The **277 - Health Care Payer Unsolicited Claim Status** file is utilized by the Commonwealth of Massachusetts Executive Office of Health and Human Services as an acknowledgement of rejection of claim submission(s) by approved vendors and medical billing providers due to the failure of the EOHHS Pre-Edits.

The 277 claim file is the only notification of pre-adjudication claim failures. Claims failing the pre-adjudication editing process are not forwarded to the EIM/ESM system and therefore are never reported in the 835 - Health Care Claim Payment/Advice file.

The 277 claim file will contain specific status codes indicating why a service or claim failed to be persisted in EIM/ESM. The Virtual Gateway Business Operational Team created a list of potential reasons for the 277 claim file to fail and generate.

This job aid will enable providers to reconcile the 277 claim file so that they can make the necessary adjustments and resubmit a new file for processing.

How to Reconcile a 277 File?

1. Logon to the Virtual Gateway ([Virtual Gateway Login Job Aid](#))
2. Click [FTS File Services](#) link
3. Click [Downloadable Files](#) link
4. Search and locate 277 file (will only appear if claim file had errors)
5. Open the 277 file
6. Identify how many claims and service lines were rejected due to specific reason codes.

To identify the number of claims and service line rejected count, the following must be undertaken:
- Count the number of TRN segment in the file (Claim level reject count)
- Count the number of SVC Segment in the file (Service Line level reject count)
- Once you've obtained the number of claims and service line rejected, find all category code and status code in each claim level and service line level and refer to the chart in this job aid for guidance.

- SAMPLE ONLY -	**Error Code - F5: 33**
Piece of 277 rejection file:	**Description of Error Code:**
ST*277*66002~	Client (at Claim Level) does not exist within the system or client id was not found.
BHT*0010*08*ESM2*20090410**DG~	
HL*1**20*1~	
NM1*PR*2*BSAS OUTPATIENT COUNSELING*****PI*31000~	**Additional Input:**
PER*IC*Virtual Gateway Help Desk*TE*8004210938~	Check whether the client id of the subscriber information loop in 837 file matches with EIM/ESM system client id.
HL*2*1*21*1~	
NM1*41*2*(Organization Name) *****46*(Organization ID) ~	
HL*3*2*19*1~	1. Logon to EIM/ESM
NM1*1P*2*(Organization Name) *****XX*(Provider Identifier) ~	2. Click Client Module
HL*4*3*22*0~	3. Search for Client in the Client Search by:
DMG*D8*19800101*M~	- First/Last Name
NM1*QC*1*(Last Name)*(First Name) ****MI*UNKNOWN~	- Client ID/ID Type
TRN*2* 120190~	- Date of Birth
STC*F5:33*20090410**55.2*0~	
DTP*232*RD8*20081030-20081030~	Verify the correct Client ID number and correct the 837 and resubmit under a new batch number.
SE*16*66002~	

The list of potential reasons why the 277 - Health Care Payer Unsolicited Claim Status file failed:

#	Status Code	Description (all are F5 Category Codes)	Additional Input
1	28	Activity (at Claim Level) does not exist within the system or Claim submitted to wrong payer	Check whether the activity or sub-activity code in 837 file NM109 segment of payer information loop matches with the list of activity code in companion guide section 5
2	33	Client (at Claim Level) does not exist within the system or client id was not found	Check whether the client id of the subscriber information loop in 837 file matches with EIM/ESM system client id.
3	26	Billing provider organization (at Claim Level) does not exist within the system or entity not found	
		Rendering provider organization (at Claim Level) does not exist within the system or entity not found (If information is submitted)	
		Service Facility Organization (at Claim Level) does not exist within the system or Entity not found	
		Rendering Provider Organization (at Service Line Level) (if information is submitted)does not exist within the system or Entity not found	
		Service Facility Organization (at Service Line Level) does not exist within the system or Entity not found	
4	96	Contract(at Claim Level) does not exist within the system or No agreement exists with entity	1) Check whether the contract code in CN104 element of the claim information loop in 837 files matches with EIM/ESM system contract for a specific financial year

#	Status Code	Description (all are F5 Category Codes)	Additional Input
		More than one Contract (comparing the Claim Level and Service Line Level) exists within the claim or No agreement exists with entity.	2) In the 837 file, make sure the contract code is not repeated more than once per claim
		Rendering Provider Organization (at Service Line Level) (if information is submitted) does not have a Service Delivery Role on Contract and for Activity (at Service Line Level) or No agreement with entity	3) Please make sure the 837 file doesn't contain the rendering provider loop as per our companion guide.
		Service Facility Organization (at Claim Level) does not have a Service Delivery Role on Contract and for Activity (at Claim Level) or No agreement with entity.	4) Please make sure the service delivery role was given to all billing organization in EOM
			5) Please check whether the client is enrolled with correct activity and corresponding contractor matches with contractor code in the 837 file. 6) Please check whether the Billing provider defined in the 837 file does have the billing role
5	**499**	Service Codes (at Service Line Level) contained within the claim does not exist within the system or No rate on file with the payer for this service for this entity.	Please check the service code in the service line loop 2400 is valid as per HCPCS code and also verify whether the code exists in EIM/ESM system.
6	493	Diagnosis Codes(at Claim Level) contained within the claim does not exist within the system or Version/Release/Industry ID code not currently supported by information holder	Please verify whether the diagnosis code is valid as per the ICD9 code sets and also verify against our EIM/ESM system.

#	Status Code	Description (all are F5 Category Codes)	Additional Input
		Taxonomy Code(at Claim Level) for Billing Provider does not exist within the system or Version/Release/Industry ID code not currently supported by information holder	
		Taxonomy Code(at Claim Level) for Rendering Provider does not exist within the system or Version/Release/Industry ID code not currently supported by information holder	
		Taxonomy Code (at Service Line Level) for Rendering Provider does not exist within the system or Version/ Release/Industry ID code not currently supported by information holder	
		Facility Code (at Claim Level) does not exist within the system or Version/Release/Industry ID code not currently supported by information holder	
		Claim Frequency Code (at Claim Level) does not exist within the system or Version/Release/Industry ID code not currently supported by information holder	Currently our system support only the claim frequency code 1,6,7 and 8.Enchancement is in process to support 2,3,4 and 5 frequency code after the December release
		Release of Information Code (at Claim Level) does not exist within the system or Version/Release/Industry ID code not currently supported by information holder	
		Delay Reason Code (at Claim Level) does not exist within the system or Version/Release/Industry ID code not currently supported by information holder	

#	Status Code	Description (all are F5 Category Codes)	Additional Input
		Provider or Supplier Signature Indicator (at Claim Level) does not exist within the system or Version/Release/Industry ID code not currently supported by information holder.	
		Medicare Assignment Code (at Claim Level) does not exist within the system or Version/Release/Industry ID code not currently supported by information holder.	
		Assignment of Benefits Indicator (at Claim Level) does not exist within the system or Version/Release/Industry ID code not currently supported by information holder.	
		Release of Information Code (at Claim Level) does not exist within the system or Version/Release/Industry ID code not currently supported by information holder.	
		Patient Signature Source Code (at Claim Level) does not exist within the system or Version/Release/Industry ID code not currently supported by information holder.	
		Facility Code (at Service Line Level) does not exist within the system or Version/Release/Industry ID code not currently supported by information holder.	
7	21	Claim Frequency Type Code = "6" (at Claim Level) and the Claim Original Reference Number does not exist or Missing or invalid information	

#	Status Code	Description (all are F5 Category Codes)	Additional Input
		Claim Frequency Type Code = "7" (at Claim Level) and the Claim Original Reference Number does not exist or Missing or invalid information	
		Claim Frequency Type Code = "8" (at Claim Level) and the Claim Original Reference Number does not exist or Missing or invalid information	
		Claim Frequency Type Code = "1" (at Claim Level) and the Claim Original Reference Number does exist or Missing or invalid information	Currently our system support only the claim frequency code 1,6,7 and 8.Enchancement is in process to support 2,3,4 and 5 frequency code after the December release
8	91	Entity not eligible/not approved for dates of service.	Please check that the dates of service and the activity submitted have corresponding enrollments in EIM for those dates and activity
9	54	There exists a duplicate claim within the same batch that has the same activity, contract, client ID, and frequency code and service date.	
10	476	Unit invalid or missing	Unit qualifier is missing or not valid for this submission or the number of units does not match the number of days of service.
11	479	Other Carrier payer ID is missing or invalid	

Questions or need assistance?

Call Virtual Gateway Customer Service

1-800-421-0938

(617-847-6578 - TTY for the deaf and hard of hearing)

8:30 am to 5:00 pm Monday through Friday