



ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM

**STANDARD COMPANION GUIDE
TRANSACTION INFORMATION**

**INSTRUCTIONS RELATED TO HEALTH CARE PAYER
UNSOLICITED CLAIM STATUS (277U)
BASED ON ASC X12 TECHNICAL REPORTS TYPE 3 (TR3)
VERSION 003070X070**

**COMPANION GUIDE
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AHCCCS 277U STANDARD COMPANION GUIDE TRANSACTION INFORMATION

1	INTRODUCTION	2
1.1	Overview of HIPAA Legislation.....	2
1.2	Compliance according to HIPAA.....	2
1.3	Compliance according to ASC X12 Standard for Electronic Data Interchange Report Type 3 (TR3)	2
1.4	Intended Use	2
2	ASC X12 STANDARDS FOR ELECTRONIC DATA INTERCHANGE REPORT TYPE 3....	2
3	277 UNSOLICITED ENCOUNTER STATUS TRANSACTIONS.....	3
3.1	Transaction Overview	3
3.2	277U Encounter Status Transaction Specifications	4
3.4	277U Health Care Payer Unsolicited Claim Status Instruction Table.....	6
4.	CHANGE SUMMARY	16

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 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)

1.3 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 X12’s Fair Use and Copyright statements.

2 ASC X12 STANDARDS FOR ELECTRONIC DATA INTERCHANGE REPORT TYPE 3

- 003070X070 Health Care Payer Unsolicited Claim Status (277U)

3 277 UNSOLICITED ENCOUNTER STATUS TRANSACTIONS

3.1 Transaction Overview

AHCCCS uses the ASC X12 277 Health Care Payer Unsolicited Claim Status Transaction to inform contracted health plans of the statuses of the encounters that they have submitted to AHCCCS. Encounters that have been accepted by AHCCCS and adjudicated by the AHCCCS Pre-Paid Medical Management Information System (PMMIS) are reported on the Unsolicited 277 Transaction. Encounters that have been pended or denied by PMMIS as well as approved encounters are included.

Following periodic PMMIS batch encounter adjudication, AHCCCS returns to each health plan a 277U Status Transaction with information on each adjudicated encounter. The 277U Transactions can be downloaded to health plan systems as HIPAA compliant transactions. In either mode, claim status responses carry identification and status information as well as service data. HIPAA Status Category and Status Codes tell 277U receivers when encounters are approved or denied by AHCCCS and when they are pended for correction and require modification. For each health plan, encounters are in 277 sequence by Servicing Provider ID, AHCCCS Recipient ID, and Encounter Reference Number.

As a result of some AHCCCS MCOs (Managed Care Organizations) desiring additional data not found in 277U, AHCCCS created a 277U Supplemental File.

The 277 Unsolicited Encounter Status Transactions replaced the pre-HIPAA Adjudicated Encounter File. AHCCCS encounter correction procedures remain as is and are not affected by the 277U.

For each health plan that receives them, 277U Encounter Status Transactions are organized in a hierarchical manner by servicing provider, health plan member, encounter, and service line. A 2000D Claim Submitter Level Loop appears for each member and two 2200D Claim Submitter Trace Number Loops for each encounter. Each 2000D Loop and loops subservient to it carry recipient identification and demographic information and claim status, service, and payment information. Two 2200D Loops are created for each encounter. This allows AHCCCS to return both the AHCCCS CRN and the Health Plan CRN. The 2220D Loop Service Line information is not used for pended encounters.

The combinations of HIPAA compliant Status Category and Status Codes that AHCCCS uses on the 277U reflect encounter processing categories determined by PMMIS. Complete translation of PMMIS encounter error codes is not attempted. To give encounter submitters data not provided on the 277 Transaction, AHCCCS creates a 277U Supplemental File to accompany 277U Transactions.

Further information on the Status Category and Status Codes used by AHCCCS in the 277U Transaction can be found in Section 3.3 Status Category and Status Codes Combinations.

3.2 277U Encounter Status Transaction Specifications

The purpose of these Transaction Specifications is to identify and describe the data elements used in the AHCCCS 277U Encounter Status Transaction. These elements tell encounter submitters the results of the periodic AHCCCS encounter adjudication process. Approved, pended and denied encounters are included.

A 277U Supplemental File accompanies the 277U Transaction for encounter submitters that request it. The Supplemental File carries encounter status data that is not supported by the 277U, including, for encounters denied by AHCCCS, the detailed Denial Reason Codes generated by PMMIS.

The 277U Transaction uses HIPAA compliant Health Care Claim Status Category and Health Care Claim Status Codes to show the statuses of selected encounters and service lines. For institutional encounters, statuses are reported at the invoice level. Professional, dental, and pharmacy statuses are reported at the service level line.

On the 277U Transaction, institutional encounters populate data in only the header-level 2200D Loop without use of the 2220D Service Line Loop.

Professional, dental, and pharmacy encounters are “split” when they have more than one payment line. They are represented on the 277U by data in both 2200D and 2220D Loops with a separate header for each service line.

AHCCCS assigns six sets of Status Category/Status Code combinations at the institutional invoice or professional/dental/pharmacy service line level. Detailed information appears in Section 3.3 Status Category and Status Codes Combinations.

For each institutional invoice or professional/dental/pharmacy service line submitted during the previous month and accepted by AHCCCS, the system generates an appropriate HIPAA compliant Status Category and Status Code combination for the 277U Transaction.

3.3 Status Category and Status Codes Combinations

AHCCCS assigns eight sets of Status Category/Status Code combinations at the institutional invoice or professional/dental/pharmacy service line level. Detailed information appears in the table below.

STATUS CODES USED BY AHCCCS ON THE 277U ENCOUNTER STATUS TRANSACTION					
PMMIS Adjudication Status Code	Current Description	HC Claim Status Category Code	Description	HC Claim Status Code	Description
11	In Process	P1	Pending/In Process – The Claim or Encounter is in the Adjudication System	02	More detailed information in letter
31	Adjudicated/ Approved	F0	Finalized – The Claim or Encounter has completed the adjudication cycle and no more action will be taken	0	Service adjudication or payment date
32	Adjudicated/ Voiced Original	F3	Finalized/Revised – Adjudication information has been changed	686	The Claim or Encounter has completed the adjudication cycle and the entire claim has been voided
33	Adjudicated/ Replaced Original	F3	Finalized/Revised – Adjudication information has been changed	0	Service adjudication or payment date
41	Adjudicated/ Denied by AHCCCS	F2	Finalized/Denial – The Claim/Line has been denied	23	Returned to entity
43	Adjudicated/ Denied by Plan	F0	Finalized – The Claim or Encounter has completed the	585	Denied Charge or Non-Covered Charge
59	Internal PEND	P5	Pending/In Process – This claim is PEND for internal review by AHCCCS.	41	
99	Internal PEND	P5	Pending/In Process – This claim is PEND for internal review by AHCCCS.	41	

3.4 277U Health Care Payer Unsolicited Claim Status Instruction Table

LOOP ID	ELEMENT	DESCRIPTION	AHCCCS USAGE/EXPECTED VALUE
	ISA	INTERCHANGE CONTROL HEADER	Expect only 1 ISA Per File
	ISA01	Authorization Information Qualifier	Expect value 00 (No authorization information present)
	ISA02	Authorization Information	Leave field blank – not used by AHCCCS
	ISA03	Security Information Qualifier	Expect value 00 (No security information present)
	ISA04	Security Information	Leave field blank – not used by AHCCCS
	ISA05	Interchange ID Qualifier	Expect value ZZ
	ISA06	Interchange Sender ID	Expect AHCCCS866004791
	ISA07	Interchange ID Qualifier	Expect value ZZ
	ISA08	Interchange Receiver ID	Expect Health Plan Tax ID
	ISA09	Interchange Date	Expect Interchange Date YYMMDD
	ISA10	Interchange Time	Expect Interchange Time HHMM
	ISA11	Repetition Separator	Expect U - U.S. EDI Community of ASC X12, TDCC, and UCS
	ISA12	Interchange Control Version Number	Expect 00307 Standards for Trial Use Approved for Publication by ASC X12 Procedure Review Board through October 1997
	ISA13	Interchange Control Number	Expect the Interchange Control Number. ISA13 must be identical to the control number in associated Interchange Trailer field IEA02.
	ISA14	Acknowledgement Requested	Expect 0 (No Acknowledgement requested) Expect 1 (Interchange Acknowledgement Requested)
	ISA15	Interchange Usage Indicator	Expect value P (Production) Expect value T (Test)
	ISA16	Component Element Separator	Expect value (Pipe) used by AHCCCS for component separation
	GS	FUNCTIONAL GROUP HEADER	
	GS01	Functional Identifier Code	Expect HN Health Care Claim Status Notification (277)
	GS02	Application Sender's Code	Expect AHCCCS866004791
	GS03	Application Receiver's Code	Expect the six digit Health Plan ID
	GS04	Date	Expect Date CCYYMMDD
	GS05	Time	Expect Time HHMM
	GS06	Group Control Number	Expect a control number for the functional group of transactions.
	GS07	Responsible Agency Code	Expect value X Accredited Standards Committee X12
	GS08	Version Release/Industry Identifier Code	Expect 003070X070

AHCCCS 277U STANDARD COMPANION GUIDE TRANSACTION INFORMATION

LOOP ID	ELEMENT	DESCRIPTION	AHCCCS USAGE/EXPECTED VALUE
	ST	TRANSACTION SET HEADER	
	ST01	Transaction Set Identifier Code	Expect 277
	ST02	Transaction Set Control Number	Assigned unique number
	BHT	TRANSACTION STRUCTURE	
	BHT01	Hierarchical Structure Code	Expect 0010
	BHT02	Transaction Set Purpose Code	Expect 08
	BHT03	Originator Application Transaction Identifier	Expect assigned unique number (6 digit HP ID+3-digit TSN+ProcessDateCCYYMMDD+ Transaction Sequence Number)
	BHT04	Transaction Set Creation Date	Expect Process Date CCYYMMDD
	BHT06	Transaction Type Code	Expect TH
2000A	HL	INFORMATION SOURCE	
2000A	HL01	Hierarchical ID Number	Expect always 1 for the initial HL Segment
2000A	HL03	Hierarchical Level Code	Expect 20 Information Source
2000A	HL04	Hierarchical Child Code	Expect 1 Additional subordinate HL Data Segment in this hierarchical structure
2100A	NM1	PAYER NAME	
2100A	NM101	Entity Identifier Code	Expect PR Payer
2100A	NM102	Entity Type Qualifier	Expect 2 Non Person Entity
2100A	NM103	Payer Name	Expect AHCCCS
2100A	NM108	Identification Code Qualifier	Expect FI Federal Taxpayer's Identification Number
2100A	NM109	Payer Identifier	Expect 866004791 AHCCCS Federal Tax ID
2000B	HL	INFORMATON RECEIVER	
2000B	HL01	Hierarchical ID Number	Expect 2 The HL Segment within the 2000B Information Receiver Level Loop is always for the second HL Segment in the transaction.
2000B	HL02	Hierarchical Parent ID Number	Expect 1 Level of the HL Segment to which this HL Segment is subordinate.
2000B	HL03	Hierarchical Level Code	Expect 21 Information Receiver
2000B	HL04	Hierarchical Child Code	Expect 1 Additional subordinate HL Data Segment in this hierarchical structure
2100B	NM	INFORMATION RECEIVER NAME	
2100B	NM101	Entity Identifier Code	Expect 41 Submitter
2100B	NM102	Entity Type Qualifier	Expect 2 Non-Person Entity
2100B	NM103	Information Receiver Last or Organization Name	Expect Health Plan Name
2100B	NM108	Identification Code Qualifier	Expect 46 Electronic Transmitter Identification Number (ETIN)
2100B	NM109	Information Receiver Identification Number	Expect the six digit Health Plan ID+three digit Transmission Submitter Number (TSN)

AHCCCS 277U STANDARD COMPANION GUIDE TRANSACTION INFORMATION

LOOP ID	ELEMENT	DESCRIPTION	AHCCCS USAGE/EXPECTED VALUE
2000C	HL	PROVIDER OF SERVICE	
2000C	HL01	Hierarchical ID Number	Expect 3 -For AHCCCS, this is the third, servicing provider level HL Level within the 277U Transaction. For 277U Transactions, with any number of servicing providers within a health plan network, the value of HL01 in Loop 2000C beings with 3 and increases by 1 for each servicing provider. The second servicing provider should have a 2000C/HL01 value of 4, the third a value of 5, and so forth
2000C	HL02	Hierarchical Parent ID Number	Expect 2 for AHCCCS, the 2000C Service Provider Level Loop is always subordinate to the 2000B Information Receiver Loop
2000C	HL03	Hierarchical Level Code	Expect 19 Provider of Service
2000C	HL04	Hierarchical Child Code	Expect 1 Additional Subordinate Data Segment in the Hierarchal Structure
2100C	NM	PROVIDER INFORMATION	
2100C	NM101	Entity Identifier Code	Expect 1P Provider
2100C	NM102	Entity Type Qualifier	Expect 2 Non-Person Entity
2100C	NM103	Provider Last or Organization Name	Expect Encounter's Service Provider Name or NO NAME AVAILABLE
2100C	NM108	Identification Code Qualifier	Expect SV Service Provider Number XX National Provider ID Number
2100C	NM109	Provider Identifier	Expect AHCCCS 6 digit Provider ID+2 digit location code, NPI or NOT FOUND
2000D	HL	SUBSCRIBER	
2000D	HL01	Hierarchical ID Number	Expect 4 – for AHCCCS, this is the final HL Level within the 277U Transaction. For interactive requests, HL01 in the 2000D Loop will always have a value of 4. 277U Transactions can have any number of recipient claim status requests; the value of HL01 in Loop 2000D begins with 4 and increases by 1.
2000D	HL02	Hierarchical Parent ID Number	Expect 3 for AHCCCS, the 2000D Subscriber Loop is always subordinate to the 2000C Service Provider Loop.
2000D	HL03	Hierarchical Level Code	Expect 22 Subscriber
2000D	HL04	Hierarchical Child Code	Expect 0 No subordinate HL Segment in this hierarchical structure. A subordinate segment would be at the dependent level – not used by AHCCCS.
2100D	NM	SUBSCRIBER NAME	
2100D	NM101	Entity Identifier Code	Expect QC Patient
2100D	NM102	Entity Type Qualifier	Expect 1 Person

AHCCCS 277U STANDARD COMPANION GUIDE TRANSACTION INFORMATION

LOOP ID	ELEMENT	DESCRIPTION	AHCCCS USAGE/EXPECTED VALUE
2100D	NM103	Subscriber Last Name	Expect Recipient Last Name or NOT AVAILABLE
2100D	NM104	Subscriber First Name	Expect Recipient First Name or NOT AVAILABLE
2100D	NM105	Subscriber Middle Name	Expect Recipient Middle Name or NOT AVAILABLE
2100D	NM108	Identification Code Qualifier	Expect MI Member Identification Number
2100D	NM109	Subscriber Identifier	Expect member's AHCCCS ID or NOT AVAILABLE
2200D	TRN	CLAIM SUBMITTER'S IDENTIFIER	<p>The first 2200D loop will contain the AHCCCS CRN in the Payer's Claim Control Number</p> <p>The second 2200D loop will contain the Health Plan CRN in the Payer's Claim Control Number</p>
2200D 1 st Occurrence	TRN01	Trace Type Code	<p>Expect 2 Referenced Transaction Trace Numbers</p> <p>The 2200D Loop, although it is called the "C Submitter's Identifier Loop" in the 277U Implementation Guide, is the loop that carrier header-level data for both institutional and non-institutional encounters.</p> <p>Two 2200D Loops will be created. The first occurrence of the 2200D Loop will contain the AHCCCS CRN in element REF02. The second occurrence of the 2200D Loop will contain the Health Plan CRN in element REF02.</p>
2200D 1 st Occurrence	TRN02	Reference Identification	<p>Expect Patient Account Number or for NCPDP, NO DATA AVAILABLE</p> <p>Patient Account Number matches CLM01 from all 837 Transactions.</p>
2200D	STC	CLAIM LEVEL STATUS INFORMATION	
2200D 1 st Occurrence	STC01-1	Industry Code	Six combinations of Status Category and Status Codes identify adjudication statuses equivalent to the statuses maintained in PMMIS. Specific code values and descriptions can be found in the Status Code Table earlier in this section.
2200D 1 st Occurrence	STC01-2	Industry Code	Six combinations of Status Category and Status Codes identify adjudication statuses equivalent to the statuses maintained in PMMIS. Specific code values and descriptions in the 3.3 Status Category and Status Codes Combinations on Page 5.
2200D 1 st Occurrence	STC02	Date	Expect the AHCCCS Encounter Processing Date in YYMMDD format

AHCCCS 277U STANDARD COMPANION GUIDE TRANSACTION INFORMATION

LOOP ID	ELEMENT	DESCRIPTION	AHCCCS USAGE/EXPECTED VALUE
2200D 1 st Occurrence	STC03	Action Code	Expect NA No Action Required Actions taken to correct pending encounters are separate from the 277U Transaction. Health plans receive separate Pending Encounter Files to facilitate encounter correction.
2200D 1 st Occurrence	STC04	Total Claim Charge Amount	Expect Claim Charge amount or 0 The amount charged by the provider for all services on the claim that generated in this encounter
2200D	REF	PAYER'S CLAIM CONTROL NUMBER	
2200D 1 st Occurrence	REF01	Reference Identification Qualifier	Expect 1K Payer's Claim Number
2200D 1 st Occurrence	REF02	Payer Claim Control Number	Expect AHCCCS CRN or AHCCCS CRN NOT AVAILABLE In the first occurrence of the 2200D Loop, this REF Segment carries the 14-digit Claim Reference number assigned by AHCCCS.
2200D	REF	INSTITUTIONAL TYPE OF BILL	
2200D 1 st Occurrence	REF01	Reference Identification Qualifier	Expect BLT Billing Type The REF Segment is used on Institutional Claims Only
2200D 1 st Occurrence	REF02	Bill Type Identifier	Expect Bill Type, the institutional claim's UB04 Type of Bill Code
2200D	REF	MEDICAL RECORD NUMBER	
2200D 1 st Occurrence	REF01	Reference Identification Qualifier	Expect EA Medical Record Identification Number
2200D 1 st Occurrence	REF02	Medical Record Number	Expect when available, the Medical Record Number with which the claim used by the Health Plan to generate an encounter is associated.
2200D	DTP	CLAIM SERVICE DATE	
2200D 1 st Occurrence	DTP01	Date Time Qualifier	Expect 472 Service
2200D 1 st Occurrence	DTP02	Date Time Period Format Qualifier	Expect RD8 CCYYMMDD-CCYYMMDD
2200D 1 st Occurrence	DTP03	Date Time Period	Expect on institutional encounters, the first and last Dates of Service. Dates of Service appear only at the service line level for professional, dental, and pharmacy encounters.

AHCCCS 277U STANDARD COMPANION GUIDE TRANSACTION INFORMATION

LOOP ID	ELEMENT	DESCRIPTION	AHCCCS USAGE/EXPECTED VALUE
2220D	SVC	SERVICE LINE INFORMATION	This loop will not be present for encounters in a Pend Status
2220D 1 st Occurrence	SVC01-1	Product or Service ID Qualifier	Expect Procedure Code Qualifier AD American Dental Association Codes HC Health Care Financing Administration Common Procedural Coding ND National Drug Code The “AD” value is for dental service lines, the “HC” value for professional service lines, and the “ND” value for pharmacy service lines
2220D 1 st Occurrence	SVC01-2	Service Identification Code	Expect Procedure Code On dental encounter lines, the ADA Procedure Code. On professional and outpatient lines, the HCPCS Procedure Code. On pharmacy lines, the NDC Code.
2220D 1 st Occurrence	SVC01-3	Procedure Modifier	Expect Procedure Modifier If present, the first Procedure Modifier on a professional service line.
2220D 1 st Occurrence	SVC01-4	Procedure Modifier	Expect Procedure Modifier If present, the second Procedure Modifier on a professional service line.
2220D 1 st Occurrence	SVC01-5	Procedure Modifier	Expect Procedure Modifier If present, the third Procedure Modifier on a professional service line.
2220D 1 st Occurrence	SVC01-6	Procedure Modifier	Expect Procedure Modifier If present, the fourth Procedure Modifier on a professional service line.
2220D 1 st Occurrence	SVC02	Line Item Charge Amount	Expect Line Charge Amount For professional, dental, and pharmacy service lines, the amount charged by the provider for the service.
2220D 1 st Occurrence	SVC03	Line Item Charge Amount	Expect for professional, dental, and pharmacy service lines, the amount paid by the health plan for the service.
2220D 1 st Occurrence	SVC07	Quantity	Expect Units of Service for the service line.
2220D	STC	SERVICE LINE STATUS INFORMATION	
2220D 1 st Occurrence	STC01-1	Industry Code	An STC01-1 value is generated, in combination with a value for STC01-2, for every professional, dental, or pharmacy service line reported on a 277U Transaction. Six combinations of Status Category and Status Codes identify adjudication statuses equivalent to the statuses maintained in PMMIS. Specific code values and descriptions can be found in the 3.3 Status Category and Status Codes Combinations on Page 5. For institutional encounters, Status Codes appear in the encounter level 2200D Loop.

AHCCCS 277U STANDARD COMPANION GUIDE TRANSACTION INFORMATION

LOOP ID	ELEMENT	DESCRIPTION	AHCCCS USAGE/EXPECTED VALUE
2220D 1 st Occurrence	STC01-2	Industry Code	An STC01-2 value is generated in combination with a value for STC01-1, for every professional, dental, or pharmacy service line reported on a 277U Transaction. Six combinations of Status Category and Status Codes identify adjudication statuses equivalent to the statuses maintained in PMMIS. Specific code values and descriptions can be found in the 3.3 Status Category and Status Codes Combinations on Page 5.
2220D	REF	SERVICE LINE ITEM CONTROL NUMBER	
2220D 1 st Occurrence	REF01	Reference Identification Qualifier	Expect FJ Line Item Control Number
2220D 1 st Occurrence	REF02	Line Item Control Number	Expect the AHCCCS Claim Reference Number (CRN) Suffix assigned to the service line
2220D	DTP	SERVICE LINE DATE	
2220D 1 st Occurrence	DTP01	Date Time Qualifier	Expect 472 Service
2220D 1 st Occurrence	DTP02	Date Time Period Format Qualifier	Expect RD8 Service Dates in CCYYMMDD-CCYYMMDD format. Both from and through dates are included even when they are the same.
2220D 1 st Occurrence	DTP03	Date Time Period	Expect the service line Begin and End Dates of Service for non-institutional encounters.
2200D	TRN	CLAIM SUBMITTER'S IDENTIFIER	This second occurrence 2200D loop will contain the Health Plan CRN
2200D 2 nd Occurrence	TRN01	Trace Type Code	Expect 2 Referenced Transaction Trace Numbers The 2200D Loop, although it is called the "C Submitter's Identifier Loop" in the 277U Implementation Guide, is the loop that carrier header-level data for both institutional and non-institutional encounters. Two 2200D Loops will be created. The first occurrence of the 2200D Loop will contain the AHCCCS CRN in element REF02. The second occurrence of the 2200D Loop will contain the Health Plan CRN in element REF02.
2200D 2 nd Occurrence	TRN02	Reference Identifications	Expect Patient Account Number matches CLM01 from all 837 transactions or for NCPDP, NO DATA AVAILABLE
2200D	STC	CLAIM LEVEL STATUS INFORMATOIN	
2200D 2 nd Occurrence	STC01	HEALTH CARE CLAIM STATUS	

AHCCCS 277U STANDARD COMPANION GUIDE TRANSACTION INFORMATION

LOOP ID	ELEMENT	DESCRIPTION	AHCCCS USAGE/EXPECTED VALUE
2200D 2 nd Occurrence	STC01-1	Industry Code	Expect Health Care Claim Status Category Code Six combinations of Status Category and Status Codes identify adjudication statuses equivalent to the statuses maintained in PMMIS. Specific code values and descriptions can be found in the 3.3 Status Category and Status Codes Combinations on Page 5.
2200D 2 nd Occurrence	STC01-2	Industry Code	Expect Health Care Claim Status Code Six combinations of Status Category and Status Codes identify adjudication statuses equivalent to the statuses maintained in PMMIS. Specific code values and descriptions can be found in the 3.3 Status Category and Status Codes Combinations on Page 5.
2200D 2 nd Occurrence	STC02	Date	Expect AHCCCS Encounter Processing Date in YYMMDD format
2200D 2 nd Occurrence	STC03	Action Code	Expect NA No Action Required Actions taken to correct pending encounters are separate from the 277U Transaction. Health plans receive separate Pending Encounter Files to facilitate encounter correction.
2200D 2 nd Occurrence	STC04	Monetary Amount	Expect the amount charged by the provider for all services on the claim that generated this encounter.
2200D	REF	PAYER'S CLAIM CONTROL NUMBER	
2200D 2 nd Occurrence	REF01	Reference Identification Qualifier	Expect 1K Payer's Claim Number
2200D 2 nd Occurrence	REF02	Reference Identification	Expect the second occurrence of the 2200D Loop Health Plan's CRN or HEALTH PLAN CRN NOT AVAILABLE
2200D	REF	INSTITUTIONAL TYPE OF BILL	
2200D 2 nd Occurrence	REF01	Reference Identification Qualifier	Expect BLT This REF segment is used on Institutional Claims Only
2200D 2 nd Occurrence	REF02	Reference Identification	Expect Bill Type of Institutional Claims
2200D	REF	MEDICAL RECORD NUMBER	
2200D 2 nd Occurrence	REF01	Reference Identification Qualifier	Expect EA Medical Record Number
2200D 2 nd Occurrence	REF02	Reference Identification	Expect when available, the Medical Record Number with which the claim used by the health plan to generate an encounter is associated.

AHCCCS 277U STANDARD COMPANION GUIDE TRANSACTION INFORMATION

LOOP ID	ELEMENT	DESCRIPTION	AHCCCS USAGE/EXPECTED VALUE
2200D	DTP	CLAIM SERVICE DATE	
2200D 2 nd Occurrence	DTP01	Date Time Qualifier	Expect 472
2200D 2 nd Occurrence	DTP02	Date Time Period Format Qualifier	Expect RD8 Range of dates expressed in format CCYYMMDD-CCYYMMDD
2200D 2 nd Occurrence	DTP03	Date Time Period	Expect on institutional encounters, the first and last Dates of Service. Dates of Service appear only at the service line level for professional, dental, and pharmacy encounters.
2220D	SVC	SERVICE LINE INFORMATION	This loop will not be present for encounters in a pend status.
2220D 2 nd Occurrence	SVC01-1	Product or Service ID Qualifier	Expect Procedure Code Qualifier AD American Dental Association Codes HC Health Care Financing Administration Common Procedural Coding ND National Drug Code The “AD” value is for dental service lines, the “HC” value for professional service lines, and the “ND” value for pharmacy service lines.
2220D 2 nd Occurrence	SVC01-2	Service Identification Code	On dental encounter lines, the ADA Procedure Code. On professional and outpatient lines, the HCPCS Procedure Code. On pharmacy lines, the NDC Code.
2220D 2 nd Occurrence	SVC01-3	Procedure Modifier	Expect Procedure Modifier If present, the first Procedure Modifier on a professional service line.
2220D 2 nd Occurrence	SVC01-4	Procedure Modifier	Expect Procedure Modifier If present, the second Procedure Modifier on a professional service line.
2220D 2 nd Occurrence	SVC01-5	Procedure Modifier	Expect Procedure Modifier If present, the third Procedure Modifier on a professional service line.
2220D 2 nd Occurrence	SVC01-6	Procedure Modifier	Expect Procedure Modifier If present, the fourth Procedure Modifier on a professional service line.
2220D 2 nd Occurrence	SVC02	Line Item Charge Amount	Expect Line Charge Amount For professional, dental, and pharmacy service lines, the amount charged by the provider for the service.
2220D 2 nd Occurrence	SVC03	Line Item Charge Amount	Expect for professional, dental, and pharmacy service lines, the amount paid by the health plan for the service.
2220D 2 nd Occurrence	SVC07	Quantity	Expect Units of Service for the service line.

AHCCCS 277U STANDARD COMPANION GUIDE TRANSACTION INFORMATION

LOOP ID	ELEMENT	DESCRIPTION	AHCCCS USAGE/EXPECTED VALUE
2220D	STC	SERVICE LINE STATUS INFORMATOIN	
2220D 2 nd Occurrence	STC01-1	Industry Code	An STC01-1 value is generated in combination with a value for STC01-2, reported on a 277U Transaction. Review the 3.3 Status Category and Status Codes Combinations on Page 5. For Institutional encounters, Status Codes Level 2000D Loop
2220D 2 nd Occurrence	STC01-2	Industry Code	An STC01-2 value is generated in combination with a value for STC01-1, reported on a 277U Transaction. Review the 3.3 Status Category and Status Codes Combinations on Page 5.
2220D	REF	SERVICE LINE ITEM CONTROL NUMBER	
2220D 2 nd Occurrence	REF01	Reference Identification Qualifier	Expect FJ Line Item Control Number
2220D 2 nd Occurrence	REF02	Line Item Control Number	Expect Line Item Control Number The AHCCCS Claim Reference Number Suffix assigned to the service line.
2220D	DTP	SERVICE LINE DATE	
2220D 2 nd Occurrence	DTP01	Date Time Qualifier	Expect 472
2220D 2 nd Occurrence	DTP02	Date Time Period Format Qualifier	Expect RD8 CCYYMMDD-CCYYMMDD
2220D 2 nd Occurrence	DTP03	Service Line Date	Expect Service Line Begin-End Date of Service for non-institutional encounters.
	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	Expect the same control number that appears in ST02.
	GE	FUNCTIONAL GROUP TRAILER	
	GE01	Number of Transaction Sets Included	Expect number of ST/SE groups
	GE02	Group Control Number	Expect must match the control number in 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

4. CHANGE SUMMARY

Ver #	Location & Section	Revision	Revision Date
1.0		Draft document for Unsolicited(277U) Encounter Status Transactions	
1.1		Draft Updates	May 2006
1.2		Included the Health plan Paid Amount and the Allowed/ApprovedAmount fields to the 277U Supplemental File Specifications table. Updated the file name syntax and file path for 277U and 277U Supplemental 277U Supplemental file specifications – Included CRNstatus 'AV' to correspond to PMMIS status codes	June 2008
1.3		2008-0287 PMMIS/277U Status Codes	March 2009
1.4		Removed draft and validated format	September 2016
2.0	5.2 Status Code	Change numbering system and updated Status Code	March 2020
3.0		Removed any reference to 277U Supplemental Information/Layout	April 2020
4.0	Cover Page/Template Technical Environment Directory and File Naming Convention 4.1 General Information 4.2 Batch Data Interchange Conventions 4.3 Acknowledgement Procedures, AHCCCS Interchange Flow for 277U Transaction 5.1 About Transaction Specifications	Updated using new template 3.4 277U Health Care Payer Unsolicited Claim Status Instruction Table – updated/added loops/elements Removed: Technical Environment Directory and File Naming Convention 4.1 General Information 4.2 Batch Data Interchange Conventions 4.3 Acknowledgement Procedures, AHCCCS Interchange Flow for 277U Transaction 5.1 About Transaction Specifications	February 2023