State of Maine

Department of Health & Human Services (DHHS)

MaineCare

Medicaid Management Information Systems

Maine Integrated Health Management Solution
837 Health Care Claim: Dental Companion Guide
ASC X12N Version 4010A1

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1. Companion Guide Purpose

The purpose of the MaineCare 837 Health Care Claim: Dental Companion Guide is to provide trading partners with a guide to communicate information required to successfully exchange transactions electronically with MaineCare. This Companion Guide document should be used in conjunction with the Implementation Guide and the national standard code sets referenced in that Guide. The Companion Guide is intended to clarify MaineCare-specific information while maintaining compliance with the Implementation Guide. The Companion Guide does not include the complete transaction specifications.

Please refer to the following HIPAA version 4010A1 Implementation Guides for additional information not supplied in this document, such as transaction usage, examples, code lists, definitions, and edits.

Health Care Claim: Dental (Includes October 2002 Addenda Changes) - 837D.

Combined May 2000 004010X097 and October 2002 004010X097A1.

Copies of the ANSI X12 Implementation Guides can be obtained from the Washington Publishing Company at the following URL:

http://www.wpc-edi.com

For any questions or to begin testing (see Section 1.2), please logon to https://mainecare.maine.gov.

1.1 Required Information

Data elements, segments, and loops not included in this guide are not used for processing transactions by MaineCare. All transactions sent for processing are required to be in compliance with the ASC X12N version 4010A1 Implementation Guide standards. Non-compliant transactions will be rejected during the HIPAA validation process.

1.2 Trading Partner ID

A trading partner is defined as any entity with which Unisys exchanges electronic data. The term electronic data is not limited to HIPAA X12 transactions. MaineCare's MIHMS system supports the following categories of trading partner:

- Provider
- Billing Agency
- Clearinghouse
- Internal User
- Health Plan

Unisys will assign trading partner IDs to support the exchange of X12 EDI transactions for providers, billing agencies and clearinghouses, and other health plans.

All trading partners must be authorized to submit production EDI transactions. Any trading partner may submit test EDI transactions. The Usage Indicator, element 15 of the Interchange Control Header (ISA) of an X12 file, indicates if a file is test or production. Authorization is granted on a per transaction basis. For example, a trading partner may be certified to submit 837P professional claims but not certified to submit 837I institutional claim files.

Trading partners must submit three test files of a particular transaction type, with a minimum of fifteen transactions within each file, and have no failures or rejections to become certified for production. Users will be notified via E-mail and the Trading Partner Status page of Health PAS-OnLine when testing for a particular transaction has been completed.

To obtain a trading partner ID please visit our website at: https://mainecare.maine.gov.

1.3 Delimiters

MaineCare does not require the use of specific values for the delimiters used in electronic transactions. The suggested values are included in the specifications below

1.4 Transmission Constraints

The following constraints apply to all 837 file transmissions to MaineCare:

1. Only one Interchange per transmission
2. Only one transaction type per interchange
3. Single transmission file size must be less than 4MB
4. Maximum of 5,000 claims per transmission

2. 837 Dental Claim

The table below should be used as a reference for populating transactions sent to MaineCare. The table contains the specific data values and descriptions used in processing the transaction.

Column Descriptions:

- Loop – Implementation Guide Loop
- Segment ID – Implementation Guide Segment
- Segment Name / Data Element Name – Implementation Guide segment/element name
- Format – Implementation Guide data format
- Length – MaineCare length. A single number denotes fixed length. Two numbers separated by a slash denotes min/max length.
- DE Ref# - Implementation Guide data element reference number
- Req Des. – MaineCare Requirement designation, R = Required, S = Situational. Note: If the segment is situational then the associated elements designated as "R" are only required if the segment is included.
- Value – Data values to be sent for MaineCare transactions. Information contained within "< >" is the description or format of the data that should be entered in the field.

Figure 2-1 lists all the attributes associated with the 837 Dental Claims.

Figure 2-1: 837 Dental Claim

Loop	Segment ID	Segment Name/ Data Element Name	Format	Length	DE Ref #	Req Des.	Value
HEADER	ISA	Interchange Control Header		3		R	ISA
		Element Separator	AN	1			*

Loop	Segment ID	Segment Name/ Data Element Name	Format	Length	DE Ref #	Req Des.	Value
	ISA01	Authorization Information Qualifier	ID	2	I01	R	00
		Element Separator	AN	1			*
	ISA02	Authorization Information	AN	10	I02	R	Space fill
		Element Separator	AN	1			*
	ISA03	Security Information Qualifier	ID	2	I03	R	00
		Element Separator	AN	1			*
	ISA04	Security Information	AN	10	I04	R	Space fill
		Element Separator	AN	1			*
	ISA05	Interchange ID Qualifier	ID	2	I05	R	ZZ
		Element Separator	AN	1			*
	ISA06	Interchange Sender ID	AN	15	I06	R	<Unisys assigned trading partner ID + 3 spaces.> (i.e. METPID000001 + 3 spaces)
		Element Separator	AN	1			*
	ISA07	Interchange ID Qualifier	ID	2	I05	R	ZZ
		Element Separator	AN	1			*
	ISA08	Interchange Receiver ID	AN	15	I07	R	ME_MMIS_4UNISYS

Loop	Segment ID	Segment Name/ Data Element Name	Format	Length	DE Ref #	Req Des.	Value
		Element Separator	AN	1			*
	ISA09	Interchange Date	DT	6	I08	R	<YYMMDD>
		Element Separator	AN	1			*
	ISA10	Interchange Time	TM	4	I09	R	<HHMM>
		Element Separator	AN	1			*
	ISA11	Interchange Control ID	ID	1	I10	R	U
		Element Separator	AN	1			*
	ISA12	Interchange Version Number	ID	5	I11	R	00401
		Element Separator	AN	1			*
	ISA13	Interchange Control Number	N0	9	I12	R	< Defined by sending Trading Partner, IEA02 must match>
		Element Separator	AN	1			*
	ISA14	Ack. Requested	ID	1	I13	R	1 (Interchange acknowledgement requested)
		Element Separator	AN	1			*
	ISA15	Usage Indicator	ID	1	I14	R	P = Production T = Test (Must contain a ‘P’ indicator in production)
		Element Separator	AN	1			*

Loop	Segment ID	Segment Name/ Data Element Name	Format	Length	DE Ref #	Req Des.	Value
	ISA16	Component Element Separator		1	I15	R	:
		Segment End	B	1			~
	GS	Functional Group Header		2		R	GS
		Element Separator	AN	1			*
	GS01	Functional Identifier Code	ID	2	479	R	HC
		Element Separator	AN	1			*
	GS02	Application Sender's Code	AN	2/15	142	R	<Unisys assigned trading partner ID>
		Element Separator	AN	1			*
	GS03	Application Receiver's Code	AN	2/15	124	R	ME_MMIS_4UNISYS
		Element Separator	AN	1			*
	GS04	Date	DT	8	373	R	<CCYYMMDD>
		Element Separator	AN	1			*
	GS05	Time	TM	4/8	337	R	<HHMM>
		Element Separator	AN	1			*
	GS06	Group Control Number	N0	1/9	28	R	<Assigned by Sender>
		Element Separator	AN	1			*

Loop	Segment ID	Segment Name/ Data Element Name	Format	Length	DE Ref #	Req Des.	Value
	GS07	Responsible Agency Code	ID	1/2	455	R	X
		Element Separator	AN	1			*
	GS08	Version / Release Code	AN	1/12	480	R	004010X097A1
		Segment End	B	1			~
	ST	Transaction Set Header		2		R	ST
		Element Separator	AN	1			*
	ST01	Transaction Set Identifier Code	ID	3	143	R	837
		Element Separator	AN	1			*
	ST02	Transaction Set Control Number	AN	4/9	329	R	<Sequential number assigned by sender> (ST and SE must be equivalent)
		Segment End	B	1			~
	BHT	Beginning Hierarchical Transaction Segment	ID	3		R	BHT
		Element Separator	AN	1			*
	BHT01	Hierarchical Structure Code	ID	4	1005	R	0019
		Element Separator	AN	1			*
	BHT02	Transaction Set Purpose Code	ID	2	353	R	00 = Original
		Element Separator	AN	1			*

Loop	Segment ID	Segment Name/ Data Element Name	Format	Length	DE Ref #	Req Des.	Value
	BHT03	Reference identification	AN	1/30	127	S	<Submitter Transaction Identifier>
		Element Separator	AN	1			*
	BHT04	Date	DT	8	373	R	<CCYYMMDD>
		Element Separator	AN	1			*
	BHT05	Time	TM	4/8	337	R	<HHMM>
		Element Separator	AN	1			*
	BHT06	Transaction Type Code	ID	2	640	R	CH = Chargeable
		Segment End	B	1			~
	REF	Transmission Type Identification	ID	3		R	REF
		Element Separator	AN	1			*
	REF01	Reference Identification Qualifier	ID	2/3	128	R	87
		Element Separator	AN	1			*
	REF02	Reference Identification	AN	1/30	127	R	004010X097A1
		Segment End	B	1			~
1000A	NM1	Submitter Name	ID	3		R	NM1
		Element Separator	AN	1			*

Loop	Segment ID	Segment Name/ Data Element Name	Format	Length	DE Ref #	Req Des.	Value
	NM101	Entity Identifier Code	ID	2/3	98	R	41
		Element Separator	AN	1			*
	NM102	Entity Type Qualifier	ID	1	1065	R	1 = Person 2 = Non Person Entity
		Element Separator	AN	1			*
	NM103	Name Last or Organization Name	AN	1/35	1035	R	
		Element Separator	AN	1			*
	NM104	Name First	AN	1/25	1036	S	
		Element Separator	AN	1			*
	NM105	Name Middle	AN	1	1037	S	
		Element Separator	AN	1			*
		Element Separator	AN	1			*
		Element Separator	AN	1			*
	NM108	Identification Code Qualifier	ID	1/2	66	R	46
		Element Separator	AN	1			*
	NM109	Identification Code	AN	2/80	67	R	<Trading Partner ID>
		Segment End	B	1			~

Loop	Segment ID	Segment Name/ Data Element Name	Format	Length	DE Ref #	Req Des.	Value
1000A	PER	Submitter EDI Contact Information	ID	3		R	PER
		Element Separator	AN	1			*
	PER01	Contact Function Code	ID	2/2	366	R	IC
		Element Separator	AN	1			*
	PER02	Name	AN	1/60	93	R	
		Element Separator	AN	1			*
	PER03	Communication Number Qualifier	ID	2/2	365	R	TE = Telephone
		Element Separator	AN	1			*
	PER04	Communication Number	AN	1/80	364	R	
		Segment End	B	1			~
1000B	NM1	Receiver Name	ID	3		R	NM1
		Element Separator	AN	1			*
	NM101	Entity Identifier Code	ID	2/3	98	R	40
		Element Separator	AN	1			*
	NM102	Entity Type Qualifier	ID	1	1065	R	2
		Element Separator	AN	1			*

Loop	Segment ID	Segment Name/ Data Element Name	Format	Length	DE Ref #	Req Des.	Value
	NM103	Name Last or Organization Name	AN	1/35	1035	R	ME_MMIS_4UNISYS
		Element Separator	AN	1			*
		Element Separator	AN	1			*
		Element Separator	AN	1			*
		Element Separator	AN	1			*
		Element Separator	AN	1			*
	NM108	Identification Code Qualifier	ID	1/2	66	R	46
		Element Separator	AN	1			*
	NM109	Identification Code	AN	2/80	67	R	ME_MMIS_4UNISYS
		Segment End	B	1			~
2000A	HL	Billing/Pay-to Provider Hierarchical Level	ID	2		R	HL
		Element Separator	AN	1			*
	HL01	Hierarchical ID Number	AN	1/12	628	R	1
		Element Separator	AN	1			*
		Element Separator	AN	1			*
	HL03	Hierarchical Level Code	ID	1/2	735	R	20

Loop	Segment ID	Segment Name/ Data Element Name	Format	Length	DE Ref #	Req Des.	Value
		Element Separator	AN	1			*
	HL04	Hierarchical Child Code	ID	1/1	736	R	1
		Segment End	B	1			~
2010AA	NM1	Billing Provider Name	ID	3		R	NM1
		Element Separator	AN	1			*
	NM101	Entity Identifier Code	ID	2/3	98	R	85
		Element Separator	AN	1			*
	NM102	Entity Type Qualifier	ID	1	1065	R	1 = Person or 2 = Non-Person Entity
		Element Separator	AN	1			*
	NM103	Name Last or Organization Name	AN	1/35	1035	R	
		Element Separator	AN	1			*
	NM104	Name First	AN	1/25	1036	S	
		Element Separator	AN	1			*
	NM105	Name Middle	AN	1/25	1037	S	
		Element Separator	AN	1			*
		Element Separator	AN	1			*

Loop	Segment ID	Segment Name/ Data Element Name	Format	Length	DE Ref #	Req Des.	Value
	NM107	Name Suffix	AN	1/10	1039	S	
		Element Separator	AN	1			*
	NM108	Identification Code Qualifier	ID	1/2	66	R	XX = National Provider ID (NPI) 24 = Employer's Identification Number
		Element Separator	AN	1			*
	NM109	Identification Code	AN	2/80	67	R	< National Provider Identifier> (where NM108 = XX) <Employer's Identification Number> (where NM108 = 24)
		Segment End	B	1			~
2010AA	N3	Billing Provider Address	AN	2		R	N3
		Element Separator	AN	1			*
	N301	Address Information	AN	1/55	166	R	
		Element Separator	AN	1			*
	N302	Address Information	AN	1/55	166	S	<Required if a second address line exists.>
		Segment End	B	1			~
2010AA	N4	Billing Provider City/State/Zip Code	AN	2	19	R	N4
		Element Separator	AN	1			*

Loop	Segment ID	Segment Name/ Data Element Name	Format	Length	DE Ref #	Req Des.	Value
	N401	City Name	AN	2/30	19	R	
		Element Separator	AN	1			*
	N402	State or Province Code	ID	2/2	156	R	
		Element Separator	AN	1			*
	N403	Postal Code	ID	3/15	116	R	<5 or 9 digit zip code>
		Segment End	B	1			~
2010AA	REF	Billing Provider Secondary Identification Number	ID	3		S	REF (If NPI (qualifier "XX") is used in the NM108/09 of this loop, then the Employer's Identification Number must be sent in REF).
		Element Separator	AN	1			*
	REF01	Reference Identification Qualifier	ID	2/3	128	R	EI = Employer's Identification Number 1D = Provider Medicaid ID
		Element Separator	AN	1			*
	REF02	Reference Identification	ID	1/30	127	R	< Employer's Identification Number> (for providers submitting with NPI) <Provider MaineCare ID> (for Provider's not registered with NPI)
		Segment End	B	1			~

Loop	Segment ID	Segment Name/ Data Element Name	Format	Length	DE Ref #	Req Des.	Value
2000B	HL01	Hierarchical ID Number	AN	1/12	628	R	HL
		Element Separator	AN	1			*
	HL02	Hierarchical Parent ID Number	AN	1/12	734	R	
		Element Separator	AN	1			*
	HL03	Hierarchical Level Code	ID	1/2	735	R	22
		Element Separator	AN	1			*
	HL04	Hierarchical Child Code	ID	1	736	R	0
		Segment End	B	1			~
2000B	SBR	Subscriber Information	ID	3		R	SBR
		Element Separator	AN	1			*
	SBR01	Payer Responsibility Sequence Number Code	ID	1	1138	R	P = Primary S = Secondary T = Tertiary
		Element Separator	AN	1			*
	SBR02	Individual Relationship Code	ID	2	1069	R	18
		Element Separator	AN	1			*
	SBR03	Reference Identification	AN	1/30	127	S	
		Element Separator	AN	1			*

Loop	Segment ID	Segment Name/ Data Element Name	Format	Length	DE Ref #	Req Des.	Value
	SBR04	Name	AN	1/60	93	S	
		Element Separator	AN	1			*
		Element Separator	AN	1			*
	SBR06	Coordination of Benefits Code	ID	1	1143	R	1 = Coordination of Benefits 2 = No Coordination of Benefits
		Element Separator	AN	1			*
		Element Separator	AN	1			*
		Element Separator	AN	1			*
	SBR09	Claim Filing Indicator Code	ID	1/2	1032	S	MC
		Segment End	B	1			~
2010BA	NM1	Subscriber Name	ID	3		R	NM1
		Element Separator	AN	1			*
	NM101	Entity Identifier Code	ID	2/3	98	R	IL
		Element Separator	AN	1			*
	NM102	Entity Type Qualifier	ID	1	1065	R	1
		Element Separator	AN	1			*
	NM103	Name Last or Organization Name	AN	1/35	1035	R	

Loop	Segment ID	Segment Name/ Data Element Name	Format	Length	DE Ref #	Req Des.	Value
		Element Separator	AN	1			*
	NM104	Name First	AN	1/25	1036	S	
		Element Separator	AN	1			*
	NM105	Name Middle	AN	1/25	1037	S	
		Element Separator	AN	1			*
		Element Separator	AN	1			*
	NM107	Name Suffix	AN	1/10	1039	S	
		Element Separator	AN	1			*
	NM108	Identification Code Qualifier	ID	1/2	66	S	MI
		Element Separator	AN	1			*
	NM109	Identification Code	AN	2/80	67	S	<Member Identification Number>
		Segment End	B	1			~
2010BA	N3	Subscriber Address	AN	2		R	N3
		Element Separator	AN	1			*
	N301	Address Information	AN	1/55	166	R	
		Element Separator	AN	1			*
	N302	Address Information	AN	1/55	166	S	<Required if a second address line exists.>

Loop	Segment ID	Segment Name/ Data Element Name	Format	Length	DE Ref #	Req Des.	Value
		Segment End	B	1			~
2010BA	N4	Subscriber City/State/Zip Code	AN	2	19	R	N4
		Element Separator	AN	1			*
	N401	City Name	AN	2/30	19	R	
		Element Separator	AN	1			*
	N402	State or Province Code	ID	2/2	156	R	
		Element Separator	AN	1			*
	N403	Postal Code	ID	3/15	116	R	< Zip code>
		Segment End	B	1			~
2010BA	DMG	Subscriber's Demographic Information	AN	3		R	DMG
		Element Separator	AN	1			*
	DMG01	Date Time Period Format Qualifier	ID	2/3	1250	R	D8
		Element Separator	AN	1			*
	DMG02	Date Time Period	AN	1/35	1251	R	<Date of Birth, CCYYMMDD>
		Element Separator	AN	1			*

Loop	Segment ID	Segment Name/ Data Element Name	Format	Length	DE Ref #	Req Des.	Value
	DMG03	Gender Code	ID	1/1	1068	R	M = Male F = Female U = Unknown
		Segment End	B	1			~
2300	CLM	Claim Information	ID	3		R	CLM
		Element Separator	AN	1			*
	CLM01	Claim Submitter's Identifier	AN	1/20	1028	R	<Patient Account Number>
		Element Separator	AN	1			*
	CLM02	Monetary Amount	R	1/18	782	R	<Total Claim Charges>
		Element Separator	AN	1			*
		Element Separator	AN	1			*
		Element Separator	AN	1			*
	CLM05-1	Facility Code Value	AN	1/2	1331	R	11 = Office 12 = Home 21 = Inpatient Hospital 22 = Outpatient Hospital 31 = Skilled Nursing Facility 35 = Adult Living Care Facility

Loop	Segment ID	Segment Name/ Data Element Name	Format	Length	DE Ref #	Req Des.	Value
		Element Separator	AN	1			*
		Element Separator	AN	1			*
	CLM05-3	Claim Frequency Type Code	ID	1	1325	R	1= ORIGINAL 7 = REPLACEMENT 8 = VOID
		Element Separator	AN	1			*
	CLM06	Yes/No Condition or Response Code	ID	1	1073	R	
		Element Separator	AN	1			*
	CLM07	Provider Accept Assignment Code	ID	1/1	1359	S	
		Element Separator	AN	1			*
	CLM08	Yes/No Condition or Response Code	ID	1	1073	R	
		Element Separator	AN	1			*
	CLM09	Release of Information Code	ID	1	1363	R	
		Element Separator	AN	1			*
		Element Separator	AN	1			*

Loop	Segment ID	Segment Name/ Data Element Name	Format	Length	DE Ref #	Req Des.	Value
	CLM11-1	Related Causes Code	ID	2/3	1362	R	AA = Auto Accident OA = Other Accident EM = Employment AP = Another Party Responsible
		Component Element Separator		1			:
	CLM11-2	Related Causes Code	ID	2/3	1362	S	
		Component Element Separator		1			:
	CLM11-3	Related Causes Code	ID	2/3	1362	S	
		Component Element Separator		1			:
	CLM11-4	State or Province Code	ID	2	156	S	<Required if CLM11-1, CLM11-2, or CLM11-3 = AA to identify the state in which the automobile accident occurred. Use state postal code.>
		Component Element Separator		1			:
	CLM11-5	Country Code	ID	2/3	26	S	<Required if the auto accident outside the U.S. to identify the country in which the accident occurred.>
		Element Separator	AN	1			*
	CLM12	Special Program Code	ID	2/3	1366	S	
		Element Separator	AN	1			*

Loop	Segment ID	Segment Name/ Data Element Name	Format	Length	DE Ref #	Req Des.	Value
		Element Separator	AN	1			*
		Element Separator	AN	1			*
		Element Separator	AN	1			*
		Element Separator	AN	1			*
		Element Separator	AN	1			*
		Element Separator	AN	1			*
		Element Separator	AN	1			*
	CLM20	Delay Reason Code	ID	1/2	1514	S	
		Segment End	B	1			~
2300	DTP	Date – Accident	ID	3		S	DTP
		Element Separator	AN	1			*
	DTP01	Date/Time Qualifier	ID	3	374	R	439
		Element Separator	AN	1			*
	DTP02	Date Time Period Format Qualifier	ID	2/3	1250	R	D8
		Element Separator	AN	1			*
	DTP03	Date Time Period	AN	1/35	1251	R	<CCYYMMDD>
		Segment End	B	1			~

Loop	Segment ID	Segment Name/ Data Element Name	Format	Length	DE Ref #	Req Des.	Value
2300	DTP	Date – Appliance Placement	ID	3		S	DTP
		Element Separator	AN	1			*
	DTP01	Date/Time Qualifier	ID	3	374	R	439
		Element Separator	AN	1			*
	DTP02	Date Time Period Format Qualifier	ID	2/3	1250	R	D8
		Element Separator	AN	1			*
	DTP03	Date Time Period	AN	1/35	1251	R	<CCYYMMDD>
		Segment End	B	1			~
2300	DTP	Date - Service	ID	3		S	DTP
		Element Separator	AN	1			*
	DTP01	Date/Time Qualifier	ID	3	374	R	472
		Element Separator	AN	1			*
	DTP02	Date Time Period Format Qualifier	ID	2/3	1250	R	D8
		Element Separator	AN	1			*
	DTP03	Date Time Period	AN	1/35	1251	R	<CCYYMMDD>
		Segment End	B	1			~

Loop	Segment ID	Segment Name/ Data Element Name	Format	Length	DE Ref #	Req Des.	Value
2300	DN1	Orthodontic Total Months of Treatment	ID	3		S	DN
		Element Separator	AN	1			*
	DN101	Quantity	R	1/15	380	S	
		Element Separator	AN	1			*
	DN102	Quantity	R	1/15	380	S	
		Element Separator	AN	1			*
	DN103	Yes/No Condition or Response Code	ID	1/1	1073	S	
		Segment End	B	1			~
2300	AMT	Patient Amount Paid	ID	3		S	AMT
		Element Separator	AN	1			*
	AMT01	Amount Qualifier Code	ID	1/3	522	R	F5
		Element Separator	AN	1			*
	AMT02	Monetary Amount	R	1/18	782	R	
		Segment End	B	1			~
2300	REF	Original Reference Number	ID	3		S	REF <Required if the claim is a replacement or void>
		Element Separator	AN	1			*

Loop	Segment ID	Segment Name/ Data Element Name	Format	Length	DE Ref #	Req Des.	Value
	REF01	Reference Identification Qualifier	ID	2/3	128	R	F8= Original Reference Number
		Element Separator	AN	1			*
	REF02	Reference Identification	AN	1/30	127	R	<MIHMS Internal Control Number (ICN) from the Original Claim>
		Segment End	B	1			~
2300	REF	Prior Authorization or Referral Number	ID	3		S	REF
		Element Separator	AN	1			*
	REF01	Reference Identification Qualifier	ID	2/3	128	R	G1 = Prior Authorization Number
		Element Separator	AN	1			*
	REF02	Reference Identification	AN	1/30	127	R	
		Segment End	B	1			~
2300	REF	Referral Identification	ID	3		S	REF
		Element Separator	AN	1			*
	REF01	Reference Identification Qualifier	ID	2/3	128	R	9F = Referral Number
		Element Separator	AN	1			*
	REF02	Reference Identification	AN	1/30	127	R	

Loop	Segment ID	Segment Name/ Data Element Name	Format	Length	DE Ref #	Req Des.	Value
		Segment End	B	1			~
2310A	NM1	Referring Provider Name	ID	3		S	NM1
		Element Separator	AN	1			*
	NM101	Entity Identifier Code	ID	2/3	98	R	
		Element Separator	AN	1			*
	NM102	Entity Type Qualifier	ID	1	1065	R	
		Element Separator	AN	1			*
	NM103	Name Last or Organization Name	AN	1/35	1035	R	
		Element Separator	AN	1			*
	NM104	Name First	AN	1/25	1036	S	
		Element Separator	AN	1			*
		Element Separator	AN	1			*
		Element Separator	AN	1			*
		Element Separator	AN	1			*
	NM108	Identification Code Qualifier	ID	1/2	66	S	24 = Employer's Identification Number XX= National Provider ID (NPI)
		Element Separator	AN	1			*

Loop	Segment ID	Segment Name/ Data Element Name	Format	Length	DE Ref #	Req Des.	Value
	NM109	Identification Code	AN	2/80	67	S	<Employee Identification Number> or <National Provider ID>
		Segment End	B	1			~
2310A	REF	Referring Provider Secondary Identification	ID	3		S	REF
		Element Separator	AN	1			*
	REF01	Reference Identification Qualifier	ID	2/3	128	R	
		Element Separator	AN	1			*
	REF02	Reference Identification	AN	1/30	127	R	
		Segment End	B	1			~
2310B	NM1	Rendering Provider Name	ID	3		S	NM1
		Element Separator	AN	1			*
	NM101	Entity Identifier Code	ID	2/3	98	R	82
		Element Separator	AN	1			*
	NM102	Entity Type Qualifier	ID	1	1065	R	
		Element Separator	AN	1			*
	NM103	Name Last or Organization Name	AN	1/35	1035	R	

Loop	Segment ID	Segment Name/ Data Element Name	Format	Length	DE Ref #	Req Des.	Value
		Element Separator	AN	1			*
	NM104	Name First	AN	1/25	1036	S	
		Element Separator	AN	1			*
	NM105	Name Middle	AN	1/25	1037	S	
		Element Separator	AN	1			*
		Element Separator	AN	1			*
		Element Separator	AN	1			*
	NM108	Identification Code Qualifier	ID	1/2	66	R	XX = National Provider ID (NPI) 24 = Employer's Identification Number
		Element Separator	AN	1			*
	NM109	Identification Code	AN	2/80	67	R	<National Provider ID> or<Employee Identification Number>
		Segment End	B	1			~
2310B	REF	Rendering Provider Secondary Identification	ID	3		S	REF
		Element Separator	AN	1			*
	REF01	Reference Identification Qualifier	ID	2/3	128	R	EI = Employer's Identification Number 1D = Medicaid Provider Number

Loop	Segment ID	Segment Name/ Data Element Name	Format	Length	DE Ref #	Req Des.	Value
		Element Separator	AN	1			*
	REF02	Reference Identification	AN	1/30	127	R	<Employee Identifcation Number or <Provider MaineCare ID>
		Segment End	B	1			~
2310C	NM1	Service Facility Location	ID	3		S	NM1
		Element Separator	AN	1			*
	NM101	Entity Identifier Code	ID	2/3	98	R	FA
		Element Separator	AN	1			*
	NM102	Entity Type Qualifier	ID	1	1065	R	2
		Element Separator	AN	1			*
	NM103	Name Last or Organization Name	AN	1/35	1035	R	<Service location Name>
		Element Separator	AN	1			*
		Element Separator	AN	1			*
		Element Separator	AN	1			*
		Element Separator	AN	1			*
		Element Separator	AN	1			*
	NM108	Identification Code Qualifier	AN	1/2			XX

Loop	Segment ID	Segment Name/ Data Element Name	Format	Length	DE Ref #	Req Des.	Value
		Element Separator	AN	1			*
	NM109	Identification Code	AN	2/80	67	R	<Billing Provider NPI>
		Segment End	B	1			~
2310C	N3	Service Facility Address	ID	2		S	N3
	N301	Address Information	AN	1/55	166	R	
		Element Separator	AN	1			*
	N302	Address Information	AN	1/55	167	S	
		Segment End	B	1			~
2310C	N4	Service Location City/State/Zip	ID	2		R	N4
		Element Separator	AN	1			*
	N401	City	AN	2/30	19	R	
		Element Separator	AN	1			*
	N402	State	ID	2	156	R	
		Element Separator	AN	1			*
	N403	Zip Code	AN	3/15	116	R	
		Segment End	B	1			~
2310C	REF	Service Facility Location Secondary Identification	ID	3		S	REF

Loop	Segment ID	Segment Name/ Data Element Name	Format	Length	DE Ref #	Req Des.	Value
		Element Separator	AN	1			*
	REF01	Reference Identification Qualifier	ID	2/3	128	R	LU
		Element Separator	AN	1			*
	REF02	Reference Identification	AN	1/30	127	R	<Service Facility Location> (NPI-3 digit location or MaineCare Provider ID-3 digit location EXAMPLE = 9999999999-001)
		Segment End	B	1			~
		*** the following segments are for COB information					
2320	SBR	Other Subscriber Information	ID	3		S	SBR
		Element Separator	AN	1			*
	SBR01	Payer Responsibility Sequence Number Code	ID	1	1138	R	P
		Element Separator	AN	1			*
	SBR02	Individual Relationship Code	ID	2	1069	R	18
		Element Separator	AN	1			*
	SBR03	Reference Identification	AN	1/30	127	S	<Insured Group or Policy Number>

Loop	Segment ID	Segment Name/ Data Element Name	Format	Length	DE Ref #	Req Des.	Value
		Element Separator	AN	1			*
	SBR04	Name	AN	1/60	93	S	OTHERINS
		Element Separator	AN	1			*
		Element Separator	AN	1			*
		Element Separator	AN	1			*
		Element Separator	AN	1			*
		Element Separator	AN	1			*
	SBR09	Claim Filing Indicator Code	ID	1/2	1032	S	ZZ
		Segment End	B	1			~
2320	CAS	Claim Level Adjustments	ID	3		S	CAS
		Element Separator	AN	1			*
	CAS01	Claim Adjustment Group Code	ID	1/2	1033	R	PI
		Element Separator	AN	1			*
	CAS02	Claim Adjustment Reason Code	ID	1/5	1034	R	1 = Other Insurance Deductible
		Element Separator	AN	1			*
	CAS03	Monetary Amount	R	1/18	782	R	<Other Insurance Deductible Amount>
		Element Separator	AN	1			*

Loop	Segment ID	Segment Name/ Data Element Name	Format	Length	DE Ref #	Req Des.	Value
	CAS04	Quantity	R	1/15	380	S	
		Element Separator	AN	1			*
	CAS05	Claim Adjustment Reason Code	ID	1/5	1034	S	2 = Other Insurance Coinsurance
		Element Separator	AN	1			*
	CAS06	Monetary Amount	R	1/18	782	S	<Other Insurance Coinsurance Amount >
		Element Separator	AN	1			*
	CAS07	Quantity	R	1/15	380	S	
		Element Separator	AN	1			*
	CAS08	Claim Adjustment Reason Code	ID	1/5	1034	S	A2 = Other Insurance Contractual Adjustment
		Element Separator	AN	1			*
	CAS09	Monetary Amount	R	1/18	782	S	<Contractual Adjustment Amount>
		Element Separator	AN	1			*
	CAS10	Quantity	R	1/15	380	S	
		Segment End	B	1			~
2320	AMT	Coordination of Benefits (COB) Allowed Amount	ID	3		S	AMT
		Element Separator	AN	1			*

Loop	Segment ID	Segment Name/ Data Element Name	Format	Length	DE Ref #	Req Des.	Value
	AMT01	Amount Qualifier Code	ID	1/3	522	R	D = Other Insurance Paid
		Element Separator	AN	1			*
	AMT02	Monetary Amount	R	1/18	782	R	<Other Insurance Paid Amount>
		Segment End	B	1			~
2320	OI	Other Insurance Coverage Information	ID	2		S	OI
		Element Separator	AN	1			*
		Element Separator	AN	1			*
		Element Separator	AN	1			*
	OI03	Yes/No Condition or Response Code	ID	1	1073	R	Y
		Element Separator	AN	1			*
		Element Separator	AN	1			*
		Element Separator	AN	1			*
	OI06	Release of Information Code	ID	1	1363	R	A
		Segment End	B	1			~
2330A	NM1	Other Subscriber Name	ID	3		S	NM1
		Element Separator	AN	1			*

Loop	Segment ID	Segment Name/ Data Element Name	Format	Length	DE Ref #	Req Des.	Value
	NM101	Entity Identifier Code	ID	2/3	98	R	IL
		Element Separator	AN	1			*
	NM102	Entity Type Qualifier	ID	1	1065	R	1 = Person 2 = Non-Person Entity
		Element Separator	AN	1			*
	NM103	Name Last or Organization Name	AN	1/35	1035	R	<Other Insurance Organization Name>
		Element Separator	AN	1			*
	NM104	Name First	AN	1/25	1036	S	
		Element Separator	AN	1			*
	NM105	Name Middle	AN	1/25	1037	S	
		Element Separator	AN	1			*
		Element Separator	AN	1			*
		Element Separator	AN	1			*
	NM108	Identification Code Qualifier	ID	1/2	66	R	ZZ
		Element Separator	AN	1			*
	NM109	Identification Code	AN	2/80	67	R	<Other Insurance Member Id>
		Segment End	B	1			~

Loop	Segment ID	Segment Name/ Data Element Name	Format	Length	DE Ref #	Req Des.	Value
2330B	NM1	Other Payer Name	ID	3		S	NM1
	NM101	Entity Identifier Code	ID	2/3	98	R	PR
	NM102	Entity Type Qualifier	ID	1	1065	R	2
	NM103	Name Last or Organization Name	AN	1/35	1035	R	OTHERINS
		Element Separator	AN	1			*
		Element Separator	AN	1			*
	NM104	Name First	AN	1/25	1036	S	
		Element Separator	AN	1			*
	NM105	Name Middle	AN	1/25	1037	S	
		Element Separator	AN	1			*
		Element Separator	AN	1			*
	NM108	Identification Code Qualifier	ID	1/2	66	R	PI
		Element Separator	AN	1			*
	NM109	Identification Code	AN	2/80	67	R	OT01

Loop	Segment ID	Segment Name/ Data Element Name	Format	Length	DE Ref #	Req Des.	Value
		Segment End	B	1			~
2330B	DTP	Claim Adjudication Date	ID	3		S	DTP
		Element Separator	AN	1			*
	DTP01	Date/Time Qualifier	ID	3	374	R	573
		Element Separator	AN	1			*
	DTP02	Date Time Period Format Qualifier	ID	2/3	1250	R	D8
		Element Separator	AN	1			*
	DTP03	Date Time Period	AN	1/35	1251	R	Other Insurance Paid Date <CCYYMMDD>
		Segment End	B	1			~
		*****					
2400	LX	Service Line	ID	2		R	LX
		Element Separator	AN	1			*
	LX01	Assigned Number	N0	1/6	554	R	
		Segment End	B	1			~
2400	SV3	Dental Service	ID	3		R	SV3
		Element Separator	AN	1			*

Loop	Segment ID	Segment Name/ Data Element Name	Format	Length	DE Ref #	Req Des.	Value
	SV301-1	Product/Service ID Qualifier	ID	2	235	R	AD
		Component Element Separator		1			:
	SV301-2	Product/Service ID	AN	1/48	234	R	
		Component Element Separator		1			:
	SV301-3	Procedure Modifier	AN	2	1339	S	
		Component Element Separator		1			:
	SV301-4	Procedure Modifier	AN	2	1339	S	
		Component Element Separator		1			:
	SV301-5	Procedure Modifier	AN	2	1339	S	
		Component Element Separator		1			:
	SV301-6	Procedure Modifier	AN	2	1339	S	
		Element Separator	AN	1			*
	SV302	Monetary Amount	R	1/18	782	R	
		Element Separator	AN	1			*
	SV303	Facility Code Value	AN	1/2	1331	S	
		Element Separator	AN	1			*
	SV304-1	Oral Cavity Designation Code	ID	1/3	1361	R	

Loop	Segment ID	Segment Name/ Data Element Name	Format	Length	DE Ref #	Req Des.	Value
		Component Element Separator		1			:
	SV304-2	Oral Cavity Designation Code	ID	1/3	1361	S	
		Component Element Separator		1			:
	SV304-3	Oral Cavity Designation Code	ID	1/3	1361	S	
		Component Element Separator		1			:
	SV304-4	Oral Cavity Designation Code	ID	1/3	1361	S	
		Component Element Separator		1			:
	SV304-5	Oral Cavity Designation Code	ID	1/3	1361	S	
		Element Separator	AN	1			*
		Element Separator	AN	1			*
	SV306	Quantity	R	1/15	380	R	
		Segment End	B	1			~
2400	TOO	Tooth Information	ID	3		S	TOO
		Element Separator	AN	1			*
	TOO01	Code List Qualifier Code	ID	1/3	1270	R	JP
		Element Separator	AN	1			*
	TOO02	Industry Code	AN	1/30	1271	S	

Loop	Segment ID	Segment Name/ Data Element Name	Format	Length	DE Ref #	Req Des.	Value
		Element Separator	AN	1			*
	TOO03-1	Tooth Surface Code	ID	1/2	1369	R	
		Component Element Separator		1			:
	TOO03-2	Tooth Surface Code	ID	1/2	1369	S	
		Component Element Separator		1			:
	TOO03-3	Tooth Surface Code	ID	1/2	1369	S	
		Component Element Separator		1			:
	TOO03-4	Tooth Surface Code	ID	1/2	1369	S	
		Component Element Separator		1			:
	TOO03-5	Tooth Surface Code	ID	1/2	1369	S	
		Segment End	B	1			~
2400	DTP	Date – Service	ID	3		S	DTP
		Element Separator	AN	1			*
	DTP01	Date/Time Qualifier	ID	3	374	R	472
		Element Separator	AN	1			*
	DTP02	Date Time Period Format Qualifier	ID	2/3	1250	R	D8
		Element Separator	AN	1			*

Loop	Segment ID	Segment Name/ Data Element Name	Format	Length	DE Ref #	Req Des.	Value
	DTP03	Date Time Period	ID	1/35	1251	R	<CCYYMMDD>
		Segment End	B	1			~
2400	DTP	Date – Prior Placement	ID	3		S	DTP
		Element Separator	AN	1			*
	DTP01	Date/Time Qualifier	ID	3	374	R	441
		Element Separator	AN	1			*
	DTP02	Date Time Period Format Qualifier	ID	2/3	1250	R	D8
		Element Separator	AN	1			*
	DTP03	Date Time Period	ID	1/35	1251	R	<CCYYMMDD>
		Segment End	B	1			~
2400	AMT	Approved Amount	ID	3		S	AMT
		Element Separator	AN	1			*
	AMT01	Amount Qualifier Code	ID	1/3	522	R	
		Element Separator	AN	1			*
	AMT02	Monetary Amount	R	1/18	782	R	
		Segment End	B	1			~
2420A	NM1	Rendering Provider Name	ID	3		S	NM1

Loop	Segment ID	Segment Name/ Data Element Name	Format	Length	DE Ref #	Req Des.	Value
		Element Separator	AN	1			*
	NM101	Entity Identifier Code	ID	2/3	98	R	82
		Element Separator	AN	1			*
	NM102	Entity Type Qualifier	ID	1	1065	R	
		Element Separator	AN	1			*
	NM103	Name Last or Organization Name	AN	1/35	1035	R	
		Element Separator	AN	1			*
	NM104	Name First	AN	1/25	1036	S	
		Element Separator	AN	1			*
	NM105	Name Middle	AN	1/25	1037	S	
		Element Separator	AN	1			*
		Element Separator	AN	1			*
	NM107	Name Suffix	AN	1/10	1039	S	
		Element Separator	AN	1			*
	NM108	Identification Code Qualifier	ID	1/2	66	R	XX = NPI 24 = Employer's Identification Number
		Element Separator	AN	1			*

Loop	Segment ID	Segment Name/ Data Element Name	Format	Length	DE Ref #	Req Des.	Value
	NM109	Identification Code	AN	2/80	67	R	<National Provider Identifier > or < Employer's Identification Number>
		Segment End	B	1			~
2420A	REF	Rendering Provider Secondary Identification	ID	3		S	REF
		Element Separator	AN	1			*
	REF01	Reference Identification Qualifier	ID	2/3	128	R	"Atypical" providers will continue to use the "1D" qualifier with the MaineCare Provider Number.
		Element Separator	AN	1			*
	REF02	Reference Identification	AN	1/30	127	R	
		Segment End	B	1			~
2430	SVD	Line Adjudication Information	ID	3		S	SVD
		Element Separator	AN	1			*
	SVD01	Identification Code	AN	2/80	67	R	
		Element Separator	AN	1			*
	SVD02	Monetary Amount	R	1/18	782	R	
		Element Separator	AN	1			*

Loop	Segment ID	Segment Name/ Data Element Name	Format	Length	DE Ref #	Req Des.	Value
	SVD03-1	Product/Service ID Qualifier	ID	2	235	R	AD=American Dental Association Codes ZZ =Mutually Defined
		Component Element Separator		1			:
	SVD03-2	Product/Service ID	AN	1/48	234	R	
		Component Element Separator		1			:
	SVD03-3	Procedure Modifier	AN	2	1339	S	
		Component Element Separator		1			:
	SVD03-4	Procedure Modifier	AN	2	1339	S	
		Component Element Separator		1			:
	SVD03-5	Procedure Modifier	AN	2	1339	S	
		Component Element Separator		1			:
	SVD03-6	Procedure Modifier	AN	2	1339	S	
		Component Element Separator		1			:
	SVD03-7	Description	AN	1/80	352	S	
		Element Separator	AN	1			*
		Element Separator	AN	1			*
	SVD05	Quantity	R	1/15	380	R	

Loop	Segment ID	Segment Name/ Data Element Name	Format	Length	DE Ref #	Req Des.	Value
		Element Separator	AN	1			*
	SVD06	Assigned Number	N0	1/6	554	S	
		Segment End	B	1			~
2430	CAS	Line Adjustment	ID	3		S	CAS
		Element Separator	AN	1			*
	CAS01	Claim Adjustment Group Code	ID	1/2	1033	R	PI
		Element Separator	AN	1			*
	CAS02	Claim Adjustment Reason Code	ID	1/5	1034	R	1 = Other Insurance Deductible
		Element Separator	AN	1			*
	CAS03	Monetary Amount	R	1/18	782	R	<Other Insurance Deductible Amount>
		Element Separator	AN	1			*
	CAS04	Quantity	R	1/15	380	S	
		Element Separator	AN	1			*
	CAS05	Claim Adjustment Reason Code	ID	1/5	1034	S	2 = Other Insurance Coinsurance
		Element Separator	AN	1			*
	CAS06	Monetary Amount	R	1/18	782	S	<Other Insurance Coinsurance Amount>

Loop	Segment ID	Segment Name/ Data Element Name	Format	Length	DE Ref #	Req Des.	Value
		Element Separator	AN	1			*
	CAS07	Quantity	R	1/15	380	S	
		Element Separator	AN	1			*
	CAS08	Claim Adjustment Reason Code	ID	1/5	1034	S	A2 = Other Insurance Contractual Adjustment
		Element Separator	AN	1			*
	CAS09	Monetary Amount	R	1/18	782	S	<Contractual Adjustment Amount>
		Element Separator	AN	1			*
	CAS10	Quantity	R	1/15	380	S	
		Segment End	B	1			~
TRAILER	SE	Transaction Set Trailer	ID	2		R	SE
		Element Separator	AN	1			*
	SE01	Number of Included Segments	N0	1/10	96	R	
		Element Separator	AN	1			*
	SE02	Transaction Set Control Number	AN	4/9	329	R	
		Segment End	B	1			~
	GE	Functional Group Trailer	ID	2		R	GE

Loop	Segment ID	Segment Name/ Data Element Name	Format	Length	DE Ref #	Req Des.	Value
		Element Separator	AN	1			*
	GE01	Number of Transaction Sets Included	N0	1/6	97	R	
		Element Separator	AN	1			*
	GE02	Group Control Number	N0	1/9	28	R	
		Segment End	B	1			~
	IEA	Interchange Control Number	ID	3		R	IEA
		Element Separator	AN	1			*
	IEA01	Number of Included Functional Groups	N0	1/5	I16	R	
		Element Separator	AN	1			*
	IEA02	Interchange Control Number	N0	9	I12	R	<Must be identical to the value in ISA13>
		Segment End	B	1			~

3. HIPAA Responses and Acknowledgements

HIPAA responses and acknowledgements are available for download via HealthPAS Online for a period of two years from the original creation date.

3.1 835 Health Care Claim Payment/Advice

The 835 Health Care Claim Payment/Advice returned will adhere to the HIPAA version 4010A1 Implementation Guide. Please refer to the Implementation Guide for further information.

3.2 Retrieving Acknowledgements for X12 transactions uploaded via HealthPAS Online

Acknowledgments and Responses to transactions submitted via HealthPAS Online can be accessed by selecting Download / Responses under the File Exchange menu. Acknowledgement for the most recently submitted transactions are automatically displayed in the list for download. Each can be viewed separately by clicking on the appropriate hyperlink or all acknowledgements for a transaction can be downloaded at once by using the Download All button. Older acknowledgements and responses can be located by using the Search button – see example below..

3.3 Acknowledgements generated by X12 HIPAA validation

3.3.1 TA1 Interchange Acknowledgement

The TA1 interchange acknowledgement is used to verify the syntactical accuracy of the envelope of the X12 interchange. The TA1 interchange will indicate that the file was successfully received; as well as indicate what errors existed within the envelope segments of the received X12 file.

The structure of a TA1 interchange acknowledgement depends on the structure of the envelope of the original EDI document. When the envelope of the EDI document does not contain an error then the interchange acknowledgement will contain the ISA, TA1, and IEA segments. The TA1 segment will have an Interchange Acknowledgement Code of ‘A’ (Accepted) followed by a three digit code of ‘000’ which indicates that there were not any errors.

If the EDI document contains an error at the interchange level, such as in the Interchange Control Header (ISA) segment or the Interchange control trailer (IEA), then the interchange acknowledgement will also only contain the ISA, TA1, and IEA segments. The TA1 segment will have an Interchange Acknowledgement Code of 'R' (Rejected) which will be followed by a three-digit number that corresponds to one of the following codes:

Code	Description
000	No error
001	The Interchange Control Number in the Header and Trailer Do Not Match. The Value From the Header is Used in the Acknowledgment
002	This Standard as Noted in the Control Standards Identifier is Not Supported
003	This Version of the Controls is Not Supported
005	Invalid Interchange ID Qualifier for Sender
006	Invalid Interchange Sender ID
009	Unknown Interchange Receiver ID
012	Invalid Security Information Qualifier Value
013	Invalid Security Information Value
018	Invalid Interchange Control Number Value
019	Invalid Acknowledgment Requested Value
020	Invalid Test Indicator Value
021	Invalid Number of Included Groups Value
023	Improper (Premature) End-of-File (Transmission)
024	Invalid Interchange Content (e.g., Invalid GS Segment)
025	Duplicate Interchange Control Number

For additional information regarding the TA1 Interchange Acknowledgement, please reference the Acknowledgements Section of the 4010A1 Implementation Guide.

3.3.2 997 Functional Acknowledgement

The purpose of the 997 transaction is to acknowledge the receipt of and status of each transaction set in an EDI transaction. One 997 is generated for every functional group received in the transmission. The acknowledgement can be either positive or negative. If the functional group in a submission is HIPAA compliant, then the submitter will receive a positive 997 indicating acceptance for processing. It does not reflect if the transaction will be successfully processed. It is simply a notification of successful receipt.

Each segment in a 997 functional acknowledgement plays a specific role in the transaction. For example, the AK1 segment starts the acknowledgement of a functional group. Each AKx segment has a separate set of associated error codes.

The 997 functional acknowledgement includes but is not limited to, the following required segments:

- ST segment—Transaction Set Header
- AK1 segment—Functional Group Response Header, used to respond to functional group header and start the transaction.
- AK5 segment—Transaction Set Response Trailer, used to acknowledge acceptance or rejection and report errors in a transaction set
- AK9 segment—Functional Group Response Trailer, used to acknowledge acceptance or rejection of a functional group and report the number of included transaction sets from the original trailer, the accepted sets, and the received sets in this functional group.
- SE segment—Transaction Set Trailer.

The possible AK501 values produced by the Unisys HealthPAS solution during HIPAA validation are:

- A – Accepted
- E – Accepted but errors were noted
- R - Rejected

The possible AK901 values produced by the Unisys HealthPAS solution during HIPAA validation are:

- A – Accepted
- E – Accepted but errors were noted
- P - Partially accepted, at least one transaction set was rejected
- R - Rejected

For additional information regarding the 997 Functional Acknowledgement, please reference the Acknowledgements Section of the 4010A1 Implementation Guide.

3.3.3 824 Application Advice

This transaction is not mandated by HIPAA, but will be used to report the results of data content edits of transaction sets. It is designed to report rejections based on business rules such as; invalid diagnosis codes, invalid procedure codes, and invalid provider numbers. The 824 Application Advice does not replace the 997 or TA1 transactions and will only be generated by Health PAS if there are errors within the transaction set.

The 824 acknowledgment is divided into two levels of segments; header and detail.

- The header level contains general information, such as the transaction set control reference number of the previously sent transaction, date, time, submitter, and receiver.
- The detail level reports the results of an application system's data content edits.

The 824 Application Advice includes but is not limited to following segments and their roles:

Header Segments:

- ST segment—Transaction Set Header
- BGN segment—Beginning Segment
- N1 segment—Submitter Name
- N1 segment—Receiver Name

Detail Segments:

- OTI segment—Original Transaction Identification
- TED segment—Error or Informational Message Location
- RED segment—Error or Informational Message
- SE segment—Transaction Set Trailer

The HealthPAS Application output the following errors in the TED segment of the 824 Application Advice:

Code TED01	Description TED02
O	Missing or Invalid Issuer Identification
P	Missing or Invalid Item Quantity
Q	Missing or Invalid Item Identification
U	Missing or Unauthorized Transaction Type Code
006	Duplicate
007	Missing Data
008	Out of Range
009	Invalid Date
010	Total Out of Balance
011	Not Matching
012	Invalid Combination
024	Other Unlisted Reason
027	Customer Identification Number Does not Exist
815	Duplicate Batch
848	Incorrect Data
DTE	Incorrect Date

Code TED01	Description TED02
DUP	Duplicate Transaction
ICA	Invalid Claim Amount
IID	Invalid Identification Code
NAU	Not Authorized
UCN	Unknown Claim Number

3.3.4 Business Rejection Report

HealthPAS also produces a Human Readable version of the 824 called the Business Rejection Report (BRR). This report helps to facilitate the immediate correction and resubmission of transactions rejected during HIPAA validation. See example below.

File Information:

Sender ID:	IDTPID000003	**Transaction Type:**	004010X096A1
Receiver ID:	ID_MMIS_4UNISYS	**Usage Indicator:**	T
Date / Time:	090709 / 1309	**Transaction Control Number:**	190000007

Claim Information:

Billing Provider:	ACUTE CARE HOSPITAL	**Claim Number:**	A13
Billing Provider Qualifier, ID:	XX, 1447352836	**Service Date:**	20090208-20090208
Billing Provider Secondary Qualifier, ID:	n/a	**Claim Charges:**	2500
Subscriber:	ESTELLE, HEADS	**Transaction Set:**	10006
Subscriber Qualifier, ID:	MI, 557854791M		

Transaction Error(s):

Error Number:	1
Error ID:	0x3939339
Error Summary:	Revenue Code is invalid.
Error Message:	Value of element SV201 is incorrect. Expected value is from external code list - NUBC Revenue Code (132). Segment SV2 is defined in the guideline at position 375.
Data in Error:	300
Error Location:	This error was detected at: Segment Count: 37 Element Count: 1 Character: 996 through 999

Error Number:	2
Error ID:	0x3939612
Error Summary:	HCPCS Procedure Code is invalid in Institutional Service Line.
Error Message:	Value of sub-element SV202-02 is incorrect. Expected value is from external code list - HCPCS Code (130) when SV202-01='HC'. Segment SV2 is defined in the guideline at position 375.
Data in Error:	1500
Error Location:	This error was detected at: Segment Count: 37 Composite Count: 2 Sub-Element Count: 2 Character: 1003 through 1007