



Medi-Cal Real-Time 276/277 Companion Guide

ASC X12N 267/277 (005010X212)

California Medicaid Management Information System

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Introduction

Purpose: This companion guide offers provider-facing instructions for preparing, transmitting, validating, and troubleshooting real-time 276/277 transactions. This guide supplements, and does not replace, the applicable Accredited Standards Committee (ASC) X12 implementation guide and official code lists.

Before Starting

Required Business and Technical Information

Information	Use	Preparation tip
Sender identifier	Identifies the request envelope creator.	Use the exact assigned trading-partner value and preserve case/spacing rules.
Receiver identifier	Routes the request to Medi-Cal.	The specification expects MEDI-CAL in the Committee on Operating Rules for Information Exchange (CORE) request metadata.
Submitter identifier	Identifies the submitter in X12 loops and functional group routing.	Confirm the assigned value before testing.
Provider identifier	Identifies the provider whose claim is being queried.	Use the appropriate National Provider Identifier (NPI) qualifier and value when an NPI is used.
Member identifier	Identifies the subscriber/member.	Use the approved member identifier and matching demographics.
Claim reference	Helps identify the claim.	Keep the patient account or claim reference consistent with the original claim.
Service date and amount	Improves claim matching.	Use the same values associated with the submitted claim.
Authentication material	Authorizes the Application Programming Interface (API) request.	Confirm certificate/token configuration before transaction debugging.
Endpoint	Receives the real-time request.	Use the environment-specific endpoint supplied during onboarding.

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Checklist

Check for the following:

- Registration, affiliation, agreements, permissions and connectivity approvals are complete for the intended channel.
- Confirm the sender, receiver, submitter, provider and member identifiers are available.
- Confirm all Unique control numbers, trace numbers, payload Identifications (IDs) and timestamps can be generated and logged.
- The parser preserves X12 delimiters and does not convert component or segment separators.
- Confirm test data is approved and contains no unintended production information.
- Request and response bodies can be retained securely for troubleshooting.

Connectivity and CORE Envelope

Hypertext Transfer Protocol (HTTP) Request Headers

Header	Expected use/value	Troubleshooting check
Accept	application/JavaScript Object Notation (json)	Confirm the client requests a JSON response.
Authorization	Mutual Transport Layer Security (mTLS) token per the specification example	Check client certificate/token configuration.
Content-Type	application/json	Remove embedded spaces or incorrect media types.
Date	HTTP date format	Confirm a complete date/time value is sent.
Host	Environment endpoint host	Verify the approved host and environment.

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276 CORE Metadata

JSON field	Type/size	Expected value or rule
payloadType	String / 30	X12_276_Request_005010X212; required and exact.
processingMode	String / 8	RealTime.
payloadId	String / 36	Nonblank Universally Unique Identifier (UUID)-form identifier; retain for correlation.
timeStamp	String / 25	Complete date/time; specification format is Year-Month-Day Time Hour: Minute second Zulu time (YYYY-MM-DDTHH:MMSSZ).
senderId	String / 50	Assigned sender identifier; nonblank.
receiverId	String / 50	MEDI-CAL.
coreRuleVersion	String / 6	C4.0.0.
X12_276_005010X212	String / 8005	Embedded, nonblank X12 request; not an attachment.

```
{
  "realTime276Request": {
    "meta": {
      "payloadType": "X12_276_Request_005010X212",
      "processingMode": "RealTime",
      "payloadId": "e51d4fae-7dec-11d0-a765-00a0c91e6da6",|
      "timeStamp": "2026-02-27T10:53:48-08:00",
      "senderId": "SENDERID",
      "receiverId": "MEDI-CAL",
      "coreRuleVersion": "C4.0.0"
    },
    "data": {
      "X12_276_005010X212": "[embedded X12 276]"
    }
  }
}
```

Figure 1.1: Sample Real-Time 276 Request.

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277 CORE Metadata

JSON field	Expected value / behavior
payloadType	X12_277_Response_005010X212, X12_TA1_Response_005010X231A1, or X12_999_Response_005010X231A1.
processingMode	RealTime.
payloadId	Same value received in the request.
timeStamp	Response timestamp.
senderId	MEDI-CAL.
receiverId	The request sender.
coreRuleVersion	C4.0.0.
errorCode	Success or the applicable envelope error code.
errorMessage	Free-form description when an envelope error occurs; maximum 1019 characters.
X12_277_005010X212	Embedded X12 response or error payload.
payloadType	X12_277_Response_005010X212, X12_TA1_Response_005010X231A1, or X12_999_Response_005010X231A1.

Building the X12 276 Request

Segment Sequence in the Sample

Segment	Purpose	Key content to validate
ISA	Interchange control header	Sender/receiver IDs, interchange date/time, separators, control number.
GS	Functional group header	Functional ID, application sender/receiver, date/time, group control number, 005010X212.
ST	Transaction set header	276, transaction control number, 005010X212.
BHT	Beginning of hierarchical transaction	Structure code, request purpose, submitter reference, date/time.
HL	Hierarchical level	Payer, information receiver, service provider, and subscriber relationships.
NM1	Name/identifier	Payer, submitter, provider, and subscriber entity qualifiers and IDs.

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Segment Sequence in the Sample (Continued)

Segment	Purpose	Key content to validate
DMG	Demographics	Subscriber birth date and other demographic data when used.
TRN	Trace	Submitter trace number used to match the 277.
REF	Reference	Patient account or claim reference.
AMT	Amount	Total claim charge amount.
DTP	Date	Claim or service date/range.
SVC	Service	Procedure code, modifiers, amount, and units when querying service detail.
SE	Transaction trailer	Segment count and matching Transaction Set (ST) control number.
GE	Functional group trailer	Transaction set count and matching Functional Group (GS) control number.
IEA	Interchange trailer	Group count and matching Interchange Control Header (ISA) control number.

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Key 276 Data Elements

Reference	What it contains	Example	Provider check
ST01	Transaction set identifier	276	Must identify a claim status request.
ST02	Transaction control number	535749	Must match Segment SE02.
ST03	Implementation reference	005010X212	Use the required implementation.
BHT02	Transaction purpose	13	Use the request purpose shown in the approved structure.
BHT03	Submitter reference	535779	Generate and log a traceable value.
NM101	Entity identifier	PR, 41, 1P, IL	Place each entity in the correct hierarchical loop.
NM108	ID qualifier	PI, 46, XX, MI	Ensure the qualifier matches the identifier type.
NM109	Entity identifier	Payer ID, submitter ID, NPI, member ID	Do not interchange IDs between loops.
TRN01	Trace type	1	Request trace qualifier.

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Key 276 Data Elements (Continued)

Reference	What it contains	Example	Provider check
TRN02	Trace number	36693	Must be returned for correlation in the 277.
REF01	Reference qualifier	EJ	Use the applicable claim/account reference qualifier.
REF02	Reference value	5009600402701	Use the reference associated with the claim.
AMT01	Amount qualifier	T3	Total claim charge amount.
AMT02	Amount	3010.00	Use a valid numeric amount.
DTP01	Date qualifier	472	Service date.
DTP02	Date format	RD8 or D8	Match the value format.
DTP03	Date or range	20240407-20240407	Use Century Year, Month Day (CCYYMMDD) or the approved range format.
SVC01	Procedure composite	HC:0604T:U7	Use the configured component delimiter consistently.
SVC02	Line charge	3010.00	Match the queried service line when supplied.
SVC07	Units	1	Use the applicable unit count.

Tip: In the X12 payload, * separates data elements, the configured component delimiter separates composite values, and ~ terminates a segment in the sample. ISA defines the separators. Do not let file transfer, JSON escaping, or text conversion alter them.

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Reading the X12 277 Response

Read the Response in This Order

1. Check the HTTP status and response content type.
2. Read CORE metadata: payloadType, payloadId, senderId, receiverId, coreRuleVersion, errorCode and errorMessage.
3. Identify whether the payload is a 277, Interchange-level acknowledgment (TA1), or 999.
4. If it is a 277, verify ISA/GS/ST control data and hierarchical loops.
5. Match TRN02 and returned references to the original 276.
6. Interpret each STC status composite using the official claim status category and claim status code lists.
7. Review claim-level and service-level Service Line Information (SVC), Status Information (STC), Reference Identification (REF), and Date or Time Period (DTP) segments as applicable.

Key 277 Segments and Fields

Segment/Field	Purpose	Example from specification	How to use it
TRN01/TRN02	Identifies the response trace.	TRN*2*36693~	Match TRN02 to the 276 trace number.
STC01 composite	Returns claim status category and status code.	F2>441	Parse using the response component delimiter; validate using official code lists.
STC02	Status date.	20240511	Use as the date associated with the returned status.
STC04	Monetary amount in the sample position.	4420	Interpret according to the implementation guide and loop context.
STC05	Additional monetary value in the sample position.	0	Interpret according to the implementation guide and loop context.
STC06	Date in the sample position.	20240511	Interpret according to the implementation guide and loop context.

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Key 277 Segments and Fields (Continued)

Segment/Field	Purpose	Example from specification	How to use it
REF*1K	Payer claim reference in the sample.	4129190102707	Retain for future claim matching and support.
REF*BLT	Additional reference returned in the sample.	131	Interpret according to the applicable qualifier definition.
REF*EJ	Original account/claim reference.	5009600402701	Compare with the 276 REF value.
SVC	Service-level status detail.	SVC*HC>0604T> U7*4420*0*0940* **1~	Review procedure, amounts, revenue/service information, and units in context.
DTP*472	Service date/range.	20240407- 20240407	Compare with the requested service dates.

Tip: This guide does not assign business meanings to the example STC code pair F2/441. Use the current official claim status category and claim status code lists and the ASC X12 005010X212 implementation guide.

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Step-by-Step Submission Process

Prepare the Inquiry

1. Identify the claim using the provider, subscriber, claim reference, service date, amount, and service-line information available from the original submission.
2. Assign unique, loggable control values for ISA13, GS06, ST02, BHT03, TRN02, and payloadId.
3. Build the hierarchical loops in the required order: payer, information receiver/submitter, service provider, and subscriber.
4. Populate identifiers with matching qualifiers, such as PI for payer, XX for NPI, and MI for member ID, where applicable.

Validate the X12 Payload

1. Confirm the transaction is 276 and the implementation reference is 005010X212.
2. Verify required segments are present and ordered correctly.
3. Check ST02=SE02, GS06=GE02, and ISA13=IEA02.
4. Recalculate SE01 so it equals the number of segments from ST through SE, inclusive.
5. Confirm dates, amounts, IDs, separators, and segment terminators are valid and unaltered.

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Wrap and Transmit

1. Place the entire X12 transaction in the X12_276_005010X212 JSON data field.
2. Populate CORE metadata with exact configured values.
3. Set Accept and Content-Type to application/json and apply approved authentication.
4. Send to the approved real-time endpoint.
5. Log the request timestamp, payloadId, X12 control numbers and TRN02 without exposing protected data in unsecured logs.

Evaluate the Response

1. Record the HTTP status and headers.
2. Review errorCode and errorMessage before parsing the X12 payload.
3. Use payloadType to select the correct parser for 277, TA1 or 999.
4. For a 277, match payloadId, TRN02, REF values, provider/member identifiers, and service dates to the inquiry.
5. Interpret STC values using official code lists and route the result to the appropriate billing workflow.

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Validation Checklist

Check	Pass criteria	Complete
HTTP media types	Accept and Content-Type are application/json.	☐
Authentication	Approved certificate/token configuration is active.	☐
Payload type	X12_276_Request_005010X212 exactly.	☐
Processing mode	RealTime exactly.	☐
Payload ID	36-character, nonblank identifier is generated and logged.	☐
Timestamp	Complete date/time is present and within field size.	☐
Sender/receiver	Assigned sender value and MEDI-CAL receiver value are used.	☐
CORE version	C4.0.0 exactly.	☐
Payload placement	X12 is embedded in the JSON body, not attached.	☐
Implementation	GS08 and ST03 identify 005010X212.	☐
Control matching	ISA/IEA, GS/GE, and ST/SE control numbers match.	☐
Segment count	SE01 is accurate.	☐
Hierarchy	HL parent/child relationships are valid.	☐

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Validation Checklist (Continued)

Check	Pass criteria	Complete
Identifiers	Entity qualifiers match their identifier values.	☐
Claim match fields	TRN, REF, AMT, DTP, and SVC values identify the intended claim.	☐
Delimiters	Element, component, and segment separators remain consistent.	☐
Response correlation	Payload ID, TRN02, and REF values correlate to the request.	☐
Status interpretation	STC codes are evaluated using current official code lists.	☐

Troubleshooting

Troubleshoot by Layer

Symptom	Likely layer	Checks and corrective actions
No usable response or authentication challenge	Connectivity / authentication	Verify endpoint, certificate/token, Authorization handling, Host, date, and network configuration.
HTTP 400 with payload type error	CORE envelope	Set payloadType exactly to X12_276_Request_005010X212 and confirm the field is present.
HTTP 400 with processing mode error	CORE envelope	Set processingMode exactly to RealTime.
HTTP 400 with payload ID error	CORE envelope	Supply a nonblank payloadId and keep it within 36 characters.
HTTP 400 with timestamp error	CORE envelope	Supply a complete timestamp; remove partial date/time values.
HTTP 400 with sender or receiver error	CORE envelope	Use the assigned sender ID and MEDI-CAL receiver value without extra spaces.
HTTP 400 with CORE version error	CORE envelope	Set coreRuleVersion exactly to C4.0.0.
Request rejected because payload is missing	CORE envelope	Embed the X12 transaction in the JSON data field. Do not send it as an attachment.
TA1 returned	X12 interchange	Review ISA control data, fixed-length fields, separators, and the ISA/IEA control match.

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Troubleshoot by Layer (Continued)

Symptom	Likely layer	Checks and corrective actions
999 returned	X12 syntax / implementation	Review transaction structure, segment order, required data, element values and ST/SE control match.
277 returned but no claim match	Business data	Compare provider/member IDs, REF value, service date, amount and service-line details with the original claim.
Response cannot be correlated	Tracking	Compare response payloadId and TRN02 with the request log; verify the original trace was not changed.
STC cannot be interpreted	Code set / parser	Split the composite using the configured component delimiter and consult official current code lists.
JSON parse failure	Serialization	Confirm the X12 string is properly escaped and that delimiters were not converted by transport or logging tools.

Diagnostic Sequence

1. Save the raw HTTP status, headers, and body.
2. Identify the response payloadType.
3. Resolve HTTP or CORE metadata errors before changing X12 business data.
4. If TA1 or 999 is returned, correct envelope or syntax errors before investigating claim matching.
5. If a 277 is returned, verify correlation fields and then interpret claim and service status segments.
6. After correction, generate new transaction control values unless retransmission rules require reuse of a specific payload identifier. Preserve the audit trail.

Avoid guesswork

Change one failure layer at a time. A transport error, CORE envelope error, X12 syntax error and claim-not-found result require different corrections.

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Example

```

ISA*00*                *00*                *ZZ*AFO                *ZZ*610442
*250205*0917*|*00501*202502051*0*P*:~
GS*HR*AFO*610442*20250205*0917*535749*X*005010X212~
ST*276*535749*005010X212~
BHT*0010*13*535779*20250205*0917~
HL*1**20*1~
NM1*PR*2*MEDI-CAL*****PI*610442~
HL*2*1*21*1~
NM1*41*2*QUALITY HOME HEALTH*****46*AFO~
HL*3*2*19*1~
NM1*1P*2*EMANUEL MEDICAL CENTER INC*****XX*1841207750~
HL*4*3*22*0~
DMG*D8*19830308*M~
NM1*IL*1*PRIMARY AID 60*T0162****MI*92436929D8~
TRN*1*36693~
REF*EJ*5009600402701~
REF*1K*4199600211501~    ---If requesters want to perform a
claim search using the Claim Control Number (CCN), they can
include the CCN in the 1K segment, as shown below.
Please find the sample request
ISA*00*                *00*                *ZZ*RZ2                *ZZ*610442                *00503*1705*>*00501*000010216*0*T*:~GS*HR*ZZ                *1234567890*20080503*1705*20213*X*
005010X212~ST*276*0001*005010X212~BHT*0010*13*ABC276XXX*20050915*1425~HL*1**20*1~NM1*PR*2*MEDI-CAL*****PI*610442~HL*2*1*21*1~NM1*41*2*XYZ SERVICE*****46*AAS
~HL*3*2*19*1~NM1*1P*2*HOME HOSPITAL*****XX*1104856095~HL*4*3*22*0~DMG*D8*19301210*M~NM1*IL*1*SMITH*FRED*****MI*93080757A~TRN*1*ABCKYZ1~REF*BLT*111~REF*1K*
4199600211501~AMT*T3*60.00~DTP*472*RD8*20120724~20120724~SE*17*0001~GE*1*20213~IEA*1*000010216~
|
AMT*T3*3010.00~
DTP*472*RD8*20240407-20240407~
SVC*HC:0604T:U7*3010.00*****1~
DTP*472*D8*20240407~
SE*18*535749~
GE*1*535749~
IEA*1*202502051~  (Ctrl)

```

Figure 1.2: Sample 276 X12 Payload

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How the 276 Identifies the Claim

Segment	Contribution to matching
NM1*1P	Identifies the service provider using the NPI qualifier and NPI.
NM1*IL	Identifies the subscriber/member.
TRN	Provides the inquiry trace number.
REF*EJ	Provides the original account or claim reference.
AMT*T3	Provides the total charge amount.
DTP*472	Provides the service date or range.
SVC	Provides service-line code, amount, and units.

Example

```

ISA*00*                *00*                *ZZ*610442                *ZZ*AFO
*260626*1114*|*00501*000000001*0*P*>~
GS*HN*610442*AFO*20260626*1114*1*X*005010X212~
ST*277*535749*005010X212~
BHT*0010*08*  *20260626*1114*DG~
HL*1**20*1~
NM1*PR*2*MEDI-CAL*****PI*610442~
HL*2*1*21*1~
NM1*41*2*QUALITY HOME HEALTH*****46*AFO~
HL*3*2*19*1~
NM1*1P*2*EMANUEL MEDICAL CENTER INC*****XX*1841207750~
HL*4*3*22*0~
NM1*IL*1*PRIMARY AID 60*T0162*****MI*92436929D8~
TRN*2*36693~
STC*F2>441*20240511**4420*0*20240511~
REF*1K*4129190102707~
REF*BLT*131~
REF*EJ*5009600402701~
SVC*HC>0604T>U7*4420*0*0940***1~
STC*F2>441*20240511~
DTP*472*RD8*20240407-20240407~
SE*19*535749~
GE*1*1~
IEA*2*000000001~

```

Figure 1.3: Sample 277 X12 Payload

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Request-to-Response Correlation

Correlation point	276 Request	277 Response	Expected Relationship
CORE payload ID	e51d4fae-...	e51d4fae-...	Same value.
Trace number	TRN*1*36693	TRN*2*36693	TRN02 matches.
Original reference	REF*EJ*5009600402701	REF*EJ*5009600402701	Reference value matches.
Service date	20240407-20240407	20240407-20240407	Date/range corresponds.
Trading partners	Sender ID / Receiver MEDI-CAL	Sender MEDI-CAL / Receiver Sender ID	Sender and receiver reverse in the response.

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Glossary and References

Term	Definition
276	Health Care Claim Status Request.
277	Health Care Claim Status Response.
API	Application Programming Interface: Enables applications to exchange data or services.
CORE	Committee on Operating Rules for Information Exchange: CAQH initiative establishing operating rules for electronic healthcare transactions.
CAQH CORE	Connectivity and operating rule framework referenced by the Medi-Cal real-time specification.
CORE envelope	JavaScript Object Notation (JSON) metadata and payload wrapper used by the real-time Application Programming Interface (API).
EDI	Electronic Data Interchange: Standardized electronic exchange of business information, including 276/277 claim status transactions.
JSON	JavaScript Object Notation: Structured data format commonly used to exchange information through APIs.
X12	ASC X12: Standards used to structure electronic healthcare transactions, including the 276 Claim Status Request and 277 Claim Status Response.
X12 envelope	ISA/IEA, GS/GE, and ST/SE control structures.
TA1	Interchange-level acknowledgment payload type identified in the specification.
999	Implementation acknowledgment payload type identified in the specification.
TR3	ASC X12 implementation guide containing complete situational rules and element definitions.
STC	Claim status information segment in the 277.
NPI	National Provider Identifier.
UUID	Identifier format used for payloadId in the specification.
mTLS	Mutual Transport Layer Security (TLS) referenced in the request header example.

Reference Documents

- 276 277 Core-specifications.xlsx, use for CORE request/response fields, validation rules, and sample payloads.
- EDI_User_Guide.pdf, used for the supported Provider Portal EDI submission context.
- ASC X12N 005010X212 implementation guide and the current official claim status category/status code lists, required for complete segment usage and code interpretation.

Change Summary

Version Number	Date	Description	Notes/Comments
1.0	October 2026	Initial provider facing real-time 276/277 companion guide created from the 270-guide model and 276/277 CORE specification.	N/A