



HIPAA Transaction  
Standard Companion Guide  
277CA – Health Care Claim Acknowledgement

**Refers to the Implementation Guides  
Based on X12 version 005010 Errata  
Companion Guide Version Number: 1.2  
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## Disclaimer Statement

The Health Insurance Portability and Accountability Act (HIPAA), sections 160 and 162, requires that health care providers, health plans, and health care clearing houses comply with the EDI standards for health care. The HIPAA implementation specifications for ASC X12N standards may be obtained through the Washington Publishing Company on the Internet at <http://www.wpc-edi.com>. The complete Implementation Guide is a combination of both the version 5010 and the 5010 errata as adopted for use under the HIPAA regulation. The combined version is referred in this document as the X12N 5010.

**The purpose of this companion guide is solely to supplement the HIPAA ASC X12N standards, to provide clarification to the ASC X12N standards, and should not be interpreted as a contract, amendment to a contract or an addendum to a contract. In any instance where this companion guide differs from the HIPAA ASC X12N Implementation Guides, the HIPAA ASC X12N standards shall govern.**

**Substantial effort has been taken to minimize errors; however, SummaCare INC, its agents, employees, directors and shareholders shall not be liable or responsible for any errors, omissions or expenses resulting from the use of the information in this document.**

**Important Notice:**

**A 277CA acknowledgement is not a guarantee of payment. The status information being provided is based on the claim's characteristics at a given point in time. The member's benefits may change due to coverage alterations or cancellation. Additionally, an initial determination may need to be adjusted based on subsequent information received.**

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# 1 Introduction

## 1.1 Overview

This Companion Guide identifies unique information processing or adjudication needs specific to SummaCare INC, in its implementation of the 277CA Health Care Claim Acknowledgement transaction. The 277CA transaction is created as an acknowledgement of receipt of an incoming X12 837 5010 claim submission transaction. Authorized entities involved with processing the claim need to track the claim's current status through the adjudication process. Throughout this document, "SummaCare" represents SummaCare, INC.

While SummaCare accepts all ASCX12 compliant transactions, the HIPAA Implementation Guides allow for some discretion in applying the regulations to existing business practices.

# 2 Transaction Processing

## 2.1 Accepted and Rejected Claims

All claims received within the incoming 837 5010 transaction will be returned in the 277CA transaction. The 277CA response transaction will be available for retrieval from the 837 5010 transaction sender's established file transfer protocol (FTP) out folder on the next business day.

### 2.1.1 Non HIPAA Compliant Rejected Claims

Any claim rejected for non HIPAA compliancy will be represented in the 277CA transaction with the following default values in the listed segments. The default values are assigned as the claim could not be processed by our system. The patient control number and clearinghouse trace number will be sent in the 277CA for reconciliation purposes.

- NM1\*85\*2\*Not Available\*\*\*\*\*XX\*1234567890~
- NM1\*QC\*1\*Not Available\*Not Available\*\*\*\*\*MI\*Not Available~
- The STC04 loop 2200D will have a zero dollar amount.
- The DTP03 loop 2200D will carry the date the 277CA was created.

Once the ASC X12 00501X231(999), acknowledgement for Health Care insurance is available from SummaCare, the non HIPAA compliant claims will be captured in that transaction. SummaCare will send out an e-mail notification to all affected Trading Partners once the 999 transaction is available.

### 3 277 Data Element Table

For each ASC X12 5010 837 Transaction received, SummaCare will submit a 277CA transaction back. This section contains clarifications for data transmitted inside the various loops and segments associated with the 277CA transaction.

#### 3.1 277CA Health Care Claim Acknowledgement - Header

The 277CA Header identifies the start of the specific transaction set and the transaction’s business purpose. Also, when a transaction set uses a hierarchical data structure, a data element in the header, BHT01 (Hierarchical Structure Code) relates the type of business data expected within each level. The following table explains the header segments and data elements that will be sent from SummaCare.**Header**

Envelope/Section Label	Segment	Description	Value	Description/Comments
Transaction Set Header	ST01	Transaction Set Identifier Code	277	Health Care Claim Status Response
Transaction Set Header	ST02	Transaction Set Control Number	Same as SE02	Identifying Control Number that must be unique within the transaction set functional group
Transaction Set Header	ST03	Implementation Convention Reference	005010X214	Version, Release or Industry Identifier
Beginning of Hierarchical Transaction	BHT01	Hierarchical Structure Code	0085	Information Source, Information Receiver, Provider of service, Patient
Beginning of Hierarchical Transaction	BHT02	Transaction Set Purpose Code	08	Status
Beginning of Hierarchical Transaction	BHT03	Reference Identification	CCYYMMDDXXXX	SummaCare's unique batch control number which consist of the date the 277CA was created and a 4 digit counter. Example: 201107210001.
Beginning of Hierarchical Transaction	BHT04	Transaction Set Creation Date	CCYYMMDD	Creation Date
Beginning of Hierarchical Transaction	BHT06	Transaction Type Code	TH	Receipt Acknowledgement Advice

### 3.2 277CA Health Care Claim Acknowledgement – Detail, Patient

Detail, Patient Level				
Envelope/Section Label	Segment	Description	Value	Description/Comments
LOOP ID - 2200D CLAIM SUBMITTER TRACE NUMBER- CLAIM LEVEL STATUS INFORMATION				
Claim Status Tracking Number	TRN01	Trace Type Code	2	Referenced Transaction Trace Numbers
Claim Status Tracking Number	TRN02	Reference Identification	<i>Patient Control Number</i>	This data element corresponds to the CLM01 data element of the ASC X12N Dental, Institutional, and Professional Implementation Guide(s).
Claim Level Status Information	STC01 - 1	Health Care Claim Status Category Code	<i>Industry Code</i>	One of the Health Care Industry Category code used from code source 507.
Claim Level Status Information	STC01 - 2	Health Care Claim Status Code	<i>Industry Code</i>	One of the Health Care Industry Category code used from code source 508.
Claim Level Status Information	STC01 - 3	Entity Identifier Code	<i>Please see Implementation Guide for valid codes that may be sent.</i>	SummaCare will supply additional detail applicable to the claim status sent in STC01-2
Claim Level Status Information	STC02	Status Information Effective Date	<i>CCYYMMDD</i>	Effective date of the above category/status.
Payer Claim Control Number	REF01	Reference Identification Qualifier	<i>1K</i>	Payer's Claim Number. This can be used when SummaCare's Claim number is known.
Payer Claim Control Number	REF02	Reference Identification	<i>Payer Claim Control Number</i>	SummaCare's Claim number. This can be used when SummaCare's Claim number is known.
Claim Identifier Number For Clearinghouse And Other Transmission Intermediaries	REF01	Claim Number	<i>D9</i>	Clearinghouse Trace Number
Claim Identifier Number For Clearinghouse And Other Transmission Intermediaries	REF02	Reference Identification	<i>Clearinghouse Trace Number</i>	Clearinghouse Trace Number sent within the incoming ASC X12 837 5010 transaction.
Institutional Bill Type Identification	REF01	Billing Type	<i>BLT</i>	Billing Type for institutional claims only
Institutional Bill Type Identification	REF02	Reference Identification	<i>Code Source 236 and Code Source 235 respectively</i>	Concatenate 837I CLM05-1 and CLM05-3 from the incoming ASC X12 837 5010 transaction.

**Detail, Patient Level**

Envelope/Section Label	Segment	Description	Value	Description/Comments
LOOP ID - 2220D - SERVICE LINE INFORMATION				
Procedure Code Qualifier	SVC01-1	Procedure/Service ID Qualifier	<i>Please see the implementation guide for valid codes.</i>	Product/Service ID Qualifier
Procedure Code	SVC01-2	Procedure Code	<i>Industry Code</i>	
Procedure Modifier	SVC01-3 through 6	Modifier	<i>Industry Code</i>	One of the Health Care Industry Modifier codes.
Quantity	SVC07	The original submitted units of service	<i>Units of Service</i>	Units of service
Service Line Level Status Information	STC01 - 1	Health Care Claim Status Category Code	<i>Industry Code</i>	One of the Health Care Industry Category code used from code source 507.
Service Line Level Status Information	STC01 - 2	Health Care Claim Status Code	<i>Industry Code</i>	One of the Health Care Industry Category code used from code source 508.
Service Line Level Status Information	STC01 - 3	Entity Identifier Code	<i>Please see Implementation Guide for valid codes that may be sent.</i>	SummaCare will supply additional detail applicable to the claim status sent in STC01-2
Action Code	STC03	Action Code	<i>U</i>	Reject
Service Line Item Identification Qualifier	REF01	Line Item Control Number Qualifier	<i>FJ</i>	Line Item Control Number from the original incoming 837 transaction qualifier
Service Line Item Identification	REF02	Line Item Control Number	<i>Original incoming 837 LX01</i>	Line Item Control Number from the original incoming 837 transaction.
Pharmacy Prescription Number Identification Qualifier	REF01	Prescription Number Qualifier	<i>XZ</i>	Prescription Number that was sent in the original incoming 837 transaction qualifier.
Pharmacy Prescription Number	REF02	Prescription Number	<i>Industry Code</i>	Prescription Number that was sent in the original incoming 837 transaction qualifier.

**3.3 277CA Health Care Claim Acknowledgement - Trailer**

The 277CA Trailer identifies the end of the specific transaction set and provides control information on the total number of segments included in the transaction set.

Trailer				
Envelope/Section Label	Element	Description	Value	Description/Comments
Transaction Set Trailer	SE02	Transaction Set Control Number	<i>Same as ST02</i>	Identifying Control Number that must be unique within the transaction set functional group

## 4 Special Claim Status Level Clarification

In some cases the HIPAA codes are not descriptive enough for the reject that is intended. Below are specific STC01-2 (Status Code) and STC01-3 (Entity) combinations and a more detailed explanation.

Status Code	Status Description	Entity	Entity Description	Clarification
503	Entity's Street Address. Note: This code requires use of an Entity Code.	85	Billing Provider	Claims receiving these codes are rejected due to the billing provider not being a physical address. If a PO Box or lock box address is sent it will receive this error. Various combinations of PO Box and lock box are edited for.
124	Entity's name, address, phone and id number. Note: This code requires use of an Entity Code.	77	Service Location	Used when rejecting an ambulance claim that did not submit either the pick-up location (PW) or drop-off location (45). Both are required for ambulance claims in the 837 v5010.
493	Version/Release/Industry ID code not currently supported by information holder	n/a		Claims submitted on an 837 v4010 after 12/31/2011 are rejecting for the incorrect 837 version and need to be resubmitted on version 5010.



## 5 Examples

### 5.1 Business Scenario 1: Accepted File (the claim in the file was rejected for invalid procedure code modifier)

ST\*277\*0001\*005010X214~  
BHT\*0085\*08\*201107180040\*20110718\*1507\*TH~  
HL\*1\*\*20\*1~  
NM1\*PR\*2\*Summa Health Network\*\*\*\*\*46\*95202~  
TRN\*1\*201107180040~  
DTP\*050\*D8\*20110718~  
DTP\*009\*D8\*20110718~  
HL\*2\*1\*21\*1~  
NM1\*41\*2\*CLEARING HOUSE HEALTH\*\*\*\*\*46\*943943943~  
TRN\*2\*000000001~  
STC\*A1:19:PR\*20110718\*WQ\*182~  
QTY\*AA\*1~  
AMT\*YY\*182~  
HL\*3\*2\*19\*1~  
NM1\*85\*2\*FAMILY PRACTICE CTR\*\*\*\*\*XX\*1091091091~  
HL\*4\*3\*PT~  
NM1\*QC\*1\*SMITH\*JANE\*A\*\*\*MI\*A0099999900~  
TRN\*2\*103103~  
STC\*A7:453\*20110718\*U\*182~  
REF\*1K\*110718E00001~  
REF\*D9\*1119205071613049999~  
DTP\*472\*RD8\*20110426-20110426~  
SVC\*HC:49083\*182\*\*0761\*\*\*1.0000~  
STC\*A7:454\*\*U~  
  
REF\*FJ\*1~  
  
DTP\*472\*RD8\*20110426-20110426~  
  
SE\*27\*0001~

## 5.2 Business Scenario 2: Accepted File (No rejects)

ST\*277\*0001\*005010X214~  
BHT\*0085\*08\*201006240006\*20110223\*1502\*TH~  
HL\*1\*20\*1~  
NM1\*PR\*2\*Summa Health Network\*\*\*\*\*46\*95202~  
TRN\*1\*201006240006~  
DTP\*050\*D8\*20110223~  
HL\*2\*1\*21\*1~  
NM1\*41\*2\*WEBCLEARINGHOUSE MD\*\*\*\*\*46\*1330999999~  
STC\*A1:19:PR\*20110223\*WQ\*5238~  
QTY\*90\*3~  
AMTY\*YU\*2730~  
HL\*3\*2\*19\*1~  
NM1\*85\*2\*MEMORIAL HOSP JACKSONVIL\*\*\*\*\*XX\*1448888888~  
HL\*4\*3\*PT~  
NM1\*QC\*1\*HAPPY\*GIRL\*L\*\*\*MI\*12345678901~  
TRN\*2\*000555555555~  
STC\*A1:19:40\*\*20110223\*WQ\*1365~  
REF\*1K\*100624E00001~  
REF\*D9\*444410201390670~  
REF\*BLT\*131~  
DTP\*472\*RD8\*20100616-20100616~  
HL\*5\*4\*19\*1~  
NM1\*85\*2\*MEMORIAL HOSP JACKSONVIL\*\*\*\*\*XX\*1447777777~  
HL\*6\*5\*PT~  
NM1\*QC\*1\*JOYFUL\*WOMEN\*N\*\*\*MI\*9876543210~  
TRN\*2\*000888888888~  
STC\*A1:19:40\*\*20110223\*WQ\*1365~  
REF\*1K\*100624E00002~  
REF\*D9\*555510201390671~  
REF\*BLT\*131~  
DTP\*472\*RD8\*20100616-20100616~  
HL\*7\*6\*19\*1~  
NM1\*85\*2\*MEMORIAL HOSP JACKSONVIL\*\*\*\*\*XX\*1446666666~  
HL\*8\*7\*PT~  
NM1\*QC\*1\*MARVELOUS\*BOY\*C\*\*\*MI\*1112223334~  
TRN\*2\*00065412589~  
STC\*A1:19:40\*\*20110223\*WQ\*2508~  
REF\*1K\*100624E00009~  
REF\*D9\*666610201390672~  
REF\*BLT\*131~  
DTP\*472\*RD8\*20100615-20100615~  
SE\*43\*0001~

### 5.3 Business Scenario 2: Accepted File (passed and rejected claims)

ST\*277\*0001\*005010X214~  
BHT\*0085\*08\*201106240006\*20110223\*1502\*TH~  
HL\*1\*20\*1~  
NM1\*PR\*2\*Summa Health Network\*\*\*\*\*46\*95202~  
TRN\*1\*201106240006~  
DTP\*050\*D8\*20110223~  
HL\*2\*1\*21\*1~  
NM1\*41\*2\*WEBCLEARINGHOUSE MD\*\*\*\*\*46\*1330999999~  
STC\*A1:19:PR\*20110223\*WQ\*5238~  
QTY\*90\*2~  
QTY\*AA\*1~  
AMTY\*YU\*3873~  
AMT\*YY\*1365~  
HL\*3\*2\*19\*1~  
NM1\*85\*2\*GENERAL HOSP\*\*\*\*\*XX\*8888888888~  
HL\*4\*3\*PT~  
NM1\*QC\*1\*HAPPY\*GIRL\*L\*\*\*MI\*12345678901~  
TRN\*2\*000555555555~  
STC\*A1:19:40\*\*20110223\*WQ\*1365~  
REF\*1K\*100624E00001~  
REF\*D9\*444410201390670~  
REF\*BLT\*131~  
DTP\*472\*RD8\*20100616-20100616~  
HL\*5\*4\*19\*1~  
NM1\*85\*2\*CITYHOSP\*\*\*\*\*XX\*1234567890~  
HL\*6\*5\*PT~  
NM1\*QC\*1\*JOYFUL\*WOMEN\*N\*\*\*MI\*9876543210~  
TRN\*2\*000888888888~  
STC\*A7:164:QC\*\*20110223\*WQ\*1365~  
REF\*1K\*100624E00002~  
REF\*D9\*555510201390671~  
REF\*BLT\*131~  
DTP\*472\*RD8\*20100616-20100616~  
HL\*7\*6\*19\*1~  
NM1\*85\*2\*ST THOMAS HOSP\*\*\*\*\*XX\*2446666666~  
HL\*8\*7\*PT~  
NM1\*QC\*1\*MARVELOUS\*BOY\*C\*\*\*MI\*112223334~  
TRN\*2\*00065412589~  
STC\*A1:19:40\*\*20110223\*WQ\*2508~  
REF\*1K\*100624E00009~  
REF\*D9\*666610201390672~  
REF\*BLT\*131~  
DTP\*472\*RD8\*20100615-20100615~  
SE\*43\*0001~

## 6 Frequently Asked Questions

1. **If I have a technical Electronic Data Interchange (EDI) question concerning the 277CA Health Care Claim Acknowledgement transaction who shall I contact?**

Please send all EDI technical questions to [EDISupport@SummaCare.com](mailto:EDISupport@SummaCare.com).