



South Carolina Department of Health and Human Services

Standard Companion Guide

Refers to the Implementation Guides Based on X12 version 005010A1

Companion Guide Version Number: 1.1

August 2013

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Preface

This Companion Guide to the X12N Implementation Guides clarifies and specifies the data content when exchanging electronically with South Carolina Department of Health and Human Services (SCDHHS). Transmissions based on this companion guide, used in tandem with the X12N Implementation Guides, are compliant with both X12 syntax and those guides. This Companion Guide is intended to convey information that is within the framework of the ASC X12N Implementation Guides. The Companion Guide is not intended to convey information that in any way exceeds the requirements or usages of data expressed in the Implementation Guides.

2013

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Table of Contents

Disclosure Statement.....	2
Preface	3
1. Introduction	7
Scope.....	7
Overview	8
References	8
2. Getting Started.....	8
Working with SCDHHS	8
Trading Partner Registration.....	9
Providers	9
Vendors/Clearinghouses.....	9
Testing with the Payer	9
Transition from Test to Production Status.....	11
3. Connectivity with the Payer/ Communications	11
Contact Information.....	13
EDI Customer Service/Technical Assistance	13
Provider Service Number	13
Applicable Websites / Email	13
4. Control Segments / Envelopes	13
5. Payer Specific Business Rules and Limitations.....	14
ISA and Case Requirements	14
6. Acknowledgments/Reports	14
7. Trading Partner Agreements.....	14
Trading Partners.....	14
Providers	15
Vendors/Clearinghouses.....	15
Completion of the S.C. Medicaid Trading Partner Agreement	15
Additional Information:	16
8. Transaction Specific Information	17

Appendix	72
1. Frequently Asked Questions	72
2. Change Summary	72

List of Figures

Figure 1. Medic Report Sample.....	14
------------------------------------	----

List of Tables

Table 1. Payer Testing Table	10
Table 2. 277CA Healthcare Claim Institutional/ProfessionalTable	18

1. Introduction

This section describes how X12N Implementation Guides (IGs) will be detailed with the use of a table. The table contains a row for each segment that South Carolina Department of Health and Human Services (SCDHHS) has something additional, over and above, the information in the IGs.

In addition to the row for each segment, one or more additional rows are used to describe SCDHHS usage for composite and simple data elements and for any other information. The following table is an example:

SHADED Rows represent “ segments ” in the 277CA Implementation Guide.
NON-SHADED rows represent “ data elements ” in the 277CA Implementation Guide.

Loop	Element Identifier	Description	TR3 Notes	ID	Segment Repeat (Segment Level) Min/Max (Data Element Level)	Usage	Loop Repeat	Values	Requirement Description
HDR	ISA	INTERCHANGE CONTROL HEADER	To start and identify an interchange of zero or more functional groups and interchange-related control segments		1	R			
HDR	ISA01	Authorization Information Qualifier	Code identifying the type of information in the authorization information	ID	2-2	R		00- No Authorization Present (No meaningful Information in I02) 03- Add'l Data Identification	

Scope

This Companion Guide (CG) is to be used in addition to the 277CA Implementation Guide, Data Dictionary, and External Code list.

This Companion Guides contains two types of data; instructions for electronic communications with SCDHHS (Communications/Connectivity Instructions) and supplemental information for creating transactions for SCDHHS while ensuring compliance with the associated 277CA Implementation Guide.

The Transaction Instruction component is included in the CG when SCDHHS wants to clarify the IG instructions for submission of specific electronic transactions. The Transaction Instruction component content is limited by 277CA's copyrights and Fair Use statement.

Overview

The Transaction Instruction component of this companion guide must be used in conjunction with an associated 277CA Implementation Guide. The instructions in this companion guide are not intended to be stand-alone requirements documents. This companion guide conforms to all the requirements of any associated 277CA Implementation Guides and is in conformance with 277CA's Fair Use and Copyright statements.

References

The CORE v5010 Master Companion Guide Template has been adapted from the CAQH/WEDI Best Practices Companion Guide Template originally published January 1, 2003.

2. Getting Started

Working with SCDHHS

Should you intend to conduct electronic transactions with South Carolina Medicaid, you must first complete and return a Trading Partner Agreement (TPA) to the South Carolina Medicaid Provider Service Center. The TPA delineates the responsibilities of both the provider and SCDHHS.

Once the South Carolina Medicaid Provider Service Center staff receives your completed TPA, they will contact you to give instructions on how to proceed. Should you intend to create files and send them yourself; the S.C. Medicaid EDI Support Center staff will set up an electronic mailbox for you, assign you a user I.D. and password, and notify you that you may submit a transaction for testing. The testing process evaluates both the format of content of your transaction to ensure it is HIPAA compliant.

If you plan to use a clearinghouse to conduct your transactions, it will not be necessary to set up a mailbox for you, nor for you to test with S.C. Medicaid.

Trading Partner Registration

Providers

Trading Partner Agreement Enrollment Instructions for Providers can be found on the scdhhs.gov website or <http://www.scdhhs.gov/resource/hipaa-5010-project-status>

Vendors/Clearinghouses

Trading Partner Agreement Enrollment Instructions for Vendors and Clearinghouses can be found on the scdhhs.gov website: <http://www.scdhhs.gov/resource/hipaa-5010-project-status>

The Trading Partner Agreement Enrollment (TPA) form may be found online at: <http://www.scdhhs.gov/resource/hipaa-5010-project-status>

Testing with the Payer

Becoming HIPAA compliant will require that most healthcare payers, clearinghouses and providers make significant changes to their existing Electronic Data Interchange (EDI) processes. Process change inevitably includes testing for results validation. This testing can be one of the most time consuming efforts in the development cycle. SC Medicaid expects the following approach will optimize test time and expedite our Trading Partners' transition from test to production status.

The following must be performed for each different transaction type that a Trading Partner is approved to submit to SC Medicaid.

The Trading Partner must complete testing for each of the transactions it will implement and shall not be allowed to exchange data with SCDHHS in production mode until testing is satisfactorily passed as determined by SCDHHS. Successful testing means the ability to successfully pass HIPAA compliance checking and to process PHI transmitted by Trading Partner to SCDHHS. SCDHHS will accept certification from any third-party testing and certification entity that has been identified by the Workgroup for Electronic Data Interchange, Strategic National Implementation Process (WEDI/SNIP) in lieu of a Trading Partner being tested by SCDHHS. Such certification must be at least level 4 as defined by WEDI.

Table 1. Payer Testing Table

Test Step	Description
Test Plan	The SC Medicaid EDI Support Center and the Trading Partner will agree to a predefined set of test data with expected results. The matrix will vary by transaction and Trading Partner. Also, we will develop a plan for test-to production transition that considers volume testing and transaction acceptance ratios.
Security	The SC Medicaid EDI Support Center will verify approved Trading Partners have a valid User ID and password.
Connectivity and Transmission Integrity	<p>SC Medicaid Axiom translator-supported connectivity protocols are outlined in the “Understanding Access to SC Medicaid” section of this manual. This first level of testing is complete when the Trading Partner has successfully sent to and received from SC Medicaid Axiom translator a test file via one of the SC Medicaid Axiom translator-supported connectivity options.</p> <p>The SC Medicaid EDI Support Center suggests the Trading Partner limit transactions to small volume (one percent of estimated daily transactions) for this test phase.</p>
Transaction Validation	The SC Medicaid EDI Support Center will verify that approved Trading Partners are submitting transactions allowed per our enrollment applications.
Data Integrity	<p>Data integrity is determined by X12 and HIPAA Implementation Guide (IG) Level 4 compliance edits performed by the SC Medicaid Axiom translator.</p> <p>The SC Medicaid EDI Support Center will ask a Trading Partner to first submit low volume files. When these are successfully processed, the SC Medicaid EDI Support Center will ask for larger volume files (five percent of estimated daily transactions).</p> <p>The SC Medicaid Axiom translator returns transmission acknowledgement and edit result response transactions from this process.</p> <p>The Trading Partner should correct transactions reported as errors and resubmit them.</p> <p>Data integrity testing is successfully completed when the Trading Partner’s data has no compliance errors; i.e., achieves 100% acceptance.</p>

Acknowledgement and Response Transactions	Trading Partners must demonstrate the ability to receive acknowledgement and response transactions. The SC Medicaid Axiom translator expects Trading Partners will also implement balancing or reconciliation processes and report transmission discrepancies to us immediately.
Results Analysis	SC Medicaid EDI Support Center and the Trading Partner will review acknowledgement and response transactions for consistency with the predefined expected results.

Transition from Test to Production Status

The Trading Partner must complete testing for each of the transactions it will implement and will not be allowed to exchange data with SC Medicaid in production mode until testing is satisfactorily passed. SC Medicaid will accept certification from any third-party testing and certification entity that has been identified by the Workgroup for Electronic Data Interchange, Strategic National Implementation Process (WEDI/SNIP) in lieu of a Trading Partner being tested by SC Medicaid. Such certification must be at least level 4 as defined by WEDI.

When the test results have been satisfied, the Trading Partner's submission status will be changed from test to production. At this time, the Trading Partner can begin to send production transaction data to SC Medicaid.

3. Connectivity with the Payer/ Communications

EDI Gateway

McaidNET is the EDI gateway to SC Medicaid. Effective 03/01/2009, no new modem accounts will be created. Effective 07/01/2009, the modem server will no longer be available. The following are communication packages that will be supported:

- SecureFTP
- WS_FTP Pro v8.0 or higher

McaidNET is defaulted to send uncompressed files.

Note: *McaidNET supports file transfers via secure File Transfer Protocol (FTP). Specifications on these options are included later in this manual.*

SC Medicaid accepts the following ASC X12N Version 5010 (Errata) transactions, required with the implementation of the Health Insurance Portability and Accountability Act of 1996 (HIPAA):

South Carolina Department Health and Human Services
277CA Companion Guide

- Dental Claim: ASC X12N 837D 005010X224A2 - Health Care Claim: Dental
- Professional Claim: ASC X12N 837P 005010X222A - Health Care Claim: Professional
- Institutional Claim: ASC X12N 837I 005010X223A2 - Health Care Claim: Institutional
- Health Claim Status: ASC X12N 276/277 005010X212 - Health Care Claim Status Request
- Eligibility for a Health Plan: ASC X12N 270/271 005010X279A1 - Health Care Eligibility Benefit Inquiry
- Premium Payment: ASC X12N 820 005010X218A1
- Enrollment: ASC X12N 834 005010X220A1
- Claim Payment: ASC X12N 835 005010X221A1
- NCPDP Post Adjudication 4.2

The McaidNET platform is available 24 hours a day, seven days a week, with the exception of infrequent maintenance performed on Sundays.

If you have any questions regarding the McaidNET platform, please call the SC Medicaid EDI Support Center toll-free at 1-888-289-0709, Option 1 then Option 1.

Access the Communications Guide online:

<http://www1.scdhhs.gov/openpublic/hipaa/webfiles/Communication%20Guide%205010%20OCT2011.pdf>

Contact Information

EDI Customer Service/Technical Assistance

The South Carolina Medicaid EDI Support Center can assist you with your questions about HIPAA-related transactions, code sets and related provider training opportunities.

Call 1-888-289-0709 or send Email to EDIG.OPS-MCAID@palmettogba.com

Provider Service Number

The South Carolina Provider Service department can assist you with your questions at 1-888-289-0709 or by submitting an inquiry at [Provider Inquiry](#).

Applicable Websites / Email

Provider Services: <http://www.scdhhs.gov/organizations>

Contact a Provider Service Representative: <http://www.scdhhs.gov/contact-us>

To ensure receipt and processing of claims for services, providers are reminded that all hardcopy Medicaid claims and corrected Edit Correction Forms (ECF) must be mailed to:

Medicaid Claims Receipt
Post Office Box 1412
Columbia, South Carolina 29202-1412

Updates to provider information should be mailed to:

Medicaid Provider Enrollment
Post Office Box 8809
Columbia, South Carolina 29202-8809

Updates and changes will continue to be posted to our website at www.scdhhs.gov as we continue to improve the services that we provide to both Medicaid providers and beneficiaries. Please continue to review your Medicaid Policy manual for additional policy changes and updates.

4. Control Segments / Envelopes

Transaction envelopes (i.e., ISA, IEA, GS and GE segments) should be populated per instructions found in the South Carolina Communications Manual. Transactions returned by SC Medicaid to the Trading Partner will be enveloped consistent with the specifications described in Example 1B.

5. Payer Specific Business Rules and Limitations

ISA and Case Requirements

1. Trading Partners must envelope (ISA-IEA) different transactions separately.
2. SC Medicaid's compliance edits reject the ISA-IEA content when any transaction within that ISAIEA is not 100% compliant.
3. SC Medicaid's processes will perform a case conversion (to UPPERCASE) on all EDI data.

6. Acknowledgments/Reports

SCDHHS will send an Acknowledgment Medic Report- an HTML summary of the transaction via 999 and 997.

This report contains health care information and should be handled in accordance with appropriate security and privacy procedures. The report relies on potentially non-compliant structures and may contain errors or other erroneous output.

File Summary				
Sender ID:		Applicable information populates here.		
Receiver ID:				
File Name:				
File Path:				
Report Date / Time:				
Claim #	Provider ID	Sub Last	Amount	Status
Claims Total:				
Claims Excluded:				
Claims Included:				
Value of Claims:				
Value of Claims Excluded:				
Value of Claims Included:				
InStream Detail Report (with EDI) for file (Options: Severity >= 3)			Claim File Number populates here.	
Errors will be listed here.				

Figure 1. Medic Report Sample

7. Trading Partner Agreements

Trading Partners

An EDI Trading Partner is defined as any SCDHHS customer (provider, billing service, software, software vendor, employer group, financial institution, etc.) that transmits to, or receives electronic data from SCDHHS.

Payers have EDI Trading Partner Agreements that accompany the standard implementation guide to ensure the integrity of the electronic transaction process. The

Trading Partner Agreement is related to the electronic exchange of information, whether the agreement is an entity or a part of a larger agreement, between each party to the agreement.

Providers

Trading Partner Agreement Enrollment Instructions for Providers can be found on the scdhhs.gov website or <http://www.scdhhs.gov/resource/hipaa-5010-project-status>

Vendors/Clearinghouses

Trading Partner Agreement Enrollment Instructions for Vendors and Clearinghouses can be found on the scdhhs.gov website: <http://www.scdhhs.gov/resource/hipaa-5010-project-status>

The Trading Partner Agreement Enrollment (TPA) form may be found online at: <http://www.scdhhs.gov/resource/hipaa-5010-project-status>

Completion of the S.C. Medicaid Trading Partner Agreement

Page 1

I.A.1., Name: Provider or organization name. The name must match the S.C. Medicaid Provider Number in I.A.2. For instance, if you have an organization name, you must provide a group ID; if you have an individual name, you must provide an individual ID. If you have both an individual and a group ID, you must complete two separate TPAs, one for each ID.

I.A.2., S.C. Medicaid Provider Number: The 6-digit provider ID. If you do not yet have a provider ID, you must contact South Carolina Medicaid Enrollment and apply for one before submitting a TPA to the EDI division. You may contact Enrollment at 803-788-7622, ext: 41650 to request an enrollment packet and to sign up for Electronic Funds Transfer.

I.A.4., Address: The provider's billing or street address.

I.A.5., Contact Name: The provider's enrollment officer, or anyone who can answer questions about the completed TPA.

I.A.6, 7, & 8, Contact Phone, E-mail and Fax: Please complete all information. If we cannot reach you by phone, we will try to contact you via e-mail and fax.

Page 5

Signing for EDI Partner: An original signature is required; stamps, copies, or faxes are not accepted. The signature must be either that of the provider or the

providers authorized representative.

When completing this form as a part of the provider online enrollment application, electronic signatures are acceptable. The provider or the authorized individual must attest to the electronic signature.

Page 6

Provider Name, Medicaid ID#, Address, and Phone: Must all be the same as the information provided on page 1.

NPI #: The National Provider ID for the provider ID listed. Do not leave this blank - we will not process the TPA without the NPI.

Name and Title: Must be the name and title of the person who signs pages 5 and 8.

The Provider will Submit Claim: If you would like a Web Tool ID, indicate the number of user IDs needed. Each person must have their own user ID.

Other Company or Software: If you are using a third party to submit your claims, list the name of your clearinghouse or software vendor. If you have your own S.C. Medicaid Submitter ID, you can list it here.

Page 8

Signature: Must be the same individual who signed page 5 and who was reflected under "Name and Title" section on page 6.

Appendix B

Sharing your NPI: If the TPA is for an individual provider, please complete the Individual Provider section only. If the TPA is for a group ID, complete the Group section only. It is very important that the NPI that you provide is for the provider ID listed.

Note: *The TPA will not be processed without the NPI information. Information for obtaining and NPI number is located on page 1 of the TPA.*

Additional Information:

- [Trading Partner Agreement Enrollment Instructions for Providers](#)
- [Trading Partner Agreement Enrollment Instructions for Vendors and Clearinghouses](#)
- [Trading Partner Agreement 01/01/13](#)

8. Transaction Specific Information

This section describes how 277CA Implementation Guides (IGs) will be detailed with the use of a table. The tables contain a row for each segment that SCDHHS has something additional, over and above, the information in the IGs. That information can:

1. Limit the repeat of loops, or segments
2. Limit the length of a simple data element
3. Specify a sub-set of the IGs internal code listings
4. Clarify the use of loops, segments, composite and simple data elements
5. Any other information tied directly to a loop, segment, composite or simple data element pertinent to trading electronically with SCDHHS

Table 2. 277CA Healthcare Claim Institutional/ProfessionalTable

South Carolina Department Health and Human Services
277CA Companion Guide

Loop	Element Identifier	Description	TR3 Notes	ID	Segment Repeat (Segment Level) Min/Max (Data Element Level)	Usage	Loop Repeat	Values	Requirement Description
HDR	ISA	INTERCHANGE CONTROL HEADER	To start and identify an interchange of zero or more functional groups and interchange-related control segments		1	R	1		
HDR	ISA01	Authorization Information Qualifier	Code identifying the type of information in the Authorization Information	ID	2-2	R		00- No Authorization Information Present (No meaningful information in I02) 03- Additional Data Identification	
HDR	ISA02	Authorization Information	Information used for additional identification or authorization of the interchange sender or the data in the interchange; the type of information is set by the Authorization Information Qualifier (I01)	AN	10-10	R			
HDR	ISA03	Security Information Qualifier	Code identifying the type of information in the Security Information	ID	2-2	R		00- No Security Information Present (No meaningful information in I04) 01- Password	"00"
HDR	ISA04	Security Information	This is used for identifying the security information about the interchange sender of the data in the interchange; the type of information is set by the Security Information Qualifier (I03)	AN	10-10	R			

South Carolina Department Health and Human Services
277CA Companion Guide

HDR	ISA05	Interchange ID Qualifier	Code indicating the system/method of code structure used to designate the sender of receiver ID element being qualified.	ID	2-2	R		01- Duns (Dun & Bradstreet) 14- Duns Plus Suffix 20- Health Industry Number (HIN) 27- Carrier ID Number as assigned by HCFA 28- Fiscal Intermediary Identification Number assigned by HCFA 29- Medicare Provider and Supplier ID as assigned by HCFA 30- US Fed Tax ID 33- National Association of Insurance Commissioners Company Code (NAIC) ZZ- Mutually Defined	"ZZ"- Mutually Defined
HDR	ISA06	Interchange Sender ID	Indication code published by the sender for other parties to use as the receiver ID to route data to them; the sender always codes this value in the sender ID element	AN	15-15	R			
HDR	ISA07	Interchange ID Qualifier	Code indicating the system/method of code structure used to designate the sender of receiver ID element being qualified.	ID	2-2	R		01- Duns (Dun & Bradstreet) 14- Duns Plus Suffix 20- Health Industry Number (HIN) 27- Carrier ID Number as assigned by HCFA 28- Fiscal Intermediary Identification Number assigned by HCFA 29- Medicare Provider and Supplier ID as assigned by HCFA 30- US Fed Tax ID 33- National Association of Insurance Commissioners Company Code (NAIC) ZZ- Mutually Defined	"ZZ"- Mutually Defined

South Carolina Department Health and Human Services
277CA Companion Guide

HDR	ISA08	Interchange Receiver ID	ID code published by the receiver of the data. When sending, it is used by the sender as their sending ID, thus other parties sending to them will use this as a receiving ID to route data to them	AN	15-15	R			
HDR	ISA09	Interchange Date	Date of the interchange	DT	6-6	R		YYMMDD	
HDR	ISA10	Interchange Time	Time of the interchange	TM	4-4	R		HHMM	
HDR	ISA11	Repetition Separator	Type is not applicable; the repetition separator is a delimiter and not a data element. This field provides the delimiter used to separate repeated occurrences of a simple data element or a composite data structure; this value must be different than the data element separator, component element separator, and the segment terminator.		1-1	R			Hard Caret ^
HDR	ISA12	Interchange Control Version Number	Code specifying the version number of the interchange control segments	ID	5-5	R		00501	"00501"
HDR	ISA13	Interchange Control Number	A control number assigned by the interchange sender. The ICN must be identical to the associated Trailer IEA02. Must be a positive unsigned number.	N0	9-9	R			Assigned by sender

South Carolina Department Health and Human Services
277CA Companion Guide

HDR	ISA14	Acknowledgement Requested	Code indicating the sender's request for an interchange acknowledgment	ID	1-1	R		0- No Interchange Acknowledgment Requested 1- Interchange Acknowledgment Requested (TA1)	
HDR	ISA15	Usage Indicator	Code indicating whether data enclosed by this interchange envelope is test or production information	ID	1-1	R		P- Production Data T- Test Data	CG: Use "P" for Production Data Use "T" for Test Data
HDR	ISA16	Component Element Separator	Type is not applicable; the repetition separator is a delimiter and not a data element. This field provides the delimiter used to separate repeated occurrences of a simple data element or a composite data structure; this value must be different than the data element separator, component element separator, and the segment terminator.	AN	1-1	R			Default :
Loop	Element Identifier	Description	TR3 Notes	ID	Segment Repeat (Segment Level) Min/Max (Data Element Level)	Usage	Loop Repeat	Values	Requirement Description
HDR	GS	FUNCTIONAL GROUP HEADER	To indicate the beginning of a functional group and to provide control information.		1	R	1		
HDR	GS01	Functional Identifier Code	Code identifying a group of application related transaction sets	ID	2-2	R		HN	This is the 2-character Functional Identifier Code assigned to each transaction set
HDR	GS02	Application Sender Code	Code identifying party sending transmission; codes agreed to by trading partners	AN	2-15	R			

South Carolina Department Health and Human Services
277CA Companion Guide

HDR	GS03	Application Receiver Code	Code identifying party receiving transmission; codes agreed to by trading partners	AN	2-15	R			
HDR	GS04	Date	Date expressed as CCYYMMDD	DT	8-8	R		CCYYMMDD	Use this date for the functional group creation date
HDR	GS05	Time	Time expressed in 24-hour clock time	TM	4-8	R		HHMM HHMMSS HHMMSSD HHMMSSDD	Use this time for the creation time. Recommendation: HHMM
HDR	GS06	Group Control Number	Assigned number originated and maintained by the sender	N0	1-9	R			GS06 must be unique within a single transmission
HDR	GS07	Responsible Agency Code	Code identifying the issue of the standard; this code is used in conjunction with Data Element 480	ID	1-2	R		X- Accredited Standards Committee X12	"X"
HDR	GS08	Version/ Release/ Industry Identifier Code	Version/release number	AN	1-12	R		005010X214	"005010X214"
Loop	Element Identifier	Description	TR3 Notes	ID	Segment Repeat (Segment Level) Min/Max (Data Element Level)	Usage	Loop Repeat	Values	Requirement Description
HDR	ST	TRANSACTION SET HEADER	To indicate the start of a transaction set and to assign a control number		1	R			
HDR	ST01	Transaction Set Identifier Code	Code uniquely identifying a Transaction Set.	ID	2-3	R		277- Health Care Information Status Notification	"277"

South Carolina Department Health and Human Services
277CA Companion Guide

HDR	ST02	Transaction Set Control Number (TCN)	Identifying control number that must be unique within the transaction set functional group assigned by the originator for a transaction set. The Transaction Set Control Numbers in ST02 and SE02 must be identical.	AN	4-9	R			The TCN in ST02 and SE02 must be identical
HDR	ST03	Implementation Convention Reference Number	Reference assigned to identify implementation convention	AN	1-35	R		005010X214	"005010X214"
Loop	Element Identifier	Description	TR3 Notes	ID	Segment Repeat (Segment Level) Min/Max (Data Element Level)	Usage	Loop Repeat	Values	Requirement Description
HDR	BHT	BEGINNING OF HIERARCHICAL TRANSACTION	To define the business hierarchical structure of the transaction set and identify the business application purpose and reference data, i.e., number, date, and time			R	1		
HDR	BHT01	Hierarchical Structure Code	Code indicating the hierarchical application structure of a transaction set that utilizes the HL segment to define the structure of the transaction set	ID	4-4	R		0085- Information Source, Information Receiver, Provider of Service, Patient	"0085"
HDR	BHT02	Transaction Set Purpose Code	Code identifying purpose of transaction set	ID	2-2	R		08- Status	"08"

South Carolina Department Health and Human Services
277CA Companion Guide

HDR	BHT03	Reference Identification	The number assigned by the originator to identify the transaction within the originator's business application system. This number operates as a transaction (batch) control number.	AN	1-50	R			
HDR	BHT04	Transaction Set Creation Date	Date expressed as CCYYMMDD	DT	8-8	R		CCYYMMDD	
HDR	BHT05	Transaction Set Creation Time	Time expressed in 24-hour clock time	TM	4-8	R		HHMM HHMMSS HHMMSSD HHMMSSDD	Recommendation: HHMM
HDR	BHT06	Transaction Type Code	Code specifying the type of transaction	ID	2-2	R		TH- Receipt Acknowledgment Advice	"TH"
Loop	Element Identifier	Description	TR3 Notes	ID	Segment Repeat (Segment Level) Min/Max (Data Element Level)	Usage	Loop Repeat	Values	Requirement Description
2000A	HL	INFORMATION SOURCE LEVEL	Used to identify levels of detail information using a hierarchical structure		1	R	1		This entity is the decision maker in the business transaction, for this business use, this entity is the payer or clearinghouse receiving the 837 transaction.
2000A	HL01	Hierarchical ID Number	Unique number assigned by the sender to identify a particular data segment in a hierarchical structure	AN	1-12	R			HL01 must begin with the value "1" and increment by one each time an HL is used in the transaction. Only numeric values are allowed in H1.

South Carolina Department Health and Human Services
277CA Companion Guide

2000A	HL02	Hierarchical Parent ID Number							Not Used
2000A	HL03	Hierarchical Level Code	Code defining the characteristic of a level in a hierarchical structure	ID	1-2	R		20- Information Source	"20"
2000A	HL04	Hierarchical Child Code	Code indicating if there are hierarchical child data segments subordinate to the level being described	ID	1-1	R		1- Additional Subordinate HL Data Segment in this Hierarchical Structure	"1"
Loop	Element Identifier	Description	TR3 Notes	ID	Segment Repeat (Segment Level) Min/Max (Data Element Level)	Usage	Loop Repeat	Values	Requirement Description
2100A	NM1	INFORMATION SOURCE NAME	To supply the full name of an individual or organizational entity		1	R	1		
2100A	NM101	Entity Identifier Code	Code identifying an organization entity, a physical location, property or an individual	ID	2-3	R		AY- Clearinghouse PR- Payer	
2100A	NM102	Entity Type Qualifier	Code qualifying the type of entity	ID	1-1	R		2- Non person entity	"2"
2100A	NM103	Name Last or Organization Name- Information Source Name	Individual last name or the organization name	AN	1-60	R			
2100A	NM104	Name First							Not Used
2100A	NM105	Name Middle							Not Used

South Carolina Department Health and Human Services
277CA Companion Guide

2100A	NM106	Name Prefix							Not Used
2100A	NM107	Name Suffix							Not Used
2100A	NM108	Identification Code Qualifier	Code designating the system/method of code structure used for Identification Code (NM109)	ID	1-2	R		46- Electronic Transmitter Identification Number (ETIN) FI- Federal Taxpayer's Identification Number PI- Payer Identification XV-CMS Plan ID	SCDHHS ID Qualifier
2100A	NM109	Identification Code-Information Source Identifier	Code identifying a party or other code	AN	2-80	R			SCDHHS ID
2100A	NM110	Entity Relationship Code							Not Used
2100A	NM111	Entity Identifier Code							Not Used
2100A	NM112	Name Last or Organization Name							Not Used
Loop	Element Identifier	Description	TR3 Notes	ID	Segment Repeat (Segment Level) Min/Max (Data Element Level)	Usage	Loop Repeat	Values	Requirement Description
2200A	TRN	TRANSMISSION RECEIPT CONTROL IDENTIFIER	To uniquely identify a transaction to an application		1	R	1		
2200A	TRN01	Trace Type Code	Code identifying which transaction is being referenced	ID	1-2	R		1- Current Transaction Trace Numbers	

South Carolina Department Health and Human Services
277CA Companion Guide

2200A	TRN02	Information Source Application Trace Identifier	Reference information as defined as a particular Transaction Set or as specified by the Reference Identification Qualifier	AN	1-50	R			This is a unique trace number that identifies a specific transaction. This number is assigned by the Information Source.
2200A	TRN03	Originating Company Identifier							Not Used
2200A	TRN04	Reference Identification							Not Used
Loop	Element Identifier	Description	TR3 Notes	ID	Segment Repeat (Segment Level) Min/Max (Data Element Level)	Usage	Loop Repeat	Values	Requirement Description
2200A	DTP	INFORMATION SOURCE RECEIPT DATE	To specify any or all of a date, a time, or a time period		1	R	1		
2200A	DTP01	Date Time Qualifier	Code specifying type of date or time or both date and time	ID	3-3	R		050- Received	"050"
2200A	DTP02	Date Time Period Format Qualifier	Code indicating the date format, time format, or date and time format	ID	2-3	R		D8- CCYYMMDD	"D8"
2200A	DTP03	Information Source Receipt Date- Date Time Period	Expression of a date, time, or range of dates, times or dates and times	AN	1-35	R		CCYYMMDD	This is the receipt date of the 837 by the entity creating the 277 acknowledgment. This date may or may not be the same date as the Information Source's Process Date.

South Carolina Department Health and Human Services
277CA Companion Guide

Loop	Element Identifier	Description	TR3 Notes	ID	Segment Repeat (Segment Level) Min/Max (Data Element Level)	Usage	Loop Repeat	Values	Requirement Description
2200A	DTP	INFORMATION SOURCE PROCESS DATE	To specify any or all of a date, a time, or a time period		1	R			
2200A	DTP01	Date Time Qualifier	Code specifying type of date or time or both date and time	ID	3-3	R		009- Process	
2200A	DTP02	Date Time Period Format Qualifier	Code indicating the date format, time format, or date and time format	ID	2-3	R		D8- CCYYMMDD	"D8"
2200A	DTP03	Date Time Period	Expression of a date, time, or range of dates, times or dates and times	AN	1-35	R		CCYYMMDD	
Loop	Element Identifier	Description	TR3 Notes	ID	Segment Repeat (Segment Level) Min/Max (Data Element Level)	Usage Reg	Loop Repeat	Values	Notes
2000B	HL	INFORMATION RECEIVER LEVEL	The information receiver is the entity that expects the response from the information source.		1	R	1		
2000B	HL01	Hierarchical ID Number	A unique number assigned by the sender to identify a particular data segment in a hierarchical structure.	AN	1-12	R			

South Carolina Department Health and Human Services
277CA Companion Guide

2000B	HL02	Hierarchical Parent ID Number	Identification number of the next higher hierarchical data segment that the data segment being described is subordinate to.	AN	1-12	R			
2000B	HL03	Hierarchical Level Code	Code defining the characteristic of a level in a hierarchical structure	ID	1-2	R		21- Information Receiver	"21"
2000B	HL04	Hierarchical Child Code	Code indicating there are hierarchical child data segments subordinate to the level being described	ID	1-1	R		0- No Subordinate HL Segment in this Hierarchical Structure (Used when the Information Receiver STC-03 = U, reject entire transactions) 1- Additional Subordinate HL Data Segment in this Hierarchical Structure (Used when the Information Receiver STC-03 = WQ, accept entire transmission)	
Loop	Element Identifier	Description	TR3 Notes	ID	Segment Repeat (Segment Level) Min/Max (Data Element Level)	Usage Reg	Loop Repeat	Values	Notes
2100B	NM1	INFORMATION RECEIVER NAME	The full name of the individual or organization entity submitting the claim transaction for processing		1	R	1		
2100B	NM101	Entity Identifier Code	Code identifying an organization entity, a physical location, property or an individual	ID	2-3	R		41- Submitter	"41"
2100B	NM102	Entity Type Qualifier	Code qualifying the type of entity	ID	1-1	R		1- Person 2- Non-Person Entity	

South Carolina Department Health and Human Services
277CA Companion Guide

2100B	NM103	Information Receiver Last or Organization Name	Individual last name or the organization name	AN	1-60	R			
2100B	NM104	Information Receiver First Name	Individual first name	AN	1-35	S			
2100B	NM105	Information Receiver Middle Name	Individual middle name or initial	AN	1-25	S			
2100B	NM106	Name Prefix							Not Used
2100B	NM107	Name Suffix							Not Used
2100B	NM108	Identification Code Qualifier	Code designating the system/method of code structure used for Identification Code (NM109)	ID	1-2	R		46- Electronic Transmitter Identification Number (ETIN)	"46"
2100B	NM109	Identification Code	Code identifying a party or other code	AN	2-80	R			
2100B	NM110	Entity Relationship Code							Not Used
2100B	NM111	Entity Identifier Code							Not Used
2100B	NM112	Name Last or Organization Name							Not Used
Loop	Element Identifier	Description	TR3 Notes	ID	Segment Repeat (Segment Level) Min/Max (Data Element Level)	Usage	Loop Repeat	Values	Requirement Description

South Carolina Department Health and Human Services
277CA Companion Guide

2200B	TRN	INFORMATION RECEIVER APPLICATION TRACE IDENTIFIER	This segment contains the value submitted in the BHT03 data element from the 837		1	R	1		
2200B	TRN01	Referenced Transaction Trace Number	Code identifying which transaction is being referenced	ID	1-2	R		2- Referenced Transaction Trace Numbers	
2200B	TRN02	Claim Transaction Batch Number	Reference information as defined as a particular Transaction Set or as specified by the Reference Identification Qualifier	AN	1-50	R			This element contains the value submitted in the BHT03 data element from the 837.
2200B	TRN03	Originating Company Identifier							Not Used
2200B	TRN04	Reference Identification							Not Used
Loop	Element Identifier	Description	TR3 Notes	ID	Segment Repeat (Segment Level) Min/Max (Data Element Level)	Usage	Loop Repeat	Values	Requirement Description
2200B	STC	INFORMATION RECEIVER STATUS INFORMATION	This segment will be used to convey information about an entire unit of work.		> 1	R			
2200B	STC01	Health Care Claim Status	Used to convey status of the entire claim or specific service line			R			

South Carolina Department Health and Human Services
277CA Companion Guide

2200B	STC01-1	Industry Code- Health Care Claim Status Category Code	Code indicating a code from a specific industry code list (507)	AN	1-30	R			For this business application acknowledgment, use of the Claim Status Category Code is limited to category type "A" for batch. For real time acknowledgments, category types "A" and "E" may be used except for E0. Use of the category type "E" is limited to indicating the business application system is unavailable.
2200B	STC01-2	Industry Code- Health Care Claim Status Code	Code indicating a code from a specific industry code list (508)	AN	1-30	R			
2200B	STC01-3	Entity Identifier Code	Code identifying an organization entity, a physical location, property or an individual	ID	2-3	S		36- Employer 40- Receiver 41- Submitter AY- Clearinghouse PR- Payer	
2200B	STC01-4	Code List Qualifier Code							Not Used
2200B	STC02	Status Information Effective Date	Date expressed as CCYYMMDD	DT	8-8	R		Format CCYYMMDD	
2200B	STC03	Action Code	Code indicating type of action	ID	1-2	R		U- Reject WQ- Accept	

South Carolina Department Health and Human Services
277CA Companion Guide

2200B	STC04	Monetary Amount- Total Submitted Charges for Unit Work	The amount of original submitted charges	R	1-18	R			<p>This will be the sum of all CLM02 values (claim charge) for the claims being acknowledged.</p> <p>In most instances, this will be the sum of charges submitted from ST and SE of a single 837.</p> <p>In situations where the 837 transaction from the Information Receiver is separated, this amount will be the sum of CLM02 values for the claims being acknowledged</p>
2200B	STC05	Monetary Amount							Not Used
2200B	STC06	Date							Not Used
2200B	STC07	Payment Method Code							Not Used
2200B	STC08	Date							Not Used
2200B	STC09	Check Number							Not Used
2200B	STC10	Health Care Claim Status				S			Required if additional clarification to STC01 is needed.

South Carolina Department Health and Human Services
277CA Companion Guide

2200B	STC10-1	Health Care Claim Status Category Code	Code indicating a code from a specific industry code list (507)	AN	1-30	R			
2200B	STC10-2	Health Care Claim Status Code	Code indicating a code from a specific industry code list (508)	AN	1-30	R			
2200B	STC10-3	Entity Identifier Code	Code identifying an organization entity, a physical location, property or an individual	ID	2-3	S		36- Employer 40- Receiver 41- Submitter AY- Clearinghouse PR- Payer	
2200B	STC10-4	Code List Qualifier Code							Not Used
2200B	STC11	Health Care Claim Status				S			
2200B	STC11-1	Health Care Claim Status Category Code	Code indicating a code from a specific industry code list (507)	AN	1-30	R			
2200B	STC11-2	Health Care Claim Status Code	Code indicating a code from a specific industry code list (508)	AN	1-30	R			
2200B	STC11-3	Entity Identifier Code	Code identifying an organization entity, a physical location, property or an individual	ID	2-3	S		36- Employer 40- Receiver 41- Submitter AY- Clearinghouse PR- Payer	
2200B	STC11-4	Code List Qualifier Code							Not Used
2200B	STC12	Health Care Claim Status				S			Not Used

South Carolina Department Health and Human Services
277CA Companion Guide

Loop	Element Identifier	Description	TR3 Notes	ID	Segment Repeat (Segment Level) Min/Max (Data Element Level)	Usage	Loop Repeat	Values	Requirement Description
2200B	QTY	TOTAL ACCEPTED QUANTITY	Used to report the total number of claims accepted by the information source		1	S			
2200B	QTY01	Quantity Qualifier	Code specifying the type of quantity	ID	2-2	R		90- Acknowledged Quantity	"90"
2200B	QTY02	Total Accepted Quantity	Numeric Value of quantity	R	1-15	R			
2200B	QTY03	Composite Unit of Measure							Not Used
2200B	QTY04	Free-Form Message Text							Not Used
Loop	Element Identifier	Description	TR3 Notes	ID	Segment Repeat (Segment Level) Min/Max (Data Element Level)	Usage	Loop Repeat	Values	Requirement Description
2200B	QTY	TOTAL REJECTED QUANTITY	Used to report the total number of claims rejected. Required when at least one claim is rejected		1	S			
2200B	QTY01	Quantity Qualifier	Code specifying the type of quantity	ID	2-2	R		AA- Unacknowledged Quantity	"AA"
2200B	QTY02	Total Accepted Quantity	Numeric Value of quantity	R	1-15	R			

South Carolina Department Health and Human Services
277CA Companion Guide

2200B	QTY03	Composite Unit of Measure							Not Used
2200B	QTY04	Free-Form Message Text							Not Used
Loop	Element Identifier	Description	TR3 Notes	ID	Segment Repeat (Segment Level) Min/Max (Data Element Level)	Usage	Loop Repeat	Values	Requirement Description
2200B	AMT	TOTAL ACCEPTED AMOUNT	Required when at least one claim is accepted		1	S			
2200B	AMT01	Amount Qualifier Code	Code to qualify amount	ID	1-3	R		YU- In Process	"YU"
2200B	AMT02	Monetary Amount-Total Accepted Amount	Monetary amount	R	1-18	R			
2200B	AMT03	Credit/Debit Flag Code							Not Used
Loop	Element Identifier	Description	TR3 Notes	ID	Segment Repeat (Segment Level) Min/Max (Data Element Level)	Usage	Loop Repeat	Values	Requirement Description
2200B	AMT	TOTAL REJECTED AMOUNT	Required when at least one claim is rejected		1	S			
2200B	AMT01	Amount Qualifier Code	Code to qualify amount	ID	1-3	R		YY- Returned	"YY"
2200B	AMT02	Total Rejected Amount	Monetary amount	R	1-18	R			

South Carolina Department Health and Human Services
277CA Companion Guide

Loop	Element Identifier	Description	TR3 Notes	ID	Segment Repeat (Segment Level) Min/Max (Data Element Level)	Usage Reg	Loop Repeat	Values	Notes
2200B	AMT03	Credit/Debit Flag Code							Not Used
2000C	HL	BILLING PROVIDER OF SERVICE LEVEL			1	R	>1		
2000C	HL01	Hierarchical ID Number	A unique number assigned by the sender to identify a particular data segment in a hierarchical structure	AN	1-12	R			
2000C	HL02	Hierarchical Parent ID Number	Identification number of the next higher hierarchical data segment that the data segment being described is subordinate to	AN	1-12	R			
2000C	HL03	Hierarchical Level Code	Code defining the characteristic of a level in a hierarchical structure	ID	1-2	R		19- Provider of Service	"19"
2000C	HL04	Hierarchical Child Code	Code indicating there are hierarchical child data segments subordinate to the level being described	ID	1-1	R		0- No Subordinate HL Segment in this Hierarchical Structure 1- Additional Subordinate HL Data Segment in this Hierarchical Structure	

South Carolina Department Health and Human Services
277CA Companion Guide

Loop	Element Identifier	Description	TR3 Notes	ID	Segment Repeat (Segment Level) Min/Max (Data Element Level)	Usage	Loop Repeat	Values	Requirement Description
2100C	NM1	BILLING PROVIDER NAME	This information is found in the 2010AA Loop		1	R	1		
2100C	NM101	Entity Identifier Code	Code identifying an organization entity, a physical location, property or an individual	ID	2-3	R		85- Billing Provider	"85"
2100C	NM102	Entity Type Qualifier	Code qualifying the type of entity	ID	1-1	R		1- Person 2- Non-Person Entity	
2100C	NM103	Provider Last or Organization Name	Individual last name or the organization name	AN	1-60	S			
2100C	NM104	Provider First Name	Individual first name	AN	1-35	S			
2100C	NM105	Provider Middle Name	Individual middle name or initial	AN	1-25	S			
2100C	NM106	Provider Name Prefix							Not Used
2100C	NM107	Provider Name Suffix	Suffix of individual name	AN	1-10	S			
2100C	NM108	Identification Code Qualifier	Code designating the system/method of code structure used for Identification Code (NM109)	ID	1-2	R		FI- Tax ID XX- NPI	

South Carolina Department Health and Human Services
277CA Companion Guide

2100C	NM109	Identification Code-Billing Provider Identifier	Code identifying a party of other code	AN	2-80	R			
2100C	NM110	Entity Relationship Code							Not Used
2100C	NM111	Entity Identifier Code							Not Used
2100C	NM112	Name Last or Organization Name							Not Used
Loop	Element Identifier	Description	TR3 Notes	ID	Segment Repeat (Segment Level) Min/Max (Data Element Level)	Usage	Loop Repeat	Values	Requirement Description
2200C	TRN	PROVIDER OF SERVICE INFORMATION TRACE IDENTIFIER			1	S	1		
2200C	TRN01	Current Transaction Trace Number	Code identifying which transaction is being referenced	ID	1-2	R		1- Current Transaction Trace Numbers	"1"
2200C	TRN02	Provider of Service Information Trace Identifier	Reference information as defined as a particular Transaction Set or as specified by the Reference Identification Qualifier	AN	1-50	R			
2200C	TRN03	Originating Company Identifier							Not Used
2200C	TRN04	Reference Identification							Not Used

South Carolina Department Health and Human Services
277CA Companion Guide

Loop	Element Identifier	Description	TR3 Notes	ID	Segment Repeat (Segment Level) Min/Max (Data Element Level)	Usage	Loop Repeat	Values	Requirement Description
2200C	STC	BILLING PROVIDER STATUS INFORMATION			> 1	S			
2200C	STC01	Health Care Claim Status	Used to convey status of the entire claim or specific service line			R			Need to review Code Course 507 from www.wpc-edit.com
2200C	STC01-1	Health Care Claim Status Category Code	Code indicating a code from a specific industry code list (507)	AN	1-30	R			For this business application acknowledgment, use the Claim Status Category Code is limited to category type "A" for batch. For real time acknowledgments category types "A" and "E" may be used except for E0. Use of the category type "E" is limited to indicating the business application system is unavailable.
2200C	STC01-2	Health Care Claim Status Code	Code indicating a code from a specific industry code list (508)	AN	1-30	R			

South Carolina Department Health and Human Services
277CA Companion Guide

2200C	STC01-3	Entity Identifier Code	Code identifying an organization entity, a physical location, property or an individual	ID	2-3	S		36- Employer 40- Receiver 41- Submitter 77- Service Location 82- Rendering Provider 85- Billing Provider 87- Pay to Provider AY- Clearinghouse PR- Payer	
2200C	STC01-4	Code List Qualifier Code							Not Used
2200C	STC02	Date							Not Used
2200C	STC03	Action Code	Code indicating type of action	ID	1-2	R		U- Reject WQ- Accept	
2200C	STC04	Monetary Amount- Total Submitted Charges for Unit Work	The amount of original submitted charges	R	1-18	R			Sum of the Billing Provider claims within the 837 transaction being acknowledge.
2200C	STC05	Monetary Amount							Not Used
2200C	STC06	Date							Not Used
2200C	STC07	Payment Method Code							Not Used
2200C	STC08	Date							Not Used
2200C	STC09	Check Number							Not Used
2200C	STC10	Health Care Claim Status				S			
2200C	STC10-1	Health Care Claim Status Category Code	Code indicating a code from a specific industry code list (507)	AN	1-30	R			

South Carolina Department Health and Human Services
277CA Companion Guide

2200C	STC10-2	Health Care Claim Status Code	Code indicating a code from a specific industry code list (508)	AN	1-30	R			
2200C	STC10-3	Entity Identifier Code	Code identifying an organization entity, a physical location, property or an individual	ID	2-3	S		36- Employer 40- Receiver 41- Submitter 77- Service Location 82- Rendering Provider 85- Billing Provider 87- Pay to Provider AY- Clearinghouse PR- Payer	
2200C	STC10-4	Code List Qualifier Code							Not Used
2200C	STC11	Health Care Claim Status				S			
2200C	STC11-1	Health Care Claim Status Category Code	Code indicating a code from a specific industry code list (507)	AN	1-30	R			
2200C	STC11-2	Health Care Claim Status Code	Code indicating a code from a specific industry code list (508)	AN	1-30	R			
2200C	STC11-3	Entity Identifier Code	Code identifying an organization entity, a physical location, property or an individual	ID	2-3	S		36- Employer 40- Receiver 41- Submitter 77- Service Location 82- Rendering Provider 85- Billing Provider 87- Pay to Provider AY- Clearinghouse PR- Payer	
2200C	STC11-4	Code List Qualifier Code							Not Used
2200C	STC-12	Free-Form Message Text							Not Used

South Carolina Department Health and Human Services
277CA Companion Guide

Loop	Element Identifier	Description	TR3 Notes	ID	Segment Repeat (Segment Level) Min/Max (Data Element Level)	Usage	Loop Repeat	Values	Requirement Description
2200C	REF	PROVIDER SECONDARY IDENTIFIER			3	S			
2200C	REF01	Reference Identification Qualifier	Code qualifying the type of entity	ID	2-3	R		0B- State License Number 1G- Provider UPIN Number G2- Provider Commercial Number LU- Location Number SY- SSN TJ- Federal Taxpayer's Identification Number	"0B"
2200C	REF02	Reference Identification	Reference information as defined as a particular Transaction Set or as specified by the Reference Identification Qualifier	AN	1-50	R			
2200C	REF03	Description							Not Used
2200C	REF04	Reference Identifier							Not Used
Loop	Element Identifier	Description	TR3 Notes	ID	Segment Repeat (Segment Level) Min/Max (Data Element Level)	Usage	Loop Repeat	Values	Requirement Description
2200C	QTY	TOTAL ACCEPTED QUANTITY	The purpose of this segment is to report the total number of claims (sum of CLM02) accepted to the adjudication process		1	S			

South Carolina Department Health and Human Services
277CA Companion Guide

2200C	QTY01	Quantity Qualifier	Code specifying the type of quantity	ID	2-2	R		QA- Quantity Approved	"QA"
2200C	QTY02	Quantity	Numeric Value of quantity	R	1-15	R			
2200C	QTY03	Composite Unit of Measure							Not Used
2200C	QTY04	Free-Form Unit of Measure							Not Used
Loop	Element Identifier	Description	TR3 Notes	ID	Segment Repeat (Segment Level) Min/Max (Data Element Level)	Usage	Loop Repeat	Values	Requirement Description
2200C	QTY	TOTAL REJECTED QUANTITY	The purpose of this segment is to report the total number of claims rejected		1	S			
2200C	QTY01	Quantity Qualifier	Code specifying the type of quantity	ID	2-2	R		QC- Quantity Disapproved	"QC"
2200C	QTY02	Quantity	Numeric Value of quantity	R	1-15	R			
2200C	QTY03	Composite Unit of Measure							Not Used
2200C	QTY04	Free-Form Unit of Measure							Not Used

South Carolina Department Health and Human Services
277CA Companion Guide

Loop	Element Identifier	Description	TR3 Notes	ID	Segment Repeat (Segment Level) Min/Max (Data Element Level)	Usage	Loop Repeat	Values	Requirement Description
2200C	AMT	TOTAL ACCEPTED AMOUNT	The purpose of this segment is to report the total dollar amount of the claims (sum of CLM02) accepted		1	S			
2200C	AMT01	Amount Qualifier Code	Code to qualify amount	ID	1-3	R		YU- In Process	"YU"
2200C	AMT02	Total Accepted Amount	Monetary amount	R	1-18	R			
2200C	AMT03	Credit/Debit Flag Code							Not Used
Loop	Element Identifier	Description	TR3 Notes	ID	Segment Repeat (Segment Level) Min/Max (Data Element Level)	Usage	Loop Repeat	Values	Requirement Description
2200C	AMT	TOTAL REJECTED AMOUNT	The purpose of this segment is to report the total dollar amount of the claims (sum of CLM02) rejected		1	S	1		
2200C	AMT01	Amount Qualifier Code	Code to qualify amount	ID	1-3	R		YY- Returned	"YY"
2200C	AMT02	Total Rejected Amount	Monetary amount	R	1-18	R			
2200C	AMT03	Credit/Debit Flag Code							Not Used

South Carolina Department Health and Human Services
277CA Companion Guide

Loop	Element Identifier	Description	TR3 Notes	ID	Segment Repeat (Segment Level) Min/Max (Data Element Level)	Usage	Loop Repeat	Values	Requirement Description
2000D	HL	PATIENT LEVEL			1	S	>1		
2000D	HL01	Hierarchical ID Number	A unique number assigned by the sender to identify a particular data segment in a hierarchical structure.	AN	1-12	R			
2000D	HL02	Hierarchical Parent ID Number	Identification number of the next higher hierarchical data segment that the data segment being described is subordinate to.	AN	1-12	R			
2000D	HL03	Hierarchical Level Code	Code defining the characteristic of a level in a hierarchical structure	ID	1-2	R		PT- Patient	"PT"
2000D	HL04	Hierarchical Child Code	Code indicating there are hierarchical child data segments subordinate to the level being described	ID	1-1	R			Not Used
Loop	Element Identifier	Description	TR3 Notes	ID	Segment Repeat (Segment Level) Min/Max (Data Element Level)	Usage	Loop Repeat	Values	Requirement Description
2100D	NM1	PATIENT NAME			1	R	1		
2100D	NM101	Entity Identifier Code	Code identifying an organization entity, a physical location, property or an individual	ID	2-3	R		QC- Patient	"QC"
2100D	NM102	Entity Type Qualifier	Code qualifying the type of entity	ID	1-1	R		1- Person	"1"

South Carolina Department Health and Human Services
277CA Companion Guide

2100D	NM103	Subscriber Last Name	Individual last name or the organization name	AN	1-60	R			
2100D	NM104	Subscriber First Name	Individual first name	AN	1-35	S			
2100D	NM105	Subscriber Middle Name	Individual middle name or initial	AN	1-25	S			
2100D	NM106	Name Prefix							Not Used
2100D	NM107	Subscriber Name Suffix	Suffix of individual name	AN	1-10	S			
2100D	NM108	Identification Code Qualifier	Code designating the system/method of code structure used for Identification Code (NM109)	ID	1-2	R		II- Standard Unique Health Identifier for each individual in the US MI- Member Identification Number	
2100D	NM109	Patient Identification Code	Code identifying a party or other code	AN	2-80	R			CG: Indicate the Recipient Medicaid Number
2100D	NM110	Entity Relationship Code							Not Used
2100D	NM111	Entity Identifier Code							Not Used
2100D	NM112	Name Last or Organization Name							Not Used

South Carolina Department Health and Human Services
277CA Companion Guide

Loop	Element Identifier	Description	TR3 Notes	ID	Segment Repeat (Segment Level) Min/Max (Data Element Level)	Usage	Loop Repeat	Values	Requirement Description
2200D	TRN	CLAIM STATUS TRACKING NUMBER			1	R	>1		
2200D	TRN01	Trace Type Code	Code identifying which transaction is being referenced	ID	1-2	R		2- Referenced Transaction Trace Numbers	"2"
2200D	TRN02	Referenced Transaction Trace Number	Reference information as defined as a particular Transaction Set or as specified by the Reference Identification Qualifier	AN	1-50	R			
2200D	TRN03	Originating Company Identifier							Not Used
2200D	TRN04	Reference Identification							Not Used
Loop	Element Identifier	Description	TR3 Notes	ID	Segment Repeat (Segment Level) Min/Max (Data Element Level)	Usage	Loop Repeat	Values	Requirement Description
2200D	STC	CLAIM LEVEL STATUS INFORMATION			> 1	R			
2200D	STC01	Health Care Claim Status	Used to convey status of the entire claim or specific service line			R			

South Carolina Department Health and Human Services
277CA Companion Guide

2200D	STC01-1	Health Care Claim Status Category Code	Code indicating a code from a specific industry code list (507)	AN	1-30	R			<p>For this business application acknowledgment, use the Claim Status Category Code is limited to category type "A" for batch.</p> <p>For real time acknowledgments category types "A" and "E" may be used except for E0.</p> <p>Use of the category type "E" is limited to indicating the business application system is unavailable.</p>
2200D	STC01-2	Health Care Claim Status Code	Code indicating a code from a specific industry code list (508)	AN	1-30	R			

South Carolina Department Health and Human Services
277CA Companion Guide

2200D	STC01-3	Entity Identifier Code	Code identifying an organization entity, a physical location, property or an individual	ID	2-3	S		03- Dependent 1P- Provider 1Z- Home Health Care Receiver 40- Submitter 41- Attending Physician 71- Operating Physician 72- Other Physician 73- Service Location 77- Rendering Physician 82- Billing Provider 85- Pay-to-Provider 87- Ordering Physician DK- Referring Physician DN- Supervising Physician DQ- Facility FA- Other Insured GB- Subscriber HK- Insured or Subscriber IL- Independent Lab LI- Mammography Screening Center MSC- Payer PR- Primary Payer PRP- Purchase Service Provider QB- Patient QC- Responsible Party QD- Secondary Payer SEP- Testing Laboratory TL- Tertiary Payer TTP- Third Party Repricing Organization (TPO) TU-	
2200D	STC01-4	Code List Qualifier Code							Not Used
2200D	STC02	Status Information Effective Date	Date expressed as CCYYMMDD	DT	8-8	R		CCYYMMDD	
2200D	STC03	Action Code	Code indicating type of action	ID	1-2	R		U- Reject WQ- Accept	

South Carolina Department Health and Human Services
277CA Companion Guide

2200D	STC04	Total Claim Charge Amount	Monetary amount	R	1-18	R			Sum of the charges (CLM02) submitted from original claim. If an original claim is split, report the original claim total here. Note that this amount may be reported in two or more claims.
2200D	STC05	Claim payment Amount							Not Used
2200D	STC06	Adjudication or Payment Date							Not Used
2200D	STC07	Payment Method Code							Not Used
2200D	STC08	Remittance Date							Not Used
2200D	STC09	Remittance Trace Number							Not Used
2200	STC10	Health Care Claim Status	Used to convey status of the entire claim or specific service line			S			

South Carolina Department Health and Human Services
277CA Companion Guide

2200D	STC10-1	Health Care Claim Status Category Code	Code indicating a code from a specific industry code list (507)	AN	1-30	R			<p>For this business application acknowledgment, use the Claim Status Category Code is limited to category type "A" for batch.</p> <p>For real time acknowledgments category types "A" and "E" may be used except for E0.</p> <p>Use of the category type "E" is limited to indicating the business application system is unavailable.</p>
2200D	STC10-2	Health Care Claim Status Code	Code indicating a code from a specific industry code list (508)	AN	1-30	R			

South Carolina Department Health and Human Services
277CA Companion Guide

2200D	STC10-3	Entity Identifier Code	Code identifying an organization entity, a physical location, property or an individual	AN	2-3	S		03- Dependent 1P- Provider 1Z- Home Health Care Receiver 40- Submitter 41- Attending Physician 71- Operating Physician 72- Other Physician 73- Service Location 77- Rendering Physician 82- Billing Provider 85- Pay-to-Provider 87- Ordering Physician DK- Referring Physician DN- Supervising Physician FA- Facility GB- Other Insured HK- Subscriber IL- Insured or Subscriber LI- Independent Lab MSC- Mammography Screening Center PR- Payer PRP- Primary Payer QB- Purchase Service Provider QC- Patient QD- Responsible Party SEP- Secondary Payer TL- Testing Laboratory TTP- Tertiary Payer TU- Third Party Repricing Organization (TPO)	
2200D	STC10-4	Code List Qualifier Code							Not Used
2200D	STC11	Health Care Claim Status	Used to convey status of the entire claim or a specific service line			S			

South Carolina Department Health and Human Services
277CA Companion Guide

2200D	STC11-1	Health Care Claim Status Category Code	Code indicating a code from a specific industry code list (507)	AN	1-30	R			<p>For this business application acknowledgment, use the Claim Status Category Code is limited to category type "A" for batch.</p> <p>For real time acknowledgments category types "A" and "E" may be used except for E0.</p> <p>Use of the category type "E" is limited to indicating the business application system is unavailable.</p>
2200D	STC11-2	Health Care Claim Status Code	Code indicating a code from a specific industry code list (508)	AN	1-30	R			

South Carolina Department Health and Human Services
277CA Companion Guide

2200D	STC11-3	Entity Identifier Code	Code identifying an organization entity, a physical location, property or an individual	ID	2-3	S		03- Dependent 1P- Provider 1Z- Home Health Care Receiver 40- Submitter 41- Attending Physician 71- Operating Physician 72- Other Physician 73- Service Location 77- Rendering Physician 82- Billing Provider 85- Pay-to-Provider 87- Ordering Physician DK- Referring Physician DN- Supervising Physician FA- Facility GB- Other Insured HK- Subscriber IL- Insured or Subscriber LI- Independent Lab MSC- Mammography Screening Center PR- Payer PRP- Primary Payer QB- Purchase Service Provider QC- Patient QD- Responsible Party SEP- Secondary Payer TL- Testing Laboratory TTP- Tertiary Payer TU- Third Party Repricing Organization (TPO)	
2200D	STC11-4	Code List Qualifier Code							Not Used
2200D	STC-12	Free-Form Message Text	Free-form message text	AN	1 - 264	S			Required when Health Care Claim Status Code 448 is used in STC01-2, STC10-2, or STC11-2.

South Carolina Department Health and Human Services
277CA Companion Guide

Loop	Element Identifier	Description	TR3 Notes	ID	Segment Repeat (Segment Level) Min/Max (Data Element Level)	Usage	Loop Repeat	Values	Requirement Description
2200D	REF	PAYER CLAIM CONTROL NUMBER			1	S			
2200D	REF01	Reference Identification Qualifier	Code indicating a code from a specific industry code list (507)	ID	2-3	R		1K- Payer's Claim Number	"1K"
2200D	REF02	Payer Claim Control Number	Reference information as defined as a particular Transaction Set or as specified by the Reference Identification Qualifier	AN	1-50	R			
2200D	REF03	Description							Not Used
2200D	REF04	Reference Identifier							Not Used
Loop	Element Identifier	Description	TR3 Notes	ID	Segment Repeat (Segment Level) Min/Max (Data Element Level)	Usage	Loop Repeat	Values	Requirement Description
2200D	REF	Claim Identifier Number for Clearinghouse and other Transmission Intermediaries			1	S			
2200D	REF01	Reference Identification Qualifier	Code qualifying the Reference Identification	ID	2-3	R		D9- Claim Number	"D9"

South Carolina Department Health and Human Services
277CA Companion Guide

2200D	REF02	Reference Identification-Clearinghouse Trace Number	Reference information as defined as a particular Transaction Set or as specified by the Reference Identification Qualifier	AN	1-50	R			
2200D	REF03	Description							Not Used
2200D	REF04	Reference Identifier							Not Used
Loop	Element Identifier	Description	TR3 Notes	ID	Segment Repeat (Segment Level) Min/Max (Data Element Level)	Usage	Loop Repeat	Values	Requirement Description
2200D	REF	Institutional Bill Type Identification			1	S			
2200D	REF01	Reference Identification Qualifier	Code qualifying the Reference Identification	ID	2-3	R		BLT- Billing Type	"BLT" <i>NOTE: For Institutional Claims Only</i>
2200D	REF02	Reference Identifier-Bill Type Identifier	Reference information as defined as a particular Transaction Set or as specified by the Reference Identification Qualifier	AN	1-50	R			See 837 Institutional Implementation Guide for definition of Institutional Bill Type Components.
2200D	REF03	Description							Not Used
2200D	REF04	Reference Identifier							Not Used

South Carolina Department Health and Human Services
277CA Companion Guide

Loop	Element Identifier	Description	TR3 Notes	ID	Segment Repeat (Segment Level) Min/Max (Data Element Level)	Usage	Loop Repeat	Values	Requirement Description
2200D	DTP	Claim Level Service Date			1	R			<p>For Institutional Claims, it is the statement period in Loop 2300 (DTP01-434).</p> <p>For Professional Claims, this information is derived from the earliest service level dates in Loop 2400 (DTP01-472) to the latest service level date.</p>
2200D	DTP01	Date/Time Qualifier	Code specifying type of date or time or both date and time	ID	3-3	R		472- Service	"472"
2200D	DTP02	Date Time Period Format Qualifier	Code indicating the date format, time format, or date and time format	ID	2-3	R		D8- CCYYMMDD RD8- Range of Dates (CCYYMMDD-CCYYMMDD)	
2200D	DTP03	Date Time Period	Expression of a date, time, or range of dates, times or dates and times	AN	1-35	R			

South Carolina Department Health and Human Services
277CA Companion Guide

Loop	Element Identifier	Description	TR3 Notes	ID	Segment Repeat (Segment Level) Min/Max (Data Element Level)	Usage	Loop Repeat	Values	Requirement Description
2220D	SVC	Service Line Information	<p>Required when a service line is being rejected and caused the rejection of a claim. Not used if the claim is being accepted into the adjudication system.</p> <p>NOTE: For Institutional claims, when both the NUBC revenue code and the HCPCS or HIPPS code are reported, the HCPCS or HIPPS code is reported in SVC-01 and the revenue code is reported in SVC-04. When only a revenue code is used, it is reported in SVC1-2.</p>		1	S	>1		<p>Required when a service line is being rejected and caused the rejection of a claim.</p> <p>Not used if the claim is being accepted in to the adjudication system.</p>
2220D	SVC01	Composite Medical Procedure Identifier	To identify a medical procedure by its standardized codes and applicable modifiers			R			

South Carolina Department Health and Human Services
277CA Companion Guide

2220D	SVC01-1	Procedure/Service ID Qualifier- Procedure Code	Code identifying the type/source of the descriptive number used in SVC01-2	ID	2-2	R		<p>AD- American Dental Association Codes</p> <p>ER- Jurisdiction Specific Procedure and Supply Codes</p> <p>HC- Health Care Financing Administration Common Procedure Coding System (HCPCS) Codes</p> <p>HP- Health Insurance Prospective Payment System (HIPPS) Skilled Nursing Facility Rate Code</p> <p>IV- Home Infusion EDI Coalition (HIEC) Product/Service Code</p> <p>NU- National Uniform Billing Committee (NUBC) UB92 Codes</p> <p>WK- Advanced Billing Concepts (ABC) Codes</p>	
2220D	SVC01-2	Procedure/Service ID - Procedure Code	Identifying number for a product or service	AN	1-48	R			<p>If the value in SVC01-1 is "NU", then this element is an NUBC Revenue Code.</p> <p>If the Revenue Code is present in the4 SVC01-2, then the SVC04 is not used.</p>
2220D	SVC01-3	Procedure Modifier	This identifies special circumstances related to the performance of the service, as defined by the trading partners	AN	2-2	S			

South Carolina Department Health and Human Services
277CA Companion Guide

2220D	SVC01-4	Procedure Modifier	This identifies special circumstances related to the performance of the service, as defined by the trading partners	AN	2-2	S			
2220D	SVC01-5	Procedure Modifier	This identifies special circumstances related to the performance of the service, as defined by the trading partners	AN	2-2	S			
2220D	SVC01-6	Procedure Modifier	This identifies special circumstances related to the performance of the service, as defined by the trading partners	AN	2-2	S			
2220D	SVC01-7	Description							Not Used
2220D	SVC01-8	Product/Service ID							Not Used
2220D	SVC02	Monetary - Line Item Charge Amount	Monetary amount	R	1-18	R			Zero is an acceptable amount.
2220D	SVC03	Monetary Amount							Not Used
2220D	SVC04	Product Service ID/Revenue Code	Identifying number for a product or service	AN	1-48	S			Required on Institutional Claims to report a NUBC Revenue Code when a HCPCS or HIPPS code is reported in the SVC01-2.

South Carolina Department Health and Human Services
277CA Companion Guide

2220D	SVC05	Quantity							Not Used
2220D	SVC06	Composite Medical Procedure Identifier							Not Used
2220D	SVC07	Quantity- Original Units of Service Count		R	1-15	S			
Loop	Element Identifier	Description	TR3 Notes	ID	Segment Repeat (Segment Level) Min/Max (Data Element Level)	Usage	Loop Repeat	Values	Requirement Description
2220D	STC	Service Line Level Status			>1	R			
2220D	STC01	Health Care Claim Status	Used to convey status of the entire claim or specific service line			R			
2220D	STC01-1	Health Care Claim Status Category Code	Code indicating a code from a specific industry code list	AN	1-30	R			C043-01 is used to specify the logical groupings of the Health Care Claims Status Codes (See Code Source 507).
2220D	STC01-2	Health Care Claim Status Code	Code indicating a code from a specific industry code list	AN	1-30	R			C043-02 is used to identify the status of an entire claim or service line. Code Source 508 is referenced unless qualified by C043-04. This code provides further detail of the status.

South Carolina Department Health and Human Services
277CA Companion Guide

2220D	STC01-3	Entity Identifier Code	Code identifying an organization entity, a physical location, property or an individual	ID	2-3	S		03- Dependent 1P- Provider 1Z- Home Health Care Receiver 40- Submitter 41- Attending Physician 71- Operating Physician 72- Other Physician 73- Service Location 77- Rendering Physician 82- Billing Provider 85- Pay-to-Provider 87- Ordering Physician DK- Referring Physician DN- Supervising Physician DQ- Facility FA- Other Insured GB- Subscriber HK- Insured or Subscriber IL- Independent Lab LI- Mammography Screening Center MSC- Payer PR- Primary Payer PRP- Purchase Service Provider QB- Patient QC- Responsible Party QD- Secondary Payer SEP- Testing Laboratory TL- Tertiary Payer TTP- Third Party Repricing Organization (TPO) TU-	
2220D	STC01-4	Code List Qualifier Code							Not Used
2220D	STC02	Status Information Effective Date							Not Used
2220D	STC03	Action Code	Code indicating type of action	ID	1-2	R		U- Reject	"U"
2220D	STC04	Monetary Amount							Not Used

South Carolina Department Health and Human Services
277CA Companion Guide

2220D	STC05	Monetary Amount							Not Used
2220D	STC06	Date							Not Used
2220D	STC07	Payment Method Code							Not Used
2220D	STC08	Date							Not Used
2220D	STC09	Check Number							Not Used
2220D	STC10	Health Care Claim Status	Used to convey status of the entire claim or a specific service line			S			
2220D	STC10-1	Health Care Claim Status Category Code	Code indicating a code from a specific industry code list (507)	AN	1-30	R			C043-01 is used to specify the logical groupings of the Health Care Claims Status Codes (See Code Source 507).
2220D	STC10-2	Health Care Claim Status Code	Code indicating a code from a specific industry code list (508)	AN	1-30	R			

South Carolina Department Health and Human Services
277CA Companion Guide

2220D	STC10-3	Entity Identifier Code	Code identifying an organization entity, a physical location, property or an individual	ID	2-3	S		03- Dependent 1P- Provider 1Z- Home Health Care Receiver 40- Submitter 41- Attending Physician 71- Operating Physician 72- Other Physician 73- Service Location 77- Rendering Physician 82- Billing Provider 85- Pay-to-Provider 87- Ordering Physician DK- Referring Physician DN- Supervising Physician DQ- Facility FA- Other Insured GB- Subscriber HK- Insured or Subscriber IL- Independent Lab LI- Mammography Screening Center MSC- Payer PR- Primary Payer PRP- Purchase Service Provider QB- Patient QC- Responsible Party QD- Secondary Payer SEP- Testing Laboratory TL- Tertiary Payer TTP- Third Party Repricing Organization (TPO) TU-	
2220D	STC10-4	Code List Qualifier Code							Not Used
2220D	STC11	Health Care Claim Status				S			
2220D	STC11-1	Health Care Claim Status Category Code	Code indicating a code from a specific industry code list	AN	1-30	R			

South Carolina Department Health and Human Services
277CA Companion Guide

2220D	STC11-2	Health Care Claim Status Code	Code indicating a code from a specific industry code list	AN	1-30	R			
2220D	STC11-3	Entity Identifier Code	Code identifying an organization entity, a physical location, property or an individual	ID	2-3	S			
2220D	STC11-4	Code List Qualifier Code							Not Used
2220D	STC12	Free-Form Message Text	Free-form message text	AN	1-264	S			
Loop	Element Identifier	Description	TR3 Notes	ID	Segment Repeat (Segment Level) Min/Max (Data Element Level)	Usage	Loop Repeat	Values	Requirement Description
2220D	REF	SERVICE LINE ITEM IDENTIFICATION			1	R			<p>This is the Line Item Control Number exactly as submitted on the original claim in Loop 2400, REF02 (REF01-6R).</p> <p>If a Line Item Control Number is not submitted, this will be the line sequence number (LX01) of the service line.</p>
2220D	REF01	Reference Identification Qualifier	Code qualifying the Reference Identification	ID	2-3	R		FJ- Line Item Control Number	"FJ"

South Carolina Department Health and Human Services
277CA Companion Guide

2220D	REF02	Reference Identification-Line Item Control Number	Reference information as defined as a particular Transaction Set or as specified by the Reference Identification Qualifier	AN	1-50	R			
2220D	REF03	Description							Not Used
2220D	REF04	Reference Identifier							Not Used
Loop	Element Identifier	Description	TR3 Notes	ID	Segment Repeat (Segment Level) Min/Max (Data Element Level)	Usage	Loop Repeat	Values	Requirement Description
2220D	REF	PHARMACY PRESCRIPTION NUMBER			1	S			
2220D	REF01	Reference Identification Qualifier	Code qualifying the Reference Identification	ID	2-3	R		XZ- Pharmacy Prescription Number	"XZ"
2220D	REF02	Pharmacy Prescription Number	Reference information as defined as a particular Transaction Set or as specified by the Reference Identification Qualifier	AN	1-50	R			
2220D	REF03	Description							Not Used
2220D	REF04	Reference Identifier							Not Used

South Carolina Department Health and Human Services
277CA Companion Guide

Loop	Element Identifier	Description	TR3 Notes	ID	Segment Repeat (Segment Level) Min/Max (Data Element Level)	Usage	Loop Repeat	Values	Requirement Description
2220D	DTP	SERVICE LINE DATE	To specify any or all of a date, a time, or a time period		1	S			
2220D	DTP01	Date Time Qualifier	Code specifying type of date or time or both date and time	ID	3-3	R		472- Service	"472"
2220D	DTP02	Date Time Period Format Qualifier	Code indicating the date format, time format, or date and time format	ID	2-3	R		R8- Date Expressed in Format CCYYMMDD RD8- Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD	
2220D	DTP03	Service Line Date - Date Time Period	Expression of a date, time, or range of dates, times or dates and times	AN	1-35	R			
Loop	Element Identifier	Description	TR3 Notes	ID	Segment Repeat (Segment Level) Min/Max (Data Element Level)	Usage	Loop Repeat	Values	Requirement Description
TLR	SE	TRANSACTION SET TRAILER	To indicate the end of the transaction set and provide the count of the transmitted segments (including the beginning (ST) and ending (SE) segments)		1	R			Last segment of each transaction set

South Carolina Department Health and Human Services
277CA Companion Guide

TLR	SE01	Number of Included Segments- Transaction Segment Count	Total number of segments included in a transaction set including ST and SE segments	N0	1-10	R			
TLR	SE02	Transaction Set Control Number	Identifying control number that must be unique within the transaction set functional group assigned by the originator for a transaction set	AN	4-9	R			Data value in SE02 must be identical to ST02
Loop	Element Identifier	Description	TR3 Notes	ID	Segment Repeat (Segment Level) Min/Max (Data Element Level)	Usage	Loop Repeat	Values	Requirement Description
TLR	GE	FUNCTIONAL GROUP TRAILER			1	R	1		
TLR	GE01	Number of Transaction Sets Included	Total number of transaction sets included in the functional group or interchange (transmission) group terminated by the trailer containing this data element	N0	1-6	R			
TLR	GE02	Group Control Number	Assigned number originated and maintained by the sender	N0	1-9	R			This data interchange control number must be identical to the same data element in GS06

South Carolina Department Health and Human Services
277CA Companion Guide

Loop	Element Identifier	Description	TR3 Notes	ID	Segment Repeat (Segment Level) Min/Max (Data Element Level)	Usage	Loop Repeat	Values	Requirement Description
TLR	IEA	INTERCHANGE CONTROL TRAILER			1	R	1		
TLR	IEA01	Number of Transaction Sets Included Functional Groups	A count of the number of functional groups included in an interchange	N0	1-5	R			
TLR	IEA02	Interchange Control Number	A control number assigned by the interchange sender	N0	9-9	R			

Appendix

1. Frequently Asked Questions

To be updated as questions come in.

2. Change Summary

Version	Issue Date	Modified By	Comments / Reason
0.1	06/2013	Tracie O'Donnell	First Draft document- NOT TO BE PUBLISHED
0.2	07/08/2013	Peg Grilliot	Formatted document for review
0.3	07/11/2013	Peg Grilliot	Updated document based upon review comments
1.0	07/11/2013	Peg Grilliot	Final version published
1.1	08/12/2013	Peg Grilliot	Minor revisions to formatting and the consolidation of the Professional and Institutional 277CA into one document. Differences were too slight to warrant two (2) separate documents.