

# Appendix VIII

## Alaska 276 Status Request Instructions

### Revision History

Date	Location	Revision
12/29/03	Entire Appendix	Initial release of 276 Appendix
11/01/04	Interchange Control Header: ISA06	Updated Additional Instructions
	Loop 2100B: NM108	Made value 46 bold
	Loop 2100C: NM108 and NM109	Updated Additional Instructions
	Transaction Set Trailer: GE and IEA	Added I.G. Page number

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The following table identifies the information that will be contained in the mapping tables in the appendices for submitting EDI transactions to Alaska Medical Assistance. The columns used in all data tables are:

<b>I.G. Page</b>	Referenced Page in the <i>HIPAA ANSI X12N Implementation Guide</i> (including any approved addenda)	
<b>I.G. SegID</b>	Segment ID in the Implementation Guide.	
<b>I.G. RefDes</b>	Field ID in the Implementation Guide.	
<b>I.G. Use</b>	Usage in the Implementation Guide: <b>R</b> means Required, and <b>S</b> means Situational, as defined by the national standard in the Implementation Guide.	
<b>I.G. Element Name</b>	Name of the element as given in the Implementation Guide.	
<b>Alaska</b>	This field describes the use of the segment/field by Alaska Medical Assistance as discussed below:	
	*	There is a requirement specific to Alaska Medical Assistance. Instructions to complete this field have been provided which detail the specifications for Alaska Medical Assistance. The expected values are highlighted.
	X	This indicates segments and/or fields, that will be validated and stored but may not be used for the purpose of claims processing by Alaska Medical Assistance.
	IG	This indicates that the expected values are identical to those in the Implementation Guide.
<b>Usage Details and Expected Value</b>	This field describes the expected values. The values required by Alaska Medical Assistance are highlighted. An explanation of the field may be provided. If values are not highlighted, any value listed is acceptable. If there are five (5) or less values listed in the Implementation Guide, then all of the values are listed in the transaction table. If more than five (5) values are listed in the Implementation Guide, then <b>&lt;See IG List&gt;</b> will appear in this column.	
<b>Additional Instructions</b>	This column provides instructions for populating the field in question and may include specific instructions regarding Alaska Medical Assistance.	

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I.G. Page	I.G. SegID	I.G. RefDes	I.G. Use	I.G. Element Name	Alaska	Usage Details and Expected Value	Additional Instructions
<b>B.3</b>	<b>ISA</b>			<b>Interchange Control Header</b>			
		ISA01	R	Authorization Information Qualifier	*	“00” - No Authorization Information Present	
		ISA02	R	Authorization Information	IG	10 blanks	
		ISA03	R	Security Information Qualifier	*	“00” - No Security Information Present	
		ISA04	R	Security Information	IG	10 blanks	
		ISA05	R	Interchange ID Qualifier	*	“ZZ” - Mutually Defined	
		ISA06	R	Interchange Sender ID	IG	Identification code published by the sender for other parties to use as the receiver ID to route data to them; the sender always codes this value in the sender ID Element	This code is your submitter ID. Enter that number here.
		ISA07	R	Interchange ID Qualifier	*	“ZZ” - Mutually Defined	
		ISA08	R	Interchange Receiver ID	*	“AKMEDICAID FHSC”	This is the ID of Alaska Medical Assistance. Enter “AKMEDICAID FHSC” here
		ISA09	R	Interchange Date	IG	“YYMMDD” - Date of the Interchange	
		ISA10	R	Interchange Time	IG	“HHMM” - Time of the Interchange	
		ISA11	R	Interchange Control Standards Identifier	IG	“U” - U.S. EDI Community of ASC X12, TDCC and UCS	
		ISA12	R	Interchange Control Version Number	IG	“00401” - Draft Standards for Trial Use Approved for Publication by ASC X12 Procedures Review Board through October 1997	
		ISA13	R	Interchange Control Number	IG	(ISA13 must be identical to the associated Interchange Trailer IEA02)	
		ISA14	R	Acknowledgment Requested	IG	“0” - No Acknowledgment Requested “1” - Interchange Acknowledgment Requested	
		ISA15	R	Usage Indicator	IG	“T” - Test Data “P” - Production Data	

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I.G. Page	I.G. SegID	I.G. RefDes	I.G. Use	I.G. Element Name	Alaska	Usage Details and Expected Value	Additional Instructions
		ISA16	R	Component Element Separator	*	Component Element Separator - The component element separator is a delimiter and not a data element; this field provides the delimiter used to separate component data elements within a composite data structure; this value must be different than the data element separator and the segment terminator.	
<b>B.8 &amp; 38A</b>	<b>GS</b>			<b>Function Group Header</b>			
		GS01	R	Functional Identifier Code	IG	“HR” - Health Care Claim Status Request (276)	
		GS02	R	Application Sender’s Code	IG	Code identifying party sending transmission; codes agreed to by trading partners	
		GS03	R	Application Receiver’s Code	*	“AKMEDICAID FHSC”	This is the ID of Alaska Medical Assistance. Enter ‘AKMEDICAID FHSC’ here
		GS04	R	Date	IG	Functional Group Creation Date expressed as CCYYMMDD	
		GS05	R	Time	IG	Functional Group Creation Time expressed as HHMM	
		GS06	R	Group Control Number	IG	Sender’s Assigned Number (GS06 must be identical to the associated Functional Group Trailer GE02)	
		GS07	R	Responsible Agency Code	IG	“X” – Accredited Standards Committee X12	
		GS08	R	Version/Release/Industry Identifier Code	IG	“004010X093A1”	
<b>49</b>	<b>ST</b>		<b>R</b>	<b>Transaction Set Header</b>			
		ST01	R	Transaction Set Identifier Code	IG	“276” - Health Care Claim Status Request	
		ST02	R	Transaction Set Control Number	IG	Variable - Unique within a specific functional group (GS-GE) and interchange (ISA-IEA), but can repeat in other groups and interchanges. (The Transaction Set Control Numbers in ST02 and SE02 must be identical.)	

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I.G. Page	I.G. SegID	I.G. RefDes	I.G. Use	I.G. Element Name	Alaska	Usage Details and Expected Value	Additional Instructions
50	BHT		R	<b>Beginning of Hierarchical Transaction</b>			
		BHT01	R	Hierarchical Structure Code	IG	“0010” - Information Source, Information Receiver, Provider of Service, Subscriber, Dependent	
		BHT02	R	Transaction Set Purpose Code	IG	“13” - Request	
		BHT04	R	Date	IG	Transaction Set Creation Date expressed as CCYYMMDD	
<b>LOOP 2000A - INFORMATION SOURCE LEVEL</b>							
52	HL		R	<b>Information Source Level</b>			
		HL01	R	Hierarchical ID Number	IG	A unique number assigned by the sender to identify a particular data segment in a hierarchical structure.	HL01 must begin with “1” and be incremented by one each time any HL segment is used in the transaction.
		HL03	R	Hierarchical Level Code	IG	“20” - Information Source	
		HL04	R	Hierarchical Child Code	IG	“1” - Additional Subordinate HL Data Segment in this Hierarchical Structure.	Enter a “1” here, as there will always be HL Segments subordinate to this loop.
<b>LOOP 2100A - PAYER NAME</b>							
54	NM1		R	<b>Payer Name</b>			
		NM101	R	Entity Identifier Code	IG	“PR” - Payer	
		NM102	R	Entity Type Qualifier	IG	“2” - Non-Person Entity	
		NM103	R	Name Last/Organization Name	*	“AKMEDICAID FHSC”	This is the ID of Alaska Medical Assistance. Enter ‘AKMEDICAID FHSC’ here
		NM108	R	Identification Code Qualifier	*	“PI” - Payor Identification	
		NM109	R	Identification Code	*	“AKMEDICAID FHSC”	This is the ID of Alaska Medical Assistance. Enter ‘AKMEDICAID FHSC’ here
58	PER		S	<b>Payer Contact Information</b>			<b>Information from this segment is not used by Alaska Medical Assistance.</b>
<b>LOOP 2000B - INFORMATION RECEIVER LEVEL</b>							
60	HL		R	<b>Information Receiver Level</b>			

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I.G. Page	I.G. SegID	I.G. RefDes	I.G. Use	I.G. Element Name	Alaska	Usage Details and Expected Value	Additional Instructions
		HL01	R	Hierarchical ID Number	IG	A unique number assigned by the sender to identify a particular data segment in a hierarchical structure.	HL01 must be incremented by one each time any HL segment is used in the transaction. If there is only one Receiver loop in this transaction, always enter a “2” here; if using more than one Receiver loop in this transaction, increment by 1 the number of total HL segments used thus far in the transaction.
		HL02	R	Hierarchical Parent ID Number	IG	Identification number of the next higher hierarchical data segment to which the data segment being described is subordinate.	
		HL03	R	Hierarchical Level Code	IG	“21” - Information Receiver	
		HL04	R	Hierarchical Child Code	IG	“1” - Additional Subordinate HL Data Segment in This Hierarchical Structure.	Enter a “1” here, as there will always be HL Segments subordinate to this loop.
<b>LOOP 2100B - INFORMATION RECEIVER NAME</b>							
<b>62</b>	<b>NM1</b>		<b>R</b>	<b>Information Receiver Name</b>			
		NM101	R	Entity Identifier Code	IG	“41” - Submitter	
		NM102	R	Entity Type Qualifier	IG	“1” - Person “2” - Non-Person Entity	
		NM103	R	Name Last or Organization Name	IG	Information Receiver Last or Organization Name	
		NM104	S	Name First	IG	Information Receiver First Name Required when NM102=1	
		NM105	S	Name Middle	IG	Information Receiver Middle Name Required when NM102=1 and known	
		NM107	S	Name Suffix	X	Information Receiver Name Suffix Required if known	
		NM108	R	Identification Code Qualifier	IG	“46” - Electronic Transmitter Identification Number “FI” - Federal Taxpayer’s Identification Number “XX” - Health Care Financing Administration National Provider Identifier	
		NM109	R	Identification Code	IG	Information Receiver Identification Number	

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I.G. Page	I.G. SegID	I.G. RefDes	I.G. Use	I.G. Element Name	Alaska	Usage Details and Expected Value	Additional Instructions
<b>LOOP 2000C - SERVICE PROVIDER LEVEL</b>							
<b>65</b>	<b>HL</b>		<b>R</b>	<b>Service Provider Level</b>			
		HL01	R	Hierarchical ID Number	IG	A unique number assigned by the sender to identify a particular data segment in a hierarchical structure.	HL01 must be incremented by one each time any HL segment is used in the transaction. Increment by 1 the number of total HL segments used thus far in the transaction.
		HL02	R	Hierarchical Parent ID Number	IG	Identification number of the next higher hierarchical data segment to which the data segment being described is subordinate.	
		HL03	R	Hierarchical Level Code	IG	“19” - Provider of Service	
		HL04	R	Hierarchical Child Code	IG	“1” - Additional Subordinate HL Data Segment in This Hierarchical Structure.	Enter a “1” here, as there will always be HL Segments subordinate to this loop.
<b>LOOP 2100C - PROVIDER NAME</b>							
<b>67</b>	<b>NM1</b>		<b>R</b>	<b>Provider Name</b>			
		NM101	R	Entity Identifier Code	IG	“1P” - Provider	
		NM102	R	Entity Type Qualifier	IG	“1” - Person “2” - Non-Person Entity	
		NM103	R	Name Last or Organization Name	IG	Provider Last or Organization Name	
		NM104	S	Name First	IG	Provider First Name Required if NM102 = 1	
		NM105	S	Name Middle	IG	Provider Middle Name Required if NM102 = 1 and is known	
		NM106	S	Name Prefix	X	Provider Name Prefix Required if known	Not applicable for Alaska Medical Assistance.
		NM107	S	Name Suffix	X	Provider Name Suffix Required if known	Not applicable for Alaska Medical Assistance.
		NM108	R	Identification Code Qualifier	*	“SV” - Service Provider Number	In order to process your request, Alaska Medical Assistance requires the SV code.
		NM109	R	Identification Code	IG	Provider Identifier	Enter the Alaska Medical Assistance Provider ID Number here.

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I.G. Page	I.G. SegID	I.G. RefDes	I.G. Use	I.G. Element Name	Alaska	Usage Details and Expected Value	Additional Instructions
				<b>LOOP 2000D - SUBSCRIBER LEVEL</b>			<b>For Alaska Medical Assistance each recipient is assigned a unique ID number, therefore the patient is considered as subscriber for all HIPAA transactions.</b>
<b>70</b>	<b>HL</b>		<b>R</b>	<b>Subscriber Level</b>			
		HL01	R	Hierarchical Identification Number	IG	A unique number assigned by the sender to identify a particular data segment in a hierarchical structure.	HL01 must be incremented by one each time any HL is used in the transaction. Increment by 1 the number of total HL segments used thus far in the transaction.
		HL02	R	Hierarchical Parent Identification Number	IG	Identification number of the next higher hierarchical data segment to which the data segment being described is subordinate.	HL02 identifies the hierarchical ID number of the HL segment to which the current HL segment is subordinate. Enter the hierarchical ID number of the particular Service Provider Level loop to which this segment is subordinate.
		HL03	R	Hierarchical Level Code	IG	“22” - Subscriber	
		HL04	R	Hierarchical Child Code	*	“0” - No Subordinate HL Segment in this Hierarchical Structure.	Enter a “0” here, as Alaska Medical Assistance does not use the Dependent HL segment level.
<b>72</b>	<b>DMG</b>		<b>S</b>	<b>Subscriber Demographic information</b>			<b>For Alaska Medical Assistance each recipient is assigned a unique ID number, therefore the patient is considered as subscriber for all HIPAA transactions.</b>
		DMG01	R	Date Time Period Format Qualifier	IG	“D8” - Date Expressed in Format CCYYMMDD	
		DMG02	R	Date Time Period	IG	Subscriber Birth Date	
		DMG03	R	Gender Code	IG	Subscriber Gender Code	
				<b>LOOP 2100D - SUBSCRIBER NAME</b>			<b>For Alaska Medical Assistance each recipient is assigned a unique ID number, therefore the patient is considered as subscriber for all HIPAA transactions.</b>
<b>74</b>	<b>NM1</b>		<b>R</b>	<b>Subscriber Name</b>			
		NM101	R	Entity Identifier Code	*	“QC” - Insured or Subscriber	

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I.G. Page	I.G. SegID	I.G. RefDes	I.G. Use	I.G. Element Name	Alaska	Usage Details and Expected Value	Additional Instructions
		NM102	R	Entity Type Qualifier	*	“1” - Person	
		NM103	R	Name Last or Organization Name	IG	Subscriber Last Name	
		NM104	S	Name First	IG	Subscriber First Name Required if NM102 = 1 and is known	
		NM105	S	Name Middle	IG	Subscriber Middle Name Required if NM102 = 1 and is known	
		NM106	S	Name Prefix	X	Subscriber Name Prefix	Not applicable for Alaska Medical Assistance.
		NM107	S	Name Suffix	IG	Subscriber Name Suffix Required if known	
		NM108	R	Identification Code Qualifier	*	“MI” - Member Identification Number	
		NM109	R	Identification Code	*	Subscriber Identifier	Enter Medicaid Recipient ID here
				<b>LOOP 2200D - CLAIM SUBMITTER TRACE NUMBER</b>			<b>For Alaska Medical Assistance each recipient is assigned a unique ID number, therefore the patient is considered as subscriber for all HIPAA transactions.</b>
<b>77 &amp; 10A</b>	<b>TRN</b>		<b>S</b>	<b>Claim Submitter Trace Number</b>			
		TRN01	R	Trace Type Code	IG	“1” - Current Transaction Trace Number	
		TRN02	R	Reference Identification	IG	Trace Number	Enter Patient Account Number here
<b>78 &amp; 12A</b>	<b>REF</b>		<b>S</b>	<b>Payer Claim Identification Number</b>			<b>Also known as ICN/DCN/CCN. This should be sent on claim inquiries when number is known.</b>
		REF01	R	Reference Identification Qualifier	IG	“1K” - Payor’s Claim Number	
		REF02	R	Reference Identification	IG	Payer Claim Control Number	
<b>80 &amp; 12A</b>	<b>REF</b>		<b>S</b>	<b>Institutional Bill Type Identification</b>			
		REF01	R	Reference I.D. Qualifier	IG	“BLT” - Billing Type	
		REF02	R	Reference Identification	IG	Bill Type Identifier	

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I.G. Page	I.G. SegID	I.G. RefDes	I.G. Use	I.G. Element Name	Alaska	Usage Details and Expected Value	Additional Instructions
<b>82 &amp; 16A</b>	<b>REF</b>		<b>S</b>	<b>Medical Record Identification</b>			<b>This is the Medical Record Number submitted on the original claim and should be sent when available.</b>
		REF01	R	Reference Identification Qualifier	IG	“EA” - Medical Record Identification Number	
		REF02	R	Reference Identification	IG	Medical Record Number	
<b>18A</b>	<b>REF</b>		<b>S</b>	<b>Group Number</b>			<b>This segment is not applicable to Alaska Medical Assistance.</b>
		REF01	R	Reference Identification Qualifier	IG	“LU” - Location Number	
		REF02	R	Reference Identification	IG	Group Number	
<b>84</b>	<b>AMT</b>		<b>S</b>	<b>Claim Submitted Charges</b>			<b>This Segment Reflects The Original Submitted Charges On Claim, if available</b>
		AMT01	R	Amount Qualifier Code	IG	“T3” - Total Submitted Charges	
		AMT02	R	Monetary Amount	IG	Total Claim Charge Amount	
<b>86</b>	<b>DTP</b>		<b>S</b>	<b>Claim Service Date</b>			
		DTP01	R	Date/Time Qualifier	IG	“232” - Claim Statement Period Start	
		DTP02	R	Date Time Period Format Qualifier	IG	“RD8” - Date Expressed in Format CCYYMMDD-CCYYMMDD	
		DTP03	R	Date Time Period	IG	Claim Service Period	
<b>LOOP 2210D - SERVICE LINE INFORMATION</b>							
<b>88</b>	<b>SVC</b>		<b>S</b>	<b>Service Line Information</b>			<b>Use this segment to request status information about a service line.</b>
		SVC01	R	Composite Medical Procedure Identifier			
		SVC01-1	R	Product/Service ID Qualifier	IG	Product or Service ID Qualifier <See IG List>	
		SVC01-2	R	Product/Service ID	IG	Service Identification Code	
		SVC01-3	S	Procedure Modifier	IG	Procedure Modifier 1 Required if submitted on the original claim service line	
		SVC01-4	S	Procedure Modifier	X	Procedure Modifier 2 Required if submitted on the original claim service line	

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I.G. Page	I.G. SegID	I.G. RefDes	I.G. Use	I.G. Element Name	Alaska	Usage Details and Expected Value	Additional Instructions
		SVC01-5	S	Procedure Modifier	X	Procedure Modifier 3 Required if submitted on the original claim service line	
		SVC01-6	S	Procedure Modifier	X	Procedure Modifier 4 Required if submitted on the original claim service line	
		SVC02	R	Monetary Amount	IG	Line Item Charge Amount	
		SVC04	S	Product/Service ID	IG	Revenue Code	
		SVC07	S	Quantity	IG	Original Units of Service Count	
<b>91</b>	<b>REF</b>		<b>S</b>	<b>Service Line Item Identification</b>			
		REF01	R	Reference Identification Qualifier	IG	“FJ” - Line Item Control Number	
		REF02	R	Reference Identification	IG	Line Item Control Number	
<b>93</b>	<b>DTP</b>		<b>R</b>	<b>Service Line Date</b>			
		DTP01	R	Date/Time Qualifier	IG	“472” - Service	
		DTP02	R	Date/Time Period Format Qualifier	IG	“RD8” - Date Expressed in Format CCYYMMDD-CCYYMMDD	
		DTP03	R	Date Time Period	IG	Claim Service Period	
				<b>LOOP 2000E - DEPENDENT LEVEL</b>			<b>For Alaska Medical Assistance each recipient is assigned a unique ID number, therefore the patient is considered as subscriber for all HIPAA transactions.  Complete Subscriber Level (Loop 2000D) to identify the patient. Do not complete Dependent Level (Loop 2000E)</b>
<b>94</b>	<b>HL</b>		<b>S</b>	<b>Dependent Level</b>			
<b>96</b>	<b>DMG</b>		<b>R</b>	<b>Dependent Demographic Information</b>			

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I.G. Page	I.G. SegID	I.G. RefDes	I.G. Use	I.G. Element Name	Alaska	Usage Details and Expected Value	Additional Instructions
				<b>LOOP 2100E - DEPENDENT NAME</b>			<p>For Alaska Medical Assistance each recipient is assigned a unique ID number, therefore the patient is considered as subscriber for all HIPAA transactions.</p> <p>Complete Subscriber Name (Loop 2100D) to identify the patient. Do not complete Dependent Name (Loop 2100E)</p>
98 & 20A	NM1		R	Dependent Name			
				<b>LOOP 2200E - CLAIM SUBMITTER TRACE NUMBER</b>			<p>For Alaska Medical Assistance each recipient is assigned a unique ID number, therefore the patient is considered as subscriber for all HIPAA transactions.</p> <p>Complete Subscriber's Claim Submitter Trace Number (Loop 2200D) to identify the patient. Do not complete Dependent's Claim Submitter Trace Number (Loop 2200E)</p>
101	TRN		S	Claim Submitter Trace Number			
103	REF		S	Payer Claim Identification Number			
105	REF		S	Institutional Bill Type Identification			
107	REF		S	Medical Record Identification			

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I.G. Page	I.G. SegID	I.G. RefDes	I.G. Use	I.G. Element Name	Alaska	Usage Details and Expected Value	Additional Instructions
109	AMT		S	Claim Submitted Charges			
111	DTP		S	Claim Service Date			
				<b>LOOP 2210E - SERVICE LINE INFORMATION</b>			<p>For Alaska Medical Assistance each recipient is assigned a unique ID number, therefore the patient is considered as subscriber for all HIPAA transactions.</p> <p>Complete Subscriber's Service Line Information (Loop 2210D) to identify the patient. Do not complete Dependent's Service Line Information (Loop 2210E)</p>
113	SVC		S	Service Line Information			
117	REF		S	Service Line Item Identification			
118	DTP		R	Service Line Date			
				<b>TRANSACTION SET TRAILER</b>			
120	SE		R	Transaction Set Trailer			
		SE01	R	Number of Included Segments	IG	Number of Segments in Transaction Set	
		SE02	R	Transaction Set Control Number	IG	Transaction Set Control Number (Transaction Set Control Number in ST02 and SE02 must be identical)	
B.10	GE		R	Functional Group Trailer			
		GE01	R	Number of Transactions set included	IG	Number of Transaction Sets Included	

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I.G. Page	I.G. SegID	I.G. RefDes	I.G. Use	I.G. Element Name	Alaska	Usage Details and Expected Value	Additional Instructions
		GE02	R	Group Control Number	IG	Sender's Assigned Number (GE02 must be identical to the associated Functional Group Header GS06)	
<b>B.7</b>	<b>IEA</b>		<b>R</b>	<b>Interchange Control Trailer</b>			
		IEA01	R	Number of Included Functional Groups	IG	Number of Functional Groups Included	
		IEA02	R	Interchange Control Number	IG	Interchange Control Number (IEA02 must be identical to the associated Interchange Header ISA13)	