

Wyoming Medicaid EDI Companion Guide

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02/06/2025
Version 5.0
Security: N = No Restriction

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Revision History

Revision Level	Date	Description	Change Summary
Version 0.1	6/7/2021	Draft Submission	N/A
Version 0.2	9/30/2021	Second Minor Draft Submission	Updated Vendor PA batch number in 278 PA Request as requested by the Agency. Updated SFTP URLs and SFTP connection figure.
Version 1.0	10/25/2021	First Full Submission	First submission of completed document post go-live.
Version 2.0	12/17/2021	Second Submission	<p>Updated file name special characters allowed/not allowed, Chapter 3.</p> <p>Updated the following with Provider ID: Inbound transactions uploaded via web portal and sftp, Outbound TA1 and 999 Acknowledgement files, Outbound 835/271/277/278 Transaction file, and Outbound 835/271/277/278 Transaction file.</p> <p>Updated Outbound file names for SFTP example.</p> <p>Added note to Ch 5 for NPIs associated with multiple Provider IDs</p> <p>Updated Tables 7 and 8.</p>
Version 3.0	11/03/2022	Third Submission	<p>Added note to Chapter 9 278 Request for Review and Response about taxonomy segment and details, and requirements for taxonomy code.</p> <p>Added to Companion Guide Rules for Loop Id "2000E" Segment Id "REF" Data Element Id "REF01" Loop/Segment/Element Name "Reference Identification" in Table 7 "278 Prior Authorization Request - Data Clarifications Inbound".</p> <p>Added N/A to cells within all tables that were empty, this is a standard clarification.</p>
Version 4.0	06/27/2023	Fourth Submission	Inserted new chapter for 277CA Health Care Claim Acknowledgement (Chapter 9).
Version 4.1	12/01/2023	Acentra Health Rebranding	Change of logos and references
Version 5.0	02/06/2025	Fifth Submission	<p>Section 4.4.5 For Outbound 835/271/277/278 Transaction File: Added 277CA: Hipaa.123456789.20211122000155439.83114181.277CA.O.irl.out under Outbound File Names for the SFTP example.</p> <p>Chapter 13 - 837 Institutional Claims Transactions: In Table 13, added Loop Id 2320.</p>

Revision Level	Date	Description	Change Summary
			Chapter 14 - 837 Dental Claims Transactions: In Table 14, added Loop Id 2320.

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Chapter 1 – Overview

Thank you for your willingness to serve clients of the Medicaid Program and other medical assistance programs administered by the Division of Healthcare Financing. This manual supersedes all prior versions.

1.1 Rule References

Providers must be familiar with all current rules and regulations governing the Medicaid Program. Provider manuals are to assist Providers with billing Medicaid; they do not contain all Medicaid rules and regulations. Rule citations in the text are only a reference tool. They are not a summary of the entire rule. In the event that the manual conflicts with a rule, the rule prevails. Wyoming State Rules are located at <https://rules.wyo.gov/>.

1.2 Importance of Fee Schedules and Provider's Responsibility

Procedure codes listed in the following sections are subject to change at any time without prior notice. The most accurate way to verify coverage for a specific service is to review the Medicaid fee schedules on the website. Fee schedules list Medicaid covered codes, provide clarification of indicators, such as whether a code requires prior authorization and the number of days in which follow-up procedures are included. Not all codes are covered by Medicaid or are allowed for all taxonomy codes (provider types). It is the Providers' responsibility to verify this information. Use the current fee schedule in conjunction with the more detailed coding descriptions listed in the current CPT-4 and HCPCS Level II coding books. Remember to use the fee schedule and coding books that pertain to the appropriate dates of service. Providers may elect to utilize Current Procedural Terminology (CPT) or Current Dental Terminology (CDT) codes as applicable. However, all codes pertaining to dental treatment must adhere to all state guidance and federal regulation. Providers utilizing a CPT code for Dental services are bound to the requirements of both manuals. Wyoming Medicaid is required to comply with the coding restrictions under the National Correct Coding Initiative (NCCI) and Providers should be familiar with the NCCI billing guidelines. NCCI information may be reviewed at <http://www.cms.gov/Medicare/Coding/NationalCorrectCodInitEd/index.html>.

1.3 Getting Questions Answered

This Wyoming Medicaid EDI Companion Guide is designed to provide Wyoming-Specific or WY Custom rules for electronic transactions for assistance contact Provider Services at 1-888-996-6223.

1.4 Authority

The Wyoming Department of Health (WDH) is the single State agency appointed as required in the Code of Federal Regulations (CFR) to comply with the Social Security Act to administer the Medicaid Program in Wyoming. The Division of Healthcare Financing (DHCF) directly administers the Medicaid Program in

accordance with the Social Security Act, the Wyoming Medical Assistance and Services Act, (W.S. 42-4-101 et seq.), and the Wyoming Administrative Procedure Act (W.S. 16-3-101 et seq.). Medicaid is the name chosen by the Wyoming Department of Health for its Medicaid Program. This Wyoming Medicaid EDI Companion Guide is intended to be a guide for Providers when filing medical claims with Medicaid. This is to be read and interpreted in conjunction with Federal regulations, State statutes, administrative procedures, and Federally Approved State Plan and approved amendments. This Wyoming Medicaid EDI Companion Guide does not take precedence over Federal regulation, State statutes or administrative procedures.

Chapter 2 – Technical Infrastructure and Procedures

2.1 Technical Environment

2.1.1 Communication Requirements

This section describes how trading partners can send 837 Transactions to the WY System using macros in word by two methods:

- Secure File Transfer Protocol (SFTP)
- WY Provider Portal

To submit supporting document with electronic data interchange (EDI) files, use the SFTP method. The WY System does not currently support uploading supporting documents to the WY Provider Portal with EDI file. Refer to *Chapter 6 – Uploading Supporting Documentation*.

2.1.2 Testing Process

Completion of the testing process is not mandatory prior to submitting electronic transactions in production to the WY System. It is, however, strongly recommended to ensure proper billing and payment. Testing is conducted to ensure the following levels of Health Insurance Portability and Accountability Act (HIPAA) compliance.

- **Level 1:** Syntactical integrity: Testing of the EDI file for valid segments, segment order, element attributes, testing for numeric values in numeric data elements, validation of X12 syntax, and compliance with X12 rules.
- **Level 2:** Syntactical requirements: Testing for HIPAA Implementation Guide-specific syntax requirements, such as limits on repeat counts, used and not used qualifiers, codes, elements and segments. Also includes testing for HIPAA required or intra-segment situational data elements, testing for non-medical code sets as laid out in the Implementation Guide, and values and codes noted in the Implementation Guide via an X12 code list or table.
- **Level 3:** HIPAA Balance Testing: Validating claim line items amounts are equal to the total claim amount.
- **Level 7:** WY-defined custom rules: All transactions are validated against WY-defined custom rules as specified in the transaction specification chapters (*Chapter 7 – 270 and 271 Eligibility Request and Response* through *Chapter 12 – 837 Professional Claims Transactions*).
- Additional testing may be required in the future to verify any changes made to the WY System. Changes to the American National Standards Institute (ANSI) formats may also require additional testing.

2.1.3 Trading Partner Testing Procedures

The WY Provider Tutorials for Claims Submissions are available for download via the web at <https://www.wyomingmedicaid.com/portal/Provider-Training%2C-Tutorials-and-Workshops>.

1. The trading partner submits all HIPAA test files through the WY System Web Portal or Secure File Transfer Protocol (SFTP).
 - **Web Portal URL:** Open <https://login.wyomingmedicaid.us/>. Expand the “Web Batch – Upload EDI files online” section, and select **Provider Login for EDI Testing**.
 - **SFTP URL:** <sftp://mfttest.wy-bms.com>
2. The trading partner downloads acknowledgements for the test file from the WY Provider Portal or SFTP.
 - If WY System generates a positive TA1 and positive 999 acknowledgements, the file is successfully accepted. The trading partner is then ready to send 837 P/D/I, 276, 270 and 278 Vendor PA HIPAA files in production.
 - If the test file generates a negative TA1 or negative 999 acknowledgments, then the submission is unsuccessful, and the file is rejected. The trading partner must resolve all the errors that are reported on the negative TA1 or negative 999 and resubmit the file for test. Trading partners can continue to test in the testing environment until they receive a positive TA1 and positive 999.



Providers who already have Conduent Trading partner ID to submit EDI can be reused to submit EDI files in WYBMS system. Providers who do not have a trading partner id must enroll in the WYBMS system to get their trading partner id for EDI submission.

2.1.4 Production Environment

The trading partner submits all HIPAA production files through the WY Provider Portal or Secure File Transfer Protocol (SFTP).

- **Web Portal URL:** Open <https://login.wyomingmedicaid.us/>. Expand the “Web Batch – Upload EDI files online” section, and select **Provider Login**.
- **SFTP URL:** <sftp://mft.wyomingmedicaid.com>

2.1.5 Who to Contact for Assistance

- **WY Provider Services Telephone Number:** 1-888-996-6223
- **Hours:** 7:00 AM – 6:00 PM MT, Monday through Friday
- The following information is required when calling the helpdesk:
 - Topic of Call (such as setup, procedures, and so on)

- Name of Caller
- Submitter's WY Provider ID
- Organization of Caller
- Telephone Number of Caller
- Nature of Problem (such as connection, receipt status, Repost 835, and file rejects)

Chapter 3 – Uploading Batches via Web Interface

Once logged in to the WY BMS Portal, the user can select Upload file and Retrieve Acknowledgement/Response on the Provider Portal screen following the steps below:

1. To open the File Upload screen, select **Upload File** from the Provider Portal screen under the HIPAA section.

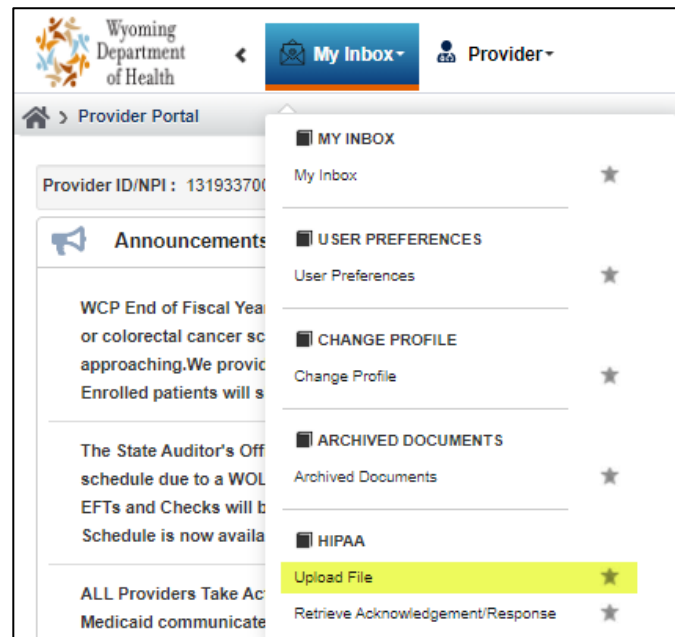


Figure 1. Provider Portal Screen

2. To open the File Upload dialog, select **Upload** from the File Upload screen

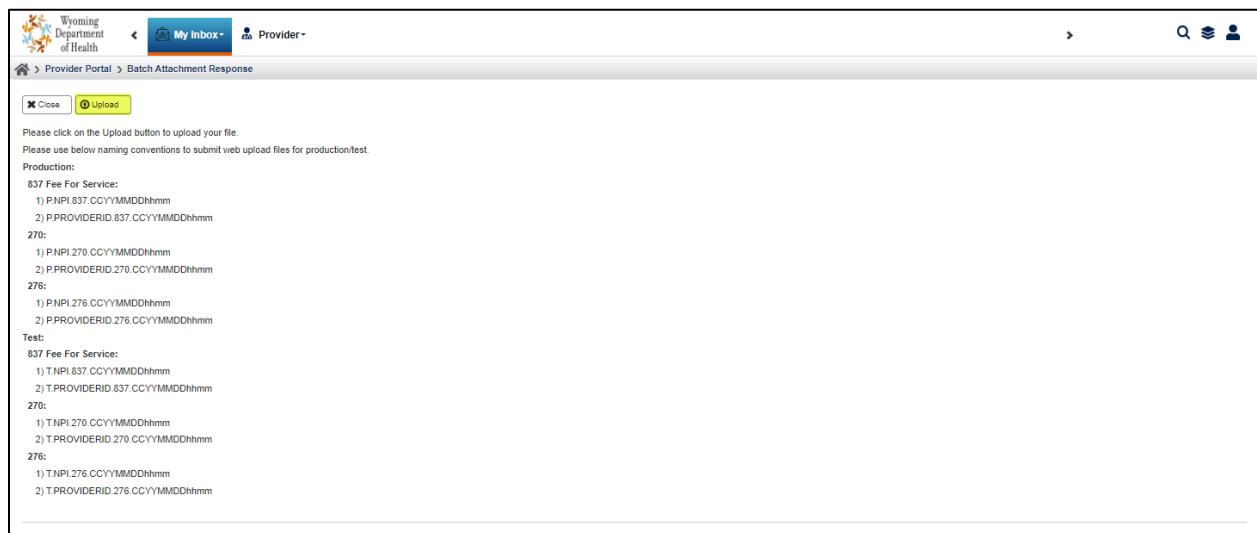


Figure 2. File Upload Screen

3. To locate the EDI file for upload, select **Choose File** from the File Upload dialog.

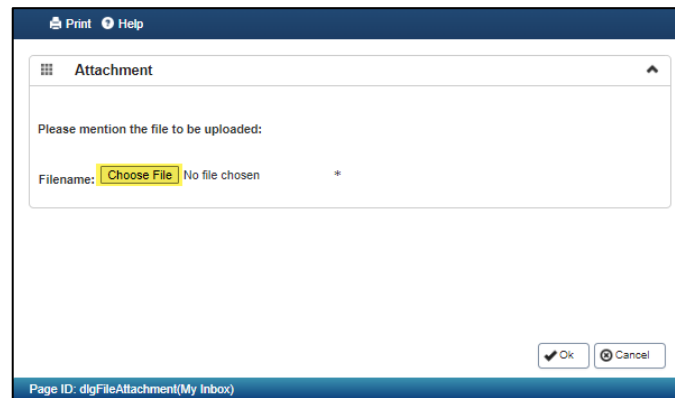


Figure 3. File Upload Dialog Screen (before EDI file selection)

4. Select the EDI file from your local file system.

The selected file must meet the following criteria:

- **File Size:** The file cannot be empty (for example, 0 kb) and cannot exceed 50 MB
- **File Name Extension:** The file name extension must be .dat with all lowercase

For example:

HIPAA.<TPId>.<datetimestamp>.<uploadmethod>.<usageindicator>.<originalfilename>.dat

- **File Name Length:** The file name length (including the file name extension) cannot be greater than 50 characters
- **File Name Special Characters:** The file name cannot contain special characters, ***although a period (.) is allowed***

Examples of ***special characters not allowed*** are:

- dollar sign (\$)
- pound (#)
- percent (%)
- ampersand (&)
- asterisk (*)
- underscore (_)

- To start the upload, select **Ok** from the File Upload Dialog. The system uploads the file to WY and renames the file following the specified naming convention.

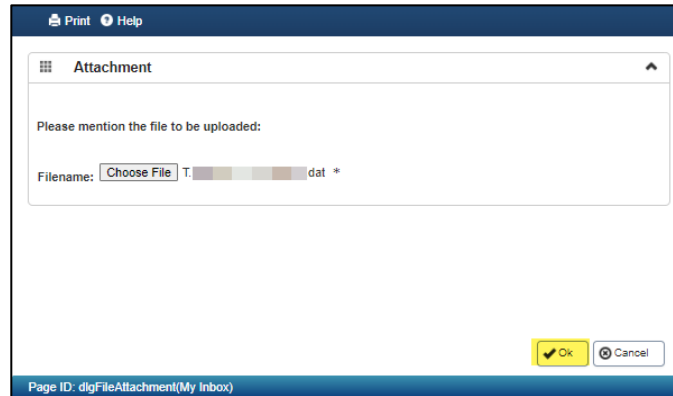


Figure 4. File Upload Dialog Screen (after EDI file selection)

A success or failure message displays on the screen along with transmission details.

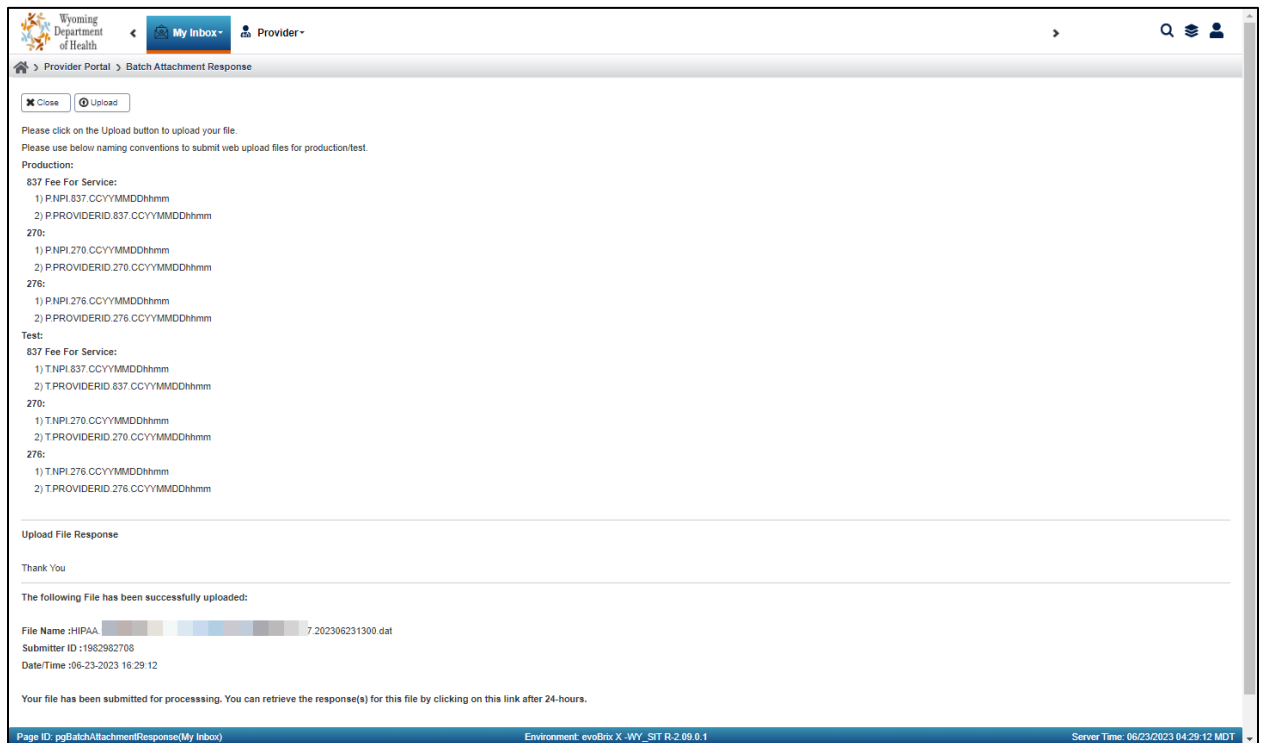


Figure 5. File Upload Screen with Success or Failure Message After the File is Uploaded

- To retrieve Acknowledgements or Responses (TA1, 999, and 277CA) as shown in *Figure 6* from the WY BMS Provider Portal screen, select the **Retrieve HIPAA Batch Responses** link. Use filter options such as Transaction Type, Upload and Sent Date, or File Name to search for the EDI files of interest.

Figure 6. HIPAA Response/Acknowledgements Screen

Provider ID	File Name	Transaction Type	Interchange Control Number	Upload/Sent Date	Response Type	Acknowledgement Status	Response File Name	Response Date
1982982708	HIPAA_7.202306231300.dat		044218424	06/23/2023 16:29:19	HTML Report	Accepted	HIPAA_7.202306231300.dat.tmp_Audit.html	06/23/2023 16:29:50
1982982708	HIPAA_7.202306231300.dat		044218424	06/23/2023 16:29:19	TA1	Accepted	HIPAA_7.202306231300.dat.tmp_TA1.dat	06/23/2023 16:29:50
1982982708	HIPAA_7.202306231300.dat	837P	044218424	06/23/2023 16:29:19	999	Accepted	HIPAA_7.202306231300.dat.tmp_GS44218424_999.dat	06/23/2023 16:29:50
1982982708	HIPAA_7.202306231300.dat	277CA	044218424	06/23/2023 16:29:19	277CA	Accepted	Hipaa_1162110.int.out	N/A

Chapter 4 – SFTP Setup, Directory, and File Naming Convention

4.1 Completing SFTP User Setup

Perform the following steps to set up the SFTP:

1. To open the SFTP User Details screen, select **SFTP User Details** from the WYBMS Provider Portal under the HIPAA section.

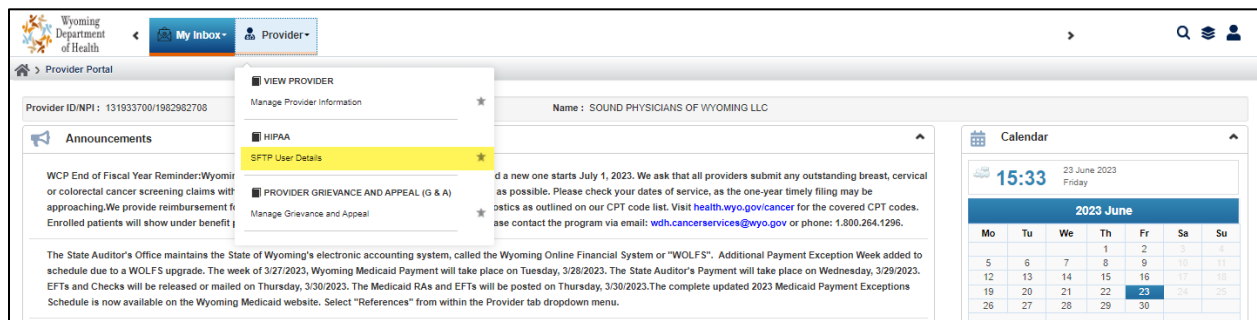


Figure 7. Opening the SFTP User Details Screen – Masthead

2. Select **Create SFTP User** to open the EDI SFTP User Info Dialog.



If the SFTP user has been created already, the Create SFTP User button displays as disabled, and the Reset SFTP Password button displays as enabled.



Figure 8. Opening the SFTP User Details Screen – Open

Figure 9. SFTP User Login Screen



The SFTP User Login ID is automatically assigned by WY using the Provider ID with “WY” prefix. For example, WY Provider ID is 123456789, the SFTP User Login ID is WY123456789.

3. Enter a secured password following the password policy as shown on screen, confirm it, and then select **Ok** to create a new SFTP user.

Figure 10. Creating New SFTP User

- The SFTP can now be accessed using an SFTP client such as WinSCP.

Figure 11. Accessing the SFTP Client

4.2 Resetting SFTP User Password

Perform the following steps to reset the SFTP password:

- To open the SFTP User Details screen, select **SFTP User Details** from the Provider Portal page under the Online Services menu HIPAA section.

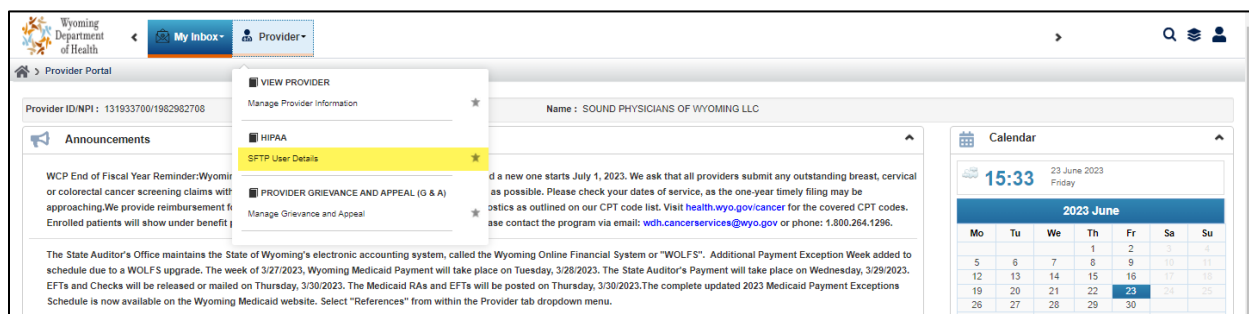


Figure 12. SFTP User Details Screen – Masthead



Figure 13. SFTP User Details Screen – Open

2. Select **Reset SFTP Password** to open the EDI SFTP User Info Dialog.



If the SFTP user has not been created already, the Create SFTP User button displays as enabled, and the Reset SFTP Password button displays as disabled.

Figure 14. EDI SFTP User Info

3. Enter a new password following the password policy as shown on screen, confirm it, and then select **Ok** to reset the SFTP password.

Figure 15. Resetting the SFTP User Password

4.3 SFTP Directory Naming Convention

The folder structure is as follows:

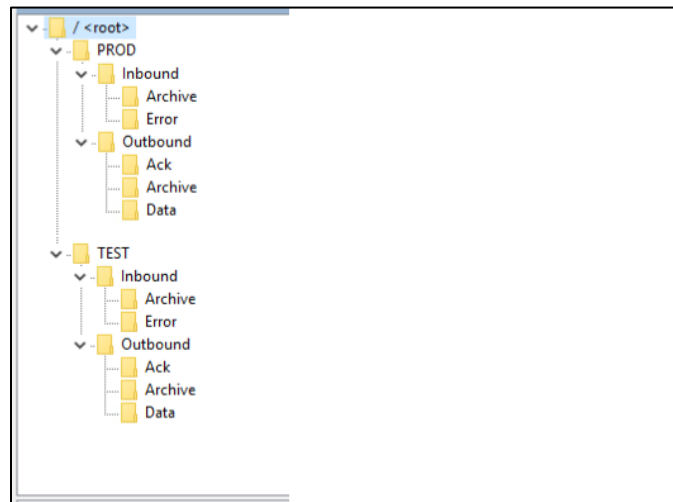


Figure 16. SFTP Folder Structure

There are two (2) categories of folders under the Trading Partner's SFTP folders:

1. **TEST:** Trading Partners submit and receive their test files under this folder
2. **PROD:** Trading Partners submit and receive their production files under this folder

The following folders are available under the TEST and PROD folders within the SFTP root of the Trading Partner:

- **Inbound**
 - Trading Partners use this folder to drop the Inbound files that need to be submitted to WY.
 - After the inbound 837 files are dropped to the Inbound folder, WY renames the file following inbound file naming convention in *Section 4.4 File Naming Convention* and performs the following file level validation before processing.
 - **File Size:** The file cannot be empty (for example, 0 kb)
 - **File Name Extension:** The file name extension must be .dat with all lower case
For example: MyHipaaFile.dat
 - **File Name Length:** The file name length (including the file name extension) cannot be greater than 50 characters
 - **File Name Special Characters:** The file name cannot contain special characters
 - The system renames the file that failed the validation with .error extension. After the user logs out from the SFTP account, the system moves the error file to the Inbound>Error folder.

- The file that passed the validation is ready for processing. After being processed, the system renames the file with .processed extension. After the user logs out from the SFTP account, the system moves the processed file to the Inbound>Archive folder.
- The files in both Inbound>Archive and Inbound>Error folders are retained for 30 days before they are purged by the system automatically.
- **Outbound**
 - X12 outbound transactions generated by WY are available in this folder.
 - The trading partner must look for acknowledgements to the files submitted in the Outbound>Ack folder. TA1 and 999 is available for all the files submitted by the Trading Partner that passed file level validation.
 - The trading partner must look for 835, 271, 278, and 277 files in the PROD>Outbound>Data folder. The 835 file is not generated for the test file uploaded in TEST.
 - It is recommended that the trading partner delete the acknowledge and 835, 271, 278, and 277 files after they are downloaded. The files in both Outbound>Ack and Outbound>Data folders are retained for ten (10) days before the system automatically moves them to the Outbound>Archive folder. The files in Outbound>Archive folder are retained for 30 days before they are purged by the system automatically.

4.4 File Naming Convention

When a HIPAA file is uploaded via Web Portal or SFTP, WY renames the file following the Inbound Transaction naming convention below and generates the Acknowledgement or Response files following the Outbound naming convention below.

4.4.1 For Inbound Transactions Uploaded via Web Portal

HIPAA.<TPId/Provider ID>.<timestamp>.<uploadmethod>.<usageindicator>.<originalfilename>

- <TPId> is the Trading Partner Id.
- <Provider ID> is the BMS Provider ID.<timestamp> is the Date in format YYYYMMDD and timestamp in format HHMMSS.
- <uploadmethod> is the method how the HIPAA file is uploaded. (F-FTP, W-Web).
- <usageindicator> is the method to identify Test or Prod file. (T-Test, P-Production).
- <originalfilename> is the original file name which is submitted by the trading partner.

4.4.2 For Inbound Transactions Uploaded via SFTP

HIPAA.<TPId/Provider ID>.<timestamp>.<uploadmethod>.<usageindicator>.<originalfilename>.dat

- <TPId> is the Trading Partner Id.<Provider ID> is the BMS Provider ID.

- <datetimestamp> is the Date in format YYYYMMDD and the timestamp in format HHMMSS.
- <uploadmethod> is the method how the HIPAA file is uploaded. (F-FTP, W-Web).
- <usageindicator> is the method to identify Test or Prod file. (T-Test, P-Production).
- <originalfilename> is the original file name which is submitted by the trading partner.

4.4.3 For Outbound TA1 Acknowledgement File

HIPAA.<TPId/Provider

ID>.<datetimestamp>.<uploadmethod>.<usageindicator>.<originalfilename>.<ta1extension>.dat

- <TPId> is the Trading Partner Id.<Provider ID> is the BMS Provider ID.
- <date timestamp> is the Date in format YYYYMMDD and the timestamp in format HHMMSS.
- <uploadmethod> is the method how the HIPAA file is uploaded. (F-FTP, W-Web).
- <usageindicator> is the method to identify Test or Prod file.(T-Test, P-Production).
- <originalfilename> is the original file name which is submitted by the trading partner.
- <ta1extension> is the system generate TA1 file extension

4.4.4 For Outbound 999 Acknowledgement File

HIPAA.<TPId/Provider

ID>.<datetimestamp>.<uploadmethod>.<usageindicator>.<originalfilename>.<999extension>.dat

- <TPId> is the Trading Partner Id.<Provider ID> is the BMS Provider ID.
- <date timestamp> is the Date in format YYYYMMDD and the timestamp in format HHMMSS.
- <uploadmethod> is the method how the HIPAA file is uploaded. (F-FTP, W-Web).
- <usageindicator> is the method to identify Test or Prod file.(T-Test, P-Production).
- <originalfilename> is the original file name which is submitted by the trading partner.
- <999extension> is the system generate 999 file extensions. If there are multiple GS/GE envelopes submitted in an 837P/D/I, 278, 270 and 276 files, WY will generate multiple 999 Acknowledgement files with different 999 file extensions.

4.4.5 For Outbound 835/271/277/278 Transaction File

Hipaa.<TPId/Provider Id>.<datetimestamp>.835.<sequencenumber>.O.irl.out

Hipaa.<TPId/Provider Id>.<datetimestamp>.271.<sequencenumber>.O.irl.out

Hipaa.<TPId/Provider Id>.<datetimestamp>.277.<sequencenumber>.O.irl.out

Hipaa.<TPId/Provider Id>.<datetimestamp>.278.<sequencenumber>.O.irl.out

Hipaa.<TPId/Provider Id>.<datetimestamp>.277CA.<sequencenumber>.O.irl.out

- <TPId> is the Trading Partner Id
- <date> is the Date in format YYYYMMDD
- <timestamp> is the timestamp in format HHMMSS

Example:

- WY Provider ID: 123456789
- Original 837 File Name: OriginalFileName.dat
- 837 File Upload Date/Time: February 25, 2020 03:16:36PM MT
- TA1 File Generation Date/Time: February 25, 2020 03:17:45PM MT
- 999 File Generation Date/Time: February 25, 2020 03:20:18PM MT
- 835 File Generation Date/Time: March 01, 2020 01:00:43AM MT
- 271 File Generation Date/Time: March 01, 2020 01:00:43AM MT
- 277 File Generation Date/Time: March 01, 2020 01:00:43AM MT
- 278 File Generation Date/Time: March 01, 2020 01:00:43AM MT
- 277CA File Generation Date/Time: March 01, 2020 01:00:43AM MT

Renamed Inbound File Names for the example:

- Inbound File (Web): HIPAA.123456789.20200225.151636.W.P.OriginalFileName.dat
- Inbound File (Web): HIPAA.123456789.20200225.151636.W.T.OriginalFileName.dat
- Inbound File (SFTP): HIPAA.123456789.20200225.151636.F.P.OriginalFileName.dat
- Inbound File (SFTP): HIPAA.123456789.20200225.151636.F.T.OriginalFileName.dat
- Inbound SFTP File passed validation:
 - HIPAA.123456789.20200225.151636.F.P.OriginalFileName.dat.processcd
 - HIPAA.123456789.20200225.151636.F.T.OriginalFileName.dat.processcd
- Inbound SFTP File failed validation:
 - HIPAA.123456789.20200225.151636.F.P.OriginalFileName.dat.error
 - HIPAA.123456789.20200225.151636.F.T.OriginalFileName.dat.error

Outbound File Names for the SFTP example:

- TA1: HIPAA.123456789.20211203040208.F.P.120320211203050100.dat.tmp_TA1.dat
- 999:
 - HIPAA.123456789.20211203040208.F.P.120320211203050100.dat.tmp_GS17688011_999.dat

- 835: Hipaa.123456789.20211122000155439.83083510.835.O.irl.out
- 271: Hipaa.123456789.20211122000155439.83114290.271.O.irl.out
- 277: Hipaa.123456789.20211122000155439.83116618.277.O.irl.out
- 278: Hipaa.123456789.20211122000155439.83114181.278.O.irl.out
- 277CA: Hipaa.123456789.20211122000155439.83114181.277CA.O.irl.out

Chapter 5 – Transaction Standards

5.1 General Information

HIPAA standards are specified in the Implementation Guide for each mandated transaction and modified by authorized Addenda. Currently, the 837 transaction has one (1) Addendum. This Addendum has been adopted as final and is incorporated into WY requirements.

An overview of requirements specific to the transaction can be found in the 837 Implementation Guide. Implementation Guides contain information related to:

- Format and content of interchanges and functional groups
- Format and content of the header, detailer, and trailer segments specific to the transaction
- Code sets and values authorized for use in the transaction
- Allowed exceptions to specific transaction requirements Transmission sizes are limited based on two (2) factors:
 - Number of Segments allowed by the WY System
 - Number of Records allowed by the WY System

The WY System file size limitations limit the size of the transaction (ST-SE envelope) to a maximum of 5,000 CLM segments.

WY limits a file size to 50 MB while uploading HIPAA files through the WY Provider Portal. It is recommended to limit the file size to 100 MB while uploading HIPAA file through SFTP.

At the highest level, if a National Provider ID (NPI) is associated with multiple provider IDs, the taxonomy is needed for EDI transaction to individualize with the Provider ID to assign.



According to this Wyoming Medicaid EDI Companion Guide, if the EDI transaction has a taxonomy segment then send the taxonomy details. Taxonomy code that must contain all characters as capital letters and a combination of letters and numbers.

5.1.1 Data Format

5.1.1.1 Delimiters

WY uses the following delimiters on outbound transactions:

- Data element separator: Asterisk (*)
- Sub-element Separator: colon (:)
- Segment Terminator: Tilde (~)

5.1.1.2 Dates

The following rules apply to any dates in the 837 transactions:

- For the 837 Professional/Dental, 270, 276, and 278 transactions all dates are formatted according to Year 2000 compliance, CCYYMMDD, except for the ISA09 element where the date format is YYMMDD.
- For the 837 Institutional all dates are formatted according to Year 2000 compliance, CCYYMMDD, except for the ISA09 element where the date format is YYMMDD and the Admission Date and Hour where the date format is CCYYMMDDHHMM.
- The only value acceptable for "CC" (century) is 20. The exception to this rule is for any of the Date of Birth values.
- Time is in military time format, one (1) to 24 to indicate hours and 00 to 59 to indicate minutes and seconds. ISA10 and GS05 elements are formatted HHMM (for example, 2115 defines the time of 9:15 PM MT). BGN04 element is HHMMSS (for example, 211515 defines the time of 9:15:15 PM MT).
- No spaces or character delimiters can be used in presenting dates or times.
- Dates that are logically invalid (for example, 20191301) are rejected.

5.1.1.3 Field Length

HIPAA regulations specify field lengths for all the data elements of the 837 Healthcare Claim transaction. For some of these data elements, WY processes fewer characters than the maximum allowed. The transaction specification chapters (*Chapter 7 – 270 and 271 Eligibility Request and Response through Chapter 12 – 837 Professional Claims Transactions*) display the WY field lengths.

5.1.1.4 Phone Number

Phone numbers are presented as contiguous number strings, without dashes or parenthesis markers. For example, the phone number (800) 555-1212 is presented as 8005551212. Area codes must always be included.

5.1.2 Data Interchange Conventions

When accepting 837 Healthcare Claim transactions from trading partners, WY follows standards developed by the Accredited Standards Committee (ASC) of the American National Standards Institute (ANSI). These standards involve the “outer envelopes” or Interchange Envelope (Interchange Control Header and Interchange Control Trailer (ISA/IEA)) and Functional Group (Functional Group Header and Functional Group Trailer (GS/GE)). All 837 Transactions must follow the HIPAA guideline. Refer to the 837 Implementation Guide for ISA/IEA envelop, GS/GE functional group, and Transaction Set Header and Transaction Set Trailer (ST/SE) transaction specifications. The WY System on ISA/IEA and GS/GE envelopes are shown in the beginning of the table in each chapter.

The ISA/IEA Interchange Envelope, unlike most ASC X12 data structures has fixed field length. The entire data length of the data element is to be considered and padded with spaces if the data element length is less than the field length.

Example of ISA with the entire data length with padded spaces:

```
ISA*00* *00* *ZZ*123456789 *ZZ*100000 *040303*1300*^*00501*000001001*1*T*:~
```

The WY System accepts 837 transaction files with single ISA/IEA envelope and allows multiple GS/GE envelopes. 837 transactions (with recommended limit of 5,000 CLM segments within an ST/SE envelop), can have multiple ST/SE envelopes within the same GS/GE envelope.

5.1.3 Acknowledgement Procedures

Once the file is submitted by the trading partner like 837 P/D/I, 270, 276, and 278 is successfully received by the WY system, a response in the form of TA1 and 999 acknowledgment transactions is placed in the appropriate folder (on the FTP server) of the trading partner. The WY system generates positive TA1 and positive 999 acknowledgements, if the submitted HIPAA file meets HIPAA standards related to syntax and data integrity. For files that do not meet the HIPAA standards, a negative TA1, or negative 999 are generated and sent to the trading partner.

5.1.4 Rejected Transmissions and Transactions

837 P/D/I, 270, 276, and 278 Healthcare files are rejected if the file does not meet HIPAA standards for syntax, data integrity, and structure (Strategic National Implementation Process (SNIP) type 1, 2, and 3). Additionally, the transactions are validated against WY-defined custom rules (SNIP type 7) as specified in the transaction specification chapters (*Chapter 7 – 270 and 271 Eligibility Request and Response through Chapter 12 – 837 Professional Claims Transactions*). Non-compliance of the custom rules result in rejection of the transaction.

Chapter 6 – Uploading Supporting Documentation

Perform the following steps to upload supporting documentation.

1. From the Provider Portal screen under the **INQUIRE CLAIMS** section, select **Inquire Claims**.

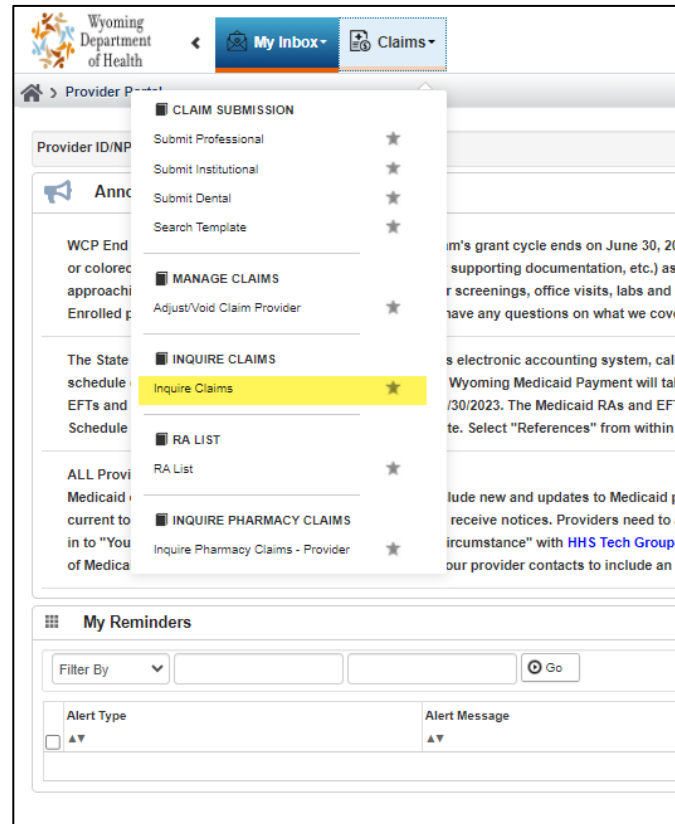


Figure 17. Inquire Claims Link with Selection

2. Search for the claim using the filter by selection for TCN, and then select the **TCN** link in the search results.

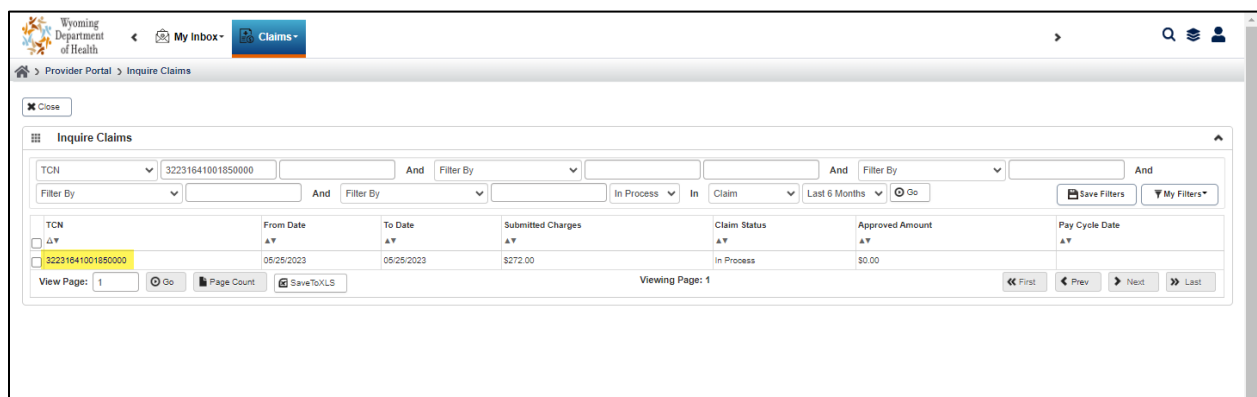


Figure 18. TCN Search Results and Link

3. Select the **Paperclip** icon to access to the Upload Menu.

The screenshot displays the 'Header Details' form in the Acentra Health system. The form is organized into several sections with various input fields and dropdown menus. Key fields include:

- Header Information:** Header TCN (32231641001850000), Beneficiary ID, Name, and a 'Show' button.
- Error, Reason and Remark Codes:** A section for reporting issues.
- Patient Information:** Beneficiary ID, Gender (F-Female), Patient Account Number (ZARH04), Place of Service (21-INPATIENT HOSPITAL), Last Name, First Name, DOB (01/21/1953), and Age (70).
- Provider Information:** Billing Provider ID, Type (NPI), Billing Provider Taxonomy (207R0000X), Submitted Billing Provider Taxonomy, Rendering Provider ID, Type (NPI), Rendering Provider Taxonomy (363LF0000X), Submitted Rendering Provider Taxonomy, Supervising Provider ID, Type, and Primary Care Referring Provider ID.
- Financial Information:** Pay To Provider ID, Type (NPI), Vendor ID (VC000014952), Referring Provider ID, Type (NPI), CLIA Number, and Diagnosis Code Category (ICD-10-CM).
- Diagnosis and Referral:** Auth R, Diagnosis Codes (1: G029, 2: N179, 3: E860, 4:, 5:, 6:, 7:), Referral R, and Delay Reason Code.
- Financial Summary:** Submitted Charges (\$272.00), Billed Amount (\$8.35), Approved Amount (\$9.92), Warrant/EFT Number, RA Number, and Pay Cycle Date.

A yellow paperclip icon is located in the top right corner of the form area, indicating the upload menu.

Figure 19. Paperclip Icon to Access the Upload Menu

4. Select the files to upload and select **Open**. Upon successful upload, the system displays a success message and the files appear in the Additional Documents list.

The screenshot displays the 'Additional Documents' form in the Acentra Health system. An 'Open' file dialog box is open, showing the 'Attachments' folder. The file 'doc_xxx.docx' is selected. The background form shows the 'Additional Documents' section with a table for document details.

Additional Documents Table:

Document Type *	Document Name *	File Name * (Size < 30 MB)	Remarks	Status	Uploaded By	Uploaded Date	TCN
<input type="checkbox"/> Claim	Reports	Choose File					

The 'Open' dialog box shows the following details:

- File Name:** doc_xxx.docx
- Date modified:** 6/23/2023 3:53 PM
- File type:** Custom Files (*.txt;*.gif;*.jpg;*.j)

Figure 20. Choose Files and Complete Upload

Chapter 7 – 270 and 271 Eligibility Request and Response

Health Care Eligibility Benefit Inquiry Request and Response for Wyoming Medicaid:

This section is used along with the ANSI ASC X12 Health Care Eligibility Request and Response 270 and 271. It is not a replacement for the TR3s, but rather an additional source of information. This section contains data clarifications derived from specific business rules that apply exclusively to Wyoming Medicaid.



The page numbers listed in each of the following tables represent the corresponding page number in the Technical Report Type3 (TR3) ANSI ASC X12N Consolidated Guide; Health Care Eligibility Benefit Inquiry and Response for the 270/271 005010X279 & 005010X279A1, June 2010.

7.1.1 Access Methods Supported by Wyoming Medicaid

- Access by Member ID number for Member
- Access by Member Card ID number
- Access by Social Security Number (SSN) and Date of Birth (format CCYYMMDD) for the Member
- Access by SSN and Name for the Member (any non-alphanumeric character including spaces included in the first or last name may cause the inquiry to not be successfully processed)
- Access by Name (any non-alphanumeric character including spaces included in the first or last name may cause the inquiry to not be successfully processed), Sex, and Date of Birth for the Member



References to “Member” are taken from the ANSI ASC X12N Consolidated Guide; Health Care Eligibility Benefit Inquiry and Response for the 270/271 005010X279 & 005010X279A1 and are synonymous with Member or Client.

7.1.2 Table Legend

Table 1 is the legend associated with the color coding found in the tables throughout this document.

Table 1. Table Legend

This color signifies a Loop information.
This color signifies a Segment within a Loop.
This color signifies a Composite Element within a Segment.

7.1.3 270 Eligibility Request

Table 2. 270 Eligibility Request

Loop Id	Segment Id	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
N/A	ISA	N/A	Interchange Control Header	N/A
N/A	ISA	ISA01	Authorization Information Qualifier	"00" (No Authorization Information Present (No Meaningful Information in I02))
N/A	ISA	ISA02	Authorization Information	10 Spaces
N/A	ISA	ISA03	Security Information Qualifier	"00" (No Security Information Present (No Meaningful Information in I04))
N/A	ISA	ISA04	Security Information	10 Spaces
N/A	ISA	ISA05	Interchange ID Qualifier	"ZZ" (Mutually Defined)
N/A	ISA	ISA06	Interchange Sender ID	Enter Trading Partner ID
N/A	ISA	ISA07	Interchange ID Qualifier	"ZZ" (Mutually Defined)
N/A	ISA	ISA08	Interchange Receiver ID	Enter 100000 Followed by spaces. left justified followed by spaces.
N/A	ISA	ISA13	Interchange Control Number	Set of 9 numbers. Must be unique for each transaction.
N/A	ISA	ISA14	Acknowledgment Requested	Always use number "1" for Interchange Acknowledgment Requested (TA1). Without this indicator, acknowledgment will not be returned for the submitted transaction if an error on the ISA segment is detected. And the submitted EDI file will not be processed.
N/A	ISA	ISA15	Interchange Usage Indicator	Always use "P" for Production Data and "T" for Test Data.

Loop Id	Segment Id	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
N/A	GS	N/A	Functional Group Header	Always submit single Provider specific requests in a 270 file. If not, acknowledgement or response generated for these files will not be accessible from WYBMS screens to download.
N/A	GS	GS02	Application Sender's Code	Enter Trading Partner ID
N/A	GS	GS03	Application Receiver's Code	77046
N/A	ST	N/A	Transaction Set Header	N/A
N/A	BHT	N/A	Segment - Beginning of Hierarchical Transaction	N/A
N/A	BHT	BHT02	Transaction Set Purpose Code	"13" (Request)
2100A	N/A	N/A	Loop 2100A - Information Source Name	N/A
2100A	NM1	N/A	Information Source Name	N/A
2100A	NM1	NM101	Entity Identifier Code	"PR" (Payer)
2100A	NM1	NM103	Name Last or Organization Name	Wyoming Medicaid
2100A	NM1	NM108	Identification Code Qualifier	"PI" (Payer Identification)
2100A	NM1	NM109	Identification Code	77046
2100B	N/A	N/A	Loop 2100B - Information Receiver Name	N/A
2100B	NM1	N/A	Information Receiver Name	N/A

Loop Id	Segment Id	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2100B	NM1	NM108	Identification Code Qualifier	SV is to be used only when a Wyoming Provider is an Atypical Provider or non-medical. "XX" (Use Center for Medicare and Medicaid Services National Provider Identifier). The National Provider ID (NPI) qualifier "XX" must be submitted for Non- Atypical Providers. Atypical Providers can submit any Identification Qualifier other than 'XX'.
2100B	NM1	NM109	Identification Code	The National Provider ID (NPI) must be submitted for Non-Atypical Providers. Atypical Providers can submit any Identification Code other than NPI. Enter Wyoming Medicaid Provider ID when NM108 is SV.
2100B	REF	N/A	Information Receiver Additional Identification	N/A
2100B	REF	REF01	Reference Identification Qualifier	Use "1D" for Atypical Providers
2100B	REF	REF02	Reference Identification	WYBMS Provider ID for Atypical Provider use only
2100C	N/A	N/A	Subscriber Name	N/A
2100C	NM1	N/A	Subscriber Name	N/A
2100C	NM1	NM103	Name Last or Organization Name	<Member Last Name>
2100C	NM1	NM108	Identification Code Qualifier	"MI" (Member Identification Number)
2100C	NM1	NM109	Identification Code	WYBMS Beneficiary Medicaid ID

Loop Id	Segment Id	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2100C	NM1	N/A	Subscriber Additional Information	N/A
2100C	REF	REF01	Reference Identification Qualifier	Use "SY" if identifying the beneficiary using SSN.
2100C	REF	REF02	Reference Identification	Beneficiary's Social Security Number if using as Alternate Search option.
2100C	N4	N/A	Subscriber City, State, Zip Code	N/A
2100C	N4	N403	Postal Code	<Member Postal Zone or ZIP Code> Identify the Beneficiary's Zip code in this segment if using as Alternate Search option.
2100C	DMG	N/A	Subscriber Demographic Information	N/A
2100C	DMG	DMG02	Date Time Period	<Member's Birth Date>, in CCYYMMDD format if using as a search option.
2100C	DMG	DMG03	Gender Code	"F" (Female) "M" (Male) If using as Alternate Search option.
2100C	DTP	N/A	Subscriber Date	N/A
2100C	DTP	DTP03	Date Time Period	A single date of service or a date range (not to exceed 3 months from current date). Can be a maximum of one year prior or up to the last day of the current month.
2110C	N/A	N/A	Subscriber Eligibility or Benefit Inquiry	N/A
2110C	EQ	N/A	Subscriber Eligibility or Benefit Inquiry	N/A

Loop Id	Segment Id	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2110C	EQ	EQ01	Service Type Code	When service type code is not supplied, System use Service Type Code "30" (Health Benefit Plan Coverage) as the default.
2110C	DTP	N/A	Subscriber Eligibility/Benefit Date	N/A
2110C	DTP	DTP03	Date Time Period	A single date of service or a date range (not to exceed 3 months from current date). Can be a maximum of one year prior or up to the last day of the current month.
2000D	N/A	N/A	Dependent Level	WYBMS Medicaid does not process information reported in dependent level.

7.1.4 271 Eligibility Response

Table 3. Eligibility Response

Loop Id	Segment Id	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
N/A	ISA	N/A	Interchange Control Header	N/A
N/A	ISA	ISA01	Authorization Information Qualifier	"00" (No Authorization Information Present (No Meaningful Information in I02))
N/A	ISA	ISA02	Authorization Information	10 Spaces
N/A	ISA	ISA03	Security Information Qualifier	"00" (No Security Information Present (No Meaningful Information in I04))
N/A	ISA	ISA04	Security Information	10 Spaces
N/A	ISA	ISA05	Interchange ID Qualifier	"ZZ" (Mutually Defined)

Loop Id	Segment Id	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
N/A	ISA	ISA06	Interchange Sender ID	Value received on 270 Request ISA08 < Interchange Receiver ID > will be returned. left justified followed by spaces.
N/A	ISA	ISA07	Interchange ID Qualifier	"ZZ" (Mutually Defined)
N/A	ISA	ISA08	Interchange Receiver ID	Value received on 270 Request ISA06 < Interchange Sender ID > will be returned.
N/A	ISA	ISA13	Interchange Control Number	<Unique Identifier for a Trading Partner>
N/A	ISA	ISA14	Acknowledgment Requested	"0" (no acknowledgment requested) "1" (acknowledgement requested)
N/A	ISA	ISA15	Interchange Usage Indicator	Always use "P" for Production Data and "T" for Test Data.
N/A	GS	N/A	Functional Group Header	N/A
N/A	GS	GS02	Application Sender's Code	77046
N/A	GS	GS03	Application Receiver's Code	Value received on 270 Request GS02 <Application Sender's Code> will be returned.
N/A	N/A	N/A	Transaction Set Header	N/A
N/A	ST	N/A	Transaction Set Header	N/A
N/A	ST	ST01	Transaction Set Identifier Code	<271> (Eligibility, Coverage, or Benefit Inquiry)
N/A	ST	ST03	Implementation Code Reference	"005010X279A1"
2100A	N/A	N/A	Loop 2100A - Information Source Name	N/A

Loop Id	Segment Id	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2100A	NM1	N/A	Information Source Name	N/A
2100A	NM1	NM101	Entity Identifier Code	"PR" (Payer)
2100A	NM1	NM103	Name Last or Organization Name	Wyoming Medicaid
2100A	NM1	NM108	Identification Code Qualifier	"PI" (Payor Identification)
2100A	NM1	NM109	Identification Code	Value received on 270 Request ISA08 <Interchange Receiver ID> will be returned.
2100B	N/A	N/A	Loop 2100B - Information Receiver Name	N/A
2100B	NM1	N/A	Information Receiver Name	N/A
2100B	NM1	NM108	Identification Code Qualifier	Value received on 270 will be reported.
2100B	NM1	NM109	Identification Code	Value received on 270 will be reported.
2100B	REF	N/A	Information Receiver Additional Identification	N/A
2100B	REF	REF01	Reference Identification Qualifier	Use "1D" for Atypical Providers
2100B	REF	REF02	Reference Identification	Value received on 270 will be reported.
2100B	AAA	N/A	Information Receiver Request Validation	N/A
2100B	AAA	AAA03	Reject Reason Code	"43" (Invalid/Missing Provider Identification) "51" (Provider Not on File)
2100C	N/A	N/A	Subscriber Name	N/A

Loop Id	Segment Id	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2100C	NM1	N/A	Subscriber Name	N/A
2100C	NM1	NM101	Entity Identifier Code	"IL" (Insured or Member)
2100C	NM1	NM103	Name Last or Organization Name	Reported if available and NM102 is 1.
2100C	NM1	NM104	Name First	Reported if available and NM102 is 1.
2100C	NM1	NM105	Name Middle	Reported if available and NM102 is 1.
2100C	NM1	NM107	Name Suffix	Reported if available and NM102 is 1.
2100C	NM1	NM108	Identification Code Qualifier	"MI" (Member Identification Number)
2100C	NM1	NM109	Identification Code	WYBMS Medicaid Beneficiary ID will be returned.
2100C	NM1	N/A	Subscriber Additional Information	N/A
2100C	REF	REF01	Reference Identification Qualifier	The following codes are returned as applicable: "EJ" (Patient Account Number) Only returned if provided in 270. "SY" (Social Security Number) Only returned if used as a search option in 270.
2100C	REF	REF02	Reference Identification	The following values are returned, as applicable: "EJ" (Patient Account Number) Only returned if provided in 270. "SY" (Social Security Number) Only returned if used as a search option in 270.
2100C	N3	N/A	Subscriber Address	Report Member mailing address
2100C	N4	N/A	Subscriber City, State, Zip Code	Report Member mailing address

Loop Id	Segment Id	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2100C	AAA	N/A	Subscriber Request Validation	N/A
2100C	AAA	AAA03	Reject Reason Code	"52" (Service Dates Not Within Provider Plan Enrollment) "58" (Invalid/Missing Date of Birth) "60" (Date of Birth Follows Date(s) of Service) "61" (Date of Death Precedes Date(s) of Service) "62" (Date of Service Not Within Allowable Inquiry Period) "63" (Date of Service in Future) "71" (Patient Birth Date does not match the one from eligibility system) "72" (Invalid/Missing Member/Insured ID) "73" (Invalid/Missing Member/Insured Name) "75" (Member/Insured Not Found) If SSN submitted is not matching, then system will report reject reason code "75". Providers should validate they sent the correct SSN before assuming the Member is not found. "76" (Duplicate Member/Insured ID)
2110C	N/A	N/A	Subscriber Eligibility or Benefit Inquiry	N/A
2110C	EB	N/A	Subscriber Eligibility or Benefit Inquiry	N/A
2110C	EB	EB01	Eligibility or Benefit Information Code	"1" (Active Coverage) "3" (Active - Services Capitated) "6" (Inactive) "A" (Co-Insurance) "B" (Co-Payment and Patient Pay Amount) "C" (Deductible) "I" (Non-Covered) "V" (Cannot Process)
2110C	EB	EB02	Coverage Level Code	"IND" (Individual)

Loop Id	Segment Id	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2110C	AAA	N/A	Subscriber Request Validation	N/A
2110C	AAA	AAA03	Reject Reason Code	“52” (Service Dates Not Within Provider Plan Enrollment) “60” (Date of Birth Follows Date(s) of Service) “61” (Date of Death Precedes Date(s) of Service) “62” (Date of Service Not Within Allowable Inquiry Period) “63” (Date of Service in Future)

7.2 Batch Transactions

In a batch mode, the sender does not remain connected while the Wyoming Department of Health processes the transaction. A 999 Acknowledgement is returned and made available for download within one hour of receipt of a batch 270 transaction.

Batch 271 responses are returned the day after the 270 transaction is received, unless the transaction is rejected with a 999 acknowledgement. The 271 responses are available for download by 7 AM for all 270 batches submitted by 9 PM the day before.

The system accepts multiple Eligibility Inquiry requests in a 270 file. Always submit single Provider specific requests in a 270 file. If not, the acknowledgement or response generated for these files will not be accessible from Wyoming screens to download.

7.3 Real-Time Transactions

In Real-Time mode, the sender remains connected while Wyoming Department of Health processes the transaction. One single Member and date of service inquiry is allowed in a Real Time 270 transaction.

Response for Real Time processing is completed and returned within 20 seconds.



WYBMS accepts 270 Real time transactions only from Switch vendors. Switch vendor contact information can be accessed in Provider Manuals, the EDI and Provider Portal chapter.

Chapter 8 – 276 and 277 Claim Request and Response

Health Care Claim Status Request and Response for Wyoming Medicaid:

This section is for use along with the ANSI ASC X12 Health Care Claim Status Request and Response 276 and 277. It is not a replacement for the TR3s, but rather used as an additional source of information. This section contains data clarifications derived from specific business rules that apply exclusively to Wyoming Medicaid.



The page numbers listed below in each of the tables represent the corresponding page number in the Technical Report Type3 (TR3) ANSI ASC X12N Health Care Claim Status Request and Response for the 276 and 277 005010X212, August 2006.

8.1 ISA Interchange Control Header, GS Function Group Header, and 276 Claim Status Report

Table 4. ISA Interchange Control Header, GS Function Group Header, and 276 Claim Status Report

Loop Id	Segment Id	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
N/A	ISA	N/A	Interchange Control Header	N/A
N/A	ISA	ISA01	Authorization Information Qualifier	"00" (No Authorization Information Present (No Meaningful Information in I02))
N/A	ISA	ISA02	Authorization Information	10 Spaces
N/A	ISA	ISA03	Security Information Qualifier	"00" (No Security Information Present (No Meaningful Information in I04))
N/A	ISA	ISA04	Security Information	10 Spaces
N/A	ISA	ISA05	Interchange ID Qualifier	"ZZ" (Mutually Defined)
N/A	ISA	ISA06	Interchange Sender ID	Enter Trading Partner ID
N/A	ISA	ISA07	Interchange ID Qualifier	"ZZ" (Mutually Defined)
N/A	ISA	ISA08	Interchange Receiver ID	Enter 100000 Followed by spaces. left justified followed by spaces.
N/A	ISA	ISA13	Interchange Control Number	Set of 9 numbers. Must be unique for each transaction.
N/A	ISA	ISA14	Acknowledgment Requested	Always use number "1" for Interchange Acknowledgment Requested (TA1). Without this indicator, acknowledgment will not be returned for the submitted transaction if an error on the ISA segment is detected. And the submitted EDI file will not be processed.

Loop Id	Segment Id	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
N/A	ISA	ISA15	Interchange Usage Indicator	Always use "P" for Production Data and "T" for Test Data.
N/A	GS	N/A	Functional Group Header	N/A
N/A	GS	GS02	Application Sender's Code	Enter Trading Partner ID
N/A	GS	GS03	Application Receiver's Code	77046
2100A	N/A	N/A	Payer Name	N/A
2100A	NM1	N/A	Payer Name	N/A
2100A	NM1	NM101	Entity Identifier Code	"PR" (Payer)
2100A	NM1	NM103	Name Last or Organization Name	Wyoming Medicaid
2100A	NM1	NM108	Identification Code Qualifier	"PI" (Payer Identification)
2100A	NM1	NM109	Identification Code	77046
2100B	N/A	N/A	Information Receiver Name	N/A
2100B	NM1	N/A	Information Receiver Name	N/A
2100B	NM1	NM109	Identification Code	<p><Information Receiver Identification Number> This value should always match ISA06 <Interchange Sender ID> and GS02 < Application Sender's Code >.</p> <p>Enter the nine (9) digit Wyoming Medicaid Provider ID when a Wyoming Provider is an Atypical Provider/non-Medicaid</p>
2100C	N/A	N/A	Provider Name	N/A
2100C	NM1	N/A	Provider Name	N/A

Loop Id	Segment Id	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2100C	NM1	NM108	Identification Code Qualifier	"SV" for Atypical Provider "XX" for Non-Atypical Provider
2100C	NM1	NM109	Identification Code	<Provider Identifier> Always submit Billing Provider NPI or WYBMS Provider ID for Atypical Provider. System uses Billing Provider NPI or WYBMS Provider ID to locate claim in the system.
2100D	N/A	N/A	Subscriber Name	N/A
2100D	NM1	N/A	Subscriber Name	N/A
2100D	NM1	NM108	Identification Code Qualifier	"MI" (Member ID)
2100D	NM1	NM109	Identification Code	<Member Identifier> Report the WYBMS Medicaid beneficiary identification number.
2200D	N/A	N/A	Claim Status Tracking Number	N/A
2200D	REF	N/A	Payer Claim Control Number	N/A
2200D	REF	NM108	Reference Identification Qualifier	"1K" (Payer Claim Number)
2200D	REF	NM109	Reference Identification	<Payer Claim Control Number> 17 WYBMS TCN
2200D	REF	N/A	Patient Control Number	N/A
2200D	REF	NM108	Reference Identification Qualifier	"EJ" (Patient Account Number)
2200D	REF	NM109	Reference Identification	<Patient Control Number> Patient Control Number may be submitted if it is known and

Loop Id	Segment Id	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
				present on the claim for which the status request is being submitted.
2200D	DTP	N/A	Claim Service Date	N/A
2200D	DTP	DTP03	Date Time Period	<Claim Service Period> 1. From - To Date span cannot be greater than 30 days. 2. Date of service cannot be older than 5 years from the system date. 3. To Date cannot be less than From Date. 4. When there is a 276 status inquiry on suspended claims due to an invalid DOS (From/To) then "Claim not Found" will always be returned on 277. 5. Header DOS is always to be submitted in the 276 requests if Line DOS is not submitted, else "Claim not found" will be returned on the 277 response.
2210D	N/A	N/A	Service Line Information	N/A
2210D	REF	N/A	Service Line Item Identification	N/A
2210D	REF	REF01	Reference Identification Qualifier	The Line Item Control Number inquiry is not supported by Wyoming Medicaid. The Claim Status Response will return all claim line items.
2210D	REF	REF02	Reference Identification	The Line Item Control Number inquiry is not supported by Wyoming Medicaid. The Claim Status Response will return all claim line items.
2210D	DTP		Service Line Date	
2210D	DTP	DTP03	Date Time Period	<Service Line Date> 1. From - To Date span cannot be greater than 30 days. 2. Date of service cannot be older than 5 years from the system date. 3. To Date cannot be less than From Date.

Loop Id	Segment Id	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
				<p>4. When there is a 276-status inquiry on suspended claims due to invalid DOS (From/To) then "Claim not Found" will always be returned on 277.</p> <p>5. Line DOS is always to be submitted in the 276 requests if Header DOS is not submitted, else "Claim not found" will be returned on 277 the response.</p>

8.2 277 Claim Status Response

The system reports the first three (3) Claim status codes and category codes in case of claim is Suspended or Denied or Rejected claim on Header and Line level. The edit information is reported in the 277 responses only for those dispositions which are Suspend, Deny, or Rejected.

Table 5. 277 Claim Status Response

Loop Id	Segment Id	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
N/A	ISA	N/A	Interchange Control Header	N/A
N/A	ISA	ISA06	Interchange Sender ID	100000 Followed by spaces
N/A	GS	N/A	Functional Group Header	N/A
N/A	GS	GS02	Application Sender's Code	77046
N/A	ST	N/A	Transaction Set Header	N/A
N/A	ST	ST02	Transaction Set Control Number	<p><Transaction Set Control Number></p> <p>WYBMS will assign a unique number within the transaction set to indicate the start of the transaction. WYBMS will transmit identical transaction set control numbers in ST02 and SE02.</p>
2100A	N/A	N/A	Payer Name	N/A
2100A	NM1	N/A	Payer Name	N/A

Loop Id	Segment Id	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2100A	NM1	NM103	Name Last or Organization Name	Wyoming Medicaid
2100A	NM1	NM108	Identification Code Qualifier	"PI" (Payer Identification)
2100A	NM1	NM109	Identification Code	77046
2100B	N/A	N/A	Information Receiver Name	N/A
2100B	NM1	N/A	Information Receiver Name	N/A
2100B	NM1	NM108	Identification Code Qualifier	"46" (Electronic Transmitter Identification Number (ETIN))
2100B	NM1	NM109	Identification Code	<Information Receiver Identification Number> Value received on 276 NM109 (Loop - 2100B Information Receiver Name) will be returned.
2200B	N/A	N/A	Information Receiver Trace Identifier	N/A
2200B	STC	N/A	Information Receiver Status Information	Information Receiver Status Information
2200B	STC	STC01-1	Industry Code	<Health Care Claim Status Category Code> The following code is returned when the submitted data is invalid: "E0" (Response not possible - error on submitted request data.)
2200B	STC	STC01-2	Industry Code	<Status Code> The following code is returned when the submitted data is invalid: "153" (Entity not found)
2200B	STC	STC02-03	Entity Identifier Code	NA
2200C	N/A	N/A	Provider of Service Trace Identifier	N/A

Loop Id	Segment Id	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2200C	STC	N/A	Provider Status Information	N/A
2200C	STC	STC01-1	Industry Code	<p><Health Care Claim Status Category Code> The following code is returned when the submitted data is invalid: "E0" (Response not possible - error on submitted request data.)</p> <p>The following code is returned when the submitted data is invalid: "D0" (Response not possible - error on submitted request data.)</p>
2200C	STC	STC01-2	Industry Code	<p><Status Code> The following codes are returned as applicable when the submitted data is invalid:</p> <p>"21" (Missing or Invalid Information)</p> <p>"132" (Missing or Invalid Information)</p>
2200C	STC	STC01-2	Entity Identifier Code	NA
2200D	N/A	N/A	Claim Status Tracking Number	N/A
2200D	STC	N/A	Claim Level Status Information	N/A
2200D	STC	STC01 – 1 STC10 – 1 STC11 – 1	Industry Code	<p>"<Health Care Claim Status Category Code>" The following code is returned when the submitted data is invalid:</p> <p>"A4" (Response not possible - error on submitted request data.)</p> <p>When the submitted data is valid and finds a match based on the claims search criteria, one of the following codes are returned based on WYBMS Business Status present on claim:</p> <p>Business Status – Paid "F1" = (Finalized/Payment - The Claim/line has been paid.)</p>

Loop Id	Segment Id	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
				<p>Business Status – Denied "F2" = (Finalized/Denial - The Claim/line has been denied.)</p> <p>Business Status – Credit "F3" = (Finalized/Revised - Adjudication information has been changed.)</p> <p>Business Status – Suspended "P2" = (Pending/Payer Review-The claim/encounter is suspended and is pending review (for example: medical review, repricing, Third Party Administrator processing).)</p> <p>Business Status – Adjusted "F3" = (Finalized/Revised - Adjudication information has been changed.)</p> <p>Business Status – In-process "P1" = (Pending/In Process-The claim or encounter is in the adjudication system.)</p> <p>Business Status - Void "F4" = (Finalized/Adjudication Complete - No payment forthcoming The claim/encounter has been adjudicated and no further payment is forthcoming)</p> <p>When the submitted data is valid and does not find a match based on the claims search criteria, the following code is returned: "D0" (Data Search Unsuccessful - The payer is unable to return status on the requested claims based on the submitted search criteria.)"</p>
2200D	STC	STC01 – 2 STC10 – 2 STC11 – 2	Industry Code	<p><Status Code> Report one of the Health Care Industry Code used from Code Source 508.</p>
2220D	N/A	N/A	Service Line Information	N/A

Loop Id	Segment Id	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2220D	STC	N/A	Service Line Status Information	N/A
2220D	STC	STC01 – 1 STC10 – 1 STC11 – 1	Industry Code	<p>"<Health Care Claim Status Category Code> The following code is returned when the submitted data is invalid:</p> <p>"A4" (Response not possible - error on submitted request data.)</p> <p>When the submitted data is valid and finds a match based on the claims search criteria, one of the following codes are returned based on WYBMS Business Status present on claim:</p> <p>Business Status – Paid "F1" = (Finalized/Payment - The Claim/line has been paid.)</p> <p>Business Status – Denied "F2" = (Finalized/Denial - The Claim/line has been denied.)</p> <p>Business Status – Credit "F3" = (Finalized/Revised - Adjudication information has been changed.)</p> <p>Business Status – Suspended "P2" = (Pending/Payer Review-The claim/encounter is suspended and is pending review (for example, medical review, repricing, Third Party Administrator processing).)</p> <p>Business Status – Adjusted "F3" = (Finalized/Revised - Adjudication information has been changed.)</p> <p>Business Status – In-process "P1" = (Pending/In Process-The claim or encounter is in the adjudication system.)</p> <p>Business Status - Void "F4" = (Finalized/Adjudication Complete - No payment forthcoming The claim/encounter has been adjudicated and no further payment is forthcoming)</p>

Loop Id	Segment Id	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
				When the submitted data is valid and does not find a match based on the claims search criteria, the following code is returned: "D0" (Data Search Unsuccessful - The payer is unable to return status on the requested claims based on the submitted search criteria.)"
2220D	STC	STC01 – 2 STC10 – 2 STC11 – 2	Industry Code	<Status Code> Report one of the Health Care Industry Code used from Code Source 508.

8.3 Batch Transactions

In a batch mode, the sender does not remain connected while Wyoming Department of Health processes the transaction. A 999 Acknowledgement is returned and made available for download within one hour of receipt of a batch 276 transaction.

Batch 277 responses are returned the day after the 276 transaction is received, unless the transaction is rejected with a 999 acknowledgement. The 277 responses is available for download by 7 AM For all 277 batches submitted by 9 PM, they are available the day before.

The system accepts multiple Eligibility Inquiry requests in a 276 file. Always submit single Provider specific requests in a 276 file. If not, the acknowledgement or response generated for these files will not be accessible from Wyoming screens to download.

8.4 Real-Time Transactions

In Real-Time mode, the sender remains connected while Wyoming Department of Health processes the transaction. One real-time 276 inquiry must contain only one status request. The 277 response may return multiple responses depending on the specificity of the request criteria.

Response for real-time processing is completed and returned within 20 seconds.



WYBMS accepts 276 real-time transactions only from Switch vendors. Switch vendor contact information can be accessed in Provider Manuals, the EDI and Provider Portal chapter.

Chapter 9 – 277CA Health Care Claim Acknowledgment

Health Care Claim Acknowledgment for Wyoming Medicaid

This section is for use along with the ANSI ASC X12 Health Care Claim Acknowledgment 277. It is not a replacement for the TR3s, but rather to be used as an additional source of information. This section contains data clarifications derived from specific business rules that apply exclusively to Wyoming Medicaid.



The page numbers listed in each of the following tables represent the corresponding page numbers in the Technical Report Type 3 (TR3) ANSI ASC X12N Health Care Claim Acknowledgment 277 005010X214, January 2007.

9.1 Scope

The Wyoming Medicaid EDI Companion Guide addresses Wyoming Medicaid’s technical and connectivity specifications for the Health Care Claim Acknowledgment (277CA) transaction. It highlights business rules, system limitations, and data requirements needed for a successful client search and response.

Table 6. Transaction and Version Scope

Transactions	Versions
Health Care Claim Acknowledgment (277CA)	005010X214

9.2 ISA Interchange Control Header

In all transactions, the ISA06 and ISA08 hold the designated Trading Partner Number (TPN) of the submitter and receiver, respectively. The trading partner defines the value carried in the GS02 and GS03. If there is not an agreement between trading partners as to the value carried in these segments, then the default is the TPN of the submitter and receiver (that is, the same numbers that are in ISA06 and ISA08, respectively).

For security purposes, neither the ISA04 nor the GS02 are used to carry the Trading Partner Password or User ID. The Password and User ID values are transmitted in an outside wrapping of the transaction for authentication. For this reason, the ISA01 and ISA03 values are “00” and the ISA02 and ISA04 are space-filled.

9.3 ISA-IEA (Interchange Control Number)

To facilitate tracking and debugging, the Interchange Control Number used in the ISA13 must be unique for each transaction.

9.4 Group Control Number

To facilitate tracking and debugging, the Group Control number used in the GS06 must be unique.

In the 277CA response transaction, the GS03 carries the value sent in the GS02 of the 837 transaction that is being acknowledged. Table 7 identifies the values to be carried in the ISA and GS of the transaction acknowledgment.

Table 7. 277CA – Health Care Claim Acknowledgement Interchange Control Header

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
N/A	ISA	N/A	Interchange Control Header	N/A
N/A	ISA	ISA01	Authorization Information Qualifier	"00" (No Authorization Information Present (No Meaningful Information in I02))
N/A	ISA	ISA02	Authorization Information	10 Spaces
N/A	ISA	ISA03	Security Information Qualifier	"00" (No Security Information Present (No Meaningful Information in I04))
N/A	ISA	ISA04	Security Information	10 Spaces
N/A	ISA	ISA05	Interchange ID Qualifier	"ZZ" (Mutually Defined)
N/A	ISA	ISA06	Interchange Sender ID	This value will be copied from ISA08 of corresponding 837 file
N/A	ISA	ISA07	Interchange ID Qualifier	"ZZ" (Mutually Defined)
N/A	ISA	ISA08	Interchange Receiver ID	This value will be copied from ISA06 of corresponding 837 file
N/A	ISA	ISA09	Interchange Date	SYSDATE Format: YYMMDD

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
N/A	ISA	ISA10	Interchange Time	SYSDATE Format: HHMM
N/A	ISA	ISA11	Repetition Separator	"^"
N/A	ISA	ISA12	Interchange Control Version Number	"00501" Standards Approved for Publication by ASC X12 Procedures Review Board through October 2003
N/A	ISA	ISA13	Interchange Control Number	Set of 9 numbers. Must be unique for each transaction.
N/A	ISA	ISA14	Acknowledgment Requested	"0" No Interchange Acknowledgment Requested
N/A	ISA	ISA15	Interchange Usage Indicator	"P/T" Always use "P" for Production Data and "T" for Test Data.
N/A	ISA	ISA16	Component Element Separator	":."
N/A	GS	N/A	Functional Group Header	N/A
N/A	GS	GS01	Functional Identifier Code	"HN" Health Care Information Status Notification (277)
N/A	GS	GS02	Application Sender's Code	This value will be copied from GS03 of corresponding 837 file.
N/A	GS	GS03	Application Receiver's Code	This value will be copied from GS02 of corresponding 837 file.
N/A	GS	GS04	Date	SYSDATE Format: YYMMDD
N/A	GS	GS05	Time	SYSDATE Format: HHMM
N/A	GS	GS06	Group Control Number	Group Control Number
N/A	GS	GS07	Responsible Agency Code	"X" Accredited Standards Committee X12
N/A	GS	GS08	Version / Release / Industry Identifier Code	"005010X214" Standards Approved for Publication by ASC X12 Procedures Review Board through October 2003

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
N/A	ST	N/A	Transaction Set Header	N/A
N/A	ST	ST01	Transaction Set Identifier Code	"277" Standards Approved for Publication by ASC X12 Procedures Review Board through October 2003
N/A	ST	ST02	Transaction Set Control Number	Transaction Set Control Number
N/A	ST	ST03	Implementation Convention Reference	"005010X214"
N/A	BHT	N/A	Beginning of Hierarchical Transaction	N/A
N/A	BHT	BHT01	Hierarchical Structure Code	"0085" Information Source, Information Receiver, Provider of Service, Patient
N/A	BHT	BHT02	Transaction Set Purpose Code	"08" Status
N/A	BHT	BHT03	Reference Identification	N/A
N/A	BHT	BHT04	Date	SYSDATE Format: YYMMDD
N/A	BHT	BHT05	Time	SYSDATE Format: HHMM
N/A	BHT	BHT06	Transaction Type Code	"TH" Information Source, Information Receiver, Provider of Service, Patient
2000A	N/A	N/A	Information Source Level	N/A
2000A	HL	N/A	Information Source Level	N/A
2000A	HL	HL01	Hierarchical ID Number	N/A
2000A	HL	HL03	Hierarchical Level Code	"20" Information Source

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2000A	HL	HL04	Hierarchical Child Code	"1" Additional Subordinate HL Data Segment in This Hierarchical Structure.
2100A	N/A	N/A	Information Source Name	N/A
2100A	NM1	N/A	Information Source Name	N/A
2100A	NM1	NM101	Entity Identifier Code	"PR"
2100A	NM1	NM102	Entity Type Qualifier	"2" Non-Person Entity
2100A	NM1	NM103	Organization Name	"Wyoming Medicaid"
2100A	NM1	NM108	Identification Code Qualifier	"46" (Electronic Transmitter Identification Number [ETIN] Established by trading partner agreement)
2100A	NM1	NM109	Identification Code	This value will be copied from ISA08 of corresponding 837 file
2200A	N/A	N/A	Transmission Receipt Control Identifier	N/A
2200A	TRN	TRN	Transmission Receipt Control Identifier	N/A
2200A	TRN	TRN01	Trace Type Code	"1" Current Transaction Trace Numbers
2200A	TRN	TRN02	Reference Identification	ST02 value from the corresponding 837 file
2200A	DTP	DTP	Information Source Receipt Date	N/A
2200A	DTP	DTP01	Date/Time Qualifier	"050" Received
2200A	DTP	DTP02	Date Time Period Format Qualifier	D8 Date Expressed in Format CCYYMMDD

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2200A	DTP	DTP03	Date Time Period	This will be populated with the Receipt date of the 837 in Format CCYYMMDD
2200A	DTP	DTP	Information Source Process Date	N/A
2200A	DTP	DTP01	Date/Time Qualifier	"009" Process
2200A	DTP	DTP02	Date Time Period Format Qualifier	D8 Date Expressed in Format CCYYMMDD
2200A	DTP	DTP03	Date Time Period	SYSDATE in Format CCYYMMDD
2000B	N/A	N/A	Information Receiver Level	N/A
2000B	HL	N/A	Information Receiver Level	N/A
2000B	HL	HL01	Hierarchical ID Number	N/A
2000B	HL	HL02	Hierarchical Parent ID Number	N/A
2000B	HL	HL03	Hierarchical Level Code	"21" Information Receiver
2000B	HL	HL04	Hierarchical Child Code	0 No Subordinate HL Segment in This Hierarchical Structure. 1 Additional Subordinate HL Data Segment in This Hierarchical Structure.
2100B	N/A	N/A	Information Receiver Name	N/A
2100B	NM1	N/A	Information Receiver Name	N/A
2100B	NM1	NM101	Entity Identifier Code	"41" Submitter
2100B	NM1	NM102	Entity Type Qualifier	1 Person 2 Non-Person Entity

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2100B	NM1	NM103	Organization Name	N/A
2100B	NM1	NM104	Name First	N/A
2100B	NM1	NM105	Name Middle	N/A
2100B	NM1	NM108	Identification Code Qualifier	"46" (Electronic Transmitter Identification Number [ETIN])
2100B	NM1	NM109	Identification Code	Receiver TPID (Interchange Sender ID of corresponding 837)
2200B	N/A	N/A	Information Receiver Application Trace	N/A
2200B	TRN	N/A	Information Receiver Application Trace	N/A
2200B	TRN	TRN01	Trace Type Code	"2" Referenced Transaction Trace Numbers
2200B	TRN	TRN02	Reference Identification	BHT03 value from the corresponding 837 file
2200B	STC	N/A	Information Receiver Status Information	N/A
2200B	STC	STC01	Health Care Claim Status	N/A
2200B	STC	STC01 - 1	Industry Code	N/A
2200B	STC	STC01 - 2	Industry Code	N/A
2200B	STC	STC01 - 3	Entity Identifier Code	36 Employer 40 Receiver 41 Submitter AY Clearinghouse

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
				PR Payer
2200B	STC	STC02	Date	837 Status Effective Date
2200B	STC	STC03	Action Code	U Reject WQ Accept
2200B	STC	STC04	Monetary Amount	Sum of all CLM02 values (claim charge) for the claims being acknowledged
2200B	STC	STC10	Health Care Claim Status	N/A
2200B	STC	STC10 - 1	Industry Code	N/A
2200B	STC	STC10 - 2	Industry Code	N/A
2200B	STC	STC10 - 3	Entity Identifier Code	36 Employer 40 Receiver 41 Submitter AY Clearinghouse PR Payer
2200B	STC	STC11	Health Care Claim Status	N/A
2200B	STC	STC11 - 1	Industry Code	N/A
2200B	STC	STC11 - 2	Industry Code	N/A
2200B	STC	STC11 - 3	Entity Identifier Code	36 Employer 40 Receiver 41 Submitter AY Clearinghouse

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
				PR Payer
2200B	QTY	N/A	Total Accepted Quantity	N/A
2200B	QTY	QTY01	Quantity Qualifier	"90" Acknowledged Quantity
2200B	QTY	QTY02	Quantity	Total number of claims accepted by the source in the current transaction set
2200B	QTY	N/A	Total Rejected Quantity	N/A
2200B	QTY	QTY01	Quantity Qualifier	"AA" Unacknowledged Quantity
2200B	QTY	QTY02	Quantity	Total number of claims rejected by the source in the current transaction set
2200B	AMT	N/A	Total Accepted Amount	N/A
2200B	AMT	AMT01	Amount Qualifier Code	"YU" In Process
2200B	AMT	AMT02	Monetary Amount	Total billed amount for all the claims accepted by the source in the current transaction set.
2200B	AMT	N/A	Total Rejected Quantity	N/A
2200B	AMT	AMT01	Amount Qualifier Code	"YY" Returned
2200B	AMT	AMT02	Monetary Amount	Total billed amount for all the claims rejected by the source in the current transaction set.
2000C	N/A	N/A	Billing Provider of Service Level	N/A
2000C	HL	N/A	Billing Provider of Service Level	N/A
2000C	HL	HL01	Hierarchical ID Number	N/A

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2000C	HL	HL02	Hierarchical Parent ID Number	N/A
2000C	HL	HL03	Hierarchical Level Code	"19" Provider of Service
2000C	HL	HL04	Hierarchical Child Code	0 No Subordinate HL Segment in This Hierarchical Structure 1 Additional Subordinate HL Data Segment in This Hierarchical Structure.
2100C	N/A	N/A	Billing Provider Name	N/A
2100C	NM1	N/A	Billing Provider Name	N/A
2100C	NM1	NM101	Entity Identifier Code	"85" Billing Provider
2100C	NM1	NM102	Entity Type Qualifier	1 Person 2 Non-Person Entity
2100C	NM1	NM103	Organization Name	N/A
2100C	NM1	NM104	Name First	N/A
2100C	NM1	NM105	Name Middle	N/A
2100C	NM1	NM107	Name Suffix	N/A
2100C	NM1	NM108	Identification Code Qualifier	"XX/FI" XX Centers for Medicare and Medicaid Services National Provider Identifier. FI Federal Taxpayer's Identification Number
2100C	NM1	NM109	Identifier Code	N/A
2200C	N/A	N/A	Provider of Service Information Trace	N/A

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2200C	TRN	N/A	Provider of Service Information Trace	N/A
2200C	TRN	TRN01	Trace Type Code	"1" Current Transaction Trace Numbers
2200C	TRN	TRN02	Reference Identification	"0"
2200C	STC	N/A	Billing Provider Status Information	N/A
2200C	STC	STC01	Health Care Claim Status	N/A
2200C	STC	STC01 - 1	Industry Code	N/A
2200C	STC	STC01 - 2	Industry Code	N/A
2200C	STC	STC01 - 3	Entity Identifier Code	"85" Billing Provider
2200C	STC	STC03	Action Code	U Reject WQ Accept
2200C	STC	STC04	Monetary Amount	Sum of all CLM02 values (claim charge) for that Billing Provider.
2200C	STC	STC10	Health Care Claim Status	N/A
2200C	STC	STC10 - 1	Industry Code	N/A
2200C	STC	STC10 - 2	Industry Code	N/A
2200C	STC	STC10 - 3	Entity Identifier Code	36 Employer 40 Receiver 41 Submitter

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
				77 Service Location 82 Rendering Provider 85 Billing Provider 87 Pay-to Provider AY Clearinghouse PR Payer
2200C	STC	STC11	Health Care Claim Status	N/A
2200C	STC	STC11 - 1	Industry Code	N/A
2200C	STC	STC11 - 2	Industry Code	N/A
2200C	STC	STC11 - 3	Entity Identifier Code	36 Employer 40 Receiver 41 Submitter 77 Service Location 82 Rendering Provider 85 Billing Provider 87 Pay-to Provider AY Clearinghouse PR Payer
2200C	REF	N/A	Provider Secondary Identifier	N/A
2200C	REF	REF01	Reference Identification Qualifier	"G2" Provider Commercial Number

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2200C	REF	REF02	Reference Identification	Report value from the corresponding 837 (2010BB REF02 with qualifier 'G2') if present. This would be BMS ID for atypical.
2200C	QTY	N/A	Total Accepted Quantity	N/A
2200C	QTY	QTY01	Quantity Qualifier	"QA" Quantity
2200C	QTY	QTY02	Quantity	Total number of claims accepted for Billing Provider.
2200C	QTY	N/A	Total Rejected Quantity	N/A
2200C	QTY	QTY01	Quantity Qualifier	"QC" Quality Disapproved
2200C	QTY	QTY02	Quantity	Total number of claims rejected for Billing Provider.
2200C	AMT	N/A	Total Accepted Amount	N/A
2200C	AMT	AMT01	Amount Qualifier Code	"YU" In Process
2200C	AMT	AMT02	Monetary Amount	Total accepted billed amount for Billing Provider
2200C	AMT	N/A	Total Rejected Quantity	N/A
2200C	AMT	AMT01	Amount Qualifier Code	"YY" Returned
2200C	AMT	AMT02	Monetary Amount	Total rejected billed amount for Billing Provider
2000D	N/A	N/A	Patient Level	N/A
2000D	HL	N/A	Patient Level	N/A
2000D	HL	HL01	Hierarchical ID Number	N/A
2000D	HL	HL02	Hierarchical Parent ID Number	N/A

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2000D	HL	HL03	Hierarchical Level Code	"PT" Patient
2100D	N/A	N/A	Patient Name	N/A
2100D	NM1	N/A	Patient Name	N/A
2100D	NM1	NM101	Entity Identifier Code	"QC" Patient
2100D	NM1	NM102	Entity Type Qualifier	"1" Person
2100D	NM1	NM103	Organization Name	N/A
2100D	NM1	NM104	Name First	N/A
2100D	NM1	NM105	Name Middle	N/A
2100D	NM1	NM107	Name Suffix	N/A
2100D	NM1	NM108	Identification Code Qualifier	"MI" Member Identification Number
2100D	NM1	NM109	Identifier Code	N/A
2200D	N/A	N/A	Claim Status Tracking Number	N/A
2200D	TRN	N/A	Claim Status Tracking Number	N/A
2200D	TRN	TRN01	Trace Type Code	"2" Referenced Transaction Trace Numbers
2200D	TRN	TRN02	Reference Identification	Patient control number submitted in the CLM01 of the 837
2200D	STC	N/A	Claim Level Status Information	N/A
2200D	STC	STC01	Health Care Claim Status	N/A

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2200D	STC	STC01 - 1	Industry Code	N/A
2200D	STC	STC01 - 2	Industry Code	N/A
2200D	STC	STC01 - 3	Entity Identifier Code	03 Dependent 1P Provider 1Z Home Health Care 40 Receiver 41 Submitter 71 Attending Physician 72 Operating Physician 73 Other Physician 77 Service Location 82 Rendering Provider 85 Billing Provider 87 Pay-to Provider DK Ordering Physician DN Referring Provider DQ Supervising Physician FA Facility GB Other Insured HK Subscriber IL Insured or Subscriber LI Independent Lab MSC Mammography Screening Center

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
				PR Payer PRP Primary Payer QB Purchase Service Provider QC Patient QD Responsible Party SEP Secondary Payer TL Testing Laboratory TTP Tertiary Payer TU Third Party Repricing Organization (TPO)
2200D	STC	STC03	Action Code	U Reject WQ Accept
2200D	STC	STC04	Monetary Amount	Addition of all CLM02 (Charge Amount) for the claim Provider.
2200D	STC	STC10	Health Care Claim Status	N/A
2200D	STC	STC10 - 1	Industry Code	N/A
2200D	STC	STC10 - 2	Industry Code	N/A
2200D	STC	STC10 - 3	Entity Identifier Code	03 Dependent 1P Provider 1Z Home Health Care 40 Receiver 41 Submitter 71 Attending Physician 72 Operating Physician

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
				73 Other Physician 77 Service Location 82 Rendering Provider 85 Billing Provider 87 Pay-to Provider DK Ordering Physician DN Referring Provider DQ Supervising Physician FA Facility GB Other Insured HK Subscriber IL Insured or Subscriber LI Independent Lab MSC Mammography Screening Center PR Payer PRP Primary Payer QB Purchase Service Provider QC Patient QD Responsible Party SEP Secondary Payer TL Testing Laboratory TTP Tertiary Payer TU Third Party Repricing Organization (TPO)

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2200D	STC	STC11	Health Care Claim Status	N/A
2200D	STC	STC11 - 1	Industry Code	N/A
2200D	STC	STC11 - 2	Industry Code	N/A
2200D	STC	STC11 - 3	Entity Identifier Code	03 Dependent 1P Provider 1Z Home Health Care 40 Receiver 41 Submitter 71 Attending Physician 72 Operating Physician 73 Other Physician 77 Service Location 82 Rendering Provider 85 Billing Provider 87 Pay-to Provider DK Ordering Physician DN Referring Provider DQ Supervising Physician FA Facility GB Other Insured HK Subscriber IL Insured or Subscriber

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
				LI Independent Lab MSC Mammography Screening Center PR Payer PRP Primary Payer QB Purchase Service Provider QC Patient QD Responsible Party SEP Secondary Payer TL Testing Laboratory TTP Tertiary Payer TU Third Party Repricing Organization (TPO)
2200D	STC	STC12	Free-form Message Text	N/A
2200D	REF	N/A	Payer Control Number	N/A
2200D	REF	REF01	Reference Identification Qualifier	"1K" Payor's Claim Number
2200D	REF	REF02	Reference Identification	N/A
2200D	REF	N/A	Claim Identification Number For Clearinghouses and Other Transmission Intermediaries	N/A
2200D	REF	REF01	Reference Identification Qualifier	"D9" Claim Number
2200D	REF	REF02	Reference Identification	N/A

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2200D	REF	N/A	Institutional Bill Type Identification	N/A
2200D	REF	REF01	Reference Identification Qualifier	"BLT" Billing Type
2200D	REF	REF02	Reference Identification	N/A
2200D	DTP	N/A	Claim Level Service Date	N/A
2200D	DTP	DTP01	Date/Time Qualifier	"472" Service
2200D	DTP	DTP02	Date Time Period Format Qualifier	"D8" Date Expressed in Format CCYYMMDD. RD8 Range of Dates Expressed in Format CCYYMMDDCCYYMMDD. BMS will populate based on the dates present on the Claim.
2200D	DTP	DTP03	Date Time Period	N/A
2220D	N/A	N/A	Service Line Information	N/A
2220D	SVC	N/A	Service Line Information	N/A
2220D	SVC	SVC01	Composite Medical Procedure Identifier	N/A
2220D	SVC	SVC01 - 1	Product/Service ID Qualifier	AD American Dental Association Codes ER Jurisdiction Specific Procedure and Supply Codes HC Health Care Financing Administration Common Procedural Coding System (HCPCS) Codes HP Health Insurance Prospective Payment System(HIPPS) Skilled Nursing Facility Rate Code IV Home Infusion EDI Coalition (HIEC) Product/Service Code

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
				NU National Uniform Billing Committee (NUBC) UB92 Codes WK Advanced Billing Concepts (ABC) Codes
2220D	SVC	SVC01 - 2	Product/Service ID	N/A
2220D	SVC	SVC01 - 3	Procedure Modifier	N/A
2220D	SVC	SVC01 - 4	Procedure Modifier	N/A
2220D	SVC	SVC01 - 5	Procedure Modifier	N/A
2220D	SVC	SVC01 - 6	Procedure Modifier	N/A
2220D	SVC	SVC02	Monetary Amount	Line Billed Amount from corresponding 837 will be reported
2220D	SVC	SVC04	Product/Service ID	N/A
2220D	SVC	SVC07	Quantity	Line Billed Units from corresponding 837 will be reported
2220D	STC	N/A	Service Line Level Status Information	N/A
2220D	STC	STC01	Health Care Claim Status	N/A
2220D	STC	STC01 - 1	Industry Code	N/A
2220D	STC	STC01 - 2	Industry Code	N/A
2220D	STC	STC01 - 3	Entity Identifier Code	03 Dependent 1P Provider 1Z Home Health Care 40 Receiver

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
				41 Submitter 71 Attending Physician 72 Operating Physician 73 Other Physician 77 Service Location 82 Rendering Provider 85 Billing Provider 87 Pay-to Provider DK Ordering Physician DN Referring Provider DQ Supervising Physician FA Facility GB Other Insured HK Subscriber IL Insured or Subscriber LI Independent Lab PR Payer QB Purchase Service Provider QC Patient QD Responsible Party TL Testing Laboratory TU Third Party Repricing Organization (TPO) MSC Mammography Screening Center PRP Primary Payer

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
				SEP Secondary Payer TTP Tertiary Payer
2220D	STC	STC03	Action Code	"U" Reject
2220D	STC	STC10	Health Care Claim Status	N/A
2220D	STC	STC10 - 1	Industry Code	N/A
2220D	STC	STC10 - 2	Industry Code	N/A
2220D	STC	STC10 - 3	Entity Identifier Code	03 Dependent 1P Provider 1Z Home Health Care 40 Receiver 41 Submitter 71 Attending Physician 72 Operating Physician 73 Other Physician 77 Service Location 82 Rendering Provider 85 Billing Provider 87 Pay-to Provider DK Ordering Physician DN Referring Provider DQ Supervising Physician FA Facility

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
				GB Other Insured HK Subscriber IL Insured or Subscriber LI Independent Lab PR Payer QB Purchase Service Provider QC Patient QD Responsible Party TL Testing Laboratory TU Third Party Repricing Organization (TPO) MSC Mammography Screening Center PRP Primary Payer SEP Secondary Payer TTP Tertiary Payer
2220D	STC	STC11	Health Care Claim Status	N/A
2220D	STC	STC11 - 1	Industry Code	N/A
2220D	STC	STC11 - 2	Industry Code	N/A
2220D	STC	STC11 - 3	Entity Identifier Code	03 Dependent 1P Provider 1Z Home Health Care 40 Receiver 41 Submitter

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
				71 Attending Physician 72 Operating Physician 73 Other Physician 77 Service Location 82 Rendering Provider 85 Billing Provider 87 Pay-to Provider DK Ordering Physician DN Referring Provider DQ Supervising Physician FA Facility GB Other Insured HK Subscriber IL Insured or Subscriber LI Independent Lab PR Payer QB Purchase Service Provider QC Patient QD Responsible Party TL Testing Laboratory TU Third Party Repricing Organization (TPO) MSC Mammography Screening Center PRP Primary Payer SEP Secondary Payer

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
				TTP Tertiary Payer
2220D	STC	STC12	Free-form Message Text	N/A
2220D	REF	N/A	Service Line Item Identification	N/A
2220D	REF	REF01	Reference Identification Qualifier	"FJ" Line Item Control Number
2220D	REF	REF02	Reference Identification	N/A
2220D	REF	N/A	Pharmacy Prescription Number	N/A
2220D	REF	REF01	Reference Identification Qualifier	"XZ" Pharmacy Prescription Number
2220D	REF	REF02	Reference Identification	N/A
2220D	DTP	N/A	Service Line Date	N/A
2220D	DTP	DTP01	Date/Time Qualifier	"472" Service
2220D	DTP	DTP02	Date Time Period Format Qualifier	RD8 Range of Dates Expressed in Format CCYYMMDDCCYYMMDD.
2220D	DTP	DTP03	Date Time Period	N/A
N/A	SE	N/A	Transaction Set Trailer	N/A
N/A	SE	SE01	Number of Included Segments	N/A
N/A	SE	SE02	Transaction Set Control Number	N/A

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
N/A	GE	N/A	Functional Group Trailer	N/A
N/A	GE	SE01	Number of Transaction Sets Included	N/A
N/A	GE	SE02	Group Control Number	N/A
N/A	IEA	N/A	Interchange Control Trailer	N/A
N/A	IEA	IEA01	Number of Included Functional Groups	N/A
N/A	IEA	1EA02	Interchange Control Number	N/A

Chapter 10 – 278 Request for Review and Response

Health Care Services Request for Review and Response for Wyoming Medicaid: This section is for use along with the ANSI ASC X12 Health Care Prior Authorization Request and Response 278. It is not a replacement for the TR3s, but rather used as an additional source of information. This section contains data clarifications derived from specific business rules that apply exclusively to Wyoming Medicaid.



According to this Wyoming Medicaid EDI Companion Guide, if the EDI transaction has a taxonomy segment, then send the taxonomy details. The taxonomy code must contain all characters as capital letters, including a combination of letters and numbers.

10.1 Scope

The Wyoming Medicaid EDI Companion Guide addresses Wyoming Medicaid’s technical and connectivity specifications for the Health Care Services Review, Request, and Response transactions. It highlights business rules, system limitations, and data requirements needed for a successful prior authorization request.

Table 8. Transaction and Version Scope

Transactions	Versions
278/278 Prior Authorization Request and Response	005010X217

10.2 ISA Interchange Control Header

In all transactions, the ISA06 and ISA08 hold the designated Trading Partner Number (TPN) of the submitter and receiver, respectively. The trading partner defines the value carried in the GS02 and GS03. If there is not an agreement between trading partners as to the value carried in these segments, then the default is the TPN of the submitter and receiver (that is, the same numbers that are in ISA06 and ISA08, respectively).

For security purposes, neither the ISA04 nor the GS02 are used to carry the Trading Partner Password or User ID. The Password and User ID values are transmitted in an outside wrapping of the transaction for authentication. For this reason, the ISA01 and ISA03 values are “00” and the ISA02 and ISA04 are space-filled.

10.3 ISA-IEA (Interchange Control Number)

To facilitate tracking and debugging, the Interchange Control Number used in the ISA13 must be unique for each transaction

10.4 GS Function Group Header

To facilitate tracking and debugging, the Group Control number used in the GS06 must be unique.

In a 999 Acknowledgement or interactive response transaction, the GS03 carries the value sent in the GS02 of the 278 transaction that is being acknowledged.

10.5 278 Prior Authorization Request – Data Clarifications Inbound

10.6 Transaction Set Companion Guide Rules Inbound

Table 9. 278 Prior Authorization Request – Data Clarifications Inbound

Loop Id	Segment Id	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
N/A	ISA	N/A	Interchange Control Header	N/A
N/A	ISA	ISA01	Authorization Information Qualifier	"00" (No Authorization Information Present (No Meaningful Information in I02))
N/A	ISA	ISA02	Authorization Information	10 Spaces
N/A	ISA	ISA03	Security Information Qualifier	"00" (No Security Information Present (No Meaningful Information in I04))
N/A	ISA	ISA04	Security Information	10 Spaces
N/A	ISA	ISA05	Interchange ID Qualifier	"ZZ" (Mutually Defined)
N/A	ISA	ISA06	Interchange Sender ID	Enter Trading Partner ID
N/A	ISA	ISA07	Interchange ID Qualifier	"ZZ" (Mutually Defined)
N/A	ISA	ISA08	Interchange Receiver ID	Enter 100000 followed by spaces. left justified followed by spaces.
N/A	ISA	ISA13	Interchange Control Number	Set of 9 numbers. Must be unique for each transaction.

Loop Id	Segment Id	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
N/A	ISA	ISA14	Acknowledgment Requested	Always use number "1" for Interchange Acknowledgment Requested (TA1). Without this indicator, acknowledgment will not be returned for the submitted transaction if an error on the ISA segment is detected. And the submitted EDI file will not be processed.
N/A	ISA	ISA15	Interchange Usage Indicator	Always use "P" for Production Data and "T" for Test Data.
N/A	GS	N/A	Functional Group Header	N/A
N/A	GS	GS02	Application Sender's Code	Trading Partner ID This value must always match ISA06 <Interchange Sender ID>
N/A	GS	GS03	Application Receiver's Code	Enter 77046
N/A	ST	N/A	Transaction Set Header	N/A
N/A	BHT	N/A	Segment - Beginning of Hierarchical Transaction	N/A
N/A	BHT	BHT02	Transaction Set Purpose Code	<Purpose of transaction set> "13" (Request)
2010A	N/A	N/A	Utilization Management Organization (UMO) Name	N/A
2010A	NM1	N/A	Utilization Management Organization (UMO) Name	N/A
2010A	NM1	NM101	Entity Identifier Code	"PR" (Payer)
2010A	NM1	NM102	Entity Type Qualifier	"2" (Non-Person Entity)

Loop Id	Segment Id	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2010A	NM1	NM108	Identification Code Qualifier	"PI" (Payer Identification)
2010A	NM1	NM109	Identification Code	Enter 77046
2010B	N/A	N/A	Requester Name	N/A
2010B	NM1	N/A	Requester Name	N/A
2010B	NM1	NM108	Identification Code Qualifier	"XX" (Health Care Financing Administration National Provider Identifier)
2010B	NM1	NM109	Identification Code	<Requester Identifier> National Provider Identifier (NPI)
2010B	PRV	N/A	Requester Provider Information	N/A
2010B	PRV	PRV01	Provider Code	<Provider Code>
2010B	PRV	PRV02	Reference Identification Qualifier	PXC
2010B	PRV	PRV03	Reference Identification	<Provider Specialty Code>
2010C	N/A	N/A	Subscriber Name	N/A
2010C	NM1	N/A	Subscriber Name	N/A
2010C	NM1	NM108	Identification Code Qualifier	"MI" (Member Identification Number)

Loop Id	Segment Id	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2010C	NM1	NM109	Identification Code	<Member Primary Identifier> 10-digit beneficiary ID number assigned by WYBMS
2010C	DMG	N/A	Subscriber Demographic Information	N/A
2010C	DMG	DMG02	Subscriber Birth Date	Required for WYBMS
2010C	DMG	DMG03	Subscriber Gender Code	N/A
2000E	N/A	N/A	Patient Event Level	N/A
2000E	UM	N/A	Health Care Services Review Information	N/A
2000E	UM	UM02	Certification Type Code	"I" (Initial) "R" (Renewal) "N" (Reconsideration) "3" (Cancel) "4" (Extension) "S" (Revised)
2000E	REF	N/A	Previous Review Authorization Number	N/A
2000E	REF	REF01	Reference Identification Qualifier	BB (Authorization Number)
2000E	REF	REF02	Reference Identification	BMS Prior Authorization (PA) Batch Number Assignment as follows How to assign the beginning number: <ul style="list-style-type: none"> Avoid starting with 1

Loop Id	Segment Id	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
				<ul style="list-style-type: none"> Start with a 2 (Agency) Start with a 3 (Optum) last date 6/30/2022 Start with a 4 (Magellan) Start with a 5 (Change HealthCare) Start with a 6 (EMWS) Start with a 7 (Telligen) – effective 7/1/2022 (PA Range for 8 and 9 – Reserved) <p>Legacy PA Numbers are only accepted for limited time after go-live.</p>
2000EA	N/A	N/A	Patient Event Provider Name	N/A
2000EA	NM1	N/A	Patient Event Provider Name	N/A
2000EA	NM1	NM108	Identification Code Qualifier	"XX" (Centers for Medicare and Medicaid Services National Provider Identifier)
2000EA	NM1	NM109	Identification Code	<Patient Event Provider Identifier> National Provider Identifier (NPI)
2010EA	PRV	N/A	Patient Event Provider Information	N/A
2010EA	PRV	PRV01	Provider Code	<Provider Code>
2010EA	PRV	PRV02	Reference Identification Qualifier	PXC
2010EA	PRV	PRV03	Reference Identification	<Provider Specialty Code> N/A
2000F	N/A	N/A	Service Level	N/A

Loop Id	Segment Id	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2000F	UM	N/A	Health Care Services Review Information	WYBMS requires Health Care Service Review Information to be submitted at the header. If submitted at the line it will not be considered for processing the PA
2000F	REF	N/A	Previous Review Authorization Number	N/A
2000F	REF	REF01	Reference Identification Qualifier	BB (Authorization Number)
2000F	REF	REF02	Reference Identification	<status> A or D (Approved or Denied)
2000F	DTP	N/A	Service Date	N/A
2000F	DTP	DTP01	Date/Time Qualifier	472
2000F	DTP	DTP02	Date Time Period Format Qualifier	D8, RD8
2000F	DTP	DTP03	Date Time Period	<Proposed or Actual Service Date> Required if Patient Event Date in Loop - 2000E DTP (Patient Event Date) is not submitted. If both Loop - 2000E DTP (Patient Event Date) and Loop - 2000F (Service Date) are submitted, then Line Service Dates are to be within the Patient Event "From" and "To" Dates.
2000F	SV1	N/A	Professional Service	N/A
2000F	SV1	SV101	Composite Medical Procedure Identifier	N/A
2000F	SV1	SV101-1	Product/Service ID Qualifier	"HC" (Health Care Financing Administration Common Procedural Coding System (HCPCS) Codes)

Loop Id	Segment Id	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2000F	SV1	SV101-2	Product/Service ID	N/A
2000F	SV1	SV102	Monetary Amount	<Service Line Amount> Amount must be greater than zero
2000F	SV1	SV103	Unit or Basis for Measurement Code	UN
2000F	SV1	SV104	Quantity	<Service Unit Count> Required if SV103 <Unit or Basis for Measurement Code> is submitted.
2000F	SV2	N/A	Institutional Service Line	Institutional PA: Only one Procedure Code or Revenue Code is allowed on each PA Service Line (s). If 278 PA request needs to be processed with Revenue Code on PA Service Line (s), then submit Service Line Revenue Code in SV201. If 278 PA request needs to be processed with Procedure Code on PA Service Line (s), then submit Procedure Code in SV202 - 2 and its corresponding Product or Service ID Qualifier in SV202-1.
2000F	SV2	SV202	Composite Medical Procedure Identifier	N/A
2000F	SV2	SV202-1	Product/Service ID Qualifier	<Product or Service ID Qualifier> "HC" (Health Care Financing Administration Common) "ID" (International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM) - Procedure) "ZZ" (Mutually Defined)
2000F	SV2	SV202-2	Product/Service ID	N/A

Loop Id	Segment Id	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2000F	SV2	SV203	Monetary Amount	<Service Line Amount> Amount must be greater than zero.
2000F	SV2	SV204	Unit or Basis for Measurement Code	UN
2000F	SV2	SV205	Quantity	<Service Unit Count> Required if SV204 <Unit or Basis for Measurement Code> is submitted.
2000F	SV2	SV206	Unit Rate	<Service Line Rate> Amount must be greater than zero
2000F	SV3	N/A	Dental Service	N/A
2000F	SV3	SV301	Composite Medical Procedure Identifier	N/A
2000F	SV3	SV301-1	Product/Service ID Qualifier	AD
2000F	SV3	SV301-2	Product/Service ID	N/A
2000F	SV3	SV302	Monetary Amount	<Service Line Amount> Amount must be greater than zero
2000F	SV3	SV306	Quantity	N/A
2010F	N/A	N/A	Service Provider Name	N/A
2010F	NM1	N/A	Service Provider Name	N/A
2010F	NM1	NM108	Identification Code Qualifier	"XX" (Centers for Medicare and Medicaid Services National Provider Identifier)

Loop Id	Segment Id	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2010F	NM1	NM109	Identification Code	<Service Provider Identifier> National Provider Identifier (NPI)
2010F	PRV	N/A	Service Provider Information	N/A
2010F	PRV	PRV01	Provider Code	<Provider Code>
2010F	PRV	PRV02	Reference Identification Qualifier	PXC
2010F	PRV	PRV03	Reference Identification	<Provider Specialty Code>

10.7 X12N 278 Health Care Services Review – Response to Request for Review – Outbound for Wyoming Medicaid

Table 10. X12N 278 Health Care Services Review – Response to Request for Review – Outbound for Wyoming Medicaid

Loop Id	Segment Id	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
N/A	ISA	N/A	Interchange Control Header	N/A
N/A	ISA	ISA01	Authorization Information Qualifier	"00" (No Authorization Information Present (No Meaningful Information in I02))
N/A	ISA	ISA02	Authorization Information	10 Spaces
N/A	ISA	ISA03	Security Information Qualifier	"00" (No Security Information Present (No Meaningful Information in I04))

Loop Id	Segment Id	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
N/A	ISA	ISA04	Security Information	10 Spaces
N/A	ISA	ISA05	Interchange ID Qualifier	"ZZ" (Mutually Defined)
N/A	ISA	ISA06	Interchange Sender ID	Enter 100000 Followed by spaces. left justified followed by spaces.
N/A	ISA	ISA07	Interchange ID Qualifier	"ZZ" (Mutually Defined)
N/A	ISA	ISA08	Interchange Receiver ID	Value received on the 278 Inbound ISA06 <Interchange Sender ID> will be returned.
N/A	ISA	ISA13	Interchange Control Number	<Unique Identifier for a Trading Partner>
N/A	ISA	ISA14	Acknowledgment Requested	"0" (no acknowledgment requested) "1" (acknowledgement requested)
N/A	ISA	ISA15	Interchange Usage Indicator	Always use "P" for Production Data and "T" for Test Data.
N/A	GS	N/A	Functional Group Header	N/A
	GS	GS02	Application Sender's Code	77046
	GS	GS03	Application Receiver's Code	Value received on the 278 Inbound GS02 <Application Sender's Code> will be returned.
N/A	ST	N/A	Transaction Set Header	N/A

Loop Id	Segment Id	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
N/A	ST	ST02	Transaction Set Control Number	<Transaction set control number WYBMS will assign a unique number within the transaction set, to indicate the start of the transaction. WYBMS will transmit identical transaction set control numbers in SE02.
N/A	BHT	N/A	Segment - Beginning of Hierarchical Transaction	N/A
N/A	BHT	BHT03	Reference Identification	<Submitter Transaction Identifier> Value received on BHT03 278 Inbound will be returned.
N/A	BHT	BHT06	Transaction Type Code	"18" (Response - No Further Updates to Follow)
2010A	N/A	N/A	Utilization Management Organization (UMO) Name	N/A
2010A	NM1	N/A	Utilization Management Organization (UMO) Name	N/A
2010A	NM1	NM101	Entity Identifier Code	"PR" (Payer)
2010A	NM1	NM103	Name Last or Organization Name	<Utilization Management Organization (UMO) Last or Organization Name> "Wyoming Medicaid"
2010A	NM1	NM108	Identification Code Qualifier	"PI" (Payer Identification)
2010A	NM1	NM109	Identification Code	77046

Loop Id	Segment Id	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2010A	AAA	N/A	Utilization Management Organization (UMO) Request Validation	N/A
2010A	AAA	AAA03	Reject Reason Code	"79" (Invalid Participant Identification)
2010A	AAA	AAA04	Follow-up Action Code	"P" (Please Resubmit Original Transaction)
2010B	N/A	N/A	Requester Name	N/A
2010B	NM1	N/A	Requester Name	N/A
2010B	NM1	NM101	Entity Identifier Code	Value received on 278 Inbound Loop - 2010B NM101 will be returned.
2010B	NM1	NM103	Name Last or Organization Name	Value received on 278 Inbound Loop - 2010B NM103 will be returned.
2010B	NM1	NM108	Identification Code Qualifier	"XX" (Health Care Financing Administration National Provider Identifier)
2010B	NM1	NM109	Identification Code	<Requester Identifier> Value received on 278 Inbound Loop - 2010B NM109 will be returned.
2010B	AAA	N/A	Requester Request Validation	Segment will be sent if applicable

Loop Id	Segment Id	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2010B	AAA	AAA03	Reject Reason Code	<Reject Reason Code> "43" (Invalid/Missing Provider Identification) This value will be sent if Loop - 2010B NM108/NM109 has invalid data on 278 Inbound.
2010B	AAA	AAA04	Follow-up Action Code	<Follow-up Action Code> "C" (Please Correct and Resubmit)
2010C	N/A	N/A	Subscriber Name	N/A
2010C	NM1	N/A	Subscriber Name	N/A
2010C	NM1	NM103	Name Last or Organization Name	<Subscriber Last Name> Value received on 278 Inbound Loop - 2010C NM103 will be returned.
2010C	NM1	NM108	Identification Code Qualifier	"MI" (Member Identification Number)
2010C	NM1	NM109	Identification Code	<Subscriber Primary Identifier> Value received on 278 Inbound Loop - 2010C NM109 will be returned.
2010C	AAA	N/A	Subscriber Request Validation	N/A
2010C	AAA	AAA03	Reject Reason Code	"58" (Invalid/Missing Date-of-Birth) "72" (Invalid/Missing Subscriber/Insured ID)
2010C	AAA	AAA04	Follow-up Action Code	<Follow-up Action Code> "C" (Please Correct and Resubmit)

Loop Id	Segment Id	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2010C	DMG	N/A	Subscriber Demographic Information	N/A
2010C	DMG	DMG02	Date Time Period	<Subscriber Birth Date> Value received on 278 Inbound Loop - 2010C DMG02 will be returned.
2010C	DMG	DMG03	Gender Code	<Subscriber Gender Code> Value received on 278 Inbound Loop - 2010C DMG03 will be returned.
2000E	N/A	N/A	Patient Event Level	N/A
2000E	AAA	N/A	Patient Event Request Validation	Segment will be sent if applicable
2000E	AAA	AAA03	Reject Reason Code	"33" (Input Error) This value will be sent if Loop - 2000E UM02/UM04-1 has invalid data on 278 Inbound. "AI" (Invalid/Missing Accident Date) "AK" (Invalid or Missing Date of Birth) "AH" (Invalid/Missing Onset or Current Condition or Illness Date) "57" (Invalid/Missing Date(s) of Service) "15" (Required Application Data missing) This value will be sent if Loop - 2000E HSD02 was not submitted and Service Units on line are not present on 278 Inbound.
2000E	AAA	AAA04	Follow-up Action Code	<Follow-up Action Code> "C" (Please Correct and Resubmit)
2000E	UM		Health Care Services Review Information	

Loop Id	Segment Id	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2000E	UM	UM01	Request Category Code	Value received on 278 Inbound Loop - 2000E UM01 will be returned.
2000E	UM	UM02	Certification Type Code	Value received on 278 Inbound Loop - 2000E UM02 will be returned.
2000E	UM	UM03	Service Type Code	Value received on 278 Inbound Loop - 2000E UM03 will be returned.
2000E	UM	UM04-1	Facility Code Value	Value received on 278 Inbound Loop - 2000E UM04-1 will be returned, if applicable.
2000E	UM	UM04-2	Facility Code Value Qualifier	Value received on 278 Inbound Loop - 2000E UM04-2 will be returned, if applicable.
2000E	UM	UM06	Level of Service Code	Value received on 278 Inbound Loop - 2000E UM06 will be returned, if applicable
2000E	REF	N/A	Previous Review Administrative Reference Number	N/A
2000E	REF	REF01	Reference Identification Qualifier	“NT” (Administrator’s Reference Number)
2000E	REF	REF02	Reference Identification	<Previous Review Authorization Number> Value received on 278 Inbound Loop - 2000E REF02 will be returned, if applicable.
2000E	REF	N/A	Previous Review Authorization Number	N/A
2000E	REF	REF01	Reference Identification Qualifier	BB (Authorization Number)

Loop Id	Segment Id	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2000E	REF	REF02	Reference Identification	<Previous Review Authorization Number> Value received on 278 Inbound Loop - 2000E REF02 will be returned.
2000EA	N/A	N/A	Patient Event Provider Name	N/A
2000EA	NM1	N/A	Patient Event Provider Name	N/A
2000EA	NM1	NM108	Identification Code Qualifier	"XX" (Centers for Medicare and Medicaid Services National Provider Identifier) will be returned, if applicable
2000EA	NM1	NM109	Identification Code	<Patient Event Provider Identifier> Value received on 278 Inbound Loop - 2010EA NM109 will be returned, if applicable
2000EA	AAA	N/A	Patient Event Provider Request Validation	N/A
2000EA	AAA	AAA03	Reject Reason Code	<Reject Reason Code> "43" (Invalid/Missing Provider Identification) This value will be sent if Loop – 2010EA NM108/NM109 has invalid data on 278 Inbound.
2000EA	AAA	AAA04	Follow-up Action Code	<Follow-up Action Code> "C" (Please Correct and Resubmit)
2010EA	PRV	N/A	Patient Event Provider Information	N/A
2000EA	PRV	PRV01	Provider Code	<Provider Code>
2000EA	PRV	PRV02	Reference Identification Qualifier	PXC

Loop Id	Segment Id	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2000EA	PRV	PRV03	Reference Identification	<Provider Specialty Code>
2000F	N/A	N/A	Service Level	N/A
2000F	AAA	N/A	Service Request Validation	Segment will be sent if applicable
2000F	AAA	AAA03	Reject Reason Code	<p>"15" (Required application data missing) This value will be sent if Loop - L2000F SV201 and SV202-2 has an invalid Revenue Code and Procedure Code.</p> <p>"33" (Input Errors) This value will be sent if Loop - 2000F SV101-1/ SV101-3 through SV101-6/SV102 has invalid data in Professional Service segment on 278 Inbound, if applicable (or) This value will be sent if Loop - 2000F SV201/SV202-1/ SV202-3 through SV202-6 /SV203/SV206 has invalid data in Institutional Service Line segment on 278 Inbound, if applicable (or) This value will be sent if Loop - 2000F SV301-3 through SV301-6 /SV302/ SV304-1 through SV304-6 has invalid data in Dental Service segment on 278 Inbound, if applicable (or) This value will be sent if Loop - 2000F TOO02 has invalid data in Tooth Information segment on 278 Inbound, if applicable</p> <p>"57" (Invalid/Missing Date(s) of Service)</p> <p>"AG" (Invalid/Missing Procedure Code(s)) This value will be sent if Loop - 2000F SV101-2 has invalid data in Professional Service segment on 278 Inbound, if applicable (or) This value will be sent if Loop - 2000F SV202-2 has invalid data in Institutional Service Line segment on 278 Inbound, if applicable (or)</p>

Loop Id	Segment Id	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
				This value will be sent if Loop - 2000F SV301-2 has invalid data in Dental Service segment on 278 Inbound, if applicable
2000F	AAA	AAA04	Follow-up Action Code	<Follow-up Action Code> "C" (Please Correct and Resubmit)
2000E	REF	N/A	Previous Review Administrative Reference Number	N/A
2000E	REF	REF01	Reference Identification Qualifier	"NT" (Administrator's Reference Number)
2000E	REF	REF02	Reference Identification	<Previous Review Authorization Number> Value received on 278 Inbound Loop - 2000E REF02 will be returned, if applicable.
2000E	REF	N/A	Previous Review Authorization Number	N/A
2000E	REF	REF01	Reference Identification Qualifier	BB (Final Status Code Qualifier)
2000E	REF	REF02	Reference Identification	<Final Status Code> Value received on 278 Inbound Loop - 2000F REF02 will be return.
2000F	DTP	N/A	Service Date	N/A

Loop Id	Segment Id	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2000F	DTP	DTP02	Date Time Period Format Qualifier	"RD8" (Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD)
2000F	DTP	DTP03	Date Time Period	<Proposed or Actual Event Date> Approved Service "From Date" - "To Date" for PA request processed by WYBMS Special Services for the line will be sent, if applicable (or) Value submitted on 278
2000F	SV1	N/A	Professional Service	Segment will be sent if applicable
2000F	SV1	SV101	Composite Medical Procedure Identifier	N/A
2000F	SV1	SV101-1	Product/Service ID Qualifier	Value received on 278 Inbound Loop - 2000F, SV101-1 will be returned, if applicable.
2000F	SV1	SV101-2	Product/Service ID	Value received on 278 Inbound Loop - 2000F, SV101-2 will be returned, if applicable (or) Modified value processed by WYBMS for the line will be sent, if applicable.
2000F	SV1	SV101-3	Procedure Modifier	Value received on 278 Inbound Loop - 2000F, SV101-3 will be returned, if applicable (or) Modified value processed by WYBMS for the line will be sent, if applicable.
2000F	SV1	SV101-4	Procedure Modifier	Value received on 278 Inbound Loop - 2000F, SV101-4 will be returned, if applicable (or)

Loop Id	Segment Id	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
				Modified value processed by WYBMS for the line will be sent, if applicable.
2000F	SV1	SV101-5	Procedure Modifier	Value received on 278 Inbound Loop - 2000F, SV101-5 will be returned, if applicable (or) Modified value processed by WYBMS for the line will be sent, if applicable.
2000F	SV1	SV101-6	Procedure Modifier	Value received on 278 Inbound Loop - 2000F, SV101-6 will be returned, if applicable (or) Modified value processed by WYBMS for the line will be sent, if applicable.
2000F	SV1	SV102	Monetary Amount	Approved Monetary Amount processed by WYBMS for the line will be sent, if applicable (or) Value received on 278 Inbound Loop - 2000F, SV102 will be returned, if applicable.
2000F	SV1	SV103	Unit or Basis for Measurement Code	Value received on 278 Inbound Loop - 2000F, SV103 will be returned, if applicable.
2000F	SV1	SV104	Quantity	Approved Quantity processed by WYBMS for the line will be sent, if applicable (or) Value received on 278 Inbound Loop - 2000F, SV104 will be returned, if applicable.
2000F	SV2	N/A	Institutional Service Line	Segment will be sent if applicable

Loop Id	Segment Id	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2000F	SV2	SV202	Composite Medical Procedure Identifier	N/A
2000F	SV2	SV202-1	Product/Service ID Qualifier	Value received on 278 Inbound Loop - 2000F, SV202-1 will be returned, if applicable.
2000F	SV2	SV202-2	Product/Service ID	Value received on 278 Inbound Loop - 2000F, SV202-2 will be returned, if applicable (or) Modified value processed by WYBMS for the line will be sent, if applicable.
2000F	SV2	SV202-3	Procedure Modifier	Value received on 278 Inbound Loop - 2000F, SV202-3 will be returned, if applicable (or) Modified value processed by WYBMS for the line will be sent, if applicable
2000F	SV2	SV202-4	Procedure Modifier	Value received on 278 Inbound Loop - 2000F, SV202-4 will be returned, if applicable (or) Modified value processed by WYBMS for the line will be sent, if applicable
2000F	SV2	SV202-5	Procedure Modifier	Value received on 278 Inbound Loop - 2000F, SV202-5 will be returned, if applicable (or) Modified value processed by WYBMS for the line will be sent, if applicable.

Loop Id	Segment Id	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2000F	SV2	SV202-6	Procedure Modifier	Value received on 278 Inbound Loop - 2000F, SV202-6 will be returned, if applicable (or) Modified value processed by WYBMS for the line will be sent, if applicable
2000F	SV2	SV203	Monetary Amount	Approved Monetary Amount processed by WYBMS for the line will be sent, if applicable (or) Value received on 278 Inbound Loop - 2000F, SV203 will be returned, if applicable.
2000F	SV2	SV204	Unit or Basis for Measurement Code	Value received on 278 Inbound Loop - 2000F, SV204 will be returned, if applicable
2000F	SV2	SV205	Quantity	Approved Quantity processed by WYBMS for the line will be sent, if applicable (or) Value received on 278 Inbound Loop - 2000F, SV205 will be returned, if applicable.
2000F	SV2	SV206	Unit Rate	Approved Unit Rate processed by WYBMS for the line will be sent, if applicable (or) Value received on 278 Inbound Loop - 2000F, SV206 will be returned, if applicable
2000F	SV3	N/A	Dental Service	Segment will be sent if applicable

Loop Id	Segment Id	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2000F	SV3	SV301	Composite Medical Procedure Identifier	N/A
2000F	SV3	SV301-2	Product/Service ID	Value received on 278 Inbound Loop - 2000F, SV301-2 will be returned, if applicable (or) Modified value processed by WYBMS for the line will be sent if applicable.
2000F	SV3	SV301-3	Procedure Modifier	Value received on 278 Inbound Loop - 2000F, SV301-3 will be returned, if applicable (or) Modified value processed by MDHHS for the line will be sent if applicable.
2000F	SV3	SV301-4	Procedure Modifier	Value received on 278 Inbound Loop - 2000F, SV301-4 will be returned, if applicable (or) Modified value processed by WYBMS for the line will be sent if applicable.
2000F	SV3	SV301-5	Procedure Modifier	Value received on 278 Inbound Loop - 2000F, SV301-5 will be returned, if applicable (or) Modified value processed by WYBMS for the line will be sent if applicable
2000F	SV3	SV301-6	Procedure Modifier	Value received on 278 Inbound Loop - 2000F, SV301-6 will be returned, if applicable (or)

Loop Id	Segment Id	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
				Modified value processed by WYBMS for the line will be sent if applicable
2000F	SV3	SV302	Monetary Amount	Approved Monetary Amount processed by WYBMS for the line will be sent, if applicable (or) Value received on 278 Inbound Loop - 2000F, SV302 will be returned, if applicable
2000F	SV3	SV306	Quantity	Approved Quantity processed by WYBMS for the line will be sent, if applicable (or) Value received on 278 Inbound Loop - 2000F, SV306 will be returned, if applicable.
2010FA	N/A	N/A	Service Provider Name	N/A
2010FA	NM1	N/A	Service Provider Name	N/A
2010FA	NM1	NM108	"Identification Code Qualifier"	"XX" (Centers for Medicare and Medicaid Services National Provider Identifier)
2010FA	NM1	NM109	Identification Code	<Service Provider Identifier> National Provider Identifier (NPI)
2010FA	AAA	N/A	"Service Provider Request Validation"	N/A
2010FA	AAA	AAA01	Yes/No Condition or Response code	N/A

Loop Id	Segment Id	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2010FA	AAA	AAA03	Reject Reason Code	"<Reject Reason Code> "43" (Invalid/Missing Provider Identification) This value will be sent if Loop – 2010F NM108/NM109 has invalid data on 278 Inbound."
2010FA	AAA	AAA04	Follow-up Action Code	"<Follow-up Action Code> "C" (Please Correct and Resubmit)"
2010FA	PRV	N/A	Service Provider Information	N/A
2010FA	PRV	PRV01	Provider Code	<Provider Code>
2010FA	PRV	PRV02	Reference Identification Qualifier	PXC
2010FA	PRV	PRV03	Reference Identification	<Provider Specialty Code>

Chapter 11 – 835 Claim Payment/Advice

11.1 Payment and Advice

Table 11. Billing Provider and Billing Agent or Clearinghouse Association Header

Loop Id	Segment Id	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
N/A	ISA	N/A	Interchange Control Header	N/A
N/A	ISA	ISA01	Authorization Information Qualifier	"00" (No Authorization Information Present (No Meaningful Information in I02))
N/A	ISA	ISA02	Authorization Information	10 Spaces
N/A	ISA	ISA03	Security Information Qualifier	"00" (No Security Information Present (No Meaningful Information in I04))
N/A	ISA	ISA04	Security Information	10 Spaces
N/A	ISA	ISA05	Interchange ID Qualifier	"ZZ" (Mutually Defined)
N/A	ISA	ISA06	Interchange Sender ID	100000 Followed by spaces left justified followed by spaces.
N/A	ISA	ISA07	Interchange ID Qualifier	"ZZ" (Mutually Defined)
N/A	ISA	ISA08	Interchange Receiver ID	Trading Partner ID
N/A	ISA	ISA13	Interchange Control Number	Set of 9 numbers. Will be unique for each transaction.
N/A	ISA	ISA14	Acknowledgment Requested	Will always be reported as "1".

Loop Id	Segment Id	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
N/A	ISA	ISA15	Interchange Usage Indicator	Always use "P" for Production Data and "T" for Test Data.
N/A	GS	N/A	Functional Group Header	N/A
N/A	GS	GS01	Functional Identifier Code	"HP" (Health Care Claim Payment/Advice (835))
N/A	GS	GS02	Application Sender's Code	77046
N/A	GS	GS03	Application Receiver's Code	Trading Partner ID
N/A	GS	GS08	Version / Release / Industry Identifier Code	"005010X221A1"
N/A	BPR	N/A	Financial Information	N/A
N/A	BPR	BPR01	Transaction Handling Code	"I" (Remittance Information Only) "H" (Notification Only)
N/A	BPR	BPR03	Credit/Debit Flag Code	"C" (Credit)
N/A	BPR	BPR04	Payment Method Code	"ACH" (Automated Clearing House (ACH)) - EFT payment "CHK" (Check) Payment made via voucher. This value will also be used when there is no match on the warrant file for a payee. "NON" (Non-Payment Data) -Total amount paid is \$0.
N/A	BPR	BPR05	Payment Format Code	Included when payment is by EFT
N/A	BPR	BPR06	(DFI) ID Number Qualifier	<Depository Financial Institution (DFI) Identification Number Qualifier> "01" (ABA Transmit Routing Number) included when payment is by EFT

Loop Id	Segment Id	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
N/A	BPR	BPR07	(DFI) Identification Number	<Sender DFI Identifier> WYBMS Financial Institution ID is included when payment is by EFT.
N/A	BPR	BPR08	Account Number Qualifier	"DA" (Demand Deposit) Included when payment is by EFT
N/A	BPR	BPR09	Account Number	<Sender Bank Account Number> Included when payment is by EFT.
N/A	BPR	BPR10	Originating Company Identifier	<Payer Identifier> WYBMS Federal Tax ID Number preceded by 1 included when payment is by EFT
N/A	BPR	BPR11	Originating Company Supplemental Code	Wyoming Medicaid
N/A	BPR	BPR12	(DFI) ID Number Qualifier	<Depository Financial Institution (DFI) Identification Number Qualifier> "01" (ABA Transmit Routing Number) included when payment is by EFT
N/A	BPR	BPR13	(DFI) Identification Number	<Receiver or Provider Bank ID Number> Included when payment is EFT
N/A	BPR	BPR14	Account Number Qualifier	"DA" (Demand Deposit) "SG" (Savings) Included when payment is by EFT
N/A	BPR	BPR15	Account Number	<Receiver or Provider Account Number> Included when payment is by EFT

Loop Id	Segment Id	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
N/A	BPR	BPR16	Date	<Check Issue or EFT Effective Date> WYBMS Pay Date: When the <payment format code> is "ACH" (Automated Clearing House (ACH)) or "CHK" (Check), the pay date is used. When the payment format code is "NON" (Non-Payment Data), 835 generation will be used.
N/A	TRN	N/A	Reassociation Trace Number	N/A
N/A	TRN	TRN01	Trace Type Code	"1" (Current Transaction Trace Numbers)
N/A	TRN	TRN02	Reference Identification	15-digit reassociation trace number
N/A	TRN	TRN03	Originating Company Identifier	<Payer Identifier> WYBMS Federal Tax ID preceded by 1.
N/A	DTM	N/A	Production Date	N/A
N/A	DTM	DTM01	Date/Time Qualifier	"405" (Production)
N/A	DTM	DTM02	Date	<Production Date> WYBMS Pay Cycle Date in CCYYMMDD format.
1000A	N/A	N/A	Payer Identification	N/A
1000A	N1	N/A	Payer Identification	N/A
1000A	N1	N101	Entity Identifier Code	"PR" (Payer)
1000A	N1	N102	Name	<Payer Name> "Wyoming Medicaid"

Loop Id	Segment Id	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
1000A	N1	N103	Identification Code Qualifier	"XV" (Centers for Medicare and Medicaid Services PlanID)
1000A	N1	N104	Identification Code	<Payer Identifier> "77046" for WYBMS
1000B	N/A	N/A	Payee Identification	N/A
1000B	N1	N/A	Payee Identification	N/A
1000B	N1	N101	Entity Identifier Code	"PE" (Payee)
1000B	N1	N102	Name	<Payee Name> This is the name of the payee. When the name of the payee is not known, this element will be populated with "UNKNOWN".
1000B	N1	N103	Identification Code Qualifier	"XX" (Centers for Medicare and Medicaid Services National Provider Identifier) "FI" (Federal Taxpayer's Identification Number)
1000B	N1	N104	Identification Code	<Payee Identification Code> National Provider Identifier or Federal Taxpayer's Identification Number.
1000B	REF	N/A	Payee Additional Identification	N/A
1000B	REF	REF01	Reference Identification Qualifier	"TJ" (TJ Federal Taxpayer's Identification Number) "PQ" (Payee Identification)
1000B	REF	REF02	Reference Identification	Non-Atypical Providers: Report Tax Identification Number Atypical Providers: Report WYBMS Provider Identifier

Loop Id	Segment Id	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2000	N/A	N/A	Header Number	N/A
2000	TS3	N/A	Provider Summary Information	N/A
2000	TS3	TS301	Reference Identification	<Provider Identifier> National Provider Identifier (NPI)
2000	TS3	TS302	Facility Code Value	<Facility Type Code> This code identifies the type of facility where the services were performed. This element is populated with the place of service or type of bill.
2100	N/A	N/A	Claim Payment Information	N/A
2100	CLP	N/A	Claim Payment Information	N/A
2100	CLP	CLP06	Claim Filing Indicator Code	"MC" (Medicaid)
2100	CLP	CLP07	Reference Identification	<Payer Claim Control Number> 17-digit WYBMS TCN
2100	NM1	N/A	Patient Name	N/A
2100	NM1	NM101	Entity Identifier Code	"QC" (Patient)
2100	NM1	NM103	Name Last or Organization Name	<Patient Last Name> WYBMS Beneficiary Last Name. When a name is not available, "UNKNOWN" will be populated in this field.
2100	NM1	NM104	Name First	<Patient First Name> WYBMS Beneficiary First Name. When a name is not available, "UNKNOWN" is populated in this field.
2100	NM1	NM108	Identification Code Qualifier	"MI" (Member Identification Number)

Loop Id	Segment Id	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2100	NM1	NM109	Identification Code	<Patient Identifier> 10-digit beneficiary ID number assigned by WYBMS.
2100	NM1	N/A	Corrected Patient/Insured Name	N/A
2100	NM1	NM101	Entity Identifier Code	"74" (Corrected Insured)
2100	NM1	NM103	Name Last or Organization Name	<Corrected Patient or Insured Last Name> If beneficiary last name is incorrect on a submitted claim, which is Paid corrected, the beneficiary last name is sent
2100	NM1	N/A	Service Provider Name	N/A
2100	NM1	NM101	Entity Identifier Code	"82" (Rendering Provider)
2100	NM1	NM108	Identification Code Qualifier	"XX" (Centers for Medicare and Medicaid Services National Provider Identifier) for Providers with NPIs
2100	NM1	NM109	Identification Code	<Rendering Provider Identifier> National Provider Identifier (NPI)
2100	REF	N/A	Other Claim Related Identification	N/A
2100	REF	REF01	Reference Identification Qualifier	"G1" (Prior Authorization Number) "EA" (Medical Record Identification Number) "F8" (Original Reference Number)

Loop Id	Segment Id	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2100	REF	REF02	Reference Identification	<Other Claim Related Identifier> Prior Authorization Number and/or Medical Record Number and/or Original 17-digit WYBMS TCN (15-digit legacy CRN) of the previously adjudicated claim is returned if submitted on the claim.
2100	DTM	N/A	Statement From or To Date	N/A
2100	DTM	DTM01	Date/Time Qualifier	"232" (Claim Statement Period Start) "233" (Claim Statement Period End)
2100	DTM	DTM02	Date	<Claim Date> "11111111" is used for those claims without a start date.
2110	N/A	N/A	Service Payment Information	N/A
2110	REF	N/A	Service Identification	N/A
2110	REF	REF01	Reference Identification Qualifier	"G1" (Prior Authorization Number) "APC" (Ambulatory Payment Classification)
2110	REF	REF02	Reference Identification	<Provider Identifier> Prior Authorization Number and/or Ambulatory Payment Classification number is returned if submitted on the claim.
2110	REF	N/A	Line Item Control Number	N/A
2110	REF	REF01	Reference Identification Qualifier	"6R" (Provider Control Number)
2110	REF	REF02	Reference Identification	<Line Item Control Number> Line item control number is returned if submitted on the claim.

Loop Id	Segment Id	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2110	REF	N/A	Rendering Provider Information	N/A
2110	REF	REF01	Reference Identification Qualifier	"HPI" (Center for Medicare and Medicaid Services National Provider Identifier)
2110	REF	REF02	Reference Identification	<Rendering Provider Identifier> National Provider Identifier (NPI)
2110	LQ	N/A	Health Care Remark Codes	WYBMS creates one LQ segment for each adjustment remark code entry for a Claim. This segment may repeat up to 99 times
2110	LQ	LQ01	Code List Qualifier Code	"HE" (Claim Payment Remark Codes)
2110	LQ	LQ02	Industry Code	<Remark Code> Remark codes for a claim.
2110	PLB	N/A	Provider Adjustment	N/A
2110	PLB	PLB01	Reference Identification	<Provider Identifier> National Provider Identifier (NPI)
2110	PLB	PLB03-2	Reference Identification	<Provider Adjustment Identifier> Gross Adjustment Code Description - This is the description of WYBMS Gross adjustment code. Refer to the list of code descriptions given in Appendix A: Gross Adjustment Code Description

Chapter 12 – 837 Professional Claims Transactions

Wyoming Medical Professional Claims:

This section is for use along with the ANSI ASC X12 Health Care 837 Claims Transactions. It is not a replacement for the TR3s, but rather used as an additional source of information. This section contains data clarifications derived from specific business rules that apply exclusively to Wyoming Medicaid.



The page numbers listed below in each of the tables represent the corresponding page number in the Technical Report Type3 (TR3) ANSI ASC X12N Consolidated Guide Health Care Claim: Professional (837), 005010X222/005010X222A1, June 2010.

12.1 ISA Interchange Control Number and GS Functional Group Header

Table 12. ISA Interchange Control Number and GS Functional Group Header

Loop Id	Segment Id	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
N/A	ISA	N/A	Interchange Control Header	N/A
N/A	ISA	ISA01	Authorization Information Qualifier	"00" (No Authorization Information Present (No Meaningful Information in I02))
N/A	ISA	ISA02	Authorization Information	10 Spaces
N/A	ISA	ISA03	Security Information Qualifier	"00" (No Security Information Present (No Meaningful Information in I04))
N/A	ISA	ISA04	Security Information	10 Spaces
N/A	ISA	ISA05	Interchange ID Qualifier	"ZZ" (Mutually Defined)
N/A	ISA	ISA06	Interchange Sender ID	Enter Trading Partner ID
N/A	ISA	ISA07	Interchange ID Qualifier	"ZZ" (Mutually Defined)

Loop Id	Segment Id	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
N/A	ISA	ISA08	Interchange Receiver ID	Enter 100000 left justified followed by spaces.
N/A	ISA	ISA13	Interchange Control Number	Set of 9 numbers. Must be unique for each transaction.
N/A	ISA	ISA14	Acknowledgment Requested	Always use number "1" for Interchange Acknowledgment Requested (TA1). Without this indicator, acknowledgment is not returned for the submitted transaction if an error on the ISA segment is detected. And the submitted EDI file is not processed.
N/A	ISA	ISA15	Interchange Usage Indicator	Always use "P" for Production Data and "T" for Test Data.
N/A	GS	N/A	Functional Group Header	N/A
N/A	GS	GS02	Application Sender's Code	Trading Partner ID. This value must always match ISA06
N/A	GS	GS03	Application Receiver's Code	Enter 77046
N/A	ST	N/A	Transaction Set Header	WYBMS accepts a maximum of 5,000 CLM segments in a single transaction (ST - SE) as recommended by the HIPAA mandated implementation guide. Submissions greater than 5,000 CLM segments in a single transaction are rejected.
N/A	BHT	N/A	Segment - Beginning of Hierarchical Transaction	N/A
N/A	BHT	BHT06	Transaction Type Code	Wyoming Medicaid only accepts the CH code. (Chargeable) for claims
1000A	N/A	N/A	Submitter Name	N/A
1000A	NM1	N/A	Submitter Name	N/A

Loop Id	Segment Id	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
1000A	NM1	NM108	Identification Code Qualifier	"46" (Electronic Transmitter Identification Number [ETIN] Established by trading partner agreement)
1000A	NM1	NM109	Identification Code	<Submitter Identifier> This value must always match ISA06 <Interchange Sender ID> and GS02 <Application Sender's Code>
1000B	N/A	N/A	Receiver Name	N/A
1000B	NM1	N/A	Receiver Name	N/A
1000B	NM1	NM103	Name Last or Organization Name	Wyoming Medicaid.
1000B	NM1	NM108	Identification Code Qualifier	"46" (Electronic Transmitter Identification Number [ETIN] Established by trading partner agreement)
1000B	NM1	NM109	Identification Code	77046
2000A	N/A	N/A	Billing Provider Hierarchical Level	N/A
2000A	PRV	N/A	Billing Provider Specialty Information	N/A
2000A	PRV	PRV01	Provider Code	"BI" (Billing)
2000A	PRV	PRV02	Reference Identification Qualifier	"PXC" (Health Care Provider Taxonomy Code)
2000A	PRV	PRV03	Reference Identification	If the NPI is registered with Wyoming Medicaid, the Taxonomy Code is required.
2000B	N/A	N/A	Subscriber Hierarchical Level	N/A
2000B	HL	N/A	Subscriber Hierarchical Level	N/A

Loop Id	Segment Id	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2000B	HL	HL04	Hierarchical Child Code	Enter 0. The Member is always the patient; therefore, the dependent level is not utilized.
2000B	SBR	N/A	Subscriber Information	N/A
2000B	SBR	SBR01	Payer Responsibility Sequence Number Code	Enter P (Primary-Payer Responsibility Sequence Number code) Member only has Medicaid Coverage.
2000B	SBR	SBR09	Claim Filing Indicator Code	"MC" (WYBMS Medicaid)
2010BA	N/A	N/A	Subscriber Name	N/A
2010BA	NM1	N/A	Subscriber Name	N/A
2010BA	NM1	NM109	Identification Code	Enter the ten (10) digit Wyoming Medicaid Member ID.
2010BB	N/A	N/A	Payer Name	N/A
2010BB	NM1	N/A	Payer Name	N/A
2010BB	NM1	NM103	Name Last or Organization Name	Wyoming Medicaid.
2010BB	NM1	NM108	Identification Code Qualifier	Enter PI (Payer Identification).
2010BB	NM1	NM109	Identification Code	77046
2010BB	REF	N/A	Billing Provider Secondary Identification	N/A
2010BB	REF	REF01	Reference Identification Qualifier	"G2" (Provider Commercial Number)

Loop Id	Segment Id	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2010BB	REF	REF02	Reference Identification	Only use if REF01 is used. In the case of an atypical Provider or Providers that do not have an NPI, report WYBMS Provider ID.
2000C	N/A	N/A	LOOP-Patient Hierarchical Level	WYBMS business rules require that the patient is always the Member. Therefore, WYBMS does not expect Providers to submit any Loop - 2000C. Patient Hierarchical Levels in a transaction set. Transaction sets that contain Loop - 2000C Patient Hierarchical Level information are rejected.
2300	N/A	N/A	LOOP-Claim Information	Note that the HIPAA mandated implementation guide allows a maximum of 100 repetitions of the Loop - 2300 Claim Information within each Loop - 2000B Member Hierarchical Level. Transaction sets that do not associate Loop - 2300 Claim Information with Loop - 2000B are rejected.
2300	CLM	N/A	Claim Information	N/A
2300	CLM	CLM05-3	Claim Frequency Type Code	<p><Claim Frequency Code> "1" Original claim submissions "7" claim replacement "8" claim void/cancel For both "7" and "8" include the original 17-digit WYBMS TCN, as indicated in Loop - 2300 REF (Payer Claim Control Number). Adjustments and Voids can only be performed on previously Paid claims. An Adjustment to a Denied claim must be submitted as a new original claim.</p> <p>The Billing Provider NPI or WYBMS Provider ID must be same as what was submitted on the original claim.</p>

Loop Id	Segment Id	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2300	DTP	N/A	Date - Admission	N/A
2300	DTP	DTP01	Date/Time Qualifier	"435" (Admission)
2300	DTP	DTP03	Date Time Period	If place of service is Inpatient, report the related Hospitalization Admission Date
2300	REF	N/A	Payer Claim Control Number	N/A
2300	REF	REF01	Reference Identification Qualifier	"F8" (Original Reference Number)
2300	REF	REF02	Reference Identification	<Payer Claim Control Number> Include the 17 -digit WYBMS TCN of the previously adjudicated claim when CLM05-3 <Claim Frequency Code> indicates this claim is a replacement "7" or void "8".
2310A	N/A	N/A	Referring Provider Name	N/A
2310A	REF	N/A	Referring Provider Secondary Identification	N/A
2310A	REF	REF01	Reference Identification Qualifier	"G2" (Provider Commercial Number)
2310A	REF	REF02	Reference Identification	Only use if REF01 is used. In the case of an atypical Provider or Providers that do not have an NPI, report WYBMS Provider ID.
2310B	N/A	N/A	Rendering Provider Name	N/A

Loop Id	Segment Id	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2310B	REF	N/A	Rendering Provider Secondary Identification	N/A
2310B	REF	REF01	Reference Identification Qualifier	"G2" (Provider Commercial Number)
2310B	REF	REF02	Reference Identification	Only use if REF01 is used. In the case of an atypical Provider or Providers that do not have an NPI, report WYBMS Provider ID.
2320	N/A	N/A	LOOP-Other Subscriber Information	If WYBMS Medicaid is the primary payer, this loop must not be reported.
2320	SBR	N/A	Other Subscriber Information	N/A
2320	SBR	SBR03	Reference Identification	<Insured Group or Policy Number> Member group number (assigned by the other payer), not the number that uniquely identifies the Member.
2320	SBR	SBR04	Other Insured Group Name	Enter the Payer Name
2320	SBR	SBR09	Claim Filing Indicator Code	Do not use code MC.
2320	CAS	N/A	Claim Level Adjustments	Report all other payer adjustments in this segment. Information must match both CARC and RARC reported in 835 to the Provider. Report RARC in MOA.
2320	CAS	CAS01	Claim Adjustment Group Code	Value reported by the other payer

Loop Id	Segment Id	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2320	CAS	CAS02	Claim Adjustment Reason Code	Value reported by the other payer
2320	CAS	CAS03	Monetary Amount	Value reported by the other payer
2320	MOA	N/A	Outpatient Adjudication Information	Report all RARC codes associated to the other payer adjustments in this segment.
2320	MOA	MOA03	Reference Identification	Value reported by the other payer
2320	MOA	MOA04	Reference Identification	Value reported by the other payer
2320	MOA	MOA05	Reference Identification	Value reported by the other payer
2320	MOA	MOA06	Reference Identification	Value reported by the other payer
2320	MOA	MOA07	Reference Identification	Value reported by the other payer
2330A	N/A	N/A	LOOP-Other Subscriber Name	Use the name of the Member as it appears on the files of the other payer.
2330A	NM1	N/A	Other Subscriber Name	N/A
2330A	NM1	NM108	Identification Code Qualifier	"MI" (Member Identification Number)
2330A	NM1	NM109	Identification Code	<Other Insured Identifier> Use the unique member number assigned to the Member by the other payer indicated in Loop – 2330B Other Payer Name.
2330B	N/A	N/A	LOOP-Other Payer Name	Use the name of the Member as it appears on the files of the other payer.
2330B	NM1	N/A	Other Payer Name	N/A

Loop Id	Segment Id	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2330B	NM1	NM103	Name Last or Organization Name	<Other Payer Organization Name> Submit the name of the Other Payer Organization as reported on the EOB from the other payer
2400	N/A	N/A	Service Line Number	Note that the HIPAA mandated implementation guide allows a maximum of 50 repetitions of Loop - 2400 Service Line Number within each Loop - 2300 Claim Information.
2400	SV1	N/A	Professional Service	N/A
2400	SV1	SV103	Unit or Basis for Measurement Code	"MJ" for Minutes for anesthesia only and "UN" for Unit.
2410	N/A	N/A	Drug Identification	N/A
2410	LIN	N/A	Drug Identification	N/A
2410	LIN	LIN02	Product/Service ID Qualifier	"N4" (National Drug Code in 5-4-2 Format)
2410	LIN	LIN03	Product/Service ID	Enter the 11-digit National Drug Code (NDC). NDCs less than 11 digits cause the service line to be denied by Wyoming Medicaid. Do not enter hyphens or spaces within the NDC. Do not use special characters. When an NDC code is less than 11 digits, a leading zero must be used.
2420A	N/A	N/A	Rendering Provider Name	N/A
2420A	PRV	N/A	Rendering Provider Specialty Information	N/A
2420A	PRV	PRV03	Reference Identification	If the NPI is registered with Wyoming Medicaid, the Taxonomy Code is required.

Loop Id	Segment Id	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2420A	REF	N/A	Rendering Provider Secondary Identification	N/A
2420A	REF	REF01	Reference Identification Qualifier	"G2" (Provider Commercial Number)
2420A	REF	REF02	Reference Identification	Only use if REF01 is used. In the case of an atypical Provider or Providers that do not have an NPI, report WYBMS Provider ID.
2420F	N/A	N/A	Referring Provider Name	N/A
2420F	REF	N/A	Referring Provider Secondary Identification	N/A
2420F	REF	REF01	Reference Identification Qualifier	"G2" (Provider Commercial Number)
2420F	REF	REF02	Reference Identification	Only use if REF01 is used. In the case of an atypical Provider or Providers that do not have an NPI, report WYBMS Provider ID.
2430	N/A	N/A	Line Adjudication Information	N/A
2430	CAS	N/A	Line Adjustment	Report all other payer adjustments in this segment. Report all line level RARC in header MOA.
2430	CAS	CAS01	Claim Adjustment Group Code	Value reported by the other payer
2430	CAS	CAS02	Claim Adjustment Reason Code	Value reported by the other payer
2430	CAS	CAS03	Monetary Amount	Value reported by the other payer

Chapter 13 – 837 Institutional Claims Transactions

Wyoming Medicaid Institutional Claims

This section is for use along with the ANSI ASC X12 Health Care 837 Claims Transactions. It is not a replacement for the TR3s, but rather used as an additional source of information. This section contains data clarifications derived from specific business rules that apply exclusively to Wyoming Medicaid.



The page numbers listed below in each of the tables represent the corresponding page number in the Technical Report Type3 (TR3) ANSI ASC X12N Consolidated Guide Health Care Claim: Institutional (837), 005010X223/005010X223A/1005010X223A2, June 2010.

Table 13. 837 Institutional Claims Transactions Header

Loop Id	Segment Id	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
N/A	ISA	N/A	Interchange Control Header	N/A
N/A	ISA	ISA01	Authorization Information Qualifier	"00" (No Authorization Information Present (No Meaningful Information in I02))
N/A	ISA	ISA02	Authorization Information	10 Spaces
N/A	ISA	ISA03	Security Information Qualifier	"00" (No Security Information Present (No Meaningful Information in I04))
N/A	ISA	ISA04	Security Information	10 Spaces
N/A	ISA	ISA05	Interchange ID Qualifier	"ZZ" (Mutually Defined)
N/A	ISA	ISA06	Interchange Sender ID	Enter Trading Partner ID
N/A	ISA	ISA07	Interchange ID Qualifier	"ZZ" (Mutually Defined)

Loop Id	Segment Id	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
N/A	ISA	ISA08	Interchange Receiver ID	Enter 100000 Followed by spaces. left-justified followed by spaces.
N/A	ISA	ISA13	Interchange Control Number	Set of 9 numbers. Must be unique for each transaction.
N/A	ISA	ISA14	Acknowledgment Requested	Always use number "1" for Interchange Acknowledgment Requested (TA1). Without this indicator, acknowledgment will not be returned for the submitted transaction if an error on the ISA segment is detected. And the submitted EDI file will not be processed.
N/A	ISA	ISA15	Interchange Usage Indicator	Always use "P" for Production Data and "T" for Test Data.
N/A	GS	N/A	Functional Group Header	N/A
N/A	GS	GS02	Application Sender's Code	Trading Partner ID. This value must always match ISA06
N/A	GS	GS03	Application Receiver's Code	77046
N/A	ST	N/A	Transaction Set Header	WYBMS accepts a maximum of 5,000 CLM segments in a single transaction (ST - SE) as recommended by the HIPAA mandated implementation guide. Submissions greater than 5,000 CLM segments in a single transaction are rejected.
N/A	BHT	N/A	Segment - Beginning of Hierarchical Transaction	N/A
N/A	BHT	BHT06	Transaction Type Code	Wyoming Medicaid only accepts the CH code. (Chargeable) for claims
1000A	N/A	N/A	Submitter Name	N/A
1000A	NM1	N/A	Submitter Name	N/A

Loop Id	Segment Id	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
1000A	NM1	NM108	Identification Code Qualifier	"46" (Electronic Transmitter Identification Number [ETIN] Established by trading partner agreement)
1000A	NM1	NM109	Identification Code	<Submitter Identifier> This value must always match ISA06 <Interchange Sender ID> and GS02 <Application Sender's Code>
1000B	N/A	N/A	Receiver Name	N/A
1000B	NM1	N/A	Receiver Name	N/A
1000B	NM1	NM103	Name Last or Organization Name	Wyoming Medicaid
1000B	NM1	NM109	Identification Code	77046
2000A	N/A	N/A	Billing Provider Hierarchical Level	N/A
2000A	PRV	N/A	Billing Provider Specialty Information	N/A
2000A	PRV	PRV01	Provider Code	"BI" (Billing)
2000A	PRV	PRV02	Reference Identification Qualifier	"PXC" (Health Care Provider Taxonomy Code)
2000A	PRV	PRV03	Reference Identification	If the NPI is registered with Wyoming Medicaid, the Taxonomy Code is required.
2000B	N/A	N/A	Subscriber Hierarchical Level	N/A
2000B	SBR	N/A	Subscriber Information	N/A
2000B	SBR	SBR01	Payer Responsibility Sequence Number Code	"P" if WYBMS Medicaid is the only payer (patient has no Medicare or other insurance).

Loop Id	Segment Id	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2000B	SBR	SBR09	Claim Filing Indicator Code	"MC" (WYBMS Medicaid)
2010BA	N/A	N/A	Subscriber Name	N/A
2010BA	NM1	N/A	Subscriber Name	N/A
2010BA	NM1	NM108	Identification Code Qualifier	"MI" (Member Identification Number)
2010BA	NM1	NM109	Identification Code	<Member Primary Identifier> 10-digit beneficiary ID number
2010BB	N/A	N/A	Payer Name	N/A
2010BB	NM1	N/A	Payer Name	N/A
2010BB	NM1	NM103	Name Last or Organization Name	Wyoming Medicaid
2010BB	NM1	NM108	Identification Code Qualifier	Enter PI (Payer Identification)
2010BB	NM1	NM109	Identification Code	77046
2000C	N/A	N/A	LOOP-Patient Hierarchical Level	WYBMS business rules require that the patient is always the Member. Therefore, WYBMS does not expect Providers to submit any Loop - 2000C. Patient Hierarchical Levels in a transaction set. Transaction sets that contain Loop - 2000C Patient Hierarchical Level information are rejected.
2300	N/A	N/A	LOOP-Claim Information	Note that the HIPAA mandated implementation guide allows a maximum of 100 repetitions of the Loop - 2300 Claim Information within each Loop - 2000B Member Hierarchical Level. Transaction sets that do not associate Loop - 2300 Claim Information with Loop - 2000B are rejected

Loop Id	Segment Id	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2300	N/A	N/A	Claim information	N/A
2300	CLM	N/A	Claim information	N/A
2300	CLM	CLM05-1	Facility Code Value	<Facility Type Code> First 2 digits of Type of Bill
2300	CLM	CLM05-3	Claim Frequency Type Code	<Claim Frequency Code> "1" Original claim submissions "7" claim replacement "8" claim void/cancel For both "7" and "8" include the original 17 -digit WYBMS TCN, as indicated in Loop - 2300 REF (Payer Claim Control Number). Adjustments and Voids can only be performed on previously Paid claims. An Adjustment to a Denied claim must be submitted as a new original claim. The Billing Provider NPI or WYBMS Provider ID must be same as what was submitted on the original claim.
2300	DTP	N/A	Admission Date/Hour	Required for Inpatient Services
2300	DTP	DTP01	Date/Time Qualifier	"435" (Admission)
2300	DTP	DTP03	Date Time Period	Admission Date and Hour
2300	REF	N/A	Payer Claim Control Number	N/A
2300	REF	REF01	Reference Identification Qualifier	"F8" (Original Reference Number)
2300	REF	REF02	Reference Identification	<Payer Claim Control Number> Include the 17 -digit WYBMS TCN of the previously adjudicated claim when CLM05-3 <Claim Frequency Code> indicates this claim is a replacement "7" or void "8".

Loop Id	Segment Id	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2320	N/A	N/A	LOOP-Other Subscriber Information	If WYBMS Medicaid is the primary payer, this loop must not be reported.
2320	SBR	N/A	Other Subscriber Information	N/A
2320	SBR	SBR03	Reference Identification	<Insured Group or Policy Number> Member group number (assigned by the other payer), not the number that uniquely identifies the Member.
2320	SBR	SBR09	Claim Filing Indicator Code	Do not use code MC.
2320	CAS	N/A	Claim Level Adjustments	Report all other payer adjustments in this segment.
2320	CAS	CAS01	Claim Adjustment Group Code	Value reported by the other payer
2320	CAS	CAS02	Claim Adjustment Reason Code	Value reported by the other payer
2320	CAS	CAS03	Monetary Amount	Value reported by the other payer
2320	MIA	N/A	Inpatient Adjudication Information	Report all RARC codes associated to other payer adjustments for Inpatient claims in this segment.
2320	MIA	MIA01	Reference Identification	Value reported by the other payer
2320	MIA	MIA05	Reference Identification	Value reported by the other payer
2320	MIA	MIA20	Reference Identification	Value reported by the other payer
2320	MIA	MIA21	Reference Identification	Value reported by the other payer
2320	MIA	MIA22	Reference Identification	Value reported by the other payer
2320	MIA	MIA23	Reference Identification	Value reported by the other payer

Loop Id	Segment Id	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2320	MOA	N/A	Outpatient Adjudication Information	Report all RARC codes associated to the other payer adjustments for Outpatient claims in this segment.
2320	MOA	MOA03	Reference Identification	Value reported by the other payer
2320	MOA	MOA04	Reference Identification	Value reported by the other payer
2320	MOA	MOA05	Reference Identification	Value reported by the other payer
2320	MOA	MOA06	Reference Identification	Value reported by the other payer
2320	MOA	MOA07	Reference Identification	Value reported by the other payer
2330A	N/A	N/A	Other Subscriber Name	Use the name of the Member as it appears on the files of the other payer.
2330A	NM1	N/A	Other Subscriber Name	N/A
2330A	NM1	NM108	Identification Code Qualifier	"MI" (Member Identification Number)
2330A	NM1	NM109	Identification Code	<Other Insured Identifier> Use the unique member number assigned to the Member by the other payer indicated in Loop – 2330B Other Payer Name.
2330B	N/A	N/A	LOOP-Other Payer Name	Use the name of the Member as it appears on the files of the other payer.
2330B	NM1	N/A	Other Payer Name	N/A
2330B	NM1	NM103	Name Last or Organization Name	<Other Payer Organization Name> Submit the name of the Other Payer Organization as reported on EOB from the other payer

Loop Id	Segment Id	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2400	N/A	N/A	Service Line Counter	Note that the HIPAA mandated implementation guide allows a maximum of 50 repetitions of Loop - 2400 Service Line Number within each Loop - 2300 Claim Information.
2410	N/A	N/A	Drug Identification	N/A
2410	LIN	N/A	Drug Identification	N/A
2410	LIN	LIN02	National Drug Code	"N4" (National Drug Code in 5-4-2 Format)
2410	LIN	LIN03	National Drug Code	NDC code Do not use special characters. Leading zero must be used if NDC code is less than 11 digits.
2430	N/A	N/A	Line Adjudication Information	N/A
2430	CAS	N/A	Line Adjustment	Report all other payer adjustments in this segment. Report all line level RARC in header MIA or MOA
2430	CAS	CAS01	Claim Adjustment Group Code	Value reported by the other payer
2430	CAS	CAS02	Claim Adjustment Reason Code	Value reported by the other payer
2430	CAS	CAS03	Monetary Amount	Value reported by the other payer

Chapter 14 – 837 Dental Claims Transactions

Wyoming Medicaid Dental Claims

This section is for use along with the ANSI ASC X12 Health Care 837 Claims Transactions. It is not a replacement for the TR3s, but rather used as an additional source of information. This section contains data clarifications derived from specific business rules that apply exclusively to Wyoming Medicaid.



The page numbers listed below in each of the tables represent the corresponding page number in the Technical Report Type3 (TR3) ANSI ASC X12N Consolidated Guide Health Care Claim: Dental (837), 005010X224/005010X224A1/005010X224A2, June 2010.

Table 14. ISA Interchange Control Number and GS Functional Group Header

Loop Id	Segment Id	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
N/A	ISA	N/A	Interchange Control Header	N/A
N/A	ISA	ISA01	Authorization Information Qualifier	"00" (No Authorization Information Present (No Meaningful Information in I02))
N/A	ISA	ISA02	Authorization Information	10 Spaces
N/A	ISA	ISA03	Security Information Qualifier	"00" (No Security Information Present (No Meaningful Information in I04))
N/A	ISA	ISA04	Security Information	10 Spaces
N/A	ISA	ISA05	Interchange ID Qualifier	"ZZ" (Mutually Defined)
N/A	ISA	ISA06	Interchange Sender ID	Enter Trading Partner ID
N/A	ISA	ISA07	Interchange ID Qualifier	"ZZ" (Mutually Defined)

Loop Id	Segment Id	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
N/A	ISA	ISA08	Interchange Receiver ID	Enter 100000 Followed by spaces. left-justified followed by spaces.
N/A	ISA	ISA13	Interchange Control Number	Set of 9 numbers. Must be unique for each transaction.
N/A	ISA	ISA14	Acknowledgment Requested	Always use number "1" for Interchange Acknowledgment Requested (TA1). Without this indicator, acknowledgment is not returned for the submitted transaction if an error on the ISA segment is detected. And the submitted EDI file is not processed.
N/A	ISA	ISA15	Interchange Usage Indicator	Always use "P" for Production Data and "T" for Test Data.
N/A	GS	N/A	Functional Group Header	N/A
N/A	GS	GS02	Application Sender's Code	Enter Trading Partner ID
N/A	GS	GS03	Application Receiver's Code	77046
N/A	ST	N/A	Transaction Set Header	WYBMS accepts a maximum of 5,000 CLM segments in a single transaction (ST - SE) as recommended by the HIPAA mandated implementation guide. Submissions greater than 5,000 CLM segments in a single transaction are rejected.
N/A	BHT	N/A	Segment - Beginning of Hierarchical Transaction	N/A
	BHT	BHT06	Transaction Type Code	Wyoming Medicaid only accepts the CH code. (Chargeable) for claims
1000A	N/A	N/A	Submitter Name	N/A
1000A	NM1	N/A	Submitter Name	N/A

Loop Id	Segment Id	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
1000A	NM1	N/A	Identification Code Qualifier	"46" (Electronic Transmitter Identification Number [ETIN] Established by trading partner agreement)
1000A	NM1	NM109	Identification Code	<Submitter Identifier> This value must always match ISA06 <Interchange Sender ID> and GS02 <Application Sender's Code>
1000B	NM1	N/A	Receiver Name	N/A
1000B	NM1	NM103	Name Last or Organization Name	Wyoming Medicaid
1000B	NM1	NM108	Identification Code Qualifier	"46" (Electronic Transmitter Identification Number [ETIN] Established by trading partner agreement)
1000B	NM1	NM109	Identification Code	77046
2000B	N/A	N/A	Subscriber Hierarchical Level	N/A
2000B	SBR	N/A	Subscriber Information	N/A
2000B	SBR	SBR01	Payer Responsibility Sequence Number Code	"P" if WYBMS Medicaid is the only payer (patient has no Medicare or other insurance).
2000B	SBR	SBR09	Claim Filing Indicator Code	""MC" (WYBMS Medicaid)
2010BA	N/A	N/A	Subscriber Name	N/A
2010BA	NM1	N/A	Subscriber Name	N/A
2010BA	NM1	NM108	Identification Code Qualifier	"MI" (Member Identification Number)
2010BA	NM1	NM109	Identification Code	<Member Primary Identifier> 10-digit beneficiary ID number

Loop Id	Segment Id	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2010BB	N/A	N/A	Payer Name	N/A
2010BB	NM1	N/A	Payer Name	N/A
2010BB	NM1	NM103	Name Last or Organization Name	Wyoming Medicaid
2010BB	NM1	NM108	Identification Code Qualifier	Enter PI (Payer Identification)
2010BB	NM1	NM109	Identification Code	77046
2010BB	N3	N/A	Payer Address	N/A
2010BB	N3	N301	Address Information	PO Box 547
2010BB	N4	N/A	Payer City, [Agency/Department], ZIP Code	N/A
2010BB	N4	N401	City Name	Cheyenne
2010BB	N4	N402	[Agency/Department] or Province Code	WY
2010BB	N4	N403	Postal Code	82003
2000C	N/A	N/A	LOOP-Patient Hierarchical Level	WYBMS business rules require that the patient is always the Member. Therefore, WYBMS does not expect Providers to submit any Loop - 2000C. Patient Hierarchical Levels in a transaction set. Transaction sets that contain Loop - 2000C Patient Hierarchical Level information is rejected.
2300	N/A	N/A	LOOP-Claim Information	Note that the HIPAA mandated implementation guide allows a maximum of 100 repetitions of the Loop - 2300 Claim Information within each Loop - 2000B Member Hierarchical Level.

Loop Id	Segment Id	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
				Transaction sets that do not associate Loop - 2300 Claim Information with Loop - 2000B are rejected.
2300	CLM	N/A	Claim Information	N/A
2300	CLM	CLM05-3	Claim Frequency Type Code	<p><Claim Frequency Code> "1" Original claim submissions "7" claim replacement "8" claim void/cancel For both "7" and "8" include the original 17 -digit WYBMS TCN, as indicated in Loop - 2300 REF (Payer Claim Control Number). Adjustments and Voids are performed on previously Paid claims. An Adjustment to a Denied claim must be submitted as a new original claim.</p> <p>The Billing Provider NPI or WYBMS Provider ID must be same as what was submitted on the original claim.</p>
2300	REF	N/A	Payer Claim Control Number	N/A
2300	REF	REF01	Reference Identification Qualifier	"F8" (Original Reference Number)
2300	REF	REF02	Reference Identification	<p><Payer Claim Control Number> Include the 17 -digit WYBMS TCN of the previously adjudicated claim when CLM05-3 <Claim Frequency Code> indicates this claim is a replacement "7" or void "8".</p>
2320	N/A	N/A	LOOP-Other Subscriber Information	If WYBMS Medicaid is the primary payer, this loop must not be reported.
2320	SBR	N/A	Other Subscriber Information	N/A
2320	SBR	SBR03	Reference Identification	<p><Insured Group or Policy Number> Member group number (assigned by the other payer), not the number that uniquely identifies the Member.</p>

Loop Id	Segment Id	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2320	SBR	SBR09	Claim Filing Indicator Code	Do not use code MC.
2320	CAS	N/A	Claim Level Adjustments	Report all other payer adjustments in this segment.
2320	CAS	CAS01	Claim Adjustment Group Code	Value reported by the other payer
2320	CAS	CAS02	Claim Adjustment Reason Code	Value reported by the other payer
2320	CAS	CAS03	Monetary Amount	Value reported by the other payer
2320	MOA	N/A	Outpatient Adjudication Information	Report all RARC codes associated to other payer adjustments in this segment.
2320	MOA	MOA03	Reference Identification	Value reported by the other payer
2320	MOA	MOA04	Reference Identification	Value reported by the other payer
2320	MOA	MOA05	Reference Identification	Value reported by the other payer
2320	MOA	MOA06	Reference Identification	Value reported by the other payer
2320	MOA	MOA07	Reference Identification	Value reported by the other payer
2330A	N/A	N/A	LOOP-Other Subscriber Name	Use the name of the Member as it appears on the files of the other payer.
2330A	NM1	N/A	Other Subscriber Name	N/A
2330A	NM1	NM108	Identification Code Qualifier	"MI" (Member Identification Number)
2330A	NM1	NM109	Identification Code	<Other Insured Identifier> Use the unique member number assigned to the Member by the other payer indicated in Loop – 2330B Other Payer Name.

Loop Id	Segment Id	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2330B	N/A	N/A	LOOP-Other Payer Name	Use the name of the Member as it appears on the files of the other payer.
2330B	NM1	N/A	Other Payer Name	N/A
2330B	NM1	NM103	Name Last or Organization Name	<Other Payer Organization Name> Submit the name of the Other Payer Organization as reported on EOB from the other payer
2400	N/A	N/A	Service Line Counter	Note that the HIPAA mandated implementation guide allows a maximum of 50 repetitions of Loop - 2400 Service Line Number within each Loop - 2300 Claim Information.
2400	SV3	N/A	Dental Service	WYBMS does not allow multiple units on a single line. Use separate line for each dental service.
2400	TOO	SV103	Tooth Information	WYBMS only processes one repeat of Loop - 2400 Segment TOO - Tooth Information per service line. Any additional repeats are ignored.
2400	DTP	N/A	Date - Service Date	N/A
2400	DTP	DTP03	Date Time Period	WYBMS requires service date on every service line.
2430	N/A	N/A	Line Adjudication Information	N/A
2430	CAS	N/A	Line Adjustment	Report all other payer adjustments in this segment. Report all line level RARC in header MOA.
2430	CAS	CAS01	Claim Adjustment Group Code	Value reported by the other payer
2430	CAS	CAS02	Claim Adjustment Reason Code	Value reported by the other payer
2430	CAS	CAS03	Monetary Amount	Value reported by the other payer

