



STATE OF CALIFORNIA

Alcohol and Drug Programs

1700 K Street

Sacramento, CA 95811



Companion Guide for HIPAA 276 and 277 Transactions

Version Control Number: 1.0
Released on: February 1, 2008

DOCUMENT CONTROL SHEET

Approvals

Name	Title	Signature	Date
Laura Venegas	HIPAA Project Director		
Michael Kays	IMSD Manager		
Susan King	FMAB Manager		

Change Record

Date	Author	Version	Change Reference
2/1/2008		1.0	First released version of companion guide

Distribution

Copy No.	Name	Location
1	Department of Alcohol & Drug Programs	http://www.adp.ca.gov/hp/hipaa.shtml

Reviewers

Name	Title	Signature	Date
Cynthia Guest	IMSD HIPAA Lead		
Pam Hass	Business SME		
Andy Nguyen	IMSD SME		

TABLE OF CONTENTS

TABLE OF CONTENTS	4
1.0 INTRODUCTION	1
1.1 OVERVIEW	1
2.0 PURPOSE	1
3.0 SPECIAL CONSIDERATIONS	1
3.1 DEFINITIONS OF KEY TERMS	1
3.2 SCOPE	2
3.3 TRANSACTION TYPE.....	2
3.4 BASIC TECHNICAL INFORMATION	2
3.5 HIPAA VALIDATION	3
3.6 INQUIRY LEVEL SUPPORTED.....	4
3.7 RESPONSE CONTENT	4
3.8 PRIVACY AND SECURITY PROTECTION.....	5
3.9 CONTACT INFORMATION	5
4.0 PROFESSIONAL CLAIMS - 276.....	5
4.1 276- REQUEST FOR CLAIM STATUS	5
4.2 SEGMENT USAGE –276 PROFESSIONAL	5
4.3 SEGMENT AND DATA ELEMENT DESCRIPTION.....	6
4.4 EXAMPLES OF 276 TRANSACTIONS	12
5.0 REQUEST FOR RESPONSE - 277	13
5.1 SEGMENT USAGE – 277	13
5.2 SEGMENT AND DATA ELEMENT DESCRIPTION -277.....	14
5.3 EXAMPLE OF A 277 TRANSACTION.....	21
6.0 276/277 ENVELOPE STRUCTURES/CONTROL SEGMENTS	22
6.1 OVERVIEW	22
6.2 SEGMENT AND DATA ELEMENT DESCRIPTION.....	23
6.3 ISA-IEA SEGMENTS	23
6.4 GS-GE SEGMENTS	25
6.5 SAMPLE INTERCHANGE CONTROLS FOR 276 AND 277 TRANSACTIONS.....	26
7.0 ACKNOWLEDGEMENTS AND REPORTS.....	26
7.1 997 FUNCTIONAL ACKNOWLEDGEMENT.....	26
7.2 SEGMENT AND DATA ELEMENT DESCRIPTION.....	27
7.3 EXAMPLES OF ACCEPTED AND REJECTED 997 TRANSACTION SETS	30
Scenario 1: Accepted Transaction Set	30
Scenario 2: Rejected Transaction Set	31
8.0 STATUS CODES AND DESCRIPTIONS	31
8.1 STATUS CODES USED ON THE 277	31
8.2 STATUS POINT DESCRIPTIONS	32
9.0 UNIQUE CLAIM IDENTIFIERS.....	34
9.1 SD/MC REQUIREMENTS.....	34

1.0 INTRODUCTION

1.1 OVERVIEW

In an effort to reduce the administrative costs of health care across the nation, the Health Insurance Portability and Accountability Act (HIPAA) was passed in 1996. This legislation requires that health insurance payers in the United States comply with the electronic data interchange (EDI) standards for health care established by the Secretary of Health and Human Services (HHS). For the health care industry to achieve the potential administrative cost savings with EDI, standard transactions and code sets have been developed and need to be implemented consistently by all organizations involved in the electronic exchange of data. The ANSI X12N 276/277 Health Care Claim Status Request and Response transactions implementation guide provides the standardized data requirements to be implemented for all health care claim status inquiries conducted electronically.

2.0 PURPOSE

The purpose of this companion guide is to provide the information necessary to submit a claim status request and receive a claim status response electronically from ADP. The 276 transaction is used as a **request for claim status** and the 277 as a **response to that request**. This companion guide is to be used in conjunction with the ANSI X12N 276/277 Health Care Claim Status Request and Response Transactions Implementation Guides (IGs). They are commonly called Implementation Guides (IGs) and are referred to as IGs throughout this document. The companion guide supplements, but does not contradict or replace any requirements in the IGs or ADP regulations, Letters, and Notices.. The IGs can be obtained from the Washington Publishing Company by calling 1-800-972-4334 or are available for download on their web site at www.wpc-edi.com/hipaa/.

It is highly recommended that counties and direct providers (Trading Partners) have the following resources available during the development process:

- Companion Guide – 276/277 Health care Claim Status Request and Response Transactions (This Document)
- ASC X12N 276/277 (004010X093) and the 004010X093A1 Addenda

3.0 SPECIAL CONSIDERATIONS

3.1 DEFINITIONS OF KEY TERMS

ADP – Department of Alcohol and Drug Programs

County – This term applies to a county or third party entity that submits claims or receives remittance advices on behalf of the county.

DHCS – Department of Health Care Services

Direct Provider – This term applies to Drug Medi-Cal certified providers that contract directly with ADP that submit claims or receive remittance advices from ADP. Third party entities are also included with respect to submitting claims or receiving remittance advices on behalf of the direct provider.

EDI – Electronic Data Interchange

FMAB – Fiscal Management and Accountability Branch

IMSD – Information Management Services Division

SD/MC – Short-Doyle/Medi-Cal. This is the mainframe claims processing system.

TAPS- Tracking And Payment System: This is an Oracle system which holds the information for claim status.

Trading Partner – Any county or direct provider who transmits to, or receives electronic claims data from ADP.

ADP HIPAA Translator System- The ADP HIPAA Translator System is an EDI middleware application platform that was designed in 2003 to remediate the DHCS SDMC system Transactions and Code Sets (TCS) non-compliance. It primarily gives ADP the ability to exchange electronic HIPAA-compliant transactions with Trading Partners.

3.2 SCOPE

This guide covers data elements that are required to meet HIPAA validation.

3.3 TRANSACTION TYPE

The 276 and 277 transaction sets are intended to meet specific needs of the health care industry. The 276 is used to request the current status of a specified claim(s). The 277 transaction set can be used as a solicited response to a health care claim status request (276).

In this companion guide, the transaction sets are addressed in terms of paired usage.

3.4 BASIC TECHNICAL INFORMATION

The following list includes basic technical information for each transaction:

- The following delimiters are used for all outbound transactions:

- * (asterisk) = data element separator
- : (colon) = sub element separator
- ~ (tilde) = segment terminator
- All monetary amounts and quantity fields have explicit decimals. The decimal point always appears in the character stream if the decimal point is at any place other than the right end. If the value is an integer with the decimal point at the right end, the decimal point should be omitted. See the IGs for additional clarification.
- TA1 – The TA1 is an interchange acknowledgment that is generated when a functional group is rejected.
- 997 – The 997 is a functional acknowledgment that is generated in response to all inbound batch transactions from all Trading Partners.
- If one item within a transaction is noncompliant, the entire transaction (ST-SE) is rejected. If a file has multiple transactions (ST-SE), individual transactions may be rejected while allowing the remaining transactions to continue through processing.
- Data elements required by the IGs, but not used by ADP, can be completed with any valid value to avoid compliance errors.
- A new filename strategy is required for distinguishing the 276, 277, and 997 files on ITWS. In order to avoid ambiguity between 997 files for 837s and 997 files for 276s a new convention is considered for this implementation. The examples below illustrate different file names for different transactions that occur during the lifecycle of 276/277 transaction.
 - 276 Filename = ADP_STA_30_P_276_YYYYMM_XX.TXT
 - 997 Filename = ADP_STA_30_P_997_YYYYMM_XX.TXT
 - 277 Filename = ADP_STA_30_P_277_YYYYMM_XX.TXT

3.5 HIPAA VALIDATION

All HIPAA files are validated using the ClarEDI Corp.'s Faciledi Validation Engine interfaced via the Translator. Successful HIPAA validation ensures that the data submitted is free of syntax errors and is ready for further processing or adjudication. Upon completion of validation, one or both of the following transactions may be returned to the Trading Partner:

TA1 – This transaction will be returned to the submitter only when the received data is invalid or corrupted, the file cannot be read or when the Interchange Envelope of the data is incorrectly populated.

997 – This transaction will be used to inform submitters of all transaction-specific validation results of the data once it is determined that the data and its Interchange Envelope are valid. This

transaction can either be positive or negative. A positive 997 is generated for all files that pass HIPAA validation and a negative one for failures.

ADP will validate all data for the first two levels of HIPAA compliancy:

- Level 1 – EDI Syntax Integrity Testing
- Level 2 – HIPAA Syntactical Requirement Testing

Validation Results – 997/TA1

Every input 276 file sent to the Translator will result in the creation of a 997 and/or a TA1 acknowledgement. The TA1 is created only in cases where the X12 envelopes cannot be parsed or the data is corrupt. It is important to note that even when a TA1 is generated, the filename assigned by ITWS will still refer to 997. For example, the file ADP_STA_01_T_997_200403_01.ZIP could either contain a TA1 and/or a 997 transaction set.

The 997 transaction is used to acknowledge the acceptance or rejection of 276 transaction-sets (ST-SE) after they are validated for HIPAA compliance. There is only one 997 Transaction Set (ST-SE) per acknowledged functional group (GS-GE). That is, a given 997 only has acceptance/rejection information about the 276 in one Functional Group (GS-GE).

In case of multiple transaction sets within a file, the Trading Partner might have a combination of accepted and rejected transaction sets. In this case, it is essential for the county/direct provider to identify the status of each transaction set from the 997, and resubmit the rejected ones.

3.6 INQUIRY LEVEL SUPPORTED

The 276 transaction can be received from the Trading Partner at the claim level and ADP will only be responding at the claim level on the 277 transaction. ADP does not have the functionality to process a line level response. The 276 request is a solicited request that is made by the Trading Partner. The 277- response transaction will only be returned when a solicited 276 is received.

3.7 RESPONSE CONTENT

The information provided in the 277 transaction will reflect that status of the claim at the point in time the request is made. The status of the claims may change. The transaction **will not** automatically notify a provider about a change in the claims status. Status information will only be provided upon request.

The intent of this transaction **is not** to provide information explaining how the claim was adjudicated or why certain amounts were or were not paid. Answers to those types of questions will be contained within the Remittance Advice (835) transaction.

The 277 status information will not be applicable for those specific claims loaded prior to the implementation date of this transaction; however implementation date is yet to be determined. If

a 276 is received for those identified claims the response on the 277 back to the submitter will be claims not found (D0/35).

3.8 PRIVACY AND SECURITY PROTECTION

This document does not specifically address privacy and security protection regarding the use of the system or application technology to send and receive a transaction set. It assumes that the transaction exchange will take place in a processing and communication environment that is secure at both ends for the senders and the receivers of data.

3.9 CONTACT INFORMATION

IT Contact: Michael Kays, IMSD Supervisor
916.323.2003 or mkays@adp.ca.gov

Fiscal Contact: Francine Manas, FMAB Supervisor
916.322.4847 or fmanas@adp.ca.gov

ADP Help Desk: (916) 324-5523

4.0 PROFESSIONAL CLAIMS - 276

4.1 276- REQUEST FOR CLAIM STATUS

The ASC X12N 276 (04010X093A1) transaction is the HIPAA mandated instrument by which the status of all electronic professional claims should be requested.

4.2 SEGMENT USAGE –276 PROFESSIONAL

The following matrix lists only those segments required for submission of a 276. It is consistent with the HIPAA Implementation Guidelines for ADP.

This implementation guideline identifies all required segments for 276 transactions. Failure to include a required segment results in a compliance error. A situational segment is not required for every type of transaction; however, a situational segment may be required under certain circumstances.

Heading							
Pos	Id	Segment Name	Req	Max Use	Repeat	Notes	Usage
010	ST	Transaction Set Header	M	1			R
020	BHT	Beginning of Hierarchical Transaction	M	1			R
Detail							
LOOP ID - 2000A			≥1				
010	HL	Information Source Level	M	1			R
LOOP ID - 2100A			≥1				
050	NM1	Payer Name	O	1			R
LOOP ID - 2000B			≥1				
010	HL	Information Receiver Level	M	1			R
LOOP ID - 2100B			≥1				
050	NM1	Information Receiver Name	O	1			R
LOOP ID - 2000C			≥1				
010	HL	Service Provider Level	M	1			R
LOOP ID - 2100C			≥1				
050	NM1	Provider Name	O	1			R
LOOP ID - 2000D			≥1				
010	HL	Subscriber Level	M	1			R
040	DMG	Subscriber Demographic Information	O	1		N2/040	
LOOP ID - 2100D			≥1				
050	NM1	Subscriber Name	O	1			R
LOOP ID - 2100D			≥1				
090	TRN	Claim Submitter Trace Number	O	1			R
100	REF	Payer Claim Identification Number	O	3			S
110	AMT	Claim Submitted Charges	O	1			S
120	DTP	Claim Service Date	O	1			S
LOOP ID - 2100E			≥1				
160	SE	Transaction Set Trailer	M	1			R

4.3 SEGMENT AND DATA ELEMENT DESCRIPTION

This section contains a tabular representation of any segment that is required or situational for ADP HIPAA implementation of the 276.

Segment Name		Transaction Set Header			
Segment ID		ST			
Loop ID		N/A			
Segment Usage		Required			
Segment Notes		This segment begins the transaction set and identifies a control number			
Example		ST*276*0001~			
Element ID	Usage	Element Name	Valid Values	Min/Max	Comments
ST01	R	Transaction Set Identifier Code	“276”	3/3	Transaction Set Identifier Code
ST02	R	Transaction Set Control Number		4/9	The value in ST02 must be identical to SE02.

Segment Name	Beginning of Hierarchical Transaction				
Segment ID	BHT				
Loop ID	N/A				
Segment Usage	Required				
Segment Notes	To define the business hierarchical structure of the transaction set and identify the business application purpose and reference data, i.e., number, date, and time				
Example	BHT*0010*00**20061220~				
Element ID	Usage	Element Name	Valid Values	Min/Max	Comments
BHT01	R	Hierarchical Structure Code		4/4	Information Source
BHT02	R	Transaction Set Purpose Code		2/2	Transaction Set Purpose Code 00 = original
BHT04	R	Transaction Set Creation Date		8/8	CCYYMMDD

Segment Name	Information Source Level				
Segment ID	HL				
Loop ID	2000A				
Segment Usage	Required				
Segment Notes	This segment identifies the information source hierarchical level.				
Example	HL*1**20*1~				
Element ID	Usage	Element Name	Valid Values	Min/Max	Comments
HL01	R	Hierarchical ID Number	1	1/12	Must begin with the number 1 and increment by one each time an HL is used.
HL03	R	Hierarchical Level Code	20	1/2	Code defining the characteristic of a level in a hierarchical structure.
HL04	R	Hierarchical Child Code	1	1/1	Code indicating if there are hierarchical child data segments subordinate to the level being described.

Segment Name	Payer Name				
Segment ID	NM1				
Loop ID	2100A				
Segment Usage	Required				
Segment Notes	Payers with multiple locations or multiple lines of business may require that the payer name be completed.				
Example	NM1*PR*2*ADP*****PI*20~				
Element ID	Usage	Element Name	Valid Values	Min/Max	Comments
NM101	R	Entity Identifier Code	“PR”	2/3	PR- Payer
NM102	R	Entity Type Qualifier	“2”	1/1	2- Non person entity
NM103	R	Payer Name	“ADP”	1/35	HIPAA IG Note: This data element will be required until the National Payer Identifier is active.
NM108	R	Identification Code Qualifier	“PI”	1/2	PI – Payor Identification
NM109	R	Payer Identifier	“20”,/”25”	2/80	20 – ADP, Non-perinatal Services 25 – ADP, Perinatal Services

Segment Name		Information Receiver Level			
Segment ID		HL			
Loop ID		2000B			
Segment Usage		Required			
Segment Notes		This entity expects response from the information source			
Example		HL*2*1*21*1~			
Element ID	Usage	Element Name	Valid Values	Min/Max	Comments
HL01	R	Hierarchical ID Number		1/12	
HL02	R	Hierarchical Parent ID Number		1/12	
HL03	R	Hierarchical Level Code	"21"	1/2	Information Receiver
HL04	R	Hierarchical Child Code	"1"	1/1	Hierarchical Child Code

Segment Name		Information Receiver Name			
Segment ID		NM1			
Loop ID		2100B			
Segment Usage		Required			
Segment Notes		This is the individual or organization requesting to receive the status information.			
Example		NM1*41*2*XYZ SERVICE*****XX*122222221~			
Element ID	Usage	Element Name	Valid Values	Min/Max	Comments
NM101	R	Entity Identifier Code	"41"	2/3	Submitter
NM102	R	Entity Type Qualifier	"2"	1/1	2-Non-person entity
NM103	R	Organization Name		1/25	
NM104	S	Information Receiver First Name		1/25	
NM105	S	Information Receiver Middle Name		1/10	
NM107	S	Information Receiver Name Suffix		1/10	
NM108	R	Identification Code Qualifier	XX	1/2	
NM109	R	Identification Code		2/80	National Provider Identifier

Segment Name		Service Provider Level			
Segment ID		HL			
Loop ID		2000C			
Segment Usage		Required			
Segment Notes		To identify dependencies among and the content of hierarchically related groups of data segments			
Example		HL*3*2*19*1~			
Element ID	Usage	Element Name	Valid Values	Min/Max	Comments
HL01	R	Hierarchical ID Number		1/12	
HL02	R	Hierarchical Parent ID Number		1/12	
HL03	R	Hierarchical Level Code	"19"	1/2	
HL04	R	Hierarchical Child Code	"1"	1/1	

Segment Name		Provider Name			
Segment ID		NM1			
Loop ID		2100C			
Segment Usage		Required			
Segment Notes		This is the billing provider from the original submitted claim. ADP will return the data that was received in the 277 Claim Status Inquiries.			
Example		NM1*1P*2*HOME MEDICAL*****XX*9876666666~			
Element ID	Usage	Element Name	Valid Values	Min/Max	Comments
NM101	R	Entity Identifier Code	"1P"	2/3	Provider
NM102	R	Entity Type Qualifier		1/1	1-Person 2-Non-person entity
NM103	R	Organization Name		1/35	Last Name or Organization name
NM104	S	Information Receiver First Name		1/25	Name First
NM105	S	Information Receiver Middle Name		1/25	Name Middle
NM107	S	Information Receiver Name Suffix		1/10	Name Suffix
NM108	R	Identification Code Qualifier	"XX"	1/2	
NM109	R	Identification Code		1/280	National Provider Identifier

Segment Name		Subscriber Level			
Segment ID		HL			
Loop ID		2000D			
Segment Usage		Required			
Segment Notes					
Example		HL*4*3*22*0~			
Element ID	Usage	Element Name	Valid Values	Min/Max	Comments
HL01	R	Hierarchical ID Number		1/12	Hierarchical ID Number
HL02	R	Hierarchical Parent ID Number		1/12	Hierarchical Parent ID Number
HL03	R	Hierarchical Level Code	"22"	1/2	Hierarchical Level Code
HL04	R	Hierarchical Child Code	"0"	1/1	Must be zero because all ADP patients are subscribers as used in this transaction.

Segment Name		Subscriber Demographic Information			
Segment ID		DMG			
Loop ID		2000D			
Segment Usage		Situational			
Segment Notes		Required because ADP patients are subscribers as used in this transaction.			
Example		DMG*D8*19330706*M~			
Element ID	Usage	Element Name	Valid Values	Min/Max	Comments
DMG01	R	Date Time Period Format Qualifier	"D8"	2/3	
DMG02	R	Subscriber Birth Date		1/35	
DMG03	R	Subscriber Gender Code	"F"/"M"/"U"	1/1	

Segment Name		Subscriber Name			
Segment ID		NM1			
Loop ID		2100D			
Segment Usage		Required			
Segment Notes		To supply the full name of an individual or organizational entity			
Example		NM1*QC*1*Sugar*Bear****MI*123456789A~			
Element ID	Usage	Element Name	Valid Values	Min/Max	Comments
NM101	R	Entity Identifier Code	“QC”	2/3	Patient
NM102	R	Entity Type Qualifier	“1”	1/1	Person
NM103	R	Organization Name		1/35	Subscriber Last Name
NM104	S	Information Receiver First Name		1/25	Subscriber First Name
NM105	S	Information Receiver Middle Name		1/25	Subscriber Middle Name
NM107	S	Information Receiver Name Suffix		1/10	Subscriber Name Suffix
NM108	R	Identification Code Qualifier	“MI”	1/2	MI - Member Identification Number.
NM109	R	Identification Code		2/80	Subscriber Identifier

Segment Name		Claim Submitter Trace Number			
Segment ID		TRN			
Loop ID		2200D			
Segment Usage		Required			
Segment Notes		Use this segment to convey a unique trace or reference number from the originator of the transaction to be returned by the receiver of the transaction.			
Example		TRN*1*1722634842~			
Element ID	Usage	Element Name	Valid Values	Min/Max	Comments
TRN01	R	Trace Type Code	“1”	1/2	Current transaction trace numbers
TRN02	R	Trace Number		1/30	Patient Account Number This is the number from CLM01 in original transaction and will be returned in 277

Segment Name		Payer Claim Identification Number			
Segment ID		REF			
Loop ID		2200D			
Segment Usage		Required			
Segment Notes		<ol style="list-style-type: none"> 1. Use of this segment is required if the subscriber is the patient. 2. Use this segment to convey a unique trace or reference number from the originator of the transaction to be returned by the receiver of the transaction. 3. The TRN segment is required by the ASC X12 syntax when Loop ID- 2200D is used. 			
Example		TRN*1* ADP_SDM_5805_T_837_200609_02~			
Element ID	Usage	Element Name	Valid Values	Min/Max	Comments
REF01	R	Reference Identification Qualifier	“1”	1/2	Current transaction trace numbers
REF02	R	Payer Claim Control Number	“ADP_SDM_5805_T_837_200609_02”	1/30	This is the file name in which the 837 transaction was submitted on ITWS, without the “.TXT” extension

Segment Name		Claim Submitted Charge			
Segment ID		AMT			
Loop ID		2200D			
Segment Usage		Situational			
Segment Notes		ADP patients are always subscribers and therefore this segment is required.			
Example		AMT*T3*75~			
Element ID	Usage	Element Name	Valid Values	Min/Max	Comments
AMT01	R	Amount Qualifier Code	"T3"	1/3	Total Submitted charges
AMT02	R	Total Claim Charge Amount		1/18	Total claim charge amount.

Segment Name		Claim Service Date			
Segment ID		DTP			
Loop ID		2200D			
Segment Usage		Situational			
Segment Notes		ADP claims are always professional claims, so this will always be the from and through date.			
Example		DTP*232*RD8*19960401-19960401~			
Element ID	Usage	Element Name	Valid Values	Min/Max	Comments
DTP01	R	Date Time Qualifier	"232"	3/3	
DTP02	R	Date Time Period Format Qualifier	RD8	2/3	CCYYMMDD-CCYYMMDD
DTP03	R	Claim Service Period		1/35	Claim Service Period

Segment Name		Transaction Set Trailer			
Segment ID		SE			
Loop ID		N/A			
Segment Usage		Required			
Segment Notes					
Example		SE*26*0197~			
Element ID	Usage	Element Name	Valid Values	Min/Max	Comments
SEO1	R	Transaction Segment Count		1/10	Transaction Segment Count
SE02	R	Transaction Set Control Number		4/9	Transaction Set Control Number Data value on SE02 must be must match ST02 of this transaction

Subscriber Name (2100D)

15 NMI*QC*1*SUGAR*BEAR****MI*123456789A~

Claim Submitter Trace Number (2200D)

16 TRN*1*11722634842~

Payer Claim Identification Number (2200D)

17 TRN*1* ADP_SDM_5805_T_837_200609_02

Claim Submitter Charge (2200D)

18 AMT*T3*75~

Claim Service Date (2200D)

19 DTP*232*RD8*19960401-19960401~

Transaction Set Trailer (SE)

20 SE*26*000001~

Functional Group Trailer (GS)

21 GE*1*31~

Interchange Control Trailer (ISA)

22 IEA*1*000000031~

5.0 Request for Response - 277

The ASC X12N 277 (04010X093A1) and ASC X12N 276 (04010X093A1) transaction sets are similar in structure but are not duplicates. However the 277 transaction is a response to a request for claim status requested by the 276 transaction. The primary vehicle for the claim status information in the 277 transaction is the STC segment.

5.1 SEGMENT USAGE – 277

Heading							
Pos	Id	Segment Name	Req	Max Use	Repeat	Notes	Usage
010	ST	Transaction Set Header	M	1			R
020	BHT	Beginning of Hierarchical Transaction	M	1			R
Detail							
LOOP ID - 2000A						>1	
010	HL	Information Source Level	M	1			R
LOOP ID - 2100A						>1	
050	NM1	Payer Name	O	1			R
LOOP ID - 2000B						>1	

010	HL	Information Receiver Level	M	1			R
<u>LOOP ID - 2100B</u>						≥1	
050	NM1	Information Receiver Name	O	1			R
<u>LOOP ID - 2000C</u>						≥1	
010	HL	Service Provider Level	M	1			R
<u>LOOP ID - 2100C</u>						≥1	
050	NM1	Provider Name	O	1			R
<u>LOOP ID - 2000D</u>						≥1	
010	HL	Subscriber Level	M	1			R
040	DMG	Subscriber Demographic Information	O	1		N2/040	
<u>LOOP ID - 2100D</u>						≥1	
050	NM1	Subscriber Name	O	1			R
<u>LOOP ID - 2200D</u>						≥1	
090	TRN	Claim Submitter Trace Number	O	1			R
100	STC	Claim Level Status Information	O	1			R
110	REF	Payer Claim Identification Number	O	1			R
120	DTP	Claim Service Date	O	1			S
160	SE	Transaction Set Trailer	M	1			R

5.2 SEGMENT AND DATA ELEMENT DESCRIPTION -277

Segment Name		Transaction Set Header				
Segment ID		ST				
Loop ID		N/A				
Segment Usage		Required				
Segment Notes		This segment begins the transaction set and identifies a control number				
Example		ST*277*0001~				
Element ID	Usage	Element Name	Valid Values	Min/Max	Comments	
ST01	R	Transaction Set Identifier Code	“277”	3/3	Transaction Set Identifier Code	
ST02	R	Transaction Set Control Number	0001	4/9	This number is assigned by the sender ST02 must match SE02	

Segment Name		Beginning of Hierarchical Transaction			
Segment ID		BHT			
Loop ID		N/A			
Segment Usage		Required			
Segment Notes					
Example		BHT*0010*13**19961220~			
Element ID	Usage	Element Name	Valid Values	Min/Max	Comments
BHT01	R	Hierarchical Structure Code	“0010”	4/4	Information Source
BHT02	R	Transaction Set Purpose Code	“08”	2/2	Transaction Set Purpose Code 08 = Status
BHT03	R	Originator Application Transaction Identifier		1/30	Number assigned by the originator business application
BHT04	R	Transaction Set Creation Date	CCYYMMDD	8/8	Transaction Set Creation Date
BHT06	R	Transaction Type Code	“DG”	2/2	Response

Segment Name		Information Source Level			
Segment ID		HL			
Loop ID		2000A			
Segment Usage		Required			
Segment Notes		To identify dependencies among and the content of hierarchically related groups of data segments			
Example		HL*1**20*1~			
Element ID	Usage	Element Name	Valid Values	Min/Max	Comments
HL01	R	Hierarchical ID Number	1	1/12	Hierarchical ID Number – Must begin with the number 1 and increment by one each time an HL is used.
HL03	R	Hierarchical Level Code	“20”	1/2	Code defining the characteristic of a level in a hierarchical structure. Information Source
HL04	R	Hierarchical Child Code	1	1/1	Code indicating if there are hierarchical child data segments subordinate to the level being described. Additional subordinate HL data segment in this hierarchical structure.

Segment Name		Payer Name			
Segment ID		NM1			
Loop ID		2100A			
Segment Usage		Required			
Segment Notes		Payers with multiple locations or multiple lines of business may require that the payer name be completed.			
Example		NM1*PR*2*ABC INSURANCE*****PI*12345~			
Element ID	Usage	Element Name	Valid Values	Min/Max	Comments
NM101	R	Entity Identifier Code	“PR”	2/3	Payer
NM102	R	Entity Type Qualifier	“2”	1/1	Non-Person Entity
NM103	R	Payer Name	“ADP”	1/35	Payer Name
NM108	R	Identification Code Qualifier	“PI”	1/2	Payer ID

NM109	R	Payer Identifier	20, 25	2/80	20 - ADP, Non-perinatal Services 25 - ADP, Perinatal Services
-------	---	------------------	--------	------	--

Segment Name		Information Receiver Level			
Segment ID		HL			
Loop ID		2000B			
Segment Usage		Required			
Segment Notes		This entity expects response from the information source			
Example		HL*2*1*21*1~			
Element ID	Usage	Element Name	Valid Values	Min/Max	Comments
HL01	R	Hierarchical ID Number		1/12	
HL02	R	Hierarchical Parent ID Number		1/12	
HL03	R	Hierarchical Level Code	“21”	1/2	Information receiver
HL04	R	Hierarchical Child Code	“1”	1/1	

Segment Name		Information Receiver Name			
Segment ID		NM1			
Loop ID		2100B			
Segment Usage		Required			
Segment Notes		This is the individual or organization requesting to receive the status information.			
Example		NM1*41*2*XYZ SERVICE*****46*A22222221~			
Element ID	Usage	Element Name	Valid Values	Min/Max	Comments
NM101	R	Entity Identifier Code	41	2/3	Submitter
NM102	R	Entity Type Qualifier	1, 2	1/1	1-Person 2-Non-person entity
NM103	R	Organization Name		1/35	Information Receiver Last or Organization Name
NM104	S	Information Receiver First Name		1/25	Information Receiver First Name
NM105	S	Information Receiver Middle Name		1/25	Information Receiver Middle Name
NM107	S	Information Receiver Name Suffix		1/10	Information Receiver Name Suffix – not used
NM108	R	Identification Code Qualifier	XX	1/2	XX
NM109	R	Identification Code		2/80	National Provider Identifier

Segment Name		Service Provider Level			
Segment ID		HL			
Loop ID		2000C			
Segment Usage		Required			
Segment Notes		To identify dependencies among and the content of hierarchically related groups of data segments			
Example		HL*3*2*19*1~			
Element ID	Usage	Element Name	Valid Values	Min/Max	Comments
HL01	R	Hierarchical ID Number		1/12	Hierarchical ID Number
HL02	R	Hierarchical Parent ID Number		1/12	Parent ID Number
HL03	R	Hierarchical Level Code	“19”	1/2	Hierarchical Level Code

HL04	R	Hierarchical Child Code	"1"	1/1	Additional subordinate data segment
------	---	-------------------------	-----	-----	-------------------------------------

Segment Name		Provider Name			
Segment ID		NM1			
Loop ID		2100C			
Segment Usage		Required			
Segment Notes		This is the billing provider from the original submitted claim. ADP will return the data that was received in the 276 Claim Status Inquiries.			
Example		NM1*1P*2*HOME MEDICAL*****SV*987666666~			
Element ID	Usage	Element Name	Valid Values	Min/Max	Comments
NM101	R	Entity Identifier Code	"1P"	2/3	Provider
NM102	R	Entity Type Qualifier	"2"	1/1	1-Person 2-Non-person entity
NM103	R	Organization Name		1/35	Provider Last or Organization Name
NM104	S	Information Receiver First Name		1/25	Provider First Name
NM105	S	Information Receiver Middle Name		1/25	Provider Middle Name
NM107	S	Information Receiver Name Suffix		1/10	Provider Name Suffix – not used
NM108	R	Identification Code Qualifier	"XX"	1/2	
NM109	R	Identification Code		2/80	National Provider Identifier

Segment Name		Subscriber Level			
Segment ID		HL			
Loop ID		2000D			
Segment Usage		Required			
Segment Notes					
Example		HL*4*3*22*0~			
Element ID	Usage	Element Name	Valid Values	Min/Max	Comments
HL01	R	Hierarchical ID Number		1/12	Hierarchical ID Number – Must begin with the number 1 and increment by one each time an HL is used.
HL02	R	Hierarchical Parent ID Number		1/12	Parent ID Number
HL03	R	Hierarchical Level Code	"22"	1/2	Subscriber-Hierarchical Level Code
HL04	R	Hierarchical Child Code	"0"	1/1	ADP expects 0 since all members are subscribers. A dependent loop is not expected.

Segment Name	Subscriber Demographic Information				
Segment ID	DMG				
Loop ID	2000D				
Segment Usage	Situational				
Segment Notes	Required when the subscriber is the patient. Not used when the subscriber is not the patient.				
Example	DMG*D8*19330706*M~				
Element ID	Usage	Element Name	Valid Values	Min/Max	Comments
DMG01	R	Date Time Period Format Qualifier	“D8”	2/3	
DMG02	R	Subscriber Birth Date		1/35	
DMG03	R	Subscriber Gender Code	“F”/“M”/“U”	1/1	

Segment Name	Subscriber Name				
Segment ID	NM1				
Loop ID	2100D				
Segment Usage	Required				
Segment Notes	To supply full name of an individual or organizational entity NOTE: For Claim Status Response, ADP will return the data that was received in the 276 Claim Status Inquiry.				
Example	NM1*QC*1*John*Doe****MI*123456789A~				
Element ID	Usage	Element Name	Valid Values	Min/Max	Comments
NM101	R	Entity Identifier Code	“QC”	2/3	Patient
NM102	R	Entity Type Qualifier	“1”	1/1	1-Person
NM103	R	Organization Name		1/35	Subscriber Last Name
NM104	S	Information Receiver First Name		1/25	Subscriber First Name
NM105	S	Information Receiver Middle Name		1/25	Subscriber Middle Name
NM107	S	Information Receiver Name Suffix		1/10	Subscriber Name Suffix – not used
NM108	R	Identification Code Qualifier	“MI”	1/2	MI - Member Identification Number
NM109	R	Identification Code		2/80	Subscriber Identifier

Segment Name		Claim Submitter Trace Number			
Segment ID		TRN			
Loop ID		2200D			
Segment Usage		Required			
Segment Notes		1. Use of this segment is required if the subscriber is the patient. 2. Use this segment to convey a unique trace or reference number from the originator of the transaction to be returned by the receiver of the transaction. 3. The TRN segment is required by the ASC X12 syntax when Loop ID- 2200 is used.			
Example		TRN*1*1722634842~			
Element ID	Usage	Element Name	Valid Values	Min/Max	Comments
TRN01	R	Trace Type Code	“2”	1/2	Referenced Transaction Trace Numbers
TRN02	R	Trace Number		1/30	Patient Account Number This data element corresponds to the CLM01 data element in the 837P.

Segment Name		Claim Level Status Information			
Segment ID		STC			
Loop ID		2200D			
Segment Usage		Required			
Segment Notes		To report the status, required action and paid information of the claim or service line			
Example		STC*A1:21*19960501**50*0~ or STC*FI:65*19960511**50*40*19960515*CHK*19960510*50321~ XXXXX			
Element ID	Usage	Element Name	Valid Values	Min/Max	Comments
STC01	R	HEALTH CARE CLAIM STATUS			
STC01-1	R	Health Care Claim Status Category Code		1/30	
STC01-2	R	Health Care Claim Status Code		1/30	
STC01-3	R	Entity Identifier Code		2/3	Entity Identifier Code, Level 3 – Not used
STC02	R	Status Information Effective Date		8/8	Status Information Effect Date (CCYYMMDD)
STC04	R	Total Claim Charge Amount		1/18	
STC05	R	Claim Payment Amount		1/18	Claim Payment Amount – This amount will be zero if the adjudication process in not complete
STC06	S	Adjudication or Payment Date		8/8	Adjudication or Payment Date (CCYYMMDD)
STC07	S	Payment Method Code	“CHK”	3/3	All ADP payments are by check (warrant).
STC08	S	Check Issue or EFT Effective Date		8/8	Warrant Effective Date (CCYYMMDD)
STC09	S	Check Trace Number		1/16	Warrant Number
STC10	S	HEALTH CARE CLAIM STATUS			Health Care Claim Status

STC10-1	R	Health Care Claim Status Category Code		1/30	
STC10-2	R	Health Care Claim Status Code		1/30	
STC10-3	S	Entity Identifier Code		2/3	Entity Identifier Code, Level 3 – Not used
STC11	S	HEALTH CARE CLAIM STATUS			Health Care Claim Status
STC11-1	R	Health Care Claim Status Category Code		1/30	
STC11-2	R	Health Care Claim Status Code		1/30	
STC11-3	S	Entity Identifier Code		2/3	Entity Identifier Code, Level 3 – Not used

Segment Name		Payer Claim Identification Number			
Segment ID		REF			
Loop ID		2200D			
Segment Usage		Situational			
Segment Notes		1. Use this only if the subscriber is the patient. 2. This segment will be used to report the Claim Schedule Number to which the Warrant was issued.			
Example		REF*1K*ADP_SDM_5805_T_837_200609_02~			
Element ID	Usage	Element Name	Valid Values	Min/Max	Comments
REF01	R	Reference Identification Qualifier	“1K”	2/3	Payer’s Claim Number
REF02	R	Payer Claim Control Number		1/30	Payer Claim Control Number

Segment Name		Claim Service Date			
Segment ID		DTP			
Loop ID		2200D			
Segment Usage		Situational			
Segment Notes		For professional claims this will be the claim from and through date.			
Example		DTP*232*RD8*19960401-19960401~			
Element ID	Usage	Element Name	Valid Values	Min/Max	Comments
DTP01	R	Date Time Qualifier	“232”	3/3	
DTP02	R	Date Time Period Format Qualifier	RD8	2/3	CCYYMMDD-CCYYMMDD
DTP03	R	Claim Service Period		1/35	Claim Service Period

	Subscriber Level (2000D)
13	HL*4*3*22*0~ DMG*D8*19330706*M~
	Subscriber Name (2100D)
14	NM1*QC*1*SMITH*FRED*****MI*123456789A~
	Claim Trace Number (2200D)
15	TRN*1*1625032606~
16	REF*BLT*111~
17	STC*FI:65*19960511**50*40*19960515*CHK*19960510*50321~ XXXXX~
18	DTP*232*RD8*19960831-19960906~
	Transaction Set Trailer (277)
24	SE*34*0001~
	Functional Group Trailer (L_GS)
25	GE*1*0~
	Interchange Control Trailer (L_ISA)
26	IEA*1*000000003~

6.0 276/277 ENVELOPE STRUCTURES/CONTROL SEGMENTS

6.1 OVERVIEW

Appendix A, Section A.1.1 of each X12N IG provides details about the rules for ensuring integrity and maintaining the efficiency of data exchange. Data files are transmitted in an electronic envelope. This communication envelope consists of an interchange envelope and functional groups. The interchange control structure is used for inbound and outbound files. An inbound interchange control structure is the envelope that wraps all transaction data (ST-SE) sent to ADP for processing, examples include 276 and 997 transactions. An outbound interchange control structure wraps transactions that are created by ADP and returned to the requesting provider. Examples of outbound transactions include 277 and 997 transactions. The tables in the following sections define the use of this control structure as it relates to communication with ADP.

The information contained within the 277 transaction will be a reflection of the information that was provided on the 276 transaction. The STC loop is used to provide the status of the claim from the payer's system. ADP will be populating the STC01 – 1 and STC01 - 2 on every 277-response transaction.

6.2 SEGMENT AND DATA ELEMENT DESCRIPTION

Each segment table contains rows and columns describing different segment elements. Those components are as follows:

- Segment Name – The industry assigned segment name as identified in the IGs
- Segment ID – The industry assigned segment ID as identified in the IGs
- Loop ID – The loop within which the segment should appear
- Segment Usage – Identifies the segment as required or situational
- Segment Notes – A brief description of the purpose or use of the segment
- Example – An example of a complete segment
- Element ID – The industry assigned data element ID as identified in the IGs
- Usage – Identifies the data element as R-required, S-situational, or N/A-not used based on ADP guidelines
- Min/Max Length– Identifies the minimum and maximum length for the data element
- Required: Identifies the mandatory and optional fields. M-Mandatory O-Optional and C-Code list
- Guide Description/Valid Values – Industry name associated with the data element. If no industry name exists, then it is the IGs data element name. This column also lists in BOLD the values and/or code sets to be used.
- Valid values – If any value exists then that value only is expected. If this is blank then it is TP discretion to use appropriate value.
- Comments – ADP billing notes

6.3 ISA-IEA SEGMENTS

This section describes ADP’s use of the interchange control segments. It includes a description of expected sender and receiver codes and delimiters.

Use uppercase letters in this segment.

Segment Name	Interchange Control Header
Segment ID	ISA
Loop ID	N/A
Segment Usage	Required

Segment Notes		All positions within each data element in the ISA segment must be filled. Delimiters are specified in the Interchange Header Segment. The values are as follows: * Asterisk Data Element Separator : Colon Sub element Separator ~ Tilde Segment Terminator	
Example		ISA*00* *00* *ZZ*C590000000000000*ZZ*INFOTECHWEBSVCS*061010*1113*U*00401*000000173*0*P*::~	
Element ID	Usage	Valid values	Comments
ISA01	R	00	Authorization Information Qualifier
ISA02	R	10 Blanks	Authorization Information; Fixed Length
ISA03	R	00	Security Information Qualifier
ISA04	R	10 Blanks	Security Information:
ISA05	R	ZZ	Interchange ID Qualifier
ISA06	R	For County: C + County Code + 12 Zeroes, For Direct Providers: E + EIN + 5 Zeroes Examples: C590000000000000, E92345678900000	Interchange Sender ID; Valid Format (Specific values defined in Trading Partner Agreements)”
ISA07	R	ZZ	Interchange ID Qualifier;
ISA08	R	INFOTECHWEBSVCS	This field has to be INFOTECHWEBSVCS
ISA09	R		Interchange Date; the date format is YYMMDD The date on which 276 is created
ISA10	R		Interchange Time; the time format is HHMM The time at which 276 is created
ISA11	R	U	Interchange Control Standards Identifier
ISA12	R	00401	Interchange Control Version Number
ISA13	R		The Interchange Control Number is created by the Sender and must have the same value as in the Interchange Trailer (IEA02). It must 9 numeric characters (e.g., 123456789).
ISA14	R	0	Acknowledgment Requested; If value were 1 = Interchange Acknowledgment (TAI01); Not currently supported 0 – No Interchange Acknowledgment Requested
ISA15	R	T or P	Usage Indicator T for Test P for Production
ISA16	R	:	Component Element Separator: The component element separator is a delimiter and not a data element. It is used with composite data elements such as CLM05.

Segment Name		Interchange Control Trailer	
Segment ID		IEA	
Loop ID		N/A	
Segment Usage		Required	
Segment Notes		None	
Example		IEA*1*00000905~	
Element ID	Usage	Valid Values	Comments
IEA01	R		Number of included functional groups; Number of functional groups included in this interchange envelope
IEA02	R		A control number assigned by the interchange sender Control number should be same as ISA13

6.4 GS-GE SEGMENTS

This section describes the ADP use of the functional group control segments and the expected sender and receiver codes defined in the Trading Partner Agreement. There can be multiple GS-GE segments in one ISA-IEA segments.

Use uppercase letters in this segment.

Segment Name		Functional Group Header	
Segment ID		GS	
Loop ID		N/A	
Segment Usage		Required	
Segment Notes		The functional group header used for the 837 is HC.	
Example		GS*HC*C5900000000000*INFOTECHWEBSVCS*20020606*105531*5*X*004010X093A1~	
Element ID	Usage	Valid Values	Comments
GS01	R	HN – (Health Care Claim Status Notification (277) HC- Health Care Claim Status Request (276)	
GS02	R	For County: C + County Code + 12 Zeroes, For Direct Providers: E + EIN + 5 Zeroes Examples: C5900000000000, E12345678900000	Application Sender Code; Valid Format (Specific values defined in Trading Partner Agreements) Code identifying party sending transmission; codes agreed to by Trading Partners
GS03	R	INFOTECHWEBSVCS	
GS04	R		Date - CCYYMMDD
GS05	R		Time - HHMMSS
GS06	R		Group Control Number Must match GE02 It has to unique within ISA segment.
GS07	R	X	
GS08	R	004010X093A1	

Segment Name		Functional Group Trailer	
Segment ID		GE	
Loop ID		N/A	
Segment Usage		Required	
Segment Notes		None	
Example		GE*1*1~	
Element ID	Usage	Valid Values	Comments
GE01	R		Number of transaction sets included
GE02	R		Group control number

6.5 SAMPLE INTERCHANGE CONTROLS FOR 276 AND 277 TRANSACTIONS

The following is an example for a 276 interchange control:

The following is an example for a 277 Interchange Control:

Interchange Control Header (L_ISA)
ISA*00* *00* *ZZ*SENDER ID "C590000000000000"*ZZ*INFOTECHWEBSVCS*061010*1113*U*00401*000000173*0*P*:
Functional Group Header (L_GS)
GS*HR*C590000000000000*INFOTECHWEBSVCS*20020606*105531*5*X*004010X096A1~
Transaction Set (277)
ST*276*0001~
Transaction Set Trailer (277)
SE*28*0001~
Functional Group Trailer (L_GS)
GE*5*399876323~
Interchange Control Trailer (L_ISA)
IEA*1*000000905~

7.0 ACKNOWLEDGEMENTS AND REPORTS

7.1 997 FUNCTIONAL ACKNOWLEDGEMENT

A functional acknowledgment is generated to report the acceptance or rejection of a functional group, transaction set, or segment related to the receipt of a 276 request for a claim status. ADP generates an outbound 997 to acknowledge all inbound transactions that are accepted or rejected in 276 processing.

ADP validates the incoming 276 transactions by first checking the syntax of the transaction for X12 compliance and then by validating the data against the HIPAA Implementation Guideline using the ClarEDI Product based on the data content.

If a transaction contains errors, the entire ST through SE is rejected and the rest of the transactions within ISA-IEA segment are accepted provided all data meets with the compliance rules set up by the Translator and ClarEDI product.

7.2 SEGMENT AND DATA ELEMENT DESCRIPTION

This section contains a tabular representation of any segment that is required or situational for the ADP HIPAA implementation of the 997. Each segment table contains rows and columns describing different segment elements. These components are as follows:

- Segment Name –industry assigned segment name as identified in the 997
- Segment ID –industry assigned segment ID as identified in the 997
- Loop ID –loop within which the segment should appear
- Usage – identifies the segment as required or situational
- Segment Notes –brief description of the purpose or use of the segment
- Example –example of complete segment
- Element ID –industry assigned data element ID as identified in the 997
- Usage – identifies the data element as R-required, S-situational, or N/A-not used based on ADP guidelines
- Guide Description/Valid Values –industry name associated with the data element

Segment ID	Loop ID	Segment Name	R – Required S - Situational
ST	N/A	Transaction Set Header	R
AK1	N/A	Functional Group Response Header	R
AK2	AK2	Transaction Set Response Header	S
AK3	AK3	Data Segment Note	S
AK4	AK3	Date Element Note	S
AK5	AK2	Transaction Set Response Trailer	R
AK9	N/A	Functional Group Response Trailer	R
SE	N/A	Transaction Set Trailer	R

Segment Name		Transaction Set Header	
Segment ID		ST	
Loop ID		N/A	
Segment Usage		Required	
Segment Notes			
Example		ST*997~54321~	
Element ID	Usage	Valid Values	Comments
STO1	R	997	None
SE02	R	0001	Transaction Set Control Number

Segment Name		Functional Group Response Header	
Segment ID		AK1	

Loop ID		N/A	
Segment Usage		Required	
Segment Notes		This segment is used to respond to the functional group information in the interchange.	
Example		AK1*HC*8215~	
Element ID	Usage	Valid Values	Comments
AK101	R	HC	Functional Identifier Code
AK102	R		Transaction Set Control Number

Segment Name		Transaction Set Response Header	
Segment ID		AK2	
Loop ID		AK2	
Segment Usage		Situational	
Segment Notes		This segment starts the transaction set acknowledgement. This segment is sent if the 837 is accepted or rejected/	
Example		AK2*276*252525~	
Element ID	Usage	Valid Values	Comments
AK201	R	276	Functional Identifier Code
AK201	R		Transaction Set Control Number; This data element contains the value from the ST segment of the original 837 file.

Segment Name		Data Segment Note	
Segment ID		AK3	
Loop ID		AK2/AK3	
Segment Usage		Situational	
Segment Notes		This segment reports segment/looping errors in the submitted transaction.	
Example		AK3*NM1*16*2010BA*8~	
Element ID	Usage	Valid Values	Comments
AK301	R	NMI	Segment ID Code
AK302	R		Segment Position in the Transaction Set; This data element contains the sequential position of the segment ID identified in the AK301. This count begins with 1 for the ST segment and increments by one from that point.
AK303	S		This data element identifies the loop where the erroneous segment resides.
AK304	S		This data element describes the type of error encountered.

Segment Name		Data Segment Note	
Segment ID		AK4	
Loop ID		AK2/AK3	
Segment Usage		Situational	
Segment Notes		This segment reports data element/composite errors in the submitted transaction.	
Example		AK4*9:1**67*1~	
Element ID	Usage	Valid Values	Comments
AK401	R		Position in Segment; This is a composite data element.
AK401-1	R		Segment Position in the Transaction Set; This data element contains the sequential position of the segment ID identified in the AK301. This count begins with 1 for the ST segment and increments by one from that point.
AK401-2	S		Component Data Element Position in Composite; This data element identifies within the composite structure where the error occurred.
AK402	S		Data Element Reference Number; This is the Data Element Dictionary reference number associated with erroneous data.
AK403	R		Data Element Syntax Error Code; Data Element Syntax Error Code; This data element describes the type of error encountered.

Segment Name		Transaction Set Response Trailer	
Segment ID		AK5	
Loop ID		AK2/AK3	
Segment Usage		Required	
Segment Notes		This segment acknowledges the transaction acceptance or rejection and any report errors.	
Example		AK5*R*5~	
Element ID	Usage	Valid Values	Comments
AK501	R		Transaction Set Acknowledgement Code. A – Accepted R – Rejected
AK502	R		Transaction Set Syntax Error Code;

Segment Name		Functional Group Response Trailer	
Segment ID		AK9	
Loop ID		N/A	
Segment Usage		Required	
Segment Notes		This segment acknowledges the functional group acceptance or rejection and reports the number of transaction sets originally included, received, and accepted.	
Example		AK9*R*1*1*0~	
Element ID	Usage	Valid Values	Comments
AK901	R		Functional Group Acknowledgement Code Values Used: A – Accepted R – Rejected
AK902	R		Number of Transaction sets included; This data element contains the value from the GE01 data element from the GE Segment of the original file being acknowledged.
AK903	R		Number of Received Transaction Sets
AK902	R		Number of Accepted Transaction Sets

Segment Name		Transaction Set Trailer	
Segment ID		SE	
Loop ID		N/A	
Segment Usage		Required	
Segment Notes		Transaction Set Trailer Counts	
Example		SE*6*54321~	
Element ID	Usage	Valid Values	Comments
SE01	R		Number of Included Segments
SE02	R		Transaction Set Control Number

7.3 EXAMPLES OF ACCEPTED AND REJECTED 997 TRANSACTION SETS

Scenario 1: Accepted Transaction Set

The following message shows a 997 for an accepted functional group with only one transaction set:

```

ISA*00*                *00*
*ZZ*INFOTECHWEBSVCS*ZZ*C1900000000000*030922*1945*U*00401*000000306*0*P*:
GS*FA*INFOTECHWEBSVCS*C1900000000000*20030922*1945*297*X*004010X098A1
ST*997*0295
AK1*HC*0
AK2*276*0001
AK5*A                -- A indicates an Accepted Transaction Set
AK9*A*1*1*1        -- A indicates an Accepted Functional Group
SE*6*0295
GE*1*297
IEA*1*000000306

```

Scenario 2: Rejected Transaction Set

The following message shows a 997 for a rejected functional group with only one transaction set.

```

ISA*00*                *00*
*ZZ*INFOTECHWEBSVCS*ZZ*C1900000000000*030923*1255*U*00401*000000320*0*P*:
GS*FA*INFOTECHWEBSVCS*C1900000000000*20030923*1255*311*X*004010X098A1
ST*997*0309
AK1*HC*0
AK2*276*0005
AK5*A                   --A indicates accepted Transaction set
AK2*837*0002
AK3*CLM*21*2300*8     -- CLM segment in loop 2300 has error
AK4*2*782*7
AK3*DMG*17**2
AK3*SE*186*837P
AK3*HL*13*2000B*3
AK5*R*5*4             --R indicates Rejected Transaction set
AK2*837*0003
AK5*R                 --R indicates Rejected Transaction set
AK9*P*3*3*2
SE*17*0309
GE*1*311
IEA*1*000000320
  
```

8.0 STATUS CODES and DESCRIPTIONS

8.1 STATUS CODES USED ON THE 277

The following chart describes the claim status points described by each combination of Claim Status Category Code and Claim Status Code that may be returned in the STC01-01 and STC01-02 fields on the 277 transaction. The short descriptions given in the table are more fully described in Section 8.2 of this companion guide.

ID#	Status Phrase	Status Description/Purpose	Claim Status Category Codes	Claim Status Codes
#1	No record of claim	No record of claim in translator	D0 Entity not found - change search criteria	35 Claim/encounter not found.
#2	Claim not processed	Record of claim in translator, but no record in TAPS	D0 Entity not found - change search criteria	0 Cannot provide further status electronically.
#3	ADP processing	Claim/line has been translated, data has been entered into TAPS, and claim is being processed by ADP	A2 Acknowledgement/ Acceptance into adjudication system- The claim/encounter has been accepted into the adjudication system.	46 Internal review/audit.
#4	Accepted for adjudication	Claim/line has been forwarded to adjudication system	A2 Acknowledgement/ Acceptance into adjudication system- The claim/encounter has been accepted into the adjudication system.	38 Awaiting next periodic adjudication cycle.

ID#	Status Phrase	Status Description/Purpose	Claim Status Category Codes	Claim Status Codes
#5	Rejected at ADP	Claim/line has been rejected; contact ADP analyst for details	A3 Acknowledgement/ Returned as unprocessable claim-The claim/encounter has been rejected and has not been entered into the adjudication system.	0 Cannot provide further status electronically.
#6	Post adjudication - Approved	Claim has been approved for payment by adjudication system	P0 Pending: Adjudication/Details- This is a generic message about a pended claim. A pended claim is one for which no remittance advice has been issued, or only part of the claim has been paid.	3 Claim has been adjudicated and is awaiting payment cycle.
#7	Post adjudication - Denied	Claim/line has been denied by adjudication system	F2 Finalized/Denial-The claim/line has been denied.	9 No payment will be made for this claim.
#8	Approved payment/Not scheduled	Claim is Approved and request for payment is submitted to accounting for processing	P3 Pending/Requested Information- The claim or encounter is waiting for information that has already been requested.	122 Missing/invalid data prevents payer from processing claim.
#9	Post adjudication - In-house suspense	Payment is in suspense at ADP	P2 Pending/In Review-The claim/encounter is suspended pending review.	46 Internal review/audit.
#10	Scheduled for payment	Claim/line scheduled for payment	F1 Finalized/Payment-The claim/line has been paid.	3 Claim has been adjudicated and is awaiting payment cycle.
#11	Warrant issued	Claim/line has been paid	F1 Finalized/Payment-The claim/line has been paid.	1 For more detailed information, see remittance advice.

8.2 STATUS POINT DESCRIPTIONS

The following are summarized descriptions of the 11 status points that will be represented in the standardized 277 Status Response transactions.

- Status Response #1 “**No record of claim**” – There is no record of the claim being found in the HIPAA Translator or in ADP's internal Tracking and Payment System (TAPS).
- Status Response #2 “**Claim not processed**” – The claim has been processed through the HIPAA Translator, but there is no record of the claim in ADP's internal TAPS.
- Status Response #3 “**ADP processing**” – The claim has been processed through the HIPAA Translator and sent for processing to ADP's internal TAPS; the claim is in review and validation with the ADP 1592 Invoice and/or supporting documentation.

- Status Response #4 “**Accepted for adjudication**” – The claim has been reviewed and validated with the ADP 1592 Invoice and/or supporting documentation, and has been “accepted” by ADP and processed to DHCS for SDMC adjudication.
- Status Response #5 “**Rejected at ADP**” – The claim has been reviewed and “rejected” at ADP and will not be processed for adjudication. Rejection is due to 1) Trading Partner requested claim to be rejected, 2) ADP could not validate the claim information in TAPS with the ADP 1592 Invoice and/or other support documentation.
- Status Response #6 “**Post adjudication - Approved**” – ADP has received the DHCS-SDMC adjudicated and approved claim information; the claim information is pending ADP’s review and approval process for payment.
- Status Response #7 “**Post adjudication - Denied**” – ADP has received the DHCS-SDMC adjudicated claim information with the claim denied; refer to Table C under the section “7.2 Mapping SD/MC Codes to 835” in ADP’s [837/835 Companion Guide](#) for a definition of the denied transaction codes. **Note:** If client/claim is denied due to non-Title XIX eligibility and the Medi-Cal client services are ADP approved for 100% state general fund Medi-Cal reimbursement, ADP may approve the payment.
- Status Response #8 “**Approved payment/Not scheduled**” – ADP has received the DHCS-SDMC adjudicated, approved claim information and has approved the payment and has transmitted the request to Accounting to schedule the payment. **Note:** payment of this claim could be reduced and/or postponed pending a contract amendment, and/or settlement of the year end cost report.
- Status Response #9 “**Post adjudication- In-house suspense**” – ADP has received the DHCS-SDMC adjudicated, approved claim information; ADP has temporarily suspended the payment pending: a review of a contract amendment; a revised ADP 1592 from the Trading Partner; and/or the settlement of the year end cost report.
- Status Response #10 “**Scheduled for payment**” – ADP has scheduled the approved payment and submitted a request to State Controllers Office (SCO) for issuance of the warrant (check). SCO generally issues the warrant within 15 days of receipt of ADP’s claim schedule.
- Status Response #11 “**Warrant issued**” – SCO has issued the warrant for payment on this claim; the warrant number and issue date are included in the 835 Remittance Advice, which is now available on the 'ADP Application' page on the [DMH-ITWS](#) for access by the Trading Partner.

9.0 UNIQUE CLAIM IDENTIFIERS

9.1 SD/MC REQUIREMENTS

The Short/Doyle Medi-Cal system requires a Unique Claim ID for all claims. The Unique Claim ID is located in Cols 1-10 in the Proprietary SD/MC Layout. This Claim ID is populated as follows:

Field	Length	Usage
Claim Type (Col 1)	1	A – for ADP
Provider Code (Cols 2-5)	4	4-digit Provider Code
Claim Serial Number (Cols 6-10)	5	5-digit sequentially increasing number

Some of the important considerations for creating unique Claim IDs for the SD/MC system are:

- The Claim Serial Number should be incremented per provider. For example, the following Claim IDs are accepted – A192100001, A192100002, A194500001.
- No single file can have duplicate Claim IDs; all duplicates are denied.
- Once a claim is approved or denied, its Claim ID can be reused. If a claim is suspended, then its Claim ID should not be used until that claim is either corrected or aged denied. If a suspended Claim ID is reused, the new claim will be denied.
- ADP recommends counties to increment the claim serial number per provider until all the possible serial numbers are exhausted, before reusing the serial numbers for that provider; this will avoid duplicates due to suspensions.