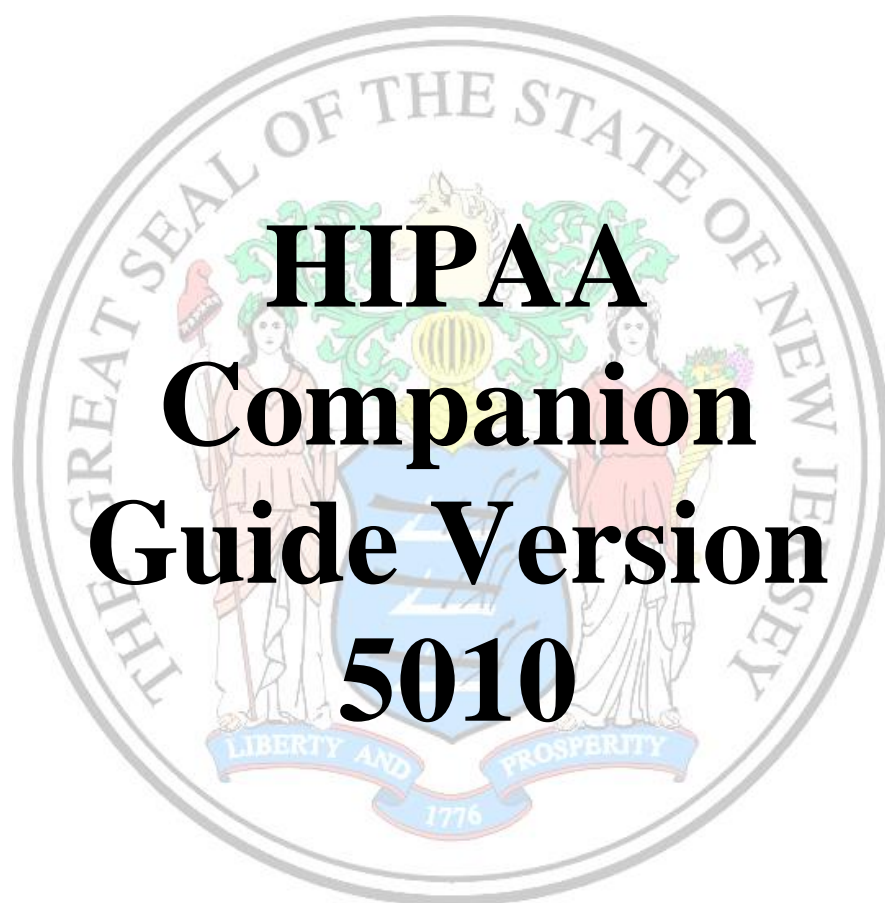


New Jersey Medicaid



HIPAA Companion Guide Version 5010

276/277 Health Care Claim Status Request and Response

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Section 1 Introduction

1.1 Scope

The purpose of this manual is to provide information necessary to submit 276 Health Care Claim Status Requests to New Jersey Medicaid electronically and to receive back 277 Health Care Claim Status Responses. This manual is to be used in conjunction with the HIPAA ASC X12 Standards for Electronic Data Interchange Technical Reports Type 3 (TR3s) implementation guides. The HIPAA TR3s can be obtained exclusively from the Washington Publishing Company and are available for download from their website at www.wpc-edi.com or by calling 425-562-2245. The HIPAA TR3s provide the majority of the HIPAA transaction and code set requirements, compared to the New Jersey Medicaid Companion Guide, which only provides the supplemental requirements specific to New Jersey Medicaid, as permitted within the structure of the HIPAA transaction sets. All providers who submit transactions electronically to New Jersey Medicaid must adhere to the HIPAA TR3s and the New Jersey Medicaid Companion Guide requirements.

The HIPAA Companion Guide is revised and published as needed. Updates that become necessary between these times will be published in the 276/277 Health Care Claim Status Request and Response Technical Update on an as-needed basis.

The associated Technical Update is used in conjunction with the last published Companion Guide or Payer Sheet until the next replacement Companion Guide or Payer Sheet is published. The Technical Updates contain all updates (and effective dates of those updates) to be made to the Companion Guide or Payer Sheet up until the publication on the website. At that time, all previous updates incorporated in the associated Technical Update will be refreshed and dated for the next publication.

All questions regarding New Jersey Medicaid's non-drug implementation schedule should be directed to the New Jersey Medicaid HIPAA Coordinator for transaction sets:

Robert Brookwell
New Jersey Medicaid
P.O. Box 712
Trenton, NJ 08625-0712
Phone: 609-631-6615
Email: robert.brookwell@dhs.nj.gov

All technical questions regarding the transaction sets should be directed to the Gainwell Technologies EDI Unit at 609-588-6051 or email at njmmisedi@gainwelltechnologies.com.

All other provider comments, suggestions, and/or questions regarding the Companion Guide and its contents should be directed to:

Gainwell Technologies
Attn: EDI Unit
P.O. Box 4804
Trenton, NJ 08650-4804
Phone: 609-588-6051

1.2 Overview

This Companion Guide deals with the HIPAA 5010 Version transaction set ASC X12 276/277 (X212) for Claim Status Request and Response. The 276 and 277 Transactions are used in tandem: the 276 Transaction is used to inquire about the current status of a specified claim or claims, and the 277 Transaction in response to that inquiry. Only Submitters affiliated with the billing providers on the claim service dates may receive a claim status transactions.

The information in this guide clarifies NJ Medicaid business and processing rules that are relevant to the implementation of the 276 and 277 Transactions, version 5010 (as defined by the 276/277 Technical Report 3 [TR3]). The information contained here does not contradict or repeat the information available to the reader through the TR3 implementation guide for the 276-277 transactions. The chapter delivers NJ Medicaid-specific information about the handling of these transactions.

1.3 References

The following is a list of government agencies, industry leaders, and transaction and code set standards organizations associated with HIPAA. Although this is not an exhaustive list, each entity plays an integral role in the success of HIPAA and collectively, represents a wealth of information that could not otherwise be included in our Companion Guide.

Accredited Standards Committee (ASC X12)
ASC X12 develops and maintains standards for inter-industry electronic interchange of business transactions. http://www.x12.org/
Centers for Medicare and Medicaid Services (CMS)
<p>This site is the resource for information related to the Healthcare Common Procedure Coding System (HCPCS). http://www.cms.hhs.gov/HCPCSReleaseCodeSets/</p> <p>This site is the resource for Medicaid HIPAA information related to the Administrative Simplification provision. http://www.cms.gov/ElectronicBillingEDITrans/04_Administrative%20Simplification%20Compliance%20Act%20Enforcement%20Reviews.asp</p>
Health Level Seven (HL7)
HL7 is one of several ANSI accredited Standards Development Organizations (SDO) and is responsible for clinical and administrative data standards. http://www.hl7.org/
Washington Publishing Company (WPC)
WPC is a resource for HIPAA required transaction implementation guides and code sets http://www.wpc-edi.com/
Workgroup for Electronic Data Interchange (WEDI)
A workgroup dedicated to improving healthcare through electronic commerce, which includes the Strategic National Implementation Process (SNIP) for complying with the administrative simplification provisions of HIPAA. http://www.wedi.org

Section 2 HIPAA Testing and Certification

New Jersey Medicaid will require each prospective electronic data interchange (EDI) submitter to be certified and approved before HIPAA transactions will be processed in production. The Workgroup for Electronic Data Interchange (WEDI), through a collaborative healthcare industry effort called the Strategic National Implementation Process (SNIP), has recommended 6 types of transaction testing:

1. Integrity Testing: Testing of the EDI file for valid segments, segment order, element attributes, testing for numeric values in numeric data elements, validation of X12 syntax, and compliance with X12 rules. This will validate the basic level integrity of the EDI submission.
2. Requirement Testing: Testing for HIPAA Implementation Guide-specific syntax requirements, such as repeat counts, used and not used codes, elements, and segments, required or intra-segment situational data elements. Testing for non-medical code sets as laid out in the implementation guide. Values noted in the implementation guide via an X12 code list or table.
3. Balance Testing: Testing the transaction for balanced field totals, financial balancing of claims or remittance advice, and balancing of summary fields, if appropriate
4. Situational Testing: Testing of specific inter-segment situations described in the HIPAA Implementation Guide, including the validation of situational fields based on rules present in the Implementation Guide for loops, segments, and data elements. For example, if data element A is valued then data element B must also be valued.
5. External Code Set Testing: Testing for valid Implementation Guide-specific code set values. This level will not only validate the code sets but also make sure the usage is appropriate for any particular transaction.
6. Specialty of Line of Business Testing: Testing to ensure that the segments and data elements required for certain healthcare services are present and correctly formatted according to the Implementation Guide.

New Jersey Medicaid will require each prospective EDI Submitter to certify their capability to produce 276 transactions for all levels of the transaction testing types. This certification must be obtained from a third-party vendor (a list of vendors is provided later in this section).

The State of New Jersey **requires Level 3** Certification or Higher for 5010 276 Claim Status Request transactions, showing that the software program being used, meets current standards for 5010. In the case of **LEVEL 3** or higher, the certification will include the actual 5010 nomenclature with current version (name) for the type of file processed and will include the name and/or address of the party requesting the certification as well. The Generic Certification is **Not Acceptable** for certification purposes for the State of New Jersey, as it does not indicate if the type of transaction file processed is the current 5010 version, nor does it indicate name of party having the software certified, nor information on the file that was processed for certification.

The State of New Jersey is requiring that you have the file certified to **Level 3 or Higher** by a Third Party such as Edifecs, Optum or other Certification Companies, as the State of New Jersey is not going to certify software, nor will the State issue any type of waiver for the software with regards to the certification. You must shop around and check out the cost of other companies certifying the software for **Level 3** compliance.

Proof of certification in another State at level 3 or higher is acceptable if it is for the same software level/revision.

As of the publication of this document, New Jersey Medicaid is aware of the following vendors that offer HIPAA certification services:

Company	Internet Address	Phone	Email Address
Optum	https://www.optum.com/contact-us/technical-support.html	(866) 678-8646 ext. 1866, option 2	insight@optum.com
Edifecs	www.edifecs.com	(425) 435-2000	info@edifecs.com

A submitter is not limited to these vendors in order to obtain the required certification. However, a submitter must be careful to select a vendor that offers a certification service, and not select a vendor that is limited to testing and validation services only.

Section 3 Acknowledgements and/or Reports

When a compliant 276 Claim Status Inquiry is received, only the confirmation that is returned is a valid 277 Response. Non-compliant 276 inquiries for envelop data issues will send back a negative TA1. Other data related errors will send back a negative 999.

Non-compliant 276 Inquiries receive either a negative TA1 or a negative 999, depending on where in the X12 the error occurred.

New Jersey Medicaid will be using IBM's Integrated Transformation Extender (ITX) as our translator for HIPAA transactions submitted.

Section 4 Connectivity With The Payer/Communications

4.1 Connectivity Transmission Options

Connectivity Mode	Medium	File Format	CAQH/Core Certified
SOAP + WSDL	Secure Web Service	X12 Realtime	X
HTTP + MIME	Secure Web Service	X12 Realtime	X

For Web Submission:

Gainwell Technologies will support the two envelope standards outlined in CAQH/CORE rule 276 – HTTP+MIME and SOAP+WSDL - for X12 276 Claim Status Inquiry Transactions submitted over the Web. Real time 276 requests are limited to one inquiry, per beneficiary, per transaction. For more details on CAQH/CORE Rules 159 and 276, or other operating rules, please visit <http://www.caqh.org>.

4.2 SOAP Connectivity Information

SOAP (Simple Object Access Protocol) messages must conform to standards set forth by the WEB Services Description Language (WSDL) for XML envelope formatting, submission, and retrieval. Submissions of 276 Claim Status inquiry transactions using the SOAP+WSDL request should be made to:

For Test: <https://test276claim.njmmis.com/>

For Production: <https://276claim.njmmis.com/>

The XML schema definition can be found at:

<http://www.caqh.org/SOAP/WSDL/CORERule2.2.0.xsd>

The WSDL definitions can be found at:

<http://www.caqh.org/SOAP/WSDL/CORERule2.2.0.wsdl>

All payloads must be embedded using the inline method (CDATA element) for real-time SOAP transactions. All SOAP transactions must conform to SOAP version 1.2. Below is an example of a SOAP submission. The HTTP header is shown in blue. The WS-Security Username and Password token (shown in a pink background) is added to the SOAP header by the platform on which SOAP is run. The SOAP platform's Web-Services Security Extensions may be configured to add these tokens. The portion of the SOAP envelope shaded in green has the remaining Metadata that is defined as part of CORE connectivity rule.

```
POST https://test276claim.njmmis.com/wcfCAQHCORE276Service.svc HTTP/1.1
Accept-Encoding: gzip,deflate
Content-Type: application/soap+xml; charset=UTF-8; action="RealTimeTransaction"
Content-Length: 2140
Host: test276claim.njmmis.com
Connection: Keep-Alive
User-Agent: Apache-HttpClient/4.5.5 (Java/16.0.1)
```

```
<soap:Envelope xmlns:soap="http://www.w3.org/2003/05/soap-envelope"
xmlns:cor="http://www.caqh.org/SOAP/WSDL/CORERule2.2.0.xsd">
<soap:Header>
<wsse:Security soap:mustUnderstand="true" xmlns:wsse="http://docs.oasis-open.org/wss/2004/01/oasis-200401-wss-wssecurity-
secext-1.0.xsd" xmlns:wsu="http://docs.oasis-open.org/wss/2004/01/oasis-200401-wss-wssecurity-utility-1.0.xsd">
<wsse:UsernameToken wsu:Id="UsernameToken-e8095b68a89642a99b1bd334754a18ca">
```

```
<wsse:Username>Replace with Login UserID</wsse:Username>
<wsse:Password Type=http://docs.oasis-open.org/wss/2004/01/oasis-200401-wss-username-token-profile-
1.0#PasswordText>Replace With Password</wsse:Password>
</wsse:UsernameToken>
</wsse:Security>
</soap:Header>

<soap:Body>
  <cor:COREEnvelopeRealTimeRequest>
    <PayloadType>X12_276_Request_005010X212</PayloadType>
    <ProcessingMode>RealTime</ProcessingMode>
    <PayloadID>Unique GUID ID</PayloadID>
    <TimeStamp>Date with Time stamp</TimeStamp>
    <SenderID>Put 7 digits Submitter ID</SenderID>
    <ReceiverID>610515</ReceiverID>
    <CORERuleVersion>2.2.0</CORERuleVersion>
    <Payload>276 Payload goes here.</Payload>
  </cor:COREEnvelopeRealTimeRequest>
</soap:Body>
</s:Envelope>
```

The username and password will be supplied to you by Gainwell Technologies. Valid values for the Metadata are the same as for the MIME submission.

Below is an example of a SOAP response:

```
HTTP/1.1 200 OK
Cache-Control: private
Content-Type: application/soap+xml; charset=utf-8
Server: Microsoft-IIS/10.0
Set-Cookie: ASP.NET_SessionId=535e5upjs30oc00wvcj1livj; path=/; HttpOnly; SameSite=Lax
X-AspNet-Version: 4.0.30319
X-Powered-By: ASP.NET
Date: Fri, 29 Sep 2023 14:50:21 GMT
Content-Length: 1564
```

```
<s:Envelope xmlns:s="http://www.w3.org/2003/05/soap-envelope" xmlns:a="http://www.w3.org/2005/08/addressing"
xmlns:u="http://docs.oasis-open.org/wss/2004/01/oasis-200401-wss-wssecurity-utility-1.0.xsd">
  <s:Header>
    <a:Action
s:mustUnderstand="1">NJMMIS.ServiceModel.CaqhCore276/ICORETransactions/RealTimeTransactionResponse</a:Action>
    <o:Security s:mustUnderstand="1" xmlns:o=http://docs.oasis-open.org/wss/2004/01/oasis-200401-wss-wssecurity-secext-
1.0.xsd>
      <u:Timestamp u:Id="_0">
        <u:Created>2023-09-29T14:50:21.422Z</u:Created>
        <u:Expires>2023-09-29T14:55:21.422Z</u:Expires>
      </u:Timestamp>
    </o:Security>
  </s:Header>

  <s:Body xmlns:xsi=http://www.w3.org/2001/XMLSchema-instance xmlns:xsd=http://www.w3.org/2001/XMLSchema>
    <COREEnvelopeRealTimeResponse xmlns=http://www.caqh.org/SOAP/WSDL/CORERule2.2.0.xsd>
      <PayloadType xmlns="">X12_277_Response_005010X212</PayloadType>
      <ProcessingMode xmlns="">RealTime</ProcessingMode>
      <PayloadID xmlns="">3c8eb2b2-95c8-462e-ab82-71e279fe124f</PayloadID>
      <TimeStamp xmlns="">9/29/2023 10:50:21 AM</TimeStamp>
```

```
<SenderID xmlns="">610515</SenderID>
<ReceiverID xmlns="">9902121</ReceiverID>
<CORERuleVersion xmlns="">2.2.0</CORERuleVersion>
<Payload xmlns=""> 277 Response Goes Here </Payload>
<ErrorCode xmlns="">Success</ErrorCode>
<ErrorMessage xmlns=""/>
</COREEnvelopeRealTimeResponse>
</s:Body>
```

</s:Envelope>

There are three levels of error validation done on either a MIME or SOAP request:

- 1) HTTP - Errors with connectivity, authorization, etc., will be reported at this level.
 - HTTP 200 OK – no errors
 - HTTP 400 Bad Request – error with HTTP header
 - HTTP 401 Unauthorized – username/password invalid
 - HTTP 500 Internal Server error – unexpected error during processing
- 2) Errors regarding structure or data in the MIME or SOAP body will be reported at this level.
 - Success – no errors
 - PayloadTypeRequired – The field PayloadType is required but was not provided
 - PayloadTypeIllegal – illegal value provided for PayloadType. Received {sent value} Expecting X12_276_Request_005010X212
 - ProcessingModeIllegal – Illegal value provided for ProcessingMode. Received {sent value} Expecting RealTime
 - ProcessingModeRequired – The field ProcessingMode is required but was not provided
 - PayloadIDRequired – The field PayloadID is required but was not provided
 - TimeStampRequired – The field TimeStamp is required but was not provided
 - UserNameRequired – missing UserName THIS IS ONLY FOR MIME
 - PasswordRequired – missing Password THIS IS ONLY FOR MIME
 - PayloadRequired – missing Payload
 - SenderIDRequired – The field SenderID is required but was not provided
 - SenderIDIllegal – Illegal value provided for SenderID. Received {sent value}
 - ReceiverIDRequired – missing ReceiverID
 - ReceiverIDIllegal – Illegal value provided for ReceiverID. Received {sent value} Expecting 610515
 - CORERuleVersionRequired – The field CORERuleVersion is required but was not provided
 - VersionMismatch – Illegal value provided for CORERuleVersion. Received {sent value} Expecting 2.2.0
 - Unauthorized – UserName/Password was not found THIS IS ONLY FOR MIME
 - SOAP FAULT – Unknown Username or Password THIS IS ONLY FOR SOAP
- 3) Application errors.
 - Errors at this level will be returned as they normally are within the payload of the 277 response.
 - If passed PayloadType is not valid, 276 service will return Invalid PayloadType message.
 - If passed ProcessingMode is not valid, 276 service will return Invalid ProcessingMode message.
 - If passed SenderID is not valid, 276 service will return Invalid Submitter message.
 - If passed CORERuleVersion is not valid, 276 service will return Invalid CORERuleVersion message.

4.3 MIME Connectivity Information

For MIME (Multipurpose Internet Message Extensions) messages, the format used must be that of multipart/form-data. X12 277 Responses will also be returned as multipart/form-data.

Submissions of 276 Claim Status inquiry transactions using an HTTPS MIME multipart request should be made to:

For Test : <https://test276claim.njmmis.com/wcfCAQHCore276Service.svc/MIME/Upload>

For Production: <https://276claim.njmmis.com/wcfCAQHCore276Service.svc/MIME/Upload>

Below is an example of an HTTP MIME Multipart submission. The HTTP header is shaded in blue. The remainder of the request (shaded in light grey) is the body of the MIME message.

NOTES: the spacing between 'name =' and the data value is important and must be accounted for with CRLF. The boundary value shown is for example purposes only.

```
POST /MIME/Upload HTTP/1.1
Host: 276claim.njmmis.com
Content-Length: 2408
Content-Type: multipart/form-data; boundary=XbCY
```

```
--XbCY
Content-Disposition: form-data; name="PayloadType"
```

```
X12_276_Request_005010X212
--XbCY
Content-Disposition: form-data; name="ProcessingMode"
```

```
RealTime
--XbCY
Content-Disposition: form-data; name="PayloadID"
e51d4fae-7dec-11d0-a765-00a0c91e6da6
--XbCY
Content-Disposition: form-data; name="TimeStamp"
```

```
2007-08-30T10:20:34Z
--XbCY
Content-Disposition: form-data; name="UserName"
```

```
hospa
--XbCY
Content-Disposition: form-data; name="Password"
```

```
8y6dt3dd2
--XbCY
Content-Disposition: form-data; name="SenderId"
```

```
HospitalA
--XbCY
Content-Disposition: form-data; name="ReceiverID"
PayerB
--XbCY
Content-Disposition: form-data; name="CORERuleVersion"
```

2.2.0

--XbCY

Content-Disposition: form-data; name="Payload"; filename="name.dat"

Content-Type: application/octet-stream

<contents of 276 file go here **as an attachment**>

--XbCY--

The valid values for the MIME body elements are as follows:

- PayloadType – X12_276_Request_005010X212
- ProcessingMode – RealTime
- PayloadID – Should conform to ISO UUID standards (described at <ftp://ftp.rfceditor.org/in-notes/rfc4122.txt>), with hexadecimal notation, generated using a combination of local timestamp (in milliseconds) as well as the hardware (MAC) address35, to ensure uniqueness.
- Timestamp – In the form of YYYY-MM-DDTHH:MM:SSZ; see <http://www.w3.org/TR/xmlschema11-2/#dateTime>
- UserName – Will be supplied to you by Gainwell Technologies
- Password – Will be supplied to you by Gainwell Technologies
- SenderID – This will match your 7-digit Submitter ID as assigned to you by Gainwell Technologies, and normally valued in ISA06 of the 276 transaction. On The return of the 277 response, Gainwell Technologies will value '610515'.
- ReceiverID – Please enter '610515' as normally valued on ISA08 of the 276 transaction. On the return of the 277 response, Gainwell Technologies will value with your three-character vendor ID which was sent in the Sender ID field with the 276 transaction.
- CORERuleVersion – 2.2.0

Below is an example of an HTTP MIME Multipart response:

HTTP/1.1 200 OK

Content-Length: 2408

Content-Type: multipart/form-data; boundary=XbCY

--XbCY

Content-Disposition: form-data; name="PayloadType"

X12_277_Response_005010X212

--XbCY

Content-Disposition: form-data; name="ProcessingMode"

RealTime

--XbCY

Content-Disposition: form-data; name="PayloadID"

f81d4fae-7dec-11d0-a765-00a0c91e6da6

--XbCY

Content-Disposition: form-data; name="Timestamp"

2007-08-30T10:20:34Z

--XbCY

Content-Disposition: form-data; name="SenderID"

PayerB

--XbCY

Content-Disposition: form-data; name="ReceiverID"

HospitalA

--XbCY

Content-Disposition: form-data; name="CORERuleVersion"

2.2.0

```
--XbCY
Content-Disposition: form-data; name="ErrorCode"
Success
--XbCY
Content-Disposition: form-data; name="ErrorMessage"
None
--XbCY
Content-Disposition: form-data; name="Payload"
<contents of 277 file go here as an attachment >
```

4.4 Frequency of Data Exchange

Real time processing typically takes no more than 20 seconds. If a response is not returned within 60 seconds, the connection is terminated.

Section 5 Electronic Media Specifications

Only one ISA must be contained within a transaction. EDI submissions may include requests for one Medicaid recipient or subscriber, and one billing or servicing provider. Transactions are limited to request status on claims that were submitted in the last 90 days. Multiple interchanges may be sent daily; however, an EDI Submitter is NOT to exceed more than 999 interchanges in a day (from the period of midnight to midnight).

5.1 EDI Submission Verification

TA1 Interchange Acknowledgements will be available to the EDI Submitter upon completion of validation of envelope information. Only TA1 failures will be returned.

Only one Acknowledgement will be sent –

- 999 Implementation Acknowledgements will be sent as a response if data validation fails otherwise ---
- 277 will be sent.

The GS06/GE02 - Group Control Number from the incoming 276 is returned in the outgoing 999. It is expected that only one GS segment will be in an interchange. We suggest that the GS06/GE02 - Group Control Number be the same as the ISA13/IEA02 – Interchange Control Number. When a non-unique value is entered as the GS06/GE02- Group Control Number, it is impossible to reconcile.

- Each ISA/IEA Interchange Control Number is unique for each Interchange included within the file.

5.2 EDI Submission Deadlines

All EDI Transactions submissions are operational 24/7 except during maintenance window on Thursdays 8:00 pm to 4:00 am(Friday) or Saturdays 8:00 pm to 4:00 am (Sunday).

Section 6 Trading Partner Agreements

All New Jersey Medicaid and Charity Care Submitters desiring to submit HIPAA formatted electronic 276/277 Claims Status Request and Response Interchanges must complete a HIPAA 276/277 Claims Status Request And Response EDI Agreement as required by HIPAA guidelines. The New Jersey HIPAA 276/277 Claims Status Request and Response EDI Agreement and instructions for its completion are provided later in this section. The EDI Agreement and HIPAA certification must be prior approved and on file with Gainwell Technologies before HIPAA formatted 276/277 claims status request and response interchanges may be submitted electronically. Gainwell Technologies will notify the EDI Submitter of New Jersey Medicaid's approval for the submission of 276/277 Claims Status Request And Response Interchanges.

- A new agreement must be completed when a provider or billing service changes ownership or name of the company and a new HIPAA Certification is also required to be provided.
- It is the responsibility of each submitter to notify the EDI UNIT if there is a change in address, contact information or email address. Please use the **EDI SUBMITTER UPDATE Form (Form EDI-301)**

All New Jersey Medicaid EDI Agreements **MUST** be submitted to Gainwell Technologies with **ORIGINAL** signatures. Facsimile copies of agreements will **NOT** be accepted nor will **electronically signed** agreements. If the agreement is not properly completed, Gainwell Technologies will reject it.

6.1 HIPAA 276/277 Claims Status Request And Response EDI Agreement; (Form EDI – 276) Instructions**WHO SHOULD COMPLETE THIS AGREEMENT?**

The 276/277 Claims Status Request and Response EDI Agreement is to be completed by the already established Submitter of 837 Institutional, Profession or Dental claims. Existing NJ Medicaid Submitters submitting claims on the Provider's behalf or by the Provider submitting claims on their own behalf. When completing this form, the Submitter is to include the Submitter ID currently assigned to them and must be accompanied by a HIPAA Certification indicating proof of X12 Standards interchange compliance.

SECTION 1: SUBMITTER INFORMATION

For the ☐ **MEDICAID**, or ☐ **CHARITY CARE** check boxes located at the top of the form, indicate the Provider Type for which you will be submitting 276/277 Claims Status Request and Response transactions for. Check **one** box only. A separate EDI Agreement is required for each provider type (Medicaid or Charity Care) you will be electronically submitting claim status requests and responses for.

1. **Submitter ID:** Enter the Submitter ID as assigned by Gainwell Technologies.
2. **Submitter Name:** Enter the name of the Provider or Clearing House/Billing Service Submitter as registered with New Jersey Medicaid/Gainwell Technologies.
3. **Submitter Address:** Enter the physical street address of the Provider or Clearing House/Billing Service Submitter. This **MUST** be a physical address. If a P. O. Box is entered in this area, the document will be rejected and returned for correction.
4. **City, State, Zip Code:** Enter the city, state and zip code. This **MUST** be part of the physical address.
5. **Submitter Representative's Signature:** This **MUST** be an original signature of the Provider or Clearing House/Billing Service Submitter. THIS MAY NOT BE STAMPED or an ELECTRONIC SIGNATURE. This person should have liability authority of the business.
6. **Date:** Date signature was placed on this form.
7. **Submitter Representative's Name:** PLEASE PRINT CLEARLY and LEGIBLY the person's name who signed this form.
8. **Contact Person:** Enter the name of the primary contact person provided to Gainwell in the event.
9. **Phone/Ext:** Enter the phone number along with the extension of a person from your company in the event Gainwell Technologies needs to contact someone.
10. **Email Address:** Enter the email address. **PLEASE PRINT CLEARLY.** This should be a business email address. This email address used to communicate technical problems concerning 835 processing.

SECTION 2: HIPAA TRANSACTION SET & CERTIFICATION

11. **Transaction Set:** Indicates the Transaction Set to be submitted.
12. **Certification Vendor Name:** Enter the name of the organization certifying your ability to produce version 5010 276/277 transaction sets to Level 3 transaction testing. The HIPAA Certification **MUST** have either the Submitter's company name or the Software Vendor's company name on the certification.

13. **Certification Attached:** Indicate by putting a check mark in the appropriate box indicating whether the HIPAA certification document is attached. Certification must be provided before approval for electronic submission is granted.

Return the completed EDI Agreement to Gainwell Technologies at the following address:

Via U.S. Mail

EDI Unit

Gainwell Technologies

P.O. Box 4804

Trenton, New Jersey 08650 – 4804

Other Carriers

EDI Unit

Gainwell Technologies

3705 Quakerbridge Road, Suite 101

Trenton, New Jersey 08619

6.2 HIPAA 276/277 Claims Status Request And Response EDI Agreement

HIPAA 276/277 Claims Status Request and Response EDI Agreement

☐ MEDICAID

☐ CHARITY CARE

SECTION 1: SUBMITTER INFORMATION

Every Submitter or their designated Clearing House/Billing Service, as a condition for submitting electronic Claims Status Request And Response transactions to New Jersey Medicaid, must complete, sign, and submit this 276/277 Claims Status Request And Response EDI Agreement, and must have on file an approved HIPAA 837 Claims EDI Agreement with the New Jersey Medicaid Program or their designated agent. A submitter is defined as either 1) a third party Clearing House/Billing Service who has entered into a contract with one or more New Jersey Medicaid providers to submit claims to New Jersey Medicaid on behalf of the provider or 2) a New Jersey Medicaid provider that will be submitting their claims directly to New Jersey Medicaid rather than through a third party Clearing House/Billing Service. By signing this agreement you are certifying that the claim transactions you submit will be true, accurate and complete; and agree to keep such records as are necessary to disclose fully the extent of software services provided, and to furnish information for such services as the State agency may request.

All services will be furnished in full compliance with the non-discrimination requirements of Title VI of the Federal Civil Rights Act, Section 504 of the Rehabilitation Act of 1973 and the Standards of Privacy of Individual Identifiable Health Information, the Electronic Transactions Standards and the Security Standards under the Health Insurance Portability and Accountability Act of 1996 as enacted, promulgated and amended from time to time. I understand that payment and satisfaction of all claims will be from Federal and State funds and that any false claims, statements, or documents, or concealment of a material fact, may be prosecuted under applicable Federal or State laws, or both.

1) Submitter ID: _____

2) Submitter Name: _____

3) Submitter Address: _____

4) City, State, Zip Code: _____

5) Submitter Representative's Signature (must be original) _____

6) Date Signed _____

7) Submitter Representative's Name (Please Print Clearly) _____

8) Contact Person: _____ 9) Phone/Ext: () /

10) Email Address: _____
(Please Print Clearly)

NOTICE: Anyone who misrepresents or falsifies essential information requested by these transactions (or in the electronically produced data) may upon conviction be subject to fine and imprisonment under "State and Federal Law"



Medicaid HIPAA Companion Guide

Submitter Name: _____ Submitter ID: _____

SECTION 2: HIPAA TRANSACTION SET & CERTIFICATION

11) Transaction Set

5010	005010X212 – 276/277 Health Care Claim Status Request and Response
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12) Certification Vendor Name: _____

13) Certification Attached: ☐ Yes ☐ No

THERE MUST BE A HIPAA CERTIFICATION – LEVEL III WITH EITHER THE SUBMITTER'S COMPANY NAME OR THE SOFTWARE VENDOR'S COMPANY NAME ON THE CERTIFICATION.

***** PLEASE MAINTAIN A COPY OF THIS DOCUMENT FOR YOUR RECORDS. *****

Return the completed EDI Agreement to Gainwell Technologies at the following address:

Via U.S. Mail
EDI Unit
Gainwell Technologies
P.O. Box 4804
Trenton, New Jersey 08650 – 4804

Other Carriers
EDI Unit
Gainwell Technologies
3705 Quakerbridge Road, Suite 101
Trenton, New Jersey 08619

Section 7 ISA/IEA GS/GE Envelope and Acknowledgement Specifications

7.1 Delimiter Specifications

The following delimiters are required to be used in all 276 5010 electronic data interchanges sent to New Jersey Medicaid.

Character	Name	Delimiter
*	ASTERISK	DATA ELEMENT SEPARATOR
^	CARAT	REPETITION SEPARATOR
:	COLON	SEGMENT SEPARATOR
~	TILDE	SEGMENT TERMINATOR

Please be sure to remove such characters from all data content, as it will be interpreted as a delimiter. **Also, please note that New Jersey Medicaid requires transaction set files WITHOUT nulls or carriage return and line feed characters. (These characters are displayed in Hexadecimal as 09 (null) or 0D 0A (carriage return/line feed). Data interchanges containing these characters will be rejected from processing).**

7.2 ISA/IEA GS/GE Envelope Loops, Segments, and Fields

The following tables outline the HIPAA segment and field specifications for submitting Envelope Transactions to New Jersey Medicaid. The **Usage** column indicates whether the segment or field is required (R), situational (S) or not used (N/U). These are all as defined by the national standard. The **NJ Medicaid Specific Requirement** column indicates when there is a requirement specific to New Jersey Medicaid, which supplements the national standard. No entry in this column indicates the standard is followed. Segments and/or fields, which will be ignored by New Jersey Medicaid, are also indicated in this column.

Loop	Field	Description	Usage	NJ Medicaid Specific Requirement
ISA		INTERCHANGE CONTROL HEADER	R	
	ISA01	Authorization Information Qualifier	R	Enter "00"
	ISA02	Authorization Information	R	"NONE"
	ISA03	Security Information Qualifier	R	Enter "00".
	ISA04	Security Information	R	Enter "NONE" followed by six spaces.
	ISA05	Interchange ID Qualifier	R	Enter "ZZ".
	ISA06	Interchange Sender ID	R	Enter the seven-digit Submitter ID assigned by New Jersey Medicaid followed by eight spaces.
	ISA07	Interchange ID Qualifier	R	Enter "ZZ".
	ISA08	Interchange Receiver ID	R	Enter "610515" followed by nine spaces.
	ISA09	Interchange Date	R	Must be in YYMMDD format
	ISA10	Interchange Time	R	Must be in HHMM format
	ISA11	Repetition Separator	R	Enter a carat "^" for the Repetition Separator value.
	ISA12	Interchange Control Version Number	R	"00501"
	ISA13	Interchange Control Number	R	Because this field is fixed width, any characters entered in this field must be padded with leading zeros. This unique number from the submitted file is used in duplicate interchange checking.
	ISA14	Acknowledgement Requested	R	"0"
	ISA15	Usage Indicator	R	Enter "P" in this field as interchanges sent with a "T" will not be processed nor will they be acknowledged by a 999.
	ISA16	Component Element Separator	R	Enter a colon ":" for the Component Element Separator value.

Loop	Field	Description	Usage	NJ Medicaid Specific Requirement
IEA		INTERCHANGE CONTROL TRAILER	R	
	IEA01	Number of Included Functional Groups	R	
	IEA02	Interchange Control Number	R	Because this field is fixed width, any characters entered in this field must be padded with leading zeros. This unique number from the submitted file is used in duplicate interchange checking.
GS		FUNCTIONAL GROUP HEADER	R	
	GS01	Functional Identifier Code	R	"HR"
	GS02	Application Sender Code	R	Enter the seven-digit Submitter ID assigned by New Jersey Medicaid. Although this is a variable length field and the value entered in this field is comparable to the ISA06 field, enter only what is specified for this field. Do not enter trailing spaces or zero padding in this field.
	GS03	Application Receiver Code	R	Enter "610515". Although this is a variable length field and the value entered in this field is comparable to the ISA08 field, enter only what is specified for this field. Do not enter trailing spaces or zero padding in this field.
	GS04	Date	R	Must be in CCYYMMDD format
	GS05	Time	R	Must be in HHMM format
	GS06	Group Control Number	R	Enter a unique number assigned and maintained by the originator. Group Control Numbers entered in the GS06/GE02 segments must be unique for each interchange submitted by an EDI Submitter for accurate reconciliation of your 999 Implementation Acknowledgements to the corresponding 276 Interchange. It is suggested that the GS06/GE02 - Group Control Number be the same as the ISA13/IEA02 – Interchange Control Number.
	GS07	Responsible Agency Code	R	"X"
	GS08	Version Identifier Code	R	005010X212 – 276 Health Care Claim Status Request 005010X212 – 277 Health Care Information Status Notification
GE		FUNCTIONAL GROUP TRAILER	R	
	GE01	Number of Transaction Sets Included	R	
	GE02	Group Control Number	R	Enter a unique number assigned and maintained by the originator. Group Control Numbers entered in the GS06/GE02 segments must be unique for each interchange submitted by an EDI Submitter for accurate reconciliation of 999 Implementation Acknowledgements to the corresponding 276 Interchange. It is suggested that the GS06/GE02 - Group Control Number be the same as the ISA13/IEA02 – Interchange Control Number.

7.3 TA1 Interchange Acknowledgement Loops, Segments, and Fields

The following tables outline the HIPAA segment and field specifications for receiving TA1 interchange acknowledgement transactions from New Jersey Medicaid. The **Usage** column indicates whether the segment or field is required (R), situational (S) or not used (N/U). These are all as defined by the national standard. The **NJ Medicaid Specific Requirement** column indicates when there is a requirement specific to New Jersey Medicaid, which supplements the national standard. No entry in this column indicates the standard is followed.

Loop	Field	Description	Usage	NJ Medicaid Specific Requirement
TA1		INTERCHANGE ACKNOWLEDGMENT	R	
	TA101	Interchange Control Number	R	This is the Unique Control number from the submitted file. This unique number from the submitted file is used in duplicate interchange checking.
	TA102	Interchange Date	R	Current Date
	TA103	Interchange Time	R	Current Time
	TA104	Interchange Acknowledgment Code	R	
	TA105	Interchange Note Code	R	

7.4 999 Implementation Acknowledgement For Health Care Insurance Loops, Segments, And Fields

The following tables outline the HIPAA segment and field specifications for receiving 999 Implementation Acknowledgement For Health Care Insurance transactions from New Jersey Medicaid. The **Usage** column indicates whether the segment or field is required (R), situational (S), optional (O) or not used (N/U). These are all as defined by the national standard. The **NJ Medicaid Specific Requirement** column indicates when there is a requirement specific to New Jersey Medicaid, which supplements the national standard. No entry in this column indicates the standard is followed.

Loop	Field	Description	Usage	NJ Medicaid Specific Requirement
ST		TRANSACTION SET HEADER	R	
	ST01	Transaction Set Identifier Code	R	
	ST02	Transaction Set Control Number	R	
	ST03	Implementation Convention Reference	R	
AK1		FUNCTIONAL GROUP RESPONSE HEADER	R	
	AK101	Functional Identifier Code	R	
	AK102	Group Control Number	R	
	AK103	Version / Release / Industry Identifier Code	S	
AK2		TRANSACTION SET RESPONSE HEADER	S	
	AK201	Transaction Set Identifier Code	R	
	AK202	Transaction Set Control Number	R	
	AK203	Implementation Convention Reference	S	
IK3		ERROR IDENTIFICATION	S	
	IK301	Segment ID Code	R	
	IK302	Segment Position in Transaction Set	R	
	IK303	Loop Identifier Code	S	
	IK304	Implementation Convention Reference	S	
CTX		SEGMENT CONTEXT	S	
	CTX01	CONTEXT IDENTIFICATION	R	
	CTX01-1	Context Name	R	
	CTX01-2	Context Reference	N/U	
	CTX02	Segment ID Code	S	
	CTX03	Segment Position in Transaction Set	S	
	CTX04	Loop Identifier Code	S	
	CTX05	POSITION IN SEGMENT	S	
	CTX05-1	Element Position in Segment	R	
	CTX05-2	Component Data Element Position in Composite	S	
	CTX05-3	Repeating Data Element Position	S	
	CTX06	REFERENCE IN SEGMENT	S	
	CTX06-1	Data Element Reference Number	R	
	CTX06-2	Data Element Reference Number	N/U	
CTX		BUSINESS UNIT IDENTIFIER	S	
	CTX01	CONTEXT IDENTIFICATION	R	
	CTX01-1	Context Name	R	
	CTX01-2	Context Reference	R	
	CTX02	Segment ID Code	N/U	

Loop	Field	Description	Usage	NJ Medicaid Specific Requirement
CTX	CTX03	Segment Position in Transaction Set	N/U	
	CTX04	Loop Identifier Code	N/U	
	CTX05	POSITION IN SEGMENT	N/U	
	CTX06	REFERENCE IN SEGMENT	N/U	
IK4		IMPLEMENTATION DATA ELEMENT NOTE	S	
	IK401	POSITION IN SEGMENT	R	
	IK401-1	Element Position in Segment	R	
	IK401-2	Component Data Element Position in Composite	S	
	IK401-3	Repeating Data Element Position	S	
	IK402	Data Element Reference Number	S	
	IK403	Implementation Data Element Syntax Error Code	R	
	IK404	Copy of Bad Data Element	S	
CTX		ELEMENT CONTEXT	S	
	CTX01	CONTEXT IDENTIFICATION	R	
	CTX01-1	Context Name	R	
	CTX01-2	Context Reference	N/U	
	CTX02	Segment ID Code	R	
	CTX03	Segment Position in Transaction Set	R	
	CTX04	Loop Identifier Code	S	
	CTX05	POSITION IN SEGMENT	S	
	CTX05-1	Element Position in Segment	R	
	CTX05-2	Component Data Element Position in Composite	S	
	CTX05-3	Repeating Data Element Position	S	
	CTX06	REFERENCE IN SEGMENT	S	
	CTX06-1	Data Element Reference Number	R	
	CTX06-2	Data Element Reference Number	N/U	
IK5		TRANSACTION SET RESPONSE TRAILER	R	
	IK501	Transaction Set Acknowledgment Code	R	
	IK502	Implementation Transaction Set Syntax Error Code	S	
	IK503	Implementation Transaction Set Syntax Error Code	S	
	IK504	Implementation Transaction Set Syntax Error Code	S	
	IK505	Implementation Transaction Set Syntax Error Code	S	
	IK506	Implementation Transaction Set Syntax Error Code	S	
AK9		FUNCTIONAL GROUP RESPONSE TRAILER	R	
	AK901	Functional Group Acknowledgement Code	R	
	AK902	Number of Transaction Sets Included	R	
	AK903	Number of Received Transaction Sets	R	
	AK904	Number of Accepted Transaction Sets	R	

Loop	Field	Description	Usage	NJ Medicaid Specific Requirement
AK9	AK905	Functional Group Syntax Error Code	S	
	AK906	Functional Group Syntax Error Code	S	
	AK907	Functional Group Syntax Error Code	S	
	AK908	Functional Group Syntax Error Code	S	
	AK909	Functional Group Syntax Error Code	S	
SE		TRANSACTION SET TRAILER	R	
	SE01	Number of Included Segments	R	
	SE02	Transaction Set Control Number	R	

Section 8 276 Health Care Claim Status Request Specifications

8.1 Loops, Segments, Fields/NJ Medicaid Specific Requirements

The following tables outline the HIPAA segment and field specifications for submitting 276 Health Care Claim Status Request transactions to New Jersey Medicaid. The **Usage** column indicates whether the segment or field is required (R), situational (S) or not used (N/U). These are all as defined by the national standard. The **NJ Medicaid Specific Requirement** column indicates when there is a requirement specific to New Jersey Medicaid, which supplements the national standard. No entry in this column indicates the standard is followed. Segments and/or fields, which will be ignored by New Jersey Medicaid, are also indicated in this column. The symbol “FFS” in this column makes reference to special requirements for fee-for-service providers regarding inpatient, outpatient, and home health claim submissions. The symbol “CCP” makes reference to special requirements for Charity Care submissions. The symbol “XVR” makes reference to special requirements for the submission of inpatient and outpatient provider-initiated Medicare crossover claims. The symbol “LTC” makes reference to special requirements for Long Term Care providers regarding the submission of long term care claims and the symbol “DOC” makes reference to special requirements for the submission of inpatient and outpatient Department of Corrections claims.

Loop	Field	Description	Usage	NJ Medicaid Specific Requirement
ST		TRANSACTION SET HEADER	R	
	ST01	Transaction Set Identifier Code	R	276
	ST02	Transaction Set Control Number	R	Must match SE02 (trailer record) Sequential numbering system beginning with 0001
	ST03	Implementation Convention Reference	R	005010X212
BHT		BEGINNING OF HIERARCHICAL TRANSACTION	R	
	BHT01	Hierarchical Structure Code	R	0010
	BHT02	Transaction Set Purpose Code	R	13 - Request
	BHT03	Originator Application Transaction Identifier	R	Assigned by the sender
	BHT04	Transaction Set Creation Date	R	Must be in CCYYMMDD format
	BHT05	Time	R	Must be in HHMMSSDD format
2000A	HL	INFORMATION SOURCE LEVEL	R	
	HL01	Hierarchical ID Number	R	1
	HL02	Hierarchical Parent ID Number	N/U	
	HL03	Hierarchical Level Code	R	20 – Request
	HL04	Hierarchical Child Code	R	1
2100A	NM1	PAYER NAME	R	
	NM101	Entity Identifier Code	R	PR – Payer
	NM102	Entity Type Qualifier	R	2 – Non-Person Entity
	NM103	Payer Name	R	NEW JERSEY MEDICAID
	NM104	Name First	N/U	
	NM105	Name Middle	N/U	
	NM106	Name Prefix	N/U	
	NM107	Name Suffix	N/U	
	NM108	Identification Code Qualifier	R	PI – Payer Identification
	NM109	Payer Identifier	R	“610515”
2000B	HL	INFORMATION RECEIVER LEVEL	R	
	HL01	Hierarchical ID Number	R	
	HL02	Hierarchical Parent ID Number	R	2
	HL03	Hierarchical Level Code	R	21 – Information Receiver
	HL04	Hierarchical Child Code	R	1

Loop	Field	Description	Usage	NJ Medicaid Specific Requirement
2100B	NM1	INFORMATION RECEIVER NAME	R	
	NM101	Entity Identifier Code	R	41 - Submitter
	NM102	Entity Type Qualifier	R	Enter "1" Person Enter "2" Non Person Entity
	NM103	Last Name or Organization Name	R	
	NM104	First Name	S	Required when NM102 = 1
	NM105	Middle Name	S	Required when NM102 = 1
	NM106	Name Prefix	N/U	
	NM107	Name Suffix	N/U	
	NM108	Identification Code Qualifier	R	46 – Electronic Transmitter Identification
	NM109	Identification Code	R	Valid Submitter ID
	NM110	Entity Relationship Code	N/U	
	NM111	Entity Identifier Code	N/U	
	NM112	Name Last or Organization Name	N/U	
2000C	HL	SERVICE PROVIDER LEVEL	R	
	HL01	Hierarchical ID Number	R	3
	HL02	Hierarchical Parent ID Number	R	21
	HL03	Hierarchical Level Code	R	19
	HL04	Hierarchical Child Code	R	1
2100C	NM1	PROVIDER NAME	R	
	NM101	Entity Identifier Code	R	1P - Provider
	NM102	Entity Type Qualifier	R	1 - Person 2 – Non-Person Entity
	NM103	Last Name or Organization Name	S	
	NM104	First Name	S	
	NM105	Middle Name	S	
	NM106	Name Prefix	N/U	
	NM107	Name Suffix	S	
	NM108	Identification Code Qualifier	R	XX – Billing or Servicing Provider NPI SV – Billing or Servicing Provider
	NM109	Provider Identifier	R	Enter the 10-digit NPI or Billing/Servicing Provider Medicaid ID
2000D	HL	SUBSCRIBER LEVEL	R	
	HL01	Hierarchical ID Number	R	4
	HL02	Hierarchical Parent ID Number	R	
	HL03	Hierarchical Level Code	R	22
	HL04	Hierarchical Child Code	R	Enter "0". Claim status requests for dependents are not accepted
2000D	DMG	SUBSCRIBER DEMOGRAPHIC INFORMATION	R	
	DMG01	Date Time Period Format Qualifier	R	D8
	DMG02	Subscriber Birth Date	R	CCYYMDD
	DMG03	Subscriber Gender Code	S	F - Female M - Male
2100D	NM1	SUBSCRIBER NAME	R	
	NM101	Entity Identifier Code	R	IL
	NM102	Entity Type Qualifier	R	Enter "1".
	NM103	Subscriber Last Name	R	
	NM104	Subscriber First Name	S	
	NM105	Subscriber Middle Name	S	
	NM106	Name Prefix	N/U	

Loop	Field	Description	Usage	NJ Medicaid Specific Requirement
2100D	NM107	Subscriber Name Suffix	S	
	NM108	Identification Code Qualifier	R	MI
	NM109	Subscriber Primary Identifier	R	
2200D	TRN	CLAIM STATUS TRACKING NUMBER	R	
	TRN01	Trace Type Code	R	1
	TRN02	Current Transaction Trace Number	R	Unique Provider Supplied Transaction Identification Code OR Patient Account Number from the original submitted claim. Must send only one occurrence
2200D	REF	PAYER CLAIM CONTROL NUMBER	S	
	REF01	Reference Identification Qualifier	R	1K
	REF02	Payer Claim Control Number	R	15-digit NJ Medicaid ICN
2200D	REF	INSTITUTIONAL BILL TYPE IDENTIFICATION	S	
	REF01	Reference Identification Qualifier	R	BLT
	REF02	Bill Type Identifier	R	Inpatient – 11, 12, 18 Outpatient – 13, 14, 72, 73, 74, 83 Home Health – 32, 33, 34 LTC – 2n, 6n n can equal any number from 0-9
2200D	REF	PATIENT CONTROL NUMBER	S	
	REF01	Reference Identification Qualifier	R	EJ
	REF02	Patient Control Number	R	Patient Account number or medical record number. Required field for ECPS
2200D	REF	PHARMACY PRESCRIPTION NUMBER	S	
	REF01	Reference Identification Qualifier	R	XZ
	REF02	Pharmacy Prescription Number	R	
2200D	AMT	CLAIM SUBMITTED CHARGES	S	
	AMT01	Amount Qualifier Code	R	T3
	AMT02	Payer Paid Amount	R	Total claim charge amount from the original claim
2200D	DTP	CLAIM SERVICE DATE	R	
	DTP01	Date Time Qualifier	R	472 – Service
	DTP02	Date Time Period Format Qualifier	R	D8 – CCYYMMDD RD8 – Range of dates in CCYYMMDD-CCYYMMDD
	DTP03	Service Date	R	MUST be in CCYYMMDD-CCYYMMDD
2210D	SVC	SERVICE LINE INFORMATION	S	
	SVC01	COMPOSITE MEDICAL PROCEDURE	R	
	SVC01-1	Product or Service ID Qualifier	R	AD - Dental HC – HCPCS Procedure Code N4 - Pharmacy NU – Revenue Code
	SVC01-2	Procedure Code	R	
	SVC01-3	Procedure Modifier	S	
	SVC01-4	Procedure Modifier	S	
	SVC01-5	Procedure Modifier	S	
	SVC01-6	Procedure Modifier	S	
	SVC02	Line Item Charge Amount	R	Add charge amount from original submitted claim
	SVC03	Monetary Amount	N/U	
	SVC04	Revenue Code	R	
	SVC05	Quantity	N/U	
	SVC06	Composite Medical Procedure Identifier	N/U	
	SVC07	Units of Service	N/U	
2210D	REF	SERVICE LINE ITEM IDENTIFICATION	S	

Loop	Field	Description	Usage	NJ Medicaid Specific Requirement
	REF01	Reference Identification Qualifier	R	FJ
	REF02	Line Item Control Number	R	
2210D	DTP	SERVICE LINE DATE	R	
	DTP01	Date Time Qualifier	R	472
	DTP02	Date Time Period Format Qualifier	R	D8 – CCYYMMDD RD8 – Range of dates in CCYYMMDD-CCYYMMDD
	DTP03	Service Date	R	
SE		TRANSACTION SET TRAILER	R	
	SE01	Transaction Segment Count	R	
	SE02	Transaction Set Control Number	R	
GE		FUNCTIONAL GROUP TRAILER	R	
	GE01	Number of Transaction Sets Included	R	
	GE02	Group Control Number	R	
IEA		INTERCHANGE CONTROL TRAILER	R	
	IEA01	Number of Included Functional Groups	R	
	IEA02	Interchange Control Number	R	

Section 9 277 Health Care Information Status Notification Specifications

9.1 Loops, Segments, Fields/NJ Medicaid Specific Requirements

The following tables outline the HIPAA segment and field specifications for submitting 277I transactions to New Jersey Medicaid. The **Usage** column indicates whether the segment or field is required (R), situational (S) or not used (N/U). These are all as defined by the national standard. The **NJ Medicaid Specific Requirement** column indicates when there is a requirement specific to New Jersey Medicaid, which supplements the national standard. No entry in this column indicates the standard is followed. Segments and/or fields, which will be ignored by New Jersey Medicaid, are also indicated in this column. The symbol “**FFS**” in this column makes reference to special requirements for fee-for-service providers regarding dental claim submissions.

Loop	Field	Description	Usage	NJ Medicaid Specific Requirement
ST		TRANSACTION SET HEADER	R	
	ST01	Transaction Set Identifier Code	R	277
	ST02	Transaction Set Control Number	R	
	ST03	Implementation Convention Reference	R	005010X212
BHT		BEGINNING OF HIERARCHICAL TRANSACTION	R	
	BHT01	Hierarchical Structure Code	R	0010
	BHT02	Transaction Set Purpose Code	R	08
	BHT03	Originator Application Transaction ID	R	
	BHT04	Transaction Set Creation Date	R	CCYYMMDD
	BHT05	Transaction Set Creation Time	R	HHMM
	BHT06	Claim or Encounter ID	R	DG
2000A	HL	INFORMATION SOURCE LEVEL	R	
	HL01	Hierarchical ID Number	R	
	HL02	Hierarchical Parent ID Number	N/U	
	HL03	Hierarchical Level Code	R	20
	HL04	Hierarchical Child Code	R	1
2100A	NM1	PAYER NAME	R	
	NM101	Entity Identifier Code	R	PR
	NM102	Entity Type Qualifier	R	2
	NM103	Payer Name	R	Enter “NEW JERSEY MEDICAID”.
	NM104	Name First	N/U	
	NM105	Name Middle	N/U	
	NM106	Name Prefix	N/U	
	NM107	Name Suffix	N/U	
	NM108	Identification Code Qualifier	R	PI
	NM109	Payer Identifier	R	Enter 610515
2100A	PER	PAYER CONTACT INFORMATION	R	
	PER01	Contact Function Code	R	IC
	PER02	Payer Contact Name	S	New Jersey Medicaid Provider Services
	PER03	Communication Number Qualifier	R	TE
	PER04	Payer Contact Communication Number	R	1-800-776-6334
2000B	HL	INFORMATION SOURCE LEVEL	R	
	HL01	Hierarchical ID Number	R	
	HL02	Hierarchical Parent ID Number	R	
	HL03	Hierarchical Level Code	R	21
	HL04	Hierarchical Child Code	R	0 – rejected due to errors 1 – reporting status responses
2100B	NM1	INFORMATION RECEIVER NAME	R	
	NM101	Entity Identifier Code	R	41 - Submitter

Loop	Field	Description	Usage	NJ Medicaid Specific Requirement
2100B	NM102	Entity Type Qualifier	R	Enter "1" Person Enter "2" Nonperson Entity
	NM103	Last Name or Organization Name	R	
	NM104	First Name	S	
	NM105	Middle Name	S	
	NM106	Name Prefix	N/U	
	NM107	Name Suffix	N/U	
	NM108	Identification Code Qualifier	R	46 – Electronic Transmitter Identification
	NM109	Identification Code	R	
2200B	TRN	INFORMATION RECEIVER TRACE IDENTIFIER	S	
	TRN01	Trace Type Code	R	2
	TRN02	Claim Transaction Batch Number	R	
2200B	STC	INFORMATION RECEIVER STATUS INFORMATION	R	
	STC01	HEALTH CARE CLAIM STATUS	R	
	STC01-1	Health Care Claim Status Category Code	R	
	STC01-2	Status Code	R	
	STC01-3	Entity Identifier Code	S	
	STC02	Date	R	CCYYMMDD
	STC10	HEALTH CARE CLAIM STATUS	S	
	STC10-1	Health Care Claim Status Category Code	S	
	STC10-2	Status Code	S	
	STC10-3	Entity Identifier Code	S	
	STC11	HEALTH CARE CLAIM STATUS	S	
	STC11-1	Health Care Claim Status Category Code	S	
	STC11-2	Status Code	S	
	STC11-3	Entity Identifier Code	S	
2000C	HL	SERVICE PROVIDER LEVEL	R	
	HL01	Hierarchical ID Number	R	
	HL02	Hierarchical Parent ID Number	R	
	HL03	Hierarchical Level Code	R	19
	HL04	Hierarchical Child Code	R	0 – rejection is for errors at provider level 1 – reporting status responses
2100C	NM1	PROVIDER NAME	R	
	NM101	Entity Identifier Code	R	1P - Provider
	NM102	Entity Type Qualifier	R	1 - Person 2 – Non-Person Entity
	NM103	Last Name or Organization Name	R	
	NM104	First Name	S	
	NM105	Middle Name	S	
	NM106	Name Prefix	N/U	
	NM107	Name Suffix	S	
	NM108	Identification Code Qualifier	R	XX
	NM109	Provider Identifier	R	Enter the 10-digit NP or NJ Medicaid ID
2200C	TRN	PROVIDER OF SERVICE TRACE IDENTIFIER	S	
	TRN01	Trace Type Code	R	1
	TRN02	Provider of Service Information Trace Number	R	0

Loop	Field	Description	Usage	NJ Medicaid Specific Requirement
2200C	STC	PROVIDER STATUS INFORMATION	R	
	STC01	HEALTH CARE CLAIM STATUS	R	
2200C	STC01-1	Health Care Claim Status Category Code	R	
	STC01-2	Status Code	R	
	STC01-3	Entity Identifier Code	S	1P
	STC01-4	Code List Qualifier Code	N/U	
	STC02	Date	R	CCYYMMDD
	STC10	HEALTH CARE CLAIM STATUS	S	
	STC10-1	Health Care Claim Status Category Code	S	
	STC10-2	Status Code	S	
	STC10-3	Entity Identifier Code	S	
	STC11	HEALTH CARE CLAIM STATUS	S	
	STC11-1	Health Care Claim Status Category Code	S	
	STC11-2	Status Code	S	
	STC11-3	Entity Identifier Code	S	
2000D	HL	SUBSCRIBER LEVEL	R	
	HL01	Hierarchical ID Number	R	
	HL02	Hierarchical Parent ID Number	R	
	HL03	Hierarchical Level Code	R	22
	HL04	Hierarchical Child Code	R	Enter "0".
2100D	NM1	SUBSCRIBER NAME	R	
	NM101	Entity Identifier Code	R	IL
	NM102	Entity Type Qualifier	R	Enter "1".
	NM103	Subscriber Last Name	R	
	NM104	Subscriber First Name	S	
	NM105	Subscriber Middle Name	S	
	NM106	Name Prefix	N/U	
	NM107	Subscriber Name Suffix	S	
	NM108	Identification Code Qualifier	R	MI
	NM109	Subscriber Primary Identifier	R	
2200D	TRN	CLAIM STATUS TRACKING NUMBER	S	
	TRN01	Trace Type Code	R	2
	TRN02	Claim Transaction Batch Number	R	
2200D	STC	CLAIM LEVEL STATUS INFORMATION	R	
	STC01	HEALTH CARE CLAIM STATUS	R	
	STC01-1	Health Care Claim Status Category Code	R	
	STC01-2	Status Code	R	
	STC01-3	Entity Identifier Code	S	
	STC01-4	Code List Qualifier Code	S	RX for pharmacy only
	STC02	Date	R	CCYYMMDD
	STC03	Action Code	N/U	
	STC04	Monetary Amount	S	
	STC05	Monetary Amount	S	
	STC06	Date	S	
	STC07	Payment Method Code	N/U	
	STC08	Date	S	
	STC09	Check Number	S	
	STC10	HEALTH CARE CLAIM STATUS	S	
	STC10-1	Health Care Claim Status Category Code	R	
	STC10-2	Status Code	R	

Loop	Field	Description	Usage	NJ Medicaid Specific Requirement
2200D	STC10-3	Entity Identifier Code	S	
	STC10-4	Code List Qualifier Code	S	
	STC11	HEALTH CARE CLAIM STATUS	S	
	STC11-1	Health Care Claim Status Category Code	R	
	STC11-2	Status Code	R	
	STC11-3	Entity Identifier Code	S	
	STC11-4	Code List Qualifier Code	S	
	STC12	Free-form Message Text	N/U	
2200D	REF	CLAIM SUBMITTER TRACE NUMBER	S	
	REF01	Reference Identification Qualifier	R	1K
	REF02	Payer Claim Control Number	R	
2200D	REF	INSTITUTIONAL BILL TYPE IDENTIFICATION	S	
	REF01	Reference Identification Qualifier	R	BLT
	REF02	Bill Type Identifier	R	
2200D	REF	PATIENT CONTROL NUMBER	S	
	REF01	Reference Identification Qualifier	R	EA
	REF02	Patient Control Number	R	
2200D	REF	PHARMACY PRESCRIPTION NUMBER	S	
	REF01	Reference Identification Qualifier	R	XZ
	REF02	Pharmacy Prescription Number	R	
2200D	DTP	CLAIM SERVICE DATE	S	
	DTP01	Date Time Qualifier	R	472 – Service
	DTP02	Date Time Period Format Qualifier	R	RD8 – range, ccyyymmdd, if there is a single date of service begin date will equal the end date
	DTP03	Claim Service Period	R	
2220D	SVC	SERVICE LINE INFORMATION	S	
	SVC01	COMPOSITE MEDICAL PROCEDURE	R	
	SVC01-1	Product or Service ID Qualifier	R	AD - Dental HC – HCPCS Procedure Code N4 - Pharmacy NU – Revenue Code
	SVC01-2	Procedure Code	R	
	SVC01-3	Procedure Modifier	S	
	SVC01-4	Procedure Modifier	S	
	SVC01-5	Procedure Modifier	N/U	
	SVC01-6	Procedure Modifier	N/U	
	SVC02	Line Item Charge Amount	R	
	SVC03	Line Item Payment Amount	R	
	SVC04	Revenue Code	S	
	SVC05	Quantity	N/U	
	SVC06	Composite Medical Procedure Identifier	N/U	
	SVC07	Units of Service Count	S	
2220D	REF	SERVICE LINE ITEM IDENTIFICATION	S	
	REF01	Reference Identification Qualifier	R	FJ
	REF02	Line Item Control Number	R	
2220D	DTP	SERVICE LINE DATE	R	
	DTP01	Date Time Qualifier	R	472 – Service Date(s) of Service are required on all outpatient, home health, and long term care claims.
	DTP02	Date Time Period Format Qualifier	R	RD8 – range, ccyyymmdd, if there is a single date of service begin date will equal the end date

Loop	Field	Description	Usage	NJ Medicaid Specific Requirement
2220D	DTP03	Service Line Date	R	
SE		TRANSACTION SET TRAILER	R	
	SE01	Transaction Segment Count	R	
	SE02	Transaction Set Control Number	R	
GE		FUNCTIONAL GROUP TRAILER	R	
	GE01	Number of Transaction Sets Included	R	
	GE02	Group Control Number	R	
IEA		INTERCHANGE CONTROL TRAILER	R	
	IEA01	Number of Included Functional Groups	R	

APPENDICES

1. Change Summary

This section lists the changes made to this **October 2023 Version** of the HIPAA Companion Guide compared to the previous version. The following changes indicate New Jersey Medicaid payer-specific requirements for the submission of Medicare Supplementation claims:

October 2023 Version	
PAGE#	CHANGE
ALL	1 st production version of the 5010 NJ Medicaid 276/277 HIPAA Companion Guide.
September 2023 Version	
PAGE#	CHANGE
ALL	1 st draft version of the 5010 NJ Medicaid 276/277 HIPAA Companion Guide.