



**ARIZONA HEALTH CARE COST
CONTAINMENT SYSTEM**

**STANDARD COMPANION GUIDE
TRANSACTION INFORMATION**

**INSTRUCTIONS RELATED TO THE
ADDITIONAL INFORMATION TO
SUPPORT HEALTH CARE CLAIM OR
ENCOUNTER (275)
BASED ON ASC X12 TECHNICAL
REPORTS TYPE 3 (TR3)
IMPLEMENTATION GUIDE, VERSION
005010X210**

**COMPANION GUIDE VERSION
NUMBER: 1.0
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1 INTRODUCTION

1.2 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

1.3 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)

1.4 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.

1.5 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

005010X210 Additional Information To Support Health Care Claim or Encounter (275)

3 TRANSACTION SPECIFIC INFORMATION

3.1 Additional Information to Support Health Care Claim or Encounter (275)

LOOP ID	ELEMENT	DESCRIPTION	USE	AHCCCS USAGE/EXPECTED VALUE
	ISA	INTERCHANGE CONTROL HEADER	R	Expect only 1 ISA Per File
	ISA01	Authorization Information Qualifier	R	Expect value 00 (No authorization information present)
	ISA02	Authorization Information	R	Expect 10 blank spaces
	ISA03	Security Information Qualifier	R	Expect value 00 (No security information present)
	ISA04	Security Information	R	Expect 10 blank spaces
	ISA05	Interchange ID Qualifier	R	Expect value ZZ
	ISA06	Interchange Sender ID	R	Expect 5-digit AHCCCS Submitter ID
	ISA07	Interchange ID Qualifier	R	Expect value ZZ
	ISA08	Interchange Receiver ID	R	Expect AHCCCS866004791
	ISA09	Interchange Date	R	Expect Interchange Date
	ISA10	Interchange Time	R	Expect Interchange Time
	ISA11	Repetition Separator	R	Expect ^ (Caret)
	ISA12	Interchange Control Version Number	R	Expect 00501
	ISA13	Interchange Control Number	R	Expect assigned unique 9 digit control number
	ISA14	Acknowledgement Requested	R	Expect value 1 (Acknowledgement requested)
	ISA15	Interchange Usage Indicator	R	Expect value P (Production)
	ISA16	Component Element Separator	R	Expect value (Pipe)
	GS	FUNCTIONAL GROUP HEADER	R	
	GS01	Functional Identifier Code	R	Expect PI (Patient Information)
	GS02	Application Sender's Code	R	Expect 5-digit AHCCCS Submitter ID
	GS03	Application Receiver's Code	R	Expect value AHCCCS866004791
	GS04	Date	R	Expect Date
	GS05	Time	R	Expect Time HHMMSSDD
	GS06	Group Control Number	R	Assigned by Submitter, same as GE02

LOOP ID	ELEMENT	DESCRIPTION	USE	AHCCCS USAGE/EXPECTED VALUE
	GS08	Version Identifier Code	R	Expect 005010X210
	GS05	Time	R	Expect Creation Time (HHMM)
	GS06	Group Control Number	R	Expect Group Control Number assigned by sender
	GS07	Responsible Agency Code	R	Expect value X Accredited Standards Committee X12
	GS08	Version/Release/ Industry Identifier Code	R	Expect 005010X210
	ST	TRANSACTION SET HEADER	R	
	ST01	Transaction Set Identifier Code	R	Expect value 275
	ST02	Transaction Set Control Number	R	Assigned by Submitter, same as SE02
	ST03	Implementation Convention Reference	R	Expect value 005010X210
	BGN	BEGINNING SEGMENT	R	
	BGN01	Transaction Set Purpose Code	R	Expect value 02 (Add) Used when submitting an attachment to an unsolicited 837. Expect value 11 (Response) Used when submitting an attachment to a solicited 837.
	BGN02	Transaction Set Reference Number	R	Expect Transaction Set Reference Number
	BGN03	Transaction Set Creation Date	R	Expect the date on which the transaction is created (CCYYMMDD)
1000A	NM1	PAYER NAME	R	
1000A	NM101	Entity Identifier Code	R	Must be PR
1000A	NM102	Entity Type Qualifier	R	Must be 2 (Non-Person Entity)
1000A	NM103	Payer Name	R	Must be AHCCCS
1000A	NM108	Payer Identification	R	Must be PI (Payor Identification)
1000A	NM109	Identification Code	R	Must be 866004791
1000B	NM1	SUBMITTER INFORMATION	R	
1000B	NM101	Entity Identifier Code	R	Must be 41
1000B	NM102	Entity Type Qualifier	R	Must be 1 (Person) or 2 (Non-Person)
1000B	NM103	Submitter Last or Organization Name	R	Expect Last Name or Organization Name

1000B	NM104	Submitter First Name	S	Expect First Name
1000B	NM105	Submitter Middle Name or Initial	S	Expect Submitter Middle Name or Initial
1000B	NM108	Payer Identification	R	Must be 46
1000B	NM109	Identification Code	R	Submitter Identifier
1000C	NM1	PROVIDER NAME INFORMATION	R	In the Unsolicited 275, the billing provider information must be sent in this segment
1000C	NM101	Entity Identifier Code	R	Must be 1P
1000C	NM102	Entity Type Qualifier	R	Must be 2
1000C	NM103	Name Last or Organization Name	R	Provider Last Name or Organization Name
1000C	NM108	Identification Code Qualifier	R	Must be XX
1000C	NM109	Identification Code	R	Provider 10-digit NPI
1000C	REF	PROVIDER SECONDARY IDENTIFICATION	R	In the Unsolicited 275, if billing provider does not have an NPI
1000C	REF01	Reference Identification Qualifier	R	Must be G2
1000C	REF02	Reference Identification	R	AHCCCS 6-digit ProviderID
1000D	NM1	PATIENT NAME	R	
1000D	NM101	Entity Identifier Code	R	Must be QC
1000D	NM102	Entity Type Qualifier	R	Must be 1
1000D	NM103	Patient Last Name	R	
1000D	NM104	Patient First Name	S	
1000D	NM108	Identification Code Qualifier	R	Must be MI
1000D	NM109	Patient Primary Identifier	R	Except 9-digit AHCCCS Member ID (For example: A12345678)
1100C	NX1	PROVIDER IDENTIFICATION	R	
1100C	NX101	Entity Identifier Code	R	Must be 1P
1100C	N3	PROVIDER ADDRESS	R	
1100C	N3	Address Information	R	

1100C	N4	PROVIDER CITY, STATE, ZIP CODE	R	
1100C	N401	City Name	R	
LOOP ID	ELEMENT	DESCRIPTION	USE	AHCCCS USAGE/EXPECTED VALUE
1100C	N402	State Code	S	
1100C	N403	Postal Code	S	
2000A	LX	ASSIGNED NUMBER	R	
2000A	LX01	Assigned Number	R	LX01 sequence number must start at 1 and increment by 1
2000A	TRN	PAYER CLAIM CONTROL NUMBER/PROVIDER ATTACHMENT CONTROL NUMBER	R	
2000A	TRN01	Transaction Type Code	R	Must be 1
2000A	TRN02	Reference Identification	R	For the unsolicited 275 (BGN01=02 (Add)), the Attachment Control Number is the value from the PKW06 loop of the 837. For the solicited 275 (BGN01 = 11 (Response)), the Attachment Control Number is The Claim Reference Number (CRN)
2000A	STC	STC – STATUS INFORMATION	S	Required when the value of BGN01 is 11 (Response)
2000A	STC01-1	Health Care Status Category Code	R	Must be R3
2000A	STC01-2	Additional Information Request Code	R	Must be 11503-0
2000A	STC0-4	Code List Qualifier Code	R	Must be LOI – LOINC Codes
2100B	CAT	CAT – CATEGORY OF PATIENT INFORMATION SERVICE	R	
2100B	CAT01	Report Type Code	R	Must be AE (Attachment)
2100B	CAT02	Report Transmission Code	R	Must be MB (Binary Image) (Electronic Image)
2110B	BIN	BIN – BINARY DATA SEGMENT	R	
2110B	BIN01	Length of Binary Data	R	Count in BIN01 is equal to the byte count of the contents in BIN02
2110B	BIN02	Binary Data	R	Must not exceed 64 megabytes

	SE	TRANSACTION SET TRAILER	R	
	SE01	Number of Included Segments	R	Expect to be populated with count
	SE02	Transaction Set Control Number	R	Must match ST02 number
LOOP ID	ELEMENT	DESCRIPTION	USE	AHCCCS USAGE/EXPECTED VALUE
	GE	FUNCTIONAL GROUP TRAILER	R	
	GE01	Number of Transaction Sets Included	R	Total number of transaction sets
	GE02	Group Control Number	R	Must be the same at GS06
	IEA	INTERCHANGE CONTROL TRAILER	R	
	IEA01	Number of Included Functional Groups	R	Total number of functional groups sent
	IEA02	Interchange Control Number	R	Expect to be populated

3 275 XML SCHEMA

NOTE: This exact XML Schema must be used as is for the BIN to the </ClinicalDocument>.
The highlighted blank lines must be present.

```
BIN*1191770*Message-ID: <31544005.1.1241807262139.JavaMail.someone@hhdev99>
MIME-Version: 1.0
Content-Type: multipart/related;
    boundary="-----_Part_0_18820833.1390511389008"
Blank line here
-----_Part_0_18820833.1390511389008
Content-Type: text/xml; charset=iso-8859-1
Content-Transfer-Encoding: 7bit
Blank line here
<?xml version="1.0" encoding="UTF-8"?>
<ClinicalDocument>
  <typeID extension="POCD_HD000040" root="2.16.840.1.113883.1.3"/>
  <id extension="OTHER" root="2.16.840.1.113883.19.2744.1.1"/>
  <title>Patient Information Unspecified Content</title>
  <confidentialityCode Display="Normal" code="N" codeSystem="2.16.840.1.113883.5.25"
codeSystemName="Confidentiality"/>
  <effectiveTime value="20140123"/>
  <recordTarget conextControlCode="OP" typeCode="RCT">
    <patientRole classCode="PAT">
      <patient>
        <name>
          <given/>
          <given/>
          <family/>
        </name>
        <administrativeGenderCode/>
        <birthTime/>
      </patient>
    </patientRole>
  </recordTarget>
  <author conextControlCode="OP" typeCode="AUT">
    <assignedAuthor classCode="ASSIGNED">
      <assignedPerson>
        <name>
          <given/>
          <given/>
          <family></family>
        </name>
      </assignedPerson>
    </assignedAuthor>
  </author>
  <custodian typeCode="CST">
    <assignedCustodian classCode="ASSIGNED">
      <representedCustodianOrganization classCode="ORG">
        <name>
          <given/>
          <given/>
          <family></family>
```

```

    </name>
  </representedCustodianOrganization>
</assignedCustodian>
</custodian>
<inFulfillmentOf>
  <order>
    <id extension="1" root="2.16.840.1.113883.19.2744.1.1"/>
  </order>
</inFulfillmentOf>
<body>
  <text mediaType="application/pdf"/>
  <nonXMLBody>
    <reference value="DOCUMENT NAME HERE.PDF"/>
  </nonXMLBody>
</body>
</ClinicalDocument>
Blank line here
-----_Part_0_18820833.1390511389008
Content-Type: application/octet-stream;
  name=DOCUMENT NAME HERE.PDF
Content-Transfer-Encoding: base64
Content-Disposition: attachment;
  filename=DOCUMENT NAME HERE.PDF
Content-ID: DOCUMENT NAME HERE.PDF
Blank line here
AttachmentXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
Blank line here
-----_Part_0_18820833.1390511389008—
~

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4 CHANGE SUMMARY

#	Location & Section	Revision	Revision Date
1.0	New Companion Guide		October 2020