

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
1	277 Claim Status Response - HIPAA 4010X093A1 Implementation Guide															TDH Specific Values	
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				TAX ID 626001445	
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				Vendor Id	
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		0	
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			
20	GS02	R	2	15	AN	R	1		FUNCTIONAL GROUP HEADER			Application Sender's Code				Tax Id 626001445	
21	GS03	R	2	15	AN	R	1		FUNCTIONAL GROUP HEADER			Application Receiver's Code				TN Vendor Number	
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
24	GS06	R	1	9	N0	R	1		FUNCTIONAL GROUP HEADER			Group Control Number					

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1	277 Claim Status Response - HIPAA 4010X093A1 Implementation Guide															TDH Specific Values	
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
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			
27	ST01	R	3	3	ID	R	1		TRANSACTION SET HEADER			Transaction Set Identifier Code		277	Identifies which Transaction Set we are processing		
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	Value gives the order of HL segments: Information Source, Information Receiver, Provider of Service, Subscriber, Dependent		
30	BHT02	R	2	2	ID	R	1		BEGINNING OF HIERARCHICAL TRANSACTION			Transaction Set Purpose Code		08			
31	BHT03	R	1	30	AN	R	1		BEGINNING OF HIERARCHICAL TRANSACTION			Reference Identification	Originator Application Transaction Identifier				
32	BHT04	R	8	8	DT	R	1		BEGINNING OF HIERARCHICAL TRANSACTION			Date		CCYYMMDD			
33	BHT06	R	2	2	ID	R	1		BEGINNING OF HIERARCHICAL TRANSACTION			Transaction Type Code		DG			
34	HL01	R	1	12	AN	R	1	2000A	INFORMATION SOURCE LEVEL			Hierarchical ID Number					
35	HL03	R	1	2	ID	R	1	2000A	INFORMATION SOURCE LEVEL	>1		Hierarchical Level Code		20			
36	HL04	R	1	1	ID	R	1	2000A	INFORMATION SOURCE LEVEL	>1		Hierarchical Child Code		1			
37	NM101	R	2	3	ID	R	1	2100A	PAYER NAME	>1		Entity Identifier Code		PR			
38	NM102	R	1	1	ID	R	1	2100A	PAYER NAME	>1		Entity Type Qualifier		2			

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1	277 Claim Status Response - HIPAA 4010X093A1 Implementation Guide															TDH Specific Values	
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
39	NM103	R	1	35	AN	R	1	2100A	PAYER NAME	>1		Name Last or Organization Name	Payer Name				For the Bureau of Alcohol and Drug the Payer name = TDH/AD. For the Bureau of Health Services = TDH/HSA
40	NM108	R	1	2	ID	R	1	2100A	PAYER NAME	>1		Identification Code Qualifier		21, AD, FI, NI, PI, PP, XV		FI	
41	NM109	R	2	80	AN	R	1	2100A	PAYER NAME	>1		Identification Code	Payer Identifier			Tax Id 626001445	
42	PER01	R	2	2	ID	S	1	2100A	PAYER NAME	>1		Contact Function Code		IC		IC	
43	PER02	S	1	60	AN	S	1	2100A	PAYER NAME	>1		Name	Payer Contact Name				
44	PER03	R	2	2	ID	S	1	2100A	PAYER NAME	>1		Communication Number Qualifier		ED, EM, TE		TE	
45	PER04	R	1	80	AN	S	1	2100A	PAYER NAME	>1		Communication Number					
46	HL01	R	1	12	AN	R	1	2000B	INFORMATION RECEIVER LEVEL	>1		Hierarchical Identification Number					
47	HL02	R	1	12	AN	R	1	2000B	INFORMATION RECEIVER LEVEL	>1		Hierarchical Parent Identification Number					
48	HL03	R	1	2	ID	R	1	2000B	INFORMATION RECEIVER LEVEL	>1		Hierarchical Level Code		21			
49	HL04	R	1	1	ID	R	1	2000B	INFORMATION RECEIVER LEVEL	>1		Hierarchical Child Code		1			
50	NM101	R	2	3	ID	R	1	2100B	INFORMATION RECEIVER NAME	>1		Entity Identifier Code		41			
51	NM102	R	1	1	ID	R	1	2100B	INFORMATION RECEIVER NAME	>1		Entity Type Qualifier		1, 2			
52	NM103	R	1	35	AN	R	1	2100B	INFORMATION RECEIVER NAME	>1		Name Last or Organization Name	Information Receiver Last or Organization Name				
53	NM104	S	1	25	AN	R	1	2100B	INFORMATION RECEIVER NAME	>1		Name First	Information Receiver First Name				
54	NM108	R	1	2	ID	R	1	2100B	INFORMATION RECEIVER NAME	>1		Identification Code Qualifier		46, FI, XX		FI	
55	NM109	R	2	80	AN	R	1	2100B	INFORMATION RECEIVER NAME	>1		Identification Code	Information Receiver Identification Number			Tax Id 626001445	
56	HL01	R	1	12	AN	R	1	2000C	INFORMATION RECEIVER LEVEL	>1		Hierarchical Identification Number					
57	HL02	R	1	12	AN	R	1	2000C	INFORMATION RECEIVER LEVEL	>1		Hierarchical Parent Identification Number					
58	HL03	R	1	2	ID	R	1	2000C	SERVICE PROVIDER LEVEL	>1		Hierarchical Level Code		19			
59	HL04	R	1	1	ID	R	1	2000C	SERVICE PROVIDER LEVEL	>1		Hierarchical Child Code		1			
60	NM101	R	2	3	ID	R	1	2100C	PROVIDER NAME	>1		Entity Identifier Code		1P			

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1	277 Claim Status Response - HIPAA 4010X093A1 Implementation Guide															TDH Specific Values	
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
61	NM102	R	1	1	ID	R	1	2100C	PROVIDER NAME	>1		Entity Type Qualifier		1, 2			
62	NM103	R	1	35	AN	R	1	2100C	PROVIDER NAME	>1		Name Last or Organization Name	Provider Last or Organization Name				
63	NM104	S	1	25	AN	R	1	2100C	PROVIDER NAME	>1		Name First	Provider First Name				
64	NM108	R	1	2	ID	R	1	2100C	PROVIDER NAME	>1		Identification Code Qualifier		FI, SV, XX			Bureau of Alcohol & Drug = SV. Bureau of Health Services = FI
65	NM109	R	2	80	AN	R	1	2100C	PROVIDER NAME	>1		Identification Code	Provider Identifier				Bureau of Alcohol & Drug = Site Number. Bureau of Health Services = Vendor ID
66	HL03	R	1	2	ID	R	1	2000D	SUBSCRIBER LEVEL	>1		Hierarchical Level Code		22			
67	DMG01	R	2	3	ID	S	1	2000D	SUBSCRIBER LEVEL	>1		Date/Time Period Format Qualifier		D8			
68	DMG02	R	1	35	AN	S	1	2000D	SUBSCRIBER LEVEL	>1		Date Time Period	Industry: Subscriber Birth Date Alias: Date of Birth - Subscriber				
69	DMG03	R	1	1	ID	S	1	2000D	SUBSCRIBER LEVEL	>1		Gender Code	Subscriber Gender Code	F, M, U			
70	NM101	R	2	3	ID	R	1	2100D	SUBSCRIBER NAME	1		Entity Identifier Code		IL, QC		QC	
71	NM102	R	1	1	ID	R	1	2100D	SUBSCRIBER NAME	1		Entity Type Qualifier		1, 2		1	
72	NM103	R	1	35	AN	R	1	2100D	SUBSCRIBER NAME	1		Name Last or Organization Name	Subscriber Last Name				
73	NM104	S	1	25	AN	R	1	2100D	SUBSCRIBER NAME	1		Name First	Subscriber First Name				
74	NM105	S	1	25	AN	R	1	2100D	SUBSCRIBER NAME	1		Name Middle	Subscriber Middle Name				
75	NM108	R	1	2	ID	R	1	2100D	SUBSCRIBER NAME	1		Identification Code Qualifier		24, MI, ZZ		MI	
76	NM109	R	2	80	AN	R	1	2100D	SUBSCRIBER NAME	1		Identification Code	Subscriber Identifier				
77	TRN01	R	1	2	ID	S	1	2200D	CLAIM SUBMITTER TRACE NUMBER	>1		Trace Type Code		2		2	Value being auto plugged by translation map.
78	TRN02	R	1	30	AN	S	1	2200D	CLAIM SUBMITTER TRACE NUMBER	>1		Reference Identification	Trace Number; Alias: Patient Account Number		This trace number is the trace or reference number from the originator of the transaction that was provided at the corresponding level within the 276 transaction.		
79	STC01	R	1	30	AN	R	1	2200D	CLAIM SUBMITTER TRACE NUMBER	>1	STC01-1	Industry Code	Health Care Claim Status Category Code	External Code Source 507			

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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
80	STC01	R	1	30	AN	R	1	2200D	CLAIM SUBMITTER TRACE NUMBER	>1	STC01-2	Industry Code	Health Care Claim Status Code	External Code Source 508	If the claim has a paid status, and there is no financial information, set STC01-2 equal to 3 indicating "claim has been adjudicated and is awaiting payment cycle".		
81	STC01	S	2	3	AN	R	1	2200D	CLAIM SUBMITTER TRACE NUMBER	>1	STC01-3	Entity Identifier Code		13, 17, 1E, 1G, 1H, 1I, 1O, 1Z, 28, 2A, 2B, 2E, 2I, 2K, 2P, 2Q, 2S, 2Z, 30, 36, 3A, 3C-3Z, 40, 43, 44, 4A-4J, 4L-4S, 4U-4Z, 5A-5Z, 61, 6A-6S, 6U-6Y, 71-74, 77, 7C, 80, 82, 84, 85, 87, 95, CK, CZ, D2, DD, DJ, DK, DN, DO, DQ, E1, E2, E7, E9, FA, FD, FE, G0, G3, GB, GD, GI, GJ, GK, GM, GY, HF, HH, I3, IJ, IL, IN, LI, LR, MR, OB, OD, OX, P0, P2, P3, P4, P6, P7, PT, PV, PW, QA-QE, QH, QK, QL, QN, QO, QS, QV, QY, RC, RW, S4, SJ, SU, T4, TQ, TT, TU, UH, X3, X4, X5, ZZ			
82	STC02	R	8	8	DT	R	1	2200D	CLAIM SUBMITTER TRACE NUMBER	>1		Date	Status Information Effective Date				
83	STC04	R	1	10	R	R	1	2200D	CLAIM SUBMITTER TRACE NUMBER	>1		Monetary Amount	Total Claim Charge Amount				

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1	277 Claim Status Response - HIPAA 4010X093A1 Implementation Guide															TDH Specific Values	
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
84	STC05	R	1	10	R	R	1	2200D	CLAIM SUBMITTER TRACE NUMBER	>1		Monetary Amount	Claim Payment Amount		This amount must be zero if adjudication process is not complete.		
85	REF01	R	2	3	ID	S	1	2200D	CLAIM SUBMITTER TRACE NUMBER	>1		Reference ID Qualifier		1K	Use this REF segment only if the subscriber is the patient		
86	REF02	R	1	30	AN	S	1	2200D	CLAIM SUBMITTER TRACE NUMBER	>1		Reference ID	Industry: Payer Claim Control Number				
87	DTP01	R	3	3	ID	S	1	2200D	CLAIM SUBMITTER TRACE NUMBER	>1		Date Time Qualifier	Date Time Qualifier	232			
88	DTP02	R	2	3	ID	S	1	2200D	CLAIM SUBMITTER TRACE NUMBER	>1		Date Time Period Format Qualifier		RD8			
89	DTP03	R	1	35	AN	S	1	2200D	CLAIM SUBMITTER TRACE NUMBER	>1		Date Time Period	Claim Service Period				
90	SVC01	R	2	2	ID	S	1	2220D	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	
91	SVC01	R	1	48	AN	S	1	2220D	SERVICE LINE INFORMATION	>1	SVC01-2	Product/Service ID	Service Identification Code				Bureau of Alcohol and Drug uses HCSPCS codes. Bureau of Health Services uses CPT codes.
92	SVC01	S	2	2	AN	S	1	2220D	SERVICE LINE INFORMATION	>1	SVC01-3	Procedure Modifier					
93	SVC01	S	2	2	AN	S	1	2220D	SERVICE LINE INFORMATION	>1	SVC01-4	Procedure Modifier					
94	SVC01	S	2	2	AN	S	1	2220D	SERVICE LINE INFORMATION	>1	SVC01-5	Procedure Modifier					
95	SVC01	S	2	2	AN	S	1	2220D	SERVICE LINE INFORMATION	>1	SVC01-6	Procedure Modifier					
96	SVC02	R	1	10	R	S	1	2220D	SERVICE LINE INFORMATION	>1		Monetary Amount	Line Item Charge Amount				
97	SVC03	R	1	18	R	S	1	2220D	SERVICE LINE INFORMATION	>1		Monetary Amount	Line Item Payment Amount				
98	SVC07	S	1	15	R	S	1	2220D	SERVICE LINE INFORMATION	>1		Quantity	Original Units of Service Count				
99	STC01	R	1	30	AN	R	1	2220D	SERVICE LINE INFORMATION		STC01-1	Industry Code	Health Care Claim Category Status Code				
100	STC01	R	1	30	AN	R	1	2220D	SERVICE LINE INFORMATION		STC01-2	Industry Code	Health Care Claim Status Code				
101	REF01	R	2	3	ID	S	1	2220D	SERVICE LINE INFORMATION	>1		Reference ID Qualifier		FJ			
102	REF02	R	1	30	AN	S	1	2220D	SERVICE LINE INFORMATION	>1		Reference Identification	Line Item Control Number				
103	SE01	R	1	10	N0	R	1		TRANSACTION SET TRAILER			Number of Included Segements					
104	SE02	R	4	9	AN	R	1		TRANSACTION SET TRAILER			Transaction Segment Count		= ST02			

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105	GE01	R	1	6	N0	R			FUNCTIONAL GROUP TRAILER			Number of Transaction Sets Included					
106	GE02	R	1	9	N0	R			FUNCTIONAL GROUP TRAILER			Group Control Number		= GS06			
107	IEA01	R	1	5	N0	R			INTERCHANGE CONTROL TRAILER			Number of Included Functional Groups					
108	IEA02	R	9	9	N0	R			INTERCHANGE CONTROL TRAILER			Interchange Control Number		= ISA13			