277U AZ Health Care Claim Status Notification Transaction

ISA Interchange Header

ISA01	Author Info Qualifier	00
ISA02	Author Information	*10 blank spaces*
ISA03	Security Info Qualifier	00
ISA04	Security Information	*10 blank spaces*
ISA05	Interchange ID Qualifier	ZZ
ISA06	Interchange Sender ID	AHCCCS866004791
ISA07	Interchange ID Qualifier	ZZ
ISA08	Interchange Receiver ID	AHA863456789 *3-digit HP acronym + HP Tax ID + 3 blank spaces X(15)*
ISA09	Interchange Date	040122 *YYMMDD*
ISA10	Interchange Time	1215 *HHMM*
ISA11	Interchange Cntrl Standard ID	U
ISA12	Interchange Cntrl Ver Number	00307
ISA13	Interchange Control Number	000000001
ISA14	ACK Requested	1
ISA15	Test Indicator	P
ISA16	Component Element Separator	|

Functional Group Header

GS01	Function Group Identifier	HN
GS02	Application Sender's Code	AHCCCS866004791
GS03	Application Receiver's Code	AHA123456 *3-digit HP acronym + HP ID*
GS04	Date	20040122 *CCYYMMDD*
GS05	Time	1215 *HHMM*
GS06	Group Control Number	123456789
GS07	Responsible Agency Code	X
GS08	Version/Release/Industry ID Code	003070X070

ST Transaction Set Header

ST01	Transaction Set ID Code	277
ST02	Transaction Set Control #	000001010

BHT Beginning of Hierarchical Transaction

BHT01	Hierarchical Structure Code	0010
BHT02	Transaction Set Purpose Code	08
BHT03	Reference Identification	12345612320040122001 *HP ID + TSN + Date + Sequence Number*
BHT04	Date	20040215 *CCYYMMDD*
BHT06	Transaction Type Code	TH

EXAMPLE:

```
ISA{00{          {00{          {ZZ
{AHCCCS866004791{ZZ{AHA863456789   {040122
{1215{U{00307{000000001{1{P|~

GS{HN{AHCCCS866004791{AHA123456{20040122
{1215{123456789{X{003070X070~

ST{277{000001010~

BHT{0010{08{12345612320040122001{20040215{{TH~
```

2000A Information Source Level

HL01	Hierarchical ID Number	1
HL03	Hierarchical Level Code	20
HL04	Hierarchical Child Code	1

2100A Payer Name

NM101	Entity Identifier	PR (Payer)
NM102	Entity Type Qualifier	2
NM103	Lname/Organization	AHCCCS
NM108	ID Code Qualifier	FI (Fed Tax Id #)
NM109	Info Source Primary ID	866004791

2000B Information Receiver Level

HL01	Hierarchical ID	2
HL02	Hierarchical Parent ID Number	1
HL03	Hierarchical Level Code	21
HL04	Hierarchical Child Code	1

2100B Information Receiver Name

NM101	Entity Identifier	41
NM102	Entity Type Qualifier	2
NM103	Lname/Organization	USA
NM108	ID Code Qualifier	46
NM109	Info Receiver ID Number	123456123

2000C Provider of Service Level

HL01	Hierarchical ID	3
HL02	Hierarchical Parent ID Number	2
HL03	Hierarchical Level Code	19
HL04	Hierarchical Child Code	1

2100C Provider Information

NM101	Entity Identifier	1P
NM102	Entity Type Qualifier	2
NM103	Lname/Organization	DR ABEL CARE
NM108	ID Code Qualifier	SV
NM109	Subscriber Primary ID	66666622

2000D Subscriber Level

HL01	Hierarchical ID	4
HL02	Hierarchical Parent ID Number	3
HL03	Hierarchical Level Code	22
HL04	Hierarchical Child Code	0

EXAMPLE:

```
HL{1{{20{1~

NM1{PR{2{AHCCCS{{{{{FI{866004791~

HL{2{1{21{1~

NM1{41{2{USA{{{{{46{123456123~

HL{3{2{19{1~

NM1{1P{2{DR ABEL CARE{{{{{SV{66666622~

HL{4{3{22{0~
```

2100D Subscriber Name

NM101	Entity Identifier	QC
NM102	Entity Type Qualifier	1
NM103	Lname/Organization	SMITH
NM104	Name First	JOSEPH
NM105	Name Middle	D
NM108	ID Code Qualifier	MI
NM109	Subscriber Primary ID	A12345678

2200D Claim Submitter's Identifier
Loop 1 (AHCCCS CRN)

TRN01	Trace Type Code	2
TRN02	Reference Identification	9317501254777777 *Patient Control #*
STC01-1	Claim Status Category Code	P1
STC01-2	Claim Status Code	21
STC02	Date	021025 *yymmdd*
STC03	Action Code	NA
STC04	Monetary Amt (Original Submitted Charges)	4899.5
REF01	Reference ID Qualifier	1K
REF02	Reference Identification	12345678901234 *AHCCCS CRN*

2200D Claim Submitter's Identifier
Loop 2 (Health Plan CRN)

TRN01	Trace Type Code	2
TRN02	Reference Identification	9317501254777777 *Patient Control #*
STC01-1	Claim Status Category Code	P1
STC01-2	Claim Status Code	21
STC02	Date	021025 *yymmdd*
STC03	Action Code	NA
STC04	Monetary Amt (Original Submitted Charges)	4899.5
REF01	Reference ID Qualifier	1K
REF02	Reference Identification	09876543210987 *Health Plan CRN*
REF01	Ref ID Qualifier (Billing Type)	BLT
REF02	Reference Identification	333
REF01	Ref ID Qualifier (Medical Rec)	EA
REF02	Reference Identification	1234123412341234
DTP01	Date/Time Qualifier (Service)	472
DTP02	Date Time Period Format Qual	RD8
DTP03	Date Time Period	20021025-20021025 *ccyymmdd-ccyymmdd*

EXAMPLE:

```
NM1{QC{1{SMITH{JOESPH{D{{{MI{A12345678~

TRN{2{9317501254777777~
STC{P1:21{021025{NA{4899.5~
REF{1K{12345678901234~

TRN{2{9317501254777777~
STC{P1:21{021025{NA{4899.5~
REF{1K{09876543210987~
REF{BLT{333~
REF{EA{1234123412341234~
DTP{472{RD8{20021025-20021025~
```

SE Transaction Set Trailer		
SE01	Number of Included Segments	20
SE02	Transaction Set Control #	000001010

GE Functional Group Trailer		
GE01	Number of Transaction Sets Included	1
GE02	Group Control Number	123456789

IEA Interchange Control Trailer		
IEA01	Number of Incl Func Groups	1
IEA02	Interchange Control Number	000000001

EXAMPLE:

```
SE{20{000001010~

GE{1{123456789~

IEA{1{000000001~
```