

Companion Document For
ANSI ASC X12N 276 4010A1 (Health Care Claim Status Request) Submission To
Alabama Medicaid

The Health Insurance Portability and Accountability Act (HIPAA) requires that Alabama Medicaid, and all other health insurance payers in the United States, comply with the EDI standards for health care as established by the Secretary of Health and Human Services. The ANSI ASC X12N 276/277 implementation guides have been established as the standards of compliance Health Care Claim Status Request transactions. The implementation guides for each transaction are available electronically at www.wpc-edi.com.

The following information is intended to serve only as a companion document to the HIPAA ANSI ASC X12N 276/277 implementation guide. The table contains specific requirements to be used for processing data in the Alabama Medicaid Management Information System (AMMIS).

The use of this document is solely for the purpose of clarification. This document supplements, but does not contradict, any requirements in the ANSI ASC X12N 276/277 implementation guide.

Note: *The information in this document is subject to change. Please refer to the version number and effective date located in the footer of this document for the latest information available. Changes within the document will be in red type. A copy of the most current version of this companion document can be obtained from the internet at <http://www.medicaid.state.al.us/HIPAA/index.htm>.*

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ITEM #	LOOP	SEGMENT NAME	LANGUAGE
1.	-----	-----	Alabama Medicaid will convert all lower case characters submitted on an inbound 276 file to upper case when sending data to the AMMIS. Consequently, Health Care Claim Status Request data will be submitted in upper case.
2.	-----	-----	You must submit incoming 276 data using the basic character set as defined in Appendix A of the 276/277 Implementation Guide. In addition to the basic character set, you may choose to submit lower case characters and the '@' symbol from the extended character set. Any other characters submitted from the extended character set may cause unpredictable results, such as problems with the creation of the outbound 277 transaction.
3.	-----	-----	The incoming 277 transactions utilize delimiters from the following list: > (greater than), * (asterisk), ~ (tilde), : (colon), (pipe), ! (exclamation point), and ^ (carat). Submitting delimiters not supported within this list may cause unpredictable results. Preferred delimiters are: ~ (tilde) for segment separators, * (asterisk) for data element separators, and : (colon) or > (greater than) for component data element separators. The usage of these characters within <u>text data elements</u> in the incoming 276 transaction may cause problems with creation of subsequent transactions, such as the outbound 277.
4.	-----	-----	Only loops, segments, and data elements valid for the HIPAA 276/277 Implementation Guide will be translated. Submitting data that is not valid based on the Implementation Guide will cause files to be rejected.
5.	-----	-----	All dates that are submitted on an incoming 276 transaction must be valid calendar dates in the appropriate format based on the respective qualifier and corresponding date format defined in the implementation guide. Failure to submit a valid calendar date will result in rejection of the claim or the applicable interchange (transmission).
6.	-----	-----	Alabama Medicaid will process only one transaction type (records group) per interchange (transmission); a submitter must submit only one GS-GE (Functional Group) within an ISA-IEA (Interchange).

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7.	-----	-----	Alabama Medicaid will process only one transaction per functional group; a submitter must submit only one ST-SE (Transaction Set) within a GS-GE (Functional Group).
8.	-----	-----	Alabama Medicaid will process requests for only one information receiver (submitter), one provider, and one subscriber (recipient) per transaction. Request submitted for multiple subscribers (recipients) within one ST-SE (Transaction Set) may cause the transaction to be rejected when processed in the Alabama Medicaid system.
9.	-----	-----	We suggest retrieval of the ANSI 997 functional acknowledgment files on the first business day after the 276 file is submitted, but no later than five days after the file submission. A 997 (Functional Acknowledgment) will be returned to the sender once a transaction set is received and processed.
10.	-----	-----	File compression is supported for transmissions between the submitter and Alabama Medicaid. Any compression software that is compatible with PKZIP by PKWARE, Inc. is supported.
11.	-----	-----	Providers will be required to submit a minimum amount of information on the Health Care Claim Status Notification request. The minimum data fields for a batch submission are: <ul style="list-style-type: none"> • Medicaid ID (Recipient ID (RID)) • Claim Dates of Service • Header Claim Submitted Charges The minimum data fields for an interactive submission are: <ul style="list-style-type: none"> • Medicaid ID (Recipient ID (RID)) • Claim Dates of Service • Header Claim Submitted Charges • Internal Control Number (ICN)
12.	-----	-----	For interactive processing, submit one transaction at a time.
13.	-----	Interchange Control Header	Use 'ZZ' as the Interchange ID Qualifier associated with the Interchange Sender ID.

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14.	-----	Interchange Control Header	<ul style="list-style-type: none"> Use the Provider Submitter ID assigned by Alabama Medicaid followed by the appropriate number of spaces to meet the minimum/maximum data element requirement of 15 bytes as the Interchange Sender ID in ISA06. For web submissions, the submitter id in the file must match with the user id that submits the file, otherwise the file will not be processed. There should be only one ISA/IEA envelope per batch file submission. For multiple transactions (ISA/IEA envelopes), a 997 will be returned for each ISA/IEA envelope within the batch. If only one 997 is desired, then the files in the batch should contain one set of ISA/IEA, GS/GE and ST/SE envelope segments per file.
15.		Interchange Control Header	Use 'ZZ' as the Interchange ID Qualifier associated with the Interchange Receiver ID.
16.	-----	Interchange Control Header	Use '752548221' followed by 6 spaces (to meet the minimum/maximum data element requirement of 15 bytes) as the Interchange Receiver ID in ISA08.
17.	-----	Interchange Control Header	For testing, populate the Usage Indicator (ISA15) with a 'T'. For production, populate the Usage Indicator (ISA15) with a 'P'.
18.	-----	Functional Group Header	Use the Provider Submitter's ID assigned by Alabama Medicaid as the Application Sender's Code in GS02.
19.	-----	Functional Group Header	Use '752548221' as the Application Receiver's Code in GS03.
20.	-----	Functional Group Header	GS08 should be populated with '004010X093A1' and all changes per the addenda be incorporated in the 276 transaction.
21.	-----	Transaction Set Header	Use '13' as the Transaction Set Purpose code in BHT02.
22.	2100A	Payer Name	In order for the transaction to process properly, the Entity Identifier Code (NM101) must equal 'PR' (Payer) and the Entity Type Qualifier (NM102) must equal '2' (Non-person entity).
23.	2100B	Information Receiver Name	<ul style="list-style-type: none"> The National Provider Id must be submitted. NM108 is equal to the value of 'XX' and NM109 is equal to the Provider's National Provider Id.

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24.	2100D	Subscriber Name	The RID will be placed in the Identification Code (NM109) element. The Identification Code Qualifier (NM108) must equal 'MI'.
25.	2100D	Subscriber Name	The subscriber identifier submitted should be the 12 byte recipient id.
26.	2200D	Payer Claim Identification Number	If used, the Internal Control Number (ICN) will be populated in the Reference Number Identification (REF02) element. The Reference Number Identification Qualifier (REF01) must equal '1K'.
27.	2210D	Service Line Information	For Pharmacy Claims, the Product/Service ID Qualifier (SVC01-1) must be 'ND' and the Product Service/ID (SVC01-2) must be populated with the 11 digit NDC Number. The 2210D loop should only be used for Pharmacy claims. Only one occurrence of the 2210D loop should be used.
28.	2200D	Claim Service Date	If the Date Time Period Format Qualifier (DTP02) is equal to 'RD8', a date range in the format <i>CCYYMMDD-CCYYMMDD</i> must be input into the Date Time Period (DTP03). For interactive claims, Alabama Medicaid will only give status replies for claims that have been accepted in the claims system within the past 90 days or less.
29.	2000E	Dependent Level	Dependent Level information will not be used by Alabama Medicaid when processing Health Care Claim Status Notification requests.