

## Detail from the 999 in 277A

### REQUEST

Do we need to return the error detail in the 999 when a transaction is accepted with errors? We are thinking we can return the 999 but not provide the detail, in that the detail would be returned back in the 277CA.

Is this a compliant solution, or is the detail required in the 999?

### REFERENCED X12 STANDARDS

The following X12 Standards were reviewed in developing this interpretation:

#### **X12.1 Transaction Sets**

##### **999 - Implementation Acknowledgment**

*Purpose and Scope:*

*This X12 Transaction Set contains the format and establishes the data contents of the Implementation Acknowledgment Transaction Set (999) for use within the context of an Electronic Data Interchange (EDI) environment. The transaction set can be used to define the control structures for a set of acknowledgments to indicate the results of the syntactical and relational analysis of the electronically encoded documents, based upon a full or implemented subset of X12 transaction sets. The encoded documents are the transaction sets, which are grouped in functional groups, used in defining transactions for business data interchange. This standard does not cover the semantic meaning of the information encoded in the transaction sets.*

##### **277 - Health Care Information Status Notification**

*Purpose and Scope:*

*This X12 Transaction Set contains the format and establishes the data contents of the Health Care Information Status Notification Transaction Set (277) for use within the context of an Electronic Data Interchange (EDI) environment. This transaction set can be used by a health care payer or authorized agent to notify a provider, recipient, or authorized agent regarding the status of a health care claim or encounter or to request additional information from the provider regarding a health care claim or encounter, health care services review, or transactions related to the provisions of health care. This transaction set is not intended to replace the Health Care Claim Payment/Advice Transaction Set (835) and therefore, will not be used for account payment posting. The notification may be at a summary or service line detail level. The notification may be solicited or unsolicited.*

### Technical Report Type 3 (TR3)

#### **005010X231 Implementation Acknowledgment For Health Care Insurance (999)**

*Section 1.1 Implementation Purpose and Scope*

*The purpose of this implementation guide is to provide standardized data content and structure to users of the ASC X12 999 transaction set for Health Care Insurance.*

*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.*

*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.*

## IK3 - ERROR IDENTIFICATION

### SEGMENT DETAIL

## IK3 - ERROR IDENTIFICATION

**X12 Segment Name:** Implementation Data Segment Note

**X12 Purpose:** To report implementation errors in a data segment and identify the location of the data segment

**X12 Set Notes:** 1. The data segments of this standard are used to report the results of the syntactical analysis of the functional groups of transaction sets; they report the extent to which the syntax complies with the standards or proper subsets of transaction sets and functional groups as expressed in compliant implementation guides. They do not report on the semantic meaning of the transaction sets (for example, on the ability of the receiver to comply with the request of the sender).

**Loop:** 2100 - AK2/IK3 — ERROR IDENTIFICATION **Loop Repeat:** >1

**Segment Repeat:** 1

**Usage:** SITUATIONAL

**Situational Rule:** Required when an error is present in the transaction set identified in this AK2 loop and the location of the data segment containing the error can be identified by the submitter of this 999. If not required by this implementation guideline, do not send.

**TR3 Example:** IK3\*DMG\*31\*2000\*8~

### DIAGRAM

## IK4 - IMPLEMENTATION DATA ELEMENT

### NOTE

005010X231 • 999 • 2110 - AK2/IK3/IK4 • IK4  
IMPLEMENTATION DATA ELEMENT NOTE

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TECHNICAL REPORT • TYPE 3

### SEGMENT DETAIL

## IK4 - IMPLEMENTATION DATA ELEMENT NOTE

**X12 Segment Name:** Implementation Data Element Note

**X12 Purpose:** To report implementation errors in a data element or composite data structure and identify the location of the data element

**Loop:** 2110 - AK2/IK3/IK4 — IMPLEMENTATION DATA ELEMENT NOTE **Loop Repeat:** >1

**Segment Repeat:** 1

**Usage:** SITUATIONAL

**Situational Rule:** Required when the error in the segment described in the IK3 segment applies to a data element and the location of the data element containing the error can be identified by the submitter of the 999. If not required by this implementation guideline, do not send.

**TR3 Example:** IK4\*3\*1068\*7\*B~

## 005010X214E2 Health Care Claim Acknowledgment (277)

### Section 1.1 Implementation Purpose and Scope

For the health care industry to achieve the potential administrative savings with Electronic Data Interchange (EDI), standards have been developed and need to be implemented consistently by all organizations. To facilitate a smooth transition into an EDI environment, uniform implementation is critical.

The purpose of this implementation guide is to provide standardized data requirements and content for all users of ASC X12, Health Care Information Status Notification

*(277). This implementation guide focuses on the use of the 277 as an acknowledgment of receipt of claim submission(s). This implementation guide provides a detailed explanation of the transaction set by defining uniform data content, identifying valid code tables and specifying values applicable for the business focus of the 277 claim submission acknowledgment. The intention of the developers of the 277 is represented in this guide.*

*Entities receiving this application of the 277 include, but are not limited to, hospitals, nursing homes, laboratories, physicians, dentists, allied health professional groups, employers and supplemental (i.e., other than primary payer) health care claims adjudication processors.*

*Organizations sending this application of the 277 include payers, who may be insurance companies; Third Party Administrators (TPA); service corporations; state and federal agencies and their contractors; plan purchasers; and any other entity that processes health care claims.*

*Other business partners affiliated with the 277 include billing services; consulting services; vendors of systems; software and EDI translators; and EDI network intermediaries such as health care clearinghouses, value-added networks and telecommunication services.*

## **FORMAL INTERPRETATION**

Regarding your question concerning the need to return the error detail in the 999 when a transaction is accepted with errors, the error detail to which you refer is reported in the IK3 and IK4. The error detail instructions in the 005010X231A1 clearly stated if an error exists in the relevant segment or data element these segments must be sent. Therefore, error detail must be sent when error code "e- Accepted But Errors were noted" is used.

## **FURTHER DISCUSSION**

It is not within the purpose and scope of the 999 to reject individual claims, and it must not be attempted. The 999 purpose and scope defines the rejection or acceptance of a transaction set (ST/SE). If errors are found within the transaction set that are not considered catastrophic, the action of "accepted but errors were noted" is acceptable. However, if the transaction set has been accepted with errors noted, each claim within the transaction set must have a corresponding 277 Health Care Claim Acknowledgment.

A basic rule of thumb for any acknowledgment would be, if you can not send the next acknowledgment transaction, you must send the one for the level you are currently at. For example, if you can not create a 277CA for one of the claims, then you would reject the entire transaction set in which the claim resided. If a 277CA can be created, and the error was syntactical, it would be recommended the claim status code – 684 (*Rejected. Syntax error noted for this claim/service/inquiry. See Functional or Implementation Acknowledgment for details Note: only for use to reject claims or status request in transactions that were accepted with errors on a 997 or 999 Acknowledgment*) be used. In this case, it would be important to the trading partner to have as much information concerning the error in the 999.