



**X12 TRANSACTION STANDARD  
277 HEALTH CARE PAYER  
UNSOLICITED CLAIM STATUS  
COMPANION GUIDE**

**APRIL 29, 2004  
VERSION 003070  
DOCUMENT VERSION 1.01**

**277****Health Care Payer  
Unsolicited Claim Status**

Below is a summary of the fields that have additional companion guide information in this document.

Functional Group=**HN**

**Detail:**

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Notes</u>
<b>LOOP ID - 2000A</b>						<b>1</b>
<b>LOOP ID - 2100A</b>						<b>1</b>
060	N3	Payer Street Address	O	2		
070	N4	Payer City/State/ZIP	O	1		
<b>LOOP ID - 2000D</b>						<b>≥1</b>
<b>LOOP ID - 2200D</b>						<b>≥1</b>
090	TRN	Claim Submitter's Identifier	O	1		
100	STC	Claim Level Status Information	M	1		
<b>LOOP ID - 2000E</b>						<b>≥1</b>
<b>LOOP ID - 2200E</b>						<b>≥1</b>
090	TRN	Claim Submitter's Identifier	O	1		
100	STC	Claim Line Status Information	M	1		

# N3

## Payer Street Address

Pos: 060	Max: 2
Detail - Optional	
Loop: 2100A	Elements: 2

*NIA Specific Note: This segment is not used by NIA.*

### Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
N301	166	<b>Address Information</b> Description: Address information	M	AN	1/55	Required
N302	166	<b>Address Information</b> Description: Address information	O	AN	1/55	Situational

**N4****Payer City/State/ZIP**

Pos: 070	Max: 1
Detail - Optional	
Loop: 2100A	Elements: 3

*NIA Specific Note: This segment is not used by NIA.*

**Element Summary:**

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
N401	19	<b>City Name</b> <b>Description:</b> Free-form text for city name	O	AN	2/30	Required
N402	156	<b>State or Province Code</b> <b>Description:</b> Code (Standard State/Province) as defined by appropriate government agency	O	ID	2/2	Required
N403	116	<b>Postal Code</b> <b>Description:</b> Code defining international postal zone code excluding punctuation and blanks (zip code for United States)	O	ID	3/15	Required

# TRN Claim Submitter's Identifier

Pos: 090	Max: 1
Detail - Optional	
Loop: 2200D	Elements: 1

## Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
TRN04	127	<b>Reference Identification</b> <b>Description:</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier <i><b>NIA Specific Note: This element will be left blank since the 4010 version of the 837 doesn't use these codes.</b></i>	O	AN	1/30	Situational

# STC Claim Level Status Information

Pos: 100	Max: 1
Detail - Mandatory	
Loop: 2200D	Elements: 1

## Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
STC12	933	<p><b>Free-Form Message Text</b></p> <p><b>Description:</b> Free-form message text</p> <p><b>NIA Specific Rule:</b> <i>This value will be extracted from the 837 Loop 2300 REF02 element (provided that the corresponding REF01 value=D9 (Claim Number)), then added to the hard coded characters "CTN=".</i></p> <p><i>For example, if the 837P Loop 2300 REF01 value =D9, and the corresponding REF02 value is "123456789", then the element value in the reply would be "CTN=123456789".</i></p> <p><i>If a text message is available from EDI validation or Host Load, it will be sent after the CTN number.</i></p> <p><i>For example if the 837P Loop 2300 REF01 value=D9, and the corresponding REF02 value is "123456789", then a message in this element might be: "CTN=123456789, Member ID not found in the Master File."</i></p>	O	AN	1/264	Situational

# TRN Claim Submitter's Identifier

Pos: 090	Max: 1
Detail - Optional	
Loop: 2200E	Elements: 1

## Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
TRN04	127	<b>Reference Identification</b> <b>Description:</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier <b>NIA Specific Note:</b> <i>This element will be left blank since the 4010 version of the 837 doesn't use these codes.</i>	O	AN	1/30	Situational

# STC Claim Line Status Information

Pos: 100	Max: 1
Detail - Mandatory	
Loop: 2200E	Elements: 1

## Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
STC12	933	<b>Free-Form Message Text</b> Description: Free-form message text <i><b>NIA Specific Rule: This field will contain two values which will be separated by a comma and a space. The first value will be the Host Claim Number. The second value is the Host Error Code Description.</b></i>  <i><b>For example if the Host Claim Number is "123456789HCN", then a message in this element might be: "CTN=123456789HCN, Member ID not found in the Master File."</b></i>	O	AN	1/264	Situational

**I. Appendixes**

**Appendix A – Revision History**

Revision Date	Version #	Section Impacted	Author	Change Description