

Use MN–ITS Request Claim Status (276/277) to Check the Status of a Claim

Revised: [January 6, 2026](#)

The new MN–ITS Request Claim Status response page allows you to check the status on all claims submitted through MN–ITS DDE, X-12 Batch including Medicare Crossovers or claims received from Billing Organizations, Pharmacy Prescriptions and internal adjustment claims.

Claims submitted through MN–ITS (DDE) are now accessible on the same day using the MN–ITS Request Claim Status (276) feature.

Limitations:

- Claims over one year old are subject to timely billing requirements and may not be eligible for reimbursement
- Claims over three years old cannot be viewed

Refer to the [MHCP Provider Manual Billing Policy Replacement and Void Claims](#) section for additional situations that require separate instructions.

Note: The claim retrieval process does not return all data fields. Providers need to verify their claim contains all of the required information and possibly reenter the appropriate information before submitting a claim that was copied, replaced or voided.

The following fields are returned with a defaulted response or blank:

Claim	Screen	Field Section and/or Field Name	Default or Blank
837D 837P	Claim Information	Place of Service	Defaults POS on 1 st service line
837D 837P 837I	Claim Information	Assignment/Plan Participation, Benefits Assignment, Release of Information and Provider Indicator	Defaults standard response
837P	Situational Claim Information	Property and Casualty: Contact Name, Telephone Number and Extension	Blank
837P	Situational Claim Information	Ambulance Transport Information: Certification Code, Condition Code, Reason and Distance	Certification = Y Condition = 01 Reason = A Distance = 0
837I	Situational Claim Information	Claim Notes Reference	UPI
837I	Situational (Continued) Claim Information	Auto Accident State or Province, Delay Reason	Blank
837P	Situational Claim Information	EPSDT: Certification (child and teen checkups)	Y
837D 837D 837P 837I	COB	Other Payer Subscriber: Relationship Code	18
837D 837P 837I	Services – Other Payer	Paid Unit Count	1
837P 837I	Services – Situational	NDC Information – Code Qualifier	UN

	Services		
837D	Services – Situational Services	Prosthesis Information: Prosthesis Code, Prior Placement Date, Orthodontic Banding Date and Replacement Date	Blank

Log in to MN-ITS

1. [Log in](#) to MN-ITS
2. From the left menu:
 - a. Select **MN-ITS**
 - b. Select Request Claim Status (276)

Using MN-ITS Request Claim Status Response (276)

- In the **Quick Search** section enter the following required fields:
 - a. Enter the 8-digit MHCP recipient number in the **Subscriber ID** field.
 - b. Enter the first date of service of your claim in the **Service Date (From)** field using MMDDYYYY format.
- To search for a span of dates enter the end date of service in the **Service Date (To)** field using MMDDYYYY format. Shortening the date span will narrow your search results.
- **(Billing Organizations Use Only)** Billing Agent, Billing Intermediary or Consolidated Billing Entity are required to enter the pay-to providers 10-digit NPI/UMPI for the claim you are requesting in the **Pay-to-Provider** field in order to receive a valid response.
- In the **Detail Search** section the following fields are optional. To narrow your search results providers may enter one of the following:
 - a. Enter the 17-digit payer claim control number in the **Payer Claim Control Number (PCN)** field.
 - b. Enter the 12-digit Pharmacy Prescription Number field.
- Use the **Action buttons** to complete or cancel your request:
 - a. Select Submit to view your Claim Status Response (277). (You may briefly see a message stating: Your claim is processing. Please wait.)
 - b. Select Close to cancel your request and return to the MN-ITS Home Page

Understanding Your Claim Status Response (277)

The 277 Claim Status Response contains the current status of your claim and provides the Remittance Advice date if the claim has been paid or denied.

The claim response displays the Claim Information and the first Service Line on the claim with the WPC HIPAA compliant Claim Status Category and Claim Status codes that explain how the claim and line one were processed.

Use X12's [External Code Lists](#) health care codes lists to identify the claim status category and claim status codes displayed on the claim response.

If there are additional service lines they are displayed as a blue collapsed accordion panel with the line number and a general service summary. Providers must select each line to review the HIPAA compliant codes and payment information to understand how the entire claim was processed.

Providers may print a copy of the response by selecting the **Print Page** link in the upper right section of the response.

After printing is complete select **Back to 277 Response**. If additional changes are needed select the appropriate action button or select **close** to return to the MN-ITS Home page.

Action Buttons

Copy – To correct an error of a denied claim or to copy information from other similar claims previously submitted.

Replace – If the claim paid, but paid incorrectly or a line item was denied. The user may access the claim, correct the information and resubmit. The original paid amount will be taken back and replaced with the correct information on the replacement claim.

Void (take back) – If the claim was submitted in error. This reverses the claim and takes the payment back.

Close returns you to the MN-ITS Home Page.