthpac value is listed second (e.g., 60/35); otherwise the single (common) length is listed
- Notes – miscellaneous notes about the use of the item.

Healthpac 276/277 Message Elements

Healthpac ignores many inbound elements, though syntax checking is done on *all* elements and errors are noted even for elements that Healthpac doesn't use.

1.2 Related documents

Healthpac HIPAA Message Header Elements describes the elements in the ISA and GS segments.

2 276 Message Elements

2.1 Header, Info Source and Info Receiver

The BHT segment from the header, the NM1 and PER segments from the Information Source and the NM1 segment from the Information Receiver levels are used only to populate these same segments in the response.

2.2 Service Provider

Group Name	Item name	Loop	Seg	Pos	R/S	Type	Max	Notes
Provider Name	Entity Type Qualifier	2100C	NM1	02	R	ID	1	
Provider Name	Last Name or Organization Name	2100C	NM1	03	R	AN	35	
Provider Name	First Name	2100C	NM1	04	S	AN	25	
Provider Name	Middle Name	2100C	NM1	05	S	AN	25	
Provider Name	Name Prefix	2100C	NM1	06	S	AN	10	
Provider Name	Name Suffix	2100C	NM1	07	S	AN	10	
Provider Name	Provider Identifier	2100C	NM1	09	R	ID	80/9	Only for NM108 = "FI"

A provider ID is required to identify the correct claims. The only accepted ID is the provider's federal taxpayer's identification number.

2.3 Subscriber

Group Name	Item name	Loop	Seg	Pos	R/S	Type	Max	Notes
Subscriber Demographic	Subscriber Birth Date	2000D	DMG	02	R*	AN	35/8	
Subscriber Demographic	Subscriber Gender Code	2000D	DMG	03	R*	ID	1	
Subscriber Name	Entity ID Code	2100D	NM1	01	R	ID	3	
Subscriber Name	Entity Type Qualifier	2100D	NM1	02	R	ID	1	
Subscriber Name	Last name	2100D	NM1	03	R	AN	35/20	
Subscriber Name	First name	2100D	NM1	04	S	AN	25/15	
Subscriber Name	Middle name	2100D	NM1	05	S	AN	25/1	
Subscriber Name	Member ID	2100D	NM1	09	R	AN	80/20	Only for NM108 = "MI"
Claim Submitter	Patient Account Number	2200D	TRN	02	R*	AN	30/20	
Claim Submitter	Payer Claim Number	2200D	REF	02	R*	AN	30/15	
Claim Submitter	Bill Type Identifier	2200D	REF	02	R*	AN	30/3	
Claim Submitter	Medical Record Number	2200D	REF	02	R*	AN	30/17	
Claim Submitter	Total Claim Charge Amount	2200D	AMT	02	R*	R	18/12	
Claim Submitter	Claim Service Period	2200D	DTP	03	R*	AN	35/17	
Service Line Information	Service ID qualifier	2210D	SVC	01-1	R*	ID	2	

Healthpac 276/277 Message Elements

Group Name	Item name	Loop	Seg	Pos	R/S	Type	Max	Notes
Service Line Information	Service ID Code	2210D	SVC	01-2	R*	AN	48/15	
Service Line Information	Modifier 1	2210D	SVC	01-3	S	AN	2	
Service Line Information	Modifier 2	2210D	SVC	01-4	S	AN	2	
Service Line Information	Modifier 3	2210D	SVC	01-5	S	AN	2	
Service Line Information	Line Item Charge Amount	2210D	SVC	02	R*	AN	18/12	
Service Line Information	Revenue Code	2210D	SVC	04	S	AN	48/4	
Service Line Information	Original Units of Service Count	2210D	SVC	07	S	R	15/4	
Service Line Information	Line item control number	2210D	REF	02	R*	AN	30	
Service Line Information	Service Line Date	2210D	DTP	03	R	AN	35/17	

Healthpac uses the subscriber’s social security number (SSN) as the insured ID. If the subscriber ID code qualifier is “MI” in NM108, it is assumed that NM109 contains the SSN.

2.4 Dependent

Group Name	Item name	Loop	Seg	Pos	R/S	Type	Max	Notes
Dependent Demographic	Patient Birth Date	2000E	DMG	02	R*	AN	35/8	
Dependent Demographic	Patient Gender Code	2000E	DMG	03	R*	ID	1	

Healthpac 276/277 Message Elements

Group Name	Item name	Loop	Seg	Pos	R/S	Type	Max	Notes
Dependent Name	Patient Last name	2100E	NM1	03	S	AN	35/20	
Dependent Name	Patient First name	2100E	NM1	04	S	AN	25/15	
Dependent Name	Patient Middle name	2100E	NM1	05	S	AN	25/1	
Claim Submitter	Patient Account Number	2200E	TRN	02	R	AN	30/20	
Claim Submitter	Payer Claim Number	2200E	REF	02	R*	AN	30/15	
Claim Submitter	Bill Type Identifier	2200E	REF	02	R*	AN	30/3	
Claim Submitter	Medical Record Number	2200E	REF	02	R*	AN	30/17	
Claim Submitter	Total Claim Charge Amount	2200E	AMT	02	R*	R	18/12	
Claim Submitter	Claim Service Period	2200E	DTP	03	R*	AN	35/17	
Service Line Information	Service ID Qualifier	2210E	SVC	01-1	R*	ID	2	
Service Line Information	Service ID Code	2210E	SVC	01-2	R*	AN	48/15	
Service Line Information	Modifier 1	2210E	SVC	01-3	S	AN	2	
Service Line Information	Modifier 2	2210E	SVC	01-4	S	AN	3	
Service Line Information	Modifier 3	2210E	SVC	01-5	S	AN	3	
Service Line Information	Line Item Charge Amount	2210E	SVC	02	R*	R	18/12	
Service Line Information	Revenue Code	2210E	SVC	04	S	AN	48/4	
Service Line Information	Original Units of Service Count	2210E	SVC	07	S	R	15/4	

Healthpac 276/277 Message Elements

Group Name	Item name	Loop	Seg	Pos	R/S	Type	Max	Notes
Service Line Information	Line Item Control Number	2210E	REF	02	R*	ID	30	
Service Line Information	Service Date	2210E	DTP	03	R*	AN	35/17	

3 277 Message Elements

3.1 Header, Info Source, and Info Receiver

The data in the BHT segment from the header, the NM1 and PER segments from the Information Source level, the NM1 segment from the Information Receiver level are copied from these same segments in the request.

3.2 Service Provider

The NM1 segment from the Service Provider level is copied from this same segment in the request.

3.3 Subscriber

The DMG and NM1 segments from the Subscriber level are copied from these same segments in the request.

Group Name	Item name	Loop	Seg	Pos	R/S	Type	Max	Notes
Claim Submitter	Patient Account Number	2200D	TRN	02	R*	AN	30/20	
Claim Submitter	Claim Status Category Code	2200D	STC	01-1	R	AN	30/2	
Claim Submitter	Claim Status Code	2200D	STC	01-2	R	AN	30/4	
Claim Submitter	Entity ID code	2200D	STC	01-3	S	ID	3/2	
Claim Submitter	Status Information Effective Date	2200D	STC	02	R	DT	8	
Claim Submitter	Total Claim Charge Amount	2200D	STC	04	R	R	18/12	
Claim Submitter	Claim payment amount	2200D	STC	05	R	R	18/12	
Claim Submitter	Adjudication or payment date	2200D	STC	06	S	DT	8	
Claim Submitter	Payment Method Code	2200D	STC	07	S	ID	3	

Healthpac 276/277 Message Elements

Group Name	Item name	Loop	Seg	Pos	R/S	Type	Max	Notes
Claim Submitter	Check Issue or EFT effective date	2200D	STC	08	S	DT	8	
Claim Submitter	Check or EFT Trace Number	2200D	STC	09	S	AN	16	
Claim Submitter	Claim Status Category Code	2200D	STC	10-1	S	AN	30/2	
Claim Submitter	Claim Status Code	2200D	STC	10-2	S	AN	30/4	
Claim Submitter	Entity ID Code	2200D	STC	10-3	S	ID	3/2	
Claim Submitter	Claim Status Category Code	2200D	STC	11-1	S	AN	30/2	
Claim Submitter	Claim Status Code	2200D	STC	11-2	S	AN	30/4	
Claim Submitter	Entity ID Code	2200D	STC	11-3	S	ID	3/2	
Claim Submitter	Payer Claim Control Number	2200D	REF	02	R*	AN	30/15	
Claim Submitter	Bill Type ID	2200D	REF	02	R*	AN	30/3	
Claim Submitter	Medical Record Number	2200D	REF	02	R*	AN	30/17	
Claim Submitter	Claim Service Period	2200D	DTP	03	R*	AN	35/17	
Service Line Information	Service ID qualifier	2220D	SVC	01-1	R*	ID	2	
Service Line Information	Service ID Code	2220D	SVC	01-2	R*	AN	48/15	
Service Line Information	Modifier 1	2220D	SVC	01-3	S	AN	2	
Service Line Information	Modifier 2	2220D	SVC	01-4	S	AN	2	
Service Line Information	Modifier 3	2220D	SVC	01-5	S	AN	2	

Healthpac 276/277 Message Elements

Group Name	Item name	Loop	Seg	Pos	R/S	Type	Max	Notes
Service Line Information	Line item charge amount	2220D	SVC	02	R*	R	18/12	
Service Line Information	Line item provider payment amount	2220D	SVC	03	R*	R	18/12	
Service Line Information	Revenue code	2220D	SVC	04	S	AN	48/4	
Service Line Information	Original Units of Service Count	2220D	SVC	07	S	R	15/4	
Service Line Information	Claim Status Category Code	2220D	STC	01-1	R*	AN	30/2	
Service Line Information	Claim Status Code	2220D	STC	01-2	R*	AN	30/4	
Service Line Information	Entity ID Code	2220D	STC	01-3	S	ID	3/2	
Service Line Information	Status Information Effective Date	2220D	STC	02	R*	DT	8	
Service Line Information	Line item charge amount	2220D	STC	04	S	R	18/12	
Service Line Information	Line item provider payment amount	2220D	STC	05	S	R	18/12	
Service Line Information	Claim Status Category Code	2220D	STC	10-1	S	AN	30/2	
Service Line Information	Claim Status Code	2220D	STC	10-2	S	AN	30/4	
Service Line Information	Entity ID Code	2220D	STC	10-3	S	ID	3/2	
Service Line Information	Claim Status Category Code	2220D	STC	11-1	S	AN	30/2	
Service Line Information	Claim Status Code	2220D	STC	11-2	S	AN	30/4	
Service Line Information	Entity ID Code	2220D	STC	11-3	S	ID	3/2	
Service Line Information	Line item control number	2220D	REF	02	R*	AN	30	

Healthpac 276/277 Message Elements

Group Name	Item name	Loop	Seg	Pos	R/S	Type	Max	Notes
Service Line Information	Service line date	2220D	DTP	03	R*	AN	35/17	

The Healthpac pended reason codes and denied reason codes are mapped to claim status category codes and claim status codes, configurable for each entity.

If the request does not include the claim number, the response may include multiple claims that meet the identification parameters supplied by the request.

Up to 8 service lines may be returned for each claim. Although Healthpac accepts incoming claims with up to 99 service lines, the claims are stored as a series of linked claims each with up to 8 service lines. Since each of these linked claims may have a different status, a single claim request with multiple service lines could result in multiple claims in the response.

3.4 Dependent

The DMG and NM1 segments from the Dependent level are copied from these same segments in the request.

Group Name	Item name	Loop	Seg	Pos	R/S	Type	Max	Notes
Claim Submitter	Patient Account Number	2200E	TRN	02	R*	AN	30/20	
Claim Submitter	Claim Status Category Code	2200E	STC	01-1	R	AN	30/2	
Claim Submitter	Claim Status Code	2200E	STC	01-2	R	AN	30/4	
Claim Submitter	Entity ID code	2200E	STC	01-3	S	ID	3/2	
Claim Submitter	Status Information Effective Date	2200E	STC	02	R	DT	8	
Claim Submitter	Total Claim Charge Amount	2200E	STC	04	R	R	18/12	
Claim Submitter	Claim payment amount	2200E	STC	05	R	R	18/12	
Claim Submitter	Adjudication or payment date	2200E	STC	06	S	DT	8	

Healthpac 276/277 Message Elements

Group Name	Item name	Loop	Seg	Pos	R/S	Type	Max	Notes
Claim Submitter	Payment Method Code	2200E	STC	07	S	ID	3	
Claim Submitter	Check Issue or EFT effective date	2200E	STC	08	S	DT	8	
Claim Submitter	Check or EFT Trace Number	2200E	STC	09	S	AN	16	
Claim Submitter	Claim Status Category Code	2200E	STC	10-1	S	AN	30/2	
Claim Submitter	Claim Status Code	2200E	STC	10-2	S	AN	30/4	
Claim Submitter	Entity ID Code	2200E	STC	10-3	S	ID	3/2	
Claim Submitter	Claim Status Category Code	2200E	STC	11-1	S	AN	30/2	
Claim Submitter	Claim Status Code	2200E	STC	11-2	S	AN	30/4	
Claim Submitter	Entity ID Code	2200E	STC	11-3	S	ID	3/2	
Claim Submitter	Payer Claim Control Number	2200E	REF	02	R*	AN	30/15	
Claim Submitter	Bill Type ID	2200E	REF	02	R*	AN	30/3	
Claim Submitter	Medical Record Number	2200E	REF	02	R*	AN	30/17	
Claim Submitter	Claim Service Period	2200E	DTP	03	R*	AN	35/17	
Service Line Information	Service ID qualifier	2220E	SVC	01-1	R*	ID	2	
Service Line Information	Service ID Code	2220E	SVC	01-2	R*	AN	48/15	
Service Line Information	Modifier 1	2220E	SVC	01-3	S	AN	2	
Service Line Information	Modifier 2	2220E	SVC	01-4	S	AN	2	

Healthpac 276/277 Message Elements

Group Name	Item name	Loop	Seg	Pos	R/S	Type	Max	Notes
Service Line Information	Modifier 3	2220E	SVC	01-5	S	AN	2	
Service Line Information	Line item charge amount	2220E	SVC	02	R*	R	18/12	
Service Line Information	Line item provider payment amount	2220E	SVC	03	R*	R	18/12	
Service Line Information	Revenue code	2220E	SVC	04	S	AN	48/4	
Service Line Information	Original Units of Service Count	2220E	SVC	07	S	R	15/4	
Service Line Information	Claim Status Category Code	2220E	STC	01-1	R*	AN	30/2	
Service Line Information	Claim Status Code	2220E	STC	01-2	R*	AN	30/4	
Service Line Information	Entity ID Code	2220E	STC	01-3	S	ID	3/2	
Service Line Information	Status Information Effective Date	2220E	STC	02	R*	DT	8	
Service Line Information	Line item charge amount	2220E	STC	04	S	R	18/12	
Service Line Information	Line item provider payment amount	2220E	STC	05	S	R	18/12	
Service Line Information	Claim Status Category Code	2220E	STC	10-1	S	AN	30/2	
Service Line Information	Claim Status Code	2220E	STC	10-2	S	AN	30/4	
Service Line Information	Entity ID Code	2220E	STC	10-3	S	ID	3/2	
Service Line Information	Claim Status Category Code	2220E	STC	11-1	S	AN	30/2	
Service Line Information	Claim Status Code	2220E	STC	11-2	S	AN	30/4	
Service Line Information	Entity ID Code	2220E	STC	11-3	S	ID	3/2	

Healthpac 276/277 Message Elements

Group Name	Item name	Loop	Seg	Pos	R/S	Type	Max	Notes
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Service Line Information	Service line date	2220E	DTP	03	R*	AN	35/17	

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4 Checklist of configurable items

There is a configurable translator between the Healthpac pending reason codes and denied reason codes and the HIPAA claim status category codes and claim status codes.