



HIPAA ASC X12N 277 (4010X093 & 4010X093A1) Health Care Claim Status Reponse - Unsolicited Companion Document - Outbound

Loop	Segment ID	Description	Format	Min/Max	Req.	Repeat	Values	Page
CONTROL	ISA	INTERCHANGE CONTROL HEADER			R	1		
	ISA01	AUTHORIZATION INFORMATION QUALIFIER	ID	2/2	R		"00"-No authorization information is present	
	ISA02	AUTHORIZATION INFORMATION	AN	10/10	R		10 Spaces	
	ISA03	SECURITY INFORMATION QUALIFIER	ID	2/2	R		"00"-No security information is present	
	ISA04	SECURITY INFORMATION	AN	10/10	R		10 Spaces	
	ISA05	INTERCHANGE ID QUALIFIER	ID	2/2	R		"01"	
	ISA06	SUBMITTER ID	AN	15/15	R		"PHC100680301406" PHC's ID	
	ISA07	INTERCHANGE ID QUALIFIER	ID	2/2	R		"01"	
	ISA08	RECEIVER ID	AN	15/15	R		ID Submitted in the 837 claim file	
	ISA09	INTERCHANGE DATE	DT	6/6	R		Interchange date in YYMMDD	
	ISA10	INTERCHANGE TIME	TM	4/4	R		Interchange time in HHMM	
	ISA11	INTERCHANGE CONTROL STANDARD IDENTIFIER	ID	1/1	R		"U"-US EDI Community of X12	
	ISA12	INTERCHANGE CONTROL VERSION NUMBER	ID	5/5	R		"00401" Draft Standard	
	ISA13	INTERCHANGE CONTROL NUMBER	N0	9/9	R		Sender assigned interchange control number which must be equivalent of control number of IEA segment.	
	ISA14	ACKNOWLEDGEMENT	ID	1/1	R		"0" - No acknowledgement requested or "1"-Acknowledegemt is requested.	
	ISA15	USAGE INDICATOR	ID	1/1	R		"P"-Production data or "T"-Test data	
	ISA16	COMPONENT SUB ELEMENT SEPARATOR		1/1	R		".:"	
	GS	FUNCTIONAL GROUP HEADER			R	1		
	GS01	FUNCTIONAL IDENTIFIER CODE	ID	2/2	R		"HN"- Healthcare Claim Status Notification (277)	
	GS02	SUBMITTER ID	AN	2/15	R		"PHC100680301406" PHC's submitter ID	
	GS03	RECEIVER ID	AN	2/15	R		ID Submitted in the 837 claim file	
	GS04	CREATION DATE	DT	8/8	R		Creation date in CCYYMMDD	
	GS05	CREATION TIME	TM	4/8	R		Creation time in HHMM	
	GS06	GROUP CONTROL NUMBER	N0	1/9	R		Group control number must be equivalent to GE02.	
	GS07	RESPONSIBLE AGENCY CODE	ID	1/2	R		"X" - ASC X12 Code	
	GS08	VERSION / RELEASE INDUSTRY ID CODE	AN	1/12	R		"004010X093A1"	



HEADER							
	ST	TRANSACTION SET HEADER			R	1	125
	ST01	TRANSACTION SET IDENTIFIER CODE	ID	3	R		"277"
	ST02	TRANSACTION SET CONTROL NUMBER	AN	4/9	R		Sequential number assigned by the originator and must be equal to SE02
	BHT	BEGINNING OF HIERARCHICAL TRANSACTION			R	1	126
	BHT01	HIERARCHICAL STRUCTURE CODE	ID	4/4	R		"0010" - Information Source
	BHT02	TRANSACTION SET PURPOSE CODE	ID	2/2	R		"08"-Status
	BHT03	REFERENCE IDENTIFICATION	AN	1/30	R		Sequence number assigned by the originator
	BHT04	DATE	DT	8/8	R		Transaction set creation date in CCYYMMDD
	BHT06	TRANSACTION TYPE CODE	ID	2/2	R		"DG"-Response
2000A						>1	
	HL	INFORMATION SOURCE HIERARCHICAL LEVEL			R	1	128
	HL01	HIERARCHICAL ID NUMBER	AN	1/12	R		Start with "1" and increment it by "1" subsequently
	HL02	HIERARCHICAL LEVEL CODE	AN	1/12	R		Parent ID, No value for first HL
	HL03	HIERARCHICAL LEVEL CODE	AN	1/2	R		"20"
	HL04	HIERARCHICAL CHILD CODE	ID	1/1	R		"1" - This HL contains child HLs
2100A						1	
	NM1	PAYER NAME			R	1	130
	NM101	ENTITY IDENTIFIER CODE	ID	2/3	R		"PR" - Submitter
	NM102	ENTITY TYPE QUALIFIER	ID	1	R		"2"-Non person entity
	NM103	NAME LAST OR ORGANIZATION NAME	AN	1/35	R		Payer name
	NM104	NAME FIRST	AN	1/25	S		Not used
	NM105	NAME MIDDLE	AN	2/25	S		Not used
	NM108	IDENTIFICATION CODE QUALIFIER	ID	2	R		"FI"
	NM109	IDENTIFICATION CODE	AN	2/80	R		"680317191"
	PER	PAYER CONTACT INFORMATION			S	1	133
	PER01	CONTACT FUNCTION CODE	ID	2/2	R		"IC" - Information Contact
	PER02	NAME	AN	1/60	R		"Naomi Sales"
	PER03	COMMUNICATION NUMBER QUALIFIER	ID	2/2	R		"TE"



	PER04	COMMUNICATION NUMBER	AN	1/80	R		"7078634520"	
2000B						>1		
	HL	INFORMATION RECEIVER HIERARCHICAL LEVEL			R	1		136
	HL01	HIERARCHICAL ID NUMBER	AN	1/12	R		Unique sequential number.	
	HL02	HIERARCHICAL LEVEL CODE	AN	1/12	R		Parent ID	
	HL03	HIERARCHICAL LEVEL CODE	AN	1/2	R		"21"	
	HL04	HIERARCHICAL CHILD CODE	ID	1/1	R		"1" - This HL contains child HLs	
2100B						1		
	NM1	RECEIVER NAME			R	1		138
	NM101	ENTITY IDENTIFIER CODE	ID	2/3	R		"41" - Submitter	
	NM102	ENTITY TYPE QUALIFIER	ID	1	R		"1" Person or "2"-Non person entity	
	NM103	NAME LAST OR ORGANIZATION NAME	AN	1/35	R		Receiver Last Name	
	NM104	NAME FIRST	AN	1/25	S		Receiver First Name	
	NM105	NAME MIDDLE	AN	2/25	S		Receiver Middle Name	
	NM108	IDENTIFICATION CODE QUALIFIER	ID	2	R		"46"	
	NM109	IDENTIFICATION CODE	AN	2/80	R		ETIN or Trading Partner ID sent in GS02 of the 837 file.	
2000C						>1		
	HL	SERVICE PROVIDER HIERARCHICAL LEVEL			R	1		141
	HL01	HIERARCHICAL ID NUMBER	AN	1/12	R		Unique sequential number.	
	HL02	HIERARCHICAL LEVEL CODE	AN	1/12	R		Parent ID	
	HL03	HIERARCHICAL LEVEL CODE	AN	1/2	R		"19"	
	HL04	HIERARCHICAL CHILD CODE	ID	1/1	R		"1" - This HL contains child HLs	
2100C						1		
	NM1	PROVIDER NAME			R	1		143
	NM101	ENTITY IDENTIFIER CODE	ID	2/3	R		"1P" - Provider	
	NM102	ENTITY TYPE QUALIFIER	ID	1	R		"1" Person or "2"-Non person entity	
	NM103	NAME LAST OR ORGANIZATION NAME	AN	1/35	R		Provider Last Name	
	NM104	NAME FIRST	AN	1/25	S		Provider First Name	
	NM105	NAME MIDDLE	AN	2/25	S		Provider Middle Name	
	NM108	IDENTIFICATION CODE QUALIFIER	ID	2	R		"XX"	
	NM109	IDENTIFICATION CODE	AN	2/80	R		NPI submitted in the 837 file.	



2000D						>1		
	HL	SUBSCRIBER HIERARCHICAL LEVEL			R	1		146
	HL01	HIERARCHICAL ID NUMBER	AN	1/12	R		Unique sequential number.	
	HL02	HIERARCHICAL PARENT ID	AN	1/12	R		Parent ID	
	HL03	HIERARCHICAL LEVEL CODE	ID	1/2	R		"22" - Subscriber	
	HL04	HIERARCHICAL CHILD CODE	ID	1/1	R		"0" - No child HL exists in this level	
	DMG	SUBSCRIBER DEMOGRAPHIC				1		148
	DMG01	DATE TIME FORMAT QUALIFIER	ID	2	R		"D8"	
	DMG02	DATE TIME PERIOD	AN	8	R		Subscriber's Birth Date in CCYYMMDD.	
	DMG03	GENDER CODE	ID	1	R		"M"- Male or "F"- Female.	
2100D						1		
	NM1	SUBSCRIBER NAME			R	1		150
	NM101	ENTITY IDENTIFIER CODE	ID	2/3	R		"QC" - Insured or Subscriber	
	NM102	ENTITY TYPE QUALIFIER	ID	1	R		"1"- Person	
	NM103	NAME LAST OR ORGANIZATION NAME	AN	1/35	R		Subscriber last name(Recipient last name).	
	NM104	NAME FIRST	AN	1/25	S		Subscriber first name(Recipient first name).	
	NM105	NAME MIDDLE	AN	2/25	S		Subscriber middle name(Recipient middle name).	
	NM108	IDENTIFICATION CODE QUALIFIER	ID	2	S		"MI"	
	NM109	IDENTIFICATION CODE	AN	2/80	S		Member Identification number(SSN / Med-cal recipient ID).	
2200D								
	TRN	CLAIM SUBMITTER TRACE NUMBER			R	1		153
	TRN01	TRACE TYPE CODE	ID	1/2	R		"2"-Referenced transaction trace number	
	TRN02	REFERENCE IDENTIFICATION	AN	1/30	R		Patient Account Number submitted in CLM01 of the 837 file by the submitter/provider for this claim.	
	STC	CLAIM LEVEL STATUS INFORMATION			R	1		154
	STC01-1	INDUSTRY CODE	AN	1/30	R		Claim Status Category Code	
	STC01-2	INDUSTRY CODE	AN	1/30	R		Claim Status Reason Code	
	STC02	STATUS EFFECTIVE DATE	DT	8/8	R		In "YYYYMMDD" format	
	STC04	MONETARY AMOUNT	R	1/18	R		Claim charge amount submitted in the 837 file	
	STC05	MONETARY AMOUNT	R	1/18	R		"0" - Claim paid amount. This amount is zero when the adjudication is not complete.	
	REF	PAYER CLAIM IDENTIFICATION NUMBER			R	1		165
	REF01	REFERENCE IDENTIFICATION QUALIFIER	ID	2	R		"1K"	



	REF02	REFERENCE IDENTIFICATION	AN	1/30	R		Unique claim ID assigned by PHC.	
	DTP	CLAIM SERVICE DATE			R	1		171
	DTP01	DATE/TIME QUALIFIER	ID	3	R		"232"	
	DTP02	DATE TIME PERIOD FORMAT QUALIFIER	ID	2	R		"RD8"	
	DTP03	DATE	AN	1/35(8)	R		Service From/Effective and To/End date in CCYYMMDD-CCYYMMDD format as submitted in 837 file.	
TRAILER	SE	TRANSACTION SET TRAILER			R	1		
	SE01	NUMBER OF INCLUDED SEGMENTS	N0	1/10	R		Segment count	
	SE02	TRANSACTION SET CONTROL NUMBER	AN	4/9	R		Sequential number assigned by the originator and must be equal to ST02	
CONTROL	GE	FUNCTIONAL GROUP TRAILER			R	1		
	GE01	NUMBER OF TRANSACTION SETs	ID	2/2	R		Number of ST segments	
	GE02	GROUP CONTROL NUMBER	AN	2/15	R		Group control number must be equivalent to GS06.	
	IEA	INTERCHANGE CONTROL TRAILER			R	1		
	IEA01	NUMBER OF FUNCTIONAL GROUPS	N0	1/5	R		Number of GS segments	
	IEA02	INTERCHANGE CONTROL NUMBER	N0	9	R		Interchange control number must be equivalent to ISA13.	