
# Standard Companion Guide
# Transaction Information

*Instructions Related to the 277CA Health Care Claim Acknowledgment Based on ASC X 12 Implementation Guides, Version 005010*

*ASC X12N 277 (005010X214)*

# Preface

CarePartners of Connecticut has implemented the X12N 277 Health Care Claim Acknowledgment (hereafter referred to as the “277CA”) as specified by the Health Insurance Portability and Accountability Act of 1996 (HIPAA). The X12N 277 version of the 5010 Standards for Electronic Data Interchange Technical Report Type 3 and Errata (also referred to as Implementation Guides) for the Health Care Claim Acknowledgement has been established as the standard for Health Care claims transaction compliance.

This document has been prepared to serve as CarePartners of Connecticut’s specific companion guide to the 277CA Transaction Set. This document supplements but does not contradict any requirements in the 277CA Technical Report, Type 3. The primary focus of the document is to clarify specific segments and data elements that will be transmitted by CarePartners of Connecticut to Trading Partners who submit the 837 Institutional & Professional Claim Transactions. This document will be subject to revisions as new versions of the 277 Health Care Claim Acknowledgement Technical Reports are released.

The 277CA transaction set is for a submitter who is already successfully submitting 837 claim (professional/institutional) transactions. This document contains CarePartners of Connecticut’s specifications for the transaction as well as contact information and key points.

The intended audience for this document is the technical area responsible for programming to receive files and automatically post acknowledgements of claims rejected or accepted for

processing by CarePartners of Connecticut to the provider's information system. The decision to post 277CA transactions to the information system is solely the responsibility of the recipient.

# Table of Contents

# Transaction Instruction (TI)

## 1 TI Introduction

### 1.1 Background

To receive a valid transaction, please refer to the National Electronic Data Interchange Transaction Set Technical Report & Errata for the Health Care Claim: Acknowledgement ASC X12N 277CA (005010X214). The Technical Reports and/or Implementation Guides) can be ordered from the Washington Publishing Company's website at www.wpc-edi.com.

**NOTE:** This should not be confused with the response to the 276/277 Claims Status Inquiry or the 277 Request for Information.

For questions related to the CarePartners of Connecticut's 277CA Transaction, please contact the EDI Operations Department at 888-631-7002, Ext. 52994 or email your questions to EDI_CT_Operations@carepartnersct.com.

**NOTE:** CarePartners of Connecticut is not responsible for any software used by the receiver for the utilization of the ASC X12N 277CA transaction.

### 1.2 Intended Use

The Transaction Instruction component of this companion guide must be used in conjunction with an associated ASC X12 Implementation Guide. The instructions in this companion guide are not intended to be stand-alone requirements documents. This companion guide conforms to all the requirements of any associated ASC X12 Implementation Guides and is in conformance with ASC X12's Fair Use and Copyright statements.

# 2 Included ASC X12 Implementation Guides

This table lists the X12N Implementation Guides for which specific transaction instructions apply and which are included in Section 3 of this document.

| Unique ID | Name |
|---|---|
| 005010X214 | Health Care Claim Acknowledgement |

# 3 Instruction Tables

These tables contain one or more rows for each segment for which a supplemental instruction is needed.

| Legend |
|---|
| **BOLDED** and SHADED rows represent “loops” or “segments” in the X12N implementation guides. |
| NON-SHADED rows represent “data elements” in the X12N implementation guides. |

### 005010X214 Health Care Claims Acknowledgement

| Loop ID | Reference | Name | Expected Value | Notes/Comments |
|---|---|---|---|---|
| **2100A** | **NM1** | **Information Source Name** | | |
| | NM101 | Entity Identification Code | PR | Payer Identification |
| | NM103 | Name Last or Organization Name | CAREPARTNERS OF CONNECTICUT | |
| | NM108 | Identification Code Qualifier | 46 | Electronic Transmitter Identification Number (ETIN) |
| | NM109 | Identification Code | 16307 | CarePartners of Connecticut’s NAIC number |
| **2200A** | **TRN** | **Transmission Receipt Control Identifier** | | |
| | TRN02 | Reference Identification | | A unique trace number (combination of date, time and sequence number) will be sent |
| **2100B** | **NM1** | **Information Receiver Name** | | |
| | NM101 | Entity Code Identifier | 41 | Submitter |
| | NM108 | Identification Code Qualifier | 46 | Electronic Transmitter Identification Number (ETIN) |
| | NM109 | Identification Code | *XXX001* | CarePartners of Connecticut will continue using the six-digit submitter code (two/three)- alphas followed by three/four numeric) |

| Loop ID | Reference | Name | Expected Value | Notes/Comments |
|---|---|---|---|---|
| **2200B** | | **Information Receiver Application Trace Identifier** | | |
| | TRN02 | Reference Identification | | CarePartners of Connecticut will use the value submitted in the BHT03 (ICN) data element from the 837 |
| | **STC** | **Information Receiver Status Information** | | |
| | STC01-1 | Health Care Claim Status Category Codes | A0-A8 | Only the 'Acknowledgment' Category Codes are used in this element |
| | STC01-2 | Health Care Claim Status Codes | | Refer to Section 6.5, Rejection Criteria/Error Messages on the 277CA Acknowledgement |
| | STC01-3 | Entity Identifier Code | 41 | Submitter |
| | STC03 | Action Code | WQ | We will assign "WQ" to indicate the type of action (i.e. accept or reject) applied to the electronic transmission status of the ST-SE envelope of the 837 transaction |
| **2200C** | **STC** | **Billing Provider Status Information** | | |
| | STC01-1 | Health Care Claim Status Category Code | A0-A8 | Only the 'Acknowledgment' Category Codes are used in this element. Refer to Section 6.4, Claim Status Categories Table |
| | STC01-2 | Health Care Claim Status Code | | Refer to Section 6.5, Rejection Criteria/Error Messages on the 277CA Acknowledgement |
| | STC01-3 | Entity Identifier Code | 41 | Submitter |
| | STC03 | Action Code | U = Reject<br>WQ = Accept | • "U" is used to indicate the submitter's group of claims has been rejected.<br>• If any portion of the submitter's group of claims is accepted then the code "WQ" will be used |
| **2200D** | **TRN** | **Claim Status Tracking Number** | | |

| Loop ID | Reference | Name | Expected Value | Notes/Comments |
|---|---|---|---|---|
| | TRN02 | Referenced Transaction Trace Number | | Patient Control Number: Populated with the value received from the 837; Loop 2300 CLM01 element |
| | **STC** | **Claim Level Status Information** | | |
| | STC01-1 | Health Care Claim Status Category Code | A0-A8 | Only the 'Acknowledgment' Category Codes are used in this element |
| | STC01-2 | Health Care Claim Status Code | | Refer to Section 6.5, Rejection Criteria/Error Messages on the 277CA Acknowledgement |
| | STC01-3 | Entity Identifier Code | 41 | Submitter |
| | STC03 | Action Code | U = Reject<br>WQ = Accept | |
| | STC10-1 | Health Care Claim Status Category Code | A3, A6, A7, A8 | Will be used when more than one claim level rejection reason needs to be communicated |
| | STC10-2 | Health Care Claim Status Code | | Refer to Section 6.5, Rejection Criteria/Error Messages on the 277CA Acknowledgement |
| | STC010-3 | Entity Code | 41 | Submitter |
| | **REF** | **Payer Claim Control Number** | | |
| | REF01 | Payer Claim Control Number qualifier | 1K | CarePartners of Connecticut Claim Number |
| | REF01 | Claim Identifier Number for Clearinghouse and Other Transmission Intermediaries qualifier | D9 | • CarePartners of Connecticut will populate this field with the value received from the 837<br>• Loop 2300 REF02 element |
| | REF01 | Institutional Bill Type Identification qualifier | BLT | FOR INSTITUTIONAL CLAIMS ONLY: CarePartners of Connecticut will populate this field with the values received from 837I; Loop 2300 CLM05-1 and CLM05-3 |
| **2220D** | **SVC** | **Service Line Information** | | |

| Loop ID | Reference | Name | Expected Value | Notes/Comments |
|---|---|---|---|---|
| | SVC01-2 | Product/Service ID | | This field will be populated with one of the following:<br>• The value received from the value in the 837P; Loop 2400 SV101-2 element<br>• The value received from the 837I; Loop 2400 SV201 element<br>• The value received from the 837I; Loop 2400 SV202-2 element |
| | SVC01-3 | Procedure Modifier | | This field will be populated with one of the following:<br>• The value received from the 837I; Loop 2400 SV202-3 element<br>• The value received from the 837P; Loop 2400 SV101-3 element |
| | SVC01-4 | Procedure Modifier | | Will be populated with one of the following:<br>• The value received from the 837I; Loop 2400 SV202-4 element<br>• The value received from the 837P; Loop 2400 SV101-4 element |
| | SVC01-5 | Procedure Modifier | | Will be populated with one of the following:<br>• The value received from the 837I; Loop 2400 SV202-5 element<br>• The value received from the 837P; Loop 2400 SV101-5 element |
| | SVC01-6 | Procedure Modifier | | Will be populated with one of the following:<br>• The value received from the 837I; Loop 2400 SV202-6 element<br>• The value received from the 837P; Loop 2400 SV101-6 element |

| | STC | Service Line Level Status Information | | |
|---|---|---|---|---|
| | STC01-1 | Health Care Claim Status Category Code | A3, A6, A7, A8 | Will be used when more than one claim level rejection reason needs to be communicated |
| | STC01-2 | Health Care Claim Status Code | | Refer to Section 6.5, Rejection Criteria/Error Messages on the 277CA Acknowledgement |
| | STC01-3 | Entity Code | 41 | Submitter |

# 4 TI Additional Information

## 4.1 Business Scenarios

Please refer to the business scenarios presented in the Implementation Guides or visit: http://www.wpc-edi.com for additional or corrected examples.

Business scenarios can be found in Section 3, page 103 of the Implementation Guide. They include:

- Accepted file (some claims rejected)
- Clearinghouse example, rejected file (invalid submitter)
- Payer response – accepted file
- Payer response
- 1st provider – claims accepted
- 2nd provider – claims rejected

## 4.2 Payer Specific Business Rules and Limitations

### 4.2.1 Category 1: General Instructions

- New claims submitters must go through the appropriate set-up/authorization process in order to receive the 277 Claim Acknowledgement. Please refer to the Communications/Connectivity Component of this document for details.

### 4.2.2 Category 2: Acknowledgements

- When a compliant file is received, the 277CA – commonly referred to as “the claim acknowledgment report” - will typically be available within one business day.
- The 277CA Health Care Claim Acknowledgement includes basic file information:
  - Submission status
  - Submission date
  - Claims submitted
  - Claims rejected
  - Claims accepted
  - Reasons for claim rejections
  - Claim numbers for accepted claims

- For rejection criteria and associated error messages that are sent on the 277CA file, refer to Section 6, Communications/Connectivity Instruction.

## Frequently Asked Questions

### 4.2.3 General Claim Acknowledgement Questions

**Q. Will I get the 277CA if I submit through a clearinghouse?**
**A.** No, not directly. Your clearinghouse should provide you with this information.

**Q. Will I get the 277CA for paper claims?**
**A.** No, this acknowledgment is only for electronic claims.

**Q: What is the difference between this transaction and the 276/277 transaction (health care claims status inquiry)?**
**A**: The 276/277 transaction gives the status (Paid/Pend/Deny) of a claim in the CarePartners of Connecticut adjudication system. The 277 CA is a “receipt” of an electronically submitted claim – whether it was rejected or accepted for further processing and does not include pay, pend, or deny information.

**Q: What is the file naming convention for the 277CA files?**
A: <Trading Partner>-<Submitter ID>-<Doc ID>.request. Where the <Trading Partner> field is populated with the Submitter Mailbox Name, the Submitter ID populated with the regular format (XX0001) and the <Doc ID> is populated with an internal numbering sequence.

### 4.2.4 CarePartners of Connecticut Product Type Questions

**Q. Will I get the 277CA for each file I send?**
**A.** Yes. You will get a 277CA for each file submitted

### 4.2.5 Direct 837 Claims Questions

**Q. How long will the 277CA Acknowledgement be available?**
**A.** The 277CA Acknowledgement will be retained in your mailbox for 14 days.

## 4.3 Other Resources

# 5 TI Change Summary

| Revision | Revision Date | Comments |
|---|---|---|
| 1 | 12/2018 | Version 5010 |

# 6 Communications/Connectivity (C/C) Instruction

## 6.1 Setup and Testing

CarePartners of Connecticut will send test sample 277 Claim Acknowledgement transactions when testing. The decision to post 277 Claim Acknowledgement transactions to the payee's test or production information system is solely the responsibility of the recipient.

### 6.1.1 Direct EDI

To receive the 277 Claim Acknowledgement transaction via Direct EDI, you must be a registered user with a password and already be submitting HIPAA-compliant 837 files (professional or institutional) directly to CarePartners of Connecticut.

## 6.2 Contact Information

The following sections provide contact information for any questions regarding HIPAA, 837 transactions, EDI, documentation, or training.

### 6.2.1 For 277CA Transaction Questions

The following table provides specific contact information by department and responsibility.

| For Questions Regarding… | Contact | Phone Number | Email Address |
|---|---|---|---|
| EDI Claims Submission (i.e., file submissions, claim rejections) | CarePartners of Connecticut EDI Operations | 888-631-7002, Ext. 52994 | EDI_CT_Operations@carepartnersct.com |

## 6.3 Enveloping Specifications

| | |
|---|---|
| Trading Partner1 (SENDER) | 16307 |
| Trading Partner2 (RECEIVER) | <Sender ID> |
| APRF (Application Reference) | 277CA |
| Segment Terminator (OPTIONAL) | Carriage Return (CR) |
| Element Separator (OPTIONAL) | * |
| Component Element Separator (OPTIONAL) | ~ |

### 6.3.1 ISA (Interchange Control Header Segment)

The ISA is a fixed record length segment and all positions within each of the data elements are required. The first element separator defines the element separator used through the entire interchange. The segment terminator used after the ISA defines the segment terminator to be used throughout the entire interchange.

The **Input Data** column below contains text in *[bracketed italics],* which indicates special input data dependent on sender, time, date, etc.

| Elements | Size | Name | Input Data | Remarks |
|---|---|---|---|---|
| ISA01 | 2 | Authorization Information Qualifier | **00** | No Authorization Information Present |
| ISA02 | 10 | Authorization Information | *[Submitter-specific ID number, or ten-space placeholder]* | If no Authorization Information number is present, enter ten spaces in this field |
| ISA03 | 2 | Security Information Qualifier | **00** | No Security Information Present |
| ISA04 | 10 | Security Information/Password | *[Submitter-specific ID number, or ten-space placeholder]* | If no Authorization Information number is present, enter ten spaces in this field |
| ISA05 | 2 | Interchange ID Qualifier/Trading Partner Qualifier | **33** | NAIC Number |
| ISA06 | 15 | Interchange Sender ID/ Trading Partner ID | **16307** | CarePartners of Connecticut NAIC number |
| ISA07 | 2 | Interchange ID Qualifier/CarePartners of Connecticut Qualifier | **ZZ** | Mutually Agreed |
| ISA08 | 15 | Interchange Receiver ID/CarePartners of | *[CarePartners of Connecticut Submitter ID]* | Receiver ID (Provided by CarePartners of Connecticut) |
| ISA09 | 6 | Interchange Date | YYMMDD | Date of the interchange |
| ISA10 | 4 | Interchange Time | HHMM | Time of the interchange |

| Elements | Size | Name | Input Data | Remarks |
|---|---|---|---|---|
| ISA11 | 1 | Repetition Separator | | • The repetition separator is a delimiter and not a data element<br>• This field provides the delimiter used to separate repeated occurrences of a simple data element or a composite data structure<br>• This value must be different than the data element separator, component element separator, and the segment terminator |
| ISA12 | 5 | Interchange Control Version Number | | Version Number |
| ISA13 | 9 | Interchange Control Number/Last Control Number | <auto generated> | Assigned and maintained by the interchange sender, must be identical to the associated Interchange Trailer, IEA-02 |
| ISA14 | 1 | Acknowledgement Request | 0 | 0 - No Acknowledgment Requested |
| ISA15 | 1 | Interchange Usage Indicator/ Acknowledgment Test Indicator | *[Enter either T or P]* | T - Test Data<br>P - Production Data |
| ISA16 | 1 | Component Element Separator (Sub-Element) | ~ | • Used to separate component data elements within a composite data structure; must be unique<br>• ASCII Value - Component element separator |

### 6.3.2 IEA (Interchange Control Trailer Segment)

This segment defines the end of an interchange of zero or more functional groups and interchange-related control segments.

The **Input Data** column below contains text entered in *[bracketed italics]* indicates special input data dependent on sender, time, date, etc.

| Elements | Size | Name | Input Data | Remarks |
|---|---|---|---|---|
| IEA01 | 1/5 | Number of Included Functional Groups | *[Submitter-specific ID number]* | A count of the number of functional groups included in an interchange |
| IEA02 | 9 | Interchange Control Number | *[Submitter-specific ID number]* | A control number assigned by the interchange sender |

### 6.3.3 GS (Functional Group Header Segment)

This segment indicates the beginning of a functional group and to provide control information.

The **Input Data** column below contains text entered in *[bracketed italics]* indicates special input data dependent on sender, time, date, etc.

| Elements | Size | Name | Input Data | Remarks |
|---|---|---|---|---|
| GS01 | 2 | Functional Identifier Code | HN | Health Care Information Status Notification |
| GS02 | 2/15 | Application Sender's Code | 16307 | Code identifying party sending transmission |
| GS03 | 2/15 | Application Receiver's Code | *[CarePartners of Connecticut Submitter ID]* | Code identifying party receiving transmission |
| GS04 | 8 | Date | *[Enter the date using the format YYYYMMDD; for example, January 1, 2012 would be entered as 20120101]* | Functional Group creation date |
| GS05 | 4/8 | Time | *[Enter the time using the format HHMM; for example, 1:30 PM would be entered as 1330]* | Functional Group creation time. Time expressed in 24-hour clock |
| GS06 | 1/9 | Group Control Number/Last Control Number | *[Submitter-specific number]* | Assigned and maintained by the sender, must be identical to the associated functional group trailer, GE-02 |
| GS07 | 1/2 | Responsible Agency Code | X | Accredited Standards Committee X12 |
| GS08 | 1/12 | Version/Release/Industry Identification Code | 005010X214 | Health Care Claim Acknowledgment |

### 6.3.4 GE (Functional Group Trailer Segment)

The **Input Data** column below contains text entered in *[bracketed italics]* indicates special input data dependent on sender, time, date, etc.

| Elements | Size | Name | Input Data | Remarks |
|---|---|---|---|---|
| GE01 | 1/6 | Number of Transaction Sets Included | *[Submitter-specific number]* | Total number of transaction sets included in the functional group or interchange (transmission) group terminated by the trailer containing this data element |
| GE02 | 1/9 | Group Control Number | *[Submitter-specific number]* | Assigned number originated and maintained by the sender |

## 6.4 Claim Status Categories Table

| Code | Claim Status Category Description |
|---|---|
| A0 | Acknowledgement/Forwarded-The claim/encounter has been forwarded to another entity. |
| A1 | Acknowledgement/Receipt – The claim/encounter has been received. |
| A2 | Acknowledgement/Acceptance – The claim/encounter has been accepted. |
| A3 | Acknowledgement/Returned as un-processable claim – The claim/encounter has been rejected. The claim must be resubmitted. |
| A4 | Acknowledgement/Not Found – The claim/encounter cannot be found |
| A6 | Acknowledgement/Rejected for Missing Information – The claim/encounter is missing the information specified in the Status details and has been rejected |
| A7 | Acknowledgement/Rejected for Invalid Information – The claim/encounter has invalid information as specified in the Status details and has been rejected. |
| A8 | Acknowledgement/Rejected for relational field in error. |

## 6.5 Rejection Criteria/Error Messages on the 277CA Acknowledgement

| Brief Definition | New 277CA Claim Status Category Code | HC Claim Status Code | HC Claim Status Code Description |
|---|---|---|---|
| INVALID MEMBER ID | A7 | 97 | Patient eligibility not found with entity |
| INVALID SUBSCRIBER | A7 | 33 | Subscriber and subscriber id not found |
| INVALID ADMIT/REF ID | A7 | 562 | Entity's National Provider Identifier (NPI) |
| INVALID PROVIDER-ID# | A7 | 562 | Entity's NPI |
| INVALID PRIMARY DIAG CODE | A7 | 254 | Principal diagnosis code |
| INVALID SECONDARY DIAG CODE | A7 | 255 | Diagnosis code |
| INVALID ADDR-SUFFIX | A7 | 126 | Entity's address |
| INVALID PAT. DOB | A7 | 158 | Entity's date of birth |
| DOB EXCEEDS DOS FOR MEMB-ID | A7 | 158 | Entity's date of birth |
| WRONG DATE OF BIRTH FOR MEM | A7 | 158 | Entity's date of birth |
| THIS MEMBER MUST BE SUBMITTED ON PAPER | A3 | 41 | Special handling required at payer site |
| FED. TAX ID SPACES | A7 | 128 | Entity's tax id |

| Brief Definition | New 277CA Claim Status Category Code | HC Claim Status Code | HC Claim Status Code Description |
|---|---|---|---|
| PAT. ACCT. SPACES | A7 | 153 | Entity's id number |
| INVALID BEGIN DOS | A7 | 187 | Date(s) of service |
| INVALID END DOS | A7 | 187 | Date(s) of service |
| DOB > BEGIN DOS | A7 | 158 | Entity's date of birth |
| DOB > TODAY | A7 | 158 | Entity's date of birth |
| INVALID SEX | A7 | 157 | Entity's gender |
| ASSIGN BEN. MUST = Y | A7 | 360 | Benefits Assignment Certification Indicator |
| INVALID TYPE OF BILL | A7 | 228 | Type of bill for UB claim |
| INSTITUTE INPAT. NOT ACCEPTED | A3 | 481 | Claim/submission format is invalid |
| INSTITUTE OUTPAT. NOT ACCEPTED | A3 | 481 | Claim/submission format is invalid |
| BEGIN DOS > TODAY | A7 | 187 | Date(s) of service |
| 19970101 IS > THAN BEGIN DOS | A7 | 187 | Date(s) of service |
| BEGIN DOS NOT = ADM. DATE | A7 | 1) 187<br>2) 189 | 1) Date(s) of service<br>2) Facility admission date |
| END DOS > TODAY | A7 | 190 | Facility discharge date |
| DOB > END DATE | A7 | 158 | Entity's date of birth |
| BEGIN DOS > END DOS | A7 | 188 | Statement from-through date |
| ENDING DOS NOT DONE IN SAME YEAR AS BEGIN | A7 | 190 | Facility discharge date |
| ADM HR REQUIRED FOR INPATIENT CLAIM | A7 | 230 | Hospital admission hour |
| INVALID ADM. HOUR | A7 | 230 | Hospital admission hour. |
| SOURCE OF ADM. REQ. FOR INPATIENT CLAIM | A6 | 229 | Hospital admission source |
| INVALID SOURCE OF ADMISSION | A7 | 229 | Hospital admission source |
| SOURCE OF ADMISSION NOT NUMERIC | A7 | 229 | Hospital admission source |
| DISCHARGE HR NOT NUMERIC | A7 | 233 | Hospital discharge hour |
| DISCHARGE HR REQ FOR INPATIENT CLAIM | A6 | 233 | Hospital discharge hour |
| INVALID DISCHARGE HOUR | A7 | 233 | Hospital discharge hour |
| RELEASE OF INFO. FLAG MUST BE OBTAINED | A6 | 333 | Patient release of information authorization |
| INVALID ADMIT DATE | A7 | 189 | Facility admission date |
| DOB > ADM DATE | A7 | 1) 158<br>2) 189 | 1) Entity's date of birth<br>2) Facility admission date |
| ADM DATE > TODAY | A7 | 189 | Facility admission date |
| 19970101 IS > THAN ADM DATE | A7 | 189 | Facility admission date |
| ADM. DATE NOT = BEG. DOS | A7 | 189 | Facility admission date |

| Brief Definition | New 277CA Claim Status Category Code | HC Claim Status Code | HC Claim Status Code Description |
|---|---|---|---|
| INVALID DISCHARGE DATE | A7 | 190 | Facility discharge date |
| BEGIN DOS > DISCHARGE DATE | A7 | 1) 187<br>2) 190 | 1) Date(s) of service<br>2) Facility discharge date |
| DISCHG DATE NOT IN SAME YEAR AS BEGIN DOS | A7 | 190 | Facility discharge date |
| ADM. DIAG. REQUIRED FOR INPATIENT CLAIM | A6 | 232 | Admitting diagnosis |
| INVALID ADM. DIAG | A7 | 232 | Admitting diagnosis |
| ADMISSION TYPE REQUIRED | A6 | 231 | Hospital admission type |
| INVALID ADMISSION TYPE | A7 | 231 | Hospital admission type |
| ADM TYPE XREF INVALID - MUST BE 1-4,9 | A7 | 231 | Hospital admission type |
| ADMISSION TYPE MUST BE 1-4, 9 | A7 | 231 | Hospital admission type |
| DISCHARGE STATUS REQUIRED | A6 | 234 | Patient discharge status |
| INVALID DISCHARGE STATUS | A7 | 234 | Patient discharge status |
| INVALID DISCHARGE STATUS RANGE | A7 | 234 | Patient discharge status |
| ATT-PHYS-ID IS REQUIRED | A6 | 562 | Entity's NPI |
| INVALID OTHER DIAG2 | A7 | 255 | Diagnosis code |
| INVALID OTHER DIAG3 | A7 | 255 | Diagnosis code |
| INVALID OTHER DIAG4 | A7 | 255 | Diagnosis code |
| INVALID OTHER DIAG5 | A7 | 255 | Diagnosis code |
| INVALID OTHER DIAG6 | A7 | 255 | Diagnosis code |
| INVALID OTHER DIAG7 | A7 | 255 | Diagnosis code. |
| INVALID OTHER DIAG8 | A7 | 255 | Diagnosis code |
| INVALID DRG OTHER PROC 1 | A7 | 490 | Other Procedure Code for Service(s) Rendered |
| INVALID DRG OTHER PROC 2 | A7 | 490 | Other Procedure Code for Service(s) Rendered |
| INVALID DRG OTHER PROC 3 | A7 | 490 | Other Procedure Code for Service(s) Rendered |
| INVALID DRG OTHER PROC 4 | A7 | 490 | Other Procedure Code for Service(s) Rendered |
| INVALID DRG OTHER PROC 5 | A7 | 490 | Other Procedure Code for Service(s) Rendered |
| PROF. OUTPAT. NOT ACCEPTED | A3 | 481 | Claim/submission format is invalid |
| INVALID EMPLOYMENT FLAG | A7 | 161 | Entity's employment status |
| INVALID AUTO ACCIDENT FLAG | A7 | 366 | Is injury due to auto accident? |
| AUTO ACCIDENT REQUIRES STATE TO BE ENTERED | A6 | 750 | Auto Accident State or Province Code |
| INVALID OTHER ACCIDENT FLAG | A7 | 365 | Is service the result of an accident? |

| Brief Definition | New 277CA Claim Status Category Code | HC Claim Status Code | HC Claim Status Code Description |
|---|---|---|---|
| PATIENT OR AUTH. SIGNITURE MUST = 'Y' | A6 | 117 | Claim requires signature-on-file indicator |
| INSURED OR AUTH. SIGNITURE MUST BE OBTAINED | A6 | 278 | Signed claim form |
| PAYEE ID IS NOT EQUAL TO PROVIDER ID | A7 | 109 | Entity not eligible<br>**NOTE:** This code requires use of an Entity Code |
| INVALID DOB FOR TBA MEMBER | A7 | 158 | Entity's date of birth |
| CLAIM > 80 LINES - SUBMIT ON PAPER | A3 | 41 | Special handling required at payer site |
| INVALID OTHER DIAG9 | A7 | 255 | Diagnosis code |
| INVALID OTHER DIAG10 | A7 | 255 | Diagnosis code |
| INVALID OTHER DIAG11 | A7 | 255 | Diagnosis code |
| INVALID OTHER DIAG12 | A7 | 255 | Diagnosis code |
| INVALID OTHER DIAG13 | A7 | 255 | Diagnosis code |
| INVALID OTHER DIAG14 | A7 | 255 | Diagnosis code |
| INVALID OTHER DIAG15 | A7 | 255 | Diagnosis code |
| INVALID OTHER DIAG16 | A7 | 255 | Diagnosis code |
| INVALID OTHER DIAG17 | A7 | 255 | Diagnosis code |
| INVALID OTHER DIAG18 | A7 | 255 | Diagnosis code |
| INVALID OTHER DIAG19 | A7 | 255 | Diagnosis code |
| INVALID OTHER DIAG20 | A7 | 255 | Diagnosis code |
| INVALID OTHER DIAG21 | A7 | 255 | Diagnosis code |
| INVALID OTHER DIAG22 | A7 | 255 | Diagnosis code |
| INVALID OTHER DIAG23 | A7 | 255 | Diagnosis code |
| INVALID OTHER DIAG24 | A7 | 255 | Diagnosis code |
| INVALID OTHER PROC 6 | A7 | 490 | Other Procedure Code for Service(s) Rendered |
| INVALID OTHER PROC 7 | A7 | 490 | Other Procedure Code for Service(s) Rendered |
| INVALID OTHER PROC 8 | A7 | 490 | Other Procedure Code for Service(s) Rendered |
| INVALID OTHER PROC 9 | A7 | 490 | Other Procedure Code for Service(s) Rendered |
| INVALID OTHER PROC 10 | A7 | 490 | Other Procedure Code for Service(s) Rendered |
| INVALID OTHER PROC 11 | A7 | 490 | Other Procedure Code for Service(s) Rendered |
| INVALID OTHER PROC 12 | A7 | 490 | Other Procedure Code for Service(s) Rendered |
| INVALID OTHER PROC 13 | A7 | 490 | Other Procedure Code for Service(s) Rendered |
| INVALID OTHER PROC 14 | A7 | 490 | Other Procedure Code for Service(s) Rendered |

| Brief Definition | New 277CA Claim Status Category Code | HC Claim Status Code | HC Claim Status Code Description |
|---|---|---|---|
| INVALID OTHER PROC 15 | A7 | 490 | Other Procedure Code for Service(s) Rendered |
| INVALID OTHER PROC 16 | A7 | 490 | Other Procedure Code for Service(s) Rendered |
| INVALID OTHER PROC 17 | A7 | 490 | Other Procedure Code for Service(s) Rendered |
| INVALID OTHER PROC 18 | A7 | 490 | Other Procedure Code for Service(s) Rendered |
| INVALID OTHER PROC 19 | A7 | 490 | Other Procedure Code for Service(s) Rendered |
| INVALID OTHER PROC 20 | A7 | 490 | Other Procedure Code for Service(s) Rendered |
| INVALID OTHER PROC 21 | A7 | 490 | Other Procedure Code for Service(s) Rendered |
| INVALID OTHER PROC 22 | A7 | 490 | Other Procedure Code for Service(s) Rendered |
| INVALID OTHER PROC 23 | A7 | 490 | Other Procedure Code for Service(s) Rendered |
| INVALID OTHER PROC 24 | A7 | 490 | Other Procedure Code for Service(s) Rendered |
| INVALID PRIN PROC CODE | A7 | 666 | Surgical Procedure Code |
| PAYEE ID CANNOT EQUAL PROVIDER ID | A3 | 109 | Entity not eligible<br>**NOTE:** This code requires use of an Entity Code |
| PAYEE NPI NOT ON FILE AT PAYER | A3 | 562 | Entity's National Provider Identifier (NPI) |
| INVALID PLACE OF SERVICE CODE | A7 | 249 | Place of service |
| POS-CODE NOT NUMERIC | A7 | 249 | Place of service |
| DOS BEYOND RECEIPT DATE | A7 | 187 | Date(s) of service |
| INVALID PRIM-PROC | A7 | 454 | Procedure code for services rendered |
| INVALID PRIM-PROC MODIFIER | A7 | 453 | Procedure Code Modifier(s) for Service(s) Rendered |
| INVALID 001414 PRIM-PROC | A7 | 454 | Procedure code for services rendered |
| ZERO VALUE FOR AMT-BILLED | A7 | 402 | Amount must be greater than zero |
| INVALID DOS | A7 | 187 | Date(s) of service |
| INVALID NOS - NOT NUMERIC | A7 | 259 | Frequency of service |
| DISCHARGE HOUR IS REQ. FOR THIS REV. CODE | A6 | 233 | Hospital discharge hour |
| AMT. BILLED NOT NUMERIC | A7 | 1) 21<br>2) 565 | Missing or invalid information<br>Estimated Claim Due Amount |
| AMT. BILLED > 500,000 | A3 | 41 | Special handling required at payer site |
| REV. CODE REQUIRES AMT. BILLED > 0 | A7 | 1) 402<br>2) 455 | Amount must be greater than zero<br>Revenue code for services rendered |

| Brief Definition | New 277CA Claim Status Category Code | HC Claim Status Code | HC Claim Status Code Description |
|---|---|---|---|
| DOS NOT IN RANGE OF BEG. AND ENDING DOS | A7 | 187 | Date(s) of service |
| DOS=0 AND BEG. AND ENDING DOS ARE NOT EQUAL | A6 | 187 | Date(s) of service |
| REV. CODE REQUIRED FOR INSTITUTIONAL CLAIM | A6 | 455 | Revenue code for services rendered. |
| INVALID AMT. BILLED FOR HCFA ANSI837 CLAIM | A7 | 598 | Non-payable Professional Component Billed Amount |
| INVALID PRIM-PROC MODIFIER 2 | A7 | 453 | Procedure Code Modifier(s) for Service(s) Rendered |
| INVALID PRIM-PROC MODIFIER 3 | A7 | 453 | Procedure Code Modifier(s) for Service(s) Rendered |
| INVALID PRIM-PROC MODIFIER 4 | A7 | 453 | Procedure Code Modifier(s) for Service(s) Rendered |
| INVALID REVENUE CODE | A7 | 455 | Revenue code for services rendered. |
| END DOS > DISCHARGE DATE | A7 | 1) 187<br>2) 190 | 1) Date(s) of service<br>2) Facility discharge date |
| ANESTHESIA UNITS MUST BE BILLED WITH QUALIFIER MJ | A6 | *522* | Anesthesia Modifying Units |
| NVALID DIAG POINTER | A7 | 477 | Diagnosis code pointer is missing or invalid |
| PDP CLAIMS NOT ACCEPTED | A3 | 116 | Claim submitted to incorrect payer |