

ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM (AHCCCS)

**276/277 Standard Companion Guide
Transaction Information**

**Instructions related to Transactions
based on ASC X12 Implementation
Guides, version 005010**

**Companion Guide Version Number: 0.4
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Transaction Instruction (TI)

1. TI Introduction

1.1 Background

1.1.1 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

1.1.2 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 a 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 standard’s implementation specifications or are not in the standard’s implementation specification(s).
- Change the meaning or intent of the standard’s implementation specification(s).

1.1.3 Compliance according to ASC X12

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

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

1.2 Intended Use

The Transaction Instruction component of this companion guide must be used in conjunction with an associated ASC X12 Implementation Guide. The instructions in this companion guide are not intended to be stand-alone requirements documents. This companion guide conforms to all the requirements of any associated ASC X12 Implementation Guides and is in conformance with ASC X12's Fair Use and Copyright statements.

2. Included ASC X12 Implementation Guides

Unique ID	Name
005010X212	Health Care Claim Status Request (276) and Response (277)

3. Instruction Tables

3.1 276 Health Care Claim Status Request

Loop ID	Reference	Name	Codes	Notes/Comments
				Can only request a claim status on Fee For Service (FFS) claims that were submitted directly to AHCCCS Administration. Excludes claims submitted to the Pharmacy Benefit Manager (PBM) – can not request a status for Pharmacy Claims.
				Processing of all requests will occur @ approximately 4:00 AM Arizona Time (after our nightly batch claims processing) and the request files will be available approximately 6:00 AM.
	GS	FUNCTIONAL GROUP HEADER		
	GS03	Application Receiver Code	AHCCCS866004791	
2100A	NM1	PAYER NAME		
2100A	NM103	Payer Name	AHCCCS	
2100A	NM108	Identification Code Qualifier	PI	
2100A	NM109	Payer Identifier	866004791	
2100B	NM1	INFORMATION RECEIVER NAME		
2100B	NM109	Information Receiver Identification Number	PROVIDER NPI or 6-DIGIT AHCCCS PROVIDER ID	See 4.2.1 276 Search Criteria
2100C	NM1	PROVIDER NAME		
2100C	NM109	Provider Identifier	SERVICE PROVIDER NPI	See 4.2.1 276 Search Criteria

Loop ID	Reference	Name	Codes	Notes/Comments
2100D	NM1	SUBSCRIBER NAME		
2100D	NM108	Identification Code Qualifier	MI	
2100D	NM109	Subscriber Identifier	AHCCCS ID 'A*' or 'P*' Prisoner	See 4.2.1 276 Search Criteria
2200D	REF	PAYER CLAIM CONTROL NUMBER		
2200D	REF02	Payer Claim Control Number	AHCCCS CRN X(12)	See 4.2.1 276 Search Criteria
2200D	REF	APPLICATION OR LOCATION SYSTEM IDENTIFIER		NOT USED BY AHCCCS
2200D	REF	GROUP NUMBER		NOT USED BY AHCCCS
2200D	REF	PATIENT CONTROL NUMBER		
2200D	REF02	Patient Control Number	PATIENT ACCT NUMBER	See 4.2.1 276 Search Criteria
2200D	REF	PHARMACY PRESCRIPTION NUMBER		NOT USED BY AHCCCS
2200D	DTP	CLAIM SERVICE DATE		
2200D	DTP02	Date Time Period Format Qualifier	RD8	Recommend RD8 format always be used to reduce confusion.
2200D	DTP03	Claim Service Period	Service Begin/End Date	Service Date Range See 4.2.1 276 Search Criteria Recommend use Claim date range, otherwise begin date will be defaulted to end date
2210D	SVC	SERVICE LINE INFORMATION		
2210D	SVC01-2	Service Identification Code	Procedure Code	See 4.2.1 276 Search Criteria
2210D	SVC01-3	Procedure Modifier	Procedure Modifier	See 4.2.1 276 Search Criteria
2210D	SVC01-4	Procedure Modifier	Procedure Modifier	See 4.2.1 276 Search Criteria
2210D	SVC01-5	Procedure Modifier	Procedure Modifier	See 4.2.1 276 Search Criteria
2210D	SVC01-6	Procedure Modifier	Procedure Modifier	See 4.2.1 276 Search Criteria
2210D	REF	SERVICE LINE ITEM IDENTIFICATION		
2210D	REF02	Line Item Control Number	Line Item Control number from 837	See 4.2.1 276 Search Criteria
2210D	DTP	SERVICE LINE DATE		
2210D	DTP01	Date Time Qualifier		
2210D	DTP02	Date Time Period Format Qualifier	RD8	Recommend RD8 format always be used to reduce confusion.
2210D	DTP03	Service Line Date	Service Line Date range	Service Line Date Range See 4.2.1 276 Search Criteria

Loop ID	Reference	Name	Codes	Notes/Comments
				Recommend use Claim date range, otherwise begin date will be defaulted to end date
2000E		DEPENDENT LEVEL		NOT USED BY AHCCCS

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3.2 277 Health Care Claim Status Response

Loop ID	Reference	Name	Codes	Notes/Comments
2100A	PER	PAYER CONTACT INFORMATION		NOT USED BY AHCCCS
2200D	REF	PHARMACY PRESCRIPTION NUMBER		NOT USED BY AHCCCS
2200D	REF	VOUCHER IDENTIFIER		NOT USED BY AHCCCS
2000E		DEPENDENT LEVEL		NOT USED BY AHCCCS

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4. TI Additional Information

4.1 Business Scenarios

4.1.1 276 Transaction Notes

Loop	Element	Description	VALUES	AHCCCS Notes	EXPECTED VALUE	RETURN ON 277
	ISA	INTERCHANGE CONTROL HEADER				
	ISA01	Authorization Information Qualifier	00, 03	00=No Authorization Information Present (No Meaningful Information in I02) 03=Additional Data Identification	00	
	ISA02	Authorization Information			BLANK	
	ISA03	Security Information Qualifier	00, 01	00=No Security Information Present (No Meaningful Information in I04) 01=Password	00	
	ISA04	Security Information			BLANK	
	ISA05	Interchange ID Qualifier	01, 14, 20, 27, 28, 29, 30, 33, ZZ	ZZ=Mutually Defined	ZZ	
	ISA06	Interchange Sender ID			SENDER-ID	X
	ISA07	Interchange ID Qualifier	01, 14, 20, 27, 28, 29, 30, 33, ZZ	ZZ=Mutually Defined		
	ISA08	Interchange Receiver ID			AHCCCS866004791	X
	ISA09	Interchange Date	YYMMDD		DATE	
	ISA10	Interchange Time	HHMM		TIME	
	ISA11	Repetition Separator		New usage for element	^	
	ISA12	Interchange Control Version Number	501		501	
	ISA13	Interchange Control Number			Assigned/Unique	X
	ISA14	Acknowledgement Requested	0, 1	0=No Interchange Acknowledgment Requested 1=Interchange Acknowledgment Requested (TA1)	1	
	ISA15	Usage Indicator	P, T		P/T	
	ISA16	Component Element Separator				
	GS	FUNCTIONAL GROUP HEADER				
	GS01	Functional Identifier Code	HR		HR	
	GS02	Application Sender Code			SENDER-CODE	X
	GS03	Application Receiver Code			AHCCCS866004791	
	GS04	Date	CCYYMMDD		DATE	
	GS05	Time	HHMMSSDD		TIME	
	GS06	Group Control Number		also =GE02	Assigned by Submitter	
	GS07	Responsible Agency Code	X		X	
	GS08	Version Identifier Code	005010X212		005010X212	
	ST	TRANSACTION SET HEADER				
	ST01	Transaction Set Identifier Code	276		276	

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Loop	Element	Description	VALUES	AHCCCS Notes	EXPECTED VALUE	RETURN ON 277
	ST02	Transaction Set Control Number			Assigned by submitter	
	ST03	Implementation Convention Reference	005010X212	New Element	005010x212	
	BHT	BEGINNING OF HIERARCHICAL TRANSACTION				
	BHT01	Hierarchical Structure Code	10			
	BHT02	Transaction Set Purpose Code	13		13	
	BHT03	Reference Identification		Change from Not used to Required and Increase from 30 - 50	TRANSACTION SET ID	X
	BHT04	Transaction Set Creation Date	CCYYMMDD		DATE	X
	BHT05	Time		Change from Not used to Required	TIME	
	BHT06	Transaction Type Code			NOT USED	
2000A	HL	INFORMATION SOURCE LEVEL				
	HL01	Hierarchical ID Number			1	
	HL02	Hierarchical Parent ID Number			NOT USED	
	HL03	Hierarchical Level Code	20		20	
	HL04	Hierarchical Child Code	1		1	
2100A	NM1	PAYER NAME				
	NM101	Entity Identifier Code	PR	PR=Payer	PR	
	NM102	Entity Type Qualifier	2	2=Non-person entity	2	
	NM103	Payer Name		Increase from 35 - 60	AHCCCS	
	NM104	Name First		Increase from 25 - 35	NOT USED	
	NM105	Name Middle			NOT USED	
	NM106	Name Prefix			NOT USED	
	NM107	Name Suffix			NOT USED	
	NM108	Identification Code Qualifier	PI, XV	PI=Payor Identification Codes Removed	PI	
	NM109	Payer Identifier			866004791	
	NM110	Entity Relationship Code			NOT USED	
	NM111	Entity Identifier Code			NOT USED	
	NM112	Last Name		New Element	NOT USED	
2000B	HL	INFORMATION RECEIVER LEVEL				
	HL01	Hierarchical ID Number			Incremented from 1 above	
	HL02	Hierarchical Parent ID Number			1	
	HL03	Hierarchical Level Code	21	21=Information Receiver	21	
	HL04	Hierarchical Child Code	1	1=Additional Subordinate HL Data Segment in This Hierarchical Structure.	1	
2100B	NM1	INFORMATION RECEIVER NAME		Repeat Changed		
	NM101	Entity Identifier Code	41	41=Submitter	41	

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Loop	Element	Description	VALUES	AHCCCS Notes	EXPECTED VALUE	RETURN ON 277
	NM102	Entity Type Qualifier	1, 2	1=Person 2=Non-Person Entity	1 or 2	
	NM103	Information Receiver Last Name or Organization Name		Increase from 35 - 60	Information Receiver Last Name or Organization Name	X
	NM104	Information Receiver First Name		Increase from 25 - 35	Information Receiver First Name	X
	NM105	Information Receiver Middle Name			May be populated, but will not be used	
	NM106	Name Prefix			NOT USED	
	NM107	Information Receiver Name Suffix		Changed to Not Used	NOT USED	
	NM108	Identification Code Qualifier	46	46=Electronic Transmitter Identification Number (ETIN) Codes Removed FI, XX	46	
	NM109	Information Receiver Identification Number			PROVIDER NPI or 6-DIGIT AHCCCS PROVIDER ID	X
	NM110	Entity Relationship Code			NOT USED	
	NM111	Entity Identifier Code			NOT USED	
	NM112	Last Name		New Element	NOT USED	
2000C	HL	SERVICE PROVIDER LEVEL				
	HL01	Hierarchical ID Number			Incremented from 2000A/HL	
	HL02	Hierarchical Parent ID Number			Incremented from 2000A/HL	
	HL03	Hierarchical Level Code	19	19=Provider of Service	19	
	HL04	Hierarchical Child Code	1	1=Additional Subordinate HL Data Segment in This Hierarchical Structure.	1	
2100C	NM1	PROVIDER NAME		Loop repeat changed		
	NM101	Entity Identifier Code	1P	1P=Provider	1P	
	NM102	Entity Type Qualifier	1, 2	1=Person 2=Non-Person Entity	1	
	NM103	Provider Last or Organization Name		Increase from 35 - 60	Provider Last or Organization Name	X
	NM104	Provider First Name		Increase from 25 - 35	Provider First Name	X
	NM105	Provider Middle Name			Provider Middle Name	
	NM106	Provider Name Prefix		Changed to Not Used	NOT USED	
	NM107	Provider Name Suffix				
	NM108	Identification Code Qualifier	FI, SV, XX	FI=Federal Taxpayer's Identification Number SV=Service Provider Number XX=Centers for Medicare and Medicaid Services National Provider Identifier	SV, XX	
	NM109	Provider Identifier			AHCCCS expects the NPI unless an Atypical Provider – then AHCCCS would accept the 6 digit AHCCCS Provider ID	X
	NM110	Entity Relationship Code			NOT USED	
	NM111	Entity Identifier Code			NOT USED	
	NM112	Last Name		New Element	NOT USED	
2000D	HL	SUBSCRIBER LEVEL				

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Loop	Element	Description	VALUES	AHCCCS Notes	EXPECTED VALUE	RETURN ON 277
	HL01	Hierarchical ID Number			Increment from 2000C/HL	
	HL02	Hierarchical Parent ID Number			Increment from 2000C/HL	
	HL03	Hierarchical Level Code	22	22=Subscriber	22	
	HL04	Hierarchical Child Code	0, 1	0=No Subordinate HL Segment in This Hierarchical Structure. 1=Additional Subordinate HL Data Segment in This Hierarchical Structure.	0	
2000D	DMG	SUBSCRIBER DEMOGRAPHIC INFORMATION				NO DMG IN 277
	DMG01	Date Time Period Format Qualifier	D8		D8	
	DMG02	Subscriber Birth Date	CCYYMMDD		MEMBER DOB	
	DMG03	Subscriber Gender Code	F, M	Codes Removed	F/M	
	DMG04	Marital Status Code			NOT USED	
	DMG05	Race or Ethnicity Code			NOT USED	
	DMG06	Citizenship Status Code			NOT USED	
	DMG07	Country Code			NOT USED	
	DMG08	Basis of Verification Code			NOT USED	
	DMG09	Quantity			NOT USED	
	DMG10	Code List Qualifier Code		New Element	NOT USED	
	DMG11	Industry Code		New Element	NOT USED	
2100D	NM1	SUBSCRIBER NAME				
	NM101	Entity Identifier Code	IL	IL=Insured or Subscriber Code Removed	IL	
	NM102	Entity Type Qualifier	1, 2	1=Person 2=Non-Person Entity	1	
	NM103	Subscriber Last Name		Increase from 35 - 60	Subscriber Last Name	X
	NM104	Subscriber First Name		Increase from 25 - 35	Subscriber First Name	X
	NM105	Subscriber Middle Name			Subscriber Middle Name	X
	NM106	Subscriber Name Prefix		Change from Situational to Not Used	NOT USED	
	NM107	Subscriber Name Suffix			May be populated, but will not be used	
	NM108	Identification Code Qualifier	24, II, MI	24=Employer's Identification Number II=Standard Unique Health Identifier for each Individual in the United States MI=Member Identification Number Code Changes	MI	
	NM109	Subscriber Identifier			AHCCCS ID 'A*' or 'P*' Prisoner	X
	NM110	Entity Relationship Code			NOT USED	
	NM111	Entity Identifier Code			NOT USED	
	NM112	Last Name		New Element	NOT USED	
2200D	TRN	CLAIM STATUS TRACKING NUMBER		Segment Name Change		
	TRN01	Trace Type Code	1	1=Current Transaction Trace Numbers	1	
	TRN02	Trace Number		Increase from 30 - 50	TRACE NUMBER	X

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Loop	Element	Description	VALUES	AHCCCS Notes	EXPECTED VALUE	RETURN ON 277
	TRN03	Originating Company Identifier			NOT USED	
	TRN04	Reference Identifier		Increase from 30 - 50	NOT USED	
2200D	REF	PAYER CLAIM CONTROL NUMBER		Segment Name Change		
	REF01	Reference Identification Qualifier	1K	1K=Payor's Claim Number	1K	
	REF02	Payer Claim Control Number		Increase from 30 - 50	AHCCCS CRN X(12)	X
	REF03	Description			NOT USED	
	REF04	Reference Identifier			NOT USED	
2200D	REF	INSTITUTIONAL BILL TYPE IDENTIFICATION		Required when needed to refine the search criteria on Institutional claims.		
	REF01	Reference Identification Qualifier	BLT	BLT=Billing Type	BLT	
	REF02	Bill Type Identifier		Increase from 30 - 50	Bill Type	X
	REF03	Description			NOT USED	
	REF04	Reference Identifier			NOT USED	
2200D	REF	APPLICATION OR LOCATION SYSTEM IDENTIFIER		New Segment Required when the application or location system identifier is known.	NOT USED BY AHCCCS	
	REF01	Reference Identification Qualifier	LU	LU=Location Number	WILL NOT BE USED	
	REF02	Application or Location System Identifier			WILL NOT BE USED	
	REF03	Description			NOT USED	
	REF04	Reference Identifier			NOT USED	
2200D	REF	GROUP NUMBER		Required when the patient has a group number and the number is known by the Information Receiver.	NOT USED BY AHCCCS	
	REF01	Reference Identification Qualifier	6P	6P=Group Number Code Change	WILL NOT BE USED	
	REF02	Group Number		Increase from 30 - 50	WILL NOT BE USED	
	REF03	Description			NOT USED	
	REF04	Reference Identifier			NOT USED	
2200D	REF	PATIENT CONTROL NUMBER		New Segment Required when the Patient Control Number has been assigned by the service provider.		
	REF01	Reference Identification Qualifier	EJ	EJ=Patient Account Number	EJ	
	REF02	Patient Control Number			PATIENT ACCT NUMBER	X
	REF03	Description			NOT USED	
	REF04	Reference Identifier			NOT USED	
2200D	REF	PHARMACY PRESCRIPTION NUMBER		New Segment Required when the Pharmacy Prescription Number is needed to refine the search criteria for pharmacy claims.	AHCCCS DOES NOT ALLOW REQUESTS FOR PHARMACY CLAIMS STATUS - SEGMENT NOT USED	

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Loop	Element	Description	VALUES	AHCCCS Notes	EXPECTED VALUE	RETURN ON 277
	REF01	Reference Identification Qualifier	XZ	XZ=Pharmacy Prescription Number	WILL NOT BE USED	
	REF02	Pharmacy Prescription Number			WILL NOT BE USED	
	REF03	Description			NOT USED	
	REF04	Reference Identifier			NOT USED	
2200D	REF	CLAIM ID FOR CLEARINGHOUSES AND OTHER TRANSMISSION INTERMEDIARIES		New Segment Required when a Clearinghouse or other transmission intermediary needs to attach their own unique claim number.		
	REF01	Reference Identification Qualifier	D9	D9=Claim Number	D9	
	REF02	Clearinghouse Trace Number			Clearinghouse Trace Number	X
	REF03	Description			NOT USED	
	REF04	Reference Identifier			NOT USED	
2200D	AMT	CLAIM SUBMITTED CHARGES		Required when needed to refine the search criteria for a specific claim		
	AMT01	Amount Qualifier Code	T3	T3=Total Submitted Charges	T3	
	AMT02	Total Claim Charge Amount S9(7)V99			Total Claim Charge Amount	X
	AMT03	Credit/Debit Flag Code			NOT USED	
2200D	DTP	CLAIM SERVICE DATE				
	DTP01	Date Time Qualifier	472	472=Service	472	
	DTP02	Date Time Period Format Qualifier	D8, RD8	Recommend RD8 and date range be used – even if for Single DOS.	RD8	
	DTP03	Claim Service Period	CCYYMMDD, CCYYMMDD-CCYYMMDD	New format allowed	Service Date Range Recommend use Claim date range, otherwise begin date will be defaulted to end date	X
2210D	SVC	SERVICE LINE INFORMATION				
	SVC01	Composite Medical Procedure Identifier				
	SVC01-1	Product Service ID	AD, ER, HC, HP, IV, N4, NU, WK	Codes Removed	Product or Service ID Qualifier	
	SVC01-2	Service Identification Code			Procedure Code	
	SVC01-3	Procedure Modifier			Procedure Modifier	
	SVC01-4	Procedure Modifier			Procedure Modifier	
	SVC01-5	Procedure Modifier			Procedure Modifier	
	SVC01-6	Procedure Modifier			Procedure Modifier	
	SVC01-7	Description			NOT USED	
	SVC01-8	Product Service ID		New Element	NOT USED	
	SVC02	Line Item Charge Amount S9(7)V99			Line Charge amount	
	SVC03	Monetary Amount			NOT USED	
	SVC04	Revenue Code		Institutional claims	Revenue Code	

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Loop	Element	Description	VALUES	AHCCCS Notes	EXPECTED VALUE	RETURN ON 277
	SVC05	Quantity			NOT USED	
	SVC06	Composite Medical Procedure Identifier			NOT USED	
	SVC07	Quantity		Usage changed to required	Quantity	
2210D	REF	SERVICE LINE ITEM IDENTIFICATION				
	REF01	Reference Identification Qualifier	FJ	FJ=Line Item Control Number	FJ	
	REF02	Line Item Control Number		Increase from 30 - 50	Line Item Control number from 837	X
	REF03	Description			NOT USED	
	REF04	Reference Identifier			NOT USED	
2210D	DTP	SERVICE LINE DATE				
	DTP01	Date Time Qualifier	472	472=Service	472	
	DTP02	Date Time Period Format Qualifier	D8, RD8	Recommend RD8 and date range be used – even if for Single DOS.	RD8	
	DTP03	Service Line Date	CCYYMMDD, CCYYMMDD-CCYYMMDD	New format allowed	Service Line Date Range Recommend use Claim date range, otherwise begin date will be defaulted to end date	
2000E	HL	2000E DEPENDENT LEVEL		DEPENDENT LEVEL NOT USED BY AHCCCS		
	HL01	Hierarchical ID Number				
	HL02	Hierarchical Parent ID Number				
	HL03	Hierarchical Level Code	23			
	HL04	Hierarchical Child Code				
	SE	TRANSACTION SET TRAILER				
	SE01	Transaction Segment Count				
	SE02	Transaction Set Control Number				
	GE	FUNCTIONAL GROUP TRAILER				
	GE01	Number of Transaction Sets Included				
	GE02	Group Control Number				
	IEA	INTERCHANGE CONTROL TRAILER				
	IEA01	Number of Included Functional Groups				
	IEA02	Interchange Control Number				

4.1.2 277 Transaction Notes

Loop	Element	Description	AHCCCS Note	FROM 276	INFO RECEIVER ERROR (2000B loop)	SERVICE PROVIDER ERROR (2000C loop)	SUBSCRIBER ERROR (2000D loop)	SUBSCRIBER FOUND, NO CLAIM FOUND	FULL CLAIM STATUS RESPONSE
	ISA	INTERCHANGE CONTROL HEADER							
	ISA01	Authorization Information Qualifier			00	00	00	00	00
	ISA02	Authorization Information			BLANK	BLANK	BLANK	BLANK	BLANK
	ISA03	Security Information Qualifier			00	00	00	00	00
	ISA04	Security Information			BLANK	BLANK	BLANK	BLANK	BLANK
	ISA05	Interchange ID Qualifier			ZZ	ZZ	ZZ	ZZ	ZZ
	ISA06	Interchange Sender ID		X	AHCCCS866004791	AHCCCS866004791	AHCCCS866004791	AHCCCS866004791	AHCCCS866004791
	ISA07	Interchange ID Qualifier			ZZ	ZZ	ZZ	ZZ	ZZ
	ISA08	Interchange Receiver ID	From 276 ISA06 Sender ID	X	PROVIDER ID/NPI	PROVIDER ID/NPI	PROVIDER ID/NPI	PROVIDER ID/NPI	PROVIDER ID/NPI
	ISA09	Interchange Date			CCYYMMDD	CCYYMMDD	CCYYMMDD	CCYYMMDD	CCYYMMDD
	ISA10	Interchange Time			HHMM	HHMM	HHMM	HHMM	HHMM
	ISA11	Repetition Separator	New usage for element		^	^	^	^	^
	ISA12	Interchange Control Version Number			00501	00501	00501	00501	00501
	ISA13	Interchange Control Number			Assigned	Assigned	Assigned	Assigned	Assigned
	ISA14	Acknowledgement Requested			0	0	0	0	0
	ISA15	Usage Indicator			P	P	P	P	P
	ISA16	Component Element Separator							
	GS	FUNCTIONAL GROUP HEADER							
	GS01	Functional Identifier Code			HN	HN	HN	HN	HN
	GS02	Application Sender Code			AHCCCS866004791	AHCCCS866004791	AHCCCS866004791	AHCCCS866004791	AHCCCS866004791
	GS03	Application Receiver Code	From 276 GS02	X	PROVIDER ID/NPI	PROVIDER ID/NPI	PROVIDER ID/NPI	PROVIDER ID/NPI	PROVIDER ID/NPI

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Loop	Element	Description	AHCCCS Note	FROM 276	INFO RECEIVER ERROR (2000B loop)	SERVICE PROVIDER ERROR (2000C loop)	SUBSCRIBER ERROR (2000D loop)	SUBSCRIBER FOUND, NO CLAIM FOUND	FULL CLAIM STATUS RESPONSE
	GS04	Date	CCYYMMDD		CCYYMMDD	CCYYMMDD	CCYYMMDD	CCYYMMDD	CCYYMMDD
	GS05	Time	HHMM		HHMM	HHMM	HHMM	HHMM	HHMM
	GS06	Group Control Number		X	FROM 276	FROM 276	FROM 276	FROM 276	FROM 276
	GS07	Responsible Agency Code			X	X	X	X	X
	GS08	Version Identifier Code			005010X212	005010X212	005010X212	005010X212	005010X212
	ST	TRANSACTION SET HEADER							
	ST01	Transaction Set Identifier Code			277	277	277	277	277
	ST02	Transaction Set Control Number			FROM 276	FROM 276	FROM 276	FROM 276	FROM 276
	ST03	Implementation Convention Reference	New Element		005010X212	005010X212	005010X212	005010X212	005010X212
	BHT	BEGINNING OF HIERARCHICAL TRANSACTION							
	BHT01	Hierarchical Structure Code			0010	0010	0010	0010	0010
	BHT02	Transaction Set Purpose Code			08	08	08	08	08
	BHT03	Originator Application Transaction Identifier	Increase from 30 - 50	X	Move BHT03 from 276	Move BHT03 from 276	Move BHT03 from 276	Move BHT03 from 276	Move BHT03 from 276
	BHT04	Transaction Set Creation Date			CCYYMMDD	CCYYMMDD	CCYYMMDD	CCYYMMDD	CCYYMMDD
	BHT05	Time	Change from Not used to Required		HHMM	HHMM	HHMM	HHMM	HHMM
	BHT06	Transaction Type Code			DG	DG	DG	DG	DG
2000A	HL	INFORMATION SOURCE LEVEL							
	HL01	Hierarchical ID Number			1	1	1	1	1
	HL02	Hierarchical Parent ID Number			NOT USED	NOT USED	NOT USED	NOT USED	NOT USED
	HL03	Hierarchical Level Code			20	20	20	20	20
	HL04	Hierarchical Child Code			1	1	1	1	1

Arizona Health Care Cost Containment System (AHCCCS) Companion Guide

Loop	Element	Description	AHCCCS Note	FROM 276	INFO RECEIVER ERROR (2000B loop)	SERVICE PROVIDER ERROR (2000C loop)	SUBSCRIBER ERROR (2000D loop)	SUBSCRIBER FOUND, NO CLAIM FOUND	FULL CLAIM STATUS RESPONSE
2100A	NM1	PAYER NAME							
	NM101	Entity Identifier Code			PR	PR	PR	PR	PR
	NM102	Entity Type Qualifier			2	2	2	2	2
	NM103	Payer Name	Increase from 35 - 60		AHCCCS	AHCCCS	AHCCCS	AHCCCS	AHCCCS
	NM104	Name First	Increase from 25 - 35		NOT USED	NOT USED	NOT USED	NOT USED	NOT USED
	NM105	Name Middle			NOT USED	NOT USED	NOT USED	NOT USED	NOT USED
	NM106	Name Prefix			NOT USED	NOT USED	NOT USED	NOT USED	NOT USED
	NM107	Name Suffix			NOT USED	NOT USED	NOT USED	NOT USED	NOT USED
	NM108	Identification Code Qualifier	Codes Removed		PI	PI	PI	PI	PI
	NM109	Payer Identifier			866004791	866004791	866004791	866004791	866004791
	NM110	Entity Relationship Code			NOT USED	NOT USED	NOT USED	NOT USED	NOT USED
	NM111	Entity Identifier Code			NOT USED	NOT USED	NOT USED	NOT USED	NOT USED
	NM112	Last Name	New Element		NOT USED	NOT USED	NOT USED	NOT USED	NOT USED
2100A	PER	PAYER CONTACT INFORMATION	SEGMENT NOT USED BY AHCCCS						
	PER01	Contact Function Code			WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED
	PER02	Payer Contact Name			WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED
	PER03	Communication Number Qualifier	Code Added		WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED
	PER04	Communication Number	Increase from 80 - 256		WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED
	PER05	Communication Number Qualifier	Code Changes		WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED
	PER06	Communication Number	Increase from 80 - 256		WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED
	PER07	Communication Number Qualifier	Code Changes		WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED
	PER08	Communication Number	Increase from 80 - 256		WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED
	PER09	Contact Inquiry Reference			NOT USED	NOT USED	NOT USED	NOT USED	NOT USED
2000B	HL	INFORMATION RECEIVER LEVEL							

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Loop	Element	Description	AHCCCS Note	FROM 276	INFO RECEIVER ERROR (2000B loop)	SERVICE PROVIDER ERROR (2000C loop)	SUBSCRIBER ERROR (2000D loop)	SUBSCRIBER FOUND, NO CLAIM FOUND	FULL CLAIM STATUS RESPONSE
	HL01	Hierarchical ID Number			Increment by '1' from the previous HL01	Increment by '1' from the previous HL01	Increment by '1' from the previous HL01	Increment by '1' from the previous HL01	Increment by '1' from the previous HL01
	HL02	Hierarchical Parent ID Number			Move 2000A/HL02 above	Move 2000A/HL02 above	Move 2000A/HL02 above	Move 2000A/HL02 above	Move 2000A/HL02 above
	HL03	Hierarchical Level Code	21-Information Receiver		21	21	21	21	21
	HL04	Hierarchical Child Code	Code Added		1	1	1	1	1
2100B	NM1	INFORMATION RECEIVER NAME							
	NM101	Entity Identifier Code	41-SUBMITTER		41	41	41	41	41
	NM102	Entity Type Qualifier	1-PERSON 2-NON-PERSON		1 2	1 2	1 2	1 2	1 2
	NM103	Information Receiver Last or Organization Name	Increase from 35 - 60 If there is a slash in the PR Name, then individual, need to parse last/first name	X	BILLING PROVIDER ORG NAME OR RCV LAST NAME	BILLING PROVIDER ORG NAME OR RCV LAST NAME	BILLING PROVIDER ORG NAME OR RCV LAST NAME	BILLING PROVIDER ORG NAME OR RCV LAST NAME	BILLING PROVIDER ORG NAME OR RCV LAST NAME
	NM104	Information Receiver First Name	Increase from 25 - 35	X	RCVR FIRST NAME	RCVR FIRST NAME	RCVR FIRST NAME	RCVR FIRST NAME	RCVR FIRST NAME
	NM105	Information Receiver Middle Name			WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED
	NM106	Information Receiver Name Prefix			NOT USED	NOT USED	NOT USED	NOT USED	NOT USED
	NM107	Information Receiver Name Suffix	Changed to Not Used		NOT USED	NOT USED	NOT USED	NOT USED	NOT USED
	NM108	Identification Code Qualifier	Codes Removed 46-ETIN		46	46	46	46	46
	NM109	Information Receiver Identification Number		X	PROVIDER NPI or 6-DIGIT AHCCCS PROVIDER ID	PROVIDER NPI or 6-DIGIT AHCCCS PROVIDER ID	PROVIDER NPI or 6-DIGIT AHCCCS PROVIDER ID	PROVIDER NPI or 6-DIGIT AHCCCS PROVIDER ID	PROVIDER NPI or 6-DIGIT AHCCCS PROVIDER ID
	NM110	Entity Relationship Code			NOT USED	NOT USED	NOT USED	NOT USED	NOT USED
	NM111	Entity Identifier Code			NOT USED	NOT USED	NOT USED	NOT USED	NOT USED
	NM112	Last Name	New Element		NOT USED	NOT USED	NOT USED	NOT USED	NOT USED

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Loop	Element	Description	AHCCCS Note	FROM 276	INFO RECEIVER ERROR (2000B loop)	SERVICE PROVIDER ERROR (2000C loop)	SUBSCRIBER ERROR (2000D loop)	SUBSCRIBER FOUND, NO CLAIM FOUND	FULL CLAIM STATUS RESPONSE
2200B	TRN	INFORMATION RECEIVER TRACE IDENTIFIER	New Loop and new segment						
	TRN01	Referenced Transaction Trace Number			2	2	2	2	2
	TRN02	Claim Transaction Batch Number		X	Move BHT03 from 276	Move BHT03 from 276	Move BHT03 from 276	Move BHT03 from 276	Move BHT03 from 276
	TRN03	Originating Company Identifier			NOT USED	NOT USED	NOT USED	NOT USED	NOT USED
	TRN04	Reference Identifier			NOT USED	NOT USED	NOT USED	NOT USED	NOT USED
2200B	STC	INFORMATION RECEIVER STATUS INFORMATION	New Segment		SEGMENT USED TO REJECT INFO RCVR				
	STC01	HEALTH CARE CLAIM STATUS				WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED
	STC01-1	Health Care Claim Status Category Code			STATUS CAT CODE	WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED
	STC01-2	Health Care Claim Status Code			STATUS CODE	WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED
	STC01-3	Entity Identifier Code	41-SUBMITTER		41	WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED
	STC01-4	Code List Qualifier Code			NOT USED	NOT USED	NOT USED	NOT USED	NOT USED
	STC02	Status Information Effective Date			RCV STATUS DATE	WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED
	STC03	Action Code			NOT USED	NOT USED	NOT USED	NOT USED	NOT USED
	STC04	Monetary Amount			NOT USED	NOT USED	NOT USED	NOT USED	NOT USED
	STC05	Monetary Amount			NOT USED	NOT USED	NOT USED	NOT USED	NOT USED
	STC06	Date			NOT USED	NOT USED	NOT USED	NOT USED	NOT USED
	STC07	Payment Method Code			NOT USED	NOT USED	NOT USED	NOT USED	NOT USED
	STC08	Date			NOT USED	NOT USED	NOT USED	NOT USED	NOT USED
	STC09	Check Number			NOT USED	NOT USED	NOT USED	NOT USED	NOT USED
	STC10	HEALTH CARE CLAIM STATUS							
	STC10-1	Health Care Claim Status Category Code			STATUS CAT CODE	WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED
	STC10-2	Health Care Claim Status Code			STATUS CODE	WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED
	STC10-3	Entity Identifier Code			41	WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED

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Loop	Element	Description	AHCCCS Note	FROM 276	INFO RECEIVER ERROR (2000B loop)	SERVICE PROVIDER ERROR (2000C loop)	SUBSCRIBER ERROR (2000D loop)	SUBSCRIBER FOUND, NO CLAIM FOUND	FULL CLAIM STATUS RESPONSE
	STC10-4	Code List Qualifier Code			NOT USED	NOT USED	NOT USED	NOT USED	NOT USED
	STC11	HEALTH CARE CLAIM STATUS							
	STC11-1	Health Care Claim Status Category Code			STATUS CAT CODE	WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED
	STC11-2	Health Care Claim Status Code			STATUS CODE	WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED
	STC11-3	Entity Identifier Code			41	WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED
	STC11-4	Code List Qualifier Code			NOT USED	NOT USED	NOT USED	NOT USED	NOT USED
	STC12	Free-Form Message Text			NOT USED	NOT USED	NOT USED	NOT USED	NOT USED
					END STATUS RESPONSE - INFO RECEIVER ERROR				
2000C	HL	SERVICE PROVIDER LEVEL							
	HL01	Hierarchical ID Number			WILL NOT BE USED	Incremented by 1	Incremented by 1	Incremented by 1	Incremented by 1
	HL02	Hierarchical Parent ID Number			WILL NOT BE USED	HL01 from the previous Loop	HL01 from the previous Loop	HL01 from the previous Loop	HL01 from the previous Loop
	HL03	Hierarchical Level Code	19-Provider		WILL NOT BE USED	19	19	19	19
	HL04	Hierarchical Child Code	New Code		WILL NOT BE USED	1	1	1	1
2100C	NM1	PROVIDER NAME	Loop repeat changed						
	NM101	Entity Identifier Code			WILL NOT BE USED	1P	1P	1P	1P
	NM102	Entity Type Qualifier			WILL NOT BE USED	1 2	1 2	1 2	1 2
	NM103	Provider Last or Organization Name	Increase from 35 - 60 If there is a slash in the PR Name, then individual, need to parse last/first name	X	WILL NOT BE USED	SVC PROVIDER ORG NAME OR SVC LAST NAME	SVC PROVIDER ORG NAME OR SVC LAST NAME	SVC PROVIDER ORG NAME OR SVC LAST NAME	SVC PROVIDER ORG NAME OR SVC LAST NAME
	NM104	Provider First Name	Increase from 25 - 35	X	WILL NOT BE USED	SVC PROVIDER FIRST NAME	SVC PROVIDER FIRST NAME	SVC PROVIDER FIRST NAME	SVC PROVIDER FIRST NAME
	NM105	Provider Middle Name			WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED

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Loop	Element	Description	AHCCCS Note	FROM 276	INFO RECEIVER ERROR (2000B loop)	SERVICE PROVIDER ERROR (2000C loop)	SUBSCRIBER ERROR (2000D loop)	SUBSCRIBER FOUND, NO CLAIM FOUND	FULL CLAIM STATUS RESPONSE
	NM106	Provider Name Prefix	Changed to Not Used		NOT USED	NOT USED	NOT USED	NOT USED	NOT USED
	NM107	Provider Name Suffix			WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED
	NM108	Identification Code Qualifier			WILL NOT BE USED	SV or XX	SV or XX	SV or XX	SV or XX
	NM109	Provider Identifier		X	WILL NOT BE USED	SVC PROV ID SVC PROV NPI	SVC PROV ID SVC PROV NPI	SVC PROV ID SVC PROV NPI	SVC PROV ID SVC PROV NPI
	NM110	Entity Relationship Code			NOT USED	NOT USED	NOT USED	NOT USED	NOT USED
	NM111	Entity Identifier Code			NOT USED	NOT USED	NOT USED	NOT USED	NOT USED
	NM112	Last Name	New Element		NOT USED	NOT USED	NOT USED	NOT USED	NOT USED
2200C	TRN	PROVIDER OF SERVICE TRACE IDENTIFIER	New Loop and new segment						
	TRN01	Current Transaction Trace Number			WILL NOT BE USED	1	1	1	1
	TRN02	Provider of Service Information Trace Identifier			WILL NOT BE USED	0	0	0	0
	TRN03	Originating Company Identifier			NOT USED	NOT USED	NOT USED	NOT USED	NOT USED
	TRN04	Reference Identifier			NOT USED	NOT USED	NOT USED	NOT USED	NOT USED
2200C	STC	PROVIDER STATUS INFORMATION	New Segment			SEGMENT USED TO REJECT SERVICE PROVIDER			
	STC01	HEALTH CARE CLAIM STATUS							
	STC01-1	Health Care Claim Status Category Code			WILL NOT BE USED	STATUS CAT CODE	WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED
	STC01-2	Health Care Claim Status Code			WILL NOT BE USED	STATUS CODE	WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED
	STC01-3	Entity Identifier Code			WILL NOT BE USED	1P	WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED
	STC01-4	Code List Qualifier Code			NOT USED	NOT USED	NOT USED	NOT USED	NOT USED
	STC02	Status Information Effective Date			WILL NOT BE USED	STATUS EFF DATE	WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED
	STC03	Action Code			NOT USED	NOT USED	NOT USED	NOT USED	NOT USED
	STC04	Monetary Amount			NOT USED	NOT USED	NOT USED	NOT USED	NOT USED
	STC05	Monetary Amount			NOT USED	NOT USED	NOT USED	NOT USED	NOT USED

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Loop	Element	Description	AHCCCS Note	FROM 276	INFO RECEIVER ERROR (2000B loop)	SERVICE PROVIDER ERROR (2000C loop)	SUBSCRIBER ERROR (2000D loop)	SUBSCRIBER FOUND, NO CLAIM FOUND	FULL CLAIM STATUS RESPONSE
	STC06	Date			NOT USED	NOT USED	NOT USED	NOT USED	NOT USED
	STC07	Payment Method Code			NOT USED	NOT USED	NOT USED	NOT USED	NOT USED
	STC08	Date			NOT USED	NOT USED	NOT USED	NOT USED	NOT USED
	STC09	Check Number			NOT USED	NOT USED	NOT USED	NOT USED	NOT USED
	STC10	HEALTH CARE CLAIM STATUS							
	STC10-1	Health Care Claim Status Category Code			WILL NOT BE USED	STATUS CAT CODE	WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED
	STC10-2	Health Care Claim Status Code			WILL NOT BE USED	STATUS CODE	WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED
	STC10-3	Entity Identifier Code			WILL NOT BE USED	1P	WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED
	STC10-4	Code List Qualifier Code			NOT USED	NOT USED	NOT USED	NOT USED	NOT USED
	STC11	HEALTH CARE CLAIM STATUS							
	STC11-1	Health Care Claim Status Category Code			WILL NOT BE USED	STATUS CAT CODE	WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED
	STC11-2	Health Care Claim Status Code			WILL NOT BE USED	STATUS CODE	WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED
	STC11-3	Entity Identifier Code			WILL NOT BE USED	1P	WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED
	STC11-4	Code List Qualifier Code			NOT USED	NOT USED	NOT USED	NOT USED	NOT USED
	STC12	Free-Form Message Text			NOT USED	NOT USED	NOT USED	NOT USED	NOT USED
						END STATUS RESPONSE - SERVICE PROVIDER ERROR			
2000D	HL	SUBSCRIBER LEVEL							
	HL01	Hierarchical ID Number			WILL NOT BE USED	WILL NOT BE USED	Incremented by 1	Incremented by 1	Incremented by 1
	HL02	Hierarchical Parent ID Number			WILL NOT BE USED	WILL NOT BE USED	HL01 from the previous Loop	HL01 from the previous Loop	HL01 from the previous Loop
	HL03	Hierarchical Level Code	22-Subscriber		WILL NOT BE USED	WILL NOT BE USED	22	22	22
	HL04	Hierarchical Child Code			WILL NOT BE USED	WILL NOT BE USED	0	0	0
2100D	NM1	SUBSCRIBER NAME							
	NM101	Entity Identifier Code	Code change		WILL NOT BE USED	WILL NOT BE USED	IL	IL	IL
	NM102	Entity Type Qualifier			WILL NOT BE USED	WILL NOT BE USED	1	1	1

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Loop	Element	Description	AHCCCS Note	FROM 276	INFO RECEIVER ERROR (2000B loop)	SERVICE PROVIDER ERROR (2000C loop)	SUBSCRIBER ERROR (2000D loop)	SUBSCRIBER FOUND, NO CLAIM FOUND	FULL CLAIM STATUS RESPONSE
	NM103	Subscriber Last Name	Increase from 35 - 60	X	WILL NOT BE USED	WILL NOT BE USED	RECIPIENT LNAME	RECIPIENT LNAME	RECIPIENT LNAME
	NM104	Subscriber First Name	Increase from 25 - 35	X	WILL NOT BE USED	WILL NOT BE USED	RECIPIENT FNAME	RECIPIENT FNAME	RECIPIENT FNAME
	NM105	Subscriber Middle Name		X	WILL NOT BE USED	WILL NOT BE USED	RECIPIENT MI	RECIPIENT MI	RECIPIENT MI
	NM106	Subscriber Name Prefix	Changed to Not Used		NOT USED	NOT USED	NOT USED	NOT USED	NOT USED
	NM107	Subscriber Name Suffix			WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED
	NM108	Identification Code Qualifier			WILL NOT BE USED	WILL NOT BE USED	MI	MI	MI
	NM109	Subscriber Identifier		X	WILL NOT BE USED	WILL NOT BE USED	AHCCCS ID	AHCCCS ID	AHCCCS ID
	NM110	Entity Relationship Code			NOT USED	NOT USED	NOT USED	NOT USED	NOT USED
	NM111	Entity Identifier Code			NOT USED	NOT USED	NOT USED	NOT USED	NOT USED
	NM112	Last Name	New Element		NOT USED	NOT USED	NOT USED	NOT USED	NOT USED
2200D	TRN	CLAIM STATUS TRACKING NUMBER	Loop and segment name change						
	TRN01	Referenced Transaction Trace Number			WILL NOT BE USED	WILL NOT BE USED	2	2	WILL NOT BE USED
	TRN02	Trace Number	Increase from 30 - 50 Note: must be returned on multiple claims for re-association to original 276 inquiry	X	WILL NOT BE USED	WILL NOT BE USED	FROM 276	FROM 276	WILL NOT BE USED
	TRN03	Originating Company Identifier			NOT USED	NOT USED	NOT USED	NOT USED	NOT USED
	TRN04	Reference Identification	Increase from 30 - 50		NOT USED	NOT USED	NOT USED	NOT USED	NOT USED
2200D	STC	CLAIM LEVEL STATUS INFORMATION					SEGMENT USED TO REJECT SUBSCRIBER		
	STC01	HEALTH CARE CLAIM STATUS							
	STC01-1	Health Care Claim Status Category Code			WILL NOT BE USED	WILL NOT BE USED	STATUS CAT CODE	STATUS CAT CODE	STATUS CAT CODE

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Loop	Element	Description	AHCCCS Note	FROM 276	INFO RECEIVER ERROR (2000B loop)	SERVICE PROVIDER ERROR (2000C loop)	SUBSCRIBER ERROR (2000D loop)	SUBSCRIBER FOUND, NO CLAIM FOUND	FULL CLAIM STATUS RESPONSE
	STC01-2	Health Care Claim Status Code			WILL NOT BE USED	WILL NOT BE USED	STATUS CODE	STATUS CODE	STATUS CODE
	STC01-3	Entity Identifier Code	Code changes		WILL NOT BE USED	WILL NOT BE USED	ENTITY CODE-SEE TABLE/CROSSWALK	ENTITY CODE-SEE TABLE/CROSSWALK	ENTITY CODE-SEE TABLE/CROSSWALK
	STC01-4	Code List Qualifier Code	New element		WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED
	STC02	Status Information Effective Date			WILL NOT BE USED	WILL NOT BE USED	STATUS EFF DATE	STATUS EFF DATE	STATUS EFF DATE
	STC03	Action Code			NOT USED	NOT USED	NOT USED	NOT USED	NOT USED
	STC04	Total Claim Charge Amount S9(7)V99		X	WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	BILL AMOUNT
	STC05	Claim payment Amount S9(7)V99			WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	PAYMENT AMOUNT
	STC06	Adjudication or Payment Date			WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	REMIT DATE
	STC07	Payment Method Code	Usage changed to not used		NOT USED	NOT USED	NOT USED	NOT USED	NOT USED
	STC08	Remittance Date			WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	CHECK DATE
	STC09	Remittance Trace Number			WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	CHECK NUMBER
	STC10	HEALTH CARE CLAIM STATUS							
	STC10-1	Health Care Claim Status Category Code			WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	STATUS CAT CODE
	STC10-2	Health Care Claim Status Code			WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	STATUS CODE
	STC10-3	Entity Identifier Code			WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	ENTITY CODE-SEE TABLE/CROSSWALK
	STC10-4	Code List Qualifier Code	New element N/A - This data element applies to a pharmacy claim status		WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED
	STC11	HEALTH CARE CLAIM STATUS							
	STC11-1	Health Care Claim Status Category Code			WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	STATUS CAT CODE

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Loop	Element	Description	AHCCCS Note	FROM 276	INFO RECEIVER ERROR (2000B loop)	SERVICE PROVIDER ERROR (2000C loop)	SUBSCRIBER ERROR (2000D loop)	SUBSCRIBER FOUND, NO CLAIM FOUND	FULL CLAIM STATUS RESPONSE
	STC11-2	Health Care Claim Status Code			WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	STATUS CODE
	STC11-3	Entity Identifier Code			WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	ENTITY CODE-SEE TABLE/CROSSWALK
	STC11-4	Code List Qualifier Code	New element N/A - This data element applies to a pharmacy claim status		WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED
	STC12	Free-Form Message Text			NOT USED	NOT USED	NOT USED	NOT USED	NOT USED
2200D	REF	PAYER CLAIM CONTROL NUMBER	Loop and segment name change						
	REF01	Reference Identification Qualifier			WILL NOT BE USED	WILL NOT BE USED	1K	1K	1K
	REF02	Payer Claim Control Number	Increase from 30 - 50	X	WILL NOT BE USED	WILL NOT BE USED	CRN	CRN	CRN
	REF03	Description			NOT USED	NOT USED	NOT USED	NOT USED	NOT USED
	REF04	REFERENCE IDENTIFIER			NOT USED	NOT USED	NOT USED	NOT USED	NOT USED
2200D	REF	INSTITUTIONAL BILL TYPE IDENTIFICATION	Required on institutional claims when different than the value submitted on the 276 request.						
	REF01	Reference Identification Qualifier			WILL NOT BE USED	WILL NOT BE USED	BLT	BLT	
	REF02	Bill Type Identifier	Increase from 30 - 50	X	WILL NOT BE USED	WILL NOT BE USED	BILL TYPE (MOVE FROM 276)	BILL TYPE (MOVE FROM 276)	BILL TYPE (MOVE FROM 276 OR SYSTEM VALUE IF DIFFERENT)
	REF03	Description			NOT USED	NOT USED	NOT USED	NOT USED	NOT USED
	REF04	REFERENCE IDENTIFIER			NOT USED	NOT USED	NOT USED	NOT USED	NOT USED

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Loop	Element	Description	AHCCCS Note	FROM 276	INFO RECEIVER ERROR (2000B loop)	SERVICE PROVIDER ERROR (2000C loop)	SUBSCRIBER ERROR (2000D loop)	SUBSCRIBER FOUND, NO CLAIM FOUND	FULL CLAIM STATUS RESPONSE
2200D	REF	PATIENT CONTROL NUMBER	New Segment Required when the Patient Control Number was submitted on the 276 request or when available on claims located in the Information Source's system.						
	REF01	Reference Identification Qualifier			WILL NOT BE USED	WILL NOT BE USED	EJ	EJ	EJ
	REF02	Patient Control Number		X	WILL NOT BE USED	WILL NOT BE USED	PATIENT ACCT NO	PATIENT ACCT NO	PATIENT ACCT NO
	REF03	Description			NOT USED	NOT USED	NOT USED	NOT USED	NOT USED
	REF04	REFERENCE IDENTIFIER			NOT USED	NOT USED	NOT USED	NOT USED	NOT USED
2200D	REF	PHARMACY PRESCRIPTION NUMBER	New Segment **AHCCCS DOES NOT ALLOW PHARMACY CLAIMS STATUS REQUESTS**		SEGMENT NOT USED BY AHCCCS				
	REF01	Reference Identification Qualifier			WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED
	REF02	Pharmacy Prescription Number			WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED
	REF03	Description			NOT USED	NOT USED	NOT USED	NOT USED	NOT USED
	REF04	REFERENCE IDENTIFIER			NOT USED	NOT USED	NOT USED	NOT USED	NOT USED
2200D	REF	VOUCHER IDENTIFIER	New Segment NOT USED-This segment applies when a voucher is assigned to a group of claims		SEGMENT NOT USED BY AHCCCS				
	REF01	Reference Identification Qualifier			WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED
	REF02	Voucher Identifier			WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED
	REF03	Description			NOT USED	NOT USED	NOT USED	NOT USED	NOT USED
	REF04	REFERENCE IDENTIFIER			NOT USED	NOT USED	NOT USED	NOT USED	NOT USED

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Loop	Element	Description	AHCCCS Note	FROM 276	INFO RECEIVER ERROR (2000B loop)	SERVICE PROVIDER ERROR (2000C loop)	SUBSCRIBER ERROR (2000D loop)	SUBSCRIBER FOUND, NO CLAIM FOUND	FULL CLAIM STATUS RESPONSE
2200D	REF	CLAIM IDENTIFICATION NUMBER FOR CLEARINGHOUSES AND OTHER TRANSMISSION INTERMEDIARIES	New Segment Required when received on the 276 status request.						
	REF01	Reference Identification Qualifier			WILL NOT BE USED	WILL NOT BE USED	D9	D9	D9
	REF02	Clearinghouse Trace Number		X	WILL NOT BE USED	WILL NOT BE USED	CLEARINGHOUSE TRACE NO (MOVE FROM 276)	CLEARINGHOUSE TRACE NO (MOVE FROM 276)	CLEARINGHOUSE TRACE NO (MOVE FROM 276)
	REF03	Description			NOT USED	NOT USED	NOT USED	NOT USED	NOT USED
	REF04	REFERENCE IDENTIFIER			NOT USED	NOT USED	NOT USED	NOT USED	NOT USED
2200D	DTP	CLAIM SERVICE DATE							
	DTP01	Date Time Qualifier	Code Changed		WILL NOT BE USED	WILL NOT BE USED	472	472	472
	DTP02	Date Time Period Format Qualifier	Codes Added		WILL NOT BE USED	WILL NOT BE USED	RD8	RD8	RD8
	DTP03	Claim Service Period	New format allowed	X	WILL NOT BE USED	WILL NOT BE USED	SERVICE DATE RANGE (MOVE FROM 276)	SERVICE DATE RANGE (MOVE FROM 276)	SERVICE DATE RANGE (MOVE FROM 276)
							END STATUS RESPONSE - SUBSCRIBER ERROR	END STATUS RESPONSE - SUBSCRIBER FOUND, NO CLAIM FOUND	
2220D	SVC	SERVICE LINE INFORMATION							
	SVC01	COMPOSITE MEDICAL PROCEDURE IDENTIFIER							
	SVC01-1	Product/Service ID Qualifier	AD, ER, HC, HP, IV, N4, NU, WKCodes changed		WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	PROCEDURE CODE QUALIFIER
	SVC01-2	Service Identification Code			WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	PROCEDURE CODE
	SVC01-3	Procedure Modifier			WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	MODIFIER1
	SVC01-4	Procedure Modifier			WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	MODIFIER2
	SVC01-5	Procedure Modifier			WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	MODIFIER3

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Loop	Element	Description	AHCCCS Note	FROM 276	INFO RECEIVER ERROR (2000B loop)	SERVICE PROVIDER ERROR (2000C loop)	SUBSCRIBER ERROR (2000D loop)	SUBSCRIBER FOUND, NO CLAIM FOUND	FULL CLAIM STATUS RESPONSE
	SVC01-6	Procedure Modifier			WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	MODIFIER4
	SVC01-7	Description			NOT USED	NOT USED	NOT USED	NOT USED	NOT USED
	SVC02	Line Item Charge Amount S9(7)V99			WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	LINE CHG AMT
	SVC03	Line Item Payment Amount S9(7)V99			WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	LINE PYMT AMT
	SVC04	Revenue Code			WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	LINE REVENUE CODE
	SVC05	Quantity			NOT USED	NOT USED	NOT USED	NOT USED	NOT USED
	SVC06	COMPOSITE MEDICAL PROCEDURE			NOT USED	NOT USED	NOT USED	NOT USED	NOT USED
	SVC07	Units of Service Count S9(3)V9			WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	QTY
2220D	STC	SERVICE LINE STATUS INFORMATION	Usage changed and repeat changed						
	STC01	HEALTH CARE CLAIM STATUS							
	STC01-1	Health Care Claim Status Category Code			WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	STATUS CAT CODE
	STC01-2	Health Care Claim Status Code			WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	STATUS CODE
	STC01-3	Entity Identifier Code	Code changes		WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	ENTITY CODE-SEE TABLE/CROSSWALK
	STC01-4	Code List Qualifier Code	New element		NOT USED	NOT USED	NOT USED	NOT USED	NOT USED
	STC02	Status Information Effective Date			WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	STATUS EFF DATE
	STC03	Action Code			NOT USED	NOT USED	NOT USED	NOT USED	NOT USED
	STC04	Total Claim Charge Amount S9(7)V99	Usage changed		NOT USED	NOT USED	NOT USED	NOT USED	NOT USED
	STC05	Claim payment Amount S9(7)V99	Usage changed		NOT USED	NOT USED	NOT USED	NOT USED	NOT USED
	STC06	Adjudication or Payment Date			NOT USED	NOT USED	NOT USED	NOT USED	NOT USED
	STC07	Payment Method Code			NOT USED	NOT USED	NOT USED	NOT USED	NOT USED
	STC08	Remittance Date			NOT USED	NOT USED	NOT USED	NOT USED	NOT USED

Arizona Health Care Cost Containment System (AHCCCS) Companion Guide

Loop	Element	Description	AHCCCS Note	FROM 276	INFO RECEIVER ERROR (2000B loop)	SERVICE PROVIDER ERROR (2000C loop)	SUBSCRIBER ERROR (2000D loop)	SUBSCRIBER FOUND, NO CLAIM FOUND	FULL CLAIM STATUS RESPONSE
	STC09	Remittance Trace Number			NOT USED	NOT USED	NOT USED	NOT USED	NOT USED
	STC10	HEALTH CARE CLAIM STATUS							
	STC10-1	Health Care Claim Status Category Code			WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	STATUS CAT CODE
	STC10-2	Health Care Claim Status Code			WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	STATUS CODE
	STC10-3	Entity Identifier Code			WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	ENTITY CODE-SEE TABLE/CROSSWALK
	STC10-4	Code List Qualifier Code	New element		NOT USED	NOT USED	NOT USED	NOT USED	NOT USED
	STC11	HEALTH CARE CLAIM STATUS							
	STC11-1	Health Care Claim Status Category Code			WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	STATUS CAT CODE
	STC11-2	Health Care Claim Status Code			WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	STATUS CODE
	STC11-3	Entity Identifier Code			WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	ENTITY CODE-SEE TABLE/CROSSWALK
	STC11-4	Code List Qualifier Code	New element		NOT USED	NOT USED	NOT USED	NOT USED	NOT USED
	STC12	Free-Form Message Text			NOT USED	NOT USED	NOT USED	NOT USED	NOT USED
2220D	REF	SERVICE LINE ITEM IDENTIFICATION							
	REF01	Reference Identification Qualifier	FJ-Line Item Control number		WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	FJ
	REF02	Line Item Control Number	Increase from 30 - 50	X	WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	LINE ITEM CTRL NO FROM 276
	REF03	Description			NOT USED	NOT USED	NOT USED	NOT USED	NOT USED
	REF04	REFERENCE IDENTIFIER			NOT USED	NOT USED	NOT USED	NOT USED	NOT USED
2220D	DTP	SERVICE LINE DATE							
	DTP01	Date Time Qualifier	472-Service		WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	472
	DTP02	Date Time Period Format Qualifier	Codes Added		WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	RD8
	DTP03	Service Line Date	New format allowed		WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	SERVICE LINE DATE RANGE
									END STATUS

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Loop	Element	Description	AHCCCS Note	FROM 276	INFO RECEIVER ERROR (2000B loop)	SERVICE PROVIDER ERROR (2000C loop)	SUBSCRIBER ERROR (2000D loop)	SUBSCRIBER FOUND, NO CLAIM FOUND	FULL CLAIM STATUS RESPONSE
									RESPONSE
	HL	DEPENDENT LEVEL	DEP LEVEL NOT USED		DEP LEVEL NOT USED	DEP LEVEL NOT USED	DEP LEVEL NOT USED	DEP LEVEL NOT USED	DEP LEVEL NOT USED
	SE	TRANSACTION SET TRAILER							
	SE01	Transaction Segment Count							
	SE02	Transaction Set Control Number							
	GE	FUNCTIONAL GROUP TRAILER							
	GE01	Number of Transaction Sets Included							
	GE02	Group Control Number							
	IEA	INTERCHANGE CONTROL TRAILER							
	IEA01	Number of Included Functional Groups							
	IEA02	Interchange Control Number							

4.1.3 276/277 Examples

4.1.3.1 CRN Not Found Example

276 INQUIRY REQUEST	277 INQUIRY RESPONSE
ENVELOPE	ENVELOPE
ISA{00{ {00{ {ZZ{010101 {ZZ{AHCCCS866004791{101213{1215^{00501{101213001{0{T{ GS{HR{010101{AHCCCS866004791{20100825{1038{1{X{005010X212	ISA{00{ {00{ {ZZ{AHCCCS866004791{ZZ{010101 {101214{0755{^00501{900000001{0{T{ GS{HN{010101{AHCCCS866004791{20101214{0755{1{X{005010X212
HEADER	HEADER
ST{276{0101{005010X212 BHT{0010{13{1{20100825{101213	ST{276{0101{005010X212 BHT{0010{08{1{20101214{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{0
2100B INFORMATION RECEIVER NAME	2100B INFORMATION RECEIVER NAME
NM1{41{2{BILLINGPROVIDER{46{9087654321	NM1{41{2{BILLINGPROVIDER{46{9087654321
2000C SERVICE PROVIDER	
HL{3{2{19{1	HL{3{2{19{1
2100C PROVIDER NAME	
NM1{1P{1{PROVIDER{SERVICE{XX{9012345678	NM1{1P{1{PROVIDER{SERVICE{XX{9012345678
2000D SUBSCRIBER	
HL{4{3{22{0 DMG{D8{20051222	HL{4{3{22{0 (No DMG segment on 277)
2100D SUBSCRIBER NAME	
NM1{IL{1{MEMBER{JANE{L{MI{A01010101	NM1{IL{1{MEMBER{JANE{L{MI{A01010101
2200D CLAIM STATUS TRACKING NUMBER	
TRN{1{CLAIM0001 REF{1K{092270000201 <AHCCCS CRN> REF{EJ{MEMBER001 <PATIENT ACCT #> AMT{T3{96 DTP{472{RD8{20100504-20100504	TRN{2{CLAIM0001 STC{D0{35{20101213 REF{1K{092270000201 REF{EJ{MEMBER001 DTP{472{RD8{20100504-20100504 STC01 Cat Code: D0 – Search Unsuccessful STC01-2 Status Code: 35 – Claim/Encounter not found
2210D SERVICE LINE INFORMATION	
NONE	NONE
TRANSACTION SET TRAILER	
SE{17{0101	SE{16{0001
ENVELOPE	
GE{1{1 IEA{1{101213001	GE{1{1 IEA{1{900000001

4.1.3.2 Subscriber Error Example

276 INQUIRY REQUEST	277 INQUIRY RESPONSE
ENVELOPE	ENVELOPE
ISA{00{ 00{ ZZ{010101 {ZZ{AHCCCS866004791{101213{1215{^00501{101213001{0{T{ GS{HR{010101{AHCCCS866004791{20100825{1038{1{X{005010X212	ISA{00{ 00{ ZZ{AHCCCS866004791{ZZ{010101 {101214{0755{^00501{900000001{0{T{ GS{HN{010101{AHCCCS866004791{20101214{0755{1{X{005010X212
HEADER	HEADER
ST{276{0101{005010X212 BHT{0010{13{1{20100825{101213	ST{276{0101{005010X212 BHT{0010{08{1{20101214{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{0
2100B INFORMATION RECEIVER NAME	2100B INFORMATION RECEIVER NAME
NM1{41{2{BILLINGPROVIDER{46{9087654321	NM1{41{2{BILLINGPROVIDER{46{9087654321
2000C SERVICE PROVIDER	
HL{3{2{19{1	HL{3{2{19{1
2100C PROVIDER NAME	
NM1{1P{1{PROVIDER{SERVICE{XX{9012345678	NM1{1P{1{PROVIDER{SERVICE{XX{9012345678
2000D SUBSCRIBER	
HL{4{3{22{0 DMG{D8{20051222	HL{4{3{22{0 (No DMG segment on 277)
2100D SUBSCRIBER NAME	
NM1{IL{1{MEMBER{JANE{L{MI{A01010101	NM1{IL{1{MEMBER{JANE{L{MI{A01010101
2200D CLAIM STATUS TRACKING NUMBER	
TRN{1{CLAIM0001 REF{1K{092270000201 <AHCCCS CRN> REF{EJ{MEMBER001 <PATIENT ACCT #> AMT{T3{96 DTP{472{RD8{20100504-20100504	TRN{2{CLAIM0001 STC{D0 153 IL{20101213 REF{1K{092270000201 REF{EJ{MEMBER001 DTP{472{RD8{20100504-20100504 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	
NONE	NONE
TRANSACTION SET TRAILER	
SE{17{0101	SE{16{0001
ENVELOPE	
GE{1{1 IEA{1{101213001	GE{1{1 IEA{1{900000001

4.1.3.3 CRN Found – Approved Example

276 INQUIRY REQUEST	277 INQUIRY RESPONSE
ENVELOPE	ENVELOPE
ISA{00{ 00{ ZZ{010101 {ZZ{AHCCCS866004791{101213{1215{^00501{101213001{0{T{ GS{HR{010101{AHCCCS866004791{20100825{1038{1{X{005010X212	ISA{00{ 00{ ZZ{AHCCCS866004791{ZZ{010101 {101214{0755{^00501{900000001{0{T{ GS{HN{010101{AHCCCS866004791{20101214{0755{1{X{005010X212
HEADER	HEADER
ST{276{0101{005010X212 BHT{0010{13{1{20100825{101213	ST{276{0101{005010X212 BHT{0010{08{1{20101214{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{0
2100B INFORMATION RECEIVER NAME	2100B INFORMATION RECEIVER NAME
NM1{41{2{BILLINGPROVIDER{46{9087654321	NM1{41{2{BILLINGPROVIDER{46{9087654321
2000C SERVICE PROVIDER	
HL{3{2{19{1	HL{3{2{19{1
2100C PROVIDER NAME	
NM1{1P{1{PROVIDER{SERVICE{XX{9012345678	NM1{1P{1{PROVIDER{SERVICE{XX{9012345678
2000D SUBSCRIBER	
HL{4{3{22{0 DMG{D8{20051222	HL{4{3{22{0 (No DMG segment on 277)
2100D SUBSCRIBER NAME	
NM1{IL{1{MEMBER{JANE{L{MI{A01010101	NM1{IL{1{MEMBER{JANE{L{MI{A01010101
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{20101101-20101130	STC{F1{65{20101203{4368.9{3743{20101203{20101207{0001502 REF{1K{103376600199 REF{EJ{3969 DTP{472{RD8{20101101-20101130 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	
NONE	SVC{HC{0191{4368.9{3743{30 STC{F1{65{20101203 REF{FJ{LINE001 <LINE ITEM CONTROL NO> DTP{472{RD8{20101101-20101130 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	
SE{17{0101	SE{20{0001
ENVELOPE	
GE{1{1 IEA{1{101213001	GE{1{1 IEA{1{900000001

4.1.3.4 CRN Found – Denied Example

276 INQUIRY REQUEST	277 INQUIRY RESPONSE
ENVELOPE	ENVELOPE
ISA{00{ 00{ ZZ{010101 {ZZ{AHCCCS866004791{101213{1215{^00501{101213001{0{T{ GS{HR{010101{AHCCCS866004791{20100825{1038{1{X{005010X212	ISA{00{ 00{ ZZ{AHCCCS866004791{ZZ{010101 {101214{0755{^00501{900000001{0{T{ GS{HN{010101{AHCCCS866004791{20101214{0755{1{X{005010X212
HEADER	HEADER
ST{276{0101{005010X212 BHT{0010{13{1{20100825{101213	ST{276{0101{005010X212 BHT{0010{08{1{20101214{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{0
2100B INFORMATION RECEIVER NAME	2100B INFORMATION RECEIVER NAME
NM1{41{2{BILLINGPROVIDER{46{9087654321	NM1{41{2{BILLINGPROVIDER{46{9087654321
2000C SERVICE PROVIDER	
HL{3{2{19{1	HL{3{2{19{1
2100C PROVIDER NAME	
NM1{1P{1{PROVIDER{SERVICE{XX{9012345678	NM1{1P{1{PROVIDER{SERVICE{XX{9012345678
2000D SUBSCRIBER	
HL{4{3{22{0 DMG{D8{20051222	HL{4{3{22{0 (No DMG segment on 277)
2100D SUBSCRIBER NAME	
NM1{IL{1{MEMBER{JANE{L{MI{A01010101	NM1{IL{1{MEMBER{JANE{L{MI{A01010101
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{20100101{198.36{0{20100101 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	
NONE	SVC{HC A4253{198.36{0{1 STC{F2{84{20100101 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	
SE{17{0101	SE{20{0001
ENVELOPE	
GE{1{1 IEA{1{101213001	GE{1{1 IEA{1{900000001

4.1.3.5 CRN Found – Mixed Example

276 INQUIRY REQUEST	277 INQUIRY RESPONSE
ENVELOPE	ENVELOPE
ISA{00{ 00{ {ZZ{010101 {ZZ{AHCCCS866004791{101213{1215{^00501{101213001{0{T{ GS{HR{010101{AHCCCS866004791{20100825{1038{1{X{005010X212	ISA{00{ 00{ {ZZ{AHCCCS866004791{ZZ{010101 {101214{0755{^00501{900000001{0{T{ GS{HN{010101{AHCCCS866004791{20101214{0755{1{X{005010X212
HEADER	HEADER
ST{276{0101{005010X212 BHT{0010{13{1{20100825{101213	ST{276{0101{005010X212 BHT{0010{08{1{20101214{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{0
2100B INFORMATION RECEIVER NAME	2100B INFORMATION RECEIVER NAME
NM1{41{2{BILLINGPROVIDER{46{9087654321	NM1{41{2{BILLINGPROVIDER{46{9087654321
2000C SERVICE PROVIDER	
HL{3{2{19{1	HL{3{2{19{1
2100C PROVIDER NAME	
NM1{1P{1{PROVIDER{SERVICE{XX{9012345678	NM1{1P{1{PROVIDER{SERVICE{XX{9012345678
2000D SUBSCRIBER	
HL{4{3{22{0 DMG{D8{20051222	HL{4{3{22{0 (No DMG segment on 277)
2100D SUBSCRIBER NAME	
NM1{IL{1{MEMBER{JANE{L{MI{A01010101	NM1{IL{1{MEMBER{JANE{L{MI{A01010101
2200D CLAIM STATUS TRACKING NUMBER	
TRN{1{CLAIM0001 REF{1K{100015000606 <AHCCCS CRN> REF{EJ{EVAFA000 <PATIENT ACCT NO> AMT{T3{49 DTP{472{RD8{20091202-20091202	TRN{2{CLAIM0001 STC{F1{72{20100101{49{3.45{20100101{20100105{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	
NONE	SVC{HC{81002{20{3.45{1 STC{F1{65{20100101 REF{FJ{LINE001 DTP{472{RD8{20091202-20091202 SVC{HC{81007{29{0{1 STC{F2{8{20100101 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 SVC: HC=HCPC Codes 81007=Procedure code 29=Line charge amount

	0=Line payment amount 1=Quantity STC: F2=Finalized/Denial 8=No payment due to contract/plan provisions. 01/01/10=Status effective date
TRANSACTION SET TRAILER	
SE{17{0101	SE{24{0001
ENVELOPE	
GE{1{1 IEA{1{101213001	GE{1{1 IEA{1{900000001

DRAFT

4.1.3.6 CRN Found – w/Line Example

276 INQUIRY REQUEST	277 INQUIRY RESPONSE
ENVELOPE	ENVELOPE
ISA{00{ 00{ {ZZ{010101 {ZZ{AHCCCS866004791{101213{1215{^00501{101213001{0{T GS{HR{010101{AHCCCS866004791{20100825{1038{1{X{005010X212	ISA{00{ 00{ {ZZ{AHCCCS866004791{ZZ{010101 {101214{0755{^00501{900000001{0{T GS{HN{010101{AHCCCS866004791{20101214{0755{1{X{005010X212
HEADER	HEADER
ST{276{0101{005010X212 BHT{0010{13{1{20100825{101213	ST{276{0101{005010X212 BHT{0010{08{1{20101214{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{0
2100B INFORMATION RECEIVER NAME	2100B INFORMATION RECEIVER NAME
NM1{41{2{BILLINGPROVIDER{46{9087654321	NM1{41{2{BILLINGPROVIDER{46{9087654321
2000C SERVICE PROVIDER	
HL{3{2{19{1	HL{3{2{19{1
2100C PROVIDER NAME	
NM1{1P{1{PROVIDER{SERVICE{XX{9012345678	NM1{1P{1{PROVIDER{SERVICE{XX{9012345678
2000D SUBSCRIBER	
HL{4{3{22{0 DMG{D8{20051222	HL{4{3{22{0 (No DMG segment on 277)
2100D SUBSCRIBER NAME	
NM1{IL{1{MEMBER{JANE{L{MI{A01010101	NM1{IL{1{MEMBER{JANE{L{MI{A01010101
2200D CLAIM STATUS TRACKING NUMBER	
TRN{1{CLAIM0001 REF{1K{092270000201 <AHCCCS CRN> REF{EJ{MEMBER001 <PATIENT ACCT #> AMT{T3{100 DTP{472{RD8{20100504-20100504	TRN{2{CLAIM0001 STC{F1{65{20101213{100{96{20101215{20101220{0001502 REF{1K{092270000201 REF{EJ{MEMBER001 DTP{472{RD8{20100504-20100504 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	
SVC{HC{99232{35{1 REF{FJ{LINE001 <LINE ITEM CTRL NO> DTP{472{D8{20100504 <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>	SVC{HC{99232{35{33{1 STC{F1{65{20101213 REF{FJ{LINE001 <LINE ITEM CTRL NO> DTP{472{RD8{20100504-20100504 SVC{HC{99238{65{63{1 STC{F1{65{20101213 REF{FJ{LINE002 DTP{472{RD8{20100504-20100504 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 SVC: HC=HCPC Codes 99232=Procedure code 65=Line charge amount

	63=Line payment amount 1=Quantity STC: F1=Finalized/Payment 65=Claim/Line has been paid 12/13/10=Status effective date
TRANSACTION SET TRAILER	
SE{20{0101	SE{24{0001
ENVELOPE	
GE{1{1 IEA{1{101213001	GE{1{1 IEA{1{900000001

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4.1.3.7 CRN Found – Approved & Adjusted Example

276 INQUIRY REQUEST	277 INQUIRY RESPONSE
ENVELOPE	ENVELOPE
ISA{00{ 00{ {ZZ{010101 {ZZ{AHCCCS866004791{101213{1215{^00501{101213001{0{T{ GS{HR{010101{AHCCCS866004791{20100825{1038{1{X{005010X212	ISA{00{ 00{ {ZZ{AHCCCS866004791{ZZ{010101 {101214{0755{^00501{900000001{0{T{ GS{HN{010101{AHCCCS866004791{20101214{0755{1{X{005010X212
HEADER	HEADER
ST{276{0101{005010X212 BHT{0010{13{1{20100825{101213	ST{276{0101{005010X212 BHT{0010{08{1{20101214{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{0
2100B INFORMATION RECEIVER NAME	2100B INFORMATION RECEIVER NAME
NM1{41{2{BILLINGPROVIDER{46{9087654321	NM1{41{2{BILLINGPROVIDER{46{9087654321
2000C SERVICE PROVIDER	
HL{3{2{19{1	HL{3{2{19{1
2100C PROVIDER NAME	
NM1{1P{1{PROVIDER{SERVICE{XX{9012345678	NM1{1P{1{PROVIDER{SERVICE{XX{9012345678
2000D SUBSCRIBER	
HL{4{3{22{0 DMG{D8{20051222	HL{4{3{22{0 (No DMG segment on 277)
2100D SUBSCRIBER NAME	
NM1{IL{1{MEMBER{JANE{L{MI{A01010101	NM1{IL{1{MEMBER{JANE{L{MI{A01010101
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{20101208-20101208	TRN{2{CLAIM0001 STC{F1 101{20101213{681.4{338.96{20101215{20101220{0001502 REF{1K{090065000015 REF{EJ{613115602 DTP{472{RD8{20101208-20101208 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 0001502=Check number
2210D SERVICE LINE INFORMATION	
NONE	SVC{HC 99285{681.4{338.96{1 STC{F1 101{20101213 REF{FJ{LINE001 <LINE ITEM CONTROL NO> DTP{472{RD8{20101208-20101208 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	
SE{17{0101	SE{20{0001
ENVELOPE	
GE{1{1 IEA{1{101213001	GE{1{1 IEA{1{900000001

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"> Can not 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

4.3 Frequently Asked Questions

None available at this time.

4.4 Other Resources

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5. TI Change Summary

#	Location & Section	Revision
0.4	Page 2	<ul style="list-style-type: none"> Removed Page 2 – copyright box
0.4	Page 4-7 3.1 Instruction Tables	<ul style="list-style-type: none"> Clean up tables
0.4	Page 8-30 4.1.1 & 4.1.2 Transaction Notes	<ul style="list-style-type: none"> Remove un-needed columns and clean up tables

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