

276/277 Health Care Claim Status Request/ Response — Batch

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 – 276/277 Claim Status Request/Response: Basic Instructions

Section 2 – 276/277 Claim Status Request/Response: Enveloping

Section 3 – 276/277 Claim Status Request/Response: Charts for Situational Rules

Any questions?

Contact E-Solutions
(800) 470-9630

Section 1 - Basic Instructions

1.1 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.

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 Amerigroup 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)

1.3 System Hours of Availability

As a CORE-certified health plan, Amerigroup 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 Years 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. Amerigroup 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.

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 & 2220E, the following STC data elements will not be included:

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

1.6 Delimiters

Amerigroup 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 listed 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 Amerigroup and trading partner.

1.7 Adjusted and Voided Claims

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

1.8 Uppercase Letters

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

1.9 Communication Protocol Specifications

- HTTPS Connectivity. HTTPS connectivity is available through the internet.
- HTTPS Setup Steps. Contact E-Solutions to begin the process of getting setup for HTTPS.
 - 1) E-Solutions will collect information about your organization.
 - 2) You will be assigned a Gateway and System User ID and Password.
 - 3) You will perform the necessary testing and then be promoted to production.
- Web Address. Below is the HTTPS URL address where a 276 file may be uploaded using the HTTPS EDI portal for a 277 response.

URL: <https://www.edibatch.com/agpedi/login.jsp>

Other Communication Protocols

- Secure FTP
- File Transfer Protocol w/ PGP

1.10 Receiver ID

For Amerigroup business, trading partners submit the receiver ID in-state for the provider of service.

This receiver ID appears in data elements:

276: ISA08 (Interchange Receiver ID)
 GS03 (Application Receiver ID)
 Loop 2100A NM109 (Information Source ID)

277: ISA06 (Interchange Sender ID)
 GS02 (Application Sender's Code)
 Loop 2100A NM109 (Information Source ID)

Receiver ID		
Batch		
State	ISA08	GS03
Multiple	AGPMD	AGPMD
FL	AGPFL	AGPFL
GA	AGPGA	AGPGA
KS	AGPKS	AGPKS
LA	AGPLA	AGPLA
MD	AGPMD	AGPMD
NV	AGPNV	AGPNV
NJ	AGPNJ	AGPNJ
NM	AGPNM	AGPNM
TN	AGPTN	AGPTN
TX	AGPTX	AGPTX
WA	AGPWA	AGPWA
NY	AGHPNY	AGHPNY

1.11 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.

1.12 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 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* 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 *SS~
Segment Errors *SS~
MSG* ----- END OF REPORT -----*SS~
SE*37*98705996~
GE*1*98705996~
IEA*1*823923824~
```

***NOTE: TA1 (864) modified and formatted to show key fields of report.**

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* ----- START OF PROVIDER ----- *SS~
MSG*                                     *SS~
MSG* NPI #:                150#####          *SS~
MSG* PROVIDER ID #:         *SS~
MSG* PROVIDER NAME:        PROVIDER NAME      ST CONTROL #:        097000400          *SS~
MSG*                                     *SS~
MSG*                                     *SS~
MSG* STATUS PATIENT NAME    SUBSCRIBER ID        DATE OF              TOTAL              TRACE ID
MSG* CODE REFERENCE NO      SERVICE              CHARGE
MSG* ----- *SS~
MSG* PASS PATIENT ,NAME     QCB#####          20110127-20110127  $191.43          11013114150500065HSP *SS~
MSG*                                     *SS~
MSG* ----- PROVIDER SUMMARY ----- *SS~
MSG*                                     *SS~
MSG*                                     *SS~
MSG*          CLAIM STATUS COUNT          CHARGES          PERCENTAGE
MSG*          ----- *SS~
MSG*          PASSED          1          $191.43          100.00%
MSG*          FAILED          0          $0.00          0.00%
MSG*          TOTAL SUBMITTED 1          $191.43
MSG*                                     *SS~
MSG* ----- END OF PROVIDER ----- *SS~
MSG*                                     *SS~
MSG* ----- START OF REPORT TOTALS ----- *SS~
MSG*                                     *SS~
MSG* REPORT TOTALS:
MSG*          CLAIM STATUS COUNT          CHARGES          PERCENTAGE
MSG*          ----- *SS~
MSG*          PASSED          1          $191.43          100.00%
MSG*          FAILED          0          $0.00          0.00%
MSG*          TOTAL SUBMITTED 1          $191.43
MSG*                                     *SS~
MSG*                                     *SS~
MSG*                                     *SS~
MSG*          The EDI Gateway daily processing completes at 5:00 PM EST each business day.
MSG*          Files that process after 5PM EST will be given the receipt date of the following business day.
MSG*                                     *SS~
MSG*                                     *SS~
MSG*          PLEASE CONTACT YOUR LOCAL EDI HELPDESK AT
MSG*          XXX-XXX-XXXX
MSG*          WITH ANY QUESTIONS REGARDING THIS REPORT
MSG*                                     *SS~
MSG*                                     *SS~
MSG* ----- END OF REPORT ----- *SS~
SE*619*0001~
GE*1*593790001~
IEA*1*000059379~
    
```

***NOTE: Level 2 (864) Error Report modified and formatted to show key fields of report.**

1.13 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	
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 Amerigroup. 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)

276 Health Care Claim Status Request—Envelope Specific to Amerigroup (TR3, Appendix C)			
ISA—Interchange Control Header	GS—Functional Group Header	GE—Functional Group Trailer	IEA—Interchange Control Trailer
ISA01 00	GS01 HR	GE01 refer to TR3	IEA01 refer to TR3
ISA02 refer to TR3	GS02 SENDER ID	GE02 refer to TR3	IEA02 refer to TR3
ISA03 00	EDI assigned		
ISA04 refer to TR3	Left-justified followed by		
ISA05 ZZ	no zeroes or spaces		
ISA06 SENDER ID	GS03 AGPXX <i>where XX = AGPFL, AGPGA, AGPKS, AGPLA, AGPMD, AGPNV, AGPNJ, AGPNM, AGPTN, AGPTX, AGPWA, AGPHPNY</i>	GS03 - For Amerigroup business, trading partners submit the receiver ID in-state for the provider of service.	
EDI assigned			
Left-justified followed by spaces			
ISA07 ZZ			
ISA08 AMERIGROUP			
Left-justified followed by spaces	GS04 refer to TR3		
	GS05 refer to TR3		
ISA09 refer to TR3	GS06 refer to TR3		
ISA10 refer to TR3	GS07 X		
ISA11 ^ (5E)	GS08 005010X212		
ISA12 00501	NOTE. Critical Batching and Editing Information <i>*Transactions must be batched in separate functional group by GS03.</i> <i>*Unique group control number (GS06) MUST NOT be duplicated within 365 days by Trading Partner ID (GS02); files containing duplicate or previously received group control numbers will be rejected.</i> <i>*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.</i>		
ISA13 refer to TR3			
ISA14 refer to TR3			
ISA15 refer to TR3			
ISA16 : (3A)			

277 Health Care Claim Status Response—Envelope Specific to Amerigroup (TR3, Appendix C)			
ISA—Interchange Control Header	GS—Functional Group Header	GE—Functional Group Trailer	IEA—Interchange Control Trailer
ISA01 00	GS01 HN	GE01 refer to TR3	IEA01 refer to TR3
ISA02 10 spaces	GS02 AGPXX <i>where XX = AGPFL, AGPGA, AGPKS, AGPLA, AGPMD, AGPNV, AGPNJ, AGPNM, AGPTN, AGPTX, AGPWA, AGPHPNY</i>	GE02 refer to TR3	IEA02 refer to TR3
ISA03 00			
ISA04 10 spaces			
ISA05 ZZ			
ISA06 AMERIGROUP			
ISA07 ZZ			
ISA08 RECEIVER ID	GS03 RECEIVER ID		
ISA09 refer to TR3	GS04 refer to TR3		
ISA10 refer to TR3	GS05 refer to TR3		
ISA11 ^ (5E)	GS06 refer to TR3		
ISA12 00501	GS07 X		
ISA13 refer to TR3	GS08 005010X212		
ISA14 0			
ISA15 refer to TR3			
ISA16 : (3A)			

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 Amerigroup
P.36	ST Transaction Set Header	ST03 Implementation Convention Ref	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	(Information Source Last or Org Name)	Amerigroup
		NM108 ID Code Qualifier	PI	PI - Payor Identification
		NM109 Identification Code	(Payer Identifier)	Refer to the Basic Instructions for the correct State Receiver ID
Loop ID 2000B—Information Receiver Level				
P.43	HL	<i>Information Receiver Level - Refer to TR3</i>		
P.45	NM1	<i>Information Receiver Name - Refer to TR3</i>		
Loop ID 2000C—Service Provider Level				
P.47	HL	<i>Service Provider Level - Refer to TR3</i>		
Loop ID 2100C—Provider Name				
P.49	NM1	<i>Provider Name - Refer to TR3</i>		
Loop ID 2000D—Subscriber Level				
P.52	HL	<i>Subscriber Level - Refer to TR3</i>		
P.54	DMG	<i>Subscriber Demographic Information - Refer to TR3</i>		
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.
Loop ID 2200D—Claim Status Tracking Number				
P.58	TRN	<i>Claim Status Tracking Number - Refer to TR3</i>		
P.59	REF	<i>Payer Claim Control Number - Refer to TR3</i>		
P.60	REF	<i>Institutional Bill Type Identification - Refer to TR3</i>		
P.61	REF	<i>Application or Location System Identifier - Refer to TR3</i>		
P.62	REF	<i>Group Number - Refer to TR3</i>		
P.63	REF	<i>Patient Control Number - Refer to TR3</i>		
P.64	REF	<i>Pharmacy Prescription Number - Refer to TR3</i>		
P.65	REF	<i>Claim ID Number for Clearinghouses and Other Transmission Intermediaries - Refer to TR3</i>		
P.66	AMT	<i>Claim Submitted Charges - Refer to TR3</i>		
P.67	DTP	<i>Claim Service Date - Refer to TR3</i>		

276 Health Care Claim Status Request				
TR3	Segment	Reference Designator(s)	Value	Definitions and Notes Specific to Amerigroup
Loop ID 2200D—Claim Status Tracking Number (cont'd)				
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 Amerigroup
P.106	ST Transaction Set Header	ST03 Implementation Convention Ref	005010X212	005010X212 - Health Care Claim Status Response
P.107	BHT <i>Beginning of Hierarchical Transaction - Refer to TR3</i>			
Loop ID 2000A—Information Source Level				
P.109	HL <i>Information Source Level - Refer to TR3</i>			
Loop ID 2100A—Payer Name				
P.111	NM1 Payer Name	NM108 ID Code Qualifier	PI	PI - Payor Identification
		NM109 Identification Code	(Payer Identifier)	Plan Code submitted on the 276 Request.
P.113	PER <i>Payer Contact Information - Refer to TR3</i>			
Loop ID 2000B—Information Receiver Level				
P.116	HL <i>Information Receiver Level - Refer to TR3</i>			
Loop ID 2100B—Information Receiver Name				
P.118	NM1 <i>Information Receiver Name - Refer to TR3</i>			
Loop ID 2200B—Information Receiver Trace Identifier				
P.120	TRN <i>Information Receiver Trace Identifier - Refer to TR3</i>			
P.121	STC <i>Information Receiver Status Information - Refer to TR3</i>			
Loop ID 2000C—Service Provider Level				
P.124	HL <i>Service Provider Level - Refer to TR3</i>			
Loop ID 2100C—Provider Name				
P.126	NM1 <i>Provider Name - Refer to TR3</i>			
Loop ID 2200C—Provider of Service Trace Identifier				
P.129	TRN <i>Provider of Service Trace Identifier - Refer to TR3</i>			
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>			
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>			

277 Health Care Claim Status Response				
TR3	Segment	Reference Designator(s)	Value	Definitions and Notes Specific to Amerigroup
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