Companion Document

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 Accredited Standards Committee (ASC) X12 Standards for Electronic Data Interchange (EDI) Technical Report Type 3 (TR3) as published by the Washington Publishing Company.

Section 1 — 276/277 Health Care Claim Status Request/Response: basic instructions

Section 2 — 276/277 Health Care Claim Status Request/Response: enveloping

Section 3 — 276/277 Health Care Claim Status Request/Response: charts for situational rules

Please contact E-Solutions with any questions.

1-800-470-9630
E-Solutions.support@anthem.com

WEBPBLA-0012-17 August 2017

Section 1 — basic instructions

1.1 Council for Affordable Quality Healthcare (CAQH)

CAQH is a nonprofit 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 Committee on Operating Rules for Information Exchange (CORE) Phases 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.

1.2 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 Healthy Blue to identify the specific claim in question. The following primary identifiers must be supplied:

1. 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)
2. Billing provider NPI number submitted on the original claim — Loop 2100C, NM109
3. Member identification number — Loop 2100D, NM109; Loop 2100E, NM109 (if dependent has a unique identifier)
4. Claim submitter trace number — Loop 2200D, TRN02; Loop 2200E, TRN02
5. Claim number — Loop 2200D, REF02 (if subscriber is the patient); Loop 2200E, REF02 (if dependent is the patient)
6. Date(s) of service — Loop 2200D, DTP03 (if subscriber is the patient); Loop 2200E, DTP03 (if dependent is the patient)
7. Claim submitted charges — Loop 2200D, AMT02 (if subscriber is the patient); Loop 2200E, AMT02 (if dependent is the patient)

1.3 System hours of availability

As a CORE-certified health plan, Healthy Blue follows the guidelines as set forth under Section 1 of the CAQH CORE System Availability Rule. Regularly scheduled system downtime and/or 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)

1.4 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 of the TR3. Healthy Blue will accept all HIPAA standard codes. However, acceptance of these codes or modifiers will not alter covered benefits or current payment policies, guidelines or processes.

1.5 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 and 2220E, the following data elements will not be included:

- STC08 — check issue or electronic funds transfer (EFT) effective date
- STC09 — check or EFT trace number

1.6 Delimiters

Healthy Blue only accepts the following delimiters as defined by the American National Standard Institute (ANSI) standards of the basic character set:

- Data element separator, asterisk (*)
- Repetition separator (ISA11), caret (^)
- Subelement 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 Healthy Blue and trading partner.

1.7 Communication protocol specifications

- Hypertext Transfer Protocol Secure (HTTPS) connectivity
    - HTTPS connectivity is available through the Internet.
    - HTTPS setup steps: Contact E-Solutions to begin the process of getting set up for HTTPS.
        1. E-Solutions will collect information about your organization.
        2. You will be assigned a system and gateway user ID and password.
        3. You will perform the necessary testing and then be promoted to production.
    - Web address: Below is the HTTPS uniform resource locator (URL) address where an embedded 276 message may be sent using the HTTPS protocol for a 277 response.
        - Real-time URL: **https://www.edirealtime.com/edirealtimeph2/edirealtime** (single inquiry only)
- **HTTPS message format** — Input parameters (see table, HTTPS and SOAP — simple object access protocol — metadata) for real-time needs to be submitted on the 276 request data in order to receive a 277 response message.
- **SOAP message format** — SOAP uses the same field descriptions as HTTPS but in SOAP format. You must request Web services description language (WSDL) files for SOAP processing.
    - SOAP URL: **https://www.hipaaiaswebservice.com/wsedirealtime/wsedirealtime**

HTTPS and SOAP Metadata (Real-Time)			
Field Name	**Description**	**Format**	**Example**
PayloadType	Specifies the type of payload included within a request.	Text	**X12_276_Request_005010X212**
ProcessingMode	Indicates Batch or Real-Time processing mode.	Text	**RealTime**
PayloadID	Identifies the request submitted.	Alphanumeric, may contain hyphen	
EncType	Form Data Type	multipart/form-data	
TimeStamp	Time and Date specifying when a message is created and sent to a receiver.	Universal Time (UTC) http://www.w3.org/TR/xmlschema11-2/#date/Time	**2010-02-22T15:15:52Z**
UserName	Is used to log into the account. A password will be associated with the User which allows a request to complete. Username is assigned.	6-12 characters; not case sensitive	
Password	Pairs with the *User* field to allow access to the eligibility request system. Password is assigned.	6-12 characters; case sensitive	
SenderID	Represents the Sender ID (ISA06) from the X12 file being submitted.	Alphanumeric	
ReceiverID	Represents the Receiver ID (ISA08) from the X12 file being submitted.	Alphanumeric	**040**
CORERuleVersion	Represents the CORE Rule version; can be used to maintain backward compatibility when parsing/processing messages.	Version number	**2.1.0**
Payload	Contains the file with the X12 request data.	HIPAA X12 Compliant	

HTTPS error messages

The following are the different message responses and error notifications that may be received when submitting 276 requests.

- **HTTP 202 ok** — When authorization is passed and interface is successful with eligibility systems, HTTP 202 ok status code and the 277 response X12 data content will be returned by the application.
- **Authorization errors** — If the username and/or password included in the request are not valid, HTTP 403 forbidden error response with no data will be returned by the application.
- **Server errors** — When the CAQH connectivity application is not able to process a real-time request due to interface failures or eligibility system unavailability, etc., standard 5xx series error such as HTTP 500 internal server error or HTTP 503 service will be returned by the application. In this scenario, the 276 request submitter will need to resubmit the request since the application process for 277 message reply failed.

1.8 Uppercase letters

Healthy Blue requests that all data be entered in uppercase letters only.

1.9 Adjusted and voided claims

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

1.10 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 (reference 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 matches the other search criteria.

1.11 Acknowledgements and/or reports

After submitting a 276 transaction, you will receive only one of the following responses:

- A TA1 (X12) functional acknowledgement report when the EDI envelope cannot be processed;
- 999 when the submitted 276 inquiry does not pass level 2 HIPAA validation; or
- A 277 response is returned in all other cases to indicate the claim status.

Sample TA1 file

```
ISA*00*          *00*          *ZZ*RECEIVER         *ZZ*SENDER       *110531*1508*^*00501*000000001*0*T*:~
TA1*723010535*061024*1006*R*023~
TA1*723010535*061024*1006*R*001~
TA1*723010535*061024*1006*R*021~
TA1*723010535*061024*1006*R*009~
TA1*723010535*061024*1006*R*024~
IEA*0*000000001~
```

Sample 999 file

```
ISA*00*          *00*          *ZZ*RECEIVER         *ZZ*SENDER       *110726*0702*^*00501*000003072*0*T*:~
GS*FA*RECEIVER*SENDER*20110726*070241*30720001*X*005010X231A1~
ST*999*0001*005010X231A1~
AK1*HR*71300027*005010X212~
AK2*276*071300027*005010X212~
IK3*NM1*4*2100*8~
IK4*8*66*I6*AD~
IK5*R*5~
AK9*R*1*1*0~
SE*8*0001~
GE*1*1~
IEA*1*000000001~
```

Sample TA1 (864) file

```
ISA*00*          *00*          *ZZ*RECEIVER         *ZZ*SENDER       *110726*0700*^*00501*823923824*0*T*:~
GS*TX*RECEIVER*SENDER*20110726*07000920*98705996*X*005010~
ST*864*98705996*005010~
BMG*08*TA1 REPORT*03~
MIT*98705996*TA1 REPORT~
MSG*                                  ENTERPRISE CLEARINGHOUSE                                                *SS~
MSG*                                  TRADING PARTNER TA1 REPORT                                              *SS~
MSG* TRADING PARTNER ID #: SENDER                                                                             *SS~
MSG* REPORT RUNTIME: 07/26/11 07:00                                                                           *SS~
MSG* FILE REJECT TIME: 07/26/11 07:00                                                                         *SS~
MSG*                                                                                                          *SS~
MSG* ---------------------------------------- START OF REPORT ----------------------------------------------*SS~
MSG* ______________________________________________________________________________________________________*SS~
MSG*                                                                                                          *SS~
MSG* SOURCE FILE NAME TRANSACTION RECEIPT DATE ISA CONTROL #  GS RECEIVER ID  GS CONTROL #  REJECT REASON   *SS~
MSG* ---------------- ----------- ------------ -------------  --------------  ------------  ----------------*SS~
MSG* HR0726065503001     276         07/31/2003   823923824      RECEIVER        98705996      Envelope Control
Segment Errors              *SS~
MSG* ---------------------------------------- END OF REPORT ------------------------------------------------*SS~
SE*37*98705996~
GE*1*98705996~
IEA*1*823923824~
```

Sample level 2 (864) error report

```
ISA*00*          *00*          *ZZ*SENDER         *ZZ*RECEIVER       *110522*0753*U*00401*000059379*0*T*|~
GS*TX*SENDER*RECEIVER*20110822*075200*593790001*X*005010~
ST*864*0001~
BMG*08*REPORT*03~
MIT*1156595*HR LEVEL 2 REPORT~
MSG*                                    ENTERPRISE CLEARINGHOUSE                                    *SS~
MSG*                                    LEVEL 2 STATUS REPORT                                       *SS~
MSG*                                                                                                *SS~
MSG*                                                                                                *SS~
MSG* SENDER ID #:       SENDER              TRANSACTION:    276                                     *SS~
MSG* SENDER NAME:       SENDER NAME         TEST/PROD:      T                                       *SS~
MSG* FILE NAME:         HR###########       RECEIPT DATE:   20110822              ISA CONTROL #: 710970400 *SS~
MSG* GS RECEIVER ID:    RECEIVER            REPORT RUNTIME: 08/22/11 07:52:46     GS CONTROL #:  710970400 *SS~
MSG*                                                                                                *SS~
MSG*                                                                                                *SS~
MSG* ------------------------------------ START OF PROVIDER ----------------------------------------*SS~
MSG*____________________________________________________________________________________________________*SS~
MSG*                                                                                                *SS~
MSG* NPI #:          150#######                                                                      *SS~
MSG* PROVIDER ID #:                          ST CONTROL #:    097000400                              *SS~
MSG* PROVIDER NAME:  PROVIDER NAME                                                                   *SS~
MSG*                                                                                                *SS~
MSG*                                                                                                *SS~
MSG* STATUS  PATIENT NAME         SUBSCRIBER ID        DATE OF            TOTAL        TRACE ID      *SS~
MSG* CODE    REFERENCE NO                              SERVICE            CHARGE                     *SS~
MSG*____________________________________________________________________________________________________*SS~
MSG*                                                                                                *SS~
MSG* PASS    PATIENT ,NAME        QCB##########       20110127-20110127   $191.43     110131141505000065HSP *SS~
MSG*                                                                                                *SS~
MSG*                                                                                                *SS~
MSG* ------------------------------------ PROVIDER SUMMARY ------------------------------------------ *SS~
MSG*                                                                                                *SS~
MSG*                                                                                                *SS~
MSG*                      CLAIM  STATUS COUNT          CHARGES                PERCENTAGE             *SS~
MSG*                      ____________________         _______                __________             *SS~
MSG*                                                                                                *SS~
MSG*                                                                                                *SS~
MSG*      PASSED                    1                  $191.43                  100.00%              *SS~
MSG*                                                                                                *SS~
MSG*      FAILED                    0                  $0.00                      0.00%              *SS~
MSG*                                                                                                *SS~
MSG*      TOTAL SUBMITTED           1                  $191.43                                       *SS~
MSG*                                                                                                *SS~
MSG*                                                                                                *SS~
MSG* ------------------------------------ END OF PROVIDER ------------------------------------------*SS~
MSG*                                                                                                *SS~
MSG* ------------------------------------ START OF REPORT TOTALS -----------------------------------*SS~
MSG*                                                                                                *SS~
MSG*                                                                                                *SS~
MSG* REPORT TOTALS:                                                                                  *SS~
MSG*                                                                                                *SS~
MSG*                       CLAIM  STATUS COUNT          CHARGES                PERCENTAGE             *SS~
MSG*                       ____________________         _______                __________             *SS~
MSG*                                                                                                *SS~
MSG*       PASSED                    1                  $191.43                100.00%              *SS~
MSG*                                                                                                *SS~
MSG*       FAILED                    0                  $0.00                    0.00%              *SS~
MSG*                                                                                                *SS~
MSG*       TOTAL SUBMITTED           1                  $191.43                                     *SS~
MSG*                                                                                                *SS~
MSG* ____________________________________________________________________________________________________*SS~
MSG*                                                                                                *SS~
MSG*                                                                                                *SS~
MSG*                  The EDI Gateway daily processing completes at 5:00 PM EST each business day.  *SS~
MSG*       Files that process after 5PM EST will be given the receipt date of the following business day.  *SS~
MSG*                                                                                                *SS~
```

```
MSG*                                                                                                                *SS~
MSG*                                    PLEASE CONTACT YOUR LOCAL EDI HELPDESK AT                                   *SS~
MSG*                                                 XXX-XXX-XXXX                                                   *SS~
MSG*                                     WITH ANY QUESTIONS REGARDING THIS REPORT                                   *SS~
MSG*                                                                                                                *SS~
MSG*_______________________________________________________________________________________________________________*SS~
MSG*                                                                                                                *SS~
MSG* ---------------------------------------- END OF REPORT ----------------------------------------------------*SS~
SE*619*0001~
GE*1*593790001~
IEA*1*000059379~
```

12 Standardized claims responses

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

Standardized Claim Responses	
Description	**STC Response**
Claim Not Found	**A4^35**
Subscriber Not Found	**E0^33**
Patient Not Found (generic)	**E0^97**
Claim rejected due to no membership—finalized status	**F2^33**
Claim rejected due to coverage termination—finalized status	**F2^27**
	F2^108^IL
Claim rejected due to coverage termination—pending status	**P1^27**
	P1^108^IL
Claim Rejected for Requested Medical Records—finalized status	**F2^317**
Claim Pending for Requested Medical Records—pending status	**P3^317**
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 Medical Records but no request has been issued at the time a 276 was received—pending status	**P1^317**
Claim rejected for Requested COB Information—finalized status	**F2^52**
	F2^57
	F2^286
Claim pending for Requested COB Information—pending status	**P3^52**
	P3^57
	P3^286
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 COB Information but a request has not been issued at the time a 276 was received—pending status	**P1^52**
	P1^57
	P1^286
*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.	

Section 2 — enveloping

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

- Interchange control header (ISA)
- Functional group header (GS)
- Interchange control trailer (IEA)
- Functional group trailer (GE)

276 Health Care Claim Status Request—Envelope Specific to Healthy Blue (TR3, Appendix C)

ISA—Interchange Control Header	
ISA01	**00**
ISA02	*refer to TR3*
ISA03	**00**
ISA04	*refer to TR3*
ISA05	**ZZ**
ISA06	***SENDER ID***
EDI assigned	
Left-justified followed by spaces	
ISA07	**ZZ**
ISA08	**661**
Left-justified followed by spaces	
ISA09	*refer to TR3*
ISA10	*refer to TR3*
ISA11	**^ *(5E)***
ISA12	**00501**
ISA13	*refer to TR3*
ISA14	*refer to TR3*
ISA15	*refer to TR3*
ISA16	**: *(3A)***

GS—Functional Group Header	
GS01	**HR**
GS02	***SENDER ID***
EDI assigned	
Left-justified followed by no zeroes or spaces	
GS03	**661**
GS04	*refer to TR3*
GS05	*refer to TR3*
GS06	*refer to TR3*
GS07	**X**
GS08	**005010X212**

GE—Functional Group Trailer	
GE01	*refer to TR3*
GE02	*refer to TR3*

IEA—Interchange Control Trailer	
IEA01	*refer to TR3*
IEA02	*refer to TR3*

***Transactions must be submitted to the Plan for the state in which the services will be rendered. Transaction from providers not within our service areas must not be sent.**

277 Health Care Claim Status Response—Envelope Specific to Healthy Blue (TR3, Appendix C)

ISA—Interchange Control Header	
ISA01	**00**
ISA02	*10 spaces*
ISA03	**00**
ISA04	*10 spaces*
ISA05	**ZZ**
ISA06	**661**
ISA07	**ZZ**
ISA08	***RECEIVER ID***
ISA09	*refer to TR3*
ISA10	*refer to TR3*
ISA11	***^ (5E)***
ISA12	**00501**
ISA13	*refer to TR3*
ISA14	**0**
ISA15	*refer to TR3*
ISA16	***: (3A)***

GS—Functional Group Header	
GS01	**HN**
GS02	**661**
GS03	***RECEIVER ID***
GS04	*refer to TR3*
GS05	*refer to TR3*
GS06	*refer to TR3*
GS07	**X**
GS08	**005010X212**

GE—Functional Group Trailer	
GE01	*refer to TR3*
GE02	*refer to TR3*

IEA—Interchange Control Trailer	
IEA01	*refer to TR3*
IEA02	*refer to TR3*

Section 3 — charts for situational rules

Listed below are loops, segments and data elements that, if submitted, will greatly improve your chances of a successful response per our implementation of 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 Healthy Blue
P.36	**ST** Transaction Set Header	**ST03** Implementation Convention Ref	***005010X212***	005010X212 - Health Care Claim Status Request
P.37	**BHT**	*Beginning of Hierarchical Transaction - Refer to TR3*		
Loop ID 2000A—Information Source Level				
P.39	**HL**	*Information Source Level - Refer to TR3*		
Loop ID 2100A—Payer Name				
P.41	**NM1** Payer Name	**NM103** Name Last or Organization Name	***(Information Source Last or Org Name)***	HEALTHY BLUE
		NM108 ID Code Qualifier	***PI***	PI - Payor Identification
		NM109 Identification Code	***661***	661 - represents Healthy Blue 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)***	Identification number as it appears on the payers database.
		Format Examples		**Explanation**
		***XXX*######### *XXXX*######### *XXX*###X##### *R*######## *J*########**		Alphanumeric subscriber identification as it appears on the front of the ID card and must include the alpha prefix as submitted.
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*

277 Health Care Claim Status Response				
TR3	**Segment**	**Reference Designator(s)**	**Value**	**Definitions and Notes** Specific to Healthy Blue
P.106	**ST** Transaction Set Header	**ST03** Implementation Convention Ref	***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	***661***	661 - represents Healthy Blue as receiver
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**	*Provider Status Information - Refer to TR3*		
Loop ID 2000D—Subscriber Level				
P.133	**HL**	*Subscriber Level - Refer to TR3*		
Loop ID 2100D—Subscriber Name				
P.135	**NM1**	*Subscriber Name - Refer to TR3*		
Loop ID 2200D—Claim Status Tracking Number				
P.137	**TRN**	*Claim Status Tracking Number - Refer to TR3*		
P.138	**STC**	*Claim Level Status Information - Refer to TR3*		
P.149	**REF**	*Payer Claim Control Number - Refer to TR3*		
P.150	**REF**	*Institutional Bill Type Identification - Refer to TR3*		
P.151	**REF**	*Patient Control Number - Refer to TR3*		
P.152	**REF**	*Pharmacy Prescription Number - Refer to TR3*		
P.153	**REF**	*Voucher Identifier - Refer to TR3*		
P.154	**REF**	*Claim ID Number for Clearinghouses and Other Transmission Intermediaries - Refer to TR3*		
P.155	**DTP**	*Claim Service Date - Refer to TR3*		
Loop ID 2220D—Service Line Information				
P.157	**SVC**	*Service Line Information - Refer to TR3*		
P.161	**STC**	*Service Line Status Information - Refer to TR3*		

P.171	**REF**	*Service Line Item Identification - Refer to TR3*
P.172	**DTP**	*Service Line Date - Refer to TR3*
Loop ID 2000E—Dependent Level		
P.173	**HL**	*Dependent Level - Refer to TR3*
Loop ID 2100E—Dependent Name		
P.175	**NM1**	*Dependent Name - Refer to TR3*
Loop ID 2200E—Claim Status Tracking Number		
P.177	**TRN**	*Claim Status Tracking Number - Refer to TR3*
P.178	**STC**	*Claim Level Status Information - Refer to TR3*
P.189	**REF**	*Payer Claim Control Number - Refer to TR3*
P.190	**REF**	*Institutional Bill Type Identification - Refer to TR3*
P.191	**REF**	*Patient Control Number - Refer to TR3*
P.192	**REF**	*Pharmacy Prescription Number - Refer to TR3*
P.193	**REF**	*Voucher Identifier - Refer to TR3*
P.194	**REF**	*Claim ID Number for Clearinghouses and Other Transmission Intermediaries - Refer to TR3*
P.195	**DTP**	*Claim Service Date - Refer to TR3*
Loop ID 2220E—Service Line Information		
P.197	**SVC**	*Service Line Information - Refer to TR3*
P.201	**STC**	*Service Line Status Information - Refer to TR3*
P.211	**REF**	*Service Line Item Identification - Refer to TR3*
P.212	**DTP**	*Service Line Date - Refer to TR3*
P.213	**SE**	*Transaction Set Trailer - Refer to TR3*