



Department of Medicaid

Ohio medicaid enterprise system (OMES), Electronic data interchange (EDI)

HIPAA transaction standard companion guide

Refers to the implementation guides based on ASC X12 version 005010
276/277 health care claim status request and response for fee-for-service

Disclosure statement

This companion guide is based on the CORE v5010 Master Companion Guide Template. All rights reserved. It may be freely redistributed in its entirety provided that this copyright notice is not removed. It may not be sold for profit or used in commercial documents without the written permission of the copyright holder. This document is provided “as is” without any express or implied warranty. Note that the copyright on the underlying ASC X12 Standards is held by ASC X12.

The ODM Companion Guides do not:

- Replace the HIPAA ANSI ASC X12N Implementation Guide.
- Contain any actions that would result in a Non-Compliant Transaction.

The ODM Companion Guides are subject to change without prior notice.

Providers and Trading Partners are responsible for periodically checking for Companion Guide updates on the ODM Trading Partner website - [Trading Partners | Medicaid \(ohio.gov\)](#).

Each Medicaid Provider and/or Trading Partner has the ultimate responsibility to adhere to the HIPAA Federal Requirements as well as any Ohio State laws that are applicable including the Ohio Administrative Code (<http://codes.ohio.gov/oac/5160-1-20>).

Preface

This Companion Guide to the 5010 ASC X12N Technical Report Type 3 Implementation Guides and associated errata and addenda adopted under Health Insurance Portability and Accountability Act (HIPAA) clarifies and specifies the data content when exchanging electronically with ODM. Transmissions based on this companion guide, used in tandem with 005010 ASC X12 TR3 Implementation Guides, are compliant with both ASC X12 syntax and those guides. This Companion Guide is intended to convey information that is within the framework of the ASC X12N TR3 Implementation Guides adopted for use under HIPAA. The Companion Guide is not intended to convey information that in any way exceeds the requirements or usages of data expressed in the TR3 Implementation Guides.

EDITOR'S NOTE:

This page is blank because major sections of a book should begin on a right-hand page.

Table of contents

1 Introduction.....	6
1.1 Scope	7
1.2 Overview	7
1.3 References.....	8
1.3.1 EDI basics	8
1.3.2 Government and other associations.....	8
1.3.3 ASC X12 standards	8
1.4 Additional Information	8
2 Getting started.....	9
3 Testing with the payer	10
4 Connectivity with the payer/communications.....	11
5 EDI contact information.....	12
5.1 Integrated help desk (IHD)	12
6 Control segments/envelopes	13
6.1 ISA-IEA.....	13
6.1.1 276 (Inbound)	13
6.1.2 277 (Outbound).....	14
6.2 GS-GE	16
6.2.1 276 (Inbound)	16
6.2.2 277 (Outbound).....	16
6.3 ST-SE.....	17
6.3.1 276 (Inbound)	17
6.3.2 277 (Outbound).....	17
7 Payer specific business rules and limitations	18
8 Acknowledgements and/or reports	19
8.1 The TA1 interchange acknowledgement.....	19
8.2 The 999-implementation acknowledgement.....	19
8.3 Report inventory	19
9 Trading partner agreements.....	20
9.1 Trading partners	20
10 Transaction specific information.....	21
10.1 276 (Inbound)	21
10.2 277 (Outbound).....	22
11 Appendices	29
11.1 Implementation checklist.....	29
11.2 Frequently asked questions	29
12 Change summary	30

1 Introduction

This section describes how ASC X12N Implementation Guides (IGs) adopted under HIPAA will be detailed with the use of a table. The tables contain a row for each segment that ODM has something additional, over and above, the information in the IGs. That information can:

1. Limit the repeat of loops, or segments
2. Limit the length of a simple data element
3. Specify a sub-set of the IGs internal code listings
4. Clarify the use of loops, segments, composite, and simple data elements
5. Any other information tied directly to a loop, segment, composite, or simple data element pertinent to trading electronically with ODM

In addition to the row for each segment, one or more additional rows are used to describe ODM’s usage for composite and simple data elements and for any other information. Notes and comments should be placed at the deepest level of detail. For example, a note about a code value should be placed on a row specifically for that code value, not in a general note about the segment.

The following table specifies the columns and suggested use of the rows for the detailed description of the transaction set companion guides.

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
193	2100C	NM1	Subscriber Name			This type of row always exists to indicate that a new segment has begun. It is always shaded at 10% and notes or comment about the segment itself goes in this cell.
195	2100C	NM109	Subscriber Primary Identifier		15	This type of row exists to limit the length of the specified data element.
196	2100C	REF	Subscriber Additional Identification			
197	2100C	REF01	Reference Identification Qualifier	18, 49, 6P, HJ, N6		These are the only codes transmitted by ODM.
			Plan Network Identification Number	N6		This type of row exists when a note for a particular code value is required. For example, this note may say that value N6 is the default. Not populating the first 3 columns makes it clear that the code value belongs to the row immediately above it
218	2110C	EB	Subscriber Eligibility or Benefit Information			

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
231	2110C	EB13-1	Product/Service ID Qualifier	AD		This row illustrates how to indicate a component data element in the Reference column and also, how to specify that only one code value is applicable.

1.1 Scope

ODM developed 5010 Companion Guides to supplement each 5010 Transaction Implementation Guide, based on Version 5, Release 1, with regards to:

- Specific Codes and/or Values that ODM will default on Outbound Transactions
- Specific Codes and/or Values that are unique to ODM to accept an Inbound Transaction ODM Companion Guides will not create a Non-Compliant Transaction

This companion guide is intended to be used in conjunction with the ASC X12N/005010X212 Implementation Guide (IG). It provides supplementation instructions not included in the IG that must be followed for implementation and conducting the transaction with ODM. It does not change the requirements of the IG in any way.

1.2 Overview

The Health Insurance Portability and Accountability Act (HIPAA) requires all Providers, Trading Partners, and Payers in the United States to comply with the Electronic Data Interchange (EDI) Standards for Health Care.

This Companion document contains the format and establishes the data contents of the 276/277 Health Care Claim Status Request and Response Transaction Set for use within the context of the Electronic Data Interchange (EDI) environment.

The 276 Health Care Claim Status Request was created as an EDI request from the Trading Partner to a Payer for a status on their Claims. The 277 Health Care Claim Status Response is the response to a 276 request for claim status. These are paired transactions and the 276 must precede the 277.

1.3 References

In addition to the resources available on the ODM Trading Partner Website ([Trading Partners | Medicaid \(ohio.gov\)](#)), there are other websites that contain helpful information to assist in the implementation of the electronic data interchange process. Links to these websites are listed below and are separated by category for easy reference.

1.3.1 EDI basics

For information about EDI software and services, visit: 1EDI Source, Inc (<http://www.1edisource.com/>).

1.3.2 Government and other associations

- Center for Medicare and Medicaid Services (CMS): <http://www.cms.hhs.gov>
- Answers to Frequently Asked Questions: [HIPAA, Administrative Simplification, and ACA FAQs | CMS](#)
- HHS Office for Civil Rights (Privacy): <http://www.hhs.gov/ocr/hipaa/>
- WEDI SNIP: Workgroup for EDI, Strategic National Implementation Process: <http://www.wedi.org>
- CMS website for NPI: <https://www.cms.gov/Regulations-and-Guidance/Administrative-Simplification/NationalProvdentStand>

1.3.3 ASC X12 standards

- Washington Publishing Company: <http://www.wpc-edi.com/>
- American National Standards Institute: <http://ansi.org/>
- Accredited Standards Committee: <http://www.x12.org>

1.4 Additional information

For additional information, the Trading Partner Information Guide can be found here: [Trading Partners | Medicaid \(ohio.gov\)](#).

2 Getting started

To get started, the Trading Partner Information Guide, can be found here:

[Trading Partners | Medicaid \(ohio.gov\)](#)..

3 Testing with the payer

Details related to testing are in the Trading Partner Information Guide, which can be found here: [Trading Partners | Medicaid \(ohio.gov\)](#).

4 Connectivity with the payer/communications

Connectivity information is in the Trading Partner Information Guide, which can be found here: [Trading Partners | Medicaid \(ohio.gov\)](#).

5 EDI contact information

5.1 Integrated help desk (IHD)

Questions about the status of EDI submissions (837, 270, and 276 transactions) and questions about EDI SNIP rejections from TA1, 999, and 824 transactions) should be directed to OMES EDI:

OMES EDI

Days Available: Monday through Friday

Time Zone: Eastern Time (ET)

Time Available: 8:00 am to 4:30pm

Phone: 800-686-1516, option 4, sub-option 1

Email: omesedisupport@medicaid.ohio.gov

Questions about fee-for-service (FFS) claim adjudication results, results for 270/271, 276/277, 277CA, and 835 transactions for FFS should be directed to the Ohio Fiscal Intermediary (FI).

Ohio fiscal intermediary (FI)

Days Available: Monday through Friday

Time Zone: Eastern Time (ET)

Time Available: 8:00 am to 4:30pm

Phone: 800-686-1516, option 4, sub-option 2

Email: OH_FI_EDI_Helpdesk@gainwelltechnologies.com

6 Control segments/envelopes

6.1 ISA-IEA

This section describes ODM’s use of the interchange control segments. It includes a description of expected sender and receiver codes, authorization information, and delimiters.

6.1.1 276 (Inbound)

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
C.3		ISA	Interchange Control Header			
C.4		ISA01	Authorization Information Qualifier	00		No Authorization Information Present (No Meaningful Information in ISA02)
C.4		ISA02	Authorization Information			Populate with 10 spaces
C.4		ISA03	Security Information Qualifier	00		No Security Information Present (No Meaningful Information in ISA04)
C.4		ISA04	Security Information			Populate with 10 spaces
C.4		ISA05	Interchange ID Qualifier	ZZ		Mutually Defined
C.4		ISA06	Interchange Sender ID			7-digit Trading Partner ID assigned by ODM. This is a fixed-length field and should be left justified and filled with spaces to meet the minimum length requirement of 15.
C.4		ISA07	Interchange ID Qualifier	ZZ		Mutually Defined
C.4		ISA08	Interchange Receiver ID	MMISODJFS 0021920 0002937 0004202 0003150 0021919 0007316 0007610 0021914		This is a fixed-length field and should be left justified and filled with spaces to meet the minimum length requirement of 15. MMISODJFS – Ohio Department of Medicaid 0021920 = AmeriHealth Caritas Ohio, Inc. 0002937 = Anthem Blue Cross Blue Shield 0004202 = Buckeye Community Health Plan 0003150 = CareSource 0021919 = Humana Health Plan of Ohio, Inc. 0007316 = Molina Healthcare of Ohio

						0007610 = United Healthcare Community Plan of Ohio, Inc 0021914 = Aetna OhioRISE
C.5		ISA13	Interchange Control Number			Must be identical to the associated interchange control trailer IEA02
C.6		ISA14	Acknowledgment Requested	0		No Interchange Acknowledgment Requested

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
C.10		IEA	Interchange Control Trailer			
C.10		IEA01	Number of Included Functional Groups			Number of included functional groups.
C.10		IEA02	Interchange Control Number			The control number assigned by the interchange sender. Must be identical to the value in ISA13.

6.1.2 277 (Outbound)

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
C.3		ISA	Interchange Control Header			
C.4		ISA01	Authorization Information Qualifier	0		No Authorization Information Present (No Meaningful Information in ISA02)
C.4		ISA03	Security Information Qualifier	00		No Security Information Present (No Meaningful Information in ISA04)
C.4		ISA05	Interchange ID Qualifier	ZZ		Mutually Defined
C.4		ISA06	Interchange Sender ID	MMISODJFS 0021920 0002937 0004202 0003150 0021919 0007316 0007610 0021914		MMISODJFS – Ohio Department of Medicaid 0021920 = AmeriHealth Caritas Ohio, Inc. 0002937 = Anthem Blue Cross Blue Shield 0004202 = Buckeye Community Health Plan 0003150 = CareSource 0021919 = Humana Health Plan of Ohio, Inc. 0007316 = Molina Healthcare of Ohio 0007610 = United Healthcare Community Plan of Ohio, Inc 0021914 = Aetna OhioRISE
C.4		ISA07	Interchange ID Qualifier	ZZ		Mutually Defined

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
C.4		ISA08	Interchange Receiver ID			7-digit Trading Partner ID assigned by ODM. This is a fixed-length field and should be left justified and filled with spaces to meet the minimum length requirement of 15.
C.5		ISA13	Interchange Control Number			Must be identical to the associated interchange control trailer IEA02
C.6		ISA14	Acknowledgment Requested	0		No Interchange Acknowledgment Requested

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
C.10		IEA	Interchange Control Trailer			
C.10		IEA01	Number of Included Functional Groups			Number of included functional groups.
C.10		IEA02	Interchange Control Number			The control number assigned by the interchange sender. Must be identical to the value in ISA13.

6.2 GS-GE

This section describes ODM’s use of the functional group control segments. It includes a description of expected application sender and receiver codes. Also included in this section is a description concerning how ODM expects functional groups to be sent and how ODM will send functional groups. These discussions will describe how similar transaction sets will be packaged and ODM’s use of functional group control numbers.

6.2.1 276 (Inbound)

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
C.7		GS	Functional Group Header			
C.7		GS02	Application Sender’s Code			7-digit Trading Partner ID assigned by ODM. Must equal ISA06
C.7		GS03	Application Receiver’s Code			Must equal ISA08
C.8		GS06	Group Control Number			Must be identical to the value in GE02.

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
C.9		GE	Functional Group Trailer			
C.9		GE01	Number of Transaction Sets Included			Number of included transaction sets.
C.9		GE02	Group Control Number			The functional group control number. Must be the same value as GS06.

6.2.2 277 (Outbound)

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
C.7		GS	Functional Group Header			
C.7		GS02	Application Sender’s Code			
C.7		GS03	Application Receiver’s Code			7-digit Trading Partner ID assigned by ODM
C.8		GS06	Group Control Number			Must be identical to the value in GE02.

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
C.9		GE	Functional Group Trailer			
C.9		GE01	Number of Transaction Sets Included			Number of included transaction sets.
C.9		GE02	Group Control Number			The functional group control number. Must be the same value as GS06.

6.3 ST-SE

This section describes how ODM uses transaction set control numbers.

6.3.1 276 (Inbound)

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
36		ST	Transaction Set Header			
36		ST02	Transaction Set Control Number			Identical to the value in SE02

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
98		SE	Transaction Set Trailer			
98		SE01	Number of Included Segments			Total number of segments included in a transaction set including ST and SE segments
98		SE02	Transaction Set Control Number			Transaction set control number. Identical to the value in ST02.

6.3.2 277 (Outbound)

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
106		ST	Transaction Set Header			
106		ST02	Transaction Set Control Number			Identical to the value in SE02

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
213		SE	Transaction SetTrailer			
213		SE01	Number of Included Segments			Total number of segments included in a transaction set including ST and SE segments
213		SE02	Transaction Set Control Number			Transaction set control number. Identical to the value in ST02.

7 Payer specific business rules and limitations

In order to conduct claim status requests using the 276/277 X12 transactions, Trading Partners must be certified by Ohio Medicaid and be in active status. These details are documented in the Trading Partner Information Guide which can be found at this link - [Trading Partners | Medicaid \(ohio.gov\)](#).

7.1 MCE Payer IDs in 2100A, NM109

MCE	Description	276/277 2100A NM109
UNITED HEALTH CARE	United Healthcare Ohio Medicaid	88337
	United Healthcare Ohio Medicaid Vision	83572
	UnitedHealthcare Ohio MedicaidDental * For Dates of Service 04/30/2024 and prior	83244
	UnitedHealthcare Ohio MedicaidDental *For Dates of service beginning 5/1/2024	OHMD3
AMERIHEALTH	AmeriHealth Caritas Ohio	842435374
AETNA OhioRISE	Aetna OhioRISE	60054
CARESOURCE	CareSource OH Medicaid	0003150
	CareSource OH Vision	CSVIS001
	CareSource OH Dental	CSDEN001
BUCKEYE	Buckeye Ohio Medicaid	0004202
	Buckeye Envolve Vision	V004202
	Buckeye Envolve Dental	D004202
MOLINA	Molina Ohio Medicaid	0007316
	Molina SkyGen	D007316
	Molina March Vision	V007316
HUMANA	Humana Ohio Medicaid	61103
	Humana DentaQuest	D021919
	Humana EyeMed	V021919
ANTHEM BCBS	Anthem Medical	0002937
	Anthem EyeMed Vision	V002937
	Anthem DentaQuest Dental	D002937

8 Acknowledgements and/or reports

This section contains information and examples on any applicable payer acknowledgements

8.1 The TA1 – interchange acknowledgement

The TA1 allows the receiver of a file to notify the sender that an invalid interchange structure was received or that problems were encountered. The TA1 verifies only the interchange header (ISA/GS) and trailer (IEA/GE) segments of the file envelope.

8.2 The 999 – implementation acknowledgement

For batch transactions, each time a properly formatted 5010 X12 file is submitted to Ohio Medicaid, a 999 acknowledgement is returned to the submitter.

For real-time, a 999 acknowledgement is generated if the 276 claim status request or 277 response fails compliance.

8.3 Report inventory

For batch transactions, if a 5010 X12 file fails compliance, an HTML report file is returned to the submitter. This file contains details that will assist the submitter to identify the issue and correct the problem

9 Trading partner agreements

9.1 Trading partners

These details can be found in the Trading Partner Information Guide which can be found at this link - [Trading Partners | Medicaid \(ohio.gov\)](#).

10 Transaction specific information

This section describes how ASC X12N Implementation Guides (IGs) adopted under HIPAA will be detailed with the use of a table. The tables contain a row for each segment that ODM has something additional, over and above, the information in the IGs. That information can:

1. Limit the repeat of loops, or segments
2. Limit the length of a simple data element
3. Specify a sub-set of the IGs internal code listings
4. Clarify the use of loops, segments, composite, and simple data elements
5. Any other information tied directly to a loop, segment, composite, or simple data element pertinent to trading electronically with ODM

In addition to the row for each segment, one or more additional rows are used to describe ODM's usage for composite and simple data elements and for any other information. Notes and comments should be placed at the deepest level of detail. For example, a note about a code value should be placed on a row specifically for that code value, not in a general note about the segment.

The following table specifies the columns and suggested use of the rows for the detailed description of the transaction set companion guides.

10.1 276 (Inbound)

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
41	2100A	NM1	Payer Name			
41	2100A	NM103	Name Last or Organization Name			
41	2100A	NM108	Identification Code Qualifier	PI		
41	2100A	NM109	Identification Code			For FFS = MMISODJFS. For Managed Care members, see Section 7
49	2100C	NM1	Provider Name			
51	2100C	NM108	Identification Code Qualifier	SV, XX		SV = Atypical Provider Number assigned by ODM (7-digit Medicaid assigned ID) XX = Typical Providers (NPI)
51	2100C	NM109	Identification Code			The Provider ID must match the Provider ID on the Claim.
52	2000D	HL	Subscriber Level			
53	2000D	HL04	Hierarchical ID Number	1		No Dependents
56	2100D	NM1	Subscriber Name			
57	2100D	NM108	Identification Code Qualifier	MI		Member Identification Number
57	2100D	NM109	Identification Code			Medicaid member ID assigned by ODM
66	2200D	AMT	Claim Submitted Charges			
66	2200D	AMT02	Monetary Amount			Total Claim Charge Amount

10.2 277 (Outbound)

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
107		BHT	Beginning of Hierarchical Transaction			
107		BHT03	Reference Identification			Originator Application Transaction Identifier Concatenation of Trading Partner ID, System Date, and System Time, as follows: Position (1-15) = Trading Partner ID Position (16-19) = System Date (CCYY) Position (20-23) = System Time (HHMM) Position (24-30) = Spaces
111	2100A	NM1	Payer Name			
111	2100A	NM103	Name Last or Organization Name			
112	2100A	NM108	Identification Code Qualifier	PI		
112	2100A	NM109	Identification Code			See Section 7
124	2000C	HL	Service Provider Level			
125	2000C	HL04	Hierarchical Child Code	1		Additional Subordinate HL Data Segment in This Hierarchical Structure.
126	2100C	NM1	Provider Name			
127	2100C	NM101	Entity Identifier Code	1P		Provider
128	2100C	NM109	Provider Identifier			NPI or 7 Digit Medicaid ID for Atypical Providers
135	2100D	NM1	Subscriber Name			
136	2100D	NM109	Identification Code			Medicaid member ID assigned by ODM
137	2200D	TRN	Claim Status Tracking Number			
137	2200D	TRN02	Reference Identification			Referenced transaction trace number
138	2200D	STC	Claim Level Status Information			
138	2200D	TC01-1	Industry Code			Health Care Claim Status Category Code
138	2200D	STC01-2	Industry Code			Claim Status Code
139	2200D	TC01-3	Entity Identifier Code	13, 17, 1E,1G, 1H, 1I,1O, 1P, 1Q, 1R, 1S, 1T,1U, 1V, 1W,		Used to further clarify the status code in STC01-2.

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
				1X, 1Y, 1Z, 2B, 2A, 2B, 2E, 2I, 2K, 2P, 2Q, 2S, 2Z, 30, 36, 3A, 3C, 3D, 3E, 3F, 3G, 3H, 3I, 3J, 3K, 3L, 3M, 3N, 3O, 3P, 3Q, 3R, 3S, 3T, 3U, 3V, 3W, 3X, 3Y, 3Z, 40, 43, 44, 4A, 4B, 4C, 4D, 4E, 4F, 4G, 4H, 4I, 4J, 4L, 4M, 4N, 4O, 4P, 4Q, 4R, 4S, 4U, 4V, 4W, 4X, 4Y, 4Z, 5A, 5B, 5C, 5D, 5E, 5F, 5G, 5H, 5I, 5J, 5K, 5L, 5M, 5N, 5O, 5P, 5Q, 5R, 5S, 5T, 5U, 5V, 5W, 5X, 5Y, 5Z, 61, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H, 6I, 6J, 6K, 6L, 6M, 6N, 6O, 6P, 6Q, 6R, 6S, 6U, 6V, 6W, 6X, 6Y, 71, 72, 73, 74, 77, 7C, 80, 82, 84, 85, 87, 95, CK, CZ, D2, DD, DJ, DK, DN, DO, DQ, E1, E2, E7, E9, FA, FD, FE, G0, G3, GB, GD, GI, GJ, GK, GM, GY, HF, HH, I3, IJ, IL, IN, LI, LR, MR, OB, OD, OX, P0, P2, P3, P4, P6, P7, PT, PV, PW, QA, QB, QC, QD, QE, QH, QK, QL, QN, QO, QS, QV, QY, RC, RW, S4, SJ, SU, T4, TQ, TT, TU, UH, X3, X4, X5, ZZ		13 = Contracted Service Provider 17 = Consultant's Office 1E = Health Maintenance Organization (HMO) 1G = Oncology Center 1H = Kidney Dialysis Unit 1I = Preferred Provider Organization (PPO) 1O = Acute Care Hospital 1P = Provider 1Q = Military Facility 1R = University, College or School 1S = Outpatient Surgicenter 1T = Physician, Clinic or Group Practice 1U = Long Term Care Facility 1V = Extended Care Facility 1W = Psychiatric Health Facility 1X = Laboratory 1Y = Retail Pharmacy 1Z = Home Health Care 2B = Subcontractor 2A = Federal, State, County or City Facility 2B = Third-Party Administrator 2E = Non-Health Care Miscellaneous Facility 2I = Church Operated Facility 2K = Partnership 2P = Public Health Service Facility 2Q = Veterans Administration Facility 2S = Public Health Service Indian Service Facility 2Z = Hospital Unit of an Institution (prison hospital, college infirmary, etc.) 30 = Service Supplier 36 = Employer 3A = Hospital Unit Within an Institution for the Mentally Retarded 3C = Tuberculosis and Other Respiratory Diseases Facility 3D = Obstetrics and Gynecology Facility 3E = Eye, Ear, Nose and Throat Facility 3F = Rehabilitation Facility 3G = Orthopedic Facility 3H = Chronic Disease Facility 3I = Other Specialty Facility 3J = Children's General Facility 3K = Children's Hospital Unit of an Institution 3L = Children's Psychiatric Facility 3M = Children's Tuberculosis and

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
						Other Respiratory Diseases Facility 3N = Children’s Eye, Ear, Nose and Throat Facility 3O = Children’s Rehabilitation Facility 3P = Children’s Orthopedic Facility 3Q = Children’s Chronic Disease Facility 3R = Children’s Other Specialty Facility 3S = Institution for Mental Retardation 3T = Alcoholism and Other Chemical Dependency Facility 3U = General Inpatient Care for AIDS/ARC Facility 3V = AIDS/ARC Unit 3W = Specialized Outpatient Program for AIDS/ARC 3X = Alcohol/Drug Abuse or Dependency Inpatient Unit 3Y = Alcohol/Drug Abuse or Dependency Outpatient Services 3Z = Arthritis Treatment Center 40 = Receiver - Entity to accept transmission 43 = Claimant Authorized Representative 44 = Data Processing Service Bureau 4A = Birthing Room/LDRP Room 4B = Burn Care Unit 4C = Cardiac Catheterization Laboratory 4D = Open-Heart Surgery Facility 4E = Cardiac Intensive Care Unit 4F = Angioplasty Facility 4G = Chronic Obstructive Pulmonary Disease Service Facility 4H = Emergency Department 4I = Trauma Center (Certified) 4J = Extracorporeal Shock-Wave Lithotripter (ESWL) Unit 4L = Genetic Counseling/Screening Services 4M = Adult Day Care Program Facility 4N = Alzheimer’s Diagnostic/Assessment Services 4O = Comprehensive Geriatric Assessment Facility 4P = Emergency Response (Geriatric) Unit 4Q = Geriatric Acute Care Unit 4R = Geriatric Clinics 4S = Respite Care Facility

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
						4U = Patient Education Unit 4V = Community Health Promotion Facility 4W = Worksite Health Promotion Facility 4X = Hemodialysis Facility 4Y = Home Health Services 4Z = Hospice 5A = Medical Surgical or Other Intensive Care Unit 5B = Histopathology Laboratory 5C = Blood Bank 5D = Neonatal Intensive Care Unit 5E = Obstetrics Unit 5F = Occupational Health Services 5G = Organized Outpatient Services 5H = Pediatric Acute Inpatient Unit 5I = Psychiatric Child/Adolescent Services 5J = Psychiatric Consultation-Liaison Services 5K = Psychiatric Education Services 5L = Psychiatric Emergency Services 5M = Psychiatric Geriatric Services 5N = Psychiatric Inpatient Unit 5O = Psychiatric Outpatient Services 5P = Psychiatric Partial Hospitalization Program 5Q = Megavoltage Radiation Therapy Unit 5R = Radioactive Implants Unit 5S = Therapeutic Radioisotope Facility 5T = X-Ray Radiation Therapy Unit 5U = CT Scanner Unit 5V = Diagnostic Radioisotope Facility 5W = Magnetic Resonance Imaging (MRI) Facility 5X = Ultrasound Unit 5Y = Rehabilitation Inpatient Unit 5Z = Rehabilitation Outpatient Services 61 = Performed at the facility where work was performed 6A = Reproductive Health Services 6B = Skilled Nursing or Other Long-Term Care Unit 6C = Single Photon Emission Computerized Tomography (SPECT) Unit 6D = Organized Social Work Service Facility 6E = Outpatient Social Work Services 6F = Emergency Department Social Work Services

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
						6G = Sports Medicine Clinic/Services 6H = Hospital Auxiliary Unit 6I = Patient Representative Services 6J = Volunteer Services Department 6K = Outpatient Surgery Services 6L = Organ/Tissue Transplant Unit 6M = Orthopedic Surgery Facility 6N = Occupational Therapy Services 6O = Physical Therapy Services 6P = Recreational Therapy Services 6Q = Respiratory Therapy Services 6R = Speech Therapy Services 6S = Women’s Health Center/Services 6U = Cardiac Rehabilitation Program Facility 6V = Non-Invasive Cardiac Assessment Services 6W = Emergency Medical Technician 6X = Disciplinary Contact 6Y = Case Manager 71 = Attending Physician 72 = Operating Physician 73 = Other Physician 74 = Corrected Insured 77 = Service Location 7C = Place of Occurrence 80 = Hospital 82 = Rendering Provider 84 = Subscriber’s Employer 85 = Billing Provider 87 = Pay-to Provider 95 = Research Institute CK = Pharmacist CZ = Admitting Surgeon D2 = Commercial Insurer DD = Assistant Surgeon DJ = Consulting Physician DK = Ordering Physician DN = Referring Provider DO = Dependent Name DQ = Supervising Physician E1 = Person or Other Entity Legally Responsible for a Child E2 = Person or Other Entity With Whom a Child Resides E7 = Previous Employer E9 = Participating Laboratory FA = Facility FD = Physical Address FE = Mail Address G0 = Dependent Insured G3 = Clinic GB = Other Insured GD = Guardian GI = Paramedic

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
						GJ = Paramedical Company GK = Previous Insured GM = Spouse Insured GY = Treatment Facility HF = Healthcare Professional Shortage Area (HPSA) Facility HH = Home Health Agency I3 = Independent Physicians Association (IPA) IJ = Injection Point IL = Insured or Subscriber IN = Insurer LI = Independent Lab LR = Legal Representative MR = Medical Insurance Carrier OB = Ordered By OD = Doctor of Optometry OX = Oxygen Therapy Facility P0 = Patient Facility P2 = Primary Insured or Subscriber P3 = Primary Care Provider P4 = Prior Insurance Carrier P6 = Third Party Reviewing Preferred Provider Organization (PPO) P7 = Third Party Re-pricing Preferred Provider Organization (PPO) PT = Party to Receive Test Report PV = Party performing certification PW = Pick Up Address QA = Pharmacy QB = Purchase Service Provider QC = Patient QD = Responsible Party QE = Policyholder QH = Physician QK = Managed Care QL = Chiropractor QN = Dentist QO = Doctor of Osteopathy QS = Podiatrist QV = Group Practice QY = Medical Doctor RC = Receiving Location RW = Rural Health Clinic S4 = Skilled Nursing Facility SJ = Service Provider SU = Supplier/Manufacturer T4 = Transfer Point TQ = Third Party Reviewing Organization (TPO) TT = Transfer To TU = Third Party Re-pricing Organization (TPO) UH = Nursing Home X3 = Utilization Management

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
						Organization X4 = Spouse X5 = Durable Medical Equipment Supplier ZZ = Mutually Defined
149	2200D	REF	Payer Claim Control Number			
149	2200D	REF01	Reference Identification Qualifier	1K		
149	2200D	REF02	Reference Identification			Payer Control Number
157	2220D	SVC	Service Line Information			
157	2220D	SVC01-1	Product or Service ID Qualifier	AD HC		AD = American Dental Association Code HC = Health Care Financing Administration Common Procedural Coding System (HCPCS) Code

11 Appendices

This section contains one or more appendices.

11.1 Implementation checklist

See Trading Partner Implementation Checklist found here: [Trading Partners | Medicaid \(ohio.gov\)](#).

11.2 Frequently asked questions

See Trading Partner website found here: [Trading Partners | Medicaid \(ohio.gov\)](#).

12 Change summary

This section describes the differences between the current Companion Guide and previous guide(s).

12/21/2021:

- Updated the revision number in the filename.
- Added EDI helpdesk email address to Section 5 Contact Information
- Added 0021914 = Aetna OhioRISE in ISA08 for 276 Inbound and ISA06 for 277 Outbound
- Removed details from GS03 from 276 and GS02 from 277 Outbound
- Removed Payer Name in 2100A NM103 for the 276 Inbound
- Removed Payer ID in 2100A NM109 for the 276 Inbound

3/4/2022

- Added MCE Payer IDs in 2100A, NM109 for both the 276 request and 277 response transactions in Section 7

3/25/2022:

- Updated MCE Payer IDs in 2100A NM109 in Section 7

04/22/2022:

- Replaced DRAFT with OMES disclaimer
- Removed highlighted areas and *under review*
- Removed 0021457 Aetna Better Health of Ohio from ISA08 in the 276 inquiry transaction and ISA06 in the 277 response transaction
- Created table and updated MCE Payer IDs in 2100A NM109 in Section 7

09/16/2022:

- Updated Section 7 MCE Payer ID table

09/30/2022

- Added “for Fee-For-Service” on the cover/title page

12/23/2022

- Added clarification for the data required in the ISA02 & ISA04 in Section 6
- Added comment GS02 must equal ISA06 and GS03 must equal ISA08 in Section 6

01/11/2023

- Updated MCE Payer IDs in 2100A NM109 in Section 7
- Updated EDI support email contact address

01/24/2023

- Updated EDI Support in Section 5, Contact Information
- Updated Section 10, Reference NM109

06/30/2023

- Updated Section 5 EDI Contact Information
- Removed AmeriHealth Payer IDs for radiology and transportation in Section 7

02/09/2024

- Removed disclaimer from cover page

04/05/2024

- Updated MCE Payer IDs in 2100A NM109 in Section 7
- Applied new ODM style guide