

<b>CMS Manual System</b>	<b>Department of Health &amp; Human Services (DHHS)</b>
<b>Pub 100-20 One-Time Notification</b>	<b>Centers for Medicare &amp; Medicaid Services (CMS)</b>
<b>Transmittal 704</b>	<b>Date: MAY 14, 2010</b>
	<b>Change Request 6940</b>

**SUBJECT: Implementation of the HIPAA Version 5010 276/277 Claim Status Edit October 2010 Release**

**I. SUMMARY OF CHANGES:** This Change Request (CR) is related to the implementation of the October 2010 Edits of the Health Insurance Portability and Accountability Act (HIPAA) of 1996 for the Accredited Standards Committee (ASC) X12 Version 005010 Health Care Claim Status Request and Response (276/277) transaction sets.

**EFFECTIVE DATE: \*October 1, 2010**  
**IMPLEMENTATION DATE: October 4, 2010**

*Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.*

**II. CHANGES IN MANUAL INSTRUCTIONS:** (N/A if manual is not updated)  
R=REVISED, N=NEW, D=DELETED-*Only One Per Row.*

<b>R/N/D</b>	<b>CHAPTER / SECTION / SUBSECTION / TITLE</b>
<b>N/A</b>	

**III. FUNDING:**

**For Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs) and/or Carriers:**  
No additional funding will be provided by CMS; Contractor activities are to be carried out within their operating budgets.

**For Medicare Administrative Contractors (MACs):**

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

#### **IV. ATTACHMENTS:**

##### **One-Time Notification**

*\*Unless otherwise specified, the effective date is the date of service.*

# Attachment – One-Time Notification

Pub. 100-20	Transmittal: 704	Date: May 14, 2010	Change Request: 6940
-------------	------------------	--------------------	----------------------

**SUBJECT: Implementation of the HIPAA Version 5010 276/277 Claim Status Edit October 2010 Release**

**EFFECTIVE DATE:** October 1, 2010

**IMPLEMENTATION DATE:** October 4, 2010

## I. GENERAL INFORMATION

**A. Background:** This Change Request (CR) is related to the implementation of the October 2010 Edits for the Health Insurance Portability and Accountability Act (HIPAA) of 1996 for the Accredited Standards Committee (ASC) X12 Version 005010 Health Care Claim Status Request and Response (276/277) transaction sets.

This CR provides direction to the following stakeholders:

1. Shared System Maintainers (SSM) for:
  - a. Fiscal Intermediary Standard System (FISS),
  - b. Multi Carrier System (MCS),
  - c. ViPS Medicare System (VMS),
2. The Durable Medical Equipment (DME) Common Electronic Data Interchange (CEDI) contractor,
3. The following Part A and Part B (A/B) Medicare Administrative Contractors (MACs) and their subcontractors as appropriate:
  - a. Jurisdiction 1 – Palmetto Government Benefits Administrator,
  - b. Jurisdiction 3 – Noridian Administrative Services,
  - c. Jurisdiction 4 – TrailBlazer Health Enterprise,
  - d. Jurisdiction 5 – Wisconsin Physicians Services,
  - e. Jurisdiction 9 – First Coast Service Options (FCSO),
  - f. Jurisdiction 10 – Cahaba Government Benefit Administrators,
  - g. Jurisdiction 12 – Highmark Medicare Services,
  - h. Jurisdiction 13 – National Government Services,
  - i. Jurisdiction 14 – National Heritage Insurance Corp,

Additionally, this CR addresses the Common Edits and Enhancement Module (CEM) software for the inbound Claim Status Inquiry process. The FISS Part A and MCS Part B Shared System Maintainer shall update any changes in the distribution process in order for the A/B MACs to retrieve, install and execute the CEM software and associated reference files for inbound claims status transactions at the Local Data Center. For the Durable Medical Equipment process the CEDI contractor shall be responsible for the creation of similar software within the CEDI processing environment. Finally any changes required due to the Alternate Front End Option which ensures that Carriers, Fiscal Intermediaries, and Regional Home Health and Hospice (RHHI) update the instance of the Shared System processing these transactions.

This CR also provides guidance to SSMs related to the following CRs:

1. FISS – CR 6299 - Transmittal 425
2. MCS – CR 6411 – Transmittal 476
3. VMS – CR 6399 – Transmittal 519

Estimates for this CR should include a breakdown as part of the Level of Effort (LOE) response, utilizing the following table to be included in the “Estimate-Specific Comments” portion of the LOE template, to follow the Investment Lifecycle Phases.

Investment Lifecycle Phase	Total Hours	Total Cost
*Pre-Implementation/CR Review*		
Design & Engineering Phase		
Development Phase		
Testing Phase		
Implementation Phase		

\*Please note that the Pre-Implementation/CR Review costs will not be funded under the unique funding situation for the 5010/D.0 project, but instead out of the MAC’s allotted hours for Pre-Implementation/CR Review.\*

**B. Policy:** Health Insurance Portability and Accountability Act of 1996 (HIPAA), the Final Rule as published in the Federal Register on January 16, 2009, by the Department of Health and Human Services, 45 CFR Part 162, Subpart N-Health Care Claim Status.

**II. BUSINESS REQUIREMENTS TABLE**

Use “Shall” to denote a mandatory requirement

Number	Requirement	Responsibility (place an “X” in each applicable column)									
		A / B M A C	D M M A C	F I M A C	C A R I E R	R H H I E R	Shared-System Maintainers				OTH ER
						F I S S	M I C S	V M S	C W F		
6940.1	The A/B MAC, (Carriers, Fiscal Intermediaries, and Regional Home Health & Hospice as part of the Alternate Front End Option), CEDI and the Shared System Maintainer shall insure that they comply with the CMS Edits Spreadsheet attached to this Change Request for the 276/277 transaction sets	X	X	X	X	X	X	X	X		CEDI
6940.2	The A/B MAC, CEDI and the Shared System Maintainer shall address any findings uncovered during the installation and testing periods of the April 2010 release associated with the 276/277 transaction sets.	X	X	X	X	X	X	X	X		CEDI
6940.3	The Shared System maintainer shall correct the Provider ID and Provider Name report logic in the VMS system currently producing “BLANKS” in the 5010 Test and Production processes.							X			

### III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B  M A C	D M E  M A C	F I  I E R	C A R I E R	R H H I	Shared-System Maintainers				OTH ER
							F I S S	M C S	V M S	C W F	
	None										

### IV. SUPPORTING INFORMATION

**Section A: For any recommendations and supporting information associated with listed requirements, use the box below:**

*Use "Should" to denote a recommendation.*

X-Ref Requirement Number	Recommendations or other supporting information:
N/A	.

**Section B: For all other recommendations and supporting information, use this space: N/A**

### V. CONTACTS

**Pre-Implementation Contact(s):** Michael Cabral, (410) 786-6168, [michael.cabral@cms.hhs.gov](mailto:michael.cabral@cms.hhs.gov)  
Jason Jackson, (410) 786-6156, [jason.jackson3@cms.hhs.gov](mailto:jason.jackson3@cms.hhs.gov)

**Post-Implementation Contact(s):** Michael Cabral, (410) 786-6168, [michael.cabral@cms.hhs.gov](mailto:michael.cabral@cms.hhs.gov)  
Jason Jackson, (410) 786-6156, [jason.jackson3@cms.hhs.gov](mailto:jason.jackson3@cms.hhs.gov)

### VI. FUNDING

**Section A: For *Fiscal Intermediaries (FIs)*, *Regional Home Health Intermediaries (RHHIs)*, and/or *Carriers*:**

No additional funding will be provided by CMS; Contractor activities are to be carried out within their operating budgets.

**Section B: For *Medicare Administrative Contractors (MACs)*:**

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

Attachments

Transaction Set ID: 277  
 EDI Flat File Standard:  
 ASC X12 005010  
 Direction: Outbound

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	
4	277 5010	X12 Element Attributes								X12 Flat File							
5	Element Identifier	Description	ID	Min Max	Usage Reg.	Loop	Loop Repeat	Values	X12 Page No.	Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat	
6										6	4	4	4				
7	ISA	<b>INTERCHANGE CONTROL HEADER</b>		1	R		1					ISA		1	18	1	
8	ISA01	Authorization Information Qualifier	ID	2-2	R			00, 03						19	2		
9	ISA02	Authorization Information	AN	10-10	R									21	10		
10	ISA03	Security Information Qualifier	ID	2-2	R			00, 01						31	2		
11	ISA04	Security Information	AN	10-10	R									33	10		
12	ISA05	Interchange ID Qualifier	ID	2-2	R			01, 14, 20, 27, 28, 29, 30, 33, ZZ						43	2		
13	ISA06	Interchange Sender ID	AN	15-15	R									45	15		
14	ISA07	Interchange ID Qualifier	ID	2-2	R			01, 14, 20, 27, 28, 29, 30, 33, ZZ						60	2		
15	ISA08	Interchange Receiver ID	AN	15-15	R									62	15		
16	ISA09	Interchange Date	DT	6-6	R			YYMMDD						77	6		
17	ISA10	Interchange Time	TM	4-4	R			HHMM						83	4		
18	ISA11	Repetition Separator	AN	1-1	R									87	1		
19	ISA12	Interchange Control Version Number	ID	5-5	R			00501						88	5		
20	ISA13	Interchange Control Number	N0	9-9	R									93	9		
21	ISA14	Acknowledgement Requested	ID	1-1	R			0, 1						102	1		
22	ISA15	Usage Indicator	ID	1-1	R			P, T						103	1		
23	ISA16	Component Element Separator	AN	1-1	R									104	1		
24																	
25	GS	<b>FUNCTIONAL GROUP HEADER</b>		1	R		>1					GS		1	18	1	
26	GS01	Functional Identifier Code	ID	2-2	R			HN						19	2		
27	GS02	Application Sender Code	AN	2-15	R									21	15		
28	GS03	Application Receiver Code	AN	2-15	R									36	15		

Transaction Set ID: 277  
 EDI Flat File Standard:  
 ASC X12 005010  
 Direction: Outbound

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	
4	277 5010	X12 Element Attributes								X12 Flat File							
5	Element Identifier	Description	ID	Min Max	Usage Reg.	Loop	Loop Repeat	Values	X12 Page No.	Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat	
6										6	4	4	4				
29	GS04	Date	DT	8-8	R			CCYYMMDD						51	8		
30	GS05	Time	TM	4-8	R			HHMM, HHMMSS, HHMMSSD, HHMMSSDD						59	8		
31	GS06	Group Control Number	NO	1-9	R									67	9		
32	GS07	Responsible Agency Code	ID	1-2	R			X						76	2		
33	GS08	Version Identifier Code	AN	1-12	R			005010X212						78	12		
34																	
35	ST	<b>TRANSACTION SET HEADER</b>		1	R		>1					ST		1	18	1	
36	ST01	Transaction Set Identifier Code	ID	3-3	R			277						19	3		
37	ST02	Transaction Set Control Number	AN	4-9	R									22	9		
38	ST03	Implementation Convention Reference	AN	1-35	R			005010X212						31	12		
39																	
40	BHT	<b>BEGINNING OF HIERARCHICAL TRANSACTION</b>		1	R							BHT		1	18	1	
41	BHT01	Hierarchical Structure Code	ID	4-4	R			0010						19	4		
42	BHT02	Transaction Set Purpose Code	ID	2-2	R			08						23	2		
43	BHT03	Originator Application Transaction Identifier	AN	1-50	R									25	50		
44	BHT04	Transaction Set Creation Date	DT	8-8	R			CCYYMMDD						75	8		
45	BHT05	Transaction Set Creation Time	TM	4-8	R			HHMM, HHMMSS, HHMMSSD, or HHMMSSDD						83	8		
46	BHT06	Transaction Type Code	ID	2-2	R			DG						91	2		
47																	

Transaction Set ID: 277  
 EDI Flat File Standard:  
 ASC X12 005010  
 Direction: Outbound

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	
4	277 5010	X12 Element Attributes								X12 Flat File							
5	Element Identifier	Description	ID	Min Max	Usage Reg.	Loop	Loop Repeat	Values	X12 Page No.	Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat	
6										6	4	4	4				
48	HL	INFORMATION SOURCE LEVEL		1	R	2000A	>1			2000A		HL		1	18	1	
49	HL01	Hierarchical ID Number	AN	1-12	R									19	12		
50	HL02	Hierarchical Parent ID Number	AN	1-12	N/U									31	12		
51	HL03	Hierarchical Level Code	ID	1-2	R			20						43	2		
52	HL04	Hierarchical Child Code	ID	1-1	R			1						45	1		
53																	
54	NM1	PAYER NAME		1	R	2100A	1			2100A		NM1		1	18	1	
55	NM101	Entity Identifier Code	ID	2-3	R			PR						19	3		
56	NM102	Entity Type Qualifier	ID	1-1	R			2						22	1		
57	NM103	Payer Name	AN	1-60	R									23	60		
58	NM104	Name First	AN	1-35	N/U									83	35		
59	NM105	Name Middle	AN	1-25	N/U									118	25		
60	NM106	Name Prefix	AN	1-10	N/U												
61	NM107	Name Suffix	AN	1-10	N/U									143	10		
62	NM108	Identification Code Qualifier	ID	1-2	R			PI, XV						153	2		
63	NM109	Payer Identifier	AN	2-80	R									155	80		
64	NM110	Entity Relationship Code	ID	2-2	N/U												
65	NM111	Entity Identifier Code	ID	2-3	N/U												
66	NM112	Last Name	AN	1-60	N/U												
67																	
68	PER	PAYER CONTACT INFORMATION		1	S	2100A				2100A		PER		1	18	1	
69	PER01	Contact Function Code	ID	2-2	R			IC						19	2		
70	PER02	Payer Contact Name	AN	1-60	S									21	60		
71	PER03	Communication Number Qualifier	ID	2-2	R			ED, EM, TE, FX						81	2		
72	PER04	Communication Number	AN	1-256	R									83	256		
73	PER05	Communication Number Qualifier	ID	2-2	S			ED, EM, TE, FX, EX						339	2		
74	PER06	Communication Number	AN	1-256	S									341	256		



Transaction Set ID: 277  
 EDI Flat File Standard:  
 ASC X12 005010  
 Direction: Outbound

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	
4	277 5010	X12 Element Attributes								X12 Flat File							
5	Element Identifier	Description	ID	Min Max	Usage Reg.	Loop	Loop Repeat	Values	X12 Page No.	Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat	
6										6	4	4	4				
75	PER07	Communication Number Qualifier	ID	2-2	S			ED, EM, TE, FX, EX						597	2		
76	PER08	Communication Number	AN	1-256	S									599	256		
77	PER09	Contact Inquiry Reference	AN	1-20	N/U												
78																	
79	HL	<b>INFORMATION RECEIVER LEVEL</b>		1	R	2000B	>1			2000B		HL		1	18	1	
80	HL01	Hierarchical ID Number	AN	1-12	R									19	12		
81	HL02	Hierarchical Parent ID Number	AN	1-12	R									31	12		
82	HL03	Hierarchical Level Code	ID	1-2	R			21						43	2		
83	HL04	Hierarchical Child Code	ID	1-1	R			0, 1						45	1		
84																	
85	NM1	<b>INFORMATION RECEIVER NAME</b>		1	R	2100B	>1			2100B		NM1		1	18	1	
86	NM101	Entity Identifier Code	ID	2-3	R			41						19	3		
87	NM102	Entity Type Qualifier	ID	1-1	R			1, 2						22	1		
88	NM103	Information Receiver Last or Organization Name	AN	1-60	R									23	60		
89	NM104	Information Receiver First Name	AN	1-35	S									83	35		
90	NM105	Information Receiver Middle Name	AN	1-25	S									118	25		
91	NM106	Information Receiver Name Prefix	AN	1-10	N/U												
92	NM107	Information Receiver Name Suffix	AN	1-10	N/U									143	10		
93	NM108	Identification Code Qualifier	ID	1-2	R			46						153	2		
94	NM109	Information Receiver Identification Number	AN	2-80	R									155	80		
95	NM110	Entity Relationship Code	ID	2-2	N/U												
96	NM111	Entity Identifier Code	ID	2-3	N/U												

Transaction Set ID: 277  
 EDI Flat File Standard:  
 ASC X12 005010  
 Direction: Outbound

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	
4	277 5010	X12 Element Attributes								X12 Flat File							
5	Element Identifier	Description	ID	Min Max	Usage Reg.	Loop	Loop Repeat	Values	X12 Page No.	Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat	
6										6	4	4	4				
97	NM112	Last Name	AN	1-60	N/U												
98																	
99	TRN	<b>INFORMATION RECEIVER TRACE IDENTIFIER</b>		1	S	2200B	1			2200B		TRN		1	18	1	
100	TRN01	Referenced Transaction Trace Number	ID	1-2	R			2						19	2		
101	TRN02	Claim Transaction Batch Number	AN	1-50	R									21	50		
102	TRN03	Originating Company Identifier	AN	10-10	N/U												
103	TRN04	Reference Identifier	AN	1-50	N/U												
104																	
105	STC	<b>INFORMATION RECEIVER STATUS INFORMATION</b>		1	R	2200B				2200B		STC		1	18	>1	
106	STC01	HEALTH CARE CLAIM STATUS			R												
107	STC01-1	Health Care Claim Status Category Code	AN	1-30	R			D0, E						19	30		
108	STC01-2	Health Care Claim Status Code	AN	1-30	R									49	30		
109	STC01-3	Entity Identifier Code	ID	2-3	S			41, AY, PR						79	3		
110	STC01-4	Code List Qualifier Code	ID	1-3	N/U									82	3		
111	STC02	Status Information Effective Date	DT	8-8	R			CCYYMMDD						85	8		
112	STC03	Action Code	ID	1-2	N/U												
113	STC04	Monetary Amount	R	1-18	N/U									93	18		
114	STC05	Monetary Amount	R	1-18	N/U									111	18		
115	STC06	Date	DT	8-8	N/U									129	8		
116	STC07	Payment Method Code	ID	3-3	N/U												
117	STC08	Date	DT	8-8	N/U									137	8		
118	STC09	Check Number	AN	1-16	N/U									145	16		
119	STC10	HEALTH CARE CLAIM STATUS			S												

Transaction Set ID: 277  
 EDI Flat File Standard:  
 ASC X12 005010  
 Direction: Outbound

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	
4	277 5010	X12 Element Attributes								X12 Flat File							
5	Element Identifier	Description	ID	Min Max	Usage Reg.	Loop	Loop Repeat	Values	X12 Page No.	Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat	
6										6	4	4	4				
120	STC10-1	Health Care Claim Status Category Code	AN	1-30	R			D0, E						161	30		
121	STC10-2	Health Care Claim Status Code	AN	1-30	R									191	30		
122	STC10-3	Entity Identifier Code	ID	2-3	S			41, AY, PR						221	3		
123	STC10-4	Code List Qualifier Code	ID	1-3	N/U									224	3		
124	STC11	HEALTH CARE CLAIM STATUS			S												
125	STC11-1	Health Care Claim Status Category Code	AN	1-30	R			D0, E						227	30		
126	STC11-2	Health Care Claim Status Code	AN	1-30	R									257	30		
127	STC11-3	Entity Identifier Code	ID	2-3	S			41, AY, PR						287	3		
128	STC11-4	Code List Qualifier Code	ID	1-3	N/U									290	3		
129	STC12	Free-Form Message Text	AN	1-264	N/U												
130																	
131	HL	SERVICE PROVIDER LEVEL		1	R	2000C	>1			2000C		HL		1	18	1	
132	HL01	Hierarchical ID Number	AN	1-12	R									19	12		
133	HL02	Hierarchical Parent ID Number	AN	1-12	R									31	12		
134	HL03	Hierarchical Level Code	ID	1-2	R			19						43	2		
135	HL04	Hierarchical Child Code	ID	1-1	R			0, 1						45	1		
136																	
137	NM1	PROVIDER NAME		1	R	2100C	2			2100C		NM1		1	18	1	
138	NM101	Entity Identifier Code	ID	2-3	R			1P						19	3		
139	NM102	Entity Type Qualifier	ID	1-1	R			1, 2						22	1		
140	NM103	Provider Last or Organization Name	AN	1-60	S									23	60		
141	NM104	Provider First Name	AN	1-35	S									83	35		
142	NM105	Provider Middle Name	AN	1-25	S									118	25		
143	NM106	Provider Name Prefix	AN	1-10	N/U												

Transaction Set ID: 277  
 EDI Flat File Standard:  
 ASC X12 005010  
 Direction: Outbound

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	
4	277 5010	X12 Element Attributes								X12 Flat File							
5	Element Identifier	Description	ID	Min Max	Usage Reg.	Loop	Loop Repeat	Values	X12 Page No.	Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat	
6										6	4	4	4				
144	NM107	Provider Name Suffix	AN	1-10	S									143	10		
145	NM108	Identification Code Qualifier	ID	1-2	R			FI, SV, XX						153	2		
146	NM109	Provider Identifier	AN	2-80	R									155	80		
147	NM110	Entity Relationship Code	ID	2-2	N/U												
148	NM111	Entity Identifier Code	ID	2-3	N/U												
149	NM112	Last Name	AN	1-60	N/U												
150																	
151	TRN	<b>PROVIDER OF SERVICE TRACE IDENTIFIER</b>		1	S	2200C	1			2200C		TRN		1	18	1	
152	TRN01	Current Transaction Trace Number	ID	1-2	R			1						19	2		
153	TRN02	Provider of Service Information Trace Identifier	AN	1-50	R									21	50		
154	TRN03	Originating Company Identifier	AN	10-10	N/U												
155	TRN04	Reference Identifier	AN	1-50	N/U												
156																	
157	STC	<b>PROVIDER STATUS INFORMATION</b>		1	R	2200C				2200C		STC		1	18	>1	
158	STC01	HEALTH CARE CLAIM STATUS			R												
159	STC01-1	Health Care Claim Status Category Code	AN	1-30	R			D0, E						19	30		
160	STC01-2	Health Care Claim Status Code	AN	1-30	R									49	30		
161	STC01-3	Entity Identifier Code	ID	2-3	S			1P						79	3		
162	STC01-4	Code List Qualifier Code	ID	1-3	N/U									82	3		
163	STC02	Status Information Effective Date	DT	8-8	R			CCYYMMDD						85	8		
164	STC03	Action Code	ID	1-2	N/U												
165	STC04	Monetary Amount	R	1-18	N/U									93	18		
166	STC05	Monetary Amount	R	1-18	N/U									111	18		
167	STC06	Date	DT	8-8	N/U									129	8		

Transaction Set ID: 277  
 EDI Flat File Standard:  
 ASC X12 005010  
 Direction: Outbound

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	
4	277 5010	X12 Element Attributes								X12 Flat File							
5	Element Identifier	Description	ID	Min Max	Usage Reg.	Loop	Loop Repeat	Values	X12 Page No.	Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat	
6										6	4	4	4				
168	STC07	Payment Method Code	ID	3-3	N/U												
169	STC08	Date	DT	8-8	N/U									137	8		
170	STC09	Check Number	AN	1-16	N/U									145	16		
171	STC10	HEALTH CARE CLAIM STATUS			S												
172	STC10-1	Health Care Claim Status Category Code	AN	1-30	R			D0, E						161	30		
173	STC10-2	Health Care Claim Status Code	AN	1-30	R									191	30		
174	STC10-3	Entity Identifier Code	ID	2-3	S			1P						221	3		
175	STC10-4	Code List Qualifier Code	ID	1-3	N/U									224	3		
176	STC11	HEALTH CARE CLAIM STATUS			S												
177	STC11-1	Health Care Claim Status Category Code	AN	1-30	R			D0, E						227	30		
178	STC11-2	Health Care Claim Status Code	AN	1-30	R									257	30		
179	STC11-3	Entity Identifier Code	ID	2-3	S			1P						287	3		
180	STC11-4	Code List Qualifier Code	ID	1-3	N/U									290	3		
181	STC12	Free-Form Message Text	AN	1-264	N/U												
182																	
183	HL	SUBSCRIBER LEVEL		1	R	2000D	>1			2000D		HL		1	18	1	
184	HL01	Hierarchical ID Number	AN	1-12	R									19	12		
185	HL02	Hierarchical Parent ID Number	AN	1-12	R									31	12		
186	HL03	Hierarchical Level Code	ID	1-2	R			22						43	2		
187	HL04	Hierarchical Child Code	ID	1-1	R			0, 1						45	1		
188																	
189	NM1	SUBSCRIBER NAME		1	R	2100D	1			2100D		NM1		1	18	1	
190	NM101	Entity Identifier Code	ID	2-3	R			IL						19	3		
191	NM102	Entity Type Qualifier	ID	1-1	R			1, 2						22	1		

Transaction Set ID: 277  
 EDI Flat File Standard:  
 ASC X12 005010  
 Direction: Outbound

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	
4	277 5010	X12 Element Attributes								X12 Flat File							
5	Element Identifier	Description	ID	Min Max	Usage Reg.	Loop	Loop Repeat	Values	X12 Page No.	Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat	
6										6	4	4	4				
192	NM103	Subscriber Last Name	AN	1-60	R									23	60		
193	NM104	Subscriber First Name	AN	1-35	S									83	35		
194	NM105	Subscriber Middle Name	AN	1-25	S									118	25		
195	NM106	Subscriber Name Prefix	AN	1-10	N/U												
196	NM107	Subscriber Name Suffix	AN	1-10	S									143	10		
197	NM108	Identification Code Qualifier	ID	1-2	R			24, II, MI						153	2		
198	NM109	Subscriber Identifier	AN	2-80	R									155	80		
199	NM110	Entity Relationship Code	ID	2-2	N/U												
200	NM111	Entity Identifier Code	ID	2-3	N/U												
201	NM112	Last Name	AN	1-60	N/U												
202																	
203	TRN	<b>CLAIM STATUS TRACKING NUMBER</b>		1	R	2200D	>1			2200D		TRN		1	18	1	
204	TRN01	Referenced Transaction Trace Number	ID	1-2	R			2						19	2		
205	TRN02	Trace Number	AN	1-50	R									21	50		
206	TRN03	Originating Company Identifier	AN	10-10	N/U												
207	TRN04	Reference Identification	AN	1-50	N/U												
208																	
209	STC	<b>CLAIM LEVEL STATUS INFORMATION</b>		1	R	2200D				2200D		STC		1	18	>1	
210	STC01	HEALTH CARE CLAIM STATUS			R												
211	STC01-1	Health Care Claim Status Category Code	AN	1-30	R									19	30		
212	STC01-2	Health Care Claim Status Code	AN	1-30	R									49	30		

Transaction Set ID: 277  
 EDI Flat File Standard:  
 ASC X12 005010  
 Direction: Outbound

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	
4	277 5010	X12 Element Attributes								X12 Flat File							
5	Element Identifier	Description	ID	Min Max	Usage Reg.	Loop	Loop Repeat	Values	X12 Page No.	Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat	
6										6	4	4	4				
213	STC01-3	Entity Identifier Code	ID	2-3	S			03, 13, 17, 1E, 1G, 1H, 1I, 1O, 1P, 1Q, 1R, 1S, 1T, 1U, 1V, 1W, 1X, 1Y, 1Z, 28, 2A, 2B, 2D, 2E, 2I, 2K, 2P, 2Q, 2S, 2Z, 30, 36, 3A, 3C, 3D, 3E, 3F, 3G, 3H, 3I, 3J, 3K, 3L, 3M, 3N, 3O, 3P, 3Q, 3R, 3S, 3T, 3U, 3V, 3W, 3X, 3Y, 3Z, 40, 43, 44, 4A, 4B, 4C, 4D, 4E, 4F, 4G, 4H, 4I, 4J, 4L, 4M, 4N, 4O, 4P, 4Q, 4R, 4S, 4U, 4V, 4W, 4X, 4Y, 4Z, 5A, 5B, 5C, 5D, 5E, 5F, 5G, 5H, 5I, 5J, 5K, 5L, 5M, 5N, 5O, 5P, 5Q, 5R, 5S, 5T, 5U, 5V, 5W, 5X, 5Y, 5Z, 61, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H, 6I, 6J continued on next row					79	3			

Transaction Set ID: 277  
 EDI Flat File Standard:  
 ASC X12 005010  
 Direction: Outbound

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	
4	277 5010	X12 Element Attributes								X12 Flat File							
5	Element Identifier	Description	ID	Min Max	Usage Reg.	Loop	Loop Repeat	Values	X12 Page No.	Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat	
6										6	4	4	4				
214								continued 6K, 6L, 6M, 6N, 6O, 6P, 6Q, 6R, 6S, 6U, 6V, 6W, 6X, 6Y, 71, 72, 73, 74, 77, 7C, 80, 82, 84, 85, 87, 95, CK, CZ, D2, DD, DJ, DK, DN, DO, DQ, E1, E2, E7, E9, FA, FD, FE, G0, G3, GB, GD, GI, GJ, GK, GM, GY, HF, HH, I3, IJ, IL, IN, LI, LR, MR, MSC, OB, OD, OX, P0, P2, P3, P4, P6, P7, PRP, PT, PV, PW, QA, QB, QC, QD, QE, QH, QK, QL, QN, QO, QS, QV, QY, RC, RW, S4, SEP, SJ, SU, T4, TL, TQ, TT, TTP, TU, UH, X3, X4, X5, ZZ end of list									
215	STC01-4	Code List Qualifier Code	ID	1-3	S			RX						82	3		
216	STC02	Status Information Effective Date	DT	8-8	R			CCYYMMDD						85	8		
217	STC03	Action Code	ID	1-2	N/U												
218	STC04	Total Claim Charge Amount S9(8)V99	R	1-10	R									93	10		



Transaction Set ID: 277  
 EDI Flat File Standard:  
 ASC X12 005010  
 Direction: Outbound

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	
4	277 5010	X12 Element Attributes								X12 Flat File							
5	Element Identifier	Description	ID	Min Max	Usage Reg.	Loop	Loop Repeat	Values	X12 Page No.	Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat	
6										6	4	4	4				
219	STC04-1	Total Claim Charge Amount Filler	AN	1-8	R									103	8		
220	STC05	Claim payment Amount S9(8)V99	R	1-10	R									111	10		
221	STC05-1	Claim payment Amount Filler	AN	1-8	R									121	8		
222	STC06	Adjudication or Payment Date	DT	8-8	S			CCYYMMDD						129	8		
223	STC07	Payment Method Code	ID	3-3	N/U												
224	STC08	Remittance Date	DT	8-8	S			CCYYMMDD						137	8		
225	STC09	Remittance Trace Number	AN	1-16	S									145	16		
226	STC10	HEALTH CARE CLAIM STATUS			S												
227	STC10-1	Health Care Claim Status Category Code	AN	1-30	R									161	30		
228	STC10-2	Health Care Claim Status Code	AN	1-30	R									191	30		
229	STC10-3	Entity Identifier Code	AN	2-3	S									221	3		
230	STC10-4	Code List Qualifier Code	ID	1-3	S			RX						224	3		
231	STC11	HEALTH CARE CLAIM STATUS			S												
232	STC11-1	Health Care Claim Status Category Code	AN	1-30	R									227	30		
233	STC11-2	Health Care Claim Status Code	AN	1-30	R									257	30		
234	STC11-3	Entity Identifier Code	ID	2-3	S									287	3		
235	STC11-4	Code List Qualifier Code	ID	1-3	S			RX						290	3		
236	STC12	Free-Form Message Text	AN	1-264	N/U												
237																	
238	REF	<b>PAYER CLAIM CONTROL NUMBER</b>		1	S	2200D				2200D		REF		1	18	1	
239	REF01	Reference Identification Qualifier	ID	2-3	R			1K						19	3		

Transaction Set ID: 277  
 EDI Flat File Standard:  
 ASC X12 005010  
 Direction: Outbound

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	
4	277 5010	X12 Element Attributes								X12 Flat File							
5	Element Identifier	Description	ID	Min Max	Usage Reg.	Loop	Loop Repeat	Values	X12 Page No.	Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat	
6										6	4	4	4				
240	REF02	Payer Claim Control Number	AN	1-50	R									22	50		
241	REF03	Description	AN	1-80	N/U												
242	REF04	REFERENCE IDENTIFIER			N/U												
243																	
244	REF	INSTITUTIONAL BILL TYPE IDENTIFICATION		1	S	2200D				2200D		REF		1	18	1	
245	REF01	Reference Identification Qualifier	ID	2-3	R			BLT						19	3		
246	REF02	Bill Type Identifier	AN	1-50	R									22	50		
247	REF03	Description	AN	1-80	N/U												
248	REF04	REFERENCE IDENTIFIER			N/U												
249																	
250	REF	PATIENT CONTROL NUMBER		1	S	2200D				2200D		REF		1	18	1	
251	REF01	Reference Identification Qualifier	ID	2-3	R			EJ						19	3		
252	REF02	Patient Account Number	AN	1-50	R									22	50		
253	REF03	Description	AN	1-80	N/U												
254	REF04	REFERENCE IDENTIFIER			N/U												
255																	
256	REF	PHARMACY PRESCRIPTION NUMBER		1	S	2200D				2200D		REF		1	18	1	
257	REF01	Reference Identification Qualifier	ID	2-3	R			XZ						19	3		
258	REF02	Pharmacy Prescription Number	AN	1-50	R									22	50		
259	REF03	Description	AN	1-80	N/U												
260	REF04	REFERENCE IDENTIFIER			N/U												
261																	
262	REF	VOUCHER IDENTIFIER		1	S	2200D				2200D		REF		1	18	1	

Transaction Set ID: 277  
 EDI Flat File Standard:  
 ASC X12 005010  
 Direction: Outbound

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	
4	277 5010	X12 Element Attributes								X12 Flat File							
5	Element Identifier	Description	ID	Min Max	Usage Reg.	Loop	Loop Repeat	Values	X12 Page No.	Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat	
6										6	4	4	4				
263	REF01	Reference Identification Qualifier	ID	2-3	R			VV						19	3		
264	REF02	Voucher Identifier	AN	1-50	R									22	50		
265	REF03	Description	AN	1-80	N/U												
266	REF04	REFERENCE IDENTIFIER			N/U												
267																	
268	REF	CLAIM IDENTIFICATION NUMBER FOR CLEARINGHOUSES AND OTHER TRANSMISSION INTERMEDIARIES		1	S	2200D				2200D		REF		1	18	1	
269	REF01	Reference Identification Qualifier	ID	2-3	R			D9						19	3		
270	REF02	Clearinghouse Trace Number	AN	1-50	R									22	50		
271	REF03	Description	AN	1-80	N/U												
272	REF04	REFERENCE IDENTIFIER			N/U												
273																	
274	DTP	CLAIM SERVICE DATE		1	S	2200D				2200D		DTP		1	18	1	
275	DTP01	Date Time Qualifier	ID	3-3	R			472						19	3		
276	DTP02	Date Time Period Format Qualifier	ID	2-3	R			D8, RD8						22	3		
277	DTP03	Claim Service Period	AN	1-35	R			CCYYMMDD, CCYYMMDD-CCYYMMDD						25	35		
278																	
279	SVC	SERVICE LINE INFORMATION		1	S	2220D	>1			2220D		SVC		1	18	1	
280	SVC01	COMPOSITE MEDICAL PROCEDURE IDENTIFIER			R												
281	SVC01-1	Product/Service ID Qualifier	ID	2-2	R			AD, ER, HC, HP, IV, N4, NU, WK						19	2		

Transaction Set ID: 277  
 EDI Flat File Standard:  
 ASC X12 005010  
 Direction: Outbound

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	
4	277 5010	X12 Element Attributes								X12 Flat File							
5	Element Identifier	Description	ID	Min Max	Usage Reg.	Loop	Loop Repeat	Values	X12 Page No.	Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat	
6										6	4	4	4				
282	SVC01-2	Service Identification Code	AN	1-48	R									21	48		
283	SVC01-3	Procedure Modifier	AN	2-2	S									69	2		
284	SVC01-4	Procedure Modifier	AN	2-2	S									71	2		
285	SVC01-5	Procedure Modifier	AN	2-2	S									73	2		
286	SVC01-6	Procedure Modifier	AN	2-2	S									75	2		
287	SVC01-7	Description	AN	1-80	N/U												
288	SVC01-8	Product/Service ID	AN	1-48	N/U												
289	SVC02	Line Item Charge Amount S9(8)V99	R	1-10	R									77	10		
290	SVC02-1	Line Item Charge Amount Filler	AN	1-8	R									87	8		
291	SVC03	Line Item Payment Amount S9(8)V99	R	1-10	R									95	10		
292	SVC03-1	Line Item Payment Amount Filler	AN	1-8	R									105	8		
293	SVC04	Revenue Code	AN	1-48	S									113	48		
294	SVC05	Quantity	R	1-15	N/U												
295	SVC06	COMPOSITE MEDICAL PROCEDURE IDENTIFIER			N/U												
296	SVC07	Units of Service Count S9(7)V999	R	1-10	S									161	10		
297	SVC07-1	Units of Service Count Filler	AN	1-5	S									171	5		
298																	
299	STC	CLAIM LEVEL STATUS INFORMATION		>1	R	2220D				2220D		STC		1	18	>1	
300	STC01	HEALTH CARE CLAIM STATUS			R												
301	STC01-1	Health Care Claim Status Category Code	AN	1-30	R									19	30		
302	STC01-2	Health Care Claim Status Code	AN	1-30	R									49	30		

Transaction Set ID: 277  
 EDI Flat File Standard:  
 ASC X12 005010  
 Direction: Outbound

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	
4	277 5010	X12 Element Attributes								X12 Flat File							
5	Element Identifier	Description	ID	Min Max	Usage Reg.	Loop	Loop Repeat	Values	X12 Page No.	Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat	
6										6	4	4	4				
303	STC01-3	Entity Identifier Code	ID	2-3	S			03, 13, 17, 1E, 1G, 1H, 1I, 1O, 1P, 1Q, 1R, 1S, 1T, 1U, 1V, 1W, 1X, 1Y, 1Z, 28, 2A, 2B, 2D, 2E, 2I, 2K, 2P, 2Q, 2S, 2Z, 30, 36, 3A, 3C, 3D, 3E, 3F, 3G, 3H, 3I, 3J, 3K, 3L, 3M, 3N, 3O, 3P, 3Q, 3R, 3S, 3T, 3U, 3V, 3W, 3X, 3Y, 3Z, 40, 43, 44, 4A, 4B, 4C, 4D, 4E, 4F, 4G, 4H, 4I, 4J, 4L, 4M, 4N, 4O, 4P, 4Q, 4R, 4S, 4U, 4V, 4W, 4X, 4Y, 4Z, 5A, 5B, 5C, 5D, 5E, 5F, 5G, 5H, 5I, 5J, 5K, 5L, 5M, 5N, 5O, 5P, 5Q, 5R, 5S, 5T, 5U, 5V, 5W, 5X, 5Y, 5Z, 61, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H, 6I, 6J continued on next row					79	3			

Transaction Set ID: 277  
 EDI Flat File Standard:  
 ASC X12 005010  
 Direction: Outbound

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	
4	277 5010	X12 Element Attributes								X12 Flat File							
5	Element Identifier	Description	ID	Min Max	Usage Reg.	Loop	Loop Repeat	Values	X12 Page No.	Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat	
6										6	4	4	4				
304								continued 6K, 6L, 6M, 6N, 6O, 6P, 6Q, 6R, 6S, 6U, 6V, 6W, 6X, 6Y, 71, 72, 73, 74, 77, 7C, 80, 82, 84, 85, 87, 95, CK, CZ, D2, DD, DJ, DK, DN, DO, DQ, E1, E2, E7, E9, FA, FD, FE, G0, G3, GB, GD, GI, GJ, GK, GM, GY, HF, HH, I3, IJ, IL, IN, LI, LR, MR, MSC, OB, OD, OX, P0, P2, P3, P4, P6, P7, PRP, PT, PV, PW, QA, QB, QC, QD, QE, QH, QK, QL, QN, QO, QS, QV, QY, RC, RW, S4, SEP, SJ, SU, T4, TL, TQ, TT, TTP, TU, UH, X3, X4, X5, ZZ end of list									
305	STC01-4	Code List Qualifier Code	ID	1-3	S			RX						82	3		
306	STC02	Status Information Effective Date	DT	8-8	R			CCYYMMDD						85	8		
307	STC03	Action Code	ID	1-2	N/U												
308	STC04	Monetary Amount S9(8)V99	R	1-10	N/U									93	10		

Transaction Set ID: 277  
 EDI Flat File Standard:  
 ASC X12 005010  
 Direction: Outbound

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	
4	277 5010	X12 Element Attributes								X12 Flat File							
5	Element Identifier	Description	ID	Min Max	Usage Reg.	Loop	Loop Repeat	Values	X12 Page No.	Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat	
6										6	4	4	4				
309	STC04-1	Monetary Amount Filler	AN	1-8	N/U									103	8		
310	STC05	Monetary Amount S9(8)V99	R	1-10	N/U									111	10		
311	STC05-1	Monetary Amount Filler	AN	1-8	N/U									121	8		
312	STC06	Date	DT	8-8	N/U									129	8		
313	STC07	Payment Method Code	ID	3-3	N/U												
314	STC08	Date	DT	8-8	N/U									137	8		
315	STC09	Check Number	AN	1-16	N/U									145	16		
316	STC10	HEALTH CARE CLAIM STATUS			S												
317	STC10-1	Health Care Claim Status Category Code	AN	1-30	R									161	30		
318	STC10-2	Health Care Claim Status Code	AN	1-30	R									191	30		
319	STC10-3	Entity Identifier Code	AN	2-3	S									221	3		
320	STC10-4	Code List Qualifier Code	ID	1-3	S			RX						224	3		
321	STC11	HEALTH CARE CLAIM STATUS			S												
322	STC11-1	Health Care Claim Status Category Code	AN	1-30	R									227	30		
323	STC11-2	Health Care Claim Status Code	AN	1-30	R									257	30		
324	STC11-3	Entity Identifier Code	ID	2-3	S									287	3		
325	STC11-4	Code List Qualifier Code	ID	1-3	S			RX						290	3		
326	STC12	Free-Form Message Text	AN	1-264	N/U												
327																	
328	REF	<b>SERVICE LINE ITEM IDENTIFICATION</b>		1	S	2220D				2220D		REF		1	18	1	
329	REF01	Reference Identification Qualifier	ID	2-3	R			FJ						19	3		
330	REF02	Line Item Control Number	AN	1-50	R									22	50		
331	REF03	Description	AN	1-80	N/U												

Transaction Set ID: 277  
 EDI Flat File Standard:  
 ASC X12 005010  
 Direction: Outbound

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	
4	277 5010	X12 Element Attributes								X12 Flat File							
5	Element Identifier	Description	ID	Min Max	Usage Reg.	Loop	Loop Repeat	Values	X12 Page No.	Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat	
6										6	4	4	4				
332	REF04	REFERENCE IDENTIFIER			N/U												
333																	
334	DTP	SERVICE LINE DATE		1	S	2220D				2220D		DTP		1	18	1	
335	DTP01	Date Time Qualifier	ID	3-3	R			472						19	3		
336	DTP02	Date Time Period Format Qualifier	ID	2-3	R			R8, RD8						22	3		
337	DTP03	Service Line Date	AN	1-35	R			CCYYMMDD, CCYYMMDD-CCYYMMDD						25	35		
338																	
339	HL	DEPENDENT LEVEL		1	S	2000E	>1			2000E		HL		1	18	1	
340	HL01	Hierarchical ID Number	AN	1-12	R									19	12		
341	HL02	Hierarchical Parent ID Number	AN	1-12	R									31	12		
342	HL03	Hierarchical Level Code	ID	1-2	R			23						43	2		
343	HL04	Hierarchical Child Code	ID	1-1	N/U									45	1		
344																	
345	NM1	DEPENDENT NAME		1	R	2100E	1			2100E		NM1		1	18	1	
346	NM101	Entity Identifier Code	ID	2-3	R			QC						19	3		
347	NM102	Entity Type Qualifier	ID	1-1	R			1						22	1		
348	NM103	Dependent Last Name	AN	1-60	R									23	60		
349	NM104	Dependent First Name	AN	1-35	S									83	35		
350	NM105	Dependent Middle Name	AN	1-25	S									118	25		
351	NM106	Dependent Name Prefix	AN	1-10	N/U												
352	NM107	Dependent Name Suffix	AN	1-10	S									143	10		
353	NM108	Identification Code Qualifier	ID	1-2	N/U									153	2		
354	NM109	Dependent Identifier	AN	2-80	N/U									155	80		
355	NM110	Entity Relationship Code	ID	2-2	N/U												
356	NM111	Entity Identifier Code	ID	2-3	N/U												



Transaction Set ID: 277  
 EDI Flat File Standard:  
 ASC X12 005010  
 Direction: Outbound

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	
4	277 5010	X12 Element Attributes								X12 Flat File							
5	Element Identifier	Description	ID	Min Max	Usage Reg.	Loop	Loop Repeat	Values	X12 Page No.	Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat	
6										6	4	4	4				
357	NM112	Last Name	AN	1-60	N/U												
358																	
359	TRN	CLAIM STATUS TRACKING NUMBER		1	R	2200E	>1			2200E		TRN		1	18	1	
360	TRN01	Referenced Transaction Trace Number	ID	1-2	R			2						19	2		
361	TRN02	Trace Number	AN	1-50	R									21	50		
362	TRN03	Originating Company Identifier	AN	10-10	N/U												
363	TRN04	Reference Identification	AN	1-50	N/U												
364																	
365	STC	CLAIM LEVEL STATUS INFORMATION		>1	R	2200E				2200E		STC		1	18	>1	
366	STC01	HEALTH CARE CLAIM STATUS			R												
367	STC01-1	Health Care Claim Status Category Code	AN	1-30	R			<> R						19	30		
368	STC01-2	Health Care Claim Status Code	AN	1-30	R									49	30		

Transaction Set ID: 277  
 EDI Flat File Standard:  
 ASC X12 005010  
 Direction: Outbound

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	
4	277 5010	X12 Element Attributes								X12 Flat File							
5	Element Identifier	Description	ID	Min Max	Usage Reg.	Loop	Loop Repeat	Values	X12 Page No.	Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat	
6										6	4	4	4				
369	STC01-3	Entity Identifier Code	ID	2-3	S			03, 13, 17, 1E, 1G, 1H, 1I, 1O, 1P, 1Q, 1R, 1S, 1T, 1U, 1V, 1W, 1X, 1Y, 1Z, 28, 2A, 2B, 2D, 2E, 2I, 2K, 2P, 2Q, 2S, 2Z, 30, 36, 3A, 3C, 3D, 3E, 3F, 3G, 3H, 3I, 3J, 3K, 3L, 3M, 3N, 3O, 3P, 3Q, 3R, 3S, 3T, 3U, 3V, 3W, 3X, 3Y, 3Z, 40, 43, 44, 4A, 4B, 4C, 4D, 4E, 4F, 4G, 4H, 4I, 4J, 4L, 4M, 4N, 4O, 4P, 4Q, 4R, 4S, 4U, 4V, 4W, 4X, 4Y, 4Z, 5A, 5B, 5C, 5D, 5E, 5F, 5G, 5H, 5I, 5J, 5K, 5L, 5M, 5N, 5O, 5P, 5Q, 5R, 5S, 5T, 5U, 5V, 5W, 5X, 5Y, 5Z, 61, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H, 6I, 6J continued on next row					79	3			

Transaction Set ID: 277  
 EDI Flat File Standard:  
 ASC X12 005010  
 Direction: Outbound

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	
4	277 5010	X12 Element Attributes								X12 Flat File							
5	Element Identifier	Description	ID	Min Max	Usage Reg.	Loop	Loop Repeat	Values	X12 Page No.	Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat	
6										6	4	4	4				
370								continued 6K, 6L, 6M, 6N, 6O, 6P, 6Q, 6R, 6S, 6U, 6V, 6W, 6X, 6Y, 71, 72, 73, 74, 77, 7C, 80, 82, 84, 85, 87, 95, CK, CZ, D2, DD, DJ, DK, DN, DO, DQ, E1, E2, E7, E9, FA, FD, FE, G0, G3, GB, GD, GI, GJ, GK, GM, GY, HF, HH, I3, IJ, IL, IN, LI, LR, MR, MSC, OB, OD, OX, P0, P2, P3, P4, P6, P7, PRP, PT, PV, PW, QA, QB, QC, QD, QE, QH, QK, QL, QN, QO, QS, QV, QY, RC, RW, S4, SEP, SJ, SU, T4, TL, TQ, TT, TTP, TU, UH, X3, X4, X5, ZZ end of list									
371	STC01-4	Code List Qualifier Code	ID	1-3	S			RX						82	3		
372	STC02	Status Information Effective Date	DT	8-8	R			CCYYMMDD						85	8		
373	STC03	Action Code	ID	1-2	N/U												
374	STC04	Total Claim Charge Amount S9(8)V99	R	1-10	S									93	10		

Transaction Set ID: 277  
 EDI Flat File Standard:  
 ASC X12 005010  
 Direction: Outbound

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	
4	277 5010	X12 Element Attributes								X12 Flat File							
5	Element Identifier	Description	ID	Min Max	Usage Reg.	Loop	Loop Repeat	Values	X12 Page No.	Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat	
6										6	4	4	4				
375	STC04-1	Total Claim Charge Amount Filler	AN	1-8	S									103	8		
376	STC05	Claim payment Amount S9(8)V99	R	1-10	S									111	10		
377	STC05-1	Claim payment Amount Filler	AN	1-8	S									121	8		
378	STC06	Adjudication or Payment Date	DT	8-8	S			CCYYMMDD						129	8		
379	STC07	Payment Method Code	ID	3-3	N/U												
380	STC08	Remittance Date	DT	8-8	S			CCYYMMDD						137	8		
381	STC09	Remittance Trace Number	AN	1-16	S									145	16		
382	STC10	HEALTH CARE CLAIM STATUS			S												
383	STC10-1	Health Care Claim Status Category Code	AN	1-30	R									161	30		
384	STC10-2	Health Care Claim Status Code	AN	1-30	R									191	30		
385	STC10-3	Entity Identifier Code	AN	2-3	S									221	3		
386	STC10-4	Code List Qualifier Code	ID	1-3	S			RX						224	3		
387	STC11	HEALTH CARE CLAIM STATUS			S												
388	STC11-1	Health Care Claim Status Category Code	AN	1-30	R									227	30		
389	STC11-2	Health Care Claim Status Code	AN	1-30	R									257	30		
390	STC11-3	Entity Identifier Code	ID	2-3	S									287	3		
391	STC11-4	Code List Qualifier Code	ID	1-3	S			RX						290	3		
392	STC12	Free-Form Message Text	AN	1-264	N/U												
393																	
394	REF	<b>PAYER CLAIM CONTROL NUMBER</b>		1	S	2200E				2200E		REF		1	18	1	
395	REF01	Reference Identification Qualifier	ID	2-3	R			1K						19	3		

Transaction Set ID: 277  
 EDI Flat File Standard:  
 ASC X12 005010  
 Direction: Outbound

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	
4	277 5010	X12 Element Attributes								X12 Flat File							
5	Element Identifier	Description	ID	Min Max	Usage Reg.	Loop	Loop Repeat	Values	X12 Page No.	Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat	
6										6	4	4	4				
396	REF02	Payer Claim Control Number	AN	1-50	R									22	50		
397	REF03	Description	AN	1-80	N/U												
398	REF04	REFERENCE IDENTIFIER			N/U												
399																	
400	REF	INSTITUTIONAL BILL TYPE IDENTIFICATION		1	S	2200E				2200E		REF		1	18	1	
401	REF01	Reference Identification Qualifier	ID	2-3	R			BLT						19	3		
402	REF02	Bill Type Identifier	AN	1-50	R									22	50		
403	REF03	Description	AN	1-80	N/U												
404	REF04	REFERENCE IDENTIFIER			N/U												
405																	
406	REF	PATIENT CONTROL NUMBER		1	S	2200E				2200E		REF		1	18	1	
407	REF01	Reference Identification Qualifier	ID	2-3	R			EJ						19	3		
408	REF02	Patient Account Number	AN	1-50	R									22	50		
409	REF03	Description	AN	1-80	N/U												
410	REF04	REFERENCE IDENTIFIER			N/U												
411																	
412	REF	PHARMACY PRESCRIPTION NUMBER		1	S	2200E				2200E		REF		1	18	1	
413	REF01	Reference Identification Qualifier	ID	2-3	R			XZ						19	3		
414	REF02	Pharmacy Prescription Number	AN	1-50	R									22	50		
415	REF03	Description	AN	1-80	N/U												
416	REF04	REFERENCE IDENTIFIER			N/U												
417																	
418	REF	VOUCHER IDENTIFIER		1	S	2200E				2200E		REF		1	18	1	

Transaction Set ID: 277  
 EDI Flat File Standard:  
 ASC X12 005010  
 Direction: Outbound

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	
4	277 5010	X12 Element Attributes								X12 Flat File							
5	Element Identifier	Description	ID	Min Max	Usage Reg.	Loop	Loop Repeat	Values	X12 Page No.	Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat	
6										6	4	4	4				
419	REF01	Reference Identification Qualifier	ID	2-3	R			VV						19	3		
420	REF02	Voucher Identifier	AN	1-50	R									22	50		
421	REF03	Description	AN	1-80	N/U												
422	REF04	REFERENCE IDENTIFIER			N/U												
423																	
424	REF	<b>CLAIM IDENTIFICATION NUMBER FOR CLEARINGHOUSES AND OTHER TRANSMISSION INTERMEDIARIES</b>		1	S	2200E				2200E		REF		1	18	1	
425	REF01	Reference Identification Qualifier	ID	2-3	R			D9						19	3		
426	REF02	Clearinghouse Trace Number	AN	1-50	R									22	50		
427	REF03	Description	AN	1-80	N/U												
428	REF04	REFERENCE IDENTIFIER			N/U												
429																	
430	DTP	<b>CLAIM SERVICE DATE</b>		1	S	2200E				2200E		DTP		1	18	1	
431	DTP01	Date Time Qualifier	ID	3-3	R			472						19	3		
432	DTP02	Date Time Period Format Qualifier	ID	2-3	R			D8, RD8						22	3		
433	DTP03	Claim Service Period	AN	1-35	R			CCYYMMDD, CCYYMMDD-CCYYMMDD						25	35		
434																	
435	SVC	<b>SERVICE LINE INFORMATION</b>		1	S	2220E	>1			2220E		SVC		1	18	1	
436	SVC01	COMPOSITE MEDICAL PROCEDURE IDENTIFIER			R												
437	SVC01-1	Product/Service ID Qualifier	ID	2-2	R			AD, ER, HC, HP, IV, N4, NU, WK						19	2		

Transaction Set ID: 277  
 EDI Flat File Standard:  
 ASC X12 005010  
 Direction: Outbound

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	
4	277 5010	X12 Element Attributes								X12 Flat File							
5	Element Identifier	Description	ID	Min Max	Usage Reg.	Loop	Loop Repeat	Values	X12 Page No.	Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat	
6										6	4	4	4				
438	SVC01-2	Service Identification Code	AN	1-48	R									21	48		
439	SVC01-3	Procedure Modifier	AN	2-2	S									69	2		
440	SVC01-4	Procedure Modifier	AN	2-2	S									71	2		
441	SVC01-5	Procedure Modifier	AN	2-2	S									73	2		
442	SVC01-6	Procedure Modifier	AN	2-2	S									75	2		
443	SVC01-7	Description	AN	1-80	N/U												
444	SVC01-8	Product Service ID	AN	1-80	N/U												
445	SVC02	Line Item Charge Amount S9(8)V99	R	1-10	R									77	10		
446	SVC02-1	Line Item Charge Amount Filler	AN	1-8	R									87	8		
447	SVC03	Line Item Payment Amount S9(8)V99	R	1-10	R									95	10		
448	SVC03-1	Line Item Payment Amount Filler	AN	1-8	R									105	8		
449	SVC04	Revenue Code	AN	1-48	S									113	48		
450	SVC05	Quantity	R	1-15	N/U												
451	SVC06	COMPOSITE MEDICAL PROCEDURE IDENTIFIER			N/U												
452	SVC07	Units of Service Count S9(7)V999	R	1-10	S									161	10		
453	SVC07-1	Units of Service Count Filler	AN	1-5	S									171	5		
454																	
455	STC	CLAIM LEVEL STATUS INFORMATION		>1	R	2220E				2220E		STC		1	18	>1	
456	STC01	HEALTH CARE CLAIM STATUS			R												
457	STC01-1	Health Care Claim Status Category Code	AN	1-30	R									19	30		
458	STC01-2	Health Care Claim Status Code	AN	1-30	R									49	30		

Transaction Set ID: 277  
 EDI Flat File Standard:  
 ASC X12 005010  
 Direction: Outbound

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	
4	277 5010	X12 Element Attributes								X12 Flat File							
5	Element Identifier	Description	ID	Min Max	Usage Reg.	Loop	Loop Repeat	Values	X12 Page No.	Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat	
6										6	4	4	4				
459	STC01-3	Entity Identifier Code	ID	2-3	S			03, 13, 17, 1E, 1G, 1H, 1I, 1O, 1P, 1Q, 1R, 1S, 1T, 1U, 1V, 1W, 1X, 1Y, 1Z, 28, 2A, 2B, 2D, 2E, 2I, 2K, 2P, 2Q, 2S, 2Z, 30, 36, 3A, 3C, 3D, 3E, 3F, 3G, 3H, 3I, 3J, 3K, 3L, 3M, 3N, 3O, 3P, 3Q, 3R, 3S, 3T, 3U, 3V, 3W, 3X, 3Y, 3Z, 40, 43, 44, 4A, 4B, 4C, 4D, 4E, 4F, 4G, 4H, 4I, 4J, 4L, 4M, 4N, 4O, 4P, 4Q, 4R, 4S, 4U, 4V, 4W, 4X, 4Y, 4Z, 5A, 5B, 5C, 5D, 5E, 5F, 5G, 5H, 5I, 5J, 5K, 5L, 5M, 5N, 5O, 5P, 5Q, 5R, 5S, 5T, 5U, 5V, 5W, 5X, 5Y, 5Z, 61, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H, 6I, 6J continued on next row					79	3			



Transaction Set ID: 277  
 EDI Flat File Standard:  
 ASC X12 005010  
 Direction: Outbound

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	
4	277 5010	X12 Element Attributes								X12 Flat File							
5	Element Identifier	Description	ID	Min Max	Usage Reg.	Loop	Loop Repeat	Values	X12 Page No.	Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat	
6										6	4	4	4				
460								continued 6K, 6L, 6M, 6N, 6O, 6P, 6Q, 6R, 6S, 6U, 6V, 6W, 6X, 6Y, 71, 72, 73, 74, 77, 7C, 80, 82, 84, 85, 87, 95, CK, CZ, D2, DD, DJ, DK, DN, DO, DQ, E1, E2, E7, E9, FA, FD, FE, G0, G3, GB, GD, GI, GJ, GK, GM, GY, HF, HH, I3, IJ, IL, IN, LI, LR, MR, MSC, OB, OD, OX, P0, P2, P3, P4, P6, P7, PRP, PT, PV, PW, QA, QB, QC, QD, QE, QH, QK, QL, QN, QO, QS, QV, QY, RC, RW, S4, SEP, SJ, SU, T4, TL, TQ, TT, TTP, TU, UH, X3, X4, X5, ZZ end of list									
461	STC01-4	Code List Qualifier Code	ID	1-3	S			RX						82	3		
462	STC02	Status Information Effective Date	DT	8-8	R			CCYYMMDD						85	8		
463	STC03	Action Code	ID	1-2	N/U												
464	STC04	Total Claim Charge Amount S9(8)V99	R	1-10	N/U									93	10		

Transaction Set ID: 277  
 EDI Flat File Standard:  
 ASC X12 005010  
 Direction: Outbound

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	
4	277 5010	X12 Element Attributes								X12 Flat File							
5	Element Identifier	Description	ID	Min Max	Usage Reg.	Loop	Loop Repeat	Values	X12 Page No.	Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat	
6										6	4	4	4				
465	STC04-1	Total Claim Charge Amount Filler	AN	1-8	N/U									103	8		
466	STC05	Claim payment Amount S9(8)V99	R	1-10	N/U									111	10		
467	STC05-1	Claim payment Amount Filler	AN	1-8	N/U									121	8		
468	STC06	Adjudication or Payment Date	DT	8-8	N/U									129	8		
469	STC07	Payment Method Code	ID	3-3	N/U												
470	STC08	Remittance Date	DT	8-8	N/U									137	8		
471	STC09	Remittance Trace Number	AN	1-16	N/U									145	16		
472	STC10	HEALTH CARE CLAIM STATUS			S												
473	STC10-1	Health Care Claim Status Category Code	AN	1-30	R									161	30		
474	STC10-2	Health Care Claim Status Code	AN	1-30	R									191	30		
475	STC10-3	Entity Identifier Code	AN	2-3	S									221	3		
476	STC10-4	Code List Qualifier Code	ID	1-3	S			RX						224	3		
477	STC11	HEALTH CARE CLAIM STATUS			S												
478	STC11-1	Health Care Claim Status Category Code	AN	1-30	R									227	30		
479	STC11-2	Health Care Claim Status Code	AN	1-30	R									257	30		
480	STC11-3	Entity Identifier Code	ID	2-3	S									287	3		
481	STC11-4	Code List Qualifier Code	ID	1-3	S			RX						290	3		
482	STC12	Free-Form Message Text	AN	1-264	N/U												
483																	
484	REF	<b>SERVICE LINE ITEM IDENTIFICATION</b>		1	90	2220E				2220E		REF		1	18	1	
485	REF01	Reference Identification Qualifier	ID	2-3	R			FJ						19	3		

Transaction Set ID: 277  
 EDI Flat File Standard:  
 ASC X12 005010  
 Direction: Outbound

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	
4	277 5010	X12 Element Attributes								X12 Flat File							
5	Element Identifier	Description	ID	Min Max	Usage Reg.	Loop	Loop Repeat	Values	X12 Page No.	Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat	
6										6	4	4	4				
486	REF02	Line Item Control Number	AN	1-50	R									22	50		
487	REF03	Description	AN	1-80	N/U												
488	REF04	REFERENCE IDENTIFIER			N/U												
489																	
490	DTP	SERVICE LINE DATE		1	S	2220E				2220E		DTP		1	18	1	
491	DTP01	Date Time Qualifier	ID	3-3	R			472						19	3		
492	DTP02	Date Time Period Format Qualifier	ID	2-3	R			R8, RD8						22	3		
493	DTP03	Service Line Date	AN	1-35	R			CCYYMMDD, CCYYMMDD-CCYYMMDD						25	35		
494																	
495	SE	TRANSACTION SET TRAILER		1	R							SE		1	18	1	
496	SE01	Transaction Segment Count	NO	1-10	R									19	10		
497	SE02	Transaction Set Control Number	AN	4-9	R			Must=ST02						29	9		
498																	
499	GE	FUNCTIONAL GROUP TRAILER		1	R		1					GE		1	18	1	
500	GE01	Number of Transaction Sets Included	NO	1-6	R									19	6		
501	GE02	Group Control Number	NO	1-9	R			Must=GS06						25	9		
502																	
503	IEA	INTERCHANGE CONTROL TRAILER		1	R		1					IEA		1	18	1	
504	IEA01	Number of Included Functional Groups	NO	1-5	R									19	5		
505	IEA02	Interchange Control Number	NO	9-9	R			Must=ISA13						24	9		

Transaction Set ID: 276/277  
ASC X12 005010  
Edits Spreadsheet

If alternative formats of the 5010 Edits spreadsheet are required, please use the "Submit Feedback" feature at the bottom of the Tech  
[http://www.cms.hhs.gov/MFFS5010D0/20\\_Technical%20Documentation.asp#TopO](http://www.cms.hhs.gov/MFFS5010D0/20_Technical%20Documentation.asp#TopO)

The Data Interchange Standards Association (DISA) holds a copyright on the TR3 documents: Copyright (c) 2009, Data Interchange Standards Association on behalf of ASC X12. Format (c) 2009,

Edit Reference	Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	TA1/999/277	2 T 7 C 6 E R	Disposition / Error Code	Proposed 276 5010 Edits	Outbound Mapping Instructions (Flat file and/or 277) Found Condition	Outbound Mapping Instructions (Flat file and/or 277) Not Found Condition	Triggering Event	Misc. Notes
X212.C3..ISA.010	ISA	INTERCHANGE CONTROL HEADER		1	R		1	TA1	R	TA105: 024 "Invalid Interchange Content".	ISA must be present.	ISA must be present.			
X212.C3..ISA.020	ISA							TA1	R	TA105: 024 "Invalid Interchange Content".	Only one iteration of ISA is allowed.	Only one iteration of ISA is allowed.			
X212.C3..ISA01.010	ISA01	Authorization Information Qualifier	ID	2-2	R			TA1	R	TA105: 010 "Invalid Authorization Information Qualifier Value".	ISA01 must be present.	ISA01 must be present.			
X212.C3..ISA01.020	ISA01							TA1	R	TA105: 010 "Invalid Authorization Information Qualifier Value".	ISA01 must be "00" or "03".	ISA01 must be "00" or "03".			
X212.C3..ISA02.010	ISA02	Authorization Information	AN	10-10	R			TA1	R	TA105: 011 "Invalid Authorization Information Value".	ISA02 must be present.	ISA02 must be present.			
X212.C3..ISA02.020	ISA02							TA1	R	TA105: 011 "Invalid Authorization Information Value".	ISA02 must be 10 characters.	ISA02 must be 10 characters.			
X212.C3..ISA02.030	ISA02							TA1	R	TA105: 011 "Invalid Authorization Information Value".	ISA02 must be populated with accepted AN characters.	ISA02 must be populated with accepted AN characters.			
X212.C3..ISA03.010	ISA03	Security Information Qualifier	ID	2-2	R			TA1	R	TA105: 012 "Security Information Qualifier Value".	ISA03 must be present.	ISA03 must be present.			
X212.C3..ISA03.020	ISA03							TA1	R	TA105: 012 "Security Information Qualifier Value".	ISA03 must be "00" or "01".	ISA03 must be "00" or "01".			
X212.C3..ISA04.010	ISA04	Security Information	AN	10-10	R			TA1	R	TA105: 013 "Security Information Value".	ISA04 must be present.	ISA04 must be present.			
X212.C3..ISA04.020	ISA04							TA1	R	TA105: 013 "Security Information Value".	ISA04 must be 10 characters.	ISA04 must be 10 characters.			
X212.C3..ISA04.030	ISA04							TA1	R	TA105: 013 "Security Information Value".	ISA04 must be populated with accepted AN characters.	ISA04 must be populated with accepted AN characters.			
X212.C3..ISA05.010	ISA05	Interchange ID Qualifier	ID	2-2	R			TA1	R	TA105: 005 "Invalid Interchange ID Qualifier for Sender".	ISA05 must be present.	ISA05 must be present.			
X212.C3..ISA05.020	ISA05							TA1	R	TA105: 005 "Invalid Interchange ID Qualifier for Sender".	ISA05 must be valid values.	ISA05 must be "ZZ".			04/09: 276 Companion Guide note needed.
X212.C3..ISA06.010	ISA06	Interchange Sender ID	AN	15-15	R			TA1	R	TA105: 006 "Invalid Interchange Sender ID".	ISA06 must be present.	ISA06 must be present.			
X212.C3..ISA06.020	ISA06							TA1	R	TA105: 006 "Invalid Interchange Sender ID".	ISA06 must be a valid sender id.	ISA06 must be a valid sender id.			04/09: Valid reference file required for this edit.
X212.C3..ISA07.010	ISA07	Interchange ID Qualifier	ID	2-2	R			TA1	R	TA105: 007 "Invalid Interchange ID Qualifier for Receiver".	ISA07 must be present.	ISA07 must be present.			
X212.C3..ISA07.020	ISA07							TA1	R	TA105: 007 "Invalid Interchange ID Qualifier for Receiver".	ISA07 must be valid values.	ISA07 must be "ZZ".			04/09: 276 Companion Guide note needed.
X212.C3..ISA08.010	ISA08	Interchange Receiver ID	AN	15-15	R			TA1	R	TA105: 008 "Invalid Interchange Receiver ID".	ISA08 must be present.	ISA08 must be present.			
X212.C3..ISA08.020	ISA08							TA1	R	TA105: 008 "Invalid Interchange Receiver ID".	ISA08 must be a valid receiver id.	ISA08 must be a valid receiver id.			04/09: Valid reference file required for this edit.
X212.C3..ISA09.010	ISA09	Interchange Date	DT	6-6	R			TA1	R	TA105: 014 "Invalid Interchange Date Value".	ISA09 must be present.	ISA09 must be present.			
X212.C3..ISA09.020	ISA09							TA1	R	TA105: 014 "Invalid Interchange Date Value".	ISA09 must be a valid date in YYMMDD format.	ISA09 must be a valid date in YYMMDD format.			
X212.C3..ISA09.030	ISA09							TA1	R	TA105: 014 "Invalid Interchange Date Value".	ISA09 must be a the date of the interchange; must not be a future date.	ISA09 must be a the date of the interchange; must not be a future date.			

Transaction Set ID: 276/277  
ASC X12 005010  
Edits Spreadsheet

Edit Reference	Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	TA1/999/277	2 T 7 C 6 E R	Disposition / Error Code	Proposed 276 5010 Edits	Outbound Mapping Instructions		Triggering Event	Misc. Notes
												(Flat file and/or 277) Found Condition	(Flat file and/or 277) Not Found Condition		
X212.C3..ISA10.010	ISA10	Interchange Time	TM	4-4	R			TA1	R	TA105: 015 "Invalid Interchange Time Value".	ISA10 must be present.	ISA10 must be present.			
X212.C3..ISA10.020	ISA10							TA1	R	TA105: 015 "Invalid Interchange Time Value".	ISA10 must be a valid time in HHMM format.	ISA10 must be a valid time in HHMM format.			
X212.C3..ISA11.010	ISA11	Repetition Separator	AN	1-1	R			TA1	R	TA105: 024 "Invalid Interchange Content".	ISA11 must be present.	ISA11 must be present.			
X212.C3..ISA11.020	ISA11							TA1	R	TA105: 024 "Invalid Interchange Content".	ISA11 must be 1 character.	ISA11 must be 1 character.			
X212.C3..ISA11.030	ISA11							TA1	R	TA105: 024 "Invalid Interchange Content".	ISA11 must contain at least one non-space character.	ISA11 must contain at least one non-space character.			
X212.C3..ISA12.010	ISA12	Interchange Control Version Number	ID	5-5	R			TA1	R	TA105: 017 "Invalid Interchange Version ID Value".	ISA12 must be present.	ISA12 must be present.			
X212.C3..ISA12.020	ISA12							TA1	R	TA105: 017 "Invalid Interchange Version ID Value".	ISA12 must be "00501".	ISA12 must be "00501".			
X212.C3..ISA13.010	ISA13	Interchange Control Number	NO	9-9	R			TA1	R	TA105: 018 "Invalid Interchange Control Number Value".	ISA13 must be present.	ISA13 must be present.			
X212.C3..ISA13.020	ISA13							TA1	R	TA105: 018 "Invalid Interchange Control Number Value".	ISA13 must be numeric.	ISA13 must be numeric.			
X212.C3..ISA13.030	ISA13							TA1	R	TA105: 018 "Invalid Interchange Control Number Value".	ISA13 must be 9 characters.	ISA13 must be 9 characters.			
X212.C3..ISA13.040	ISA13							TA1	R	TA105: 018 "Invalid Interchange Control Number Value".	ISA13 must be > 0.	ISA13 must be > 0.			
X212.C3..ISA13.050	ISA13							TA1	R	TA105: 018 "Invalid Interchange Control Number Value".	ISA13 must be unsigned.	ISA13 must be unsigned.			
X212.C3..ISA14.010	ISA14	Acknowledgement Requested	ID	1-1	R			TA1	R	TA105: 019 "Invalid Acknowledgment Requested Value".	ISA14 must be present.	ISA14 must be present.			
X212.C3..ISA14.020	ISA14							TA1	R	TA105: 019 "Invalid Acknowledgment Requested Value".	ISA14 must be valid values.	ISA14 must be valid values.			
X212.C3..ISA15.010	ISA15	Usage Indicator	ID	1-1	R			TA1	R	TA105: 020 "Invalid Test Indicator Value".	ISA15 must be present.	ISA15 must be present.			
X212.C3..ISA15.020	ISA15							TA1	R	TA105: 020 "Invalid Test Indicator Value".	ISA15 must be "P" or "T".	ISA15 must be "P" or "T".			
X212.C3..ISA16.010	ISA16	Component Element Separator	AN	1-1	R			TA1	R	TA105: 027 "Invalid Component Element Separator".	ISA16 must be present.	ISA16 must be present.			
X212.C3..ISA16.020	ISA16							TA1	R	TA105: 027 "Invalid Component Element Separator".	ISA16 must be 1 character.	ISA16 must be 1 character.			
X212.C3..ISA16.030	ISA16							TA1	R	TA105: 027 "Invalid Component Element Separator".	ISA16 must contain at least one non-space character.	ISA16 must contain at least one non-space character.			
X212.C3..ISA16.040	ISA16							TA1	R	TA105: 027 "Invalid Component Element Separator".	ISA16 must be populated with accepted AN characters.	ISA16 must be populated with accepted AN characters.			
X212.C7..GS.010	GS	<b>FUNCTIONAL GROUP HEADER</b>		1	R				999	R	<b>AK905: 1 "Functional Group Not Supported".</b>	<b>GS must be present.</b>	<b>GS must be present.</b>		
X212.C7..GS.020	GS								999	R	<b>AK905: 1 "Functional Group Not Supported".</b>	<b>Only one iteration of GS is allowed.</b>	<b>Only one iteration of GS is allowed.</b>		
X212.C7..GS01.010	GS01	Functional Identifier Code	ID	2-2	R				999	R	AK905: 1 "Functional Group Not Supported".	GS01 must be present.	GS01 must be present.		
X212.C7..GS01.020	GS01								999	R	AK905: 1 "Functional Group Not Supported".	GS01 must be "HR".	GS01 must be "HN".		
X212.C7..GS02.010	GS02	Application Sender Code	AN	2-15	R				999	R	AK905: 14 "Unknown Security Originator".	GS02 must be present.	GS02 must be present.		04/09: 276 Companion Guide note needed.

Transaction Set ID: 276/277  
ASC X12 005010  
Edits Spreadsheet

Edit Reference	Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	TA1/999/277	2 T 7 C 6 E R	Disposition / Error Code	Proposed 276 5010 Edits	Outbound Mapping Instructions (Flat file and/or 277) Found Condition	Outbound Mapping Instructions (Flat file and/or 277) Not Found Condition	Triggering Event	Misc. Notes
X212.C7..GS02.020	GS02							999	R	AK905: 14 "Unknown Security Originator".	GS02 must be a valid sender id.	GS02 must be a valid sender id.			04/09: Valid reference file required for this edit.
X212.C7..GS03.010	GS03	Application Receiver Code	AN	2-15	R			999	R	AK905: 13 "Unknown Security Recipient".	GS03 must be present.	GS03 must be present.			04/09: 276 Companion Guide note needed.
X212.C7..GS03.020	GS03							999	R	AK905: 13 "Unknown Security Recipient".	GS03 must be a valid receiver id.	GS03 must be a valid receiver id.			04/09: Valid reference file required for this edit.
X212.C7..GS04.010	GS04	Date	DT	8-8	R			TA1	R	TA105: 024 Invalid GS Segment	GS04 must be the date the functional group is created; must not be a future date.	GS04 must be the date the functional group is created; must not be a future date.			3/24: Codes for this error are not in the 005050 standard but will be added in the next version.
X212.C7..GS04.020	GS04							TA1	R	TA105: 024 Invalid GS Segment	GS04 must be a valid date in CCYYMMDD format.	GS04 must be the current (system) date in CCYYMMDD format.			
X212.C7..GS04.030	GS04							TA1	R	TA105: 024 Invalid GS Segment	GS04 must be a the date the functional group is created; must not be a future date.				
X212.C7..GS05.010	GS05	Time	TM	4-8	R			TA1	R	TA105: 024 Invalid GS Segment	GS05 must be present.	GS05 must be present.			3/24: Codes for this error are not in the 005050 standard but will be added in the next version.
X212.C7..GS05.020	GS05							TA1	R	TA105: 024 Invalid GS Segment	GS05 must be a valid time in a valid value format.	GS05 must be the current (system) time in a valid value format.			
X212.C7..GS06.010	GS06	Group Control Number	N0	1-9	R			999	R	AK905: 6 "Group Control Number Violates Syntax".	GS06 must be present.	GS06 must be present.			
X212.C7..GS06.020	GS06							999	R	AK905: 6 "Group Control Number Violates Syntax".	GS06 must be numeric.	GS06 must be numeric.			
X212.C7..GS06.030	GS06							999	R	AK905: 6 "Group Control Number Violates Syntax".	GS06 must be > 0 and < =999,999,999	GS06 must be > 0 and < =999,999,999			
X212.C7..GS06.040	GS06							999	R	AK905: 19 "Functional Group Control Number not Unique within Interchange".	GS06 must be unique within the interchange.	GS06 must be unique within the interchange.			
X212.C7..GS07.010	GS07	Responsible Agency Code	ID	1-2	R			TA1	R	TA105: 024 Invalid GS Segment	GS07 must be present.	GS07 must be present.			3/24: Codes for this error are not in the 005050 standard but will be added in the next version.
X212.C7..GS07.020	GS07							TA1	R	TA105: 024 Invalid GS Segment	GS07 must be "X".	GS07 must be "X".			
X212.C7..GS08.010	GS08	Version Identifier Code	AN	1-12	R			999	R	AK905: 2 "Functional Group Version Not Supported"	GS08 must be present.	GS08 must be present.			
X212.C7..GS08.020	GS08							999	R	AK905: 2 "Functional Group Version Not Supported"	GS08 must be "005010X212".	GS08 must be "005010X212".			04/09: Type 2 errata doesn't change the version code, both errata are Type 2, so this value is correct.
X212.36/106..ST.010	ST	TRANSACTION SET HEADER		1	R		>1	999	R	IK502: 1 "Transaction Set Not Supported".	ST must be present.	ST must be present.			
X212.36/106..ST.020	ST							999	R	IK502: 1 "Transaction Set Not Supported".	Only one iteration of ST is allowed.	Only one iteration of ST is allowed.			
X212.36/106..ST01.010	ST01	Transaction Set Identifier Code	ID	3-3	R			999	R	IK502: 6 "Missing or Invalid Transaction Set Identifier".	ST01 must be present.	ST01 must be present.			
X212.36/106..ST01.020	ST01							999	R	IK502: 6 "Missing or Invalid Transaction Set Identifier".	ST01 must be "276".	ST01 must be "277".			
X212.36/106..ST02.010	ST02	Transaction Set Control Number	AN	4-9	R			999	R	IK502: 7 "Missing or Invalid Transaction Set Control Number".	ST02 must be present.	ST02 must be present.			
X212.36/106..ST02.020	ST02							999	R	IK502: 7 "Missing or Invalid Transaction Set Control Number".	ST02 must be 4-9 characters.	ST02 must be the concatenated value of three zeroes and a sequential number, the sequential portion will start with 1 and increment by 1 . Example: "0001" followed by "0002", "0010".			

Transaction Set ID: 276/277  
ASC X12 005010  
Edits Spreadsheet

Edit Reference	Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	TA1/999/277	2 T 7 C 6 E R	Disposition / Error Code	Proposed 276 5010 Edits	Outbound Mapping Instructions		Triggering Event	Misc. Notes
												(Flat file and/or 277) Found Condition	(Flat file and/or 277) Not Found Condition		
X212.36/106..ST02.030	ST02							999	R	IK502: 7 "Missing or Invalid Transaction Set Control Number".	ST02 must contain at least four non-space characters.				
X212.36/106..ST02.040	ST02							999	R	IK502: 7 "Missing or Invalid Transaction Set Control Number".	ST02 must be populated with accepted AN characters.				
X212.36/106..ST02.050	ST02							999	R	IK502: 23 "Transaction Set Control Number Not Unique within the Functional Group".	ST02 must be a unique number within the ISA-IEA envelope.				
X212.36/106..ST03.010	ST03	Implementation Convention Reference	AN	1-35	R			999	R	IK502: 16 "Implementation Convention Not Supported".	ST03 must be present.	ST03 must be present.			
X212.36/106..ST03.020	ST03							999	R	IK502: 16 "Implementation Convention Not Supported".	ST03 must be "005010X212".	ST03 must be "005010X212".			04/09: Type 2 errata doesn't change the version code, both errata are Type 2, so this value is correct.
X212.37/107..BHT.010	BHT	BEGINNING OF HIERARCHICAL TRANSACTION		1	R		1	999	R	IK304 = 3: "Required Segment Missing"	BHT must be present.	BHT must be present.			
X212.37/107..BHT.020	BHT							999	R	IK304 = 5: "Segment Exceeds Maximum Use"	Only one iteration of BHT is allowed.	Only one iteration of BHT is allowed.			
X212.37/107..BHT01.010	BHT01	Hierarchical Structure Code	ID	4-4	R			999	R	IK403 = 1: "Required Data Element Missing"	BHT01 must be present.	BHT01 must be present.			
X212.37/107..BHT01.020	BHT01							999	R	IK403 = 7: "Invalid Code Value"	BHT01 must be "0010".	BHT01 must be "0010".			
X212.37/107..BHT02.010	BHT02	Transaction Set Purpose Code	ID	2-2	R			999	R	IK403 = 1: "Required Data Element Missing"	BHT02 must be present.	BHT02 must be present.			
X212.37/107..BHT02.020	BHT02							999	R	IK403 = 7: "Invalid Code Value"	BHT02 must be "13".	BHT02 must be "08".			
X212.37/107..BHT03.010	BHT03	Reference Identification	AN	1-50	R			999	R	IK403 = 1: "Required Data Element Missing"	BHT03 must be present.	BHT03 must be present.			
X212.37/107..BHT03.020	BHT03							999	R	IK403 = 5: "Data Element Too Long"	BHT03 must be 1-50 characters.	BHT03 must be the cycle date in CCYYDDD Julian date format concatenated with value from ST02. Example: "20091560001"			06/18: Cycle date is defined in other CMS instructions, available to all implementers. It will not be redefined as part of this task.
X212.37/107..BHT03.030	BHT03							999	R	IK403 = 6: "Invalid Character in Data Element"	BHT03 must contain at least one non-space character.				
X212.37/107..BHT03.040	BHT03							999	R	IK403 = 6: "Invalid Character in Data Element"	BHT03 must be populated with accepted AN characters.				
X212.37/107..BHT04.010	BHT04	Transaction Set Creation Date	DT	8-8	R			999	R	IK403 = 1: "Required Data Element Missing"	BHT04 must be present.	BHT04 must be present.			
X212.37/107..BHT04.020	BHT04							999	R	IK403 = 8: "Invalid Date"	BHT04 must be a valid date in CCYYMMDD format.	BHT04 must be the current (system) date in CCYYMMDD format.			
X212.37/107..BHT04.030	BHT04							277	C	CSC 510: "Future date"	BHT04 must not be a future date.				
X212.37/107..BHT05.010	BHT05	Transaction Set Creation Time	TM	4-8	R			999	R	IK403 = 1: "Required Data Element Missing"	BHT05 must be present.	BHT05 must be present.			
X212.37/107..BHT05.020	BHT05							999	R	IK403 = 9: "Invalid Time"	BHT05 must a valid time in a valid time format.	BHT05 must be the current (system) time in HHMMSS format.			6/16: edit revised.
X212.37/107..BHT06.010	BHT06	Transaction Type Code	ID	2-2	N/U			999	R	IK403 = 110: "Implementation Not Used" Element Present	Must not be present.	BHT06 must be present.			
X212.37/107..BHT06.020	BHT06											BHT06 must be "DG".			
X212.39/109.2000A.IS Loop.010	IS Loop	Information Source Loop				2000A	>1								

Transaction Set ID: 276/277  
ASC X12 005010  
Edits Spreadsheet

Edit Reference	Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	TA1/999/277	2 T 7 C 6 E R	Disposition / Error Code	Proposed 276 5010 Edits	Outbound Mapping Instructions		Triggering Event	Misc. Notes
												(Flat file and/or 277) Found Condition	(Flat file and/or 277) Not Found Condition		
X212.39/109.2000A.HL.010	HL	INFORMATION SOURCE LEVEL		1	R	2000A	1	999	R	IK304 = 3: "Required Segment Missing"	2000A.HL must be present.	2000A.HL must be present.			
X212.39/109.2000A.HL.020	HL							999	R	IK304 = 5: "Segment Exceeds Maximum Use"	Only one iteration of 2000A.HL is allowed.	Only one iteration of 2000A.HL is allowed.			
X212.39/109.2000A.HL01.010	HL01	Hierarchical ID Number	AN	1-12	R			999	R	IK403 = 1: "Required Data Element Missing"	2000A.HL01 must be present.	2000A.HL01 must be present.			
X212.39/109.2000A.HL01.020	HL01							999	R	IK403 = 5: "Data Element Too Long"	2000A.HL01 must be 1 - 12 characters.				
X212.39/109.2000A.HL01.030	HL01							999	R	IK403 = 6: "Invalid Character in Data Element"	2000A.HL01 must be numeric.				
X212.39/109.2000A.HL01.040	HL01							999	R	IK403 = 7: "Invalid Code Value"	The first HL01 must be "1".	The first HL01 must be "1".			
X212.39/109.2000A.HL02.010	HL02	Hierarchical Parent ID Number	AN	1-12	N/U			999	R	IK403 = 110: "Implementation "Not Used" Element Present"	Must not be present.	Must not be present.			
X212.39/109.2000A.HL03.010	HL03	Hierarchical Level Code	ID	1-2	R			999	R	IK403 = 1: "Required Data Element Missing"	2000A.HL03 must be present.	2000A.HL03 must be present.			
X212.39/109.2000A.HL03.020	HL03							999	R	IK403 = 7: "Invalid Code Value"	2000A.HL03 must be "20".	2000A.HL03 must be "20".			
X212.39/109.2000A.HL04.010	HL04	Hierarchical Child Code	ID	1-1	R			999	R	IK403 = 1: "Required Data Element Missing"	2000A.HL04 must be present.	2000A.HL04 must be present.			
X212.39/109.2000A.HL04.020	HL04							999	R	IK403 = 7: "Invalid Code Value"	2000A.HL04 must be "1".	2000A.HL04 must be "1".			
X212.41/111.2100A.NM1.010	NM1	PAYER NAME		1	R	2100A	1	999	R	IK304 = 3: "Required Segment Missing"	2100A.NM1 must be present.	2100A.NM1 must be present.			
X212.41/111.2100A.NM1.020	NM1							999	R	IK304 = 4: "Loop Occurs Over Maximum Times"	Only one iteration of 2100A.NM1 with NM101 "PR" is allowed.	Only one iteration of 2100A.NM1 with NM101 "PR" is allowed.			
X212.41/111.2100A.NM101.010	NM101	Entity Identifier Code	ID	2-3	R			999	R	IK403 = 1: "Required Data Element Missing"	2100A.NM101 must be present.	2100A.NM101 must be present.			
X212.41/111.2100A.NM101.020	NM101							999	R	IK403 = 7: "Invalid Code Value"	2100A.NM101 must be "PR".	2100A.NM101 must be "PR".			
X212.41/111.2100A.NM102.010	NM102	Entity Type Qualifier	ID	1-1	R			999	R	IK403 = 1: "Required Data Element Missing"	2100A.NM102 must be present.	2100A.NM102 must be present.			
X212.41/111.2100A.NM102.020	NM102							999	R	IK403 = 7: "Invalid Code Value"	2100A.NM102 must be "2".	2100A.NM102 must be "2".			
X212.41/111.2100A.NM103.010	NM103	Payer Name	AN	1-60	R			999	R	IK403 = 1: "Required Data Element Missing"	2100A.NM103 must be present.	2100A.NM103 must be present.			
X212.41/111.2100A.NM103.020	NM103							999	R	IK403 = 5: "Data Element Too Long"	2100A.NM103 must be 1 - 60 characters.	2100A.NM103 is pulled from the system reference file that designates the workload.			



Transaction Set ID: 276/277  
ASC X12 005010  
Edits Spreadsheet

Edit Reference	Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	TA1/999/277	2 T 7 C 6 E R	Disposition / Error Code	Proposed 276 5010 Edits	Outbound Mapping Instructions	Outbound Mapping Instructions	Triggering Event	Misc. Notes
												(Flat file and/or 277) Found Condition	(Flat file and/or 277) Not Found Condition		
X212.41/111.2100A.NM103.030	NM103							999	R	IK403 = 6: "Invalid Character in Data Element"	2100A.NM103 must contain at least one non-space character.				
X212.41/111.2100A.NM103.040	NM103							999	R	IK403 = 6: "Invalid Character in Data Element"	2100A.NM103 must be populated with accepted AN characters.				
X212.41/111.2100A.NM104.010	NM104	Name First	AN	1-35	N/U			999	R	IK403 = I10: "Implementation "Not Used" Element Present"	Must not be present.	Must not be present.			
X212.41/111.2100A.NM105.010	NM105	Name Middle	AN	1-25	N/U			999	R	IK403 = I10: "Implementation "Not Used" Element Present"	Must not be present.	Must not be present.			
X212.41/111.2100A.NM106.010	NM106	Name Prefix	AN	1-10	N/U			999	R	IK403 = I10: "Implementation "Not Used" Element Present"	Must not be present.	Must not be present.			
X212.41/111.2100A.NM107.010	NM107	Name Suffix	AN	1-10	N/U			999	R	IK403 = I10: "Implementation "Not Used" Element Present"	Must not be present.	Must not be present.			
X212.41/111.2100A.NM108.010	NM108	Identification Code Qualifier	ID	1-2	R			999	R	IK403 = 1: "Required Data Element Missing"	2100A.NM108 must be present.	2100A..NM108 must be present.			
X212.41/111.2100A.NM108.020	NM108							999	R	IK403 = 7: "Invalid Code Value"	2100A.NM108 must be "PI".	2100A..NM108 must be "PI".			
X212.41/111.2100A.NM109.010	NM109	Payer Identifier	AN	2-80	R			999	R	IK403 = 1: "Required Data Element Missing"	2010BB.NM109 must be present.	2100A..NM109 must be present.			
X212.41/111.2100A.NM109.020	NM109							277	T/C	CSC26: "Entity not found"	2100A..NM109 must be a valid payer id according to the trading partner management system.	2100A..NM109 must be the transmitted value from the associated 276.			
X212.41/111.2100A.NM110.010	NM110	Entity Relationship Code	ID	2-2	N/U			999	R	IK403 = I10: "Implementation "Not Used" Element Present"	Must not be present.	Must not be present.			
X212.41/111.2100A.NM111.010	NM111	Entity Identifier Code	ID	2-3	N/U			999	R	IK403 = I10: "Implementation "Not Used" Element Present"	Must not be present.	Must not be present.			
X212.41/111.2100A.NM112.010	NM112	Last Name	AN	1-60	N/U			999	R	IK403 = I10: "Implementation "Not Used" Element Present"	Must not be present.	Must not be present.			
X212.NA/113.2100A.PER.010	PER	<b>PAYER CONTACT INFORMATION</b>		1	S	2100A						<b>Only one iteration of 2100A.PER is allowed.</b>			06/18: The telephone number will always be transmitted in the first communication number set, an email address will be sent in the 2nd communication number set, if the information is applicable and available. The 3rd communication number set will not be transmitted. For DME the value "FX" will not be used
X212.NA/113.2100A.PER01.010	PER01	Contact Function Code	ID	2-2	R							2100A.PER01 must be present.			
X212.NA/113.2100A.PER01.020	PER01											2100A.PER01 must be "IC".			

Transaction Set ID: 276/277  
 ASC X12 005010  
 Edits Spreadsheet

Edit Reference	Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	TA1/ 999/ 277	2 T 7 C 6 E R	Disposition / Error Code	Proposed 276 5010 Edits	Outbound Mapping Instructions (Flat file and/or 277) Found Condition	Outbound Mapping Instructions (Flat file and/or 277) Not Found Condition	Triggering Event	Misc. Notes
X212.NA/113.2100A.PER02.010	PER02	Payer Contact Name	AN	1-60	S							For Part A: 2100A.PER02 must be the value in Parm 01022. For VMS - 2100A.PER02 must be the value in VANS/277 Contact. For MCS - 2100A.PER02 must be the value in APPYUCON.			
X212.NA/113.2100A.PER03.010	PER03	Communication Number Qualifier	ID	2-2	R							2100A.PER03 must be present.			
X212.NA/113.2100A.PER03.020	PER03											2100A.PER03 must be "TE".			
X212.NA/113.2100A.PER04.010	PER04	Communication Number	AN	1-256	R							2100A.PER04 must be present.			
X212.NA/113.2100A.PER04.020	PER04											2100A.PER04 must be 10 digits.			06/18: The phone number must include the area code and phone number, in AAAPPPPPPP format.
X212.NA/113.2100A.PER05.010	PER05	Communication Number Qualifier	ID	2-2	S							2100A.PER05 must be "EM".			
X212.NA/113.2100A.PER06.010	PER06	Communication Number	AN	1-256	S							If 2100A.PER06 is present, 2100A.PER05 must be present.			
X212.NA/113.2100A.PER06.020	PER06											2100A.PER06 must be 1 - 256 characters.			
X212.NA/113.2100A.PER07.010	PER07	Communication Number Qualifier	ID	2-2	S							Must not be present.			
X212.NA/113.2100A.PER08.010	PER08	Communication Number	AN	1-256	S							Must not be present.			
X212.NA/113.2100A.PER09.010	PER09	Contact Inquiry Reference	AN	1-20	N/U							Must not be present.			
X212.43/116.2000B.IR Loop.010	IR Loop	Information Receiver Loop					2000B	>1							
X212.43/116.2000B.HL.010	HL	INFORMATION RECEIVER LEVEL		1	R		2000B	1	999	R	IK304 = 3: "Required Segment Missing"	2000B.HL must be present.	2000B.HL must be present.		
X212.43/116.2000B.HL.020	HL								999	R	IK304 = 5: "Segment Exceeds Maximum Use"	Only one iteration of 2000B.HL is allowed.	Only one iteration of 2000B.HL is allowed.		
X212.43/116.2000B.HL01.010	HL01	Hierarchical ID Number	AN	1-12	R				999	R	IK403 = 1: "Required Data Element Missing"	2000B.HL01 must be present.	2000B.HL01 must be present.		
X212.43/116.2000B.HL01.020	HL01								999	R	IK403 = 5: "Data Element Too Long"	2000B.HL01 must be 1-12 characters.			
X212.43/116.2000B.HL01.030	HL01								999	R	IK403 = 6: "Invalid Character in Data Element"	2000B.HL01 must be numeric.			
X212.43/116.2000B.HL01.040	HL01								999	R	IK403 = 7: "Invalid Code Value"	2000B.HL01 must equal the value of the previous HL01 plus one.	2000B.HL01 must equal the value of the previous HL01 plus one.		

Transaction Set ID: 276/277  
ASC X12 005010  
Edits Spreadsheet

Edit Reference	Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	TA1/999/277	2 T 7 C 6 E R	Disposition / Error Code	Proposed 276 5010 Edits	Outbound Mapping Instructions		Triggering Event	Misc. Notes
												(Flat file and/or 277) Found Condition	(Flat file and/or 277) Not Found Condition		
X212.43/116.2000B.HL02.010	HL02	Hierarchical Parent ID Number	AN	1-12	R			999	R	IK403 = 1: "Required Data Element Missing"	2000B.HL02 must be present.	2000B.HL02 must be present.			
X212.43/116.2000B.HL02.020	HL02							999	R	IK403 = I12: "Implementation Pattern Match Failure"	2000B.HL02 must be equal the value of the HL01 (2000A.HL01) of the parent HL.	2000B.HL02 must be equal the value of the HL01 (2000A.HL01) of the parent HL.			
X212.43/116.2000B.HL03.010	HL03	Hierarchical Level Code	ID	1-2	R			999	R	IK403 = 1: "Required Data Element Missing"	2000B.HL03 must be present.	2000B.HL03 must be present.			
X212.43/116.2000B.HL03.020	HL03							999	R	IK403 = 7: "Invalid Code Value"	2000B.HL03 must be "21".	2000B.HL03 must be "21".			
X212.43/116.2000B.HL04.010	HL04	Hierarchical Child Code	ID	1-1	R			999	R	IK403 = 1: "Required Data Element Missing"	2000B.HL04 must be present.	2000B.HL04 must be present.			
X212.43/116.2000B.HL04.020	HL04							999	R	IK403 = 7: "Invalid Code Value"	2000B.HL04 must be "1".	2000B.HL04 must be "0" when rejecting the status request for errors at the Information Source or Information Receiver levels. Otherwise, 2000B.HL04 must be "1".	Triggering error example: 2100B.NM109 NE ISA06.		
X212.45/118.2100B.NM1.010	NM1	INFORMATION RECEIVER NAME		1	R	2100B	1	999	R	IK304 = 3: "Required Segment Missing"	2100B.NM1 must be present.	2100B.NM1 must be present.			
X212.45/118.2100B.NM1.020	NM1							999	R	IK304 = 4: "Loop Occurs Over Maximum Times"	Only one iteration of 2100B.NM1 is allowed with NM101="41".	Only one iteration of 2100B.NM1 is allowed with NM101="41".			
X212.45/118.2100B.NM101.010	NM101	Entity Identifier Code	ID	2-3	R			999	R	IK403 = 1: "Required Data Element Missing"	2100B.NM101 must be present.	2100B.NM101 must be present.			
X212.45/118.2100B.NM101.020	NM101							999	R	IK403 = 7: "Invalid Code Value"	2100B.NM101 must be "41".	2100B.NM101 must be the transmitted value from the associated 276.			
X212.45/118.2100B.NM102.010	NM102	Entity Type Qualifier	ID	1-1	R			999	R	IK403 = 1: "Required Data Element Missing"	2100B.NM102 must be present.	2100B.NM102 must be present.			
X212.45/118.2100B.NM102.020	NM102							999	R	IK403 = 7: "Invalid Code Value"	2100B.NM102 must be valid values	2100B.NM102 must be the transmitted value from the associated 276.			
X212.45/118.2100B.NM103.010	NM103	Information Receiver Last Name or Organization Name	AN	1-60	S			999	R	IK403 = 1: "Required Data Element Missing"	2100B.NM103 must be present.	2100B.NM103 must be present.			
X212.45/118.2100B.NM103.020	NM103							999	R	IK403 = 5: "Data Element Too Long"	2100B.NM103 must be 1-60 characters.	2100B.NM103 must be the transmitted value from the associated 276.			
X212.45/118.2100B.NM103.030	NM103							999	R	IK403 = 6: "Invalid Character in Data Element"	2100B.NM103 must be populated with accepted A/N characters.				
X212.45/118.2100B.NM103.040	NM103							999	R	IK403 = 6: "Invalid Character in Data Element"	2100B.NM103 must contain at least one non-space character.				
X212.45/118.2100B.NM104.010	NM104	Information Receiver First Name	AN	1-35	S			999	R	IK403 = I13: "Implementation Dependent 'not used' Data Element Present"	If 2100B.NM102 is "2", 2100B.NM104 must not be present.	2100B.NM104 must be the transmitted value from the associated 276.			
X212.45/118.2100B.NM104.020	NM104							277	C	CSC 505: "Entity's First Name"	If 2100B.NM102 is "1", 2100B.NM104 must be present.				

Transaction Set ID: 276/277  
ASC X12 005010  
Edits Spreadsheet

Edit Reference	Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	TA1/999/277	2 T 7 C 6 E R	Disposition / Error Code	Proposed 276 5010 Edits	Outbound Mapping Instructions (Flat file and/or 277) Found Condition	Outbound Mapping Instructions (Flat file and/or 277) Not Found Condition	Triggering Event	Misc. Notes
X212.45/118.2100B.NM104.030	NM104							999	R	IK403 = 5: "Data Element Too Long"	2100B.NM105 must be 1 - 35 characters.				
X212.45/118.2100B.NM104.040	NM104							999	R	IK403 = 6: "Invalid Character in Data Element"	2100B.NM105 must contain at least one non-space character.				
X212.45/118.2100B.NM104.050	NM104							999	R	IK403 = 6: "Invalid Character in Data Element"	2100B.NM105 must be populated with accepted AN characters.				
X212.45/118.2100B.NM105.010	NM105	Information Receiver Middle Name	AN	1-25	S			999	R	IK403 = I13: "Implementation Dependent 'not used' Data Element Present"	If 2100B.NM102 is "2", 2100B.NM105 must not be present	2100B.NM105 must be the transmitted value from the associated 276.			
X212.45/118.2100B.NM105.020	NM105							999	R	IK403 = 5: "Data Element Too Long"	2100B.NM105 must be 1 - 25 characters.				
X212.45/118.2100B.NM105.030	NM105							999	R	IK403 = 6: "Invalid Character in Data Element"	2100B.NM105 must contain at least one non-space character.				
X212.45/118.2100B.NM105.040	NM105							999	R	IK403 = 6: "Invalid Character in Data Element"	2100B.NM105 must be populated with accepted AN characters.				
X212.45/118.2100B.NM106.010	NM106	Name Prefix	AN	1-10	N/U			999	R	IK403 = I10: "Implementation 'Not Used' Element Present"	Must not be present.	Must not be present.			
X212.45/118.2100B.NM107.010	NM107	Information Receiver Name Suffix	AN	1-10	N/U			999	R	IK403 = I10: "Implementation 'Not Used' Element Present"	Must not be present.	Must not be present.			
X212.45/118.2100B.NM108.010	NM108	Identification Code Qualifier	ID	1-2	R			999	R	IK403 = 1: "Required Data Element Missing"	2100B.NM108 must be present.	2100B.NM108 must be present.			
X212.45/118.2100B.NM108.020	NM108							999	R	IK403 = 7: "Invalid Code Value"	2100B.NM108 must be "46".	2100B.NM108 must be the transmitted value from the associated 276.			
X212.45/118.2100B.NM109.010	NM109	Information Receiver Identification Number	AN	2-80	R			999	R	IK403 = 1: "Required Data Element Missing"	2100B.NM109 must be present.	2100B.NM109 must be present.			
X212.45/118.2100B.NM109.020	NM109							277	T/C	CSC26: "Entity not found"	2100B.NM109 must be the same as GS02.	2100B.NM109 must be the transmitted value from the associated 276.			Part A (T) Part B Either (PCF) T/C
X212.45/118.2100B.NM109.030	NM109							277	T/C	CSC 24: "Entity not approved as an electronic submitter "	2100B.NM109 must be a valid submitter id according to the trading partner management system.	2100A.NM109 must be the transmitted value from the associated 276.			Part A (T) Part B Either (PCF) T/C
X212.45/118.2100B.NM110.010	NM110	Entity Relationship Code	ID	2-2	N/U			999	R	IK403 = I10: "Implementation 'Not Used' Element Present"	Must not be present.	Must not be present.			
X212.45/118.2100B.NM111.010	NM111	Entity Identifier Code	ID	2-3	N/U			999	R	IK403 = I10: "Implementation 'Not Used' Element Present"	Must not be present.	Must not be present.			
X212.45/118.2100B.NM112.010	NM112	Last Name	AN	1-60	N/U			999	R	IK403 = I10: "Implementation 'Not Used' Element Present"	Must not be present.	Must not be present.			
X212.NA/120.2200B.TRN.010	TRN	Receiver CLAIM STATUS TRACKING NUMBER		1	S	2200B	1					Translator level: When 2000B.HL04 = "0", one iteration of 2200B.TRN is required. Otherwise, 2200B.TRN is not allowed.			

Transaction Set ID: 276/277  
ASC X12 005010  
Edits Spreadsheet

Edit Reference	Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	TA1/999/277	2 T 7 C 6 E R	Disposition / Error Code	Proposed 276 5010 Edits	Outbound Mapping Instructions		Triggering Event	Misc. Notes
												(Flat file and/or 277) Found Condition	(Flat file and/or 277) Not Found Condition		
X212.NA/120.2200B.TRN01.010	TRN01	Trace Type Code	ID	1-2	R							2200B.TRN01 must be present.			
X212.NA/120.2200B.TRN01.020	TRN01											2200B.TRN01 must be "2".			
X212.NA/120.2200B.TRN02.010	TRN02	Trace Number	AN	1-50	R							2200B.TRN02 must be present.			
X212.NA/120.2200B.TRN02.020	TRN02											2200B.TRN02 must be the BHT03 value from the associated 276.			
X212.NA/120.2200B.TRN03.010	TRN03	Originating Company Identifier	AN	10-10	N/U							Must not be present.			
X212.NA/120.2200B.TRN04.010	TRN04	Reference Identifier	AN	1-50	N/U							Must not be present.			
X212.NA/121.2200B.STC.010	STC	INFORMATION RECEIVER STATUS INFORMATION		1	R	2200B						Translator level: When 2000B.HL04 = "0", one iteration of 2200B.STC is required. When not triggered, 2200B.STC is not allowed.			04/23: Medicare limitation: Up to five iterations of the STC will be allowed for all occurrences in these transactions.
X212.NA/121.2200B.STC01.010	STC01	HEALTH CARE CLAIM STATUS			R										
X212.NA/121.2200B.STC01-1.010	STC01-1	Health Care Claim Status Category Code	AN	1-30	R							2200B.STC01-1 must be "D0" or "E".			Triggering error example: 2100B.NM109 NE ISA06 - STC01-1 = "E0"
X212.NA/121.2200B.STC01-2.010	STC01-2	Health Care Claim Status Code	AN	1-30	R							2200B.STC01-2 must be present.			
X212.NA/121.2200B.STC01-2.020	STC01-2											2200B.STC01-2 must be a valid Claim Status Code.			Triggering error example: 2100B.NM109 NE ISA06 - STC01-2 = "24"
X212.NA/121.2200B.STC01-3.010	STC01-3	Entity Identifier Code	ID	2-3	S							2200B.STC01-3 must be "41".			
X212.NA/121.2200B.STC01-4.010	STC01-4	Code List Qualifier Code	ID	1-3	N/U							Must not be present.			
X212.NA/121.2200B.STC02.010	STC02	Status Information Effective Date	DT	8-8	R							2200B.STC02 must the current (system) date in CCYYMMDD format.			
X212.NA/121.2200B.STC03.010	STC03	Action Code	ID	1-2	N/U							Must not be present.			
X212.NA/121.2200B.STC04.010	STC04	Monetary Amount	R	1-18	N/U							Must not be present.			
X212.NA/121.2200B.STC05.010	STC05	Monetary Amount	R	1-18	N/U							Must not be present.			
X212.NA/121.2200B.STC06.010	STC06	Date	DT	8-8	N/U							Must not be present.			

Transaction Set ID: 276/277  
ASC X12 005010  
Edits Spreadsheet

Edit Reference	Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	TA1/999/277	2 T 7 C 6 E R	Disposition / Error Code	Proposed 276 5010 Edits	Outbound Mapping Instructions	Outbound Mapping Instructions	Triggering Event	Misc. Notes
												(Flat file and/or 277) Found Condition	(Flat file and/or 277) Not Found Condition		
X212.NA/121.2200B.STC07.010	STC07	Payment Method Code	ID	3-3	N/U							Must not be present.			
X212.NA/121.2200B.STC08.010	STC08	Date	DT	8-8	N/U							Must not be present.			
X212.NA/121.2200B.STC09.010	STC09	Check Number	AN	1-16	N/U							Must not be present.			
X212.NA/121.2200B.STC10.010	STC10	HEALTH CARE CLAIM STATUS			S										
X212.NA/121.2200B.STC10-1.010	STC10-1	Health Care Claim Status Category Code	AN	1-30	R							2200B.STC10-1 may be present if 2200B.STC01-1 is present			This "bucket" not used in this location.
X212.NA/121.2200B.STC10-1.020	STC10-1											2200B.STC01-1 must be "D0" or "E".			
X212.NA/121.2200B.STC10-2.010	STC10-2	Health Care Claim Status Code	AN	1-30	R							2200B.STC10-2 must be present.			
X212.NA/121.2200B.STC10-2.020	STC10-2											2200B.STC10-2 must be a valid Claim Status Code.			Valid Claim Status Request reference must be available for this edit.
X212.NA/121.2200B.STC10-3.010	STC10-3	Entity Identifier Code	ID	2-3	S							2200B.STC10-3 must be present.			
X212.NA/121.2200B.STC10-3.020	STC10-3											2200B.STC10-3 must be valid values.			
X212.NA/121.2200B.STC10-4.010	STC10-4	Code List Qualifier Code	ID	1-3	N/U							Must not be present.			
X212.NA/121.2200B.STC11.010	STC11	HEALTH CARE CLAIM STATUS			S										
X212.NA/121.2200B.STC11-1.010	STC11-1	Health Care Claim Status Category Code	AN	1-30	R							2200B.STC11-1 may be present if 2200B.STC01-1 is present			This "bucket" not used in this location.
X212.NA/121.2200B.STC11-1.020	STC11-1											2200B.STC11-1 must be "D0" or "E".			
X212.NA/121.2200B.STC11-2.010	STC11-2	Health Care Claim Status Code	AN	1-30	R							2200B.STC11-2 must be present.			
X212.NA/121.2200B.STC11-2.020	STC11-2											2200B.STC11-2 must be a valid Claim Status Code.			Valid Claim Status Request reference must be available for this edit.
X212.NA/121.2200B.STC11-3.010	STC11-3	Entity Identifier Code	ID	2-3	S							2200B.STC11-3 must be present.			
X212.NA/121.2200B.STC11-3.020	STC11-3											2200B.STC11-3 must be valid values.			
X212.NA/121.2200B.STC11-4.010	STC11-4	Code List Qualifier Code	ID	1-3	N/U							Must not be present.			
X212.NA/121.2200B.STC12.010	STC12	Free-Form Message Text	AN	1-264	N/U							Must not be present.			

Transaction Set ID: 276/277  
ASC X12 005010  
Edits Spreadsheet

Edit Reference	Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	TA1/999/277	2 T 7 C 6 E R	Disposition / Error Code	Proposed 276 5010 Edits	Outbound Mapping Instructions (Flat file and/or 277) Found Condition	Outbound Mapping Instructions (Flat file and/or 277) Not Found Condition	Triggering Event	Misc. Notes
X212.47/124.2000C.SP Loop.010	SP Loop	Service Provider Loop				2000C	>1								
X212.47/124.2000C.HL.010	HL	SERVICE PROVIDER LEVEL		1	R	2000C	1	999	R	IK304 = 3: "Required Segment Missing"	2000C.HL must be present.	2000C.HL must be present.			
X212.47/124.2000C.HL.020	HL							999	R	IK304 = 5: "Segment Exceeds Maximum Use"	Only one iteration of 2000C.HL is allowed.	Only one iteration of 2000C.HL is allowed.			
X212.47/124.2000C.HL01.010	HL01	Hierarchical ID Number	AN	1-12	R			999	R	IK403 = 1: "Required Data Element Missing"	2000C.HL01 must be present.	2000C.HL01 must be present.			
X212.47/124.2000C.HL01.020	HL01							999	R	IK403 = 5: "Data Element Too Long"	2000C.HL01 must be 1-12 characters.				
X212.47/124.2000C.HL01.030	HL01							999	R	IK403 = 6: "Invalid Character in Data Element"	2000C.HL01 must be numeric.				
X212.47/124.2000C.HL01.040	HL01							999	R	IK403 = 7: "Invalid Code Value"	2000C.HL01 must equal the value of the previous HL01 plus one.	2000C.HL01 must equal the value of the previous HL01 plus one.			
X212.47/124.2000C.HL02.010	HL02	Hierarchical Parent ID Number	AN	1-12	R			999	R	IK403 = 1: "Required Data Element Missing"	2000C.HL02 must be present.	2000C.HL02 must be present.			
X212.47/124.2000C.HL02.020	HL02							999	R	IK403 = I12: "Implementation Pattern Match Failure"	2000C.HL02 must equal the value of the HL01 (2000B.HL01) of the parent HL.	2000C.HL02 must equal the value of the HL01 of the parent HL.			
X212.47/124.2000C.HL03.010	HL03	Hierarchical Level Code	ID	1-2	R			999	R	IK403 = 1: "Required Data Element Missing"	2000C.HL03 must be present.	2000C.HL03 must be present.			
X212.47/124.2000C.HL03.020	HL03							999	R	IK403 = 7: "Invalid Code Value"	2000C.HL03 must be "19".	2000C.HL03 must be "19".			
X212.47/124.2000C.HL04.010	HL04	Hierarchical Child Code	ID	1-1	R			999	R	IK403 = 1: "Required Data Element Missing"	2000C.HL04 must be present.	2000C.HL04 must be present.			
X212.47/124.2000C.HL04.020	HL04							999	R	IK403 = 7: "Invalid Code Value"	2000C.HL04 must be "1".	2000C.HL04 must be "0" when rejecting because the provider is not found. Otherwise, 2000C.HL04 must be "1".		Triggering error example: 2100C.NM109 not matched in the internal system.	
X212.49/126.2100C.PN Loop.010	PN Loop	Provider Name Loop				2100C	2	277	T	New CSC: "Payer specific restrictions on the number of repetitions"	Only one iteration of 2100C is allowed.				04/20: Medicare limitation, 276 Companion Guide note needed.
X212.49/126.2100C.NM1.010	NM1	PROVIDER NAME		1	R	2100C	1	999	R	IK304 = 3: "Required Segment Missing"	2100C.NM1 must be present.	2100C.NM1 must be present.			
X212.49/126.2100C.NM1.020	NM1							999	R	IK304 = 5: "Segment Exceeds Maximum Use"	Only one iteration of 2100C.NM1 is allowed with NM101="1P".	Only one iteration of 2100C.NM1 is allowed with NM101="1P".			
X212.49/126.2100C.NM101.010	NM101	Entity Identifier Code	ID	2-3	R			999	R	IK403 = 1: "Required Data Element Missing"	2100C.NM101 must be present.	2100C.NM101 must be present.			
X212.49/126.2100C.NM101.020	NM101							999	R	IK403 = 7: "Invalid Code Value"	2100C.NM101 must be "1P".	2100C.NM101 must be the transmitted value from the associated 276.			
X212.49/126.2100C.NM102.010	NM102	Entity Type Qualifier	ID	1-1	R			999	R	IK403 = 1: "Required Data Element Missing"	2100C.NM102 must be present.	2100C.NM102 must be present.			

Transaction Set ID: 276/277  
ASC X12 005010  
Edits Spreadsheet

Edit Reference	Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	TA1/999/277	2 T 7 C 6 E R	Disposition / Error Code	Proposed 276 5010 Edits	Outbound Mapping Instructions		Triggering Event	Misc. Notes
												(Flat file and/or 277) Found Condition	(Flat file and/or 277) Not Found Condition		
X212.49/126.2100C.NM102.020	NM102							999	R	IK403 = 7: "Invalid Code Value"	2100C.NM102 must be valid values	2100C.NM102 must be the transmitted value from the associated 276.			
X212.49/126.2100C.NM103.010	NM103	Provider Last or Organization Name	AN	1-60	S			999	R	IK403 = 1: "Required Data Element Missing"	2100C.NM103 must be present.	2100C.NM103 must be present.			
X212.49/126.2100C.NM103.020	NM103							999	R	IK403 = 5: "Data Element Too Long"	2100C.NM103 must be 1 - 60 characters.	2100C.NM103 must be the transmitted value from the associated 276.			
X212.49/126.2100C.NM103.030	NM103							999	R	IK403 = 6: "Invalid Character in Data Element"	2100C.NM103 must contain at least one non-space character.				
X212.49/126.2100C.NM103.040	NM103							999	R	IK403 = 6: "Invalid Character in Data Element"	2100C.NM103 must be populated with accepted AN characters.				
X212.49/126.2100C.NM104.010	NM104	Provider First Name	AN	1-35	S			999	R	IK403 = I13: "Implementation Dependent 'not used' Data Element Present"	If 2100C.NM102 is "2" 2100C.NM104 must not be present	2100C.NM104 must be the transmitted value from the associated 276.			
X212.49/126.2100C.NM104.020	NM104							277	T	CSC 505: "Entity's First Name"	If 2100C.NM102 is "1", 2100C.NM104 must be present.				
X212.49/126.2100C.NM104.030	NM104							999	R	IK403 = 5: "Data Element Too Long"	2100C.NM104 must be 1 - 35 characters.				
X212.49/126.2100C.NM104.040	NM104							999	R	IK403 = 6: "Invalid Character in Data Element"	2100C.NM104 must contain at least one non-space character.				
X212.49/126.2100C.NM104.050	NM104							999	R	IK403 = 6: "Invalid Character in Data Element"	2100C.NM104 must be populated with accepted AN characters.				
X212.49/126.2100C.NM105.010	NM105	Provider Middle Name	AN	1-25	S			999	R	IK403 = I13: "Implementation Dependent 'not used' Data Element Present"	If 2100C.NM102 is "2", 2100C.NM105 must not be present	2100C.NM105 must be the transmitted value from the associated 276.			
X212.49/126.2100C.NM105.020	NM105							999	R	IK403 = 5: "Data Element Too Long"	2100C.NM105 must be 1 - 25 characters.				
X212.49/126.2100C.NM105.030	NM105							999	R	IK403 = 6: "Invalid Character in Data Element"	2100C.NM105 must contain at least one non-space character.				
X212.49/126.2100C.NM105.040	NM105							999	R	IK403 = 6: "Invalid Character in Data Element"	2100C.NM105 must be populated with accepted AN characters.				
X212.49/126.2100C.NM106.010	NM106	Provider Name Prefix	AN	1-10	N/U			999	R	IK403 = I10: "Implementation 'Not Used' Element Present"	Must not be present.	Must not be present.			
X212.49/126.2100C.NM107.010	NM107	Provider Name Suffix	AN	1-10	S			999	R	IK403 = I13: "Implementation Dependent 'not used' Data Element Present"	If 2100C.NM102 is "2", 2100C.NM107 must not be present	2100C.NM107 must be the transmitted value from the associated 276.			
X212.49/126.2100C.NM107.020	NM107							999	R	IK403 = 5: "Data Element Too Long"	2100C.NM107 must be 1 - 10 characters.				
X212.49/126.2100C.NM107.030	NM107							999	R	IK403 = 6: "Invalid Character in Data Element"	2100C.NM107 must contain at least one non-space character.				
X212.49/126.2100C.NM107.040	NM107							999	R	IK403 = 6: "Invalid Character in Data Element"	2100C.NM107 must be populated with accepted AN characters.				



Transaction Set ID: 276/277  
ASC X12 005010  
Edits Spreadsheet

Edit Reference	Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	TA1/999/277	2 T 7 C 6 E R	Disposition / Error Code	Proposed 276 5010 Edits	Outbound Mapping Instructions		Triggering Event	Misc. Notes
												(Flat file and/or 277) Found Condition	(Flat file and/or 277) Not Found Condition		
X212.49/126.2100C.NM108.010	NM108	Identification Code Qualifier	ID	1-2	R			999	R	IK403 = 1: "Required Data Element Missing"	2100C.NM108 must be present.	2100C.NM108 must be present.			
X212.49/126.2100C.NM108.020	NM108							277	T/C	New CSC: "Payer specific restriction on compliant qualifiers"	For everyone except VA, 2100C.NM108 must be "XX".	2100C.NM108 must be the transmitted value from the associated 276.			04/21: 276: Everyone except VA. 276 Companion Guide note needed.
X212.49/126.2100C.NM108.030	NM108							277	T/C	New CSC: "Payer specific restriction on compliant qualifiers"	For VA, 2100C.NM108 must be "XX" or "SV"				04/21: 276: VA only exception. 276 Companion Guide note needed.
X212.49/126.2100C.NM109.010	NM109	Provider Identifier	AN	2-80	R			999	R	IK403 = 2: "Conditional Required Data Element Missing"	2100C.NM108 is present, 2100C.NM109 must be present.	2100C.NM109 must be present.			If the NPI in the 276 2100C NM109 is not found on the NPI crosswalk, then build the 277 response up to and including 2200C TRN and 2200C STC, do not build additional loops after the 2200C STC segment.
X212.49/126.2100C.NM109.020	NM109							277	C	CSC 562: "Entity's National Provider Identifier (NPI)"	2100C.NM109 must be valid according to the NPI algorithm.	2100C.NM109 must be the transmitted value from the associated 276.			
X212.49/126.2100C.NM109.030	NM109							277	C	CSC 562: "Entity's National Provider Identifier (NPI)"	The first position of 2100C.NM109 must be a "1".				
X212.49/126.2100C.NM109.040	NM109							277	T/C	CSC 562: "Entity's National Provider Identifier (NPI)"	2100C.NM109 must be a valid NPI on the Crosswalk.				04/21: new edit. Valid NPI Crosswalk must be available for this edit.  Part A (Trans) Part B (C) [40 is T/C B side CEM Edit]
X212.49/126.2100C.NM109.050	NM109							277	T/C	CSC 496: "Submitter not approved for electronic claim submission on behalf of this entity"	2100C.NM109 must be associated with a valid submitter from 2100B NM109 according to the trading partner management system	2100A.NM109 must be the transmitted value from the associated 276.			Part A (Trans) Part B (C) [40 is T/C B side CEM Edit]
X212.49/126.2100C.NM110.010	NM110	Entity Relationship Code	ID	2-2	N/U			999	R	IK403 = I10: "Implementation "Not Used" Element Present"	Must not be present.	Must not be present.			
X212.49/126.2100C.NM111.010	NM111	Entity Identifier Code	ID	2-3	N/U			999	R	IK403 = I10: "Implementation "Not Used" Element Present"	Must not be present.	Must not be present.			
X212.49/126.2100C.NM112.010	NM112	Last Name	AN	1-60	N/U			999	R	IK403 = I10: "Implementation "Not Used" Element Present"	Must not be present.	Must not be present.			
X212.NA/129.2200C.TRN.010	TRN	Provider CLAIM STATUS TRACKING NUMBER		1	S	2200C	1					When 2000C.HL04 = "0", one iteration of 2200C.TRN is allowed. Otherwise, 2200B.TRN is not allowed.			If reporting error status at this level, the 2000D and 2000E Loops related to this provider are not used.
X212.NA/129.2200C.TRN01.010	TRN01	Trace Type Code	ID	1-2	R							2200C.TRN01 must be present.			
X212.NA/129.2200C.TRN01.020	TRN01											2200C.TRN01 must be "1".			

Transaction Set ID: 276/277  
ASC X12 005010  
Edits Spreadsheet

Edit Reference	Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	TA1/999/277	2 T 7 C 6 E R	Disposition / Error Code	Proposed 276 5010 Edits	Outbound Mapping Instructions		Triggering Event	Misc. Notes
												(Flat file and/or 277) Found Condition	(Flat file and/or 277) Not Found Condition		
X212.NA/129.2200C.TRN02.010	TRN02	Trace Number	AN	1-50	R							2000C.TRN02 must be present.			
X212.NA/129.2200C.TRN02.020	TRN02											2200C.TRN02 must be "0".			
X212.NA/129.2200C.TRN03.010	TRN03	Originating Company Identifier	AN	10-10	N/U							Must not be present.			
X212.NA/129.2200C.TRN04.010	TRN04	Reference Identifier	AN	1-50	N/U							Must not be present.			
X212.NA/130.2200C.STC.010	STC	Provider STATUS INFORMATION		1	R	2200C						When 2000C.HL04 = "0", 2200C.STC must be present. Otherwise, 2200C.STC is not allowed.			If status is being provided at this level, the 2000D loop is not sent.
X212.NA/130.2200C.STC.020	STC											Five iterations of 2200C.STC are allowed.			04/23: Medicare limitation: Up to five iterations of the STC will be allowed for all occurrences in these transactions.
X212.NA/130.2200C.STC01.010	STC01	HEALTH CARE CLAIM STATUS			R										
X212.NA/130.2200C.STC01-1.010	STC01-1	Health Care Claim Status Category Code	AN	1-30	R							2200C.STC01-1 must be "D0" or "E".			Triggering error example: Provider not matched in the internal system. - STC01-1 = "D0"
X212.NA/130.2200C.STC01-2.010	STC01-2	Health Care Claim Status Code	AN	1-30	R							2200C.STC01-2 must be present.			
X212.NA/130.2200C.STC01-2.020	STC01-2											2200C.STC01-2 must be a valid Claim Status Code.			Triggering error example: 2100B.NM109 NE ISA06 - STC01-2 = "24"
X212.NA/130.2200C.STC01-3.010	STC01-3	Entity Identifier Code	ID	2-3	S							2200C.STC01-3 must be "1P".			
X212.NA/130.2200C.STC01-4.010	STC01-4	Code List Qualifier Code	ID	1-3	N/U							Must not be present.			
X212.NA/130.2200C.STC02.010	STC02	Status Information Effective Date	DT	8-8	R							2200C.STC02 must the current (system) date in CCYYMMDD format.			
X212.NA/130.2200C.STC03.010	STC03	Action Code	ID	1-2	N/U							Must not be present.			
X212.NA/130.2200C.STC04.010	STC04	Monetary Amount	R	1-18	N/U							Must not be present.			
X212.NA/130.2200C.STC05.010	STC05	Monetary Amount	R	1-18	N/U							Must not be present.			
X212.NA/130.2200C.STC06.010	STC06	Date	DT	8-8	N/U							Must not be present.			
X212.NA/130.2200C.STC07.010	STC07	Payment Method Code	ID	3-3	N/U							Must not be present.			

Transaction Set ID: 276/277  
 ASC X12 005010  
 Edits Spreadsheet

Edit Reference	Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	TA1/999/277	2 T 7 C 6 E R	Disposition / Error Code	Proposed 276 5010 Edits	Outbound Mapping Instructions		Triggering Event	Misc. Notes
												(Flat file and/or 277) Found Condition	(Flat file and/or 277) Not Found Condition		
X212.NA/130.2200C.STC08.010	STC08	Date	DT	8-8	N/U							Must not be present.			
X212.NA/130.2200C.STC09.010	STC09	Check Number	AN	1-16	N/U							Must not be present.			
X212.NA/130.2200C.STC10.010	STC10	HEALTH CARE CLAIM STATUS			S										
X212.NA/130.2200C.STC10-1.010	STC10-1	Health Care Claim Status Category Code	AN	1-30	R							2200C.STC10-1 may be present if 2200C.STC01-1 is present			
X212.NA/130.2200C.STC10-1.020	STC10-1											2200C.STC01-1 must be "D0" or "E".			
X212.NA/130.2200C.STC10-2.010	STC10-2	Health Care Claim Status Code	AN	1-30	R							2200C.STC10-2 must be present.			
X212.NA/130.2200C.STC10-2.020	STC10-2											2200C.STC10-2 must be a valid Claim Status Code.			Valid Claim Status Request reference must be available for this edit.
X212.NA/130.2200C.STC10-3.010	STC10-3	Entity Identifier Code	ID	2-3	S							2200C.STC10-3 must be valid values.			
X212.NA/130.2200C.STC10-4.010	STC10-4	Code List Qualifier Code	ID	1-3	N/U							Must not be present.			
X212.NA/130.2200C.STC11.010	STC11	HEALTH CARE CLAIM STATUS			S										
X212.NA/130.2200C.STC11-1.010	STC11-1	Health Care Claim Status Category Code	AN	1-30	R							2200C.STC11-1 may be present if 2200C.STC10-1 is present			
X212.NA/130.2200C.STC11-1.020	STC11-1											2200C.STC11-1 must be "D0" or "E".			
X212.NA/130.2200C.STC11-2.010	STC11-2	Health Care Claim Status Code	AN	1-30	R							2200C.STC11-2 must be present.			
X212.NA/130.2200C.STC11-2.020	STC11-2											2200C.STC11-2 must be a valid Claim Status Code.			Valid Claim Status Request reference must be available for this edit.
X212.NA/130.2200C.STC11-3.010	STC11-3	Entity Identifier Code	ID	2-3	S							2200C.STC11-3 must be valid values.			
X212.NA/130.2200C.STC11-4.010	STC11-4	Code List Qualifier Code	ID	1-3	N/U							Must not be present.			
X212.NA/130.2200C.STC12.010	STC12	Free-Form Message Text	AN	1-264	N/U							Must not be present.			
X212.52/133.2000D.Sub Loop.010	<b>Sub Loop</b>	<b>Subscriber Loop</b>					2000D	>1							
X212.52/133.2000D.HL.010	HL	SUBSCRIBER LEVEL		1	R	2000D	1	999	R	IK304 = 3: "Required Segment Missing"	2000D.HL must be present.	If status information was not reported in the 2200B or 2200C loop, 2000D.HL must be present.			For Medicare, the patient is always the subscriber.

Transaction Set ID: 276/277  
ASC X12 005010  
Edits Spreadsheet

Edit Reference	Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	TA1/999/277	2 T 7 C 6 E R	Disposition / Error Code	Proposed 276 5010 Edits	Outbound Mapping Instructions (Flat file and/or 277) Found Condition	Outbound Mapping Instructions (Flat file and/or 277) Not Found Condition	Triggering Event	Misc. Notes
X212.52/133.2000D.HL.020	HL							999	R	IK304 = 5: "Segment Exceeds Maximum Use"	Only one iteration of 2000D.HL is allowed.	Only one iteration of 2000D.HL is allowed.			
X212.52/133.2000D.HL01.010	HL01	Hierarchical ID Number	AN	1-12	R			999	R	IK403 = 1: "Required Data Element Missing"	2000D.HL01 must be present.	2000D.HL01 must be present.			
X212.52/133.2000D.HL01.020	HL01							999	R	IK403 = 5: "Data Element Too Long"	2000D.HL01 must be 1-12 characters.				
X212.52/133.2000D.HL01.030	HL01							999	R	IK403 = 6: "Invalid Character in Data Element"	2000D.HL01 must be numeric value.				
X212.52/133.2000D.HL01.040	HL01							999	R	IK403 = 7: "Invalid Code Value"	2000D.HL01 must equal the value of the previous HL01 plus one.	2000D.HL01 must equal the value of the previous HL01 plus one.			
X212.52/133.2000D.HL02.010	HL02	Hierarchical Parent ID Number	AN	1-12	R			999	R	IK403 = 1: "Required Data Element Missing"	2000D.HL02 must be present.	2000D.HL02 must be present.			
X212.52/133.2000D.HL02.020	HL02							999	R	IK403 = 112: "Implementation Pattern Match Failure"	2000D.HL02 must be equal the value of the HL01 (2000C.HL01) of the parent HL.	2000D.HL02 must be equal the value of the HL01 (2000C.HL01) of the parent HL.			
X212.52/133.2000D.HL03.010	HL03	Hierarchical Level Code	ID	1-2	R			999	R	IK403 = 1: "Required Data Element Missing"	2000D.HL03 must be present.	2000D.HL03 must be present.			
X212.52/133.2000D.HL03.020	HL03							999	R	IK403 = 7: "Invalid Code Value"	2000D.HL03 must be "22".	2000D.HL03 must be "22".			
X212.52/133.2000D.HL04.010	HL04	Hierarchical Child Code	ID	1-1	R			999	R	IK403 = 1: "Required Data Element Missing"	2000D.HL04 must be present.	2000D.HL04 must be present.			
X212.52/133.2000D.HL04.020	HL04							999	R	IK403 = 7: "Invalid Code Value"	2000D.HL04 must be valid values.	2000D.HL04 must be "0".			For Medicare, the 2000E loop is never used.
X212.54/NA.2000D.DMG.010	DMG	<b>SUBSCRIBER DEMOGRAPHIC INFORMATION</b>		1	S	2000D		999	R	IK304=5: "Segment Exceeds Maximum Use"	Only one iteration of 2000D.DMG is allowed.				
X212.54/NA.2000D.DMG01.010	DMG01	Date Time Period Format Qualifier	ID	2-3	R			999	R	IK403 = 1: "Required Data Element Missing"	2000D.DMG01 must be present.				
X212.54/NA.2000D.DMG01.020	DMG01							999	R	IK403 = 7: "Invalid Code Value"	2000D.DMG01 must be "D8".				
X212.54/NA.2000D.DMG02.010	DMG02	Subscriber Birth Date	AN	1-35	R			999	R	IK403 = 1: "Required Data Element Missing"	2000D.DMG02 must be present.				
X212.54/NA.2000D.DMG02.020	DMG02							999	R	IK403 = 8: "Invalid Date"	2000D.DMG02 must be a valid date in format CCYYMMDD format.				
X212.54/NA.2000D.DMG02.030	DMG02							277	C	CSC 510: "Future date" CSC 158: "Entity's date of birth"	2000D.DMG02 must not be a future date.				
X212.54/NA.2000D.DMG03.010	DMG03	Subscriber Gender Code	ID	1-1	S			999	R	IK403 = 1: "Required Data Element Missing"	2000D.DMG03 must be present.				
X212.54/NA.2000D.DMG03.020	DMG03							999	R	IK403 = 7: "Invalid Code Value"	2000D.DMG03 must be valid values.				

Transaction Set ID: 276/277  
ASC X12 005010  
Edits Spreadsheet

Edit Reference	Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	TA1/999/277	2 T 7 C 6 E R	Disposition / Error Code	Proposed 276 5010 Edits	Outbound Mapping Instructions		Triggering Event	Misc. Notes
												(Flat file and/or 277) Found Condition	(Flat file and/or 277) Not Found Condition		
X212.54/NA.2000D.DMG04.010	DMG04	Marital Status Code	ID	1-1	N/U			999	R	IK403 = I10: "Implementation "Not Used" Element Present"	Must not be present.				
X212.54/NA.2000D.DMG05.010	DMG05	Race or Ethnicity Code	ID	1-1	N/U			999	R	IK403 = I10: "Implementation "Not Used" Element Present"	Must not be present.				
X212.54/NA.2000D.DMG06.010	DMG06	Citizenship Status Code	ID	1-2	N/U			999	R	IK403 = I10: "Implementation "Not Used" Element Present"	Must not be present.				
X212.54/NA.2000D.DMG07.010	DMG07	Country Code	ID	2-3	N/U			999	R	IK403 = I10: "Implementation "Not Used" Element Present"	Must not be present.				
X212.54/NA.2000D.DMG08.010	DMG08	Basis of Verification Code	ID	1-2	N/U			999	R	IK403 = I10: "Implementation "Not Used" Element Present"	Must not be present.				
X212.54/NA.2000D.DMG09.010	DMG09	Quantity	R	1-15	N/U			999	R	IK403 = I10: "Implementation "Not Used" Element Present"	Must not be present.				
X212.54/NA.2000D.DMG10.010	DMG10	Code List Qualifier Code	ID	1-3	N/U			999	R	IK403 = I10: "Implementation "Not Used" Element Present"	Must not be present.				
X212.54/NA.2000D.DMG11.010	DMG11	Industry Code	AN	1-30	N/U			999	R	IK403 = I10: "Implementation "Not Used" Element Present"	Must not be present.				
X212.56/135.2100D.NM1.010	NM1	SUBSCRIBER NAME		1	R	2100D	1	999	R	IK304 = 3: "Required Segment Missing"	2100D.NM1 must be present.	2100D.NM1 must be present.			
X212.56/135.2100D.NM1.020	NM1							999	R	IK304 = 4: "Loop Occurs Over Maximum Times"	Only one iteration of 2100D.NM1 allowed.	Only one iteration of 2100D.NM1 allowed.			
X212.56/135.2100D.NM101.010	NM101	Entity Identifier Code	ID	2-3	R			999	R	IK403 = 1: "Required Data Element Missing"	2100D.NM101 must be present.	2100D.NM101 must be present.			
X212.56/135.2100D.NM101.020	NM101							999	R	IK403 = 7: "Invalid Code Value"	2100D.NM101 must be "IL".	2100D.NM101 must be "IL".			
X212.56/135.2100D.NM102.010	NM102	Entity Type Qualifier	ID	1-1	R			999	R	IK403 = 1: "Required Data Element Missing"	2100D.NM102 must be present.	2100D.NM102 must be present.			
X212.56/135.2100D.NM102.020	NM102							999	R	IK403 = 7: "Invalid Code Value"	2100D.NM102 must be "1".	2100D.NM102 must be "1".			
X212.56/135.2100D.NM103.010	NM103	Subscriber Last Name	AN	1-60	R			999	R	IK403 = 1: "Required Data Element Missing"	2100D.NM103 must be present.	2100D.NM103 must be present.			
X212.56/135.2100D.NM103.020	NM103							999	R	IK403 = 5: "Data Element Too Long"	2100D.NM103 must be 1 - 60 characters.	2100D.NM103 must be the transmitted value from the associated 276.			
X212.56/135.2100D.NM103.030	NM103							999	R	IK403 = 6: "Invalid Character in Data Element"	2100D.NM103 must contain at least one non-space character.				
X212.56/135.2100D.NM103.040	NM103							999	R	IK403 = 6: "Invalid Character in Data Element"	2100D.NM103 must be populated with accepted AN characters.				
X212.56/135.2100D.NM104.010	NM104	Subscriber First Name	AN	1-35	S			277	C	CSC 505: "Entity's First Name"	2100D.NM104 must be present.	2100D.NM104 must be present.			First name required by CMS. 276 Companion Guide note needed.
X212.56/135.2100D.NM104.020	NM104							999	R	IK403 = 5: "Data Element Too Long"	2100D.NM104 must be 1 - 35 characters.	2100D.NM104 must be the transmitted value from the associated 276.			

Transaction Set ID: 276/277  
ASC X12 005010  
Edits Spreadsheet

Edit Reference	Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	TA1/999/277	2 T 7 C 6 E R	Disposition / Error Code	Proposed 276 5010 Edits	Outbound Mapping Instructions (Flat file and/or 277) Found Condition	Outbound Mapping Instructions (Flat file and/or 277) Not Found Condition	Triggering Event	Misc. Notes
X212.56/135.2100D.NM104.030	NM104							999	R	IK403 = 6: "Invalid Character in Data Element"	2100D.NM104 must contain at least one non-space character.				
X212.56/135.2100D.NM104.040	NM104							999	R	IK403 = 6: "Invalid Character in Data Element"	2100D.NM104 must be populated with accepted AN characters.				
X212.56/135.2100D.NM105.010	NM105	Subscriber Middle Name	AN	1-25	S			999	R	IK403 = 5: "Data Element Too Long"	2100D.NM105 must be 1 - 25 characters.	2100D.NM105 must be the transmitted value from the associated 276.			
X212.56/135.2100D.NM105.020	NM105							999	R	IK403 = 6: "Invalid Character in Data Element"	2100D.NM105 must contain at least one non-space character.				
X212.56/135.2100D.NM105.030	NM105							999	R	IK403 = 6: "Invalid Character in Data Element"	2100D.NM105 must be populated with accepted AN characters.				
X212.56/135.2100D.NM106.010	NM106	Subscriber Name Prefix	AN	1-10	N/U			999	R	IK403 = I10: "Implementation "Not Used" Element Present"	Must not be present.	Must not be present.			
X212.56/135.2100D.NM107.010	NM107	Subscriber Name Suffix	AN	1-10	S			999	R	IK403 = 5: "Data Element Too Long"	2100D.NM107 must be 1 - 10 characters.	2100D.NM107 must be the transmitted value from the associated 276.			
X212.56/135.2100D.NM107.020	NM107							999	R	IK403 = 6: "Invalid Character in Data Element"	2100D.NM107 must contain at least one non-space character.				
X212.56/135.2100D.NM107.030	NM107							999	R	IK403 = 6: "Invalid Character in Data Element"	2100D.NM107 must be populated with accepted AN characters.				
X212.56/135.2100D.NM108.010	NM108	Identification Code Qualifier	ID	1-2	R			999	R	IK403 = 1: "Required Data Element Missing"	2100D.NM108 must be present.	2100D.NM108 must be present.			
X212.56/135.2100D.NM108.020	NM108							999	R	IK403 = 7: "Invalid Code Value"	2100D.NM108 must be "MI".	2100D.NM108 must be the transmitted value from the associated 276.			276 Companion Guide note needed.
X212.56/135.2100D.NM109.010	NM109	Subscriber Identifier	AN	2-80	R			999	R	IK403 = 1: "Required Data Element Missing"	2100D.NM109 must be present.	2100D.NM109 must be present.			
X212.56/135.2100D.NM109.020	NM109							277	C	CSC 164: "Entity's contract/member number"	2100D.NM109 must be 10 - 11 positions in the format of NNNNNNNNNA or NNNNNNNNNAA or NNNNNNNNNAN where "A" represents an alpha character and "N" represents a numeric digit.	2100D.NM108 must be the transmitted value from the associated 276.			276 Companion Guide note needed.
X212.56/135.2100D.NM109.030	NM109							277	C	CSC 164: "Entity's contract/member number"	2100D.NM109 must be 7 - 12 positions in the format of ANNNNNN or AANNNNN or AANNNNNNN or AAANNNNN or AAANNNNNNN where "A" represents an alpha character and "N" represents a numeric digit.				276 Companion Guide note needed.
X212.56/135.2100D.NM110.010	NM110	Entity Relationship Code	ID	2-2	N/U			999	R	IK403 = I10: "Implementation "Not Used" Element Present"	Must not be present.	Must not be present.			
X212.56/135.2100D.NM111.010	NM111	Entity Identifier Code	ID	2-3	N/U			999	R	IK403 = I10: "Implementation "Not Used" Element Present"	Must not be present.	Must not be present.			

Transaction Set ID: 276/277  
ASC X12 005010  
Edits Spreadsheet

Edit Reference	Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	TA1/999/277	2 T 7 C 6 E R	Disposition / Error Code	Proposed 276 5010 Edits	Outbound Mapping Instructions (Flat file and/or 277) Found Condition	Outbound Mapping Instructions (Flat file and/or 277) Not Found Condition	Triggering Event	Misc. Notes
X212.56/135.2100D.NM112.010	NM112	Last Name	AN	1-60	N/U			999	R	IK403 = I10: "Implementation "Not Used" Element Present"	Must not be present.	Must not be present.			
X212.58/137.2200D.SCST Loop.010	SCST Loop	Subscriber Claim Status Tracking Loop				2200D	>1								
X212.58/137.2200D.TRN.010	TRN	Subscriber CLAIM STATUS TRACKING NUMBER		1	S	2200D	1	999	R	IK304 = I6: "Implementation Dependent Segment Missing"	2200D.TRN must be present.	2200D.TRN must be present.			
X212.58/137.2200D.TRN.020	TRN							999	R	IK304=5: "Segment Exceeds Maximum Use"	Only one iteration of 2200D.TRN with TRN01 = "1" is allowed.	Only one iteration of 2200D.TRN with TRN01 = "1" is allowed.			
X212.58/137.2200D.TRN01.010	TRN01	Trace Type Code	ID	1-2	R			999	R	IK403 = 1: "Required Data Element Missing"	2200D.TRN01 must be present.	2200D.TRN01 must be present.			
X212.58/137.2200D.TRN01.020	TRN01							999	R	IK403 = 7: "Invalid Code Value"	2200D.TRN01 must be "1".	2200D.TRN01 must be "2".			
X212.58/137.2200D.TRN02.010	TRN02	Trace Number	AN	1-50	R			999	R	IK403 = 1: "Required Data Element Missing"	2000D.TRN02 must be present.	2000D.TRN02 must be present.			
X212.58/137.2200D.TRN02.020	TRN02							999	R	IK403 = 5: "Data Element Too Long"	2000D.TRN02 must be 1-50 characters.	2000D.TRN02 must be the transmitted value from the associated 276.			
X212.58/137.2200D.TRN02.030	TRN02							999	R	IK403 = 6: "Invalid Character in Data Element"	2000D.TRN02 must be populated with accepted AN characters.				
X212.58/137.2200D.TRN02.040	TRN02							999	R	IK403 = 6: "Invalid Character in Data Element"	2200D.TRN02 must contain at least one non-space character.				
X212.58/137.2200D.TRN03.010	TRN03	Originating Company Identifier	AN	10-10	N/U			999	R	IK403 = I10: "Implementation "Not Used" Element Present"	Must not be present.	Must not be present.			
X212.58/137.2200D.TRN04.010	TRN04	Reference Identifier	AN	1-50	N/U			999	R	IK403 = I10: "Implementation "Not Used" Element Present"	Must not be present.	Must not be present.			
X212.NA/138.2200D.STC.010	STC	Claim STATUS INFORMATION		1	R	2200D						Claim found: 2200D.STC must be present.	Claim not found: 2200D.STC must be present.		5/12: 276 Companion Guide note needed. Part A will be returning claim level status information, but not line level status information.
X212.NA/138.2200D.STC.020	STC											Claim found: Five iterations of 2200D.STC are allowed.	Claim not found: Five iterations of 2200D.STC are allowed.		04/23: Medicare limitation: Up to five iterations of the STC will be allowed for all occurrences in these transactions.
X212.NA/138.2200D.STC01.010	STC01	HEALTH CARE CLAIM STATUS			R										
X212.NA/138.2200D.STC01-1.010	STC01-1	Health Care Claim Status Category Code	AN	1-30	R							Claim found: 2200D.STC01-1 must be present.	Claim not found: 2200D.STC01-1 must be present.		Valid Health Care Claim Status Code Category reference must be available for this edit.
X212.NA/138.2200D.STC01-1.020	STC01-1											Claim found: 2200D.STC01-1 must be any valid Health Care Claim Status Code Category, except "R".	Claim not found: 2200D.STC01-1 must be "A4".		Valid Health Care Claim Status Code Category reference must be available for this edit.

Transaction Set ID: 276/277  
ASC X12 005010  
Edits Spreadsheet

Edit Reference	Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	TA1/999/277	2 T 7 C 6 E R	Disposition / Error Code	Proposed 276 5010 Edits	Outbound Mapping Instructions		Triggering Event	Misc. Notes
												(Flat file and/or 277) Found Condition	(Flat file and/or 277) Not Found Condition		
X212.NA/138.2200D.STC01-2.010	STC01-2	Health Care Claim Status Code	AN	1-30	R							Claim found: 2200D.STC01-2 must be present.	Claim not found: 2200D.STC01-2 must be present.		
X212.NA/138.2200D.STC01-2.020	STC01-2											Claim found: 2200D.STC01-2 must be a valid Claim Status Code.	Claim not found: 2200D.STC01-2 must be "35".		Valid Claim Status Code reference must be available for this edit.
X212.NA/138.2200D.STC01-3.010	STC01-3	Entity Identifier Code	ID	2-3	S							Claim found: 2200D.STC01-3 must be valid values.	Claim not found: 2200D.STC01-3 must be valid values.		
X212.NA/138.2200D.STC01-4.010	STC01-4	Code List Qualifier Code	ID	1-3	S							Must not be present.	Must not be present.		277: Companion Guide note needed, not used by Medicare.
X212.NA/138.2200D.STC02.010	STC02	Status Information Effective Date	DT	8-8	R							Claim found: 2200D.STC02 must be the date the claim moved to the current location status from the internal system, in	Claim not found: 2200D.STC02 must be the current (system) date, in CCYYMMDD format.		
X212.NA/138.2200D.STC03.010	STC03	Action Code	ID	1-2	N/U							Must not be present.			
X212.NA/138.2200D.STC04.010	STC04	Total Claim Charge Amount	R	1-18	S							Claim found: If available, 2200D.STC04 must be the claim charge amount from the internal system.	Claim not found (if the flat file value is zero): 2200D.STC04 must not be present.		
X212.NA/138.2200D.STC05.010	STC05	Claim payment Amount	R	1-18	S							Claim found: If available, 2200D.STC05 must be the claim payment amount from the internal system.	Claim not found: 2200D.STC05 must not be present.		
X212.NA/138.2200D.STC06.010	STC06	Adjudication or Payment Date	DT	8-8	S							If available, 2200D.ST06 must be the final adjudication date from the internal system, in CCYYMMDD format.	Claim not found: 2200D.STC06 must not be present.		
X212.NA/138.2200D.STC07.010	STC07	Payment Method Code	ID	3-3	N/U							Must not be present.	Must not be present.		
X212.NA/138.2200D.STC08.010	STC08	Remittance Date	DT	8-8	S							Claim found: If available, 2200D.STC08 must be the payment date from the internal system, in CCYYMMDD format.	Claim not found: 2200D.STC07 must not be present.		
X212.NA/138.2200D.STC09.010	STC09	Remittance Trace Number	AN	1-16	S							Claim found: If available, 2200D.STC09 must be the check or EFT Trace Number from the internal system.	Claim not found: 2200D.STC08 must not be present.		
X212.NA/138.2200D.STC10.010	STC10	HEALTH CARE CLAIM STATUS			S										
X212.NA/138.2200D.STC10-1.010	STC10-1	Health Care Claim Status Category Code	AN	1-30	R							Claim found: 2200D.STC10-1 must be any valid Health Care Claim Status Code Category, except "R".	Claim not found: 2200D.STC10-1 must be any valid Health Care Claim Status Code Category, except "R".		
X212.NA/138.2200D.STC10-2.010	STC10-2	Health Care Claim Status Code	AN	1-30	R							Claim found: 2200D.STC10-2 must be present.	Claim found: 2200D.STC10-2 must be present.		
X212.NA/138.2200D.STC10-2.020	STC10-2											Claim found: 2200D.STC10-2 must be a valid Claim Status Code.	Claim not found: 2200D.STC10-2 must be a valid Claim Status Code.		Valid Claim Status Code reference must be available for this edit.



Transaction Set ID: 276/277  
ASC X12 005010  
Edits Spreadsheet

Edit Reference	Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	TA1/999/277	2 T 7 C 6 E R	Disposition / Error Code	Proposed 276 5010 Edits	Outbound Mapping Instructions (Flat file and/or 277) Found Condition	Outbound Mapping Instructions (Flat file and/or 277) Not Found Condition	Triggering Event	Misc. Notes
X212.NA/138.2200D.STC10-3.010	STC10-3	Entity Identifier Code	ID	2-3	S							Claim found: 2200D.STC10-3 must be valid values.	Claim not found: 2200D.STC10-3 must be valid values.		
X212.NA/138.2200D.STC10-4.010	STC10-4	Code List Qualifier Code	ID	1-3	S							Must not be present.			277: Companion Guide note needed, not used by Medicare.
X212.NA/138.2200D.STC11.010	STC11	HEALTH CARE CLAIM STATUS			S										
X212.NA/138.2200D.STC11-1.010	STC11-1	Health Care Claim Status Category Code	AN	1-30	R							Claim found: 2200D.STC11-1 must be any valid Health Care Claim Status Code Category, except "R".	Claim not found: 2200D.STC11-1 must be any valid Health Care Claim Status Code Category, except "R".		Valid Health Care Claim Status Code Category reference must be available for this edit.
X212.NA/138.2200D.STC11-2.010	STC11-2	Health Care Claim Status Code	AN	1-30	R							Claim found: 2200D.STC11-2 must be present.	Claim not found: 2200D.STC11-2 must be present.		
X212.NA/138.2200D.STC11-2.020	STC11-2											Claim found: 2200D.STC11-2 must be a valid Claim Status Code.	Claim not found: 2200D.STC11-2 must be a valid Claim Status Code.		Valid Claim Status Code reference must be available for this edit.
X212.NA/138.2200D.STC11-3.010	STC11-3	Entity Identifier Code	ID	2-3	S							Claim found: 2200D.STC11-3 must be valid values.	Claim not found: 2200D.STC11-3 must be valid values.		
X212.NA/138.2200D.STC11-4.010	STC11-4	Code List Qualifier Code	ID	1-3	S							Must not be present.			277: Companion Guide note needed, not used by Medicare.
X212.NA/138.2200D.STC12.010	STC12	Free-Form Message Text	AN	1-264	N/U							Must not be present.			
X212.59/149.2200D.REF.010	REF	PAYER CLAIM CONTROL NUMBER		1	S	2200D		999	R	IK304=5: "Segment Exceeds Maximum Use"	Only 1 iteration of 2200D.REF with REF01 = "IK" is allowed.	Claim found: Only 1 iteration of 2200D.REF with REF01 = "IK" is allowed.	Claim not found: 2200D.REF with REF01 = "IK" must not be present.		
X212.59/149.2200D.REF.020	REF											Claim found: 2200D.REF must be present when the claim is found in the internal system.			
X212.59/149.2200D.REF01.010	REF01	Reference Identification Qualifier	ID	2-3	R			999	R	IK403 = 1: "Required Data Element Missing"	2200D.REF01 must be present.	Claim found: 2200D.REF01 must be present.			
X212.59/149.2200D.REF01.020	REF01							999	R	IK403 = 7: "Invalid Code Value"	2200D.REF01 must be "1K".	Claim found: 2200D.REF01 must be "1K".			
X212.59/149.2200D.REF02.010	REF02	Payer Claim Control Number	AN	1-50	R			999	R	IK403 = 1: "Required Data Element Missing"	2000D.REF02 must be present.	Claim found: 2000D.REF02 must be present.			
X212.59/149.2200D.REF02.020	REF02							277	T	CSC 464: "Payer Assigned Claim Control Number" CSC 512: "Length invalid for receiver's application system"	For VMS, 2200D.REF02 must be 14 digits.	Claim found: 2000D.REF02 must be the payer claim control number from the internal system.			
X212.59/149.2200D.REF02.030	REF02							277	T	CSC 464: "Payer Assigned Claim Control Number" CSC 512: "Length invalid for receiver's application system"	For MCS 2200D.REF02 must be 13 digits.				

Transaction Set ID: 276/277  
ASC X12 005010  
Edits Spreadsheet

Edit Reference	Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	TA1/ 999/ 277	2 T 7 C 6 E R	Disposition / Error Code	Proposed 276 5010 Edits	Outbound Mapping Instructions (Flat file and/or 277) Found Condition	Outbound Mapping Instructions (Flat file and/or 277) Not Found Condition	Triggering Event	Misc. Notes
X212.59/149.2200D.REF02.040	REF02							277	T	CSC 464: "Payer Assigned Claim Control Number" CSC 512: "Length invalid for receiver's application system"	For FISS, 2200D.REF02 must be 14 - 23 characters.				
X212.59/149.2200D.REF02.050	REF02							999	R	IK403 = 6: "Invalid Character in Data Element"	2200D.REF02 must be populated with accepted AN characters.				
X212.59/149.2200D.REF02.060	REF02							999	R	IK403 = 6: "Invalid Character in Data Element"	2200D.REF02 must contain at least one non-space character.				
X212.59/149.2200D.REF03.010	REF03	Description	AN	1-80	N/U			999	R	IK403 = I10: "Implementation "Not Used" Element Present"	Must not be present.				
X212.59/149.2200D.REF04.010	REF04	Reference Identifier			N/U			999	R	IK403 = I10: "Implementation "Not Used" Element Present"	Must not be present.				
X212.60/150.2200D.REF.010	REF	INSTITUTIONAL BILL TYPE IDENTIFICATION		1	S	2200D		999	R	IK304=5: "Segment Exceeds Maximum Use"	Only 1 iteration of 2200D.REF with REF01 = "BLT" is allowed for Part A.	Claim found: Only 1 iteration of 2200D.REF with REF01 = "BLT" is allowed.	Claim not found: 2200D.REF with REF01 = "BLT" must not be present.		04/30: 276 Companion Guide note needed. FISS will use this info if provided. This segment will not be returned in the 277, except from Part A.
X212.60/150.2200D.REF.020	REF							277	C	For Part B and CEDI the CSCC = E3 and the CSC(1) = 535 & CSC(2) = 228 & CSC(3) =138 and DE98 = MR	2200D.REF with REF01 = "BLT" is not allowed for Part B and CEDI.	Claim found: 2200D.REF must not be present for non-institutional claims.			For Part B and CEDI only. For Part A Not Applicable
X212.60/150.2200D.REF.030	REF											Claim found: 2200D.REF must be present on Part A claims when the internal system value is different than the transmitted value from the associated 276.			
X212.60/150.2200D.REF01.010	REF01	Reference Identification Qualifier	ID	2-3	R			999	R	IK403 = 1: "Required Data Element Missing"	2200D.REF01 must be present.	Claim found: 2200D.REF01 must be present.			
X212.60/150.2200D.REF01.020	REF01							999	R	IK403 = 7: "Invalid Code Value"	2200.REF01 must be "BLT".	Claim found: 2200.REF01 must be "BLT".			
X212.60/150.2200D.REF02.010	REF02	Bill Type Identifier	AN	1-50	R			999	R	IK403 = 1: "Required Data Element Missing"	2200D.REF02 must be present.	Claim found: 2200D.REF02 must be present.			
X212.60/150.2200D.REF02.020	REF02							277	C	CSC = 228: "Type of bill for UB claim"	The first two positions of 2200D.REF02 must be a valid Facility Type Code and the third position must contain a valid Claim Frequency Code.	Claim found: 2200D.REF02 must be the concatenated value of the Facility Type Code and Claim Frequency Code from the internal system.			
X212.60/150.2200D.REF03.010	REF03	Description	AN	1-80	N/U			999	R	IK403 = I10: "Implementation "Not Used" Element Present"	Must not be present.	Must not be present.			
X212.60/150.2200D.REF04.010	REF04	Reference Identifier			N/U			999	R	IK403 = I10: "Implementation "Not Used" Element Present"	Must not be present.	Must not be present.			
X212.61/NA.2200D.REF.010	REF	APPLICATION OR LOCATION SYSTEM IDENTIFIER		1	S	2200D		999	R	IK304=5: "Segment Exceeds Maximum Use"	Only 1 iteration of 2200D.REF with REF01 = "LU" is allowed.				

Transaction Set ID: 276/277  
ASC X12 005010  
Edits Spreadsheet

Edit Reference	Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	TA1/999/277	2 T 7 C 6 E R	Disposition / Error Code	Proposed 276 5010 Edits	Outbound Mapping Instructions (Flat file and/or 277) Found Condition	Outbound Mapping Instructions (Flat file and/or 277) Not Found Condition	Triggering Event	Misc. Notes
X212.61/NA.2200D.REF.020	REF							277	C	New CSC: "Situational segment/element required for adjudication."	For VA, 2200D.REF with REF01 = "LU" must be present.				04/21: 276 Companion Guide note needed.. Required for VA. Group decision to be silent on non-VA use.
X212.61/NA.2200D.REF01.010	REF01	Reference Identification Qualifier	ID	2-3	R			999	R	IK403 = 1: "Required Data Element Missing"	2200D.REF01 must be present.				
X212.61/NA.2200D.REF01.020	REF01							999	R	IK403 = 7: "Invalid Code Value"	2200D.REF01 must be "LU".				
X212.61/NA.2200D.REF02.010	REF02	Application or Location System Identifier	AN	1-50	R			999	R	IK403 = 1: "Required Data Element Missing"	2200D.REF02 must be present.				
X212.61/NA.2200D.REF02.020	REF02							999	R	IK403 = 5: "Data Element Too Long"	For everyone except VA, 2200D.REF02 must be 1-50 characters.				04/21: Noted as a non-VA edit.
X212.61/NA.2200D.REF02.030	REF02							999	R	IK403 = 6: "Invalid Character in Data Element"	For everyone except VA, 2200D.REF02 must contain at least two non-space characters.				04/21: Noted as a non-VA edit.
X212.61/NA.2200D.REF02.040	REF02							999	R	IK403 = 6: "Invalid Character in Data Element"	For everyone except VA, 2200D.REF02 must be populated with accepted AN characters.				04/21: Noted as a non-VA edit.
X212.61/NA.2200D.REF02.050	REF02							277	C	New CSC: "Situational segment/element required for adjudication."	For VA, 2200D.REF02 must be a code authorized by the VA.				04/21: Required for VA, don't include in 276 companion guide instructions.
X212.61/NA.2200D.REF03.010	REF03	Description	AN	1-80	N/U			999	R	IK403 = I10: "Implementation "Not Used" Element Present"	Must not be present.				
X212.61/NA.2200D.REF04.010	REF04	Reference Identifier			N/U			999	R	IK403 = I10: "Implementation "Not Used" Element Present"	Must not be present.				
X212.62/NA.2200D.REF.010	REF	<b>GROUP NUMBER</b>		<b>1</b>	<b>S</b>	<b>2200D</b>		<b>999</b>	<b>R</b>	IK304=5: "Segment Exceeds Maximum Use"	<b>Only 1 iteration of 2200D.REF with REF01 = "6P" is allowed.</b>				
X212.62/NA.2200D.REF01.010	REF01	Reference Identification Qualifier	ID	2-3	R			999	R	IK403 = 1: "Required Data Element Missing"	2200D.REF01 must be present.				
X212.62/NA.2200D.REF01.020	REF01							999	R	IK403 = 7: "Invalid Code Value"	2200D.REF01 must be "6P".				
X212.62/NA.2200D.REF02.010	REF02	Group Number	AN	1-50	R			999	R	IK403 = 1: "Required Data Element Missing"	2200D.REF02 must be present.				
X212.62/NA.2200D.REF02.020	REF02							999	R	IK403 = 5: "Data Element Too Long"	2200D.REF02 must be 1-50 characters.				
X212.62/NA.2200D.REF02.030	REF02							999	R	IK403 = 6: "Invalid Character in Data Element"	2200D.REF02 must contain at least two non-space characters.				
X212.62/NA.2200D.REF02.040	REF02							999	R	IK403 = 6: "Invalid Character in Data Element"	2200D.REF02 must be populated with accepted AN characters.				
X212.62/NA.2200D.REF03.010	REF03	Description	AN	1-80	N/U			999	R	IK403 = I10: "Implementation "Not Used" Element Present"	Must not be present.				
X212.62/NA.2200D.REF04.010	REF04	Reference Identifier			N/U			999	R	IK403 = I10: "Implementation "Not Used" Element Present"	Must not be present.				

Transaction Set ID: 276/277  
ASC X12 005010  
Edits Spreadsheet

Edit Reference	Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	TA1/999/277	2 T 7 C 6 E R	Disposition / Error Code	Proposed 276 5010 Edits	Outbound Mapping Instructions (Flat file and/or 277) Found Condition	Outbound Mapping Instructions (Flat file and/or 277) Not Found Condition	Triggering Event	Misc. Notes
X212.63/151.2200D.REF.010	REF	PATIENT CONTROL NUMBER		1	S	2200D		999	R	IK304=5: "Segment Exceeds Maximum Use"	Only 1 iteration of 2200D.REF with REF01 = "EJ" is allowed.	Only 1 iteration of 2200D.REF with REF01 = "EJ" is allowed.			
X212.63/151.2200D..010												2200D.REF with REF01 = "EJ" must be present when the Patient Control Number was transmitted on the associated 276 or when available in the internal system.			
X212.63/151.2200D.REF01.010	REF01	Reference Identification Qualifier	ID	2-3	R			999	R	IK403 = 1: "Required Data Element Missing"	2200D.REF01 must be present.	2200D.REF01 must be present.			
X212.63/151.2200D.REF01.020	REF01							999	R	IK403 = 7: "Invalid Code Value"	2200D.REF01 must be "EJ".	2200D.REF01 must be "EJ".			
X212.63/151.2200D.REF02.010	REF02	Patient Account Number	AN	1-50	R			999	R	IK403 = 1: "Required Data Element Missing"	2200D.REF02 must be present.	2200D.REF02 must be present.			
X212.63/151.2200D.REF02.020	REF02							999	R	IK403 = 5: "Data Element Too Long"	2200D.REF02 must be 1-50 characters.	2200D.REF02 must be the transmitted value from the associated 276. If not transmitted from the 276 and claim found, must be the patient account number from the internal system.			
X212.63/151.2200D.REF02.030	REF02							999	R	IK403 = 6: "Invalid Character in Data Element"	2200D.REF02 must contain at least two non-space characters.				
X212.63/151.2200D.REF02.040	REF02							999	R	IK403 = 6: "Invalid Character in Data Element"	2200D.REF02 must be populated with accepted AN characters.				
X212.63/151.2200D.REF03.010	REF03	Description	AN	1-80	N/U			999	R	IK403 = 110: "Implementation "Not Used" Element Present"	Must not be present.	Must not be present.			
X212.63/151.2200D.REF04.010	REF04	Reference Identifier			N/U			999	R	IK403 = 110: "Implementation "Not Used" Element Present"	Must not be present.	Must not be present.			
X212.64/152.2200D.REF.010	REF	PHARMACY PRESCRIPTION NUMBER		1	S	2200D		999	R	IK304=5: "Segment Exceeds Maximum Use"	Only 1 iteration of 2200D.REF with REF01 = "XZ" is allowed.	Only 1 iteration of 2200D.REF with REF01 = "XZ" is allowed.			
X212.64/152.2200D..010												2200D.REF with REF01 = "XZ" must be present when the Pharmacy Prescription Number was transmitted on the associated 276 or when available in the internal system.			
X212.64/152.2200D.REF01.010	REF01	Reference Identification Qualifier	ID	2-3	R			999	R	IK403 = 1: "Required Data Element Missing"	2200D.REF01 must be present.	2200D.REF01 must be present.			
X212.64/152.2200D.REF01.020	REF01							999	R	IK403 = 7: "Invalid Code Value"	2200D.REF01 must be "XZ".	2200D.REF01 must be "XZ".			
X212.64/152.2200D.REF02.010	REF02	Pharmacy Prescription Number	AN	1-50	R			999	R	IK403 = 1: "Required Data Element Missing"	2200D.REF02 must be present.	2200D.REF02 must be present.			

Transaction Set ID: 276/277  
ASC X12 005010  
Edits Spreadsheet

Edit Reference	Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	TA1/ 999/ 277	2 T 7 C 6 E R	Disposition / Error Code	Proposed 276 5010 Edits	Outbound Mapping Instructions (Flat file and/or 277) Found Condition	Outbound Mapping Instructions (Flat file and/or 277) Not Found Condition	Triggering Event	Misc. Notes
X212.64/152.2200D.REF02.020	REF02							999	R	IK403 = 5: "Data Element Too Long"	2200D.REF02 must be 1-50 characters.	2200D.REF02 must be the transmitted value from the associated 276. If not transmitted from the 276, must be the pharmacy prescription number from the internal system.			
X212.64/152.2200D.REF02.030	REF02							999	R	IK403 = 6: "Invalid Character in Data Element"	2200D.REF02 must contain at least two non-space characters.				
X212.64/152.2200D.REF02.040	REF02							999	R	IK403 = 6: "Invalid Character in Data Element"	2200D.REF02 must be populated with accepted AN characters.				
X212.64/152.2200D.REF03.010	REF03	Description	AN	1-80	N/U			999	R	IK403 = I10: "Implementation "Not Used" Element Present"	Must not be present.				
X212.64/152.2200D.REF04.010	REF04	Reference Identifier			N/U			999	R	IK403 = I10: "Implementation "Not Used" Element Present"	Must not be present.				
X212.NA/153.2200D.REF.010	REF	<b>VOUCHER IDENTIFIER</b>		1	S	2200D						2200D.REF with REF01 = "VV" must not be present.			07/02: 277 Companion Guide note needed, this segment not used by Medicare.
X212.NA/153.2200D.REF01.010	REF01	Reference Identification Qualifier	ID	2-3	R										
X212.NA/153.2200D.REF02.010	REF02	Voucher Identifier	AN	1-50	R										
X212.NA/153.2200D.REF03.010	REF03	Description	AN	1-80	N/U										
X212.NA/153.2200D.REF04.010	REF04	Reference Identifier			N/U										
X212.65/154.2200D.REF.010	REF	<b>CLAIM ID FOR CLEARINGHOUSES AND OTHER TRANSMISSION INTERMEDIARIES</b>		1	S	2200D		999	R	IK304=5: "Segment Exceeds Maximum Use"	Only 1 iteration of 2200D.REF with REF01 = "D9" is allowed.	Only 1 iteration of 2200D.REF with REF01 = "D9" is allowed.			
X212.65/154.2200D.REF.020	REF											2200D.REF with REF01 = "D9" must be present when Clearinghouse Trace number was transmitted on the associated 276.			
X212.65/154.2200D.REF01.010	REF01	Reference Identification Qualifier	ID	2-3	R			999	R	IK403 = 1: "Required Data Element Missing"	2200D.REF01 must be present.	2200D.REF01 must be present.			
X212.65/154.2200D.REF01.020	REF01							999	R	IK403 = 7: "Invalid Code Value"	2200D.REF01 must be "D9".	2200D.REF01 must be "D9".			
X212.65/154.2200D.REF02.010	REF02	Clearinghouse Trace Number	AN	1-50	R			999	R	IK403 = 1: "Required Data Element Missing"	2200D.REF02 must be present.	2200D.REF02 must be present.			
X212.65/154.2200D.REF02.020	REF02							999	R	IK403 = 5: "Data Element Too Long"	2200D.REF02 must be 1-50 characters.	2200D.REF02 must be the transmitted value from the associated 276.			

Transaction Set ID: 276/277  
ASC X12 005010  
Edits Spreadsheet

Edit Reference	Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	TA1/999/277	2 T 7 C 6 E R	Disposition / Error Code	Proposed 276 5010 Edits	Outbound Mapping Instructions (Flat file and/or 277) Found Condition	Outbound Mapping Instructions (Flat file and/or 277) Not Found Condition	Triggering Event	Misc. Notes
X212.65/154.2200D.REF02.030	REF02							999	R	IK403 = 6: "Invalid Character in Data Element"	2200D.REF02 must contain at least two non-space characters.				
X212.65/154.2200D.REF02.040	REF02							999	R	IK403 = 6: "Invalid Character in Data Element"	2200D.REF02 must be populated with accepted AN characters.				
X212.65/154.2200D.REF03.010	REF03	Description	AN	1-80	N/U			999	R	IK403 = 110: "Implementation "Not Used" Element Present"	Must not be present.				
X212.65/154.2200D.REF04.010	REF04	Reference Identifier			N/U			999	R	IK403 = 110: "Implementation "Not Used" Element Present"	Must not be present.				
X212.66/NA.2200D.AMT.010	AMT	CLAIM SUBMITTED CHARGES		1	S	2200D		999	R	IK304=5: "Segment Exceeds Maximum Use"	Only 1 iteration of 2200D.AMT with AMT01 = "D9" is allowed.				
X212.66/NA.2200D.AMT01.010	AMT01	Amount Qualifier Code	ID	1-3	R			999	R	IK403 = 1: "Required Data Element Missing"	2200D.REF01 must be present.				
X212.66/NA.2200D.AMT01.020	AMT01							999	R	IK403 = 7: "Invalid Code Value"	2200D.REF01 must be "T3".				
X212.66/NA.2200D.AMT02.010	AMT02	Total Claim Charge Amount	R	1-18	R			999	R	IK403 = 1: "Required Data Element Missing"	2200D.AMT02 must be present.				
X212.66/NA.2200D.AMT02.020	AMT02							999	R	IK403 = 6: "Invalid Character in Data Element"	2200D.AMT02 must be numeric				
X212.66/NA.2200D.AMT02.030	AMT02							277	T	CSC = 178: "Submitted charges"	2200D.AMT02 must be <= 99,999,999.99.				
X212.66/NA.2200D.AMT03.010	AMT03	Credit/Debit Flag Code	ID	1-1	N/U			999	R	IK403 = 110: "Implementation "Not Used" Element Present"	Must not be present.				
X212.67/155.2200D.DTP.010	DTP	CLAIM SERVICE DATE		1	S	2200D		999	R	IK304 = 16: "Implementation Dependent Segment Missing"	For institutional claims, 2200D.DTP with DTP01 = "472" must be present.	For Part A, 2200D.DTP with DTP01 = "472" must be present.			05/05: 276 Companion guide note needed - will only use a date submitted here for searching, will not use a date submitted in 2210D for the search.
X212.67/155.2200D.DTP.020	DTP							999	R	IK304 = 16: "Implementation Dependent Segment Missing"	For professional claims, 2200D.DTP with DTP01 = "472" must be present when 2210D.DTP with DTP01 = "472" is not present.	For professional claims, 2200D.DTP with DTP01 = "472" must be present when 2210D.DTP with DTP01 = "472" is not present.			
X212.67/155.2200D.DTP.030	DTP							999	R	IK304=5: "Segment Exceeds Maximum Use"	Only one iteration of 2200D.DTP with DTP01 = "472" is allowed.	Only one iteration of 2200D.DTP with DTP01 = "472" is allowed.			
X212.67/155.2200D.DTP01.010	DTP01	Date Time Qualifier	ID	3-3	R			999	R	IK403 = 1: "Required Data Element Missing"	2200D.DTP01 must be present.	2200D.DTP01 must be present.			
X212.67/155.2200D.DTP01.020	DTP01							999	R	IK403 = 7: "Invalid Code Value"	2200D.DTP01 must be "472".	2200D.DTP01 must be "472".			
X212.67/155.2200D.DTP02.010	DTP02	Date Time Period Format Qualifier	ID	2-3	R			999	R	IK403 = 1: "Required Data Element Missing"	2200D.DTP02 must be present.	2200D.DTP02 must be present.			
X212.67/155.2200D.DTP02.020	DTP02							999	R	IK403 = 7: "Invalid Code Value"	2200D.DTP02 must be valid values.	2200D.DTP02 must be the transmitted value from the associated 276.			

Transaction Set ID: 276/277  
ASC X12 005010  
Edits Spreadsheet

Edit Reference	Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	TA1/999/277	2 T 7 C 6 E R	Disposition / Error Code	Proposed 276 5010 Edits	Outbound Mapping Instructions		Triggering Event	Misc. Notes
												(Flat file and/or 277) Found Condition	(Flat file and/or 277) Not Found Condition		
X212.67/155.2200D.DTP03.010	DTP03	Claim Service Period	AN	1-35	R			999	R	IK403 = 1: "Required Data Element Missing"	2200D.DTP03 must be present.	2200D.DTP03 must be present.			
X212.67/155.2200D.DTP03.020	DTP03							999	R	IK403 = 8: "Invalid Date"	If 2200D.DTP02 = "D8" then 2200D.DTP03 must be a valid date in CCYMMDD format.	2200D.DTP03 must be the transmitted value from the associated 276.			
X212.67/155.2200D.DTP03.030	DTP03							999	R	IK403 = 8: "Invalid Date"	If 2200D.DTP02 = "RD8" then 220D.DTP03 must be a valid date in CCYMMDD-CCYMMDD format.				
X212.67/155.2200D.DTP03.040	DTP03							277	C	CSC 187: "Date(s) of service"	If 2200D.DTP02 = "RD8" then the 2nd date listed in 2200.DTP03 must be >= the 1st date listed in 2200.DTP03.				
X212.69/157.2210D.SSL Loop.010	SSL Loop	Subscriber Service Line Loop										Claim found: Part A: do not create the 2220D loop. Otherwise: Create the 2220D loop for each service line.	Claim not found: Part A: do not create the 2220D Loop. Otherwise: If the 276 did not contain line info, do not create 2220D loop If the 276 did contain line info, create the 2220D loop for each service line.		Note: This loop is 2210D in the 276 and 2220D in the 277. Note: need to determine the appropriate Cat & Claim Status Code - MJC
X212.69/157.2210D.SVC.010	SVC	SERVICE LINE INFORMATION		1	S	2210D	1	999	R	IK304=5: "Segment Exceeds Maximum Use"	One iteration of 2210D.SVC is allowed per 2210D loop.	Claim found: One iteration of 2220D.SVC is allowed per 2220D loop.	Claim not found: One iteration of 2220D.SVC is allowed per 2220D loop.		
X212.69/157.2210D.SVC.020	SVC											Claim found: 2220D.SVC must be present for each service line for which status is being transmitted.	Claim not found: If the 276 did contain line info, 2220D.SVC must be present for each service line for which status is being transmitted.		
X212.69/157.2210D.SVC01.010	SVC01	Composite Medical Procedure Identifier			R										
X212.69/157.2210D.SVC01-1.010	SVC01-1	Product/Service ID Qualifier	ID	2-2	R			999	R	IK403 = 1: "Required Data Element Missing"	2210D.SVC01-1 must be present.	Claim found: 2220D.SVC01-1 must be present.	Claim not found: 2220D.SVC01-1 must be present.		
X212.69/157.2210D.SVC01-1.020	SVC01-1							277	C	New CSC: "Payer specific restriction on compliant qualifiers"	For Part A, 2210D.SVC01-1 must be 'HC', 'HP', or 'NU'.	Claim found: 2220D.SVC01-1 must be the transmitted value from the associated 276.	Claim not found: 2220D.SVC01-1 must be the transmitted value from the associated 276.		05/05: 276 Companion Guide note needed. Needs group confirmation.
X212.69/157.2210D.SVC01-1.030	SVC01-1							277	C	New CSC: "Payer specific restriction on compliant qualifiers"	For Part B, 2210D.SVC01-1 must be 'HC'.				05/05: Revised edit. Changed to 277 error code. 276 Companion Guide note needed. Needs group confirmation.
X212.69/157.2210D.SVC01-1.040	SVC01-1							277	C	New CSC: "Payer specific restriction on compliant qualifiers"	For CEDI, 2210D.SVC01-1 must be 'HC' or 'N4'.				05/05: 276 Companion Guide note needed. Needs group confirmation.

**Transaction Set ID: 276/277  
ASC X12 005010  
Edits Spreadsheet**

Edit Reference	Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	TA1/999/277	2 T 7 C 6 E R	Disposition / Error Code	Proposed 276 5010 Edits	Outbound Mapping Instructions		Triggering Event	Misc. Notes
												(Flat file and/or 277) Found Condition	(Flat file and/or 277) Not Found Condition		
X212.69/157.2210D.SVC01-2.010	SVC01-2	Procedure Code	AN	1-48	R			999	R	IK403 = 1: "Required Data Element Missing"	2210D.SVC01-2 must be present.	Claim found: 2220D.SVC01-2 must be present.	Claim not found: 2220D.SVC01-2 must be present.		
X212.69/157.2210D.SVC01-2.020	SVC01-2							277	C	CSC 507: "HCPCS"	When 2210D.SVC01-1 = "HC", 2210D.SVC01-2 must be a valid HCPCS Code.	Claim found: 2220D.SVC01-2 must be the procedure code used to adjudicate the claim (from the internal system)	Claim not found: 2220D.SVC01-2 must be the transmitted value from the associated 276.		276: Valid HCPCS reference must be available for this edit.
X212.69/157.2210D.SVC01-2.030	SVC01-2							277	C	CSC = 513: "HIPPS Rate Code for services Rendered"	When 2210D.SVC01-1 = "HP", 2210D.SVC01-2 must be a valid HIPPS Skilled Nursing Facility Rate Code.				276: Valid HIPPS Code reference must be available for this edit.
X212.69/157.2210D.SVC01-2.040	SVC01-2							277	C	CSC 454: "Procedure code for services rendered."	When 2210D.SVC01-1 = "NU", 2210D.SVC01-2 must be a valid National Uniform Billing Committee (NUBC) UB92 Code.				276: Valid National Uniform Billing Committee (NUBC) UB92 Codes reference must be available for this edit. FISS Edit
X212.69/157.2210D.SVC01-2.050	SVC01-2							277	T	CSC = 218: "NDC number"	When 2210D.SVC01-1 = "N4", 2210D.SVC01-2 must be 1 - 11 digits.				
X212.69/157.2210D.SVC01-3.010	SVC01-3	Procedure Modifier	AN	2-2	S			277	C	CSC 453: "Procedure Code Modifier(s) for Service(s) Rendered"	2210D.SVC01-3 must be valid procedure modifier.	Claim found: If applicable, 2220D.SVC01-3 must be the first procedure modifier used to adjudicate the claim (from the internal system)	Claim not found: 2220D.SVC01-3 must be the transmitted value from the associated 276.		276: Valid Procedure Code Modifier reference must be available for this edit. 05/12: This edit will be simpler than the claim side because the data is not used in the search or in the 277; no validation of modifier to procedure code or date of service.
X212.69/157.2210D.SVC01-4.010	SVC01-4	Procedure Modifier	AN	2-2	S			999	R	IK403 = 2 "Conditional Required Data Element Missing"	If 2210D.SVC01-4 is present, 2210D.SVC01-3 must be present.	Claim found: If 2220D.SVC01-4 is present, 2220D.SVC01-3 must be present.	Claim not found: If 2220D.SVC01-4 is present, 2220D.SVC01-3 must be present.		
X212.69/157.2210D.SVC01-4.020	SVC01-4							277	C	CSC 453: "Procedure Code Modifier(s) for Service(s) Rendered"	2210D.SVC01-4 must be valid procedure modifier.	Claim found: If applicable, 2220D.SVC01-4 must be the second procedure modifier used to adjudicate the claim (from the internal system)	Claim not found: 2220D.SVC01-4 must be the transmitted value from the associated 276.		276: Valid Procedure Code Modifier reference must be available for this edit.
X212.69/157.2210D.SVC01-5.010	SVC01-5	Procedure Modifier	AN	2-2	S			999	R	IK403 = 2 "Conditional Required Data Element Missing"	If 2210D.SVC01-5 is present, 2210D.SVC01-4 must be present.	Claim found: If 2220D.SVC01-5 is present, 2220D.SVC01-4 must be present.	Claim not found: If 2220D.SVC01-5 is present, 2220D.SVC01-4 must be present.		
X212.69/157.2210D.SVC01-5.020	SVC01-5							277	C	CSC 453: "Procedure Code Modifier(s) for Service(s) Rendered"	2210D.SVC01-5 must be valid procedure modifier.	Claim found: If applicable, 2220D.SVC01-5 must be the third procedure modifier used to adjudicate the claim (from the internal system)	Claim not found: 2220D.SVC01-5 must be the transmitted value from the associated 276.		276: Valid Procedure Code Modifier reference must be available for this edit.
X212.69/157.2210D.SVC01-6.010	SVC01-6	Procedure Modifier	AN	2-2	S			999	R	IK403 = 2 "Conditional Required Data Element Missing"	If 2210D.SVC01-6 is present, 2210D.SVC01-5 must be present.	Claim found: If 2220D.SVC01-6 is present, 2220D.SVC01-5 must be present.	Claim not found: If 2220D.SVC01-6 is present, 2220D.SVC01-5 must be present.		
X212.69/157.2210D.SVC01-6.020	SVC01-6							277	C	CSC 453: "Procedure Code Modifier(s) for Service(s) Rendered"	2210D.SVC01-6 must be valid procedure modifier.	Claim found: If applicable, 2220D.SVC01-6 must be the third procedure modifier used to adjudicate the claim (from the internal system)	Claim not found: 2220D.SVC01-6 must be the transmitted value from the associated 276.		276: Valid Procedure Code Modifier reference must be available for this edit.
X212.69/157.2210D.SVC01-7.010	SVC01-7	Description	AN	1-80	N/U			999	R	IK403 = I10: "Implementation "Not Used" Element Present"	Must not be present.	Must not be present.			



Transaction Set ID: 276/277  
ASC X12 005010  
Edits Spreadsheet

Edit Reference	Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	TA1/999/277	2 T 7 C 6 E R	Disposition / Error Code	Proposed 276 5010 Edits	Outbound Mapping Instructions		Triggering Event	Misc. Notes
												(Flat file and/or 277) Found Condition	(Flat file and/or 277) Not Found Condition		
X212.69/157.2210D.SVC01-8.010	SVC01-8	Product Service ID	AN	1-48	N/U			999	R	IK403 = I10: "Implementation "Not Used" Element Present"	Must not be present.	Must not be present.			
X212.69/157.2210D.SVC02.010	SVC02	Line Item Charge Amount	R	1-18	R			999	R	IK403 = 1: "Required Data Element Missing"	2210D.SVC02 must be present.	Claim found: 2220D.SVC02 must be present.	Claim not found: 2220D.SVC02 must be present.		Valid NUBC reference must be available for this edit.
X212.69/157.2210D.SVC02.020	SVC02							999	R	IK403 = 6: "Invalid Character in Data Element"	2210D.SVC02 must be numeric.	Claim found: 2220D.SVC02 must be the line charge amount from the internal system.	Claim not found: 2220D.SVC02 must be the transmitted value from the associated 276.		
X212.69/157.2210D.SVC02.030	SVC02							277	T	CSC583: "Line Item Charge Amount"	2200D.SVC02 must be <= 99,999,999.99.				Medicare specific limitation. 276 Companion Guide note needed.
X212.69/157.2210D.SVC02.040	SVC02							277	T	New CSC: "Amount must be greater than or equal to zero"	2210D.SVC02 must be >= 0				
X212.69/157.2210D.SVC03.010	SVC03	Line Item Payment Amount	R	1-18	R			999	R	IK403 = I10: "Implementation "Not Used" Element Present"	Must not be present.	Claim found: 2220D.SVC03 must be present.	Claim not found: 2220D.SVC03 must be present.		
X212.69/157.2210D.SVC03.020	SVC03											Claim found: 2220D.SVC03 must be the line payment amount from the internal system.	Claim not found: 2220D.SVC03 must be zero.		
X212.69/157.2210D.SVC04.010	SVC04	Revenue Code	AN	1-48	S			999	R	IK403 = 1: "Required Data Element Missing"	If 2210D.SVC01-2 is present then SVC04 may be present.	Claim found: If 2220D.SVC01-2 is present then SVC04 may be present.	Claim not found: If 2220D.SVC01-2 is present then SVC04 may be present.		
X212.69/157.2210D.SVC04.020	SVC04							277	C	CSC 507: "National Uniform Billing Committee (NUBC) UB92 Codes"	2210D.SVC04 must be a valid NUBC Code.	Claim found: If applicable, 2220D.SVC04 must be the Revenue Code from the internal system, used in addition to the listed Procedure Code.	Claim not found: 2220D.SVC04 must be the transmitted value from the associated 276.		276: Valid NUBC reference must be available for this edit.
X212.69/157.2210D.SVC05.010	SVC05	Quantity	R	1-15	N/U			999	R	IK403 = I10: "Implementation "Not Used" Element Present"	Must not be present.				
X212.69/157.2210D.SVC06.010	SVC06	Composite Medical Procedure Identifier			N/U			999	R	IK403 = I10: "Implementation "Not Used" Element Present"	Must not be present.				
X212.69/157.2210D.SVC07.010	SVC07	Units of Service Count	R	1-15	R			999	R	IK403 = 1: "Required Data Element Missing"	2210D.SV104 must be present.	Claim found: 2220D.SV107 must be present.	Claim not found: 2220D.SV107 must be present.		
X212.69/157.2210D.SVC07.020	SVC07							999	R	IK403 = 6: "Invalid Character in Data Element"	2210D.SV104 must be numeric.	Claim found: 2220D.SV107 must be Units from the internal system.	Claim not found: 2220D.SVC07 must be the transmitted value from the associated 276.		
X212.NA/161.2220D.STC.010	STC	Service Line STATUS INFORMATION		1	R	2220D						Line found: 2220D.STC must be present.	Line not found: 2220D.STC must be present.		5/12: 276 Companion Guide note needed. Part A will be returning claim level status information, but not line level status information.
X212.NA/161.2220D.STC.020	STC											Line found: Five iterations of 2220D.STC are allowed.	Line not found: Five iterations of 2220D.STC are allowed.		04/23: Medicare limitation: Up to five iterations of the STC will be allowed for all occurrences in these transactions.
X212.NA/161.2220D.STC01.010	STC01	HEALTH CARE CLAIM STATUS			R							Line found: 2220D.STC01-1 must be present.	Line not found: 2220D.STC01-1 must be present.		

Transaction Set ID: 276/277  
ASC X12 005010  
Edits Spreadsheet

Edit Reference	Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	TA1/ 999/ 277	2 T 7 C 6 E R	Disposition / Error Code	Proposed 276 5010 Edits	Outbound Mapping Instructions (Flat file and/or 277) Found Condition	Outbound Mapping Instructions (Flat file and/or 277) Not Found Condition	Triggering Event	Misc. Notes
X212.NA/161.2220D.STC01-1.010	STC01-1	Health Care Claim Status Category Code	AN	1-30	R							Line found: 2220D.STC01-1 must be any valid Health Care Claim Status Code Category, except "R".	Line not found: 2220D.STC01-1 must be "A4".		Valid Health Care Claim Status Code Category reference must be available for this edit.
X212.NA/161.2220D.STC01-2.010	STC01-2	Health Care Claim Status Code	AN	1-30	R							Line found: 2220D.STC01-2 must be present.	Line not found: 2220D.STC01-2 must be present.		
X212.NA/161.2220D.STC01-2.020	STC01-2											Line found: PART A: 2220D.STC01-2 must be "247". Otherwise, 2220D.STC01-2 must be a valid Claim Status Code.	Line not found: PART A: 2220D.STC01-2 must be "247". PARTB & CEDI: 2220D.STC01-2 must be "35".		Valid Claim Status Code reference must be available for this edit.
X212.NA/161.2220D.STC01-3.010	STC01-3	Entity Identifier Code	ID	2-3	S							Line found: 2200D.STC01-3 must be valid values.	Line not found: 2220D.STC01-3 must be valid values.		
X212.NA/161.2220D.STC01-4.010	STC01-4	Code List Qualifier Code	ID	1-3	S							Must not be present.	Must not be present.		277: Companion Guide note needed, not used by Medicare.
X212.NA/161.2220D.STC02.010	STC02	Status Information Effective Date	DT	8-8	R							Line found: 2220D.STC02 must be the date the claim moved to the current location status from the internal system, in CCYYMMDD format.	Line not found: 2220D.STC02 must be the current (system) date, in CCYYMMDD format.		
X212.NA/161.2220D.STC03.010	STC03	Action Code	ID	1-2	N/U							Must not be present.			
X212.NA/161.2220D.STC04.010	STC04	Monetary Amount	R	1-18	N/U							Must not be present.			
X212.NA/161.2220D.STC05.010	STC05	Monetary Amount	R	1-18	N/U							Must not be present.			
X212.NA/161.2220D.STC06.010	STC06	Date	DT	8-8	N/U							Must not be present.			
X212.NA/161.2220D.STC07.010	STC07	Payment Method Code	ID	3-3	N/U							Must not be present.			
X212.NA/161.2220D.STC08.010	STC08	Date	DT	8-8	N/U							Must not be present.			
X212.NA/161.2220D.STC09.010	STC09	Check Number	AN	1-16	N/U							Must not be present.			
X212.NA/161.2220D.STC10.010	STC10	HEALTH CARE CLAIM STATUS			S										
X212.NA/161.2220D.STC10-1.010	STC10-1	Health Care Claim Status Category Code	AN	1-30	R							Line found: 2220D.STC10-1 must be any valid Health Care Claim Status Code Category, except "R".	Line not found: 2220D.STC10-1 must be any valid Health Care Claim Status Code Category, except "R".		Valid Health Care Claim Status Code Category reference must be available for this edit.
X212.NA/161.2220D.STC10-2.010	STC10-2	Health Care Claim Status Code	AN	1-30	R							Line found: 2220D.STC10-2 must be present.	Line found: 2220D.STC10-2 must be present.		
X212.NA/161.2220D.STC10-2.020	STC10-2											Line found: 2220D.STC10-2 must be a valid Claim Status Code.	Line not found: 2220D.STC10-2 must be a valid Claim Status Code.		Valid Claim Status Code reference must be available for this edit.

Transaction Set ID: 276/277  
ASC X12 005010  
Edits Spreadsheet

Edit Reference	Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	TA1/999/277	2 T 7 C 6 E R	Disposition / Error Code	Proposed 276 5010 Edits	Outbound Mapping Instructions (Flat file and/or 277) Found Condition	Outbound Mapping Instructions (Flat file and/or 277) Not Found Condition	Triggering Event	Misc. Notes
X212.NA/161.2220D.STC10-3.010	STC10-3	Entity Identifier Code	ID	2-3	S							Line not found: 2220D.STC10-3 must be valid values.	Line not found: 2220D.STC10-3 must be valid values.		
X212.NA/161.2220D.STC10-4.010	STC10-4	Code List Qualifier Code	ID	1-3	S										277: Companion Guide note needed, not used by Medicare.
X212.NA/161.2220D.STC11.010	STC11	HEALTH CARE CLAIM STATUS			S										
X212.NA/161.2220D.STC11-1.010	STC11-1	Health Care Claim Status Category Code	AN	1-30	R							Line found: 2220D.STC11-1 must be any valid Health Care Claim Status Code Category, except "R".	Line not found: 2220D.STC11-1 must be any valid Health Care Claim Status Code Category, except "R".		Valid Health Care Claim Status Code Category reference must be available for this edit.
X212.NA/161.2220D.STC11-2.010	STC11-2	Health Care Claim Status Code	AN	1-30	R							Line found: 2220D.STC11-2 must be present.	Line not found: 2220D.STC11-2 must be present.		
X212.NA/161.2220D.STC11-2.020	STC11-2											Line found: 2220D.STC11-2 must be a valid Claim Status Code.	Line not found: 2220D.STC11-2 must be a valid Claim Status Code.		Valid Claim Status Code reference must be available for this edit.
X212.NA/161.2220D.STC11-3.010	STC11-3	Entity Identifier Code	ID	2-3	S							Line found: 2220D.STC11-3 must be valid values.	Line not found: 2220D.STC11-3 must be valid values.		
X212.NA/161.2220D.STC11-4.010	STC11-4	Code List Qualifier Code	ID	1-3	S										277: Companion Guide note needed, not used by Medicare.
X212.NA/161.2220D.STC12.010	STC12	Free-Form Message Text	AN	1-264	N/U										
X212.73/171.2210D.REF.010	REF	SERVICE LINE ITEM IDENTIFICATION		1	S	2210D		999	R	IK304 = 5: "Segment Exceeds Maximum Use"	Only 1 iteration of 2210D.REF with REF01 = "FJ" is allowed.	Only 1 iteration of 2220D.REF with REF01 = "FJ" is allowed.			
X212.73/171.2210D..010												2220D.REF with REF01 = "FJ" must be present when Line Item Control number was transmitted on the associated 276 and service level status is being returned.			
X212.73/171.2210D.REF01.010	REF01	Reference Identification Qualifier	ID	2-3	R			999	R	IK403 = 1: "Required Data Element Missing"	2210D.REF01 must be present.	2220D.REF01 must be present.			
X212.73/171.2210D.REF01.020	REF01							999	R	IK403 = 7: "Invalid Code Value"	2210DREF01 must be "FJ".	2220DREF01 must be "FJ".			
X212.73/171.2210D.REF02.010	REF02	Line Item Control Number	AN	1-50	R			999	R	IK403 = 1: "Required Data Element Missing"	2210D.REF02 must be present.	2220D.REF02 must be present.			
X212.73/171.2210D.REF02.020	REF02							277	T	CSC 584: "Line Item Control Number"	2210D.REF02 must be 1 - 50 characters.	2220D.REF02 must be the transmitted value from the associated 276.			
X212.73/171.2210D.REF02.030	REF02							999	R	IK403 = 6: "Invalid Character in Data Element"	2210D.REF02 must be populated with accepted AN characters.				

Transaction Set ID: 276/277  
ASC X12 005010  
Edits Spreadsheet

Edit Reference	Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	TA1/999/277	2 T 7 C 6 E R	Disposition / Error Code	Proposed 276 5010 Edits	Outbound Mapping Instructions (Flat file and/or 277) Found Condition	Outbound Mapping Instructions (Flat file and/or 277) Not Found Condition	Triggering Event	Misc. Notes
X212.73/171.2210D.REF02.040	REF02							999	R	IK403 = 6: "Invalid Character in Data Element"	2210D.REF02 must contain at least one non-space character.				
X212.73/171.2210D.REF03.010	REF03	Description	AN	1-80	N/U			999	R	IK403 = I10: "Implementation "Not Used" Element Present"	Must not be present.	Must not be present.			
X212.73/171.2210D.REF04.010	REF04	Reference Identifier			N/U			999	R	IK403 = I10: "Implementation "Not Used" Element Present"	Must not be present.	Must not be present.			
X212.74/172.2210D.DTP.010	DTP	SERVICE LINE DATE		1	R	2210D		999	R	IK304 = 3: "Required Segment Missing"	2210D.DTP must be present.	2220D.DTP must be present.			
X212.74/172.2210D.DTP.020	DTP							999	R	IK304 = 5: "Segment Exceeds Maximum Use"	Only one iteration of 2210D.DTP are allowed.	Only one iteration of 2220D.DTP are allowed.			
X212.74/172.2210D.DTP01.010	DTP01	Date Time Qualifier	ID	3-3	R			999	R	IK403 = 1: "Required Data Element Missing"	2210D.DTP01 must be present.	2220D.DTP01 must be present.			
X212.74/172.2210D.DTP01.020	DTP01							999	R	IK403 = 7: "Invalid Code Value"	2210D.DTP01 must be "472".	2220D.DTP01 must be "472".			
X212.74/172.2210D.DTP02.010	DTP02	Date Time Period Format Qualifier	ID	2-3	R			999	R	IK403 = 1: "Required Data Element Missing"	2210D.DTP02 must be present.	2220D.DTP02 must be present.			
X212.74/172.2210D.DTP02.020	DTP02							999	R	IK403 = 7: "Invalid Code Value"	2210D.DTP02 must be valid values.	2220D.DTP02 must be the transmitted value from the associated 276.			
X212.74/172.2210D.DTP03.010	DTP03	Service Line Date	AN	1-35	R			999	R	IK403 = 1: "Required Data Element Missing"	2210D.DTP03 must be present.	2220D.DTP03 must be present.			
X212.74/172.2210D.DTP03.020	DTP03							999	R	IK403 = 8: "Invalid Date"	If 2210D.DTP02 = "D8" then 2210D.DTP03 must be a valid date in CCYMMDD format.	2220D.DTP02 must be the transmitted value from the associated 276.			
X212.74/172.2210D.DTP03.030	DTP03							999	R	IK403 = 8: "Invalid Date"	If 2210D.DTP02 = "RD8" then 2210D.DTP03 must be a valid date in CCYMMDD-CCYMMDD format.				
X212.74/172.2210D.DTP03.040	DTP03							277	C	CSC 187: "Date(s) of service"	If 2210D.DTP02 = "RD8" then the 2nd date listed in 2210.DTP03 must be >= the 1st date listed in 2210.DTP03.				
X212.75/173.2200E.Dep Loop.010	Dep Loop	Dependent Loop				2200E	>1	999	R	IK304 = I9 "Implementation Dependent Not Used Segment Present"	Loop must not be present.	Loop must not be present.			04/06: Medicare specific limitation. 276 Companion Guide Note needed.
X212.75/173.2000E.HL.010	HL	DEPENDENT LEVEL		1	S	2000E	1	999	R	IK304 = I9 "Implementation Dependent Not Used Segment Present"	Segment must not be present.	Segment must not be present.			
X212.77/NA.2000E.DMG.010	DMG	DEPENDENT DEMOGRAPHIC INFORMATION		1	R	2000E		999	R	IK304 = I9 "Implementation Dependent Not Used Segment Present"	Segment must not be present.	Segment must not be present.			
X212.79/175.2100E.NM1.010	NM1	DEPENDENT NAME		1	R	2100E	1	999	R	IK304 = I9 "Implementation Dependent Not Used Segment Present"	Segment must not be present.	Segment must not be present.			
X212.81/177.2200E.TRN.010	TRN	Dependent CLAIM STATUS TRACKING NUMBER		1	R	2200E	1	999	R	IK304 = I9 "Implementation Dependent Not Used Segment Present"	Segment must not be present.	Segment must not be present.			

Transaction Set ID: 276/277  
ASC X12 005010  
Edits Spreadsheet

Edit Reference	Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	TA1/ 999/ 277	2 T 7 C 6 E R	Disposition / Error Code	Proposed 276 5010 Edits	Outbound Mapping Instructions (Flat file and/or 277) Found Condition	Outbound Mapping Instructions (Flat file and/or 277) Not Found Condition	Triggering Event	Misc. Notes
X212.82/189.2200E.REF.010	REF	PAYER CLAIM CONTROL NUMBER		1	S	2200E		999	R	IK304 = I9 "Implementation Dependent Not Used Segment Present"	Segment must not be present.	Segment must not be present.			
X212.83/190.2200E.REF.020	REF	INSTITUTIONAL BILL TYPE IDENTIFICATION		1	S	2200E		999	R	IK304 = I9 "Implementation Dependent Not Used Segment Present"	Segment must not be present.	Segment must not be present.			
X212.84/NA.2200E.REF.030	REF	APPLICATION OR LOCATION SYSTEM IDENTIFIER		1	S	2200E		999	R	IK304 = I9 "Implementation Dependent Not Used Segment Present"	Segment must not be present.	Segment must not be present.			
X212.85/NA.2200E.REF.040	REF	GROUP NUMBER		1	S	2200E		999	R	IK304 = I9 "Implementation Dependent Not Used Segment Present"	Segment must not be present.	Segment must not be present.			
X212.86/191.2200E.REF.050	REF	PATIENT ACCOUNT NUMBER		1	S	2200E		999	R	IK304 = I9 "Implementation Dependent Not Used Segment Present"	Segment must not be present.	Segment must not be present.			
X212.87/192.2200E.REF.060	REF	PHARMACY PRESCRIPTION NUMBER		1	S	2200E		999	R	IK304 = I9 "Implementation Dependent Not Used Segment Present"	Segment must not be present.	Segment must not be present.			
X212.88/194.2200E.REF.070	REF	CLAIM ID FOR CLEARINGHOUSES AND OTHER TRANSMISSION INTERMEDIARIES		1	S	2200E		999	R	IK304 = I9 "Implementation Dependent Not Used Segment Present"	Segment must not be present.	Segment must not be present.			
X212.89/NA.2200E.AMT.010	AMT	CLAIM SUBMITTED CHARGES		1	S	2200E		999	R	IK304 = I9 "Implementation Dependent Not Used Segment Present"	Segment must not be present.	Segment must not be present.			
X212.90/195.2200E.DTP.010	DTP	CLAIM SERVICE DATE		1	S	2200E		999	R	IK304 = I9 "Implementation Dependent Not Used Segment Present"	Segment must not be present.	Segment must not be present.			
X212.92/197.2210E.SVC.010	SVC	SERVICE LINE INFORMATION		1	S	2210E	1	999	R	IK304 = I9 "Implementation Dependent Not Used Segment Present"	Segment must not be present.	Segment must not be present.			
X212.96/211.2210E.REF.010	REF	SERVICE LINE ITEM IDENTIFICATION		1	S	2210E		999	R	IK304 = I9 "Implementation Dependent Not Used Segment Present"	Segment must not be present.	Segment must not be present.			
X212.97/212.2210E.DTP.010	DTP	SERVICE LINE DATE		1	R	2210E		999	R	IK304 = I9 "Implementation Dependent Not Used Segment Present"	Segment must not be present.	Segment must not be present.			
X212.98/213..SE.010	SE	TRANSACTION SET TRAILER		1	R			999	R	IK502: 2 "Transaction Set Trailer Missing".	SE must be present.	SE must be present.			
X212.98/213..SE.020	SE							999	R		Only one iteration of SE is allowed.	Only one iteration of SE is allowed.			
X212.98/213..SE01.010	SE01	Transaction Segment Count	NO	1-10	R			999	R	IK502: 4 "Number of Included Segments Does Not Match Actual Count".	SE01 must be present.	SE01 must be present.			
X212.98/213..SE01.020	SE01							999	R	IK502: 4 "Number of Included Segments Does Not Match Actual Count".	SE01 must be numeric.	SE01 must be numeric.			
X212.98/213..SE01.030	SE01							999	R	IK502: 4 "Number of Included Segments Does Not Match Actual Count".	SE01 must equal the transaction segment count.	SE01 must equal the transaction segment count.			

Transaction Set ID: 276/277  
ASC X12 005010  
Edits Spreadsheet

Edit Reference	Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	TA1/999/277	2 T 7 C 6 E R	Disposition / Error Code	Outbound Mapping Instructions		Triggering Event	Misc. Notes
											Proposed 276 5010 Edits	(Flat file and/or 277) Found Condition		
X212.98/213..SE01.040	SE01							999	R	IK502: 4 "Number of Included Segments Does Not Match Actual Count".	SE01 must be > 0.	SE01 must be > 0.		
X212.98/213..SE02.010	SE02	Transaction Set Control Number	AN	4-9	R			999	R	IK502: 3 "Transaction Set Control Number in Header and Trailer Do Not Match".	SE02 must be present.	SE02 must be present.		
X212.98/213..SE02.020	SE02							999	R	IK502: 3 "Transaction Set Control Number in Header and Trailer Do Not Match".	SE02 must = ST02.	SE02 must = ST02.		
X212.C9..GE.010	GE	<b>FUNCTIONAL GROUP TRAILER</b>		1	R		1	999	R	<b>AK905: 3 "Functional Group Trailer Missing"</b>	<b>GE must be present.</b>	<b>GE must be present.</b>		
X212.C9..GE.020	GE										<b>Only one iteration of GE is allowed.</b>	<b>Only one iteration of GE is allowed.</b>		
X212.C9..GE01.010	GE01	Number of Transaction Sets Included	NO	1-6	R			999	R	AK905: 5 "Number of Included Transaction Sets Does Not Match Actual Count".	GE01 must be present.	GE01 must be present.		
X212.C9..GE01.020	GE01							999	R	AK905: 5 "Number of Included Transaction Sets Does Not Match Actual Count".	GE01 must be numeric.	GE01 must be numeric.		
X212.C9..GE01.030	GE01							999	R	AK905: 5 "Number of Included Transaction Sets Does Not Match Actual Count".	GE01 must equal the number of transaction sets included in the functional group.	GE01 must equal the number of transaction sets included in the functional group.		
X212.C9..GE01.040	GE01							999	R	AK905: 5 "Number of Included Transaction Sets Does Not Match Actual Count".	GE01 must be > 0.	GE01 must be > 0.		
X212.C9..GE02.010	GE02	Group Control Number	NO	1-9	R			999	R	AK905: 4 "Group Control Number in the Functional Group Header and Trailer Do Not Agree".	GE02 must be present.	GE02 must be present.		
X212.C9..GE02.020	GE02							999	R	AK905: 4 "Group Control Number in the Functional Group Header and Trailer Do Not Agree".	GE02 must = GS06.	GE02 must = GS06.		
X212.C10..IEA.010	IEA	<b>INTERCHANGE CONTROL TRAILER</b>		1	R		1	TA1	R	<b>TA105: 024 "Invalid Interchange Content"</b> .	<b>IEA must be present.</b>	<b>IEA must be present.</b>		
X212.C10..IEA.020	IEA							TA1	R	<b>TA105: 024 "Invalid Interchange Content"</b> .	<b>Only one iteration of IEA is allowed.</b>	<b>Only one iteration of IEA is allowed.</b>		
X212.C10..IEA01.010	IEA01	Number of Included Functional Groups	NO	1-5	R			TA1	R	TA105: 021 "Invalid Number of Included Groups Value".	IEA01 must be present.	IEA01 must be present.		
X212.C10..IEA01.020	IEA01							TA1	R	TA105: 021 "Invalid Number of Included Groups Value".	IEA01 must be numeric.	IEA01 must be numeric.		
X212.C10..IEA01.030	IEA01							TA1	R	TA105: 021 "Invalid Number of Included Groups Value".	IEA01 must equal the number of functional groups included in the interchange.	IEA01 must equal the number of functional groups included in the interchange.		
X212.C10..IEA01.040	IEA01							TA1	R	TA105: 021 "Invalid Number of Included Groups Value".	IEA01 must be > 0.	IEA01 must be > 0.		
X212.C10..IEA02.010	IEA02	Interchange Control Number	NO	9-9	R			TA1	R	TA105: 001 "The Interchange Control Number in the Header and Trailer Do Not Match".	IEA02 must be present.	IEA02 must be present.		
X212.C10..IEA02.020	IEA02							TA1	R	TA105: 001 "The Interchange Control Number in the Header and Trailer Do Not Match".	IEA02 must = ISA13.	IEA02 must = ISA13.		