



# ANSI Claim Acknowledgment Companion Document

ASC X12N-277 005010X214  
ASC X12N-277 005010X214E1  
ASC X12N-277 005010X214E2

Version 1.0 – 12/06/2012

**Overview:**

TriZetto Provider Solutions’ use of the Health Care Claim Acknowledgement 277 (277CA) is a non-mandated use of the 277 transaction. However, TriZetto Provider Solutions’ use of the 277 transaction does refer to the X12N Transaction Guide 005010X214E2 Health Care Claim Acknowledgement.

TriZetto Provider Solutions utilizes the 277CA transaction to provide claim level messages either produced by the TriZetto Provider Solutions front-end edit system or received from the payer. These messages, non-standard and in free-form text, are placed in the STC-12 data element, a data element marked as “Situational” in the X12N Transaction Guide. TriZetto Provider Solutions only rejects claims at the 2200D loop.

The table below shows the data elements returned by TriZetto Provider Solutions in the 277CA:

**ISA Segment – Interchange Control Header**

<b>Data Element</b>	<b>Value</b>	<b>Comments</b>
ISA		Occurs one time.
ISA01	00	No authorization information is present.
ISA02	Empty	No authorization information is present.
ISA03	00	No authorization information is present.
ISA04	Empty	No authorization information is present.
ISA05	ZZ	Mutually defined data element in ISA06.
ISA06	263923727	TriZetto Provider Solutions sender id.
ISA07	ZZ	Mutually defined data element in ISA08.
ISA08	TriZetto Provider Solutions assigned site id.	The four digit site id assigned by TriZetto Provider Solutions.
ISA09	Interchange Date	Date in YYMMDD format.
ISA10	Interchange Time	Time in HHMM format.
ISA11	^	Repetition separator.
ISA12	00501	Interchange Control Version Number.

ISA13	Unique number	Interchange Control Number. Assigned by TriZetto Provider Solutions. Must be identical to IEA02.
ISA14	0	No interchange acknowledgement requested.
ISA15	P	Production data.
ISA16	:	Component element separator.

**GS – Functional Group Header**

Data Element	Value	Comments
GS		Occurs one time.
GS01	HN	Health Care Information Status Notification (277)
GS02	263923727	TriZetto Provider Solutions sender id.
GS03	TriZetto Provider Solutions assigned site id.	The four digit site id assigned by TriZetto Provider Solutions.
GS04	Functional Group Date	Date in YYYYMMDD format.
GS05	Functional Group Time	Time in HHMM format.
GS06	Unique number	Group Control Number. Assigned by TriZetto Provider Solutions. Must be identical to GE02.
GS07	X	Accredited Standards Committee X12
GS08	005010X214	ASC X12 Standards for Electronic Data Interchange Technical Report Type 3

**ST – Transaction Set Header**

Data Element	Value	Comments
ST		Repeats one or more times.
ST01	277	Health Care Information Status Notification
ST02	Number	Transaction set control number. Uniquely identifies the ST/SE envelope within the GS/GE envelope.
ST03	005010X214	ASC X12 Standards for Electronic Data Interchange Technical Report Type 3

**BHT – Beginning of Hierarchical Transaction**

Data Element	Value	Comments
BHT		Occurs one time.
BHT01	0085	Information Source, Information Receiver, Provider of Service, Patient
BHT02	08	Status
BHT03	Unique number	Reference Identification. Generated by TriZetto Provider Solutions and may be used to uniquely track the transaction.
BHT04	Transaction Date	Date in YYYYMMDD format.
BHT05	Transaction Time	Time in HHMM format.
BHT06	TH	Receipt Acknowledgement Advice

**Loop 2000A – Information Source Level**

Data Element	Value	Comments
HL		Occurs one time.
HL01	Identification number	Identifies the HL segment within the transaction set. This should start with 1 and increment by one for each additional HL segment used.
HL02	Empty	Not used.
HL03	20	Information Source
HL04	1	Additional subordinate HL segments are present in the transaction.

**Loop 2100A – Information Source Name**

Data Element	Value	Comments
NM1		Occurs one time.
NM101	AY for a TriZetto Provider Solutions message PR for a payer message	The report may contain information from both TriZetto Provider Solutions as well as payers.
NM102	2	Non-Person Entity

NM103	“TRIZETTO PROVIDER SOLUTIONS” for TriZetto Provider Solutions message; Payer name for payer message	The organizational name for the source of the message.
NM104	Empty	Not used.
NM105	Empty	Not used.
NM106	Empty	Not used.
NM107	Empty	Not used.
NM108	46 for ETIN PI for Payer id	The qualifier used here provides context for the value sent in NM109. TriZetto Provider Solutions messages will use 46.
NM109	263923727 for a TriZetto Provider Solutions message; Identifying number for payer message	Identification number of the type defined in NM108.
NM110	Empty	Not used.
NM111	Empty	Not used.
NM112	Empty	Not used.

**Loop 2200A – Transaction Receipt Control Identifier**

Data Element	Value	Comments
TRN		Occurs one time.
TRN01	1	Current Transaction Trace Numbers
TRN02	Unique number for TriZetto Provider Solutions message; Payer trace number for payer message	Used to reference the transaction in either TriZetto Provider Solutions systems or an external payer system.
TRN03	Empty	Not used.
TRN04	Empty	Not used.

DTP		Occurs one time.
DTP01	050	Received
DTP02	D8	Date in YYYYMMDD.
DTP03	Received Date	The receipt date of the claim by TriZetto Provider Solutions or the payer.
DTP		Occurs one time.
DTP01	009	Process
DTP02	D8	Date in YYYYMMDD.
DTP03	Processed Date	The date the claim was processed by TriZetto Provider Solutions or the payer.

**Loop 2000B – Information Receiver Level**

Data Element	Value	Comments
HL		Occurs one time.
HL01	Identification number	Identifies the HL segment within the transaction set. The first instance of an HL segment at this hierarchical level will have a value of 2.
HL02	Hierarchical parent id number	This value points to the parent HL segment within the transaction. The first instance of an HL segment at this level would have a value of 1, pointing to the HL segment in the 2000A Information Source Level loop.
HL03	21	Information Receiver
HL04	1	TriZetto Provider Solutions does not reject at this level, so there will always be subordinate HL segments denoting the 2000C Billing Provider of Service Detail loop.

**Loop 2100B – Information Receiver Name**

Data Element	Value	Comments
NM1		Occurs one time.
NM101	41	Submitter
NM102	1 for Person 2 for Non-Person Entity	Describes the Information Receiver detailed in NM103, NM104, and NM105.

NM103	Last Name for Person Organization name for Non-Person Entity	Provider last name or practice/organization name.
NM104	First Name for Person; Empty for Non-Person Entity	Required when NM102 = 1. Otherwise not used.
NM105	Middle Name for Person Empty for Non-Person Entity	Only used when NM102 = 1 and information is available.
NM106	Empty	Not used.
NM107	Empty	Not used.
NM108	46	Electronic Transmitter Identification Number (ETIN)
NM109	TriZetto Provider Solutions assigned site id.	The four digit site id assigned by TriZetto Provider Solutions.
NM110	Empty	Not used.
NM111	Empty	Not used.
NM112	Empty	Not used.

**Loop 2200B – Information Receiver Application Trace Identifier**

Data Element	Value	Comments
TRN		Occurs one time.
TRN01	2	Referenced Transaction Trace Numbers
TRN02	File Identification Number	This is the value from the BHT03 from the original claim file.
TRN03	Empty	Not used.
TRN04	Empty	Not used.
STC		Occurs one time.
STC01-1	Health Care Claim Status Category Code	Code used to organize the Health Care Claim Status Codes into logical groupings. Available from: Washington Publishing Company <a href="http://www.wpc-edi.com">http://www.wpc-edi.com</a>

STC01-2	Health Care Claim Status Code	Code identifying the status of an entire claim or service line. Available from: Washington Publishing Company <a href="http://www.wpc-edi.com">http://www.wpc-edi.com</a>
STC01-3	Entity Identifier Code	Code identifying an organizational entity, a physical location, property or an individual.
STC01-4	Empty	Not used.
STC02	Status Information Effective Date	Date in YYYYMMDD format
STC03	WQ	TriZetto Provider Solutions does not reject claims at this level, so this will default to an accepted value.
STC04	Total submitted charges for unit work	This will be the sum of all of the CLM02 values (claim charge) for the claims acknowledged.
STC05	Empty	Not used.
STC06	Empty	Not used.
STC07	Empty	Not used.
STC08	Empty	Not used.
STC09	Empty	Not used.
STC10	Empty	Not used.
STC11	Empty	Not used.
STC12	Empty	Not used.
QTY		Repeats zero or one time.
QTY01	90	Acknowledged Quantity
QTY02	Total Accepted Quantity	The number of claims that are accepted by this acknowledgement.
QTY03	Empty	Not used.
QTY04	Empty	Not used.
QTY		Repeats zero or one time.
QTY01	AA	Unacknowledged Quantity
QTY02	Total Rejected Quantity	The number of claims that are rejected by this acknowledgement.
QTY03	Empty	Not used.
QTY04	Empty	Not used.

AMT		Repeats zero or one time.
AMT01	YU	In Process
AMT02	Total Accepted Amount	The total claim charges of the claims accepted by this acknowledgement.
AMT03	Empty	Not used.
AMT		Repeats zero or one time.
AMT01	YY	Returned
AMT02	Total Rejected Amount	The total claim charges of the claims rejected by this acknowledgement.
AMT03	Empty	Not used.

**Loop 2000C – Billing Provider of Service Level**

Data Element	Value	Comments
HL		Repeats one or more times.
HL01	Identification number	Identifies the HL segment within the transaction set. The first instance of an HL segment at this hierarchical level will have a value of 3.
HL02	Hierarchical parent id number	This value points to the parent HL segment within the transaction. The first instance of an HL segment at this level would have a value of 2, pointing to the HL segment in the 2000B Information Receiver Level loop.
HL03	19	Provider of Service
HL04	1	TriZetto Provider Solutions does not reject at this level, so there will always be subordinate HL segments denoting the 2000D Patient Detail loop.

**Loop 2100C – Billing Provider Name**

Data Element	Value	Comments
NM1		Occurs one time per loop.
NM101	85	Billing Provider

NM102	1 for Person 2 for Non-Person Entity	Describes the billing provider detailed in NM103, NM104, NM105, and NM107.
NM103	Last Name for Person Organization name for Non-Person Entity	Provider last name or practice/organization name.
NM104	First Name for Person Empty for Non-Person Entity	Required when NM102 = 1. Otherwise not used.
NM105	Middle Name for Person Empty for Non-Person Entity	Required when NM102 = 1 and the value was submitted on the original claim.
NM106	Empty	Not used.
NM107	Provider Name Suffix	Required when NM102 = 1 and the value was submitted on the original claim.
NM108	FI for Federal Taxpayer's Identification Number XX for National Provider Id (NPI)	Describes the value in NM109.
NM109	Billing provider identification number	The number described by NM108.
NM110	Empty	Not used.
NM111	Empty	Not used.
NM112	Empty	Not used.

**Loop 2200C – Provider of Service Information Trace Identifier**

Data Element	Value	Comments
TRN		Occurs zero or one time.
TRN01	1	Current Transaction Trace Numbers.
TRN02	0	Default value.
TRN03	Empty	Not used.
TRN04	Empty	Not used.
STC		Occurs zero or one time.

STC01-01	Health Care Claim Status Category Code	Code used to organize the Health Care Claim Status Codes into logical groupings. Available from: Washington Publishing Company <a href="http://www.wpc-edi.com">http://www.wpc-edi.com</a>
STC01-02	Health Care Claim Status Code	Code identifying the status of an entire claim or service line. Available from: Washington Publishing Company <a href="http://www.wpc-edi.com">http://www.wpc-edi.com</a>
STC01-03	Entity Identifier Code	Code identifying an organizational entity, a physical location, property or an individual.
STC01-04	Empty	Not used.
STC02	Empty	Not used.
STC03	WQ	TriZetto Provider Solutions does not reject claims at this level, so this will default to an accepted value.
STC04	Total submitted charges for unit work.	This will be the sum of all of the CLM02 values (claim charge) for the claims being acknowledged.
STC05	Empty	Not used.
STC06	Empty	Not used.
STC07	Empty	Not used.
STC08	Empty	Not used.
STC09	Empty	Not used.
STC10	Empty	Not used.
STC11	Empty	Not used.
STC12	Empty	Not used.
REF		Repeats up to three times.

REF01	OB for State License Number 1G for Provider UPIN Number G2 for Provider Commercial Number LU for Location Number SY for Social Security Number TJ for Federal Taxpayer's Identification Number	Describes the value in REF02.
REF02	Identification Number.	The number described by REF01.
REF03	Empty	Not used.
REF04	Empty	Not used.
QTY		Repeats zero or one time.
QTY01	QA	Quantity Approved
QTY02	Total Accepted Quantity	The number of claims that are accepted by this acknowledgement.
QTY03	Empty	Not used.
QTY04	Empty	Not used.
QTY		Repeats zero or one time.
QTY01	QC	Quantity Disapproved
QTY02	Total Rejected Quantity	The number of claims that are rejected by this acknowledgement.
QTY03	Empty	Not used.
QTY04	Empty	Not used.
AMT		Repeats zero or one time.
AMT01	YU	In Process
AMT02	Total Accepted Amount	The total claim charges of the claims accepted by this acknowledgement.
AMT03	Empty	Not used.
AMT		Repeats zero or one time.
AMT01	YY	Returned
AMT02	Total Rejected Amount	The total claim charges of the claims rejected by this acknowledgement.

AMT03	Empty	Not used.
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**Loop 2000D – Patient Level**

Data Element	Value	Comments
HL		Repeats one or more times.
HL01	Identification number	Identifies the HL segment within the transaction set. The first instance of an HL segment at this hierarchical level will have a value of 4.
HL02	Hierarchical parent id number	This value points to the parent HL segment within the transaction. The first instance of an HL segment at this level would have a value of 3, pointing to the HL segment in the 2000C Billing Provider of Service Level loop.
HL03	PT	Patient
HL04	Empty	Not used.

**Loop 2100D – Patient Name**

Data Element	Value	Comments
NM1		Occurs one time per loop.
NM101	QC	Patient
NM102	1	Person
NM103	Patient Last Name	
NM104	Patient First Name	Required when the information was submitted on the claim.
NM105	Patient Middle Name or Initial	Required when the information was submitted on the claim.
NM106	Empty	Not used.
NM107	Patient Name Suffix	Required when the information was submitted on the claim.

NM108	MI for Member Identification Number II for HIPAA Individual Patient Identifier	Describes the value in NM109.
NM109	Patient Identification Number	This may be a unique identification number for the patient or it may be the subscriber’s identification number. This data element is the value from the NM109 identifying the patient in the submitted claim. When the payer does not use a unique member identification number for the patient, the subscriber identification number should be used.
NM110	Empty	Not used.
NM111	Empty	Not used.
NM112	Empty	Not used.

**Loop 2200D – Claim Status Tracking Number**

Data Element	Value	Comments
TRN		Repeats one or more times.
TRN01	2	Referenced Transaction Trace Numbers
TRN02	Patient Control Number	The patient control number submitted in the CLM01 of the 837.
TRN03	Empty	Not used.
TRN04	Empty	Not used.
STC		Repeats one or more times.
STC01-1	Health Care Claim Status Category Code	Code used to organize the Health Care Claim Status Codes into logical groupings. Available from: Washington Publishing Company <a href="http://www.wpc-edi.com">http://www.wpc-edi.com</a>
STC01-2	Health Care Claim Status Code	Code identifying the status of an entire claim or service line. Available from: Washington Publishing Company <a href="http://www.wpc-edi.com">http://www.wpc-edi.com</a>
STC01-3	Entity Identifier Code	Code identifying an organizational entity, a physical location, property or an individual.

STC01-4	Empty	Not used.
STC02	Status Information Effective Date	Date in YYYYMMDD format.
STC03	U for Reject WQ for Accept	Status Information Action Code
STC04	Total Claim Charge Amount	Zero is an acceptable amount. This will be the sum of all of the CLM02 values (claim charge) for the claims being acknowledged.
STC05	Empty	Not used.
STC06	Empty	Not used.
STC07	Empty	Not used.
STC08	Empty	Not used.
STC09	Empty	Not used.
STC10	Empty	Not used at this time.
STC11	Empty	Not used at this time.
STC12	Message	Claim status message as reported by the payer or TriZetto Provider Solutions.
REF		Occurs zero or one time.
REF01	1K	Payer's Claim Number
REF02	Payer Claim Control Number	Required when a payer assigns a specific number to the claim for processing and the number is available at the time of this acknowledgment.
REF03	Empty	Not used.
REF04	Empty	Not used.
REF		Occurs zero or one time.
REF01	D9	Claim Number
REF02	Clearinghouse Trace Number	Required when the Claim Identifier Number for Clearinghouse and Other Transmission Intermediary was sent in the 837.
REF03	Empty	Not used.
REF04	Empty	Not used.

REF		Occurs zero or one time.
REF01	BLT	Billing Type
REF02	Bill Type Identifier	Required for Institutional claims when Institutional Type of Bill was received on the claim.
REF03	Empty	Not used.
REF04	Empty	Not used.
DTP		Occurs one time.
DTP01	472	Service
DTP02	D8 for a single date RD8 for a date range	Dates are formatted in YYYYMMDD or YYYYMMDD-YYYYMMDD format.
DTP03	Claim Service Period	For Institutional claims, it is the statement period in loop 2300 (DTP01 - 434). For Professional claims this information is derived from the earliest service level dates in loop 2400 (DTP01-472) to the latest service level date. For Dental claims it is the service date at the claim loop 2300 (DTP01=472).

**Loop 2200D – Service Line Information**

Not provided at this time.

**SE – Transaction Set Trailer**

Data Element	Value	Comment
SE		Occurs one time per ST segment.
SE01	Number	Number of segments included, including the ST and SE.
SE02	Value from ST02.	Transaction set control number.

**GE – Functional Group Trailer**

Data Element	Value	Comment
GE		Occurs one time per GS segment.
GE01	Number	Number of transaction sets included.
GE02	Value from GS06.	Group control number.

**IEA – Interchange Control  
Trailer**

Data Element	Value	Comment
IEA		Occurs one time per ISA segment.
IEA01	Number	Number of functional groups included.
IEA02	Value from ISA13.	Interchange control number.

**Enveloping**

The following enveloping options are available for TriZetto Provider Solutions' 277CA.

- Interchange Envelope - One ISA/IEA per file
- Group Functional Header - One GS/GE per file
- Transaction Set Header
  - TriZetto Provider Solutions offers two Transaction enveloping structures:
    - Each claim response is considered a transaction and has its own ST/SE envelope.
    - The 277CA has one transaction envelope comprised of all the claim responses; one ST/SE envelope per file.

**277CA Content**

TriZetto Provider Solutions' 277CA will contain claim status responses for the claims that were just sent as well as new messages received by payers on previously sent claims.

**Who can receive the 277CA?**

This transaction set is available to any TriZetto Provider Solutions claim submitter regardless of the claim format they send.

**Examples**

The following examples have been taken from the original 005010X214 implementation guide and have been modified to show the differences in the TriZetto Provider Solutions implementation.

1) There is a mixture of claims that have been accepted and rejected by TriZetto Provider Solutions.

```

ISA*00*                *00*                *ZZ*263923727          *ZZ*0000                *121112*1635**^*00501*000000905*0*P*::~~
GS*HN*263923727*0000*20121112*1635*0001*X*005010X214~
ST*277*0001*005010X214~
BHT*0085*08*1234567890*20121112*1635*TH~
HL*1**20*1~
NM1*AY*2*TRIZETTO PROVIDER
SOLUTIONS*****46*263923727~
TRN*1*20121101123456~
DTP*050*D8*20121101~
DTP*009*D8*20121101~
HL*2*1*21*1~
NM1*41*2*BEST BILLING SERVICE*****46*0000~
TRN*2*ABCDEF123456~
STC*A0:19*20121101*WQ*1000~
QTY*90*1~
QTY*AA*2~
AMT*YU*200~
AMT*YY*800~
HL*3*2*19*1~
NM1*85*2*SMITH CLINIC*****FI*123456789~
HL*4*3*PT~
NM1*QC*1*DOE*JOHN*****MI*00ABCD1234~
TRN*2*DOE01428~
STC*A0:19*20121102*WQ*200~
REF*1K*22029500123407X~
DTP*472*RD8*20121001-20121031~
HL*5*3*PT~
NM1*QC*1*DOE*JANE*****MI*45613027602~
TRN*2*DOE0221~
STC*A7:23*20121101*U*800*****RENDERING PROVIDER NPI IS REQUIRED AND MUST BE VALID FOR THIS PAYER.~
DTP*472*D8*20121028~
    
```

SE\*29\*0001~  
GE\*1\*0001~  
IEA\*1\*000000905~

2) Claims came from more than one 837 file. All claims were accepted by TriZetto Provider Solutions.

ISA\*00\* \*00\* \*ZZ\*263923727 \*ZZ\*9999 \*121127\*1553\*\*^\*00501\*000001163\*0\*P\*::~  
GS\*HN\*263923727\*9999\*20121127\*1553\*0099\*X\*005010X214~  
ST\*277\*0001\*005010X214~  
BHT\*0085\*08\*1234567890\*20121127\*1553\*TH~  
HL\*1\*\*20\*1~  
NM1\*AY\*2\*TRIZETTO PROVIDER  
SOLUTIONS\*\*\*\*\*46\*263923727~  
TRN\*1\*20121126123456~  
DTP\*050\*D8\*20121126~  
DTP\*009\*D8\*20121126~  
HL\*2\*1\*21\*1~  
NM1\*41\*2\*FAMILY MEDICAL SERVICES\*\*\*\*\*46\*9999~  
TRN\*2\*ABCDEF000000~  
STC\*A0:19\*20121101\*WQ\*200~  
QTY\*90\*1~  
AMT\*YU\*200~  
HL\*3\*2\*19\*1~  
NM1\*85\*1\*JOYCE\*JAMES\*A\*\*\*FI\*555555555~  
HL\*4\*3\*PT~  
NM1\*QC\*1\*DOE\*JOHN\*\*\*MI\*00ABCD1234~  
TRN\*2\*DOE01428~  
STC\*A0:19\*20121126\*WQ\*200~  
REF\*1K\*22029500123407X~  
DTP\*472\*RD8\*20121101-20121115~  
SE\*22\*0001~  
ST\*277\*0002\*005010X214~  
BHT\*0085\*08\*1234567901\*20121127\*1605\*TH~  
HL\*1\*\*20\*1~  
NM1\*AY\*2\*TRIZETTO PROVIDER SOLUTIONS\*\*\*\*\*46\*263923727~  
TRN\*1\*20121126125678~  
DTP\*050\*D8\*20121126~  
DTP\*009\*D8\*20121126~  
HL\*2\*1\*21\*1~  
NM1\*41\*2\*FAMILY MEDICAL SERVICES\*\*\*\*\*46\*9999~

TRN\*2\*ABCDEF999999~  
STC\*A0:19\*20121101\*WQ\*200~  
QTY\*90\*1~  
AMT\*YU\*400~  
HL\*3\*2\*19\*1~  
NM1\*85\*1\*JOYCE\*JAMES\*A\*\*\*FI\*55555555~  
HL\*4\*3\*PT~  
NM1\*QC\*1\*DOE\*JANE\*\*\*MI\*001234ABCD~  
TRN\*2\*DOE01623~  
STC\*A0:19\*20121126\*WQ\*400~  
REF\*1K\*22029500123407X~  
DTP\*472\*RD8\*20121101-20121115~  
SE\*22\*0002~  
GE\*2\*0099~  
IEA\*1\*000001163~

3) All claims came from the same 837 file. Some claims were rejected by TriZetto Provider Solutions; some were rejected by the Payer.

ISA\*00\* \*00\* \*ZZ\*263923727 \*ZZ\*9999 \*121127\*1553\*\*^\*00501\*000001678\*0\*P\*:~  
GS\*HN\*263923727\*9999\*20121127\*1553\*0157\*X\*005010X214~  
ST\*277\*0001\*005010X214~  
BHT\*0085\*08\*1234567890\*20121127\*1553\*TH~  
HL\*1\*\*20\*1~  
NM1\*AY\*2\*TRIZETTO PROVIDER SOLUTIONS\*\*\*\*\*46\*263923727~  
TRN\*1\*20121126123456~  
DTP\*050\*D8\*20121126~  
DTP\*009\*D8\*20121126~  
HL\*2\*1\*21\*1~  
NM1\*41\*2\*FAMILY MEDICAL SERVICES\*\*\*\*\*46\*9999~  
TRN\*2\*ABCDEF111111~  
STC\*A0:19\*20121101\*WQ\*200~  
QTY\*AA\*1~  
AMT\*YU\*300~ HL\*3\*2\*19\*1~  
NM1\*85\*1\*JOYCE\*JAMES\*A\*\*\*FI\*55555555~  
HL\*4\*3\*PT~  
NM1\*QC\*1\*DOE\*JOHN\*\*\*MI\*00ABCD1234~  
TRN\*2\*DOE01428~

TriZetto Provider Solutions

Claim Acknowledgment  
Companion Document  
ASC X12N-277 005010X214  
ASC X12N-277 005010X214E1  
ASC X12N-277 005010X214E2

STC\*A7:23\*20121126\*WQ\*300\*\*\*\*\*TRIZETTO PROVIDER SOLUTIONS  
REJECTION MESSAGE.~ REF\*1K\*22029500123407X~  
DTP\*472\*RD8\*20121101-20121115~  
SE\*22\*0001~  
ST\*277\*0002\*005010X214~  
BHT\*0085\*08\*1234567901\*20121127\*1605\*TH~  
HL\*1\*\*20\*1~  
NM1\*AY\*2\*ABC INSURANCE\*\*\*\*\*46\*999999999~  
TRN\*1\*20121126125678~  
DTP\*050\*D8\*20121126~  
DTP\*009\*D8\*20121126~  
HL\*2\*1\*21\*1~  
NM1\*41\*2\*FAMILY MEDICAL SERVICES\*\*\*\*\*46\*9999~  
TRN\*2\*ABCDEF111111~  
STC\*A0:19\*20121101\*WQ\*200~  
QTY\*90\*1~  
AMT\*YY\*400~  
HL\*3\*2\*19\*1~  
NM1\*85\*1\*JOYCE\*JAMES\*A\*\*\*FI\*555555555~  
HL\*4\*3\*PT~  
NM1\*QC\*1\*DOE\*JANE\*\*\*\*MI\*001234ABCD~  
TRN\*2\*DOE01623~  
STC\*A7:23\*20121126\*WQ\*400\*\*\*\*\*PAYER REJECTION MESSAGE~  
REF\*1K\*22029500123407X~  
DTP\*472\*RD8\*20121101-20121115~  
SE\*22\*0002~  
GE\*2\*0157~  
IEA\*1\*000001678~

*For more information on this solution, contact our Customer Service Department at (800) 556-2231.*

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