

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 545	Date: August 28, 2009
	Change Request 6622

SUBJECT: 5010-D.0 Project Healthcare Claims Acknowledgement 277CA Generator (FISS and MCS ONLY)

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to describe the business function to be developed by the Part A Shared System Maintainer for the Fiscal Intermediary Shared System (FISS) and the Part B Shared System Maintainer for the Multi-Carrier System (MCS) to identify the controls covering the 277 Healthcare Claim Acknowledgement (277CA) transaction generator. This generator shall reside at the A/B MAC Local Data Center (LDC) and shall generate the 277CA flat file, comprising claim control numbers for accepted claims as well as Claim Status Category Codes (CSCC) and Claim Status Codes (CSC) for rejected claims.

New / Revised Material

Effective Date: January 1, 2010

Implementation Date: January 4, 2010

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)

R=REVISED, N=NEW, D=DELETED-Only One Per Row.

R/N/D	Chapter / Section / Subsection / Title
N/A	

III. FUNDING:

SECTION A: For Fiscal Intermediaries and Carriers: N/A

SECTION B: For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

IV. ATTACHMENTS:

One-Time Notification

**Unless otherwise specified, the effective date is the date of service.*

Attachment – One-Time Notification

Pub. 100-20	Transmittal: 545	Date: August 28, 2009	Change Request: 6622
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SUBJECT: 5010-D.0 Project Healthcare Claims Acknowledgement 277CA Generator (FISS and MCS ONLY)

Effective Date: January 1, 2010

Implementation Date: January 4, 2010

I. GENERAL INFORMATION

A. Background: The Centers for Medicare and Medicaid Services (CMS) is in the process of implementing the next version of the Health Insurance Portability and Accountability Act (HIPAA) transactions.

The Secretary of the Department of Health and Human Services (DHHS) has promulgated in the Final Rules provisions which permit dual use of existing standards Accredited Standards Committee (ASC) X12 version 004010A1 and the new version of the ASC X12 standards version 005010 from the March 17, 2009, effective date until the January 1, 2012 compliance date to facilitate testing subject to trading partner agreement.

The CMS is directing the development of Common Edits and Enhancements software modules to establish consistent editing, acknowledgement, and error handling of electronic transactions across Medicare Administrative Contractor (MAC) jurisdictions. This software will be developed by the Medicare shared system maintainers, and implemented by each A/B MAC in their local data center. This software will be executed during electronic data interchange (EDI) transaction exchange. Each A/B MAC will integrate the Common Edits and Enhancements Modules into their Front-End Systems for both inbound and outbound EDI transaction processing. Inbound transactions (e.g. claim, claim status inquiry) will be processed by the A/B MAC translator and use the supplied modules for detailed editing. When errors are determined by the supplied modules, a 005010X214 277 Health Care Claim Acknowledgment (277CA) acknowledgement flat file will be returned to the A/B MAC translator; A/B MACs will need to use their translator to produce the ASC X12 277CA transaction as the standard explanation of error conditions. In addition, the supplied modules will assign claim control numbers to accepted claims and perform overall balancing and control reporting for HIPAA EDI files exchanged with the Enterprise Data Center (EDC).

The purpose of this Change Request (CR) is to describe the business function to be developed by the Part A Shared System Maintainer for the Fiscal Intermediary Shared System (FISS) and the Part B Shared System Maintainer for the Multi-Carrier System (MCS) to identify the controls covering the 277 Healthcare Claim Acknowledgment (277CA) transaction generator. This generator shall reside at the A/B MAC Local Data Center (LDC) and shall generate the 277CA flat file, comprising claim control numbers for accepted claims as well as Claim Status Category Codes (CSCC) and Claim Status Codes (CSC) for rejected claims.

B. Policy: Health Insurance Reform: Modifications to the Health Insurance Portability and Accountability Act (HIPAA): Final Rules published in the Federal Register on January 16, 2009 by the Department of Health and Human Services 45 CFR Part 162.

II. BUSINESS REQUIREMENTS TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B M A C	D M E M A C	F I	C A R R I E R	R H I	Shared-System Maintainers				OTHER
							F I S S	M C S	V M S	C W F	
6622.1	The shared system maintainer for the Multi-Carrier System (MCS) shall perform an analysis on the requirements to create and implement a separate processing sub-system to generate the CMS 5010 277 Claim Acknowledgement (CA).							X			
6622.2	The shared system maintainer for the Fiscal Intermediary Shared System (FISS) shall perform an analysis on the requirements to create and implement a separate processing sub-system to generate the CMS 5010 277 Claim Acknowledgement (CA).						X				

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B M A C	D M E M A C	F I	C A R R I E R	R H I	Shared-System Maintainers				OTHER
							F I S S	M C S	V M S	C W F	
	None.										

IV. SUPPORTING INFORMATION

Section A: For any recommendations and supporting information associated with listed requirements:

X-Ref Requirement Number	Recommendations or other supporting information:

Section B: For all other recommendations and supporting information:

V. CONTACTS

Pre-Implementation Contacts: Jason Jackson (410) 786-6156 jason.jackson3@cms.hhs.gov
Michael Cabral (410) 786-6168 michael.cabral@cms.hhs.gov

Post-Implementation Contacts: Jason Jackson (410) 786-6156 jason.jackson3@cms.hhs.gov
Michael Cabral (410) 786-6168 michael.cabral@cms.hhs.gov

VI. FUNDING

Section A: For *Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs), and/or Carriers: NA*

Section B: For *Medicare Administrative Contractors (MACs):*

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

Attachment (1)

Transaction Set ID: 277 Health Care Claim Acknowledgment
 EDI Standards: ASC X12
 Version/Release: 005010
 Direction: Outbound

277 5010	Description		X12 Element Attributes						X12 Flat File						Outbound Mapping Instructions (Flat file and/or 277)	Triggering Event	Misc. Notes	
Element Identifier	Description	COBOL PIC	ID	Min./ Max.	Usage Reg.	Loop	Loop Repeat	Values	Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat			
ISA	INTERCHANGE CONTROL HEADER			1	R	—	1				ISA		1	18	1			
ISA01	Authorization Information Qualifier	X(2)	ID	2-2	R			00					19	2				
ISA02	Authorization Information	X(10)	AN	10-10	R								21	10				
ISA03	Security Information Qualifier	X(2)	ID	2-2	R			00, 01					31	2				
ISA04	Security Information	X(10)	AN	10-10	R								33	10				
ISA05	Interchange ID Qualifier	X(2)	ID	2-2	R			27, 28, ZZ					43	2				
ISA06	Interchange Sender ID	X(15)	AN	15-15	R								45	15				
ISA07	Interchange ID Qualifier	X(2)	ID	2-2	R			27, 28, ZZ					60	2				
ISA08	Interchange Receiver ID	X(15)	AN	15-15	R								62	15				
ISA09	Interchange Date	X(6)	DT	6-6	R			YYMMDD					77	6				
ISA10	Interchange Time	X(4)	TM	4-4	R			HHMM					83	4				
ISA11	Repetition Separator	X(1)		1-1	R								87	1				
ISA12	Interchange Control Version Number	X(5)	ID	5-5	R			00501					88	5				
ISA13	Interchange Control Number	X(9)	N0	9-9	R								93	9				
ISA14	Acknowledgement Requested	X(1)	ID	1-1	R			0					102	1				
ISA15	Usage Indicator	X(1)	ID	1-1	R			P, T					103	1				
ISA16	Component Element Separator	X(1)		1-1	R								104	1				
GS	FUNCTIONAL GROUP HEADER			1	R	—	1				GS		1	18	1			
GS01	Functional Identifier Code	X(2)	ID	2-2	R								19	2				

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Element Identifier	Description	COBOL PIC	ID	Min./ Max.	Usage Reg.	Loop	Loop Repeat	Values	Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat			
GS02	Application Sender Code	X(15)	AN	2-15	R								21	15				
GS03	Application Receiver Code	X(15)	AN	2-15	R								36	15				
GS04	Date	X(8)	DT	8-8	R			CCYYMMDD					51	8				
GS05	Time	X(8)	TM	4-8	R			HHMM, HHMMSS,					59	8				
GS06	Group Control Number	X(9)	N0	1-9	R								67	9				
GS07	Responsible Agency Code	X(2)	ID	1-2	R			X					76	2				
GS08	Version Identifier Code	X(12)	AN	1-12	R			005010X214E1					78	12				
ST	TRANSACTION SET HEADER			1	R	—	1				ST		1	18	1			
ST01	Transaction Set Identifier Code	X(3)	ID	3-3	R			277					19	3				
ST02	Transaction Set Control Number	9(9)	AN	4-9	R			SE02 on <10					22	9				
ST03	Version, Release, or Industry Identifier	9(12)	AN	1-35	R			005010X214E1 12					31	12				
BHT	Beginning of Hierarchical			1	R	—	1				BHT		1	18	1			
BHT01	Hierarchical Structure Code	X(4)	ID	4-4	R			0085					19	4				
BHT02	Transaction Set Purpose Code	X(2)	ID	2-2	R			08					23	2				
BHT03	Reference Identification	X(50)	AN	1-50	R								25	30				
BHT04	Transaction Set Creation Date	X(8)	DT	8-8	R			CCYYMMDD (is the					55	8				
BHT05	Transaction Set Creation Time	X(8)	TM	4-8	R			HHMM, HHMMSS,					63	8				
BHT06	Transaction Type Code	X(2)	ID	2-2	R			TH					71	2				

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277 5010	Description		X12 Element Attributes						X12 Flat File						Outbound Mapping Instructions (Flat file and/or 277)	Triggering Event	Misc. Notes
Element Identifier	Description	COBOL PIC	ID	Min./ Max.	Usage Reg.	Loop	Loop Repeat	Values	Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat		
HL	Information Source Level			1	R	2000A	1		2000A		HL		1	18	1		
HL01	Hierarchical ID Number	X(12)	AN	1-12	R			1					19	12			
HL02	Hierarchical Parent ID Number	X(12)	AN	1-12	N/U								31	12			
HL03	Hierarchical Level Code	X(2)	ID	1-2	R			20					43	2			
HL04	Hierarchical Child Code	X(1)	ID	1-1	R			1					45	1			
NM1	Information Source Name			1	R	2100A	1		2100A		NM1		1	18	1		
NM101	Entity Identifier Code	X(2)	ID	2-3	R			PR					19	3			
NM102	Entity Type Qualifier	X(1)	ID	1-1	R			2					22	1			
NM103	Information Source Name	X(60)	AN	1-60	R			Name of MAC/State					23	60			
NM104	Name First		AN	1-35	N/U								83	35			
NM105	Name Middle		AN	1-25	N/U								118	35			
NM106	Name Prefix		AN	1-10	N/U												
NM107	Name Suffix		AN	1-10	N/U								153	10			
NM108	Identification Code Qualifier	X(2)	ID	1-2	R			46					163	2			
NM109	Information Source Identifier	X(80)	AN	2-80	R			Number assigned					165	80			
NM110	Entity Relationship Code		ID	2-2	N/U												
NM111	Entity Identifier Code		ID	2-3	N/U												
NM112	Name Last or Organization Name		AN	1-60	N/U												
TRN	Transmission Receipt Control			1	R	2200A	1		2200A		TRN		1	18	1		

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277 5010	Description		X12 Element Attributes						X12 Flat File						Outbound Mapping Instructions (Flat file and/or 277)	Triggering Event	Misc. Notes
Element Identifier	Description	COBOL PIC	ID	Min./ Max.	Usage Reg.	Loop	Loop Repeat	Values	Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat		
TRN01	Trace Type Code	X(1)	ID	1-2	R			1					19	2			
TRN02	Information Source Application Trace	X(50)	AN	1-50	R			Unique for this					21	50			
TRN03	Originating Company Identifier		AN	10-10	N/U												
TRN04	Reference Identification		AN	1-50	N/U												
DTP	Information Source Receipt Date			1	R	2200A	1		2200A				1	18	1		
DTP01	Date/Time Qualifier	X(3)	ID	3-3	R			050					19	3			
DTP02	Date Time Period Format Qualifier	X(2)	ID	2-3	R			D8					22	3			
DTP03	Information Source Receipt Date	X(8)	AN	1-35	R			Format CCYYMM					25	35			
DTP	Information Source Process Date			1	R	2200A	1		2200A				1	18	1		
DTP01	Date/Time Qualifier	X(3)	ID	3-3	R			009					19	3			
DTP02	Date Time Period Format Qualifier	X(2)	ID	2-3	R			D8					22	3			
DTP03	Information Source Process Date	X(8)	AN	1-35	R			Format CCYYMM					25	35			
HL	Information Receiver Level			1	R	2000B	1		2000B				1	18	1		
HL01	Hierarchical ID Number	X(12)	AN	1-12	R			Must be HL01					19	12			
HL02	Hierarchical Parent ID Number	X(12)	AN	1-12	R			HL01 Info. Source					31	12			
HL03	Hierarchical Level Code	X(2)	ID	1-2	R			21					43	2			
HL04	Hierarchical Child Code	X(1)	ID	1-1	R			1 Unless					45	1			

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277 5010	Description		X12 Element Attributes						X12 Flat File						Outbound Mapping Instructions (Flat file and/or 277)	Triggering Event	Misc. Notes
Element Identifier	Description	COBOL PIC	ID	Min./ Max.	Usage Reg.	Loop	Loop Repeat	Values	Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat		
NM1	Information Receiver Name			1	R	2100B	1		2100B		NM1		1	18	1		
NM101	Entity Identifier Code	X(2)	ID	2-3	R			4					19	3			
NM102	Entity Type Qualifier	X(1)	ID	1-1	R			1 or 2					22	1			
NM103	Information Receiver Last or Organization	X(60)	AN	1-60	R			Relationsh ip to					23	60			
NM104	Information Receiver First Name	X(35)	AN	1-35	S			Relationsh ip to					83	35			
NM105	Information Receiver Middle Name	X(25)	AN	1-25	S			Relationsh ip to					118	35			
NM106	Name Prefix		AN	1-10	N/U												
NM107	Name Suffix		AN	1-10	N/U								153	10			
NM108	Identification Code Qualifier	X(2)	ID	1-2	R			46					163	2			
NM109	Information Receiver Primary Identifier	X(80)	AN	2-80	R								165	80			
NM110	Entity Relationship Code		ID	2-2	N/U												
NM111	Entity Identifier Code		ID	2-3	N/U												
NM112	Name Last or Organization Name		AN	1-60	N/U												
TRN	Information Receiver			1	R	2200B	1		2200B		TRN		1	18	1		
TRN01	Trace Type Code	X(1)	ID	1-2	R			2					19	2			
TRN02	Claim Transaction Batch Number	X(50)	AN	1-50	R			Cross referenced					21	50			
TRN03	Originating Company Identifier		AN	10-10	N/U												
TRN04	Reference Identification		AN	1-50	N/U												
STC	Information Receiver Status			1	R	2200B	>1		2200B		STC		1	18	1		

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277 5010	Description		X12 Element Attributes						X12 Flat File						Outbound Mapping Instructions (Flat file and/or 277)	Triggering Event	Misc. Notes
Element Identifier	Description	COBOL PIC	ID	Min./ Max.	Usage Reg.	Loop	Loop Repeat	Values	Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat		
STC01	Health Care Claim Status				R												
STC01 - 1	Health Care Claim Status Category	X(5)	AN	1-30	R								19	30			
STC01 - 2	Health Care Claim Status Code	X(5)	AN	1-30	R								49	30			
STC01 - 3	Entity Identifier Code	X(2)	ID	2-3	S			36, 40, 41, AY, PR					79	3			
STC01 - 4	Code List Qualifier Code		ID	1-3	N/U												
STC02	Status Information Effective Date	X(8)	DT	8-8	R			CCYYMM DD					82	8			
STC03	Action Code	X(2)	ID	1-2	R			U, WQ					90	2			
STC04	Total Submitted Charges for Unit	9(11) v99	R	1-18	R								92	18			
STC05	Monetary Amount		R	1-18	N/U												
STC06	Date		DT	8-8	N/U												
STC07	Payment Method Code		ID	3-3	N/U												
STC08	Date		DT	8-8	N/U												
STC09	Check Number		AN	1-16	N/U												
STC10	HEALTH CARE CLAIM STATUS				S												
STC10 - 1	Health Care Claim Status Category	X(5)	AN	1-30	R								110	30			
STC10 - 2	Health Care Claim Status Code	X(5)	AN	1-30	R								140	30			
STC10 - 3	Entity Identifier Code	X(2)	ID	2-3	R			36, 40, 41, AY, PR					170	3			
STC10 - 4	Code List Qualifier Code		ID	1-3	N/U												
STC11	HEALTH CARE CLAIM STATUS				S												
STC11 - 1	Health Care Claim Status Category	X(5)	AN	1-30	R								173	30			
STC11 - 2	Health Care Claim Status Code	X(5)	AN	1-30	R								203	30			

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277 5010	Description		X12 Element Attributes						X12 Flat File						Outbound Mapping Instructions (Flat file and/or 277)	Triggering Event	Misc. Notes
Element Identifier	Description	COBOL PIC	ID	Min./ Max.	Usage Reg.	Loop	Loop Repeat	Values	Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat		
STC11 - 3	Entity Identifier Code	X(2)	ID	2-3	R			36, 40, 41, AY, PR					233	3			
STC11 - 4	Code List Qualifier Code		ID	1-3	N/U												
STC12	Free-form Message Text		AN	1-264	N/U												
QTY	Total Accepted Quantity			1	S	2200B	1		2200B				1	18	1		
QTY01	Quantity Qualifier	X(2)	ID	2-2	R			90					19	2			
QTY02	Total Accepted Quantity	9(9)	R	1-15	R			Zero					21	15			
QTY03	Composite Unit of Measure				N/U												
QTY04	Free-form Information		AN	1-30	N/U												
QTY	Total Rejected Quantity			1	S	2200B	1		2200B				1	18	1		
QTY01	Quantity Qualifier	X(2)	ID	2-2	R			AA					19	2			
QTY02	Total Rejected Quantity	9(9)	R	1-15	R			Zero					21	15			
QTY03	Composite Unit of Measure				N/U												
QTY04	Free-form Information		AN	1-30	N/U												
AMT	Total Accepted Amount			1	S	2200B	1		2200B				1	18	1		
AMT01	Amount Qualifier Code	X(2)	ID	1-3	R			YY					19	3			
AMT02	Total Accepted Amount	9(11) v99	R	1-18	R			Zero					22	18			
AMT03	Credit/Debit Flag Code		ID	1-1	N/U												

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277 5010	Description		X12 Element Attributes						X12 Flat File						Outbound Mapping Instructions (Flat file and/or 277)	Triggering Event	Misc. Notes	
Element Identifier	Description	COBOL PIC	ID	Min./ Max.	Usage Reg.	Loop	Loop Repeat	Values	Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat			
AMT	Total Rejected Amount			1	S	2200B	1		2200B		AMT		1	18	1			
AMT01	Amount Qualifier Code	X(2)	ID	1-3	R			YY					19	3				
AMT02	Total Rejected Amount	9(11) v99	R	1-18	R			Zero					22	18				
AMT03	Credit/Debit Flag Code		ID	1-1	N/U													
HL	Billing Provider of Service Level			1	S	2000C	>1		2000C		HL		1	18	1			
HL01	Hierarchical ID Number	X(12)	AN	1-12	R			Must be HL01					19	12				
HL02	Hierarchical Parent ID Number	X(2)	AN	1-12	R								31	12				
HL03	Hierarchical Level Code	X(2)	ID	1-2	R								43	2				
HL04	Hierarchical Child Code	X(1)	ID	1-1	R								45	1				
NM1	Billing Provider Name			1	R	2100C	1		2100C		NM1		1	18	1			
NM101	Entity Identifier Code	X(2)	ID	2-3	R			85					19	3				
NM102	Entity Type Qualifier	X(1)	ID	1-1	R			1, 2					22	1				
NM103	Provider Last or Organization Name	X(60)	AN	1-60	R								23	60				
NM104	Provider First Name	X(35)	AN	1-35	S								83	35				
NM105	Provider Middle Name	X(25)	AN	1-35	S								118	35				
NM106	Name Prefix		AN	1-10	N/U													
NM107	Provider Name Suffix	X(10)	AN	1-10	S								153	10				
NM108	Identification Code Qualifier	X(2)	ID	1-2	R			FI, XX					163	2				
NM109	Billing Provider Identifier	X(80)	AN	2-80	R			Billing Provider					165	80				

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277 5010	Description		X12 Element Attributes						X12 Flat File						Outbound Mapping Instructions (Flat file and/or 277)	Triggering Event	Misc. Notes
Element Identifier	Description	COBOL PIC	ID	Min./ Max.	Usage Reg.	Loop	Loop Repeat	Values	Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat		
NM110	Entity Relationship Code				N/U												
NM111	Entity Identifier Code				N/U												
NM112	Name Last or Organization Name				N/U												
TRN	Provider of Service Information Trace			1	S	2200C	1		2200C		TRN		1	18	1		
TRN01	Trace Type Code	X(1)	ID	1-2	R			1					19	2			
TRN02	Provider of Service Information Trace	X(50)	AN	1-50	R								21	50			
TRN03	Originating Company Identifier		AN	10-10	N/U												
TRN04	Reference Identification		AN	1-50	N/U												
STC	Billing Provider Status Information			1	S	2200C	>1		220C		STC		1	18	1		
STC01	Health Care Claim Status				R												
STC01 - 1	Health Care Claim Status Category	X(5)	AN	1-30	R								19	30			
STC01 - 2	Health Care Claim Status Code	X(5)	AN	1-30	R								49	30			
STC01 - 3	Entity Identifier Code	X(2)	ID	2-3	S			36, 40, 41, 77, 82, 85,					79	3			
STC01 - 4	Code List Qualifier Code		ID	1-3	N/U												
STC02	Date		DT	8-8	N/U								82	8			
STC03	Action Code	X(2)	ID	1-2	R			U, WG					90	2			
STC04	Total Submitted Charges for Unit	9(11) v99	R	1-18	R			Zero					92	18			
STC05	Monetary Amount		R	1-18	N/U												
STC06	Date		DT	8-8	N/U												

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277 5010	Description		X12 Element Attributes						X12 Flat File						Outbound Mapping Instructions (Flat file and/or 277)	Triggering Event	Misc. Notes
Element Identifier	Description	COBOL PIC	ID	Min./ Max.	Usage Reg.	Loop	Loop Repeat	Values	Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat		
STC07	Payment Method Code		ID	3-3	N/U												
STC08	Date		DT	8-8	N/U												
STC09	Check Number		AN	1-16	N/U												
STC10	HEALTH CARE CLAIM STATUS				S												
STC10 - 1	Health Care Claim Status Category	X(5)	AN	1-30	R								110	30			
STC10 - 2	Health Care Claim Status Code	X(5)	AN	1-30	R								140	30			
STC10 - 3	Entity Identifier Code	X(2)	ID	2-3	S			36, 40, 41, 77, 82, 85,					170	3			
STC10 - 4	Code List Qualifier Code		ID	1-3	N/U												
STC11	HEALTH CARE CLAIM STATUS				S												
STC11 - 1	Health Care Claim Status Category	X(5)	AN	1-30	R								173	30			
STC11 - 2	Health Care Claim Status Code	X(5)	AN	1-30	R								203	30			
STC11 - 3	Entity Identifier Code	X(2)	ID	2-3	S			36, 40, 41, 77, 82, 85,					233	3			
STC11 - 4	Code List Qualifier Code		ID	1-3	N/U												
STC12	Free-form Message Text		AN	1-264	N/U												
REF	Provider Secondary Identifier			1	S	2200C	3		2200C		REF		1	18	1		
REF01	Reference Identification	X(2)	ID	2-3	R			0B, 1G, G2, LU,					19	3			
REF02	Billing Provider Additional Identifier	X(50)	AN	1-50	R								22	50			
REF03	Description		AN	1-80	N/U												
REF04	REFERENCE IDENTIFIER				N/U												

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277 5010	Description		X12 Element Attributes						X12 Flat File						Outbound Mapping Instructions (Flat file and/or 277)	Triggering Event	Misc. Notes
Element Identifier	Description	COBOL PIC	ID	Min./ Max.	Usage Reg.	Loop	Loop Repeat	Values	Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat		
QTY	Total Accepted Quantity			1	S	2200C	1		2200C				1	18	1		
QTY01	Quantity Qualifier	X(2)	ID	2-2	R			QA					19	2			
QTY02	Total Accepted Quantity	9(9)	R	1-15	R								21	15			
QTY03	Composite Unit of Measure				N/U												
QTY04	Free-form Information		AN	1-30	N/U												
QTY	Total Rejected Quantity			1	S	2200C	1		2200C				1	18	1		
QTY01	Quantity Qualifier	X(2)	ID	2-2	R			QC					19	2			
QTY02	Total Rejected Quantity	9(9)	R	1-15	R								21	15			
QTY03	Composite Unit of Measure				N/U												
QTY04	Free-form Information		AN	1-30	N/U												
AMT	Total Accepted Amount			1	S	2200C	1		2200C				1	18	1		
AMT01	Amount Qualifier Code	X(2)	ID	1-3	R			YU					19	3			
AMT02	Total Accepted Amount	9(11) v99	R	1-18	R								22	18			
AMT03	Credit/Debit Flag Code		ID	1-1	N/U												
AMT	Total Rejected Amount			1	S	2200C	1		2200C				1	18	1		
AMT01	Amount Qualifier Code	X(2)	ID	1-3	R			YY					19	3			
AMT02	Total Rejected Amount	9(11) v99	R	1-18	R								22	18			
AMT03	Credit/Debit Flag Code		ID	1-1	N/U												

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277 5010	Description		X12 Element Attributes						X12 Flat File						Outbound Mapping Instructions (Flat file and/or 277)	Triggering Event	Misc. Notes
Element Identifier	Description	COBOL PIC	ID	Min./ Max.	Usage Reg.	Loop	Loop Repeat	Values	Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat		
HL	Patient Level			1	S	2000D	>1		2000D		HL		1	18	1		
HL01	Hierarchical ID Number	X(12)	AN	1-12	R								19	12			
HL02	Hierarchical Patient ID Number	X(12)	AN	1-12	R								31	12			
HL03	Hierarchical Level Code	X(2)	ID	1-2	R			PT					43	2			
HL04	Hierarchical Child Code		ID	1-1	N/U								45	1			
NM1	Patient Name			1	R	2100D	1		2100D		NM1		1	18	1		
NM101	Entity Identifier Code	X(3)	ID	2-3	R			QC					19	3			
NM102	Entity Type Qualifier	X(1)	ID	1-1	R			1					22	1			
NM103	Patient Last Name	X(60)	AN	1-60	R								23	60			
NM104	Patient First Name	X(35)	AN	1-35	S								83	35			
NM105	Patient Middle Name or Initial	X(25)	AN	1-25	S								118	35			
NM106	Name Prefix		AN	1-10	N/U												
NM107	Patient Name Suffix	X(10)	AN	1-10	S								153	10			
NM108	Identification Code Qualifier	X(2)	ID	1-2	R			II, MI					163	2			
NM109	Patient Identification Number	X(80)	AN	2-80	R								165	80			
NM110	Entity Relationship Code		ID	2-2	N/U												
NM111	Entity Identifier Code		ID	2-3	N/U												
NM112	Name Last or Organization Name		AN	1-60	N/U												

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Element Identifier	Description	COBOL PIC	ID	Min./ Max.	Usage Reg.	Loop	Loop Repeat	Values	Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat			
TRN	Claim Status Tracking Number			1	R	2200D	>1		2200D		TRN		1	18	1			
TRN01	Trace Type Code	X(2)	ID	1-2	R			2					19	2				
TRN02	Patient Control Number	X(50)	AN	1-50	R								21	50				
TRN03	Originating Company Identifier		AN	10-10	N/U													
TRN04	Reference Identification		AN	1-50	N/U													
STC	Claim Level Status Information			1	R	2200D	>1		2200D		STC		1	18	1			
STC01	Health Care Claim Status				R													
STC01 - 1	Health Care Claim Status Category	X(5)	AN	1-30	R								19	30				
STC01 - 2	Health Care Claim Status Code	X(5)	AN	1-30	R								49	30				
STC01 - 3	Entity Identifier Code	X(2)	ID	2-3	S			03, 1P, 1Z, 40, 41,					79	3				
STC01 - 4	Code List Qualifier Code		ID	1-3	N/U													
STC02	Date		DT	8-8	N/U								82	8				
STC03	Status Information Action Code	X(2)	ID	1-2	R			U, WQ					90	2				
STC04	Total Claim Charge Amount	9(11) v99	R	1-18	R								92	18				
STC05	Monetary Amount		R	1-18	N/U													
STC06	Date		DT	8-8	N/U													
STC07	Payment Method Code		ID	3-3	N/U													
STC08	Date		DT	8-8	N/U													
STC09	Check Number		AN	1-16	N/U													
STC10	HEALTH CARE CLAIM STATUS				S													

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277 5010	Description		X12 Element Attributes						X12 Flat File						Outbound Mapping Instructions (Flat file and/or 277)	Triggering Event	Misc. Notes
Element Identifier	Description	COBOL PIC	ID	Min./ Max.	Usage Reg.	Loop	Loop Repeat	Values	Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat		
STC10 - 1	Health Care Claim Status Category	X(5)	AN	1-30	R								110	30			
STC10 - 2	Health Care Claim Status Code	X(5)	AN	1-30	R								140	30			
STC10 - 3	Entity Identifier Code	X(2)	ID	2-3	S			03, 1P, 1Z, 40, 41.					170	3			
STC10 - 4	Code List Qualifier Code		ID	1-3	N/U												
STC11	HEALTH CARE CLAIM STATUS				S												
STC11 - 1	Health Care Claim Status Category	X(5)	AN	1-30	R								173	30			
STC11 - 2	Health Care Claim Status Code	X(5)	AN	1-30	R								203	30			
STC11 - 3	Entity Identifier Code	X(2)	ID	2-3	S			03, 1P, 1Z, 40, 41.					233	3			
STC11 - 4	Code List Qualifier Code		ID	1-3	N/U												
STC12	Free-form Message Text		AN	1-264	N/U												
REF	Payer Claim Control Number			1	S	2200D	1		2200D		REF		1	18	1		
REF01	Reference Identification	X(3)	ID	2-3	R			1K					19	3			
REF02	Payer Claim Control Number	X(50)	AN	1-50	R								22	50			
REF03	Description		AN	1-80	N/U												
REF04	Reference Identifier				N/U												
REF	Claim Identifier Number for			1	S	2200D	1		2200D		REF		1	18	1		
REF01	Reference Identification	X(3)	ID	2-3	R			D9					19	3			
REF02	Clearinghouse Trace Number	X(50)	AN	1-50	R								22	50			
REF03	Description		AN	1-80	N/U												

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277 5010	Description		X12 Element Attributes						X12 Flat File						Outbound Mapping Instructions (Flat file and/or 277)	Triggering Event	Misc. Notes
Element Identifier	Description	COBOL PIC	ID	Min./ Max.	Usage Reg.	Loop	Loop Repeat	Values	Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat		
REF04	Reference Identifier				N/U												
REF	Institutional Bill Type Identification			1	S	2200D	1		2200D		REF		1	18	1		
REF01	Reference Identification	X(3)	ID	2-3	R			BLT					19	3			
REF02	Bill Type Identifier	X(50)	AN	1-50	R								22	50			
REF03	Description		AN	1-80	N/U												
REF04	Reference Identifier				N/U												
DTP	Claim Level Service Date			1	R	2200D	1		2200D		DTP		1	18	1		
DTP01	Date Time Qualifier	X(3)	ID	3-3	R			472					19	3			
DTP02	Date Time Period Format Qualifier	X(3)	ID	2-3	R			CCYYMM DD or					22	3			
DTP03	Claim Service Period	X(35)	AN	1-35	R								25	35			
SVC	Service Line Information			1	S	2200D	>1		2200D		SVC		1	18	1		
SVC01	Composite Medical Procedure Identifier				R												
SVC01 - 1	Procedure Code	X(2)	ID	2-2	R			AD, ER, HC, HP,					19	2			
SVC01 - 2	Procedure Code	X(48)	AN	1-48	R								21	48			
SVC01 - 3	Procedure Modifier	X(2)	AN	2-2	S								69	2			
SVC01 - 4	Procedure Modifier	X(2)	AN	2-2	S								71	2			
SVC01 - 5	Procedure Modifier	X(2)	AN	2-2	S								73	2			
SVC01 - 6	Procedure Modifier	X(2)	AN	2-2	S								75	2			

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277 5010	Description		X12 Element Attributes						X12 Flat File						Outbound Mapping Instructions (Flat file and/or 277)	Triggering Event	Misc. Notes
Element Identifier	Description	COBOL PIC	ID	Min./ Max.	Usage Reg.	Loop	Loop Repeat	Values	Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat		
SVC01 - 7	Description		AN	1-80	N/U												
SVC01 - 8	Product/Service ID		AN	1-48	N/U												
SVC02	Line Item Charge Amount	9(11) v99	R	1-18	R								77	18			
SVC03	Monetary Amount		R	1-18	N/U												
SVC04	Revenue Code	X(48)	AN	1-48	S								95	48			
SVC05	Quantity		R	1-15	N/U												
SVC06	Composite Medical Procedure Identifier				N/U												
SVC07	Original Units of Service Count	9(15)	R	1-15	S								143	15			
STC	Service Line Level Status Information			1	R	2200D	>1		2200D		STC		1	18	1		
STC01	Health Care Claim Status				R												
STC01 - 1	Health Care Claim Status Category	X(5)	AN	1-30	R								19	30			
STC01 - 2	Health Care Claim Status Code	X(5)	AN	1-30	R								49	30			
STC01 - 3	Entity Identifier Code	X(2)	ID	2-3	S			03, 1P, 1Z, 40, 41,					79	3			
STC01 - 4	Code List Qualifier Code		ID	1-3	N/U												
STC02	Date		DT	8-8	N/U								82	8			
STC03	Action Code	X(2)	ID	1-2	R			U					90	2			
STC04	Monetary Amount		R	1-18	N/U								92	18			
STC05	Monetary Amount		R	1-18	N/U												
STC06	Date		DT	8-8	N/U												
STC07	Payment Method Code		ID	3-3	N/U												

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277 5010	Description		X12 Element Attributes						X12 Flat File						Outbound Mapping Instructions (Flat file and/or 277)	Triggering Event	Misc. Notes
Element Identifier	Description	COBOL PIC	ID	Min./ Max.	Usage Reg.	Loop	Loop Repeat	Values	Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat		
STC08	Date		DT	8-8	N/U												
STC09	Check Number		AN	1-16	N/U												
STC10	HEALTH CARE CLAIM STATUS				S												
STC10 - 1	Health Care Claim Status Category	X(5)	AN	1-30	R								110	30			
STC10 - 2	Health Care Claim Status Code	X(5)	AN	1-30	R								140	30			
STC10 - 3	Entity Identifier Code	X(2)	ID	2-3	S			03, 1P, 1Z, 40, 41,					170	3			
STC10 - 4	Code List Qualifier Code		ID	1-3	N/U												
STC11	HEALTH CARE CLAIM STATUS				S												
STC11 - 1	Health Care Claim Status Category	X(5)	AN	1-30	R								173	30			
STC11 - 2	Health Care Claim Status Code	X(5)	AN	1-30	R								203	30			
STC11 - 3	Entity Identifier Code	X(2)	ID	2-3	S			03, 1P, 1Z, 40, 41,					233	3			
STC11 - 4	Code List Qualifier Code		ID	1-3	N/U												
STC12	Free-form Message Text		AN	1-264	N/U												
REF	Service Line Item Identification			1	R	2200D	1		2200D		REF		1	18	1		
REF01	Reference Identification	X(3)	ID	2-3	R			FJ					19	3			
REF02	Line Item Control Number	X(50)	AN	1-50	R								22	50			
REF03	Description		AN	1-80	N/U												
REF04	Reference Identifier				N/U												
REF	Pharmacy Prescription			1	S	2200D	1		2200D		REF		1	18	1		

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277 5010	Description		X12 Element Attributes						X12 Flat File						Outbound Mapping Instructions (Flat file and/or 277)	Triggering Event	Misc. Notes
Element Identifier	Description	COBOL PIC	ID	Min./ Max.	Usage Reg.	Loop	Loop Repeat	Values	Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat		
REF01	Reference Identification	X(3)	ID	2-3	R			XZ					19	3			
REF02	Pharmacy Prescription Number	X(50)	AN	1-50	R								22	50			
REF03	Description		AN	1-80	N/U												
REF04	Reference Identifier				N/U												
DTP	Service Line Date			1	S	2200D	1		2200D		DTP		1	18	1		
DTP01	Date Time Qualifier	X(3)	ID	3-3	R								19	3			
DTP02	Date/Time Period Format Qualifier	X(3)	ID	2-3	R			D8, RD8					22	3			
DTP03	Service Line Date	X(35)	AN	1-35	R								25	35			
SE	Transaction Set Trailer			1	R	—	>1						1	18	1		
SE01	Transaction Segment Count	9(10)	N0	1-10	R								19	10			
SE02	Transaction Set Control Number	X(9)	AN	4-9	R								29	9			
GE	FUNCTION GROUP TRAILER			1	R	—	1						1	18	1		
GE01	Number of Transaction Sets	X(6)	N0	1-6	R								19	6			
GE02	Group Control Number	X(9)	N0	1-9	R								25	9			
IEA	INTERCHANGE CONTROL			1	R	—	1						1	18	1		
IEA01	Number of Included Functional Groups	X(5)	N0	1-5	R								19	5			
IEA02	Interchange Control Number	X(9)	N0	9-9	R								24	9			

Element Identifier	This field contains the segment or element identifier
Description	This field indicates the element name or the industry name describing the element
COBOL PIC	This field indicates the the COBOL picture clause, which is an element in programming language that is used to indicate the item characteristics and size of the numeric data element.
ID	This field indicates the attributes of the data element (ie. ID, AN, R, TM, and DT) see rows 5-9 for definitions of each type
ID (identifier)	An identifier data element always contains a value from a predefined list of codes that is maintained by the ASC Committee or some other body recognized by the Committee. Trailing spaces must be suppressed unless they are necessary to satisfy a minimum length. An identifier is always left justified. The representation for this data element type is "ID".
AN (string)	A string data element is a sequence of any characters from the basic or extended character sets. The string data element must contain at least one non-space character. The significant characters shall be left justified. Leading spaces, when they occur, are presumed to be significant characters. Trailing spaces must be suppressed unless they are necessary to satisfy a minimum length. The representation for this data element type is "AN".
R (decimal)	A decimal data element may contain an explicit decimal point and is used for numeric values that have a varying number of decimal positions. This data element type is represented as "R". 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 (decimal point at the right end), the decimal point must be omitted. For negative values, the leading minus sign (-) is used. Absence of a sign indicates a positive value. The plus sign (+) must not be transmitted. Leading zeros must be suppressed unless necessary to satisfy a minimum length requirement. Trailing zeros following the decimal point must be suppressed unless necessary to indicate precision. The use of triad separators (for example commas in 1,000,000) is expressly prohibited. The length of a decimal type element does not include the optional leading sign or decimal point.
TM (time)	A time data element is used to express the ISO standard time HHMMSSd.d format in which HH is the hour for a 24 hour clock (00-23), MM is the minute (00-59), SS is the second (00-59), and d.d is decimal seconds. The representation for this data element type is "TM". The length of the data element determines the format of the transmitted time.
DT (date)	A date data element is used to express the standard date is either YYMMDD or CCYYMMDD format in which CC is the first two digits of the calendar year, YY is the last two digits of the calendar year, MM is the month (01-12), and DD is the day in the month (01-31). The representation for this data element type is "DT".
Min. Max.	This field identifies the minimum and maximum size of a data element (ie. A value of 1-2 means the element can be either 1 byte or 2 bytes. A value of 5-5 means that the element must be 5 bytes)
Usage Reg.	The field indicates whether a segment or element is REQUIRED, SITUATIONAL, or NOT USED
Loop	This field contains the loop ID, if applicable.
Loop Repeat	This field contains the value indicating the number of times the loop may be repeated.
Values	This field contains the value or values which can be submitted in this element.
Loop ID	Loop ID (6 bytes) - This field contain positions 1 through 6 of the 18 byte record key used to identify the loop when used as a record key in a computer program (ie. "2010AA"). Left justify and space fill. Note: the total size of the record key is 18 bytes.
Loop Seq.	Loop Seq. (4 bytes) - This field contain positions 7 through 10 of the 18 byte record key used to identify the numeric sequence of the loop when used as a record key in a computer program (ie. "0001"). Right justify and zero fill. Note: the total size of the record key is 18 bytes.

Seg. ID	Seq. ID (4 bytes) - This field contains positions 11 through 14 of the 18 byte record key used to identify the segment when used as a record key in a computer program (ie."REF "). Left justify and space fill. Note: the total size of the record key is 18 bytes.
Seg. Seq.	Seg. Seq.(4 bytes) - This field contains positions 15 through 18 of the 18 byte record key used to identify the numeric sequence of the segment when used as a record key in a computer program (ie. "0001"). Right justify and zero fill. Note: the total size of the record key is 18 bytes.
Start	This field shows the data element's starting position within the record.
Length	This field shows the data element's length with the record.
Record Repeat	If the record repeats, this field indicates the number of times the record may repeat.

4/16/2009 Initial Draft