



**ASC X12 Standards for Electronic Data Interchange
Technical Report Type 3**

Health Care Claim Pending Status Information (277P)

Change Log: 005010 - 007030

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Location	X331 Health Care Claim Pending Status Information 1.4 Business Usage
Action	Modify Chapter 1 1.4.4.1 STC Composite and Code Use Rules, bulleted item 2. Removed example with external codes.
CR 1153	To clarify intended use.
Location	X331 Health Care Claim Pending Status Information 1.4 Business Usage
Action	Modify Chapter 1 1.4.4.1 STC Composite and Code Use Rules, bulleted item 3. Removed example with external codes.
CR 1153	To clarify intended use.
Location	X331 Health Care Claim Pending Status Information 1.4 Business Usage
Action	Modify Chapter 1 1.4.5 277 Transaction Usages, Figure 1.2, Remove the "997" reference, changed to (999 Acknowledgment)
CR 1118	The 997 is no longer appropriate for healthcare transactions and should be removed from the front matter in the Claim Status Guides.
Location	X331 Health Care Claim Pending Status Information 1.4 Business Usage
Action	Modify Chapter 1 Modify 1.4.3.1 The Claim, Paragraph 1 When conveying claim status, the Information Source must provide key data to the Information Receiver in order to identify the claim to which the status applies. The key identifier used by the Information Receiver for identifying the claim within their system is the Provider's Assigned Claim Identifier. This identifier when submitted on the claim is returned in the Provider's Assigned Claim Identifier REF Segment in the 2200D loop of the 277 transaction.
CR 1119	Clearly differentiate between Patient Account Number and the Provider Assigned Claim Identifier in the 276 and 277 TR3s.
Location	X331 Health Care Claim Pending Status Information 1.5 Business Terminology
Action	Add Chapter 1 Section 1.5 Business Terminology

Predetermination Status Request

A request for status on a claim that was submitted prior to services being rendered. The predetermination request would include all data necessary to find the predetermination within the payers system, except for date(s) of service. See the 837 TR3 for a definition of a predetermination.

CR 1192 Create a definitive method for identifying status requests and responses for pre-determination of benefit claims.

Location X331 | Health Care Claim Pending Status Information | 277 | 0100
ST - Transaction Set Header

Action **Modify Data Element Note**
Transaction Set Header/ST02 Transaction Set Control Number

Changed to "The Transaction Set Control Numbers in ST02 and SE02 must be identical. The number is assigned by the originator and must be unique within a functional group (GS-GE). For example, start with the number 0001 and increment from there. The number also aids in error resolution research."

CR 999 Revise the ST02 notes across the TR3's to make them consistent.

Location X331 | Health Care Claim Pending Status Information | 277 | 0200
BHT - Beginning of Hierarchical Transaction

Action **Add Data Element Note**
Changed BHT01
Used to specify the sequential order of HL segments. The HL loops in the data stream must comply with this sequential order. An HL parent loop must be followed by any subordinate child loops prior to commencing a new HL parent loop at the same hierarchical level.

CR 1153 To clarify intended use.

Location X331 | Health Care Claim Pending Status Information | 277 | 0100 | 2000A
HL - Information Source Level

Action **Modify Data Element Note**
Loop ID 2000A/HL01 Element Note

Changed to "The first HL01 within each ST-SE envelope must begin with "1", and be incremented by one each time an HL is used in the transaction. Only numeric values are allowed in HL01."

CR 1109 For consistency, consider restricting HL01 to numeric values and requiring that enumeration of HL01 begin with 1 and be incremented by 1 for each iteration.

Location	X331 Health Care Claim Pending Status Information 277 0100 2000B HL - Information Receiver Level
Action	Modify Data Element Note HL01 Changed to "The first HL01 within each ST-SE envelope must begin with "1", and be incremented by one each time an HL is used in the transaction. Only numeric values are allowed in HL01."
CR 1109	For consistency, consider restricting HL01 to numeric values and requiring that enumeration of HL01 begin with 1 and be incremented by 1 for each iteration.
Location	X331 Health Care Claim Pending Status Information 277 0100 2000C HL - Service Provider Level
Action	Modify Data Element Note HL01 Changed to "The first HL01 within each ST-SE envelope must begin with "1", and be incremented by one each time an HL is used in the transaction. Only numeric values are allowed in HL01."
CR 1109	For consistency, consider restricting HL01 to numeric values and requiring that enumeration of HL01 begin with 1 and be incremented by 1 for each iteration.
Location	X331 Health Care Claim Pending Status Information 277 0500 2100C NM1 - Provider Name
Action	Modify Segment Note Loop ID 2100C / NM1 (Provider Name) Changed to: The provider identified facilitates identification of the claim within a payer's system.
CR 389	Service Provider NM1: Revise the notes and loop repeat as the NPI mandate is now in effect.
Location	X331 Health Care Claim Pending Status Information 277 0500 2100C NM1 - Provider Name
Action	Modify Segment Repeat Repeat change from 2 to 1.
CR 389	Service Provider NM1: Revise the notes and loop repeat as the NPI mandate is now in effect.
Location	X331 Health Care Claim Pending Status Information 277 0500 2100C NM1 - Provider Name
Action	Modify Data Element Code Note NM108 - Identification Code Qualifier

XX - Standard Unique Health Identifier for Health Care Providers (NPI)

Changed to "Use when the provider is in the United States or its territories and is eligible to receive a National Provider Identifier (NPI).

OR

Use when the provider is not in the United States or its territories and has received an NPI."

CR 1563 Format code notes consistently.

Location X331 | Health Care Claim Pending Status Information | 277 | 0100 | 2000D
HL - Patient Level

Action **Modify Data Element Note**
HL01 Changed to "The first HL01 within each ST-SE envelope must begin with "1", and be incremented by one each time an HL is used in the transaction. Only numeric values are allowed in HL01."

CR 1109 For consistency, consider restricting HL01 to numeric values and requiring that enumeration of HL01 begin with 1 and be incremented by 1 for each iteration.

Location X331 | Health Care Claim Pending Status Information | 277 | 1000 | 2200D
STC - Claim Level Status Information

Action **Modify Data Element Situational Rule**
STC01-03, STC10-03, STC11-03
Changed to "Required when an entity must be identified to further clarify the status code in this composite data element. If not required by this implementation guide, may be provided at the sender's discretion but cannot be required by the receiver."

CR 371 Clarify when Claim Status Codes require the transmission of an Entity Code.

Location X331 | Health Care Claim Pending Status Information | 277 | 1000 | 2200D
STC - Claim Level Status Information

Action **Modify Data Element Situational Rule**
STC10 and STC11
Changed to "Required when additional status information is needed. If not required by this implementation guide, do not send."

CR 1153 To clarify intended use.

Location X331 | Health Care Claim Pending Status Information | 277 | 1000 | 2200D
STC - Claim Level Status Information

Action **Modify Data Element Code Value**
Loop ID 2200D / STC01-03 (Entity Type Code)
Standardized (Added/Removed) Entity Type Codes in STC Segment at Claim and Service Levels.

CR 419	STC: Standardize use of the same Entity Codes across the TR3s.
Location	X331 Health Care Claim Pending Status Information 277 1000 2200D STC - Claim Level Status Information
Action	Add Data Element Code Value O4 - Factor
CR 95	The Property & Casualty industry needs the ability to report external entities who purchase accounts receivable assets on behalf of a payer (i.e. Factoring Agent).
Location	X331 Health Care Claim Pending Status Information 277 1000 2200D STC - Claim Level Status Information
Action	Add Data Element Code Value OOP - Other Operating Physician
CR 952	Replace the ZZ qualifier with an explicit qualifier that identifies Other Operating Physician.
Location	X331 Health Care Claim Pending Status Information 277 1000 2200D STC - Claim Level Status Information
Action	Add Data Element Note to DE 782 (Monetary Amount): The maximum length of this instance of data element 782 is 10.
CR 1013	Add a consistent element note explaining the maximum length to every monetary amount element.
Location	X331 Health Care Claim Pending Status Information 277 1000 2200D STC - Claim Level Status Information
Action	Add Data Element Loop ID 2200D / STC13 (Predetermination of Benefits Code)
CR 1192	Create a definitive method for identifying status requests and responses for pre-determination of benefit claims.
Location	X331 Health Care Claim Pending Status Information 277 1100 2200D REF - Provider's Assigned Claim Identifier
Action	Modify Data Element Industry Name Replace the Industry Name 'Patient Control Number' with 'Provider's Assigned Claim Identifier'.
CR 1119	Clearly differentiate between Patient Account Number and the Provider Assigned Claim Identifier in the 276 and 277 TR3s.
Location	X331 Health Care Claim Pending Status Information 277 1100 2200D REF - Provider's Assigned Claim Identifier

Action	Modify Segment Name From: Patient control number To: Provider's Assigned Claim Identifier
CR 1119	Clearly differentiate between Patient Account Number and the Provider Assigned Claim Identifier in the 276 and 277 TR3s.
Location	X331 Health Care Claim Pending Status Information 277 1100 2200D REF - Provider's Assigned Claim Identifier
Action	Modify Segment Situational Rule Changed To: Required when the Provider's Assigned Claim Identifier was submitted on the claim. If not required by this implementation guide, do not send.
CR 1119	Clearly differentiate between Patient Account Number and the Provider Assigned Claim Identifier in the 276 and 277 TR3s.
Location	X331 Health Care Claim Pending Status Information 277 1100 2200D REF - Provider's Assigned Claim Identifier
Action	Modify Data Element Code Value X1 - Provider Claim Number
CR 1119	Clearly differentiate between Patient Account Number and the Provider Assigned Claim Identifier in the 276 and 277 TR3s.
Location	X331 Health Care Claim Pending Status Information 277 1100 2200D REF - Provider's Assigned Claim Identifier
Action	Add Data Element Note REF02 Reference Identification This is the value from CLM01 of the 837.
CR 1119	Clearly differentiate between Patient Account Number and the Provider Assigned Claim Identifier in the 276 and 277 TR3s.
Location	X331 Health Care Claim Pending Status Information 277 1100 2200D REF - Provider's Assigned Claim Identifier
Action	Add Data Element Note REF02 Reference Identification The maximum number of characters to be supported for this qualifier is 35. Characters beyond the maximum are not required to be stored or returned by the receiving system.

CR 1119 Clearly differentiate between Patient Account Number and the Provider Assigned Claim Identifier in the 276 and 277 TR3s.

Location X331 | Health Care Claim Pending Status Information | 277 | 1100 | 2200D
REF - Claim Identifier For Transmission Intermediaries

Action **Modify Segment Situational Rule**
Changed To:
Required when a transmission intermediary (clearinghouse or other) needs to attach their own unique tracking number. If not required by this implementation guide, do not send.

CR 392 Create a shared situational rule for REF*D9.

Location X331 | Health Care Claim Pending Status Information | 277 | 1100 | 2200D
REF - Property & Casualty Claim Number

Action **Add Segment**
Property & Casualty Claim Number

CR 385 Support the Property and Casualty industry need for a P&C Claim Number.

Location X331 | Health Care Claim Pending Status Information | 277 | 1200 | 2200D
DTP - Service Date

Action **Modify Segment Note**
Update Segment Note:
For Institutional claims, it is the statement period in loop 2300 (DTP01=434). For Professional claims this information is derived from the earliest service level dates in loop 2400 (DTP01=472) to the latest service level date. For Dental claims it is the service date at the claim loop 2300 (DTP01=472) or when not reported at Loop 2300, it is derived from the earliest service level date in loop 2400 (DTP01=472) to the latest service level date.

CR 383 Change the usage requirement for the Claim Level Claim Date of Service DTP to situational to support predeterminations.

Location X331 | Health Care Claim Pending Status Information | 277 | 1200 | 2200D
DTP - Service Date

Action **Modify Segment Situational Rule**
Update Situational Rule to:
Required when the claim is not a predetermination and service level dates are not reported. If not required by this implementation guide, may be provided at the sender's discretion but cannot be required by the receiver.

CR 383 Change the usage requirement for the Claim Level Claim Date of Service DTP to situational to support predeterminations.

Location X331 | Health Care Claim Pending Status Information | 277 | 1800 | 2220D
SVC - Service Line Information

Action	Delete Data Element Code Value Loop ID 2220D/SVC01-01 WK - Advanced Billing Concepts (ABC) Codes
CR 749	Remove support for Advanced Billing Concept Codes (ABC) across the TR3s as HHS has discontinued the associated pilot project.
Location	X331 Health Care Claim Pending Status Information 277 1800 2220D SVC - Service Line Information
Action	Add Data Element Note SVC07 Units of Service Count Changed To: "The maximum length for this field is 8 digits excluding the decimal. When a decimal is used, the maximum number of digits allowed to the right of the decimal is three. A zero or negative value is not allowed."
CR 1410	Negative values are being submitted in the Claim Status Amount and Service Unit data elements of the Claim Status transactions where they do not make business sense. Such negative values should be disallowed.
Location	X331 Health Care Claim Pending Status Information 277 1800 2220D SVC - Service Line Information
Action	Add Data Element Note to DE 782 (Monetary Amount): The maximum length of this instance of data element 782 is 10.
CR 1013	Add a consistent element note explaining the maximum length to every monetary amount element.
Location	X331 Health Care Claim Pending Status Information 277 1800 2220D SVC - Service Line Information
Action	Modify Data Element Code Note HC (Healthcare Common Procedure Coding System (HCPCS) Codes) Changed to: Use when reporting HCPCS or CPT codes. AMA's CPT codes are level 1 HCPCS codes, they are reported with an HC qualifier.
CR 1542	Improve the consistency of the code value notes within and across the TR3s.
Location	X331 Health Care Claim Pending Status Information 277 1900 2220D STC - Service Line Status Information
Action	Modify Data Element Situational Rule STC01-03, STC10-03, STC11-03 Changed to "Required when an entity must be identified to further clarify the

status code in this composite data element. If not required by this implementation guide, may be provided at the sender's discretion but cannot be required by the receiver."

CR 371 Clarify when Claim Status Codes require the transmission of an Entity Code.

Location X331 | Health Care Claim Pending Status Information | 277 | 1900 | 2220D
STC - Service Line Status Information

Action **Modify Data Element Situational Rule**
STC10 and STC11
Changed to "Required when additional status information is needed. If not required by this implementation guide, do not send."

CR 1153 To clarify intended use.

Location X331 | Health Care Claim Pending Status Information | 277 | 1900 | 2220D
STC - Service Line Status Information

Action **Modify Data Element Code Value**
Loop ID 2220D / STC01-03 (Entity Type Code)
Standardized (Added/Removed) Entity Type Codes in STC Segment at Claim and Service Levels.

CR 419 STC: Standardize use of the same Entity Codes across the TR3s.

Location X331 | Health Care Claim Pending Status Information | 277 | 1900 | 2220D
STC - Service Line Status Information

Action **Add Data Element Code Value**
O4 - Factor.

CR 95 The Property & Casualty industry needs the ability to report external entities who purchase accounts receivable assets on behalf of a payer (i.e. Factoring Agent).

Location X331 | Health Care Claim Pending Status Information | 277 | 1900 | 2220D
STC - Service Line Status Information

Action **Add Data Element Code Value**
OOP - Other Operating Physician

CR 952 Replace the ZZ qualifier with an explicit qualifier that identifies Other Operating Physician.

Location X331 | Health Care Claim Pending Status Information | 277 | 1900 | 2220D
STC - Service Line Status Information

Action **Add Data Element**
Loop ID 2220D / STC13 (Service Line Predetermination of Benefits Code)

CR 1192 Create a definitive method for identifying status requests and responses for pre-determination of benefit claims.

Location	X331 Health Care Claim Pending Status Information 277 2000 2220D REF - Line Item Control Number
Action	Modify Segment Name From: Service Line Item Identification Changed to: Line Item Control Number
CR 1539	Modify the 2000A REF segment situational rule and the segment name in 275, 276 and 277 guides.
Location	X331 Health Care Claim Pending Status Information 277 2100 2220D DTP - Service Date
Action	Add Segment Situational Rule Required when a service level date was submitted on the claim for this service. If not required by this implementation guide, do not send.
CR 395	The Service Line Date of Service is always required, however institutional lines can be reported without a date of service.
Location	X331 Health Care Claim Pending Status Information 277 2100 2220D DTP - Service Date
Action	Modify Segment Usage Changed from Required to Situational.
CR 395	The Service Line Date of Service is always required, however institutional lines can be reported without a date of service.
Location	X331 Health Care Claim Pending Status Information 277 2150 2220D TOO - Tooth Information
Action	Add Segment Loop ID 2220D TOO - TOOTH INFORMATION
CR 1516	For consistency across guides.
Location	X331 Health Care Claim Pending Status Information 277 2700 SE - Transaction Set Trailer
Action	Add Data Element Note Transaction Set Trailer / SE02 (Transaction Set Control Number) The Transaction Set Control Numbers in ST02 and SE02 must be identical. The number is assigned by the originator and must be unique within a functional group (GS-GE). For example, start with the number 0001 and increment from there. The number also aids in error resolution research.
CR 999	Revise the ST02 notes across the TR3's to make them consistent.