



County of Los Angeles
Department of Mental Health

Contract Providers Transition Project
(CPTP)

Health Care Claim Acknowledgment
277CA 5010 Companion Guide

Version 1.0

July 2012

DOCUMENT REVISION HISTORY

Version	Release Date	Revised by	Comments/Indicate Sections Revised
277CA 5010 V 1.0	07/10/2012	N/A	Initial Version of the 277CA 5010 Companion Guide

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DMH Integrated System Project Companion Guides Legend

Usage Notes	DMH Validation	DMH Business Rules	Example
<p>This Companion Guide addresses specific DMH business process requirements for HIPAA transactions that are conformable with the HIPAA requirements.</p> <p>It is assumed that trading partners are familiar with the HIPAA Implementation Guides and, as such, this guide does not attempt to instruct trading partners in the creation of an entire HIPAA transaction.</p> <p>However, samples of entire transaction will be given to trading partners during registration / orientation process.</p> <p>This Companion Guide is subject to change. Please visit our website at http://dmh.lacounty.gov/hipaa/edi_homepage.html for the latest version.</p> <p>LAC-DMH CIOB HIPAA EDI UNIT promotes Trading Partners readiness for these transactions. Please contact us at (213) 351-1335.</p>	<p>This column identifies which segments and fields are required by DMH. While some of these segments are not required by HIPAA they may be required by DMH to process claims.</p> <p>It is strongly recommended to reference these Companion Guides in conjunction with the WPC Implementation Guides.</p> <p>Pay downloads of Washington Publishing Company's HIPAA EDI Implementation Guides can be obtained at www.wpc-edi.com</p> <p>837P - 005010X222A1 837I - 005010X223A2 835 - 005010X221A1 277CA - 005010X214</p>	<p>This column describes how the segment / field are to be used in order to meet the DMH business process requirements.</p> <p>Explanations are given much consideration to Fee-For-Service and Local Contract Providers, under different claim scenarios.</p>	<p>This column gives an example of the data that can be populated in the field. If the value is darkened / bolded, must use that value.</p>
	R = Required		
	S= Situational		

Preface

This Companion Guide to the ASC X12N Technical Report Type 3 (TR3) adopted under HIPAA clarifies and specifies the data content when data is transmitted electronically to or from Los Angeles County, Department of Mental Health (LACDMH). Transmissions based on this Companion Guide, used hand-in-hand with the X12N TR3 is compliant with both X12N syntax and those guides. This Companion Guide is intended to convey information that is within the framework of the ASC X12N TR3 adopted for use under HIPAA.

The Companion Guide is not intended to convey information that in any way exceeds the requirements or usage of data expressed in the TR3.

All 837P/I claims must be submitted in accordance with the requirements contained within LACDMH 837P/I Companion Guides.

This Companion Guide (277CA) and the 837P/I Companion Guides can be found on the LACDMH EDI website - http://lacdmh.lacounty.gov/hipaa/EDI_Guides.htm

Introduction

This Companion Guide contains the format and establishes the data contents of the **Health Care Claim Acknowledgment (277CA)** transaction for use within the context of an Electronic Data Interchange (EDI) environment.

This Companion Guide governs electronic acknowledgment of receipt of claim submissions on an ASC **X12N 277CA (005010X214)**.

Note: Only segments that must be verified and referenced by receivers are included in this Companion Guide.

837P/837I Transactions containing information not HIPAA syntax compliant will be rejected and will not receive a 277CA response. An ASC X12N negative 997 will be used to convey the rejection and associated reason. A 277CA will only follow a positive 997.

Currently, the limitation of a 277CA is 800 claims per file. If an 837 file contains more than 800 claims, there will be more than one 277CA returned.

Instructions on Trading Partner Enrollment and Testing requirements are found on this Web site http://lacdmh.lacounty.gov/hipaa/edi_homepage.html or by contacting the LACDMH EDI Help Desk at (213) 351-1335 or via e-mail at DMH_EDI@dmh.lacounty.gov

277CA Version 5010 Health Care Claim Acknowledgment

DMH Integrated System		277CA V5010 Health Care Claim Acknowledgment				07/10/2012 V1.0
Valid Character Rules: Letters: 'A' thru 'Z' and 'a' thru 'z'. Numbers: '0' thru '9'. Symbols: Dash: '-', Number sign '#', and Period '.' Delimiters: Segment: Tilde '~' Field: Asterisk '*' Component Element Separator Colon: ':' Repetition Separator: '^'						
Loop	Segment ID	Ref Des	Field Name	DMH Validation	DMH Business Rules	Example
Functional Group Header						
HEADER	GS	GS08	Version/Release	R	Must be set to '005010X214'	005010X214
Transaction Set Header						
HEADER	ST	ST03	Implementation Convention	R	Must be '005010X214'	005010X214
Information Source Name						
2100A	NM1	NM103	Last Name or Organization Name	R	The source must always be DMH.	LAC Department of Mental Health
2100A	NM1	NM111	Entity Identifier Code	R	The source must always be DMH. Always use 00000001 in production. It is an 8-byte A/N character field.	00000001
Information Receiver Name						
2100B	NM1	NM103	Last Name or Organization Name	R	Name of local contract provider clinic.	ABC Mental Health
2100B	NM1	NM111	Entity Identifier Code	R	Assigned GS02 Value from the digital certificate.	00000723

DMH Integrated System							277CA V5010 Health Care Claim Acknowledgment		07/10/2012 V1.0	
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Loop	Segment ID	Ref Des	Field Name	DMH Validation	DMH Business Rules	Example				
Billing Provider Name										
2100C	NM1	NM103	Last Name or Organization Name	R	Name of local contract provider clinic.	ABC Mental Health				
2100C	NM1	NM109	Identification Code	R	The billing provider NPI submitted in the 837.	Billing Provider NPI 1134336811				
Claim Status Tracking Number										
2200D	TRN	TRN02	Reference Identification	R	Patient Control Number. This number must be returned exactly as submitted in the 837 up to the 20 character limit as defined in the 837 Guide. This is the 837 CLM01 value.	2.1.76.ECa5010-1a				
Payer Claim Control Number										
2200D	REF	REF01	Reference Identification Qualifier	R	Payer's Claim Number	1K				
2200D	REF	REF02	Reference Identification	R	Integrated System (IS) assigned unique IS ClaimID	53901590				