



ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM

**276/277 STANDARD COMPANION GUIDE
TRANSACTION INFORMATION**

**INSTRUCTIONS RELATED TO TRANSACTIONS BASED ON ASC
X12 STANDARDS FOR ELECTRONIC DATA INTERCHANGE
TECHNICAL REPORT TYPE 3 (TR3), VERSION 005010X212**

**COMPANION GUIDE
VERSION NUMBER: 1.0
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1 INTRODUCTION

1.1 Overview of HIPAA Legislation

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 carry 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 translations 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

1.2 Compliance according to HIPAA

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

- Change the definition, data condition, or use of 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 standards implementation specifications or are not in the standards implementation specification(s)
- Change the meaning or intent of the standards implementation specification(s)

1.3 Compliance according to ASC X12 Standard for Electronic Data Interchange Report Type 3 (TR3)

ASC X12 requirements include specific restrictions that prohibit trading partners from:

- Modifying any defining, explanatory, or clarifying content contained in the TR3
- Modifying any requirement contained in the TR3.

1.4 Intended Use

The Transaction Specific Information of this companion guide must be used in conjunction with an associated ASC X12 Standard for Electronic Data Interchange Report Type 3 (TR3). The Transaction Specific Information in this companion guide is not intended to be stand-alone requirements documents. This companion guide conforms to all the requirements of any associated ASC X12 TR3 and is in conformance with ASC X12s Fair Use and Copyright statements.

2 ASC X12 STANDARDS FOR ELECTRONIC DATA INTERCHANGE REPORT TYPE 3

- 005010X212 Health Care Claim Status Request (276)
- 005010X212 Health Care Claim Status Response (277)

3 TRANSACTION SPECIFIC INFORMATION

3.1 276 Health Care Claim Status Request

Note: You can only request a claim status on Fee For Service (FFS) claims that were submitted directly to AHCCCS Administration. This excludes claims submitted to the Pharmacy Benefit Manager (PBM) – cannot request a status for Pharmacy Claims.

LOOP ID	ELEMENT	DESCRIPTION	AHCCCS USAGE/EXPECTED VALUE
	ISA	INTERCHANGE CONTROL HEADER	
	ISA01	Authorization Information Qualifier	Expect value 00 (No authorization information present)
	ISA02	Authorization Information	Expect 10 blank spaces
	ISA03	Security Information Qualifier	Expect value 00 (No security information present)
	ISA04	Security Information	Expect 10 blank spaces
	ISA05	Interchange ID Qualifier	Expect value ZZ
	ISA06	Interchange Sender ID	Expect to be populated by sender ID number known to AHCCCS. This can be an AHCCCS provider, an approved entity acting on the provider's behalf or a Clearinghouse.
	ISA07	Interchange ID Qualifier	Expect value ZZ
	ISA08	Interchange Receiver ID	Expect AHCCCS866004791
	ISA09	Interchange Date	Expect Interchange Date YYMMDD
	ISA10	Interchange Time	Expect Interchange Time HHMM
	ISA11	Repetition Separator	Expect ^ (Caret)
	ISA12	Interchange Control Version Number	Expect 00501
	ISA13	Interchange Control Number	Expect assigned unique 9 digit control number
	ISA14	Acknowledgement Requested	Expect value 1
	ISA15	Usage Indicator	Expect value P (Production) or T (Test)
	ISA16	Component Element Separator	Expect value (Pipe)
	GS	FUNCTIONAL GROUP HEADER	
	GS01	Functional Identifier Code	Expect HR
	GS02	Application Sender Code	6-digit AHCCCS Provider ID followed by the 2-digit location code 01
	GS03	Application Receiver Code	Expect value AHCCCS866004791
	GS04	Date	Expect Creation Date CCYYMMDD
	GS05	Time	Expect Creation Time HHMMSSDD
	GS06	Group Control Number	Expect Group Control Number assigned by submitter
	GS07	Responsible Agency Code	Expect value X Accredited Standards Committee X12
	GS08	Version Identifier Code	Expect 005010X212

AHCCCS 276/277 STANDARD COMPANION GUIDE TRANSACTION INFORMATION

LOOP ID	ELEMENT	DESCRIPTION	AHCCCS USAGE/EXPECTED VALUE
HDR	ST	TRANSACTION SET HEADER	
HDR	ST01	Transaction Set Identifier Code	Expect value 276
HDR	ST02	Transaction Set Control Number	Expect a numeric value assigned by submitter
HDR	ST03	Implementation Convention Reference	Expect 005010x212
HDR	BHT	BEGINNING OF HIERARCHICAL TRANSACTION	
HDR	BHT01	Hierarchical Structure Code	Expect 0010
HDR	BHT02	Transaction Set Purpose Code	Expect value 13
HDR	BHT03	Reference Identification	Expect Transaction Set ID
HDR	BHT04	Transaction Set Creation Date	Expect the date on which the transaction is created CCYYMMDD
HDR	BHT05	Time	Expect the time at which the transaction set was generated HHMMSS
2000A	HL	INFORMATION SOURCE LEVEL	
2000A	HL01	Hierarchical ID Number	Expect 1
2000A	HL03	Hierarchical Level Code	Expect 20
2000A	HL04	Hierarchical Child Code	Expect 1
2100A	NM1	PAYER NAME	
2100A	NM101	Entity Identifier Code	Expect PR
2100A	NM102	Entity Type Qualifier	Expect 2
2100A	NM103	Payer Name	Expect AHCCCS
2100A	NM108	Identification Code Qualifier	PI
2100A	NM109	Payer Identifier	Expect 866004791
2000B	HL	INFORMATION RECEIVER LEVEL	
2000B	HL01	Hierarchical ID Number	Expect Incremented from 1 above
2000B	HL02	Hierarchical Parent ID Number	Expect 1
2000B	HL03	Hierarchical Level Code	Expect 21
2000B	HL04	Hierarchical Child Code	Expect 1
2100B	NM1	INFORMATION RECEIVER NAME	
2100B	NM101	Entity Identifier Code	Expect 41
2100B	NM102	Entity Type Qualifier	Expect 1 Person or 2 Non-Person Entity
2100B	NM103	Information Receiver Last Name or Organization Name	Expect Information Receiver Last Name or Organization Name
2100B	NM104	Information Receiver First Name	Expect Information Receiver First Name
2100B	NM105	Information Receiver Middle Name	May be populated, but will not be used
2100B	NM108	Identification Code Qualifier	Expect 46
2100B	NM109	Information Receiver Identification Number	Expect Provider NPI or 6-digit AHCCCS Provider ID
2000C	HL	SERVICE PROVIDER LEVEL	
2000C	HL01	Hierarchical ID Number	Incremented from 2000A/HL
2000C	HL02	Hierarchical Parent ID Number	Incremented from 2000A/HL
2000C	HL03	Hierarchical Level Code	Expect 19
2000C	HL04	Hierarchical Child Code	Expect 1

LOOP ID	ELEMENT	DESCRIPTION	AHCCCS USAGE/EXPECTED VALUE
2100C	NM1	PROVIDER NAME	
2100C	NM101	Entity Identifier Code	Expect 1P
2100C	NM102	Entity Type Qualifier	Expect 1
2100C	NM103	Provider Last or Organization Name	Expect Provider Last or Organization Name
2100C	NM104	Provider First Name	Expect Provider First Name
2100C	NM105	Provider Middle Name	Expect Provider Middle Name
2100C	NM107	Provider Name Suffix	May be populated, but will not be used
2100C	NM108	Identification Code Qualifier	Expect SV Service Provider Number or XX National Provider Identifier
2100C	NM109	Provider Identifier	AHCCCS expects the NPI unless an Atypical Provider – then AHCCCS would accept the 6 digit AHCCCS Provider ID
2000D	HL	SUBSCRIBER LEVEL	
2000D	HL01	Hierarchical ID Number	Increment from 2000C/HL
2000D	HL02	Hierarchical Parent ID Number	Increment from 2000C/HL
2000D	HL03	Hierarchical Level Code	Expect 22
2000D	HL04	Hierarchical Child Code	Expect 0
2000D	DMG	SUBSCRIBER DEMOGRAPHIC INFORMATION	
2000D	DMG01	Date Time Period Format Qualifier	Expect D8
2000D	DMG02	Subscriber Birth Date	Expect AHCCCS Member DOB CCYYMMDD
2000D	DMG03	Subscriber Gender Code	Expect F or M
2100D	NM1	SUBSCRIBER NAME	
2100D	NM101	Entity Identifier Code	Expect IL
2100D	NM102	Entity Type Qualifier	Expect 1
2100D	NM103	Subscriber Last Name	Expect Subscriber Last Name
2100D	NM104	Subscriber First Name	Expect Subscriber First Name
2100D	NM105	Subscriber Middle Name	Expect Subscriber Middle Name
2100D	NM107	Subscriber Name Suffix	May be populated, but will not be used
2100D	NM108	Identification Code Qualifier	Expect MI
2100D	NM109	Subscriber Identifier	Expect AHCCCS ID 'A*' or 'P*' Prisoner
2200D	TRN	CLAIM STATUS TRACKING NUMBER	
2200D	TRN01	Trace Type Code	Expect 1
2200D	TRN02	Trace Number	TRACE NUMBER
2200D	REF	PAYER CLAIM CONTROL NUMBER	
2200D	REF01	Reference Identification Qualifier	Expect 1K
2200D	REF02	Payer Claim Control Number	Expect AHCCCS CRN X(12)
2200D	REF	INSTITUTIONAL BILL TYPE IDENTIFICATION	
2200D	REF01	Reference Identification Qualifier	Expect BLT
2200D	REF02	Bill Type Identifier	Expect Bill Type
2200D	REF	PATIENT CONTROL NUMBER	

LOOP ID	ELEMENT	DESCRIPTION	AHCCCS USAGE/EXPECTED VALUE
2200D	REF01	Reference Identification Qualifier	Expect EJ
2200D	REF02	Patient Control Number	Expect Patient Account Number
2200D	REF	CLAIM ID FOR CLEARINGHOUSES AND OTHER TRANSMISSION INTERMEDIARIES	
2200D	REF01	Reference Identification Qualifier	Expect D9
2200D	REF02	Clearinghouse Trace Number	Expect Clearinghouse Trace Number
2200D	AMT	CLAIM SUBMITTED CHARGES	
2200D	AMT01	Amount Qualifier Code	Expect T3
2200D	AMT02	Total Claim Charge Amount S9(7)V99	Expect Total Claim Charge Amount
2200D	DTP	2200D CLAIM SERVICE DATE	
2200D	DTP01	Date Time Qualifier	Expect 472
2200D	DTP02	Date Time Period Format Qualifier	Expect RD8
2200D	DTP03	Claim Service Period	Expect Service Date Range CCYYMMDD - CCYYMMDD
2210D	SVC	SERVICE LINE INFORMATION	
2210D	SVC01	Composite Medical Procedure Identifier	
2210D	SVC01-1	Product Service ID	Expect Product or Service ID Qualifier
2210D	SVC01-2	Service Identification Code	Expect Procedure Code
2210D	SVC01-3	Procedure Modifier	Expect Procedure Modifier
2210D	SVC01-4	Procedure Modifier	Expect Procedure Modifier
2210D	SVC01-5	Procedure Modifier	Expect Procedure Modifier
2210D	SVC01-6	Procedure Modifier	Expect Procedure Modifier
2210D	SVC02	Line Item Charge Amount S9(7)V99	Expect Line Charge amount
2210D	SVC04	Revenue Code	Expect Revenue Code
2210D	SVC07	Quantity	Expect Quantity
2210D	REF	SERVICE LINE ITEM IDENTIFICATION	
2210D	REF01	Reference Identification Qualifier	Expect FJ
2210D	REF02	Line Item Control Number	Expect Line Item Control # from 837
2210D	DTP	2210D SERVICE LINE DATE	
2210D	DTP01	Date Time Qualifier	Expect 472
2210D	DTP02	Date Time Period Format Qualifier	Expect RD8
2210D	DTP03	Service Line Date	Expect Service Line Date range CCYYMMDD-CCYYMMDD
	SE	TRANSACTION SET TRAILER	
	SE01	Transaction Segment Count	Expect the total number of segments included in a transaction set including ST and SE segments
	SE02	Transaction Set Control Number	Assign a unique Identification Number same as ST02
	GE	FUNCTIONAL GROUP TRAILER	
	GE01	Number of Transaction Sets Included	Expect number of ST/SE groups
	GE02	Group Control Number	Must be the same as GS06
	IEA	INTERCHANGE CONTROL TRAILER	
	IEA01	Number of Included Functional Groups	Expect number of GS/GE groups
	IEA02	Interchange Control Number	Expect same value of ISA13

3.2 277 Health Care Claim Status Response

LOOP ID	ELEMENT	DESCRIPTION	AHCCCS USAGE/EXPECTED VALUE
	ISA	INTERCHANGE CONTROL HEADER	
	ISA01	Authorization Information Qualifier	Expect value 00 (No authorization information present)
	ISA02	Authorization Information	Expect 10 blank spaces
	ISA03	Security Information Qualifier	Expect value 00 (No security information present)
	ISA04	Security Information	Expect 10 blank spaces
	ISA05	Interchange ID Qualifier	Expect value ZZ
	ISA06	Interchange Sender ID	Expect to be populated by sender ID number known to AHCCCS. This can be an AHCCCS provider, an approved entity acting on the provider's behalf or a Clearinghouse.
	ISA07	Interchange ID Qualifier	Expect value ZZ
	ISA08	Interchange Receiver ID	Expect AHCCCS866004791
	ISA09	Interchange Date	Expect Interchange Date CCYYMMDD
	ISA10	Interchange Time	Expect Interchange Time HHMM
	ISA11	Repetition Separator	Expect ^ (Caret)
	ISA12	Interchange Control Version Number	Expect 00501
	ISA13	Interchange Control Number	Expect assigned unique 9 digit control number
	ISA14	Acknowledgement Requested	Expect value 1
	ISA15	Usage Indicator	Expect value P (Production) or T (Test)
	ISA16	Component Element Separator	Expect value (Pipe)
	GS	FUNCTIONAL GROUP HEADER	
	GS01	Functional Identifier Code	Expect HR
	GS02	Application Sender Code	6-digit AHCCCS Provider ID followed by the 2-digit location code 01
	GS03	Application Receiver Code	Expect value AHCCCS866004791
	GS04	Date	Expect Creation Date
	GS05	Time	Expect Creation Time (HHMM)
	GS06	Group Control Number	Expect Group Control Number assigned by sender
	GS07	Responsible Agency Code	Expect value X Accredited Standards Committee X12
	GS08	Version Identifier Code	Expect 005010X212
HDR	ST	TRANSACTION SET HEADER	
HDR	ST01	Transaction Set Identifier Code	Expect value 276
HDR	ST02	Transaction Set Control Number	Expect a numeric value
HDR	ST03	Implementation Convention Reference	Expect 005010x212

LOOP ID	ELEMENT	DESCRIPTION	AHCCCS USAGE/EXPECTED VALUE
HDR	BHT	BEGINNING OF HIERARCHICAL TRANSACTION	
HDR	BHT01	Hierarchical Structure Code	Expect Hierarchical Structure Code
HDR	BHT02	Transaction Set Purpose Code	Expect value 13
HDR	BHT03	Reference Identification	Expect Transaction Set ID
HDR	BHT04	Transaction Set Creation Date	Expect the date on which the transaction is created (CCYYMMDD)
HDR	BHT05	Time	Expect the time at which the transaction set was generated. (HHMMSS)
2000A	HL	INFORMATION SOURCE LEVEL	
2000A	HL01	Hierarchical ID Number	Expect 1
2000A	HL03	Hierarchical Level Code	Expect 20
2000A	HL04	Hierarchical Child Code	Expect 1
2100A	NM1	PAYER NAME	
2100A	NM101	Entity Identifier Code	Expect PR
2100A	NM102	Entity Type Qualifier	Expect 2
2100A	NM103	Payer Name	Expect AHCCCS866004791
2100A	NM108	Identification Code Qualifier	Expect PI
2100A	NM109	Payer Identifier	Expect 866004791
2000B	HL	INFORMATION RECEIVER LEVEL	
2000B	HL01	Hierarchical ID Number	Expect Incremented from 1 above
2000B	HL02	Hierarchical Parent ID Number	Expect 1
2000B	HL03	Hierarchical Level Code	Expect 21
2000B	HL04	Hierarchical Child Code	Expect 1
2100B	NM1	INFORMATION RECEIVER NAME	
2100B	NM101	Entity Identifier Code	Expect 41
2100B	NM102	Entity Type Qualifier	Expect 1 or 2
2100B	NM103	Information Receiver Last Name or Organization Name	Expect Information Receiver Last Name or Organization Name
2100B	NM104	Information Receiver First Name	Expect Information Receiver First Name
2100B	NM105	Information Receiver Middle Name	May be populated, but will not be used
2100B	NM108	Identification Code Qualifier	Expect 46
2100B	NM109	Information Receiver Identification Number	Expect Provider NPI or 6-digit AHCCCS Provider ID
2000C	HL	SERVICE PROVIDER LEVEL	
2000C	HL01	Hierarchical ID Number	Incremented from 2000A/HL
2000C	HL02	Hierarchical Parent ID Number	Incremented from 2000A/HL
2000C	HL03	Hierarchical Level Code	Expect 19
2000C	HL04	Hierarchical Child Code	Expect 1
2100C	NM1	PROVIDER NAME	
2100C	NM101	Entity Identifier Code	Expect 1P
2100C	NM102	Entity Type Qualifier	Expect 1

AHCCCS 276/277 STANDARD COMPANION GUIDE TRANSACTION INFORMATION

LOOP ID	ELEMENT	DESCRIPTION	AHCCCS USAGE/EXPECTED VALUE
2100C	NM103	Provider Last or Organization Name	Expect Provider Last or Organization Name
2100C	NM104	Provider First Name	Expect Provider First Name
2100C	NM105	Provider Middle Name	Expect Provider Middle Name
2100C	NM107	Provider Name Suffix	May be populated, but will not be used
2100C	NM108	Identification Code Qualifier	Expect SV or XX
2100C	NM109	Provider Identifier	Expect the NPI unless an Atypical Provider
2000D	HL	SUBSCRIBER LEVEL	
2000D	HL01	Hierarchical ID Number	Increment from 2000C/HL
2000D	HL02	Hierarchical Parent ID Number	Increment from 2000C/HL
2000D	HL03	Hierarchical Level Code	Expect 22
2000D	HL04	Hierarchical Child Code	Expect 0
2000D	DMG	SUBSCRIBER DEMOGRAPHIC INFORMATION	
2000D	DMG01	Date Time Period Format Qualifier	Expect D8
2000D	DMG02	Subscriber Birth Date	Expect AHCCCS Member DOB
2000D	DMG03	Subscriber Gender Code	Expect F/M
2100D	NM1	SUBSCRIBER NAME	
2100D	NM101	Entity Identifier Code	Expect IL
2100D	NM102	Entity Type Qualifier	Expect 1
2100D	NM103	Subscriber Last Name	Expect Subscriber Last Name
2100D	NM104	Subscriber First Name	Expect Subscriber First Name
2100D	NM105	Subscriber Middle Name	Expect Subscriber Middle Name
2100D	NM107	Subscriber Name Suffix	May be populated, but will not be used
2100D	NM108	Identification Code Qualifier	Expect MI
2100D	NM109	Subscriber Identifier	Expect AHCCCS ID 'A*' or 'P*' Prisoner
2200D	TRN	CLAIM STATUS TRACKING NUMBER	
2200D	TRN01	Trace Type Code	Expect 1
2200D	TRN02	Trace Number	Expect Trace Number
2200D	REF	PAYER CLAIM CONTROL NUMBER	
2200D	REF01	Reference Identification Qualifier	Expect 1K
2200D	REF02	Payer Claim Control Number	Expect AHCCCS CRN X(12)
2200D	REF	INSTITUTIONAL BILL TYPE IDENTIFICATION	
2200D	REF01	Reference Identification Qualifier	Expect BLT
2200D	REF02	Bill Type Identifier	Expect Bill Type
2200D	REF	PATIENT CONTROL NUMBER	
2200D	REF01	Reference Identification Qualifier	Expect EJ
2200D	REF02	Patient Control Number	Expect Patient Account Number
2200D	REF	CLAIM ID FOR CLEARINGHOUSES AND OTHER TRANSMISSION INTERMEDIARIES	

AHCCCS 276/277 STANDARD COMPANION GUIDE TRANSACTION INFORMATION

LOOP ID	ELEMENT	DESCRIPTION	AHCCCS USAGE/EXPECTED VALUE
2200D	REF01	Reference Identification Qualifier	Expect D9
2200D	REF02	Clearinghouse Trace Number	Expect Clearinghouse Trace Number
2200D	AMT	CLAIM SUBMITTED CHARGES	
2200D	AMT01	Amount Qualifier Code	Expect T3
2200D	AMT02	Total Claim Charge Amount S9(7)V99	Expect Total Claim Charge Amount
2200D	DTP	2200D CLAIM SERVICE DATE	
2200D	DTP01	Date Time Qualifier	Expect 472
2200D	DTP02	Date Time Period Format Qualifier	Expect RD8
2200D	DTP03	Claim Service Period	Expect Service Date Range
2210D	SVC	SERVICE LINE INFORMATION	
2210D	SVC01	Composite Medical Procedure Identifier	
2210D	SVC01-1	Product Service ID	Expect Product or Service ID Qualifier
2210D	SVC01-2	Service Identification Code	Expect Procedure Code
2210D	SVC01-3	Procedure Modifier	Expect Procedure Modifier
2210D	SVC01-4	Procedure Modifier	Expect Procedure Modifier
2210D	SVC01-5	Procedure Modifier	Expect Procedure Modifier
2210D	SVC01-6	Procedure Modifier	Expect Procedure Modifier
2210D	SVC02	Line Item Charge Amount S9(7)V99	Expect Line Charge amount
2210D	SVC04	Revenue Code	Expect Revenue Code
2210D	SVC07	Quantity	Expect Quantity
2210D	REF	SERVICE LINE ITEM IDENTIFICATION	
2210D	REF01	Reference Identification Qualifier	Expect FJ
2210D	REF02	Line Item Control Number	Expect Line Item Control number from 837
2210D	DTP	SERVICE LINE DATE	
2210D	DTP01	Date Time Qualifier	Expect 472
2210D	DTP02	Date Time Period Format Qualifier	Expect RD8
2210D	DTP03	Service Line Date	Expect Service Line Date range
	SE	TRANSACTION SET TRAILER	
	SE01	Transaction Segment Count	Expect the total number of segments included in a transaction set including ST and SE segments
	SE02	Transaction Set Control Number	Assign a unique Identification Number same as ST02
	GE	FUNCTIONAL GROUP TRAILER	
	GE01	Number of Transaction Sets Included	Expect number of ST/SE groups
	GE02	Group Control Number	Must be the same as GS06
	IEA	INTERCHANGE CONTROL TRAILER	
	IEA01	Number of Included Functional Groups	Expect number of GS/GE groups
	IEA02	Interchange Control Number	Expect same value of ISA13

3.3 276/277 EXAMPLES

1. CRN NOT FOUND

276 INQUIRY REQUEST	277 INQUIRY RESPONSE
ENVELOPE	ENVELOPE
ISA{00{ {00{ {ZZ{010101{ZZ{AHCCCS866004791 {101213{1215{^00501{101213001{1{P GS{HR{010101{AHCCCS866004791{20210825{1038{1{X{005010X212	ISA{00{ {00{ {ZZ{AHCCCS866004791{ZZ{010101 {101214{0755{^00501{900000001{0{P GS{HN{010101{AHCCCS866004791{20211214{0755{1{X{005010X212
HEADER	HEADER
ST{276{0101{005010X212 BHT{0010{13{1{20210825{101213	ST{277{0101{005010X212 BHT{0010{08{1{20211214{0755{DG
2000A INFORMATION SOURCE	2000A INFORMATION SOURCE
HL{1{20{1	HL{1{20{1
2100A PAYER NAME	2100A PAYER NAME
NM1{PR{2{AHCCCS{PI{866004791	NM1{PR{2{AHCCCS{PI{866004791
2000B INFORMATION RECEIVER	2000B INFORMATION RECEIVER
HL{2{1{21{1	HL{2{1{21{1
2100B INFORMATION RECEIVER NAME	2100B INFORMATION RECEIVER NAME
NM1{41{2{BILLINGPROVIDER{46{9087654321	NM1{41{2{BILLINGPROVIDER{46{9087654321
2000C SERVICE PROVIDER	2000C SERVICE PROVIDER
HL{3{2{19{1	HL{3{2{19{1
2100C PROVIDER NAME	2100C PROVIDER NAME
NM1{1P{1{PROVIDER{SERVICE{XX{9012345678	NM1{1P{1{PROVIDER{SERVICE{XX{9012345678
2000D SUBSCRIBER	2000D SUBSCRIBER
HL{4{3{22{0 DMG{D8{20051222	HL{4{3{22{0 (No DMG Segment on 277)
2100D SUBSCRIBER NAME	2100D SUBSCRIBER NAME
NM1{IL{1{MEMBER{JANE{L{MI{A01010101	NM1{IL{1{MEMBER{JANE{L{MI{A01010101
2200D CLAIM STATUS TRACKING NUMBER	2200D CLAIM STATUS TRACKING NUMBER
TRN{1{CLAIM0001 REF{1K{092270000201 (AHCCCS CRN) REF{EJ{MEMBER001 (Patient Acct #) AMT{T3{96 DTP{472{RD8{20210504-20210504	TRN{2{CLAIM0001 STC{D0{35{20211213 REF{1K{092270000201 REF{EJ{MEMBER001 DTP{472{RD8{20210504-20210504 STC01 Cat Code: D0 – Search Unsuccessful STC01-2 Status Code: 35 – Claim/Encounter not found
2210D SERVICE LINE INFORMATION	2210D SERVICE LINE INFORMATION
NONE	NONE
TRANSACTION SET TRAILER	TRANSACTION SET TRAILER
SE{17{0101	SE{16{0101
ENVELOPE	ENVELOPE
GE{1{1 IEA{1{101213001	GE{1{1 IEA{1{900000001

2. SUBSCRIBER ERROR

276 INQUIRY REQUEST	277 INQUIRY RESPONSE
ENVELOPE	ENVELOPE
ISA{00{ {00{ {ZZ{010101{ZZ{AHCCCS866004791 {101213{1215^{00501{101213001{1{P GS{HR{010101{AHCCCS866004791{20210825{1038{1{X{005010X212	ISA{00{ {00{ {ZZ{AHCCCS866004791{ZZ{010101 {101214{0755^{00501{9000000001{0{P GS{HN{010101{AHCCCS866004791{20211214{0755{1{X{005010X212
HEADER	HEADER
ST{276{0101{005010X212 BHT{0010{13{1{20210825{101213	ST{277{0101{005010X212 BHT{0010{08{1{20211214{0755{DG
2000A INFORMATION SOURCE	2000A INFORMATION SOURCE
HL{1{20{1	HL{1{20{1
2100A PAYER NAME	2100A PAYER NAME
NM1{PR{2{AHCCCS{PI{866004791	NM1{PR{2{AHCCCS{PI{866004791
2000B INFORMATION RECEIVER	2000B INFORMATION RECEIVER
HL{2{1{21{1	HL{2{1{21{1
2100B INFORMATION RECEIVER NAME	2100B INFORMATION RECEIVER NAME
NM1{41{2{BILLINGPROVIDER{46{9087654321	NM1{41{2{BILLINGPROVIDER{46{9087654321
2000C SERVICE PROVIDER	2000C SERVICE PROVIDER
HL{3{2{19{1	HL{3{2{19{1
2100C PROVIDER NAME	2100C PROVIDER NAME
NM1{1P{1{PROVIDER{SERVICE{XX{9012345678	NM1{1P{1{PROVIDER{SERVICE{XX{9012345678
2000D SUBSCRIBER	2000D SUBSCRIBER
HL{4{3{22{0 DMG{D8{20051222	HL{4{3{22{0 (No DMG Segment on 277)
2100D SUBSCRIBER NAME	2100D SUBSCRIBER NAME
NM1{IL{1{MEMBER{JANE{L{MI{A01010101	NM1{IL{1{MEMBER{JANE{L{MI{A01010101
2200D CLAIM STATUS TRACKING NUMBER	2200D CLAIM STATUS TRACKING NUMBER
TRN{1{CLAIM0001 REF{1K{092270000201 (AHCCCS CRN) REF{EJ{MEMBER001 (Patient Acct #) AMT{T3{96 DTP{472{RD8{20210504-20210504	TRN{2{CLAIM0001 STC{D0{153{IL{20211213 REF{1K{092270000201 REF{EJ{MEMBER001 DTP{472{RD8{20210504-20210504 STC01 Cat Code: D0 – Search Unsuccessful STC01-2 Status Code: 153 – Entity's id number. Note: This code requires use of an Entity Code. STC01-3 Entity Code: IL – Insured/Subscriber
2210D SERVICE LINE INFORMATION	2210D SERVICE LINE INFORMATION
NONE	NONE
TRANSACTION SET TRAILER	TRANSACTION SET TRAILER
SE{17{0101	SE{16{0101
ENVELOPE	ENVELOPE
GE{1{1 IEA{1{101213001	GE{1{1 IEA{1{900000001

3. CRN FOUND – APPROVED

276 INQUIRY REQUEST	277 INQUIRY RESPONSE
ENVELOPE	ENVELOPE
ISA{00{ {00{ {ZZ{010101{ZZ{AHCCCS866004791 {101213{1215^{00501{101213001{1{P GS{HR{010101{AHCCCS866004791{20210825{1038{1{X{005010X212	ISA{00{ {00{ {ZZ{AHCCCS866004791{ZZ{010101 {101214{0755^{00501{9000000001{0{P GS{HN{010101{AHCCCS866004791{20211214{0755{1{X{005010X212
HEADER	HEADER
ST{276{0101{005010X212 BHT{0010{13{1{20210825{101213	ST{277{0101{005010X212 BHT{0010{08{1{20211214{0755{DG
2000A INFORMATION SOURCE	2000A INFORMATION SOURCE
HL{1{20{1	HL{1{20{1
2100A PAYER NAME	2100A PAYER NAME
NM1{PR{2{AHCCCS{PI{866004791	NM1{PR{2{AHCCCS{PI{866004791
2000B INFORMATION RECEIVER	2000B INFORMATION RECEIVER
HL{2{1{21{1	HL{2{1{21{1
2100B INFORMATION RECEIVER NAME	2100B INFORMATION RECEIVER NAME
NM1{41{2{BILLINGPROVIDER{46{9087654321	NM1{41{2{BILLINGPROVIDER{46{9087654321
2000C SERVICE PROVIDER	2000C SERVICE PROVIDER
HL{3{2{19{1	HL{3{2{19{1
2100C PROVIDER NAME	2100C PROVIDER NAME
NM1{1P{1{PROVIDER{SERVICE{XX{9012345678	NM1{1P{1{PROVIDER{SERVICE{XX{9012345678
2000D SUBSCRIBER	2000D SUBSCRIBER
HL{4{3{22{0 DMG{D8{20051222	HL{4{3{22{0 (No DMG Segment on 277)
2100D SUBSCRIBER NAME	2100D SUBSCRIBER NAME
NM1{IL{1{MEMBER{JANE{L{MI{A01010101	NM1{IL{1{MEMBER{JANE{L{MI{A01010101
2200D CLAIM STATUS TRACKING NUMBER	2200D CLAIM STATUS TRACKING NUMBER
TRN{1{CLAIM0001 REF{1K{103376600199 (AHCCCS CRN) REF{EJ{3969 (Patient Acct #) AMT{T3{4368.9 DTP{472{RD8{20211101-20211130	TRN{2{CLAIM0001 STC{F1{65{20211203{4368.9{3743{20211203{20211207{0001502 REF{1K{103376600199 REF{EJ{3969 DTP{472{RD8{20211101-20211130 STC: F1=Finalized/Payment 65=Claim has been paid 12/03/10=Status effective date 4368.90=Bill amount 3743.00=Payment amount 12/03/10=Remit date 12/07/10=Check date 0001502=Check number
2210D SERVICE LINE INFORMATION	2210D SERVICE LINE INFORMATION
NONE	SVC{HC{0191{4368.9{3743{30 STC{F1{65{20211203 REF{FJ{LINE001 <LINE ITEM CONTROL NO> DTP{472{RD8{20211101-20211130 SVC: HC=HCPC Codes 0191=Procedure code 4368.90=Line charge amount 3743.00=Line payment amount 30=Quantity STC: F1=Finalized/Payment 65=Claim/Line has been paid 12/03/10=Status effective date
TRANSACTION SET TRAILER	TRANSACTION SET TRAILER
SE{17{0101	SE{20{0101
ENVELOPE	ENVELOPE
GE{1{1 IEA{1{101213001	GE{1{1 IEA{1{900000001



4. CRN FOUND – DENIED

276 INQUIRY REQUEST	277 INQUIRY RESPONSE
ENVELOPE	ENVELOPE
ISA{00{ {00{ {ZZ{010101{ZZ{AHCCCS866004791 {101213{1215{^00501{101213001{1{P GS{HR{010101{AHCCCS866004791{20210825{1038{1{X{005010X212	ISA{00{ {00{ {ZZ{AHCCCS866004791{ZZ{010101 {101214{0755{^00501{900000001{0{P GS{HN{010101{AHCCCS866004791{20211214{0755{1{X{005010X212
HEADER	HEADER
ST{276{0101{005010X212 BHT{0010{13{1{20210825{101213	ST{277{0101{005010X212 BHT{0010{08{1{20211214{0755{DG
2000A INFORMATION SOURCE	2000A INFORMATION SOURCE
HL{1{20{1	HL{1{20{1
2100A PAYER NAME	2100A PAYER NAME
NM1{PR{2{AHCCCS{PI{866004791	NM1{PR{2{AHCCCS{PI{866004791
2000B INFORMATION RECEIVER	2000B INFORMATION RECEIVER
HL{2{1{21{1	HL{2{1{21{1
2100B INFORMATION RECEIVER NAME	2100B INFORMATION RECEIVER NAME
NM1{41{2{BILLINGPROVIDER{46{9087654321	NM1{41{2{BILLINGPROVIDER{46{9087654321
2000C SERVICE PROVIDER	2000C SERVICE PROVIDER
HL{3{2{19{1	HL{3{2{19{1
2100C PROVIDER NAME	2100C PROVIDER NAME
NM1{1P{1{PROVIDER{SERVICE{XX{9012345678	NM1{1P{1{PROVIDER{SERVICE{XX{9012345678
2000D SUBSCRIBER	2000D SUBSCRIBER
HL{4{3{22{0 DMG{D8{20051222	HL{4{3{22{0 (No DMG Segment on 277)
2100D SUBSCRIBER NAME	2100D SUBSCRIBER NAME
NM1{IL{1{MEMBER{JANE{L{MI{A01010101	NM1{IL{1{MEMBER{JANE{L{MI{A01010101
2200D CLAIM STATUS TRACKING NUMBER	2200D CLAIM STATUS TRACKING NUMBER
TRN{1{CLAIM0001 REF{1K{100015000001 (AHCCCS CRN) REF{EJ{1329230A244273 (Patient Acct #) AMT{T3{198.36 DTP{472{RD8{20091211-20091211	TRN{2{CLAIM0001 STC{F2{84{20210101{198.36{0{20210101 REF{1K{100015000001 REF{EJ{1329230A244273 DTP{472{RD8{20091211-20091211 STC: F2= Finalized/Denial-The claim/line has been denied 84=Service not authorized. 01/01/10=Status effective date 198.36=Bill amount 0=Payment amount
2210D SERVICE LINE INFORMATION	2210D SERVICE LINE INFORMATION
NONE	SVC{HC{A4253{198.36{0{1 STC{F2{84{20210101 REF{FJ{LINE001 DTP{472{RD8{20091211-20091211 SVC: HC=HCPC Codes A4253=Procedure code 198.36=Line charge amount 0=Line payment amount 1=Quantity STC: F2= Finalized/Denial-The claim/line has been denied 84=Service not authorized. 01/01/10=Status effective date
TRANSACTION SET TRAILER	TRANSACTION SET TRAILER
SE{17{0101	SE{20{0101
ENVELOPE	ENVELOPE
GE{1{1 IEA{1{101213001	GE{1{1 IEA{1{900000001

5. CRN FOUND – MIXED

276 INQUIRY REQUEST	277 INQUIRY RESPONSE
ENVELOPE	ENVELOPE
ISA{00{ {00{ {ZZ{010101{ZZ{AHCCCS866004791 {101213{1215{^00501{101213001{1{P GS{HR{010101{AHCCCS866004791{20210825{1038{1{X{005010X212	ISA{00{ {00{ {ZZ{AHCCCS866004791{ZZ{010101 {101214{0755{^00501{900000001{0{P GS{HN{010101{AHCCCS866004791{20211214{0755{1{X{005010X212
HEADER	HEADER
ST{276{0101{005010X212 BHT{0010{13{1{20210825{101213	ST{277{0101{005010X212 BHT{0010{08{1{20211214{0755{DG
2000A INFORMATION SOURCE	2000A INFORMATION SOURCE
HL{1{20{1	HL{1{20{1
2100A PAYER NAME	2100A PAYER NAME
NM1{PR{2{AHCCCS{PI{866004791	NM1{PR{2{AHCCCS{PI{866004791
2000B INFORMATION RECEIVER	2000B INFORMATION RECEIVER
HL{2{1{21{1	HL{2{1{21{1
2100B INFORMATION RECEIVER NAME	2100B INFORMATION RECEIVER NAME
NM1{41{2{BILLINGPROVIDER{46{9087654321	NM1{41{2{BILLINGPROVIDER{46{9087654321
2000C SERVICE PROVIDER	2000C SERVICE PROVIDER
HL{3{2{19{1	HL{3{2{19{1
2100C PROVIDER NAME	2100C PROVIDER NAME
NM1{1P{1{PROVIDER{SERVICE{XX{9012345678	NM1{1P{1{PROVIDER{SERVICE{XX{9012345678
2000D SUBSCRIBER	2000D SUBSCRIBER
HL{4{3{22{0 DMG{D8{20051222	HL{4{3{22{0 (No DMG Segment on 277)
2100D SUBSCRIBER NAME	2100D SUBSCRIBER NAME
NM1{IL{1{MEMBER{JANE{L{MI{A01010101	NM1{IL{1{MEMBER{JANE{L{MI{A01010101
2200D CLAIM STATUS TRACKING NUMBER	2200D CLAIM STATUS TRACKING NUMBER
TRN{1{CLAIM0001 REF{1K{100015000606 (AHCCCS CRN) REF{EJ{1329230A244273 (Patient Acct #) AMT{T3{49 DTP{472{RD8{20091202-20091202	TRN{2{CLAIM0001 STC{F1 72{20210101{49{3.45{20210101{20210105{0001502 REF{1K{100015000606 REF{EJ{ EVAFA000 DTP{472{RD8{20091202-20091202 STC: F1=Finalized/Payment 72=Claim contains split payment 01/01/10=Status effective date 49=Bill amount 3.45=Payment amount 01/01/10=Remit date 01/05/10=Check date 0001502=Check number
2210D SERVICE LINE INFORMATION	2210D SERVICE LINE INFORMATION
NONE	SVC{HC 81002{20{3.45{1 STC{F1 65{20210101 REF{FJ{LINE001 DTP{472{RD8{20091202-20091202 SVC{HC 81007{29{0{1 STC{F2 8{20210101 REF{FJ{LINE002 DTP{472{RD8{20091202-20091202 SVC: HC=HCPC Codes 81002=Procedure code 20=Line charge amount 3.45=Line payment amount 1=Quantity STC: F1=Finalized/Payment 65=Claim/Line has been paid 01/01/10=Status effective date

AHCCCS 276/277 STANDARD COMPANION GUIDE TRANSACTION INFORMATION

	<p>SVC: HC=HCPC Codes 81007=Procedure code 29=Line charge amount 0=Line payment amount 1=Quantity</p> <p>STC: F2=Finalized/Denial 8=No payment due to contract/plan provisions. 01/01/10=Status effective date</p>
TRANSACTION SET TRAILER	TRANSACTION SET TRAILER
SE{17}{0101	SE{24}{0101
ENVELOPE	ENVELOPE
GE{1}{1 IEA{1}{101213001	GE{1}{1 IEA{1}{900000001

6. CRN FOUND – W/LINE

276 INQUIRY REQUEST	277 INQUIRY RESPONSE
ENVELOPE	ENVELOPE
ISA{00{ {00{ {ZZ{010101{ZZ{AHCCCS866004791 {101213{1215^{00501{101213001{1{P GS{HR{010101{AHCCCS866004791{20210825{1038{1{X{005010X212	ISA{00{ {00{ {ZZ{AHCCCS866004791{ZZ{010101 {101214{0755^{00501{900000001{0{P GS{HN{010101{AHCCCS866004791{20211214{0755{1{X{005010X212
HEADER	HEADER
ST{276{0101{005010X212 BHT{0010{13{1{20210825{101213	ST{277{0101{005010X212 BHT{0010{08{1{20211214{0755{DG
2000A INFORMATION SOURCE	2000A INFORMATION SOURCE
HL{1{20{1	HL{1{20{1
2100A PAYER NAME	2100A PAYER NAME
NM1{PR{2{AHCCCS{PI{866004791	NM1{PR{2{AHCCCS{PI{866004791
2000B INFORMATION RECEIVER	2000B INFORMATION RECEIVER
HL{2{1{21{1	HL{2{1{21{1
2100B INFORMATION RECEIVER NAME	2100B INFORMATION RECEIVER NAME
NM1{41{2{BILLINGPROVIDER{46{9087654321	NM1{41{2{BILLINGPROVIDER{46{9087654321
2000C SERVICE PROVIDER	2000C SERVICE PROVIDER
HL{3{2{19{1	HL{3{2{19{1
2100C PROVIDER NAME	2100C PROVIDER NAME
NM1{1P{1{PROVIDER{SERVICE{XX{9012345678	NM1{1P{1{PROVIDER{SERVICE{XX{9012345678
2000D SUBSCRIBER	2000D SUBSCRIBER
HL{4{3{22{0 DMG{D8{20051222	HL{4{3{22{0 (No DMG Segment on 277)
2100D SUBSCRIBER NAME	2100D SUBSCRIBER NAME
NM1{IL{1{MEMBER{JANE{L{MI{A01010101	NM1{IL{1{MEMBER{JANE{L{MI{A01010101
2200D CLAIM STATUS TRACKING NUMBER	2200D CLAIM STATUS TRACKING NUMBER
TRN{1{CLAIM0001 REF{1K{092270000201 (AHCCCS CRN) REF{EJ{MEMBER001 (Patient Acct #) AMT{T3{100 DTP{472{RD8{20210504-20210504	TRN{2{CLAIM0001 STC{F1{65{20211213{100{96{20211215{20211220{0001502 REF{1K{092270000201 REF{EJ{MEMBER001 DTP{472{RD8{20210504-20210504 STC: F1=Finalized/Payment 65=Claim has been paid 12/13/10=Status effective date 100=Bill amount 96=Payment amount 12/15/10=Remit date 12/20/10=Check date 0001502=Check number
2210D SERVICE LINE INFORMATION	2210D SERVICE LINE INFORMATION
SVC{HC 99232{35{1 REF{FJ{LINE001 <LINE ITEM CTRL NO> DTP{472{RD8{20210504	SVC{HC 99232{35{33{1 STC{F1{65{20211213 REF{FJ{LINE001 <LINE ITEM CTRL NO> DTP{472{RD8{20210504-20210504 SVC{HC 99238{65{63{1 STC{F1{65{20211213 REF{FJ{LINE002 DTP{472{RD8{20210504-20210504 SVC: HC=HCPC Codes 99232=Procedure code 35=Line charge amount 33=Line payment amount 1=Quantity STC: F1=Finalized/Payment 65=Claim/Line has been paid 12/13/10=Status effective date
<i>Note: The system will use the begin date as the end date for the date range search when a single date is provided. We recommend that a date range (RD8) be supplied for a specific date range search in order to reduce confusion.</i>	



AHCCCS 276/277 STANDARD COMPANION GUIDE TRANSACTION INFORMATION

	<p>SVC: HC=HCPC Codes 99232=Procedure code 65=Line charge amount 63=Line payment amount 1=Quantity</p> <p>STC: F1=Finalized/Payment 65=Claim/Line has been paid 12/13/10=Status effective date</p>
TRANSACTION SET TRAILER	TRANSACTION SET TRAILER
SE{20}0101	SE{24}0101
ENVELOPE	ENVELOPE
GE{1}1 IEA{1}101213001	GE{1}1 IEA{1}900000001

7. CRN FOUND – APPROVED AND ADJUSTED

276 INQUIRY REQUEST	277 INQUIRY RESPONSE
ENVELOPE	ENVELOPE
ISA{00{ {00{ {ZZ{010101 {ZZ{AHCCCS866004791{101213{1215{^00501{101213001{1P GS{HR{010101{AHCCCS866004791{20210825{1038{1{X{005010X212	ISA{00{ {00{ {ZZ{AHCCCS866004791{ZZ{010101 {101214{0755{^00501{900000001{0P GS{HN{010101{AHCCCS866004791{20211214{0755{1{X{005010X212
HEADER	HEADER
ST{276{0101{005010X212 BHT{0010{13{1{20210825{101213	ST{277{0101{005010X212 BHT{0010{08{1{20211214{0755{DG
2000A INFORMATION SOURCE	2000A INFORMATION SOURCE
HL{1{20{1	HL{1{20{1
2100A PAYER NAME	2100A PAYER NAME
NM1{PR{2{AHCCCS{PI{866004791	NM1{PR{2{AHCCCS{FI{866004791
2000B INFORMATION RECEIVER	2000B INFORMATION RECEIVER
HL{2{1{21{1	HL{2{1{21{1
2100B INFORMATION RECEIVER NAME	2100B INFORMATION RECEIVER NAME
NM1{41{2{BILLINGPROVIDER{46{9087654321	NM1{41{2{BILLINGPROVIDER{46{9087654321
2000C SERVICE PROVIDER	2000C SERVICE PROVIDER
HL{3{2{19{1	HL{3{2{19{1
2100C PROVIDER NAME	2100C PROVIDER NAME
NM1{1P{1{PROVIDER{SERVICE{XX{9012345678	NM1{1P{1{PROVIDER{SERVICE{XX{9012345678
2000D SUBSCRIBER	2000D SUBSCRIBER
HL{4{3{22{0 DMG{D8{2005122	HL{4{3{22{0 (No DMG segment on 277)
2100D SUBSCRIBER NAME	2100D SUBSCRIBER NAME
NM1{IL{1{MEMBER{JANE{L{MI{A01010101	NM1{IL{1{MEMBER{JANE{L{MI{A01010101
2200D CLAIM STATUS TRACKING NUMBER	2200D CLAIM STATUS TRACKING NUMBER
TRN{1{CLAIM0001 REF{1K{090065000015 (AHCCCS CRN) REF{EJ{613115602 (PATIENT ACCT NO) AMT{T3{681.5 DTP{472{RD8{20211208-20211208	TRN{2{CLAIM0001 STC{F1 101{20211213{681.4{338.96{20211215{20211220{0001502 REF{1K{090065000015 REF{EJ{613115602 DTP{472{RD8{20211208- 20211208 STC: F1=Finalized/Payment 101= Claim was processed as adjustment to previous claim. 12/13/10=Status effective date 681.4=Bill amount 338.96=Payment amount 12/15/10=Remit date 12/20/10=Check date
2210D SERVICE LINE INFORMATION	2210D SERVICE LINE INFORMATION
NONE	SVC{HC 99285{681.4{338.96{1 STC{F1 101{20211213 REF{FJ{LINE001 <LINE ITEM CONTROL NO> DTP{472{RD8{20211208-20211208 SVC: HC=HCPC Codes 99285=Procedure code 681.4=Line charge amount 338.96=Line payment amount 1=Quantity STC: F1=Finalized/Payment 101=Claim was processed as adjustment to previous claim. 12/13/10=Status effective date
TRANSACTION SET TRAILER	TRANSACTION SET TRAILER
SE{17{0101	SE{20{0001
ENVELOPE	ENVELOPE
GE{1{1 IEA{1{101213001	GE{1{1 IEA{1{90000000

4.2 PAYER SPECIFIC BUSINESS RULES AND LIMITATIONS

4.2.1 276 Search Criteria

Search Type	Billing ProviderID 2100B/ NM109	Service Provider ID 2100C/ NM109	AHCCCS ID (A* or P*) NM108/09	Date of Service 2200D/DTP (Claim DOS used for Claim & Line Search)	AHCCCS CRN 2200D/REF	Patient Account Number 2200D/REF02 (REF01=EJ)	Line Item Control Number 2210D/REF02 (REF01=FJ)	Service Line Information: Procedure codes 2210/SVC01-2 Modifier codes 2210/SVC01-3-6 Revenue codes 2210/SVC04	Source
276 Inbound Claim Lookup									<ul style="list-style-type: none"> Cannot request a status for Pharmacy Claims. These claims were not submitted to AHCCCS Administration but were submitted to the PBM. The Provider ID in the 2100B Information Receiver level will be validated for affiliation to the Service Provider in the 2100C loop. Date of Service up to 27 months in the past If a single Claim DOS is sent, use the begin date as the end date. Line level dates should be encompassed in the Claim Service Date.
Primary	AHCCCS required	AHCCCS required	AHCCCS required	[R]					
Narrowed Claim specific	AHCCCS required	AHCCCS required	AHCCCS required	[R]	[S]	[S]			
Narrowed Service specific	AHCCCS required	AHCCCS required	AHCCCS required	[R]			[S]	[S]	<ul style="list-style-type: none"> Primary Search SVC Information: <ul style="list-style-type: none"> Professional: HCPC Code Institutional: Revenue Code

5.0 CHANGE SUMMARY

Ver #	Location & Section	Revision	Revision Date
0.4	Page 2	Removed Page 2 – Copyright box	
0.4	Page 4-7 3.1 Instructions Table	Clean Up Tables	
0.4	Page 8-30 4.1.1 & 4.1.2 Transaction Notes	Remove columns that we no longer needed and cleaned up tables	
0.5	All Pags	Remove Draft Version	September 2016
1.0	Document Title 3.1 276 Health Care Claim Status Request 3.2 277 Health Care Claim Status Response	Changed version numbering sequence from 0.5 to 1.0 Updated AHCCS Usage/Expected Values	February 2023