

## Preface

This document contains information regarding Acknowledgement transactions and what a trading partner can expect to receive from AHCCCS. This information will be incorporated into our Companion Guide-Communications/Connectivity Instructions (CG-CCI). These tables and descriptions are included only to clarify what will be returned as a response from AHCCCS.

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## AHCCCS Acknowledgements

Transaction Set	Interchange	Functional Group/ Transaction Set Syntax / IG Conformance	Pre-Application Validation Business Edits	Application / Processing *1
270 Inbound	TA1	999	824	271
275 Inbound	TA1	999	824	n/a
276 Inbound	TA1	999	824	277
278 Inbound Request	TA1	999	824	278
834 Inbound (CRS)	TA1	999	824	
837 FFS Inbound	TA1	999	277CA 824	277PSI 835
837 ENC Inbound	TA1	999	277CA 824	277PSI 277U (003070X070)
NCPDP Post Adj History Inbound	None at this time			
	*1The Application/Processing column also includes the response transaction returned due to the processing of the inbound transaction.			
271 Outbound [response to 270]	*2	*2	*2	*2
277 Outbound [response to 276]	*2	*2	*2	*2
278 Outbound Response	*2	*2	*2	*2
820 Outbound	*2	*2	*2	*2
834 Outbound	*2	*2	*2	*2
835 Outbound	*2	*2	*2	*2
	*2Acknowledgements are determined by receiver – AHCCCS does not require nor use these acknowledgements at this time.			

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## Acknowledgement Transactions

### TA1 Interchange Acknowledgement

Required when requested by the sender (as indicated in the ISA14 of the submitted interchange), or when an interchange is rejected. If not required by this implementation guide, do not send.

When used, the TA1 segment must either be included in the same interchange as the 999 transaction set, or sent within its own interchange (i.e. ISA-TA1-IEA). When included in the same interchange as the 999 transaction set, the TA1 segment must be included within the interchange (ISA/IEA) and outside of any included functional groups (GS/GE). It is recommended that the TA1 segment be placed between the ISA and first occurrence of the GS segment.

### 277PSI Health Care Claim Pending Status Information

Addresses the usage for providing a list of claims that are pending final adjudication in a payer's processing system. The listing would include claims that have been accepted into the payer's processing system, but have not been finalized, paid or denied.

The key identifier used by the Information Receiver for identifying the claim within their system is the Patient Control Number [2200D/REF Segment]. The Information Source also supplies the Payer Claim Control Number which is the key identifier for the payer's system [Payer Claim Control Number TRN/2200D].

**Claim Received Date** – Payers are **required** to provide the date the claim was accepted into the payer's adjudication system for processing.

### 277CA Health Care Claim Acknowledgement

Business application response to the ASC X12 837 claim/encounter transactions. This acknowledges the validity and acceptability of the claims at the pre-processing state.

This transaction provides a standard method of reporting acknowledgment of claims. Claims failing the pre-adjudication editing process are not forwarded to the claims adjudication system.

Identifies claims what are accepted for adjudication as well as those that are not accepted. This 277 transaction is the only notification of pre-adjudication claim status.

### 824 Application Reporting for Insurance

Designed to report transaction set errors related to the use of any X12N-approved implementation guide that does not have another standard vehicle for the reporting of such errors. In addition, it can be used to supplement other error-reporting vehicles that may not provide for reporting of every transaction set error.

Reporting of application errors that are not included in the error reporting of the 997, 999, or to report receipt of a transaction set that fully complies with the business application.

An 824 transaction set may be used to report acceptance or rejection of a transaction set, batch, or item [as defined in each OTI loop] within a received transaction batch. For purposes of this implementation guide, the terms acceptance and rejection are defined as follows:

Acceptance means that the transaction, batch, or item has passed all application level edits and will be processed by the application systems.

Rejection means that the transaction, batch, or item contained errors that prevent processing by the application system.

Informs the submitter of the results of the receiving application system's data content edits of transaction sets.

**999 Implementation Acknowledgement for Health Care Insurance**

From standard front matter of 5010 guides: This implementation guide is intended to enable a receiver of a functional group based on an X12 Implementation Guideline (TR3) related to Health Care Insurance business processes, to report the syntactical and **relational analysis** as specified by that implementation guideline (TR3), or to acknowledge receipt of an error-free transaction set.

Relational conditions from X12.6 =

**3.7.3.2.3 Relational Conditions**

Relational conditions may exist among two or more data segment units within the same data segment, or among two or more component data elements within the same composite data structure, based on the presence or absence of one of those data segment units or component data elements (presence means a data element must not be empty). Relational conditions are specified by a condition code and the identity of the subject elements or structures. Relational conditions may not exist between a component data element and anything outside its parent composite data structure.

Designed to **respond to one and only one functional group [i.e. GS/GE], but will respond to all transaction sets [i.e. ST/SE] within that functional group. ANY IG error results in the entire ST/SE rejection.** For example, an invalid phone number could result in all claims within the ST/SE being rejected.

[from 999 guide: Standard implementation guideline designed for reporting of syntactical errors against a **functional group** based on an X12 Implementation Guideline, or to report receipt of a functional group that fully complies with an implementation guideline.]

This 999 is not limited to only Implementation Guide (IG) errors. It can report standard syntax errors, as well as IG errors.

This 999 implementation guide can NOT be used for any application level validations.

This 999 transaction set is available only in X12 version 5010 and later, but still may be used for acknowledging prior versions of the standard.

5010 Version AK9, Data element 716 – Functional Group Syntax Error Code Missing:

- 7 Invalid Application Sender's Code
- 8 Invalid Application Receiver's Code
- 9 Invalid Responsible Agency Code
- 30 Invalid Group Date
- 31 Invalid Group Time