

## 276/277 Assessment of 5010 to 8010

### Searching

When a claim status is requested, the provider supplies data that helps the payer locate the claim(s) in their system. The provider may send general claim data or claim specific identifiers (Provider's Assigned Claim or Payer Claim Control Number). **The 8010 TR3 changes some of the rules previously allowed in the 5010 and added additional information for clarity.** Here are a few of the highlights:

- 8010 removed the references to minimum reporting requirements. Now the Payer must provide detailed status information if the claim is found.
- When the provider includes claim specific identifiers in the 276 they are indicating to the payer that the search and response be narrowed to very specific claim(s). The payer must attempt a match using the claim number requested and return a response for that specific claim number. See 1.4.8 Payer Claim Control Number Search and Response for more information.
- Criteria added for secondary search and response.
  - If a specific payer claim control number is requested and found, searching for and responding with additional claims based on other data should not be performed.
  - If the specific Payer Claim Control Number requested is not found, payers may attempt a secondary search using other data submitted on the 276.
  - See 1.4.8 Payer Claim Control Number Search and Response for more information.

### Status Information (STC)

**The 8010 updated rules and changed STC segments and data elements.** The Front Matter 1.4.4.1 should be looked at. Highlights:

- New front matter adding guidance on a claim Status response when the providers or subscribers are paid directly (1.4.4.3 Status Messaging for Subscriber Direct Paid Claims/Services)>
- 277 Loop 2200C Provider of Service Trace Identifier was deleted. It contained the segments TRN Provider of Service Trace Identifier and STC Provider Status Information. This loop was previously used to report errors at the provider level. See 1.4.4.2 Status Response Levels for more details.
- In the Service Line (subscriber and dependent) level, (STC06) Adjudicated Finalized Date, (STC07) Check Issue Date and (STC08) Check Number are new data fields. Front Matter 1.4.4.3 identifies how they are used for direct paid Claims/Services.

- New/deleted codes in STC01-03 Entity Type Codes. The purpose is to standardize the code values across TR3s. The issue is they did not list all of the changes and there are many. Possibly the B&T workgroup could document the differences.

#### Predetermination

**The 8010 created a means for identifying requests and responses for predetermination of benefit for claims.**

- 276 BHT06 element went from not used to situational. Use this field when the request is for a status on a predetermination of benefits. Predetermination-Medical (P5), Predetermination-Dental (P6)
- 277 STC13 (Service Line Predetermination of Benefits Code) from not used to situational. Use when the claim is related to a predetermination. Pre-Determination (08), Predetermination of Dental Benefits (PB)
- Section 1.4.7 in front matter adds clarity for how request a status on a predetermination
- Additional notes and rules added for clarity

#### Transferred to another entity for Information

Add loop for Transfer to Entity Supplemental Information to the 277. Loops added at the claim and service line levels for the Subscriber and Dependent. Used when the service has been permanently transferred to another entity for processing and the Information Source cannot provide the status. This is not for COB reporting or when a service is transferred internally with the payer's system(s).

#### Clearinghouse

Add code value in STC01-03 (AY) Clearinghouse and various notes/rules to support reporting of a clearinghouse entity.

#### Tooth information

In the 276 and 277 added TOO (Tooth Information) segment to the 276 and 277 at the Subscriber and Dependent level. Used to support tooth information if needed to further define the service.

#### Application System Identifier

On 276 deleted Loop 2200E REF – Application or Location System Identifier at the Subscriber and Dependent Level. No valid business reason for this propriety routing data. The change log also references this on the 277 however this was not part of the 277 in the 5010.

### Timely Filing

In the 277 added segment DTP (Claim Received Date) at the Subscriber and Dependent level to support timely filing requirements of states and payer contracts.

### Information Source Unique Identifier

New loop 2200A Information Source Application Trace Identifier. Only has 1 segment TRN Information Source Application Trace Identifier. This is a unique number that is used when the Information Source wants to assign a unique identifier to the 277 response for tracking purposes with their system.

### Hierarchical Structure (HL)

The HL segment is used to identify levels of detail information using a hierarchical structure. In the 8010 277 in 2000C (Service Provider level) in HL04 code value "0" (No Subordinate HL Segment in This Hierarchical Structure) was deleted. Notes added for clarity.

### Property and Casualty

REF segments added to support Property and Casualty at the Subscriber and Dependent level. This REF01=AY (Agency Claim Number) supports the claim number for the property and claim number.

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