



Companion Guide: *276/277* Claim Status Request and Response Transaction

Library Reference Number: CLEL10009

Document Management System Reference: Companion Guide: 276/277 Claim Status Request and
Response Transaction (17844)

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Revision History

Document Version Number	CO	Revision Date	Revision Page Number(s)	Reason for Revisions	Revisions Completed By
Version 1.0		August 2004	All	New document. Formerly section 4 of the 276/277 companion guide. New document contains 276/277 transaction information only.	Systems/HIPAA Publications
Version 2.0		April 2005	1-3	Added new bullet regarding Web or EDI replacement claim	Systems/HIPAA Publications
			3-11, 3-26	Added to Medical Record Number Comments	
			3-13, 3-30	Added to Service Line Item Control Number Comments	
Version 2.1		October 2005	All	Editing	Systems/ Publications
Version 2.2		April 2006	Tables	NPI	Systems/ Publications
Version 2.3		August 2007		NPI Stage 2 Changes to 277 Claims Status and Category Codes	Systems/ Publications
Version 3.0		October 2009		NPI Stage 3	Systems/ Publications

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Section 1: Introduction

Overview

The Indiana Health Coverage Programs (IHCP) has developed technical companion guides to assist application developers during the implementation process. The information contained in the *IHCP Companion Guide* is only intended to supplement the adopted *National Electronic Data Interchange Transaction Set Implementation Guide: Health Care Claim Status Request and Response: 276/277: ASC X12N 276/277 (004010X093)* and *(004010X093A1) Addenda* (IG) and provide guidance and clarification as it applies to the IHCP. The *IHCP Companion Guide* is never intended to modify, contradict, or reinterpret the rules established by the IGs.

The *Companion Guide* is categorized into three sections:

1. Introduction
2. Interchange control
3. Transaction specifications

This section, *Introduction*, provides a general description of the 276/277 Claim Status Request and Response Transactions. *Section 2* describes data exchange options and the relevant inbound and outbound interchange control structures. *Section 3* contains transaction specific documentation, including segment usage, to assist developers with coding each transaction.

<p><i>Note:</i> A provider can be identified by the Indiana Health Coverage Program legacy provider number (LPI) and/ or the National Provider Identifier (NPI).</p>
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Overview – ASC X12N 276/277 (04010X093) – Health Care Claim Status Request and Response

The ASC X12N 276/277 (04010X093) transaction is the Health Information Portability and Accountability Act (HIPAA)-mandated method for submitting a health care claim status request and returning a healthcare claim status response. The transaction is processed in either batch or interactive modes depending on the submitted preference and technical capabilities.

This section is intended only as a companion guide and is not intended to contradict or replace any information in the IG or the *IHCP Provider Manual*.

It is highly recommended that implementers have the following resources available during the development process:

- This document, *Companion Guide: 276/277 Claim Status Request and Response Transaction*
- *National Electronic Data Interchange Transaction Set Implementation Guide: Health Care Claim Status Request and Response: 276/277: ASC X12N 276/277 (004010X093)* and *(004010X093A1) Addenda*
- *IHCP Provider Manual*

The purpose of a 276 request is to solicit adjudication information about a specific claim that has been previously submitted. Typically, providers should wait at least one day after submitting a claim before

initiating a 276 request. The request contains minimum required data elements used by the IHCP for search criteria. These data elements include:

- Provider identifier
- IHCP member ID
- Dates of service
- Total claim charge amount

Requestors with additional information can also submit data such as ICN, medical record number, and institutional type of bill to assist in the search. Those interested in obtaining service or detail line status information can also inquire at that level. Remember that all data submitted is used for search purposes and the slightest difference between submitted data and data on the original claim results in no match. For instance, if a medical record number of 23X4545-6 is submitted with the 276 request, but the number submitted on the original claim is 23X45456, without a hyphen, no match and no claim is found.

Claims submitted by the provider to a managed care organization (MCO), which are in turn submitted to the IHCP, are known as encounter claims. These encounter claims are not available for inquiry.

In addition to the checking compliance and the resulting 997 – Acknowledgement file, the IHCP creates a proprietary 276 Reject Report in response to any 276 that contains certain inaccuracies. This 276 Reject Report is described in detail in the Companion Guide: Electronic Data Interchange Reports and Acknowledgements.

There are several processing assumptions, limitations, and guidelines to be aware of when developing and implementing the 276/277 transaction. The following list identifies these processing stipulations:

- Only one claim status request per transaction is allowed when submitting a 276 transaction in interactive mode. If an interactive 276 transaction contains more than one request, only the first request is processed. All others are ignored. Service level requests are not accepted on interactive 276 transactions. An interactive 276-transaction request containing service line data is rejected and a response of 991 is returned.
- Table 1.1 provides an example of the error code returned by the 276/277 transaction when incorrect data is supplied in the 276 request.

Table 1.1 – Claim Status Reject Codes

Claim Status Category Code	Description	Claim Status Code	Description
E0	Error in Submitted Request Data	21	Missing or invalid information

Note: The IHCP does not limit the number of requests when using batch mode.

- When querying a claim in suspended or Claims Correction Form status, HIPAA error codes are returned in the 277-response transaction. Explanations of the HIPAA error codes are available from the Washington Publishing Company Web site at http://www.wpc-edi.com/Default_40.asp.
- Certain required provider/subscriber data elements that are submitted on a 276 request may or may not match exactly the values returned on the 277 response. In these cases, the IHCP returns the values currently contained in IndianaAIM records. These include the following data elements:
 - Information Receiver Name (2100B Loop, NM103) will contain the Trading Partner ID

- Provider Name (2100C Loop, NM103) {includes the NPI if a healthcare provider or the LPI/provider location if an atypical provider}
- Subscriber Demographic Information (2000D Loop, DMG02, and DMG03)
- Subscriber Name (2100D Loop, NM103-5)

However, when an invalid provider identifier or member ID is submitted on the 276 Request, elements cannot be returned from the database. In these cases, the data elements are returned exactly as received on the 276 Request.

- Dependent loops (2000E, 2100E, 2200E, and 2210E) are not used because the IHCP members, or subscribers, are always the same as the patient; therefore, transactions submitted with these loops are rejected on the proprietary 276 *Reject Report*.
- All monetary amounts 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 (decimal point at the right end), the decimal point should be omitted. See the IG for additional clarification.
- Data elements with the IHCP lengths specified in the companion guide, such as the IHCP member ID is 12 bytes, are truncated.
- If utilizing a decimal point in a code field, it must be in the correct position per the code set guidelines, otherwise it may be returned as an error.
- A claim status request submitted with claim level information only receives a claim level status response. Likewise, a claim status request submitted for a specific service or detail only generates a response based on the search criteria established for the single service or detail level even if there are more details on the claim.

Note: If multiple service or detail lines meet the search criteria, each matching detail is returned.

- If multiple claims meet the claim-level search criteria, the IHCP only returns responses for the 12 most current claims on file.
- If an NPI is sent and that NPI crosswalks to multiple LPIs, any claims for any of those LPIs that match the search criteria will be returned.
- A Web or electronic data interchange (EDI) replacement claim may take up to one business day for processing if it is submitted before 3 p.m. during a normal business day. The primary reason when this may occur is when the original claim has already been through a financial.
- The National Provider Identifier (NPI) will be returned on the 277 transaction if the NPI has been reported to the IHCP.

Section 2: Data Exchange Technical Specifications and Interchange Control Structure

Overview

Appendix A, Section A.1.1 of each X12N HIPAA IG provides detail about the rules for ensuring integrity and maintaining the efficiency of data exchange. Data files are transmitted in an *electronic envelope*. The communication envelope consists of an interchange envelope and functional groups.

The following tables define the use of this control structure as it relates to communication with the Indiana Health Coverage Programs (IHCP) for the inbound 276 and outbound 277 transactions.

Inbound Transactions

Table 2.1 – Interchange Control Header

Segment Name	Interchange Control Header														
Segment ID	ISA														
Loop ID	N/A														
Usage	Required														
Segment Notes	<p>All positions within each data element in the ISA segment must be filled. Delimiters are specified in the interchange header segment.</p> <p>The character immediately following the segment ID, ISA, defines the data elements separator. The last character in the segment defines the component element separator, and the segment terminator is the byte that immediately follows the component element separator. Following are examples of the separators.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="background-color: #d3d3d3;">Character</th> <th style="background-color: #d3d3d3;">Name</th> <th style="background-color: #d3d3d3;">Delimiter</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">*</td> <td>Asterisk</td> <td>Data Element Separator</td> </tr> <tr> <td style="text-align: center;">:</td> <td>Colon</td> <td>Subelement Separator</td> </tr> <tr> <td style="text-align: center;">~</td> <td>Tilde</td> <td>Segment Terminator</td> </tr> </tbody> </table>			Character	Name	Delimiter	*	Asterisk	Data Element Separator	:	Colon	Subelement Separator	~	Tilde	Segment Terminator
Character	Name	Delimiter													
*	Asterisk	Data Element Separator													
:	Colon	Subelement Separator													
~	Tilde	Segment Terminator													
While it is not required that submitters use these specific delimiters, they are the ones that the IHCP uses for all outbound transactions.															
Example	<pre>ISA* 00** 00*.....* ZZ* P234 ..* ZZ*IHCP.....* 930602* 1253* U* 00401* 000000905* 1* P* :~</pre>														

Table 2.2 – Element ID ISA01-ISA16

Element ID	Usage	Guide Description and Valid Values	Comments
ISA01	R	Authorization Information Qualifier 00 – No Authorization Information Present	
ISA02	R	Authorization Information Insert 10 blanks	Always blank. Insert 10 blank spaces.
ISA03	R	Security Information Qualifier 00 – No Security Information Present	
ISA04	R	Security Information Insert 10 blanks	Always blank. Insert 10 blank spaces.
ISA05	R	Interchange ID Qualifier ZZ – Mutually Defined	
ISA06	R	Interchange Sender ID	For batch transactions, this is the sender ID (four to eight characters) assigned by the IHCP. For interactive transactions, this is the eight-byte assigned terminal ID (IN followed by six digits). This field has a required length of 15 bytes; therefore, the field must be blank filled to the right.
ISA07	R	Interchange ID Qualifier ZZ – Mutually Defined	
ISA08	R	Interchange Receiver ID IHCP	This field has a required length of 15 bytes; therefore, the field must be blank filled to the right.
ISA09	R	Interchange Date	The date format is YYMMDD.
ISA10	R	Interchange Time	The time format is HHMM.
ISA11	R	Interchange Control Standards Identifier U – U.S. EDI Community of ASC X12, TDCC, and UCS	
ISA12	R	Interchange Control Version Number 00401 – Draft Standards for Trial Use Approved for Publication by ASC X12 Procedures Review Board through October 1997	

Table 2.2 – Element ID ISA01-ISA16

Element ID	Usage	Guide Description and Valid Values	Comments
ISA13	R	Interchange Control Number	The interchange control number is created by the submitter and must be identical to the associated Interchange Trailer (IEA02). This is a numeric field and must be zero-filled. This number should be unique and the IHCP recommends that it be incremented by one with each ISA segment.
ISA14	R	Acknowledgment Requested 0 – No acknowledgment requested 1 – Interchange Acknowledgment Requested	The IHCP always creates an acknowledgment file for each file received.
ISA15	R	Usage Indicator P – Production Data T – Test Data	During testing the usage indicator entered must be T . After testing approval, P must be entered for production transactions.
ISA16	R	Component Element Separator	The component element separator is a delimiter and not a data element. This field provides the delimiter used to separate component data elements within a composite data structure; this value must be different than the data element separator and the segment terminator.

Table 2.3 – Functional Group Header

Segment Name	Functional Group Header
Segment ID	GS
Loop ID	N/A
Usage	Required
Segment Notes	
Example	GS*HR*P234*IHCP*20020606*105531*5*X*004010X093A1~

Table 2.4 – Element ID GS01-GS08

Element ID	Usage	Guide Description and Valid Values	Comments
GS01	R	Functional Identifier Code HR – Health Care Claim Status Request (276)	Use the appropriate identifier to designate the type of transaction data to follow the GS segment.
GS02	R	Application Sender’s Code	For batch transactions, this is the four-byte sender ID assigned by the IHCP. For interactive transactions, this is the eight-byte assigned terminal ID (IN followed by six digits).
GS03	R	Application Receiver’s Code IHCP	
GS04	R	Date	The date format is CCYYMMDD.
GS05	R	Time	The time format is HHMMSS
GS06	R	Group Control Number	Assigned number originated and maintained by the sender. This must match the number in the corresponding GE02 data element on the GE group trailer segment.
GS07	R	Responsible Agency Code X – Accredited Standards Committee X12	
GS08	R	Version/Release/Industry Identifier Code 004010X093A1 – 276	Use the appropriate identifier to designate the identifier code for the type of transaction data to follow the GS segment. Refer to specific transaction IG for proper value.

Table 2.5 – Functional Group Trailer

Segment Name	Functional Group Trailer
Segment ID	GE
Loop ID	N/A
Usage	Required
Segment Notes	
Example	GE*1*5~

Table 2.6 – Element ID GE01-GE02

Element ID	Usage	Guide Description and Valid Values	Comments
GE01	R	Number of Transaction Sets Included	Use the number of transaction sets included in this functional group.
GE02	R	Group Control Number	Group control number GE02 in this trailer must be identical to the same data element in the associated functional group header, GS06.

Table 2.7 – Interchange Control Trailer

Segment Name	Interchange Control Trailer
Segment ID	IEA
Loop ID	N/A
Usage	Required
Segment Notes	
Example	IEA*1*000000905~

Table 2.8 – Element ID IEA01-IEA02

Element ID	Usage	Guide Description and Valid Values	Comments
IEA01	R	Number of Included Functional Groups	Use the number of functional groups included in this interchange envelope.
IEA02	R	Interchange Control Number	Interchange control number IEA02 in this trailer must be identical to the same data element in the associated interchange control header, ISA13, including padded zeros.

Sample Inbound Interchange Control

Figure 2.1 illustrates a file that includes 270 and 276 transactions.

```

ISA* 00* .....* 00*.....* ZZ* P234   ..* ZZ*IHCP.....* 930602*
1253* U* 00401* 000000905* 1* P* :~
GS*HS*P234*IHCP*20020606*105531*5*X*004010X092A1~
ST - 270 TRANSACTION SET HEADER
DETAIL SEGMENTS
SE - 270 TRANSACTION SET TRAILER
GE*1*5~
GS*HR*P234*IHCP*20020606*105531*5*X*004010X093A1~
ST - 276 TRANSACTION SET HEADER
DETAIL SEGMENTS
SE - 276 TRANSACTION SET TRAILER
GE*1*5~
IEA*2*000000905~
    
```

Figure 2.1 – Inbound Interchange Control with 270 and 271 Transactions

Outbound Transactions

Table 2.9 – Interchange Control Header

Segment Name	Interchange Control Header		
Segment ID	ISA		
Loop ID	N/A		
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 character immediately following the segment ID, ISA, defines the data elements separator. The last character in the segment defines the component element separator, and the segment terminator is the byte that immediately follows the component element separator. Following are examples of the separators.		
	Character	Name	Delimiter
	*	Asterisk	Data Element Separator
	:	Colon	Subelement Separator
	~	Tilde	Segment Terminator
Example	ISA* 00** 00*.....* ZZ* IHCP ..* ZZ* X222.....* 930602* 1253* U* 00401* 000000905* 1* P* :~		

Table 2.10 – Element ID ISA01-ISA16

Element ID	Usage	Guide Description and Valid Values	Comments
ISA01	R	Authorization Information Qualifier 00 – No Authorization Information Present	
ISA02	R	Authorization Information	This field always includes 10 blank spaces.
ISA03	R	Security Information Qualifier 00 – No Security Information Present	
ISA04	R	Security Information	This field always contains 10 blank spaces.
ISA05	R	Interchange ID Qualifier ZZ – Mutually Defined	
ISA06	R	Interchange Sender ID IHCP	This field has a required length of 15 bytes; therefore, the field is blank filled to the right.
ISA07	R	Interchange ID Qualifier ZZ – Mutually Defined	
ISA08	R	Interchange Receiver ID	For batch transactions, this is the four-byte sender ID (four to eight characters) assigned by the IHCP. For interactive transactions, this is the eight-byte assigned terminal ID (IN followed by six digits). This field has a required length of 15 bytes; therefore, the field must be blank filled to the right.
ISA09	R	Interchange Date	The date format is YYMMDD.
ISA10	R	Interchange Time	The time format is HHMM.
ISA11	R	Interchange Control Standards Identifier U – U.S. EDI Community of ASC X12, TDCC, and UCS	
ISA12	R	Interchange Control Version Number 00401 – Draft Standards for Trial Use Approved for Publication by ASC X12 Procedures Review Board through October 1997	
ISA13	R	Interchange Control Number	This number is unique and increments by 1 with each ISA segment. It also matches the interchange control number of the IEA02 of the interchange control trailer.

Table 2.10 – Element ID ISA01-ISA16

Element ID	Usage	Guide Description and Valid Values	Comments
ISA14	R	Acknowledgment Requested 0 – No Acknowledgment Requested 1 – Interchange Acknowledgment Requested	
ISA15	R	Usage Indicator P – Production Data T – Test Data	During testing the usage indicator entered must be T . After testing approval, P must be entered for production transactions.
ISA16	R	Component Element Separator	The component element separator is a delimiter and not a data element. This is always a colon (:).

Table 2.11 – Functional Group Header

Segment Name	Functional Group Header
Segment ID	GS
Loop ID	N/A
Usage	Required
Segment Notes	
Example	GS*HN*IHCP*X222*20020606*105531*5*X*004010X093A1~

Table 2.12 – Element ID GS01-GS08

Element ID	Usage	Guide Description and Valid Values	Comments
GS01	R	Functional Identifier Code HN – Health Care Claim Status Notification (277)	The data element contains the appropriate identifier to designate the type of transaction data to follow the GS segment.
GS02	R	Application Sender’s Code IHCP	
GS03	R	Application Receiver’s Code	For batch transactions, this is the four-byte sender ID assigned by the IHCP. For interactive transactions, this is the eight-byte assigned terminal ID (IN followed by six digits).
GS04	R	Date	Format: CCYYMMDD.
GS05	R	Time	Format: HHMMSS.
GS06	R	Group Control Number	This data element contains a uniquely assigned number and matches the number in the corresponding GS02 data element on the GE group trailer segment.
GS07	R	Responsible Agency Code X – Accredited Standards Committee X12	
GS08	R	Version / Release / Industry Identifier Code 004010X093A1 – 277	This data element contains the appropriate identifier to designate the identifier code for the type of transaction data to follow the GS segment.

Table 2.13 – Functional Group Trailer

Segment Name	Functional Group Trailer
Segment ID	GE
Loop ID	N/A
Usage	Required
Segment Notes	
Example	GE*1*5~

Table 2.14 – Element ID GE01-GE02

Element ID	Usage	Guide Description and Valid Values	Comments
GE01	R	Number of Transaction Sets Included	This data element contains the number of transaction sets included in this functional group.
GE02	R	Group Control Number	Group control number GE02 in this trailer is identical to the same data element in the associated functional group header, GS06.

Table 2.15 – Interchange Control Trailer

Segment Name	Interchange Control Trailer
Segment ID	IEA
Loop ID	N/A
Usage	Required
Segment Notes	
Example	IEA*1*000000905~

Table 2.16 – Element ID IEA01-IEA02

Element ID	Usage	Guide Description and Valid Values	Comments
IEA01	R	Number of Included Functional Groups	This data element contains the number of functional groups included in this interchange envelope.
IEA02	R	Interchange Control Number	The interchange control number IEA02 in this trailer is identical to the same data element in the associated interchange control header, ISA13 (including padded zeros).

Sample Outbound Interchange Control

Figure 2.2 illustrates a file that includes a 277 transaction.

```
ISA* 00* .....* 00*.....* ZZ* IHCP    ..* ZZ* X222.....* 930602*  
1253* U* 00401* 000000905* 1* P* :~  
GS*HN*IHCP*X222*20020606*105531*5*X*004010X093A1~  
ST - 277 TRANSACTION SET HEADER  
DETAIL SEGMENTS  
SE - 277 TRANSACTION SET TRAILER  
GE*1*5~  
IEA*1*000000905~
```

Figure 2.2 – Outbound Interchange Control with 277 Transaction

Section 3: Health Care Claim Status Request and Response

Segment Usage – 276

The following matrix lists all segments available for submission with the 4010A1 version of the 276 *National Electronic Data Interchange Transaction Set Implementation Guide (IG)*. It includes a *Usage* column identifying segments that are required (**R**), situational (**S**), or not used (**N/A**) by the Indiana Health Coverage Programs (IHCP). A required segment element must appear on all transactions. Failure to include a required segment results in a compliance error. A situational segment is not required on every type of transaction; however, a situational segment may be required under certain circumstances. Any data in a segment identified in the *Usage* column with an **X** is ignored by the IHCP. Any segment identified in the *Usage* column as required, or situational, is explained in detail in this section. Any element identified as, *Not Used by the IHCP*, is not required for processing by the IHCP.

Table 3.1 – 276 Segments

Segment ID	Loop ID	Segment Name	IHCP Usage R – Required S- Situational X – Not Used
ST	N/A	Transaction Set Header	R
BHT	N/A	Beginning of Hierarchical Transaction	R
HL	2000A	Information Source Level	R
NM1	2100A	Payer Name	R
PER	2100A	Payer Contact Information	X
HL	2000B	Information Receiver Level	R
NM1	2100B	Information Receiver Name	R
HL	2000C	Service Provider Level	R
NM1	2100C	Provider Name	R
HL	2000D	Subscriber Level	R
DMG	2000D	Subscriber Demographic Information	R
NM1	2100D	Subscriber Name	R
TRN	2200D	Claim Submitter Trace Number	R
REF	2200D	Payer Claim Identification Number	S
REF	2200D	Institutional Bill Type Identification	S
REF	2200D	Medical Record Identification	S
REF	2200D	Group Number	X – New segment per <i>Addenda</i>
AMT	2200D	Claim Submitted Charges	R
DTP	2200D	Claim Service Date	S
SVC	2210D	Service Line Information	S

Table 3.1 – 276 Segments

Segment ID	Loop ID	Segment Name	IHCP Usage R – Required S- Situational X – Not Used
REF	2210D	Service Line Identification	S
DTP	2210D	Service Line Date	S
HL	2000E	Dependent Level	X
DMG	2000E	Dependent Demographic Information	X
NM1	2100E	Dependent Name	X
TRN	2200E	Claim Submitter Trace Number	X
REF	2200E	Payer Claim Identification Number	X
REF	2200E	Institutional Bill Type Identification	X
REF	2200E	Medical Record Identification	X
AMT	2200E	Claim Submitted Charges	X
DTP	2200E	Claim Service Date	X
SVC	2210E	Service Line Information	X
REF	2210E	Service Line Item Identification	X
DTP	2210E	Service Line Date	X
SE	N/A	Transaction Set Trailer	R

Segment and Data Element Description

This section contains tables representing segments required or situational for the IHCP implementation of the 276 transaction. Each segment table contains rows and columns describing different elements of the segment.

Table 3.2 – Segment and Data Element Description

Segment/Data Element	Description
Segment Name	The industry assigned segment name identified in the IG.
Segment ID	The industry assigned segment ID identified in the IG.
Loop ID	The loop where the segment should appear.
Usage	This identifies the segment as required or situational.
Segment Notes	Briefly describes the purpose or use of the segment including IHCP-specific usage.
Example	This is an example of complete segment.
Element ID	The industry assigned element ID identified in the IG.
Usage	This identifies the data element as R -required, S -situational, or X -not used based on the IHCP guidelines.
Guide Description and Valid Values	Industry name associated with the data element. If no industry name exists, this is the IG data element name. This column also lists in BOLD the values and code sets to use.
Comments	Describes the contents of the data elements, including field lengths.

Table 3.3 – Transaction Set Header

Segment Name	Transaction Set Header
Segment ID	ST
Loop ID	N/A
Usage	Required
Segment Notes	This segment indicates the start of the transaction.
Example	ST*276*152790~

Table 3.4 – Element ID ST01-ST02

Element ID	Usage	Guide Description and Valid Values	Comments
ST01	R	Transaction Set Identifier Code 276 – Health Care Claim Status Request	
ST02	R	Transaction Set Control Number	This number is assigned locally by the sender and must match the value in the corresponding SE02 segment.

Table 3.5 – Beginning of Hierarchical Transaction

Segment Name	Beginning of Hierarchical Transaction
Segment ID	BHT
Loop ID	N/A
Usage	Required
Segment Notes	This segment identifies the transaction as a claim status request and contains the transaction creation date.
Example	BHT*0010*13**20030402~

Table 3.6 – Element ID BHT01-BHT06

Element ID	Usage	Guide Description and Valid Values	Comments
BHT01	R	Hierarchical Structure Code 0010 – Information Source, Receiver, Provider of Service, Subscriber, Dependent	
BHT02	R	Transaction Set Purpose Code 13 – Request	
BHT03	S	Reference Identification	Not used by the IHCP
BHT04	R	Transaction Set Creation Date	Format: CCYYMMDD
BHT05	N/A	Time	Not used
BHT06	N/A	Transaction Type Code	Not used

Table 3.7 – Information Source Level

Segment Name	Information Source Level
Segment ID	HL
Loop ID	2000A
Usage	Required
Segment Notes	This segment defined the information source level hierarchy.
Example	HL*1**20*1~

Table 3.8 – Element ID HL01-HL04

Element ID	Usage	Guide Description and Valid Values	Comments
HL01	R	Hierarchical ID Number 1	
HL02	N/A	Hierarchical Parent ID Number	Not used
HL03	R	Hierarchical Level Code 20 – Information Source	
HL04	R	Hierarchical Child Code 1 – Additional Subordinate HL Data Segment in this hierarchical structure	

Table 3.9 – Payer Name

Segment Name	Payer Name
Segment ID	NM1
Loop ID	2100A
Usage	Required
Segment Notes	This segment identifies the IHCP as the payer.
Example	NM1*PR*2*Indiana Health Coverage Programs*****PI*IHCP~

Table 3.10 – Element ID NM101-NM111

Element ID	Usage	Guide Description and Valid Values	Comments
NM101	R	Entity Identifier Code PR – Payer	
NM102	R	Entity Type Qualifier 2 – Non-Person Entity	
NM103	R	Payer Name Indiana Health Coverage Programs	
NM104	N/A	Name First	Not used
NM105	N/A	Name Middle	Not used
NM106	N/A	Name Prefix	Not used
NM107	N/A	Name Suffix	Not used
NM108	R	Identification Code Qualifier PI – Payer ID	PI is the only value recognized by the IHCP. The transaction may contain multiple Payer Name segments; however, one segment must contain PI in NM108 in order to process. Otherwise, the transaction is rejected on the proprietary 276 <i>Reject Report</i> .
NM109	R	Payer Identifier IHCP	This field identifies the <i>IHCP</i> as the intended recipient of this request. Failure to submit this value exactly as shown results in the rejection of this transaction on the proprietary 276 <i>Reject Report</i> .
NM110	N/A	Entity Relationship Code	Not used
NM111	N/A	Entity Identifier Code	Not used

Table 3.11 – Information Receiver Level

Segment Name	Information Receiver Level
Segment ID	HL
Loop ID	2000B
Usage	Required
Segment Notes	This segment defines the information receiver level hierarchy.
Example	HL*2*1*21*1~

Table 3.12 – Element ID HL01-HL04

Element ID	Usage	Guide Description and Valid Values	Comments
HL01	R	Hierarchical ID Number	
HL02	R	Hierarchical Parent ID Number	
HL03	R	Hierarchical Level Code 21 – Information Receiver	
HL04	R	Hierarchical Child Code 1 – Additional Subordinate HL Data Segment in this Hierarchical Structure	

Table 3.13 – Information Receiver Name

Segment Name	Information Receiver Name
Segment ID	NM1
Loop ID	2100B
Usage	Required
Segment Notes	This segment identifies the entity initiating the claim status request. If the NPI is submitted (code <i>XX</i> – NPI, in NM108/109), this loop can be repeated to report the information receiver trading partner ID (code 46 – Electronic Transmitter Identification Number in NM108/109).
Examples	NM1*41*2*Anderson Medical Group*****46*X625~
	When submitted with the NPI: NM1*41*2*Anderson Medical Group*****XX*1234667890~ NM1*41*2*Anderson Medical Group*****46*X625~

Table 3.14 – Element ID NM101-NM111

Element ID	Usage	Guide Description and Valid Values	Comments
NM101	R	Entity Identifier Code 41 – Submitter	
NM102	R	Entity Type Qualifier 1 – Person 2 – Non-Person Entity	
NM103	R	Information Receiver Last or Organization Name	
NM104	S	Information Receiver First Name	
NM105	S	Information Receiver Middle Name	
NM106	N/A	Name Prefix	Not used
NM107	S	Information Receiver Name Suffix	Not used by the IHCP
NM108	R	Identification Code Qualifier 46 – Electronic Transmitter Identification Number FI – Federal Taxpayer ID Number XX – NPI	The transaction may contain multiple Receiver Name segments.
NM109	R	Information Receiver Identification Number	If Identification Code Qualifier is <i>46</i> , this is the sender ID/trading partner ID assigned by EDS Electronic Solutions. If the qualifier is <i>FI</i> this is the nine digit tax-id. If the qualifier is <i>XX</i> this is the ten digit NPI
NM110	N/A	Entity Relationship Code	Not used
NM111	N/A	Entity Identifier Code	Not used

Table 3.15 – Service Provider Level

Segment Name	Service Provider Level
Segment ID	HL
Loop ID	2000C
Usage	Required
Segment Notes	This segment defines the billing provider level hierarchy.
Example	HL*3*2*19*1~

Table 3.16 – Element ID HL01-HL04

Element ID	Usage	Guide Description and Valid Values	Comments
HL01	R	Hierarchical ID Number	
HL02	R	Hierarchical Parent ID Number	
HL03	R	Hierarchical Level Code 19 – Provider of Service	
HL04	R	Hierarchical Child Code 1 – Additional Subordinate HL Data Segment in this Hierarchical Structure	

Table 3.17 – Provider Name

Segment Name	Provider Name
Segment ID	NM1
Loop ID	2100C
Usage	Required
Segment Notes	This segment must contain billing provider information as submitted on the original claim. When provider is health care, NPI is submitted (code XX – NPI, in NM108/109). The NPI will be verified on the crosswalk and returned for the service provider on the 277 transaction. If the NPI has not been reported to the IHCP, then no claims will be found. Atypical providers may continue to submit the IHCP LPI in NM109 with the ‘SV’ qualifier in NM108.
Examples	Healthcare Provider: NM1*1P*2*Anderson Medical*****XX*1234567890~ Non-healthcare provider: NM1*1P*2*Anderson Medical*****SV*100999777C~

Table 3.18 – Element ID NM101-NM111

Element ID	Usage	Guide Description and Valid Values	Comments
NM101	R	Entity Identifier Code 1P – Provider	
NM102	R	Entity Type Qualifier 1 – Person 2 – Non-Person Entity	
NM103	R	Provider Last or Organization Name	This field contains the name of the billing provider.
NM104	S	Provider First Name	
NM105	S	Provider Middle Name	
NM106	S	Provider Name Prefix	Not used by the IHCP
NM107	S	Provider Name Suffix	Not used by the IHCP
NM108	R	Identification Code Qualifier SV – Service Provider Number XX - NPI	If XX - NPI is sent, the NPI will be validated on the NPI to LPI crosswalk and will be returned on the 277 response transaction. If SV – Service Provider Number is sent, the LPI will be checked to verify the service provider is an atypical provider. Healthcare providers who submit only their LPI with the ‘SV’ qualifier will not have claims returned on the 277 response transaction.
NM109	R	Provider Identifier	If SV qualifier is sent this field contains the nine-digit IHCP LPI and one-digit service location code. If XX qualifier is sent this field contains the 10 digit NPI
NM110	N/A	Entity Relationship Code	Not used
NM111	N/A	Entity Identifier Code	Not used

Table 3.19 – Subscriber Level

Segment Name	Subscriber Level
Segment ID	HL
Loop ID	2000D
Usage	Required
Segment Notes	This segment is used to define the subscriber (IHCP member) level hierarchy.
Example	HL*4*3*22*0~

Table 3.20 – Element ID HL01-HL04

Element ID	Usage	Guide Description and Valid Values	Comments
HL01	R	Hierarchical ID Number	
HL02	R	Hierarchical Parent ID Number	
HL03	R	Hierarchical Level Code 22 – Subscriber	
HL04	R	Information Receiver 0 – No Subordinate HL Segment in This Hierarchical Structure	Since the IHCP member is always the patient, there are no subordinate HLs to the HL segment. If this HL contains a value of 1 , the transaction is rejected on the proprietary 276 <i>Reject Report</i> .

Table 3.21 – Subscriber Demographic Information

Segment Name	Subscriber Demographic Information
Segment ID	DMG
Loop ID	2000D
Usage	Situational
Segment Notes	This segment is required because the subscriber (the IHCP member) is always the same as the patient. This segment must be submitted to be compliant; however, data submitted is not captured by the IHCP. When this segment is returned on the 277 response, the member birth date and gender are obtained from IndianaAIM member file data.
Example	DMG*D8*19620308*M~

Table 3.22 – Element ID DMG01-DMG09

Element ID	Usage	Guide Description and Valid Values	Comments
DMG01	R	Date/Time Period Format Qualifier D8 – Date Expressed in Format CCYYMMDD	
DMG02	R	Subscriber Birth Date	
DMG03	R	Subscriber Gender Code	
DMG04	N/A	Marital Status Code	Not used
DMG05	N/A	Race or Ethnicity Code	Not used
DMG06	N/A	Citizenship Status Code	Not used
DMG07	N/A	Country Code	Not used
DMG08	N/A	Basis of Verification Code	Not used
DMG09	N/A	Quantity	Not used

Table 3.23 – Subscriber Name

Segment Name	Subscriber Name
Segment ID	NM1
Loop ID	2100D
Usage	Required
Segment Notes	This segment contains the IHCP member name and ID number as submitted on the original claim.
Example	NM1*QC*1*HARRISON*WILLIAM****MI*100234009099~

Table 3.24 – Element ID NM101-NM111

Element ID	Usage	Guide Description and Valid Values	Comments
NM101	R	Entity Identifier Code QC – Insured or Subscriber	
NM102	R	Entity Type Qualifier 1 – Person	
NM103	R	Subscriber Last Name	
NM104	S	Subscriber First Name	
NM105	S	Subscriber Middle Name	Not used by the IHCP
NM106	S	Subscriber Name Prefix	Not used by the IHCP
NM107	S	Subscriber Name Suffix	Not used by the IHCP
NM108	R	Identification Code Qualifier MI – Member Identification Number	Since the IHCP member ID is a key to locating the proper claim, MI is the only value recognized by the IHCP. If this element contains a compliant value other than MI , the subsequent Subscriber Identifier field is still processed as by the IHCP member ID.
NM109	R	Subscriber Identifier	This field contains the 12-digit IHCP member ID.
NM110	N/A	Entity Relationship Code	Not used
NM111	N/A	Entity Identifier Code	Not used

Table 3.25 – Claim Submitter Trace Number

Segment Name	Claim Submitter Trace Number
Segment ID	TRN
Loop ID	2200D
Usage	Situational
Segment Notes	This segment is required because the subscriber (the IHCP member) is always the patient and must be submitted to be compliant.
Example	TRN*1*7888892638~

Table 3.26 – Element ID TRN01-TRN04

Element ID	Usage	Guide Description and Valid Values	Comments
TRN01	R	Trace Type Code 1 – Current Transaction Trace Numbers	
TRN02	R	Trace Number	The value submitted here is returned on the 277 response.
TRN03	N/A	Originating Company	Not used
TRN04	N/A	Reference Identification	Not used

Table 3.27 – Payer Claim Identification Number

Segment Name	Payer Claim Identification Number
Segment ID	REF
Loop ID	2200D
Usage	Situational
Segment Notes	This segment allows submission of the claim ICN as search criteria. It should be submitted if known by the requestor.
Example	REF*1K*2003045600031~

Table 3.28 – Element ID REF01-REF04

Element ID	Usage	Guide Description and Valid Values	Comments
REF01	R	Reference Identification Qualifier 1K – Payer’s Claim Number	
REF02	R	Internal Control Number	This field contains the 13-digit IHCP ICN.
REF03	N/A	Description	Not used
REF04	N/A	Reference Identifier	Not used

Table 3.29 – Institutional Bill Type Identification

Segment Name	Institutional Bill Type Identification
Segment ID	REF
Loop ID	2200D
Usage	Situational
Segment Notes	This segment allows submission of the type of bill from an institutional claim as search criteria. If submitted, it must match exactly the value on the original claim.
Example	REF*BLT*111~

Table 3.30 – Element ID REF01-REF04

Element ID	Usage	Guide Description and Valid Values	Comments
REF01	R	Reference Identification Qualifier BLT – Billing Type	
REF02	R	Bill Type Identifier	This field contains the three-digit institutional type of bill.
REF03	N/A	Description	Not Used
REF04	N/A	Reference Identifier	Not Used

Table 3.31 – Medical Record Identification

Segment Name	Medical Record Identification
Segment ID	REF
Loop ID	2200D
Usage	Situational
Segment Notes	This segment allows submission of the medical record number as search criteria. If submitted, it must match exactly the value on the original claim.
Example	REF*EA*223234AE4~

Table 3.32 – Element ID REF01-REF04

Element ID	Usage	Guide Description and Valid Values	Comments
REF01	R	Reference Identification Qualifier EA – Medical Record Identification Number	
REF02	R	Medical Record Number	Use the medical record number for the IHCP member. The IHCP accepts the full HIPAA length of 30 characters. Previously, only the first 20 characters were accepted.
REF03	N/A	Description	Not used
REF04	N/A	Reference Identifier	Not used

Table 3.33 – Claim Submitted Charges

Segment Name	Claim Submitted Charges
Segment ID	AMT
Loop ID	2200D
Usage	Situational
Segment Notes	This segment is required because the subscriber (the IHCP member) is always the patient. It must be submitted to be compliant. The amount submitted must match the total charges from the original claim.
Example	AMT*T3*471.1~

Table 3.34 – Element ID AMT01-AMT03

Element ID	Usage	Guide Description and Valid Values	Comments
AMT01	R	Amount Qualifier Code T3 – Total Submitted Charges	
AMT02	R	Total Claim Charge Amount	
AMT03	N/A	Credit/Debit Flag Code	Not used

Table 3.35 – Claim Service Date

Segment Name	Claim Service Date
Segment ID	DTP
Loop ID	2200D
Usage	Situational
Segment Notes	This segment is required for all institutional claim status requests. For other claim types, this segment is required unless the DTP segment in the service/detail (2210D) loop is used.
Example	DTP*232*RD8*20030401-20030430~

Table 3.36 – Element ID DTP01-DTP03

Element ID	Usage	Guide Description and Valid Values	Comments
DTP01	R	Date/Time Qualifier 232 – Claim Statement Period Start	
DTP02	R	Date/Time Period Format Qualifier RD8 – Range of Dates Expressed in Format CCYYMMDD – CCYYMMDD	
DTP03	R	Claim Service Period	

Table 3.37 – Service Line Information

Segment Name	Service Line Information
Segment ID	SVC
Loop ID	2210D
Usage	Situational
Segment Notes	This loop/segment is used only if the requestor wishes to obtain a claim status response based on detail or service line information. Values submitted in this segment must be identical to values submitted on the original claim in order to locate a matching record.
Example	SVC*HC*99395*****102~

Table 3.38 – Element ID SVC01-SVC07

Element ID	Usage	Guide Description and Valid Values	Comments
SVC01	R	Composite Medical Procedure Identifier	This is a composite data element.
SVC01-1	R	Product or Service ID Qualifier AD – American Dental Association Codes	Since specific codes are a key to locating the proper claim, these are the only values that are recognized by the
SVC01-1 (Continued)	R	HC – Health Care Financing Administration Common Procedural Coding System (HCPCS) Codes ID – International Classification of Diseases Clinical Modification (<i>ICD-9-CM</i>) – Procedure N4 – National Drug Code (NDC) in 5-4-2 Format NU – National Uniform Billing Committee (NUBC) UB04 Codes This code is the NUBC Revenue Code	IHCP. The transaction may contain multiple Service Line Information segments; however, failure to submit one of these qualifiers on at least one line causes the request to return no claims.
SVC01-2	R	Service Identification Code	This field contains the applicable dental procedure code, HCPCS code, NDC, or revenue code. Only one code or code combination can be submitted per service line.
SVC01-3	S	Procedure Modifier	
SVC01-4	S	Procedure Modifier	
SVC01-5	S	Procedure Modifier	
SVC01-6	S	Procedure Modifier	
SVC01-7	N/A	Description	Not used
SVC02	R	Line Item Charge Amount	This field contains the billed amount as submitted on the original claim.
SVC03	N/A	Monetary Amount	Not used
SVC04	S	Revenue Code	Only use this field if submitting a revenue code and HCPCS code combination as search criteria.
SVC05	N/A	Quantity	Not used
SVC06	N/A	Composite Medical Procedure Identifier	Not used
SVC07	S	Original Units of Service Count	

Table 3.39 – Service Line Item Identification

Segment Name	Service Line Item Identification
Segment ID	REF
Loop ID	2210D
Usage	Situational
Segment Notes	This segment allows submission of the line item control number as search criteria. If submitted, it must match exactly the value on the original claim.
Example	REF*FJ*10~

Table 3.40 – Element ID REF01-REF04

Element ID	Usage	Guide Description and Valid Values	Comments
REF01	R	Reference Identification Qualifier FJ – Line Item Control Number	
REF02	R	Line Item Control Number	This value represents the number assigned by the provider to the service line or detail. The IHCP accepts up to 30 characters.
REF03	N/A	Description	Not used
REF04	N/A	Reference Identifier	Not used

Table 3.41 – Service Line Date

Segment Name	Service Line Date
Segment ID	DTP
Loop ID	2210D
Usage	Required
Segment Notes	This segment contains the <i>From</i> and <i>To</i> dates of service from the service line or detail level and must be submitted if the 2210D loop is used.
Example	DTP*472*RD8*20030403-20030403~

Table 3.42 – Element ID DTP01-DTP03

Element ID	Usage	Guide Description and Valid Values	Comments
DTP01	R	Date/Time Qualifier 472 – Service	
DTP02	R	Date/Time Period Format Qualifier RD8 – Range of Dates Expressed in Format CCYYMMDD - CCYYMMDD	
DTP03	R	Service Line Date	

Table 3.43 – Transaction Set Trailer

Segment Name	Transaction Set Trailer
Segment ID	SE
Loop ID	N/A
Usage	Required
Segment Notes	This segment ends the transaction.
Example	SE*52*152790~

Table 3.44 – Element ID SE01-SE02

Element ID	Usage	Guide Description and Valid Values	Comments
SE01	R	Transaction Segment Count	
SE02	R	Transaction Set Control Number	The value in this data element must match the value submitted in ST02.

Example of 276 Transaction

Figure 3.1 illustrates the 276 transaction.

```
ST*276*47561~
BHT*0010*13**20030401~
HL*1**20*1~
NM1*PR*2*IHCP*****PI*IHCP~
HL*2*1*21*1~
NM1*41*2*Anderson Medical Group*****46*152X~
HL*3*2*19*1~
NM1*1P*2*Anderson Medical Group*****XX*1001234999~
HL*4*3*22*0~
DMG*D8*19621016*F~
NM1*QC*1*WILSON*ALICE****MI*100222333099~
TRN*1*2345678909~
REF*1K*2003145600032~
REF*EA*Z2345K456~
AMT*T3*49~
DTP*232*RD8*20030315-20030315~
SVC*HC:99210*49****1~
REF*FJ*1~
DTP*472*RD8*20030315-20030315~
SE*20*47561~
```

Figure 3.1 – 276 Transaction

Segment Usage – 277

The following matrix lists all segments available for submission on the 4010 version of the *National Electronic Data Interchange Transaction Set Implementation Guide: Health Care Claim Status Request and Response: 276/277: ASC X12N 276/277 (004010X093) and (004010X093A1) Addenda*. It includes a *Usage* column that identifies segments as required (**R**), situational (**S**), or not used (**N/A**) by the IHCP. A required segment element must appear on all transactions. Failure to include a required segment results in a compliance error. A situational segment is not required on every type of transaction; however, a situational segment may be required under certain circumstances. Any data in a segment identified in the *Usage* column with an **X** is ignored by the IHCP. Any segment identified in the *Usage* column as required or situational is explained in detail in this section.

Table 3.45 – 277 Segments

Segment ID	Loop ID	Segment Name	IHCP Usage R – Required S – Situational X – Not Used
ST	N/A	Transaction Set Header	R
BHT	N/A	Beginning of Hierarchical Transaction	R
HL	2000A	Information Source Level	R
NM1	2100A	Payer Name	R
PER	2100A	Payer Contact Information	X
HL	2000B	Information Receiver Level	R
NM1	2100B	Information Receiver Name	R
HL	2000C	Service Provider Level	R
NM1	2100C	Provider Name	R
HL	2000D	Subscriber Level	R
DMG	2000D	Subscriber Demographic Information	R
NM1	2100D	Subscriber Name	R
TRN	2200D	Claim Submitter Trace Number	R
STC	2200D	Claim Level Status Information	R
REF	2200D	Payer Claim Identification Number	S
REF	2200D	Institutional Bill Type Identification	S
REF	2200D	Medical Record Identification	S
DTP	2200D	Claim Service Date	S
SVC	2220D	Service Line Information	S
STC	2220D	Service Line Status Information	S
REF	2220D	Service Line Item Identification	S
DTP	2220D	Service Line Date	S
HL	2000E	Dependent Level	X
DMG	2000E	Dependent Demographic Information	X
NM1	2100E	Dependent Name	X
TRN	2200E	Claim Submitter Trace Number	X
STC	2200E	Claim Level Status Information	X
REF	2200E	Payer Claim Identification Number	X
REF	2200E	Institutional Bill Type Identification	X
REF	2200E	Medical Record Identification	X
DTP	2200E	Claim Service Date	X
SVC	2220E	Service Line Information	X
STC	2220E	Service Line Status Information	X
REF	2220E	Service Item Identification	X

Table 3.45 – 277 Segments

Segment ID	Loop ID	Segment Name	IHCP Usage R – Required S – Situational X – Not Used
DTP	2220E	Service Line Date	X
SE	N/A	Transaction Set Trailer	R

Table 3.46 – Transaction Set Header

Segment Name	Transaction Set Header
Segment ID	ST
Loop ID	N/A
Usage	Required
Segment Notes	This segment indicates the start of the transaction.
Example	ST*277*152790~

Table 3.47 – Element ID ST01-ST02

Element ID	Usage	Guide Description and Valid Values	Comments
ST01	R	Transaction Set Identifier Code 277 – Health Care Claim Status Notification	
ST02	R	Transaction Set Control Number	This number is generated by the IHCP and matches the value in the corresponding SE02 segment.

Table 3.48 – Beginning of Hierarchical Transaction

Segment Name	Beginning of Hierarchical Transaction
Segment ID	BHT
Loop ID	N/A
Usage	Required
Segment Notes	This segment identifies the transaction as a claim status response notification and contains the transaction creation date.
Example	BHT*0010*08*227685999090*20030402**DG~

Table 3.49 – Element ID BHT01-BHT06

Element ID	Usage	Guide Description and Valid Values	Comments
BHT01	R	Hierarchical Structure Code 0010 – Information Source, Receiver, Provider of Service, Subscriber, Dependent	
BHT02	R	Transaction Set Purpose Code 08 – Status	
BHT03	R	Originator Application Transaction Identifier	This field contains an IHCP generated value used for internal tracking.
BHT04	R	Transaction Set Creation Date	Format: CCYYMMDD
BHT05	N/A	Time	Not used
BHT06	R	Transaction Type Code DG – Response	

Table 3.50 – Information Source Level

Segment Name	Information Source Level
Segment ID	HL
Loop ID	2000A
Usage	Required
Segment Notes	This segment defines the information source level hierarchy.
Example	HL*1**20*1~

Table 3.51 – Element ID HL01-HL04

Element ID	Usage	Guide Description and Valid Values	Comments
HL01	R	Hierarchical ID Number 1	
HL02	N/A	Hierarchical Parent ID Number	Not used
HL03	R	Hierarchical Level Code 20 – Information Source	
HL04	R	Hierarchical Child Code 1 – Additional Subordinate HL Data Segment in this hierarchical structure	

Table 3.52 – Payer Name

Segment Name	Payer Name
Segment ID	NM1
Loop ID	2100A
Usage	Required
Segment Notes	This segment identifies the IHCP as the payer. This segment always contains the values identified in Table 3.53 regardless of the information sent on the original 276 request.
Example	NM1*PR*2*Indiana Health Coverage Programs*****PI*IHCP~

Table 3.53 – Element ID NM101-NM111

Element ID	Usage	Guide Description and Valid Values	Comments
NM101	R	Entity Identifier Code PR – Payer	
NM102	R	Entity Type Qualifier 2 – Non-Person Entity	
NM103	R	Payer Name Indiana Health Coverage Programs	
NM104	N/A	Name First	Not used
NM105	N/A	Name Middle	Not used
NM106	N/A	Name Prefix	Not used.
NM107	N/A	Name Suffix	Not used
NM108	R	Identification Code Qualifier PI – Payer ID	
NM109	R	Payer Identifier IHCP	
NM110	N/A	Entity Relationship Code	Not used
NM111	N/A	Entity Identifier Code	Not used

Table 3.54 – Information Receiver Level

Segment Name	Information Receiver Level
Segment ID	HL
Loop ID	2000B
Usage	Required
Segment Notes	This segment defines the information receiver level hierarchy.
Example	HL*2*1*21*1~

Table 3.55 – Element ID HL01-HL04

Element ID	Usage	Guide Description and Valid Values	Comments
HL01	R	Hierarchical ID Number	
HL02	R	Hierarchical Parent ID Number	
HL03	R	Hierarchical Level Code 21 – Information Receiver	
HL04	R	Hierarchical Child Code 1 – Additional Subordinate HL Data Segment in This Hierarchical Structure	

Table 3.56 – Information Receiver Name

Segment Name	Information Receiver Name
Segment ID	NM1
Loop ID	2100B
Usage	Required
Segment Notes	This segment identifies the entity initiating the original 276-claim status request. This information is retrieved from IndianaAIM records and may or may not exactly match the information submitted on the 276.
Example	NM1*41*2*Anderson Medical Group*****46*X625~

Table 3.57 – Element ID NM101-NM111

Element ID	Usage	Guide Description and Valid Values	Comments
NM101	R	Entity Identifier Code 41 – Submitter	
NM102	R	Entity Type Qualifier 2 – Non-Person Entity	
NM103	R	Information Receiver Last or Organization Name	
NM104	S	Information Receiver First Name	Not used by the IHCP
NM105	S	Information Receiver Middle Name	Not used by the IHCP
NM106	N/A	Name Prefix	Not used
NM107	S	Information Receiver Name Suffix	Not used by the IHCP
NM108	R	Identification Code Qualifier 46 – Electronic Transmitter Identification Number	
NM109	R	Information Receiver Identification Number	
NM110	N/A	Entity Relationship Code	Not used
NM111	N/A	Entity Identifier Code	Not used

Table 3.58 – Service Provider Level

Segment Name	Service Provider Level
Segment ID	HL
Loop ID	2000C
Usage	Required
Segment Notes	This segment defines the billing provider level hierarchy.
Example	HL*3*2*19*1~

Table 3.59 – Element ID HL01-HL04

Element ID	Usage	Guide Description and Valid Values	Comments
HL01	R	Hierarchical ID Number	
HL02	R	Hierarchical Parent ID Number	
HL03	R	Hierarchical Level Code 19 – Provider of Service	
HL04	R	Hierarchical Child Code 1 – Additional Subordinate HL Data Segment in This Hierarchical Structure	

Table 3.60 – Provider Name

Segment Name	Provider Name
Segment ID	NM1
Loop ID	2100C
Usage	Required
Segment Notes	This segment contains billing provider information. Provider name information is obtained from IndianaAIM records based on the LPI or NPI submitted on the 276 request and may or may not exactly match the information submitted on the original request.
Example	Healthcare Provider: NM1*1P*2*Anderson Medical*****XX*1234567890~ Non-healthcare provider: NM1*1P*2*Anderson Medical*****SV*100999777C~

Table 3.61 – Element ID NM101-NM111

Element ID	Usage	Guide Description and Valid Values	Comments
NM101	R	Entity Identifier Code 1P – Provider	
NM102	R	Entity Type Qualifier 2 – Non-Person Entity	
NM103	R	Provider Last or Organization Name	This field contains the name of the billing provider.
NM104	S	Provider First Name	Not used by the IHCP
NM105	S	Provider Middle Name	Not used by the IHCP
NM106	S	Provider Name Prefix	Not used by the IHCP
NM107	S	Provider Name Suffix	Not used by the IHCP
NM108	R	Identification Code Qualifier SV – LPI XX - NPI	If XX - NPI is sent, the NPI will be validated on the NPI to LPI crosswalk and will be returned on the 277 response transaction. If SV – Service Provider Number is sent, the LPI will be checked to verify the service provider is an atypical provider. Healthcare providers who submit only their LPI with the ‘SV’ qualifier will not have claims returned on the 277 response transaction.
NM109	R	Provider Identifier	If SV qualifier is sent this field contains the nine-digit IHCP LPI and one-digit service location code. If XX qualifier is sent this field contains the 10 digit NPI
NM110	N/A	Entity Relationship Code	Not used
NM111	N/A	Entity Identifier Code	Not used

Table 3.62 – Subscriber Level

Segment Name	Subscriber Level
Segment ID	HL
Loop ID	2000D
Usage	Required
Segment Notes	This segment defines subscriber level hierarchy.
Example	HL*4*3*22*0~

Table 3.63 – Element ID HL01-HL04

Element ID	Usage	Guide Description and Valid Values	Comments
HL01	R	Hierarchical ID Number	
HL02	R	Hierarchical Parent ID Number	
HL03	R	Hierarchical Level Code 22 – Subscriber	
HL04	R	Information Receiver 0 – No Subordinate HL Segment in This Hierarchical Structure	Since the IHCP member is always the patient, there are no subordinate HLs to the HL segment.

Table 3.64 – Subscriber Demographic Information

Segment Name	Subscriber Demographic Information
Segment ID	DMG
Loop ID	2000D
Usage	Situational
Segment Notes	This segment is required because the subscriber (the IHCP member) is always the same as the patient. The IHCP always returns this segment to be compliant; however, member birth date and gender are obtained from IndianaAIM member file data and may or may not exactly match the information submitted on the original 276 request.
Example	DMG*D8*19620308*M~

Table 3.65 – Element ID DMG01-DMG09

Element ID	Usage	Guide Description and Valid Values	Comments
DMG01	R	Date/Time Period Format Qualifier D8 – Date Expressed in Format CCYYMMDD	
DMG02	R	Subscriber Birth Date	
DMG03	R	Subscriber Gender Code	
DMG04	N/A	Marital Status Code	Not used
DMG05	N/A	Race or Ethnicity Code	Not used
DMG06	N/A	Citizenship Status Code	Not used
DMG07	N/A	Country Code	Not used
DMG08	N/A	Basis of Verification Code	Not used
DMG09	N/A	Quantity	Not used

Table 3.66 – Subscriber Name

Segment Name	Subscriber Name
Segment ID	NM1
Loop ID	2100D
Usage	Required
Segment Notes	This segment contains the IHCP member name and ID number. Member name is obtained from IndianaAIM records based on the member ID submitted on the original 276 request and may or may not exactly match the name submitted on the original request.
Example	NM1*QC*1*HARRISON*WILLIAM****MI*100234009099~

Table 3.67 – Element ID NM101-NM111

Element ID	Usage	Guide Description and Valid Values	Comments
NM101	R	Entity Identifier Code QC – Insured or Subscriber	
NM102	R	Entity Type Qualifier 1 – Person	
NM103	R	Subscriber Last Name	
NM104	S	Subscriber First Name	
NM105	S	Subscriber Middle Name	Not used by the IHCP
NM106	S	Subscriber Name Prefix	Not used by the IHCP
NM107	S	Subscriber Name Suffix	Not used by the IHCP
NM108	R	Identification Code Qualifier MI – Member Identification Number	
NM109	R	Subscriber Identifier	This field contains the 12-digit IHCP member ID.
NM110	N/A	Entity Relationship Code	Not used
NM111	N/A	Entity Identifier Code	Not used

Table 3.68 – Claim Submitter Trace Number

Segment Name	Claim Submitter Trace Number
Segment ID	TRN
Loop ID	2200D
Usage	Situational
Segment Notes	This segment is required because the subscriber (the IHCP member) is always the patient and must be submitted to be compliant. TRN02 exactly matches the information sent in TRN02 in loop 2200D on the 276 request.
Example	TRN*2*7888892638~

Table 3.69 – Element ID TRN01-TRN04

Element ID	Usage	Guide Description and Valid Values	Comments
TRN01	R	Trace Type Code 2 – Referenced Transaction Trace Numbers	
TRN02	R	Trace Number	This field contains the trace number originally submitted on the 276 request.
TRN03	N/A	Originating Company	Not used
TRN04	N/A	Reference Identification	Not used

Table 3.70 – Claim Level Status Information

Segment Name	Claim Level Status Information
Segment ID	STC
Loop ID	2200D
Usage	Required
Segment Notes	This segment provides claim level status information about the request submitted on the 276.
Example	STC*F1:1*20030501**75*62.5*20030417*CHK*20030421*3445456~

Table 3.71 – Element ID STC01-STC12

Element ID	Usage	Guide Description and Valid Values	Comments
STC01	R	Health Care Claim Status	This is a composite data element.
STC01 – 1	R	Health Care Claim Status Category Code	The values listed are the only values currently being used by the IHCP. Claims fall into these categories based on the following definitions:
		A4 – Acknowledgement/Not Found – The claim or encounter cannot be found in the adjudication system	A4 – Primary search data is valid, such as the provider number or member ID, however, there are no claims matching the criteria.
		E0 – Error in Submitted Request Data	E0 – Primary search data is invalid, such as the provider identifier, member ID, and so forth. See Table 3.72 for the appropriate values. **
		F1 – Finalized/Payment – This claim/line has been paid	F1 – The claim either has paid or will pay in the next financial payment cycle.
		F2 – Finalized/Denial – This claim/line has been denied	F2 – The claim denied.
		P1 —Pending/In Process	P1 – The claim is in the adjudication system
		P2 – Pending/In Review – The claim is suspended pending review	P2 – The claim is currently in suspended status pending the IHCP review of claim.
		P3 – Pending/Requested Information – The claim is waiting for information that has already been requested	P3 – This claim is currently in a suspended status awaiting the return of a claim correction form (CCF).

Table 3.71 – Element ID STC01-STC12

Element ID	Usage	Guide Description and Valid Values	Comments
STC01 – 2	R	Health Care Claim Status Code	<p>Service lines returned with Claim Status Category Codes <i>F1</i> (Paid) and <i>F2</i> (Denied) contain a claim status code value of <i>1</i> – <i>For more detailed information, see remittance advice or 101-Claim was processed as adjustment to previous claim.</i> Claims with a Claim Status Category Code of <i>P2</i> (Pending/In Review) and <i>P3</i> (Pending/Requested Information) receive a claim status code from external code set 508 providing additional explanation.</p> <p>Paid claims that are in the process of being voided or replaced with a Claim Status Category Code of <i>P1</i> (Pending/In Process) receive a claim status code value of <i>1</i> - <i>For more detailed information, see remittance advice.</i></p> <p>Suspended and CCF claims that have a Claim Status Category Code of <i>P1</i> will receive a claim status code from external code set 508 providing additional explanation or it will receive a claim status code of <i>20</i> – <i>Accepted for processing.</i></p>
STC01 – 3	S	Entity Identifier Code 82 – Rendering Provider 85 – Billing Provider QC – Insured or Subscriber DN – Referring Provider P3 – Primary Care Provider QH – Physician	This is a subset of the IG list of entity identifier codes and denotes which values the IHCP could potentially use in this segment.
STC02	R	Status Information Effective Date	This represents the date the IHCP created the claim status response.
STC03	N/A	Action Code	Not used
STC04	R	Total Claim Charge Amount	This represents the total amount billed and matches the amount submitted on the original 276 request.
STC05	R	Claim Payment Amount	This element contains the total amount paid for the claim by the IHCP.
STC06	S	Adjudication or Payment Date	If the claim has been through the financial cycle, this date is the same as the check date (STC08). If the claim has not been through the financial cycle, this date is the date the claim processed.

Table 3.71 – Element ID STC01-STC12

Element ID	Usage	Guide Description and Valid Values	Comments
STC07	S	Payment Method Code CHK – Check FWT – Federal Wire Transfer NON – Non-Payment Data	NON is only used for encounter claims.
STC08	S	Check Issue or EFT Effective Date	If the claim has not been through the financial cycle, this element is not returned.
STC09	S	Check or EFT Trace Number	If the claim has not been through the financial cycle, this element is not returned.
STC10	S	Health Care Claim Status	This is a composite data element. See values and comments for STC01 for a complete description of each composite element.
STC10 – 1	R	Health Care Claim Status Category Code	
STC10 – 2	R	Health Claim Status Code	
STC10 – 3	S	Entity Identifier Code	
STC11	S	Health Care Claim Status	This is a composite data element. See values and comments for STC01 for a complete description of each composite element.
STC11 – 1	R	Health Care Claim Status Category Code	
STC11 – 2	R	Health Care Claim Status Code	
STC11 – 3	S	Entity Identifier Code	
STC12	N/A	Free-Form Message Text	Not used

**Claim Status Category Code *E0* is used when certain data submitted on the 276 cannot be validated; therefore, no search can be performed. The following Category Code, Status Code, and Entity Code qualifier combinations are returned in these situations:

Table 3.72 – Qualifier Code Combinations

Situation	Category Code	Status Code	Entity Identifier Code
The provider identifier submitted in NM109 (2100A loop) not found on IndianaAIM database.	E0	21	SV or XX
The IHCP member ID submitted in NM109 (2100D loop) not found on IndianaAIM database.	E0	21	

There are other instances when certain data is submitted that can prevent finding a claim. For example, if a 276 is submitted with a claim submitted charge amount of \$49.10 in AMT03 in the 2200D Loop, but the actual charge amount on the claim is \$49.20, the 277 returns a Claim Status

Category Code of A4-Acknowledgement/Not Found and a Claim Status Code of 35-Claim/Encounter Not Found.

Table 3.73 – Payer Claim Identification Number

Segment Name	Payer Claim Identification Number
Segment ID	REF
Loop ID	2200D
Usage	Situational
Segment Notes	This segment contains the ICN of the claim meeting the claim status request criteria.
Example	REF*1K*2003045600031~

Table 3.74 – Element ID REF01-REF04

Element ID	Usage	Guide Description and Valid Values	Comments
REF01	R	Reference Identification Qualifier 1K – Payer’s Claim Number	
REF02	R	Internal Control Number	This field contains the 13-digit IHCP ICN.
REF03	N/A	Description	Not used
REF04	N/A	Reference Identifier	Not used

Table 3.75 – Institutional Bill Type Identification

Segment Name	Institutional Bill Type Identification
Segment ID	REF
Loop ID	2200D
Usage	Situational
Segment Notes	This segment contains the type of bill from an institutional claim.
Example	REF*BLT*111~

Table 3.76 – Element ID REF01-REF04

Element ID	Usage	Guide Description and Valid Values	Comments
REF01	R	Reference Identification Qualifier BLT – Billing Type	
REF02	R	Bill Type Identifier	This field contains the three-digit institutional type of bill.
REF03	N/A	Description	Not used
REF04	N/A	Reference Identifier	Not used

Table 3.77 – Medical Record Identification

Segment Name	Medical Record Identification
Segment ID	REF
Loop ID	2200D
Usage	Situational
Segment Notes	This segment contains the medical record number.
Example	REF*EA*223234AE4~

Table 3.78 – Element ID REF01-REF04

Element ID	Usage	Guide Description and Valid Values	Comments
REF01	R	Reference Identification Qualifier EA – Medical Record Identification Number	
REF02	R	Medical Record Number	Use the medical record number for the IHCP member. The IHCP accepts the full HIPAA length of 30 characters. Previously, only the first 20 characters are accepted.
REF03	N/A	Description	Not used
REF04	N/A	Reference Identifier	Not used

Table 3.79 – Claim Submitted Charges

Segment Name	Claim Submitted Charges
Segment ID	AMT
Loop ID	2200D
Usage	Situational
Segment Notes	This segment is required because the subscriber (the IHCP member) is always the patient. It must be submitted to be compliant. The amount in this segment matches the total charges from the original 276 request.
Example	AMT*T3*471.1~

Table 3.80 – Element ID AMT01-AMT03

Element ID	Usage	Guide Description and Valid Values	Comments
AMT01	R	Amount Qualifier Code T3 – Total Submitted Charges	
AMT02	R	Total Claim Charge Amount	
AMT03	N/A	Credit/Debit Flag Code	Not used

Table 3.81 – Claim Service Date

Segment Name	Claim Service Date
Segment ID	DTP
Loop ID	2200D
Usage	Situational
Segment Notes	This segment contains the <i>To</i> and <i>From</i> dates of service for the claim.
Example	DTP*232*RD8*20030401-20030430~

Table 3.82 – Element ID DTP01-DTP03

Element ID	Usage	Guide Description and Valid Values	Comments
DTP01	R	Date/Time Qualifier 232 – Claim Statement Period Start	
DTP02	R	Date/Time Period Format Qualifier RD8 – Range of Dates Expressed in Format CCYYMMDD – CCYYMMDD	
DTP03	R	Claim Service Period	

Table 3.83 – Service Line Information

Segment Name	Service Line Information
Segment ID	SVC
Loop ID	2210D
Usage	Situational
Segment Notes	This segment is only returned if the 276 specifically requested a claim status response based on service or detail line information.
Example	SVC*HC*99395*****102~

Table 3.84 – Element ID SVC01-SVC07

Element ID	Usage	Guide Description and Valid Values	Comments
SVC01	R	Composite Medical Procedure Identifier	This is a composite data element.
SVC01-1	R	Product or Service ID Qualifier AD – American Dental Association Codes HC – Health Care Financing Administration Common Procedural Coding System (HCPCS) Codes ID – International Classification of Diseases Clinical Modification (ICD-9-CM) – Procedure N4 – National Drug Code in 5-4-2 Format NU – National Uniform Billing Committee (NUBC) UB-04 Codes This code is the NUBC Revenue Code	These are the only values recognized by the IHCP.
SVC01-2	R	Service Identification Code	This field contains the applicable dental procedure code, HCPCS code, NDC, or revenue code. Only one code or code combination is returned per service line.
SVC01-3	S	Procedure Modifier	
SVC01-4	S	Procedure Modifier	
SVC01-5	S	Procedure Modifier	
SVC01-6	S	Procedure Modifier	
SVC01-7	N/A	Description	Not used
SVC02	R	Line Item Charge Amount	This field contains the billed amount as submitted on the original claim.
SVC03	N/A	Monetary Amount	Not used
SVC04	S	Revenue Code	
SVC05	N/A	Quantity	Not used
SVC06	N/A	Composite Medical Procedure Identifier	Not used
SVC07	S	Original Units of Service Count	

Table 3.85 – Service Level Status Information

Segment Name	Service Level Status Information
Segment ID	STC
Loop ID	2220D
Usage	Situational
Segment Notes	This segment provides service or detail level status information about the request submitted on the 276.
Example	STC*F1:1*20030501**75*62.5~

Table 3.86 – Element ID STC01-STC12

Element ID	Usage	Guide Description and Valid Values	Comments
STC01	R	Health Care Claim Status	This is a composite data element.
STC01 – 1	R	Health Care Claim Status Category Code	The values listed are the only values currently being used by the IHCP. Claims fall into these categories based on the following definitions:
STC01 – 1 (Continued)	R	A4 – Acknowledgement/Not Found – The claim/encounter cannot be found in the adjudication system	A4 – Primary search data is valid such as the provider number, member ID, and so forth; however, no claims are found that match the criteria.
		E0 – Response not possible	E0 – Error on submitted request data
		F1 – Finalized/Payment – This claim/line has been paid	F1 – The service line either has paid or will pay in the next financial payment cycle.
		F2 – Finalized/Denial – This claim/line has been denied	F2 – The service line has been denied.
		P1 – Pending/In Process	P1 – The claim is in the adjudication system
		P2 – Pending/In Review – The claim/encounter is suspended pending review	P2 – The service line is currently in suspended status pending IHCP/EDS review of claim.
		P3 – Pending/Requested Information – The claim/encounter is waiting for information that has already been requested	P3 – This service line is currently in suspended status awaiting the return of claim correction form (CCF).

Table 3.86 – Element ID STC01-STC12

Element ID	Usage	Guide Description and Valid Values	Comments
STC01 – 2	R	Health Care Claim Status Code	<p>Service lines returned with Claim Status Category Codes <i>F1</i> (Paid) and <i>F2</i> (Denied) contain a claim status code value of <i>1</i> – <i>For more detailed information, see remittance advice or 101-Claim was processed as adjustment to previous claim.</i> Claims with a Claim Status Category Code of <i>P2</i> (Suspended) and <i>P3</i> (Pending/Requested Information) receive a claim status code from external code set 508 providing additional explanation.</p> <p>Paid claims that are in the process of being voided or replaced with a Claim Status Category Code of <i>P1</i>(Pending/In Process) receive a claim status code value of <i>1</i> - <i>For more detailed information, see remittance advice.</i></p> <p>Suspended and CCF claims that have a Claim Status Category Code of <i>P1</i> will receive a claim status code from external code set 508 providing additional explanation or it will receive a claim status code of <i>20</i> – <i>Accepted for processing.</i></p>
STC01 – 3	S	Entity Identifier Code 82 – Rendering Provider 85 – Billing Provider QC – Insured or Subscriber DN – Referring Provider P3 – Primary Care Provider QH – Physician	This is a subset of the IG list of entity identifier codes and indicates values the IHCP could potentially use in this segment.
STC02	R	Status Information Effective Date	This represents the date the IHCP created the claim status response.
STC03	N/A	Action Code	Not used
STC04	S	Line Item Charge Amount	This represents the line item amount billed and matches the amount submitted on the original 276 request.
STC05	S	Line Item Provider Payment Amount	This element contains the line item amount paid for the claim by the IHCP.
STC06	N/A	Date	Not used

Table 3.86 – Element ID STC01-STC12

Element ID	Usage	Guide Description and Valid Values	Comments
STC07	N/A	Payment Method Code	Not used
STC08	N/A	Check Issue or EFT Effective Date	Not used
STC09	N/A	Check or EFT Trace Number	Not used
STC10	S	Health Care Claim Status	This is a composite data element. See values and comments for STC01 for a complete description of each composite element.
STC10 – 1	R	Health Care Claim Status Category Code	
STC10 – 2	R	Health Claim Status Code	
STC10 – 3	S	Entity Identifier Code	
STC11	S	Health Care Claim Status	This is a composite data element. See values and comments for STC01 for a complete description of each composite element.
STC11 – 1	R	Health Care Claim Status Category Code	
STC11 - 2	R	Health Care Claim Status Code	
STC11 – 3	S	Entity Identifier Code	
STC12	N/A	Free-Form Message Text	Not used

Table 3.87 – Service Line Item Identification

Segment Name	Service Line Item Identification
Segment ID	REF
Loop ID	2210D
Usage	Situational
Segment Notes	This segment contains the line item control number submitted on the original claim.
Example	REF*FJ*10~

Table 3.88 – Element ID REF01-REF04

Element ID	Usage	Guide Description and Valid Values	Comments
REF01	R	Reference Identification Qualifier FJ – Line Item Control Number	
REF02	R	Line Item Control Number	This value represents the number assigned by the provider to the service line or detail. The IHCP accepts up to 30 characters.
REF03	N/A	Description	Not used
REF04	N/A	Reference Identifier	Not used

Table 3.89 – Service Line Date

Segment Name	Service Line Date
Segment ID	DTP
Loop ID	2210D
Usage	Required
Segment Notes	This segment contains the <i>From</i> and <i>To</i> dates of service from the service line/detail level.
Example	DTP*472*RD8*20030403-20030403~

Table 3.90 – Element ID DTP01-DTP03

Element ID	Usage	Guide Description and Valid Values	Comments
DTP01	R	Date/Time Qualifier 472 – Service	
DTP02	R	Date/Time Period Format Qualifier RD8 – Range of Dates Expressed in Format CCYYMMDD - CCYYMMDD	
DTP03	R	Service Line Date	

Table 3.91 – Transaction Set Trailer

Segment Name	Transaction Set Trailer
Segment ID	SE
Loop ID	N/A
Usage	Required
Segment Notes	
Example	SE*52*152790~

Table 3.92 – Element ID SE01-SE02

Element ID	Usage	Guide Description and Valid Values	Comments
SE01	R	Transaction Segment Count	
SE02	R	Transaction Set Control Number	The value in this data element matches the value submitted in ST02.

Example of a 277 Transaction

Figure 3.2 illustrates the 277 transaction.

```
ST*277*47561~
BHT*0010*08*20030401120000*20030401**DG~
HL*1**20*1~
NM1*PR*2*Indiana Health Coverage Programs*****PI*EDS IHCP~
HL*2*1*21*1~
NM1*41*2*Anderson Medical Group*****46*152X~
HL*3*2*19*1~
NM1*1P*2*Anderson Medical Group*****XX*1001234999~
HL*4*3*22*0~
DMG*D8*19621016*F~
NM1*QC*1*WILSON*ALICE****MI*100222333099~
TRN*2*2345678909~
STC*F1:1*20030401**49*40.15*20030325*FWT~
REF*1K*2003145600032~
REF*EA*Z2345K456~
DTP*232*RD8*20030315-20030315~
SVC*HC:99210*49*40***1~
STC* F1:1*20030401**49*40.15~
REF*FJ*1~
DTP*472*RD8*20030315-20030315~
SE*21*47561~
```

Figure 3.2 – 277 Transaction

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