

# Appendix IX

## Alaska 277 Status Response Instructions

### Revision History

Date	Location	Revision
12/29/03	Entire Appendix	Initial release of 277 Appendix
11/01/04	Interchange Control Header: ISA16	Updated Usage Details and Expected Value and updated Additional Instructions
	Functional Group Header	Updated I.G. Element Name
	Transaction Set Header: BHT03	Updated Additional Instructions
	Loop 2100A: PER	Updated Additional Instructions
	Loop 2000B: HL04	Updated Usage Details and Expected Value
	Loop 2100B: NM1 and NM101 – NM109	Updated Additional Instructions
	Loop 2000D: HL04, DMG, and DMG01 – DMG03	Updated Additional Instructions and updated Alaska (HL04 only)
	Loop 2100D: NM1 and NM101 – NM109	Updated Additional Instructions; made value M1 bold (NM108 only)
	Loop 2200D: STC01-2, STC10, STC11, REF (IG 167), REF (IG 169), and DTP	Updated Additional Instructions (all except STC10 and STC11); updated Alaska (STC10 and STC11 only)
	Loop 2220D: STC01-2	Updated Additional Instructions
	Loop 2000E: HL, DMG, and NM1	Updated Additional Instructions
	Loop 2200E: TRN, STC, REF (IG 210), REF (IG 212), REF (IG 214), and DTP	Updated Additional Instructions
	Loop 2220E: SVC, STC, REF, and DTP	Updated Additional Instructions
	SE02 (Transaction Set Trailer)	Updated Additional Instructions
	Functional Group Trailer: GE and GE02	Updated I.G. Page number (GE only); updated Usage Details and Expected Value and updated Additional Instructions (GE02 only)
IEA (Interchange Control Header)	Updated 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>R</b>	<b>Interchange Control Header</b>			
		ISA01	R	Authorization Information Qualifier	*	"00" – No Authorization Information Present	"00" in this field identifies "No Authorization Information Present" in ISA02 field.
		ISA02	R	Authorization Information	IG	10 blanks	
		ISA03	R	Security Information Qualifier	*	"00" – No Security Information Present	"00" in this field identifies "No Security Information Present" in ISA04 field.
		ISA04	R	Security Information	IG	10 blanks	
		ISA05	R	Interchange ID Qualifier	*	"ZZ" – Mutually Defined	
		ISA06	R	Interchange Sender ID	*	"AKMEDICAID FHSC"	"AKMEDICAID FHSC" in this field identifies the Alaska Medical Assistance Sender ID.
		ISA07	R	Interchange ID Qualifier	*	"ZZ" – Mutually Defined	
		ISA08	R	Interchange Receiver ID	IG	Identification code published by the receiver of data; When sending, it is used by the sender as their sending ID, thus other parties sending to them will use this as a receiving ID to route data to them.	
		ISA09	R	Interchange Date	IG	"YYMMDD" – Date of the Interchange	
		ISA10	R	Interchange Time	IG	"HHMMSSDD" – 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	*	"0" – No Acknowledgment Requested "1" – Interchange Acknowledgment Requested	
		ISA15	R	Usage Indicator	IG	"P" – Production Data "T" – Test 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	*	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.	Alaska Medical Assistance will use a ":" (colon) as the Component Element Separator in outbound transactions.	
<b>B.8 &amp; 38A</b>	<b>GS</b>		<b>R</b>	<b>Functional Group Header</b>				
		GS01	R	Functional Identifier Code	IG	"HN" – Health Care Claim Status Notification (277)		
		GS02	R	Application Sender's Code	*	"AKMEDICAID FHSC"	"AKMEDICAID FHSC" in this field identifies the Alaska Medical Assistance Sender's Code.	
		GS03	R	Application Receiver's Code	IG	Code identifying party receiving transmission; codes agreed to by trading partners		
		GS04	R	Date	IG	Functional Group Creation Date expressed as CCYYMMDD		
		GS05	R	Time	IG	Functional Group Creation Time		
		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>TRANSACTION SET HEADER</b>				
<b>125</b>	<b>ST</b>		<b>R</b>	<b>Transaction Set Header</b>				
		ST01	R	Transaction Set Identifier Code	IG	"277" – Health Care Claim Status Notification		
		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.)		
<b>126</b>	<b>BHT</b>		<b>R</b>	<b>Beginning Of Hierarchical Transaction</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
		BHT01	R	Hierarchical Structure Code	IG	"0010" – Information Source, Information Receiver, Provider of Service, Subscriber, Dependent	
		BHT02	R	Transaction Set Purpose Code	IG	"08" – Status	
		BHT03	R	Reference Identification	IG	Originator Application Transaction Identifier	The information in this element is returned from the 276 Request transaction.
		BHT04	R	Date	IG	Transaction Set Creation Date	
		BHT06	R	Transaction Type Code	IG	"DG" – Response	
<b>LOOP 2000A - INFORMATION SOURCE LEVEL</b>							
<b>128</b>	<b>HL</b>		<b>R</b>	<b>Information Source 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 begin with "1" and be incremented by one each time an 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.	
<b>LOOP 2100A - PAYER NAME</b>							
<b>130</b>	<b>NM1</b>		<b>R</b>	<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 or Organization Name	*	Payer Name	
		NM108	R	Identification Code Qualifier	*	"PI" – Payor Identification	
		NM109	R	Identification Code	*	Payer Identifier	
<b>133</b>	<b>PER</b>		<b>S</b>	<b>Payer Contact Information</b>			<b>Please refer to narrative portion of this Companion Guide and/or provider billing manuals for Alaska Medical Assistance and fiscal agent address and contact information.</b>
<b>LOOP 2000B - 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
<b>136</b>	<b>HL</b>		<b>R</b>	<b>Information Receiver 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 will be incremented by "1" each time an HL segment is used 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.	
<b>LOOP 2100B - INFORMATION RECEIVER NAME</b>							
<b>138</b>	<b>NM1</b>		<b>R</b>	<b>Information Receiver Name</b>			<b>The information in this segment is returned from the 276 Request transaction.</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	
		NM105	S	Name Middle	IG	Information Receiver Middle Name	
		NM107	S	Name Suffix	IG	Information Receive Name Suffix	
		NM108	R	Identification Code Qualifier	IG	"46" – Electronic Transmitter Identification Number (ETIN) "FI" – Federal Taxpayer's Identification Number "XX" – Health Care Financing Administration National Provider Identifier	
		NM109	R	Identification Code	IG	Information Receiver Identification Number	
<b>LOOP 2000C - SERVICE PROVIDER LEVEL</b>							
<b>141</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 will be incremented by "1" each time an HL segment is used in the transaction.

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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
		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.	
<b>LOOP 2100C - PROVIDER NAME</b>							
<b>143</b>	<b>NM1</b>		<b>R</b>	<b>Provider Name</b>			
		NM101	R	Entity Identifier Code	IG	"1P" – Provider	Returned if received in the 276 Request transaction
		NM102	R	Entity Type Qualifier	IG	"1" – Person "2" – Non-Person Entity	Returned if received in the 276 Request transaction
		NM103	R	Name Last or Organization Name	IG	Provider Last or Organization Name	Returned if received in the 276 Request transaction
		NM104	S	Name First	IG	Provider First Name	Returned if received in the 276 Request transaction
		NM105	S	Name Middle	IG	Provider Middle Name	Returned if received in the 276 Request transaction
		NM106	S	Name Prefix	IG	Provider Name Prefix	Returned if received in the 276 Request transaction
		NM107	S	Name Suffix	IG	Provider Name Suffix	Returned if received in the 276 Request transaction
		NM108	R	Identification Code Qualifier	IG	"FI" – Federal Taxpayer's Identification Number "SV" – Service Provider Number "XX" – Health Care Financing Administration National Provider Identifier	Returned if received in the 276 Request transaction
		NM109	R	Identification Code	IG	Provider Identification Number	Returned if received in the 276 Request transaction
<b>LOOP 2000D - SUBSCRIBER LEVEL</b>							
<b>146</b>	<b>HL</b>		<b>R</b>	<b>Subscriber 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 will be incremented by "1" each time an HL segment is used in the transaction.

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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
		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	"22" – Subscriber	
		HL04	R	Hierarchical Child Code	*	"0" – No Subordinate HL Segment in this Hierarchical structure.	For Alaska Medical Assistance, the subscriber is always the patient.
<b>148 &amp; 25A</b>	<b>DMG</b>		<b>S</b>	<b>Subscriber Demographic Information</b>			<b>The information in this segment is returned from the 276 Request transaction. However, if the information provided does not match the Medicaid Management Information System (MMIS), then a negative response will be returned.</b>
		DMG01	R	Date/Time Period Format Qualifier	IG	"D8" – Date Expressed in Format CCYYMMDD	
		DMG02	R	Date Time Period	*	Subscriber Birth Date	
		DMG03	R	Gender Code	*	Subscriber Gender Code "F" – Female "M" – Male "U" – Unknown	
<b>LOOP 2100D - SUBSCRIBER NAME</b>							
<b>150 &amp; 26A</b>	<b>NM1</b>		<b>R</b>	<b>Subscriber Name</b>			<b>The information in this segment is returned from the 276 Request transaction.</b>
		NM101	R	Entity Identifier Code	*	"QC" – Patient	
		NM102	R	Entity Type Qualifier	*	"1" – Person	
		NM103	R	Name Last or Organization Name	IG	Subscriber Last or Organization Name	
		NM104	S	Name First	IG	Subscriber First Name	
		NM105	S	Name Middle	IG	Subscriber Middle Name	
		NM106	S	Name Prefix	IG	Subscriber Name Prefix	
		NM107	S	Name Suffix	IG	Subscriber Name Suffix	
		NM108	R	Identification Code Qualifier	IG	"MI" – Member Identification Number	
		NM109	R	Identification Code	IG	Subscriber Identifier	
<b>153 &amp; 27A</b>	<b>TRN</b>		<b>S</b>	<b>Claim Submitter Trace Number</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
		TRN01	R	Trace Type Code	IG	"2" – Reference Transaction Trace Numbers	
		TRN02	R	Reference Identification	*	Trace Number	Returned from the 276 Request transaction
<b>LOOP 2200D - CLAIM LEVEL STATUS INFORMATION</b>							
<b>154</b>	<b>STC</b>		<b>R</b>	<b>Claim Level Status Information</b>			
		STC01	R	Health Care Claim Status			
		STC01-1	R	Industry Code	IG	Health Care Claim Status Category Code. (See Code Source 507 for valid Category Code)	
		STC01-2	R	Industry Code	IG	Health Care Claim Status (See Code Source 508 for valid Status Code)	Alaska Medical Assistance will be supporting the minimal code set for this transaction.
		STC01-3	S	Entity Identifier Code	IG	Code identifying organizational entity, physical location, property or individual <See IG List>	
		STC02	R	Date	IG	Status Information Effective Date	
		STC04	R	Monetary Amount	IG	Total Claim Charge Amount	
		STC05	R	Monetary Amount	IG	Claim Payment Amount	
		STC06	S	Date	IG	Adjudication or Payment Date	
		STC07	S	Payment Method Code	*	"CHK" – Check	Check is the only valid payment method valid for Alaska Medical Assistance.
		STC08	S	Date	IG	Check Issue	
		STC09	S	Check Number	IG	Check	
		STC10	S	Health Care Claim Status	X		
		STC10-1	R	Industry Code	X	Health Care Claim Status Category Code. (See Code Source 507 for valid Category Code)	
		STC10-2	R	Industry Code	X	Health Care Claim Status See Code Source 508 for valid Status Code)	
		STC10-3	S	Entity Identifier Code	X	Code identifying organizational entity, physical location, property or individual <See IG List>	
		STC11	S	Health Care Claim Status	X		
		STC11-1	R	Industry Code	X	Health Care Claim Status Category Code. See Code Source 507 for valid Category Code	

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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
		STC11-2	R	Industry Code	X	Health Care Claim Status See Code Source 508 for valid Category Code	
		STC11-3	S	Entity Identifier Code	X	Organizational Entity, Physical Location, Property or individual Identifier code See Pages 155 - 162 of I.G. guide for valid code list.	
<b>165 &amp; 29A</b>	<b>REF</b>		<b>S</b>	<b>Payer Claim Identification Number</b>			
		REF01	R	Reference Identification Qualifier	IG	"1K" – Payor's Claim Number	
		REF02	R	Reference Identification	*	Payer Claim Control Number	
<b>167 &amp; 31A</b>	<b>REF</b>		<b>S</b>	<b>Institutional Bill Type Identification</b>			<b>This segment is used only when the Bill Type is connected with the Institutional.</b>
		REF01	R	Reference Identification Qualifier	IG	"BLT" – Billing Type	
		REF02	R	Reference Identification	IG	Bill Type Identifier	
<b>169 &amp; 32A</b>	<b>REF</b>		<b>S</b>	<b>Medical Record Identification</b>			<b>This segment is used if the original 837 contained a Medical Record Number.</b>
		REF01	R	Reference Identification Qualifier	IG	"EA" – Medical Record ID Number	
		REF02	R	Reference Identification	IG	Medical Record Number	Returned if received in the 837 Claim transaction
<b>171</b>	<b>DTP</b>		<b>S</b>	<b>Claim Service Date</b>			<b>This segment is required for institutional claims.</b>
		DTP01	R	Date/Time Qualifier	IG	"232" – Claim Statement Period Start and End	
		DTP02	R	Date/Time Period Format Qualifier	IG	"RD8" – Date Expressed in Format CCYYMMDD-CCYYMMDD	
		DTP03	R	Date Time Period	*	Claim Service Period	
<b>LOOP 2220D - SERVICE LINE INFORMATION</b>							
<b>173</b>	<b>SVC</b>		<b>S</b>	<b>Service Line Information</b>			
		SVC01	R	Composite Medical Procedure Identifier.			
		SVC01-1	R	Product/Service Identification Qualifier	*	Product or Service ID Qualifier See Pages 174-157 of I.G. guide for valid values	

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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
		SVC01-2	R	Product/Service Identification	*	Service Identification code	
		SVC01-3	S	Procedure Modifier	*	Procedure Modifier 1	
		SVC01-4	S	Procedure Modifier	*	Procedure Modifier 2	
		SVC01-5	S	Procedure Modifier	*	Procedure Modifier 3	
		SVC01-6	S	Procedure Modifier	*	Procedure Modifier 4	
		SVC02	R	Monetary Amount	*	Line Item Charge Amount	
		SVC04	S	Product/Service Identification	*	Revenue Code	
		SVC07	S	Quantity	*	Original Units of Service Counts	
<b>177</b>	<b>STC</b>		<b>R</b>	<b>Service Line Status Information</b>			
		STC01	R	Health Care Claim Status			
		STC01-1	R	Industry Code	IG	Health Care Claim Status Category Code. See Code Source 507 for valid Category Code	
		STC01-2	R	Industry Code	IG	Health Care Claim Status See Code Source 508 for valid Category Code	Alaska Medical Assistance will be supporting the minimal code set for this transaction.
		STC01-3	S	Entity Identifier Code	IG	Organizational Entity, Physical Location, Property or individual Identifier code See Pages 178 - 185 of I.G. guide for valid code list.	
		STC02	R	Date	IG	Status Information Effective Date	Expressed in format CCYYMMDD
		STC04	S	Monetary Amount	IG	Line Item Charge Amount	
		STC05	S	Monetary Amount	IG	Line Item Provider Payment Amount	
		STC10	S	Health Care Claim Status			
		STC10-1	R	Industry Code	X	Health Care Claim Status Category Code. See Code Source 507 for valid Category Code	
		STC10-2	R	Industry Code	X	Health Care Claim Status See Code Source 508 for valid Category Code	
		STC10-3	S	Entity Identifier Code	X	Organizational Entity, Physical Location, Property or individual Identifier code See Pages 178 - 185 of I.G. guide for valid code list.	
		STC11	S	Health Care Claim Status			

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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
		STC11-1	R	Industry Code	X	Health Care Claim Status Category Code. See Code Source 507 for valid Category Code	
		STC11-2	R	Industry Code	X	Health Care Claim Status See Code Source 508 for valid Category Code	
		STC11-3	S	Entity Identifier Code	X	Organizational Entity, Physical Location, Property or individual Identifier code See Pages 178 - 185 of I.G. guide for valid code list.	
<b>187</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	*	Line Item Control Number	
<b>188</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	*	Service Line Date	
				<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.</b>
<b>190</b>	<b>HL</b>		<b>S</b>	<b>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.</b>
<b>192</b>	<b>DMG</b>		<b>R</b>	<b>Dependent 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>

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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>			For Alaska Medical Assistance each recipient is assigned a unique ID number, therefore the patient is considered as subscriber for all HIPAA transactions.
194	NM1		R	Dependent Name			For Alaska Medical Assistance, each recipient is assigned a unique ID number; therefore, the patient is considered as subscriber for all HIPAA transactions.
				<b>LOOP 2200E - CLAIM SUBMITTER TRACE NUMBER</b>			For Alaska Medical Assistance each recipient is assigned a unique ID number, therefore the patient is considered as subscriber for all HIPAA transactions.
197	TRN		R	Claim Submitter Trace Number			For Alaska Medical Assistance, each recipient is assigned a unique ID number; therefore, the patient is considered as subscriber for all HIPAA transactions.
199	STC		R	Claim Level Status Information			For Alaska Medical Assistance, each recipient is assigned a unique ID number; therefore, the patient is considered as subscriber for all HIPAA transactions.
210	REF		R	Payer Claim Identification Number			For Alaska Medical Assistance, each recipient is assigned a unique ID number; therefore, the patient is considered as subscriber for all HIPAA transactions.

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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
212	REF		S	Institutional Type Identification			For Alaska Medical Assistance, each recipient is assigned a unique ID number; therefore, the patient is considered as subscriber for all HIPAA transactions.
214	REF		S	Medical Record Identification			For Alaska Medical Assistance, each recipient is assigned a unique ID number; therefore, the patient is considered as subscriber for all HIPAA transactions.
216	DTP		S	Claim Service Date			For Alaska Medical Assistance, each recipient is assigned a unique ID number; therefore, the patient is considered as subscriber for all HIPAA transactions.
				<b>LOOP 2220E - SERVICE LINE INFORMATION</b>			For Alaska Medical Assistance each recipient is assigned a unique ID number, therefore the patient is considered as subscriber for all HIPAA transactions.
218	SVC		S	Service Line Information			For Alaska Medical Assistance, each recipient is assigned a unique ID number; therefore, the patient is considered as subscriber for all HIPAA transactions.
221	STC		S	Service Line Status Information			For Alaska Medical Assistance, each recipient is assigned a unique ID number; therefore, the patient is considered as subscriber for all HIPAA transactions.
231	REF		S	Service Line Item Identification			For Alaska Medical Assistance, each recipient is assigned a unique ID number; therefore, the patient is considered as subscriber for all HIPAA transactions.

## Alaska Trading Partner Companion Guide

I.G. Page	I.G. SegID	I.G. RefDes	I.G. Use	I.G. Element Name	Alaska	Usage Details and Expected Value	Additional Instructions
232	DTP		R	Service Line Date			For Alaska Medical Assistance, each recipient is assigned a unique ID number; therefore, the patient is considered as subscriber for all HIPAA transactions.
<b>TRANSACTION SET TRAILER</b>							
234	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 (must = ST02)	Transaction Set Control Numbers ST02 and SE02 will be identical.
B.10	GE			Functional Group Trailer			
		GE01	R	Functional Identifier Code	IG	Number of Transaction Sets Included	
		GE02	R	Application Sender's Code	IG	<b>Group Control Number</b> (must = GE06)	Sender's Assigned Number GE02 will be identical to associated Functional Group Header GS06.
B.7	IEA			Interchange Control Header			
		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)	