| Version EA20131V01 | If alternative formats of the 5010 Edits spreadsheet are required, please use the "Submit Feedback" feature at the bottom of the Technical Documentation web page, from which these documents were downloaded. <br> http://www.cms.gov/MFFS5010D0/20 TechnicalDocumentation.asp |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | $\begin{aligned} & \text { The Data } \\ & \text { ASC X12. } \end{aligned}$ | Interchange Stand Format (c) 2009, |  | sociat <br> re.x1 | on(DIS <br> .org/ | ) hold | a copy | ight on the TR3 docum | ents: | Copyrig | ght (c) 2009, Data Interchang | ge Standards Association on behalf of |  |
| $\begin{gathered} 8371 \\ \text { Edit Reference } \\ \hline \end{gathered}$ | Segment or | Description | ID | $\begin{aligned} & \text { Min. } \\ & \text { Max. } \end{aligned}$ | $\begin{array}{\|c} \text { Usage } \\ \text { Req. } \\ \hline \end{array}$ | Loop | $\begin{gathered} \text { Loop } \\ \text { Repeat } \\ \hline \end{gathered}$ | $\begin{gathered} 5010 \\ \text { Values } \\ \hline \end{gathered}$ | $\begin{array}{\|c} \text { TA1/ } \\ 999 / \\ 277 C A \\ \hline \end{array}$ | $\begin{aligned} & \text { Accept// } \\ & \text { Reject } \end{aligned}$ | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| X223.C3.IISA.010 | ISA | INTERCHANGE CONTROL HEADER |  | 1 | R | - | 1 |  | TA1 | R | TA105 = 024: "Invalid Interchange content". | ISA must be present. |  |
| $\begin{aligned} & \text { X222.C3..ISA. } 015 \\ & \text { edit deactivated } \end{aligned}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.C3.ISA. 015 | ISA |  |  |  |  |  |  |  | TA1 | R | TA105 = 022: "Invalid Control Structure" -OR- | Only one iteration of ISA is allowed. | Contractors are free to choose the edit that best fits their translator |
|  |  |  |  |  |  |  |  |  | TA1 | R | TA105 = 023: "Improper (Premature) End-of-File (Transmission)" | Only one iteration of ISA is allowed. | functionality. |
| X223.C3..ISA. 020 Edit Deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.C3..ISA01.010 | ISA01 | $\begin{array}{\|c\|} \hline \begin{array}{c} \text { Authorization Information } \\ \text { Qualifier } \end{array} \\ \hline \end{array}$ | ID | 2-2 | R |  |  | 00, 03 | TA1 | R | TA105 = 010: "Invalid Authorization Information Qualifier Value". | ISA01 must be present. |  |
| X223.C3..ISA01.020 | ISA01 |  |  |  |  |  |  |  | TA1 | R | TA105 = 010: "Invalid Authorization Information Qualifier Value". | ISA01 must be valid values. |  |
| X223.C3..ISA02.010 | ISA02 | Authorization Information | AN | 10-10 | R |  |  |  | TA1 | R | TA105 = 011: "Invalid Authorization Information Value". | ISA02 must be present. |  |
| X223.C3.ISA02.020 | ISA02 |  |  |  |  |  |  |  | TA1 | R | TA105 = 011: "Invalid Authorization Information Value". | ISA02 must be 10 characters. |  |
| X223.C3..ISA02.030 | ISA02 |  |  |  |  |  |  |  | TA1 | R | TA105 = 011: "Invalid Authorization Information Value". | ISA02 must be populated with accepted AN characters <br> OR <br> ISA02 must be populated with all spaces. |  |
| X223.C3..ISA03.010 | ISA03 | Security Information Qualifier | ID | 2-2 | R |  |  | 00, 01 | TA1 | R | TA105 = 012: "Security Information Qualifier Value". | ISA03 must be present. |  |
| Х223.C3..ISA03.020 | ISA03 |  |  |  |  |  |  |  | TA1 | R | TA105 = $012:$ "Security Information Qualifier Value". | ISA03 must be vaild values. |  |
| X223.C3..ISA04.010 | ISA04 | Security Information | AN | 10-10 | R |  |  |  | TA1 | R | TA105 = 013: "Security Information Value". | ISA04 must be present. |  |
| X223.C3..ISA04.020 | ISA04 |  |  |  |  |  |  |  | TA1 | R | TA105 = 013: "Security Information Value". | ISA04 must be 10 characters. |  |
| X223.C3..ISA04.030 | ISA04 |  |  |  |  |  |  |  | TA1 | R | TA105 = 013: "Security Information Value". | ISA04 must be populated with accepted AN characters <br> OR <br> ISA04 must be populated with all spaces. |  |
| X223.C3..ISA05.010 | ISA05 | Interchange ID Qualifier | ID | 2-2 | R |  |  | $\begin{array}{\|c\|} \hline 01,14,20,27,28,29,30,33, \\ z z \end{array}$ | TA1 | R | TA105 = 005: "Invalid Interchange ID Qualifier for Sender". | ISA05 must be present. |  |
| X223.C3..ISA05.020 | ISA05 |  |  |  |  |  |  |  | TA1 | R | TA105 $=005$ : "Invalid Interchange ID Qualifier for Sender". | ISA05 must be "27", "28" or "ZZ". | Companion Guide Note needed. |
| X223.C3..ISA06.010 | ISA06 | Interchange Sender ID | AN | 15-15 | R |  |  |  | TA1 | R | TA105 = 006: "Invalid Interchange Sender ID". | ISA06 must be present. |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \\ \hline \end{gathered}$ | Segment or Element | Description | ID | $\begin{aligned} & \text { Min. } \\ & \text { Max. } \end{aligned}$ | $\begin{array}{\|c} \hline \text { Usage } \\ \text { Req. } \\ \hline \end{array}$ | Loop | $\begin{aligned} & \text { Loop } \\ & \text { Repeat } \end{aligned}$ | $\begin{gathered} 5010 \\ \text { Values } \\ \hline \end{gathered}$ | $\begin{array}{\|c\|} \hline \text { TA1/ } \\ \text { 999/ } \\ \text { 277CA } \\ \hline \end{array}$ | $\begin{aligned} & \text { Accept/ } \\ & \text { Reject } \end{aligned}$ | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
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| X223.C3..ISA06.020 | ISA06 |  |  |  |  |  |  |  | TA1 | R | TA105 = 006: "Invalid Interchange Sender ID". | ISA06 must be 15 characters. |  |
| X223.C3..ISA06.030 | ISA06 |  |  |  |  |  |  |  | TA1 | R | TA105 = 006: "Invalid Interchange Sender ID". | ISA06 must contain at least one non-space character. |  |
| х223.C3..ISA06.040 | ISA06 |  |  |  |  |  |  |  | TA1 | R | TA105 = 006: "Invalid Interchange Sender ID". | ISA06 must be populated with accepted AN |  |
| X223.C3..ISA07.010 | ISA07 | Interchange ID Qualifier | ID | 2-2 | R |  |  | $\begin{array}{\|c\|} \hline 01,14,20,27,28,29,30,33, \\ z z \\ \hline \end{array}$ | TA1 | R | TA105 = 007: "Invalid Interchange ID | ISA07 must be present. |  |
| X223.C3..ISA07.020 | ISA07 |  |  |  |  |  |  |  | TA1 | R | TA105 = 007: "Invalid Interchange ID | ISA07 must be "27", "28" or "ZZ". | Companion Guide Note needed. |
| X223.C3..ISA08.010 | ISA08 | Interchange Receiver ID | AN | 15-15 | R |  |  |  | TA1 | R | TA105 = 008: "Invalid Interchange Receiver ID". | ISA08 must be present. |  |
| Х223.C3..ISA08.020 | ISA08 |  |  |  |  |  |  |  | TA1 | R | TA105 = 008: "Invalid Interchange Receiver ID". | ISA08 must be 15 characters. |  |
| X223.C3..ISA08.030 | ISA08 |  |  |  |  |  |  |  | TA1 | R | TA105 = 008: "Invalid Interchange Receiver ID". | ISA08 must contain at least one non-space character. |  |
| X223.C3..ISA08.040 | ISA08 |  |  |  |  |  |  |  | TA1 | R | TA105 = 008: "Invalid Interchange Receiver ID": | ISA08 must be populated with accepted AN characters. |  |
| X223.C3..ISA09.010 | ISA09 | Interchange Date | DT | 6-6 | R |  |  |  | TA1 | R | TA105 = 014: "Invalid Interchange Date Value". | ISA09 must be present. |  |
| Х223.C3..ISA09.020 | ISA09 |  |  |  |  |  |  |  | TA1 | R | TA105 = 014 : "Invalid Interchange Date Value". | ISA09 must be a valid date in YYMMDD format. |  |
| X223.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. |  |
| X223.C3..ISA10.010 | ISA10 | Interchange Time | TM | 4-4 | R |  |  | HHMM | TA1 | R | TA105 = 015: "Invalid Interchange Time Value". | ISA10 must be present. |  |
| X223.C3..ISA10.020 | ISA10 |  |  |  |  |  |  |  | TA1 | R | TA105 = 015: "Invalid Interchange Time Value". | ISA10 must be a valid time in HHMM format. |  |
| X223.C3..ISA11.010 | ISA11 | Repetitoon Seperator |  | 1-1 | R |  |  |  | TA1 | R | TA105 = 024: "Invalid Interchange Content". | ISA11 must be present. | 01/20: Companion Guide Note needed. |
| X223.C3..ISA11.020 | ISA11 |  |  |  |  |  |  |  | TA1 | R | TA105 = 024: "Invalid Interchange Content". | ISA11 must be 1 character. |  |
| X223.C3..ISA11.030 | ISA11 |  |  |  |  |  |  |  | TA1 | R | TA105 = 024: "Invalid Interchange Content". | ISA11 must contain at least one non-space character. |  |
| X223.C3..ISA12.010 | ISA12 | Interchange Control Version Number | ID | 5-5 | R |  |  | 00501 | TA1 | R | TA105 = 017: "Invalid Interchange Version ID Value". | ISA12 must be present. |  |
| X223.C3..ISA12.020 | ISA12 |  |  |  |  |  |  |  | TA1 | R | TA105 = 017: "Invalid Interchange Version ID Value". | ISA12 must be "00501". |  |
| X223.C3..ISA13.010 | ISA13 | $\begin{gathered} \hline \text { Interchange Control } \\ \text { Number } \\ \hline \end{gathered}$ | N0 | 9-9 | R |  |  |  | TA1 | R | $\begin{aligned} & \text { TA105 = 018: "Invalid Interchange } \\ & \text { Conrol Number Value". } \end{aligned}$ | ISA13 must be present. |  |
| X223.C3..ISA13.020 | ISA13 |  |  |  |  |  |  |  | TA1 | R | $\begin{aligned} & \text { TA105 = 018: "Invalid Interchange } \\ & \text { Conrol Number Value". } \end{aligned}$ | ISA13 must be numeric. |  |
| X223.C3..ISA13.030 | ISA13 |  |  |  |  |  |  |  | TA1 | R | TA105 = 018: "Invalid Interchange Conrol Number Value". | ISA13 must be 9 characters. |  |
| X223.C3..ISA13.040 | ISA13 |  |  |  |  |  |  |  | TA1 | R | TA105 = 018: "Invalid Interchange Conrol Number Value". | ISA13 must be > 0 . |  |
| X223.C3..ISA13.050 | ISA13 |  |  |  |  |  |  |  | TA1 | R | TA105 = 018: "Invalid Interchange Conrol Number Value". | ISA13 must be unsigned. |  |
| X223.C3..ISA14.010 | ISA14 | Acknowledgement | ID | 1-1 | R |  |  | 0, 1 | TA1 | R | $\begin{aligned} & \text { TA105 = 019: "Invalid } \\ & \text { Acknowledgment Requested Value". } \end{aligned}$ | ISA14 must be present. |  |
| X223.C3..ISA14.020 | ISA14 |  |  |  |  |  |  |  | TA1 | R | TA105 = 019: "Invalid Acknowledgment Requested Value" | ISA14 must be valid values. |  |
| X223.C3..ISA15.010 | ISA15 | Usage Indicator | ID | 1-1 | R |  |  | P, T | TA1 | R | TA105 = 020: "Invalid Test Indicator Value". | ISA15 must be present. |  |
| X223.C3..ISA15.020 | ISA15 |  |  |  |  |  |  |  | TA1 | R | TA105 = 020: "Invalid Test Indicator Value". | 1 ISA15 must be valid values. |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \\ \hline \end{gathered}$ | Segment or | Description | ID | $\begin{aligned} & \text { Min. } \\ & \text { Max. } \end{aligned}$ | $\begin{array}{\|c} \text { Usage } \\ \text { Req. } \\ \hline \end{array}$ | Loop | $\begin{aligned} & \text { Loop } \\ & \text { Repeat } \\ & \hline \end{aligned}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\begin{gathered} \text { TA1// } \\ \text { T99/ } \\ 277 C A \end{gathered}$ | Accept/ Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
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| X223.C3.IISA16.010 | ISA16 | Component Element Separator |  | 1-1 | R |  |  |  | TA1 | R | TA105 = 027: "Invalid Component | ISA16 must be present. |  |
| X223.C3..ISA16.020 | ISA16 |  |  |  |  |  |  |  | TA1 | R | TA105 = 027: "Invalid Component Element Separator" | ISA16 must be 1 character |  |
| X223.C3..ISA16.030 | ISA16 |  |  |  |  |  |  |  | TA1 | R | TA105 = 027: "Invalid Component Element Separator" | ISA16 must contain at least one non-space character. |  |
| $\begin{array}{\|l} \begin{array}{l} \text { X223.C3..ISA16.040 } \\ \text { (edit deactivated) } \end{array} \\ \hline \end{array}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Gs | Functional Groups |  |  |  |  | $>1$ |  |  |  |  |  |  |
| X223.C7..GS. 010 | GS | FUNCTIONAL GROUP HEADER |  | 1 | R | - | 1 |  | TA1 | R | TA105 = 024: "Invalid Interchange Content". | GS must be present. |  |
| X223.C7..GS. 020 | Gs |  |  |  |  |  |  |  | 999 | R | AK905: 1 "Functional Group Not Supported". | Only one iteration of GS is allowed. |  |
| X223.C7..GS01.010 | GS01 | Functional Identifier Code | ID | 2-2 | R |  |  | HC | 999 | R | AK905: 1 "Functional Group Not Supported" | GS01 must be present. |  |
| X223.C7..GS01.020 | GS01 |  |  |  |  |  |  |  | 999 | R | AK905: 1 "Functional Group Not Supported". | GS01 must be "HC". |  |
| X223.C7..GS02.010 | GS02 | Application Sender Code | AN | 2-15 | R |  |  |  | 999 | R | AK905: 14 "Unknown Security Oriainator". | GS02 must be present. |  |
| X223.C7..GS02.020 | GS02 |  |  |  |  |  |  |  | 999 | R | AK905: 14 "Unknown Security | GS02 must be 2-15 characters. |  |
| X223.C7..GS02.030 | GS02 |  |  |  |  |  |  |  | 999 | R | AK905: 14 "Unknown Security | GS02 must contain at least two non-space characters. |  |
| X223.C7..GS02.040 | GS02 |  |  |  |  |  |  |  | 999 | R | AK905: 14 "Unknown Security Originator" | GSO2 must be populated with accepted AN characters. |  |
| X223.C7..GS03.010 | GS03 | Application Receiver Code | AN | 2-15 | R |  |  |  | 999 | R | AK905: 13 "Unknown Security Recipient". | GS03 must be present. |  |
| X223.C7..GS03.020 | GS03 |  |  |  |  |  |  |  | 999 | R | AK905: 13 "Unknown Security Recipient". | GS03 must be 2-15 characters. |  |
| X223.C7..GS03.030 | GS03 |  |  |  |  |  |  |  | 999 | R | AK9005: 13 "Unknown Security Recipient". | GS03 must contain at least two non-space characters. |  |
| X223.C7..GS03.040 | GS03 |  |  |  |  |  |  |  | 999 | R | AK905: 13 "Unknown Security Recipient". | GS03 must be populated with accepted AN characters. |  |
| X223.C7..GS04.010 | GS04 | Date | DT | 8-8 | R |  |  | CCYYMMDD | TA1 | R | TA105 = 024: "Invalid Interchange Content". | GS04 must be present. |  |
| X223.C7..GS04.020 | GS04 |  |  |  |  |  |  |  | TA1 | R | TA105 = 024: "Invalid Interchange Content". | GS04 must be a valid date in CCYYMMDD format. |  |
| X223.C7..GS04.030 | GS04 |  |  |  |  |  |  |  | TA1 | R | $\begin{aligned} & \text { TA105 = 024: "Invalid Interchange } \\ & \text { Content". } \end{aligned}$ | GS04 must be the date the functional group is created; must not be a future date. |  |
| X223.C7..GS05.010 | GS05 | Time | тм | 4-8 | R |  |  | HHMM, HHMMSS, HHMMSSD, HHMMSSDD | TA1 | R | TA105 = 024: "Invalid Interchange Content". | GS05 must be present. |  |
| X223.C7..GS05.020 | GS05 |  |  |  |  |  |  |  | TA1 | R | TA105 = 024: "Invalid Interchange Content". | GS05 must be a valid time in a valid format. |  |
| X223.C7..GS06.010 | GS06 | Group Control Number | No | 1-9 | R |  |  |  | 999 | R | AK905: 6 "Group Control Number Violates Syntax". | GS06 must be present. |  |
| X223.C7..GS06.020 | GS06 |  |  |  |  |  |  |  | 999 | R | AK905: 6 "Group Control Number Violates Syntax". | GS06 must be numeric. |  |
| X223.C7..GS06.030 | GS06 |  |  |  |  |  |  |  | 999 | R | AK905: 6 "Group Control Number Violates Syntax". | GS06 must be > 0 . |  |
| X223.C7..GS06.040 | GS06 |  |  |  |  |  |  |  | 999 | R | AK905: 6 "Group Control Number Violates Syntax". | GS06 must be < =999,999,999. |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \\ \hline \end{gathered}$ | Segment or Element | Description | ID | $\begin{aligned} & \text { Min. } \\ & \text { Max. } \end{aligned}$ | $\begin{array}{\|c} \text { Usage } \\ \text { Req. } \end{array}$ | Loop | $\begin{aligned} & \text { Loop } \\ & \text { Repeat } \\ & \hline \end{aligned}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\begin{array}{\|c\|} \text { TA1// } \\ \text { 999/ } \\ \text { 277CA } \end{array}$ | Accept/ Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.C7..GS06.050 | GS06 |  |  |  |  |  |  |  | 999 | R | AK905: 19 "Functional Group Control Number not Unique within Interchange. | GS06 must be unique within the interchange. |  |
| X223.C7..GS06.055 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.C7..GS07.010 | GS07 | Responsible Agency Code | ID | 1-2 | R |  |  | X | TA1 | R | TA105 = 024: "Invalid Interchange Content". | GS07 must be present. |  |
| X223.C7..GS07.020 | GS07 |  |  |  |  |  |  |  | TA1 | R | TA105 = 024: "Invalid Interchange Content". | GS07 must be "X". |  |
| X223A2.41..GS08.010 | GS08 | Version Identifier Code | AN | 1-12 | R |  |  | 005010x223A2 | 999 | R | AK905: 2 "Functional Group Version Not Supported" | GS08 must be present. |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223A2.41..GS08.020 | GS08 |  |  |  |  |  |  |  | 999 | R | AK905: 2 "Functional Group Version Not Supported" | GS08 must be "005010X223A2". |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | ST | Transaction Sets |  |  |  |  | >1 |  |  |  |  |  |  |
| X223.067..ST.010 | ST | TRANSACTION SET HEADER |  | 1 | R | - | >1 |  | 999 | R | IK502 = 6: "Missing or Invalid Transaction Set Identifier". | ST must be present. |  |
| X223.067..ST. 020 | st |  |  |  |  |  |  |  | 999 | R | IK502 = 1: "Transaction Set Not Supported" <br> OR <br> AK905 = 5: "Number Included Transaction Sets Does Not Match Actual Count" <br> OR <br> IK502 = 6: "Missing or Invalid Transaction Set Identifier" <br> OR <br> IK502 = 15: "Implementation One or More Segments in Error" | Only one iteration of ST is allowed. | This error means there can't be more than one ST segment in this set, not that there can't be more than 1 within the GS. |
| X223.067..ST01.010 | ST01 | Transaction Set Identifier Code | ID | 3-3 | R |  |  | 837 | 999 | R | IK502 = 6: "Missing or Invalid Transaction Set Identifier". | ST01 must be present. |  |
| X223.067..ST01.020 | ST01 |  |  |  |  |  |  |  | 999 | R | IK502 = 6: "Missing or Invalid Transaction Set Identifier". | ST01 must be "837". |  |
| X223.067..ST02.010 | ST02 | $\underset{\text { Transaction Set Control }}{\text { Number }}$ | AN | $4-9$ | R |  |  |  | 999 | R | $\begin{aligned} & \text { IK502 = 7: "Missing or Invalid } \\ & \text { Transaction Set Control Number". } \end{aligned}$ | ST02 must be present. |  |
| X223.067..ST02.020 | ST02 |  |  |  |  |  |  |  | 999 | R | IK502 = 7: "Missing or Invalid Transaction Set Control Number". | ST02 must be 4-9 characters. |  |
| X223.067..ST02.030 | ST02 |  |  |  |  |  |  |  | 999 | R | \|K502 = 7: "Missing or Invalid Transaction Set Control Number". | ST02 must contain at least four non-space characters. |  |
| X223.067..ST02.040 | ST02 |  |  |  |  |  |  |  | 999 | R | IK502 = 7: "Missing or Invalid Transaction Set Control Number". | ST02 must be populated with accepted AN characters. |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | Segment or | Description | ID | $\begin{aligned} & \text { Min. } \\ & \text { } \end{aligned}$ | $\begin{array}{\|c\|} \hline \text { Usage } \\ \text { Req. } \end{array}$ | Loop | $\begin{aligned} & \text { Loop } \\ & \text { Repeat } \end{aligned}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\left\|\begin{array}{c} \text { TA1/ } \\ \text { 999/ } \\ 277 \mathrm{CA} \end{array}\right\|$ | Accept Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.067..ST02.050 | ST02 |  |  |  |  |  |  |  | 999 | R | IK502 = 23: "Transaction Set Control Number Not Unique within the Functional Group". | STO2 must be a unique number within the functional group. |  |
| X223A2.14..ST03.010 | ST03 | Version, Release, or Industry Identifier | AN | 1-35 | R |  |  | 005010X223A2 | 999 | R | \|K502 = 16: "Implementation Convention Not Supported" | ST03 must be present. |  |
| X223A1.11..ST03.010 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223A2.14..ST03.020 | ST03 |  |  |  |  |  |  |  | 999 | R | IK502 = 19: "Invalid Transaction Set Implementation Convention reference" | ST03 must be "005010X223A2". |  |
| $\begin{array}{\|l} \hline \text { X223.067..ST03.020 } \\ \text { edit deactivated } \\ \hline \end{array}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.068..ВНT. 010 | BHT | BEGINNING OF HIERARCHICAL TRANSACTION |  | 1 | R | - | 1 |  | 999 | R | IK304 = 3: "Required Segment Missing" | BHT must be present. |  |
| X223.068..ВНT. 020 | BHT |  |  |  |  |  |  |  | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only iteration of BHT is allowed. |  |
| X223.068..BHT01.010 | BHT01 | $\begin{aligned} & \hline \text { Hierarchical Structure } \\ & \text { Code } \end{aligned}$ | ID | $4-4$ | R |  |  | 0019 | 999 | R | IK403 = 1: "Required Data Element Missina" Missing" | BHT01 must be present. |  |
| X223.068..BHT01.020 | BHT01 |  |  |  |  |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | BHT01 must be "019". |  |
| Х223.068..ВНT02.010 | BHT02 | Transaction Set Purpose Code | ID | 2-2 | R |  |  | 00, 18 | 999 | R | \|K403 = 1: "Required Data Element Missing" | BHTO2 must be present. |  |
| Х223.068..BHT02.020 | BHT02 |  |  |  |  |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | BHT02 must be valid values. |  |
| X223.068..ВНT03.010 | BHT03 | Originator Application Transaction ID | AN | 1-30 | R |  |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" | BHT03 must be present. |  |
| х223.068..ВНТо3.020 | в ${ }^{\text {¢ }}$ 03 |  |  |  |  |  |  |  | 999 | R | IK403 = 5: "Data Element Too Long" | BHT03 must be 1-30 characters. |  |
| Х223.068..ВНT03.030 | BHT03 |  |  |  |  |  |  |  | 999 | R | 1K403 = 6: "Invalid Character in Data Element" | BHT03 must be populated with accepted AN characters. |  |
| X223.068..BHT04.010 | BHT04 | Transaction Set Creation Date | DT | 8-8 | R |  |  | CCYYMMDD | 999 | R | IK403 = 1: "Required Data Element Missing" | BHT04 must be present. |  |
| Х223.068..ВНT04.020 | BHT04 |  |  |  |  |  |  |  | 999 | R | IK403 = 8: "Invalid Date" | BHT04 must be a valid date in CCYYMMDD format. |  |
| X223.068..BHT05.010 | BHT05 | Transaction Set Creation Time | тм | 4.8 | R |  |  | $\begin{gathered} \text { HHMM, HHMMSS, } \\ \text { HHMMSSD, HHMMSSDD } \\ \hline \end{gathered}$ | 999 | R | IK403 = 1: "Required Data Element Missing" | BHT05 must be present. |  |
| Х223.068..ВНT05.020 | BHT05 |  |  |  |  |  |  |  | 999 | R | \|K403 = 9: "Invalid Time" | BHT05 must be a valid time in a valid time format. |  |
| Х223.068..BHT06.010 | BHT06 | Claim or Encounter ID | ID | 2-2 | R |  |  | 31, CH, RP | 999 | R | IK403 = 1: "Required Data Element Missing" | BHT06 must be present. |  |
| х223.068..ВНT06.020 | BHT06 |  |  |  |  |  |  |  | 999 | R | IK403 = 7: "Invalid Code Value" | BHT06 must be"CH". |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.071.1000A.010 |  | SUBMITTER NAME LOOP |  | 1 | R | 1000A | 1 |  | 999 | R | $\begin{aligned} & \text { IK304 = 4: "Loop Occurs Over } \\ & \text { Maximum Times" } \end{aligned}$ | Only one iteration of 1000A is allowed. |  |
| X223.071.1000A.NM1.010 | NM1 | SUBMITTER NAME |  |  |  |  |  |  | 999 | R | IK304 = 3: "Required Segment Missing" | 1000A.NM1 must be present. |  |
| X223.071.1000A.NM101.010 | NM101 | Entity Identifier Code | ID | 2-3 | R |  |  | 41 | 999 | R | \|K403 = 1: "Required Data Element Missing" | 1000A.NM101 must be present. |  |
| X223.071.1000A.NM101.020 | NM101 |  |  |  |  |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 1000A.NM101 must be "41". |  |
| X223.071.1000A.NM102.010 | NM102 | Entity Type Qualifier | ID | 1-1 | R |  |  | 1,2 | 999 | R | IK403 = 1: "Required Data Element Missing" | 1000A.NM102 must be present. |  |
| X223.071.1000A.NM102.020 | NM102 |  |  |  |  |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 1000A.NM102 must be valid values. |  |
| X223.071.1000A.NM103.010 | NM103 | Submitter Last or Organization Name | AN | $1-60$ | R |  |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 1000A.NM103 must be present. |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \\ \hline \end{gathered}$ | Segment or Element | Description | ID | $\begin{aligned} & \text { Min. } \\ & \text { Max. } \end{aligned}$ | $\begin{gathered} \text { Usage } \\ \text { Req. } \end{gathered}$ | Loop | Loop Repeat | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\begin{array}{\|c\|} \hline \text { TA1/ } \\ \text { 999/ } \\ \text { 277CA } \\ \hline \end{array}$ | Accept | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.071.1000A.NM103.020 | NM103 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 1000A.NM103 must contain at least one non-space |  |
| X223.071.1000A.NM103.030 | NM103 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 1000A.NM103 must be populated with accepted AN |  |
| $\begin{aligned} & \text { X223.071.1000A.NM103.040 } \\ & \text { edit deactivated } \\ & \hline \end{aligned}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.071.1000A.NM103.050 | NM103 |  |  |  |  |  |  |  | 999 | R | 1K403 = 5: "Data Element Too Long" | 1000A.NM103 must be 1-60 characters. |  |
| X223.071.1000A.NM103.060 <br> edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.071.1000A.NM104.010 | NM104 | Submitter First Name | AN | 1-35 | s |  |  |  | 999 | R | \|K403 = |13: "Implementation Dependent 'not used' Data Element Present" | If 1000A.NM102 is " 2 ", 1000A.NM104 must not be present. |  |
| X223.071.1000A.NM104.020 <br> edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.071.1000A.NM104.030 | NM104 |  |  |  |  |  |  |  | 999 | R | 1K403 = 5: "Data Element Too Long" | 1000A.NM104 must be $1-35$ characters. |  |
| $\begin{array}{\|l} \hline \text { X223.071.1000A.NM104.040 } \\ \text { edit deactivated } \\ \hline \end{array}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.071.1000A.NM104.050 | NM104 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data | 1000A.NM104 must contain at least one non-space character. |  |
| X223.071.1000A.NM104.060 | NM104 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data | 1000A.NM104 must be populated with accepted AN characters. |  |
| $\begin{array}{\|l} \hline \begin{array}{l} \text { X223.071.1000A.NM104.070 } \\ \text { edit deactivated } \end{array} \\ \hline \end{array}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.071.1000A.NM105.010 | NM105 | Submitter Middle Name | AN | 1-25 | S |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 1000A.NM105 must contain at least one non-space character. |  |
| X223.071.1000A.NM105.020 | NM105 |  |  |  |  |  |  |  | 999 | R | \|1403 = 113: "Implementation Dependent 'not used' Data Element Present" | If 1000A.NM102 is "2", 1000A.NM105 must not be present. |  |
| $\begin{array}{\|l} \hline \text { X223.071.1000A.NM105.030 } \\ \text { edit deactivated } \\ \hline \end{array}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.071.1000A.NM105.040 | NM105 |  |  |  |  |  |  |  | 999 | R | 1K403 = 5: "Data Element Too Long" | 1000A.NM105 must be 1-25 characters. |  |
| X223.071.1000A.NM105.050 <br> edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.071.1000A.NM105.060 | NM105 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 1000A.NM105 must be populated with accepted AN characters. |  |
| X223.071.1000A.NM105.070 <br> edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.071.1000A.NM106.010 | NM106 | Name Prefix | AN | 1-10 | NU |  |  |  | 999 | E | IK403 = I10: "Implementation "Not | Must not be present. |  |
| X223.071.1000A.NM107.010 | NM107 | Name Suffix | AN | 1-10 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.071.1000A.NM108.010 | NM108 | $\begin{aligned} & \text { Identification Code } \\ & \text { Qualifier } \end{aligned}$ | ID | 1-2 | R |  |  | 46 | 999 | R | \|K403 = 1: "Required Data Element Missing" | 1000A.NM108 must be present. |  |
| X223.071.1000A.NM108.020 | NM108 |  |  |  |  |  |  |  | 999 | R | \|1403 = 7: "Invalid Code Value" | 1000A.NM108 must be "46". |  |
| X223.071.1000A.NM109.010 | NM109 | Submitter Identifier | AN | 2-80 | R |  |  |  | 999 | R | \|K403 = 1: "Required Data Element Missina" | 1000A.NM109 must be present. |  |
| X223.071.1000A.NM109.020 | NM109 |  |  |  |  |  |  |  | 999 | R | $\begin{aligned} & \begin{array}{l} \text { IK403 = 6: "Invalid Character in Data } \\ \text { Element" } \end{array} \\ & \hline \end{aligned}$ | 1000A.NM109 must contain at least two non-space characters. |  |
| X223.071.1000A.NM109.030 | NM109 |  |  |  |  |  |  |  | 999 | R | IK403 = 4: "Data Element Too Short" IK403 = 5: "Data Element Too Long" | 1000A.NM109 must be $2-80$ characters. |  |
| X223.071.1000A.NM109.040 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | $\underset{\text { Element or }}{\text { Sent }}$ | Description | ID | Min. Max. | $\begin{array}{\|c\|} \text { Usage } \\ \text { Req. } \end{array}$ | Loop | $\begin{aligned} & \text { Loop } \\ & \text { Repeat } \end{aligned}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\begin{gathered} \text { TA1// } \\ \text { 999/ } \\ 277 \mathrm{CA} \end{gathered}$ | Accept Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.071.1000A.NM109.050 | NM109 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 1000A.NM109 must be populated with accepted AN characters. |  |
| $\begin{array}{\|l} \hline \begin{array}{l} \text { X223.071.1000A.NM109.060 } \\ \text { edit deactivated } \end{array} \\ \hline \end{array}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.071.1000A.NM109.070 | NM109 |  |  |  |  |  |  |  | 999 | R | \|K403 = I12: "Implementation Pattern Match Failure" | 1000A.NM109 must be an approved electronic submitter. |  |
| X223.071.1000A.NM110.010 | NM110 | Entity Relationship Code | ID | 2-2 | NU |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.071.1000A.NM111.010 | NM111 | Entity Identifier Code | ID | 2-3 | N/U |  |  |  | 999 | E | 1K403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.071.1000A.NM112.010 | NM112 | $\begin{array}{c}\text { Name Last or Organization } \\ \text { Name }\end{array}$ | AN | 1-60 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.073.1000A.PER. 010 | PER | SUBMITTER EDI CONTACT INFORMATION |  | 2 | R | 1000A |  |  | 999 | R | IK304 = 3: "Required Segment Missing" | 1000A.PER must be present. |  |
| X223.073.1000A.PER.020 | PER |  |  |  |  |  |  |  | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only two iterations of 1000A.PER are allowed. |  |
| X223.073.1000A.PER01.010 | PER01 | Contact Function Code | ID | 2-2 | R |  |  | IC | 999 | R | IK403 = 1: "Required Data Element Missing" | 1000A.PER01 must be present. |  |
| X223.073.1000A.PER01.020 | PER01 |  |  |  |  |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 1000A.PER01 must be "IC". |  |
| X223.073.1000A.PER02.010 | PERO2 | Submitter Contact Name | AN | 1-60 | S |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 1000A.PER02 must contain at least one non-space character. |  |
| X223.073.1000A.PER02.020 | PERO2 |  |  |  |  |  |  |  | 999 | R | \|K403 = I12: "Implementation Pattern Match Failure" | For the 1st 1000A.PER transmitted, 1000A.PER02 must not $=1000$ A. NM 103 . |  |
| X223.073.1000A.PER02.030 <br> edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.073.1000A.PER02.040 | PERO2 |  |  |  |  |  |  |  | 999 | R | 1K403 = I13: "Implementation Dependent 'not used' Data Element Present" | For the 2nd 1000A.PER transmitted, 1000A.PER02 must not be present. |  |
| $\begin{aligned} & \text { X223.073.1000A.PER02.050 } \\ & \text { edit deactivated } \\ & \hline \end{aligned}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.073.1000A.PER02.060 | PER02 |  |  |  |  |  |  |  | 999 | R | 1K403 = 5: "Data Element Too Long" | 1000A.PER02 must be 1-60 characters. |  |
| X223.073.1000A.PER02.070 <br> edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.073.1000A.PER02.080 | PER02 |  |  |  |  |  |  |  | 999 | R | 1K403 = 6: "Invalid Character in Data Element" | 1000A.PER02 must be populated with accepted AN characters. |  |
| X223.073.1000A.PER02.090 <br> edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.073.1000A.PER03.010 | PER03 | Communication Number Qualifier | ID | 2-2 | R |  |  | EM, FX. TE | 999 | R | 1K403 = 1: "Required Data Element Missing" | 1000A.PER03 must be present. |  |
| X223.073.1000A.PER03.020 | PER03 |  |  |  |  |  |  |  | 999 | R | IK403 = 7: "Invalid Code Value" | 1000A.PER03 must be valid values. |  |
| X223.073.1000A.PER04.010 | PER04 | Communication Number | AN | 1-256 | R |  |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 1000A. PER04 must be present. |  |
| X223.073.1000A.PER04.020 | PER04 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 1000A.PER04 must contain at least one non-space character. |  |
| X223.073.1000A.PER04.030 | PER04 |  |  |  |  |  |  |  | 999 | R | \|K403 = 5: "Data Element Too Long" | 1000A.PER04 must be 1-256 characters. |  |
| $\begin{aligned} & \text { X223.073.1000A.PER04.040 } \\ & \text { edit deactivated } \\ & \hline \end{aligned}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.073.1000A.PER04.050 | PER04 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 1000A.PER04 must be populated with accepted AN characters. |  |
| X223.073.1000A.PER04.060 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | $\underset{\text { Element or }}{\text { Sent }}$ | Description | ID | Min. Max. | $\begin{array}{\|c} \text { Usage } \\ \text { Req. } \\ \hline \end{array}$ | Loop | $\begin{aligned} & \text { Loop } \\ & \text { Repeat } \end{aligned}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\begin{gathered} \text { TA1// } \\ \text { 999/ } \\ 277 \mathrm{CA} \end{gathered}$ | Accept Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.073.1000A.PER04.070 | PER04 |  |  |  |  |  |  |  | 277 | T | CSCC A7: <br> "Acknowledgement/Rejected for Invalid Information..." <br> CSC 127: "Entity's Communication Number" <br> EIC: 41 "Submitter" | 1000A.PER04 must be populated with exactly ten numeric characters when 1000A.PER03 equals TE or FX. |  |
| X223.073.1000A.PER05.010 | PER05 | Communication Number Qualifier | ID | 2-2 | s |  |  | EM, EX, FX, TE | 999 | R | $1 \mathrm{~K} 403=7$ : "Invalid Code Value" | 1000A.PER05 must be valid values. |  |
| X223.073.1000A.PER05.020 | PER05 |  |  |  |  |  |  |  | 999 | R | 1 1403 = 7: "Invalid Code Value" | If 1000A.PER05 is "EX", 1000A.PER03 must be "TE". |  |
| X223.073.1000A.PER06.010 | PER06 | Communication Number | AN | 1-256 | s |  |  |  | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | If 1000A.PER06 is present, 1000A.PER05 must be present. |  |
| X223.073.1000A.PER06.020 | PER06 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 1000A.PER06 must contain at least one non-space character. |  |
| X223.073.1000A.PER06.030 | PER06 |  |  |  |  |  |  |  | 999 | R | \|K403 = 5: "Data Element Too Long" | 1000A.PER06 must be 1-256 characters. |  |
| X223.073.1000A.PER06.040 <br> edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.073.1000A.PER06.050 | PER06 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 1000A.PER06 must be populated with accepted AN characters. |  |
| X223.073.1000A.PER06.060 <br> edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.073.1000A.PER06.070 | PER06 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 127: "Entity's Communication Number" EIC: 41 "Submitter" | 1000A.PER06 must be populated with exactly ten numeric characters when 1000A.PER05 equals TE or FX. |  |
| X223.073.1000A.PER07.010 | PER07 | Communication Number Qualifier | ID | 2-2 | S |  |  | EM, EX, FX, TE | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | If 1000A.PER07 is present, 1000A.PER05 must be present. |  |
| X223.073.1000A.PER07.020 | PER07 |  |  |  |  |  |  |  | 999 | R | 1 K 403 = 7: "Invalid Code Value" | 1000A.PER07 must be valid values. |  |
| X223.073.1000A.PER07.030 | PER07 |  |  |  |  |  |  |  | 999 | R | $11403=7$ : "Invalid Code Value" | If 1000A.PER07 is "EX", 1000A.PER05 must be "TE". |  |
| X223.073.1000A.PER08.010 | PER08 | Communication Number | AN | 1-256 | s |  |  |  | 999 | R | \|K403 = 2: "Conditional Required Data Element Missing" | If 1000A.PER08 is present, 1000A.PER07 must be present. |  |
| X223.073.1000A.PER08.020 | PER08 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 1000A.PER08 must contain at least one non-space |  |
| X223.073.1000A.PER08.030 | PER08 |  |  |  |  |  |  |  | 999 | R | IK403 = 5: "Data Element Too Long" | 1000A.PER08 must be 1-256 characters. |  |
| X223.073.1000A.PER08.040 <br> edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.073.1000A.PER08.050 | PER08 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 1000A.PER08 must be populated with accepted AN characters. |  |
| X223.073.1000A.PER08.060 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.073.1000A.PER08.070 | PER08 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 127: "Entity's Communication Number" EIC: 41 "Submitter" | 1000A.PER08 must be populated with exactly ten numeric characters when 1000A.PER07 equals TE or FX. |  |
| X223.073.1000A.PER09.010 | PER09 | Contact Inquiry Reference | AN | 1-20 | NU |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \\ & \hline \end{aligned}$ | Must not be present. |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.076.1000B.010 |  | RECEIVER NAME LOOP |  | 1 | R | 1000B | 1 |  | 999 | R | IK304 = 4: "Loop Occurs Over | Only one iteration of 10008 is allowed. |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | $\underset{\text { Element or }}{\text { Sent }}$ | Description | ID | Min. Max. | $\begin{array}{\|c} \text { Usage } \\ \text { Req. } \end{array}$ | Loop | $\begin{aligned} & \text { Loop } \\ & \text { Repeat } \end{aligned}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\begin{gathered} \text { TA1// } \\ \text { 999/ } \\ 277 \mathrm{CA} \end{gathered}$ | Accept/ Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.076.1000B.NM1.010 | NM1 | RECEIVER NAME |  |  |  |  |  |  | 999 | R | IK304 = 3: "Required Segment Missing" | 1000B.NM1 must be present. |  |
| X223.076.1000B.NM101.010 | NM101 | Entity Identifier Code | ID | 2-3 | R |  |  | 40 | 999 | R | IK403 = 1: "Required Data Element Missing" | 1000B.NM101 must be present. |  |
| X223.076.1000B.NM101.020 | NM101 |  |  |  |  |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 1000B.NM101 must be "40". |  |
| X223.076.1000B.NM102.010 | NM102 | Entity Type Qualifier | ID | 1-1 | R |  |  | 2 | 999 | R | IK403 = 1: "Required Data Element Missing" | 1000B.NM102 must be present. |  |
| X223.076.1000B.NM102.020 | NM102 |  |  |  |  |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 1000B.NM102 must be "2". |  |
| X223.076.1000B.NM103.010 | NM103 | Receiver Name | AN | 1-60 | R |  |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 1000B.NM103 must be present. |  |
| X223.076.1000B.NM103.020 | NM103 |  |  |  |  |  |  |  | 999 | R | \|K403 = 5: "Data Element Too Long" | 1000B.NM103 must be 1-60 characters. |  |
| X223.076.1000B.NM103.030 | NM103 |  |  |  |  |  |  |  | 999 | R | \|K403 = 6: "Invalid Character in Data Element" | 1000B.NM103 must be popoulated with accepted AN characters. |  |
| X223.076.1000B.NM103.040 | NM103 |  |  |  |  |  |  |  | 999 | R | 1K403 = 6: "Invalid Character in Data Element" | 1000B.NM103 must contain at least one non-space character. |  |
| X223.076.1000B.NM104.010 | NM104 | Name First | AN | 1-35 | N/U |  |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.076.1000B.NM105.010 | NM105 | Name Middle | AN | 1-25 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| Х223.076.1000B.NM106.010 | NM106 | Name Prefix | AN | 1-10 | N/U |  |  |  | 999 | E | IK403 = 110 : "Implementation "Not Used" Element Present" | Must not be present. |  |
| Х223.076.1000B.NM107.010 | NM107 | Name Suffix | AN | 1-10 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.076.1000B.NM108.010 | NM108 | $\begin{aligned} & \text { Identification Code } \\ & \text { Qualifier } \end{aligned}$ | ID | 1-2 | R |  |  | 46 | 999 | R | IK403 = 1: "Required Data Element Missing" | 1000B.NM108 must be present. |  |
| X223.076.1000B.NM108.020 | NM108 |  |  |  |  |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 1000B.NM108 must be "46". |  |
| X223.076.1000B.NM109.010 | NM109 | Receiver Primary Identifier | AN | 2-80 | R |  |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 1000B.NM109 must be present. |  |
| X223.076.1000B.NM109.020 | NM109 |  |  |  |  |  |  |  | 999 | R | 1K403 = I12: "Implementation Pattern Match Failure" | 1000B.NM109 must be [contractor put receiver code herel. |  |
| X223.076.1000B.NM110.010 | NM110 | Entity Relationship Code | ID | 2-2 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.076.1000B.NM111.010 | NM111 | Entity Identifier Code | ID | 2-3 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.076.1000B.NM112.010 | NM112 | Name Last or Organization <br> Name | AN | 1-60 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| $\begin{aligned} & \text { X223.078.2000A.. } 010 \\ & \text { edit deactivated } \\ & \hline \end{aligned}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| $\begin{aligned} & \text { X223.078.2000A.. } 020 \\ & \text { edit deactivated } \\ & \hline \end{aligned}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.078.2000A.HL. 010 | HL | $\begin{gathered} \text { BILLING/PAY-TO } \\ \text { PROVIDER } \\ \text { HIERARCHICAL LEVEL } \end{gathered}$ |  | 1 | R | 2000A |  |  | 999 | R | IK304 = 3: "Required Segment Missing" Missing" | 2000A.HL must be present. |  |
| X223.078.2000A.HL. 020 | HL |  |  |  |  |  |  |  | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2000A.HL is allowed. | This error means there can only be one HL in each iteration of the loop. |
| X223.078.2000A.HL01.010 | HL01 | Hierarchical ID Number | AN | 1-12 | R |  |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2000A.HL01 must be present. |  |
| Х223.078.2000A.HL01.020 | HL01 |  |  |  |  |  |  |  | 999 | R | 1K403 = 5: "Data Element Too Long" | 2000A.HL01 must be 1-12 characters. |  |
| X223.078.2000A.HL01.030 | HL01 |  |  |  |  |  |  |  | 999 | R | \|K403 = 6: "Invalid Character in Data Element" | 2000A.HL01 must be numeric value. |  |
| Х223.078.2000A.HL01.040 | HL01 |  |  |  |  |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | The first HL01 must be "1". |  |


| 8371 Edit Reference | Segment or | Description | ID | $\begin{aligned} & \text { Min. } \\ & \text { } \end{aligned}$ | $\begin{array}{\|c\|} \hline \text { Usage } \\ \text { Req. } \end{array}$ | Loop | $\underset{\text { Repeat }}{\text { Loop }}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\begin{gathered} \text { TA1/ } \\ \text { T99/ } \\ \text { 277CA } \end{gathered}$ | Accept/ Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.078.2000A.HL02.010 | HL02 | $\begin{aligned} & \text { Hierarchical Parent ID } \\ & \text { Number } \end{aligned}$ | AN | 1-12 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.078.2000A.HL03.010 | HL03 | Hierarchical Level Code | ID | 1-2 | R |  |  | 20 | 999 | R | IK403 = 1: "Required Data Element Missing" | 2000A.HL03 must be present. |  |
| Х223.078.2000A.HL03.020 | HL03 |  |  |  |  |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2000A.HL03 must be "20". |  |
| X223.078.2000A.HL04.010 | HL04 | Hierarchical Child Code | ID | 1-1 | R |  |  | 1 | 999 | R | IK403 = 1: "Required Data Element Missing" | 2000A.HL04 must be present. |  |
| х223.078.2000A.HL04.020 | HL04 |  |  |  |  |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2000A.HL04 must be "1". |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.080.2000A.PRV. 010 | PRV | BILLING/PAY-TO PROVIDER SPECIALTY INFORMATION |  | 1 | s | 2000A |  |  | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2000A.PRV is allowed. |  |
| X223.080.2000A.PRV01.010 | PRV01 | Provider Code | ID | 1-3 | R |  |  | BI | 999 | R | \|K403 = 1: "Required Data Element Missing" | 2000A PRV01 must be present. |  |
| X223.080.2000A.PRV01.020 | PRV01 |  |  |  |  |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2000A.PRV01 must be "B1". |  |
| X223.080.2000A.PRV02.010 | PRV02 | $\begin{gathered} \text { Reference Identification } \\ \text { Qualifier } \\ \hline \end{gathered}$ | ID | 2-3 | R |  |  | PXC | 999 | R | \|K403 = 1: "Required Data Element Missing" | 2000A.PRV02 must be present. |  |
| X223.080.2000A.PRV02.020 | PRV02 |  |  |  |  |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2000A.PRV02 must be "PXC". |  |
| X223.080.2000A.PRV03.010 | PRV03 | Provider Taxonomy Code | AN | 1-50 | R |  |  |  | 999 | R | \|K403 = 1: "Required Data Element Missing" | 2000A.PRV03 must be present. |  |
| X223.080.2000A.PRV03.020 | PRV03 |  |  |  |  |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 145: "Entity's specialty/taxonomy code" <br> FIC: 85 Billing Provider | 2000A.PRV03 Must be a valid Provider Taxonomy Code. | Valid Provider Taxonomy Code reference must be available for this edit. |
| X223.080.2000A.PRV04.010 | PRV04 | State or Province Code | ID | 2-2 | N/U |  |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.080.2000A.PRV05.010 | PRV05 | $\begin{array}{\|c} \hline \text { PROVIDER SPECIALTY } \\ \text { INFORMATION } \\ \hline \end{array}$ |  |  | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.080.2000A.PRV06.010 | PRV06 | $\begin{aligned} & \text { Provider Organization } \\ & \text { Code } \\ & \hline \end{aligned}$ | ID | 3-3 | NU |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.081.2000A.CUR. 010 | CUR | FOREIGN CURRENCY INFORMATION |  | 1 | s | 2000A |  |  | 999 | E | IK304 = 14: "Implementation "Not Used" Segment Present" | 2000A.CUR must not be present. | 01/20: Companion Guide Note needed. |
| X223.081.2000A.CUR.020 | CUR |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 681: "Claim Currency Not Supported" |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.084.2010AA.. 010 |  | Billing Provider Name Loop |  | 1 | R | 2010AA | 1 |  | 999 | R | $\begin{aligned} & \text { IK304 = 4: "Loop Occurs Over } \\ & \text { Maximum Times" } \end{aligned}$ | Only one iteration of 2010AA is allowed. |  |
| X223.084.2010AA.NM1.010 | NM1 | Billing Provider Name |  |  |  |  |  |  | 999 | R | IK304 = 3: "Required Segment Missina" | 2010AA.NM1 must be present. |  |
| X223.084.2010AA.NM101.010 | NM101 | Entity Identifier Code | ID | 2-3 | R |  |  | 85 | 999 | R | IK403 = 1: "Required Data Element Missing" | 2010AA.NM101 must be present. |  |
| X223.084.2010AA.NM101.020 | NM101 |  |  |  |  |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2010AA.NM101 must be "85". |  |
| X223.084.2010AA.NM102.010 | NM102 | Entity Type Qualifier | ID | 1-1 | R |  |  | 2 | 999 | R | IK403 = 1: "Required Data Element Missing" | 2010AA.NM102 must be present. |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | Segment or Element | Description | ID | $\begin{gathered} \text { Min. } \\ \text { Max. } \end{gathered}$ | Usage | Loop | $\begin{aligned} & \text { Loop } \\ & \text { Repeat } \\ & \hline \end{aligned}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\begin{array}{\|c} \text { TA1/ } \\ \text { 999/ } \\ \text { 277CA } \end{array}$ | Accept Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.084.2010AA.NM102.020 | NM102 |  |  |  |  |  |  |  | 999 | R | $1 \mathrm{~K} 403=7$ : "Invalid Code Value" | 2010AA.NM102 must be "2". |  |
| X223.084.2010AA.NM103.010 | NM103 | Billing Provider Last or Organizational Name | AN | 1-60 | R |  |  |  | 999 | R | K K 403 = 1: "Required Data Element Missing" | 2010AA.NM103 must be present. |  |
| X223.084.2010AA.NM103.020 | NM103 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2010AA.NM103 must contain at least one non-space |  |
| X223.084.2010AA.NM103.030 | NM103 |  |  |  |  |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" | 2010AA.NM103 must be 1-60 characters. |  |
| X223.084.2010AA.NM103.040 | NM103 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 504: "Entity's Last Name" FIC. 85 "Billina Provider" |  |  |
| X223.084.2010AA.NM103.050 | NM103 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2010AA.NM103 must be populated with accepted AN characters. |  |
| X223.084.2010AA.NM103.060 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.084.2010AA.NM104.010 | NM104 | Name First | AN | 1-35 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.084.2010AA.NM105.010 | NM105 | Name Middle | AN | 1-25 | N/U |  |  |  | 999 | E | IK403 = 110: "Implementation "Not | Must not be present. |  |
| X223.084.2010AA.NM106.010 | NM106 | Name Prefix | AN | 1-10 | NU |  |  |  | 999 | E | IK403 = I10: "Implementation "Not | Must not be present. |  |
| X223.084.2010AA.NM107.010 | NM107 | Name Suffix | AN | 1-10 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.084.2010AA.NM108.010 | NM108 | Identification Code Qualifier | ID | 1-2 | s |  |  | xx | 277 | c | CSCC A8: "Acknowledgement / Rejected for relational field in error." CSC 745: "Identifier Qualifier" CSC 562: "Entity's National Provider Identifier (NPI)" EIC: 85 "Billing Provider" | 2010AA.NM108 must not be present when 2300.REF with REF01 = "P4" and REF02 is a valid VA identifier. | Trailblazer Only 01/20: Companion Guide Note needed. |
| X223.084.2010AA.NM108.020 | NM108 |  |  |  |  |  |  |  | 277 | c | CSCC A6: <br> "Acknowledgement/Rejected for Missing Information..." <br> CSC 745: "Identifier Qualifier" CSC 562: "Entity's National Provider Identifier (NPI)" FIC. 85 "Billina Provider" | 2010AA.NM108 must be present. | Everyone but Trailblazer. <br> 01/20: Companion Guide Note needed. |
| X223.084.2010AA.NM108.030 | NM108 |  |  |  |  |  |  |  | 999 | R | IK403 = 7: "Invalid Code Value" | 2010AA.NM108 must be "XX". | Does not apply to Trailblazer VA claims. |
| X223.084.2010AA.NM109.010 | NM109 | Billing Provider Identifier | AN | 2-80 | s |  |  |  | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | If 2010AA.NM108 is present, 2010AA.NM109 must be present. |  |
| X223.084.2010AA.NM109.020 | NM109 |  |  |  |  |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 562: "Entity's National Provider Identifier (NPI)" FIC. 85 "Billing Provider" | 2010AA.NM109 must be valid according to the NPI algorithm. |  |
| X223.084.2010AA.NM109.030 | NM109 |  |  |  |  |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 562: "Entity's National Provider Identifier (NPI)" FIC• 85 "Billina Provider" | The first position of 2010AA.NM109 must be a "1". |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | Segment or Element | Description | ID | $\begin{aligned} & \text { Min. } \\ & \text { Max. } \end{aligned}$ | Usage | Loop | $\begin{gathered} \text { Loop } \\ \text { Repeat } \end{gathered}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\begin{gathered} \text { TA1/ } / \\ \text { 999/ } \\ \text { 277CA } \end{gathered}$ | Accept/ Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.084.2010AA.NM109.040 | NM109 |  |  |  |  |  |  |  | 277 | C | CSCC A8: "Acknowledgement / Rejected for relational field in error." CSC 562: "Entity's National Provider Identifier (NPI)" FIC. 85 "Billina Provider" | 2010AA.NM109 must be a valid NPI on the Crosswalk when evaluated with 1000B.NM109. | Valid NPI Crosswalk must be available for this edit. |
| X223.084.2010AA.NM109.050 | NM109 |  |  |  |  |  |  |  | 277 | T | CSCC A8: "Acknowledgement / Rejected for relational field in error" CSC 496 "Submitter not approved for electronic claim submissions on behalf of this entity." FIC. 85 "Billina Provider" | 2010AA.NM109 billing provider must be "associated" to the submitter (from a trading partner management perspective) in 1000A.NM109. |  |
| Х223.084.2010AA.NM110.010 | NM110 | Entity Relationship Code | ID | 2-2 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = } 110 \text { : "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.084.2010AA.NM111.010 | NM111 | Entity Identifier Code | ID | 2-3 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.084.2010AA.NM112.010 | NM112 | Name Last or Organization <br> Name | AN | 1-60 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \\ & \hline \end{aligned}$ | Must not be present. |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.087.2010AA.N3.010 | N3 | BILLING PROVIDER ADDRESS |  | 1 | R | 2010AA |  |  | 999 | R | IK304 = 3: "Required Segment Missing" | 2010AA.N3 must be present. |  |
| X223.087.2010AA.N3.020 | N3 |  |  |  |  |  |  |  | 999 | R | 1K304 = 5: "Segment Exceeds | Only one iteration of 2010AA.N3 is allowed. |  |
| X223.087.2010AA.N301.010 | N301 | Billing Provider Address Line | AN | 1-55 | R |  |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2010AA.N301 must be present. |  |
| X223.087.2010AA.N301.020 | N301 |  |  |  |  |  |  |  | 999 | R | \|K403 = 6: "Invalid Character in Data Element" | 2010AA.N301 must contain at least one non-space character. |  |
| X223.087.2010AA.N301.030 | N301 |  |  |  |  |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" | 2010AA.N301 must be 1-55 characters. |  |
| X223.087.2010AA.N301.040 | N301 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement <br> Rejected for Invalid Information..." <br> CSC 512: "Length invalid for receiver's <br> application system" <br> CSC 126 "Entity's Address" <br> EIC. 85 "Billina Provider" |  |  |
| X223.087.2010AA.N301.050 | N301 |  |  |  |  |  |  |  | 999 | R | $\begin{aligned} & \text { \|K403=6: "Invalid Character in Data } \\ & \text { Element" } \end{aligned}$ | 2010AA.N301 must be populated with accepted AN characters. |  |
| X223.087.2010AA.N301.060 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.087.2010AA.N301.070 | N301 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 503 : "Entity's Street Address" EIC: 85 "Billina Provider" | 2010AA.N301 must not contain the following exact phrases (not case sensitive): "Post Office Box", "P.O. BOX", "PO BOX", "LOCK BOX", "LOCK BIN", "P O BOX". | N301 must be a street address, not a post office box or lock box. |
| X223.087.2010AA.N302.010 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.087.2010AA.N302.012 | N302 | Billing Provider Address Line | AN | 1-55 | s |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | If present, 2010AA.N302 must contain at least one non-space character. |  |
| X223.087.2010AA.N302.015 | N302 |  |  |  |  |  |  |  | 999 | E | 1K403 = 5: "Data Element Too Long" | 2010AA.N302 must be $1-55$ characters. |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | Segment or Element | Description | ID | $\begin{aligned} & \text { Min. } \\ & \text { Max. } \end{aligned}$ | Usage | Loop | $\begin{aligned} & \text { Loop } \\ & \text { Repeat } \end{aligned}$ | $\begin{gathered} 5010 \\ \text { Values } \\ \hline \end{gathered}$ | $\begin{gathered} \text { TA1/ } / \\ \text { 999/ } \\ \text { 277CA } \end{gathered}$ | Accept/ Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.087.2010AA.N302.020 | N302 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 126: "Entity's Address" FIC. 85 "Billina Provider" |  |  |
| X223.087.2010AA.N302.030 | N302 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2010AA.N302 must be populated with accepted AN characters. |  |
| X223.087.2010AA.N302.040 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.087.2010AA.N302.050 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.087.2010AA.N302.060 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.088.2010AA.N4.010 | N4 | BILLING PROVIDER CITY/STATE/ZIP CODE |  | 1 | R | 2010AA |  |  | 999 | R | IK304 = 3: "Required Segment Missing" | 2010AA.N4 must be present. |  |
| X223.088.2010AA.N4.020 | N4 |  |  |  |  |  |  |  | 999 | R | $\begin{aligned} & \text { IK304 = 5: "Segment Exceeds } \\ & \text { Maximum Use" } \\ & \hline \end{aligned}$ | Only one iteration of 2010AA.N4 is allowed. |  |
| X223.088.2010AA.N401.010 | N401 | Billing Provider City Name | AN | 2-30 | R |  |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2010AA.N401 must be present. |  |
| X223.088.2010AA.N401.020 | N401 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data | 2010AA.N401 must contain at least two non-space characters. |  |
| X223.088.2010AA.N401.030 | N401 |  |  |  |  |  |  |  | 999 | E | 1K403 = 4: "Data Element Too Short" IK403 = 5: "Data Element Too Long" | 2010AA.N401 must be 2-30 characters. |  |
| X223.088.2010AA.N401.040 | N401 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 502: "Entity's City" FIC. 85 "Rillina Provider" |  |  |
| X223.088.2010AA.N401.050 | N401 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2010AA.N401 must be populated with accepted AN characters. |  |
| X223.088.2010AA.N401.060 <br> edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.088.2010AA.N402.010 | N402 | Billing Provider State or Province Code | ID | 2-2 | s |  |  |  | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | If 2010AA.N404 is not present, 2010AA.N402 must be present. |  |
| X223.088.2010AA.N402.020 <br> edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.088.2010AA.N402.030 | N402 |  |  |  |  |  |  |  | 277 | C | CSCC A7: "Acknowledgement /Rejected for Invalid Information... CSC 501: "Entity's State/Province" EIC: 85 "Billina Provider" | 2010AA.N402 must be a valid state code. | Valid State Code reference must be available for this edit. |
| X223.088.2010AA.N403.010 | N403 | $\begin{gathered} \hline \text { Billing Provider Postal } \\ \text { Zone or ZIP Code } \\ \hline \end{gathered}$ | ID | 3-15 | S |  |  |  | 999 | R | $\begin{aligned} & \text { IK403 = 2: "Conditional Required Data } \\ & \text { Element Missing" } \end{aligned}$ | $\qquad$ |  |
| X223.088.2010AA.N403.020 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | Segment or | Description | ID | $\begin{aligned} & \text { Min. } \\ & \text { Max. } \end{aligned}$ | Usage | Loop | $\begin{aligned} & \text { Loop } \\ & \text { Repeat } \end{aligned}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\begin{gathered} \text { TA1/ } \\ \text { T99/ } \\ \text { 277CA } \end{gathered}$ | Accept/ Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.088.2010AA.N403.030 | N403 |  |  |  |  |  |  |  | 277 | c | CSCC A7: "Acknowledgement Rejected for Invalid Information..." CSC 500: "Entity's Postal/Zip Code" EIC: 85 "Billing Provider" | 2010AA.N403 must be a valid 9 digit zip code. | Valid Zip Code reference must be available for this edit. |
| X223.088.2010AA.N404.010 | N404 | Country Code | ID | 2-3 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.088.2010AA.N405.010 | N405 | Location Qualifier | ID | 1-2 | NU |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.088.2010AA.N406.010 | N406 | Location Identifier | AN | 1-30 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not | Must not be present. |  |
| X223.088.2010AA.N407.010 | N407 | Country Subdivision Code | ID | 1-3 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not | Must not be present. |  |
| X223.088.2010AA.N407.020 <br> edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.090.2010AA.REF. 010 | REF | BILLING PROVIDER TAX IDENTIFICATION |  | 1 | R | 2010AA |  |  | 999 | R | IK304 = 3: "Required Segment Missing" | 2010AA.REF must be present. |  |
| X223.090.2010AA.REF. 020 | REF |  |  |  |  |  |  |  | 999 | R | 1K304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2010AA.REF with REF01 = "EI" is allowed. |  |
| X223.090.2010AA.REF01.010 | REF01 | Reference Identification | ID | 2-3 | R |  |  | El | 999 | R | IK403 = 1: "Required Data Element Missing" | 2010AA. REF01 must be present. |  |
| X223.090.2010AA.REF01.020 | REF01 |  |  |  |  |  |  |  | 999 | R | IK403 = 7: "Invalid Code Value" | 2010AA.REF01 must be "El". |  |
| X223.090.2010AA.REF02.010 | REF02 | $\begin{array}{c}\text { Billing Provider Additional } \\ \text { Identifier }\end{array}$ | AN | 1-50 | R |  |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2010AA.REF02 must be present. |  |
| X223.090.2010AA.REF02.020 | REF02 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2010AA.REF02 must be populated with accepted AN characters. |  |
| X223.090.2010AA.REF02.030 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.090.2010AA.REF02.040 | REF02 |  |  |  |  |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 128: "Entity's tax id" EIC: 85 "Billlina Provider" | 2010AA.REF02 must be 9 digits with no punctuation. | pass through, syntax only. |
| X223.090.2010AA.REF02.050 | REF02 |  |  |  |  |  |  |  | 277 | c | CSCC A8: "Acknowledgement / Rejected for relational field in error" CSC 562: "Entity's National Provider Identifier (NPI)" CSC 128: "Entity's tax id" FIC- 85 "Billina Provider" | 2010AA.REF must be associated with the provider identified in 2010AA.NM109 |  |
| X223.090.2010AA.REF03.010 | REF03 | Description | AN | 1-80 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = =10:"Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.090.2010AA.REF04.010 | REF04 | REFERENCE IDENTIFIER |  |  | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.091.2010AA.PER. 010 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.091.2010AA.PER. 020 | PER | BILLING PROVIDER CONTACT INFORMATION |  | 2 | s | 2010AA |  |  | 999 | R | 1K304 = 5: "Segment Exceeds | Only two iterations of 2010AA.PER are allowed. |  |


| 8371 Edit Reference | Segment or Element | Description | ID | Min. Max. | Usage Req | Loop | $\begin{gathered} \text { Loop } \\ \text { Repeat } \end{gathered}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\begin{gathered} \text { TA1/ } \\ \text { 999/ } \\ 277 C A \end{gathered}$ | Accept Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.091.2010AA.PER01.010 | PER01 | Contact Function Code | ID | 2-2 | R |  |  | IC | 999 | R | IK403 = 1: "Required Data Element Missing" | 2010AA.PER01 must be present. |  |
| X223.091.2010AA.PER01.020 | PER01 |  |  |  |  |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2010AA.PER01 must be "IC". |  |
| X223.091.2010AA.PER02.010 | PER02 | $\begin{array}{c}\text { Billing Provider Contact } \\ \text { Name }\end{array}$ | AN | 1-60 | s |  |  |  | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | For the 1st 2010AA.PER transmitted, 2010AA.PER02 must be present. |  |
| X223.091.2010AA.PERO2.020 | PER02 |  |  |  |  |  |  |  | 999 | R | \|K403 = I13: "Implementation Dependent 'not used' Data Element Present" | For the 2nd 2010AA.PER transmitted, 2010AA.PER02 must not be present. |  |
| X223.091.2010AA.PER02.030 | PER02 |  |  |  |  |  |  |  | 999 | R | 1K403 = 10: "Exclusion Condition Violated" | 2010AA.PER02 must not $=1000$ A.PER02. |  |
| X223.091.2010AA.PER02.040 | PER02 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2010AA.PER02 must contain at least one non-space |  |
| X223.091.2010AA.PER02.050 | PER02 |  |  |  |  |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" | 2010AA.PER02 must be 1-60 characters. |  |
| X223.091.2010AA.PER02.060 | PER02 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 561: "Entity's Contact Name" FIC. 85 "Billina Provider" |  |  |
| X223.091.2010AA.PER02.070 | PER02 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2010AA.PER02 must be populated with accepted AN characters. |  |
| X223.091.2010AA.PER02.080 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.091.2010AA.PER03.010 | PER03 | Communication Number Qualifier | ID | 2-2 | R |  |  | EM, FX, TE | 999 | R | \|K403 = 1: "Required Data Element Missing" | 2010AA.PER03 must be present. |  |
| X223.091.2010AA.PER03.020 | PER03 |  |  |  |  |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2010AA.PER03 must be valid values. |  |
| X223.091.2010AA.PER04.010 | PER04 | Communication Number | AN | 1-256 | R |  |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2010AA.PER04 must be present. |  |
| X223.091.2010AA.PER04.020 | PER04 |  |  |  |  |  |  |  | 999 | R | \|K403 = 6: "Invalid Character in Data Element" | 2010AA.PER04 must contain at least one non-space character. |  |
| X223.091.2010AA.PER04.030 | PER04 |  |  |  |  |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" | 2010AA.PER04 must be 1-266 characters. |  |
| X223.091.2010AA.PER04.040 | PER04 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" <br> CSC 127: "Entity's Communication <br> Number" <br> EIC: 85 "Billing Provider" |  |  |
| X223.091.2010AA.PER04.050 | PER04 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2010AA.PER04 must be populated with accepted AN characters. |  |
| X223.091.2010AA.PER04.060 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | Segment or | Description | ID | $\begin{aligned} & \text { Min. } \\ & \text { Max. } \end{aligned}$ | $\begin{aligned} & \text { Usage } \\ & \text { Bea. } \end{aligned}$ | Loop | $\begin{aligned} & \begin{array}{l} \text { Loop } \\ \text { Repeat } \end{array} \\ & \hline \end{aligned}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\begin{gathered} \text { TA1/ } \\ \text { 999/ } \\ \text { 277CA } \end{gathered}$ | Accept Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.091.2010AA.PER04.070 | PER04 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 127: "Entity's Communication Number" EIC: 85 "Billing Provider" | 2010AA.PER04 must be populated with exactly ten numeric characters when 2010AA.PER03 equals TE or FX. |  |
| X223.091.2010AA.PER05.010 | PER05 | $\begin{gathered} \hline \text { Communication Number } \\ \text { Qualifier } \end{gathered}$ | ID | 2-2 | S |  |  | EM, EX, FX, TE | 999 | R | \|1K403 = 7: "Invalid Code Value" | 2010AA.PER05 must be valid values. |  |
| X223.091.2010AA.PER05.020 | PER05 |  |  |  |  |  |  |  | 999 | R | IK403 = 7: "Invalid Code Value" | If 2010AA.PER05 is "EX" 2010AA.PER03 must be "TE". |  |
| X223.091.2010AA.PER06.010 | PER06 | Communication Number | AN | 1-256 | S |  |  |  | 999 | R | 1K403 = 2: "Conditional Required Data | If 2010AA.PER05 is present 2010AA.PER06 must be present. |  |
| X223.091.2010AA.PER06.020 | PER06 |  |  |  |  |  |  |  | 999 | R | $\begin{aligned} & \text { IK403 = 6: "Invalid Character in Data } \\ & \text { Element" } \end{aligned}$ | 2010AA.PER06 must contain at least one non-space character. |  |
| X223.091.2010AA.PER06.030 | PER06 |  |  |  |  |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" | 2010AA.PER06 must be 1-256 characters. |  |
| X223.091.2010AA.PER06.035 | PER06 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 127: "Entity's Communication Number" EIC: 85 "Billing Provider" |  |  |
| X223.091.2010AA.PER06.040 | PER06 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2010AA.PER06 must be populated with accepted AN characters. |  |
| X223.091.2010AA.PER06.050 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.091.2010AA.PER06.060 | PER06 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 127: "Entity's Communication Number" FIC 85 "Billina Provider" | 2010AA.PER06 must be populated with exactly ten numeric characters when 2010AA.PER05 equals TE or FX. |  |
| X223.091.2010AA.PER07.010 | PER07 | Communication Number Qualifier | ID | 2-2 | s |  |  | Em, EX, FX, TE | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | If 2010AA.PER07 is present, 2010AA.PER05 must be present. |  |
| X223.091.2010AA.PER07.020 | PER07 |  |  |  |  |  |  |  | 999 | R | IK403 = 7: "Invalid Code Value" | 2010AA.PER07 must be valid values. |  |
| X223.091.2010AA.PER07.030 | PER07 |  |  |  |  |  |  |  | 999 | R | \|K403 = 7: "Invalid Code Value" | If 2010AA.PER07 is "EX", 2010AA.PER05 must be |  |
| X223.091.2010AA.PER08.010 | PER08 | Communication Number | AN | 1-256 | S |  |  |  | 999 | R | 1K403 = 2: "Conditional Required Data Element Missing" | If 2010AA.PER07 is present, 2010AA.PER08 must be present. |  |
| X223.091.2010AA.PER08.015 | PER08 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data | 2010AA.PER08 must contain at least one non-space character. |  |
| X223.091.2010AA.PER08.020 | PER08 |  |  |  |  |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" | 2010AA.PER08 must be 1-256 characters. |  |
| X223.091.2010AA.PER08.025 | PER08 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 127: "Entity's communication Number" EIC: 85 "Billing Provider" |  |  |
| X223.091.2010AA.PER08.030 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | Segment or Element | Description | ID | Min. | $\left\lvert\, \begin{gathered} \text { Usage } \\ \text { Rea. } \end{gathered}\right.$ | Loop | $\underset{\text { Repeat }}{\text { Loop }}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\left.\begin{gathered} \text { TA1// } \\ \text { 999/ } \\ 277 C A \end{gathered} \right\rvert\,$ | Accept/ Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.091.2010AA.PER08.040 | PER08 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2010AA.PER08 must be populated with accepted AN characters. |  |
| X223.091.2010AA.PER08.050 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.091.2010AA.PER08.060 | PER08 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 127: "Entity's Communication Number" FIC • 85 "Billina Provider" | 2010AA.PER08 must be populated with exactly ten numeric characters when 2010AA.PER07 equals TE or FX. |  |
| X223.091.2010AA.PER09.010 | PER09 | Contact Inquiry Reference | AN | 1-20 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \\ & \hline \end{aligned}$ | Must not be present. |  |
| X223.094.2010AB.NM1.010 | NM1 | PAY TO ADDRESS NAME |  | 1 | s | 2010AB | 1 |  | 999 | R | IK304 = 4: "Loop Occurs Over Maximum Times" | One iteration of 2010AB.NM1 is allowed. |  |
| X223.094.2010AB.NM101.010 | NM101 | Entity Identifier Code | ID | 2-3 | R |  |  | 87 | 999 | R | K K 03 = 1: "Required Data Element Missing" | 2010AB.NM101 must be preset. |  |
| X223.094.2010AB.NM101.020 | NM101 |  |  |  |  |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2010AB.NM101 must be "87". |  |
| X223.094.2010AB.NM102.010 | NM102 | Entity Type Qualifier | ID | 1-1 | R |  |  | 2 | 999 | R | IK403 = 1: "Required Data Element Missing" | 2010AB.NM102 must be present. |  |
| X223.094.2010AB.NM102.020 | NM102 |  |  |  |  |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2010AB.NM102 must be "2". |  |
| X223.094.2010AB.NM103.010 | NM103 | Pay-to Provider Last or Organization Name | AN | 1-60 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.094.2010AB.NM104.010 | NM104 | Name First | AN | 1-35 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.094.2010AB.NM105.010 | NM105 | Name Middle | AN | 1-25 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.094.2010AB.NM106.010 | NM106 | Name Prefix | AN | 1-10 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.094.2010AB.NM107.010 | NM107 | Name Suffix | AN | 1-10 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.094.2010AB.NM108.010 | NM108 | $\begin{gathered} \hline \text { Identification Code } \\ \text { Qualifier } \\ \hline \end{gathered}$ | ID | 1-2 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.094.2010AB.NM109.010 | NM109 | Pay-to Provider Identifier | AN | 2-80 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.094.2010AB.NM110.010 | NM110 | Entity Relationship Code | ID | 2-2 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.094.2010AB.NM111.010 | NM111 | Entity Identifier Code | ID | 2-3 | N/U |  |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.094.2010AB.NM112.010 | NM112 | Name Last or Organization <br> Name | AN | 1-60 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \\ & \hline \end{aligned}$ | Must not be present. |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.096.2010AB.N3.010 | N3 | PAY-TO ADDRESS |  | 1 | R | 2010AB |  |  | 999 | R | IK304 = I6: "Implementation Dependent Segment Missing" | If 2010AB.NM1 is present, 2010AB.N3 must be present. |  |
| X223.096.2010AB.N3.020 | N3 |  |  |  |  |  |  |  | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2010AB.N3 is allowed. |  |
| X223.096.2010AB.N301.010 | N301 | Pay-to Address Line | AN | 1-55 | R |  |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2010AB.N301 must be present. |  |
| X223.096.2010AB.N301.020 | N301 |  |  |  |  |  |  |  | 999 | R | \|K403 = 6: "Invalid Character in Data Element" | 2010AB.N301 must be at least one non-space character. |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | $\underset{\text { Element or }}{\text { Element }}$ | Description | ID | Min. Max. | $\begin{gathered} \text { Usage } \\ \text { Req. } \\ \hline \end{gathered}$ | Loop | $\begin{aligned} & \text { Loop } \\ & \text { Repeat } \\ & \hline \end{aligned}$ | $\begin{gathered} 5010 \\ \text { Values } \\ \hline \end{gathered}$ | $\begin{array}{\|r\|} \hline \text { TA1// } \\ \text { 999/ } \\ \text { 277CA } \\ \hline \end{array}$ | $\begin{aligned} & \text { Accept// } \\ & \text { Reject } \end{aligned}$ | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.096.2010AB.N301.030 | N301 |  |  |  |  |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" | 2010AB. 301 must be $1-55$ characters. |  |
| X223.096.2010AB.N301.040 | N301 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 126: "Entity's Address" FIC. 87 "Pav-to Provider" |  |  |
| X223.096.2010AB.N301.050 | N301 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2010AB.N301 must be populated with accepted AN characters. |  |
| X223.096.2010AB.N301.060 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.096.2010AB.N302.010 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.096.2010AB.N302.020 | N302 | $\begin{aligned} & \hline \text { Pay-to Provider Address } \\ & \text { Line } \\ & \hline \end{aligned}$ | AN | 1-55 | s |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | If present, 2010AB.N302 must be at least one non- space character. |  |
| X223.096.2010AB.N302.030 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.096.2010AB.N302.040 | N302 |  |  |  |  |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" | 2010AB.N302 must be 1-55 characters. |  |
| X223.096.2010AB.N302.050 | N302 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 126: "Entity's Address" FIC. 87 "Pav-to Provider" |  |  |
| X223.096.2010AB.N302.060 | N302 |  |  |  |  |  |  |  | 999 | R | IK403 = $6:$ "Invalid Character in Data Element" | 2010AB.N302 must be populated with accepted AN characters. |  |
| X223.096.2010AB.N302.070 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.097.2010AB.N4.010 | N4 | PAY-TO ADDRESS CITY/STATE/ZIP CODE |  | 1 | R | 2010AB |  |  | 999 | R | IK304 = 16: "Implementation Dependent Segment Missing" | If 2010AB.NM1 is present, 2010AB.N4 must be present. |  |
| X223.097.2010AB.N4.020 | N4 |  |  |  |  |  |  |  | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2010AB.N4 is allowed. |  |
| X223.097.2010AB.N401.010 | N401 | Pay-to Adress City Name | AN | 2-30 | R |  |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2010AB.N401 must be present. |  |
| X223.097.2010AB.N401.020 | N401 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2010AB.N401 must contain at least two non-space characters. |  |
| X223.097.2010AB.N401.030 | N401 |  |  |  |  |  |  |  | 999 | E | IK403 = 4: "Data Element Too Short" IK403 = 5: "Data Element Too Long" | 2010AB. N401 must be 2-30 characters. |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | Segment or Element | Description | ID | $\begin{aligned} & \text { Min. } \\ & \text { Max. } \end{aligned}$ | Usage | Loop | $\begin{aligned} & \text { Loop } \\ & \text { Repeat } \end{aligned}$ | $\begin{gathered} 5010 \\ \text { Values } \\ \hline \end{gathered}$ | $\begin{gathered} \text { TA1/ } / \\ \text { 999/ } \\ \text { 277CA } \end{gathered}$ | Accept/ | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.097.2010AB.N401.040 | N401 |  |  |  |  |  |  |  | 277 | T |  |  |  |
| X223.097.2010AB.N401.050 | N401 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2010AB.N401 must be populated with accepted AN characters. |  |
| X223.097.2010AB.N401.060 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.097.2010AB.N402.010 | N402 | Pay-to-Address State Code | ID | 2-2 | S |  |  |  | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | If 2010AB.N404 is not present, 2010AB.N402 must be |  |
| X223.097.2010AB.N402.020 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.097.2010AB.N402.030 | N402 |  |  |  |  |  |  |  | 277 | C | CSCC A7: "Acknowledgement Rejected for Invalid Information... CSC 501: "Entity's State/Province EIC. 87 "Pav-to Provider" | 2010AB.N402 must be a valid state code. | Valid State Code reference must be available for this edit. |
| X223.097.2010AB.N403.010 | N403 | Pay-to Address Postal Zone or ZIP Code | ID | 3-15 | S |  |  |  | 999 | R | $1 \mathrm{~K} 403=2$ : "Conditional Required Data | If 2010AB.N404 is not present, 2010AB.N403 must be present. |  |
| $\begin{array}{\|l} \hline \text { X223.097.2010AB.N403.020 } \\ \text { edit deactivated } \\ \hline \end{array}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.097.2010AB.N403.030 | N403 |  |  |  |  |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 500: "Entity's Postal/Zip Code" EIC: 87 "Pay-to Provider" | 2010AB. N 403 must be a valid zip code. | Valid Zip Code reference must be available for this edit. |
| X223.097.2010AB.N404.010 | N404 | Country Code | ID | 2-3 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.097.2010AB.N405.010 | N405 | Location Qualifier | ID | 1-2 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.097.2010AB.N406.010 | N406 | Location Identifier | AN | 1-30 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not | Must not be present. |  |
| X223.097.2010AB.N407.010 | N407 | Country Subdivision Code | ID | 1-3 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { 1K403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \\ & \hline \end{aligned}$ | Must not be present. |  |
| X223.097.2010AB.N407.020 <br> edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| $\begin{aligned} & \text { X223.099.2010AC. } 010 \\ & \text { edit deactivated } \end{aligned}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.099.2010AC.NM1.010 <br> edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.099.2010AC.NM1.020 | NM1 | PAY-TO PLAN NAME |  | 1 | s | 2010AC |  |  | 277 | T | CSCC A3: "Acknowledgement /Returned as unprocessable claim" CSC 732: "Information submitted inconsistent with billing guidelines. CSC 125: "Entity's name." EIC 87: "Pay-to Provider" | 2010AC.NM1 must not be present |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | $\underset{\text { Element or }}{\text { Element }}$ | Description | ID | Min. | $\begin{array}{\|l\|l} \hline \text { Usage } \\ \text { Rea. } \end{array}$ | Loop | $\underset{\text { Repeat }}{\text { Loop }}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\begin{gathered} \text { TA1/ } \\ \text { T99/ } \\ \text { 277CA } \end{gathered}$ | Accept Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.101.2010AC.N3.010 | N3 | PAY-TO PLAN ADDRESS |  | 1 | R | 2010AC |  |  | 277 | T | CsCC A3: "Acknowledgement /Returned as unprocessable claim" CSC 732: "Information submitted inconsistent with billing guidelines." CSC 503: "Entity's Street Address." EIC 87: "Pay-to Provider" | 2010AC.N3 must not be present. |  |
| X223.102.2010AC.N4.010 | N4 | PAY-TO PLAN CITY/STATE/ZIP CODE |  | 1 | R | 2010AC |  |  | 277 | T | CSCC A3: "Acknowledgement /Returned as unprocessable claim" CSC 732: "Information submitted inconsistent with billing guidelines. CSC 126: "Entity's Address." EIC 87: "Pay-to Provider" | 2010AC.N4 must not be present. |  |
| X223.104.2010AC.REF. 010 | REF | PAY-TO PLAN SECONDARY IDENTIFICATION |  | 1 | s | 2010AC |  |  | 277 | T | CSCC A3: "Acknowledgement /Returned as unprocessable claim" CSC 732: "Information submitted inconsistent with billing guidelines. CSC 560: "Entity's Additional/Secondary Identifier. " EIC 87: "Pay-to Provider" | 2010AC.REF with REF01 = 2U, FY, or NF must not be present. |  |
| X223.106.2010AC.REF.020 | REF | PAY-TO PLAN TAX IDENTIFICATION |  | 1 | R | 2010AC |  |  | 277 | T | CSCC A3: "Acknowledgement /Returned as unprocessable claim" CSC 732: "Information submitted inconsistent with billing guidelines.' CSC 128: "Entity's tax id." EIC 87: "Pay-to Provider" | 2010AC.REF with REF01 = El must not be present. |  |
| $\begin{array}{\|l} \hline \begin{array}{l} \text { 2223.078.2000B.. } 010 \\ \text { edit deactivated } \end{array} \\ \hline \end{array}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.078.2000B.HL. 010 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.107.2000B.HL. 010 | HL | SUBSCRIBER hierarchical level |  | 1 | R | 2000B |  |  | 999 | R | IK 304 = 3: "Required Segment Missing" | 2000B.HL must be present. |  |
| X223.078.2000B.HL. 020 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.107.2000B.HL.020 | HL |  |  |  |  |  |  |  | 999 | R | 1K304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 20008.HL is allowed. | This error means there can only be one HL in each iteration of the loop. |
| X223.107.2000B.HL01.010 | HL01 | Hierarchical ID Number | AN | 1-12 | R |  |  |  | 999 | R | 1K403 = 1: "Required Data Element | 2000B.HL01 must be present. |  |
| X223.107.2000B.HL01.020 | HL01 |  |  |  |  |  |  |  | 999 | R | IK403 = 5: "Data Element Too Long" | 2000B. HL01 must be 1-12 characters. |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | Segment or | Description | ID | $\begin{aligned} & \text { Min. } \\ & \text { Max. } \end{aligned}$ | $\begin{gathered} \text { Usage } \\ \text { Req. } \end{gathered}$ | Loop | $\begin{gathered} \text { Loop } \\ \text { Repeat } \\ \hline \end{gathered}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\left\|\begin{array}{c} \text { TA1/ } \\ \text { 999/ } \\ 277 C A \end{array}\right\|$ | Accept/ Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.107.20008.HL01.030 | HL01 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2000B. HL01 must be numeric. |  |
| X223.107.2000B.HL01.040 | HL01 |  |  |  |  |  |  |  | 999 | R | \|K403 = I12: "Implementation Pattern Match Failure" | 2000B. HL01 must = the value of the previous HL01 (2000A.HL01) plus one. |  |
| X223.107.2000B.HLO2.010 | HL02 | Hierarchical Parent ID Number | AN | 1-12 | R |  |  |  | 999 | R | K 403 = 1: "Required Data Element Missing" | 2000B. HL02 must be present. |  |
| X223.107.2000B.HLO2.020 | HL02 |  |  |  |  |  |  |  | 999 | R | IK403 = I12: "Implementation Pattern Match Failure" | 2000B.HL02 must = the value of the HL01 (2000A. HL01) of the parent HL. |  |
| X223.107.2000B.HL03.010 | HL03 | Hierarchical Level Code | ID | 1-2 | R |  |  | 22 | 999 | R | \|K403 = 1: "Required Data Element Missing" | 2000B.HL03 must be present. |  |
| X223.107.2000B.HL03.020 | HL03 |  |  |  |  |  |  |  | 999 | R | \|1403 = 7: "Invalid Code Value" | 2000B.HL03 must be "22". |  |
| X223.107.2000B.HL04.010 | HL04 | Hierarchical Child Code | ID | 1-1 | R |  |  | 0, 1 | 999 | R | \|K403 = 1: "Required Data Element Missing" | 2000B.HL04 must be present. |  |
| X223.107.2000B.HL04.020 | HL04 |  |  |  |  |  |  |  | 999 | R | \|K403 = 7: "Invalid Code Value" | 2000B.HL04 must be "0". |  |
| X223.107.2000B.HL04.030 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.109.2000B.SBR. 010 | SBR | SUBSCRIBER INFORMATION |  | 1 | R | 2000B |  |  | 999 | R | IK304 = 3: "Required Segment Missing" | 2000B.SBR must be present. |  |
| X223.109.2000B.SBR.020 | SBR |  |  |  |  |  |  |  | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2000B.SBR is allowed. |  |
| X223.109.2000B.SBR01.010 | SBR01 | Payer Responsibility Sequence Number Code | ID | 1-1 | R |  |  | $\underset{\mathrm{A}, \mathrm{~B}, \mathrm{C}, \mathrm{D}, \mathrm{E}, \mathrm{~F}, \mathrm{G}, \mathrm{H}, \mathrm{P}, \mathrm{~S}, \mathrm{~T},}{\mathrm{U}}$ | 999 | R | IK403 = 1: "Required Data Element Missing" | 2000B.SBR01 must be present. |  |
| X223.109.2000B.SBR01.020 | SBR01 |  |  |  |  |  |  |  | 999 | E | \|1403 = 7: "Invalid Code Value" | 2000B.SBR01 must be "S" or "P". |  |
| X223.109.2000B.SBR01.030 | SBR01 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 732 "Information submitted inconsistent with billing guidelines." CSC 742 "Payer Responsibility Sequence Number Code." |  | Companion Guide Note needed. |
| X223.109.2000B.SBR01.040 | SBR01 |  |  |  |  |  |  |  | 277 | c | CSCC A6: <br> "Acknowledgement/Rejected for Missing Information..." CSC 286: "Other payer's Explanation of Benefits/payment information" | If 2000B.SBR01 = "S" there must be at least one 2320.SBR01 with a value $=$ to " P ". |  |
| X223.109.2000B.SBR02.010 | SBR02 | Individual Relationship Code | ID | 2-2 | S |  |  | 18 | 999 | R | \|K403 = 1: "Required Data Element Missing" | 2000B.SBR02 must be present. |  |
| X223.109.2000B.SBR02.020 | SBR02 |  |  |  |  |  |  |  | 999 | R | \|K403 = 7: "Invalid Code Value" | 2000B.SBR02 must be "18". |  |
| X223.109.2000B.SBR03.004 | SBR03 | Insured Group or Policy Number | AN | 1-50 | s |  |  |  | 999 | E | IK403 = I13: "Implementation Dependent "Not Used" Data Element Present" | 2000B.SBR03 must not be present" |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | Segment or Element | Description | ID | $\begin{gathered} \text { Min. } \\ \hline \end{gathered}$ | $\begin{aligned} & \text { Usage } \\ & \text { Req. } \end{aligned}$ | Loop | Loop <br> Repeat | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\left\|\begin{array}{c} \text { TA1// } \\ \text { 999/ } \\ 277 \mathrm{CA} \end{array}\right\|$ | Accept Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.109.2000B.SBR03.006 | SBR03 |  |  |  |  |  |  |  | 277 | T | CSCC A8: <br> "Acknowledgement/Rejected for relational field in error" CSC 163: "Entity's Policy Number" CSC 732 "Information submitted inconsistent with billing guidelines." EIC: IL "Subscriber" |  |  |
| $\begin{array}{\|l} \hline \text { X223.109.2000B.SBR03.010 } \\ \text { edit deactivated } \\ \hline \end{array}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.109.2000B.SBR03.020 <br> edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.109.2000B.SBR03.030 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.109.2000B.SBR03.040 <br> edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.109.2000B.SBR03.050 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.109.2000B.SBR04.004 | SBR04 | Insured Group Name | AN | 1-60 | s |  |  |  | 999 | E | IK403 = I13: "Implementation Dependent "Not Used" Data Element Present" | 2000B.SBR04 must not be present. |  |
| X223.109.2000B.SBR04.007 |  |  |  |  |  |  |  |  | 277 | T | Cscc A8: <br> "Acknowledgement/Rejected for relational field in error" CSC 663: "Entity's Group Name" CSC 732 "Information submitted inconsistent with billing guidelines." EIC: IL "Subscriber" |  |  |
| X223.109.2000B.SBR04.010 <br> edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.109.2000B.SBR04.015 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.109.2000B.SBR04.020 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.109.2000B.SBR04.030 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| $\begin{aligned} & \text { X223.109.2000B.SBR04.040 } \\ & \text { edit deactivated } \\ & \hline \end{aligned}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \\ \hline \end{gathered}$ | $\underset{\text { Element or }}{\text { Sent }}$ | Description | ID | $\begin{aligned} & \text { Min. } \\ & \text { Max. } \end{aligned}$ | $\begin{array}{\|c\|} \hline \text { Usage } \\ \text { Req. } \end{array}$ | Loop | $\begin{aligned} & \text { Loop } \\ & \text { Repeat } \\ & \hline \end{aligned}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\begin{gathered} \text { TA1// } \\ \text { 999/ } \\ 277 \mathrm{CA} \end{gathered}$ | Accept/ Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.109.2000B.SBR04.050 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.109.2000B.SBR04.060 <br> edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.109.2000B.SBR04.070 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.109.2000B.SBR05.010 | SBR05 | Insurance Type Code | ID | 1-3 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.109.2000B.SBR06.010 | SBR06 | Coordination of Benefits Code | ID | 1-1 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.109.2000B.SBR07.010 | SBR07 | Yes/No Condition or Response Code | ID | 1-1 | NU |  |  |  | 999 | E | IK403 = I10: "Implementation "Not | Must not be present. |  |
| X223.109.2000B.SBR08.010 | SBR08 | Employment Status Code | ID | 2-2 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not | Must not be present. |  |
| X223.109.2000B.SBR09.010 | SBR09 | Claim Filing Indicator Code | ID | 1-2 | s |  |  | 11, 12, 13, 14, 15, 16, 17, AM, BL, CH, CI, DS, FI, HM, LM, MA, MB, MC, OF, TV, VA, WC, | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information. CSC 732 "Information submitted inconsistent with billing guidelines." CSC 480 "Entity's claim filing indicator." FIC. PR "Paver" | 2000B.SBR09 must be "MA". |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.112.2010BA.NM1.010 | NM1 | SUBSCRIBER NAME |  | 1 | R | 2010BA | 1 |  | 999 | R | IK304 = 3: "Required Segment Missing" | 2010BA.NM1 must be present. |  |
| X223.112.2010BA.NM1.020 | NM1 |  |  |  |  |  |  |  | 999 | R | $\begin{aligned} & \text { IK304 = 4: "Loop Occurs Over } \\ & \text { Maximum Times" } \end{aligned}$ | Only one iteration of 2010BA.NM1 is allowed. |  |
| X223.112.2010BA.NM101.010 | NM101 | Entity Identifier Code | ID | 2-3 | R |  |  | IL | 999 | R | \|K403 = 1: "Required Data Element Missing" | 2010BA.NM101 must be present. |  |
| X223.112.2010BA.NM101.020 | NM101 |  |  |  |  |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2010BA.NM101 must be "LL". |  |
| X223.112.2010BA.NM102.010 | NM102 | Entity Type Qualifier | ID | 1-1 | R |  |  | 1,2 | 999 | R | IK403 = 1: "Required Data Element Missing" | 2010BA.NM102 must be present. |  |
| X223.112.2010BA.NM102.020 | NM102 |  |  |  |  |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 732: "Information submitted inconsistent with billing guidelines." CSC741 "Entity must be a person." FIC.- 11 "Subscriber" | 2010BA.NM102 must be "1". | Companion guide note needed |
| X223.112.2010BA.NM103.010 | NM103 | Subscriber Last Name | AN | 1-60 | R |  |  |  | 999 | R | IK403 = 1: "Required Data Element Missina" | 2010BA.NM103 must be present. |  |
| X223.112.2010BA.NM103.020 | NM103 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2010BA.NM103 must contain at least one non-space character. |  |
| х223.112.2010BA.NM103.030 | NM103 |  |  |  |  |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" | 2010BA.NM103 must be 1-60 characters. |  |
| X223.112.2010BA.NM103.040 | NM103 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 504: "Entity's Last Name" FIC. ${ }^{-1}$ "Subscriber" |  |  |
| X223.112.2010BA.NM103.050 | NM103 |  |  |  |  |  |  |  | 999 | R | IK403 =6: "Invalid Character in Data Element" | 2010BA.NM103 must be populated with accepted AN characters. |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \\ \hline \end{gathered}$ | Segment or | Description | ID | $\begin{aligned} & \text { Min. } \\ & \text { Max. } \end{aligned}$ | $\begin{gathered} \text { Usage } \\ \text { Req. } \\ \hline \end{gathered}$ | Loop | $\begin{gathered} \text { Loop } \\ \text { Repeat } \\ \hline \end{gathered}$ | $\begin{gathered} 5010 \\ \text { Values } \\ \hline \end{gathered}$ | $\begin{array}{\|c\|} \text { TA1// } \\ \text { 999/ } \\ \text { 277CA } \end{array}$ | Accept | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.112.2010BA.NM103.060 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.112.2010BA.NM104.010 | NM104 | Subscriber First Name | AN | 1-35 | s |  |  |  | 277 | c | Cscc A6: <br> "Acknowledgement/Rejected for Missing Information..." CSC 505: "Entity's First Name" EIC: IL "Subscriber" | 2010BA.NM104 must be present. |  |
| X223.112.2010BA.NM104.020 | NM104 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2010BA.NM104 must contain at least one non-space character. |  |
| X223.112.2010BA.NM104.030 | NM104 |  |  |  |  |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" | 2010BA.NM104 must be 1-35 characters. |  |
| X223.112.2010BA.NM104.040 | NM104 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 505: "Entity's First Name" FIC-لl "Subscriber" |  |  |
| X223.112.2010BA.NM104.050 | NM104 |  |  |  |  |  |  |  | 999 | R | \|K403 = 6: "Invalid Character in Data Element" | 2010BA.NM104 must be populated with accepted AN characters. |  |
| X223.112.2010BA.NM104.060 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.112.2010BA.NM105.010 | NM105 | Subscriber Middle Name | AN | 1-25 | S |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2010BA.NM105 must contain at least one non-space character. |  |
| X223.112.2010BA.NM105.020 | NM105 |  |  |  |  |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" | 2010BA.NM105 must be 1-25 characters. |  |
| X223.112.2010BA.NM105.030 | NM105 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 514: "Entity's Middle Name" FIC-U " "Subscriher" |  |  |
| X223.112.2010BA.NM105.040 | NM105 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2010BA.NM105 must be populated with accepted AN characters. |  |
| X223.112.2010BA.NM105.050 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.112.2010BA.NM106.010 | NM106 | Name Prefix | AN | 1-10 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = 110: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.112.2010BA.NM107.010 | NM107 | Subscriber Name Suffix | AN | 1-10 | S |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2010BA.NM107 must contain at least one non-space character. |  |
| X223.112.2010BA.NM107.020 | NM107 |  |  |  |  |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" | 2010BA.NM107 must be 1-10 characters. |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | Segment or Element | Description | ID | Min. Max. | $\begin{array}{\|c} \text { Usage } \\ \text { Req. } \end{array}$ | Loop | Loop Repeat | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\begin{array}{\|c} \text { TA1/ } \\ \text { 999/ } \\ \text { 277CA } \end{array}$ | Accept/ Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.112.2010BA.NM107.030 | NM107 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 125: "Entity's Name" FIC. 1 - "Subscriber" |  |  |
| X223.112.2010BA.NM107.040 | NM107 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2010BA.NM107 must be populated with accepted AN characters. |  |
| X223.112.2010BA.NM107.050 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223A2.15.2010BA.NM108.010 | NM108 | Identification Code Qualifier | ID | 1-2 | s |  |  | II, MI | 999 | R | IK403 = 1: "Required Data Element Missing" | 2010BA.NM108 must be present. | Companion Guide Note needed. |
| X223.112.2010BA.NM108.010 <br> edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.112.2010BA.NM108.020 | NM108 |  |  |  |  |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2010BA.NM108 must be "MI'. | Companion Guide Note needed. |
| X223A2.16.2010BA.NM109.010 | NM109 | Subscriber Primary Identifier | AN | 2-80 | s |  |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2010BA.NM109 must be present. | Companion Guide Note needed. |
| X223.112.2010BA.NM109.010 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.112.2010BA.NM109.020 | NM109 |  |  |  |  |  |  |  | 277 | C | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 164: "Entity's contract/member number" EIC: IL "Subscriber" | 2010BA.NM109 must be $7-12$ positions in the format of ANNNNNN, AANNNNNN, ANNNNNNNNN, AANNNNNNNNN, AAANNNNNN, or AAANNNNNNNNN where " A " represents an alpha character and " N " represents a numeric digit. | 01/20: Companion Guide Note needed. |
| X223.112.2010BA.NM109.030 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.112.2010BA.NM110.010 | NM110 | Entity Relationship Code | ID | 2-2 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.112.2010BA.NM111.010 | NM111 | Entity Identifier Code | ID | 2-3 | n/u |  |  |  | 999 | E | IK403 = I10: "Implementation "Not | Must not be present. |  |
| X223.112.2010BA.NM112.010 | NM112 | $\underset{\text { Name }}{\substack{\text { Name Last or Organization } \\ \text { Nam }}}$ | AN | 1-60 | NU |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \\ & \hline \end{aligned}$ | Must not be present. |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.115.2010BA.N3.005 | N3 | SUBSCRIBER ADDRESS |  | 1 | s | 2010BA |  |  | 999 | R | IK304 = I6: "Implementation Dependent Segment Missing" | 2010BA.N3 must be present when 2000B.SBR02 is "18". |  |
| X223.115.2010BA.N3.010 |  |  |  |  |  |  |  |  | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2010BA.N3 is allowed. |  |
| X223.115.2010BA.N301.010 | N301 | Subscriber Address Line | AN | 1-55 | R |  |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2010BA.N301 must be present. |  |
| X223.115.2010BA.N301.020 | N301 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2010BA.N301 must contain at least one non-space character. |  |
| X223.115.2010BA.N301.030 | N301 |  |  |  |  |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" | 2010BA.N301 must be $1-55$ characters. |  |
| X223.115.2010BA.N301.040 | N301 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 503: "Entity's Street Address" FIC. "l "Subscriber" |  |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | Segment or Element | Description | ID | $\begin{aligned} & \text { Min. } \\ & \text { Max. } \end{aligned}$ | $\begin{aligned} & \text { Usage } \\ & \text { Reg. } \end{aligned}$ | Loop | Loop Repeat Repeat | $\begin{gathered} 5010 \\ \text { Values } \\ \hline \end{gathered}$ | $\begin{array}{\|c} \text { TA1/ } \\ \text { 999/ } \\ \text { 277CA } \end{array}$ | Accept Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.115.2010BA.N301.050 | N301 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2010BA.N301 must be populated with accepted AN characters. |  |
| X223.115.2010BA.N301.060 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.115.2010BA.N302.010 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.115.2010BA.N302.020 | N302 | Subscriber Address Line | AN | 1-55 | s |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | If present 2010BA.N302 must contain at least one non- space character. |  |
| X223.115.2010BA.N302.030 | N302 |  |  |  |  |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" | 2010BA. 3302 must be 1-55 characters. |  |
| X223.115.2010BA.N302.040 | N302 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 503: "Entity's Street Address" FIC. $ل$ "."Subscriher" |  |  |
| X223.115.2010BA.N302.050 | N302 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data | 2010BA.N302 must be populated with accepted AN characters. |  |
| X223.115.2010BA.N302.060 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223A2.17.2010BA.N4.005 | N4 | SUBSCRIBER CITY/STATE/ZIP CODE |  | 1 | s | 2010BA |  |  | 999 | R | IK304 = 16: "Implementation Dependent Segment Missing" | 2010BA.N4 must be present when 2000B.SBR02 is " 18 ". |  |
| X223.116.2010BA.N4.010 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.116.2010BA.N4.020 | N4 |  |  |  |  |  |  |  | 999 | R | 1K304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2010BA.N4 is allowed. |  |
| X223.116.2010BA.N401.010 | N401 | Subscriber City Name | AN | 2-30 | R |  |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2010BA.N401 must be present. |  |
| X223.116.2010BA.N401.020 | N401 |  |  |  |  |  |  |  | 999 | R | \|K403 = 6: "Invalid Character in Data Element" | 2010BA.N401 must contain at least two non-space characters. |  |
| X223.116.2010BA.N401.030 | N401 |  |  |  |  |  |  |  | 999 | E | IK403 = 4: "Data Element Too Short" IK403 = 5: "Data Element Too Long" | 2010BA.N401 must be 2-30 characters. |  |
| X223.116.2010BA.N401.040 | N401 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 502: "Entity's City" FIC. "ل "Subscriber" |  |  |
| X223.116.2010BA.N401.050 | N401 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2010BA.N401 must be populated with accepted AN characters. |  |
| X223.116.2010BA.N401.060 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.116.2010BA.N402.010 | N402 | Subscriber State Code | ID | 2-2 | s |  |  |  | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | If 2010BA.N404 is not present, 2010BA.N402 must be present. |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | $\underset{\text { Element or }}{\text { Element }}$ | Description | ID | Min. Max. | $\begin{array}{\|c} \text { Usage } \\ \text { Req. } \\ \hline \end{array}$ | Loop | $\begin{aligned} & \text { Loop } \\ & \text { Repeat } \\ & \hline \end{aligned}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\begin{array}{\|c} \text { TA1/ } \\ \text { 999/ } \\ \text { 277CA } \end{array}$ | Accept/ Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.116.2010BA.N402.020 <br> edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.116.2010BA.N402.030 | N402 |  |  |  |  |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 501: "Entity's State/Province" EIC: لll."Subscriber" | 2010BA.N402 must be a valid state code. | Valid State Code reference must be available for this edit. |
| X223.116.2010BA.N403.010 | N403 | Subscriber Postal Zone or ZIP Code | ID | 3-15 | s |  |  |  | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | If 2010BA.N404 is not present, 2010BA.N403 must be present. |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.116.2010BA.N403.030 | N403 |  |  |  |  |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 500: "Entity's Postal/Zip Code" EIC: IL "Subscriber" | 2010BA.N403 must be a valid postal/zip Code when N404 equals US or blank | Valid Zip Code reference must be available for this edit. |
| X223.116.2010BA.N404.010 | N404 | Country Code | ID | 2-3 | s |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 680: "Entity's Country" EIC: ILL"Subscriber" | 2010BA.N404 must be a valid 2 character Country Code. | Valid alpha-2 Country Code reference must be available for this edit. (from Part 1 of ISO 3166) |
| X223.116.2010BA.N405.010 | N405 | Location Qualifier | ID | 1-2 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not | Must not be present. |  |
| X223.116.2010BA.N406.010 | N406 | Location Identifier | AN | 1-30 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \\ & \hline \end{aligned}$ | Must not be present. |  |
| X223.116.2010BA.N407.010 | N407 | Country Subdivision Code | ID | 1-3 | s |  |  |  | 277 | c | CSCC A7: "Acknowledgement <br> /Rejected for Invalid Information..." <br> CSC 695: "Entity's Country Subdivision <br> Code" <br> EIC: IL "Subscriber" | 2010BA.N407 must be a valid Country Subdivision Code. |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.118.2010BA.DMG. 010 | DMG | SUBSCRIBER DEMOGRAPHIC INFORMATION |  | 1 | s | 2010BA |  |  | 999 | R | IK304 = I6: "Implementation Dependent Segment Missing" | 2010BA.DMG must be present. |  |
| X223.118.2010BA.DMG.020 | DMG |  |  |  |  |  |  |  | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2010BA.DMG is allowed. |  |
| X223.118.2010BA.DMG01.010 | DMG01 | Date Time Period Format Qualifier | ID | 2-3 | R |  |  | D8 | 999 | R | IK403 = 1: "Required Data Element Missing" | 2010BA.DMG01 must be present. |  |
| X223.118.2010BA.DMG01.020 | DMG01 |  |  |  |  |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2010BA.DMG01 must be "D8". |  |
| X223.118.2010BA.DMG02.010 | DMG02 | Subscriber Birth Date | AN | 1-35 | R |  |  | CCYYMMDD | 999 | R | \|K403 = 1: "Required Data Element Missing" | 2010BA.DMG02 must be present. |  |
| X223.118.2010BA.DMG02.020 | DMG02 |  |  |  |  |  |  |  | 999 | R | 1K403 = 8: "Invalid Date" | 2010BA.DMG02 must be a valid date in CCYYMMDD format. |  |
| X223.118.2010BA.DMG02.030 | DMG02 |  |  |  |  |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information... CSC 510: "Future date" CSC 158: "Entity's date of birth" FIC: ll "Subscriber" | 2010BA.DMG02 must not be a future date. | 01/20: Companion Guide Note needed. |
| X223.118.2010BA.DMG03.010 | DMG03 | Subscriber Gender Code | ID | 1-1 | R |  |  | F, M, U | 999 | R | IK403 = 1: "Required Data Element Missing" | 2010BA.DMG03 must be present. |  |
| X223.118.2010BA.DMG03.020 | DMG03 |  |  |  |  |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2010BA.DMG03 must be valid values. |  |
| X223.118.2010BA.DMG04.010 | DMG04 | Marital Status Code | ID | 1-1 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.118.2010BA.DMG05.010 | DMG05 | Race or Ethnicity Code | ID | 1-1 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \\ \hline \end{gathered}$ | Segment or Element | Description | ID | $\begin{gathered} \text { Min. } \\ \text { Max. } \end{gathered}$ | Usage Req. | Loop | $\begin{aligned} & \text { Loop } \\ & \text { Repeat } \\ & \hline \end{aligned}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\begin{array}{\|c} \text { TA1/ } \\ \text { 999/ } \\ \text { 277CA } \end{array}$ | Accept Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
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| X223.118.2010BA.DMG06.010 | DMG06 | Citizenship Status Code | ID | 1-2 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.118.2010BA.DMG07.010 | DMG07 | Country Code | ID | 2-3 | N/U |  |  |  | 999 | E | IK403 = 110: "Implementation "Not | Must not be present. |  |
| X223.118.2010BA.DMG08.010 | DMG08 | Basis of Verification Code | ID | 1-2 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.118.2010BA.DMG09.010 | DMG09 | Quantity | R | 1-15 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.118.2010BA.DMG10.010 | DMG10 | Code List Qualifier Code | ID | 1-3 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not | Must not be present. |  |
| X223.118.2010BA.DMG11.010 | DMG11 | Industry Code | AN | 1-30 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.120.2010BA.REF. 010 | REF | SUBSCRIBER SECONDARY IDENTIFICATION |  | 1 | s | 2010BA |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 732: "Information submitted inconsistent with billing guidelines." CSC 560: "Entity's Additional/Secondary Identifier." EIC: HK "Subscriber" | 2010BA.REF with REF01 = "SY" must not be present. | Companion Guide Note needed. |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.121.2010BA.REF. 010 | REF | PROPERTY AND CASUALTY CLAIM NUMBER |  | 1 | s | 2010BA |  |  | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2010BA.REF with REF01 = " Y 4 " is allowed. | pass-through |
| X223.121.2010BA.REF01.010 | REF01 | Reference Identification Qualifier | ID | 2-3 | R |  |  | Y4 | 999 | R | \|K403 = 1: "Required Data Element Missing" | 2010BA.REF01 must be present. |  |
| X223.121.20108A.REF01.020 | REF01 |  |  |  |  |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2010BA.REF01 must be "Y4". |  |
| X223.121.2010BA.REF02.010 | REF02 | $\begin{array}{\|c\|} \hline \text { Property Casualty Claim } \\ \text { Number } \\ \hline \end{array}$ | AN | 1-50 | R |  |  |  | 999 | R | \|K403 = 1: "Required Data Element Missing" | 2010BA.REF02 must be present. |  |
| X223.121.2010BA.REF02.020 | REF02 |  |  |  |  |  |  |  | 999 | R | 1K403 = 6: "Invalid Character in Data Element" | 2010BA.REF02 must contain at least one non-space character. |  |
| X223.121.2010BA.REF02.030 | REF02 |  |  |  |  |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" | 2010BA.REF02 must be 1-50 characters. |  |
| X223.121.2010BA.REF02.040 | REF02 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement <br> /Rejected for Invalid Information..." <br> CsS 512: "Length invalid for receiver's <br> application system" <br> CSC 629: "Property Casualty Claim <br> Number" <br> EIC. 1 " "Subscriher" |  |  |
| X223.121.2010BA.REF02.050 | REF02 |  |  |  |  |  |  |  | 999 | R | K1K403 = 6: "Invalid Character in Data Element" | 2010BA.REF02 must be populated with accepted AN characters. |  |
| X223.121.2010BA.REF02.060 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.121.2010BA.REF03.010 | REF03 | Description | AN | 1-80 | N/U |  |  |  | 999 | E | 1K403 = I10: "Implementation "Not | Must not be present. |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | Segment or Element | Description | ID | Min. Max. | $\begin{gathered} \text { Usage } \\ \text { Req. } \end{gathered}$ | Loop | $\begin{aligned} & \text { Loop } \\ & \text { Repeat } \end{aligned}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\begin{array}{\|c\|} \hline \text { TA1/ } \\ \text { 999/ } \\ \text { 277CA } \\ \hline \end{array}$ | Accept/ Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
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| X223.121.2010BA.REF04.010 | REF04 | REFERENCE IDENTIFIER |  |  | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.122.2010BB.NM1.010 | NM1 | PAYER NAME |  | 1 | R | 2010BB | 1 |  | 999 | R | IK304 = 3: "Required Segment Missing" | 2010BB.NM1 must be present. |  |
| X223.122.2010BB.NM1.020 | NM1 |  |  |  |  |  |  |  | 999 | R | $\begin{aligned} & \text { IK304 = 4: "Loop Occurs Over } \\ & \text { Maximum Times" } \end{aligned}$ | Only one iteration of 2010BB.NM1 is allowed. |  |
| X223.122.20108B.NM101.010 | NM101 | Entity Identifier Code | ID | 2-3 | R |  |  | PR | 999 | R | IK403 = 1: "Required Data Element Missing" | 2010BB.NM101 must be present. |  |
| X223.122.2010BB.NM101.020 | NM101 |  |  |  |  |  |  |  | 999 | R | 1 K 403 = 7 : "Invalid Code Value" | 20108B.NM101 must be "PR". |  |
| X223.122.2010BB.NM102.010 | NM102 | Entity Type Qualifier | ID | 1-1 | R |  |  | 2 | 999 | R | IK403 = 1: "Required Data Element Missing" | 2010BB, NM102 must be present. |  |
| X223.122.2010BB.NM102.020 | NM102 |  |  |  |  |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2010BB.NM102 must be "2". |  |
| X223.122.2010BB.NM103.010 | NM103 | Payer Name | AN | 1-60 | R |  |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2010BB.NM103 must be present. |  |
| X223.122.2010BB.NM103.020 | NM103 |  |  |  |  |  |  |  | 999 | R | \|K403 = 6: "Invalid Character in Data Element" | 2010BB.NM103 must contain at least one non-space character. |  |
| X223.122.2010BB.NM103.030 | NM103 |  |  |  |  |  |  |  | 999 | E | 1K403 = 5: "Data Element Too Long" | 20108B.NM103 must be 1-60 characters. |  |
| X223.122.2010BB.NM103.040 | NM103 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 504: "Entity's Last Name" FIC. PR "Paver" |  |  |
| X223.122.2010BB.NM103.050 | NM103 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2010BB.NM103 must be populated with accepted AN characters. |  |
| X223.122.2010BB.NM103.060 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.122.2010BB.NM104.010 | NM104 | Name First | AN | 1-35 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.122.2010BB.NM105.010 | NM105 | Name Middle | AN | 1-25 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.122.2010BB.NM106.010 | NM106 | Name Prefix | AN | 1-10 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.122.2010BB.NM107.010 | NM107 | Name Suffix | AN | 1-10 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.122.2010BB.NM108.010 | NM108 | $\begin{gathered} \hline \text { Identification Code } \\ \text { Qualifier } \\ \hline \end{gathered}$ | ID | 1-2 | R |  |  | Pl, XV | 999 | R | $\left\lvert\, \begin{aligned} & \text { IK403 = 1: "Required Data Element } \\ & \text { Missing" }\end{aligned}\right.$ Missing" | 2010BB.NM108 must be present. |  |
| X223.122.2010BB.NM108.020 | NM108 |  |  |  |  |  |  |  | 999 | R | \|1403 = 7: "Invalid Code Value" | 2010BB.NM108 must be "PI". |  |
| X223.122.2010BB.NM109.010 | NM109 | Payer Identifier | AN | 2-80 | R |  |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2010BB.NM109 must be present. |  |
| X223.122.2010BB.NM109.020 | NM109 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2010BB.NM109 must contain at least two non-space characters. |  |
| X223.122.2010BB.NM109.030 | NM109 |  |  |  |  |  |  |  | 999 | E | IK403 = 4: "Data Element Too Short" <br> IK403 = 5: "Data Element Too Long" | 2010BB.NM109 must be 2-80 characters. |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | Segment or Element | Description | ID | Min. | $\begin{gathered} \text { Usage } \\ \text { Req. } \end{gathered}$ | Loop | $\begin{gathered} \text { Loop } \\ \text { Repeat } \end{gathered}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\begin{gathered} \text { TA1// } \\ \text { 999/ } \\ \text { 277CA } \end{gathered}$ | Accept/ Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.122.2010BB.NM109.040 | NM109 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 53: "Entity ID Number" EIC: PR "Payer" |  |  |
| X223.122.2010BB.NM109.050 | NM109 |  |  |  |  |  |  |  | 999 | R | $\begin{aligned} & \text { \|K403 = 6: "Invalid Character in Data } \\ & \text { Element" } \end{aligned}$ | 2010BB.NM109 must be populated with accepted AN characters. |  |
| X223.122.2010BB.NM109.060 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.122.2010BB.NM110.010 | NM110 | Entity Relationship Code | ID | 2-2 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not | Must not be present. |  |
| X223.122.2010BB.NM111.010 | NM111 | Entity Identifier Code | ID | 2-3 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.122.2010BB.NM112.010 | NM112 | Name Last or Organization <br> Name | AN | 1-60 | NU |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.124.20108B.N3.010 | N3 | PAYER ADDRESS |  | 1 | s | 2010BB |  |  | 999 | R | 1K304 = 5: "Segment Exceeds | Only one iteration of 2010BB.N3 is allowed. |  |
| X223.124.20108B.N301.010 | N301 | Payer Address Line | AN | 1-55 | R |  |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2010BB. N 301 must be present. |  |
| X223.124.2010BB.N301.020 | N301 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2010BB.N301 must contain at least one non-space character. |  |
| х223.124.20108B.N301.030 | N301 |  |  |  |  |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" | 2010BB. 3 301 must be 1-55 characters. |  |
| X223.124.2010BB.N301.040 | N301 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 503: "Entity's Street Address" FIC. PR "Paver" |  |  |
| X223.124.20108B.N301.050 | N301 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2010BB.N301 must be populated with accepted AN characters. |  |
| X223.124.2010BB.N301.060 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.124.2010BB.N302.010 <br> edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.124.2010BB.N302.020 | N302 | Payer Address Line | AN | 1-55 | s |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | If present, 2010BB.N302 must contain at least one non-space character. |  |
| х223.124.2010BB.N302.030 | N302 |  |  |  |  |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" | 2010BB. N302 must be 1-55 characters. |  |
| X223.124.2010BB.N302.040 | N302 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 503: "Entity's Street Address" FIC. PR "Paver" |  |  |
| X223.124.2010BB.N302.050 | N302 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2010BB.N302 must be populated with accepted AN characters. |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | Segment or Elemen | Description | ID | $\begin{aligned} & \text { Min. } \\ & \text { Max. } \end{aligned}$ | $\begin{gathered} \text { Usage } \\ \text { Req. } \end{gathered}$ | Loop | $\begin{gathered} \text { Loop } \\ \text { Repeat } \\ \hline \end{gathered}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\begin{gathered} \text { TA1/ } \\ \text { 999/ } \\ \text { 277CA } \end{gathered}$ | Accept Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.124.2010BB.N302.060 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.125.2010BB.N4.010 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.125.2010BB.N4.020 | N4 | PAYER CITY/STATE/ZIP CODE |  | 1 | s | 2010BB |  |  | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2010BB.N4 is allowed. |  |
| X223.125.2010BB.N401.010 | N401 | Payer City Name | AN | 2-30 | R |  |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2010BB.N401 must be present. |  |
| X223.125.2010BB.N401.020 | N401 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2010BB.N401 Must contain at least two non-space characters. |  |
| X223.125.2010BB.N401.030 | N401 |  |  |  |  |  |  |  | 999 | E | IK403 = 4: "Data Element Too Short" IK403 = 5: "Data Element Too Long" | 2010BB.N401 must be 2-30 characters. |  |
| X223.125.2010BB.N401.040 | N401 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 502: "Entity's City" FIC. PB "Paver" |  |  |
| X223.125.2010BB.N401.050 | N401 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2010BB.N401 must be populated with accepted AN characters. |  |
| X223.125.2010BB.N401.060 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.125.2010BB.N402.010 | N402 | Payer State Code | ID | 2-2 | s |  |  |  | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | If 2010BB.N404 is not present, 2010BB.N402 must be |  |
| X223.125.2010BB.N402.020 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.125.2010BB.N402.030 | N402 |  |  |  |  |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information.. CSC 501: "Entity's State/Province" EIC: PR "Paver" | 2010BB.N402 must be a valid state code. | Valid State Code reference must be available for this edit. |
| X223.125.2010BB.N403.010 | N403 | Payer Postal Zone or ZIP Code | ID | 3-15 | s |  |  |  | 999 | R | \|K403 = 2: "Conditional Required Data Element Missing" | If 2010BB.N404 is not present, 2010BB.N403 must be present. |  |
| X223.125.2010BB.N403.020 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.125.2010BB.N403.030 | N403 |  |  |  |  |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 500: "Entity's Postal/Zip Code" EIC: PR "Payer" | 2010BB.N403 must be a valid zip code. | Valid Zip Code reference must be available for this edit. |
| X223.125.2010BB.N404.010 | N404 | Country Code | ID | 2-3 | N/U |  |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.125.2010BB.N405.010 | N405 | Location Qualifier | ID | 1-2 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.125.2010BB.N406.010 | N406 | Location Identifier | AN | 1-30 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.125.2010BB.N407.010 | N407 | Country Subdivision Code | ID | 1-3 | N/U |  |  |  | 999 | E | IK403 = 110: "Implementation "Not | Must not be present. |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | Segment or Element | Description | ID | $\begin{aligned} & \text { Min. } \\ & \text { Max. } \end{aligned}$ | Usage Req | Loop | $\begin{aligned} & \text { Loop } \\ & \text { Repeat } \end{aligned}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\begin{array}{\|c} \text { TA1/ } \\ \text { 999/ } \\ \text { 277CA } \end{array}$ | Accept/ Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.127.2010BB.REF. 010 | REF | PAYER SECONDARY IDENTIFICATION |  | 3 | s | 2010BB |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 732: "Information submitted inconsistent with billing guidelines. CSC 560: "Entity's Additional/Secondary Identifier." EIC: PR "Payer" | 2010Bb.REF with REF01 = "2U", "El", "FY", or "NF" must not be present. | Companion Guide Note needed. |
| X223.129.2010BB.REF.010 | REF | BILLING PROVIDER SECONDARY IDENTIFICATION |  | 1 | s | 2010BB |  |  | 999 | R | IK304 = 2: "Unexpected Segment" | 2010BB.REF with REF01 = "G2" must be present when 2010AA.NM109 is not present. | Trailblazer Only <br> 01/20: Companion Guide Note needed. |
| X223.129.2010BB.REF. 020 | REF |  |  |  |  |  |  |  | 999 | R | 1K304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2010BB.REF with REF01 = "G2" is allowed. | Trailblazer Only 01/20: Companion Guide Note needed. |
| X223.129.2010BB.REF. 030 | REF |  |  |  |  |  |  |  | 999 | R | IK304 = 19: "Implementation Dependent "Not Used" Segment Present" | 2010BB.REF must not be present. | Everyone but Trailblazer. 01/20: Companion Guide Note needed. |
| X223.129.2010BB.REF01.010 | REF01 | Reference Identification Qualifier | ID | 2-3 | R |  |  | G2, LU | 999 | R | $\begin{aligned} & \text { riesem } \\ & \text { (K43= }=\text { :Required Data Element } \\ & \text { Missing" } \end{aligned}$ | 2010BB.REF01 must be present. |  |
| X223.129.2010BB.REF01.020 | REF01 |  |  |  |  |  |  |  | 999 | R | 1 K 403 = 7 : "Invalid Code Value" | 2010BB.REF01 must be valid values. |  |
| X223.129.2010BB.REF02.010 | REF02 | Payer Additional Identifier | AN | 1-50 | R |  |  |  | 999 | R | 1K403 = 1: "Required Data Element Missing" | 2010BB.REF02 must be present. |  |
| X223.129.2010BB.REF02.020 | REF02 |  |  |  |  |  |  |  | 999 | R | $\begin{aligned} & \begin{array}{l} \text { IK403 = 6: "Invalid Character in Data } \\ \text { Element" } \end{array} \\ & \hline \end{aligned}$ | 2010BB.REF02 must contain at least one-none space character. |  |
| х223.129.2010BB.REF02.030 | REF02 |  |  |  |  |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" | 2010BB.REF02 must be $1-50$ characters. |  |
| X223.129.2010BB.REF02.040 | REF02 |  |  |  |  |  |  |  | 277 | T |  |  |  |
| X223.129.2010BB.REF02.050 | REF02 |  |  |  |  |  |  |  | 999 | R | $\begin{aligned} & \text { \|K403=6: "Invalid Character in Data } \\ & \text { Element" } \end{aligned}$ | 2010BB.REF02 must be populated with accepted AN characters. |  |
| X223.129.2010BB.REF02.060 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.129.2010BB.REF02.070 | REF02 |  |  |  |  |  |  |  | 999 | R | IK403 = I12: "Implementation Pattern Match Failure" | 2010BB. REF02 billing provider must be "associated" to the submitter (from a trading partner management perspective) in 1000A.NM109. |  |
| X223.129.2010BB.REF03.010 | REF03 | Description | AN | 1-80 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.129.2010BB.REF04.010 | REF04 | REFERENCE IDENTIFIER |  |  | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \\ \hline \end{gathered}$ | $\begin{gathered} \text { Segment or } \\ \text { Element } \end{gathered}$ | Description | ID | $\begin{aligned} & \text { Min. } \\ & \text { Max. } \end{aligned}$ | $\begin{gathered} \text { Usage } \\ \text { Req. } \end{gathered}$ | Loop | $\begin{aligned} & \text { Loop } \\ & \text { Repeat } \end{aligned}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\begin{array}{\|c} \text { TA1/ } \\ \text { 999/ } \\ \text { 277CA } \\ \hline \end{array}$ | Accept/ Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.131.2000C.HL. 010 | HL | PATIENT HIERARCHICAL LEVEL |  | 1 | s | 2000C | >1 |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 732: "Information submitted inconsistent with billing guidelines." CSC 173: "Entity's name, address, phone, gender, DOB, marital status, employment status and relation to subscriber." EIC: QC "Patient" | 2000C.HL must not be present. | 01/20: Companion Guide Note needed. |
| X223.133.2000C.PAT. 010 | PAT | PATIENT INFORMATION | ID | 1 | R | 2000C |  |  | 277 | T | CsCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 732: "Information submitted inconsistent with billing guidelines." CSC 156: "Patient relationship to subscriber." | 2000C.PAT must not be present. |  |
| X223.135.2010CA.NM1.010 | NM1 | PATIENT NAME | ID | 1 | R | 2010CA |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 732: "Information submitted inconsistent with billing guidelines." CSC 125: "Entity's name." EIC: QC "Patient." | 2010CA.NM1 must not be present. |  |
| X223.137.2010CA.N3.010 | N3 | PATIENT ADDRESS |  | 1 | R | 2010CA |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 732: "Information submitted inconsistent with billing guidelines." CSC 503: "Entity's Street Address." EIC QC: "Patient" | 2010CA.N3 must not be present. |  |
| X223.138.2010CA.N4.010 | N4 | PATIENT CITY/STATE/ZIP CODE |  | 1 | R | 2010CA |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 732: "Information submitted inconsistent with billing guidelines." CSC 126: "Entity's Address." EIC QC: "Patient" | 2010CA.N4 must not be present. |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | Segment or Element | Description | ID | $\begin{aligned} & \text { Min. } \\ & \text { Max. } \end{aligned}$ | Usage | Loop | $\underset{\text { Repeat }}{\text { Loop }}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\begin{array}{\|c} \text { TA1/ } \\ \text { 999/ } \\ \text { 277CA } \end{array}$ | Accept/ Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.140.2010CA.DMG. 010 | DMG | PATIENT DEMOGRAPHIC INFORMATION |  | 1 | R | 2010CA |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 732: "Information submitted inconsistent with billing guidelines." CSC 157:"Entity's Gender." CSC 158: "Entity's date of birth." EIC QC: "Patient' | 2010CA.DMG must not be present. |  |
| X223.142.2010CA.REF. 010 | REF | PROPERTY AND CASUALTY CLAIM NUMBER |  | 1 | s | 2010CA |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 732: "Information submitted inconsistent with billing guidelines." CSC 629: "Property Casualty Claim Number." | 2010CA.REF with REF01 = "Y4" must not be present. |  |
| X223A2.19.2010CA.REF. 010 | REF | $\begin{aligned} & \text { PROPERTY AND } \\ & \text { CASUALTY PATIENT } \\ & \text { IDENTIFIER } \end{aligned}$ |  | 1 | s | 2010CA |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 732: "Information submitted inconsistent with billing guidelines." CSC 560: "Entity's Additional/Secondary Identifier." EIC: QC "Patient" | 2010CA.REF with REF01 = "1W" or "SY" must not be present. |  |
| X223.143.2300.CLM. 010 | CLM | CLAIM Information Loop |  |  |  | 2300 | 100 |  | 999 | R | IK304 = 4: "Loop Occurs Over Maximum Times" | Only 100 iterations of the $\mathbf{2 3 0 0}$ loop are allowed. |  |
| X223.143.2300.CLM.020 | CLM | CLAIM INFORMATION |  | 1 | R | 2300 | 1 |  | 999 | R | IK304 = 3: "Required Segment Missing" | 2300.CLM must be present. |  |
| X223.143.2300.CLM.030 | CLM |  |  |  |  |  |  |  | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only 1 iteration of 2300.CLM is allowed. |  |
| X223.143.2300.CLM01.010 | CLM01 | Patient Control Number | AN | 1-38 | R |  |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2300.CLM01 must be present. |  |
| X223.143.2300.CLM01.020 | CLM01 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data | 2300.CLM01 must contain at least one-non-space character. |  |
| X223.143.2300.CLM01.030 | CLM01 |  |  |  |  |  |  |  | 999 | E | 1K403 = 5: "Data Element Too Long" | 2300.CLM01 must be 1-38 characters. | Companion Guide Note Needed only positions 1-20 will be stored/returned |
| X223.143.2300.CLM01.040 | CLM01 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" <br> CSC 478: Claim submitter's identifier |  |  |
| X223.143.2300.CLM01.050 | CLM01 |  |  |  |  |  |  |  | 999 | R | $\underset{\substack{\text { \|K403 } \\ \text { Element" }}}{ }$ "Invalid Character in Data | 2300.CLM01 must be populated with accepted AN characters. |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \\ \hline \end{gathered}$ | Segment or Element | Description | ID | Min. | $\begin{array}{\|c} \text { Usage } \\ \text { Req. } \\ \hline \end{array}$ | Loop | $\begin{gathered} \text { Loop } \\ \text { Repeat } \end{gathered}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\begin{gathered} \text { TA1/ } \\ \text { 999/ } \\ 277 C A \end{gathered}$ | Accept/ | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.143.2300.CLM01.060 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.143.2300.CLM02.010 | CLM02 | $\begin{gathered} \hline \text { Total Claim Charge } \\ \text { Amount } \\ \hline \end{gathered}$ | R | 1-18 | R |  |  |  | 999 | R | \|K403 = 1: "Required Data Element Missina" | 2300.CLM02 must be present. |  |
| х223.143.2300.CLM02.020 | CLM02 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2300.CLM02 must be numeric. |  |
| $\begin{array}{\|l} \hline \text { X223.143.2300.CLM02.030 } \\ \text { edit deactivated } \\ \hline \end{array}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.143.2300.CLM02.040 | CLM02 |  |  |  |  |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" | 2300.CLM02 must be >= 0 and <= 99,999,999.99. |  |
| X223.143.2300.CLM02.050 | CLM02 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 178: "Submitted Charges" |  |  |
| X223.143.2300.CLM02.060 | CLM02 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 697: "Invalid Decimal Precision" CSC 178: "Subned Charges" | 2300.CLM02 is limited to 0,1 or 2 decimal positions. |  |
| X223.143.2300.CLM02.070 | CLM02 |  |  |  |  |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information. CSC 400: "Claim is out of balance" CSC 178: "Submitted Charges" | 2300.CLM02 must $=$ the sum of all 2400. SV203 amounts. |  |
| X223.143.2300.CLM02.080 | CLM02 |  |  |  |  |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 400: "Claim is out of Balance" CSC 672 "Payer's payment information is out of balance" | CLM02 must = the sum of all 2320 CAS amounts \& all 2430 CAS amounts and 2320 AMT02 (when AMT01=D). |  |
| X223.143.2300.CLM03.010 | CLM03 | Claim Filing Indicator Code | ID | 1-2 | N/U |  |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.143.2300.CLM04.010 | CLM04 | Non-Institutional Claim | ID | 1-2 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \\ & \hline \end{aligned}$ | Must not be present. |  |
| X223.143.2300.CLM05.010 <br> edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.143.2300.CLM05-1.010 | CLM05-1 | Facility Type Code | AN | 1-2 | R |  |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2300.CLM05-1 must be present. |  |
| X223.143.2300.CLM05-1.020 | CLM05-1 |  |  |  |  |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 228: "Type of bill for UB claim" | 2300.CLM05-1 must be the 1st and 2nd positions of a valid Uniform Bill Type Code. | Valid Uniform Bill Type Code reference must be available for this edit. |
| X223.143.2300.CLM05-2.010 | CLM05-2 | Facility Code Qualifier | ID | 1-2 | R |  |  | A | 999 | R | IK403 = 1: "Required Data Element | 2300.CLM05-2 must be present. |  |
| X223.143.2300.CLM05-2.020 | CLM05-2 |  |  |  |  |  |  |  | 999 | R | \|K403 = 7: "Invalid Code Value" | 2300.CLM05-2 must be"A". |  |
| X223.143.2300.CLM05-3.010 | CLM05-3 | Claim Frequency Code | ID | 1-1 | R |  |  |  | 999 | R | K 403 = 1: "Required Data Element Missing" | 2300.CLM05-3 must be present. |  |
| X223.143.2300.CLM05-3.020 | CLM05-3 |  |  |  |  |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 228:"Type of bill for UB claim" | 2300.CLM05-3 must be the 3rd position of a valid Uniform Bill Type Code. | Valid Uniform Bill Type Code reference must be available for this edit. |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | Segment or Element | Description | ID | $\begin{aligned} & \text { Min. } \\ & \text { Max. } \end{aligned}$ | $\begin{array}{\|c} \text { Usage } \\ \text { Req. } \\ \hline \end{array}$ | Loop | $\begin{aligned} & \text { Loop } \\ & \text { Repeat } \end{aligned}$ | $\begin{gathered} 5010 \\ \text { Values } \\ \hline \end{gathered}$ | $\begin{array}{\|c\|} \hline \text { TA1/ } \\ \text { 999/ } \\ \text { 277CA } \\ \hline \end{array}$ | Accept/ Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.143.2300.CLM06.010 | CLM06 | Provider or Supplier Signature Indicator | ID | 1-1 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.143.2300.CLM07.010 | CLM07 | Medicare Assignment Code | ID | 1-1 | R |  |  | A, B, C | 999 | R | IK403 = 1: "Required Data Element Missing" | 2300.CLM07 must be present. |  |
| X223.143.2300.CLM07.020 | CLM07 |  |  |  |  |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | $2300 . C$ LM07 must be valid values. |  |
| X223.143.2300.CLM08.010 | CLM08 | Benefits Assignment Certification Indicator | ID | 1-1 | R |  |  | N, W, Y | 999 | R | 1K403 = 1: "Required Data Element Missing" | 2300.CLM08 must be present. |  |
| X223.143.2300.CLM08.020 | CLM08 |  |  |  |  |  |  |  | 999 | R | \|1403 = 7: "Invalid Code Value" | 2300.CLM08 must be valid values. |  |
| X223.143.2300.CLM09.010 | CLM09 | $\begin{aligned} & \text { Release of Information } \\ & \text { Code } \end{aligned}$ | ID | 1-1 | R |  |  | I, Y | 999 | R | IK403 = 1: "Required Data Element Missing" | 2300.CLM09 must be present. |  |
| X223.143.2300.CLM09.020 | CLM09 |  |  |  |  |  |  |  | 999 | R | \|1403 = 7: "Invalid Code Value" | 2300.CLM09 must be valid values. |  |
| X223.143.2300.CLM10.010 | CLM10 | $\begin{array}{\|c\|} \hline \begin{array}{c} \text { Patient Signature Source } \\ \text { Code } \end{array} \\ \hline \end{array}$ | ID | 1-1 | N/U |  |  | P | 999 | E | IK403 = I10: "Implementation "Not | Must not be present. |  |
| X223.143.2300.CLM11.010 | CLM11 | $\begin{aligned} & \text { RELATED CAUSES } \\ & \text { INFORMATION } \\ & \hline \end{aligned}$ |  |  | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.143.2300.CLM12.010 | CLM12 | Special Program Indicator | ID | 2-3 | N/U |  |  | 02, 03, 05, 09 | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.143.2300.CLM13.010 | CLM13 | Yes/No Condition or Response Code | ID | 1-1 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.143.2300.CLM14.010 | CLM14 | Level of Service Code | ID | 1-3 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.143.2300.CLM15.010 | CLM15 | Yes/No Condition or Response Code | ID | 1-1 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.143.2300.CLM16.010 | CLM16 | Participation Agreement | ID | 1-1 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.143.2300.CLM17.010 | CLM17 | Claim Status Code | ID | 1-2 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not | Must not be present. |  |
| X223.143.2300.CLM18.010 | CLM18 | Yes/No Condition or Response Code | ID | 1-1 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.143.2300.CLM19.010 | CLM19 | Claim Submission Reason Code | ID | 2-2 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.143.2300.CLM20.010 | CLM20 | Delay Reason Code | ID | 1-2 | S |  |  | 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, | 999 | R | 1K403 = 7: "Invalid Code Value" | $2300 . C L M 20$ must be valid values. |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.149.2300.DTP. 010 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.149.2300.DTP. 020 | DTP | $\underset{\substack{\text { DATE - DISCHARGE } \\ \text { HOUR }}}{\text { not }}$ |  | 1 | s | 2300 |  |  | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2300. DTP with DTP01 $=$ " 096 " is allowed. |  |
| X223.149.2300.DTP01.010 | DTP01 | Date Time Qualifier | ID | 3-3 | R |  |  | 096 | 999 | R | 403 = 1: "Required Data Element Missir | 2300.DTP01 must be present. |  |
| X223.149.2300.DTP01.020 | DTP01 |  |  |  |  |  |  |  | 999 | R | \|K403 = 7: "Invalid Code Value" | 2300.DTP01 must be "096". |  |
| X223.149.2300.DTP02.010 | DTP02 | $\begin{array}{\|c\|} \hline \text { Date Time Period Format } \\ \text { Qualifier } \end{array}$ | ID | 2-3 | R |  |  | тM | 999 | R | IK403 = 1: "Required Data Element Missing" | 2300.DTP02 must be present. |  |
| X223.149.2300.DTP02.020 | DTP02 |  |  |  |  |  |  |  | 999 | R | \|1403 = 7: "Invalid Code Value" | 2300.DTP02 must be "TM". |  |
| X223.149.2300.DTP03.010 | DTP03 | Discharge Hour | AN | 1-35 | R |  |  | HHMM | 999 | R | 1K03 = 1: "Required Data Element Missing" | 2300.DTP03 must be present. |  |
| X223.149.2300.DTP03.020 | DTP03 |  |  |  |  |  |  |  | 999 | R | IK403 = 9: "Invalid Time" | 2300.DTP03 must be a valid time in HHMM format. |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.150.2300.DTP. 010 | DTP | dATE-STATEMENT dATES | ID | 1 | R | 2300 |  |  | 999 | R | IK304 = 3: "Required Segment Missing" | 2300.DTP must be present. |  |
| X223.150.2300.DTP.020 | DTP |  |  |  |  |  |  |  | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2300.DTP with DTP01 = "434" is allowed. |  |


| 8371 Edit Reference | Segment or | Description | ID | Min. Max. | $\begin{array}{\|c\|} \hline \text { Usage } \\ \text { Req. } \end{array}$ | Loop | $\underset{\text { Repeat }}{\text { Loop }}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\begin{gathered} \text { TA1/ } \\ \text { T99/ } \\ \text { 277CA } \end{gathered}$ | Accept/ Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.150.2300.DTP01.010 | DTP01 | Date Time Qualifier | ID | 3-3 | R |  |  | 434 | 999 | R | \|K403 = 1: "Required Data Element Missing" | 2300.DTP01 must be present. |  |
| X223.150.2300.DTP01.020 | DTP01 |  |  |  |  |  |  |  | 999 | R | \|1403 = 7: "Invalid Code Value" | 2300.DTP01 must be "434". |  |
| X223.150.2300.DTP02.010 | DTP02 | $\begin{array}{\|c\|} \hline \text { Date Time Period Format } \\ \text { Qualifier } \end{array}$ | AN | 2-3 | R |  |  | RD8 | 999 | R | 1K403 = 1: "Required Data Element Missing" | 2300.DTP02 must be present. |  |
| X223.150.2300.DTP02.020 | DTP02 |  |  |  |  |  |  |  | 999 | R | \|K403 = 7: "Invalid Code Value" | 2300.DTP02 must be "RD8". |  |
| X223.150.2300.DTP03.010 | DTP03 | $\underset{\substack{\text { Statement From or To } \\ \text { Date }}}{ }$ | AN | 1-35 | R |  |  | CCYYMMDD-CCYYMMDD | 999 | R | K K 403 = 1: "Required Data Element Missing" | 2300.DTP03 must be present. |  |
| X223.150.2300.DTP03.020 | DTP03 |  |  |  |  |  |  |  | 999 | R | IK403 = 8: "Invalid Date" | 2300.DTP03 must be a valid date in CCYYMMDD- |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.151.2300.DTP. 010 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.151.2300.DTP. 020 | DTP | DATE - ADMISSION DATE/HOUR |  | 1 | s | 2300 |  |  | 999 | R | 1K304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2300.DTP with DTP01 = " 435 is allowed. |  |
| X223.151.2300.DTP01.010 | DTP01 | Date Time Qualifier | ID | 3-3 | R |  |  | 435 | 999 | R | \|K403 = 1: "Required Data Element Missing" | 2300.DTP01 must be present. |  |
| X223.151.2300.DTP01.020 | DTP01 |  |  |  |  |  |  |  | 999 | R | \|1403 = 7: "Invalid Code Value" | 2300.DTP01 must be "435". |  |
| X223.151.2300.DTP02.010 | DTP02 | Date Time Period Format <br> Qualifier | ID | 2-3 | R |  |  | D8, DT | 999 | R | \|K403 = 1: "Required Data Element Missing" | 2300.DTP02 must be present. |  |
| X223.151.2300.DTP02.020 | DTP02 |  |  |  |  |  |  |  | 999 | R | \|K403 = 7: "Invalid Code Value" | 2300.DTP02 must be valid values. |  |
| X223.151.2300.DTP03.010 | DTP03 | Admission Date and Hour | AN | 1-35 | R |  |  | CCYYMMDD, CCYYMMDDHHMM | 999 | R | \|K403 = 1: "Required Data Element Missing" | 2300.DTP03 must be present. |  |
| X223.151.2300.DTP03.020 | DTP03 |  |  |  |  |  |  |  | 999 | R | \|K403 = 8: "Invalid Date" | If 2300.DTP02 = D8, then 2300.DTP03 must be a valid date in CCYYMMDD format. |  |
| X223.151.2300.DTP03.030 | DTP03 |  |  |  |  |  |  |  | 999 | R | 1K403 = 8: "Invalid Date" | If 2300. DTP02 $=$ DT, then 2300 .DTP03 must be a valid date in CCYYMMDDHHMM format. | 3/17: Companion Guide note needed - CMS prefers use of the DT code and inclusion of the time. |
| X223.151.2300.DTP03.040 | DTP03 |  |  |  |  |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 510: "Future date" CSC 189: "Facility admission date" | 2300.DTP03 must not be a future date. | Companion Guide note needed |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.152.2300.DTP. 010 | DTP | DATE-REPRICER RECEIVED DATE |  | 1 | s | 2300 |  |  | 999 | R | $\begin{aligned} & \text { IK304 = 5: "Segment Exceeds } \\ & \text { Maximum Use" } \end{aligned}$ | Only one iteration of 2300.DTP is allowed. | pass through, syntax only. |
| X223.152.2300.DTP01.010 | DTP01 | Date Time Qualifier | ID | 3-3 | R |  |  | 050 | 999 | R | \|K403 = 1: "Required Data Element Missing" | 2300.DTP01 must be present. |  |
| X223.152.2300.DTP01.020 | DTP01 |  |  |  |  |  |  |  | 999 | R | \|K403 = 7: "Invalid Code Value" | 2300.DTP01 must be "050". |  |
| X223.152.2300.DTP02.010 | DTP02 | $\begin{array}{\|c\|} \hline \begin{array}{c} \text { Date Time Period Format } \\ \text { Qualifier } \end{array} \\ \hline \end{array}$ | ID | 2-3 | R |  |  | D8 | 999 | R | \|K403 = 1: "Required Data Element Missing" | 2300.DTP02 must be present. |  |
| X223.152.2300.DTP02.020 | DTP02 |  |  |  |  |  |  |  | 999 | R | \|K403 = 7: "Invalid Code Value" | 2300.DTP02 must be "D8". |  |
| X223.152.2300.DTP03.010 | DTP03 | Order Date | AN | 1-35 | R |  |  | CCYYMMDD | 999 | R | \|K403 = 1: "Required Data Element Missing" | 2300.DTP03 must be present. |  |
| X223.152.2300.DTP03.020 | DTP03 |  |  |  |  |  |  |  | 999 | R | 1K403 = 8: "Invalid Date" | 2300.DTPO3 must be a valid date in CCYYMMDD format. |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.153.2300.CL1.010 | CL1 | ${ }^{\text {INSTITUTIONAL CLAIM }}$ <br> CODE |  | 1 | R | 2300 |  |  | 999 | R | IK304 = 3: "Required Segment Missing" | 2300.CL1 must be present. |  |
| X223.153.2300.CL1.020 | CL1 |  |  |  |  |  |  |  | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2300.CL1 is allowed. |  |


| 8371 Edit Reference | Segment or | Description | ID | Min. Max. | $\begin{array}{\|c\|} \hline \text { Usage } \\ \text { Req. } \end{array}$ | Loop | $\underset{\text { Repeat }}{\text { Loop }}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\begin{gathered} \text { TA1/ } \\ \text { T99/ } \\ \text { 277CA } \end{gathered}$ | Accept Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223A2.20.2300.CL101.010 | CL101 | Priority (Type) of Admission or Visit Code | ID | 1-1 | R |  |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2300.CL101 must be present. |  |
| X223.153.2300.CL101.010 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.153.2300.CL101.020 | CL101 |  |  |  |  |  |  |  | 999 | R | 1K403 = 5: "Data Element Too Long" | 2300.CL101 must be 1 character. |  |
| X223.153.2300.CL101.030 | CL101 |  |  |  |  |  |  |  | 277 | C | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 231: "Hospital admission type" | 2300.CL101 must be a valid Priority (Type) of Admission or Visit code. | Valid Priority (Type) of Admission or Visit Code reference must be available for this edit. |
| X223A2.20.2300.CL102.010 | CL102 | Point of Origin for Admission or Visit Code | ID | 1-1 | s |  |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2300.CLL02 must be present when 2300.CLM05-1 is not "14". | per NUBC |
| $\begin{aligned} & \text { X223.153.2300.CL102.010 } \\ & \text { edit deactivated } \\ & \hline \end{aligned}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.153.2300.CL102.020 | CL102 |  |  |  |  |  |  |  | 999 | R | 1K403 = 5: "Data Element Too Long" | 2300.CL102 must be 1 character. |  |
| X223.153.2300.CL102.030 | CL102 |  |  |  |  |  |  |  | 277 | C | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 229: "Hospital admission source" | 2300.CL102 must be a valid Point of Origin for Admission or Visit Code. | Valid Point of Origin for Admission or Visit Code reference must be available for this edit. |
| X223.153.2300.CL103.010 | CL103 | Patient Status Code | ID | 1-2 | R |  |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2300.CL103 must be present. |  |
| X223.153.2300.CL103.015 | CL103 |  |  |  |  |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 234: "Patient discharge status" | When 2300. CL103 value " 20 ", " 40 ", " 41 ", or " 42 " is present, at least one occurrence of 2300 .H101-2 thru HI12-2 must = "55" where HI01-1 is "BH". |  |
| X223.153.2300.CL103.020 | CL103 |  |  |  |  |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 234: "Patient discharge status" | 2300.CL103 must be a valid Patient Status Code. | Valid Patient Status Code reference must be available for this edit. |
| X223.153.2300.CL104.010 | CL104 | Nursing Home Code | ID | 1-1 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.154.2300.PWK.010 | PWK | CLAIM SUPPLEMENTAL INFORMATION |  | 10 | s | 2300 |  |  | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only ten iterations of $2300 . \mathrm{PWK}$ are allowed. | pass through, syntax only. |
| X223.154.2300.PWK01.010 | PWK01 | Attachment Report Type | ID | 2-2 | R |  |  | 03, 04, 05, 06, 07, 08, 09, 10, 11, 13, 15, 21, A3, A4, AM, AS, B2, B3, B4, BR, BS, BT, CB, CK, CT, D2, DA, DB, DG, DJ, DS, EB, HC, HR, I5, IR, LA, M1, MT, NN, OB, OC, OD, OE, OX, OZ, P4, P5, PE, PN, PO, $P Q, P Y, P Z, R B, R R, R T, R X$, | 999 | R | 1K403 = 1: "Required Data Element Missing" | 2300.PWK01 must be present. |  |
| X223.154.2300.PWK01.020 | PWK01 |  |  |  |  |  |  |  | 999 | R | $1 \mathrm{~K} 403=7$ : "Invalid Code Value" | 2300.PWK01 must be valid values. |  |
| X223.154.2300.PWK02.010 | PWK02 | $\begin{gathered} \hline \text { Attachment Transmission } \\ \text { Code } \end{gathered}$ | ID | 1-2 | R |  |  | AA, BM, EL, EM, FT, FX | 999 | R | IK403 = 1: "Required Data Element Missing" | 2300.PWK02 must be present. |  |
| X223.154.2300.PWK02.020 | PWK02 |  |  |  |  |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | $2300 . \mathrm{PWK02}$ must be valid values. |  |
| X223.154.2300.PWK03.010 | PWK03 | Report Copies Needed | No | 1-2 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.154.2300.PWK04.010 | PWK04 | Entity Identifier Code | ID | 2-3 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.154.2300.PWK05.010 | PWK05 | $\begin{gathered} \hline \text { Identification Code } \\ \text { Qualifier } \\ \hline \end{gathered}$ | ID | 1-2 | S |  |  | AC | 999 | R | \|K403 = 2:"Conditional Required Data Element Missing" | When 2300.PWK05 is present, 2300.PWK02 must be "BM", "EL", "EM", "FX" or "FT". |  |
| X223.154.2300.PWK05.020 | PWK05 |  |  |  |  |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.PWK05 must be "AC". |  |
| X223.154.2300.PWK06.010 | PWK06 | Attachment Control Number | AN | 2-80 | s |  |  |  | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | When 2300.PWK06 is present, 2300.PWK02 must be "BM", "EL", "EM", "FX" or "FT". |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | Segment or Element | Description | ID | Min. | $\begin{gathered} \text { Usage } \\ \text { Req. } \end{gathered}$ | Loop | $\begin{gathered} \text { Loop } \\ \text { Repeat } \end{gathered}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\begin{gathered} \text { TA1// } \\ \text { 999/ } \\ \text { 277CA } \end{gathered}$ | Accept/ Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.154.2300.PWK06.020 | PWK06 |  |  |  |  |  |  |  | 999 | E | IK403 = 4: "Data Element Too Short" IK403 = 5: "Data Element Too Long" | 2300.PWK06 must be 2-50 characters. |  |
| X223.154.2300.PWK06.030 | PWK06 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 489: "Attachment Control Number" |  |  |
| X223.154.2300.PWK06.040 | PWK06 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2300.PWK06 must be populated with accepted AN characters. |  |
| X223.154.2300.PWK06.050 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.154.2300.PWK06.060 | PWK06 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2300.PWK06 must contain at least two non-space characters. |  |
| X223.154.2300.PWK07.010 | PWK07 | Description | AN | 1-80 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.154.2300.PWK08.010 | PWK08 | ACTIONS InDICATED |  |  | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.154.2300.PWK09.010 | PWK09 | Request Category Code | ID | 1-2 | NU |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.158.2300.CN1.010 | CN1 | CONTRACT INFORMATION | ID | 1 | s | 2300 |  |  | 999 | R | IK304 = 19: "Implementation Dependent "Not Used" Segment Present" | 2300.CN1 must not be present. | IG note that CN1 is not for HIPAA claims. |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.160.2300.AMT.010 | AMT | PATIENT ESTIMATED AMOUNT DUE |  | 1 | s | 2300 |  |  | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2300.AMT is allowed. |  |
| X223.160.2300.AMT01.010 | AMT01 | Amount Qualifier Code | ID | 1-3 | R |  |  | F3 | 999 | R | \|K403 = 1: "Required Data Element Missing" | 2300.AMT01 must be present. |  |
| X223.160.2300.AMT01.020 | AMT01 |  |  |  |  |  |  |  | 999 | R | \|1403 = 7: "Invalid Code Value" | 2300.AMT01 must be "F3". |  |
| х223.160.2300.AMT02.010 | AMT02 | Patient Responsibility Amount | R | 1-18 | R |  |  |  | 999 | R | \|K403 = 1: "Required Data Element Missing" | 2300.AMT02 must be present. |  |
| X223.160.2300.AMT02.020 | AMT02 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | AMT02 must be numeric. |  |
| X223.160.2300.AMT02.030 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.160.2300.AMT02.040 | AMT02 |  |  |  |  |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" | 2300.AMT02 must be >= 0 and <=99,999,999.99. |  |
| X223.160.2300.AMT02.050 | AMT02 |  |  |  |  |  |  |  | 277 | ${ }^{\top}$ | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" <br> CSC 565: "Estimated Claim Due Amount" ElC. C. "Patient" |  |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | Segment or Element | Description | ID | Min. | Usage | Loop | Loop <br> Repeat | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\begin{gathered} \text { TA1// } \\ \text { 999/ } \\ \text { 277CA } \end{gathered}$ | Accept/ Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.160.2300.AMT02.060 | AMT02 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 697: "Invalid Decimal Precision" CSC 565: "Estimated Claim Due Amount" <br> EIC: QC "Patient" | 2300.AMT02 is limited to 0,1 or 2 decimal positions. |  |
| X223.160.2300.AMT03.010 | AMT03 | CreditDebit Flag Code | ID | 1-1 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = 110: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.161.2300.REF. 010 | REF | SERVICE AUTHORIZATION EXCEPTION CODE |  | 1 | s | 2300 |  |  | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2300 . REF with REF01 = "4N" is allowed. | pass through, syntax only. |
| X223.161.2300.REF01.010 | REF01 | Reference Identification Qualifier |  |  |  |  |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2300.REF01 must be present. |  |
| X223.161.2300.REF01.020 | REF01 |  | ID | 2-3 | R |  |  | 4 N | 999 | R | \|1403 = 7: "Invalid Code Value" | 2300.REF01 must be "4N". |  |
| X223.161.2300.REF02.030 | REF02 | Service Authorization Exception Code | ID | 1-50 | R |  |  | 1, 2, 3, 4, 5, 6, 7 | 999 | R | \|K403 = 1: "Required Data Element Missing" | 2300.REF02 must be present. |  |
| X223.161.2300.REF02.040 | REF02 |  |  |  |  |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300. REF02 must be valid values. |  |
| X223.161.2300.REF03.010 | REF03 | Description | AN | 1-80 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.161.2300.REF04.010 | REF04 | REFERENCE IDENTIFIER |  |  | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.163.2300.REF. 010 | REF | REFERRAL NUMBER |  | 1 | S | 2300 |  |  | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2300 REF with REF01 $=$ "9F" is allowed. |  |
| X223.163.2300.REF01.010 | REF01 | Reference Identification | ID | 2-3 | R |  |  | 9 F | 999 | R | IK403 = 1: "Required Data Element Missing" | 2300.REF01 must be present. |  |
| X223.163.2300.REF01.020 | REF01 |  |  |  |  |  |  |  | 999 | R | \|K403 = 7: "Invalid Code Value" | 2300.REF01 must be "9F". |  |
| X223.163.2300.REF02.010 | REF02 | Prior Authorization or Referral Number | AN | 1-50 | R |  |  |  | 999 | R | \|K403 = 1: "Required Data Element Missing" | 2300.REF02 must be present. |  |
| X223.163.2300.REF02.020 | REF02 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2300.REF02 must contain at least one non-space character. |  |
| X223.163.2300.REF02.030 | REF02 |  |  |  |  |  |  |  | 999 | E | \|K403 = 5: "Data Element Too Long" | 2300.REF02 must be $1-50$ characters. |  |
| X223.163.2300.REF02.040 | REF02 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 252: "Entity's authorization/certification number" EIC: PR "Payer" |  |  |
| X223.163.2300.REF02.050 | REF02 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2300.REFO2 must be populated with accepted AN characters. |  |
| X223.163.2300.REF02.060 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.163.2300.REF03.010 | REF03 | Description | AN | 1-80 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.163.2300.REF04.010 | REF04 | REFERENCE IDENTIFIER |  |  | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \\ & \hline \end{aligned}$ | Must not be present. |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | Segment or Element | Description | ID | $\underset{\text { Max. }}{\operatorname{Min} .}$ | Usage Req. | Loop | $\begin{gathered} \text { Loop } \\ \text { Repeat } \end{gathered}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\begin{gathered} \text { TA1/ } \\ \text { 999/ } \\ \text { 277CA } \end{gathered}$ | Accept/ Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.164.2300.REF. 010 | REF | PRIOR AUTHORIZATION |  | 1 | s | 2300 |  |  | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2300.REF with REF01 = "G1" is allowed. |  |
| X223.164.2300.REF01.010 | REF01 | Reference Identification Qualifier | ID | 2-3 | R |  |  | G1 | 999 | R | 1K403 = 1: "Required Data Element | 2300.REF01 must be present. |  |
| X223.164.2300.REF01.020 | REF01 |  |  |  |  |  |  |  | 999 | R | $1 \mathrm{~K} 403=7$ : "Invalid Code Value" | 2300.REF01 must be "G1". |  |
| X223.164.2300.REF02.010 | REF02 | Prior Authorization Number | AN | ${ }^{1-50}$ | R |  |  |  | 999 | R | 1K403 = 1: "Required Data Element Missing" | 2300.REF02 must be present. |  |
| X223.164.2300.REF02.020 | REF02 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2300. REF02 must contain at least one non-space character. |  |
| X223.164.2300.REF02.030 | REF02 |  |  |  |  |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" | 2300.REF02 must be 1-50 characters. |  |
| X223.164.2300.REF02.040 | REF02 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 252: "Entity's authorization/certification number" EIC: 85 "Billing Provider" |  |  |
| X223.164.2300.REF02.050 | REF02 |  |  |  |  |  |  |  | 999 | R | $\begin{aligned} & \text { IK403 = 6: "Invalid Character in Data } \\ & \text { Element" } \end{aligned}$ | 2300.REF02 must be populated with accepted AN characters. |  |
| X223.164.2300.REF02.060 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.164.2300.REF03.010 | REF03 | Description | AN | 1-80 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.164.2300.REF04.010 | REF04 | REFERENCE IDENTIFIER |  |  | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.166.2300.REF. 010 | REF | PAYER CLAIM CONTROL NUMBER | ID | 1 | s | 2300 |  |  | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2300. REF with REF01 $=$ "F8" is allowed. | Required when CLM05-3 (Claim Frequency Code) indicates this claim is a replacement or void to a previously adjudicated claim. |
| X223.166.2300.REF01.010 | REF01 | Reference Identification Qualifier | ID | 2-3 | R |  |  | F8 | 999 | R | IK403 = 1: "Required Data Element Missing" | 2300.REF01 must be present. |  |
| X223.166.2300.REF01.020 | REF01 |  |  |  |  |  |  |  | 999 | R | 1 K 403 = 7 : "Invalid Code Value" | 2300.REF01 must be "F8". |  |
| X223.166.2300.REF02.010 | REF02 | PAYER CLAIM CONTROL NUMBER | AN | 1-50 | R |  |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2300.REF02 must be present. |  |
| X223.166.2300.REF02.020 | REF02 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2300.REF02 must contain at least one non-space character. |  |
| X223.166.2300.REF02.030 | REF02 |  |  |  |  |  |  |  | 999 | E | 1K403 = 5: "Data Element Too Long" | 2300.REF02 must be $1-50$ characters. |  |
| X223.166.2300.REF02.040 | REF02 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 464: "Payer Assigned Claim Control Number" |  |  |


| 8371 Edit Reference | Segment or Element | Description | ID | $\begin{aligned} & \text { Min. } \\ & \text { } \end{aligned}$ | $\begin{array}{\|c\|} \hline \text { Usage } \\ \text { Req. } \end{array}$ | Loop | $\begin{aligned} & \text { Loop } \\ & \text { Repeat } \end{aligned}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\begin{array}{\|c} \text { TA1/ } \\ \text { 999/ } \\ \text { 277CA } \end{array}$ | $\begin{array}{\|c\|cc\|} \hline \text { Accept } \\ \text { Rejej } \end{array}$ | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.166.2300.REF02.050 | REF02 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2300.REF02 must be populated with accepted AN characters. |  |
| X223.166.2300.REF02.060 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.166.2300.REF03.010 | REF03 | Description | AN | 1-80 | N/U |  |  |  | 999 | E | 1K403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.166.2300.REF04.010 | REF04 | REFERENCE IDENTIFIER |  |  | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Flement Present" | Must not be present. |  |
| X223.167.2300.REF. 010 | REF | REPRICED CLAIM NUMBER |  | 1 | s | 2300 |  |  | 999 | R | 1K304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2300. REF with REF01 $=$ " $9 \mathrm{~A} "$ is | pass through, syntax only. |
| X223.167.2300.REF01.010 | REF01 | Reference Identification Qualifier | ID | 2-3 | R |  |  | 9A | 999 | R | IK403 = 1: "Required Data Element Missing" | 2300.REF01 must be present. |  |
| X223.167.2300.REF01.020 | REF01 |  |  |  |  |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.REF01 must be "9A". |  |
| X223.167.2300.REF02.010 | REF02 | Repriced Claim Reference Number | AN | 1-50 | R |  |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2300.REF02 must be present. |  |
| X223.167.2300.REF02.020 | REF02 |  |  |  |  |  |  |  | 999 | R | \|K403 = 6: "Invalid Character in Data Element" | 2300.REF02 must contain at least one non-space character. |  |
| X223.167.2300.REF02.030 | REF02 |  |  |  |  |  |  |  | 999 | E | 1K403 = 5: "Data Element Too Long" | 2300.REF02 must be 1-50 characters. |  |
| X223.167.2300.REF02.040 | REF02 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" |  |  |
| X223.167.2300.REF02.050 | REF02 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2300.REF02 must be populated with accepted AN characters. |  |
| X223.167.2300.REF02.060 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.167.2300.REF03.010 | REF03 | Description | AN | 1-80 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not | Must not be present. |  |
| X223.167.2300.REF04.010 | REF04 | REFERENCE IDENTIFIER |  |  | N/U |  |  |  | 999 | E | \|K403 = 110: "Implementation "Not | Must not be present. |  |
| X223.168.2300.REF. 010 | REF | ADJUSTED REPRICED CLAIM NUMBER |  | 1 | s | 2300 |  |  | 999 | R | IK 304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2300. REF with REF01 = "9C" is allowed. | pass through, syntax only. |
| X223.168.2300.REF01.010 | REF01 | $\begin{gathered} \text { Reference Identification } \\ \text { Qualifier } \end{gathered}$ | ID | 2-3 | R |  |  | 9 C | 999 | R | IK403 = 1: "Required Data Element | 2300.REF01 must be present. |  |
| X223.168.2300.REF01.020 | REF01 |  |  |  |  |  |  |  | 999 | R | \|K403 = 7: "Invalid Code Value" | 2300.REF01 must be "9C". |  |
| X223.168.2300.REF02.010 | REF02 | Adjusted Repriced Claim Reference Number | AN | 1-50 | R |  |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2300.REF02 must be present. |  |
| X223.168.2300.REF02.020 | REF02 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2300.REF02 must contain at least one non-space |  |
| X223.168.2300.REF02.030 | REF02 |  |  |  |  |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" | 2300.REF02 must be $1-50$ characters. |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \\ \hline \end{gathered}$ | Segment or Element | Description | ID | $\begin{aligned} & \text { Min. } \\ & \text { Max. } \end{aligned}$ | $\begin{gathered} \text { Usage } \\ \text { Req. } \end{gathered}$ | Loop | $\begin{gathered} \text { Loop } \\ \text { Repeat } \\ \hline \end{gathered}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\begin{gathered} \text { TA1/ } \\ \text { 999/ } \\ 277 C A \end{gathered}$ | Accept/ | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.168.2300.REF02.040 | REF02 |  |  |  |  |  |  |  | 277 | T | $\begin{aligned} & \text { CSCC A7: "Acknowledgement } \\ & \text { /Rejected for Invalid Information..." } \\ & \text { CSC 512: "Length invalid for receiver's } \\ & \text { application system" } \\ & \text { CSC 517: "Adjusted Repriced Claim } \\ & \text { Reforenee Numher" } \end{aligned}$ |  |  |
| X223.168.2300.REF02.050 | REF02 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2300.REFO2 must be populated with accepted AN characters. |  |
| X223.168.2300.REF02.060 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.168.2300.REF03.010 | REF03 | Description | AN | 1-80 | NU |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.168.2300.REF04.010 | REF04 | REFERENCE IDENTIFIER |  |  | NU |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.169.2300.REF. 010 | REF | INVESTIGATIONAL DEVICE EXEMPTION NUMBER |  | 5 | s | 2300 |  |  | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2300 .REF with REF01 = "LX" is allowed. | CMS is only accepting one iteration. |
| X223.169.2300.REF01.010 | REF01 | Reference Identification Qualifier | ID | 2-3 | R |  |  | LX | 999 | R | IK403 = 1: "Required Data Element Missing" | 2300.REF01 must be present. | 03/30: Companion Guide Note needed. |
| X223.169.2300.REF01.020 | REF01 |  |  |  |  |  |  |  | 999 | R | 1 K 403 = 7 : "Invalid Code Value" | 2300.REF01 must be "LX". |  |
| X223.169.2300.REF02.010 | REF02 | Investigational Device | AN | 1-50 | R |  |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2300.REF02 must be present. |  |
| X223.169.2300.REF02.020 | REF02 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2300.REF02 must contain at least one non-space character. |  |
| X223.169.2300.REF02.030 | REF02 |  |  |  |  |  |  |  | 999 | E | 1K403 = 5: "Data Element Too Long" | 2300.REF02 must be 1-50 characters. |  |
| X223.169.2300.REF02.040 | REF02 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 579: "Investigational Device Exemntion_dentifier" |  |  |
| X223.169.2300.REF02.050 | REF02 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2300.REFO2 must be populated with accepted AN characters. |  |
| X223.169.2300.REF02.060 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.169.2300.REF03.010 | REF03 | Description | AN | 1-80 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| Х223.169.2300.REF04.010 | REF04 | REFERENCE IDENTIFIER |  |  | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.170.2300.REF. 010 | REF | CLAIM IDENTIFIER FOR TRANSMISSION INTERMEDIARIES |  | 1 | s | 2300 |  |  | 999 | R | 1K304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2300. REF with REF01 = "D9" is allowed. | pass through, syntax only. |
| X223.170.2300.REF01.010 | REF01 | Reference Identification Qualifier | ID | 2-3 | R |  |  | D9 | 999 | R | IK403 = 1: "Required Data Element Missing" | 2300.REF01 must be present. |  |


| 8371 Edit Reference | Segment or Element | Description | ID | $\begin{aligned} & \text { Min. } \\ & \text { } \end{aligned}$ | $\begin{array}{\|c\|} \hline \text { Usage } \\ \text { Req. } \end{array}$ | Loop | $\underset{\text { Repeat }}{\text { Loop }}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\begin{gathered} \text { TA1/ } \\ \text { T99/ } \\ \text { 277CA } \end{gathered}$ | $\begin{array}{\|c\|cc\|} \hline \text { Accept } \\ \text { Rejej } \end{array}$ | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.170.2300.REF01.020 | REF01 |  |  |  |  |  |  |  | 999 | R | 1 K 403 = 7: "Invalid Code Value" | 2300.REF01 must be "D9" |  |
| X223.170.2300.REF02.010 | REF02 | Value Added Network Trace Number | AN | 1-50 | R |  |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2300.REF02 must be present. |  |
| X223.170.2300.REF02.020 | REF02 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2300.REF02 must contain at least one non-space character. |  |
| X223.170.2300.REF02.030 | REF02 |  |  |  |  |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" | 2300.REF02 must be 1-20 characters. |  |
| X223.170.2300.REF02.040 | REF02 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 543: "Clearinghouse or Value Added Network Trace" |  |  |
| X223.170.2300.REF02.050 | REF02 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2300.REF02 must be populated with accepted AN characters. |  |
| X223.170.2300.REF02.060 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.170.2300.REF03.010 | REF03 | Description | AN | 1-80 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.170.2300.REF04.010 | REF04 | REFERENCE IDENTIFIER |  |  | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.172.2300.REF. 010 | REF | AUTO ACCIDENT STATE |  | 1 | s | 2300 |  |  | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | $\begin{aligned} & \text { Only one iteration of } 2300 . \text { REF with REF01 = "LU" } \\ & \text { is allowed. } \end{aligned}$ | pass through, syntax only. |
| X223.172.2300.REF01.010 | REF01 | Reference Identification Qualifier | ID | 2-3 | R |  |  | LU | 999 | R | IK403 = 1: "Required Data Element Missing" | 2300.REF01 must be present. |  |
| X223.172.2300.REF01.020 | REF01 |  |  |  |  |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.REF01 must be "LU". |  |
| X223.172.2300.REF02.010 | REF02 | Auto Accident State or Province | AN | 1-50 | R |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 501: "Entity's State/Province" CSC 171: Other insurance coverage information (health, liability, auto, etc.) FIC. PR "Paver" | 2300.REFO2 must be a valid State or Provience code. | Valid State Code reference must be available for this edit. |
| X223.172.2300.REF03.010 | REF03 | Description | AN | 1-80 | N/U |  |  |  | 999 | E | IK403 $=$ I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.172.2300.REF04.010 | REF04 | REFERENCE IDENTIFIER |  |  | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.173.2300.REF. 010 | REF | $\begin{aligned} & \text { MEDICAL RECORD } \\ & \text { NUMBER } \end{aligned}$ |  | 1 | s | 2300 |  |  | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" Maximum Use" | Only one iteration of 2300. REF with REF01 = "EA" is allowed. |  |
| X223.173.2300.REF01.010 | REF01 | Reference Identification Qualifier | ID | 2-3 | R |  |  | EA | 999 | R | IK403 = 1: "Required Data Element Missing" | 2300.REF01 must be present. |  |
| X223.173.2300.REF01.020 | REF01 |  |  |  |  |  |  |  | 999 | R | \|1403 = 7: "Invalid Code Value" | 2300.REF01 must be "EA". |  |
| X223.173.2300.REF02.010 | REF02 | Medical Record Number | AN | 1-50 | R |  |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2300.REFO2 must be present. |  |
| X223.173.2300.REF02.020 | REF02 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2300.REF02 must contain at least one non-space character. |  |
| X223.173.2300.REF02.030 | REF02 |  |  |  |  |  |  |  | 999 | E | 1K403 = 5: "Data Element Too Long" | 2300.REF02 must be 1-50 characters. |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \\ \hline \end{gathered}$ | $\underset{\text { Element or }}{\text { Element }}$ | Description | ID | Min. Max. | $\begin{array}{\|c} \begin{array}{c} \text { Usage } \\ \text { Req. } \end{array} \\ \hline \end{array}$ | Loop | $\begin{aligned} & \text { Loop } \\ & \text { Repeat } \\ & \hline \end{aligned}$ | $\begin{gathered} 5010 \\ \text { Values } \\ \hline \end{gathered}$ | $\begin{array}{\|r\|} \hline \text { TA1// } \\ \text { 999/ } \\ \text { 277CA } \\ \hline \end{array}$ | Accept Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.173.2300.REF02.040 | REF02 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 588-"medical Record Number" |  |  |
| X223.173.2300.REF02.050 | REF02 |  |  |  |  |  |  |  | 999 | R | $\begin{aligned} & \text { IK403=6: "Invalid Character in Data } \\ & \text { Element" } \\ & \hline \end{aligned}$ | 2300. REF02 must be populated with accepted AN |  |
| X223.173.2300.REF02.060 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.173.2300.REF03.010 | REF03 | Description | AN | 1-80 | N/U |  |  |  | 999 | E | IK403 = $110:$ "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.173.2300.REF04.010 | REF04 | REFERENCE IDENTIFIER |  |  | N/U |  |  |  | 999 | E | IK403 $=110:$ "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.174.2300.REF. 010 | REF | demonstration PROJECT IDENTIFIER |  | 1 | s | 2300 |  |  | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2300.REF with REF01 = "P4" is allowed. |  |
| X223.174.2300.REF01.010 | REF01 | Reference Identification Qualifier | ID | 2-3 | R |  |  | P4 | 999 | R | \|K403 = 1: "Required Data Element Missing" | 2300.REF01 must be present. |  |
| X223.174.2300.REF01.020 | REF01 |  |  |  |  |  |  |  | 999 | R | 1 K 403 = 7 : "Invalid Code Value" | 2300.REF01 must be "P4". |  |
| X223.174.2300.REF02.010 | REF02 | Demonstration Project Identifier | AN | 1-50 | R |  |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2300.REF02 must be present. |  |
| X223.174.2300.REF02.020 | REF02 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2300.REF02 must contain at least one non-space |  |
| X223.174.2300.REF02.030 | REF02 |  |  |  |  |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" | 2300.REF02 must be 1-50 characters. |  |
| X223.174.2300.REF02.040 | REF02 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 556: "Demonstration Project Identifier" |  |  |
| X223.174.2300.REF02.050 | REF02 |  |  |  |  |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 732: Information submitted inconsistent with billing guidelines CSC 556: Demonstration Project Identifier | If 2300.REF02 (REF01=P4) is a valid VA demonstration project identifier, 1000B.NM109 must be "04001". |  |
| X223.174.2300.REF03.010 | REF03 | Description | AN | 1-80 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.174.2300.REF04.010 | REF04 | REFERENCE IDENTIFIER |  |  | N/U |  |  |  | 999 | E | $1 \mathrm{~K} 403=110:$ "Implementation "Not Used" Flement Present" | Must not be present. |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.175.2300.REF. 010 | REF | PEER REVIEW ORGANIZATION (PRO) APPROVAL NUMBER |  | 1 | s | 2300 |  |  | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2300 .REF with REF01 = "G4" is allowed. |  |
| X223.175.2300.REF01.010 | REF01 | Reference Identification Qualifier | ID | 2-3 | R |  |  | G4 | 999 | R | 1K403 = 1: "Required Data Element | 2300.REF01 must be present. |  |
| X223.175.2300.REF01.020 | REF01 |  |  |  |  |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.REF01 must be "G4". |  |
| X223.175.2300.REF02.010 | REF02 | PRO Number | AN | 1-50 | R |  |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2300.REF02 must be present. |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | Segment or | Description | ID | $\begin{aligned} & \text { Min. } \\ & \text { Max. } \end{aligned}$ | $\left\lvert\, \begin{gathered} \text { Usage } \\ \text { Rea. } \end{gathered}\right.$ | Loop | $\begin{aligned} & \text { Loop } \\ & \text { Repeat } \\ & \hline \end{aligned}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\begin{gathered} \text { TA1/ } \\ \text { 999/ } \\ 277 C A \end{gathered}$ | Accept/ Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.175.2300.REF02.020 | REF02 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2300.REF02 must contain at least one non-space character. |  |
| X223.175.2300.REF02.030 | REF02 |  |  |  |  |  |  |  | 999 | E | \|K403 = 5: "Data Element Too Long" | 2300.REF02 must be 1-50 characters. |  |
| X223.175.2300.REF02.040 | REF02 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" <br> CSC 611: "Peer Review Authorization Number" |  |  |
| X223.175.2300.REF02.050 | REF02 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2300.REFO2 must be populated with accepted AN characters. |  |
| X223.175.2300.REF02.060 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.175.2300.REF03.010 | REF03 | Description | AN | 1-80 | N/U |  |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.175.2300.REF04.010 | REF04 | REFERENCE IDENTIFIER |  |  | N/U |  |  |  | 999 | E | IK403 $=110:$ "Implementation "Not Used" Element Present" | Must not be present. |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Х223.176.2300.K3.010 | K3 | FILE INFORMATION |  | 10 | s | 2300 |  |  | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only ten iterations of K3 are allowed. |  |
| х223.176.2300.к301.010 | K301 | Fixed Format Information | AN | 1-80 | R |  |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2300.K301 must be present. |  |
| X223.176.2300.K301.020 | K301 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2300.K301 must contain at least one non-space character. |  |
| X223.176.2300.K301.030 | K301 |  |  |  |  |  |  |  | 999 | E | \|K403 = 5: "Data Element Too Long" | 2300.K301 must be 1-80 characters. |  |
| Х223.176.2300.K301.040 | K301 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" <br> CSC 569: "Fixed Format Information" |  |  |
| Х223.176.2300.K301.050 | K301 |  |  |  |  |  |  |  | 999 | R | \|K403 = 6: "Invalid Character in Data Element" | 2300.K301 must be populated with accepted AN characters. |  |
| X223.176.2300.K301.060 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Х223.176.2300.К302.010 | K302 | Record Format Code | ID | 1-2 | N/U |  |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | Must not be present. |  |
| Х223.176.2300.К303.010 | K303 | $\begin{gathered} \text { COMPOSITE UNIT OF } \\ \text { MEASURE } \\ \hline \end{gathered}$ |  |  | N/U |  |  |  | 999 | E | IK403 = 110 : "Implementation "Not Used" Element Prasent" | Must not be present. |  |
| X223.178.2300.NTE. 010 | NTE | CLAIM NOTE |  | 10 | s | 2300 |  |  | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only ten iterations of 2300.NTE are allowed. |  |
| X223.178.2300.NTE01.010 | NTE01 | Note Reference Code | ID | 3-3 | R |  |  | ALG, DCP, DGN, DME, MED, NTR, ODT, RHB, RLH, RNH, SET, SFM, SPT, UPI | 999 | R | IK403 = 1: "Required Data Element Missing" | 2300.NTE01 must be present. |  |
| X223.178.2300.NTE01.020 | NTE01 |  |  |  |  |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300. NTE01 must be valid values. |  |
| X223.178.2300.NTE02.010 | NTE02 | Claim Note Text | AN | 1-80 | R |  |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2300.NTE02 must be present. |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | Segment or Element | Description | ID | $\begin{aligned} & \text { Min. } \\ & \text { Max. } \end{aligned}$ | Usage Req | Loop | Loop Repeat | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\begin{gathered} \text { TA1/ } \\ \text { 999/ } \\ \text { 277CA } \end{gathered}$ | Accept/ Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.178.2300.NTE02.020 | NTE02 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data | 2300.NTE02 must be at least one non-space character. |  |
| X223.178.2300.NTE02.030 | NTE02 |  |  |  |  |  |  |  | 999 | E | 1K403 = 5: "Data Element Too Long" | 2300.NTE02 must be 1-80 characters. |  |
| X223.178.2300.NTE02.040 | NTE02 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 297• "Medical Notes/Renort" |  |  |
| X223.178.2300.NTE02.050 | NTE02 |  |  |  |  |  |  |  | 999 | R | $\begin{aligned} & \text { IK403 = 6: "Invalid Character in Data } \\ & \text { Element" } \end{aligned}$ | 2300.NTE02 must be populated with accepted AN |  |
| X223.178.2300.NTE02.060 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.180.2300.NTE. 010 | NTE | BILLING NOTE |  | 1 | s | 2300 |  |  | 999 | R | IK304 = 5: "Segment Exceeds | Only one iteration of 2300.NTE is allowed. |  |
| X223.180.2300.NTE01.010 | NTE01 | Note Reference Code | ID | 3-3 | R |  |  | ADD | 999 | R | 1K403 = 1: "Required Data Element | 2300.NTE01 must be present. |  |
| X223.180.2300.NTE01.020 | NTE01 |  |  |  |  |  |  |  | 999 | R | 1 K 403 = 7 : "Invalid Code Value" | 2300.NTE01 must be "ADD". |  |
| X223.180.2300.NTE02.010 | NTE02 | Billing Note Text | AN | 1-80 | R |  |  |  | 999 | R | \|K403 = 1: "Required Data Element Missing" | 2300. NTE02 must be present. |  |
| X223.180.2300.NTE02.020 | NTE02 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2300.NTE02 must be at least one non-space character. |  |
| X223.180.2300.NTE02.030 | NTE02 |  |  |  |  |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" | 2300 .NTE02 must be 1-80 characters. |  |
| X223.180.2300.NTE02.040 | NTE02 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 704: "claim Note Text" |  |  |
| X223.180.2300.NTE02.050 | NTE02 |  |  |  |  |  |  |  | 999 | R | $\begin{aligned} & \begin{array}{l} \text { 1K403 = 6: "Invalid Character in Data } \\ \text { Element" } \end{array} \\ & \hline \end{aligned}$ | 2300.NTE02 must be populated with accepted AN |  |
| X223.180.2300.NTE02.060 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.181.2300.CRC. 010 | CRC | EPSDT REFERRAL |  | 1 | s | 2300 |  |  | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2300.CRC with CRC01 = "ZZ" is allowed. | pass through, syntax only. |
| X223.181.2300.CRC01.010 | CRC01 | Code Category | ID | 2-2 | R |  |  | zz | 999 | R | 1K403 = 1: "Required Data Element | 2300.CRC01 must be present. |  |
| X223.181.2300.CRC01.020 | CRC01 |  |  |  |  |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.CRC01 must be "ZZ". |  |
| X223.181.2300.CRC02.010 | CRC02 | Certification Condition Indicator | ID | 1-1 | R |  |  | N, Y | 999 | R | \|K403 = 1: "Required Data Element | 2300.CRC02 must be present. |  |
| X223.181.2300.CRC02.020 | CRC02 |  |  |  |  |  |  |  | 999 | R | 1 K 403 = 7 : "Invalid Code Value" | 2300.CRC02 must be valid values. |  |
| X223.181.2300.CRC03.010 | CRC03 | Condition Code | ID | 2-3 | R |  |  | AV, NU, S2, ST | 999 | R | \|K403 = 1: "Required Data Element Missing" | 2300.CRC03 must be present. |  |
| X223.181.2300.CRC03.020 | CRC03 |  |  |  |  |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | $2300 . C R C 03$ must be valid values. |  |
| X223.181.2300.CRC03.025 | CRC03 |  |  |  |  |  |  |  | 999 | R | 1 1403 = 7: "Invalid Code Value" | If 2300.CRC02 is "N", 2300.CRC03 must be "NU". |  |
| X223.181.2300.CRC04.010 | CRC04 | Condition Code | ID | 2-3 | s |  |  | AV, NU, S2, ST | 999 | R | $1 \mathrm{~K} 403=7$ : "Invalid Code Value" | 2300.CRC04 must be valid values. |  |
| X223.181.2300.CRC05.010 | CRC05 | Condition Code | ID | 2-3 | s |  |  | AV, NU, S2, ST | 999 | R | $1 \mathrm{~K} 403=7$ : "Invalid Code Value" | $2300 . C R C 05$ must be valid values. |  |


| 8371 Edit Reference | Segment or Element | Description | ID | $\begin{aligned} & \text { Min. } \\ & \text { } \end{aligned}$ | $\begin{array}{\|c\|} \hline \text { Usage } \\ \text { Req. } \end{array}$ | Loop | $\underset{\text { Repeat }}{\text { Loop }}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\begin{gathered} \text { TA1/ } \\ \text { T99/ } \\ \text { 277CA } \end{gathered}$ | Accept Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.181.2300.CRC06.010 | CRC06 | Condition Indicator | ID | 2-3 | N/U |  |  |  | 999 | E | IK403 $=$ I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.181.2300.CRC07.010 | CRC07 | Condition Indicator | ID | 2-3 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.184.2300.H1.010 | HI | PRINCIPAL DIAGNOSIS |  | 1 | R | 2300 |  |  | 999 | R | IK304 = 3: "Required Segment Missing" | 2300.H1 with H101-1 = "BK" must be present. | ICD-9 Only period |
| X223.184.2300.HI.020 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.184.2300.HI.030 | HI |  |  |  |  |  |  |  | 999 | R | IK304 = 3: "Required Segment Missing" | 2300. H w with H101-1 = "ABK" must be present. | ICD-10 Only period - assumes no dual-use after mandated date. |
| X223.184.2300.H1.040 | HI |  |  |  |  |  |  |  | 999 | R | 1K304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of $2300 . \mathrm{HI}$ with $\mathrm{HIO1-1}=$ "BK" is allowed. | ICD-9 Only period |
| $\begin{array}{\|l} \hline \text { X223.184.2300.HII. } 050 \\ \text { edit deactivated } \\ \hline \end{array}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.184.2300.H1.060 | HI |  |  |  |  |  |  |  | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2300 .HI with H101-1 = "ABK" is allowed. | ICD-10 Only period - assumes no dual-use after mandated date. |
|  | H01 | HEALTH CARE CODE INFORMATION |  |  | R |  |  |  |  |  |  |  |  |
| X223.184.2300.H101-1.010 | H01-1 | Code List Qualifier Code | ID | 1-3 | R |  |  | ABK, BK | 999 | R | IK403 = 1: "Required Data Element Missing" | 2300. H101-1 must be present. |  |
| X223.184.2300.H101-1.020 | H01-1 |  |  |  |  |  |  |  | 999 | R | \|1403 = 7: "Invalid Code Value" | 2300. H101-1 must be valid values. |  |
| X223.184.2300.H101-1.030 | H01-1 |  |  |  |  |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H101-1 must = "BK". | ICD-9 Only period |
| X223.184.2300.H101-1.040 | H01-1 |  |  |  |  |  |  |  | 999 | R | \|K403 = 7: "Invalid Code Value" | 2300. $\mathrm{H} 101-1$ must = "ABK". | ICD-10 Only period - assumes no dual-use after mandated date. |
| X223.184.2300.H101-2.010 | H01-2 | Industry Code | AN | 1-30 | R |  |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2300. $\mathrm{H} 101-2$ must be present. |  |
| X223.184.2300. $\mathrm{H} 101-2.020$ | H01-2 |  |  |  |  |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 254: "Principal diagnosis code" | If 2300. $\mathrm{H} 101-1$ is " BK " then $2300 . \mathrm{H} 101-2$ must be a valid ICD-9 Diagnosis code (based on date of service). | ICD-9 Only period. <br> Valid ICD-9 Diagnosis Code reference must be available for this edit |
| X223.184.2300.H101-2.030 | H01-2 |  |  |  |  |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 254: "Principal diagnosis code" | If 2300.H101-1 is "ABK" then 2300.H101-2 must be a valid ICD-10 Diagnosis code. | ICD-10 Only period. Valid ICD-10 Diagnosis Code reference must be available for this edit. |
| X223.184.2300. $\mathrm{H} 101-2.040$ | H01-2 |  |  |  |  |  |  |  | 999 | E | IK403 = 6: "Invalid Character in Data Element" | 2300.H101-2 must not contain a ".". |  |
| X223.184.2300. $\mathrm{H} 101-2.050$ | H01-2 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 511: "Invalid character" CSC 254: "Principal diagnosis code" |  |  |
| X223.184.2300.H101-2.060 | H01-2 |  |  |  |  |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 254: Principal Diagnosis Code CSC 509: E-Code | If $2300 . \mathrm{H} 101-1=\mathrm{BK}$ then $2300 . \mathrm{H} 101-2$ must not begin with " E ". |  |
| X223.184.2300.H101-2.065 |  |  |  |  |  |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 254: "Principal diagnosis code" CSC 509: External Cause of Injury | If 2300. H101-1 = ABK, then 2300 . HI01-2 must not begin with a "V", "W", "X" or "Y". |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | Segment or Element | Description | ID | $\begin{aligned} & \text { Min. } \\ & \text { max. } \end{aligned}$ | Usage Req | Loop | Loop Repeat | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\begin{gathered} \text { TA1// } \\ \text { 999/ } \\ \text { 277CA } \end{gathered}$ | Accept/ Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Х223.184.2300.H101-3.010 | H01-3 | $\begin{array}{\|c\|} \hline \begin{array}{c} \text { Date Time Period Format } \\ \text { Qualifier } \end{array} \\ \hline \end{array}$ | ID | 2-3 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.184.2300.H101-4.010 | H01-4 | Date Time Period | AN | 1-35 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.184.2300.H101-5.010 | H01-5 | Monetary Amount | R | 1-18 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not | Must not be present. |  |
| Х223.184.2300.H101-6.010 | H101-6 | Quantity | R | 1-15 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.184.2300.H101-7.010 | H01-7 | Version Identifier | AN | 1-30 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.184.2300.H101-8.010 | H101-8 | Industry code | AN | 1-30 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| Х223.184.2300.H101-9.010 | H01-9 | Present on Admission indicator | ID | 1-1 | N/U |  |  | N, U, W, Y | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| Х223.184.2300.H102.010 | H102 | $\begin{aligned} & \text { HEALTHCARE CODE } \\ & \text { INFORMATION } \end{aligned}$ |  |  | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.184.2300. H IO3.010 | H103 | HEALTH CARE CODE INFORMATION |  |  | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.184.2300. H 104.010 | H104 | HEALTH CARE CODE INFORMATION |  |  | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { 1K403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| Х223.184.2300.H105.010 | H105 | HEALTH CARE CODE INFORMATION |  |  | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = = 110: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| Х223.184.2300.H106.010 | H106 | HEALTH CARE CODE INFORMATION |  |  | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| Х223.184.2300.H107.010 | H107 | HEALTH CARE CODE INFORMATION |  |  | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not | Must not be present. |  |
| Х223.184.2300.H08.010 | H108 | HEALTH CARE CODE INFORMATION |  |  | N/U |  |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | Must not be present. |  |
| Х223.184.2300.H109.010 | H109 | $\begin{aligned} & \text { HEALTH CARE CODE } \\ & \text { INFORMATION } \\ & \hline \end{aligned}$ |  |  | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.184.2300.H110.010 | H10 | HEALTH CARE CODE INFORMATION |  |  | N/U |  |  |  | 999 | E | 1K403 = 110: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.184.2300.H111.010 | H111 | HEALTH CARE CODE INFORMATION |  |  | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.184.2300.H112.010 | H112 | HEALTH CARE CODE INFORMATION |  |  | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not | Must not be present. |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.187.2300.HI. 010 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| $\begin{aligned} & \text { X223.187.2300.HI.020 } \\ & \text { edit deactivated } \\ & \hline \end{aligned}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.187.2300.HI.030 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.187.2300.HI.040 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.187.2300.H1.050 | HI | ADMITTING DIAGNOSIS |  | 1 | R | 2300 |  |  | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of $2300 . \mathrm{HI}$ with $\mathrm{HIO1-1}=$ "BJ" is allowed. | ICD-9 Only period |
| $\begin{array}{\|l} \hline \text { X223.187.2300.HI. } 060 \\ \text { edit deactivated } \\ \hline \end{array}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Х223.187.2300.H1.070 | HI |  |  |  |  |  |  |  | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2300 . HI with HI01-1 = "ABJ" is allowed. | ICD-10 Only period - assumes no dual-use after mandated date. |
| X223.187.2300.H101.010 | H01 | HEALTH CARE CODE INFORMATION |  |  | R |  |  |  |  |  |  |  |  |
| х223.187.2300.H101-1.010 | H01-1 | Diagnosis Type Code | ID | 1-3 | R |  |  | ABJ, BJ | 999 | R | \|14403 = 7: "Invalid Code Value" | 2300. $\mathrm{H} 101-1$ must be valid values. |  |
| Х223.187.2300.H101-1.020 | H01-1 |  |  |  |  |  |  |  | 999 | R | \|14403 = 7: "Invalid Code Value" | 2300. $\mathrm{H} 101-1$ must = "BJ". | ICD-9 Only period |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | Segment or Element | Description | ID | Min. Max. | $\begin{array}{\|c\|} \hline \text { Usage } \\ \text { Req. } \end{array}$ | Loop | $\begin{aligned} & \text { Loop } \\ & \text { Repeat } \\ & \hline \end{aligned}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\begin{gathered} \text { TA1// } \\ \text { 999/ } \\ 277 \mathrm{CA} \end{gathered}$ | Accept/ Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.187.2300.H101-1.030 | H01-1 |  |  |  |  |  |  |  | 999 | R | \|K403 = 7: "Invalid Code Value" | 2300. $\mathrm{H} 101-1$ must = "ABJ". | ICD-10 Only period - assumes no dual-use after mandated date. |
| X223.187.2300.H101-2.010 | H101-2 | Admitting Diagnosis Code | AN | 1-30 | R |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 232: "Admitting Diagnosis" | If 2300. H101-1 is "BJ" then 2300. H101-2 must be a valid ICD-9 Diagnosis code. | ICD-9 Only period. <br> Valid ICD-9 Diagnosis Code reference must be available for this edit |
| X223.187.2300.H101-2.020 | H01-2 |  |  |  |  |  |  |  | 277 | C | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 232: "Admitting Diagnosis" | If 2300.H101-1 is "ABJ" then 2300.H101-2 must be a valid ICD-10 Diagnosis code. | ICD-10 Only period. Valid ICD-10 Diagnosis Code reference must be available for this edit. |
| X223.187.2300.H101-2.030 | H01-2 |  |  |  |  |  |  |  | 999 | E | IK403 = 6: "Invalid Character in Data Element" | 2300.H101-2 must not contain a ".". |  |
| X223.187.2300.H101-2.040 | H01-2 |  |  |  |  |  |  |  | 277 | T | $\begin{aligned} & \text { Clemec A7 "Acknowledgement } \\ & \text { CRejected for Invalid Information..." } \\ & \text { CSC 511: "Invalid character" } \end{aligned}$ <br> CSC 232: "Admittina Diaanosis" |  |  |
| X223.187.2300.H101-3.010 | H01-3 | Date Time Period Format Qualifier | ID | 2-3 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { 1K403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.187.2300.H101-4.010 | H01-4 | Date Time Period | AN | 1-35 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { \|K403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.187.2300.H101-5.010 | H01-5 | Monetary Amount | R | 1-18 | NU |  |  |  | 999 | E | $\begin{aligned} & \text { \|K403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.187.2300.H101-6.010 | H01-6 | Quantity | R | 1-15 | N/U |  |  |  | 999 | E | 1K403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.187.2300.H101-7.010 | H01-7 | Version Identifier | AN | 1-30 | NU |  |  |  | 999 | E | $\begin{aligned} & \text { \|K403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.187.2300.H101-8.010 | H01-8 | Industry code | AN | 1-30 | NU |  |  |  | 999 | E | 1K403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.187.2300.H101-9.010 | H01-9 | Yes/No Condition or response Code | ID | 1-1 | NU |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.187.2300.H102.010 | H102 | HEALTH CARE CODE INFORMATION |  |  | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.187.2300.H103.010 | H103 | HEALTH CARE CODE |  |  | NU |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.187.2300.H104.010 | H104 | HEALTH CARE CODE INFORMATION |  |  | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.187.2300.H105.010 | H105 | HEALTH CARE CODE |  |  | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { 1K403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.187.2300.H106.010 | H106 | HEALTH CARE CODE INFORMATION |  |  | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { 1K403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.187.2300.H107.010 | H107 | HEALTH CARE CODE INFORMATION |  |  | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.187.2300.H108.010 | H108 | HEALTH CARE CODE INFORMATION |  |  | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| Х223.187.2300.H109.010 | H109 | HEALTH CARE CODE INFORMATION |  |  | NU |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.187.2300.H110.010 | H110 | HEALTH CARE CODE INFORMATION |  |  | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.187.2300.H111.010 | H111 | HEALTH CARE CODE INFORMATION |  |  | N/U |  |  |  | 999 | E | \|K403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.187.2300.H112.010 | H112 | HEALTH CARE CODE INFORMATION |  |  | NU |  |  |  | 999 | E | $\begin{aligned} & \text { 1K403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \\ & \hline \end{aligned}$ | Must not be present. |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | Segment or Element | Description | ID | $\begin{aligned} & \text { Min. } \\ & \text { Max. } \end{aligned}$ | $\begin{array}{\|c\|} \hline \text { Usage } \\ \text { Req. } \end{array}$ | Loop | $\begin{gathered} \text { Loop } \\ \text { Repeat } \end{gathered}$ | $\begin{aligned} & 5010 \\ & \text { Values } \end{aligned}$ | $\begin{array}{\|c} \text { TA1/ } \\ \text { 999/ } \\ \text { 277CA } \end{array}$ | $\begin{aligned} & \text { Accept/ } \\ & \text { Reject } \end{aligned}$ | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.189.2300.HI. 010 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.189.2300.HI.020 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.189.2300.H1.030 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.189.2300.HI. 040 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.189.2300.H1.050 | HI | $\begin{array}{\|c\|} \hline \text { PATIENT REASON FOR } \\ \text { VISIT } \end{array}$ |  | 1 | s | 2300 |  |  | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2300 .HI with H101-1 = "PR" is allowed. | ICD-9 Only period |
| $\begin{array}{\|l\|} \hline \text { X223.189.2300.HI. } 060 \\ \text { edit deactivated } \\ \hline \end{array}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| х223.189.2300.H1.070 | HI |  |  |  |  |  |  |  | 999 | R | 1K304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of $2300 . \mathrm{HI}$ with H101-1 = "APR" is allowed. | ICD-10 Only period - assumes no dual-use after mandated date. |
| X223.189.2300.H101.010 | H01 | HEALTH CARE CODE INFORMATION |  |  | R |  |  |  |  |  |  |  |  |
| X223.189.2300.H101-1.010 | H01-1 | Diagnosis Type Code | ID | 1-3 | R |  |  | APR, PR | 999 | R | 1 1K03 = 7: "Invalid Code Value" | 2300.H101-1 must be valid values. |  |
| X223.189.2300.H101-1.020 | H101-1 |  |  |  |  |  |  |  | 999 | R | 1 1K03 = 7: "Invalid Code Value" | 2300. $\mathrm{H} 101-1$ must = "PR". | ICD-9 Only period |
| X223.189.2300.H101-1.030 | H01-1 |  |  |  |  |  |  |  | 999 | R | \|1403 = 7: "Invalid Code Value" | 2300.H101-1 must = "APR". | ICD-10 Only period - assumes no dual-use after mandated date. |
| X223.189.2300.H101-2.010 | H101-2 | Patient Reason For Visit | AN | 1-30 | R |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 673: "Patient reason for visit" | If 2300.H101-1 is "PR" then 2300. H101-2 must be a valid ICD-9 Patient Reason for Visit code. | ICD-9 Only period. <br> Valid ICD-9 Patient's Reason for Visit Code reference must be available for this edit. |
| X223.189.2300.H101-2.020 | H101-2 |  |  |  |  |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 673: "Patient reason for visit" | If 2300.H101-1 is "APR" then 2300. H101-2 must be a valid ICD-10 Patient Reason for Visit code. | ICD-10 Only period. Valid ICD-10 Patient's Reason for Visit Code reference must be available for this edit. |
| X223.189.2300.H101-2.030 | H101-2 |  |  |  |  |  |  |  | 999 | E | IK403 = 6: "Invalid Character in Data Element" | 2300.H101-2 must not contain a ".." |  |
| X223.189.2300.H101-2.040 | H01-2 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information... CSC 511: "Invalid character" CSC 673: "Patient reason for visit" |  |  |
| X223.189.2300.H101-3.010 | H01-3 | Date Time Period Format Qualifier | ID | 2-3 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not | Must not be present. |  |
| X223.189.2300.H101-4.010 | H01-4 | Date Time Period | AN | 1-35 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.189.2300.H101-5.010 | H01-5 | Monetary Amount | R | 1-18 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not | Must not be present. |  |
| X223.189.2300.H101-6.010 | H01-6 | Quantity | R | 1-15 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.189.2300.H101-7.010 | H01-7 | Version Identifier | AN | 1-30 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.189.2300.H101-8.010 | H101-8 | Industry code | AN | 1-30 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.189.2300. H 02.010 | H02 | HEALTH CARE CODE INFORMATION |  |  | s |  |  |  | 999 | R | IK403 = 2:"Conditional Required Data Element Missing" Element Missing" | 2300 .HI02 can only be present if 2300 .HI01 is present. |  |
| X223.189.2300.H102-1.010 | H02-1 | Diagnosis Type Code | ID | 1-3 | R |  |  | APR, PR | 999 | R | $1 \mathrm{~K} 403=7$ : "Invalid Code Value" | 2300.H102-1 must be valid values. |  |
| X223.189.2300.H102-1.020 | H102-1 |  |  |  |  |  |  |  | 999 | R | 1 K 403 = 7 : "Invalid Code Value" | 2300. H I02-1 must = "PR". | ICD-9 Only period |
| X223.189.2300. H 102 -1.030 | H02-1 |  |  |  |  |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300. $\mathrm{H} 102 \mathrm{-1}$ must = "APR". | ICD-10 Only period - assumes no dual-use after mandated date |


| 8371 Edit Reference | Segment or Element | Description | ID | $\begin{aligned} & \text { Min. } \\ & \text { } \end{aligned}$ | $\begin{array}{\|c\|} \hline \text { Usage } \\ \text { Req. } \end{array}$ | Loop | $\underset{\text { Repeat }}{\text { Loop }}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\begin{gathered} \text { TA1/ } \\ \text { T99/ } \\ \text { 277CA } \end{gathered}$ | Accept Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.189.2300.H102-2.010 | H02-2 | Patient Reason For Visit | AN | 1-30 | R |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 673: "Patient reason for visit" | If 2300.HIO2-1 is "PR" then 2300.HI02-2 must be a valid ICD-9 Patient Reason for Visit code. | ICD-9 Only period. <br> Valid ICD-9 Patient's Reason for Visit Code reference must be availab for this edit |
| X223.189.2300.H102-2.020 | H102-2 |  |  |  |  |  |  |  | 277 | C | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 673: "Patient reason for visit" | If 2300.HI02-1 is "APR" then 2300.HIO2-2 must be a valid ICD-10 Patient Reason for Visit code. | ICD-10 Only period. <br> Valid ICD-10 Patient's Reason for Visit Code reference must be available for this edit. |
| X223.189.2300.H102-2.030 | H102-2 |  |  |  |  |  |  |  | 999 | E | IK403 = 6: "Invalid Character in Data Element" | 2300.H102-2 must not contain a ".". |  |
| X223.189.2300.H102-2.040 | H02-2 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 511: "Invalid character" CSC 673: "Patient reason for visit" |  |  |
| Х223.189.2300.H102-3.010 | H02-3 | $\begin{array}{\|c\|} \hline \text { Date Time Period Format } \\ \text { Qualifier } \end{array}$ | ID | 2-3 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| х223.189.2300.H102-4.010 | H102-4 | Date Time Period | AN | 1-35 | N/U |  |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | Must not be present. |  |
| Х223.189.2300.H102-5.010 | H02-5 | Monetary Amount | R | 1-18 | NU |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| Х223.189.2300.H102-6.010 | H102-6 | Quantity | R | 1-15 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| Х223.189.2300.H102-7.010 | H02-7 | Version Identifier | AN | 1-30 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.189.2300.H102-8.010 | H102-8 | Industry code | AN | 1-30 | NU |  |  |  | 999 | E | $\begin{aligned} & \text { 1K403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| Х223.189.2300.H102-9.010 | H02-9 | Yes/No Condition or response Code | ID | 1-1 | NU |  |  |  | 999 | E | $\begin{aligned} & \text { 1K403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.189.2300.H103.010 | H03 | HEALTH CARE CODE INFORMATION |  |  | s |  |  |  | 999 | R | $\begin{aligned} & \text { lK403 = 2:"Conditional Required Data } \\ & \text { Element Missing" } \\ & \hline \end{aligned}$ | $2300 . \mathrm{HIO3}$ can only be present if 2300 . HIO is present. |  |
| х223.189.2300.H103-1.010 | H103-1 | Diagnosis Type Code | ID | 1-3 | R |  |  | APR, PR | 999 | R | \|14403 = 7: "Invalid Code Value" | 2300. $\mathrm{H} 103-1$ must be valid values. |  |
| х223.189.2300.H103-1.020 | H03-1 |  |  |  |  |  |  |  | 999 | R | IK403 = 7: "Invalid Code Value" | 2300. $\mathrm{H} 103 \mathrm{l} 1 \mathrm{must} \mathrm{=} \mathrm{"PR"}$. | ICD-9 Only period |
| X223.189.2300.H103-1.030 | Н103-1 |  |  |  |  |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300. H 103 -1 must = "APR". | ICD-10 Only period - assumes no dual-use after mandated date. |
| X223.189.2300.H103-2.010 | H03-2 | Patient Reason For Visit | AN | 1-30 | R |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 673: "Patient reason for visit" | If 2300.H103-1 is "PR" then 2300. HIO3-2 must be a valid ICD-9 Patient Reason for Visit code. | ICD-9 Only period. <br> Valid ICD-9 Patient's Reason for Visit Code reference must be available for this edit |
| X223.189.2300.H103-2.020 | H103-2 |  |  |  |  |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 673: "Patient reason for visit" | If 2300.HIO3-1 is "APR" then 2300.HIO3-2 must be a valid ICD-10 Patient Reason for Visit code. | ICD-10 Only period. <br> Valid ICD-10 Patient's Reason for Visit Code reference must be available for this edit. |
| х223.189.2300.H103-2.030 | H103-2 |  |  |  |  |  |  |  | 999 | E | IK403 = 6: "Invalid Character in Data Element" | 2300.H103-2 must not contain a "."', |  |
| X223.189.2300.H103-2.040 | H03-2 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 511: "Invalid character" CSC 673; "Patient reason for visit" |  |  |
| Х223.189.2300.H103-3.010 | H03-3 | Date Time Period Format Qualifier | ID | 2-3 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| Х223.189.2300.H103-4.010 | H03-4 | Date Time Period | AN | 1-35 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.189.2300. $\mathrm{H} 103-5.010$ | H03-5 | Monetary Amount | R | 1-18 | NU |  |  |  | 999 | E | $\begin{aligned} & \text { K403 = I10: "Implementation "Not } \\ & \hline \end{aligned}$ Used" Element Present" | Must not be present. |  |


| 8371 Edit Reference | Segment or Element | Description | ID | $\begin{aligned} & \text { Min. } \\ & \text { } \end{aligned}$ | $\begin{gathered} \text { Usage } \\ \text { Req. } \end{gathered}$ | Loop | $\underset{\text { Repeat }}{\text { Loop }}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\begin{gathered} \text { TA1/ } \\ \text { T99/ } \\ \text { 277CA } \end{gathered}$ | Accept/ Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.189.2300.H103-6.010 | H03-6 | Quantity | R | 1-15 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { \|K403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| х223.189.2300.H103-7.010 | H03-7 | Version Identifier | AN | 1-30 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.189.2300.H103-8.010 | H03-8 | Industry code | AN | 1-30 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { \|K403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.189.2300.H103-9.010 | H103-9 | Yes/No Condition or response Code | ID | 1-1 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { 1K403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| Х223.189.2300. H 104.010 | H04 | $\begin{aligned} & \text { HEALTH CARE CODE } \\ & \text { INFORMATION } \\ & \hline \end{aligned}$ |  |  | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.189.2300.H105.010 | H105 | $\qquad$ |  |  | N/U |  |  |  | 999 | E | 1K403 = 110 : "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.189.2300. H 106.010 | H106 | $\qquad$ |  |  | N/U |  |  |  | 999 | E | \|K403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.189.2300.H107.010 | H07 | $\qquad$ |  |  | N/U |  |  |  | 999 | E | 1K403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.189.2300.H108.010 | H108 | $\qquad$ |  |  | N/U |  |  |  | 999 | E | \|K403 = 110: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.189.2300. H 109.010 | H09 | HEALTH CARE CODE INFORMATION |  |  | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.189.2300. H 110.010 | H110 | HEALTH CARE CODE INFORMATION |  |  | N/U |  |  |  | 999 | E | \|K403 = 110: "Implementation "Not | Must not be present. |  |
| X223.189.2300.H111.010 | H111 | HEALTH CARE CODE INFORMATION |  |  | NU |  |  |  | 999 | E | $\begin{aligned} & \text { \|K403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.189.2300.H112.010 | H112 | HEALTH CARE CODE INFORMATION |  |  | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \\ & \hline \end{aligned}$ | Must not be present. |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.193.2300.H1.010 | HI | EXTERNAL CAUSE OF INJURY |  | 1 | s | 2300 |  |  | 999 | R | $\begin{aligned} & \text { IK304 = 5: "Segment Exceeds } \\ & \text { Maximum Use" } \end{aligned}$ | Only one iteration of $2300 . \mathrm{HI}$ with $\mathrm{HIO1-1}=$ " $\mathrm{BN} "$ is allowed. | ICD-9 Only period |
| X223.193.2300.HI. 020 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.193.2300.H1.030 | HI |  |  |  |  |  |  |  | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2300.HI with H101-1 = "ABN" is allowed. | ICD-10 Only period - assumes no dual-use after mandated date. |
| X223.193.2300.H101.010 | H01 | HEALTH CARE CODE INFORMATION |  |  | R |  |  |  |  |  |  |  |  |
| X223.193.2300.H101-1.010 | H101-1 | Diagnosis Type Code | ID | 1-3 | R |  |  | ABN, BN | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H101-1 must be valid values. |  |
| X223.193.2300.H101-1.020 | H01-1 |  |  |  |  |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H101-1 must = "BN". | ICD-9 Only period |
| X223.193.2300.H101-1.030 | H01-1 |  |  |  |  |  |  |  | 999 | R | \|K403 = 7: "Invalid Code Value" | 2300. $\mathrm{Hl101-1}$ must = "ABN". | ICD-10 Only period - assumes no dual-use after mandated date. |
| X223.193.2300.H101-2.010 | H01-2 | External Cause of Injury Code | AN | 1-30 | R |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 509: "E-Code" | If $2300 . \mathrm{H} 101-1$ is "BN" then 2300 . H101-2 must be a valid ICD-9 External Cause of Injury code. | ICD-9 Only period. <br> Valid ICD-9 Diagnosis Code reference must be available for this edit |
| X223.193.2300.H101-2.020 | H01-2 |  |  |  |  |  |  |  | 277 | C | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 509: "E-Code" | If 2300.H101-1 is "ABN" then 2300.H101-2 must be a valid ICD-10 External Cause of Injury code. | ICD-10 Only period. Valid ICD-10 External Cause of Injury Code reference must be available for this edit. |
| X223.193.2300.H101-2.030 | H01-2 |  |  |  |  |  |  |  | 999 | E | IK403 = 6: "Invalid Character in Data Element" | 2300.H101-2 must not contain a ".". |  |
| X223.193.2300.H101-2.040 | H01-2 |  |  |  |  |  |  |  | 277 | ${ }^{\top}$ | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 511: "Invalid character" CSC 509: "E-Code" |  |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | Segment or Element | Description | ID | $\begin{aligned} & \text { Min. } \\ & \text { Max. } \end{aligned}$ | $\begin{gathered} \text { Usage } \\ \text { Req. } \end{gathered}$ | Loop | $\begin{aligned} & \text { Loop } \\ & \text { Repeat } \end{aligned}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\begin{array}{\|c} \text { TA1/ } \\ \text { 999/ } \\ \text { 277CA } \end{array}$ | Accept/ Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.193.2300.H101-2.050 | H01-2 |  |  |  |  |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 511: "Invalid character" CSC 509: "E-Code" | If $2300 . \mathrm{HI} 01-1=\mathrm{BN}$ then $2300 . \mathrm{H} 101-2$ must begin with "E". |  |
| Х223.193.2300.H101-3.010 | H01-3 | Date Time Period Format Qualifier | ID | 2-3 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = 10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| Х223.193.2300.H101-4.010 | H01-4 | Date Time Period | AN | 1-35 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| х223.193.2300.H101-5.010 | H01-5 | Monetary Amount | R | 1-18 | N/U |  |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | Must not be present. |  |
| Х223.193.2300.H101-6.010 | H01-6 | Quantity | R | 1-15 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not | Must not be present. |  |
| X223.193.2300.H101-7.010 | H01-7 | Version Identifier | AN | 1-30 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| Х223.193.2300.H101-8.010 | H101-8 | Industry code | AN | 1-30 | NU |  |  |  | 999 | E | IK403 = I10: "Implementation "Not | Must not be present. |  |
| Х223.193.2300.H101-9.010 | H01-9 | Present on Admission indicator | ID | 1-1 | s |  |  | N, U, W, Y | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300. H101-9 must be valid values. |  |
| X223.193.2300.H102.010 | H02 | HEALTH CARE CODE INFORMATION |  |  | s |  |  |  | 999 | R | IK403 = 2:"Conditional Required Data Element Missing" | $2300 . \mathrm{HIO} 2$ can only be present if $2300 . \mathrm{HI01}$ is present. |  |
| х223.193.2300.H102-1.010 | H102-1 | Diagnosis Type Code | ID | 1-3 | R |  |  | ABN, BN | 999 | R | $1 \mathrm{~K} 403=7$ : "Invalid Code Value" | 2300. $\mathrm{H} 02 \mathrm{O}-1$ must be valid values. |  |
| Х223.193.2300.H102-1.020 | H102-1 |  |  |  |  |  |  |  | 999 | R | $1 \mathrm{~K} 403=7$ : "Invalid Code Value" | 2300. $\mathrm{H} 102 \mathrm{-1}$ must = "BN". | ICD-9 Only period |
| X223.193.2300.H102-1.030 | H02-1 |  |  |  |  |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300. H (102-1 must = "ABN". | ICD-10 Only period - assumes no dual-use after mandated date. |
| X223.193.2300.H102-2.010 | H02-2 | External Cause of Injury Code | AN | 1-30 | R |  |  |  | 277 | C | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 509: "E-Code" | If $2300 . \mathrm{HIO2}-1$ is " BN " then $2300 . \mathrm{HIO2}-2$ must be a valid ICD-9 External Cause of Injury code. | ```ICD-9 Only period. Valid ICD-9 Diagnosis Code reference must be available for this edit``` |
| X223.193.2300.H102-2.020 | H02-2 |  |  |  |  |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 509: "E-Code" | If 2300.HIO2-1 is "ABN" then 2300.H102-2 must be a valid ICD-10 External Cause of Injury code. | $\begin{aligned} & \text { eail } \\ & \text { ICD-10 Only period. } \\ & \text { Valid ICD-10 Diagnosis Code } \\ & \text { reference must be available for this } \\ & \text { edit. } \\ & \hline \end{aligned}$ |
| X223.193.2300.H102-2.030 | H02-2 |  |  |  |  |  |  |  | 999 | E | IK403 = 6: "Invalid Character in Data Element" | 2300.H102-2 must not contain a ".". |  |
| X223.193.2300.H102-2.040 | H02-2 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 511: "Invalid character" CSC 509: "E-Code" |  |  |
| X223.193.2300.H102-2.050 | H02-2 |  |  |  |  |  |  |  | 277 | C | $\begin{aligned} & \text { CSCC AT: "Acknowledgement } \\ & \text { RRejeted for Invavilil Information..." } \\ & \text { CSC 511: "Invalid character" } \\ & \text { CSC 509: "E-Code" } \end{aligned}$ | If $2300 . \mathrm{HIO2-1}=\mathrm{BN}$ then 2300. $\mathrm{H} 102-2$ must begin with " E ". with "E". |  |
| X223.193.2300.H102-3.010 | H02-3 | Date Time Period Format Qualifier | ID | 2-3 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.193.2300.H102-4.010 | H02-4 | Date Time Period | AN | 1-35 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.193.2300.H102-5.010 | H102-5 | Monetary Amount | R | 1-18 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.193.2300.H102-6.010 | H102-6 | Quantity | R | 1-15 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.193.2300.H102-7.010 | H02-7 | Version Identifier | AN | 1-30 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not | Must not be present. |  |
| X223.193.2300.H102-8.010 | H02-8 | Industry code | AN | 1-30 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not | Must not be present. |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | Segment or | Description | ID | Min. Max. | $\begin{array}{\|c\|} \hline \text { Usage } \\ \text { Req. } \end{array}$ | Loop | $\begin{gathered} \text { Loop } \\ \text { Repeat } \end{gathered}$ | $\begin{aligned} & 5010 \\ & \text { Values } \end{aligned}$ | $\begin{array}{\|c} \text { TA1/ } \\ \text { 999/ } \\ \text { 277CA } \\ \hline \end{array}$ | Accept/ | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.193.2300.H102-9.010 | H102-9 | Present on Admission indicator | ID | 1-1 | s |  |  | $\mathrm{N}, \mathrm{U}, \mathrm{W}, \mathrm{Y}$ | 999 | R | $1 \mathrm{~K} 403=7$ : "Invalid Code Value" | 2300. $\mathrm{H} 102-9$ must be valid values. |  |
| X223.193.2300.H103.010 | H103 | HEALTH CARE CODE |  |  | s |  |  |  | 999 | R | \|K403 = 2:"Conditional Required Data Element Missing" | 2300. HIO3 can only be present if 2300 . HIO is |  |
| X223.193.2300.H03-1.010 | H03-1 | Diagnosis Type Code | ID | 1-3 | R |  |  | ABN, BN | 999 | R | 1 K 403 = 7 : "Invalid Code Value" | 2300. $\mathrm{H} 103-1$ must be valid values. |  |
| X223.193.2300.H103-1.020 | H03-1 |  |  |  |  |  |  |  | 999 | R | $1 \mathrm{~K} 403=7$ : "Invalid Code Value" | 2300.H103-1 must = "BN". | ICD-9 Only period |
| X223.193.2300.H103-1.030 | H103-1 |  |  |  |  |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.HIO3-1 must = "ABN". | ICD-10 Only period - assumes no dual-use after mandated date. |
| X223.193.2300.H103-2.010 | H103-2 | External Cause of Injury Code | AN | 1-30 | R |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 509: "E-Code" | If 2300. $\mathrm{H} 103-1$ is "BN" then $2300 . \mathrm{HIO}-2$ must be a valid ICD-9 External Cause of Injury code. | ICD-9 Only period. Valid ICD-9 Diagnosis Code reference must be available for this edit |
| X223.193.2300.H103-2.020 | H103-2 |  |  |  |  |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 509: "E-Code" | If 2300.HIO3-1 is "ABN" then 2300.HIO3-2 must be a valid ICD-10 External Cause of Injury code. | $\begin{array}{\|l} \text { eold } \\ \text { ICD-10 Only period. } \\ \text { Valid ICD-10 Diagnosis Code } \\ \text { reference must be available for this } \\ \text { edit. } \\ \hline \end{array}$ |
| Х223.193.2300.Н103-2.030 | H03-2 |  |  |  |  |  |  |  | 999 | E | IK403 = 6: "Invalid Character in Data Element" | 2300.H103-2 must not contain a ".". |  |
| X223.193.2300.H103-2.040 | Н103-2 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 511: "Invalid character" CSC 509: "E-Code" |  |  |
| X223.193.2300.H103-2.050 | H103-2 |  |  |  |  |  |  |  | 277 | c |  | If $2300 . \mathrm{HIOS}-1=\mathrm{BN}$ then $2300 . \mathrm{HIO} 0-2$ must begin with "E". |  |
| Х223.193.2300.H103-3.010 | Н103-3 | Date Time Period Format Qualifier | ID | 2-3 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.193.2300.H103-4.010 | Нооз-4 | Date Time Period | AN | 1-35 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.193.2300. H 103 -5.010 | Но03-5 | Monetary Amount | R | 1-18 | NU |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| Х223.193.2300.H103-6.010 | H103-6 | Quantity | R | 1-15 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.193.2300.H103-7.010 | H03-7 | Version Identifier | AN | 1-30 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not | Must not be present. |  |
| X223.193.2300.H103-8.010 | H103-8 | Industry code | AN | 1-30 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| Х223.193.2300.H103-9.010 | H03-9 | Present on Admission indicator | ID | 1-1 | s |  |  | N, U, W, Y | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300. $\mathrm{H} 103-9$ must be valid values. |  |
| Х223.193.2300.H104.010 | H04 | HEALTH CARE CODE INFORMATION |  |  | s |  |  |  | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | 2300. H104 can only be present if $2300 . \mathrm{HIO3}$ is present. |  |
| X223.193.2300.H104-1.010 | H104-1 | Diagnosis Type Code | ID | 1-3 | R |  |  | ABN, BN | 999 | R | \|1403 = 7: "Invalid Code Value" | $2300 . \mathrm{H} 04-1$ must be valid values. |  |
| X223.193.2300.H104-1.020 | H104-1 |  |  |  |  |  |  |  | 999 | R | 1 K 403 = 7: "Invalid Code Value" | 2300. $\mathrm{H} 141-1$ must = "BN". | ICD-9 Only period |
| X223.193.2300.H104-1.030 | H104-1 |  |  |  |  |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H104-1 must = "ABN". | ICD-10 Only period - assumes no dual-use after mandated date. |
| X223.193.2300.H104-2.010 | H104-2 | External Cause of Injury Code | AN | 1-30 | R |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 509: "E-Code" | If $2300 . \mathrm{HIO} 0-1$ is " BN " then $2300 . \mathrm{HIO}-2$ must be a valid ICD-9 External Cause of Injury code. | ICD-9 Only period. <br> Valid ICD-9 Diagnosis Code reference must be available for this |


| 8371 Edit Reference | Segment or Element | Description | ID | $\begin{aligned} & \text { Min. } \\ & \text { Max. } \end{aligned}$ | Usage Req | Loop | $\begin{aligned} & \text { Loop } \\ & \text { Repeat } \end{aligned}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\begin{gathered} \text { TA1/ } \\ \text { 999/ } \\ \text { 277CA } \end{gathered}$ | Accept/ | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.193.2300.H104-2.020 | H104-2 |  |  |  |  |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 509: "E-Code" | If 2300.H104-1 is "ABN" then 2300. H104-2 must be a valid ICD-10 External Cause of Injury code. | ICD-10 Only period. <br> Valid ICD-10 Diagnosis Code reference must be available for this edit. |
| X223.193.2300.H104-2.030 | H04-2 |  |  |  |  |  |  |  | 999 | E | IK403 = 6: "Invalid Character in Data Element" | 2300.H104-2 must not contain a ".". |  |
| X223.193.2300.H104-2.040 | H104-2 |  |  |  |  |  |  |  | 277 | T | $\begin{aligned} & \text { CSCC A7: "Acknowledgement } \\ & \text { CRejected for Invalid dnormation..." } \\ & \text { CSC 511: "Invalid haracter" } \\ & \text { CSS 509: "E-Code" } \\ & \hline \end{aligned}$ |  |  |
| X223.193.2300.H104-2.050 | H104-2 |  |  |  |  |  |  |  | 277 | C | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 511: "Invalid character" CSC 509: "E-Code" | If $2300 . \mathrm{H} 104-1=\mathrm{BN}$ then $2300 . \mathrm{H} 104-2$ must begin with " E ". |  |
| X223.193.2300.H104-3.010 | H04-3 | $\begin{array}{\|c\|} \hline \text { Date Time Period Format } \\ \text { Qualifier } \\ \hline \end{array}$ | ID | 2-3 | NU |  |  |  | 999 | E | IK403 = I10: "Implementation "Not | Must not be present. |  |
| X223.193.2300.H104-4.010 | H104-4 | Date Time Period | AN | 1-35 | NU |  |  |  | 999 | E | IK403 = I10: "Implementation "Not | Must not be present. |  |
| X223.193.2300.H104-5.010 | H104-5 | Monetary Amount | R | 1-18 | NU |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.193.2300.H104-6.010 | H104-6 | Quantity | R | 1-15 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not | Must not be present. |  |
| X223.193.2300. H 104 -7.010 | H104-7 | Version Identifier | AN | 1-30 | NU |  |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.193.2300.H104-8.010 | H104-8 | Industry code | AN | 1-30 | NU |  |  |  | 999 | E | IK403 = I10: "Implementation "Not | Must not be present. |  |
| X223.193.2300.H104-9.010 | H104-9 | Present on Admission indicator | ID | 1-1 | s |  |  | N, U, W, Y | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300. $\mathrm{H} 104-9$ must be valid values. |  |
| X223.193.2300.H105.010 | H05 | HEALTH CARE CODE INFORMATION |  |  | s |  |  |  | 999 | R | 1K403 = 2: "Conditional Required Data Element Missing" | 2300 .H105 can only be present if 2300 . H104 is |  |
| X223.193.2300.H105-1.010 | H05-1 | Diagnosis Type Code | ID | 1-3 | R |  |  | ABN, BN | 999 | R | 1 K 403 = 7 : "Invalid Code Value" | $2300 . \mathrm{H} 05-1$ must be valid values. |  |
| X223.193.2300.H105-1.020 | H105-1 |  |  |  |  |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H105-1 must = "BN". | ICD-9 Only period |
| X223.193.2300.H105-1.030 | H105-1 |  |  |  |  |  |  |  | 999 | R | 1 K 403 = 7: "Invalid Code Value" | 2300. $\mathrm{Hl05-1}$ must = "ABN". | ICD-10 Only period - assumes no dual-use after mandated date. |
| X223.193.2300.H105-2.010 | H105-2 | External Cause of Injury Code | AN | 1-30 | R |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 509: "E-Code" | If $2300 . \mathrm{HIO5-1}$ is " BN " then $2300 . \mathrm{HIO5-2}$ must be a valid ICD-9 External Cause of Injury code. | ICD-9 Only period. <br> Valid ICD-9 Diagnosis Code reference must be available for this edit |
| X223.193.2300.H105-2.020 | H105-2 |  |  |  |  |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 509: "E-Code" | If 2300.H105-1 is "ABN" then 2300. H105-2 must be a valid ICD-10 External Cause of Injury code. | ICD-10 Only period. <br> Valid ICD-10 Diagnosis Code reference must be available for this edit. |
| X223.193.2300.H105-2.030 | H05-2 |  |  |  |  |  |  |  | 999 | E | IK403 = 6: "Invalid Character in Data | 2300.H105-2 must not contain a "." |  |
| X223.193.2300.H105-2.040 | H05-2 |  |  |  |  |  |  |  | 277 | T | $\begin{aligned} & \text { CSCCITE A7: "Acknowledgement } \\ & \text { CRejected for Invalid Information..." } \\ & \text { CSC 511: "Invalid character" } \\ & \text { CSC 509:"E-Code" } \end{aligned}$ |  |  |
| X223.193.2300.H105-2.050 | H05-2 |  |  |  |  |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 511: "Invalid character" CSC 509: "E-Code" | If $2300 . \mathrm{H} 105-1=\mathrm{BN}$ then 2300. H105-2 must begin with "E". |  |
| X223.193.2300.H105-3.010 | H105-3 | Date Time Period Format Qualifier | ID | 2-3 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \\ \hline \end{gathered}$ | Segment or Element | Description | ID | $\begin{aligned} & \text { Min. } \\ & \text { Max. } \end{aligned}$ | $\begin{array}{\|c} \text { Usage } \\ \text { Req. } \\ \hline \end{array}$ | Loop | $\begin{aligned} & \text { Loop } \\ & \text { Repeat } \end{aligned}$ | $\begin{gathered} 5010 \\ \text { Values } \\ \hline \end{gathered}$ | $\begin{array}{\|c\|} \hline \text { TA1/ } \\ \text { 999/ } \\ \text { 277CA } \\ \hline \end{array}$ | Accept/ | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.193.2300.H105-4.010 | H105-4 | Date Time Period | AN | 1-35 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| Х223.193.2300.H105-5.010 | H05-5 | Monetary Amount | R | 1-18 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| Х223.193.2300.H105-6.010 | H105-6 | Quantity | R | 1-15 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| Х223.193.2300.H105-7.010 | H05-7 | Version Identifier | AN | 1-30 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.193.2300.H105-8.010 | H105-8 | Industry code | AN | 1-30 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| х223.193.2300.H105-9.010 | H105-9 | Present on Admission indicator | ID | 1-1 | S |  |  | N, U, W, Y | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300. H105-9 must be valid values. |  |
| X223.193.2300.H106.010 | H06 | HEALTH CARE CODE INFORMATION |  |  | s |  |  |  | 999 | R | \|K403 = 2: "Conditional Required Data Element Missing" | 2300 .HI06 can only be present if 2300 . H 05 is present. |  |
| Х223.193.2300.H106-1.010 | H106-1 | Diagnosis Type Code | ID | 1-3 | R |  |  | ABN, BN | 999 | R | 1 K 403 = 7: "Invalid Code Value" | 2300. $\mathrm{H} 106-1$ must be valid values. |  |
| Х223.193.2300.H106-1.020 | H06-1 |  |  |  |  |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300. $\mathrm{H} 106-1$ must = "BN". | ICD-9 Only period |
| х223.193.2300.H106-1.030 | H06-1 |  |  |  |  |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300. H106-1 must = "ABN". | ICD-10 Only period - assumes no dual-use after mandated date. |
| X223.193.2300.H106-2.010 | H06-2 | External Cause of Injury Code | AN | 1-30 | R |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 509: "E-Code" | If $2300 . \mathrm{HIO6}-1$ is " BN " then 2300 .HIO6-2 must be a valid ICD-9 External Cause of Injury code. | ```ICD-9 Only period. Valid ICD-9 Diagnosis Code reference must be available for this edit``` |
| X223.193.2300.H106-2.020 | H106-2 |  |  |  |  |  |  |  | 277 | C | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 509: "E-Code" | If 2300 . HI $06-1$ is "ABN" then 2300 . HIO6-2 must be a valid ICD-10 External Cause of Injury code. | ICD-10 Only period. <br> Valid ICD-10 Diagnosis Code <br> reference must be available for this <br> edit. |
| X223.193.2300.H106-2.030 | H06-2 |  |  |  |  |  |  |  | 999 | E | IK403 = 6: "Invalid Character in Data Element" | 2300.H106-2 must not contain a ".". |  |
| X223.193.2300.H106-2.040 | H06-2 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 511: "Invalid character" CSC 509: "E-Code" |  |  |
| X223.193.2300.H106-2.050 | H06-2 |  |  |  |  |  |  |  | 277 | C | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 511: "Invalid character" CSC 509: "E-Code" | If $2300 . \mathrm{H} 106-1=\mathrm{BN}$ then 2300 . $\mathrm{H} 106-2$ must begin with "E". |  |
| Х223.193.2300.H106-3.010 | H06-3 | Date Time Period Format Qualifier | ID | 2-3 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { 1K403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.193.2300.H106-4.010 | H06-4 | Date Time Period | AN | 1-35 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| Х223.193.2300.H106-5.010 | H06-5 | Monetary Amount | R | 1-18 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| Х223.193.2300.H106-6.010 | H06-6 | Quantity | R | 1-15 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { 1K403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| Х223.193.2300.H106-7.010 | H06-7 | Version Identifier | AN | 1-30 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not | Must not be present. |  |
| х223.193.2300. H 106 -8.010 | H106-8 | Industry code | AN | 1-30 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.193.2300.H106-9.010 | H06-9 | $\begin{gathered} \text { Present on Admission } \\ \text { indicator } \end{gathered}$ | ID | 1-1 | s |  |  | N, U, W, Y | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300. H106-9 must be valid values. |  |
| X223.193.2300.H107.010 | H07 | HEALTH CARE CODE INFORMATION |  |  | s |  |  |  | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | 2300 . H107 can only be present if 2300 . H 106 is present. |  |
| х223.193.2300.H107-1.010 | H107-1 | Diagnosis Type Code | ID | 1-3 | R |  |  | ABN, BN | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300. H107-1 must be valid values. |  |
| х223.193.2300.H107-1.020 | H07-1 |  |  |  |  |  |  |  | 999 | R | $1 \mathrm{~K} 403=7$ : "Invalid Code Value" | 2300.H107-1 must = "BN". | ICD-9 Only period |


| 8371 Edit Reference | Segment or Element | Description | ID | $\begin{aligned} & \text { Min. } \\ & \text { Max. } \end{aligned}$ | $\begin{array}{\|c\|} \hline \text { Usage } \\ \text { Req. } \end{array}$ | Loop | $\begin{aligned} & \text { Loop } \\ & \text { Repeat } \end{aligned}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\left\|\begin{array}{c} \text { TA1// } \\ \text { 999/ } \\ 277 \mathrm{CA} \end{array}\right\|$ | Accept/ Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.193.2300.H107-1.030 | H107-1 |  |  |  |  |  |  |  | 999 | R | IK403 = 7: "Invalid Code Value" | 2300.H107-1 must = "ABN". | ICD-10 Only period - assumes no dual-use after mandated date. |
| X223.193.2300.H107-2.010 | H107-2 | External Cause of Injury Code | AN | 1-30 | R |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 509: "E-Code" | If 2300.H107-1 is "BN" then 2300. H107-2 must be a valid ICD-9 External Cause of Injury code. | ICD-9 Only period. <br> Valid ICD-9 Diagnosis Code reference must be available for this edit |
| X223.193.2300.H107-2.020 | H107-2 |  |  |  |  |  |  |  | 277 | C | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 509: "E-Code" | If 2300.HI07-1 is "ABN" then 2300.H107-2 must be a valid ICD-10 External Cause of Injury code. | ICD-10 Only period. <br> Valid ICD-10 Diagnosis Code reference must be available for this edit. |
| X223.193.2300.H107-2.030 | H07-2 |  |  |  |  |  |  |  | 999 | E | IK403 = 6: "Invalid Character in Data Element" | 2300.HI07-2 must not contain a ".". |  |
| X223.193.2300.H107-2.040 | H107-2 |  |  |  |  |  |  |  | 277 | T |  |  |  |
| X223.193.2300.H107-2.050 | H107-2 |  |  |  |  |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 511: "Invalid character" CSC 509: "E-Code" | If $2300 . \mathrm{HI} 07-1=\mathrm{BN}$ then 2300. HIO7-2 must begin with " F " with "E". |  |
| X223.193.2300.H107-3.010 | H07-3 | Date Time Period Format Qualifier | ID | 2-3 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| х223.193.2300.H107-4.010 | H107-4 | Date Time Period | AN | 1-35 | N/U |  |  |  | 999 | E | \|K403 = I10: "Implementation "Not | Must not be present. |  |
| X223.193.2300.H107-5.010 | H107-5 | Monetary Amount | R | 1-18 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.193.2300.H107-6.010 | H107-6 | Quantity | R | 1-15 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.193.2300.H107-7.010 | H107-7 | Version Identifier | AN | 1-30 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.193.2300.H107-8.010 | H107-8 | Industry code | AN | 1-30 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not | Must not be present. |  |
| X223.193.2300.H107-9.010 | H107-9 | Present on Admission indicator | ID | 1-1 | s |  |  | N, U, W, Y | 999 | R | 1K403 = 7: "Invalid Code Value" | $2300 . \mathrm{H} 107-9$ must be valid values. |  |
| X223.193.2300.H108.010 | H08 | HEALTH CARE CODE |  |  | S |  |  |  | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | 2300. H108 can only be present if $2300 . \mathrm{HIO7}$ is present. |  |
| X223.193.2300.H108-1.010 | H08-1 | Diagnosis Type Code | ID | 1-3 | R |  |  | ABN, BN | 999 | R | \|K403 = 7: "Invalid Code Value" | 2300.H08-1 must be valid values. |  |
| X223.193.2300.H108-1.020 | H008-1 |  |  |  |  |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300. $\mathrm{H} 108-1$ must = "BN". | ICD-9 Only period |
| X223.193.2300.H108-1.030 | H08-1 |  |  |  |  |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300. H H08-1 $\mathrm{must}=$ "ABN". | ICD-10 Only period - assumes no dual-use after mandated date. |
| X223.193.2300.H108-2.010 | H108-2 | External Cause of Injury Code | AN | 1-30 | R |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 509: "E-Code" | If 2300. $\mathrm{H} 108-1$ is "BN" then $2300 . \mathrm{H} 08-2$ must be a valid ICD-9 External Cause of Injury code. | ICD-9 Only period. <br> Valid ICD-9 Diagnosis Code reference must be available for this edit |
| X223.193.2300.H108-2.020 | H108-2 |  |  |  |  |  |  |  | 277 | C | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 509: "E-Code" | If 2300. H108-1 is "ABN" then 2300 .H108-2 must be a valid ICD-10 External Cause of Injury code. | ICD-10 Only period. <br> Valid ICD-10 Diagnosis Code reference must be available for this edit. |
| X223.193.2300.H108-2.030 | H08-2 |  |  |  |  |  |  |  | 999 | E | IK403 = 6: "Invalid Character in Data Element" | 2300.H108-2 must not contain a "..". |  |
| X223.193.2300.H108-2.040 | H008-2 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 511: "Invalid character" CSC 509: "E-Code" |  |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | Segment or Element | Description | ID | $\begin{aligned} & \text { Min. } \\ & \text { Max. } \end{aligned}$ | $\begin{gathered} \text { Usage } \\ \text { Req. } \end{gathered}$ | Loop | $\begin{aligned} & \text { Loop } \\ & \text { Repeat } \end{aligned}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\left\|\begin{array}{c} \text { TA1// } \\ \text { 999/ } \\ 277 C A \end{array}\right\|$ | Accept/ Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.193.2300.H108-2.050 | H08-2 |  |  |  |  |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 511: "Invalid character" CSC 509: "E-Code" | If $2300 . \mathrm{HI} 08-1=\mathrm{BN}$ then $2300 . \mathrm{H} 108-2$ must begin with "E". |  |
| Х223.193.2300.H108-3.010 | H008-3 | Date Time Period Format Qualifier | ID | 2-3 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not | Must not be present. |  |
| Х223.193.2300.H108-4.010 | H108-4 | Date Time Period | AN | 1-35 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| х223.193.2300.H108-5.010 | H108-5 | Monetary Amount | R | 1-18 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.193.2300.H108-6.010 | H008-6 | Quantity | R | 1-15 | N/U |  |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.193.2300.H108-7.010 | H08-7 | Version Identifier | AN | 1-30 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.193.2300.H108-8.010 | H008-8 | Industry code | AN | 1-30 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.193.2300.H108-9.010 | H08-9 | Present on Admission indicator | ID | 1-1 | s |  |  | N, U, W, Y | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300. H 08-9 must be valid values. |  |
| X223.193.2300.H109.010 | H09 | HEALTH CARE CODE INFORMATION |  |  | S |  |  |  | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | $2300 . \mathrm{HIO} 0$ can only be present if $2300 . \mathrm{H} 108$ is present. |  |
| Х223.193.2300.H109-1.010 | H109-1 | Diagnosis Type Code | ID | 1-3 | R |  |  | ABN, BN | 999 | R | 1 K 403 = 7: "Invalid Code Value" | 2300.H109-1 must be valid values. |  |
| X223.193.2300.H109-1.020 | H109-1 |  |  |  |  |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H109-1 must = "BN". | ICD-9 Only period |
| X223.193.2300.H109-1.030 | H09-1 |  |  |  |  |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300. H 109-1 must = "ABN". | ICD-10 Only period - assumes no dual-use after mandated date. |
| X223.193.2300.H109-2.010 | H09-2 | External Cause of Injury Code | AN | 1-30 | R |  |  |  | 277 | C | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 509: "E-Code" | If 2300.HIO9-1 is "BN" then 2300.HIO9-2 must be a valid ICD-9 External Cause of Injury code. | ICD-9 Only period. <br> Valid ICD-9 Diagnosis Code reference must be available for this edit |
| X223.193.2300.H109-2.020 | H09-2 |  |  |  |  |  |  |  | 277 | C | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 509: "E-Code" | If 2300.H109-1 is "ABN" then 2300.H109-2 must be a valid ICD-10 External Cause of Injury code. | $\begin{aligned} & \text { licd-10 Only period. } \\ & \text { Valid ICD- } 10 \text { Diagnosis Code } \\ & \text { reference must be available for this } \\ & \text { fedit. } \end{aligned}$ |
| X223.193.2300.H109-2.030 | H09-2 |  |  |  |  |  |  |  | 999 | E | IK403 = 6: "Invalid Character in Data | 2300.H09-2 must not contain a ".". |  |
| X223.193.2300.H109-2.040 | H09-2 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 511: "Invalid character" CSC 509: "E-Code" |  |  |
| X223.193.2300.H109-2.050 | H09-2 |  |  |  |  |  |  |  | 277 | C |  | If $2300 . \mathrm{HIO9-1}=\mathrm{BN}$ then $2300 . \mathrm{H} 109-2$ must begin with "E". |  |
| Х223.193.2300.H109-3.010 | H09-3 | Date Time Period Format Qualifier | ID | 2-3 | N/U |  |  |  | 999 | E | IK403 = 110 : "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.193.2300.H109-4.010 | H09-4 | Date Time Period | AN | 1-35 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.193.2300.H109-5.010 | H09-5 | Monetary Amount | R | 1-18 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { 1K403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| Х223.193.2300.H109-6.010 | H109-6 | Quantity | R | 1-15 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| Х223.193.2300.H109-7.010 | H09-7 | Version Identifier | AN | 1-30 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.193.2300.H109-8.010 | H099-8 | Industry code | AN | 1-30 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not | Must not be present. |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | Segment or | Description | ID | Min. Max. | $\begin{array}{\|c\|} \hline \text { Usage } \\ \text { Req. } \end{array}$ | Loop | $\begin{gathered} \text { Loop } \\ \text { Repeat } \end{gathered}$ | $\begin{aligned} & 5010 \\ & \text { Values } \end{aligned}$ | $\begin{array}{\|c} \text { TA1/ } \\ \text { 999/ } \\ \text { 277CA } \\ \hline \end{array}$ | Accept/ | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.193.2300.H109-9.010 | H109-9 | Present on Admission indicator | ID | 1-1 | s |  |  | N, U, W, Y | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300. H109-9 must be valid values. |  |
| X223.193.2300.H110.010 | H110 | HEALTH CARE CODE |  |  | s |  |  |  | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | 2300. HI10 can only be present if 2300 . HIO 0 is |  |
| X223.193.2300.H110-1.010 | H10-1 | Diagnosis Type Code | ID | 1-3 | R |  |  | ABN, BN | 999 | R | 1 K 403 = 7 : "Invalid Code Value" | $2300 . \mathrm{H} 110-1$ must be valid values. |  |
| X223.193.2300.H110-1.020 | H110-1 |  |  |  |  |  |  |  | 999 | R | $1 \mathrm{~K} 403=7$ : "Invalid Code Value" | 2300. $\mathrm{H} 110-1$ must = "BN". | ICD-9 Only period |
| X223.193.2300.H110-1.030 | H110-1 |  |  |  |  |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H110-1 must = "ABN". | ICD-10 Only period - assumes no dual-use after mandated date. |
| X223.193.2300.H110-2.010 | H110-2 | External Cause of Injury Code | AN | 1-30 | R |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 509: "E-Code" | If $2300 . \mathrm{HI} 10-1$ is "BN" then $2300 . \mathrm{HIO10}-2$ must be a valid ICD-9 External Cause of Injury code. | ICD-9 Only period. Valid ICD-9 Diagnosis Code reference must be available for this edit |
| X223.193.2300.H110-2.020 | H110-2 |  |  |  |  |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 509: "E-Code" | If 2300 . $\mathrm{H} 110-1$ is "ABN" then $2300 . \mathrm{HIO10}-2$ must be a valid ICD-10 External Cause of Injury code. | ICD-10 Only period. <br> Valid ICD-10 Diagnosis Code reference must be available for this dit |
| X223.193.2300.H110-2.030 | H110-2 |  |  |  |  |  |  |  | 999 | E | IK403 = 6: "Invalid Character in Data Element" | 2300.H110-2 must not contain a ".". |  |
| X223.193.2300.H110-2.040 | H110-2 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 511: "Invalid character" CSC 509: "E-Code" |  |  |
| X223.193.2300.H110-2.050 | H110-2 |  |  |  |  |  |  |  | 277 | c |  | If $2300 . \mathrm{HI} 10-1=\mathrm{BN}$ then $2300 . \mathrm{HI} 10-2$ must begin with "E". |  |
| X223.193.2300.H110-3.010 | H110-3 | Date Time Period Format <br> Qualifier | ID | 2-3 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.193.2300.H110-4.010 | H110-4 | Date Time Period | AN | 1-35 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.193.2300.H110-5.010 | H110-5 | Monetary Amount | R | 1-18 | NU |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.193.2300.H110-6.010 | H110-6 | Quantity | R | 1-15 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.193.2300.H110-7.010 | H110-7 | Version Identifier | AN | 1-30 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.193.2300.H110-8.010 | H110-8 | Industry code | AN | 1-30 | N/U |  |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.193.2300.H110-9.010 | H110-9 | Present on Admission indicator | ID | 1-1 | s |  |  | N, U, W, Y | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300. $\mathrm{H} 110-9$ must be valid values. |  |
| Х223.193.2300.H111.010 | H111 | HEALTH CARE CODE INFORMATION |  |  | s |  |  |  | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | 2300 .H111 can only be present if 2300 . H 110 is present present. |  |
| X223.193.2300.H111-1.010 | H111-1 | Diagnosis Type Code | ID | 1-3 | R |  |  | ABN, BN | 999 | R | \|1403 = 7: "Invalid Code Value" | 2300.H111-1 must be valid values. |  |
| X223.193.2300.H111-1.020 | H111-1 |  |  |  |  |  |  |  | 999 | R | 1 K 403 = 7: "Invalid Code Value" | 2300. $\mathrm{H} 1111-1$ must = "BN". | ICD-9 Only period |
| X223.193.2300.H111-1.030 | H111-1 |  |  |  |  |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H111-1 must = "ABN". | ICD-10 Only period - assumes no dual-use after mandated date. |
| X223.193.2300.H111-2.010 | H111-2 | External Cause of Injury Code | AN | 1-30 | R |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 509: "E-Code" | If $2300 . \mathrm{H} 111-1$ is "BN" then $2300 . \mathrm{HI11-2}$ must be a valid ICD-9 External Cause of Injury code. | ICD-9 Only period. <br> Valid ICD-9 Diagnosis Code reference must be available for this |


| 8371 Edit Reference | Segment or Element | Description | ID | $\begin{aligned} & \text { Min. } \\ & \text { Max. } \end{aligned}$ | Usage | Loop | $\begin{aligned} & \text { Loop } \\ & \text { Repeat } \end{aligned}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\begin{gathered} \text { TA1/ } \\ \text { 999/ } \\ \text { 277CA } \end{gathered}$ | Accept/ Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.193.2300.H111-2.020 | H111-2 |  |  |  |  |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information... CSC 509: "E-Code" | If 2300.H111-1 is "ABN" then 2300.H111-2 must be a valid ICD-10 External Cause of Injury code. | $\begin{aligned} & \hline \text { ICD-10 Only period. } \\ & \text { Valid ICD-10 Diagnosis Code } \\ & \text { reference must be available for this } \\ & \text { edit. } \\ & \hline \end{aligned}$ |
| Х223.193.2300.H111-2.030 | H111-2 |  |  |  |  |  |  |  | 999 | E | IK403 = 6: "Invalid Character in Data Element" | 2300.H111-2 must not contain a ".". |  |
| X223.193.2300.H111-2.040 | H111-2 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 511: "Invalid character" CSC 509: "E-Code" |  |  |
| X223.193.2300.H111-2.050 | H111-2 |  |  |  |  |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information.. CSC 511: "Invalid character" CSC 509: "E-Code" | If $2300 . \mathrm{HI} 11-1=\mathrm{BN}$ then $2300 . \mathrm{H} 111-2$ must begin with "E". |  |
| Х223.193.2300.H111-3.010 | H111-3 | $\begin{array}{\|c\|} \hline \begin{array}{c} \text { Date Time Period Format } \\ \text { Qualifier } \end{array} \\ \hline \end{array}$ | ID | 2-3 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not | Must not be present. |  |
| Х223.193.2300.H111-4.010 | H111-4 | Date Time Period | AN | 1-35 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| Х223.193.2300.H111-5.010 | H111-5 | Monetary Amount | R | 1-18 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.193.2300.H111-6.010 | H111-6 | Quantity | R | 1-15 | N/U |  |  |  | 999 | E | 1K403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.193.2300.H111-7.010 | H111-7 | Version Identifier | AN | 1-30 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| Х223.193.2300.H111-8.010 | H111-8 | Industry code | AN | 1-30 | N/U |  |  |  | 999 | E | 1K403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.193.2300. H 111 -9.010 | H111-9 | Present on Admission indicator | ID | 1-1 | S |  |  | N, U, W, Y | 999 | R | 1 K403 = 7: "Invalid Code Value" | 2300. $\mathrm{H} 1111-9$ must be valid values. |  |
| X223.193.2300.H112.010 | H112 | $\begin{aligned} & \text { HEALTHCCARE CODE } \\ & \text { INFORMATION } \\ & \hline \end{aligned}$ |  |  | S |  |  |  | 999 | R | 1K403 = 2: "Conditional Required Data Element Missing" | 2300 .HI12 can only be present if 2300 . HI11 is present. present. |  |
| Х223.193.2300.H112-1.010 | H112-1 | Diagnosis Type Code | ID | 1-3 | R |  |  | ABN, BN | 999 | R | $1 \mathrm{~K} 403=7$ : "Invalid Code Value" | 2300.H112-1 must be valid values. |  |
| Х223.193.2300.H112-1.020 | H112-1 |  |  |  |  |  |  |  | 999 | R | 1 K 403 = 7: "Invalid Code Value" | 2300. $\mathrm{H} 112-1$ must $=$ "BN". | ICD-9 Only period |
| X223.193.2300.H112-1.030 | H112-1 |  |  |  |  |  |  |  | 999 | R | 1 1403 = 7: "Invalid Code Value" | 2300.H112-1 must = "ABN". | ICD-10 Only period - assumes no dual-use after mandated date. |
| X223.193.2300.H112-2.010 | H112-2 | External Cause of Injury Code | AN | 1-30 | R |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 509: "E-Code" | If $2300 . \mathrm{HI} 12-1$ is "BN" then $2300 . \mathrm{H} 112-2$ must be a valid ICD-9 External Cause of Injury code. | ICD-9 Only period. <br> Valid ICD-9 Diagnosis Code reference must be available for this edit |
| X223.193.2300.H112-2.020 | H112-2 |  |  |  |  |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 509: "E-Code" | If 2300.HI12-1 is "ABN" then 2300.HI12-2 must be a valid ICD-10 External Cause of Injury code. | ICD-10 Only period. <br> Valid ICD-10 Diagnosis Code reference must be available for this edit |
| Х223.193.2300.H112-2.030 | H112-2 |  |  |  |  |  |  |  | 999 | E | IK403 = 6: "Invalid Character in Data Element" | 2300.H112-2 must not contain a ".". |  |
| X223.193.2300.H112-2.040 | H112-2 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information. CSC 511: "Invalid character" CSC 509: "E-Code" |  |  |
| X223.193.2300.H112-2.050 | H112-2 |  |  |  |  |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 511: "Invalid character" CSC 509: "E-Code" | If $2300 . \mathrm{H} 12-1=\mathrm{BN}$ then 2300 . $\mathrm{H} 112-2$ must begin with "E". |  |
| X223.193.2300.H112-3.010 | H112-3 | Date Time Period Format Qualifier | ID | 2-3 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not | Must not be present. |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | Segment or | Description | ID | $\begin{aligned} & \text { Min. } \\ & \text { Max. } \end{aligned}$ | $\begin{gathered} \text { Usage } \\ \text { Req. } \\ \hline \end{gathered}$ | Loop | $\begin{gathered} \text { Loop } \\ \text { Repeat } \end{gathered}$ | $\begin{gathered} 5010 \\ \text { Values } \\ \hline \end{gathered}$ | $\begin{gathered} \text { TA1/ } \\ \text { 999/ } \\ 277 C A \\ \hline \end{gathered}$ | Accept/ | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.193.2300.H112-4.010 | H112-4 | Date Time Period | AN | 1-35 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.193.2300.H112-5.010 | H112-5 | Monetary Amount | R | 1-18 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.193.2300.H112-6.010 | H112-6 | Quantity | R | 1-15 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.193.2300.H112-7.010 | H112-7 | Version Identifier | AN | 1-30 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.193.2300.H112-8.010 | H112-8 | Industry code | AN | 1-30 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.193.2300.H112-9.010 | H112-9 | Present on Admission indicator | ID | 1-1 | S |  |  | N, U, W, Y | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H112-9 must be valid values. |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.218.2300.H1.010 | HI | DIAGNOSIS RELATED GROUP (DRG) INFORMATION |  | 1 | s | 2300 |  |  | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" Maximum Use" | Only one iteration of $2300 . \mathrm{HI}$ with H101-1 = "DR" is allowed. | 03/27: not pass through |
| X223.218.2300.H101.010 | H01 | HEALTH CARE CODE INFORMATION |  |  | R |  |  |  |  |  |  |  |  |
| X223.218.2300.H101-1.010 | H101-1 | Code List Qualifier Code | ID | 1-3 | R |  |  | DR | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H01-1 must be "DR". |  |
| X223.218.2300.H101-2.010 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.218.2300.H101-2.015 | H01-2 | DRG Code | AN | 1-30 | R |  |  |  | 999 | R | IK403 = 5: "Data Element Too Long" | 2300.H101-2 must be 1-30 characters. |  |
| X223.218.2300.H101-3.010 | H01-3 | Date Time Period Format Qualifier | ID | 2-3 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.218.2300.H101-4.010 | H01-4 | Date Time Period | AN | 1-35 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.218.2300.H101-5.010 | H101-5 | Monetary Amount | R | 1-18 | NU |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.218.2300.H101-6.010 | H101-6 | Quantity | R | 1-15 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.218.2300.H101-7.010 | H01-7 | Version Identifier | AN | 1-30 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.218.2300.H101-8.010 | H01-8 | Industry code | AN | 1-30 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not | Must not be present. |  |
| X223.218.2300.H101-9.010 | H01-9 | Yes/No Condition or response Code | ID | 1-1 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| Х223.218.2300. HO 02.010 | H02 | HEALTH CARE CODE INFORMATION |  |  | N/U |  |  |  | 999 | E | IK403 = 110: "Implementation "Not | Must not be present. |  |
| X223.218.2300. H 103.010 | H103 | HEALTH CARE CODE INFORMATION |  |  | NU |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| Х223.218.2300. H 104.010 | H104 | HEALTH CARE CODE |  |  | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| Х223.218.2300. H 05.010 | H105 | HEALTH CARE CODE INFORMATION |  |  | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| Х223.218.2300. H 106.010 | H106 | $\begin{aligned} & \text { HEALTH CARE CODE } \\ & \text { INFORMATION } \\ & \hline \end{aligned}$ |  |  | NU |  |  |  | 999 | E | IK403 = I10: "Implementation "Not | Must not be present. |  |
| Х223.218.2300. H 07.010 | H107 | HEALTH CARE CODE INFORMATION |  |  | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.218.2300. H 108.010 | H108 | $\begin{aligned} & \text { HEALTH CARE CODE } \\ & \text { INFORMATION } \\ & \hline \end{aligned}$ |  |  | N/U |  |  |  | 999 | E | IK403 = 110: "Implementation "Not | Must not be present. |  |
| X223.218.2300.H109.010 | H09 | HEALTH CARE CODE INFORMATION |  |  | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | Segment or | Description | ID | Min. <br> Max. | $\begin{aligned} & \text { Usage } \\ & \text { Req. } \end{aligned}$ | Loop | $\begin{aligned} & \text { Loop } \\ & \text { Repeat } \end{aligned}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\begin{gathered} \text { TA1/ } \\ \text { 999/ } \\ \text { 277CA } \end{gathered}$ | Accept Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| х223.218.2300.H110.010 | H110 | HEALTH CARE CODE INFORMATION |  |  | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.218.2300.H111.010 | H111 | HEALTH CARE CODE |  |  | N/U |  |  |  | 999 | E | IK403 = 110: "Implementation "Not | Must not be present. |  |
| Х223.218.2300.H112.010 | H112 | $\begin{aligned} & \text { HEALTH CARE CODE } \\ & \text { INFORMATION } \\ & \hline \end{aligned}$ |  |  | N/U |  |  |  | 999 | E | $1 \mathrm{~K} 403=110: \text { "Implementation "Not }$ | Must not be present. |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.220.2300.H1.010 | HI | OTHER DIAGNOSIS INFORMATION |  | 2 | s | 2300 |  |  | 999 | R | $\begin{aligned} & \text { IK304 = 5: "Segment Exceeds } \\ & \text { Maximum Use" } \\ & \hline \end{aligned}$ | Only two iterations of 2300 .HI with HI01-1 = "BF" are allowed. | ICD-9 Only period |
| $\begin{array}{\|l} \hline \text { X223.220.2300.HII. } 020 \\ \text { edit deactivated } \\ \hline \end{array}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| х223.220.2300.H1.030 | HI |  |  |  |  |  |  |  | 999 | R | 1K304 = 5: "Segment Exceeds Maximum Use" | Only two iterations of 2300.HI with H101-1 = "ABF" are allowed. | ICD-10 Only period - assumes no dual-use after mandated date. |
| X223.220.2300.H101.010 | H01 | HEALTH CARE CODE INFORMATION |  |  | R |  |  |  |  |  |  |  |  |
| х223.220.2300.H101-1.010 | H01-1 | Code List Qualifier Code | ID | 1-3 | R |  |  | ABF, BF | 999 | R | $1 \mathrm{~K} 403=7$ : "Invalid Code Value" | $2300 . \mathrm{H} 01-1$ must be valid values. |  |
| Х223.220.2300.H101-1.020 | H01-1 |  |  |  |  |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H101-1 must = "BF". | ICD-9 Only period |
| X223.220.2300.H101-1.030 | H01-1 |  |  |  |  |  |  |  | 999 | R | 1 K403 = 7: "Invalid Code Value" | 2300. H H01-1 must = "ABF". | ICD-10 Only period - assumes no dual-use after mandated date. |
| X223.220.2300.H101-2.010 | H01-2 | Other Diagnosis | AN | 1-30 | R |  |  |  | 277 | C | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 255: "Diagnosis Code" | If $2300 . \mathrm{HIO1-1}$ is "BF" then 2300. H101-2 must be a valid ICD-9 Diagnosis code. | ICD-9 Only period. <br> Valid ICD-9 Diagnosis Code reference must be available for this edit. |
| X223.220.2300.H101-2.020 | H101-2 |  |  |  |  |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 255: "Diagnosis Code" | If 2300.H101-1 is "ABF" then 2300. H101-2 must be a valid ICD-10 Diagnosis code. | $\begin{aligned} & \text { eaid } 10 \text { Only period. } \\ & \text { Valid ICD- } 10 \text { Diagnosis code } \\ & \text { reference must be available for this } \\ & \text { fedit. } \end{aligned}$ |
| X223.220.2300.H101-2.030 | H101-2 |  |  |  |  |  |  |  | 999 | E | IK403 = 6: "Invalid Character in Data Element" | 2300.H101-2 must not contain a ".". |  |
| X223.220.2300.H101-2.040 | H01-2 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement <br> /Rejected for Invalid Information..." <br> CSC 511: "Invalid haracter" <br> CSC 255: "Diagnosis Code" |  |  |
| Х223.220.2300.H101-3.010 | H01-3 | $\begin{gathered} \hline \text { Date Time Period Format } \\ \text { Qualifier } \\ \hline \end{gathered}$ | ID | 2-3 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.220.2300.H101-4.010 | H01-4 | Date Time Period | AN | 1-35 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.220.2300.H101-5.010 | H01-5 | Monetary Amount | R | 1-18 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.220.2300.H101-6.010 | H01-6 | Quantity | R | 1-15 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not | Must not be present. |  |
| X223.220.2300.H101-7.010 | H01-7 | Version Identifier | AN | 1-30 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not | Must not be present. |  |
| X223.220.2300.H101-8.010 | H01-8 | Industry code | AN | 1-30 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| х223.220.2300.H101-9.010 | H101-9 | Present on Admission indicator | ID | 1-1 | s |  |  | N, U, W, Y | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300. $\mathrm{H} 101-9$ must be valid values. |  |
| X223.220.2300.H102.010 | H02 | HEALTH CARE CODE INFORMATION |  |  | s |  |  |  | 999 | R | IK403 = 2: "Conditional Required Data | $2300 . \mathrm{HIO2}$ can only be present if $2300 . \mathrm{HI01}$ is present. |  |
| х223.220.2300.H102-1.010 | H02-1 | Code List Qualifier Code | ID | 1-3 | R |  |  | ABF, BF | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300. $\mathrm{H} 102-1$ must be valid values. |  |
| X223.220.2300.H102-1.020 | H02-1 |  |  |  |  |  |  |  | 999 | R | $1 \mathrm{~K} 403=7$ : "Invalid Code Value" | 2300. $\mathrm{Hl} 102 \mathrm{-1}$ must = "BF". | ICD-9 Only period |
| X223.220.2300.H102-1.030 | H02-1 |  |  |  |  |  |  |  | 999 | R | 1 1403 = 7: "Invalid Code Value" | 2300. $\mathrm{H} 102 \mathrm{l} 1 \mathrm{must}=$ "ABF". | ICD-10 Only period - assumes no dual-use after mandated date. |


| 8371 Edit Reference | Segment or Element | Description | ID | $\begin{aligned} & \text { Min. } \\ & \text { } \end{aligned}$ | $\begin{array}{\|c\|} \hline \text { Usage } \\ \text { Req. } \end{array}$ | Loop | $\underset{\text { Repeat }}{\text { Loop }}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\begin{gathered} \text { TA1/ } \\ \text { T99/ } \\ \text { 277CA } \end{gathered}$ | Accept/ Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.220.2300.H102-2.010 | H02-2 | Other Diagnosis | AN | 1-30 | R |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 255: "Diagnosis Code" | If 2300.HI02-1 is "BF" then 2300.HIO2-2 must be a valid ICD-9 Diagnosis code. | ICD-9 Only period. <br> Valid ICD-9 Diagnosis Code reference must be available for this |
| X223.220.2300.H102-2.020 | H102-2 |  |  |  |  |  |  |  | 277 | C | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 255: "Diagnosis Code" | If 2300.H102-1 is "ABF" then 2300. H102-2 must be a valid ICD-10 Diagnosis code. | $\begin{aligned} & \text { edit } \\ & \text { ICD-10 Only period. } \\ & \text { Valid ICD-10 Diagnosis code } \\ & \text { reference must be available for this } \\ & \text { edit. } \\ & \hline \end{aligned}$ |
| X223.220.2300.H102-2.030 | H102-2 |  |  |  |  |  |  |  | 999 | E | IK403 = 6: "Invalid Character in Data Element" | 2300.H102-2 must not contain a ".". |  |
| X223.220.2300.H102-2.040 | H02-2 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 511: "Invalid character" CSC 255: "Diaanosis Code" |  |  |
| Х223.220.2300.H102-3.010 | H02-3 | $\begin{array}{\|c\|} \hline \text { Date Time Period Format } \\ \text { Qualifier } \end{array}$ | ID | 2-3 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK43 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| х223.220.2300.H102-4.010 | H102-4 | Date Time Period | AN | 1-35 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| х223.220.2300.H102-5.010 | H02-5 | Monetary Amount | R | 1-18 | NU |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.220.2300.H102-6.010 | H102-6 | Quantity | R | 1-15 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.220.2300.H102-7.010 | H02-7 | Version Identifier | AN | 1-30 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.220.2300.H102-8.010 | H102-8 | Industry code | AN | 1-30 | NU |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.220.2300.H102-9.010 | H02-9 | Present on Admission indicator | ID | 1-1 | s |  |  | N, U, W, Y | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H102-9 must be valid values. |  |
| X223.220.2300.H103.010 | H03 | $\begin{aligned} & \text { HEALTHCCAVI CODE } \\ & \text { INFORMATION } \\ & \hline \end{aligned}$ |  |  | S |  |  |  | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | $2300 . \mathrm{HOO}$ can only be present if 2300 . H 02 is present. |  |
| X223.220.2300.H103-1.010 | H03-1 | Code List Qualifier Code | ID | 1-3 | R |  |  | ABF, BF | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H103-1 must be valid values. |  |
| х223.220.2300.H103-1.020 | H03-1 |  |  |  |  |  |  |  | 999 | R | 1 K 403 = 7: "Invalid Code Value" | 2300. H H03-1 must = "BF". | ICD-9 Only period |
| х223.220.2300.H103-1.030 | H03-1 |  |  |  |  |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300. H 103-1 must = "ABF". | ICD-10 Only period - assumes no dual-use after mandated date. |
| X223.220.2300.H103-2.010 | H03-2 | Other Diagnosis | AN | 1-30 | R |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 255: "Diagnosis Code" | If $2300 . \mathrm{HIO} 03-1$ is "BF" then $2300 . \mathrm{HIO}-2$ must be a valid ICD-9 Diagnosis code. | $\begin{aligned} & \text { ICD-9 Only period. } \\ & \text { Valid ICD-9 Diagnosis Code } \\ & \text { reference must be available for this } \\ & \text { edit. } \end{aligned}$ |
| X223.220.2300.H103-2.020 | H103-2 |  |  |  |  |  |  |  | 277 | C | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 255: "Diagnosis Code" | If 2300.H103-1 is "ABF" then 2300.H103-2 must be a valid ICD-10 Diagnosis code. | ICD-10 Only period. <br> Valid ICD-10 Diagnosis code <br> reference must be available for this <br> edit. |
| X223.220.2300.H103-2.030 | H03-2 |  |  |  |  |  |  |  | 999 | E | IK403 = 6: "Invalid Character in Data Element" | 2300.H03-2 must not contain a ".". |  |
| X223.220.2300.H103-2.040 | H03-2 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 511: "Invalid character" CSC 255: "Diaanosis Code" |  |  |
| X223.220.2300.H103-3.010 | H003-3 | Date Time Period Format Qualifier | ID | 2-3 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { 1K403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.220.2300. $\mathrm{H103}$-4.010 | H03-4 | Date Time Period | AN | 1-35 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | $\underset{\text { Element or }}{\text { Segment }}$ | Description | ID | Min. Max. | $\begin{array}{\|c} \text { Usage } \\ \text { Req. } \end{array}$ | Loop | $\begin{aligned} & \begin{array}{l} \text { Loop } \\ \text { Repeat } \end{array} \\ & \hline \end{aligned}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\begin{gathered} \text { TA1// } \\ \text { 999/ } \\ 277 \mathrm{CA} \end{gathered}$ | Accept/ Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| х223.220.2300.Н103-5.010 | H103-5 | Monetary Amount | R | 1-18 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| х223.220.2300.H103-6.010 | H03-6 | Quantity | R | 1-15 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| х223.220.2300.H103-7.010 | H03-7 | Version Identifier | AN | 1-30 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| Х223.220.2300. $\mathrm{H103-8.010}$ | H03-8 | Industry code | AN | 1-30 | N/U |  |  |  | 999 | E | 1K403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.220.2300.H103-9.010 | H03-9 | Present on Admission indicator | ID | 1-1 | s |  |  | N, U, W, Y | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300. H 03 -9 must be valid values. |  |
| X223.220.2300.H104.010 | H104 | HEALTH CARE CODE INFORMATION |  |  | S |  |  |  | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | $2300 . \mathrm{HIO}$ present can only be present if 2300 . HIO is |  |
| х223.220.2300.H104-1.010 | H104-1 | Code List Qualifier Code | ID | 1-3 | R |  |  | ABF, BF | 999 | R | $1 \mathrm{~K} 403=7$ : "Invalid Code Value" | 2300. H104-1 must be valid values. |  |
| Х223.220.2300.H104-1.020 | H104-1 |  |  |  |  |  |  |  | 999 | R | 1 K 403 = 7 : "Invalid Code Value" | 2300. H H04-1 $\mathrm{must}=$ "BF". | ICD-9 Only period |
| х223.220.2300.H104-1.030 | H104-1 |  |  |  |  |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H104-1 must = "ABF". | ICD-10 Only period - assumes no dual-use after mandated date. |
| х223.220.2300.H104-2.010 | H104-2 | Other Diagnosis | AN | 1-30 | R |  |  |  | 277 | C | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 255: "Diagnosis Code" | If $2300 . \mathrm{HIO} 0-1$ is "BF" then $2300 . \mathrm{H} 04-2$ must be a valid ICD-9 Diagnosis code. | ```ICD-9 Only period. Valid ICD-9 Diagnosis Code reference must be available for this edit``` |
| X223.220.2300.H104-2.020 | H104-2 |  |  |  |  |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 255: "Diagnosis Code" | If 2300.H104-1 is "ABF" then 2300.H104-2 must be a valid ICD-10 Diagnosis code. | ICD-10 Only period. <br> Valid ICD-10 Diagnosis code <br> reference must be available for this <br> edit. |
| X223.220.2300.H104-2.030 | H04-2 |  |  |  |  |  |  |  | 999 | E | \|K403 = 6: "Invalid Character in Data Element" | 2300.H104-2 must not contain a ".". |  |
| X223.220.2300.H104-2.040 | H104-2 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 511: "Invalid character" CSC 255: "Diaanosis Code" |  |  |
| Х223.220.2300.H104-3.010 | H104-3 | $\begin{array}{\|c\|} \hline \text { Date Time Period Format } \\ \text { Qualifier } \end{array}$ | ID | 2-3 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| Х223.220.2300.H104-4.010 | H104-4 | Date Time Period | AN | 1-35 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| х223.220.2300.H104-5.010 | H104-5 | Monetary Amount | R | 1-18 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.220.2300.H104-6.010 | H104-6 | Quantity | R | 1-15 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.220.2300.H104-7.010 | H104-7 | Version Identifier | AN | 1-30 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| Х223.220.2300.H104-8.010 | H104-8 | Industry code | AN | 1-30 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not | Must not be present. |  |
| х223.220.2300.H104-9.010 | H04-9 | $\begin{gathered} \text { Present on Admission } \\ \text { indicator } \end{gathered}$ | ID | 1-1 | s |  |  | N, U, W, Y | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300. $\mathrm{H} 104-9$ must be valid values. |  |
| X223.220.2300.H105.010 | H05 | HEALTH CARE CODE INFORMATION |  |  | s |  |  |  | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | 2300 .HI05 can only be present if 2300 . HI 04 is present. |  |
| Х223.220.2300.H105-1.010 | H105-1 | Code List Qualifier Code | ID | 1-3 | R |  |  | ABF, BF | 999 | R | \|1403 = 7: "Invalid Code Value" | 2300.H105-1 must be valid values. |  |
| X223.220.2300.H105-1.020 | H105-1 |  |  |  |  |  |  |  | 999 | R | $1 \mathrm{~K} 403=7$ 7 "Invalid Code Value" | 2300. H [05-1 must = "BF". | ICD-9 Only period |
| X223.220.2300.H105-1.030 | H05-1 |  |  |  |  |  |  |  | 999 | R | $1 \mathrm{~K} 403=7$ 7: "Invalid Code Value" | 2300. $\mathrm{H} 105-1$ must = "ABF". | ICD-10 Only period - assumes no dual-use after mandated date. |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | Segment or Element | Description | ID | $\begin{aligned} & \text { Min. } \\ & \text { Max. } \end{aligned}$ | $\begin{gathered} \text { Usage } \\ \text { Req. } \end{gathered}$ | Loop | $\begin{aligned} & \text { Loop } \\ & \text { Repeat } \\ & \hline \end{aligned}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\begin{gathered} \text { TA1// } \\ \text { T99/ } \\ 277 C A \end{gathered}$ | Accept/ | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| х223.220.2300.H105-2.010 | H05-2 | Other Diagnosis | AN | 1-30 | R |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 255: "Diagnosis Code" | If $2300 . \mathrm{H} 05-1$ is "BF" then $2300 . \mathrm{H} 05-2$ must be a valid ICD-9 Diagnosis code. | ICD-9 Only period. <br> Valid ICD-9 Diagnosis Code reference must be available for this edit |
| X223.220.2300.H105-2.020 | H105-2 |  |  |  |  |  |  |  | 277 | C | CSCC A7: "Acknowledgement Rejected for Invalid Information..." CSC 255: "Diagnosis Code" | If 2300.H105-1 is "ABF" then $2300 . \mathrm{HIO5}-2$ must be a valid ICD-10 Diagnosis code. | $\begin{aligned} & \text { ICD-10 Only period. } \\ & \text { Valid ICD-10 Diagnosis code } \\ & \text { reference must be available for this } \\ & \text { edit. } \\ & \hline \end{aligned}$ |
| Х223.220.2300.H105-2.030 | H105-2 |  |  |  |  |  |  |  | 999 | E | IK403 = 6: "Invalid Character in Data Element" | 2300.H105-2 must not contain a ".". |  |
| X223.220.2300.H105-2.040 | H105-2 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement Rejected for Invalid Information..." CSC 511: "Invalid character" CSC 255: "Diaanosis Code" |  |  |
| х223.220.2300.H105-3.010 | H105-3 | Date Time Period Format Qualifier | ID | 2-3 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not | Must not be present. |  |
| Х223.220.2300.H105-4.010 | H105-4 | Date Time Period | AN | 1-35 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| Х223.220.2300.H105-5.010 | H105-5 | Monetary Amount | R | 1-18 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| Х223.220.2300.H105-6.010 | H105-6 | Quantity | R | 1-15 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| Х223.220.2300.H105-7.010 | H105-7 | Version Identifier | AN | 1-30 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| Х223.220.2300.H105-8.010 | H105-8 | Industry code | AN | 1-30 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { 1K403 = I0: "Implementation "Not } \\ & \text { Used" Element Present" } \\ & \hline \end{aligned}$ | Must not be present. |  |
| Х223.220.2300.H105-9.010 | H105-9 | Present on Admission indicator | ID | 1-1 | s |  |  | N, U, W, Y | 999 | R | $1 \mathrm{~K} 403=7$ : "Invalid Code Value" | $2300 . \mathrm{H} 105-9$ must be valid values. |  |
| X223.220.2300.H106.010 | H06 | HEALTH CARE CODE INFORMATION |  |  | S |  |  |  | 999 | R | \|K403 = 2: "Conditional Required Data Element Missing" | $2300 . \mathrm{HI} 06$ can only be present if $2300 . \mathrm{HIO} 5$ is present. |  |
| х223.220.2300.H106-1.010 | H106-1 | Code List Qualifier Code | ID | 1-3 | R |  |  | ABF, BF | 999 | R | 1 K 403 = 7: "Invalid Code Value" | $2300 . \mathrm{H} 106-1$ must be valid values. |  |
| Х223.220.2300.H106-1.020 | H06-1 |  |  |  |  |  |  |  | 999 | R | \|1K403 = 7: "Invalid Code Value" | 2300.H106-1 must = "BF". | ICD-9 Only period |
| X223.220.2300.H106-1.030 | H06-1 |  |  |  |  |  |  |  | 999 | R | 1 1403 = 7: "Invalid Code Value" | 2300. H I06-1 must = "ABF". | ICD-10 Only period - assumes no dual-use after mandated date. |
| X223.220.2300.H106-2.010 | H06-2 | Other Diagnosis | AN | 1-30 | R |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 255: "Diagnosis Code" | If $2300 . \mathrm{H} 06-1$ is "BF" then 2300. H106-2 must be a valid ICD-9 Diagnosis code. | ICD-9 Only period. <br> Valid ICD-9 Diagnosis Code reference must be available for this edit |
| X223.220.2300.H106-2.020 | H106-2 |  |  |  |  |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 255: "Diagnosis Code" | If 2300.H06-1 is "ABF" then 2300. H 106 -2 must be a valid ICD-10 Diagnosis code. | $\begin{aligned} & \text { licD-10 Only period. } \\ & \text { Valid ICD- } 10 \text { Diagnosis code } \\ & \text { reference must be available for this } \\ & \text { fedit. } \end{aligned}$ |
| Х223.220.2300.H106-2.030 | H06-2 |  |  |  |  |  |  |  | 999 | E | IK403 = 6: "Invalid Character in Data Element" | 2300.H106-2 must not contain a ".". |  |
| X223.220.2300.H106-2.040 | H06-2 |  |  |  |  |  |  |  | 277 | T | $\begin{aligned} & \text { CRCC A7: "Acknowledgement } \\ & \text { CRejected for Invalid Information..." } \\ & \text { CSC 511: "Invalid character" } \\ & \text { CSC 255: "ixianosis Code" } \end{aligned}$ |  |  |
| Х223.220.2300.H106-3.010 | H106-3 | Date Time Period Format Qualifier | ID | 2-3 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not | Must not be present. |  |
| X223.220.2300.H106-4.010 | H06-4 | Date Time Period | AN | 1-35 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.220.2300.H106-5.010 | H06-5 | Monetary Amount | R | 1-18 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | Segment or | Description | ID | $\begin{aligned} & \text { Min. } \\ & \text { Max. } \end{aligned}$ | $\begin{gathered} \text { Usage } \\ \text { Req. } \end{gathered}$ | Loop | $\begin{aligned} & \text { Loop } \\ & \text { Repeat } \end{aligned}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\left\|\begin{array}{c} \text { TA1// } \\ \text { 999/ } \\ 277 C A \end{array}\right\|$ | Accept/ Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.220.2300.H106-6.010 | H006-6 | Quantity | R | 1-15 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| х223.220.2300.H106-7.010 | H006-7 | Version Identifier | AN | 1-30 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.220.2300.H106-8.010 | H06-8 | Industry code | AN | 1-30 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not | Must not be present. |  |
| X223.220.2300.H106-9.010 | H06-9 | Present on Admission indicator | ID | 1-1 | s |  |  | N, U, W, Y | 999 | R | 1 K 403 = 7: "Invalid Code Value" | 2300. H106-9 must be valid values. |  |
| X223.220.2300.H107.010 | H07 | HEALTH CARE CODE INFORMATION |  |  | s |  |  |  | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | 2300 . HI07 can only be present if $2300 . \mathrm{HIO}$ is present. |  |
| х223.220.2300.H107-1.010 | H107-1 | Code List Qualifier Code | ID | 1-3 | R |  |  | ABF, BF | 999 | R | $1 \mathrm{~K} 403=7$ : "Invalid Code Value" | 2300. $\mathrm{H} 107-1$ must be valid values. |  |
| Х223.220.2300.H107-1.020 | H07-1 |  |  |  |  |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H107-1 must = "BF". | ICD-9 Only period |
| X223.220.2300.H107-1.030 | H07-1 |  |  |  |  |  |  |  | 999 | R | 1 K 403 = 7: "Invalid Code Value" | 2300. H 107-1 must = "ABF". | ICD-10 Only period - assumes no dual-use after mandated date. |
| X223.220.2300.H107-2.010 | H07-2 | Other Diagnosis | AN | 1-30 | R |  |  |  | 277 | C | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 255: "Diagnosis Code" | If $2300 . \mathrm{HIO7-1}$ is "BF" then 2300 . H101-2 must be a valid ICD-9 Diagnosis code. | ICD-9 Only period. <br> Valid ICD-9 Diagnosis Code reference must be available for this edit |
| X223.220.2300.H107-2.020 | H107-2 |  |  |  |  |  |  |  | 277 | C | CSCC A7: "Acknowledgement /Rejected for Invalid Information... CSC 255: "Diagnosis Code" | If 2300. HIO7-1 is "ABF" then 2300 .HIO7-2 must be a valid ICD-10 Diagnosis code. | ICD-10 Only period. Valid ICD-10 Diagnosis code reference must be available for this edit. |
| Х223.220.2300.H107-2.030 | H07-2 |  |  |  |  |  |  |  | 999 | E | IK403 = 6: "Invalid Character in Data Element" | 2300.H107-2 must not contain a ".". |  |
| X223.220.2300.H107-2.040 | H07-2 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 511: "Invalid character" CSC 255: "Diaanosis Code" |  |  |
| Х223.220.2300.H107-3.010 | H07-3 | Date Time Period Format Qualifier | ID | 2-3 | N/U |  |  |  | 999 | E | 1K403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.220.2300.H107-4.010 | H07-4 | Date Time Period | AN | 1-35 | N/U |  |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.220.2300.H107-5.010 | H07-5 | Monetary Amount | R | 1-18 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not | Must not be present. |  |
| Х223.220.2300.H107-6.010 | H07-6 | Quantity | R | 1-15 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.220.2300.H107-7.010 | H07-7 | Version Identifier | AN | 1-30 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.220.2300.H107-8.010 | H07-8 | Industry code | AN | 1-30 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.220.2300.H107-9.010 | H07-9 | Present on Admission indicator | ID | 1-1 | s |  |  | N, U, W, Y | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H107-9 must be valid values. |  |
| X223.220.2300.H108.010 | H108 | HEALTH CARE CODE INFORMATION |  |  | s |  |  |  | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | 2300.H108 can only be present if 2300 . HIO 0 is present. |  |
| х223.220.2300.H108-1.010 | H08-1 | Code List Qualifier Code | ID | 1-3 | R |  |  | ABF, BF | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300. $\mathrm{H} 108-1$ must be valid values. |  |
| X223.220.2300.H108-1.020 | H008-1 |  |  |  |  |  |  |  | 999 | R | $1 \mathrm{~K} 403=7$ : "Invalid Code Value" | 2300. H 108 -1 must = "BF". | ICD-9 Only period |
| X223.220.2300.H108-1.030 | H08-1 |  |  |  |  |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300. H 08-1 must = "ABF". | ICD-10 Only period - assumes no dual-use after mandated date. |
| X223.220.2300.H108-2.010 | H008-2 | Other Diagnosis | AN | 1-30 | R |  |  |  | 277 | C | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 255: "Diagnosis Code" | If $2300 . \mathrm{HI} 08-1$ is "BF" then $2300 . \mathrm{H} 108-2$ must be a valid ICD-9 Diagnosis code. | ICD-9 Only period. <br> Valid ICD-9 Diagnosis Code reference must be available for this edit |


| 8371 Edit Reference | Segment or Element | Description | ID | $\begin{aligned} & \text { Min. } \\ & \text { } \end{aligned}$ | $\begin{array}{\|c\|} \hline \text { Usage } \\ \text { Req. } \end{array}$ | Loop | $\begin{aligned} & \text { Loop } \\ & \text { Repeat } \end{aligned}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\begin{gathered} \text { TA1/ } \\ \text { T99/ } \\ \text { 277CA } \end{gathered}$ | Accept/ Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.220.2300.H108-2.020 | H008-2 |  |  |  |  |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 255: "Diagnosis Code" | If 2300.H108-1 is "ABF" then 2300. H108-2 must be a valid ICD-10 Diagnosis code. | $\begin{array}{\|l\|} \hline \text { ICD-10 Only period. } \\ \text { Valid ICD-10 Diagnosis code } \\ \text { reference must be available for this } \\ \text { edit. } \\ \hline \end{array}$ |
| X223.220.2300.H108-2.030 | H008-2 |  |  |  |  |  |  |  | 999 | E | IK403 = 6: "Invalid Character in Data Element" | 2300.H108-2 must not contain a ".". |  |
| X223.220.2300.H108-2.040 | H08-2 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 511: "Invalid character" CSC 255: "Diaenosis Code" |  |  |
| X223.220.2300.H108-3.010 | H008-3 | Date Time Period Format Qualifier | ID | 2-3 | NU |  |  |  | 999 | E | $\begin{aligned} & \text { 1K403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| х223.220.2300. $\mathrm{H} 108-4.010$ | H008-4 | Date Time Period | AN | 1-35 | NU |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.220.2300.H108-5.010 | H08-5 | Monetary Amount | R | 1-18 | NU |  |  |  | 999 | E | IK403 = I10: "Implementation "Not | Must not be present. |  |
| X223.220.2300.H108-6.010 | H008-6 | Quantity | R | 1-15 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.220.2300.H108-7.010 | H08-7 | Version Identifier | AN | 1-30 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.220.2300.H108-8.010 | H008-8 | Industry code | AN | 1-30 | NU |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.220.2300.H108-9.010 | H08-9 | Present on Admission indicator | ID | 1-1 | S |  |  | N, U, W, Y | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300. $\mathrm{H} 108-9$ must be valid values. |  |
| X223.220.2300.H109.010 | H09 | HEALTH CARE CODE INFORMATION |  |  | S |  |  |  | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | 2300 .HI09 can only be present if 2300 . H108 is present. |  |
| X223.220.2300.H109-1.010 | H109-1 | Code List Qualifier Code | ID | 1-3 | R |  |  | ABF, BF | 999 | R | $1 \mathrm{~K} 403=7$ : "Invalid Code Value" | 2300. H Io9-1 must be valid values. |  |
| X223.220.2300.H109-1.020 | H109-1 |  |  |  |  |  |  |  | 999 | R | 1 K 403 = 7: "Invalid Code Value" | 2300.H109-1 must = "BF". | ICD-9 Only period |
| х223.220.2300.H109-1.030 | H109-1 |  |  |  |  |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H09-1 must = "ABF". | ICD-10 Only period - assumes no dual-use after mandated date. |
| X223.220.2300.H109-2.010 | H09-2 | Other Diagnosis | AN | 1-30 | R |  |  |  | 277 | C | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 255: "Diagnosis Code" | If 2300. HIO9-1 is "BF" then 2300. H109-2 must be a valid ICD-9 Diagnosis code. | ICD-9 Only period. Valid ICD-9 Diagnosis Code reference must be available for this edit |
| X223.220.2300.H109-2.020 | H09-2 |  |  |  |  |  |  |  | 277 | C | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 255: "Diagnosis Code" | If 2300.H109-1 is "ABF" then 2300. H109-2 must be a valid ICD-10 Diagnosis code. | $\begin{aligned} & \text { ICD-10 Only period. } \\ & \text { Valid ICD-10 Diagnosis code } \\ & \text { reference must be available for this } \\ & \text { edit. } \end{aligned}$ |
| X223.220.2300.H109-2.030 | H09-2 |  |  |  |  |  |  |  | 999 | E | \|K403 = 6: "Invalid Character in Data Element" | 2300.H09-2 must not contain a ".." |  |
| X223.220.2300.H109-2.040 | H09-2 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information. CSC 511: "Invalid character" CSC 255: "Diaanosis Code" |  |  |
| X223.220.2300.H109-3.010 | H09-3 | Date Time Period Format Qualifier | ID | 2-3 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { 1K403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.220.2300.H109-4.010 | H09-4 | Date Time Period | AN | 1-35 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| х223.220.2300.H109-5.010 | H109-5 | Monetary Amount | R | 1-18 | NU |  |  |  | 999 | E | IK403 = I10: "Implementation "Not | Must not be present. |  |
| х223.220.2300. $\mathrm{H} 109-6.010$ | H09-6 | Quantity | R | 1-15 | N/U |  |  |  | 999 | E | 1K403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.220.2300.H109-7.010 | H109-7 | Version Identifier | AN | 1-30 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |


| 8371 Edit Reference | Segment or Element | Description | ID | $\begin{gathered} \text { Min. } \\ \text { Max. } \end{gathered}$ | Usage | Loop | $\underset{\text { Repeat }}{\text { Loop }}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\begin{gathered} \text { TA1/ } \\ \text { 999/ } \\ \text { 277CA } \end{gathered}$ | Accept/ Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.220.2300.H109-8.010 | H109-8 | Industry code | AN | 1-30 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = 110: "Implementation "Not } \\ & \text { Used" Element Present" } \\ & \hline \end{aligned}$ | Must not be present. |  |
| X223.220.2300.H109-9.010 | H09-9 | Present on Admission indicator | ID | 1-1 | s |  |  | N, U, W, Y | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H09-9 must be valid values. |  |
| X223.220.2300.H110.010 | H110 | HEALTH CARE CODE INFORMATION |  |  | s |  |  |  | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | 2300 . H110 can only be present if 2300 . HIO 0 is present. |  |
| X223.220.2300.H110-1.010 | H110-1 | Code List Qualifier Code | ID | 1-3 | R |  |  | ABF, BF | 999 | R | \|K403 = 7: "Invalid Code Value" | 2300. $\mathrm{H} 110-1$ must be valid values. |  |
| х223.220.2300.H110-1.020 | H110-1 |  |  |  |  |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H110-1 must = "BF". | ICD-9 Only period |
| X223.220.2300.H110-1.030 | H110-1 |  |  |  |  |  |  |  | 999 | R | 1 K 403 = 7 : "Invalid Code Value" | 2300. H110-1 must = "ABF". | ICD-10 Only period - assumes no dual-use after mandated date. |
| X223.220.2300.H110-2.010 | H110-2 | Other Diagnosis | AN | 1-30 | R |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 255: "Diagnosis Code" | If $2300 . \mathrm{HI} 10-1$ is "BF" then $2300 . \mathrm{HI} 10-2$ must be a valid ICD-9 Diagnosis code. |  |
| X223.220.2300.H110-2.020 | H110-2 |  |  |  |  |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 255: "Diagnosis Code" | If 2300. HI10-1 is "ABF" then 2300 .HI10-2 must be a valid ICD-10 Diagnosis code. | $\begin{aligned} & \text { eail } \\ & \text { CD-10 Only period. } \\ & \text { Valid ICD-10 Diagnosis code } \\ & \text { reference must be available for this } \\ & \text { ededit. } \end{aligned}$ |
| X223.220.2300.H110-2.030 | H110-2 |  |  |  |  |  |  |  | 999 | E | IK403 = 6: "Invalid Character in Data Element" | 2300.H110-2 must not contain a ".". |  |
| X223.220.2300.H110-2.040 | H110-2 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement <br> /Rejected for Invalid Information..." <br> CSC 511: "Invalid character" <br> CSC 255: "Diaanosis Code" |  |  |
| Х223.220.2300.H110-3.010 | H110-3 | Date Time Period Format Qualifier | ID | 2-3 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not | Must not be present. |  |
| X223.220.2300.H110-4.010 | H110-4 | Date Time Period | AN | 1-35 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.220.2300.H110-5.010 | H110-5 | Monetary Amount | R | 1-18 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.220.2300.H110-6.010 | H110-6 | Quantity | R | 1-15 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not | Must not be present. |  |
| X223.220.2300.H110-7.010 | H110-7 | Version Identifier | AN | 1-30 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.220.2300.H110-8.010 | H110-8 | Industry code | AN | 1-30 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.220.2300.H110-9.010 | H110-9 | $\begin{gathered} \text { Present on Admission } \\ \text { indicator } \\ \hline \end{gathered}$ | ID | 1-1 | s |  |  | N, U, W, Y | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H110-9 must be valid values. |  |
| X223.220.2300.H111.010 | H111 | HEALTH CARE CODE INFORMATION |  |  | s |  |  |  | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | $2300 . \mathrm{HI} 11$ can only be present if 2300 . H 110 is present |  |
| Х223.220.2300.H111-1.010 | H111-1 | Code List Qualifier Code | ID | 1-3 | R |  |  | ABF, BF | 999 | R | \|14403 = 7: "Invalid Code Value" | $2300 . \mathrm{H} 111-1$ must be valid values. |  |
| X223.220.2300.H111-1.020 | H111-1 |  |  |  |  |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300. $\mathrm{H} 1111-1$ must = "BF". | ICD-9 Only period |
| X223.220.2300.H111-1.030 | H111-1 |  |  |  |  |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300. $\mathrm{H} 111-1$ must = "ABF". | ICD-10 Only period - assumes no dual-use after mandated date. |
| X223.220.2300.H111-2.010 | H111-2 | Other Diagnosis | AN | 1-30 | R |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 255: "Diagnosis Code" | If $2300 . \mathrm{HI} 11-1$ is "BF" then $2300 . \mathrm{H} 111-2$ must be a valid ICD-9 Diagnosis code. | ICD-9 Only period. <br> Valid ICD-9 Diagnosis Code <br> reference must be available for this <br> edit |
| X223.220.2300.H111-2.020 | H11-2 |  |  |  |  |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 255: "Diagnosis Code" | If 2300.HI11-1 is "ABF" then 2300. HI11-2 must be a valid ICD-10 Diagnosis code. | $\begin{aligned} & \text { Ieair } \\ & \text { ICD-10 Only period. } \\ & \text { Valid ICD-10 Diagnosis code } \\ & \text { reference must be available for this } \\ & \text { edit. } \end{aligned}$ |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \\ \hline \end{gathered}$ | Segment or Element | Description | ID | $\begin{aligned} & \text { Min. } \\ & \text { Max. } \end{aligned}$ | $\begin{array}{\|c} \text { Usage } \\ \text { Req. } \end{array}$ | Loop | $\begin{aligned} & \text { Loop } \\ & \text { Repeat } \\ & \hline \end{aligned}$ | $\begin{gathered} 5010 \\ \text { Values } \\ \hline \end{gathered}$ | $\begin{array}{\|r} \text { TA1/ } \\ \text { 999/ } \\ \text { 277CA } \\ \hline \end{array}$ | $\begin{array}{\|c\|cc\|} \hline \text { Accept } \\ \text { Rejej } \end{array}$ | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.220.2300.H111-2.030 | H11-2 |  |  |  |  |  |  |  | 999 | E | IK403 = 6: "Invalid Character in Data Element" | 2300.H111-2 must not contain a ".". |  |
| X223.220.2300.H111-2.040 | H111-2 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 511: "Invalid character" CSC 255: "Diaanosis Code" |  |  |
| X223.220.2300.H111-3.010 | H111-3 | Date Time Period Format Qualifier | ID | 2-3 | NU |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.220.2300.H111-4.010 | H111-4 | Date Time Period | AN | 1-35 | N/U |  |  |  | 999 | E | 1K403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.220.2300.H111-5.010 | H111-5 | Monetary Amount | R | 1-18 | NU |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.220.2300.H111-6.010 | H111-6 | Quantity | R | 1-15 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.220.2300.H111-7.010 | H111-7 | Version Identifier | AN | 1-30 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.220.2300.H111-8.010 | H111-8 | Industry code | AN | 1-30 | N/U |  |  |  | 999 | E | 1K403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.220.2300. $\mathrm{H} 1111-9.010$ | H111-9 | Present on Admission indicator | ID | 1-1 | s |  |  | N, U, W, Y | 999 | R | $1 \mathrm{~K} 403=7$ : "Invalid Code Value" | 2300. $\mathrm{H} 1111-9$ must be valid values. |  |
| X223.220.2300.H112.010 | H112 | HEALTH CARE CODE |  |  | s |  |  |  | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | 2300 .HI12 can only be present if $2300 . \mathrm{HI} 11$ is present. |  |
| X223.220.2300.H112-1.010 | H112-1 | Code List Qualifier Code | ID | 1-3 | R |  |  | ABF, BF | 999 | R | 1 K 403 = 7: "Invalid Code Value" | 2300.H112-1 must be valid values. |  |
| X223.220.2300.H112-1.020 | H112-1 |  |  |  |  |  |  |  | 999 | R | 1 K 403 = 7: "Invalid Code Value" | 2300.H112-1 must = "BF". | ICD-9 Only period |
| X223.220.2300.H112-1.030 | H112-1 |  |  |  |  |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300. H 112 -1 must = "ABF". | ICD-10 Only period - assumes no dual-use after mandated date. |
| X223.220.2300.H112-2.010 | H112-2 | Other Diagnosis | AN | 1-30 | R |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 255: "Diagnosis Code" | If 2300. $\mathrm{HI} 12-1$ is "BF" then 2300 . $\mathrm{H} 112-2$ must be a valid ICD-9 Diagnosis code. | ICD-9 Only period. <br> Valid ICD-9 Diagnosis Code reference must be available for this edit |
| X223.220.2300.H112-2.020 | H112-2 |  |  |  |  |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 255: "Diagnosis Code" | If 2300.H112-1 is "ABF" then 2300. H112-2 must be a valid ICD-10 Diagnosis code. | ICD-10 Only period. Valid ICD-10 Diagnosis code reference must be available for this edit. |
| X223.220.2300.H112-2.030 | H112-2 |  |  |  |  |  |  |  | 999 | E | IK403 = 6: "Invalid Character in Data Element" | 2300.H112-2 must not contain a "." |  |
| X223.220.2300.H112-2.040 | H112-2 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information CSC 511: "Invalid character" CSC 255: "Diaanosis Code" |  |  |
| X223.220.2300.H112-3.010 | H112-3 | Date Time Period Format Qualifier | ID | 2-3 | NU |  |  |  | 999 | E | 1K403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| х223.220.2300.H112-4.010 | H112-4 | Date Time Period | AN | 1-35 | N/U |  |  |  | 999 | E | 1K403 = 110: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.220.2300.H112-5.010 | H112-5 | Monetary Amount | R | 1-18 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not | Must not be present. |  |
| X223.220.2300.H112-6.010 | H112-6 | Quantity | R | 1-15 | NU |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.220.2300.H112-7.010 | H112-7 | Version Identifier | AN | 1-30 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.220.2300.H112-8.010 | H112-8 | Industry code | AN | 1-30 | NU |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \\ & \hline \end{aligned}$ | Must not be present. |  |
| X223.220.2300.H112-9.010 | H112-9 | Present on Admission indicator | ID | 1-1 | s |  |  | N, U, W, Y | 999 | R | 1 K 403 = 7 : "Invalid Code Value" | 2300.H112-9 must be valid values. |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | Segment or Element | Description | ID | Min. Max. | Usage | Loop | $\begin{aligned} & \text { Loop } \\ & \text { Repeat } \end{aligned}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\begin{gathered} \text { TA1/ } / \\ \text { 999/ } \\ \text { 277CA } \end{gathered}$ | Accept Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.239.2300.HI.010 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.239.2300.HI.020 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.239.2300.HII 030 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.239.2300.HII 040 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.239.2300.H1.050 | HI | PRINCIPAL PROCEDURE INFORMATION |  | 1 | s | 2300 |  |  | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of $2300 . \mathrm{HI}$ with $\mathrm{H} 101-1=$ "BR" is allowed. | ICD-9 Only period |
| $\begin{aligned} & \text { X223.239.2300.HI. } 060 \\ & \text { edit deactivated } \end{aligned}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Х223.239.2300.H1.070 | HI |  |  |  |  |  |  |  | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2300 .HI with H101-1 = "BBR" or is allowed. | ICD-10 Only period - assumes no dual-use after mandated date. |
| х223.239.2300.H101.010 | H01 | HEALTH CARE CODE INFORMATION |  |  | R |  |  |  |  |  |  |  |  |
| х223.239.2300.H101-1.010 | H01-1 | Code List Qualifier Code | ID | 1-3 | R |  |  | BBR, BR | 999 | R | 1 1/03 = 7: "Invalid Code Value" | 2300.H01-1 must be valid values. |  |
| X223.239.2300.H101-1.020 | H01-1 |  |  |  |  |  |  |  | 999 | R | $1 \mathrm{~K} 403=7$ : "Invalid Code Value" | 2300. $\mathrm{H} 101-1$ must = "BR" | ICD-9 Only period |
| х223.239.2300.H101-1.030 | H01-1 |  |  |  |  |  |  |  | 999 | R | 1 K 403 = 7: "Invalid Code Value" | 2300. $\mathrm{H} 101-1$ must = "BBR" | ICD-10 Only period - assumes no dual-use after mandated date. |
| X223.239.2300.H101-2.010 | H101-2 | Principal Procedure Code | AN | 1-30 | R |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 465: "Principal Procedure Code for Service(s) Rendered" | If 2300. H101-1 is "BR" then 2300. H101-2 must be a valid ICD-9 Procedure code. | ICD-9 Only period. <br> Valid ICD-9 Procedure Code reference must be available for this edit |
| X223.239.2300.H101-2.020 | H101-2 |  |  |  |  |  |  |  | 277 | c | CSCC A7: "Acknowledgement <br> /Rejected for Invalid Information..." <br> CSC 465: "Principal Procedure <br> Code for Service(s) Rendered" | If 2300. H101-1 is "BBR" then 2300 .HI01-2 must be a valid ICD-10 Procedure code. | ICD-10 Only period. Valid ICD-10 Procedure Code reference must be available for this edit. |
| $\begin{aligned} & \text { X223.239.2300.HI01-2.030 } \\ & \text { edit deactivated } \\ & \hline \end{aligned}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.239.2300.H101-2.040 | H101-2 |  |  |  |  |  |  |  | 999 | E | IK403 = 6: "Invalid Character in Data | 2300.H101-2 must not contain a ".". |  |
| X223.239.2300.H101-2.050 | H101-2 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 511: "Invalid character" CSC 703: "Advanced Billing Concepts (ABC) code" |  |  |
| х223.239.2300.H101-3.010 | H101-3 | $\begin{array}{\|c\|} \hline \text { Date Time Period Format } \\ \text { Qualifier } \end{array}$ | ID | 2-3 | s |  |  | D8 | 999 | R | 1 K 403 = 7 : "Invalid Code Value" | 2300. $\mathrm{H} 101-3$ must be valid values. |  |
| X223.239.2300.H101-4.010 | H101-4 | Date Time Period | AN | 1-35 | S |  |  |  | 999 | R | \|K403 = 8: "Invalid Date" | 2300. HI01-4 must be a valid date in CCYYMMDD format. |  |
| Х223.239.2300.H101-5.010 | H101-5 | Monetary Amount | R | 1-18 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { 1K403 = 110: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.239.2300.H101-6.010 | H01-6 | Quantity | R | 1-15 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| Х223.239.2300.H101-7.010 | H01-7 | Version Identifier | AN | 1-30 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.239.2300.H101-8.010 | H01-8 | Industry code | AN | 1-30 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.239.2300.H101-9.010 | H01-9 | Present on Admission indicator | ID | 1-1 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | Segment or Element | Description | ID | $\begin{aligned} & \text { Min. } \\ & \text { Max. } \end{aligned}$ | $\begin{array}{\|c} \text { Usage } \\ \text { Req. } \end{array}$ | Loop | $\begin{gathered} \text { Loop } \\ \text { Repeat } \\ \hline \end{gathered}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\begin{array}{\|c} \text { TA1/ } \\ \text { 999/ } \\ \text { 277CA } \\ \hline \end{array}$ | Accept/ Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| х223.239.2300.H102.010 | H102 | $\begin{aligned} & \text { HEALTH CARE CODE } \\ & \text { INFORMATION } \\ & \hline \end{aligned}$ |  |  | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.239.2300. H 103.010 | H03 | HEALTH CARE CODE INFORMATION |  |  | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.239.2300.H104.010 | H104 | HEALTH CARE CODE INFORMATION |  |  | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.239.2300.H105.010 | H105 | HEALTH CARE CODE INFORMATION |  |  | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| х223.239.2300.H106.010 | H106 | HEALTH CARE CODE INFORMATION |  |  | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| х223.239.2300.H107.010 | H107 | HEALTH CARE CODE INFORMATION |  |  | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.239.2300.H108.010 | H108 | HEALTH CARE CODE INFORMATION |  |  | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| х223.239.2300. H 109.010 | H09 | HEALTH CARE CODE INFORMATION |  |  | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| х223.239.2300. H 110.010 | H110 | HEALTH CARE CODE INFORMATION |  |  | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| х223.239.2300. H 111.010 | H111 | HEALTH CARE CODE INFORMATION |  |  | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.239.2300.H112.010 | H112 | HEALTH CARE CODE INFORMATION |  |  | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \\ & \hline \end{aligned}$ | Must not be present. |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| $\begin{aligned} & \text { X223.242.2300.HI. } 010 \\ & \text { edit deactivated } \\ & \hline \end{aligned}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.242.2300.HI.020 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.242.2300.H1.030 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| $\begin{aligned} & \hline \text { X223.242.2300.HI.040 } \\ & \text { edit deactivated } \\ & \hline \end{aligned}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.242.2300.H1.050 | HI | OTHER PROCEDURE INFORMATION |  | 2 | s | 2300 |  |  | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only two iterations of 2300 .HI with H101-1 = "BQ" are allowed. | ICD-9 Only period |
| X223.242.2300.HI.060 <br> edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.242.2300.H1.070 | HI |  |  |  |  |  |  |  | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only two iterations of 2300.HI with H101-1 = "BBQ" are allowed. | ICD-10 Only period - assumes no dual-use after mandated date. |
| X223.242.2300.H101.010 | H01 | HEALTH CARE CODE INFORMATION |  |  | R |  |  |  |  |  |  |  |  |
| Х223.242.2300.H101-1.010 | H01-1 | Code List Qualifier Code | ID | 1-3 | R |  |  | BBQ, BQ | 999 | R | \|14403 = 7: "Invalid Code Value" | 2300. H101-1 must be valid values. |  |
| х223.242.2300.H101-1.020 | H101-1 |  |  |  |  |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300. $\mathrm{H} 101-1$ must = "BQ". | ICD-9 Only period |
| х223.242.2300.H101-1.030 | H01-1 |  |  |  |  |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300. $\mathrm{H} 101-1$ must = "BBQ" | ICD-10 Only period - assumes no dual-use after mandated date. |
| Х223.242.2300.H101-2.010 | H101-2 | Procedure Code | AN | 1-30 | R |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 490: "Other Procedure Code for Service(s) Rendered" | If 2300.H101-1 is "BQ" then 2300. H101-2 must be a valid ICD-9 Procedure code. | ICD-9 Only period. <br> Valid ICD-9 Procedure Code reference must be available for this edit |
| х223.242.2300.H101-2.020 | H01-2 |  |  |  |  |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information. CSC 490: "Other Procedure Code for Service(s) Rendered" | If 2300.H101-1 is "BBQ" then 2300.H101-2 must be a valid ICD-10 Other Procedure code. | ICD-10 Only period. Valid ICD-10 Procedure Code reference must be available for this edit. |
| х223.242.2300.H101-2.030 | H101-2 |  |  |  |  |  |  |  | 999 | E | IK403 = 6: "Invalid Character in Data | 2300.H101-2 must not contain a ".". |  |


| 8371 Edit Reference | Segment or Element | Description | ID | $\begin{aligned} & \text { Min. } \\ & \text { } \end{aligned}$ | $\begin{array}{\|c\|} \hline \text { Usage } \\ \text { Req. } \end{array}$ | Loop | $\begin{aligned} & \text { Loop } \\ & \text { Repeat } \end{aligned}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\begin{gathered} \text { TA1/ } \\ \text { T99/ } \\ \text { 277CA } \end{gathered}$ | Accept/ Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.242.2300.H101-2.040 | H01-2 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 511: "Invalid character" CSC 490: "Other Procedure Code for Service(s) Rendered" |  |  |
| X223.242.2300.H101-3.010 | H01-3 | $\begin{array}{\|c\|} \hline \begin{array}{c} \text { Date Time Period Format } \\ \text { Qualifier } \end{array} \\ \hline \end{array}$ | ID | 2-3 | s |  |  | D8 | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H101-3 must be "D8". |  |
| X223.242.2300.H101-4.010 | H01-4 | Date Time Period | AN | 1-35 | s |  |  | CCYYMMDD | 999 | R | 1K403 = 8: "Invalid Date" | 2300.HI01-4 must be a valid date in CCYYMMDD format. |  |
| X223.242.2300.H101-5.010 | H01-5 | Monetary Amount | R | 1-18 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.242.2300.H101-6.010 | H01-6 | Quantity | R | 1-15 | NU |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.242.2300.H101-7.010 | H01-7 | Version Identifier | AN | 1-30 | NU |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.242.2300.H101-8.010 | H101-8 | Industry code | AN | 1-30 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not | Must not be present. |  |
| х223.242.2300.H101-9.010 | H01-9 | Yes/No Condition or response Code | ID | 1-1 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { 1K403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.242.2300.H102.010 | H02 | HEALTH CARE CODE INFORMATION |  |  | S |  |  |  | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | 2300 .HI02 can only be present if 2300 . H101 is present. |  |
| X223.242.2300.H102-1.010 | H102-1 | Code List Qualifier Code | ID | 1-3 | R |  |  | BBQ, BQ | 999 | R | 1 K 403 = 7: "Invalid Code Value" | 2300. H102-1 must be valid values. |  |
| X223.242.2300.H102-1.020 | H102-1 |  |  |  |  |  |  |  | 999 | R | 1 K 403 = 7: "Invalid Code Value" | 2300. $\mathrm{H} 102 \mathrm{l}-1 \mathrm{must} \mathrm{=} \mathrm{"BQ"}$. | ICD-9 Only period |
| X223.242.2300.H102-1.030 | H102-1 |  |  |  |  |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H02-1 must = "BBQ" | ICD-10 Only period - assumes no |
| X223.242.2300.H102-2.010 | H02-2 | Procedure Code | AN | 1-30 | R |  |  |  | 277 | C | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 490: "Other Procedure Code for Service(s) Rendered" | If 2300.HIO2-1 is "BQ" then 2300. HIO2-2 must be a valid ICD-9 Procedure code. | ```ICD-9 Only period. Valid ICD-9 Procedure Code reference must be available for this edit``` |
| X223.242.2300.H102-2.020 | H102-2 |  |  |  |  |  |  |  | 277 | c | $\begin{array}{\|l\|} \hline \text { CSCC A7: "Acknowledgement } \\ \text { 1Rejected for Invalid Information..." } \\ \text { CSC 490: "Other Procedure Code for } \\ \text { Service(s) Rendered" } \\ \hline \end{array}$ | If 2300.HIO2-1 is "BBQ" then 2300.HIO2-2 must be a valid ICD-10 Procedure code. | ICD-10 Only period. <br> Valid ICD-10 Procedure Code <br> reference must be available for this <br> edit. |
| х223.242.2300.H102-2.030 | H102-2 |  |  |  |  |  |  |  | 999 | E | IK403 = 6: "Invalid Character in Data Element" | 2300.H102-2 must not contain a ".". |  |
| X223.242.2300.H102-2.040 | H02-2 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 511: "Invalid character" CSC 490: "Other Procedure Code for Service(s) Rendered" |  |  |
| х223.242.2300.H102-3.010 | H102-3 | Date Time Period Format Qualifier | ID | 2-3 | S |  |  | D8 | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H102-3 must be "D8". |  |
| X223.242.2300.H102-4.010 | H02-4 | Date Time Period | AN | 1-35 | s |  |  | CCYYMMDD | 999 | R | 1K403 = 8: "Invalid Date" | 2300.HIO2-4 must be a valid date in CCYYMMDD format. |  |
| X223.242.2300.H102-5.010 | H02-5 | Monetary Amount | R | 1-18 | NU |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| х223.242.2300.H102-6.010 | H102-6 | Quantity | R | 1-15 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| х223.242.2300.H102-7.010 | H102-7 | Version Identifier | AN | 1-30 | NU |  |  |  | 999 | E | IK403 = I10: "Implementation "Not | Must not be present. |  |
| X223.242.2300.H102-8.010 | H02-8 | Industry code | AN | 1-30 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.242.2300.H102-9.010 | H02-9 | Yes/No Condition or response Code | ID | 1-1 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | Segment or Element | Description | ID | Min. Max | $\begin{array}{\|c} \text { Usage } \\ \text { Req. } \end{array}$ | Loop | $\begin{aligned} & \text { Loop } \\ & \text { Repeat } \end{aligned}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\begin{array}{\|c} \text { TA1/ } \\ \text { 999/ } \\ \text { 277CA } \end{array}$ | Accept/ Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.242.2300.H103.010 | H03 | HEALTH CARE CODE INFORMATION |  |  | s |  |  |  | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | 2300.HI03 can only be present if 2300 . HIO is present. |  |
| X223.242.2300.H103-1.010 | H03-1 | Code List Qualifier Code | ID | 1-3 | R |  |  | BBQ, BQ | 999 | R | 1 K 403 = 7: "Invalid Code Value" | 2300.H03-1 must be valid values. |  |
| X223.242.2300.H103-1.020 | H03-1 |  |  |  |  |  |  |  | 999 | R | 1 K 403 = 7 : "Invalid Code Value" | 2300. H I03-1 must = "BQ". | ICD-9 Only period |
| х223.242.2300.H103-1.030 | H03-1 |  |  |  |  |  |  |  | 999 | R | 1 K 403 = 7: "Invalid Code Value" | 2300. H O03-1 $\mathrm{must}=$ "BBQ" | ICD-10 Only period - assumes no dual-use after mandated date. |
| X223.242.2300.H103-2.010 | H03-2 | Procedure Code | AN | 1-30 | R |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 490: "Other Procedure Code for Service(s) Rendered" | If 2300. H103-1 is "BQ" then 2300. HIO3-2 must be a valid ICD-9 Procedure code. | ICD-9 Only period. <br> Valid ICD-9 Procedure Code reference must be available for this edit |
| X223.242.2300.H103-2.020 | H03-2 |  |  |  |  |  |  |  | 277 | c | $\begin{aligned} & \text { CSCC A7: "Acknowledgement } \\ & \text { /Rejected for Invalid Information..." } \\ & \text { CSC 490: "Other Procedure Code for } \\ & \text { Service(s) Rendered" } \\ & \hline \end{aligned}$ | If 2300.HIO3-1 is "BBQ" then 2300.HIO3-2 must be a valid ICD-10 Procedure code. | ICD-10 Only period. Valid ICD-10 Procedure Code reference must be available for this edit. |
| X223.242.2300.H103-2.030 | H03-2 |  |  |  |  |  |  |  | 999 | E | IK403 = 6: "Invalid Character in Data Element" | 2300.HIO3-2 must not contain a ".". |  |
| X223.242.2300.H103-2.040 | H03-2 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 511: "Invalid character" CSC 490: "Other Procedure Code for Service(s) Rendered" |  |  |
| х223.242.2300.H103-3.010 | H03-3 | Date Time Period Format Qualifier | ID | 2-3 | s |  |  | D8 | 999 | R | $1 \mathrm{~K} 403=7$ : "Invalid Code Value" | 2300.HI03-3 must be "D8". |  |
| Х223.242.2300.H103-4.010 | H03-4 | Date Time Period | AN | 1-35 | s |  |  | CCYYMMDD | 999 | R | \|1403 = 8: "Invalid Date" | 2300. HIO3-4 must be a valid date in CCYYMMDD |  |
| х223.242.2300.H103-5.010 | Н103-5 | Monetary Amount | R | 1-18 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not | Must not be present. |  |
| Х223.242.2300.H103-6.010 | H03-6 | Quantity | R | 1-15 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not | Must not be present. |  |
| х223.242.2300.H103-7.010 | H103-7 | Version Identifier | AN | 1-30 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.242.2300.H103-8.010 | H03-8 | Industry code | AN | 1-30 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| х223.242.2300.H103-9.010 | H03-9 | Yes/No Condition or response Code | ID | 1-1 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not | Must not be present. |  |
| X223.242.2300.H104.010 | H104 | HEALTH CARE CODE INFORMATION |  |  | S |  |  |  | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | $2300 . \mathrm{HIO4}$ can only be present if $2300 . \mathrm{HI} 03$ is present. |  |
| х223.242.2300.H104-1.010 | H104-1 | Code List Qualifier Code | ID | 1-3 | R |  |  | BBQ, BQ | 999 | R | 1K403 = 7: "Invalid Code Value" | $2300 . \mathrm{HIO4}-1$ must be valid values. |  |
| х223.242.2300.H104-1.020 | H104-1 |  |  |  |  |  |  |  | 999 | R | $1 \mathrm{~K} 403=7$ : "Invalid Code Value" | 2300. $\mathrm{H} 104-1$ must = "BQ". | ICD-9 Only period |
| х223.242.2300.H104-1.030 | H04-1 |  |  |  |  |  |  |  | 999 | R | 11403 = 7: "Invalid Code Value" | 2300.H104-1 must = "BBQ" | ICD-10 Only period - assumes no dual-use after mandated date. |
| X223.242.2300.H104-2.010 | H104-2 | Procedure Code | AN | 1-30 | R |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 490: "Other Procedure Code for Service(s) Rendered" | If 2300. $\mathrm{H} 104-1$ is "BQ" then 2300. $\mathrm{H} 104-2$ must be a valid ICD-9 Procedure code. | ICD-9 Only period. <br> Valid ICD-9 Procedure Code reference must be available for this edit. |
| х223.242.2300.H104-2.020 | H104-2 |  |  |  |  |  |  |  | 277 | c | $\begin{aligned} & \text { CSCC A7: "Acknowledgement } \\ & \text { /Rejected for Invalid Information..." } \\ & \text { CSC 490: "Other Procedure Code for } \\ & \text { Service(s) Rendered" } \\ & \hline \end{aligned}$ | If 2300.HI04-1 is "BBQ" then 2300 .H104-2 must be a valid ICD-10 Procedure code. | ICD-10 Only period. Valid ICD-10 Procedure Code reference must be available for this edit. |
| X223.242.2300.H104-2.030 | H104-2 |  |  |  |  |  |  |  | 999 | E | IK403 = 6: "Invalid Character in Data Element" | 2300.H104-2 must not contain a ".." |  |


| 8371 Edit Reference | Segment or Element | Description | ID | $\begin{aligned} & \text { Min. } \\ & \text { } \end{aligned}$ | $\begin{array}{\|c\|} \hline \text { Usage } \\ \text { Req. } \end{array}$ | Loop | $\begin{aligned} & \text { Loop } \\ & \text { Repeat } \end{aligned}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\begin{gathered} \text { TA1/ } \\ \text { T99/ } \\ \text { 277CA } \end{gathered}$ | Accept/ Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.242.2300.H104-2.040 | H104-2 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 511: "Invalid character" CSC 490: "Other Procedure Code for Service(s) Rendered" |  |  |
| X223.242.2300.H104-3.010 | H04-3 | $\begin{array}{\|c\|} \hline \begin{array}{c} \text { Date Time Period Format } \\ \text { Qualifier } \end{array} \\ \hline \end{array}$ | ID | 2-3 | s |  |  | D8 | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H104-3 must be "D8". |  |
| X223.242.2300.H104-4.010 | H04-4 | Date Time Period | AN | 1-35 | s |  |  | CCYYMMDD | 999 | R | 1K403 = 8: "Invalid Date" | 2300.HI04-4 must be a valid date in CCYYMMDD format. |  |
| X223.242.2300.H104-5.010 | H104-5 | Monetary Amount | R | 1-18 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| х223.242.2300.H104-6.010 | H104-6 | Quantity | R | 1-15 | NU |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.242.2300.H104-7.010 | H104-7 | Version Identifier | AN | 1-30 | NU |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.242.2300.H104-8.010 | H104-8 | Industry code | AN | 1-30 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not | Must not be present. |  |
| х223.242.2300.H104-9.010 | H104-9 | Yes/No Condition or response Code | ID | 1-1 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { 1K403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.242.2300.H105.010 | H05 | HEALTH CARE CODE INFORMATION |  |  | S |  |  |  | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | 2300 .HI05 can only be present if 2300 . H104 is present. |  |
| X223.242.2300.H105-1.010 | H05-1 | Code List Qualifier Code | ID | 1-3 | R |  |  | BBQ, BQ | 999 | R | 1 K 403 = 7: "Invalid Code Value" | 2300. H105-1 must be valid values. |  |
| X223.242.2300.H105-1.020 | H105-1 |  |  |  |  |  |  |  | 999 | R | 1 K 403 = 7 : "Invalid Code Value" | 2300. $\mathrm{H} 105-1 \mathrm{lmust} \mathrm{=} \mathrm{"BQ"}$. | ICD-9 Only period |
| X223.242.2300.H105-1.030 | H105-1 |  |  |  |  |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H105-1 must = "BBQ" | ICD-10 Only period - assumes no |
| X223.242.2300.H105-2.010 | H105-2 | Procedure Code | AN | 1-30 | R |  |  |  | 277 | C | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 490: "Other Procedure Code for Service(s) Rendered" | If $2300 . \mathrm{HIO} 0-1$ is " BQ " then $2300 . \mathrm{HIO5}-2$ must be a valid ICD-9 Procedure code. | ```ICD-9 Only period. Valid ICD-9 Procedure Code reference must be available for this edit``` |
| X223.242.2300.H105-2.020 | H105-2 |  |  |  |  |  |  |  | 277 | c | $\begin{array}{\|l\|} \hline \text { CSCC A7: "Acknowledgement } \\ \text { 1Rejected for Invalid Information..." } \\ \text { CSC 490: "Other Procedure Code for } \\ \text { Service(s) Rendered" } \\ \hline \end{array}$ | If 2300.H105-1 is "BBQ" then 2300.HI05-2 must be a valid ICD-10 Procedure code. | ICD-10 Only period. <br> Valid ICD-10 Procedure Code <br> reference must be available for this <br> edit. |
| х223.242.2300.H105-2.030 | H105-2 |  |  |  |  |  |  |  | 999 | E | IK403 = 6: "Invalid Character in Data Element" | 2300.H105-2 must not contain a ".". |  |
| X223.242.2300.H105-2.040 | H105-2 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 511: "Invalid character" CSC 490: "Other Procedure Code for Service(s) Rendered" |  |  |
| х223.242.2300.H105-3.010 | H105-3 | Date Time Period Format Qualifier | ID | 2-3 | S |  |  | D8 | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H105-3 must be "D8". |  |
| X223.242.2300.H105-4.010 | H05-4 | Date Time Period | AN | 1-35 | s |  |  | CCYYMMDD | 999 | R | 1K403 = 8: "Invalid Date" | 2300.HI05-4 must be a valid date in CCYYMMDD format. |  |
| X223.242.2300.H105-5.010 | H05-5 | Monetary Amount | R | 1-18 | NU |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| х223.242.2300. $\mathrm{H} 105-6.010$ | H105-6 | Quantity | R | 1-15 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| х223.242.2300.H105-7.010 | H105-7 | Version Identifier | AN | 1-30 | NU |  |  |  | 999 | E | IK403 = I10: "Implementation "Not | Must not be present. |  |
| X223.242.2300.H105-8.010 | H05-8 | Industry code | AN | 1-30 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.242.2300.H105-9.010 | H105-9 | Yes/No Condition or response Code | ID | 1-1 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | Segment or Element | Description | ID | Min. Max | $\begin{array}{\|c} \text { Usage } \\ \text { Req. } \end{array}$ | Loop | $\begin{aligned} & \text { Loop } \\ & \text { Repeat } \end{aligned}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\begin{array}{\|c} \text { TA1/ } \\ \text { 999/ } \\ \text { 277CA } \end{array}$ | Accept/ Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.242.2300.H106.010 | H06 | HEALTH CARE CODE INFORMATION |  |  | s |  |  |  | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | 2300.H106 can only be present if 2300 . HI05 is present. |  |
| X223.242.2300.H106-1.010 | H06-1 | Code List Qualifier Code | ID | 1-3 | R |  |  | BBQ, BQ | 999 | R | 1 K 403 = 7: "Invalid Code Value" | 2300.H06-1 must be valid values. |  |
| X223.242.2300.H106-1.020 | H06-1 |  |  |  |  |  |  |  | 999 | R | 1 K 403 = 7 : "Invalid Code Value" | 2300. H I06-1 must = "BQ". | ICD-9 Only period |
| х223.242.2300.H106-1.030 | H106-1 |  |  |  |  |  |  |  | 999 | R | 1 K 403 = 7: "Invalid Code Value" | 2300. H 106 -1 must = "BBQ" | ICD-10 Only period - assumes no dual-use after mandated date. |
| X223.242.2300.H106-2.010 | H06-2 | Procedure Code | AN | 1-30 | R |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 490: "Other Procedure Code for Service(s) Rendered" | If 2300. H106-1 is "BQ" then 2300. H106-2 must be a valid ICD-9 Procedure code. | ICD-9 Only period. <br> Valid ICD-9 Procedure Code reference must be available for this edit |
| X223.242.2300.H106-2.020 | H06-2 |  |  |  |  |  |  |  | 277 | c | $\begin{aligned} & \text { CSCC A7: "Acknowledgement } \\ & \text { /Rejected for Invalid Information..." } \\ & \text { CSC 490: "Other Procedure Code for } \\ & \text { Service(s) Rendered" } \\ & \hline \end{aligned}$ | If 2300 .HI06-1 is "BBQ" then 2300 .HI06-2 must be a valid ICD-10 Procedure code. | ICD-10 Only period. Valid ICD-10 Procedure Code reference must be available for this edit. |
| X223.242.2300.H106-2.030 | H06-2 |  |  |  |  |  |  |  | 999 | E | IK403 = 6: "Invalid Character in Data Element" | 2300.H106-2 must not contain a ".". |  |
| X223.242.2300.H106-2.040 | H06-2 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 511: "Invalid character" CSC 490: "Other Procedure Code for Service(s) Rendered" |  |  |
| х223.242.2300.H106-3.010 | H006-3 | $\underset{\text { Qualifier }}{\text { Datrmat }}$ | ID | 2-3 | s |  |  | D8 | 999 | R | $1 \mathrm{~K} 403=7$ : "Invalid Code Value" | 2300.H106-3 must be "D8". |  |
| X223.242.2300.H106-4.010 | H06-4 | Date Time Period | AN | 1-35 | s |  |  | CCYYMMDD | 999 | R | \|1403 = 8: "Invalid Date" | 2300. HI06-4 must be a valid date in CCYYMMDD |  |
| х223.242.2300.H106-5.010 | H106-5 | Monetary Amount | R | 1-18 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not | Must not be present. |  |
| Х223.242.2300.H106-6.010 | H06-6 | Quantity | R | 1-15 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not | Must not be present. |  |
| х223.242.2300.H106-7.010 | H106-7 | Version Identifier | AN | 1-30 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| Х223.242.2300.H106-8.010 | H06-8 | Industry code | AN | 1-30 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| х223.242.2300.H106-9.010 | H06-9 | Yes/No Condition or response Code | ID | 1-1 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not | Must not be present. |  |
| X223.242.2300.H107.010 | H107 | HEALTH CARE CODE INFORMATION |  |  | S |  |  |  | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | 2300.HI07 can only be present if $2300 . \mathrm{H} 106$ is |  |
| х223.242.2300.H107-1.010 | H107-1 | Code List Qualifier Code | ID | 1-3 | R |  |  | BBQ, BQ | 999 | R | 1K403 = 7: "Invalid Code Value" | $2300 . \mathrm{H} 107-1$ must be valid values. |  |
| х223.242.2300.H107-1.020 | H07-1 |  |  |  |  |  |  |  | 999 | R | $1 \mathrm{~K} 403=7$ : "Invalid Code Value" | 2300. $\mathrm{H} 107-1$ must = "BQ". | ICD-9 Only period |
| х223.242.2300.H107-1.030 | H07-1 |  |  |  |  |  |  |  | 999 | R | 11403 = 7: "Invalid Code Value" | 2300.H107-1 must = "BBQ" | ICD-10 Only period - assumes no dual-use after mandated date. |
| X223.242.2300.H107-2.010 | H07-2 | Procedure Code | AN | 1-30 | R |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 490: "Other Procedure Code for Service(s) Rendered" | If 2300. H107-1 is "BQ" then 2300. HIO7-2 must be a valid ICD-9 Procedure code. | ICD-9 Only period. <br> Valid ICD-9 Procedure Code reference must be available for this edit. |
| х223.242.2300.H107-2.020 | H107-2 |  |  |  |  |  |  |  | 277 | c | $\begin{aligned} & \text { CSCC A7: "Acknowledgement } \\ & \text { /Rejected for Invalid Information..." } \\ & \text { CSC 490: "Other Procedure Code for } \\ & \text { Service(s) Rendered" } \\ & \hline \end{aligned}$ | If 2300.HI07-1 is "BBQ" then 2300.HI07-2 must be a valid ICD-10 Procedure code. | ICD-10 Only period. Valid ICD-10 Procedure Code reference must be available for this edit. |
| X223.242.2300.H107-2.030 | H07-2 |  |  |  |  |  |  |  | 999 | E | IK403 = 6: "Invalid Character in Data Element" | 2300.H107-2 must not contain a ".." |  |


| 8371 Edit Reference | Segment or Element | Description | ID | $\begin{aligned} & \text { Min. } \\ & \text { } \end{aligned}$ | $\begin{array}{\|c\|} \hline \text { Usage } \\ \text { Req. } \end{array}$ | Loop | $\begin{aligned} & \text { Loop } \\ & \text { Repeat } \end{aligned}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\begin{gathered} \text { TA1/ } \\ \text { T99/ } \\ \text { 277CA } \end{gathered}$ | Accept/ Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.242.2300.H107-2.040 | H07-2 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 511: "Invalid character" CSC 490: "Other Procedure Code for Service(s) Rendered" |  |  |
| X223.242.2300.H107-3.010 | H07-3 | $\begin{array}{\|c\|} \hline \begin{array}{c} \text { Date Time Period Format } \\ \text { Qualifier } \end{array} \\ \hline \end{array}$ | ID | 2-3 | s |  |  | D8 | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H107-3 must be "D8". |  |
| X223.242.2300.H107-4.010 | H07-4 | Date Time Period | AN | 1-35 | s |  |  | CCYYMMDD | 999 | R | 1K403 = 8: "Invalid Date" | 2300.HI07-4 must be a valid date in CCYYMMDD format. |  |
| X223.242.2300.H107-5.010 | H07-5 | Monetary Amount | R | 1-18 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.242.2300.H107-6.010 | H07-6 | Quantity | R | 1-15 | NU |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.242.2300.H107-7.010 | H07-7 | Version Identifier | AN | 1-30 | NU |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| Х223.242.2300.H107-8.010 | H107-8 | Industry code | AN | 1-30 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not | Must not be present. |  |
| х223.242.2300.H107-9.010 | H07-9 | Yes/No Condition or response Code | ID | 1-1 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { 1K403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.242.2300.H108.010 | H08 | HEALTH CARE CODE INFORMATION |  |  | S |  |  |  | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | $2300 . \mathrm{HIO} 08$ can only be present if $2300 . \mathrm{HIO}$ is present. |  |
| X223.242.2300.H108-1.010 | H08-1 | Code List Qualifier Code | ID | 1-3 | R |  |  | BBQ, BQ | 999 | R | 1 K 403 = 7: "Invalid Code Value" | 2300. H108-1 must be valid values. |  |
| X223.242.2300.H108-1.020 | H08-1 |  |  |  |  |  |  |  | 999 | R | 1 K 403 = 7: "Invalid Code Value" | $2300 . \mathrm{H1108-1}$ must = "BQ". | ICD-9 Only period |
| X223.242.2300.H108-1.030 | H108-1 |  |  |  |  |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H08-1 must = "BBQ" | ICD-10 Only period - assumes no |
| X223.242.2300.H108-2.010 | H08-2 | Procedure Code | AN | 1-30 | R |  |  |  | 277 | C | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 490: "Other Procedure Code for Service(s) Rendered" | If $2300 . \mathrm{HIO} 0-1$ is " BQ " then $2300 . \mathrm{H} 08-2$ must be a valid ICD-9 Procedure code. | ```ICD-9 Only period. Valid ICD-9 Procedure Code reference must be available for this edit``` |
| X223.242.2300.H108-2.020 | H008-2 |  |  |  |  |  |  |  | 277 | c | $\begin{array}{\|l\|} \hline \text { CSCC A7: "Acknowledgement } \\ \text { 1Rejected for Invalid Information..." } \\ \text { CSC 490: "Other Procedure Code for } \\ \text { Service(s) Rendered" } \\ \hline \end{array}$ | If 2300.H108-1 is "BBQ" then 2300 .HI08-2 must be a valid ICD-10 Procedure code. | ICD-10 Only period. <br> Valid ICD-10 Procedure Code <br> reference must be available for this <br> edit. |
| х223.242.2300.H108-2.030 | H108-2 |  |  |  |  |  |  |  | 999 | E | IK403 = 6: "Invalid Character in Data Element" | 2300.H108-2 must not contain a ".". |  |
| X223.242.2300.H108-2.040 | H08-2 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 511: "Invalid character" CSC 490: "Other Procedure Code for Service(s) Rendered" |  |  |
| х223.242.2300.H108-3.010 | H108-3 | Date Time Period Format Qualifier | ID | 2-3 | S |  |  | D8 | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H108-3 must be "D8". |  |
| X223.242.2300.H108-4.010 | H08-4 | Date Time Period | AN | 1-35 | s |  |  | CCYYMMDD | 999 | R | 1K403 = 8: "Invalid Date" | 2300.HI08-4 must be a valid date in CCYYMMDD format. |  |
| X223.242.2300.H108-5.010 | H08-5 | Monetary Amount | R | 1-18 | NU |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| х223.242.2300. $\mathrm{H} 108-6.010$ | H108-6 | Quantity | R | 1-15 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| х223.242.2300.H108-7.010 | H108-7 | Version Identifier | AN | 1-30 | NU |  |  |  | 999 | E | IK403 = I10: "Implementation "Not | Must not be present. |  |
| X223.242.2300.H108-8.010 | H008-8 | Industry code | AN | 1-30 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.242.2300.H108-9.010 | H08-9 | Yes/No Condition or response Code | ID | 1-1 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | Segment or Element | Description | ID | Min. Max | $\begin{array}{\|c} \text { Usage } \\ \text { Req. } \end{array}$ | Loop | $\begin{aligned} & \text { Loop } \\ & \text { Repeat } \end{aligned}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\begin{array}{\|c} \text { TA1/ } \\ \text { 999/ } \\ \text { 277CA } \end{array}$ | Accept/ Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| х223.242.2300.H109.010 | H09 | HEALTH CARE CODE INFORMATION |  |  | s |  |  |  | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | 2300 .HI09 can only be present if 2300 . HI08 is present. |  |
| X223.242.2300.H109-1.010 | H09-1 | Code List Qualifier Code | ID | 1-3 | R |  |  | BBQ, BQ | 999 | R | 1 K 403 = 7: "Invalid Code Value" | 2300.H09-1 must be valid values. |  |
| X223.242.2300.H109-1.020 | H09-1 |  |  |  |  |  |  |  | 999 | R | 1 K 403 = 7 : "Invalid Code Value" | 2300.H109-1 must = "BQ". | ICD-9 Only period |
| х223.242.2300.H109-1.030 | H09-1 |  |  |  |  |  |  |  | 999 | R | 1 K 403 = 7: "Invalid Code Value" | 2300.H109-1 must = "BBQ" | ICD-10 Only period - assumes no dual-use after mandated date. |
| X223.242.2300.H109-2.010 | H09-2 | Procedure Code | AN | 1-30 | R |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 490: "Other Procedure Code for Service(s) Rendered" | If 2300. H109-1 is "BQ" then 2300. H109-2 must be a valid ICD-9 Procedure code. | ICD-9 Only period. <br> Valid ICD-9 Procedure Code reference must be available for this edit |
| X223.242.2300.H109-2.020 | H09-2 |  |  |  |  |  |  |  | 277 | c | $\begin{aligned} & \text { CSCC A7: "Acknowledgement } \\ & \text { /Rejected for Invalid Information..." } \\ & \text { CSC 490: "Other Procedure Code for } \\ & \text { Service(s) Rendered" } \\ & \hline \end{aligned}$ | If 2300.HI09-1 is "BBQ" then 2300.HIO9-2 must be a valid ICD-10 Procedure code. | ICD-10 Only period. Valid ICD-10 Procedure Code reference must be available for this edit. |
| X223.242.2300.H109-2.030 | H09-2 |  |  |  |  |  |  |  | 999 | E | IK403 = 6: "Invalid Character in Data Element" | 2300.HIO9-2 must not contain a ".". |  |
| X223.242.2300.H109-2.040 | H109-2 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 511: "Invalid character" CSC 490: "Other Procedure Code for Service(s) Rendered" |  |  |
| х223.242.2300.H109-3.010 | H09-3 | $\underset{\text { Qualifier }}{\text { Datrmat }}$ | ID | 2-3 | s |  |  | D8 | 999 | R | $1 \mathrm{~K} 403=7$ : "Invalid Code Value" | 2300.H109-3 must be "D8". |  |
| х223.242.2300.H109-4.010 | H109-4 | Date Time Period | AN | 1-35 | s |  |  | CCYYMMDD | 999 | R | IK403 = 8: "Invalid Date" | 2300.HI09-4 must be a valid date in CCYYMMDD format. |  |
| х223.242.2300.H109-5.010 | H09-5 | Monetary Amount | R | 1-18 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not | Must not be present. |  |
| х223.242.2300.H109-6.010 | H09-6 | Quantity | R | 1-15 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not | Must not be present. |  |
| х223.242.2300.H109-7.010 | H109-7 | Version Identifier | AN | 1-30 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.242.2300.H109-8.010 | H109-8 | Industry code | AN | 1-30 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| х223.242.2300.H109-9.010 | H09-9 | Yes/No Condition or response Code | ID | 1-1 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not | Must not be present. |  |
| X223.242.2300.H110.010 | H110 | HEALTH CARE CODE INFORMATION |  |  | S |  |  |  | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | $2300 . \mathrm{HI} 10$ can only be present if $2300 . \mathrm{HI} 09$ is present. |  |
| X223.242.2300.H110-1.010 | H110-1 | Code List Qualifier Code | ID | 1-3 | R |  |  | BBQ, BQ | 999 | R | 1K403 = 7: "Invalid Code Value" | $2300 . \mathrm{H} 110-1$ must be valid values. |  |
| X223.242.2300.H110-1.020 | H110-1 |  |  |  |  |  |  |  | 999 | R | $1 \mathrm{~K} 403=7$ : "Invalid Code Value" | 2300.H110-1 must = "BQ". | ICD-9 Only period |
| X223.242.2300.H110-1.030 | H110-1 |  |  |  |  |  |  |  | 999 | R | 11403 = 7: "Invalid Code Value" | 2300.H110-1 must = "BBQ" | ICD-10 Only period - assumes no dual-use after mandated date. |
| X223.242.2300.H110-2.010 | H110-2 | Procedure Code | AN | 1-30 | R |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 490: "Other Procedure Code for Service(s) Rendered" | If 2300.H110-1 is "BQ" then $2300 . \mathrm{HI} 10-2$ must be a valid ICD-9 Procedure code. | ICD-9 Only period. <br> Valid ICD-9 Procedure Code reference must be available for this edit. |
| X223.242.2300.H110-2.020 | H110-2 |  |  |  |  |  |  |  | 277 | c | $\begin{aligned} & \text { CSCC A7: "Acknowledgement } \\ & \text { /Rejected for Invalid Information..." } \\ & \text { CSC 490: "Other Procedure Code for } \\ & \text { Service(s) Rendered" } \\ & \hline \end{aligned}$ | If 2300.HI10-1 is "BBQ" then 2300 . $\mathrm{H} 110-2$ must be a valid ICD-10 Procedure code. | ICD-10 Only period. Valid ICD-10 Procedure Code reference must be available for this edit. |
| X223.242.2300.H110-2.030 | H110-2 |  |  |  |  |  |  |  | 999 | E | IK403 = 6: "Invalid Character in Data Element" | 2300.H110-2 must not contain a ".." |  |


| 8371 Edit Reference | Segment or Element | Description | ID | $\begin{aligned} & \text { Min. } \\ & \text { } \end{aligned}$ | $\begin{array}{\|c\|} \hline \text { Usage } \\ \text { Req. } \end{array}$ | Loop | $\begin{aligned} & \text { Loop } \\ & \text { Repeat } \end{aligned}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\begin{gathered} \text { TA1/ } \\ \text { T99/ } \\ \text { 277CA } \end{gathered}$ | Accept/ Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.242.2300.H110-2.040 | H110-2 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 511: "Invalid character" CSC 490: "Other Procedure Code for Service(s) Rendered" |  |  |
| X223.242.2300.H110-3.010 | H110-3 | $\begin{array}{\|c\|} \hline \begin{array}{c} \text { Date Time Period Format } \\ \text { Qualifier } \end{array} \\ \hline \end{array}$ | ID | 2-3 | s |  |  | D8 | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H110-3 must be "D8". |  |
| X223.242.2300.H110-4.010 | H110-4 | Date Time Period | AN | 1-35 | s |  |  | CCYYMMDD | 999 | R | 1K403 = 8: "Invalid Date" | 2300.HI10-4 must be a valid date in CCYYMMDD |  |
| X223.242.2300.H110-5.010 | H110-5 | Monetary Amount | R | 1-18 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| х223.242.2300.H110-6.010 | H110-6 | Quantity | R | 1-15 | NU |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.242.2300.H110-7.010 | H110-7 | Version Identifier | AN | 1-30 | NU |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.242.2300.H110-8.010 | H110-8 | Industry code | AN | 1-30 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not | Must not be present. |  |
| х223.242.2300.H110-9.010 | H110-9 | Yes/No Condition or response Code | ID | 1-1 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { 1K403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.242.2300.H111.010 | H111 | HEALTH CARE CODE INFORMATION |  |  | S |  |  |  | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | $2300 . \mathrm{HI} 11$ can only be present if $2300 . \mathrm{HI} 10$ is present. |  |
| X223.242.2300.H111-1.010 | H111-1 | Code List Qualifier Code | ID | 1-3 | R |  |  | BBQ, BQ | 999 | R | 1 K 403 = 7: "Invalid Code Value" | 2300. $\mathrm{H} 111-1$ must be valid values. |  |
| X223.242.2300.H111-1.020 | H111-1 |  |  |  |  |  |  |  | 999 | R | 1 K 403 = 7 : "Invalid Code Value" | 2300. $\mathrm{Hl111-1}$ must = "BQ". | ICD-9 Only period |
| X223.242.2300.H111-1.030 | H111-1 |  |  |  |  |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H111-1 must = "BBQ" | ICD-10 Only period - assumes no |
| X223.242.2300.H111-2.010 | H111-2 | Procedure Code | AN | 1-30 | R |  |  |  | 277 | C | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 490: "Other Procedure Code for Service(s) Rendered" | If $2300 . \mathrm{HI11-1}$ is " BQ " then $2300 . \mathrm{H} 111-2$ must be a valid ICD-9 Procedure code. | ```ICD-9 Only period. Valid ICD-9 Procedure Code reference must be available for this edit``` |
| X223.242.2300.H111-2.020 | H111-2 |  |  |  |  |  |  |  | 277 | c | $\begin{array}{\|l\|} \hline \text { CSCC A7: "Acknowledgement } \\ \text { 1Rejected for Invalid Information..." } \\ \text { CSC 490: "Other Procedure Code for } \\ \text { Service(s) Rendered" } \\ \hline \end{array}$ | If 2300.H111-1 is "BBQ" then 2300.H111-2 must be a valid ICD-10 Procedure code. | ICD-10 Only period. <br> Valid ICD-10 Procedure Code <br> reference must be available for this <br> edit. |
| х223.242.2300.H111-2.030 | H/11-2 |  |  |  |  |  |  |  | 999 | E | IK403 = 6: "Invalid Character in Data Element" | 2300.H111-2 must not contain a ".". |  |
| X223.242.2300.H111-2.040 | H111-2 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 511: "Invalid character" CSC 490: "Other Procedure Code for Service(s) Rendered" |  |  |
| X223.242.2300.H111-3.010 | H111-3 | Date Time Period Format Qualifier | ID | 2-3 | S |  |  | D8 | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H111-3 must be "D8". |  |
| X223.242.2300.H111-4.010 | H111-4 | Date Time Period | AN | 1-35 | s |  |  | CCYYMMDD | 999 | R | 1K403 = 8: "Invalid Date" | 2300.HI11-4 must be a valid date in CCYYMMDD format. |  |
| X223.242.2300.H111-5.010 | H111-5 | Monetary Amount | R | 1-18 | NU |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| х223.242.2300. $\mathrm{H} 111-6.010$ | H111-6 | Quantity | R | 1-15 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.242.2300.H111-7.010 | H111-7 | Version Identifier | AN | 1-30 | NU |  |  |  | 999 | E | IK403 = I10: "Implementation "Not | Must not be present. |  |
| X223.242.2300.H111-8.010 | H111-8 | Industry code | AN | 1-30 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.242.2300.H111-9.010 | H111-9 | Yes/No Condition or response Code | ID | 1-1 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \\ \hline \end{gathered}$ | Segment or Element | Description | ID | $\begin{aligned} & \text { Min. } \\ & \text { Max. } \end{aligned}$ | $\begin{gathered} \text { Usage } \\ \text { Req. } \end{gathered}$ | Loop | $\begin{aligned} & \text { Loop } \\ & \text { Repeat } \end{aligned}$ | $\begin{gathered} 5010 \\ \text { Values } \\ \hline \end{gathered}$ | $\begin{array}{\|c\|} \hline \text { TA1/ } \\ \text { 999/ } \\ \text { 277CA } \\ \hline \end{array}$ | Accept/ | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.242.2300.H112.010 | H112 | HEALTH CARE CODE INFORMATION |  |  | S |  |  |  | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | $2300 . \mathrm{H} 12$ can only be present if 2300 . H 111 is present |  |
| х223.242.2300.H112-1.010 | H12-1 | Code List Qualifier Code | ID | 1-3 | R |  |  | BBQ, BQ | 999 | R | 1 K 403 = 7 : "Invalid Code Value" | 2300. $\mathrm{H} 112-1$ must be valid values. |  |
| х223.242.2300.H112-1.020 | H112-1 |  |  |  |  |  |  |  | 999 | R | 1 K 403 = 7: "Invalid Code Value" | 2300.H112-1 must = "BQ". | ICD-9 Only period |
| X223.242.2300.H112-1.030 | H112-1 |  |  |  |  |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300. H 112 -1 must = "BBQ" | ICD-10 Only period - assumes no dual-use after mandated date. |
| х223.242.2300.H112-2.010 | H112-2 | Procedure Code | AN | 1-30 | R |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 490: "Other Procedure Code for Service(s) Rendered" | If $2300 . \mathrm{HI} 12-1$ is "BQ" then 2300 . $\mathrm{H} 112-2$ must be a valid ICD-9 Procedure code. | ICD-9 Only period. Valid ICD-9 Procedure Code reference must be available for this edit |
| X223.242.2300.H112-2.020 | H112-2 |  |  |  |  |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 490: "Other Procedure Code for Service(s) Rendered" | If 2300.HI12-1 is "BBQ" then 2300.H112-2 must be a valid ICD-10 Procedure code. | $\begin{array}{\|l} \text { ICD-10 Only period. } \\ \text { Valid ICD-10 Procedure Code } \\ \text { reference must be available for this } \\ \text { edit. } \\ \hline \end{array}$ |
| X223.242.2300.H112-2.030 | H112-2 |  |  |  |  |  |  |  | 999 | E | IK403 = 6: "Invalid Character in Data Element" | 2300.H112-2 must not contain a ".". |  |
| X223.242.2300.H112-2.040 | H112-2 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 511: "Invalid character" CSC 490: "Other Procedure Code for Service(s) Rendered" |  |  |
| X223.242.2300.H112-3.010 | H112-3 | Date Time Period Format Qualifier | ID | 2-3 | s |  |  | D8 | 999 | R | 1 K 403 = 7: "Invalid Code Value" | 2300.H112-3 must be "D8". |  |
| х223.242.2300.H112-4.010 | H112-4 | Date Time Period | AN | 1-35 | s |  |  | CCYYMMDD | 999 | R | 1K403 = 8: "Invalid Date" | 2300.HI12-4 must be a valid date in CCYYMMDD |  |
| х223.242.2300.H112-5.010 | H112-5 | Monetary Amount | R | 1-18 | NU |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.242.2300.H112-6.010 | H112-6 | Quantity | R | 1-15 | NU |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.242.2300.H112-7.010 | H112-7 | Version Identifier | AN | 1-30 | NU |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| Х223.242.2300.H112-8.010 | H112-8 | Industry code | AN | 1-30 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.242.2300.H112-9.010 | H112-9 | Yes/No Condition or response Code | ID | 1-1 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.258.2300.H1.010 | HI | occurrence span INFORMATION |  | 2 | s | 2300 |  |  | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only two iterations of $\mathbf{2 3 0 0}$. HI with H101-1 = "BI" are allowed. |  |
| X223.258.2300.H101.010 | H01 | HEALTH CARE CODE INFORMATION |  |  | R |  |  |  |  |  |  |  |  |
| х223.258.2300.H101-1.010 | H01-1 | Code List Qualifier Code | ID | 1-3 | R |  |  | BI | 999 | R | 11403 = 7: "Invalid Code Value" | 2300.H101-1 must be "B1". |  |
| X223.258.2300.H101-2.010 | H01-2 | Occurrence Span Code | AN | 1-30 | R |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 462: "NUBC Occrrence Span Code(s) and Date(s)" | If $2300 . \mathrm{H} 101-1$ is "BI" then 2300. H01-2 must be a valid Occurrence Span code. | Valid Occurrence Span Code reference must be available for this edit. |
| Х223.258.2300.H101-3.010 | H01-3 | $\begin{array}{\|c\|} \hline \text { Date Time Period Format } \\ \text { Qualifier } \end{array}$ | ID | 2-3 | R |  |  | RD8 | 999 | R | $1 \mathrm{~K} 403=7$ : "Invalid Code Value" | 2300.H101-3 must be "RD8". |  |
| X223.258.2300.H101-4.010 | H01-4 | Date Time Period | AN | 1-35 | R |  |  | CCYYMMDD-CCYYMMDD | 999 | R | \|K403 = 8: "Invalid Date" | 2300.HIO1-4 must be a valid date in CCYYMMDDCCYYMMDD format. |  |
| Х223.258.2300.H101-5.010 | H01-5 | Monetary Amount | R | 1-18 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.258.2300.H101-6.010 | H01-6 | Quantity | R | 1-15 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | Segment or Element | Description | ID | $\begin{gathered} \text { Min. } \\ \text { Max. } \end{gathered}$ | $\begin{array}{\|c\|} \text { Usage } \\ \text { Req. } \end{array}$ | Loop | $\underset{\text { Repeat }}{\text { Loop }}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\begin{gathered} \text { TA1/ } \\ \text { 999/ } \\ \text { 277CA } \end{gathered}$ | Accept/ Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.258.2300.H101-7.010 | H01-7 | Version Identifier | AN | 1-30 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.258.2300.H101-8.010 | H01-8 | Industry code | AN | 1-30 | N/U |  |  |  | 999 | E | \|K403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.258.2300.H101-9.010 | H01-9 | Yes/No Condition or response Code | ID | 1-1 | N/U |  |  |  | 999 | E | 1K403 = 110: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.258.2300.H102.010 | H02 | HEALTH CARE CODE |  |  | S |  |  |  | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | $2300 . \mathrm{HIO2}$ can only be present if 2300 . $\mathrm{HIO1}$ is present. |  |
| X223.258.2300.H102-1.010 | H102-1 | Code List Qualifier Code | ID | 1-3 | R |  |  | BI | 999 | R | \|1403 = 7: "Invalid Code Value" | 2300.H102-1 must be "BI". |  |
| X223.258.2300.H102-2.010 | H102-2 | Occurrence Span Code | AN | 1-30 | R |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 462: "NUBC Occrrence Span Code(s) and Date(s)" | If 2300.H102-1 is "Bl" then 2300.H02-2 must be a valid Occurrence Span code. | Valid Occurrence Span Code reference must be available for this edit. |
| X223.258.2300.H102-3.010 | H102-3 | $\underset{\substack{\text { Date Time Period Format } \\ \text { Qualifier }}}{\text { 位 }}$ | ID | 2-3 | R |  |  | RD8 | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H102-3 must be "RD8". |  |
| х223.258.2300.H102-4.010 | H102-4 | Date Time Period | AN | 1-35 | R |  |  | CCYYMMDD-CCYYMMDD | 999 | R | IK403 = 8: "IInvalid Date" | 2300.HIO2-4 must be a valid date in CCYYMMDDCCYYMMDD format. |  |
| х223.258.2300.H102-5.010 | H102-5 | Monetary Amount | R | 1-18 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.258.2300.H102-6.010 | H02-6 | Quantity | R | 1-15 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { 1K403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| х223.258.2300.H102-7.010 | H102-7 | Version Identifier | AN | 1-30 | NU |  |  |  | 999 | E | $\begin{aligned} & \text { lK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.258.2300.H102-8.010 | H102-8 | Industry code | AN | 1-30 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { 1K403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.258.2300.H102-9.010 | H02-9 | Yes/No Condition or response Code | ID | 1-1 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { 1K403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.258.2300.H03.010 | H103 | HEALTH CARE CODE INFORMATION |  |  | s |  |  |  | 999 | R | IK 103 = 2: "Conditional Required Data Element Missing" | 2300 .HI03 can only be present if 2300 . HIO2 is present. |  |
| х223.258.2300.H103-1.010 | H03-1 | Code List Qualifier Code | ID | 1-3 | R |  |  | BI | 999 | R | \|K403 = 7: "Invalid Code Value" | 2300.H103-1 must be "BI". |  |
| X223.258.2300.H103-2.010 | H03-2 | Occurrence Span Code | AN | 1-30 | R |  |  |  | 277 | C | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 462: "NUBC Occrrence Span Code(s) and Date(s)" | If 2300.HIO3-1 is "BI" then 2300.HI03-2 must be a valid Occurrence Span code. | Valid Occurrence Span Code reference must be available for this edit. |
| X223.258.2300.H103-3.010 | H003-3 | Date Time Period Format <br> Qualifier | ID | 2-3 | R |  |  | RD8 | 999 | R | 1K403 = 7 : "Invalid Code Value" | 2300.H03-3 must be "RD8. |  |
| X223.258.2300.H103-4.010 | H03-4 | Date Time Period | AN | 1-35 | R |  |  | CCYYMMDD-CCYYMMDD | 999 | R | 1K403 = 8: "Invalid Date" | 2300.HIO3-4 must be a valid date in CCYYMMDDCCYYMMDD format. |  |
| Х223.258.2300.H103-5.010 | H03-5 | Monetary Amount | R | 1-18 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = 110: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| Х223.258.2300.H103-6.010 | H03-6 | Quantity | R | 1-15 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.258.2300.H103-7.010 | Н103-7 | Version Identifier | AN | 1-30 | NU |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.258.2300.H103-8.010 | H03-8 | Industry code | AN | 1-30 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| х223.258.2300. H 103-9.010 | H103-9 | Yes/No Condition or response Code | ID | 1-1 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { 1K403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.258.2300.H104.010 | H04 | HEALTH CARE CODE INFORMATION |  |  | s |  |  |  | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | $2300 . \mathrm{HIO} 04$ can only be present if 2300 . HIO 03 is present. |  |
| X223.258.2300.H104-1.010 | H104-1 | Code List Qualifier Code | ID | 1-3 | R |  |  | BI | 999 | R | \|K403 = 7: "Invalid Code Value" | 2300.H104-1 must be "BI". |  |
| X223.258.2300.H104-2.010 | H104-2 | Occurrence Span Code | AN | 1-30 | R |  |  |  | 277 | c | CSCC A7: "Acknowledgement Rejected for Invalid Information..." CSC 462: "NUBC Occrrence Span Code(s) and Date(s)" | If 2300. HI04-1 is "Bl" then 2300. H104-2 must be a valid Occurrence Span code. | $\begin{aligned} & \text { Valid Occurrence Span Code } \\ & \text { reference must be available for this } \\ & \text { edit. } \end{aligned}$ |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | Segment or | Description | ID | Min. | Usage Req. | Loop | $\underset{\text { Repeat }}{\text { Loop }}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\left.\begin{gathered} \text { TA1// } \\ \text { 999/ } \\ 277 C A \end{gathered} \right\rvert\,$ | $\begin{array}{\|c} \text { Accept/ } \\ \text { Reject } \end{array}$ | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.258.2300.H104-3.010 | H04-3 | Date Time Period Format Qualifier | ID | 2-3 | R |  |  | RD8 | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H104-3 must be "RD8. |  |
| X223.258.2300.H104-4.010 | H104-4 | Date Time Period | AN | 1-35 | R |  |  | CCYYMMDD-CCYYMMDD | 999 | R | 1K403 = 8: "Invalid Date" | 2300.HI04-4 must be a valid date in CCYYMMDDCCYYMMDD format. |  |
| X223.258.2300.H104-5.010 | H104-5 | Monetary Amount | R | 1-18 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.258.2300.H104-6.010 | H104-6 | Quantity | R | 1-15 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.258.2300.H104-7.010 | H104-7 | Version Identifier | AN | 1-30 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not | Must not be present. |  |
| X223.258.2300.H104-8.010 | H104-8 | Industry code | AN | 1-30 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.258.2300.H104-9.010 | H104-9 | Yes/No Condition or response Code | ID | 1-1 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { K403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.258.2300. H 05.010 | H105 | HEALTH CARE CODE INFORMATION |  |  | S |  |  |  | 999 | R | \|K403 = 2: "Conditional Required Data Element Missing" Element Missing" | $2300 . \mathrm{HIO5}$ can only be present if 2300.H104 is present. |  |
| X223.258.2300.H105-1.010 | H105-1 | Code List Qualifier Code | ID | 1-3 | R |  |  | BI | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300. $\mathrm{H} 105-1$ must be "BII". |  |
| X223.258.2300.H105-2.010 | H105-2 | Occurrence Span Code | AN | 1-30 | R |  |  |  | 277 | C | CSCC A7: "Acknowledgement /Rejected for Invalid Information... CSC 462: "NUBC Occrrence Span Code(s) and Date(s)" | If 2300. HI05-1 is "Bl" then 2300 .HI05-2 must be a valid Occurrence Span code. | Valid Occurrence Span Code reference must be available for this edit. |
| X223.258.2300.H105-3.010 | H105-3 | Date Time Period Format Qualifier | ID | 2-3 | R |  |  | RD8 | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H05-3 must be "RD8". |  |
| X223.258.2300.H105-4.010 | H105-4 | Date Time Period | AN | 1-35 | R |  |  | CCYYMMDD-CCYYMMDD | 999 | R | 1K403 = 8: "Invalid Date" | 2300. H105-4 must be a valid date in CCYYMMDDCCYYMMDD format. |  |
| х223.258.2300.H105-5.010 | H105-5 | Monetary Amount | R | 1-18 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| х223.258.2300.H105-6.010 | H105-6 | Quantity | R | 1-15 | N/U |  |  |  | 999 | E | 1K403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| х223.258.2300.H105-7.010 | H105-7 | Version Identifier | AN | 1-30 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not | Must not be present. |  |
| X223.258.2300.H105-8.010 | H105-8 | Industry code | AN | 1-30 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.258.2300.H105-9.010 | H105-9 | Yes/No Condition or response Code | ID | 1-1 | N/U |  |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.258.2300.H106.010 | H06 | HEALTH CARE CODE INFORMATION |  |  | S |  |  |  | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | $2300 . \mathrm{HI} 06$ can only be present if 2300 .H105 is present. |  |
| X223.258.2300.H106-1.010 | H106-1 | Code List Qualifier Code | ID | 1-3 | R |  |  | BI | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H106-1 must be "BII". |  |
| X223.258.2300.H106-2.010 | H106-2 | Occurrence Span Code | AN | 1-30 | R |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information... CSC 462: "NUBC Occrrence Span Code(s) and Date(s)" | If $2300 . \mathrm{HIO6}-1$ is "Bl" then 2300 . H 106 - 2 must be a valid Occurrence Span code. | Valid Occurrence Span Code reference must be available for this edit. |
| X223.258.2300.H106-3.010 | H06-3 | Date Time Period Format Qualifier | ID | 2-3 | R |  |  | RD8 | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H106-3 must be "RD8". |  |
| X223.258.2300.H06-4.010 | H06-4 | Date Time Period | AN | 1-35 | R |  |  | CCYYMMDD-CCYYMMDD | 999 | R | 1K403 = 8: "Invalid Date" | 2300. HIO6-4 must be a valid date in CCYYMMDDCCYYMMDD format. |  |
| X223.258.2300.H106-5.010 | H106-5 | Monetary Amount | R | 1-18 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = 110: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.258.2300.H106-6.010 | H106-6 | Quantity | R | 1-15 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.258.2300.H106-7.010 | H106-7 | Version Identifier | AN | 1-30 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.258.2300. H 106 -8.010 | H06-8 | Industry code | AN | 1-30 | NU |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | Segment or | Description | ID | Min. | Usage Req. | Loop | Loop Repea | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\left.\begin{gathered} \text { TA1/ } \\ \text { 999/ } \\ 277 C A \end{gathered} \right\rvert\,$ | Accept/ Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.258.2300.H106-9.010 | H06-9 | Yes/No Condition or response Code | ID | 1-1 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = 110: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.258.2300.H107.010 | H107 | HEALTH CARE CODE INFORMATION |  |  | S |  |  |  | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | $2300 . \mathrm{HI} 07$ can only be present if $2300 . \mathrm{H} 06$ is present. |  |
| X223.258.2300.H107-1.010 | H107-1 | Code List Qualifier Code | ID | 1-3 | R |  |  | BI | 999 | R | 1 K 403 = 7: "Invalid Code Value" | 2300. $\mathrm{H} 107-1$ must be "BII". |  |
| X223.258.2300.H107-2.010 | H07-2 | Occurrence Span Code | AN | 1-30 | R |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 462: "NUBC Occrrence Span Code(s) and Date(s)" | If 2300 .HI07-1 is "Bl" then 2300.H107-2 must be a valid Occurrence Span code. | Valid Occurrence Span Code reference must be available for this edit. |
| X223.258.2300.H107-3.010 | H07-3 | Date Time Period Format Qualifier | ID | 2-3 | R |  |  | RD8 | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300. H07-3 must be "RD8". |  |
| X223.258.2300.H107-4.010 | H07-4 | Date Time Period | AN | 1-35 | R |  |  | CCYYMMDD-CCYYMMDD | 999 | R | 1K403 = 8: "Invalid Date" | 2300.HI07-4 must be a valid date in CCYYMMDDCCYYMMDD format. |  |
| Х223.258.2300.H107-5.010 | H07-5 | Monetary Amount | R | 1-18 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.258.2300.H107-6.010 | H07-6 | Quantity | R | 1-15 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.258.2300.H107-7.010 | H107-7 | Version Identifier | AN | 1-30 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.258.2300.H107-8.010 | H07-8 | Industry code | AN | 1-30 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.258.2300.H107-9.010 | H07-9 | Yes/No Condition or response Code | ID | 1-1 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.258.2300.H108.010 | H08 | HEALTH CARE CODE INFORMATION |  |  | s |  |  |  | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | 2300.HI08 can only be present if 2300 . HIO 0 is |  |
| X223.258.2300.H108-1.010 | H08-1 | Code List Qualifier Code | ID | 1-3 | R |  |  | BI | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H108-1 must be "B1". |  |
| X223.258.2300.H008-2.010 | H08-2 | Occurrence Span Code | AN | 1-30 | R |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 462: "NUBC Occrrence Span Code(s) and Date(s)" | If $2300 . \mathrm{HI} 08-1$ is " Bl " then 2300 . $\mathrm{H} 108-2$ must be a valid Occurrence Span code. | Valid Occurrence Span Code reference must be available for this edit. |
| X223.258.2300.H108-3.010 | H08-3 | Date Time Period Format Qualifier | ID | 2-3 | R |  |  | RD8 | 999 | R | $1 \mathrm{~K} 403=7$ : "Invalid Code Value" | 2300.H108-3 must be "RD8". |  |
| X223.258.2300.H08-4.010 | H08-4 | Date Time Period | AN | 1-35 | R |  |  | CCYYMMDD-CCYYMMDD | 999 | R | 1K403 = 8: "Invalid Date" | 2300.HIO8-4 must be a valid date in CCYYMMDDCCYYMMDD format. |  |
| Х223.258.2300.H108-5.010 | H08-5 | Monetary Amount | R | 1-18 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = 110: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.258.2300.H108-6.010 | H008-6 | Quantity | R | 1-15 | NU |  |  |  | 999 | E | IK403 = I10: "Implementation "Not | Must not be present. |  |
| X223.258.2300.H108-7.010 | H008-7 | Version Identifier | AN | 1-30 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.258.2300.H108-8.010 | H008-8 | Industry code | AN | 1-30 | N/U |  |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.258.2300.H108-9.010 | H08-9 | Yes/No Condition or response Code | ID | 1-1 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.258.2300.H109.010 | H09 | HEALTH CARE CODE INFORMATION |  |  | S |  |  |  | 999 | R | \|K403 = 2: "Conditional Required Data Element Missing" | 2300. HI09 can only be present if 2300.HI08 is present. |  |
| X223.258.2300.H109-1.010 | H09-1 | Code List Qualifier Code | ID | 1-3 | R |  |  | BI | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H109-1 must be "BII". |  |
| X223.258.2300.H109-2.010 | H09-2 | Occurrence Span Code | AN | 1-30 | R |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 462: "NUBC Occrrence Span Code(s) and Datels)" | If $2300 . \mathrm{HIO9}-1$ is "Bl" then 2300 .H109-2 must be a valid Occurrence Span code. valid Occurrence Span code. | Valid Occurrence Span Code reference must be available for this edit. |
| X223.258.2300.H109-3.010 | H109-3 | Date Time Period Format Qualifier | ID | 2-3 | R |  |  | RD8 | 999 | R | 1 K 403 = 7: "Invalid Code Value" | 2300.H109-3 must be "RD8". |  |
| X223.258.2300.H109-4.010 | H109-4 | Date Time Period | AN | 1-35 | R |  |  | CCYYMMDD-CCYYMMDD | 999 | R | 1K403 = 8: "Invalid Date" | 2300.HIO9-4 must be a valid date in CCYYMMDDCCYYMMDD format. |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | Segment or | Description | ID | $\begin{aligned} & \text { Min. } \\ & \text { Max. } \end{aligned}$ | $\begin{gathered} \text { Usage } \\ \text { Req. } \\ \hline \end{gathered}$ | Loop | Loop Repea | $\begin{gathered} 5010 \\ \text { Values } \\ \hline \end{gathered}$ | $\left.\begin{gathered} \text { TA1/ } \\ \text { 999/ } \\ 277 \mathrm{CA} \end{gathered} \right\rvert\,$ | Accept/ | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.258.2300. $\mathrm{H} 109-5.010$ | H109-5 | Monetary Amount | R | 1-18 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.258.2300.H109-6.010 | H109-6 | Quantity | R | 1-15 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not | Must not be present. |  |
| X223.258.2300.H109-7.010 | H109-7 | Version Identifier | AN | 1-30 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not | Must not be present. |  |
| X223.258.2300.H109-8.010 | H09-8 | Industry code | AN | 1-30 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.258.2300.H109-9.010 | H09-9 | Yes/No Condition or response Code | ID | 1-1 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.258.2300.H110.010 | H110 | HEALTH CARE CODE INFORMATION |  |  | S |  |  |  | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | $2300 . \mathrm{HI} 10$ can only be present if $2300 . \mathrm{HI} 09$ is present. |  |
| X223.258.2300.H110-1.010 | H110-1 | Code List Qualifier Code | ID | 1-3 | R |  |  | BI | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H110-1 must be "B1". |  |
| X223.258.2300.H110-2.010 | H110-2 | Occurrence Span Code | AN | 1-30 | R |  |  |  | 277 | C | CSCC A7: "Acknowledgement 1Rejected for Invalid Information..." CSC 462: "NUBC Occrrence Span Codels) and Datels." | If $2300 . \mathrm{HI} 10-1$ is "Bl" then 2300 .HI10-2 must be a valid Occurrence Span code. | Valid Occurrence Span Code reference must be available for this edit. |
| X223.258.2300.H110-3.010 | H110-3 | Date Time Period Format Qualifier | ID | 2-3 | R |  |  | RD8 | 999 | R | IK403 = 7: "Invalid Code Value" | 2300.H110-3 must be "RD8". |  |
| X223.258.2300.H110-4.010 | H110-4 | Date Time Period | AN | 1-35 | R |  |  | CCYYMMDD-CCYYMMDD | 999 | R | 1K403 = 8: "Invalid Date" | 2300.HI10-4 must be a valid date in CCYYMMDDCCYYMMDD format |  |
| X223.258.2300.H110-5.010 | H110-5 | Monetary Amount | R | 1-18 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.258.2300.H110-6.010 | H110-6 | Quantity | R | 1-15 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not | Must not be present. |  |
| X223.258.2300.H110-7.010 | H110-7 | Version Identifier | AN | 1-30 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not | Must not be present. |  |
| X223.258.2300.H110-8.010 | H110-8 | Industry code | AN | 1-30 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.258.2300.H110-9.010 | H110-9 | Yes/No Condition or response Code | ID | 1-1 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.258.2300.H111.010 | H111 | HEALTH CARE CODE INFORMATION |  |  | S |  |  |  | 999 | R | $\begin{aligned} & \begin{array}{l} \text { IK403 = 2: "Conditional Required Data } \\ \text { Element Missing" } \\ \hline \end{array} \\ & \hline \end{aligned}$ | 2300.HI11 can only be present if 2300 . H110 is |  |
| X223.258.2300.H111-1.010 | H111-1 | Code List Qualifier Code | ID | 1-3 | R |  |  | BI | 999 | R | 1 K 403 = 7: "Invalid Code Value" | 2300.H111-1 must be "BII". |  |
| X223.258.2300.H111-2.010 | H111-2 | Occurrence Span Code | AN | 1-30 | R |  |  |  | 277 | c | CSCC A7: "Acknowledgement (Rejected for Invalid Information..." Csc 462: "NUBC Occrrence Span Codels) and Date(s)" | If $2300 . \mathrm{H} 111-1$ is "Bl" then $2300 . \mathrm{H} 111-2$ must be a valid Occurrence Span code. | Valid Occurrence Span Code reference must be available for this edit. |
| X223.258.2300.H111-3.010 | H111-3 | $\begin{array}{\|c\|} \hline \begin{array}{c} \text { Date Time Period Format } \\ \text { Qualifier } \end{array} \\ \hline \end{array}$ | ID | 2-3 | R |  |  | RD8 | 999 | R | 1 IK03 = 7: "Invalid Code Value" | 2300.H111-3 must be "RD8". |  |
| X223.258.2300.H111-4.010 | H111-4 | Date Time Period | AN | 1-35 | R |  |  | CCYYMMDD-CCYYMMDD | 999 | R | \|K403 = 8: "Invalid Date" | 2300.H111-4 must be a valid date in CCYYMMDDCCYYMMDD format |  |
| X223.258.2300.H111-5.010 | H/11-5 | Monetary Amount | R | 1-18 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.258.2300.H111-6.010 | H111-6 | Quantity | R | 1-15 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not | Must not be present. |  |
| X223.258.2300.H111-7.010 | H111-7 | Version Identifier | AN | 1-30 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.258.2300.H111-8.010 | H111-8 | Industry code | AN | 1-30 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.258.2300.H111-9.010 | H111-9 | Yes/No Condition or response Code | ID | 1-1 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = 110: "Implementation "Not } \\ & \text { UIsed" Fement Present" } \end{aligned}$ | Must not be present. |  |
| X223.258.2300.H112.010 | H112 | $\begin{aligned} & \text { HEALTH CARE CODE } \\ & \text { INFORMATION } \\ & \hline \end{aligned}$ |  |  | S |  |  |  | 999 | R | $\begin{aligned} & \text { IK403 = 2: "Conditional Required Data } \\ & \text { Element Missing" } \\ & \hline \end{aligned}$ | 2300. H112 can only be present if 2300 .HI11 is present. |  |
| X223.258.2300.H112-1.010 | H112-1 | Code List Qualifier Code | ID | 1-3 | R |  |  | BI | 999 | R | 1 K 403 = 7: "Invalid Code Value" | 2300.H112-1 must be "BI'. |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | Segment or | Description | ID | Min. | Usage Req. | Loop | $\underset{\text { Repeat }}{\text { Loop }}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\left.\begin{gathered} \text { TA1// } \\ \text { 999/ } \\ 277 C A \end{gathered} \right\rvert\,$ | Accept/ Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.258.2300.H112-2.010 | H112-2 | Occurrence Span Code | AN | 1-30 | R |  |  |  | 277 | C | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 462: "NUBC Occrrence Span Code(s) and Date(s)" | If 2300 .H112-1 is "Bl" then 2300.H112-2 must be a valid Occurrence Span code. | Valid Occurrence Span Code reference must be available for this edit. |
| X223.258.2300.H112-3.010 | H112-3 | Date Time Period Format <br> Qualifier | ID | 2-3 | R |  |  | RD8 | 999 | R | 1 K 403 = 7: "Invalid Code Value" | 2300.H112-3 must be "RD8". |  |
| X223.258.2300.H112-4.010 | H112-4 | Date Time Period | AN | 1-35 | R |  |  | CCYYMMDD-CCYYMMDD | 999 | R | 1K403 = 8: "Invalid Date" | 2300.H112-4 must be a valid date in CCYYMMDDCCYYMMDD format. |  |
| X223.258.2300.H112-5.010 | H112-5 | Monetary Amount | R | 1-18 | N/U |  |  |  | 999 | E | IK403 = 110 : "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.258.2300.H112-6.010 | H112-6 | Quantity | R | 1-15 | N/U |  |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.258.2300.H112-7.010 | H112-7 | Version Identifier | AN | 1-30 | NU |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.258.2300.H112-8.010 | H112-8 | Industry code | AN | 1-30 | N/U |  |  |  | 999 | E | 1K403 = 110: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.258.2300.H112-9.010 | H112-9 | $\begin{aligned} & \text { Yes/No Condition or } \\ & \text { response Code } \\ & \hline \end{aligned}$ | ID | 1-1 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Х223.271.2300.H1.010 | HI | OCCURRENCE information |  | 2 | s | 2300 |  |  | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only two iterations of 2300.HI with H101-1 = "BH" are allowed. |  |
| X223.271.2300.H101.010 | H01 | HEALTH CARE CODE |  |  | R |  |  |  |  |  |  |  |  |
| X223.271.2300.H101-1.010 | H101-1 | Code List Qualifier Code | ID | 1-3 | R |  |  | BH | 999 | R | 11403 = 7: "Invalid Code Value" | 2300.H101-1 must be "BH". |  |
| X223.271.2300.H101-2.010 | H101-2 | Occurrence Code | AN | 1-30 | R |  |  |  | 277 | c | $\begin{aligned} & \hline \text { CSCC A7: "Acknowledgement } \\ & \text { /Rejected for Invalid Information..." } \\ & \text { CSC 461: "NUBC Occurrence Code(s) } \\ & \text { and Date(s)" } \\ & \hline \end{aligned}$ | If 2300. H101-1 is "BH" then 2300. H101-2 must be a | Valid Occurrence Code reference must be available for this edit. |
| х223.271.2300.H101-3.010 | H01-3 | $\begin{array}{\|c\|} \hline \text { Date Time Period Format } \\ \text { Qualifier } \end{array}$ | ID | 2-3 | R |  |  | D8 | 999 | R | 1 K 403 = 7: "Invalid Code Value" | 2300.H01-3 must be "D8". |  |
| X223.271.2300.H101-4.010 | H01-4 | Date Time Period | AN | 1-35 | R |  |  | CCYYMMDD | 999 | R | 1K403 = 8: "Invalid Date" | 2300. H101-4 must be a valid date in CCYYMMDD |  |
| Х223.271.2300.H101-5.010 | H101-5 | Monetary Amount | R | 1-18 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.271.2300.H101-6.010 | H101-6 | Quantity | R | 1-15 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.271.2300.H101-7.010 | H101-7 | Version Identifier | AN | 1-30 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not | Must not be present. |  |
| X223.271.2300.H101-8.010 | H101-8 | Industry code | AN | 1-30 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.271.2300.H101-9.010 | H101-9 | Yes/No Condition or response Code | ID | 1-1 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.271.2300. H 102.010 | H02 | HEALTH CARE CODE INFORMATION |  |  | S |  |  |  | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | 2300. H102 can only be present if $2300 . \mathrm{HIO} 1$ is |  |
| X223.271.2300.H102-1.010 | H102-1 | Code List Qualifier Code | ID | 1-3 | R |  |  | BH | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H02-1 must be "BH". |  |
| X223.271.2300.H02-2.010 | H02-2 | Occurrence Code | AN | 1-30 | R |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information... CSC 461: "NUBC Occurrence Code(s) and Date(s)" | If 2300.HIO2-1 is "BH" then 2300. HIO2-2 must be a valid Occurrence code. | Valid Occurrence Code reference must be available for this edit. |
| X223.271.2300.H102-3.010 | H102-3 | Date Time Period Format Qualifier | ID | 2-3 | R |  |  | D8 | 999 | R | 1 K 403 = 7: "Invalid Code Value" | 2300. H102-3 must be "D8". |  |
| X223.271.2300.H102-4.010 | H102-4 | Date Time Period | AN | 1-35 | R |  |  | CCYYMMDD | 999 | R | 1K403 = 8: "Invalid Date" | 2300. HIO2-4 must be a valid date in CCYYMMDD |  |
| X223.271.2300.H102-5.010 | H102-5 | Monetary Amount | R | 1-18 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | Segment or Element | Description | ID | Min. Max. | $\begin{array}{\|c} \text { Usage } \\ \text { Req. } \end{array}$ | Loop | $\begin{aligned} & \text { Loop } \\ & \text { Repeat } \\ & \hline \end{aligned}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\begin{array}{\|c\|} \text { TA1// } \\ \text { 999/ } \\ \text { 277CA } \end{array}$ | Accept/ Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.271.2300.H102-6.010 | H102-6 | Quantity | R | 1-15 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = 110: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.271.2300.H102-7.010 | H02-7 | Version Identifier | AN | 1-30 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not | Must not be present. |  |
| X223.271.2300.H102-8.010 | H02-8 | Industry code | AN | 1-30 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not | Must not be present. |  |
| X223.271.2300. $\mathrm{H} 102-9.010$ | H02-9 | Yes/No Condition or response Code | ID | 1-1 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.271.2300.H103.010 | H03 | HEALTH CARE CODE |  |  | S |  |  |  | 999 | R | IK403 = 2: "Conditional Required Data Element Missina" | $2300 . \mathrm{HIO} 03$ can only be present if 2300 . HIO is present |  |
| X223.271.2300.H103-1.010 | H103-1 | Code List Qualifier Code | ID | 1-3 | R |  |  | BH | 999 | R | \|1403 = 7: "Invalid Code Value" | 2300.H03-1 must be "BH". |  |
| X223.271.2300.H103-2.010 | H03-2 | Occurrence Code | AN | 1-30 | R |  |  |  | 277 | c | $\begin{aligned} & \hline \text { CSCC A7: "Acknowledgement } \\ & \text { /Rejected for Invalid Information..." } \\ & \text { CSC 461: "NUBC Occurrence Code(s) } \\ & \text { and Date(s)" } \\ & \hline \end{aligned}$ | If $2300 . \mathrm{HI} 03-1$ is "BH" then 2300. $\mathrm{HI} 03-2$ must be a valid Occurrence code. | Valid Occurrence Code reference must be available for this edit. |
| X223.271.2300.H103-3.010 | H003-3 | Date Time Period Format Qualifier | ID | 2-3 | R |  |  | D8 | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300. H103-3 must be "D8". |  |
| X223.271.2300.H103-4.010 | H03-4 | Date Time Period | AN | 1-35 | R |  |  | CCYYMMDD | 999 | R | 1K403 = 8: "Invalid Date" | 2300.HIO3-4 must be a valid date in CCYYMMDD format. |  |
| X223.271.2300.H103-5.010 | H03-5 | Monetary Amount | R | 1-18 | N/U |  |  |  | 999 | E | 1K403 = 110: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.271.2300.H103-6.010 | H03-6 | Quantity | R | 1-15 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.271.2300.H103-7.010 | H03-7 | Version Identifier | AN | 1-30 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.271.2300.H103-8.010 | H03-8 | Industry code | AN | 1-30 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| х223.271.2300. $\mathrm{H103-9.010}$ | H03-9 | Yes/No Condition or response Code | ID | 1-1 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.271.2300.H104.010 | H04 | HEALTH CARE CODE INFORMATION |  |  | S |  |  |  | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | 2300 .HI04 can only be present if 2300 .HIO3 is present. |  |
| X223.271.2300.H104-1.010 | H104-1 | Code List Qualifier Code | ID | 1-3 | R |  |  | BH | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H104-1 must be "BH". |  |
| X223.271.2300.H104-2.010 | H04-2 | Occurrence Code | AN | 1-30 | R |  |  |  | 277 | C | $\begin{array}{\|l\|} \hline \text { CSCC A7: "Acknowledgement } \\ \text { /Rejected for Invalid Information..." } \\ \text { CSC 461: "NUBC Occurrence Code(s) } \\ \text { and Date(s)" } \\ \hline \end{array}$ | If $2300 . \mathrm{HI} 04-1$ is "BH" then 2300. $\mathrm{H} 104-2$ must be a valid Occurrence code. | Valid Occurrence Code reference must be available for this edit. |
| X223.271.2300.H104-3.010 | H04-3 | Date Time Period Format Qualifier | ID | 2-3 | R |  |  | D8 | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H104-3 must be "D8". |  |
| X223.271.2300.H104-4.010 | H04-4 | Date Time Period | AN | 1-35 | R |  |  | CCYYMMDD | 999 | R | 1K403 = 8: "Invalid Date" | $2300 . \mathrm{HIO4-4}$ must be a valid date in CCYYMMDD format. |  |
| X223.271.2300.H104-5.010 | H04-5 | Monetary Amount | R | 1-18 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.271.2300.H104-6.010 | H04-6 | Quantity | R | 1-15 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.271.2300.H104-7.010 | H104-7 | Version Identifier | AN | 1-30 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not | Must not be present. |  |
| X223.271.2300.H104-8.010 | H04-8 | Industry code | AN | 1-30 | N/U |  |  |  | 999 | E | 1K403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.271.2300.H104-9.010 | H04-9 | Yes/No Condition or response Code | ID | 1-1 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.271.2300.H105.010 | H05 | HEALTH CARE CODE INFORMATION |  |  | s |  |  |  | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | $2300 . \mathrm{HIO} 05$ can only be present if 2300 . H104 is present. |  |
| х223.271.2300.H105-1.010 | H105-1 | Code List Qualifier Code | ID | 1-3 | R |  |  | BH | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H105-1 must be "BH". |  |


| 8371 Edit Reference | Segment or Element | Description | ID | $\begin{aligned} & \text { Min. } \\ & \text { } \end{aligned}$ | $\begin{gathered} \text { Usage } \\ \text { Req. } \end{gathered}$ | Loop | $\begin{aligned} & \text { Loop } \\ & \text { Repeat } \end{aligned}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\begin{gathered} \text { TA1/ } \\ \text { T99/ } \\ \text { 277CA } \end{gathered}$ | Accept Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.271.2300.H105-2.010 | H05-2 | Occurrence Code | AN | 1-30 | R |  |  |  | 277 | c | $\begin{array}{\|l\|} \hline \text { CSCC A7: "Acknowledgement } \\ \text { IRejected for Invalid Information..." } \\ \text { CSC 461: "NUBC Occurrence Code(s) } \\ \text { and Date(s)" } \\ \hline \end{array}$ | If $2300 . \mathrm{HIO} 0-1$ is "BH" then 2300 . HI05-2 must be a valid Occurrence code. | Valid Occurrence Code reference must be available for this edit. |
| X223.271.2300.H105-3.010 | H105-3 | $\begin{array}{\|c\|} \hline \begin{array}{c} \text { Date Time Period Format } \\ \text { Qualifier } \end{array} \\ \hline \end{array}$ | ID | 2-3 | R |  |  | D8 | 999 | R | 1 K 403 = 7 : "Invalid Code Value" | 2300.H105-3 must be "D8". |  |
| X223.271.2300.H105-4.010 | H105-4 | Date Time Period | AN | 1-35 | R |  |  | CCYYMMDD | 999 | R | 1K403 = 8: "Invalid Date" | 2300.HI05-4 must be a valid date in CCYYMMDD format. |  |
| X223.271.2300.H105-5.010 | H105-5 | Monetary Amount | R | 1-18 | N/U |  |  |  | 999 | E | IK403 = 110 : "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.271.2300.H105-6.010 | H05-6 | Quantity | R | 1-15 | N/U |  |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.271.2300.H105-7.010 | H05-7 | Version Identifier | AN | 1-30 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.271.2300.H105-8.010 | H105-8 | Industry code | AN | 1-30 | N/U |  |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.271.2300.H105-9.010 | H05-9 | Yes/No Condition or response Code | ID | 1-1 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { K403 = I 10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.271.2300.H106.010 | H06 | HEALTH CARE CODE INFORMATION |  |  | S |  |  |  | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | $2300 . \mathrm{H} 06$ can only be present if 2300 . H 105 is present. |  |
| X223.271.2300.H106-1.010 | H06-1 | Code List Qualifier Code | ID | 1-3 | R |  |  | BH | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300. $\mathrm{H} 106-1$ must be "BH". |  |
| X223.271.2300.H106-2.010 | H06-2 | Occurrence Code | AN | 1-30 | R |  |  |  | 277 | c | $\begin{aligned} & \text { CSCC A7: "Acknowledgement } \\ & \text { Rejected for Invalid Information..." } \\ & \text { Cac 461: "NNBC Occurrence Code(s) } \\ & \text { and Date(s)" } \end{aligned}$ | If $2300 . \mathrm{HIO} 0-1$ is "BH" then 2300 . $\mathrm{H} 006-2$ must be a valid Occurrence code. | Valid Occurrence Code reference must be available for this edit. |
| X223.271.2300.H106-3.010 | H06-3 | Date Time Period Format Qualifier | ID | 2-3 | R |  |  | D8 | 999 | R | \|1403 = 7: "Invalid Code Value" | 2300.H106-3 must be "D8". |  |
| X223.271.2300.H106-4.010 | H06-4 | Date Time Period | AN | 1-35 | R |  |  | CCYYMMDD | 999 | R | \|K403 = 8: "Invalid Date" | $2300 . \mathrm{HIO6-4}$ must be a valid date in CCYYMMDD format. |  |
| X223.271.2300.H106-5.010 | H106-5 | Monetary Amount | R | 1-18 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = 110: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.271.2300.H106-6.010 | H106-6 | Quantity | R | 1-15 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not | Must not be present. |  |
| X223.271.2300.H106-7.010 | H06-7 | Version Identifier | AN | 1-30 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.271.2300.H106-8.010 | H06-8 | Industry code | AN | 1-30 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.271.2300.H106-9.010 | H06-9 | Yes/No Condition or response Code | ID | 1-1 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.271.2300.H107.010 | H07 | HEALTH CARE CODE INFORMATION |  |  | S |  |  |  | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | 2300.HIO7 can only be present if 2300 .HI06 is present. |  |
| X223.271.2300.H107-1.010 | H107-1 | Code List Qualifier Code | ID | 1-3 | R |  |  | BH | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H107-1 must be "BH". |  |
| X223.271.2300.H107-2.010 | H07-2 | Occurrence Code | AN | 1-30 | R |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 461: "NUBC Occurrence Code(s) and Date(s)" | If 2300.H107-1 is "BH" then 2300.H107-2 must be a valid Occurrence code. | Valid Occurrence Code reference must be available for this edit. |
| X223.271.2300.H107-3.010 | H07-3 | Date Time Period Format Qualifier | ID | 2-3 | R |  |  | D8 | 999 | R | $1 \mathrm{~K} 403=7$ : "Invalid Code Value" | 2300.H107-3 must be "D8". |  |
| X223.271.2300.H107-4.010 | H07-4 | Date Time Period | AN | 1-35 | R |  |  | CCYYMMDD | 999 | R | 1K403 = 8: "Invalid Date" | 2300.H107-4 must be a valid date in CCYYMMDD format. |  |
| X223.271.2300.H107-5.010 | H07-5 | Monetary Amount | R | 1-18 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not | Must not be present. |  |
| X223.271.2300.H107-6.010 | H07-6 | Quantity | R | 1-15 | N/U |  |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.271.2300.H107-7.010 | H107-7 | Version Identifier | AN | 1-30 | N/U |  |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | Must not be present. |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | Segment or | Description | ID | $\begin{aligned} & \text { Min. } \\ & \text { Max. } \end{aligned}$ | $\begin{gathered} \text { Usage } \\ \text { Req. } \end{gathered}$ | Loop | $\underset{\text { Repeat }}{\text { Loop }}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\left.\begin{gathered} \text { TA1/ } \\ \text { 999/ } \\ 277 C A \end{gathered} \right\rvert\,$ | Accept/ | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.271.2300.H107-8.010 | H107-8 | Industry code | AN | 1-30 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.271.2300.H107-9.010 | H107-9 | Yes/No Condition or response Code | ID | 1-1 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.271.2300.H108.010 | H108 | HEALTH CARE CODE INFORMATION |  |  | s |  |  |  | 999 | R | IK403 = 2: "Conditional Required Data | $2300 . \mathrm{HIO} 08$ can only be present if $2300 . \mathrm{HIO7}$ is present. present. |  |
| X223.271.2300.H108-1.010 | H008-1 | Code List Qualifier Code | ID | 1-3 | R |  |  | BH | 999 | R | 1 K 403 = 7 : "Invalid Code Value" | 2300. H 008-1 must be "BH". |  |
| X223.271.2300.H108-2.010 | H008-2 | Occurrence Code | AN | 1-30 | R |  |  |  | 277 | C | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 461: "NUBC Occurrence Code(s) and Date(s)" | If $2300 . \mathrm{HIO} 0-1$ is "BH" then 2300. HI08-2 must be a valid Occurrence code. | Valid Occurrence Code reference must be available for this edit. |
| Х223.271.2300.H108-3.010 | H108-3 | $\underset{\text { Qualifier }}{\text { Date Time Permat }}$ | ID | 2-3 | R |  |  | D8 | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H108-3 must be "D8". |  |
| X223.271.2300.H108-4.010 | H108-4 | Date Time Period | AN | 1-35 | R |  |  | CCYYMMDD | 999 | R | IK403 = 8: "Invalid Date" | 2300. H108-4 must be a valid date in CCYYMMDD |  |
| X223.271.2300.H108-5.010 | H08-5 | Monetary Amount | R | 1-18 | N/U |  |  |  | 999 | E | IK403 = 110 : "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.271.2300. H 108 -6.010 | H108-6 | Quantity | R | 1-15 | n/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not | Must not be present. |  |
| X223.271.2300.H108-7.010 | H108-7 | Version Identifier | AN | 1-30 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not | Must not be present. |  |
| X223.271.2300.H108-8.010 | H108-8 | Industry code | AN | 1-30 | N/U |  |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.271.2300.H108-9.010 | H108-9 | Yes/No Condition or response Code | ID | 1-1 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.271.2300.H109.010 | H09 | $\begin{aligned} & \text { HEALTH CARE CODE } \\ & \text { INFORMATION } \end{aligned}$ |  |  | S |  |  |  | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | $2300 . \mathrm{HI} 09$ can only be present if $2300 . \mathrm{H} 08$ is present. |  |
| X223.271.2300.H109-1.010 | H09-1 | Code List Qualifier Code | ID | 1-3 | R |  |  | BH | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H109-1 must be "BH". |  |
| X223.271.2300.H09-2.010 | H109-2 | Occurrence Code | AN | 1-30 | R |  |  |  | 277 | c | $\begin{aligned} & \hline \text { CSCC A7: "Acknowledgement } \\ & \text { /Rejected for Invalid Information..." } \\ & \text { CSC 461: "NUBC Occurrence Code(s) } \\ & \text { and Date(s)" } \\ & \hline \end{aligned}$ | If 2300.HIO9-1 is "BH" then 2300 . HIO9-2 must be a valid Occurrence code. | Valid Occurrence Code reference must be available for this edit. |
| X223.271.2300.H109-3.010 | H109-3 | Date Time Period Format Qualifier | ID | 2-3 | R |  |  | D8 | 999 | R | 1 K 403 = 7: "Invalid Code Value" | 2300.H09-3 must be "D8". |  |
| X223.271.2300.H109-4.010 | H109-4 | Date Time Period | AN | 1-35 | R |  |  | CCYYMMDD | 999 | R | 1K403 = 8: "Invalid Date" | 2300.HI09-4 must be a valid date in CCYYMMDD format. |  |
| X223.271.2300.H109-5.010 | H09-5 | Monetary Amount | R | 1-18 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = 110: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.271.2300.H109-6.010 | H109-6 | Quantity | R | 1-15 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.271.2300.H109-7.010 | H109-7 | Version Identifier | AN | 1-30 | NU |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.271.2300.H109-8.010 | H109-8 | Industry code | AN | 1-30 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.271.2300.H109-9.010 | H09-9 | Yes/No Condition or response Code | ID | 1-1 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.271.2300.H110.010 | H110 | HEALTH CARE CODE INFORMATION |  |  | s |  |  |  | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | 2300. HI10 can only be present if $2300 . \mathrm{HIO9}$ is |  |
| X223.271.2300.H110-1.010 | H110-1 | Code List Qualifier Code | ID | 1-3 | R |  |  | BH | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H110-1 must be "BH". |  |
| X223.271.2300.H110-2.010 | H110-2 | Occurrence Code | AN | 1-30 | R |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information... CSC 461: "NUBC Occurrence Code(s) and Date(s)" | If $2300 . \mathrm{HI} 10-1$ is "BH" then $2300 . \mathrm{HI} 10-2$ must be a valid Occurrence code. | Valid Occurrence Code reference must be available for this edit. |
| X223.271.2300.H110-3.010 | H110-3 | Date Time Period Format <br> Qualifier | ID | 2-3 | R |  |  | D8 | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H110-3 must be "D8". |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | Segment or | Description | ID | $\begin{aligned} & \text { Min. } \\ & \text { Max. } \end{aligned}$ | $\begin{gathered} \text { Usage } \\ \text { Req. } \\ \hline \end{gathered}$ | Loop | $\begin{gathered} \text { Loop } \\ \text { Repeat } \end{gathered}$ | $\begin{gathered} 5010 \\ \text { Values } \\ \hline \end{gathered}$ | $\begin{gathered} \text { TA1/ } \\ \text { 999/ } \\ 277 C A \\ \hline \end{gathered}$ | Accept/ | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.271.2300.H110-4.010 | H110-4 | Date Time Period | AN | 1-35 | R |  |  | CCYYMMDD | 999 | R | 1K403 = 8: "Invalid Date" | 2300.HI10-4 must be a valid date in CCYYMMDD format. |  |
| X223.271.2300.H110-5.010 | H110-5 | Monetary Amount | R | 1-18 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.271.2300.H110-6.010 | H110-6 | Quantity | R | 1-15 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.271.2300.H110-7.010 | H110-7 | Version Identifier | AN | 1-30 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.271.2300.H110-8.010 | H110-8 | Industry code | AN | 1-30 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.271.2300.H110-9.010 | H110-9 | Yes/No Condition or response Code | ID | 1-1 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.271.2300.H111.010 | H111 | HEALTH CARE CODE INFORMATION |  |  | S |  |  |  | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | $2300 . \mathrm{H} 111$ can only be present if 2300 . H110 is present. |  |
| X223.271.2300. $\mathrm{H} 111-1.010$ | H11-1 | Code List Qualifier Code | ID | 1-3 | R |  |  | BH | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H111-1 must be "BH". |  |
| X223.271.2300.H111-2.010 | H11-2 | Occurrence Code | AN | 1-30 | R |  |  |  | 277 | c | $\begin{aligned} & \hline \text { CSCC A7: "Acknowledgement } \\ & \text { /Rejected for Invalid Information..." } \\ & \text { CSC 461: "NUBC Occurrence Code(s) } \\ & \text { and Date(s)" } \\ & \hline \end{aligned}$ | If $2300 . \mathrm{H} 111-1$ is "BH" then $2300 . \mathrm{H} 111-2$ must be a | Valid Occurrence Code reference must be available for this edit. |
| X223.271.2300.H111-3.010 | H111-3 | Date Time Period Format Qualifier | ID | 2-3 | R |  |  | D8 | 999 | R | 1 K403 = 7: "Invalid Code Value" | 2300.H111-3 must be "D8". |  |
| X223.271.2300.H111-4.010 | H111-4 | Date Time Period | AN | 1-35 | R |  |  | CCYYMMDD | 999 | R | 1K403 = 8: "Invalid Date" | 2300. H111-4 must be a valid date in CCYYMMDD format. |  |
| X223.271.2300.H111-5.010 | H111-5 | Monetary Amount | R | 1-18 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = 110: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.271.2300.H111-6.010 | H111-6 | Quantity | R | 1-15 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.271.2300.H111-7.010 | H111-7 | Version Identifier | AN | 1-30 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.271.2300. H 111 -8.010 | H111-8 | Industry code | AN | 1-30 | N/U |  |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.271.2300.H111-9.010 | H111-9 | Yes/No Condition or response Code | ID | 1-1 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.271.2300.H112.010 | H112 | HEALTH CARE CODE INFORMATION |  |  | S |  |  |  | 999 | R | \|K403 = 2: "Conditional Required Data Element Missing" | 2300.H112 can only be present if 2300 . H 111 is present. |  |
| X223.271.2300.H112-1.010 | H112-1 | Code List Qualifier Code | ID | 1-3 | R |  |  | BH | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H112-1 must be "BH". |  |
| X223.271.2300.H112-2.010 | H112-2 | Occurrence Code | AN | 1-30 | R |  |  |  | 277 | C | $\begin{aligned} & \hline \text { CSCC A7: "Acknowledgement } \\ & \text { /Rejected for Invalid Information..." } \\ & \text { CSC 461: "NUBC Occurrence Code(s) } \\ & \text { and Date(s)" } \\ & \hline \end{aligned}$ | If 2300.HI12-1 is "BH" then 2300. HI12-2 must be a valid Occurrence code. | Valid Occurrence Code reference must be available for this edit. |
| X223.271.2300.H112-3.010 | H112-3 | Date Time Period Format Qualifier | ID | 2-3 | R |  |  | D8 | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H112-3 must be "D8". |  |
| X223.271.2300.H112-4.010 | H112-4 | Date Time Period | AN | 1-35 | R |  |  | CCYYMMDD | 999 | R | 1K403 = 8: "Invalid Date" | 2300.H112-4 must be a valid date in CCYYMMDD format. |  |
| X223.271.2300.H112-5.010 | H112-5 | Monetary Amount | R | 1-18 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not | Must not be present. |  |
| X223.271.2300.H112-6.010 | H112-6 | Quantity | R | 1-15 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.271.2300.H112-7.010 | H112-7 | Version Identifier | AN | 1-30 | NU |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.271.2300.H112-8.010 | H112-8 | Industry code | AN | 1-30 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.271.2300.H112-9.010 | H112-9 | Yes/No Condition or response Code | ID | 1-1 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \\ & \hline \end{aligned}$ | Must not be present. |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | Segment or Element | Description | ID | $\begin{aligned} & \text { Min. } \\ & \text { Max. } \end{aligned}$ | Usage Req | Loop | $\begin{gathered} \text { Loop } \\ \text { Repeat } \end{gathered}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\begin{array}{\|c} \text { TA1/ } \\ \text { 999/ } \\ \text { 277CA } \\ \hline \end{array}$ | Accept Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.284.2300.H1.010 | HI | VALUE INFORMATION |  | 2 | s | 2300 |  |  | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only two iterations of 2300 .HI with H101-1 = "BE" are allowed. |  |
| X223.284.2300.H101.010 | H01 | HEALTH CARE CODE |  |  | R |  |  |  |  |  |  |  |  |
| X223.284.2300.H101-1.010 | H01-1 | Code List Qualifier Code | ID | 1-3 | R |  |  | BE | 999 | R | $1 \mathrm{~K} 403=7$ : "Invalid Code Value" | 2300.H101-1 must be "BE". |  |
| X223.284.2300.H101-2.010 | H101-2 | Value Code | AN | 1-30 | R |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 463: "NUBC Value Code(s) and/or Amount(s)" | If 2300 .HIO1-1 is "BE" then 2300. H101-2 must be a valid Value code. | Valid Value Code reference must be available for this edit. |
| Х223.284.2300.H101-3.010 | H01-3 | $\qquad$ | ID | 2-3 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.284.2300.H101-4.010 | H01-4 | Date Time Period | AN | 1-35 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not | Must not be present. |  |
| X223.284.2300.H101-5.010 | H01-5 | Value Code Associated Amount | R | 1-18 | R |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2300. $\mathrm{H} 101-5$ must be numeric. |  |
| $\begin{aligned} & \begin{array}{l} \text { X223.284.2300.HI01-5.020 } \\ \text { edit deactivated } \end{array} \\ & \hline \end{aligned}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.284.2300.H101-5.030 | H101-5 |  |  |  |  |  |  |  | 999 | E | 1K403 = 5: "Data Element Too Long" | 2300.H101-5 must be $>=0$ and $<=99,999,999.99$. |  |
| X223.284.2300.H101-5.035 | H01-5 |  |  |  |  |  |  |  | 277 | T |  |  |  |
| Х223.284.2300.H101-6.010 | H01-6 | Quantity | R | 1-15 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = } 110 \text { : "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| х223.284.2300.H101-7.010 | H01-7 | Version Identifier | AN | 1-30 | N/U |  |  |  | 999 | E | IK403 = 110 : "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.284.2300.H101-8.010 | H01-8 | Industry code | AN | 1-30 | NU |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.284.2300.H101-9.010 | H01-9 | Yes/No Condition or response Code | ID | 1-1 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.284.2300.H102.010 | H102 | HEALTH CARE CODE INFORMATION |  |  | S |  |  |  | 999 | R | $\begin{aligned} & \text { IK403 = 2: "Conditional Required Data } \\ & \text { Element Missing" } \end{aligned}$ | 2300 .HI02 can only be present if 2300 . H101 is present. |  |
| X223.284.2300.H102-1.010 | H02-1 | Code List Qualifier Code | ID | 1-3 | R |  |  | BE | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H102-1 must be "BE". |  |
| X223.284.2300.H102-2.010 | H02-2 | Value Code | AN | 1-30 | R |  |  |  | 277 | c | $\begin{aligned} & \text { CSCC A7: "Acknowledgement } \\ & \text { /Rejected for Invalid Information..." } \\ & \text { CSC 463: "NUBC Value Code(s) } \\ & \text { and/or Amount(s)" } \\ & \hline \end{aligned}$ | If 2300. HIO2- 1 is "BE" then 2300. HIO2-2 must be a valid Value code. | Valid Value Code reference must be available for this edit. |
| X223.284.2300.H102-3.010 | H02-3 | $\qquad$ | ID | 2-3 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.284.2300.H102-4.010 | H02-4 | Date Time Period | AN | 1-35 | N/U |  |  |  | 999 | E | IK403 = 110: "Implementation "Not | Must not be present. |  |
| X223.284.2300.H102-5.010 | H02-5 | Value Code Associated Amount | R | 1-18 | R |  |  |  | 999 | R | \|K403 = 6: "Invalid Character in Data Element" | 2300.H102-5 must be numeric. |  |
| X223.284.2300.H102-5.020 <br> edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.284.2300.H102-5.030 | H102-5 |  |  |  |  |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" | 2300.H102-5 must be >= 0 and <= 99,999,999.99. |  |
| X223.284.2300.H102-5.035 | H02-5 |  |  |  |  |  |  |  | 277 | T | $\begin{aligned} & \text { CSCC A7: "Acknowledgement } \\ & \text { /Rejected for Invalid Information..." } \\ & \text { CSC 512."Length invalid for receiver's } \\ & \text { application system" } \\ & \text { CSC 463: "NUBC Value Code(s) } \\ & \text { andlor Amounts)" } \end{aligned}$ |  |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | Segment or | Description | ID | Min. <br> Max. | $\begin{gathered} \text { Usage } \\ \text { Req. } \end{gathered}$ | Loop | $\begin{aligned} & \text { Loop } \\ & \text { Repeat } \end{aligned}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\left\|\begin{array}{c} \text { TA1// } \\ \text { 999/ } \\ 277 C A \end{array}\right\|$ | Accept/ Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Х223.284.2300.H102-6.010 | H102-6 | Quantity | R | 1-15 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not | Must not be present. |  |
| Х223.284.2300.H102-7.010 | H102-7 | Version Identifier | AN | 1-30 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| Х223.284.2300.H102-8.010 | H02-8 | Industry code | AN | 1-30 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not | Must not be present. |  |
| Х223.284.2300.H102-9.010 | H102-9 | Yes/No Condition or response Code | ID | 1-1 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = 10: "Implementation "Not } \\ & \text { USed" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.284.2300.H103.010 | H03 | $\begin{aligned} & \text { HEALTH CARE CODE } \\ & \text { INFORMATION } \\ & \hline \end{aligned}$ |  |  | s |  |  |  | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | 2300.HIO3 can only be present if 2300 . HIO is present. |  |
| Х223.284.2300.H103-1.010 | H03-1 | Code List Qualifier Code | ID | 1-3 | R |  |  | BE | 999 | R | \|1403 = 7: "Invalid Code Value" | 2300.H03-1 must be "BE". |  |
| X223.284.2300.H103-2.010 | H103-2 | Value Code | AN | 1-30 | R |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 463: "NUBC Value Code(s) and/or Amount(s)" | If $2300 . \mathrm{HIO} 03$ - 1 is "BE" then 2300. HI03-2 must be a valid Value code. | Valid Value Code reference must be available for this edit. |
| Х223.284.2300.H103-3.010 | H003-3 | $\begin{array}{\|c\|} \hline \text { Date Time Period Format } \\ \text { Qualifier } \\ \hline \end{array}$ | ID | 2-3 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = =110: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| Х223.284.2300.H103-4.010 | H03-4 | Date Time Period | AN | 1-35 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { 1K403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.284.2300.H103-5.010 | H03-5 | Value Code Associated Amount | R | 1-18 | R |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2300.H03-5 must be numeric. |  |
| X223.284.2300.H103-5.020 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| х223.284.2300.H103-5.030 | H03-5 |  |  |  |  |  |  |  | 999 | E | 1K403 = 5: "Data Element Too Long" | 2300.H03-5 must be >= 0 and << 99,999,999.99. |  |
| X223.284.2300.H103-5.035 | H103-5 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 463: "NUBC Value Code(s) and/or Amount(s)" |  |  |
| Х223.284.2300.H103-6.010 | H103-6 | Quantity | R | 1-15 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| х223.284.2300.H103-7.010 | H03-7 | Version Identifier | AN | 1-30 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { 1K403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| Х223.284.2300.H103-8.010 | H103-8 | Industry code | AN | 1-30 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| Х223.284.2300.H103-9.010 | H03-9 | Yes/No Condition or | ID | 1-1 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.284.2300.H104.010 | H04 | HEALTH CARE CODE INFORMATION |  |  | s |  |  |  | 999 | R | IK403 = 2: "Conditional Required Data | $2300 . \mathrm{HI} 04$ can only be present if $2300 . \mathrm{HI} 03$ is present. |  |
| Х223.284.2300.H104-1.010 | H104-1 | Code List Qualifier Code | ID | 1-3 | R |  |  | BE | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300. H104-1 must be "BE". |  |
| X223.284.2300.H104-2.010 | H104-2 | Value Code | AN | 1-30 | R |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information... CSC 463: "NUBC Value Code(s) and/or Amount(s)" | If $2300 . \mathrm{HIO} 04-1$ is "BE" then $2300 . \mathrm{HIO} 0-2$ must be a valid Value code. | Valid Value Code reference must be available for this edit. |
| Х223.284.2300.H104-3.010 | H04-3 | $\begin{array}{\|c\|} \hline \text { Date Time Period Format } \\ \text { Qualifier } \\ \hline \end{array}$ | ID | 2-3 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.284.2300.H104-4.010 | H104-4 | Date Time Period | AN | 1-35 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.284.2300.H104-5.010 | H04-5 | Value Code Associated Amount | R | 1-18 | R |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2300. $\mathrm{H} 104-5$ must be numeric. |  |
| $\begin{aligned} & \text { X223.284.2300.H104-5.020 } \\ & \text { edit deactivated } \\ & \hline \end{aligned}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Х223.284.2300.H104-5.030 | H104-5 |  |  |  |  |  |  |  | 999 | E | 11403 = 5: "Data Element Too Long" | 2300.H104-5 must be >= 0 and <= 99,999,999.99. |  |


| 8371 Edit Reference | Segment or Element | Description | ID | $\begin{aligned} & \text { Min. } \\ & \text { Max. } \end{aligned}$ | Usage | Loop | $\begin{aligned} & \text { Loop } \\ & \text { Repeat } \end{aligned}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\begin{gathered} \text { TA1/ } \\ \text { 999/ } \\ \text { 277CA } \end{gathered}$ | Accept/ Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.284.2300.H104-5.035 | H04-5 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 463: "NUBC Value Code(s) |  |  |
| Х223.284.2300.H104-6.010 | H04-6 | Quantity | R | 1-15 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.284.2300.H104-7.010 | H104-7 | Version Identifier | AN | 1-30 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.284.2300.H104-8.010 | H104-8 | Industry code | AN | 1-30 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.284.2300.H104-9.010 | H104-9 | Yes/No Condition or response Code | ID | 1-1 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.284.2300.H105.010 | H105 | HEALTH CARE CODE INFORMATION |  |  | S |  |  |  | 999 | R | $\begin{aligned} & \text { IK403 = 2: "Conditional Required Data } \\ & \text { Element Missing" } \end{aligned}$ | 2300 .HI05 can only be present if 2300 . H104 is present. |  |
| Х223.284.2300.H105-1.010 | H105-1 | Code List Qualifier Code | ID | 1-3 | R |  |  | BE | 999 | R | $1 \mathrm{~K} 403=7$ : "Invalid Code Value" | 2300.H105-1 must be "BE". |  |
| X223.284.2300.H105-2.010 | H105-2 | Value Code | AN | 1-30 | R |  |  |  | 277 | c | CSCC A7: "Acknowledgement Rejected for Invalid Information. CSC 463: "NUBC Value Code(s and/or Amount(s)" | If 2300. HI $05-1$ is "BE" then 2300. H105-2 must be a valid Value code. | Valid Value Code reference must be available for this edit. |
| Х223.284.2300.H105-3.010 | H105-3 | $\begin{array}{\|c\|} \hline \begin{array}{c} \text { Date Time Period Format } \\ \text { Qualifier } \end{array} \\ \hline \end{array}$ | ID | 2-3 | N/U |  |  |  | 999 | E | 1K403 = 110: "Implementation "Not | Must not be present. |  |
| Х223.284.2300.H105-4.010 | H105-4 | Date Time Period | AN | 1-35 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| х223.284.2300.H105-5.010 | H105-5 | $\begin{gathered} \hline \begin{array}{l} \text { Value Code Associated } \\ \text { Amount } \end{array} \\ \hline \end{gathered}$ | R | 1-18 | R |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2300.H105-5 must be numeric. |  |
| X223.284.2300.HI05-5.020 <br> edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.284.2300.H105-5.030 | H105-5 |  |  |  |  |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" | 2300.H105-5 must be >= 0 and << 99,999,999.99. |  |
| X223.284.2300.H105-5.035 |  |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 463: "NUBC Value Code(s) and/or Amount(s)" |  |  |
| Х223.284.2300.H105-6.010 | H105-6 | Quantity | R | 1-15 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not | Must not be present. |  |
| Х223.284.2300.H105-7.010 | H05-7 | Version Identifier | AN | 1-30 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| Х223.284.2300.H105-8.010 | H105-8 | Industry code | AN | 1-30 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| Х223.284.2300.H105-9.010 | H05-9 | Yes/No Condition or response Code | ID | 1-1 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.284.2300.H06.010 | H06 | HEALTH CARE CODE INFORMATION |  |  | S |  |  |  | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | 2300 . HI06 can only be present if $2300 . \mathrm{HIO5}$ is present. |  |
| Х223.284.2300.H106-1.010 | H06-1 | Code List Qualifier Code | ID | 1-3 | R |  |  | BE | 999 | R | 1 K 403 = 7 : "Invalid Code Value" | 2300.H106-1 must be "BE". |  |
| X223.284.2300.H106-2.010 | H06-2 | Value Code | AN | 1-30 | R |  |  |  | 277 | c | CSCC A7: "Acknowledgement Rejected for Invalid Information.. CSC 463: "NUBC Value Code(s) and/or Amount(s)" | If 2300 .HIO6- 1 is "BE" then 2300. HIO6-2 must be a valid Value code. | Valid Value Code reference must be available for this edit. |
| Х223.284.2300.H106-3.010 | H106-3 | $\begin{array}{\|c\|} \hline \text { Date Time Period Format } \\ \text { Qualifier } \end{array}$ | ID | 2-3 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not | Must not be present. |  |
| X223.284.2300. $\mathrm{H} 106-4.010$ | H06-4 | Date Time Period | AN | 1-35 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not | Must not be present. |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | Segment or Element | Description | ID | $\begin{aligned} & \text { Min. } \\ & \text { Max. } \end{aligned}$ | $\begin{gathered} \text { Usage } \\ \text { Req. } \end{gathered}$ | Loop | $\begin{gathered} \text { Loop } \\ \text { Repeat } \end{gathered}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\begin{array}{\|c} \text { TA1/ } \\ \text { 999/ } \\ \text { 277CA } \\ \hline \end{array}$ | Accept/ | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.284.2300.H106-5.010 | H106-5 | Value Code Associated Amount | R | 1-18 | R |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2300. $\mathrm{H} 106-5$ must be numeric. |  |
| X223.284.2300.H106-5.020 <br> edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.284.2300.H106-5.030 | H106-5 |  |  |  |  |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" | 2300.H106-5 must be > $>=0$ and << $99,999,999.99$. |  |
| X223.284.2300.H106-5.035 | H06-5 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 463: "NUBC Value Code(s) and/or Amount(s)" |  |  |
| Х223.284.2300.H106-6.010 | H06-6 | Quantity | R | 1-15 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { andor Amounts" = =10: "Implentation "Not } \\ & \text { IK403" Floment } \end{aligned}$ | Must not be present. |  |
| X223.284.2300.H106-7.010 | H06-7 | Version Identifier | AN | 1-30 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.284.2300.H106-8.010 | H106-8 | Industry code | AN | 1-30 | NU |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| Х223.284.2300.H106-9.010 | H06-9 | Yes/No Condition or response Code | ID | 1-1 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.284.2300.H107.010 | H107 | HEALTH CARE CODE |  |  | s |  |  |  | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | 2300 .HIO can only be present if 2300 . H106 is present. |  |
| Х223.284.2300.H107-1.010 | H07-1 | Code List Qualifier Code | ID | 1-3 | R |  |  | BE | 999 | R | \|14403 = 7: "Invalid Code Value" | 2300.H07-1 must be "BE". |  |
| X223.284.2300.H107-2.010 | H07-2 | Value Code | AN | 1-30 | R |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 463: "NUBC Value Code(s) and/or Amount(s)" | If 2300 .HIOT- 1 is "BE" then 2300. HIOT-2 must be a valid Value code. | Valid Value Code reference must be available for this edit. |
| Х223.284.2300.H107-3.010 | H07-3 | $\begin{array}{\|c\|} \hline \text { Date Time Period Format } \\ \text { Qualifier } \\ \hline \end{array}$ | ID | 2-3 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.284.2300.H107-4.010 | H107-4 | Date Time Period | AN | 1-35 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { 1K403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| х223.284.2300.H107-5.010 | H07-5 | $\begin{aligned} & \hline \text { Value Code Associated } \\ & \text { Amount } \end{aligned}$ | R | 1-18 | R |  |  |  | 999 | R | \|K403 = 6: "Invalid Character in Data Element" | 2300. $\mathrm{H} 107-5$ must be numeric. |  |
| $\begin{aligned} & \text { X223.284.2300.H107-5.020 } \\ & \text { edit deactivated } \\ & \hline \end{aligned}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Х223.284.2300.H107-5.030 | H07-5 |  |  |  |  |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" | 2300.H107-5 must be >= 0 and << 99,999,999.99. |  |
| X223.284.2300.H107-5.035 | H07-5 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 463: "NUBC Value Code(s) and/or Amount(s)" |  |  |
| Х223.284.2300.H107-6.010 | H07-6 | Quantity | R | 1-15 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| Х223.284.2300.H107-7.010 | H07-7 | Version Identifier | AN | 1-30 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not | Must not be present. |  |
| X223.284.2300.H107-8.010 | H07-8 | Industry code | AN | 1-30 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not | Must not be present. |  |
| Х223.284.2300.H107-9.010 | H07-9 | Yes/No Condition or response Code | ID | 1-1 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.284.2300.H08.010 | H08 | HEALTH CARE CODE INFORMATION |  |  | s |  |  |  | 999 | R | IK403 = 2: "Conditional Required Data | 2300 .HI08 can only be present if 2300 . HIO is present. |  |
| Х223.284.2300.H108-1.010 | H08-1 | Code List Qualifier Code | ID | 1-3 | R |  |  | BE | 999 | R | \|K403 = 7: "Invalid Code Value" | 2300.H08-1 must be "BE". |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | Segment or Element | Description | ID | $\begin{aligned} & \text { Min. } \\ & \text { Max. } \end{aligned}$ | Usage Req | Loop | $\begin{aligned} & \text { Loop } \\ & \text { Repeat } \\ & \hline \end{aligned}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\begin{array}{\|c} \text { TA1/ } \\ \text { 999/ } \\ \text { 277CA } \\ \hline \end{array}$ | Accept/ | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.284.2300.H108-2.010 | H08-2 | Value Code | AN | 1-30 | R |  |  |  | 277 | c | $\begin{aligned} & \text { CSCC A7: "Acknowledgement } \\ & \text { /Rejected for Invalid Information..." } \\ & \text { CSC 463: "NUBC Value Code(s) } \end{aligned}$ and/or Amount(s)" | If 2300.HIO8-1 is "BE" then 2300. H108-2 must be a | Valid Value Code reference must be available for this edit. |
| X223.284.2300.H108-3.010 | H008-3 | Date Time Period Format Qualifier | ID | 2-3 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| х223.284.2300. $\mathrm{H} 108-4.010$ | H108-4 | Date Time Period | AN | 1-35 | NU |  |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.284.2300.H108-5.010 | H08-5 | Value Code Associated Amount | R | 1-18 | R |  |  |  | 999 | R | \|K403 = 6: "Invalid Character in Data Element" | 2300. H 08 -5 must be numeric. |  |
| $\begin{aligned} & \text { X223.284.2300.H108-5.020 } \\ & \text { edit deactivated } \\ & \hline \end{aligned}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.284.2300.H108-5.030 | H108-5 |  |  |  |  |  |  |  | 999 | E | 11403 = 5: "Data Element Too Long" | 2300. $\mathrm{H} 108-5$ must be $>=0$ and $<=99,999,999.99$. |  |
| X223.284.2300.H108-5.035 | H08-5 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement <br> /Rejected for Invalid Information..." <br> CSC 512."Length invalid for receiver's <br> application system <br> CSC 463: "NUC Value Code(s) <br> andlor <br> Rmount(s)" |  |  |
| X223.284.2300.H108-6.010 | H008-6 | Quantity | R | 1-15 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.284.2300.H108-7.010 | H08-7 | Version Identifier | AN | 1-30 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.284.2300.H108-8.010 | H108-8 | Industry code | AN | 1-30 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not | Must not be present. |  |
| X223.284.2300.H108-9.010 | H08-9 | Yes/No Condition or response Code | ID | 1-1 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.284.2300.H109.010 | H09 | HEALTH CARE CODE INFORMATION |  |  | S |  |  |  | 999 | R | IK403 = 2: "Conditional Required Data | $2300 . \mathrm{HIO9}$ can only be present if 2300 . HIO 0 is present. |  |
| X223.284.2300.H109-1.010 | H09-1 | Code List Qualifier Code | ID | 1-3 | R |  |  | BE | 999 | R | 1 K 403 = 7 : "Invalid Code Value" | 2300.H09-1 must be "BE". |  |
| X223.284.2300.H109-2.010 | H09-2 | Value Code | AN | 1-30 | R |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 463: "NUBC Value Code(s) and/or Amount(s)" | If $2300 . \mathrm{HIO9}-1$ is "BE" then 2300. HIO9-2 must be a valid Value code. | Valid Value Code reference must be available for this edit. |
| Х223.284.2300.H109-3.010 | H09-3 | $\begin{array}{\|c\|} \hline \text { Date Time Period Format } \\ \text { Qualifier } \end{array}$ | ID | 2-3 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { lanaor Amounds) } \\ & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \\ & \hline \end{aligned}$ | Must not be present. |  |
| X223.284.2300.H109-4.010 | H09-4 | Date Time Period | AN | 1-35 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.284.2300.H109-5.010 | H09-5 | $\begin{gathered} \text { Value Code Associated } \\ \text { Amount } \end{gathered}$ | R | 1-18 | R |  |  |  | 999 | R | $\mid$ \|K403 = 6: "Invalid Character in Data <br> Element" | 2300. H109-5 must be numeric. |  |
| X223.284.2300.HIO9-5.020 <br> edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.284.2300.H109-5.030 | H109-5 |  |  |  |  |  |  |  | 999 | E | 1K403 = 5: "Data Element Too Long" | 2300. H 09-5 5 must be > $=0$ and <= 99,999,999.99. |  |
| X223.284.2300.H109-5.035 | H09-5 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 463: "NUBC Value Code(s) and/or Amount(s)" |  |  |
| X223.284.2300.H109-6.010 | H109-6 | Quantity | R | 1-15 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not | Must not be present. |  |
| X223.284.2300.H109-7.010 | H099-7 | Version Identifier | AN | 1-30 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = 110: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | Segment or Element | Description | ID | $\begin{aligned} & \text { Min. } \\ & \text { Max. } \end{aligned}$ | Usage | Loop | $\begin{aligned} & \text { Loop } \\ & \text { Repeat } \end{aligned}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\begin{gathered} \text { TA1/ } \\ \text { 999/ } \\ \text { 277CA } \end{gathered}$ | Accept/ Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.284.2300.H109-8.010 | H109-8 | Industry code | AN | 1-30 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| х223.284.2300.H109-9.010 | H109-9 | Yes/No Condition or response Code | ID | 1-1 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.284.2300.H110.010 | H10 | HEALTH CARE CODE INFORMATION |  |  | S |  |  |  | 999 | R | IK403 = 2: "Conditional Required Data | 2300 .HI10 can only be present if 2300 . HI09 is present. |  |
| X223.284.2300.H110-1.010 | H110-1 | Code List Qualifier Code | ID | 1-3 | R |  |  | BE | 999 | R | $1 \mathrm{~K} 403=7$ : "Invalid Code Value" | 2300.H110-1 must be "BE". |  |
| X223.284.2300.H110-2.010 | H110-2 | Value Code | AN | 1-30 | R |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 463: "NUBC Value Code(s) and/or Amount(s)" | If $2300 . \mathrm{HI} 10-1$ is "BE" then $2300 . \mathrm{HI} 10-2$ must be a valid Value code. | Valid Value Code reference must be available for this edit. |
| X223.284.2300. $\mathrm{H} 110-3.010$ | H110-3 | Date Time Period Format Qualifier | ID | 2-3 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not | Must not be present. |  |
| X223.284.2300.H110-4.010 | H110-4 | Date Time Period | AN | 1-35 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not | Must not be present. |  |
| X223.284.2300.H110-5.010 | H110-5 | $\underset{\text { Amount }}{\text { Value Code Associated }}$ | R | 1-18 | R |  |  |  | 999 | R | $\begin{aligned} & \text { IK403 =6: "Invalid Character in Data } \\ & \text { Element" } \end{aligned}$ | 2300.H110-5 must be numeric. |  |
| $\begin{aligned} & \text { X223.284.2300.H110-5.020 } \\ & \text { edit deactivated } \\ & \hline \end{aligned}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| х223.284.2300.H110-5.030 | H110-5 |  |  |  |  |  |  |  | 999 | E | 1K403 = 5: "Data Element Too Long" | 2300.H110-5 must be >= 0 and << 99,999,999.99. |  |
| X223.284.2300.H110-5.035 | H110-5 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 463: "NUBC Value Code(s) and/or-Amount(s)" |  |  |
| X223.284.2300.H110-6.010 | H110-6 | Quantity | R | 1-15 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = } 110 \text { : "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.284.2300.H110-7.010 | H110-7 | Version Identifier | AN | 1-30 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| х223.284.2300.H110-8.010 | H110-8 | Industry code | AN | 1-30 | NU |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.284.2300. $\mathrm{H} 110-9.010$ | H110-9 | Yes/No Condition or response Code | ID | 1-1 | N/U |  |  |  | 999 | E | IK403 = 110 : "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.284.2300.H111.010 | H11 | HEALTH CARE CODE INFORMATION |  |  | S |  |  |  | 999 | R | $\begin{aligned} & \text { IK403 = 2: "Conditional Required Data } \\ & \text { Element Missing" } \\ & \hline \end{aligned}$ | 2300 .HI11 can only be present if 2300 . HI10 is present. |  |
| X223.284.2300.H111-1.010 | H/11-1 | Code List Qualifier Code | ID | 1-3 | R |  |  | BE | 999 | R | 1 K 403 = 7: "Invalid Code Value" | 2300.H111-1 must be "BE". |  |
| X223.284.2300.H111-2.010 | H111-2 | Value Code | AN | 1-30 | R |  |  |  | 277 | C | $\begin{aligned} & \text { CSCC A7: "Acknowledgement } \\ & \text { 1Rejected for Invalid Information..." } \\ & \text { CSC 463: "NUBC Value Code(s) } \\ & \text { and/or Amount(s)" } \\ & \hline \end{aligned}$ | If 2300 . $\mathrm{HI} 11-1$ is "BE" then $2300 . \mathrm{H} 111-2$ must be a valid Value code. | Valid Value Code reference must be available for this edit. |
| X223.284.2300.H111-3.010 | H111-3 | Date Time Period Format Qualifier | ID | 2-3 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| Х223.284.2300.H111-4.010 | H111-4 | Date Time Period | AN | 1-35 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.284.2300.H111-5.010 | H11-5 | $\begin{array}{\|c\|} \hline \text { Value Code Associated } \\ \text { Amount } \\ \hline \end{array}$ | R | 1-18 | R |  |  |  | 999 | R | $\begin{aligned} & \text { IK403 = 6: "Invalid Character in Data } \\ & \text { Element" } \end{aligned}$ | 2300.H111-5 must be numeric. |  |
| X223.284.2300.HI11-5.020 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.284.2300.H111-5.030 | H111-5 |  |  |  |  |  |  |  | 999 | E | 1K403 = 5: "Data Element Too Long" | 2300.H111-5 must be >= 0 and <= 99,999,999.99. |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | Segment or Element | Description | ID | $\begin{aligned} & \text { Min. } \\ & \text { Max. } \end{aligned}$ | Usage | Loop | $\begin{aligned} & \text { Loop } \\ & \text { Repeat } \end{aligned}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\begin{gathered} \text { TA1/ } \\ \text { 999/ } \\ \text { 277CA } \end{gathered}$ | Accept/ Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.284.2300.H111-5.035 | H11-5 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 463: "NUBC Value Code(s) |  |  |
| X223.284.2300.H111-6.010 | H111-6 | Quantity | R | 1-15 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.284.2300.H111-7.010 | H111-7 | Version Identifier | AN | 1-30 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| Х223.284.2300.H111-8.010 | H111-8 | Industry code | AN | 1-30 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.284.2300.H111-9.010 | H111-9 | Yes/No Condition or response Code | ID | 1-1 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.284.2300.H112.010 | H112 | HEALTH CARE CODE INFORMATION |  |  | S |  |  |  | 999 | R | $\begin{aligned} & \text { IK403 = 2: "Conditional Required Data } \\ & \text { Element Missing" } \end{aligned}$ | 2300 .HI12 can only be present if 2300.H111 is present. |  |
| Х223.284.2300.H112-1.010 | H112-1 | Code List Qualifier Code | ID | 1-3 | R |  |  | BE | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H112-1 must be "BE". |  |
| X223.284.2300.H112-2.010 | H112-2 | Value Code | AN | 1-30 | R |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 463: "NUBC Value Code(s) and/or Amount(s)" | If $2300 . \mathrm{HI} 12-1$ is "BE" then 2300. HI12-2 must be a valid Value code. valid Value code. | Valid Value Code reference must be available for this edit. |
| Х223.284.2300.H112-3.010 | H112-3 | Date Time Period Format Qualifier | ID | 2-3 | N/U |  |  |  | 999 | E | 1K403 = 110: "Implementation "Not | Must not be present. |  |
| Х223.284.2300.H112-4.010 | H112-4 | Date Time Period | AN | 1-35 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.284.2300.H112-5.010 | H112-5 | $\begin{array}{\|c\|} \hline \text { Value Code Associated } \\ \text { Amount } \\ \hline \end{array}$ | R | 1-18 | R |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2300.H112-5 must be numeric. |  |
| $\begin{aligned} & \text { X223.284.2300.HI12-5.020 } \\ & \text { edit deactivated } \\ & \hline \end{aligned}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.284.2300.H112-5.030 | H112-5 |  |  |  |  |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" | 2300.H112-5 must be >= 0 and $<=99,999,999.99$. |  |
| X223.284.2300.H112-5.035 | H112-5 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 463: "NUBC Value Code(s) and/or Amount(s)" |  |  |
| Х223.284.2300.H112-6.010 | H112-6 | Quantity | R | 1-15 | N/U |  |  |  | 999 | E | IK403 = 110 : "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.284.2300.H112-7.010 | H112-7 | Version Identifier | AN | 1-30 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.284.2300.H112-8.010 | H112-8 | Industry code | AN | 1-30 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.284.2300.H112-9.010 | H112-9 | $\begin{aligned} & \text { Yes/No Condition or } \\ & \text { response Code } \\ & \hline \end{aligned}$ | ID | 1-1 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.294.2300.H1.010 | HI | CONDITION INFORMATION |  | 2 | s | 2300 |  |  | 999 | R | $\begin{aligned} & \left\lvert\, \begin{array}{l} \text { K304 = 5: "Segment Exceeds } \\ \text { Maximum Use" } \end{array}\right. \\ & \hline \end{aligned}$ | Only two iterations of $2300 . \mathrm{HI}$ with H101-1 = "BG" are allowed. |  |
| X223.294.2300.H101.010 | H01 | HEALTH CARE CODE INFORMATION |  |  | R |  |  |  |  |  |  |  |  |
| х223.294.2300.H101-1.010 | H01-1 | Code List Qualifier Code | ID | 1-3 | R |  |  | BG | 999 | R | 11403 = 7: "Invalid Code Value" | 2300.H101-1 must be "BG". |  |
| X223.294.2300.H101-2.010 | H01-2 | Condition Code | AN | 1-30 | R |  |  |  | 277 | C | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 460: "NUBC Condition Code(s)" | If 2300 .H101-1 is "BG" then 2300 . H101-2 must be a valid Condition code. | Valid Condition Code reference must be available for this edit. |


| 8371 Edit Reference | Segment or Element | Description | ID | $\begin{aligned} & \text { Min. } \\ & \text { } \end{aligned}$ | $\begin{gathered} \text { Usage } \\ \text { Req. } \end{gathered}$ | Loop | $\begin{aligned} & \text { Loop } \\ & \text { Repeat } \end{aligned}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\begin{gathered} \text { TA1/ } \\ \text { T99/ } \\ \text { 277CA } \end{gathered}$ | Accept Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.294.2300.H101-3.010 | H01-3 | Date Time Period Format Qualifier | ID | 2-3 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.294.2300.H101-4.010 | H01-4 | Date Time Period | AN | 1-35 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| х223.294.2300. $\mathrm{H} 101-5.010$ | H101-5 | Monetary Amount | R | 1-18 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| х223.294.2300. $\mathrm{H} 101-6.010$ | H101-6 | Quantity | R | 1-15 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| $\begin{aligned} & \text { X223.304.2300.H101-7.010 } \\ & \text { edit deactivated } \\ & \hline \end{aligned}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| х223.294.2300.H101-7.010 | H01-7 | Version Identifier | AN | 1-30 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| х223.294.2300.H101-8.010 | H01-8 | Industry code | AN | 1-30 | N/U |  |  |  | 999 | E | 1K403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| х223.294.2300. $\mathrm{H} 101-9.010$ | H01-9 | Yes/No Condition or | ID | 1-1 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.294.2300.H102.010 | H02 | HEALTH CARE CODE INFORMATION |  |  | S |  |  |  | 999 | R | \|K403 = 2: "Conditional Required Data Element Missing" | $2300 . \mathrm{H} 102$ can only be present if $2300 . \mathrm{H} 101$ is present. |  |
| X223.294.2300.H102-1.010 | H102-1 | Code List Qualifier Code | ID | 1-3 | R |  |  | BG | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H102-1 must be "BG". |  |
| X223.294.2300.H102-2.010 | H02-2 | Condition Code | AN | 1-30 | R |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 460: "NUBC Condition Code(s)" | If 2300.HIO2-1 is "BG" then 2300.HIO2-2 must be a valid Condition code. | Valid Condition Code reference must be available for this edit. |
| X223.294.2300.H102-3.010 | H02-3 | Date Time Period Format Qualifier | ID | 2-3 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.294.2300.H102-4.010 | H02-4 | Date Time Period | AN | 1-35 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.294.2300.H102-5.010 | H02-5 | Monetary Amount | R | 1-18 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.294.2300.H102-6.010 | H102-6 | Quantity | R | 1-15 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.294.2300.H102-7.010 | H02-7 | Version Identifier | AN | 1-30 | N/U |  |  |  | 999 | E | 1K403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.294.2300.H102-8.010 | H02-8 | Industry code | AN | 1-30 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.294.2300.H102-9.010 | H102-9 | $\begin{aligned} & \text { Yes/No Condition or } \\ & \text { response Code } \end{aligned}$ | ID | 1-1 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.294.2300.H103.010 | H03 | HEALTH CARE CODE INFORMATION |  |  | S |  |  |  | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | 2300.HI03 can only be present if 2300 . HIO2 is present. |  |
| X223.294.2300.H103-1.010 | H103-1 | Code List Qualifier Code | ID | 1-3 | R |  |  | BG | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H003-1 must be "BG". |  |
| X223.294.2300.H103-2.010 | H03-2 | Condition Code | AN | 1-30 | R |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 460: "NUBC Condition Code(s)" | If 2300.HIO3-1 is "BG" then 2300. H103-2 must be a valid Condition code. | Valid Condition Code reference must be available for this edit. |
| X223.294.2300. $\mathrm{H} 103-3.010$ | H03-3 | Date Time Period Format Qualifier | ID | 2-3 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.294.2300.H103-4.010 | H03-4 | Date Time Period | AN | 1-35 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.294.2300.H103-5.010 | H103-5 | Monetary Amount | R | 1-18 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.294.2300.H103-6.010 | H03-6 | Quantity | R | 1-15 | N/U |  |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.294.2300.H103-7.010 | H03-7 | Version Identifier | AN | 1-30 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.294.2300.H103-8.010 | H103-8 | Industry code | AN | 1-30 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | Segment or | Description | ID | $\begin{aligned} & \text { Min. } \\ & \text { Max. } \end{aligned}$ | $\begin{gathered} \text { Usage } \\ \text { Req. } \\ \hline \end{gathered}$ | Loop | Loop Repeat | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\begin{gathered} \text { TA1/ } \\ \text { 999/ } \\ 277 C A \\ \hline \end{gathered}$ | Accept/ | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Х223.294.2300. H НОЗ-9.010 | H103-9 | Yes/No Condition or response Code | ID | 1-1 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.294.2300.H104.010 | H104 | HEALTH CARE CODE INFORMATION |  |  | S |  |  |  | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | 2300.H104 can only be present if 2300 .HI03 is present. |  |
| х223.294.2300.H104-1.010 | H104-1 | Code List Qualifier Code | ID | 1-3 | R |  |  | BG | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H104-1 must be "BG". |  |
| X223.294.2300.H104-2.010 | H104-2 | Condition Code | AN | 1-30 | R |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 460: "NUBC Condition Code(s)" | If 2300 . H104-1 is " BG " then 2300 . H104-2 must be a valid Condition code. | Valid Condition Code reference must be available for this edit. |
| Х223.294.2300.H104-3.010 | H104-3 | Date Time Period Format Qualifier | ID | 2-3 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = 110: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| Х223.294.2300.H104-4.010 | H104-4 | Date Time Period | AN | 1-35 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| Х223.294.2300.H104-5.010 | H104-5 | Monetary Amount | R | 1-18 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not | Must not be present. |  |
| Х223.294.2300.H104-6.010 | H104-6 | Quantity | R | 1-15 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not | Must not be present. |  |
| X223.294.2300.H104-7.010 | H104-7 | Version Identifier | AN | 1-30 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.294.2300. $\mathrm{H} 104-8.010$ | H104-8 | Industry code | AN | 1-30 | NU |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| Х223.294.2300.H104-9.010 | H104-9 | Yes/No Condition or response Code | ID | 1-1 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not | Must not be present. |  |
| X223.294.2300.H105.010 | H05 | HEALTH CARE CODE INFORMATION |  |  | S |  |  |  | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | 2300 .HIO5 can only be present if 2300 . HI04 is present. |  |
| Х223.294.2300.H105-1.010 | H105-1 | Code List Qualifier Code | ID | 1-3 | R |  |  | BG | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H105-1 must be "BG". |  |
| X223.294.2300.H105-2.010 | H105-2 | Condition Code | AN | 1-30 | R |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 460: "NUBC Condition Code(s)" | If $2300 . \mathrm{HIO5}-1$ is "BG" then 2300. H105-2 must be a valid Condition code. | Valid Condition Code reference must be available for this edit. |
| Х223.294.2300.H105-3.010 | H105-3 | Date Time Period Format <br> Qualifier | ID | 2-3 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.294.2300.H105-4.010 | H105-4 | Date Time Period | AN | 1-35 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.294.2300.H105-5.010 | H105-5 | Monetary Amount | R | 1-18 | NU |  |  |  | 999 | E | IK403 = I10: "Implementation "Not | Must not be present. |  |
| X223.294.2300.H105-6.010 | H105-6 | Quantity | R | 1-15 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.294.2300.H105-7.010 | H105-7 | Version Identifier | AN | 1-30 | N/U |  |  |  | 999 | E | 1K403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.294.2300.H105-8.010 | H105-8 | Industry code | AN | 1-30 | N/U |  |  |  | 999 | E | IK403 = 110 : "Implementation "Not Used" Element Present" | Must not be present. |  |
| Х223.294.2300.H105-9.010 | H105-9 | Yes/No Condition or response Code | ID | 1-1 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not | Must not be present. |  |
| X223.294.2300.H106.010 | H06 | HEALTH CARE CODE INFORMATION |  |  | S |  |  |  | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | $2300 . \mathrm{H} 106$ can only be present if 2300 . H105 is present. |  |
| X223.294.2300.H106-1.010 | H106-1 | Code List Qualifier Code | ID | 1-3 | R |  |  | BG | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H106-1 must be "BG". |  |
| X223.294.2300.H106-2.010 | H06-2 | Condition Code | AN | 1-30 | R |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 460: "NUBC Condition Code(s)" | If 2300. H $106-1$ is "BG" then 2300 . H106-2 must be a valid Condition code. | Valid Condition Code reference must be available for this edit. |
| X223.294.2300.H106-3.010 | H106-3 | $\qquad$ | ID | 2-3 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = 110: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| Х223.294.2300.H106-4.010 | H106-4 | Date Time Period | AN | 1-35 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not | Must not be present. |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | Segment or | Description | ID | $\begin{aligned} & \text { Min. } \\ & \text { Max. } \end{aligned}$ | $\begin{gathered} \text { Usage } \\ \text { Req. } \\ \hline \end{gathered}$ | Loop | Loop Repeat | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\begin{gathered} \text { TA1/ } \\ \text { 999/ } \\ 277 C A \\ \hline \end{gathered}$ | Accept/ | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.294.2300. H 106 -5.010 | H106-5 | Monetary Amount | R | 1-18 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.294.2300. H 106 -6.010 | H106-6 | Quantity | R | 1-15 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.294.2300. H 106 -7.010 | H106-7 | Version Identifier | AN | 1-30 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.294.2300.H106-8.010 | H06-8 | Industry code | AN | 1-30 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.294.2300.H106-9.010 | H106-9 | Yes/No Condition or response Code | ID | 1-1 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.294.2300.H107.010 | H107 | HEALTH CARE CODE INFORMATION |  |  | S |  |  |  | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | $2300 . \mathrm{HI} 07$ can only be present if $2300 . \mathrm{HI} 06$ is present. |  |
| X223.294.2300.H107-1.010 | H107-1 | Code List Qualifier Code | ID | 1-3 | R |  |  | BG | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H07-1 must be "BG". |  |
| X223.294.2300.H107-2.010 | H07-2 | Condition Code | AN | 1-30 | R |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 460: "NUBC Condition Code(s)" | If 2300. H107-1 is "BG" then 2300. HIO7-2 must be a | Valid Condition Code reference must be available for this edit. |
| X223.294.2300.H107-3.010 | H07-3 | $\begin{array}{\|c\|} \hline \text { Date Time Period Format } \\ \text { Qualifier } \\ \hline \end{array}$ | ID | 2-3 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not | Must not be present. |  |
| X223.294.2300.H107-4.010 | H107-4 | Date Time Period | AN | 1-35 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.294.2300.H107-5.010 | H107-5 | Monetary Amount | R | 1-18 | NU |  |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.294.2300.H107-6.010 | H107-6 | Quantity | R | 1-15 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.294.2300.H107-7.010 | H007-7 | Version Identifier | AN | 1-30 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.294.2300.H107-8.010 | H107-8 | Industry code | AN | 1-30 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.294.2300.H107-9.010 | H07-9 | Yes/No Condition or response Code | ID | 1-1 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.294.2300.H108.010 | H008 | HEALTH CARE CODE INFORMATION |  |  | S |  |  |  | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | 2300. HI08 can only be present if 2300 . $\mathrm{HIO7}$ is |  |
| X223.294.2300.H108-1.010 | H108-1 | Code List Qualifier Code | ID | 1-3 | R |  |  | BG | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H08-1 must be "BG". |  |
| X223.294.2300.H108-2.010 | H08-2 | Condition Code | AN | 1-30 | R |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information... CSC 460: "NUBC Condition Code(s)" | If 2300 .HIO8-1 is "BG" then 2300 . HIO 0 - 2 must be a valid Condition code. | Valid Condition Code reference must be available for this edit. |
| X223.294.2300.H108-3.010 | H008-3 | $\begin{array}{\|c\|} \hline \text { Date Time Period Format } \\ \text { Qualifier } \\ \hline \end{array}$ | ID | 2-3 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.294.2300.H108-4.010 | H108-4 | Date Time Period | AN | 1-35 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.294.2300.H108-5.010 | H108-5 | Monetary Amount | R | 1-18 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.294.2300.H108-6.010 | H108-6 | Quantity | R | 1-15 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.294.2300.H108-7.010 | H008-7 | Version Identifier | AN | 1-30 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.294.2300.H108-8.010 | H008-8 | Industry code | AN | 1-30 | NU |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.294.2300.H108-9.010 | H108-9 | Yes/No Condition or response Code | ID | 1-1 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.294.2300.H109.010 | H09 | $\begin{aligned} & \text { HEALTH CARE CODE } \\ & \text { INFORMATION } \\ & \hline \end{aligned}$ |  |  | S |  |  |  | 999 | R | IK403 = 2: "Conditional Required Data | 2300. H109 can only be present if $2300 . \mathrm{H} 08$ is present. |  |
| х223.294.2300.H109-1.010 | H109-1 | Code List Qualifier Code | ID | 1-3 | R |  |  | BG | 999 | R | \|14403 = 7: "Invalid Code Value" | 2300.H09-1 must be "BG". |  |


| 8371 Edit Reference | Segment or Element | Description | ID | $\begin{aligned} & \text { Min. } \\ & \text { } \end{aligned}$ | $\begin{gathered} \text { Usage } \\ \text { Req. } \end{gathered}$ | Loop | $\begin{aligned} & \text { Loop } \\ & \text { Repeat } \end{aligned}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\begin{gathered} \text { TA1/ } \\ \text { T99/ } \\ \text { 277CA } \end{gathered}$ | Accept Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.294.2300.H109-2.010 | H09-2 | Condition Code | AN | 1-30 | R |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 460: "NUBC Condition Code(s)" | If 2300.HIO9-1 is "BG" then 2300. HIO9-2 must be a valid Condition code. | Valid Condition Code reference must be available for this edit. |
| X223.294.2300.H109-3.010 | H109-3 | Date Time Period Format Qualifier | ID | 2-3 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| Х223.294.2300.H109-4.010 | H109-4 | Date Time Period | AN | 1-35 | NU |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| Х223.294.2300.H109-5.010 | H109-5 | Monetary Amount | R | 1-18 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.294.2300.H109-6.010 | H099-6 | Quantity | R | 1-15 | N/U |  |  |  | 999 | E | 1K403 = 110: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.294.2300.H109-7.010 | H09-7 | Version Identifier | AN | 1-30 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.294.2300.H109-8.010 | H09-8 | Industry code | AN | 1-30 | N/U |  |  |  | 999 | E | 1K403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| х223.294.2300. H 109 -9.010 | H09-9 | Yes/No Condition or response Code | ID | 1-1 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.294.2300.H110.010 | H110 | HEALTH CARE CODE INFORMATION |  |  | S |  |  |  | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | $2300 . \mathrm{HI} 10$ can only be present if $2300 . \mathrm{HIO} 0$ is |  |
| Х223.294.2300.H110-1.010 | H110-1 | Code List Qualifier Code | ID | 1-3 | R |  |  | BG | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H110-1 must be "BG". |  |
| X223.294.2300.H110-2.010 | H110-2 | Condition Code | AN | 1-30 | R |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 460: "NUBC Condition Code(s)" | If $2300 . \mathrm{HI} 10-1$ is "BG" then 2300 . $\mathrm{H} 110-2$ must be a valid Condition code. | Valid Condition Code reference must be available for this edit. |
| Х223.294.2300.H110-3.010 | H110-3 | Date Time Period Format Qualifier | ID | 2-3 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.294.2300.H110-4.010 | H110-4 | Date Time Period | AN | 1-35 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.294.2300.H110-5.010 | H110-5 | Monetary Amount | R | 1-18 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.294.2300.H110-6.010 | H110-6 | Quantity | R | 1-15 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.294.2300.H110-7.010 | H110-7 | Version Identifier | AN | 1-30 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.294.2300.H110-8.010 | H110-8 | Industry code | AN | 1-30 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.294.2300.H110-9.010 | H110-9 | Yes/No Condition or response Code | ID | 1-1 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.294.2300.H111.010 | H111 | HEALTH CARE CODE INFORMATION |  |  | S |  |  |  | 999 | R | \|K403 = 2: "Conditional Required Data Element Missing" | $2300 . \mathrm{HI} 11$ can only be present if $2300 . \mathrm{HI} 10$ is present. |  |
| X223.294.2300.H111-1.010 | H11-1 | Code List Qualifier Code | ID | 1-3 | R |  |  | BG | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H111-1 must be "BG". |  |
| X223.294.2300.H111-2.010 | H111-2 | Condition Code | AN | 1-30 | R |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 460: "NUBC Condition Code(s)" | If $2300 . \mathrm{H} 111-1$ is "BG" then 2300 . $\mathrm{H} 111-2$ must be a valid Condition code. | Valid Condition Code reference must be available for this edit. |
| X223.294.2300.H111-3.010 | H111-3 | Date Time Period Format Qualifier | ID | 2-3 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.294.2300.H111-4.010 | H111-4 | Date Time Period | AN | 1-35 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.294.2300.H111-5.010 | H111-5 | Monetary Amount | R | 1-18 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.294.2300.H111-6.010 | H111-6 | Quantity | R | 1-15 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \\ & \hline \end{aligned}$ | Must not be present. |  |
| X223.294.2300.H111-7.010 | H111-7 | Version Identifier | AN | 1-30 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |


| 8371 Edit Reference | Segment or | Description | ID | $\begin{aligned} & \text { Min. } \\ & \text { Max. } \end{aligned}$ | $\begin{gathered} \text { Usage } \\ \text { Req. } \end{gathered}$ | Loop | $\begin{aligned} & \text { Loop } \\ & \text { Repeat } \end{aligned}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\begin{gathered} \text { TA1/ } \\ \text { T99/ } \\ \text { 277CA } \end{gathered}$ | $\begin{array}{\|c\|cc\|} \hline \text { Accept } / \\ \text { Reject } \end{array}$ | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.294.2300.H111-8.010 | H111-8 | Industry code | AN | 1-30 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not | Must not be present. |  |
| X223.294.2300.H111-9.010 | H111-9 | Yes/No Condition or response Code | ID | 1-1 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.294.2300.H112.010 | H112 | HEALTH CARE CODE INFORMATION |  |  | s |  |  |  | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | 2300.H112 can only be present if $2300 . \mathrm{HI} 11$ is present. |  |
| X223.294.2300.H112-1.010 | H112-1 | Code List Qualifier Code | ID | 1-3 | R |  |  | BG | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H112-1 must be "BG". |  |
| X223.294.2300.H112-2.010 | H112-2 | Condition Code | AN | 1-30 | R |  |  |  | 277 | C | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 460: "NUBC Condition Code(s)" | If $2300 . \mathrm{HIL12-1}$ is "BG" then 2300.HI12-2 must be a valid Condition code. | Valid Condition Code reference must be available for this edit. |
| X223.294.2300.H112-3.010 | H112-3 | $\begin{array}{\|c\|} \hline \text { Date Time Period Format } \\ \text { Qualifier } \end{array}$ | ID | 2-3 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not | Must not be present. |  |
| X223.294.2300.H112-4.010 | H112-4 | Date Time Period | AN | 1-35 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| х223.294.2300.H112-5.010 | H112-5 | Monetary Amount | R | 1-18 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.294.2300.H112-6.010 | H112-6 | Quantity | R | 1-15 | n/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.294.2300.H112-7.010 | H112-7 | Version Identifier | AN | 1-30 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.294.2300.H112-8.010 | H112-8 | Industry code | AN | 1-30 | NU |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| Х223.294.2300.H112-9.010 | H112-9 | Yes/No Condition or response Code | ID | 1-1 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| $\begin{aligned} & \text { 2223.304.2300.H1.010 } \\ & \text { edit deactivated } \end{aligned}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.304.2300.HI.020 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.304.2300.H1.030 | HI | TREATMENT CODE |  | 2 | s | 2300 |  |  | 999 | R | $\begin{aligned} & \text { IK304 = 5: "Segment Exceeds } \\ & \text { Maximum Use" } \\ & \hline \end{aligned}$ | Only two iterations of 2300.HI with H101-1 = "TC" are allowed. | pass through, syntax only. |
| X223.304.2300.H101.010 | H01 | HEALTH CARE CODE INFORMATION |  |  | R |  |  |  |  |  |  |  |  |
| X223.304.2300. $\mathrm{H} 101-1.010$ | H101-1 | Code List Qualifier Code | ID | 1-3 | R |  |  | TC | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H01-1 must be "TC". |  |
| X223.304.2300. $\mathrm{H} 101-2.010$ | H101-2 | Treatment Code | AN | 1-30 | R |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data | 2300.HIO1-2 must contain at least one non-space character. |  |
| X223.304.2300.H101-2.020 | H101-2 |  |  |  |  |  |  |  | 999 | R | 1K403 = 5: "Data Element Too Long" | 2300.H101-2 must be 1-30 characters. |  |
| X223.304.2300.H101-3.010 | H101-3 | $\begin{array}{\|c\|} \hline \text { Date Time Period Format } \\ \text { Qualifier } \end{array}$ | ID | 2-3 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not | Must not be present. |  |
| X223.304.2300.H101-4.010 | H101-4 | Date Time Period | AN | 1-35 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not | Must not be present. |  |
| X223.304.2300.H101-5.010 | H101-5 | Monetary Amount | R | 1-18 | NU |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.304.2300.H101-6.010 | H101-6 | Quantity | R | 1-15 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.304.2300.H101-7.010 | H101-7 | Version Identifier | AN | 1-30 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| Х223.304.2300.H101-8.010 | H101-8 | Industry code | AN | 1-30 | NU |  |  |  | 999 | E | IK403 = I10: "Implementation "Not | Must not be present. |  |
| X223.304.2300.H101-9.010 | H101-9 | Yes/No Condition or response Code | ID | 1-1 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.304.2300.H102.010 | H102 | HEALTH CARE CODE INFORMATION |  |  | s |  |  |  | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | $2300 . \mathrm{HIO2}$ can only be present if 2300 .H101 is present. |  |
| X223.304.2300.H102-1.010 | H02-1 | Code List Qualifier Code | ID | 1-3 | R |  |  | TC | 999 | R | \|16403 = 7: "Invalid Code Value" | 2300.H02-1 must be "TC". |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \\ \hline \end{gathered}$ | Segment or Element | Description | ID | $\begin{aligned} & \text { Min. } \\ & \text { Max. } \end{aligned}$ | $\begin{array}{\|c} \text { Usage } \\ \text { Req. } \\ \hline \end{array}$ | Loop | $\begin{aligned} & \text { Loop } \\ & \text { Repeat } \\ & \hline \end{aligned}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\begin{array}{\|r} \text { TA1/ } \\ \text { 999/ } \\ \text { 277CA } \\ \hline \end{array}$ | Accept/ Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.304.2300.H102-2.010 | H02-2 | Treatment Code | AN | 1-30 | R |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2300.HI02-2 must contain at least one non-space character. |  |
| X223.304.2300.H102-2.020 | H102-2 |  |  |  |  |  |  |  | 999 | R | 1K403 = 5: "Data Element Too Long" | 2300.H102-2 must be 1-30 characters. |  |
| Х223.304.2300.H102-3.010 | H02-3 | Date Time Period Format Qualifier | ID | 2-3 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.304.2300. $\mathrm{H} 102-4.010$ | H02-4 | Date Time Period | AN | 1-35 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not | Must not be present. |  |
| Х223.304.2300. $\mathrm{H} 102-5.010$ | H102-5 | Monetary Amount | R | 1-18 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not | Must not be present. |  |
| X223.304.2300. $\mathrm{H} 102-6.010$ | H02-6 | Quantity | R | 1-15 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not | Must not be present. |  |
| Х223.304.2300.H102-7.010 | H02-7 | Version Identifier | AN | 1-30 | N/U |  |  |  | 999 | E | 1K403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| Х223.304.2300.H102-8.010 | H02-8 | Industry code | AN | 1-30 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| х223.304.2300.H102-9.010 | H02-9 | Yes/No Condition or response Code | ID | 1-1 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.304.2300.H103.010 | H03 | HEALTH CARE CODE INFORMATION |  |  | S |  |  |  | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | 2300. HI03 can only be present if 2300 . HIO 0 is present. |  |
| Х223.304.2300.H103-1.010 | H03-1 | Code List Qualifier Code | ID | 1-3 | R |  |  | TC | 999 | R | 11403 = 7: "IIvalid Code Value" | 2300.H103-1 must be "TC". |  |
| X223.304.2300.H103-2.010 | H03-2 | Treatment Code | AN | 1-30 | R |  |  |  | 999 | R | \|K403 = 6: "Invalid Character in Data Element" | 2300.HIO3-2 must contain at least one non-space character. |  |
| Х223.304.2300.H103-2.020 | H03-2 |  |  |  |  |  |  |  | 999 | R | IK403 = 5: "Data Element Too Long" | 2300.H03-2 must be 1-30 characters. |  |
| Х223.304.2300.H103-3.010 | H03-3 | Date Time Period Format Qualifier | ID | 2-3 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = 110: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| Х223.304.2300.H103-4.010 | H03-4 | Date Time Period | AN | 1-35 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| Х223.304.2300.H103-5.010 | H03-5 | Monetary Amount | R | 1-18 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.304.2300.H103-6.010 | H03-6 | Quantity | R | 1-15 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.304.2300.H103-7.010 | H03-7 | Version Identifier | AN | 1-30 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not | Must not be present. |  |
| X223.304.2300.H103-8.010 | H03-8 | Industry code | AN | 1-30 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| Х223.304.2300.H103-9.010 | H03-9 | Yes/No Condition or response Code | ID | 1-1 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.304.2300.H104.010 | H04 | HEALTH CARE CODE INFORMATION |  |  | S |  |  |  | 999 | R | \|K403 = 2: "Conditional Required Data Element Missing" | $2300 . \mathrm{HO} 04$ can only be present if $2300 . \mathrm{H} 103$ is present. |  |
| Х223.304.2300.H104-1.010 | H104-1 | Code List Qualifier Code | ID | 1-3 | R |  |  | TC | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H104-1 must be "TC". |  |
| X223.304.2300.H104-2.010 | H04-2 | Treatment Code | AN | 1-30 | R |  |  |  | 999 | R | \|K403 = 6: "Invalid Character in Data Element" | 2300.HI04-2 must contain at least one non-space character. |  |
| Х223.304.2300.H104-2.020 | H104-2 |  |  |  |  |  |  |  | 999 | R | 1K403 = 5: "Data Element Too Long" | 2300.H104-2 must be 1-30 characters. |  |
| Х223.304.2300.H104-3.010 | H04-3 | Date Time Period Format Qualifier | ID | 2-3 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.304.2300.H104-4.010 | H104-4 | Date Time Period | AN | 1-35 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.304.2300.H104-5.010 | H04-5 | Monetary Amount | R | 1-18 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| Х223.304.2300.H104-6.010 | H04-6 | Quantity | R | 1-15 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| Х223.304.2300.H104-7.010 | H04-7 | Version Identifier | AN | 1-30 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.304.2300.H104-8.010 | H104-8 | Industry code | AN | 1-30 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |


| 8371 Edit Reference | Segment or Element | Description | ID | Min. | Usage Req. | Loop | $\underset{\text { Repeat }}{\text { Loop }}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\left.\begin{gathered} \text { TA1/ } \\ \text { 999/ } \\ 277 C A \end{gathered} \right\rvert\,$ | Accept/ Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.304.2300.H104-9.010 | H104-9 | Yes/No Condition or response Code | ID | 1-1 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = 110: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.304.2300.H105.010 | H105 | HEALTH CARE CODE INFORMATION |  |  | S |  |  |  | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | $2300 . \mathrm{HIO5}$ can only be present if 2300.H104 is present. |  |
| х223.304.2300.H105-1.010 | H105-1 | Code List Qualifier Code | ID | 1-3 | R |  |  | TC | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H05-1 must be "TC". |  |
| X223.304.2300. $\mathrm{H} 105-2.010$ | H05-2 | Treatment Code | AN | 1-30 | R |  |  |  | 999 | R | \|K403 = 6: "Invalid Character in Data Element" | 2300. H105-2 must contain at least one non-space character. |  |
| х223.304.2300.H105-2.020 | H105-2 |  |  |  |  |  |  |  | 999 | R | 1K403 = 5: "Data Element Too Long" | 2300.H05-2 must be 1-30 characters. |  |
| х223.304.2300.H105-3.010 | H105-3 | Date Time Period Format Qualifier | ID | 2-3 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.304.2300.H105-4.010 | H105-4 | Date Time Period | AN | 1-35 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| Х223.304.2300.H105-5.010 | H105-5 | Monetary Amount | R | 1-18 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| Х223.304.2300.H105-6.010 | H105-6 | Quantity | R | 1-15 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| Х223.304.2300.H105-7.010 | H105-7 | Version Identifier | AN | 1-30 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| х223.304.2300.H105-8.010 | H105-8 | Industry code | AN | 1-30 | NU |  |  |  | 999 | E | IK403 = I10: "Implementation "Not | Must not be present. |  |
| х223.304.2300. $\mathrm{H} 105-9.010$ | H105-9 | $\begin{aligned} & \text { Yes/No Condition or } \\ & \text { response Code } \end{aligned}$ | ID | 1-1 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.304.2300.H106.010 | H106 | HEALTH CARE CODE INFORMATION |  |  | S |  |  |  | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | $2300 . \mathrm{H} 06$ can only be present if $2300 . \mathrm{H} 05$ is present. |  |
| X223.304.2300.H106-1.010 | H106-1 | Code List Qualifier Code | ID | 1-3 | R |  |  | TC | 999 | R | IK403 = 7: "Invalid Code Value" | 2300.H106-1 must be "TC". |  |
| х223.304.2300.H106-2.010 | H106-2 | Treatment Code | AN | 1-30 | R |  |  |  | 999 | R | 1K403 = 6: "Invalid Character in Data Element" | 2300.HI06-2 must contain at least one non-space character. |  |
| Х223.304.2300.H106-2.020 | H106-2 |  |  |  |  |  |  |  | 999 | R | 1K403 = 5: "Data Element Too Long" | 2300.H106-2 must be 1-30 characters. |  |
| х223.304.2300.H106-3.010 | H06-3 | $\begin{array}{\|c\|} \hline \text { Date Time Period Format } \\ \text { Qualifier } \\ \hline \end{array}$ | ID | 2-3 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not | Must not be present. |  |
| Х223.304.2300.H106-4.010 | H06-4 | Date Time Period | AN | 1-35 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| Х223.304.2300.H106-5.010 | H106-5 | Monetary Amount | R | 1-18 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not | Must not be present. |  |
| Х223.304.2300.H106-6.010 | H106-6 | Quantity | R | 1-15 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not | Must not be present. |  |
| Х223.304.2300.H106-7.010 | H106-7 | Version Identifier | AN | 1-30 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| Х223.304.2300.H106-8.010 | H106-8 | Industry code | AN | 1-30 | NU |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| Х223.304.2300.H106-9.010 | H106-9 | Yes/No Condition or response Code | ID | 1-1 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.304.2300.H107.010 | H07 | HEALTH CARE CODE INFORMATION |  |  | S |  |  |  | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | 2300. HI07 can only be present if 2300 . HI06 is present. |  |
| х223.304.2300.H107-1.010 | H107-1 | Code List Qualifier Code | ID | 1-3 | R |  |  | TC | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H07-1 must be "TC". |  |
| х223.304.2300.H107-2.010 | H107-2 | Treatment Code | AN | 1-30 | R |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2300.HIO7-2 must contain at least one non-space character. |  |
| х223.304.2300.H107-2.020 | H107-2 |  |  |  |  |  |  |  | 999 | R | 1K403 = 5: "Data Element Too Long" | 2300.H107-2 must be 1-30 characters. |  |
| х223.304.2300.H107-3.010 | H107-3 | Date Time Period Format Qualifier | ID | 2-3 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = 110: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| Х223.304.2300.H107-4.010 | H107-4 | Date Time Period | AN | 1-35 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not | Must not be present. |  |
| X223.304.2300. $\mathrm{H} 107-5.010$ | H107-5 | Monetary Amount | R | 1-18 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | Segment or Element | Description | ID | Min. Max. | $\begin{array}{\|c} \text { Usage } \\ \text { Req. } \end{array}$ | Loop | $\begin{aligned} & \begin{array}{l} \text { Loop } \\ \text { Repeat } \end{array} \\ & \hline \end{aligned}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\begin{gathered} \text { TA1// } \\ \text { 999/ } \\ 277 \mathrm{CA} \end{gathered}$ | Accept/ Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Х223.304.2300.H107-6.010 | H107-6 | Quantity | R | 1-15 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| х223.304.2300.H107-7.010 | H07-7 | Version Identifier | AN | 1-30 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not | Must not be present. |  |
| х223.304.2300.H107-8.010 | H07-8 | Industry code | AN | 1-30 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| х223.304.2300.H107-9.010 | H107-9 | $\begin{aligned} & \text { Yes/No Condition or } \\ & \text { response Code } \end{aligned}$ | ID | 1-1 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { 1K403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.304.2300.H108.010 | H08 | HEALTH CARE CODE INFORMATION |  |  | S |  |  |  | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | $2300 . \mathrm{HIO} 08$ can only be present if 2300 . HIO 07 is present. |  |
| X223.304.2300.H108-1.010 | H08-1 | Code List Qualifier Code | ID | 1-3 | R |  |  | TC | 999 | R | \|1403 = 7: "Invalid Code Value" | 2300.H108-1 must be "TC". |  |
| X223.304.2300.H108-2.010 | H08-2 | Treatment Code | AN | 1-30 | R |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2300. H108-2 must contain at least one non-space character. |  |
| Х223.304.2300.H108-2.020 | H08-2 |  |  |  |  |  |  |  | 999 | R | IK403 = 5: "Data Element Too Long" | 2300.H008-2 must be 1-30 characters. |  |
| Х223.304.2300.H108-3.010 | H108-3 | Date Time Period Format <br> Qualifier | ID | 2-3 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.304.2300.H108-4.010 | H08-4 | Date Time Period | AN | 1-35 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.304.2300.H108-5.010 | H08-5 | Monetary Amount | R | 1-18 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not | Must not be present. |  |
| X223.304.2300.H108-6.010 | H008-6 | Quantity | R | 1-15 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.304.2300.H108-7.010 | H08-7 | Version Identifier | AN | 1-30 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.304.2300.H108-8.010 | H008-8 | Industry code | AN | 1-30 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| Х223.304.2300.H108-9.010 | H08-9 | Yes/No Condition or response Code | ID | 1-1 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { 1K403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.304.2300.H109.010 | H09 | HEALTH CARE CODE INFORMATION |  |  | S |  |  |  | 999 | R | \|K403 = 2: "Conditional Required Data Element Missing" | $2300 . \mathrm{HIO} 09$ can only be present if $2300 . \mathrm{HIO} 08$ is present. |  |
| Х223.304.2300.H109-1.010 | H09-1 | Code List Qualifier Code | ID | 1-3 | R |  |  | TC | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H09-1 must be "TC". |  |
| X223.304.2300.H109-2.010 | H09-2 | Treatment Code | AN | 1-30 | R |  |  |  | 999 | R | \|K403 = 6: "Invalid Character in Data Element" | 2300.HI09-2 must contain at least one non-space character. |  |
| х223.304.2300.H109-2.020 | H09-2 |  |  |  |  |  |  |  | 999 | R | 1K403 = 5: "Data Element Too Long" | 2300.H109-2 must be 1-30 characters. |  |
| X223.304.2300.H109-3.010 | H09-3 | Date Time Period Format Qualifier | ID | 2-3 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = 110: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.304.2300.H109-4.010 | H09-4 | Date Time Period | AN | 1-35 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.304.2300.H109-5.010 | H09-5 | Monetary Amount | R | 1-18 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.304.2300.H109-6.010 | H09-6 | Quantity | R | 1-15 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| Х223.304.2300.H109-7.010 | H09-7 | Version Identifier | AN | 1-30 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.304.2300.H109-8.010 | H109-8 | Industry code | AN | 1-30 | N/U |  |  |  | 999 | E | 1K403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.304.2300.H109-9.010 | H09-9 | Yes/No Condition or response Code | ID | 1-1 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { 1K403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.304.2300.H110.010 | H110 | HEALTH CARE CODE INFORMATION |  |  | S |  |  |  | 999 | R | \|K403 = 2: "Conditional Required Data Element Missing" | $2300 . \mathrm{HI} 10$ can only be present if $2300 . \mathrm{HIO}$ is present. |  |
| X223.304.2300.H110-1.010 | H110-1 | Code List Qualifier Code | ID | 1-3 | R |  |  | TC | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H110-1 must be "TC". |  |
| X223.304.2300.H110-2.010 | H110-2 | Treatment Code | AN | 1-30 | R |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2300.H110-2 must contain at least one non-space character. |  |
| х223.304.2300.H110-2.020 | H110-2 |  |  |  |  |  |  |  | 999 | R | 1K403 = 5: "Data Element Too Long" | 2300.H110-2 must be 1-30 characters. |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | Segment or | Description | ID | $\begin{aligned} & \text { Min. } \\ & \text { Max. } \end{aligned}$ | $\begin{gathered} \text { Usage } \\ \text { Req. } \end{gathered}$ | Loop | $\begin{aligned} & \text { Loop } \\ & \text { Repeat } \end{aligned}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\left\|\begin{array}{c} \text { TA1// } \\ \text { 999/ } \\ 277 C A \end{array}\right\|$ | Accept/ Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Х223.304.2300.H110-3.010 | H110-3 | Date Time Period Format Qualifier | ID | 2-3 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.304.2300.H110-4.010 | H110-4 | Date Time Period | AN | 1-35 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not | Must not be present. |  |
| X223.304.2300.H110-5.010 | H110-5 | Monetary Amount | R | 1-18 | NU |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = 10: "Implementation "Not } \\ & \text { USsed" Flement Present" } \end{aligned}$ | Must not be present. |  |
| Х223.304.2300.H110-6.010 | H110-6 | Quantity | R | 1-15 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not | Must not be present. |  |
| Х223.304.2300.H110-7.010 | H110-7 | Version Identifier | AN | 1-30 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.304.2300.H110-8.010 | H110-8 | Industry code | AN | 1-30 | N/U |  |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.304.2300.H110-9.010 | H110-9 | Yes/No Condition or response Code | ID | 1-1 | N/U |  |  |  | 999 | E | IK403 = 110: "Implementation "Not | Must not be present. |  |
| X223.304.2300.H111.010 | H111 | HEALTH CARE CODE INFORMATION |  |  | s |  |  |  | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | 2300.H111 can only be present if 2300 . H110 is |  |
| Х223.304.2300.H111-1.010 | H111-1 | Code List Qualifier Code | ID | 1-3 | R |  |  | TC | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H111-1 must be "TC". |  |
| X223.304.2300.H111-2.010 | H11-2 | Treatment Code | AN | 1-30 | R |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2300.H111-2 must contain at least one non-space character. |  |
| Х223.304.2300.H111-2.020 | H11-2 |  |  |  |  |  |  |  | 999 | R | 1K403 = 5: "Data Element Too Long" | 2300.H111-2 must be 1-30 characters. |  |
| Х223.304.2300.H111-3.010 | H111-3 | $\begin{array}{\|c\|} \hline \begin{array}{c} \text { Date Time Period Format } \\ \text { Qualifier } \end{array} \\ \hline \end{array}$ | ID | 2-3 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.304.2300.H111-4.010 | H111-4 | Date Time Period | AN | 1-35 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not | Must not be present. |  |
| Х223.304.2300.H111-5.010 | H111-5 | Monetary Amount | R | 1-18 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| Х223.304.2300.H111-6.010 | H111-6 | Quantity | R | 1-15 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.304.2300.H111-7.010 | H111-7 | Version Identifier | AN | 1-30 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.304.2300.H111-8.010 | H111-8 | Industry code | AN | 1-30 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not | Must not be present. |  |
| Х223.304.2300.H111-9.010 | H111-9 | Yes/No Condition or response Code | ID | 1-1 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.304.2300.H112.010 | H112 | HEALTH CARE CODE INFORMATION |  |  | s |  |  |  | 999 | R | $\begin{aligned} & \text { IK403 = 2: "Conditional Required Data } \\ & \text { Element Missing" } \end{aligned}$ | 2300.HI12 can only be present if $2300 . \mathrm{H} 111$ is present. |  |
| X223.304.2300.H112-1.010 | H112-1 | Code List Qualifier Code | ID | 1-3 | R |  |  | TC | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H112-1 must be "TC". |  |
| X223.304.2300.H112-2.010 | H112-2 | Treatment Code | AN | 1-30 | R |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2300. H112-2 must contain at least one non-space character. |  |
| X223.304.2300.H112-2.020 | H112-2 |  |  |  |  |  |  |  | 999 | R | 1K403 = 5: "Data Element Too Long" | 2300.H112-2 must be 1-30 characters. |  |
| Х223.304.2300.H112-3.010 | H112-3 | $\begin{array}{\|c\|} \hline \text { Date Time Period Format } \\ \text { Qualifier } \end{array}$ | ID | 2-3 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.304.2300.H112-4.010 | H112-4 | Date Time Period | AN | 1-35 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| Х223.304.2300.H112-5.010 | H112-5 | Monetary Amount | R | 1-18 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.304.2300.H112-6.010 | H112-6 | Quantity | R | 1-15 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.304.2300.H112-7.010 | H112-7 | Version Identifier | AN | 1-30 | NU |  |  |  | 999 | E | IK403 = I10: "Implementation "Not | Must not be present. |  |
| X223.304.2300.H112-8.010 | H112-8 | Industry code | AN | 1-30 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| Х223.304.2300.H112-9.010 | H112-9 | Yes/No Condition or response Code | ID | 1-1 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \\ & \hline \end{aligned}$ | Must not be present. |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \\ \hline \end{gathered}$ | Segment or | Description | ID | Min. Max. | $\begin{gathered} \text { Usage } \\ \text { Req. } \end{gathered}$ | Loop | $\begin{aligned} & \text { Loop } \\ & \text { Repeat } \end{aligned}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\begin{gathered} \text { TA1// } \\ \text { 999/ } \\ 277 \mathrm{CA} \end{gathered}$ | Accept Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.313.2300.HCP. 010 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.313.2300.HCP. 015 | HCP | CLAIM PRICING/REPRICING INFORMATION |  | 1 | s | 2300 |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 732: "Information submitted inconsistent with billing guidelines." CSC 64: "Re-pricing information." | Segment must not be present. |  |
| $\begin{array}{\|l\|} \hline \text { 2223.313.2300.HCP01.010 } \\ \text { edit deactivated } \\ \hline \end{array}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.313.2300.HCP01.020 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.313.2300.HCP02.010 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| $\begin{aligned} & \text { X223.313.2300.HCP02.020 } \\ & \text { edit deactivated } \end{aligned}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.313.2300.HCP02.030 <br> edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| $\begin{aligned} & \text { X223.313.2300.HCP03.010 } \\ & \text { edit deactivated } \\ & \hline \end{aligned}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| $\begin{array}{l}\text { 2223.313.2300.HCP03.020 } \\ \text { edit deactivated }\end{array}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| $\begin{array}{\|l\|} \hline \text { X223.313.2300.HCP04.010 } \\ \text { edit deactivated } \\ \hline \end{array}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.313.2300.HCP04.020 <br> edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| $\begin{aligned} & \text { X223.313.2300.HCP04.030 } \\ & \text { edit deactivated } \\ & \hline \end{aligned}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| $\begin{aligned} & \text { X223.313.2300.HCP04.040 } \\ & \text { edit deactivated } \\ & \hline \end{aligned}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.313.2300.HCP04.050 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| $\begin{array}{\|l\|} \hline \text { X223.313.2300.HCP05.010 } \\ \text { edit deactivated } \\ \hline \end{array}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.313.2300.HCP05.020 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| $\begin{aligned} & \text { X223.313.2300.HCP06.010 } \\ & \text { edit deactivated } \\ & \hline \end{aligned}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.313.2300.HCP06.030 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| $\begin{aligned} & \text { X223.313.2300.HCP06.040 } \\ & \text { edit deactivated } \\ & \hline \end{aligned}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| $\begin{aligned} & \text { X223.313.2300.HCP06.050 } \\ & \text { edit deactivated } \\ & \hline \end{aligned}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| $\begin{aligned} & \text { X223.313.2300.HCP07.010 } \\ & \text { edit deactivated } \\ & \hline \end{aligned}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |


| 8371 <br> Edit Reference | $\begin{gathered} \text { Segment or } \\ \text { Element } \end{gathered}$ | Description | ID | Min. Max. | $\begin{gathered} \text { Usage } \\ \text { Req. } \\ \hline \end{gathered}$ | Loop | $\begin{gathered} \text { Loop } \\ \text { Repeat } \end{gathered}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\begin{array}{\|c\|} \hline \text { TA1/ } \\ \text { 999/ } \\ 277 C A \end{array}$ | Accept/ Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.313.2300.HCP07.020 <br> edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| $\begin{aligned} & \text { X223.313.2300.HCP08.010 } \\ & \text { edit deactivated } \\ & \hline \end{aligned}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.313.2300.HCP08.020 <br> edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| $\begin{aligned} & \text { X223.313.2300.HCP08.030 } \\ & \text { edit deactivated } \\ & \hline \end{aligned}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.313.2300.HCP08.040 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.313.2300.HCP09.010 <br> edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| $\begin{aligned} & \text { X223.313.2300.HCP10.010 } \\ & \text { edit deactivated } \\ & \hline \end{aligned}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| $\begin{aligned} & \text { X223.313.2300.HCP11.010 } \\ & \text { edit deactivated } \end{aligned}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| $\begin{aligned} & \text { X223.313.2300.HCP11.020 } \\ & \text { edit deactivated } \\ & \hline \end{aligned}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.313.2300.HCP12.010 <br> edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.313.2300.HCP12.020 <br> edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.313.2300.HCP12.025 <br> edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.313.2300.HCP12.030 <br> edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| $\begin{aligned} & \text { X223.313.2300.HCP12.050 } \\ & \text { edit deactivated } \\ & \hline \end{aligned}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.313.2300.HCP13.010 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| $\begin{aligned} & \text { ealraeacivared } \\ & \text { X223.311.2300.HCP14.010 } \\ & \text { edit deactivated } \end{aligned}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| $\begin{aligned} & \text { X233.313.230.HCP15.010 } \\ & \text { edit deactivated } \end{aligned}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.319.2310A.NM1.010 | NM1 | ATTENDING PROVIDER NAME |  | 1 | s | 2310A | 1 |  | 999 | R | IK304 = 4: "Loop Occurs Over Maximum Times" | If present, only one iteration of 2310A.NM1 is allowed. allowed. | 2310A is not sent on nonscheduled transportation claims (HCPCS A0427, A0428 (with a QL modifier in SV202-3, SV202-4, SV202-5, or SV202-6), A0429, A0430, A0431, A0432, A0433, or A0434) |
| X223.319.2310A.NM101.010 | NM101 | Entity Identifier Code | ID | 2-3 | R |  |  | 71 | 999 | R | \|K403 = 1: "Required Data Element Missing" | 2310A.NM101 must be present. |  |
| X223.319.2310A.NM101.020 | NM101 |  |  |  |  |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2310A.NM101 must be "71". |  |
| X223.319.2310A.NM102.010 | NM102 | Entity Type Qualifier | ID | 1-1 | R |  |  | 1 | 999 | R | IK403 = 1: "Required Data Element Missing" | 2310A.NM102 must be present. |  |
| X223.319.2310A.NM102.020 | NM102 |  |  |  |  |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2310A.NM102 must be "1". |  |
| X223.319.2310A.NM103.010 | NM103 | Name Last | AN | 1-60 | R |  |  |  | 999 | R | K K 403 = 1: "Required Data Element Missing" | 2310A.NM103 must be present. |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | Segment or Element | Description | ID | Min. <br> Max. | $\begin{array}{\|c} \begin{array}{c} \text { Usage } \\ \text { Req. } \end{array} \\ \hline \end{array}$ | Loop | $\begin{gathered} \text { Loop } \\ \text { Repeat } \end{gathered}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\begin{gathered} \text { TA1/ } \\ \text { 999/ } \\ 277 C A \end{gathered}$ | Accept/ Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.319.2310A.NM103.020 | NM103 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2310A.NM103 must contain at least one non-space character. |  |
| X223.319.2310A.NM103.030 | NM103 |  |  |  |  |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" | 2310A.NM103 must be 1-60 characters. |  |
| X223.319.2310A.NM103.040 | NM103 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 504: "Entity's Last Name" FIC. 71 "Attendina Phusician" |  |  |
| X223.319.2310A.NM103.050 | NM103 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2310A.NM103 must be populated with accepted AN characters. |  |
| X223.319.2310A.NM103.060 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.319.2310A.NM104.010 | NM104 | Name First | AN | 1-35 | s |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" | 2310A.NM104 must be 1 - 35 characters. |  |
| X223.319.2310A.NM104.020 | NM104 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" <br> CSC 505: "Entity's First Name" FIC. 71 "Attendina Phvsician" |  |  |
| X223.319.2310A.NM104.030 | NM104 |  |  |  |  |  |  |  | 999 | R | 1K403 = 6: "Invalid Character in Data Element" | 2310A.NM104 must be populated with accepted AN characters. |  |
| X223.319.2310A.NM104.040 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.319.2310A.NM105.010 | NM105 | Name Middle | AN | 1-25 | s |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2310A.NM105 must contain at least one non-space character. |  |
| X223.319.2310A.NM105.020 <br> edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.319.2310A.NM105.030 | NM105 |  |  |  |  |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" | 2310A.NM105 must be 1-25 characters. |  |
| X223.319.2310A.NM105.040 | NM105 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 514: "Entity's Middle Name" FIC. 71 "Attendina Physician" |  |  |
| X223.319.2310A.NM105.050 | NM105 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2310A.NM105 must be populated with accepted AN characters. |  |
| X223.319.2310A.NM105.060 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.319.2310A.NM106.010 | NM106 | Name Prefix | AN | 1-10 | N/U |  |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.319.2310A.NM107.005 | NM107 | Name Suffix | AN | 1-10 | S |  |  |  | 999 | R | $\substack{\text { IK403 }=6: ~ " I n v a l i d ~ C h a r a c t e r ~ i n ~ D a t a ~}$ <br> Element" | 2310A.NM107 must contain at least one non-space character. |  |
| X223.319.2310A.NM107.010 | NM107 |  |  |  |  |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" | 2310A.NM107 must be 1 - 10 characters. |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \\ \hline \end{gathered}$ | Segment or Elemen | Description | ID | $\begin{aligned} & \text { Min. } \\ & \text { Max. } \end{aligned}$ | $\begin{array}{\|c\|} \hline \text { Usage } \\ \text { Req. } \\ \hline \end{array}$ | Loop | $\begin{aligned} & \text { Loop } \\ & \text { Repeat } \end{aligned}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\begin{gathered} \text { TA1/ } \\ \text { 999/ } \\ \text { 277CA } \end{gathered}$ | Accept/ Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.319.2310A.NM107.015 | NM107 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 125: "Entity's Name" FIC. 71 "Attendino Phusician" |  |  |
| X223.319.2310A.NM107.020 | NM107 |  |  |  |  |  |  |  | 999 | R | $\begin{aligned} & \text { IK403 =6: "Invalid Character in Data } \\ & \text { Element" } \\ & \hline \end{aligned}$ | 2310A.NM107 must be populated with accepted AN |  |
| X223.319.2310A.NM107.030 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.319.2310A.NM108.010 | NM108 | Identification Code Qualifier | ID | 1-2 | s |  |  | xX | 277 | c | CSCC A8: "Acknowledgement / Rejected for relational field in error" CSC 745: "Identifier Qualifier" CSC 562: "Entity's National Provider Identifier (NPI)" <br> FIC. 71 "Attendina Phusician" | 2310A.NM108 must not be present when 2300.REF with REF01 = "P4" and REF02 is a valid VA identifier. | Trailblazer Only 01/20: Companion Guide Note needed. |
| X223.319.2310A.NM108.020 | NM108 |  |  |  |  |  |  |  | 277 | c | CSCC A6: <br> 'Acknowledgement/Rejected for Missing Information..." CSC 745: "Identifier Qualifier" CSC 562: "Entity's National Provider Identifier (NPI)" ElC. 71 "Attendina Phucician" | 2310A.NM108 must be present. | Everyone but Trailblazer. 01/20: Companion Guide Note needed. |
| X223.319.2310A.NM108.030 | NM108 |  |  |  |  |  |  |  | 999 | R | 1 K 403 = 7: "Invalid Code Value" | 2310A.NM108 must be "XX". | Does not apply to Trailblazer VA claims. |
| X223.319.2310A.NM109.005 | NM109 | Identifier | AN | 2-80 | s |  |  |  | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | 2310A.NM109 must be present if 2310A.NM108 is present. |  |
| X223.319.2310A.NM109.010 |  |  |  |  |  |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 562: "Entity's National Provider Identifier (NPI)" <br> FIC. 71 "Attendina Phusician" | 2310A.NM109 must be valid according to the NPI algorithm. |  |
| X223.319.2310A.NM109.020 | NM109 |  |  |  |  |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 562: "Entity's National Provider Identifier (NPI)" <br> FIC. 71 "Attendina Physician" | The first position of 2310A.NM109 must be a "1". |  |
| X223.319.2310A.NM110.010 | NM110 | Entity Relationship Code | ID | 2-2 | N/U |  |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.319.2310A.NM111.010 | NM111 | Entity Identifier Code | ID | 2-3 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.319.2310A.NM112.010 | NM112 | Name Last or Organization Name | AN | 1-60 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.322.2310A.PRV. 010 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.322.2310A.PRV. 020 | PRV | ATTENDING PROVIDER SPECIALTY INFORMATION |  | 1 | s | 2310A |  |  | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2310A.PRV is allowed. |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | $\underset{\text { Element or }}{\text { Element }}$ | Description | ID | $\begin{aligned} & \text { Min. } \\ & \text { Max. } \end{aligned}$ | $\begin{gathered} \text { Usage } \\ \text { Req. } \\ \hline \end{gathered}$ | Loop | $\begin{aligned} & \text { Loop } \\ & \text { Repeat } \\ & \hline \end{aligned}$ | $\begin{gathered} 5010 \\ \text { Values } \\ \hline \end{gathered}$ | $\begin{array}{\|c} \text { TA1/ } \\ \text { 999/ } \\ \text { 277CA } \\ \hline \end{array}$ | Accept/ Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.322.2310A.PRV01.010 | PRV01 | Provider Code | ID | 1-3 | R |  |  | AT | 999 | R | IK403 = 1: "Required Data Element Missing" | 2310A .PRV01 must be present. |  |
| X223.322.2310A.PRV01.020 | PRV01 |  |  |  |  |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2310A .PRV01 must be "AT". |  |
| X223.322.2310A.PRV02.010 | PRV02 | Reference Identification Qualifier | ID | 2-3 | R |  |  | PXC | 999 | R | IK403 = 1: "Required Data Element Missing" | 2310A . PRV02 must be present. |  |
| X223.322.2310A.PRV02.020 | PRV02 |  |  |  |  |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2310A . PRV02 must be "PXC". |  |
| X223.322.2310A.PRV03.010 | PRV03 | Provider Taxonomy Code | AN | 1-50 | R |  |  |  | 999 | R | \|K403 = 1: "Required Data Element Missing" | 2310A .PRV03 must be present. |  |
| X223.322.2310A.PRV03.020 | PRV03 |  |  |  |  |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 145: "Entity's specialty/taxonomy code" <br> FIC. 71 "Attendina Phusician" | 2310A .PRV03 must be a valid Provider Taxonomy Code. | Valid Provider Taxonomy Code reference must be available for this edit. |
| X223.322.2310A.PRV04.010 | PRV04 | State or Province Code | ID | 2-2 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not | Must not be present. |  |
| X223.322.2310A.PRV05.010 | PRV05 | PROVIDER SPECIALTY INFORMATION |  |  | N/U |  |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.322.2310A.PRV06.010 | PRV06 | $\begin{aligned} & \hline \text { Provider Organization } \\ & \text { Code } \end{aligned}$ | ID | 3-3 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.324.2310A.REF. 010 | REF | ATTENDING PROVIDER SECONDARY IDENTIFICATION |  | 4 | s | 2310A |  |  | 999 | R | 1K304 = 19: "Implementation Dependent "Not Used" Segment Present" | If 2310A.NM109 is not present, 2310A.REF with REF01 = " 1 G " must be present. | Trailblazer Only 01/20: Companion Guide Note needed. |
| X223.324.2310A.REF. 020 | REF |  |  |  |  |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 732: "Information submitted inconsistent with billing guidelines. CSC 560: "Entity's Additional/Secondary Identifier." EIC: 71 "Attending Physician" | Only 1 iteration of 2310A.REF with REF01 = "1G" is allowed. | Trailblazer Only 01/20: Companion Guide Note needed. |
| X223.324.2310A.REF.030 | REF |  |  |  |  |  |  |  | 999 | R | IK304 = 19: "Implementation Dependent "Not Used" Segment Present" | 2310A.REF must be present if 2300 . REF01 $=\mathbf{P 4}$ and 2300 .REFO2 $=31$. | Trailblazer Only 01/20: Companion Guide Note needed. |
| X223.324.2310A.REF. 040 | REF |  |  |  |  |  |  |  | 999 | R | IK304 = 19: "Implementation Dependent "Not Used" Segment Present" | 2310A.REF must not be present. | Everyone but Trailblazer. 01/20: Companion Guide Note needed. |
| X223.324.2310A.REF01.010 | REF01 | Reference Identification Qualifier | ID | 2-3 | R |  |  | 0B, 1G, G2, LU | 999 | R | IK403 = 1: "Required Data Element Missing" | 2310A .REF01 must be present. |  |
| X223.324.2310A.REF01.020 | REF01 |  |  |  |  |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 21: Missing or invalid information CSC 560: Entity's Additional/Secondary Identifier EIC: 71 "Attending Physician" | 2310A.REF01 must be "1G". |  |
| X223.324.2310A.REF02.010 | REF02 | Attending Provider Secondary Identifier | AN | 1-50 | R |  |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2310A .REF02 must be present. |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \\ \hline \end{gathered}$ | Segment or | Description | ID | $\begin{gathered} \text { Min. } \\ \text { Max. } \\ \hline \end{gathered}$ | $\begin{gathered} \text { Usage } \\ \text { Req. } \\ \hline \end{gathered}$ | Loop | $\begin{aligned} & \text { Loop } \\ & \text { Repeat } \\ & \hline \end{aligned}$ | $\begin{gathered} 5010 \\ \text { Values } \\ \hline \end{gathered}$ | $\begin{array}{\|c} \text { TA1/ } \\ \text { 999/ } \\ \text { 277CA } \\ \hline \end{array}$ | Accept/ Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.324.2310A.REF02.020 | REF02 |  |  |  |  |  |  |  | 277 | C | CSCC A7: "Acknowledgement /Rejected for Invalid Information... CSC 133: "Entity's UPIN" EIC. 71 "Attendina Physician" | 2310A.REF02 must be in format ANNNNN or AAANNN (where A is an alpha character and N is a numeric digit). |  |
| X223.324.2310A.REF03.010 | REF03 | Description | AN | 1-80 | N/U |  |  |  | 999 | E | IK403 = 110 : "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.324.2310A.REF04.010 | REF04 | REFERENCE IDENTIFIER |  |  | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not | Must not be present. |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.326.2310B.NM1.010 | NM1 | OPERATING PHYSICIAN <br> NAME |  | 1 | s | 2310B | 1 |  | 999 | R | IK304 = 4: "Loop Occurs Over Maximum Times" | Only one iteration of 2310B.NM1 is allowed. |  |
| X223.326.2310B.NM101.010 | NM101 | Entity Identifier Code | ID | 2-3 | R |  |  | 72 | 999 | R | IK403 = 1: "Required Data Element Missing" | 2310B.NM101 must be present. |  |
| X223.326.2310B.NM101.020 | NM101 |  |  |  |  |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2310B.NM101 must be "72". |  |
| X223.326.2310B.NM102.010 | NM102 | Entity Type Qualifier | ID | 1-1 | R |  |  | 1 | 999 | R | 1K403 = 1: "Required Data Element Missing" | 2310B.NM102 must be present. |  |
| X223.326.2310B.NM102.020 | NM102 |  |  |  |  |  |  |  | 999 | R | 1K403 7: "Invalid Code Value" $^{\text {a }}$ | 2310B.NM102 must be "1". |  |
| X223.326.2310B.NM103.010 | NM103 | Last or Organization Name | AN | 1-60 | R |  |  |  | 999 | R | 1K403 = 1: "Required Data Element Missing" | 2310B.NM103 must be present. |  |
| X223.326.2310B.NM103.020 | NM103 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2310B.NM103 must contain at least one non-space character. |  |
| X223.326.2310B.NM103.030 | NM103 |  |  |  |  |  |  |  | 999 | E | 1K403 = 5: "Data Element Too Long" | 2310B.NM103 must be 1-60 characters. |  |
| X223.326.2310B.NM103.040 | NM103 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" <br> CSC 504: "Entity's Last Name" FIC. 72 "Oneratina Phusician" |  |  |
| X223.326.2310B.NM103.050 | NM103 |  |  |  |  |  |  |  | 999 | R | $\begin{aligned} & \text { IK403 = 6: "Invalid Character in Data } \\ & \text { Element" } \end{aligned}$ | 2310B.NM103 must be populated with accepted AN characters. |  |
| X223.326.2310B.NM103.060 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.326.2310B.NM104.010 | NM104 | Name First | AN | 1-35 | s |  |  |  | 999 | R | \|K403 = 6: "Invalid Character in Data Element" | 2310B.NM104 must contain at least one non-space character. |  |
| X223.326.2310B.NM104.020 | NM104 |  | AN | 1-35 | s |  |  |  | 999 | E | \|K403 = 5: "Data Element Too Long" | 2310B.NM104 must be 1-35 characters. |  |
| X223.326.2310B.NM104.030 | NM104 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 505: "Entity's First Name" FIC. 72 "Oneratino Phusician" |  |  |
| X223.326.2310B.NM104.040 | NM104 |  |  |  |  |  |  |  | 999 | R | $\begin{aligned} & \text { IK403 = 6: "Invalid Character in Data } \\ & \text { Element" } \end{aligned}$ | 2310B.NM104 must be populated with accepted AN characters. |  |
| X223.326.2310B.NM104.050 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.326.2310B.NM105.010 | NM105 | Middle Name | AN | 1-25 | s |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2310B.NM105 must contain at least one non-space character. |  |
| X223.326.2310B.NM105.020 | NM105 |  | AN | 1-25 | s |  |  |  | 999 | E | \|K403 = 5: "Data Element Too Long" | 2310B.NM105 must be 1-25 characters. |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | $\underset{\text { Element or }}{\text { Element }}$ | Description | ID | Min. | $\begin{array}{\|c} \text { Usage } \\ \text { Bea. } \end{array}$ | Loop | $\begin{aligned} & \text { Loop } \\ & \text { Repeat } \end{aligned}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\begin{gathered} \text { TA1/ } \\ \text { 999/ } \\ \text { 277CA } \end{gathered}$ | $\begin{aligned} & \text { Accept// } \\ & \text { Reject } \end{aligned}$ | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.326.2310B.NM105.030 | NM105 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 514: "Entity's Middle Name" FIC. 72 "Oneratina Physician" |  |  |
| X223.326.2310B.NM105.040 | NM105 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2310B.NM105 must be populated with accepted AN characters. |  |
| X223.326.2310B.NM105.050 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.326.2310B.NM106.010 | NM106 | Name Prefix | AN | 1-10 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.326.2310B.NM107.010 | NM107 | Name Suffix | AN | 1-10 | S |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2310B.NM107 must contain at least one non-space character. |  |
| X223.326.2310B.NM107.020 | NM107 |  | AN | 1-10 | s |  |  |  | 999 | E | 1K403 = 5: "Data Element Too Long" | 2310B.NM107 must be 1 - 10 characters. |  |
| X223.326.2310B.NM107.030 | NM107 |  |  |  |  |  |  |  | 277 | T | $\begin{aligned} & \text { CSCC A7: "Acknowledgement } \\ & \text { 1Rejected for Invalid Information..." } \\ & \text { CSC 512: "Length invalid for receiver's } \\ & \text { application system" } \\ & \text { CSC 125: "Entity's Name" } \\ & \text { FIC. 72 "0neratino Phusician". } \\ & \hline \end{aligned}$ |  |  |
| X223.326.2310B.NM107.040 | NM107 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2310B.NM107 must be populated with accepted AN characters. |  |
| X223.326.2310B.NM107.050 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.326.2310B.NM108.010 | NM108 | Identification Code Qualifier | ID | 1-2 | s |  |  | xx | 277 | c | CSCC A8: "Acknowledgement / Rejected for relational field in error" CSC 745: "ldentifier Qualifier" CSC 562: "Entity's National Provider Identifier (NPI)" FIC. 72 "Oneratino Physician" | 2310B.NM108 must not be present when 2300.REF with REF01 = "P4" and REF02 is a valid VA identifier. | Trailblazer Only 01/20: Companion Guide Note needed. |
| X223.326.2310B.NM108.020 | NM108 |  |  |  |  |  |  |  | 277 | c | CSCC A6: <br> 'Acknowledgement/Rejected for Missing Information..." CSC 745: "Identifier Qualifier" CSC 562: "Entity's National Provider Identifier (NPI)" <br> EIC. 72 "Oneratina Phucicion" | 2310B.NM108 must be present. | Everyone but Trailblazer. 01/20: Companion Guide Note needed. |
| X223.326.2310B.NM108.030 | NM108 |  |  |  |  |  |  |  | 999 | R | 1 K 403 = 7 : "Invalid Code Value" | 2310B.NM108 must be "XX". | Does not apply to Trailblazer VA |
| X223.326.2310B.NM109.010 | NM109 | Identifier | AN | 2-80 | s |  |  |  | 999 | R | 1K403 = 2: "Conditional Required Data | 2310B.NM109 must be present if 2310B.NM108 is |  |
| X223.326.2310B.NM109.020 | NM109 |  |  |  |  |  |  |  | 277 | c | CSCC A7: "Acknowledgement Rejected for Invalid Information..." CSC 562: "Entity's National ProviderIdentifier (NPI)" <br> FIC. <br> 1 | 2310B.NM109 must be valid according to the NPI algorithm. |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | Segment or Element | Description | ID | $\begin{aligned} & \text { Min. } \\ & \text { Max. } \end{aligned}$ | $\begin{array}{\|c} \text { Usage } \\ \text { Req. } \\ \hline \end{array}$ | Loop | $\begin{gathered} \text { Loop } \\ \text { Repeat } \\ \hline \end{gathered}$ | $\begin{gathered} 5010 \\ \text { Values } \\ \hline \end{gathered}$ | $\begin{array}{\|c} \text { TA1/ } \\ \text { 999/ } \\ \text { 277CA } \end{array}$ | Accept/ | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.326.2310B.NM109.030 | NM109 |  |  |  |  |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 562: "Entity's National Provider Identifier (NPI)" <br> FIC. 72 "Oneratina Phusician" | The first position of 2310 B .NM109 must be a "1". |  |
| X223.326.2310B.NM110.010 | NM110 | Entity Relationship Code | ID | 2-2 | N/U |  |  |  | 999 | E | IK403 = 110: "Implementation "Not | Must not be present. |  |
| X223.326.2310B.NM111.010 | NM111 | Entity Identifier Code | ID | 2-3 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.326.2310B.NM112.010 | NM112 | Name Last or Organization <br> Name | AN | 1-60 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.329.2310B.REF. 010 | REF | OPERATING PHYSICIAN SECONDARY IDENTIFICATION |  | 4 | s | 2310B |  |  | 999 | R | 1K304 = 19: "Implementation Dependent "Not Used" Segment Present" | If 2310B.NM109 is not present, 2310B.REF with REF01 = " 1 G " must be present. | Trailblazer Only 01/20: Companion Guide Note needed. |
| X223.329.2310B.REF. 020 | REF |  |  |  |  |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 732: "Information submitted inconsistent with billing guidelines." CSC 560: Entity's Additional/Secondary Identifier EIC: 72 "Operating Physician" | Only 1 iteration of 2310 B .REF with REF01 = "1G" is allowed. | Trailblazer Only 01/20: Companion Guide Note needed. |
| X223.329.2310B.REF.030 | REF |  |  |  |  |  |  |  | 999 | R | IK304 = 19: "Implementation Dependent "Not Used" Segment Present" | 2310B.REF must not be present. | Everyone but Trailblazer. 01/20: Companion Guide Note needed. |
| X223.329.2310B.REF01.010 | REF01 | Reference Identification | ID | 2-3 | R |  |  | OB, 1G, G2, LU | 999 | R | IK403 = 1: "Required Data Element Missing" | 2310B.REF01 must be present. |  |
| X223.329.2310B.REF01.020 | REF01 |  |  |  |  |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 21: Missing or invalid information CSC 560: Entity's Additional/Secondary Identifier EIC: 72 "Operating Physician" | 2310B.REF01 must be "1G". |  |
| X223.329.2310B.REF02.010 | REF02 | Secondary Identifier | AN | 1-50 | R |  |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2310B.REFO2 must be present. |  |
| X223.329.2310B.REF02.020 | REF02 |  |  |  |  |  |  |  | 277 | c |  | 2310B.REF02 must be in format ANNNNN or AAANNN (where A is an alpha character and N is a numeric digit). |  |
| X223.329.2310B.REF03.010 | REF03 | Description | AN | 1-80 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not | Must not be present. |  |
| X223.329.2310B.REF04.010 | REF04 | REFERENCE IDENTIFIER |  |  | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.331.2310C.NM1.010 | NM1 | OTHER OPERATING PHYSICIAN NAME |  | 1 | s | 2310 C | 1 |  | 999 | R | IK304 = 19: "Implementation Dependent "Not Used" Segment Present" | If 2310C.NM1 is present 2310B.NM1 must be present. |  |
| X223.331.2310C.NM1.020 | NM1 |  |  |  |  |  |  |  | 999 | R | $\begin{aligned} & \text { IK304 = 4: "Loop Occurs Over } \\ & \text { Maximum Times" } \\ & \hline \end{aligned}$ | Only one iteration of 2310C.NM1 is allowed. |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | Segment or | Description | ID | $\begin{aligned} & \text { Min. } \\ & \text { Max. } \end{aligned}$ | $\left\lvert\, \begin{gathered} \text { Usage } \\ \text { Rea. } \end{gathered}\right.$ | Loop | $\begin{gathered} \text { Loop } \\ \text { Repeat } \\ \hline \end{gathered}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\left\|\begin{array}{c} \text { TA1// } \\ \text { 999/ } \\ 277 C A \end{array}\right\|$ | Accept/ Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.331.2310C.NM101.010 | NM101 | Entity Identifier Code | ID | 2-3 | R |  |  | zz | 999 | R | IK403 = 1: "Required Data Element Missing" | 2310C.NM101 must be present. |  |
| X223.331.2310C.NM101.020 | NM101 |  |  |  |  |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2310C.NM101 must be "ZZ". |  |
| X223.331.2310C.NM102.010 | NM102 | Entity Type Qualifier | ID | 1-1 | R |  |  | 1 | 999 | R | IK403 = 1: "Required Data Element Missing" | 2310C.NM102 must be present. |  |
| X223.331.2310C.NM102.020 | NM102 |  |  |  |  |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2310C.NM102 must be "1". |  |
| X223.331.2310C.NM103.010 | NM103 | $\begin{array}{\|c\|} \hline \text { Other Operating Physician } \\ \text { Last Name } \end{array}$ | AN | 1-60 | R |  |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2310C.NM103 must be present. |  |
| X223.331.2310C.NM103.020 | NM103 |  |  |  |  |  |  |  | 999 | R | $\begin{aligned} & \begin{array}{l} \text { IK403 =6: "Invalid Character in Data } \\ \text { Element" } \end{array} \end{aligned}$ | 2310C.NM103 must contain at least one non-space character. |  |
| X223.331.2310C.NM103.030 | NM103 |  |  |  |  |  |  |  | 999 | E | 1K403 = 5: "Data Element Too Long" | 2310C.NM103 must be 1-60 characters. |  |
| X223.331.2310C.NM103.040 | NM103 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 504: "Entity's Last Name" FIC. 72 "Oneratina Phvsician" |  |  |
| X223.331.2310C.NM103.050 | NM103 |  |  |  |  |  |  |  | 999 | R | $\begin{aligned} & \text { IK } 403=6: \text { "Invalid Character in Data } \\ & \text { Element" } \end{aligned}$ | 2310C.NM103 must be populated with accepted AN characters. |  |
| X223.331.2310C.NM103.060 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.331.2310C.NM104.010 | NM104 | $\begin{array}{\|c\|} \hline \text { Other Operating Physician } \\ \text { First Name } \\ \hline \end{array}$ | AN | 1-35 | s |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2310C.NM104 must contain at least one non-space character. |  |
| X223.331.2310C.NM104.020 | NM104 |  | AN | 1-35 | s |  |  |  | 999 | E | 1K403 = 5: "Data Element Too Long" | 2310C.NM104 must be 1 - 35 characters. |  |
| X223.331.2310C.NM104.030 | NM104 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 505: "Entity's First Name" FIC. 72 "Oneratina Phusician" |  |  |
| X223.331.2310C.NM104.040 | NM104 |  |  |  |  |  |  |  | 999 | R | \|K403=6: "Invalid Character in Data | 2310C.NM104 must be populated with accepted AN characters. |  |
| X223.331.2310C.NM104.050 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.331.2310C.NM105.010 | NM105 | Other Operating Physician Middle Name or Initial | AN | 1-25 | s |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2310C.NM105 must contain at least one non-space character. |  |
| X223.331.2310C.NM105.020 | NM105 |  | AN | 1-25 | s |  |  |  | 999 | E | 1K403 = 5: "Data Element Too Long" | 2310C.NM105 must be 1-25 characters. |  |
| X223.331.2310C.NM105.030 | NM105 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 514: "Entity's Middle Name" FIC. 72 "Oneratino Physician" |  |  |
| X223.331.2310C.NM105.040 | NM105 |  |  |  |  |  |  |  | 999 | R | IK403=6: "Invalid Character in Data | 2310C.NM105 must be populated with accepted AN characters. |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | Segment or Element | Description | ID | $\begin{aligned} & \text { Min. } \\ & \text { Max. } \end{aligned}$ | $\begin{gathered} \text { Usage } \\ \text { Req. } \end{gathered}$ | Loop | $\begin{gathered} \text { Loop } \\ \text { Repeat } \end{gathered}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\begin{array}{\|c\|} \hline \text { TA1/ } \\ \text { 999/ } \\ 277 C A \end{array}$ | Accept/ | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.331.2310C.NM105.050 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.331.2310C.NM106.010 | NM106 | Name Prefix | AN | 1-10 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.331.2310C.NM107.010 | NM107 | $\begin{array}{\|c\|} \hline \text { Other Operating Physician } \\ \text { Name Suffix } \\ \hline \end{array}$ | AN | 1-10 | s |  |  |  | 999 | R | $\begin{aligned} & \text { IK403 = 6: "Invalid Character in Data } \\ & \text { Element" } \end{aligned}$ | 2310C.NM107 must contain at least one non-space character. |  |
| X223.331.2310C.NM107.020 | NM107 |  | AN | 1-10 | s |  |  |  | 999 | E | 1K403 = 5: "Data Element Too Long" | 2310C.NM107 must be 1 - 10 characters. |  |
| X223.331.2310C.NM107.030 | NM107 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 125: "Entity's Name" FIC. 72 "Oneratino Phusician" |  |  |
| X223.331.2310C.NM107.040 | NM107 |  |  |  |  |  |  |  | 999 | R | $\begin{aligned} & \text { IK } 403=6: \text { "Invalid Character in Data } \\ & \text { Element" } \\ & \hline \end{aligned}$ | 2310C.NM107 must be populated with accepted AN characters. |  |
| X223.331.2310C.NM107.050 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.331.2310C.NM108.010 | NM108 | Identification Code Qualifier | ID | 1-2 | s |  |  | xx | 277 | c | $\begin{aligned} & \text { CSCC A8: "Acknowledgement / } \\ & \text { Rejected for relational field in error" } \\ & \text { CSC 745: "Identifier Qualifier" } \\ & \text { CSC 562: "Entys National Provider } \\ & \text { Identifier (NII)" } \\ & \text { FIC. } 72 \text { "Oneratina Phvicician" } \end{aligned}$ | 2310C.NM108 must not be present when 2300.REF with REF01 = "P4" and REF02 is a valid VA identifier. | Trailblazer Only 01/20: Companion Guide Note needed. |
| X223.331.2310C.NM108.020 | NM108 |  |  |  |  |  |  |  | 277 | C | CSCC A6: <br> "Acknowledgement/Rejected for Missing Information..." CSC 745: "Identifier Qualifier" CSC 562: "Entity's National Provider Identifier (NPI)" <br> FIC. 72 "Oneratina Phusicion" | 2310C.NM108 must be present. | Everyone but Trailblazer. <br> 01/20: Companion Guide Note needed. |
| X223.331.2310C.NM108.030 | NM108 |  |  |  |  |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2310C.NM108 must be "XX". | Does not apply to Trailblazer VA claims. |
| X223.331.2310C.NM109.010 | NM109 | Identifier | AN | 2-80 | s |  |  |  | 999 | R | IK403 = 2: "Conditional Required Data | $2310 C . N M 109$ must be present if 2310C.NM108 is present. present. |  |
| X223.331.2310C.NM109.020 | NM109 |  |  |  |  |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 562: "Entity's National Provider Identifier (NPI)" EIC. 72 "Oneratina Phvsician" | 2310C.NM109 must be valid according to the NPI algorithm. |  |
| X223.331.2310C.NM109.030 | NM109 |  |  |  |  |  |  |  | 277 | C | CSCC A7: "Acknowledgement <br> IRejected for Invalid Information..." <br> CSC 562: "Entity's National Provider <br> Identifier (NPI)" <br> EIC: 72 "Oneratina Phvsician" | The first position of 2310 C .NM109 must be a "1". |  |
| X223.331.2310C.NM110.010 | NM110 | Entity Relationship Code | ID | 2-2 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not | Must not be present. |  |
| X223.331.2310C.NM111.010 | NM111 | Entity Identifier Code | ID | 2-3 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.331.2310C.NM112.010 | NM112 | $\substack{\text { Name Last or Organization } \\ \text { Name }}$ | AN | 1-60 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not | Must not be present. |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \\ \hline \end{gathered}$ | Segment or | Description | ID | $\begin{aligned} & \text { Min. } \\ & \text { Max. } \end{aligned}$ | $\begin{array}{\|c} \text { Usage } \\ \text { Req. } \end{array}$ | Loop | $\begin{gathered} \text { Loop } \\ \text { Repeat } \\ \hline \end{gathered}$ | $\begin{gathered} 5010 \\ \text { Values } \\ \hline \end{gathered}$ | $\begin{array}{\|c} \text { TA1/ } \\ \text { 999/ } \\ \text { 277CA } \end{array}$ | Accept/ | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.334.2310C.REF. 010 | REF | other operating PHYSICIAN SECONDARY IDENTIFICATION |  | 4 | s | 2310 C |  |  | 999 | R | IK304 = 19: "Implementation Dependent "Not Used" Segment Present" | If 2310C.NM109 is not present, 2310C.REF with REF01 = "1G" must be present. | Trailblazer Only 01/20: Companion Guide Note needed. |
| X223.334.2310C.REF. 020 | REF |  |  |  |  |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 732: "Information submitted inconsistent with billing guidelines.' CSC 560: "Entity's Additional/Secondary Identifier." EIC: 72 "Operating Physician" | Only 1 iteration of 2310 C. REF with REF01 $=$ " $1 \mathrm{G} "$ is allowed. | Trailblazer Only 01/20: Companion Guide Note needed. |
| X223.334.2310C.REF. 030 | REF |  |  |  |  |  |  |  | 999 | R | IK304 = 19: "Implementation Dependent "Not Used" Segment Present" | 2310C.REF must not be present. | Everyone but Trailblazer. 01/20: Companion Guide Note needed. |
| X223.334.2310C.REF01.010 | REF01 | Reference Identification Qualifier | ID | 2-3 | R |  |  | OB, 1G, G2, LU | 999 | R | \|K403 = 1: "Required Data Element Missing" | 2310C.REF01 must be present. |  |
| X223.334.2310C.REF01.020 | REF01 |  |  |  |  |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 21: Missing or invalid information CSC 560: Entity's Additional/Secondary Identifier EIC: 72 "Operating Physician" | 2310C.REF01 must be "1G". |  |
| X223.334.2310C.REF02.010 | REF02 | Secondary Identifier | AN | 1-50 | R |  |  |  | 999 | R | \|K403 = 1: "Required Data Element Missing" | 2310C.REF02 must be present. |  |
| X223.334.2310C.REF02.020 | REF02 |  |  |  |  |  |  |  | 277 | C | CSCC A7: "Acknowledgement /Rejected for Invalid Information. CSC 133: "Entity's UPIN" ElC: 72 "Operatina Phvsician" | 2310C.REF02 must be in format ANNNNN or AAANNN (where A is an alpha character and N is a numeric digit). |  |
| X223.334.2310C.REF03.010 | REF03 | Description | AN | 1-80 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.334.2310C.REF04.010 | REF04 | REFERENCE IDENTIFIER |  |  | N/U |  |  |  | 999 | E | \|K403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.336.2310D.NM1.010 | NM1 | RENDERING PROVIDER NAME |  | 1 | s | 2310D | 1 |  | 999 | R | $\begin{aligned} & \text { IK304 = 4: "Loop Occurs Over } \\ & \text { Maximum Times" } \end{aligned}$ | Only one iteration of 2310D.NM1 is allowed. |  |
| X223.336.2310D.NM101.010 | NM101 | Entity Identifier Code | ID | 2-3 | R |  |  | 82 | 999 | R | IK403 = 1: "Required Data Element Missing" | 2310D.NM101 must be present. |  |
| X223.336.2310D.NM101.020 | NM101 |  |  |  |  |  |  |  | 999 | R | \|K403 = 7: "Invalid Code Value" | 2310D.NM101 must be "82". |  |
| X223.336.2310D.NM102.010 | NM102 | Entity Type Qualifier | ID | 1-1 | R |  |  | 1 | 999 | R | IK403 = 1: "Required Data Element Missing" | 2310D.NM102 must be present. |  |
| X223.336.2310D.NM102.020 | NM102 |  |  |  |  |  |  |  | 999 | R | \|K403 = 7: "Invalid Code Value" | 2310D.NM102 must be "1". |  |
| X223.336.2310D.NM103.010 | NM103 | Rendering Provider Last Name | AN | 1-60 | R |  |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2310D.NM103 must be present. |  |
| X223.336.2310D.NM103.020 | NM103 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2310D.NM103 must contain at least one non-space character. |  |
| X223.336.2310D.NM103.030 | NM103 |  |  |  |  |  |  |  | 999 | E | 1K403 = 5: "Data Element Too Long" | 2310D.NM103 must be 1-60 characters. |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | Segment or Element | Description | ID | $\begin{aligned} & \text { Min. } \\ & \text { Max. } \end{aligned}$ | Usage | Loop | $\begin{aligned} & \text { Loop } \\ & \text { Repeat } \end{aligned}$ | $\begin{gathered} 5010 \\ \text { Values } \\ \hline \end{gathered}$ | $\begin{gathered} \text { TA1/ } / \\ \text { 999/ } \\ \text { 277CA } \end{gathered}$ | Accept Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.336.2310D.NM103.040 | NM103 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 504: "Entity's Last Name" FIC. 82 "Renderino Provider" |  |  |
| X223.336.2310D.NM103.050 | NM103 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2310D.NM103 must be populated with accepted AN characters. |  |
| X223.336.2310D.NM103.060 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.336.2310D.NM104.010 | NM104 | Rendering Provider First Name | AN | 1-35 | S |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2310D.NM104 must contain at least one non-space |  |
| X223.336.2310D.NM104.020 | NM104 |  | AN | 1-35 | s |  |  |  | 999 | E | 1K403 = 5: "Data Element Too Long" | 2310D.NM104 must be 1 - 35 characters. |  |
| X223.336.2310D.NM104.030 | NM104 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 505: "Entity's First Name" FIC. 82 "Renderino Provider" |  |  |
| X223.336.2310D.NM104.040 | NM104 |  |  |  |  |  |  |  | 999 | R | IK403=6: "Invalid Character in Data | 2310D.NM104 must be populated with accepted AN characters. |  |
| X223.336.2310D.NM104.050 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.336.2310D.NM105.010 | NM105 | Rendering Provider Middle <br> Name or Initial | AN | 1-25 | s |  |  |  | 999 | R | 1K403 = 6: "Invalid Character in Data | 2310D.NM105 must contain at least one non-space character. |  |
| X223.336.2310D.NM105.020 | NM105 |  | AN | 1-25 | S |  |  |  | 999 | E | \|1403 = 5: "Data Element Too Long" | 2310D.NM105 must be 1-25 characters. |  |
| X223.336.2310D.NM105.030 | NM105 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 514: "Entity's Middle Name" FIC. 82 "Renderino Provider" |  |  |
| X223.336.2310D.NM105.040 | NM105 |  |  |  |  |  |  |  | 999 | R | \|K403 = 6: "Invalid Character in Data Element" | 2310D.NM105 must be populated with accepted AN characters. |  |
| X223.336.2310D.NM105.050 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.336.2310D.NM106.010 | NM106 | Name Prefix | AN | 1-10 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.336.2310D.NM107.010 | NM107 | $\underset{\substack{\text { Rendering Provider Name } \\ \text { Suffix }}}{ }$ | AN | 1-10 | S |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2310D.NM107 must contain at least one non-space |  |
| X223.336.2310D.NM107.020 | NM107 |  | AN | 1-10 | s |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" | 2310D.NM107 must be 1-10 characters. |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | $\underset{\text { Element or }}{\text { Element }}$ | Description | ID | Min. | $\begin{array}{\|l\|l} \hline \text { Usage } \\ \text { Bea. } \end{array}$ | Loop | $\begin{aligned} & \text { Loop } \\ & \text { Repeat } \end{aligned}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\begin{gathered} \text { TA1/ } \\ \text { 999/ } \\ \text { 277CA } \end{gathered}$ | Accept/ Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.336.2310D.NM107.030 | NM107 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement <br> /Rejected for Invalid Information..." <br> CSC 512: "Length invalid for receiver's <br> application system" <br> CSC 125: "Entity's Name" <br> FIC. 82 "Renderino Provider" |  |  |
| X223.336.2310D.NM107.040 | NM107 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2310D.NM107 must be populated with accepted AN characters. |  |
| X223.336.2310D.NM107.050 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.336.2310D.NM108.010 | NM108 | Identfication CodeQualifier | ID | 1-2 | s |  |  | xX | 277 | c | CSCC A8: "Acknowledgement / Rejected for relational field in error" CSC 745: IIdentifier Qualififir" CSC 562: "Entity National Provider Identifier (PII") EIC. 8 "Renderina Provider" | 2310D.NM108 must not be present when 2300.REF with REF01 = "P4" and REF02 is a valid VA identifier. | Trailblazer Only 01/20: Companion Guide Note needed. |
| X223.336.2310D.NM108.020 | NM108 |  |  |  |  |  |  |  | 277 | c | CSCC A6: <br> "Acknowledgement/Rejected for Missing Information..." CSC 745: "Identifier Qualifier" CSC 562: "Entity's National Provider Identifier (NPI)" EIC. 82 "Renderina Provider" | 2310D.NM108 must be present. | Everyone but Trailblazer. 01/20: Companion Guide Note needed. |
| X223.336.2310D.NM108.030 | NM108 |  |  |  |  |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2310D.NM108 must be "XX". | Does not apply to Trailblazer VA |
| X223.336.2310D.NM109.010 | NM109 | $\begin{gathered} \hline \begin{array}{c} \text { Rendering Provider } \\ \text { Identifier } \end{array} \\ \hline \end{gathered}$ | AN | 2-80 | s |  |  |  | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | 2310D.NM109 must be present if 2310D.NM108 is present. |  |
| X223.336.2310D.NM109.020 | NM109 |  |  |  |  |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 562: "Entity's National Provider Identifier (NPI)" FIC: 82 "Renderina Provider" | 2310D.NM109 must be valid according to the NPI algorithm. |  |
| X223.336.2310D.NM109.030 | NM109 |  |  |  |  |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 562: "Entity's National Provider Identifier (NPI)" <br> FIC. 82 "Renderina Provider" | The first position of 2310D.NM109 must be a "1". |  |
| X223.336.2310D.NM110.010 | NM110 | Entity Relationship Code | ID | 2-2 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not | Must not be present. |  |
| X223.336.2310D.NM111.010 | NM111 | Entity Identifier Code | ID | 2-3 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not | Must not be present. |  |
| X223.336.2310D.NM112.010 | NM112 | Name Last or Organization <br> Name | AN | 1-60 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.339.2310D.REF. 010 | REF | RENDERING PROVIDER SECONDARY IDENTIFICATION |  | 4 | s | 2310D |  |  | 999 | R | IK304 = I9: "Implementation Dependent "Not Used" Segment Present" | If 2310D.NM109 is not present, 2310D.REF with REF01 = "1G" must be present. | Trailblazer Only 01/20: Companion Guide Note needed. |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \\ \hline \end{gathered}$ | Segment or Element | Description | ID | Min. | $\begin{array}{\|c} \text { Usage } \\ \text { Req. } \\ \hline \end{array}$ | Loop | $\begin{aligned} & \text { Loop } \\ & \text { Repeat } \\ & \hline \end{aligned}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\left.\begin{gathered} \text { TA1/ } \\ \text { 999/ } \\ 277 \mathrm{CA} \end{gathered} \right\rvert\,$ | Accept/ Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.339.2310D.REF. 020 | REF |  |  |  |  |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 732: "Information submitted inconsistent with billing guidelines." CSC 560: "Entity's Additional/Secondary Identifier." EIC: 82 "Rendering Provider" | Only 1 iteration of 2310 D .REF with REF01 $=$ " 1 G " is allowed. | Trailblazer Only 01/20: Companion Guide Note needed. |
| X223.339.2310D.REF. 030 | REF |  |  |  |  |  |  |  | 999 | R | IK304 = 19: "Implementation Dependent "Not Used" Segment Present" | 2310D.REF must not be present. | Everyone but Trailblazer. 01/20: Companion Guide Note needed. |
| X223.339.2310D.REF01.010 | REF01 | Reference Identification Qualifier | ID | 2-3 | R |  |  | 0B, 1G, G2, LU | 999 | R | IK403 = 1: "Required Data Element Missing" | 2310D.REF01 must be present. |  |
| X223.339.2310D.REF01.020 | REF01 |  |  |  |  |  |  |  | 277 | C | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 732: "Information submitted inconsistent with billing guidelines." CSC 560: "Entity's Additional/Secondary Identifier." FIC. 82 "Renderino Provider" | 2310D.REF01 must be "1G". |  |
| X223.339.2310D.REF02.010 | REF02 | Rendering Provider Secondary Identifier | AN | 1-50 | R |  |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2310D.REF02 must be present. |  |
| X223.339.2310D.REF02.020 | REF02 |  |  |  |  |  |  |  | 277 | C | CSCC A7: "Acknowledgement /Rejected for Invalid Information... CSC 133: "Entity's UPIN" EIC: 82 "Renderina Provider" | 2310D.REF02 must be in format ANNNNN or AAANNN (where A is an alpha character and N is a numeric digit). |  |
| X223.339.2310D.REF03.010 | REF03 | Description | AN | 1-80 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.339.2310D.REF04.010 | REF04 | REFERENCE IDENTIFIER |  |  | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.341.2310E.NM1.010 | NM1 | SERVICE FACILITY LOCATION NAME |  | 1 | s | 2310E | 1 |  | 999 | R | IK304 = 4: "Loop Occurs Over Maximum Times" | Only one iteration of 2310E.NM1 is allowed. |  |
| X223.341.2310E.NM101.010 | NM101 | Entity Identifier Code | ID | 2-3 | R |  |  | 77 | 999 | R | IK403 = 1: "Required Data Element | 2310E.NM101 must be present. |  |
| X223.341.2310E.NM101.020 | NM101 |  |  |  |  |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2310E.NM101 must be "77". |  |
| X223.341.2310E.NM102.010 | NM102 | Entity Type Qualifier | ID | 1-1 | R |  |  | 2 | 999 | R | IK403 = 1: "Required Data Element Missing" | 2310E.NM102 must be present. |  |
| X223.341.2310E.NM102.020 | NM102 |  |  |  |  |  |  |  | 999 | R | \|1403 = 7: "Invalid Code Value" | 2310E.NM102 must be "2". |  |
| X223.341.2310E.NM103.010 | NM103 | $\begin{gathered} \text { Laboratory or Facility } \\ \text { Name } \\ \hline \end{gathered}$ | AN | 1-60 | R |  |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2310E.NM103 must be present. |  |
| X223.341.2310E.NM103.020 | NM103 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2310E.NM103 must contain at least one non-space character. |  |
| X223.341.2310E.NM103.030 | NM103 |  |  |  |  |  |  |  | 999 | E | 1K403 = 5: "Data Element Too Long" | 2310E.NM103 must be 1-60 characters. |  |
| X223.341.2310E.NM103.040 | NM103 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 125 "Entity's name." FIC. 77 "Service ocation" |  |  |
| X223.341.2310E.NM103.050 | NM103 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2310E.NM103 must be populated with accepted AN characters. |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \\ \hline \end{gathered}$ | $\begin{array}{\|c\|} \hline \text { Segment or } \\ \text { Element } \\ \hline \end{array}$ | Description | ID | Min. Max. | $\begin{array}{\|c} \begin{array}{c} \text { Usage } \\ \text { Req. } \end{array} \\ \hline \end{array}$ | Loop | $\begin{aligned} & \text { Loop } \\ & \text { Repeat } \\ & \hline \end{aligned}$ | $\begin{gathered} 5010 \\ \text { Values } \\ \hline \end{gathered}$ | $\begin{array}{\|c} \text { TA1/ } \\ \text { 999/ } \\ \text { 277CA } \\ \hline \end{array}$ | Accept/ | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.341.2310E.NM103.060 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.341.2310E.NM104.010 | NM104 | Name First | AN | 1-35 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.341.2310E.NM105.010 | NM105 | Name Middle | AN | 1-25 | NU |  |  |  | 999 | E | IK403 = I10: "Implementation "Not <br> Used" Element Present" | Must not be present. |  |
| X223.341.2310E.NM106.010 | NM106 | Name Prefix | AN | 1-10 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.341.2310E.NM107.010 | NM107 | Name Suffix | AN | 1-10 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.341.2310E.NM108.010 | NM108 | Identfication CodeQualifier | ID | 1-2 | s |  |  | xx | 999 | R | 1K403 = 7: "Invalid Code Value" | 2310E.NM108 must be "XX". |  |
| X223.341.2310E.NM109.010 | NM109 | Laboratory or Facility | AN | 2-80 | S |  |  |  | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | 2310E.NM109 must be present if 2310E.NM108 is present. |  |
| X223.341.2310E.NM109.020 | NM109 |  |  |  |  |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 562: "Entity's National Provider Identifier (NPI)" <br> EIC. 77 "Service Location" | 2310E.NM109 must be valid according to the NPI algorithm. |  |
| X223.341.2310E.NM109.030 | NM109 |  |  |  |  |  |  |  | 277 | C | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 562: "Entity's National Provider Identifier (NPI)" <br> FIC. 77 "Service Location" | The first position of 2310E.NM109 must be a "1". |  |
| X223.341.2310E.NM110.010 | NM110 | Entity Relationship Code | ID | 2-2 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not | Must not be present. |  |
| X223.341.2310E.NM111.010 | NM111 | Entity Identifier Code | ID | 2-3 | N/U |  |  |  | 999 | E | \|K403 = I10: "Implementation "Not | Must not be present. |  |
| X223.341.2310E.NM112.010 | NM112 | Name Last or Organization <br> Name | AN | 1-60 | NU |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.344.2310E.N3.010 | N3 | SERVICE FACILITY LOCATION ADDRESS |  | 1 | R | 2310E |  |  | 999 | R | IK304 = 16: "Implementation Dependent Segment Missing" | If 2310E.NM1 is present, 2310.N3 must be present. |  |
| X223.344.2310E.N3.020 | N3 |  |  |  |  |  |  |  | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2310E.N3 is allowed. |  |
| X223.344.2310E.N301.010 | N301 | $\begin{gathered} \hline \text { Laboratory or Facility } \\ \text { Address Line } \\ \hline \end{gathered}$ | AN | 1-55 | R |  |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2310E.N301 must be present. |  |
| X223.344.2310E.N301.020 | N301 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2310E.N301 must contain at least one non-space character. |  |
| X223.344.2310E.N301.030 | N301 |  |  |  |  |  |  |  | 999 | E | 1K403 = 5: "Data Element Too Long" | 2310E.N301 must be $1-55$ characters. |  |
| X223.344.2310E.N301.040 | N301 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 503: "Entity's Street address" FIC. 77 "Service ل ocation" |  |  |
| X223.344.2310E.N301.050 | N301 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2310E.N301 must be populated with accepted AN characters. |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | $\underset{\text { Element or }}{\text { Element }}$ | Description | ID | Min. <br> Max. | $\begin{array}{\|c} \begin{array}{c} \text { Usage } \\ \text { Req. } \end{array} \\ \hline \end{array}$ | Loop | $\begin{aligned} & \text { Loop } \\ & \text { Repeat } \\ & \hline \end{aligned}$ | $\begin{gathered} 5010 \\ \text { Values } \\ \hline \end{gathered}$ | $\begin{array}{\|r\|} \hline \text { TA1// } \\ \text { 999/ } \\ \text { 277CA } \\ \hline \end{array}$ | Accept Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.344.2310E.N301.060 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.344.2310E.N302.010 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.344.2310E.N302.020 | N302 | $\begin{gathered} \hline \text { Laboratory or Facility } \\ \text { Address Line } \\ \hline \end{gathered}$ | AN | 1-55 | S |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data | If present, 2310E.N302 must contain at least one non- space character. |  |
| X223.344.2310E.N302.030 | N302 |  |  |  |  |  |  |  | 999 | E | \|K403 = 5: "Data Element Too Long" | 2310E.N302 must be 1-55 characters. |  |
| X223.344.2310E.N302.040 | N302 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 503: "Entity's Street address" FIC. 77 "Service لacation" |  |  |
| X223.344.2310E.N302.050 | N302 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2310E.N302 must be populated with accepted AN |  |
| X223.344.2310E.N302.060 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.345.2310E.N4.010 | N4 | SERVICE FACILITY LOCATION CITY, STATE, ZIP CODE |  | 1 | R | 2310E |  |  | 999 | R | IK304 = 16: "Implementation Dependent Segment Missing" | If 2310E.N3 is present, 2301E.N4 must be present. |  |
| X223.345.2310E.N4.020 | N4 |  |  |  |  |  |  |  | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2310E.N4 is allowed. |  |
| X223.345.2310E.N401.010 | N401 | Laboratory or Facility City Name | AN | 2-30 | R |  |  |  | 999 | R | IK403 = 1: "Required Data Element | 2310E.N401 must be present. |  |
| X223.345.2310E.N401.020 | N401 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2310E.N401 must contain at least two non-space characters. |  |
| X223.345.2310E.N401.030 | N401 |  |  |  |  |  |  |  | 999 | E | 1K403 $=4$ : "Data Element Too Short" IK403 = 5: "Data Element Too Long" | 2310E.N401 must be 2-30 characters. |  |
| X223.345.2310E.N401.040 | N401 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 502: "Entity's City" FIC. 77"Service Lecation" |  |  |
| X223.345.2310E.N401.050 | N401 |  |  |  |  |  |  |  | 999 | R | $\underset{\substack{\text { IK403 }=6: ~ " I n v a l i d ~ C h a r a c t e r ~ i n ~ D a t a ~}}{\text { Element" }}$ | 2310E.N401 must be populated with accepted AN characters. |  |
| X223.345.2310E.N401.060 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.345.2310E.N402.010 | N402 | Laboratory or Facility State or Province Code | ID | 2-2 | s |  |  |  | 999 | R | \|K403 = 2: "Conditional Required Data Element Missing" | If 2310E.N404 is not present, 2310E.N402 must be present. |  |
| X223.345.2310E.N402.020 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | Segment or | Description | ID | $\underset{\text { Max. }}{\text { Min. }}$ | Usage | Loop | $\underset{\text { Repeat }}{\text { Loop }}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\begin{gathered} \text { TA1/ } \\ \text { 999/ } \\ \text { 277CA } \end{gathered}$ | Accept/ Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.345.2310E.N402.030 | N402 |  |  |  |  |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 501: "Entity's State/Province" EJC: 77 "Service Location" | 2310E.N402 must be a valid state code. | Valid State Code reference must be available for this edit. |
| X223.345.2310E.N403.010 | N403 | Laboratory or Facility Postal Zone or ZIP Code | ID | 3-15 | s |  |  |  | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | If 2310E.N404 is not present, 2310E.N403 must be present. |  |
| $\begin{aligned} & \text { X223.345.2310E.N403.020 } \\ & \text { edit deactivated } \end{aligned}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.345.2310E.N403.030 | N403 |  |  |  |  |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 500: "Entity's Postal/Zip Code" EIC: 77 "Service Location" | 2310E.N403 must be a valid 9 digit zip code. | Valid Zip Code reference must be available for this edit. |
| X223.345.2310E.N404.010 | N404 | Country Code | ID | 2-3 | N/U |  |  |  | 999 | E | IK403 $=$ I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.345.2310E.N405.010 | N405 | LocationQualifier | ID | 1-2 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.345.2310E.N406.010 | N406 | Location Identifier | AN | 1-30 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.345.2310E.N407.010 | N407 | Country Subdivision Code | ID | 1-3 | N/U |  |  |  | 999 | E | IK403 $=110:$ "Implementation "Not Used" Element Present" | Must not be present. |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.347.2310E.REF. 010 | REF | SERVICE FACILITY LOCATION SECONDARY IDENTIFICATION |  | 5 | s | 2310E |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 732: "Information submitted inconsistent with billing guidelines. CSC 560: "Entity's Additional/Secondary Identifier." EIC: 77 "Service Location" | 2310E.REF must not be present. | Segment not valid for Part A. 02/04: Companion Guide Note needed. |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.349.2310F.NM1.010 | NM1 | REFERRING PROVIDER NAME Loop |  |  |  |  | 1 |  | 999 | R | IK304 = 4: "Loop Occurs Over Maximum Times" | One iteration of this loop is allowed. |  |
| X223A1.12.2310F.NM1.020 | NM1 | REFERRING PROVIDER NAME |  | 1 | s | 2310F |  |  | 999 | R | IK304 = 4: "Loop Occurs Over Maximum Times" | Only one iteration of 2310F.NM1 with NM101 = " DN " is allowed. | Pass through only. |
| X223.349.2310F.NM101.010 | NM101 | Entity Identifier Code | ID | 2-3 | R |  |  | DN | 999 | R | 1K403 = 1: "Required Data Element Missing" Missing" | 2310F.NM101 must be present. |  |
| X223.349.2310F.NM101.020 | NM101 |  |  |  |  |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2310F.NM101 must be "DN". |  |
| X223.349.2310F.NM102.010 | NM102 | Entity Type Qualifier | ID | 1-1 | R |  |  | 1 | 999 | R | IK403 = 1: "Required Data Element Missing" | 2310F.NM102 must be present. |  |
| X223.349.2310F.NM102.020 | NM102 |  |  |  |  |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2310F.NM102 must be "1". |  |
| X223.349.2310F.NM103.010 | NM103 | Referring Provider Last Name | AN | 1-60 | R |  |  |  | 999 | R | \|K403 = 1: "Required Data Element Missing" | 2310F.NM103 must be present. |  |
| X223.349.2310F.NM103.020 | NM103 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data | 2310F.NM103 must contain at least one non-space character. |  |
| X223.349.2310F.NM103.030 | NM103 |  |  |  |  |  |  |  | 999 | E | 1K403 = 5: "Data Element Too Long" | 2310F.NM103 must be 1-60 characters. |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \\ \hline \end{gathered}$ | Segment or Element | Description | ID | $\begin{aligned} & \text { Min. } \\ & \text { Max. } \end{aligned}$ | $\begin{array}{\|c} \text { Usage } \\ \text { Req. } \\ \hline \end{array}$ | Loop | $\begin{aligned} & \text { Loop } \\ & \text { Repeat } \end{aligned}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\begin{gathered} \text { TA1// } \\ \text { T99/ } \\ 277 C A \end{gathered}$ | Accept Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.349.2310F.NM103.040 | NM103 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 504: "Entity's Last Name" FIC. DN "Referrino Provider" |  |  |
| X223.349.2310F.NM103.050 | NM103 |  |  |  |  |  |  |  | 999 | R | $\frac{1 k}{1 K 403=6: ~ " I n v a l i d ~ C h a r a c t e r ~ i n ~ D a t a ~}$ Element" | 2310F.NM103 must be populated with accepted AN characters. |  |
| X223.349.2310F.NM103.060 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.349.2310F.NM104.010 | NM104 | $\underset{\text { Neferring Provider First }}{\text { Name }}$ | AN | 1-35 | s |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2310F.NM104 must contain at least one non-space character. |  |
| X223.349.2310F.NM104.020 | NM104 |  |  |  |  |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" | 2310F.NM104 must be 1-35 characters. |  |
| X223.349.2310F.NM104.030 | NM104 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 505: "Entity's First Name" FIC. ND "Referrino Provider" |  |  |
| X223.349.2310F.NM104.040 | NM104 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2310F.NM104 must be populated with accepted AN characters. |  |
| X223.349.2310F.NM104.050 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.349.2310F.NM105.010 | NM105 | Referring Provider Middle Name | AN | 1-25 | s |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data | 2310F.NM105 must contain at least one non-space |  |
| X223.349.2310F.NM105.020 | NM105 |  |  |  |  |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" | 2310F.NM105 must be 1-25 characters. |  |
| X223.349.2310F.NM105.030 | NM105 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 514: "Entity's Middle Name" FIC. DN "Referrina Provider" |  |  |
| X223.349.2310F.NM105.040 | NM105 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2310F.NM105 must be populated with accepted AN |  |
| X223.349.2310F.NM105.050 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.349.2310F.NM106.010 | NM106 | Name Prefix | AN | 1-10 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.349.2310F.NM107.010 | NM107 | $\xrightarrow{\text { Referring Provider Name }}$ Suffix | AN | 1-10 | S |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2310F.NM107 must contain at least one non-space character. |  |
| X223.349.2310F.NM107.020 | NM107 |  |  |  |  |  |  |  | 999 | E | 1K403 = 5: "Data Element Too Long" | 2310F.NM107 must be 1-10 characters. |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | $\left\lvert\, \begin{gathered} \text { Segment or } \\ \text { Element } \end{gathered}\right.$ | Description | ID | $\begin{aligned} & \text { Min. } \\ & \text { Max. } \end{aligned}$ | $\begin{array}{\|c} \text { Usage } \\ \text { Req. } \\ \hline \end{array}$ | Loop | $\begin{aligned} & \text { Loop } \\ & \text { Repeat } \\ & \hline \end{aligned}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\begin{gathered} \text { TA1/ } \\ \text { 999/ } \\ \text { 277CA } \end{gathered}$ | Accept/ Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.349.2310F.NM107.030 | NM107 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 125: "Entity's Name" FlC. NN "Referrino Provider" |  |  |
| X223.349.2310F.NM107.040 | NM107 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2310F.NM107 must be populated with accepted AN characters. |  |
| X223.349.2310F.NM107.050 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.349.2310F.NM108.010 | NM108 | Identlication CodeQualifier | ID | 1-2 | s |  |  | xx | 277 | c | CSCC A8: "Acknowledgement Rejected for relational field in error" CSC 745: "Identifier Qualifier" CSC 562: "Entity's National Provider Identifier (NPI)" <br> FIC. DN "Referrina Provider" | 2310F.NM108 must not be present when 2300.REF with REF01 = "P4" and REF02 is a valid VA identifier. | Only Trailblazer. 01/20: Companion Guide Note needed. |
| X223.349.2310F.NM108.020 | NM108 |  |  |  |  |  |  |  | 277 | c | CSCC A6: <br> "Acknowledgement/Rejected for Missing Information..." <br> CSC 745: "Identifier Qualifier" CSC 562: "Entity's National Provider Identifier (NPI)" <br> FIC. DN "Referrina Provider" | 2310F.NM108 must be present. | Everyone but Trailblazer 01/20: Companion Guide Note needed. |
| X223.349.2310F.NM108.030 | NM108 |  |  |  |  |  |  |  | 999 | R | \|1403 = 7: "Invalid Code Value" | 2310F.NM108 must be "XX". | Does not apply to Trailblazer VA claims. |
| X223.349.2310F.NM109.010 | NM109 | $\begin{gathered} \hline \text { Referring Provider } \\ \text { Identifier } \\ \hline \end{gathered}$ | AN | 2-80 | s |  |  |  | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | 2310F.NM109 must be present if 2310F.NM108 is present. |  |
| X223.349.2310F.NM109.015 |  |  |  |  |  |  |  |  | 999 | R | IK403 = 10: "Exclusion Condition Violated" | 2310F.NM109 must not = 2310A.NM109. |  |
| X223.349.2310F.NM109.020 | NM109 |  |  |  |  |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 562: "Entity's National Provider Identifier (NPI)" FIC: DN "Referrina Provider" | 2310F.NM109 must be valid according to the NPI algorithm. |  |
| X223.349.2310F.NM109.030 | NM109 |  |  |  |  |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 562: "Entity's National Provider Identifier (NPI)" <br> ElC: DN "Referrina Provider" | The first position of 2310F.NM109 must be a "1". |  |
| X223.349.2310F.NM110.010 | NM110 | Entity Relationship Code | ID | 2-2 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { 1K403 = = 110: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.349.2310F.NM111.010 | NM111 | Entity Identifier Code | ID | 2-3 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not | Must not be present. |  |
| X223.349.2310F.NM112.010 | NM112 | Name Last or Organization <br> Name | AN | 1-60 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.352.2310F.REF. 005 | REF | REFERRING PROVIDER SECONDARY IDENTIFICATION |  | 3 | s | 2310F |  |  | 999 | R | IK304 = 19: "Implementation Dependent "Not Used" Segment Present" | If 2310F.NM109 is not present, 2310F. REF with REF01 = "1G" must be present. | Trailblazer Only <br> 01/20: Companion Guide Note needed. |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | Segment or Element | Description | ID | $\begin{gathered} \text { Min. } \\ \text { Max. } \end{gathered}$ | Usage | Loop | Loop Repeat | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\begin{array}{\|c} \text { TA1/ } \\ \text { 999/ } \\ \text { 277CA } \end{array}$ | Accept Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.352.2310F.REF. 010 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.352.2310F.REF.020 |  |  |  |  |  |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 732: "Information submitted inconsistent with billing guidelines." CSC 560: "Entity's Additional/Secondary Identifier." EIC: DN "Referring Provider" | Only 1 iteration of 2310 F . REF with REF01 $=" 1 \mathrm{G} "$ is allowed. | Trailblazer Only 01/20: Companion Guide Note needed. |
| X223.352.2310F.REF.030 | REF |  |  |  |  |  |  |  | 999 | R | IK304 = 19: "Implementation Dependent "Not Used" Segment Present" | 2310F.REF01 must not be present. | Everyone but Trailblazer. 01/20: Companion Guide Note needed. |
| X223.352.2310F.REF01.010 | REF01 | Reference Identification Qualifier |  |  |  |  |  | OB, 1G, G2 | 999 | R | IK403 = 1: "Required Data Element Missing" | 2310F.REF01 must be present. |  |
| X223.352.2310F.REF01.020 | REF01 |  |  |  |  |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 732: "Information submitted inconsistent with billing guidelines." CSC 560: "Entity's Additional/Secondary Identifier." EIC: DN "Referring Provider" | 2310F.REF01 must be "1G". |  |
| X223.352.2310F.REF02.010 | REF02 | Referring Provider Secondary Identifier | AN | 1-50 | R |  |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2310F.REF02 must be present. |  |
| X223.352.2310F.REF02.020 | REF02 |  |  |  |  |  |  |  | 277 | c | $\begin{aligned} & \hline \text { CSCC A7: "Acknowledgement } \\ & \text { /Rejected for Invalid Information..." } \\ & \text { CSC 133: "Entity's UPIN" } \\ & \text { EIC: DN "Referring Provider" } \\ & \hline \end{aligned}$ | 2310F. REF02 must be in format ANNNNN or AAANNN (where A is an alpha character and N is a numeric digit). |  |
| X223.352.2310F.REF03.010 | REF03 | Description | AN | 1-80 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.352.2310F.REF04.010 | REF04 | REFERENCE IDENTIFIER |  |  | N/U |  |  |  | 999 | E | \|K403 = 110: "Implementation "Not Used" Element Present" | Must not be present. |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.354.2320.010 |  | OTHER SUBSCRIBER LOOP |  |  |  | 2320 | 10 |  | 999 | R | IK 304 = 4: "Loop Occurs Over Maximum Times" | If 2000B.SBR01 = "P", then up to ten iterations of the 2320 loop are allowed. |  |
| X223.354.2320.SBR. 010 | SBR | OTHER SUBSCRIBER INFORMATION |  | 1 | s | 2320 | 1 |  | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of $2320 . \mathrm{SBR}$ is allowed. |  |
| X223.354.2320.SBR01.010 | SBR01 | $\begin{gathered} \text { Payer Responsibility } \\ \text { Sequence Number Code } \\ \hline \end{gathered}$ | ID | 1-1 | R |  |  | $\underset{\mathrm{U}}{\mathrm{~A}, \mathrm{~B}, \mathrm{C}, \mathrm{D}, \mathrm{E}, \mathrm{~F}, \mathrm{G}, \mathrm{H}, \mathrm{P}, \mathrm{~S}, \mathrm{~T},}$ | 999 | R | IK403 = 1: "Required Data Element Missing" | 2320.SBR01 must be present. |  |
| X223.354.2320.SBR01.020 | SBR01 |  |  |  |  |  |  |  | 999 | R | \|1403 = 7: "Invalid Code Value" | 2320.SBR01 must be valid values. |  |
| X223.354.2320.SBR01.030 | SBR01 |  |  |  |  |  |  |  | 999 | R | IK403 = 7: "Invalid Code Value" | Each iteration of 2320.SBR01 must contain a different code value (each code value may appear in one and only one SBR01 element). |  |


| 8371 Edit Reference | $\left\lvert\, \begin{gathered} \text { Segment or } \\ \text { Element } \end{gathered}\right.$ | Description | ID | $\begin{aligned} & \text { Min. } \\ & \text { Max. } \end{aligned}$ | Usage Req | Loop | $\begin{aligned} & \text { Loop } \\ & \text { Repeat } \end{aligned}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\begin{gathered} \text { TA1/1 } \\ 999 / \\ 277 C A \end{gathered}$ | Accept/ Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.354.2320.SBR01.040 | SBR01 |  |  |  |  |  |  |  | 277 | c | CSCC A6: <br> "Acknowledgement/Rejected for Missing Information..." CSC 286: "Other payer's Explanation of Benefits/payment information" | If 2000B.SBR01 = "S", 2320.SBR01 ="P" must be present. |  |
| X223.354.2320.SBR02.010 | SBR02 | Individual Relationship Code | ID | 2-2 | R |  |  | $\begin{gathered} 01,18,19,20,21,39,40,53, \\ G 8 \end{gathered}$ | 999 | R | \|K403 = 1: "Required Data Element Missing" | 2320.SBR02 must be present. |  |
| X223.354.2320.SBR02.020 | SBR02 |  |  |  |  |  |  |  | 999 | R | \|K403 = 7: "Invalid Code Value" | 2320.SBR02 must be valid values. |  |
| X223.354.2320.SBR03.004 | SBR03 | Insured Group or Policy | AN | 1-50 | s |  |  |  | 999 | E | \|K403 = I13: "Implementation Dependent "Not Used" Data Element Present" | 2320.SBR03 must not equal 2330A.NM109 |  |
| X223.354.2320.SBR03.006 | SBR03 |  |  |  |  |  |  |  | 277 | T | CSCC A8: <br> "Acknowledgement/Rejected for relational field in error" CSC 163: "Entity's Policy Number" CSC 732 "Information submitted inconsistent with billing guidelines." EIC: GB "Other Insured" |  |  |
| X223.354.2320.SBR03.010 | SBR03 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2320.SBR03 must contain at least one non-space |  |
| X223.354.2320.SBR03.020 | SBR03 |  |  |  |  |  |  |  | 999 | E | 1K403 = 5: "Data Element Too Long" | $2320 . S 8 R 03$ must be 1-50 characters. |  |
| X223.354.2320.SBR03.030 | SBR03 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 163: "Entity's policy number" FIC. GB "Other Insured" |  |  |
| X223.354.2320.SBR03.040 | SBR03 |  |  |  |  |  |  |  | 999 | R | $\begin{aligned} & \text { IK403 =6: "Invalid Character in Data } \\ & \text { Element" } \end{aligned}$ | 2320.SBR03 must be populated with accepted AN characters. |  |
| X223.354.2320.SBR03.050 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.354.2320.SBR04.010 | SBR04 | Other Insured Group Name | AN | 1-60 | S |  |  |  | 999 | R | IK403 = 10: "Exclusion Condition Violated" | If 2320. SBR04 is present, 2320.SBR03 must not be present. |  |
| X223.354.2320.SBR04.020 | SBR04 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2320.SBR04 must contain at least one non-space character. | 999 |
| X223.354.2320.SBR04.030 | SBR04 |  |  |  |  |  |  |  | 999 | E | 1K403 = 5: "Data Element Too Long" | 2320.SBR04 must be 1-60 characters. |  |
| X223.354.2320.SBR04.040 | SBR04 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 663: "Entity's Group Name" FIC. GB "Other Incured" |  |  |
| X223.354.2320.SBR04.050 | SBR04 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2320.SBR04 must be populated with accepted AN |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \\ \hline \end{gathered}$ | Segment or Element | Description | ID | $\begin{aligned} & \text { Min. } \\ & \text { Max. } \end{aligned}$ | $\begin{array}{\|c} \text { Usage } \\ \text { Req. } \end{array}$ | Loop | $\begin{gathered} \text { Loop } \\ \text { Repeat } \\ \hline \end{gathered}$ | $\begin{gathered} 5010 \\ \text { Values } \\ \hline \end{gathered}$ | $\begin{array}{\|c} \text { TA1/ } \\ \text { 999/ } \\ \text { 277CA } \end{array}$ | Accept | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.354.2320.SBR04.060 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.354.2320.SBR05.010 | SBR05 | Insurance Type Code | ID | 1-3 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.354.2320.SBR06.010 | SBR06 | Coordination of Benefits Code | ID | 1-1 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.354.2320.SBR07.010 | SBR07 | Yes/No Condition or Response Code | ID | 1-1 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not | Must not be present. |  |
| X223.354.2320.SBR08.010 | SBR08 | Employment Status Code | ID | 2-2 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.354.2320.SBR09.010 | SBR09 | Claim Filing Indicator Code | ID | 1-2 | s |  |  | 11, 12, 13, 14, 15, 16, 17, AM, MA, MB, MC, OF, TV, VA, WC <br>  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2320.SBR09 must be valid values. |  |
| X223.354.2320.SBR09.020 | SBR09 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement Rejected for Invalid Information..." CSC 480: Other Carrier Claim filing indicator is missino or invalid | 2320.SBR09 must not be = "MA" or "MB". |  |
| X223.358.2320.CAs. 010 | CAS | claim level ADJUSTMENTS |  | 5 | s | 2320 |  |  | 999 | R | IK304 = 19: "Implementation Dependent 'not used' Segment Present" <br> OR <br> IK 304 = 2: "Unexpected Segment" | If 2320.CAS is present, 2320.SBR must be present. |  |
| X223.358.2320.CAS. 020 | CAS |  |  |  |  |  |  |  | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only 5 iterations of 2320.CAS are allowed. |  |
| X223.358.2320.CAS01.010 | CAS01 | $\begin{array}{\|c\|} \hline \begin{array}{c} \text { Claim Adjustment Group } \\ \text { Code } \end{array} \\ \hline \end{array}$ | ID | 1-2 | R |  |  | CO, CR, OA, PI, PR | 999 | R | IK403 = 1: "Required Data Element Missing" | 2320.CAS01 must be present. |  |
| X223.358.2320.CAS01.020 | CAS01 |  |  |  |  |  |  |  | 999 | R | 1 K 403 = 7: "Invalid Code Value" | $2320 . C A S 01$ must be valid values. |  |
| X223.358.2320.CAS01.030 edit deactivated | CAS01 |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.358.2320.CAS02.010 | CAS02 | Adjustment Reason Code | ID | 1-5 | R |  |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2320.CAS02 must be present. |  |
| X223.358.2320.CAS02.020 | CAS02 |  |  |  |  |  |  |  | 277 | C | CSCC A8: "Acknowledgement / Rejected for relational field in error". CSC 521: Adjustment Reason Code CSC 516: Adjudication or Payment Date <br> FIC. GB "Other Insured" | If 2330B.DTP03 with DTP01 $=$ " 573 " is present, 2320.CAS02 must be a valid Claim Adjustment Reason Code on the date in 2330B.DTP03 when DTP01 = "573". | Valid Claim Adjustment Reason Code reference must be available for this edit. |
| X223.358.2320.CAS02.030 | CAS02 |  |  |  |  |  |  |  | 277 | c | CSCC A8: "Acknowledgement / Rejected for relational field in error." CSC 521: Adjustment Reason Code CSC 516: Adjudication or Payment Date <br> FIC. GB "Other Insured" | If 2330B.DTP03 with DTP01 = "573" is not present, 2320.CAS02 must be a valid Claim Adjustment Reason Code on the date in 2430.DTP03 when DTP01 = "573". | Valid Claim Adjustment Reason Code reference must be available for this edit. |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | Segment or Element | Description | ID | $\begin{aligned} & \text { Min. } \\ & \text { Max. } \end{aligned}$ | $\begin{array}{\|c\|} \hline \text { Usage } \\ \text { Req. } \end{array}$ | Loop | $\begin{aligned} & \text { Loop } \\ & \text { Repeat } \end{aligned}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\begin{array}{\|c} \text { TA1/ } \\ \text { 999/ } \\ \text { 277CA } \\ \hline \end{array}$ | Accept/ | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.358.2320.CAS03.010 | CAS03 | Adjustment Amount | R | 1-18 | R |  |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2320.CAS03 must be present. |  |
| х223.358.2320.CAS03.020 | CAS03 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data | 2320.CAS03 must be numeric. |  |
| X223.358.2320.CAS03.030 | CAS03 |  |  |  |  |  |  |  | 999 | E | 1K403 = 5: "Data Element Too Long" | $\begin{aligned} & \text { 2320.CAS03 must be }>=-99,999,999.99 \text {. and } \\ & <=99,999,999.99 .\end{aligned}$ |  |
| X223.358.2320.CAS03.040 | CAS03 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 519: "Adjustment Amount" EIC: GB "Other Insured" |  |  |
| X223.358.2320.CAS03.050 | CAS03 |  |  |  |  |  |  |  | 277 | T | $\begin{aligned} & \text { CSCC A7: "Acknowledgement } \\ & \text { /Rejected for Invalid Information..." } \\ & \text { CSC 694: "Amount must not be equal } \\ & \text { to zero" } \\ & \text { CSC 519: "Adjustment Amount" } \\ & \text { FIC. GB "Other Insured" } \end{aligned}$ | 2320.CAS03 must not $=0$. |  |
| X223.358.2320.CAS03.060 | CAS03 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 697: "Invalid Decimal Precision" CSC 519: "Adjustment Amount" EIC: GB "Other Insured" | 2320.CAS03 is limited to 0, 1 or 2 decimal positions. |  |
| X223.358.2320.CAS04.010 | CAS04 | Adjustment Quantity | R | 1-15 | s |  |  |  | 999 | E | 1K403 = 5: "Data Element Too Long" | 2320.CAS04 must be 1-15 digits. | 01/08: Not brought into Core System, so no Medicare size limit is needed. |
| X223.358.2320.CAS04.015 | CAS04 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 520: "Adjustment Quantity" FIC. GB "Other Insured" |  |  |
| X223.358.2320.CAS04.020 | CAS04 |  |  |  |  |  |  |  | 277 | T | ```CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 694: "Amount must not be equal to zero" CSC 520: "Adjustment Quantity" FIC. GB "Other Insured"``` | 2320.CAS04 must not $=0$. |  |
| X223.358.2320.CAS05.010 | CAS05 | Adjustment Reason Code | ID | 1-5 | s |  |  |  | 999 | R | $\begin{aligned} & \text { IK403 = 2: "Conditional Required Data } \\ & \text { Element Missing" } \end{aligned}$ | If 2320.CAS05 is present, 2320.CAS02 must be |  |
| X223.358.2320.CAS05.020 | CAS05 |  |  |  |  |  |  |  | 277 | c | CSCC A8: "Acknowledgement / Rejected for relational field in error." CSC 521: Adjustment Reason Code CSC 516: Adjudication or Payment Date FIC. GB "Other lnsured" | If 2330B.DTP03 with DTP01 $=$ " 573 " is present, 2320.CAS05 must be a valid Claim Adjustment Reason Code on the date in 2330B.DTP03 when DTP01 = "573". | Valid Claim Adjustment Reason Code reference must be available for this edit. 01/08: Add clause to check for the 2330B.DTP. |
| X223.358.2320.CAS05.030 | CAS05 |  |  |  |  |  |  |  | 277 | c | CSCC A8: "Acknowledgement / Rejected for relational field in error." CSC 521: Adjustment Reason Code CSC 516: Adjudication or Payment Date <br> FIC. GB "Other Insured" | If 2330B.DTP03 with DTP01 $=$ " 573 " is not present, 2320.CAS05 must be a valid Claim Adjustment Reason Code on the date in 2430.DTP03 when DTP01 = "573". | Valid Claim Adjustment Reason Code reference must be available for this edit. |
| X223.358.2320.CAS06.010 | CAS06 | Adjustment Amount | R | 1-18 | s |  |  |  | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | If 2320.CAS06 is present, 2320.CAS05 must be |  |


| 8371 Edit Reference | Segment or Element | Description | ID | Min. Max. | $\begin{array}{\|c\|} \hline \text { Usage } \\ \text { Req. } \end{array}$ | Loop | $\underset{\text { Repeat }}{\text { Loop }}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\begin{gathered} \text { TA1/ } \\ \text { T99/ } \\ \text { 277CA } \end{gathered}$ | Accept/ Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.358.2320.CAS06.020 | CAS06 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2320.CAS06 must be numeric. |  |
| X223.358.2320.CAS06.030 | CAS06 |  |  |  |  |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" | 2320.CAS06 must be $>=-99,999,999.99$. and $\langle=99,999,999.99$. |  |
| X223.358.2320.CAS06.040 | CAS06 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 519: "Adjustment Amount" FIC. GB "Other Insured" |  |  |
| X223.358.2320.CAS06.050 | CAS06 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 694: "Amount must not be equal to zero" <br> CSC 519: "Adjustment Amount" FIC. GB "Other lnsured" | $2320 . \mathrm{CAS06}$ must not $=0$. |  |
| X223.358.2320.CAS06.060 | CAS06 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 697: "Invalid Decimal Precision" CSC 519: "Adjustment Amount" EIC: GB "Other Insured" | 2320.CAS06 is limited to 0, 1 or 2 decimal positions. |  |
| X223.358.2320.CAS07.010 | CAS07 | Adjustment Quantity | R | 1-15 | s |  |  |  | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | If 2320.CAS07 is present, 2320.CAS05 must be present. |  |
| X223.358.2320.CAS07.020 | CAS07 |  |  |  |  |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" | 2320.CAS07 must be 1-15 digits. | 01/08: Not brought into Core System, so no Medicare size limit is needed. |
| X223.358.2320.CAS07.025 | CAS07 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 520: "Adjustment Quantity" FIC. GB "Other Insured" |  |  |
| X223.358.2320.CAS07.030 | CAS07 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 694: "Amount must not be equal to zero" <br> CSC 520: "Adjustment Quantity" FIC. GB "Other Insured" | 2320.CAS07 must not $=0$. |  |
| X223.358.2320.CAS08.010 | CAS08 | Adjustment Reason Code | ID | 1-5 | s |  |  |  | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | If 2320.CAS08 is present, 2320.CAS05 must be present. |  |
| X223.358.2320.CAS08.020 | CAS08 |  |  |  |  |  |  |  | 277 | C | CSCC A8: "Acknowledgement / Rejected for relational field in error." CSC 521: Adjustment Reason Code CSC 516: Adjudication or Payment Date FIC. GB "Other Insured" | If 2330B.DTP03 with DTP01 $=$ " 573 " is present, 2320.CAS08 must be a valid Claim Adjustment Reason Code on the date in 2330B.DTP03 when DTP01 = " 573 ". | Valid Claim Adjustment Reason Code reference must be available for this edit. |
| X223.358.2320.CAS08.030 | CAS08 |  |  |  |  |  |  |  | 277 | c | CSCC A8: "Acknowledgement/ Rejected for relational field in error." CSC 521: Adjustment Reason Code CSC 516: Adjudication or Payment Date FIC. GB "Other Insured" | If 2330B.DTP03 with DTP01 = "573" is not present, 2320.CAS08 must be a valid Claim Adjustment Reason Code on the date in 2430.DTP03 when DTP01 = "573". | Valid Claim Adjustment Reason Code reference must be available for this edit. |
| X223.358.2320.CAS09.010 | CAS09 | Adjustment Amount | R | 1-18 | s |  |  |  | 999 | R | IK $403=2$ : "Conditional Required Data Element Missing" | If 2320.CAS09 is present, 2320.CAS08 must be present. |  |
| X223.358.2320.CAS09.020 | CAS09 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2320.CAS09 must be numeric. |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | Segment or Element | Description | ID | $\begin{aligned} & \text { Min. } \\ & \text { Max. } \end{aligned}$ | Usage Req | Loop | $\begin{aligned} & \text { Loop } \\ & \text { Repeat } \end{aligned}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\begin{gathered} \text { TA1/ } \\ \text { 999/ } \\ \text { 277CA } \end{gathered}$ | Accept/ Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.358.2320.CAS09.030 | CAS09 |  |  |  |  |  |  |  | 999 | E | 1K403 = 5: "Data Element Too Long" | 2320.CAS09 must be $>=-99,999,999.99$. and |  |
| X223.358.2320.CAS09.040 | CAS09 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 519: "Adjustment Amount" FIC. GB "Other Insured" |  |  |
| X223.358.2320.CAS09.050 | CAS09 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 694: "Amount must not be equal to zero" <br> CSC 519: "Adjustment Amount" FIC. GB "Other lnsured" | 2320.CAS09 must not $=0$. |  |
| X223.358.2320.CAS09.060 | CAS09 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 697: "Invalid Decimal Precision" CSC 519: "Adjustment Amount" EIC: GB "Other Insured" | 2320.CAS09 is limited to 0, 1 or 2 decimal positions. |  |
| X223.358.2320.CAS10.010 | CAS10 | Adjustment Quantity | R | 1-15 | s |  |  |  | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | If 2320.CAS10 is present, 2320.CAS08 must be |  |
| X223.358.2320.CAS10.020 | CAS10 |  |  |  |  |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" | 2320.CAS10 must be 1-15 digits. | 01/08: Not brought into Core System, so no Medicare size limit is needed. |
| X223.358.2320.CAS10.025 | CAS10 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 520: "Adjustment Quantity" FIC. GB "Other Insured" |  |  |
| X223.358.2320.CAS10.030 | CAS10 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 694: "Amount must not be equal to zero" <br> CSC 520: "Adjustment Quantity" FIC. GB "Other Incured" | 2320.CAS10 must not $=0$. |  |
| X223.358.2320.CAS11.010 | CAS11 | Adjustment Reason Code | ID | 1-5 | s |  |  |  | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | If 2320.CAS11 is present, 2320.CAS08 must be present. |  |
| X223.358.2320.CAS11.020 | CAS11 |  |  |  |  |  |  |  | 277 | C | CSCC A8: "Acknowledgement / Rejected for relational field in error." CSC 521: Adjustment Reason Code CSC 516: Adjudication or Payment Date <br> FIC. GB "Other Insured" | If 2330B.DTP03 with DTP01 $=$ " 573 " is present, 2320.CAS11 must be a valid Claim Adjustment Reason Code on the date in 2330B.DTP03 when DTP01 = "573", | Valid Claim Adjustment Reason Code reference must be available for this edit. |
| X223.358.2320.CAS11.030 | CAS11 |  |  |  |  |  |  |  | 277 | C | CSCC A8: "Acknowledgement / Rejected for relational field in error." CSC 521: Adjustment Reason Code CSC 516: Adjudication or Payment Date <br> FIC. GB "Other Insured" | If 2330B.DTP03 with DTP01 = "573" is not present, 2320.CAS11 must be a valid Claim Adjustment Reason Code on the date in 2430.DTP03 when DTP01 = "573". | Valid Claim Adjustment Reason Code reference must be available for this edit. |
| X223.358.2320.CAS12.010 | CAS12 | Adjustment Amount | R | 1-18 | S |  |  |  | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | If 2320.CAS12 is present, 2320.CAS11 must be present. |  |
| X223.358.2320.CAS12.020 | CAS12 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2320.CAS12 must be numeric. |  |
| X223.358.2320.CAS12.030 | CAS12 |  |  |  |  |  |  |  | 999 | E | 1K403 = 5: "Data Element Too Long" | 2320.CAS12 must be $>=-99,999,999.99$. and $<=99.999,999.99$. |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | Segment or Element | Description | ID | $\begin{aligned} & \text { Min. } \\ & \text { Max. } \end{aligned}$ | $\begin{array}{\|c} \text { Usage } \\ \text { Req. } \end{array}$ | Loop | $\begin{aligned} & \text { Loop } \\ & \text { Repeat } \end{aligned}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\begin{gathered} \text { TA1/ } \\ \text { 999/ } \\ \text { 277CA } \end{gathered}$ | $\begin{aligned} & \text { Accept// } \\ & \text { Reject } \end{aligned}$ | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.358.2320.CAS12.040 | CAS12 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 519: "Adjustment Amount" FIC. GB "Other Insured" |  |  |
| X223.358.2320.CAS12.050 | CAS12 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement Rejected for Invalid Information..." CSC 694: "Amount must not be equal to zero" CSC 519: "Adjustment Amount" EIC. GB "Other Insured"' | $2320 . \mathrm{CAS} 12$ must not $=0$. |  |
| X223.358.2320.CAS12.060 | CAS12 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 697: "Invalid Decimal Precision" CSC 519: "Adjustment Amount" EIC: GB "Other Insured" | 2320.CAS12 is limited to 0, 1 or 2 decimal positions. |  |
| X223.358.2320.CAS 13.010 | CAS13 | Adjustment Quantity | R | 1-15 | S |  |  |  | 999 | R | $\begin{aligned} & \text { IK403 = 2: "Conditional Required Data } \\ & \text { Element Missing" } \end{aligned}$ | If 2320.CAS13 is present, 2320.CAS11 must be present. |  |
| X223.358.2320.CAS 13.020 | CAS13 |  |  |  |  |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" | 2320.CAS13 must be 1-15 digits. | 01/08: Not brought into Core System, so no Medicare size limit is needed. |
| X223.358.2320.CAS13.025 | CAS13 |  |  |  |  |  |  |  | 277 | T | $\begin{aligned} & \text { CSCC A7: "Acknowledgement } \\ & \text { Rejected for Invalid Information..." } \\ & \text { CSC 512. "Length invalid for receiver's } \\ & \text { application system" } \\ & \text { CSC 520. "Ajuustment Quantity" } \\ & \text { FIC. GB "Other Insured" } \end{aligned}$ |  |  |
| X223.358.2320.CAS 13.030 | CAS13 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 694: "Amount must not be equal to zero" CSC 520: "Adjustment Quantity" FIC. GB "Other Insured" | 2320.CAS13 must not $=0$. |  |
| X223.358.2320.CAS14.010 | CAS14 | Adjustment Reason Code | ID | 1-5 | S |  |  |  | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | If 2320.CAS14 is present, 2320.CAS11 must be present. |  |
| X223.358.2320.CAS14.020 | CAS14 |  |  |  |  |  |  |  | 277 | C | CSCC A8: "Acknowledgement / Rejected for relational field in error." CSC 521: Adjustment Reason Code CSC 516: Adjudication or Payment Date FIC. GB "Other Insured" | If 2330B.DTP03 with DTP01 $=$ " 573 " is present, 2320.CAS14 must be a valid Claim Adjustment Reason Code on the date in 2330B.DTP03 when DTP01 = "573" | Valid Claim Adjustment Reason Code reference must be available for this edit. |
| X223.358.2320.CAS14.030 | CAS14 |  |  |  |  |  |  |  | 277 | C | CSCC A8: "Acknowledgement / Rejected for relational field in error." CSC 521: Adjustment Reason Code CSC 516: Adjudication or Payment Date FIC. GB "Other Insured" | If 2330B.DTP03 with DTP01 = " 573 " is not present, 2320.CAS14 must be a valid Claim Adjustment Reason Code on the date in 2430.DTP03 when DTP01 = "573". | Valid Claim Adjustment Reason Code reference must be available for this edit. |
| X223.358.2320.CAS 15.010 | CAS15 | Adjustment Amount | R | 1-18 | s |  |  |  | 999 | R | $\begin{aligned} & \text { \|K403 = 2: "Conditional Required Data } \\ & \text { Element Missing" } \end{aligned}$ | If $2320 . C A S 15$ is present, $2320 . \mathrm{CAS14}$ must be present. |  |
| X223.358.2320.CAS 15.020 | CAS15 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2320.CAS15 must be numeric. |  |
| X223.358.2320.CAS 15.030 | CAS15 |  |  |  |  |  |  |  | 999 | E | 1K403 = 5: "Data Element Too Long" | $\begin{aligned} & \text { 2320.CAS15 must be }>=-99,999,999.99 \text {. and } \\ & <=99,999,999.99 . \end{aligned}$ |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | $\underset{\text { Element or }}{\text { Element }}$ | Description | ID | Min. | $\begin{aligned} & \text { Usage } \\ & \text { Req. } \end{aligned}$ | Loop | $\begin{aligned} & \text { Loop } \\ & \text { Repeat } \end{aligned}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\begin{array}{\|c\|} \hline \text { TA1/ } \\ \text { 999/ } \\ \text { 277CA } \end{array}$ | $\begin{aligned} & \text { Accept// } \\ & \text { Reject } \end{aligned}$ | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.358.2320.CAS15.040 | CAS15 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 519: "Adjustment Amount" FIC. GB "Other Insured" |  |  |
| X223.358.2320.CAS 15.050 | CAS15 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement Rejected for Invalid Information..." CSC 694: "Amount must not be equal to zero" CSC 519: "Adjustment Amount" EIC. GB "Other Insured"' | $2320 . \mathrm{CAS} 15$ must not $=0$. |  |
| X223.358.2320.CAS15.060 | CAS15 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 697: "Invalid Decimal Precision" CSC 519: "Adjustment Amount" EIC: GB "Other Insured" | 2320.CAS15 is limited to 0, 1 or 2 decimal positions. |  |
| X223.358.2320.CAS16.010 | CAS16 | Adjustment Quantity | R | 1-15 | s |  |  |  | 999 | R | $\begin{aligned} & \text { IK403 = 2: "Conditional Required Data } \\ & \text { Element Missing" } \end{aligned}$ | If 2320.CAS16 is present, 2320.CAS14 must be present. |  |
| X223.358.2320.CAS16.020 | CAS16 |  |  |  |  |  |  |  | 999 | E | 1K403 = 5: "Data Element Too Long" | 2320.CAS16 must be 1-15 digits. | 01/08: Not brought into Core System, so no Medicare size limit is needed. |
| X223.358.2320.CAS16.025 | CAS16 |  |  |  |  |  |  |  | 277 | T |  |  |  |
| X223.358.2320.CAS16.030 | CAS16 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 694: "Amount must not be equal to zero" CSC 520: "Adjustment Quantity" FlC. GB "Other Insured" | 2320.CAS16 must not $=0$. |  |
| X223.358.2320.CAS17.010 | CAS17 | Adjustment Reason Code | ID | 1-5 | s |  |  |  | 999 | R | 1K403 = 2: "Conditional Required Data | If 2320.CAS17 is present, 2320. CAS14 must be present. |  |
| X223.358.2320.CAS17.020 | CAS17 |  |  |  |  |  |  |  | 277 | c | CSCC A8: "Acknowledgement / Rejected for relational field in error." CSC 521: Adjustment Reason Code CSC 516: Adjudication or Payment Date FIC. $G B$ "Other Incured" | If 2330B.DTP03 with DTP01 = " 573 " is present, 2320.CAS17 must be a valid Claim Adjustment Reason Code on the date in 2330B.DTP03 when DTP01 = "573". | Valid Claim Adjustment Reason Code reference must be available for this edit. |
| X223.358.2320.CAS17.025 | CAS17 |  |  |  |  |  |  |  | 277 | c | CSCC A8: "Acknowledgement / Rejected for relational field in error." CSC 521: Adjustment Reason Code CSC 516: Adjudication or Payment Date <br> FIC. GB "Other Insured" | If 2330B.DTP03 with DTP01 = "573" is not present, <br> 2320.CAS17 must be a valid Claim Adjustment Reason Code on the date in 2430.DTP03 when DTP01 = "573". | Valid Claim Adjustment Reason Code reference must be available for this edit. |
| X223.358.2320.CAS 18.010 | CAS18 | Adjustment Amount | R | 1-18 | s |  |  |  | 999 | R | 1 K 403 = 2: "Conditional Required Data Element Missing" | If 2320.CAS18 is present, 2320.CAS17 must be present. |  |
| X223.358.2320.CAS 18.020 | CAS18 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2320.CAS18 must be numeric. |  |
| X223.358.2320.CAS18.030 | CAS18 |  |  |  |  |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" | $\begin{aligned} & \text { 2320.CAS18 must be }>=-99,999,999.99 . ~ a n d ~ \\ & <=99,999,999.99 .\end{aligned}$ |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | Segment or Element | Description | ID | Min. Max. | $\begin{gathered} \text { Usage } \\ \text { Req. } \end{gathered}$ | Loop | $\begin{aligned} & \text { Loop } \\ & \text { Repeat } \end{aligned}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\begin{gathered} \text { TA1// } \\ \text { T999/ } \\ 277 C A \end{gathered}$ | Accept/ Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.358.2320.CAS18.040 | CAS18 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 519: "Adjustment Amount" FIC. GB "Other Insured" |  |  |
| X223.358.2320.CAS18.050 | CAS18 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement <br> RRejeted for Invalid Information..." <br> CSC 694: "Amount must not be equal <br> to zero": "Adjustment Amount" <br> CSC 519: "Aj <br> FIC. GB. "Other Insured" | $2320 . \mathrm{CAS} 18$ must not $=0$. |  |
| X223.358.2320.CAS18.060 | CAS18 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 697: "Invalid Decimal Precision" CSC 519: "Adjustment Amount" EIC: GB "Other Insured" | 2320.CAS18 is limited to 0, 1 or 2 decimal positions. |  |
| х223.358.2320.CAS19.010 | CAS19 | Adjustment Quantity | R | 1-15 | S |  |  |  | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | 2 If $2320 . \mathrm{CAS} 19$ is present, 2320.CAS17 must be present. |  |
| X223.358.2320.CAS19.020 | CAS19 |  |  |  |  |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" | 2320.CAS19 must be 1-15 digits. | 01/08: Not brought into Core System, so no Medicare size limit is needed. |
| X223.358.2320.CAS 19.025 | CAS19 |  |  |  |  |  |  |  | 277 | ${ }^{\top}$ | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 520: "Adjustment Quantity" FIC. GB "Other Insured" |  |  |
| X223.358.2320.CAS 19.030 | CAS19 |  |  |  |  |  |  |  | 277 | T | $\begin{aligned} & \text { CSCC A7: "Acknowledgement } \\ & \text { 1Rejected for Invalid Information..." } \\ & \text { CSC 694: "Amount must not be equal } \\ & \text { to zero" } \\ & \text { CSC 520: "Adjustment Quantity" } \\ & \text { FIC. GB "Other Insured" } \end{aligned}$ | 2320.CAS19 must not $=0$. |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.364.2320.AMT. 010 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.364.2320.AMT. 020 | AMT | $\begin{gathered} \hline \text { COB PAYER PAID } \\ \text { AMOUNT } \\ \hline \end{gathered}$ |  | 1 | S | 2320 |  |  | 999 | R | 1K304 = 5: "Segment Exceeds Maximum Use" Maximum Use" | $\begin{aligned} & \text { Only one iteration of 2320.AMT with AMT01 = "D" } \\ & \text { is allowed. } \end{aligned}$ |  |
| X223.364.2320.AMT. 030 | AMT |  |  |  |  |  |  |  | 277 | c | CSCC A6: <br> "Acknowledgement/Rejected for Missing Information..." CSC 286: "Other payer's Explanation of Benefits/payment information" | If 2000B.SBR01 = "S" then one 2320 loop with an AMT segment with AMT01 = "D" must be present. |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | Segment or Element | Description | ID | Min. Max. | $\begin{gathered} \text { Usage } \\ \text { Req. } \end{gathered}$ | Loop | Loop Repeat | $\begin{gathered} 5010 \\ \text { Values } \\ \hline \end{gathered}$ | $\begin{array}{\|c\|} \hline \text { TA1/ } \\ \text { 999/ } \\ \text { 277CA } \\ \hline \end{array}$ | Accept Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.364.2320.AMT. 040 | AMT |  |  |  |  |  |  |  | 277 | c | CSCC A7: "Acknowledgement/Rejected for Invalid Information..." CSC 41: Special handling required at payer site CSC 286: Other payer's Explanation of Benefitsspayment information CSC 732: Information submitted inconsistent with billing guidelines | If 2000B.SBR01 = "S" then only one iteration of 2320 loop containing an AMT with AMT01 equal to " D " is allowed. |  |
| X223.364.2320.AMT01.010 | AMT01 | AmountQualifier Code | ID | 1-3 | R |  |  | D | 999 | R | IK403 = 1: "Required Data Element Missing" | 2320.AMT01 must be present. |  |
| X223.364.2320.AMT01.020 | AMT01 |  |  |  |  |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2320.AMT01 must be "D". |  |
| X223.364.2320.AMT02.005 | AMT02 | Payer Paid Amount | R | 1-18 | R |  |  |  | 999 | R | \|K403 = 1: "Required Data Element Missing" | 2320.AMT02 must be present. |  |
| X223.364.2320.AMT02.010 | AMT02 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2320.AMT02 must be numeric. |  |
| X223.364.2320.AMT02.015 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.364.2320.AMT02.020 | AMT02 |  |  |  |  |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" | 2320.AMT02 must be >= 0 and $<=99,999,999.99$. |  |
| х223.364.2320.AMT02.030 | AMT02 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 183: "Amount entity has paid" CSC 286: "Other payer's Explanation of Benefits/payment information" EIC: PR "Paver" |  |  |
| х223.364.2320.AMT02.040 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.364.2320.AMT02.050 | AMT02 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 697: "Invalid Decimal Precision" CSC 183: "Amount entity has paid" CSC 286: "Other payer's Explanation of Benefits/payment information" EIC: PR "Payer" | 2320.AMT02 is limited to 0, 1 or 2 decimal positions. |  |
| X223.364.2320.AMT02.060 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.364.2320.AMT03.010 | AMT03 | Credit/Debit Flag Code | ID | 1-1 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = 110: "Implementation "Not } \\ & \text { Used" Element Present" } \\ & \hline \end{aligned}$ | Must not be present. |  |
| X223.365.2320.AMT. 010 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.365.2320.AMT. 020 | AMT | remaining patient LIABILITY |  | 1 | s | 2320 |  |  | 999 | R | $\begin{array}{\|l} \hline \text { IK304 = 5: "Segment Exceeds } \\ \text { Maximum Use" } \\ \hline \end{array}$ | Only one iteration of 2320.AMT with AMT01 = "EAF" is allowed. | pass-thru, syntax only. |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \\ \hline \end{gathered}$ | Segment or Element | Description | ID | Min. Max. | $\begin{array}{\|c} \text { Usage } \\ \text { Req. } \end{array}$ | Loop | $\begin{aligned} & \text { Loop } \\ & \text { Repeat } \\ & \hline \end{aligned}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\begin{array}{\|c\|} \text { TA1// } \\ \text { 999/ } \\ \text { 277CA } \end{array}$ | Accept/ Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.365.2320.AMT. 025 | AMT |  |  |  |  |  |  |  | 277 | T | CSCC A8: "Acknowledgement / Rejected for relational field..." CSC 6: Balance due from the subscriber EIC: GB "Other Insured" | If 2430 AMT (EAF) is present for the same payer, the 2320 AMT (EAF) must not be present. |  |
| X223.365.2320.AMT01.010 | AMT01 | AmountQualifier Code | ID | 1-3 | R |  |  | EAF | 999 | R | IK403 = 1: "Required Data Element Missing" | 2320.AMT01 must be present. |  |
| X223.365.2320.AMT01.020 | AMT01 |  |  |  |  |  |  |  | 999 | R | \|1403 = 7: "Invalid Code Value" | 2320.AMT01 must be "EAF". |  |
| Х223.365.2320.AMT02.005 | AMT02 | $\begin{array}{\|c\|} \hline \text { Remaining Patient Liability } \\ \text { Amount } \end{array}$ | R | 1-18 | R |  |  |  | 999 | R | \|K403 = 1: "Required Data Element Missing" | 2320.AMT02 must be present. |  |
| X223.365.2320.AMT02.010 | AMT02 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2320 .AMT02 must be numeric. |  |
| X223.365.2320.AMT02.015 | AMT02 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 693: "Amount must be greater than or equal to zero" CSC 6: "Balance due from the subscriber" FIC. GB "Other Insured" | 2320.AMT02 must be >= 0 . |  |
| X223.365.2320.AMT02.020 | AMT02 |  |  |  |  |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" | 2320.AMT02 must be <= 99,999,999.99. |  |
| X223.365.2320.AMT02.030 | AMT02 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 6: "Balance due from the subscriber" FIC. GR "Other Incured" |  |  |
| X223.365.2320.AMT02.040 | AMT02 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 697: "Invalid Decimal Precision" CSC 6: "Balance due from the subscriber" <br> EIC: GB "Other Insured" | 2320.AMT02 is limited to 0, 1 or 2 decimal positions. |  |
| X223.365.2320.AMT03.010 | AMT03 | CreditDebit Flag Code | ID | 1-1 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| х223.366.2320.AMT. 010 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.366.2320.AMT. 020 | AMT | COB TOTAL NONCOVERED AMOUNT |  | 1 | s | 2320 |  |  | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2320.AMT with AMT01 = "A8" is allowed. |  |
| X223.366.2320.AMT01.010 | AMT01 | AmountQualifier Code | ID | 1-3 | R |  |  | A8 | 999 | R | IK403 = 1: "Required Data Element Missing" | 2320.AMT01 must be present. |  |
| X223.366.2320.AMT01.020 | AMT01 |  |  |  |  |  |  |  | 999 | R | \|14403 = 7: "Invalid Code Value" | 2320.AMT01 must be "A8". |  |
| X223.366.2320.AMT02.005 | AMT02 | Non-Covered Amount | R | 1-18 | R |  |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2320.AMT02 must be present. |  |
| X223.366.2320.AMT02.010 | AMT02 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2320.AMT02 must be numeric. |  |
| X223.366.2320.AMT02.015 <br> edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \\ \hline \end{gathered}$ | Segment or Element | Description | ID | $\begin{aligned} & \text { Min. } \\ & \text { Max. } \end{aligned}$ | $\begin{gathered} \text { Usage } \\ \text { Req. } \end{gathered}$ | Loop | $\begin{aligned} & \text { Loop } \\ & \text { Repeat } \\ & \hline \end{aligned}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\begin{array}{\|c} \text { TA1/ } \\ \text { 999/ } \\ \text { 277CA } \end{array}$ | Accept/ Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.366.2320.AMT02.020 | AMT02 |  |  |  |  |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" | 2320.AMT02 must be >= 0 and <= 99,999,999.99. |  |
| X223.366.2320.AMT02.030 | AMT02 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 596: "Non-covered Charge Amount" EIC. GB "Other Insured" |  |  |
| X223.366.2320.AMT02.040 <br> edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.366.2320.AMT02.050 | AMT02 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 697: "Invalid Decimal Precision" CSC 596: "Non-covered Charge Amount" <br> EIC: GB "Other Insured" | 2320.AMT02 is limited to 0,1 or 2 decimal positions. |  |
| X223.366.2320.AMT02.060 | AMT02 |  |  |  |  |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information. CSC 596: "Non-covered Charge Amount" <br> FIC. GB "Other Insured" | The sum of all 2320.AMT02 (with AMT01 = "A8") elements must = 2300.CLM02. |  |
| х223.366.2320.AMT03.010 | AMT03 | Credit/Debit Flag Code | ID | 1-1 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.367.2320.01.010 | 이 | other insurance COVERAGE information |  | 1 | R | 2320 |  |  | 999 | R | IK304 = 16: "Implementation Dependent Segment Missing" | If 2320.SBR is present, 2320.01 must be present. |  |
| х223.367.2320.01.020 | OI |  |  |  |  |  |  |  | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2320.01 is allowed. |  |
| X223.367.2320.0101.010 | 0101 | Claim Filing Indicator Code | ID | 1-2 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| х223.367.2320.0102.010 | 0102 | Claim Submission Reason Code | ID | 2-2 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| х223.367.2320.0103.010 | 0103 | Benefits Assignment Certlication Indicator | ID | 1-1 | R |  |  | N, W, Y | 999 | R | IK403 = 1: "Required Data Element Missina" | 2320.0103 must be present. |  |
| X223.367.2320.OIO3.010 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.367.2320.0103.020 | 0103 |  |  |  |  |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2320.0103 must be valid values. |  |
| х223.367.2320.0104.010 | 0104 | $\begin{array}{\|c\|} \hline \text { Patient Signature Source } \\ \text { Code } \\ \hline \end{array}$ | ID | 1-1 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.367.2320.0105.010 | 0105 | Provider Agreement Code | ID | 1-1 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| х223.367.2320.0106.010 | 0106 | $\begin{gathered} \hline \text { Release of Information } \\ \text { Code } \\ \hline \end{gathered}$ | ID | 1-1 | R |  |  | I, Y | 999 | R | IK403 = 1: "Required Data Element Missing" | 2320.0106 must be present. |  |
| X223.367.2320.O106.010 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.367.2320.0106.020 | 0106 |  |  |  |  |  |  |  | 999 | R | $1 \mathrm{~K} 403=7$ : "Invalid Code Value" | 2320.0106 must be valid values. |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | Segment or | Description | ID | $\begin{aligned} & \text { Min. } \\ & \text { Max. } \end{aligned}$ | $\begin{array}{\|c\|} \hline \text { Usage } \\ \text { Req. } \end{array}$ | Loop | $\begin{gathered} \text { Loop } \\ \text { Repeat } \end{gathered}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\begin{array}{\|c} \text { TA1/ } \\ \text { 999/ } \\ \text { 277CA } \end{array}$ | Accept/ Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
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| х223.369.2320.MIA.010 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.369.2320.MIA.020 | MIA | INPATIENT ADJUDICATION INFORMATION |  | 1 | s | 2320 |  |  | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2320.MIA is allowed. |  |
| X223.369.2320.MIA01.010 | MIA01 | Covered Days or Visits Count | R | 1-15 | R |  |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2320.M1A01 must be present. |  |
| X223.369.2320.MIA01.020 | MIA01 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2320.MIA01 must be numeric. |  |
| X223.369.2320.MIA01.030 | MIA01 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 693: "Amount must be greater than or equal to zero" CSC 456: "Covered Dav(s)" | 2320.MIA01 must be >= 0 . |  |
| Х223.369.2320.M1A02.010 | M1A02 | Monetary Amount | R | 1-15 | N/U |  |  |  | 999 | E | 1K403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| х223.369.2320.M1A03.010 | M1A03 | Llfetime Psychiatric Days | R | 1-15 | s |  |  |  | 999 | R | 1K403 = 5: "Data Element Too Long" | 2320.MIA03 must be 1-15 characters. |  |
| X223.369.2320.M1A03.020 | MIA03 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2320.MIA03 must be numeric. |  |
| X223.369.2320.MIA03.030 | MIA03 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 693: "Amount must be greater than or equal to zero" CSC 582: "Lifetime Psychiatric Days Count" | 2320.MIA03 must be >= 0 . |  |
| X223.369.2320.M1A04.010 | MIA04 | Claim DRG Amount | R | 1-18 | s |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" | 2320.MIA04 must be >= 0 and <= 99,999,999.99. |  |
| X223.369.2320.MIA04.015 | MIA04 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 532: "Claim DRG Amount" |  |  |
| X223.369.2320.MIA04.020 <br> edit deactivated <br> X223.369.232.MIA04.030 |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.369.2320.MIA04.040 | MIA04 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information... CSC 697: "Invalid Decimal Precision" CSC 532: "Claim DRG Amount" | 2320.MIA04 is limited to 0,1 or 2 decimal positions. |  |
| X223.369.2320.MIA05.010 | MIA05 | Claim Payment Remark Code | AN | 1-50 | s |  |  |  | 277 | c | $\begin{aligned} & \text { CSCC A8: "Acknowledgement / } \\ & \text { Rejected for relational field in error." } \\ & \text { CSC 634: "Remark Code" } \\ & \text { CSC 187: "Date(s) of service." } \\ & \hline \end{aligned}$ | If 2330B.DTP03 with DTP01 = "573" is present, 2320.MIA05 must be a valid Remark Code on the date in 2330B.DTP03 when DTP01 $=$ " 573 ". | Valid Remittance Advice Remark Code reference must be available for this edit. |
| X223.369.2320.MIA05.015 | MIA05 |  |  |  |  |  |  |  | 277 | C | CSCC A8: "Acknowledgement / CSC 634: "Remark Code" CSC 187: "Date(s) of service." | If DTP03 with DTP01 = "573" is not present, 2320.MIA05 must be a valid Remark Code on the date in 2430.DTP03 when DTP01 = "573". | Valid Remittance Advice Remark Code reference must be available for this edit. |
| X223.369.2320.M1A06.010 | MIA06 | Claim Disproportionate Share Amount | R | 1-18 | s |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" | 2320.MIA06 must be >= 0 and <= 99,999,999.99. |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | Segment or Element | Description | ID | $\begin{gathered} \text { Min. } \\ \text { Max. } \end{gathered}$ | Usage Req | Loop | $\begin{aligned} & \text { Loop } \\ & \text { Repeat } \end{aligned}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\begin{array}{\|c} \text { TA1/ } \\ \text { 999/ } \\ \text { 277CA } \end{array}$ | Accept Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
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| X223.369.2320.MIA06.015 | MIA06 |  |  |  |  |  |  |  | 277 | T | $\begin{aligned} & \text { CSCC A7: "Acknowledgement } \\ & \text { Rejected for Invalid Information..." } \\ & \text { CSC 522."Length invalid for receiver's } \\ & \text { application system" } \\ & \text { CSC 5513:"Claim Disproportionate } \\ & \text { Share Amount" } \end{aligned}$ |  |  |
| $\begin{aligned} & \text { X223.369.2320.MIA06.020 } \\ & \text { edit deactivated } \end{aligned}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| $\begin{aligned} & \text { X223.369.2320.MIA06.030 } \\ & \text { edit deactivated } \\ & \hline \end{aligned}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.369.2320.M1A06.040 | MIA06 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 697: "Invalid Decimal Precision" CSC 531: "Claim Disproportionate Share Amount" | 2320.MIA06 is limited to 0,1 or 2 decimal positions. |  |
| х223.369.2320.M1A07.010 | MIA07 | Claim MSP Pass-through Amount | R | 1-18 | s |  |  |  | 999 | E | 1K403 = 5: "Data Element Too Long" | 2320.MIA07 must be >= 0 and <= 99,999,999.99. |  |
| X223.369.2320.M1A07.015 | MIA07 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement 1Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 537: "Claim MSP Pass-through Amount" |  |  |
| $\begin{aligned} & \text { X223.369.2320.MIA07.020 } \\ & \text { edit deactivated } \end{aligned}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.369.2320.MIA07.030 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.369.2320.MIA07.040 | MIA07 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 697: "Invalid Decimal Precision" CSC 537: "Claim MSP Pass-through Amount" | 2320.MIA07 is limited to 0,1 or 2 decimal positions. |  |
| X223.369.2320.M1A08.010 | MIA08 | Claim PPS Capital Amount | R | 1-18 | s |  |  |  | 999 | E | 1K403 = 5: "Data Element Too Long" | 2320.MIA08 must be >= 0 and <<= 99,999,999.99. |  |
| X223.369.2320.M1A08.015 | MIA08 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 539: "Claim PPS Capital Amount" |  |  |
| X223.369.2320.MIA08.020 <br> edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.369.2320.MIA08.030 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.369.2320.MIA08.040 | MIA08 |  |  |  |  |  |  |  | 277 | T | $\begin{aligned} & \text { CSCC A7: "Acknowledgement } \\ & \text { /Rejected for Invalid Information..." } \\ & \text { CSC 697: "Invalid Decimal Precision" } \\ & \text { CSC 539: "Claim PPS Capital Amount } \end{aligned}$ | 2320.MIA08 is limited to 0,1 or 2 decimal positions. |  |
| X223.369.2320.MIA09.010 | MIA09 | PPS-Capital FSP DRG Amount | R | 1-18 | s |  |  |  | 999 | E | 1K403 = 5: "Data Element Too Long" | 2320.MIA09 must be >= 0 and << 99,999,999.99. |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \\ \hline \end{gathered}$ | Segment or Element | Description | ID | $\begin{aligned} & \text { Min. } \\ & \text { Max. } \end{aligned}$ | $\begin{array}{\|c} \text { Usage } \\ \text { Req. } \end{array}$ | Loop | $\begin{aligned} & \text { Loop } \\ & \text { Repeat } \\ & \hline \end{aligned}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\begin{gathered} \text { TA1// } \\ \text { 999/ } \\ \text { 277CA } \end{gathered}$ | Accept Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
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| X223.369.2320.MIA09.015 | MIA09 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 620: "PPS-Capital FSP DRG Amaunt" |  |  |
| X223.369.2320.MIA09.020 <br> edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| $\begin{aligned} & \text { X223.369.2320.MIA09.030 } \\ & \text { edit deactivated } \\ & \hline \end{aligned}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.369.2320.MIA09.040 | MIA09 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 697: "Invalid Decimal Precision" CSC 620: "PPS-Capital FSP DRG Amount" | 2320.MIA09 is limited to 0,1 or 2 decimal positions. |  |
| Х223.369.2320.MIA10.010 | MIA10 | PPS-Capital HSP DRG Amount | R | 1-18 | s |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" | 2320.MIA10 must be >= 0 and $<=99,999,999.99$. |  |
| X223.369.2320.MIA10.015 | MIA10 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 621: "PPS-Capital HSP DRG Amount" |  |  |
| $\begin{aligned} & \text { X223.369.2320.MIA10.020 } \\ & \text { edit deactivated } \end{aligned}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| $\begin{aligned} & \text { X223.369.2320.MIA10.030 } \\ & \text { edit deactivated } \\ & \hline \end{aligned}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.369.2320.MIA10.040 | MIA10 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 697: "Invalid Decimal Precision" CSC 621: "PPS-Capital HSP DRG Amount" | 2320.MIA10 is limited to 0,1 or 2 decimal positions. |  |
| X223.369.2320.MIA11.010 | MIA11 | PPS-Capital DSH DRG Amount | R | 1-18 | S |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" | 2320.MIA11 must be >= 0 and <= 99,999,999.99. |  |
| X223.369.2320.MIA11.015 | MIA11 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 618: "PPS-Capital DSH DRG Amمunt" |  |  |
| $\begin{aligned} & \text { X223.369.2320.MIA11.020 } \\ & \text { edit deactivated } \end{aligned}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.369.2320.MIA11.030 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.369.2320.MIA11.040 | MIA11 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 697: "Invalid Decimal Precision" CSC 618: "PPS-Capital DSH DRG Amount" | 2320.MIA11 is limited to 0,1 or 2 decimal positions. |  |
| X223.369.2320.M1A12.010 | MIA12 | Old Capital Amount | R | 1-18 | s |  |  |  | 999 | E | 1K403 = 5: "Data Element Too Long" | 2320.M1A12 must be >= 0 and $<=99,999,999.99$. |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \\ \hline \end{gathered}$ | Segment or Element | Description | ID | $\begin{gathered} \text { Min. } \\ \text { Max. } \end{gathered}$ | Usage | Loop | $\begin{gathered} \text { Loop } \\ \text { Repeat } \\ \hline \end{gathered}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\begin{array}{\|c} \text { TA1/ } \\ \text { 999/ } \\ \text { 277CA } \end{array}$ | Accept Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
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| X223.369.2320.M1A12.015 | MIA12 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 603•"Old Canital Amount" |  |  |
| X223.369.2320.MIA12.020 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.369.2320.MIA12.030 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.369.2320.M1A12.040 | MIA12 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 697: "Invalid Decimal Precision" CSC 603: "Old Capital Amount" | 2320.MIA12 is limited to 0,1 or 2 decimal positions. |  |
| X223.369.2320.M1A13.010 | MIA13 | PPS-Capital IME Amount | R | 1-18 | s |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" | 2320.MIA13 must be >= 0 and <= 99,999,999.99. |  |
| X223.369.2320.M1A13.015 | MIA13 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 622: "PPS-Capital IME Amount" |  |  |
| X223.369.2320.MIA13.020 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.369.2320.MIA13.030 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.369.2320.M1A13.040 | MIA13 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 697: "Invalid Decimal Precision" CSC 622: "PPS-Capital IME Amount" | 2320.MIA13 is limited to 0,1 or 2 decimal positions. |  |
| X223.369.2320.M1A14.010 | MIA14 | PPS-Operating Hospital Speclfic DRG Amount | R | 1-18 | s |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" | 2320.MIA14 must be >= 0 and << 99,999,999.99. |  |
| X223.369.2320.M1A14.015 | MIA14 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 624: "PPS-Operating Hospital Snecific: DRG Amaunt" |  |  |
| $\begin{aligned} & \text { X223.369.2320.MIA14.020 } \\ & \text { edit deactivated } \\ & \hline \end{aligned}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.369.23220.MIA14.030 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.369.2320.M1A14.040 | MIA14 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 697: "Invalid Decimal Precision" CSC 624: "PPS-Operating Hospital Specific DRG Amount" | 2320.MIA14 is limited to 0,1 or 2 decimal positions. |  |
| X223.369.2320.M1A15.010 | MIA15 | Cost Report Day Count | R | 1-15 | s |  |  |  | 999 | R | 1K403 = 5: "Data Element Too Long" | 2320.MIA15 must be 1-15 characters. |  |
| X223.369.2320.M1A15.020 | MIA15 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2320 .MIA15 must be numeric. |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | Segment or Element | Description | ID | Min. Max. | $\begin{array}{\|c} \text { Usage } \\ \text { Req. } \end{array}$ | Loop | Loop Repeat <br> Repeat | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\begin{gathered} \text { TA1// } \\ \text { 999/ } \\ 277 C A \end{gathered}$ | Accept Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
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| X223.369.2320.MIA15.030 | MIA15 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 693: "Amount must be greater than or equal to zero" CSC 552. "Cost Renort Dav Count" | 2320.MIA15 must be >= 0 . |  |
| X223.369.2320.MIA16.010 | MIA16 | PPS-Operating Federal Specific DRG Amount | R | 1-18 | s |  |  |  | 999 | E | 1K403 = 5: "Data Element Too Long" | 2320.MIA16 must be >= 0 and $<=99,999,999.99$. |  |
| X223.369.2320.MIA16.015 | MIA16 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 623: "PPS-Operating Federal Snecific:DRGAmount" |  |  |
| $\begin{aligned} & \begin{array}{l} \text { X223.369.2320.M1A16.020 } \\ \text { edit deactivated } \end{array} \end{aligned}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| $\begin{aligned} & \text { X223.369.2320.MIA16.030 } \\ & \text { edit deactivated } \\ & \hline \end{aligned}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.369.2320.MIA16.040 | MIA16 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement Rejected for Invalid Information..." CSC 697: "Invalid Decimal Precision" CSC 623: "PPS-Operating Federal Specific DRG Amount" | 2320.MIA16 is limited to 0,1 or 2 decimal positions. |  |
| X223.369.2320.MIA17.010 | MIA17 | Claim PPS Capital Outlier Amount | R | 1-18 | S |  |  |  | 999 | E | 1K403 = 5: "Data Element Too Long" | 2320.MIA17 must be >= 0 and <= 99,999,999.99. |  |
| X223.369.2320.MIA17.015 | MIA17 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 540: "Claim PPS Capital Outlier Amمunt" |  |  |
| X223.369.2320.MIA17.020 <br> edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| $\begin{aligned} & \text { X223.369.2320.MIA17.030 } \\ & \text { edit deactivated } \\ & \hline \end{aligned}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.369.2320.MIA17.040 | MIA17 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 697: "Invalid Decimal Precision" CSC 540: "Claim PPS Capital Outlier Amount" | 2320.MIA17 is limited to 0,1 or 2 decimal positions. |  |
| X223.369.2320.MIA18.010 | MIA18 | $\begin{gathered} \text { Claim Indirect Teaching } \\ \text { Amount } \end{gathered}$ | R | 1-18 | S |  |  |  | 999 | E | 1K403 = 5: "Data Element Too Long" | 2320.M1A18 must be >= 0 and <= 99,999,999.99. |  |
| X223.369.2320.MIA18.015 | MIA18 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 536: "Claim Indirect Teaching Amount" |  |  |
| X223.369.2320.MIA18.020 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| $\begin{aligned} & \text { X223.369.2320.MIA18.030 } \\ & \text { edit deactivated } \\ & \hline \end{aligned}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \\ \hline \end{gathered}$ | Segment or Element | Description | ID | $\begin{aligned} & \text { Min. } \\ & \text { Max. } \end{aligned}$ | $\begin{gathered} \text { Usage } \\ \text { Req. } \end{gathered}$ | Loop | $\begin{gathered} \text { Loop } \\ \text { Repeat } \\ \hline \end{gathered}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\begin{array}{\|c} \text { TA1/ } \\ \text { 999/ } \\ \text { 277CA } \end{array}$ | Accept Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.369.2320.M1A18.040 | MIA18 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 697: "Invalid Decimal Precision" CSC 536: "Claim Indirect Teaching Amount" | 2320.MIA18 is limited to 0,1 or 2 decimal positions. |  |
| X223.369.2320.M1A19.010 | MIA19 | Non-Payable Professional Component Amount | R | 1-18 | s |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" | 2320.MIA19 must be >= 0 and << 99,999,999.99. |  |
| X223.369.2320.M1A19.015 | MIA19 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 597: "Non-payable Professional Companent Amount" |  |  |
| X223.369.2320.MIA19.020 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.369.2320.MIA19.030 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.369.2320.MIA19.040 | MIA19 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 697: "Invalid Decimal Precision" CSC 597: "Non-payable Professional Component Amount" | 2320.MIA19 is limited to 0,1 or 2 decimal positions. |  |
| X223.369.2320.MIA20.010 | MIA2O | Remark Code | AN | 1-50 | s |  |  |  | 277 | c | CSCC A8: "Acknowledgement / Rejected for relational field in error." CSC 634: "Remark Code" CSC 187: "Date(s) of service." | If 2330B.DTP03 with DTP01 $=$ " 573 " is present, 2320.MIA20 must be a valid Remark Code on the date in 2330B.DTP03 when DTP01 = "573". | Valid Remittance Advice Remark Code reference must be available for this edit. |
| X223.369.2320.MIA20.020 | MIA2O |  |  |  |  |  |  |  | 277 | c | CSCC A8: "Acknowledgement / Rejected for relational field in error." CSC 634: "Remark Code" CSC 187: "Date(s) of service." | If DTP03 with DTP01 = "573" is not present, 2320.MIA20 must be a valid Remark Code on the date in 2430.DTP03 when DTP01 = "573". | Valid Remittance Advice Remark Code reference must be available for this edit. |
| X223.369.2320.M1A21.010 | MIA21 | Remark Code | AN | 1-50 | s |  |  |  | 277 | c | CSCC A8: "Acknowledgement / Rejected for relational field in error." CSC 634: "Remark Code" CSC 187: "Date(s) of service." | If 2330B.DTP03 with DTP01 = "573" is present, 2320.MIA21 must be a valid Remark Code on the date in 2330B.DTP03 when DTP01 = "573". | Valid Remittance Advice Remark Code reference must be available for this edit. |
| X223.369.2320.M1A21.020 | MIA21 |  |  |  |  |  |  |  | 277 | c | CSCC A8: "Acknowledgement / Rejected for relational field in error." CSC 634: "Remark Code" CSC 187: "Date(s) of service." | If DTP03 with DTP01 = "573" is not present, 2320.MIA21 must be a valid Remark Code on the date in 2430.DTP03 when DTP01 = " 573 ". | Valid Remittance Advice Remark Code reference must be available for this edit. |
| X223.369.2320.MIA22.010 | MIA22 | Remark Code | AN | 1-50 | s |  |  |  | 277 | c | $\begin{aligned} & \text { CSCC A8: "Acknowledgement } / \\ & \text { Rejected for relational field in error." } \\ & \text { CSC 634: Remark Code" } \\ & \text { CSC 187: "Daters) of service." } \end{aligned}$ | If 2330B.DTP03 with DTP01 = "573" is present, 2320.MIA22 must be a valid Remark Code on the date in 2330B.DTP03 when DTP01 = " 573 ". | Valid Remittance Advice Remark Code reference must be available for this edit. |
| X223.369.2320.MIA22.020 | MIA22 |  |  |  |  |  |  |  | 277 | c | CSCC A8: "Acknowledgement / Rejected for relational field in error." CSC 634: "Remark Code" CSC 187: "Date(s) of service." | If DTP03 with DTP01 = "573" is not present, 2320.MIA22 must be a valid Remark Code on the date in 2430.DTP03 when DTP01 = " 573 ". | Valid Remittance Advice Remark Code reference must be available for this edit. |
| X223.369.2320.MIA23.010 | MIA23 | Remark Code | AN | 1-50 | s |  |  |  | 277 | c | CSCC A8: "Acknowledgement / Rejected for relational field in error." CSC 634: "Remark Code" CSC 187: "Date(s) of service." | If 2330B.DTP03 with DTP01 $=$ " 573 " is present, 2320.MIA23 must be a valid Remark Code on the date in 2330B.DTP03 when DTP01 = "573". | Valid Remittance Advice Remark Code reference must be available for this edit. |
| X223.369.2320.MIA23.020 | MIA23 |  |  |  |  |  |  |  | 277 | c | CSCC A8: "Acknowledgement / Rejected for relational field in error." CSC 634: "Remark Code" CSC 187: "Date(s) of service. | If DTP03 with DTP01 = " 573 " is not present, 2320.MIA23 must be a valid Remark Code on the date in 2430.DTP03 when DTP01 = " 573 ". | Valid Remittance Advice Remark Code reference must be available for this edit. |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | Segment or | Description | ID | Min. Max. | $\begin{gathered} \text { Usage } \\ \text { Req. } \end{gathered}$ | Loop | $\begin{gathered} \text { Loop } \\ \text { Repeat } \end{gathered}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\begin{array}{\|c\|} \hline \text { TA1/ } \\ \text { 999/ } \\ 277 C A \end{array}$ | Accept/ | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.369.2320.M1A24.010 | MIA24 | $\begin{gathered} \hline \text { PPS-Capital Exception } \\ \text { Amount } \\ \hline \end{gathered}$ | R | 1-18 | s |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" | 2320.MIA24 must be >= 0 and $<=99,999,999.99$. |  |
| X223.369.2320.MIA24.015 | MIA24 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 619: "PPS-Capital Exception Amount" |  |  |
| X223.369.2320.MIA24.020 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.369.2320.MIA24.030 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.369.2320.M1A24.040 | MIA24 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 697: "Invalid Decimal Precision" CSC 619: "PPS-Capital Exception Amount" | 2320.MIA24 is limited to 0, 1 or 2 decimal positions. |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.374.2320.MOA. 010 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.374.2320.MOA.020 | MOA | OUTPATIENT ADJUDICATION |  | 1 | s | 2320 |  |  | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2320.MOA is allowed. |  |
| X223.374.2320.MOA01.010 | moa01 | Reimbursement Rate | R | 1-10 | s |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2320 .MOA01 must be numeric. |  |
| X223.374.2320.MOA01.020 | MOA01 |  |  |  |  |  |  |  | 999 | R | IK403 = I12: "Implementation Pattern Match Failure" | 2320 MOA01 must be >= 0.0 and $<=1.0$. | 2320.MOA01 must be a percentage expressed as a decimal. |
| X223.374.2320.MOA01.030 | MOA01 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 697: "Invalid Decimal Precision" CSC 631: "Reimbursement Rate" | 2320.MOA01 is limited to 0,1 or 2 decimal positions. |  |
| $\begin{array}{\|l\|} \hline \begin{array}{l} \text { X223.374.2320.MOA02.010 } \\ \text { edit deactivated } \end{array} \\ \hline \end{array}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.374.2320.MOA02.020 | MOA02 | Claim HCPCS Payable Amount | R | 1-18 | S |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" | 2320.MOA02 must be $>=0$ and $<=99,999,999.99$. |  |
| X223.374.2320.MOA02.030 | MOA02 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 574: "HCPCS Payable Amount HomeHeallh" |  |  |
| $\begin{array}{\|l\|} \hline \begin{array}{l} \text { X223.374.2320.MOA02.040 } \\ \text { edit deactivated } \end{array} \\ \hline \end{array}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.374.2320.MOA02.050 | MOA02 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 697: "Invalid Decimal Precision" CSC 574: "HCPCS Payable Amount Home Health" | 2320.MOA02 is limited to 0, 1 or 2 decimal positions. |  |
| X223.374.2320.MOA03.010 | MOA03 | Remark Code | AN | 1-50 | s |  |  |  | 277 | c | CSCC A8: "Acknowledgement / Rejected for relational field in error." CSC 634: "Remark Code" CSC 187: "Date(s) of service." | If 2330B.DTP03 with DTP01 = "573" is present, 2320.MOA03 must be a valid Remark Code on the date in 2330B.DTP03 when DTP01 $=$ " 573 ". | Valid Remittance Advice Remark Code reference must be available for this edit. |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | Segment or Element | Description | ID | $\begin{aligned} & \text { Min. } \\ & \text { Max. } \end{aligned}$ | Usage Req | Loop | $\begin{aligned} & \text { Loop } \\ & \text { Repeat } \end{aligned}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\begin{gathered} \text { TA1/ } \\ \text { 999/ } \\ \text { 277CA } \end{gathered}$ | Accept/ Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.374.2320.MOA03.020 | MOA03 |  |  |  |  |  |  |  | 277 | c | CSCC A8: "Acknowledgement Rejected for relational field in error." CSC 634: "Remark Code" CSC 187: "Date(s) of service." | If DTP03 with DTP01 = "573" is not present, 2320.MOA03 must be a valid Remark Code on the date in 2430.DTP03 when DTP01 = " 573 ". | Valid Remittance Advice Remark Code reference must be available for this edit. |
| X223.374.2320.MOA04.010 | MOA04 | Remark Code | AN | 1-50 | s |  |  |  | 277 | c | CSCC A8: "Acknowledgement / Rejected for relational field in error." CSC 634: "Remark Code" CSC 187: "Date(s) of service." | If 2330B.DTP03 with DTP01 $=$ " 573 " is present, 2320.MOA04 must be a valid Remark Code on the date in 2330B.DTP03 when DTP01 $=$ " 573 ". | Valid Remittance Advice Remark Code reference must be available for this edit. |
| X223.374.2320.MOA04.020 | MOA04 |  |  |  |  |  |  |  | 277 | c | CSCC A8: "Acknowledgement Rejected for relational field in error." CSC 634: "Remark Code" CSC 187: "Date(s) of service." | If DTP03 with DTP01 = "573" is not present, 2320.MOA04 must be a valid Remark Code on the date in 2430.DTP03 when DTP01 = " 573 ". | Valid Remittance Advice Remark Code reference must be available for this edit. |
| X223.374.2320.MOA05.010 | MOA05 | Remark Code | AN | 1-50 | s |  |  |  | 277 | c | CSCC A8: "Acknowledgement / Rejected for relational field in error." CSC 634: "Remark Code" CSC 187: "Date(s) of service." | If 2330B.DTP03 with DTP01 $=$ " 573 " is present, 2320.MOA05 must be a valid Remark Code on the date in 2330B.DTP03 when DTP01 = "573". | Valid Remittance Advice Remark Code reference must be available for this edit. |
| X223.374.2320.MOA05.020 | MOA05 |  |  |  |  |  |  |  | 277 | c | CSCC A8: "Acknowledgement / Rejected for relational field in error." CSC 634: "Remark Code" CSC 187: "Date(s) of service." | If DTP03 with DTP01 = "573" is not present, 2320.MOA05 must be a valid Remark Code on the date in 2430.DTP03 when DTP01 $=$ " 573 ". | Valid Remittance Advice Remark Code reference must be available for this edit. |
| X223.374.2320.MOA06.010 | MOA06 | Remark Code | AN | 1-50 | s |  |  |  | 277 | C | CSCC A8: "Acknowledgement / Rejected for relational field in error." CSC 634: "Remark Code" CSC 187: "Date(s) of service." | If 2330B.DTP03 with DTP01 $=$ " 573 " is present, 2320.MOA06 must be a valid Remark Code on the date in 2330B.DTP03 when DTP01 $=$ " 573 ". | Valid Remittance Advice Remark Code reference must be available for this edit. |
| X223.374.2320.MOA06.020 | MOA06 |  |  |  |  |  |  |  | 277 | C | CSCC A8: "Acknowledgement / Rejected for relational field in error." CSC 634: "Remark Code" CSC 187: "Date(s) of service." | If DTP03 with DTP01 = "573" is not present, 2320.MOA06 must be a valid Remark Code on the date in 2430.DTP03 when DTP01 = " 573 ". | Valid Remittance Advice Remark Code reference must be available for this edit. |
| X223.374.2320.MOA07.010 | MOA07 | Remark Code | AN | 1-50 | s |  |  |  | 277 | C | CSCC A8: "Acknowledgement / Rejected for relational field in error." CSC 634: "Remark Code" CSC 187: "Date(s) of service." | If 2330B.DTP03 with DTP01 $=$ " 573 " is present, 2320.MOA07 must be a valid Remark Code on the date in 2330B.DTP03 when DTP01 $=$ " 573 ". | Valid Remittance Advice Remark Code reference must be available for this edit. |
| X223.374.2320.MOA07.020 | MOA07 |  |  |  |  |  |  |  | 277 | C | CSCC A8: "Acknowledgement / Rejected for relational field in error." CSC 634: "Remark Code" CSC 187: "Date(s) of service." | If DTP03 with DTP01 = "573" is not present, 2320.MOA07 must be a valid Remark Code on the date in 2430.DTP03 when DTP01 = " 573 ". | Valid Remittance Advice Remark Code reference must be available for this edit. |
| X223.374.2320.MOA08.010 <br> edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.374.2320.MOA08.020 | MOA08 | $\begin{gathered} \hline \text { Claim ESRD Payment } \\ \text { Amount } \\ \hline \end{gathered}$ | R | 1-18 | s |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" | 2320.MOA08 must be >= 0 and < $=99,999,999.99$. |  |
| X223.374.2320.MOA08.030 | MOA08 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 534: "Claim ESRD Payment Amount" |  |  |
| $\begin{aligned} & \hline \begin{array}{l} \text { 2223.374.2320.MOA08.040 } \\ \text { edit deactivated } \end{array} \\ & \hline \end{aligned}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.374.2320.MOA08.050 | MOA08 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 697: "Invalid Decimal Precision" CSC 534: "Claim ESRD Payment Amount" | 2320.MOA08 is limited to 0,1 or 2 decimal positions. |  |
| $\begin{aligned} & \text { X223.374.2320.MOA09.010 } \\ & \text { edit deactivated } \\ & \hline \end{aligned}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \\ \hline \end{gathered}$ | Segment or Element | Description | ID | Min. | $\begin{array}{\|c} \text { Usage } \\ \text { Req. } \\ \hline \end{array}$ | Loop | $\begin{gathered} \text { Loop } \\ \text { Repeat } \end{gathered}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\left.\begin{gathered} \text { TA1/ } \\ \text { 999/ } \\ 277 \mathrm{CA} \end{gathered} \right\rvert\,$ | Accept/ Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.374.2320.MOA09.020 | MOA09 | Non-Payable Professional Component Amount | R | 1-18 | s |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" | 2320.MOA09 must be $>=0$ and $<=99,999,999.99$. |  |
| X223.374.2320.MOA09.030 | MOA09 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 598: "Non-payable Professional Component Billed Amount" |  |  |
| $\begin{array}{\|l\|} \hline \text { X223.374.2320.MOA09.040 } \\ \text { edit deactivated } \\ \hline \end{array}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.374.2320.MOA09.050 | MOA09 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 697: "Invalid Decimal Precision" CSC 598: "Non-payable Professional Component Billed Amount" | 2320.MOA09 is limited to 0,1 or 2 decimal positions. |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.377.2330A.NM1.010 | NM1 | OTHER SUBSCRIBER NAME |  | 1 | R | 2330A | 1 |  | 999 | R | IK304 = 16: "Implementation Dependent Segment Missing" | If 2320.SBR is present, 2330A.NM1 must be present. |  |
| X223.377.2330A.NM1.020 | NM1 |  |  |  |  |  |  |  | 999 | R | IK304 = 4: "Loop Occurs Over Maximum Times" | Only one iteration of 2330A.NM1 is allowed. |  |
| X223.377.2330A.NM101.010 | NM101 | Entity Identifier Code | ID | 2-3 | R |  |  | IL | 999 | R | IK403 = 1: "Required Data Element Missing" | 2330A.NM101 must be present. |  |
| X223.377.2330A.NM101.020 | NM101 |  |  |  |  |  |  |  | 999 | R | \|1403 = 7: "Invalid Code Value" | 2330A.NM101 must be "LL". |  |
| X223.377.2330A.NM102.010 | NM102 | Entity Type Qualifier | ID | 1-1 | R |  |  | 1,2 | 999 | R | \|K403 = 1: "Required Data Element Missing" | 2330A.NM102 must be present. |  |
| X223.377.2330A.NM102.020 | NM102 |  |  |  |  |  |  |  | 999 | R | \|K403 = 7: "Invalid Code Value" | 2330A.NM102 must be valid values. |  |
| X223.377.2330A.NM103.010 | NM103 | Other Insured Last Name | AN | 1-60 | R |  |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2330A.NM103 must be present. |  |
| X223.377.2330A.NM103.020 | NM103 |  |  |  |  |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" | 2330A.NM103 must be 1-60 characters. |  |
| X223.377.2330A.NM103.030 | NM103 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 504: "Entity's Last Name" FIC. GB "Other lnsured" |  |  |
| X223.377.2330A.NM103.040 | NM103 |  |  |  |  |  |  |  | 999 | R | \|K403 = 6: "lnvalid Character in Data Element" | 2330A.NM103 must be populated with accepted AN |  |
| X223.377.2330A.NM103.050 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.377.2330A.NM103.060 | NM103 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2330A.NM103 must contain at least one non-space character. |  |
| X223.377.2330A.NM104.010 | NM104 | Other Insured First Name | AN | 1-35 | s |  |  |  | 999 | R | \|K403 = I13: "Implementation Dependent 'not used' Data Element Present" | If 2330A.NM102 is " 2 ", 2330A.NM104 must not be present. |  |
| X223.377.2330A.NM104.020 | NM104 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2330A.NM104 must contain at least one non-space character. |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | Segment or Element | Description | ID | $\begin{aligned} & \text { Min. } \\ & \text { Max. } \end{aligned}$ | $\begin{array}{\|c\|} \hline \text { Usage } \\ \text { Req. } \end{array}$ | Loop | $\begin{aligned} & \text { Loop } \\ & \text { Repeat } \end{aligned}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\begin{array}{\|c} \text { TA1/ } \\ \text { 999/ } \\ \text { 277CA } \end{array}$ | Accept/ Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.377.2330A.NM104.030 | NM104 |  |  |  |  |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" | 2330A.NM104 must be 1-35 characters. |  |
| X223.377.2330A.NM104.040 | NM104 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 505: "Entity's First Name" FIC. GB "Other Insured" |  |  |
| X223.377.2330A.NM104.050 | NM104 |  |  |  |  |  |  |  | 999 | R | IK403 $=6: ~ " I n v a l i d ~ C h a r a c t e r ~ i n ~ D a t a ~$ <br> Element" | 2330A.NM104 must be populated with accepted AN characters. |  |
| X223.377.2330A.NM104.060 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.377.2330A.NM105.010 | NM105 | Other Insured Middle Name | AN | 1-25 | s |  |  |  | 999 | R | IK403 = 113: "Implementation Dependent 'not used' Data Element Present" | If 2330A.NM102 is " 2 ", 2330A.NM105 must not be present. |  |
| X223.377.2330A.NM105.020 | NM105 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2330A.NM105 must contain at least one non-space character. |  |
| X223.377.2330A.NM105.030 | NM105 |  |  |  |  |  |  |  | 999 | E | \|K403 = 5: "Data Element Too Long" | 2330A.NM105 must be 1-25 characters. |  |
| X223.377.2330A.NM105.040 | NM105 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 514: "Entity's Middle Name" FIC. GB "Other Insured" |  |  |
| X223.377.2330A.NM105.050 | NM105 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2330A.NM105 must be populated with accepted AN characters. |  |
| X223.377.2330A.NM105.060 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.377.2330A.NM106.010 | NM106 | Name Prefix | AN | 1-10 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.377.2330A.NM107.010 | NM107 | Other Insured Name Suffix | AN | 1-10 | s |  |  |  | 999 | R | \|K403 = I13: "Implementation Dependent 'not used' Data Element Present" | If 2330A.NM102 is " 2 ", 2330 A.NM107 must not be present. |  |
| X223.377.2330A.NM107.020 | NM107 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2330A.NM107 must contain at least one non-space character. |  |
| X223.377.2330A.NM107.030 | NM107 |  |  |  |  |  |  |  | 999 | E | 1K403 = 5: "Data Element Too Long" | 2330A.NM107 must be 1-10 characters. |  |
| X223.377.2330A.NM107.040 | NM107 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 125: "Entity's Name" FIC. GB "Other Insured" |  |  |
| X223.377.2330A.NM107.050 | NM107 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2330A.NM107 must be populated with accepted AN |  |
| X223.377.2330A.NM107.060 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \\ \hline \end{gathered}$ | Segment or Element | Description | ID | $\begin{aligned} & \text { Min. } \\ & \text { Max. } \end{aligned}$ | Usage | Loop | Loop Repeat | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\begin{array}{r\|} \hline \text { TA1/ } \\ \text { 999/ } \\ \text { 277CA } \end{array}$ | Accept Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.377.2330A.NM108.010 | NM108 | Identfication CodeQualifier | ID | 1-2 | R |  |  | II, MI | 999 | R | 1K403 = 1: "Required Data Element Missing" | 2330A.NM108 must be present. |  |
| X223.377.2330A.NM108.020 | NM108 |  |  |  |  |  |  |  | 999 | R | \|K403 = 7: "Invalid Code Value" | 2330A.NM108 must be valid values. |  |
| X223.377.2330A.NM109.010 | NM109 | Other Insured Identifier | AN | 2-80 | R |  |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2330A.NM109 must be present. |  |
| X223.377.2330A.NM109.020 | NM109 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2330A.NM109 must contain at least two non-space characters. |  |
| X223.377.2330A.NM109.030 | NM109 |  |  |  |  |  |  |  | 999 | E | IK403 = 4: "Data Element Too Short" IK403 = 5: "Data Element Too Long" | 2330A.NM109 must be 2-80 characters. |  |
| X223.377.2330A.NM109.040 | NM109 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 153: "Entity's ID Number" FIC- GB "Other Insured" |  |  |
| X223.377.2330A.NM109.050 | NM109 |  |  |  |  |  |  |  | 999 | R | IK403 $=6: ~ " I n v a l i d ~ C h a r a c t e r ~ i n ~ D a t a ~$ <br> Element" | 2330A.NM109 must be populated with accepted AN characters. |  |
| X223.377.2330A.NM109.060 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.377.2330A.NM110.010 | NM110 | Entity Relationship Code | ID | 2-2 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| х223.377.2330А.NM111.010 | NM111 | Entity Identifier Code | ID | 2-3 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.377.2330A.NM112.010 | NM112 | Name Last or Organization Name | AN | 1-60 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| $\begin{array}{\|l\|} \hline \text { X223.380.2330A.N3.010 } \\ \text { edit deactivated } \\ \hline \end{array}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.380.2330A.N3.020 | N3 | OTHER SUBSCRIBER ADDRESS |  | 1 | s | 2330A |  |  | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2330A.N3 is allowed. |  |
| X223.380.2330A.N301.010 | N301 | Other Insured Address Line | AN | 1-55 | R |  |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2330A.N301 must be present. |  |
| X223.380.2330A.N301.020 | N301 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2330AN301 must contain at least one non-space |  |
| X223.380.2330A.N301.030 | N301 |  |  |  |  |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" | 2330A.N301 must be 1-55 characters. |  |
| X223.380.2330A.N301.040 | N301 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 503: "Entity's Street address" FIC. GB "Other Insured" |  |  |
| X223.380.2330A.N301.050 | N301 |  |  |  |  |  |  |  | 999 | R |  | 2330A.N301 must be populated with accepted AN characters. |  |
| X223.380.2330A.N301.060 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| $\begin{aligned} & \text { X223.380.2330A.N302.010 } \\ & \text { edit deactivated } \\ & \hline \end{aligned}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | $\underset{\text { Element or }}{\text { Element }}$ | Description | ID | $\begin{aligned} & \text { Min. } \\ & \text { Max. } \end{aligned}$ | $\begin{gathered} \text { Usage } \\ \text { Req. } \\ \hline \end{gathered}$ | Loop | $\begin{aligned} & \text { Loop } \\ & \text { Repeat } \\ & \hline \end{aligned}$ | $\begin{gathered} 5010 \\ \text { Values } \\ \hline \end{gathered}$ | $\begin{array}{\|r\|} \hline \text { TA1// } \\ \text { 999/ } \\ \text { 277CA } \\ \hline \end{array}$ | Accept/ Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.380.2330A.N302.020 | N302 | Other Insured Address Line | AN | 1-55 | S |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | If present, 2330A.N302 must contain at least one non- space character. |  |
| X223.380.2330A.N302.030 | N302 |  |  |  |  |  |  |  | 999 | E | 1K403 = 5: "Data Element Too Long" | 2330A.N302 must be 1-55 characters. |  |
| X223.380.2330A.N302.040 | N302 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement <br> Rejected for Invalid Information..." <br> CSC 512: "Lenth invalid for receiver's <br> application system" <br> CSC 503: "Entity's Street address" <br> EIC 50. |  |  |
| X223.380.2330A.N302.050 | N302 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2330A.N302 must be populated with accepted AN characters |  |
| X223.380.2330A.N302.060edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.381.2330A.N4.010 edit deactivated | N4 |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.381.2330A.N4.010 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223A2.21.2330A.N4.020 | N4 | OTHER SUBSCRIBER CITY/STATE/ZIP CODE |  | 1 | s | 2330A |  |  | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2330A.N4 is allowed. |  |
| X223.381.2330A.N4.020 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.381.2330A.N401.010 | N401 | Other Insured City Name | AN | 2-30 | R |  |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2330A.N401 must be present. |  |
| X223.381.2330A.N401.020 | N401 |  |  |  |  |  |  |  | 999 | R | \|K403 = 6: "Invalid Character in Data Element" | 2330A.N401 must contain at least two non-space characters. |  |
| X223.381.2330A.N401.030 | N401 |  |  |  |  |  |  |  | 999 | E | K403 = 4: "Data Element Too Short" IK403 = 5: "Data Element Too Long" | 2330A.N401 must be 2-30 characters. |  |
| X223.381.2330A.N401.040 | N401 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement <br> Rejected for Invalid Information..." <br> CSC 512: "Length hinavid for receiver's <br> application system" <br> CS5 502: "Entity's City" <br> EIC. GB "Other Insired" |  |  |
| X223.381.2330A.N401.050 | N401 |  |  |  |  |  |  |  | 999 | R | IK | 2330A.N401 must be populated with accepted AN characters. |  |
| X223.381.2330A.N401.060 <br> edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.381.2330A.N402.010 | N402 | Other Insured State Code | ID | 2-2 | s |  |  |  | 999 | R | K403 = 2: "Conditional Required Data Element Missing" | If 2330A.N404 is not present, 2330A.N402 must be |  |
| X223.381.2330A.N402.020 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.381.2330A.N402.030 | N402 |  |  |  |  |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information CSC 501: "Entity's State/Province ElC: GB "Other Insured" | 2330A.N402 must be a valid state code. | Valid State Code reference must be available for this edit. |


| 8371 Edit Reference | Segment or | Description | ID | $\begin{aligned} & \text { Min. } \\ & \text { Max. } \end{aligned}$ | Usage Req | Loop | $\begin{aligned} & \text { Loop } \\ & \text { Repeat } \end{aligned}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\begin{gathered} \text { TA1/ } \\ \text { 999/ } \\ \text { 277CA } \end{gathered}$ | Accept/ Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| х223.381.2330A.N403.010 | N403 | $\begin{array}{\|c\|} \hline \text { Other Insured Postal Zone } \\ \text { or ZIP Code } \\ \hline \end{array}$ | ID | 3-15 | s |  |  |  | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | If 2330A.N404 is not present, 2330A.N403 must be present. |  |
| X223.381.2330A.N403.020 <br> edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.381.2330A.N403.030 | N403 |  |  |  |  |  |  |  | 277 | c | CSCC A7: "Acknowledgement Rejected for Invalid Information..." CSC 500: "Entity's Postal/Zip Code" EIC: GB "Other Insured" | 2330A.N403 must be a valid postal/zip Code when N404 equals US or blank. | Valid Zip Code reference must be available for this edit. |
| X223.381.2330A.N404.010 | N404 | Country Code | ID | 2-3 | s |  |  |  | 277 | c | CSCC A7: "Acknowledgement Rejected for Invalid Information..." CSC 680: "Entity's Country" EIC: ILL "Subscriber" | 2330A.N404 must be a valid 2 character Country Code. | Valid alpha-2 Country Code reference must be available for this edit. (from Part 1 of ISO 3166) |
| х223.381.2330A.N405.010 | N405 | LocationQualifier | ID | 1-2 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| х223.381.2330A.N406.010 | N406 | Location Identifier | AN | 1-30 | NU |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| х223.381.2330A.N407.010 | N407 | Location Identifier | AN | 1-30 | s |  |  |  | 277 | C | $\begin{aligned} & \hline \text { CSCC A7: "Acknowledgement } \\ & \text { /Rejected for Invalid Information..." } \\ & \text { CSC 695: "Entity's Country Subdivision } \\ & \text { Code" } \\ & \text { EIC: IL "Subscriber" } \\ & \hline \end{aligned}$ | 2330A.N407 must be a valid Country Subdivision Code. |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.383.2330A.REF. 010 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.383.2330A.REF. 020 | REF | OTHER SUBSCRIBER SECONDARY IDENTIFICATION |  | 2 | s | 2330A |  |  | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2330A.REF is allowed. | Guide says two iterations, but subscribers can't have two SSNs, so we used one here. |
| X223.383.2330A.REF01.010 | REF01 | Reference Identification Qualifier | ID | 2-3 | R |  |  | SY | 999 | R | 1K403 = 1: "Required Data Element Missing" | 2330A.REF01 must be present. |  |
| X223.383.2330A.REF01.020 | REF01 |  |  |  |  |  |  |  | 999 | R | 1 K 403 = 7 : "Invalid Code Value" | 2330A.REF01 must be "SY". |  |
| X223.383.2330A.REF02.010 | REF02 | Other Insured Additional Identifier | AN | 1-50 | R |  |  |  | 999 | R | 1K403 = 1: "Required Data Element Missing" | 2330A.REF02 must be present. |  |
| X223.383.2330A.REF02.020 | REF02 |  |  |  |  |  |  |  | 277 | C | CSCC A7: "Acknowledgement <br> /Rejected for Invalid Information..." <br> CSC 148: "Entity's Social Security <br> Number" <br> EIC: GB "Other Insured" | 2330A.REF02 must be 9 digits, with no punctuation. <br> The first 3 digits cannot be higher than 772 , and digits $1-3,4-5$, and $6-9$ cannot be zeros. |  |
| Х223.383.2330A.REF03.010 | REF03 | Description | AN | 1-80 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.383.2330A.REF04.010 | REF04 | REFERENCE IDENTIFIER |  |  | NU |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.384.2330B.NM1.010 | NM1 | Other payer name |  | 1 | R | 2330B | 1 |  | 999 | R | IK304 = 16: "Implementation Dependent Segment Missing" | If 2320.SBR is present, 2330B.NM1 must be present. |  |
| X223.384.2330B.NM1.020 | NM1 |  |  |  |  |  |  |  | 999 | R | IK304 = 4: "Loop Occurs Over Maximum Times" | Only one iteration of 2330B.NM1 is allowed. |  |
| $\begin{aligned} & \text { X223.384.2330B.NM1.020 } \\ & \text { edit deactivated } \end{aligned}$ | NM1 |  |  |  |  |  |  |  | 999 | R | $\begin{aligned} & \text { IK304 = 4: "Loop Occurs Over } \\ & \text { Maximum Times" } \end{aligned}$ | Only one iteration of 2330.NM1 is allowed. |  |


| 8371 Edit Reference | Segment or | Description | ID | Min. | Usage | Loop | $\underset{\text { Repeat }}{\text { Loop }}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\left\|\begin{array}{c} \text { TA1// } \\ \text { 999/ } \\ 277 C A \end{array}\right\|$ | Accept Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.384.2330B.NM101.010 | NM101 | Entity Identifier Code | ID | 2-3 | R |  |  | PR | 999 | R | IK403 = 1: "Required Data Element Missing" | 2330B.NM101 must be present. |  |
| X223.384.2330B.NM101.020 | NM101 |  |  |  |  |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2330B.NM101 must be "PR". |  |
| X223.384.2330B.NM102.010 | NM102 | Entity Type Qualifier | ID | 1-1 | R |  |  | 2 | 999 | R | \|K403 = 1: "Required Data Element Missing" | 2330B.NM102 must be present. |  |
| X223.384.2330B.NM102.020 | NM102 |  |  |  |  |  |  |  | 999 | R | 1 K 403 = 7 : "Invalid Code Value" | 2330B.NM102 must be "2". |  |
| X223.384.2330B.NM103.010 | NM103 | Other Payer Last or Organization Name | AN | 1-60 | R |  |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2330B.NM103 must be present. |  |
| X223.384.2330B.NM103.020 | NM103 |  |  |  |  |  |  |  | 999 | R | $\begin{aligned} & \text { IK } 403=6: \text { "Invalid Character in Data } \\ & \text { Element" } \end{aligned}$ | 2330B.NM103 must contain at least one non-space character. |  |
| X223.384.2330B.NM103.030 | NM103 |  |  |  |  |  |  |  | 999 | E | IK403 = 5: "Data Element Too Lona" | 2300B.NM103 must be 1-60 characters. |  |
| X223.384.2330B.NM103.040 | NM103 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 504: "Entity's Last Name" CSC 286: Other payer's Explanation of Benefits/payment information FIC. PR "Paver" |  |  |
| X223.384.2330B.NM103.050 | NM103 |  |  |  |  |  |  |  | 999 | R | K403 = 6: "Invalid Character in Data Element" | 2330B.NM103 must be populated with accepted AN characters. |  |
| X223.384.2330B.NM103.060 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.384.2330B.NM104.010 | NM104 | Name First | AN | 1-35 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.384.2330B.NM105.010 | NM105 | Name Middle | AN | 1-25 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| х223.384.2330B.NM106.010 | NM106 | Name Prefix | AN | 1-10 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| х223.384.2330B.NM107.010 | NM107 | Name Suffix | AN | 1-10 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.384.2330B.NM108.010 | NM108 | Identlication CodeQualifier | ID | 1-2 | R |  |  | PI, XV | 999 | R | 1K403 = 1: "Required Data Element Missing" | 2330B.NM108 must be present. |  |
| X223.384.2330B.NM108.020 | NM108 |  |  |  |  |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2330B.NM108 must be valid values. |  |
| X223.384.2330B.NM109.010 | NM109 | Other Payer Primary Identifier | AN | 2-80 | R |  |  |  | 999 | R | \|K403 = 1: "Required Data Element Missing" | 2330B.NM109 must be present. |  |
| $\begin{array}{\|l\|} \hline \begin{array}{l} \text { X223.384.2330B. } 010 \\ \text { edit deactivated } \end{array} \\ \hline \end{array}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.384.2330B.NM109.020 | NM109 |  |  |  |  |  |  |  | 999 | R | IK403 = I12: "Implementation Pattern Match Failure" | 2330B.NM109 must $=2430 . S V \mathrm{D} 01$. |  |
| X223.384.2330B.NM110.010 | NM110 | Entity Relationship Code | ID | 2-2 | N/U |  |  |  | 999 | E | IK403 = 110: "Implementation "Not | Must not be present. |  |
| X223.384.2330B.NM111.010 | NM111 | Entity Identifier Code | ID | 2-3 | NU |  |  |  | 999 | E | 1K403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.384.2330B.NM112.010 | NM112 | $\underset{\text { Name }}{\substack{\text { Name Last or Organization } \\ \text { Name }}}$ | AN | 1-60 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.386.2330B.N3.010 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | Segment or Element | Description | ID | $\begin{aligned} & \text { Min. } \\ & \text { Max. } \end{aligned}$ | $\begin{gathered} \text { Usage } \\ \text { Req. } \end{gathered}$ | Loop | $\begin{gathered} \text { Loop } \\ \text { Repeat } \\ \hline \end{gathered}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\begin{gathered} \text { TA1/ } \\ \text { 999/ } \\ 277 C A \end{gathered}$ | Accept/ Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| х223.386.2330B.N3.020 | N3 | OTHER PAYER ADDRESS |  | 1 | S | 2330B |  |  | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2330B.N3 is allowed. |  |
| X223.386.2330B.N301.010 | N301 | Other Payer Address Line | AN | 1-55 | R |  |  |  | 999 | R | 1K403 = 1: "Required Data Element Missing" | 2330B.N301 must be present. |  |
| X223.386.2330B.N301.020 | N301 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2330B.N301 must contain at least one non-space character. |  |
| X223.386.2330B.N301.030 | N301 |  |  |  |  |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" | 2330B. N301 must be $1-55$ characters. |  |
| X223.386.2330B.N301.040 | N301 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 503: "Entity's Street address" CSC 286: Other payer's Explanation of Benefits/payment information EIC: PR "Payer" |  |  |
| X223.386.2330B.N301.050 | N301 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2330B.N301 must be populated with accepted AN characters. |  |
| Х223.386.2330B. N301.060 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.386.2330B.N302.010 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.386.2330B.N302.020 | N302 | Other Payer Address Line | AN | 1-55 | s |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | If present, 2330B.N302 must contain at least one non- |  |
| X223.386.2330B.N302.030 | N302 |  |  |  |  |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" | 2330B. N302 must be $1-55$ characters. |  |
| X223.386.2330B.N302.040 | N302 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 503: "Entity's Street address" CSC 286: Other payer's Explanation of Benefits/payment information EIC: PR "Payer" |  |  |
| X223.386.2330B.N302.050 | N302 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data | 2330B.N302 must be populated with accepted AN characters. |  |
| X223.386.2330B.N302.060 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.387.2330B.N4.010 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.387.2330B.N4.010 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223A2.22.2330B.N4.020 | N4 | OTHER PAYER CITY/STATE/ZIP CODE |  | 1 | s | 2330B |  |  | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2330B.N4 is allowed. |  |
| X223.387.2330B.N4.020 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \\ \hline \end{gathered}$ | Segment or Element | Description | ID | Min. Max. | $\begin{gathered} \text { Usage } \\ \text { Req. } \end{gathered}$ | Loop | $\begin{aligned} & \text { Loop } \\ & \text { Repeat } \end{aligned}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\begin{array}{\|c\|} \hline \text { TA1/ } \\ \text { 999/ } \\ \text { 277CA } \\ \hline \end{array}$ | Accept/ | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.387.2330B.N401.010 | N401 | Other Payer City Name | AN | 2-30 | R |  |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2330B.N401 must be present. |  |
| X223.387.2330B.N401.020 | N401 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data | 2330B.N401 must contain at least two non-space |  |
| X223.387.2330B.N401.030 | N401 |  |  |  |  |  |  |  | 999 | E | IK403 = 4: "Data Element Too Short" IK403 = 5: "Data Element Too Long" | 2330B.N401 must be 2-30 characters. |  |
| X223.387.2330B.N401.040 | N401 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 502: "Entity's City" CSC 286: Other payer's Explanation of Benefits/payment information |  |  |
| Х223.387.2330B.N401.050 | N401 |  |  |  |  |  |  |  | 999 | R | \|K403 = 6: "Invalid Character in Data Element" | 2330B.N401 must be populated with accepted AN characters. |  |
| X223.387.2330B.N401.060 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| х223.387.2330B.N402.010 | N402 | Other Payer State Code | ID | 2-2 | S |  |  |  | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | If 2330B.N404 is not present, 2330B.N402 must be |  |
| $\begin{aligned} & \text { X223.387.2330B.N402.020 } \\ & \text { edit deactivated } \\ & \hline \end{aligned}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.387.2330B.N402.030 | N402 |  |  |  |  |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 501: "Entity's State/Province" CSC 286: Other payer's Explanation of Benefits/payment information FIC. PB "Pavor" | 2330B.N402 must be a valid state code. | Valid State Code reference must be available for this edit. |
| X223.387.2330B.N403.010 | N403 | Other Payer Postal Zone or ZIP Code | ID | 3-15 | s |  |  |  | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | If 2330B.N404 is not present, 2330B.N403 must be present. |  |
| X223.387.2330B.N403.020 <br> edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| х223.387.2330B.N403.030 | N403 |  |  |  |  |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 500: "Entity's Postal/Zip Code" CSC 286: Other payer's Explanation of Benefits/payment information FIC. PB "Paver" | 2330B.N403 must be a valid zip code. | Valid Zip Code reference must be available for this edit. |
| X223.387.2330B.N404.010 | N404 | Country Code | ID | 2-3 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = } 110: \text { "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.387.2330B.N405.010 | N405 | LocationQualifier | ID | 1-2 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.387.2330B.N406.010 | N406 | Location Identifier | AN | 1-30 | N/U |  |  |  | 999 | E | IK403 = 110 : "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.387.2330B.N407.010 | N407 | Location Identifier | AN | 1-30 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \\ & \hline \end{aligned}$ | Must not be present. |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.389.2330B.DTP.010 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \\ \hline \end{gathered}$ | Segment or Element | Description | ID | $\begin{aligned} & \text { Min. } \\ & \text { Max. } \end{aligned}$ | $\begin{array}{\|c} \hline \text { Usage } \\ \text { Req. } \\ \hline \end{array}$ | Loop | $\begin{aligned} & \text { Loop } \\ & \text { Repeat } \end{aligned}$ | $\begin{gathered} 5010 \\ \text { Values } \\ \hline \end{gathered}$ | $\begin{array}{\|c\|} \hline \text { TA1/ } \\ \text { 999/ } \\ \text { 277CA } \\ \hline \end{array}$ | Accept/ | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| х223.389.2330B.DTP.020 | DTP | CLAIM CHECK OR REMITTANCE DATE |  | 1 | s | 2330B |  |  | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2330B.DTP is allowed. |  |
| Х223.389.2330B.DTP.030 | DTP |  |  |  |  |  |  |  | 999 | R | IK304 = 2: "Unexpected Segment" | If 2430 DTP with 573 is present, then 2330B DTP must not be present. |  |
| X223.389.2330B.DTP01.010 | DTP01 | Date TimeQualifier | ID | 3-3 | R |  |  | 573 | 999 | R | IK403 = 1: "Required Data Element Missing" | 2330B.DTP01 must be present. |  |
| X223.389.2330B.DTP01.020 | DTP01 |  |  |  |  |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2330B.DTP01 must be "573" |  |
| X223.389.2330B.DTP02.010 | DTP02 | Date Time Period Format <br> Qualifier | ID | 2-3 | R |  |  | D8 | 999 | R | \|K403 = 1: "Required Data Element Missing" | 2330B.DTP02 must be present. |  |
| X223.389.2330B.DTP02.020 | DTP02 |  |  |  |  |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2330B.DTP02 must be "D8". |  |
| X223.389.2330B.DTP03.010 | DTP03 | Adjudication or Payment Date | AN | 1-35 | R |  |  | CCYYMMDD | 999 | R | 1K403 = 8: "Invalid Date" | 2330B.DTPO3 must a valid date in CCYYMMDD format. |  |
| X223.389.2330B.DTP03.020 | DTP03 |  |  |  |  |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 510: "Future date" CSC 516 "Adjudication or Payment | 2330B.DTP03 must not be a future date. | companion guide note needed |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.390.2330B.REF. 010 | REF | OTHER PAYER SECONDARY IDENTIFIER |  | 2 | s | 2330B |  |  | 999 | R | IK304 = 16: "Implementation Dependent Segment Missing" | If 2330B.NM1 is present, 2330B.REF with REF01 = "2U", "EI", "FY" or "NF" may be present. |  |
| X223.390.2330B.REF.020 | REF |  |  |  |  |  |  |  | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only two iterations of 2330B.REF with REF01 = "2U", "El", "FY" or "NF" are allowed. |  |
| X223.390.2330B.REF01.010 | REF01 | $\begin{gathered} \hline \text { Reference Identification } \\ \text { Qualifier } \end{gathered}$ | ID | 2-3 | R |  |  | 2U, EI, FY, NF | 999 | R | \|K403 = 1: "Required Data Element Missing" | 2330B.REF01 must be present. |  |
| X223.390.2330B.REF01.020 | REF01 |  |  |  |  |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2330B.REF01 must be valid values. |  |
| X223.390.2330B.REF02.010 | REF02 | Other Payer Secondary Identifier | AN | 1-50 | R |  |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2330B.REF02 must be present. |  |
| X223.390.2330B.REF02.020 | REF02 |  |  |  |  |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 128: "Entity's tax id" EIC: PR "Payer" | If 2330B.REF01 = "EI", 2330B.REF02 must be 9 digits with no punctuation. |  |
| X223.390.2330B.REF02.030 | REF02 |  |  |  |  |  |  |  | 999 | R | 1K403 = 5: "Data Element Too Long" | If 2330B.REF01 = "2U", "FY" or "NF", 2330B.REF02 must be must be $1-50$ characters. |  |
| X223.390.2330B.REF02.040 | REF02 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | If 2330B.REF01 = "2U", "FY" or "NF", 2330B.REF02 must be populated with accepted AN characters. |  |
| X223.390.2330B.REF02.050 | REF02 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | If 2330B.REF01 = "2U", "FY" or "NF", 2330B.REF02 must contain at least one non-space character. |  |
| X223.390.2330B.REF03.010 | REF03 | Description | AN | 1-80 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.390.2330B.REF04.010 | REF04 | REFERENCE IDENTIFIER |  |  | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { 1K403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \\ & \hline \end{aligned}$ | Must not be present. |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.392.2330B.REF. 010 | REF | OTHER PAYER PRIOR AUTHORIZATION NUMBER |  | 1 | s | 2330B |  |  | 999 | R | IK304 = 16: "Implementation Dependent Segment Missing" | If 2330B.NM1 is present, 2330B.REF with REF01 = "G1" may be present. |  |
| X223.392.2330B.REF.020 | REF |  |  |  |  |  |  |  | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2330B.REF with REF01 = "G1" is allowed. |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | $\underset{\text { Element or }}{\text { Sement }}$ | Description | ID | Min. Max. | $\begin{array}{\|c\|} \text { Usage } \\ \text { Req. } \end{array}$ | Loop | $\begin{aligned} & \text { Loop } \\ & \text { Repeat } \end{aligned}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\begin{gathered} \text { TA1// } \\ \text { 999/ } \\ 277 \mathrm{CA} \end{gathered}$ | Accept/ Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.392.2330B.REF01.010 | REF01 | Reference Identification | ID | 2-3 | R |  |  | G1 | 999 | R | IK403 = 1: "Required Data Element Missing" | 2330B.REF01 must be present. |  |
| X223.392.2330B.REF01.020 | REF01 |  |  |  |  |  |  |  | 999 | R | \|K403 $\mathbf{~ 7}$ : "Invalid Code Value" | 2330B.REF01 must be "G1". |  |
| X223.392.2330B.REF02.010 | REF02 | $\qquad$ | AN | 1-50 | R |  |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2330B.REF02 must be present. |  |
| X223.392.2330B.REF02.020 | REF02 |  |  |  |  |  |  |  | 999 | R | 1K403 = 5: "Data Element Too Long" | 2330B.REF02 must be 1-50 characters. |  |
| X223.392.2330B.REF02.030 | REF02 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2330B.REF02 must be populated with accepted AN characters. |  |
| X223.392.2330B.REF02.040 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.392.2330B.REF02.050 | REF02 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2330B.REF02 must contain at least one non-space |  |
| X223.392.2330B.REF03.010 | REF03 | Description | AN | 1-80 | N/U |  |  |  | 999 | E | \|K403 = 110: "Implementation "Not | Must not be present. |  |
| X223.392.2330B.REF04.010 | REF04 | REFERENCE IDENTIFIER |  |  | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not | Must not be present. |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.393.2330B.REF. 010 | REF | OTHER PAYER REFERRAL NUMBER |  | 1 | s | 2330B |  |  | 999 | R | IK304 = 16: "Implementation Dependent Segment Missing" | If 2330B.NM1 is present, 2330B.REF with REF01 = "9F" may be present. |  |
| X223.393.2330B.REF.020 | REF |  |  |  |  |  |  |  | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2330B.REF with REF01 $=$ "9F" is allowed. |  |
| X223.393.2330B.REF01.010 | REF01 | Reference Identification Qualifier | ID | 2-3 | R |  |  | 9 F | 999 | R | IK403 = 1: "Required Data Element Missing" | 2330B.REF01 must be present. |  |
| X223.393.2330B.REF01.020 | REF01 |  |  |  |  |  |  |  | 999 | R | \|K403 $\mathbf{~ 7 : ~ " I n v a l i d ~ C o d e ~ V a l u e " ~}$ | 2330B.REF01 must be "9F". |  |
| X223.393.2330B.REF02.010 | REF02 | Other Payer Referral Number | AN | 1-50 | R |  |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2330B.REF02 must be present. |  |
| X223.393.2330B.REF02.020 | REF02 |  |  |  |  |  |  |  | 999 | R | 1K403 = 5: "Data Element Too Long" | 2330B.REF02 must be 1-50 characters. |  |
| X223.393.2330B.REF02.030 | REF02 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2330.REF02 characters. |  |
| X223.393.2330B.REF02.040 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.393.2330B.REF02.050 | REF02 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2300.REF02 must contain at least one non-space character. |  |
| X223.393.2330B.REF03.010 | REF03 | Description | AN | 1-80 | N/U |  |  |  | 999 | E | 1K403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| Х223.393.2330B.REF04.010 | REF04 | REFERENCE IDENTIFIER |  |  | N/U |  |  |  | 999 | E | 1K403 = 110 : "Implementation "Not Used" Element Present" | Must not be present. |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.394.2330B.REF. 010 | REF | OTHER PAYER CLAIM ADJUSTMENT indicator |  | 1 | s | 2330B |  |  | 999 | R | IK304 = 16: "Implementation Dependent Segment Missing" | If 2330B.NM1 is present, 2330B.REF with REF01 $=$ "T4" may be present. |  |
| X223.394.2330B.REF.020 | REF |  |  |  |  |  |  |  | 999 | R | 1K304 = 5: "Segment Exceeds | Only one iteration of 2330B.REF with REF01 = "T4" is allowed. |  |
| X223.394.2330B.REF01.010 | REF01 | Reference Identification Qualifier | ID | 2-3 | R |  |  | T4 | 999 | R | IK403 = 1: "Required Data Element Missing" | 2330B.REF01 must be present. |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | Segment or | Description | ID | $\begin{aligned} & \text { Min. } \\ & \text { Max. } \end{aligned}$ | $\begin{array}{\|c} \hline \text { Usage } \\ \text { Req. } \\ \hline \end{array}$ | Loop | $\begin{aligned} & \begin{array}{l} \text { Loop } \\ \text { Repeat } \end{array} \\ & \hline \end{aligned}$ | $\begin{gathered} 5010 \\ \text { Values } \\ \hline \end{gathered}$ | $\begin{array}{\|c} \text { TA1/ } \\ \text { 999/ } \\ \text { 277CA } \\ \hline \end{array}$ | Accept/ | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.394.2330B.REF01.020 | REF01 |  |  |  |  |  |  |  | 999 | R | $1 \mathrm{~K} 403=7$ : "Invalid Code Value" | 2330B.REF01 must be "T4". |  |
| X223.394.2330B.REF02.010 | REF02 | Other Payer Claim Adiustment Indicator | AN | 1-50 | R |  |  |  | 999 | R | IK403 = 1: "Required Data Element Missina" | 2330B.REF02 must be present. |  |
| X223.394.2330B.REF02.020 | REF02 |  |  |  |  |  |  |  | 999 | R | IK403 = 7: "Invalid Code Value" | 2330B.REF02 must be = "Y". |  |
| X223.394.2330B.REF03.010 | REF03 | Description | AN | 1-80 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not | Must not be present. |  |
| X223.394.2330B.REF04.010 | REF04 | REFERENCE IDENTIFIER |  |  | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \\ & \hline \end{aligned}$ | Must not be present. |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.395.2330B.REF. 010 | REF | OTHER PAYER CLAIM CONTROL NUMBER |  | 1 | s | 2330B |  |  | 999 | R | IK304 = 16: "Implementation Dependent Segment Missing" | If 2330B.NM1 is present, 2330B.REF with REF01 = "F8" may be present. |  |
| X223.395.2330B.REF.020 | REF |  |  |  |  |  |  |  | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2330B.REF with REF01 = "F8" is allowed. |  |
| X223.395.2330B.REF01.010 | REF01 | Reference Identification Qualifier | ID | 2-3 | R |  |  | F8 | 999 | R | IK403 = 1: "Required Data Element Missing" | 2330B.REF01 must be present. |  |
| X223.395.2330B.REF01.020 | REF01 |  |  |  |  |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2330B.REF01 must be "F8". |  |
| X223.395.2330B.REF02.010 | REF02 | Other Payer Claim Control <br> Number | AN | 1-50 | R |  |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2330B.REF02 must be present. |  |
| X223.395.2330B.REF02.020 | REF02 |  |  |  |  |  |  |  | 999 | R | IK403 = 5: "Data Element Too Long" | 2330B.REF02 must be $1-50$ characters. |  |
| X223.395.2330B.REF02.030 | REF02 |  |  |  |  |  |  |  | 999 | R | $\begin{aligned} & \text { IK403 = 6: "Invalid Character in Data } \\ & \text { Element" } \end{aligned}$ | 2330B.REFO2 must be populated with accepted AN characters. |  |
| X223.395.2330B.REF02.040 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.395.2330B.REF02.050 | REF02 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2330B.REF02 must contain at least one non-space character. |  |
| X223.395.2330B.REF03.010 | REF03 | Description | AN | 1-80 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not | Must not be present. |  |
| X223.395.2330B.REF04.010 | REF04 | REFERENCE IDENTIFIER |  |  | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \\ & \hline \end{aligned}$ | Must not be present. |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| $\begin{array}{\|l\|} \hline \text { X223.396.2330C.. } 010 \\ \text { edit deactivated } \\ \hline \end{array}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.396.2330C.NM1.010 | NM1 | OTHER PAYER ATTENDING PROVIDER |  | 1 | s | 2330C |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 732: "Information submitted inconsistent with billing guidelines." CSC 562: "Entity's National Provider Identifier (NPI)." <br> EIC: 71 "Attending Physician" | 2330C.NM1 must not be present. |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | Segment or Elemen | Description | ID | $\begin{aligned} & \text { Min. } \\ & \text { Max. } \end{aligned}$ | Usage | Loop | $\begin{gathered} \text { Loop } \\ \text { Repeat } \end{gathered}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\begin{gathered} \text { TA1/ } / \\ \text { 999/ } \\ \text { 277CA } \end{gathered}$ | Accept/ Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
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| X223.398.2330C.REF. 010 | REF | OTHER PAYER ATTENDING PROVIDER SECONDARY IDENTIFICATION |  | 4 | R | 2330 C |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 732: "Information submitted inconsistent with billing guidelines. CSC 560: "Entity's Additional/Secondary Identifier." EIC: 71 "Attending Physician" | 2330C.REF must not be present. |  |
| X223.400.2330D.. 010 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.400.2330D.NM1.010 | NM1 | OTHER PAYER OPERATING PHYSICIAN |  | 1 | s | 2330D | 1 |  | 277 | T | CsCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 732: "Information submitted inconsistent with billing guidelines." CSC 562: "Entity's National Provider Identifier (NPI)." <br> EIC: 72 "Operating Physician" | 2330D.NM1 must not be present. |  |
| X223.402.2330D.REF. 010 | REF | other payer OPERATING PHYSICIAN SECONDARY IDENTIFICATION |  | 4 | R | 2330D |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 732: "Information submitted inconsistent with billing guidelines." CSC 560: "Entity's Additional/Secondary Identifier." EIC: 72 "Operating Physician" | 2330D.REF must not be present. |  |
| X223.404.2330E.. 010 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.404.2330E.NM1.010 | NM1 | OTHER PAYER OTHER OPERATING PHYSICIAN |  | 1 | s | 2330E | 1 |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 732: "Information submitted inconsistent with billing guidelines." CSC 562: "Entity's National Provider Identifier (NPI)." <br> EIC: 72 "Operating Physician" | 2330E.NM1 must not be present. |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | Segment or | Description | ID | $\begin{aligned} & \text { Min. } \\ & \text { Max. } \end{aligned}$ | $\begin{array}{\|c\|} \hline \text { Usage } \\ \text { Req. } \\ \hline \end{array}$ | Loop | $\begin{aligned} & \text { Loop } \\ & \text { Repeat } \end{aligned}$ | $\begin{gathered} 5010 \\ \text { Values } \\ \hline \end{gathered}$ | $\begin{gathered} \text { TA1/ } \\ \text { 999/ } \\ \text { 277CA } \end{gathered}$ | Accept/ Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
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| X223.406.2330E.REF. 010 | REF | OTHER PAYER OTHER operating PHYSICIAN SECONDARY IDENTIFICATION |  | 4 | R | 2330E |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 732: "Information submitted inconsistent with billing guidelines." CSC 560: "Entity's Additional/Secondary Identifier." EIC: 72 "Operating Physician" | 2330E.REF must not be present. |  |
| X223.408.2330F.. 010 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.408.2330F.NM1.010 | NM1 | OTHER PAYER SERVICE FACILITY Location |  | 1 | s | 2330F | 1 |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 732: "Information submitted inconsistent with billing guidelines." CSC 562: "Entity's National Provider Identifier (NPI)." <br> EIC: 77 "Service Location" | 2330F.NM1 must not be present. |  |
| X223.410.2330F.REF. 010 | REF | OTHER PAYER SERVICE FACILITY LOCATION SECONDARY IDENTIFICATION |  | 3 | R | 2330F |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 732: "Information submitted inconsistent with billing guidelines." CSC 560: "Entity's Additional/Secondary Identifier." EIC: 77 "Service Location" | 2330F.REF must not be present. |  |
| X223.412.2330G. 010 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.412.2330G.NM1.010 | NM1 | OTHER PAYER RENDERING PROVIDER NAME |  | 1 | s | 2330G | 1 |  | 277 | T | CscC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 732: "Information submitted inconsistent with billing guidelines." CSC 562: "Entity's National Provider Identifier (NPI)." <br> EIC: 82 "Rendering Provider" | 2330G.NM1 must not be present. |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \\ \hline \end{gathered}$ | Segment or Element | Description | ID | $\begin{aligned} & \text { Min. } \\ & \text { Max. } \end{aligned}$ | Usage | Loop | Loop Repeat | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\begin{array}{r\|} \hline \text { TA1/ } \\ \text { 999/ } \\ \text { 277CA } \end{array}$ | Accept Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
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| X223.414.2330G.REF. 010 | REF | OTHER PAYER RENDERING PROVIDER SECONDARY IDENTIFIER |  | 4 | R | 2330G |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 732: "Information submitted inconsistent with billing guidelines." CSC 560: "Entity's Additional/Secondary Identifier." EIC: 82 "Rendering Provider" | 2330G.REF must not be present. |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| $\begin{array}{\|l} \hline \begin{array}{l} \text { X223.416.2330H.. } \\ \text { edit deactivated } \end{array} \\ \hline \end{array}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.416.2330H.NM1.010 | NM1 | OTHER PAYER REFERRING PROVIDER |  | 1 | s | 2330 H | 1 |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 732: "Information submitted inconsistent with billing guidelines." CSC 562: "Entity's National Provider Identifier (NPI)." <br> EIC: DN "Referring Provider" | 2330H.NM1 must not be present. |  |
| X223.418.2330H.REF. 010 | REF | OTHER PAYER REFERRING PROVIDER SECONDARY IDENTIFIER |  | 3 | R | 2330 H |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 732: "Information submitted inconsistent with billing guidelines." CSC 560: "Entity's Additional/Secondary Identifier." EIC: DN "Referring Provider" | 2330H.REF must not be present. |  |
| X223.420.23301. 010 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| х223.420.23301.NM1.010 | NM1 | OTHER PAYER BILLING PROVIDER |  | 1 | s | 23301 | 1 |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 732: "Information submitted inconsistent with billing guidelines." CSC 562: "Entity's National Provider Identifier (NPI)." <br> EIC: 85 "Billing Provider" | 23301.NM1 must not be present. |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \\ \hline \end{gathered}$ | $\underset{\substack{\text { Element } \\ \text { Segment } \\ \hline}}{ }$ | Description | ID | $\begin{aligned} & \text { Min. } \\ & \text { Max. } \end{aligned}$ | $\begin{gathered} \text { Usage } \\ \text { Req. } \end{gathered}$ | Loop | $\begin{gathered} \text { Loop } \\ \text { Repeat } \end{gathered}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\begin{array}{\|c} \text { TA1/ } \\ \text { 999/ } \\ \text { 277CA } \end{array}$ | Accept/ Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
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| X223.422.23301.REF. 010 | REF | OTHER PAYER BILLING PROVIDER SECONDARY IDENTIFICATION |  | 2 | R | 23301 |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 732: "Information submitted inconsistent with billing guidelines." CSC 560: "Entity's Additional/Secondary Identifier." EIC: 85 "Billing Provider" | 23301.REF must not be present. |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| х223.423.2400.010 |  | Service Line Loop |  |  |  | 2400 |  |  | 999 | E | $\begin{array}{\|l} \hline \text { IK304 = 4: "Loop Occurs Over } \\ \text { Maximum Times" } \\ \hline \end{array}$ | Only 449 iterations of the $\mathbf{2 4 0 0}$ loop are allowed. | CMS policy limit is 449 |
| X223.423.2400.015 |  | Service Line Loop |  |  |  | 2400 |  |  | 277 | T | CSCC A3: "Acknowledgement /Returned as unprocessable claim" CSC 121: "Service line number greater than maximum allowable for payer" |  | CMS policy limit is 449 |
| X223.423.2400.LX. 010 | LX | SERVICE LINE NUMBER |  | 1 | R | 2400 | 999 |  | 999 | R | IK304 = 3: "Required Segment Missing" | 2400.LX must be present. |  |
| X223.423.2400.LX. 020 | LX |  |  |  |  |  |  |  | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of $2400 . \mathrm{LX}$ is allowed. |  |
| X223.423.2400.LX01.010 | LX01 | Assigned Number | N0 | 1-6 | R |  |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2400.LX01 must be present. |  |
| X223.423.2400.LX01.020 | LX01 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2400.LX01 must be numeric. |  |
| X223.423.2400.LX01.030 | LX01 |  |  |  |  |  |  |  | 277 | C | CSCC A3: "Acknowledgement /Returned as unprocessable claim" CSC 121: "Service line number greater than maximum allowable for naver" | 2400.LX01 must be > 0 and $<=449$. |  |
| X223.423.2400.LX01.040 | LX01 |  |  |  |  |  |  |  | 999 | R | IK403 = I12: "Implementation Pattern Match Failure" | The first 2400.LX01 must be "1". |  |
| X223.423.2400.LX01.050 | LX01 |  |  |  |  |  |  |  | 999 | R | IK403 = I12: "Implementation Pattern Match Failure" | Subsequent 2400.LX01 values must increment by 1. |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.424.2400.SV2.010 | SV2 | INSTITUTIONAL |  | 1 | R | 2400 |  |  | 999 | R | IK304 = 3: "Required Segment Missing" | 2400.SV2 must be present. |  |
| X223.424.2400.SV2.020 | SV2 |  |  |  |  |  |  |  | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of $2400 . \mathrm{SV2}$ is allowed. |  |
| X223.424.2400.SV201.010 | SV201 | Revenue Code | AN | 1-48 | R |  |  |  | 999 | R | 1K403 = 1: "Required Data Element Missing" | 2400.SV201 must be present. |  |
| X223.424.2400.SV201.020 | SV201 |  |  |  |  |  |  |  | 277 | c | CSCC A7: "Acknowledgement Rejected for Invalid Information..." CSC 455: "Revenue code for services rendered" | 2400.SV201 must be a valid revenue code. | Valid Revenue Code reference must be available for this edit. |
| $\begin{array}{\|l\|} \hline \begin{array}{l} \text { X223.424.2400.SV202.010 } \\ \text { edit deactivated } \end{array} \\ \hline \end{array}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.424.2400.SV202-1.010 | SV202-1 | Product or Service DQualifier | ID | 2-2 | R |  |  | ER, HC, HP, IV, WK | 999 | R | IK403 = 1: "Required Data Element Missing" | 2400.SV202-1 must be present. |  |
| X223.424.2400.SV202-1.020 | SV202-1 |  |  |  |  |  |  |  | 999 | R | \|14403 = 7: "Invalid Code Value" | 2400.SV202-1 must be "HP" or "HC". |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | Segment or Element | Description | ID | Min. | $\begin{array}{\|c} \text { Usage } \\ \text { Req. } \end{array}$ | Loop | $\begin{aligned} & \text { Loop } \\ & \text { Repeat } \\ & \hline \end{aligned}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\begin{gathered} \text { TA1/ } \\ \text { 999/ } \\ \text { 277CA } \end{gathered}$ | Accept/ Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
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| X223.424.2400.SV202-2.010 | SV202-2 | Procedure Code | AN | 1-48 | R |  |  |  | 999 | R | 1K403 = 1: "Required Data Element Missing" | 2400.SV202-2 must be present. |  |
| X223.424.2400.SV202-2.020 | SV202-2 |  |  |  |  |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 507: "HCPCS" | When 2400.SV202-1 = "HC", 2400.SV202-2 must be a valid HCPCS Code. | Valid HCPCS reference must be available for this edit. |
| X223.424.2400.SV202-2.025 | SV202-2 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 732: "Information submitted inconsistent with billing guidelines." CSC 560: "Entity's Additional/Secondary Identifier." EIC: 71 "Attending Physician" | If A0427, A0428 (with a QL modifier in SV202-3, SV202-4, SV202-5, or SV202-6), A0425, A0429, A0430, A0431, A0432, A0433, A0434, A0435 or A0436 (non-scheduled transportation claim) are the only codes present, 2310A.NM1 must not be present. Otherwize, 2310A.NM1 must be present. | A non-scheduled transportation claim shall not include 2310A NM1 data. |
| X223.424.2400.SV202-2.030 | SV202-2 |  |  |  |  |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 513: "HIPPS Rate Code for services Rendered" | When 2400.SV202-1 = "HP", 2400.SV202-2 must be a valid HIPPS Code. | Valid HIPPS Code reference must be available for this edit. |
| X223.424.2400.SV202-3.010 | SV202-3 | Procedure Modlfier | AN | 2-2 | s |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 453: "Procedure Code Modifier(s) for Service(s) Rendered" | 2400.SV202-3 must be a valid HCPCS modifier Code. | Valid Procedure Code Modlfier reference must be available for this edit. |
| X223.424.2400.SV202-4.010 | SV202-4 | Procedure Modlfier | AN | 2-2 | s |  |  |  | 277 | C | CSCC A7: "Acknowledgement /Rejected for Invalid Information... CSC 453: "Procedure Code Modifier(s) for Service(s) Rendered" | 2400.SV202-4 must be a valid HCPCS modifier Code. | Valid Procedure Code Modlfier reference must be available for this edit. |
| X223.424.2400.SV202-5.010 | SV202-5 | Procedure Modlfier | AN | 2-2 | s |  |  |  | 277 | c | CSCC A7: "Acknowledgement Rejected for Invalid Information..." CSC 453: "Procedure Code Modifier(s) for Service(s) Rendered" | 2400.SV202-5 must be a valid HCPCS modifier Code. | Valid Procedure Code Modlfier reference must be available for this edit. |
| X223.424.2400.SV202-6.010 | SV202-6 | Procedure Modlfier | AN | 2-2 | s |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 453: "Procedure Code Modifier(s) for Service(s) Rendered" | 2400.SV202-6 must be a valid HCPCS modifier Code. | Valid Procedure Code Modifier reference must be available for this edit. |
| $\begin{array}{\|l\|} \hline \begin{array}{l} \text { X223.424.2400.SV202-7.010 } \\ \text { edit deactivated } \end{array} \\ \hline \end{array}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.424.2400.SV202-7.020 | SV202-7 | Description | AN | 1-80 | S |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data | 2400.SV202-7 must contain at least one non-space character. |  |
| X223.424.2400.SV202-7.025 |  |  |  |  |  |  |  |  | 277 | c | CSCC A8: "Acknowledgement / Rejected for relational field in error" CSC 306 Detailed description of service | 2400.SV202-7 must be present. when 2400.SV202-2 contains a non-specific procedure code. | Valid CMS Proprietary table of Procedure Codes that require a description must be available for this edit. |
| X223.424.2400.SV202-7.030 | SV202-7 |  |  |  |  |  |  |  | 999 | E | 1K403 = 5: "Data Element Too Long" | 2400.SV202-7 must be 1-80 characters. |  |
| X223.424.2400.SV202-7.040 | SV202-7 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 306: "Detailed description of service" |  |  |
| X223.424.2400.SV202-7.050 | SV202-7 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data | 2400.SV202-7 must be populated with accepted AN characters. |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | Segment or Element | Description | ID | $\begin{aligned} & \text { Min. } \\ & \text { Max. } \end{aligned}$ | $\begin{array}{\|c} \text { Usage } \\ \text { Req. } \end{array}$ | Loop | $\begin{aligned} & \text { Loop } \\ & \text { Repeat } \\ & \hline \end{aligned}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\begin{array}{\|c\|} \text { TA1// } \\ \text { 999/ } \\ \text { 277CA } \end{array}$ | Accept | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
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| X223.424.2400.SV202-7.060 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.424.2400.SV203.010 | SV203 | Line Item Charge Amount | R | 1-18 | R |  |  |  | 999 | R | IK403 = 1: "Required Data Element | 2400.SV203 must be present. |  |
| X223.424.2400.SV203.020 | SV203 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data | 2400. SV203 must be numeric. |  |
| X223.424.2400.SV203.030 | SV203 |  |  |  |  |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" | 2400.SV203 must be <= 99,999,999.99. |  |
| X223.424.2400.SV203.040 | SV203 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 693: "Amount must be greater than or equal to zero" CSC 583: "Line Item Charge Amount" | 2400.SV203 must be >= 0 . |  |
| X223.424.2400.SV203.050 | SV203 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 697: "Invalid Decimal Precision" | 2400.SV203 is limited to 0, 1 or 2 decimal positions. |  |
| X223.424.2400.SV203.060 | SV203 |  |  |  |  |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 400: "Claim is out of balance: CSC 583:"Line Item Charge Amount" CSC 643: "Service Line Paid Amount" | SV203 must = the sum of all payer amounts paid found in 2430 SVD02 and the sum of all line adjustments found in 2430 CAS Adjustment Amounts. | Companion guide note needed. |
| X223.424.2400.SV204.010 | SV204 | Unit or Basis for Measurement Code | ID | 2-2 | R |  |  | DA, UN | 999 | R | IK403 = 1: "Required Data Element Missing" | 2400.SV204 must be present. |  |
| X223.424.2400.SV204.020 | SV204 |  |  |  |  |  |  |  | 999 | R | \|1403 = 7: "Invalid Code Value" | 2400. SV204 must be valid values. |  |
| X223.424.2400.SV205.010 | SV205 | Service Unit Count | R | 1-15 | R |  |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2400.SV205 must be present. |  |
| X223.424.2400.SV205.020 | SV205 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2400.SV205 must be numeric. |  |
| X223.424.2400.SV205.030 | SV205 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 402: "Amount must be greater than zero" <br> CSC 476: "Missing or invalid units of service" | 2400.SV205 must be > 0 . | Companion guide note needed. |
| X223.424.2400.SV205.040 | SV205 |  |  |  |  |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" | 2400.SV205 must be <= 999,999.9. | 07/29: format is 9(6) V9 (per CR 7065). <br> Companion Guide Note needed. |
| X223.424.2400.SV205.045 | SV205 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 258: "Days/units for procedure/revenue code." | 2400.SV205 must be <= 999,999.9. |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | $\underset{\text { Element or }}{\text { Element }}$ | Description | ID | Min. | $\begin{array}{\|c} \text { Usage } \\ \text { Bea. } \end{array}$ | Loop | $\begin{aligned} & \text { Loop } \\ & \text { Repeat } \end{aligned}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\begin{array}{\|c\|} \hline \text { TA1/ } \\ \text { 999/ } \\ \text { 277CA } \end{array}$ | $\begin{aligned} & \text { Accept// } \\ & \text { Reject } \end{aligned}$ | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.424.2400.SV205.050 | SV205 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 697: "Invalid Decimal Precision" CSC 476: "Missing or invalid units of service" | 2400.SV205 is limited to 0 or 1 decimal position. | 3/26: Companion Guide Note needed. |
| X223.424.2400.SV206.010 | SV206 | Unit Rate | ID | 1-10 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| $\begin{array}{\|l\|} \hline \text { X223.424.2400.SV207.010 } \\ \text { edit deactivated } \\ \hline \end{array}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.424.2400.sV207.020 | SV207 | Monetary Amount | R | 1-18 | s |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2400.SV207 must be numeric. |  |
| X223.424.2400.sV207.030 | SV207 |  |  |  |  |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" | 2400.SV207 must be <= 99,999,999.99. |  |
| X223.424.2400.SV207.040 | SV207 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 693: thamount must be greater than er equal to zero" CSC 596: "Non-covered Charge Amount" | 2400.SV207 must be >= 0 |  |
| X223.424.2400.SV207.050 | SV207 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 697: "Invalid Decimal Precision" CSC 596: "Non-covered Charge Amount" | $2400 . \mathrm{SV} 207$ is limited to 0,1 or 2 decimal positions. |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.429.2400.PWK.010 | PWK | LINE SUPPLEMENTAL information |  | 10 | s | 2400 |  |  | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only ten iterations of 2400. PWK are allowed. | pass thru, syntax only |
| X223.429.2400.PWK01.010 | PWK01 | Attachment Report Type Code | ID | 2-2 | R |  |  | $03,04,05,06,07,08,09,10$, $11,13,15,21$, A3, A4, AM, AS, B2, B3, B4, BR, BS, BT, CB, CK, CT, D2, DA, DB, DG, DJ, DS, EB, HC, HR, I5, IR, LA, M1, MT, NN, OB, OC, OD, OE, OX, OZ, P4, P5, PE, PN, PO, PQ, PY, PZ, RB, RR, RT, RX, | 999 | R | IK403 = 1: "Required Data Element Missing" | 2400.PWK01 must be present. |  |
| X223.429.2400.PWK01.020 | PWK01 |  |  |  |  |  |  |  | 999 | R | 1 K 403 = 7: "Invalid Code Value" | 2400.PWK01 must be valid values. |  |
| X223.429.2400.PWK02.010 | PWK02 | $\begin{array}{\|c\|} \hline \text { Attachment Transmission } \\ \text { Code } \end{array}$ | ID | 1-2 | R |  |  | AA, BM, EL, EM, FT, FX | 999 | R | \|K403 = 1: "Required Data Element Missing" | 2400.PWK02 must be present. |  |
| X223.429.2400.PWK02.020 | PWK02 |  |  |  |  |  |  |  | 999 | R | 1 K 403 = 7 : "Invalid Code Value" | 2400.PWK02 must be valid values. |  |
| X223.429.2400.PWK03.010 | PWK03 | Report Copies Needed | No | 1-2 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not | Must not be present. |  |
| X223.429.2400.PWK04.010 | PWK04 | Entity Identifier Code | ID | 2-3 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not | Must not be present. |  |
| X223.429.2400.PWK05.010 | PWK05 | Identlication CodeQualifier | ID | 1-2 | s |  |  | AC | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | When 2400.PWK05 is present, 2400.PWK02 must be "BM", "EL", "EM", "FX" or "FT". |  |
| X223.429.2400.PWK05.020 | PWK05 |  |  |  |  |  |  |  | 999 | R | 1 K 403 = 7 : "Invalid Code Value" | 2400.PWK05 must be "AC". |  |
| X223.429.2400.PWK06.010 | PWK06 | Identfication Code | AN | 2-80 | s |  |  |  | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | When 2400.PWK06 is present, 2400.PWK02 must be "BM", "EL", "EM", "FX" or "FT". |  |
| X223.429.2400.PWK06.020 | PWK06 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data | 2400.PWK06 must contain at least two non-space |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | $\underset{\text { Element or }}{\text { Sent }}$ | Description | ID | $\begin{aligned} & \text { Min. } \\ & \text { Max. } \end{aligned}$ | $\begin{array}{\|c\|} \hline \text { Usage } \\ \text { Req. } \end{array}$ | Loop | $\begin{aligned} & \text { Loop } \\ & \text { Repeat } \\ & \hline \end{aligned}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\begin{gathered} \text { TA1// } \\ \text { 999/ } \\ 277 \mathrm{CA} \end{gathered}$ | Accept Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.429.2400.PWK06.030 | PWK06 |  |  |  |  |  |  |  | 999 | E | IK403 = 4: "Data Element Too Short" IK403 = 5: "Data Element Too Long" | 2400.PWK06 must be $2-50$ characters. |  |
| X223.429.2400.PWK06.040 | PWK06 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 489: "Attachment Control Number" |  |  |
| X223.429.2400.PWK06.050 | PWK06 |  |  |  |  |  |  |  | 999 | R | 1K403 = 6: "Invalid Character in Data Element" | 2400.PWK06 must be populated with accepted AN characters. |  |
| X223.429.2400.PWK06.060 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.429.2400.PWK07.010 | PWK07 | Description | AN | 1-80 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.429.2400.PWK08.010 | PWK08 | ACTIONS INDICATED |  |  | N/U |  |  |  | 999 | E | 1K403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.429.2400.PWK09.010 | PWK09 | Request Category Code | ID | 1-2 | NU |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.433.2400.DTP. 010 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.433.2400.DTP. 020 | DTP | SERVICE LINE DATE |  | 1 | s | 2400 |  |  | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | $\begin{aligned} & \text { Only one iteration of 2400.DTP with DTP01 }=\text { " } 472 " \\ & \text { is allowed. } \end{aligned}$ |  |
| X223.433.2400.DTP01.010 | DTP01 | Date TimeQualifier | ID | 3-3 | R |  |  | 472 | 999 | R | IK403 = 1: "Required Data Element Missing" | 2400.DTP01 must be "472". |  |
| X223.433.2400.DTP02.010 | DTP02 | Date Time Period | ID | 2-3 | R |  |  | D8, RD8 | 999 | R | \|K403 = 1: "Required Data Element Missinq" | 2400.DTP02 must be present. |  |
| Х223.433.2400.DTP02.020 | DTP02 |  |  |  |  |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2400. DTP02 must be valid values. |  |
| X223.433.2400.DTP03.010 | DTP03 | Service Date | AN | 1-35 | R |  |  | CYYMMDD, CCYYMMDD-CCYYMMDD | 999 | R | IK403 = 1: "Required Data Element Missing" | 2400.DTP03 must be present. |  |
| X223.433.2400.DTP03.020 | DTP03 |  |  |  |  |  |  |  | 999 | R | 1K403 = 8: "Invalid Date" | If 2400. DTP02 $=$ "D8" then 2400. DTP03 must be a valid date in CCYYMMDD format. |  |
| X223.433.2400.DTP03.030 | DTP03 |  |  |  |  |  |  |  | 999 | R | 1K403 = 8: "Invalid Date" | If 2400. DTP02 $=$ "RD8*" then 2400.DTP03 must be a valid date in CCYYMMDD-CCYYMMDD format. |  |
| X223.433.2400.DTP03.040 | DTP03 |  |  |  |  |  |  |  | 277 | C | CSCC A7: "Acknowledgement <br> 1Rejected for Invalid Information..." <br> CSC 510: "Future date" <br> CSC 18: "Datels of service" | 2400. DPT03 may not be a future date. | CMS business edit. <br> 02/04: Companion Guide Note needed |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.435.2400.REF. 010 | REF | LINE ITEM CONTROL NUMBER |  | 1 | s | 2400 |  |  | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2400. REF with REF01 $=$ " 6 R" is allowed. |  |
| X223.435.2400.REF01.010 | REF01 | Reference Identification Qualifier | ID | 2-3 | R |  |  | 6 R | 999 | R | \|K403 = 1: "Required Data Element Missing" | 2400.REF01 must be present. |  |
| X223.435.2400.REF01.020 | REF01 |  |  |  |  |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2400.REF01 must be "6R". |  |
| X223.435.2400.REF02.010 | REF02 | Line Item Control Number | AN | 1-30 | R |  |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2400.REF02 must be present. |  |
| X223.435.2400.REF02.020 | REF02 |  |  |  |  |  |  |  | 999 | R | \|K403 = 6: "Invalid Character in Data | 2400.REF02 must contain at least one non-space character. |  |


| 8371 Edit Reference | Segment or Element | Description | ID | $\begin{aligned} & \text { Min. } \\ & \text { } \end{aligned}$ | $\begin{array}{\|c\|} \hline \text { Usage } \\ \text { Req. } \end{array}$ | Loop | $\begin{aligned} & \text { Loop } \\ & \text { Repeat } \end{aligned}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\begin{gathered} \text { TA1/ } \\ \text { T99/ } \\ \text { 277CA } \end{gathered}$ | $\begin{array}{\|c\|cc\|} \hline \text { Accept } \\ \text { Rejej } \end{array}$ | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.435.2400.REF02.030 | REF02 |  |  |  |  |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" | 2400 REF02 must be 1-30 characters. |  |
| X223.435.2400.REF02.040 | REF02 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 584: "Line Item Control Number" |  |  |
| X223.435.2400.REF02.050 | REF02 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2400.REF02 must be populated with accepted AN characters. |  |
| X223.435.2400.REF02.060 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.435.2400.REF02.070 | REF02 |  |  |  |  |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 584: "Line Item Control Number" | 2400.REF02 must be unique within a single iteration of 2300.CLM01. |  |
| X223.435.2400.REF03.010 | REF03 | Description | AN | 1-80 | N/U |  |  |  | 999 | E | IK403 = 110: "Implementation "Not | Must not be present. |  |
| X223.435.2400.REF04.010 | REF04 | REFERENCE IDENTIFIER |  |  | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.437.2400.REF. 010 | REF | REPRICED LINE ITEM REFERENCE NUMBER |  | 1 | s | 2400 |  |  | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2400. REF with REF01 = "9B" is allowed. | pass through, syntax only |
| X223.437.2400.REF01.010 | REF01 | Reference Identification Qualifier | ID | 2-3 | R |  |  | 9 B | 999 | R | IK403 = 1: "Required Data Element Missing" | 2400.REF01 must be present. |  |
| X223.437.2400.REF01.020 | REF01 |  |  |  |  |  |  |  | 999 | R | 1 K 403 = 7 : "Invalid Code Value" | 2400.REF01 must be "9B". |  |
| X223.437.2400.REF02.010 | REF02 | Repriced Line Item Reference Number | AN | 1-50 | R |  |  |  | 999 | R | IK403 = 1: "Required Data Element Missina" | 2400.REF02 must be present. |  |
| X223.437.2400.REF02.020 | REF02 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2400.REF02 must contain at least one non-space |  |
| X223.437.2400.REF02.030 | REF02 |  |  |  |  |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" | 2400.REF02 must be 1-50 characters. |  |
| X223.437.2400.REF02.040 | REF02 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 636: "Repriced Line Item Beference Number" |  |  |
| X223.437.2400.REF02.050 | REF02 |  |  |  |  |  |  |  | 999 | R | \|K403 =6: "Invalid Character in Data Element" | 2400.REF02 must be populated with accepted AN characters. |  |
| X223.437.2400.REF02.060 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.437.2400.REF03.010 | REF03 | Description | AN | 1-80 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = 110: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.437.2400.REF04.010 | REF04 | REFERENCE IDENTIFIER |  |  | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | Segment or | Description | ID | Min. | $\begin{gathered} \text { Usage } \\ \text { Req. } \end{gathered}$ | Loop | Loop <br> Repeat | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\left\|\begin{array}{c} \text { TA1// } \\ \text { 999/ } \\ 277 C A \end{array}\right\|$ | Accept/ Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.438.2400.REF. 010 | REF | ADJUSTED REPRICED LINE ITEM REFERENCE NUMBER |  | 1 | s | 2400 |  |  | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2400. REF with REF01 = "9D" is allowed. | pass through, syntax only |
| X223.438.2400.REF01.010 | REF01 | Reference Identification Qualifier | ID | 2-3 | R |  |  | 9 D | 999 | R | IK403 = 1: "Required Data Element Missing" | 2400.REF01 must be present. |  |
| X223.438.2400.REF01.020 | REF01 |  |  |  |  |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2400.REF01 must be "9D". |  |
| X223.438.2400.REF02.010 | REF02 | Adjusted Repriced Line Item Reference Number | AN | 1-50 | R |  |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2400.REF02 must be present. |  |
| X223.438.2400.REF02.020 | REF02 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2400.REF02 must contain at least one non-space |  |
| X223.438.2400.REF02.030 | REF02 |  |  |  |  |  |  |  | 999 | E | 1K403 = 5: "Data Element Too Long" | 2400.REF02 must be 1-50 characters. |  |
| X223.438.2400.REF02.040 | REF02 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 518: "Adjusted Repriced Line item Reference Number" |  |  |
| X223.438.2400.REF02.050 | REF02 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2400.REF02 must be populated with accepted AN characters. |  |
| X223.438.2400.REF02.060 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.438.2400.REF03.010 | REF03 | Description | AN | 1-80 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.438.2400.REF04.010 | REF04 | REFERENCE IDENTIFIER |  |  | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.439.2400.AMT. 010 | AMt | SERVICE TAX AMOUNT |  | 1 | s | 2400 |  |  | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2400.AMT with AMT01 = "GT" is allowed. | pass through, syntax only |
| Х223.439.2400.AMT01.010 | AMT01 | AmountQualifier Code | ID | 1-3 | R |  |  | GT | 999 | R | IK403 = 1: "Required Data Element Missing" | 2400.AMT01 must be present. |  |
| X223.439.2400.AMT01.020 | AMT01 |  |  |  |  |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2400.AMT01 must be "GT". |  |
| X223.439.2400.AMT02.010 | AMT02 | Service Tax Amount | R | 1-18 | R |  |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2400.AMT02 must be present. |  |
| X223.439.2400.AMT02.020 | AMT02 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2400.AMT02 must be numeric. |  |
| X223.439.2400.AMT02.025 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.439.2400.AMT02.030 | AMT02 |  |  |  |  |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" | 2400.AMT02 must be $>=0$ and $<=99,999,999.99$. |  |
| X223.439.2400.AMT02.040 | AMT02 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" csc 645: "Service Tax Amount" |  |  |
| X223.439.2400.AMT02.050 | AMT02 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information... CSC 697: "Invalid Decimal Precision" CSC 645: "Service Tax Amount" | 2400.AMT02 is limited to 0,1 or 2 decimal positions. | 2400.AMT02 is limited to 0,1 or 2 decimal positions. |
| X223.439.2400.AMT03.010 | AMT03 | Credit/Debit Flag Code | ID | 1-1 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \\ \hline \end{gathered}$ | Segment or | Description | ID | $\underset{\text { Max. }}{\text { Min. }}$ | $\begin{aligned} & \text { Usage } \\ & \text { Bea. } \end{aligned}$ | Loop | $\begin{gathered} \text { Loop } \\ \text { Repeat } \\ \hline \end{gathered}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\left\|\begin{array}{c} \text { TA1// } \\ \text { 999/ } \\ 277 C A \end{array}\right\|$ | Accept/ Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.440.2400.AMT. 010 | AMT | FACILITY TAX AMOUNT |  | 1 | s | 2400 |  |  | 999 | R | IK304 = 5: "Segment Exceeds | Only one iteration of 2400.AMT with AMT01 = "N8" | pass through, syntax only |
| X223.440.2400.AMT01.010 | AMT01 | AmountQualifier Code | ID | 1-3 | R |  |  | N8 | 999 | R | IK403 = 1: "Required Data Element | 2400.AMT01 must be present. |  |
| X223.440.2400.AMT01.020 | AMT01 |  |  |  |  |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2400.AMT01 must be "N8". |  |
| X223.440.2400.AMT02.010 | AMT02 | Facility Tax Amount | R | 1-18 | R |  |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2400.AMT02 must be present. |  |
| X223.440.2400.AMT02.020 | AMT02 |  |  |  |  |  |  |  | 999 | R | \|K403 = 6: "Invalid Character in Data Element" | 2400.AMT02 must be numeric. |  |
| X223.440.2400.AMT02.025 | AMT02 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 693: "Amount must be greater than or equal to zero" CSC 563: "Entity's Tax Amount" EIC: FA Facility | 2400.AMT02 must be $>=0$. |  |
| X223.440.2400.AMT02.030 | AMT02 |  |  |  |  |  |  |  | 999 | E | 1K403 = 5: "Data Element Too Long" | 2400.AMTO2 must be <= 99,999,999.99. |  |
| X223.440.2400.AMT02.040 | AMT02 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement RRejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 563: "Entity's Tax Amount" FIC. FA Eacility |  |  |
| X223.440.2400.AMT02.045 | AMT02 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 697: "Invalid Decimal Precision" CSC 563: "Entity's Tax Amount" EIC: FA Facility | 2400.AMT02 is limited to 0,1 or 2 decimal positions. |  |
| X223.440.2400.AMT03.010 | AMT03 | Credit/Debit Flag Code | ID | 1-1 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not | Must not be present. |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.441.2400.NTE. 010 | NTE | THIRD PARTY ORGANIZATION NOTES |  | 1 | s | 2400 |  |  | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2400.NTE is allowed. | pass through, syntax only |
| X223.441.2400.NTE01.010 | NTE01 | Note Reference Code | ID | 3-3 | R |  |  | TPO | 999 | R | IK403 = 1: "Required Data Element Missing" | 2400.NTE01 must be present. |  |
| X223.441.2400.NTE01.020 | NTE01 |  |  |  |  |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2400.NTE01 must be "TPO". |  |
| X223.441.2400.NTE02.010 | NTE02 | Line Note Text | AN | 1-80 | R |  |  |  | 999 | R | \|K403 = 1: "Required Data Element Missing" | 2400.NTE02 must be present. |  |
| X223.441.2400.NTE02.020 | NTE02 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2400.NTE02 must contain at least one non-space character. |  |
| X223.441.2400.NTE02.030 | NTE02 |  |  |  |  |  |  |  | 999 | E | 1K403 = 5: "Data Element Too Long" | 2400.NTE02 must be 1-80 characters. |  |
| X223.441.2400.NTE02.040 | NTE02 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 586: "Line Note Text" |  |  |
| X223.441.2400.NTE02.050 | NTE02 |  |  |  |  |  |  |  | 999 | R | \|K403 = 6: "Invalid Character in Data Element" | 2400.NTE02 must be populated with accepted AN characters. |  |
| X223.441.2400.NTE02.060 <br> edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | $\underset{\text { Element or }}{\text { Sent }}$ | Description | ID | $\begin{aligned} & \text { Min. } \\ & \text { Max. } \end{aligned}$ | $\begin{array}{\|l\|} \hline \text { Usage } \\ \text { Req. } \\ \hline \end{array}$ | Loop | $\begin{gathered} \text { Loop } \\ \text { Repeat } \\ \hline \end{gathered}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\left\|\begin{array}{c} \text { TA1/ } \\ \text { 999/ } \\ 277 C A \end{array}\right\|$ | $\begin{gathered} \text { Accept } \\ \text { Reject } \end{gathered}$ | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.442.2400.HCP. 010 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.442.2400.HCP. 015 | HCP | LINE <br> PRICING/REPRICING INFORMATION |  | 1 | s | 2400 |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 732: "Information submitted inconsistent with billing guidelines." CSC 64: "Re-pricing information." | Segment must not be present. |  |
| X223.442.2400.HCP01.010 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.442.2400.HCP01.020 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.442.2400.HCP02.010 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.442.2400.HCP02.020 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.442.2400.HCP02.030 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.442.2400.HCP02.030 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.442.2400.HCP03.010 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.442.2400.HCP03.020 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.442.2400.HCP03.030 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.442.2400.HCP04.010 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.442.2400.HCP04.020 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.442.2400.HCP04.030 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.442.2400.HCP04.040 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.442.2400.HCP04.050 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| $\begin{aligned} & \text { X223.442.2400.HCP05.010 } \\ & \text { edit deactivated } \end{aligned}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.442.2400.HCP05.020 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| $\begin{aligned} & \text { X223.442.2400.HCP06.010 } \\ & \text { edit deactivated } \\ & \hline \end{aligned}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| $\begin{aligned} & \text { X223.442.2400.HCP06.020 } \\ & \text { edit deactivated } \\ & \hline \end{aligned}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| $\begin{aligned} & \text { X223.442.2400.HCP06.030 } \\ & \text { edit deactivated } \end{aligned}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| $\begin{aligned} & \text { X223.442.2400.HCP06.040 } \\ & \text { edit deactivated } \\ & \hline \end{aligned}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | Segment or Element | Description | ID | Min. Max. | $\begin{array}{\|c} \begin{array}{c} \text { Usage } \\ \text { Req. } \end{array} \\ \hline \end{array}$ | Loop | $\begin{aligned} & \text { Loop } \\ & \text { Repeat } \end{aligned}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\begin{gathered} \text { TA1/ } \\ \text { 999/ } \\ \text { 277CA } \end{gathered}$ | Accept Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.442.2400.HCP06.050 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| $\begin{aligned} & \text { X223.442.2400.HCP07.010 } \\ & \text { edit deactivated } \end{aligned}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| $\begin{aligned} & \begin{array}{l} \text { X223.442.2400.HCP07.020 } \\ \text { edit deactivated } \end{array} \\ & \hline \end{aligned}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| $\begin{aligned} & \text { X223.442.2400.HCP07.030 } \\ & \text { edit deactivated } \end{aligned}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.442.2400.HCP08.010 <br> edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| $\begin{aligned} & \text { X223.442.2400.HCP09.010 } \\ & \text { edit deactivated } \end{aligned}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| $\begin{aligned} & \text { X223.442.2400.HCP09.020 } \\ & \text { edit deactivated } \end{aligned}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| $\begin{aligned} & \text { X223.442.2400.HCP10.010 } \\ & \text { edit deactivated } \\ & \hline \end{aligned}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| $\begin{aligned} & \begin{array}{l} \text { X223.442.2400.HCP10.020 } \\ \text { edit deactivated } \end{array} \\ & \hline \end{aligned}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.442.2400.HCP10.030 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| $\begin{aligned} & \text { X223.442.2400.HCP11.010 } \\ & \text { edit deactivated } \end{aligned}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.442.2400.HCP11.020 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| $\begin{aligned} & \text { X223.442.2400.HCP12.010 } \\ & \text { edit deactivated } \end{aligned}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.442.2400.HCP12.015 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.442.2400.HCP12.020 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.442.2400.HCP12.030 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.442.2400.HCP12.040 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.442.2400.HCP13.010 <br> edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| $\begin{aligned} & \text { X223.442.2400.HCP14.010 } \\ & \text { edit deactivated } \end{aligned}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| $\begin{aligned} & \text { X223.442.2400.HCP15.010 } \\ & \text { edit deactivated } \\ & \hline \end{aligned}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.449.2410.LIN. 010 | LIN | drug identification |  | 1 | s | 2410 | 1 |  | 999 | R | IK304 = 4: "Loop Occurs Over Maximum Times" | Only one iteration of $2410 . \mathrm{LIN}$ is allowed. |  |
| X223.449.2410.LIN01.010 | LIN01 | Assigned Identlication | AN | 1-20 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.449.2410.LIN02.010 | LIN02 | $\begin{gathered} \hline \text { Product or Service } \\ \text { IDQualifier } \\ \hline \end{gathered}$ | ID | 2-2 | R |  |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2410.LIN02 must be present. |  |
| X223.449.2410.LIN02.020 | LIN02 |  |  |  |  |  |  |  | 999 | R | IK403 = 7: "Invalid Code Value" | 2410.LIN02 must be "N4". |  |
| X223.449.2410.LIN03.010 | LIN03 | National Drug Code | AN | 1-48 | R |  |  |  | 999 | R | 1K403 = 1: "Required Data Element Missing" | 2410.LIN03 must be present. |  |
| X223.449.2410.LIN03.015 | LIN03 |  |  |  |  |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 218: "NDC Number" | 2410.LINO3 must be 11 bytes alpha-numeric |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \\ \hline \end{gathered}$ | Segment or Element | Description | ID | $\begin{gathered} \text { Min. } \\ \text { Max. } \end{gathered}$ | Usage | Loop | $\begin{aligned} & \text { Loop } \\ & \text { Repeat } \end{aligned}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\begin{array}{\|c} \text { TA1/ } \\ \text { 999/ } \\ \text { 277CA } \\ \hline \end{array}$ | Accept Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.449.2410.LINO3.020 ated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.449.2410.LIN04.010 | LIN04 | Product/Service IDQualifier | ID | 2-2 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.449.2410.LIN05.010 | LIN05 | Produc/Service ID | AN | 1-48 | N/U |  |  |  | 999 | E | 1K403 = 110: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.449.2410.LIN06.010 | LIN06 | Product/Service IDQualifier | ID | 2-2 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.449.2410.LIN07.010 | LIN07 | Product/Service ID | AN | 1-48 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not | Must not be present. |  |
| X223.449.2410.LIN08.010 | LIN08 | Product/Service IDQualifier | ID | 2-2 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.449.2410.LIN09.010 | LIN09 | Produc/Service ID | AN | 1-48 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.449.2410.LIN10.010 | LIN10 | Product/Service IDQualifier | ID | 2-2 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.449.2410.LIN11.010 | LIN11 | Product/Service ID | AN | 1-48 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.449.2410.LIN12.010 | LIN12 | Product/Service IDQualifier | ID | 2-2 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.449.2410.LIN13.010 | LIN13 | Product/Service ID | AN | 1-48 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.449.2410.LIN14.010 | LIN14 | Product/Service IDQualifier | ID | 2-2 | N/U |  |  |  | 999 | E | 1K403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.449.2410.LIN15.010 | LIN15 | Product/Service ID | AN | 1-48 | NU |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.449.2410.LIN16.010 | LIN16 | Product/Service IDQualifier | ID | 2-2 | N/U |  |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.449.2410.LIN17.010 | LIN17 | Produc/Service ID | AN | 1-48 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.449.2410.LIN18.010 | LIN18 | Product/Service IDQualifier | ID | 2-2 | N/U |  |  |  | 999 | E | 1K403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.449.2410.LIN19.010 | LIN19 | Product/Service ID | AN | 1-48 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not | Must not be present. |  |
| X223.449.2410.LIN20.010 | LIN20 | Product/Service IDQualifier | ID | 2-2 | N/U |  |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.449.2410.LIN21.010 | LIN21 | Product/Service ID | AN | 1-48 | NU |  |  |  | 999 | E | $\begin{aligned} & \text { 1K403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.449.2410.LIN22.010 | LIN22 | Product/Service IDQualifier | ID | 2-2 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.449.2410.LIN23.010 | LIN23 | Produc/Service ID | AN | 1-48 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { 1K403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.449.2410.LIN24.010 | LIN24 | Product/Service IDQualifier | ID | 2-2 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { 1K403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.449.2410.LIN25.010 | LIN25 | Product/Service ID | AN | 1-48 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.449.2410.LIN26.010 | LIN26 | Product/Service IDQualifier | ID | 2-2 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { 1K403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.449.2410.LIN27.010 | LIN27 | Product/Service ID | AN | 1-48 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.449.2410.LIN28.010 | LIN28 | Product/Service IDQualifier | ID | 2-2 | N/U |  |  |  | 999 | E | 1K403 = 110: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.449.2410.LIN29.010 | LIN29 | Product/Service ID | AN | 1-48 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { 1K403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \\ \hline \end{gathered}$ | Segment or Element | Description | ID | $\begin{aligned} & \text { Min. } \\ & \text { Max. } \end{aligned}$ | $\begin{array}{\|c} \text { Usage } \\ \text { Req. } \end{array}$ | Loop | $\begin{aligned} & \text { Loop } \\ & \text { Repeat } \\ & \hline \end{aligned}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\begin{array}{\|c} \text { TA1/ } \\ \text { 999/ } \\ \text { 277CA } \\ \hline \end{array}$ | Accept Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.449.2410.LIN30.010 | LIN30 | ProductService IDQualifier | ID | 2-2 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not | Must not be present. |  |
| X223.449.2410.LIN31.010 | LIN31 | Produc/Service ID | AN | 1-48 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { 1K403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.452.2410.CTP. 010 | CTP | drug quantity |  | 1 | R | 2410 |  |  | 999 | R | IK304 = 16: "Implementation Dependent Segment Missing" | If 2410.LIN is present, 2410.CTP must be present. |  |
| X223.452.2410.CTP. 020 | CTP |  |  |  |  |  |  |  | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2410.CTP is allowed. |  |
| X223.452.2410.CTP01.010 | CTP01 | Class of Trade Code | ID | 2-2 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.452.2410.CTP02.010 | CTP02 | Price Identifier Code | ID | 3-3 | N/U |  |  |  | 999 | E | 1K403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| Х223.452.2410.CTP03.010 | CTP03 | Unit Price | R | 1-17 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.452.2410.CTP04.010 | CTP04 | National Drug Unit Count | R | 1-15 | R |  |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" | $2410 . C$ TP04 must be present. |  |
| X223.452.2410.CTP04.030 | CTP04 |  |  |  |  |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" | 2410.CTP04 must be > 0 and < $=9,999,999.999$. | 03/27: format is 97) V999 (per CR 6330). <br> Companion Guide Note needed. |
| X223.452.2410.CTP04.040 | CTP04 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information. CSC 697: "Invalid Decimal Precision" CSC 216: "Drug information" | 2410.CTP04 is limited to 3 decimal positions. | Companion Guide Note needed. |
| $\begin{aligned} & \text { X223.452.2410.CTP05.010 } \\ & \text { edit deactivated } \\ & \hline \end{aligned}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.452.2410.CTP05-1.010 | CTP05-1 | Unit or Basis For Measurement Code | ID | 2-2 | R |  |  | F2, GR, ME, ML, UN | 999 | R | IK403 = 1: "Required Data Element Missina" | 2410.CTP05-1 must be present. |  |
| X223.452.2410.CTP05-1.020 | CTP05-1 |  |  |  |  |  |  |  | 999 | R | \|K403 = 7: "Invalid Code Value" | 2410.CTP05-1 must be valid values. |  |
| Х223.452.2410.CTP05-2.010 | CTP05-2 | Exponent | R | 1-15 | N/U |  |  |  | 999 | E | \|K403 = 110: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.452.2410.CTP05-3.010 | CTP05-3 | Multiplier | R | 1-10 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| Х223.452.2410.CTP05-4.010 | CTP05-4 | Unit or Basis For Measurement Code | ID | 2-2 | N/U |  |  |  | 999 | E | 1K403 = 110: "Implementation "Not Used" Element Present" | Must not be present. |  |
| Х223.452.2410.CTP05-5.010 | CTP05-5 | Exponent | R | 1-15 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { 1K403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.452.2410.CTP05-6.010 | CTP05-6 | Multiplier | R | 1-10 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| Х223.452.2410.CTP05-7.010 | CTP05-7 | Unit or Basis For Measurement Code | ID | 2-2 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| Х223.452.2410.CTP05-8.010 | CTP05-8 | Exponent | R | 1-15 | N/U |  |  |  | 999 | E | 1K403 = 110: "Implementation "Not Used" Element Present" | Must not be present. |  |
| Х223.452.2410.CTP05-9.010 | CTP05-9 | Multiplier | R | 1-10 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.452.2410.CTP05-10.010 | CTP05-10 | Unit or Basis For Measurement Code | ID | 2-2 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| Х223.452.2410.CTP05-11.010 | CTP05-11 | Exponent | R | 1-15 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { 1K403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.452.2410.CTP05-12.010 | CTP05-12 | Multiplier | R | 1-10 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.452.2410.CTP05-13.010 | CTP05-13 | Unit or Basis For Measurement Code | ID | 2-2 | N/U |  |  |  | 999 | E | 1K403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \\ \hline \end{gathered}$ | $\underset{\text { Element or }}{\text { Sent }}$ | Description | ID | Min. Max. | $\begin{gathered} \text { Usage } \\ \text { Req. } \end{gathered}$ | Loop | $\begin{aligned} & \text { Loop } \\ & \text { Repeat } \\ & \hline \end{aligned}$ | $\begin{gathered} 5010 \\ \text { Values } \\ \hline \end{gathered}$ | $\begin{array}{\|c} \text { TA1// } \\ 999 / \\ 277 C A \\ \hline \end{array}$ | Accept/ Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Х223.452.2410.CTP05-14.010 | CTP05-14 | Exponent | R | 1-15 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.452.2410.CTP05-15.010 | CTP05-15 | Multiplier | R | 1-10 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not | Must not be present. |  |
| X223.452.2410.CTP06.010 | CTP06 | Price MultiplierQualifier | ID | 3-3 | NU |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.452.2410.CTP07.010 | CTP07 | Multiplier | R | 1-10 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.452.2410.CTP08.010 | CTP08 | Monetary Amount | R | 1-18 | N/U |  |  |  | 999 | E | IK403 = 110: "Implementation "Not | Must not be present. |  |
| X223.452.2410.CTP09.010 | CTP09 | Basis of Unit Price Code | ID | 2-2 | NU |  |  |  | 999 | E | IK403 = I10: "Implementation "Not | Must not be present. |  |
| X223.452.2410.CTP10.010 | CTP10 | Condition Value | AN | 1-10 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.452.2410.CTP11.010 | CTP11 | Multiple Price Quantity | N0 | 1-2 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.454.2410.REF. 010 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.454.2410.REF. 020 | REF | PRESCRIPTION OR COMPOUND DRUG cocmantin mmarer |  | 1 | s | 2410 |  |  | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" Maximum Use" | Only one iteration of $2410 . \mathrm{REF}$ is allowed. | 06/04: Pass-through, syntax only. |
| X223.454.2410.REF01.010 | REF01 | $\begin{gathered} \text { Reference Identification } \\ \text { Qualifier } \\ \hline \end{gathered}$ | ID | 2-3 | R |  |  | VY, XZ | 999 | R | IK403 = 1: "Required Data Element Missing" | 2410.REF01 must be present. |  |
| X223.454.2410.REF01.020 | REF01 |  |  |  |  |  |  |  | 999 | R | \|1403 = 7: "Invalid Code Value" | 2410.REF01 must be valid values. |  |
| X223.454.2410.REF02.010 | REF02 | Prescription Number | AN | 1-50 | R |  |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2410.REF02 must be present. |  |
| X223.454.2410.REF02.020 | REF02 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data | 2410.REF02 must contain at least one non-space character. |  |
| X223.454.2410.REF02.030 | REF02 |  |  |  |  |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" | 2410.REF02 must be $1-50$ characters. |  |
| X223.454.2410.REF02.040 | REF02 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 219:"Prescriotion number" |  |  |
| X223.454.2410.REF02.050 | REF02 |  |  |  |  |  |  |  | 999 | R | $\begin{aligned} & \text { IK403 = }: \text { : "Invalid Character in Data } \\ & \text { Element" } \end{aligned}$ | 2410.REF02 must be populated with accepted AN characters. |  |
| X223.454.2410.REF02.060 <br> edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.454.2410.REF03.010 | REF03 | Desciption | AN | 1-80 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.454.2410.REF04.010 | REF04 | REFERENCE IDENTIFIER |  |  | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.456.2420A.NM1.010 | NM1 | $\underset{\text { NAME }}{\substack{\text { OPERATING PHSICIAN } \\ \text { NA }}}$ |  | 1 | s | 2420A | 1 |  | 999 | R | $\begin{array}{\|l} \hline \text { IK304 = 4: "Loop Occurs Over } \\ \text { Maximum Times" } \\ \hline \end{array}$ | Only one iteration of 2420A.NM1 is allowed. | pass through, syntax only |
| X223.456.2420A.NM1.020 | NM1 |  |  |  |  |  |  |  | 999 | R | IK304 = 16: "Implementation Dependent Segment Missing" | If 2420A.NM1 is present, 2310B.NM1 must be present. |  |
| X223.456.2420A.NM101.010 | NM101 | Entity Identifier Code | ID | 2-3 | R |  |  | 72 | 999 | R | \|K403 = 1: "Required Data Element Missing" | 2420A.NM101 must be present. |  |
| X223.456.2420A.NM101.020 | NM101 |  |  |  |  |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2420A.NM101 must be "72". |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | Segment or Element | Description | ID | $\begin{gathered} \text { Min. } \\ \text { Max. } \end{gathered}$ | Usage | Loop | $\begin{gathered} \text { Loop } \\ \text { Repeat } \\ \hline \end{gathered}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\begin{array}{\|c} \text { TA1/ } \\ \text { 999/ } \\ \text { 277CA } \end{array}$ | Accept/ Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.456.2420A.NM102.010 | NM102 | Entity Type Qualifier | ID | 1-1 | R |  |  | 1 | 999 | R | IK403 = 1: "Required Data Element Missing" | 2420A.NM102 must be present. |  |
| X223.456.2420A.NM102.020 | NM102 |  |  |  |  |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2420A.NM102 must be "1". |  |
| X223.456.2420A.NM103.010 | NM103 | Last Name | AN | 1-60 | R |  |  |  | 999 | R | 1K403 = 1: "Required Data Element Missing" | 2420A.NM103 must be present. |  |
| X223.456.2420A.NM103.020 | NM103 |  |  |  |  |  |  |  | 999 | E | \|K403 = 5: "Data Element Too Long" | 2420A.NM103 must be 1-60 characters. |  |
| X223.456.2420A.NM103.030 | NM103 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement <br> Rejected for Invalid Information..." <br> CSC 522 "Length invalid for receiver's <br> application system" <br> CSC 504. "Entity's Last Name" <br> EIC. 72 "Oneratina Phvsician"" |  |  |
| X223.456.2420A.NM103.040 | NM103 |  |  |  |  |  |  |  | 999 | R | $\begin{aligned} & \text { IK403 = 6: "Invalid Character in Data } \\ & \text { Element" } \end{aligned}$ | 2420A.NM103 must be populated with accepted AN |  |
| X223.456.2420A.NM103.050 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.456.2420A.NM103.060 | NM103 |  |  |  |  |  |  |  | 999 | R | 1K403 = 6: "Invalid Character in Data Element" | 2420A.NM103 must contain at least one non-space |  |
| X223.456.2420A.NM104.010 | NM104 | First Name | AN | 1-35 | s |  |  |  | 999 | R | $\underset{\substack{\text { \|K403 = 6: "Invalid Character in Data } \\ \text { Element" }}}{ }$ | 2420A.NM104 must contain at least one non-space |  |
| X223.456.2420A.NM104.020 | NM104 |  |  |  |  |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" | 2420A.NM104 must be 1-35 characters. |  |
| X223.456.2420A.NM104.030 | NM104 |  |  |  |  |  |  |  | 277 | T | $\begin{aligned} & \text { CSCC A7: "Acknowledgement } \\ & \text { Rejected for Invalid Information..." } \\ & \text { CCS 512: "Length invalid for receiver's } \\ & \text { application system" } \\ & \text { CSC 505: "nntity's First Name" } \\ & \text { FIC. } 72 \text { "Oneratino Phusician"" } \\ & \hline \end{aligned}$ |  |  |
| X223.456.2420A.NM104.040 | NM104 |  |  |  |  |  |  |  | 999 | R | \|K403 = 6: "Invalid Character in Data Element" | 2420A.NM104 must be populated with accepted AN characters. |  |
| X223.456.2420A.NM104.050 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.456.2420A.NM105.010 | NM105 | Middle Name | AN | 1-25 | s |  |  |  | 999 | R | $\underset{\substack{\text { \|K403 }=6: ~ " I n v a l i d ~ C h a r a c t e r ~ i n ~ D a t a ~}}{\text { Element" }}$ | 2420A.NM105 must contain at least one non-space |  |
| X223.456.2420A.NM105.020 | NM105 |  |  |  |  |  |  |  | 999 | E | 1K403 = 5: "Data Element Too Long" | 2420A.NM105 must be 1-25 characters. |  |
| X223.456.2420A.NM105.030 | NM105 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement <br> /Rejected for Invalid Information..." <br> CSC 512."Length invalid for receiver's <br> application system <br> CSC 554: "Entity's Middle Name" <br> EIC. 72 "Oneratind Phvician"" |  |  |
| X223.456.2420A.NM105.040 | NM105 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2420A.NM105 must be populated with accepted AN characters. |  |
| X223.456.2420A.NM105.050 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.456.2420A.NM106.010 | NM106 | Name Prefix | AN | 1-10 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | Segment or | Description | ID | Min. | Usage | Loop | $\begin{aligned} & \text { Loop } \\ & \text { Reneat } \end{aligned}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\begin{gathered} \text { TA1/1 } \\ 999 / \\ 277 C A \end{gathered}$ | Accept Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.456.2420A.NM107.010 | NM107 | Name Suffix | AN | 1-10 | s |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2420A.NM107 must contain at least one non-space character. |  |
| X223.456.2420A.NM107.020 | NM107 |  |  |  |  |  |  |  | 999 | E | \|K403 = 5: "Data Element Too Long" | 2420A.NM107 must be 1-10 characters. |  |
| X223.456.2420A.NM107.030 | NM107 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 125: "Entity's Name" FIC. 72 "Onoratino Phusician" |  |  |
| X223.456.2420A.NM107.040 | NM107 |  |  |  |  |  |  |  | 999 | R | $\underset{\substack{\text { IK403 }=6: ~ " I n v a l i d ~ C h a r a c t e r ~ i n ~ D a t a ~}}{\text { Element" }}$ | 2420A.NM107 must be populated with accepted AN characters. |  |
| X223.456.2420A.NM107.050 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.456.2420A.NM108.010 | NM108 | Identlication CodeQualifier | ID | 1-2 | s |  |  | xx | 277 | c | CSCC A8: "Acknowledgement / Rejected for relational field in error" CSC 745: "Identifier Qualifier" CSC 562: "Entity's National Provider Identifier (NPI)" <br> FIC. 72 "Oneratina Phusician" | 2420A.NM108 must not be present when 2300.REF with REF01 = "P4" and REF02 is a valid VA identifier. | Trailblazer Only 01/20: Companion Guide Note needed. |
| X223.456.2420A.NM108.020 | NM108 |  |  |  |  |  |  |  | 277 | c | CSCC A6: <br> "Acknowledgement/Rejected for Missing Information..." <br> CSC 745: "Identifier Qualifier" CSC 562: "Entity's National Provider Identifier (NPI)" <br> ElC. 72 "Oneratina Phucician" | 2420A.NM108 must be present. | Everyone but Trailblazer. 01/20: Companion Guide Note needed. |
| X223.456.2420A.NM108.030 | NM108 |  |  |  |  |  |  |  | 999 | R | IK403 = 7: "Invalid Code Value" | 2420A.NM108 must be "XX". | Does not apply to Trailblazer VA claims. |
| X223.456.2420A.NM109.010 | NM109 | Identifier | AN | 2-80 | s |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 562: "Entity's National Provider Identifier (NPI)" ElC. 72 "Oneratina Phusician" | 2420A.NM109 must be valid according to the NPI algorithm. |  |
| X223.456.2420A.NM109.020 | NM109 |  |  |  |  |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 562: "Entity's National Provider Identifier (NPI)" FIC. 72 "Oneratina Physician" | The first position of 2420A.NM109 must be a "1". |  |
| X223.456.2420A.NM110.010 | NM110 | Entity Relationship Code | ID | 2-2 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.456.2420A.NM111.010 | NM111 | Entity Identifier Code | ID | 2-3 | NU |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.456.2420A.NM112.010 | NM112 | Name Last or Organization <br> Name | AN | 1-60 | NU |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.459.2420A.REF.010 | REF | OPERATING PHYSICIAN SECONDARY IDENTIFICATION |  | 20 | s | 2420A |  |  | 999 | R | IK304 = 19: "Implementation Dependent "Not Used" Segment Present" | If 2420A.NM109 is not present, 2420A.REF with REF01 = "1G" must be present. | Trailblazer Only 01/20: Companion Guide Note needed. |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \\ \hline \end{gathered}$ | Segment or | Description | ID | $\begin{aligned} & \text { Min. } \\ & \text { Max. } \end{aligned}$ | $\begin{array}{\|c\|} \hline \text { Usage } \\ \text { Req. } \\ \hline \end{array}$ | Loop | $\begin{gathered} \text { Loop } \\ \text { Repeat } \\ \hline \end{gathered}$ | $\begin{gathered} 5010 \\ \text { Values } \\ \hline \end{gathered}$ | $\begin{gathered} \text { TA1/ } \\ \text { 999/ } \\ \text { 277CA } \end{gathered}$ | $\begin{array}{\|l\|l\|} \hline \text { Accept/ } \\ \text { Reject } \end{array}$ | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.459.2420A.REF. 020 | REF |  |  |  |  |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 732: "Information submitted inconsistent with billing guidelines. CSC 560: Entity's Additional/Secondary Identifier EIC: 72 "Operating Physician" | Only 1 iteration of $2420 \mathrm{~A} . \mathrm{REF}$ with REF01 $=$ " $1 \mathrm{G} "$ is allowed. | Trailblazer Only 01/20: Companion Guide Note needed. |
| X223.459.2420A.REF. 030 | REF |  |  |  |  |  |  |  | 999 | R | IK304 = 19: "Implementation Dependent "Not Used" Segment Present" | 2420A.REF must not be present. | Everyone but Trailblazer. 01/20: Companion Guide Note needed. |
| X223.459.2420A.REF01.010 | REF01 | Reference Identification | ID | 2-3 | R |  |  | OB, 1G, G2, LU | 999 | R | IK403 = 1: "Required Data Element Missing" | 2420A.REF01 must be present. |  |
| X223.459.2420A.REF01.020 | REF01 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement Rejected for Invalid Information..." CSC 732: "Information submitted inconsistent with billing guidelines." CSC 560: Entity's Additional/Secondary Identifier EIC: 72 "Operating Physician" | 2420A.REF01 must be "1G". |  |
| X223.459.2420A.REF02.010 | REF02 | Reference Identifier | AN | 1-50 | R |  |  |  | 277 | C | CSCC A7: "Acknowledgement /Rejected for Invalid Information... CSC 133: "Entity's UPIN" EIC: 72 "Operating Physician" | 2420A.REF02 must be in format ANNNNN or AAANNN (where A is an alpha character and N is a numeric digit). |  |
| X223.459.2420A.REF03.010 | REF03 | Description | AN | 1-80 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = 110: "Implementation "Not } \\ & \text { IJsed" Flement Present" } \end{aligned}$ | Must not be present. |  |
| X223.459.2420A.REF04.010 | REF04 | REFERENCE IDENTIFIER |  |  | N/U |  |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.461.2420B.NM1.010 | NM1 | OTHER OPERATING PHYSICIAN NAME |  | 1 | s | 2420B | 1 |  | 999 | R | IK304 = 4: "Loop Occurs Over Maximum Times" | Only one iteration of 2420B.NM1 is allowed. |  |
| X223.461.2420B.NM1.020 | NM1 |  |  |  |  |  |  |  | 999 | R | IK304 = 16: "Implementation Dependent Segment Missing" | If 2420B.NM1 is present, 2310C.NM1 must be present. |  |
| X223.461.2420B.NM101.010 | NM101 | Entity Identifier Code | ID | 2-3 | R |  |  | Zz | 999 | R | IK403 = 1: "Required Data Element Missing" | 2420B.NM101 must be present. |  |
| X223.461.2420B.NM101.020 | NM101 |  |  |  |  |  |  |  | 999 | R | 1 K 403 = 7 : "Invalid Code Value" | 2420B.NM101 must be "ZZ". |  |
| X223.461.2420B.NM102.010 | NM102 | Entity Type Qualifier | ID | 1-1 | R |  |  | 1 | 999 | R | 1K403 = 1: "Required Data Element | 2420B.NM102 must be present. |  |
| X223.461.2420B.NM102.020 | NM102 |  |  |  |  |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2420B.NM102 must be "1". |  |
| X223.461.2420B.NM103.010 | NM103 | Last Name | AN | 1-60 | R |  |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2420B.NM103 must be present. |  |
| X223.461.2420B.NM103.020 | NM103 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2420B.NM103 must contain at least one non-space character. |  |
| X223.461.2420B.NM103.030 | NM103 |  |  |  |  |  |  |  | 999 | E | 1K403 = 5: "Data Element Too Long" | 2420B.NM103 must be 1-60 characters. |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \\ \hline \end{gathered}$ | Segment or Element | Description | ID | $\begin{aligned} & \text { Min. } \\ & \text { Max. } \end{aligned}$ | $\begin{array}{\|c} \text { Usage } \\ \text { Req. } \\ \hline \end{array}$ | Loop | $\begin{aligned} & \text { Loop } \\ & \text { Repeat } \end{aligned}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\begin{gathered} \text { TA1// } \\ \text { T99/ } \\ 277 C A \end{gathered}$ | Accept Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.461.2420B.NM103.040 | NM103 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 504: "Entity's Last Name" FIC. 72 "Oneratino Phvsician" |  |  |
| X223.461.2420B.NM103.050 | NM103 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2420B.NM103 must be populated with accepted AN characters. |  |
| X223.461.2420B.NM103.060 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.461.2420B.NM104.010 | NM104 | First Name | AN | 1-35 | s |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2420B.NM104 must contain at least one non-space character. |  |
| X223.461.2420B.NM104.020 | NM104 |  |  |  |  |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" | 2420B. NM104 must be 1-35 characters. |  |
| X223.461.2420B.NM104.030 | NM104 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 505: "Entity's First Name" FIC. 72 "Oneratino Phusician" |  |  |
| X223.461.2420B.NM104.040 | NM104 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2420B.NM104 must be populated with accepted AN characters. |  |
| X223.461.2420B.NM104.050 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.461.2420B.NM105.010 | NM105 | Middle Name | AN | 1-25 | S |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2420B.NM105 must contain at least one non-space |  |
| X223.461.2420B.NM105.020 | NM105 |  |  |  |  |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" | 2420B. NM105 must be 1-25 characters. |  |
| X223.461.2420B.NM105.030 | NM105 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 514: "Entity's Middle Name" FIC. 72 "Oneratina Phusician" |  |  |
| X223.461.2420B.NM105.040 | NM105 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2420B.NM105 must be populated with accepted AN characters. |  |
| X223.461.2420B.NM105.050 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.461.2420B.NM106.010 | NM106 | Name Prefix | AN | 1-10 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.461.2420B.NM107.010 | NM107 | Name Suffix | AN | 1-10 | s |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2420B.NM107 must contain at least one non-space character. |  |
| X223.461.2420B.NM107.020 | NM107 |  |  |  |  |  |  |  | 999 | E | 1K403 = 5: "Data Element Too Long" | 2420B.NM107 must be 1-10 characters. |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | Segment or Element | Description | ID | $\begin{aligned} & \text { Min. } \\ & \text { Max. } \end{aligned}$ | Usage | Loop | $\begin{aligned} & \text { Loop } \\ & \text { Repeat } \end{aligned}$ | $\begin{gathered} 5010 \\ \text { Values } \\ \hline \end{gathered}$ | $\begin{gathered} \text { TA1/ } / \\ \text { 999/ } \\ \text { 277CA } \end{gathered}$ | Accept/ Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.461.2420B.NM107.030 | NM107 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 125: "Entity's Name" FIC. 72 "Oneratino Phusician" |  |  |
| X223.461.2420B.NM107.040 | NM107 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2420B.NM107 must be populated with accepted AN characters. |  |
| X223.461.2420B.NM107.050 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.461.2420B.NM108.010 | NM108 | Identfication CodeQualifier | ID | 1-2 | s |  |  | xX | 277 | c | CSCC A8: "Acknowledgement / Rejected for relational field in error" CSC 745: "Identifier Qualifier" CSC 562: "Entity's National Provider Identifier (NPI)" FIC. 72 "Oneratina Phusician" | 2420B.NM108 must not be present when 2300.REF with REF01 = "P4" and REF02 is a valid VA identifier. | Trailblazer Only 01/20: Companion Guide Note needed. |
| X223.461.2420B.NM108.020 | NM108 |  |  |  |  |  |  |  | 277 | c | CSCC A6: <br> "Acknowledgement/Rejected for Missing Information..." CSC 745: "Identifier Qualifier" CSC 562: "Entity's National Provider Identifier (NPI)" <br> ElC. 70 " "Oneratino Phusician" | 2420B.NM108 must be present. | Everyone but Trailblazer. 01/20: Companion Guide Note needed. |
| X223.461.2420B.NM108.030 | NM108 |  |  |  |  |  |  |  | 999 | R | 1 K 403 = 7 : "Invalid Code Value" | 2420B.NM108 must be "XX". | Does not apply to Trailblazer VA claims. |
| X223.461.2420B.NM109.010 | NM109 | Identifier | AN | 2-80 | S |  |  |  | 999 | R | 1K403 = 2: "Conditional Required Data Element Missing" | 2420B.NM109 must be present when 2420B.NM108 is present. |  |
| X223.461.2420B.NM109.020 | NM109 |  |  |  |  |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 562: "Entity's National Provider Identifier (NPI)" EIC. 72 "Oneratina Phusician" | 2420B.NM109 must be valid according to the NPI algorithm. |  |
| X223.461.2420B.NM109.030 | NM109 |  |  |  |  |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 562: "Entity's National Provider Identifier (NPI)" ElC: 72 "Oneratina Phusician" | The first position of 2420B.NM109 must be a "1". |  |
| X223.461.2420B.NM110.010 | NM110 | Entity Relationship Code | ID | 2-2 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.461.2420B.NM111.010 | NM111 | Entity Identifier Code | ID | 2-3 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.461.2420B.NM112.010 | NM112 | Name Last or Organization <br> Name | AN | 1-60 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.464.2420B.REF. 010 | REF | OTHER OPERATING PHYSICIAN SECONDARY identification |  | 20 | s | 2420B |  |  | 999 | R | IK304 = 19: "Implementation Dependent "Not Used" Segment Present" | If 2420B.NM109 is not present, then 2420B.REF with REF01 = "1G" must be present. | Trailblazer Only 01/20: Companion Guide Note needed. |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \\ \hline \end{gathered}$ | Segment or Elemen | Description | ID | $\begin{aligned} & \text { Min. } \\ & \text { Max. } \end{aligned}$ | $\begin{array}{\|c} \text { Usage } \\ \text { Req. } \end{array}$ | Loop | $\begin{aligned} & \text { Loop } \\ & \text { Repeat } \\ & \hline \end{aligned}$ | $\begin{gathered} 5010 \\ \text { Values } \\ \hline \end{gathered}$ | $\begin{array}{\|r} \text { TA1/ } \\ \text { 999/ } \\ \text { 277CA } \\ \hline \end{array}$ | $\begin{array}{\|c\|cc\|} \hline \text { Accept } \\ \text { Rejej } \end{array}$ | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.464.2420B.REF.020 | REF |  |  |  |  |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 732: "Information submitted inconsistent with billing guidelines." CSC 560: Entity's Additional/Secondary Identifier EIC: 72 "Operating Physician" | Only 1 iteration of 2420B.REF with REF01 = "1G" is allowed. | Trailblazer Only 01/20: Companion Guide Note needed. |
| X223.464.2420B.REF.030 | REF |  |  |  |  |  |  |  | 999 | R | IK304 = 19: "Implementation Dependent "Not Used" Segment Present" | 2420B.REF must not be present. | Everyone but Trailblazer. 01/20: Companion Guide Note needed. |
| X223.464.2420B.REF01.010 | REF01 | Reference Identification Qualifier | ID | 2-3 | R |  |  | OB, 1G, G2, LU | 999 | R | IK403 = 1: "Required Data Element Missing" | 2420B.REF01 must be present. |  |
| X223.464.2420B.REF01.020 | REF01 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 732: "Information submitted inconsistent with billing guidelines." CSC 560: Entity's Additional/Secondary Identifier EIC: 72 "Operating Physician" | 2420B.REF01 must be "1G". | Trailblazer Only |
| X223.464.2420B.REF02.010 | REF02 | Reference Identifier | AN | 1-50 | R |  |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2420B.REF02 must be present. |  |
| X223.464.2420B.REF02.020 | REF02 |  |  |  |  |  |  |  | 277 | C | $\begin{aligned} & \text { CIscC A7: "Acknowledgement } \\ & \text { (Rejected for Invalil Information..." } \\ & \text { CSC 133: "Entity's UPIN" } \\ & \text { EIC: .72 "Ooeratina Physician"" } \end{aligned}$ | 2420B.REF02 must be in format ANNNNN or AAANNN (where A is an alpha character and N is a numeric digit). |  |
| X223.464.2420B.REF03.010 | REF03 | Description | AN | 1-80 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = } 110: \text { "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.464.2420B.REF04.010 | REF04 | REFERENCE IDENTIFIER |  |  | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.466.2420C.NM1.010 | NM1 | RENDERING PROVIDER NAME |  | 1 | s | 2420C | 1 |  | 999 | R | IK304 = 4: "Loop Occurs Over Maximum Times" Maximum Times" | Only one iteration of 2420 C . NM 1 is allowed. | 03/27: CR 6289 is analysis only (no changes) - no revisit needed until implementation CR |
| X223.466.2420C.NM1.020 | NM1 |  |  |  |  |  |  |  | 999 | R | IK304 = 16: "Implementation Dependent Segment Missing" | If 2420C.NM1 is present, 2310A.NM1 must be present. |  |
| X223.466.2420C.NM101.010 | NM101 | Entity Identifier Code | ID | 2-3 | R |  |  | 82 | 999 | R | IK403 = 1: "Required Data Element Missing" | 2420C.NM101 must be present. |  |
| X223.466.2420C.NM101.020 | NM101 |  |  |  |  |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2420C.NM101 must be "82". |  |
| X223.466.2420C.NM102.010 | NM102 | Entity Type Qualifier | ID | 1-1 | R |  |  | 1 | 999 | R | IK403 = 1: "Required Data Element Missing" | 2420C.NM102 must be present. |  |
| X223.466.2420C.NM102.020 | NM102 |  |  |  |  |  |  |  | 999 | R | 1 K 403 = 7 : "Invalid Code Value" | 2420C.NM102 must be "1". |  |
| X223.466.2420C.NM103.010 | NM103 | $\begin{array}{\|c\|} \hline \text { Rendering Provider Last or } \\ \text { Organization Name } \\ \hline \end{array}$ | AN | 1-60 | R |  |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2420C.NM103 must be present. |  |
| X223.466.2420C.NM103.020 | NM103 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2420C.NM103 must contain at least one non-space character. |  |
| X223.466.2420C.NM103.030 | NM103 |  |  |  |  |  |  |  | 999 | E | 1K403 = 5: "Data Element Too Long" | 2420C.NM103 must be 1-60 characters. |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | Segment or Element | Description | ID | $\begin{aligned} & \text { Min. } \\ & \text { Max. } \end{aligned}$ | $\begin{array}{\|c} \text { Usage } \\ \text { Req. } \end{array}$ | Loop | $\begin{gathered} \text { Loop } \\ \text { Repeat } \\ \hline \end{gathered}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\begin{gathered} \text { TA1// } \\ \text { 999/ } \\ \text { 277CA } \end{gathered}$ | Accept | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.466.2420C.NM103.040 | NM103 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 504: "Entity's Last Name" FIC. 82 "Benderino Provider" |  |  |
| X223.466.2420C.NM103.050 | NM103 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2420C.NM103 must be populated with accepted AN characters. |  |
| X223.466.2420C.NM103.060 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.466.2420C.NM104.010 | NM104 | $\begin{array}{\|c\|} \hline \text { Rendering Provider First } \\ \text { Name } \end{array}$ | AN | 1-35 | S |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2420C.NM104 must contain at least one non-space character. |  |
| X223.466.2420C.NM104.020 | NM104 |  |  |  |  |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" | 2420C.NM104 must be 1-35 characters. |  |
| X223.466.2420C.NM104.030 | NM104 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 505: "Entity's First Name" FIC. 82 "Renderina Provider" |  |  |
| X223.466.2420C.NM104.040 | NM104 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2420C.NM104 must be populated with accepted AN characters. |  |
| X223.466.2420C.NM104.050 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.466.2420C.NM105.010 | NM105 | Rendering Provider Middle <br> Name | AN | 1-25 | S |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2420C.NM105 must contain at least one non-space character. |  |
| X223.466.2420C.NM105.020 | NM105 |  |  |  |  |  |  |  | 999 | E | \|K403 = 5: "Data Element Too Long" | 2420C.NM105 must be 1-25 characters. |  |
| X223.466.2420C.NM105.030 | NM105 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 514: "Entity's Middle Name" FIC. 82 "Renderina Provider" |  |  |
| X223.466.2420C.NM105.040 | NM105 |  |  |  |  |  |  |  | 999 | R | \|K403 = 6: "Invalid Character in Data Element" | 2420C.NM105 must be populated with accepted AN characters. |  |
| X223.466.2420C.NM105.050 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.466.2420C.NM106.010 | NM106 | Name Prefix | AN | 1-10 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.466.2420C.NM107.005 | NM107 | $\underset{\text { Rendering Provider Name }}{\text { Suffix }}$ | AN | 1-10 | S |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2420C.NM107 must contain at least one non-space |  |
| X223.466.2420C.NM107.010 | NM107 |  |  |  |  |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" | 2420C.NM107 must be 1-10 characters. |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | $\underset{\text { Element or }}{\text { Element }}$ | Description | ID | Min. | $\begin{array}{\|l\|l} \hline \text { Usage } \\ \text { Bea. } \end{array}$ | Loop | $\begin{aligned} & \text { Loop } \\ & \text { Repeat } \end{aligned}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\begin{array}{\|c} \text { TA1/ } \\ \text { 999/ } \\ \text { 277CA } \end{array}$ | Accept/ Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.466.2420C.NM107.020 | NM107 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement <br> /Rejected for Invalid Information..." <br> CSC 512: "Length invalid for receiver's <br> application system" <br> CSC 125: "Entity's Name" <br> FIC. 82 "Renderino Provider" |  |  |
| X223.466.2420C.NM107.030 | NM107 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2420C.NM107 must be populated with accepted AN characters. |  |
| X223.466.2420C.NM107.040 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.466.2420C.NM108.010 | NM108 | Identfication CodeQualifier | ID | 1-2 | s |  |  | xX | 277 | c | CSCC A8: "Acknowledgement / Rejected for relational field in error" CSC 745: IIdentifier Qualififir" CSC 562: "Entity National Provider Identifier (PII") EIC. 8 "Renderina Provider" | 2420C.NM108 must not be present when 2300.REF with REF01 = "P4" and REF02 is a valid VA identifier. | Trailblazer Only 01/20: Companion Guide Note needed |
| X223.466.2420C.NM108.020 | NM108 |  |  |  |  |  |  |  | 277 | c | CSCC A6: <br> "Acknowledgement/Rejected for Missing Information..." CSC 745: "Identifier Qualifier" CSC 562: "Entity's National Provider Identifier (NPI)" EIC. 82 "Renderina Provider" | 2420C.NM108 must be present. | Everyone but Trailblazer. <br> 01/20: Companion Guide Note needed. |
| X223.466.2420C.NM108.030 | NM108 |  |  |  |  |  |  |  | 999 | R | $1 \mathrm{~K} 403=7$ : "Invalid Code Value" | 2420C.NM108 must be "XX". | Does not apply to Trailblazer VA claims. |
| X223.466.2420C.NM109.010 | NM109 | Rendering Provider Identifier | AN | 2-80 | S |  |  |  | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | 2420C.NM109 must be present when 2420C.NM108 |  |
| X223.466.2420C.NM109.020 | NM109 |  |  |  |  |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 562: "Entity's National Provider Identifier (NPI)" FlC: 82 "Renderina Provider" | 2420C.NM109 must be valid according to the NPI algorithm. |  |
| X223.466.2420C.NM109.030 | NM109 |  |  |  |  |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 562: "Entity's National Provider Identifier (NPI)" <br> FIC. 82 "Renderina Provider" | The first position of 2420C.NM109 must be a "1". |  |
| X223.466.2420C.NM110.010 | NM110 | Entity Relationship Code | ID | 2-2 | N/U |  |  |  | 999 | E | IK403 = 110 : "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.466.2420C.NM111.010 | NM111 | Entity Identifier Code | ID | 2-3 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.466.2420C.NM112.010 | NM112 | Name Last or Organization <br> Name | AN | 1-60 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \\ & \hline \end{aligned}$ | Must not be present. |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.469.2420C.REF. 010 | REF | RENDERING PROVIDER SECONDARY identification |  | 20 | s | 2420 C |  |  | 999 | R | IK304 = 19: "Implementation Dependent "Not Used" Segment Present" | If 2420C.NM109 is not present, 2420C.REF with REFO1 = "1G" must be present. | Trailblazer Only 01/20: Companion Guide Note needed. |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | Segment or Element | Description | ID | Min. Max. | Usage Req | Loop | $\begin{aligned} & \text { Loop } \\ & \text { Repeat } \end{aligned}$ | $\begin{gathered} 5010 \\ \text { Values } \\ \hline \end{gathered}$ | $\begin{array}{\|c} \text { TA1/ } \\ \text { 999/ } \\ \text { 277CA } \end{array}$ | Accept/ Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
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| X223.469.2420C.REF. 020 | REF |  |  |  |  |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 732: "Information submitted inconsistent with billing guidelines." CSC 560: "Entity's Additional/Secondary Identifier." EIC: 82 "Rendering Provider" | Only 1 iteration of 2420 C .REF with REF01 $=$ " $1 \mathrm{G} "$ is allowed. | Trailblazer Only 01/20: Companion Guide Note needed. |
| X223.469.2420C.REF. 030 | REF |  |  |  |  |  |  |  | 999 | R | IK304 = 19: "Implementation Dependent "Not Used" Segment Present" | 2420C.REF must not be present. | Everyone but Trailblazer. 01/20: Companion Guide Note needed. |
| X223.469.2420C.REF01.010 | REF01 | Reference Identification | ID | 2-3 | R |  |  | OB, 1G, G2, LU | 999 | R | IK403 = 1: "Required Data Element Missing" | 2420C.REF01 must be present. |  |
| X223.469.2420C.REF01.020 | REF01 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 732: "Information submitted inconsistent with billing guidelines." CSC 560: "Entity's Additional/Secondary Identifier." EIC: 82 "Rendering Provider" | 2420C.REF01 must be "1G". |  |
| X223.469.2420C.REF02.010 | REF02 | Rendering Provider Secondary Identifier | AN | 1-50 | R |  |  |  | 999 | R | \|K403 = 1: "Required Data Element Missing" | 2420C. REF02 must be present. |  |
| X223.469.2420C.REF02.020 | REF02 |  |  |  |  |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 133: "Entity's UPIN" CSC 560: "Entity's Additional/Secondary Identifier" FIC. 82 "Rendering Provider" | 2420C.REF02 must be in format ANNNNN or AAANNN (where A is an alpha character and N is a numeric digit). |  |
| X223.469.2420C.REF03.010 | REF03 | Description | AN | 1-80 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = } 110 \text { : "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.469.2420C.REF04.010 | REF04 | REFERENCE IDENTIFIER |  |  | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \\ & \hline \end{aligned}$ | Must not be present. |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.471.2420D.NM1.010 | NM1 | REFERRING PROVIDER NAME |  | 1 | s | 2420D | 1 |  | 999 | R | 1K304 = 4: "Loop Occurs Over Maximum Times" | Only one iteration of 2420D.NM1 is allowed. |  |
| x223.471.2420D.NM1.020 | NM1 |  |  |  |  |  |  |  | 999 | R | 1K304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2420D.NM1 is allowed. |  |
| X223.471.2420D.NM101.010 | NM101 | Entity Identifier Code | ID | 2-3 | R |  |  | DN | 999 | R | IK403 = 1: "Required Data Element Missing" | 2420D.NM101 must be present. |  |
| X223.471.2420D.NM101.020 | NM101 |  |  |  |  |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2420D.NM101 must be "DN". |  |
| X223.471.2420D.NM102.010 | NM102 | Entity Type Qualifier | ID | 1-1 | R |  |  | 1 | 999 | R | IK403 = 1: "Required Data Element Missing" | 2420D.NM102 must be present. |  |
| X223.471.2420D.NM102.020 | NM102 |  |  |  |  |  |  |  | 999 | R | IK403 = 7: "Invalid Code Value" | 2420D.NM102 must be "1". |  |
| X223.471.2420D.NM103.010 | NM103 | Referring Provider Last Name | AN | 1-60 | R |  |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2420D.NM103 must be present. |  |
| X223.471.2420D.NM103.020 | NM103 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2420D.NM103 must contain at least one non-space character. |  |
| X223.471.2420D.NM103.030 | NM103 |  |  |  |  |  |  |  | 999 | E | 1K403 = 5: "Data Element Too Long" | 2420D.NM103 must be 1-60 characters. |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \\ \hline \end{gathered}$ | Segment or Element | Description | ID | $\begin{aligned} & \text { Min. } \\ & \text { Max. } \end{aligned}$ | $\begin{array}{\|c} \text { Usage } \\ \text { Req. } \\ \hline \end{array}$ | Loop | $\begin{aligned} & \text { Loop } \\ & \text { Repeat } \end{aligned}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\begin{gathered} \text { TA1// } \\ \text { T99/ } \\ 277 C A \end{gathered}$ | Accept Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
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| X223.471.2420D.NM103.040 | NM103 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 504: "Entity's Last Name" FIC. ON "Referrina Provider" |  |  |
| X223.471.2420D.NM103.050 | NM103 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2420D.NM103 must be populated with accepted AN characters. |  |
| X223.471.2420D.NM103.060 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.471.2420D.NM104.010 | NM104 | Referring Provider First Name | AN | 1-35 | s |  |  |  | 999 | R | 1K403 = 6: "Invalid Character in Data | 2420D.NM104 must contain at least one non-space |  |
| X223.471.2420D.NM104.020 | NM104 |  |  |  |  |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" | 2420D.NM104 must be 1-35 characters. |  |
| X223.471.2420D.NM104.030 | NM104 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 505: "Entity's First Name" FIC. NR "Referrino Provider" |  |  |
| X223.471.2420D.NM104.040 | NM104 |  |  |  |  |  |  |  | 999 | R | IK403 = $6: ~ " I n v a l i d ~ C h a r a c t e r ~ i n ~ D a t a ~$ Element" | 2420D.NM104 must be populated with accepted AN characters. |  |
| X223.471.2420D.NM104.050 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.471.2420D.NM105.010 | NM105 | Referring Provider Middle Name or Initial | AN | 1-25 | S |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data | 2420D.NM105 must contain at least one non-space |  |
| X223.471.2420D.NM105.020 | NM105 |  |  |  |  |  |  |  | 999 | E | 1K403 = 5: "Data Element Too Long" | 2420D.NM105 must be 1-25 characters. |  |
| X223.471.2420D.NM105.030 | NM105 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 514: "Entity's Middle Name" FIC. ND "Referrino Provider" |  |  |
| X223.471.2420D.NM105.040 | NM105 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2420D.NM105 must be populated with accepted AN characters. |  |
| X223.471.2420D.NM105.050 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.471.2420D.NM106.010 | NM106 | Name Prefix | AN | 1-10 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.471.2420D.NM107.010 | NM107 | $\xrightarrow{\text { Referring Provider Name }}$ Suffix | AN | 1-10 | s |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2420D.NM107 must contain at least one non-space character. |  |
| X223.471.2420D.NM107.020 | NM107 |  |  |  |  |  |  |  | 999 | E | \|K403 = 5: "Data Element Too Long" | 2420D.NM107 must be 1-10 characters. |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | Segment or Element | Description | ID | $\begin{gathered} \text { Min. } \\ \text { anx. } \end{gathered}$ | $\left\lvert\, \begin{gathered} \text { Usage } \\ \text { Rea. } \end{gathered}\right.$ | Loop | $\begin{aligned} & \text { Loop } \\ & \text { Repeat } \end{aligned}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\begin{gathered} \text { TA1/ } \\ \text { 999/ } \\ \text { 277CA } \end{gathered}$ | Accept/ Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
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| X223.471.2420D.NM107.030 | NM107 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 125: "Entity's Name" FIC. N Noferrino Provider" |  |  |
| X223.471.2420D.NM107.040 | NM107 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2420D.NM107 must be populated with accepted AN characters. |  |
| X223.471.2420D.NM107.050 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.471.2420D.NM108.010 | NM108 | Identlication CodeQualifier | ID | 1-2 | s |  |  | xx | 277 | c | CSCC A8: "Acknowledgement / Rejected for relational field in error" CSC 745: "Identifier Qualifier" CSC 562: "Entity's National Provider Identifier (NPI)" <br> FIC. DN "Referrina Provider" | 2420D.NM108 must not be present when 2300.REF with REF01 = "P4" and REF02 is a valid VA identifier. | Trailblazer Only 01/20: Companion Guide Note needed. |
| X223.471.2420D.NM108.020 | NM108 |  |  |  |  |  |  |  | 277 | C | CSCC A6: <br> "Acknowledgement/Rejected for Missing Information..." <br> CSC 745: "Identifier Qualifier" CSC 562: "Entity's National Provider Identifier (NPI)" FIC. RN "Referrina Provider" | 2420D.NM108 must be present. | Everyone but Trailblazer. <br> 01/20: Companion Guide Note needed. |
| X223.471.2420D.NM108.030 | NM108 |  |  |  |  |  |  |  | 999 | R | 1 K 403 = 7: "Invalid Code Value" | 2420D.NM108 must be "XX". | Does not apply to Trailblazer VA claims. |
| X223.471.2420D.NM109.010 | NM109 | $\begin{gathered} \hline \text { Referring Provider } \\ \text { Identifier } \\ \hline \end{gathered}$ | AN | 2-80 | s |  |  |  | 999 | R | \|K403 = 2: "Conditional Required Data Element Missing" | 2420D.NM109 must be present when 2420D.NM108 is present. |  |
| X223.471.2420D.NM109.020 | NM109 |  |  |  |  |  |  |  | 277 | C | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 562: "Entity's National Provider Identifier (NPI)" <br> FIC: DN "Referrina Provider" | 2420D.NM109 must be valid according to the NPI algorithm. |  |
| X223.471.2420D.NM109.030 | NM109 |  |  |  |  |  |  |  | 277 | C | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 562: "Entity's National Provider Identifier (NPI)" <br> EIC: DN "Referrina Provider" | The first position of 2420D.NM109 must be a "1". |  |
| X223.471.2420D.NM109.050 | NM109 |  |  |  |  |  |  |  | 999 | R | IK403 = I12: "Implementation Pattern Match Failure" | 2420D.NM109 must not = 2310A. NM109. |  |
| X223.471.2420D.NM109.060 | NM109 |  |  |  |  |  |  |  | 999 | R | IK403 = I12: "Implementation Pattern Match Failure" | 2420D.NM109 must not = 2310F.NM109. |  |
| X223.471.2420D.NM110.010 | NM110 | Entity Relationship Code | ID | 2-2 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not | Must not be present. |  |
| X223.471.2420D.NM111.010 | NM111 | Entity Identifier Code | ID | 2-3 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.471.2420D.NM112.010 | NM112 | Name Last or Organization <br> Name | AN | 1-60 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.474.2420D.REF. 010 | REF | REFERRING PROVIDER SECONDARY IDENTIFICATION |  | 20 | s | 2420D |  |  | 999 | R | IK304 = 19: "Implementation Dependent "Not Used" Segment Present" | If 2420D.NM109 is not present, 2420D.REF with REF01 $=$ " 1 G " must be present. | Trailblazer Only 01/20: Companion Guide Note needed. |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | Segment or Element | Description | ID | Min. | $\begin{array}{\|c} \text { Usage } \\ \text { Req. } \end{array}$ | Loop | $\begin{gathered} \text { Loop } \\ \text { Repeat } \end{gathered}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\begin{gathered} \text { TA1// } \\ \text { 999/ } \\ \text { 277CA } \end{gathered}$ | Accept/ Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
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| X223.474.2420D.REF.020 | REF |  |  |  |  |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 732: "Information submitted inconsistent with billing guidelines." CSC 560: "Entity's Additional/Secondary Identifier." EIC: DN "Referring Provider" |  | Trailblazer Only 01/20: Companion Guide Note needed. |
| X223.474.2420D.REF.030 | REF |  |  |  |  |  |  |  | 999 | R | IK304 = 19: "Implementation Dependent "Not Used" Segment Present" | 2420D. REF must not be present. | Everyone but Trailblazer. 01/20: Companion Guide Note needed. |
| X223.474.2420D.REF01.010 | REF01 | Reference Identification Qualifier | ID | 2-3 | R |  |  | OB, 1G, G2 | 999 | R | \|K403 = 1: "Required Data Element | 2420D.REF01 must be present. |  |
| X223.474.2420D.REF01.020 | REF01 |  |  |  |  |  |  |  | 277 | T | CSCC A7: <br> "Acknowledgement/Rejected for Invalid Information..." <br> CSC 732: "Information submitted inconsistent with billing guidelines." CSC 560: "Entity's Additional/Secondary Identifier." FIC. DN "Referrina Provider" | 2420E.REF01 must be"1G". |  |
| X223.474.2420D.REF02.010 | REF02 | Referring Provider Secondary Identifier | AN | 1-50 | R |  |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2420D.REF02 must be present. |  |
| X223.474.2420D.REF02.020 | REF02 |  |  |  |  |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 133: "Entity's UPIN" CSC 560: "Entity's Additional/Secondary Identifier" FIC. DN "Refarrino Provider" | 2420D. REF02 must be in format ANNNNN or AAANNN (where A is an alpha character and N is a numeric digit). |  |
| X223.474.2420D.REF03.010 | REF03 | Description | AN | 1-80 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.474.2420D.REF04.010 | REF04 | REFERENCE IDENTIFIER |  |  | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.476.2430.010 |  | $\underset{\substack{\text { LINE ADJUDICATION } \\ \text { LOOP }}}{\text { LIN }}$ |  |  |  | 2430 | 15 |  | 999 | R | IK 304 = 4: "Loop Occurs Over Maximum Times" | Only 15 iterations of the $\mathbf{2 4 3 0}$ loop are allowed. |  |
| X223.476.2430.SVD. 010 | SVD | LINE ADJUDICATION INFORMATION |  | 1 | s | 2430 |  |  | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of $2430 . \mathrm{SVD}$ is allowed. |  |
| X223.476.2430.SVD01.010 | SVD01 | Payer Identifier | AN | 2-80 | R |  |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2430.SVD01 must be present. |  |
| X223.476.2430.SVD01.020 | SVD01 |  |  |  |  |  |  |  | 999 | R | $1 K 403=112:$ "Implementation Pattern Match Failure" | 2430.SVD01 must = 2330B.NM109 (for the same paver). |  |
| X223.476.2430.SVD02.010 | SVD02 | Service Line Paid Amount | R | 1-18 | R |  |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2430.SVD02 must be present. |  |
| X223.476.2430.SVD02.020 | SVD02 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2430.SVD02 must be numeric. |  |
| X223.476.2430.SVD02.030 | SVD02 |  |  |  |  |  |  |  | 999 | E | 1K403 = 5: "Data Element Too Long" | 2430.SVD02 must be $>=0$ and $<=99,999,999.99$. |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \\ \hline \end{gathered}$ | Segment or | Description | ID | $\underset{\text { Max. }}{\text { Min. }}$ | $\begin{aligned} & \text { Usage } \\ & \text { Bea. } \end{aligned}$ | Loop | $\begin{gathered} \text { Loop } \\ \text { Repeat } \\ \hline \end{gathered}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\begin{gathered} \text { TA1/ } \\ \text { T99/ } \\ \text { 277CA } \end{gathered}$ | Accept/ Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
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| X223.476.2430.SVD02.040 | SVD02 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's anolication svstem" |  |  |
| $\begin{array}{\|l\|} \hline \begin{array}{l} \text { 2223.476.2430.SVD02.050 } \\ \text { edit deactivated } \end{array} \\ \hline \end{array}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.476.2430.SVD02.060 | SVD02 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 643: "Service Line Paid Amount" CSC 697: "Invalid Decimal Precision" | 2430.SVD02 is limited to 0,1 or 2 decimal positions. |  |
| $\begin{aligned} & \text { X223A2.25.2430.SVD03.010 } \\ & \text { edit deactivated } \end{aligned}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.476.2430.SVD03.010 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.476.2430.SVDO3-1.010 | SVD03-1 | Product or Service IDQualifier | ID | 2-2 | R |  |  | ER, HC, HP, IV, WK | 999 | R | IK403 = 1: "Required Data Element Missing" | 2430.SVD03-1 must be present. |  |
| X223.476.2430.SVD03-1.020 | SVD03-1 |  |  |  |  |  |  |  | 999 | R | 11403 = 7: "Invalid Code Value" | 2400.SVD03-1 must be "HP" or "HC". |  |
| X223.476.2430.SVD03-2.010 | SVD03-2 | Procedure Code | AN | 1-48 | R |  |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2430.SVD03-2 must be present. |  |
| X223.476.2430.SVD03-2.020 | SVD03-2 |  |  |  |  |  |  |  | 277 | c | CSCC A7: "Acknowledgement IReeeted for Invalid Information..." CSC 507: "HCPCS" CSC 710: "Line Adudication Information" | When 2430.SVD03-1 = "HC", 2430.SVD03-2 must be a valid HCPCS Code. | Valid HCPCS reference must be available for this edit. 11/21: Revised edit |
| X223.476.2430.SVD03-2.030 | SVD03-2 |  |  |  |  |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 513: "HIPPS Rate Code for services Rendered" CSC 710: "Line Adjudication Information" | When 2430.SVD03-1 = "HP", 2430.SVD03-2 must be a valid HIPPS Skilled Nursing Facility Rate Code | Valid HIPPS Code reference must be available for this edit. |
| X223.476.2430.SVD03-3.010 | SVD03-3 | Procedure Modlier | AN | 2-2 | s |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 453: "Procedure Code Modifier(s) for Service(s) Rendered" CSC 710: "Line Adjudication Information" | 2430.SVD03-3 must be valid procedure modifier. | Valid Procedure Code Modlfier reference must be available for this edit. |
| X223.476.2430.SVD03-4.010 | SVD03-4 | Procedure Modlier | AN | 2-2 | s |  |  |  | 999 | R | 1K403 = 2: "Conditional Required Data | 2430.SVD03-4 is present, 2430.SVD03-3 must be |  |
| X223.476.2430.SVD03-4.020 | SVD03-4 |  |  |  |  |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 453: "Procedure Code Modifier(s) for Service(s) Rendered" CSC 710: "Line Adjudication Information" | 2430.SVD03-4 must be valid procedure modifier. | Valid Procedure Code Modlfier reference must be available for this edit. |
| X223.476.2430.SVD03-5.010 | SVD03-5 | Procedure Modlier | AN | 2-2 | s |  |  |  | 999 | R | \|K403 = 2: "Conditional Required Data Element Missing" | 2430.SVD03-5 is present, 2430.SVD03-4 must be present. |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | Segment or | Description | ID | $\begin{gathered} \text { Min. } \\ \text { Max. } \end{gathered}$ | Usage Req | Loop | $\begin{gathered} \text { Loop } \\ \text { Repeat } \\ \hline \end{gathered}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\begin{array}{\|c} \text { TA1/ } \\ \text { 999/ } \\ \text { 277CA } \end{array}$ | Accept Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
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| X223.476.2430.SVD03-5.020 | SVD03-5 |  |  |  |  |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 453: "Procedure Code Modifier(s) for Service(s) Rendered" CSC 710: "Line Adjudication Information" | 2430.SVD03-5 must be valid procedure modifier. | Valid Procedure Code Modlfier reference must be available for this edit. |
| X223.476.2430.SVD03-6.010 | SVD03-6 | Procedure Modlfier | AN | 2-2 | s |  |  |  | 999 | R | \|K403 = 2: "Conditional Required Data Element Missing" | 2430.SVD03-6 is present, 2430.SVD03-5 must be present. |  |
| X223.476.2430.SVD03-6.020 | SVD03-6 |  |  |  |  |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 453: "Procedure Code Modifier(s) for Service(s) Rendered" CSC 710: "Line Adjudication Information" | 2430.SVD03-6 must be valid procedure modifier. | Valid Procedure Code Modlfier reference must be available for this edit. |
| X223.476.2430.SVD03-7.010 | SVD03-7 | Procedure Code Description | AN | 1-80 | s |  |  |  | 999 | R | 1K403 = 6: "IIvalid Character in Data Element" | 2430.SVD03-7 must contain at least one non-space character. |  |
| X223.476.2430.SVD03-7.020 | SVD03-7 |  |  |  |  |  |  |  | 999 | E | \|K403 = 5: "Data Element Too Long" | 2430.SVD03-7 must be $1-80$ characters. |  |
| X223.476.2430.SVD03-7.030 | SVD03-7 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 306: "Detailed description of service" CSC 710: "Line Adjudication |  |  |
| X223.476.2430.SVD03-7.040 | SVD03-7 |  |  |  |  |  |  |  | 999 | R | IK403 =6: "Invalid Character in Data Element" | 2430.SVD03-7 must be populated with accepted AN characters. |  |
| X223.476.2430.SVD03-7.050 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.476.2430.SVD03-8.010 | SVD03-8 | Product/Service ID | AN | 1-48 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223A2.26.2430.SVD04.010 | SVD04 | Product or Service ID | AN | 1-48 | R |  |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2430.SVD04 must be present. |  |
| X223.476.2430.SVD04.010 <br> edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223A2.26.2430.SVD04.020 | SVD04 |  |  |  |  |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 455: "Revenue code for services rendered" | 2430.SVD04 must be a valid revenue code. | Valid Revenue Code reference must be available for this edit. |
| X223.476.2430.SVD05.010 | SVD05 | Paid Service Unit Count | R | 1-15 | R |  |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2430.SVD05 must be present. |  |
| X223A2.26.2430.SVD05.020 | SVD05 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2430.SVD05 must be numeric. |  |
| X223.476.2430.SVD05.030 <br> edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.476.2430.SVD05.040 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.476.2430.SVD05.045 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |


| 8371 Edit Reference | Segment or Element | Description | ID | $\begin{gathered} \text { Min. } \\ \text { Max. } \end{gathered}$ | Usage | Loop | $\begin{aligned} & \text { Loop } \\ & \text { Repeat } \end{aligned}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\begin{array}{r} \text { TA1/ } \\ \text { 999/ } \\ \text { 277CA } \end{array}$ | Accept Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
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| $\begin{array}{\|l} \hline \begin{array}{l} \text { X223.476.2430.SVD05.050 } \\ \text { edit deactivated } \end{array} \\ \hline \end{array}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.476.2430.SVD05.060 | SVD05 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 402: "Amount must be greater than zero" CSC 476: "Missing or invalid units of | 2430.SVD05 must be > 0 . | Companion guide note needed. |
| X223.476.2430.SVD05.065 | SVD05 |  |  |  |  |  |  |  | 999 | E | IK403 = 5: "Data Element Too Lona" | 2430.SVD05 must be <= 999,999.9. | format is 9(6)V9 (per CR 7065). Companion Guide Note needed. |
| X223.476.2430.SVD05.070 | SVD05 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 608: "Paid Service Unit Count" CSC 710: "Line Adjudication "nformation" |  |  |
| X223.476.2430.SVD05.075 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.476.2430.SVD06.010 | SVD06 | Bundled or Unbundled Line <br> Number | N0 | 1-6 | s |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2430.SVD06 must be numeric. |  |
| X223.476.2430.SVD06.020 | SVD06 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2430.SVD06 must be a integer (no decimals). | Companion Guide Note needed. |
| X223.476.2430.SVD06.030 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.476.2430.SVD06.040 | SVD06 |  |  |  |  |  |  |  | 999 | E | 1K403 = 5: "Data Element Too Long" | 2430.SVD06 must $1-6$ digits. |  |
| X223.476.2430.SVD06.050 | SVD06 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.480.2430.CAS. 010 | CAS | LINE ADJUSTMENT |  | 5 | s | 2430 |  |  | 999 | R | IK304 = 19: "Implementation Dependent 'not used' Segment Present" <br> OR <br> IK304 = 2: "Unexpected Segment" | If 2430.CAS is present, 2430.SVD must be present. |  |
| X223.480.2430.CAS. 020 | CAS |  |  |  |  |  |  |  | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only 5 iterations of 2430.CAS are allowed. |  |
| X223.480.2430.CAS01.010 | CAS01 | Claim Adjustment Group Code | ID | 1-2 | R |  |  | CO, CR, OA, Pl, PR | 999 | R | IK403 = 1: "Required Data Element Missing" | 2430.CAS01 must be present. |  |
| X223.480.2430.CAS01.020 | CAS01 |  |  |  |  |  |  |  | 999 | R | 1 K 403 = 7: "Invalid Code Value" | $2430 . \mathrm{CAS01}$ must be valid values. |  |
| X223.480.2430.CAS01.030 edit deactivated | CAS01 |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.480.2430.CAS02.010 | CAS02 | Adjustment Reason Code | ID | 1-5 | R |  |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2430.CAS02 must be present. |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | Segment or Element | Description | ID | $\begin{gathered} \text { Min. } \\ \text { Max. } \end{gathered}$ | Usage Req. | Loop | $\begin{aligned} & \text { Loop } \\ & \text { Repeat } \\ & \hline \end{aligned}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\begin{array}{\|c} \text { TA1/ } \\ \text { 999/ } \\ \text { 277CA } \end{array}$ | Accept/ Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
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| X223.480.2430.CAS02.020 | CAS02 |  |  |  |  |  |  |  | 277 | c | CSCC A8: "Acknowledgement / Rejected for relational field in error." CSC 521: Adjustment Reason Code CSC 516: Adjudication or Payment Date <br> FIC. GB "Other Insured" | 2430.CAS02 must be a valid Claim Adjustment Reason Code on the date in 2430.DTP03 when DTP01 = "573". | Valid Claim Adjustment Reason Code reference must be available for this edit. |
| X223.480.2430.CAS03.010 | CAS03 | Adjustment Amount | R | 1-18 | R |  |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2430.CAS03 must be present. |  |
| X223.480.2430.CAS03.020 | CAS03 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | $2430 . \mathrm{CAS03}$ must be numeric. |  |
| X223.480.2430.CAS03.030 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.480.2430.CAS03.040 | CAS03 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 697: "Invalid Decimal Precision" CSC 519: "Adjustment Amount" EIC: GB "Other Insured" | $2430 . C A S 03$ is limited to 0,1 or 2 decimal positions. |  |
| X223.480.2430.CAS03.050 | CAS03 |  |  |  |  |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" | 2430.CAS03 must be $>=-99,999,999.99$ and $<=99,999,999.99$ |  |
| X223.480.2430.CAS03.060 | CAS03 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" FIC. GB "Other Insured" |  |  |
| X223.480.2430.CAS03.065 | CAS03 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 694: "Amount must not be equal to zero" <br> CSC 519: "Adjustment Amount" FIC. GB "Other Insured" | 2430.CAS03 must not $=0$. |  |
| X223.480.2430.CAS04.010 | CAS04 | Adjustment Quantity | R | 1-15 | s |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" | 2430.CAS04 must be 1-15 digits. | 01/08: Not brought into Core System, so no Medicare size limit is needed. |
| X223.480.2430.CAS04.015 | CAS04 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 520: "Adjustment Quantity" FIC. GB "Other Insured" |  |  |
| X223.480.2430.CAS04.020 | CAS04 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 694: "Amount must not be equal to zero" <br> CSC 520: "Adjustment Quantity" FIC. GB "Other Insured" | 2430.CAS04 must not $=0$. |  |
| X223.480.2430.CAS05.010 | CAS05 | Adjustment Reason Code | ID | 1-5 | s |  |  |  | 999 | R | IK $103=2$ : "Conditional Required Data Element Missing" | If 2430.CAS05 is present, 2430.CAS02 must be present. |  |
| X223.480.2430.CAS05.020 | CAS05 |  |  |  |  |  |  |  | 277 | c | CSCC A8: "Acknowledgement / Rejected for relational field in error." CSC 521: Adjustment Reason Code CSC 516: Adjudication or Payment Date FIC. GB "Other lnsured" | 2430.CAS05 must be a valid Claim Adjustment Reason Code on the date in 2430.DTP03 when DTP01 = "573". | Valid Claim Adjustment Reason Code reference must be available for this edit. |
| X223.480.2430.CAS06.010 | CAS06 | Adjustment Amount | R | 1-18 | s |  |  |  | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | If 2430.CAS06 is present, 2430.CAS05 must be present. |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \\ \hline \end{gathered}$ | Segment or Element | Description | ID | $\begin{aligned} & \text { Min. } \\ & \text { Max. } \end{aligned}$ | Usage | Loop | $\begin{gathered} \text { Loop } \\ \text { Repeat } \end{gathered}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\begin{array}{r\|} \hline \text { TA1/ } \\ \text { 999/ } \\ \text { 277CA } \end{array}$ | Accept Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.480.2430.CAS06.020 | CAS06 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2430.CAS06 must be numeric. |  |
| $\begin{array}{\|l\|} \hline \text { X223.480.2430.CAS06.030 } \\ \text { edit deactivated } \\ \hline \end{array}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.480.2430.CAS06.040 | CAS06 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 697: "Invalid Decimal Precision" CSC 519: "Adjustment Amount" EIC: GB "Other Insured" | 2320.CAS06 is limited to 0,1 or 2 decimal positions. |  |
| X223.480.2430.CAS06.050 | CAS06 |  |  |  |  |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" | 2430.CAS06 must be $>=-99,999,999.99$ and $<=99,999,999.99$ |  |
| X223.480.2430.CAS06.060 | CAS06 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 519: "Adjustment Amount" FIC. GB "Other Insured" |  |  |
| X223.480.2430.CAS06.065 | CAS06 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 694: "Amount must not be equal to zero" <br> CSC 519: "Adjustment Amount" FIC. GB "Other Insured" | $2430 . C A S 06$ must not $=0$. |  |
| X223.480.2430.CAS07.010 | CAS07 | Adjustment Quantity | R | 1-15 | S |  |  |  | 999 | R | IK403 = 2: "Conditional Required Data Element Missinq" | If 2430.CAS07 is present, 2430.CAS05 must be present. |  |
| X223.480.2430.CAS07.020 | CAS07 |  |  |  |  |  |  |  | 999 | E | 1K403 = 5: "Data Element Too Long" | 2320.CAS07 must be $1-15$ digits. |  |
| X223.480.2430.CAS07.025 | CAS07 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 520: "Adjustment Quantity" FIC. GB "Other Insured" |  |  |
| X223.480.2430.CAS07.030 | CAS07 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 694: "Amount must not be equal to zero" <br> CSC 520: "Adjustment Quantity" FIC. GB "Other Insured" | 2430.CAS07 must not $=0$. | 01/08: Not brought into Core System, so no Medicare size limit is needed. |
| X223.480.2430.CAS08.010 | CAS08 | Adjustment Reason Code | ID | 1-5 | s |  |  |  | 999 | R | IK $403=2$ : "Conditional Required Data Element Missing" | If 2430.CAS08 is present, 2430.CAS05 must be present. |  |
| X223.480.2430.CAS08.020 | CAS08 |  |  |  |  |  |  |  | 277 | c | CSCC A8: "Acknowledgement / Rejected for relational field in error." CSC 521: Adjustment Reason Code CSC 516: Adjudication or Payment Date <br> FIC. GB "Other Insured" | 2430.CAS08 must be a valid Claim Adjustment Reason Code on the date in 2430.DTP03 when DTP01 = " 573 ". | Valid Claim Adjustment Reason Code reference must be available for this edit. |
| X223.480.2430.CAS09.010 | CAS09 | Adjustment Amount | R | 1-18 | s |  |  |  | 999 | R | IK 403 = 2: "Conditional Required Data Element Missing" | If 2430.CAS09 is present, 2430.CAS08 must be present. |  |
| х223.480.2430.CAS09.020 | CAS09 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2430.CAS09 must be numeric. |  |
| X223.480.2430.CAS09.030 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \\ \hline \end{gathered}$ | Segment or Element | Description | ID | $\begin{aligned} & \text { Min. } \\ & \text { Max. } \end{aligned}$ | Usage Req. | Loop | $\begin{gathered} \text { Loop } \\ \text { Repeat } \end{gathered}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\begin{array}{\|c} \text { TA1/ } \\ \text { 999/ } \\ \text { 277CA } \end{array}$ | Accept/ Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.480.2430.CAS09.040 | CAS09 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 697: "Invalid Decimal Precision" CSC 519: "Adjustment Amount" EIC: GB "Other Insured" | 2430.CAS09 is limited to 0, 1 or 2 decimal positions. |  |
| X223.480.2430.CAS09.050 | CAS09 |  |  |  |  |  |  |  | 999 | E | 1K403 = 5: "Data Element Too Long" | 2430.CAS09 must be >=-99,999,999.99 and |  |
| X223.480.2430.CAS09.060 | CAS09 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512. "Length invalid for receiver's application system" CSC 519: "Adjustment Amount" FIC. GBONHer Insured" |  |  |
| X223.480.2430.CAS09.065 | CAS09 |  |  |  |  |  |  |  | 277 | T | $\begin{aligned} & \text { CSCC A7: "Acknowledgement } \\ & \text { /Rejected for Invalid Information..." } \\ & \text { CSC 694: "Amount must not be equal } \\ & \text { to zero" } \\ & \text { CSC 59: "Adjustment Amount" } \\ & \text { FIC. GB "Odherlnsured" } \end{aligned}$ | 2430.CAS09 must not $=0$. |  |
| X223.480.2430.CAS09.070 <br> edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.480.2430.CAS10.010 | CAS10 | Adjustment Quantity | R | 1-15 | s |  |  |  | 999 | R | IK403 = 2: "Conditional Required Data | If 2430. CAS10 is present, 2430. CAS08 must be present. |  |
| X223.480.2430.CAS10.020 | CAS10 |  |  |  |  |  |  |  | 999 | E | 1K403 = 5: "Data Element Too Long" | 2430.CAS10 must be $1-15$ digits. | 01/08: Not brought into Core System, so no Medicare size limit is needed. |
| X223.480.2430.CAS 10.025 | CAS10 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement <br> /Rejected for Invalid Information..." <br> CSC 512: "Length invalid for receiver's <br> application system" <br> CSC 520: "Adjustment Quantity" <br> FIC. CB "Other Insured" |  |  |
| X223.480.2430.CAS 10.030 | CAS10 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement <br> IRejected for Invalid Information..." <br> CSC 944 "Amount must not be equal <br> to zero: <br> CSC 50 : "Adjustment Quantity" <br> FIC. GB "Odherlinsured" | 2430.CAS10 must not $=0$. |  |
| X223.480.2430.CAS011.010 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.480.2430.CAS11.010 | CAS011 | Adjustment Reason Code | ID | 1-5 | s |  |  |  | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | If 2320.CAS11 is present, 2320.CAS08 must be present. |  |
| X223.480.2430.CAS11.010 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.480.2430.CAS 11.020 | CAS11 |  |  |  |  |  |  |  | 277 | C | CSCC A8: "Acknowledgement / Rejected for relational field in error." CSC 521: Adjustment Reason Code CSC 516: Adjudication or Payment Date <br> EIC: GB "Other Insured" | 2430.CAS11 must be a valid Claim Adjustment Reason Code on the date in 2430.DTP03 when DTP01 = "573". | Valid Claim Adjustment Reason Code reference must be available for this edit. |
| X223.480.2430.CAS12.010 | CAS12 | Adjustment Amount | R | 1-18 | S |  |  |  | 999 | R | $\begin{aligned} & \text { IK403 = 2: "Conditional Required Data } \\ & \text { Element Missing" } \end{aligned}$ | If $2430 . \mathrm{CAS} 12$ is present, $2430 . \mathrm{CAS11}$ must be present. |  |
| X223.480.2430.CAS12.020 | CAS12 |  |  |  |  |  |  |  | 999 | R | $\underset{\substack{\text { IK403 } \\ \text { Element" }}}{\|c\| l}$ | 2430.CAS12 must be numeric. |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \\ \hline \end{gathered}$ | Segment or Element | Description | ID | $\begin{gathered} \text { Min. } \\ \text { Max. } \end{gathered}$ | Usage | Loop | $\begin{aligned} & \text { Loop } \\ & \text { Repeat } \\ & \hline \end{aligned}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\begin{array}{\|c} \text { TA1/ } \\ \text { 999/ } \\ \text { 277CA } \end{array}$ | Accept Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| $\begin{aligned} & \text { X223.480.2430.CAS12.030 } \\ & \text { edit deactivated } \\ & \hline \end{aligned}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.480.2430.CAS12.040 | CAS12 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 697: "Invalid Decimal Precision" CSC 519: "Adjustment Amount" EIC: GB "Other Insured" | 2430.CAS12 is limited to 0,1 or 2 decimal positions. |  |
| X223.480.2430.CAS12.050 | CAS12 |  |  |  |  |  |  |  | 999 | E | 1K403 = 5: "Data Element Too Long" | 2430.CAS12 must be $>=-99,999,999.99$ and $<=99,999,999.99$ |  |
| X223.480.2430.CAS12.060 | CAS12 |  |  |  |  |  |  |  | 277 | T |  |  |  |
| X223.480.2430.CAS12.065 | CAS12 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 694: "Amount must not be equal to zero" CSC 519: "Adjustment Amount" FIC. GB "Other Insured" | 2430.CAS12 must not $=0$. |  |
| X223.480.2430.CAS13.010 | CAS13 | Adjustment Quantity | R | 1-15 | s |  |  |  | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | If 2430.CAS13 is present, 2430.CAS11 must be present. |  |
| X223.480.2430.CAS13.020 | CAS13 |  |  |  |  |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" | 2430.CAS13 must be 1-15 digits. | 01/08: Not brought into Core System, so no Medicare size limit is needed. |
| X223.480.2430.CAS13.025 | CAS13 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 520: "Adjustment Quantity" FIC. $G B$ "Other Insured" |  |  |
| X223.480.2430.CAS 13.030 | CAS13 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 694: "Amount must not be equal to zero" <br> CSC 520: "Adjustment Quantity" FIC. GB "Other Insured" | 2430.CAS13 must not $=0$. |  |
| X223.480.2430.CAS14.010 | CAS14 | Adjustment Reason Code | ID | 1-5 | S |  |  |  | 999 | R | $\begin{aligned} & \text { IK403 = 2: "Conditional Required Data } \\ & \text { Element Missing" } \end{aligned}$ | $\begin{aligned} & \text { If 2430.CAS14 is present, 2430.CAS11 must be } \\ & \text { present. } \end{aligned}$ |  |
| X223.480.2430.CAS14.020 | CAS14 |  |  |  |  |  |  |  | 277 | c | CSCC A8: "Acknowledgement / Rejected for relational field in error." CSC 521: Adjustment Reason Code CSC 516: Adjudication or Payment Date <br> FIC. GB "Other Insured" | 2430.CAS14 must be a valid Claim Adjustment Reason Code on the date in 2430.DTP03 when DTP01 = "573". | Valid Claim Adjustment Reason Code reference must be available for this edit. |
| X223.480.2430.CAS 15.010 | CAS15 | Adjustment Amount | R | 1-18 | S |  |  |  | 999 | R | $\begin{aligned} & \text { \|K403 = 2: "Conditional Required Data } \\ & \text { Element Missing" } \end{aligned}$ | If $2430 . \mathrm{CAS} 15$ is present, $2430 . \mathrm{CAS14}$ must be present. |  |
| X223.480.2430.CAS15.020 | CAS15 |  |  |  |  |  |  |  | 999 | R | $\underset{\substack{\text { \|K403 }=6 \text { : "Invalid Character in Data } \\ \text { Element" }}}{ }$ | $2430 . C A S 15$ must be numeric. |  |
| X223.480.2430.CAS15.030 <br> edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \\ \hline \end{gathered}$ | Segment or | Description | ID | $\begin{aligned} & \text { Min. } \\ & \text { Max. } \end{aligned}$ | $\begin{gathered} \text { Usage } \\ \text { Req. } \\ \hline \end{gathered}$ | Loop | $\begin{aligned} & \begin{array}{l} \text { Loop } \\ \text { Repeat } \end{array} \\ & \hline \end{aligned}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\begin{gathered} \text { TA1// } \\ \text { T99/ } \\ 277 C A \end{gathered}$ | Accept/ Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.480.2430.CAS15.040 | CAS15 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 697: "Invalid Decimal Precision" CSC 519: "Adjustment Amount" EIC: GB "Other Insured" | 2430.CAS15 is limited to 0,1 or 2 decimal positions. |  |
| X223.480.2430.CAS 15.050 | CAS15 |  |  |  |  |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" | 2430.CAS15 must be $>=-99,999,999.99$ and $\langle=99,999,999.99$ |  |
| X223.480.2430.CAS 15.060 | CAS15 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 519: "Adjustment Amount" FIC. GB "Other Insured" |  |  |
| X223.480.2430.CAS 15.065 | CAS15 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 694: "Amount must not be equal to zero" <br> CSC 519: "Adjustment Amount" FIC. GB "Other Insured" | $2430 . \mathrm{CAS} 15$ must not $=0$. |  |
| X223.480.2430.CAS16.010 | CAS16 | Adjustment Quantity | R | 1-15 | s |  |  |  | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | If 2430.CAS16 is present, 2430.CAS14 must be |  |
| X223.480.2430.CAS16.020 | CAS16 |  |  |  |  |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" | 2430.CAS16 must be 1-15 digits. | 01/08: Not brought into Core System, so no Medicare size limit is needed. |
| X223.480.2430.CAS16.025 | CAS16 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 520: "Adjustment Quantity" FIC. GB "Other Incured" |  |  |
| X223.480.2430.CAS16.030 | CAS16 |  |  |  |  |  |  |  | 277 | T | $\begin{aligned} & \text { CSCC A7: "Acknowiledgement } \\ & \text { /Rejected for Invalid Information..." } \\ & \text { CSC 694: "Amount must not be equal } \\ & \text { to zero" } \\ & \text { CSC 520: "Adjustment Quantity" } \\ & \text { FIC. GB "Other Insured" } \end{aligned}$ | 2430.CAS16 must not $=0$. |  |
| X223.480.2430.CAS17.010 | CAS17 | Adjustment Reason Code | ID | 1-5 | s |  |  |  | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | If $2430 . \mathrm{CAS17}$ is present, $2430 . \mathrm{CAS14}$ must be present. |  |
| X223.480.2430.CAS17.020 | CAS17 |  |  |  |  |  |  |  | 277 | C | CSCC A8: "Acknowledgement / Rejected for relational field in error." CSC 521: Adjustment Reason Code CSC 516: Adjudication or Payment Date <br> FIC. GB "Other Insured" | 2430.CAS17 must be a valid Claim Adjustment Reason Code on the date in 2430.DTP03 when DTP01 = "573". | Valid Claim Adjustment Reason Code reference must be available for this edit. |
| X223.480.2430.CAS 18.010 | CAS18 | Adjustment Amount | R | 1-18 | s |  |  |  | 999 | R | IK $403=2$ : "Conditional Required Data Element Missing" | If 2430. CAS18 is present, 2430. CAS17 must be present. |  |
| X223.480.2430.CAS 18.020 | CAS18 |  |  |  |  |  |  |  | 999 | R | \|K403 = 6: "Invalid Character in Data Element" | 2430.CAS18 must be numeric. |  |
| X223.480.2430.CAS18.030 <br> edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.480.2430.CAS 18.040 | CAS18 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 697: "Invalid Decimal Precision" CSC 519: "Adjustment Amount" EIC: GB "Other Insured" | 2430.CAS18 is limited to 0,1 or 2 decimal positions. |  |


| 8371 Edit Reference | Segment or Element | Description | ID | $\begin{gathered} \text { Min. } \\ \text { Max. } \end{gathered}$ | Usage | Loop | $\underset{\text { Repeat }}{\text { Loop }}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\begin{array}{\|c} \text { TA1/ } \\ \text { 999/ } \\ \text { 277CA } \end{array}$ | Accept/ Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.480.2430.CAS 18.050 | CAS18 |  |  |  |  |  |  |  | 999 | E | 1K403 = 5: "Data Element Too Long" | 2430.CAS18 must be $>=-99,999,999.99$ and $<=99,999,999.99$ |  |
| X223.480.2430.CAS18.060 | CAS18 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 519: "Adjustment Amount" FIC. GB "Other Insured" |  |  |
| X223.480.2430.CAS18.065 | CAS18 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 694: "Amount must not be equal to zero" <br> CSC 519: "Adjustment Amount" FIC. GB "Other Insured" | 2430.CAS18 must not $=0$. |  |
| X223.480.2430.CAS 19.010 | CAS19 | Adjustment Quantity | R | 1-15 | s |  |  |  | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | If 2430.CAS19 is present, 2430.CAS17 must be |  |
| X223.480.2430.CAS19.020 | CAS19 |  |  |  |  |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" | 2430.CAS19 must be 1-15 digits. | 01/08: Not brought into Core System, so no Medicare size limit is needed. |
| X223.480.2430.CAS19.025 | CAS19 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 520: "Adjustment Quantity" FIC. GB "Other Insured" |  |  |
| X223.480.2430.CAS19.030 | CAS19 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 694: "Amount must not be equal to zero" <br> CSC 520: "Adjustment Quantity" FIC. GB "Other lnsured" | 2430.CAS19 must not $=0$. |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.486.2430.DTP. 010 | DTP | LINE CHECK OR REMITTANCE DATE |  | 1 | R | 2430 |  |  | 999 | R | IK304 = 16: "Implementation Dependent Segment Missing" | If $2430 . S V D$ is present, 2430. DTP must be present. |  |
| X223.486.2430.DTP. 015 | DTP |  |  |  |  |  |  |  | 999 | R | IK403 = I12: "Implementation Pattern Match Failure" | If 2330B.DTP is present, 2430.DTP must not be present. |  |
| X223.486.2430.DTP. 020 | DTP |  |  |  |  |  |  |  | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2430.DTP is allowed. |  |
| X223.486.2430.DTP01.010 | DTP01 | Date /TimeQualifier | ID | 3-3 | R |  |  | 573 | 999 | R | 1K403 = 1: "Required Data Element Missing" | 2430.DTP01 must be present. |  |
| X223.486.2430.DTP01.020 | DTP01 |  |  |  |  |  |  |  | 999 | R | \|1403 = 7: "Invalid Code Value" | 2430.DTP01 must be "573". |  |
| X223.486.2430.DTP02.010 | DTP02 | Date /Time FormatQualifier | ID | 2-3 | R |  |  | D8 | 999 | R | IK403 = 1: "Required Data Element Missing" | 2430.DTP02 must be present. |  |
| X223.486.2430.DTP02.020 | DTP02 |  |  |  |  |  |  |  | 999 | R | \|K403 = 7: "Invalid Code Value" | 2430.DTP02 must be "D8". |  |
| X223.486.2430.DTP03.010 | DTP03 | $\begin{gathered} \hline \begin{array}{c} \text { Adjudication or Payment } \\ \text { Date } \end{array} \\ \hline \end{gathered}$ | AN | 1-35 | R |  |  | CCYYMMDD | 999 | R | IK403 = 1: "Required Data Element Missing" | 2430.DTP03 must be present. |  |
| X223.486.2430.DTP03.020 | DTP03 |  |  |  |  |  |  |  | 999 | R | 1K403 = 8: "Invalid Date" | tor format. |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| х223.487.2430.AMT. 010 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | Segment or Element | Description | ID | Min. Max. | Usage | Loop | $\begin{aligned} & \text { Loop } \\ & \text { Repeat } \\ & \hline \end{aligned}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\begin{array}{\|c\|c\|} \hline \text { TAA/ } \\ \text { 999/ } \\ \text { 277CA } \end{array}$ | Accept/ Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.487.2430.AMT. 020 | AMT | REMAINING PATIENT LIABILITY |  | 1 | s | 2430 |  |  | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2430.AMT is allowed | pass-through, syntax only |
| X223.487.2430.AMT. 025 | AMT |  |  |  |  |  |  |  | 277 | T | CSCC A8: "Acknowledgement / Rejected for relational field..." CSC 6: Balance due from the subscriber EIC: GB "Other Insured" | If 2320 AMT (EAF) is present for the same payer, the 2430 AMT (EAF) must not be present. |  |
| X223.487.2430.AMT01.010 | AMT01 | AmountQualifier Code | ID | 1-3 | R |  |  | EAF | 999 | R | \|K403 = 1: "Required Data Element Missing" | 2430.AMT01 must be present. |  |
| X223.487.2430.AMT01.020 | AMT01 |  |  |  |  |  |  |  | 999 | R | 1 K 403 = 7 : "Invalid Code Value" | 2430.AMT01 must be "EAF". |  |
| X223.487.2430.AMT02.005 | AMT02 | Non-Covered Amount | R | 1-18 | R |  |  |  | 999 | R | 1K403 = 1: "Required Data Element | 2430.AMT02 must be present. |  |
| X223.487.2430.AMT02.010 | AMT02 |  |  |  |  |  |  |  | 999 | R | IK403 <br> Element" | 2430 .AMT02 must be numeric. |  |
| X223.487.2430.AMT02.015 | AMT02 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 693: "Amount must be greater than or equal to zero" CSC 596: "Non-covered Charge Amount" | 2430.AMT02 must be >= 0 . |  |
| X223.487.2430.AMT02.020 | AMT02 |  |  |  |  |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" | 2430.AMTO2 must be <= 99,999,999.99. |  |
| X223.487.2430.AMT02.025 | AMT02 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement <br> Refecter for Invilid Information.." <br> RSce 512: "Length invalid for receiver's <br> Cpppication system" <br> CS596: "Non-covered Charge <br> Amount" |  |  |
| X223.487.2430.AMT02.030 | AMT02 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 596: "Non-covered Charge Amount" | 2430.AMT02 is limited to 0,1 or 2 decimal positions. |  |
| X223.487.2430.AMT03.010 | AMT03 | CreditDebit Flag Code | ID | 1-1 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.488..SE. 010 | SE | $\begin{gathered} \hline \text { TRANSACTION SET } \\ \text { TRAILER } \\ \hline \end{gathered}$ |  | 1 | R |  |  |  | 999 | R | IK502 = 2: "Transaction Set Trailer Missing" | SE must be present. |  |
| $\begin{array}{\|l} \hline \begin{array}{l} \text { 2223.488..SE. } 020 \\ \text { deactivated } \end{array} \\ \hline \end{array}$ | SE |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.488..SE01.010 | SE01 | Ttansaction Segment Count | No | 1-10 | R |  |  |  | 999 | R | IK502 = 4: "Number of Included Segments Does Not Match Actual Count". | SE01 must be present. |  |
| X223.488..SE01.020 | SE01 |  |  |  |  |  |  |  | 999 | R | \|K502 = 4: "Number of Included Segments Does Not Match Actual Count". | SE01 must be numeric. |  |
| X223.488..SE01.030 | SE01 |  |  |  |  |  |  |  | 999 | R | IK502 = 4: "Number of Included Segments Does Not Match Actual Count". | SE01 must = the transaction segment count. |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \\ \hline \end{gathered}$ | Segment or Element | Description | ID | Min. Max. | $\begin{array}{\|c} \text { Usage } \\ \text { Req. } \end{array}$ | Loop | $\begin{aligned} & \text { Loop } \\ & \text { Repeat } \\ & \hline \end{aligned}$ | $\begin{gathered} 5010 \\ \text { Values } \\ \hline \end{gathered}$ | $\begin{array}{\|c\|c\|} \hline \text { TA1// } \\ \text { 999/ } \\ \text { 277CA } \\ \hline \end{array}$ | Accept Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.488..SE01.040 | SE01 |  |  |  |  |  |  |  | 999 | R | \|K502 = 4: "Number of Included Segments Does Not Match Actual Count". | SE01 must be > 0 . |  |
| X223.488..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. |  |
| X223.488..SE02.020 | SE02 |  |  |  |  |  |  |  | 999 | R | IK502 = 3: "Transaction Set Control Number in Header and Trailer Do Not Match". | SE02 must = ST02. |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.C9.GE. 010 | GE | Functional Group Trailer |  | 1 | R | - |  |  | 999 | R | AK905: 3 "Functional Group Trailer Missina" | GE must be present. |  |
| $\begin{aligned} & \text { X223.C9..GE. } 020 \\ & \text { deactivated } \\ & \hline \end{aligned}$ | GE |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.C9..GE01.010 | GE01 | Number of Transaction Sets Included | N0 | 1-6 | R |  |  |  | 999 | R | AK905: 5 "Number of Included Transaction Sets Does Not Match Actual Count". | GE01 must be present. |  |
| X223.C9..GE01.020 | GE01 |  |  |  |  |  |  |  | 999 | R | AK905: 5 "Number of Included Transaction Sets Does Not Match Actual Count". | GE01 must be numeric. |  |
| X223.C9..GE01.030 | GE01 |  |  |  |  |  |  |  | 999 | R | AK905: 5 "Number of Included Transaction Sets Does Not Match Actual Count". | GE01 must = the number of transaction sets included in the functional group. |  |
| X223.C9..GE01.040 | GE01 |  |  |  |  |  |  |  | 999 | R | AK905: 5 "Number of Included Transaction Sets Does Not Match Actual Count". | GE01 must be > 0 . |  |
| X223.C9..GE02.010 | GE02 | Group Control Number | N0 | 1-9 | R |  |  |  | 999 | R | AK905: 4 "Group Control Number in the Functional Group Header and Trailer Do Not Aaree" | GE02 must be present. |  |
| X223.C9..GE02.020 | GE02 |  |  |  |  |  |  |  | 999 | R | AK905: 4 "Group Control Number in the Functional Group Header and Trailer Do Not Agree". | GE02 must = GS06. |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.C10..IEA. 005 | IEA | Interchange Control Trailer |  | 1 | R |  |  |  | TA1 | R | TA105 = 023: "Improper (Premature) End-of-File (Transmission)" | IEA must be present. |  |
| X223.C10..IEA. 010 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X233 C10 IEA 015 |  |  |  |  |  |  |  |  | TA1 | R | TA105 = 022: "Invalid Control Structure" | Only one iteration of IEA is allowed. -OR- | Contractors are free to choose the |
|  |  |  |  |  |  |  |  |  | TA1 | R | TA105 = 023: "Improper (Premature) End-of-File (Transmission)" | Only one iteration of IEA is allowed. | - |
| X223.C10..IEA. 020 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.C10..IEA01.010 | IEA01 | Number of Included Functional Groups | N0 | 1-5 | R |  |  |  | TA1 | R | TA105 = 021: "Invalid Number of Included Groups Value". | IEA01 must be present. |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \\ \hline \end{gathered}$ | Segment or Element | Description | ID | $\begin{gathered} \text { Min. } \\ \text { Max. } \end{gathered}$ | Usage Req. | Loop | $\begin{gathered} \text { Loop } \\ \text { Repeat } \\ \hline \end{gathered}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\left\|\begin{array}{c} \text { TA1// } \\ \text { 999/ } \\ 277 C A \end{array}\right\|$ | Accept Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.C10..IEA01.020 | IEA01 |  |  |  |  |  |  |  | TA1 | R | TA105 = 021: "Invalid Number of Included Groups Value" | IEA01 must be numeric. |  |
| X223.C10..IEA01.030 | IEA01 |  |  |  |  |  |  |  | TA1 | R | $\begin{aligned} & \text { TA105 = 021: "Invalid Number of } \\ & \text { Tincluded Groups Value". } \end{aligned}$ | IEA01 must = the number of functional groups included in the interchange. |  |
| X223.C10..IEA01.040 | IEA01 |  |  |  |  |  |  |  | TA1 | R | TA105 = 021: "Invalid Number of Included Groups Value". | IEA01 must be > 0 . |  |
| X223.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. |  |
| X223.C10..IEA02.020 | IEA02 |  |  |  |  |  |  |  | TA1 | R | TA105 = 001: "The Interchange Control Number in the Header and Trailer Do Not Match". | IEA02 must = ISA13 |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Color Coding |  | Indicates a CSC or EIC |  |  |  |  |  |  |  |  |  |  |  |
| Color Coding |  | ICD-9 Only period |  |  |  |  |  |  |  |  |  |  |  |
| Color Coding |  | ICD-10 Only period assumes no dual-use after mandated date. |  |  |  |  |  |  |  |  |  |  |  |
| Color Coding |  | $\begin{array}{c}\text { Not Used or Must Not be } \\ \text { Present }\end{array}$ |  |  |  |  |  |  |  |  |  |  |  |

