



## Forum Companion Document

For use with ANSI ASC X12N  
Health Care Claims Status Request and Response  
Implementation Guide

# Health Care Claims Status Request and Response (Batch) **276/277**

ANSI ASC X12N 276/277 (004010X093A1)

## “Health Plan Specific Data Requirements & Coding Scenarios”

*Version:  
December 17, 2004*

## **Introduction**

This document is intended to be used by programmers who are developing or modifying the batch implementation of the HIPAA 276-277 transaction for a Provider Organization. It identifies data segments, loops and elements . . .

- where additional clarification may be beneficial, and/or
- where participating health plans have specific data requirements or conventions that need to be implemented

This document should be used in conjunction with the HIPAA Implementation Guide, which can be accessed at [www.wpc-edi.com/hipaa/HIPAA\\_40.asp](http://www.wpc-edi.com/hipaa/HIPAA_40.asp).

This document has two sections:

1. **Clarifying Data Requirements**: This section is designed to be used by programmers when developing the 276-277 transaction or updating it to accommodate an additional health plan trading partner. It should be used in conjunction with the '276/277 Expanded Data Set' document. This section of this document identifies important variations, by health plans, in how data elements should be populated. This section has two subsections:
  - 276 Claims Status Request
  - 277 Claims Status Response
2. **Scenarios**: This section is also designed to be used by programmers during initial development of the 276-277 transaction. It provides samples of how to code different variations of the 276-277 transaction.

**THIS DOCUMENT ONLY APPLIES WHEN PROVIDERS ARE EXCHANGING INFORMATION DIRECTLY WITH A HEALTH PLAN. CLEARINGHOUSES MAY HAVE OTHER OR DIFFERENT REQUIREMENTS**

# **Clarifying Data Requirements**

276 Standard Envelop Information: ISA & GS

I.G. Page	LOOP	SEGMENT	DATA ELEMENT	NAME	Health Plans/TPA				
					FCHA	GHC	Premera	Regence	Asuris
Append B	Envelope	ISA	01	Authorization Information Qualifier	<b>00</b>				
	Envelope	ISA	03	Security Information Qualifier	<b>00</b>				
	Envelope	ISA	05	Interchange ID Qualifier	<b>ZZ</b>				
	Envelope	ISA	06	Interchange Sender ID	Contact FCHA	Contact Plan	Contact Plan	Contact Plan	Contact Plan
	Envelope	ISA	07	Interchange ID Qualifier	<b>ZZ</b>				
	Envelope	ISA	08	Interchange Receiver ID	Contact FCHA	Contact Plan	Contact Plan	Contact Plan	Contact Plan
	Envelope	ISA	11	Interchange Control Standards Identifier	<b>U</b>				
	Envelope	ISA	12	Interchange Control Version Number	<b>00401</b>				
	Envelope	ISA	13	Interchange Control Number	A value assigned by provider which must be identical to number used in IEA02				
	Envelope	ISA	14	Acknowledgement Requested	Would prefer a 0 (zero), file will be acknowledged using a 997 transaction				
	Envelope	GS	02	Application Sender Code	Contact FCHA	Contact Plan	Contact Plan	Contact Plan	Contact Plan
	Envelope	GS	03	Application Receiver Code	Contact FCHA	Contact Plan	Contact Plan	Contact Plan	Contact Plan

276 Claims Status Request: Transaction-Specific Information

I.G. Page	LOOP	SEGMENT	DATA ELEMENT	NAME	Health Plans/TPA				
					FCHA	GHC	Premera	Regence	Asuris
55	<b>Payer Name</b> 2100A	NM	103	Name Last or Organization Name	FCHA	GHC	Premera	Regence	Asuris
55	2100A	NM	108	Identification Code Qualifier	<b>PI</b>				
56	2100A	NM	109	Identification Code	Contact FCHA	TIN	Contact Plan	Contact Plan	Contact Plan
57 - 59	2100A	PER	01 - 09	Payer Contact Information	Not reviewed by Health Plan/TPA				
63	<b>Information Receiver Name</b> 2100B	NM	108	Identification Code Qualifier	Use <b>46</b>				
68	<b>Provider Name</b> 2100C	NM	103	Name Last or Organization Name	Provider Last of Organization Name (what was sent in on the claim as the Rendering Provider)  As defined by the plan/payer. By convention, this is the LOWEST LEVEL provider available. If it is a person, include an NM1 Loop for the associated organization, with the organization being the first NM1 loop. It is NOT [just] the Organization Name unless that is the lowest level.				
68	2100C	NM	108	Identification Code Qualifier	Use <b>SV</b>				
75	<b>Subscriber Name</b> 2100D	NM	108	Identification Code Qualifier	Use <b>MI</b> (as defined by the Plan/TPA)				
99	<b>Dependent Name</b> 2100E	NM	108	Identification Code Qualifier	Use <b>MI</b> (as defined by the Plan/TPA)				

277 Standard Envelop Information: ISA & GS

I.G. Page	LOOP	SEGMENT	DATA ELEMENT	NAME	Health Plans/TPA				
					FCHA	GHC	Premera	Regence	Asuris
Append B	Envelope	ISA	01	Authorization Information Qualifier	<b>00</b>				
	Envelope	ISA	03	Security Information Qualifier	<b>00</b>				
	Envelope	ISA	05	Interchange ID Qualifier	<b>ZZ</b>				
	Envelope	ISA	06	Interchange Sender ID	Contact FCHA	Contact Plan	Contact Plan	Contact Plan	Contact Plan
	Envelope	ISA	07	Interchange ID Qualifier	<b>ZZ</b>				
	Envelope	ISA	08	Interchange Receiver ID	Contact FCHA	Contact Plan	Contact Plan	Contact Plan	Contact Plan
	Envelope	ISA	11	Interchange Control Standards Identifier	<b>U</b>				
	Envelope	ISA	12	Interchange Control Version Number	<b>00401</b>				
	Envelope	ISA	13	Interchange Control Number	A value assigned by provider which must be identical to number used in IEA02				
	Envelope	ISA	14	Acknowledgement Requested	Would prefer a 0 (zero), file will be acknowledged using a 997 transaction				
	Envelope	GS	02	Application Sender Code	Contact FCHA	Contact Plan	Contact Plan	Contact Plan	Contact Plan
	Envelope	GS	03	Application Receiver Code	Contact FCHA	Contact Plan	Contact Plan	Contact Plan	Contact Plan

277 Claims Status Response: Transaction-Specific Information

I.G. Page	LOOP	SEGMENT	DATA ELEMENT	NAME	Health Plans/TPA				
					FCHA	GHC	Premera	Regence	Asuris
131	<b>Payer Name</b> 2100A	NM	103	Name Last or Organization Name	FCHA	GHC	Premera	Regence	Asuris
131	2100A	NM	108	Identification Code Qualifier	<b>PI</b>				
132	2100A	NM	109	Identification Code	Contact FCHA	TIN	Contact Plan	Contact Plan	Contact Plan
133 - 135	2100A	PER	01 - 09	Payer Contact Information	Not used by Health Plan/TPA				
139	<b>Information Receiver Name</b> 2100B	NM	108	Identification Code Qualifier	Use <b>46</b>				
144	<b>Provider Name</b> 2100C	NM	108	Identification Code Qualifier	Use <b>SV</b>				
151	<b>Subscriber Name</b> 2100D	NM	108	Identification Code Qualifier	Use <b>MI</b> (as defined by the Plan/TPA)				
195	<b>Dependent Name</b> 2100E	NM	108	Identification Code Qualifier	<b>MI</b> (as defined by the Plan/TPA)				
200	<b>Claim Level Status Information</b> 2200E	STC	01-3	Entity Identifier Code	<b>1P, 36, 40, 82, CZ, DD, DK, DN, IL, IN, LR, QC</b>				
219	<b>Service Line Information</b> 2220E	SVC	01-1	Composite Medical Procedure Identifier	<b>AD, HC, ID, or NU</b>				
200	<b>Claim Level Status Information</b> 2220E	STC	01-3	Entity Identifier Code	<b>1P, 36, 40, 82, CZ, DD, DK, DN, IL, IN, LR, QC</b>				

# Scenarios

- Sample 276 Request Scenarios
- Sample 277 Response Scenarios

Note: These are intended as illustrations of how to code the transactions. They have not been tested as operational scenarios.

**Sample 276 Request Scenario #1**  
(Subscriber is Patient)

Information Source  
Your Health Plan

Information Receiver:  
Info Exchange R Us

Subscriber:  
Fred Flinstone  
DOB: 07-28-57  
SSN: 123456789  
Member ID: 123456789  
Account #: 12965

Date of Service:  
01-21-01

Provider: Betty Rubble  
Provider ID: 42965  
Organization: Bed Rock Clinic

Claim Amount:  
\$435.00

ISA\*00\*        \*00\*        \*ZZ\*sender-id    \*ZZ\*91-0511770  
\*010518\*1403\*U\*00401\*000000001\*0\*P\*:~  
GS\*HR\*sender-code\*91-0511770\*20010518\*1403\*000000038\*X\*004010X093~  
ST\*276\*006913~  
BHT\*0010\*13\*\*20010518~  
HL\*1\*\*20\*1~  
NM1\*PR\*2\*Your Health Plan\*\*\*\*\*PI\*91-0511770~  
HL\*2\*1\*21\*1~  
NM1\*41\*2\*Info Exchange R Us\*\*\*\*\*46\*91051~  
HL\*3\*2\*19\*1~  
NM1\*1P\*2\*Bed Rock Clinic\*\*\*\*\*SV\*36000~  
NM1\*1P\*1\*Rubble\*Betty\*\*\*\*SV\*42965~  
HL\*4\*3\*22\*0~  
DMG\*D8\*19570728\*M~  
NM1\*QC\*1\*Flinstone\*Fred\*\*\*\*MI\*123456789~  
TRN\*1\*84443~  
REF\*EA\*12965~  
AMT\*T3\*435.00~  
DTP\*232\*RD8\*20010121-20010121~  
SE\*16\*006913~  
GE\*1\*000000038~  
IEA\*1\*000000001~

**Sample 277 Response Scenarios - #1**

*Condition A* – The health plan cannot interpret the request because it is not formatted correctly.

ISA\*00\* \*00\* \*ZZ\*sender-id \*ZZ\*91-0511770  
 \*010518\*1403\*U\*00401\*000000001\*0\*P\*:~  
 GS\*HR\*sender-code\*91-0511770\*20010518\*1403\*000000038\*X\*004010X093~  
 ST\*276\*006913~  
 ST\*997\*006913~  
 AK1\*HR\*000000001~  
 AK9\*R\*1\*1\*0~  
 SE\*4\*0001~  
 GE\*1\*1~  
 IEA\*1\*000000001

*Condition B* – The health plan can find no match for that date of service for that patient-provider combination.

ISA\*00\* \*00\* \*ZZ\*91-0511770 \*ZZ\*sender-id  
 \*010518\*1403\*U\*00401\*000000081\*0\*P\*:~  
 GS\*HN\*91-0511770\*sender-code\*20010518\*1415\*000000003\*X\*004010X093~  
 ST\*277\*006913~  
 BHT\*0010\*08\*277X069\*20010518\*\*DG~  
 HL\*1\*\*20\*1~  
 NM1\*PR\*2\*YOUR HEALTH PLAN\*\*\*\*\*PI\*91-0511770~  
 HL\*2\*1\*21\*1~  
 NM1\*41\*2\*Info Exchange R Us\*\*\*\*\*46\*RecvrIDCode~  
 HL\*3\*2\*19\*1~  
 NM1\*1P\*2\*Bed Rock Clinic\*\*\*\*\*SV\*36000~  
 NM1\*1P\*1\*Rubble\*Betty\*\*\*\*\*SV\*42965~  
 HL\*4\*3\*22\*0~  
 DMG\*D8\*19570728\*M~  
 NM1\*QC\*1\*Flintstone\*Fred\*\*\*\*\*MI\*123456789~  
 TRN\*2\*84443~  
 STC\*E0:35\*20010518\*\*435.00\*0~  
 SE\*15\*006913~  
 GE\*1\*000000003~  
 IEA\*1\*000000081~

*Condition C* – The health plan finds a single claim that is an exact match. (There is a claim that covers that date of service for that claim amount.) A check has been issued for that claim.

ISA\*00\*        \*00\*        \*ZZ\*91-0511770    \*ZZ\*sender-id  
 \*010518\*1403\*U\*00401\*000000288\*0\*P\*:~  
 GS\*HN\*91-0511770\*sender-code\*20010518\*1415\*000000911\*X\*004010X093~  
 ST\*277\*0012345~  
 BHT\*0010\*08\*277X069\*20010518\*\*DG~  
 HL\*1\*\*20\*1~  
 NM1\*PR\*2\*YOUR HEALTH PLAN\*\*\*\*\*PI\*91-0511770~  
 HL\*2\*1\*21\*1~  
 NM1\*41\*2\*Info Exchange R Us\*\*\*\*\*46\*RecvrIDCode~  
 HL\*3\*2\*19\*1~  
 NM1\*1P\*2\*Bed Rock Clinic\*\*\*\*\*SV\*36000~  
 NM1\*1P\*1\*Rubble\*Betty\*\*\*\*SV\*42965~  
 HL\*4\*3\*22\*0~  
 DMG\*D8\*19570728\*M~  
 NM1\*QC\*1\*Flintstone\*Fred\*\*\*\*MI\*123456789~  
 TRN\*2\*84443~  
 STC\*F0:65\*20010518\*\*435.00\*435.00\*20010226\*CHK\*20010226\*0048376~  
 REF\*1K\*0103212003~  
 REF\*EA\*12965~  
 DTP\*232\*RD8\*20010121-20010121~  
 SE\*17\*0012345~  
 GE\*1\*000000911~  
 IEA\*1\*000000288~

*Condition D* – The health plan finds a split claim that is an exact match. There are three parts to the split claim. Two parts have a paid status but the check hasn't been sent. One part has a pended status.

```

ISA*00*      *00*      *ZZ*91-0511770  *ZZ*sender-id
*010518*1403*U*00401*000000333*0*P*::~~
GS*HN*91-0511770*sender-code*20010518*1415*000000481*X*004010X093~
ST*277*0023456~
BHT*0010*08*277X069*20010518**DG~
HL*1**20*1~
NM1*PR*2*YOUR HEALTH PLAN*****PI*91-0511770~
HL*2*1*21*1~
NM1*41*2*Info Exchange R Us*****46*RecvrIDCode~
HL*3*2*19*1~
NM1*1P*2*Bed Rock Clinic*****SV*36000~
NM1*1P*1*Rubble*Betty*****SV*42965~
HL*4*3*22*0~
DMG*D8*19570728*M~
NM1*QC*1*Flintstone*Fred*****MI*123456789~
TRN*2*84443~
STC*F0:65*20010518**435.00*137.00*20010226~
REF*1K*0103212003100~
REF*EA*12965~
DTP*232*RD8*20010121-20010121~
TRN*2*12965~
STC*F0:65*20010518**435.00*150.00*20010226~
REF*1K*0103212003200~
REF*EA*12965~
DTP*232*RD8*20010121-20010121~
TRN*2*12965~
STC*P1:20*20010518**435.00*0~
REF*1K*0103212003300~
REF*EA*12965~
DTP*232*RD8*20010121-20010121~
SE*27*0023456~
GE*1*000000481~
IEA*1*000000333~

```

*Condition E* – There is an exact match for Fred Flintstone – not as a subscriber but as a dependent of Wilma Flintstone. The claim has been paid.

ISA\*00\*        \*00\*        \*ZZ\*91-0511770    \*ZZ\*sender-id  
 \*010518\*1403\*U\*00401\*000038679\*0\*P\*:~  
 GS\*HN\*91-0511770\*sender-code\*20010518\*1415\*000000501\*X\*004010X093~  
 ST\*277\*0000005~  
 BHT\*0010\*08\*277X069\*20010518\*\*DG~  
 HL\*1\*\*20\*1~  
 NM1\*PR\*2\*YOUR HEALTH PLAN\*\*\*\*\*PI\*91-0511770~  
 HL\*2\*1\*21\*1~  
 NM1\*41\*2\*Info Exchange R Us\*\*\*\*\*46\*RecvrIDCode~  
 HL\*3\*2\*19\*1~  
 NM1\*1P\*2\*Bed Rock Clinic\*\*\*\*\*SV\*36000~  
 NM1\*1P\*1\*Rubble\*Betty\*\*\*\*SV\*42965~  
 HL\*4\*3\*22\*0~  
 DMG\*D8\*19570128\*F~  
 NM1\*IL\*1\*Flintstone\*Wilma\*\*\*\*MI\*002468955~  
 HL\*5\*4\*23~  
 DMG\*D8\*19570728\*M~  
 NM1\*QC\*1\*Flintstone\*Fred\*\*\*\*MI\*123456789~  
 TRN\*2\*84443~  
 STC\*F0:65\*20010126\*\*435.00\*435.00\*20010127\*CHK\*20010127\*0048376~  
 REF\*1K\*0102712003~  
 REF\*EA\*12965~  
 DTP\*232\*RD8\*20010121-20010121~  
 SE\*20\*0000005~  
 GE\*1\*000000501~  
 IEA\*1\*000038679~

**Sample 276 Request Scenario #2**  
(Dependent is Patient)

Information Source  
Your Health Plan

Information Receiver:  
Info Exchange R Us

Subscriber:  
Fred Flinstone  
DOB: 07-28-57  
SSN: 123456789  
Member ID: 123456789  
Account #: 12965

Dependent:  
Pebbles Flinstone  
DOB: 05-18-87

Date of Service:  
01-23-01

Provider: Betty Rubble  
Provider ID: 42965  
Organization: Bed Rock Clinic

Claim Amount:  
\$125.00

ISA\*00\* \*00\* \*ZZ\*sender-id \*ZZ\*91051  
\*010518\*1403\*U\*00401\*000000001\*0\*P\*::~~  
GS\*HR\*sender-code\*91051\*20010522\*1302\*1234\*X\*004010X093~  
ST\*276\*3456~  
BHT\*0010\*13\*\*20010522~  
HL\*1\*\*20\*1~  
NM1\*PR\*2\*Your Health Plan\*\*\*\*\*PI\*91-0511770~  
HL\*2\*1\*21\*1~  
NM1\*41\*2\*Info Exchange R Us\*\*\*\*\*46\*1234C~  
HL\*3\*2\*19\*1~  
NM1\*1P\*2\*Bed Rock Clinic\*\*\*\*\*SV\*36000~  
NM1\*1P\*1\*Rubble\*Betty\*\*\*\*\*SV\*42965~  
HL\*4\*3\*22\*1~  
DMG\*D8\*19570728\*M~  
NM1\*IL\*1\*Flinstone\*Fred\*\*\*\*\*MI\*123456789~  
HL\*5\*4\*23\*1~  
DMG\*D8\*19870518\*F~

NM1\*QC\*1\*Flintstone \*Pebbles\*\*\*\*MI\*123456789A~  
TRN\*1\*1234D~  
REF\*1K\*0114212001~  
REF\*EA\*12965~  
AMT\*T3\*125.00~  
DTP\*232\*RD8\*20010123-20010123~  
SVC\*HC:72072:26\*125.00~  
DTP\*472\*RD8\*20010123-20010123~  
SE\*22\*3456~  
GE\*1\*1234~  
IEA\*1\*000000001~