

999 + 277CA Response Cheat Sheet

A first-pass guide for reading professional claim acknowledgments.

999 vs 277CA

999	Implementation acknowledgment for X12 transaction syntax / implementation conformance.	AK1/AK2 context; IK3/IK4 detail; IK5 and AK9 status.	Claim adjudication or payment.
277CA	Claim acknowledgment for front-end claim/service-line acceptance or rejection.	Claim/patient hierarchy and STC status details; identify rejected claim or service line.	Final adjudication or ERA/EOB.

Fast response workflow

1. Match the acknowledgment to the submitted interchange/transaction using control information.
2. Identify whether the problem is file/transaction-level (999) or claim/service-line front-end status (277CA).
3. Locate the segment, element, claim or service line referenced by the acknowledgment.
4. Correct the source data or file generation issue — not just the text of the X12 output.
5. Regenerate/resubmit through the required trading-partner workflow and retain the new control identifiers.
6. After front-end acceptance, continue tracking adjudication/payment separately.

Important: A successful 999 or an accepted 277CA does not mean the payer has paid or even finally adjudicated the claim. It means the transaction/claim passed the applicable front-end acknowledgment stage.

Official references: CMS Medicare EDI: cms.gov/medicare/coding-billing/electronic-billing · Medicare Claims Processing Manual Ch. 24