

Chapter 5

**Health Care Claim
Acknowledgment (277CA)
Version 5010**

Last Update 05/23/13

277CA (Claims Acknowledgement)

Naming Format: "277CA_input file name_generation#_date_time.sequence#"

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.

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. Information regarding edit code logic for ASK is available through the ASK website at http://www.ask-edi.com/HIPAA/user_documentation/EditDocumentation.htm.

277CA Examples

The following is an example of the 277CA transaction as it is delivered to the trading partner. This is provided in a streaming format and is not easily read.

```
ISA*00*          *00*          *ZZ*ASKINC          *ZZ*0003000          *110614*1355*^*0
0501*165140088*0*T*:~GS*HN*BCBSKS*0003000*20110614*1355*165140905*X*
005010X214~ST*277*0001*005010X214~BHT*0085*08*2011061413554781238*20
110614*1355*TH~HL*1**20*1~NM1*PR*2*BCBS*****46*ASK INC~TRN*1*201106
1413554781240~DTP*050*D8*20110614~DTP*009*D8*20110614~HL*2*1*21*1~N
M1*41*2*TEST*****46*0003000~TRN*2*04EADE~STC*A1:19:PR*20110614*WQ*2
10~QTY*90*1~QTY*AA*1~AMT*YU*105~AMT*YY*250~HL*3*2*19*1~NM1*85*1*D
ONALD*DUCK*MD*****XX*1999999999~TRN*1*0~STC*A1:19:85**WQ*210~QTY*
QA*1~QTY*QC*1~AMT*YU*105~AMT*YY*250~HL*4*3*PT~NM1*QC*1*MOUSE*MIC
KEY*****MI*XSB123456789~TRN*2*DOB-A~STC*A1:19:QC*20110614*WQ*105~RE
F*D9*2009120109335P009123~DTP*472*D8*20091130~HL*5*3*PT~NM1*QC*1*M
OUSE*MINNEY*****MI*XSB987654321~TRN*2*DOB-A~STC*A7:21:82*20110614*U*
105*****A7:562:82~STC*A7:562:82*20110614*U*105*****A8:562:85~STC*A8:
562:82*20110614*U*105*****A8:562:85~REF*D9*2009120109335P009123~DTP*
472*D8*20091130~SE*38*0001~GE*1*165140905~IEA*1*165140088~
```

This is an example of the same file after it has been “unwrapped”, making it easier to read.

```
ISA*00*      *00*      *ZZ*ASKINC      *ZZ*0003000
*110614*1355*^*00501*165140088*O*T*:~
GS*HN*BCBSKS*0003000*20110614*1355*165140905*X*005010X214~
ST*277*0001*005010X214~
BHT*0085*08*2011061413554781238*20110614*1355*TH~
HL*1**20*1~
NM1*PR*2*BCBS*****46*ASK INC~
TRN*1*2011061413554781240~
DTP*050*D8*20110614~
DTP*009*D8*20110614~
HL*2*1*21*1~
NM1*41*2*TEST*****46*0003000~
TRN*2*04EADE~
STC*A1:19:PR*20110614*WQ*210~
QTY*90*1~
QTY*AA*1~
AMT*YU*105~
AMT*YY*250~
HL*3*2*19*1~
NM1*85*2*DONALD DUCK MD*****XX*1999999999~
TRN*1*0~
STC*A1:19:85**WQ*210~
QTY*QA*1~
QTY*QC*1~
AMT*YU*105~
AMT*YY*250~
HL*4*3*PT~
NM1*QC*1*MOUSE*MICKEY****MI*XSB123456789~
TRN*2*DOB-A~
STC*A1:19:QC*20110614*WQ*105~
REF*D9*2009120109335P009123~
DTP*472*D8*20091130~
HL*5*3*PT~
NM1*QC*1*MOUSE*MINNEY****MI*XSB987654321~
TRN*2*DOB-A~
STC*A7:21:82*20110614*U*105*****A7:562:82~
STC*A7:562:82*20110614*U*105*****A8:562:85~
STC*A8:562:82*20110614*U*105*****A8:562:85~
REF*D9*2009120109335P009123~
DTP*472*D8*20091130~
SE*38*0001~
GE*1*165140905~
IEA*1*165140088~
```

File accepted at the Information Receiver (submitter) level.

Total Claims Accepted & Rejected

File accepted at the Billing Provider level.

File accepted at the Claim level.

Claim rejected at the patient level.

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 example above shows two claims with one claim accepted and the other rejected at the claim level.

Example of a file accepted at the claim level.

```
NM1*QC*1*MOUSE*MICKEY****MI*XSB123456789~  
TRN*2*DOB-A~  
STC*A1:19:QC*20110614*WQ*105~  
REF*D9*2009120109335P009123~  
DTP*472*D8*20091130~
```

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 by the entity (ASK).

Claims Status Category Code	A1	Acknowledgement/Receipt – The claim/encounter has been received.
Health Care Claim Status Code	19	Entity acknowledges receipt of claim/encounter
Entity Identifier Code (277CA TR3)	QC	Patient

Example of a file rejected at the claim level.

```

NM1*QC*1*MOUSE*MINNEY***MI*XSB987654321~
TRN*2*DOB-A~
STC*A7:21:82*20110614*U*105*****A7:562:82~
STC*A7:562:82*20110614*U*105*****A8:562:85~
STC*A8:562:82*20110614*U*105*****A8:562:85~
REF*D9*2009120109335P009123~
DTP*472*D8*20091130~
    
```

Hint! When the “U” is found in the STC segment it indicates a rejection.

- 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