

276/277

276/277 Health Care Claim Status Request / Response Real-Time

This companion document is for informational purposes only to describe certain aspects and expectations regarding the transaction and is not a complete guide. The details contained in this document are supplemental and should be used in conjunction with the ASC X12 Standards for Electronic Data Interchange Technical Report Type 3 (TR3) as published by the Washington Publishing Company.

Section 1 – Claim Status Request/Response: Basic Instructions

Section 2 – Claim Status Request/Response: Enveloping

Section 3 – Claim Status Request/Response: Charts for Situational Rules

Get Started With Availity*

Also, the [Availity Quick Start Guide](#) will assist you with any EDI connection questions.

If you're a provider and wish to use a Clearinghouse or Billing company, please work with them to ensure connectivity.

Need Assistance?

For questions about signing up, contact Availity Client Services 1-800-AVAILITY (1-800-282-4548) or visit <http://www.availity.com>

Section 1 - Basic Instructions

1 Council for Affordable Quality Health Care (CAQH)

CAQH is a non-profit alliance of health plans and trade associations focused on achievable, concrete initiatives designed to strengthen the nation's health care system and simplify health care administration. The CAQH CORE Phase I & II operating rules have been adopted by the Department of Health and Human Services as necessary business rules and guidelines for the electronic exchange of information. These operating rules are incorporated into this companion document.

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* Availity, LLC is an independent company providing administrative support services on behalf of UniCare Health Plan of West Virginia, Inc.

2 Business Purpose

The purpose of generating a 276 Status Request is to obtain the current status of the claim within the adjudication process. This transaction includes information that is necessary for UniCare Health Plan of West Virginia, Inc. (UniCare) to identify the specific claim in question. The following primary identifiers must be supplied:

- A. Patient's First Name, in its entirety (10 characters): Loop 2100D, NM104 (if subscriber is the patient); Loop 2100E, NM104 (if dependent is the patient)
- B. Billing Provider NPI Number submitted on the original claim: Loop 2100C, NM109
- C. Member Identification Number: Loop 2100D, NM109; Loop 2100E, NM109 (if dependent has a unique identifier)
- D. Claim Submitter Trace Number: Loop 2200D, TRN02; Loop 2200E, TRN02
- E. Claim Number: Loop 2200D, REF02 (if subscriber is the patient); Loop 2200E, REF02 (if dependent is the patient)
- F. Date(s) of Service: Loop 2200D, DTP03 (if subscriber is the patient); Loop 2200E, DTP03 (if dependent is the patient)
- G. Claim Submitted Charges: Loop 2200D, AMT02 (if subscriber is the patient); Loop 2200E, AMT02 (if dependent is the patient)

3 Delimiters

UniCare only accepts the following delimiters as defined by the ANSI standards of the basic character set:

- Data Element Separator, Asterisk (*)
- Repetition Separator (ISA11), Caret (^)
- Sub-Element Separator, Colon (:)
- Segment Terminator, Tilde (~)

NOTE! Since the above values are the only delimiters supported, the use of any other values will yield a file level rejection. Using values from the extended character set is not permitted without a mutual written agreement between UniCare and trading partner

4 Uppercase Letters

UniCare requests that all data be entered in UPPERCASE letters only.

5 Communication Protocol Specifications

If you want to submit real-time transactions through Availity's Simple Object Access Protocol (SOAP) Web service, contact Availity Client Services to request a setup at 1-800-282-4548.

6 HIPAA Compliant Codes

When entering codes in the 276 claim status request, carefully follow the 276/277 TR3. Use HIPAA Compliant codes from current versions of the sources listed in Appendix A: External Code Sources.



UniCare will accept all HIPAA standard codes, however, acceptance of these codes of modifiers will not alter covered benefits or current payment policies, guidelines or processes.

7 System Hours of Availability

As a CORE-certified health plan, UniCare follows the guidelines as set forth under Section 1 of the CAQH CORE System Availability Rule. Regularly scheduled system downtime/maintenance will be reserved for Sundays and the following holidays:

- New Year’s Day (01/01/CCYY)
- Memorial Day (Last Monday in May)
- Independence Day (07/04/CCYY)
- Labor Day (First Monday in September)
- Thanksgiving Day (Fourth Thursday in November)
- Christmas Day (12/25/CCYY)

8 Receiver ID

Trading partners submit the receiver ID values (ISA08 and GS03) associated to the provider of service.

Receiver ID		
Batch		
State	ISA08	GS03
UniCare	030240928 (+ 6 spaces)	030240928

9 Acknowledgements and/or Reports

Submitting a 276 transaction, you will receive the following responses:

- Functional acknowledgement reports that includes TA1 (X12) & TA1 (864) when the ISA-IEA envelope cannot be processed and/or 999 when submitted 276 does not pass Level 2 HIPAA validation.
- 277 is returned in all other cases to indicate the member status.

10 Similar Claims Found

When the search criteria submitted (Member ID, Member First and Last Name, Dates of Service, Provider NPI and Total Charges) does not result in a match on the Claim Number (REF `1K`), but does find a series of other claims, a response will be generated with the similar claims. Loop 2200D Subscriber Level or Loop 2200E Dependent Level will be returned with the claim information that match the other search criteria.

11 Adjusted and Voided Claims

A 277 Response will include the final image of an adjusted or voided claim but not the original claim.

12 Claims Without Dollar Amounts

A 277 Response on a member-payable claim, rejected claim, or approved claim without dollar amounts will contain a zero dollar amount in the data element, STC05 Claim Payment Amount (Loops 2200D,



2200E) and SVC03 Line Item Paid Amount (Loops 2220D, 2220E). Also, in Loops 2220D & 2220E, the following STC data elements will not be included:

- STC08 – Check Issue or EFT Effective Date
- STC09 – Check or EFT Trace Number

13 Standardized Claims Responses

For the following situations, a standardized STC response will be generated. Note that additional claim status codes may provide future specificity in STC10 and STC11.

Standardized Claim Responses			
*NOTE: These responses are standard for all lines of business. They are not the only codes returned for all situations; other claim status codes are returned.			
Description	STC Response	Description	STC Response
Not Found		Membership, Coverage	
Claim Not Found	A4^35	Claim rejected due to no membership—finalized status	F2^33
Subscriber Not Found	E0^33	Claim rejected due to coverage termination—finalized status	F2^27 F2^108^IL
Patient Not Found (generic)	E0^97	Claim rejected due to coverage termination—pending status	P1^27 P1^108^IL
Medical Records		COB Information	
Claim Rejected for Requested Medical Records—finalized status	F2^317	Claim rejected for COB Information but a request has not been issued at the time a 276 was received—finalized status	F2^52 F2^57 F2^286
Claim Pending for Requested Medical Records—pending status	P3^317	Claim rejected for Requested COB Information—finalized status	F2^52 F2^57 F2^286
Claim Rejected for Medical Records but no request has been issued at the time a 276 was received—finalized status	F2^317	Claim pending for Requested COB Information—pending status	P3^52 P3^57 P3^286
Claim Pending for Medical Records but no request has been issued at the time a 276 was received—pending status	P1^317	Claim pending for COB Information but a request has not been issued at the time a 276 was received—pending status	P1^52 P1^57 P1^286

Section 2 - Enveloping

EDI envelopes control and track communications between you and UniCare. One envelope may contain many transaction sets grouped into the following:



- Interchange Control Header (ISA)
- Functional Group Header (GS)
- Functional Group Trailer (GE)
- Interchange Control Trailer (IEA)

UniCare has designated Availity to operate and serve as UniCare 's EDI Gateway (entry point) as a no-cost option to our Trading Partners. Availity has specific requirements that must be adhered to and should be reviewed in order to ensure transactions are accepted, processed and ultimately delivered to UniCare.

For more information on submitting transactions and the required ISA and GS envelope values, review the following topics in the [Availity EDI Guide](#).

- Uploading and downloading EDI files
- Control Segments/Envelopes
- FTP Client Confirmation
- Acknowledgements and Reports

Section 3 – Charts for Situational Rules

Listed below are loops, segments, and data elements required for processing by UniCare per the situational rules in the 276/277 TR3.

276 Health Care Claim Status Request				
TR3	Segment	Reference Designator(s)	Value	Definitions and Notes Specific to UniCare
P.36	ST Transaction Set Header	ST03 Implementation Convention Reference	005010X212	005010X212 - Health Care Claim Status Request
P.37	BHT	<i>Beginning of Hierarchical Transaction - Refer to TR3</i>		
Loop ID 2000A—Information Source Level				
P.39	HL	<i>Information Source Level - Refer to TR3</i>		
Loop ID 2100A—Payer Name				
P.41	NM1 Payer Name	NM103 Name Last or Organization Name	<i>(Information Source Last or Org Name)</i>	UniCare
		NM108 ID Code Qualifier	<i>PI</i>	PI - Payor Identification
		NM109 Identification Code	<i>80314</i>	Represents UniCare as receiver
Loop ID 2000B—Information Receiver Level				



P.43	HL	Information Receiver Level - Refer to TR3		
P.45	NM1	Information Receiver Name - Refer to TR3		
Loop ID 2000C—Service Provider Level				
P.47	HL	Service Provider Level - Refer to TR3		
Loop ID 2100C—Provider Name				
P.49	NM1	Provider Name - Refer to TR3		
Loop ID 2000D—Subscriber Level				
P.52	HL	Subscriber Level - Refer to TR3		
P.54	DMG	Subscriber Demographic Information - Refer to TR3		
Loop ID 2100D—Subscriber Name				
P.66	NM1 Subscriber Name	NM108 ID Code Qualifier	MI	MI - Member Identification Number
		NM109 Identification Code	(Subscriber Identifier)	Alphanumeric subscriber identification as it appears on the front of the ID card and must include the alpha prefix as submitted.

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TR3	Segment	Reference Designator(s)	Value	Definitions and Notes Specific to UniCare
Loop ID 2200D—Claim Status Tracking Number				
P.58	TRN	Claim Status Tracking Number - Refer to TR3		
P.59	REF	Payer Claim Control Number - Refer to TR3		
P.60	REF	Institutional Bill Type Identification - Refer to TR3		
P.61	REF	Application or Location System Identifier - Refer to TR3		
P.62	REF	Group Number - Refer to TR3		
P.63	REF	Patient Control Number - Refer to TR3		
P.64	REF	Pharmacy Prescription Number - Refer to TR3		
P.65	REF	Claim ID Number for Clearinghouses and Other Transmission Intermediaries - Refer to TR3		
P.66	AMT	Claim Submitted Charges - Refer to TR3		
P.67	DTP	Claim Service Date - Refer to TR3		
Loop ID 2220D—Service Line Information				
P.69	SVC	Service Line Information - Refer to TR3		
P.73	REF	Service Line Item Identification - Refer to TR3		
P.74	DTP	Service Line Date - Refer to TR3		
Loop ID 2000E—Dependent Level				
P.75	HL	Dependent Level - Refer to TR3		
P.77	DMG	Dependent Demographic Information - Refer to TR3		
Loop ID 2100E—Dependent Name				
P.79	NM1	Dependent Name - Refer to TR3		
Loop ID 2200E—Claim Status Tracking Number				
P.81	TRN	Claim Status Tracking Number - Refer to TR3		
P.82	REF	Payer Claim Control Number - Refer to TR3		
P.83	REF	Institutional Bill Type Identification - Refer to TR3		



P.84	REF	Application or Location System Identifier - Refer to TR3
P.85	REF	Group Number - Refer to TR3
P.86	REF	Patient Control Number - Refer to TR3
P.87	REF	Pharmacy Prescription Number - Refer to TR3
P.88	REF	Claim ID Number for Clearinghouses and Other Transmission Intermediaries - Refer to TR3
P.89	AMT	Claim Submitted Charges - Refer to TR3
P.90	DTP	Claim Service Date - Refer to TR3
Loop ID 2220E—Service Line Information		
P.92	SVC	Service Line Information - Refer to TR3
P.96	REF	Service Line Item Identification - Refer to TR3
P.97	DTP	Service Line Date - Refer to TR3
P.98	SE	Transaction Set Trailer - Refer to TR3

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TR3	Segment	Reference Designator(s)	Value	Definitions and Notes Specific to UniCare
P.106	ST Transaction Set Header	ST03 Implementation Convention Reference	005010X212	005010X212 - Health Care Claim Status Response
P.107	BHT	Beginning of Hierarchical Transaction - Refer to TR3		
Loop ID 2000A—Information Source Level				
P.109	HL	Information Source Level - Refer to TR3		
Loop ID 2100A—Payer Name				
P.111	NM1 Payer Name	NM108 ID Code Qualifier	PI	PI - Payor Identification
		NM109 Identification Code	80314	Represents UniCare as sender
P.113	PER	Payer Contact Information - Refer to TR3		
Loop ID 2000B—Information Receiver Level				
P.116	HL	Information Receiver Level - Refer to TR3		
Loop ID 2100B—Information Receiver Name				
P.118	NM1	Information Receiver Name - Refer to TR3		
Loop ID 2200B—Information Receiver Trace Identifier				
P.120	TRN	Information Receiver Trace Identifier - Refer to TR3		
P.121	STC	Information Receiver Status Information - Refer to TR3		
Loop ID 2000C—Service Provider Level				
P.124	HL	Service Provider Level - Refer to TR3		
Loop ID 2100C—Provider Name				
P.126	NM1	Provider Name - Refer to TR3		
Loop ID 2200C—Provider of Service Trace Identifier				
P.129	TRN	Provider of Service Trace Identifier - Refer to TR3		



P.130	STC	<i>Provider Status Information - Refer to TR3</i>
Loop ID 2000D—Subscriber Level		
P.133	HL	<i>Subscriber Level - Refer to TR3</i>
Loop ID 2100D—Subscriber Name		
P.135	NM1	<i>Subscriber Name - Refer to TR3</i>
Loop ID 2200D—Claim Status Tracking Number		
P.137	TRN	<i>Claim Status Tracking Number - Refer to TR3</i>
P.138	STC	<i>Claim Level Status Information - Refer to TR3</i>
P.149	REF	<i>Payer Claim Control Number - Refer to TR3</i>
P.150	REF	<i>Institutional Bill Type Identification - Refer to TR3</i>
P.151	REF	<i>Patient Control Number - Refer to TR3</i>
P.152	REF	<i>Pharmacy Prescription Number - Refer to TR3</i>
P.153	REF	<i>Voucher Identifier - Refer to TR3</i>
P.154	REF	<i>Claim ID Number for Clearinghouses and Other Transmission Intermediaries - Refer to TR3</i>
P.155	DTP	<i>Claim Service Date - Refer to TR3</i>

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TR3	Segment	Reference Designator(s)	Value	Definitions and Notes Specific to UniCare
Loop ID 2220D—Service Line Information				
P.157	SVC		<i>Service Line Information - Refer to TR3</i>	
P.161	STC		<i>Service Line Status Information - Refer to TR3</i>	
P.171	REF		<i>Service Line Item Identification - Refer to TR3</i>	
P.172	DTP		<i>Service Line Date - Refer to TR3</i>	
Loop ID 2000E—Dependent Level				
P.173	HL		<i>Dependent Level - Refer to TR3</i>	
Loop ID 2100E—Dependent Name				
P.175	NM1		<i>Dependent Name - Refer to TR3</i>	
Loop ID 2200E—Claim Status Tracking Number				
P.177	TRN		<i>Claim Status Tracking Number - Refer to TR3</i>	
P.178	STC		<i>Claim Level Status Information - Refer to TR3</i>	
P.189	REF		<i>Payer Claim Control Number - Refer to TR3</i>	
P.190	REF		<i>Institutional Bill Type Identification - Refer to TR3</i>	
P.191	REF		<i>Patient Control Number - Refer to TR3</i>	
P.192	REF		<i>Pharmacy Prescription Number - Refer to TR3</i>	
P.193	REF		<i>Voucher Identifier - Refer to TR3</i>	
P.194	REF		<i>Claim ID Number for Clearinghouses and Other Transmission Intermediaries - Refer to TR3</i>	
P.195	DTP		<i>Claim Service Date - Refer to TR3</i>	
Loop ID 2220E—Service Line Information				
P.197	SVC		<i>Service Line Information - Refer to TR3</i>	
P.201	STC		<i>Service Line Status Information - Refer to TR3</i>	
P.211	REF		<i>Service Line Item Identification - Refer to TR3</i>	
P.212	DTP		<i>Service Line Date - Refer to TR3</i>	



P.213	SE	<i>Transaction Set Trailer - Refer to TR3</i>