

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 519	Date: July 20, 2009
	Change Request 6399

Transmittal 519, dated July 20, 2009 rescinds and replaces Transmittal 481 dated April 24, 2009 to clarify the Effective/Implementation dates. All other information remains the same.

SUBJECT: Implementation of the Health Care Claim Status Inquiry and Response (276/277) Version 005010 - Durable Medical Equipment (DME) Shared System Change

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to provide the ViPS Medicare System (VMS) maintainer with requirements to prepare the VMS system to process the health care claim status inquiry and response transactions. VMS shall receive inquiry files which contain the fully edited version 005010 of the CMS defined flat file record as documented in the attached layout. The Shared System Maintainer (SSM) shall prepare the outbound flat file for transmission to the Common Electronic Data Interchange (CEDI) system on behalf of the DME MAC(s) with the appropriate data content defined in the outbound claim status response definition. Furthermore, the contents of the outbound file shall be fully compliant with the Healthcare Claim Status Inquiry and Response (276/277) Technical Report Type 3 (TR3), including the appropriate claim status category and claim status code list requirements.

New / Revised Material

Effective Date: October 1, 2009 (Analysis, Design and Development) January 1, 2010 (Implementation Activities)

Implementation Date: October 5, 2009 (Analysis, Design and Development) January 4, 2010 (Implementation Activities)

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)

R=REVISED, N=NEW, D=DELETED-*Only One Per Row.*

R/N/D	Chapter / Section / Subsection / Title
N/A	

III. FUNDING:

SECTION A: For Fiscal Intermediaries and Carriers:

Funding has already been supplied to Shared System Maintainers through FY08 funding under 5010/D.0 project.

SECTION B: For Medicare Administrative Contractors (MACs):

Funding has already been supplied to Shared System Maintainers through FY08 funding under 5010/D.0 project.

IV. ATTACHMENT:

One-Time Notification

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

Attachment – One-Time Notification

Pub. 100-20	Transmittal: 519	Date: July 20, 2009	Change Request: 6399
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SUBJECT: Implementation of the Health Care Claim Status Inquiry and Response (276/277) Version 005010 – Durable Medical Equipment (DME) Shared System Change

Effective Date: October 1, 2009 (Analysis, Design and Development) January 1, 2010 (Implementation Activities)

Implementation Date: October 5, 2009 (Analysis, Design and Development) January 4, 2010 (Implementation Activities)

I. GENERAL INFORMATION

A. Background: The purpose of this Change Request (CR) is to provide the ViPS Medicare System (VMS) maintainer with requirements to prepare the VMS system to process the health care claim status inquiry and response transactions. VMS shall receive inquiry files which contain the fully edited version 005010 of the CMS defined flat file record as documented in the attached layout. The Shared System Maintainer (SSM) shall prepare the outbound flat file for transmission to the Common Electronic Data Interchange (CEDI) system on behalf of the DME MAC(s) with the appropriate data content defined in the outbound claim status response definition. Furthermore, the contents of the outbound file shall be fully compliant with the Healthcare Claim Status Inquiry and Response (276/277) Technical Report Type 3 (TR3), including the appropriate claim status category and claim status code list requirements.

B. Policy: Health Insurance Portability and Accountability Act of 1996 (HIPAA), the Notice of Proposed Rule Making (NPRM) published in the Federal Register on August 22, 2008 by the Department of Health and Human Services 45 CFR Part 162, Subpart N-Health Care Claim Status

II. BUSINESS REQUIREMENTS TABLE

Use "Shall" to denote a mandatory requirement

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B M A C	D M M A C	F I I E R	C A R R I E R	R H I	Shared-System Maintainers				OTHE R
						F I S S	M C S	V M S	C W F		
6399.1	The shared system shall accept a CMS defined flat file which includes the 276 control record in a fully edited format from the A/B MAC								X		
6399.2	The shared system shall remove the control record (as defined in the attachment for the 276 Claim Status Inquiry) for processing purposes which will be defined in a separate CR for Receipt and Control processing.							X			

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B	D M E	F I	C A R R I E R	R H H I	Shared-System Maintainers				OTHER
							F I S S	M C S	V M S	C W F	

IV. SUPPORTING INFORMATION

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

Use "Should" to denote a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:
6399.1	Shared System Maintainers were funded through July 2009 under special 5010/D.0 project funding initiative. This CR falls with the parameters of said funding.

Section B: For all other recommendations and supporting information, use this space:

V. CONTACTS

Pre-Implementation Contact(s):

Michael Cabral (410) 786-6168 michael.cabral@cms.hhs.gov
 Brian Reitz (410) 786-5001 brian.reitz@cms.hhs.gov

Post-Implementation Contact(s):

Michael Cabral (410) 786-6168 michael.cabral@cms.hhs.gov
 Brian Reitz (410) 786-5001 brian.reitz@cms.hhs.gov

VI. FUNDING

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

Unique Funding Situation: Funding has already been supplied to Shared System Maintainers through FY08 funding under 5010/D0 project.

Section B: For Medicare Administrative Contractors (MACs):

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

Unique Funding Situation: Funding has already been supplied to Shared System Maintainers through FY08 funding under 5010/D0 project.

Attachments (2 Excel Files)

CMS - Receipt and Control Record

Element Identifier	Description	Data Type	Record Position Start	Record Position End	Length	Picture Clause	Values
CTR	Control Record						
CTR01	Control Record ID	A/N	1	4	4	Pic X(04)	CTRD - Detail CTRE - End of Day - Claim Only Initiated by the Local Data Center (LDC) to indicate to the Enterprise Data Center (EDC) that this is the last known scheduled claims transmission of the day. CTRR - Resubmission Initiated by the Local Data Center (LDC) to indicate the resubmission of CTRD or CTRE to correct Out of Balance errors.
CTR02	Transaction Type	A/N	5	9	5	Pic X(05)	837, NCPDP
CTR03	Transaction Direction	A/N	10	10	1	Pic X(01)	I- Inbound O- Outbound
CTR04	Transaction Line of Business	A/N	11	11	1	Pic X(01)	Claims only I- Institutional P- Professional B- Blank for non-claim transactions
CTR05	Interchange Sender ID	A/N	12	26	15	Pic X(15)	From the ISA06 data element
CTR06	Interchange Receiver ID	A/N	27	41	15	Pic X(15)	From the ISA08 data element
CTR07	Interchange Create Date	NUM	42	49	8	Pic 9(08)	From the ISA09 data element Note: ISA09 is format YYYYMMDD (6 bytes) this field will require the CC (20) to be appended to the beginning of the ISA09 value so final format is CCYYYYMMDD
CTR08	Interchange Create Time	NUM	50	53	4	Pic X(04)	From the ISA10 data element
CTR09	Interchange Control Number	NUM	54	62	9	Pic 9(09)	From the ISA13 data element
CTR10	Interchange Version	A/N	63	67	5	Pic X(05)	For ASC X12 Version 5010 - 00501 (ISA12) For NCPDP - D.0
CTR11	Interchange Test/Prod Indicator	A/N	68	68	1	Pic X(01)	T- Test P- Production
CTR12	Data Center ID - Sender	A/N	69	83	15	Pic X(15)	
CTR13	Data Center ID - Receiver	A/N	84	98	15	Pic X(15)	
CTR14	Contractor ID (CMS Assigned)	A/N	99	113	15	Pic X(15)	CMS assigned value for the Jurisdiction
CTR15	Cycle Date	NUM	114	120	7	Pic 9(07)	YYYYDDD (Julian Date)
CTR16	Create Time	NUM	121	126	6	Pic 9(06)	HHMMSS
CTR17	Local Data Center Tracking	A/N	127	156	30	Pic X(30)	
CTR18	Total number of sent records	NUM	157	167	11	Pic 9(11)	Total number of records in the flat file to be transmitted (ISA - IEA) w/o CTR record
CTR19	Total Number of sent records Error switch	A/N	168	169	2	Pic X(02)	X0 - Successfully Processed X1 - Out of Balance R0 - Successfully Resubmitted R1 - Resubmission Out of Balance
CTR20	Total number of UNIT segments Sent	NUM	170	178	9	Pic 9(09)	Total number of the units counted for the transaction type. 276-TRN 277-TRN 835-CLP 837-CLM NCPDP-T07
CTR21	Total Number of Units sent Error switch	A/N	179	180	2	Pic X(02)	X0 - Successfully Processed X1 - Out of Balance R0 - Successfully Resubmitted R1 - Resubmission Out of Balance
CTR22	Total dollar amount sent submitted charges	NUM	181	193	13	Pic 9(11)v99	837/NCPDP only - This is the total dollar value of the interchange. For other transaction types this is zero
CTR23	Total dollar amount sent Error switch	A/N	194	195	2	Pic X(02)	X0 - Successfully Processed X1 - Out of Balance R0 - Successfully Resubmitted R1 - Resubmission Out of Balance

CMS - Receipt and Control Record

Element Identifier	Description	Data Type	Record Position Start	Record Position End	Length	Picture Clause	Values
CTR24	Total number of ST-SEs sent	NUM	196	200	5	Pic 9(05)	This is the number of occurrences within the file of the combination of ST through SE records
CTR25	Total Number of ST-SEs sent Error switch	A/N	201	202	2	Pic X(02)	X0 - Successfully Processed X1 - Out of Balance R0 - Successfully Resubmitted R1 - Resubmission Out of Balance
CTR26	Total number of received records	NUM	203	213	11	Pic 9(11)	Total number of records in the flat file to be transmitted (ISA - IEA) w/o CTR record
CTR27	Total Number of records received Error switch	A/N	214	215	2	Pic X(02)	Spaces - Initial Send X0 - Successfully Processed X1 - Out of Balance R0 - Successfully Resubmitted R1 - Resubmission Out of Balance
CTR28	Total number of UNIT segments received	NUM	216	224	9	Pic 9(09)	Total number of the units counted for the transaction type. 276-TRN 277-TRN 835-CLP 837-CLM NCPDP-T07
CTR29	Total Number of units received Error switch	A/N	225	226	2	Pic X(02)	Spaces - Initial Send X0 - Successfully Processed X1 - Out of Balance R0 - Successfully Resubmitted R1 - Resubmission Out of Balance
CTR30	Total dollar amount of received submitted charges	NUM	227	239	13	Pic 9(11)v99	837/NCPDP only - This is the total dollar value of the interchange. For other transaction types this is zero
CTR31	Total dollar amount received Error switch	A/N	240	241	2	Pic X(02)	Spaces - Initial Send X0 - Successfully Processed X1 - Out of Balance R0 - Successfully Resubmitted R1 - Resubmission Out of Balance
CTR32	Total number of ST-SEs received	NUM	242	246	5	Pic 9(05)	This is the number of occurrences within the file of the combination of ST through SE records
CTR33	Total Number of ST-SEs received Error switch	A/N	247	248	2	Pic X(02)	Spaces - Initial Send X0 - Successfully Processed X1 - Out of Balance R0 - Successfully Resubmitted R1 - Resubmission Out of Balance
CTR34	Claim Control Number Exchange Area	A/N	249	295	47	Pic X(47)	Hold for exchange of the CCN numbers assigned to 5010 claims between MAC and SSM 4010 process FISS (23 bytes-23bytes) MCS (13 bytes, 10 spaces-13 bytes, 10 spaces) VMS (15 bytes, 9 spaces-15 bytes, 9 spaces)
CTR35	Filler	A/N	296	350	55	Pic X(55)	Spaces

CMS - Receipt and Control Record

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CTR02	Transaction Type	A/N	5	9	5	Pic X(05)	835
CTR03	Transaction Direction	A/N	10	10	1	Pic X(01)	I- Inbound O- Outbound
CTR04	Transaction Line of Business	A/N	11	11	1	Pic X(01)	Claims only I- Institutional P- Professional B- Blank for non-claim transactions
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CTR35	Filler	A/N	296	350	55	Pic X(55)	Spaces

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

277 5010		X12 Element Attributes							X12 Flat File						
Element Identifier	Description	ID	Min Max	Usage Reg.	Loop	Loop Repeat	Values	X12 Page No.	Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat
	INTERCHANGE CONTROL HEADER		1	R		1	00, 03		6	4	4	4	1	18	1
ISA01	Authorization Information Qualifier	ID	2-2	R									19	2	
ISA02	Authorization Information	AN	10-10	R									21	10	
ISA03	Security Information Qualifier	ID	2-2	R			00, 01						31	2	
ISA04	Security Information	AN	10-10	R									33	10	
ISA05	Interchange ID Qualifier	ID	2-2	R			01, 14, 20, 27, 28, 29, 30, 33, ZZ						43	2	
ISA06	Interchange Sender ID	AN	15-15	R									45	15	
ISA07	Interchange ID Qualifier	ID	2-2	R			01, 14, 20, 27, 28, 29, 30, 33, ZZ						60	2	
ISA08	Interchange Receiver ID	AN	15-15	R									62	15	
ISA09	Interchange Date	DT	6-6	R			YYMMDD						77	6	
ISA10	Interchange Time	TM	4-4	R			HHMM						83	4	
ISA11	Repetition Separator	AN	1-1	R									87	1	
ISA12	Interchange Control Version Number	ID	5-5	R			00501						88	5	
ISA13	Interchange Control Number	N0	9-9	R									93	9	
ISA14	Acknowledgement Requested	ID	1-1	R			0, 1						102	1	
ISA15	Usage Indicator	ID	1-1	R			P, T						103	1	
ISA16	Component Element Separator	AN	1-1	R									104	1	
	FUNCTIONAL GROUP HEADER		1	R		>1					GS		1	18	1
GS01	Functional Identifier Code	ID	2-2	R			HN						19	2	
GS02	Application Sender Code	AN	2-15	R									21	15	
GS03	Application Receiver Code	AN	2-15	R									36	15	
GS04	Date	DT	8-8	R			CCYYMMDD						51	8	
GS05	Time	TM	4-8	R			HHMM, HHMMSS, HHMMSSD, HHMMSSDD						59	8	
GS06	Group Control Number	N0	1-9	R									67	9	
GS07	Responsible Agency Code	ID	1-2	R			X						76	2	
GS08	Version Identifier Code	AN	1-12	R			005010X212						78	12	
	TRANSACTION SET HEADER		1	R		>1					ST		1	18	1
ST01	Transaction Set Identifier Code	ID	3-3	R			277						19	3	
ST02	Transaction Set Control Number	AN	4-9	R									22	9	
ST03	Implementation Convention Reference	AN	1-35	R			005010X212						31	35	
	BEGINNING OF HIERARCHICAL TRANSACTION		1	R							BHT		1	18	1
BHT01	Hierarchical Structure Code	ID	4-4	R			0010						19	4	
BHT02	Transaction Set Purpose Code	ID	2-2	R			08						23	2	
BHT03	Originator Application Transaction Identifier	AN	1-50	R									25	50	
BHT04	Transaction Set Creation Date	DT	8-8	R			CCYYMMDD						75	8	
BHT05	Transaction Set Creation Time	TM	4-8	R			HHMM, HHMMSS, HHMMSSD, or HHMMSSDD						83	8	
BHT06	Transaction Type Code	ID	2-2	R			DG						91	2	
	INFORMATION SOURCE LEVEL		1	R	2000A	>1			2000A		HL		1	18	1
HL01	Hierarchical ID Number	AN	1-12	R									19	12	

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

277 5010		X12 Element Attributes							X12 Flat File						
Element Identifier	Description	ID	Min Max	Usage Reg.	Loop	Loop Repeat	Values	X12 Page No.	Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat
									6	4	4	4			
HL02	Hierarchical Parent ID Number	AN	1-12	N/U									31	12	
HL03	Hierarchical Level Code	ID	1-2	R			20						43	2	
HL04	Hierarchical Child Code	ID	1-1	R			1						45	1	
NM1	PAYER NAME		1	R	2100A	1			2100A		NM1		1	18	1
NM101	Entity Identifier Code	ID	2-3	R			PR						19	3	
NM102	Entity Type Qualifier	ID	1-1	R			2						22	1	
NM103	Payer Name	AN	1-60	R									23	60	
NM104	Name First	AN	1-35	N/U									83	35	
NM105	Name Middle	AN	1-25	N/U									118	25	
NM106	Name Prefix	AN	1-10	N/U											
NM107	Name Suffix	AN	1-10	N/U									143	10	
NM108	Identification Code Qualifier	ID	1-2	R			PI, XV						153	2	
NM109	Payer Identifier	AN	2-80	R									155	80	
NM110	Entity Relationship Code	ID	2-2	N/U											
NM111	Entity Identifier Code	ID	2-3	N/U											
NM112	Last Name	AN	1-60	N/U											
PER	PAYER CONTACT INFORMATION		1	S	2100A				2100A		PER		1	18	1
PER01	Contact Function Code	ID	2-2	R			IC						19	2	
PER02	Payer Contact Name	AN	1-60	S									21	60	
PER03	Communication Number Qualifier	ID	2-2	R			ED, EM, TE, FX						81	2	
PER04	Communication Number	AN	1-256	R									83	256	
PER05	Communication Number Qualifier	ID	2-2	S			ED, EM, TE, FX, EX						339	2	
PER06	Communication Number	AN	1-256	S									341	256	
PER07	Communication Number Qualifier	ID	2-2	S			ED, EM, TE, FX, EX						597	2	
PER08	Communication Number	AN	1-256	S									599	256	
PER09	Contact Inquiry Reference	AN	1-20	N/U											
HL	INFORMATION RECEIVER LEVEL		1	R	2000B	>1			2000B		HL		1	18	1
HL01	Hierarchical ID Number	AN	1-12	R									19	12	
HL02	Hierarchical Parent ID Number	AN	1-12	R									31	12	
HL03	Hierarchical Level Code	ID	1-2	R			21						43	2	
HL04	Hierarchical Child Code	ID	1-1	R			0, 1						45	1	
NM1	INFORMATION RECEIVER NAME		1	R	2100B	>1			2100B		NM1		1	18	1
NM101	Entity Identifier Code	ID	2-3	R			41						19	3	
NM102	Entity Type Qualifier	ID	1-1	R			1, 2						22	1	
NM103	Information Receiver Last or Organization Name	AN	1-60	R									23	60	
NM104	Information Receiver First Name	AN	1-35	S									83	35	
NM105	Information Receiver Middle Name	AN	1-25	S									118	25	
NM106	Information Receiver Name Prefix	AN	1-10	N/U											
NM107	Information Receiver Name Suffix	AN	1-10	N/U									143	10	
NM108	Identification Code Qualifier	ID	1-2	R			46						153	2	
NM109	Information Receiver Identification Number	AN	2-80	R									155	80	
NM110	Entity Relationship Code	ID	2-2	N/U											
NM111	Entity Identifier Code	ID	2-3	N/U											
NM112	Last Name	AN	1-60	N/U											
TRN	INFORMATION RECEIVER TRACE IDENTIFIER		1	S	2200B	1			2200B		TRN		1	18	1
TRN01	Referenced Transaction Trace Number	ID	1-2	R			2						19	2	

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

277 5010		X12 Element Attributes							X12 Flat File						
Element Identifier	Description	ID	Min Max	Usage Reg.	Loop	Loop Repeat	Values	X12 Page No.	Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat
TRN02	Claim Transaction Batch Number	AN	1-50	R					6	4	4	4	21	50	
TRN03	Originating Company Identifier	AN	10-10	N/U											
TRN04	Reference Identifier	AN	1-50	N/U											
STC	INFORMATION RECEIVER STATUS INFORMATION		1	R	2200B				2200B		STC		1	18	1
STC01	HEALTH CARE CLAIM STATUS			R											
STC01-1	Health Care Claim Status Category Code	AN	1-30	R			D0, E						19	30	
STC01-2	Health Care Claim Status Code	AN	1-30	R									49	30	
STC01-3	Entity Identifier Code	ID	2-3	S			41, AY, PR						79	3	
STC01-4	Code List Qualifier Code	ID	1-3	N/U									82	3	
STC02	Status Information Effective Date	DT	8-8	R			CCYYMMDD						85	8	
STC03	Action Code	ID	1-2	N/U											
STC04	Monetary Amount	R	1-18	N/U									93	18	
STC05	Monetary Amount	R	1-18	N/U									111	18	
STC06	Date	DT	8-8	N/U									129	8	
STC07	Payment Method Code	ID	3-3	N/U											
STC08	Date	DT	8-8	N/U									137	8	
STC09	Check Number	AN	1-16	N/U									145	16	
STC10	HEALTH CARE CLAIM STATUS			S											
STC10-1	Health Care Claim Status Category Code	AN	1-30	R			D0, E						161	30	
STC10-2	Health Care Claim Status Code	AN	1-30	R									191	30	
STC10-3	Entity Identifier Code	ID	2-3	S			41, AY, PR						221	3	
STC10-4	Code List Qualifier Code	ID	1-3	N/U									224	3	
STC11	HEALTH CARE CLAIM STATUS			S											
STC11-1	Health Care Claim Status Category Code	AN	1-30	R			D0, E						227	30	
STC11-2	Health Care Claim Status Code	AN	1-30	R									257	30	
STC11-3	Entity Identifier Code	ID	2-3	S			41, AY, PR						287	3	
STC11-4	Code List Qualifier Code	ID	1-3	N/U									290	3	
STC12	Free-Form Message Text	AN	1-264	N/U											
HL	SERVICE PROVIDER LEVEL		1	R	2000C	>1			2000C		HL		1	18	1
HL01	Hierarchical ID Number	AN	1-12	R									19	12	
HL02	Hierarchical Parent ID Number	AN	1-12	R									31	12	
HL03	Hierarchical Level Code	ID	1-2	R			19						43	2	
HL04	Hierarchical Child Code	ID	1-1	R			0, 1						45	1	
NM1	PROVIDER NAME		1	R	2100C	2			2100C		NM1		1	18	1
NM101	Entity Identifier Code	ID	2-3	R			1P						19	3	
NM102	Entity Type Qualifier	ID	1-1	R			1, 2						22	1	
NM103	Provider Last or Organization Name	AN	1-60	S									23	60	
NM104	Provider First Name	AN	1-35	S									83	35	
NM105	Provider Middle Name	AN	1-25	S									118	25	
NM106	Provider Name Prefix	AN	1-10	N/U											
NM107	Provider Name Suffix	AN	1-10	S									143	10	
NM108	Identification Code Qualifier	ID	1-2	R			FI, SV, XX						153	2	
NM109	Provider Identifier	AN	2-80	R									155	80	
NM110	Entity Relationship Code	ID	2-2	N/U											
NM111	Entity Identifier Code	ID	2-3	N/U											
NM112	Last Name	AN	1-60	N/U											
TRN	PROVIDER OF SERVICE TRACE IDENTIFIER		1	S	2200C	1			2200C		TRN		1	18	1

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 EDI Flat File Standard:
 ASC X12 005010
 Direction: Outbound

277 5010		X12 Element Attributes							X12 Flat File						
Element Identifier	Description	ID	Min Max	Usage Reg.	Loop	Loop Repeat	Values	X12 Page No.	Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat
TRN01	Current Transaction Trace Number	ID	1-2	R			1		6	4	4	4	19	2	
TRN02	Provider of Service Information Trace Identifier	AN	1-50	R									21	50	
TRN03	Originating Company Identifier	AN	10-10	N/U											
TRN04	Reference Identifier	AN	1-50	N/U											
STC	PROVIDER STATUS INFORMATION		1	R	2200C				2200C		STC		1	18	1
STC01	HEALTH CARE CLAIM STATUS			R											
STC01-1	Health Care Claim Status Category Code	AN	1-30	R			D0, E						19	30	
STC01-2	Health Care Claim Status Code	AN	1-30	R									49	30	
STC01-3	Entity Identifier Code	ID	2-3	S			1P						79	3	
STC01-4	Code List Qualifier Code	ID	1-3	N/U									82	3	
STC02	Status Information Effective Date	DT	8-8	R			CCYYMMDD						85	8	
STC03	Action Code	ID	1-2	N/U											
STC04	Monetary Amount	R	1-18	N/U									93	18	
STC05	Monetary Amount	R	1-18	N/U									111	18	
STC06	Date	DT	8-8	N/U									129	8	
STC07	Payment Method Code	ID	3-3	N/U											
STC08	Date	DT	8-8	N/U									137	8	
STC09	Check Number	AN	1-16	N/U									145	16	
STC10	HEALTH CARE CLAIM STATUS			S											
STC10-1	Health Care Claim Status Category Code	AN	1-30	R			D0, E						161	30	
STC10-2	Health Care Claim Status Code	AN	1-30	R									191	30	
STC10-3	Entity Identifier Code	ID	2-3	S			1P						221	3	
STC10-4	Code List Qualifier Code	ID	1-3	N/U									224	3	
STC11	HEALTH CARE CLAIM STATUS			S											
STC11-1	Health Care Claim Status Category Code	AN	1-30	R			D0, E						227	30	
STC11-2	Health Care Claim Status Code	AN	1-30	R									257	30	
STC11-3	Entity Identifier Code	ID	2-3	S			1P						287	3	
STC11-4	Code List Qualifier Code	ID	1-3	N/U									290	3	
STC12	Free-Form Message Text	AN	1-264	N/U											
HL	SUBSCRIBER LEVEL		1	R	2000D	>1			2000D		HL		1	18	1
HL01	Hierarchical ID Number	AN	1-12	R									19	12	
HL02	Hierarchical Parent ID Number	AN	1-12	R									31	12	
HL03	Hierarchical Level Code	ID	1-2	R			22						43	2	
HL04	Hierarchical Child Code	ID	1-1	R			0, 1						45	1	
NM1	SUBSCRIBER NAME		1	R	2100D	1			2100D		NM1		1	18	1
NM101	Entity Identifier Code	ID	2-3	R			IL						19	3	
NM102	Entity Type Qualifier	ID	1-1	R			1, 2						22	1	
NM103	Subscriber Last Name	AN	1-60	R									23	60	
NM104	Subscriber First Name	AN	1-35	S									83	35	
NM105	Subscriber Middle Name	AN	1-25	S									118	25	
NM106	Subscriber Name Prefix	AN	1-10	N/U											
NM107	Subscriber Name Suffix Identification Code	AN	1-10	S									143	10	
NM108	Qualifier	ID	1-2	R			24, II, MI						153	2	
NM109	Subscriber Identifier	AN	2-80	R									155	80	
NM110	Entity Relationship Code	ID	2-2	N/U											
NM111	Entity Identifier Code	ID	2-3	N/U											
NM112	Last Name	AN	1-60	N/U											

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 EDI Flat File Standard:
 ASC X12 005010
 Direction: Outbound

277 5010		X12 Element Attributes							X12 Flat File						
Element Identifier	Description	ID	Min Max	Usage Reg.	Loop	Loop Repeat	Values	X12 Page No.	Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat
									6	4	4	4			
TRN	CLAIM STATUS TRACKING NUMBER		1	R	2200D	>1			2200D		TRN		1	18	1
TRN01	Referenced Transaction Trace Number	ID	1-2	R			2						19	2	
TRN02	Trace Number	AN	1-50	R									21	50	
TRN03	Originating Company Identifier	AN	10-10	N/U											
TRN04	Reference Identification	AN	1-50	N/U											
STC	CLAIM LEVEL STATUS INFORMATION		1	R	2200D				2200D		STC		1	18	1
STC01	HEALTH CARE CLAIM STATUS			R											
STC01-1	Health Care Claim Status Category Code	AN	1-30	R									19	30	
STC01-2	Health Care Claim Status Code	AN	1-30	R									49	30	
STC01-3	Entity Identifier Code	ID	2-3	S			03, 13, 17, 1E, 1G, 1H, 1I, 1O, 1P, 1Q, 1R, 1S, 1T, 1U, 1V, 1W, 1X, 1Y, 1Z, 28, 2A, 2B, 2D, 2E, 2I, 2K, 2P, 2Q, 2S, 2Z, 30, 36, 3A, 3C, 3D, 3E, 3F, 3G, 3H, 3I, 3J, 3K, 3L, 3M, 3N, 3O, 3P, 3Q, 3R, 3S, 3T, 3U, 3V, 3W, 3X, 3Y, 3Z, 40, 43, 44, 4A, 4B, 4C, 4D, 4E, 4F, 4G, 4H, 4I, 4J, 4L, 4M, 4N, 4O, 4P, 4Q, 4R, 4S, 4U, 4V, 4W, 4X, 4Y, 4Z, 5A, 5B, 5C, 5D, 5E, 5F, 5G, 5H, 5I, 5J, 5K, 5L, 5M, 5N, 5O, 5P, 5Q, 5R, 5S, 5T, 5U, 5V, 5W, 5X, 5Y, 5Z, 61, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H, 6I, 6J continued on next row					79	3		

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 ASC X12 005010
 Direction: Outbound

277 5010		X12 Element Attributes							X12 Flat File						
Element Identifier	Description	ID	Min Max	Usage Reg.	Loop	Loop Repeat	Values	X12 Page No.	Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat
							continued 6K, 6L, 6M, 6N, 6O, 6P, 6Q, 6R, 6S, 6U, 6V, 6W, 6X, 6Y, 71, 72, 73, 74, 77, 7C, 80, 82, 84, 85, 87, 95, CK, CZ, D2, DD, DJ, DK, DN, DO, DQ, E1, E2, E7, E9, FA, FD, FE, G0, G3, GB, GD, GI, GJ, GK, GM, GY, HF, HH, I3, IJ, IL, IN, LI, LR, MR, MSC, OB, OD, OX, P0, P2, P3, P4, P6, P7, PRP, PT, PV, PW, QA, QB, QC, QD, QE, QH, QK, QL, QN, QO, QS, QV, QY, RC, RW, S4, SEP, SJ, SU, T4, TL, TQ, TT, TTP, TU, UH, X3, X4, X5, ZZ end of list		6	4	4	4			
STC01-4	Code List Qualifier Code	ID	1-3	S			RX						82	3	
	Status Information Effective Date	DT	8-8	R			CCYYMMDD						85	8	
STC03	Action Code	ID	1-2	N/U											
STC04	Total Claim Charge Amount S9(7)V99	R	1-18	R									93	18	
STC05	Claim payment Amount S9(7)V99	R	1-18	R									111	18	
STC06	Adjudication or Payment Date	DT	8-8	S			CCYYMMDD						129	8	
STC07	Payment Method Code	ID	3-3	N/U											
STC08	Remittance Date	DT	8-8	S			CCYYMMDD						137	8	
STC09	Remittance Trace Number	AN	1-16	S									145	16	
STC10	HEALTH CARE CLAIM STATUS			S											
STC10-1	Health Care Claim Status Category Code	AN	1-30	R									161	30	
STC10-2	Health Care Claim Status Code	AN	1-30	R									191	30	
STC10-3	Entity Identifier Code	AN	2-3	S									221	3	
STC10-4	Code List Qualifier Code	ID	1-3	S			RX						224	3	
STC11	HEALTH CARE CLAIM STATUS			S											
STC11-1	Health Care Claim Status Category Code	AN	1-30	R									227	30	
STC11-2	Health Care Claim Status Code	AN	1-30	R									257	30	
STC11-3	Entity Identifier Code	ID	2-3	S									287	3	
STC11-4	Code List Qualifier Code	ID	1-3	S			RX						290	3	
STC12	Free-Form Message Text	AN	1-264	N/U											
REF	PAYER CLAIM CONTROL NUMBER		1	S	2200D				2200D		REF		1	18	1
REF01	Reference Identification Qualifier	ID	2-3	R			1K						19	3	
REF02	Payer Claim Control Number	AN	1-50	R									22	50	
REF03	Description	AN	1-80	N/U											
REF04	REFERENCE IDENTIFIER			N/U											
REF	INSTITUTIONAL BILL TYPE IDENTIFICATION		1	S	2200D				2200D		REF		1	18	1

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277 5010		X12 Element Attributes							X12 Flat File						
Element Identifier	Description	ID	Min Max	Usage Reg.	Loop	Loop Repeat	Values	X12 Page No.	Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat
	Reference Identification Qualifier	ID	2-3	R			BLT		6	4	4	4			
REF01	Reference Identification Qualifier	ID	2-3	R			BLT						19	3	
REF02	Bill Type Identifier	AN	1-50	R									22	50	
REF03	Description	AN	1-80	N/U											
REF04	REFERENCE IDENTIFIER			N/U											
REF	PATIENT CONTROL NUMBER		1	S	2200D				2200D		REF		1	18	1
REF01	Reference Identification Qualifier	ID	2-3	R			EJ						19	3	
REF02	Patient Account Number	AN	1-50	R									22	50	
REF03	Description	AN	1-80	N/U											
REF04	REFERENCE IDENTIFIER			N/U											
REF	PHARMACY PRESCRIPTION NUMBER		1	S	2200D				2200D		REF		1	18	1
REF01	Reference Identification Qualifier	ID	2-3	R			XZ						19	3	
REF02	Pharmacy Prescription Number	AN	1-50	R									22	50	
REF03	Description	AN	1-80	N/U											
REF04	REFERENCE IDENTIFIER			N/U											
REF	VOUCHER IDENTIFIER		1	S	2200D				2200D		REF		1	18	1
REF01	Reference Identification Qualifier	ID	2-3	R			VV						19	3	
REF02	Voucher Identifier	AN	1-50	R									22	50	
REF03	Description	AN	1-80	N/U											
REF04	REFERENCE IDENTIFIER			N/U											
REF	CLAIM IDENTIFICATION NUMBER FOR CLEARINGHOUSES AND OTHER TRANSMISSION INTERMEDIARIES		1	S	2200D				2200D		REF		1	18	1
REF01	Reference Identification Qualifier	ID	2-3	R			D9						19	3	
REF02	Clearinghouse Trace Number	AN	1-50	R									22	50	
REF03	Description	AN	1-80	N/U											
REF04	REFERENCE IDENTIFIER			N/U											
DTP	CLAIM SERVICE DATE		1	S	2200D				2200D		DTP		1	18	1
DTP01	Date Time Qualifier	ID	3-3	R			472						19	3	
DTP02	Date Time Period Format Qualifier	ID	2-3	R			DB, RD8						22	3	
DTP03	Claim Service Period	AN	1-35	R			CCYYMMDD, CCYYMMDD-CCYYMMDD						25	35	
SVC	SERVICE LINE INFORMATION		1	S	2220D	>1			2220D		SVC		1	18	1
SVC01	COMPOSITE MEDICAL PROCEDURE IDENTIFIER			R											
SVC01-1	Product/Service ID Qualifier	ID	2-2	R			AD, ER, HC, HP, IV, N4, NU, WK						19	2	
SVC01-2	Service Identification Code	AN	1-48	R									21	48	
SVC01-3	Procedure Modifier	AN	2-2	S									69	2	
SVC01-4	Procedure Modifier	AN	2-2	S									71	2	
SVC01-5	Procedure Modifier	AN	2-2	S									73	2	
SVC01-6	Procedure Modifier	AN	2-2	S									75	2	
SVC01-7	Description	AN	1-80	N/U											
SVC01-8	Product/Service ID	AN	1-48	N/U											
SVC02	Line Item Charge Amount S9(7)V99	R	1-18	R									77	18	
SVC03	Line Item Payment Amount S9(7)V99	R	1-18	R									95	18	
SVC04	Revenue Code	AN	1-48	S									113	48	
SVC05	Quantity	R	1-15	N/U											

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277 5010		X12 Element Attributes							X12 Flat File						
Element Identifier	Description	ID	Min Max	Usage Reg.	Loop	Loop Repeat	Values	X12 Page No.	Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat
SVC06	COMPOSITE MEDICAL PROCEDURE IDENTIFIER			N/U					6	4	4	4			
SVC07	Units of Service Count S9(3)V9	R	1-15	S									161	15	
STC	CLAIM LEVEL STATUS INFORMATION		>1	R	2220D				2220D		STC		1	18	1
STC01	HEALTH CARE CLAIM STATUS			R											
STC01-1	Health Care Claim Status Category Code	AN	1-30	R									19	30	
STC01-2	Health Care Claim Status Code	AN	1-30	R									49	30	
STC01-3	Entity Identifier Code	ID	2-3	S			03, 13, 17, 1E, 1G, 1H, 1I, 1O, 1P, 1Q, 1R, 1S, 1T, 1U, 1V, 1W, 1X, 1Y, 1Z, 28, 2A, 2B, 2D, 2E, 2I, 2K, 2P, 2Q, 2S, 2Z, 30, 36, 3A, 3C, 3D, 3E, 3F, 3G, 3H, 3I, 3J, 3K, 3L, 3M, 3N, 3O, 3P, 3Q, 3R, 3S, 3T, 3U, 3V, 3W, 3X, 3Y, 3Z, 40, 43, 44, 4A, 4B, 4C, 4D, 4E, 4F, 4G, 4H, 4I, 4J, 4L, 4M, 4N, 4O, 4P, 4Q, 4R, 4S, 4U, 4V, 4W, 4X, 4Y, 4Z, 5A, 5B, 5C, 5D, 5E, 5F, 5G, 5H, 5I, 5J, 5K, 5L, 5M, 5N, 5O, 5P, 5Q, 5R, 5S, 5T, 5U, 5V, 5W, 5X, 5Y, 5Z, 61, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H, 6I, 6J continued on next row					79	3		
							continued 6K, 6L, 6M, 6N, 6O, 6P, 6Q, 6R, 6S, 6U, 6V, 6W, 6X, 6Y, 71, 72, 73, 74, 77, 7C, 80, 82, 84, 85, 87, 95, CK, CZ, D2, DD, DJ, DK, DN, DO, DQ, E1, E2, E7, E9, FA, FD, FE, G0, G3, GB, GD, GI, GJ, GK, GM, GY, HF, HH, I3, IJ, IL, IN, LI, LR, MR, MSC, OB, OD, OX, P0, P2, P3, P4, P6, P7, PRP, PT, PV, PW, QA, QB, QC, QD, QE, QH, QK, QL, QN, QO, QS, QV, QY, RC, RW, S4, SEP, SJ, SU, T4, TL, TQ, TT, TTP, TU, UH, X3, X4, X5, ZZ end of list								

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

277 5010		X12 Element Attributes							X12 Flat File						
Element Identifier	Description	ID	Min Max	Usage Reg.	Loop	Loop Repeat	Values	X12 Page No.	Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat
STC01-4	Code List Qualifier Code	ID	1-3	S			RX		6	4	4	4			
STC02	Status Information Effective Date	DT	8-8	R			CCYYMMDD						82	3	
STC03	Action Code	ID	1-2	N/U											
STC04	Monetary Amount S9(7)V99	R	1-18	N/U									93	18	
STC05	Monetary Amount S9(7)V99	R	1-18	N/U									111	18	
STC06	Date	DT	8-8	N/U									129	8	
STC07	Payment Method Code	ID	3-3	N/U											
STC08	Date	DT	8-8	N/U									137	8	
STC09	Check Number	AN	1-16	N/U									145	16	
STC10	HEALTH CARE CLAIM STATUS			S											
STC10-1	Health Care Claim Status Category Code	AN	1-30	R									161	30	
STC10-2	Health Care Claim Status Code	AN	1-30	R									191	30	
STC10-3	Entity Identifier Code	AN	2-3	S									221	3	
STC10-4	Code List Qualifier Code	ID	1-3	S			RX						224	3	
STC11	HEALTH CARE CLAIM STATUS			S											
STC11-1	Health Care Claim Status Category Code	AN	1-30	R									227	30	
STC11-2	Health Care Claim Status Code	AN	1-30	R									257	30	
STC11-3	Entity Identifier Code	ID	2-3	S									287	3	
STC11-4	Code List Qualifier Code	ID	1-3	S			RX						290	3	
STC12	Free-Form Message Text	AN	1-264	N/U											
REF	SERVICE LINE ITEM IDENTIFICATION		1	S	2220D				2220D		REF		1	18	1
REF01	Reference Identification Qualifier	ID	2-3	R			FJ						19	3	
REF02	Line Item Control Number	AN	1-50	R									22	50	
REF03	Description	AN	1-80	N/U											
REF04	REFERENCE IDENTIFIER			N/U											
DTP	SERVICE LINE DATE		1	S	2220D				2220D		DTP		1	18	1
DTP01	Date Time Qualifier	ID	3-3	R			472						19	3	
DTP02	Date Time Period Format Qualifier	ID	2-3	R			R8, RD8						22	3	
DTP03	Service Line Date	AN	1-35	R			CCYYMMDD, CCYYMMDD-CCYYMMDD						25	35	
HL	DEPENDENT LEVEL		1	S	2000E	>1			2000E		HL		1	18	1
HL01	Hierarchical ID Number	AN	1-12	R									19	12	
HL02	Hierarchical Parent ID Number	AN	1-12	R									31	12	
HL03	Hierarchical Level Code	ID	1-2	R			23						43	2	
HL04	Hierarchical Child Code	ID	1-1	N/U									45	1	
NM1	DEPENDENT NAME		1	R	2100E	1			2100E		NM1		1	18	1
NM101	Entity Identifier Code	ID	2-3	R			QC						19	3	
NM102	Entity Type Qualifier	ID	1-1	R			1						22	1	
NM103	Dependent Last Name	AN	1-60	R									23	60	
NM104	Dependent First Name	AN	1-35	S									83	35	
NM105	Dependent Middle Name	AN	1-25	S									118	25	
NM106	Dependent Name Prefix	AN	1-10	N/U											
NM107	Dependent Name Suffix	AN	1-10	S									143	10	
NM108	Identification Code Qualifier	ID	1-2	N/U									153	2	
NM109	Dependent Identifier	AN	2-80	N/U									155	80	
NM110	Entity Relationship Code	ID	2-2	N/U											
NM111	Entity Identifier Code	ID	2-3	N/U											
NM112	Last Name	AN	1-60	N/U											

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

277 5010		X12 Element Attributes							X12 Flat File						
Element Identifier	Description	ID	Min Max	Usage Reg.	Loop	Loop Repeat	Values	X12 Page No.	Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat
									6	4	4	4			
TRN	CLAIM STATUS TRACKING NUMBER		1	R	2200E	>1			2200E		TRN		1	18	1
TRN01	Referenced Transaction Trace Number	ID	1-2	R			2						19	2	
TRN02	Trace Number	AN	1-50	R									21	50	
TRN03	Originating Company Identifier	AN	10-10	N/U											
TRN04	Reference Identification	AN	1-50	N/U											
STC	CLAIM LEVEL STATUS INFORMATION		>1	R	2200E				2200E		STC		1	18	1
STC01	HEALTH CARE CLAIM STATUS			R											
STC01-1	Health Care Claim Status Category Code	AN	1-30	R			<> R						19	30	
STC01-2	Health Care Claim Status Code	AN	1-30	R									49	30	
STC01-3	Entity Identifier Code	ID	2-3	S			03, 13, 17, 1E, 1G, 1H, 1I, 1O, 1P, 1Q, 1R, 1S, 1T, 1U, 1V, 1W, 1X, 1Y, 1Z, 28, 2A, 2B, 2D, 2E, 2I, 2K, 2P, 2Q, 2S, 2Z, 30, 36, 3A, 3C, 3D, 3E, 3F, 3G, 3H, 3I, 3J, 3K, 3L, 3M, 3N, 3O, 3P, 3Q, 3R, 3S, 3T, 3U, 3V, 3W, 3X, 3Y, 3Z, 40, 43, 44, 4A, 4B, 4C, 4D, 4E, 4F, 4G, 4H, 4I, 4J, 4L, 4M, 4N, 4O, 4P, 4Q, 4R, 4S, 4U, 4V, 4W, 4X, 4Y, 4Z, 5A, 5B, 5C, 5D, 5E, 5F, 5G, 5H, 5I, 5J, 5K, 5L, 5M, 5N, 5O, 5P, 5Q, 5R, 5S, 5T, 5U, 5V, 5W, 5X, 5Y, 5Z, 61, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H, 6I, 6J continued on next row					79	3		

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

277 5010		X12 Element Attributes							X12 Flat File						
Element Identifier	Description	ID	Min Max	Usage Reg.	Loop	Loop Repeat	Values	X12 Page No.	Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat
							continued 6K, 6L, 6M, 6N, 6O, 6P, 6Q, 6R, 6S, 6U, 6V, 6W, 6X, 6Y, 71, 72, 73, 74, 77, 7C, 80, 82, 84, 85, 87, 95, CK, CZ, D2, DD, DJ, DK, DN, DO, DQ, E1, E2, E7, E9, FA, FD, FE, G0, G3, GB, GD, GI, GJ, GK, GM, GY, HF, HH, I3, IJ, IL, IN, LI, LR, MR, MSC, OB, OD, OX, P0, P2, P3, P4, P6, P7, PRP, PT, PV, PW, QA, QB, QC, QD, QE, QH, QK, QL, QN, QO, QS, QV, QY, RC, RW, S4, SEP, SJ, SU, T4, TL, TQ, TT, TTP, TU, UH, X3, X4, X5, ZZ end of list		6	4	4	4			
STC01-4	Code List Qualifier Code	ID	1-3	S			RX						82	3	
	Status Information Effective Date	DT	8-8	R			CCYYMMDD						85	8	
STC03	Action Code	ID	1-2	N/U											
STC04	Total Claim Charge Amount S9(7)V99	R	1-18	S									93	18	
STC05	Claim payment Amount S9(7)V99	R	1-18	S									111	18	
STC06	Adjudication or Payment Date	DT	8-8	S			CCYYMMDD						129	8	
STC07	Payment Method Code	ID	3-3	N/U											
STC08	Remittance Date	DT	8-8	S			CCYYMMDD						137	8	
STC09	Remittance Trace Number	AN	1-16	S									145	16	
STC10	HEALTH CARE CLAIM STATUS			S											
STC10-1	Health Care Claim Status Category Code	AN	1-30	R									161	30	
STC10-2	Health Care Claim Status Code	AN	1-30	R									191	30	
STC10-3	Entity Identifier Code	AN	2-3	S									221	3	
STC10-4	Code List Qualifier Code	ID	1-3	S			RX						224	3	
STC11	HEALTH CARE CLAIM STATUS			S											
STC11-1	Health Care Claim Status Category Code	AN	1-30	R									227	30	
STC11-2	Health Care Claim Status Code	AN	1-30	R									257	30	
STC11-3	Entity Identifier Code	ID	2-3	S									287	3	
STC11-4	Code List Qualifier Code	ID	1-3	S			RX						290	3	
STC12	Free-Form Message Text	AN	1-264	N/U											
REF	PAYER CLAIM CONTROL NUMBER		1	S	2200E				2200E		REF		1	18	1
REF01	Reference Identification Qualifier	ID	2-3	R			1K						19	3	
REF02	Payer Claim Control Number	AN	1-50	R									22	50	
REF03	Description	AN	1-80	N/U											
REF04	REFERENCE IDENTIFIER			N/U											
REF	INSTITUTIONAL BILL TYPE IDENTIFICATION		1	S	2200E				2200E		REF		1	18	1

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

277 5010		X12 Element Attributes							X12 Flat File						
Element Identifier	Description	ID	Min Max	Usage Reg.	Loop	Loop Repeat	Values	X12 Page No.	Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat
	Reference Identification Qualifier	ID	2-3	R			BLT		6	4	4	4			
REF01	Reference Identification Qualifier	ID	2-3	R			BLT						19	3	
REF02	Bill Type Identifier	AN	1-50	R									22	50	
REF03	Description	AN	1-80	N/U											
REF04	REFERENCE IDENTIFIER			N/U											
REF	PATIENT CONTROL NUMBER		1	S	2200E				2200E		REF		1	18	1
REF01	Reference Identification Qualifier	ID	2-3	R			EJ						19	3	
REF02	Patient Account Number	AN	1-50	R									22	50	
REF03	Description	AN	1-80	N/U											
REF04	REFERENCE IDENTIFIER			N/U											
REF	PHARMACY PRESCRIPTION NUMBER		1	S	2200E				2200E		REF		1	18	1
REF01	Reference Identification Qualifier	ID	2-3	R			XZ						19	3	
REF02	Pharmacy Prescription Number	AN	1-50	R									22	50	
REF03	Description	AN	1-80	N/U											
REF04	REFERENCE IDENTIFIER			N/U											
REF	VOUCHER IDENTIFIER		1	S	2200E				2200E		REF		1	18	1
REF01	Reference Identification Qualifier	ID	2-3	R			VV						19	3	
REF02	Voucher Identifier	AN	1-50	R									22	50	
REF03	Description	AN	1-80	N/U											
REF04	REFERENCE IDENTIFIER			N/U											
REF	CLAIM IDENTIFICATION NUMBER FOR CLEARINGHOUSES AND OTHER TRANSMISSION INTERMEDIARIES		1	S	2200E				2200E		REF		1	18	1
REF01	Reference Identification Qualifier	ID	2-3	R			D9						19	3	
REF02	Clearinghouse Trace Number	AN	1-50	R									22	50	
REF03	Description	AN	1-80	N/U											
REF04	REFERENCE IDENTIFIER			N/U											
DTP	CLAIM SERVICE DATE		1	S	2200E				2200E		DTP		1	18	1
DTP01	Date Time Qualifier	ID	3-3	R			472						19	3	
DTP02	Date Time Period Format Qualifier	ID	2-3	R			DB, RD8						22	3	
DTP03	Claim Service Period	AN	1-35	R			CCYYMMDD, CCYYMMDD-CCYYMMDD						25	35	
SVC	SERVICE LINE INFORMATION		1	S	2220E	>1			2220E		SVC		1	18	1
SVC01	COMPOSITE MEDICAL PROCEDURE IDENTIFIER			R											
SVC01-1	Product/Service ID Qualifier	ID	2-2	R			AD, ER, HC, HP, IV, N4, NU, WK						19	2	
SVC01-2	Service Identification Code	AN	1-48	R									21	48	
SVC01-3	Procedure Modifier	AN	2-2	S									69	2	
SVC01-4	Procedure Modifier	AN	2-2	S									71	2	
SVC01-5	Procedure Modifier	AN	2-2	S									73	2	
SVC01-6	Procedure Modifier	AN	2-2	S									75	2	
SVC01-7	Description	AN	1-80	N/U											
SVC01-8	Product Service ID	AN	1-80	N/U											
SVC02	Line Item Charge Amount S9(7)V99	R	1-18	R									77	18	
SVC03	Line Item Payment Amount S9(7)V99	R	1-18	R									95	18	
SVC04	Revenue Code	AN	1-48	S									113	48	
SVC05	Quantity	R	1-15	N/U											

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

277 5010		X12 Element Attributes							X12 Flat File						
Element Identifier	Description	ID	Min Max	Usage Reg.	Loop	Loop Repeat	Values	X12 Page No.	Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat
									6	4	4	4			
SVC06	COMPOSITE MEDICAL PROCEDURE IDENTIFIER			N/U											
SVC07	Units of Service Count S9(3)V9	R	1-15	S									161	15	
STC	CLAIM LEVEL STATUS INFORMATION		>1	R	2220E				2220E		STC		1	18	1
STC01	HEALTH CARE CLAIM STATUS			R											
STC01-1	Health Care Claim Status Category Code	AN	1-30	R									19	30	
STC01-2	Health Care Claim Status Code	AN	1-30	R									49	30	
STC01-3	Entity Identifier Code	ID	2-3	S			03, 13, 17, 1E, 1G, 1H, 1I, 1O, 1P, 1Q, 1R, 1S, 1T, 1U, 1V, 1W, 1X, 1Y, 1Z, 28, 2A, 2B, 2D, 2E, 2I, 2K, 2P, 2Q, 2S, 2Z, 30, 36, 3A, 3C, 3D, 3E, 3F, 3G, 3H, 3I, 3J, 3K, 3L, 3M, 3N, 3O, 3P, 3Q, 3R, 3S, 3T, 3U, 3V, 3W, 3X, 3Y, 3Z, 40, 43, 44, 4A, 4B, 4C, 4D, 4E, 4F, 4G, 4H, 4I, 4J, 4L, 4M, 4N, 4O, 4P, 4Q, 4R, 4S, 4U, 4V, 4W, 4X, 4Y, 4Z, 5A, 5B, 5C, 5D, 5E, 5F, 5G, 5H, 5I, 5J, 5K, 5L, 5M, 5N, 5O, 5P, 5Q, 5R, 5S, 5T, 5U, 5V, 5W, 5X, 5Y, 5Z, 61, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H, 6I, 6J continued on next row					79	3		
							continued 6K, 6L, 6M, 6N, 6O, 6P, 6Q, 6R, 6S, 6U, 6V, 6W, 6X, 6Y, 71, 72, 73, 74, 77, 7C, 80, 82, 84, 85, 87, 95, CK, CZ, D2, DD, DJ, DK, DN, DO, DQ, E1, E2, E7, E9, FA, FD, FE, G0, G3, GB, GD, GI, GJ, GK, GM, GY, HF, HH, I3, IJ, IL, IN, LI, LR, MR, MSC, OB, OD, OX, P0, P2, P3, P4, P6, P7, PRP, PT, PV, PW, QA, QB, QC, QD, QE, QH, QK, QL, QN, QO, QS, QV, QY, RC, RW, S4, SEP, SJ, SU, T4, TL, TQ, TT, TTP, TU, UH, X3, X4, X5, ZZ end of list								

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

277 5010		X12 Element Attributes							X12 Flat File						
Element Identifier	Description	ID	Min Max	Usage Reg.	Loop	Loop Repeat	Values	X12 Page No.	Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat
STC01-4	Code List Qualifier Code	ID	1-3	S			RX		6	4	4	4			
STC02	Status Information Effective Date	DT	8-8	R			CCYYMMDD						82	3	
STC03	Action Code	ID	1-2	N/U											
STC04	Total Claim Charge Amount S9(7)V99	R	1-18	N/U									93	18	
STC05	Claim payment Amount S9(7)V99	R	1-18	N/U									111	18	
STC06	Adjudication or Payment Date	DT	8-8	N/U									129	8	
STC07	Payment Method Code	ID	3-3	N/U											
STC08	Remittance Date	DT	8-8	N/U									137	8	
STC09	Remittance Trace Number	AN	1-16	N/U									145	16	
STC10	HEALTH CARE CLAIM STATUS			S											
STC10-1	Health Care Claim Status Category Code	AN	1-30	R									161	30	
STC10-2	Health Care Claim Status Code	AN	1-30	R									191	30	
STC10-3	Entity Identifier Code	AN	2-3	S									221	3	
STC10-4	Code List Qualifier Code	ID	1-3	S			RX						224	3	
STC11	HEALTH CARE CLAIM STATUS			S											
STC11-1	Health Care Claim Status Category Code	AN	1-30	R									227	30	
STC11-2	Health Care Claim Status Code	AN	1-30	R									257	30	
STC11-3	Entity Identifier Code	ID	2-3	S									287	3	
STC11-4	Code List Qualifier Code	ID	1-3	S			RX						290	3	
STC12	Free-Form Message Text	AN	1-264	N/U											
REF	SERVICE LINE ITEM IDENTIFICATION		1	90	2220E				2220E		REF		1	18	1
REF01	Reference Identification Qualifier	ID	2-3	R			FJ						19	3	
REF02	Line Item Control Number	AN	1-50	R									22	50	
REF03	Description	AN	1-80	N/U											
REF04	REFERENCE IDENTIFIER			N/U											
DTP	SERVICE LINE DATE		1	S	2220E				2220E		DTP		1	18	1
DTP01	Date Time Qualifier	ID	3-3	R			472						19	3	
DTP02	Date Time Period Format Qualifier	ID	2-3	R			R8, RD8						22	3	
DTP03	Service Line Date	AN	1-35	R			CCYYMMDD, CCYYMMDD-CCYYMMDD						25	35	
SE	TRANSACTION SET TRAILER		1	R							SE		1	18	1
SE01	Transaction Segment Count	N0	1-10	R									19	10	
SE02	Transaction Set Control Number	AN	4-9	R			Must=ST02						29	9	
GE	FUNCTIONAL GROUP TRAILER		1	R		1					GE		1	18	1
GE01	Number of Transaction Sets Included	N0	1-6	R									19	6	
GE02	Group Control Number	N0	1-9	R			Must=GS06						25	9	
IEA	INTERCHANGE CONTROL TRAILER		1	R		1					IEA		1	18	1
IEA01	Number of Included Functional Groups	N0	1-5	R									19	5	
IEA02	Interchange Control Number	N0	9-9	R			Must=ISA13						24	9	

Transaction Set ID: 276
 EDI Flat File Standard:
 ASC X12 005010
 Direction: Inbound

276 5010		X12 Element Attributes							X12 Flat File						
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values	X12 Page No.	Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat
ISA	INTERCHANGE CONTROL HEADER		1	R		1			6	4	4	4	1	18	1
ISA01	Authorization Information Qualifier	ID	2-2	R			00, 03						19	2	
ISA02	Authorization Information	AN	10-10	R									21	10	
ISA03	Security Information Qualifier	ID	2-2	R			00, 01						31	2	
ISA04	Security Information	AN	10-10	R									33	10	
ISA05	Interchange ID Qualifier	ID	2-2	R			01, 14, 20, 27, 28, 29, 30, 33, ZZ						43	2	
ISA06	Interchange Sender ID	AN	15-15	R									45	15	
ISA07	Interchange ID Qualifier	ID	2-2	R			01, 14, 20, 27, 28, 29, 30, 33, ZZ						60	2	
ISA08	Interchange Receiver ID	AN	15-15	R									62	15	
ISA09	Interchange Date	DT	6-6	R			YYMMDD						77	6	
ISA10	Interchange Time	TM	4-4	R			HHMM						83	4	
ISA11	Repetition Separator	AN	1-1	R									87	1	
ISA12	Interchange Control Version Number	ID	5-5	R			00501						88	5	
ISA13	Interchange Control Number	N0	9-9	R									93	9	
ISA14	Acknowledgement Requested	ID	1-1	R			0, 1						102	1	
ISA15	Usage Indicator	ID	1-1	R			P, T						103	1	
ISA16	Component Element Separator	AN	1-1	R									104	1	
GS	FUNCTIONAL GROUP HEADER		1	R		>1					GS		1	18	1
GS01	Functional Identifier Code	ID	2-2	R			HR						19	2	
GS02	Application Sender Code	AN	2-15	R									21	15	
GS03	Application Receiver Code	AN	2-15	R									36	15	
GS04	Date	DT	8-8	R			CCYYMMDD						51	8	
GS05	Time	TM	4-8	R			HHMM, HHMMSS, HHMMSSD, HHMMSSDD						59	8	
GS06	Group Control Number	N0	1-9	R									67	9	
GS07	Responsible Agency Code	ID	1-2	R			X						76	2	
GS08	Version Identifier Code	AN	1-12	R			005010X212						78	12	
ST	TRANSACTION SET HEADER		1	R		>1					ST		1	18	1
ST01	Transaction Set Identifier Code	ID	3-3	R			276						19	3	
ST02	Transaction Set Control Number	AN	4-9	R									22	9	
ST03	Implementation Convention Reference	AN	1-35	R			005010X212						31	35	
BHT	BEGINNING OF HIERARCHICAL TRANSACTION		1	R		1					BHT		1	18	1
BHT01	Hierarchical Structure Code	ID	4-4	R			0010						19	4	
BHT02	Transaction Set Purpose Code	ID	2-2	R			13						23	2	
BHT03	Reference Identification	AN	1-50	R									25	50	
BHT04	Transaction Set Creation Date	DT	8-8	R			CCYYMMDD						75	8	
BHT05	Transaction Set Creation Time	TM	4-8	R			HHMM, HHMMSS, HHMMSSD, or HHMMSSDD						83	8	
BHT06	Transaction Type Code	ID	2-2	N/U									91	2	
HL	INFORMATION SOURCE LEVEL		1	R	2000A	>1			2000A		HL		1	18	1
HL01	Hierarchical ID Number	AN	1-12	R									19	12	

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276 5010		X12 Element Attributes							X12 Flat File						
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values	X12 Page No.	Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat
HL02	Hierarchical Parent ID Number	AN	1-12	N/U			20						31	12	
HL03	Hierarchical Level Code	ID	1-2	R			1						43	2	
HL04	Hierarchical Child Code	ID	1-1	R									45	1	
NM1	PAYER NAME		1	R	2100A	1			2100A		NM1		1	18	1
NM101	Entity Identifier Code	ID	2-3	R			PR						19	3	
NM102	Entity Type Qualifier	ID	1-1	R			2						22	1	
NM103	Payer Name	AN	1-60	R									23	60	
NM104	Name First	AN	1-35	N/U									83	35	
NM105	Name Middle	AN	1-25	N/U									118	25	
NM106	Name Prefix	AN	1-10	N/U											
NM107	Name Suffix	AN	1-10	N/U									143	10	
NM108	Identification Code Qualifier	ID	1-2	R			PI, XV						153	2	
NM109	Payer Identifier	AN	2-80	R									155	80	
NM110	Entity Relationship Code	ID	2-2	N/U											
NM111	Entity Identifier Code	ID	2-3	N/U											
NM112	Last Name	AN	1-60	N/U											
HL	INFORMATION RECEIVER LEVEL		1	R	2000B	>1			2000B		HL		1	18	1
HL01	Hierarchical ID Number	AN	1-12	R									19	12	
HL02	Hierarchical Parent ID Number	AN	1-12	R									31	12	
HL03	Hierarchical Level Code	ID	1-2	R			21						43	2	
HL04	Hierarchical Child Code	ID	1-1	R			1						45	1	
NM1	INFORMATION RECEIVER NAME		1	R	2100B	1			2100B		NM1		1	18	1
NM101	Entity Identifier Code	ID	2-3	R			41						19	3	
NM102	Entity Type Qualifier	ID	1-1	R			1, 2						22	1	
NM103	Information Receiver Last Name or Organization Name	AN	1-60	S									23	60	
NM104	Information Receiver First Name	AN	1-35	S									83	35	
NM105	Information Receiver Middle Name	AN	1-25	S									118	25	
NM106	Name Prefix	AN	1-10	N/U											
NM107	Information Receiver Name Suffix	AN	1-10	N/U									143	10	
NM108	Identification Code Qualifier	ID	1-2	R			46						153	2	
NM109	Information Receiver Identification Number	AN	2-80	R									155	80	
NM110	Entity Relationship Code	ID	2-2	N/U											
NM111	Entity Identifier Code	ID	2-3	N/U											
NM112	Last Name	AN	1-60	N/U											
HL	SERVICE PROVIDER LEVEL		1	R	2000C	>1			2000C		HL		1	18	1
HL01	Hierarchical ID Number	AN	1-12	R									19	12	
HL02	Hierarchical Parent ID Number	AN	1-12	R									31	12	
HL03	Hierarchical Level Code	ID	1-2	R			19						43	2	
HL04	Hierarchical Child Code	ID	1-1	R			1						45	1	
NM1	PROVIDER NAME		1	R	2100C	2			2100C		NM1		1	18	1
NM101	Entity Identifier Code	ID	2-3	R			1P						19	3	
NM102	Entity Type Qualifier	ID	1-1	R			1, 2						22	1	
NM103	Provider Last or Organization Name	AN	1-60	S									23	60	
NM104	Provider First Name	AN	1-35	S									83	35	
NM105	Provider Middle Name	AN	1-25	S									118	25	
NM106	Provider Name Prefix	AN	1-10	N/U											
NM107	Provider Name Suffix	AN	1-10	S									143	10	
NM108	Identification Code Qualifier	ID	1-2	R			FI, SV, XX						153	2	
NM109	Provider Identifier	AN	2-80	R									155	80	
NM110	Entity Relationship Code	ID	2-2	N/U											
NM111	Entity Identifier Code	ID	2-3	N/U											
NM112	Last Name	AN	1-60	N/U											
HL	SUBSCRIBER LEVEL		1	R	2000D	>1			2000D		HL		1	18	1

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276 5010		X12 Element Attributes							X12 Flat File						
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values	X12 Page No.	Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat
HL01	Hierarchical ID Number	AN	1-12	R									19	12	
HL02	Hierarchical Parent ID Number	AN	1-12	R									31	12	
HL03	Hierarchical Level Code	ID	1-2	R			22						43	2	
HL04	Hierarchical Child Code	ID	1-1	R			0, 1						45	1	
DMG	SUBSCRIBER DEMOGRAPHIC INFORMATION		1	S	2000D				2000D		DMG		1	18	1
DMG01	Date Time Period Format Qualifier	ID	2-3	R			D8						19	3	
DMG02	Subscriber Birth Date	AN	1-35	R			CCYYMMDD						22	35	
DMG03	Subscriber Gender Code	ID	1-1	S			F, M						57	1	
DMG04	Marital Status Code	ID	1-1	N/U											
DMG05	Race or Ethnicity Code	ID	1-1	N/U											
DMG06	Citizenship Status Code	ID	1-2	N/U											
DMG07	Country Code	ID	2-3	N/U											
DMG08	Basis of Verification Code	ID	1-2	N/U											
DMG09	Quantity	R	1-15	N/U											
DMG10	Code List Qualifier Code	ID	1-3	N/U											
DMG11	Industry Code	AN	1-30	N/U											
NM1	SUBSCRIBER NAME		1	R	2100D	1			2100D		NM1		1	18	1
NM101	Entity Identifier Code	ID	2-3	R			IL						19	3	
NM102	Entity Type Qualifier	ID	1-1	R			1, 2						22	1	
NM103	Subscriber Last Name	AN	1-60	R									23	60	
NM104	Subscriber First Name	AN	1-35	S									83	35	
NM105	Subscriber Middle Name	AN	1-25	S									118	25	
NM106	Subscriber Name Prefix	AN	1-10	N/U											
NM107	Subscriber Name Suffix	AN	1-10	S									143	10	
NM108	Identification Code Qualifier	ID	1-2	R			24, II, MI						153	2	
NM109	Subscriber Identifier	AN	2-80	R									155	80	
NM110	Entity Relationship Code	ID	2-2	N/U											
NM111	Entity Identifier Code	ID	2-3	N/U											
NM112	Last Name	AN	1-60	N/U											
TRN	CLAIM STATUS TRACKING NUMBER		1	S	2200D	>1			2200D		TRN		1	18	1
TRN01	Trace Type Code	ID	1-2	R			1						19	2	
TRN02	Trace Number	AN	1-50	R									21	50	
TRN03	Originating Company Identifier	AN	10-10	N/U											
TRN04	Reference Identifier	AN	1-50	N/U											
REF	PAYER CLAIM CONTROL NUMBER		1	S	2200D				2200D		REF		1	18	1
REF01	Reference Identification Qualifier	ID	2-3	R			1K						19	3	
REF02	Payer Claim Control Number	AN	1-50	R									22	50	
REF03	Description	AN	1-80	N/U											
REF04	Reference Identifier			N/U											
REF	INSTITUTIONAL BILL TYPE IDENTIFICATION		1	S	2200D				2200D		REF		1	18	1
REF01	Reference Identification Qualifier	ID	2-3	R			BLT						19	3	
REF02	Bill Type Identifier	AN	1-50	R									22	50	
REF03	Description	AN	1-80	N/U											
REF04	Reference Identifier			N/U											
REF	APPLICATION OR LOCATION SYSTEM IDENTIFIER		1	S	2200D				2200D		REF		1	18	1
REF01	Reference Identification Qualifier	ID	2-3	R			LU						19	3	
REF02	Application or Location System Identifier	AN	1-50	R									22	50	
REF03	Description	AN	1-80	N/U											

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276 5010		X12 Element Attributes							X12 Flat File						
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values	X12 Page No.	Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat
REF04	Reference Identifier			N/U											
REF	GROUP NUMBER		1	S	2200D				2200D		REF		1	18	1
REF01	Reference Identification Qualifier	ID	2-3	R			6P						19	3	
REF02	Group Number	AN	1-50	R									22	50	
REF03	Description	AN	1-80	N/U											
REF04	Reference Identifier			N/U											
REF	PATIENT ACCOUNT NUMBER		1	S	2200D				2200D		REF		1	18	1
REF01	Reference Identification Qualifier	ID	2-3	R			EJ						19	3	
REF02	Patient Account Number	AN	1-50	R									22	50	
REF03	Description	AN	1-80	N/U											
REF04	Reference Identifier			N/U											
REF	PHARMACY PRESCRIPTION NUMBER		1	S	2200D				2200D		REF		1	18	1
REF01	Reference Identification Qualifier	ID	2-3	R			XZ						19	3	
REF02	Pharmacy Prescription Number	AN	1-50	R									22	50	
REF03	Description	AN	1-80	N/U											
REF04	Reference Identifier			N/U											
REF	CLAIM ID FOR CLEARINGHOUSES AND OTHER TRANSMISSION INTERMEDIARIES		1	S	2200D				2200D		REF		1	18	1
REF01	Reference Identification Qualifier	ID	2-3	R			D9						19	3	
REF02	Clearinghouse Trace Number	AN	1-50	R									22	50	
REF03	Description	AN	1-80	N/U											
REF04	Reference Identifier			N/U											
AMT	CLAIM SUBMITTED CHARGES		1	S	2200D				2200D		AMT		1	18	1
AMT01	Amount Qualifier Code	ID	1-3	R			T3						19	3	
AMT02	Total Claim Charge Amount S9(7)V99	R	1-18	R									22	18	
AMT03	Credit/Debit Flag Code	ID	1-1	N/U											
DTP	CLAIM SERVICE DATE		1	S	2200D				2200D		DTP		1	18	1
DTP01	Date Time Qualifier	ID	3-3	R			472						19	3	
DTP02	Date Time Period Format Qualifier	ID	2-3	R			D8, RD8						22	3	
DTP03	Claim Service Period	AN	1-35	R			CCYYMMDD, CCYYMMDD-CCYYMMDD						25	35	
SVC	SERVICE LINE INFORMATION		1	S	2210D	>1			2210D		SVC		1	18	1
SVC01	Composite Medical Procedure Identifier			R											
SVC01-1	Product/Service ID Qualifier	ID	2-2	R			AD, ER, HC, HP, IV, N4, NU, WK						19	2	
SVC01-2	Procedure Code	AN	1-48	R									21	48	
SVC01-3	Procedure Modifier	AN	2-2	S									69	2	
SVC01-4	Procedure Modifier	AN	2-2	S									71	2	
SVC01-5	Procedure Modifier	AN	2-2	S									73	2	
SVC01-6	Procedure Modifier	AN	2-2	S									75	2	
SVC01-7	Description	AN	1-80	N/U											
SVC01-8	Product Service ID	AN	1-48	N/U											
SVC02	Line Item Charge Amount S9(7)V99	R	1-18	R									77	18	
SVC03	Monetary Amount	R	1-18	N/U									95	18	
SVC04	Revenue Code	AN	1-48	S									113	48	
SVC05	Quantity	R	1-15	N/U											
SVC06	Composite Medical Procedure Identifier			N/U											
SVC07	Units of Service Count S9(7)V99	R	1-15	R									161	15	
REF	SERVICE LINE ITEM IDENTIFICATION		1	S	2210D				2210D		REF		1	18	1
REF01	Reference Identification Qualifier	ID	2-3	R			FJ						19	3	
REF02	Line Item Control Number	AN	1-50	R									22	50	

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276 5010		X12 Element Attributes							X12 Flat File						
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values	X12 Page No.	Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat
REF03	Description	AN	1-80	N/U											
REF04	Reference Identifier			N/U											
DTP	SERVICE LINE DATE		1	R	2210D				2210D		DTP		1	18	1
DTP01	Date Time Qualifier	ID	3-3	R			472						19	3	
DTP02	Date Time Period Format Qualifier	ID	2-3	R			D8, RD8						22	3	
DTP03	Service Line Date	AN	1-35	R			CCYYMMDD, CCYYMMDD-CCYYMMDD						25	35	
HL	DEPENDENT LEVEL		1	S	2000E	>1			2000E		HL		1	18	1
HL01	Hierarchical ID Number	AN	1-12	R									19	12	
HL02	Hierarchical Parent ID Number	AN	1-12	R									31	12	
HL03	Hierarchical Level Code	ID	1-2	R			23						43	2	
HL04	Hierarchical Child Code	ID	1-1	N/U									45	1	
DMG	DEPENDENT DEMOGRAPHIC INFORMATION		1	R	2000E				2000E		DMG		1	18	1
DMG01	Date Time Period Format Qualifier	ID	2-3	R			D8						19	3	
DMG02	Patient Birth Date	AN	1-35	R			CCYYMMDD						22	35	
DMG03	Patient Gender Code	ID	1-1	S			F, M						57	1	
DMG04	Marital Status Code	ID	1-1	N/U											
DMG05	Race or Ethnicity Code	ID	1-1	N/U											
DMG06	Citizenship Status Code	ID	1-2	N/U											
DMG07	Country Code	ID	2-3	N/U											
DMG08	Basis of Verification Code	ID	1-2	N/U											
DMG09	Quantity	R	1-15	N/U											
DMG10	Code List Qualifier Code	ID	1-3	N/U											
DMG11	Industry Code	AN	1-30	N/U											
NM1	DEPENDENT NAME		1	R	2100E	>1			2100E		NM1		1	18	1
NM101	Entity Identifier Code	ID	2-3	R			QC						19	3	
NM102	Entity Type Qualifier	ID	1-1	R			1						22	1	
NM103	Patient Last Name	AN	1-60	R									23	60	
NM104	Patient First Name	AN	1-35	S									83	35	
NM105	Patient Middle Name	AN	1-25	S									118	25	
NM106	Patient Name Prefix	AN	1-10	N/U											
NM107	Patient Name Suffix	AN	1-10	S									143	10	
NM108	Identification Code Qualifier	ID	1-2	N/U									153	2	
NM109	Patient Primary Identifier	AN	2-80	N/U									155	80	
NM110	Entity Relationship Code	ID	2-2	N/U											
NM111	Entity Identifier Code	ID	2-3	N/U											
NM112	Last Name	AN	1-60	N/U											
TRN	CLAIM STATUS TRACKING NUMBER		1	R	2200E	>1			2200E		TRN		1	18	1
TRN01	Trace Type Code	ID	1-2	R			1						19	2	
TRN02	Trace Number	AN	1-50	R									21	50	
TRN03	Originating Company Identifier	AN	10-10	N/U											
TRN04	Reference Identification	AN	1-50	N/U											
REF	PAYER CLAIM CONTROL NUMBER		1	S	2200E				2200E		REF		1	18	1
REF01	Reference Identification Qualifier	ID	2-3	R			1K						19	3	
REF02	Payer Claim Control Number	AN	1-50	R									22	50	
REF03	Description	AN	1-80	N/U											
REF04	Reference Identifier			N/U											
REF	INSTITUTIONAL BILL TYPE IDENTIFICATION		1	S	2200E				2200E		REF		1	18	1
REF01	Reference Identification Qualifier	ID	2-3	R			BLT						19	3	
REF02	Bill Type Identifier	AN	1-50	R									22	50	
REF03	Description	AN	1-80	N/U											
REF04	Reference Identifier			N/U											

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276 5010		X12 Element Attributes							X12 Flat File						
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values	X12 Page No.	Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat
REF	APPLICATION OR LOCATION SYSTEM IDENTIFIER		1	S	2200E				2200E		REF		1	18	1
REF01	Reference Identification Qualifier	ID	2-3	R			LU						19	3	
REF02	Application or Location System Identifier	AN	1-50	R									22	50	
REF03	Description	AN	1-80	N/U											
REF04	Reference Identifier			N/U											
REF	GROUP NUMBER		1	S	2200E				2200E		REF		1	18	1
REF01	Reference Identification Qualifier	ID	2-3	R			6P						19	3	
REF02	Group Number	AN	1-50	R									22	50	
REF03	Description	AN	1-80	N/U											
REF04	Reference Identifier			N/U											
REF	PATIENT ACCOUNT NUMBER		1	S	2200E				2200E		REF		1	18	1
REF01	Reference Identification Qualifier	ID	2-3	R			EJ						19	3	
REF02	Patient Account Number	AN	1-50	R									22	50	
REF03	Description	AN	1-80	N/U											
REF04	Reference Identifier			N/U											
REF	PHARMACY PRESCRIPTION NUMBER		1	S	2200E				2200E		REF		1	18	1
REF01	Reference Identification Qualifier	ID	2-3	R			XZ						19	3	
REF02	Pharmacy Prescription Number	AN	1-50	R									22	50	
REF03	Description	AN	1-80	N/U											
REF04	Reference Identifier			N/U											
REF	CLAIM ID FOR CLEARINGHOUSES AND OTHER TRANSMISSION INTERMEDIARIES		1	S	2200E				2200E		REF		1	18	1
REF01	Reference Identification Qualifier	ID	2-3	R			D9						19	3	
REF02	Clearinghouse Trace Number	AN	1-50	R									22	50	
REF03	Description	AN	1-80	N/U											
REF04	Reference Identifier			N/U											
AMT	CLAIM SUBMITTED CHARGES		1	S	2200E				2200E		AMT		1	18	1
AMT01	Amount Qualifier Code	ID	1-3	R			T3						19	3	
AMT02	Total Claim Charge Amount S9(7)V99	R	1-18	R									22	18	
AMT03	Credit/Debit Flag Code	ID	1-1	N/U											
DTP	CLAIM SERVICE DATE		1	S	2200E				2200E		DTP		1	18	1
DTP01	Date Time Qualifier	ID	3-3	R			472						19	3	
DTP02	Date Time Period Format Qualifier	ID	2-3	R			D8, RD8						22	3	
DTP03	Claim Service Period	AN	1-35	R			CCYYMMDD, CCYYMMDD-CCYYMMDD						25	35	
SVC	SERVICE LINE INFORMATION		1	S	2210E	>1			2210E		SVC		1	18	1
SVC01	Composite Medical Procedure Identifier			R											
SVC01-1	Product Service ID	ID	2-2	R			AD, ER, HC, HP, IV, N4, NU, WK						19	2	
SVC01-2	Service Identification Code	AN	1-48	R									21	48	
SVC01-3	Procedure Modifier	AN	2-2	S									69	2	
SVC01-4	Procedure Modifier	AN	2-2	S									71	2	
SVC01-5	Procedure Modifier	AN	2-2	S									73	2	
SVC01-6	Procedure Modifier	AN	2-2	S									75	2	
SVC01-7	Description	AN	1-80	N/U											
SVC01-8	Product Service ID	AN	1-48	N/U											
SVC02	Line Item Charge Amount S9(7)V99	R	1-18	R									77	18	
SVC03	Monetary Amount	R	1-18	N/U									95	18	
SVC04	Revenue Code	AN	1-48	S									113	48	
SVC05	Quantity	R	1-15	N/U											

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276 5010		X12 Element Attributes							X12 Flat File						
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values	X12 Page No.	Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat
SVC06	Composite Medical Procedure Identifier			N/U											
SVC07	Units of Service Count S9(7)V99	R	1-15	R									161	15	
REF	SERVICE LINE ITEM IDENTIFICATION		1	S	2210E		FJ		2210E		REF		1	18	1
REF01	Reference Identification Qualifier	ID	2-3	R									19	3	
REF02	Line Item Control Number	AN	1-50	R									22	50	
REF03	Description	AN	1-80	N/U											
REF04	Reference Identifier			N/U											
DTP	SERVICE LINE DATE		1	R	2210E				2210E		DTP		1	18	1
DTP01	Date Time Qualifier	ID	3-3	R			472						19	3	
DTP02	Date Time Period Format Qualifier	ID	2-3	R			D8, RD8						22	3	
DTP03	Service Line Date	AN	1-35	R			CCYYMMDD, CCYYMMDD-CCYYMMDD						25	35	
SE	TRANSACTION SET TRAILER		1	R							SE		1	18	1
SE01	Transaction Segment Count	N0	1-10	R									19	10	
SE02	Transaction Set Control Number	AN	4-9	R			Must=ST02						29	9	
GE	FUNCTIONAL GROUP TRAILER		1	R		1					GE		1	18	1
GE01	Number of Transaction Sets Included	N0	1-6	R									19	6	
GE02	Group Control Number	N0	1-9	R			Must=GS06						25	9	
IEA	INTERCHANGE CONTROL TRAILER		1	R		1					IEA		1	18	1
IEA01	Number of Included Functional Groups	N0	1-5	R									19	5	
IEA02	Interchange Control Number	N0	9-9	R			Must=ISA13						24	9	