

# Health Care Claim Status Request and Notification (276/277)

ASC X12N 276/277 (005010X212)

## NE Medicaid 5010 Companion Guide

Department of Health & Human Services

**DHHS**

N E B R A S K A

**DIVISION OF MEDICAID AND LONG-TERM CARE**

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## Nebraska Medicaid Companion Guide Version 2.00

## Preface

This Companion Guide to the ASC X12N Technical Report Type 3 (TR3) adopted under HIPAA clarifies and specifies the data content when data is transmitted electronically to or from Nebraska Medicaid (NE Medicaid). Transmissions based on this Companion Guide, used in tandem with the X12N TR3, are compliant with both X12N syntax and those guides.

This Companion Guide is intended to convey information that is within the framework of the ASC X12N TR3 adopted for use under HIPAA. The Companion Guide is not intended to convey information that in any way exceeds the requirements or usage of data expressed in the TR3.

All claims must be submitted in accordance with the regulations contained within the Nebraska Administrative Code (NAC) Title 471, Nebraska Medical Assistance Program and Title 482, Nebraska Managed Care Program.

## Introduction

This Companion Guide contains the format and establishes the data contents of the **Health Care Claim Status Request (276) and the Health Care Claim Status Notification (277)** transactions for use within the context of an Electronic Data Interchange (EDI) environment.

Express permission to use ASC X12 copyrighted materials has been granted. The ASC X12 TR3 is available at <http://store.x12.org>

This Companion Guide governs electronic eligibility benefit inquiry and response on an ASC X12N 276/277 (005010X212).

Note: Only segments used by NE Medicaid are included in this Companion Guide.

Data usage requirements for Nebraska Medicaid will be identified throughout the Companion Guide as **NE Medicaid Directives**.

Transactions containing information not ASC X12N compliant will be rejected and will not enter into the adjudication system. An ASC X12N 999 and TA1 will be used to convey the rejection and associated reason.

This Companion Guide can be found on the State of Nebraska Health and Human Services System Web site at <http://www.dhhs.ne.gov/med/medindex.htm>

Instructions on Trading Partner Enrollment and Testing requirements are also found on this Web site or by contacting the Medicaid EDI Help Desk at 1-866-498-4357 or 402-471-9461 (Lincoln Area) or via e-mail at [DHHS.MedicaidEDI@Nebraska.gov](mailto:DHHS.MedicaidEDI@Nebraska.gov).

## Providers Not Eligible for NPI (Atypical)

Nebraska Medicaid defines providers ineligible for an NPI as an atypical provider, such as: MHCP (Medically Handicapped Children's Program) clinics, MIPS (Medicaid in Public Schools), Personal Care Aides, Mental Health Personal Care Aides/Community Treatment Aides, Mental Health Home Health Care Aides and Non-Emergency Transportation providers and Community Support Workers.

## Revision History

For each version of this Companion Guide a summary of the information changed since the previous version will be located in this section. Actual changes will be incorporated into the new version of the Companion Guide which will be published as a complete document.

### **Revision 2.00**

*Reformat of 276/277 Companion Guide*

**Release Date: August 1, 2012**

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Loop-Segment Element	Name / Implementation Name	Nebraska Medicaid Directive
ISA	INTERCHANGE CONTROL HEADER	
ISA05	Interchange ID Qualifier	Use code identified on the Trading Partner Profile
ISA06	Interchange Sender ID	This value cannot be "MMISNEBR". Use code identified on Trading Partner Profile
ISA08	Interchange Receiver ID	Use "MMISNEBR".
GS	FUNCTIONAL GROUP HEADER	
GS02	Application Sender's Code	This value cannot be "MMISNEBR". Use value identified on Trading Partner Profile.
GS03	ApplicationReceiver's Code	Use "MMISNEBR".
2100A-NM1	PAYER NAME	
NM109	Payer Identifier	Use "NEMEDICAID"
2100B-NM1	INFORMATION RECEIVER NAME	
NM109	Information Receiver Identification Number	Use the four-digit Medicaid assigned Submitter ID
2100C –NM1	PROVIDER NAME	
NM108	Identification Code Qualifier	NE Medicaid will only process "XX" or "SV"
2000D-HL	SUBSCRIBER LEVEL	
HL04	Hierarchical Child Code	NE Medicaid will only process "0"
2100D-NM1	SUBSCRIBER NAME	
NM102	Entity Type Qualifier	NE Medicaid will only process "1"
NM108	Identification Code Qualifier	NE Medicaid will only process "MI"
NM109	Subscriber Identifier	Use the 11-digit Nebraska Medicaid assigned Subscriber ID number.
2210D-SVC	SERVICE LINE INFORMATION	
SVC01 – 1	Product or Service ID Qualifier	Nebraska Medicaid will only process "AD", "HC", "N4" or "NU"

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Loop-Segment Element	Name / Implementation Name	Nebraska Medicaid Directive
ISA	INTERCHANGE CONTROL HEADER	
ISA05	Interchange ID Qualifier	Code "ZZ" is used.
ISA06	Interchange Sender ID	"MMISNEBR" is used.
ISA07	Interchange ID Qualifier	The code identified on the Trading Partner Profile is used.
ISA08	Interchange Receiver ID	"MMISNEBR" is used.
ISA13	Interchange Control Number	The Interchange Control Number, ISA13, must be identical to the associated Interchange Trailer IEA02.
GS	FUNCTIONAL GROUP HEADER	
GS02	Application Sender's Code	The value identified on Trading Partner Profile is used.
GS03	Application Receiver's Code	"MMISNEBR" is used.
2100A- NM1	PAYER NAME	
NM109	Payer Identifier	"NEMEDICAID" will be sent
2100A-PER	PAYER CONTACT INFORMATION	
PER04	Payer Contact Communication Number	NE Medicaid Inquiry Phone Numbers (877) 255-3092 or (402) 471-9128 are used.
PER06	Communication Number	NE Medicaid Inquiry Phone Numbers (877) 255-3092 or (402) 471-9128 are used.
2100C-NM1	PROVIDER NAME	
NM108	Identification Code Qualifier	NE Medicaid will only send "SV" and "XX".
2100D-NM1	SUBSCRIBER NAME	
NM103	Subscriber Last Name	The subscriber name on file with NE Medicaid will be returned.
NM104	Subscriber First Name	The subscriber name on file with NE Medicaid will be returned.
NM105	Subscriber Middle Name or Initial	The subscriber name on file with NE Medicaid will be returned.
NM109	Subscriber Identifier	The 11-digit NE Medicaid assigned subscriber ID number will be returned.