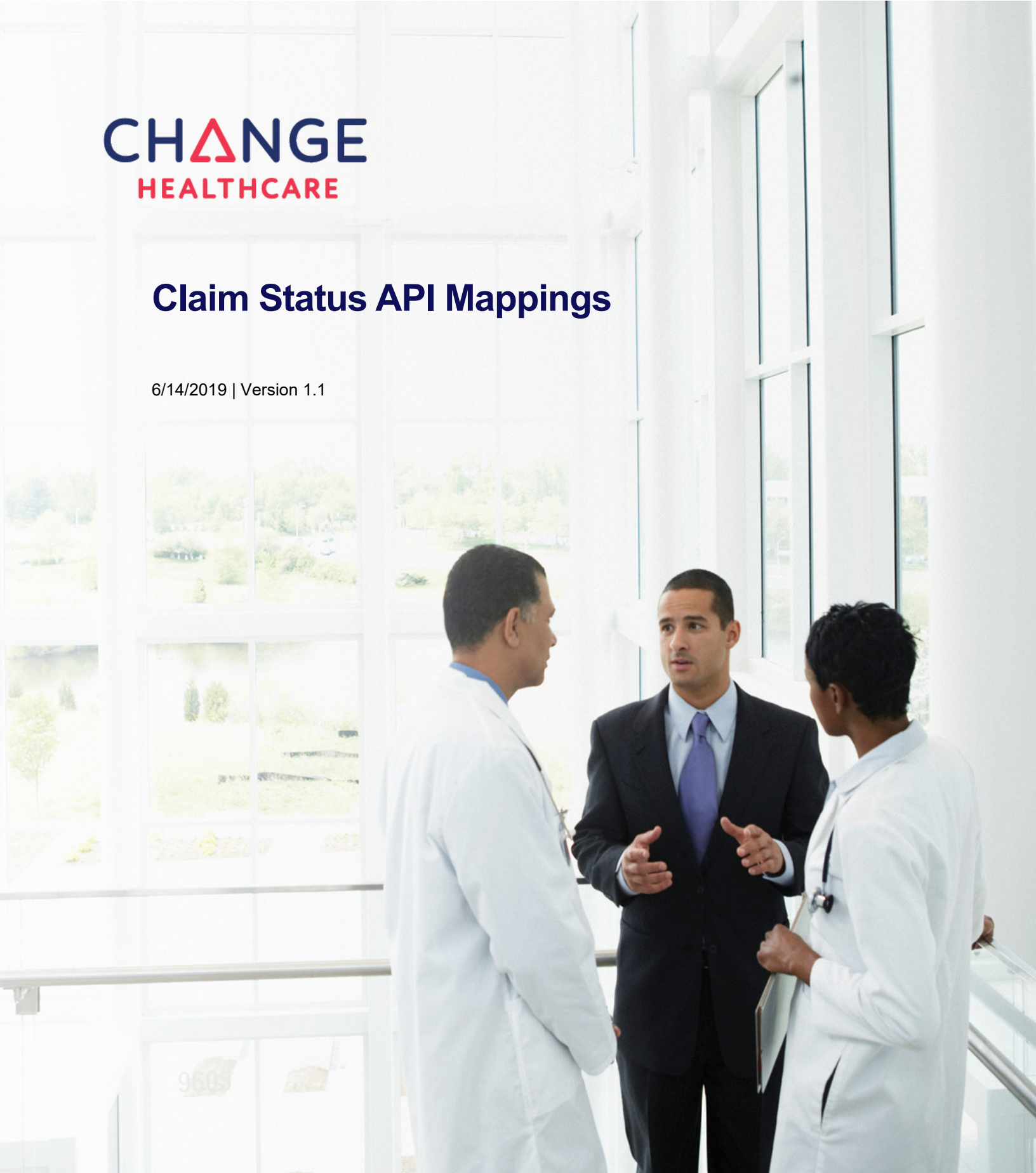




## Claim Status API Mappings

6/14/2019 | Version 1.1



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## Change Log

Date	Description
5/17/2019	Added field information for Claim Status V1.

## 1. Claim Status 276 Request

Information from: domainModel276.json 5/2019

### 1.1 Header (Request)

Field	Description	Constraints
controlNumber	Transaction Set Control Number Maps to ST02 (no loop)	Required 4/9
tradingPartnerId	Get the serviceId from Trading Partner API and then send that value. Required if tradingPartnerServiceId is not present	Required, see Description
tradingPartnerServiceId	Send that value in: Loop 2100A, NM109 Required if tradingPartnerId is not present.	Required, see Description 2/80

## 1.2 Providers (Request) 2100B/C

Name	Element	Description	Constraints
<b>providers</b>		Generic for: <ul style="list-style-type: none"> <li>• 2100B - Billing (Information Receiver)</li> <li>• 2100C - Service Providers</li> </ul>	
organizationName	NM103	Org name for the provider. Can use organization or last name.	1/60
firstName	NM104	Maps to provider Name.	1/35
lastName	NM103	Maps to provider last name.	1/60
npi	NM108	Service Provider Identification Code Qualifier. Maps to provider NPI when <b>providerType = ServiceProvider</b> Options: <ul style="list-style-type: none"> <li>• FI – Federal Taxpayer’s ID</li> <li>• SV – Service Provider Number</li> <li>• XX – National Provider Identifier (NPI) for Medicare/Medicaid</li> </ul> Loop 2100C only.	2/80
taxId	NM109	Billing Tax ID. Electronic Transmitter Identification Number (ETIN) used when <b>providerType = BillingProvider</b> . Loop 2100B only.	Required 2/80
providerType		Code for entity (Billing or Service) <ul style="list-style-type: none"> <li>• Billing Provider: Loop 2100B, NM101=41 (required)</li> <li>• Service Provider: Loop 2100C, NM101=1P if not present this it is added; npi = BillingProvider taxId ID</li> </ul>	2/3

## 1.3 Subscriber (Request)

Name	Element	Loop	Description	Constraints
<b>subscriber</b>			The person that has the insurance policy.	
memberId	NM109	2100D	The subscriber's insurance member ID. Maps to subscriberId.	2/80 Required
firstName	NM104	2100D	The subscriber's first name as specified on their policy. Maps to subscriberFirstName	1/35 Required
lastName	NM103	2100D	The subscriber's last name as specified on their policy. Maps to subscriber Last name.	1/60 Required
dateOfBirth	DMG02	2000D	The subscriber's birth date as specified on their policy Maps to subscriberBirthDate.	1/35
gender	DMG03	2000D	The subscriber's gender as specified on their policy.	1/1
groupNumber	REF01	2200D	The subscriber's group or policy number as specified on their policy. Maps to dependent groupNumber.	1/50

## 1.4 Dependent (Request)

Name	Element	Loop	Description	Constraints
<b>dependent</b>				
firstName	NM104	2100E	Dependent's first name. Maps to dependentFirstName.	1/35
lastName	NM103	2100E	Dependent's last name. Maps to dependentLastName	1/60
Gender	DM03	2000E	Dependent's gender code. Options: F or M	1/1
dateOfBirth	DM02	2000E	Dependent's birth date. Maps to dependent BirthDate.	1/35
groupNumber	REF01	2200E	The group number associated with the dependent. Maps to dependent groupNumber.	1/50

## 1.5 Encounter (Request)

Name	Elements	Description	Constraints
encounter		The claim/encounter information, for example a doctor visit. Generic for: <ul style="list-style-type: none"> <li>• 2200D - Subscriber</li> <li>• 2200E - Dependent</li> </ul>	
beginningDateOfService	DTP03	Date Time Period: Start Date Maps to claimServiceDateStart.	1/35
endDateOfService	DTP03	Date Time Period: End Date Maps to claimServiceDateEnd.	1/35
trackingNumber	TRN02	This is the claim status tracking number assigned to the status query for the claim.	1/50
submittedAmount	AMT02	Submitted total charges. Value goes in AMT02 where AMT01=T3 R	1/18
<b>REF02 Values</b>			
tradingPartnerClaimNumber	REF02	This is the payer assigned claim number. Values goes in REF02 where REF01=1K	1/50
locationIdentifier	REF02	Required if application or location system identifier is known. Values goes in REF02 where REF01=LU	1/50
billingType	REF02	Billing type reference ID. Example: billing type for inpatient services is 111. Values goes in REF02 where REF01=BLT	1/50
patientAccountNumber	REF02	Patient account number provided by service provider. Value goes in REF02 where REF01=EJ	1/50
pharmacyPrescriptionNumber	REF02	Patient pharmacy prescription number. Value goes in REF02 where REF01=XZ	1/50
clearingHouseClaimNumber	REF02	Claim number provided by clearing house. Value goes in REF02 where REF01=D9	1/50

## 2. Claim Status 277 Response

Information from: domainModel277.json

### 2.1 Header (Response)

Name	Description
controlNumber	Transaction Set Control Number Maps to ST02 (no loop)
tradingPartnerId	Get the serviceId from TradingPartnerAPI, then send that value to NM109
tradingPartnerServiceId	Send value to NM109

### 2.2 Providers (Response) 2100B/C

Name	Elements	Description	Constraint
<b>providers</b>		Generic for: <ul style="list-style-type: none"> <li>• Billing (Information Receiver Loop 2100B)</li> <li>• Service Providers (Loop 2100C)</li> </ul>	
organizationName	NM103	Provider's organization name. Can use organization or last name.	1/60 Required
firstName	NM104	Provider first name. Maps to providerName	1/35
lastName	NM103	Provider last name. Can use organization or last name. Maps to provider lastname.	1/60 Required
npi	NM109	National Provider Identification Code Qualifier. Maps to provider NPI. NM108=XX	2/80
taxId	NM109	Electronic transmitter identification Number (ETIN) NM108=FI	2/80
providerType	NM101	Billing, Attending, Operating, Other Operating, Rendering	
		Code for entity (Billing or Service) <ul style="list-style-type: none"> <li>• Billing Provider: Loop 2100B, NM101=41 (required)</li> <li>• Service Provider: Loop 2100C, NM101=1P if not present this it is added; npi = BillingProvider taxId ID</li> </ul>	2/3



## 2.3 Subscriber (Response) 2100D

Name	Element	Description	Constraints
<b>subscriber</b>			
memberId	NM109	Member ID for the subscriber. Maps to subscriberId.	2/80 Required
firstName	NM104	Subscriber's first name Maps to subscriber FirstName	1/35
lastName	NM103	Subscriber's last name. Maps to subscriber Lastname.	1/60

## 2.4 Dependent (Response) 2100E

Name	Element	Description	Constraints
<b>dependent</b>			
firstName	NM104	Dependent's first name. Maps to dependent FirstName.	1/35
lastName	NM103	Dependent's last name. Maps to dependent LastName.	1/60

## 2.5 Claim Status (Response) 2200D/E

Name	Element	Description	Constraints
<b>claimStatus</b>		Generic for: <ul style="list-style-type: none"> <li>• 2200D - Subscriber</li> <li>• 2200E - Dependent</li> </ul>	
statusCategoryCode	STC01-1	Healthcare claim status category code. Code from a specific industry code list. Example: F3	1/30
statusCategoryCodeValue		Value of the Status category code. Example: F3=Finalized/Revised - Adjudication information has been changed	
statusCode	STC01-02	Status of the claim or a service line. Example: 3	1/30
statusCodeValue		Value of the status code. Example: 3=Claim has been adjudicated and is awaiting payment cycle.	1/100
entityCode	ST01-03	Code identifying an organizational entity, physical location, property or an individual. Example: 2P	2/3
entity	ST01-03	Value of the entity code. Examples: 2P value is Public Health Service Facility	1/100
effectiveDate	STC02	Date the claim was placed in this status by the information source's adjudication process. Format: YYYYMMDD	8/8
submittedAmount	STC04	Total claim charge amount.	1/18
amountPaid	STC05	Claim payment amount.	1/18
paidDate	STC06	Date of the denial or approval of the claim. Format: YYYYMMDD	8/8
checkIssueDate	STC08	Check issue or EFT funds available date. Format: YYYYMMDD	8/8
checkNumber:	STC09	Check or EFT trace number.	1/16
trackingNumber	TRN02	Referenced transaction trace number. Provides unique ID for the transaction.	1/50
claimServiceDate	DTP03	Claim service period. Date or Date range, format YYYYMMDD	1/35

Name	Element	Description	Constraints
tradingPartnerClaimNumber	REF02	This is the payor's assigned control number. REF01 = 1K	1/50

## 2.6 Service Details (Response) 2220D/E

Name	Element	Description	Constraints
<b>serviceDetails</b>		Generic for: <ul style="list-style-type: none"> <li>• 2200D - Subscriber</li> <li>• 2200E - Dependent</li> </ul>	
<b>service</b>			
serviceIdQualifierCode	SVC01-1	Code identifying the type/source of the descriptive number used in Product/Service ID. Code Example: AD	2/2
serviceIdQualifier		Value associated with the service code. Example: American Dental Association Codes	1/100
procedureId	SVC01-2	Identifying number for a product or service.	1/48
submittedAmount	SVC02	Amount submitted for the service. This is the line item total on the current claim service status.	1/18
amountPaid	SVC03	Amount paid for the service.	1/18
revenueCode	SVC04	National uniform billing committee revenue code.	1/48
submittedUnits	SVC07	Original submitted units of service.	1/15
<b>status</b>			
statusCategoryCode	STC01-1	The health care claim status category code. Example: F3	1/30
statusCategoryCodeValue		Value of the category code. F3 = Finalized/Revised - Adjudication information has been changed	
statusCode	STC01-2	Status code used to identify the status of an entire claim or a service line. Example: 3	1/30
statusCodeValue		Status Code value. 3 = Claim has been adjudicated and is awaiting payment cycle.	1/100

Name	Element	Description	Constraints
entityCode	STC01-3	Code for the entity. Example: 2P	2/3
entity		Value of the entity code. Example: 2P =Public Health Service Facility	1/100
effectiveDate	STC02	Effective date of the status information. Date the service was placed in this status by the information source's adjudication process. Date or Date range, format YYYYMMDD	1/35

## 2.7 Error Response

Name	Description
<b>errorResponse</b>	
code	Code for the error. Example: INVALID_MISSING_INPUT_DATA
description	Description of the error code. Value provided in payer id should be a valid CHC assigned ERA payer Id.
<b>errors</b>	
field	Attribute that is bad.
value	Value of that attribute.
code	Code for the error. Example: INVALID_VALUE
location	Segment/location where error occurred. If this is network/system error, there is no location attribute. Example: \$.payerBenefits[0].payer
followupAction	Any follow action required for the error. For AAA errors, this would be value for AAA04