COLORADO
Department of Health Care Policy & Financing

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Colorado Medical Assistance Program

Health Care Claim Status Request and Response (276/277) Transactions Standard Companion Guide

Companion to Health Care Claim Status Request and Response ASC X12N 276/277 005010X212 Implementation Guide

May 2025

Disclosure Statement

Preface

This companion guide to the Health Care Claim Status Request and Response (276/277) adopted under Health Insurance Portability and Accountability Act (HIPAA) clarifies and specifies the data content when exchanging electronically with the Department of Health Care Policy & Financing (the Department). Transmissions based on this companion guide, used in tandem with the **ASC X12N 276/277 005010X212 Implementation Guide**, are compliant with both ASC X12 syntax and those guides. This companion guide is intended to convey information that is within the framework of the ASC X12N implementation guides adopted for use under HIPAA. 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.

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1. INTRODUCTION

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 carries provisions for administrative simplification. This requires the Secretary of the Department of Health and Human Services (HHS) to adopt standards to support the electronic exchange of administrative and financial health care transactions primarily between health care providers and plans. HIPAA directs the Secretary to adopt standards for transactions to enable health information to be exchanged electronically and to adopt specifications for implementing each standard HIPAA serves to:

- Create better access to health insurance
- Limit fraud and abuse
- Reduce administrative costs

The HIPAA regulations at 45 CFR 162.915 require that covered entities not enter into transaction partner agreement that would do any of the following:

- Change the definition, data condition, or use of a data element or segment in a standard
- Add any data elements or segments to the maximum defined data set
- Use any code or data elements that are marked “not used” in the standard’s implementation specification or are not in the standard’s implementation specifications
- Change the meaning or intent of the standards implementation specifications

SCOPE

The companion guide is to be used with, and to supplement the requirements in the HIPAA Accredited Standards Committee (ASC) X12 implementation guides and CORE Rules, without contradicting those requirements. Implementation guides define the national data standards, electronic format, and values for each data element within an electronic transaction. The purpose of the companion guide is to provide trading partners with a guide to communicate information specific to the Colorado Medical Assistance Program that is required to successfully exchange transactions.

The companion guide is intended for the business and technical users, within or on behalf of trading partners, responsible for the testing and setup of electronic claim status request and response transactions to the fiscal agent on behalf of the Department.

OVERVIEW

This section of the companion guide will provide guidance for establishing a relationship with the Department for the business purpose of exchanging the electronic Health Care Claim Status Request and Response (276/277) transaction.

ADDITIONAL INFORMATION

It is assumed that the trading partner has purchased and is familiar with the ASC X12 Type 3 Technical Report (TR3) being referenced in this companion guide.

2. GETTING STARTED

TRADING PARTNER REGISTRATION

Any entity intending to exchange electronic transactions with the Department must agree to the Trading Partner Agreement at the end of the trading partner profile process. A trading partner profile can be completed using the Provider Web Portal.

Note: Providers must be enrolled and approved before registering as a trading partner.

The Web Portal and the Secure File Transfer Protocol (SFTP) will include the ability for file and report retrieval. Billing agents and clearinghouses will have the option of retrieving the transaction responses and reports themselves and/or allowing each individual provider the option of retrieval. The trading partner will access the system using the assigned login and password. Refer to the File Delivery and Retrieval System Vendor Interface Specifications on the **Electronic Data Interchange (EDI) Support web page** for more information.

3. TESTING WITH THE PAYER

This section contains a detailed description of the testing phase.

Testing is required for the Health Care Claims Status Request and Response (276/277).

Before exchanging production transactions with the Department, each trading partner must complete production authorization testing.

Trading partner testing includes HIPAA compliance testing as well as validating the use of conditional, optional, and mutually defined components of the transaction.

Trading partners are encouraged to submit 10 successful and unique submissions and receive the associated 999 (accepted) acknowledgement in response in order to obtain approval to promote to production.

Trading Partner authorization testing is detailed in the Trading Partner Testing Packet for ASC X12 transactions available on the Colorado Electronic Data Interchange (EDI) Support web page.

Questions may be directed to the Provider Services Call Center.

4. CONTACT INFORMATION

Visit the Colorado Department of Health Care Policy & Financing's website for general information.

ELECTRONIC DATA INTERCHANGE (EDI) SERVICES

Contact the Provider Services Call Center with any questions.

5. CONTROL SEGMENTS/ENVELOPES

ISA-IEA

This section describes the use of the interchange control segments. It includes a description of expected sender and receiver codes, authorization information, and delimiters. (See Section 9 Transaction-Specific Information below.)

GS-GE

This section describes the use of the functional group control segments. It includes a description of expected application sender and receiver codes. Also included in this section is a description concerning how the Department expects functional groups to be sent and how the Department will send functional groups. These discussions will describe how similar transaction sets will be packaged and the use of functional group control numbers. (See Section 9 Transaction-Specific Information below.)

ST-SE

This section describes the use of transaction set control numbers. (See Section 9 Transaction-Specific Information below.)

6. PAYER-SPECIFIC BUSINESS RULES AND LIMITATIONS

If supplied in the X212 claim inquiry, interChange will use all the following values in a search for claims:

- Billing provider ID
- Member ID
- From and To Dates of service
- Total billed amount (AMT02)
- Internal control number (ICN) or Transaction Control Number (TCN)

The minimum values that must be present are:

- Billing provider ID
- Member ID
- From or To Date of service

It is strongly recommended that as many values as possible be included to help narrow the number of matches in the search. If there is not an exact match found for a claim identifier, the system will not return claims that closely match or are in the same date range.

If the AMT segment is submitted, it will be used as one of the primary searches when selecting claims to include on the response. Only claims that have an exact dollar amount match will be returned.

Claim status information is provided at the claim level for dental, institutional, and professional claims. The loop 2000D DMG segment is always required because the subscriber is always the patient. The Dependent Loop is not supported since all interChange members can be uniquely identified at the subscriber level (loop 2000D). Service line-specific status requests are not supported because when sent, this data will be ignored, and the request will be processed using the claim level data.

7. ACKNOWLEDGEMENTS AND/OR REPORTS

The acknowledgement process will create the TA1 and the 999 acknowledgements for the inbound transactions, as well as an HTML report.

- 999s will be returned in all cases.
- HTML reports will be returned only in case of errors.
- TA1s will be returned based on the ISA14 indicator.
    - If ISA14 = 1
        - Positive scenario: TA1 will be sent
        - Negative scenario: TA1 will be sent
    - If ISA14 = 0
        - Positive scenario: TA1 will not be sent
        - Negative scenario: TA1 will be sent

8. TRADING PARTNER AGREEMENTS

An Electronic Data Interchange (EDI) trading partner is defined as any customer of the Department (provider, billing service, software vendor, employer group, financial institution, etc.) that transmits to or receives electronic data from the fiscal agent on behalf of Colorado Medical Assistance.

Payers have EDI Trading Partner Agreements (TPA) 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.

9. TRANSACTION-SPECIFIC INFORMATION

This section describes how ASC X12N implementation guides (IGs) adopted under HIPAA will be detailed with the use of a table. The tables contain a row for each segment that contains additional information not found 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 the Department

In addition to the row for each segment, one (1) or more additional rows are used to describe the usage for composite and simple data elements and for any other information. Notes and comments should be placed at the deepest level of detail. For example, a note about a code value should be placed on a row specifically for that code value, not in a general note about the segment.

All members of the Department are considered “subscribers ,” and no patient loops are allowed. The patient will always be the subscriber. See the implementation guide for additional information. Dependent loops for eligibility transactions will not be processed.

The Trading Partner ID (TPID) is the number that is assigned to the provider/submitter to uniquely identify their electronic transaction. This may also be referred to as the Electronic Claim Submission (ECS) number or TPID.

To ensure timely processing, all trading partners submitting 276 requests should have no more than 9,999 requests per envelope.

Health Care Claim Status Request (276)

Loop ID	Reference	Name	Codes	Notes/Comments
HEADER	**ISA**	**Interchange Control Header**		**The ISA is a fixed-length record with fixed-length elements.** **All inbound files are constrained to a single ISA segment for tracking and balancing.** **Note: Deviating from the standard ISA element sizes will cause the Interchange to be rejected.**
	ISA01	Authorization Information Qualifier	00	
	ISA02	Authorization Information		No data is expected in this data element
	ISA03	Security Information Qualifier	00	
	ISA04	Security Information		No data is expected in this data element
	ISA05	Interchange ID Qualifier	ZZ	
	ISA06	Interchange Sender ID		Enter the Trading Partner ID (TPID) assigned by the Colorado Medical Assistance Program
	ISA07	Interchange ID Qualifier	ZZ	
	ISA08	Interchange Receiver ID	COMEDASSISTPROG	
	GS	**Functional Group Header**		
	GS02	Application Sender's Code		Enter the Trading Partner ID (TPID) assigned by the Colorado Medical Assistance Program
	GS03	Application Receiver's Code	COMEDASSISTPROG	
	GS08	Version/Release/ Industry Identifier Code	005010X212	Standards Approved for Publication by ASC X12 Procedures Review Board
	ST	**Transaction Set Header**		
	ST03	Version, Release, or Industry Identifier	005010X212	
2100A	**NM1**	**Payer Name**		

Loop ID	Reference	Name	Codes	Notes/Comments
	NM103	Payer Name	COLORADO MEDICAL ASSISTANCE PROGRAM	
	NM108	Identification Code Qualifier	PI	
	NM109	Payer Identifier	CO_TXIX	
2100C	**NM1**	**Provider Name**		
	NM108	Identification Code Qualifier	SV, XX	For Non-Healthcare Providers (Non-Covered Entities), enter the following value: SV For Healthcare Providers (Covered Entities), enter the following value: XX
	NM109	Provider Identifier		For Non-Healthcare Providers (Non-Covered Entities), enter the following value: Enter the Colorado Medical Assistance Program Provider ID assigned For Healthcare Providers (Covered Entities), enter the following value: Enter the National Provider ID
2100D	**NM1**	**Subscriber Name**		
	NM102	Entity Type Qualifier	1	
	NM108	Identification Code Qualifier	MI	
	NM109	Subscriber Identifier		Enter the Colorado Medical Assistance Program Client ID

Health Care Claim Status Response (277)

Loop ID	Reference	Name	Codes	Notes/Comments
HEADER	**ISA**	**Interchange Control Header**		**The ISA is a fixed-length record with fixed-length elements.** **Note: Deviating from the standard ISA element sizes will cause the Interchange to be rejected.**
	ISA06	Interchange Sender ID	COMEDASSISTPROG	
	ISA08	Interchange Receiver ID		The Trading Partner ID (TPID) assigned by the Colorado Medical Assistance Program will be sent.
	ISA11	Repetition Separator	^	Caret
	ISA16	Component Element Separator	:	Colon
	GS	**Functional Group Header**		
	GS02	Application Sender's Code	COMEDASSISTPROG	
	GS03	Application Receiver's Code		The Trading Partner ID (TPID) assigned by the Colorado Medical Assistance Program will be sent.
	GS08	Version/Release/ Industry Identifier Code	005010X212	Standards Approved for Publication by ASC X12 Procedures Review Board.
	ST	**Transaction Set Header**		
	ST03	Version, Release, or Industry Identifier	005010X212	
2100A	**NM1**	**Payer Name**		
	NM103	Payer Name	COLORADO MEDICAL ASSISTANCE PROGRAM	
	NM109	Payer Identifier	CO_TXIX	
2100D	**NM1**	**Subscriber Name**		
	NM109	Subscriber Identifier		The Colorado Medical Assistance Program Client ID will be sent.
2200D	**STC**	**Claim Level Status Information**		

Loop ID	Reference	Name	Codes	Notes/Comments
	STC01-1	Health Care Claim Status Category Code	F1, F2, P1, E0, E1	Colorado Medical Assistance Program will use of the following codes: F1 – For claims that have a status of P (Pay) F2 – For claims that have a status of D (Deny) P1 – For claims that have a status of S (Suspend), R (Receive), or X (Super-Suspend) E0 – Response not possible (error on submitted request data) E1 – Response not possible (system status)

APPENDIX 1: Frequently Asked Questions

This appendix contains a compilation of questions and answers relative to Colorado Medical Assistance Program and its providers.

Q1: How soon should I expect to receive a 277 health care claim status response to my submitted 276 transactions?

A1: Typically, trading partners will receive the 277 response file within 30 minutes or less of sending the 276 inquiry file. However, due to system volume, it may take up to 2 hours to receive a response.

Q2: How many 276 inquiry transaction files can I send at one time?

A2: See the Transaction Specific Information section or refer to the 276277 Addendum that was signed at the time of the agreement.

Q3: Can I send each Health Care Claim Status Request and Response (276) transaction to Medicaid without selecting the transaction on my Trading Partner Agreement?

A3: No. All trading partners must have signed a Trading Partner Agreement and be set up for the transaction types agreed upon.

APPENDIX 2: Change Summary

Date	Change	Responsible Party
March 2017	Original Document	EDI Department
3/31/2017	Added New EDI Service Telephone Number	EDI Helpdesk
8/1/2017	Rebranding to DXC Technology	DXC, formerly HPE
2/23/2018	Updated the notes/comments for 276/Header/ISA, the name for 277/2200D/STC, links in the various sections, and verbiage in the Certification and Testing Overview section.	EDI Department
10/26/2022	Rebranded to Gainwell Technologies (from DXC), updated hyperlinks and general cleanup	Gainwell Technologies (formerly DXC)
3/2/2023	Added BHA payer information; updated Provider Web Portal links	Gainwell Technologies
5/2/2025	Removed deprecated information	Gainwell Technologies