277 Health Care Payer Unsolicited Claim Status

For AmeriHealth Administrators

1.0 Overview of Document

The purpose of this companion guide is to provide data requirements and content for receivers of AmeriHealth Administrators and Inter-County Health Plan (hereinafter referred to as AHA/ICHP) version of the 277 – Health Care Payer Unsolicited Claim Status Transaction (ANSI ASC X12.4010). This companion guide focuses on use of the 277 as an acknowledgement to receipt of claim submission(s). This companion guide provides a detailed explanation of the transaction set by defining data content, identifying valid code tables and specifying values applicable for the business focus of the 277 claim submission acknowledgement.

Throughout this companion guide the reference to "claim(s)" means individual or groupings of claims.

Entities receiving this application of the 277 include, but are not limited to, hospitals, nursing homes, laboratories, physicians, dentists and allied health professional groups.

Other business partners affiliated with the 277 include billing services; consulting services; vendors of systems; software and EDI translators; EDI network intermediaries such as health care clearinghouses, value-added networks and telecommunication services.

2.0 Business Use

This companion guide only addresses the business use of the 277 Unsolicited Claim Acknowledgement. The purpose of this transaction is to provide a system (application) level acknowledgement of electronic claims. This companion guide is used specifically as an application acknowledgement response to the ASC X12N 837 Institutional, Professional, and Dental claim submission transactions.

3.0 Claim System Acknowledgement

The first level of acknowledgement by AHA/ICHP for the ASC X12 837 transactions will be the ASC X12 Functional Acknowledgement (997) transaction. The 997 transaction is designed to notify the submitter of the receiver's ability or inability to process the entire 837 transaction based on HIPAA syntax and structure rules.

The second level of acknowledgement by AHA/ICHP for the ASC X12 837 transaction will be the 277 Health Care Payer Unsolicited Claim Status. This is a system (application) acknowledgement of the business validity and acceptability of the claims. The level of editing in pre-adjudication programs will vary from system to system. Although the level of editing may vary, this transaction provides a standard method of reporting acknowledgements for claims. The application acknowledgement identifies claims accepted for adjudication and those that are not accepted. The 277 transaction is the only notification of pre-adjudication claim status. Claims failing the pre-adjudication editing process are not forwarded to the claims adjudication system and therefore are never reported in the ASC X12 Health Care Claim Payment/Advice (835) transaction. Claims passing the pre-adjudication editing process are forwarded to the claims adjudication system and handled according to claims processing guidelines. Final adjudication of claims is reported in the ASC X12 Health Care Claim Payment/Advice (835) transaction.

4.0 General Instructions

This section introduces the structure of the 277 Claim Acknowledgement and describes the positioning of the business data within the structure. Familiarities with ASC X12 nomenclature, segments, data elements, hierarchical levels, and looping structure is recommended. Refer to the Implementation Guide '277 - Health Care Payer Unsolicited Claim Status'.

The level of information potentially available for a Claim Status Response may vary drastically from Payer to Payer. The primary vehicle for the claim status information in the 277 transaction is the STC segment.

Within the STC segment, composite element STC01 is required; STC10 is situational and used to provide additional claim status when needed. The composite element consists of three sub-elements.

- The first element in the composite is the Health Care Claim Status Category Code, Code Source 507. The category code indicates the level of processing achieved by the claim. This STC01 element is required for use when the composite is used. For

the business purpose of this implementation guide, the following 2 acknowledgement codes are supported:

A1 – Acknowledgment/Receipt

A2 – Acknowledgement/Acceptance

A3 – Acknowledgment/Returned as Unprocessable

A4 – Acknowledgement/Not Found

- The second element is the Health Care Claim Status Code, Code Source 508. This element provides more detailed information about the rational for the claim being in the category identified in the first element.
  The following two codes are supported:

  20 – Accepted for processing.

  33 – Subscriber and Sub ID not found.

- The third element is the Entity Identifier Code. This element identifies an organizational entity, a physical location or an individual. This code will be a constant value when the composite is used:

  QC - Patient.

Segment: ST Transaction Set Header

Loop: Header

Level: Detail

Usage: Mandatory

Notes: Due to AHA/ICHP business practices, this information is provided.

Data Element Summary

Ref Des	Element Name	Usage	Element Note
ST01	Transaction Set Identifier Code	R	Constant Value: **277**
ST02	Transaction Set Control Number	R	Sequential number generated by the translator during the transaction process.

Segment: BHT Beginning of Hierarchical Transaction

Loop: Transaction Structure

Level: Detail

Usage: Mandatory

Notes: Due to AHA/ICHP business practices, this information is provided.

Data Element Summary

Ref Des	Element Name	Usage	Element Note
BHT01	Hierarchical Structure Code	R	Constant Value "0010"
BHT02	Transaction set Purpose Code	R	Constant Value "06"
BHT03	Reference Identification	R	From 837
BHT04	Date	R	From 837
BHT05	Time	R	From 837
BHT06	Transaction Type Code	R	Constant Value "TH"

Segment: NM1 Submitter Name

Loop: 1000A

Level: Detail

Usage: Required

Notes: Due to AHA/ICHP business practices, this information is provided.

Data Element Summary

Ref Des	Element Name	Usage	Element Note
NM101	Entity Identifier Code - Payer	R	Constant Value "41" (Submitter)
NM102	Entity Type Qualifier	R	Constant Value "2"
NM103	Sender Name	R	From the 837 – 1000B Loop
NM104	Name First	Not Used	N/A
NM105	Name Middle	Not Used	N/A
NM106	Name Prefix	Not Used	N/A
NM107	Name Suffix	Not Used	N/A
NM108	Identification Code Qualifier	R	Constant value "NI"
NM109	Submitter's Identifier Code	R	From the 837- 1000B Loop
NM110	Entity Relationship Code	Not Used	N/A
NM111	Entity Identifier Code	Not Used	N/A

Segment: HL Information Source Hierarchical Level

Loop: 2000A

Level: Detail

Usage: Mandatory

Notes: Due to AHA/ICHP business practices, this information is provided.

Data Element Summary

Ref Des	Element Name	Usage	Element Note
HL01	Hierarchical ID Number	R	Generated sequential number Starting at "1" and increment by 1 for each new occurrence.
HL02	Hierarchical Parent ID Number	S	
HL03	Hierarchical Level Code	R	Constant Value "20"
HL04	Hierarchical Child Code	R	Constant Value "1"

Segment: NM1 Payer Name

Loop: 2100A

Level: Detail

Usage: Required

Notes: Due to AHA/ICHP business practices, this information is provided.

Data Element Summary

Ref Des	Element Name	Usage	Element Note
NM101	Entity Identifier Code - Payer	R	Constant Value "PR" (Payer)
NM102	Entity Type Qualifier	R	Constant Value "2"
NM103	Sender Name	R	From the 837 – 2010BC NM103
NM104	Name First	Not Used	N/A
NM105	Name Middle	Not Used	N/A
NM106	Name Prefix	Not Used	N/A
NM107	Name Suffix	Not Used	N/A
NM108	Identification Code Qualifier	R	Constant value "NI"
NM109	Submitter's Identifier Code	R	From the 837- 2010BC NM109
NM110	Entity Relationship Code	Not Used	N/A
NM111	Entity Identifier Code	Not Used	N/A

Segment: HL Information Receiver Hierarchical Level

Loop: 2100B

Level: Detail

Usage: Mandatory

Notes: Due to AHA/ICHP business practices, this information is provided.

Data Element Summary

Ref Des	Element Name	Usage	Element Note
HL01	Hierarchical ID Number	R	Generated sequential number Starting at "1" and increment by 1 for each new occurrence.
HL02	Hierarchical Parent ID Number	R	HL02 needs to identify the Hierarchical id number of the HL segment to which the current HL segment is subordinate
HL03	Hierarchical Level Code	R	Constant Value "21"
HL04	Hierarchical Child Code	R	Constant Value "1"

Segment: NM1 Information Receiver Name

Loop: 2100B

Level: Detail

Usage: Required

Notes: Due to AHA/ICHP business practices, this information is provided.

Data Element Summary

Ref Des	Element Name	Usage	Element Note
NM101	Entity Identifier Code - Payer	R	Constant value "40" – 837 Submitter
NM102	Entity Type Qualifier	R	Can be "1" or "2", Value from 837
NM103	Sender Name	R	From 837 -1000A or 2010AA NM103
NM104	Name First	S	From 837- 1000A NM104 Required if NM102 = "1"
NM105	Name Middle	S	From 837- 1000A NM105
NM106	Name Prefix	S	Required if NM102 = "1" and the value is known
NM107	Name Suffix	S	
NM108	Identification Code Qualifier	R	From 837- 1000A NM108
NM109	Submitter's Identifier Code	R	From 837 -1000A NM109
NM110	Entity Relationship Code	Not Used	N/A
NM111	Entity Identifier Code	Not Used	N/A

Segment: HL Provider of Service Hierarchical Level

Loop: 2000C

Level: Detail

Usage: Mandatory

Notes: Due to AHA/ICHP business practices, this information is provided.

Data Element Summary

Ref Des	Element Name	Usage	Element Note
HL01	Hierarchical ID Number	R	Generated sequential number Starting at "1" and increment by 1 for each new occurrence.
HL02	Hierarchical Parent ID Number	R	HL02 needs to identify the Hierarchical id number of the HL segment to which the current HL segment is subordinate
HL03	Hierarchical Level Code	R	Constant Value "19"
HL04	Hierarchical Child Code	R	Constant Value "1"

Segment: NM1 Provider of Service Name

Loop: 2100C

Level: Detail

Usage: Required

Notes: Due to AHA/ICHP business practices, this information is provided.

Data Element Summary

Ref Des	Element Name	Usage	Element Note
NM101	Entity Identifier Code – Payer	R	Constant Value "1P"
NM102	Entity Type Qualifier	R	From 837
NM103	Sender Name	R	From 837 - 1000A or 2010AA NM103
NM104	Name First	S	From 837- 2010AA NM104
NM105	Name Middle	S	From 837- 2010AA NM105
NM106	Name Prefix	Not Used	N/A
NM107	Name Suffix	Not Used	N/A
NM108	Identification Code Qualifier	R	From 837- 2010AA NM108
NM109	Submitter's Identifier Code	R	From 837 -2010AA NM109
NM110	Entity Relationship Code	Not Used	N/A
NM111	Entity Identifier Code	Not Used	N/A

Segment: HL Subscriber Hierarchical Level

Loop: 2000D

Level: Detail

Usage: Mandatory

Notes: Due to AHA/ICHP business practices, this information is provided.

Data Element Summary

Ref Des	Element Name	Usage	Element Note
HL01	Hierarchical ID Number	R	Generated sequential number Starting at "1" and increment by 1 for each new occurrence.
HL02	Hierarchical Parent ID Number	R	HL02 needs to identify the Hierarchical id number of the HL segment to which the current HL segment is subordinate
HL03	Hierarchical Level Code	R	Constant Value "22"
HL04	Hierarchical Child Code	R	"0" = No subordinate HL segments in this hierarchical structure. "1"= Additional Subordinate HL data segments in this Hierarchical structure

Segment: NM1 Subscriber Name

Loop: 2100D

Level: Detail

Usage: Required

Notes: Due to AHA/ICHP business practices, this information is provided.

Data Element Summary

Ref Des	Element Name	Usage	Element Note
NM101	Entity Identifier Code – Payer	R	If the Value on 837 under 2000B SBRO2 is "18" then NM101 = ‘QC’ ,else if the value in 837 under 2000B SBR02 is empty then NM101 will be set to 'IL' and the dependent information on the 277 (2000E Loop) is not required .
NM102	Entity Type Qualifier	R	Constant Value "1"
NM103	Sender Name	R	From 837 – 2010BA NM103
NM104	Name First	S	From 837 – 2010BA NM104
NM105	Name Middle	A	From 837 – 2010BA NM105
NM106	Name Prefix	S	Subscriber Name Prefix
NM107	Name Suffix	S	Subscriber Name Suffix
NM108	Identification Code Qualifier	R	Constant Value "MI"
NM109	Submitter's Identifier Code	R	From 837 – 2010BA NM1039
NM110	Entity Relationship Code	Not Used	N/A
NM111	Entity Identifier Code	Not Used	N/A

Segment: TRN Claim Submitter Identifier

Loop: 2200D

Level: Detail

Usage: Situational

Notes: Due to AHA/ICHP business practices, this information is provided when the Subscriber is the patient.

Data Element Summary

Ref Des	Element Name	Usage	Element Note
TRN01	Trace Type Code	R	Constant Value "2"
TRN02	Reference Identification	R	From 837 – 2300 CLM01
TRN03	Originating Company Identifier	Not Used	N/A
TRN04	Reference Identification	S	From 837 – 2000B SRB09

Segment: STC Status Information

Loop: 2200D

Level: Detail

Usage: Required

Notes: Due to AHA/ICHP business practices, this information is provided when the Subscriber is the patient.

Data Element Summary

Ref Des	Element Name	Usage	Element Note
STC01	Health Care Claim Status	R	N/A
STC01-1	Industry Code	R	“A1” (Acknowledgment/Receipt) A1 does not mean the claim was accepted for adjudication, only that it was received "A2" (Acknowledgement/Acceptance) "A4" (Acknowledgement/Not Found)
STC01-2	Industry Code	R	"20" (Accepted for processing) "33" (Subscriber and Sub ID not found)
STC01-3	Entity Identifier Code	S	Constant Value "QC"
STC02	Date	R	"CCYYMMDD"
STC03	Action Code	R	For Accepted Claims = "NA" (No Action Required) Always used for pended claim list function. For Rejected Claims = "15" (Correct and Re-Submit)
STC04	Monetary Amount	R	Amount of Original Submitted Charges from 837- 2300 CLM02
STC05	Monetary Amount	Not Used	N/A
STC06	Date	Not Used	N/A
STC07	Payment Method Code	Not Used	N/A
STC08	Date	Not Used	N/A

Ref Des	Element Name	Usage	Element Note
STC09	Check Number	Not Used	N/A
STC10	Health Care Claim Status	S	N/A
STC10-1	Industry Code	Not Used	N/A
STC10-2	Industry Code	Not Used	N/A
STC10-3	Entity Identifier Code	Not Used	N/A
STC11	Health Care Claim Status	S	N/A
STC11-1	Industry Code	Not Used	N/A
STC11-2	Industry Code	Not Used	N/A
STC11-3	Entity Identifier Code	Not Used	N/A
STC12	Free-Form Message Text	Not Used	N/A

Segment: REF Reference Identification

Institutional Type of Bill

Loop: 2200D

Level: Detail

Usage: Situational

Notes: Due to AHA/ICHP business practices, this information is provided when the Subscriber is the patient and is provided on the 837.

Data Element Summary

Ref Des	Element Name	Usage	Element Note
REF01	Reference Identification Qualifier	R	Constant Value "BLT"
REF02	Reference Identification	R	Bill Type from 837- 2300 CLM05-1 & CLM05-3
REF03	Description	Not Used	N/A
REF04	Reference Identifier	Not Used	N/A

Segment: REF Reference Identification

Medical Record Number

Loop: 2200D

Level: Detail

Usage: Situational

Notes: Due to AHA/ICHP business practices, this information is provided when Subscriber is the patient and is provided on the 837.

Data Element Summary

Ref Des	Element Name	Usage	Element Note
REF01	Reference Identification Qualifier	R	Constant Value "EA"
REF02	Reference Identification	R	Medical Record Number from 837- 2300 REF02
REF03	Description	Not Used	N/A
REF04	Reference Identifier	Not Used	N/A

Segment: DTP Claim Service Date

Loop: 2200D

Level: Detail

Usage: Situational

Notes: Due to AHA/ICHP business practices, this information is provided when the Subscriber is the patient.

Data Element Summary

Ref Des	Element Name	Usage	Element Note
DTP01	Date/Time Qualifier	R	Constant Value "472"
DTP02	Date/Time Period Format Qualifier	R	From 837 - DTP02 Statement From and Through Date from: 837I - 2300 DTP03 where DTP01 = “434” 837P - 2400 DTP03 where DTP01 = “472” 837D –2300 DTP03 where DTP01 = “472”
DTP03	Date Time Period	R	- It will have the earliest or first date since there will be multiple date at the line level.

Segment: HL Dependent Hierarchical Level

Loop: 2000E

Level: Detail

Usage: Mandatory

Notes: Due to AHA/ICHP business practices, this information is provided when the Dependent is the patient.

Data Element Summary

Ref Des	Element Name	Usage	Element Note
HL01	Hierarchical ID Number	R	Generated sequential number Starting at "1" and increment by 1 for each new occurrence.
HL02	Hierarchical Parent ID Number	R	HL02 needs to identify the Hierarchical id number of the HL segment to which the current HL segment is subordinate
HL03	Hierarchical Level Code	R	Constant Value "23"
HL04	Hierarchical Child Code	Not Used	

Segment: NM1 Dependent Name

Loop: 2100E

Level: Detail

Usage: Required

Notes: Due to AHA/ICHP business practices, this information is provided when the Dependent is the patient.

Data Element Summary

Ref Des	Element Name	Usage	Element Note
NM101	Entity Identifier Code – Payer	R	Constant Value "03"
NM102	Entity Type Qualifier	R	Constant Value "1"
NM103	Sender Name	R	Dependent Last Name from 837- 2010CA NM103
NM104	Name First	S	Dependent First Name from 837- 2010CA NM104
NM105	Name Middle	A	Dependent Middle Name from 837- 2010CA NM105
NM106	Name Prefix	S	N/A
NM107	Name Suffix	S	Dependent Name Suffix from 837- 2010CA NM107
NM108	Identification Code Qualifier	R	Constant Value "MI" –Member Identification Number
NM109	Submitter's Identifier Code	R	From 837- 2010CA NM109
NM110	Entity Relationship Code	Not Used	N/A
NM111	Entity Identifier Code	Not Used	N/A

Segment: TRN Claim Submitter Identifier

Loop: 2200E

Level: Detail

Usage: Situational

Notes: Due to AHA/ICHP business practices, this information is provided when the Dependent is the patient and found on the 837.

Data Element Summary

Ref Des	Element Name	Usage	Element Note
TRN01	Trace Type Code	R	Constant Value "2"
TRN02	Reference Identification	R	From 837- 2300 CLM01
TRN03	Originating Company Identifier	Not Used	N/A
TRN04	Reference Identification	S	From 837- 2000B SBR09

Segment: STC Status Information

Loop: 2200E

Level: Detail

Usage: Mandatory

Notes: Due to AHA/ICHP business practices, this information provided when the Dependent is the patient.

Data Element Summary

Ref Des	Element Name	Usage	Element Note
STC01	Health Care Claim Status	R	N/A
STC01-1	Industry Code	R	“A1” (Acknowledgment/Receipt) A1 does not mean the claim was accepted for adjudication, only that it was received "A2" (Acknowledgement/Accepted) "A4" (Acknowledgement/Not Found)
STC01-2	Industry Code	R	"20" (Accepted for processing) "33" (Subscriber and Sub ID not found)
STC01-3	Entity Identifier Code	S	Constant Value "QC"
STC02	Date	R	"CCYYMMDD"
STC03	Action Code	R	For Accepted Claims = "NA" (No Action Required) For Rejected Claims = "15" (Correct and Re-Submit)
STC04	Monetary Amount	R	Amount of Original Submitted Charges from 837 -2300 CLM02
STC05	Monetary Amount	Not Used	N/A
STC06	Date	Not Used	N/A
STC07	Payment Method Code	Not Used	N/A
STC08	Date	Not Used	N/A
STC09	Check Number	Not Used	N/A
STC10	Health Care Claim Status	Not Used	N/A

Ref Des	Element Name	Usage	Element Note
STC10-1	Industry Code	Not Used	N/A
STC10-2	Industry Code	Not Used	N/A
STC10-3	Entity Identifier Code	Not Used	N/A
STC11	Health Care Claim Status	Not Used	N/A
STC11-1	Industry Code	Not Used	N/A
STC11-2	Industry Code	Not Used	N/A
STC11-3	Entity Identifier Code	Not Used	N/A
STC12	Free-Form Message Text	Not Used	N/A

Segment: REF Reference Identification

Institutional Type of Bill

Loop: 2200E

Level: Detail

Usage: Situational

Notes: Due to AHA/ICHP business practices, this information will be provided when the Dependent is the patient and is found on the 837.

Data Element Summary

Ref Des	Element Name	Usage	Element Note
REF01	Reference Identification Qualifier	R	Constant Value "BLT"
REF02	Reference Identification	R	Bill Type from 837- 2300 CLM05-1 & CLM05-3
REF03	Description	Not Used	N/A
REF04	Reference Identifier	Not Used	N/A

Segment: REF Reference Identification

Medical Record Number

Loop: 2200E

Level: Detail

Usage: Situational

Notes: Due to AHA/ICHP business practices, this information will be provided when the Dependent is the Patient and is found on the 837.

Data Element Summary

Ref Des	Element Name	Usage	Element Note
REF01	Reference Identification Qualifier	R	Constant Value "EA"
REF02	Reference Identification	R	Medical Record Number from 837 -2300 REF02
REF03	Description	Not Used	N/A
REF04	Reference Identifier	Not Used	N/A

Segment: DTP Claim Service Date

Loop: 2200E

Level: Detail

Usage: Situational

Notes: Due to AHA/ICHP business practices, this information will be provided when the Dependent is the patient.

Data Element Summary

Ref Des	Element Name	Usage	Element Note
DTP01	Date/Time Qualifier	R	Constant Value "472"
DTP02	Date/Time Period Format Qualifier	R	From 837 DTP02 Values “D8” or "RD8"
DTP03	Date Time Period	R	Claim Service Date: From 837I- 2300 DTP03 From 837P- 2400 DPT03. From 837D- 2300 DTP03.

Segment: SE Transaction Set Trailer

Loop: Trailer

Level: Detail

Usage: Mandatory

Notes: Due to AHA/ICHP business practices, this information is provided.

Data Element Summary

Ref Des	Element Name	Usage	Element Note
SE01	Number of Included Segments	R	Total number of segments included in a transaction set including ST and SE Segments
SE02	Transaction set Control Number	R	Identical Value to what's used in Header - ST02