Health Care Claim Acknowledgment (277CA) Version 5010

277CA (Claims Acknowledgement)

Naming Format: "277CA_ISA13 from input file_input filename _internal file ID. input file extension (if present)_date-time"

The purpose of the 277CA transaction is to provide a claim level acknowledgement of all claims received in the pre-processing system before submitting claims into a payer's adjudication system.

277CA (Claims Acknowledgement)
Standardization of edit codes – It is believed that most payers are using the 277CA as their standardized reporting mechanism for 5010.

The 277CA transaction is not required by HIPAA, however; CMS will only provide a 277CA. Vendors may offer a method for a more readable acknowledgement. The 277CA transaction is not designed to be read in the original ASC X12 format.

277CA - The Payer Claim Control Number, reported in the 2200D REF02 when REF01 = 1K, is used by the ASK Front End Processor and does not reflect a claim control number assigned by the payer. Payers will not have access to this number and cannot provider information based on the 2200D REF02.
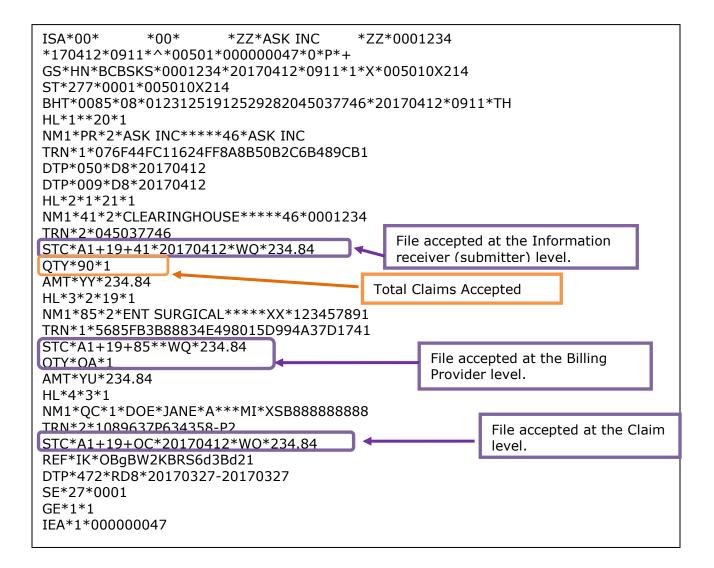
To understand more about the 277CA please refer to the TR3 (Implementation Guide) which can be purchased from the Washington Publishing Company (WPC) at http://www.wpc-edi.com.

Copies of the Claims Status Category Codes and the Claim Status Codes are available at no charge from WPC at www.wpc-edi.com.

277CA Examples

The 277CA transaction is delivered to the trading partner in a streaming format and is not easily read.

This is file after it has been "unwrapped", making it easier to read.

```
ISA*00*          *00*          *ZZ*ASK INC        *ZZ*0001234
*170412*0911*^*00501*000000047*0*P*+
GS*HN*BCBSKS*0001234*20170412*0911*1*X*005010X214
ST*277*0001*005010X214
BHT*0085*08*01231251912529282045037746*20170412*0911*TH
HL*1**20*1
NM1*PR*2*ASK INC*****46*ASK INC
TRN*1*076F44FC11624FF8A8B50B2C6B489CB1
DTP*050*D8*20170412
DTP*009*D8*20170412
HL*2*1*21*1
NM1*41*2*CLEARINGHOUSE*****46*0001234
TRN*2*045037746
STC*A1+19+41*20170412*WQ*234.84          ◄──  File accepted at the Information
QTY*90*1                                        receiver (submitter) level.
AMT*YY*234.84                             ──►  Total Claims Accepted
HL*3*2*19*1
NM1*85*2*ENT SURGICAL*****XX*123457891
TRN*1*5685FB3B88834E498015D994A37D1741
STC*A1+19+85**WQ*234.84                   ◄──  File accepted at the Billing
QTY*OA*1                                        Provider level.
AMT*YU*234.84
HL*4*3*1
NM1*QC*1*DOE*JANE*A***MI*XSB888888888
TRN*2*1089637P634358-P2                   ──►  File accepted at the Claim
STC*A1+19+OC*20170412*WO*234.84           ◄──  level.
REF*IK*OBgBW2KBRS6d3Bd21
DTP*472*RD8*20170327-20170327
SE*27*0001
GE*1*1
IEA*1*000000047
```

Decoding the 277CA
In the previous example, the STC provides codes indicating acceptance or rejection at any of the following levels.

Information Receiver
Billing Provider
Claim Level

The status of a file/claim can be determined by decoding the information in the STC segments. The status information can be determined by using the code lists found at WPC. This STC was decoded to tell us that the claim was accepted or rejected by the entity (ASK).

The example below shows one claim accepted and one claim rejected.

Example of a file accepted at the claim level.

```
NM1*QC*1*MOUSE*MICKEY****MI*XSB123456789
TRN*2*99988*
STC*A1+19+QC*20170614*WQ*105
REF*IK*BQOhXKItkmLk12
DTP*472*D8*20161130
```

Example of a file rejected at the claim level.

```
NM1*QC*1*MOUSE*MINNEY****MI*XSB987654321
TRN*2*99988
STC*A7+21+82*20170614*U*105******A8+562+82
STC*A7+21+85*20170614*U*105******A8+562+85
REF*1K*YMdlUYYkel1592
DTP*472*D8*20170614
```

ASK will return an action code of "WQ" in the STC03 at the billing provider loop. Claim status information will still be reflected appropriately at the claim level loop.

The first STC indicates a rejection for invalid or missing information in the rendering provider NPI.
The second STC indicates invalid or missing information at both the rendering and billing provider NPIs.
The third STC is rejecting because the relationship between the rendering and billing NPIs is in incorrect. In this case, the rendering provider is not listed as being associated with the billing provider.

Claims Status Category Codes	A7	Acknowledgement/Rejected for Invalid Information
	A8	Acknowledgement/Rejected for relational field in error
Health Care Claim Status Code	21	Missing or Invalid Information.
	562	Entity's National provider Identifier (NPI)
Entity Identifier Code (277CA TR3)	82	Rendering Provider
	85	Billing Provider

The TR3 allows for up to 12 Health Care Claim Status codes to be returned in an STC, ASK generally returns 1 to 4 codes. By returning 1 to 4 Health Care Claim Status Codes it provides greater detail regarding the claim rejections.

Verify with your clearinghouse that they return all Health Care Claim Status Codes for your review.