

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
1	<b>276 Claim Status Request - HIPAA 4010X093A1 Implementation Guide</b>															<b>TDH Specific Values</b>	
2	Element ID	Elem Use	Min Len	Max Len	Data Type	Seg Use	Seg Rep	Loop ID	LoopName	Loop Rep	Compos Seq ID	DED Name	Industry Name or Alias	HIPAA Valid Values	HIPAA Notes	TDH Valid Values	TDH Notes
3	ISA01	R	2	2	ID	R	1		INTERCHANGE CONTROL HEADER			Authorization Information Qualifier		00, 03		00	
4	ISA02	R	10	10	AN	R	1		INTERCHANGE CONTROL HEADER			Authorization Information				Spaces	
5	ISA03	R	2	2	ID	R	1		INTERCHANGE CONTROL HEADER			Security Information Qualifier		00, 01		00	
6	ISA04	R	10	10	AN	R	1		INTERCHANGE CONTROL HEADER			Security Information				Spaces	
7	ISA05	R	2	2	ID	R	1		INTERCHANGE CONTROL HEADER			Interchange ID Qualifier		01, 14, 20, 27, 28, 29, 30, 33, ZZ		ZZ	
8	ISA06	R	15	15	AN	R	1		INTERCHANGE CONTROL HEADER			Interchange Sender ID					Vendor ID
9	ISA07	R	2	2	ID	R	1		INTERCHANGE CONTROL HEADER			Interchange ID Qualifier		01, 14, 20, 27, 28, 29, 30, 33, ZZ		30	
10	ISA08	R	15	15	AN	R	1		INTERCHANGE CONTROL HEADER			Interchange Receiver ID				TAX ID 626001445	
11	ISA09	R	6	6	DT	R	1		INTERCHANGE CONTROL HEADER			Interchange Date		Format: YYMMDD			
12	ISA10	R	4	4	TM	R	1		INTERCHANGE CONTROL HEADER			Interchange Time		Format: HHMM			
13	ISA11	R	1	1	ID	R	1		INTERCHANGE CONTROL HEADER			Interchange Control Standards ID		U			
14	ISA12	R	5	5	ID	R	1		INTERCHANGE CONTROL HEADER			Interchange Control Version Number		00401			
15	ISA13	R	9	9	N0	R	1		INTERCHANGE CONTROL HEADER			Interchange Control Number		= IEA02			
16	ISA14	R	1	1	ID	R	1		INTERCHANGE CONTROL HEADER			Acknowledgment Requested		0, 1			
17	ISA15	R	1	1	ID	R	1		INTERCHANGE CONTROL HEADER			Usage Indicator		P, T			
18	ISA16	R	1	1		R	1		INTERCHANGE CONTROL HEADER			Component Element Separator					Pipe symbol
19	GS01	R	2	2	ID	R	1		FUNCTIONAL GROUP HEADER			Functional Identifier Code		HN or HR		HR	
20	GS02	R	2	15	AN	R	1		FUNCTIONAL GROUP HEADER			Application Sender's Code				TN Vendor Number 626001445	
21	GS03	R	2	15	AN	R	1		FUNCTIONAL GROUP HEADER			Application Receiver's Code				626001445	
22	GS04	R	8	8	DT	R	1		FUNCTIONAL GROUP HEADER			Date		Format: CCYYMMDD			
23	GS05	R	4	8	TM	R	1		FUNCTIONAL GROUP HEADER			Time					HHMM format
24	GS06	R	1	9	N0	R	1		FUNCTIONAL GROUP HEADER			Group Control Number					
25	GS07	R	1	2	ID	R	1		FUNCTIONAL GROUP HEADER			Responsible Agency Code		X			
26	GS08	R	1	12	AN	R	1		FUNCTIONAL GROUP HEADER			Version/Release/ Industry ID Code		004010X093A1			

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2	Element ID	Elem Use	Min Len	Max Len	Data Type	Seg Use	Seg Rep	Loop ID	LoopName	Loop Rep	Compos Seq ID	DED Name	Industry Name or Alias	HIPAA Valid Values	HIPAA Notes	TDH Valid Values	TDH Notes
27	ST01	R	3	3	ID	R	1		TRANSACTION SET HEADER			Transaction Set Identifier Code		276			
28	ST02	R	4	9	AN	R	1		TRANSACTION SET HEADER			Transaction Set Control Number			Unique number assigned by originator for transaction set which must be unique in functional group. Must be identical to segment SE02.		
29	BHT01	R	4	4	ID	R	1		BEGINNING OF HIERARCHICAL TRANSACTION			Hierarchical Structure Code		0010			
30	BHT02	R	2	2	ID	R	1		BEGINNING OF HIERARCHICAL TRANSACTION			Transaction Set Purpose		13			
31	BHT04	R	8	8	DT	R	1		BEGINNING OF HIERARCHICAL TRANSACTION			Date		Format: CCYYMMDD			
32	HL01	R	1	12	AN	R	1	2000A	INFORMATION SOURCE LEVEL	>1		Hierarchical ID Number		HL01 must begin with "1" and be incremented by one each time an HL is used in the transaction			
33	HL03	R	1	2	ID	R	1	2000A	INFORMATION SOURCE LEVEL	>1		Hierarchical Level Code		20			
34	HL04	R	1	1	ID	R	1	2000A	INFORMATION SOURCE LEVEL	>1		Hierarchical Child Code		1			
35	NM101	R	2	3	ID	S	1	2100A	PAYER NAME	>1		Entity Identifier Code		PR			
36	NM102	R	1	1	ID	S	1	2100A	PAYER NAME	>1		Entity Type Qualifier		2			
37	NM103	R	1	35	AN	S	1	2100A	PAYER NAME	>1		Name Last or Organization Name	Payer Name				
38	NM108	R	1	2	ID	S	1	2100A	PAYER NAME	>1		Identification Code Qualifier		PI,NI,AD,PP,FI,21		FI	
39	NM109	R	2	80	AN	S	1	2100A	PAYER NAME	>1		Identification Code				626001445	
40	HL01	R	1	12	AN	R	1	2000B	INFORMATION RECEIVER LEVEL	>1		Hierarchical ID Number					
41	HL02	R	1	12	AN	R	1	2000B	INFORMATION RECEIVER LEVEL			Hierarchical Parent ID Number					
42	HL03	R	1	2	ID	R	1	2000B	INFORMATION RECEIVER LEVEL	>1		Hierarchical Level Code		21			
43	HL04	R	1	1	ID	R	1	2000B	INFORMATION RECEIVER LEVEL	>1		Hierarchical Child Code		1			
44	NM101	R	2	3	ID	R	1	2100B	INFORMATION RECEIVER NAME	>1		Entity Identifier Code		41			
45	NM102	R	1	1	ID	R	1	2100B	INFORMATION RECEIVER NAME	>1		Entity Type Qualifier		1, 2			
46	NM103	R	1	35	AN	R	1	2100B	INFORMATION RECEIVER NAME	>1		Name Last or Organization Name	Information Receiver Last or Organization Name		Identifies who is requesting to the status information (Who is requesting the response). Used as the Sender in the 277 response.		
47	NM104	S	1	25	AN	R	1	2100B	INFORMATION RECEIVER NAME	>1		Name First	Information Receiver First Name		The first name is required when the value in NM102=1 and the person has a first name. Also, see comment on 2100B-NM103.		
48	NM105	S	1	25	AN	R	1	2100B	INFORMATION RECEIVER NAME	>1		Name Middle	Information Receiver Middle Name				
49	NM107	S	1	10	AN	R	1	2100B	INFORMATION RECEIVER NAME	>1		Name Suffix	Information Receiver Name Suffix				
50	NM108	R	1	2	ID	R	1	2100B	INFORMATION RECEIVER NAME	>1		Identification Code Qualifier		46, FI, XX		FI	

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2	Element ID	Elem Use	Min Len	Max Len	Data Type	Seg Use	Seg Rep	Loop ID	LoopName	Loop Rep	Compos Seq ID	DED Name	Industry Name or Alias	HIPAA Valid Values	HIPAA Notes	TDH Valid Values	TDH Notes
51	NM109	R	2	80	AN	R	1	2100B	INFORMATION RECEIVER NAME	>1		Identification Code	Information Receiver Identification Number		Identifies who is requesting to the status information (Who is requesting the response). This should match the Sender ID in the ISA (ISA06). Used as the Sender ID in the 277 response.	Sender's tax id Is this the vendor is in isa06???	
52	HL01	R	1	12	AN	R	1	2000C	SERVICE PROVIDER LEVEL	>1		Hierarchical ID Number					
53	HL02	R	1	12	AN	R	1	2000C	SERVICE PROVIDER LEVEL	>1		Hierarchical Parent ID Number					
54	HL03	R	1	2	ID	R	1	2000C	SERVICE PROVIDER LEVEL	>1		Hierarchical Level Code		19			
55	HL04	R	1	1	ID	R	1	2000C	SERVICE PROVIDER LEVEL	>1		Hierarchical Child Code		1			
56	NM101	R	2	3	ID	R	1	2100C	PROVIDER NAME	>1		Entity Identifier Code		1P			
57	NM102	R	1	1	ID	R	1	2100C	PROVIDER NAME	>1		Entity Type Qualifier		1, 2	Value sent must be returned on the 277 response as sent on 276.		
58	NM103	R	1	35	AN	R	1	2100C	PROVIDER NAME	>1		Name Last or Organization Name	Provider Last or Organization Name		Value sent must be returned on the 277 response as sent on 276.		
59	NM104	S	1	25	AN	R	1	2100C	PROVIDER NAME	>1		Name First	Provider First Name		The first name is required when the value in NM102=1 and the person has a first name. Also, see comment on 2100C-NM103.		
60	NM105	S	1	25	AN	R	1	2100C	PROVIDER NAME	>1		Name Middle	Provider Middle Name				
61	NM106	S	1	10	AN	R	1	2100C	PROVIDER NAME	>1		Name Prefix	Provider Name Prefix				
62	NM107	S	1	10	AN	R	1	2100C	PROVIDER NAME	>1		Name Suffix	Provider Name Suffix				
63	NM108	R	1	2	ID	R	1	2100C	PROVIDER NAME	>1		Identification Code Qualifier		FI, SV			FI for Bureau of Health Services
64	NM109	R	2	80	AN	R	1	2100C	PROVIDER NAME	>1		Identification Code	Provider Identifier			626001445	
65	HL01	R	1	12	AN	R	1	2000D	SUBSCRIBER LEVEL	>1		Hierarchical ID Number					
66	HL02	R	1	12	AN	R	1	2000D	SUBSCRIBER LEVEL	>1		Hierarchical Parent ID Number					
67	HL03	R	1	2	ID	R	1	2000D	SUBSCRIBER LEVEL	>1		Hierarchical Level Code		22			
68	HL04	R	1	1	ID	R	1	2000D	SUBSCRIBER LEVEL	>1		Hierarchical Child Code					
69	DMG01	R	2	3	ID	S	1	2000D	SUBSCRIBER LEVEL	>1		Date Time Period Format Qualifier		D8			
70	DMG02	R	1	35	AN	S	1	2000D	SUBSCRIBER LEVEL	>1		Date Time Period	Subscriber Birth Date				
71	DMG03	R	1	1	ID	S	1	2000D	SUBSCRIBER LEVEL	>1		Gender Code	Subscriber Gender Code	F, M, U			
72	NM101	R	2	3	ID	R	1	2100D	SUBSCRIBER NAME	1		Entity Identifier Code		IL, QC			QC
73	NM102	R	1	1	ID	R	1	2100D	SUBSCRIBER NAME	1		Entity Type Qualifier		1, 2			1
74	NM103	R	1	35	AN	R	1	2100D	SUBSCRIBER NAME	1		Name Last or Organization Name	Subscriber Last Name				
75	NM104	S	1	25	AN	R	1	2100D	SUBSCRIBER NAME	1		Name First	Subscriber First Name				
76	NM105	S	1	25	AN	R	1	2100D	SUBSCRIBER NAME	1		Name Middle	Subscriber Middle Name				
77	NM106	S	1	10	AN	R	1	2100D	SUBSCRIBER NAME	1		Name Prefix	Subscriber Name Prefix				
78	NM107	S	1	10	AN	R	1	2100D	SUBSCRIBER NAME	1		Name Suffix	Subscriber Name Suffix				
79	NM108	R	1	2	ID	R	1	2100D	SUBSCRIBER NAME	1		Identification Code Qualifier		24, MI, ZZ			
80	NM109	R	2	80	AN	R	1	2100D	SUBSCRIBER NAME	1		Identification Code	Subscriber Identifier				

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2	Element ID	Elem Use	Min Len	Max Len	Data Type	Seg Use	Seg Rep	Loop ID	LoopName	Loop Rep	Compos Seq ID	DED Name	Industry Name or Alias	HIPAA Valid Values	HIPAA Notes	TDH Valid Values	TDH Notes
81	TRN01	R	1	2	ID	S	1	2200D	CLAIM SUBMITTER TRACE NUMBER	>1		Trace Type Code		1			
82	TRN02	R	1	30	AN	S	1	2200D	CLAIM SUBMITTER TRACE NUMBER	>1		Reference Identification	Trace Number, Patient Account Number				
83	REF01	S	2	3	ID	S	1	2200D	CLAIM SUBMITTER TRACE NUMBER	>1		Reference ID Qualifier		1K			
84	REF02	S	1	30	AN	S	1	2200D	CLAIM SUBMITTER TRACE NUMBER	>1		Reference ID	Industry: Payer Claim Control Number				
85	AMT01	R	1	3	ID	S	1	2200D	CLAIM SUBMITTER TRACE NUMBER	>1		Amount Qualifier Code		T3			
86	AMT02	R	1	10	R	S	1	2200D	CLAIM SUBMITTER TRACE NUMBER	>1		Monetary Amount	Total Claim Charge Amount		This data element is required when the subscriber is the patient. This amount can be used as a secondary match within the payer's system if the claim has not been changed.		Used to validate claim inquiry, when sent. Please note that the value is not stored in the table, just compared, so there is no size problem even though the table attribute size is smaller than HIPAA max.
87	SVC01	R	N/A	N/A	N/A	S	1	2210D	SERVICE LINE INFORMATION	>1		Composite Medical Procedure Identifier			This segment is required by ASC X12 syntax if loop is used.		
88	SVC01	R	2	2	ID	S	1	2210D	SERVICE LINE INFORMATION	>1	SVC01-1	Product/Service ID Qualifier	Product or Service ID Qualifier	AD, CI, HC, ID, IV, N1, N2, N3, N4, ND, NH, NU, RB		HC	
89	SVC01	R	1	48	AN	S	1	2210D	SERVICE LINE INFORMATION	>1	SVC01-2	Product/Service ID	Service Identification Code				CPT Codes for HSA. HCSPCS for A&D.
90	SVC01	S	2	2	AN	S	1	2210D	SERVICE LINE INFORMATION	>1	SVC01-3	Procedure Modifier					
91	SVC01	S	2	2	AN	S	1	2210D	SERVICE LINE INFORMATION	>1	SVC01-4	Procedure Modifier					For A&D only.
92	SVC01	S	2	2	AN	S	1	2210D	SERVICE LINE INFORMATION	>1	SVC01-5	Procedure Modifier					For A&D only.
93	SVC01	S	2	2	AN	S	1	2210D	SERVICE LINE INFORMATION	>1	SVC01-6	Procedure Modifier					For A&D only.
94	SVC02	R	1	10	R	S	1	2210D	SERVICE LINE INFORMATION	>1		Line Item Charge Amount	Line Item Charge Amount				
95	SVC04	S	1	48	AN	S	1	2210D	SERVICE LINE INFORMATION	>1		Product/Service ID	Revenue Code				
96	SVC07	S	1	15	R	S	1	2210D	SERVICE LINE INFORMATION	>1		Quantity	Original Units of Service Count				
97	REF01	R	2	3	ID	S	1	2210D	SERVICE LINE INFORMATION	>1		Reference Identification Qualifier		FJ			
98	REF02	R	1	30	AN	S	1	2210D	SERVICE LINE INFORMATION	>1		Reference Identification	Line Item Control Number				
99	DTP01	R	3	3	ID	R	1	2210D	SERVICE LINE INFORMATION	>1		Date/Time Qualifier	Date Time Qualifier	472			
100	DTP02	R	2	3	ID	R	1	2210D	SERVICE LINE INFORMATION	>1		Date Time Period Format Qualifier		RD8			
101	DTP03	R	1	35	AN	R	1	2210D	SERVICE LINE INFORMATION	>1		Date Time Period	Service Line Date				
102	SE01	R	1	10	NO	R			TRANSACTION SET TRAILER			Number of Included Segments					
103	SE02	R	4	9	AN	R			TRANSACTION SET TRAILER			Transaction Set Control Number		= ST02			
104	GE01	R	1	6	NO	R			FUNCTIONAL GROUP TRAILER			Number of Transaction Sets Included					
105	GE02	R	1	9	NO	R			FUNCTIONAL GROUP TRAILER			Group Control Number		= GS06		= GS06	

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106	IEA01	R	1	5	N0	R			INTERCHANGE CONTROL TRAILER			Number of Included Functional Groups					
107	IEA02	R	9	9	N0	R			INTERCHANGE CONTROL TRAILER			Interchange Control Number		= ISA13		= ISA13	