



ACS EDI GATEWAY, INC.

***ANSI ASC X12N 276/277 (Version 4010A)
Montana Department of Public
Health & Human Services
Companion Guide***

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Companion Guide Documentation Change Control

Documentation change control is maintained in this document through the use of the Change Control Table shown below. All changes to this document after the creation date are noted along with the author, date, and reason for the change.

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Author of Change	Page	Change	Reason	Date
A. Kappula	ALL	Changed Cover Date	To show last revision date	07/21/2003
A. Kappula	18	Update Envelope Information	To correct text error	07/08/2003
A. Kappula	5	Host selection Menu Option # 1 changed.	To show updated Menu Option.	07/21/2003
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A. Kappula	ALL	Removed Draft Status	To reflect current status of document.	10/27/2003
A. Kappula	4	Added ACS toll-free dial in numbers under Transmission Method	As per Submitters request.	10/27/2003
A. Starr		Updated ACS EDI Support Unit contact information	Call center transition	02/17/2005

Disclaimer

Purpose of the ANSI ASC X12N276/277 Claims Inquiry/Response Transaction Companion Guide

This companion guide for the ANSI ASC X12N 276/277 transaction has been created for use in conjunction with the standard Implementation Guide. It should not be considered a replacement for the Implementation Guide, but rather used as an additional source of information. The companion guide contains data clarifications derived from specific business rules that apply exclusively to Medicaid processing for Montana Department of Public Health & Human Services. The guide also includes useful information about sending and receiving data to and from ACS EDI Gateway, Inc.

Submitters are advised that updates will be made to these documents. Submitters are therefore encouraged to check the Montana GCRO website often for updates to the companion guides at the following website:

http://www.acs-gcro.com/Medicaid_Accounts/Montana/montana.htm



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At a Glance

Chapter 1: Introduction

Chapter 1 includes a brief overview of ACS EDI Gateway and the services it provides.

Chapter 2: Transmission Methods

Chapter 2 discusses the transmission methods of electronic data interchange with ACS EDI Gateway.

Chapter 3: Transmission Responses

Chapter 3 discusses confirmation and error responses to transactions submitted.

Chapter 4: Data Retrieval Methods

Chapter 4 highlights various means of electronic data interchange retrieval from the ACS EDI Gateway.

Chapter 5: Testing

Chapter 5 discusses transaction-testing procedures.

Chapter 6: Payer Specific Data

Chapter 6 includes information on enrollment and ACS EDI Gateway contact information.

Chapter 7: Transaction Description - V4010.A1

Chapter 7 contains a description of the transaction usage as well as a data clarification chart indicating the specific ANSI ASC X12N 276 / 277 data and values used by the Montana MMIS.



Chapter 1: Introduction

ACS EDI Gateway, Inc., a leader in healthcare technology, provides EDI gateway services to providers enrolled in contracted healthcare plans. This guide outlines the procedures necessary for engaging in Electronic Data Interchange (EDI) with ACS EDI Gateway, Inc. and supplies specific data clarifications where applicable. Our electronic transaction services provide the following functionalities:

- Easily submit all of your transactions for Montana DPHHS to one source
- Submit transactions twenty-four hours a day, seven days a week
- Receive confirmation of receipt of each file transferred
- Receive remittance notification from health care plans on a regular basis

Healthcare plans that participate with ACS EDI Gateway, Inc. are referred to as payers. Transactions are accepted electronically into our data center in Tallahassee, Florida and are processed through the ACS State Healthcare Clearinghouse (SHCH) engine. The ACS SHCH provides connectivity for the flow of electronic health care transactions between medical providers, billing services, vendors, other clearinghouses and the Montana DPHHS (MT DPHHS) system. Additionally, ACS SHCH provides translation to and from ANSI ASC X12N standard formats.

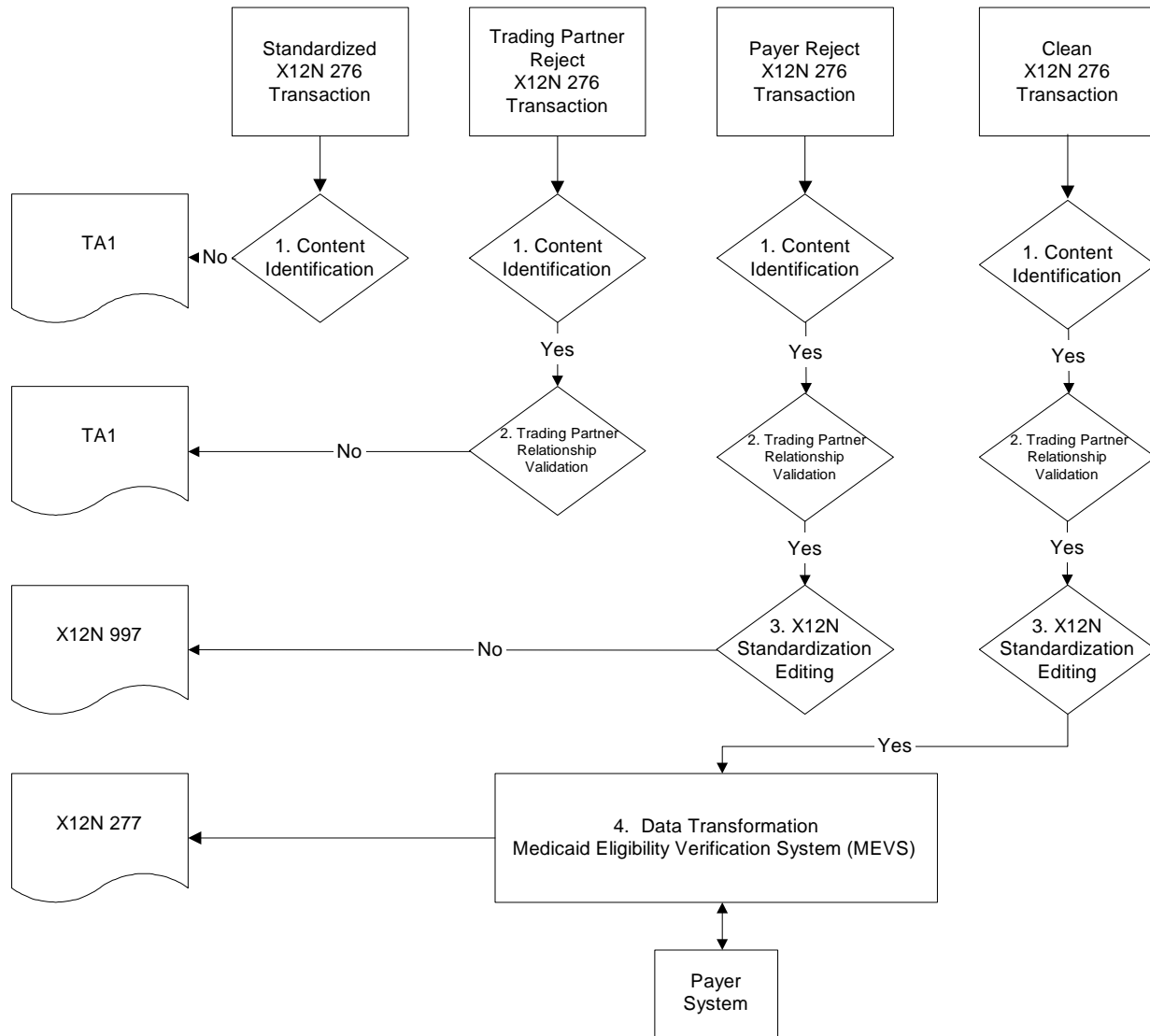
The 276 transaction, requesting claim status information will be submitted to the ACS SHCH for processing. ACS SHCH validates submission of ANSI X12N format(s). If the file contains syntactical error(s), the segment(s) and elements(s) where the error(s) occurred will be reported in a 997 Functional Acknowledgement. The TA1 report is used to report receipt of individual interchange envelopes that contain corrupt data or an invalid trading partner relationship. Please refer to Chapter 3 for more information regarding transmission responses.

Audience

This Companion Guide is intended for trading partner use in conjunction with the ANSI ASC X12N National Implementation Guide. The ANSI ASC X12N Implementation Guides can be accessed at http://www.wpc-edi.com/Insurance_40.asp. This guide outlines the procedures necessary for engaging in Electronic Data Interchange (EDI) with ACS EDI Gateway, Inc. and specifies data clarifications where applicable.



Editing and Validation Flow Diagram



LEGEND:

- Content Identification:** Data identification is attempted. If the data is corrupt or intended for another resource, a TA1 (Interchange Acknowledgement) will be returned. If the data can be identified, it is then checked for Trading Partner Relationship Validation.
- Trading Partner Relationship Validation:** The trading partner information is validated. If the trading partner information is invalid, a TA1 (Interchange Acknowledgement) will be returned to the submitter. If the trading partner relationship is valid, the data will be passed for X12N syntax validation.
- X12N Syntax Validation:** A determination will be made as to whether the data is ANSI ASC X12N. A 997 (Functional Acknowledgement) will be returned to the submitter. The 997 contains **ACCEPT** or **REJECT** information. If the file contained syntactical errors, the segment(s) and element(s) where the error(s) occurred will be reported. If the data passes X12N syntax validation, data transformation will be performed.
- Data Transformation:** The data is transformed and processes through MEVS. An ANSI ASC X12N 277 will be returned for submitter pickup.



Chapter 2: Transmission Method

Asynchronous Dial-Up

ACS EDI Gateway provides an interactive, menu-driven Host Data Exchange (HDE) that allows you to upload your transaction files and receive immediate confirmation of the status of your transfer. This Host Data Exchange can be accessed using a standard modem and supports modem speeds of up to 56,000 bps. Transaction transmission is available twenty-four hours a day, seven days a week. This availability is subject to scheduled and unscheduled host downtime. It is operational policy to schedule preventative maintenance periods on weekends whenever possible.

Communication Protocols

ACS currently supports the following communication options:

XMODEM, YMODEM, ZMODEM, Kermit

Teleprocessing Requirements

The general specifications for communication with ACS are:

Telecommunications	Hayes-compatible 2400-56K BPS asynchronous modem.
File Format	ASCII text data.
Compression Techniques	PKZIP will compress one or more files into a single ZIP archive. WINZIP will compress one or more files into a single ZIP archive. ACS accepts transmission with any of the above compression techniques, as well as non-compression files.
Data Format	8 data bit, 1stop bit, no parity, full duplex.



Transmission Protocol

ZMODEM uses 128 byte to 1024 byte variable packets and a 16-bit or 32-bit Cyclical Redundancy Check (CRC).

XMODEM uses 128 byte blocks and a 16-bit CRC.

YMODEM uses 1024 byte blocks and a 16-bit CRC.

KERMIT can be accepted if X, Y, or ZMODEM capabilities are not available with your communication software.

Teleprocessing Settings

ASCII Sending

Send line ends with line feeds (should not be set).

Echo typed characters locally (should not be set).

Line delay 0 milliseconds.

Character delay 0 milliseconds.

ASCII Receiving

Append line feeds to incoming line ends should not be checked.
Wrap lines that exceed terminal width.

Terminal Emulation

VT100 or Auto.

Transmission Procedures

SUBMITTER

1. *Dials ACS Host*

1(800) 334-2832 or
1(800) 334-4650

2. *Enters Logon Name <CR>*

3. *Enters Password <CR>*

HOST SYSTEM

Answers call, negotiates a common baud rate, and sends to the Trading Partner:

"Please enter your Logon=>"

Receives User Name (Logon Name) and sends to the Trading Partner:

"Please enter your password=>"

Receives Logon and verifies if Trading Partner is an authorized user.



4. *Enters Desired Selection <CR>*

Sends HOST selection menu followed by a user prompt:

"Please Select from the Menu Options Below=>"

#1. Electronic File Submission: Assigns and sends the transmission file name then waits for ZMODEM (by default) file transfer to be initiated by the Trading Partner.

#2. View Submitter Profile

#3. Select File Transfer Protocol: Allows you to change the protocol for the current submission only. The protocol may be changed to **(k)**ermit, **(x)** Modem, **(y)** Modem, or **(z)** Modem. Enter selection **[k, x, y, z]**:

#4. Download Confirmation

#9. Exit & Disconnect: Terminates connection.

5. *Enters "1" to send file <CR>*

Receives ZMODEM (or other designated protocol) file transfer. Upon completion, initiates file confirmation. Sends file confirmation report.

Sends HOST selection menu followed by a user prompt=>

"Please Select from the Menu Options Below=>"



Chapter 3: Transmission Responses

HIPAA not only gave the healthcare community the ability to standardize transactions, but also the ability to standardize front-end edits and the acceptance/rejection reports associated with the edits. The acceptance/rejection- reports provide a method of reporting on the validity of EDI transaction format syntax and transaction implementation guide compliance. When a report is generated, the type of report returned is dependent on the edit level that is invalid.

A transaction contains three levels of editing. If the transaction fails an edit, the edit level in which the error occurs designates rejection of an entire batch or a single transaction.

The three levels are:

- Interchange Level Errors
- Transaction Set Level Syntax Results
- Functional Group Level Results

In the description below, we discuss the three levels and their affiliated acceptance/rejection reports.

Interchange Level Errors and TA1 Rejection Report

This edit is enforced by interchange level problems. It checks the **ISA**, **GS**, **GE** and **IEA** level segments and the data content within these segments, which consists of the header and footer batch information. Any X12N syntax error that occurs at this level will result in the entire transaction being rejected. These rejections are reported on a TA1.

TA1-Interchange Acknowledgement

A TA1 is an ANSI ASC X12N Interchange Acknowledgement segment used to report receipt of individual interchange envelopes. An interchange envelope contains the sender, receiver, and data type information within the header. The TA1 reports the syntactical analysis of the interchange header and trailer. If invalid (e.g. the data is corrupt or the trading partner relationship does not exist within the ACS system) the interchange will reject and a TA1, along with the data, will be forwarded to the ACS EDI Support Unit for referencing purposes.



EXAMPLE:

The transaction was built with incorrect sender information or an incorrect total of groups at the end of the transaction:

ISA

(Contains sender information)

GS

ST

(Detailed Segment Information-1)

SE

ST

(Detailed Segment Information-2)

SE

ST

(Detailed Segment Information-3)

SE

GE

IEA

(Contains a number total of all functional groups within the batch).

For an additional example of this report, please see the ANSI ASC X12N 276/277 Implementation Guide.

Transaction Set Level Syntax Results and 997 Rejection Report

This edit is enforced to detect transaction set level syntax problems for all transactions within each functional group. These edits check the ST and SE level segments and the data content within these segments. These segments consist of the entire detailed information within a transaction. Any X12N syntax error that occurs at this level will result in the entire transaction being rejected. However, if the functional group consists of additional transactions without errors, these will be processed. The rejections are reported on a 997.



ANSI ASC X12N 997- Functional Acknowledgement

ACS SHCH validates submission of ANSI ASC X12N format(s). An ANSI ASC X12N 997, or Functional Acknowledgement, is generated when an EDI file, e.g. an ANSI ASC X12N file that has passed the header and trailer check, passes through the clearinghouse. The 997 contains **ACCEPT** or **REJECT** information; if the file contained syntactical errors, the segment(s) and element(s) where the error(s) occurred will be reported. For an example of this report, please see the ANSI ASC X12N 276/277 Implementation Guide. This method of acknowledgement is required by the Trading Partner Agreement between ACS EDI Gateway Services and the Trading Partners.

EXAMPLE:

The batch was built with incorrect segment data:

ISA

GS

ST

(Detailed Segment Information – 1)

SE

(Contains detailed information within a transaction)

ST

(Detailed Segment Information – 2)

SE

(Contains detailed information within a transaction)

ST

(Detailed Segment Information - 3)

SE

(Contains detailed information within a transaction)

GE

IEA



ANSI ASC X12N 277 – Claims Inquiry Response

A 277 Claims Inquiry Response will be delivered to the Host Data Exchange (HDE). The ANSI ASC X12N 277 Response will contain information related to acceptance or rejection of the request. Please see the ANSI ASC X12N 277 Implementation Guide for details on the ANSI ASC X12N 277 Claims Inquiry Response.



Chapter 4: Data Retrieval Methods

Host Data Exchange (HDE)

The Host Data Exchange system allows all Trading Partners to retrieve data via asynchronous dial-up 24 hrs a day, seven days a week. Billing Agents and Clearinghouses will have the option of retrieving the transaction responses and reports themselves and/or allowing each individual provider the option of retrieval.

Please contact the ACS EDI Support Unit at **1(800) 624-3958** to receive a manual outlining specifications for this procedure. The Host Data Exchange manual is also available online on the ACS EDI Gateway website at:

http://www.acs-gcro.com/Medicaid_Accounts/Montana/montana.htm

The Trading Partner will access the Host Data Exchange using the logon and password assigned to them during the EDI enrollment process described in Chapter 6, Payer Specific Data.



Chapter 5: Testing

Completion of the testing process is required prior to electronic submission of production data to ACS EDI Gateway. Assistance from the ACS EDI Support Unit is available throughout this process. Each test transmission is inspected thoroughly to ensure that no format errors are present. Testing is conducted to verify the integrity of the format, not the integrity of the data; however, in order to simulate a production environment, we request that you send real transmission data. The number of test transmissions required depends on the number of format errors on a transmission and the relative severity of these errors. Additional testing may be required in the future to verify any changes made to the ACS System. Also, changes to the X12N formats may require additional testing.

Trading Partner Testing Procedures

1. ACS EDI Gateway provides companion guides and enrollment packages for download via the web at:
http://www.acs-gcro.com/Medicaid_Accounts/Montana/montana.htm
2. The Trading Partner completes enrollment package and submits to ACS EDI Gateway.
3. The Trading Partner is assigned Logon Name and Logon User ID.

The Trading Partner contacts the ACS EDI Support Unit at (800) 624-3958 to arrange a testing schedule.

4. The Trading Partner is given access to the EDIFECS website, described in further detail on the following next page, in order to submit X12N test files for analysis. Each test file is analyzed based on the seven levels of testing defined by WEDI SNIP (Workgroup Electronic Data Interchange – Strategic National Implementation Process). At this time, the submitter is required to address any errors discovered by EDIFECS during the compliance analysis prior to moving on to the next stage of testing with ACS EDI Gateway.
5. The Trading Partner executes test cases and data is sent to ACS EDI Gateway.
6. The ACS EDI Support Unit representative evaluates the flow of test data through the ACS SHCH.
7. If the test cases are completed successfully, the ACS EDI Support Unit contacts the Trading Partner to advise that the Trading Partner is approved for placement into production environment when available. If the testing entity is a software vendor, they will be required to provide a list of submitters using the approved software package.



8. If the test cases are unsuccessful, the ACS EDI Support Unit will contact the Trading Partner. The Trading Partner will remain in the testing environment until test cases are completed successfully.

EDIFECS - HIPAADESK ONLINE TESTING APPLICATION

EDIFECS - HIPAADESK is an online HIPAA testing application available to Montana DPHHS providers. HIPAADESK offers the following types of testing against the base HIPAA implementation guidelines.

- **Test all 7 WEDI/SNIP Types.** HIPAA Desk provides all 7 Types of WEDI/SNIP Testing for HIPAA including integrity testing, requirement testing, balancing testing, situational testing, code set testing, product or services testing, and guide-specific testing.
- **Test the HIPAA Code Sets.** Validate over 40 industry code tables and databases.
- **Get your Answers Fast.** With HIPAA Desk, the results of your free compliance testing are typically available within seconds for small files and within minutes for files up to 10 megabytes and larger.

Pilot Submitters must use this application to validate their test files for HIPAA compliancy before submitting for Communication and Client Integration testing.

The EDIFECS-HIPAADESK online application can be accessed at:

<https://www.hipaadesk.com/?acs>

To access the free HIPAA testing service, enter the username and password that will be provided by the ACS EDI Support Unit after your EDIFECS enrollment, and then select the HIPAA DESK Community.

To receive a HIPAADESK account, please send an email to:

<mailto:support@edifecs.com>



Chapter 6: Payer Specific Data

EDI Support Unit

The ACS EDI Support Unit assists users with questions about electronic submission. The ACS EDI Support Unit is available to all Montana DPHHS providers Monday through Friday from 8:00 a.m. to 5:00 p.m. MST at **1(800) 624-3958**.

The ACS EDI Support Unit:

- Provides information on available services
- Enrolls users for claims submission
- Verifies receipt of electronic transmissions
- Provides technical assistance to users who are experiencing transmission difficulties

Enrollment Information

Any entity sending electronic claims to ACS EDI Gateway for processing where reports and responses will be delivered must complete an EDI enrollment package. This package provides ACS EDI Gateway the information necessary to assign a Logon Name, Logon ID, and Trading Partner ID, which are required to submit electronic claims. You may obtain an enrollment package by contacting the ACS EDI Support Unit or by downloading it from our website at: http://www.acs-gcro.com/Medicaid_Accounts/Montana/montana.htm

Transmission Telephone Number

ACS EDI Gateway provides availability for transmission 24 hours a day, 7 days a week. There are no restrictions on the number or frequency of transmissions. The toll-free transmission telephone numbers are **1(800) 334-2832** or **1(800) 334-4650**.

Tracking Transmission/Production Problems

Please have the following information available when calling the ACS EDI Support Unit regarding transmission and production issues.

Trading Partner ID: Your Trading Partner ID is our key to accessing your Trading Partner information. Please have this number available each time you contact the ACS EDI Support Unit.

Logon Name and Logon User ID: These allow asynchronous Trading Partners access to the host system for claims submission. The ACS EDI Support Unit uses this information to reference your submitted data.



Highlights

- Use either your existing seven-digit Montana Submitter ID or your new six-digit Trading Partner ID.
- Logon User IDs (passwords) are nine-characters.
- All dates are in the CCYYMMDD format.
- All date/times are in the CCYYMMDDHHMM format.
- The same phone number will be used for transmitting test and production.
- Montana Provider ID (Medicaid Provider ID) is only seven digits long.
- Montana DPHHS Client ID (Recipient ID) is nine digits or eight digits plus one alpha character long.
- The Receiver ID and Payer ID for Montana Medicaid is **77039**. Transmissions without this value in the appropriate fields will not be processed.
- The Trading Partner Agreement determines where reports and responses will be delivered.



Chapter 7: Transaction Description - V4010.A1

This section contains data clarifications. The clarifications include:

- Identifiers to use when a national standard has not been adopted (and),
- Parameters in the implementation guide that provide options.

The following are access methods supported by ACS:

1. Access by Montana Provider ID (Medicaid Provider ID), Montana DPHHS Client ID (Recipient ID), and date(s).
2. Access by Montana Provider ID, Montana DPHHS Client ID (Recipient ID) and Transaction Control Number (TCN)/ Internal Control Number (ICN).

NOTE: References to "Subscriber" are taken from the ANSI ASC X12N Implementation Guide and synonymous with Member/Client (Recipient).

Many of the data clarifications included in this Companion Guide represent business requirements, not standardization requirements. Inclusion of "Business-Required" clarifications may contribute to more efficient transaction processing.

There are submission rules that will result in the rejection of a claim status transaction if not followed:

- Montana Provider ID (Medicaid Provider ID) should be 7 digits.
- Montana DPHHS Client ID (Recipient ID) should either be 9 digit or 8 digit followed by one alpha character.

Only individual claim inquiry requests can be accommodated in a real-time environment. Batch processing can handle the submission of multiple requests in a single transaction.

The data submitted on the 276 claim inquiry request will be returned on the 277 response.

If the claim inquiry request locates multiple matching claims, only header level data will be returned on the response transaction. If a single claim is returned, detail level information will be returned.

Detail level information in the request transaction will not be processed.

- If only one TCN/ICN corresponds to an inquiry, the 277 response will report the detailed line items for the claim. This will allow the provider to see the status of all line items for a specific claim.



- If more than one TCN/ICN is identified in an inquiry, the 277 response will report only claim summary information for all the claims identified by the inquiry. This will allow ACS to maximize the number of returned claims for that inquiry.
- The information reported on the claim level will include the adjudication/payment status, total charge amount, total payment amount, date paid, check/EFT information and service dates.
- The information reported on a claim at the line level will include all claim information and also line item date of service, date of service, procedure codes and procedure modifiers, submitted charges, allowed amounts, units, revenue codes and line item status.

The combination of above-mentioned reporting will allow the providers to get a full status of their submitted claims and minimize the number of phone inquiries.

Additional Business Rule Clarifications

Splitting Claims Rules

It is important to note that the following is taken from 837 Companion Guide:

Claims submitted on ANSI ASC X12N 837 transactions with more than the maximum supported line items may be split into multiple separate claims upon acceptance into the system. Providers may wish to process claims with more than the maximum supported lines as separate claims in their practice management systems in order to facilitate reconciliation and posting of the 835 transaction to their claim billing information.

Claims will be reported on the ANSI ASC X12N 835 remittance advice transaction as separate, individual claims with a recalculated total submitted charge that will be different from the submitted charge on the ANSI X12N 837 transaction.

Claims may also be split when a valid X-12N 837 transaction contains data that must be processed as two or more independent claims.

The situations where claims must be processed independently are:

1. Under the X12 837 P and D transactions, providers can list prior authorization (PA) numbers at the line level, so the potential exists for two or more distinct PA numbers on the same claim.
2. Under the X12 837P transaction, providers can list referral (PASSPORT) numbers at the line level, so the potential exists for two or more distinct referral numbers on the same claim.
3. Under the X12 837P and D transactions, providers can list different rendering provider numbers at the line level, so the potential exists for two or more distinct rendering providers on the same claim



*Please note the page numbers listed below in each of the tables represent the corresponding page number in the ANSI ASC X12N Implementation Guide for this transaction. Please refer to the Implementation Guide for any questions concerning standard data requirements for this transaction.

276 Claim Status Request – Data Clarifications

*PAGE	LOOP	SEGMENT	DATA ELEMENT	INDUSTRY NAME	COMMENTS
Interchange Control Header (ISA)					
B.3 DRAFT-3 March 2003	Envelope	ISA	01		Authorization Information Qualifier Please use 00.
B.4 DRAFT-3 March 2003	Envelope	ISA	02		Authorization Information Please use 10 spaces.
B.4 DRAFT-3 March 2003	Envelope	ISA	03		Security Information Qualifier Please use 00.
B.4 DRAFT-3 March 2003	Envelope	ISA	04		Security Information Please use 10 spaces.
B.4 DRAFT-3 March 2003	Envelope	ISA	05		Interchange ID Qualifier: Mutually Defined Please use ZZ.



*PAGE	LOOP	SEGMENT	DATA ELEMENT	INDUSTRY NAME	COMMENTS
B.4 DRAFT-3 March 2003	Envelope	ISA	06		Interchange Sender ID Please use your existing 7-digit Montana Submitter ID or 6-digit trading partner ID provided during the enrollment process. Note: Please make sure the submitter ID or Trading Partner ID is left justified with trailing spaces for a total of 15 characters. Do not use leading ZEROS .
B.5 DRAFT-3 March 2003	Envelope	ISA	07		Interchange ID Qualifier: Mutually Defined Please use ZZ .
B.5 DRAFT-3 March 2003	Envelope	ISA	08		Interchange Receiver ID Please use "100000" Note: Please make sure the Receiver ID is left justified with trailing spaces for a total of 15 characters. Do not use leading ZEROS
B.3 DRAFT-3 March 2003	Envelope	ISA	15		Usage Indicator: Test Data Please use 'T' when submitting a test file. Please use 'P' when submitting a production file.
Functional Group Header (GS)					
B.8 DRAFT-3 March 2003	Envelope	GS	02		Application Sender's Code Please use your existing 7-digit Montana Submitter ID or 6-digit trading partner ID provided during the enrollment process.



*PAGE	LOOP	SEGMENT	DATA ELEMENT	INDUSTRY NAME	COMMENTS
B.8 DRAFT-3 March 2003	Envelope	GS	03		Application Receiver Code Please use '77039'.
Payer Name (Loop 2100A)					
55	2100A	NM1	03	Payer Name	Please use 'Montana DPHHS Fiscal Bureau'.
55	2100A	NM1	08		Identification Code Qualifier Please use 'PI'.
56	2100A	NM1	09	Payer Identifier	Please use '77039'.
Provider Name (Loop 2100C)					
68	2100C	NM1	08		Identification Code Qualifier Please use "SV" (Medicaid Provider ID).
69	2100C	NM1	09	Provider Identifier	Please populate with Medicaid Provider ID.
Subscriber Name (Loop 2100D)					
75	2100D	NM1	08		Identification Code Qualifier Please use "MI" (Medicaid Recipient ID).
76	2100D	NM1	09	Subscriber Identifier	Please populate with Medicaid Recipient ID.



*PAGE	LOOP	SEGMENT	DATA ELEMENT	INDUSTRY NAME	COMMENTS
Claim Submitter Trace Number (Loop 2200D)					
78	2200D	REF	01		Reference Identification Qualifier Please use "1K" (TCN claim number). Used to process claims status inquiry access type "2".
79	2200D	REF	02	Payer Claim Control Number	Please populate with Transaction Control Number (TCN) claim number when available. Used to process claims status inquiry access type "2".
87	2200D	DTP	03	Claim Service Period	Claim Period Date Span (CCYYMMDD-CCYYMMDD). Used to process claims status inquiry access type "1".
General Note: Page 88 Service Line Information (Loop 2210D- SVC segment)					Montana is supporting claim level status inquiry. Any inquiry made at the service line level will return the status on the entire claim.
Dependent Level (Loop 2000E)					
94	2000E				This loop is not used.