REPORT - HIPAA 277 to SCC mapped fields only

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
		Health Care Claim Status Notification							
	ST	**Transaction Set Header**		**R**					
	ST 01	Transaction Set Identifier Code	ID3	R				"277"-Health Care Claim Status Notification	Translation
	ST 02	Transaction Set Control Number	AN9	R				sequence # start 1 by 1 for each ST-SE	Translation
	BHT	**Beginning of Hierarchical Transaction**		**R**					
	BHT01	Hierarchical Structure Code	ID4	R				"0010"-Information Source, Information Receiver, Provider of Service, Subscriber, Dependent	Translation
	BHT02	Transaction Set Purpose Code	ID2	R				"08"-Status	Translation
	BHT03	Originator Application Transaction Identifier	AN30	R				The translator must generate a timestamp which uniquely identifies the 277 transaction	Translation
	BHT04	Transaction Set Creation Date	DT8	R				Generate current date	Translation
	BHT06	Transaction Type Code	ID2	R				"DG"-Response	Translation
2000A	***HL***	***Information Source Level***		***R***					
2000A	**HL**	**Information Source Level**		**R**					
2000A	HL 01	Hierarchical ID Number	AN12	R				"1"-this if first HL	Translation
2000A	HL 03	Hierarchical Level Code	ID2	R				"20"-Information Source	Translation
2000A	HL 04	Hierarchical Child Code	ID1	R				"1"-Add'l HL follows	Translation
2100A	***NM1***	***Payer Name***		***R***					

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2100A	**NM1**	**Payer Name**		**R**					
2100A	NM101	Entity Identifier Code	ID3	R				"PR"-Payer	Translation
2100A	NM102	Entity Type Qualifier	ID1	R				"2"-Non-Person	Translation
2100A	NM103	Payer Name	AN35	R	HCFA1450	50A-PAYER 1	AN	Hard code "Washington State DSHS <admin>"	Translation
2100A	NM103	Payer Name	AN35	R	HCFA1500	11C-INSURED INSURANCE PLAN NAME OR PROGRAM NAME	AN	Hard code "Washington State DSHS <admin>"	Translation
2100A	NM109	Payer Identifier	AN80	R	HCFA1450	50A-PAYER 1	AN		
2100A	NM109	Payer Identifier	AN80	R	HCFA1500	11C-INSURED INSURANCE PLAN NAME OR PROGRAM NAME	AN		
2100A	**PER**	**Payer Contact Information**		**S**					
2000B	***HL***	***Information Receiver Level***		***R***					
2000B	**HL**	**Information Receiver Level**		**R**					
2000B	HL 01	Hierarchical ID Number	AN12	R				"2"-this is 2nd HL	Translation
2000B	HL 02	Hierarchical Parent ID Number	AN12	S				"1"-parent is 1st HL	Translation
2000B	HL 03	Hierarchical Level Code	ID2	R				"21"-Information Receiver	Translation
2000B	HL 04	Hierarchical Child Code	ID1	R				"1"-Add'l HL follows	Translation
2100B	***NM1***	***Information Receiver Name***		***R***					
2100B	**NM1**	**Information Receiver Name**		**R**					
2100B	NM101	Entity Identifier Code	ID3	R				"41"-Submitter	Translation

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2100B	NM103	Information Receiver Last or Organization Name	AN35	R	HCFA1450	1-Provider Name	AN		
2100B	NM103	Information Receiver Last or Organization Name	AN35	R	HCFA1500	33-PROVIDER NAME	AN		
2100B	NM108	Identification Code Qualifier	ID2	R				"XX"-NPI or "FI"-taxID	Translation
2100B	NM109	Information Receiver Identification Number	AN80	R	HCFA1450	5-FEDERAL TAX NO	AN	Store and return from request.	Match Back
2100B	NM109	Information Receiver Identification Number	AN80	R	HCFA1500	25-FEDERAL TAX ID	AN	Store and return from request.	Match Back
2000C	***HL***	***Service Provider Level***		***R***					
2000C	**HL**	**Service Provider Level**		**R**					
2000C	HL 01	Hierarchical ID Number	AN12	R				"3"-this is 3rd HL	Translation
2000C	HL 02	Hierarchical Parent ID Number	AN12	S				"2"-parent is 2nd HL	Translation
2000C	HL 03	Hierarchical Level Code	ID2	R				"19"-Provider of Service	Translation
2000C	HL 04	Hierarchical Child Code	ID1	R				"1"-Add'l HL follows	Translation
2100C	***NM1***	***Provider Name***		***R***					
2100C	**NM1**	**Provider Name**		**R**					
2100C	NM101	Entity Identifier Code	ID3	R				"1P"-Provider	Translation
2100C	NM102	Entity Type Qualifier	ID1	R				return from 276	Match Back
2100C	NM103	Provider Last or Organization Name	AN35	R	HCFA1450	1-Provider Name	AN	return from 276	Match Back
2100C	NM103	Provider Last or Organization Name	AN35	R	HCFA1500	33-PROVIDER NAME	AN	return from 276	Match Back
2100C	NM104	Provider First Name	AN25	S				return from 276	Match Back
2100C	NM108	Identification Code Qualifier	ID2	R				"SV"-payor's ID for prov	Translation

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2100C	NM109	Provider Identifier	AN80	R	HCFA1450	51A-PAYER 1 PROVIDER NO	AN		
2100C	NM109	Provider Identifier	AN80	R	HCFA1500	33-PROVIDER PIN	AN		
2000D	***HL***	***Subscriber Level***		***R***					
2000D	**HL**	**Subscriber Level**		**R**					
2000D	HL 01	Hierarchical ID Number	AN12	R				"4"-this is 4th HL	Translation
2000D	HL 02	Hierarchical Parent ID Number	AN12	S				"3"-parent is 3rd HL	Translation
2000D	HL 03	Hierarchical Level Code	ID2	R				"22"-Subscriber	Translation
2000D	HL 04	Hierarchical Child Code	ID1	R				"0"-if subscr=patient, else "1"	Translation
2000D	**DMG**	**Subscriber Demographic Information**		**R**					
2000D	DMG02	Subscriber Birth Date	AN35	R	HCFA1450	14-BIRTHDATE	AN		
2000D	DMG02	Subscriber Birth Date	AN35	R	HCFA1500	11A-INSURED DATE OF BIRTH	AN		
2000D	DMG03	Subscriber Gender Code	ID1	R	HCFA1450	15-SEX	AN		
2000D	DMG03	Subscriber Gender Code	ID1	R	HCFA1500	11A-INSURED SEX	AN		
2100D	***NM1***	***Subscriber Name***		***R***					
2100D	**NM1**	**Subscriber Name**		**R**					
2100D	NM101	Entity Identifier Code	ID3	R				"QC"-Patient	Translation
2100D	NM103	Subscriber Last Name	AN35	R	HCFA1450	12-PATIENT NAME	AN		
2100D	NM103	Subscriber Last Name	AN35	R	HCFA1500	2-PATIENT NAME	AN		
2100D	NM104	Subscriber First Name	AN25	S	HCFA1450	12-PATIENT NAME	AN		
2100D	NM104	Subscriber First Name	AN25	S	HCFA1500	2-PATIENT NAME	AN		
2100D	NM105	Subscriber Middle Name	AN25	S	HCFA1450	12-PATIENT NAME	AN		Case Management

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2100D	NM105	Subscriber Middle Name	AN25	S	HCFA1500	2-PATIENT NAME	AN		Case Management
2100D	NM108	Identification Code Qualifier	ID2	R				"MI"-Member ID	Translation
2100D	NM109	Subscriber Identifier	AN80	R	HCFA1450	60A-PAYER 1 INSURED ID NO	AN		
2100D	NM109	Subscriber Identifier	AN80	R	HCFA1500	1a-INSURED ID NUMBER	AN		
2200D	***TRN***	***Claim Submitter Trace Number***		***R***					
2200D	**TRN**	**Claim Submitter Trace Number**		**R**					
2200D	TRN01	Trace Type Code	ID2	R				"2"-referenced tx trace #	Translation
2200D	TRN02	Trace Number	AN30	R				Required if subscriber = patient: store and return from request	Match Back
2200D	**STC**	**Claim Level Status Information**		**R**					
2200D	STC01	Health Care Claim Status Category Code	AN30	R				Generate a status category code: www.wpc-edi.com	HIPAA Required
2200D	STC01	Health Care Claim Status Code	AN30	R				Generate a status code: www.wpc-edi.com	HIPAA Required
2200D	STC02	Status Information Effective Date	DT8	R				required: default to curent date	HIPAA Required
2200D	STC04	Total Claim Charge Amount	R18	R				save from 837-claim	HIPAA Required
2200D	STC05	Claim Payment Amount	R18	R				required: Zero if in process	HIPAA Required
2200D	STC07	Payment Method Code	ID3	S				If blank, use "CHK"; if "P", use "NON", else "ACH"	Translation
2200D	STC09	Check or EFT Trace Number	AN16	S				Required if claim is paid. If STC07="CHK", use check number; if STC07="ACH", use ACH number. Need to get from finance	HIPAA Required

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2200D	**REF**	**Payer Claim Identification Number**		**S**					
2200D	REF01	Reference Identification Qualifier	ID3	R				"1K"-payor's claim control number (ICN)	Translation
2200D	REF02	Payer Claim Control Number	AN30	R	HCFA1450	3-PATIENT CONTROL NO	AN	Store and return from request	Match Back
2200D	REF02	Payer Claim Control Number	AN30	R	HCFA1500	26-PATIENT ACCOUNT NUMBER	AN	Store and return from request	Match Back
2200D	**REF**	**Institutional Bill Type Identification**		**S**					
2200D	REF01	Reference Identification Qualifier	ID3	R				"BLT"-Billing Type	Translation
2200D	REF02	Bill Type Identifier	AN30	R	HCFA1450	4-TYPE OF BILL	AN	If inpatient, store & return from 276 or 837I	Match Back
2200D	**REF**	**Medical Record Identification**		**S**					
2200D	REF01	Reference Identification Qualifier	ID3	R				"EA"-Medical Record Number	Translation
2200D	REF02	Medical Record Number	AN30	R	HCFA1450	23-MEDICAL RECORD NO	AN		
2200D	REF02	Medical Record Number	AN30	R	HCFA1500	26-PATIENT ACCOUNT NUMBER	AN		
2200D	**DTP**	**Claim Service Date**		**S**					
2200D	DTP01	Date Time Qualifier	ID3	R				"232"-Claim Statement Period Start	Translation
2200D	DTP02	Date Time Period Format Qualifier	ID3	R				"RD8"-CCYYMMDD-CCYYMMDD	Translation
2200D	DTP03	Claim Service Period	AN35	R	HCFA1450	6-STATEMENT COVERS PERIOD FROM DATE	AN		
2200D	DTP03	Claim Service Period	AN35	R	HCFA1450	6-STATEMENT COVERS PERIOD TO DATE	AN		

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2220D	*SVC*	*Service Line Information*		*S*				Optional to support service level status	Processing Logic
2220D	**SVC**	**Service Line Information**		**S**					
2220D	SVC01	Product or Service ID Qualifier	ID2	R				"HC"-HCPCS	Translation
2220D	SVC01	Service Identification Code	AN48	R	HCFA1500	24D-PROCEDURE, SERVICE, SUPPLY ID	AN		
2220D	SVC01	Procedure Modifier	AN2	S	HCFA1500	24D-MODIFIER	AN		
2220D	SVC02	Line Item Charge Amount	R18	R	HCFA1450	47-SERVICE TOTAL CHARGES	AN		
2220D	SVC02	Line Item Charge Amount	R18	R	HCFA1500	24F-CHARGES	AN		
2220D	SVC03	Line Item Provider Payment Amount	R18	R				Required: zero if in process	HIPAA Required
2220D	SVC04	Revenue Code	AN48	S	HCFA1450	42-REVENUE CODE	AN		
2220D	SVC07	Original Units of Service Count	R15	S	HCFA1450	46-SERVICE UNITS	AN		
2220D	SVC07	Original Units of Service Count	R15	S	HCFA1500	24G-DAYS OR UNITS	AN		
2220D	**STC**	**Service Line Status Information**		**S**					
2220D	STC01	Health Care Claim Status Category Code	AN30	R				Required for service level status	HIPAA Required
2220D	STC01	Health Care Claim Status Code	AN30	R				Required for service level status	HIPAA Required
2220D	STC02	Status Information Effective Date	DT8	R				Required for service level status: enter processing date	HIPAA Required
2220D	**REF**	**Service Line Item Identification**		**S**					
2220D	**DTP**	**Service Line Date**		**S**					
2220D	DTP01	Date Time Qualifier	ID3	R				"472"-Service	Translation

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2220D	DTP02	Date Time Period Format Qualifier	ID3	R				"RD8"-CCYYMMDD-CCYYMMDD	Translation
2220D	DTP03	Service Line Date	AN35	R	HCFA1450	45-SERVICE DATE	AN	Required if sent in 837: store and return from 837	HIPAA Required
2220D	DTP03	Service Line Date	AN35	R	HCFA1500	24A-DATES OF SERVICE FROM DATE	AN	Required if sent in 837: store and return from 837	HIPAA Required
2220D	DTP03	Service Line Date	AN35	R	HCFA1500	24A-DATES OF SERVICE TO DATE	AN	Required if sent in 837: store and return from 837	HIPAA Required
2000E	***HL***	***Dependent Level***		***S***					
2000E	**HL**	**Dependent Level**		**S**					
2000E	**DMG**	**Dependent Demographic Information**		**R**					
2100E	***NM1***	***Dependent Name***		***R***					
2100E	**NM1**	**Dependent Name**		**R**					
2200E	***TRN***	***Claim Submitter Trace Number***		***R***					
2200E	**TRN**	**Claim Submitter Trace Number**		**R**					
2200E	**STC**	**Claim Level Status Information**		**R**					
2200E	**REF**	**Payer Claim Identification Number**		**R**					
2200E	**REF**	**Institutional Bill Type Identification**		**S**					
2200E	**REF**	**Medical Record Identification**		**S**					
2200E	**DTP**	**Claim Service Date**		**S**					
2220E	***SVC***	***Service Line Information***		***S***					

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2220E	SVC	Service Line Information		S					
2220E	STC	Service Line Status Information		S					
2220E	REF	Service Line Item Identification		S					
2220E	DTP	Service Line Date		S					
2220E	SE	Transaction Set Trailer		R					

Comment Type Legend:

Case Management = "Nice to Have" fields for case reviewers.

Electronic COB = If we do electronic COB, these fields will be needed.

HIPAA Questions = Questions about interpreting the HIPAA Implementation Guides.

HIPAA Required = Required fields in HIPAA that don't seem to be in the legacy system.

Map Codes = Need to crosswalk local codes to standard codes.

Match Back = Fields received on an incoming transaction that must be returned in the response.

Nice to Have = Optional fields that are useful for other reasons.

Policy Issues = Decisions to be made by system experts.

Processing Logic = Logic that needs to be built into either the front end or MMIS.

System Questions = Questions about the legacy systems.

Translation = Only use to program translations.

Column Heading Legend:

"DT" = Data Type

COBOL Data Types Legend:

X(n) - Character data with length of n bytes

9(n) - Integer data with length of n bytes

S9(n) - Signed integer data with length of n bytes

9(n)V99 or 9(n)V9(2) - Numeric data with n decimal digits before the decimal point and 2 decimal digits after the decimal point

S9(n)V99 or S9(n)V9(2) - Signed numeric data with n decimal digits before the decimal point and 2 decimal digits after the decimal point

HIPAA Data Types Legend:

ANn - Free text with length of n bytes

IDn - Coded value with length of n bytes

Nn - Numeric data with length of n bytes

Rn - Real data with length of n bytes

DT8 - Date expressed as CCYYMMDD

TM8 - Time expressed as HHMMSSDD, where H = hours (00-23), M = minutes (00-59), S = integer seconds (00-59) and DD = decimal seconds ((00-99)