| CMS Manual System |  <br> Human Services (DHHS) |
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| Pub 100-20 One-Time Notification |  <br> Medicaid Services (CMS) |
| Transmittal 605 | Date: November 27, 2009 |
|  | Change Request 6676 |

SUBJECT: Implementation of the Updated Health Insurance Portability and Accountability Act (HIPAA) 005010837 Institutional (837I) Edits and 005010837 Professional (837P) Edits
I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to provide updated edits spreadsheets to specific Part A and Part B (A/B) MACs which are, as of this time, in a position to implement 005010, specifically the following Jurisdictions: J1, J3, J4, J5, J10, J11, J12, J13, and J14, as well as the Common Electronic Data Interchange (CEDI) contractor. Other MACs, not currently in a position to implement 005010, shall provide level of effort estimates only if they will be in a position to become 5010 operational prior to the effective date of this CR. A/B MACs currently in Corrective Action Plan (CAP) or under a protest condition need not reply to this CR at this time. A future CR will address these MAC jurisdictions. Additionally, this CR directs Shared Systems and CEDI to implement the Common Edits Module (CEM) which will reside at the Local Data Center via the attached updated edits spreadsheets.

New / Revised Material
Effective Date: April 1, 2010
Implementation Date: April 5, 2010

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.
II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)

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

| R/N/D | Chapter / Section / Subsection / Title |
| :--- | :--- |
| N/A |  |

## III. FUNDING:

SECTION A: For Fiscal Intermediaries and Carriers: N/A

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.

Entities covered: A/B MACs and CEDI.
IV. ATTACHMENTS:

One-Time Notification
*Unless otherwise specified, the effective date is the date of service.

# Attachment - One-Time Notification 

| Pub. 100-20 | Transmittal: 605 | Date: November 27, 2009 | Change Request: 6676 |
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SUBJECT: Implementation of the Updated Health Insurance Portability and Accountability Act (HIPAA) 005010837 Institutional (837I) Edits and 005010837 Professional (837P) Edits

Effective Date: April 1, 2010
Implementation Date: April 5, 2010

## I. GENERAL INFORMATION

A. Background: The purpose of this CR is to provide updated edits spreadsheets to specific Part A and Part B (A/B) MACs which are, as of this time, in a position to implement 005010, specifically the following Jurisdictions: J1, J3, J4, J5, J10, J11, J12, J13, and J14, as well as the Common Electronic Data Interchange (CEDI) contractor. Other MACs, not currently in a position to implement 005010, shall provide level of effort estimates only if they will be in a position to become 5010 operational prior to the effective date of this CR. A/B MACs currently in Corrective Action Plan (CAP) or under a protest condition need not reply to this CR at this time. A future CR will address these MAC jurisdictions. Additionally, this CR directs Shared Systems and CEDI to implement the Common Edits Module (CEM) which will reside at the Local Data Center via the attached updated edits spreadsheets.

Contractors and shared systems maintainers shall use the attached edits spreadsheets as replacements for the original edits spreadsheets distributed with CRs 6475, 6476, 6610, and 6611 to complete their January 2010 and April 2010 deliverables (business requirements). Contractors are not required to replicate work already done, but are only expected to use the updates to the spreadsheets to build upon their core deliverables from the above listed change requests.

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

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

Note that the Pre-Implementation/CR Review costs will not be funded under the unique funding situation for the 5010/D. 0 project, but instead out of the MAC's pot of hours for Pre-Implementation/CR Review.

The X12 TA1 Interchange Acknowledgment reports the status of the processing of an interchange header and trailer by the address receiver.

The ASC X12 999 Implementation Acknowledgment For Health Care Insurance reports the syntactical and relational analysis of an implementation guideline (TR3), or acknowledges receipt of an error-free transaction set. The attached October 2009 spreadsheets describe the implementation of the 999 by identifying which 999 errors will be accepted via the "Accepted with Errors" 999 and identifying which 999 errors will be rejected via the "Rejected" 999. The "Accepted with Errors" 999 allows for an entire batch of claims not to be rejected
because one or a few claims have syntax errors. Note that under this scenario, any claim that is accepted with a syntax error will be rejected in the CEM.

The attached edits spreadsheets also describe the ASC X12 005010X214 277 Health Care Claim Acknowledgment (277CA) edits used to report the data content status of claim submission transactions (837s). For all edits labeled 277CA, CMS has identified the Claim Status Codes and Claim Status Category Codes to be used when generating either the STC error handling segments or the 277CA flat file. CMS has also identified the need for several new Claim Status Codes to be created by X12, and CMS is currently in the process of requesting those new codes. The spreadsheets also include a column to number the edits (described in a spreadsheet tab) as well as a notation of which 277CAs are generated by the translator, denoted by "T", and which 277CAs are generated by the CEM, denoted by a "C".

CMS expects to implement ASC X12 version 005010 transaction over multiple releases. The intent is for CMS to be ready to exchange ASC X12 version 005010 transactions after December 31, 2010. During the transition period, CMS expects to exchange HIPAA test and production transactions in both 004010A1 and 005010 versions.
B. Policy: The Administrative Simplification provisions of HIPAA require the Secretary of DHHS to adopt standard electronic transactions and code sets for administrative health care transactions. The Secretary may also modify these standards periodically.

## II. BUSINESS REQUIREMENTS TABLE

| Number | Requirement | Responsibility (place an " X " in each applicable column) |  |  |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  | $\begin{aligned} & \mathrm{A} \\ & 1 \\ & \mathrm{~B} \\ & \mathrm{M} \\ & \mathrm{~A} \\ & \mathrm{C} \end{aligned}$ |  | $\begin{aligned} & \mathrm{F} \\ & \mathrm{I} \end{aligned}$ | $\begin{array}{\|c\|} \hline \mathrm{C} \\ \mathrm{~A} \\ \mathrm{R} \\ \mathrm{R} \\ \mathrm{I} \\ \mathrm{E} \\ \mathrm{R} \\ \hline \end{array}$ | $\begin{array}{\|l\|l} \hline \mathrm{R} \\ \mathrm{H} \\ \mathrm{H} \\ \mathrm{I} \end{array}$ | Shared-System Maintainers |  |  |  | OTHER |
|  |  |  |  |  |  |  | $\begin{aligned} & \hline \mathrm{F} \\ & \mathrm{I} \\ & \mathrm{~S} \\ & \mathrm{~S} \end{aligned}$ | $\begin{gathered} \hline \mathrm{M} \\ \mathrm{C} \\ \mathrm{~S} \end{gathered}$ | $\begin{aligned} & \hline \mathrm{V} \\ & \mathrm{M} \\ & \mathrm{~S} \end{aligned}$ | $\begin{gathered} \mathrm{C} \\ \mathrm{~W} \\ \mathrm{~F} \end{gathered}$ |  |
| 6676.1 | Using the attached edits spreadsheets, contractors shall be responsible for creating test data to generate the Medicare defined TA1 at the interchange level and 999 transaction at the functional group and transaction levels. | X |  |  |  |  |  |  |  |  | CEDI |
| 6676.2 | Contractors shall use the attached edits spreadsheet to implement the appropriate TA1 at the interchange level. | X |  |  |  |  |  |  |  |  | CEDI |
| 6676.3 | Using the attached edits spreadsheets, contractors shall generate the "Accepted" 999 at the both the functional group and transaction levels back to the submitter when the front end translator is able to create a syntactically compliant flat file. | X |  |  |  |  |  |  |  |  | CEDI |
| 6676.3.1 | Contractors shall pass the syntactically compliant flat file to the CEM. | X |  |  |  |  |  |  |  |  |  |
| 6676.4 | Using the attached edits spreadsheets, contractors shall generate the "Fully Rejected" 999 at the functional group and transaction levels based on the attached edits spreadsheets. | X |  |  |  |  |  |  |  |  | CEDI |
| 6676.5 | Using the attached edits spreadsheets, contractors shall generate the "Accepted with Errors" 999 at the functional group and transaction levels based on the attached edits spreadsheets. | X |  |  |  |  |  |  |  |  | CEDI |
| 6676.5.1 | Using the attached edits spreadsheets, contractors shall | X |  |  |  |  |  |  |  |  |  |


| Number | Requirement | Responsibility (place an " $X$ " in each applicable column) |  |  |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  | $\begin{aligned} & \mathrm{A} \\ & \text { 1 } \\ & \mathrm{B} \\ & \mathrm{M} \\ & \mathrm{~A} \\ & \mathrm{C} \end{aligned}$ | DME$M$AC | F | $\begin{gathered} \hline \mathrm{C} \\ \mathrm{~A} \\ \mathrm{R} \\ \mathrm{R} \\ \mathrm{I} \\ \mathrm{E} \\ \mathrm{R} \end{gathered}$ | $\begin{gathered} \mathrm{R} \\ \mathrm{H} \\ \mathrm{H} \\ \mathrm{I} \end{gathered}$ | Shared-System Maintainers |  |  |  | OTHER |
|  |  |  |  |  |  |  | $\begin{gathered} \mathrm{F} \\ \mathrm{I} \\ \mathrm{~S} \\ \mathrm{~S} \end{gathered}$ | $\begin{aligned} & \hline \mathrm{M} \\ & \mathrm{C} \\ & \mathrm{~S} \end{aligned}$ | $\begin{gathered} \hline \mathrm{V} \\ \mathrm{M} \\ \mathrm{~S} \end{gathered}$ | $\begin{array}{\|l\|} \hline \mathrm{C} \\ \mathrm{~W} \\ \mathrm{~F} \end{array}$ |  |
|  | insert 277CA STC error records into the respective 837 flat file that will be passed onto the CEM where the CEM will be able to add additional error STC records to be returned to the provider. |  |  |  |  |  |  |  |  |  |  |
| 6676.5.2 | Contractors shall pass the resulting 837 flat file from 6676.5.1 to the CEM. | X |  |  |  |  |  |  |  |  |  |
| 6676.6 | Shared systems shall use the attached updated edits spreadsheets for the implementation of their CEM. |  |  |  |  |  | X | X |  |  |  |
| 6676.6.1 | Contractors shall use the attached edits spreadsheets for the implementation of their edits software. | X |  |  |  |  |  |  |  |  | CEDI |
| 6676.7 | Contractors shall use the attached edits spreadsheets for the development of additional test and use cases as assigned in CR 6600. | X |  |  |  |  |  |  |  |  | CEDI |

## III. PROVIDER EDUCATION TABLE

| Number | Requirement | Responsibility (place an " X " in each applicable column) |  |  |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  | $\begin{array}{\|l\|} \hline \mathrm{A} \\ \text { l } \\ \mathrm{B} \\ \\ \mathrm{M} \\ \mathrm{~A} \\ \mathrm{C} \\ \hline \end{array}$ | $\begin{gathered} \hline \mathrm{D} \\ \mathrm{M} \\ \mathrm{E} \\ \mathrm{M} \\ \mathrm{~A} \\ \mathrm{C} \end{gathered}$ | $\begin{aligned} & \mathrm{F} \\ & \mathrm{I} \end{aligned}$ | $\begin{gathered} \hline \mathrm{C} \\ \mathrm{~A} \\ \mathrm{R} \\ \mathrm{R} \\ \mathrm{I} \\ \mathrm{E} \\ \mathrm{R} \\ \hline \end{gathered}$ | $\begin{gathered} \mathrm{R} \\ \mathrm{H} \\ \mathrm{H} \\ \mathrm{I} \end{gathered}$ | Shared-System Maintainers |  |  |  | OTHER |
|  |  |  |  |  |  |  | $\begin{aligned} & \hline \text { F } \\ & \text { I } \\ & \text { S } \\ & \text { S } \end{aligned}$ | M C S | V M S | $\begin{aligned} & \text { C } \\ & \text { W } \\ & \text { F } \end{aligned}$ |  |
|  | None. |  |  |  |  |  |  |  |  |  |  |

## IV. SUPPORTING INFORMATION

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

| X-Ref | Recommendations or other supporting information: |
| :--- | :--- |
| Requireme |  |
| nt |  |
| Number |  |
|  |  |

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

The attached version 3 of the 837i and 837p edits spreadsheets are a result of an extensive line-by-line comparison made across the institutional and professional transaction spreadsheets. The primary result of the line-by-line comparison was a synchronization of edit disposition and error reporting between the 837i and 837p. When identified, synchronization within line of business was also done. However, we recognize that there are issues that still need to be addressed. Those issues will be addressed in future versions.

NOTE: The synchronization and line-by-line review may have resulted in deleted and/or re-numbered element identifier rows. Contractors will find that the list of changes have been noted in the change log. Contractors should review all changes, but should pay special attention to the following:
NM108 edits;
2320 CAS and 2430 CAS edits;
Global changes to replace many TBD's with actual CSC codes.
Version 3 will become the "BASE" document of which all future modifications will result in edit row additions and/or deactivations of existing element identifier rows. Deactivated edit rows will no longer be deleted from the spreadsheet, but will be identified as deactivated or they will be hidden.

## V. CONTACTS

Pre-Implementation Contact(s): Matt Klischer, Matthew.Klischer@cms.hhs.gov, 410.786.7488 Brian Reitz, Brian.Reitz@cms.hhs.gov, 410.786.5001

Post-Implementation Contact(s): Matt Klischer, Matthew.Klischer@cms.hhs.gov, 410.786.7488 Brian Reitz, Brian.Reitz@cms.hhs.gov, 410.786.5001

## VI. FUNDING

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

## 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.

|  | If alternative formats of the 5010 Edits spreadsheet are required, please use the "Submit Feedback" feature at the bottom of the Technical Documentatir documents were downloaded. |  |  |  |  |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | http://www.cms.hhs.gov/MFFS5010D0/20 Technical\%20Documentation.asp\#TopOfPage |  |  |  |  |  |  |  |  |  |  |  |
| Edit Reference | Segment or Element | Description | ID | Min. <br> Max. | Usage Req. | Loop | Loop Repeat | 4010A1 <br> Values | 5010 Values |  | Accept/Rej ect | Disposition / Error Code |
| X222.C3.ISA. 010 | ISA | INTERCHANGE CONTROL HEADER |  | 1 | R |  | 1 |  |  | TA1 | R | TA105: 024 "Invalid Interchange Content". |
| X222.C3..ISA. 020 | ISA |  |  |  |  |  |  |  |  | TA1 | R | TA105: 024 "Invalid Interchange Content". |
| X222.C3..ISA01.010 | ISA01 | Authorization Information Qualifier | ID | 2-2 | R |  |  | 00, 03 | 00, 03 | TA1 | R | TA105: 010 "Invalid Authorization Information Qualifier Value". |
| X222.C3.ISA01.020 | ISA01 |  |  |  |  |  |  |  |  | TA1 | R | TA105: 010 "Invalid Authorization Information Qualifier Value". |
| X222.C3.ISA02.010 | ISA02 | Authorization Information | AN | 10-10 | R |  |  |  |  | TA1 | R | TA105: 011 "Invalid Authorization Information Value". |
| X222.C3.ISA02.020 | ISA02 |  |  |  |  |  |  |  |  | TA1 | R | TA105: 011 "Invalid Authorization Information Value". |
| X222.C3.ISA02.030 | ISA02 |  |  |  |  |  |  |  |  | TA1 | R | TA105: 011 "Invalid Authorization Information Value". |
| X222.C3..ISA03.010 | ISA03 | Security Information Qualifier | ID | 2-2 | R |  |  | 00, 01 | 00, 01 | TA1 | R | TA105: 012 "Security Information Qualifier Value". |
| X222.C3.ISA03.020 | ISA03 |  |  |  |  |  |  |  |  | TA1 | R | TA105: 012 "Security Information Qualifier Value". |
| X222.C3.ISA04.010 | ISA04 | Security Information | AN | 10-10 | R |  |  |  |  | TA1 | R | TA105: 013 "Security Information Value". |
| X222.C3.ISA04.020 | ISA04 |  |  |  |  |  |  |  |  | TA1 | R | TA105: 013 "Security Information Value". |
| X222.C3..ISA04.030 | ISA04 |  |  |  |  |  |  |  |  | TA1 | R | TA105: 013 "Security Information Value". |
| X222.C3..ISA05.010 | ISA05 | Interchange ID Qualifier | ID | 2-2 | R |  |  | $\begin{aligned} & \hline 01,14,20, \\ & 27,28,29, \\ & 30,33, \mathrm{zz} \\ & \hline \end{aligned}$ | $\begin{gathered} 01,14,20,27,28, \\ 29,30,33, z z \end{gathered}$ | TA1 | R | TA105: 005 "Invalid Interchange ID Qualifier for Sender". |
| X222.C3.ISA05.020 | ISA05 |  |  |  |  |  |  |  |  | TA1 | R | TA105: 005 "Invalid Interchange ID Qualifier for Sender". |
| X222.C3..ISA06.010 | ISA06 | Interchange Sender ID | AN | 15-15 | R |  |  |  |  | TA1 | R | TA105: 006 "Invalid Interchange Sender ID". |
| X222.C3..ISA06.020 | ISA06 |  |  |  |  |  |  |  |  | TA1 | R | TA105: 006 "Invalid Interchange Sender ID" |
| X222.C3..ISA06.030 | ISA06 |  |  |  |  |  |  |  |  | TA1 | R | TA105: 006 "Invalid Interchange Sender ID". |
| X222.C3..ISA06.040 | ISA06 |  |  |  |  |  |  |  |  | TA1 | R | TA105: 006 "Invalid Interchange Sender ID". |
| X222.C3.ISA07.010 | ISA07 | Interchange ID Qualifier | ID | 2-2 | R |  |  | $\begin{aligned} & \hline 01,14,20, \\ & 27,28,29, \\ & 30,33, \mathrm{zz} \\ & \hline \end{aligned}$ | $\begin{gathered} 01,14,20,27,28, \\ 29,30,33, z z \end{gathered}$ | TA1 | R | TA105: 007 "Invalid Interchange ID Qualifier for Receiver". |
| X222.C3.ISA07.020 | ISA07 |  |  |  |  |  |  |  |  | TA1 | R | TA105: 007 "Invalid Interchange ID Qualifier for Receiver". |
| X222.C3..ISA08.010 | ISA08 | Interchange Receiver ID | AN | 15-15 | R |  |  |  |  | TA1 | R | TA105: 008 "Invalid Interchange Receiver ID". |
| X222.C3.ISA08.020 | ISA08 |  |  |  |  |  |  |  |  | TA1 | R | TA105: 008 "Invalid Interchange Receiver ID". |
| X222.C3.ISA08.030 | ISA08 |  |  |  |  |  |  |  |  | TA1 | R | TA105: 008 "Invalid Interchange Receiver ID". |
| X222.C3..ISA08.040 | ISA08 |  |  |  |  |  |  |  |  | TA1 | R | TA105: 008 "Invalid Interchange Receiver ID". |
| X222.C3..ISA09.010 | ISA09 | Interchange Date | DT | 6-6 | R |  |  | YYMMDD | YYMMDD | TA1 | R | TA105: 014 "Invalid Interchange Date Value". |

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Professional Edits


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| X222.C7..GS02.040 | GS02 |  |  |  |  |  |  |  | 999 R |  | AK905: 14 "Unknown Security Orig̣inator". <br> AK905: 13 "Unknown Security Recipient". |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X222.C7..GS03.010 | GS03 | Application Receiver Code | AN | 2-15 | R |  | CCYYMMDD |  | 999 | R |  |
| X222.C7..GS03.020 | GS03 |  |  |  |  |  |  |  | 999 | R | AK905: 13 "Unknown Security Recipient". |
| X222.C7..GS03.030 | GS03 |  |  |  |  |  |  |  | 999 | R | AK905: 13 "Unknown Security Recipient". |
| X222.C7..GS03.040 | GS03 |  |  |  |  |  |  |  | 999 | R | AK905: 13 "Unknown Security Recipient". |
| X222.C7..GS04.010 | GS04 | Date | DT | 8-8 | R |  |  | CCYYMMDD | TA1 | R | TA105: 024 Invalid GS Segment |
| X222.C7..GS04.020 | GS04 |  |  |  |  |  |  |  | TA1 | R | TA105: 024 Invalid GS Segment |
| X222.C7..GS04.030 | GS04 |  |  |  |  |  |  |  | TA1 | R | TA105: 024 Invalid GS Segment |
| X222.C7..GS05.010 | GS05 | Time | TM | 4-8 | R |  |  | HHMM | TA1 | R | TA105: 024 Invalid GS Segment |
| X222.C7..GS05.020 | GS05 |  |  |  |  |  |  |  | TA1 | R | TA105: 024 Invalid GS Segment |
| X222.C7..GS06.010 | GS06 | Group Control Number | NO | 1-9 | R |  | X |  | 999 | R | AK905: 6 "Group Control Number Violates Syntax". |
| X222.C7..GS06.020 | GS06 |  |  |  |  |  |  |  | 999 | R | AK905: 6 "Group Control Number Violates Syntax". |
| X222.C7..GS06.030 | GS06 |  |  |  |  |  |  |  | 999 | R | AK905: 6 "Group Control Number Violates Syntax". |
| X222.C7..GS06.040 | GS06 |  |  |  |  |  |  |  | 999 | R | AK905: 6 "Group Control Number Violates Syntax". |
| X222.C7..GS06.050 | GS06 |  |  |  |  |  |  |  | 999 | R | AK905: 19 "Functional Group Control Number not Unique within Interchange. |
| X222.C7..GS07.010 | GS07 | Responsible Agency Code | ID | 1-2 | R |  | $\begin{array}{\|c\|} \hline 004010 \times 098 \\ \text { A1 } \\ \hline \end{array}$ | X | 999 | R | TA105: 024 Invalid GS Segment |
| X222.C7..GS07.020 | GS07 |  |  |  |  |  |  |  | 999 | R | TA105: 024 Invalid GS Segment |
| X222.C7..GS08.010 | GS08 | Version Identifier Code | AN | 1-12 | R |  |  | 005010X222 | 999 | R | AK905: 2 "Functional Group Version Not Supported" |
| X222.C7..GS08.020 | GS08 |  |  |  |  |  |  |  | 999 | R | AK905: 2 "Functional Group Version Not Supported" |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  | ST | Transaction Sets |  |  |  | >1 |  |  |  |  |  |
| X222.070..ST. 010 | ST | TRANSACTION SET HEADER |  | 1 | R | >1 |  |  | 999 | R | IK502: 6 "Missing or Invalid Transaction Set Identifier". |
| X222.070..ST. 020 | ST |  |  |  |  |  |  |  | 999 | R | IK502: 1 "Transaction Set Not Supported". |
| X222.070..ST01.010 | ST01 | Transaction Set Identifier Code | ID | 3-3 | R |  | 837 | 837 | 999 | R | IK502: 6 "Missing or Invalid Transaction Set Identifier". |
| X222.070..ST01.020 | ST01 |  |  |  |  |  |  |  | 999 | R | IK502: 6 "Missing or Invalid Transaction Set Identifier". |
| X222.070..ST02.010 | ST02 | Transaction Set Control Number | AN | 4-9 | R |  |  |  | 999 | R | IK502: 7 "Missing or Invalid Transaction Set Control Number". |
| X222.070..ST02.020 | ST02 |  |  |  |  |  |  |  | 999 | R | IK502: 7 "Missing or Invalid Transaction Set Control Number". |
| X222.070..ST02.030 | ST02 |  |  |  |  |  |  |  | 999 | R | IK502: 7 "Missing or Invalid Transaction Set Control Number". |
| X222.070..ST02.040 | ST02 |  |  |  |  |  |  |  | 999 | R | IK502: 7 "Missing or Invalid Transaction Set Control Number". |
| X222.070..ST02.050 | ST02 |  |  |  |  |  |  |  | 999 | R | IK502: 23 "Transaction Set Control Number Not Unique within the Functional Group". |
| X222.070..ST03.010 | ST03 | $\begin{array}{l}\text { Implementation Guide Version } \\ \text { Name }\end{array}$ | AN | 1-35 | R |  |  |  | 999 | R | IK502: 16 "Implementation Convention Not Supported". |



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| X222.074.1000A.NM109.030 | NM109 |  |  |  |  |  |  |  | 999 | E | IK403 = 4: "Data Element Too Short" IK403 = 5: "Data Element Too Long" |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X222.074.1000A.NM109.040 | NM109 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid" CSC 560: "Entity's Additional/Secondary Identifier" FIC. 41 Submitter |
| X222.074.1000A.NM109.050 | NM109 |  |  |  |  |  |  |  | 999 | E | IK403 = 6: "Invalid Character in Data Element" |
| X222.074.1000A.NM109.060 | NM109 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 511: "Invalid character" CSC 560: "Entity's Additional/Secondary Identifier" FIC. 41 Submitter |
| X222.074.1000A.NM109.070 | NM109 |  |  |  |  |  |  |  | 277 | C | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 24: "Entity not approved as an electronic submitter" |
| X222.074.1000A.NM110.010 | NM110 | Entity Relationship Code | ID | 2-2 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" |
| X222.074.1000A.NM111.010 | NM111 | Entity Identifier Code | ID | 2-3 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" |
| X222.074.1000A.NM112.010 | NM112 | Name Last or Organization Name | AN | 1-60 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" |
|  |  |  |  |  |  |  |  |  |  |  |  |
| X222.076.1000A.PER. 010 | PER | SUBMITTER EDI CONTACT INFORMATION |  | 2 | R | 1000A |  |  | 999 | R | IK304 = 3: "Required Segment Missing" |
| X222.076.1000A.PER. 020 | PER | SUBMITTER EDI CONTACT INFORMATION |  |  |  |  |  |  | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" |
| X222.076.1000A.PER01.010 | PER01 | Contact Function Code | ID | 2-2 | R |  | IC | IC | 999 | R | IK403 = 1: "Required Data Element Missing" |
| X222.076.1000A.PER01.020 | PER01 |  |  |  |  |  |  |  | 999 | R | IK403 = 7: "Invalid Code Value" |
| X222.076.1000A.PER02.010 | PER02 | Submitter Contact Name | AN | 1-60 | S |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" |
| X222.076.1000A.PER02.020 | PER02 |  |  |  |  |  |  |  | 999 | E | IK403 = I12: "Implementation Pattern Match Failure" |
| X222.076.1000A.PER02.030 | PER02 |  |  |  |  |  |  |  | 277 | T | CSCC: A8 "Acknowledgement / Rejected for relational field..." CSC 561: "Entity's Contact Name" CSC 504: "Entity's Last Name" FIC. 41 Submitter |
| X222.076.1000A.PER02.040 | PER02 |  |  |  |  |  |  |  | 999 | E | IK403 = I13: "Implementation <br> Dependent "Not Used" Data Element Present" |
| X222.076.1000A.PER02.050 | PER02 |  |  |  |  |  |  |  | 277 | T | CSCC A8 "Acknowledgement / Rejected for relational field..." CSC 561: "Entity's Contact Name" ElC: 41 Submitter |
| X222.076.1000A.PER02.060 | PER02 |  |  |  |  |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" |
| X222.076.1000A.PER02.070 | PER02 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid" CSC 561: "Entity's Contact Name" FIC: 41 Submitter |
| X222.076.1000A.PER02.080 | PER02 |  |  |  |  |  |  |  | 999 | E | IK403 = 6: "Invalid Character in Data Element" |

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| X222.076.1000A.PER02.090 | PER02 |  |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 511: "Invalid character" CSC 561: "Entity's Contact Name" EIC: 41 Submitter |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X222.076.1000A.PER03.010 | PER03 | Communication Number Qualifier | ID | 2-2 | R |  |  | $\begin{gathered} \hline \mathrm{ED}, \mathrm{EM}, \mathrm{FX} . \\ \mathrm{TE} \\ \hline \end{gathered}$ | EM, FX. TE | 999 | R | IK403 = 1: "Required Data Element Missing" |
| X222.076.1000A.PER03.020 | PER03 |  |  |  |  |  |  |  |  | 999 | R | IK403 = 7: "Invalid Code Value" |
| X222.076.1000A.PER04.010 | PER04 | Communication Number | AN | 1-256 | R |  |  |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" |
| X222.076.1000A.PER04.020 | PER04 |  |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" |
| X222.076.1000A.PER04.030 | PER04 |  |  |  |  |  |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" |
| X222.076.1000A.PER04.040 | PER04 |  |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length Invalid" CSC 127: "Entity's Phone Number" EIC: 41 Submitter |
| X222.076.1000A.PER04.050 | PER04 |  |  |  |  |  |  |  |  | 999 | E | \|K403 = 6: "Invalid Character in Data Element" |
| X222.076.1000A.PER04.060 | PER04 |  |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 511: "Invalid character" CSC 127: "Entitv's Phone Number" |
| X222.076.1000A.PER05.010 | PER05 | Communication Number Qualifier | ID | 2-2 | S |  |  | $\begin{gathered} \hline \text { ED, EM, EX, } \\ \text { FX, TE } \\ \hline \end{gathered}$ | EM, EX, FX, TE | 999 | R | IK403 = 7: "Invalid Code Value" |
| X222.076.1000A.PER05.020 | PER05 |  |  |  |  |  |  |  |  | 999 | R | IK403 = 7: "Invalid Code Value" |
| X222.076.1000A.PER06.010 | PER06 | Communication Number | AN | 1-256 | S |  |  |  |  | 999 | R | IK403 = 2 "Conditional Required Data Element Missing" |
| X222.076.1000A.PER06.020 | PER06 |  |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" |
| X222.076.1000A.PER06.030 | PER06 |  |  |  |  |  |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" |
| X222.076.1000A.PER06.040 | PER06 |  |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information...' CSC 512: "Length Invalid" CSC 127: "Entity's Phone Number" EIC: 41 Submitter |
| X222.076.1000A.PER06.050 | PER06 |  |  |  |  |  |  |  |  | 999 | E | IK403 = 6: "Invalid Character in Data Element" |
| X222.076.1000A.PER06.060 | PER06 |  |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 511: "Invalid character" CSC 127: "Entity's Phone Number" EIC: 41 Submitter |
| X222.076.1000A.PER07.010 | PER07 | Communication Number Qualifier | ID | 2-2 | S |  |  | $\begin{gathered} \text { ED, EM, EX } \\ \text { FX, TE } \\ \hline \end{gathered}$ | EM, EX, FX, TE | 999 | R | IK403 = 10: "Exclusion Condition Violated" |
| X222.076.1000A.PER07.020 | PER07 |  |  |  |  |  |  |  |  | 999 | R | IK403 = 7: "Invalid Code Value" |
| X222.076.1000A.PER07.030 | PER07 |  |  |  |  |  |  |  |  | 999 | R | IK403 = 7: "Invalid Code Value" |
| X222.076.1000A.PER08.010 | PER08 | Communication Number | AN | 1-256 | S |  |  |  |  | 999 | R | IK403 = 2 "Conditional Required Data Element Missing" |
| X222.076.1000A.PER08.020 | PER08 |  |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" |
| X222.076.1000A.PER08.030 | PER08 |  |  |  |  |  |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" |
| X222.076.1000A.PER08.040 | PER08 |  |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length Invalid" CSC 127: "Entity's Phone Number" EIC: 41 Submitter |

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| X222.076.1000A.PER08.050 | PER08 |  |  |  |  |  |  |  |  | 999 E |  | IK403 = 6: "Invalid Character in Data Element" |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X222.076.1000A.PER08.060 | PER08 |  |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 511: "Invalid character" CSC 127: "Entity's Phone Number" FIC: 41 Submitter |
| X222.076.1000A.PER09.010 | PER09 | Contact Inquiry Reference | AN | 1-20 | N/U |  |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
| X222.079.1000B.. 010 |  | RECEIVER NAME Loop |  | 1 | R | 1000B | 1 |  |  | 999 | R | IK304 = 4: "Loop Occurs Over Maximum Times" |
| X222.079.1000B.NM1.010 | NM1 | RECEIVER NAME |  |  |  |  |  |  |  | 999 | R | IK304 = 3: "Required Segment Missing" |
| X222.079.1000B.NM101.010 | NM101 | Entity Identifier Code | ID | 2-3 | R |  |  | 40 | 40 | 999 | R | IK403 = 1: "Required Data Element Missing" |
| X222.079.1000B.NM101.020 | NM101 |  |  |  |  |  |  |  |  | 999 | R | IK403 = 7: "Invalid Code Value" |
| X222.079.1000B.NM102.010 | NM102 | Entity Type Qualifier | ID | 1-1 | R |  |  | 2 | 2 | 999 | R | IK403 = 1: "Required Data Element Missing" |
| X222.079.1000B.NM102.020 | NM102 |  |  |  |  |  |  |  |  | 999 | R | IK403 = 7: "Invalid Code Value" |
| X222.079.1000B.NM103.010 | NM103 | Receiver Name | AN | 1-60 | R |  |  |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" |
| X222.079.1000B.NM103.020 | NM103 |  |  |  |  |  |  |  |  | 999 | R | IK403 = 5: "Data Element Too Long" |
| X222.079.1000B.NM103.030 | NM103 |  |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" |
| X222.079.1000B.NM103.040 | NM103 |  |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" |
| X222.079.1000B.NM104.010 | NM104 | Name First | AN | 1-35 | N/U |  |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" |
| X222.079.1000B.NM105.010 | NM105 | Name Middle | AN | 1-25 | N/U |  |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" |
| X222.079.1000B.NM106.010 | NM106 | Name Prefix | AN | 1-10 | N/U |  |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" |
| X222.079.1000B.NM107.010 | NM107 | Name Suffix | AN | 1-10 | N/U |  |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" |
| X222.079.1000B.NM108.010 | NM108 | Identification Code Qualifier | ID | 1-2 | R |  |  | 46 | 46 | 999 | R | IK403 = 1: "Required Data Element Missing" |
| X222.079.1000B.NM108.020 | NM108 |  |  |  |  |  |  |  |  | 999 | R | IK403 = 7: "Invalid Code Value" |
| X222.079.1000B.NM109.010 | NM109 | Receiver Primary Identifier | AN | 2-80 | R |  |  |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" |
| X222.079.1000B.NM110.010 | NM110 | Entity Relationship Code | ID | 2-2 | N/U |  |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" |
| X222.079.1000B.NM111.010 | NM111 | Entity Identifier Code | ID | 2-3 | N/U |  |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" |
| X222.079.1000B.NM112.010 | NM112 | Name Last or Organization Name | AN | 1-60 | N/U |  |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
| X222.081.2000A. 010 |  | BILLING PROVIDER Loop |  |  |  | 2000A | >1 |  |  | 999 | R | IK304 = 17: "Implementation Loop Occurs Under Minimum Times" |
| X222.081.2000A.. 020 |  | BILLING PROVIDER HIERARCHICAL LEVEL |  |  |  | 2000A | 1 |  |  | 999 | R | IK304 = 4: "Loop Occurs Over Maximum Times" |
| X222.081.2000A.HL. 010 | HL | BILLING PROVIDER HIERARCHICAL LEVEL |  | 1 | R | 2000A | 1 |  |  | 999 | R | IK304 = 3: "Required Segment Missing" |
| X222.081.2000A.HL. 020 | HL |  |  |  |  |  |  |  |  | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" |
| X222.081.2000A.HL01.010 | HLO1 | Hierarchical ID Number | AN | 1-12 | R |  |  |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" |
| X222.081.2000A.HL01.020 | HLO1 |  |  |  |  |  |  |  |  | 999 | R | IK403 = 5: "Data Element Too Long" |



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| X222.087.2010AA.NM103.030 | NM103 |  |  |  |  |  |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" |
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| X222.087.2010AA.NM103.040 | NM103 |  |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length Invalid" CSC 504: "Entity's Last Name" FIC. 85 Billina Provider |
| X222.087.2010AA.NM103.050 | NM103 |  |  |  |  |  |  |  |  | 999 | E | IK403 = 6: "Invalid Character in Data Element" |
| X222.087.2010AA.NM103.060 | NM103 |  |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 511: "Invalid character" CSC 504: "Entity's Last Name" FIC: 85 Billina-Provider |
| X222.087.2010AA.NM104.010 | NM104 | Billing Provider First Name | AN | 1-35 | S |  |  |  |  | 999 | E | IK403 = I13: "Implementation Dependent "Not Used" Data Element Present" |
| X222.087.2010AA.NM104.020 | NM104 |  |  |  |  |  |  |  |  | 277 | T | CSCC: A8 "Acknowledgement / Rejected for relational field. CSC 505: "Entity's First Name" |
| X222.087.2010AA.NM104.030 | NM104 |  |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" |
| X222.087.2010AA.NM104.040 | NM104 |  |  |  |  |  |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" |
| X222.087.2010AA.NM104.050 | NM104 |  |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement Rejected for Invalid Information..." CsC 512: "Length invalid" CSC 505: "Entity's First Name" EIC: 85 Billina Provider |
| X222.087.2010AA.NM104.060 | NM104 |  |  |  |  |  |  |  |  | 999 | E | IK403 = 6: "Invalid Character in Data Element" |
| X222.087.2010AA.NM104.070 | NM104 |  |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information... CSC 511: "Invalid character" CSC 505: "Entity's First Name" ElC: 85 Billing Provider |
| X222.087.2010AA.NM105.010 | NM105 | Billing Provider Middle Name | AN | 1-25 | S |  |  |  |  | 999 | E | IK403 = I13: "Implementation Dependent "Not Used" Data Element Present" |
| X222.087.2010AA.NM105.020 | NM105 |  |  |  |  |  |  |  |  | 277 | T | $\begin{array}{\|l} \hline \text { CSCC: A8 "Acknowledgement / } \\ \text { Rejected for relational field..." } \\ \text { CSC 514: "Entity's Middle Name" } \\ \hline \end{array}$ |
| X222.087.2010AA.NM105.030 | NM105 |  |  |  |  |  |  |  |  | 999 | R | $\begin{aligned} & \text { IK403 = 6: "Invalid Character in Data } \\ & \text { Element" } \end{aligned}$ |
| X222.087.2010AA.NM105.040 | NM105 |  |  |  |  |  |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" |
| X222.087.2010AA.NM105.050 | NM105 |  |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information... CSC 512: "Length invalid" CSC 514: "Entity's Middle Name" FIC. 85 Billing Provider |
| X222.087.2010AA.NM105.060 | NM105 |  |  |  |  |  |  |  |  | 999 | E | IK403 = 6: "Invalid Character in Data Element" |
| X222.087.2010AA.NM105.070 | NM105 |  |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information... CSC 511: "Invalid character" CSC 514: "Entity's Middle Name" EIC: 85 Billina Provider |
| X222.087.2010AA.NM106.010 | NM106 | Name Prefix | AN | 1-10 | N/U |  |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" |
| X222.087.2010AA.NM107.010 | NM107 | Billing Provider Name Suffix | AN | 1-10 | S |  |  |  |  | 999 | E | IK403 = I13: "Implementation Dependent "Not Used" Data Element Present" |

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| X222.092.2010AA.N401.030 | N401 |  |  |  |  |  |  |  | 999 | E | IK403 = 4: "Data Element Too Short" <br> IK403 = 5: "Data Element Too Long" |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X222.092.2010AA.N401.040 | N401 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement <br> /Rejected for Invalid Information..." <br> CSC 512: "Length Invalid" <br> CSC 502: "Entity's City" <br> FIC: 85 Billing Provider |
| X222.092.2010AA.N401.050 | N401 |  |  |  |  |  |  |  | 999 | E | IK403 = 6: "Invalid Character in Data Element" |
| X222.092.2010AA.N401.060 | N401 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." <br> CSC 511: "Invalid character" <br> CSC 502: "Entity's City" <br> FIC: 85 Billina Provider |
| X222.092.2010AA.N402.010 | N402 | Billing Provider State or Province Code | ID | 2-2 | S |  |  |  | 999 | R | IK403 = 2 "Conditional Required Data Element Missing" |
| X222.092.2010AA.N402.020 | N402 |  |  |  |  |  |  |  | 277 | C | CSCC A8: "Acknowledgement / Rejected for relational field in error" CSC 501: "Entity's State/Province" EIC: 85 Billing Provider |
| X222.092.2010AA.N403.010 | N403 | Billing Provider Postal Zone or ZIP Code | ID | 3-15 | S |  |  |  | 999 | R | IK403 = 2 "Conditional Required Data Element Missinq" |
| X222.092.2010AA.N403.020 | N403 |  |  |  |  |  |  |  | 277 | C | CSCC A8: "Acknowledgement / Rejected for relational field in error" CSC 500: "Entity's Postal/Zip Code" EIC: 85 Billing Provider |
| X222.092.2010AA.N404.010 | N404 | Country Code | ID | 2-3 | S |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" |
| X222.092.2010AA.N405.010 | N405 | Location Qualifier | ID | 1-2 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" |
| X222.092.2010AA.N406.010 | N406 | Location Identifier | AN | 1-30 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" |
| X222.092.2010AA.N407.010 | N407 | Country Subdivision Code | ID | 1-3 | S |  |  |  | 277 | C | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 695: "Entity's Country Subdivision Code" <br> EIC: 85 Billina Provider |
| X222.092.2010AA.N407.020 | N407 |  |  |  |  |  |  |  | 999 | R | IK403 = 7: "Invalid Code Value" |
|  |  |  |  |  |  |  |  |  |  |  |  |
| X222.094.2010AA.REF. 010 | REF | BILLING PROVIDER TAX IDENTIFICATION |  | 1 | R | 2010AA |  |  | 999 | R | IK304 = 3: "Required Segment Missinq" |
| X222.094.2010AA.REF. 020 | REF |  |  |  |  |  |  |  | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" |
| X222.094.2010AA.REF01.010 | REF01 | Reference Identification Qualifier | ID | 2-3 | R |  | 0B, 1A, 1B, <br> 1C, 1D, 1G, <br> 1H, 1J, B3, <br> BQ, EI, FH, <br> G2, G5, LU, <br> SY U3 X5 | EI, SY | 999 | R | IK403 = 1: "Required Data Element Missing" |
| X222.094.2010AA.REF01.020 | REF01 |  |  |  |  |  |  |  | 999 | R | IK403 = 7: "Invalid Code Value" |
| X222.094.2010AA.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" |
| X222.094.2010AA.REF02.020 | REF02 |  |  |  |  |  |  |  | 999 | E | IK403 = 6: "Invalid Character in Data Element" |

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| X222.094.2010AA.REF02.030 | REF02 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 511: "Invalid character" CSC 128: "Entity's tax id" EIC: 85 Billing Provider |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X222.094.2010AA.REF02.040 | REF02 |  |  |  |  |  |  |  | 277 | C | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 128: "Entity's tax id" ElC: 85 Billing Provider |
| X222.094.2010AA.REF02.050 | REF02 |  |  |  |  |  |  |  | 277 | C | CSCC A8: "Acknowledgement / Rejected for relational field in error" CSC 562: "Entity's National Provider Identifier (NPI)" <br> CSC 128: "Entity's tax id" EIC: 85 Billing Provider |
| X222.094.2010AA.REF03.010 | REF03 | Description | AN | 1-80 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" |
| X222.094.2010AA.REF04.010 | REF04 | REFERENCE IDENTIFIER |  |  | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" |
|  |  |  |  |  |  |  |  |  |  |  |  |
| X222.096.2010AA.REF. 010 | REF | BILLING PROVIDER UPIN/LICENSE INFORMATION |  | 2 | S | 2010AA |  |  | 999 | R | IK304 = 19: "Implementation Dependent 'not used' Segment Present" |
| X222.096.2010AA.REF. 020 | REF |  |  |  |  |  |  |  | 277 | C | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." TBD02: "Payer specific restrictions on the number of repetitions" |
| X222.096.2010AA.REF. 030 | REF |  |  |  |  |  |  |  | 999 | R | IK304 = 19: "Implementation Dependent "Not Used" Segment Present" |
| X222.096.2010AA.REF01.010 | REF01 | Reference Identification Qualifier | ID | 2-3 | R |  | $\begin{gathered} \hline 06,8 \mathrm{Q}, \mathrm{EM}, \\ \mathrm{IJ}, \mathrm{LU}, \mathrm{RB}, \\ \text { ST, TT } \\ \hline \end{gathered}$ | OB, 1G | 999 | R | IK403 = 1: "Required Data Element Missing" |
| X222.096.2010AA.REF01.020 | REF01 |  |  |  |  |  |  |  | 999 | R | IK403 = 7: "Invalid Code Value" |
| X222.096.2010AA.REF02.010 | REF02 | Billing Provider Additional Identifier | AN | 1-50 | R |  |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" |
| X222.096.2010AA.REF02.020 | REF02 |  |  |  |  |  |  |  | 277 | C | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 164: "Entity's contract/member number" <br> FIC: 85 Billing-Provider |
| X222.096.2010AA.REF02.030 | REF02 |  |  |  |  |  |  |  | 277 | C | CSCC A8: "Acknowledgement / Rejected for relational field in error." CSC 496: "Submitter not approved for electronic claim submissions on behalf of this entity" <br> EIC: 85 Billing Provider |
| X222.096.2010AA.REF03.010 | REF03 | Description | AN | 1-80 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" |
| X222.096.2010AA.REF04.010 | REF04 | REFERENCE IDENTIFIER |  |  | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" |
|  |  |  |  |  |  |  |  |  |  |  |  |
| X222.098.2010AA.PER. 010 | PER | BILLING PROVIDER CONTACT INFORMATION |  | 2 | S | 2010AA |  |  | 999 | R | IK304 = 19: "Implementation Dependent 'not used' Segment Present" |

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| X222.116.2000B.SBR01.040 | SBR01 |  |  |  |  |  |  |  |  | 277 | C | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 286: "Other payer's Explanation of Benefits/payment information" |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X222.116.2000B.SBR02.010 | SBR02 | Individual Relationship Code | ID | 2-2 | S |  |  | 18 | 18 | 999 | R | IK403 = 1: "Required Data Element Missing" |
| X222.116.2000B.SBR02.020 | SBR02 |  |  |  |  |  |  | 18 | 18 | 999 | R | IK403 = 7: "Invalid Code Value" |
| X222.116.2000B.SBR03.010 | SBR03 | Subscriber Group or Policy Number | AN | 1-50 | S |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" |
| X222.116.2000B.SBR03.020 | SBR03 |  |  |  |  |  |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" |
| X222.116.2000B.SBR03.030 | SBR03 |  |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length Invalid" CSC 163: "Entity's Policy Number" FIC: ل1 Subscriber |
| X222.116.2000B.SBR03.040 | SBR03 |  |  |  |  |  |  |  |  | 999 | E | IK403 = 6: "Invalid Character in Data Element" |
| X222.116.2000B.SBR03.050 | SBR03 |  |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 511: "Invalid character" CSC 163: "Entity's policy number" FIC: لll Subscriber |
| X222.116.2000B.SBR04.010 | SBR04 | Insured Group Name | AN | 1-60 | S |  |  |  |  | 999 | R | IK403 = 10: "Exclusion Condition Violated" |
| X222.116.2000B.SBR04.020 | SBR04 |  |  |  |  |  |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" |
| X222.116.2000B.SBR04.030 | SBR04 |  |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length Invalid" CSC 663: "Entity's Group Name" FIC: لll Subscriber |
| X222.116.2000B.SBR04.040 | SBR04 |  |  |  |  |  |  |  |  | 999 | E | IK403 = 6: "Invalid Character in Data Element" |
| X222.116.2000B.SBR04.050 | SBR04 |  |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information...' CSC 511: "Invalid character" CSC 663: "Entity's Group Name" FIC: لll Subscriber |
| X222.116.2000B.SBR04.060 | SBR04 |  |  |  |  |  |  |  |  | 999 | E | IK403 = 6: "Invalid Character in Data Element" |
| X222.116.2000B.SBR04.070 | SBR04 |  |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 511: "Invalid character" CSC 663: "Entity's Group Name" FIC:لll. Subscriber |
| X222.116.2000B.SBR05.010 | SBR05 | Insurance Type Code | ID | 1-3 | S |  |  |  |  | 999 | R | IK403 = 7: "Invalid Code Value" |
| X222.116.2000B.SBR05.020 | SBR05 |  |  |  |  |  |  | $\begin{aligned} & \hline 12,13,14, \\ & 15,16,41, \\ & 42,43,47 \\ & \hline \end{aligned}$ | $\begin{gathered} 12,13,14,15,16, \\ 41,42,43,47 \end{gathered}$ | 999 | E | IK403 = 2 "Conditional Required Data Element Missing" |
| X222.116.2000B.SBR05.030 | SBR05 |  |  |  |  |  |  |  |  | 277 | T | CSCC A8: "Acknowledgement / Rejected for relational field in error" CSC 578: "Insurance Type Code" EIC: IL Subscriber |
| X222.116.2000B.SBR06.010 | SBR06 | Coordination of Benefits Code | ID | 1-1 | N/U |  |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" |
| X222.116.2000B.SBR07.010 | SBR07 | Yes/No Condition or Response Code | ID | 1-1 | N/U |  |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" |
| X222.116.2000B.SBR08.010 | SBR08 | Employment Status Code | ID | 2-2 | N/U |  |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" |

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| X222.124.2010BA.N302.060 | N302 |  |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 511: "Invalid character" CSC 503: "Entity's Street address" EIC: IL Subscriber |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
| X222.125.2010BA.N4.010 | N4 | SUBSCRIBER CITYISTATEIZIP <br> CODE |  | 1 | R | 2010BA |  |  |  | 999 | R | IK304 = 3: "Required Segment Missing" |
| X222.125.2010BA.N4.020 | N4 |  |  |  |  |  |  |  |  | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" |
| X222.125.2010BA.N401.010 | N401 | Subscriber City Name | AN | 2-30 | R |  |  |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" |
| X222.125.2010BA.N401.020 | N401 |  |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" |
| X222.125.2010BA.N401.030 | N401 |  |  |  |  |  |  |  |  | 999 | E | IK403 = 4: "Data Element Too Short" IK403 = 5: "Data Element Too Long" |
| X222.125.2010BA.N401.040 | N401 |  |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length Invalid" CSC 502: "Entity's City" FIC: لll. Subscriber |
| X222.125.2010BA.N401.050 | N401 |  |  |  |  |  |  |  |  | 999 | E | IK403 = 6: "Invalid Character in Data Element" |
| X222.125.2010BA.N401.060 | N401 |  |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 511: "Invalid character" CSC 502: "Entity's City" FIC: Il Subscriber |
| X222.125.2010BA.N402.010 | N402 | Subscriber State Code | ID | 2-2 | S |  |  |  |  | 999 | R | IK403 = 2 "Conditional Required Data Element Missing" |
| X222.125.2010BA.N402.020 | N402 |  |  |  |  |  |  |  |  | 277 | C | CSCC A8: "Acknowledgement / Rejected for relational field in error" CSC 501: "Entity's State/Province" EIC: IL Subscriber |
| X222.125.2010BA.N402.030 | N402 |  |  |  |  |  |  |  |  | 277 | C | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 501: "Entity's State/Province" EIC: IL_Subscriber |
| X222.125.2010BA.N403.010 | N403 | Subscriber Postal Zone or ZIP Code | ID | 3-15 | S |  |  |  |  | 999 | E | IK403 = 2 "Conditional Required Data Element Missing" |
| X222.125.2010BA.N403.020 | N403 |  |  |  |  |  |  |  |  | 277 | C | CSC A8: "Acknowledgement/ Rejected for relational field in error" CSC 500: "Entity's Postal/Zip Code" EIC: IL Subscriber |
| X222.125.2010BA.N403.030 | N403 |  |  |  |  |  |  |  |  | 277 | C | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 500: "Entity's Postal/Zip Code" EIC: IL Subscriber |
| X222.125.2010BA.N404.010 | N404 | Country Code | ID | 2-3 | S |  |  |  |  | 277 | C | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 680: "Entity's Country" EIC: IL Subscriber |
| X222.125.2010BA.N405.010 | N405 | Location Qualifier | ID | 1-2 | N/U |  |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" |
| X222.125.2010BA.N406.010 | N406 | Location Identifier | AN | 1-30 | N/U |  |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" |

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| X222.125.2010BA.N407.010 | N407 | Country Subdivision Code | ID | 1-3 | S |  |  |  | 277 | C | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 695: "Entity's Country Subdivision Code" |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  |  |  |  |  |  |  |  |  |
| X222.127.2010BA.DMG. 010 | DMG | SUBSCRIBER DEMOGRAPHIC INFORMATION |  | 1 | S | 2010BA |  |  | 999 | R | IK304 = 16: "Implementation Dependent Segment Missing" |
| X222.127.2010BA.DMG. 020 | DMG |  |  |  |  |  |  |  | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" |
| X222.127.2010BA.DMG01.010 | DMG01 | Date Time Period Format Qualifier | ID | 2-3 | R |  | D8 | D8 | 999 | R | IK403 = 1: "Required Data Element Missing" |
| X222.127.2010BA.DMG01.020 | DMG01 |  |  |  |  |  |  |  | 999 | R | IK403 = 7: "Invalid Code Value" |
| X222.127.2010BA.DMG02.010 | DMG02 | Subscriber Birth Date | AN | 1-35 | R |  | CCYYMMDD | CCYYMMDD | 999 | R | IK403 = 1: "Required Data Element Missing" |
| X222.127.2010BA.DMG02.020 | DMG02 |  |  |  |  |  |  |  | 999 | R | IK403 = 8: "Invalid Date" |
| X222.127.2010BA.DMG02.030 | DMG02 |  |  |  |  |  |  |  | 277 | C | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 510: "Future date" CSC 158: "Entity's date of birth" FIC: لـ Subscriber |
| X222.127.2010BA.DMG03.010 | DMG03 | Subscriber Gender Code | ID | 1-1 | R |  | F, M, U | F, M, U | 999 | R | IK403 = 1: "Required Data Element Missing" |
| X222.127.2010BA.DMG03.020 | DMG03 |  |  |  |  |  |  |  | 999 | R | IK403 = 7: "Invalid Code Value" |
| X222.127.2010BA.DMG04.010 | DMG04 | Marital Status Code | ID | 1-1 | N/U |  |  |  | 999 | E | IK403 = I 10: "Implementation "Not Used" Element Present" |
| X222.127.2010BA.DMG04.020 | DMG04 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 160: "Entity's marital status" EIC: IL Subscriber |
| X222.127.2010BA.DMG05.010 | DMG05 | Race or Ethnicity Code | ID | 1-1 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" |
| X222.127.2010BA.DMG06.010 | DMG06 | Citizenship Status Code | ID | 1-2 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" |
| X222.127.2010BA.DMG07.010 | DMG07 | Country Code | ID | 2-3 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" |
| X222.127.2010BA.DMG08.010 | DMG08 | Basis of Verification Code | ID | 1-2 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" |
| X222.127.2010BA.DMG09.010 | DMG09 | Quantity | R | 1-15 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" |
| X222.127.2010BA.DMG10.010 | DMG10 | Code List Qualifier Code | ID | 1-3 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" |
| X222.127.2010BA.DMG11.010 | DMG11 | Industry Code | AN | 1-30 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" |
|  |  |  |  |  |  |  |  |  |  |  |  |
| X222.129.2010BA.REF. 010 | REF | SUBSCRIBER SECONDARY IDENTIFICATION |  | 1 | S | 2010BA |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." TBD02: "Payer specific restrictions on the number of repetitions" |
|  |  |  |  |  |  |  |  |  |  |  |  |
| X222.130.2010BA.REF. 010 | REF | PROPERTY AND CASUALTY CLAIM NUMBER |  | 1 | S | 2010BA |  |  | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" |
| X222.130.2010BA.REF01.010 | REF01 | Reference Identification Qualifier | ID | 2-3 | R |  | Y4 | Y4 | 999 | R | IK403 = 1: "Required Data Element Missing" |
| X222.130.2010BA.REF01.020 | REF01 |  |  |  |  |  |  |  | 999 | R | IK403 = 7: "Invalid Code Value" |

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| X222.135.2010BB.N302.010 | N302 | Payer Address Line | AN | 1-55 | S |  |  |  |  | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X222.135.2010BB.N302.020 | N302 |  |  |  |  |  |  |  |  | 999 R |  | IK403 = 6: "Invalid Character in Data Element" |
| X222.135.2010BB.N302.030 | N302 |  |  |  |  |  |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" |
| X222.135.2010BB.N302.040 | N302 |  |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length Invalid" CSC 503: "Entity's Street Address" FIC PR Paver |
| X222.135.2010BB.N302.050 | N302 |  |  |  |  |  |  |  |  | 999 | E | IK403 = 6: "Invalid Character in Data Element" |
| X222.135.2010BB.N302.060 | N302 |  |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 511: "Invalid character" CSC 503: "Entity's Street address" FIC PR Paver |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
| X222.136.2010BB.N4.010 | N4 | PAYER CITYISTATEIZIP CODE |  | 1 | R | 2010BB |  |  |  | 999 | R | IK304 = 3: "Required Segment Missing" |
| X222.136.2010BB.N4.020 | N4 |  |  |  |  |  |  |  |  | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" |
| X222.136.2010BB.N401.010 | N401 | Payer City Name | AN | 2-30 | R |  |  |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" |
| X222.136.2010BB.N401.020 | N401 |  |  |  |  |  |  |  |  | 999 | R | $\begin{aligned} & \text { IK403 = 6: "Invalid Character in Data } \\ & \text { Element" } \end{aligned}$ |
| X222.136.2010BB.N401.030 | N401 |  |  |  |  |  |  |  |  | 999 | E | IK403 = 4: "Data Element Too Short" IK403 = 5: "Data Element Too Long" |
| X222.136.2010BB.N401.040 | N401 |  |  |  |  |  |  |  |  | 277 | T | $\begin{aligned} & \hline \text { CSCC A7: "Acknowledgement } \\ & \text { /Rejected for Invalid Information..." } \\ & \text { CSC 512: "Length Invalid" } \\ & \text { CSC 502: "Entity's City" } \\ & \hline \text { FIC PR Paver } \\ & \hline \end{aligned}$ |
| X222.136.2010BB.N401.050 | N401 |  |  |  |  |  |  |  |  | 999 | E | IK403 = 6: "Invalid Character in Data Element" |
| X222.136.2010BB.N401.060 | N401 |  |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 511: "Invalid character" CSC 502: "Entity's City" FIC PR Paver |
| X222.136.2010BB.N402.010 | N402 | Payer State Code | ID | 2-2 | S |  |  |  |  | 999 | R | IK403 = 2 "Conditional Required Data Element Missing" |
| X222.136.2010BB.N402.020 | N402 |  |  |  |  |  |  |  |  | 277 | C | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 501: "Entity's State/Province" EIC PR Paver |
| X222.136.2010BB.N403.010 | N403 | Payer Postal Zone or ZIP Code | ID | 3-15 | S |  |  |  |  | 999 | R | IK403 = 2 "Conditional Required Data Element Missing" |
| X222.136.2010BB.N403.020 | N403 |  |  |  |  |  |  |  |  | 277 | C | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 500: "Entity's Postal/Zip Code" EIC PR Payer |
| X222.136.2010BB.N404.010 | N404 | Payer Country Code | ID | 2-3 | S |  |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" |
| X222.136.2010BB.N405.010 | N405 | Location Qualifier | ID | 1-2 | N/U |  |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" |
| X222.136.2010BB.N406.010 | N406 | Location Identifier | AN | 1-30 | N/U |  |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" |

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| X222.136.2010BB.N407.010 | N407 | Country Subdivision Code | ID | 1-3 | S |  |  |  | 277 | C | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 695: "Entity's Country Subdivision Code" ElC PR Paver |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  |  |  |  |  |  |  |  |  |
| X222.138.2010BB.REF. 010 | REF | PAYER SECONDARY IDENTIFICATION |  | 3 | S | 2010BB |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." TBD02: "Payer specific restrictions on the number of repetitions" |
|  |  |  |  |  |  |  |  |  |  |  |  |
| X222.140.2010BB.REF. 010 | REF | $\qquad$ |  | 2 | S | 2010bB |  |  | 999 | R | IK304 = 2: "Unexpected Segment" |
| X222.140.2010BB.REF. 020 | REF |  |  |  |  |  |  |  | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" |
| X222.140.2010BB.REF. 030 | REF |  |  |  |  |  |  |  | 999 | R | IK304 = 19: "Implementation Dependent "Not Used" Segment Present" |
| X222.140.2010BB.REF01.010 | REF01 | Reference Identification Qualifier | ID | 2-3 | R |  |  | G2, LU | 999 | R | IK403 = 1: "Required Data Element Missing" |
| X222.140.2010BB.REF01.020 | REF01 |  |  |  |  |  |  |  | 999 | R | IK403 = 7: "Invalid Code Value" |
| X222.140.2010BB.REF02.010 | REF02 | Payer Additional Identifier | AN | 1-50 | R |  |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" |
| X222.140.2010BB.REF02.020 | REF02 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" |
| X222.140.2010BB.REF02.030 | REF02 |  |  |  |  |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" |
| X222.140.2010BB.REF02.040 | REF02 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length Invalid" CSC 560: "Entity's Additional/Secondary Identifier" FIC PR Paver |
| X222.140.2010BB.REF02.050 | REF02 |  |  |  |  |  |  |  | 999 | E | IK403 = 6: "Invalid Character in Data Element" |
| X222.140.2010BB.REF02.060 | REF02 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 511: "Invalid character" CSC 560: "Entity's Additional/Secondary Identifier" FIC PR Paver |
| X222.140.2010BB.REF03.010 | REF03 | Description | AN | 1-80 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" |
| X222.140.2010BB.REF04.010 | REF04 | REFERENCE IDENTIFIER |  |  | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" |
|  |  |  |  |  |  |  |  |  |  |  |  |
| X222.142.2000C.HL. 010 | HL | PATIENT HIERARCHICAL LEVEL |  | 1 | S | 2000C | >1 |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." TBD02: "Payer specific restrictions on the number of repetitions" |

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| X222.157.2300.CLM07.020 | CLM07 |  |  |  |  |  |  |  | 999 | R | IK403 = 7: "Invalid Code Value" |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X222.157.2300.CLM08.010 | CLM08 | Benefits Assignment Certification <br> Indicator | ID | 1-1 | R |  | N, Y | N, W, Y | 999 | R | IK403 = 1: "Required Data Element Missing" |
| X222.157.2300.CLM08.020 | CLM08 |  |  |  |  |  |  |  | 999 | R | IK403 = 7: "Invalid Code Value" |
| X222.157.2300.CLM09.010 | CLM09 | Release of Information Code | ID | 1-1 | R |  | $\begin{gathered} \hline A, I, M, N, O, \\ Y \\ \hline \end{gathered}$ | I, Y | 999 | R | IK403 = 1: "Required Data Element Missing" |
| X222.157.2300.CLM09.020 | CLM09 |  |  |  |  |  |  |  | 999 | R | IK403 = 7: "Invalid Code Value" |
| X222.157.2300.CLM10.010 | CLM10 | Patient Signature Source Code | ID | 1-1 | S |  | B, C, M, P, S | P | 999 | R | IK403 = 7: "Invalid Code Value" |
| X222.157.2300.CLM11.010 | CLM11 | RELATED CAUSES INFORMATION |  |  | S |  |  |  | 999 | R | IK403 = 2 "Conditional Required Data Element Missing" |
| X222.157.2300.CLM11-1.010 | CLM11-1 | Related Causes Code | ID | 2-3 | R |  | $\begin{array}{\|c\|} \hline \mathrm{AA}, \mathrm{AP}, \mathrm{EM}, \\ \mathrm{OA} \\ \hline \end{array}$ | AA, EM, OA | 999 | R | IK403 = 1: "Required Data Element Missing" |
| X222.157.2300.CLM11-1.020 | CLM11-1 | Related Causes Code | ID | 2-3 | R |  | $\begin{array}{\|c\|} \hline \mathrm{AA}, \mathrm{AP}, \mathrm{EM}, \\ \mathrm{OA} \end{array}$ | AA, EM, OA | 999 | R | IK403 = 7: "Invalid Code Value" |
| X222.157.2300.CLM11-2.010 | CLM11-2 | Related Causes Code | ID | 2-3 | S |  | $\begin{array}{\|c\|} \hline \mathrm{AA}, \mathrm{AP}, \mathrm{EM}, \\ \mathrm{OA} \\ \hline \end{array}$ |  | 999 | R | IK403 = 2 "Conditional Required Data Element Missing" |
| X222.157.2300.CLM11-2.020 | CLM11-2 |  |  |  |  |  |  | AA, EM, OA | 999 | R | IK403 = 7: "Invalid Code Value" |
| X222.157.2300.CLM11-3.010 | CLM11-3 | Related Causes Code | ID | 2-3 | N/U |  | $\begin{gathered} \hline \mathrm{AA}, \mathrm{AP}, \mathrm{EM}, \\ \mathrm{OA} \\ \hline \end{gathered}$ |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" |
| X222.157.2300.CLM11-4.010 | CLM11-4 | Auto Accident State or Province <br> Code | ID | 2-2 | S |  |  |  | 999 | R | IK403 = 2 "Conditional Required Data Element Missing" |
| X222.157.2300.CLM11-4.020 | CLM11-4 |  |  |  |  |  |  |  | 277 | C | CSCC A7: "Acknowledgement /Rejected for Invalid Information... CSC 501: "Entity's State/Province" |
| X222.157.2300.CLM11-5.010 | CLM11-5 | Country Code | ID | 2-3 | S |  |  |  | 999 | R | IK403 = 2 "Conditional Required Data Element Missing" |
| X222.157.2300.CLM11-5.020 | CLM11-5 |  |  |  |  |  |  |  | 277 | C | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 680: "Entity's Country" |
| X222.157.2300.CLM12.010 | CLM12 | Special Program Indicator | ID | 2-3 | S |  | $\begin{gathered} \hline 01,02,03, \\ 05,07,08, \\ 09 \end{gathered}$ | 02, 03, 05, 09 | 999 | R | IK403 = 7: "Invalid Code Value" |
| X222.157.2300.CLM13.010 | CLM13 | Yes/No Condition or Response Code | ID | 1-1 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ |
| X222.157.2300.CLM14.010 | CLM14 | Level of Service Code | ID | 1-3 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" |
| X222.157.2300.CLM15.010 | CLM15 | Yes/No Condition or Response Code | ID | 1-1 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" |
| X222.157.2300.CLM16.010 | CLM16 | Participation Agreement | ID | 1-1 | N/U |  | P |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \\ & \hline \end{aligned}$ |
| X222.157.2300.CLM17.010 | CLM17 | Claim Status Code | ID | 1-2 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" |
| X222.157.2300.CLM18.010 | CLM18 | Yes/No Condition or Response Code | ID | 1-1 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" |
| X222.157.2300.CLM19.010 | CLM19 | Claim Submission Reason Code | ID | 2-2 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" |
| X222.157.2300.CLM20.010 | CLM2O | Delay Reason Code | ID | 1-2 | S |  | $\begin{array}{\|c\|} \hline 1,2,3,4,5, \\ 6,7,8,9,10 \\ 11 \\ \hline \end{array}$ | $\begin{gathered} 1,2,3,4,5,6,7,8 \\ 9,10,11,15 \end{gathered}$ | 999 | R | IK403 = 7: "Invalid Code Value" |
|  |  |  |  |  |  |  |  |  |  |  |  |
| X222.164.2300.DTP. 010 | DTP | DATE - ONSET OF CURRENT ILLNESS OR SYMPTOM |  | 1 | S | 2300 |  |  | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" |
| X222.164.2300.DTP01.010 | DTP01 | Date Time Qualifier | ID | 3-3 | R |  |  | 431 | 999 | R | IK403 = 1: "Required Data Element Missing" |
| X222.164.2300.DTP01.020 | DTP01 |  |  |  |  |  |  |  | 999 | R | IK403 = 7: "Invalid Code Value" |
| X222.164.2300.DTP02.010 | DTP02 | Date Time Period Format Qualifier | ID | 2-3 | R |  |  | D8 | 999 | R | IK403 = 1: "Required Data Element Missing" |
| X222.164.2300.DTP02.020 | DTP02 |  |  |  |  |  |  |  | 999 | R | IK403 = 7: "Invalid Code Value" |

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| X222.182.2300.PWK03.010 | PWK03 <br> PWK04 | Report Copies Needed <br> Entity Identifier Code | NOID | $\begin{aligned} & 1-2 \\ & 2-3 \end{aligned}$ | N/U |  |  |  | $\begin{aligned} & 999 \\ & 999 \end{aligned}$ | E | IK403 = I10: "Implementation "Not Used" Element Present" IK403 = I10: "Implementation "Not Used" Element Present" |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X222.182.2300.PWK04.010 |  |  |  |  | N/U |  |  |  |  |  |  |
| X222.182.2300.PWK05.010 | PWK05 | Identification Code Qualifier | ID | 1-2 | S |  | AC | AC | 999 | R | IK403 = 2 "Conditional Required Data Element Missing" |
| X222.182.2300.PWK05.020 | PWK05 |  |  |  |  |  |  |  | 999 | R | IK403 = 7: "Invalid Code Value" |
| X222.182.2300.PWK06.010 | PWK06 | Attachment Control Number | AN | 2-80 | S |  |  |  | 999 | R | IK403 = 2 "Conditional Required Data Element Missing" |
| X222.182.2300.PWK06.020 | PWK06 |  |  |  |  |  |  |  | 999 | E | IK403 = 4: "Data Element Too Short" IK403 = 5: "Data Element Too Long" |
| X222.182.2300.PWK06.030 | PWK06 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length Invalid" CSC 489: "Attachment Control Number" |
| X222.182.2300.PWK06.040 | PWK06 |  |  |  |  |  |  |  | 999 | E | IK403 = 6: "Invalid Character in Data Element" |
| X222.182.2300.PWK06.050 | PWK06 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 511: "Invalid character" CSC 489: "Attachment Control Number" |
| X222.182.2300.PWK06.060 | PWK06 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" |
| X222.182.2300.PWK06.070 | PWK06 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 489: "Attachment Control Number" |
| X222.182.2300.PWK07.010 | PWK07 | Description | AN | 1-80 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" |
| X222.182.2300.PWK08.010 | PWK08 | ACTIONS INDICATED |  |  | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" |
| X222.182.2300.PWK09.010 | PWK09 | Request Category Code | ID | 1-2 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" |
|  |  |  |  |  |  |  |  |  |  |  |  |
| X222.186.2300.CN1.010 | CN1 | CONTRACT INFORMATION |  | 1 | S | 2300 |  |  | 999 | R | IK304 = 19: "Implementation Dependent "Not Used" Segment Present" |
|  |  |  |  |  |  |  |  |  |  |  |  |
| X222.188.2300.AMT. 010 | AMT | PATIENT AMOUNT PAID |  | 1 | S | 2300 |  |  | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" |
| X222.188.2300.AMT01.010 | AMT01 | Amount Qualifier Code | ID | 1-3 | R |  | F5 | F5 | 999 | R | IK403 = 1: "Required Data Element Missing" |
| X222.188.2300.AMT01.020 | AMT01 |  |  |  |  |  |  |  | 999 | R | IK403 = 7: "Invalid Code Value" |
| X222.188.2300.AMT02.010 | AMT02 | Patient Amount Paid | R | 1-18 | R |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" |
| X222.188.2300.AMT02.040 | AMT02 |  |  |  |  |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" |
| X222.188.2300.AMT02.020 | 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" FIC_ "Patient" |

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| X222.199.2300.REF02.030 | REF02 |  |  |  |  |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" |
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| X222.199.2300.REF02.040 | REF02 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length Invalid" CSC 702: "Repriced Claim Reference Number" |
| X222.199.2300.REF02.050 | REF02 |  |  |  |  |  |  |  | 999 | E | IK403 = 6: "Invalid Character in Data Element" |
| X222.199.2300.REF02.060 | REF02 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 511: "Invalid character" CSC 702: "Repriced Claim Reference Number" |
| X222.199.2300.REF03.010 | REF03 | Description | AN | 1-80 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" |
| X222.199.2300.REF04.010 | REF04 | REFERENCE IDENTIFIER |  |  | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" |
|  |  |  |  |  |  |  |  |  |  |  |  |
| X222.200.2300.REF. 010 | REF | ADJUSTED REPRICED CLAIM NUMBER |  | 1 | S | 2300 |  |  | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" |
| X222.200.2300.REF01.010 | REF01 | Reference Identification Qualifier | ID | 2-3 | R |  | 9 C | 9C | 999 | R | IK403 = 1: "Required Data Element Missing" |
| X222.200.2300.REF01.020 | REF01 |  |  |  |  |  |  |  | 999 | R | IK403 = 7: "Invalid Code Value" |
| X222.200.2300.REF02.010 | REF02 | Adjusted Repriced Line Item Reference Number | AN | 1-50 | R |  |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" |
| X222.200.2300.REF02.020 | REF02 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" |
| X222.200.2300.REF02.030 | REF02 |  |  |  |  |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" |
| X222.200.2300.REF02.040 | REF02 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length Invalid" CSC 517: "Adjusted Repriced Claim Reference Number" |
| X222.200.2300.REF02.050 | REF02 |  |  |  |  |  |  |  | 999 | E | IK403 = 6: "Invalid Character in Data Element" |
| X222.200.2300.REF02.060 | REF02 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 511: "Invalid character" CSC 517: "Adjusted Repriced Claim Reference Number" |
| X222.200.2300.REF03.010 | REF03 | Description | AN | 1-80 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" |
| X222.200.2300.REF04.010 | REF04 | REFERENCE IDENTIFIER |  |  | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" |
|  |  |  |  |  |  |  |  |  |  |  |  |
| X222.201.2300.REF. 010 | REF | INVESTIGATIONAL DEVICE EXEMPTION NUMBER |  | 1 | S | 2300 |  |  | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" |
| X222.201.2300.REF01.010 | REF01 | Reference Identification Qualifier | ID | 2-3 | R |  | LX | LX | 999 | R | IK403 = 1: "Required Data Element Missing" |
| X222.201.2300.REF01.020 | REF01 |  |  |  |  |  |  |  | 999 | R | IK403 = 7: "Invalid Code Value" |
| X222.201.2300.REF02.010 | REF02 | Investigational Device Exemption Number | AN | 1-50 | R |  |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" |
| X222.201.2300.REF02.020 | REF02 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" |
| X222.201.2300.REF02.030 | REF02 |  |  |  |  |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" |

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| X222.207.2300.K301.030 | K301 |  |  |  |  |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" |
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| X222.207.2300.K301.040 | K301 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." <br> CSC 512: "Length Invalid" <br> CSC 569: "Fixed Format Information" |
| X222.207.2300.K301.050 | K301 |  |  |  |  |  |  |  | 999 | E | IK403 = 6: "Invalid Character in Data Element" |
| X222.207.2300.K301.060 | K301 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." <br> CSC 511: "Invalid character" CSC 569: "Fixed Format Information" |
| X222.207.2300.K302.010 | K302 | Record Format Code | ID | 1-2 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" |
| X222.207.2300.K303.010 | K303 | COMPOSITE UNIT OF MEASURE |  |  | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" |
|  |  |  |  |  |  |  |  |  |  |  |  |
| X222.209.2300.NTE. 010 | NTE | CLAIM NOTE |  | 1 | S | 2300 |  |  | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" |
| X222.209.2300.NTE01.010 | NTE01 | Note Reference Code | ID | 3-3 | R |  | ADD, CER, DCP,DGN,P MT.TPO | ADD, CER, DCP, DGN, TPO | 999 | R | IK403 = 1: "Required Data Element Missing" |
| X222.209.2300.NTE01.020 | NTE01 |  |  |  |  |  |  |  | 999 | R | IK403 = 7: "Invalid Code Value" |
| X222.209.2300.NTE02.010 | NTE02 | Claim Note Text | AN | 1-80 | R |  |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" |
| X222.209.2300.NTE02.020 | NTE02 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" |
| X222.209.2300.NTE02.030 | NTE02 |  |  |  |  |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" |
| X222.209.2300.NTE02.040 | NTE02 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length Invalid" CSC 297: "Medical Notes/Report" |
| X222.209.2300.NTE02.050 | NTE02 |  |  |  |  |  |  |  | 999 | E | IK403 = 6: "Invalid Character in Data Element" |
| X222.209.2300.NTE02.060 | NTE02 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 511: "Invalid character" CSC 297: "Medical Notes/Report" |
|  |  |  |  |  |  |  |  |  |  |  |  |
| X222.211.2300.CR1.010 | CR1 | AMBULANCE TRANSPORT INFORMATION |  | 1 | S | 2300 |  |  | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" |
| X222.211.2300.CR1.020 | CR1 |  |  |  |  |  |  |  | 277 | C | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 337: "Ambulance certification/documentation" |
| X222.211.2300.CR101.010 | CR101 | Unit or Basis for Measurement Code | ID | 2-2 | S |  | LB | LB | 999 | R | IK403 = 7: "Invalid Code Value" |
| X222.211.2300.CR102.010 | CR102 | Patient Weight | R | 1-10 | S |  |  |  | 999 | R | IK403 = 2 "Conditional Required Data <br> Element Missing" |

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| X222.214.2300.CR2.010 | CR2 | SPINAL MANIPULATION SERVICE INFORMATION |  | 1 | S | 2300 |  |  | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" |
| X222.214.2300.CR201.010 | CR201 | Treatment Series Number | NO | 1-9 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" |
| X222.214.2300.CR202.010 | CR202 | Treatment Count | R | 1-15 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" |
| X222.214.2300.CR203.010 | CR203 | Subluxation Level Code | ID | 2-3 | N/U |  |  <br> $\mathrm{C} 1, \mathrm{C} 2, \mathrm{C} 3$, <br> $\mathrm{C4}, \mathrm{C} 5, \mathrm{C} 6$, <br> $\mathrm{C} 7, \mathrm{CO}, \mathrm{IL}$, <br> $\mathrm{LL}, \mathrm{L} 2, \mathrm{L3}$, <br> $\mathrm{L4}, \mathrm{~L}, \mathrm{OC}$, <br> $\mathrm{SA}, \mathrm{T} 1, \mathrm{~T} 10$ <br> $\mathrm{~T} 11, \mathrm{~T} 12$, <br> $\mathrm{T} 2, \mathrm{T3}, \mathrm{~T} 4$, <br> $\mathrm{T}, \mathrm{T}, \mathrm{T}$, <br> To To |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" |
| X222.214.2300.CR204.010 | CR204 | Subluxation Level Code | ID | 2-3 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" |
| X222.214.2300.CR205.010 | CR205 | Unit or Basis for Measurement Code | ID | 2-2 | N/U |  | DA, MO, WK, YR |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" |
| X222.214.2300.CR206.010 | CR206 | Treatment Period Count | R | 1-15 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" |
| X222.214.2300.CR207.010 | CR207 | Monthly Treatment Count | R | 1-15 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" |
| X222.214.2300.CR208.010 | CR208 | Patient Condition Code | ID | 1-1 | R |  | $\begin{gathered} \hline \text { A, C, D, E, F, } \\ \text { G, M } \\ \hline \end{gathered}$ | A, C, D, E, F, G, M | 999 | R | IK403 = 1: "Required Data Element Missing" |
| X222.214.2300.CR208.020 | CR208 |  |  |  |  |  |  |  | 999 | R | IK403 = 7: "Invalid Code Value" |
| X222.214.2300.CR209.010 | CR209 | Complication Indicator | ID | 1-1 | N/U |  | N, Y |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ |
| X222.214.2300.CR210.010 | CR210 | Patient Condition Description |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" |
| X222.214.2300.CR210.020 | CR210 |  | AN | 1-80 | S |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" |
| X222.214.2300.CR210.030 | CR210 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid" TBD26: "Patient Condition Description" |
| X222.214.2300.CR210.040 | CR210 |  |  |  |  |  |  |  | 999 | E | IK403 = 6: "Invalid Character in Data Element" |
| X222.214.2300.CR210.050 | CR210 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 511: "Invalid character" TBD26: "Patient Condition Description" |
| X222.214.2300.CR211.010 | CR211 | Patient Condition Description |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" |
| X222.214.2300.CR211.020 | CR211 |  | AN | 1-80 | S |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" |

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| X222.223.2300.CRC03.010 | CRC03 | Condition Code | ID | 2-3 | R |  | $\begin{array}{\|c} \hline \mathrm{AV}, \mathrm{NU}, \mathrm{~S} 2, \\ \mathrm{ST} \end{array}$ | AV, NU, S2, ST | 999 | R | IK403 = 1: "Required Data Element Missing" <br> IK403 = 7: "Invalid Code Value" <br> IK403 = 7: "Invalid Code Value" <br> IK403 = 7: "Invalid Code Value" <br> IK403 = 7: "Invalid Code Value" <br> IK403 = I10: "Implementation "Not <br> Used" Element Present" <br> IK403 = I10: "Implementation "Not <br> Used" Element Present" <br> IK304 = 3: "Required Segment <br> Missing" <br> IK304 = 3: "Required Segment <br> Missinq" <br> IK304 = 3: "Required Segment <br> Missing" <br> IK304 = 5: "Segment Exceeds <br> Maximum Use" <br> IK304 = 5: "Segment Exceeds <br> Maximum Use" <br> IK304 = 5: "Segment Exceeds <br> Maximum Use" <br> IK403 = 1: "Required Data Element Missing" <br> IK403 = 7: "Invalid Code Value" <br> IK403 = 7: "Invalid Code Value" <br> IK403 = 7: "Invalid Code Value" <br> IK403 = 1: "Required Data Element Missing" <br> CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 254: "Primary diagnosis code" <br> CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 254: "Primary diagnosis code" TBD04: "This code is not allowed under this payer's policy/contract/coverage guidelines". |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X222.223.2300.CRC03.020 | CRCO3 |  |  |  |  |  |  |  | 999 | R |  |  |  |  |  |  |
| X222.223.2300.CRC03.030 | CRCO3 |  |  |  |  |  |  |  | 999 | R |  |  |  |  |  |  |
| X222.223.2300.CRC04.010 | CRC04 | Condition Code | ID | 2-3 | S |  | $\begin{array}{\|c} \hline A V, N U, S 2, \\ S T \end{array}$ | AV, NU, S2, ST | 999 | R |  |  |  |  |  |  |
| X222.223.2300.CRC05.010 | CRC05 | Condition Code | ID | 2-3 | S |  | $\begin{gathered} \hline 01,02,03, \\ 04,05,06, \\ 07,08,09, \\ 60 \\ \hline \end{gathered}$ | AV, NU, S2, ST | 999 | R |  |  |  |  |  |  |
| X222.223.2300.CRC06.010 | CRC06 | Condition Indicator | ID | 2-3 | N/U |  |  |  | 999 | E |  |  |  |  |  |  |
| X222.223.2300.CRC07.010 | CRC07 | Condition Indicator | ID | 2-3 | N/U |  |  |  | 999 | E |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X222.226.2300.HI. 010 | HI | HEALTH CARE DIAGNOSIS CODE |  | 1 | R | 2300 |  |  | 999 | R |  |  |  |  |  |  |
| X222.226.2300.HI. 020 | HI |  |  |  |  |  |  |  | 999 | R |  |  |  |  |  |  |
| X222.226.2300.HI.030 | HI |  |  |  |  |  |  |  | 999 | R |  |  |  |  |  |  |
| X222.226.2300.HI. 040 | HI |  |  |  |  |  |  |  | 999 | R |  |  |  |  |  |  |
| X222.226.2300.HI. 050 | HI |  |  |  |  |  |  |  | 999 | R |  |  |  |  |  |  |
| X222.226.2300.HI. 060 | HI |  |  |  |  |  |  |  | 999 | R |  |  |  |  |  |  |
| X222.226.2300.HIO1.010 | H01 | HEALTH CARE CODE INFORMATION |  |  | R |  |  |  |  |  |  |  |  |  |  |  |
| X222.226.2300.HI01-1.010 | HIO1-1 | Code List Qualifier Code | ID | 1-3 | R |  | BK | ABK, BK | 999 | R |  |  |  |  |  |  |
| X222.226.2300.HI01-1.020 | H01-1 |  |  |  |  |  |  |  | 999 | R |  |  |  |  |  |  |
| X222.226.2300.H101-1.030 | H01-1 |  |  |  |  |  |  |  | 999 | R |  |  |  |  |  |  |
| X222.226.2300.H101-1.040 | H101-1 |  |  |  |  |  |  |  | 999 | R |  |  |  |  |  |  |
| X222.226.2300.HIO1-2.010 | HIO1-2 | Diagnosis Code | AN | 1-30 | R |  |  |  | 999 | R |  |  |  |  |  |  |
| X222.226.2300.HI01-2.020 | H101-2 |  |  |  |  |  |  |  | 277 | C |  |  |  |  |  |  |
| X222.226.2300.HIO1-2.030 | HIO1-2 |  |  |  |  |  |  |  | 277 | C |  |  |  |  |  |  |
| X222.226.2300.HI01-2.040 | H101-2 |  |  |  |  |  |  |  | 277 | C |  |  |  |  |  | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 254: "Primary diagnosis code" |

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| X222.226.2300.HIO1-2.050 | HI01-2 |  |  |  |  |  |  |  | 277 | C | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 254: "Primary diagnosis code" TBD04: "This code is not allowed under this payer's policy/contract/coverage guidelines". |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X222.226.2300.HIO1-2.060 | H101-2 |  |  |  |  |  |  |  | 277 | C | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 254: "Primary diagnosis code" |
| X222.226.2300.HIO1-2.070 | HIO1-2 |  |  |  |  |  |  |  | 277 | C | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 254: "Primary diagnosis code" TBD04: "This code is not allowed under this payer's policy/contract/coverage guidelines". |
| X222.226.2300.HIO1-2.080 | H101-2 |  |  |  |  |  |  |  | 277 | C | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 254: "Primary diagnosis code" |
| X222.226.2300.HIO1-2.090 | H101-2 |  |  |  |  |  |  |  | 277 | C | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 254: "Primary diagnosis code" TBD04: "This code is not allowed under this payer's policy/contract/coverage guidelines". |
| X222.226.2300.HIO1-2.10C | HIO1-2 |  |  |  |  |  |  |  | 999 | E | IK403 = 6: "Invalid Character in Data Element" |
| X222.226.2300.HIO1-2.110 | HIO1-2 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 511: "Invalid character" CSC 254: "Primary diagnosis code" |
| X222.226.2300.HIO1-3.010 | H101-3 | Date Time Period Format Qualifier | ID | 2-3 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" |
| X222.226.2300.HI01-4.010 | H.01-4 | Date Time Period | AN | 1-35 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" |
| X222.226.2300.HIO1-5.010 | H.01-5 | Monetary Amount | R | 1-18 | N/U |  |  |  | 999 | E | \|K403 = I10: "Implementation "Not Used" Element Present" |
| X222.226.2300.HI01-6.010 | H101-6 | Quantity | R | 1-15 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" |
| X222.226.2300.HI01-7.010 | H.01-7 | Version Identifier | AN | 1-30 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" |
| X222.226.2300.HI01-8.010 | H101-8 | Industry code | AN | 1-30 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" |
| X222.226.2300.HIO1-9.010 | H.01-9 | Yes/No Condition or response Code | ID | 1-1 | N/U |  |  |  | 999 | E | IK403 = I 10: "Implementation "Not Used" Element Present" |
| X222.226.2300.HIO2.010 | H102 | HEALTH CARE CODE INFORMATION |  |  | S |  |  |  |  |  |  |
| X222.226.2300.H102-1.010 | H102-1 | Diagnosis Type Code | ID | 1-3 | R |  | BF | ABF, BF | 999 | R | IK403 = 7: "Invalid Code Value" |
| X222.226.2300. $\mathrm{HIO2}-1.020$ | H102-1 |  |  |  |  |  |  |  | 999 | R | IK403 = 7: "Invalid Code Value" |
| X222.226.2300.HIO2-1.030 | H102-1 |  |  |  |  |  |  |  | 999 | R | IK403 = 7: "Invalid Code Value" |


| X222.226.2300.HIO2-2.010 | HIO2-2 | Diagnosis Code | AN | 1-30 | R |  |  |  |  | 277 | C | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 255: "Diagnosis code" |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X222.226.2300.HIO2-2.020 | HIO2-2 |  |  |  |  |  |  |  |  | 277 | C | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 255: "Diagnosis code" TBD04: "This code is not allowed under this payer's policy/contract/coverage guidelines". |
| X222.226.2300.HIO2-2.030 | HIO2-2 |  |  |  |  |  |  |  |  | 277 | C | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 255: "Diagnosis code" |
| X222.226.2300.HIO2-2.040 | HIO2-2 |  |  |  |  |  |  |  |  | 277 | C | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 255: "Diagnosis code" TBD04: "This code is not allowed under this payer's policy/contract/coverage guidelines". |
| X222.226.2300.HIO2-2.050 | HIO2-2 |  |  |  |  |  |  |  |  | 277 | C | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 255: "Diagnosis code" |
| X222.226.2300.HIO2-2.060 | HIO2-2 |  |  |  |  |  |  |  |  | 277 | C | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 255: "Diagnosis code" TBD04: "This code is not allowed under this payer's policy/contract/coverage guidelines". |
| X222.226.2300.HIO2-2.070 | HIO2-2 |  |  |  |  |  |  |  |  | 277 | C | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 255: "Diagnosis code" |
| X222.226.2300.HIO2-2.080 | HIO2-2 |  |  |  |  |  |  |  |  | 277 | C | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 255: "Diagnosis code" TBD04: "This code is not allowed under this payer's policy/contract/coverage guidelines". |
| X222.226.2300.HIO2-2.090 | HIO2-2 |  |  |  |  |  |  |  |  | 999 | E | IK403 = 6: "Invalid Character in Data Element" |
| X222.226.2300.HIO2-2.100 | HIO2-2 |  |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 511: "Invalid character" CSC 255: "Diaanosis code" |
| X222.226.2300.HIO2-3.010 | HIO2-3 | Date Time Period Format Qualifier | ID | 2-3 | N/U |  |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I } 10 \text { : "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ |
| X222.226.2300.HIO2-4.010 | HIO2-4 | Date Time Period | AN | 1-35 | N/U |  |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" |
| X222.226.2300.HIO2-5.010 | H102-5 | Monetary Amount | R | 1-18 | N/U |  |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ |

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| X222.226.2300.HIO2-6.010 | HIO2-6 | Quantity | R | 1-15 | N/U |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X222.226.2300.HIO2-7.010 | H102-7 | Version Identifier | AN | 1-30 | N/U |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" |
| X222.226.2300.HIO2-8.010 | H102-8 | Industry code | AN | 1-30 | N/U |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" |
| X222.226.2300.HIO2-9.010 | H102-9 | Yes/No Condition or response Code | ID | 1-1 | N/U |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" |
| X222.226.2300.H103.010 | H103 | HEALTH CARE CODE INFORMATION |  |  | S |  |  | 999 | R | IK403 = 2 "Conditional Required Data Element Missing" |
| X222.226.2300.HI03-1.010 | H003-1 | Diagnosis Type Code | ID | 1-3 | R | BF | ABF, BF | 999 | R | IK403 = 7: "Invalid Code Value" |
| X222.226.2300.HIO3-1.020 | H03-1 |  |  |  |  |  |  | 999 | R | IK403 = 7: "Invalid Code Value" |
| X222.226.2300.H103-1.030 | H03-1 |  |  |  |  |  |  | 999 | R | IK403 = 7: "Invalid Code Value" |
| X222.226.2300.HI03-2.010 | H103-2 | Diagnosis Code | AN | 1-30 | R |  |  | 277 | C | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 255: "Diagnosis code" |
| X222.226.2300.HIO3-2.020 | HIO3-2 |  |  |  |  |  |  | 277 | C | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 255: "Diagnosis code" TBD04: "This code is not allowed under this payer's policy/contract/coverage guidelines". |
| X222.226.2300.HIO3-2.030 | HIO3-2 |  |  |  |  |  |  | 277 | C | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 255: "Diagnosis code" |
| X222.226.2300.HIO3-2.04C | HIO3-2 |  |  |  |  |  |  | 277 | C | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 255: "Diagnosis code" TBD04: "This code is not allowed under this payer's policy/contract/coverage guidelines". |
| X222.226.2300.HIO3-2.050 | H103-2 |  |  |  |  |  |  | 277 | C | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 255: "Diagnosis code" |
| X222.226.2300.HIO3-2.060 | HIO3-2 |  |  |  |  |  |  | 277 | C | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 255: "Diagnosis code" TBD04: "This code is not allowed under this payer's policy/contract/coverage guidelines". |
| X222.226.2300.HIO3-2.070 | H103-2 |  |  |  |  |  |  | 277 | C | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 255: "Diagnosis code" |



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| X222.226.2300.HIO5-2.020 | HI05-2 |  |  |  |  |  |  |  |  | 277 | C | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 255: "Diagnosis code" TBD04: "This code is not allowed under this payer's policy/contract/coverage guidelines". |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X222.226.2300.HIO5-2.030 | HIO5-2 |  |  |  |  |  |  |  |  | 277 | C | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 255: "Diagnosis code" |
| X222.226.2300.HIO5-2.040 | HIO5-2 |  |  |  |  |  |  |  |  | 277 | C | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 255: "Diagnosis code" TBD04: "This code is not allowed under this payer's policy/contract/coverage guidelines". |
| X222.226.2300.HI05-2.050 | HIO5-2 |  |  |  |  |  |  |  |  | 277 | C | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 255: "Diagnosis code" |
| X222.226.2300.HIO5-2.060 | HIO5-2 |  |  |  |  |  |  |  |  | 277 | C | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 255: "Diagnosis code" TBD04: "This code is not allowed under this payer's policy/contract/coverage guidelines". |
| X222.226.2300.HI05-2.070 | HIO5-2 |  |  |  |  |  |  |  |  | 277 | C | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 255: "Diagnosis code" |
| X222.226.2300.HIO5-2.080 | H105-2 |  |  |  |  |  |  |  |  | 277 | C | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 255: "Diagnosis code" TBD04: "This code is not allowed under this payer's policy/contract/coverage guidelines". |
| X222.226.2300.HI05-2.090 | H105-2 |  |  |  |  |  |  |  |  | 999 | E | IK403 = 6: "Invalid Character in Data Element" |
| X222.226.2300.HI05-2.100 | HIO5-2 |  |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 511: "Invalid character" CSC 255: "Diaanosis code" |
| X222.226.2300.HI05-3.010 | H105-3 | Date Time Period Format Qualifier | ID | 2-3 | N/U |  |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" |
| X222.226.2300.H105-4.010 | H05-4 | Date Time Period | AN | 1-35 | N/U |  |  |  |  | 999 | E | IK403 = I10: "Implementation "Not |
| X222.226.2300.HI05-5.010 | H105-5 | Monetary Amount | R | 1-18 | N/U |  |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" |
| X222.226.2300.HI05-6.010 | H105-6 | Quantity | R | 1-15 | N/U |  |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" |
| X222.226.2300.HI05-7.010 | H105-7 | Version Identifier | AN | 1-30 | N/U |  |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" |
| X222.226.2300.HI05-8.010 | H105-8 | Industry code | AN | 1-30 | N/U |  |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" |



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| X222.226.2300.HIO9-2.020 | H109-2 |  |  |  |  |  |  |  |  | 277 | C | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 255: "Diagnosis code" |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X222.226.2300.HI09-2.030 | H109-2 |  |  |  |  |  |  |  |  | 277 | C | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 255: "Diagnosis code" TBD04: "This code is not allowed under this payer's policy/contract/coverage guidelines". |
| X222.226.2300.HI09-2.040 | H109-2 |  |  |  |  |  |  |  |  | 277 | C | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 255: "Diagnosis code" |
| X222.226.2300.HI09-2.050 | H109-2 |  |  |  |  |  |  |  |  | 277 | C | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 255: "Diagnosis code" TBD04: "This code is not allowed under this payer's policy/contract/coverage guidelines". |
| X222.226.2300.HIO9-2.060 | H109-2 |  |  |  |  |  |  |  |  | 277 | C | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 255: "Diagnosis code" |
| X222.226.2300.HI09-2.070 | H109-2 |  |  |  |  |  |  |  |  | 277 | C | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 255: "Diagnosis code" TBD04: "This code is not allowed under this payer's policy/contract/coverage guidelines". |
| X222.226.2300.HIO9-2.080 | H109-2 |  |  |  |  |  |  |  |  | 277 | C | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 255: "Diagnosis code" |
| X222.226.2300.HIO9-2.090 | H109-2 |  |  |  |  |  |  |  |  | 277 | C | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 255: "Diagnosis code" TBD04: "This code is not allowed under this payer's policy/contract/coverage guidelines". |
| X222.226.2300.HIO9-2.100 | H109-2 |  |  |  |  |  |  |  |  | 999 | E | IK403 = 6: "Invalid Character in Data Element" |
| X222.226.2300.HI09-2.110 | H109-2 |  |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 511: "Invalid character" CSC 255: "Diaanosis code" |
| X222.226.2300.HI09-3.010 | H109-3 | Date Time Period Format Qualifier | ID | 2-3 | N/U |  |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" |
| X222.226.2300.HI09-4.010 | H109-4 | Date Time Period | AN | 1-35 | N/U |  |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ |

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| X222.226.2300.H109-5.010 | H109-5 | Monetary Amount | R | 1-18 | N/U |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X222.226.2300.H109-6.010 | H109-6 | Quantity | R | 1-15 | N/U |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" |
| X222.226.2300.H109-7.010 | H09-7 | Version Identifier | AN | 1-30 | N/U |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" |
| X222.226.2300.H109-8.010 | H109-8 | Industry code | AN | 1-30 | N/U |  |  | 999 | E | \|K403 = I10: "Implementation "Not Used" Element Present" |
| X222.226.2300.H109-9.010 | H109-9 | Yes/No Condition or response $\qquad$ | ID | 1-1 | N/U |  |  | 999 E |  | IK403 = I10: "Implementation "Not Used" Element Present" |
| X222.226.2300.H110.010 | H110 | HEALTH CARE CODE INFORMATION |  |  | S |  |  | 999 | R | \|K403 = 2 "Conditional Required Data Element Missing" |
| X222.226.2300. $\mathrm{HI} 10-1.010$ | HI10-1 | Diagnosis Type Code | ID | 1-3 | R | BF | ABF, BF | 999 | R | IK403 = 7: "Invalid Code Value" |
| X222.226.2300.HI10-2.010 | HI10-2 | Diagnosis Code | AN | 1-30 | R |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" |
| X222.226.2300.HI10-2.020 | H110-2 |  |  |  |  |  |  | 277 | C | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 255: "Diagnosis code" |
| X222.226.2300.HI10-2.030 | HI10-2 |  |  |  |  |  |  | 277 | C | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 255: "Diagnosis code" TBD04: "This code is not allowed under this payer's policy/contract/coverage guidelines". |
| X222.226.2300.HI10-2.040 | H110-2 |  |  |  |  |  |  | 277 | C | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 255: "Diagnosis code" |
| X222.226.2300.HI10-2.050 | H110-2 |  |  |  |  |  |  | 277 | C | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 255: "Diagnosis code" TBD04: "This code is not allowed under this payer's policy/contract/coverage guidelines". |
| X222.226.2300.HI10-2.060 | H110-2 |  |  |  |  |  |  | 277 | C | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 255: "Diagnosis code" |
| X222.226.2300.HI10-2.070 | HI10-2 |  |  |  |  |  |  | 277 | C | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 255: "Diagnosis code" TBD04: "This code is not allowed under this payer's policy/contract/coverage guidelines". |
| X222.226.2300.HI10-2.080 | HI10-2 |  |  |  |  |  |  | 277 | C | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 255: "Diagnosis code" |

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| X222.226.2300.HI12-2.030 | HI12-2 |  |  |  |  |  |  |  |  | 277 | C | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 255: "Diagnosis code" TBD04: "This code is not allowed under this payer's policy/contract/coverage guidelines". |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X222.226.2300.HI12-2.040 | HI12-2 |  |  |  |  |  |  |  |  | 277 | C | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 255: "Diagnosis code" |
| X222.226.2300.HI12-2.050 | HI12-2 |  |  |  |  |  |  |  |  | 277 | C | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 255: "Diagnosis code" TBD04: "This code is not allowed under this payer's policy/contract/coverage guidelines". |
| X222.226.2300.HI12-2.060 | HI12-2 |  |  |  |  |  |  |  |  | 277 | C | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 255: "Diagnosis code" |
| X222.226.2300.HI12-2.070 | HI12-2 |  |  |  |  |  |  |  |  | 277 | C | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 255: "Diagnosis code" TBD04: "This code is not allowed under this payer's policy/contract/coverage guidelines". |
| X222.226.2300.HI12-2.080 | HI12-2 |  |  |  |  |  |  |  |  | 277 | C | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 255: "Diagnosis code" |
| X222.226.2300.HI12-2.090 | HI12-2 |  |  |  |  |  |  |  |  | 277 | C | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 255: "Diagnosis code" TBD04: "This code is not allowed under this payer's policy/contract/coverage guidelines". |
| X222.226.2300.HI12-2.100 | H112-2 |  |  |  |  |  |  |  |  | 999 | E | IK403 = 6: "Invalid Character in Data Element" |
| X222.226.2300.HI12-2.110 | HI12-2 |  |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 511: "Invalid character" CSC 255: "Diaanosis code" |
| X222.226.2300.HI12-3.010 | H112-3 | Date Time Period Format Qualifier | ID | 2-3 | N/U |  |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" |
| X222.226.2300.HI12-4.010 | HI12-4 | Date Time Period | AN | 1-35 | N/U |  |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" |
| X222.226.2300.HI12-5.010 | H112-5 | Monetary Amount | R | 1-18 | N/U |  |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" |
| X222.226.2300.HI12-6.010 | H112-6 | Quantity | R | 1-15 | N/U |  |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ |
| X222.226.2300.HI12-7.010 | HI12-7 | Version Identifier | AN | 1-30 | N/U |  |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" |
| X222.226.2300.HI12-8.010 | HI12-8 | Industry code | AN | 1-30 | N/U |  |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ |

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| X222.242.2300.HIO3.010 | H103 | HEALTH CARE CODE INFORMATION |  |  | S |  |  |  |  | 999 | R | IK403 = 10: "Exclusion Condition Violated" |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X222.242.2300.H103-1.010 | H.03-1 | Code List Qualifier | ID | 1-3 | R |  |  |  | BG | 999 | R | IK403 = 7: "Invalid Code Value" |
| X222.242.2300.HI03-2.010 | HIO3-2 | Condition Code | AN | 1-30 | R |  |  |  |  | 277 | C | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 460: "NUBC Condition Code(s)" |
| X222.242.2300.HI03-3.010 | HIO3-3 | Date Time Period Format Qualifier | ID | 2-3 | N/U |  |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" |
| X222.242.2300.HI03-4.010 | HIO3-4 | Date Time Period | AN | 1-35 | N/U |  |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" |
| X222.242.2300.HI03-5.010 | H103-5 | Monetary Amount | R | 1-18 | N/U |  |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" |
| X222.242.2300.HI03-6.010 | H103-6 | Quantity | R | 1-15 | N/U |  |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" |
| X222.242.2300.HI03-7.010 | H103-7 | Version Identifier | AN | 1-30 | N/U |  |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" |
| X222.242.2300.HI03-8.010 | HIO3-8 | Industry code | AN | 1-30 | N/U |  |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" |
| X222.242.2300.HI03-9.010 | H.03-9 | Yes/No Condition or response Code | ID | 1-1 | N/U |  |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" |
| X222.242.2300.H104.010 | H104 | HEALTH CARE CODE INFORMATION |  |  | S |  |  |  |  | 999 | R | IK403 = 10: "Exclusion Condition Violated" |
| X222.242.2300.H104-1.010 | HI04-1 | Code List Qualifier | ID | 1-3 | R |  |  |  | BG | 999 | R | IK403 = 7: "Invalid Code Value" |
| X222.242.2300.H104-2.010 | HIO4-2 | Condition Code | AN | 1-30 | R |  |  |  |  | 277 | C | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 460: "NUBC Condition Code(s)" |
| X222.242.2300.H104-3.010 | HI04-3 | Date Time Period Format Qualifier | ID | 2-3 | N/U |  |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" |
| X222.242.2300.H104-4.010 | HIO4-4 | Date Time Period | AN | 1-35 | N/U |  |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" |
| X222.242.2300.H104-5.010 | H104-5 | Monetary Amount | R | 1-18 | N/U |  |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" |
| X222.242.2300.H104-6.010 | HI04-6 | Quantity | R | 1-15 | N/U |  |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" |
| X222.242.2300.H104-7.010 | H104-7 | Version Identifier | AN | 1-30 | N/U |  |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" |
| X222.242.2300.H104-8.010 | H104-8 | Industry code | AN | 1-30 | N/U |  |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" |
| X222.242.2300.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" |
| X222.242.2300.HIO5.010 | H105 | HEALTH CARE CODE INFORMATION |  |  | S |  |  |  |  | 999 | R | IK403 = 10: "Exclusion Condition Violated" |
| X222.242.2300.H105-1.010 | H105-1 | Code List Qualifier | ID | 1-3 | R |  |  |  | BG | 999 | R | IK403 = 7: "Invalid Code Value" |
| X222.242.2300.H105-2.010 | HI05-2 | Condition Code | AN | 1-30 | R |  |  |  |  | 277 | C | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 460: "NUBC Condition Code(s)" |
| X222.242.2300.H105-3.010 | H105-3 | Date Time Period Format Qualifier | ID | 2-3 | N/U |  |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" |
| X222.242.2300.HIO5-4.010 | HI05-4 | Date Time Period | AN | 1-35 | N/U |  |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" |
| X222.242.2300.HIO5-5.010 | H105-5 | Monetary Amount | R | 1-18 | N/U |  |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" |
| X222.242.2300.H105-6.010 | HI05-6 | Quantity | R | 1-15 | N/U |  |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" |
| X222.242.2300.H105-7.010 | H05-7 | Version Identifier | AN | 1-30 | N/U |  |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" |
| X222.242.2300.HIO5-8.010 | H105-8 | Industry code | AN | 1-30 | N/U |  |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" |




| X222.242.2300.HI11-9.010 | H111-9 | Yes/No Condition or response Code | ID | 1-1 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X222.242.2300.H112.010 | H112 | HEALTH CARE CODE INFORMATION |  |  | S |  |  |  | 999 | R | IK403 = 10: "Exclusion Condition Violated" |
| X222.242.2300.H112-1.010 | HI12-1 | Code List Qualifier | ID | 1-3 | R |  |  | BG | 999 | R | IK403 = 7: "Invalid Code Value" |
| X222.242.2300.HI12-2.010 | HI12-2 | Condition Code | AN | 1-30 | R |  |  |  | 277 | C | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 460: "NUBC Condition Code(s)" |
| X222.242.2300.HI12-3.010 | H112-3 | Date Time Period Format Qualifier | ID | 2-3 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not |
| X222.242.2300.HI12-4.010 | HI12-4 | Date Time Period | AN | 1-35 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" |
| X222.242.2300.HI12-5.010 | H112-5 | Monetary Amount | R | 1-18 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" |
| X222.242.2300.HI12-6.010 | H112-6 | Quantity | R | 1-15 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not |
| X222.242.2300.HI12-7.010 | H112-7 | Version Identifier | AN | 1-30 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" |
| X222.242.2300.HI12-8.010 | H112-8 | Industry code | AN | 1-30 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" |
| X222.242.2300.HI12-9.010 | H112-9 | Yes/No Condition or response Code | ID | 1-1 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \\ & \hline \end{aligned}$ |
|  |  |  |  |  |  |  |  |  |  |  |  |
| X222.252.2300.HCP. 010 | HCP | CLAIM PRICING/REPRICING INFORMATION |  | 1 | S | 2300 |  |  | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" |
| X222.252.2300.HCP01.010 | HCP01 | Pricing Methodology | ID | 2-2 | R |  | $\begin{aligned} & \hline 00,01,02, \\ & 03,04,05, \\ & 06,07,08, \\ & 09,10,11, \\ & 12.13,14 \\ & \hline \end{aligned}$ | $\begin{aligned} & 00,01,02,03,04, \\ & 05,06,07,08,09, \\ & 10,11,12,13,14 \end{aligned}$ | 999 | R | IK403 = 1: "Required Data Element Missing" |
| X222.252.2300.HCP01.020 | HCP01 |  |  |  |  |  |  |  | 999 | R | IK403 = 7: "Invalid Code Value" |
| X222.252.2300.HCP02.010 | HCPO2 | Repriced Allowed Amount | R | 1-18 | R |  | $\begin{aligned} & \hline 00,01,02, \\ & 03,04,05, \\ & 06,07,08, \\ & 09,10,11, \\ & 12.13 .14 \\ & \hline \end{aligned}$ |  | 999 | R | IK403 = 1: "Required Data Element Missing" |
| X222.252.2300.HCP02.020 | HCP02 |  |  |  |  |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" |
| X222.252.2300.HCP02.030 | HCPO2 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length Invalid" TBD15: "Repriced Allowed Amount" |
| X222.252.2300.HCP03.010 | HCPO3 | Repriced Saving Amount | R | 1-18 | S |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" |
| X222.252.2300.HCP03.020 | HCP03 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." <br> CSC 512: "Length Invalid" <br> CSC 637: "Repriced Saving Amount" |
| X222.252.2300.HCP04.010 | HCP04 | Repricing Organization Identifier | AN | 1-50 | S |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" |
| X222.252.2300.HCP04.020 | HCP04 |  |  |  |  |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" |
| X222.252.2300.HCP04.030 | HCP04 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length Invalid" CSC 153: "Entity's ID Number" EIC TU Third Party Repricing Oraanization(TPO) |

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| X222.252.2300.HCP04.040 | HCP04 |  |  |  |  |  |  |  | 999 | E | IK403 = 6: "Invalid Character in Data Element" |
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| X222.252.2300.HCP04.050 | HCP04 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 511: "Invalid character" CSC 153: "Entity's ID Number" EIC TU Third Party Repricing Oraanization(TPO) |
| X222.252.2300.HCP05.010 | HCP05 | Repricing Per Diem or Flat Rate Amount | R | 1-9 | S |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" |
| X222.252.2300.HCP05.020 | HCP05 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length Invalid" CSC 638: "Repricing Per Diem or Flat Rate_Amount" |
| X222.252.2300.HCP06.010 | HCP06 | Repriced Approved Ambulatory Patient Group Code | AN | 1-50 | S |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" |
| X222.252.2300.HCP06.020 | HCP06 |  |  |  |  |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" |
| X222.252.2300.HCP06.030 | HCP06 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length Invalid" CSC 635 "Repriced Approved Ambulatory Patient Groun" |
| X222.252.2300.HCP06.040 | HCP06 |  |  |  |  |  |  |  | 999 | E | IK403 = 6: "Invalid Character in Data Element" |
| X222.252.2300.HCP06.050 | HCP06 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 511: "Invalid character" CSC 635 "Repriced Approved Ambulatorv Patient Groun" |
| X222.252.2300.HCP07.010 | HCPO7 | Repriced Approved Ambulatory Patient Group Amount | R | 1-18 | S |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" |
| X222.252.2300.HCP07.020 | HCPO7 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information...' CSC 512: "Length Invalid" TDB18: "Repriced Approved Ambulatory Patient Group Amount" |
| X222.252.2300.HCP08.010 | HCP08 | Product/Service ID | AN | 1-48 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" |
| X222.252.2300.HCP09.010 | HCP09 | Product or Service ID Qualifier | ID | 2-2 | S |  | HC, IV, ZZ | ER, HC, IV, WK | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" |
| X222.252.2300.HCP10.010 | HCP10 | Procedure Code | AN | 1-48 | S |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" |
| X222.252.2300.HCP11.010 | HCP11 | Unit or Basis for Measurement | ID | 2-2 | S |  | DA, UN | MJ, UN | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" |
| X222.252.2300.HCP12.010 | HCP12 | Repriced Approved Service Unit <br> Count | R | 1-15 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" |
| X222.252.2300.HCP13.010 | HCP13 | Reject Reason Code | ID | 2-2 | S |  | $\begin{aligned} & \mathrm{T} 1, \mathrm{~T} 2, \mathrm{~T} 3, \\ & \mathrm{~T} 4, \mathrm{~T} 5, \mathrm{~T} 6 \\ & \hline \end{aligned}$ | $\begin{gathered} \mathrm{T} 1, \mathrm{~T} 2, \mathrm{~T} 3, \mathrm{~T} 4, \mathrm{~T} 5, \\ \mathrm{~T} 6 \end{gathered}$ | 999 | R | IK403 = 7: "Invalid Code Value" |
| X222.252.2300.HCP14.010 | HCP14 | Policy Compliance Code | ID | 1-2 | S |  | 1, 2, 3, 4, 5 | 1, 2, 3, 4, 5 | 999 | R | IK403 = 7: "Invalid Code Value" |
| X222.252.2300.HCP15.010 | HCP15 | Exception Code | ID | 1-2 | S |  | 1, 2, 3, 4, 5, | 1, 2, 3, 4, 5, 6 | 999 | R | IK403 = 7: "Invalid Code Value" |
|  |  |  |  |  |  |  |  |  |  |  |  |
| X222.257.2310A.NM1.010 | NM1 | REFERRING PROVIDER NAME Loop |  |  |  | 2310A |  |  | 999 | R | IK304 = 4: "Loop Occurs Over Maximum Times" |
| X222.257.2310A.NM1.020 | NM1 | REFERRING PROVIDER NAME |  | 1 | S | 2310A |  |  | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" |

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| X222.262.2310B.NM107.060 | NM107 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." <br> CSC 511: "Invalid character" <br> CSC 125: "Entity's Name" <br> EIC: 82 Renderina Provider |
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| X222.262.2310B.NM108.010 | NM108 | Identification Code Qualifier | ID | 1-2 | S |  | 24, 34, XX | XX | 277 | C | CSCC A8: "Acknowledgement / Rejected for relational field in error." TBD01: "Situational segment/element required for adjudication." EIC: 82 Rendering Provider |
| X222.262.2310B.NM108.020 | NM108 |  |  |  |  |  |  |  | 277 | C | CSCC A6: <br> "Acknowledgement/Rejected for Missing Information..." <br> TBD01: "Situational segment/element required for adjudication." <br> EIC: 82 Rendering Provider |
| X222.262.2310B.NM108.030 | NM108 |  |  |  |  |  |  |  | 999 | R | IK403 = 7: "Invalid Code Value" |
| X222.262.2310B.NM109.010 | NM109 | Rendering Provider Identifier | AN | 2-80 | S |  |  |  | 999 | R | IK403 = 2 "Conditional Required Data Element Missing" |
| X222.262.2310B.NM109.020 | NM109 |  |  |  |  |  |  |  | 277 | C | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 562: "Entity's National Provider Identifier (NPI)" <br> FlC: 82 Renderina Provider |
| X222.262.2310B.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 |
| X222.262.2310B.NM109.040 | NM109 |  |  |  |  |  |  |  | 277 | C | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 562: "Entity's National Provider Identifier (NPI)" <br> FIC: 82 Renderina Provider |
| X222.262.2310B.NM110.010 | NM110 | Entity Relationship Code | ID | 2-2 | N/U |  |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" |
| X222.262.2310B.NM111.010 | NM111 | Entity Identifier Code | ID | 2-3 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" |
| X222.262.2310B.NM112.010 | NM112 | Name Last or Organization Name | AN | 1-60 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" |
|  |  |  |  |  |  |  |  |  |  |  |  |
| X222.265.2310B.PRV. 010 | PRV | RENDERING PROVIDER SPECIALTY INFORMATION |  | 1 | S | 2310B |  |  | 999 | R | IK304 = 19: "Implementation Dependent 'not used' Segment Present" |
| X222.265.2310B.PRV. 020 | PRV |  |  |  |  |  |  |  | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" |
| X222.265.2310B.PRV01.010 | PRV01 | Provider Code | ID | 1-3 | R |  | PE | PE | 999 | R | IK403 = 1: "Required Data Element Missing" |
| X222.265.2310B.PRV01.020 | PRV01 |  |  |  |  |  |  |  | 999 | R | IK403 = 7: "Invalid Code Value" |
| X222.265.2310B.PRV02.010 | PRV02 | Reference Identification Qualifier | ID | 2-3 | R |  | ZZ | PXC | 999 | R | IK403 = 1: "Required Data Element Missing" |
| X222.265.2310B.PRV02.020 | PRV02 |  |  |  |  |  |  |  | 999 | R | IK403 = 7: "Invalid Code Value" |
| X222.265.2310B.PRV03.010 | PRV03 | Provider Taxonomy Code | AN | 1-50 | R |  |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" |

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| X222.265.2310B.PRV03.020 | PRV03 |  |  |  |  |  |  |  | 277 | C | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." <br> CSC 145: "Entity's specialty/taxonomy code" <br> EIC: 82 Renderina Provider |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X222.265.2310B.PRV04.010 | PRV04 | State or Province Code | ID | 2-2 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" |
| X222.265.2310B.PRV05.010 | PRV05 | PROVIDER SPECIALTY INFORMATION |  |  | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" |
| X222.265.2310B.PRV06.010 | PRV06 | Provider Organization Code | ID | 3-3 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" |
|  |  |  |  |  |  |  |  |  |  |  |  |
| X222.267.2310B.REF. 010 | REF | RENDERING PROVIDER secondary identification |  | 4 | S | 2310B |  |  | 999 | R | IK304 = 19: "Implementation Dependent 'not used' Segment Present" |
| X222.267.2310B.REF. 020 | REF |  |  |  |  |  |  |  | 277 | C | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." TBD02: "Payer specific restrictions on the number of repetitions" |
| X222.267.2310B.REF. 030 | REF |  |  |  |  |  |  |  | 999 | R | IK304 = 19: "Implementation Dependent "Not Used" Segment Present" |
| X222.267.2310B.REF01.010 | REF01 | Reference Identification Qualifier | ID | 2-3 | R |  | $\begin{aligned} & \text { OB, 1B, 1C, } \\ & \text { 1D, 1G, 1H, } \\ & \text { El, G2, LU, } \\ & \text { N5. SY, X5 } \end{aligned}$ | OB, 1G, G2, LU | 999 | R | IK403 = 1: "Required Data Element Missing" |
| X222.267.2310B.REF01.020 | REF01 |  |  |  |  |  |  |  | 277 | C | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." TBD02: "Payer specific restriction on the number of repetitions" |
| X222.267.2310B.REF02.010 | REF02 | Rendering Provider Secondary Identifier | AN | 1-50 | R |  |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" |
| X222.267.2310B.REF02.020 | REF02 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" |
| X222.267.2310B.REF02.030 | REF02 |  |  |  |  |  |  |  | 277 | C | CSCC A7: "Acknowledgement <br> /Rejected for Invalid Information..." <br> CSC 133: "Entity's UPIN" <br> CSC 560: "EIC: <br> FIC 82 Renderina Provider" |
| X222.267.2310B.REF02.040 | REF02 |  |  |  |  |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" |
| X222.267.2310B.REF02.050 | REF02 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." <br> CSC 512: "Length Invalid" <br> CSC 133: "Entity's UPIN" <br> FIC 82 Renderina-Provider" |
| X222.267.2310B.REF02.060 | REF02 |  |  |  |  |  |  |  | 999 | E | IK403 = 6: "Invalid Character in Data Element" |
| X222.267.2310B.REF02.070 | REF02 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 511: "Invalid character" CSC 133: "Entity's UPIN" EIC 82 Renderina Provider" |
| X222.267.2310B.REF03.010 | REF03 | Description | AN | 1-80 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" |

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| X222.267.2310B.REF04.010 | REF04 REFERENCE IDENTIFIER |  |  |  | N/U |  |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X222.269.2310C.NM1.010 | NM1 | SERVICE FACILITY LOCATION NAME |  | 1 | S | 2310C | 1 |  |  | 999 | R | IK304 = 4: "Loop Occurs Over Maximum Times" |
| X222.269.2310C.NM101.010 | NM101 | Entity Identifier Code | ID | 2-3 | R |  |  | $\begin{gathered} \hline 77, \mathrm{FA}, \mathrm{LI}, \\ \mathrm{TL} \\ \hline \end{gathered}$ | 77 | 999 | R | IK403 = 1: "Required Data Element Missing" |
| X222.269.2310C.NM101.020 | NM101 |  |  |  |  |  |  |  |  | 999 | R | IK403 = 7: "Invalid Code Value" |
| X222.269.2310C.NM102.010 | NM102 | Entity Type Qualifier | ID | 1-1 | R |  |  | 2 | 2 | 999 | R | IK403 = 1: "Required Data Element Missing" |
| X222.269.2310C.NM102.020 | NM102 |  |  |  |  |  |  |  |  | 999 | R | IK403 = 7: "Invalid Code Value" |
| X222.269.2310C.NM103.010 | NM103 | Laboratory or Facility Name | AN | 1-60 | R |  |  |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" |
| X222.269.2310C.NM103.020 | NM103 |  |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" |
| X222.269.2310C.NM103.030 | NM103 |  |  |  |  |  |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" |
| X222.269.2310C.NM103.040 | NM103 |  |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length Invalid" CSC 504: "Entity's Last Name" EIC: 77 Service Location |
| X222.269.2310C.NM103.050 | NM103 |  |  |  |  |  |  |  |  | 999 | E | IK403 = 6: "Invalid Character in Data Element" |
| X222.269.2310C.NM103.060 | NM103 |  |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 511: "Invalid character" CSC 504: "Entity's Last Name" EIC: 77 Service Location |
| X222.269.2310C.NM104.010 | NM104 | Name First | AN | 1-35 | N/U |  |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" |
| X222.269.2310C.NM105.010 | NM105 | Name Middle | AN | 1-25 | N/U |  |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" |
| X222.269.2310C.NM106.010 | NM106 | Name Prefix | AN | 1-10 | N/U |  |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" |
| X222.269.2310C.NM107.010 | NM107 | Name Suffix | AN | 1-10 | N/U |  |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" |
| X222.269.2310C.NM108.010 | NM108 | Identification Code Qualifier | ID | 1-2 | S |  |  | 24, 34, XX | xX | 999 | R | IK403 = 7: "Invalid Code Value" |
| X222.269.2310C.NM109.010 | NM109 | Laboratory or Facility Primary Identifier | AN | 2-80 | S |  |  |  |  | 999 | R | IK403 = 2 "Conditional Required Data Element Missing" |
| X222.269.2310C.NM109.020 | NM109 |  |  |  |  |  |  |  |  | 277 | C | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 562: "Entity's National Provider Identifier (NPI)" <br> FIC: 77 Service _ ocation |
| X222.269.2310C.NM109.030 | NM109 |  |  |  |  |  |  |  |  | 277 | C | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 562: "Entity's National Provider Identifier (NPI)" <br> EIC: 77 Service Location |
| X222.269.2310C.NM110.010 | NM110 | Entity Relationship Code | ID | 2-2 | N/U |  |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" |
| X222.269.2310C.NM111.010 | NM111 | Entity Identifier Code | ID | 2-3 | N/U |  |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" |
| X222.269.2310C.NM112.010 | NM112 | Name Last or Organization Name | AN | 1-60 | N/U |  |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
| X222.272.2310C.N3.010 | N3 | SERVICE FACILITY LOCATION ADDRESS |  | 1 | R | 2310C |  |  |  | 999 | R | IK304 = I6: "Implementation Dependent Segment Missing" |
| X222.272.2310C.N3.020 | N3 |  |  |  |  |  |  |  |  | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" |

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| X222.273.2310C.N402.010 | N402 | Laboratory or Facility State or Province Code | ID | 2-2 | S |  |  | 999 | R | IK403 = 2 "Conditional Required Data Element Missing" |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X222.273.2310C.N402.020 | N402 |  |  |  |  |  |  | 277 | C | CSCC A8: "Acknowledgement / Rejected for relational field in error" CSC 501: "Entity's State/Province" EIC: 77 Service Location |
| X222.273.2310C.N403.010 | N403 $\begin{array}{c}\text { Laboratory or Facility Postal } \\ \text { Zone ZIP Code }\end{array}$ |  | ID | 3-15 | S |  |  | 999 | R | IK403 = 2 "Conditional Required Data Element Missing" |
| X222.273.2310C.N403.020 | N403 |  |  |  |  |  |  | 277 | C | CSCC A8: "Acknowledgement / Rejected for relational field in error" CSC 500: "Entity's Postal/Zip Code" EIC: 77 Service Location |
| X222.273.2310C.N404.010 | N404 | Laboratory or Facility Country Code | ID | 2-3 | S |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" |
| X222.273.2310C.N405.010 | N405 | Location Qualifier | ID | 1-2 | N/U |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" |
| X222.273.2310C.N406.010 | N406 | Location Identifier | AN | 1-30 | N/U |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" |
| X222.273.2310C.N407.010 | N407 | Country Subdivision Code | ID | 1-3 | S |  |  | 277 | C | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 695: "Entity's Country Subdivision Code" <br> EIC: 77 Service Location |
|  |  |  |  |  |  |  |  |  |  |  |
| X222.275.2310C.REF. 010 | REF | SERVICE FACILITY LOCATION SECONDARY IDENTIFICATION |  | 3 | S | 2310C |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." TBD02: "Payer specific restrictions on the number of repetitions" |
|  |  |  |  |  |  |  |  |  |  |  |
| X222.277.2310C.PER. 010 | PER | SERVICE FACILITY CONTACT INFORMATION |  | 1 | S | 2310C |  | 999 | R | IK304 = 19: "Implementation Dependent 'not used' Segment Present" |
| X222.277.2310C.PER. 020 | PER |  |  |  |  |  |  | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" |
| X222.277.2310C.PER01.010 | PER01 | Contact Function Code | ID | 2-2 | R |  | IC | 999 | R | IK403 = 1: "Required Data Element Missing" |
| X222.277.2310C.PER01.020 | PER01 |  |  |  |  |  |  | 999 | R | IK403 = 7: "Invalid Code Value" |
| X222.277.2310C.PER02.010 | PER02 | Submitter Contact Name | AN | 1-60 | S |  |  | 999 | E | IK403 = 5: "Data Element Too Long" |
| X222.277.2310C.PER02.020 | PER02 |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid" CSC 561: "Entity's Contact Name" FlC: 77 Service_Location |
| X222.277.2310C.PER03.010 | PER03 | Communication Number Qualifier | ID | 2-2 | R |  | TE | 999 | R | IK403 = 1: "Required Data Element Missing" |
| X222.277.2310C.PER03.020 | PER03 |  |  |  |  |  |  | 999 | R | IK403 = 7: "Invalid Code Value" |
| X222.277.2310C.PER04.010 | PER04 | Communication Number | AN | 1-256 | R |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" |
| X222.277.2310C.PER04.020 | PER04 |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" |
| X222.277.2310C.PER04.030 | PER04 |  |  |  |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" |

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| X222.277.2310C.PER04.040 | PER04 |  |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid" CSC 127: "Entity's Phone Number" EIC: 77 Service _ ocation |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X222.277.2310C.PER04.050 | PER04 |  |  |  |  |  |  |  |  | 999 | E | IK403 = 6: "Invalid Character in Data Element" |
| X222.277.2310C.PER04.060 | PER04 |  |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 511: "Invalid character" CSC 127: "Entity's Phone Number" FIC: 77 Service Location |
| X222.277.2310C.PER05.010 | PER05 | Communication Number Qualifier | ID | 2-2 | S |  |  |  | EX | 999 | R | IK403 = 7: "Invalid Code Value" |
| X222.277.2310C.PER05.020 | PER05 |  |  |  |  |  |  | $\begin{gathered} \hline \text { ED, EM, EX, } \\ \text { FX, TE } \\ \hline \end{gathered}$ | EM, EX, FX, TE | 999 | R | IK403 = 7: "Invalid Code Value" |
| X222.277.2310C.PER06.010 | PER06 | Communication Number | AN | 1-256 | S |  |  |  |  | 999 | R | IK403 = 2 "Conditional Required Data Element Missing" |
| X222.277.2310C.PER06.020 | PER06 |  |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" |
| X222.277.2310C.PER06.030 | PER06 |  |  |  |  |  |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" |
| X222.277.2310C.PER06.040 | PER06 |  |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length Invalid" CSC 127: "Entity's Phone Number" FIC: 77 Service _ ocation |
| X222.277.2310C.PER06.050 | PER06 |  |  |  |  |  |  |  |  | 999 | E | IK403 = 6: "Invalid Character in Data Element" |
| X222.277.2310C.PER06.060 | PER06 |  |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 511: "Invalid character" CSC 127: "Entity's Phone Number" EIC: 77 Service _ ocation |
| X222.277.2310C.PER07.010 | PER07 | Communication Number Qualifier | ID | 2-2 | N/U |  |  |  |  | 999 | E | IK403 = I 10: "Implementation "Not Used" Element Present" |
| X222.277.2310C.PER08.010 | PER08 | Communication Number | AN | 1-256 | N/U |  |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" |
| X222.277.2310C.PER09.010 | PER09 | Contact Inquiry Reference | AN | 1-20 | N/U |  |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
| X222.280.2310D.NM1.010 | NM1 | SUPERVISING PROVIDER NAME |  | 1 | S | 2310D | 1 |  |  | 999 | R | IK304 = 4: "Loop Occurs Over Maximum Times" |
| X222.280.2310D.NM101.010 | NM101 | Entity Identifier Code | ID | 2-3 | R |  |  | DQ | DQ | 999 | R | IK403 = 1: "Required Data Element Missing" |
| X222.280.2310D.NM101.020 | NM101 |  |  |  |  |  |  |  |  | 999 | R | IK403 = 7: "Invalid Code Value" |
| X222.280.2310D.NM102.010 | NM102 | Entity Type Qualifier | ID | 1-1 | R |  |  | 1 | 1 | 999 | R | IK403 = 1: "Required Data Element Missing" |
| X222.280.2310D.NM102.020 | NM102 |  |  |  |  |  |  |  |  | 999 | R | IK403 = 7: "Invalid Code Value" |
| X222.280.2310D.NM103.010 | NM103 | Supervising Provider Last Name | AN | 1-60 | R |  |  |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" |
| X222.280.2310D.NM103.020 | NM103 |  |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" |
| X222.280.2310D.NM103.030 | NM103 |  |  |  |  |  |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" |
| X222.280.2310D.NM103.040 | NM103 |  |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length Invalid" CSC 504: "Entity's Last Name" FIC OR Sunervisina_Phvsician |
| X222.280.2310D.NM103.050 | NM103 |  |  |  |  |  |  |  |  | 999 | E | IK403 = 6: "Invalid Character in Data Element" |

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| X222.283.2310D.REF02.070 | REF02 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 511: "Invalid character" CSC 629: "Property Casualty Claim Number" <br> EIC DO Sunervisina Phvsician |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X222.283.2310D.REF03.010 | REF03 | Description | AN | 1-80 | N/U |  |  |  | 999 | E |  | IK403 = I10: "Implementation "Not Used" Element Present" |
| X222.283.2310D.REF04.010 | REF04 | REFERENCE IDENTIFIER |  |  | N/U |  |  |  | 999 | E |  | IK403 = I10: "Implementation "Not Used" Element Present" |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
| X222.285.2310E.NM1.010 | NM1 | AMBULANCE PICK UP LOCATION |  | 1 | S | 2310E | 1 |  | 999 | R |  | IK304 = 4: "Loop Occurs Over Maximum Times" |
| X222.285.2310E.NM101.010 | NM101 | Entity Identifier Code | ID | 2-3 | R |  |  | PW | 999 | R |  | IK403 = 1: "Required Data Element Missing" |
| X222.285.2310E.NM101.020 | NM101 |  |  |  |  |  |  |  | 999 | R |  | IK403 = 7: "Invalid Code Value" |
| X222.285.2310E.NM102.010 | NM102 | Entity Type Qualifier | ID | 1-1 | R |  |  | 2 | 999 | R |  | IK403 = 1: "Required Data Element Missing" |
| X222.285.2310E.NM102.020 | NM102 |  |  |  |  |  |  |  | 999 | R |  | IK403 = 7: "Invalid Code Value" |
| X222.285.2310E.NM103.010 | NM103 | Name Last or Organization Name | AN | 1-60 | N/U |  |  |  | 999 | E |  | IK403 = I10: "Implementation "Not Used" Element Present" |
| X222.285.2310E.NM104.010 | NM104 | Name First | AN | 1-35 | N/U |  |  |  | 999 | E |  | IK403 = I10: "Implementation "Not Used" Element Present" |
| X222.285.2310E.NM105.010 | NM105 | Name Middle | AN | 1-25 | N/U |  |  |  | 999 | E |  | IK403 = I10: "Implementation "Not Used" Element Present" |
| X222.285.2310E.NM106.010 | NM106 | Name Prefix | AN | 1-10 | N/U |  |  |  | 999 | E |  | IK403 = I10: "Implementation "Not Used" Element Present" |
| X222.285.2310E.NM107.010 | NM107 | Name Suffix | AN | 1-10 | N/U |  |  |  | 999 | E |  | IK403 = I10: "Implementation "Not Used" Element Present" |
| X222.285.2310E.NM108.010 | NM108 | Identification Code Qualifier | ID | 1-2 | N/U |  |  |  | 999 | E |  | IK403 = I10: "Implementation "Not Used" Element Present" |
| X222.285.2310E.NM109.010 | NM109 | Identification Code | AN | 2-80 | N/U |  |  |  | 999 | E |  | IK403 = I10: "Implementation "Not Used" Element Present" |
| X222.285.2310E.NM110.010 | NM110 | Entity Relationship Code | ID | 2-2 | N/U |  |  |  | 999 | E |  | IK403 = I10: "Implementation "Not Used" Element Present" |
| X222.285.2310E.NM111.010 | NM111 | Entity Identifier Code | ID | 2-3 | N/U |  |  |  | 999 | E |  | IK403 = I10: "Implementation "Not Used" Element Present" |
| X222.285.2310E.NM112.010 | NM112 | Name Last or Organization Name | AN | 1-60 | N/U |  |  |  | 999 | E |  | IK403 = I10: "Implementation "Not Used" Element Present" |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
| X222.287.2310E.N3.010 | N3 | AMBULANCE PICK UP LOCATION ADDRESS |  | 1 | R | 2310E |  |  | 999 | R |  | IK304 = 16: "Implementation Dependent Segment Missing" |
| X222.287.2310E.N3.020 | N3 |  |  |  |  |  |  |  | 999 | R |  | IK304 = 5: "Segment Exceeds Maximum Use" |
| X222.287.2310E.N301.010 | N301 | Ambulance Pick Up Address Line | AN | 1-55 | R |  |  |  | 999 | R |  | IK403 = 1: "Required Data Element Missing" |
| X222.287.2310E.N301.020 | N301 |  |  |  |  |  |  |  | 999 | R |  | IK403 = 6: "Invalid Character in Data Element" |
| X222.287.2310E.N301.030 | N301 |  |  |  |  |  |  |  | 999 | E |  | IK403 = 5: "Data Element Too Long" |
| X222.287.2310E.N301.040 | N301 |  |  |  |  |  |  |  | 277 | T |  | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." <br> CSC 512: "Length Invalid" <br> CSC 126: "Entity's Address" <br> 266 Facility point of origin and <br> destination - ambulance |
| X222.287.2310E.N301.050 | N301 |  |  |  |  |  |  |  | 999 | E |  | IK403 = 6: "Invalid Character in Data Element" |

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| X222.288.2310E.N403.020 | N403 |  |  |  |  |  |  |  | 277 | C | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 500: "Entity's Postal/Zip Code" EIC 266 "Facility point of origin and destination - ambulance" |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X222.288.2310E.N404.010 | N404 | Ambulance Pick Up Country Code | ID | 2-3 | S |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ |
| X222.288.2310E.N405.010 | N405 | Location Qualifier | ID | 1-2 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" |
| X222.288.2310E.N406.010 | N406 | Location Identifier | AN | 1-30 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" |
| X222.288.2310E.N407.010 | N407 | Country Subdivision Code | ID | 1-3 | S |  |  |  | 277 | C | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 695: "Entity's Country Subdivision Code" <br> EIC 266 "Facility point of origin and destination - ambulance" |
|  |  |  |  |  |  |  |  |  |  |  |  |
| X222.290.2310F.NM1.010 | NM1 | AMBULANCE DROP OFF LOCATION |  | 1 | S | 2310F | 1 |  | 999 | R | IK304 = 4: "Loop Occurs Over Maximum Times" |
| X222.290.2310F.NM101.010 | NM101 | Entity Identifier Code | ID | 2-3 | R |  |  | 45 | 999 | R | IK403 = 1: "Required Data Element Missing" |
| X222.290.2310F.NM101.020 | NM101 |  |  |  |  |  |  |  | 999 | R | IK403 = 7: "Invalid Code Value" |
| X222.290.2310F.NM102.010 | NM102 | Entity Type Qualifier | ID | 1-1 | R |  |  | 2 | 999 | R | IK403 = 1: "Required Data Element Missing" |
| X222.290.2310F.NM102.020 | NM102 |  |  |  |  |  |  |  | 999 | R | IK403 = 7: "Invalid Code Value" |
| X222.290.2310F.NM103.010 | NM103 | Ambulance Drop Off Location |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" |
| X222.290.2310F.NM103.020 | NM103 |  | AN | 1-60 | S |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" |
| X222.290.2310F.NM103.030 | NM103 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length Invalid" CSC 504: "Entity's Last Name" EIC 266 "Facility point of origin and destination - ambulance" |
| X222.290.2310F.NM103.040 | NM103 |  |  |  |  |  |  |  | 999 | E | IK403 = 6: "Invalid Character in Data Element" |
| X222.290.2310F.NM103.050 | NM103 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 511: "Invalid character" CSC 504: "Entity's Last Name" EIC 266 "Facility point of origin and destination - ambulance" |
| X222.290.2310F.NM104.010 | NM104 | Name First | AN | 1-35 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" |
| X222.290.2310F.NM105.010 | NM105 | Name Middle | AN | 1-25 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" |
| X222.290.2310F.NM106.010 | NM106 | Name Prefix | AN | 1-10 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" |
| X222.290.2310F.NM107.010 | NM107 | Name Suffix | AN | 1-10 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" |
| X222.290.2310F.NM108.010 | NM108 | Identification Code Qualifier | ID | 1-2 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not <br> Used" Element Present" |
| X222.290.2310F.NM109.010 | NM109 | Identification Code | AN | 2-80 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" |
| X222.290.2310F.NM110.010 | NM110 | Entity Relationship Code | ID | 2-2 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" |
| X222.290.2310F.NM111.010 | NM111 | Entity Identifier Code | ID | 2-3 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" |

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| X222.293.2310F.N401.030 | N401 |  |  |  |  |  |  |  |  | 999 | E | IK403 = 4: "Data Element Too Short" <br> IK403 = 5: "Data Element Too Long" |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X222.293.2310F.N401.040 | N401 |  |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement <br> /Rejected for Invalid Information..." <br> CSC 512: "Length Invalid" <br> CSC 502: "Entity's City" <br> EIC 266 "Facility point of origin and destination - ambulance" |
| X222.293.2310F.N401.050 | N401 |  |  |  |  |  |  |  |  | 999 | E | IK403 = 6: "Invalid Character in Data Element" |
| X222.293.2310F.N401.060 | N401 |  |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." <br> CSC 511: "Invalid character" <br> CSC 502: "Entity's City" <br> EIC 266 "Facility point of origin and destination-ambulance" |
| X222.293.2310F.N402.010 | N402 | Ambulance Drop Off State or Province Code | ID | 2-2 | S |  |  |  |  | 999 | R | IK403 = 2 "Conditional Required Data Element Missing" |
| X222.293.2310F.N402.020 | N402 |  |  |  |  |  |  |  |  | 277 | C | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 501: "Entity's State/Province" EIC 266 "Facility point of origin and destination - ambulance" |
| X222.293.2310F.N403.010 | N403 | Ambulance Drop Off Postal Zone <br> ZIP Code | ID | 3-15 | S |  |  |  |  | 999 | R | IK403 = 2 "Conditional Required Data Element Missing" |
| X222.293.2310F.N403.020 | N403 |  |  |  |  |  |  |  |  | 277 | C | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 500: "Entity's Postal/Zip Code" EIC 266 "Facility point of origin and destination - ambulance" |
| X222.293.2310F.N404.010 | N404 | Ambulance Drop Off Country Code | ID | 2-3 | S |  |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" |
| X222.293.2310F.N405.010 | N405 | Location Qualifier | ID | 1-2 | N/U |  |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" |
| X222.293.2310F.N406.010 | N406 | Location Identifier | AN | 1-30 | N/U |  |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" |
| X222.293.2310F.N407.010 | N407 | Country Subdivision Code | ID | 1-3 | S |  |  |  |  | 277 | C | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 695: "Entity's Country Subdivision Code" <br> EIC 266 "Facility point of origin and destination - ambulance" |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
| X222.295.2320..010 | SBR | OTHER SUBSCRIBER LOOP |  |  |  | 2320 | 10 |  |  | 999 | R | IK304 = 4: "Loop Occurs Over Maximum Times" |
| X222.295.2320.SBR. 010 | SBR | OTHER SUBSCRIBER INFORMATION |  | 1 | S | 2320 |  |  |  | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" |
| X222.295.2320.SBR01.010 | SBR01 | Payer Responsibility Sequence Number Code | ID | 1-1 | R |  |  | P, S, T | $\begin{gathered} \text { A, B, C, D, E, F, G, } \\ H, P, S, T, U \\ \hline \end{gathered}$ | 999 | R | IK403 = 1: "Required Data Element Missing" |
| X222.295.2320.SBR01.020 | SBR01 |  |  |  |  |  |  |  |  | 999 | R | IK403 = 7: "Invalid Code Value" |
| X222.295.2320.SBR01.030 | SBR01 |  |  |  |  |  |  |  |  | 999 | R | IK403 = 7: "Invalid Code Value" |
| X222.295.2320.SBR01.040 | SBR01 |  |  |  |  |  |  |  |  | 277 | C | CSCC A6: <br> "Acknowledgement/Rejected for Missing Information..." <br> CSC 286 "Other payer's Explanation of Benefits/payment information" |

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| X222.295.2320.SBR02.010 | SBR02 | Individual Relationship Code | ID | 2-2 | R | $\begin{gathered} 01,18,19,20,21, \\ 39,40,53, \mathrm{G} 8 \end{gathered}$ | 999 | R | IK403 = 1: "Required Data Element Missing" |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X222.295.2320.SBR02.020 | SBR02 |  |  |  |  |  | 999 | R | IK403 = 7: "Invalid Code Value" |
| X222.295.2320.SBR03.010 | SBR03 | Insured Group or Policy Number |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" |
| X222.295.2320.SBR03.020 | SBR03 |  | AN | 1-50 | S |  | 999 | E | IK403 = 5: "Data Element Too Long" |
| X222.295.2320.SBR03.030 | SBR03 |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length Invalid" CSC 163: "Entity's policy number" EIC: GB Other Insured |
| X222.295.2320.SBR03.040 | SBR03 |  |  |  |  |  | 999 | E | IK403 = 6: "Invalid Character in Data Element" |
| X222.295.2320.SBR03.050 | SBR03 |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information.. CSC 511: "Invalid character" CSC 163: "Entity's policy number" EIC: GB Other Insured |
| X222.295.2320.SBR04.010 | SBR04 | Other Insured Group Name | AN | 1-60 | S |  | 999 | R | IK403 = 10: "Exclusion Condition Violated" |
| X222.295.2320.SBR04.020 | SBR04 |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" |
| X222.295.2320.SBR04.030 | SBR04 |  |  |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" |
| X222.295.2320.SBR04.040 | SBR04 |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length Invalid" CSC 663: "Entity's Group Name" EIC. GB Other Insured |
| X222.295.2320.SBR04.050 | SBR04 |  |  |  |  |  | 999 | E | IK403 = 6: "Invalid Character in Data Element" |
| X222.295.2320.SBR04.060 | SBR04 |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 511: "Invalid character" CSC 663: "Entity's Group Name" FIC: GB Other Insured |
| X222.295.2320.SBR05.010 | SBR05 | Insurance Type Code | ID | 1-3 | S |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" |
| X222.295.2320.SBR06.010 | SBR06 | Coordination of Benefits Code | ID | 1-1 | N/U |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" |
| X222.295.2320.SBR07.010 | SBR07 | Yes/No Condition or Response Code | ID | 1-1 | N/U |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" |
| X222.295.2320.SBR08.010 | SBR08 | Employment Status Code | ID | 2-2 | N/U |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" |
| X222.295.2320.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, ZZ | 999 | R | IK403 = 7: "Invalid Code Value" |
| X222.295.2320.SBR09.020 | SBR09 |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 480: "Other Carrier Claim filing indicator is missing or invalid" |

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| X222.299.2320.CAS. 010 | CAS | CLAIM LEVEL ADJUSTMENTS |  | 5 | S | 2320 |  |  | 999 | R | IK304 = 19: "Implementation Dependent 'not used' Segment Present" |
| X222.299.2320.CAS. 020 | CAS |  |  |  |  |  |  |  | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" |
| X222.299.2320.CAS01.010 | CASO1 | Claim Adjustment Group Code | ID | 1-2 | R |  | $\begin{gathered} \hline \mathrm{CO}, \mathrm{CR}, \mathrm{OA}, \\ \mathrm{PI}, \mathrm{PR} \\ \hline \end{gathered}$ | CO, CR, OA, PI, PR | 999 | R | IK403 = 1: "Required Data Element Missing" |
| X222.299.2320.CAS01.020 | CASO1 |  |  |  |  |  |  |  | 999 | R | IK403 = 7: "Invalid Code Value" |
| X222.299.2320.CAS01.030 | CAS01 |  |  |  |  |  |  |  | 277 | C | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 696: "Claim Adjustment Group Code" <br> FIC: GB Other Insured |
| X222.299.2320.CAS02.010 | CAS02 | Adjustment Reason Code | ID | 1-5 | R |  |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" |
| X222.299.2320.CAS02.020 | CASO2 |  |  |  |  |  |  |  | 277 | C | CSCC A8 Acknowledgement / Rejected for relational field in error. CSC 521: Adjustment Reason Code CSC 516: Adjudication or Payment Date EIC: GB Other Insured |
| X222.299.2320.CAS02.030 | CAS02 |  |  |  |  |  |  |  | 277 | C | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 521: Adjustment Reason Code CSC 516: Adjudication or Payment Date EIC: GB Other Insured |
| X222.299.2320.CAS03.010 | CAS03 | Adjustment Amount | R | 1-18 | R |  |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" |
| X222.299.2320.CAS03.020 | CAS03 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" |
| X222.299.2320.CAS03.030 | 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 |
| X222.299.2320.CAS03.040 | CAS03 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 697: "Too many decimal positions" <br> CSC 519: "Adjustment Amount" FIC. GB Other Insured |
| X222.299.2320.CAS03.050 | CAS03 |  |  |  |  |  |  |  | 999 | E | IK403 = 4: "Data Element Too Short" IK403 = 5: "Data Element Too Long" |
| X222.299.2320.CAS03.060 | CAS03 |  |  |  |  |  |  |  | 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 |

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| X222.299.2320.CAS04.010 | CASO4 | Adjustment Quantity | R | 1-15 | S |  |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X222.299.2320.CAS03.020 | CAS04 |  |  |  |  |  |  |  |  | 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 |
| X222.299.2320.CAS04.030 | 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 |
| X222.299.2320.CAS05.010 | CAS05 | Adjustment Reason Code | ID | 1-5 | S |  |  |  |  | 999 | R | IK403 = 10: "Exclusion Condition Violated" |
| X222.299.2320.CAS05.020 | CAS05 |  |  |  |  |  |  |  |  | 277 | C | CSCC A8 Acknowledgement / <br> Rejected for relational field in error. CSC 521: Adjustment Reason Code CSC 516: Adjudication or Payment Date EIC: GB Other Insured |
| X222.299.2320.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> EIC: GB Other Insured |
| X222.299.2320.CAS06.010 | CAS06 | Adjustment Amount | R | 1-18 | S |  |  |  |  | 999 | R | IK403 = 2 "Conditional Required Data Element Missing" |
| X222.299.2320.CAS06.020 | CAS06 |  |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" |
| X222.299.2320.CAS06.030 | 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 |
| X222.299.2320.CAS06.040 | CAS06 |  |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 697: "Too many decimal positions" <br> CSC 519: "Adjustment Amount" FIC. GB Other Insured |
| X222.299.2320.CAS06.050 | CAS06 |  |  |  |  |  |  |  |  | 999 | E | IK403 = 4: "Data Element Too Short" IK403 = 5: "Data Element Too Long" |
| X222.299.2320.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 |
| X222.299.2320.CAS07.010 | CAS07 | Adjustment Quantity | R | 1-15 | S |  |  |  |  | 999 | R | IK403 = 10: "Exclusion Condition Violated" |
| X222.299.2320.CAS07.020 | CAS07 |  |  |  |  |  |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" |

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| X222.299.2320.CAS07.030 | CAS07 |  |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement <br> /Rejected for Invalid Information..." <br> CSC 512: "Length invalid for receiver's <br> application system" <br> CSC 519: "Adjustment Amount" <br> FIC. GB Other Insured |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X222.299.2320.CAS07.040 | CAS07 |  |  |  |  |  |  |  |  | 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 |
| X222.299.2320.CAS08.010 | CAS08 | Adjustment Reason Code | ID | 1-5 | S |  |  |  |  | 999 | R | IK403 = 10: "Exclusion Condition Violated" |
| X222.299.2320.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 <br> EIC: GB Other Insured |
| X222.299.2320.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 <br> EIC: GB Other Insured |
| X222.299.2320.CAS09.010 | CAS09 | Adjustment Amount | R | 1-18 | S |  |  |  |  | 999 | R | IK403 = 2 "Conditional Required Data Element Missing" |
| X222.299.2320.CAS09.020 | CAS09 |  |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" |
| X222.299.2320.CAS09.030 | CAS09 |  |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement <br> /Rejected for Invalid Information..." <br> CSC 694: "Amount must not be equal <br> to zero" <br> CSC 519: "Adjustment Amount" <br> FIC. GBOther Insured |
| X222.299.2320.CAS09.040 | CAS09 |  |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 697: "Too many decimal positions" <br> CSC 519: "Adjustment Amount" FIC. GB Other Insured |
| X222.299.2320.CAS09.050 | CAS09 |  |  |  |  |  |  |  |  | 999 | E | IK403 = 4: "Data Element Too Short" IK403 = 5: "Data Element Too Long" |
| X222.299.2320.CAS09.060 | CAS09 |  |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement <br> IRejected for Invalid Information..." <br> CSC 512: "Length invalid for receiver's <br> application system" <br> CSC 519: "Adjustment Amount" <br> FIC. GB Other Insured |
| X222.299.2320.CAS10.010 | CAS10 | Adjustment Quantity | R | 1-15 | S |  |  |  |  | 999 | R | IK403 = 10: "Exclusion Condition Violated" |
| X222.299.2320.CAS10.020 | CAS10 |  |  |  |  |  |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" |
| X222.299.2320.CAS10.030 | CAS10 |  |  |  |  |  |  |  |  | 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 |

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| X222.299.2320.CAS10.040 | 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 Insured |
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| X222.299.2320.CAS11.010 | CAS11 | Adjustment Reason Code | ID | 1-5 | S |  |  |  |  | 999 | R | IK403 = 10: "Exclusion Condition Violated" |
| X222.299.2320.CAS11.020 | CAS11 |  |  |  |  |  |  |  |  | 277 | C | CSCC A8 Acknowledgement / <br> Rejected for relational field in error. <br> CSC 521: Adjustment Reason Code <br> CSC 516: Adjudication or Payment <br> Date <br> EIC: GB Other Insured |
| X222.299.2320.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 EIC: GB Other Insured |
| X222.299.2320.CAS12.010 | CAS12 | Adjustment Amount | R | 1-18 | S |  |  |  |  | 999 | R | IK403 = 2 "Conditional Required Data Element Missing" |
| X222.299.2320.CAS12.020 | CAS12 |  |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" |
| X222.299.2320.CAS12.030 | CAS12 |  |  |  |  |  |  |  |  | 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 |
| X222.299.2320.CAS12.040 | CAS12 |  |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 697: "Too many decimal positions" <br> CSC 519: "Adjustment Amount" Flc. GB Other Insured |
| X222.299.2320.CAS12.050 | CAS12 |  |  |  |  |  |  |  |  | 999 | E | IK403 = 4: "Data Element Too Short" <br> IK403 = 5: "Data Element Too Long" |
| X222.299.2320.CAS12.060 | 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 |
| X222.299.2320.CAS13.010 | CAS13 | Adjustment Quantity | R | 1-15 | S |  |  |  |  | 999 | R | IK403 = 10: "Exclusion Condition Violated" |
| X222.299.2320.CAS13.020 | CAS13 |  |  |  |  |  |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" |
| X222.299.2320.CAS13.030 | CAS13 |  |  |  |  |  |  |  |  | 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 |
| X222.299.2320.CAS13.040 | 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 |

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| X222.299.2320.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 EIC: GB Other Insured |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X222.299.2320.CAS17.030 | CAS17 |  |  |  |  |  |  |  |  | 277 | C | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 521: Adjustment Reason Code EIC: GB Other Insured |
| X222.299.2320.CAS18.010 | CAS18 | Adjustment Amount | R | 1-18 | S |  |  |  |  | 999 | R | IK403 = 2 "Conditional Required Data Element Missing" |
| X222.299.2320.CAS18.020 | CAS18 |  |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" |
| X222.299.2320.CAS18.030 | 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 مther Insured |
| X222.299.2320.CAS18.040 | CAS18 |  |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 697: "Too many decimal positions" <br> CSC 519: "Adjustment Amount" FIC. GB Other Insured |
| X222.299.2320.CAS18.050 | CAS18 |  |  |  |  |  |  |  |  | 999 | E | IK403 = 4: "Data Element Too Short" <br> IK403 = 5: "Data Element Too Long" |
| X222.299.2320.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 |
| X222.299.2320.CAS19.010 | CAS19 | Adjustment Quantity | R | 1-15 | S |  |  |  |  | 999 | R | IK403 = 10: "Exclusion Condition Violated" |
| X222.299.2320.CAS19.020 | CAS19 |  |  |  |  |  |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" |
| X222.299.2320.CAS19.030 | CAS19 |  |  |  |  |  |  |  |  | 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 |
| X222.299.2320.CAS19.040 | CAS19 |  |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 694: "Amount must not be equal to zero" <br> CSC 520: "Adjustment Quantity" FlC. GB Other Insured |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
| X222.305.2320.AMT. 010 | AMT | COB PAYER PAID AMOUNT |  | 1 | S | 2320 |  |  |  | 999 | R | IK304 = 19: "Implementation Dependent 'not used' Segment Present" |
| X222.305.2320.AMT. 020 | AMT |  |  |  |  |  |  |  |  | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" |

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| X222.305.2320.AMT. 030 | AMT |  |  |  |  |  |  |  | 277 | C | CSCC A6: <br> "Acknowledgement/Rejected for Missing Information..." <br> CSC 286: "Other payer's Explanation of Benefits/payment information" |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X222.305.2320.AMT01.010 | AMT01 | Amount Qualifier Code | ID | 1-3 | R |  | D | D | 999 | R | IK403 = 1: "Required Data Element Missing" |
| X222.305.2320.AMT01.020 | AMT01 |  |  |  |  |  |  |  | 999 | R | IK403 = 7: "Invalid Code Value" |
| X222.305.2320.AMT02.030 | AMT02 | Payer Paid Amount |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" |
| X222.305.2320.AMT02.010 | AMT02 |  |  |  |  |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" |
| X222.305.2320.AMT02.020 | AMT02 |  | R | 1-18 | R |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 183: "Amount entity has paid" FIC. TBD Need COB naver Entity |
| X222.305.2320.AMT02.040 | AMT02 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 693: "Amount must be greater than or equal to zero" CSC 183: "Amount entity has paid" FlC. TRD COB naver Fntity |
| X222.305.2320.AMT02.050 | AMT02 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 697: "Too many decimal positions" <br> CSC 183: "Amount entity has paid" FIC. TBD COB naver Fntity |
| X222.305.2320.AMT02.060 | AMT02 |  |  |  |  |  |  |  | 277 | C | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 672: "Other Payer's payment information is out of balance" EIC: TBD COB payer Entity |
| X222.305.2320.AMT03.010 | AMT03 | Credit/Debit Flag Code | ID | 1-1 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \\ & \hline \end{aligned}$ |
|  |  |  |  |  |  |  |  |  |  |  |  |
| X222.306.2320.AMT. 010 | AMT | COB TOTAL NON-COVERED AMOUNT |  | 1 | S | 2320 |  |  | 999 | R | IK304 = 19: "Implementation Dependent 'not used' Segment Present" |
| X222.306.2320.AMT. 020 | AMT |  |  |  |  |  |  |  | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" |
| X222.306.2320.AMT01.010 | AMT01 | Amount Qualifier Code | ID | 1-3 | R |  |  | A8 | 999 | R | IK403 = 1: "Required Data Element Missing" |
| X222.306.2320.AMT01.020 | AMT01 |  |  |  |  |  |  |  | 999 | R | IK403 = 7: "Invalid Code Value" |
| X222.306.2320.AMT02.010 | AMT02 | Non-Covered Amount | R | 1-18 | R |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" |
| X222.306.2320.AMT02.020 | AMT02 |  |  |  |  |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" |
| X222.306.2320.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" <br> FIC. GR Other Insured |

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| X222.308.2320.0104.010 | 0104 | Patient Signature Source Code | ID | 1-1 | s |  | B, C, M, P, S | P | 999 | R | IK403 = 7: "Invalid Code Value" |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X222.308.2320.0105.010 | 0105 | Provider Agreement Code | ID | 1-1 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" |
| X222.308.2320.0106.010 | O106 | Release of Information Code | ID | 1-1 | R |  | $\begin{gathered} \hline \mathrm{A}, \mathrm{I}, \mathrm{M}, \mathrm{~N}, \mathrm{O}, \\ \mathrm{Y} \\ \hline \end{gathered}$ | I, Y | 999 | R | IK403 = 1: "Required Data Element Missing" |
| X222.308.2320.OI06.020 | 0106 |  |  |  |  |  |  |  | 999 | R | IK403 = 7: "Invalid Code Value" |
|  |  |  |  |  |  |  |  |  |  |  |  |
| X222.310.2320.MOA. 010 | MOA | outpatient adjudication INFORMATION |  | 1 | S | 2320 |  |  | 999 | R | IK304 = 19: "Implementation Dependent 'not used' Segment Present" |
| X222.310.2320.MOA. 020 | MOA |  |  |  |  |  |  |  | 999 | R | $\begin{aligned} & \text { IK304 = 5: "Segment Exceeds } \\ & \text { Maximum Use" } \end{aligned}$ |
| X222.310.2320.MOA01.010 | MOA01 | Reimbursement Rate | R | 1-10 | S |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" |
| X222.310.2320.MOA01.020 | MOA01 |  |  |  |  |  |  |  | 999 | R | IK403 = I12: "Implementation Pattern Match Failure" |
| X222.310.2320.MOA01.030 | MOA01 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 697: "Too many decimal positions" |
| X222.310.2320.MOA02.010 | MOA02 | HCPCS Payable Amount | R | 1-18 | S |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" |
| X222.310.2320.MOA02.020 | MOA02 |  |  |  |  |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" |
| X222.310.2320.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 Home Health" |
| X222.310.2320.MOA02.040 | MOA02 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 693: "Amount must be greater than or equal to zero" CSC 574: "HCPCS Payable Amount Home Health" |
| X222.310.2320.MOA02.050 | MOA02 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 697: "Too many decimal positions" <br> CSC 574: "HCPCS Payable Amount Home Health" |
| X222.310.2320.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." |
| X222.310.2320.MOA03.020 | MOA03 |  |  |  |  |  |  |  | 277 | C | CSCC A8 "Acknowledgement / Rejected for relational field in error." CSC 634: "Remark Code" CSC 187: "Date(s) of service." |
| X222.310.2320.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." |
| X222.310.2320.MOA04.020 | MOA04 |  |  |  |  |  |  |  | 277 | C | CSCC A8 "Acknowledgement / Rejected for relational field in error." CSC 634: "Remark Code" CSC 187: "Date(s) of service." |

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| X222.310.2320.MOA09.040 | MOA09 |  |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 693: "Amount must be greater than or equal to zero" CSC 598: "Non-payable Professional Component Billed Amount" |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X222.310.2320.MOA09.050 | MOA09 |  |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." <br> CSC 697: "Too many decimal positions" <br> CSC 598: "Non-payable Professional Component Billed Amount" |
| X222.313.2330A.NM1.010 | NM1 | OTHER SUBSCRIBER NAME |  | 1 | R | 2330A | 1 |  |  | 999 | R | IK304 = I6: "Implementation Dependent Segment Missing" |
| X222.313.2330A.NM1.020 | NM1 |  |  |  |  |  |  |  |  | 999 | R | IK304 = 4: "Loop Occurs Over Maximum Times" |
| X222.313.2330A.NM101.010 | NM101 | Entity Identifier Code | ID | 2-3 | R |  |  | IL | IL | 999 | R | IK403 = 1: "Required Data Element Missing" |
| X222.313.2330A.NM101.020 | NM101 |  |  |  |  |  |  |  |  | 999 | R | IK403 = 7: "Invalid Code Value" |
| X222.313.2330A.NM102.010 | NM102 | Entity Type Qualifier | ID | 1-1 | R |  |  | 1,2 | 1,2 | 999 | R | IK403 = 1: "Required Data Element Missing" |
| X222.313.2330A.NM102.020 | NM102 |  |  |  |  |  |  |  |  | 999 | R | IK403 = 7: "Invalid Code Value" |
| X222.313.2330A.NM103.010 | NM103 | Other Insured Last Name | AN | 1-60 | R |  |  |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" |
| X222.313.2330A.NM103.020 | NM103 |  |  |  |  |  |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" |
| X222.313.2330A.NM103.030 | NM103 |  |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length Invalid" CSC 504: "Entity's Last Name" FIC. GB Other Insured |
| X222.313.2330A.NM103.040 | NM103 |  |  |  |  |  |  |  |  | 999 | E | IK403 = 6: "Invalid Character in Data Element" |
| X222.313.2330A.NM103.050 | NM103 |  |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement <br> /Rejected for Invalid Information..." <br> CSC 511: "Invalid character" <br> CSC 504: "Entity's Last Name" <br> FIC. GB Other Insured |
| X222.313.2330A.NM103.060 | NM103 |  |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" |
| X222.313.2330A.NM104.010 | NM104 | Other Insured First Name | AN | 1-35 | S |  |  |  |  | 999 | R | IK403 = I13: "Implementation Dependent "Not Used" Data Element Present" |
| X222.313.2330A.NM104.020 | NM104 |  |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" |
| X222.313.2330A.NM104.030 | NM104 |  |  |  |  |  |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" |
| X222.313.2330A.NM104.040 | NM104 |  |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." <br> CSC 512: "Length Invalid" <br> CSC 504: "Entity's First Name" <br> FIC. GB Other Insured |
| X222.313.2330A.NM104.050 | NM104 |  |  |  |  |  |  |  |  | 999 | E | IK403 = 6: "Invalid Character in Data Element" |

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| X222.317.2330A.N401.030 | N401 |  |  |  |  |  |  |  | 999 | E | IK403 = 4: "Data Element Too Short" <br> IK403 = 5: "Data Element Too Long" |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X222.317.2330A.N401.040 | N401 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement <br> /Rejected for Invalid Information..." <br> CSC 512: "Length Invalid" <br> CSC 502: "Entity's City" <br> FIC. GB Other Insured |
| X222.317.2330A.N401.050 | N401 |  |  |  |  |  |  |  | 999 | E | IK403 = 6: "Invalid Character in Data Element" |
| X222.317.2330A.N401.060 | N401 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." <br> CSC 511: "Invalid character" <br> CSC 502: "Entity's City" <br> EIC. GB Other Insured |
| X222.317.2330A.N402.010 | N402 | Other Subscriber State or Province Code | ID | 2-2 | S |  |  |  | 999 | R | IK403 = 2 "Conditional Required Data Element Missing" |
| X222.317.2330A.N402.020 | N402 |  |  |  |  |  |  |  | 277 | C | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 501: "Entity's State/Province" EIC: GB Other Insured |
| X222.317.2330A.N403.010 | N403 | Other Subscriber Postal Code | ID | 3-15 | S |  |  |  | 999 | R | IK403 = 2 "Conditional Required Data Element Missing" |
| X222.317.2330A.N403.020 | N403 |  |  |  |  |  |  |  | 277 | C | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 500: "Entity's Postal/Zip Code" EIC: GB Other Insured |
| X222.317.2330A.N404.010 | N404 | Other Subscriber Country code | ID | 2-3 | S |  |  |  | 277 | C | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 680: "Entity's Country" EIC: GB Other Insured |
| X222.317.2330A.N405.010 | N405 | Location Qualifier | ID | 1-2 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" |
| X222.317.2330A.N406.010 | N406 | Location Identifier | AN | 1-30 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" |
| X222.317.2330A.N407.010 | N407 | Country Subdivision Code | ID | 1-3 | S |  |  |  | 277 | C | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 695: "Entity's Country Subdivision Code" <br> FIC: GB Other Insured |
|  |  |  |  |  |  |  |  |  |  |  |  |
| X222.319.2330A.REF. 010 | REF | OTHER SUBSCRIBER <br> SECONDARY IDENTIFICATION |  | 1 | S | 2330A |  |  | 999 | R | IK304 = 19: "Implementation Dependent 'not used' Segment Present" |
| X222.319.2330A.REF. 020 | REF |  |  |  |  |  |  |  | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" |
| X222.319.2330A.REF01.010 | REF01 | Reference Identification Qualifier | ID | 2-3 | R |  | $\begin{gathered} \hline 1 \mathrm{~W}, 23, \mathrm{IG}, \\ \mathrm{SY} \\ \hline \end{gathered}$ | SY | 999 | R | IK403 = 1: "Required Data Element Missing" |
| X222.319.2330A.REF01.020 | REF01 |  |  |  |  |  |  |  | 999 | R | IK403 = 7: "Invalid Code Value" |
| X222.319.2330A.REF02.010 | REF02 | Other Insured Additional Identifier | AN | 1-50 | R |  |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" |
| X222.319.2330A.REF02.020 | REF02 |  |  |  |  |  |  |  | 277 | C | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 148: "Entity's Social Security Number" <br> EIC: GB Other Insured |
| X222.319.2330A.REF03.010 | REF03 | Description | AN | 1-80 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" |
| X222.319.2330A.REF04.010 | REF04 | REFERENCE IDENTIFIER |  |  | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" |

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| X222.326.2330B.REF02.020 | REF02 |  |  |  |  |  |  |  | 277 | C | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 128: "Entity's tax id" EIC: TBD for "Other Paver" |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X222.326.2330B.REF02.030 | REF02 |  |  |  |  |  |  |  | 999 | R | IK403 = 5: "Data Element Too Long" <br> IK403 = 6: "Invalid Character in Data Element" <br> IK403 = 6: "Invalid Character in Data Element" |
| X222.326.2330B.REF02.040 | REF02 |  |  |  |  |  |  |  | 999 | R |  |
| X222.326.2330B.REF02.050 | REF02 |  |  |  |  |  |  |  | 999 | R |  |
| X222.326.2330B.REF03.010 | REF03 | Description | AN | 1-80 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" |
| X222.326.2330B.REF04.010 | REF04 | REFERENCE IDENTIFIER |  |  | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" |
| X222.328.2330B.REF. 010 | REF | OTHER PAYER PRIOR AUTHORIZATION |  | 2 | S | 2330B |  |  | 999 | R | "IK304 = 16: "Implementation Dependent Segment Missing" |
| X222.328.2330B.REF. 020 | REF |  |  |  |  |  |  |  | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" |
| X222.328.2330B.REF01.010 | REF01 | Reference Identification Qualifier | ID | 2-3 | R |  | 9F, G1 | G1 | 999 | R | IK403 = 1: "Required Data Element Missing" |
| X222.328.2330B.REF01.020 | REF01 |  |  |  |  |  |  |  | 999 | R | IK403 = 7: "Invalid Code Value" |
| X222.328.2330B.REF02.010 | REF02 | Other Payer Prior Authorization Number | AN | 1-50 | R |  |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" |
| X222.328.2330B.REF02.020 | REF02 |  |  |  |  |  |  |  | 999 | R | IK403 = 5: "Data Element Too Long" |
|  |  |  |  |  |  |  |  |  |  |  |  |
| X222.328.2330B.REF02.030 | REF02 |  |  |  |  |  |  |  | 999 | E | IK403 = 6: "Invalid Character in Data Element" |
| X222.328.2330B.REF02.040 | REF02 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 511: "Invalid character" CSC 48: "Referral/authorization" FIC: TBD for "Other Paver" |
| X222.328.2330B.REF02.050 | REF02 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" |
| X222.328.2330B.REF03.010 | REF03 | Description | AN | 1-80 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" |
| X222.328.2330B.REF04.010 | REF04 | REFERENCE IDENTIFIER |  |  | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { \|K403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \\ & \hline \end{aligned}$ |
|  |  |  |  |  |  |  |  |  |  |  |  |
| X222.329.2330B.REF. 010 | REF | OTHER PAYER REFERRAL NUMBER |  | 1 | S | 2330B |  |  | 999 | R | "IK304 = 16: "Implementation Dependent Segment Missing" |
| X222.329.2330B.REF. 020 | REF |  |  |  |  |  |  |  | 999 | R | $\begin{aligned} & \text { IK304 = 5: "Segment Exceeds } \\ & \text { Maximum Use" } \end{aligned}$ |
| X222.329.2330B.REF01.010 | REF01 | Reference Identification Qualifier | ID | 2-3 | R |  |  | 9F | 999 | R | IK403 = 1: "Required Data Element Missing" |
| X222.329.2330B.REF01.020 | REF01 |  |  |  |  |  |  |  | 999 | R | IK403 = 7: "Invalid Code Value" |
| X222.329.2330B.REF02.010 | REF02 | Other Payer Referral Number | AN | 1-50 | R |  |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" |
| X222.329.2330B.REF02.020 | REF02 |  |  |  |  |  |  |  | 999 | R | IK403 = 5: "Data Element Too Long" |
|  |  |  |  |  |  |  |  |  |  |  |  |
| X222.329.2330B.REF02.030 | REF02 |  |  |  |  |  |  |  | 999 | E | IK403 = 6: "Invalid Character in Data Element" |

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| X222.351.2400.SV101-2.020 | SV101-2 |  |  |  |  |  |  |  |  | 277 | C | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 507: "HCPCS" |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X222.351.2400.SV101-2.030 | SV101-2 |  |  |  |  |  |  |  |  | 277 | C | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 507: "HCPCS" |
| X222.351.2400.SV101-3.010 | SV101-3 | Procedure Modifier | AN | 2-2 | S |  |  |  |  | 277 | C | CSC 453: "Procedure Code Modifier(s) for Service(s) Rendered" |
| X222.351.2400.SV101-3.020 | SV101-3 | Procedure Modifier | AN | 2-2 | S |  |  |  |  | 277 | C | CSC 453: "Procedure Code Modifier(s) for Service(s) Rendered" |
| X222.351.2400.SV101-3.030 | SV101-3 |  |  |  |  |  |  |  |  | 277 | C | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 544: "Clinical Laboratory Improvement Amendment" |
| X222.351.2400.SV101-4.010 | SV101-4 | Procedure Modifier | AN | 2-2 | S |  |  |  |  | 999 | R | IK403 = 2 "Conditional Required Data Element Missing" |
| X222.351.2400.SV101-4.020 | SV101-4 |  |  |  |  |  |  |  |  | 277 | C | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 453: "Procedure Code Modifier(s) for Service(s) Rendered" |
| X222.351.2400.SV101-4.030 | SV101-4 |  |  |  |  |  |  |  |  | 277 | C | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 544: "Clinical Laboratory Improvement Amendment" |
| X222.351.2400.SV101-5.010 | SV101-5 | Procedure Modifier | AN | 2-2 | S |  |  |  |  | 999 | R | IK403 = 2 "Conditional Required Data Element Missing" |
| X222.351.2400.SV101-5.020 | SV101-5 |  |  |  |  |  |  |  |  | 277 | C | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 453: "Procedure Code Modifier(s) for Service(s) Rendered" |
| X222.351.2400.SV101-5.030 | SV101-5 |  |  |  |  |  |  |  |  | 277 | C | CSCC A7: "Acknowledgement <br> /Rejected for Invalid Information..." <br> CSC 544: "Clinical Laboratory <br> Improvement Amendment" |
| X222.351.2400.SV101-6.010 | SV101-6 | Procedure Modifier | AN | 2-2 | S |  |  |  |  | 999 | R | IK403 = 2 "Conditional Required Data Element Missing" |
| X222.351.2400.SV101-6.020 | SV101-6 |  |  |  |  |  |  |  |  | 277 | C | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 453: "Procedure Code Modifier(s) for Service(s) Rendered" |
| X222.351.2400.SV101-6.030 | SV101-6 |  |  |  |  |  |  |  |  | 277 | C | CSCC A7: "Acknowledgement <br> /Rejected for Invalid Information..." <br> CSC 544: "Clinical Laboratory <br> ImprovementAmendment" |

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| X222.359.2400.SV505.040 | SV505 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 184: "Purchase price for the rented durable medical eauinment' |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X222.359.2400.SV505.050 | SV505 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 693: "Amount must be greater than or equal to zero" CSC 184: "Purchase price for the rented durable medical eauinment' |
| X222.359.2400.SV506.010 | SV506 | Rental Unit Price Indicator | ID | 1-1 | R |  | 1, 4, 6 | 1, 4, 6 | 999 | R | IK403 = 1: "Required Data Element Missing" |
| X222.359.2400.SV506.020 | SV506 |  |  |  |  |  |  |  | 999 | R | IK403 = 7: "Invalid Code Value" |
| X222.359.2400.SV507.010 | SV507 | Prognosis Code | ID | 1-1 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" |
|  |  |  |  |  |  |  |  |  |  |  |  |
| X222.362.2400.PWK. 010 | PWK | LINE SUPPLEMENTAL INFORMATION |  | 10 | S | 2400 |  |  | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" |
| X222.362.2400.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, SG, V5, XP | 999 | R | IK403 = 1: "Required Data Element Missing" |
| X222.362.2400.PWK01.020 | PWK01 |  |  |  |  |  |  |  | 999 | R | IK403 = 7: "Invalid Code Value" |
| X222.362.2400.PWK02.010 | PWK02 | Attachment Transmission Code | ID | 1-2 | R |  |  | $\begin{array}{\|c\|} \hline \mathrm{AA}, \mathrm{BM}, \mathrm{EL}, \mathrm{EM}, \mathrm{FT}, \\ \mathrm{FX} \\ \hline \end{array}$ | 999 | R | IK403 = 1: "Required Data Element Missing" |
| X222.362.2400.PWK02.020 | PWK02 |  |  |  |  |  |  |  | 999 | R | IK403 = 7: "Invalid Code Value" |
| X222.362.2400.PWK03.010 | PWK03 | Report Copies Needed | NO | 1-2 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" |
| X222.362.2400.PWK04.010 | PWK04 | Entity Identifier Code | ID | 2-3 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ |
| X222.362.2400.PWK05.010 | PWK05 | Identification Code Qualifier | ID | 1-2 | S |  |  | AC | 999 | R | IK403 = 2 "Conditional Required Data Element Missing" |
| X222.362.2400.PWK05.020 | PWK05 |  |  |  |  |  |  |  | 999 | R | IK403 = 7: "Invalid Code Value" |
| X222.362.2400.PWK06.010 | PWK06 | Identification Code | AN | 2-80 | S |  |  |  | 999 | R | IK403 = 2 "Conditional Required Data Element Missing" |
| X222.362.2400.PWK06.020 | PWK06 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" |
| X222.362.2400.PWK06.030 | PWK06 |  |  |  |  |  |  |  | 999 | E | IK403 = 4: "Data Element Too Short" IK403 = 5: "Data Element Too Long" |
| X222.362.2400.PWK06.040 | PWK06 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length Invalid" CSC 489: "Attachment Control Number" |
| X222.362.2400.PWK06.050 | PWK06 |  |  |  |  |  |  |  | 999 | E | IK403 = 6: "Invalid Character in Data Element" |

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| X222.368.2400.CR104.020 | CR104 |  |  |  |  |  |  |  | 999 |  | IK403 = 7: "Invalid Code Value" |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X222.368.2400.CR105.010 | CR105 | Unit or Basis for Measurement Code | ID | 2-2 | R |  | DH | DH | 999 | R | IK403 = 1: "Required Data Element Missing" |
| X222.368.2400.CR105.020 | CR105 |  |  |  |  |  |  |  | 999 | R | IK403 = 7: "Invalid Code Value" |
| X222.368.2400.CR106.010 | CR106 | Transport Distance | R | 1-15 | R |  |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" |
| X222.368.2400.CR106.020 | CR106 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" |
| X222.368.2400.CR106.030 | CR106 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 267: "Number of miles patient was transported" |
| X222.368.2400.CR106.040 | CR106 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" <br> CSC 267 "Number of miles patient was transnorted" |
| X222.368.2400.CR107.010 | CR107 | Address Information | AN | 1-55 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" |
| X222.368.2400.CR108.010 | CR108 | Address Information | AN | 1-55 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" |
| X222.368.2400.CR109.010 | CR109 | Round Trip Purpose Description | AN | 1-80 | S |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" |
| X222.368.2400.CR109.020 | CR109 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." <br> CSC 512: "Length invalid" <br> CSC 337: "Ambulance certification/documentation" |
| X222.368.2400.CR109.030 | CR109 |  |  |  |  |  |  |  | 999 | E | IK403 = 6: "Invalid Character in Data Element" |
| X222.368.2400.CR109.040 | CR109 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 511: "Invalid character" CSC 337: "Ambulance certification/documentation" |
| X222.368.2400.CR109.050 | CR109 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" |
| X222.368.2400.CR110.010 | CR110 | Stretcher Purpose Description | AN | 1-80 | S |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" |
| X222.368.2400.CR110.020 | CR110 |  |  |  |  |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" |
| X222.368.2400.CR110.030 | CR110 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid" TBD24: "Stretcher Purpose: |
| X222.368.2400.CR110.040 | CR110 |  |  |  |  |  |  |  | 999 | E | IK403 = 6: "Invalid Character in Data Element" |
| X222.368.2400.CR110.050 | CR110 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 511: "Invalid character" TBD24: "Stretcher Purpose: |
|  |  |  |  |  |  |  |  |  |  |  |  |
| X222.371.2400.CR3.010 | CR3 | DURABLE MEDICAL EQUIPMENT CERTIFICATION |  | 1 | S | 2400 |  |  | 999 | R | IK304 = 19: "Implementation Dependent "Not Used" Segment Present" |

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| X222.376.2400.CRC05.010 | CRC05 <br> CRC06 <br> CRC07 | Condition Indicator Condition Indicator Condition Indicator | IDIDID | $\begin{aligned} & 2-3 \\ & 2-3 \\ & 2-3 \end{aligned}$ | N/U |  |  |  | 999 | EEE | IK403 = I10: "Implementation "Not Used" Element Present" IK403 = I10: "Implementation "Not Used" Element Present" IK403 = I10: "Implementation "Not Used" Element Present" |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X222.376.2400.CRC06.010 |  |  |  |  | N/U |  |  |  | 999 |  |  |
| X222.376.2400.CRC07.010 |  |  |  |  | N/U |  |  |  | 999 |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
| X222.378.2400.CRC. 010 | CRC | CONDITION INDICATORI DURABLE MEDICAL EOUIPMENT |  | 1 | S | 2400 |  |  | 999 | R | IK304 = 19: "Implementation Dependent "Not Used" Segment Present" |
| X222.378.2400.CRC. 020 | CRC |  |  |  |  |  |  |  | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" |
| X222.378.2400.CRC. 030 | CRC |  |  |  |  |  |  |  | 999 | R | IK304 = 16: "Implementation Dependent Segment Missing" |
| X222.378.2400.CRC01.010 | CRC01 | Code Category | ID | 2-2 | R |  | 09,11 | 09 | 999 | R | IK403 = 1: "Required Data Element Missing" |
| X222.378.2400.CRC01.020 | CRC01 |  |  |  |  |  |  |  | 999 | R | IK403 = 7: "Invalid Code Value" |
| X222.378.2400.CRC02.010 | CRC02 | Certification Condition Indicator | ID | 1-1 | R |  | N, Y | N, Y | 999 | R | IK403 = 1: "Required Data Element Missing" |
| X222.378.2400.CRC02.020 | CRC02 |  |  |  |  |  |  |  | 999 | R | IK403 = 7: "Invalid Code Value" |
| X222.378.2400.CRC03.010 | CRC03 | Condition Indicator | ID | 2-3 | R |  | $\begin{gathered} \hline 37,38, \mathrm{AL}, \mathrm{P} 1, \\ \mathrm{zV} \\ \hline \end{gathered}$ | 38, ZV | 999 | R | IK403 = 1: "Required Data Element Missinq" |
| X222.378.2400.CRC03.020 | CRC03 |  |  |  |  |  |  |  | 999 | R | IK403 = 7: "Invalid Code Value" |
| X222.378.2400.CRC03.030 | CRC03 |  |  |  |  |  |  |  | 277 | C | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 527: "Certification Condition Indicator" |
| X222.378.2400.CRC04.010 | CRC04 | Condition Indicator | ID | 2-3 | S |  | $\begin{gathered} 37,38, \mathrm{AL}, \mathrm{P} 1, \\ \mathrm{ZV} \end{gathered}$ | 38, ZV | 999 | R | IK403 = 10: "Exclusion Condition Violated" |
| X222.378.2400.CRC04.020 | CRC04 |  |  |  |  |  |  |  | 999 | R | IK403 = 7: "Invalid Code Value" |
| X222.378.2400.CRC04.030 | CRC04 |  |  |  |  |  |  |  | 277 | C | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 527: "Certification Condition Indicator" |
| X222.378.2400.CRC05.010 | CRC05 | Condition Indicator | ID | 2-3 | N/U |  | $\begin{gathered} \hline 37,38, \mathrm{AL}, \mathrm{P} 1, \\ \mathrm{ZV} \\ \hline \end{gathered}$ |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" |
| X222.378.2400.CRC06.010 | CRC06 | Condition Indicator | ID | 2-3 | N/U |  | $\begin{gathered} 37,38, \mathrm{AL}, \mathrm{P} 1, \\ \mathrm{ZV} \end{gathered}$ |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" |
| X222.378.2400.CRC07.010 | CRC07 | Condition Indicator | ID | 2-3 | N/U |  | $\begin{gathered} 37,38, \mathrm{AL}, \mathrm{P} 1, \\ \mathrm{ZV} \\ \hline \end{gathered}$ |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" |
|  |  |  |  |  |  |  |  |  |  |  |  |
| X222.380.2400.DTP. 010 | DTP | DATE - SERVICE DATE |  | 1 | R | 2400 |  |  | 999 | R | IK304 = 3: "Required Segment Missing" |
| X222.380.2400.DTP. 020 | DTP |  |  |  |  |  |  |  | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" |
| X222.380.2400.DTP01.010 | DTP01 | Date Time Qualifier | ID | 3-3 | R |  | 472 | 472 | 999 | R | IK403 = 1: "Required Data Element Missing" |
| X222.380.2400.DTP01.020 | DTP01 |  |  |  |  |  |  |  | 999 | R | IK403 = 7: "Invalid Code Value" |
| X222.380.2400.DTP02.010 | DTP02 | Date Time Period Format Qualifier | ID | 2-3 | R |  | D8, RD8 | D8, RD8 | 999 | R | IK403 = 1: "Required Data Element Missing" |
| X222.380.2400.DTP02.020 | DTP02 |  |  |  |  |  |  |  | 999 | R | IK403 = 7: "Invalid Code Value" |
| X222.380.2400.DTP03.010 | DTP03 | Service Date | AN | 1-35 | R |  | CYYMMDD, CCYYMMDD CCYYMMDD | CCYYMMDD, CCYYMMDDCCYYM MDD | 999 | R | IK403 = 1: "Required Data Element Missing" |

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| X222.397.2400.REF02.040 | REF02 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length Invalid" CSC 636: "Repriced Line Item Reference Number" |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X222.397.2400.REF02.050 | REF02 |  |  |  |  |  |  |  | 999 | E | IK403 = 6: "Invalid Character in Data Element" |
| X222.397.2400.REF02.060 | REF02 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 511: "Invalid character" CSC 636: "Repriced Line Item Reference Number" |
| X222.397.2400.REF03.010 | REF03 | Description | AN | 1-80 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" |
| X222.397.2400.REF04.010 | REF04 | REFERENCE IDENTIFIER |  |  | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" |
|  |  |  |  |  |  |  |  |  |  |  |  |
| X222.398.2400.REF. 010 | REF | ADJUSTED REPRICED LINE ITEM REFERENCE NUMBER |  | 1 | S | 2400 |  |  | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" |
| X222.398.2400.REF01.010 | REF01 | Reference Identification Qualifier | ID | 2-3 | R |  | 9D | 9D | 999 | R | IK403 = 1: "Required Data Element Missing" |
| X222.398.2400.REF01.020 | REF01 |  |  |  |  |  |  |  | 999 | R | IK403 = 7: "Invalid Code Value" |
| X222.398.2400.REF02.010 | REF02 | Adjusted Repriced Line Item Reference Number | AN | 1-50 | R |  |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" |
| X222.398.2400.REF02.020 | REF02 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" |
| X222.398.2400.REF02.030 | REF02 |  |  |  |  |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" |
| X222.398.2400.REF02.040 | REF02 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length Invalid" CSC 518: "Adjusted Repriced Line item Reference_Number" |
| X222.398.2400.REF02.050 | REF02 |  |  |  |  |  |  |  | 999 | E | IK403 = 6: "Invalid Character in Data Element" |
| X222.398.2400.REF02.060 | REF02 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 511: "Invalid character" CSC 518: "Adjusted Repriced Line item Reference Number" |
| X222.398.2400.REF03.010 | REF03 | Description | AN | 1-80 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" |
| X222.398.2400.REF04.010 | REF04 | REFERENCE IDENTIFIER |  |  | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" |
|  |  |  |  |  |  |  |  |  |  |  |  |
| X222.399.2400.REF. 010 | REF | PRIOR AUTHORIZATION |  | 5 | S | 2400 |  |  | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" |
| X222.399.2400.REF01.010 | REF01 | Reference Identification Qualifier | ID | 2-3 | R |  | 9F, G1 | G1 | 999 | R | IK403 = 1: "Required Data Element Missing" |
| X222.399.2400.REF01.020 | REF01 |  |  |  |  |  |  |  | 999 | R | IK403 = 7: "Invalid Code Value" |
| X222.399.2400.REF02.010 | REF02 | Prior Authorization or Referral Number | AN | 1-50 | R |  |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" |
| X222.399.2400.REF02.020 | REF02 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" |
| X222.399.2400.REF02.030 | REF02 |  |  |  |  |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" |
| X222.399.2400.REF02.040 | REF02 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length Invalid" CSC 252: "Authorization/ certification numberr" |

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| X222.415.2400.PS102.010 | PS102 | Purchased Service Charge Amount | R | 1-18 | R |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" <br> CSC 469: "Purchase Service Charge" |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X222.415.2400.PS103.010 | PS103 | State or Province Code | ID | 2-2 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" |
|  |  |  |  |  |  |  |  |  |  |  |  |
| X222.416.2400.HCP. 010 | HCP | LINE PRICING REPRICING INFORMATION |  | 1 | S | 2400 |  |  | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" |
| X222.416.2400.HCP01.010 | HCP01 | Pricing Methodology | ID | 2-2 | R |  | $\begin{aligned} & 00,01,02, \\ & 03,04,05, \\ & 06,07,08, \\ & 09,10,11, \\ & 12.13 .14 \end{aligned}$ | $\begin{aligned} & 00,01,02,03,04, \\ & 05,06,07,08,09 \\ & 10,11,12,13,14 \end{aligned}$ | 999 | R | IK403 = 1: "Required Data Element Missing" |
| X222.416.2400.HCP01.020 | HCP01 |  |  |  |  |  |  |  | 999 | R | IK403 = 7: "Invalid Code Value" |
| X222.416.2400.HCP02.010 | HCP02 | Repriced Allowed Amount | R | 1-18 | R |  |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" |
| X222.416.2400.HCP02.020 | HCP02 |  |  |  |  |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" |
| X222.416.2400.HCP02.030 | HCP02 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length Invalid" TBD15: "Repriced Allowed Amount" |
| X222.416.2400.HCP03.010 | HCP03 | Repriced Saving Amount | R | 1-18 | S |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" |
| X222.416.2400.HCP03.020 | HCP03 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length Invalid" CSC 637: "Repriced Saving Amount" |
| X222.416.2400.HCP04.010 | HCP04 | Repricing Organization Identifier | AN | 1-50 | S |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" |
| X222.416.2400.HCP04.020 | HCP04 |  |  |  |  |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" |
| X222.416.2400.HCP04.030 | HCP04 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length Invalid" CSC 153: "Entity's ID Number" EIC TU Third Party Repricing Oranization(TPO) |
| X222.416.2400.HCP04.040 | HCP04 |  |  |  |  |  |  |  | 999 | E | IK403 = 6: "Invalid Character in Data Element" |
| X222.416.2400.HCP04.050 | HCP04 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 511: "Invalid character" CSC 153: "Entity's ID Number" EIC TU Third Party Repricing Oraanization(TPO) |
| X222.416.2400.HCP05.010 | HCP05 | Repricing Per Diem or Flat Rate Amount | R | 1-9 | S |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" |
| X222.416.2400.HCP05.020 | HCP05 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." <br> CSC 512: "Length Invalid" <br> CSC 638: "Repricing Per Diem or Flat Rate Amount" |
| X222.416.2400.HCP06.010 | HCP06 | Repriced Approved Ambulatory Patient Group Code | AN | 1-50 | S |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" |

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| X222.416.2400.HCP06.020 | HCP06 |  |  |  |  |  |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" |
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| X222.416.2400.HCP06.030 | HCP06 |  |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length Invalid" CSC 635: "Repriced Approved Ambulatory Patient Groun" |
| X222.416.2400.HCP06.040 | HCP06 |  |  |  |  |  |  |  |  | 999 | E | IK403 = 6: "Invalid Character in Data Element" |
| X222.416.2400.HCP06.050 | HCP06 |  |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 511: "Invalid character" CSC 635: "Repriced Approved Ambulatory Patient Groun" |
| X222.416.2400.HCP07.010 | HCPO7 | Repriced Approved Ambulatory Patient Group Amount |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" |
| X222.416.2400.HCP07.020 |  |  | R | 1-18 | S |  |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" |
| X222.416.2400.HCP07.030 | HCP07 |  |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length Invalid" TDB18: "Repriced Approved Ambulatory Patient Group Amount" |
| X222.416.2400.HCP08.010 | HCP08 | Product/Service ID | AN | 1-48 | N/U |  |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" |
| X222.416.2400.HCP09.010 | нСР09 | Product or Service ID Qualifier | ID | 2-2 | S |  |  | HC, IV, zz | ER, HC, IV, WK | 999 | R | IK403 = 7: "Invalid Code Value" |
| X222.416.2400.HCP09.020 | HCP09 |  |  |  |  |  |  |  |  | 999 | R | IK403 = 2 "Conditional Required Data Element Missing" |
| X222.416.2400.HCP10.010 | HCP10 | Procedure Code | AN | 1-48 | S |  |  |  |  | 999 | R | IK403 = 2 "Conditional Required Data Element Missing" |
| X222.416.2400.HCP10.020 | HCP10 |  |  |  |  |  |  |  |  | 277 | C | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 507: "HCPCS" |
| X222.416.2400.HCP11.010 | HCP11 | Unit or Basis for Measurement Code | ID | 2-2 | S |  |  | DA, UN | MJ, UN | 999 | R | IK403 = 7: "Invalid Code Value' |
| X222.416.2400.HCP11.020 | HCP11 |  |  |  |  |  |  |  |  | 999 | R | IK403 = 2 "Conditional Required Data Element Missing" |
| X222.416.2400.HCP12.010 | HCP12 | Repriced Approved Service Unit Count | R | 1-15 | S |  |  |  |  | 999 | R | IK403 = 2 "Conditional Required Data Element Missing" |
| X222.416.2400.HCP12.020 | HCP12 |  |  |  |  |  |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" |
| X222.416.2400.HCP12.030 | HCP12 |  |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length Invalid" TBD21: "Repriced Approved Service Unit Count" |
| X222.416.2400.HCP12.040 | HCP12 |  |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 697: "Invalid Decimal Precision" TBD21: "Repriced Approved Service Unit Count" |
| X222.416.2400.HCP13.010 | HCP13 | Reject Reason Code | ID | 2-2 | S |  |  | $\begin{aligned} & \mathrm{T} 1, \mathrm{~T} 2, \mathrm{~T} 3, \\ & \mathrm{~T} 4, \mathrm{~T}, \mathrm{~T} 6 \\ & \hline \end{aligned}$ | $\begin{gathered} \hline \mathrm{T} 1, \mathrm{~T} 2, \mathrm{~T} 3, \mathrm{~T} 4, \mathrm{~T} 5, \\ \mathrm{~T} 6 \end{gathered}$ | 999 | R | IK403 = 7: "Invalid Code Value" |
| X222.416.2400.HCP14.010 | HCP14 | Policy Compliance Code | ID | 1-2 | S |  |  | 1, 2, 3, 4, 5 | 1, 2, 3, 4, 5 | 999 | R | IK403 = 7: "Invalid Code Value" |
| X222.416.2400.HCP15.010 | HCP15 | Exception Code | ID | 1-2 | S |  |  | 1, 2, 3, 4, 5, | 1, 2, 3, 4, 5, 6 | 999 | R | IK403 = 7: "Invalid Code Value" |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
| X222.423.2410.LIN. 010 | LIN | DRUG IDENTIFICATION |  | 1 | S | 2410 | 1 |  |  | 999 | R | IK304 = 4: "Loop Occurs Over Maximum Times" |

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| X222.430.2420A.NM107.010 | NM107 | Rendering Provider Name Suffix | AN | 1-10 | S |  |  |  | 999 | R | IK403 = I13: "Implementation <br> Dependent "Not Used" Data Element Present" <br> IK403 = 5: "Data Element Too Long" |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X222.430.2420A.NM107.020 | NM107 |  |  |  |  |  |  |  | 999 | E |  |  |
| X222.430.2420A.NM107.030 | NM107 |  |  |  |  |  |  |  | 277 | T |  | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length Invalid" CSC 125: "Entity's Name" FIC 82 Renderina Provider |
| X222.430.2420A.NM107.040 | NM107 |  |  |  |  |  |  |  | 999 | E |  | IK403 = 6: "Invalid Character in Data Element" |
| X222.430.2420A.NM107.050 | NM107 |  |  |  |  |  |  |  | 277 | T |  | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." <br> CSC 511: "Invalid character" <br> CSC 125: "Entity's Name" <br> FIC 82 Renderina Provider |
| X222.430.2420A.NM108.010 | NM108 | Identffication CodeQualifier | ID | 1-2 | S |  | 24, 34, XX | XX | 277 | C |  | CSCC A8: "Acknowledgement / Rejected for relational field in error" TBD01: "Situational segment/element required for adjudication." EIC 82 Rendering Provider |
| X222.430.2420A.NM108.020 | NM108 |  |  |  |  |  |  |  | 277 | C |  | CSCC A6: <br> "Acknowledgement/Rejected for Missing Information..." <br> TBD01: "Situational segment/element required for adjudication." <br> EIC 82 Rendering Provider |
| X222.430.2420A.NM108.030 | NM108 |  |  |  |  |  |  |  | 999 | R |  | IK403 = 7: "Invalid Code Value" |
| X222.430.2420A.NM109.010 | NM109 | Rendering Provider Identifier | AN | 2-80 | S |  |  |  | 999 | R |  | IK403 = 2 "Conditional Required Data Element Missing" |
| X222.430.2420A.NM109.020 | NM109 |  |  |  |  |  |  |  | 277 | C |  | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 562: "Entity's National Provider Identifier (NPI)" <br> FIC 82 Renderina Provider |
| X222.430.2420A.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 |
| X222.430.2420A.NM109.040 | NM109 |  |  |  |  |  |  |  | 277 | C |  | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 562: "Entity's National Provider Identifier (NPI)" <br> FIC 82 Renderina Provider |
| X222.430.2420A.NM110.010 | NM110 | Entity Relationship Code | ID | 2-2 | N/U |  |  |  | 999 | E |  | IK403 = I10: "Implementation "Not Used" Element Present" |
| X222.430.2420A.NM111.010 | NM111 | Entity Identifier Code | ID | 2-3 | N/U |  |  |  | 999 | E |  | IK403 = I10: "Implementation "Not Used" Element Present" |
| X222.430.2420A.NM112.010 | NM112 | Name Last or Organization Name | AN | 1-60 | N/U |  |  |  | 999 | E |  | IK403 = I10: "Implementation "Not Used" Element Present" |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
| X222.433.2420A.PRV. 010 | PRV | RENDERING PROVIDER SPECIALTY INFORMATION |  | 1 | S | 2420A |  |  | 999 | R |  | IK304 = 19: "Implementation Dependent 'not used' Segment Present" |
| X222.433.2420A.PRV. 020 | PRV |  |  |  |  |  |  |  | 999 | R |  | IK304 = 5: "Segment Exceeds Maximum Use" |
| X222.433.2420A.PRV01.010 | PRV01 | Provider Code | ID | 1-3 | R |  | PE | PE | 999 | R |  | IK403 = 1: "Required Data Element Missing" |

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| X222.433.2420A.PRV01.020 | PRV01 |  |  |  |  |  |  |  | 999 | R | IK403 = 7: "Invalid Code Value" <br> IK403 = 1: "Required Data Element <br> Missing" <br> IK403 = 7: "Invalid Code Value" <br> IK403 = 1: "Required Data Element <br> Missing" <br> CSCC A7: "Acknowledgement <br> /Rejected for Invalid Information..." <br> CSC 145: "Entity's specialty/taxonomy code" <br> EIC 82 Renderina Provider |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X222.433.2420A.PRV02.010 | PRV02 | Reference Identification Qualifier | ID | 2-3 | R |  | ZZ | PXC | 999 | R |  |  |  |
| X222.433.2420A.PRV02.020 | PRV02 |  |  |  |  |  |  |  | 999 | R |  |  |  |
| X222.433.2420A.PRV03.010 | PRV03 | Provider Taxonomy Code | AN | 1-50 | R |  |  |  | 999 | R |  |  |  |
| X222.433.2420A.PRV03.020 | PRV03 |  |  |  |  |  |  |  | 277 | C |  |  |  |
| X222.433.2420A.PRV04.010 | PRV04 | State or Province Code | ID | 2-2 | N/U |  |  |  | 999 | E |  |  | IK403 = I10: "Implementation "Not Used" Element Present" |
| X222.433.2420A.PRV05.010 | PRV05 | PROVIDER SPECIALTY INFORMATION |  |  | N/U |  |  |  | 999 | E |  |  | IK403 = I10: "Implementation "Not Used" Element Present" |
| X222.433.2420A.PRV06.010 | PRV06 | Provider Organization Code | ID | 3-3 | N/U |  |  |  | 999 | E |  |  | IK403 = I10: "Implementation "Not Used" Element Present" |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X222.434.2420A.REF. 010 | REF | RENDERING PROVIDER SECONDARY IDENTIFICATION |  | 20 | S | 2420A |  |  | 999 | R |  |  | IK304 = 19: "Implementation Dependent 'not used' Segment Present" |
| X222.434.2420A.REF. 020 | REF |  |  |  |  |  |  |  | 277 | C |  |  | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." TBD02: "Payer specific restrictions on the number of repetitions" |
| X222.434.2420A.REF. 030 | REF |  |  |  |  |  |  |  | 999 | R |  |  | IK304 = 19: "Implementation Dependent "Not Used" Segment Present" |
| X222.434.2420A.REF01.010 | REF01 | Reference Identification Qualifier | ID | 2-3 | R |  | $\begin{aligned} & \text { OB, 1B, 1C, } \\ & \text { 1D, 1G, 1H, } \\ & \text { EI, G2, LU, } \\ & \text { N5. SY, X5 } \end{aligned}$ | OB, 1G, G2, LU | 999 | R |  |  | IK403 = 1: "Required Data Element Missing" |
| X222.434.2420A.REF01.020 | REF01 |  |  |  |  |  |  |  | 999 | R |  |  | IK403 = 7: "Invalid Code Value" |
| X222.434.2420A.REF02.010 | REF02 | Rendering Provider Secondary Identifier | AN | 1-50 | R |  |  |  | 999 | R |  |  | IK403 = 1: "Required Data Element Missing" |
| X222.434.2420A.REF02.020 | REF02 |  |  |  |  |  |  |  | 277 | C |  |  | CSCC A7: "Acknowledgement <br> /Rejected for Invalid Information..." <br> CSC 133: "Entity's UPIN" <br> CSC 560: "Entity's <br> Additional/Secondary Identifier" <br> FIC 82 Renderino Provider |
| X222.434.2420A.REF02.030 | REF02 |  |  |  |  |  |  |  | 999 | R |  |  | IK403 = 5: "Data Element Too Long" |
| X222.434.2420A.REF02.040 | REF02 |  |  |  |  |  |  |  | 999 | R |  |  | IK403 = 6: "Invalid Character in Data Element" |
| X222.434.2420A.REF02.050 | REF02 |  |  |  |  |  |  |  | 999 | R |  |  | IK403 = 6: "Invalid Character in Data Element" |
| X222.434.2420A.REF03.010 | REF03 | Description | AN | 1-80 | N/U |  |  |  | 999 | E |  |  | IK403 = I10: "Implementation "Not Used" Element Present" |
| X222.434.2420A.REF04.010 | REF04 | REFERENCE IDENTIFIER |  |  | S |  |  |  |  |  |  |  |  |
| X222.434.2420A.REF04-1.010 | REF04-1 | Reference Identifier Qualifier | ID | 2-3 | R |  |  | 2 U | 999 | R |  |  | IK403 = 7: "Invalid Code Value" |
| X222.434.2420A.REF04-2.010 | REF04-2 | Other Payer Primary Idenitifer | AN | 1-50 | R |  |  |  | 999 | R |  |  | IK403 = 2 "Conditional Required Data Element Missing" |

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| X222.436.2420B.NM109.030 | NM109 |  |  |  |  |  |  |  |  | 277 | C | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 562: "Entity's National Provider Identifier (NPI)" <br> EIC QB Purchased Service Provider |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X222.436.2420B.NM110.010 | NM110 | Entity Relationship Code | ID | 2-2 | N/U |  |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" |
| X222.436.2420B.NM111.010 | NM111 | Entity Identifier Code | ID | 2-3 | N/U |  |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" |
| X222.436.2420B.NM112.010 | NM112 | Name Last or Organization Name | AN | 1-60 | N/U |  |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
| X222.439.2420B.REF. 010 | REF | PURCHASED SERVICE PROVIDER SECONDARY IDENTIFICATION |  | 20 | S | 2420B |  |  |  | 999 | R | IK304 = 19: "Implementation Dependent 'not used' Segment Present" |
| X222.439.2420B.REF. 020 | REF |  |  |  |  |  |  |  |  | 277 | C | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." TBD02: "Payer specific restrictions on the number of repetitions" |
| X222.439.2420B.REF. 030 | REF |  |  |  |  |  |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" |
| X222.439.2420B.REF01.010 | REF01 | Reference Identification Qualifier | ID | 2-3 | R |  |  | $\begin{gathered} \hline 0 \mathrm{~B}, 1 \mathrm{~A}, 1 \mathrm{~B}, \\ 1 \mathrm{C}, \mathrm{D}, 1 \mathrm{G}, \\ 1 \mathrm{H}, \mathrm{EI}, \mathrm{G} 2, \\ \mathrm{LU}, \mathrm{~N}, \mathrm{SY}, \\ \mathrm{U}, \mathrm{X} 5 \end{gathered}$ | OB, 1G, G2 | 999 | R | IK403 = 1: "Required Data Element Missing" |
| X222.439.2420B.REF01.020 | REF01 |  |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." TBD03: "This Line of Business does not support this qualifier." |
| X222.439.2420B.REF02.010 | REF02 | Purchased Service Provider Secondary Identifier | AN | 1-50 | R |  |  |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" |
| X222.439.2420B.REF02.020 | REF02 |  |  |  |  |  |  |  |  | 277 | C | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." <br> CSC 133: "Entity's UPIN" EIC QB Purchased Service Provider |
| X222.439.2420B.REF03.010 | REF03 | Description | AN | 1-80 | N/U |  |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" |
| X222.439.2420B.REF04.010 | REF04 | Reference Identifier Qualifier |  |  |  |  |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
| X222.441.2420C.NM1.010 | NM1 | SERVICE FACILITY LOCATION NAME |  | 1 | S | 2420C | 1 |  |  | 999 | R | IK304 = 4: "Loop Occurs Over Maximum Times" |
| X222.441.2420C.NM101.010 | NM101 | Entity Identifier Code | ID | 2-3 | R |  |  | $\begin{gathered} \hline 77, \mathrm{FA}, \mathrm{LI}, \\ \mathrm{TL} \\ \hline \end{gathered}$ | 77 | 999 | R | IK403 = 1: "Required Data Element Missing" |
| X222.441.2420C.NM101.020 | NM101 |  |  |  |  |  |  |  |  | 999 | R | IK403 = 7: "Invalid Code Value" |
| X222.441.2420C.NM102.010 | NM102 | Entity Type Qualifier | ID | 1-1 | R |  |  | 2 | 2 | 999 | R | IK403 = 1: "Required Data Element Missing" |
| X222.441.2420C.NM102.020 | NM102 |  |  |  |  |  |  |  |  | 999 | R | IK403 = 7: "Invalid Code Value" |
| X222.441.2420C.NM103.010 | NM103 | Laboratory or Facility Name | AN | 1-60 | R |  |  |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" |
| X222.441.2420C.NM103.020 | NM103 |  |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" |
| X222.441.2420C.NM103.030 | NM103 |  |  |  |  |  |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" |

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| X222.452.2420D.REF. 010 | REF | SUPERVISING PROVIDER SECONDARY IDENTIFICATION |  | 20 | S | 2420D |  |  | 999 | R | IK304 = 19: "Implementation Dependent 'not used' Segment Present" |
| X222.452.2420D.REF. 020 | REF |  |  |  |  |  |  |  | 277 | C | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." TBD02: "Payer specific restrictions on the number of repetitions" |
| X222.452.2420D.REF. 030 | REF |  |  |  |  |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" |
| X222.452.2420D.REF01.010 | REF01 | Reference Identification Qualifier | ID | 2-3 | R |  | OB, 1B, 1C, 1D, 1G, 1H, EI, G2, LU, N5. SY. X5 | OB, 1G, G2, LU | 999 | R | IK403 = 1: "Required Data Element Missing" |
| X222.452.2420D.REF01.020 | REF01 |  |  |  |  |  |  |  | 999 | R | IK403 = 7: "Invalid Code Value" |
| X222.452.2420D.REF02.010 | REF02 | Supervising Provider Secondary Identifier | AN | 1-50 | R |  |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" |
| X222.452.2420D.REF02.020 | REF02 |  |  |  |  |  |  |  | 277 | C | CSCC A7: "Acknowledgement <br> /Rejected for Invalid Information..." <br> CSC 133: "Entity's UPIN" <br> CSC 560 : "Entity's <br> Additional/Secondary Identifier" <br> FIC- مم_Sunervisina_Provider |
| X222.452.2420D.REF02.030 | REF02 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" |
| X222.452.2420D.REF02.040 | REF02 |  |  |  |  |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" |
| X222.452.2420D.REF02.050 | REF02 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length Invalid" CSC 560: "Entity's Additional/Secondary Identifier" FIC. DO Sunervisina Provider |
| X222.452.2420D.REF02.060 | REF02 |  |  |  |  |  |  |  | 999 | E | IK403 = 6: "Invalid Character in Data Element" |
| X222.452.2420D.REF02.070 | REF02 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 511: "Invalid character" CSC 560: "Entity's Additional /Secondary Identifier" FIC. DO Sunervisina Provider |
| X222.452.2420D.REF03.010 | REF03 | Description | AN | 1-80 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" |
| X222.452.2420D.REF04.010 | REF04 | REFERENCE IDENTIFIER |  |  | S |  |  |  |  |  |  |
| X222.452.2420D.REF04-1.010 | REF04-1 | Reference Identifier Qualifier | ID | 2-3 | R |  |  | 2 U | 999 | R | IK403 = 10: "Exclusion Condition Violated" |
| X222.452.2420D.REF04-1.020 | REF04-1 |  |  |  |  |  |  |  | 999 | R | IK403 = 7: "Invalid Code Value" |
| X222.452.2420D.REF04-2.010 | REF04-2 | Other Payer Primary Idenitifer | AN | 1-50 | R |  |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" |
| X222.452.2420D.REF04-2.020 | REF04-2 |  |  |  |  |  |  |  | 999 | R | IK403 = I12: "Implementation Pattern Match Failure" |
| X222.452.2420D.REF04-3.010 | REF04-3 | Reference Identification Qualifier | ID | 2-3 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" |

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| X222.457.2420E.N3.010 | N3 | ORDERING PROVIDER ADDRESS |  | 1 | R | 2420E |  |  |  | 999 | R | IK304 = 19: "Implementation Dependent 'not used' Segment Present" |
| X222.457.2420E.N3.020 | N3 |  |  |  |  |  |  |  |  | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" |
| X222.457.2420E.N301.010 | N301 | Ordering Provider Address Line | AN | 1-55 | R |  |  |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" |
| X222.457.2420E.N301.020 | N301 |  |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" |
| X222.457.2420E.N301.030 | N301 |  |  |  |  |  |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" |
| X222.457.2420E.N301.040 | N301 |  |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length Invalid" CSC 503: "Entity's Street address" EIC: DK Orderina Phusician |
| X222.457.2420E.N301.050 | N301 |  |  |  |  |  |  |  |  | 999 | E | IK403 = 6: "Invalid Character in Data <br> Element" |
| X222.457.2420E.N301.060 | N301 |  |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 511: "Invalid character" CSC 503: "Entity's Street address" EIC: DK Orderina Phusician |
| X222.457.2420E.N302.010 | N302 | Ordering Provider Address Line | AN | 1-55 | S |  |  |  |  | 999 | R | IK403 = 10: "Exclusion Condition Violated" |
| X222.457.2420E.N302.020 | N302 |  |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" |
| X222.457.2420E.N302.030 | N302 |  |  |  |  |  |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" |
| X222.457.2420E.N302.040 | N302 |  |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length Invalid" CSC 503: "Entity's Street address" EIC: DK Orderina Phusician |
| X222.457.2420E.N302.050 | N302 |  |  |  |  |  |  |  |  | 999 | E | IK403 = 6: "Invalid Character in Data Element" |
| X222.457.2420E.N302.060 | N302 |  |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 511: "Invalid character" CSC 503: "Entity's Street address" ElC: DK Orderina_Phusician |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
| X222.458.2420E.N4.010 | N4 | ORDERING PROVIDER CITYISTATEIZIP CODE |  | 1 | R | 2420E |  |  |  | 999 | R | IK304 = 19: "Implementation Dependent 'not used' Segment Present" |
| X222.458.2420E.N4.020 | N4 |  |  |  |  |  |  |  |  | 999 | R | $\begin{aligned} & \text { IK304 = 5: "Segment Exceeds } \\ & \text { Maximum Use" } \end{aligned}$ |
| X222.458.2420E.N401.010 | N401 | Ordering Provider City Name | AN | 2-30 | R |  |  |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" |
| X222.458.2420E.N401.020 | N401 |  |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" |
| X222.458.2420E.N401.030 | N401 |  |  |  |  |  |  |  |  | 999 | E | IK403 = 4: "Data Element Too Short" IK403 = 5: "Data Element Too Long" |
| X222.458.2420E.N401.040 | N401 |  |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length Invalid" CSC 502: "Entity's City" EIC: DK Orderina Phusician |
| X222.458.2420E.N401.050 | N401 |  |  |  |  |  |  |  |  | 999 | E | IK403 = 6: "Invalid Character in Data Element" |

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| X222.473.2420G.N402.020 | N402 |  |  |  |  |  |  |  | 277 | C | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 501: "Entity's State/Province" CSC 266: "Facility point of origin and destination - ambulance" IK403 = 2 "Conditional Required Data Element Missing" <br> CSC 500: "Entity's Postal/Zip Code" CSC 266: "Facility point of origin and destination - ambulance" |  |  |
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| X222.473.2420G.N403.010 | N403 | Ambulance Pick Up Postal Zone ZIP Code | ID | 3-15 | S |  |  |  | 999 | R |  |  |  |
| X222.473.2420G.N403.020 | N403 |  |  |  |  |  |  |  | 277 | C |  |  |  |
| X222.473.2420G.N404.010 | N404 | Ambulance Pick Up Country Code | ID | 2-3 | S |  |  |  | 999 | E |  |  | IK403 = I10: "Implementation "Not Used" Element Present" |
| X222.473.2420G.N405.010 | N405 | Location Qualifier | ID | 1-2 | N/U |  |  |  | 999 | E |  |  | IK403 = I10: "Implementation "Not Used" Element Present" |
| X222.473.2420G.N406.010 | N406 | Location Identifier | AN | 1-30 | N/U |  |  |  | 999 | E |  |  | IK403 = I10: "Implementation "Not Used" Element Present" |
| X222.473.2420G.N407.010 | N407 | Country Subdivision Code | ID | 1-3 | S |  |  |  | 277 | C |  |  | CSC 695: "Entity's Country Subdivision Code" <br> CSC 266: "Facility point of origin and destination - ambulance" |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X222.475.2420H.NM1.010 | NM1 | AMBULANCE DROP OFF LOCATION |  | 1 | S | 2420H | 1 |  | 999 | R |  |  | IK304 = 4: "Loop Occurs Over Maximum Times" |
| X222.475.2420H.NM101.010 | NM101 | Entity Identifier Code | ID | 2-3 | R |  |  | 45 | 999 | R |  |  | IK403 = 1: "Required Data Element Missing" |
| X222.475.2420H.NM101.020 | NM101 |  |  |  |  |  |  |  | 999 | R |  |  | IK403 = 7: "Invalid Code Value" |
| X222.475.2420H.NM102.010 | NM102 | Entity Type Qualifier | ID | 1-1 | R |  |  | 2 | 999 | R |  |  | IK403 = 1: "Required Data Element Missing" |
| X222.475.2420H.NM102.020 | NM102 |  |  |  |  |  |  |  | 999 | R |  |  | IK403 = 7: "Invalid Code Value" |
| X222.475.2420H.NM103.010 | NM103 | Ambulance Drop Off Location | AN | 1-60 | S |  |  |  | 999 | R |  |  | IK403 = 6: "Invalid Character in Data Element" |
| X222.475.2420H.NM103.020 | NM103 |  |  |  |  |  |  |  | 999 | E |  |  | IK403 = 5: "Data Element Too Long" |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X222.475.2420H.NM103.030 | NM103 |  |  |  |  |  |  |  | 999 | E |  |  | IK403 = 6: "Invalid Character in Data Element" |
| X222.475.2420H.NM103.040 | NM103 |  |  |  |  |  |  |  | 277 | T |  |  | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 511: "Invalid character" CSC 504: "Entity's Last Name" CSC 266: "Facility point of origin and destination - ambulance" |
| X222.475.2420H.NM104.010 | NM104 | Name First | AN | 1-35 | N/U |  |  |  | 999 | E |  |  | IK403 = I10: "Implementation "Not Used" Element Present" |
| X222.475.2420H.NM105.010 | NM105 | Name Middle | AN | 1-25 | N/U |  |  |  | 999 | E |  |  | IK403 = I10: "Implementation "Not Used" Element Present" |
| X222.475.2420H.NM106.010 | NM106 | Name Prefix | AN | 1-10 | N/U |  |  |  | 999 | E |  |  | IK403 = I10: "Implementation "Not Used" Element Present" |
| X222.475.2420H.NM107.010 | NM107 | Name Suffix | AN | 1-10 | N/U |  |  |  | 999 | E |  |  | IK403 = I10: "Implementation "Not Used" Element Present" |
| X222.475.2420H.NM108.010 | NM108 | Identification Code Qualifier | ID | 1-2 | N/U |  |  |  | 999 | E |  |  | IK403 = I10: "Implementation "Not Used" Element Present" |
| X222.475.2420H.NM109.010 | NM109 | Identification Code | AN | 2-80 | N/U |  |  |  | 999 | E |  |  | IK403 = I10: "Implementation "Not Used" Element Present" |
| X222.475.2420H.NM110.010 | NM110 | Entity Relationship Code | ID | 2-2 | N/U |  |  |  | 999 | E |  |  | IK403 = I10: "Implementation "Not Used" Element Present" |
| X222.475.2420H.NM111.010 | NM111 | Entity Identifier Code | ID | 2-3 | N/U |  |  |  | 999 | E |  |  | IK403 = I10: "Implementation "Not Used" Element Present" |
| X222.475.2420H.NM112.010 | NM112 | Name Last or Organization Name | AN | 1-60 | N/U |  |  |  | 999 | E |  |  | IK403 = I10: "Implementation "Not Used" Element Present" |
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| X222.477.2420H.N3.010 | N3 | AMBULANCE DROP OFF LOCATION ADDRESS |  | 1 | R | 2420H |  |  |  | 999 | R | IK304 = I6: "Implementation Dependent Segment Missing" <br> IK304 = 5: "Segment Exceeds Maximum Use" <br> IK403 = 1: "Required Data Element Missing" |
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| X222.477.2420H.N3.020 | N3 |  |  |  |  |  |  |  |  | 999 | R |  |
| X222.477.2420H.N301.010 | N301 | $\underset{\text { Line }}{\substack{\text { Ambulance Drop } \\ \text { Off Address }}}$ | AN | 1-55 | R |  |  |  |  | 999 | R |  |
| X222.477.2420H.N301.020 | N301 |  |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" |
| X222.477.2420H.N301.030 | N301 |  |  |  |  |  |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" |
| X222.477.2420H.N301.040 | N301 |  |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length Invalid" CSC 503: "Entity's Street address" CSC 266: "Facility point of origin and destination - ambulance" |
| X222.477.2420H.N301.050 | N301 |  |  |  |  |  |  |  |  | 999 | E | IK403 = 6: "Invalid Character in Data Element" |
| X222.477.2420H.N301.060 | N301 |  |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 511: "Invalid character" CSC 503: "Entity's Street address" CSC 266: "Facility point of origin and destination - ambulance" |
| X222.477.2420H.N302.010 | N302 | Ambulance Drop Off Address Line | AN | 1-55 | S |  |  |  |  | 999 | R | IK403 = 10: "Exclusion Condition Violated" |
| X222.477.2420H.N302.020 | N302 |  |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" |
| X222.477.2420H.N302.030 | N302 |  |  |  |  |  |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" |
| X222.477.2420H.N302.040 | N302 |  |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length Invalid" CSC 503: "Entity's Street address" CSC 266: "Facility point of origin and destination - ambulance" |
| X222.477.2420H.N302.050 | N302 |  |  |  |  |  |  |  |  | 999 | E | IK403 = 6: "Invalid Character in Data Element" |
| X222.477.2420H.N302.060 | N302 |  |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 511: "Invalid character" CSC 503: "Entity's Street address" CSC 266: "Facility point of origin and destination-ambulance" |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
| X222.478.2420H.N4.010 | N4 | AMBULANCE DROP OFF LOCATION CITYISTATEIZIP |  | 1 | R | 2420H |  |  |  | 999 | R | IK304 = I6: "Implementation Dependent Segment Missing" |
| X222.478.2420H.N4.020 | N4 |  |  |  |  |  |  |  |  | 999 | R | $\begin{aligned} & \text { IK304 = 5: "Segment Exceeds } \\ & \text { Maximum Use" } \end{aligned}$ |
| X222.478.2420H.N401.010 | N401 | Ambulance Drop Off City Name | AN | 2-30 | R |  |  |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" |
| X222.478.2420H.N401.020 | N401 |  |  |  |  |  |  |  |  | 999 | R | $\begin{aligned} & \text { IK403 = 6: "Invalid Character in Data } \\ & \text { Element" } \\ & \hline \end{aligned}$ |
| X222.478.2420H.N401.030 | N401 |  |  |  |  |  |  |  |  | 999 | E | IK403 = 4: "Data Element Too Short" IK403 = 5: "Data Element Too Long" |

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| X222.480.2430.SVD03-2.020 | SVD03-2 |  |  |  |  |  |  |  |  | 277 | C | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." <br> CSC 507: "HCPCS" <br> TBD22: "Line Adjudication Information" |
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| X222.480.2430.SVD03-2.030 | SVD03-2 |  |  |  |  |  |  |  |  | 277 | C | CSCC A7: "Acknowledgement <br> /Rejected for Invalid Information..." <br> CSC 507: "HCPCS" <br> TBD22: "Line Adjudication Information" |
| X222.480.2430.SVD03-3.010 | SVD03-3 | Procedure Modifier | AN | 2-2 | S |  |  |  |  | 277 | C | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 453: "Procedure Code Modifier(s) for Service(s) Rendered" TBD22: "Line Adjudication Information" |
| X222.480.2430.SVD03-4.010 | SVD03-4 | Procedure Modifier | AN | 2-2 | S |  |  |  |  | 999 | R | IK403 = 2 "Conditional Required Data Element Missing" |
| X222.480.2430.SVD03-4.020 | SVD03-4 |  |  |  |  |  |  |  |  | 277 | C | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 453: "Procedure Code Modifier(s) for Service(s) Rendered" TBD22: "Line Adjudication Information" |
| X222.480.2430.SVD03-5.010 | SVD03-5 | Procedure Modifier | AN | 2-2 | S |  |  |  |  | 999 | R | IK403 = 2 "Conditional Required Data Element Missing" |
| X222.480.2430.SVD03-5.020 | SVD03-5 |  |  |  |  |  |  |  |  | 277 | C | CSCC A7: "Acknowledgement /Rejected for Invalid Information...' CSC 453: "Procedure Code Modifier(s) for Service(s) Rendered" TBD22: "Line Adjudication Information" |
| X222.480.2430.SVD03-6.010 | SVD03-6 | Procedure Modifier | AN | 2-2 | S |  |  |  |  | 999 | R | IK403 = 2 "Conditional Required Data Element Missing" |
| X222.480.2430.SVD03-6.020 | SVD03-6 |  |  |  |  |  |  |  |  | 277 | C | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 453: "Procedure Code Modifier(s) for Service(s) Rendered" TBD22: "Line Adjudication Information" |
| X222.480.2430.SVD03-7.010 | SVD03-7 | Procedure Code Description | AN | 1-80 | S |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" |

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| X222.484.2430.CAS. 020 | CAS |  |  |  |  |  |  |  |  | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" |
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| X222.484.2430.CAS01.010 | CASO1 | Claim Adjustment Group Code | ID | 1-2 | R |  |  | $\begin{gathered} \mathrm{CO}, \mathrm{CR}, \mathrm{OA}, \\ \mathrm{PI}, \mathrm{PR} \\ \hline \end{gathered}$ | CO, CR, OA, PI, PR | 999 | R | IK403 = 1: "Required Data Element Missing" |
| X222.484.2430.CAS01.020 | CASO1 |  |  |  |  |  |  |  |  | 999 | R | IK403 = 7: "Invalid Code Value" |
| X222.484.2430.CAS01.030 | CASO1 |  |  |  |  |  |  |  |  | 277 | C | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 696: "Claim Adjustment Group Code" <br> FIC. GB Other Insured |
| X222.484.2430.CAS02.010 | CAS02 | Adjustment Reason Code | ID | 1-5 | R |  |  |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" |
| X222.484.2430.CAS02.020 | CASO2 |  |  |  |  |  |  |  |  | 277 | C | CSCC A8 Acknowledgement / Rejected for relational field in error. CSC 521: Adjustment Reason Code CSC 516: Adjudication or Payment Date EIC: GB Other Insured |
| X222.484.2430.CAS03.010 | CAS03 | Adjustment Amount | R | 1-18 | R |  |  |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" |
| X222.484.2430.CAS03.020 | CAS03 |  |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" |
| X222.484.2430.CAS03.030 | CAS03 |  |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 694: "Amount must not be equal to zero" <br> CSC 519: "Adjustment Amount" <br> FIC. GB مther Insured |
| X222.484.2430.CAS03.040 | CAS03 |  |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 697: "Too many decimal positions" <br> CSC 519: "Adjustment Amount" FIC. GB Other Insured |
| X222.484.2430.CAS03.050 | CAS03 |  |  |  |  |  |  |  |  | 999 | E | IK403 = 4: "Data Element Too Short' IK403 = 5: "Data Element Too Long" |
| X222.484.2430.CAS03.060 | CAS03 |  |  |  |  |  |  |  |  | 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 |
| X222.484.2430.CAS04.010 | CAS04 | Adjustment Quantity | R | 1-15 | S |  |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" |
| X222.484.2430.CAS04.020 | CAS04 |  |  |  |  |  |  |  |  | 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 |
| X222.484.2430.CAS04.030 | 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 |
| X222.484.2430.CAS05.010 | CAS05 | Adjustment Reason Code | ID | 1-5 | S |  |  |  |  | 999 | R | IK403 = 10: "Exclusion Condition Violated" |

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| X222.484.2430.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 <br> EIC: GB Other Insured |
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| X222.484.2430.CAS06.010 | CAS06 | Adjustment Amount | R | 1-18 | S |  |  |  |  | 999 | R | IK403 = 2 "Conditional Required Data Element Missing" |
| X222.484.2430.CAS06.020 | CAS06 |  |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" |
| X222.484.2430.CAS06.030 | CAS06 |  |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement <br> /Rejected for Invalid Information..." <br> CSC 694: "Amount must not be equal <br> to zero" <br> CSC 519: "Adjustment Amount" <br> FIC. GBOther Insured |
| X222.484.2430.CAS06.040 | CAS06 |  |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 697: "Too many decimal positions" <br> CSC 519: "Adjustment Amount" <br> FIC. GB Other Insured |
| X222.484.2430.CAS06.050 | CAS06 |  |  |  |  |  |  |  |  | 999 | E | IK403 = 4: "Data Element Too Short" IK403 = 5: "Data Element Too Long" |
| X222.484.2430.CAS06.060 | CAS06 |  |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement <br> /Rejected for Invalid Information..." <br> CSC 512: "Length invalid for receiver's <br> application system" <br> CSC 519: "Adjustment Amount" <br> FIC. GB Other Insured |
| X222.484.2430.CAS07.010 | CAS07 | Adjustment Quantity | R | 1-15 | S |  |  |  |  | 999 | R | IK403 = 10: "Exclusion Condition Violated" |
| X222.484.2430.CAS07.020 | CAS07 |  |  |  |  |  |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" |
| X222.484.2430.CAS07.030 | CAS07 |  |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement <br> /Rejected for Invalid Information..." <br> CsC 512: "Length invalid for receiver's <br> application system" <br> CSC 519: "Adjustment Amount" <br> FIC. GROther_nsured <br> CSCA. |
| X222.484.2430.CAS07.040 | CAS07 |  |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 694: "Amount must not be equal to zero" <br> CSC 520: "Adjustment Quantity" <br> FIC. GB Other Insured |
| X222.484.2430.CAS08.010 | CAS08 | Adjustment Reason Code | ID | 1-5 | S |  |  |  |  | 999 | R | IK403 = 10: "Exclusion Condition Violated" |
| X222.484.2430.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> EIC: GB Other Insured |
| X222.484.2430.CAS09.010 | CAS09 | Adjustment Amount | R | 1-18 | S |  |  |  |  | 999 | R | IK403 = 2 "Conditional Required Data Element Missing" |
| X222.484.2430.CAS09.020 | CAS09 |  |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" |

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| X222.484.2430.CAS09.030 | CAS09 |  |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement <br> IRejected for Invalid Information..." <br> CSC 694: "Amount must not be equal <br> to zero" <br> CSC 519: "Adjustment Amount" <br> FIC. GB Other Insured <br> CSCCA: |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X222.484.2430.CAS09.040 | CAS09 |  |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 697: "Too many decimal positions" <br> CSC 519: "Adjustment Amount" FIC. GB Other Insured |
| X222.484.2430.CAS09.050 | CAS09 |  |  |  |  |  |  |  |  | 999 | E | IK403 = 4: "Data Element Too Short" IK403 = 5: "Data Element Too Long" |
| X222.484.2430.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. GB Other Insured |
| X222.484.2430.CAS10.010 | CAS10 | Adjustment Quantity | R | 1-15 | S |  |  |  |  | 999 | R | IK403 = 10: "Exclusion Condition Violated" |
| X222.484.2430.CAS10.020 | CAS10 |  |  |  |  |  |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" |
| X222.484.2430.CAS10.030 | CAS10 |  |  |  |  |  |  |  |  | 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 |
| X222.484.2430.CAS10.040 | 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 Insured |
| X222.484.2430.CAS11.010 | CAS11 | Adjustment Reason Code | ID | 1-5 | S |  |  |  |  | 999 | R | IK403 = 10: "Exclusion Condition Violated" |
| X222.484.2430.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> EIC: GB Other Insured |
| X222.484.2430.CAS12.010 | CAS12 | Adjustment Amount | R | 1-18 | S |  |  |  |  | 999 | R | IK403 = 2 "Conditional Required Data Element Missing" |
| X222.484.2430.CAS12.020 | CAS12 |  |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" |
| X222.484.2430.CAS12.030 | 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 مther Insured``` |
| X222.484.2430.CAS12.040 | CAS12 |  |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 697: "Too many decimal positions" <br> CSC 519: "Adjustment Amount" FIC. GB Other Insured |

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| X222.484.2430.CAS16.020 | CAS16 |  |  |  |  |  |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X222.484.2430.CAS16.030 | CAS16 |  |  |  |  |  |  |  |  | 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 |
| X222.484.2430.CAS16.040 | CAS16 |  |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 694: "Amount must not be equal to zero" <br> CSC 520: "Adjustment Quantity" FlC. GB Other Insured |
| X222.484.2430.CAS17.010 | CAS17 | Adjustment Reason Code | ID | 1-5 | S |  |  |  |  | 999 | R | IK403 = 10: "Exclusion Condition Violated" |
| X222.484.2430.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> EIC: GB Other Insured |
| X222.484.2430.CAS18.010 | CAS18 | Adjustment Amount | R | 1-18 | S |  |  |  |  | 999 | R | IK403 = 2 "Conditional Required Data Element Missing" |
| X222.484.2430.CAS18.020 | CAS18 |  |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" |
| X222.484.2430.CAS18.030 | 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. GBOther Insured |
| X222.484.2430.CAS18.040 | CAS18 |  |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 697: "Too many decimal positions" <br> CSC 519: "Adjustment Amount" FIC. GB Other Insured |
| X222.484.2430.CAS18.050 | CAS18 |  |  |  |  |  |  |  |  | 999 | E | IK403 = 4: "Data Element Too Short" IK403 = 5: "Data Element Too Long" |
| X222.484.2430.CAS18.060 | CAS18 |  |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" <br> CSC 519: "Adjustment Amount" FIC. GB Other Insured |
| X222.484.2430.CAS19.010 | CAS19 | Adjustment Quantity | R | 1-15 | S |  |  |  |  | 999 | R | IK403 = 10: "Exclusion Condition Violated" |
| X222.484.2430.CAS19.020 | CAS19 |  |  |  |  |  |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" |
| X222.484.2430.CAS19.030 | CAS19 |  |  |  |  |  |  |  |  | 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 |

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| GS02 must be populated with accepted AN characters. | GS02 must be populated with accepted AN characters. |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| GS03 must be present. | GS03 must be present. |  |  |  |  |  |  |  |
| GS03 must be 2-15 characters. | GS03 must be 2-15 characters. |  |  |  |  |  |  |  |
| GS03 must contain at least two non-space characters. | GS03 must contain at least two non-space characters. |  |  |  |  |  |  |  |
| GS03 must be populated with accepted AN characters. | GS03 must be populated with accepted AN characters. |  |  |  |  |  |  |  |
| GS04 must be present. | GS04 must be present. |  |  |  |  |  |  |  |
| GS04 must be a valid date in CCYYMMDD format. | GS04 must be a valid date in CCYYMMDD format. |  |  |  |  |  |  |  |
| GS04 must be the date the functional group is created; must not be a future date. | GSO4 must be the date the functional group is created; must not be a future date. |  |  |  |  |  |  |  |
| GS05 must be present. | GS05 must be present. |  |  |  |  |  |  |  |
| GS05 must be a valid time in a valid format. | GS05 must be a valid time in a valid format. |  |  |  |  |  |  |  |
| GS06 must be present. | GS06 must be present. |  |  |  |  |  |  |  |
| GS06 must be numeric. | GS06 must be numeric. |  |  |  |  |  |  |  |
| GS06 must be >0. | GS06 must be >0. |  |  |  |  |  |  |  |
| GS06 must be <= 999,999,999. | GS06 must be <= 999,999,999. |  |  |  |  |  |  |  |
| GS06 must be unique within the interchange. | GS06 must be unique within the interchange. |  |  |  |  |  |  |  |
| GS07 must be present. | GS07 must be present. |  |  |  |  |  |  |  |
| GS07 must be "X". | GS07 must be "X". |  |  |  |  |  |  |  |
| GS08 must be present. | GS08 must be present. |  |  |  |  |  |  |  |
| GS08 must be "005010×222". | GS08 must be "005010X222". |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| ST must be present. | ST must be present. |  |  |  |  |  |  |  |
| Only one iteration of ST is allowed. | 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. |  |  |  |  |  |  |
| ST01 must be present. | ST01 must be present. |  |  |  |  |  |  |  |
| ST01 must be "837". | ST01 must be "837". |  |  |  |  |  |  |  |
| ST02 must be present. | ST02 must be present. |  |  |  |  |  |  |  |
| ST02 must be 4-9 characters. | ST02 must be 4-9 characters. |  |  |  |  |  |  |  |
| ST02 must contain at least four non-space characters. | ST02 must contain at least four non-space characters. |  |  |  |  |  |  |  |
| STO2 must be populated with accepted AN <br> characters. | STO2 must be populated with accepted AN characters. |  |  |  |  |  |  |  |
| STO2 must be a unique number within the ISA-IEA envelope. | STO2 must be a unique number within the ISA-IEA envelope. |  |  |  |  |  |  |  |
| ST03 must be present. | ST03 must be present. |  |  |  |  |  |  |  |

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| 2300.CLM07 must be valid values. | 2300.CLM07 must be valid values. |  |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 2300.CLM08 must be present. | 2300.CLM08 must be present. |  |  |  |  |  |  |  |  |
| 2300.CLM08 must be valid values. | 2300.CLM08 must be valid values. |  |  |  |  |  |  |  |  |
| 2300.CLM09 must be present. | 2300.CLM09 must be present. |  |  |  |  |  |  |  |  |
| 2300.CLM09 must be valid values. | 2300.CLM09 must be valid values. |  |  |  |  |  |  |  |  |
| 2300.CLM10 must be "P". | 2300.CLM10 must be "P". |  |  |  |  |  |  |  |  |
| If 2300.DTP with DTP01 = 439 is present, then 2300.CLM11 must be present. | If 2300.DTP with DTP01 = 439 is present, then 2300.CLM11 must be present. |  |  |  |  |  |  |  |  |
| 2300.CLM11-1 must be present. | 2300.CLM11-1 must be present. |  |  |  |  |  |  |  |  |
| 2300.CLM11-1 must be valid values. | 2300.CLM11-1 must be valid values. |  |  |  |  |  |  |  |  |
| 2300.CLM11-2 is present 2300.CLM11-1 must be present. | $\begin{aligned} & \text { 2300.CLM11-2 is present 2300.CLM11-1 } \\ & \text { must be present. } \end{aligned}$ |  |  |  |  |  |  |  |  |
| 2300.CLM11-2 must be valid values. | 2300.CLM11-2 must be valid values. |  |  |  |  |  |  |  |  |
| Must not be present. | Must not be present. |  |  |  |  |  |  |  |  |
| If 2300.CLM11-1 or 2300.CLM11-2 is "AA", then 2300.CLM11-4 must be present. | If 2300.CLM11-1 or 2300.CLM11-2 is "AA", then 2300.CLM11-4 must be present. |  |  |  |  |  |  |  |  |
| If 2300.CLM11-4 must be a valid State Code. | If 2300.CLM11-4 must be a valid State Code. | Valid State Code reference must be available for this edit. |  |  |  |  |  |  |  |
| If 2300.CLM11-1 or 2300.CLM11-2 is "AA" and 2300.CLM11-4 is not present, then 2300.CLM11-5 must be present. | If 2300.CLM11-1 or 2300.CLM11-2 is "AA" and 2300.CLM11-4 is not present, then 2300.CLM11-5 must be present. |  |  |  |  |  |  |  |  |
| 2300.CLM11-5 must be a valid Country Code. | 2300.CLM11-5 must be a valid Country Code. | Valid Country Code reference must be available for this edit. |  |  |  |  |  |  |  |
| 2300.CLM12 must be valid values. | 2300.CLM12 must be valid values. |  |  |  |  |  |  |  |  |
| Must not be present. | Must not be present. |  |  |  |  |  |  |  |  |
| Must not be present. | Must not be present. |  |  |  |  |  |  |  |  |
| Must not be present. | Must not be present. |  |  |  |  |  |  |  |  |
| Must not be present. | Must not be present. |  |  |  |  |  |  |  |  |
| Must not be present. | Must not be present. |  |  |  |  |  |  |  |  |
| Must not be present. | Must not be present. |  |  |  |  |  |  |  |  |
| Must not be present. | Must not be present. |  |  |  |  |  |  |  |  |
| 2300.CLM20 must be valid values. | 2300.CLM20 must be valid values. |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| Only one iteration of 2300.DTP with DTP01 = "431" is allowed. | Only one iteration of 2300.DTP with DTP01 = "431" is allowed. |  |  |  |  |  |  |  |  |
| 2300.DTP01 must be present. | 2300.DTP01 must be present. |  |  |  |  |  |  |  |  |
| 2300.DTP01 must be "431". | 2300.DTP01 must be "431". |  |  |  |  |  |  |  |  |
| 2300.DTP02 must be present. | 2300.DTP02 must be present. |  |  |  |  |  |  |  |  |
| 2300.DTP02 must be "D8". | 2300.DTP02 must be "D8". |  |  |  |  |  |  |  |  |

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| 2300.CRC01 must be present. | 2300.CRC01 must be present. |  |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 2300.CRC01 must be valid values. | 2300.CRC01 must be valid values. |  |  |  |  |  |  |  |  |
| $2300 . C R C 02$ must be present. | 2300.CRC02 must be present. |  |  |  |  |  |  |  |  |
| $2300 . C R C 02$ must be valid values. | 2300.CRC02 must be valid values. |  |  |  |  |  |  |  |  |
| $2300 . C R C 03$ must be present. | 2300.CRC03 must be present. |  |  |  |  |  |  |  |  |
| 2300.CRC03 must be valid values. | 2300.CRC03 must be valid values. |  |  |  |  |  |  |  |  |
| 2300.CRC04 must be valid values. | 2300.CRC04 must be valid values. |  |  |  |  |  |  |  |  |
| 2300.CRC05 can only be present if 2300.CRC04 is present. | 2300.CRC05 can only be present if 2300.CRC04 is present. |  |  |  |  |  |  |  |  |
| 2300.CRC05 must be valid values. | 2300.CRC05 must be valid values. |  |  |  |  |  |  |  |  |
| 2300.CRC06 can only be present if 2300.CRC05 is present. | 2300.CRC06 can only be present if 2300.CRC05 is present. |  |  |  |  |  |  |  |  |
| 2300.CRC06 must be valid values. | 2300.CRC06 must be valid values. |  |  |  |  |  |  |  |  |
| 2300.CRC07 can only be present if 2300.CRC06 is present. | 2300.CRC07 can only be present if 2300.CRC06 is present. |  |  |  |  |  |  |  |  |
| 2300.CRC07 must be valid values. | 2300.CRC07 must be valid values. |  |  |  |  |  |  |  |  |
| Only one iteration of 2300.CRC with CRC01 $=$ " 75 " is allowed. | Only one iteration of 2300.CRC with CRC01 = "75" is allowed. |  |  |  |  |  |  |  |  |
| 2300.CRC01 must be present. | 2300.CRC01 must be present. |  |  |  |  |  |  |  |  |
| 2300.CRC01 must be "75". | 2300.CRC01 must be "75". |  |  |  |  |  |  |  |  |
| 2300.CRC02 must be present. | 2300.CRC02 must be present. |  |  |  |  |  |  |  |  |
| 2300.CRC02 must be "Y". | 2300.CRC02 must be "Y". |  |  |  |  |  |  |  |  |
| 2300.CRC03 must be present. | 2300.CRC03 must be present. |  |  |  |  |  |  |  |  |
| 2300.CRC03 must be "IH". | 2300.CRC03 must be "IH". |  |  |  |  |  |  |  |  |
| Must not be present. | Must not be present. |  |  |  |  |  |  |  |  |
| Must not be present. | Must not be present. |  |  |  |  |  |  |  |  |
| Must not be present. | Must not be present. |  |  |  |  |  |  |  |  |
| Must not be present. | Must not be present. |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| Only one iteration of 2300.CRC with CRC01 = "ZZ" is allowed. | Only one iteration of 2300.CRC with CRC01 = " ZZ " is allowed. | Pass Through Syntax Only |  |  |  |  |  |  |  |
| 2300.CRC01 must be present. | 2300.CRC01 must be present. |  |  |  |  |  |  |  |  |
| 2300.CRC01 must be "ZZ". | 2300.CRC01 must be "ZZ". |  |  |  |  |  |  |  |  |
| $2300 . \mathrm{CRC02}$ must be present. | 2300.CRC02 must be present. |  |  |  |  |  |  |  |  |
| 2300.CRC02 must be valid values. | 2300.CRC02 must be valid values. |  |  |  |  |  |  |  |  |

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| 2300.CRC03 must be present. | 2300.CRC03 must be present. |  |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| If 2300.CRC02 is "Y", 2300.CRC03 must be valid values. | If 2300. CRC02 is " $Y$ ", 2300.CRC03 must be valid values. |  |  |  |  |  |  |  |  |
| If 2300.CRC02 is "N", 2300.CRC03 must be "NU". | If $2300 . C R C 02$ is " N ", 2300.CRC03 must be "NU". |  |  |  |  |  |  |  |  |
| 2300.CRC04 must be valid values. | 2300.CRC04 must be valid values. |  |  |  |  |  |  |  |  |
| $2300 . C R C 05$ must be valid values. | $2300 . C R C 05$ must be valid values. |  |  |  |  |  |  |  |  |
| Must not be present. | Must not be present. |  |  |  |  |  |  |  |  |
| Must not be present. | Must not be present. |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| 2300.HI with HI01-1 = "BK" must be present. | 2300. HI with HIO1-1 = "BK" must be present. | ICD-9 Only period |  |  |  |  |  |  |  |
| 2300. HI with HI01-1 = "BK" or "ABK" must be present. | 2300.HI with HI01-1 = "BK" or "ABK" must be present. | Transition period |  |  |  |  |  |  |  |
| 2300. HI with HI01-1 = "ABK" must be present. | 2300.HI with HI01-1 = "ABK" must be present. | ICD-10 Only period - assumes no dual-use after mandated date. |  |  |  |  |  |  |  |
| Only one iteration of 2300. HI with H101-1 = "BK" is allowed. | Only one iteration of 2300 .HI with H101-1 = "BK" is allowed. | ICD-9 Only period |  |  |  |  |  |  |  |
| Only one iteration of 2300. HI with H101-1 = "BK" or "ABK" is allowed. | Only one iteration of $\mathbf{2 3 0 0}$. HI with H101-1 $=$ "BK" or "ABK" is allowed. | Transition period |  |  |  |  |  |  |  |
| Only one iteration of 2300.HI with H101-1 = "ABK" is allowed. | Only one iteration of 2300.HI with H101-1 = "ABK" is allowed. | ICD-10 Only period - assumes no dual-use after mandated date. |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| 2300.HI01-1 must be present. | 2300.H101-1 must be present. |  |  |  |  |  |  |  |  |
| 2300. $\mathrm{HIO1-1}$ must = "BK" | 2300.HI01-1 must = "BK" | ICD-9 Only period |  |  |  |  |  |  |  |
| 2300. $\mathrm{HIO1-1}$ must be "BK" or "ABK". | 2300. $\mathrm{HIO1-1}$ must be "BK" or "ABK". | Transition period |  |  |  |  |  |  |  |
| 2300. $\mathrm{HIO1} 1$-1 must = "ABK" | 2300. $\mathrm{HIO1-1}$ must = "ABK" | ICD-10 Only period - assumes no dual-use after mandated date. |  |  |  |  |  |  |  |
| 2300.HI01-2 must be present. | 2300.H101-2 must be present. |  |  |  |  |  |  |  |  |
| If 2400.SV107-1, SV107-2, SV107-3, or SV107-4 is "1" and 2300. H101-1 is "BK" then 2300. HIO1-2 must be a valid ICD-9-CM Principal Diagnosis code on the date in 2400.DTP03 when DTP01 = " 472 ", based on the ICD-9-CM Diagnosis Code list. | If 2400.SV107-1, SV107-2, SV107-3, or SV107-4 is "1" and $2300 . \mathrm{H} 01-1$ is "BK" then 2300.HIO1-2 must be a valid ICD-9-CM Principal Diagnosis code on the date in 2400.DTP03 when DTP01 = "472", based on the ICD-9-CM Diagnosis Code list. | ICD-9 Only period and Transition period. <br> Valid ICD-9-CM Principal Diagnosis Code reference must be available for this edit. |  |  |  |  |  |  |  |
| If 2400.SV107-1, SV107-2, SV107-3, or SV107-4 is "1" and $2300 . \mathrm{H} 101-1$ is "BK" then 2300.HI01-2 must be a valid ICD-9-CM Diagnosis code on the date in 2400.DTP03 when DTP01 = " 472 ", based on the CMS subset of the ICD-9-CM Diagnosis Code list. | If 2400.SV107-1, SV107-2, SV107-3, or SV107-4 is "1" and $2300 . \mathrm{H} 101-1$ is "BK" then 2300.HIO1-2 must be a valid ICD-9-CM Diagnosis code on the date in 2400.DTP03 when DTP01 = "472", based on the CMS subset of the ICD-9-CM Diagnosis Code list. | ICD-9 Only period and Transition period. <br> Valid Shared System Subset of the ICD-9-CM Diagnosis Code reference must be available for this edit. |  |  |  |  |  |  |  |
| If 2400.SV107-1, SV107-2, SV107-3, or SV107-4 is " 1 " and 2300. HIO1-1 is "ABK" then 2300. HI01-2 must be a valid ICD-10-CM Principal Diagnosis code on the date in 2400. DTP03 when DTP01 $=$ " 472 ". | If 2400.SV107-1, SV107-2, SV107-3, or SV107-4 is " 1 " and 2300. HIO1-1 is "ABK" then 2300.HI01-2 must be a valid ICD-10-CM Principal Diagnosis code on the date in 2400. DTP03 when DTP01 = " 472 ". | Transition period and ICD-10 Only period. <br> Valid ICD-10-CM Principal Diagnosis Code reference must be available for this edit. |  |  |  |  |  |  |  |

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| Must not be present. | Must not be present. |  |  |  |  |  |  |  |  |
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| Must not be present. | Must not be present. |  |  |  |  |  |  |  |  |
| Must not be present. | Must not be present. |  |  |  |  |  |  |  |  |
| Must not be present. | Must not be present. |  |  |  |  |  |  |  |  |
| 2300 . HIO 03 can only be present if 2300 . HIO 02 is present. | 2300. HIO3 can only be present if 2300 .HIO2 is present. |  |  |  |  |  |  |  |  |
| 2300. $\mathrm{H} 103-1$ must be "BF" or "ABF". | 2300. $\mathrm{HI} 103-1$ must be "BF" or "ABF". | Transition period |  |  |  |  |  |  |  |
| 2300. $\mathrm{HI} 03-1$ must = "BF" | 2300. $\mathrm{HIO3}-1$ must = "BF" | ICD-9 Only period |  |  |  |  |  |  |  |
| 2300. H I03-1 must = "ABF" | 2300. H 103 -1 must = "ABF" | ICD-10 Only period - assumes no dual-use after mandated date. |  |  |  |  |  |  |  |
| If 2400.SV107-1, SV107-2, SV107-3, or SV107-4 is "3" and 2300. H103-1 is "BF" then 2300.HIO3-2 must be a valid ICD-9-CM Diagnosis code on the date in 2400.DTP03 when DTP01 = "472", based on the ICD-9CM Diannosis Code list | If 2400.SV107-1, SV107-2, SV107-3, or SV107-4 is " 3 " and 2300. HIO3-1 is "BF" then 2300.HIO3-2 must be a valid ICD-9-CM Diagnosis code on the date in 2400.DTP03 when DTP01 = " 472 ", based on the ICD-9CM Diannosis Code list | ICD-9 Only period and Transition period. <br> Valid ICD-9-CM Diagnosis Code reference must be available for this edit. |  |  |  |  |  |  |  |
| If 2400.SV107-1, SV107-2, SV107-3, or SV107-4 is " 3 " and $2300 . \mathrm{HIO} 0-1$ is " BF " then 2300.HIO3-2 must be a valid ICD-9-CM Diagnosis code on the date in 2400.DTP03 when DTP01 = " 472 ", based on the CMS subset of the ICD-9-CM Diagnosis Code list. | If 2400.SV107-1, SV107-2, SV107-3, or SV107-4 is " 3 " and $2300 . \mathrm{H} 103-1$ is " BF " then 2300.HIO3-2 must be a valid ICD-9-CM Diagnosis code on the date in 2400.DTP03 when DTP01 = " 472 ", based on the CMS subset of the ICD-9-CM Diagnosis Code list. | ICD-9 Only period and Transition period. <br> Valid Shared System Subset of the ICD-9-CM Diagnosis Code reference must be available for this edit. |  |  |  |  |  |  |  |
| If 2400.SV107-1, SV107-2, SV107-3, or SV107-4 is " 3 " and $2300 . \mathrm{HIO3-1}$ is "ABF" then 2300. HIO3-2 must be a valid ICD-10-CM Diagnosis code on the date in 2400.DTP03 when DTP01 = " 472 ", based on the ICD-10CM Diaanosis Code list | If 2400.SV107-1, SV107-2, SV107-3, or SV107-4 is " 3 " and 2300. H IO3-1 1 is "ABF" then 2300.HI03-2 must be a valid ICD-10-CM Diagnosis code on the date in 2400.DTP03 when DTP01 = " 472 ", based on the ICD-10CM Diaanosis Conde list | Transition period and ICD-10 Only period. <br> Valid ICD-10-CM Diagnosis Code reference must be available for this edit. |  |  |  |  |  |  |  |
| If 2400.SV107-1, SV107-2, SV107-3, or SV107-4 is "3" \& 2300. HI03-1 is "ABF" then 2300. HI03-2 must be a valid ICD-10-CM Principal Diagnosis code on the date in 2400.DTP03 when DTP01 = "472", based on the CMS subset of the ICD-10-CM Diagnosis cades | If 2400.SV107-1, SV107-2, SV107-3, or SV107-4 is "3" \& 2300.HIO3-1 is "ABF" then 2300.HIO3-2 must be a valid ICD-10-CM Principal Diagnosis code on the date in 2400.DTP03 when DTP01 = "472", based on the CMS subset of the ICD-10-CM Diagnosis cades | Transition period and ICD-10 Only period. <br> Valid ICD-10-CM Principal Diagnosis Code reference must be available for this edit. |  |  |  |  |  |  |  |
| If 2400.SV107-1, SV107-2, SV107-3, and SV107-4 are not " 3 " and $2300 . \mathrm{H} 103-1$ is "BF" then 2300.H103-2 must be a valid ICD-9-CM Principal Diagnosis code for every date in the date of service range for this claim. | If 2400.SV107-1, SV107-2, SV107-3, and SV107-4 are not " 3 " and $2300 . \mathrm{H} 103-1$ is "BF" then 2300.HIO3-2 must be a valid ICD-9-CM Principal Diagnosis code for every date in the date of service range for this claim. | ICD-9 Only period and Transition period. <br> Valid ICD-9-CM Principal Diagnosis Code reference must be available for this edit. |  |  |  |  |  |  |  |
|  <br> SV107-4 are not " 3 " and $2300 . \mathrm{H} 103-1$ is "BF", 2300.HIO3-2 must be a valid ICD-9-CM <br> Principal Diagnosis code for every date in the DOS range for this claim., based on the CMS subset of the ICD-9-CM Diag list. |  <br> SV107-4 are not " 3 " and $2300 . \mathrm{H} 103-1$ is "BF", 2300.HIO3-2 must be a valid ICD-9-CM <br> Principal Diagnosis code for every date in the DOS range for this claim., based on the CMS subset of the ICD-9-CM Diag list. | ICD-9 Only period and Transition period. <br> Valid Shared System Subset of the ICD-9-CM Diagnosis Code reference must be available for this edit. |  |  |  |  |  |  |  |
| If 2400.SV107-1, SV107-2, SV107-3, and SV107-4 are not " 3 " and 2300. HIO3-1 is "ABF" then 2300.HIO3-2 must be a valid ICD-10-CM Principal Diagnosis code for every date in the date of service range for this claim | If 2400.SV107-1, SV107-2, SV107-3, and SV107-4 are not "3" and 2300.HIO3-1 is "ABF" then 2300.HIO3-2 must be a valid ICD-10-CM Principal Diagnosis code for every date in the date of service range for this claim | Transition period and ICD-10 Only period. <br> Valid ICD-10-CM Principal Diagnosis Code reference must be available for this edit. |  |  |  |  |  |  |  |

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| Must not be present. | Must not be present. |  |  |  |  |  |  |  |  |
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| 2300 . H 06 can only be present if 2300 . H 005 is present. | $2300 . \mathrm{HIO6}$ can only be present if 2300 . H 05 is present. |  |  |  |  |  |  |  |  |
| 2300. $\mathrm{HI} 06-1$ must be "BF" or "ABF". | 2300. HI 106 -1 must be "BF" or "ABF". | Transition period |  |  |  |  |  |  |  |
| 2300. H I06-1 must = "BF" | 2300. H I06-1 must = "BF" | ICD-9 Only period |  |  |  |  |  |  |  |
| 2300. H I06-1 must = "ABF" | 2300. H106-1 must = "ABF" | ICD-10 Only period - assumes no dual-use after mandated date. |  |  |  |  |  |  |  |
| If 2400.SV107-1, SV107-2, SV107-3, or SV107-4 is " 6 " and $2300 . \mathrm{HI} 06-1$ is "BF" then 2300. HIO6-2 must be a valid ICD-9-CM Diagnosis code on the date in 2400.DTP03 when DTP01 = "472", based on the ICD-9CM Diannosis Code list | If 2400.SV107-1, SV107-2, SV107-3, or SV107-4 is " 6 " and 2300. H106-1 is "BF" then 2300.HIO6-2 must be a valid ICD-9-CM Diagnosis code on the date in 2400.DTP03 when DTP01 = " 472 ", based on the ICD-9CM Diannosis Code list | ICD-9 Only period and Transition period. <br> Valid ICD-9-CM Diagnosis Code reference must be available for this edit. |  |  |  |  |  |  |  |
| If 2400.SV107-1, SV107-2, SV107-3, or SV107-4 is "6" and 2300.HI06-1 is "BF" then 2300.HI06-2 must be a valid ICD-9-CM Diagnosis code on the date in 2400.DTP03 when DTP01 = "472", based on the CMS subset of the ICD-9-CM Diagnosis Code list. | If 2400.SV107-1, SV107-2, SV107-3, or SV107-4 is " 6 " and 2300 .HI06-1 is "BF" then 2300.HI06-2 must be a valid ICD-9-CM Diagnosis code on the date in 2400.DTP03 when DTP01 = "472", based on the CMS subset of the ICD-9-CM Diagnosis Code list. | ICD-9 Only period and Transition period. <br> Valid Shared System Subset of the ICD-9-CM Diagnosis Code reference must be available for this edit. |  |  |  |  |  |  |  |
| If 2400.SV107-1, SV107-2, SV107-3, or SV107-4 is " 6 " and $2300 . \mathrm{HI} 06-1$ is "ABF" then 2300 . HI06-2 must be a valid ICD-10-CM Diagnosis code on the date in 2400.DTP03 when DTP01 = " 472 ", based on the ICD-10CM Diannosis Code list | If 2400.SV107-1, SV107-2, SV107-3, or SV107-4 is " 6 " and 2300. HI06-1 is "ABF" then 2300.HI06-2 must be a valid ICD-10-CM Diagnosis code on the date in 2400.DTP03 when DTP01 = "472", based on the ICD-10CM Diannosis Conde list | Transition period and ICD-10 Only period. Valid ICD-10-CM Diagnosis Code reference must be available for this edit. |  |  |  |  |  |  |  |
| If 2400.SV107-1, SV107-2, SV107-3, or SV107-4 is "6" \& 2300. H106-1 is "ABF" then 2300. HI06-2 must be a valid ICD-10-CM Principal Diagnosis code on the date in 2400.DTP03 when DTP01 = "472", based on the CMS subset of the ICD-10-CM Diagnosis cades | If 2400.SV107-1, SV107-2, SV107-3, or SV107-4 is "6" \& 2300.HI06-1 is "ABF" then 2300. HI06-2 must be a valid ICD-10-CM Principal Diagnosis code on the date in 2400.DTP03 when DTP01 = "472", based on the CMS subset of the ICD-10-CM Diagnosis cades | Transition period and ICD-10 Only period. <br> Valid ICD-10-CM Principal Diagnosis Code reference must be available for this edit. |  |  |  |  |  |  |  |
| If 2400.SV107-1, SV107-2, SV107-3, and SV107-4 are not "6" and 2300.H106-1 is "BF" then 2300.HIO6-2 must be a valid ICD-9-CM Principal Diagnosis code for every date in the date of service range for this claim. | If 2400.SV107-1, SV107-2, SV107-3, and SV107-4 are not "6" and 2300. $\mathrm{H} 106-1$ is "BF" then 2300.HIO6-2 must be a valid ICD-9-CM Principal Diagnosis code for every date in the date of service range for this claim. | ICD-9 Only period and Transition period. <br> Valid ICD-9-CM Principal Diagnosis Code reference must be available for this edit. |  |  |  |  |  |  |  |
|  <br> SV107-4 are not "6" and 2300. $\mathrm{H} 106-1$ is "BF", <br> 2300.HIO6-2 must be a valid ICD-9-CM <br> Principal Diagnosis code for every date in the DOS range for this claim., based on the CMS subset of the ICD-9-CM Diag list. |  <br> SV107-4 are not "6" and 2300.HIO6-1 is "BF", <br> 2300. HI06-2 must be a valid ICD-9-CM <br> Principal Diagnosis code for every date in the DOS range for this claim., based on the CMS subset of the ICD-9-CM Diag list. | ICD-9 Only period and Transition period. <br> Valid Shared System Subset of the ICD-9-CM Diagnosis Code reference must be available for this edit. |  |  |  |  |  |  |  |
| If 2400.SV107-1, SV107-2, SV107-3, and SV107-4 are not "6" and 2300.HI06-1 is "ABF" then 2300.HIO6-2 must be a valid ICD-10-CM Principal Diagnosis code for every date in the date of service range for this claim | If 2400.SV107-1, SV107-2, SV107-3, and SV107-4 are not "6" and 2300. HIO6-1 is "ABF" then 2300.HIO6-2 must be a valid ICD-10-CM Principal Diagnosis code for every date in the date of service range for this claim | Transition period and ICD-10 Only period. <br> Valid ICD-10-CM Principal Diagnosis Code reference must be available for this edit. |  |  |  |  |  |  |  |
| If 2400.SV107-1, SV107-2, SV107-3 \& SV107-4 are not "6" and 2300.H106-1 is "ABF", 2300.HI06-2 must be a valid ICD-10CM Principal Diagnosis for every date in the DOS range for this claim., based on the CMS subset of the ICD-10-CM Diag list. |  <br> SV107-4 are not "6" and 2300.H106-1 is "ABF", 2300.HI06-2 must be a valid ICD-10CM Principal Diagnosis for every date in the DOS range for this claim., based on the CMS subset of the ICD-10-CM Diag list. | Transition period and ICD-10 Only period. <br> Valid ICD-10-CM Principal Diagnosis Code reference must be available for this edit. |  |  |  |  |  |  |  |
| 2300.HI06-2 must not contain a "." | 2300.HI06-2 must not contain a "." |  |  |  |  |  |  |  |  |

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|  | If 2400.SV107-1, SV107-2, SV107-3, and SV107-4 are not "11" and 2300.HI11-1 is "BF" then 2300.HI11-2 must be a valid ICD-9CM Principal Diagnosis code for every date in the date of service range for this claim. | ICD-9 Only period and Transition period. <br> Valid ICD-9-CM Principal Diagnosis Code reference must be available for this edit. |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  <br> SV107-4 are not "11" and 2300.H111-1 is "BF", 2300.HI11-2 must be a valid ICD-9-CM Principal Diagnosis code for every date in the DOS range for this claim., based on the CMS subset of the ICD-9-CM Diag list. | ICD-9 Only period and Transition period. <br> Valid Shared System Subset of the ICD-9-CM Diagnosis Code reference must be available for this edit. |  |  |  |  |  |  |  |
|  | If 2400.SV107-1, SV107-2, SV107-3, and SV107-4 are not "11" and 2300.H111-1 is "ABF" then 2300.HI11-2 must be a valid ICD-10-CM Principal Diagnosis code for every date in the date of service range for this claim | Transition period and ICD-10 Only period. <br> Valid ICD-10-CM Principal Diagnosis Code reference must be available for this edit. |  |  |  |  |  |  |  |
|  | If 2400.SV107-1, SV107-2, SV107-3 \& SV107-4 are not "11" and 2300.HI11-1 is "ABF", 2300.HI11-2 must be a valid ICD-10CM Principal Diagnosis for every date in the DOS range for this claim., based on the CMS subset of the ICD-10-CM Diag list. | Transition period and ICD-10 Only period. <br> Valid ICD-10-CM Principal Diagnosis Code reference must be available for this edit. |  |  |  |  |  |  |  |
|  | 2300.H111-2 must not contain a "." |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| Must not be present. | Must not be present. |  |  |  |  |  |  |  |  |
| Must not be present. | Must not be present. |  |  |  |  |  |  |  |  |
| Must not be present. | Must not be present. |  |  |  |  |  |  |  |  |
| Must not be present. | Must not be present. |  |  |  |  |  |  |  |  |
| Must not be present. | Must not be present. |  |  |  |  |  |  |  |  |
| Must not be present. | Must not be present. |  |  |  |  |  |  |  |  |
| Must not be present. | Must not be present. |  |  |  |  |  |  |  |  |
| $2300 . \mathrm{H} 112$ can only be present if 2300 .HI11 is present. | $2300 . \mathrm{H} 112$ can only be present if 2300 .HI11 is present. | 03/31: Pass through, syntax only. <br> 02/17: Companion Guide note needed. |  |  |  |  |  |  |  |
| 2300. H I12-1 must be "BF" or "ABF". | 2300.H112-1 must be "BF" or "ABF". |  |  |  |  |  |  |  |  |
| 2300.H112-2 must be present. | 2300.HI12-2 must be present. |  |  |  |  |  |  |  |  |
|  | If 2400.SV107-1, SV107-2, SV107-3, or SV107-4 is "12" and 2300.HI12-1 is "BF" then 2300.HI12-2 must be a valid ICD-9-CM Diagnosis code on the date in 2400.DTP03 when DTP01 = "472", based on the ICD-9CM Diannosis Code list | ICD-9 Only period and Transition period. <br> Valid ICD-9-CM Diagnosis Code reference must be available for this edit. |  |  |  |  |  |  |  |



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| If $2300 . \mathrm{HIO}$ is present then 2300 .HIO3 may be present. | If 2300.HIO2 is present then 2300.HIO3 may be present. |  |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 2300.HIO3-1 must be "BG". | 2300.HI03-1 must be "BG". |  |  |  |  |  |  |  |  |
| 2300.H103-2 must be a valid Condition code. | 2300.HIO3-2 must be a valid Condition code. | Valid NUBC Condition Code reference must be available for this edit. |  |  |  |  |  |  |  |
| Must not be present. | Must not be present. |  |  |  |  |  |  |  |  |
| Must not be present. | Must not be present. |  |  |  |  |  |  |  |  |
| Must not be present. | Must not be present. |  |  |  |  |  |  |  |  |
| Must not be present. | Must not be present. |  |  |  |  |  |  |  |  |
| Must not be present. | Must not be present. |  |  |  |  |  |  |  |  |
| Must not be present. | Must not be present. |  |  |  |  |  |  |  |  |
| Must not be present. | Must not be present. |  |  |  |  |  |  |  |  |
| If 2300.HI03 is present then 2300.HI04 may be present. | If 2300.HI03 is present then 2300.HI04 may be present. |  |  |  |  |  |  |  |  |
| 2300. H I04-1 must be "BG". | 2300.HI04-1 must be "BG". |  |  |  |  |  |  |  |  |
| 2300.HI04-2 must be a valid Condition code. | 2300.HI04-2 must be a valid Condition code. | Valid NUBC Condition Code reference must be available for this edit. |  |  |  |  |  |  |  |
| Must not be present. | Must not be present. |  |  |  |  |  |  |  |  |
| Must not be present. | Must not be present. |  |  |  |  |  |  |  |  |
| Must not be present. | Must not be present. |  |  |  |  |  |  |  |  |
| Must not be present. | Must not be present. |  |  |  |  |  |  |  |  |
| Must not be present. | Must not be present. |  |  |  |  |  |  |  |  |
| Must not be present. | Must not be present. |  |  |  |  |  |  |  |  |
| Must not be present. | Must not be present. |  |  |  |  |  |  |  |  |
| If 2300 .HI04 is present then 2300 .HI05 may be present. | If $2300 . \mathrm{HI} 04$ is present then 2300 .HI05 may be present. |  |  |  |  |  |  |  |  |
| 2300. $\mathrm{HI} 05-1$ must be "BG". | 2300.HI05-1 must be "BG". |  |  |  |  |  |  |  |  |
| 2300.HIO5-2 must be a valid Condition code. | 2300.HI05-2 must be a valid Condition code. | Valid NUBC Condition Code reference must be available for this edit. |  |  |  |  |  |  |  |
| Must not be present. | Must not be present. |  |  |  |  |  |  |  |  |
| Must not be present. | Must not be present. |  |  |  |  |  |  |  |  |
| Must not be present. | Must not be present. |  |  |  |  |  |  |  |  |
| Must not be present. | Must not be present. |  |  |  |  |  |  |  |  |
| Must not be present. | Must not be present. |  |  |  |  |  |  |  |  |
| Must not be present. | Must not be present. |  |  |  |  |  |  |  |  |

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| Must not be present. | Must not be present. |  |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| If 2300. H105 is present then 2300.H06 may be present. | If $2300 . \mathrm{HIO5}$ is present then 2300 .HI06 may be present. |  |  |  |  |  |  |  |  |
| 2300. HI06-1 must be "BG". | 2300.HI06-1 must be "BG". |  |  |  |  |  |  |  |  |
| 2300.HIO6-2 must be a valid Condition code. | 2300.HI06-2 must be a valid Condition code. | Valid NUBC Condition Code reference must be available for this edit. |  |  |  |  |  |  |  |
| Must not be present. | Must not be present. |  |  |  |  |  |  |  |  |
| Must not be present. | Must not be present. |  |  |  |  |  |  |  |  |
| Must not be present. | Must not be present. |  |  |  |  |  |  |  |  |
| Must not be present. | Must not be present. |  |  |  |  |  |  |  |  |
| Must not be present. | Must not be present. |  |  |  |  |  |  |  |  |
| Must not be present. | Must not be present. |  |  |  |  |  |  |  |  |
| Must not be present. | Must not be present. |  |  |  |  |  |  |  |  |
| If 2300. HI06 is present then 2300 . HI07 may be present. | If 2300 .HI06 is present then 2300 .HI07 may be present. |  |  |  |  |  |  |  |  |
| 2300.HI07-1 must be "BG". | 2300.HIO7-1 must be "BG". |  |  |  |  |  |  |  |  |
| 2300.HI07-2 must be a valid Condition code. | 2300.HI07-2 must be a valid Condition code. | Valid NUBC Condition Code reference must be available for this edit. |  |  |  |  |  |  |  |
| Must not be present. | Must not be present. |  |  |  |  |  |  |  |  |
| Must not be present. | Must not be present. |  |  |  |  |  |  |  |  |
| Must not be present. | Must not be present. |  |  |  |  |  |  |  |  |
| Must not be present. | Must not be present. |  |  |  |  |  |  |  |  |
| Must not be present. | Must not be present. |  |  |  |  |  |  |  |  |
| Must not be present. | Must not be present. |  |  |  |  |  |  |  |  |
| Must not be present. | Must not be present. |  |  |  |  |  |  |  |  |
| If 2300 .HI07 is present then 2300 .HI08 may be present. | If 2300 .HI07 is present then $2300 . \mathrm{HI} 08$ may be present. |  |  |  |  |  |  |  |  |
| 2300. H I08-1 must be "BG". | 2300.HI08-1 must be "BG". |  |  |  |  |  |  |  |  |
| 2300.HI08-2 must be a valid Condition code. | 2300.HI08-2 must be a valid Condition code. | Valid NUBC Condition Code reference must be available for this edit. |  |  |  |  |  |  |  |
| Must not be present. | Must not be present. |  |  |  |  |  |  |  |  |
| Must not be present. | Must not be present. |  |  |  |  |  |  |  |  |
| Must not be present. | Must not be present. |  |  |  |  |  |  |  |  |
| Must not be present. | Must not be present. |  |  |  |  |  |  |  |  |
| Must not be present. | Must not be present. |  |  |  |  |  |  |  |  |

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| Must not be present. | Must not be present. |  |  |  |  |  |  |  |  |
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| Must not be present. | Must not be present. |  |  |  |  |  |  |  |  |
| If $2300 . \mathrm{HIO} 08$ is present then 2300 .HI09 may be present. | $\left.\right\|_{\text {If } 2300 . \mathrm{HI08} \text { is present then } 2300 . \mathrm{HI09} \text { may }} ^{\text {be present. }}$ |  |  |  |  |  |  |  |  |
| 2300. HI09-1 must be "BG". | 2300.HI09-1 must be "BG". |  |  |  |  |  |  |  |  |
| 2300.HI09-2 must be a valid Condition code. | 2300.HI09-2 must be a valid Condition code. | Valid NUBC Condition Code reference must be available for this edit. |  |  |  |  |  |  |  |
| Must not be present. | Must not be present. |  |  |  |  |  |  |  |  |
| Must not be present. | Must not be present. |  |  |  |  |  |  |  |  |
| Must not be present. | Must not be present. |  |  |  |  |  |  |  |  |
| Must not be present. | Must not be present. |  |  |  |  |  |  |  |  |
| Must not be present. | Must not be present. |  |  |  |  |  |  |  |  |
| Must not be present. | Must not be present. |  |  |  |  |  |  |  |  |
| Must not be present. | Must not be present. |  |  |  |  |  |  |  |  |
| If 2300 .HI09 is present then 2300 .HI10 may be present. | $\qquad$ |  |  |  |  |  |  |  |  |
| 2300.H110-1 must be "BG". | 2300.H110-1 must be "BG". |  |  |  |  |  |  |  |  |
| 2300.HI10-2 must be a valid Condition code. | 2300.H110-2 must be a valid Condition code. | Valid NUBC Condition Code reference must be available for this edit. |  |  |  |  |  |  |  |
| Must not be present. | Must not be present. |  |  |  |  |  |  |  |  |
| Must not be present. | Must not be present. |  |  |  |  |  |  |  |  |
| Must not be present. | Must not be present. |  |  |  |  |  |  |  |  |
| Must not be present. | Must not be present. |  |  |  |  |  |  |  |  |
| Must not be present. | Must not be present. |  |  |  |  |  |  |  |  |
| If 2300 .HI10 is present then 2300 .HI11 may be present. | $\qquad$ |  |  |  |  |  |  |  |  |
| 2300.H111-1 must be "BG". | 2300.H111-1 must be "BG". |  |  |  |  |  |  |  |  |
| 2300.HI11-2 must be a valid Condition code. | 2300.HI11-2 must be a valid Condition code. | Valid NUBC Condition Code reference must be available for this edit. |  |  |  |  |  |  |  |
| Must not be present. | Must not be present. |  |  |  |  |  |  |  |  |
| Must not be present. | Must not be present. |  |  |  |  |  |  |  |  |
| Must not be present. | Must not be present. |  |  |  |  |  |  |  |  |
| Must not be present. | Must not be present. |  |  |  |  |  |  |  |  |
| Must not be present. | Must not be present. |  |  |  |  |  |  |  |  |
| Must not be present. | Must not be present. |  |  |  |  |  |  |  |  |

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| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Must not be present. | Must not be present. |  |  |  |  |  |  |  |  |
| Must not be present. | Must not be present. |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| Only one iteration 2310E.NM1 is allowed. | Only one iteration 2310E.NM1 is allowed. |  |  |  |  |  |  |  |  |
| 2310E.NM101 must be present. | 2310E.NM101 must be present. |  |  |  |  |  |  |  |  |
| 2310E.NM101 must be "PW". | 2310E.NM101 must be "PW". |  |  |  |  |  |  |  |  |
| 2310E.NM102 must be present. | 2310E.NM102 must be present. |  |  |  |  |  |  |  |  |
| 2310E.NM102 must be "2". | 2310E.NM102 must be "2". |  |  |  |  |  |  |  |  |
| Must not be present. | Must not be present. |  |  |  |  |  |  |  |  |
| Must not be present. | Must not be present. |  |  |  |  |  |  |  |  |
| Must not be present. | Must not be present. |  |  |  |  |  |  |  |  |
| Must not be present. | Must not be present. |  |  |  |  |  |  |  |  |
| Must not be present. | Must not be present. |  |  |  |  |  |  |  |  |
| Must not be present. | Must not be present. |  |  |  |  |  |  |  |  |
| Must not be present. | Must not be present. |  |  |  |  |  |  |  |  |
| Must not be present. | Must not be present. |  |  |  |  |  |  |  |  |
| Must not be present. | Must not be present. |  |  |  |  |  |  |  |  |
| Must not be present. | Must not be present. |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| If 2310E.NM1 is present, 2310E.N3 must be present. | If 2310E.NM1 is present, 2310E.N3 mus be present. |  |  |  |  |  |  |  |  |
| Only one iteration of 2310E.N3 is allowed. | Only one iteration of 2310E.N3 is allowed. |  |  |  |  |  |  |  |  |
| 2310E.N301 must be present. | 2310E.N301 must be present. |  |  |  |  |  |  |  |  |
| 2310E.N301 must contain at least one non- space character. | $2310 E$. N301 must contain at least one non- space character. |  |  |  |  |  |  |  |  |
| 2310E.N301 must be 1-55 characters. | 2310E.N301 must be 1-55 characters. |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| 2310E.N301 must be populated with accepted AN characters. | 2310E.N301 must be populated with accepted AN characters. |  |  |  |  |  |  |  |  |

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| If 2330B.N404 is not present, 2330B.N402 must be a valid State Code. | If 2330B.N404 is not present, 2330B.N402 must be a valid State Code. |  |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| If 2330B.N404 is not present, 2330B.N403 must be present. | If 2330B.N404 is not present, 2330B.N403 must be present. | Valid Zip Code reference must be available for this edit. |  |  |  |  |  |  |  |
| If 2330B.N404 is not present, must be a valid Zip Code. | Must be a valid Zip Code. |  |  |  |  |  |  |  |  |
| Must not be present. | Must not be present. |  |  |  |  |  |  |  |  |
| Must not be present. | Must not be present. |  |  |  |  |  |  |  |  |
| Must not be present. | Must not be present. |  |  |  |  |  |  |  |  |
| 2330B.N407 must be a valid Country Subdivision Code. | 2330B.N407 must be a valid Country Subdivision Code. | Valid Country Subdivision Code reference must be available for this edit. (from Part 2 of ISO 3166) |  |  |  |  |  |  |  |
| If 2330B.NM1 is present, 2330B.DTP may be present. | If 2330B.NM1 is present, 2330B.DTP may be present. |  |  |  |  |  |  |  |  |
| Only one iteration of 2330B.DTP is allowed. | Only one iteration of 2330B.DTP is allowed. |  |  |  |  |  |  |  |  |
| If 2330B.NM1 is present and 2430.DTP with DTP01 = " 573 " is not present, 2330B.DTP may be present. | If 2330B.NM1 is present and 2430.DTP with DTP01 = " 573 " is not present, 2330B.DTP may be present. |  |  |  |  |  |  |  |  |
| 2330B.DTP01 must be present. | 2330B.DTP01 must be present. |  |  |  |  |  |  |  |  |
| 2330B.DTP01 must be "573". | 2330B.DTP01 must be "573". |  |  |  |  |  |  |  |  |
| 2330B.DTP02 must be present. | 2330B.DTP02 must be present. |  |  |  |  |  |  |  |  |
| 2330B. DTP02 must be "D8". | 2330B.DTP02 must be "D8". |  |  |  |  |  |  |  |  |
| 2330B.DTP03 must a valid date in CCYYMMDD format. | 2330B.DTP03 must a valid date in CCYYMMDD format. |  |  |  |  |  |  |  |  |
| 2330B.DTP03 must not be a future date. | 2330B.DTP03 must not be a future date. |  |  |  |  |  |  |  |  |
| If 2330B.NM1 is present, 2330B.REF with 2330B.REF01 = "2U", "EI", "FY" or "NF" may be present. | If 2330B.NM1 is present, 2330B.REF with 2330B.REF01 = "2U", "EI", "FY" or "NF" may be present. | 06/04: Pass through, syntax only. |  |  |  |  |  |  |  |
| Only two iterations of 2330B.REF with 2330B.REF01 = "2U", "EI", "FY" or "NF" are allowed. | Only two iterations of 2330B.REF with 2330B.REF01 = "2U", "EI", "FY" or "NF" are allowed. |  |  |  |  |  |  |  |  |
| 2330B.REF01 must be present. | 2330B.REF01 must be present. |  |  |  |  |  |  |  |  |
| 2330B.REF01 must be valid values. | 2330B.REF01 must be valid values. |  |  |  |  |  |  |  |  |
| 2330B.REF02 must be present. | 2330B.REF02 must be present. |  |  |  |  |  |  |  |  |

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| Segment must not be present. | Segment must not be present. | 01/20: Companion Guide Note needed. |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Segment must not be present. | Segment must not be present. | 01/20: Companion Guide Note needed. |  |  |  |  |  |  |  |
| Segment must not be present. | Segment must not be present. | 01/20: Companion Guide Note needed. |  |  |  |  |  |  |  |
| Segment must not be present. | Segment must not be present. | 01/20: Companion Guide Note needed. |  |  |  |  |  |  |  |
| Only 50 iterations of the $\mathbf{2 4 0 0}$ loop are allowed. | Only 50 iterations of the $\mathbf{2 4 0 0}$ loop are allowed. |  |  |  |  |  |  |  |  |
| 2400.LX must be present. | 2400.LX must be present. |  |  |  |  |  |  |  |  |
| Only one iteration of $2400 . \mathrm{LX}$ is allowed. | Only one iteration of 2400.LX is allowed. |  |  |  |  |  |  |  |  |
| 2400.LX01 must be present. | 2400.LX01 must be present. |  |  |  |  |  |  |  |  |
| 2400.LX01 must be numeric. | 2400.LX01 must be numeric. |  |  |  |  |  |  |  |  |
| $2400 . L \times 01$ must be must be $>0$ and $<=50$. | $2400 . L \times 01$ must be must be $>0$ and $<=50$. |  |  |  |  |  |  |  |  |
| The first 2400.LX01 must be "1". | The first 2400.LX01 must be "1". |  |  |  |  |  |  |  |  |
| Subsequent 2400.LX01 values must increment by 1 . | Subsequent 2400.LX01 values must increment by 1 . |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| 2400.SV1 must be present. | 2400.SV1 must be present. |  |  |  |  |  |  |  |  |
| Only one iteration of $2400 . \mathrm{SV1}$ is allowed. | Only one iteration of 2400.SV1 is allowed. |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| 2400.SV101-1 must be present. | 2400.SV101-1 must be present. |  |  |  |  |  |  |  |  |
| 2400.SV101-1 must be "HC". | 2400.SV101-1 must be "HC". |  |  |  |  |  |  |  |  |
| 2400.SV101-2 must be present. | 2400.SV101-2 must be present. | Valid CMS Proprietary HCPCS reference must be available for this edit. |  |  |  |  |  |  |  |

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| When 2400.SV101-1 = "HC", 2400.SV101-2 must be a valid HCPCS Code on the date in 2400.DTP03 when DTP01 = "472". | When 2400.SV101-1 = "HC", 2400.SV101-2 must be a valid HCPCS Code on the date in 2400.DTP03 when DTP01 = "472". | 12/16: Fallback edits: used only if primary edit above is determined to be unworkable. Review this before finalizing. <br> Valid HCPCS reference must be available for this edit (fullexternal code list) |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| When 2400.SV101-1 = "HC", 2400.SV101-2 must be a valid HCPCS Code on the date in 2400.DTP03 when DTP01 = "472". <br> OR <br> When 2400.SV101-1 = "HC", 2400.SV101-2 <br> must be a 5 character alphanumeric value. | When 2400.SV101-1 = "HC", 2400.SV101-2 must be a valid HCPCS Code on the date in 2400.DTP03 when DTP01 = "472". <br> OR <br> When 2400.SV101-1 = "HC", 2400.SV101-2 must be a valid HCPCS Code from the DME subset on the date in 2400.DTP03 when " | Valid CMS Proprietary Procedure Code Modlfier to Procedure Code reference must be available for this edit. |  |  |  |  |  |  |
| 2400.SV101-3 must be valid procedure modifier on the date in 2400.DTP03 when DTP01 = "472". | 2400.SV101-3 must be valid procedure modifier on the date in 2400.DTP03 when DTP01 = "472". | 12/16: Fallback edits:used only if primary edit above is determined to be unworkable. Review this before finalizing. <br> Valid Procedure Code Modlfier reference must be available for this edit (full external code list). |  |  |  |  |  |  |
| 2400.SV101-3 must be valid procedure modifier on the date in 2400.DTP03 when DTP01 = "472". | 2400.SV101-3 must be valid procedure modifier on the date in 2400.DTP03 when DTP01 = "472". |  |  |  |  |  |  |  |
|  | If 2400.SV101-3 = "90" 2400.REF with REF01 = "F4" must be present. |  |  |  |  |  |  |  |
| If 2400. SV101-4 is present, 2400.SV101-3 must be present. | If 2400.SV101-4 is present, 2400.SV101-3 must be present. | Valid CMS Proprietary Procedure Code Modlfier to Procedure Code reference must be available for this edit. |  |  |  |  |  |  |
| 2400.SV101-4 must be valid procedure modifier on the date in 2400.DTP03 when DTP01 = "472". | 2400.SV101-4 must be valid procedure modifier on the date in 2400.DTP03 when DTP01 = "472". |  |  |  |  |  |  |  |
|  | If 2400.SV101-4 = "90" 2400.REF with REF01 = "F4" must be present. |  |  |  |  |  |  |  |
| If 2400. SV101-5 is present, 2400.SV101-4 must be present. | If 2400. SV101-5 is present, 2400.SV101-4 must be present. | Valid CMS Proprietary Procedure Code Modlfier to Procedure Code reference must be available for this edit. |  |  |  |  |  |  |
| 2400.SV101-5 must be valid procedure modifier on the date in 2400.DTP03 when DTP01 = "472". | 2400.SV101-5 must be valid procedure modifier on the date in 2400.DTP03 when DTP01 = "472". |  |  |  |  |  |  |  |
|  | If 2400.SV101-5 = "90" 2400.REF with REF01 = "F4" must be present. |  |  |  |  |  |  |  |
| If 2400.SV101-6 is present, 2400.SV101-5 must be present. | If 2400.SV101-6 is present, 2400.SV101-5 must be present. | Valid CMS Proprietary Procedure Code Modifier to Procedure Code reference must be available for this edit. |  |  |  |  |  |  |
| 2400.SV101-6 must be valid procedure modifier on the date in 2400.DTP03 when DTP01 = "472". | 2400.SV101-6 must be valid procedure modifier on the date in 2400.DTP03 when DTP01 = "472". |  |  |  |  |  |  |  |
|  | If 2400.SV101-6 = "90" 2400.REF with REF01 = "F4" must be present. |  |  |  |  |  |  |  |

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| 2400.SV107-1 must be >= 1 and $<=12$. | 2400.SV107-1 must be >= 1 and $<=12$. | ICD-10 Only period. <br> Valid ICD-10-CM Diagnosis Code reference must be available for this edit. |  |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| There must be a corresponding diagnosis code in 2300. H where $\mathrm{HIO1}-1$ is "ABK" or "BK" for the pointer value entered. Example 1: if $2400 . \operatorname{SV} 107-1=3$, when 2300.H101-1 with "BK" or "ABK", 2300.HIO3-2 must be poplulated. <br> Example 2: if $2400 . \mathrm{SV} 107-1=5$, when 2300.HIO1-1 with "BK" or "ABK", 2300.HIO5-2 must be poplulated. | There must be a corresponding diagnosis code in 2300 . H where $\mathrm{H} 01-1$ is "ABK" or "BK" for the pointer value entered. Example 1: if 2400. SV107-1 $=3$, when 2300.H01-1 with "BK" or "ABK", 2300.H103-2 must be poplulated. Example 2: if 2400. SV107-1 $=5$, when 2300.HIO1-1 with "BK" or "ABK", 2300.H105-2 must be poplulated |  |  |  |  |  |  |  |  |  |
| If SV107-1 is present, 2400.SV107-2 may be present. | If SV107-1 is present, $2400 . S V 107-2$ may be present. |  |  |  |  |  |  |  |  |  |
| 2400.SV107-2 must be >= 1 and <= 8 . | 2400.SV107-2 must be >= 1 and $<=12$. | ICD-9 Only period. 04/07: Revised edit. |  |  |  |  |  |  |  |  |
| 2400.SV107-2 must be $>=1$ and $<=12$. | 2400.SV107-2 must be >= 1 and <= 12. | ICD-10 Only period. <br> Valid ICD-10-CM Diagnosis Code reference must be available for this edit. |  |  |  |  |  |  |  |  |
| There must be a corresponding diagnosis code in 2300 . HI where $\mathrm{HIO1}-1$ is "ABK" or "BK" for the pointer value entered. <br> Example 1: if 2400.SV107-1 = 3, when <br> 2300.HI01-1 with "BK" or "ABK", 2300.HIO3-2 <br> must be poplulated. <br> Example 2: if 2400.SV107-1 = 5, when 2300.HI01-1 with "BK" or "ABK", 2300.HI05-2 must be poplulated. | There must be a corresponding diagnosis code in 2300 . HI where HIO1-1 is "ABK" or "BK" for the pointer value entered Example 1: if 2400.SV107-1 = 3, when 2300.HIO1-1 with "BK" or "ABK", 2300.HIO3-2 must be poplulated. <br> Example 2: if 2400.SV107-1 = 5, when 2300.HIO1-1 with "BK" or "ABK", 2300.HI05-2 must be poplulated. |  |  |  |  |  |  |  |  |  |
| $\begin{array}{l}\text { If SV107-2 } \\ \text { present. }\end{array}$ | If SV107-2 is present, $2400 . \mathrm{SV} 107-3$ may be present. |  |  |  |  |  |  |  |  |  |
| 2400.SV107-3 must be $>=1$ and $<=8$. | 2400.SV107-3 must be >= 1 and <= 12. | ICD-9 Only period. 04/07: Revised edit. |  |  |  |  |  |  |  |  |
| 2400.SV107-3 must be $>=1$ and $<=12$. | 2400.SV107-3 must be >= 1 and $<=12$. | ICD-10 Only period. <br> Valid ICD-10-CM Diagnosis Code reference must be available for this edit. |  |  |  |  |  |  |  |  |
| There must be a corresponding diagnosis code in 2300 . HI where $\mathrm{HIO}-1$ is "ABK" or "BK" for the pointer value entered. <br> Example 1: if 2400. SV107-1 $=3$, when <br> 2300.HI01-1 with "BK" or "ABK", 2300.HIO3-2 <br> must be poplulated. <br> Example 2: if 2400. SV107-1 $=5$, when <br> 2300.HIO1-1 with "BK" or "ABK", 2300.HI05-2 <br> must be poplulated. | There must be a corresponding diagnosis code in 2300 . HI where $\mathrm{HIO1}-1$ is " ABK " or "BK" for the pointer value entered. Example 1: if 2400. SV107-1 = 3, when 2300.HIO1-1 with "BK" or "ABK", 2300.HI03-2 must be poplulated. <br> Example 2: if 2400. SV107-1 $=5$, when 2300.HI01-1 with "BK" or "ABK", 2300.HI05-2 must be poplulated. |  |  |  |  |  |  |  |  |  |
| $\begin{aligned} & \text { If SV107-3 is present, } 2400 . \mathrm{SV} 107-4 \text { may be } \\ & \text { present. } \end{aligned}$ | If SV107-3 is present, 2400.SV107-4 may be present. |  |  |  |  |  |  |  |  |  |

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|  | 2400.SV505 must be <= 99,999.99. | 11/25: Medicare specific limitation. 01/20: Companion Guide Note needed. |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | 2400.SV505 must be >= 0 . |  |  |  |  |  |  |  |  |
|  | 2400.SV506 must be present. |  |  |  |  |  |  |  |  |
|  | 2400.SV506 must be valid values. |  |  |  |  |  |  |  |  |
|  | Must not be present. |  |  |  |  |  |  |  |  |
| Only ten iterations of 2400.PWK are allowed. | Only ten iterations of 2400.PWK are allowed. |  |  |  |  |  |  |  |  |
| 2400.PWK01 must be present. | 2400.PWK01 must be present. |  |  |  |  |  |  |  |  |
| 2400.PWK01 must be valid values. | 2400.PWK01 must be valid values. |  |  |  |  |  |  |  |  |
| 2400.PWK02 must be present. | 2400.PWK02 must be present. |  |  |  |  |  |  |  |  |
| 2400.PWK02 must be valid values. | 2400.PWK02 must be valid values. |  |  |  |  |  |  |  |  |
| Must not be present. | Must not be present. |  |  |  |  |  |  |  |  |
| Must not be present. | Must not be present. |  |  |  |  |  |  |  |  |
| When 2400.PWK05 is present, 2400.PWK02 must be "BM", "EL", "EM", "FX" or "FT". | When 2400.PWK05 is present, 2400.PWK02 must be "BM", "EL", "EM", "FX" or "FT". |  |  |  |  |  |  |  |  |
| 2400.PWK05 must be "AC". | 2400.PWK05 must be "AC". |  |  |  |  |  |  |  |  |
| When 2400.PWK06 is present, 2400.PWK02 must be "BM", "EL", "EM", "FX" or "FT" . | When 2400.PWK06 is present, 2400.PWK02 must be "BM", "EL", "EM", "FX" or "FT". |  |  |  |  |  |  |  |  |
| 2400.PWK06 must contain at least two nonspace characters. | 2400.PWK06 must contain at least two nonspace characters. |  |  |  |  |  |  |  |  |
| 2400.PWK06 must be 2-50 characters. | 2400.PWK06 must be 2-50 characters. |  |  |  |  |  |  |  |  |
| 2400.PWK06 must be > $=0$ |  |  |  |  |  |  |  |  |  |
| 2400.PWK06 must be populated with accepted AN characters. | 2400.PWK06 must be populated with accepted AN characters. |  |  |  |  |  |  |  |  |

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| Must not be present. Must not be present. Must not be present. |  |  |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| 2400.CRC must not be present. |  |  |  |  |  |  |  |  |  |
|  | Only 3 iterations of 2400.CRC with CRC01 = "09" are allowed. | 12:23 Regardless of qualifier, only 3 iterations of this seament are allowed in this position |  |  |  |  |  |  |  |
|  | If 2400.CR3 is present, one iteration of 2400.CRC with CRC01 = "09" must be present. |  |  |  |  |  |  |  |  |
|  | $2400 . C R C 01$ must be present. |  |  |  |  |  |  |  |  |
|  | 2400.CRC01 must be "09". |  |  |  |  |  |  |  |  |
|  | $2400 . C R C 02$ must be present. |  |  |  |  |  |  |  |  |
|  | $2400 . C R C 02$ must be valid values. |  |  |  |  |  |  |  |  |
|  | $2400 . C R C 03$ must be present. |  |  |  |  |  |  |  |  |
|  | $2400 . C R C 03$ must be valid values. |  |  |  |  |  |  |  |  |
|  | If 2400. CRC04 is not " 38 ", 2400. CRC03 must be "38". |  |  |  |  |  |  |  |  |
|  | If 2400. CRC03 is present, 2400.CRC04 may |  |  |  |  |  |  |  |  |
|  | $2400 . C R C 04$ must be valid values. |  |  |  |  |  |  |  |  |
|  | If 2400. CRC03 is not " 38 ", 2400. CRC04 must be "38". |  |  |  |  |  |  |  |  |
|  | Must not be present. |  |  |  |  |  |  |  |  |
|  | Must not be present. |  |  |  |  |  |  |  |  |
|  | Must not be present. |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| 2400.DTP with DTP01 = "472" must be present. | 2400.DTP with DTP01 = "472" must be present. |  |  |  |  |  |  |  |  |
| Only one iteration of 2400.DTP with DTP01 $=$ " 472 is is allowed. | Only one iteration of 2400.DTP with DTP01 $==$ " 472 " is allowed. |  |  |  |  |  |  |  |  |
| 2400.DTP01 must be present. | 2400.DTP01 must be present. |  |  |  |  |  |  |  |  |
| 2400.DTP01 must be "472". | 2400.DTP01 must be "472". |  |  |  |  |  |  |  |  |
| 2400.DTP02 must be present. | 2400.DTP02 must be present. |  |  |  |  |  |  |  |  |
| 2400. DTP02 must be valid values. | 2400. DTP02 must be valid values. |  |  |  |  |  |  |  |  |
| 2400.DTP03 must be present. | 2400.DTP03 must be present. |  |  |  |  |  |  |  |  |

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|  | 2400.DTP01 must be present. |  |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | 2400.DTP01 must be "607". |  |  |  |  |  |  |  |  |
|  | 2400.DTP02 must be present. |  |  |  |  |  |  |  |  |
|  | 2400.DTP02 must be "D8". |  |  |  |  |  |  |  |  |
|  | 2400.DTP03 must be a valid date in the format of CCYYMMDD. |  |  |  |  |  |  |  |  |
|  | 2400.DTP03 must not be a future date. |  |  |  |  |  |  |  |  |
| 2400.DTP with DTP01 = "463" must not be present. |  | 06/04: Companion Guide Note needed. |  |  |  |  |  |  |  |
|  | If 2400. CR3 3 is present, 2400 .DTP with DTP01 = "463" must be present. |  |  |  |  |  |  |  |  |
|  | Only one iteration of 2400.DTP with DTP01 = "463" is allowed. |  |  |  |  |  |  |  |  |
|  | 2400.DTP01 must be present. |  |  |  |  |  |  |  |  |
|  | 2400.DTP01 must be "463". |  |  |  |  |  |  |  |  |
|  | 2400.DTP02 must be present. |  |  |  |  |  |  |  |  |
|  | 2400.DTP02 must be "D8". |  |  |  |  |  |  |  |  |
|  | 2400.DTP03 must be a valid date in the format of CCYYMMDD. |  |  |  |  |  |  |  |  |
|  | 2400.DTP03 must not be a future date. |  |  |  |  |  |  |  |  |
| 2400.DTP with DTP01 = "461" must not be present. |  | 06/04: Companion Guide Note needed. |  |  |  |  |  |  |  |
|  | 2400.DTP with DTP01 = "461" must be present when 2400.CRC01 = "09" and CRC03 or CRC04 = "38" and CRC02 = " $Y$ ". |  |  |  |  |  |  |  |  |
|  | Only one iteration of 2400.DTP with DTP01 $=$ " 461 " is allowed. |  |  |  |  |  |  |  |  |
|  | 2400.DTP01 must be present. |  |  |  |  |  |  |  |  |
|  | 2400.DTP01 must be "461". |  |  |  |  |  |  |  |  |
|  | 2400.DTP02 must be present. |  |  |  |  |  |  |  |  |
|  | 2400.DTP02 must be "D8". |  |  |  |  |  |  |  |  |
|  | 2400.DTP03 must be a valid date in the format of CCYYMMDD. |  |  |  |  |  |  |  |  |
|  | 2400.DTP03 must not be a future date. |  |  |  |  |  |  |  |  |
| Only one iteration of 2400.DTP with DTP01 $=" 304$ " is allowed. |  | 06/04: Companion Guide Note needed. |  |  |  |  |  |  |  |

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| Only 5 iterations of 2400.DTP are allowed. | Only 5 iterations of 2400.DTP are allowed. |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 2400.MEA01 must be present. | 2400.MEA01 must be present. |  |  |  |  |  |  |  |
| 2400.MEA01 must be valid values. | 2400.MEA01 must be valid values. |  |  |  |  |  |  |  |
| 2400.MEA02 must be present. | 2400.MEA02 must be present. |  |  |  |  |  |  |  |
| 2400.MEA02 must be valid values. | 2400.MEA02 must be valid values. |  |  |  |  |  |  |  |
| 2400.MEA03 must be present. | 2400.MEA03 must be present. |  |  |  |  |  |  |  |
| 2400.MEA03 must be numeric. | 2400.MEA03 must be numeric. |  |  |  |  |  |  |  |
| 2400.MEA03 must be >= 0 and <= 99.9. | 2400.MEA03 must be >= 0 and <= 99.9. | 03/31: Medicare specific limitation. Companion Guide Note needed. |  |  |  |  |  |  |
| 2400.MEA03 is limited to 1 decimal position. | 2400.MEA03 is limited to 1 decimal position. | 03/31: Medicare specific limitation. Companion Guide Note needed. |  |  |  |  |  |  |
| Must not be present. | Must not be present. |  |  |  |  |  |  |  |
| Must not be present. | Must not be present. |  |  |  |  |  |  |  |
| Must not be present. | Must not be present. |  |  |  |  |  |  |  |
| Must not be present. | Must not be present. |  |  |  |  |  |  |  |
| Must not be present. | Must not be present. |  |  |  |  |  |  |  |
| Must not be present. | Must not be present. |  |  |  |  |  |  |  |
| Must not be present. | Must not be present. |  |  |  |  |  |  |  |
| Must not be present. | Must not be present. |  |  |  |  |  |  |  |
| Must not be present. | Must not be present. |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| Must not be present. | Must not be present. | 01/20: Companion Guide Note needed. <br> Medicare does not support post-adjudicated claim processing (a non-HIPAA mandated use). |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| Only 1 iteration of 2400.REF with REF01 $=$ "9B" is allowed. | Only 1 iteration of 2400.REF with REF01 = "9B" is allowed. | Pass through, syntax only. |  |  |  |  |  |  |
| 2400.REF01 must be present. | 2400.REF01 must be present. |  |  |  |  |  |  |  |
| 2400.REF01 must be "9B". | 2400.REF01 must be "9B". |  |  |  |  |  |  |  |
| 2400.REF02 must be present. | 2400.REF02 must be present. |  |  |  |  |  |  |  |
| 2400.REF02 must contain at least one nonspace character. |  |  |  |  |  |  |  |  |
| 2400. REF02 must be 1-50 characters. |  |  |  |  |  |  |  |  |

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| Must not be present. | Must not be present. |  |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 2410.LINO2 must be present. | 2410.LINO2 must be present. |  |  |  |  |  |  |  |  |
| 2410.LINO2 must be "N4". | 2410.LIN02 must be "N4". |  |  |  |  |  |  |  |  |
| 2410.LIN03 must be present. | 2410.LIN03 must be present. |  |  |  |  |  |  |  |  |
| 2410. LINO3 must be a valid NDC code. | 2410.LIN03 must be a valid NDC code on the date in 2400.DTP03 when DTP01 = "472". | Part B will use the CAP file (?) for NDC verification. <br> CEDI will use the shared system file for NDC verification. |  |  |  |  |  |  |  |
|  | 2410.LIN03 must be valid with an associated default HCPCS code. | Valid HCPCS reference must be available for this edit. |  |  |  |  |  |  |  |
|  | 2410.LIN03 must be valid with an associated default HCPCS code with the value of "Oral Cancer". | Valid HCPCS reference must be available for this edit. |  |  |  |  |  |  |  |
| Must not be present. | Must not be present. |  |  |  |  |  |  |  |  |
| Must not be present. | Must not be present. |  |  |  |  |  |  |  |  |
| Must not be present. | Must not be present. |  |  |  |  |  |  |  |  |
| Must not be present. | Must not be present. |  |  |  |  |  |  |  |  |
| Must not be present. | Must not be present. |  |  |  |  |  |  |  |  |
| Must not be present. | Must not be present. |  |  |  |  |  |  |  |  |
| Must not be present. | Must not be present. |  |  |  |  |  |  |  |  |
| Must not be present. | Must not be present. |  |  |  |  |  |  |  |  |
| Must not be present. | Must not be present. |  |  |  |  |  |  |  |  |
| Must not be present. | Must not be present. |  |  |  |  |  |  |  |  |
| Must not be present. | Must not be present. |  |  |  |  |  |  |  |  |
| Must not be present. | Must not be present. |  |  |  |  |  |  |  |  |
| Must not be present. | Must not be present. |  |  |  |  |  |  |  |  |
| Must not be present. | Must not be present. |  |  |  |  |  |  |  |  |
| Must not be present. | Must not be present. |  |  |  |  |  |  |  |  |
| Must not be present. | Must not be present. |  |  |  |  |  |  |  |  |
| Must not be present. | Must not be present. |  |  |  |  |  |  |  |  |
| Must not be present. | Must not be present. |  |  |  |  |  |  |  |  |
| Must not be present. | Must not be present. |  |  |  |  |  |  |  |  |
| Must not be present. | Must not be present. |  |  |  |  |  |  |  |  |

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| 2420A.PRV01 must be "PE". | 2420A.PRV01 must be "PE". |  |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 2420A.PRV02 must be present. | 2420A.PRV02 must be present. |  |  |  |  |  |  |  |  |
| 2420A.PRV02 must be "PXC". | 2420A.PRV02 must be "PXC". |  |  |  |  |  |  |  |  |
| 2420A.PRV03 must be present. | 2420A.PRV03 must be present. |  |  |  |  |  |  |  |  |
| 2420A.PRV03 must be valid Taxonomy Code | 2420A.PRV03 must be valid Taxonomy Code | Valid Provider Taxonomy Code reference must be available for this edit. |  |  |  |  |  |  |  |
| Must not be present. | Must not be present. |  |  |  |  |  |  |  |  |
| Must not be present. | Must not be present. |  |  |  |  |  |  |  |  |
| Must not be present. | Must not be present. |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| If 2420A.NM1 is present and 2420A.NM109 is not present, 2420A.REF with REF01 = "0B", "1G", "G2" or "LU" may be present. |  | Only Trailblazer. <br> 01/20: Companion Guide Note needed. |  |  |  |  |  |  |  |
| Only four iterations of 2420A.REF with REF01 = "1G", "0B", "G2" or "LU" are allowed. |  | Only Trailblazer. <br> 01/20: Companion Guide Note needed. |  |  |  |  |  |  |  |
| 2420A.REF must not be present. | 2420A.REF must not be present. | Everyone but Trailblazer 01/20: Companion Guide Note needed. |  |  |  |  |  |  |  |
| 2420A.REF01 must be present. | Must not be present. |  |  |  |  |  |  |  |  |
| 2420A.REF01 must be valid values. | Must not be present. |  |  |  |  |  |  |  |  |
| 2420A.REF02 must be present. | Must not be present. |  |  |  |  |  |  |  |  |
| When 2420A.REF01 = " 1 G ", 2420A.REF02 must be in format ANNNNN or AAANNN (where $A$ is an alpha character and $N$ is a numeric digit). | Must not be present. |  |  |  |  |  |  |  |  |
| When 2420A.REF01 = "0B", "G2" or "LU", 2420A.REF02 must be $1-50$ characters. | Must not be present. |  |  |  |  |  |  |  |  |
| When 2420A.REF01 = "OB", "G2" or "LU", 2420A.REF02 must be populated with accepted AN characters. | Must not be present. |  |  |  |  |  |  |  |  |
| When 2310A.REF01 = "0B", "G2" or "LU", 2310A.REF02 must contain at least one nonspace character. | Must not be present. |  |  |  |  |  |  |  |  |
| Must not be present. | Must not be present. |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| 2420A.REF04-1 must be "2U". | Must not be present. |  |  |  |  |  |  |  |  |
| If 2420A.REF04-1 is present, 2420A.REFO4- 2 must be present. | Must not be present. |  |  |  |  |  |  |  |  |

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|  | If 2400.PWK with PWK01 = "CT" and PWK02 = "AD" is present, 2440.LQ must be present. |  |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | Only 1 iteration of $2440 . \mathrm{LQ}$ is allowed. |  |  |  |  |  |  |  |  |
|  | 2440.LQ01 must be present. |  |  |  |  |  |  |  |  |
|  | 2440.LQ01 must be "UT". |  |  |  |  |  |  |  |  |
|  | 2440.LQ02 must be present. |  |  |  |  |  |  |  |  |
|  | 2440.LQ02 must be a valid DMERC CMN Form. | Valid DMERC CMN Form reference must be available for this edit. |  |  |  |  |  |  |  |
|  | 2440.LQ02 must be a valid form for the procedure code in $2400 . \mathrm{SV} 102$. | CMS Proprietary Procedure code/Form reference must be available for this edit. |  |  |  |  |  |  |  |
|  | 2440.LQ02 must contain at least one nonspace character. |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| 2440.FRM must not be present. | If 2440.LQ is present, 2440.FRM must be present. |  |  |  |  |  |  |  |  |
|  | If $2440 . \mathrm{LQ}=$ " 484.03 ", occurrences of 2440.FRM with FRM01 = (" 1 A " or " 1 B ") and FRM01 = "1C" and FRM01 = "05" are required. |  |  |  |  |  |  |  |  |
|  | If $2440 . \mathrm{LQ}=$ " 484.03 " and 2440.FRM01 = " 1 A " and FRM03 >= 56.0 and <= 59.0, one occurrence of 2440.FRM with FRM01 = "07", "08" or "09" is required. |  |  |  |  |  |  |  |  |
|  | If $2440 . \mathrm{LQ}=$ " 484.03 " and 2440.FRM01 = "1B" and FRM03 >= 89.0, one occurrence of 2440.FRM with FRM01 = "07", "08" or " 09 " is required. |  |  |  |  |  |  |  |  |
|  | If 2400.PWK with PWK01 = "CT" is present, 2440.FRM must be present. |  |  |  |  |  |  |  |  |
|  | Only 99 iterations of 2440.FRM are allowed. |  |  |  |  |  |  |  |  |
|  | 2440.FRM01 must be present. |  |  |  |  |  |  |  |  |
|  | 2440.FRM01 must be valid for the value in |  |  |  |  |  |  |  |  |
|  | If 2440.LQ02='484.03' and 2440.FRM01='05' is present and the value in FRM03 is > ' 4 ', an occurrence of FRM01 with the value of ' $6 \mathrm{~A}^{\prime}$ or ' 6 B ' is required. |  |  |  |  |  |  |  |  |

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|  | If 2440. LQ02 $=$ ' 484.03 ' and 2440. FRM01 $=$ ' $6 A^{\prime}$ or '6B', an occurrence of FRM01 with the value of ' 6 ' ' is required. |  |  |  |  |  |  |  |  |
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|  | If 2440.LQ02='484.03' and 2440.FRM01='6C', an occurrence of FRM01 with the value of ' 6 A ' or ' 6 B ' is required. |  |  |  |  |  |  |  |  |
|  | 2440.FRM02 must be valid values. |  |  |  |  |  |  |  |  |
|  | If 2440. FRM03 and 2440.FRM04 and 2440. FRM05 are not present, 2440.FRM02 must be present. |  |  |  |  |  |  |  |  |
|  | If $2440 . \mathrm{LQ} 02=$ ' 484.03 " and 2440 FRM with FRM01 = "04", "07", "08" or "09" is present, then 2440.FRM02 must be present. |  |  |  |  |  |  |  |  |
|  | 2440.FRM03 must contain at least one non- space character. |  |  |  |  |  |  |  |  |
|  | 2440.FRM03 must be present if 2440. LQ02 $=$ "04.04" and 2440.FRM01 = "07B", "09B", "10B" or "10C". |  |  |  |  |  |  |  |  |
|  | 2440.FRM03 must be present if 2440. LQ02 $=$ <br> "06.03" and FRM01 = "02" or "03". |  |  |  |  |  |  |  |  |
|  | 2440.FRM03 must be present if 2440. LQ02 $=$ "09.03" and FRM01 = "01", "01A", "01B", "01C", "02", "02A", "02B", "02C", "03" or "04". |  |  |  |  |  |  |  |  |
|  | 2440.FRM03 must be present if 2440. LQ02 $=$ "10.03" and FRM01 = "03", "03A", "03B", "04", "04A", "04B", "05", "06", "08A", "08C", "08D", "08F", "08G" or "09". |  |  |  |  |  |  |  |  |
|  | 2440.FRM03 must be present if 2440. LQ02 $=$ <br> "484.03" and FRM01 = "02". |  |  |  |  |  |  |  |  |
|  | 2440.FRM03 must be 1-50 characters. |  |  |  |  |  |  |  |  |
|  |  | 11/25: Medicare specific limitation. 01/20: Companion Guide Note needed. |  |  |  |  |  |  |  |
|  | 2440.FRM03 must be populated with accepted AN characters. |  |  |  |  |  |  |  |  |

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|  | If 2440.FRM02 and 2440.FRM04 and 2440. FRM05 are not present, 2440. FRM03 must be present. |  |  |  |  |  |  |  |  |
|  | If 2440. LQ02 $=$ ' 484.03 " and 2440 FRM with FRM01 = "1A", "1B", "02", "03" or "05" is present, then 2440.FRM03 must be present. |  |  |  |  |  |  |  |  |
|  | 2440.FRM04 must be a valid date in the format of CCYYMMDD. |  |  |  |  |  |  |  |  |
|  | 2440.FRM04 must not be a future date. |  |  |  |  |  |  |  |  |
|  | $\begin{aligned} & \text { If } 2440 . \text { FRM02 and 2440.FRM03 and } 2440 . \\ & \text { FRM05 are not present, } 2440 . \text { FRM04 must } \\ & \text { be present. } \end{aligned}$ |  |  |  |  |  |  |  |  |
|  | If $2440 . \mathrm{LQ} 02=$ ' 484.03 " and 2440 FRM with FRM01 = "1C" is present, then 2440.FRM04 must be present. |  |  |  |  |  |  |  |  |
|  | 2440.FRM05 must be numeric. |  |  |  |  |  |  |  |  |
|  | 2440.FRM05 must be present if 2440. LQ02 $=$ "10.03" and FRM01 = "08B", "08E" or "08H". |  |  |  |  |  |  |  |  |
|  | 2440. FRM05 must be >= 0 and $<=100.0$. |  |  |  |  |  |  |  |  |
|  | 2440.FRM05 is limited to 0 or 1 decimal positions. |  |  |  |  |  |  |  |  |
|  | $\begin{aligned} & \text { If } 2440 . \text { FRM02 and 2440.FRM03 and } 2440 . \\ & \text { FRM04 are not present, } 2440 . \text { FRM05 must } \\ & \text { be present. } \end{aligned}$ |  |  |  |  |  |  |  |  |
| SE must be present. | SE must be present. |  |  |  |  |  |  |  |  |
| Only one iteration of SE is allowed. | Only one iteration of SE is allowed. |  |  |  |  |  |  |  |  |
| SE01 must be present. | SE01 must be present. |  |  |  |  |  |  |  |  |

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| 1000B.NM103 |
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| 1000B.NM105 |
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| 1000B.NM107 |
| 1000B.NM109 |
| 1000B.NM110 |
| 1000B.NM111 |
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| 2000A.CUR |
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| 2000A.PRV02 |
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| 2010AA.NM103 |
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Change Log
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| X222.299.2320.CAS05.030 |
| X222.299.2320.CAS08.020 |
| X222.299.2320.CAS08.030 |
| X222.299.2320.CAS11.020 |
| X222.299.2320.CAS11.030 |
| X222.299.2320.CAS14.020 |
| X222.299.2320.CAS14.030 |
| X222.299.2320.CAS17.020 |
| X222.299.2320.CAS17.030 |
| X222.260.2310A.REF. 030 |
| X222.454.2420E.NM109.040 |
| X222.257.2420F.NM109.050 |
| X222.494.2440.FRM03.080 |
| X222.074.1000A.NM103.020 |
| X222.074.1000A.NM104.025 |
| X222.098.2010AA.PER04.030 |
| X222.116.2000B.SBR04.060 |
| X222.192.2300.REF02.045 |
| X222.199.2300.REF02.070 |
| X222.252.2300.HCP02.020 |
| X222.252.2300.HCP03.010 |


| X222.277.2310C.PER04.030 |
| :---: |
| X222.405.2400.REF02.030 |
| X222.406.2400.REF02.035 |
| X222.407.2400.REF02.035 |
| X222.423.2410.LIN01.020 |
| X222.491.2430.AMT02.020 |
| X222.070..ST.020 |
| X222.071..BHT03.020 |
| X222.074.1000A.NM105.030 |
| X222.092.2010AA.N403.020 |
| X222.091.2010AA.N302.010 |
| X222.091.2010AA.N302.020 |
| X222.092.2010AA.N407.020 |
| X222.125.2010BA.N402.030 |
| X222.104.2010AB.N403.020 |
| X222.106.2010AC.NM1.Loop.010 |
| X222.157.2300.CLM05-3.02 |
| X222.182.2300.PWK06.060 |
| X222.182.2300.PWK06.060 |
| X222.199.2300.REF02.010 |
| X222.199.2300.REF02.040 |
| X222.199.2300.REF02.060 |
| X222.205.2300.REF02.020 |
| X222.205.2300.REF02.030 |
| X222.205.2300.REF02.040 |
| X222.223.2300.CRC.010 |
| X222.223.2300.CRC05.010 |
| X222.226.2300.HI.010 |
| X222.226.2300.HI. 020 |
| X222.226.2300.HI. 030 |
| X222.295.2320.SBR.010 |
| X222.295.2320.SBR01.040 |
| X222.299.2320.CAS02.030 |
| X222.299.2320.CAS05.030 |
| X222.299.2320.CAS08.030 |



| X222.326.2330B.REF02.020 |
| :---: |
| X222.328.2330B.REF. 010 |
| X222.329.2330B.REF. 010 |
| X222.330.2330B.REF. 010 |
| X222.331.2330B.REF. 010 |
| X222.413.2400.NTE02.040 |
| X222.413.2400.NTE02.060 |
| X222.430.2420A.NM108.020 |
| X222.465.2420F.NM108.010 |
| X222.465.2420F.NM108.020 |
| X222.390.2400.DTP03.020 |
| X222.389.2400.DTP03.020 |
| X222.387.2400.DTP03.020 |
| X222.385.2400.DTP03.020 |
| X222.081.2000A.. 010 |
| X222.114.2000B.. 010 |
| X222.116.2000B.SBR.010 |
| X222.081.2000A.. 020 |
| X222.087.2010AA.NM108.010 |
| X222.087.2010AA.NM108.020 |
| X222.257.2310A.NM108.020 |
| X222.257.2310A.NM108.030 |
| X222.262.2310B.NM108.010 |
| X222.262.2310B.NM108.020 |
| X222.280.2310D.NM108.010 |
| X222.280.2310D.NM108.020 |
| X222.430.2420A.NM108.010 |
| X222.436.2420B.NM108.020 |
| X222.449.2420D.NM108.010 |
| X222.449.2420D.NM108.020 |
| X222.454.2420E.NM108.020 |
| X222.465.2420F.NM108.010 |
| X222.257.2310A.NM108.030 |
| X222.465.2420F.NM108.040 |
| X222.305.2320.AMT02.010 |
| X222.480.2430.SVD06.030 |
| X222.484.2430.CAS.020 |
| X222.484.2430.CAS01.030 |
| X222.484.2430.CAS03.040 |


| X222.484.2430.CAS12.060 |
| :--- |
| X222.484.2430.CAS17.020 |
| X222.484.2430.CAS13.020 |
| X222.484.2430.CAS18.060 |
| X222.484.2430.CAS06.060 |
| X222.484.2430.CAS04.020 |
| X222.484.2430.CAS07.030 |
| X222.484.2430.CAS10.030 |
| X222.484.2430.CAS13.030 |
| $X 222.484 .2430 . C A S 16.030$ |
| $X 222.484 .2430 . C A S 19.030$ |
| $X 222.104 .2010 A B . N 403.020$ |

Change Log
Changes to the version included for POC Review

| Change | Date |
| :---: | :---: |
| Added new row(s) with 277 instructions for each N/U element in the spreadsheet. | 7/23/2009 |
| Added misc note | 7/16/2009 |
| Added explicit values. | 6/4/2009 |
| Added explicit values. | 6/4/2009 |
| Changed the error code to an AK905 error code. | 5/3/2009 |
| Changed the error codes to AK905 error codes. | 5/3/2009 |
| Added explicit values. | 6/4/2009 |
| Added new row(s) with 277 instructions. | 7/23/2009 |
| Changed 999 from E to R when element does not contain HC, also removed 277 edits due to redundancy | 8/11/2009 |
| Changed the error codes to AK905 error codes. | 5/3/2009 |
| Added new row(s) with 277 instructions. | 7/23/2009 |
| Removed 277 edit since this is before loop 2000 | 8/11/2009 |
| Changed the error codes to AK905 error codes. | 5/3/2009 |
| Added new row(s) with 277 instructions. | 7/23/2009 |
| Removed 277 edit since this is before loop 2000 | 8/11/2009 |
| Added new row(s) with 277 instructions. | 7/23/2009 |
| Removed the IK403 error code, no replacement defined. | 5/3/2009 |
| Corrected typo. | 4/21/2009 |
| Removed 277 edit since this is before loop 2000 | 8/11/2009 |
| Removed the IK403 error code, no replacement defined. | 5/3/2009 |
| Changed the error codes to AK905 error codes. | 5/3/2009 |
| Added triad seperators. | 4/22/2009 |
| Removed the IK403 error code, no replacement defined. | 5/3/2009 |
| 999 was missing on the first reject edit for missing element - added | 8/11/2009 |
| 999 was missing on the second edit for invalid value "X" - added | 8/11/2009 |
| Removed 277 edit since this is before loop 2000 | 8/11/2009 |
| Changed the error codes to AK905 error codes. | 5/3/2009 |
| Changed the error codes to AK502 error codes. | 5/3/2009 |
| Added misc note | 7/16/2009 |
| Changed the error codes to AK502 error codes. | 5/3/2009 |
| Changed the error codes to AK502 error codes. | 5/3/2009 |
| Changed the error codes to AK502 error codes. | 5/3/2009 |
| Added "999" in column J. | 4/21/2009 |
| Added new row(s) with 277 instructions. | 7/23/2009 |
| Removed 277 edits since this is before loop 2000 | 8/11/2009 |

Change Log
Changes to the version included for POC Review

| Added CSCC. | 7/23/2009 |
| :---: | :---: |
| Removed 277 edit since this is before loop 2000 | 8/11/2009 |
| Added CSCC. | 7/23/2009 |
| Changed from 277 edit to 999 for invalid code value | 8/11/2009 |
| Added new row(s) with 277 instructions. | 7/23/2009 |
| Removed edit "If 1000A.NM102 is "1", 1000A.NM104 must be present". | 7/16/2009 |
| Added new row(s) with 277 instructions. | 7/23/2009 |
| Added new row(s) with 277 instructions. | 7/23/2009 |
| Added CSCC. | 7/23/2009 |
| Changed 999 edit to "IK403 = I12: "Implementation Pattern Match Failure" | 7/16/2009 |
| Added new row(s) with 277 instructions. | 7/23/2009 |
| Added 277 edit for punctuation | 7/16/2009 |
| Added new row(s) with 277 instructions. | 7/23/2009 |
| Added 277 edit for punctuation | 7/16/2009 |
| Added 277 edit for punctuation | 7/16/2009 |
| Added 277 edit for punctuation | 7/16/2009 |
| Added new row(s) with 277 instructions. | 7/23/2009 |
| Removed 277 edits since 277 does not contain an STC for the informaiton source | 8/11/2009 |
| Removed 277 edits since 277 does not contain an STC for the informaiton source | 8/11/2009 |
| Removed 277 edits since 277 does not contain an STC for the informaiton source | 8/11/2009 |
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| Removed 277 edits since 277 does not contain an STC for the informaiton source | 8/11/2009 |
| Removed 277 edits since 277 does not contain an STC for the informaiton source | 8/11/2009 |
| Added CSCC. | 7/23/2009 |
| Changed to the standard wording "must not be present." | 4/26/2009 |
| Added CSCC. | 7/23/2009 |
| Added misc note | 7/16/2009 |
| Corrected the location reference. | 6/27/2009 |
| Corrected the location reference. | 6/27/2009 |
| Added CSCC. | 7/23/2009 |
| Added new row(s) with 277 instructions. | 7/23/2009 |
| Added new row(s) with 277 instructions. | 7/23/2009 |
| Added new row(s) with 277 instructions. | 7/23/2009 |
| Added new row(s) with 277 instructions. | 7/23/2009 |
| Changed all to 277/situational data required. |  |
| Changed "= 31" to "is a valid VA identifier". | 5/4/2009 |
| Added CSCC. | 7/23/2009 |
| Added new row(s) with 277 instructions. | 7/23/2009 |

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Change Log
Changes to the version included for POC Review

| Added CSCC. | $7 / 23 / 2009$ |
| :--- | :--- |
| Corrected the location reference loop name. | $6 / 7 / 2009$ |
| Added new row(s) with 277 instructions. | $7 / 23 / 2009$ |
| Added CSCC. | $7 / 23 / 2009$ |
| Changed location reference loop name and element name in edit and note. | $6 / 4 / 2009$ |
| Removed edit "If 2010AA.N301 is present, 2010AA.N302 may be present". | $7 / 16 / 2009$ |
| Added new row(s) with 277 instructions. | $7 / 23 / 2009$ |
| Added CSCC. | $7 / 23 / 2009$ |
| Added new row(s) with 277 instructions. | $7 / 23 / 2009$ |
| Added CSCC. | $7 / 23 / 2009$ |
| Added CSCC. | $7 / 23 / 2009$ |
| Added CSCC. | $7 / 23 / 2009$ |
| Changed error code to I9. | $5 / 3 / 2009$ |
| Added CSCCs. | $7 / 23 / 2009$ |
| Added 999 edit "2010AA.REF02 must be populated with accepted AN characters". |  |
| Added 277 edit "2010AA.REF02 must be nine digits with no punctuation". | $7 / 16 / 2009$ |
| Modified misc note | $7 / 16 / 2009$ |
| Added new row(s) with 277 instructions. | $7 / 16 / 2009$ |
| Added CSCCs. | $7 / 23 / 2009$ |
| Added "must not be present". | $7 / 23 / 2009$ |
| Added "must not be present". | $4 / 21 / 2009$ |
| Changed error code to I9. | $4 / 21 / 2009$ |
| Added new row(s) with 277 instructions. | $5 / 3 / 2009$ |
| Added new row(s) with 277 instructions. | $7 / 23 / 2009$ |
| Added new row(s) with 277 instructions. | $7 / 23 / 2009$ |
| Added new row(s) with 277 instructions. | $7 / 23 / 2009$ |
| Added new row(s) with 277 instructions. | $7 / 23 / 2009$ |
| Added CSCC. | $7 / 23 / 2009$ |
| Added new row(s) with 277 instructions. | $7 / 23 / 2009$ |
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| Added CSCC. | $7 / 23 / 2009$ |
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| Added CSCC. | $7 / 23 / 2009$ |
| Added CSCC. | $7 / 23 / 2009$ |
| Added CSCCs. | $7 / 23 / 2009$ |
| Added misc note. | $7 / 23 / 2009$ |
| Changed to match the corresponding institutional edit. | $7 / 16 / 2009$ |
| Corrected location information. | $4 / 23 / 2009$ |
| Added CSCC. | $4 / 21 / 2009$ |
| Added new row(s) with 277 instructions. | $7 / 23 / 2009$ |
|  | $7 / 23 / 2009$ |

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Change Log
Changes to the version included for POC Review

| Added CSCCs. | 7/23/2009 |
| :---: | :---: |
| Added triad separators. | 4/22/2009 |
| Added CSCCs. | 7/23/2009 |
| Added CSCCs. | 7/23/2009 |
| Added new row(s) with 277 instructions. | 7/23/2009 |
| Added new row(s) with 277 instructions. | 7/23/2009 |
| Added CSCCs. | 7/23/2009 |
| Added new row(s) with 277 instructions. | 7/23/2009 |
| Added new row(s) with 277 instructions. | 7/23/2009 |
| Added CSCCs. | 7/23/2009 |
| Added new row(s) with 277 instructions. | 7/23/2009 |
| Changed to match the corresponding institutional edit. | 4/21/2009 |
| Added new row(s) with 277 instructions. | 7/23/2009 |
| Added new row(s) with 277 instructions. | 7/23/2009 |
| Added CSCCs. | 7/23/2009 |
| Added CSCCs. | 7/23/2009 |
| Changed to match the corresponding institutional edit. | 4/21/2009 |
| Removed the edit added 4/21-WG decided against that edit during calls. | 6/27/2009 |
| Added CSCCs. | 7/23/2009 |
| Added companion guide note. | 6/4/2009 |
| Added CSCCs. | 7/23/2009 |
| Changed the misc note for consistency with similar messages. | 4/21/2009 |
| Added CSCCs. | 7/23/2009 |
| Added new row(s) with 277 instructions. | 7/23/2009 |
| Added new row(s) with 277 instructions. | 7/23/2009 |
| Added new row(s) with 277 instructions. | 7/23/2009 |
| Added new row(s) with 277 instructions. | 7/23/2009 |
| Added new row(s) with 277 instructions. | 7/23/2009 |
| Added new row(s) with 277 instructions. | 7/23/2009 |
| Added new row(s) with 277 instructions. | 7/23/2009 |
| Added new row(s) with 277 instructions. | 7/23/2009 |
| Added new row(s) with 277 instructions. | 7/23/2009 |
| Changed edit to require 2010BB.NM109 to be the same as 1000B.NM109 and removed the standard edits. | 6/4/2009 |
| Added new row(s) with 277 instructions. | 7/23/2009 |
| Added new row(s) with 277 instructions. | 7/23/2009 |
| Changed to match the corresponding institutional edit. | 4/21/2009 |
| Added new row(s) with 277 instructions. | 7/23/2009 |
| Added CSCCs. | 7/23/2009 |
| Added CSCCs. | 7/23/2009 |
| Added CSCCs. | 7/23/2009 |
| Added CSCCs. | 7/23/2009 |

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Change Log
Changes to the version included for POC Review

| Added CSCCs. | 7/23/2009 |
| :---: | :---: |
| Added new row(s) with 277 instructions. | 7/23/2009 |
| Added triad seperators. | 4/22/2009 |
| Changed the CSC code to the code approved by the committee (697) | 6/7/2009 |
| Added CSCCs. | 7/23/2009 |
| Added CSCCs. | 7/23/2009 |
| Added CSCCs. | 7/23/2009 |
| Added CSCCs. | 7/23/2009 |
| Added edit requiring CLM11-1 if CLM11-2 is present. | 6/4/2009 |
| Added CSCCs. | 7/23/2009 |
| Added CSCCs. | 7/23/2009 |
| Added CSCCs. | 7/23/2009 |
| Changed the CSC code to the code approved by the committee (701) | 6/7/2009 |
| Added CSCCs. | 7/23/2009 |
| Added CSCCs. | 7/23/2009 |
| Changed the CSC code to the code approved by the committee (394) | 6/7/2009 |
| Added CSCCs. | 7/23/2009 |
| Added CSCCs. | 7/23/2009 |
| Added CSCCs. | 7/23/2009 |
| Added CSCCs. | 7/23/2009 |
| Added CSCCs. | 7/23/2009 |
| Added CSCCs. | 7/23/2009 |
| Added CSCCs. | 7/23/2009 |
| Added CSCCs. | 7/23/2009 |
| Changed the CSC code to the code approved by the committee (394) | 6/7/2009 |
| Added CSCCs. | 7/23/2009 |
| Changed the edit to "If 05 is present, 02 must be =......". | 4/21/2009 |
| Changed to match the corresponding institutional edit. | 4/21/2009 |
| Changed the edit to "If 06 is present, 02 must be =......". | 4/21/2009 |
| Added new row(s) with 277 instructions. | 7/23/2009 |
| Added triad seperators. | 4/22/2009 |
| Added triad seperators. | 4/22/2009 |
| Removed the miscellaneous note. | 4/21/2009 |
| Changed the CSC code to the code approved by the committee (697) | 6/7/2009 |
| Added CSCCs. | 7/23/2009 |
| Added new row(s) with 277 instructions. | 7/23/2009 |
| Added CSCCs. | 7/23/2009 |
| Added new row(s) with 277 instructions. | 7/23/2009 |
| Added new row(s) with 277 instructions. | 7/23/2009 |
| Replaced 999/I9 with 277/compliant qualifiers restricted. | 4/27/2009 |
| Added CSCCs. | 7/23/2009 |

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Change Log
Changes to the version included for POC Review

| Added new row(s) with 277 instructions. | $7 / 23 / 2009$ |
| :--- | :--- |
| Changed to match the corresponding institutional edits. | $4 / 22 / 2009$ |
| Added new row(s) with 277 instructions. | $7 / 23 / 2009$ |
| Changed to match the corresponding institutional edits. | $4 / 22 / 2009$ |
| Added new row(s) with 277 instructions. | $7 / 23 / 2009$ |
| Added new row(s) with 277 instructions. | $7 / 23 / 2009$ |
| Added new row(s) with 277 instructions. | $7 / 23 / 2009$ |
| Added CSCCs. | $7 / 23 / 2009$ |
| Added new row(s) with 277 instructions. | $7 / 23 / 2009$ |
| Added CSCCs. | $7 / 23 / 2009$ |
| Added new row(s) with 277 instructions. | $7 / 23 / 2009$ |
| Added new row(s) with 277 instructions. | $7 / 23 / 2009$ |
| Added CSCCs. | $7 / 23 / 2009$ |
| Added triad seperators. | $4 / 22 / 2009$ |
| Added CSCCs. | $7 / 23 / 2009$ |
| Removed the miscellaneous note. | $4 / 21 / 2009$ |
| Added triad seperators. | $4 / 22 / 2009$ |
| Added CSCCs. | $7 / 23 / 2009$ |
| Added new row(s) with 277 instructions. | $7 / 23 / 2009$ |
| Added new row(s) with 277 instructions. | $7 / 23 / 2009$ |
| Added new row(s) with 277 instructions. | $7 / 23 / 2009$ |
| Added new row(s) with 277 instructions. | $7 / 23 / 2009$ |
| Added CSCCs. | $7 / 23 / 2009$ |
| Added new rows for 277 instructions and CSCCs to all the HI segments. |  |
| Corrected location reference typo. | $7 / 19 / 2009$ |
| Corrected location reference typo. | $6 / 27 / 2009$ |
| Corrected location reference typo. | $6 / 27 / 2009$ |
| Corrected location reference typo. | $6 / 27 / 2009$ |
| Corrected location reference typo. | $6 / 27 / 2009$ |
| Added triad seperators. | $6 / 27 / 2009$ |
| Added triad seperators. | $4 / 22 / 2009$ |
| Added triad seperators. | $4 / 22 / 2009$ |
| Added triad seperators. | $4 / 22 / 2009$ |
| Added triad seperators. | $4 / 22 / 2009$ |
| Added triad seperators. | $4 / 22 / 2009$ |
| Added triad seperators. | $4 / 22 / 2009$ |
| Added triad seperators. | $4 / 22 / 2009$ |
| Added triad seperators. | $4 / 22 / 2009$ |
| Added triad seperators. | $4 / 22 / 2009$ |
| Added triad seperators. | $4 / 22 / 2009$ |
| Added triad seperators. | $4 / 22 / 2009$ |
|  |  |

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| Changed to match the corresponding institutional edit. | 4/22/2009 |
| :---: | :---: |
| Changed to match the corresponding institutional edit. | 4/22/2009 |
| Changed to match the corresponding institutional edit. | 4/22/2009 |
| Changed to match the corresponding institutional edit. | 4/22/2009 |
| Changed to match the corresponding institutional edit. | 4/22/2009 |
| Changed to match the corresponding institutional edit. | 4/22/2009 |
| Changed to match the corresponding institutional edit. | 4/22/2009 |
| Changed to match the corresponding institutional edit. | 4/22/2009 |
| Changed to match the corresponding institutional edit. | 4/22/2009 |
| Changed to match the corresponding institutional edit. | 4/22/2009 |
| Changed to match the corresponding institutional edit. | 4/22/2009 |
| Added triad seperators. | 4/22/2009 |
| Added triad seperators. | 4/22/2009 |
| Added new row(s) with 277 instructions. | 7/23/2009 |
| Added new row(s) with 277 instructions. | 7/23/2009 |
| Added triad seperators. | 4/22/2009 |
| Added new row(s) with 277 instructions. | 7/23/2009 |
| Added new row(s) with 277 instructions. | 7/23/2009 |
| Added new row(s) with 277 instructions. | 7/23/2009 |
| Changed to 277/situational data required. | 4/27/2009 |
| Changed "= 31" to "is a valid VA identifier". | 5/4/2009 |
| Corrected the location reference. | 6/27/2009 |
| Added CSCC. | 7/23/2009 |
| Corrected location reference typo. | 6/27/2009 |
| Removed the "must be a valid NPI on the Crosswalk when evaluated with 1000B.NM109" edit. | 6/27/2009 |
| Added CSCC. | 7/23/2009 |
| Changed to match the corresponding institutional edit. | 4/21/2009 |
| Changed error code to 19. | 5/3/2009 |
| Added new row(s) with 277 instructions. | 7/23/2009 |
| Added CSCC. | 7/23/2009 |
| Added new row(s) with 277 instructions. | 7/23/2009 |
| Added new row(s) with 277 instructions. | 7/23/2009 |
| Corrected the location reference. | 6/27/2009 |
| Changed to 277/situational data required. | 4/27/2009 |
| Changed "= 31" to "is a valid VA identifier". | 5/4/2009 |
| Corrected the location reference. | 6/27/2009 |
| Added CSCC. | 7/23/2009 |
| Added CSCC. | 7/23/2009 |
| Changed error code to 19. | 5/3/2009 |
| Added CSCC. | 7/23/2009 |
| Changed error code to I9. | 4/26/2009 |

Change Log
Changes to the version included for POC Review

| Added CSCC. | 7/23/2009 |
| :---: | :---: |
| Added new row(s) with 277 instructions. | 7/23/2009 |
| Corrected the location reference. | 6/27/2009 |
| Changed to 277/situational data required. | 4/27/2009 |
| Changed "= 31" to "is a valid VA identifier". | 5/4/2009 |
| Added CSCC. | 7/23/2009 |
| Added new row(s) with 277 instructions. | 7/23/2009 |
| Added new row(s) with 277 instructions. | 7/23/2009 |
| Added new row(s) with 277 instructions. | 7/23/2009 |
| Added CSCCs. | 7/23/2009 |
| Added CSCCs. | 7/23/2009 |
| Added CSCCs. | 7/23/2009 |
| Added CSCC. | 7/23/2009 |
| Changed error code to 19. | 4/26/2009 |
| Added new row(s) with 277 instructions. | 7/23/2009 |
| Added new row(s) with 277 instructions. | 7/23/2009 |
| Added new row(s) with 277 instructions. | 7/23/2009 |
| Changed to 277/situational data required. | 4/27/2009 |
| Changed "= 31" to "is a valid VA identifier". | 5/4/2009 |
| Corrected the location reference. | 6/27/2009 |
| Added CSCC. | 7/23/2009 |
| Added CSCC. | 7/23/2009 |
| Added CSCC. | 7/23/2009 |
| Added new row(s) with 277 instructions. | 7/23/2009 |
| Added new row(s) with 277 instructions. | 7/23/2009 |
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| Added CSCCs. | 7/23/2009 |
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| Added CSCCs. | 7/23/2009 |
| Added new row(s) with 277 instructions. | 7/23/2009 |
| Added new row(s) with 277 instructions. | 7/23/2009 |
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| Added CSCCs. | 7/23/2009 |
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| Added CSCCs. | 7/23/2009 |
| Added CSCC. | 7/23/2009 |
| Added new row(s) with 277 instructions. | 7/23/2009 |
| Added CSCC. | 7/23/2009 |
| Changed to match the corresponding institutional edit. | 5/4/2009 |
| Changed to match the corresponding institutional edit. | 5/4/2009 |

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Change Log
Changes to the version included for POC Review

| Added 2nd CSC code (519). | $4 / 26 / 2009$ |
| :--- | :--- |
| Changed the CSC code to the code approved by the committee (697) | $6 / 7 / 2009$ |
| Added CSCC. | $7 / 23 / 2009$ |
| Added CSCC. | $7 / 23 / 2009$ |
| Added CSCC. | $7 / 23 / 2009$ |
| Changed the CSC code to the code approved by the committee (697) | $6 / 7 / 2009$ |
| Added CSCC. | $7 / 23 / 2009$ |
| Added CSCC. | $7 / 23 / 2009$ |
| Added CSC. | $7 / 23 / 2009$ |
| Added 2nd CSC code (519). | $4 / 26 / 2009$ |
| Changed the CSC code to the code approved by the committee (697) | $6 / 7 / 2009$ |
| Added CSCC. | $7 / 23 / 2009$ |
| Added CSCC. | $7 / 23 / 2009$ |
| Added CSCC. | $7 / 23 / 2009$ |
| Added 2nd CSC code (519). | $4 / 26 / 2009$ |
| Changed the CSC code to the code approved by the committee (697) | $6 / 7 / 2009$ |
| Added CSCC. | $7 / 23 / 2009$ |
| Added CSCC. | $7 / 23 / 2009$ |
| Added CSCC. | $7 / 23 / 2009$ |
| Added 2nd CSC code (519). | $4 / 26 / 2009$ |
| Changed the CSC code to the code approved by the committee (697) | $6 / 7 / 2009$ |
| Added CSCC. | $7 / 23 / 2009$ |
| Added CSCC. | $7 / 23 / 2009$ |
| Added CSCC. | $7 / 23 / 2009$ |
| Added 2nd CSC code (519). | $4 / 26 / 2009$ |
| Changed the CSC code to the code approved by the committee (697) | $6 / 7 / 2009$ |
| Added CSCC. | $7 / 23 / 2009$ |
| Added CSCC. | $7 / 23 / 2009$ |
| Changed to match the corresponding institutional edit. | $5 / 4 / 2009$ |
| Changed the CSC code to the code approved by the committee (697) | $6 / 7 / 2009$ |
| Added CSCC. | $7 / 23 / 2009$ |
| Changed to match the corresponding institutional edit. | $5 / 4 / 2009$ |
| Changed the CSC code to the code approved by the committee (697) | $67 / 2009$ |
| Added CSCC. | $7 / 23 / 2009$ |
| Changed to match the corresponding institutional edit. | $5 / 4 / 2009$ |
| Added CSCC. | $7 / 23 / 2009$ |
| Changed to match the corresponding institutional edit. | $5 / 4 / 2009$ |
| Removed "Medicare" from segment name. | $6 / 4 / 2009$ |
| Changed the CSC code to the code approved by the committee (697) | $6 / 7 / 2009$ |
| Added CSCC. | $7 / 23 / 2009$ |
| Changed the CSC code to the code approved by the committee (697) | $6 / 7 / 2009$ |

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Change Log
Changes to the version included for POC Review

| Added CSCC. | 7/23/2009 |
| :---: | :---: |
| Added CSCC. | 7/23/2009 |
| Added CSCC. | 7/23/2009 |
| Added CSCC. | 7/23/2009 |
| Added CSCC. | 7/23/2009 |
| Added CSCC. | 7/23/2009 |
| Changed the CSC code to the code approved by the committee (697) | 6/7/2009 |
| Added CSCC. | 7/23/2009 |
| Changed the CSC code to the code approved by the committee (697) | 6/7/2009 |
| Added CSCC. | 7/23/2009 |
| Added new row(s) with 277 instructions. | 7/23/2009 |
| Added new row(s) with 277 instructions. | 7/23/2009 |
| Added new row(s) with 277 instructions. | 7/23/2009 |
| Added new row(s) with 277 instructions. | 7/23/2009 |
| Corrected the location reference. | 6/27/2009 |
| Added new row(s) with 277 instructions. | 7/23/2009 |
| Changed error code to 19. | 4/26/2009 |
| Added new row(s) with 277 instructions. | 7/23/2009 |
| Added new row(s) with 277 instructions. | 7/23/2009 |
| Added new row(s) with 277 instructions. | 7/23/2009 |
| Added CSCCs. | 7/23/2009 |
| Added CSCCs. | 7/23/2009 |
| Added CSCCs. | 7/23/2009 |
| Changed error code to I9. | 5/3/2009 |
| Added CSCCs. | 7/23/2009 |
| Changed error code to 19. | 4/26/2009 |
| Added new row(s) with 277 instructions. | 7/23/2009 |
| Changed to match the corresponding institutional edit. | 4/26/2009 |
| Changed error code to I9. | 5/3/2009 |
| Added new row(s) with 277 instructions. | 7/23/2009 |
| Added new row(s) with 277 instructions. | 7/23/2009 |
| Changed to match the corresponding institutional edit. | 4/26/2009 |
| Added new row(s) with 277 instructions. | 7/23/2009 |
| Added CSCCs. | 7/23/2009 |
| Added CSCCs. | 7/23/2009 |
| Added CSCCs. | 7/23/2009 |
| Changed error code to I9. | 5/3/2009 |
| Added CSCCs. | 7/23/2009 |
| Changed error code to I9. | 5/3/2009 |
| Added pass-thru note. | 6/4/2009 |
| Added CSCCs. | 7/23/2009 |

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Changes to the version included for POC Review

| Changed error code to I9. | $5 / 3 / 2009$ |
| :--- | :--- |
| Added new row(s) with 277 instructions. | $7 / 23 / 2009$ |
| Changed error code to I9. | $5 / 3 / 2009$ |
| Removed miscellaneous note. | $6 / 4 / 2009$ |
| Added new row(s) with 277 instructions. | $7 / 23 / 2009$ |
| Changed error code to I9. | $5 / 3 / 2009$ |
| Changed error code to I9. | $5 / 3 / 2009$ |
| Added new row(s) with 277 instructions. | $7 / 23 / 2009$ |
| Added CSCCs. | $7 / 23 / 2009$ |
| Added CSCCs. | $7 / 23 / 2009$ |
| Added CSCCs. | $7 / 23 / 2009$ |
| Added CSCCs. | $7 / 23 / 2009$ |
| Added CSCCs. | $7 / 23 / 2009$ |
| Changed to match the corresponding institutional edit. | $4 / 27 / 2009$ |
| Added CSCCs. | $7 / 23 / 2009$ |
| Corrected spelling of "modifier". | $6 / 4 / 2009$ |
| Added CSCCs. | $7 / 23 / 2009$ |
| Corrected spelling of "modifier". | $6 / 4 / 2009$ |
| Added CSCCs. | $7 / 23 / 2009$ |
| Corrected spelling of "modifier". | $6 / 4 / 2009$ |
| Added CSCCs. | $7 / 23 / 2009$ |
| Corrected spelling of "modifier". | $6 / 4 / 2009$ |
| Added CSCCs. | $7 / 23 / 2009$ |
| Added new row(s) with 277 instructions. | $7 / 23 / 2009$ |
| Changed the CSC code to the code approved by the committee (697) | $6 / 7 / 2009$ |
| Added CSCCs. | $7 / 23 / 2009$ |
| Corrected spelling of "modifier". | $6 / 4 / 2009$ |
| Added CSCCs. | $7 / 23 / 2009$ |
| Added triad seperators. | $4 / 22 / 2009$ |
| Added CSCCs. | $7 / 23 / 2009$ |
| Added CSCC. | $7 / 23 / 2009$ |
| Added CSCC. | $7 / 23 / 2009$ |
| Added CSCC. | $7 / 23 / 2009$ |
| Added CSCC. | $7 / 23 / 2009$ |
| Added CSCC. | $7 / 23 / 2009$ |
| Changed the CSC code to the code approved by the committee $(697)$ | $6 / 7 / 2009$ |
| Added CSCC. | $7 / 23 / 2009$ |
| Changed the CSC code to the code approved by the committee (697) | $6 / 7 / 2009$ |
| Added CSCC. | $7 / 23 / 2009$ |
| Changed to match the corresponding institutional edit. | $4 / 21 / 2009$ |
| Changed to match the corresponding institutional edit. | $4 / 21 / 2009$ |

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Changes to the version included for POC Review

| Added new row(s) with 277 instructions. | 7/23/2009 |
| :---: | :---: |
| Added triad seperators. | 4/22/2009 |
| Added CSCC. | 7/23/2009 |
| Added CSCC. | 7/23/2009 |
| Added new row(s) with 277 instructions. | 7/23/2009 |
| Added new row(s) with 277 instructions. | 7/23/2009 |
| Added CSCC. | 7/23/2009 |
| Added CSCC. | 7/23/2009 |
| Added CSCC. | 7/23/2009 |
| Added CSCC. | 7/23/2009 |
| Added CSCC. | 7/23/2009 |
| Added CSCC. | 7/23/2009 |
| Changed to match the corresponding institutional edit. | 4/21/2009 |
| Added CSCC. | 7/23/2009 |
| Added CSCC. | 7/23/2009 |
| Added note for "companion guide note needed". | 6/4/2009 |
| Added CSCC. | 7/23/2009 |
| Added note for "companion guide note needed". | 6/4/2009 |
| Added CSCC. | 7/23/2009 |
| Added note for "companion guide note needed". | 6/4/2009 |
| Added CSCC. | 7/23/2009 |
| Added CSCC. | 7/23/2009 |
| Added CSCC. | 7/23/2009 |
| Added CSCC. | 7/23/2009 |
| Added CSCC. | 7/23/2009 |
| Added CSCC, corrected the location reference. | 7/23/2009 |
| Changed the CSC code to the code approved by the committee (697) | 6/7/2009 |
| Added CSCC. | 7/23/2009 |
| Added new row(s) with 277 instructions. | 7/23/2009 |
| Changed to match the corresponding institutional edit. | 4/26/2009 |
| Corrected the location reference. | 6/27/2009 |
| Added new row(s) with 277 instructions. | 7/23/2009 |
| Added new row(s) with 277 instructions. | 7/23/2009 |
| Added new row(s) with 277 instructions. | 7/23/2009 |
| Added new row(s) with 277 instructions. | 7/23/2009 |
| Added CSCC. | 7/23/2009 |
| Added new row(s) with 277 instructions. | 7/23/2009 |
| Added new row(s) with 277 instructions. | 7/23/2009 |
| Changed the CSC code to the code approved by the committee (697) | 6/7/2009 |
| Corrected the location references. | 6/27/2009 |
| Added CSCC. | 7/23/2009 |

Change Log
Changes to the version included for POC Review

| Changed the CSC code to the code approved by the committee (697) | 6/7/2009 |
| :---: | :---: |
| Corrected the location references. | 6/27/2009 |
| Added CSCC. | 7/23/2009 |
| Added new row(s) with 277 instructions. | 7/23/2009 |
| Changed to match the corresponding institutional edit. | 4/26/2009 |
| Added new row(s) with 277 instructions. | 7/23/2009 |
| Added CSCC. | 7/23/2009 |
| Added new row(s) with 277 instructions. | 7/23/2009 |
| Added CSCC. | 7/23/2009 |
| Added triad seperators. | 4/22/2009 |
| Added CSCC. | 7/23/2009 |
| Added CSCC. | 7/23/2009 |
| Added triad seperators. | 4/22/2009 |
| Added triad seperators. | 4/22/2009 |
| Added new row(s) with 277 instructions. | 7/23/2009 |
| Added triad seperators. | 4/22/2009 |
| Added new row(s) with 277 instructions. | 7/23/2009 |
| Added triad seperators. | 4/22/2009 |
| Replaced explicit value with "valid value" edit. | 6/4/2009 |
| Added CSCC, correctrd the location reference. | 7/23/2009 |
| Changed the CSC code to the code approved by the committee (697) | 6/7/2009 |
| Added CSCC. | 7/23/2009 |
| Added triad seperators. | 4/22/2009 |
| Added triad seperators. | 4/22/2009 |
| Changed the edit to >0 from >= 0 . | 5/3/2009 |
| Changed the CSC code to the code approved by the committee (697) | 6/7/2009 |
| Added CSCC. | 7/23/2009 |
| Changed to match the corresponding institutional edit. | 4/26/2009 |
| Removed the edit added 4/26. | 6/27/2009 |
| Changed error code to 19. | 5/3/2009 |
| Added "pass-thru" note. | 6/4/2009 |
| Added new row(s) with 277 instructions. | 7/23/2009 |
| Added CSCC. | 7/23/2009 |
| Added new row(s) with 277 instructions. | 7/23/2009 |
| Added new row(s) with 277 instructions. | 7/23/2009 |
| Added new row(s) with 277 instructions. | 7/23/2009 |
| Changed to match the corresponding institutional edit and corrected location info. | 4/26/2009 |
| Added new row(s) with 277 instructions. | 7/23/2009 |
| Corrected error code. | 4/26/2009 |
| Changed to 277/situational data required. | 4/27/2009 |
| Changed "= 31" to "is a valid VA identifier". | 5/4/2009 |

Changes to the version included for POC Review

| Corrected the location reference. | 6/27/2009 |
| :---: | :---: |
| Added CSCC. | 7/23/2009 |
| Changed error code to 19. | 5/3/2009 |
| Corrected the location reference. | 6/27/2009 |
| Corrected the location reference. | 6/27/2009 |
| Corrected the location reference. | 6/27/2009 |
| Changed to match the corresponding institutional edit. | 4/26/2009 |
| Changed error code to 19. | 5/3/2009 |
| Added CSCC. | 7/23/2009 |
| Changed error code to "New CSC: "Payer specific restriction on the number of repetitions". Added the list of valid values. | 4/26/2009 |
| Added CSCC. | 7/23/2009 |
| Changed to 277/situational data required. | 4/27/2009 |
| Changed "= 31" to "is a valid VA identifier". | 5/4/2009 |
| Corrected the location reference. | 6/27/2009 |
| Added CSCC. | 7/23/2009 |
| Changed error code to 19. | 5/3/2009 |
| Added CSCC. | 7/23/2009 |
| Changed error code to 19. | 5/3/2009 |
| Added new row(s) with 277 instructions. | 7/23/2009 |
| Added CSCC. | 7/23/2009 |
| Added new row(s) with 277 instructions. | 7/23/2009 |
| Added new row(s) with 277 instructions. | 7/23/2009 |
| Added new row(s) with 277 instructions. | 7/23/2009 |
| Added CSCCs. | 7/23/2009 |
| Added CSCC. | 7/23/2009 |
| Added new row(s) with 277 instructions. | 7/23/2009 |
| Added new row(s) with 277 instructions. | 7/23/2009 |
| Added new row(s) with 277 instructions. | 7/23/2009 |
| Added new row(s) with 277 instructions. | 7/23/2009 |
| Changed to 277/situational data required. | 4/27/2009 |
| Changed "= 31" to "is a valid VA identifier". | 5/4/2009 |
| Corrected the location reference. | 6/27/2009 |
| Added CSCC. | 7/23/2009 |
| Added new row(s) with 277 instructions. | 7/23/2009 |
| Added new row(s) with 277 instructions. | 7/23/2009 |
| Added CSCC. | 7/23/2009 |
| Added new row(s) with 277 instructions. | 7/23/2009 |
| Added new row(s) with 277 instructions. | 7/23/2009 |
| Added new row(s) with 277 instructions. | 7/23/2009 |
| Added new row(s) with 277 instructions. | 7/23/2009 |
| Changed to 277/situational data required. | 4/27/2009 |

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Change Log
Changes to the version included for POC Review

| Changed "= 31" to "is a valid VA identifier". | 5/4/2009 |
| :---: | :---: |
| Corrected the location reference. | 6/27/2009 |
| Added CSCC. | 7/23/2009 |
| Changed error code to 19. | 5/3/2009 |
| Added new row(s) with 277 instructions. | 7/23/2009 |
| Added new row(s) with 277 instructions. | 7/23/2009 |
| Changed error code to 19. | 5/3/2009 |
| Added new row(s) with 277 instructions. | 7/23/2009 |
| Added CSCCs. | 7/23/2009 |
| Changed error code to 19. | 5/3/2009 |
| Added CSCC. | 7/23/2009 |
| Changed error code to 19. | 5/3/2009 |
| Added new row(s) with 277 instructions. | 7/23/2009 |
| Added new row(s) with 277 instructions. | 7/23/2009 |
| Added new row(s) with 277 instructions. | 7/23/2009 |
| Added new row(s) with 277 instructions. | 7/23/2009 |
| Added new row(s) with 277 instructions. | 7/23/2009 |
| Added new row(s) with 277 instructions. | 7/23/2009 |
| Added new row(s) with 277 instructions. | 7/23/2009 |
| Added new row(s) with 277 instructions. | 7/23/2009 |
| Changed to 277/situational data required. | 4/27/2009 |
| Changed "= 31" to "is a valid VA identifier". | 5/4/2009 |
| Corrected the location reference. | 6/27/2009 |
| Changed to match the corresponding institutional edits. | 4/26/2009 |
| Removed "must be a valid NPI on the Crosswalk when evaluated with 1000B.NM109" edit | 6/27/2009 |
| Added CSCC. | 7/23/2009 |
| Changed to match the corresponding institutional edit and misc note. | 4/26/2009 |
| Changed error code to I9. | 5/3/2009 |
| Changed to match the corresponding institutional edit. | 4/27/2009 |
| Added "not used" highlighting. | 4/26/2009 |
| Added CSCC. | 7/23/2009 |
| Added CSCC. | 7/23/2009 |
| Added new row(s) with 277 instructions. | 7/23/2009 |
| Added new row(s) with 277 instructions. | 7/23/2009 |
| Added new row(s) with 277 instructions. | 7/23/2009 |
| Added new row(s) with 277 instructions. | 7/23/2009 |
| Added CSCCs. | 7/23/2009 |
| Added new row(s) with 277 instructions. | 7/23/2009 |
| Added new row(s) with 277 instructions. | 7/23/2009 |
| Added new row(s) with 277 instructions. | 7/23/2009 |
| Added new row(s) with 277 instructions. | 7/23/2009 |

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| Added CSCCs. | 7/23/2009 |
| :---: | :---: |
| Changed the CSC code to the code approved by the committee (697) | 6/7/2009 |
| Added CSCCs. | 7/23/2009 |
| Moved the SVD03-1 edit to an SVD03-1 line and removed it from the SVD03 line. | 4/28/2009 |
| Added CSCCs. | 7/23/2009 |
| Corrected spelling of "modifier". | 6/4/2009 |
| Corrected spelling of "modifier". | 6/4/2009 |
| Corrected spelling of "modifier". | 6/4/2009 |
| Corrected spelling of "modifier". | 6/4/2009 |
| Corrected spelling of "modifier". | 6/4/2009 |
| Added triad seperators. | 4/22/2009 |
| Changed to match the corresponding institutional edit. | 4/26/2009 |
| Added CSCCs. | 7/23/2009 |
| Changed to match the corresponding institutional edit. | 4/26/2009 |
| Changes 476 to 526 and remove the note. | 4/27/2009 |
| Added triad seperators. | 4/22/2009 |
| Added CSCCs. | 7/23/2009 |
| Changed error code to I9. | 5/3/2009 |
| Changed to match the corresponding institutional edit. | 4/26/2009 |
| Corrected segment name. | 6/4/2009 |
| Added 2nd CSC code (519). | 4/26/2009 |
| Changed the CSC code to the code approved by the committee (697) | 6/7/2009 |
| Added CSCCs. | 7/23/2009 |
| Added 2nd CSC code (519). | 4/26/2009 |
| Changed the CSC code to the code approved by the committee (697) | 6/7/2009 |
| Added CSCCs. | 7/23/2009 |
| Added 2nd CSC code (519). | 4/26/2009 |
| Changed the CSC code to the code approved by the committee (697) | 6/7/2009 |
| Added CSCCs. | 7/23/2009 |
| Added 2nd CSC code (519). | 4/26/2009 |
| Changed the CSC code to the code approved by the committee (697) | 6/7/2009 |
| Added CSCCs. | 7/23/2009 |
| Added 2nd CSC code (519). | 4/26/2009 |
| Changed the CSC code to the code approved by the committee (697) | 6/7/2009 |
| Added CSCCs. | 7/23/2009 |
| Added 2nd CSC code (519). | 4/26/2009 |
| Changed the CSC code to the code approved by the committee (697) | 6/7/2009 |
| Added CSCCs. | 7/23/2009 |
| Changed error code to I9. | 5/3/2009 |
| Changed the CSC code to the code approved by the committee (698) | 6/7/2009 |
| Changed the segment to "not allowed" for Part B. Removed all element level edits for Part B. | 6/27/2009 |

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Change Log
Changes to the version included for POC Review

| Changed the segment to "not allowed" for Part B. | 6/27/2009 |
| :---: | :---: |
| Added CSCCs. | 7/23/2009 |
| Changed the CSC code to the code approved by the committee (698) | 6/7/2009 |
| Added CSCCs. | 7/23/2009 |
| Changed the segment to "not allowed" for Part B. Removed all element level edits for Part B. | 6/27/2009 |
| Added CSCCs. | 7/23/2009 |
| Changed the CSC code to the code approved by the committee (699) | 6/7/2009 |
| Added CSCCs. | 7/23/2009 |
| Added CSCCs. | 7/23/2009 |
| Changed the CSC code to the code approved by the committee (699) | 6/7/2009 |
| Added new row(s) with 277 instructions. | 7/23/2009 |
| Added CSCCs. | 7/23/2009 |
| Added CSCCs. | 7/23/2009 |
| Changed the CSC code to the code approved by the committee (699) | 6/7/2009 |
| Changed the CSC code to the code approved by the committee (697) | 6/7/2009 |
| Corrected the location reference. | 6/9/2009 |
| Corrected location typo. | 4/26/2009 |
| Changed the error code to an AK502 error. | 5/3/2009 |
| Changed the error code to an AK502 error. | 5/3/2009 |
| Changed the error code to an AK502 error. | 5/3/2009 |
| Changed the error code to an AK905 error. | 5/3/2009 |
| Changed the error code to an AK905 error. | 5/3/2009 |
| Changed the error code to an AK905 error. | 5/3/2009 |
| Changed TA1 error code to "TA105: 023 Improper (Premature) End-of-File (Transmission)" | 7/16/2009 |
| Added misc note | 7/16/2009 |
| Updated all monetary amounts to reflect flat file pictures of S9(8)V99 | 9/1/2009 |
| Modified the element edits from 2400.HCP to 2300.HCP | 9/3/2009 |
| Joined the edits for Medicare IDs and Railroad IDs with an OR condition | 10/6/2009 |
| Modified edit to include impact of CAS amounts | 10/6/2009 |
| Removed edit for "2310A.NM109 must be a valid NPI on the Crosswalk when evaluated with 1000B.NM109." | 10/6/2009 |
| Corrected the date in the CEDI Edit column to reflect the current compliance date of 01/01/2012 | 10/6/2009 |
| Corrected the date in the CEDI Edit column to reflect the current compliance date of 01/01/2012 | 10/6/2009 |
| Change the CSC to 148 to reflect the SSN rather than the EIN <br> Added "The first 3 digits cannot be higher than 772, and digits 1-3, 4-5, and 6-9 cannot be zeros." | 10/6/2009 |
| Added "Cannot be zeros." | 10/6/2009 |
| Updated the diagnosis code pointer the correct values | 10/6/2009 |
| Modifed picture clause to 9(5)V99. | 10/6/2009 |
| Removed edit - does not apply for Medicare | 10/6/2009 |
| Added TA1 error for invalid GS information | 10/6/2009 |
| Added TA1 error for invalid GS information | 10/6/2009 |
| Added errors for ST segment | 10/6/2009 |

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Change Log
Changes to the version included for POC Review

| Corrected references to the principle diagnosis code (254) | 10/6/2009 |
| :---: | :---: |
| Added Entity Identifier Code | 10/6/2009 |
| Added Entity Identifier Code | 10/6/2009 |
| Synchronized the edits for CR106 between claim and service line level | 10/6/2009 |
| Changed CSC to 680 for entity's country rather the entities country subdivision | 10/6/2009 |
| Added bolded text If 2300.CLM05-5 or $2400 . S V 105=$ "21", "51" or "61" then 2300. DTP with DTP01 = "435" must be present. | 10/6/2009 |
| Modified the date reference from GS04 to BHT04 Transaction Set Creation Date | 10/6/2009 |
| Added a test for 2430.DTP(when used) | 10/6/2009 |
| Changed to loop must not be present (for Medicare) since only NPI is allowed under HIPAA | 10/6/2009 |
| Changed to segment must not be present (for Medicare) since only NPI is allowed under HIPAA | 10/6/2009 |
| Changed to segment must not be present (for Medicare) since only NPI is allowed under HIPAA | 10/6/2009 |
| Change to match 2330C - must not be present (for Medicare) | 10/6/2009 |
| Modified the number of repeats for 5010 from 2 to 1 since only 1 code is allowed. | 10/6/2009 |
| Corrected the reference to 2420A. Also removed the extra $=$ | 10/6/2009 |
| Corrected the reference to 2420D. Also remove the extra = | 10/6/2009 |
| Corrected references from N302 to N301 | 10/6/2009 |
| Changed CSC 183 to CSC 596 for edit "must be >=0" | 10/6/2009 |
| Removed the "sum of all" since there is only one amount for the equality test | 10/6/2009 |
| Added "or equal to" for consistency with the TR3. | 10/6/2009 |
| Change the repeat for the segment from 5 to 1 | 10/6/2009 |
| Changed the code reference from 9B to 9A for REPRICED CLAIM NUMBER | 10/6/2009 |
| Changed the code reference from 9D to 9D for ADJUSTED REPRICED CLAIM NUMBER | 10/6/2009 |
| Corrected the incorrect to the REF segment in the 5010 and CEDI columns | 10/6/2009 |
| Corrected the reference to CR210 in the 5010 and CEDI columns | 10/6/2009 |
| Corrected the reference to CR210 in the 5010 and CEDI columns | 10/6/2009 |
| Corrected the reference to CR210 in the 5010 and CEDI columns | 10/6/2009 |
| Added validation for NPI for CEDI based upon PECOS file match | 10/6/2009 |
| Added validation for NPI for CEDI based upon PECOS file match | 10/6/2009 |
| Added validation for NPI for CEDI based upon PECOS file match | 10/6/2009 |
| Added notes for Trailblazer only for legacy identifiers and added new edit for everyone but Trailblazer as must not be present | 10/6/2009 |
| Added notes for Trailblazer only for legacy identifiers and added new edit for everyone but Trailblazer as must not be present | 10/6/2009 |
| Added notes for Trailblazer only for legacy identifiers and added new edit for everyone but Trailblazer as must not be present | 10/6/2009 |
| This edit was incorrectly placed on the N3 segment following this NM1 segment. Modified the CSC code to reflect the incorrect payer ID. | 10/6/2009 |
| Removed check for N404 which is now not allowed except for the subscriber (other insured) | 10/6/2009 |
| Change to must not be present | 10/6/2009 |
| Removed check for N404 which is now not allowed except for the subscriber (other insured) | 10/6/2009 |
| Change to must not be present | 10/6/2009 |
| Removed check for N404 which is now not allowed except for the subscriber (other insured) | 10/6/2009 |
| Change to must not be present | 10/6/2009 |

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Change Log
Changes to the version included for POC Review

| Removed check for N404 which is now not allowed except for the subscriber (other insured) | $10 / 6 / 2009$ |
| :--- | :--- |
| Change to must not be present | $10 / 6 / 2009$ |
| Removed check for N404 which is now not allowed except for the subscriber (other insured) | $10 / 6 / 2009$ |
| Change to must not be present | $10 / 6 / 2009$ |
| Removed check for N404 which is now not allowed except for the subscriber (other insured) | $10 / 6 / 2009$ |
| Change to must not be present | $10 / 6 / 2009$ |
| Removed check for N404 which is now not allowed except for the subscriber (other insured) | $10 / 6 / 2009$ |
| Change to must not be present | $10 / 6 / 2009$ |
| Removed check for N404 which is now not allowed except for the subscriber (other insured) | $10 / 6 / 2009$ |
| Change to must not be present | $10 / 6 / 2009$ |
| Removed check for N404 which is now not allowed except for the subscriber (other insured) | $10 / 6 / 2009$ |
| Change to must not be present | $10 / 6 / 2009$ |
| Removed check for N404 which is now not allowed except for the subscriber (other insured) | $10 / 6 / 2009$ |
| Change to must not be present | $10 / 6 / 2009$ |
| Removed check for N404 which is now not allowed except for the subscriber (other insured) | $10 / 6 / 2009$ |
| Change to must not be present | $10 / 6 / 2009$ |
| Added the anesthesia modifiers currently identified. (AA, AD, QK, QS, QX, QY or QZ) | $10 / 6 / 2009$ |
| Changed the disposition for this claim adjustment reason code to match the others within the segment. | $10 / 6 / 2009$ |
| Change to E Accept for further processing | $10 / 6 / 2009$ |
| Removed. Issue tracked provide no guidance or benefit for the implementation of the CR | $10 / 20 / 2009$ |
| Change from 999 to TA1 and added disposition of "TA105: 024 Invalid GS Segment" | $1 / 20 / 2009$ |
| Changed Accept/Reject to E | $10 / 20 / 2009$ |
| Changed Accept/Reject to E | $10 / 20 / 2009$ |
| Changed Accept/Reject to E | $10 / 20 / 2009$ |
| Added missing edit for too short long. Old X222.299.2320.CAS12.050 renumbered to X222.299.2320.CAS12.060 | $10 / 20 / 2009$ |
| Changed Accept/Reject to E | $10 / 20 / 2009$ |
| Added missing edit for too short long. Old X222.299.2320.CAS18.050 renumbered to X222.299.2320.CAS18.060 | $10 / 20 / 2009$ |
| For all CEDI edits changed incorrect reference of 2400 to 2300 | $10 / 20 / 2009$ |
| Added new 999E edit for CUR segment as a not used for implementation error. This caused the current X222.084.2000A.CUR.010 <br> edit to be pushed down to the second edit (.020) for the CUR segment. <br> Changed from R to E and swapped 030 and 040 edit to get corresponding 277 under 999E <br> Added T \& to indicate errors which identified in the translator ( T) and which errors are identified in the CEM ( C ) |  |


| Added check if N404 is not present then validate zip code | 10/20/2009 |
| :---: | :---: |
|  |  |
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|  |  |
| Added note "Trailblazer Only" | 10/20/2009 |
| Removed the edit description. The 277 is paired with the previous 999E edit. | 10/20/2009 |
| Removed per comment and Brian's agreement. | 10/20/2009 |
| Change reference to the BHT segment from BHT05 to BHT04 for the date. | 10/20/2009 |
| Removed 999E edit. This edit will be performed in the CEM. Remaining edits moved up. | 10/20/2009 |
| Changed CLM05-5 to CLM05-1 | 10/20/2009 |
| Changed reference from CAS02 to CAS05 | 10/20/2009 |
|  |  |
| Changed reference from CAS02 to CAS08 | 10/20/2009 |
| Changed reference from CAS02 to CAS11 | 10/20/2009 |
| Changed reference from CAS02 to CAS14 | 10/20/2009 |
|  |  |
| Changed reference from CAS02 to CAS17 | 10/20/2009 |
| Changed reference from 2310AA to 2310A in column R | 10/20/2009 |
| Changed qualifier for Entity Identifier Code from DN to DK | 10/20/2009 |
| Changed reference to 2310A to 2420F in column S | 10/20/2009 |
| Removed the language in columns R and S. Incorrect for element FRM03 | 10/20/2009 |
| Changed from 999R to 999E | 10/20/2009 |
| Inserted 277 to match change for X222.074.1000A.NM103.020 | 10/20/2009 |
| Changed from 999R to 999E | 10/20/2009 |
| Changed from 999R to 999E | 10/20/2009 |
| Added edit for invalid length to coorespond with the previous 999E edit | 10/20/2009 |
| Removed duplicate edit to X222.199.2300.REF02.060 | 10/20/2009 |
| Changed from 999R to 999E | 10/20/2009 |
| Changed from 999R to 999E | 10/20/2009 |

Change Log
Changes to the version included for POC Review

| Changed from 999R to 999E | $10 / 20 / 2009$ |
| :--- | :--- |
| Removed incorrect language from 5010 edit column | $10 / 20 / 2009$ |
| Added 277 edit for invalid size | $10 / 20 / 2009$ |
| Added 277 edit for invalid size | $10 / 20 / 2009$ |
| Removed 277 edit, not needed for LIN01 since it is not used (999E) | $10 / 20 / 2009$ |
| Changed from 999R to 999E | $10 / 20 / 2009$ |
| Changed edit to IK502: 1 "Transaction Set Not Supported". | $10 / 27 / 2009$ |
| Deleted non-space character edit | $10 / 27 / 2009$ |
| Added EIC 41 to edit | $10 / 27 / 2009$ |
| Added edit to CEDI "If 2010AA.N404 is not present, 2010AA.N403 must be a valid 9 digit Zip Code". | $10 / 27 / 2009$ |
| Changed Accept/Reject to E | $10 / 27 / 2009$ |
| Added edit CSCC A7: "Acknowledgement /Rejected for Invalid Information..." <br> CSC 512: "Length Invalid" <br> CSC 126: "Entity's Address" <br> Entity Identifier Code: 85 Billing Provider | $10 / 27 / 2009$ |
| Added edit to CEDI "If 2010AA.N407 is present, then 2010AA.N404 must not = "US" or CAN". |  |
| Added edit to CEDI "2010BA.N402 must be a valid state or province code". |  |
| Added edit to CEDI "If 2010AB.N404 is not present, 2010AB.N403 must be a valid Zip Code". |  |
| Changed edit for all 2010AC segments to "CSCC A3: "Acknowledgement /Returned as unprocessable claim" |  |
| Changed T to C | $10 / 27 / 2009$ |
| Changed edit to reflect "two" non-space characters | $10 / 27 / 2009$ |
| Changed edit to 999 R | $10 / 27 / 2009$ |
| Changed element name to "Repriced Claim Reference Number" | $10 / 27 / 2009$ |
| Replaced "CSC 636" with "TBD13" to align with X223 spreadsheet | $10 / 27 / 2009$ |
| Replaced "CSC 636" with "TBD13" to align with X223 spreadsheet | $10 / 27 / 2009$ |
| Added edit "2300.REF02 must contain at least one non-space character". | $10 / 27 / 2009$ |
| Added edit "2300.REF02 must be 1-50 characters". | $10 / 29 / 2009$ |
| Added 277T edit | $10 / 29 / 2009$ |
| Changed EPSDT CRC to Pass Through Syntax Only. | $10 / 29 / 2009$ |
| Deleted edit "2300.CRC05 can only be present if 2300.CRC04 is present". | $10 / 29 / 2009$ |
| Changed to IK304 = 3: "Required Segment Missing" | $10 / 29 / 2009$ |
| Changed to IK304 = 3: "Required Segment Missing" | $10 / 29 / 2009$ |
| Changed to IK304 = 3: "Required Segment Missing" | $10 / 29 / 2009$ |
| Added loop repeat (10) | $10 / 29 / 2009$ |
| Changed disposition to CSCC A6: "Acknowledgement/Rejected for Missing Information..." | $10 / 29 / 2009$ |
| Added CSC 516: Adjudication or Payment Date | $10 / 29 / 2009$ |
| Changed to "CSCC A8 Acknowledgement / Rejected for relational field in error" and added "CSC 516: Adjudication or Payment <br> Date". |  |
| Changed to "CSCC A8 Acknowledgement / Rejected for relational field in error" and added "CSC 516: Adjudication or Payment <br> Date". |  |
| $10 / 2009 / 2009$ |  |

Change Log
Changes to the version included for POC Review

| Changed to "CSCC A8 Acknowledgement / Rejected for relational field in error" and added "CSC 516: Adjudication or Payment Date". | 10/29/2009 |
| :---: | :---: |
| Changed to 999E | 10/29/2009 |
| Changed to "CSCC A8 Acknowledgement / Rejected for relational field in error" and added "CSC 516: Adjudication or Payment Date". | 10/29/2009 |
| Changed to CSCC A6: "Acknowledgement/Rejected for Missing Information..." | 10/29/2009 |
| Added CSCC A7: "Acknowledgement /Rejected for Invalid Information..." | 10/29/2009 |
| Added CSCC A7: "Acknowledgement /Rejected for Invalid Information..." | 10/30/2009 |
| Added edit "If CTP04 is present then CPT05 must be present". | 10/30/2009 |
| Added CSCC A7: "Acknowledgement /Rejected for Invalid Information..." | 10/30/2009 |
| Added CSCC A7: "Acknowledgement /Rejected for Invalid Information..." | 10/30/2009 |
| Added "TBD22: "Line Adjudication Information" | 10/30/2009 |
| Added "TBD22: "Line Adjudication Information" | 10/30/2009 |
| Added "TBD22: "Line Adjudication Information" | 10/30/2009 |
| Added "TBD22: "Line Adjudication Information" | 10/30/2009 |
| Added "CSC 519: "Adjustment Amount" and "EIC: GB Other Insured" | 10/30/2009 |
| Added "CSC 519: "Adjustment Amount" and "EIC: GB Other Insured" | 10/30/2009 |
| Line added | 10/30/2009 |
| Changed all TBD10 to CSC 127 "Entity's Phone Number" | 10/30/2009 |
| Changed all TBD11 to CSC 53: "Entity ID Number" | 10/30/2009 |
| Changed all TBD13 to CSC 702: "Repriced Claim Reference Number" | 10/30/2009 |
| Changed all TBD16 to CSC 153: "Entity's ID Number" | 10/30/2009 |
| Changed all TBD20 to CSC 153: "Entity's ID Number" | 10/30/2009 |
| Changed CSC to CSC 512: "Length invalid" | 10/30/2009 |
| Changed CSC to CSC 512: "Length invalid" | 10/30/2009 |
| Changed CSC to CSC 512: "Length invalid" | 10/30/2009 |
| Line added | 10/30/2009 |
| Added CSC 512: "Length invalid" | 10/30/2009 |
| Line added | 10/30/2009 |
| Line added | 10/30/2009 |
| Line added | 10/30/2009 |
| Line added | 10/30/2009 |
| Line added | 10/30/2009 |
| Changed to 999E | 10/30/2009 |
| Changed CSCC to A7: "Acknowledgement /Rejected for Invalid Information..." and added CSC 512: "Length invalid" | 11/2/2009 |
| Changd CSC to CSC 511: "Invalid character" | 11/2/2009 |
| Added "999E IK403 = 5: "Data Element Too Long" | 11/2/2009 |
| Added CSC 598: "Non-payable Professional Component Billed Amount" | 11/2/2009 |
| Added "999R IK304 = 5: "Segment Exceeds Maximum Use" | 11/2/2009 |
| Changed to "999R IK403 = I12: "Implementation Pattern Match Failure" | 11/2/2009 |
| Changed 999R to "IK304 = 16: "Implementation Dependent Segment Missing" | 11/2/2009 |

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Change Log
Changes to the version included for POC Review

| Changed T to C | 11/2/2009 |
| :---: | :---: |
| Changed 999R to "IK304 = 16: "Implementation Dependent Segment Missing" | 11/2/2009 |
| Changed 999R to "IK304 = 16: "Implementation Dependent Segment Missing" | 11/2/2009 |
| Changed 999R to "IK304 = 16: "Implementation Dependent Segment Missing" | 11/2/2009 |
| Changed 999R to "IK304 = 16: "Implementation Dependent Segment Missing" | 11/2/2009 |
| Removed EIC TU | 11/2/2009 |
| Removed EIC TU | 11/2/2009 |
| Changed T to C | 11/2/2009 |
| Changed to CSCC A6: "Acknowledgement/Rejected for Missing Information..." | 11/2/2009 |
| Changed to CSCC A6: "Acknowledgement/Rejected for Missing Information..." | 11/2/2009 |
| Added "CSC 701 "Initial Treatment Date" | 11/3/2009 |
| Added "CSC 210 "Date of the Last X-ray" | 11/3/2009 |
| Added "CSC 653 "Test Performed Date" | 11/3/2009 |
| Added "CSC 580 "Last Certification Date" | 11/3/2009 |
| Added "IK304 = I7: "Implementation Loop Occurs Under Minimum Times" | 11/3/2009 |
| Added "IK304 = 17: "Implementation Loop Occurs Under Minimum Times" | 11/3/2009 |
| Changed from >1 to 1 | 11/3/2009 |
| Added "IK304 = 4: "Loop Occurs Over Maximum Times" | 11/3/2009 |
| Changed to "CSCC A8: "Acknowledgement / Rejected for relational field in error" and added EIC 85 | 11/4/2009 |
| Changed to "CSCC A6: "Acknowledgement/Rejected for Missing Information..." and changed T to C | 11/4/2009 |
| Changed to "CSCC A8: "Acknowledgement / Rejected for relational field in error", added EIC DN, and changed T to C | 11/4/2009 |
| Changed to "CSCC A6: "Acknowledgement/Rejected for Missing Information...", added EIC DN, and changed T to C | 11/4/2009 |
| Changed to "CSCC A8: "Acknowledgement / Rejected for relational field in error" and added EIC 82 | 11/4/2009 |
| Changed to "CSCC A6: "Acknowledgement/Rejected for Missing Information..." and changed T to C | 11/4/2009 |
| Changed to "CSCC A8: "Acknowledgement / Rejected for relational field in error" and added EIC DQ | 11/4/2009 |
| Changed to "CSCC A6: "Acknowledgement/Rejected for Missing Information..." and added EIC DQ | 11/4/2009 |
| Changed to "CSCC A8: "Acknowledgement / Rejected for relational field in error" | 11/4/2009 |
| Changed to "CSCC A6: "Acknowledgement/Rejected for Missing Information...", added EIC QB, and changed T to C | 11/4/2009 |
| Changed to "CSCC A8: "Acknowledgement / Rejected for relational field in error" and added EIC DQ | 11/4/2009 |
| Changed to "CSCC A6: "Acknowledgement/Rejected for Missing Information...", added EIC DQ, and changed T to C | 11/4/2009 |
| Changed to "CSCC A6: "Acknowledgement/Rejected for Missing Information...", added EIC DK, and changed T to C | 11/4/2009 |
| Changed to "CSCC A8: "Acknowledgement / Rejected for relational field in error" and added EIC DN | 11/4/2009 |
| Changed to 999R and moved below other NM108 edits | 11/4/2009 |
| Removed edit 999R "IK403 = 2 "Conditional Required Data Element Missing"...If 2420F.NM108 is present, 2420F.NM109 must be present. | 11/4/2009 |
| Added "2320.AMT02 must be <= 99,999.99" to CEDI column | 11/4/2009 |
| Removed edit 277 T "CSCC A7: "Acknowledgement /Rejected for Invalid Information..." \& "CSC 526: "Bundled or Unbundled Line Number" 2430.SVD06 must be > 0 | 11/4/2009 |
| Changed to IK304 = 5: "Segment Exceeds Maximum Use" | 11/5/2009 |
| Added EIC GB | 11/5/2009 |
| Added CSC 519: "Adjustment Amount" and EIC GB | 11/5/2009 |

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Change Log
Changes to the version included for POC Review

| Added CSC 519: "Adjustment Amount" and EIC GB | $11 / 5 / 2009$ |
| :--- | :--- |
| Added CSCC A8 Acknowledgement / Rejected for relational field in error, CSC 521: Adjustment Reason Code, CSC 516: <br> Adjudication or Payment Date, and EIC: GB Other Insured | $11 / 5 / 2009$ |
| Changed 999R to 999E | $11 / 5 / 2009$ |
| Added CSC 519: "Adjustment Amount" and EIC GB | $11 / 5 / 2009$ |
| Added CSC 519: "Adjustment Amount" and EIC GB | $11 / 5 / 2009$ |
| Added CSCC A7: "Acknowledgement /Rejected for Invalid Information...", CSC 512: "Length invalid for receiver's application <br> system", CSC 519: "Adjustment Amount", and EIC: GB Other Insured | $11 / 5 / 2009$ |
| Added CSCC A7: "Acknowledgement /Rejected for Invalid Information...", CSC 512: "Length invalid for receiver's application <br> system", CSC 519: "Adjustment Amount", and EIC: GB Other Insured | $11 / 5 / 2009$ |
| Added CSCC A7: "Acknowledgement /Rejected for Invalid Information...", CSC 512: "Length invalid for receiver's application <br> system", CSC 519: "Adjustment Amount", and EIC: GB Other Insured | $11 / 5 / 2009$ |
| Added CSCC A7: "Acknowledgement /Rejected for Invalid Information...", CSC 512: "Length invalid for receiver's application <br> system", CSC 519: "Adjustment Amount", and EIC: GB Other Insured | $11 / 5 / 2009$ |
| Added CSCC A7: "Acknowledgement /Rejected for Invalid Information...", CSC 512: "Length invalid for receiver's application <br> system", CSC 519: "Adjustment Amount", and EIC: GB Other Insured | $11 / 5 / 2009$ |
| Added CSCC A7: "Acknowledgement /Rejected for Invalid Information...", CSC 512: "Length invalid for receiver's application <br> system", CSC 519: "Adjustment Amount", and EIC: GB Other Insured | $11 / 5 / 2009$ |
| Changed from T to C | $11 / 16 / 2009$ |


| CLM | CLAIM INFORMATION |  | 1 | R | 2300 |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| CLMO2 | Total Claim Charge Amount | R | 1-18 | R |  | 277 | CSC 672: "Other Payer's payment information is out of balance" | CLM02 must equal the sum of 2430 CAS amounts and 2320 CAS amounts and 2320 AMT02 (when AMT01=D). |  |  |
| CLMO2 | Total Claim Charge Amount | R | 1-18 | R |  | 277 | CSC 672: "Other Payer's payment information is out of balance" | If no 2430 SVD amounts or 2430 CAS amounts are present, CLMO2 must equal the sum of 2320 AMT02 (when AMT01=D) and 2320 CAS amounts. |  |  |
| AMT | COB PAYER PAID AMOUNT |  | 1 | S | 2320 |  |  |  |  |  |
| AMT02 | Payer Paid Amount | R | 1-18 | R |  | 277 | CSC 672: "Other Payer's payment information is out of balance" | If only SVD amounts are present (no CAS amounts present) 2320.AMT02 (when AMT01=D) must = the sum of all 2430.SVD02 amounts when the value in 2430.SVD01 is the same as the value in 2330B.NM109. | If only SVD amounts are present (no CAS amounts present) 2320.AMT02 (AMT01=D) must = the sum of all 2430.SVD02 amounts when the value in 2430.SVD01 is the same as the value in 2330B.NM109. |  |
| SV1 | PROFESSIONAL SERVICE |  | 1 | R | 2400 |  |  |  |  |  |
| SV102 | Line Item Charge Amount | R | 1-18 | R |  | 277 | CSC 672: <br> "Other Payer's payment information is out of balance" | If SVD and 2430 CAS amounts are present, 2400.SV102 must = the sum of all 2430.CAS amounts plus 2430.SVD02 amounts when the value in 2430 .SVD01 is the same as the value in 2330B.NM109. | If SVD and 2430 CAS amounts are present, 2400.SV102 must = the sum of all 2430.CAS amounts plus 2430.SVD02 amounts when the value in 2430 .SVD01 is the same as the value in 2330B.NM109. | Companion guide note needed - only 1 payer prior to MEDICARE |

## Style Sheet

Style Sheet

## Assumptions

Commercial EDI Translators will perform the following editing / validation of EDI submissions:

## EDI syntax integrity validation

1. Valid Segments (e.g. valid segment identifier, number of elements, delimiters)
2. Segment order (as defined by the X12 / NCPDP standard)
3. Element Attributes (e.g. X12 usage, repetitions, data type, and min/max size)
4. Numeric element validation (e.g. leading minus signs, decimal points for R data types)
5. X12 / NCPDP syntatical rules

## HIPAA syntax integrity validation based upon adopted specifications (X12 / NCPDP)

1. Repeat maximums for segments, loops, elements (when repeating element are used)
2. Used and un-used qualifiers, (internal) codes, elements, and segments
3. Intra-segment situational data elements (e.g. DTP for auto accident becomes required when CLM011-1 or CLM11-2 is "AA" or "OA")

THIS DOES NOT INCLUDE VALIDATION OF EXTERNAL CODE SOURCES (to be validated in the CEM).
Commercial EDI translators must refer to the Edits Spreadsheet to determine what action to take relative to syntax integrity compliance errors. If no reference is found in the Edits Spreadsheet for the compliance error the transaction set should be rejected with a 999R. These rejections should be tracked for potential inclusion within the Edits Spreadsheet.

Numeric and Decimal Data Type Elements
In the definition of the transaction flat file, each numeric or decimal data type element will have both an alphanumeric picture clause (e.g. PIC $X(18)$ ) and a redefined numeric picture clause (e.g. PIC S9(8)V99). If the numeric picture clause is shorter than the alphanumeric picture clause a filler field will be used to fill the balance of the field length.

Commercial EDI Translators will initialize the alphanumeric picture clause with spaces in the flat file. During EDI translation of numeric or decimal data elements the flat file field will be zero fill and justify the numeric value appropriately for the associated numeric picture clause. By
e.g. CLM02 Total Submitted Charges

05 CLM02-TOTAL-SUBMITTED-CHARGES-GROUP
PIC X(18)
05 CLM02-TOTAL-SUBMITTED-CHARGES-REDEF REDEFINES CLM02-TOTAL-SUBMITTED-CHARGES-GROUP.
10 CLM02-TOTAL-SUBMITTED-CHARGES
PIC S9(8)V99.

10 CLM02-TOTAL-SUBMITTED-CHARGES-FILLER
PIC X(8).

Style Sheet

| 3 | The Edit Identifier consists of the following fields seperated by periods. <br> TR3 Identifier <br> TR3 Page reference for the segment identified <br> TR3 Loop ID (if there is no loop ID there will be two periods together) <br> Segment ID and Element Position <br> Edit Number (wihin the Segment ID / Element Position) |
| :---: | :---: |
| 4 | The Accept / Reject column can contain one of four values: <br> for 999 (Implementation Acknowledgements) <br> R - Reject will cause the transaction set (ST-SE) to be rejected back to the submitter <br> E - Accept for further processing will cause the transaction set (ST-SE) to be passed on to the CEM where additional validation can occur and reject indivual claims for both syntax and business reasons. <br> NOTE: If the 999E is for usage of a "Not Used" element only a 999E will be generated and sent back to the submitter. No corresponding 277 will be created in the flat file for this type of error. <br> For 277 (Implementation Acknowledgements) <br> T - The error is identified in the translator and a STC records is added to the 837 flat file following the segment that had the error <br> C - The error will be identified in the CEM where the 277CA flat file will be generated and include the business errror found. |
| 100 | If a segment/element/composite is required, based on either guide usage or by situational rule interpretation, there will be an edit that indicates it must be present. If a segment/element/composite is not used, based on either guide usage or by situational rule interpretation, there will be an edit that indicates that it must not be present. If a segment/element/composite does not have either of those explicit notations, the edits listed will apply when the segment/element/component is present. |
| 101 | Any numeric value with an edit that indicates it must be $>=0$ means that negative numbers are not allowed. Any numeric value with an edit that indicates it must be $>0$ means that neither zero nor negative numbers are allowed. If neither of these explicit edit are present, negative, zero, and positive numbers are allowed. |
| 102 | If a segment is repeated at the same location with different qualifiers, the segment edit will include a qualifier clause (Only one iteration of 2300. HI with HI01-1 = "DR" is allowed), otherwise the segment edit will just include the number of iterations allowed (Only one iteration of 2310C.NM1 is allowed). |
| 103 | The Front End translators will determine billing criteria (inpatient, outpatient, POA, etc.) based on the NUBC manual. Specific criteria will not be included in this document. |
| 104 | The 999 will be used whenever possible; the 277 will be used when there is no 999 error code and for external code set messages. |
| 105 | When CMS does not use a segment for internal processing the spreadsheet will include basic syntax edit and the segment will be processed as "store and forward", except for the Patient Level loop. A submission that includes the Patient Level loop will be rejected at the translator level. |

Style Sheet

| 106 | Conditional statements regarding inclusion or exclusion of segment/element/composites will be included when they can be consistently <br> enforced by a trasaction receiver. In the absence of a consistently enforceable critera, no edit will be included to control inclusion/exclusion. |
| :--- | :--- |
| 107 | If the data for an AN element/composite is from an external code list, the standard AN edits will not be included. |
| 108 | Format definitions, rules, restrictions, guidance, or instructions published by the code set owner of an external code set must be met for a code <br> from an external code set to be noted as "valid". |
| 109 | Valid dates - dates must be valid according to the calendar for the specific year. Only 01 - 12 are valid for the month positions of the date field. <br> If month is "01", the day positions may be populated with 01-31. If month is "02", the day positions may be populated with 01 - 28, except |
| 110 | Edits restricting a date field from being a "future date" should be evaluated against the date the file was received. |
| 111 | The words "digit" or "digits" in an edit implies numeric content. The words "character" or "characters" in an edit implies alphanumeric content. <br> $12 / 11 / 2008$ |
| 112 | If an edit references a numeric value (must be >=, <= or = with a numeric limitation) implies a numeric content requirement so the standard <br> numeric check will not be included. |
| 113 | Edits that are specific to the period when ICD-9 is allowed are highlighted in pink. Edits that are specific to the period when ICD-10 is allowed <br> are highlighted in turquoise. |
| 114 | Segments noted as "Pass through, syntax only" will not include CMS specific edits based on system constraints or business rules. This <br> notation indicates that the information is stored on the repository but not used in any CMS system processing. |
| 115 | In most cases, these edits are intended to clarify the X12N Implementation Guide instructions or add Medicare specific requirements. Unless <br> otherwise explicitly specified in the EDITS worksheet, all X12N IG instructions must be followed. |
| 116 | CSC - Claim Status Code <br> CSCC - Claim Status Category Code <br> EIC - Entity Indentifier Code |


| General Style |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: |
| N4 | Enter an explicit edit for NM104, NM105 and NM106 when when NM102 is "2". | Example: If 2330A.NM102 is "2", 2330A.NM104, 2330A.NM105, and 2330A.NM107 must not be present. | I K403 $=113$ |  |

Style Sheet

|  |  |  |  |  |
| :--- | :--- | :--- | :--- | :--- |
|  |  |  |  |  |


| Segment level edits |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: |
| Cat | Desc. | Edit text | Edit \# | Notes |
| Depends on claim info | Required segment missing. | Example text: 2310E.NM1 must be present when the location of the service is different than the location in Loop 2010AA. | IK304 = I6 |  |
| Depends on the presence of another segment | Required segment missing. | Example text: If 2310E.N3 is present, 2301E.N4 must be present. | IK304 = I6 |  |
| Element Errors | Segement has element errors. |  | IK304 = 8 | Not a spreadsheet assigned error. |
| Repeats | Loop level - maximum occurs exceded. | Example - Only one iteration of 2010AA is allowed. | IK304 $=4$ |  |
| Repeats | Segment level - maximum occurs exceded. | Example - Only one iteration of 2010AA is allowed. | IK304 $=5$ |  |
| Repeats | Loop level - implementation guide required minimum occurs not present. | Example - Only one iteration of 2010AA is allowed. | IK304 = I7 |  |
| Repeats | Segment level - implementation guide required minimum occurs not present. | Example - Only one iteration of 2010AA is allowed. | IK304 = 18 |  |
| Usage | Segment ID not recognized. |  | IK304 $=1$ | Not a spreadsheet assigned error. |
| Usage | Segment unexpected. |  | IK304 = 2 | Not a spreadsheet assigned error. |
| Usage | Must be present - required segment. | Example - 2010AA.N4 must be present. | IK304 $=3$ |  |
| Usage | Must not be present - segment not in the transaction. |  | IK304 $=6$ | Not a spreadsheet assigned error. |
| Usage | Segment out of sequence. |  | IK304 $=7$ | Not a spreadsheet assigned error. |

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| Usage | Must not be present per the <br> implementation guide. | Example - Must not be present. | IK304 $=14$ |  |
| :---: | :--- | :--- | :--- | :--- |
| Usage | Must not be present per the <br> implementation guide situational rules. | Example - Must not be present. | IK304 = 19 |  |


| Element level edits |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: |
| Cat | Desc. | Edit text | Edit \# | Notes |
| Attributes | Invalid character in element. | Must be numeric. | IK403 = 6 | N0 and R data types |
| Attributes | No significant character in the element. | Must contain at least one non-space character. | $\mathrm{IK} 403=6$ | AN |
| Attributes | Invalid character in the element. | Must be populated with accepted AN characters. | $\mathrm{IK} 403=6$ | AN |
| Attributes | Invalid code value. | When there are multiple qualifiers use the generic statement. <br> "Must be valid values." | IK403 $=7$ | ID |
| Attributes | Invalid code value. | When there is only one qualifier, list the qualifier: Example: 1000A.NM108 must be "46". | IK403 $=7$ | ID |
| Content | Implementation pattern match failure. (Format doesn't match expected format.) |  | IK 403 = I12 |  |
| Date/Time | Invalid date or format. | If DTP02 equals D8, then DTP03 must be a valid date in CCYYMMDD format | IK403 = 8 |  |
| Date/Time | Invalid date or format. | If DTP02 equals RD8, then DTP03 must be a valid date in CCYYMMDD-CCYYMMDD format | IK403 = 8 |  |
| Date/Time | Invalid date/time or format. | If DTP02 equals DT, then DTP03 must be a valid date/time in CCYYMMDDHHMM format | IK403 = 8 |  |
| Date/Time | Invalid date/time or format. | If DTP02 equals DT, then DTP03 must be a valid date/time in CCYYMMDDHHMM format | IK403 = 9 |  |
| Dollar Amt | Dollar amount must be greater than or equal to aero. | Must be >= 0 | 277 |  |
| Dollar Amt | Dollar amount must be greater than zero. | Must be > 0 | 277 |  |
| Dollar Amt | Dollar amount exceeded. | Must be <= 99999999.99 | IK403 = 5 | amount maximum depends on data element length or implementation guide constraints. |
| Dollar Amt | Non-numeric data in a numeric element. | Must be numeric | IK403 $=6$ |  |

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| Dollar Amt | dollar amounts with decimal values allowed. | Limited to 0, 1 or 2 decimal positions. | 277 |  |
| :---: | :---: | :---: | :---: | :---: |
| Non Dollar Numeric | Numeric element must be greater than or equal to aero. | Must be >= 0 | 277 |  |
| Non Dollar Numeric | Numeric element must be greater than zero. | Must be > 0 | 277 |  |
| Non Dollar Numeric | Numeric element exceeds maximum length. | must be \# - \#\# digits. | IK403 = 4 | too short |
| Non Dollar Numeric | Numeric element less than minumim length. | must be \#- \#\# digits. | IK403 $=5$ | too long |
| Non Dollar Numeric | Numeric element not formatted correctly, or invalid length. | must be \#- \#\# digits, excluding the decimal. | IK403 = 5 |  |
| Non Dollar Numeric | Numeric element not formatted correctly. | When a decimal is used in <<field name>>, the maximum digits to the right of the decimal is \#. | IK403 = 5 |  |
| Non Dollar Numeric | Non-numeric data in a numeric element. | Must be numeric | IK403 $=6$ |  |
| Sizing | Element less than minumim length. | Must be X - X characters | IK403 = 4 | Too short |
| Sizing | Element exceeds maximum length. | Must be X - X characters | IK403 = 5 | Too long |
| Usage | Required element missing. | Must be present. | IK403 = 1 |  |
| Usage | Must be present per the implementation guide situational rules. | Must be present. | IK403 = 1 |  |
| Usage | Conditional Requied Data Element missing. |  | IK403 = 2 |  |
| Usage | Too many data elements |  | IK403 = 3 | Not a spreadsheet assigned error. |
| Usage | Exclusion Condition Violated |  | IK403 = 10 |  |
| Usage | Too many repetitions |  | IK403 = 12 | Not a spreadsheet assigned error. |
| Usage | Too many components |  | IK403 = 13 | Not a spreadsheet assigned error. |
| Usage | Must not be present - not used element. | Must not be present | IK 403 = I10 |  |
| Usage | Must not be present per the implementation guide situational rules. | Must not be present | IK 403 = I10 |  |
| Usage | Implementation too few repetitions. |  | IK403 = I11 |  |
| Usage | Implementation Dependent "not used" element present. |  | IK 403 = I13 |  |

## Style Sheet

| External <br> Code Source | Valid <code set name>> reference must be <br> available for this edit. <br> Example: Valid Procedure Code Modifier reference <br> must be available for this edit. | This is not an editi, it's a reminder <br> of when a vevification/reference <br> table is required. |
| :--- | :--- | :--- | :--- |




| 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 |  |  | 999 | R | AK905: 14 "Unknown Security Originator". | GS02 must be present. |  |  |
| X223.C7..GS02.020 | GS02 |  |  |  | 999 | R | AK905: 14 "Unknown Security Originator". | GS02 must be 2-15 characters. |  |  |
| X223.C7..GS02.030 | GS02 |  |  |  | 999 | R | AK905: 14 "Unknown Security Originator". | GS02 must contain at least two non-space characters. |  |  |
| X223.C7..GS02.040 | GS02 |  |  |  | 999 | R | AK905: 14 "Unknown Security Originator". | GS02 must be populated with accepted AN characters. |  |  |
| X223.C7..GS03.010 | GS03 | Application Receiver Code |  |  | 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 | AK905: 13 "Unknown Security | 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 |  |  | TA1 | R | TA105: 024 Invalid GS Segment | GS04 must be present. |  |  |
| X223.C7...GS04.020 | GS04 |  |  |  | TA1 | R | TA105: 024 Invalid GS Segment | GS04 must be a valid date in CCYYMMDD format. |  |  |
| X223.C7..GS04.030 | GS04 |  |  |  | TA1 | R | TA105: 024 Invalid GS Segment | GS04 must be the date the functional group is created; must not be a future date. |  |  |
| X223.C7..GS05.010 | GS05 | Time |  |  | TA1 | R | TA105: 024 Invalid GS Segment | GS05 must be present. |  |  |
| X223.C7..GS05.020 | GS05 |  |  |  | TA1 | R | TA105: 024 Invalid GS Segment | GS05 must be a valid time in a valid format. |  |  |
| X223.C7..GS06.010 | GS06 | Group Control Number |  |  | 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. |  |  |
| 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..GS07.010 | GS07 | Responsible Agency Code |  |  | 999 | R | TA105: 024 Invalid GS Segment | GS07 must be present. |  |  |
| X223.C7..GS07.020 | GS07 |  |  |  | 999 | R | TA105: 024 Invalid GS Segment | GS07 must be "X". |  |  |
| X223A1.23..GS08.010 | GS08 | Version Identifier Code |  |  | 999 | R | AK905: 2 "Functional Group Version Not Supported" | GS08 must be present. |  |  |
| X223.C7..GS08.020 | GS08 |  |  |  | 999 | R | AK905: 2 "Functional Group Version Not Supported" | GS08 must be "005010x223A1". |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  | ST | Transaction Sets |  | >1 |  |  |  |  |  |  |
| X223.067..ST. 010 | ST | TRANSACTION SET | - | >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". | 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 | $\begin{array}{\|c\|} \hline \begin{array}{c} \text { Transaction Set Identifier } \\ \text { Code } \end{array} \\ \hline \end{array}$ |  |  | 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". |  |  |



| X223.071.1000A.NM101.020 | NM101 |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 1000A.NM101 must be "41". |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.071.1000A.NM102.010 | NM102 | Entity Type Qualifier |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 1000A.NM102 must be present. |  |  |
| X223.071.1000A.NM102.020 | NM102 |  |  |  | 999 | R | 1K403 = 7: "IInvalid Code Value" | 1000A.NM102 must be valid values. |  |  |
| X223.071.1000A.NM103.010 | NM103 | Submitter Last or Organization Name |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 1000A.NM103 must be present. |  |  |
| X223.071.1000A.NM103.020 | NM103 |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 1000A.NM103 must contain at least one non-space character. |  |  |
| x223.071.1000A.NM103.030 | NM103 |  |  |  | 999 | E | IK403 = 6: "Invalid Character in Data Element" | 1000A.NM103 must be populated with accepted AN characters |  |  |
| X223.071.1000A.NM103.040 | NM103 |  |  |  | 277 | T | CSCC A7: "Acknowledgement <br> Rejected for Invalid Information..." <br> CsC 511: "Invalid character" <br> CSC 504: "Entity's Last Name" <br> EIC: 41 Submitter |  |  |  |
| X223.071.1000A.NM103.050 | NM103 |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" | 1000A.NM103 must be 1-60 characters. |  |  |
| X223.071.1000A.NM103.060 | NM103 |  |  |  | 277 | T | CSCC A7: "Acknowledgement <br> /Rejected for Invalid Information..." <br> CSC 512: "Length invalid" <br> CSC 504: "Entity's Last Name" <br> EIC: 41 Submitter |  |  |  |
| X223.071.1000A.NM104.010 | NM104 | Submitter First Name |  |  | 999 | E | \|K403 = I13: "Implementation Dependent 'not used' Data Element Present" | If 1000A.NM102 is "2", 1000A.NM104 must not be present. |  |  |
| x223.071.1000A.NM104.020 | NM104 |  |  |  | 277 | T | $\begin{aligned} & \text { CSCC: A8 "Acknowledgement / } \\ & \text { Rejected for relational field..."' } \\ & \text { CSC 505: "Entity's First Name" } \\ & \text { EIC: } 41 \text { Submitter } \end{aligned}$ |  |  |  |
| X223.071.1000A.NM104.030 | NM104 |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" | 1000A.NM104 must be 1 - 35 characters. |  |  |
| X223.071.1000A.NM104.040 | NM104 |  |  |  | 277 | T | CSCC A7: "Acknowledgement <br> /Rejected for Invalid Information..." <br> CSC 512: "Length invalid" <br> CSC 505: "Entity's First Name" <br> EIC: 41 Submitter |  |  |  |
| X223.071.1000A.NM104.050 | NM104 |  |  |  | 999 | E | IK403 = 6: "Invalid Character in Data | 1000A.NM104 must contain at least one non-space character. |  |  |
| x223.071.1000A.NM104.060 | NM104 |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = 6: "Invalid Character in Data } \\ & \text { Element" } \end{aligned}$ | 1000A.NM104 must be populated with accepted AN characters. |  |  |
| X223.071.1000A.NM104.070 | NM104 |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 511: "Invalid character" CSC 505: "Entity's First Name" EIC: 41 Submitter |  |  |  |
| X223.071.1000A.NM105.010 | NM105 | Submitter Middle Name |  |  | 999 | R | $\begin{aligned} & \text { IK } 403=\text { =: "Invalid Character in Data } \\ & \text { Element" } \end{aligned}$ | 1000A.NM105 must contain at least one non-space character. |  |  |
| X223.071.1000A.NM105.020 | NM105 |  |  |  | 999 | E | IK403 = I13: "Implementation Dependent 'not used' Data Element Present" | If 1000A.NM102 is " 2 ", 1000A.NM105 must not be present. |  |  |
| X223.071.1000A.NM105.030 | NM105 |  |  |  | 277 | T | $\begin{aligned} & \text { CSCCC: A8 "AAknowledgement// } \\ & \text { Rejected for relational field..."" } \\ & \text { CSC 514: "Entity's Middle Name" } \\ & \text { EIC: } 41 \text { Submitter } \\ & \hline \end{aligned}$ |  |  |  |
| X223.071.1000A.NM105.040 | NM105 |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" | 1000A.NM105 must be 1-25 characters. |  |  |



| X223.073.1000A.PER01.010 | PERO1 | Contact Function Code |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 1000A.PER01 must be present. |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.073.1000A.PER01.020 | PER01 |  |  |  | 999 | R | IK403 = 7: "Invalid Code Value" | 1000A.PER01 must be "IC". |  |  |
| X223.073.1000A.PER02.010 | PER02 | Submitter Contact Name |  |  | 999 | R | $\begin{aligned} & \text { IK403 = 6: "Invalid Character in Data } \\ & \text { Element" } \end{aligned}$ | 1000A.PER02 must contain at least one non-space character. |  |  |
| X223.073.1000A.PER02.020 | PER02 |  |  |  | 999 | E | IK403 = 112: "Implementation Pattern Match Failure" | For the 1st 1000A.PER transmitted, 1000A.PER02 must not $=1000 \mathrm{~A} . \mathrm{NM} 103$. |  |  |
| X223.073.1000A.PER02.030 | PER02 |  |  |  | 277 | T | $\begin{aligned} & \text { CSCC: A8 "Acknowledgement / } \\ & \text { Rejected for relational field..." } \\ & \text { CSC 561: "Entity's Contact Name" } \\ & \text { CSC 504: "Entity's Last Name" } \\ & \text { EIC: } 41 \text { Submitter } \end{aligned}$ |  |  |  |
| X223.073.1000A.PER02.040 | PER02 |  |  |  | 999 | E | $\begin{aligned} & \text { K403 = I13: "Implementation } \\ & \text { Dependent 'not used' Data Element } \\ & \text { Present" } \end{aligned}$ | For the 2nd 1000A.PER transmitted, 1000A.PER02 must not be present. |  |  |
| X223.073.1000A.PER02.050 | PER02 |  |  |  | 277 | T | $\begin{aligned} & \text { CSCC A8 "Acknowledgement / } \\ & \text { Rejected for relational field..." } \\ & \text { CSC 561: "Entity's Contact Name" } \\ & \text { EIC: } 41 \text { Submitter } \\ & \hline \end{aligned}$ |  |  |  |
| X223.073.1000A.PER02.060 | PER02 |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" | 1000A.PER02 must be 1-60 characters. |  |  |
| X223.073.1000A.PER02.070 | PER02 |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CsC 512: "Length invalid" CSC 561: "Entity's Contact Name" EIC: 41 Submitter |  |  |  |
| X223.073.1000A.PER02.080 | PER02 |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = 6: "Invalid Character in Data } \\ & \text { Element" } \end{aligned}$ | 1000A.PER02 must be populated with accepted AN |  |  |
| X223.073.1000A.PER02.090 | PER02 |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 511: "Invalid character" CSC 561: "Entity's Contact Name" EIC: 41 Submitter |  |  |  |
| X223.073.1000A.PER03.010 | PERO3 | $\begin{gathered} \hline \begin{array}{c} \text { Communication Number } \\ \text { Qualifier } \end{array} \\ \hline \end{gathered}$ |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 1000A.PER03 must be present. |  |  |
| X223.073.1000A.PER03.020 | PER03 |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 1000A.PER03 must be valid values. |  |  |
| X223.073.1000A.PER04.010 | PER04 | Communication Number |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 1000A.PER04 must be present. |  |  |
| X223.073.1000A.PER04.020 | PER04 |  |  |  | 999 | R | $\begin{aligned} & \begin{array}{l} \text { IK403 = 6: "Invalid Character in Data } \\ \text { Element" } \end{array} \\ & \hline \end{aligned}$ | 1000A.PER04 must contain at least one non-space character. |  |  |
| X223.073.1000A.PER04.030 | PER04 |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" | 1000A.PER04 must be 1-256 characters. |  |  |
| X223.073.1000A.PER04.040 | PER04 |  |  |  | 277 | T | CSCC A7: "Acknowledgement <br> /Rejected for Invalid Information..." <br> CSC 512: "Length Invalid" <br> CSC 127: "Entity's Phone Number" <br> EIC: 41 Submitter |  |  |  |
| X223.073.1000A.PER04.050 | PER04 |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = 6: "Invalid Character in Data } \\ & \text { Element" } \end{aligned}$ | 1000A.PER04 must be populated with accepted AN characters. |  |  |
| X223.073.1000A.PER04.060 | PER04 |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 511: "Invalid character" CSC 127: "Entity's Phone Number" EIC: 41 Submitter |  |  |  |
| X223.073.1000A.PER05.010 | PER05 | Communication Number Qualifier |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 1000A.PER05 must be valid values. |  |  |
| X223.073.1000A.PER05.020 | PER05 |  |  |  | 999 | R | IK403 = 7: "Invalid Code Value" | If 1000A.PER05 is "EX", 1000A.PER03 must be "TE". |  |  |


| X223.073.1000A.PER06.010 | PER06 | Communication Number |  |  | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | If 1000A.PER06 is present, 1000A.PER05 must be |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 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 | E | IK403 = 5: "Data Element Too Long" | 1000A.PER06 must be 1-256 characters. |  |  |
| X223.073.1000A.PER06.040 | PER06 |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information... CSC 512: "Length Invalid" CSC 127: "Entity's Phone Number" EIC: 41 Submitter |  |  |  |
| X223.073.1000A.PER06.050 | PER06 |  |  |  | 999 | E | IK403 = 6: "Invalid Character in Data Element" | 1000A.PER06 must be populated with accepted AN characters. |  |  |
| X223.073.1000A.PER06.060 | PER06 |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information... CSC 511: "Invalid character" CSC 127: "Entity's Phone Number" EIC: 41 Submitter |  |  |  |
| X223.073.1000A.PER07.010 | PER07 | Communication Number Qualifier |  |  | 999 | R | $\begin{aligned} & \text { IK403 = 10: "Exclusion Condition } \\ & \text { Violated" } \\ & \hline \end{aligned}$ | If 1000A.PER05 is present, 1000A.PER07 may be present. |  |  |
| X223.073.1000A.PER07.020 | PER07 |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 1000A.PER07 must be valid values. |  |  |
| X223.073.1000A.PER07.030 | PER07 |  |  |  | 999 | R | 1 1403 = 7: "Invalid Code Value" | If 1000A.PER07 is "EX", 1000A.PER05 must be "TE". |  |  |
| X223.073.1000A.PER08.010 | PER08 | Communication Number |  |  | 999 | R | IK403 = 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 character. |  |  |
| X223.073.1000A.PER08.030 | PER08 |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" | 1000A.PER08 must be 1-256 characters. |  |  |
| X223.073.1000A.PER08.040 | PER08 |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information... CSC 512: "Length Invalid" CSC 127: "Entity's Phone Number" EIC: 41 Submitter |  |  |  |
| X223.073.1000A.PER08.050 | PER08 |  |  |  | 999 | E | IK403 = 6: "Invalid Character in Data Element" | 1000A.PER08 must be populated with accepted AN characters. |  |  |
| X223.073.1000A.PER08.060 | PER08 |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information... CSC 511: "Invalid character" CSC 127: "Entity's Phone Number" EIC: 41 Submitter |  |  |  |
| X223.073.1000A.PER09.010 | PER09 | Contact Inquiry Reference |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \\ & \hline \end{aligned}$ | 1000A.PER09 must not be present. |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
| X223.076.1000B.010 |  | RECEIVER NAME LOOP | 1000B | 1 | 999 | R | IK304 = 4: "Loop Occurs Over | Only one iteration of 1000 B is allowed. |  |  |
| 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 |  |  | 999 | R | IK403 = 1: "Required Data Element | 1000B.NM101 must be present. |  |  |
| X223.076.1000B.NM101.020 | NM101 |  |  |  | 999 | R | 11403 = 7: "Invalid Code Value" | 1000B.NM101 must be "40". |  |  |
| X223.076.1000B.NM102.010 | NM102 | Entity Type Qualifier |  |  | 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 |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 1000B.NM103 must be present. |  |  |
| X223.076.1000B.NM103.020 | NM103 |  |  |  | 999 | R | IK403 = 5: "Data Element Too Long" | 1000B. NM103 must be 1-60 characters. |  |  |


| х223.076.1000B.NM103.030 | NM103 |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 1000B.NM103 must be popoulated with accepted AN |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.076.1000B.NM103.040 | NM103 |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 1000B.NM103 must contain at least one non-space character. |  |  |
| X223.076.1000B.NM104.010 | NM104 | Name First |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | Must not be present. |  |  |
| X223.076.1000B.NM105.010 | NM105 | Name Middle |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | Must not be present. |  |  |
| X223.076.1000B.NM106.010 | NM106 | Name Prefix |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |  |
| X223.076.1000B.NM107.010 | NM107 | Name Suffix |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | Must not be present. |  |  |
| X223.076.1000B.NM108.010 | NM108 | Identification Code Qualifier |  |  | 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". |  |  |
| х223.076.1000B.NM109.010 | NM109 | Receiver Primary Identifier |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 1000B.NM109 must be present. |  |  |
| X223.076.1000B.NM110.010 | NM110 | Entity Relationship Code |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |  |
| х223.076.1000B.NM111.010 | NM111 | Entity Identifier Code |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |  |
| X223.076.1000B.NM112.010 | NM112 | Name Last or Organization Name |  |  | 999 | E | IK403 = I10: "Implementation "Not | Must not be present. |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
| X223.078.2000A.010 |  | BILLING PROVIDER LOOP | 2000A | >1 | 999 | R | IK304 = 17: "Implementation Loop Occurs Under Minimum Times" | 2000A must be present. |  |  |
| X223.078.2000A..020 |  | $\begin{gathered} \hline \text { BILLING PROVIDER } \\ \text { LOOP } \end{gathered}$ | 2000A | 1* | 999 | R | IK304 = 4: "Loop Occurs Over Maximum Times" | Only one iteration of 2000A is allowed. | *companion guide note needed |  |
| X223.078.2000A.HL. 010 | HL | BILLING/PAY-TO PROVIDER HIERARCHICAL LEVEL | 2000A |  | 999 | R | IK304 = 3: "Required Segment Missing" | 2000A.HL must be present. |  |  |
| X223.078.2000A.HL.020 | HL |  |  |  | 999 | R | 1K304 = 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 | HLO1 | Hierarchical ID Number |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2000A. HL01 must be present. |  |  |
| х223.078.2000А.HL01.020 | HLO1 |  |  |  | 999 | R | 1K403 = 5: "Data Element Too Long" | 2000A.HL01 must be 1-12 characters. |  |  |
| X223.078.2000A.HL01.030 | HLO1 |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2000A.HL01 must be numeric value. |  |  |
| Х223.078.2000A.HL01.040 | HL01 |  |  |  | 999 | R | IK403 = 7: "Invalid Code Value" | The first HL01 must be "1". |  |  |
| X223.078.2000A.HL02.010 | HLO2 | Hierarchical Parent ID Number |  |  | 999 | E | $\begin{aligned} & \text { IK403 = 110: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |  |
| X223.078.2000A.HL03.010 | HLO3 | Hierarchical Level Code |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2000A.HL03 must be present. |  |  |
| X223.078.2000A.HL03.020 | HL03 |  |  |  | 999 | R | IK403 = 7: "Invalid Code Value" | 2000A.HL03 must be "20". |  |  |
| X223.078.2000A.HL04.010 | HLO4 | Hierarchical Child Code |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2000A.HL04 must be present. |  |  |
| X223.078.2000A.HL04.020 | HL04 |  |  |  | 999 | R | IK403 = 7: "Invalid Code Value" | 2000A.HL04 must be "1". |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
| X223.080.2000A.PRV. 010 | PRV | billingipay-to PROVIDER SPECIALTY INFORMATION | 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 |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2000A PRV01 must be present. |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.080.2000A.PRV01.020 | PRV01 |  |  |  | 999 | R | 1 K 403 = 7 : "Invalid Code Value" | 2000A.PRV01 must be "Bl". |  |  |
| X223.080.2000A.PRV02.010 | PRV02 | Reference Identification Qualifier |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2000A.PRV02 must be present. |  |  |
| X223.080.2000A.PRV02.020 | PRV02 |  |  |  | 999 | R | 1 K 403 = 7 : "Invalid Code Value" | 2000A.PRV02 must be "PXC". |  |  |
| X223.080.2000A.PRV03.010 | PRV03 | Provider Taxonomy Code |  |  | 999 | R | IK403 = 1: "Required Data Element | 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> EIC: 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 |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | Must not be present. |  |  |
| X223.080.2000A.PRV05.010 | PRV05 | PROVIDER SPECIALTY INFORMATION |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \\ & \hline \end{aligned}$ | Must not be present. |  |  |
| X223.080.2000A.PRV06.010 | PRV06 | Provider Organization Code |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | Must not be present. |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
| X223.081.2000A.CUR. 010 | CUR | Foreign currency INFORMATION | 2000A |  | 999 | E | IK304 = 14: "Implementation "Not Used" Segment Present" | 2000A.CUR must not be present. | Medicare does not support submisssion of foreign currency. 01/20: Companion Guide Note needed. |  |
| X223.081.2000A.CUR. 020 | CUR |  |  |  | 277 | T | cscC A7: "Acknowledgement IRejected for Invalid Information..." CSC 681: "Claim Currency Not Supported" |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
| X223.084.2010AA.. 010 |  | $\underset{\substack{\text { Billing Provider Name } \\ \text { Loop }}}{ }$ | 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 | 2010AA.NM1 must be present. |  |  |
| X223.084.2010AA.NM101.010 | NM101 | Entity Identifier Code |  |  | 999 | R | \|K403 = 1: "Required Data Element Missing" | 2010AA.NM101 must be present. |  |  |
| X223.084.2010AA.NM101.020 | nM101 |  |  |  | 999 | R | 1 1403 = 7: "Invalid Code Value" | 2010AA.NM101 must be "85". |  |  |
| X223.084.2010AA.NM102.010 | NM102 | Entity Type Qualifier |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2010AA.NM102 must be present. |  |  |
| X223.084.2010AA.NM102.020 | NM102 |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2010AA.NM102 must be "2". |  |  |
| X223.084.2010AA.NM103.010 | NM103 | Billing Provider Last or Organizational Name |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2010AA.NM103 must be present. |  |  |
| X223.084.2010AA.NM103.020 | NM103 |  |  |  | 999 | R | $\substack{\text { IK403 = 6: "Invalid Character in Data } \\ \text { Element" }}$ | 2010AA.NM103 must contain at least one non-space character. |  |  |
| 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" CSC 504: "Entity's Last Name" EIC: 85 Billing Provider |  |  |  |
| X223.084.2010AA.NM103.050 | NM103 |  |  |  | 999 | E | IK403 = 6: "Invalid Character in Data | 2010AA.NM103 must be populated with accepted AN characters. |  |  |


| X223.084.2010AA.NM103.060 | NM103 |  |  |  | 277 | T | $\begin{aligned} & \text { CSCC A7: "Acknowledgement } \\ & \text { Refected for Invilid Information..." } \\ & \text { CSC 511: "Invalid character" } \\ & \text { CSC 504: "Entity' Last Name" } \\ & \text { EIC: } 85 \text { Billing Provider } \end{aligned}$ |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.084.2010AA.NM104.010 | NM104 | Name First |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | Must not be present. |  |  |
| X223.084.2010AA.NM105.010 | NM105 | Name Middle |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |  |
| X223.084.2010AA.NM106.010 | NM106 | Name Prefix |  |  | 999 | E | $\begin{aligned} & \text { IK403 = } 110: \text { "Implementation "Not } \\ & \text { Used" Element Present" } \\ & \hline \end{aligned}$ | Must not be present. |  |  |
| X223.084.2010AA.NM107.010 | NM107 | Name Suffix |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | Must not be present. |  |  |
| X223.084.2010AA.NM108.010 | NM108 | Identification Code Qualifier |  |  | 277 | c | CSCC A8: "Acknowledgement / Rejected for relational field in error" TBD01: "Situational segment/element required for adjudication." EIC: 85 Billing Provider | 2010AA.NM108 must be present unless 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: "Acknowledgement/Rejected for Missing Information..." <br> TBD01: "Situational segment/element required for adjudication." EIC: 85 Billing Provider | 2010AA.NM108 must be present. | Everyone butTrailblazer. <br> 01/20: Companion Guide Note needed. |  |
| X223.084.2010AA.NM108.030 | NM108 |  |  |  | 999 | R | $11403=7$ : "Invalid Code Value" | 2010AA.NM108 must be "XX". |  |  |
| X223.084.2010AA.NM109.010 | NM109 | Billing Provider Identifier |  |  | 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 | $\begin{aligned} & \text { CSCC A7: "Acknowledgement } \\ & \text { /Rejected for Invalid Information..." } \\ & \text { CSC 562: "Entity's National Provider } \\ & \text { Identifier (NPI)" } \\ & \text { EIC: } 85 \text { Billing Provider } \\ & \hline \end{aligned}$ | 2010AA.NM109 must be valid according to the NPI algorithm. |  |  |
| X223.084.2010AA.NM109.030 | NM109 |  |  |  | 277 | c | $\begin{aligned} & \text { CSCC A7: "Acknowledgement } \\ & \text { /Rejected for Invalid Information..." } \\ & \text { CSC 562: "Entity's National Provider } \\ & \text { Identifier (NPI)" } \\ & \text { EIC: } 85 \text { Billing Provider } \\ & \hline \end{aligned}$ | The first position of 2010AA.NM109 must be a "1". |  |  |
| 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)" EIC: 85 Billing Provider | 2010AA.NM109 must be a valid NPI on the Crosswalk when evaluated with $1000 \mathrm{~B} . \mathrm{NM} 109$. | Valid NPI Crosswalk must be available for this edit. |  |
| X223.084.2010AA.NM109.050 | NM109 |  |  |  | 277 | c | CSCC A8: "Acknowledgement / Rejected for relational field in error." CSC 496: "Submitter not approved for electronic claim submissions on behalf of this entity" <br> EIC: 85 Billing Provider | 2010AA.NM109 billing provider must be "associated" to the submitter (from a trading partner management perspective) in 1000A.NM109. |  |  |
| X223.084.2010AA.NM110.010 | NM110 | Entity Relationship Code |  |  | 999 | E | 1K403 = I10: "Implementation "Not | Must not be present. |  |  |
| X223.084.2010AA.NM111.010 | NM111 | Entity Identifier Code |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |  |
| X223.084.2010AA.NM112.010 | NM112 | $\begin{array}{\|c\|} \hline \begin{array}{c} \text { Name Last or Organization } \\ \text { Name } \end{array} \\ \hline \end{array}$ |  |  | 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 | 2010AA | 999 | R | IK304 = 3: "Required Segment Missing" | 2010AA.N3 must be present. |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.087.2010AA.N3.020 | N3 |  |  | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2010AA.N3 is allowed. |  |  |
| X223.087.2010AA.N301.010 | N301 | Billing Provider Address Line |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2010AA. N 301 must be present. |  |  |
| X223.087.2010AA.N301.020 | N301 |  |  | 999 | R | IK403 = 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. 301 must be 1-55 characters. |  |  |
| X223.087.2010AA.N301.040 | N301 |  |  | 277 | T | $\begin{array}{\|l\|} \hline \text { CCCC A7: "Acknowledgement } \\ \text { /Rejected for Invalid Information..." } \\ \text { CSC 512: "Length Invalid" } \\ \text { CSC 126: "Entity's Address" } \\ \text { EIC: } 85 \text { Billing Provider } \\ \hline \end{array}$ |  |  |  |
| X223.087.2010AA.N301.050 | N301 |  |  | 999 | E | IK403 = 6: "Invalid Character in Data Element" | 2010AA.N301 must be populated with accepted AN characters. |  |  |
| X223.087.2010AA.N301.060 | N301 |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information... CSC 511: "Invalid character" CSC 503: "Entity's Street address" EIC: 85 Billing Provider |  |  |  |
| X223.087.2010AA.N301.070 | N301 |  |  | 277 | T | $\begin{aligned} & \text { CSCC A: " "cknowledgement } \\ & \text { IRejected for Invalid Information..."" } \\ & \text { CSC 503: Entity's Street Address" } \\ & \text { EIC: } 85 \text { Billing Provider } \end{aligned}$ | 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 | N302 | Billing Provider Address Line |  | 999 | E | 1K403 = 5: "Data Element Too Long" | 2010AA.N302 must be 1 -55 characters. |  |  |
| X223.087.2010AA.N302.020 | N302 |  |  | 277 | T | $\begin{aligned} & \text { CSCC A7: "Acknowledgement } \\ & \text { /Rejected for Invalid Information..." } \\ & \text { CSC 512: "Length Invalid" } \\ & \text { CSC 126: "Entity's Address" } \\ & \text { EIC: } 85 \text { Billing Provider } \\ & \hline \end{aligned}$ |  |  |  |
| X223.087.2010AA.N302.030 | N302 |  |  | 999 | E | $\begin{aligned} & \text { IK03 = 6: "Invalid Character in Data } \\ & \text { Element" } \end{aligned}$ | 2010AA.N302 must be populated with accepted AN characters. |  |  |
| X223.087.2010AA.N302.040 | N302 |  |  | 277 | T | CSCC A7: "Acknowledgement <br> IRejected for Invalid Information..." <br> CSC 511: "Invalid character" <br> CSC 503: "Entity's Street address" <br> EIC: 85 Billing Provider |  |  |  |
| X223.087.2010AA.N302.050 | N302 |  |  | 999 | R | $\begin{aligned} & \text { IK } 403=6 \text { : "Invalid Character in Data } \\ & \text { Element" } \end{aligned}$ | 2010AA.N302 must contain at least one non-space character. |  |  |
| X223.087.2010AA.N302.060 | N302 |  |  | 277 | T | $\begin{array}{\|l\|} \hline \text { CSCC A7: "Acknowledgement } \\ \text { /Rejected for Invalid Information..." } \\ \text { CSC 503: "Entity's Street Address" } \\ \text { EIC: } 85 \text { Billing Provider } \\ \hline \end{array}$ | 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 о BOX". | N302 must be a street address, not a post office box or lock box. |  |
|  |  |  |  |  |  |  |  |  |  |
| X223.088.2010AA.N4.010 | N4 | BILLING PROVIDER CITYISTATEIZIP CODE | 2010AA | 999 | R | IK304 = 3: "Required Segment Missing" | 2010AA.N4 must be present. |  |  |
| X223.088.2010AA.N4.020 | N4 |  |  | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2010AA.N4 is allowed. |  |  |
| X223.088.2010AA.N401.010 | N401 | Billing Provider City Name |  | 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 Element" | 2010AA.N401 must contain at least two non-space characters. |  |  |


| X223.088.2010AA.N401.030 | N401 |  |  | 999 | E | IK403 = 4: "Data Element Too Short" IK403 = 5: "Data Element Too Long" | 2010AA. N 401 must be 2-30 characters. |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.088.2010AA.N401.040 | N401 | 277 |  |  |  | CSCC A7: "Acknowledgement /Rejected for Invalid Information... CSC 512: "Length Invalid" CSC 502: "Entity's City" EIC: 85 Billing Provider |  |  |  |
| X223.088.2010AA.N401.050 | N401 |  |  | 999 | E | IK403 = 6: "Invalid Character in Data Element" | 2010AA.N401 must be populated with accepted AN characters. |  |  |
| X223.088.2010AA.N401.060 | N401 |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 511: "Invalid character" CSC 502: "Entity's City" EIC: 85 Billing Provider |  |  |  |
| X223.088.2010AA.N402.010 | N402 | Billing Provider State or Province Code |  | 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 | N402 |  |  | 277 | c | CSCC A8: "Acknowledgement/ Rejected for relational field in error" CSC 501: "Entity's State/Province" EIC: 85 Billing Provider | If 2010AA.N404 is not present, 2010AA.N402 must be a valid State Code. | Valid State Code reference must be available for this edit. |  |
| X223.088.2010AA.N403.010 | N403 | Billing Provider Postal Zone or ZIP Code |  | 999 | R | IK403 = 2 "Conditional Required Data Element Missing" | If 2010AA.N404 is not present, 2010AA.N403 must be present. |  |  |
| X223.088.2010AA.N403.020 | N403 |  |  | 277 | c | CSCC A8: "Acknowledgement / Rejected for relational field in error" CSC 500: "Entity's Postal/Zip Code" EIC: 85 Billing Provider | If 2010AA.N404 is not present, 2020AA.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 |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information... CSC 680: "Entity's Country" EIC: 85 Billing Provider | 2010AA.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) |  |
| X223.088.2010AA.N405.010 | N405 | Location Qualifier |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | Must not be present. |  |  |
| X223.088.2010AA.N406.010 | N406 | Location Identifier |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |  |
| X223.088.2010AA.N407.010 | N407 | Country Subdivision Code |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 695: "Entity's Country Subdivision Code" <br> EIC: 85 Billing Provider | 2010AA.N407 must be a valid Country Subdivision Code. | Valid Country Subdivision Code reference must be available for this edit. (from Part 2 of ISO 3166) |  |
| X223.088.2010AA.N407.020 | N407 |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | If 2010AA.N407 is present, then 2010AA.N404 must |  |  |
|  |  |  |  |  |  |  |  |  |  |
| X223.090.2010AA.REF. 010 | REF | BILLING PROVIDER TAX IDENTIFICATION | 2010AA | 999 | R | IK304 = 3: "Required Segment Missing" | 2010AA.REF must be present. |  |  |
| X223.090.2010AA.REF. 020 | REF |  |  | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2010AA.REF with REF01 = "EI" is allowed. |  |  |
| X223.090.2010AA.REF01.010 | REF01 | Reference Identification Qualifier |  | 999 | R | IK 403 = 1: "Required Data Element Missing" | 2010AA.REF01 must be present. |  |  |
| X223.090.2010AA.REF01.020 | REF01 |  |  | 999 | R | 11403 = 7: "Invalid Code Value" | 2010AA.REF01 must be "El". |  |  |
| X223.090.2010AA.REF02.010 | REF02 | $\begin{array}{c}\text { Billing Provider Additional } \\ \text { Identifier }\end{array}$ |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2010AA.REF02 must be present. |  |  |


| X223.090.2010AA.REF02.020 | REF02 |  |  | 999 | E | IK403 = 6: "Invalid Character in Data Element" | 2010AA.REF02 must be populated with accepted AN characters. | 2010AA.REF02 must be populated with accepted AN characters. |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.090.2010AA.REF02.030 | REF02 |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 511: "Invalid character" CSC 128: "Entity's Tax ID" EIC: 85 Billing Provider |  |  |  |
| X223.090.2010AA.REF02.040 | REF02 |  |  | 277 | c | $\begin{aligned} & \text { CSCC A: "Acknowledgement } \\ & \text { /Rejected for Invalid Information..." } \\ & \text { CSC 128: "Entity's tax id" } \\ & \text { EIC: } 85 \text { Billing Provider } \end{aligned}$ | 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" EIC: 85 Billing Provider | 2010AA.REF must be associated with the provider identified in 2010AA.NM109 |  |  |
| X223.090.2010AA.REF03.010 | REF03 | Description |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | Must not be present. |  |  |
| X223.090.2010AA.REF04.010 | REF04 | REFERENCE IDENTIFIER |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |  |
|  |  |  |  |  |  |  |  |  |  |
| X223.091.2010AA.PER. 010 | PER | BILLING PROVIDER CONTACT INFORMATION | 2010AA | 999 | R | IK304 = 19: "Implementation Dependent "Not Used" Segment Present" | If 2010AA.NM1 is present, 2010AA.PER may be present. |  |  |
| X223.091.2010AA.PER. 020 | PER |  |  | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only two iterations of 2010AA.PER are allowed. |  |  |
| X223.091.2010AA.PER01.010 | PER01 | Contact Function Code |  | 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 | $\begin{array}{c}\text { Billing Provider Contact } \\ \text { Name }\end{array}$ |  | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | For the 1st 2010AA.PER transmitted, 2010AA.PER02 must be present. |  |  |
| X223.091.2010AA.PER02.020 | PER02 |  |  | 999 | R | IK403 = 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 | IK403 = 10: "Exclusion Condition Violated" | 2010AA.PER02 must not = 1000A.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 character. |  |  |
| 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" CSC 561: "Entity's Contact Name" EIC: 85 Billing Provider |  |  |  |
| X223.091.2010AA.PER02.070 | PER02 |  |  | 999 | E | IK403 = 6: "Invalid Character in Data Element" | 2010AA.PER02 must be populated with accepted AN characters. |  |  |
| X223.091.2010AA.PER02.080 | PER02 |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information... CSC 511: "Invalid character" CSC 561: "Entity's Contact Name" EIC: 85 Billing Provider |  |  |  |
| X223.091.2010AA.PER03.010 | PER03 | Communication Number Qualifier |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2010AA.PER03 must be present. |  |  |


| X223.091.2010AA.PER03.020 | PERO3 |  |  |  | 999 | R | IK403 = 7: "Invalid Code Value" | 2010AA.PER03 must be valid values. |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.091.2010AA.PER04.010 | PER04 | Communication Number |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2010AA.PER04 must be present. |  |  |
| X223.091.2010AA.PER04.020 | PER04 |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data | 2010AA.PER04 must contain at least one non-space |  |  |
| X223.091.2010AA.PER04.030 | PER04 |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" | 2010AA.PER04 must be 1-256 characters. |  |  |
| X223.091.2010AA.PER04.040 | PER04 |  |  |  | 277 | T | CSCC A7: "Acknowledgement <br> /Rejected for Invalid Information..." <br> CSC 512: "Length Invalid" <br> CSC 127: "Entity's Phone Number" <br> EIC: 85 Billing Provider |  |  |  |
| X223.091.2010AA.PER04.050 | PER04 |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = 6: "Invalid Character in Data } \\ & \text { Element" } \end{aligned}$ | 2010AA.PER04 must be populated with accepted AN characters. |  |  |
| X223.091.2010AA.PER04.060 | PER04 |  |  |  | 277 | T | $\begin{aligned} & \text { CSCC A7: "Acknowledgement } \\ & \text { /Rejected for Invalid Information..." } \\ & \text { CSC 511: "Invalid character" } \\ & \text { CSC 127: "Entity's Phone Number" } \\ & \text { EIC: 85 billing Provider } \\ & \hline \end{aligned}$ |  |  |  |
| X223.091.2010AA.PER05.010 | PER05 | Communication Number Qualifier |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2010AA.PER05 must be valid values. |  |  |
| X223.091.2010AA.PER05.020 | PER05 |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | If 2010AA.PER05 is "EX" 2010AA.PER03 must be "TE". |  |  |
| X223.091.2010AA.PER06.010 | PER06 | Communication Number |  |  | 999 | R | $\begin{aligned} & \text { IK403 = 2: "Conditional Required Data } \\ & \text { Element Missing" } \end{aligned}$ | If 2010AA.PER05 is present 2010AA.PER06 must be present. |  |  |
| X223.091.2010AA.PER06.020 | PER06 |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2010AA.PER06 must contain at least one non-space character. |  |  |
| X223.091.2010AA.PER06.030 | PER06 |  |  |  | 999 | R | IK403 = 5: "Data Element Too Long" | 2010AA.PER06 must be 1-256 characters. |  |  |
| X223.091.2010AA.PER06.040 | PER06 |  |  |  | 999 | E | IK403 = 6: "Invalid Character in Data Element" | 2010AA.PER06 must be populated with accepted AN characters |  |  |
| X223.091.2010AA.PER06.050 | PER06 |  |  |  | 277 | T | $\begin{array}{\|l\|} \hline \text { CSCC A7: "Acknowledgement } \\ \text { /Rejected for Invalid Information..." } \\ \text { CSC 511: "Invalid character" } \\ \text { CSC 127: "Entity's Phone Number" } \\ \text { EIC: 85 billing Provider } \\ \hline \end{array}$ |  |  |  |
| X223.091.2010AA.PER07.010 | PER07 | Communication Number Qualifier |  |  | 999 | R | IK403 = 10: "Exclusion Condition Violated" | If 2010AA.PER05 is present, 2010AA.PER07 may be present. |  |  |
| X223.091.2010AA.PER07.020 | PER07 |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2010AA.PER07 must be valid values. |  |  |
| X223.091.2010AA.PER07.030 | PER07 |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | If 2010AA.PER07 is "EX", 2010AA.PER05 must be "TE". |  |  |
| X223.091.2010AA.PER08.010 | PER08 | Communication Number |  |  | 999 | R | $\begin{aligned} & \text { IK403 = 2: "Conditional Required Data } \\ & \text { Element Missing" } \\ & \hline \end{aligned}$ | If 2010AA.PER07 is present, 2010AA.PER08 must be present. |  |  |
| X223.091.2010AA.PER08.020 | PER08 |  |  |  | 999 | R | IK403 = 5: "Data Element Too Long" | 2010AA.PER08 must be 1-256 characters. |  |  |
| X223.091.2010AA.PER08.030 | PER08 |  |  |  | 999 | R | $\begin{aligned} & \text { IK403 = 6: "Invalid Character in Data } \\ & \text { Element" } \end{aligned}$ | 2010AA.PER08 must contain at least one non-space character. |  |  |
| X223.091.2010AA.PER08.040 | PER08 |  |  |  | 999 | E | IK403 = 6: "Invalid Character in Data Element" | 2010AA.PER08 must be populated with accepted AN characters |  |  |
| X223.091.2010AA.PER08.050 | PER08 |  |  |  | 277 | T | CSCC A7: "Acknowledgement <br> /Rejected for Invalid Information..." <br> CSC 511: "Invalid character" <br> CSC 127: "Entity's Phone Number" <br> EIC: 85 billing Provider |  |  |  |
| X223.091.2010AA.PER09.010 | PER09 | Contact Inquiry Reference |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2010AA.PER09 must not be present. |  |  |


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| X223.094.2010AB.NM1.010 | NM1 | PAY TO ADDRESS NAME | 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 |  |  | 999 | R | IK403 = 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 |  |  | 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". |  |  |
| х223.094.2010AB.NM103.010 | NM103 | Pay-to Provider Last or Organization Name |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | Must not be present. |  |  |
| X223.094.2010AB.NM104.010 | NM104 | Name First |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |  |
| X223.094.2010AB.NM105.010 | NM105 | Name Middle |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |  |
| X223.094.2010AB.NM106.010 | NM106 | Name Prefix |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |  |
| X223.094.2010AB.NM107.010 | NM107 | Name Suffix |  |  | 999 | E | IK403 = I10: "Implementation "Not | Must not be present. |  |  |
| X223.094.2010AB.NM108.010 | NM108 | Identification Code Qualifier |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |  |
| X223.094.2010AB.NM109.010 | NM109 | Pay-to Provider Identifier |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |  |
| X223.094.2010AB.NM110.010 | NM110 | Entity Relationship Code |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |  |
| X223.094.2010AB.NM111.010 | NM111 | Entity Identifier Code |  |  | 999 | E | IK403 = I10: "Implementation "Not <br> Used" Element Present" | Must not be present. |  |  |
| X223.094.2010AB.NM112.010 | NM112 | Name Last or Organization <br> Name |  |  | 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 | 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 |  |  | 999 | R | IK 403 = 1: "Required Data Element Missing" | 2010AB. N 301 must be present. |  |  |
| X223.096.2010AB.N301.020 | N301 |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2010AB.N301 must be at least one non-space character. |  |  |
| X223.096.2010AB.N301.030 | N301 |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" | 2010AB.N301 must be 1-55 characters. |  |  |
| X223.096.2010AB.N301.040 | N301 |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length Invalid" CSC 126: "Entity's Address" EIC: 87 Pay-to Provider |  |  |  |
| X223.096.2010AB.N301.050 | N301 |  |  |  | 999 | E | K403 = 6: "Invalid Character in Data Element" | 2010AB.N301 must be populated with accepted AN characters. |  |  |


| X223.096.2010AB.N301.060 | N301 |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information... CSC 511: "Invalid character" CSC 503: "Entity's Street address" EIC: 87 Pay-to Provider |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.096.2010AB.N302.010 | N302 | Pay-to Provider Address Line |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2010AB.N302 must be at least one non-space character. |  |  |
| X223.096.2010AB.N302.020 | N302 |  |  | 999 | E | IK403 = 10: "Exclusion Condition Violated" | If 2010AB.N301 is present, 2010AB.N302 may be present. | If 2010AB.N301 is present, 2010AB.N302 may be present. |  |
| X223.096.2010AB.N302.030 | N302 |  |  | 277 | T | CSCC A8: "Acknowledgement / Rejected for relational field in error" CSC 503: "Entity's Street Address" EIC: 87 Pay-to Provider |  |  |  |
| X223.096.2010AB.N302.040 | N302 |  |  | 999 | E | IK403 = 5: "Data Element Too Long" | 2010AB. N 302 must be 1-55 characters. |  |  |
| X223.096.2010AB.N302.050 | N302 |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length Invalid" CSC 126: "Entity's Address" EIC: 87 Pay-to Provider |  |  |  |
| X223.096.2010AB.N302.060 | N302 |  |  | 999 | E | IK403 = 6: "Invalid Character in Data Element" | 2010AB.N302 must be populated with accepted AN |  |  |
| X223.096.2010AB.N302.070 | N302 |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 511: "Invalid character" CSC 503: "Entity's Street address" EIC: 87 Pay-to Provider |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| X223.097.2010AB.N4.010 | N4 | PAY-TO ADDRESS CITYISTATEIZIP CODE | 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 |  | 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 | K403 = 4: "Data Element Too Short" IK403 = 5: "Data Element Too Long" | 2010AB.N401 must be 2-30 characters. |  |  |
| X223.097.2010AB.N401.040 | N401 |  |  | 277 | T | $\begin{aligned} & \text { CSCC A7: "Acknowledgement } \\ & \text { /Rejected for Invalid Information..." } \\ & \text { CSC 512: "Length Invalid" } \\ & \text { CSC 502: "Entity's City" } \\ & \text { EIC: } 87 \text { Pay-to Provider } \\ & \hline \end{aligned}$ |  |  |  |
| X223.097.2010AB.N401.050 | N401 |  |  | 999 | E | IK403 = 6: "Invalid Character in Data Element" | 2010AB.N401 must be populated with accepted AN characters. |  |  |
| X223.097.2010AB.N401.060 | N401 |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information... CSC 511: "Invalid character" CSC 502: "Entity's City" EIC: 87 Pay-to Provider |  |  |  |
| X223.097.2010AB.N402.010 | N402 | Pay-to-Address State Code |  | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | If 2010AB.N404 is not present, 2010AB.N402 must be present. |  |  |


| X223.097.2010AB.N402.020 | N402 |  |  | 277 | c | CSCC A8: "Acknowledgement / Rejected for relational field in error" CSC 501: "Entity's State/Province Code" <br> EIC: 87 Pay-to Provider | If 2010AB.N404 is not present, 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 |  | 999 | E | IK403 = 2: "Conditional Required Data Element Missing" | If 2010AB.N404 is not present, 2010AB.N403 must be present. |  |  |
| X223.097.2010AB.N403.020 | N403 |  |  | 277 | c | CSCC A8: "Acknowledgement / Rejected for relational field in error" CSC 500: "Entity's Postal/Zip Code" EIC: 87 Pay-to Provider | If 2010AB.N404 is not present, 2010AB.N403 must be a valid Zip Code. | Valid Zip Code reference must be available for this edit. |  |
| 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 | If 2010AB.N404 is not present, 2010AB.N403 must be a valid Zip Code. | Valid Zip Code reference must be available for this edit. |  |
| X223.097.2010AB.N404.010 | N404 | Pay-to Provider Country Code |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 680: "Entity's Country" EIC: 87 Pay-to Provider | 2010AB.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) |  |
| X223.097.2010AB.N405.010 | N405 | Location Qualifier |  | 999 | E | IK403 = I10: "Implementation "Not | Must not be present. |  |  |
| X223.097.2010AB.N406.010 | N406 | Location Identifier |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \\ & \hline \end{aligned}$ | Must not be present. |  |  |
| X223.097.2010AB.N407.010 | N407 | Country Subdivision Code |  | 999 | R | 1K403 = 7: "Invalid Code Value" | If 2010AB.N407 is present, then 2010AB.N404 must not $=$ "US" or CAN" |  |  |
| X223.097.2010AB.N407.020 | N407 |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 695: "Entity's Country Subdivision Code" <br> EIC: 87 Pay-to Provider | 2010AB.N407 must be a valid Country Subdivision Code. | 2010AB.N407 must be a valid Country Subdivision Code. |  |
|  |  |  |  |  |  |  |  |  |  |
| X223.099.2010AC.NM1.010 | NM1 | PAY-TO PLAN NAME Loop | 2010AC | 277 | c | CSCC A3: "Acknowledgement Returned as unprocessable claim" TBD02: "Payer specific restrictions on the number of repetitions" | 2010AC loop must not be present. | Loop not accepted by Medicare. 11/20: Companion Guide Note needed. |  |
| X223.099.2010AC.NM1.020 | NM1 | PAY-TO PLAN NAME | 2010AC | 277 | c | CSCC A3: "Acknowledgement /Returned as unprocessable claim" TBD02: "Payer specific restrictions on the number of repetitions" | 2010AC.NM1 must not be present |  |  |
| X223.101.2010AC.N3.010 | N3 | PAY-TO PLAN ADDRESS | 2010AC | 277 | c | CSCC A3: "Acknowledgement Returned as unprocessable claim" TBD02: "Payer specific restrictions on the number of repetitions" | 2010AC.N3 must not be present. |  |  |


| X223.102.2010AC.N4.010 | N4 | PAY-TO PLAN CITYISTATEIZIP CODE | 2010AC |  | 277 | c | CSCC A3: "Acknowledgement IReturned as unprocessable claim" TBD02: "Payer specific restrictions on the number of repetitions" | 2010AC.N4 must not be present. |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.104.2010AC.REF. 010 | REF | PAY-TO PLAN SECONDARY IDENTIFICATION | 2010AC |  | 277 | c | CSCC A3: "Acknowledgement IReturned as unprocessable claim" TBD02: "Payer specific restrictions on the number of repetitions" | 2010AC.REF with REF01 $=2 \mathrm{U}, \mathrm{FY}$, or NF must no be present. |  |  |
| X223.106.2010AC.REF. 020 | REF | PAY-TO PLAN TAX IDENTIFICATION | 2010AC |  | 277 | c | CSCC A3: "Acknowledgement /Returned as unprocessable claim ${ }^{\prime \prime}$ TBD02: "Payer specific restrictions on the number of repetitions" | 2010AC.REF with REF01 = El must not be present. |  |  |
| X223.078.2000B. 010 |  | SUBSCRIBER LOOP | 2000B | >1 | 999 | R | IK304 = 17: "Implementation Loop Occurs Under Minimum Times" | 2000B must be present. |  |  |
| X223.078.2000B.HL. 010 | HL | SUBSCRIBER hierarchical level | 2000B |  | 999 | R | IK304 = 3: "Required Segment Missing" | 2000B.HL must be present. |  |  |
| X223.078.2000B.HL.020 | HL |  |  |  | 999 | R | IK304 = 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 |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2000B. HL01 must be present. |  |  |
| х223.107.2000B.HL01.020 | HL01 |  |  |  | 999 | R | IK403 = 5: "Data Element Too Long" | 2000B.HLO1 must be 1-12 characters. |  |  |
| X223.107.2000B.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 | IK403 = I12: "Implementation Pattern Match Failure" | 2000B. HL01 must equal the value of the previous HLO1 (2000A.HL01) plus one. |  |  |
| X223.107.2000B.HL02.010 | HL02 | Hierarchical Parent ID Number |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2000B. HL02 must be present. |  |  |
| X223.107.2000B.HL02.020 | HL02 |  |  |  | 999 | R | 1K403 = I12: "Implementation Pattern Match Failure" | 2000B. HLO2 must equal the value of the HL01 (2000A.HLO1) of the parent HL. |  |  |
| X223.107.2000B.HL03.010 | HLO3 | Hierarchical Level Code |  |  | 999 | R | K 403 = 1: "Required Data Element Missing" | 2000B. HLO3 must be present. |  |  |
| х223.107.2000B.HL03.020 | HL03 |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2000B. HL03 must be "22". |  |  |
| X223.107.2000B.HL04.010 | HL04 | Hierarchical Child Code |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2000B. HL04 must be present. |  |  |
| х223.107.2000B.HL04.020 | HL04 |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2000B. HL04 must be "0". |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
| X223.109.2000B.SBR. 010 | SBR | SUBSCRIBER INFORMATION | 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 |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2000B.SBR01 must be present. |  |  |
| X223.109.2000B.SBR01.020 | SBR01 |  |  |  | 999 | E | IK403 = 7: "Invalid Code Value" | 2000B.SBR01 must be valid values. |  |  |




| X223.112.2010BA.NM104.050 | NM104 |  |  |  | 999 | E | IK403 = 6: "Invalid Character in Data | 2010BA.NM104 must be populated with accepted AN characters. |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.112.2010BA.NM104.060 | NM104 |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 511: "Invalid character" CSC 505: "Entity's First Name" EIC: IL Subscriber |  |  |  |
| X223.112.2010BA.NM105.010 | NM105 | Subscriber Middle Name |  |  | 999 | R | $\begin{aligned} & \text { IK403 = 6: "Invalid Character in Data } \\ & \text { Element" } \end{aligned}$ | 2010BA.NM105 must contain at least one non-space |  |  |
| 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 | $\begin{array}{\|l} \hline \text { CSCC A7: "Acknowledgement } \\ \text { 1Rejected for Invalid Information..." } \\ \text { CSC 512: "Length Invalid" } \\ \text { CSC 514: "Entity's Middle Name" } \\ \text { EIC: IL Subscriber } \\ \hline \end{array}$ |  |  |  |
| X223.112.2010BA.NM105.040 | NM1 |  |  |  | 999 | E | IK403 = 6: "Invalid Character in Data | 2010BA.NM105 must be populated with accepted AN characters. |  |  |
| x223.112.2010BA.NM105.050 | NM105 |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 511: "Invalid character" CSC 514: "Entity's Middle Name" EIC: IL Subscriber |  |  |  |
| X223.112.2010BA.NM106.010 | NM106 | Name Prefix |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2010BA.NM106 must not be present. |  |  |
| X223.112.2010BA.NM107.010 | NM107 | Subscriber Name Suffix |  |  | 999 | R | $\begin{aligned} & \text { IK403 = 6: "Invalid Character in Data } \\ & \text { Element" } \end{aligned}$ | 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. |  |  |
| X223.112.2010BA.NM107.030 | NM107 |  |  |  | 277 | T | ```CSCC A7: "Acknowledgement Rejected for Invalid Information..." CSC 512: "Length Invalid" CSC 125: "Entity's Name" EIC: IL Subscriber``` |  |  |  |
| x223.112.2010BA.NM107.040 | NM107 |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = 6: "Invalid Character in Data } \\ & \text { Element" } \end{aligned}$ | 2010BA.NM107 must be populated with accepted AN characters. |  |  |
| x223.112.2010BA.NM107.050 | NM107 |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 511: "Invalid character" CSC 125: "Entity's Name" |  |  |  |
| X223.112.2010BA.NM108.010 | NM108 | Identification Code Qualifier |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2010BA.NM108 must be present. | 2010BA.NM108 must be present. |  |
| x223.112.2010BA.NM108.020 | NM108 |  |  |  | 999 | R | IK403 $=7$ : "Invalid Code Value" | 2010BA.NM108 must be "MI". | 2010BA.NM108 must be "MI". |  |
| x223.112.2010BA.NM109.010 | NM109 | $\begin{gathered} \hline \text { Subscriber Primary } \\ \text { Identifier } \end{gathered}$ |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2010BA.NM109 must be present. |  |  |
| x223.112.2010BA.NM109.020 | NM109 |  |  |  | 277 | c | CSCC A7: "Acknowledgement IRejected for Invalid Information..." CsC 164: "Entity's contract/member number" EIC: IL Subscriber | NM109 must be 10-11 positions in the format of NNNNNNNNNA or NNNNNNNNNAA or NNNNNNNNNAN where "A" represents an alpha character and " N " represents a numeric digit. | 01/20: Companion Guide Note needed. |  |
| X223.112.2010BA.NM109.030 | NM109 |  |  |  | 277 | c | ```CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 164: "Entity's contract/member number" EIC: IL Subscriber``` | NM109 must be 7-12 positions in the format of ANNNNNN or AANNNNNN or AANNNNNNNN or AAANNNNNN or AAANNNNNNNNN where "A" represents an alpha character and " N " represents a numeric digit. | 01/20: Companion Guide Note needed. |  |


|  | NM110 | Entity Relationship Code |  | 999 | E | 1K403 = 110: "Implementation "Not Used" Element Present" | 2010BA. NM110 must not be present. |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.112.2010BA.NM111.010 | NM111 | Entity Identifier Code |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2010BA.NM111 must not be present. |  |  |
| X223.112.2010BA.NM112.010 | NM112 | Name Last or Organization Name |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2010BA.NM112 must not be present. |  |  |
|  |  |  |  |  |  |  |  |  |  |
| X223.115.2010BA.N3.010 | N3 | SUBSCRIBER ADDRESS | 2010BA | 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 |  | 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" CSC 503: "Entity's Street Address" EIC: IL Subscriber |  |  |  |
| X223.115.2010BA.N301.050 | N301 |  |  | 999 | E | IK403 = 6: "Invalid Character in Data Element" | 2010BA.N301 must be populated with accepted AN characters. |  |  |
| X223.115.2010BA.N301.060 | N301 |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information... CSC 511: "Invalid character" CSC 503: "Entity's Street address" EIC: IL Subscriber |  |  |  |
| X223.115.2010BA.N302.010 | N302 | Subscriber Address Line |  | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | If 2010BA.N302 is present, 2010BA.N301 must be present. | If 2010BA.N302 is present, 2010BA.N301 must be present. |  |
| X223.115.2010BA.N302.020 | N302 |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 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" CSC 503: "Entity's Street Address" EIC: IL Subscriber |  |  |  |
| X223.115.2010BA.N302.050 | N302 |  |  | 999 | E | IK403 = 6: "Invalid Character in Data Element" | 2010BA.N302 must be populated with accepted AN characters. |  |  |
| X223.115.2010BA.N302.060 | N302 |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information. CSC 511: "Invalid character" CSC 503: "Entity's Street address" EIC: IL Subscriber |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| x223.116.2010BA.N4.010 | N4 | SUBSCRIBER CITYISTATEIZIP CODE | 2010BA | 999 | R | IK304 = 3: "Required Segment Missing" | 2010BA.N4 must be present. |  |  |
| X223.116.2010BA.N4.020 | N4 |  |  | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2010BA.N4 is allowed. |  |  |
| X223.116.2010BA.N401.010 | N401 | Subscriber City Name |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2010BA.N401 must be present. |  |  |
| X223.116.2010BA.N401.020 | N401 |  |  | 999 | R | IK403 = 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" <br> IK403 = 5: "Data Element Too Long" | 2010BA.N401 must be 2-30 characters. |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.116.2010BA.N401.040 | N401 | 277 |  |  |  | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length Invalid" CSC 502: "Entity's City" EIC: IL Subscriber |  |  |  |
| X223.116.2010BA.N401.050 | N401 |  |  | 999 | E | IK403 = 6: "Invalid Character in Data Element" | 2010BA.N401 must be populated with accepted AN characters. |  |  |
| X223.116.2010BA.N401.060 | N401 |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 511: "Invalid character" CSC 502: "Entity's City" EIC: IL Subscriber |  |  |  |
| X223.116.2010BA.N402.010 | N402 | Subscriber State Code |  | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | If 2010BA.N404 is not present, 2010BA.N402 must be |  |  |
| X223.116.2010BA.N402.020 | N402 |  |  | 277 | c | CSCC A8: "Acknowledgement / Rejected for relational field in error" CSC 501: "Entity's State/Province" EIC: IL Subscriber | If 2010BA.N404 is not present, 2010BA.N402 must be a valid State Code. | If 2010BA.N404 is not present, 2010BA.N402 must be a valid State Code. |  |
| X223.116.2010BA.N402.030 | N402 |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information. CSC 501: "Entity's State/Province" EIC: IL 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 |  | 999 | E | IK403 = 2: "Conditional Required Data Element Missing" | If 2010BA.N404 is not present, 2010BA.N403 must be present. |  |  |
| X223.116.2010BA.N403.020 | N403 |  |  | 277 | c | CSC A8: "Acknowledgement / Rejected for relational field in error" CSC 500: "Entity's Postal/Zip Code" EIC: IL Subscriber |  |  |  |
| 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 | If 2010BA.N404 is not present, 2010BA.N403 must be a valid Zip Code. | Valid Zip Code reference must be available for this edit. |  |
| X223.116.2010BA.N404.010 | N404 | Subscriber Country Code |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 680: "Entity's Country" EIC: IL 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 |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2010BA.N405 must not be present. |  |  |
| X223.116.2010BA.N406.010 | N406 | Location Identifier |  | 999 | E | IK403 = I10: "Implementation "Not | Must not be present. |  |  |
| X223.116.2010BA.N407.010 | N407 | Location Identifier |  | 999 | E | IK403 = 110: "Implementation "Not | Must not be present. |  |  |
|  |  |  |  |  |  |  |  |  |  |
| X223.118.2010BA.DMG. 010 | DMG | SUBSCRIBER DEMOGRAPHIC INFORMATION | 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 |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2010BA.DMG01 must be present. |  |  |
| x223.118.2010BA.DMG01.020 | DMGO1 |  |  | 999 | R | IK403 = 7: "Invalid Code Value" | 2010BA.DMG01 must be "D8". |  |  |


| X223.118.2010BA.DMG02.010 | DMG02 | Subscriber Birth Date |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2010BA.DMG02 must be present. |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.118.2010BA.DMG02.020 | DMG02 |  |  | 999 | R | IK403 = 8: "Invalid Date" | 2010 BA.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" EIC: IL Subscriber | 2010BA.DMG02 must not be a future date. | 01/20: Companion Guide Note needed. |  |
| X223.118.2010BA.DMG03.010 | DMG03 | Subscriber Gender Code |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2010BA.DMG03 must be present. |  |  |
| X223.118.2010BA.DMG03.020 | DMG03 |  |  | 999 | R | IK403 = 7: "Invalid Code Value" | 2010BA.DMG03 must be valid values. |  |  |
| X223.118.2010BA.DMG04.010 | DMG04 | Marital Status Code |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |  |
| X223.118.2010BA.DMG05.010 | DMG05 | Race or Ethnicity Code |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |  |
| X223.118.2010BA.DMG06.010 | DMG06 | Citizenship Status Code |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |  |
| X223.118.2010BA.DMG07.010 | DMG07 | Country Code |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |  |
| X223.118.2010BA.DMG08.010 | DMG08 | Basis of Verification Code |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |  |
| X223.118.2010BA.DMG09.010 | DMG09 | Quantity |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |  |
| X223.118.2010BA.DMG10.010 | DMG10 | Code List Qualifier Code |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | Must not be present. |  |  |
| X223.118.2010BA.DMG11.010 | DMG11 | Industry Code |  | 999 | E | 1K403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |  |
|  |  |  |  |  |  |  |  |  |  |
| X223.120.2010BA.REF. 010 | REF | SUBSCRIBER SECONDARY IDENTIFICATION | 2010BA | 277 | T | CSCC A7: "Acknowledgement Rejected for Invalid Information..." TBD02: "Payer specific restrictions on the number of repetitions" | 2010BA.REF with REF01 = "SY" must not be present. | Medicare doesn't support this segment. <br> Companion Guide Note needed. |  |
| X223.121.2010BA.REF. 010 | REF | $\begin{aligned} & \text { PROPERTY AND } \\ & \text { CASUALTY CLAIM } \end{aligned}$ NUMBER | 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 |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2010BA.REF01 must be present. |  |  |
| X223.121.2010BA.REF01.020 | REF01 |  |  | 999 | R | IK403 = 7: "Invalid Code Value" | 2010BA.REF01 must be "Y4". |  |  |
| X223.121.2010BA.REF02.010 | REF02 | $\begin{gathered} \hline \text { Property Casualty Claim } \\ \text { Number } \\ \hline \end{gathered}$ |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2010BA.REF02 must be present. |  |  |
| X223.121.2010BA.REF02.020 | REF02 |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2010BA.REF02 must contain at least one non-space character. |  |  |
| X223.121.2010BA.REF02.030 | REF02 |  |  | 999 | E | 1K403 = 5: "Data Element Too Long" | 2010BA.REF02 must be 1-50 characters. |  |  |
| X223.121.2010BA.REF02.040 | REF02 |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information...' CSC 512: "Length Invalid" CSC 629: "Property Casualty Claim Number" <br> EIC: IL Subscriber |  |  |  |




| X223.124.2010BB.N302.060 | N302 |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information... CSC 511: "Invalid character" CSC 503: "Entity's Street address" EIC: PR Payer |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  |  |  |  |  |  |  |
| х223.125.2010BB.N4.010 | N4 | PAYER CITYISTATEIZIP CODE | 2010BB | 999 | R | IK304 = 3: "Required Segment Missing" | 2010BB.N4 must be present. |  |  |
| х223.125.2010BB.N4.020 | N4 |  |  | 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 |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 20108B. 4001 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 | K403 = 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 <br> /Rejected for Invalid Information..." <br> CSC 512: "Length Invalid" <br> CSC 502: "Entity's City" <br> EIC: PR Payer |  |  |  |
| X223.125.2010BB.N401.050 | N401 |  |  | 999 | E | $\begin{aligned} & \text { IK403 = 6: "Invalid Character in Data } \\ & \text { Element" } \end{aligned}$ | 2010BB.N401 must be populated with accepted AN characters. |  |  |
| X223.125.2010BB.N401.060 | N401 |  |  | 277 | T | $\begin{array}{\|l\|} \hline \text { CSCC A7: "Acknowledgement } \\ \text { /Rejected for Invalid Information..." } \\ \text { CSC 511: "Invalid character" } \\ \text { CSC 502: "nntity's City" } \\ \text { EIC: PR Payer } \\ \hline \end{array}$ |  |  |  |
| X223.125.2010BB.N402.010 | N402 | Payer State Code |  | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | If 2010BB.N404 is not present, 2010BB.N402 must be present. |  |  |
| X223.125.2010BB.N402.020 | N402 |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information. CSC 501: "Entity's State/Province" EIC: PR Payer | If 2010BB.N404 is not present, 2010BB.N402 must be a valid state code. | Valid State Code reference must be available for this edit. |  |
| X223.125.2010BB.N403.010 | N403 | $\begin{array}{\|c\|} \hline \begin{array}{c} \text { Payer Postal Zone or ZIP } \\ \text { Code } \end{array} \\ \hline \end{array}$ |  | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | If 2010BB.N404 is not present, 2010BB.N403 must be present. |  |  |
| X223.125.2010BB.N403.020 | N403 |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 500: "Entity's Postal/Zip Code" EIC: PR Payer | If 2010BB.N404 is not present, 2010BB.N403 must be a valid Zip Code. a valid Zip Code. | Valid Zip Code reference must be available for this edit. |  |
| X223.125.2010BB.N404.010 | N404 | Payer Country Code |  | 277 | C | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 680: "Entity's Country" EIC: PR Payer | 2010BB.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) |  |
| X223.125.2010BB.N405.010 | N405 | Location Qualifier |  | 999 | E | IK403 = I10: "Implementation "Not | Must not be present. |  |  |
| X223.125.2010BB.N406.010 | N406 | Location Identifier |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |  |
| X223.125.2010BB.N407.010 | N407 | Country Subdivision Code |  | 277 | C | $\begin{aligned} & \text { CSCC A7: "Acknowledgement } \\ & \text { /Rejected for Invalid Information..." } \\ & \text { CSC 695: "Entity's Country Subdivision } \\ & \text { Code" } \\ & \text { EIC: PR Payer } \\ & \hline \end{aligned}$ | 2010BB.N407 must be a valid Country Subdivision Code. | 2010BB.N407 must be a valid Country Subdivision Code. |  |
|  |  |  |  |  |  |  |  |  |  |


| X223.127.2010BB.REF. 010 | REF | PAYER SECONDARY IDENTIFICATION | 2010bB |  | 277 | T | CSCC A7: "Acknowledgement IRejected for Invalid Information..." TBD02: "Payer specific restrictions on the number of repetitions' | 2010bb.Ref with REF01 = "2U, "EI", "FY", or "NF" must not be present. | Medicare doesn't support this segment. <br> Companion Guide Note needed. |  |
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|  |  |  |  |  |  |  |  |  |  |  |
| X223.129.2010BB.REF. 010 | REF | BILLING PROVIDER SECONDARY IDENTIFICATION | 2010BB |  | 999 | R | 1K304 = 2: "Unexpected Segment" | 2010BB.REF with REF01 = "G2" must be present when 2010AA.NM109 is not present. | Trailblazer Only 01/20: Companion Guide Note needed. |  |
| X223.129.2010BB.REF. 020 | REF |  |  |  | 999 | R | IK304 = 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 butTrailblazer. 01/20: Companion Guide Note needed. |  |
| X223.129.2010BB.REF01.010 | REF01 | Reference Identification Qualifier |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2010BB.REF01 must be present. |  |  |
| X223.129.2010BB.REF01.020 | REF01 |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2010bB.REF01 must be valid values. |  |  |
| X223.129.2010BB.REF02.010 | REF02 | Payer Additional Identifier |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2010BB.REF02 must be present. |  |  |
| X223.129.2010BB.REFO2.020 | REF02 |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2010BB.REF02 must contain at least one-none space character. |  |  |
| х223.129.2010BB.REF02.030 | REF02 |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" | 20108B.REF02 must be 1-50 characters. |  |  |
| X223.129.2010BB.REF02.040 | REF02 |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length Invalid" CSC 560: "Entity's Additional/Secondary Identifier" EIC: PR Paver |  |  |  |
| X223.129.2010BB.REF02.050 | REF02 |  |  |  | 999 | E | IK403 = 6: "Invalid Character in Data Element" | 2010BB.REF02 must be populated with accepted AN characters. |  |  |
| X223.129.2010BB.REF02.060 | REF02 |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." <br> CSC 511: "Invalid character" CSC 560: "Entity's Additional/Secondary Identifier" EIC: PR Paver |  |  |  |
| X223.129.2010BB.REF03.010 | REF03 | Description |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |  |
| X223.129.2010BB.REF04.010 | REF04 | REFERENCE IDENTIFIER |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Flement Present" | Must not be present. |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
| X223.131.2000C.HL. 010 | HL | PATIENT HIERARCHICAL LEVEL | 2000 C | >1 | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." TBD02: "Payer specific restrictions on the number of repetitions" | 2000C.HL must not be present. | 01/20: Companion Guide Note needed. |  |


| X223.133.2000C.PAT. 010 | PAT | PATIENT INFORMATION | 2000C |  | 277 | T | CSCC A7: "Acknowledgement IRejected for Invalid Information..." TBD02: "Payer specific restrictions on the number of repetitions" | 2000C.PAT must not be present. |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.135.2010CA.NM1.010 | NM1 | PATIENT NAME | 2010CA |  | 277 | T | CSCC A7: "Acknowledgement IRejected for Invalid Information..." TBD02: "Payer specific restrictions on the number of repetitions" | 2010CA.NM1 must not be present. |  |  |
| X223.137.2010CA.N3.010 | N3 | PATIENT ADDRESS | 2010CA |  | 277 | T | CSCC A7: "Acknowledgement IRejected for Invalid Information..." TBD02: "Payer specific restrictions on the number of repetitions" | 2010CA.N3 must not be present. |  |  |
| X223.138.2010CA.N4.010 | N4 | PATIENT CITYISTATEIZIP CODE | 2010CA |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." TBD02: "Payer specific restrictions on the number of repetitions" | 2010CA.N4 must not be present. |  |  |
| X223.140.2010CA.DMG. 010 | DMG | PATIENT DEMOGRAPHIC INFORMATION | 2010CA |  | 277 | T | CSCC A7: "Acknowledgement IRejected for Invalid Information..." TBD02: "Payer specific restrictions on the number of repetitions" | 2010CA.DMG must not be present. |  |  |
| X223.142.2010CA.REF. 010 | REF | PROPERTY AND CASUALTY CLAIM NUMBER | 2010CA |  | 277 | T | CSCC A7: "Acknowledgement IRejected for Invalid Information..." TBD02: "Payer specific restrictions on the number of repetitions" | 2010CA.REF 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 | 2300 | 1 | 999 | R | IK304 = 3: "Required Segment | 2300.CLM must be present. |  |  |
| X223.143.2300.CLM. 030 | CLM |  |  |  | 999 | R | 1K304 = 5: "Segment Exceeds Maximum Use" | Only 1 iteration of 2300.CLM is allowed. |  |  |
| X223.143.2300.CLM01.010 | CLM01 | Patient Control Number |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2300.CLM01 must be present. |  |  |
| X223.143.2300.CLM01.020 | CLM01 |  |  |  | 999 | R | $\begin{aligned} & \text { IK403 = 6: "Invalid Character in Data } \\ & \text { Element" } \end{aligned}$ | 2300.CLM01 must contain at least one-non-space character. |  |  |
| х223.143.2300.CLM01.030 | CLM01 |  |  |  | 999 | E | IK403 = 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.CLM06.010 | CLM06 | Provider or Supplier Signature Indicator |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.143.2300.CLM07.010 | CLM07 | Medicare Assignment Code |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2300.CLM07 must be present. |  |  |
| X223.143.2300.CLM07.020 | CLM07 |  |  | 999 | R | 1 K 403 = 7 : "Invalid Code Value" | $2300 . C$ LM07 must be valid values. |  |  |
| x223.143.2300.CLM08.010 | CLM08 | Benefits Assignment Certification Indicator |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2300.CLM08 must be present. |  |  |
| X223.143.2300.CLM08.020 | CLM08 |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | $2300 . C$ LM08 must be valid values. |  |  |
| X223.143.2300.CLM09.010 | CLM09 | $\begin{gathered} \hline \text { Release of Information } \\ \text { Code } \end{gathered}$ |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2300.CLM09 must be present. |  |  |
| X223.143.2300.CLM09.020 | CLM09 |  |  | 999 | R | 11403 = 7: "Invalid Code Value" | 2300.CLM09 must be valid values. |  |  |
| X223.143.2300.CLM10.010 | CLM10 | Patient Signature Source Code |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \\ & \hline \end{aligned}$ | Must not be present. |  |  |
| X223.143.2300.CLM11.010 | CLM11 | RELATED CAUSES INFORMATION |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |  |
| X223.143.2300.CLM12.010 | CLM12 | Special Program Indicator |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | Must not be present. |  |  |
| X223.143.2300.CLM13.010 | CLM13 | Yes/No Condition or Response Code |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |  |
| X223.143.2300.CLM14.010 | CLM14 | Level of Service Code |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | Must not be present. |  |  |
| X223.143.2300.CLM15.010 | CLM15 | Yes/No Condition or Response Code |  | 999 | E | $\begin{aligned} & \text { IK03 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |  |
| X223.143.2300.CLM16.010 | CLM16 | Participation Agreement |  | 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 |  | 999 | E | $\begin{aligned} & \text { IK03 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |  |
| X223.143.2300.CLM18.010 | CLM18 | Yes/No Condition or Response Code |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \\ & \hline \end{aligned}$ | Must not be present. |  |  |
| X223.143.2300.CLM19.010 | CLM19 | Claim Submission Reason <br> Code |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \\ & \hline \end{aligned}$ | Must not be present. |  |  |
| X223.143.2300.CLM20.010 | CLM20 | Delay Reason Code |  | 999 | R | $1 \mathrm{~K} 403=7$ : "Invalid Code Value" | 2300.CLM20 must be valid values. |  |  |
|  |  |  |  |  |  |  |  |  |  |
| X223.149.2300.DTP. 010 | DTP | DATE - DISCHARGE HOUR | 2300 | 999 | R | IK304 = 16: "Implementation Dependent Segment Missing" | 2300.DTP with DTP01 $=$ " 096 " must be present on all final inpatient claims. Final impatient claims are ones with a TOB Freq eual to ' 1 ' or '4'. |  |  |
| X223.149.2300.DTP.020 | DTP |  |  | 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 |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2300.DTP01 must be present. |  |  |
| x223.149.2300.DTP01.020 | DTP01 |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.DTP01 must be "096". |  |  |
| X223.149.2300.DTP02.010 | DTP02 | Date Time Period Format Qualifier |  | 999 | R | \|K403 = 1: "Required Data Element Missing" | 2300.DTP02 must be present. |  |  |
| X223.149.2300.DTP02.020 | DTP02 |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.DTP02 must be "TM". |  |  |
| X223.149.2300.DTP03.010 | DTP03 | Discharge Hour |  | 999 | R | IK403 = 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 | 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 |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.150.2300.DTP01.010 | DTP01 | Date Time Qualifier |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2300.DTP01 must be present. |  |  |
| X223.150.2300.DTP01.020 | DTP01 |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.DTP01 must be "434". |  |  |
| X223.150.2300.DTP02.010 | DTP02 | $\begin{array}{\|c\|} \hline \text { Date Time Period Format } \\ \text { Qualifier } \end{array}$ |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2300.DTP02 must be present. |  |  |
| X223.150.2300.DTP2.010 | DTP2 |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.DTP02 must be "RD*". |  |  |
| X223.150.2300.DTP03.010 | DTP03 | Statement From or To Date |  | 999 | R | IK403 = 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 CCYYMMDDCCYYMMDD format. |  |  |
|  |  |  |  |  |  |  |  |  |  |
| X223.151.2300.DTP. 010 | DTP | DATE - ADMISSION DATEIHOUR | 2300 | 999 | R | IK304 = 16: "Implementation Dependent Segment Missing" | 2300.DTP with DTP01 = "435" must be present for all inpatient claims. |  |  |
| X223.151.2300.DTP. 020 | DTP |  |  | 999 | R | IK304 = 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 |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2300.DTP01 must be present. |  |  |
| X223.151.2300.DTP01.020 | DTP01 |  |  | 999 | R | \|K403 = 7: "Invalid Code Value" | 2300.DTP01 must be "435". |  |  |
| X223.151.2300.DTP02.010 | DTP02 | $\begin{array}{\|c\|} \hline \begin{array}{c} \text { Date Time Period Format } \\ \text { Qualifier } \end{array} \\ \hline \end{array}$ |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2300.DTP02 must be present. |  |  |
| X223.151.2300.DTP02.020 | DTP02 |  |  | 999 | R | IK403 = 7: "Invalid Code Value" | 2300.DTP02 must be valid values. |  |  |
| X223.151.2300.DTP03.010 | DTP03 | Admission Date and Hour |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2300.DTP03 must be present. |  |  |
| X223.151.2300.DTP03.020 | DTP03 |  |  | 999 | R | 1K403 = 8: "Invalid Date" | If 2300.DTP02 equals D8, then 2300.DTP03 must be a valid date in CCYYMMDD format. |  |  |
| X223.151.2300.DTP03.030 | DTP03 |  |  | 999 | R | IK403 = 8: "Invalid Date" | If 2300 .DTP02 equals 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 | 2300 | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2300.DTP is allowed. | pass through, syntax only. |  |
| X223.152.2300.DTP01.010 | DTP01 | Date Time Qualifier |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2300.DTP01 must be present. |  |  |
| X223.152.2300.DTP01.020 | DTP01 |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.DTP01 must be "050". |  |  |
| X223.152.2300.DTP02.010 | DTP02 | $\begin{array}{\|c\|} \hline \begin{array}{c} \text { Date Time Period Format } \\ \text { Qualifier } \end{array} \\ \hline \end{array}$ |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2300.DTP02 must be present. |  |  |
| X223.152.2300.DTP02.020 | DTP02 |  |  | 999 | R | IK403 = 7: "Invalid Code Value" | 2300.DTP02 must be "D8". |  |  |
| X223.152.2300.DTP03.010 | DTP03 | Order Date |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2300.DTP03 must be present. |  |  |
| X223.152.2300.DTP03.020 | DTP03 |  |  | 999 | R | IK403 = 8: "Invalid Date" | 2300.DTP03 must be a valid date in CCYYMMDD format. |  |  |
|  |  |  |  |  |  |  |  |  |  |
| X223.153.2300.CL1.010 | CL1 | INSTITUTIONAL CLAIM CODE | 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. |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.153.2300.CL101.010 | CL101 | Admission Type Code |  | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | 2300.CL101 must be present when 2300.CLM05-1 is "11", "12", "18", "21", "22" or "41". |  |  |
| X223.153.2300.CL101.020 | CL101 |  |  | 999 | R | IK403 = 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 Admission Code. | Valid Admission Type Code reference must be available for this edit. |  |
| X223.153.2300.CL102.010 | CL102 | Admission Source Code |  | 999 | R | IK403 = 1: "Required Data Element Missing" | $2300 . \mathrm{CL} 102$ must be present. |  |  |
| X223.153.2300.CL102.020 | CL102 |  |  | 999 | R | IK403 = 5: "Data Element Too Long" | $2300 . C L 102$ 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 Admission Source Code. | Valid Admission Source Code reference must be available for this edit. |  |
| X223.153.2300.CL103.010 | CL103 | Patient Status Code |  | 999 | R | IK403 = 1: "Required Data Element | 2300.CL103 must be present. |  |  |
| X223.153.2300.CL103.020 | CL103 |  |  | 277 | c | $\begin{array}{\|l\|} \hline \text { CSCC A7: "Acknowledgement } \\ \text { /Rejected for Invalid Information..." } \\ \text { CSC 234: "Patient discharge status" } \end{array}$ | 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 |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | Must not be present. |  |  |
|  |  |  |  |  |  |  |  |  |  |
| X223.154.2300.PWK. 010 | PWK | CLAIM SUPPLEMENTAL INFORMATION | 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 Code |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2300.PWK01 must be present. |  |  |
| X223.154.2300.PWK01.020 | PWK01 |  |  | 999 | R | 1 K 403 = 7 : "Invalid Code Value" | 2300.PWK01 must be valid values. |  |  |
| X223.154.2300.PWK02.010 | PWK02 | Attachment Transmission Code |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2300.PWK02 must be present. |  |  |
| X223.154.2300.PWK02.020 | PWK02 |  |  | 999 | R | 11403 = 7: "Invalid Code Value" | 2300. PWK02 must be valid values. |  |  |
| X223.154.2300.PWK03.010 | PWK03 | Report Copies Needed |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |  |
| X223.154.2300.PWK04.010 | PWK04 | Entity Identifier Code |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |  |
| X223.154.2300.PWK05.010 | PWK05 | Identification Code Qualifier |  | 999 | R | IK403 = 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 | 1 K 403 = 7: "Invalid Code Value" | 2300.PWK05 must be "AC". |  |  |
| X223.154.2300.PWK06.010 | PWK06 | Attachment Control Number |  | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | When 2300.PWK06 is present, 2300.PWK02 must be "BM", "EL", "EM", "FX" or "FT". |  |  |
| 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 IRejected for Invalid Information..." CSC 512: "Length Invalid" CSC 489: "Attachment Control Number |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.154.2300.PWK06.040 | PWK06 |  |  | 999 | E | IK403 = 6: "Invalid Character in Data Element" | 2300.PWK06 must be populated with accepted AN characters. |  |  |
| X223.154.2300.PWK06.050 | PWK06 |  |  | 277 | T | $\begin{aligned} & \text { CSCC A7: "Acknowledgement } \\ & \text { /Rejected for Invalid Information..." } \\ & \text { CSC 511: "Invalid character" } \\ & \text { CSC 489: "Attachment Control Number" } \end{aligned}$ |  |  |  |
| 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 |  | 999 | E | IK403 = I10: "Implementation "Not | Must not be present. |  |  |
| X223.154.2300.PWK08.010 | PWK08 | ACTIONS INDICATED |  | 999 | E | 1K403 = I10: "Implementation "Not | Must not be present. |  |  |
| X223.154.2300.PWK09.010 | PWK09 | Request Category Code |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |  |
|  |  |  |  |  |  |  |  |  |  |
| X223.158.2300.CN1.010 | CN1 | CONTRACT information | 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. |  |
|  |  |  |  |  |  |  |  |  |  |
| х223.160.2300.AMT.010 | AMt | PATIENT ESTIMATED AMOUNT DUE | 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 |  | 999 | R | \|K403 = 1: "Required Data Element Missing" | 2300.AMT01 must be present. |  |  |
| X223.160.2300.AMT01.020 | AMT01 |  |  | 999 | R | 11403 = 7: "Invalid Code Value" | 2300.AMT01 must be "F3". |  |  |
| х223.160.2300.Амт02.010 | AMT02 | Patient Responsibility Amount |  | 999 | R | IK403 = 1: "Required Data Element | 2300.AMT02 must be present. |  |  |
| $\times 223.160 .2300$. АМто2.020 | AMT02 |  |  | 999 | R | $\begin{aligned} & \begin{array}{l} \text { IK403 = 6: "Invalid Character in Data } \\ \text { Element" } \end{array} \\ & \hline \end{aligned}$ | AMT02 must be numeric. |  |  |
| х223.160.2300.AMT02.030 | AMT02 |  |  | 277 | T | ```CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 693: "Amount must be greater than or equal to zero" CSC 565: "Estimated Claim Due Amount" EIC: QC "Patient"``` | 2300.AMT02 must be >= 0 . |  |  |
| X223.160.2300.AMT02.040 | AMT02 |  |  | 999 | E | 1K403 = 5: "Data Element Too Long" | 2300.AMT02 must be <=99,999,999.99. |  |  |
| X223.160.2300.AMT02.050 | AMT02 |  |  | 277 | T | CSCC A7: "Acknowledgement 1Rejected for Invalid Information..." CSC 512: "Length Invalid" CSC 565: "Estimated Claim Due Amount" EIC: OC "Patient" |  |  |  |
| х223.160.2300.AмT02.060 | AmT02 |  |  | 277 | T | CSCC A7: "ACknowledgement <br> IRejected for Invalid Information..." <br> CSC 677 "Too many decimal <br> positions: <br> CSC 555 "Estimated Claim Due <br> Amount" <br> EIC: OC "Patient" | 2300.AMT02 is limited to 0, 1 or 2 decimal positions. |  |  |


| X223.160.2300.AMT03.010 | AMT03 | Credit/Debit Flag Code |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | Must not be present. |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.161.2300.REF. 010 | REF | SERVICE AUTHORIZATION EXCEPTION CODE | 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 |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2300.REF01 must be present. |  |  |
| X223.161.2300.REF01.020 | REF01 |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.REF01 must be "4N". |  |  |
| X223.161.2300.REF02.030 | REF02 | Service Authorization Exception Code |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2300.REFO2 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 |  | 999 | E | 1K403 = 110: "Implementation "Not Used" Element Present" | Must not be present. |  |  |
| X223.161.2300.REF04.010 | REF04 | REFERENCE IDENTIFIER |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | Must not be present. |  |  |
|  |  |  |  |  |  |  |  |  |  |
| X223.163.2300.REF. 010 | REF | REFERRAL NUMBER | 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 Qualifier |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2300.REF01 must be present. |  |  |
| X223.163.2300.REF01.020 | REF01 |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.REF01 must be "9F". |  |  |
| X223.163.2300.REF02.010 | REF02 | Prior Authorization or Referral Number |  | 999 | R | IK403 = 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 | 1K403 = 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" CSC 48: "referral/Authorization" |  |  |  |
| X223.163.2300.REF02.050 | REF02 |  |  | 999 | E | IK403 = 6: "Invalid Character in Data Element" | 2300.REF02 must be populated with accepted AN characters. |  |  |
| X223.163.2300.REF02.060 | REF02 |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information... CSC 511: "Invalid character" CSC 48: "Referral/authorization." |  |  |  |
| X223.163.2300.REF03.010 | REF03 | Description |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | Must not be present. |  |  |
| X223.163.2300.REF04.010 | REF04 | REFERENCE IDENTIFIER |  | 999 | E | IK403 = 110: "Implementation "Not | Must not be present. |  |  |
|  |  |  |  |  |  |  |  |  |  |
| X223.164.2300.REF. 010 | REF | PRIOR AUTHORIZATION | 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 |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2300.REF01 must be present. |  |  |
| X223.164.2300.REF01.020 | REF01 |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.REF01 must be "G1". |  |  |
| X223.164.2300.REF02.010 | REF02 | Prior Authorization Number |  | 999 | R | IK403 = 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" CSC 252: "Authorization/Certification Number" |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.164.2300.REF02.050 | REF02 |  |  | 999 | E | IK403 = 6: "Invalid Character in Data Element" | 2300.REF02 must be populated with accepted AN characters. |  |  |
| X223.164.2300.REF02.060 | REF02 |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 511: "Invalid character" CSC 252: "Authorization/ certification number" |  |  |  |
| X223.164.2300.REF03.010 | REF03 | Description |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | Must not be present. |  |  |
| X223.164.2300.REF04.010 | REF04 | REFERENCE IDENTIFIER |  | 999 | E | IK403 = 110: "Implementation "Not | Must not be present. |  |  |
|  |  |  |  |  |  |  |  |  |  |
| X223.166.2300.REF. 010 | REF | PAYER CLAIM CONTROL NUMBER | 2300 | 277 | T | CSCC A7: "Acknowledgement IRejected for Invalid Information..." TBD03: "This Line of Business does not support this qualifier." | 2300. REF with REF01 $=$ "F8" must not be present. | Required when CLM05-3 (Claim Frequency Code) indicates this claim is a replacement or void to a previously adjudicated claim. |  |
|  |  |  |  |  |  |  |  |  |  |
| X223.167.2300.REF. 010 | REF | REPRICED CLAIM NUMBER | 2300 | 999 | R | 1K304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2300.REF with REF01 = "9A" is allowed. | pass through, syntax only. |  |
| X223.167.2300.REF01.010 | REF01 | $\begin{gathered} \text { Reference Identification } \\ \text { Qualifier } \\ \hline \end{gathered}$ |  | 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 | $\begin{array}{\|c\|} \hline \begin{array}{c} \text { Repriced Claim Reference } \\ \text { Number } \end{array} \\ \hline \end{array}$ |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2300.REF02 must be present. |  |  |
| X223.167.2300.REF02.020 | REF02 |  |  | 999 | R | IK403 = 6: "Invalid Character in Data | 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" CSC 702: "Repriced Claim Reference Number" |  |  |  |
| X223.167.2300.REF02.050 | REF02 |  |  | 999 | E | IK403 = 6: "Invalid Character in Data | 2300.REF02 must be populated with accepted AN characters. |  |  |
| X223.167.2300.REF02.060 | REF02 |  |  | 277 | T | CSCC A7: "Acknowledgement <br> IRejected for Invalid Information..." <br> CSC 511: "Invalid character" <br> CSC 702: "Repriced Claim Reference <br> Number" |  |  |  |
| X223.167.2300.REF03.010 | REF03 | Description |  | 999 | E | $\begin{aligned} & \text { IK403 = 110: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |  |
| X223.167.2300.REF04.010 | REF04 | REFERENCE IDENTIFIER |  | 999 | E | IK403 = 110 : "Implementation "Not Used" Flement Present" | Must not be present. |  |  |
|  |  |  |  |  |  |  |  |  |  |
| X223.168.2300.REF. 010 | REF | ADJUSTED REPRICED CLAIM NUMBER | 2300 | 999 | R | IK304 = 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 | $\begin{gathered} \text { Reference Identification } \\ \text { Qualifier } \\ \hline \end{gathered}$ |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2300.REF01 must be present. |  |  |


| X223.168.2300.REF01.020 | REF01 |  |  | 999 | R | 1 K 403 = 7: "Invalid Code Value" | 2300.REF01 must be "9C". |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.168.2300.REF02.010 | REF02 | Adjusted Repriced Claim Reference Number |  | 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.REFO2 must contain at least one non-space character. |  |  |
| X223.168.2300.REF02.030 | REF02 |  |  | 999 | E | IK403 = 5: "Data Element Too Long" | 2300.REF02 must be 1-50 characters. |  |  |
| X223.168.2300.REF02.040 | REF02 |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information... CSC 512: "Length Invalid" CSC 517: "Adjusted Repriced Claim Reference Number" |  |  |  |
| X223.168.2300.REF02.050 | REF02 |  |  | 999 | E | IK403 = 6: "Invalid Character in Data Element" | 2300.REFO2 must be populated with accepted AN characters. |  |  |
| X223.168.2300.REF02.060 | REF02 |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information... CSC 511: "Invalid character" CSC 517: "Adjusted Repriced Claim Reference Number" |  |  |  |
| X223.168.2300.REF03.010 | REF03 | Description |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | Must not be present. |  |  |
| X223.168.2300.REF04.010 | REF04 | REFERENCE IDENTIFIER |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \\ & \hline \end{aligned}$ | Must not be present. |  |  |
|  |  |  |  |  |  |  |  |  |  |
| X223.169.2300.REF. 010 | REF | investigational DEVICE EXEMPTION NUMBER | 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 |  | 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 | 11403 = 7: "Invalid Code Value" | 2300.REF01 must be "LX". |  |  |
| X223.169.2300.REF02.010 | REF02 | Investigational Device Exemption Number |  | 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" Element" | 2300.REF02 must contain at least one non-space character. |  |  |
| X223.169.2300.REF02.030 | REF02 |  |  | 999 | E | IK403 = 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" CSC 579: "Investigational Device Exemption Identifier" |  |  |  |
| X223.169.2300.REF02.050 | REF02 |  |  | 999 | E | $\underset{\substack{\text { IK403 = 6: "Invalid Character in Data } \\ \text { Element" }}}{ }$ | 2300.REFO2 must be populated with accepted AN characters. |  |  |
| X223.169.2300.REFO2.060 | REF02 |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information... CSC 511: "Invalid character" CSC 579: "Investigational Device Exemption Identifier" |  |  |  |
| X223.169.2300.REF03.010 | REF03 | Description |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | Must not be present. |  |  |
| X223.169.2300.REF04.010 | REF04 | REFERENCE IDENTIFIER |  | 999 | E | IK403 = I10: "Implementation "Not | Must not be present. |  |  |
|  |  |  |  |  |  |  |  |  |  |
| X223.170.2300.REF. 010 | REF | CLAIM IDENTIFIER FOR TRANSMISSION INTERMEDIARIES | 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 |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2300.REF01 must be present. |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.170.2300.REF01.020 | REF01 |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.REF01 must be "D9" |  |  |
| X223.170.2300.REF02.010 | REF02 | Value Added Network Trace Number |  | 999 | R | K 403 = 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.REFO2 must contain at least one non-space |  |  |
| X223.170.2300.REF02.030 | REF02 |  |  | 999 | E | 1K403 = 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" CSC 543: "Clearinghouse or Value Added Network Trace" |  |  |  |
| X223.170.2300.REF02.050 | REF02 |  |  | 999 | E | IK403 = 6: "Invalid Character in Data Element" | 2300.REF02 must be populated with accepted AN characters. |  |  |
| X223.170.2300.REF02.060 | REF02 |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 511: "Invalid character" CSC 543: "Clearinghouse or Value Added Network Trace" |  |  |  |
| X223.170.2300.REF03.010 | REF03 | Description |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |  |
| X223.170.2300.REF04.010 | REF04 | REFERENCE IDENTIFIER |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \\ & \hline \end{aligned}$ | Must not be present. |  |  |
|  |  |  |  |  |  |  |  |  |  |
| X223.172.2300.REF. 010 | REF | AUto ACCIDENT State | 2300 | 999 | R | IK $304=5$ : "Segment Exceeds Maximum Use" | Only one iteration of 2300 REF with REF01 = "LU" is allowed. | pass through, syntax only. |  |
| X223.172.2300.REF01.010 | REF01 | Reference Identification Qualifier |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2300.REF01 must be present. |  |  |
| X223.172.2300.REF01.020 | REF01 |  |  | 999 | R | IK403 = 7: "Invalid Code Value" | 2300.REF01 must be "LU". |  |  |
| X223.172.2300.REF02.010 | REF02 | Auto Accident State or Province |  | 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.) | 2300.REF02 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 |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |  |
| X223.172.2300.REF04.010 | REF04 | REFERENCE IDENTIFIER |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \\ & \hline \end{aligned}$ | Must not be present. |  |  |
|  |  |  |  |  |  |  |  |  |  |
| X223.173.2300.REF. 010 | REF | $\begin{aligned} & \hline \text { MEDICAL RECORD } \\ & \text { NUMBER } \end{aligned}$ | 2300 | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2300 REF with REF01 = "EA" is |  |  |
| X223.173.2300.REF01.010 | REF01 | Reference Identification Qualifier |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2300.REF01 must be present. |  |  |
| X223.173.2300.REF01.020 | REF01 |  |  | 999 | R | IK403 = 7: "Invalid Code Value" | 2300.REF01 must be "EA". |  |  |
| X223.173.2300.REF02.010 | REF02 | Medical Record Number |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2300.REF02 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. |  |  |
| X223.173.2300.REF02.040 | REF02 |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length Invalid" CSC 588: "medical Record Number" |  |  |  |



|  | REF03 | Description |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | Must not be present. |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.175.2300.REF04.010 | REF04 | REFERENCE IDENTIFIER |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | Must not be present. |  |  |
|  |  |  |  |  |  |  |  |  |  |
| х223.176.2300.K3.010 | K3 | FILE Information | 2300 | 999 | R | 1K304 = 5: "Segment Exceeds Maximum Use" | Only ten iterations of K3 are allowed. |  |  |
| X223.176.2300.K301.010 | K301 | Fixed Format Information |  | 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 | IK403 = 5: "Data Element Too Long" | 2300.K301 must be 1-80 characters. |  |  |
| X223.176.2300.K301.040 | K301 |  |  | 277 | T | $\begin{aligned} & \text { CSCC A7: "Acknowledgement } \\ & \text { /Rejected for Invalid Information..." } \\ & \text { CSC 512: "Length Invalid" } \\ & \text { CSC 569: "Fixed Format Information" } \\ & \hline \end{aligned}$ |  |  |  |
| х223.176.2300.K301.050 | K301 |  |  | 999 | E | IK403 = 6: "Invalid Character in Data Element" | 2300.K301 must be populated with accepted AN characters. |  |  |
| X223.176.2300.K301.060 | K301 |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information... CSC 511: "Invalid character" CSC 569: "Fixed Format Information" |  |  |  |
| X223.176.2300.K302.010 | K302 | Record Format Code |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |  |
| x223.176.2300.K303.010 | K303 | COMPOSITE UNIT OF MEASURE |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | Must not be present. |  |  |
|  |  |  |  |  |  |  |  |  |  |
| X223.178.2300.NTE. 010 | NTE | CLAIM NOTE | 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 |  | 999 | R | 1 K 403 = 1: "Required Data Element Missing" | 2300.NTE01 must be present. |  |  |
| X223.178.2300.NTE01.020 | NTE01 |  |  | 999 | R | 11403 = 7: "Invalid Code Value" | 2300.NTE01 must be valid values. |  |  |
| X223.178.2300.NTE02.010 | NTE02 | Claim Note Text |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2300.NTE02 must be present. |  |  |
| X223.178.2300.NTE02.020 | NTE02 |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2300.NTE02 must be at least one non-space character. |  |  |
| X223.178.2300.NTE02.030 | NTE02 |  |  | 999 | E | IK403 = 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" CSC 297: "Medical Notes/Report" |  |  |  |
| X223.178.2300.NTE02.050 | NTE02 |  |  | 999 | E | IK403 = 6: "Invalid Character in Data Element" | 2300.NTE02 must be populated with accepted AN characters. |  |  |
| X223.178.2300.NTE02.060 | NTE02 |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 511: "Invalid character" CSC 297: "Medical Notes/Report" |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| X223.180.2300.NTE. 010 | NTE | billing note | 2300 | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2300.NTE is allowed. |  |  |
| X223.180.2300.NTE01.010 | NTE01 | Note Reference Code |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2300. $\mathrm{NTE01}$ must be present. |  |  |
| X223.180.2300.NTE01.020 | NTE01 |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.NTE01 must be "ADD". |  |  |


| X223.180.2300.NTE02.010 | NTE02 | Billing Note Text |  | 999 | R | IK403 = 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.NTEO2 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" TBD14: "Billing Note Text" |  |  |  |
| X223.180.2300.NTE02.050 | NTE02 |  |  | 999 | E | IK403 = 6: "Invalid Character in Data Element" | 2300.NTE02 must be populated with accepted AN |  |  |
| X223.180.2300.NTE02.060 | NTE02 |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 511: "Invalid character" TBD14: "Billing Note Text" |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| X223.181.2300.CRC. 010 | CRC | EPSDT REFERRAL | 2300 | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of $2300 . C R C$ with CRC01 = "ZZ" is allowed. | pass through, syntax only. |  |
| X223.181.2300.CRC01.010 | CRC01 | Code Category |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2300.CRC01 must be present. |  |  |
| X223.181.2300.CRC01.020 | CRC01 |  |  | 999 | R | IK403 = 7: "Invalid Code Value" | 2300.CRC01 must be "ZZ". |  |  |
| X223.181.2300.CRC02.010 | CRC02 | Certification Condition Indicator |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2300.CRC02 must be present. |  |  |
| X223.181.2300.CRC02.020 | CRC02 |  |  | 999 | R | IK403 = 7: "Invalid Code Value" | 2300.CRC02 must be valid values. |  |  |
| X223.181.2300.CRC03.010 | CRC03 | Condition Code |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2300.CRC03 must be present. |  |  |
| X223.181.2300.CRC03.020 | CRC03 |  |  | 999 | R | IK403 = 7: "Invalid Code Value" | 2300.CRC03 must be valid values. |  |  |
| X223.181.2300.CRC04.010 | CRC04 | Condition Code |  | 999 | R | IK403 = 7: "Invalid Code Value" | 2300.CRC04 must be valid values. |  |  |
| X223.181.2300.CRC05.010 | CRC05 | Condition Code |  | 999 | R | IK403 = 7: "Invalid Code Value" | 2300.CRC05 must be valid values. |  |  |
| X223.181.2300.CRC06.010 | CRC06 | Condition Indicator |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |  |
| X223.181.2300.CRC07.010 | CRC07 | Condition Indicator |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \\ & \hline \end{aligned}$ | Must not be present. |  |  |
|  |  |  |  |  |  |  |  |  |  |
| X223.184.2300.HI.010 | HI | PRINCIPAL DIAGNOSIS | 2300 | 999 | R | IK304 = 3: "Required Segment Missing" | 2300.HI with H101-1 = "BK" must be present. | ICD-9 Only period |  |
| х223.184.2300.H1.020 | HI |  |  | 999 | R | IK304 = 3: "Required Segment Missing" | $2300 . \mathrm{HI}$ with H101-1 = "BK" or "ABK" must be present. | Transition period |  |
| х223.184.2300.HI.030 | HI |  |  | 999 | R | IK304 = 3: "Required Segment Missing" | 2300.HI 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 | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of $2300 . \mathrm{H}$ with H0101-1 $=$ " BK " is allowed. | ICD-9 Only period |  |
| X223.184.2300.H1.050 | HI |  |  | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of $2300 . \mathrm{HI}$ with $\mathrm{H} 101-1=$ " BK " or "ABK" is allowed. | Transition period |  |
| X223.184.2300.H1.060 | HI |  |  | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2300.H1 with H101-1 = "ABK" is allowed. | ICD-10 Only period - assumes no dual-use after mandated date. |  |
| X223.184.2300.H01.010 | H01 | HEALTH CARE CODE INFORMATION |  |  |  |  |  |  |  |
| X223.184.2300.H01-1.010 | H01-1 | Code List Qualifier Code |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2300. $\mathrm{H} 101-1$ must be present. |  |  |
| X223.184.2300.H01-1.020 | H101-1 |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H01-1 must be valid values. |  |  |
| X223.184.2300.H101-1.030 | H101-1 |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H101-1 must = "BK". | ICD-9 Only period |  |
| X223.184.2300.H01-1.040 | H101-1 |  |  | 999 | R | IK403 = 7: "Invalid Code Value" | 2300. H I01-1 must = "ABK". | ICD-10 Only period - assumes no dual-use after mandated date. |  |


| X223.184.2300.H101-2.010 | H01-2 | Industry Code |  |  | 999 | R | IK403 = 1: "Required Data Element | 2300.H101-2 must be present. |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.184.2300.H101-2.020 | H01-2 |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 254: "Primary diagnosis code" | If 2300. HIO1-1 is "BK" then 2300 .HIO1-2 must be a valid ICD-9-CM Principal Diagnosis code (based on date of service). | ICD-9 Only period and Transition period. <br> Valid ICD-9-CM Principal 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: "Primary diagnosis code" | If 2300. HIO1-1 is "ABK" then 2300 .HI01-2 must be a valid ICD-10-CM Principal Diagnosis code. | Transition period and ICD-10 Only period. <br> Valid ICD-10-CM Principal Diagnosis Code reference must be available for this edit. |  |
| X223.184.2300.H101-2.040 | H01-2 |  |  |  | 999 | E | IK403 = 6: "Invalid Character in Data Element" | 2300.H01-2 must not contain a ".". |  |  |
| X223.184.2300.H101-2.050 | H01-2 |  |  |  | 277 | T | $\begin{aligned} & \text { CSCC AT: "Acknowledgement } \\ & \text { IRejected for Invalid Information..." } \\ & \text { CSC 511: "Invalid character" } \\ & \text { CSC 254: "Primary diagnosis code" } \end{aligned}$ |  |  |  |
| X223.184.2300.H101-3.010 | H01-3 | Date Time Period Format Qualifier |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300.H101-3 must not be present. |  |  |
| X223.184.2300.H101-4.010 | H01-4 | Date Time Period |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300. H101-4 must not be present. |  |  |
| X223.184.2300.H101-5.010 | H101-5 | Monetary Amount |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300. H101-5 must not be present. |  |  |
| X223.184.2300.H101-6.010 | H01-6 | Quantity |  |  | 999 | E | $\begin{aligned} & \text { IK403 = 110: "Implementation "Not } \\ & \text { Used" Element Present" } \\ & \hline \end{aligned}$ | 2300.H101-6 must not be present. |  |  |
| X223.184.2300.H101-7.010 | H01-7 | Version Identifier |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H101-7 must not be present. |  |  |
| X223.184.2300.H101-8.010 | H01-8 | Industry code |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300. $\mathrm{H} 101-8$ must not be present. |  |  |
| X223.184.2300.H101-9.010 | H01-9 | Present on Admission indicator |  |  | 999 | R | IK403 = 7: "Invalid Code Value" | 2300.H101-9 must be valid values. |  |  |
| X223.184.2300. H 102.010 | H102 | HEALTH CARE CODE INFORMATION |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300. H I02 must not be present. |  |  |
| X223.184.2300. H 103.010 | H103 | HEALTH CARE CODE INFORMATION |  |  | 999 | E | $\begin{aligned} & \text { IK403 = 110: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H103 must not be present. |  |  |
| X223.184.2300.H104.010 | H104 | HEALTH CARE CODE INFORMATION |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300. H104 must not be present. |  |  |
| Х223.184.2300.H105.010 | H105 | HEALTH CARE CODE INFORMATION |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300.H105 must not be present. |  |  |
| X223.184.2300. H O6.010 | H106 | HEALTH CARE CODE |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300. H106 must not be present. |  |  |
| X223.184.2300.H107.010 | H107 | HEALTH CARE CODE |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300. H107 must not be present. |  |  |
| X223.184.2300.H108.010 | H108 | HEALTH CARE CODE INFORMATION |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \\ & \hline \end{aligned}$ | 2300. H (1)8 must not be present. |  |  |
| X223.184.2300. H 109.010 | H109 | HEALTH CARE CODE INFORMATION |  |  | 999 | E | 1K403 = 110 : "Implementation "Not Used" Element Present" | 2300. H109 must not be present. |  |  |
| X223.184.2300. H 110.010 | H110 | HEALTH CARE CODE INFORMATION |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H110 must not be present. |  |  |
| X223.184.2300.H111.010 | H111 | HEALTH CARE CODE INFORMATION |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300. H111 must not be present. |  |  |
| X223.184.2300.H112.010 | H112 | HEALTH CARE CODE INFORMATION |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300. H112 must not be present. |  |  |
|  |  |  |  |  |  |  |  |  |  |  |


| X223.187.2300.HI.010 | HI | ADMITTING DIAGNOSIS | 2300 | 999 | R | IK304 = I6: "Implementation Dependent Segment Missing" | 2300. HI with HI01-1 = "BJ" must be included on inpatient admission claims. | ICD-9 Only period |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.187.2300.H1.020 | HI |  |  | 999 | R | IK304 = I6: "Implementation Dependent Segment Missing" | 2300.HI with HI01-1 = "BJ" or "ABJ" must be included on inpatient admission claims. | Transition period |  |
| X223.187.2300.H1.030 | HI |  |  | 999 | R | IK304 = I6: "Implementation Dependent Segment Missing" | 2300. HI with HI01-1 = "ABJ" must be included on inpatient admission claims. | ICD-10 Only period - assumes no dual-use after mandated date. |  |
| X223.187.2300.H1.040 | HI |  |  | 999 | R | IK304 = 19: "Implementation Dependent "Not Used" Segment Present" | 2300. HI with H101-1 = "BJ" cannot be included on non-inpatient admission claims. |  |  |
| X223.187.2300.H1.050 | HI |  |  | 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 |  |
| X223.187.2300.H1.060 | HI |  |  | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2300.HI with H01-1 = "BJ" or "ABJ" is allowed. | Transition period |  |
| X223.187.2300.H1.070 | HI |  |  | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of $2300 . \mathrm{HI}$ with $\mathrm{Hl01-1}=$ "ABJ" is allowed. | ICD-10 Only period - assumes no dual-use after mandated date. |  |
| X223.187.2300.H01.010 | H01 | HEALTH CARE CODE INFORMATION |  |  |  |  |  |  |  |
| X223.187.2300.H01-1.010 | H01-1 | Diagnosis Type Code |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H01-1 must be valid values. |  |  |
| X223.187.2300.H01-1.020 | H01-1 |  |  | 999 | R | 1 K 403 = 7: "Invalid Code Value" | 2300.H101-1 must = "BJ". | ICD-9 Only period |  |
| X223.187.2300.H101-1.030 | H01-1 |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300. H I01-1 must = "ABJ". | ICD-10 Only period - assumes no dual-use after mandated date. |  |
| X223.187.2300.H101-2.010 | H01-2 | Admitting Diagnosis Code |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information... CSC 232: "Admitting Diagnosis" | If $2300 . \mathrm{HIO1}-1$ is "BJ" then $2300 . \mathrm{HIO1}-2$ must be a valid ICD-9-CM Admitting Diagnosis code. | ICD-9 Only period and Transition period. <br> Valid ICD-9-CM Admitting 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.H01-1 is "ABJ" then 2300.HIO1-2 must be a valid ICD-10-CM Admitting Diagnosis code. | Transition period and ICD-10 Only period. <br> Valid ICD-10-CM Admitting <br> 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.H01-2 must not contain a ".". |  |  |
| X223.187.2300.H101-2.040 | H01-2 |  |  | 277 | T | CSCC A7: "Acknowledgement <br> /Rejected for Invalid Information..." <br> CSC 511: "Invalid character" <br> CSC 232: "Admitting Diagnosis" |  |  |  |
| X223.187.2300.H101-3.010 | H01-3 | Date Time Period Format Qualifier |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300. $\mathrm{H} 101-3$ must not be present. |  |  |
| X223.187.2300.H101-4.010 | H01-4 | Date Time Period |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300. H101-4 must not be present. |  |  |
| X223.187.2300.H101-5.010 | H01-5 | Monetary Amount |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300.H101-5 must not be present. |  |  |
| X223.187.2300.H101-6.010 | H01-6 | Quantity |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300. H101-6 must not be present. |  |  |
| х223.187.2300.H101-7.010 | H01-7 | Version Identifier |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300.H101-7 must not be present. |  |  |
| X223.187.2300.H101-8.010 | H01-8 | Industry code |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300. H101-8 must not be present. |  |  |
| X223.187.2300.H101-9.010 | H01-9 | Yes/No Condition or response Code |  | 999 | E | IK403 = 110: "Implementation "Not | 2300. H101-9 must not be present. |  |  |
| X223.187.2300.H102.010 | H02 | HEALTH CARE CODE INFORMATION |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300.H102 must not be present. |  |  |


| X223.187.2300.H103.010 | H103 | HEALTH CARE CODE INFORMATION |  | 999 | E | 1K403 = 110: "Implementation "Not Used" Element Present" | 2300.H103 must not be present. |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.187.2300.H104.010 | H104 | HEALTH CARE CODE INFORMATION |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300.H104 must not be present. |  |  |
| X223.187.2300.H105.010 | H105 | HEALTH CARE CODE INFORMATION |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300.H105 must not be present. |  |  |
| X223.187.2300.H106.010 | H106 | HEALTH CARE CODE |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300.H106 must not be present. |  |  |
| X223.187.2300.H107.010 | H107 | HEALTH CARE CODE INFORMATION |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300.H107 must not be present. |  |  |
| X223.187.2300.H108.010 | H108 | HEALTH CARE CODE INFORMATION |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H108 must not be present. |  |  |
| X223.187.2300. H 109.010 | H109 | HEALTH CARE CODE INFORMATION |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300.H109 must not be present. |  |  |
| X223.187.2300. H 110.010 | H110 | HEALTH CARE CODE INFORMATION |  | 999 | E | 1K403 = I10: "Implementation "Not Used" Element Present" | 2300.H110 must not be present. |  |  |
| X223.187.2300.H111.010 | H111 | HEALTH CARE CODE INFORMATION |  | 999 | E | 1K403 = I10: "Implementation "Not | 2300.H111 must not be present. |  |  |
| X223.187.2300.H112.010 | H112 | HEALTH CARE CODE INFORMATION |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300.H112 must not be present. |  |  |
|  |  |  |  |  |  |  |  |  |  |
| X223.189.2300.H1.010 | HI | PATIENT REASON FOR VISIT | 2300 | 999 | R | IK304 = 16: "Implementation Dependent Segment Missing" | 2300.HI with H01-1 = "PR" Not valid on Outpatient claim, must be present on all final inpatient claims. | ICD-9 Only period Companion Guide Note needed. |  |
| X223.189.2300.H1.020 | HI |  |  | 999 | R | IK304 = 16: "Implementation Dependent Segment Missing" | 2300.H with H101-1 = "PR" or "APR" must be included on outpatient visit claims. | Transition period |  |
| X223.189.2300.HI.030 | HI |  |  | 999 | R | IK304 = 16: "Implementation Dependent Segment Missing" | 2300. Hl with H101-1 = "APR" must be included on outpatient visit claims. | ICD-10 Only period - assumes no dual-use after mandated date. |  |
| X223.189.2300.H1.040 | HI |  |  | 999 | R | IK304 = 19: "Implementation Dependent "Not Used" Segment Present" | 2300.H with H101-1 = "PR" or "APR" cannot be included on non-outpatient visit claims. |  |  |
| X223.189.2300.H1.050 | HI |  |  | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of $2300 . \mathrm{HI}$ with HIO1-1 = "PR" is allowed. | ICD-9 Only period |  |
| X223.189.2300.H1.060 | HI |  |  | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" Maximum Use" | Only one iteration of $2300 . \mathrm{HI}$ with H101-1 = "PR" or "APR" is allowed "APR" is allowed. | Transition period |  |
| X223.189.2300.H1.070 | HI |  |  | 999 | R | IK304 = 5: "Segment Exceeds | Only one iteration of 2300.HI with H101-1 = "APR" is allowed. | ICD-10 Only period - assumes no dual-use after mandated date. |  |
| ×223.189.2300.H101.010 | H01 | HEALTH CARE CODE INFORMATION |  |  |  |  |  |  |  |
| X223.189.2300.H101-1.010 | HI01-1 | Diagnosis Type Code |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300. H01-1 must be valid values. |  |  |
| Х223.189.2300.H101-1.020 | H01-1 |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300. $\mathrm{H} 101-1$ must = "PR". | ICD-9 Only period |  |
| X223.189.2300.H101-1.030 | H101-1 |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300. H I01-1 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 |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 673: "Patient reason for visit" | If 2300 .HIO1-1 is "PR" then 2300 . HIO1-2 must be a valid ICD-9-CM Patient Reason for Visit code. | ICD-9 Only period and Transition period. <br> Valid ICD-9-CM Patient's Reason for Visit Code reference must be available for this edit. |  |



| X223.189.2300.H102-9.010 | H102-9 | Yes/No Condition or response Code |  |  | 999 | E | \|K403 = 110: "Implementation "Not Used" Element Present" | 2300.H102-9 must not be present. |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.189.2300.H103.010 | H03 | $\begin{aligned} & \text { HEALTH CARE CODE } \\ & \text { INFORMATION } \\ & \hline \end{aligned}$ |  |  | 999 | R | IK403 = 10: "Exclusion Condition Violated" | If $2300 . \mathrm{HIO} 02$ is present then $2300 . \mathrm{HIO}$ may be present. |  |  |
| X223.189.2300.H103-1.010 | H103-1 | Diagnosis Type Code |  |  | 999 | R | 14403 = 7: "Invalid Code Value" | 2300. $\mathrm{H} 103-1$ must be valid values. |  |  |
| X223.189.2300.H103-1.020 | H103-1 |  |  |  | 999 | R | IK403 = 7: "Invalid Code Value" | 2300. H 103 -1 must = "PR". | ICD-9 Only period |  |
| X223.189.2300. H 103 -1.030 | H003-1 |  |  |  | 999 | R | IK403 = 7: "Invalid Code Value" | 2300. H 103 -1 must = "APR". | ICD-10 Only period - assumes no dual-use after mandated date. |  |
| X223.189.2300.H03-2.010 | H103-2 | Patient Reason For Visit |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 673: "Patient reason for visit" | If $2300 . \mathrm{HIO} 03-1$ is "PR" then 2300 . H IO3-2 must be a valid ICD-9-CM Patient Reason for Visit code. | ICD-9 Only period and Transition period. <br> Valid ICD-9-CM 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-CM Patient Reason for Visit code. | Transition period and ICD-10 Only period. <br> Valid ICD-10-CM Patient's Reason for Visit Code reference must be available for this edit. |  |
| X223.189.2300.H103-2.030 | H103-2 |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = 6: "Invalid Character in Data } \\ & \text { Element" } \end{aligned}$ | 2300.H103-2 must not contain a ".". |  |  |
| X223.189.2300.H103-2.040 | H103-2 |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 511: "Invalid character" CSC 673: "Patient reason for visit" |  |  |  |
| X223.189.2300.H103-3.010 | H103-3 | Date Time Period Format Qualifier |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300. H103-3 must not be present. |  |  |
| X223.189.2300.H103-4.010 | H103-4 | Date Time Period |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300. $\mathrm{H} 103-4$ must not be present. |  |  |
| X223.189.2300.H103-5.010 | H103-5 | Monetary Amount |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Flement Present" | 2300.H103-5 must not be present. |  |  |
| X223.189.2300.H103-6.010 | H103-6 | Quantity |  |  | 999 | E | IK403 = 110 : "Implementation "Not Used" Element Present" | 2300.H103-6 must not be present. |  |  |
| X223.189.2300.H103-7.010 | H103-7 | Version Identifier |  |  | 999 | E | $\begin{aligned} & \text { 1K403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H103-7 must not be present. |  |  |
| X223.189.2300.H103-8.010 | H103-8 | Industry code |  |  | 999 | E | $\begin{aligned} & \text { IK403 = 110: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300. $\mathrm{HIO3-8}$ must not be present. |  |  |
| Х223.189.2300.H103-9.010 | H103-9 | Yes/No Condition or response Code |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300.H103-9 must not be present. |  |  |
| X223.189.2300.H104.010 | H104 | $\begin{aligned} & \text { HEALTH CARE CODE } \\ & \text { INFORMATION } \\ & \hline \end{aligned}$ |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300. HI04 must not be present. |  |  |
| X223.189.2300.H105.010 | H105 | HEALTH CARE CODE INFORMATION |  |  | 999 | E | 1K403 = 110: "Implementation "Not Used" Element Present" | 2300. H H05 must not be present. |  |  |
| X223.189.2300.H106.010 | H106 | HEALTH CARE CODE INFORMATION |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300. H106 must not be present. |  |  |
| X223.189.2300.H107.010 | H107 | $\begin{aligned} & \text { HEALTH CARE CODE } \\ & \text { INFORMATION } \\ & \hline \end{aligned}$ |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300.H107 must not be present. |  |  |
| X223.189.2300.H108.010 | H108 | HEALTH CARE CODE INFORMATION |  |  | 999 | E | $\begin{aligned} & \text { K403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H108 must not be present. |  |  |
| X223.189.2300.H109.010 | H109 | HEALTH CARE CODE INFORMATION |  |  | 999 | E | $\begin{aligned} & \text { 1K403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H109 must not be present. |  |  |
| X223.189.2300.H110.010 | H10 | HEALTH CARE CODE INFORMATION |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \\ & \hline \end{aligned}$ | 2300.H110 must not be present. |  |  |
| X223.189.2300.H111.010 | H111 | HEALTH CARE CODE INFORMATION |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \\ & \hline \end{aligned}$ | 2300.H111 must not be present. |  |  |
| X223.189.2300.H112.010 | H112 | HEALTH CARE CODE INFORMATION |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \\ & \hline \end{aligned}$ | 2300. H112 must not be present. |  |  |
|  |  |  |  |  |  |  |  |  |  |  |


| X223.193.2300.H1.010 | HI | EXTERNAL CAUSE OF INJURY | 2300 | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2300. HI with $\mathrm{HIO1-1}=$ "BN" is allowed. | ICD-9 Only period |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| х223.193.2300.H1.020 | HI |  |  | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of $2300 . \mathrm{HI}$ with $\mathrm{HIO1}-1$ = "BN" or "ABN" is allowed. | Transition period |  |
| 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 |  |  |  |  |  |  |  |
| X223.193.2300.H101-1.010 | H101-1 | Diagnosis Type Code |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H01-1 must be valid values. |  |  |
| х223.193.2300.H101-1.020 | H101-1 |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.HIO1-1 must = "BN". | ICD-9 Only period |  |
| X223.193.2300.H101-1.030 | H01-1 |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300. H I01-1 must = "ABN". | ICD-10 Only period - assumes no dual-use after mandated date. |  |
| X223.193.2300.H101-2.010 | H101-2 | External Cause of Injury Code |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 509: "E-Code" | If $2300 . \mathrm{HIO1}-1$ is " BN " then 2300 . H O1-2 2 must be a valid ICD-9-CM External Cause of Injury code. | ICD-9 Only period and Transition period. <br> Valid ICD-9-CM External Cause of Injury Code reference must be available for this edit. |  |
| X223.193.2300.H101-2.020 | H101-2 |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 509: "E-Code" | If 2300.HIO1-1 is "ABN" then 2300.HIO1-2 must be a valid ICD-10-CM External Cause of Injury code. | Transition period and ICD-10 Only period. <br> Valid ICD-10-CM External Cause of Injury Code reference must be available for this edit. |  |
| X223.193.2300.H101-2.030 | H101-2 |  |  | 999 | E | IK403 = 6: "Invalid Character in Data Element" | 2300.H101-2 must not contain a ".". |  |  |
| X223.193.2300.H101-2.040 | H101-2 |  |  | 277 | T | CSCC A7: "Acknowledgement 1Rejected for Invalid Information..." CSC 511: "Invalid character" CSC 509: "E-Code" |  |  |  |
| X223.193.2300.H101-3.010 | H101-3 | $\begin{array}{c}\text { Date Time Period Format } \\ \text { Qualifier }\end{array}$ |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300. H01-3 must not be present. |  |  |
| X223.193.2300.H101-4.010 | H01-4 | Date Time Period |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300.H101-4 must not be present. |  |  |
| X223.193.2300.H101-5.010 | H01-5 | Monetary Amount |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300. $\mathrm{H} 101-5$ must not be present. |  |  |
| X223.193.2300.H101-6.010 | H101-6 | Quantity |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300. H101-6 must not be present. |  |  |
| X223.193.2300.H101-7.010 | H101-7 | Version Identifier |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300.H101-7 must not be present. |  |  |
| X223.193.2300.H101-8.010 | H101-8 | Industry code |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300. $\mathrm{H} 101-8$ must not be present. |  |  |
| X223.193.2300.H101-9.010 | H101-9 | Present on Admission indicator |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300. $\mathrm{H} 101-9$ must be valid values. |  |  |
| X223.193.2300.H102.010 | H02 | HEALTH CARE CODE INFORMATION |  | 999 | R | IK403 = 10: "Exclusion Condition Violated" | If $2300 . \mathrm{HIO} 01$ is present then $2300 . \mathrm{HIO2}$ may be present. |  |  |
| X223.193.2300.H102-1.010 | H102-1 | Diagnosis Type Code |  | 999 | R | IK403 = 7: "Invalid Code Value" | 2300.H102-1 must be valid values. |  |  |
| X223.193.2300.H102-1.020 | H102-1 |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H102-1 must = "BN". | ICD-9 Only period |  |
| X223.193.2300.H102-1.030 | H102-1 |  |  | 999 | R | IK403 = 7: "Invalid Code Value" | 2300.H102-1 must = "ABN". | ICD-10 Only period - assumes no dual-use after mandated date. |  |
| X223.193.2300.H102-2.010 | H102-2 | External Cause of Injury Code |  | 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-CM External Cause of Injury code. | ICD-9 Only period and Transition period. <br> Valid ICD-9-CM External Cause of Injury Code reference must be available for this edit. |  |


| X223.193.2300.H102-2.020 | H102-2 |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 509: "E-Code" | If 2300. HIO2-1 is "ABN" then 2300 .HIO2-2 must be a valid ICD-10-CM External Cause of Injury code. | Transition period and ICD-10 Only period. <br> Valid ICD-10-CM External Cause of Injury Code reference must be available for this edit. |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.193.2300.H102-2.030 | H102-2 |  |  |  | 999 | E | IK403 = 6: "Invalid Character in Data Element" | 2300.H02-2 must not contain a ".". |  |  |
| X223.193.2300.H102-2.040 | H102-2 |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information. CSC 511: "Invalid character" CSC 509: "E-Code" |  |  |  |
| X223.193.2300.H102-3.010 | H102-3 | $\begin{array}{\|c\|} \hline \begin{array}{c} \text { Date Time Period Format } \\ \text { Qualifier } \end{array} \\ \hline \end{array}$ |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \\ & \hline \end{aligned}$ | 2300. H102-3 must not be present. |  |  |
| X223.193.2300.H102-4.010 | H102-4 | Date Time Period |  |  | 999 | E | \|K403 = 110: "Implementation "Not Used" Element Present" | 2300.H102-4 must not be present. |  |  |
| X223.193.2300.H102-5.010 | H102-5 | Monetary Amount |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300.H102-5 must not be present. |  |  |
| X223.193.2300.H102-6.010 | H102-6 | Quantity |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \\ & \hline \end{aligned}$ | 2300. H102-6 must not be present. |  |  |
| X223.193.2300.H102-7.010 | H102-7 | Version Identifier |  |  | 999 | E | $\begin{aligned} & \text { 1K403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300. $\mathrm{HIO2}-7$ must not be present. |  |  |
| X223.193.2300.H102-8.010 | H102-8 | Industry code |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \\ & \hline \end{aligned}$ | 2300. H102-8 must not be present. |  |  |
| X223.193.2300.H102-9.010 | H102-9 | Present on Admission indicator |  |  | 999 | R | IK403 = 7: "Invalid Code Value" | 2300. H102-9 must be valid values. |  |  |
| X223.193.2300.H103.010 | н103 | HEALTH CARE CODE INFORMATION |  |  | 999 | R | IK403 = 10: "Exclusion Condition Violated" | If 2300. H102 is present then 2300. HIO3 may be |  |  |
| Х223.193.2300.H103-1.010 | H103-1 | Diagnosis Type Code |  |  | 999 | R | 14403 = 7: "Invalid Code Value" | 2300.H103-1 must be valid values. |  |  |
| х223.193.2300.H103-1.020 | H103-1 |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300. $\mathrm{HIO3-1}$ must = "BN". | ICD-9 Only period |  |
| X223.193.2300.H103-1.030 | H103-1 |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300. H IO3-1 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 |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 509: "E-Code" | If 2300 .HIO3- 1 is "BN" then 2300 .HIO3-2 must be a valid ICD-9-CM External Cause of Injury code. | ICD-9 Only period and Transition period. <br> Valid ICD-9-CM External Cause of Injury 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-CM External Cause of Injury code. | Transition period and ICD-10 Only <br> period. <br> Valid ICD-10-CM External Cause of <br> Injury Code reference must be <br> available for this edit. |  |
| X223.193.2300.H103-2.030 | H103-2 |  |  |  | 999 | E | $\begin{aligned} & \hline \text { K403 = 6: "Invalid Character in Data } \\ & \text { Element" } \\ & \hline \end{aligned}$ | 2300.H103-2 must not contain a ".". |  |  |
| X223.193.2300.H103-2.040 | H103-2 |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 511: "Invalid character" CSC 509: "E-Code" |  |  |  |
| X223.193.2300.H103-3.010 | H103-3 | Date Time Period Format <br> Qualifier |  |  | 999 | E | $\begin{aligned} & \text { 1K403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300. $\mathrm{HIO} 03-3$ must not be present. |  |  |
| X223.193.2300.H103-4.010 | H103-4 | Date Time Period |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \\ & \hline \end{aligned}$ | 2300. $\mathrm{H} 103-4$ must not be present. |  |  |
| х223.193.2300.H103-5.010 | H103-5 | Monetary Amount |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \\ & \hline \end{aligned}$ | 2300. H 103-5 must not be present. |  |  |
| X223.193.2300.H103-6.010 | H103-6 | Quantity |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300. H 103-6 must not be present. |  |  |
| X223.193.2300.H103-7.010 | H103-7 | Version Identifier |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300. $\mathrm{H} 103-7$ must not be present. |  |  |


| X223.193.2300.H103-8.010 | H103-8 | Industry code |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300. H 103-8 must not be present. |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.193.2300.H103-9.010 | H103-9 | Present on Admission indicator |  |  | 999 | R | IK403 = 7: "Invalid Code Value" | 2300.H103-9 must be valid values. |  |  |
| X223.193.2300.H104.010 | H104 | HEALTH CARE CODE INFORMATION |  |  | 999 | R | IK403 = 10: "Exclusion Condition Violated" | If 2300 .HI03 is present then 2300 . H104 may be present. |  |  |
| х223.193.2300.H104-1.010 | H104-1 | Diagnosis Type Code |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300. $\mathrm{H} 104-1$ must be valid values. |  |  |
| X223.193.2300.H104-1.020 | H104-1 |  |  |  | 999 | R | 1 K 403 = 7 : "Invalid Code Value" | 2300.H141-1 must = "BN". | ICD-9 Only period |  |
| X223.193.2300.H104-1.030 | H104-1 |  |  |  | 999 | R | 11403 = 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 |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 509: "E-Code" | If 2300. $\mathrm{H} 104-1$ is " BN " then $2300 . \mathrm{HIO4-2}$ must be a valid ICD-9-CM External Cause of Injury code. | ICD-9 Only period and Transition period. <br> Valid ICD-9-CM External Cause of Injury Code reference must be available for this edit. |  |
| X223.193.2300.H104-2.020 | H104-2 |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 509: "E-Code" | If 2300.HIO4-1 is "ABN" then 2300 .HIO4-2 must be a valid ICD-10-CM External Cause of Injury code. | Transition period and ICD-10 Only period. <br> Valid ICD-10-CM External Cause of Injury Code reference must be available for this edit. |  |
| X223.193.2300.H104-2.030 | H104-2 |  |  |  | 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 | CSCC A7: "Acknowledgement <br> /Rejected for Invalid Information..." <br> CSC 511: "Invalid character" <br> CSC 509: "E-Code" |  |  |  |
| X223.193.2300.H104-3.010 | H104-3 | Date Time Period Format <br> Qualifier |  |  | 999 | E | $\begin{aligned} & \text { IK403 = 110: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300. $\mathrm{H} 104-3$ must not be present. |  |  |
| X223.193.2300.H104-4.010 | H104-4 | Date Time Period |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300.H104-4 must not be present. |  |  |
| X223.193.2300.H104-5.010 | H104-5 | Monetary Amount |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300.H104-5 must not be present. |  |  |
| X223.193.2300.H104-6.010 | H104-6 | Quantity |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300. $\mathrm{H} 104-6$ must not be present. |  |  |
| X223.193.2300.H104-7.010 | H104-7 | Version Identifier |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300.H104-7 must not be present. |  |  |
| X223.193.2300.H104-8.010 | H104-8 | Industry code |  |  | 999 | E | IK403 = I10: "Implementation "Not | 2300. $\mathrm{H} 104-8$ must not be present. |  |  |
| X223.193.2300.H104-9.010 | H104-9 | Present on Admission indicator |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H104-9 must be valid values. |  |  |
| X223.193.2300.H105.010 | H105 | HEALTH CARE CODE |  |  | 999 | R | IK403 = 10: "Exclusion Condition Violated" | If 2300. H104 is present then $2300 . \mathrm{HIO} 05$ may be present. |  |  |
| X223.193.2300.H105-1.010 | H105-1 | Diagnosis Type Code |  |  | 999 | R | 1 K 403 = 7: "Invalid Code Value" | 2300. $\mathrm{H} 105-1$ must be valid values. |  |  |
| X223.193.2300.H105-1.020 | H105-1 |  |  |  | 999 | R | 1 K 403 = 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.H105-1 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 |  |  | 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-CM External Cause of Injury code. | ICD-9 Only period and Transition period. <br> Valid ICD-9-CM External Cause of Injury 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. HIO5-1 is "ABN" then 2300 .HI05-2 must be a valid ICD-10-CM External Cause of Injury code. | Transition period and ICD-10 Only period. <br> Valid ICD-10-CM External Cause of Injury Code reference must be available for this edit. |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.193.2300.H105-2.030 | H105-2 |  |  |  | 999 | E | IK403 = 6: "Invalid Character in Data Element" | 2300.H105-2 must not contain a "." |  |  |
| X223.193.2300.H105-2.040 | H105-2 |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information. CSC 511: "Invalid character" CSC 509: "E-Code" |  |  |  |
| X223.193.2300.H105-3.010 | H105-3 | $\begin{array}{\|c\|} \hline \begin{array}{c} \text { Date Time Period Format } \\ \text { Qualifier } \end{array} \\ \hline \end{array}$ |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \\ & \hline \end{aligned}$ | 2300. H105-3 must not be present. |  |  |
| X223.193.2300.H105-4.010 | H105-4 | Date Time Period |  |  | 999 | E | \|K403 = 110: "Implementation "Not Used" Element Present" | 2300. $\mathrm{H} 105-4$ must not be present. |  |  |
| X223.193.2300.H105-5.010 | H105-5 | Monetary Amount |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300.H105-5 must not be present. |  |  |
| X223.193.2300.H105-6.010 | H105-6 | Quantity |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \\ & \hline \end{aligned}$ | 2300. $\mathrm{H} 105-6$ must not be present. |  |  |
| X223.193.2300.H105-7.010 | H105-7 | Version Identifier |  |  | 999 | E | $\begin{aligned} & \text { 1K403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300. $\mathrm{H} 105-7$ must not be present. |  |  |
| X223.193.2300.H105-8.010 | H105-8 | Industry code |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \\ & \hline \end{aligned}$ | 2300. $\mathrm{H} 105-8$ must not be present. |  |  |
| X223.193.2300.H105-9.010 | H105-9 | Present on Admission indicator |  |  | 999 | R | IK403 = 7: "Invalid Code Value" | 2300. H105-9 must be valid values. |  |  |
| X223.193.2300.H106.010 | H106 | HEALTH CARE CODE INFORMATION |  |  | 999 | R | IK403 = 10: "Exclusion Condition Violated" | If 2300. H105 is present then 2300. H106 may be |  |  |
| Х223.193.2300.H106-1.010 | H106-1 | Diagnosis Type Code |  |  | 999 | R | 14403 = 7: "Invalid Code Value" | 2300. $\mathrm{H} 106-1$ must be valid values. |  |  |
| X223.193.2300.H106-1.020 | H106-1 |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300. $\mathrm{H} 106-1$ must = "BN". | ICD-9 Only period |  |
| X223.193.2300.H106-1.030 | H106-1 |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300. H I06-1 must = "ABN". | ICD-10 Only period - assumes no dual-use after mandated date. |  |
| X223.193.2300.H106-2.010 | H106-2 | External Cause of Injury Code |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 509: "E-Code" | If $2300 . \mathrm{HIO6}-1$ is "BN" then $2300 . \mathrm{HIO6}-2$ must be a valid ICD-9-CM External Cause of Injury code. | ICD-9 Only period and Transition period. <br> Valid ICD-9-CM External Cause of Injury 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.H106-1 is "ABN" then 2300.HIO6-2 must be a valid ICD-10-CM External Cause of Injury code. | Transition period and ICD-10 Only <br> period. <br> Valid ICD-10-CM External Cause of <br> Injury Code reference must be <br> available for this edit. |  |
| X223.193.2300.H106-2.030 | H106-2 |  |  |  | 999 | E | $\begin{aligned} & \hline \text { K403 = 6: "Invalid Character in Data } \\ & \text { Element" } \\ & \hline \end{aligned}$ | 2300.H106-2 must not contain a ".". |  |  |
| X223.193.2300.H106-2.040 | H106-2 |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 511: "Invalid character" CSC 509: "E-Code" |  |  |  |
| X223.193.2300.H106-3.010 | H106-3 | Date Time Period Format <br> Qualifier |  |  | 999 | E | $\begin{aligned} & \text { 1K403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300. H106-3 must not be present. |  |  |
| X223.193.2300.H106-4.010 | H106-4 | Date Time Period |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \\ & \hline \end{aligned}$ | 2300. $\mathrm{H} 106-4$ must not be present. |  |  |
| X223.193.2300.H106-5.010 | H106-5 | Monetary Amount |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \\ & \hline \end{aligned}$ | 2300. H 106-5 must not be present. |  |  |
| X223.193.2300.H106-6.010 | H106-6 | Quantity |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300. $\mathrm{H} 106-6$ must not be present. |  |  |
| X223.193.2300.H106-7.010 | H106-7 | Version Identifier |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300. $\mathrm{H} 106-7$ must not be present. |  |  |


| X223.193.2300.H106-8.010 | H106-8 | Industry code |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300. $\mathrm{H} 106-8$ must not be present. |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.193.2300.H106-9.010 | H106-9 | Present on Admission indicator |  |  | 999 | R | IK403 = 7: "Invalid Code Value" | 2300.H106-9 must be valid values. |  |  |
| X223.193.2300.H107.010 | H107 | HEALTH CARE CODE INFORMATION |  |  | 999 | R | IK403 = 10: "Exclusion Condition Violated" | If 2300 .HI06 is present then 2300 . H107 may be present. |  |  |
| х223.193.2300.H107-1.010 | H107-1 | Diagnosis Type Code |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H107-1 must be valid values. |  |  |
| X223.193.2300.H107-1.020 | H007-1 |  |  |  | 999 | R | 1 K 403 = 7 : "Invalid Code Value" | 2300.H107-1 must = "BN". | ICD-9 Only period |  |
| X223.193.2300.H107-1.030 | H107-1 |  |  |  | 999 | R | 11403 = 7: "Invalid Code Value" | 2300.H07-1 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 |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 509: "E-Code" | If 2300.HIO7-1 is "BN" then $2300 . \mathrm{HIO}-2$ must be a valid ICD-9-CM External Cause of Injury code. | ICD-9 Only period and Transition period. <br> Valid ICD-9-CM External Cause of Injury 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.HIO7-1 is "ABN" then 2300.HIO7-2 must be a valid ICD-10-CM External Cause of Injury code. | Transition period and ICD-10 Only period. <br> Valid ICD-10-CM External Cause of Injury Code reference must be available for this edit. |  |
| X223.193.2300.H107-2.030 | H107-2 |  |  |  | 999 | E | IK403 = 6: "Invalid Character in Data Element" | 2300.H107-2 must not contain a ".". |  |  |
| X223.193.2300.H107-2.040 | H07-2 |  |  |  | 277 | T | CSCC A7: "Acknowledgement <br> /Rejected for Invalid Information..." <br> CSC 511: "Invalid character" <br> CSC 509: "E-Code" |  |  |  |
| X223.193.2300.H107-3.010 | H007-3 | Date Time Period Format <br> Qualifier |  |  | 999 | E | $\begin{aligned} & \text { IK403 = 110: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300. H107-3 must not be present. |  |  |
| X223.193.2300.H107-4.010 | H107-4 | Date Time Period |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300.H107-4 must not be present. |  |  |
| X223.193.2300.H107-5.010 | H107-5 | Monetary Amount |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300.H107-5 must not be present. |  |  |
| X223.193.2300.H107-6.010 | H107-6 | Quantity |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300. H107-6 must not be present. |  |  |
| X223.193.2300.H107-7.010 | H107-7 | Version Identifier |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300.H107-7 must not be present. |  |  |
| X223.193.2300.H107-8.010 | H107-8 | Industry code |  |  | 999 | E | IK403 = I10: "Implementation "Not | 2300. $\mathrm{H} 107-8$ must not be present. |  |  |
| X223.193.2300.H107-9.010 | H07-9 | Present on Admission indicator |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H107-9 must be valid values. |  |  |
| X223.193.2300.H108.010 | H08 | HEALTH CARE CODE |  |  | 999 | R | IK403 = 10: "Exclusion Condition Violated" | If 2300. H107 is present then $2300 . \mathrm{H} 108$ may be present. |  |  |
| X223.193.2300.H108-1.010 | H108-1 | Diagnosis Type Code |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300. $\mathrm{H} 108-1$ must be valid values. |  |  |
| X223.193.2300.H108-1.020 | H108-1 |  |  |  | 999 | R | 1 K 403 = 7 : "Invalid Code Value" | 2300. $\mathrm{Hl} 108-1$ must = "BN". | ICD-9 Only period |  |
| X223.193.2300.H108-1.030 | H108-1 |  |  |  | 999 | R | 1 K 403 = 7: "Invalid Code Value" | 2300.H108-1 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 |  |  | 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-CM External Cause of Injury code. | ICD-9 Only period and Transition period. <br> Valid ICD-9-CM External Cause of Injury 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 $2300 . \mathrm{HIO}-1$ is "ABN" then 2300 .HI08-2 must be a valid ICD-10-CM External Cause of Injury code. | Transition period and ICD-10 Only period. <br> Valid ICD-10-CM External Cause of Injury Code reference must be available for this edit. |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.193.2300.H108-2.030 | H108-2 |  |  |  | 999 | E | IK403 = 6: "Invalid Character in Data Element" | 2300.H108-2 must not contain a ".". |  |  |
| X223.193.2300.H108-2.040 | H108-2 |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information. CSC 511: "Invalid character" CSC 509: "E-Code" |  |  |  |
| X223.193.2300.H108-3.010 | H108-3 | $\begin{array}{\|c\|} \hline \begin{array}{c} \text { Date Time Period Format } \\ \text { Qualifier } \end{array} \\ \hline \end{array}$ |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \\ & \hline \end{aligned}$ | 2300. $\mathrm{H} 108-3$ must not be present. |  |  |
| X223.193.2300.H108-4.010 | H108-4 | Date Time Period |  |  | 999 | E | \|K403 = 110: "Implementation "Not Used" Element Present" | 2300. H I08-4 must not be present. |  |  |
| X223.193.2300.H108-5.010 | H108-5 | Monetary Amount |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300.H108-5 must not be present. |  |  |
| X223.193.2300.H108-6.010 | H108-6 | Quantity |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \\ & \hline \end{aligned}$ | 2300. H 108-6 must not be present. |  |  |
| X223.193.2300.H108-7.010 | H108-7 | Version Identifier |  |  | 999 | E | $\begin{aligned} & \text { 1K403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300. $\mathrm{H} 108-7$ must not be present. |  |  |
| X223.193.2300.H108-8.010 | H108-8 | Industry code |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \\ & \hline \end{aligned}$ | 2300. $\mathrm{H} 108-8$ must not be present. |  |  |
| X223.193.2300.H108-9.010 | H108-9 | Present on Admission indicator |  |  | 999 | R | IK403 = 7: "Invalid Code Value" | 2300. H108-9 must be valid values. |  |  |
| X223.193.2300.H109.010 | H109 | HEALTH CARE CODE INFORMATION |  |  | 999 | R | IK403 = 10: "Exclusion Condition Violated" | If 2300 .H108 is present then 2300 . HI09 may be |  |  |
| X223.193.2300.H109-1.010 | H109-1 | Diagnosis Type Code |  |  | 999 | R | 14403 = 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. $\mathrm{HlO9-1}$ must = "BN". | ICD-9 Only period |  |
| X223.193.2300.H109-1.030 | H109-1 |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300. H109-1 must = "ABN". | ICD-10 Only period - assumes no dual-use after mandated date. |  |
| X223.193.2300.H109-2.010 | H109-2 | External Cause of Injury Code |  |  | 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-CM External Cause of Injury code. | ICD-9 Only period and Transition period. <br> Valid ICD-9-CM External Cause of Injury Code reference must be available for this edit. |  |
| X223.193.2300.H109-2.020 | H109-2 |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 509: "E-Code" | If 2300.HIO9-1 is "ABN" then 2300.HIO9-2 must be a valid ICD-10-CM External Cause of Injury code. | Transition period and ICD-10 Only <br> period. <br> Valid ICD-10-CM External Cause of <br> Injury Code reference must be <br> available for this edit. |  |
| X223.193.2300.H109-2.030 | H109-2 |  |  |  | 999 | E | $\begin{aligned} & \hline \text { K403 = 6: "Invalid Character in Data } \\ & \text { Element" } \\ & \hline \end{aligned}$ | 2300.H109-2 must not contain a ".". |  |  |
| X223.193.2300.H109-2.040 | H109-2 |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 511: "Invalid character" CSC 509: "E-Code" |  |  |  |
| X223.193.2300.H109-3.010 | H109-3 | Date Time Period Format <br> Qualifier |  |  | 999 | E | $\begin{aligned} & \text { 1K403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300. H109-3 must not be present. |  |  |
| X223.193.2300.H109-4.010 | H109-4 | Date Time Period |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \\ & \hline \end{aligned}$ | 2300. $\mathrm{H} 109-4$ must not be present. |  |  |
| X223.193.2300.H109-5.010 | H109-5 | Monetary Amount |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \\ & \hline \end{aligned}$ | 2300. H 109-5 must not be present. |  |  |
| X223.193.2300.H109-6.010 | H109-6 | Quantity |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300.H109-6 must not be present. |  |  |
| X223.193.2300.H109-7.010 | H109-7 | Version Identifier |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300. H109-7 must not be present. |  |  |


| X223.193.2300.H109-8.010 | H109-8 | Industry code |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300. H 109-8 must not be present. |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.193.2300.H109-9.010 | H109-9 | Present on Admission indicator |  |  | 999 | R | IK403 = 7: "Invalid Code Value" | 2300.H109-9 must be valid values. |  |  |
| X223.193.2300.H110.010 | H110 | HEALTH CARE CODE |  |  | 999 | R | IK403 = 10: "Exclusion Condition Violated" | If 2300 .HI09 is present then 2300 . HI10 may be present. |  |  |
| X223.193.2300.H110-1.010 | H110-1 | Diagnosis Type Code |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H110-1 must be valid values. |  |  |
| X223.193.2300.H110-1.020 | H110-1 |  |  |  | 999 | R | 1 K 403 = 7 : "Invalid Code Value" | $2300 . \mathrm{Hl110-1}$ must = "BN". | ICD-9 Only period |  |
| X223.193.2300.H110-1.030 | H110-1 |  |  |  | 999 | R | 11403 = 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 |  |  | 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-CM External Cause of Injury code. | ICD-9 Only period and Transition period. <br> Valid ICD-9-CM External Cause of Injury 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 $2300 . \mathrm{HI} 10-1$ is "ABN" then 2300 .HIO10-2 must be a valid ICD-10-CM External Cause of Injury code. | Transition period and ICD-10 Only period. <br> Valid ICD-10-CM External Cause of Injury Code reference must be available for this edit. |  |
| 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 <br> /Rejected for Invalid Information..." <br> CSC 511: "Invalid character" <br> CSC 509: "E-Code" |  |  |  |
| X223.193.2300.H110-3.010 | H110-3 | Date Time Period Format <br> Qualifier |  |  | 999 | E | $\begin{aligned} & \text { IK403 = 110: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300. H110-3 must not be present. |  |  |
| X223.193.2300.H110-4.010 | H110-4 | Date Time Period |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300.H110-4 must not be present. |  |  |
| X223.193.2300.H110-5.010 | H110-5 | Monetary Amount |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300.H110-5 must not be present. |  |  |
| X223.193.2300.H110-6.010 | H110-6 | Quantity |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300. H110-6 must not be present. |  |  |
| X223.193.2300.H110-7.010 | H110-7 | Version Identifier |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300.H110-7 must not be present. |  |  |
| X223.193.2300.H110-8.010 | H110-8 | Industry code |  |  | 999 | E | IK403 = I10: "Implementation "Not | 2300.H110-8 must not be present. |  |  |
| X223.193.2300.H110-9.010 | H110-9 | Present on Admission indicator |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H110-9 must be valid values. |  |  |
| X223.193.2300.H111.010 | H111 | HEALTH CARE CODE |  |  | 999 | R | IK403 = 10: "Exclusion Condition Violated" | If 2300.HI10 is present then 2300. HI11 may be present. |  |  |
| X223.193.2300.H111-1.010 | H111-1 | Diagnosis Type Code |  |  | 999 | R | 1 K 403 = 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.H111-1 must = "BN". | ICD-9 Only period |  |
| X223.193.2300.H111-1.030 | H111-1 |  |  |  | 999 | R | 1 K 403 = 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 |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 509: "E-Code" | If $2300 . \mathrm{HI} 11-1$ is "BN" then $2300 . \mathrm{Hl} 11-2$ must be a valid ICD-9-CM External Cause of Injury code. | ICD-9 Only period and Transition period. <br> Valid ICD-9-CM External Cause of Injury Code reference must be available for this edit. |  |



| X223.193.2300.H112-7.010 | H112-7 | Version Identifier |  | 999 | E | IK403 = 110: "Implementation "Not | 2300.H112-7 must not be present. |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.193.2300.H112-8.010 | H112-8 | Industry code |  | 999 | E | \|K403 = 110: "Implementation "Not Used" Element Present" | 2300.H012-8 must not be present. |  |  |
| X223.193.2300.H112-9.010 | H12-9 | Present on Admission indicator |  | 999 | R | IK403 = 7: "Invalid Code Value" | 2300. H112-9 must be valid values. |  |  |
|  |  |  |  |  |  |  |  |  |  |
| X223.218.2300.H1.010 | HI | diagnosis related GROUP (DRG) INFORMATION | 2300 | 999 | R | IK304 = 5: "Segment Exceeds 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 |  |  |  |  |  |  |  |
| х223.218.2300.H101-1.010 | H01-1 | Code List Qualifier Code |  | 999 | R | IK403 = 7: "Invalid Code Value" | 2300.H01-1 must be "DR". |  |  |
| X223.218.2300.H101-2.010 | H01-2 | DRG Code |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 256: "DRG code(s)" | 2300.H101-2 must be a valid DRG code. | Valid Diagnosis Related Group (DRG) reference must be available for this edit. |  |
| X223.218.2300.H101-3.010 | H01-3 | Date Time Period Format Qualifier |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300. H101-3 must not be present. |  |  |
| X223.218.2300.H101-4.010 | H01-4 | Date Time Period |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300.H101-4 must not be present. |  |  |
| X223.218.2300.H101-5.010 | H01-5 | Monetary Amount |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300. H101-5 must not be present. |  |  |
| х223.218.2300.H101-6.010 | H01-6 | Quantity |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300.H101-6 must not be present. |  |  |
| X223.218.2300.H101-7.010 | H01-7 | Version Identifier |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300.H101-7 must not be present. |  |  |
| X223.218.2300.H101-8.010 | H101-8 | Industry code |  | 999 | E | \|K403 = 110: "Implementation "Not Used" Element Present" | 2300.H101-8 must not be present. |  |  |
| х223.218.2300.H101-9.010 | H01-9 | Yes/No Condition or response Code |  | 999 | E | \|K403 = 110: "Implementation "Not Used" Element Present" | 2300.H101-9 must not be present. |  |  |
| X223.218.2300.H102.010 | H102 | HEALTH CARE CODE INFORMATION |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300.H102 must not be present. |  |  |
| X223.218.2300.H103.010 | H103 | HEALTH CARE CODE |  | 999 | E | \|K403 = I10: "Implementation "Not Used" Element Present" | 2300. H103 must not be present. |  |  |
| X223.218.2300.H104.010 | H104 | HEALTH CARE CODE |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300.H104 must not be present. |  |  |
| X223.218.2300.H105.010 | H105 | $\begin{aligned} & \text { HEALTH CARE CODE } \\ & \text { INFORMATION } \\ & \hline \end{aligned}$ |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300.H105 must not be present. |  |  |
| X223.218.2300.H106.010 | H106 | HEALTH CARE CODE |  | 999 | E | \|K403 = 110: "Implementation "Not Used" Element Present" | 2300.H106 must not be present. |  |  |
| X223.218.2300.H107.010 | H107 | HEALTH CARE CODE INFORMATION |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300.H107 must not be present. |  |  |
| X223.218.2300.H108.010 | H108 | HEALTH CARE CODE |  | 999 | E | \|K403 = I10: "Implementation "Not Used" Element Present" | 2300.H108 must not be present. |  |  |
| X223.218.2300.H109.010 | H09 | $\begin{aligned} & \text { HEALTH CARE CODE } \\ & \text { INFORMATION } \\ & \hline \end{aligned}$ |  | 999 | E | \|K403 = 110: "Implementation "Not Used" Element Present" | 2300.H109 must not be present. |  |  |
| X223.218.2300. H 110.010 | H110 | HEALTH CARE CODE INFORMATION |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300.H110 must not be present. |  |  |
| X223.218.2300.H111.010 | H111 | HEALTH CARE CODE INFORMATION |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300.H111 must not be present. |  |  |
| X223.218.2300.H112.010 | H112 | HEALTH CARE CODE INFORMATION |  | 999 | E | \|K403 = 110: "Implementation "Not Used" Element Present" | 2300. H112 must not be present. |  |  |
|  |  |  |  |  |  |  |  |  |  |
| X223.220.2300.H1.010 | HI | OTHER DIAGNOSIS INFORMATION | 2300 | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only two iterations of 2300 .HI with HI01-1 = "BF" are allowed. | ICD-9 Only period |  |
| X223.220.2300.H1.020 | HI |  |  | 999 | R | IK 304 = 5: "Segment Exceeds Maximum Use" | Only two iterations of 2300. HI with HI01-1 = "BF" or "ABF" are allowed. | Transition period |  |


| X223.220.2300.H1.030 | HI |  |  |  | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only two iterations of $2300 . \mathrm{HI}$ with HI01-1 = "ABF" are allowed. | ICD-10 Only period - assumes no dual-use after mandated date. |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.220.2300.H101.010 | H01 | HEALTH CARE CODE INFORMATION |  |  |  |  |  |  |  |  |
| X223.220.2300.H01-1.010 | H101-1 | Code List Qualifier Code |  |  | 999 | R | IK403 = 7: "IIvalid Code Value" | 2300.H01-1 must be valid values. |  |  |
| х223.220.2300.H101-1.020 | H101-1 |  |  |  | 999 | R | IK403 = 7: "Invalid Code Value" | 2300. H 1011 l must = "BF". | ICD-9 Only period |  |
| X223.220.2300.H101-1.030 | H01-1 |  |  |  | 999 | R | IK403 = 7: "Invalid Code Value" | 2300. $\mathrm{H} 01 \mathrm{1-1}$ must = "ABF". | ICD-10 Only period - assumes no dual-use after mandated date. |  |
| X223.220.2300.H101-2.010 | H101-2 | Other Diagnosis |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 255: "Diagnosis Code" | If $2300 . \mathrm{HIO1}-1$ is "BF" then $2300 . \mathrm{HIO1}-2$ must be a valid ICD-9-CM Diagnosis code. | ICD-9 Only period and Transition period. <br> Valid ICD-9-CM Clinical Modification 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.HIO1-1 is "ABF" then 2300.HIO1-2 must be a valid ICD-10-CM Diagnosis code. |  |  |
| X223.220.2300.H01-2.030 | H01-2 |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = 6: "Invalid Character in Data } \\ & \text { Element" } \end{aligned}$ | 2300.H01-2 must not contain a ".". |  |  |
| X223.220.2300.H101-2.040 | H101-2 |  |  |  | 277 | T | CSCC A7: "Acknowledgement <br> /Rejected for Invalid Information..." <br> CSC 511: "Invalid character" <br> CSC 255: "Diagnosis Code" |  |  |  |
| X223.220.2300.H101-3.010 | H101-3 | $\begin{gathered} \hline \begin{array}{c} \text { Date Time Period Format } \\ \text { Qualifier } \end{array} \\ \hline \end{gathered}$ |  |  | 999 | E | IK403 = I10: "Implementation "Not | 2300. H101-3 must not be present. |  |  |
| X223.220.2300.H101-4.010 | H01-4 | Date Time Period |  |  | 999 | E | \|K403 = 110: "Implementation "Not Used" Element Present" | 2300.H101-4 must not be present. |  |  |
| X223.220.2300.H101-5.010 | H101-5 | Monetary Amount |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300. H101-5 must not be present. |  |  |
| X223.220.2300.H101-6.010 | H101-6 | Quantity |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300.H101-6 must not be present. |  |  |
| X223.220.2300.H101-7.010 | H101-7 | Version Identifier |  |  | 999 | E | \|K403 = 110: "Implementation "Not Used" Element Present" | 2300.H101-7 must not be present. |  |  |
| X223.220.2300.H101-8.010 | H101-8 | Industry code |  |  | 999 | E | IK403 = 110: "Implementation "Not | 2300. H101-8 must not be present. |  |  |
| X223.220.2300.H101-9.010 | H01-9 | Present on Admission indicator |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H01-9 must be valid values. |  |  |
| X223.220.2300.H02.010 | H102 | HEALTH CARE CODE INFORMATION |  |  | 999 | R | IK403 = 10: "Exclusion Condition Violated" | If 2300 .HI01 is present then 2300. HIO2 may be present. |  |  |
| X223.220.2300.H102-1.010 | H102-1 | Code List Qualifier Code |  |  | 999 | R | IK403 = 7: "Invalid Code Value" | 2300.H102-1 must be valid values. |  |  |
| X223.220.2300.H102-1.020 | H102-1 |  |  |  | 999 | R | 14403 = 7: "Invalid Code Value" | 2300.H102-1 must = "BF". | ICD-9 Only period |  |
| X223.220.2300.H102-1.030 | H102-1 |  |  |  | 999 | R | IK403 = 7: "Invalid Code Value" | 2300.H102-1 must = "ABF". | ICD-10 Only period - assumes no dual-use after mandated date. |  |
| X223.220.2300.H102-2.010 | H102-2 | Other Diagnosis |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 255: "Diagnosis Code" | If 2300. HIO2-1 is "BF" then 2300 . HIO2-2 must be a valid ICD-9-CM Diagnosis code. | ICD-9 Only period and Transition period. <br> Valid ICD-9-CM Clinical Modification Diagnosis Code reference must be available for this edit. |  |



| X223.220.2300. H 103 -5.010 | H103-5 | Monetary Amount |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300.H103-5 must not be present. |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| х223.220.2300.H103-6.010 | H03-6 | Quantity |  |  | 999 | E | \|K403 = I10: "Implementation "Not <br> Used" Element Present" | 2300. H103-6 must not be present. |  |  |
| X223.220.2300.H103-7.010 | H103-7 | Version Identifier |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300.H103-7 must not be present. |  |  |
| X223.220.2300. H 103 -8.010 | H103-8 | Industry code |  |  | 999 | E | $\begin{aligned} & \text { IK403 = 110: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H103-8 must not be present. |  |  |
| X223.220.2300.H103-9.010 | H103-9 | Present on Admission indicator |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300. $\mathrm{H} 103-9$ must be valid values. |  |  |
| X223.220.2300.H104.010 | H04 | HEALTH CARE CODE INFORMATION |  |  | 999 | R | IK403 = 10: "Exclusion Condition Violated" | If $2300 . \mathrm{HIO} 03$ is present then $2300 . \mathrm{HIO4}$ may be present. |  |  |
| X223.220.2300.H104-1.010 | H104-1 | Code List Qualifier Code |  |  | 999 | R | IK403 = 7: "Invalid Code Value" | 2300.H104-1 must be valid values. |  |  |
| X223.220.2300.H104-1.020 | H104-1 |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300. $\mathrm{H} 104-1$ must = "BF". | ICD-9 Only period |  |
| х223.220.2300.H104-1.030 | H104-1 |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300. H I04-1 must = "ABF". | ICD-10 Only period - assumes no dual-use after mandated date. |  |
| X223.220.2300.H104-2.010 | H104-2 | Other Diagnosis |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 255: "Diagnosis Code" | If $2300 . \mathrm{HIO4-1}$ is "BF" then $2300 . \mathrm{HIO}-2$ must be a valid ICD-9-CM Diagnosis code. | ICD-9 Only period and Transition period. <br> Valid ICD-9-CM Clinical Modification 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 $2300 . \mathrm{HIO} 0-1$ is "ABF" then 2300 .HIO4-2 must be a valid ICD-10-CM Diagnosis code. | Transition period and ICD-10 Only <br> period. <br> Valid ICD-10-CM Clinical <br> Modification Diagnosis Code <br> reference must be available for this <br> edit. |  |
| X223.220.2300.H104-2.030 | H104-2 |  |  |  | 999 | E | $\begin{aligned} & \text { \|K403 = 6: "Invalid Character in Data } \\ & \text { Element" } \end{aligned}$ | 2300.H04-2 must not contain a ".". |  |  |
| X223.220.2300.H104-2.040 | H104-2 |  |  |  | 277 | T | CSCC A7: "Acknowledgement <br> /Rejected for Invalid Information..." <br> CSC 511: "Invalid character" <br> CSC 255: "Diagnosis Code" |  |  |  |
| X223.220.2300.H104-3.010 | H104-3 | $\begin{gathered} \text { Date Time Period Format } \\ \text { Qualifier } \end{gathered}$ |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \\ & \hline \end{aligned}$ | 2300. H104-3 must not be present. |  |  |
| X223.220.2300.H104-4.010 | H104-4 | Date Time Period |  |  | 999 | E | $\begin{aligned} & \text { IK403 = 110: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300. H104-4 must not be present. |  |  |
| X223.220.2300.H104-5.010 | H104-5 | Monetary Amount |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \\ & \hline \end{aligned}$ | 2300.H104-5 must not be present. |  |  |
| X223.220.2300.H104-6.010 | H104-6 | Quantity |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300. H104-6 must not be present. |  |  |
| X223.220.2300.H104-7.010 | H104-7 | Version Identifier |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300. $\mathrm{H} 104-7$ must not be present. |  |  |
| X223.220.2300.H104-8.010 | H104-8 | Industry code |  |  | 999 | E | IK403 = 110: "Implementation "Not | 2300.H104-8 must not be present. |  |  |
| X223.220.2300.H104-9.010 | H104-9 | Present on Admission indicator |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H104-9 must be valid values. |  |  |
| X223.220.2300.H05.010 | H105 | HEALTH CARE CODE INFORMATION |  |  | 999 | R | IK403 = 10: "Exclusion Condition Violated" | If $2300 . \mathrm{HI} 04$ is present then $2300 . \mathrm{HIO5}$ may be present. |  |  |
| х223.220.2300.H105-1.010 | H105-1 | Code List Qualifier Code |  |  | 999 | R | IK403 = 7: "Invalid Code Value" | 2300. H105-1 must be valid values. |  |  |
| X223.220.2300.H105-1.020 | H105-1 |  |  |  | 999 | R | IK403 = 7: "Invalid Code Value" | 2300. $\mathrm{H} 105-1$ must = "BF". | ICD-9 Only period |  |
| X223.220.2300.H105-1.030 | H05-1 |  |  |  | 999 | R | IK403 = 7: "Invalid Code Value" | 2300. $\mathrm{H} 105-1$ must = "ABF". | ICD-10 Only period - assumes no dual-use after mandated date. |  |



| X223.220.2300.H106-2.040 | H106-2 |  |  |  | 277 | T | CSCC A7: "Acknowledgement <br> 1Rejected for Invalid Information..." <br> CSC 511: "Invalid character" <br> CSC 255: "Diagnosis Code" |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.220.2300. H 106 -3.010 | H106-3 | Date Time Period Format Qualifier |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300. H106-3 must not be present. |  |  |
| X223.220.2300. $\mathrm{H} 106-4.010$ | H106-4 | Date Time Period |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300. $\mathrm{H} 106-4$ must not be present. |  |  |
| X223.220.2300.H106-5.010 | H106-5 | Monetary Amount |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300. $\mathrm{H} 106-5$ must not be present. |  |  |
| X223.220.2300.H106-6.010 | H106-6 | Quantity |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300. H 106-6 must not be present. |  |  |
| X223.220.2300.H106-7.010 | H106-7 | Version Identifier |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300.H106-7 must not be present. |  |  |
| X223.220.2300.H106-8.010 | H106-8 | Industry code |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300. H 106-8 must not be present. |  |  |
| X223.220.2300.H106-9.010 | H066-9 | Present on Admission indicator |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H106-9 must be valid values. |  |  |
| X223.220.2300.H107.010 | H107 | HEALTH CARE CODE INFORMATION |  |  | 999 | R | $\begin{aligned} & \text { IK403 = 10: "Exclusion Condition } \\ & \text { Violated" } \\ & \hline \end{aligned}$ | If $2300 . \mathrm{HIO6}$ is present then $2300 . \mathrm{HIO}$ may be present. |  |  |
| X223.220.2300.H07-1.010 | H107-1 | Code List Qualifier Code |  |  | 999 | R | IK403 = 7: "Invalid Code Value" | 2300.H07-1 must be valid values. |  |  |
| X223.220.2300.H07-1.020 | H107-1 |  |  |  | 999 | R | IK403 = 7: "Invalid Code Value" | 2300. $\mathrm{H} 107-1$ must = "BF". | ICD-9 Only period |  |
| X223.220.2300.H107-1.030 | H07-1 |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300. $\mathrm{Hl07-1}$ must = "ABF". | ICD-10 Only period - assumes no dual-use after mandated date. |  |
| X223.220.2300.H107-2.010 | H107-2 | Other Diagnosis |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 255: "Diagnosis Code" | If $2300 . \mathrm{HIOT}-1$ is "BF" then 2300. $\mathrm{HIO1}-2$ must be a valid ICD-9-CM Diagnosis code. | ICD-9 Only period and Transition period. <br> Valid ICD-9-CM Clinical Modification 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.H107-1 is "ABF" then 2300.HIO7-2 must be a valid ICD-10-CM Diagnosis code. | Transition period and ICD-10 Only period. <br> Valid ICD-10-CM Clinical Modification Diagnosis Code reference must be available for this edit. |  |
| X223.220.2300.H107-2.030 | H107-2 |  |  |  | 999 | E | IK403 = 6: "Invalid Character in Data | 2300.H107-2 must not contain a ".". |  |  |
| X223.220.2300.H107-2.040 | HI07-2 |  |  |  | 277 | T | $\begin{aligned} & \text { CSCC A7: "Acknowledgement } \\ & \text { IRejected for Invalid Information..." } \\ & \text { CSS C115: "nvalid haracter" } \\ & \text { CSC 255: "Diagnosis Code" } \end{aligned}$ |  |  |  |
| X223.220.2300.H107-3.010 | H107-3 | $\begin{array}{\|c\|} \hline \begin{array}{c} \text { Date Time Period Format } \\ \text { Qualifier } \end{array} \\ \hline \end{array}$ |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300. H107-3 must not be present. |  |  |
| X223.220.2300.H107-4.010 | H107-4 | Date Time Period |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H107-4 must not be present. |  |  |
| X223.220.2300.H107-5.010 | H107-5 | Monetary Amount |  |  | 999 | E | IK403 = I10: "Implementation "Not | 2300.H107-5 must not be present. |  |  |
| X223.220.2300.H107-6.010 | H107-6 | Quantity |  |  | 999 | E | IK403 = 110: "Implementation "Not | 2300. H107-6 must not be present. |  |  |
| X223.220.2300.H107-7.010 | H107-7 | Version Identifier |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300.H107-7 must not be present. |  |  |
| X223.220.2300.H107-8.010 | H107-8 | Industry code |  |  | 999 | E | IK403 = 110: "Implementation "Not | 2300.H107-8 must not be present. |  |  |
| X223.220.2300.H107-9.010 | H107-9 | Present on Admission indicator |  |  | 999 | R | IK403 = 7: "Invalid Code Value" | 2300.H107-9 must be valid values. |  |  |


| X223.220.2300.H08.010 | H08 | HEALTH CARE CODE INFORMATION |  |  | 999 | R | IK403 = 10: "Exclusion Condition Violated" | If 2300.H107 is present then 2300 . H108 may be present. |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| х223.220.2300.H108-1.010 | H108-1 | Code List Qualifier Code |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300. HIO8-1 must be valid values. |  |  |
| х223.220.2300.H108-1.020 | H108-1 |  |  |  | 999 | R | 11403 = 7: "Invalid Code Value" | 2300. $\mathrm{H} 108-1$ must = "BF". | ICD-9 Only period |  |
| х223.220.2300.H108-1.030 | H008-1 |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H108-1 must = "ABF". | ICD-10 Only period - assumes no dual-use after mandated date. |  |
| X223.220.2300.H108-2.010 | H008-2 | Other Diagnosis |  |  | 277 | C | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 255: "Diagnosis Code" | If $2300 . \mathrm{HIO}-1$ is "BF" then 2300 . HI08-2 must be a valid ICD-9-CM Diagnosis code. | ICD-9 Only period and Transition period. <br> Valid ICD-9-CM Clinical Modification Diagnosis Code reference must be available for this edit. |  |
| X223.220.2300.H108-2.020 | H008-2 |  |  |  | 277 | C | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 255: "Diagnosis Code" | If $2300 . \mathrm{HIO8}-1$ is "ABF" then 2300 . H O8-2 2 must be a valid ICD-10-CM Diagnosis code. | Transition period and ICD-10 Only period. <br> Valid ICD-10-CM Clinical Modification Diagnosis Code reference must be available for this edit. |  |
| X223.220.2300.H108-2.030 | H008-2 |  |  |  | 999 | E | 1K403 = 6: "IIvalid Character in Data Element" | 2300.H108-2 must not contain a ".". |  |  |
| х223.220.2300.H108-2.040 | H008-2 |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information... CSC 511: "Invalid character" CSC 255: "Diagnosis Code" |  |  |  |
| Х223.220.2300.H108-3.010 | H108-3 | $\begin{gathered} \hline \begin{array}{c} \text { Date Time Period Format } \\ \text { Qualifier } \end{array} \\ \hline \end{gathered}$ |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300. H108-3 must not be present. |  |  |
| X223.220.2300.H108-4.010 | H108-4 | Date Time Period |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300. H108-4 must not be present. |  |  |
| X223.220.2300.H108-5.010 | H008-5 | Monetary Amount |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300.H108-5 must not be present. |  |  |
| X223.220.2300.H108-6.010 | H108-6 | Quantity |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300.H108-6 must not be present. |  |  |
| X223.220.2300.H108-7.010 | H108-7 | Version Identifier |  |  | 999 | E | IK403 = I10: "Implementation "Not | 2300.H108-7 must not be present. |  |  |
| Х223.220.2300.H108-8.010 | H108-8 | Industry code |  |  | 999 | E | 1K403 = I10: "Implementation "Not Used" Element Present" | 2300.H108-8 must not be present. |  |  |
| х223.220.2300.H108-9.010 | H08-9 | $\begin{gathered} \hline \text { Present on Admission } \\ \text { indicator } \\ \hline \end{gathered}$ |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H108-9 must be valid values. |  |  |
| X223.220.2300.H109.010 | H09 | HEALTH CARE CODE INFORMATION |  |  | 999 | R | IK403 = 10: "Exclusion Condition Violated" | If 2300 .HI08 is present then 2300 . H109 may be present. |  |  |
| X223.220.2300.H109-1.010 | H109-1 | Code List Qualifier Code |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H109-1 must be valid values. |  |  |
| х223.220.2300.H109-1.020 | H109-1 |  |  |  | 999 | R | 11403 = 7: "Invalid Code Value" | 2300. H109-1 must = "BF". | ICD-9 Only period |  |
| X223.220.2300.H109-1.030 | H109-1 |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300. H109-1 must = "ABF". | ICD-10 Only period - assumes no dual-use after mandated date. |  |
| X223.220.2300.H109-2.010 | H109-2 | Other Diagnosis |  |  | 277 | C | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 255: "Diagnosis Code" | If 2300.HIO9-1 is "BF" then 2300.HIO9-2 must be a valid ICD-9-CM Diagnosis code. | ICD-9 Only period and Transition period. <br> Valid ICD-9-CM Clinical Modification Diagnosis Code reference must be available for this edit. |  |



| X223.220.2300.H110-5.010 | H110-5 | Monetary Amount |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300.H110-5 must not be present. |  |  |
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| X223.220.2300.H110-6.010 | H110-6 | Quantity |  |  | 999 | E | \|K403 = I10: "Implementation "Not <br> Used" Element Present" | 2300.H110-6 must not be present. |  |  |
| X223.220.2300.H110-7.010 | H110-7 | Version Identifier |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300.H110-7 must not be present. |  |  |
| X223.220.2300.H110-8.010 | H110-8 | Industry code |  |  | 999 | E | $\begin{aligned} & \text { 1K403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \\ & \hline \end{aligned}$ | 2300.H110-8 must not be present. |  |  |
| X223.220.2300.H110-9.010 | H110-9 | Present on Admission indicator |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | $2300 . \mathrm{Hl10}-9$ must be valid values. |  |  |
| X223.220.2300.H11.010 | H111 | HEALTH CARE CODE INFORMATION |  |  | 999 | R | IK403 = 10: "Exclusion Condition Violated" | If $2300 . \mathrm{HI10}$ is present then 2300. HI11 may be present. |  |  |
| X223.220.2300.H111-1.010 | H111-1 | Code List Qualifier Code |  |  | 999 | R | IK403 = 7: "Invalid Code Value" | 2300.H111-1 must be valid values. |  |  |
| X223.220.2300.H111-1.020 | H111-1 |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H111-1 must = "BF". | ICD-9 Only period |  |
| х223.220.2300.H111-1.030 | H111-1 |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300. H [11-1 must = "ABF". | ICD-10 Only period - assumes no dual-use after mandated date. |  |
| X223.220.2300.H111-2.010 | H111-2 | Other Diagnosis |  |  | 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-CM Diagnosis code. | ICD-9 Only period and Transition period. <br> Valid ICD-9-CM Clinical Modification Diagnosis Code reference must be available for this edit. |  |
| X223.220.2300.H111-2.020 | H111-2 |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 255: "Diagnosis Code" | If $2300 . \mathrm{H} 111-1$ is "ABF" then 2300. H111-2 must be a valid ICD-10-CM Diagnosis code. | Transition period and ICD-10 Only <br> period. <br> Valid ICD-10-CM Clinical <br> Modification Diagnosis Code <br> reference must be available for this <br> edit. |  |
| X223.220.2300.H111-2.030 | H111-2 |  |  |  | 999 | E | \|K403 = 6: "Invalid Character in Data Element" | 2300.H11-2 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: "Diagnosis Code" |  |  |  |
| X223.220.2300.H111-3.010 | H111-3 | Date Time Period Format Qualifier |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H111-3 must not be present. |  |  |
| X223.220.2300.H111-4.010 | H111-4 | Date Time Period |  |  | 999 | E | $\begin{aligned} & \text { 1K403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H111-4 must not be present. |  |  |
| X223.220.2300.H111-5.010 | H111-5 | Monetary Amount |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H111-5 must not be present. |  |  |
| X223.220.2300.H111-6.010 | H111-6 | Quantity |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H111-6 must not be present. |  |  |
| X223.220.2300.H111-7.010 | H111-7 | Version Identifier |  |  | 999 | E | 1K403 = I10: "Implementation "Not <br> Used" Element Present" | 2300.H111-7 must not be present. |  |  |
| X223.220.2300.H111-8.010 | H111-8 | Industry code |  |  | 999 | E | IK403 = I10: "Implementation "Not <br> Used" Element Present" | 2300.H111-8 must not be present. |  |  |
| X223.220.2300.H111-9.010 | H111-9 | $\begin{gathered} \hline \text { Present on Admission } \\ \text { indicator } \\ \hline \end{gathered}$ |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H111-9 must be valid values. |  |  |
| X223.220.2300.H12.010 | H112 | HEALTH CARE CODE INFORMATION |  |  | 999 | R | IK403 = 10: "Exclusion Condition Violated" | If $2300 . \mathrm{H} 111$ is present then 2300. H112 may be present. |  |  |
| х223.220.2300.H112-1.010 | H112-1 | Code List Qualifier Code |  |  | 999 | R | IK403 = 7: "Invalid Code Value" | 2300.H112-1 must be valid values. |  |  |
| X223.220.2300.H112-1.020 | H112-1 |  |  |  | 999 | R | IK403 = 7: "Invalid Code Value" | 2300.H112-1 must = "BF". | ICD-9 Only period |  |
| X223.220.2300.H112-1.030 | H112-1 |  |  |  | 999 | R | IK403 = 7: "Invalid Code Value" | 2300.H112-1 must = "ABF". | ICD-10 Only period - assumes no dual-use after mandated date. |  |


| X223.220.2300.H112-2.010 | H112-2 | Other Diagnosis |  | 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-CM Diagnosis code. | ICD-9 Only period and Transition period. <br> Valid ICD-9-CM Clinical Modification Diagnosis Code reference must be available for this edit. |  |
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| 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-CM Diagnosis code. | Transition period and ICD-10 Only period. <br> Valid ICD-10-CM Clinical Modification 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.H12-2 must not contain a ".". |  |  |
| X223.220.2300.H112-2.040 | H12-2 |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 511: "Invalid character" CSC 255: "Diagnosis Code" |  |  |  |
| X223.220.2300.H112-3.010 | H112-3 | Date Time Period Format Qualifier |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300.H112-3 must not be present. |  |  |
| X223.220.2300.H112-4.010 | H112-4 | Date Time Period |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300.H112-4 must not be present. |  |  |
| X223.220.2300.H112-5.010 | H12-5 | Monetary Amount |  | 999 | E | $\begin{aligned} & \text { IK403 = 110: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300. H112-5 must not be present. |  |  |
| X223.220.2300.H112-6.010 | H112-6 | Quantity |  | 999 | E | IK403 = 110 : "Implementation "Not Used" Flement Present" | 2300.H112-6 must not be present. |  |  |
| X223.220.2300.H112-7.010 | H122-7 | Version Identifier |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300.H112-7 must not be present. |  |  |
| X223.220.2300.H112-8.010 | H112-8 | Industry code |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300.H012-8 must not be present. |  |  |
| X223.220.2300.H112-9.010 | H12-9 | Present on Admission indicator |  | 999 | R | IK403 = 7: "Invalid Code Value" | 2300.H112-9 must be valid values. |  |  |
|  |  |  |  |  |  |  |  |  |  |
| X223.239.2300.H1.010 | HI | PRINCIPAL PROCEDURE INFORMATION | 2300 | 999 | R | IK304 = I6: "Implementation Dependent Segment Missing" | 2300. HI with HIO1-1 = "BR" or "CAH" must be included on inpatient (not outpatient) claims when a procedure was performed. | ICD-9 Only period <br> 3/26: only edit for valid procedure code. FISS will edit against revenue code if necessary. |  |
| X223.239.2300.H1.020 | HI |  |  | 999 | R | IK304 = I6: "Implementation Dependent Segment Missing" | 2300.HI with HI01-1 = "BR" "BBR" or "CAH" must be included on inpatient claims when a procedure was performed. | Transition period <br> 3/26: only edit for valid procedure code. FISS will edit against revenue code if necessary. |  |
| X223.239.2300.H1.030 | HI |  |  | 999 | R | IK304 = 16: "Implementation Dependent Segment Missing" | 2300.HI with HIO1-1 = "BBR" or "CAH" must be included on inpatient claims when a procedure was performed. | ICD-10 Only period - assumes no dual-use after mandated date. 3/26: only edit for valid procedure code. FISS will edit against revenue code if necessary. |  |
| X223.239.2300.H1.040 | HI |  |  | 999 | R | IK304 = 19: "Implementation Dependent "Not Used" Segment Present" | 2300.H with H101-1 = "BR" "BBR" or "CAH" must not be included except on inpatient claims when a procedure was performed. | 3/26: only edit for valid procedure code. FISS will edit against revenue code if necessary |  |
| X223.239.2300.H1.050 | HI |  |  | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2300.HI with H101-1 = "BR" or "CAH" is allowed. | ICD-9 Only period |  |
| X223.239.2300.H1. 060 | HI |  |  | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of $2300 . \mathrm{HI}$ with H101-1 = "BR" "BBR" or "CAH" is allowed. | Transition period |  |
| X223.239.2300.H1.070 | HI |  |  | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of $2300 . \mathrm{HI}$ with H101-1 = "BBR" or "CAH" is allowed. | ICD-10 Only period - assumes no dual-use after mandated date. |  |


| X223.239.2300.H101.010 | H01 | HEALTH CARE CODE INFORMATION |  |  |  |  |  |  |  |  |
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| х223.239.2300.H101-1.010 | H101-1 | Code List Qualifier Code |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H01-1 must be valid values. |  |  |
| х223.239.2300.H101-1.020 | H101-1 |  |  |  | 999 | R | IK403 = 7: "Invalid Code Value" | 2300.H01-1 must = "BR" or "CAH" | ICD-9 Only period |  |
| X223.239.2300.H101-1.030 | H01-1 |  |  |  | 999 | R | IK403 = 7: "Invalid Code Value" | 2300.H01-1 must = "BBR" or "CAH". | ICD-10 Only period - assumes no dual-use after mandated date. |  |
| X223.239.2300.H101-2.010 | H01-2 | Principal Procedure Code |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 465: "Principal Procedure Code for Service(s) Rendered" | If 2300. HIO1-1 is "BR" then 2300. HIO1-2 must be a valid ICD-9-CM Principal Procedure code. | ICD-9 Only period and Transition period. <br> Valid ICD-9-CM Principal Procedure Code reference must be available for this edit. |  |
| X223.239.2300.H101-2.020 | H01-2 |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 465: "Principal Procedure Code for Service(s) Rendered" | If 2300. HI01-1 is "BBR" then 2300 .HIO1-2 must be a valid ICD-10-CM Principal Procedure code. | Transition period and ICD-10 Only period. <br> Valid ICD-10-CM Principal Procedure Code reference must be available for this edit. |  |
| X223.239.2300.H101-2.030 | H01-2 |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information. TBD08: "Advanced Billing Concepts (ABC) code" | If 2300.HIO1-1 is "CAH" then 2300. HIO1-2 must be a valid Advanced Billing Concepts (ABC) code. | Valid Advanced Billing Concepts (ABC) Code reference must be available for this edit. |  |
| X223.239.2300.H101-2.040 | H01-2 |  |  |  | 999 | E | IK403 = 6: "Invalid Character in Data Element" | 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" TBD08: "Advanced Billing Concepts (ABC) code" |  |  |  |
| х223.239.2300.H101-3.010 | H01-3 | Date Time Period Format Qualifier |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H101-3 must be valid values. |  |  |
| X223.239.2300.H101-4.010 | H01-4 | Date Time Period |  |  | 999 | R | 1K403 = 8: "Invalid Date" | 2300.HI01-4 must be a valid date in CCYYMMDD format. |  |  |
| х223.239.2300.H101-5.010 | H01-5 | Monetary Amount |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300. H I01-5 must not be present. |  |  |
| Х223.239.2300.H101-6.010 | H01-6 | Quantity |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \\ & \hline \end{aligned}$ | 2300.H101-6 must not be present. |  |  |
| х223.239.2300.H101-7.010 | H01-7 | Version Identifier |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300. $\mathrm{H} 101-7$ must not be present. |  |  |
| х223.239.2300.H101-8.010 | H01-8 | Industry code |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \\ & \hline \end{aligned}$ | 2300.H01-8 must not be present. |  |  |
| Х223.239.2300.H101-9.010 | H01-9 | Present on Admission indicator |  |  | 999 | E | $\begin{aligned} & \text { 1K403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H01-9 must not be present. |  |  |
| X223.239.2300.H102.010 | H102 | HEALTH CARE CODE INFORMATION |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H102 must not be present. |  |  |
| X223.239.2300.H103.010 | H103 | HEALTH CARE CODE INFORMATION |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H103 must not be present. |  |  |
| X223.239.2300.H104.010 | H104 | HEALTH CARE CODE information |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \\ & \hline \end{aligned}$ | 2300.H104 must not be present. |  |  |
| X223.239.2300. H 105.010 | H105 | HEALTH CARE CODE INFORMATION |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \\ & \hline \end{aligned}$ | 2300.H105 must not be present. |  |  |
| X223.239.2300. H 106.010 | H106 | HEALTH CARE CODE INFORMATION |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \\ & \hline \end{aligned}$ | 2300.H106 must not be present. |  |  |
| X223.239.2300.H107.010 | H107 | HEALTH CARE CODE INFORMATION |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \\ & \hline \end{aligned}$ | 2300.H107 must not be present. |  |  |
| X223.239.2300. H 108.010 | H108 | HEALTH CARE CODE INFORMATION |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \\ & \hline \end{aligned}$ | 2300.H108 must not be present. |  |  |


| X223.239.2300.H109.010 | H109 | HEALTH CARE CODE INFORMATION |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300.H109 must not be present. |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.239.2300.H110.010 | H110 | HEALTH CARE CODE INFORMATION |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300.H110 must not be present. |  |  |
| X223.239.2300.H111.010 | H111 | HEALTH CARE CODE INFORMATION |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300.H111 must not be present. |  |  |
| X223.239.2300.H112.010 | H112 | $\begin{aligned} & \text { HEALTH CARE CODE } \\ & \text { INFORMATION } \\ & \hline \end{aligned}$ |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \\ & \hline \end{aligned}$ | 2300.H112 must not be present. |  |  |
| X223.242.2300.H1.010 | HI | OTHER PROCEDURE INFORMATION | 2300 | 999 | R | IK304 = 16: "Implementation Dependent segment missing" | 2300.HI with H101-1 = "BQ" must be included on inpatient (not outpatient) claims when additional procedures must be reported | ICD-9 Only period 3/26: only edit for valid procedure code. FISS will edit against revenue code if necessary. |  |
| X223.242.2300.H1.020 | HI |  |  | 999 | R | IK304 = 16: "Implementation Dependent segment missing" | 2300. HI with HIO1-1 = "BQ" "BBQ" must be included on inpatient claims when additional procedures must be reported. | Transition period 3/26: only edit for valid procedure code. FISS will edit against revenue code if necessary. |  |
| X223.242.2300.H1.030 | HI |  |  | 999 | R | IK304 = 16: "Implementation Dependent segment missing" | 2300.HI with H101-1 = "BBQ" must be included on inpatient claims when additional procedures must be reported. | ICD-10 Only period - assumes no dual-use after mandated date. 03/26: only edit for valid procedure code. FISS will edit against revenue code if necessary |  |
| X223.242.2300.H1.040 | Hi |  |  | 999 | R | IK304 = 19: "Implementation Dependent "Not Used" Segment Present" | 2300.HI with H101-1 = "BQ" "BBQ" must not be included except on inpatient claims when additional procedures must be reported. | 03/26: only edit for valid procedure code. FISS will edit against revenue code if necessary |  |
| X223.242.2300.H1.050 | HI |  |  | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only two iterations of $2300 . \mathrm{HI}$ with $\mathrm{H} 101-1=$ "BQ" | ICD-9 Only period |  |
| X223.242.2300.H1.060 | HI |  |  | 999 | R | IK 304 = 5: "Segment Exceeds Maximum Use" | Only two iterations of 2300.HI with H101-1 = "BQ" "BBQ" are allowed. | Transition period |  |
| X223.242.2300.H1.070 | HI |  |  | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only two iterations of $2300 . \mathrm{HI}$ with HI01-1 = "BBQ" are allowed. | ICD-10 Only period - assumes no dual-use after mandated date. |  |
| X223.242.2300.H101.010 | H01 | HEALTH CARE CODE INFORMATION |  |  |  |  |  |  |  |
| X223.242.2300.H01-1.010 | H01-1 | Code List Qualifier Code |  | 999 | R | IK403 = 7: "Invalid Code Value" | 2300.H01-1 must be valid values. |  |  |
| X223.242.2300.H101-1.020 | H01-1 |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300. $\mathrm{H} 101-1$ must = "BQ". | ICD-9 Only period |  |
| X223.242.2300.H101-1.030 | H01-1 |  |  | 999 | R | IK403 = 7: "Invalid Code Value" | 2300.H101-1 must = "BBQ" . | ICD-10 Only period - assumes no dual-use after mandated date. |  |
| X223.242.2300.H101-2.010 | H01-2 | Procedure Code |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 490: "Other Procedure Code for Service(s) Rendered" | If 2300.HIO1-1 is "BQ" then 2300. HIO1-2 must be a valid ICD-9-CM Other Procedure code. | ICD-9 Only period and Transition period. <br> Valid ICD-9-CM Other Procedure Code reference must be available for this edit. |  |
| X223.242.2300.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 .HIO1-1 is "BBQ" then 2300 .HIO1-2 must be a valid ICD-10-CM Other Procedure code. | Transition period and ICD-10 Only period. <br> Valid ICD-10-CM Other Procedure Code reference must be available for this edit. |  |
| X223.242.2300.H101-2.030 | H01-2 |  |  | 999 | E | IK403 = 6: "Invalid Character in Data Element" | 2300.H101-2 must not contain a ".." |  |  |



| X223.242.2300.H103.010 | H103 | HEALTH CARE CODE INFORMATION |  |  | 999 | R | IK403 = 10: "Exclusion Condition Violated" | If $2300 . \mathrm{H} 102$ is present then 2300 . H 103 may be present. |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| х223.242.2300.H103-1.010 | H03-1 | Code List Qualifier Code |  |  | 999 | R | IK403 = 7: "Invalid Code Value" | $2300 . \mathrm{HIO3-1}$ must be valid values. |  |  |
| х223.242.2300.H103-1.020 | H03-1 |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300. $\mathrm{H} 103-1$ must = "BQ". | ICD-9 Only period |  |
| X223.242.2300.H103-1.030 | H103-1 |  |  |  | 999 | R | IK403 = 7: "Invalid Code Value" | 2300.HIO3-1 must = "BBQ" . | ICD-10 Only period - assumes no dual-use after mandated date. |  |
| X223.242.2300.H103-2.010 | H03-2 | Procedure Code |  |  | 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-CM Other Procedure code. | ICD-9 Only period and Transition period. <br> Valid ICD-9-CM Other Procedure Code reference must be available for this edit. |  |
| X223.242.2300.H103-2.020 | H03-2 |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 490: "Other Procedure Code fo Service(s) Rendered" | If 2300 .HIO3-1 is "BBQ" then 2300 .HIO3-2 must be a valid ICD-10-CM Other Procedure code. | Transition period and ICD-10 Only <br> period. <br> Valid ICD-10-CM Other Procedure <br> Code reference must be available for <br> this edit. |  |
| X223.242.2300.H103-2.030 | H03-2 |  |  |  | 999 | E | IK403 = 6: "Invalid Character in Data Element" | 2300.H103-2 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" |  |  |  |
| X223.242.2300.H103-3.010 | H003-3 | Date Time Period Format Qualifier |  |  | 999 | R | IK403 = 7: "Invalid Code Value" | 2300.H03-3 must be "D8". |  |  |
| х223.242.2300.H103-4.010 | H03-4 | Date Time Period |  |  | 999 | R | IK403 = 8: "Invalid Date" | 2300.HIO3-4 must be a valid date in CCYYMMDD format. |  |  |
| X223.242.2300.H103-5.010 | H103-5 | Monetary Amount |  |  | 999 | E | $\begin{aligned} & \hline \text { K403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \\ & \hline \end{aligned}$ | 2300. H 103-5 must not be present. |  |  |
| X223.242.2300.H103-6.010 | H03-6 | Quantity |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300. $\mathrm{H} 103-6$ must not be present. |  |  |
| X223.242.2300.H103-7.010 | H103-7 | Version Identifier |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300.H103-7 must not be present. |  |  |
| X223.242.2300.H103-8.010 | H103-8 | Industry code |  |  | 999 | E | \|K403 = 110: "Implementation "Not Used" Element Present" | 2300. H103-8 must not be present. |  |  |
| X223.242.2300.H103-9.010 | H103-9 | Yes/No Condition or response Code |  |  | 999 | E | \|K403 = 110: "Implementation "Not Used" Element Present" | 2300. H 103-9 must not be present. |  |  |
| X223.242.2300.H104.010 | H104 | HEALTH CARE CODE INFORMATION |  |  | 999 | R | IK403 = 10: "Exclusion Condition Violated" Violated" | If 2300 .HI03 is present then $2300 . \mathrm{HIO}$ may be |  |  |
| х223.242.2300.H104-1.010 | H104-1 | Code List Qualifier Code |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300. H104-1 must be valid values. |  |  |
| х223.242.2300.H104-1.020 | H104-1 |  |  |  | 999 | R | IK403 = 7: "Invalid Code Value" | $2300 . \mathrm{H} 104-1$ must = "BQ". | ICD-9 Only period |  |
| X223.242.2300.H104-1.030 | H04-1 |  |  |  | 999 | R | IK403 = 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 | H04-2 | Procedure Code |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 490: "Other Procedure Code for Service(s) Rendered" | If $2300 . \mathrm{HIO}-1$ is "BQ" then $2300 . \mathrm{HIO4-2}$ must be a valid ICD-9-CM Other Procedure code. | ICD-9 Only period and Transition <br> period. <br> Valid ICD-9-CM Other Procedure <br> Code reference must be available for <br> this edit. | or |
| X223.242.2300.H104-2.020 | H04-2 |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 490: "Other Procedure Code for Service(s) Rendered" | If 2300.HIO4-1 is "BBQ" then 2300.HIO4-2 must be a valid ICD-10-CM Other Procedure code. | Transition period and ICD-10 Only period. <br> Valid ICD-10-CM Other Procedure Code reference must be available for this edit. | Or |


| X223.242.2300.H104-2.030 | H104-2 |  |  |  | 999 | E | IK403 = 6: "Invalid Character in Data Element" | 2300.H04-2 must not contain a ".". |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.242.2300.H104-2.040 | H04-2 |  |  |  | 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 | Date Time Period Format Qualifier |  |  | 999 | R | IK403 = 7: "Invalid Code Value" | 2300.H104-3 must be "D8". |  |  |
| X223.242.2300.H104-4.010 | H04-4 | Date Time Period |  |  | 999 | R | 1K403 = 8: "Invalid Date" | 2300.HIO4-4 must be a valid date in CCYYMMDD format. |  |  |
| X223.242.2300.H104-5.010 | H104-5 | Monetary Amount |  |  | 999 | E | $\begin{aligned} & \text { \|K403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \\ & \hline \end{aligned}$ | 2300. $\mathrm{H} 104-5$ must not be present. |  |  |
| X223.242.2300.H104-6.010 | H104-6 | Quantity |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300. $\mathrm{H} 104-6$ must not be present. |  |  |
| X223.242.2300.H104-7.010 | H104-7 | Version Identifier |  |  | 999 | E | 1K403 = I10: "Implementation "Not <br> Used" Element Present" | 2300. $\mathrm{H} 104-7$ must not be present. |  |  |
| X223.242.2300.H104-8.010 | H104-8 | Industry code |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300. $\mathrm{H} 104-8$ must not be present. |  |  |
| X223.242.2300.H104-9.010 | H104-9 | Yes/No Condition or response Code |  |  | 999 | E | IK403 = 110 : "Implementation "Not Used" Element Present" | 2300.H104-9 must not be present. |  |  |
| X223.242.2300.H05.010 | H105 | HEALTH CARE CODE INFORMATION |  |  | 999 | R | IK403 = 10: "Exclusion Condition Violated" | If 2300.HI04 is present then 2300 .HI05 may be present. |  |  |
| X223.242.2300.H105-1.010 | H105-1 | Code List Qualifier Code |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300. H105-1 must be valid values. |  |  |
| X223.242.2300.H105-1.020 | H105-1 |  |  |  | 999 | R | 14403 = 7: "Invalid Code Value" | 2300.H105-1 must = "BQ". | ICD-9 Only period |  |
| X223.242.2300.H105-1.030 | H05-1 |  |  |  | 999 | R | IK403 = 7: "Invalid Code Value" | 2300.H105-1 must = "BBQ" | ICD-10 Only period - assumes no dual-use after mandated date. |  |
| X223.242.2300.H105-2.010 | H05-2 | Procedure Code |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information.... CSC 490: "Other Procedure Code for Service(s) Rendered" | If 2300.H105-1 is "BQ" then 2300. H105-2 must be a valid ICD-9-CM Other Procedure code. | ICD-9 Only period and Transition period. <br> Valid ICD-9-CM Other Procedure Code reference must be available for this edit. |  |
| X223.242.2300.H105-2.020 | H05-2 |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 490: "Other Procedure Code for Service(s) Rendered" | If 2300.HIO5-1 is "BBQ" then 2300.HI05-2 must be a valid ICD-10-CM Other Procedure code. | Transition period and ICD-10 Only <br> period. <br> Valid ICD-10-CM Other Procedure <br> Code reference must be available for <br> this edit. |  |
| X223.242.2300.H105-2.030 | H05-2 |  |  |  | 999 | E | IK403 = 6: "Invalid Character in Data Element" | 2300.H105-2 must not contain a ".". |  |  |
| X223.242.2300.H105-2.040 | H05-2 |  |  |  | 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.H105-3.010 | H05-3 | Date Time Period Format Qualifier |  |  | 999 | R | IK403 = 7: "Invalid Code Value" | 2300. H O5-3 3 must be "D8". |  |  |
| X223.242.2300.H105-4.010 | H105-4 | Date Time Period |  |  | 999 | R | 1K403 = 8: "Invalid Date" | 2300.HIO5-4 must be a valid date in CCYYMMDD format. |  |  |
| X223.242.2300.H105-5.010 | H105-5 | Monetary Amount |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300. H105-5 must not be present. |  |  |
| X223.242.2300.H105-6.010 | H105-6 | Quantity |  |  | 999 | E | 1K403 = I10: "Implementation "Not | 2300. H O5-6-6 must not be present. |  |  |
| X223.242.2300.H105-7.010 | H105-7 | Version Identifier |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300. $\mathrm{H} 105-7$ must not be present. |  |  |
| X223.242.2300.H105-8.010 | H105-8 | Industry code |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300. H I05-8 must not be present. |  |  |


| X223.242.2300.H105-9.010 | H105-9 | Yes/No Condition or response Code |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300.H105-9 must not be present. |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.242.2300.H106.010 | H106 | HEALTH CARE CODE |  |  | 999 | R | IK403 = 10: "Exclusion Condition Violated" | If 2300 .HI05 is present then 2300 .HI06 may be present. |  |  |
| X223.242.2300.H106-1.010 | H106-1 | Code List Qualifier Code |  |  | 999 | R | 1 1403 = 7 : "Invalid Code Value" | $2300 . \mathrm{H} 106-1$ must be valid values. |  |  |
| x223.242.2300.H106-1.020 | H106-1 |  |  |  | 999 | R | IK403 = 7: "Invalid Code Value" | 2300.H106-1 must = "BQ". | ICD-9 Only period |  |
| x223.242.2300.H106-1.030 | H006-1 |  |  |  | 999 | R | 11403 = 7: "Invalid Code Value" | 2300. H106-1 must = "BBQ" . | ICD-10 Only period - assumes no dual-use after mandated date. |  |
| X223.242.2300.H106-2.010 | H006-2 | Procedure Code |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 490: "Other Procedure Code for Service(s) Rendered" | If 2300 .HIO6-1 is "BQ" then 2300. HIO6-2 must be a valid ICD-9-CM Other Procedure code. | ICD-9 Only period and Transition period. <br> Valid ICD-9-CM Other Procedure Code reference must be available for this edit. |  |
| X223.242.2300.H106-2.020 | H006-2 |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 490: "Other Procedure Code for Service(s) Rendered" | If $2300 . \mathrm{HIO6}-1$ is "BBQ" then 2300 .HIO6-2 must be a valid ICD-10-CM Other Procedure code. | Transition period and ICD-10 Only period. <br> Valid ICD-10-CM Other Procedure Code reference must be available for this edit. |  |
| X223.242.2300.H106-2.030 | H006-2 |  |  |  | 999 | E | IK403 = 6: "Invalid Character in Data | 2300.H106-2 must not contain a ".". |  |  |
| X223.242.2300.H106-2.040 | H106-2 |  |  |  | 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.H106-3.010 | H106-3 | Date Time Period Format Qualifier |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H06-3 must be "D8". |  |  |
| X223.242.2300.H106-4.010 | H006-4 | Date Time Period |  |  | 999 | R | 1K403 = 8: "Invalid Date" | 2300.HIO6-4 must be a valid date in CCYYMMDD format. |  |  |
| X223.242.2300.H106-5.010 | H106-5 | Monetary Amount |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300. H106-5 must not be present. |  |  |
| X223.242.2300.H106-6.010 | H106-6 | Quantity |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \\ & \hline \end{aligned}$ | 2300.H106-6 must not be present. |  |  |
| X223.242.2300.H106-7.010 | H106-7 | Version Identifier |  |  | 999 | E | $\begin{aligned} & \text { IK403 = 110: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H106-7 must not be present. |  |  |
| X223.242.2300.H106-8.010 | H106-8 | Industry code |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300.H106-8 must not be present. |  |  |
| X223.242.2300.H106-9.010 | H106-9 | Yes/No Condition or response Code |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300.H106-9 must not be present. |  |  |
| X223.242.2300.H107.010 | H107 | HEALTH CARE CODE INFORMATION |  |  | 999 | R | IK403 = 10: "Exclusion Condition Violated" | If $2300 . \mathrm{HI} 06$ is present then $2300 . \mathrm{HI} 07$ may be present. |  |  |
| x223.242.2300.H107-1.010 | H107-1 | Code List Qualifier Code |  |  | 999 | R | 1 K 403 = 7: "Invalid Code Value" | 2300.H107-1 must be valid values. |  |  |
| x223.242.2300.H107-1.020 | H107-1 |  |  |  | 999 | R | 1 K 403 = 7: "Invalid Code Value" | 2300.H07-1 must = "BQ". | ICD-9 Only period |  |
| X223.242.2300.H107-1.030 | H07-1 |  |  |  | 999 | R | 1K403 = 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 |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 490: "Other Procedure Code for Service(s) Rendered" | If 2300. HIO -1 is "BQ" then 2300. HIO -2 must be a valid ICD-9-CM Other Procedure code. | ICD-9 Only period and Transition period. <br> Valid ICD-9-CM Other Procedure Code reference must be available for this edit. |  |



| X223.242.2300.H108-6.010 | H108-6 | Quantity |  |  | 999 | E | 1K403 = 110: "Implementation "Not Used" Element Present" | 2300.H08-6 must not be present. |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.242.2300.H108-7.010 | H008-7 | Version Identifier |  |  | 999 | E | IK403 = I10: "Implementation "Not | 2300.H108-7 must not be present. |  |  |
| X223.242.2300.H108-8.010 | H108-8 | Industry code |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300.H108-8 must not be present. |  |  |
| X223.242.2300.H108-9.010 | H108-9 | Yes/No Condition or response Code |  |  | 999 | E | IK403 = I10: "Implementation "Not | 2300.H108-9 must not be present. |  |  |
| X223.242.2300.H109.010 | H109 | HEALTH CARE CODE INFORMATION |  |  | 999 | R | IK403 = 10: "Exclusion Condition Violated" | If 2300 .HI08 is present then 2300 . H109 may be |  |  |
| X223.242.2300.H109-1.010 | H109-1 | Code List Qualifier Code |  |  | 999 | R | IK403 = 7: "Invalid Code Value" | $2300 . \mathrm{H} 09-1$ must be valid values. |  |  |
| X223.242.2300.H109-1.020 | H109-1 |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H109-1 must = "BQ". | ICD-9 Only period |  |
| X223.242.2300.H109-1.030 | H109-1 |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300. H Io9-1 must = "BBQ" . | ICD-10 Only period - assumes no dual-use after mandated date. |  |
| X223.242.2300.H109-2.010 | H109-2 | Procedure Code |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 490: "Other Procedure Code for Service(s) Rendered" | If $2300 . \mathrm{HIO9-1}$ is "BQ" then $2300 . \mathrm{HIO9-2}$ must be a valid ICD-9-CM Other Procedure code. | ICD-9 Only period and Transition period. <br> Valid ICD-9-CM Other Procedure Code reference must be available for this edit. |  |
| X223.242.2300.H109-2.020 | H109-2 |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 490: "Other Procedure Code for Service(s) Rendered" | If $2300 . \mathrm{HIO9}-1$ is "BBQ" then 2300 .HIO9- 2 must be a valid ICD-10-CM Other Procedure code. | Transition period and ICD-10 Only period. <br> Valid ICD-10-CM Other Procedure Code reference must be available for this edit. |  |
| X223.242.2300.H109-2.030 | H109-2 |  |  |  | 999 | E | IK403 = 6: "Invalid Character in Data Element" | 2300.H109-2 must not contain a "..". |  |  |
| X223.242.2300.H109-2.040 | H109-2 |  |  |  | 277 | T | CSCC A7: "Acknowledgement <br> /Rejected for Invalid Information..." <br> CSC 511: "Invalid character" <br> CSC 490: "Other Procedure Code for <br> Service(s) Rendered" |  |  |  |
| X223.242.2300.H109-3.010 | H109-3 | Date Time Period Format Qualifier |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300. H109-3 must be "D8". |  |  |
| X223.242.2300.H109-4.010 | H109-4 | Date Time Period |  |  | 999 | R | 1K403 = 8: "Invalid Date" | 2300.HIO9-4 must be a valid date in CCYYMMDD format. |  |  |
| X223.242.2300.H109-5.010 | H109-5 | Monetary Amount |  |  | 999 | E | \|K403 = 110: "Implementation "Not Used" Element Present" | 2300.H109-5 must not be present. |  |  |
| X223.242.2300.H109-6.010 | H109-6 | Quantity |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300.H109-6 must not be present. |  |  |
| X223.242.2300.H109-7.010 | H109-7 | Version Identifier |  |  | 999 | E | $\begin{aligned} & \text { \|K403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \\ & \hline \end{aligned}$ | 2300. $\mathrm{H} 109-7$ must not be present. |  |  |
| X223.242.2300.H109-8.010 | H109-8 | Industry code |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Flement Present" | 2300. H 109-8 must not be present. |  |  |
| X223.242.2300.H109-9.010 | H109-9 | Yes/No Condition or response Code |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H109-9 must not be present. |  |  |
| X223.242.2300.H110.010 | H10 | HEALTH CARE CODE INFORMATION |  |  | 999 | R | $\begin{aligned} & \begin{array}{l} \text { IK403 = 10: "Exclusion Condition } \\ \text { Violated" } \end{array} \\ & \hline \end{aligned}$ | If 2300.HI09 is present then 2300 .HI10 may be present. |  |  |
| X223.242.2300.H110-1.010 | H110-1 | Code List Qualifier Code |  |  | 999 | R | IK403 = 7: "Invalid Code Value" | 2300.H110-1 must be valid values. |  |  |
| X223.242.2300.H110-1.020 | H110-1 |  |  |  | 999 | R | IK403 = 7: "Invalid Code Value" | 2300. $\mathrm{H} 10-1$ must = "BQ". | ICD-9 Only period |  |
| X223.242.2300.H110-1.030 | H110-1 |  |  |  | 999 | R | 1K403 = 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 | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 490: "Other Procedure Code for Service(s) Rendered" | If $2300 . \mathrm{H} 110-1$ is "BQ" then 2300 . $\mathrm{H} 110-2$ must be a valid ICD-9-CM Other Procedure code. | ICD-9 Only period and Transition period. <br> Valid ICD-9-CM Other Procedure Code reference must be available for this edit. |  |
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| X223.242.2300.H110-2.020 | H110-2 |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 490: "Other Procedure Code for Service(s) Rendered" | If $2300 . \mathrm{HI} 10-1$ is "BBQ" then 2300 .HI10-2 must be a valid ICD-10-CM Other Procedure code. | Transition period and ICD-10 Only period. <br> Valid ICD-10-CM Other 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 ".". |  |  |
| 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 | Date Time Period Format Qualifier | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H110-3 must be "D8". |  |  |
| X223.242.2300.H110-4.010 | H110-4 | Date Time Period | 999 | R | 1K403 = 8: "Invalid Date" | 2300.HI10-4 must be a valid date in CCYYMMDD format. |  |  |
| X223.242.2300.H110-5.010 | H110-5 | Monetary Amount | 999 | E | $\begin{aligned} & \text { IK403 = 110: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300. H110-5 must not be present. |  |  |
| X223.242.2300.H110-6.010 | H110-6 | Quantity | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300. H110-6 must not be present. |  |  |
| X223.242.2300.H110-7.010 | H110-7 | Version Identifier | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300.H110-7 must not be present. |  |  |
| X223.242.2300.H110-8.010 | H110-8 | Industry code | 999 | E | 1K403 = I10: "Implementation "Not Used" Element Present" | 2300.H110-8 must not be present. |  |  |
| X223.242.2300.H110-9.010 | H110-9 | Yes/No Condition or response Code | 999 | E | 1K403 = I10: "Implementation "Not Used" Element Present" | 2300.H110-9 must not be present. |  |  |
| X223.242.2300.H111.010 | H111 | HEALTH CARE CODE INFORMATION | 999 | R | IK403 = 10: "Exclusion Condition Violated" | If $2300 . \mathrm{HI} 10$ is present then 2300 . HI11 may be present. |  |  |
| X223.242.2300.H111-1.010 | H111-1 | Code List Qualifier Code | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H111-1 must be valid values. |  |  |
| X223.242.2300.H111-1.020 | H111-1 |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H111-1 must = "BQ". | ICD-9 Only period |  |
| X223.242.2300.H111-1.030 | H111-1 |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300. $\mathrm{H} 111-1$ must = "BBQ" | ICD-10 Only period - assumes no dual-use after mandated date. |  |
| X223.242.2300.H111-2.010 | H111-2 | Procedure Code | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 490: "Other Procedure Code for Service(s) Rendered" | If 2300.H111-1 is "BQ" then 2300. H111-2 must be a valid ICD-9-CM Other Procedure code. | ICD-9 Only period and Transition period. <br> Valid ICD-9-CM Other Procedure Code reference must be available for this edit. |  |
| X223.242.2300.H111-2.020 | H111-2 |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 490: "Other Procedure Code for Service(s) Rendered" | If 2300.HI11-1 is "BBQ" then 2300.HI11-2 must be a valid ICD-10-CM Other Procedure code. | Transition period and ICD-10 Only <br> period. <br> Valid ICD-10-CM Other Procedure <br> Code reference must be available for <br> this edit. |  |
| X223.242.2300.H111-2.030 | H111-2 |  | 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 |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H111-3 must be "D8". |  |  |
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| X223.242.2300.H111-4.010 | H111-4 | Date Time Period |  | 999 | R | IK403 = 8: "Invalid Date" | 2300.HI11-4 must be a valid date in CCYYMMDD format. |  |  |
| X223.242.2300.H111-5.010 | H111-5 | Monetary Amount |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300. H111-5 must not be present. |  |  |
| X223.242.2300.H111-6.010 | H111-6 | Quantity |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H111-6 must not be present. |  |  |
| X223.242.2300.H111-7.010 | H111-7 | Version Identifier |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H111-7 must not be present. |  |  |
| X223.242.2300.H111-8.010 | H111-8 | Industry code |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300. H111-8 must not be present. |  |  |
| X223.242.2300.H111-9.010 | H111-9 | Yes/No Condition or response Code |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300.H111-9 must not be present. |  |  |
| X223.242.2300.H112.010 | H12 | HEALTH CARE CODE INFORMATION |  | 999 | R | IK403 = 10: "Exclusion Condition Violated" Violated" | If 2300 .HI11 is present then 2300 .HI12 may be present. |  |  |
| X223.242.2300.H112-1.010 | H112-1 | Code List Qualifier Code |  | 999 | R | IK403 = 7: "Invalid Code Value" | 2300. $\mathrm{H} 112 \mathrm{-1}$ must be valid values. |  |  |
| X223.242.2300.H112-1.020 | H112-1 |  |  | 999 | R | 11403 = 7: "Invalid Code Value" | 2300. $\mathrm{H} 112-1$ must = "BQ". | ICD-9 Only period |  |
| X223.242.2300.H112-1.030 | H12-1 |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H112-1 must = "BBQ" . | ICD-10 Only period - assumes no dual-use after mandated date. |  |
| X223.242.2300.H112-2.010 | H112-2 | Procedure Code |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information... CSC 490: "Other Procedure Code for Service(s) Rendered" | If 2300.H112-1 is "BQ" then 2300.H112-2 must be a valid ICD-9-CM Other Procedure code. | ICD-9 Only period and Transition period. <br> Valid ICD-9-CM Other Procedure Code reference must be available for this edit. |  |
| X223.242.2300.H112-2.020 | H12-2 |  |  | 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 "BBQ" then 2300 . HI12-2 must be a valid ICD-10-CM Other Procedure code. | Transition period and ICD-10 Only period. <br> Valid ICD-10-CM Other Procedure Code reference must be available for this edit. |  |
| X223.242.2300.H112-2.030 | H12-2 |  |  | 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 | H12-3 | Date Time Period Format Qualifier |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300. H 112 -3 must be "D8". |  |  |
| X223.242.2300.H112-4.010 | H112-4 | Date Time Period |  | 999 | R | IK403 = 8: "Invalid Date" | 2300.HI12-4 must be a valid date in CCYYMMDD format. |  |  |
| X223.242.2300.H112-5.010 | H112-5 | Monetary Amount |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H112-5 must not be present. |  |  |
| X223.242.2300.H112-6.010 | H112-6 | Quantity |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H112-6 must not be present. |  |  |
| X223.242.2300.H112-7.010 | H112-7 | Version Identifier |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H112-7 must not be present. |  |  |
| X223.242.2300.H112-8.010 | H112-8 | Industry code |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H112-8 must not be present. |  |  |
| X223.242.2300.H112-9.010 | H112-9 | Yes/No Condition or response Code |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \\ & \hline \end{aligned}$ | 2300.H112-9 must not be present. |  |  |
|  |  |  |  |  |  |  |  |  |  |
| X223.258.2300.H1.010 | HI | OCCURRENCE SPAN INFORMATION | 2300 | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only two iterations of $2300 . \mathrm{HI}$ with $\mathrm{HIO1-1}=$ "BI" are allowed. |  |  |


| X223.258.2300.H101.010 | H01 | HEALTH CARE CODE INFORMATION |  |  |  |  |  |  |  |  |
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| X223.258.2300.H101-1.010 | H01-1 | Code List Qualifier Code |  |  | 999 | R | IK403 = 7: "Invalid Code Value" | 2300.H01-1 must be "BI". |  |  |
| X223.258.2300.H101-2.010 | H01-2 | Occurrence Span Code |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 462: "NUBC Occrrence Span Code(s) and Date(s)" | If 2300. HI01-1 is "BI" then 2300 . HIO1-2 must be a valid Occurrence Span code. | Valid Occurrence Span Code reference must be available for this edit. |  |
| X223.258.2300.H101-3.010 | H01-3 | $\underset{\substack{\text { Date Time Period Format } \\ \text { Qualifier }}}{ }$ |  |  | 999 | R | IK403 = 7: "Invalid Code Value" | 2300.H101-3 must be "RD8". |  |  |
| X223.258.2300.H01-4.010 | H01-4 | Date Time Period |  |  | 999 | R | IK403 = 8: "Invalid Date" | 2300.HIO1-4 must be a valid date in CCYYMMDDCCYYMMDD format. |  |  |
| X223.258.2300.H101-5.010 | H01-5 | Monetary Amount |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300. H101-5 must not be present. |  |  |
| X223.258.2300.H101-6.010 | H01-6 | Quantity |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300. H101-6 must not be present. |  |  |
| X223.258.2300.H101-7.010 | H01-7 | Version Identifier |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300. H101-7 must not be present. |  |  |
| X223.258.2300.H101-8.010 | H01-8 | Industry code |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300.H101-8 must not be present. |  |  |
| X223.258.2300.H101-9.010 | H01-9 | Yes/No Condition or response Code |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300.H101-9 must not be present. |  |  |
| X223.258.2300.H102.010 | H02 | HEALTH CARE CODE INFORMATION |  |  | 999 | R | IK403 = 10: "Exclusion Condition Violated" | If 2300 .HIO1 is present then 2300. HIO2 may be |  |  |
| X223.258.2300.H102-1.010 | H02-1 | Code List Qualifier Code |  |  | 999 | R | IK403 = 7: "Invalid Code Value" | 2300. $\mathrm{HIO2}-1$ must be "BI". |  |  |
| X223.258.2300.H102-2.010 | H02-2 | Occurrence Span Code |  |  | 277 | c | $\begin{aligned} & \text { CSCC AT: "ACKnowledgement } \\ & \text { IRejected for Invalid Information..." } \\ & \text { CSC 462: NUBC C Cccrence Span } \\ & \text { Code(s) and Date(s)" } \end{aligned}$ | If $2300 . \mathrm{HIO} 2-1$ is "BI" then $2300 . \mathrm{HIO}-2$ 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 | Date Time Period Format Qualifier |  |  | 999 | R | IK403 = 7: "Invalid Code Value" | 2300.H102-3 must be "RD8". |  |  |
| X223.258.2300.H102-4.010 | H02-4 | Date Time Period |  |  | 999 | R | 1K403 = 8: "Invalid Date" | 2300. HIO2-4 must be a valid date in CCYYMMDDCCYYMMDD format. |  |  |
| X223.258.2300.H102-5.010 | H102-5 | Monetary Amount |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300. H102-5 must not be present. |  |  |
| X223.258.2300.H102-6.010 | H02-6 | Quantity |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300. H102-6 must not be present. |  |  |
| X223.258.2300.H102-7.010 | H102-7 | Version Identifier |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300. H102-7 must not be present. |  |  |
| X223.258.2300.H102-8.010 | H02-8 | Industry code |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300. H102-8 must not be present. |  |  |
| X223.258.2300.H102-9.010 | H02-9 | Yes/No Condition or response Code |  |  | 999 | E | IK403 = 110: "Implementation "Not | 2300. H 102 -9 must not be present. |  |  |
| X223.258.2300.H103.010 | H03 | HEALTH CARE CODE INFORMATION |  |  | 999 | R | IK403 = 10: "Exclusion Condition Violated" | If 2300 .HIO2 is present then 2300 .HIO3 may be present. |  |  |
| х223.258.2300.H103-1.010 | H103-1 | Code List Qualifier Code |  |  | 999 | R | IK403 = 7: "Invalid Code Value" | 2300.H103-1 must be "B1". |  |  |
| X223.258.2300.H103-2.010 | H03-2 | Occurrence Span Code |  |  | 277 | c | $\begin{aligned} & \text { CSCC A7: "Acknowledgement } \\ & \text { /Rejected for Invalid Information..." } \\ & \text { CSC 442: "NUBC Cocrrence Span } \\ & \text { Code(s) and Date(s)" } \end{aligned}$ | If $2300 . \mathrm{HIO} 0-1$ is " BI " then $2300 . \mathrm{HIO} 03$ - 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 Qualifier |  |  | 999 | R | IK403 = 7: "Invalid Code Value" | 2300. H103-3 must be "RD8. |  |  |


| X223.258.2300.H103-4.010 | H103-4 | Date Time Period |  |  | 999 | R | 1K403 = 8: "Invalid Date" | 2300. HIO3-4 must be a valid date in CCYYMMDDCCYYMMDD format. |  |  |
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| X223.258.2300.H103-5.010 | H103-5 | Monetary Amount |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300.H103-5 must not be present. |  |  |
| X223.258.2300. $\mathrm{H} 103-6.010$ | H103-6 | Quantity |  |  | 999 | E | IK403 = 110: "Implementation "Not | 2300.H103-6 must not be present. |  |  |
| X223.258.2300.H103-7.010 | H103-7 | Version Identifier |  |  | 999 | E | IK403 = 110: "Implementation "Not | 2300.H103-7 must not be present. |  |  |
| X223.258.2300.H103-8.010 | H103-8 | Industry code |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300.H103-8 must not be present. |  |  |
| х223.258.2300.H103-9.010 | H103-9 | Yes/No Condition or response Code |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300.H103-9 must not be present. |  |  |
| X223.258.2300.H104.010 | H104 | HEALTH CARE CODE INFORMATION |  |  | 999 | R | $\begin{aligned} & \text { IK403 = 10: "Exclusion Condition } \\ & \text { Violated" } \\ & \hline \end{aligned}$ | If $2300 . \mathrm{HIO3}$ is present then 2300 . HI04 may be present. |  |  |
| Х223.258.2300.H104-1.010 | H104-1 | Code List Qualifier Code |  |  | 999 | R | 1 K 403 = 7: "Invalid Code Value" | 2300.H104-1 must be "BII". |  |  |
| X223.258.2300.H104-2.010 | H104-2 | Occurrence Span Code |  |  | 277 | c | CSCC A7: "Acknowledgement 1Rejected for Invalid Information..." CSC 462: "NUBC Occrrence Span Code(s) and Date(s)" | If $2300 . \mathrm{HIO}-1$ is "BI" then $2300 . \mathrm{HIO4-2}$ must be a valid Occurrence Span code. | Valid Occurrence Span Code reference must be available for this edit. |  |
| X223.258.2300.H104-3.010 | H104-3 | Date Time Period Format Qualifier |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H04-3 must be "RD8. |  |  |
| X223.258.2300.H104-4.010 | H104-4 | Date Time Period |  |  | 999 | R | IK403 = 8: "Invalid Date" | 2300.HIO4-4 must be a valid date in CCYYMMDDCCYYMMDD format. |  |  |
| X223.258.2300.H104-5.010 | H104-5 | Monetary Amount |  |  | 999 | E | $\begin{aligned} & \text { IK403 = 110: "Implementation "Not } \\ & \text { Used" Element Present" } \\ & \hline \end{aligned}$ | 2300.H104-5 must not be present. |  |  |
| X223.258.2300.H104-6.010 | H104-6 | Quantity |  |  | 999 | E | IK403 = I10: "Implementation "Not | 2300.H104-6 must not be present. |  |  |
| X223.258.2300.H104-7.010 | H104-7 | Version Identifier |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \\ & \hline \end{aligned}$ | 2300.H104-7 must not be present. |  |  |
| X223.258.2300.H104-8.010 | H104-8 | Industry code |  |  | 999 | E | IK403 = 110: "Implementation "Not | 2300.H104-8 must not be present. |  |  |
| X223.258.2300.H104-9.010 | H104-9 | Yes/No Condition or response Code |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \\ & \hline \end{aligned}$ | 2300.H104-9 must not be present. |  |  |
| X223.258.2300.H105.010 | H105 | HEALTH CARE CODE INFORMATION |  |  | 999 | R | IK403 = 10: "Exclusion Condition Violated" | If $2300 . \mathrm{H} 104$ is present then 2300 .HI05 may be present. |  |  |
| X223.258.2300.H105-1.010 | H105-1 | Code List Qualifier Code |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H105-1 must be "B1". |  |  |
| X223.258.2300.H105-2.010 | H105-2 | Occurrence Span Code |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 462: "NUBC Occrrence Span Code(s) and Date(s)" | If $2300 . \mathrm{HIO5}-1$ is "BI" then $2300 . \mathrm{HIO5}-2$ 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 |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H105-3 must be "RD8". |  |  |
| X223.258.2300.H105-4.010 | H105-4 | Date Time Period |  |  | 999 | R | IK403 = 8: "Invalid Date" | 2300.HIOS-4 must be a valid date in CCYYMMDDCCYYMMDD format. |  |  |
| X223.258.2300.H105-5.010 | H105-5 | Monetary Amount |  |  | 999 | E | 1K403 = I10: "Implementation "Not Used" Element Present" | 2300.H105-5 must not be present. |  |  |
| X223.258.2300.H105-6.010 | H105-6 | Quantity |  |  | 999 | E | 1K403 = I10: "Implementation "Not | 2300.H105-6 must not be present. |  |  |
| X223.258.2300.H105-7.010 | H105-7 | Version Identifier |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300. $\mathrm{H} 105-7$ must not be present. |  |  |


| X223.258.2300.H105-8.010 | H105-8 | Industry code |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300. H L05-8 must not be present. |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.258.2300.H105-9.010 | H105-9 | Yes/No Condition or response Code |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300.H105-9 must not be present. |  |  |
| X223.258.2300.H106.010 | H106 | HEALTH CARE CODE INFORMATION |  |  | 999 | R | IK403 = 10: "Exclusion Condition Violated" | If 2300 .HI05 is present then 2300. H106 may be present. |  |  |
| x223.258.2300.H106-1.010 | H106-1 | Code List Qualifier Code |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H106-1 must be "B1". |  |  |
| X223.258.2300.H106-2.010 | H106-2 | Occurrence Span Code |  |  | 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 "BI" then 2300 .HI06-2 must be a valid Occurrence Span code. | Valid Occurrence Span Code reference must be available for this edit. |  |
| X223.258.2300.H106-3.010 | H106-3 | Date Time Period Format Qualifier |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H106-3 must be "RD8". |  |  |
| X223.258.2300.H106-4.010 | H006-4 | Date Time Period |  |  | 999 | R | IK403 = 8: "Invalid Date" | 2300.HIO6-4 must be a valid date in CCYYMMDDCCYYMMDD format. |  |  |
| X223.258.2300.H106-5.010 | H106-5 | Monetary Amount |  |  | 999 | E | \|K403 = 110: "Implementation "Not Used" Element Present" | 2300. H106-5 must not be present. |  |  |
| X223.258.2300.H106-6.010 | H106-6 | Quantity |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300.H106-6 must not be present. |  |  |
| X223.258.2300.H106-7.010 | H106-7 | Version Identifier |  |  | 999 | E | IK403 = 110: "Implementation "Not | 2300.H106-7 must not be present. |  |  |
| X223.258.2300.H106-8.010 | H106-8 | Industry code |  |  | 999 | E | $\begin{aligned} & \text { IK403 = 110: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300. H -66-8 must not be present. |  |  |
| X223.258.2300.H106-9.010 | H106-9 | Yes/No Condition or response Code |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300.H106-9 must not be present. |  |  |
| X223.258.2300.H07.010 | H07 | HEALTH CARE CODE INFORMATION |  |  | 999 | R | IK403 = 10: "Exclusion Condition Violated" | If 2300 .H106 is present then 2300 . H107 may be present. |  |  |
| X223.258.2300.H107-1.010 | H107-1 | Code List Qualifier Code |  |  | 999 | R | 1 K 403 = 7 : "Invalid Code Value" | 2300.H107-1 must be "BI". |  |  |
| X223.258.2300.H107-2.010 | H07-2 | Occurrence Span Code |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 462: "NUBC Occrrence Span Code(s) and Date(s)" | If $2300 . \mathrm{HIO7}-1$ is "BI" then 2300 .HIO7-2 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 | $\underset{\substack{\text { Date Time Period Format } \\ \text { Qualifier }}}{\text { Q }}$ |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H107-3 must be "RD8". |  |  |
| X223.258.2300.H107-4.010 | H07-4 | Date Time Period |  |  | 999 | R | IK403 = 8: "Invalid Date" | 2300.HIOT-4 must be a valid date in CCYYMMDDcCYYMMDD format. |  |  |
| X223.258.2300.H107-5.010 | H07-5 | Monetary Amount |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300. H107-5 must not be present. |  |  |
| X223.258.2300.H107-6.010 | H07-6 | Quantity |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300.H107-6 must not be present. |  |  |
| X223.258.2300.H107-7.010 | H007-7 | Version Identifier |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300.H107-7 must not be present. |  |  |
| X223.258.2300.H107-8.010 | H07-8 | Industry code |  |  | 999 | E | IK403 = 110: "Implementation "Not | 2300. H 107-8 must not be present. |  |  |
| X223.258.2300.H107-9.010 | H107-9 | Yes/No Condition or response Code |  |  | 999 | E | IK403 = 110: "Implementation "Not | 2300.H107-9 must not be present. |  |  |
| X223.258.2300.H108.010 | H08 | HEALTH CARE CODE INFORMATION |  |  | 999 | R | IK403 = 10: "Exclusion Condition | If 2300 .HIO7 is present then 2300 . H108 may be present. |  |  |
| x223.258.2300.H108-1.010 | H108-1 | Code List Qualifier Code |  |  | 999 | R | 11403 = 7: "Invalid Code Value" | 2300.H108-1 must be "BI". |  |  |
| X223.258.2300.H108-2.010 | H008-2 | Occurrence Span Code |  |  | 277 | c | CSCC A7: "ACKnowledgement IRejected for Invalid Information..." CSC 62: "NUC Occrrence Span Code(s) and Date(s)" | If $2300 . \mathrm{HIO} 0-1$ is "BI" then $2300 . \mathrm{HIO} 0-2$ must be a valid Occurrence Span code. | Valid Occurrence Span Code reference must be available for this edit. |  |


| X223.258.2300.H108-3.010 | H008-3 | Date Time Period Format Qualifier |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H108-3 must be "RD8". |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.258.2300.H108-4.010 | H008-4 | Date Time Period |  |  | 999 | R | IK403 = 8: "Invalid Date" | 2300.HIO8-4 must be a valid date in CCYYMMDDCCYYMMDD format. |  |  |
| X223.258.2300. $\mathrm{H} 108-5.010$ | H108-5 | Monetary Amount |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300. $\mathrm{H} 108-5$ must not be present. |  |  |
| X223.258.2300.H108-6.010 | H108-6 | Quantity |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300.H108-6 must not be present. |  |  |
| X223.258.2300.H108-7.010 | H108-7 | Version Identifier |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300.H108-7 must not be present. |  |  |
| X223.258.2300.H108-8.010 | H008-8 | Industry code |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300. H108-8 must not be present. |  |  |
| X223.258.2300.H108-9.010 | H008-9 | Yes/No Condition or response Code |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H108-9 must not be present. |  |  |
| X223.258.2300.H109.010 | H09 | HEALTH CARE CODE INFORMATION |  |  | 999 | R | IK403 = 10: "Exclusion Condition Violated" | If 2300. HI08 is present then 2300 .H109 may be |  |  |
| X223.258.2300.H109-1.010 | H109-1 | Code List Qualifier Code |  |  | 999 | R | 11403 = 7: "Invalid Code Value" | 2300.H109-1 must be "B1". |  |  |
| X223.258.2300.H109-2.010 | H09-2 | Occurrence Span Code |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 462: "NUBC Occrrence Span Code(s) and Date(s)" | If 2300. HI09-1 is "BI" then 2300 .HIO9-2 must be a valid Occurrence Span code. | Valid Occurrence Span Code reference must be available for this edit. |  |
| X223.258.2300.H109-3.010 | H099-3 | Date Time Period Format Qualifier |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H109-3 must be "RD8". |  |  |
| X223.258.2300.H109-4.010 | H09-4 | Date Time Period |  |  | 999 | R | IK403 = 8: "Invalid Date" | 2300. H109-4 must be a valid date in CCYYMMDDCCYYMMDD format. |  |  |
| X223.258.2300.H109-5.010 | H109-5 | Monetary Amount |  |  | 999 | E | IK403 = I10: "Implementation "Not | 2300. H 109-5 must not be present. |  |  |
| X223.258.2300.H109-6.010 | H109-6 | Quantity |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300. H109-6 must not be present. |  |  |
| X223.258.2300.H109-7.010 | H109-7 | Version Identifier |  |  | 999 | E | IK403 = I10: "Implementation "Not | 2300. H109-7 must not be present. |  |  |
| X223.258.2300.H109-8.010 | H109-8 | Industry code |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300. H109-8 must not be present. |  |  |
| X223.258.2300.H109-9.010 | H109-9 | Yes/No Condition or response Code |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300. H109-9 must not be present. |  |  |
| X223.258.2300. H 110.010 | H10 | HEALTH CARE CODE INFORMATION |  |  | 999 | R | IK403 = 10: "Exclusion Condition Violated" | If 2300 .H109 is present then 2300 .HI10 may be present. |  |  |
| X223.258.2300.H110-1.010 | H110-1 | Code List Qualifier Code |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H110-1 must be "B1". |  |  |
| X223.258.2300.H110-2.010 | H110-2 | Occurrence Span Code |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 462: "NUBC Occrrence Span Code(s) and Date(s)" | If $2300 . \mathrm{HI} 10-1$ is " Bl " then $2300 . \mathrm{HI} 10-2$ 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 | $\underset{\substack{\text { Date Time Period Format } \\ \text { Qualifier }}}{ }$ |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H110-3 must be "RD8". |  |  |
| X223.258.2300.H110-4.010 | H110-4 | Date Time Period |  |  | 999 | R | 1K403 = 8: "Invalid Date" | 2300.H110-4 must be a valid date in CCYYMMDDCCYYMMDD format. |  |  |
| X223.258.2300.H110-5.010 | H110-5 | Monetary Amount |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300.H110-5 must not be present. |  |  |
| X223.258.2300.H110-6.010 | H110-6 | Quantity |  |  | 999 | E | IK403 = I10: "Implementation "Not | 2300.H110-6 must not be present. |  |  |
| X223.258.2300.H110-7.010 | H110-7 | Version Identifier |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300.H110-7 must not be present. |  |  |


| X223.258.2300.H110-8.010 | H110-8 | Industry code |  | 999 | E | \|K403 = I10: "Implementation "Not Used" Element Present" | 2300.H110-8 must not be present. |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.258.2300.H110-9.010 | H110-9 | Yes/No Condition or response Code |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300.H110-9 must not be present. |  |  |
| X223.258.2300.H111.010 | H11 | HEALTH CARE CODE INFORMATION |  | 999 | R | IK403 = 10: "Exclusion Condition Violated" | If 2300 .HI10 is present then 2300 . HI11 may be present. |  |  |
| X223.258.2300.H111-1.010 | H111-1 | Code List Qualifier Code |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H111-1 must be "B1". |  |  |
| X223.258.2300.H111-2.010 | H111-2 | Occurrence Span Code |  | 277 | c | CSCC A7: "Acknowledgement 1Rejected for Invalid Information..." CSC 462: "NUBC Occrrence Span Code(s) and Date(s)" | If $2300 . \mathrm{HI} 11-1$ is " BI " 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 | $\underset{\text { Qate Time Period Format }}{\text { Qualifier }}$ |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H111-3 must be "RD8". |  |  |
| X223.258.2300.H111-4.010 | H111-4 | Date Time Period |  | 999 | R | IK403 = 8: "Invalid Date" | 2300.HI11-4 must be a valid date in CCYYMMDDCCYYMMDD format. |  |  |
| X223.258.2300.H111-5.010 | H111-5 | Monetary Amount |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300.H111-5 must not be present. |  |  |
| X223.258.2300.H111-6.010 | H111-6 | Quantity |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300.H111-6 must not be present. |  |  |
| X223.258.2300.H111-7.010 | H111-7 | Version Identifier |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300.H111-7 must not be present. |  |  |
| X223.258.2300.H111-8.010 | H111-8 | Industry code |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300.H111-8 must not be present. |  |  |
| X223.258.2300.H111-9.010 | H111-9 | Yes/No Condition or response Code |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300.H111-9 must not be present. |  |  |
| X223.258.2300.H112.010 | H112 | HEALTH CARE CODE INFORMATION |  | 999 | R | IK403 = 10: "Exclusion Condition Violated" | If 2300.HI11 is present then 2300 .HI12 may be present. |  |  |
| X223.258.2300.H112-1.010 | H112-1 | Code List Qualifier Code |  | 999 | R | 11403 = 7: "Invalid Code Value" | 2300.H112-1 must be "B1". |  |  |
| X223.258.2300.H112-2.010 | H112-2 | Occurrence Span Code |  | 277 | c | CSCC A7: "Acknowledgement 1Rejected for Invalid Information..." CSC 462: "NUBC Occrrence Span Code(s) and Date(s)" | If $2300 . \mathrm{H} 112-1$ is "BI" 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 Qualifier |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H112-3 must be "RD8". |  |  |
| X223.258.2300.H112-4.010 | H112-4 | Date Time Period |  | 999 | R | IK403 = 8: "Invalid Date" | 2300. H112-4 must be a valid date in CCYYMMDDCCYYMMDD format. |  |  |
| X223.258.2300.H112-5.010 | H12-5 | Monetary Amount |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300.H112-5 must not be present. |  |  |
| X223.258.2300.H112-6.010 | H112-6 | Quantity |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300.H112-6 must not be present. |  |  |
| X223.258.2300.H112-7.010 | H112-7 | Version Identifier |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300.H112-7 must not be present. |  |  |
| X223.258.2300.H112-8.010 | H112-8 | Industry code |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300.H112-8 must not be present. |  |  |
| X223.258.2300.H112-9.010 | H112-9 | Yes/No Condition or response Code |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300.H112-9 must not be present. |  |  |
|  |  |  |  |  |  |  |  |  |  |
| х223.271.2300.H1.010 | HI | OCCURRENCE INFORMATION | 2300 | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only two iterations of 2300.HI with H01-1 = "BH" are allowed. |  |  |
| X223.271.2300.H101.010 | H01 | HEALTH CARE CODE INFORMATION |  |  |  |  |  |  |  |
| X223.271.2300.H101-1.010 | H101-1 | Code List Qualifier Code |  | 999 | R | 11403 = 7: "Invalid Code Value" | 2300.H01-1 must be "BH". |  |  |


| X223.271.2300.H01-2.010 | H01-2 | Occurrence Code |  |  | 277 | c | $\begin{aligned} & \text { CSCC A7: "Acknowledgement } \\ & \text { (Rejected for Invalild Information..." } \\ & \text { CsC 461: "NUBC Occurrence Code(s) } \\ & \text { and Date(s)" } \end{aligned}$ | If $2300 . \mathrm{HIO1}-1$ is "BH" then 2300 . H I01-2 2 must be a valid Occurrence code. | Valid Occurrence Code reference must be available for this edit. |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.271.2300.H101-3.010 | H01-3 | Date Time Period Format Qualifier |  |  | 999 | R | IK403 = 7: "Invalid Code Value" | 2300. H01-3 must be "D8". |  |  |
| X223.271.2300.H101-4.010 | H01-4 | Date Time Period |  |  | 999 | R | 1K403 = 8: "Invalid Date" | 2300.HI01-4 must be a valid date in CCYYMMDD format. |  |  |
| X223.271.2300.H101-5.010 | H01-5 | Monetary Amount |  |  | 999 | E | $\begin{aligned} & \text { \|K403 = 110: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H101-5 must not be present. |  |  |
| X223.271.2300.H101-6.010 | H01-6 | Quantity |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300. H101-6 must not be present. |  |  |
| X223.271.2300.H101-7.010 | H01-7 | Version Identifier |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H101-7 must not be present. |  |  |
| X223.271.2300.H101-8.010 | H01-8 | Industry code |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300. H101-8 must not be present. |  |  |
| X223.271.2300.H101-9.010 | H01-9 | Yes/No Condition or response Code |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300. $\mathrm{H} 101-9$ must not be present. |  |  |
| X223.271.2300.H102.010 | H02 | HEALTH CARE CODE INFORMATION |  |  | 999 | R | IK403 = 10: "Exclusion Condition Violated" | If 2300.HI01 is present then 2300 .HI02 may be present. |  |  |
| x223.271.2300.H102-1.010 | H02-1 | Code List Qualifier Code |  |  | 999 | R | IK403 = 7: "IIvalid Code Value" | 2300.H02-1 must be "BH". |  |  |
| X223.271.2300.H102-2.010 | H02-2 | Occurrence Code |  |  | 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 | H02-3 | Date Time Period Format Qualifier |  |  | 999 | R | IK403 = 7: "Invalid Code Value" | 2300. H102-3 must be "D8". |  |  |
| X223.271.2300.H102-4.010 | H02-4 | Date Time Period |  |  | 999 | R | IK403 = 8: "Invalid Date" | 2300.HIO2-4 must be a valid date in CCYYMMDD format. |  |  |
| X223.271.2300.H102-5.010 | H02-5 | Monetary Amount |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \\ & \hline \end{aligned}$ | 2300.H102-5 must not be present. |  |  |
| X223.271.2300.H102-6.010 | H102-6 | Quantity |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H102-6 must not be present. |  |  |
| X223.271.2300.H102-7.010 | H102-7 | Version Identifier |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H102-7 must not be present. |  |  |
| X223.271.2300.H102-8.010 | H102-8 | Industry code |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \\ & \hline \end{aligned}$ | 2300. H102-8 must not be present. |  |  |
| X223.271.2300.H102-9.010 | H02-9 | Yes/No Condition or response Code |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H102-9 must not be present. |  |  |
| X223.271.2300.H103.010 | H03 | HEALTH CARE CODE INFORMATION |  |  | 999 | R | $\begin{aligned} & \text { IK403 = 10: "Exclusion Condition } \\ & \text { Violated" } \\ & \hline \end{aligned}$ | If 2300. H102 is present then 2300 .H103 may be present. |  |  |
| х223.271.2300.H103-1.010 | H03-1 | Code List Qualifier Code |  |  | 999 | R | 14403 = 7: "Invalid Code Value" | 2300.H103-1 must be "BH". |  |  |
| X223.271.2300.H103-2.010 | H03-2 | Occurrence Code |  |  | 277 | c | $\begin{aligned} & \text { CSCC A: " "CKnowledgement } \\ & \text { (Rejected for Invalid Information..." } \\ & \text { CSC 461: "NUBC Occurrence Code(s) } \\ & \text { and Date(s)" } \\ & \hline \end{aligned}$ | If $2300 . \mathrm{HIO3-1}$ is "BH" then 2300. HIO3-2 must be a valid Occurrence code. | Valid Occurrence Code reference must be available for this edit. |  |
| X223.271.2300.H103-3.010 | H03-3 | Date Time Period Format Qualifier |  |  | 999 | R | IK403 = 7: "Invalid Code Value" | 2300. H103-3 must be "D8". |  |  |
| X223.271.2300.H103-4.010 | H03-4 | Date Time Period |  |  | 999 | R | 1K403 = 8: "Invalid Date" | 2300.HIO3-4 must be a valid date in CCYYMMDD format. |  |  |
| X223.271.2300.H103-5.010 | H103-5 | Monetary Amount |  |  | 999 | E | \|K403 = 110: "Implementation "Not Used" Element Present" | 2300.H103-5 must not be present. |  |  |
| X223.271.2300.H103-6.010 | H103-6 | Quantity |  |  | 999 | E | 1K403 = I10: "Implementation "Not Used" Element Present" | 2300.H103-6 must not be present. |  |  |
| X223.271.2300.H103-7.010 | H103-7 | Version Identifier |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300. H 103-7 must not be present. |  |  |
| X223.271.2300.H103-8.010 | H03-8 | Industry code |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300. H 103-8 must not be present. |  |  |


| X223.271.2300.H103-9.010 | H103-9 | Yes/No Condition or response Code |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300.H103-9 must not be present. |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.271.2300.H104.010 | H04 | HEALTH CARE CODE INFORMATION |  |  | 999 | R | IK403 = 10: "Exclusion Condition Violated" | If $2300 . \mathrm{HIO}$ is present then $2300 . \mathrm{H} 104$ may be present. |  |  |
| X223.271.2300.H104-1.010 | H104-1 | Code List Qualifier Code |  |  | 999 | R | 1 K 403 = 7: "Invalid Code Value" | 2300.H104-1 must be "BH". |  |  |
| X223.271.2300.H104-2.010 | H104-2 | Occurrence Code |  |  | 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 $2300 . \mathrm{HI} 04-1$ 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 | H104-3 | Date Time Period Format Qualifier |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H104-3 must be "D8". |  |  |
| X223.271.2300.H104-4.010 | H104-4 | Date Time Period |  |  | 999 | R | 1K403 = 8: "Invalid Date" | 2300. HIO4-4 must be a valid date in CCYYMMDD format. |  |  |
| X223.271.2300.H104-5.010 | H104-5 | Monetary Amount |  |  | 999 | E | $\begin{aligned} & \text { IK403 = 110: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300. H I04-5 must not be present. |  |  |
| X223.271.2300.H104-6.010 | H104-6 | Quantity |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300.H104-6 must not be present. |  |  |
| X223.271.2300.H104-7.010 | H104-7 | Version Identifier |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300. $\mathrm{H} 104-7$ must not be present. |  |  |
| X223.271.2300.H104-8.010 | H104-8 | Industry code |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300.H104-8 must not be present. |  |  |
| X223.271.2300.H104-9.010 | H104-9 | Yes/No Condition or response Code |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300.H104-9 must not be present. |  |  |
| X223.271.2300.H105.010 | H105 | HEALTH CARE CODE INFORMATION |  |  | 999 | R | IK403 = 10: "Exclusion Condition Violated" | If 2300.HI04 is present then 2300 .HI05 may be present. |  |  |
| X223.271.2300.H105-1.010 | H105-1 | Code List Qualifier Code |  |  | 999 | R | 1 K 403 = 7 : "Invalid Code Value" | 2300.HIO5-1 must be "BH". |  |  |
| X223.271.2300.H105-2.010 | H105-2 | Occurrence Code |  |  | 277 | c | $\begin{aligned} & \text { CSCC A7: "Acknowledgement } \\ & \text { /Rejected for Invalid Information..." } \\ & \text { CSC 461:" } \\ & \text { and DUBC Occurrence Code(s)" } \\ & \hline \end{aligned}$ | If $2300 . \mathrm{HIO5}-1$ is "BH" then 2300 . $\mathrm{H} 105-2$ must be a valid Occurrence code. | Valid Occurrence Code reference must be available for this edit. |  |
| X223.271.2300.H105-3.010 | H105-3 | Date Time Period Format <br> Qualifier |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300. $\mathrm{H} 105-3$ must be "D8". |  |  |
| X223.271.2300.H105-4.010 | H105-4 | Date Time Period |  |  | 999 | R | \|K403 = 8: "Invalid Date" | 2300. HIO5-4 must be a valid date in CCYYMMDD format. |  |  |
| X223.271.2300.H105-5.010 | H105-5 | Monetary Amount |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300.H105-5 must not be present. |  |  |
| X223.271.2300.H105-6.010 | H105-6 | Quantity |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300. $\mathrm{H} 105-6$ must not be present. |  |  |
| X223.271.2300.H105-7.010 | H105-7 | Version Identifier |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300.H105-7 must not be present. |  |  |
| X223.271.2300.H105-8.010 | H105-8 | Industry code |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300. $\mathrm{H} 105-8$ must not be present. |  |  |
| X223.271.2300.H105-9.010 | H105-9 | Yes/No Condition or response Code |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300. $\mathrm{H} 105-9$ must not be present. |  |  |
| X223.271.2300.H106.010 | H106 | HEALTH CARE CODE INFORMATION |  |  | 999 | R | IK403 = 10: "Exclusion Condition Violated" | If 2300.HI05 is present then 2300 .HI06 may be present. |  |  |
| X223.271.2300.H106-1.010 | H106-1 | Code List Qualifier Code |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H106-1 must be "BH". |  |  |
| X223.271.2300.H106-2.010 | H106-2 | Occurrence Code |  |  | 277 | c | $\begin{aligned} & \text { CSCC AP: "Acknowledgement } \\ & \text { /Rejected for Invalid Information..." } \\ & \text { CSC 461:" (NUBC Occurrence Code(s) } \\ & \text { and Date(s)" } \\ & \hline \end{aligned}$ | If $2300 . \mathrm{HI} 06-1$ is "BH" then 2300. H106-2 must be a valid Occurrence code. | Valid Occurrence Code reference must be available for this edit. |  |
| X223.271.2300.H106-3.010 | H106-3 | Date Time Period Format Qualifier |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H06-3 must be "D8". |  |  |
| X223.271.2300.H106-4.010 | H106-4 | Date Time Period |  |  | 999 | R | 1K403 = 8: "Invalid Date" | 2300. HIO6-4 must be a valid date in CCYYMMDD format. format. |  |  |
| X223.271.2300.H106-5.010 | H106-5 | Monetary Amount |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300. $\mathrm{H} 106-5$ must not be present. |  |  |


| 223.271.2300.H106-6.010 | H106-6 | Quantity |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300. H O06-6 must not be present. |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.271.2300.H106-7.010 | H106-7 | Version Identifier |  |  | 999 | E | IK403 = 110: "Implementation "Not | 2300.H106-7 must not be present. |  |  |
| X223.271.2300. H 106 -8.010 | H106-8 | Industry code |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300.H106-8 must not be present. |  |  |
| X223.271.2300.H106-9.010 | H106-9 | Yes/No Condition or response Code |  |  | 999 | E | IK403 = I10: "Implementation "Not | 2300. $\mathrm{H} 106-9$ must not be present. |  |  |
| X223.271.2300.H107.010 | H07 | HEALTH CARE CODE |  |  | 999 | R | IK403 = 10: "Exclusion Condition Violated" | If 2300 .HI06 is present then 2300 . HI07 may be present. |  |  |
| x223.271.2300.H107-1.010 | H07-1 | Code List Qualifier Code |  |  | 999 | R | 1 K 403 = 7: "Invalid Code Value" | 2300.H07-1 must be "BH". |  |  |
| X223.271.2300.H107-2.010 | H107-2 | Occurrence Code |  |  | 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 $2300 . \mathrm{HIO7}-1$ is "BH" then $2300 . \mathrm{H} 107-2$ must be a valid Occurrence code. | Valid Occurrence Code reference must be available for this edit. |  |
| X223.271.2300.H107-3.010 | H107-3 | Date Time Period Format Qualifier |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H07-3 must be "D8". |  |  |
| X223.271.2300.H107-4.010 | H107-4 | Date Time Period |  |  | 999 | R | K403 = 8: "Invalid Date" | 2300. HIO7-4 must be a valid date in CCYYMMDD format. |  |  |
| X223.271.2300.H107-5.010 | H107-5 | Monetary Amount |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300. $\mathrm{H} 107-5$ must not be present. |  |  |
| X223.271.2300.H107-6.010 | H107-6 | Quantity |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300. H107-6 must not be present. |  |  |
| X223.271.2300.H107-7.010 | H107-7 | Version Identifier |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300.H107-7 must not be present. |  |  |
| X223.271.2300.H107-8.010 | H107-8 | Industry code |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300.H107-8 must not be present. |  |  |
| X223.271.2300.H107-9.010 | H107-9 | Yes/No Condition or response Code |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H107-9 must not be present. |  |  |
| X223.271.2300.H108.010 | H08 | HEALTH CARE CODE INFORMATION |  |  | 999 | R | $\begin{aligned} & \text { IK403 = 10: "Exclusion Condition } \\ & \text { Violated" } \\ & \hline \end{aligned}$ | If 2300 .HI07 is present then 2300 . HI08 may be present. |  |  |
| X223.271.2300.H108-1.010 | H108-1 | Code List Qualifier Code |  |  | 999 | R | 1 K 403 = 7: "Invalid Code Value" | 2300.H008-1 must be "BH". |  |  |
| X223.271.2300.H108-2.010 | H108-2 | Occurrence Code |  |  | 277 | c | $\begin{array}{\|l} \hline \text { CSCC A7: "Acknowledgement } \\ \text { 1Rejected for Invalid Information..." } \\ \text { CSC 461: "NUBC Occurrence Code(s) } \\ \text { and Date(s)" } \\ \hline \end{array}$ | If $2300 . \mathrm{HIO} 0-1$ is "BH" then $2300 . \mathrm{HIO}-2$ must be a valid Occurrence code. | Valid Occurrence Code reference must be available for this edit. |  |
| X223.271.2300.H008-3.010 | H108-3 | Date Time Period Format Qualifier |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H008-3 must be "D8". |  |  |
| X223.271.2300.H08-4.010 | H108-4 | Date Time Period |  |  | 999 | R | IK403 = 8: "Invalid Date" | $2300 . \mathrm{HIO8-4}$ must be a valid date in CCYYMMDD format. |  |  |
| X223.271.2300.H108-5.010 | H108-5 | Monetary Amount |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300.H108-5 must not be present. |  |  |
| X223.271.2300.H108-6.010 | H108-6 | Quantity |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300.H108-6 must not be present. |  |  |
| X223.271.2300.H108-7.010 | H108-7 | Version Identifier |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H108-7 must not be present. |  |  |
| X223.271.2300.H108-8.010 | H108-8 | Industry code |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300. H 108-8 must not be present. |  |  |
| X223.271.2300.H108-9.010 | H108-9 | Yes/No Condition or response Code |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300. H 108-9 must not be present. |  |  |
| X223.271.2300.H109.010 | H109 | HEALTH CARE CODE INFORMATION |  |  | 999 | R | IK403 = 10: "Exclusion Condition Violated" | If 2300 .HI08 is present then 2300. HI09 may be present. |  |  |
| x223.271.2300.H109-1.010 | H109-1 | Code List Qualifier Code |  |  | 999 | R | 11403 = 7: "Invalid Code Value" | 2300.H09-1 must be "BH". |  |  |
| X223.271.2300.H109-2.010 | H109-2 | Occurrence Code |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 461: "NUBC Occurrence Code(s) and Date(s)" | If 2300.H109-1 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 | H099-3 | Date Time Period Format <br> Qualifier |  |  | 999 | R | 1K403 $=7$ : "Invalid Code Value" | 2300. H109-3 must be "D8". |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.271.2300.H109-4.010 | H09-4 | Date Time Period |  |  | 999 | R | 1K403 = 8: "Invalid Date" | 2300.HIO9-4 must be a valid date in CCYYMMDD format. |  |  |
| X223.271.2300.H109-5.010 | H109-5 | Monetary Amount |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300.H109-5 must not be present. |  |  |
| X223.271.2300.H109-6.010 | H09-6 | Quantity |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300.H109-6 must not be present. |  |  |
| X223.271.2300.H109-7.010 | H109-7 | Version Identifier |  |  | 999 | E | IK403 = I10: "Implementation "Not <br> Used" Element Present" | 2300.H109-7 must not be present. |  |  |
| X223.271.2300.H109-8.010 | H109-8 | Industry code |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300.H109-8 must not be present. |  |  |
| X223.271.2300.H109-9.010 | H109-9 | Yes/No Condition or response Code |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300.H109-9 must not be present. |  |  |
| X223.271.2300.H110.010 | H110 | HEALTH CARE CODE INFORMATION |  |  | 999 | R | $\begin{aligned} & \text { IK403 = 10: "Exclusion Condition } \\ & \text { Violated" } \\ & \hline \end{aligned}$ | If $2300 . \mathrm{HIO9}$ is present then 2300 .HI10 may be present. |  |  |
| X223.271.2300.H110-1.010 | H110-1 | Code List Qualifier Code |  |  | 999 | R | IK403 = 7: "Invalid Code Value" | 2300.H110-1 must be "BH". |  |  |
| X223.271.2300.H110-2.010 | H110-2 | Occurrence Code |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 461: "NUBC Occurrence Code(s) and Date(s)" | If $2300 . \mathrm{HIL10}-1$ 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 Qualifier |  |  | 999 | R | IK403 = 7: "Invalid Code Value" | 2300.H110-3 must be "D8". |  |  |
| X223.271.2300.H110-4.010 | H110-4 | Date Time Period |  |  | 999 | R | 1K403 = 8: "Invalid Date" | $2300 . \mathrm{HI} 10-4$ must be a valid date in CCYYMMDD format. |  |  |
| X223.271.2300.H110-5.010 | H110-5 | Monetary Amount |  |  | 999 | E | $\begin{aligned} & \hline \text { K403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \\ & \hline \end{aligned}$ | 2300.H110-5 must not be present. |  |  |
| X223.271.2300.H110-6.010 | H110-6 | Quantity |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300.H110-6 must not be present. |  |  |
| X223.271.2300.H110-7.010 | H110-7 | Version Identifier |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300.H110-7 must not be present. |  |  |
| X223.271.2300.H110-8.010 | H110-8 | Industry code |  |  | 999 | E | \|K403 = 110: "Implementation "Not Used" Element Present" | 2300.H110-8 must not be present. |  |  |
| X223.271.2300.H110-9.010 | H110-9 | Yes/No Condition or response Code |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300.H110-9 must not be present. |  |  |
| X223.271.2300.H111.010 | H111 | HEALTH CARE CODE INFORMATION |  |  | 999 | R | $\begin{aligned} & \text { IK403 = 10: "Exclusion Condition } \\ & \text { Violated" } \\ & \hline \end{aligned}$ | If 2300 . HI10 is present then 2300 . HI11 may be present. |  |  |
| X223.271.2300.H111-1.010 | H111-1 | Code List Qualifier Code |  |  | 999 | R | IK403 = 7: "Invalid Code Value" | 2300.H111-1 must be "BH". |  |  |
| X223.271.2300.H111-2.010 | H111-2 | Occurrence Code |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 461: "NUBC Occurrence Code(s) and Date(s)" | If $2300 . \mathrm{HI} 11-1$ is "BH" then $2300 . \mathrm{H} 111-2$ must be a valid Occurrence code. | Valid Occurrence Code reference must be available for this edit. |  |
| X223.271.2300.H111-3.010 | H111-3 | $\qquad$ |  |  | 999 | R | IK403 = 7: "Invalid Code Value" | 2300.H111-3 must be "D8". |  |  |
| X223.271.2300.H111-4.010 | H111-4 | Date Time Period |  |  | 999 | R | 1K403 = 8: "Invalid Date" | 2300.HI11-4 must be a valid date in CCYYMMDD format. |  |  |
| X223.271.2300.H111-5.010 | H111-5 | Monetary Amount |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H111-5 must not be present. |  |  |
| X223.271.2300.H111-6.010 | H111-6 | Quantity |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H111-6 must not be present. |  |  |
| X223.271.2300.H111-7.010 | H111-7 | Version Identifier |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H111-7 must not be present. |  |  |
| X223.271.2300.H111-8.010 | H111-8 | Industry code |  |  | 999 | E | $\begin{aligned} & \text { \|K403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \\ & \hline \end{aligned}$ | 2300. H111-8 must not be present. |  |  |
| X223.271.2300.H111-9.010 | H111-9 | Yes/No Condition or response Code |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H111-9 must not be present. |  |  |
| X223.271.2300.H112.010 | H12 | HEALTH CARE CODE INFORMATION |  |  | 999 | R | IK403 = 10: "Exclusion Condition Violated" | If 2300 .HI11 is present then 2300 .HI12 may be present. |  |  |


| X223.271.2300.H112-1.010 | H112-1 | Code List Qualifier Code |  | 999 | R | \|1403 = 7: "Invalid Code Value" | 2300.H112-1 must be "BH". |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.271.2300.H112-2.010 | H112-2 | Occurrence Code |  | 277 | c | $\begin{aligned} & \hline \text { CSCC A7: "Acknowledgement } \\ & \text { 1Rejected for Invalid Information..." } \\ & \text { CSC 461: "NUBC Occurrence Code(s) } \\ & \text { and Date(s)" } \\ & \hline \end{aligned}$ | If 2300.H112-1 is "BH" then 2300. H112-2 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 |  | 999 | R | IK403 = 7: "Invalid Code Value" | 2300.H112-3 must be "D8". |  |  |
| X223.271.2300.H112-4.010 | H112-4 | Date Time Period |  | 999 | R | IK403 = 8: "Invalid Date" | 2300.H112-4 must be a valid date in CCYYMMDD |  |  |
| X223.271.2300.H112-5.010 | H112-5 | Monetary Amount |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300.H112-5 must not be present. |  |  |
| X223.271.2300.H112-6.010 | H112-6 | Quantity |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300.H112-6 must not be present. |  |  |
| X223.271.2300.H112-7.010 | H112-7 | Version Identifier |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300.H112-7 must not be present. |  |  |
| X223.271.2300.H112-8.010 | H112-8 | Industry code |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300.H112-8 must not be present. |  |  |
| X223.271.2300.H112-9.010 | H112-9 | Yes/No Condition or response Code |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300.H112-9 must not be present. |  |  |
|  |  |  |  |  |  |  |  |  |  |
| X223.284.2300.HI.010 | HI | VALUE INFORMATION | 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 INFORMATION |  |  |  |  |  |  |  |
| х223.284.2300.H101-1.010 | H101-1 | Code List Qualifier Code |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H01-1 must be "BE". |  |  |
| X223.284.2300.H101-2.010 | H101-2 | Value Code |  | 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. HIO1-2 must be a valid Value code. | Valid Value Code reference must be available for this edit. |  |
| X223.284.2300.H101-3.010 | H101-3 | Date Time Period Format Qualifier |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300. H101-3 must not be present. |  |  |
| X223.284.2300.H101-4.010 | H01-4 | Date Time Period |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300. H101-4 must not be present. |  |  |
| X223.284.2300.H101-5.010 | H01-5 | Value Code Associated Amount |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2300. H101-5 must be numeric. |  |  |
| X223.284.2300.H101-5.020 | H101-5 |  |  | 277 | T | CSCC A7: "Acknowledgement <br> /Rejected for Invalid Information..." <br> CSC 463: "NUBC Value Code(s) and/or <br> Amount(s)" | 2300. H01-5 value must be $>=0$. |  |  |
| X223.284.2300.H01-5.030 | H01-5 |  |  | 999 | R | IK403 = 5: "Data Element Too Long" | 2300.H101-5 must be <= 99,999,999.99. |  |  |
| X223.284.2300.H101-6.010 | H001-6 | Quantity |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300. H101-6 must not be present. |  |  |
| X223.284.2300.H101-7.010 | H101-7 | Version Identifier |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300.H101-7 must not be present. |  |  |
| X223.284.2300.H101-8.010 | H101-8 | Industry code |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300.H101-8 must not be present. |  |  |
| X223.284.2300.H101-9.010 | H101-9 | Yes/No Condition or response Code |  | 999 | E | \|K403 = I10: "Implementation "Not Used" Element Present" | 2300. H101-9 must not be present. |  |  |
| X223.284.2300.H102.010 | H02 | HEALTH CARE CODE INFORMATION |  | 999 | R | IK403 = 10: "Exclusion Condition Violated" Violated" | If $2300 . \mathrm{HIO1}$ is present then $2300 . \mathrm{H} 102$ may be present. |  |  |
| X223.284.2300.H102-1.010 | H102-1 | Code List Qualifier Code |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300. H102-1 must be "BE". |  |  |
| X223.284.2300.H102-2.010 | H102-2 | Value Code |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information... CSC 463: "NUBC Value Code(s) and/or Amount(s)" | 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 | H102-3 | Date Time Period Format Qualifier |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300. H102-3 must not be present. |  |  |


| X223.284.2300.H102-4.010 | H102-4 | Date Time Period |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300.H102-4 must not be present. |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.284.2300.H102-5.010 | H102-5 | Value Code Associated Amount |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2300. H102-5 must be numeric. |  |  |
| X223.284.2300.H102-5.020 | H102-5 |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information... CSC 463: "NUBC Value Code(s) and/or Amount(s)" | 2300. $\mathrm{H} 102-5$ value must be $>=0$. |  |  |
| X223.284.2300.H102-5.030 | H102-5 |  |  |  | 999 | R | IK403 = 5: "Data Element Too Long" | 2300.H101-5 must be <= 99,999,999.99. |  |  |
| X223.284.2300.H102-6.010 | H102-6 | Quantity |  |  | 999 | E | $\begin{aligned} & \text { IK403 = 110: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300. H102-6 must not be present. |  |  |
| X223.284.2300.H102-7.010 | H102-7 | Version Identifier |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \\ & \hline \end{aligned}$ | 2300.H102-7 must not be present. |  |  |
| X223.284.2300.H102-8.010 | H102-8 | Industry code |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300. $\mathrm{H} 102-8$ must not be present. |  |  |
| X223.284.2300.H102-9.010 | H102-9 | Yes/No Condition or |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H102-9 must not be present. |  |  |
| X223.284.2300.H103.010 | H03 | HEALTH CARE CODE INFORMATION |  |  | 999 | R | $\begin{aligned} & \text { IK403 = 10: "Exclusion Condition } \\ & \text { Violated" } \\ & \hline \end{aligned}$ | If 2300 .HI02 is present then 2300 . HIO3 may be |  |  |
| X223.284.2300.H103-1.010 | H103-1 | Code List Qualifier Code |  |  | 999 | R | IK403 = 7: "Invalid Code Value" | 2300.H103-1 must be "BE". |  |  |
| X223.284.2300.H103-2.010 | H103-2 | Value Code |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 463: "NUBC Value Code(s) and/or Amount(s)" | If $2300 . \mathrm{HIO3}-1$ is "BE" then 2300. HIO3-2 must be a valid Value code. | Valid Value Code reference must be available for this edit. |  |
| X223.284.2300.H103-3.010 | H103-3 | Date Time Period Format Qualifier |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300. H103-3 must not be present. |  |  |
| X223.284.2300.H103-4.010 | H103-4 | Date Time Period |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300. H103-4 must not be present. |  |  |
| X223.284.2300.H103-5.010 | H103-5 | Value Code Associated Amount |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2300. $\mathrm{H} 103-5$ must be numeric. |  |  |
| X223.284.2300.H103-5.020 | H103-5 |  |  |  | 277 | T | $\begin{aligned} & \text { CSCC A7: "ACknowledgement } \\ & \text { 1Rejected for Invalid Information..." } \\ & \text { CSC 463: "UBC Value Code(s) and/or } \\ & \text { Amount(s)" } \\ & \hline \end{aligned}$ | 2300. H IO3-5 value must be $>=0$. |  |  |
| X223.284.2300.H103-5.030 | H103-5 |  |  |  | 999 | R | IK403 = 5: "Data Element Too Long" | 2300.H103-5 must be <= 99,999,999.99. |  |  |
| х223.284.2300.H103-6.010 | H103-6 | Quantity |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300. H IO3-6 must not be present. |  |  |
| X223.284.2300.H103-7.010 | H103-7 | Version Identifier |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H103-7 must not be present. |  |  |
| X223.284.2300.H103-8.010 | H103-8 | Industry code |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H103-8 must not be present. |  |  |
| X223.284.2300.H103-9.010 | H103-9 | Yes/No Condition or response Code |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H103-9 must not be present. |  |  |
| X223.284.2300.H104.010 | H04 | HEALTH CARE CODE INFORMATION |  |  | 999 | R | IK403 = 10: "Exclusion Condition Violated" | If $2300 . \mathrm{HIO}$ is present then 2300 .HI04 may be present. |  |  |
| х223.284.2300.H104-1.010 | H104-1 | Code List Qualifier Code |  |  | 999 | R | IK403 = 7: "Invalid Code Value" | 2300. $\mathrm{H} 104-1$ must be "BE". |  |  |
| X223.284.2300.H104-2.010 | H104-2 | Value Code |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 463: "NUBC Value Code(s) and/or Amount(s)" | If 2300.H104-1 is "BE" then 2300. H104-2 must be a valid Value code. | Valid Value Code reference must be available for this edit. |  |
| X223.284.2300.H104-3.010 | H104-3 | $\begin{array}{\|c\|} \hline \text { Date Time Period Format } \\ \text { Qualifier } \end{array}$ |  |  | 999 | E | $\begin{aligned} & \text { 1K403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300. H104-3 must not be present. |  |  |
| X223.284.2300. $\mathrm{H} 104-4.010$ | H104-4 | Date Time Period |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300. H104-4 must not be present. |  |  |
| X223.284.2300.H104-5.010 | H104-5 | Value Code Associated Amount |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2300. $\mathrm{H} 104-5$ must be numeric. |  |  |


| X223.284.2300.H104-5.020 | H104-5 |  |  |  | 277 | T | CSCC A7: "Acknowledgement <br> IRejected for Invalid Information..." <br> CSC 463: "NUBC Value Code(s) and/or <br> Amount(s)" | $2300 . \mathrm{Hl04-5}$ value must be >= 0 . |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.284.2300.H104-5.030 | H104-5 |  |  |  | 999 | R | 1 L 403 = 5: "Data Element Too Long" | 2300.H104-5 must be <= 99,999,999.99. |  |  |
| X223.284.2300.H104-6.010 | H104-6 | Quantity |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300. H104-6 must not be present. |  |  |
| X223.284.2300.H104-7.010 | H104-7 | Version Identifier |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300. $\mathrm{H} 104-7$ must not be present. |  |  |
| X223.284.2300.H104-8.010 | H104-8 | Industry code |  |  | 999 | E | IK403 = I10: "Implementation "Not <br> Used" Element Present" | 2300. $\mathrm{H} 104-8$ must not be present. |  |  |
| X223.284.2300.H104-9.010 | H104-9 | Yes/No Condition or response Code |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300. $\mathrm{H} 104-9$ must not be present. |  |  |
| X223.284.2300.H105.010 | H05 | HEALTH CARE CODE INFORMATION |  |  | 999 | R | $\begin{aligned} & \text { \|K403 = 10: "Exclusion Condition } \\ & \text { Violated" } \\ & \hline \end{aligned}$ | If 2300 .HI04 is present then 2300 .HI05 may be |  |  |
| X223.284.2300.H105-1.010 | H105-1 | Code List Qualifier Code |  |  | 999 | R | IK403 = 7: "Invalid Code Value" | 2300. $\mathrm{H} 005-1$ must be "BE". |  |  |
| X223.284.2300.H105-2.010 | H105-2 | Value Code |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 463: "NUBC Value Code(s) and/or Amount(s)" | If 2300. HIO5- 1 is "BE" then 2300. H105-2 must be a valid Value code. | Valid Value Code reference must be available for this edit. |  |
| X223.284.2300.H105-3.010 | H105-3 | Date Time Period Format Qualifier |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \\ & \hline \end{aligned}$ | 2300. H IO5-3 must not be present. |  |  |
| X223.284.2300.H105-4.010 | H105-4 | Date Time Period |  |  | 999 | E | 1K403 = 110 : "Implementation "Not Used" Element Present" | 2300. $\mathrm{H} 105-4$ must not be present. |  |  |
| X223.284.2300.H105-5.010 | H105-5 | Value Code Associated Amount |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2300. H105-5 must be numeric. |  |  |
| X223.284.2300.H105-5.020 | H05-5 |  |  |  | 277 | T | CSCC A7: "Acknowledgement <br> /Rejected for Invalid Information..." <br> CSC 463: "NUBC Value Code(s) and/or <br> Amount(s)" | 2300. H IO5-5 value must be $>=0$. |  |  |
| X223.284.2300.H105-5.030 | H105-5 |  |  |  | 999 | R | IK403 = 5: "Data Element Too Long" | 2300.H105-5 must be <= 99,999,999.99. |  |  |
| X223.284.2300.H105-6.010 | H105-6 | Quantity |  |  | 999 | E | \|K403 = |10: "Implementation "Not Used" Element Present" | 2300.H105-6 must not be present. |  |  |
| X223.284.2300.H105-7.010 | H105-7 | Version Identifier |  |  | 999 | E | $\begin{aligned} & \text { 1K403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H105-7 must not be present. |  |  |
| X223.284.2300.H105-8.010 | H105-8 | Industry code |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300. $\mathrm{H} 105-8$ must not be present. |  |  |
| X223.284.2300.H105-9.010 | H105-9 | Yes/No Condition or response Code |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \\ & \hline \end{aligned}$ | 2300. $\mathrm{H} 105-9$ must not be present. |  |  |
| X223.284.2300.H06.010 | H106 | HEALTH CARE CODE INFORMATION |  |  | 999 | R | $\begin{aligned} & \text { IK403 = 10: "Exclusion Condition } \\ & \hline \text { Violated" } \\ & \hline \end{aligned}$ | If 2300 .HI05 is present then 2300 . HI06 may be present. |  |  |
| X223.284.2300.H106-1.010 | H106-1 | Code List Qualifier Code |  |  | 999 | R | IK403 = 7: "Invalid Code Value" | 2300.H106-1 must be "BE". |  |  |
| X223.284.2300.H106-2.010 | H106-2 | Value Code |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 463: "NUBC Value Code(s) and/or Amount(s)" | If $2300 . \mathrm{HI} 06-1$ is "BE" then 2300. H106-2 must be a valid Value code. | Valid Value Code reference must be available for this edit. |  |
| X223.284.2300.H106-3.010 | H106-3 | Date Time Period Format Qualifier |  |  | 999 | E | $\begin{aligned} & \text { 1K403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300. H106-3 must not be present. |  |  |
| X223.284.2300.H106-4.010 | H106-4 | Date Time Period |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300. H106-4 must not be present. |  |  |
| X223.284.2300.H106-5.010 | H106-5 | $\begin{gathered} \hline \begin{array}{c} \text { Value Code Associated } \\ \text { Amount } \end{array} \\ \hline \end{gathered}$ |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2300. H106-5 must be numeric. |  |  |
| X223.284.2300.H106-5.020 | H106-5 |  |  |  | 277 | T | CSCC A7: "Acknowledgement <br> /Rejected for Invalid Information..." <br> CSC 463: "NUBC Value Code(s) and/or <br> Amount(s)" | $2300 . \mathrm{HlO6}-5$ value must be $>=0$. |  |  |
| х223.284.2300.H106-5.030 | H106-5 |  |  |  | 999 | R | IK403 = 5: "Data Element Too Long" | 2300.H106-5 must be <= 99,999,999.99. |  |  |


| X223.284.2300.H106-6.010 | H106-6 | Quantity |  |  | 999 | E | IK403 = 110: "Implementation "Not | 2300. H106-6 must not be present. |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.284.2300.H106-7.010 | H106-7 | Version Identifier |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300.H106-7 must not be present. |  |  |
| X223.284.2300.H106-8.010 | H106-8 | Industry code |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300. H H06-8 must not be present. |  |  |
| X223.284.2300.H106-9.010 | H106-9 | Yes/No Condition or response Code |  |  | 999 | E | IK403 = 110: "Implementation "Not | 2300.H106-9 must not be present. |  |  |
| X223.284.2300.H107.010 | H07 | HEALTH CARE CODE INFORMATION |  |  | 999 | R | IK403 = 10: "Exclusion Condition Violated" | If 2300 .HI06 is present then 2300 .HI07 may be present. |  |  |
| X223.284.2300.H107-1.010 | H107-1 | Code List Qualifier Code |  |  | 999 | R | 1 K 403 = 7: "Invalid Code Value" | 2300.H007-1 must be "BE". |  |  |
| X223.284.2300.H107-2.010 | H107-2 | Value Code |  |  | 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. |  |
| X223.284.2300.H107-3.010 | H107-3 | $\begin{array}{\|c\|} \hline \text { Date Time Period Format } \\ \text { Qualifier } \end{array}$ |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300. H107-3 must not be present. |  |  |
| X223.284.2300.H107-4.010 | H107-4 | Date Time Period |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300. H107-4 must not be present. |  |  |
| X223.284.2300.H107-5.010 | H107-5 | Value Code Associated Amount |  |  | 999 | R | $\substack{\text { IK403 = 6: "Invalid Character in Data } \\ \text { Element" }}$ | 2300.H07-5 must be numeric. |  |  |
| X223.284.2300.H107-5.020 | H107-5 |  |  |  | 277 | T | $\begin{aligned} & \text { CSCC A7: "Acknowledgement } \\ & \text { Rejected for Invalid Information..." } \\ & \text { CSC 463: "NUBC Value Code(s) and/or } \\ & \text { Amount(s)" } \end{aligned}$ | 2300. H IO7-5 value must be $>=0$. |  |  |
| X223.284.2300.H107-5.030 | H107-5 |  |  |  | 999 | R | IK 403 = 5: "Data Element Too Long" | 2300.H107-5 must be <= 99,999,999.99. |  |  |
| X223.284.2300.H107-6.010 | H107-6 | Quantity |  |  | 999 | E | $\begin{aligned} & \text { IK403 = 110: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300. $\mathrm{H} 107-6$ must not be present. |  |  |
| X223.284.2300.H107-7.010 | H107-7 | Version Identifier |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H107-7 must not be present. |  |  |
| X223.284.2300.H107-8.010 | H107-8 | Industry code |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300. H107-8 must not be present. |  |  |
| X223.284.2300.H107-9.010 | H107-9 | Yes/No Condition or response Code |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300.H107-9 must not be present. |  |  |
| X223.284.2300.H08.010 | H08 | HEALTH CARE CODE INFORMATION |  |  | 999 | R | IK403 = 10: "Exclusion Condition Violated" | If $2300 . \mathrm{HIO7}$ is present then $2300 . \mathrm{HI} 08$ may be present. |  |  |
| X223.284.2300.H108-1.010 | H108-1 | Code List Qualifier Code |  |  | 999 | R | IK 403 = 7 : "Invalid Code Value" | 2300.H108-1 must be "BE". |  |  |
| X223.284.2300.H108-2.010 | H108-2 | Value Code |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 463: "NUBC Value Code(s) and/or Amount(s)" | If 2300. H108-1 is "BE" then 2300. H108-2 must be a valid Value code. | Valid Value Code reference must be available for this edit. |  |
| X223.284.2300.H108-3.010 | H108-3 | Date Time Period Format Qualifier |  |  | 999 | E | $\begin{aligned} & \text { IK403 = } 110: \text { "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300. H108-3 must not be present. |  |  |
| X223.284.2300.H108-4.010 | H108-4 | Date Time Period |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300. H108-4 must not be present. |  |  |
| X223.284.2300.H108-5.010 | H08-5 | Value Code Associated Amount |  |  | 999 | R | IK403 = 6: "Invalid Character in Data <br> Element" | 2300. H 08-5 must be numeric. |  |  |
| X223.284.2300.H108-5.020 | H008-5 |  |  |  | 277 | T | $\begin{aligned} & \text { CSCC A7: "Acknowledgement } \\ & \text { /Rejected for Invalid Information..." } \\ & \text { CSC 463: "NUBC Value Code(s) and/or } \\ & \text { Amount(s)" } \\ & \hline \end{aligned}$ | 2300. H IO8-5 value must be > $=0$. |  |  |
| X223.284.2300.H108-5.030 | H108-5 |  |  |  | 999 | R | IK403 = 5: "Data Element Too Long" | 2300.H108-5 must be <= 99,999,999.99. |  |  |
| X223.284.2300.H108-6.010 | H108-6 | Quantity |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300. H 108-6 must not be present. |  |  |
| X223.284.2300.H108-7.010 | H108-7 | Version Identifier |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300. $\mathrm{H} 108-7$ must not be present. |  |  |


| X223.284.2300.H108-8.010 | H108-8 | Industry code |  |  | 999 | E | \|K403 = I10: "Implementation "Not Used" Element Present" | 2300.H108-8 must not be present. |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.284.2300.H108-9.010 | H108-9 | Yes/No Condition or response Code |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300.H108-9 must not be present. |  |  |
| X223.284.2300.H109.010 | H09 | HEALTH CARE CODE INFORMATION |  |  | 999 | R | IK403 = 10: "Exclusion Condition Violated" | If 2300 .HI08 is present then 2300. HI09 may be |  |  |
| х223.284.2300.H109-1.010 | H109-1 | Code List Qualifier Code |  |  | 999 | R | IK403 = 7: "Invalid Code Value" | 2300.H09-1 must be "BE". |  |  |
| X223.284.2300.H109-2.010 | H109-2 | Value Code |  |  | 277 | c | CSCC A7: "Acknowledgement <br> /Rejected for Invalid Information..." <br> CSC 463: "NUBC Value Code(s) and/or <br> Amount(s)" | If 2300.HIO9-1 is "BE" then 2300.HIO9-2 must be a valid Value code. | Valid Value Code reference must be available for this edit. |  |
| X223.284.2300.H109-3.010 | H109-3 | $\begin{array}{\|c} \hline \text { Date Time Period Format } \\ \text { Qualifier } \end{array}$ |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300. H109-3 must not be present. |  |  |
| X223.284.2300.H109-4.010 | H109-4 | Date Time Period |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Flement Present" | 2300. H109-4 must not be present. |  |  |
| X223.284.2300.H109-5.010 | H109-5 | $\underset{\substack{\text { Value Code Associated } \\ \text { Amount }}}{ }$ |  |  | 999 | R | $\begin{aligned} & \text { IK403 = 6: "Invalid Character in Data } \\ & \text { Element" } \end{aligned}$ | 2300.H109-5 must be numeric. |  |  |
| X223.284.2300.H109-5.020 | H109-5 |  |  |  | 277 | T | CSCC A7: "Acknowledgement 1Rejected for Invalid Information..." CSC 463: "NUBC Value Code(s) and/or Amount(s)" | 2300. H Io9-5 value must be $>=0$. |  |  |
| X223.284.2300.H109-5.030 | H109-5 |  |  |  | 999 | R | IK403 = 5: "Data Element Too Long" | 2300.H109-5 must be <= 99,999,999.99. |  |  |
| X223.284.2300.H109-6.010 | H109-6 | Quantity |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300.H109-6 must not be present. |  |  |
| X223.284.2300.H109-7.010 | H109-7 | Version Identifier |  |  | 999 | E | IK403 = 110: "Implementation "Not | 2300.H109-7 must not be present. |  |  |
| X223.284.2300.H109-8.010 | H109-8 | Industry code |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300.H109-8 must not be present. |  |  |
| х223.284.2300.H109-9.010 | H109-9 | Yes/No Condition or response Code |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300.H109-9 must not be present. |  |  |
| X223.284.2300.H110.010 | H110 | HEALTH CARE CODE INFORMATION |  |  | 999 | R | IK403 = 10: "Exclusion Condition Violated" | If $2300 . \mathrm{HI} 09$ is present then $2300 . \mathrm{HI} 10$ may be present. |  |  |
| X223.284.2300.H110-1.010 | H110-1 | Code List Qualifier Code |  |  | 999 | R | IK403 = 7: "Invalid Code Value" | 2300.H110-1 must be "BE". |  |  |
| X223.284.2300.H110-2.010 | H110-2 | Value Code |  |  | 277 | c | CSCC A7: "Acknowledgement <br> /Rejected for Invalid Information..." <br> CSC 463: "NUBC Value Code(s) and/or <br> Amount(s)" | If $2300 . \mathrm{HI} 10-1$ is "BE" then $2300 . \mathrm{HI10}-2$ must be a | Valid Value Code reference must be available for this edit. |  |
| X223.284.2300.H110-3.010 | H110-3 | $\begin{gathered} \hline \text { Date Time Period Format } \\ \text { Qualifier } \\ \hline \end{gathered}$ |  |  | 999 | E | IK403 = I10: "Implementation "Not  <br> Used" Element Present"  | 2300.H110-3 must not be present. |  |  |
| X223.284.2300.H110-4.010 | H110-4 | Date Time Period |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H110-4 must not be present. |  |  |
| х223.284.2300.H110-5.010 | H110-5 | Value Code Associated Amount |  |  | 999 | R | $\begin{aligned} & \text { IK403 = 6: "Invalid Character in Data } \\ & \text { Element" } \end{aligned}$ | 2300.H110-5 must be numeric. |  |  |
| X223.284.2300.H110-5.020 | H110-5 |  |  |  | 277 | T | CSCC A7: "Acknowledgement <br> /Rejected for Invalid Information..." <br> CSC 463: "NUBC Value Code(s) and/or <br> Amount(s)" | $2300 . \mathrm{H110-5}$ value must be $>=0$. |  |  |
| X223.284.2300.H110-5.030 | H110-5 |  |  |  | 999 | R | IK403 = 5: "Data Element Too Long" | 2300.H110-5 must be <= 99,999,999.99. |  |  |
| X223.284.2300.H110-6.010 | H110-6 | Quantity |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H110-6 must not be present. |  |  |
| X223.284.2300.H110-7.010 | H110-7 | Version Identifier |  |  | 999 | E | $\begin{aligned} & \text { IK403 = 110: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H110-7 must not be present. |  |  |
| X223.284.2300. $\mathrm{H} 110-8.010$ | H110-8 | Industry code |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300.H110-8 must not be present. |  |  |
| X223.284.2300.H110-9.010 | H110-9 | Yes/No Condition or response Code |  |  | 999 | E | IK403 = 110: "Implementation "Not | 2300.H110-9 must not be present. |  |  |


| X223.284.2300.H111.010 | H111 | HEALTH CARE CODE INFORMATION |  | 999 | R | IK403 = 10: "Exclusion Condition Violated" | If 2300.HI10 is present then 2300 .HI11 may be present. |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| x223.284.2300.H111-1.010 | H111-1 | Code List Qualifier Code |  | 999 | R | 11403 = 7: "Invalid Code Value" | 2300.H111-1 must be "BE". |  |  |
| X223.284.2300.H111-2.010 | H111-2 | Value Code |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 463: "NUBC Value Code(s) and/or Amount(s)" | If 2300. H111-1 is "BE" then 2300. H111-2 must be a valid Value code. | Valid Value Code reference must be available for this edit. |  |
| X223.284.2300.H111-3.010 | H111-3 | $\begin{array}{\|c\|} \hline \text { Date Time Period Format } \\ \text { Qualifier } \end{array}$ |  | 999 | E | \|K403 = 110: "Implementation "Not <br> Used" Element Present" | 2300.H111-3 must not be present. |  |  |
| X223.284.2300.H111-4.010 | H111-4 | Date Time Period |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300. H111-4 must not be present. |  |  |
| X223.284.2300.H111-5.010 | H111-5 | Value Code Associated Amount |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2300.H11-5 must be numeric. |  |  |
| X223.284.2300.H111-5.020 | H111-5 |  |  | 277 | T | CSCC A7: "Acknowledgement <br> IRejected for Invalid Information..." <br> CSC 463: "NUBC Value Code(s) and/or <br> Amount(s)" | 2300. H111-5 value must be $>=0$. |  |  |
| X223.284.2300.H111-5.030 | H111-5 |  |  | 999 | R | IK403 = 5: "Data Element Too Long" | 2300.H111-5 must be <= 99,999,999.99. |  |  |
| X223.284.2300.H111-6.010 | H111-6 | Quantity |  | 999 | E | IK403 = 110: "Implementation "Not | 2300. H111-6 must not be present. |  |  |
| X223.284.2300.H111-7.010 | H111-7 | Version Identifier |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H111-7 must not be present. |  |  |
| X223.284.2300.H111-8.010 | H111-8 | Industry code |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300.H111-8 must not be present. |  |  |
| X223.284.2300.H111-9.010 | H111-9 | Yes/No Condition or response Code |  | 999 | E | $\begin{aligned} & \text { 1K403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H111-9 must not be present. |  |  |
| X223.284.2300.H112.010 | H112 | HEALTH CARE CODE INFORMATION |  | 999 | R | IK403 = 10: "Exclusion Condition Violated" | If $2300 . \mathrm{H} 111$ is present then 2300 . HI12 may be |  |  |
| X223.284.2300.H112-1.010 | H112-1 | Code List Qualifier Code |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300. H (12-1 must be "BE". |  |  |
| X223.284.2300.H112-2.010 | H12-2 | Value Code |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 463: "NUBC Value Code(s) and/or Amount(s)" | If 2300.H112-1 is "BE" then 2300.HI12-2 must be a valid Value code. | Valid Value Code reference must be available for this edit. |  |
| X223.284.2300.H112-3.010 | H112-3 | $\qquad$ |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H112-3 must not be present. |  |  |
| X223.284.2300.H112-4.010 | H112-4 | Date Time Period |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300.H112-4 must not be present. |  |  |
| X223.284.2300.H112-5.010 | H112-5 | $\underset{\text { Amount }}{\substack{\text { Value Code Associated } \\ \text { Amone }}}$ |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2300.H112-5 must be numeric. |  |  |
| X223.284.2300.H112-5.020 | H12-5 |  |  | 277 | T | CSCC A7: "Acknowledgement <br> /Rejected for Invalid Information..." <br> CSC 463: "NUBC Value Code(s) and/or <br> Amount(s)" | 2300.H112-5 value must be >= 0 . |  |  |
| X223.284.2300.H112-5.030 | H112-5 |  |  | 999 | R | IK403 = 5: "Data Element Too Long" | 2300.H112-5 must be <= 99,999,999.99. |  |  |
| X223.284.2300.H112-6.010 | H112-6 | Quantity |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300. H112-6 must not be present. |  |  |
| X223.284.2300.H112-7.010 | H12-7 | Version Identifier |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300.H112-7 must not be present. |  |  |
| X223.284.2300.H112-8.010 | H12-8 | Industry code |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300.H112-8 must not be present. |  |  |
| X223.284.2300.H112-9.010 | H12-9 | Yes/No Condition or response Code |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300.H112-9 must not be present. |  |  |
|  |  |  |  |  |  |  |  |  |  |
| X223.294.2300.H1.010 | HI | $\begin{aligned} & \text { CONDITION } \\ & \text { INFORMATION } \\ & \hline \end{aligned}$ | 2300 | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only two iterations of 2300.HI with HI01-1 = "BG" are allowed. |  |  |
| X223.294.2300.H101.010 | H101 | HEALTH CARE CODE INFORMATION |  |  |  |  |  |  |  |


| X223.294.2300.H101-1.010 | H01-1 | Code List Qualifier Code |  |  | 999 | R | \|1403 = 7: "Invalid Code Value" | 2300.HI01-1 must be "BG". |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.294.2300.H01-2.010 | H01-2 | Condition Code |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 460: "NUBC Condition Code(s)" | If $2300 . \mathrm{HIO1}-1$ is "BG" then $2300 . \mathrm{H} 101-2$ must be a valid Condition code. | Valid Condition Code reference must be available for this edit. |  |
| X223.294.2300.H101-3.010 | H01-3 | Date Time Period Format Qualifier |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300.H101-3 must not be present. |  |  |
| X223.294.2300.H101-4.010 | H01-4 | Date Time Period |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300.H101-4 must not be present. |  |  |
| X223.294.2300.H101-5.010 | H01-5 | Monetary Amount |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300.H101-5 must not be present. |  |  |
| X223.294.2300.H101-6.010 | H01-6 | Quantity |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300.H101-6 must not be present. |  |  |
| X223.304.2300.H101-7.010 | H01-7 | Version Identifier |  |  | 999 | E | IK403 = 110: "Implementation "Not | 2300.H101-7 must not be present. |  |  |
| X223.294.2300.H101-8.010 | H101-8 | Industry code |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300.H101-8 must not be present. |  |  |
| X223.294.2300.H101-9.010 | H01-9 | Yes/No Condition or response Code |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300.H101-9 must not be present. |  |  |
| X223.294.2300.H102.010 | H02 | HEALTH CARE CODE INFORMATION |  |  | 999 | R | IK403 = 10: "Exclusion Condition Violated" | If 2300 . H101 is present then 2300 . H 102 may be present. |  |  |
| X223.294.2300.H102-1.010 | H102-1 | Code List Qualifier Code |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H102-1 must be "BG". |  |  |
| X223.294.2300.H102-2.010 | H102-2 | Condition Code |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 460: "NUBC Condition Code(s)" | If $2300 . \mathrm{HIO2-1}$ is "BG" then 2300. H IO2-2 must be a valid Condition code. | Valid Condition Code reference must be available for this edit. |  |
| X223.294.2300.H102-3.010 | H102-3 | Date Time Period Format Qualifier |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300. H102-3 must not be present. |  |  |
| X223.294.2300.H102-4.010 | H102-4 | Date Time Period |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300. H I02-4 must not be present. |  |  |
| X223.294.2300.H102-5.010 | H02-5 | Monetary Amount |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300.H102-5 must not be present. |  |  |
| X223.294.2300.H102-6.010 | H102-6 | Quantity |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300.H102-6 must not be present. |  |  |
| X223.294.2300.H102-7.010 | H102-7 | Version Identifier |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300.H102-7 must not be present. |  |  |
| X223.294.2300.H102-8.010 | H102-8 | Industry code |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300.H102-8 must not be present. |  |  |
| X223.294.2300.H102-9.010 | H102-9 | Yes/No Condition or response Code |  |  | 999 | E | 1K403 = 110: "Implementation "Not Used" Element Present" | 2300.H102-9 must not be present. |  |  |
| X223.294.2300.H03.010 | H03 | HEALTH CARE CODE INFORMATION |  |  | 999 | R | $\begin{aligned} & \text { IK403 = 10: "Exclusion Condition } \\ & \text { Violated" } \\ & \hline \end{aligned}$ | If $2300 . \mathrm{HIO2}$ is present then 2300 . HIO3 may be present. |  |  |
| X223.294.2300.H103-1.010 | H103-1 | Code List Qualifier Code |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H103-1 must be "BG". |  |  |
| X223.294.2300.H103-2.010 | H03-2 | Condition Code |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 460: "NUBC Condition Code(s)" | If $2300 . \mathrm{HIO3-1}$ is "BG" then 2300 .HIO3-2 must be a valid Condition code. | Valid Condition Code reference must be available for this edit. |  |
| X223.294.2300.H103-3.010 | H103-3 | Date Time Period Format Qualifier |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300.H103-3 must not be present. |  |  |
| X223.294.2300.H103-4.010 | H03-4 | Date Time Period |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300.H103-4 must not be present. |  |  |
| X223.294.2300.H103-5.010 | H103-5 | Monetary Amount |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H103-5 must not be present. |  |  |
| X223.294.2300.H103-6.010 | H103-6 | Quantity |  |  | 999 | E | $\begin{aligned} & \text { IK403 = 110: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H103-6 must not be present. |  |  |
| X223.294.2300.H103-7.010 | H103-7 | Version Identifier |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300.H103-7 must not be present. |  |  |


| X223.294.2300.H103-8.010 | H103-8 | Industry code |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300. H IO3-8 must not be present. |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| х223.294.2300.H103-9.010 | H103-9 | Yes/No Condition or response Code |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H103-9 must not be present. |  |  |
| X223.294.2300.H104.010 | H04 | HEALTH CARE CODE INFORMATION |  |  | 999 | R | IK403 = 10: "Exclusion Condition Violated" | If 2300 .HIO3 is present then 2300. H104 may be |  |  |
| X223.294.2300.H104-1.010 | H104-1 | Code List Qualifier Code |  |  | 999 | R | IK403 = 7: "Invalid Code Value" | 2300.H104-1 must be "BG". |  |  |
| X223.294.2300.H104-2.010 | H104-2 | Condition Code |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 460: "NUBC Condition Code(s)" | If 2300.HIO4-1 is "BG" then 2300.H104-2 must be a valid Condition code. | Valid Condition Code reference must be available for this edit. |  |
| X223.294.2300.H104-3.010 | H104-3 | $\begin{gathered} \hline \text { Date Time Period Format } \\ \text { Qualifier } \\ \hline \end{gathered}$ |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300. H104-3 must not be present. |  |  |
| X223.294.2300.H104-4.010 | H104-4 | Date Time Period |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300. H104-4 must not be present. |  |  |
| X223.294.2300.H104-5.010 | H104-5 | Monetary Amount |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300.H104-5 must not be present. |  |  |
| X223.294.2300.H104-6.010 | H104-6 | Quantity |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300. H104-6 must not be present. |  |  |
| X223.294.2300.H104-7.010 | H104-7 | Version Identifier |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300.H104-7 must not be present. |  |  |
| X223.294.2300.H104-8.010 | H104-8 | Industry code |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300. $\mathrm{H} 104-8$ must not be present. |  |  |
| X223.294.2300.H104-9.010 | H104-9 | Yes/No Condition or response Code |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300.H104-9 must not be present. |  |  |
| X223.294.2300.H105.010 | H105 | HEALTH CARE CODE INFORMATION |  |  | 999 | R | IK403 = 10: "Exclusion Condition Violated" | If 2300 .H104 is present then 2300 . HI05 may be |  |  |
| Х223.294.2300.H105-1.010 | H105-1 | Code List Qualifier Code |  |  | 999 | R | IK403 = 7: "Invalid Code Value" | 2300.H105-1 must be "BG". |  |  |
| X223.294.2300.H105-2.010 | H105-2 | Condition Code |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 460: "NUBC Condition Code(s)" | If 2300. H105-1 is "BG" then 2300 . H IO5-2 valid Condition code. | Valid Condition Code reference must be available for this edit. |  |
| X223.294.2300. $\mathrm{H} 105-3.010$ | H105-3 | $\begin{gathered} \text { Date Time Period Format } \\ \text { Qualifier } \end{gathered}$ |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300. H105-3 must not be present. |  |  |
| X223.294.2300.H105-4.010 | H05-4 | Date Time Period |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H105-4 must not be present. |  |  |
| X223.294.2300.H105-5.010 | H105-5 | Monetary Amount |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300. $\mathrm{H} 105-5$ must not be present. |  |  |
| X223.294.2300.H105-6.010 | H05-6 | Quantity |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300. $\mathrm{H} 105-6$ must not be present. |  |  |
| X223.294.2300.H105-7.010 | H105-7 | Version Identifier |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \\ & \hline \end{aligned}$ | 2300.H105-7 must not be present. |  |  |
| X223.294.2300.H105-8.010 | H105-8 | Industry code |  |  | 999 | E | IK403 = 110: "Implementation "Not | 2300. $\mathrm{H} 105-8$ must not be present. |  |  |
| X223.294.2300.H105-9.010 | H105-9 | Yes/No Condition or response Code |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300. H105-9 must not be present. |  |  |
| X223.294.2300.H106.010 | H106 | HEALTH CARE CODE INFORMATION |  |  | 999 | R | IK403 = 10: "Exclusion Condition <br> Violated" | If 2300.HI05 is present then 2300 .HI06 may be present. |  |  |
| X223.294.2300.H106-1.010 | H106-1 | Code List Qualifier Code |  |  | 999 | R | 14403 = 7: "Invalid Code Value" | 2300.H106-1 must be "BG". |  |  |
| X223.294.2300.H106-2.010 | H106-2 | Condition Code |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 460: "NUBC Condition Code(s)" | If 2300 .HIO6-1 is " BG " then 2300. HIO6-2 must be a valid Condition code. | Valid Condition Code reference must be available for this edit. |  |
| X223.294.2300.H106-3.010 | H106-3 | Date Time Period Format Qualifier |  |  | 999 | E | IK403 = $110: ~ " I m p l e m e n t a t i o n ~ " N o t ~$ Used" Flement Present" | 2300. H106-3 must not be present. |  |  |
| X223.294.2300.H106-4.010 | H106-4 | Date Time Period |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300. $\mathrm{H} 106-4$ must not be present. |  |  |


| X223.294.2300.H106-5.010 | H106-5 | Monetary Amount |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300. H O6-5-5 must not be present. |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.294.2300.H106-6.010 | H106-6 | Quantity |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300. H106-6 must not be present. |  |  |
| X223.294.2300.H106-7.010 | H106-7 | Version Identifier |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300.H106-7 must not be present. |  |  |
| X223.294.2300. H 106 -8.010 | H106-8 | Industry code |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300. H106-8 must not be present. |  |  |
| X223.294.2300.H106-9.010 | H106-9 | Yes/No Condition or |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300. $\mathrm{H} 106-9$ must not be present. |  |  |
| X223.294.2300.H107.010 | H07 | HEALTH CARE CODE INFORMATION |  |  | 999 | R | IK403 = 10: "Exclusion Condition Violated" | If 2300 .HI06 is present then 2300. HI07 may be |  |  |
| X223.294.2300.H107-1.010 | H107-1 | Code List Qualifier Code |  |  | 999 | R | 14403 = 7: "Invalid Code Value" | 2300.H107-1 must be "BG". |  |  |
| X223.294.2300.H107-2.010 | H07-2 | Condition Code |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 460: "NUBC Condition Code(s)" | If 2300. HIOT- 1 is "BG" then 2300 .HIOT-2 must be a valid Condition code. | Valid Condition Code reference must be available for this edit. |  |
| X223.294.2300.H107-3.010 | H107-3 | Date Time Period Format Qualifier |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300.H107-3 must not be present. |  |  |
| X223.294.2300.H107-4.010 | H107-4 | Date Time Period |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300. H107-4 must not be present. |  |  |
| X223.294.2300.H107-5.010 | H107-5 | Monetary Amount |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300.H107-5 must not be present. |  |  |
| X223.294.2300.H107-6.010 | H107-6 | Quantity |  |  | 999 | E | $\begin{aligned} & \text { IK403 = 110: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H107-6 must not be present. |  |  |
| X223.294.2300.H107-7.010 | H107-7 | Version Identifier |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300.H107-7 must not be present. |  |  |
| X223.294.2300.H107-8.010 | H007-8 | Industry code |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300. $\mathrm{H} 107-8$ must not be present. |  |  |
| X223.294.2300.H107-9.010 | H107-9 | Yes/No Condition or response Code |  |  | 999 | E | IK403 = 110: "Implementation "Not | 2300. H 107-9 must not be present. |  |  |
| X223.294.2300.H08.010 | H08 | HEALTH CARE CODE INFORMATION |  |  | 999 | R | IK403 = 10: "Exclusion Condition Violated" | If 2300 .HI07 is present then 2300. H00 may be present. |  |  |
| X223.294.2300.H108-1.010 | H108-1 | Code List Qualifier Code |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H108-1 must be "BG". |  |  |
| X223.294.2300.H108-2.010 | H108-2 | Condition Code |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 460: "NUBC Condition Code(s)" | If $2300 . \mathrm{HI} 08-1$ is " BG " then $2300 . \mathrm{HIO} 0-2$ must be a valid Condition code. | Valid Condition Code reference must be available for this edit. |  |
| X223.294.2300.H108-3.010 | H108-3 | Date Time Period Format Qualifier |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300.H108-3 must not be present. |  |  |
| X223.294.2300.H108-4.010 | H108-4 | Date Time Period |  |  | 999 | E | IK403 = 110: "Implementation "Not | 2300.H108-4 must not be present. |  |  |
| X223.294.2300.H108-5.010 | H108-5 | Monetary Amount |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300. H108-5 must not be present. |  |  |
| X223.294.2300.H108-6.010 | H108-6 | Quantity |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300.H108-6 must not be present. |  |  |
| X223.294.2300.H108-7.010 | H108-7 | Version Identifier |  |  | 999 | E | $\begin{aligned} & \text { IK403 = 110: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H108-7 must not be present. |  |  |
| X223.294.2300.H108-8.010 | H108-8 | Industry code |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300. H108-8 must not be present. |  |  |
| X223.294.2300.H108-9.010 | H108-9 | Yes/No Condition or response Code |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300.H108-9 must not be present. |  |  |
| X223.294.2300.H109.010 | H109 | HEALTH CARE CODE INFORMATION |  |  | 999 | R | IK403 = 10: "Exclusion Condition Violated" | If 2300 .H108 is present then 2300 .H109 may be |  |  |
| Х223.294.2300.H109-1.010 | H109-1 | Code List Qualifier Code |  |  | 999 | R | \|K403 = 7: "Invalid Code Value" | 2300.H109-1 must be "BG". |  |  |


| X223.294.2300.H109-2.010 | H109-2 | Condition Code |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 460: "NUBC Condition Code(s)" | If $2300 . \mathrm{HIO9-1}$ 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 | $\begin{array}{\|c\|} \hline \text { Date Time Period Format } \\ \text { Qualifier } \end{array}$ |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300.H109-3 must not be present. |  |  |
| X223.294.2300.H109-4.010 | H109-4 | Date Time Period |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H109-4 must not be present. |  |  |
| X223.294.2300.H109-5.010 | H109-5 | Monetary Amount |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300.H109-5 must not be present. |  |  |
| X223.294.2300.H109-6.010 | H109-6 | Quantity |  |  | 999 | E | $\begin{aligned} & \text { IK403 = 110: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300. H109-6 must not be present. |  |  |
| X223.294.2300.H109-7.010 | H109-7 | Version Identifier |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300.H109-7 must not be present. |  |  |
| X223.294.2300.H109-8.010 | H109-8 | Industry code |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300.H109-8 must not be present. |  |  |
| х223.294.2300.H109-9.010 | H109-9 | Yes/No Condition or response Code |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300. H109-9 must not be present. |  |  |
| X223.294.2300.H110.010 | H10 | HEALTH CARE CODE INFORMATION |  |  | 999 | R | IK403 = 10: "Exclusion Condition Violated" | If 2300. HI09 is present then 2300. H110 may be present. |  |  |
| X223.294.2300.H110-1.010 | H110-1 | Code List Qualifier Code |  |  | 999 | R | IK403 = 7: "Invalid Code Value" | 2300.H110-1 must be "BG". |  |  |
| X223.294.2300.H110-2.010 | H110-2 | Condition Code |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 460: "NUBC Condition Code(s)" | If $2300 . \mathrm{HI} 110-1$ is "BG" then 2300 . $\mathrm{HI} 110-2$ must be a valid Condition code. | Valid Condition Code reference must be available for this edit. |  |
| X223.294.2300.H110-3.010 | H110-3 | Date Time Period Format Qualifier |  |  | 999 | E | IK403 = $110: ~ " I m p l e m e n t a t i o n ~ " N o t ~$ Used" Flement Present" | 2300. $\mathrm{H} 110-3$ must not be present. |  |  |
| X223.294.2300.H110-4.010 | H110-4 | Date Time Period |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H110-4 must not be present. |  |  |
| X223.294.2300.H110-5.010 | H110-5 | Monetary Amount |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300.H110-5 must not be present. |  |  |
| X223.294.2300.H110-6.010 | H110-6 | Quantity |  |  | 999 | E | $\begin{aligned} & \text { \|K403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H110-6 must not be present. |  |  |
| X223.294.2300.H110-7.010 | H110-7 | Version Identifier |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300.H110-7 must not be present. |  |  |
| X223.294.2300.H110-8.010 | H110-8 | Industry code |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300. H110-8 must not be present. |  |  |
| X223.294.2300.H110-9.010 | H110-9 | Yes/No Condition or response Code |  |  | 999 | E | IK403 = 110: "Implementation "Not | 2300.H110-9 must not be present. |  |  |
| X223.294.2300.H111.010 | H111 | HEALTH CARE CODE INFORMATION |  |  | 999 | R | IK403 = 10: "Exclusion Condition Violated" | If 2300.H110 is present then 2300.H111 may be present. |  |  |
| X223.294.2300.H111-1.010 | H111-1 | Code List Qualifier Code |  |  | 999 | R | IK403 = 7: "IIvalid Code Value" | 2300.H11-1 must be "BG". |  |  |
| X223.294.2300.H111-2.010 | H111-2 | Condition Code |  |  | 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 |  |  | 999 | E | \|K403 = I10: "Implementation "Not Used" Element Present" | 2300.H111-3 must not be present. |  |  |
| X223.294.2300.H111-4.010 | H111-4 | Date Time Period |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300.H111-4 must not be present. |  |  |
| X223.294.2300.H111-5.010 | H111-5 | Monetary Amount |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300.H11-5 must not be present. |  |  |
| X223.294.2300.H111-6.010 | H111-6 | Quantity |  |  | 999 | E | \|K403 = 110: "Implementation "Not Used" Element Present" | 2300.H111-6 must not be present. |  |  |
| X223.294.2300.H111-7.010 | H111-7 | Version Identifier |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H111-7 must not be present. |  |  |
| X223.294.2300.H111-8.010 | H111-8 | Industry code |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H111-8 must not be present. |  |  |


| X223.294.2300.H111-9.010 | H111-9 | Yes/No Condition or response Code |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300.H111-9 must not be present. |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.294.2300.H112.010 | H12 | $\begin{aligned} & \text { HEALTH CARE CODE } \\ & \text { INFORMATION } \end{aligned}$ |  | 999 | R | IK403 = 10: "Exclusion Condition Violated" | If 2300 .HI11 is present then 2300 .HI12 may be present. |  |  |
| X223.294.2300.H112-1.010 | H112-1 | Code List Qualifier Code |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H112-1 must be "BG". |  |  |
| X223.294.2300.H112-2.010 | H112-2 | Condition Code |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 460: "NUBC Condition Code(s)" | If 2300 .H112-1 is " BG " then 2300. H112-2 must be a valid Condition code. | Valid Condition Code reference must be available for this edit. |  |
| X223.294.2300.H112-3.010 | H112-3 | $\begin{array}{\|c\|} \hline \text { Date Time Period Format } \\ \text { Qualifier } \\ \hline \end{array}$ |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300. H112-3 must not be present. |  |  |
| X223.294.2300.H112-4.010 | H112-4 | Date Time Period |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H112-4 must not be present. |  |  |
| X223.294.2300.H112-5.010 | H112-5 | Monetary Amount |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H112-5 must not be present. |  |  |
| X223.294.2300.H112-6.010 | H112-6 | Quantity |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300.H112-6 must not be present. |  |  |
| X223.294.2300.H112-7.010 | H112-7 | Version Identifier |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300.H112-7 must not be present. |  |  |
| X223.294.2300.H112-8.010 | H112-8 | Industry code |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300.H112-8 must not be present. |  |  |
| X223.294.2300.H112-9.010 | H112-9 | Yes/No Condition or response Code |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \\ & \hline \end{aligned}$ | 2300.H112-9 must not be present. |  |  |
|  |  |  |  |  |  |  |  |  |  |
| X223.304.2300.H1.010 | HI | TREATMENT CODE INFORMATION | 2300 | 999 | R | IK304 = 16: "Implementation Dependent Segment Missing" | 2300. HI with HI01-1 = "TC" must be included when Home Health Agencies need to report Plan of Treatment information under various payer contract. | Must not be present unles HH type of bill |  |
| X223.304.2300.H1.020 | HI |  |  | 999 | R | IK304 = 19: "Implementation Dependent "Not Used" Segment Present" | 2300.H1 with H101-1 = "TC" must not be included unless Home Health Agencies need to report Plan of Treatment <br> information under various payer contract. | Must not be present unles HH type of bill |  |
| X223.304.2300.H1.030 | HI |  |  | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only two iterations of 2300 . HI with HI01-1 = "TC" are allowed. | pass through, syntax only. |  |
| X223.304.2300.H01.010 | H01 | HEALTH CARE CODE INFORMATION |  |  |  |  |  |  |  |
| X223.304.2300.H101-1.010 | H101-1 | Code List Qualifier Code |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H01-1 must be "TC". |  |  |
| X223.304.2300.H101-2.010 | H01-2 | Treatment Code |  | 999 | R | $\begin{aligned} & \text { IK403 = 6: "Invalid Character in Data } \\ & \text { Element" } \\ & \hline \end{aligned}$ | 2300.HIO1-2 must contain at least one non-space character. |  |  |
| X223.304.2300.H101-2.020 | H101-2 |  |  | 999 | R | IK403 = 5: "Data Element Too Long" | 2300.H01-2 must be 1-30 characters. |  |  |
| X223.304.2300.H101-3.010 | H101-3 | Date Time Period Format Qualifier |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300. $\mathrm{H} 101-3$ must not be present. |  |  |
| X223.304.2300.H101-4.010 | H101-4 | Date Time Period |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H101-4 must not be present. |  |  |
| X223.304.2300.H101-5.010 | H101-5 | Monetary Amount |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300.H101-5 must not be present. |  |  |
| X223.304.2300.H101-6.010 | H101-6 | Quantity |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300. H 101-6 must not be present. |  |  |
| X223.304.2300.H101-7.010 | H101-7 | Version Identifier |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300.H101-7 must not be present. |  |  |
| X223.304.2300.H101-8.010 | H101-8 | Industry code |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300. H101-8 must not be present. |  |  |
| X223.304.2300.H101-9.010 | H101-9 | Yes/No Condition or response Code |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300.H101-9 must not be present. |  |  |



| X223.304.2300.H104-8.010 | H104-8 | Industry code |  |  | 999 | E | 1 IK403 = I10: "Implementation "Not | 2300. H104-8 must not be present. |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.304.2300.H104-9.010 | H104-9 | Yes/No Condition or response Code |  |  | 999 | E | IK403 = 110: "Implementation "Not | 2300. H104-9 must not be present. |  |  |  |
| X223.304.2300.H105.010 | H105 | HEALTH CARE CODE INFORMATION |  |  | 999 | R | IK403 = 10: "Exclusion Condition Violated" | If 2300 .HI04 is present then 2300. HIO5 may be present. |  |  |  |
| X223.304.2300.H105-1.010 | H105-1 | Code List Qualifier Code |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300. H (105-1 must be "TC". |  |  |  |
| X223.304.2300. $\mathrm{H} 105-2.010$ | H05-2 | Treatment Code |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2300.HIO5-2 character. |  |  |  |
| X223.304.2300.H105-2.020 | H105-2 |  |  |  | 999 | R | IK403 = 5: "Data Element Too Long" | 2300.H105-2 must be 1-30 characters. |  |  |  |
| X223.304.2300.H105-3.010 | H105-3 | $\begin{array}{\|c\|} \hline \text { Date Time Period Format } \\ \text { Qualifier } \end{array}$ |  |  | 999 | E | 1K403 = I10: "Implementation "Not <br> Used" Element Present" | 2300. H105-3 must not be present. |  |  |  |
| X223.304.2300.H105-4.010 | H105-4 | Date Time Period |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300. H105-4 must not be present. |  |  |  |
| X223.304.2300. $\mathrm{H} 105-5.010$ | H105-5 | Monetary Amount |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300. H105-5 must not be present. |  |  |  |
| X223.304.2300.H105-6.010 | H105-6 | Quantity |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300. H105-6 must not be present. |  |  |  |
| X223.304.2300.H105-7.010 | H105-7 | Version Identifier |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300. H105-7 must not be present. |  |  |  |
| X223.304.2300.H105-8.010 | H105-8 | Industry code |  |  | 999 | E | 1K403 = 110: "Implementation "Not Used" Element Present" | 2300. H105-8 must not be present. |  |  |  |
| X223.304.2300.H105-9.010 | H105-9 | Yes/No Condition or response Code |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300. H105-9 must not be present. |  |  |  |
| X223.304.2300.H106.010 | H06 | HEALTH CARE CODE INFORMATION |  |  | 999 | R | $\begin{aligned} & \text { IK403 = 10: "Exclusion Condition } \\ & \text { Violated" } \end{aligned}$ | If 2300. HIO5 is present then 2300. HI06 may be present. |  |  |  |
| X223.304.2300.H106-1.010 | H106-1 | Code List Qualifier Code |  |  | 999 | R | IK403 = 7: "Invalid Code Value" | 2300. H106-1 must be "TC". |  |  |  |
| X223.304.2300.H106-2.010 | H106-2 | Treatment Code |  |  | 999 | R | $\begin{aligned} & \text { IK403 = 6: "Invalid Character in Data } \\ & \text { Element" } \end{aligned}$ | 2300.HI06-2 must contain at least one non-space |  |  |  |
| X223.304.2300.H106-2.020 | H106-2 |  |  |  | 999 | R | IK403 = 5: "Data Element Too Long" | 2300.H106-2 must be 1-30 characters. |  |  |  |
| X223.304.2300.H106-3.010 | H006-3 | $\begin{array}{\|c\|} \hline \text { Date Time Period Format } \\ \text { Qualifier } \end{array}$ |  |  | 999 | E | 1K403 = I10: "Implementation "Not Used" Element Present" | 2300. H106-3 must not be present. |  |  |  |
| X223.304.2300.H106-4.010 | H106-4 | Date Time Period |  |  | 999 | E | $\begin{aligned} & \text { K403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300. H106-4 must not be present. |  |  |  |
| X223.304.2300.H106-5.010 | H106-5 | Monetary Amount |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H106-5 must not be present. |  |  |  |
| X223.304.2300.H106-6.010 | H106-6 | Quantity |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300. H106-6 must not be present. |  |  |  |
| X223.304.2300.H106-7.010 | H106-7 | Version Identifier |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \\ & \hline \end{aligned}$ | 2300.H106-7 must not be present. |  |  |  |
| X223.304.2300.H106-8.010 | H106-8 | Industry code |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H106-8 must not be present. |  |  |  |
| X223.304.2300.H106-9.010 | H106-9 | Yes/No Condition or response Code |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \\ & \hline \end{aligned}$ | 2300. H106-9 must not be present. |  |  |  |
| X223.304.2300.H107.010 | H07 | HEALTH CARE CODE INFORMATION |  |  | 999 | R | $\begin{aligned} & \text { \|K403 = 10: "Exclusion Condition } \\ & \text { Violated" } \end{aligned}$ | If 2300 .HI06 is present then 2300. HI07 may be present. |  |  |  |
| X223.304.2300.H107-1.010 | H107-1 | Code List Qualifier Code |  |  | 999 | R | IK403 = 7: "Invalid Code Value" | 2300.H107-1 must be "TC". |  |  |  |
| X223.304.2300.H107-2.010 | H07-2 | Treatment Code |  |  | 999 | R | $\begin{aligned} & \text { IK403 = 6: "Invalid Character in Data } \\ & \text { Element" } \end{aligned}$ | 2300.HI07-2 must contain at least one non-space character. |  |  |  |
| X223.304.2300.H107-2.020 | H107-2 |  |  |  | 999 | R | IK403 = 5: "Data Element Too Long" | 2300.HIO7-2 must be $1-30$ characters. |  |  |  |
| X223.304.2300.H107-3.010 | H07-3 | $\qquad$ |  |  | 999 | E | $\begin{aligned} & \text { K403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \\ & \hline \end{aligned}$ | 2300. H 07-3 must not be present. |  |  |  |
| X223.304.2300.H107-4.010 | H107-4 | Date Time Period |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300. H107-4 must not be present. |  |  |  |
| X223.304.2300.H107-5.010 | H07-5 | Monetary Amount |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H107-5 must not be present. |  |  |  |



| X223.304.2300.H110-4.010 | H110-4 | Date Time Period |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300. H110-4 must not be present. |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.304.2300.H110-5.010 | H110-5 | Monetary Amount |  | 999 | E | IK403 = I10: "Implementation "Not <br> Used" Element Present" | 2300.H110-5 must not be present. |  |  |
| X223.304.2300.H110-6.010 | H110-6 | Quantity |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300.H110-6 must not be present. |  |  |
| х223.304.2300.H110-7.010 | H110-7 | Version Identifier |  | 999 | E | $\begin{aligned} & \text { 1K403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \\ & \text { IK } \end{aligned}$ | 2300. H110-7 must not be present. |  |  |
| х223.304.2300.H110-8.010 | H110-8 | Industry code |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H110-8 must not be present. |  |  |
| X223.304.2300.H110-9.010 | H110-9 | Yes/No Condition or response Code |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H110-9 must not be present. |  |  |
| X223.304.2300.H111.010 | H111 | HEALTH CARE CODE INFORMATION |  | 999 | R | IK403 = 10: "Exclusion Condition Violated" | If $2300 . \mathrm{H} 110$ is present then $2300 . \mathrm{H} 111$ may be present. |  |  |
| X223.304.2300.H111-1.010 | H111-1 | Code List Qualifier Code |  | 999 | R | IK403 = 7: "Invalid Code Value" | 2300.H111-1 must be "TC". |  |  |
| X223.304.2300.H111-2.010 | H111-2 | Treatment Code |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2300. H111-2 must contain at least one non-space character. |  |  |
| X223.304.2300.H111-2.020 | H111-2 |  |  | 999 | R | 1 1403 = 5: "Data Element Too Long" | 2300.H111-2 must be 1-30 characters. |  |  |
| X223.304.2300.H111-3.010 | H111-3 | $\begin{gathered} \hline \begin{array}{c} \text { Date Time Period Format } \\ \text { Qualifier } \end{array} \\ \hline \end{gathered}$ |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300. H111-3 must not be present. |  |  |
| X223.304.2300.H111-4.010 | H111-4 | Date Time Period |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H111-4 must not be present. |  |  |
| X223.304.2300.H111-5.010 | H111-5 | Monetary Amount |  | 999 | E | IK403 = I10: "Implementation "Not <br> Used" Element Present" | 2300.H111-5 must not be present. |  |  |
| X223.304.2300.H111-6.010 | H111-6 | Quantity |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300.H111-6 must not be present. |  |  |
| X223.304.2300.H111-7.010 | H111-7 | Version Identifier |  | 999 | E | IK403 = I10: "Implementation "Not <br> Used" Element Present" | 2300.H111-7 must not be present. |  |  |
| X223.304.2300.H111-8.010 | H111-8 | Industry code |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300.H111-8 must not be present. |  |  |
| X223.304.2300.H111-9.010 | H111-9 | Yes/No Condition or response Code |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H111-9 must not be present. |  |  |
| X223.304.2300.H112.010 | H112 | HEALTH CARE CODE INFORMATION |  | 999 | R | IK403 = 10: "Exclusion Condition Violated" | If 2300 .HI11 is present then 2300 .HI12 may be present. |  |  |
| X223.304.2300.H112-1.010 | H112-1 | Code List Qualifier Code |  | 999 | R | \|K403 = 7: "Invalid Code Value" | 2300.H112-1 must be "TC". |  |  |
| X223.304.2300.H112-2.010 | H112-2 | Treatment Code |  | 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 | IK403 = 5: "Data Element Too Long" | 2300.H112-2 must be 1-30 characters. |  |  |
| X223.304.2300.H112-3.010 | H112-3 | Date Time Period Format Qualifier |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \\ & \hline \end{aligned}$ | 2300.H112-3 must not be present. |  |  |
| X223.304.2300.H112-4.010 | H112-4 | Date Time Period |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300.H112-4 must not be present. |  |  |
| X223.304.2300.H112-5.010 | H112-5 | Monetary Amount |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300.H112-5 must not be present. |  |  |
| X223.304.2300.H112-6.010 | H112-6 | Quantity |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300.H112-6 must not be present. |  |  |
| X223.304.2300.H112-7.010 | H112-7 | Version Identifier |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300.H112-7 must not be present. |  |  |
| X223.304.2300.H112-8.010 | H112-8 | Industry code |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300.H112-8 must not be present. |  |  |
| X223.304.2300.H112-9.010 | H112-9 | Yes/No Condition or response Code |  | 999 | E | IK403 = I10: "Implementation "Not <br> Used" Element Present" | 2300.H112-9 must not be present. |  |  |
|  |  |  |  |  |  |  |  |  |  |
| X223.313.2300.HCP. 010 | HCP | CLAIM PRIIINGIREPRICING | 2300 | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of $2300 . \mathrm{HCP}$ is allowed. | pass through, syntax only. |  |


| X223.313.2300.HCP01.010 | HCP01 | Pricing Methodology |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" | $2300 . \mathrm{HCP01}$ must be present. |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.313.2300.HCP01.020 | HCP01 |  |  |  | 999 | R | IK403 = 7: "Invalid Code Value" | 2300. HCP01 must be valid values. |  |  |
| х223.313.2300.HCP02.010 | HCP02 | Repriced Allowed Amount |  |  | 999 | R | \|K403 = 1: "Required Data Element Missing" | 2300. HCP02 must be present. |  |  |
| Х223.313.2300.HCP02.020 | HCP02 |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" | 2300.HCP02 must be $<=99,999,999.99$. |  |  |
| X223.313.2300.HCP02.030 | HCP02 |  |  |  | 277 | T | $\begin{array}{\|l\|} \hline \text { CSCC A7: "Acknowledgement } \\ \text { /Rejected for Invalid Information..." } \\ \text { CSC 512: "Length Invalid" } \\ \text { TBD15: "Repriced Allowed Amount" } \\ \hline \end{array}$ |  |  |  |
| X223.313.2300.HCP03.010 | нСР03 | Repriced Saving Amount |  |  | 999 | E | IK403 = 5: "Data Element Too Long" | 2300.HCP03 must be <= 99,999,999.99. |  |  |
| X223.313.2300.HCP03.020 | HCP03 |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length Invalid" CSC 637: "Repriced Saving Amount" |  |  |  |
| X223.313.2300.HCP04.010 | HCP04 | Repricing Organization Identifier |  |  | 999 | R | IK403 = 6: "Invalid Character in Data | 2300.HCP04 must contain at least one non-space character. |  |  |
| Х223.313.2300.HCP04.020 | HCP04 |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" | 2300.HCP04 must be $1-50$ characters. |  |  |
| X223.313.2300.HCP04.030 | HCP04 |  |  |  | 277 | T | CSCC A7: "Acknowledgement <br> /Rejected for Invalid Information..." <br> CSC 512: "Length ninalid" <br> CSC 153: "Entity's It Number" <br> EEC: TU Third Party Repricing <br> Oraanization (TPO) |  |  |  |
| X223.313.2300.HCP04.040 | HCP04 |  |  |  | 999 | E | IK403 = 6: "Invalid Character in Data Element" | 2300.HCP04 must be populated with accepted AN characters. |  |  |
| X223.313.2300.HCP04.050 | HCP04 |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 511: "Invalid character" CSC 153: "Entity's ID Number" EIC: TU Third Party Repricing Organization (TPO) |  |  |  |
| X223.313.2300.HCP05.010 | HCP05 | Repricing Per Diem or Flat Rate Amount |  |  | 999 | E | IK403 = 5: "Data Element Too Long" | 2300.HCP05 must be 1-9 characters. |  |  |
| X223.313.2300.HCP05.020 | HCP05 |  |  |  | 277 | T | CSCC A7: "Acknowledgement <br> RRejected for Invalid Information..." <br> CSC 512: "Length Invalid" <br> CSC 638: "Repricing Per Diem or Flat <br> Rate Amount" |  |  |  |
| X223.313.2300.HCP06.010 | HCP06 | Repriced Approved <br> Ambulatory Patient Group <br> Code |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2300.HCP06 must contain at least one non-space character. | 2400. HCP06 must contain at least one non-space character. |  |
| х223.313.2300.HCP06.020 | HCP06 |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" | 2300.HCP06 must be 1-50 characters. |  |  |
| X223.313.2300.HCP06.030 | HCP06 |  |  |  | 277 | T | CSCC AT: "Acknowledgement <br> /Rejected for Invalid Information..." <br> CSC 512: "Length Invalid" <br> CSC 635 "Repriced Approved <br> Ambulatory Patient Group" |  |  |  |
| X223.313.2300.HCP06.040 | HCP06 |  |  |  | 999 | E | $\substack{\text { \|K403 }=6: ~ " I n v a l i d ~ C h a r a c t e r ~ i n ~ D a t a ~}$ <br> Element" | 2300.HCP06 must be populated with accepted AN characters. |  |  |



| X223.319.2310A.NM103.010 | NM103 | Name Last | 999 | R | \|K403 = 1: "Required Data Element Missing" | 2310A.NM103 must be present. |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 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 | 1K403 = 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" CSC 504: "Entity's Last Name" EIC: 71 Attending Physician |  |  |  |
| X223.319.2310A.NM103.050 | NM103 |  | 999 | E | IK403 = 6: "Invalid Character in Data Element" | 2310A.NM103 must be populated with accepted AN characters. |  |  |
| X223.319.2310A.NM103.060 | NM103 |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 511: "Invalid character" CSC 504: "Entity's Last Name" EIC: 71 Attending Physician |  |  |  |
| X223.319.2310A.NM104.010 | NM104 | Name First | 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" CSC 505: "Entity's First Name" EIC: 71 Attending Physician |  |  |  |
| X223.319.2310A.NM104.030 | NM104 |  | 999 | E | IK403 $=6$ : "Invalid Character in Data Element" | 2310A.NM104 must be populated with accepted AN characters. |  |  |
| X223.319.2310A.NM104.040 | NM104 |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 511: "Invalid character" CSC 505: "Entity's First Name" EIC: 71 Attending Physician |  |  |  |
| X223.319.2310A.NM105.010 | NM105 | Name Middle | 999 | E | IK403 = 6: "Invalid Character in Data Element" | 2310A.NM105 must contain at least one non-space |  |  |
| X223.319.2310A.NM105.020 | NM105 |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information... CSC 511: "Invalid character" CSC 514: "Entity's middle Name" EIC: 71 Attending Physician |  |  |  |
| X223.319.2310A.NM105.030 | NM105 |  | 999 | E | 1K403 = 5: "Data Element Too Long" | 2310A.NM105 must be 1-25 characters. |  |  |
| X223.319.2310A.NM105.040 | NM105 |  | 277 | T | CSCC A7: "Acknowledgement <br> 1Rejected for Invalid Information..." <br> CSC 512: "Length Invalid" <br> CSC 514: "Entity's Middle Name" <br> EIC: 71 Attending Physician |  |  |  |
| X223.319.2310A.NM105.050 | NM105 |  | 999 | E | IK403 = 6: "Invalid Character in Data Element" | 2310A.NM105 must be populated with accepted AN characters. |  |  |
| X223.319.2310A.NM105.060 | NM105 |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information... CSC 511: "Invalid character" CSC 514: "Entity's Middle Name" EIC: 71 Attending Physician |  |  |  |
| X223.319.2310A.NM106.010 | NM106 | Name Prefix | 999 | E | IK403 = 110: "Implementation "Not | 2310A.NM106 must not be present. |  |  |
| X223.319.2310A.NM107.010 | NM107 | Name Suffix | 999 | R | \|K403 = 5: "Data Element Too Long" | 2310A.NM107 must be 1-10 characters. |  |  |
| X223.319.2310A.NM107.020 | NM107 |  | 999 | E | $\begin{aligned} & \text { IK403 = 6: "Invalid Character in Data } \\ & \text { Element" } \end{aligned}$ | 2310A.NM107 must be populated with accepted AN characters. |  |  |


| X223.319.2310A.NM107.030 | NM107 |  |  | 277 | T | CSCC A7: "Acknowledgement <br> IRejected for Invalid Information..." <br> CSC 511: "Invalid character" <br> CSC 125: "Entity's Name" <br> EIC: 71 Attending Physician |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.319.2310A.NM108.010 | NM108 |  |  | 277 | c | CSCC A8: "Acknowledgement / Rejected for relational field in error" TBD01: "Situational segment/element required for adjudication." EIC: 71 Attending Physician | 2310A.NM108 must be present unless 2300.REF with REF01 = "P4" and REF02 is a valid VA identifier. |  |  |
| X223.319.2310A.NM108.020 | NM108 |  |  | 277 | c | CSCC A6: "Acknowledgement/Rejected for Missing Information..." TBD01: "Situational segment/element required for adjudication." EIC: 71 Attending Physician | 2310A.NM108 must be present. |  |  |
| X223.319.2310A.NM108.030 | NM108 | Identification Code Qualifier |  | 999 | R | IK403 = 7: "Invalid Code Value" | 2310A.NM108 must be "XX". |  |  |
| X223.319.2310A.NM109.010 | NM109 |  |  | 277 | c | CSCC A7: "Acknowledgement <br> IRejected for Invalid Information..." <br> CSC 562: "Entity's National Provider <br> Identifier (NPI)" <br> EIC: 71 Attending Physician | 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)" EIC: 71 Attending Physician | The first position of 2310A.NM109 must be a "1". |  |  |
| X223.319.2310A.NM110.010 | NM110 | Entity Relationship Code |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2310A.NM110 must not be present. |  |  |
| X223.319.2310A.NM111.010 | NM111 | Entity Identifier Code |  | 999 | E | IK403 = 110: "Implementation "Not | 2310A.NM111 must not be present. |  |  |
| X223.319.2310A.NM112.010 | NM112 | $\substack{\text { Name Last or Organization } \\ \text { Name }}$ |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \\ & \hline \end{aligned}$ | 2310A.NM112 must not be present. |  |  |
|  |  |  |  |  |  |  |  |  |  |
| X223.322.2310A.PRV. 010 | PRV | ATTENDING PROVIDER SPECIALTY INFORMATION | 2310A | 999 | R | IK304 = 19: "Implementation Dependent 'not used' Segment Present" | If 2310A.NM1 is present, 2310A.PRV may be present. |  |  |
| X223.322.2310A.PRV. 020 | PRV |  |  | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2310A.PRV is allowed. |  |  |
| X223.322.2310A.PRV01.010 | PRV01 | Provider Code |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2310A . PRV01 must be present. |  |  |
| X223.322.2310A.PRV01.020 | PRV01 |  |  | 999 | R | 11403 = 7: "Invalid Code Value" | 2310A.PRV01 must be "AT". |  |  |
| X223.322.2310A.PRV02.010 | PRV02 | Reference Identification Qualifier |  | 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 |  | 999 | R | IK403 = 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> EIC: 71 Attending Physician | 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 |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2310A.PRV04 must not be present. |  |  |


| X223.322.2310A.PRV05.010 | PRV05 | PROVIDER SPECIALTY INFORMATION |  |  | 999 | E | $\begin{aligned} & \text { IK403 = 110: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2310A.PRV05 must not be present. |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.322.2310A.PRV06.010 | PRV06 | Provider Organization Code |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2310A.PRV06 must not be present. |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
| X223.324.2310A.REF. 010 | REF | ATTENDING PROVIDER SECONDARY IDENTIFICATION | 2310A |  | 999 | R | IK304 = 19: "Implementation Dependent 'not used' Segment Present" | 2310A.REF with REF01 = "1G" may be present when 2310A.NM1 is present and 2310A.NM109 is not present. | Trailblazer Only <br> 01/20: Companion Guide Note needed. |  |
| X223.324.2310A.REF.020 | REF |  |  |  | 277 | c | CSCC A7: "Acknowledgement IRejected for Invalid Information..." TBD02: "Payer specific restrictions on the number of repetitions" EIC: 71 Attending Physician | Only 1 iteration of 2310A.REF with REF01 $=$ " 1 G " is allowed. | Trailblazer Only <br> 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 $=\mathrm{P} 4$ and 2300.REF02 $=31$. | Trailblazer Only <br> 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 butTrailblazer. 01/20: Companion Guide Note needed. |  |
| X223.324.2310A.REF01.010 | REF01 | Reference Identification Qualifier |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2310A . REF01 must be present. |  |  |
| X223.324.2310A.REF01.020 | REF01 |  |  |  | 277 | T | $\begin{array}{\|l\|} \hline \text { CSCC A7: "Acknowledgement } \\ \text { Rejected for Invalid Information..." } \\ \text { TBDO3: "This Line of Business does not } \end{array}$ support this qualifier." | 2310A.REF01 must be "1G". |  |  |
| X223.324.2310A.REF02.010 | REF02 | Attending Provider Secondary Identifier |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2310A . REF02 must be present. |  |  |
| X223.324.2310A.REF02.020 | REF02 |  |  |  | 277 | C | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 133: "Entity's UPIN" | 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 |  |  | 999 | E | IK403 = 110: "Implementation "Not | 2310A.REF03 must not be present. |  |  |
| X223.324.2310A.REF04.010 | REF04 | REFERENCE IDENTIFIER |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2310A.REF04 must not be present. |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
| X223.326.2310B.NM1.010 | NM1 | $\underset{\text { NAME }}{\substack{\text { OPERATING PHYSICIAN } \\ \text { NAN }}}$ | 2310B | 1 | 999 | R | 1K304 = 4: "Loop Occurs Over Maximum Times" Maximum Times" | Only one iteration of 2310B.NM1 is allowed. |  |  |
| х223.326.2310B.NM101.010 | NM101 | Entity Identifier Code |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 23108.NM101 must be present. |  |  |
| X223.326.2310B.NM101.020 | NM101 |  |  |  | 999 | R | 11403 = 7: "Invalid Code Value" | 2310B.NM101 must be "72". |  |  |
| X223.326.2310B.NM102.010 | NM102 | Entity Type Qualifier |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2310B.NM102 must be present. |  |  |
| X223.326.2310B.NM102.020 | NM102 |  |  |  | 999 | R | 11403 = 7: "Invalid Code Value" | 2310B. NM102 must be "1". |  |  |
| X223.326.2310B.NM103.010 | NM103 | Last or Organization Name |  |  | 999 | R | IK403 = 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 | IK403 = 5: "Data Element Too Long" | 2310B.NM103 must be 1-60 characters. |  |  |



| X223.326.2310B.NM107.050 | NM107 |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 511: "Invalid character" CSC 125: "Entity's Name" EIC: 72 Operating Physician |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.326.2310B.NM108.010 | NM108 | Identification Code Qualifier |  | 277 | c | CSCC A8: "Acknowledgement / Rejected for relational field in error" TBD01: "Situational segment/element required for adjudication." EIC: 72 Operating Physician | 2310B..NM108 must be present unless 2300.REF with REF01 = "P4" and REF02 is a valid VA identifier. | Trailblazer Only <br> 01/20: Companion Guide Note needed. |  |
| х223.326.2310B.Nм108.020 | NM108 |  |  | 277 | c | CSCC A6: "Acknowledgement/Rejected for Missing Information..." TBD01: "Situational segment/element required for adjudication." EIC: 72 Operating Physician | 2310B.NM108 must be present. | Everyone butTrailblazer. <br> 01/20: Companion Guide Note needed |  |
| X223.326.2310B.NM108.030 | NM108 |  |  | 999 | R | IK403 = 7: "Invalid Code Value" | 2310B.NM108 must be "XX". |  |  |
| X223.326.2310B.NM109.010 | NM109 | Identifier |  | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | 2310B.NM109 must be present if 2310 B.NM108 is present. |  |  |
| х223.326.2310B.Nм109.020 | NM109 |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 562: "Entity's National Provider Identifier (NPI)" EIC: 72 Operating Physician | 2310B.NM109 must be valid according to the NPI algorithm. |  |  |
| х223.326.2310B.Nм109.030 | NM109 |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 562: "Entity's National Provider Identifier (NPI)" <br> EIC: 72 Operating Physician | The first position of 2310B.NM109 must be a "1". |  |  |
| X223.326.2310B.NM110.010 | NM110 | Entity Relationship Code |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |  |
| X223.326.2310B.NM111.010 | NM111 | Entity Identifier Code |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |  |
| X223.326.2310B.NM112.010 | NM112 | Name Last or Organization Name |  | 999 | E | IK403 = I 10 : "Implementation "Not Used" Element Present" | Must not be present. |  |  |
| X223.329.2310B.REF. 010 | REF | OPERATING PHYSICIAN SECONDARY IDENTIFICATION | 2310B | 999 | R | IK304 = 19: "Implementation Dependent 'not used' Segment Present" | 2310B.REF with REF01 = "1G" may be present when 2310B.NM1 is present and 2310B.NM109 is not present. | Trailblazer Only <br> 01/20: Companion Guide Note needed. |  |
| X223.329.2310B.REF.020 | REF |  |  | 277 | c | CsCC A7: "Acknowledgement /Rejected for Invalid Information..." TBD02: "Payer specific restrictions on the number of repetitions" CSC 560: Entity's Additional/Secondary Identifier EIC: 72 Operating Physician | Only 1 iteration of 2310B.REF with REF01 $=$ " 1 G " is allowed. | Trailblazer Only <br> 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 butTrailblazer. 01/20: Companion Guide Note needed. |  |



| X223.331.2310C.NM104.030 | NM104 |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information... CSC 512: "Length Invalid" CSC 505: "Entity's First Name" EIC: 72 Operating Physician |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.331.2310C.NM104.040 | NM104 |  | 999 | E | IK403 = 6: "Invalid Character in Data Element" | 2310C.NM104 must be populated with accepted AN characters. |  |  |
| X223.331.2310C.NM104.050 | NM104 |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 511: "Invalid character" CSC 505: "Entity's First Name" EIC: 72 Operating Physician |  |  |  |
| X223.331.2310C.NM105.010 | NM105 | Other Operating Physician Middle Name or Initial | 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 |  | 999 | E | IK403 = 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" CSC 514: "Entity's Middle Name" EIC: 72 Operating Physician |  |  |  |
| X223.331.2310C.NM105.040 | NM105 |  | 999 | E | $\begin{aligned} & \text { IK403 = 6: "Invalid Character in Data } \\ & \text { Element" } \end{aligned}$ | 2310C.NM105 must be populated with accepted AN characters. |  |  |
| X223.331.2310C.NM105.050 | NM105 |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information... CSC 511: "Invalid character" CSC 514: "Entity's Middle Name" EIC: 72 Operating Physician |  |  |  |
| X223.331.2310C.NM106.010 | NM106 | Name Prefix | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | Must not be present. |  |  |
| X223.331.2310C.NM107.010 | NM107 | $\begin{array}{\|c\|} \hline \text { Other Operating Physician } \\ \text { Name Suffix } \\ \hline \end{array}$ | 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 |  | 999 | E | IK403 = 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" CSC 125: "Entity's Name" EIC: 72 Operating Physician |  |  |  |
| X223.331.2310C.NM107.040 | NM107 |  | 999 | E | $\begin{aligned} & \text { IK403 = 6: "Invalid Character in Data } \\ & \text { Element" } \end{aligned}$ | 2310C.NM107 must be populated with accepted AN characters. |  |  |
| X223.331.2310C.NM107.050 | NM107 |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 511: "Invalid character" CSC 125: "Entity's Name" EIC: 72 Operating Physician |  |  |  |
| X223.331.2310C.NM108.010 | NM108 | Identification Code Qualifier | 277 | c | CSCC A8: "Acknowledgement / Rejected for relational field in error" TBD01: "Situational segment/element required for adjudication." EIC: 72 Operating Physician | 2010AA.NM108 must be present unless 2300.REF with REF01 = "P4" and REF02 is a valid VA identifier. | Trailblazer Only <br> 01/20: Companion Guide Note needed. |  |
| X223.331.2310C.NM108.020 | NM108 |  | 277 | c | CSCC A6: "Acknowledgement/Rejected for Missing Information..." <br> TBD01: "Situational segment/element required for adjudication." <br> EIC: 72 Operating Physician | 2310C.NM108 must be present. | Everyone butTrailblazer. <br> 01/20: Companion Guide Note needed. |  |


| X223.331.2310C.NM108.030 | NM108 |  |  | 999 | R | \|K403 = 7: "Invalid Code Value" | 2310C.NM108 must be "XX". |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| x223.331.2310C.NM109.010 | NM109 | Identifier |  | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | 2310 C .NM109 must be present if 2310 C .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 Operating Physician | 2310C.NM109 must be valid according to the NPI algorithm. |  |  |
| X223.331.2310C.NM109.030 | NM109 |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 562: "Entity's National Provider Identifier (NPI)" <br> EIC: 72 Operating Physician | The first position of 2310C.NM109 must be a "1". |  |  |
| X223.331.2310C.NM110.010 | NM110 | Entity Relationship Code |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | Must not be present. |  |  |
| X223.331.2310C. NM111.010 | NM111 | Entity Identifier Code |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |  |
| X223.331.2310C.Nm112.010 | NM112 | Name Last or Organization Name |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | Must not be present. |  |  |
|  |  |  |  |  |  |  |  |  |  |
| X223.334.2310C.REF. 010 | REF | other operating PHYSICIAN SECONDARY identification | 2310 C | 999 | R | IK304 = 19: "Implementation Dependent 'not used' Segment Present" | 2310C.REF with REF01 = "1G" may be present when 2310C.NM1 is present and 2310C.NM109 is not present. | Trailblazer Only 01/20: Companion Guide Note needed. |  |
| X223.334.2310C.REF. 020 | REF |  |  | 277 | c | CSCC A7: "Acknowledgement Rejected for Invalid Information..." TBD02: "Payer specific restrictions on the number of repetitions" EIC: 72 Operating Physician | Only 1 iteration of 2310 C .REF with REF01 $=$ " 1 G " is allowed. | Trailblazer Only <br> 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 butTrailblazer. 01/20: Companion Guide Note needed. |  |
| X223.334.2310C.REF01.010 | REF01 | Reference Identification Qualifier |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2310C.REF01 must be present. |  |  |
| X223.334.2310C.REF01.020 | REF01 |  |  | 277 | T | 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 |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2310C.REF02 must be present. |  |  |
| X223.334.2310C.REF02.020 | REF02 |  |  | 277 | c | CSCC A7: "Acknowledgement IRejected for Invalid Information..." CSC 133: "Entity's UPIN" EIC: 72 Operating Physician | 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 |  | 999 | E | \|K403 = 110: "Implementation "Not Used" Element Present" | Must not be present. |  |  |
| X223.334.2310C.REF04.010 | REF04 | REFERENCE IDENTIFIER |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |  |



| X223.336.2310D.NM106.010 | NM106 | Name Prefix |  | 999 | E | IK403 = 110: "Implementation "Not | Must not be present. |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.336.2310D.NM107.010 | NM107 | $\begin{array}{\|c\|} \hline \text { Rendering Provider Name } \\ \text { Suffix } \end{array}$ |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2310D.NM107 must contain at least one non-space character. |  |  |
| X223.336.2310D.NM107.020 | NM107 |  |  | 999 | E | IK403 = 5: "Data Element Too Long" | 2310D.NM107 must be 1-10 characters. |  |  |
| X223.336.2310D.NM107.030 | NM107 |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length Invalid" CSC 125: "Entity's Name" EIC: 82 Rendering Provider |  |  |  |
| X223.336.2310D.NM107.040 | NM107 |  |  | 999 | E | IK403 = 6: "Invalid Character in Data Element" | 2310D.NM107 must be populated with accepted AN |  |  |
| X223.336.2310D.NM107.050 | NM107 |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 511: "Invalid character" CSC 125: "Entity's Name" EIC: 82 Rendering Provider |  |  |  |
| X223.336.2310D.NM108.010 | NM108 | Identfication CodeQualifier |  | 277 | c | CSCC A8: "Acknowledgement / <br> Rejected for relational field in error" TBD01: "Situational segment/element required for adjudication." EIC: 82 Rendering Provider | 2310D.NM108 must be present unless 2300.REF with REF01 = "P4" and REF02 is a valid VA identifier. | Trailblazer Only <br> 01/20: Companion Guide Note needed. |  |
| X223.336.2310D.NM108.020 | NM108 |  |  | 277 | c | CSCC A6: "Acknowledgement/Rejected for Missing Information..." TBD01: "Situational segment/element required for adjudication." EIC: 82 Rendering Provider | 2310D.NM108 must be present. | Everyone butTrailblazer. <br> 01/20: Companion Guide Note needed. |  |
| X223.336.2310D.NM108.030 | NM108 |  |  | 999 | R | 11403 = 7: "Invalid Code Value" | 2310D.NM108 must be "XX". |  |  |
| X223.336.2310D.NM109.010 | NM109 | $\begin{gathered} \hline \text { Rendering Provider } \\ \text { Identifier } \end{gathered}$ |  | 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)" <br> EIC: 82 Rendering 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> EIC: 82 Rendering Provider | The first position of 2310D.NM109 must be a "1". |  |  |
| X223.336.2310D.NM110.010 | NM110 | Entity Relationship Code |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |  |
| X223.336.2310D.NM111.010 | NM111 | Entity Identifier Code |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |  |
| X223.336.2310D.NM112.010 | NM112 | Name Last or Organization Name |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | Must not be present. |  |  |
|  |  |  |  |  |  |  |  |  |  |
| X223.339.2310D.REF.010 | REF | RENDERING PROVIDER SECONDARY IDENTIFICATION | 2310D | 999 | R | IK304 = 19: "Implementation Dependent 'not used' Segment Present" | 2310D.REF with REF01 = "1G" may be present when 2310D.NM1 is present and 2310D.NM109 is not present. | Trailblazer Only 01/20: Companion Guide Note needed. |  |


| X223.339.2310D.REF.020 | REF |  |  |  | 277 | c | CSCC A7: "Acknowledgement IRejected for Invalid Information..." TBD02: "Payer specific restrictions on the number of repetitions" EIC: 82 Rendering Provider | Only 1 iteration of 2310D.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 butTrailblazer. 01/20: Companion Guide Note needed. |  |
| X223.339.2310D.REF01.010 | REF01 | Reference Identification Qualifier |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2310D.REF01 must be present. |  |  |
| X223.339.2310D.REF01.020 | REF01 |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." TBD02: "Payer specific restriction on the number of repetitions" EIC: 82 Rendering Provider | 2310D.REF01 must be "1G". |  |  |
| X223.339.2310D.REF02.010 | REF02 | Rendering Provider Secondary Identifier |  |  | 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 Rendering 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 |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |  |
| X223.339.2310D.REF04.010 | REF04 | REFERENCE IDENTIFIER |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \\ & \hline \end{aligned}$ | Must not be present. |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
| X223.341.2310E.NM1.010 | NM1 | SERVICE FACILITY LOCATION NAME | 2310E | 1 | 999 | R | $\begin{aligned} & \text { 1K304 = 4: "Loop Occurs Over } \\ & \text { Maximum Times" } \end{aligned}$ | Only one iteration of 2310E.NM1 is allowed. |  |  |
| X223.341.2310E.NM101.010 | NM101 | Entity Identifier Code |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 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 |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2310E.NM102 must be present. |  |  |
| X223.341.2310E.NM102.020 | NM102 |  |  |  | 999 | R | IK403 = 7: "Invalid Code Value" | 2310 E. NM102 must be "2". |  |  |
| X223.341.2310E.NM103.010 | NM103 | Laboratory or Facility Name |  |  | 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 |  |  |
| 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" CSC 125 "Entity's name." EIC: 77 Service Location |  |  |  |
| X223.341.2310E.NM103.050 | NM103 |  |  |  | 999 | E | IK403 = 6: "Invalid Character in Data Element" | 2310E.NM103 must be populated with accepted AN characters. |  |  |
| X223.341.2310E.NM103.060 | NM103 |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information. CSC 511: "Invalid character" CSC 504: "Entity's Last Name" EIC: 77 Service Location |  |  |  |
| X223.341.2310E.NM104.010 | NM104 | Name First |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | Must not be present. |  |  |



| X223.344.2310E.N302.040 | N302 |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information... CSC 512: "Length Invalid" CSC 503: "Entity's Street address" EIC: 77 Service Location |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.344.2310E.N302.050 | N302 |  |  | 999 | E | IK403 = 6: "Invalid Character in Data Element" | 2310E.N302 must be populated with accepted AN characters. |  |  |
| X223.344.2310E.N302.060 | N302 |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information... CSC 511: "Invalid character" CSC 503: "Entity's Street address" EIC: 77 Service Location |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| X223.345.2310E.N4.010 | N4 | SERVICE FACILITY LOCATION CITY, STATE, ZIP CODE | 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 | $\begin{array}{\|c\|} \hline \text { Laboratory or Facility City } \\ \text { Name } \\ \hline \end{array}$ |  | 999 | R | IK 403 = 1: "Required Data Element Missing" | 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 | K403 = 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 <br> 1Rejected for Invalid Information..." <br> CSC 512: "Length Invalid" <br> CSC 502: "Entity's City" <br> EIC: 77 Service Location |  |  |  |
| X223.345.2310E.N401.050 | N401 |  |  | 999 | E | IK403 = 6: "Invalid Character in Data Element" | 2310E.N401 must be populated with accepted AN characters. |  |  |
| X223.345.2310E.N401.060 | N401 |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information... CSC 511: "Invalid character" CSC 502: "Entity's City" EIC: 77 Service Location |  |  |  |
| X223.345.2310E.N402.010 | N402 | $\qquad$ |  | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | If 2310E.N404 is not present, 2310E.N402 must be present. present. |  |  |
| X223.345.2310E.N402.020 | N402 |  |  | 277 | c | CSCC A8: "Acknowledgement / Rejected for relational field in error CSC 501: "Entity's State/Province" EIC: 77 Service Location | If 2310E.N404 is not present, 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 |  | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | If 2310E.N404 is not present, 2310E.N403 must be present. |  |  |
| X223.345.2310E.N403.020 | N403 |  |  | 277 | c | CSCC A8: "Acknowledgement / Rejected for relational field in error" CSC 500: "Entity's Postal/Zip Code" EIC: 77 Service Location | If 2310E.N404 is not present, 2310E.N403 must be a valid 9 digit Zip Code. |  |  |
| X223.345.2310E.N404.010 | N404 | Laboratory/Facility Country Code Code |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 680: "Entity's Country" EIC: 77 Service Location | 2310E.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) |  |
| X223.345.2310E.N405.010 | N405 | LocationQualifier |  | 999 | E | IK403 = I10: "Implementation "Not | Must not be present. |  |  |
| X223.345.2310E.N406.010 | N406 | Location Identifier |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |  |


| X223.345.2310E.N407.010 | N407 | Location Identifier |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.347.2310E.REF.010 | REF | SERVICE FACILITY LOCATION SECONDARY IDENTIFICATION | 2310E |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." TBD02: "Payer specific restrictions on the number of repetitions" EIC: 77 Service Location | 2310E.REF must not be present. | Segment not valid for Part A. 02/04: Companion Guide Note needed. |  |
| X223.349.2310E.NM1.010 | NM1 | REFERRING PROVIDER NAME Loop |  |  | 999 | R | IK304 = 4: "Loop Occurs Over Maximum Times" | One iteration of this loop is allowed. |  |  |
| X223A1.12.2310F.NM1.020 | NM1 | REFERRING PROVIDER | 2310F | 1 | 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 |  |  | 999 | R | IK403 = 1: "Required Data Element 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 |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2310F.NM102 must be present. |  |  |
| X223.349.2310F.NM 102.020 | NM102 |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2310F.NM102 must be "1". |  |  |
| X223.349.2310F.NM103.010 | NM103 | Referring Provider Last Name |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2310F.NM103 must be present. |  |  |
| X223.349.2310F.NM103.020 | NM103 |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2310F.NM103 must contain at least one non-space character. |  |  |
| x223.349.2310F.NM103.030 | NM103 |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" | 2310F.NM103 must be 1-60 characters. |  |  |
| X223.349.2310F.NM103.040 | NM103 |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length Invalid" CSC 504: "Entity's Last Name" EIC: DN Referring Provider |  |  |  |
| X223.349.2310F.NM103.050 | NM103 |  |  |  | 999 | E | IK403 = 6: "Invalid Character in Data Element" | 2310F.NM103 must be populated with accepted AN characters. |  |  |
| X223.349.2310F.NM103.060 | NM103 |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 511: "Invalid character" CSC 504: "Entity's Last Name" EIC: DN Referring Provider |  |  |  |
| X223.349.2310F.NM104.010 | NM104 | Referring Provider First Name |  |  | 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" CSC 505: "Entity's First Name" EIC: DN Referring Provider |  |  |  |
| X223.349.2310F.NM104.040 | NM104 |  |  |  | 999 | E | IK403 = 6: "Invalid Character in Data Element" | 2310F.NM104 must be populated with accepted AN characters. |  |  |
| X223.349.2310F.NM104.050 | NM104 |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 511: "Invalid character" CSC 505: "Entity's First Name" EIC: DN Referring Provider |  |  |  |
| X223.349.2310F.NM105.010 | NM105 | Referring Provider Middle Name |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2310F.NM105 must contain at least one non-space character. |  |  |


| 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 AT: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length Invalid" CSC 514: "Entity's Middle Name" EIC: DN Referring Provider |  |  |  |
| X223.349.2310F.NM105.040 | NM105 |  |  |  | 999 | E | IK403 = 6: "Invalid Character in Data Element" | 2310F.NM105 must be populated with accepted AN characters. |  |  |
| X223.349.2310F.NM105.050 | NM105 |  |  |  | 277 | T | CSCC A7: "Acknowledgement Rejected for Invalid Information.. CSC 511: "Invalid character" CSC 514: "Entity's Middle Name" EIC: DN Referring Provider |  |  |  |
| X223.349.2310F.NM106.010 | NM106 | Name Prefix |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | Must not be present. |  |  |
| X223.349.2310F.NM107.010 | NM107 | $\begin{aligned} & \hline \text { Referring Provider Name } \\ & \text { Suffix } \\ & \hline \end{aligned}$ |  |  | 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. |  |  |
| X223.349.2310F.NM107.030 | NM107 |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length Invalid" CSC 125: "Entity's Name" EIC: DN Referring Provider |  |  |  |
| X223.349.2310F.NM107.040 | NM107 |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = 6: "Invalid Character in Data } \\ & \text { Element" } \end{aligned}$ | 2310F.NM107 must be populated with accepted AN characters. |  |  |
| X223.349.2310F.NM107.050 | NM107 |  |  |  | 277 | T | CSCC A7: "Acknowledgement <br> /Rejected for Invalid Information..." <br> CSC 511: "Invalid character" <br> CSC 125: "Entity's Name" <br> EIC: DN Referring Provider |  |  |  |
| X223.349.2310F.NM108.010 | NM108 | Identfication CodeQualifier |  |  | 277 | c | CSCC A8: "Acknowledgement / Rejected for relational field in error" TBD01: "Situational segment/element required for adjudication." EIC: DN Referring Provider | 2310F.NM108 must be present unless 2300.REF with REF01 = "P4" and REF02 is a valid VA identifier. | Only Trailblazer. <br> 01/20: Companion Guide Note needed. |  |
| X223.349.2310F.NM108.020 | NM108 |  |  |  | 277 | c | CSCC A6: "Acknowledgement/Rejected for Missing Information..." <br> TBD01: "Situational segment/element required for adjudication." EIC: DN Referring Provider | 2310F.NM108 must be present. | Everyone but Trailblazer 01/20: Companion Guide Note needed. |  |
| X223.349.2310F.NM108.030 | NM108 |  |  |  | 999 | R | IK403 = 7: "Invalid Code Value" | 2310F.NM108 must be "XX". |  |  |
| X223.349.2310F.NM109.010 | NM109 | Referring Provider Identifier |  |  | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | 2310F.NM109 must be present if 2310F.NM108 is present. |  |  |
| X223.349.2310F.NM109.020 | NM109 |  |  |  | 277 | c | $\begin{array}{\|l\|} \hline \text { CSCC A7: "Acknowledgement } \\ \text { /Rejected for Invalid Information..." } \\ \text { CSC 562: "Entity's National Provider } \\ \text { Identifier (NPI)" } \\ \text { EIC: DN Referring Provider } \\ \hline \end{array}$ | 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> EIC: DN Referring Provider | The first position of 2310F.NM109 must be a "1". |  |  |
| X223.349.2310F.NM110.010 | NM110 | Entity Relationship Code |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |  |


|  | NM111 | Entity Identifier Code |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.3499.2310F.NM112.010 | NM112 | $\begin{array}{c}\text { Name Last or Organization } \\ \text { Name }\end{array}$ |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |  |
| X223.352.2310F.REF.010 | REF | REFERRING PROVIDER SECONDARY IDENTIFICATION | 2310F |  | 277 | T | CSCC A7: "Acknowledgement RRejected for Invalid Information..." CSC 560: Entity's Additional/Secondary Identifier EIC: DN Referring Provider | 2310F.REF must not be present. | Segment not valid for Part A. |  |
|  |  |  |  |  |  |  |  |  |  |  |
| X223.354.2320..010 |  | оTHER SUBSCRIBER LOOP | 2320 | 10 | 999 | R | IK304 = 4: "Loop Occurs Over Maximum Times" | Only ten iterations of the 2320 loop are allowed. |  |  |
| X223.354.2320.SBR. 010 | SBR | OTHER SUBSCRIBER INFORMATION | 2320 | 1 | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2320. SBR is allowed. |  |  |
| X223.354.2320.SBR01.010 | SBR01 | Payer Responsibility Sequence Number Code |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2320.SBR01 must be present. |  |  |
| X223.354.2320.SBR01.020 | SBR01 |  |  |  | 999 | R | 11403 = 7: "Invalid Code Value" | 2320. SBR01 must be valid values. |  |  |
| X223.354.2320.SBR01.030 | SBR01 |  |  |  | 999 | R | 1K403 = 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). |  |  |
| X223.354.2320.SBR01.040 | SBR01 |  |  |  | 277 | c | CSCC A6: "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 |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2320.SBR02 must be present. |  |  |
| X223.354.2320.SBR02.020 | SBR02 |  |  |  | 999 | R | 11403 = 7: "Invalid Code Value" | 2320.SBR02 must be valid values. |  |  |
| X223.354.2320.SBR03.010 | SBR03 | Insured Group or Policy Number |  |  | 999 | R | IK403 = 6: "Invalid Character in Data | 2320.SBR03 must contain at least one non-space |  |  |
| X223.354.2320.SBR03.020 | SBR03 |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" | 2320.SBR03 must be 1-50 characters. |  |  |
| X223.354.2320.SBR03.030 | SBR03 |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information... CSC 512: "Length Invalid" CSC 163: "Entity's policy number" EIC: GB Other Insured |  |  |  |
| X223.354.2320.SBR03.040 | SBR03 |  |  |  | 999 | E | $\begin{aligned} & \text { KN. } 303 \text { 6: "lnvalid Character in Data } \\ & \text { Element" } \\ & \hline \end{aligned}$ | 2320.SBR03 must be populated with accepted AN |  |  |
| X223.354.2320.SBR03.050 | SBR03 |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 511: "Invalid character" CSC 163: "Entity's policy number" EIC: GB Other Insured |  |  |  |


| X223.354.2320.SBR04.010 | SBR04 | Other Insured Group Name |  | 999 | R | IK403 = 10: "Exclusion Condition Violated" | 2320. SBR04 may not be present when 2320.SBR03 is 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. |  |  |
| X223.354.2320.SBR04.030 | SBR04 |  |  | 999 | E | IK403 = 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" CSC 663: "Entity's Group Name" EIC: GB Other Insured |  |  |  |
| X223.354.2320.SBR04.050 | SBR04 |  |  | 999 | E | IK403 = 6: "Invalid Character in Data Element" | 2320.SBR04 must be populated with accepted AN characters. |  |  |
| X223.354.2320.SBR04.060 | SBR04 |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information... CSC 511: "Invalid character" CSC 663: "Entity's Group Name" EIC: GB Other Insured |  |  |  |
| X223.354.2320.SBR05.010 | SBR05 | Insurance Type Code |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |  |
| X223.354.2320.SBR06.010 | SBR06 | Coordination of Benefits <br> Code |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | Must not be present. |  |  |
| X223.354.2320.SBR07.010 | SBR07 | Yes/No Condition or Response Code |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |  |
| X223.354.2320.SBR08.010 | SBR08 | Employment Status Code |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | Must not be present. |  |  |
| X223.354.2320.SBR09.010 | SBR09 | Claim Filing Indicator Code |  | 999 | R | IK403 = 7: "Invalid Code Value" | $2320 . S 8 R 09$ 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 missinc or invalid | 2320.SBR09 must not be = "MA" or "MB". |  |  |
|  |  |  |  |  |  |  |  |  |  |
| X223.358.2320.CAS. 010 | CAS | CLAIM LEVEL ADJUSTMENTS | 2320 | 999 | R | IK304 = 19: "Implementation Dependent 'not used' Segment Present" | If 2320.SBR is present, 2320.CAS may 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 | Claim Adjustment Group Code |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2320.CAS01 must be present. |  |  |
| x223.358.2320.CAS01.020 | CAS01 |  |  | 999 | R | IK403 = 7: "Invalid Code Value" | 2320.CAS01 must be valid values. |  |  |
| x223.358.2320.CAS01.030 | CAS01 |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 696: "Claim Adjustment Group Code" EIC: GB Other Insured | If 2320.CAS01 $=$ "CR" then 2330B.DTP with DTP01 $=$ "573" must be prior to 01/01/2012. |  |  |
| X223.358.2320.CAS02.010 | CAS02 | Adjustment Reason Code |  | 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. <br> CSC 521: Adjustment Reason Code CSC 516: Adjudication or Payment Date EIC: 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 <br> Code reference must be available for this edit. <br> 01/08: Add clause to check for the 2330B.DTP. |  |



| X223.358.2320.CAS06.030 | CAS06 |  | 999 | E | IK403 = 4: "Data Element Too Short" IK403 = 5: "Data Element Too Long" | 2320.CAS06 must be $>=-99,999,999.99$. and <= 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" EIC: 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" EIC: GB Other Insured | 2320.CAS06 must not $=0$. |  |  |
| X223.358.2320.CAS06.060 | CAS06 |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 697: "Too many decimal positions" <br> 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 | 999 | R | 1K403 = 10: "Exclusion Condition Violated" | If 2320.CAS05 is present, 2320.CAS07 may 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.CAS07.030 | CAS07 |  | 277 | T | ```CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 694: "Amount must not be equal to zero" CSC 520: "Adjustment Quantity" EIC: GB Other Insured``` | 2320.CAS07 must not $=0$. |  |  |
| X223.358.2320.CAS08.010 | CAS08 | Adjustment Reason Code | 999 | R | IK403 = 10: "Exclusion Condition Violated" | If 2320.CAS05 is present, 23200.CAS08 may be |  |  |
| X223.358.2320.CAS08.020 | CAS08 |  | 277 | c | CSCC A8 Acknowledgement / Rejected for relational field in error. <br> CSC 521: Adjustment Reason Code CSC 516: Adjudication or Payment Date <br> EIC: 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. <br> CSC 521: Adjustment Reason Code CSC 516: Adjudication or Payment Date <br> EIC: GB Other Insured | If 2330B.DTP03 with DTP01 $=$ " 573 " is not present, 2320.CAS08 must be a valid Claim Adjustment Reason Code for the high/low date range of the 2430.DTP03s when DTP01 = " 573 ". |  |  |
| X223.358.2320.CAS09.010 | CAS09 | Adjustment Amount | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | If 2320CAS08 is present, 2320.CAS09 must be present. |  |  |
| X223.358.2320.CAS09.020 | CAS09 |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2320.CAS09 must be numeric. |  |  |
| X223.358.2320.CAS09.030 | CAS09 |  | 999 | E | IK403 = 4: "Data Element Too Short" IK403 = 5: "Data Element Too Long" | $\begin{aligned} & \text { 2320.CAS09 must be }>=-99,999,999.99 \text {. and } \\ & <=99,999,999.99 \text {. } \end{aligned}$ |  |  |
| 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" EIC: GB Other Insured |  |  |  |



| X223.358.2320.CAS12.060 | CAS12 |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 697: "Too many decimal positions" <br> CSC 519: "Adjustment Amount" EIC: GB Other Insured | 2320.CAS12 is limited to 0,1 or 2 decimal positions. |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.358.2320.CAS13.010 | CAS13 | Adjustment Quantity | 999 | R | IK403 = 10: "Exclusion Condition Violated" | If 2320.CAS11 is present, 2320.CAS13 may be present. |  |  |
| X223.358.2320.CAS13.020 | CAS13 |  | 999 | E | IK403 = 5: "Data Element Too Long" | $2320 . C A S 13$ must be 1-15 digits. | 01/08: Not brought into Core System, so no Medicare size limit is needed. |  |
| X223.358.2320.CAS13.030 | CAS13 |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 694: "Amount must not be equal to zero" <br> CSC 520: "Adjustment Quantity" EIC: GB Other Insured | 2320.CAS13 must not $=0$. |  |  |
| X223.358.2320.CAS14.010 | CAS14 | Adjustment Reason Code | 999 | R | $\begin{aligned} & \text { IK403 = 10: "Exclusion Condition } \\ & \text { Violated" } \end{aligned}$ | If 2320.CAS11 is present, 23200.CAS14 may be present. |  |  |
| X223.358.2320.CAS14.020 | CAS14 |  | 277 | c | CSCC A8 Acknowledgement / Rejected for relational field in error. <br> CSC 521: Adjustment Reason Code CSC 516: Adjudication or Payment Date <br> EIC: 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.DTPO3 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. <br> CSC 521: Adjustment Reason Code CSC 516: Adjudication or Payment Date <br> EIC: GB Other Insured | If 2330B.DTP03 with DTP01 $=$ " 573 " is not present, 2320.CAS14 must be a valid Claim Adjustment Reason Code for the high/low date range of the 2430.DTP03s when DTP01 = "573". |  |  |
| X223.358.2320.CAS15.010 | CAS15 | Adjustment Amount | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | If 2320. CAS14 is present, 2320.CAS15 must be present. |  |  |
| X223.358.2320.CAS15.020 | CAS15 |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2320.CAS15 must be numeric. |  |  |
| X223.358.2320.CAS15.030 | CAS15 |  | 999 | E | IK403 = 4: "Data Element Too Short" <br> IK403 = 5: "Data Element Too Long" | $\begin{aligned} & \text { 2320.CAS15 must be }>=-99,999,999.99 \text {. and } \\ & <=99,999,999.99 . \end{aligned}$ |  |  |
| 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" EIC: GB Other Insured |  |  |  |
| X223.358.2320.CAS15.050 | CAS15 |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 694: "Amount must not be equal to zero" <br> CSC 519: "Adjustment Amount" EIC: GB Other Insured | 2320.CAS15 must not $=0$. |  |  |
| X223.358.2320.CAS15.060 | CAS15 |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 697: "Too many decimal positions" <br> 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 | 999 | R | IK403 = 10: "Exclusion Condition Violated" | If 2320.CAS14 is present, 2320.CAS16 may 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.CAS16.030 | CAS16 |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 694: "Amount must not be equal to zero" <br> CSC 520: "Adjustment Quantity" EIC: GB Other Insured | 2320. CAS16 must not $=0$. |  |  |
| X223.358.2320.CAS17.010 | CAS17 | Adjustment Reason Code |  | 999 | R | IK403 = 10: "Exclusion Condition Violated" | If 2320.CAS14 is present, 23200.CAS17 may 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 <br> EIC: GB Other Insured | 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.CAS18.010 | CAS18 | Adjustment Amount |  | 999 | R | $\begin{aligned} & \text { IK403 = 2: "Conditional Required Data } \\ & \text { Element Missing" } \\ & \hline \end{aligned}$ | If 2320.CAS17 is present, 2320.CAS18 must be present. |  |  |
| X223.358.2320.CAS18.020 | CAS18 |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2320.CAS18 must be numeric. |  |  |
| X223.358.2320.CAS18.030 | CAS18 |  |  | 999 | E | IK403 = 4: "Data Element Too Short" <br> IK403 = 5: "Data Element Too Long" | 2320.CAS18 must be $>=-99,999,999.99$. and $<=99,999,999.99$. |  |  |
| 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" EIC: GB Other Insured |  |  |  |
| X223.358.2320.CAS18.050 | CAS18 |  |  | 277 | T | $\begin{aligned} & \text { CSCC AT: "Acknowledgement } \\ & \text { RRejected for Invalid Information..." } \\ & \text { CSC 694: "Amount must not be equal to } \\ & \text { zero"" } \\ & \text { CSC 519: "Adjustment Amount" } \\ & \text { EIC: GB Other Insured } \\ & \hline \end{aligned}$ | 2320.CAS18 must not $=0$. |  |  |
| X223.358.2320.CAS18.060 | CAS18 |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 697: "Too many decimal positions" <br> CSC 519: "Adjustment Amount" EIC: GB Other Insured | 2320.CAS18 is limited to 0, 1 or 2 decimal positions. |  |  |
| x223.358.2320.CAS19.010 | CAS19 | Adjustment Quantity |  | 999 | R | IK403 = 10: "Exclusion Condition Violated" | 2 lf 2320.CAS17 is present, 2320.CAS19 may 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.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" EIC: GB Other Insured | 2320.CAS19 must not $=0$. |  |  |
|  |  |  |  |  |  |  |  |  |  |
| X223.364.2320.AMT. 010 | AMT | COB PAYER PAID AMOUNT | 2320 | 999 | R | IK304 = 19: "Implementation Dependent 'not used' Segment Present" | If 2320.SBR is present, 2320.AMT with AMT01 = "D" may be present. |  |  |
| X223.364.2320.AMT. 020 | AMT |  |  | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2320.AMT with AMT01 = "D" is allowed. |  |  |


| X223.364.2320.AMT. 030 | AMT |  |  | 277 | c | CSCC A6: <br> "Acknowledgement/Rejected for Missing Information..." <br> 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. |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.364.2320.AMT01.010 | AMT01 | AmountQualifier Code |  | 999 | R | 1K403 = 1: "Required Data Element Missing" | 2320.AMT01 must be present. |  |  |
| х223.364.2320.AMT01.020 | AMT01 |  |  | 999 | R | IK 403 = 7: "Invalid Code Value" | 2320.AMT01 must be "D". |  |  |
| X223.364.2320.AMT02.010 | AMT02 | Payer Paid Amount |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2320.AMT02 must be numeric. |  |  |
| X223.364.2320.AMT02.020 | AMT02 |  |  | 999 | E | IK403 = 5: "Data Element Too Long" | 2320.AMTO2 must be <= 99,999,999.99. |  |  |
| X223.364.2320.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" EIC: Need COB payer Entity |  |  |  |
| X223.364.2320.AMT02.040 | AMT02 |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 693: "Amount must be greater than or equal to zero" CSC 183: "Amount entity has paid" EIC: Need COB payer Entity | 2320.AMT02 must must be >= 0 . |  |  |
| X223.364.2320.AMT02.050 | AMT02 |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 697: "Too many decimal positions" <br> CSC 183: "Amount entity has paid" EIC: Need COB paver Entity | 2320.AMT02 is limited to 0,1 or 2 decimal positions. |  |  |
| X223.364.2320.AMT02.060 | AMT02 |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 672: "Other Payer's payment information is out of balance" EIC: Need COB payer Entity | If SVD segments are present for this payer, 2320.AMT02 must $=$ the sum of all 2430 .SVD02 amounts (when the value in 2430 .SVD01 is the same as the value in 2330B.NM109) minus the sum of all 2320 CAS amounts. |  |  |
| X223.364.2320.AMT03.010 | AMTO3 | Credit/Debit Flag Code |  | 999 | E | IK403 = I10: "Implementation "Not | Must not be present. |  |  |
|  |  |  |  |  |  |  |  |  |  |
| X223.365.2320.AMT. 010 | AMT | REMAINING PATIENT LIABILITY | 2320 | 999 | R | IK304 = 19: "Implementation Dependent 'not used' Segment Present" | If 2320.SBR is present, 2320.AMT with AMT01 = "EAF" may be present. | pass-thru, syntax only. |  |
| X223.365.2320.AMT. 020 | AMT |  |  | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2320.AMT with AMT01 = "EAF" is allowed. |  |  |
| X223.365.2320.AMT01.010 | AMT01 | AmountQualifier Code |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2320.AMT01 must be present. |  |  |
| X223.365.2320.AMT01.020 | AMT01 |  |  | 999 | R | IK403 = 7: "Invalid Code Value" | 2320.AMT01 must be "EAF". |  |  |
| X223.365.2320.AMT02.010 | AMT02 | $\begin{array}{\|c\|} \hline \text { Remaining Patient Liability } \\ \text { Amount } \\ \hline \end{array}$ |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2320 .AMT02 must be numeric. |  |  |
| х223.365.2320.AMT02.020 | AMT02 |  |  | 999 | E | IK403 = 5: "Data Element Too Long" | 2320.AMTO2 must be <= 99,999,999.99. |  |  |



| X223.367.2320.0101.010 | 0101 | Claim Filing Indicator Code |  | 999 | E | 1K403 = 110: "Implementation "Not Used" Element Present" | Must not be present. |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| x223.367.2320.0102.010 | 0102 | $\begin{array}{\|c\|} \hline \text { Claim Submission Reason } \\ \text { Code } \end{array}$ |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | Must not be present. |  |  |
| X223.367.2320.0103.010 | 0103 | Benefits Assignment Certlfication Indicator |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2320.0103 must be present. |  |  |
| х223.367.2320.0103.010 | 0103 |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2320.0103 must be valid values. |  |  |
| X223.367.2320.0104.010 | 0104 | Patient Signature Source Code |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |  |
| X223.367.2320.0105.010 | 0105 | Provider Agreement Code |  | 999 | E | $\begin{aligned} & \text { 1K403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |  |
| X223.367.2320.0106.010 | 0106 | Release of Information Code |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2320.0106 must be present. |  |  |
| X223.367.2320.0106.010 | 0106 |  |  | 999 | R | 11403 = 7: "Invalid Code Value" | 2320.0106 must be valid values. |  |  |
|  |  |  |  |  |  |  |  |  |  |
| X223.369.2320.MIA. 010 | MIA | INPATIENT ADJUDICATION INFORMATION | 2320 | 999 | R | IK304 = 19: "Implementation Dependent 'not used' Segment Present" | If 2320.SBR is present, 2320.MIA may be present. |  |  |
| X223.369.2320.MIA. 020 | MIA |  |  | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2320.MIA is allowed on inpatient claims. | use the NUBC manual's inpatient/outpatient bill type designations/exceptions |  |
| X223.369.2320.MIA01.010 | MIA01 | Covered Days or Visits Count |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2320.MIA01 must be present. |  |  |
| X223.369.2320.M1A01.020 | MIA01 |  |  | 999 | R | 1 IK403 = 6: "Invalid Character in Data <br> 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 Day(s)" | 2320.MIA01 must must be >= 0 . |  |  |
| X223.369.2320.MIA02.010 | MIA02 | Monetary Amount |  | 999 | E | $1 \mathrm{~K} 403 \text { = I10: "Implementation "Not }$ <br> Used" Element Present" | Must not be present. |  |  |
| $\times$ X223.369.2320.M1A03.010 | MIA03 | LIfetime Psychiatric Days |  | 999 | R | 1K403 = 5: "Data Element Too Long" | 2320.MIA03 must be 1-15 characters. |  |  |
| х223.369.2320.M1A03.020 | MIA03 |  |  | 999 | R | \|K403 = 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 |  | 999 | R | IK403 = 5: "Data Element Too Long" | 2320.M1A04 must be <= 99,999,999.99. |  |  |
| X223.369.2320.MIA04.020 | MIA04 |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2320 .MIA04 must be numeric. |  |  |
| X223.369.2320.MIA04.030 | MIA04 |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information... CSC 693: "Amount must be greater than or equal to zero" CSC 532: "Claim DRG Amount" | 2320.MIA04 must must be >= 0 . |  |  |
| X223.369.2320.MIA04.040 | MIA04 |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 697: "Too many decimal positions" CSC 532: "Claim DRG Amount" | 2320.MIA04 is limited to 0,1 or 2 decimal positions. |  |  |






| X223.369.2320.MIA21.020 | MIA21 |  |  | 277 | C | CSCC A8 "Acknowledgement / <br> Rejected for relational field in error." <br> CSC 634: "Remark Code" <br> CSC 187: "Date(s) of service." <br> CSC | If 2330B.DTP03 with DTP01 $=$ " 573 " is not present, 2320.MIA21 must be a valid Remittance Advice Remark Code for the high/low date range of the 2300.DTP03s when DTP01 $=$ " 434 " |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.369.2320.MIA22.010 | MIA22 | Remark Code |  | 277 | c | CSCC A8 "Acknowledgement / Rejected for relational field in error. CSC 634: "Remark Code" CSC 187: "Date(s) of service." | 2330B.DTP03 when DTP01 = "573" is present, 2320.MIA22 must be a valid Remittance Advice Remark Code on the date in 2300.DTP03 when DTP01 = "434". | Valid Remittance Advice Remark Code reference must be available for this edit. |  |
| X223.369.2320.MIA22.020 | MIA22 |  |  | 277 | c | $\begin{aligned} & \text { CSCC A8 "Acknowledgement I } \\ & \text { Rejected for relational field in error." } \\ & \text { CSC 634: "Remark Code" } \\ & \text { CSC 187: "Date(s) of service." } \end{aligned}$ | If 2330B.DTP03 with DTP01 $=$ " $573^{\prime \prime}$ is not present, 2320.MIA22 must be a valid Remittance Advice Remark Code for the high/low date range of the 2300.DTP03s when DTP01 = "434" |  |  |
| X223.369.2320.MIA23.010 | MIA23 | Remark Code |  | 277 | c | $\begin{array}{\|l\|} \hline \text { CSCC A8 "Acknowledgement I } \\ \text { Rejected for relational field in error." } \\ \text { CSC 634: "Remark Code" } \\ \text { CSC 187: "Date(s) of service." } \\ \hline \end{array}$ | 2330B.DTP03 when DTP01 = "573" is present, 2320.MIA23 must be a valid Remittance Advice Remark Code on the date in 2300.DTP03 when DTP01 = "434" | Valid Remittance Advice Remark Code reference must be available for this edit. |  |
| X223.369.2320.MIA23.020 | MIA23 |  |  | 277 | c | CSCC A8 "ACknowledgement $/$ <br> Rejected for relational field in error." <br> CSC 634: "Remark Code" <br> CSC 187: "Date(s) of service." | If 2330B.DTP03 with DTP01 $=$ " 573 " is not present. 2320.MIA23 must be a valid Remittance Advice Remark Code for the high/low date range of the 2300.DTPO3s when DTP01 = "434". |  |  |
| X223.369.2320.MIA24.010 | MIA24 | $\begin{gathered} \hline \text { PPS-Capital Exception } \\ \text { Amount } \end{gathered}$ |  | 999 | R | 1K403 = 5: "Data Element Too Long" | 2320.MIA24 must be $<=99,999,999.99$. |  |  |
| X223.369.2320.MIA24.020 | MIA24 |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2320 . MIA24 must be numeric. |  |  |
| X223.369.2320.MIA24.030 | MIA24 |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 693: "Amount must be greater than or equal to zero" CSC 619: "PPS-Capital Exception Amount" | 2320.MIA24 must be >= 0 . |  |  |
| X223.369.2320.MIA24.040 | MIA24 |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 697: "Too many decimal positions" CSC 619: "PPS-Capital Exception Amount" | 2320.MIA24 is limited to 0,1 or 2 decimal positions. |  |  |
|  |  |  |  |  |  |  |  |  |  |
| X223.374.2320.MOA. 010 | MOA | OUTPATIENT ADJUDICATION INFORMATION | 2320 | 999 | R | IK304 = 19: "Implementation Dependent 'not used' Segment Present" | If 2320.SBR is present, 2320.MOA may be present. |  |  |
| X223.374.2320.MOA. 020 | MOA |  |  | 999 | R | 1K304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2320.MOA is allowed on outpatient claims. |  |  |
| X223.374.2320.MOA01.010 | MOA01 | Reimbursement Rate |  | 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: "Too many decimal positions" | 2320.MOA01 is limited to 0, 1 or 2 decimal positions. |  |  |
| X223.374.2320.MOA02.010 | MOA02 | $\underset{\text { Amount }}{\substack{\text { Claim HCPCS Pabable } \\ \text { Amer }}}$ |  | 999 | R | IK403 = 6: "Invalid Character in Data <br> Element" | 2320.MOA02 must be numeric. |  |  |
| X223.374.2320.MOA02.020 | MOA02 |  |  | 999 | E | 1K403 = 5: "Data Element Too Long" | 2320.MOA02 must be <= 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 Home Health" |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.374.2320.MOA02.040 | MOA02 |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 693: "Amount must be greater than or equal to zero" CSC 574: "HCPCS Payable Amount Home Health" | 2320.MOA02 must be > $=0$. |  |  |
| X223.374.2320.MOA02.050 | MOA02 |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 697: "Too many decimal positions" <br> 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 | 277 | c | $\begin{aligned} & \text { CSCC A8 "Acknowledgement / } \\ & \text { Rejected for relational field in error." } \\ & \text { CSC 634: "Remark Code" } \end{aligned}$ CSC 187: "Date(s) of sevice." | If 2330B.DTP03 with DTP01 $=$ " 573 " is present, 2320.MOA03 must be a valid Remittance Advice Remark Code on the date in 2300.DTP03 when DTP01 = "434". | Valid Remittance Advice Remark Code reference must be available for this edit. |  |
| X223.374.2320.MOA03.020 | MOA03 |  | 277 | c | CSCC A8 "ACknowledgement / Rejected for relataiona field in error." CSC 634: "Remark Code" CSC 187: "Date(s) of service." | If 2330B.DTP03 with DTP01 $=$ " 573 " is not present, 2320.MOA03 must be a valid Remittance Advice Remark Code for the high/low date range of the 2300.DTP03s when DTP01 = " 434 ". |  |  |
| X223.374.2320.MOA04.010 | MOA04 | Remark Code | 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 Remittance Advice Remark Code on the date in 2300.DTP03 when DTP01 = "434" | Valid Remittance Advice Remark <br> Code reference must be available for this edit. <br> 01/08: Add clause to check for the 2330B.DTP. |  |
| X223.374.2320.MOA04.020 | MOA04 |  | 277 | c | $\begin{aligned} & \begin{array}{l} \text { CSCC A8 "AAknowledgement / } \\ \text { Rejected for relational field in error." } \\ \text { CCS 634; "Remark ocde" } \\ \text { CSC 18: "Date(s) of service." } \end{array} \\ & \hline \end{aligned}$ | If 2330B.DTP03 with DTP01 $=$ " 573 " is not present, 2320.MOA04 must be a valid Remittance Advice Remark Code for the high/low date range of the 2300.DTP03s when DTP01 = "434". |  |  |
| X223.374.2320.MOA05.010 | MOA05 | Remark Code | 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 Remittance Advice Remark Code on the date in 2300.DTP03 when DTPO1 = "434". | Valid Remittance Advice Remark Code reference must be available for this edit. |  |
| X223.374.2320.MOA05.020 | MOA05 |  | 277 | c | CSCC A8 "Acknowledgement $/$ <br> Rejected for relational field in error." <br> CSC 63: "Remark Coode" <br> CSC 187: "Date(s) of service." | If 23330 BDTP 03 with DTP01 $=$ " 573 " is not present, 2320.MOAO5 must be a valid Remittance Advice Remark Code for the high/low date range of the 2300.DTP03s when DTP01 = "434". |  |  |
| X223.374.2320.MOA06.010 | MOA06 | Remark Code | 277 | c | $\begin{aligned} & \begin{array}{l} \text { CRCC A8 "Aknowledgement I } \\ \text { Rejected for relataional field in error." } \\ \text { CCS 634: "Remark ocde" } \\ \text { CSC 187: "Date(s) of service." } \end{array} \end{aligned}$ | If 2330B.DTP03 with DTP01 $=$ " 573 " is present, 2320.MOA06 must be a valid Remittance Advice Remark Code on the date in 2300.DTP03 when DTP01 = "434". | 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 2330B.DTP03 with DTP01 $=$ " 573 " is not present, 2320.MOA06 must be a valid Remittance Advice Remark Code for the high/low date range of the 2300.DTP03s when DTP01 = "434". |  |  |
| X223.374.2320.MOA07.010 | MOA07 | Remark Code | 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 Remittance Advice Remark Code on the date in 2300.DTP03 when DTP01 = "434". | 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 2330B.DTP03 with DTP01 $=$ " 573 " is not present, 2320.MOA07 must be a valid Remittance Advice Remark Code for the high/low date range of the 2300. DTP03s when DTP01 = " 434 ". |  |  |



| X223.377.2330A.NM102.020 | NM102 |  |  |  | 999 | R | 11403 = 7: "Invalid Code Value" | 2330A.NM102 must be valid values. |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.377.2330A.NM103.010 | NM103 | Other Insured Last Name |  |  | 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" CSC 504: "Entity's Last Name" EIC: GB Other Insured |  |  |  |
| X223.377.2330A.NM103.040 | NM103 |  |  |  | 999 | E | IK403 = 6: "Invalid Character in Data Element" | 2330A.NM103 must be populated with accepted AN characters. |  |  |
| X223.377.2330A.NM103.050 | NM103 |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information... CSC 511: "Invalid character" CSC 504: "Entity's Last Name" EIC: GB Other Insured |  |  |  |
| 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 |  |  | 999 | R | IK403 = 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 |  |  |
| 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" CSC 504: "Entity's First Name" EIC: GB Other Insured |  |  |  |
| X223.377.2330A.NM104.050 | NM104 |  |  |  | 999 | E | IK403 = 6: "Invalid Character in Data Element" | 2330A.NM104 must be populated with accepted AN characters. |  |  |
| X223.377.2330A.NM104.060 | NM104 |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information... CSC 511: "Invalid character" CSC 505: "Entity's First Name" EIC: GB Other Insured |  |  |  |
| X223.377.2330A.NM105.010 | NM105 | Other Insured Middle Name |  |  | 999 | R | IK403 = I13: "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 | 2330A.NM105 must contain at least one non-space |  |  |
| X223.377.2330A.NM105.030 | NM105 |  |  |  | 999 | E | IK403 = 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" CSC 514: "Entity's Middle Name" EIC: GB Other Insured |  |  |  |
| X223.377.2330A.NM105.050 | NM105 |  |  |  | 999 | E | IK403 = 6: "Invalid Character in Data | 2330A.NM105 must be populated with accepted AN characters. |  |  |
| X223.377.2330A.NM105.060 | NM105 |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information... CSC 511: "Invalid character" CSC 514: "Entity's Middle Name" EIC: GB Other Insured |  |  |  |
| X223.377.2330A.NM106.010 | NM106 | Name Prefix |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |  |



| X223.380.2330A.N301.040 | N301 |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information... CSC 512: "Length Invalid" CSC 503: "Entity's Street address" EIC: GB Other Insured |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.380.2330A.N301.050 | N301 |  |  | 999 | E | IK403 = 6: "Invalid Character in Data Element" | 2330A.N301 must be populated with accepted AN characters. |  |  |
| X223.380.2330A.N301.060 | N301 |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 511: "Invalid character" CSC 503: "Entity's Street address" EIC: GB Other Insured |  |  |  |
| X223.380.2330A.N302.010 | N302 | Other Insured Address Line |  | 999 | R | IK403 = 10: "Exclusion Condition Violated" | If 2330A.N301 is present, then 2330A.N302 may be present. |  |  |
| X223.380.2330A.N302.020 | N302 |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2330A.N302 must contain at least one non-space character. |  |  |
| х223.380.2330A.N302.030 | N302 |  |  | 999 | E | IK403 = 5: "Data Element Too Long" | 2330A.N302 must be 1-55 characters. |  |  |
| X223.380.2330A.N302.040 | N302 |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information... CSC 512: "Length Invalid" CSC 503: "Entity's Street address" EIC: GB Other Insured |  |  |  |
| X223.380.2330A.N302.050 | N302 |  |  | 999 | E | IK403 = 6: "Invalid Character in Data Element" | 2330A.N302 must be populated with accepted AN characters. |  |  |
| X223.380.2330A.N302.060 | N302 |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information... CSC 511: "Invalid character" CSC 503: "Entity's Street address" EIC: GB Other Insured |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| X223.381.2330A.N4.010 | N4 | OTHER SUBSCRIBER CITYISTATEIZIP CODE | 2330A | 999 | R | IK304 = 16: "Implementation Dependent Segment Missing" | If 2330A.NM1 is present, 2330A.N4 must be present. |  |  |
| X223.381.2330A.N4.020 | N4 |  |  | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2330A.N4 is allowed. |  |  |
| X223.381.2330A.N401.010 | N401 | Other Insured City Name |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2330A.N401 must be present. |  |  |
| X223.381.2330A.N401.020 | N401 |  |  | 999 | R | IK403 = 6: "Invalid Character in Data | 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 /Rejected for Invalid Information... CSC 512: "Length Invalid" CSC 502: "Entity's City" EIC: GB Other Insured |  |  |  |
| X223.381.2330A.N401.050 | N401 |  |  | 999 | E | IK403 = 6: "Invalid Character in Data Element" | 2330A.N401 must be populated with accepted AN characters. |  |  |
| X223.381.2330A.N401.060 | N401 |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 511: "Invalid character" CSC 502: "Entity's City" EIC: GB Other Insured |  |  |  |
| X223.381.2330A.N402.010 | N402 | Other Insured State Code |  | 999 | R | IK403 = 2: "Conditional Required Data | If $2330 A . N 404$ is not present, 2330A.N402 must be present. |  |  |


| X223.381.2330A.N402.020 | N402 |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information... CSC 501: "Entity's State/Province" EIC: GB Other Insured | If 2330A.N404 is not present, 2330A.N402 must be a valid State Code. | Valid State Code reference must be available for this edit. |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.381.2330A.N403.010 | N403 | $\begin{array}{\|c\|} \hline \text { Other Insured Postal Zone } \\ \text { or ZIP Code } \\ \hline \end{array}$ |  |  | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | If $2330 \mathrm{~A} . \mathrm{N} 404$ is not present, 2330A.N403 must be present. |  |  |
| X223.381.2330A.N403.020 | N403 |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 500: "Entity's Postal/Zip Code" EIC: GB Other Insured | If 2330A.N404 is not present,2330A.N403 must be a valid Zip Code. | Valid Zip Code reference must be available for this edit. |  |
| X223.381.2330A.N404.010 | N404 | Subscriber Country Code |  |  | 277 | c | CSCC A7: "Acknowledgement 1Rejected for Invalid Information..." CSC 680: "Entity's Country" EIC: GB Other Insured | 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) |  |
| X223.381.2330A.N405.010 | N405 | LocationQualifier |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |  |
| X223.381.2330A.N406.010 | N406 | Location Identifier |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |  |
| X223.381.2330A.N407.010 | N407 | Location Identifier |  |  | 999 | E | IK403 = I10: "Implementation "Not | Must not be present. |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
| X223.383.2330A.REF. 010 | REF | OTHER SUBSCRIBER SECONDARY IDENTIFICATION | 2330A |  | 999 | R | IK304 = 19: "Implementation Dependent 'not used' Segment Present" | If 2330A.NM1 is present, 2330A.REF may be present. |  |  |
| X223.383.2330A.REF.020 | REF |  |  |  | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" 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. |  |
| х223.383.2330A.REF01.010 | REF01 | Reference Identification Qualifier |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2330A.REF01 must be present. |  |  |
| X223.383.2330A.REF01.020 | REF01 |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2330A.REF01 must be "SY". |  |  |
| X223.383.2330A.REF02.010 | REF02 | Other Insured Additional Identifier |  |  | 999 | R | \|K403 = 1: "Required Data Element Missing" | 2330A.REF02 must be present. |  |  |
| X223.383.2330A.REF02.020 | REF02 |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information... CSC 148: "Entity's Social Security 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. |  |  |
| X223.383.2330A.REF03.010 | REF03 | Description |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | Must not be present. |  |  |
| х223.383.2330A.REF04.010 | REF04 | REFERENCE IDENTIFIER |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | Must not be present. |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
| X223.384.2330B.NM1.010 | NM1 | OTHER PAYER NAME | 2330B | 1 | 999 | R | IK304 = 16: "Implementation Dependent Segment Missing" | If 2320.SBR is present, 2330B.NM1 must be present. |  |  |
| х223.384.2330B.NM1.020 | NM1 |  |  |  | 999 | R | IK304 = 4: "Loop Occurs Over Maximum Times" | Only one iteration of 2330.NM1 is allowed. |  |  |
| х223.384.2330B.NM101.010 | NM101 | Entity Identifier Code |  |  | 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 |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2330B.NM102 must be present. |  |  |
| X223.384.2330B.NM102.020 | NM102 |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2330B.NM102 must be "2". |  |  |
| X223.384.2330B.NM103.010 | NM103 | Other Payer Last or Organization Name |  |  | 999 | R | \|K403 = 1: "Required Data Element Missing" | 2330B.NM103 must be present. |  |  |




| X223.387.2330B.N403.020 | N403 | Payer Country Code |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 500: "Entity's Postal/Zip Code" EIC: TBD for "Other Payer" <br> CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 680: "Entity's Country" EIC: TBD for "Other Payer" | If 2330B.N404 is not present, 2330B.N403 must be a valid Zip Code. <br> 2330B.N404 must be a valid 2 character Country Code. | Valid Zip Code reference must be available for this edit. <br> Valid alpha-2 Country Code reference must be available for this edit. (from Part 1 of ISO 3166) |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.387.2330B.N404.010 | N404 |  |  | 277 |  |  |  |  |  |
| Х223.387.2330B.N405.010 | N405 | LocationQualifier |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | Must not be present. |  |  |
| X223.387.2330B.N406.010 | N406 | Location Identifier |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | Must not be present. |  |  |
| X223.387.2330B.N407.010 | N407 | Location Identifier |  | 999 | E | IK403 = I10: "Implementation "Not | Must not be present. |  |  |
|  |  |  |  |  |  |  |  |  |  |
| X223.389.2330B.DTP. 010 | DTP | CLAIM CHECK OR REMITTANCE DATE | 2330B | 999 | R | IK304 = 19: "Implementation Dependent 'not used' Segment Present" | If 2330B.NM1 is present, 2330B.DTP may be present. |  |  |
| X223.389.2330B.DTP.020 | DTP |  |  | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2330B.DTP is allowed. |  |  |
| X223.389.2330B.DTP.030 | DTP |  |  | 999 | R | 1K304 = 2: "Unexpected Segment" | If 2330B.NM1 is present and 2430.DTP with DTP01 <br> $=$ " 573 " is not present, 2330B.DTP may be present. |  |  |
| X223.389.2330B.DTP01.010 | DTP01 | Date TimeQualifier |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2330B.DTP01 must be present. |  |  |
| X223.389.2330B.DTP01.020 | DTP01 |  |  | 999 | R | IK403 = 7: "Invalid Code Value" | 2330B.DTP01 must be "573" |  |  |
| X223.389.2330B.DTP02.010 | DTP02 | Date Time Period FormatQualifier |  | 999 | R | IK403 = 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". |  |  |
| х223.389.2330B.DTP03.010 | DTP03 | Adjudication or Payment Date |  | 999 | R | IK403 = 8: "Invalid Date" | 2330B.DTP03 must a valid date in CCYYMMDD |  |  |
| X223.389.2330B.DTP03.020 | DTP03 |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information... CSC 510: "Future date" CSC 516 "Adjudication or Payment Date" | 23308.DTP03 must not be a future date. |  |  |
|  |  |  |  |  |  |  |  |  |  |
| X223.390.2330B.REF. 010 | REF | OTHER PAYER SECONDARY IDENTIFIER | 2330B | 999 | R | IK304 = I6: "Implementation Dependent Segment Missing" | If 2330B.NM1 is present, 2330B.REF with REF01 = "2U", "El", "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", "EI", "FY" or "NF" are allowed. |  |  |
| X223.390.2330B.REF01.010 | REF01 | $\begin{gathered} \hline \text { Reference Identification } \\ \text { Qualifier } \\ \hline \end{gathered}$ |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2330B.REF01 must be present. |  |  |
| X223.390.2330B.REF01.020 | REF01 |  |  | 999 | R | IK403 = 7: "Invalid Code Value" | 2330B.REF01 must be valid values. |  |  |
| X223.390.2330B.REF02.010 | REF02 | Other Payer Secondary Identifier |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2330B.REF02 must be present. |  |  |
| X223.390.2330B.REF02.020 | REF02 |  |  | 277 | c | $\begin{aligned} & \text { CCC A7: "Acknowledgement } \\ & \text { RRejected for Invalid Information..." } \\ & \text { CES 128: "Entityst tax id" } \\ & \text { EIC: TBD for "Other Payer" } \end{aligned}$ | If 2330B.REF01 = "El", 2330B.REF02 must be 9 digits with no punctuation. |  |  |
| X223.390.2330B.REF02.030 | REF02 |  |  | 999 | R | IK403 = 5: "Data Element Too Long" | If 2330B.REF01 = "2U", "FY" or "NF", 2330B.REF02 must be must be 1-50 characters. |  |  |



| X223.393.2330B.REF02.050 | REF02 |  |  | 999 | R | $\begin{aligned} & \begin{array}{l} \text { IK403 = 6: "Invalid Character in Data } \\ \text { Element" } \end{array} \end{aligned}$ | 2300.REF02 must contain at least one non-space character. |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.393.2330B.REF03.010 | REF03 | Description |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |  |
| X223.393.2330B.REF04.010 | REF04 | REFERENCE IDENTIFIER |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | Must not be present. |  |  |
|  |  |  |  |  |  |  |  |  |  |
| X223.394.2330B.REF. 010 | REF | OTHER PAYER CLAIM ADJUSTMENT INDICATOR | 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 | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2330B.REF with REF01 = "T4" is allowed. |  |  |
| X223.394.2330B.REF01.010 | REF01 | Reference Identification Qualifier |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2330B.REF01 must be present. |  |  |
| X223.394.2330B.REF01.020 | REF01 |  |  | 999 | R | 11403 = 7: "Invalid Code Value" | 2330B.REF01 must be "T4". |  |  |
| X223.394.2330B.REF02.010 | REF02 | Other Payer Claim Adjustment Indicator |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2330B.REF02 must be present. |  |  |
| X223.394.2330B.REF02.020 | REF02 |  |  | 999 | R | 11403 = 7: "Invalid Code Value" | 2330B.REF02 must be = "Y". |  |  |
| X223.394.2330B.REF03.010 | REF03 | Description |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | Must not be present. |  |  |
| X223.394.2330B.REF04.010 | REF04 | REFERENCE IDENTIFIER |  | 999 | E | IK403 = 110: "Implementation "Not | Must not be present. |  |  |
|  |  |  |  |  |  |  |  |  |  |
| X223.395.2330B.REF. 010 | REF | OTHER PAYER CLAIM CONTROL NUMBER | 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 |  | 999 | R | \|K403 = 1: "Required Data Element Missing" | 2330B.REF01 must be present. |  |  |
| X223.395.2330B.REF01.020 | REF01 |  |  | 999 | R | IK403 = 7: "Invalid Code Value" | 2330B.REF01 must be "F8". |  |  |
| X223.395.2330B.REF02.010 | REF02 | $\substack{\text { Other Payer Claim Control } \\ \text { Number }}$ |  | 999 | R | \|K403 = 1: "Required Data Element Missing" | 2330B.REF02 must be present. |  |  |
| X223.395.2330B.REF02.020 | REF02 |  |  | 999 | R | 1K403 = 5: "Data Element Too Long" | 2330B.REF02 must be 1-50 characters. |  |  |
| X223.395.2330B.REF02.030 | REF02 |  |  | 999 | E | $\begin{aligned} & \text { IK403 = 6: "Invalid Character in Data } \\ & \text { Element" } \end{aligned}$ | 2330B.REF02 must be populated with accepted AN characters. |  |  |
| X223.395.2330B.REF02.040 | REF02 |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 511: "Invalid dharacter" CSC 464: "Payer Assigned Claim Control Number" EIC: TBD for "Other Paver" |  |  |  |
| 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 |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |  |
| X223.395.2330B.REF04.010 | REF04 | REFERENCE IDENTIFIER |  | 999 | E | $\begin{aligned} & \text { IK403 = = 110: "Implementation "Not } \\ & \text { Used" Element Present" } \\ & \hline \end{aligned}$ | Must not be present. |  |  |
|  |  |  |  |  |  |  |  |  |  |


|  | NM1 | Other Payer Attending Provider Loop | 2330 C | 1 | 277 | T | CSCC A7: "Acknowledgement IRejected for Invalid Information..." TBD02: "Payer specific restrictions on the number of repetitions" | 2330C Loop not allowed for Medicare. | Loops 2330C - 2330 are not supported because Medicare doesn't accept non Health Care Providers in the 2310 loops, so the NPI will always be trasmitted at the 2310 level. <br> 02/04: Companion Guide Note needed. |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.396.2330C.NM1.010 | NM1 | OTHER PAYER ATTENDING PROVIDER | 2330 C |  | 277 | T | CSCC A7: "Acknowledgement IRejected for Invalid Information..." TBD02: "Payer specific restrictions on the number of repetitions" | 2330C.NM1 must not be present. |  |  |
| X223.398.2330C.REF. 010 | REF | OTHER PAYER ATTENDING PROVIDER SECONDARY IDENTIFICATION | 2330 C |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." TBD02: "Payer specific restrictions on the number of repetitions" | 2330C.REF must not be present. |  |  |
|  |  | Other Payer Operating Physician Loop | 2330D | 1 | 277 | T | CsCC A7: "Acknowledgement /Rejected for Invalid Information..." TBD02: "Payer specific restrictions on the number of repetitions" | 2330D Loop not allowed for Medicare. |  |  |
| X223.400.2330D.NM1.010 | NM1 | OTHER PAYER OPERATING PHYSICIAN | 2330D | 1 | 277 | T | CSCC A7: "Acknowledgement IRejected for Invalid Information..." TBD02: "Payer specific restrictions on the number of repetitions" | 2330D.NM1 must not be present. |  |  |
| X223.402.2330D.REF. 010 | REF | OTHER PAYER operating PHYSICIAN SECONDARY IDENTIFICATION | 2330D |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." TBD02: "Payer specific restrictions on the number of repetitions" | 2330D.REF must not be present. |  |  |
|  |  | Other Payer Other Operating Physician Loop | 2330E | 1 | 277 | T | cscc A7: "Acknowledgement /Rejected for Invalid Information..." TBD02: "Payer specific restrictions on the number of repetitions" | 2330E Loop not allowed for Medicare. |  |  |




| X223.423.2400.LX01.010 | LX01 | Assigned Number |  | 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 | T | $\begin{array}{\|l\|} \hline \text { CSCC A3: "Acknowledgement } \\ \text { 1Returned as unprocessable claim" } \\ \text { CSC 121: "Service line number greater } \\ \text { than maximum allowable for payer" } \end{array}$ | 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 | $\underset{\text { INSTITUTIONAL SERVICE }}{\text { LINE }}$ | 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 $2400 . \mathrm{SV} 2$ is allowed. |  |  |
| X223.424.2400.SV201.010 | SV201 | Revenue Code |  | 999 | R | IK 403 = 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. |  |
| X223.424.2400.SV202.010 | SV202 | COMPOSITE |  |  |  |  |  |  |  |
| X223.424.2400.SV202-1.010 | SV202-1 | Product or Service IDQualifier |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2400.SV202-1 must be present. |  |  |
| X223.424.2400.SV202-1.020 | SV202-1 |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2400.SV202-1 must be "HP" or "HC". |  |  |
| X223.424.2400.SV202-2.010 | SV202-2 | Procedure Code |  | 999 | R | IK403 = 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 on the date in 2400.DTP03 when DTP01 = "472" | Valid HCPCS reference must be available for this edit |  |
| 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 Skilled Nursing Facility Rate Code. | Valid HIPPS Code reference must be available for this edit. |  |
| X223.424.2400.SV202-3.010 | SV202-3 | Procedure Modlfier |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 453: "Procedure Code Modifier(s) for Service(s) Rendered" | 2400.SV202-3 must be valid procedure modifier. | Valid Procedure Code Modlfier reference must be available for this edit. |  |
| X223.424.2400.SV202-4.010 | SV202-4 | Procedure Modlfier |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 453: "Procedure Code Modifier(s) for Service(s) Rendered" | 2400.SV202-4 must be valid procedure modifier. | Valid Procedure Code Modffier reference must be available for this edit. |  |
| X223.424.2400.SV202-5.010 | SV202-5 | Procedure Modlfier |  | 277 | C | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 453: "Procedure Code Modifier(s) for Service(s) Rendered" | 2400.SV202-5 must be valid procedure modifier. | Valid Procedure Code Modlfier reference must be available for this edit. |  |
| X223.424.2400.SV202-6.010 | SV202-6 | Procedure Modlfier |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 453: "Procedure Code Modifier(s) for Service(s) Rendered" | 2400.SV202-6 must be valid procedure modifier. | Valid Procedure Code Modfier reference must be available for this edit. |  |



| X223.424.2400.SV206.010 | SV206 | Unit Rate |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| x223.424.2400.sv207.010 | SV207 | Monetary Amount |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2400.SV207 must be present. |  |  |
| X223.424.2400.SV207.020 | SV207 | Monetary Amount |  | 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: "Amount must be greater than or 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 <br> /Rejected for Invalid Information..." <br> CSC 697: "Too many decimal <br> positions" <br> CSC 596: "Non-covered Charge <br> Amount" | $2400 . \mathrm{SV} 207$ is limited to 0,1 or 2 decimal positions. |  |  |
| X223.429.2400.PWK. 010 | PWK | LINE SUPPLEMENTAL information | 2400 | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only ten iterations of $2400 . \mathrm{PWK}$ are allowed. | pass thru, syntax only |  |
| X223.429.2400.PWK01.010 | PWK01 | Attachment Report Type Code |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2400.PWK01 must be present. |  |  |
| X223.429.2400.PWK01.020 | PWK01 |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2400.PWK01 must be valid values. |  |  |
| X223.429.2400.PWK02.010 | PWK02 | Attachment Transmission Code |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2400.PWK02 must be present. |  |  |
| X223.429.2400.PWK02.020 | PWK02 |  |  | 999 | R | IK403 = 7: "Invalid Code Value" | 2400.PWK02 must be valid values. |  |  |
| X223.429.2400.PWK03.010 | PWK03 | Report Copies Needed |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |  |
| X223.429.2400.PWK04.010 | PWK04 | Entity Identifier Code |  | 999 | E | 1K403 = 110: "Implementation "Not Used" Element Present" | Must not be present. |  |  |
| X223.429.2400.PWK05.010 | PWK05 | Identfication CodeQualifier |  | 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 | 1K403 = 7: "Invalid Code Value" | 2400.PWK05 must be "AC". |  |  |
| X223.429.2400.PWK06.010 | PWK06 | Identlication Code |  | 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 Element" | 2400.PWK06 must contain at least two non-space characters. |  |  |
| X223.429.2400.PWK06.030 | PWK06 |  |  | 999 | E | IK403 = 4: "Data Element Too Short" <br> IK403 = 5: "Data Element Too Long" | 2400.PWK06 must be $2-50$ characters. |  |  |


| X223.429.2400.PWK06.040 | PWK06 |  |  | 277 | T | $\begin{array}{\|l\|} \hline \text { CSCC AT: "Acknowledgement } \\ \text { 1Rejected for Invalid Information..." } \\ \text { CSC 512: "Length Invalid" } \\ \text { CSC 489: "Attachment Control Number" } \end{array}$ |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.429.2400.PWK06.050 | PWK06 |  |  | 999 | E | IK403 = 6: "Invalid Character in Data Element" | 2400.PWK06 must be populated with accepted AN characters. |  |  |
| X223.429.2400.PWK06.060 | PWK06 |  |  | 277 | T | $\begin{array}{\|l} \hline \text { CSCC A7: "Acknowledgement } \\ \text { /Rejected for Invalid Information..." } \\ \text { CSC 511: "Invalid character" } \\ \text { CSC 489: "Attachment Control Number" } \\ \hline \end{array}$ |  |  |  |
| X223.429.2400.PWK07.010 | PWK07 | Description |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | Must not be present. |  |  |
| X223.429.2400.PWK08.010 | PWK08 | ACTIONS INDICATED |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |  |
| X223.429.2400.PWK09.010 | PWK09 | Request Category Code |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |  |
|  |  |  |  |  |  |  |  |  |  |
| X223.433.2400.DTP. 010 | DTP | SERVICE LINE dAte | 2400 | 999 | R | IK304 = 3: "Required Segment Missing" | 2400.DTP with DTP01 = "472" must be present. |  |  |
| X223.433.2400.DTP. 020 | DTP |  |  | 999 | R | $\begin{aligned} & \text { 1K304 = 5: "Segment Exceeds } \\ & \text { Maximum Use" } \end{aligned}$ | Only one iteration of 2400.DTP with DTP01 = "472" is allowed. |  |  |
| X223.433.2400.DTP01.010 | DTP01 |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2400.DTP01 must be "472". |  |  |
| X223.433.2400.DTP02.010 | DTP02 | Date Time Period FormatQualifier |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2400.DTP02 must be present. |  |  |
| X223.433.2400.DTP02.020 | DTP02 |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2400. DTP02 must be valid values. |  |  |
| X223.433.2400.DTP03.010 | DTP03 | Service Date |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2400.DTP03 must be present. |  |  |
| X223.433.2400.DTP03.020 | DTP03 |  |  | 999 | R | IK403 = 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 | IK403 = 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 | $\begin{array}{\|l\|} \hline \text { CSCC A7: "Acknowledgement } \\ \text { 1Rejected for Invalid Information..." } \\ \text { CSC 510: "Future date" } \\ \text { CSC 187: "Date(s) of service" } \\ \hline \end{array}$ | 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 | 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 |  | 999 | R | K 403 = 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 |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2400.REF02 must be present. |  |  |
| X223.435.2400.REF02.020 | REF02 |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2400.REF02 must contain at least one non-space character. |  |  |
| X223.435.2400.REF02.030 | REF02 |  |  | 999 | E | 1K403 = 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" CSC 584: "Line Item Control Number" |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.435.2400.REF02.050 | REF02 |  |  | 999 | E | IK403 = 6: "Invalid Character in Data Element" | 2400.REF02 must be populated with accepted AN characters. |  |  |
| X223.435.2400.REF02.060 | REF02 |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information... CSC 511: "Invalid character" CSC 584: "Line Item Control Number" |  |  |  |
| 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 |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \\ & \hline \end{aligned}$ | Must not be present. |  |  |
| X223.435.2400.REF04.010 | REF04 | REFERENCE IDENTIFIER |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \\ & \hline \end{aligned}$ | Must not be present. |  |  |
|  |  |  |  |  |  |  |  |  |  |
| X223.437.2400.REF. 010 | REF | REPRICED LINE ITEM REFERENCE NUMBER | 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 |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2400.REF01 must be present. |  |  |
| X223.437.2400.REF01.020 | REF01 |  |  | 999 | R | IK 403 7: "Invalid Code Value" | 2400.REF01 must be "9B". |  |  |
| X223.437.2400.REF02.010 | REF02 | Repriced Line Item Reference Number |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 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 character. |  |  |
| 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" CSC 636: "Repriced Line Item Reference Number" |  |  |  |
| X223.437.2400.REF02.050 | REF02 |  |  | 999 | E | IK403 = 6: "Invalid Character in Data Element" | 2400.REF02 must be populated with accepted AN characters. |  |  |
| X223.437.2400.REF02.060 | REF02 |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information... CSC 511: "Invalid character" CSC 636: "Repriced Line Item Reference Number" |  |  |  |
| X223.437.2400.REF03.010 | REF03 | Description |  | 999 | E | 1K403 = 110: "Implementation "Not Used" Element Present" | Must not be present. |  |  |
| X223.437.2400.REF04.010 | REF04 | REFERENCE IDENTIFIER |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |  |
|  |  |  |  |  |  |  |  |  |  |
| X223.438.2400.REF. 010 | REF | ADJUSTED REPRICED LINE ITEM REFERENCE NUMBER | 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 |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2400.REF01 must be present. |  |  |
| X223.438.2400.REF01.020 | REF01 |  |  | 999 | R | IK403 = 7: "Invalid Code Value" | 2400.REF01 must be "9D". |  |  |


| X223.438.2400.REF02.010 | REF02 | Adjusted Repriced Line Item Reference Number |  | 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 character. |  |  |
| X223.438.2400.REF02.030 | REF02 |  |  | 999 | E | IK403 = 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" CSC 518: "Adjusted Repriced Line item Reference Number" |  |  |  |
| X223.438.2400.REF02.050 | REF02 |  |  | 999 | E | IK403 = 6: "Invalid Character in Data Element" | 2400.REF02 must be populated with accepted AN |  |  |
| X223.438.2400.REF02.060 | REF02 |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 511: "Invalid character" CSC 518: "Adjusted Repriced Line item Reference Number" |  |  |  |
| X223.438.2400.REF03.010 | REF03 | Description |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | Must not be present. |  |  |
| X223.438.2400.REF04.010 | REF04 | REFERENCE IDENTIFIER |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \\ & \hline \end{aligned}$ | Must not be present. |  |  |
|  |  |  |  |  |  |  |  |  |  |
| X223.439.2400.AMT. 010 | AMT | SERVICE TAX AMOUNT | 2400 | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2400.AMT with AMT01 = "GT" is allowed. | pass through, syntax only |  |
| X223.439.2400.AMT01.010 | AmT01 | AmountQualifier Code |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2400.AMT01 must be present. |  |  |
| X223.439.2400.AMT01.020 | AmT01 |  |  | 999 | R | IK403 = 7: "Invalid Code Value" | 2400.AMT01 must be "GT". |  |  |
| X223.439.2400.AMT02.010 | AmT02 | Service Tax Amount |  | 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" Element" | 2400.AMT02 must be numeric. |  |  |
| X223.439.2400.AMT02.030 | AMT02 |  |  | 999 | E | 1K403 = 5: "Data Element Too Long" | 2400.AMT02 Must be <= 99,999,999.99. |  |  |
| X223.439.2400.AMT02.040 | AMT02 |  |  | 277 | T | CSCC A7: "Acknowledgement 1Rejected for Invalid Information..." CSC 512: "Length Invalid" CSC 645: "Service Tax Amount" |  |  |  |
| X223.439.2400.AMT02.050 | AMT02 |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 697: "Too many decimal positions" CSC 645: "Service Tax Amount" | 2400.AMTO2 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 | CreditDebit Flag Code |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \\ & \hline \end{aligned}$ | Must not be present. |  |  |
|  |  |  |  |  |  |  |  |  |  |
| X223.440.2400.AMT. 010 | AMT | FACILITY TAX AMOUNT | 2400 | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2400.AMT with AMT01 = "N8" is allowed. | pass through, syntax only |  |
| X223.440.2400.AMT01.010 | AmT01 | AmountQualifier Code |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 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 |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2400.AMT02 must be present. |  |  |
| X223.440.2400.AMT02.020 | AMT02 |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2400.AMT02 must be numeric. |  |  |
| X223.440.2400.AMT02.030 | AMT02 |  |  | 999 | E | 1K403 = 5: "Data Element Too Long" | 2400.AMT02 must be <= 99,999,999.99. |  |  |


| X223.440.2400.AMT02.040 | AmT02 |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information... CSC 512: "Length Invalid" CSC 563: "Entity's Tax Amount" EIC: FA Facility |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.440.2400.AMT03.010 | AmT03 | Credit/Debit Flag Code |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | Must not be present. |  |  |
| X223.441.2400.NTE. 010 | NTE | THIRD PARTY ORGANIZATION NOTES | 2400 | 999 | R | IK 304 = 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 |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2400. ${ }^{\text {NTE01 }}$ must be present. |  |  |
| X223.441.2400.NTE01.020 | NTE01 |  |  | 999 | R | IK403 = 7: "Invalid Code Value" | 2400.NTE01 must be "TPO". |  |  |
| X223.441.2400.NTE02.010 | NTE02 | Line Note Text |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2400.NTE02 must be present. |  |  |
| X223.441.2400.NTE02.020 | NTE02 |  |  | 999 | R | \|K403 = 6: "Invalid Character in Data Element" | 2400.NTE02 must contain at least one non-space character. |  |  |
| X223.441.2400.NTE02.030 | NTE02 |  |  | 999 | E | IK403 = 5: "Data Element Too Long" | 2400.NTE02 must be 1-80 characters. |  |  |
| X223.441.2400.NTE02.040 | NTE02 |  |  | 277 | T | CSCC A7: "Acknowledgement 1Rejected for Invalid Information..." CSC 512: "elonth Invalid" CSC 586: "Line Note Text" |  |  |  |
| X223.441.2400.NTE02.050 | NTE02 |  |  | 999 | E | IK403 = 6: "Invalid Character in Data Element" | 2400.NTE02 must be populated with accepted AN characters. |  |  |
| X223.441.2400.NTE02.060 | NTE02 |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information... CSC 511: "Invalid character" CSC 586: "Line Note Text" |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| X223.442.2400.HCP.010 | HCP | LINE PRICING/REPRICING INFORMATION | 2400 | 999 | R | 1K304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of $2400 . \mathrm{HCP}$ is allowed. | pass through, syntax only |  |
| X223.442.2400.HCP01.010 | HCPO1 | Pricing Methodology |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2400.HCP01 must be present. |  |  |
| X223.442.2400.HCP01.020 | HCP01 |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2400.HCP01 must be valid values. |  |  |
| X223.442.2400.HCP02.010 | HCP02 | Repriced Allowed Amount |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2400.HCP02 must be present. |  |  |
| X223.442.2400.HCP02.020 | HCP02 |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2400.HCP02 must be numeric. |  |  |
| X223.442.2400.HCP02.030 | HCP02 |  |  | 999 | E | IK403 = 5: "Data Element Too Long" | 2400.HCP02 Must be $<=99,999,999.99$. |  |  |
| X223.442.2400.HCP02.030 | HCP02 |  |  | 277 | T | $\begin{aligned} & \text { CSCC A7: "Acknowledgement } \\ & \text { /Rejected for Invalid Information..." } \\ & \text { CSC 512: "Length Invalid" } \\ & \text { TBD15: "Repriced Allowed Amount" } \end{aligned}$ |  |  |  |
| X223.442.2400.HCP03.010 | HCP03 | Repriced Saving Amount |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2400.HCP03 must be numeric. |  |  |
| Х223.442.2400.HCP03.020 | HCP03 |  |  | 999 | E | IK403 = 5: "Data Element Too Long" | 2400.HCP03 Must be <= 99,999,999.99. |  |  |



| X223.442.2400.HCP09.010 | HCP09 | Product or Service IDQualifier |  |  | 999 | R | 11403 = 7: "Invalid Code Value" | 2400.HPC09 must be "HP" or "HC". |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.442.2400.HCP09.020 | HCP09 |  |  |  | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | If 2400. HPC10 is present, 2400 .HPC09 must be present. |  |  |
| X223.442.2400.HCP10.010 | HCP10 | Procedure Code |  |  | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | If 2400.HPC09 is present, 2400.HPC10 must be present. |  |  |
| X223.442.2400.HCP10.020 | HCP10 |  |  |  | 277 | C | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 507: "HCPCS" | When 2400.HCP09 = "HC", 2400.HCP10 must be a valid HCPCS Code on the date in 2400.DTP03 when DTP01 = "472". | Valid HCPCS reference must be available for this edit. |  |
| X223.442.2400.HCP10.030 | HCP10 |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information... CSC 513: "HIPPS Rate Code for services Rendered" | When 2400.HCP10 = "HP", 2400.HCP10 must be a valid HIPPS Skilled Nursing Facility Rate Code. | Valid HIPPS Code reference must be available for this edit. |  |
| X223.442.2400.HCP11.010 | HCP11 | Unit or Basis for Measurement Code |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2400.HCP11 must be valid values. |  |  |
| X223.442.2400.HCP11.020 | HCP11 |  |  |  | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | If 2400. HPC12 is present, 2400 . HPC11 must be present. |  |  |
| X223.442.2400.HCP12.010 | HCP12 | Repriced Approved Service Unit Count |  |  | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | If 2400. HPC11 is present, 2400 .HPC12 must be present. |  |  |
| X223.442.2400.HCP12.020 | HCP12 |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2400.HCP12 must be numeric. |  |  |
| X223.442.2400.HCP12.030 | HCP12 |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information... CSC 512: "Length Invalid" TBD21: "Repriced Approved Service Unit Count" |  |  |  |
| X223.442.2400.HCP12.040 | HCP12 |  |  |  | 277 | T | CSCC A7: "Acknowledgement 1Rejected for Invalid Information..." CSC 697: "Too many decimal positions" "Adiustment Amount" CSC 511: "Ajuse Anporticer TBD21: Repriced Approved Service Unit Count" | 2400. HCP12 is limited to $0,1,2$, or3 decimal positions. |  |  |
| X223.442.2400.HCP13.010 | HCP13 | Reject Reason Code |  |  | 999 | R | $1 \mathrm{~K} 403=7$ : "Invalid Code Value" | 2400.HCP13 must be valid values. |  |  |
| X223.442.2400.HCP14.010 | HCP14 | Policy Compliance Code |  |  | 999 | R | 11403 = 7: "Invalid Code Value" | $2400 . \mathrm{HCP14}$ must be valid values. |  |  |
| X223.442.2400.HCP15.010 | HCP15 | Exception Code |  |  | 999 | R | 11403 = 7: "Invalid Code Value" | $2400 . \mathrm{HCP15}$ must be valid values. |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
| X223.449.2410.LIN. 010 | LIN | drug identification | 2410 | 1 | 999 | R | IK304 = 4: "Loop Occurs Over | Only one iteration of 2410.LIN is allowed. |  |  |
| X223.449.2410.LIN01.010 | LIN01 | Assigned Identlfication |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \\ & \hline \end{aligned}$ | Must not be present. |  |  |
| X223.449.2410.LIN02.010 | LIN02 | $\begin{gathered} \hline \text { Product or Service } \\ \text { IDQualifier } \\ \hline \end{gathered}$ |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2410.LIN02 must be present. |  |  |
| X223.449.2410.LIN02.020 | LIN02 |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2410.LINO2 must be "N4". |  |  |
| X223.449.2410.LIN03.010 | LIN03 | National Drug Code |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2410.LIN03 must be present. |  |  |
| X223.449.2410.LIN03.020 | LIN03 |  |  |  | 277 | C | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 218: "NDC Number" | 2410.LIN03 must be a valid NDC code. | Valid NDC code reference must be available for this edit. |  |
| X223.449.2410.LIN04.010 | LIN04 | Product/Service IDQualifier |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |  |
| X223.449.2410.LIN05.010 | LIN05 | Product/Service ID |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |  |
| X223.449.2410.LIN06.010 | LIN06 | Product/Service IDQualifier |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | Must not be present. |  |  |


| X223.449.2410.LIN07.010 | LIN07 | Produc/Service ID |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.449.2410.LIN08.010 | LIN08 | Produc/Service IDQualifier |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | Must not be present. |  |  |
| X223.449.2410.LIN09.010 | LIN09 | Produc/Service ID |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | Must not be present. |  |  |
| X223.449.2410.LIN10.010 | LIN10 | Produc/Service IDQualifier |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |  |
| X223.449.2410.LIN11.010 | LIN11 | Product/Service ID |  | 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 | Produc/Service IDQualifier |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |  |
| X223.449.2410.LIN13.010 | LIN13 | Product/Service ID |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | Must not be present. |  |  |
| X223.449.2410.LIN14.010 | LIN14 | Produc/Service IDQualifier |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |  |
| X223.449.2410.LIN15.010 | LIN15 | Product/Service ID |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |  |
| X223.449.2410.LIN16.010 | LIN16 | Produc/Service IDQualifier |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |  |
| X223.449.2410.LIN17.010 | LIN17 | Produc/Service ID |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | Must not be present. |  |  |
| X223.449.2410.LIN18.010 | LIN18 | Produc/Service IDQualifier |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |  |
| X223.449.2410.LIN19.010 | LIN19 | Produc/Service ID |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |  |
| X223.449.2410.LIN20.010 | LIN20 | Product/Service IDQualifier |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | Must not be present. |  |  |
| X223.449.2410.LIN21.010 | LIN21 | Product/Service ID |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | Must not be present. |  |  |
| X223.449.2410.LIN22.010 | LIN22 | Produc/Service IDQualifier |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |  |
| X223.449.2410.LIN23.010 | LIN23 | Produc/Service ID |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | Must not be present. |  |  |
| X223.449.2410.LIN24.010 | LIN24 | Produc/Service IDQualifier |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |  |
| X223.449.2410.LIN25.010 | LIN25 | Produc/Service ID |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |  |
| X223.449.2410.LIN26.010 | LIN26 | Produc/Service IDQualifier |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | Must not be present. |  |  |
| X223.449.2410.LIN27.010 | LIN27 | Product/Service ID |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | Must not be present. |  |  |
| X223.449.2410.LIN28.010 | LIN28 | Produc/Service IDQualifier |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |  |
| X223.449.2410.LIN29.010 | LIN29 | Produc/Service ID |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |  |
| X223.449.2410.LIN30.010 | LIN30 | Produc/Service IDQualifier |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |  |
| X223.449.2410.LIN31.010 | 31 | Produc/Service ID |  | 999 | E | IK403 = 110: "Implementation "Not | Must not be present. |  |  |
|  |  |  |  |  |  |  |  |  |  |
| X223.452.2410.CTP. 010 | CTP | DRUG QUANTITY | 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 |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | Must not be present. |  |  |


| X223.452.2410.CTP02.010 | CTP02 | Price Identifier Code |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.452.2410.CTP03.010 | CTP03 | Unit Price |  |  | 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 |  |  | 999 | R | IK403 = 1: "Required Data Element | 2410.CTP04 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 9(7)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: "Too many decimal positions" <br> CSC 216: "Drug information" | 2410.CTP04 is limited to 3 decimal positions. | 03/31: Medicare specific limitation. Companion Guide Note needed. |  |
| X223.452.2410.CTP05.010 | CTP05 | COMPOSITE UNIT OF MEASURE |  |  |  |  |  |  |  |  |
| X223.452.2410.CTP05-1.010 | CTP05-1 | Unit or Basis For Measurement Code |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2410.CTP05-1 must be present. |  |  |
| X223.452.2410.CTP05-1.020 | CTP05-1 |  |  |  | 999 | R | 1 K 403 = 7 : "Invalid Code Value" | 2410.CTP05-1 must be valid values. |  |  |
| X223.452.2410.CTP05-2.010 | CTP05-2 | Exponent |  |  | 999 | E | IK403 = $110:$ "Implementation "Not Used" Element Present" | Must not be present. |  |  |
| X223.452.2410.CTP05-3.010 | CTP05-3 | Multiplier |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |  |
| X223.452.2410.CTP05-4.010 | CTP05-4 | Unit or Basis For Measurement Code |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | Must not be present. |  |  |
| X223.452.2410.CTP05-5.010 | CTP05-5 | Exponent |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |  |
| X223.452.2410.CTP05-6.010 | CTP05-6 | Multiplier |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |  |
| X223.452.2410.CTP05-7.010 | CTP05-7 | Unit or Basis For Measurement Code |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |  |
| X223.452.2410.CTP05-8.010 | CTP05-8 | Exponent |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | Must not be present. |  |  |
| X223.452.2410.CTP05-9.010 | CTP05-9 | Multiplier |  |  | 999 | E | IK403 = I10: "Implementation "Not | Must not be present. |  |  |
| X223.452.2410.CTP05-10.010 | CTP05-10 | Unit or Basis For Measurement Code |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |  |
| X223.452.2410.CTP05-11.010 | CTP05-11 | Exponent |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | Must not be present. |  |  |
| X223.452.2410.CTP05-12.010 | CTP05-12 | Multiplier |  |  | 999 | E | $\begin{aligned} & \text { IK403 = 110: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |  |
| X223.452.2410.CTP05-13.010 | CTP05-13 | Unit or Basis For Measurement Code |  |  | 999 | E | IK403 = 110: "Implementation "Not | Must not be present. |  |  |
| X223.452.2410.CTP05-14.010 | CTP05-14 | Exponent |  |  | 999 | E | IK403 = 110: "Implementation "Not | Must not be present. |  |  |
| X223.452.2410.CTP05-15.010 | CTP05-15 | Multiplier |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |  |
| х223.452.2410.CTP06.010 | CTP06 | Price MultiplierQualifier |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |  |
| X223.452.2410.CTP07.010 | CTP07 | Multiplier |  |  | 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 |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | Must not be present. |  |  |
| X223.452.2410.CTP09.010 | CTP09 | Basis of Unit Price Code |  |  | 999 | E | $\begin{aligned} & \text { IK403 = 110: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |  |
| X223.452.2410.CTP10.010 | CTP10 | Condition Value |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | Must not be present. |  |  |
| X223.452.2410.CTP11.010 | CTP11 | Multiple Price Quantity |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |  |


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| X223.454.2410.REF. 010 | REF | $\begin{array}{\|c} \hline \text { PRESCRIPTION OR } \\ \text { COMPOUND DRUG } \\ \text { ASSOCIATION NUMBER } \end{array}$ | 2410 |  | 999 | R | IK304 = 19: "Implementation Dependent 'not used' Segment Present" | If 2410.LIN is present, 2410.REF may be present. | 06/04: Pass-through, syntax only. |  |
| X223.454.2410.REF. 020 | REF |  |  |  | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2410.REF is allowed. |  |  |
| X223.454.2410.REF01.010 | REF01 | Reference Identification Qualifier |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2410.REF01 must be present. |  |  |
| X223.454.2410.REF01.020 | REF01 |  |  |  | 999 | R | IK403 = 7: "Invalid Code Value" | 2410.REF01 must be valid values. |  |  |
| X223.454.2410.REF02.010 | REF02 | Prescription Number |  |  | 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 Element" | 2410.REFO2 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..." CCS 512: "Length Invalid" CSC 219: "Prescription number" |  |  |  |
| X223.454.2410.REF02.050 | REF02 |  |  |  | 999 | E | IK403 = 6: "Invalid Character in Data Element" | 2410.REF02 must be populated with accepted AN |  |  |
| X223.454.2410.REF02.060 | REF02 |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information CSC 511: "Invalid character" CSC 219: "Prescription number" |  |  |  |
| X223.454.2410.REF03.010 | REFO3 | Desciption |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |  |
| X223.454.2410.REF04.010 | REF04 | REFERENCE IDENTIFIER |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
| X223.456.2420A.NM1.010 | NM1 | OPERATING PHYSICIAN NAME | 2420A | 1 | 999 | R | $\begin{aligned} & \text { IK304 = 4: "Loop Occurs Over } \\ & \text { Maximum Times" } \end{aligned}$ | Only one iteration of 2420A.NM1 is allowed. | pass through, syntax only |  |
| x223.456.2420A.NM101.010 | NM101 | Entity Identifier Code |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2420A.NM101 must be present. |  |  |
| X223.456.2420A.NM101.020 | NM101 |  |  |  | 999 | R | IK403 = 7: "Invalid Code Value" | 2420A.NM101 must be "72". |  |  |
| X223.456.2420A.NM102.010 | NM102 | Entity Type Qualifier |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2420A.NM102 must be present. |  |  |
| X223.456.2420A.NM102.020 | NM102 |  |  |  | 999 | R | IK403 = 7: "Invalid Code Value" | 2420A.NM102 must be "1". |  |  |
| X223.456.2420A.NM103.010 | NM103 | Last Name |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2420A.NM103 must be present. |  |  |
| X223.456.2420A.NM103.020 | NM103 |  |  |  | 999 | E | 1K403 = 5: "Data Element Too Long" | 2420A.NM103 must be 1-60 characters. |  |  |
| X223.456.2420A.NM103.030 | NM103 |  |  |  | 277 | T | CSCC A7: "Acknowledgement <br> IRejected for Invalid Information..." <br> CSC 512: "Length Invalid" <br> CSC 504: "Entity's Last Name" <br> EIC: 72 Operating Physician |  |  |  |
| X223.456.2420A.NM103.040 | NM103 |  |  |  | 999 | E | IK403 = 6: "Invalid Character in Data Element" | 2420A.NM103 must be populated with accepted AN characters. |  |  |
| X223.456.2420A.NM103.050 | NM103 |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information... CSC 511: "Invalid character" CSC 504: "Entity's Last Name" EIC: 72 Operating Physician |  |  |  |
| X223.456.2420A.NM103.060 | NM103 |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data <br> Element" | 2420A.NM103 must contain at least one non-space character. |  |  |


| X223.456.2420A.NM104.010 | NM104 | First Name |  |  | 999 | R | IK403 = 6: "Invalid Character in Data 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 | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length Invalid" CSC 505: "Entity's First Name" EIC: 72 Operating Physician |  |  |  |
| X223.456.2420A.NM104.040 | NM104 |  |  |  | 999 | E | IK403 = 6: "Invalid Character in Data Element" | 2420A.NM104 must be populated with accepted AN characters. |  |  |
| X223.456.2420A.NM104.050 | NM104 |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 511: "Invalid character" CSC 505: "Entity's First Name" EIC: 72 Operating Physician |  |  |  |
| X223.456.2420A.NM105.010 | NM105 | Middle Name |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2420A.NM105 must contain at least one non-space character. |  |  |
| 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 /Rejected for Invalid Information... CSC 512: "Length Invalid" CSC 514: "Entity's Middle Name" EIC: 72 Operating Physician |  |  |  |
| X223.456.2420A.NM105.040 | NM105 |  |  |  | 999 | E | IK403 = 6: "Invalid Character in Data Element" | 2420A.NM105 must be populated with accepted AN |  |  |
| X223.456.2420A.NM105.050 | NM105 |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 511: "Invalid character" CSC 514: "Entity's Middle Name" EIC: 72 Operating Physician |  |  |  |
| X223.456.2420A.NM106.010 | NM106 | Name Prefix |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \\ & \hline \end{aligned}$ | Must not be present. |  |  |
| X223.456.2420A.NM107.010 | NM107 | Name Suffix |  |  | 999 | R | $\begin{aligned} & \text { IK403 = 6: "Invalid Character in Data } \\ & \text { Element" } \\ & \hline \end{aligned}$ | 2420A.NM107 must contain at least one non-space character. |  |  |
| X223.456.2420A.NM107.020 | NM107 |  |  |  | 999 | E | 1K403 = 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" CSC 125: "Entity's Name" EIC: 72 Operating Physician |  |  |  |
| X223.456.2420A.NM107.040 | NM107 |  |  |  | 999 | E | IK403 = 6: "Invalid Character in Data Element" | 2420A.NM107 must be populated with accepted AN |  |  |
| X223.456.2420A.NM107.050 | NM107 |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information... CSC 511: "Invalid character" CSC 125: "Entity's Name" EIC: 72 Operating Physician |  |  |  |
| X223.456.2420A.NM108.010 | NM108 | Identfication CodeQualifier |  |  | 277 | c | CSCC A8: "Acknowledgement / Rejected for relational field in error" TBD01: "Situational segment/element required for adjudication." EIC: 72 Operating Physician | 2420A.NM108 must be present unless 2300.REF with REF01 = "P4" and REF02 is a valid VA identifier. | Trailblazer Only <br> 01/20: Companion Guide Note needed. |  |


| X223.456.2420A.NM108.020 | NM10 |  |  | 277 | c | CSCC A6: "Acknowledgement/Rejecte for Missing Information..." TBD01: "Situational segment/element required for adjudication." EIC: 72 Operating Physician | 2420A.NM108 must be present. | Everyone butTrailblazer. 01/20: Companion Guide Note needed. |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.456.2420A.NM108.030 | NM108 |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2420A.NM108 must be "XX". |  |  |
| X223.456.2420A.NM109.010 | NM109 |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 562: "Entity's National Provider Identifier (NPI)" <br> EIC: 72 Operating Physician | 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)" <br> EIC: 72 Operating Physician | The first position of 2420A.NM109 must be a "1". |  |  |
| X223.456.2420A.NM110.010 | NM110 | Entity Relationship Code |  | 999 | E | \|K403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |  |
| X223.456.2420A.NM111.010 | NM111 | Entity Identifier Code |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | Must not be present. |  |  |
| X223.456.2420A.NM112.010 | NM112 | $\substack{\text { Name Last or Organization } \\ \text { Name }}$ |  | 999 | E | IK403 = I10: "Implementation "Not | Must not be present. |  |  |
| X223.459.2420A.REF. 010 | REF | OPERATING PHYSICIAN SECONDARY IDENTIFICATION | 2420A | 999 | R | IK304 = 19: "Implementation Dependent 'not used' Segment Present" | 2420A.REF with REF01 = "1G" may be present when 2420A.NM1 is present and 2420A.NM109 is not present. | Trailblazer Only 01/20: Companion Guide Note needed. |  |
| X223.459.2420A.REF. 020 | REF |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." TBD02: "Payer specific restrictions on the number of repetitions" | Only 1 iteration of 2420 A .REF with REF01 $=$ " 1 G " is allowed. | Trailblazer Only <br> 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 butTrailblazer. <br> 01/20: Companion Guide Note needed. |  |
| X223.459.2420A.REF01.010 | REF01 | Reference Identification Qualifier |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2420A.REF01 must be present. |  |  |
| X223.459.2420A.REF01.020 | REF01 |  |  | 999 | R | \|K403 = 7: "Invalid Code Value" | 2420A.REF01 must be "1G". |  |  |
| X223.459.2420A.REF02.010 | REF02 |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information. CSC 133: "Entity's UPIN" | 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 |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | Must not be present. |  |  |
| X223.459.2420A.REF04.010 | REF04 | COMPOSITE UNIT OF |  | 999 | E | IK403 = I10: "Implementation "Not | Must not be present. |  |  |
| X223.461.2420B.NM1.010 | NM1 | OTHER OPERATING PHYSICIAN NAME | 2420B | 999 | R | IK304 = 4: "Loop Occurs Over Maximum Times" | Only one iteration of 2420B.NM1 is allowed. |  |  |
| X223.461.2420B.NM101.010 | NM101 | Entity Identifier Code |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2420B.NM101 must be present. |  |  |
| X223.461.2420B.NM101.020 | NM101 |  |  | 999 | R | IK403 = 7: "Invalid Code Value" | 2420B.NM101 must be "ZZ". |  |  |



| X223.461.2420B.NM107.030 | NM107 |  |  | 277 | T | CSCC A7: "Acknowledgement <br> /Rejected for Invalid Information..." <br> CSC 512: "Length Invalid" <br> CSC 125: "Entity's Name" <br> EIC: 72 Operating Physician |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.461.2420B.NM107.040 | NM107 |  |  | 999 | E | IK403 = 6: "Invalid Character in Data Element" | 2420B.NM107 must be populated with accepted AN characters. |  |  |
| X223.461.2420B.NM107.050 | NM107 |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 511: "Invalid character" CSC 125: "Entity's Name" EIC: 72 Operating Physician |  |  |  |
| X223.461.2420B.NM108.010 | NM108 | Identfication CodeQualifier |  | 277 | c | cscc A8: "Acknowledgement / Rejected for relational field in error" TBD01: "Situational segment/element required for adjudication." EIC: 72 Operating Physician | 2420B.NM108 must be present unless 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: "Acknowledgement/Rejected for Missing Information..." TBD01: "Situational segment/element required for adjudication." EIC: 72 Operating Physician | 2420B.NM108 must be present. | Everyone butTrailblazer. <br> 01/20: Companion Guide Note needed. |  |
| X223.461.2420B.NM108.030 | NM108 |  |  | 999 | R | 11403 = 7: "Invalid Code Value" | 2420B.NM108 must be "XX". |  |  |
| X223.461.2420B.NM109.010 | NM109 | Identifier |  | 999 | R | $\begin{aligned} & \text { IK403 = 2: "Conditional Required Data } \\ & \text { Element Missing" } \\ & \hline \end{aligned}$ | 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)" <br> EIC: 72 Operating Physician | 2420B.NM109 must be valid according to the NPI algorithm. |  |  |
| X223.461.2420B.NM109.030 | NM109 |  |  | 277 | c | $\begin{aligned} & \text { CSCC A7: "Acknowledgement } \\ & \text { IRejected for Invalid Information.."." } \\ & \text { CSC 562: "Entity National Provider } \\ & \text { Identifier (NPII" } \\ & \text { EIC: } 72 \text { Operating Physician } \end{aligned}$ | The first position of 2420B.NM109 must be a "1". |  |  |
| X223.461.2420B.NM110.010 | NM110 | Entity Relationship Code |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |  |
| X223.461.2420B.NM111.010 | NM111 | Entity Identifier Code |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |  |
| X223.461.2420B.NM112.010 | NM112 | $\begin{array}{\|c\|} \hline \text { Name Last or Organization } \\ \text { Name } \\ \hline \end{array}$ |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |  |
|  |  |  |  |  |  |  |  |  |  |
| X223.464.2420B.REF. 010 | REF | other operating PHYSICIAN SECONDARY identification | 2420B | 999 | R | IK304 = 19: "Implementation Dependent 'not used' Segment Present" | 2420B.REF with REF01 = "1G" may be present when 2420B.NM1 is present and 2420B.NM109 is not present. | Trailblazer Only <br> 01/20: Companion Guide Note needed. |  |
| X223.464.2420B.REF.020 | REF |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." TBD02: "Payer specific restrictions on the number of repetitions" | Only 1 iteration of 2420B.REF with REF01 $=$ " 1 G " is allowed. | Trailblazer Only <br> 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 butTrailblazer. 01/20: Companion Guide Note needed. |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.464.2420B.REF01.010 | REF01 | Reference Identification Qualifier |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2420B.REF01 must be present. |  |  |
| X223.464.2420B.REF01.020 | REF01 |  |  |  | 999 | R | \|1403 = 7: "Invalid Code Value" | 2420B.REF01 must be "1G". | Traillazer Only |  |
| X223.464.2420B.REF02.010 | REF02 | Secondary Identifier |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2420B.REFO2 must be present. |  |  |
| X223.464.2420B.REF02.020 | REF02 |  |  |  | 277 | c | $\begin{aligned} & \text { CsCc AT: "Acknowledgement } \\ & \text { IRejected for Invalid Information..." } \\ & \text { CsC } 133 \text { "Entity's UPIN" } \\ & \text { EIC: } 2 \text { Operating Physician } \\ & \hline \end{aligned}$ | 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 |  |  | 999 | E | 1K403 = 110: "Implementation "Not Used" Element Present" | Must not be present. |  |  |
| X223.464.2420B.REF04.010 | REF04 | REFERENCE IDENTIFIER |  |  | 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 | 2420 C | 1 | 999 | R | IK304 = 4: "Loop Occurs Over Maximum Times" | Only one iteration of 2420C.NM1 is allowed. | 03/27: CR 6289 is analysis only (no changes) - no revisit needed until implementation CR |  |
| X223.466.2420C.NM101.010 | NM101 | Entity Identifier Code |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2420C.NM101 must be present. |  |  |
| X223.466.2420C.NM101.020 | NM101 |  |  |  | 999 | R | IK403 = 7: "Invalid Code Value" | 2420C.NM101 must be "82". |  |  |
| X223.466.2420C.NM102.010 | NM102 | Entity Type Qualifier |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2420C.NM102 must be present. |  |  |
| X223.466.2420C.NM102.020 | NM102 |  |  |  | 999 | R | IK403 = 7: "Invalid Code Value" | 2420 C. NM102 must be "1". |  |  |
| X223.466.2420C.NM103.010 | NM103 | Rendering Provider Last or Organization Name |  |  | 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. $\mathrm{NM103}$ must be 1-60 characters. |  |  |
| X223.466.2420C.NM103.040 | NM103 |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length Invalid" CSC 504: "Entity's Last Name" EIC: 82 Rendering Provider |  |  |  |
| X223.466.2420C.NM103.050 | NM103 |  |  |  | 999 | E | IK403 = 6: "Invalid Character in Data Element" | 2420C.NM103 must be populated with accepted AN characters. |  |  |
| X223.466.2420C.NM103.060 | NM103 |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 511: "Invalid character" CSC 504: "Entity's Last Name" EIC: 82 Rendering Provider |  |  |  |
| x223.466.2420C.NM104.010 | NM104 | Rendering Provider First Name |  |  | 999 | R | $\begin{aligned} & \text { IK403 = 6: "Invalid Character in Data } \\ & \text { Element" } \\ & \hline \end{aligned}$ | 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" CSC 505: "Entity's First Name" EIC: 82 Rendering Provider |  |  |  |
| X223.466.2420C.NM104.040 | NM104 |  |  |  | 999 | E | IK403 = 6: "Invalid Character in Data Element" | 2420C.NM104 must be populated with accepted AN characters. |  |  |


| X223.466.2420C.NM104.050 | NM104 |  |  |  | 277 |  | $\begin{array}{\|l\|} \hline \text { CSCC A7: "Acknowledgement } \\ \text { /Rejected for Invalid Information..." } \\ \text { CSC 511: "Invalid character" } \\ \text { CSC 505: "Entity's First Name" } \\ \text { EIC: 82 Rendering Provider } \\ \hline \end{array}$ |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.466.2420C.NM105.010 | NM105 | Rendering Provider Middle Name |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2420C.NM105 must contain at least one non-space |  |  |
| X223.466.2420C.NM105.020 | NM105 |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" | 2420C.NM105 must be 1-25 characters. |  |  |
| X223.466.2420C.NM105.030 | NM105 |  |  |  | 277 | T | $\begin{array}{\|l\|} \hline \text { CSCC A7: "Acknowledgement } \\ \text { /Rejected for Invalid Information..." } \\ \text { CSC 512: "Length Invalid" } \\ \text { CSC 514: "Entity's Middle Name" } \\ \text { EIC: 82 Rendering Provider } \\ \hline \end{array}$ |  |  |  |
| X223.466.2420C.NM105.040 | NM105 |  |  |  | 999 | E | IK403 = 6: "Invalid Character in Data Element" | 2420C.NM105 must be populated with accepted AN characters. |  |  |
| X223.466.2420C.NM105.050 | NM105 |  |  |  | 277 | T | CSCC A7: "Acknowledgement <br> /Rejected for Invalid Information..." <br> CSC 511: "Invalid character" <br> CSC 514: "Entity's Middle Name" <br> EIC: 82 Rendering Provider |  |  |  |
| X223.466.2420C.NM106.010 | NM106 | Name Prefix |  |  | 999 | E | IK403 = 110: "Implementation "Not | Must not be present. |  |  |
| X223.466.2420C.NM107.010 | NM107 | $\begin{array}{\|c\|} \hline \begin{array}{c} \text { Rendering Provider Name } \\ \text { Suffix } \end{array} \\ \hline \end{array}$ |  |  | 999 | E | IK403 = 5: "Data Element Too Long" | 2420C.NM107 must be 1-10 characters. |  |  |
| X223.466.2420C.NM107.020 | NM107 |  |  |  | 277 | T | CSCC A7: "Acknowledgement <br> /Rejected for Invalid Information..." <br> CSC 512: "Length Invalid" <br> CSC 125: "Entity's Name" <br> EIC: 82 Rendering Provider |  |  |  |
| X223.466.2420C.NM107.030 | NM107 |  |  |  | 999 | R | $\begin{aligned} & \text { IK } 403=6: \text { "Invalid Character in Data } \\ & \text { Element" } \end{aligned}$ | 2420C.NM107 must be populated with accepted AN characters. |  |  |
| X223.466.2420C.NM107.040 | NM107 |  |  |  | 277 | T | CSCC A7: "Acknowledgement <br> /Rejected for Invalid Information..." <br> CSC 511: "Invalid character" <br> CSC 125: "Entity's Name" <br> EIC: 82 Rendering Provider |  |  |  |
| X223.466.2420C.NM108.010 | NM108 | Identlfication CodeQualifier |  |  | 277 | c | CSCC A8: "Acknowledgement / Rejected for relational field in error" TBD01: "Situational segment/element required for adjudication." EIC: 82 Rendering Provider | 2420C.NM108 must be present unless 2300 .REF with REF01 = "P4" and REF02 is a valid VA identifier. | Trailblazer Only <br> 01/20: Companion Guide Note needed. |  |
| X223.466.2420C.NM108.020 | NM108 |  |  |  | 277 | c | CSCC A6: "Acknowledgement/Rejected for Missing Information..." <br> TBD01: "Situational segment/element required for adjudication." <br> EIC: 82 Rendering Provider | 2420C.NM108 must be present. | Everyone butTrailblazer. <br> 01/20: Companion Guide Note needed. |  |
| X223.466.2420C.NM108.030 | NM108 |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2420C.NM108 must be "XX". |  |  |
| X223.466.2420C.NM109.010 | NM109 | Rendering Provider Identifier |  |  | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | $2420 \mathrm{C} . \mathrm{NM} 109$ must be present when 2420C.NM108 is present. |  |  |
| X223.466.2420C.NM109.020 | NM109 |  |  |  | 277 | c | $\begin{aligned} & \text { CSCC A7: "Acknowledgement } \\ & \text { /Rejected for Invalid Information..." } \\ & \text { CSC 562: "Entity's National Provider } \\ & \text { Identifier (NPI)" } \\ & \text { EIC: } 82 \text { Rendering Provider } \\ & \hline \end{aligned}$ | 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)" EIC: 82 Rendering Provider | The first position of 2420C.NM109 must be a "1". |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.466.2420C.NM110.010 | NM110 | Entity Relationship Code |  |  | 999 | E | 1K403 = 110: "Implementation "Not Used" Element Present" | Must not be present. |  |  |
| X223.466.2420C.NM111.010 | NM111 | Entity Identifier Code |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |  |
| X223.466.2420C.NM112.010 | NM112 | Name Last or Organization Name |  |  | 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 | 2420C |  | 999 | R | IK304 = 19: "Implementation Dependent 'not used' Segment Present" | 2420C.REF with REF01 = " 1 G " may be present when 2420C.NM1 is present and 2420C.NM109 is not present. | Trailblazer Only 01/20: Companion Guide Note needed. |  |
| X223.469.2420C.REF. 020 | REF |  |  |  | 277 | c | CSCC A7: "Acknowledgement IRejected for Invalid Information..." TBD02: "Payer specific restrictions on the number of repetitions" | Only 1 iteration of 2420 C .REF with REF01 $=$ " 1 G " is allowed. | Trailblazer Only <br> 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 butTrailblazer. 01/20: Companion Guide Note needed. |  |
| X223.469.2420C.REF01.010 | REF01 | Reference Identification Qualifier |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2420C.REF01 must be present. |  |  |
| X223.469.2420C.REF01.020 | REF01 |  |  |  | 999 | R | IK403 = 7: "Invalid Code Value" | 2420C.REF01 must be "1G". |  |  |
| X223.469.2420C.REF02.010 | REF02 | Rendering Provider Secondary Identifier |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2420C.REFO2 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" EIC: 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 |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \\ & \hline \end{aligned}$ | Must not be present. |  |  |
| X223.469.2420C.REF04.010 | REF04 | REFERENCE IDENTIFIER |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
| X223.471.2420D.NM1.010 | NM1 | REFERRING PROVIDER NAME | 2420D | 1 | 999 | R | IK304 = 4: "Loop Occurs Over Maximum Times" | Only one iteration of 2420D.NM1 is allowed. |  |  |
| х223.471.2420D.NM1.020 | NM1 |  |  |  | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2420D.NM1 is allowed. |  |  |
| X223.471.2420D.NM101.010 | NM101 | Entity Identifier Code |  |  | 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 |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2420D.NM102 must be present. |  |  |
| X223.471.2420D.NM102.020 | NM102 |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2420D.NM102 must be "1". |  |  |
| X223.471.2420D.NM103.010 | NM103 | Referring Provider Last Name |  |  | 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 | IK403 = 5: "Data Element Too Long" | 24200.NM103 must be 1-60 characters. |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.471.2420D.NM103.040 | NM103 |  |  |  | 277 | T | $\begin{aligned} & \text { CSCC A7: "Acknowledgement } \\ & \text { 若ejected for Invalid Information..." } \\ & \text { CSC 512: "Length Invalid" } \\ & \text { CES 504: "Entity's Last Name" } \\ & \text { EIC: DN Refering Provider } \\ & \hline \end{aligned}$ |  |  |  |
| X223.471.2420D.NM103.050 | NM103 |  |  |  | 999 | E | $\underset{\substack{\text { IK403 = 6: "Invalid Character in Data } \\ \text { Element" }}}{ }$ | 2420D.NM103 must be populated with accepted AN |  |  |
| X223.471.2420D.NM103.060 | NM103 |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 511: "Invalid character" CSC 504: "Entity's Last Name" EIC: DN Referring Provider |  |  |  |
| X223.471.2420D.NM104.010 | NM104 | $\begin{aligned} & \hline \begin{array}{l} \text { Referring Provider First } \\ \text { Name } \end{array} \\ & \hline \end{aligned}$ |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 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" CSC 505: "Entity's First Name" EIC: DN Referring Provider |  |  |  |
| X223.471.2420D.NM104.040 | NM104 |  |  |  | 999 | E | IK403 = 6: "Invalid Character in Data | 2420D.NM104 must be populated with accepted AN characters. |  |  |
| X223.471.2420D.NM104.050 | NM104 |  |  |  | 277 | T | $\begin{array}{\|l\|} \hline \text { CSCC A7: "Acknowledgement } \\ \text { 'Rejected for Invalid Information..." } \\ \text { CSC 511: "Invalid character" } \\ \text { CSC 505: "Entity's First Name" } \\ \text { EIC: DN Referring Provider } \\ \hline \end{array}$ |  |  |  |
| X223.471.2420D.NM105.010 | NM105 | $\begin{gathered} \hline \text { Referring Provider Middle } \\ \text { Name or Initial } \\ \hline \end{gathered}$ |  |  | 999 | R | $\begin{aligned} & \text { IK403 = 6: "Invalid Character in Data } \\ & \text { Element" } \end{aligned}$ | 2420D.NM105 must contain at least one non-space character. |  |  |
| 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 <br> 1Rejected for Invalid Information..." <br> CSC 512: "Length Invalid" <br> CSC 514: "Entity's Middle Name" <br> EIC: DN Referring Provider |  |  |  |
| X223.471.2420D.NM105.040 | NM1 |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = 6: "Invalid Character in Data } \\ & \text { Element" } \end{aligned}$ | 2420D.NM105 must be populated with accepted AN characters. |  |  |
| X223.471.2420D.NM105.050 | NM105 |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 511: "Invalid character" CSC 514: "Entity's Middle Name" EIC: DN Referring Provider |  |  |  |
| X223.471.2420D.NM106.010 | NM106 | Name Prefix |  |  | 999 | E | IK403 = 110: "Implementation "Not | Must not be present. |  |  |
| X223.471.2420D.NM107.010 | NM107 | $\begin{aligned} & \hline \text { Referring Provider Name } \\ & \text { Suffix } \\ & \hline \end{aligned}$ |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | $\begin{aligned} & \text { 2420D.NM107 must contain at least one non-space } \\ & \text { character. } \end{aligned}$ |  |  |
| X223.471.2420D.NM107.020 | NM107 |  |  |  | 999 | E | 1K403 = 5: "Data Element Too Long" | 2420D.NM107 must be 1-10 characters. |  |  |
| X223.471.2420D.NM107.030 | NM107 |  |  |  | 277 | T | ```CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length Invalid" CSC 125: "Entity's Name" EIC: DN Referring Provider``` |  |  |  |
| X223.471.2420D.NM107.040 | NM107 |  |  |  | 999 | E | IK403 = 6: "Invalid Character in Data Element" | 2420D.NM107 must be populated with accepted AN characters. |  |  |


| X223.471.2420D.NM107.050 | NM107 |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 511: "Invalid character" CSC 125: "Entity's Name" EIC: DN Referring Provider |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.471.2420D.NM108.010 | NM108 | Identfication CodeQualifier |  | 277 | c | CSCC A8: "Acknowledgement / Rejected for relational field in error" TBD01: "Situational segment/element required for adjudication." EIC: DN Referring Provider | 2420D.NM108 must be present unless 2300.REF with REF01 = "P4" and REF02 is a valid VA identifier. | Trailblazer Only <br> 01/20: Companion Guide Note needed. |  |
| X223.471.2420D.NM108.020 | NM108 |  |  | 277 | c | CSCC A6: "Acknowledgement/Rejected for Missing Information..." TBD01: "Situational segment/element required for adjudication." EIC: DN Referring Provider | 2420D.NM108 must be present. | Everyone butTrailblazer. <br> 01/20: Companion Guide Note needed. |  |
| X223.471.2420D.NM108.030 | NM108 |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2420D.NM108 must be "XX". |  |  |
| X223.471.2420D.NM109.010 | NM109 | Referring Provider Identifier |  | 999 | R | IK403 = 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)" EIC: DN Referring 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 Referring Provider | The first position of 2420D.NM109 must be a "1". |  |  |
| X223.471.2420D.NM109.050 | NM109 |  |  | 999 | R | $\begin{aligned} & \text { IK403 = I12: "Implementation Pattern } \\ & \text { Match Failure" } \end{aligned}$ | 2420D. $\mathrm{NM109}$ must not $=2310 \mathrm{~A}$. 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 |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |  |
| X223.471.2420D.NM111.010 | NM111 | Entity Identifier Code |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |  |
| X223.471.2420D.NM112.010 | NM112 | Name Last or Organization Name |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \\ & \hline \end{aligned}$ | Must not be present. |  |  |
| X223.474.2420D.REF. 010 | REF | REFERRING PROVIDER SECONDARY IDENTIFICATION | 2420D | 999 | R | IK304 = 19: "Implementation Dependent 'not used' Segment Present" | 2420D.REF with REF01 = "1G" may be present when 2420D.NM1 is present and 2420D.NM109 is not present. | Trailblazer Only 01/20: Companion Guide Note needed. |  |
| X223.474.2420D.REF. 020 | REF |  |  | 277 | c | CsCC A7: "Acknowledgement /Rejected for Invalid Information..." TBD02: "Payer specific restrictions on the number of repetitions" | Only 1 iteration of 2420 D . REF with REF01 $=$ " 1 G " is allowed. | Trailblazer Only <br> 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 butTrailblazer. 01/20: Companion Guide Note needed. |  |
| X223.474.2420D.REF01.010 | REF01 | Reference Identification Qualifier |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2420D.REF01 must be present. |  |  |


| X223.474.2420D.REF01.020 | REF01 |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2420D.REF01 must be "1G". |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.474.2420D.REF02.010 | REF02 | Referring Provider Secondary Identifier |  |  | 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" EIC: DN Referrina 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 |  |  | 999 | E | IK403 = I10: "Implementation "Not | Must not be present. |  |  |
| X223.474.2420D.REF04.010 | REF04 | REFERENCE IDENTIFIER |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | Must not be present. |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
| X223.476.2430.010 |  | $\underset{\text { LOOP }}{\text { LINE ADJUCIO }}$ | 2430 | 15 | 999 | R | IK304 = 4: "Loop Occurs Over Maximum Times" | Only 15 iterations of the 2430 loop are allowed. |  |  |
| X223.476.2430.SVD. 010 | svD | LINE ADJUDICATION INFORMATION | 2430 |  | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2430.SVD is allowed. |  |  |
| X223.476.2430.SVD01.010 | SVD01 | Payer Identifier |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2430.SVD01 must be present. |  |  |
| X223.476.2430.SVD01.020 | SVD01 |  |  |  | 999 | R | $\begin{aligned} & \text { IK403 = I12: "Implementation Pattern } \\ & \text { Match Failure" } \end{aligned}$ | 2430.SVD01 must = 2330B.NM109 (for the same payer). |  |  |
| X223.476.2430.SVD02.010 | SVD02 | Service Line Paid Amount |  |  | 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 | 2430.SVD02 must be numeric. |  |  |
| X223.476.2430.SVD02.030 | SVD02 |  |  |  | 999 | E | 1K403 = 5: "Data Element Too Long" | 2430.SVD02 must be <= 99,999,999.99. |  |  |
| X223.476.2430.SVD02.040 | SvD02 |  |  |  | 277 | T | $\begin{array}{\|l\|} \hline \text { CSCC A7: "Acknowledgement } \\ \text { 1Rejected for Invalid Information..." } \\ \text { CSC 512: "Length invalid for receiver's } \\ \text { application system" } \\ \hline \end{array}$ | 2430.SVD02 must be <= 99,999,999.99. | 2430.SVD02 must be <= 99,999,999.99. |  |
| X223.476.2430.SVD02.050 | SVD02 |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 693: "Amount must be greater than or equal to zero" CSC 643: "Service Line Paid Amount" | 2430.SVD02 must be $>=0$. |  |  |
| X223.476.2430.SVD02.060 | SVD02 |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 643: "Service Line Paid Amount" CSC 697: "Too many decimal positions" | 2430.SVD02 is limited to 0,1 or 2 decimal positions. |  |  |
| X223.476.2430.SVD03.010 | SVD03 | COMPOSITE MEDICAL PROCEDURE IDENTIFIER |  |  |  |  |  |  |  |  |
| X223.476.2430.SVD03-1.010 | SVD03-1 | Product or Service IDQualifier |  |  | 999 | R | IK403 = 1: "Required Data Element | 2430.SVD03-1 must be present. |  |  |
| X223.476.2430.SVD03-1.020 | SVD03-1 |  |  |  | 999 | R | IK403 = 7: "Invalid Code Value" | 2400.SVD03-1 must be "HP" or "HC". |  |  |
| X223.476.2430.SVD03-2.010 | SVD03-2 | Procedure Code |  |  | 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 <br> /Rejected for Invalid Information..." <br> CSC 507: "HCPCS" <br> TBD22: "Line Adjudication Information" | When 2430.SVD03-1 = "HC", 2430.SVD03-2 must be a valid HCPCS Code on the date in 2400.DTP03 when DTP01 = "472". | Valid HCPCS reference must be available for this edit. <br> 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" <br> TBD22: "Line Adjudication Information" | When 2430.SVD03-1 = "HP", 2430.SVD03-2 must be a valid HIPPS Skilled Nursing Facility Rate Code on the date in 2400.DTP03 when DTP01 = "472". | Valid HIPPS Code reference must be available for this edit. |  |
| X223.476.2430.SVD03-3.010 | SVD03-3 | Procedure Modifier | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 453: "Procedure Code Modifier(s) for Service(s) Rendered" TBD22: "Line Adjudication Information" | 2430.SVD03-3 must be valid procedure modifier. | Valid Procedure Code Modifier reference must be available for this edit. |  |
| X223.476.2430.SVD03-4.010 | SVD03-4 | Procedure Modlifier | 999 | R | \|K403 = 2 "Conditional Required Data Element Missing" | 2430. SVD03-4 is present, 2430.SVD03-3 must be present. |  |  |
| 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" TBD22: "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 Modifier | 999 | R | IK403 = 2 "Conditional Required Data Element Missing" | 2430.SVD03-5 is present, 2430.SVD03-4 must be present. |  |  |
| 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" TBD22: "Line Adjudication Information" | 2430.SVD03-5 must be valid procedure modifier. | Valid Procedure Code Modffier reference must be available for this edit. |  |
| X223.476.2430.SVD03-6.010 | SVD03-6 | Procedure Modilier | 999 | R | IK403 = 2 "Conditional Required Data Element Missing" | 2430.SVD03-6 is present, 2430.SVD03-5 must be |  |  |
| 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" TBD22: "Line Adjudication Information" | 2430.SVD03-6 must be valid procedure modifier. | Valid Procedure Code Modifier reference must be available for this edit. |  |
| X223.476.2430.SVD03-7.010 | SVD03-7 | Procedure Code Description | 999 | R | IK403 = 6: "Invalid 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 | IK403 = 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" CSC 306: "Detailed description of service" <br> TBD22: "Line Adjudication Information" |  |  |  |
| X223.476.2430.SVD03-7.040 | SVD03-7 |  | 999 | E | IK403 = 6: "Invalid Character in Data Element" | 2430.SVD03-7 must be populated with accepted AN characters. |  |  |


| X223.476.2430.SVD03-7.050 | SVD03-7 |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information... CSC 511: "Invalid character" CSC 306: "Detailed description of service" <br> TBD22: "Line Adjudication Information" |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.476.2430.SVD03-8.010 | SVD03-8 | Product/Service ID |  | 999 | E | $\begin{aligned} & \text { IK403 = 110: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |  |
| X223.476.2430.SVD04.010 | SVD04 | Product or Service ID |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |  |
| X223.476.2430.SVD05.010 | SVD05 | Paid Service Unit Count |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2430.SVD05 must be present. |  |  |
| X223.476.2430.SVD05.020 | SVD05 |  |  | 999 | R | $\begin{aligned} & \text { IK403 = 6: "Invalid Character in Data } \\ & \text { Element" } \end{aligned}$ | 2430.SVD05 must be numeric. |  |  |
| X223.476.2430.SVD05.030 | SVD05 |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 693: "Amount must be greater than or equal to zero" CSC 608: "Paid Service Unit Count" TBD22: "Line Adjudication Information" | 2430.SVD05 must be >= 0 . |  |  |
| X223.476.2430.SVD05.040 | SVD05 |  |  | 999 | R | 1K403 = 5: "Data Element Too Long" | 2430.SVD05 must be $1-8$ digits, excluding the decimal. |  |  |
| X223.476.2430.SVD05.050 | SVD05 |  |  | 999 | R | 1K403 = 5: "Data Element Too Long" | 2430.SVD05 must be an integer (whole number). | Companion Guide Note needed. |  |
| X223.476.2430.SVD06.010 | SVD06 | Bundled or Unbundled Line <br> Number |  | 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.SVD06.040 | SVD06 |  |  | 999 | R | 1K403 = 5: "Data Element Too Long" | 2430. SVD06 must $1-6$ digits. |  |  |
|  |  |  |  |  |  |  |  |  |  |
| X223.480.2430.CAS. 010 | CAS | LINE ADJUSTMENT | 2430 | 999 | R | IK304 = 19: "Implementation Dependent 'not used' Segment Present" | If 2430.SVD is present, 2430.CAS may be present. |  |  |
| X223.480.2430.CAS. 020 | CAS |  |  | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only 5 iterations of 2320.CAS are allowed. |  |  |
| X223.480.2430.CAS01.010 | CAS01 | $\begin{gathered} \hline \text { Claim Adjustment Group } \\ \text { Code } \end{gathered}$ |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2430.CAS01 must be present. |  |  |
| X223.480.2430.CAS01.020 | CAS01 |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | $2430 . C A S 01$ must be valid values. |  |  |
| X223.480.2430.CAS01.030 | CASO1 |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 696: "Claim Adjustment Group Code" EIC: GB Other Insured | If 2430.CAS01 = "CR" then 2430B.DTP with DTP01 $=$ "573" must be prior to 01/01/2012. |  |  |
| X223.480.2430.CAS02.010 | CAS02 | Adjustment Reason Code |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2430.CAS02 must be present. |  |  |
| X223.480.2430.CAS02.020 | CAS02 |  |  | 277 | C | CSCC A8 Acknowledgement / Rejected for relational field in error. <br> CSC 521: Adjustment Reason Code CSC 516: Adjudication or Payment Date <br> EIC: GB Other Insured | 2430.CASO2 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 |  | 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.CAS03 must be numeric. |  |  |





| X223.480.2430.CAS15.010 | CAS15 | Adjustment Amount |  |  | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | If 2430. CAS14 is present, 2430. CAS15 must be present. |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.480.2430.CAS15.020 | CAS15 |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2430.CAS15 must be numeric. |  |  |
| X223.480.2430.CAS15.030 | CAS15 |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 694: "Amount must not be equal to zero" <br> CSC 519: "Adjustment Amount" EIC: GB Other Insured | 2430.CAS15 must not $=0$. |  |  |
| X223.480.2430.CAS15.040 | CAS15 |  |  |  | 277 | T | CSCC A7: "Acknowledgement <br> 1Rejected for Invalid Information..." <br> CSC 697: "Too many decimal <br> positions" <br> CSC 519: "Adjustment Amount" <br> EIC: GB Other Insured | 2430.CAS15 is limited to 0, 1 or 2 decimal positions. |  |  |
| X223.480.2430.CAS15.050 | CAS15 |  |  |  | 999 | E | IK403 = 4: "Data Element Too Short" <br> IK403 = 5: "Data Element Too Long" | 2430.CAS15 must be >=-99,999,999.99. and <= 99,999,999.99. |  |  |
| X223.480.2430.CAS15.060 | CAS15 |  |  |  | 277 | T | CSCC A7: "Acknowledgement <br> RRejected for Invalid Information..." <br> CSC 512: "Length invalid for receiver's <br> application system" <br> CSC 519: "Adjustment Amount" <br> EIC: GB Other Insured |  |  |  |
| X223.480.2430.CAS16.010 | CAS16 | Adjustment Quantity |  |  | 999 | R | IK403 = 10: "Exclusion Condition Violated" | If 2430.CAS14 is present, 2430.CAS16 may be present. |  |  |
| X223.480.2430.CAS16.020 | CAS16 |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" | $2430 . C A S 16$ must be $1-15$ digits. | 01/08: Not brought into Core System, so no Medicare size limit is needed. |  |
| X223.480.2430.CAS16.030 | CAS16 |  |  |  | 277 | T | $\qquad$ | 2430.CAS16 must not $=0$. |  |  |
| X223.480.2430.CAS17.010 | CAS17 | Adjustment Reason Code |  |  | 999 | R | IK403 = 10: "Exclusion Condition Violated" | If 2430.CAS14 is present, 2430. CAS17 may be present. |  |  |
| X223.480.2430.CAS17.020 | CAS17 |  |  |  | 277 | c |  | 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.CAS18.010 | CAS18 | Adjustment Amount |  |  | 999 | R | $\begin{aligned} & \text { IK403 = 2: "Conditional Required Data } \\ & \text { Element Missing" } \\ & \hline \end{aligned}$ | If 2430. CAS17 is present, 2430. CAS18 must be present. |  |  |
| X223.480.2430.CAS18.020 | CAS18 |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2430.CAS18 must be numeric. |  |  |
| X223.480.2430.CAS18.030 | CAS18 |  |  |  | 277 | T | $\qquad$ | 2430.CAS18 must not $=0$. |  |  |




| 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. 010 | IEA | Interchange Control Header |  |  | TA1 | R | TA105: "023 Improper (Premature) End-of-File (Transmission)" | IEA must be present. |  |  |
| X223.C10..IEA.020 | IEA |  |  |  | TA1 | R | TA105: 024 "Invalid Interchange Content". | Only one iteration of IEA is allowed. | This error means there can't be more than one IEA segment in this set, not that there can't be more than 1 in a physical file. |  |
| X223.C10..IEA01.010 | IEA01 | Number of Included Functional Groups |  |  | TA1 | R | TA105: 021 "Invalid Number of Included Groups Value". | IEA01 must be present. |  |  |
| 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 | TA105: 021 "Invalid Number of Included Groups Value". | IEA01 must equal 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 |  |  | 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 |  |  |
|  |  |  |  |  |  |  |  |  |  |  |

Change Log
Changes to the version included for POC Review

| Location | Change |
| :---: | :---: |
| All N/U Elements | Added a new row for a 277 instruction for each N/U element in the spreadsheet (946 rows). |
| ISA05 | Added explicit values. |
| ISA07 | Added explicit values. |
| GS | Changed the error code to an AK905 error code. |
| GS | Removed the miscellaneous note. |
| GS01 | Changed the error codes to AK905 error codes. |
| GS01 | Added explicit value and added 5010 value in column I. |
| GS02 | Changed the error codes to AK905 error codes. |
| GS02 | Added a new row for a 277 instruction. |
| GS02 | Removed 277 edit since this is before loop 2000 |
| GS03 | Changed the error codes to AK905 error codes. |
| GS03 | Added a new row for a 277 instruction. |
| GS03 | Removed 277 edit since this is before loop 2000 |
| GS04 | Corrected typo. |
| GS04 | Removed the IK403 error code, no replacement defined. |
| GS04 | Added a new row for a 277 instruction. |
| GS04 | Removed 277 edit since this is before loop 2000 |
| GS05 | Removed the IK403 error code, no replacement defined. |
| GS06 | Added triad separators. |
| GS06 | Changed the error codes to AK905 error codes. |
| GS07 | Removed the IK403 error code, no replacement defined. |
| GS08 | Changed the error codes to AK905 error codes. |
| ST | Corrected the typo. |
| ST | Changed the error codes to AK502 error codes. |
| ST | Removed the miscellaneous note. |
| ST01 | Changed the error codes to AK502 error codes. |
| ST02 | Changed the error codes to AK502 error codes. |
| ST02 | Added a new row for a 277 instruction. |
| ST02 | Removed 277 edit since this is before loop 2000 |
| ST03 | Corrected the typo. |
| ST03 | Changed the error codes to AK502 error codes. |
| BHT | Added "999" in column J. |
| BHT01 | Added explicit value. |
| BHT03 | Added new rows for 277 instructions. |
| BHT03 | Removed 277 edits since this is before loop 2000 |

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Change Log
Changes to the version included for POC Review

| BHT04 | Added CSCC. |
| :--- | :--- |
| BHT04 | Removed 277 edit since this is before loop 2000 |
| BHT06 | Added CSCC. |
| BHT06 | Changed from 277 edit to 999 for invalid code value |
| 1000A.NM103 | Added new row for a 277 instruction. |
| 1000A.NM104 | Deleted 'If 1000A.NM102 is "1", 1000A.NM104 must be present' edit. |
| 1000A.NM104 | Added new rows for 277 instructions. |
| 1000A.NM105 | Added new rows for 277 instructions. |
| 1000A.NM108 | Added explicit value. |
| 1000A.NM109 | Added new row for a 277 instructions, added CSCC to existing 277. |
| 1000A.PER01 | Added explicit value. |
| 1000A.PER02 | Changed IK403 edit from 7 to I12 |
| 1000A.PER02 | Added new rows for 277 instructions. |
| 1000A.PER04 | Added a new row for 277 instructions. |
| 1000A.PER06 | Added a new row for 277 instructions. |
| 1000B.NM1 | Added "999" in column J. |
| 1000B.NM103 | Removed 277 edits since 277 does not contain an STC for the information source |
| 1000B.NM104 | Added new row for a 277 instruction. |
| 1000B.NM104 | Removed 277 edits since 277 does not contain an STC for the information source |
| 1000B.NM105 | Added new row for a 277 instruction. |
| 1000B.NM105 | Removed 277 edits since 277 does not contain an STC for the information source |
| 1000B.NM106 | Removed 277 edits since 277 does not contain an STC for the information source |
| 1000B.NM107 | Removed 277 edits since 277 does not contain an STC for the information source |
| 1000B.NM108 | Added explicit value. |
| 1000B.NM109 | Added CSCC to existing 277. |
| 1000B.NM109 | Removed 277 edits since 277 does not contain an STC for the information source |
| 1000B.NM110 | Removed 277 edits since 277 does not contain an STC for the information source |
| 1000B.NM111 | Removed 277 edits since 277 does not contain an STC for the information source |
| 1000B.NM112 | Removed 277 edits since 277 does not contain an STC for the information source |
| 2000A.HL | Removed the miscellaneous note. |
| 2000A.HL03 | Added explicit value. |
| 2000A.HL04 | Added explicit value. |
| 2000A.PRV01 | Added explicit value. |
| 2000A.PRV02 | Added explicit value. |
| 2000A.PRV03 | Added CSCC. |
| 2000A.CUR | Changed to the standard wording "must not be present." |
| 2000A.CUR | Added CSCC. |
| 2010AA.NM103 | Added new row for a 277 instruction. |
| 2010AA.NM104 | 2010AA.NM105 |

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| 2010AA.NM108 | Changed "= 31" to "is a valid VA identifier". <br> 2010AA.NM109 <br> 2010AA.NM109 |
| :--- | :--- |
| Corrected location typo.  <br> 2010AA.N301 Added CSCCs. <br> 2010AA.N302 Corrected the location reference loop name. <br> 2010AA.N302 Corrected the location reference loop and element names in edits and notes. <br> 2010AA.N401 Aeleted 'If 2010AA.N302 is present, 2010AA.N301 must be present' edit. <br> 2010AA.N407 Added new row for a 277 instruction. <br> 2010AA.N407 Added the element info in column B,C,D and E. <br> 2010AA.N301 Added a new row for 277 instructions. <br> 2010AA.N301 Added CSCC. <br> 2010AA.N302 Added a new row for 277 instructions. <br> 2010AA.N302 Added CSCC. <br> 2010AA.N402 Added CSCC. <br> 2010AA.N403 Added CSCC. <br> 2010AA.N404 Added CSCC. <br> 2010AA.N407 Added CSCC. <br> 2010AA.REF (EI) Added explicit value. <br> 2010AA.REF (EI) Copied new edit from the Professional. <br> 2010AA.REF02 (EI) Added CSCCs. <br> 2010AA.PER Changed error code to I9. <br> 2010AA.PER01 Added explicit value. <br> 2010AA.PER02 Added a new row for 277 instructions. <br> 2010AA.PER04 Added a new row for 277 instructions. <br> 2010AA.PER06 Added a new row for 277 instructions. <br> 2010AA.PER08 Added a new row for 277 instructions. <br> 2010AB.NM103 Added new row for a 277 instruction. <br> 2010AB.NM104 Added new row for a 277 instruction. <br> 2010AB.NM105 Added new row for a 277 instruction. <br> 2010AB.N301 Added a new row for 277 instructions. <br> 2010AB.N302 Added a new row for 277 instructions. <br> 2010AB.N302 Deleted 'If 2010AB.N302 is present, 2010AB.N301 must be present' edit. <br> 2010AB.N401 Added new row for a 277 instruction. <br> 2010AB.N402 Added CSCCs. <br> 2010AB.N403 Added CSCCs. <br> 2010AB.N404 Added CSCCs. <br> 2010AC Loop Changed the edit. <br> 2000B.HL01 Added CSCCs. <br> 2000B SBR01  <br> 2000B SBR01  <br> 2000B SBR03  |  |

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| 2000B SBR04 | Added new row for a 277 instruction. |
| :--- | :--- |
| 2000B SBR09 | Added CSCC. |
| 2010BA.NM102 | Added CSCC. |
| 2010BA.NM103 | Added new row for a 277 instruction. |
| 2010BA.NM103 | Added new row for a 277 instruction. |
| 2010BA.NM104 | Added new row for a 277 instruction. |
| 2010BA.NM104 | Added CSCC. |
| 2010BA.NM105 | Added new row for a 277 instruction. |
| 2010BA.NM108 | Changed to match the Professional edit. |
| 2010BA.NM108 | Changed to 277/situational data required. |
| 2010BA.NM108 | Added CSCC. |
| 2010BA.NM109 | Changed to 277/situational data required. |
| 2010BA.N301 | Added a new row for 277 instructions. |
| 2010BA.N302 | Added a new row for 277 instructions. |
| 2010BA.N401 | Added new row for a 277 instruction. |
| 2010BA.N402 | Added CSCCs. |
| 2010BA.N403 | Added CSCCs. |
| 2010BA.N404 | Added CSCCs. |
| 2010BA.DMG01 | Added explicit value. |
| 2010BA.DMG02 | Added CSCC. |
| 2010BA.REF (SY) | Changed to match the Professional edit. |
| 2010BA.REF (SY) | Added CSCCs. |
| 2010BA.REF01 (SY) | Added explicit value. |
| 2010BA.REF02 (Y4) | Added a new row for 277 instructions. |
| 2010BB.NM103 | Added new row for a 277 instruction. |
| 2010BB.NM104 | Added new row for a 277 instruction. |
| 2010BB.NM105 | Added new row for a 277 instruction. |
| 2010BB.NM109 | Added new row for a 277 instruction. |
| 2010BB.N301 | Added a new row for 277 instructions. |
| 2010BB.N302 | Added a new row for 277 instructions. |
| 2010BB.N401 | Added new row for a 277 instruction. |
| 2010BB.N402 | Added CSCCs. |
| 2010BB.N403 | Added CSCCs. |
| 2010BB.N404 | Added CSCCs. |
| 2010BB.REF (2U/EI/FY/NF) | Changed to match the Professional edit. |
| 2010BB.REF (2U/EI/FY/NF) | Added CSCCs. |
| 2010BB.REF (G2) | Consolidated the rows. |
| 2010BB.REF02 (G2) | Added a new row for 277 instructions. |
| 2000C Loop | Added CSCCs. |
| 2000C.HL |  |
| 2000C.PAT |  |

Change Log
Changes to the version included for POC Review

| 2010CA.NM1 | Changed to match the Professional edit. |
| :---: | :---: |
| 2010CA.N3 | Changed to match the Professional edit. |
| 2010CA.N4 | Changed to match the Professional edit. |
| 2010CA.DMG | Changed to match the Professional edit. |
| 2010CA.REF | Changed to match the Professional edit. |
| 2300.CLM01 | Added a new row for 277 instructions. |
| 2300.CLM02 | Added triad separators. |
| 2300.CLM02 | Changed the CSC code to the code approved by the committee (697) |
| 2300.CLM02 | Added CSCCs. |
| 2300.CLM05-1 | Added CSCCs. |
| 2300.CLM05-2 | Added explicit value. |
| 2300.CLM05-3 | Added CSCCs. |
| 2300.DTP02 (096) | Added explicit values. |
| 2300.DTP01 (434) | Added explicit values. |
| 2300.DTP01 (435) | Added explicit values. |
| 2300.DTP03 (435) | Changed the CSC code to the code approved by the committee (697) |
| 2300.DTP03 (435) | Added CSCCs. |
| 2300.DTP01 (050) | Added explicit values. |
| 2300.CL101 | Added CSCCs. |
| 2300.CL102 | Added CSCCs. |
| 2300.CL103 | Added CSCCs. |
| 2300.PWK05 | Switched the edit to "If 05 is present, 02 must be =....." and copied the error code from the Professional. |
| 2300.PWK05 | Added a new row with an explicit valid value. |
| 2300.PWK06 | Switched the edit to "If 06 is present, 02 must be $=\ldots . .$. ", copied the error code from the Professional, and corrected the location. |
| 2300.PWK06 | Added new row for a 277 instruction. |
| 2300.CN1 | Removed the CN1 detail edits and copied the segment level info from the Professional. |
| 2300.AMT01 (F3) | Added explicit value. |
| 2300.AMT02 (F3) | Added explicit value. |
| 2300.AMT02 (F3) | Added CSCCs. |
| 2300.AMT03 (F3) | Copied the error code from the Professional, added triad separators. |
| 2300.AMT03 (F3) | Changed the CSC code to the code approved by the committee (697) |
| 2300.REF01 (4N) | Added explicit value. |
| 2300.REF01 (9F) | Added explicit value. |
| 2300.REF02 (9F) | Added new row for a 277 instruction. |
| 2300.REF01 (G1) | Added explicit value. |
| 2300.REF02 (G1) | Added new row for a 277 instruction. |
| 2300.REF01 (9A) | Added explicit value. |
| 2300.REF02 (9A) | Added new row for a 277 instruction. |
| 2300.REF01 (9C) | Added explicit value. |
| 2300.REF02 (9C) | Added new row for a 277 instruction. |

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| 2300.REF01 (LX) | Added explicit value. |
| :---: | :---: |
| 2300.REF02 (LX) | Added new row for a 277 instruction. |
| 2300.REF02 (LX) | Added CSCCs. |
| 2300.REF01 (D9) | Added explicit value. |
| 2300.REF02 (D9) | Added new row for a 277 instruction. |
| 2300.REF02 (D9) | Added CSCCs. |
| 2300.REF01 (LU) | Added explicit value. |
| 2300.REF02 (LU) | Added CSCCs. |
| 2300.REF01 (EA) | Added explicit value. |
| 2300.REF02 (EA) | Added new row for a 277 instruction. |
| 2300.REF01 (P4) | Removed one edit row. |
| 2300.REF01 (G4) | Added explicit value. |
| 2300.REF02 (G4) | Added new row for a 277 instruction. |
| 2300.K301 | Added new row for a 277 instruction. |
| 2300.NTE | Added new rows for 277 instructions. |
| 2300.NTE01 (ADD) | Added explicit value. |
| 2300.CRC01 (ZZ) | Added explicit value. |
| 2300.HI | Added new rows for 277 instructions to all the HI segments. |
| 2300.HI (BK) | Added CSCCs. |
| 2300.HI (BJ) | Added CSCCs. |
| 2300.HI (PR) | Added CSCCs. |
| 2300.HI (BN) | Added CSCCs. |
| 2300.HI (DR) | Added CSCCs. |
| 2300.HI (BF) | Added CSCCs. |
| 2300.HI (BR) | Added CSCCs. |
| 2300.HI01-3 (BR) | Added explicit value. |
| 2300.HI01-3 (BR) | Added explicit value. |
| 2300.HI (BQ) | Added CSCCs. |
| 2300.HI01-3 (BQ) | Added explicit value. |
| 2300. $\mathrm{HIO} 2-3$ (BQ) | Added explicit value. |
| 2300.HI03-3 (BQ) | Added explicit value. |
| 2300.HI04-3 (BQ) | Added explicit value. |
| 2300.HI05-3 (BQ) | Added explicit value. |
| 2300.HI06-3 (BQ) | Added explicit value. |
| 2300.HI07-3 (BQ) | Added explicit value. |
| 2300.HI08-3 (BQ) | Added explicit value. |
| 2300.HI09-3 (BQ) | Added explicit value. |
| 2300. $\mathrm{HI} 10-3$ (BQ) | Added explicit value. |
| 2300.HI11-3 (BQ) | Added explicit value. |
| 2300.HI12-3 (BQ) | Added explicit value. |
| 2300.HI (BI) | Added CSCCs. |


| 2300.HI01-1 (BI) | Added explicit value. |
| :---: | :---: |
| 2300.HI01-3 (BI) | Added explicit value. |
| 2300.HI02-1 (BI) | Added explicit value. |
| 2300.HI02-3 (BI) | Added explicit value. |
| 2300.HI03-1 (BI) | Added explicit value. |
| 2300.HI03-3 (BI) | Added explicit value. |
| 2300.HI04-1 (BI) | Added explicit value. |
| 2300.HI04-3 (BI) | Added explicit value. |
| 2300.HI05-1 (BI) | Added explicit value. |
| 2300.HI05-3 (BI) | Added explicit value. |
| 2300.HI06-1 (BI) | Added explicit value. |
| 2300.HI06-3 (BI) | Added explicit value. |
| 2300.HI07-1 (BI) | Added explicit value. |
| 2300.HI07-3 (BI) | Added explicit value. |
| 2300.HI08-1 (BI) | Added explicit value. |
| 2300.HI08-3 (BI) | Added explicit value. |
| 2300.HI09-1 (BI) | Added explicit value. |
| 2300.HI09-3 (BI) | Added explicit value. |
| 2300.HI10-1 (BI) | Added explicit value. |
| 2300.HI10-3 (BI) | Added explicit value. |
| 2300.HI11-1 (BI) | Added explicit value. |
| 2300.HI11-3 (BI) | Added explicit value. |
| 2300.HI12-1 (BI) | Added explicit value. |
| 2300.HI12-3 (BI) | Added explicit value. |
| 2300.HI (BH) | Added CSCCs. |
| 2300.HI01-1 (BH) | Added explicit value. |
| 2300.HI01-3 (BH) | Added explicit value. |
| 2300.HIO2-1 (BH) | Added explicit value. |
| 2300.HIO2-3 (BH) | Added explicit value. |
| 2300.HI03-1 (BH) | Added explicit value. |
| 2300.HI03-3 (BH) | Added explicit value. |
| 2300.HI04-1 (BH) | Added explicit value. |
| 2300.HI04-3 (BH) | Added explicit value. |
| 2300.HI05-1 (BH) | Added explicit value. |
| 2300.HI05-3 (BH) | Added explicit value. |
| 2300.HI06-1 (BH) | Added explicit value. |
| 2300.HI06-3 (BH) | Added explicit value. |
| 2300.HI07-1 (BH) | Added explicit value. |
| 2300.HI07-3 (BH) | Added explicit value. |
| 2300.HI08-1 (BH) | Added explicit value. |
| 2300.HI08-3 (BH) | Added explicit value. |


| 2300.HI09-1 (BH) | Added explicit value. |
| :---: | :---: |
| 2300.HI09-3 (BH) | Added explicit value. |
| 2300.HI10-1 (BH) | Added explicit value. |
| 2300.HI10-3 (BH) | Added explicit value. |
| 2300.HI11-1 (BH) | Added explicit value. |
| 2300.HI11-3 (BH) | Added explicit value. |
| 2300.HI12-1 (BH) | Added explicit value. |
| 2300.HI12-3 (BH) | Added explicit value. |
| 2300.HI (BE) | Added CSCCs. |
| 2300.HI01-1 (BE) | Added explicit value. |
| 2300.HI01-5 (BE) | Added triad separators. |
| 2300.HI02-1 (BE) | Added explicit value. |
| 2300.HI02-5 (BE) | Added triad separators. |
| 2300.HI03-1 (BE) | Added explicit value. |
| 2300.HI03-5 (BE) | Added triad separators. |
| 2300.HI04-1 (BE) | Added explicit value. |
| 2300.HI04-5 (BE) | Added triad separators. |
| 2300.HI05-1 (BE) | Added explicit value. |
| 2300.HI05-5 (BE) | Added triad separators. |
| 2300.HI06-1 (BE) | Added explicit value. |
| 2300.HI06-5 (BE) | Added triad separators. |
| 2300.HI07-1 (BE) | Added explicit value. |
| 2300.HI07-5 (BE) | Added triad separators. |
| 2300.HI08-1 (BE) | \|Added explicit value. |
| 2300.HI08-5 (BE) | Added triad separators. |
| 2300.HI09-1 (BE) | Added explicit value. |
| 2300.HI09-5 (BE) | Added triad separators. |
| 2300.HI10-1 (BE) | Added explicit value. |
| 2300.HI10-5 (BE) | Added triad separators. |
| 2300.HI11-1 (BE) | Added explicit value. |
| 2300.HI11-5 (BE) | Added triad separators. |
| 2300.HI12-1 (BE) | Added explicit value. |
| 2300.HI12-5 (BE) | Added triad separators. |
| 2300.HI (BG) | Added CSCCs. |
| 2300.HI01-1 (BG) | Added explicit value. |
| 2300.HI02-1 (BG) | Added explicit value. |
| 2300.HI03-1 (BG) | Added explicit value. |
| 2300.HI04-1 (BG) | Added explicit value. |
| 2300.HI05-1 (BG) | Added explicit value. |
| 2300.HI06-1 (BG) | Added explicit value. |
| 2300.HI07-1 (BG) | Added explicit value. |


| 2300.HI08-1 (BG) | Added explicit value. |
| :---: | :---: |
| 2300.HI09-1 (BG) | Added explicit value. |
| 2300.HI10-1 (BG) | Added explicit value. |
| 2300.HI11-1 (BG) | Added explicit value. |
| 2300.HI12-1 (BG) | Added explicit value. |
| 2300.HI (TC) | Changed the usage from R to S |
| 2300.HI (TC) | Added CSCCs. |
| 2300.HI01-1 (TC) | Added explicit value. |
| 2300.HI02-1 (TC) | Added explicit value. |
| 2300.HI03-1 (TC) | Added explicit value. |
| 2300.HI04-1 (TC) | Added explicit value. |
| 2300.HI05-1 (TC) | Added explicit value. |
| 2300.HI06-1 (TC) | Added explicit value. |
| 2300.HI07-1 (TC) | Added explicit value. |
| 2300.HI08-1 (TC) | Added explicit value. |
| 2300.HI09-1 (TC) | Added explicit value. |
| 2300.HI10-1 (TC) | Added explicit value. |
| 2300.HI11-1 (TC) | Added explicit value. |
| 2300.HI12-1 (TC) | Added explicit value. |
| 2300.HCP02 | Added triad separators. |
| 2300.HCP03 | Added triad separators. |
| 2300.HCP04 | Changed to match the Professional edit. |
| 2300.HCP06 | Changed to match the Professional edit. |
| 2300.HCP07 | \|Added triad separators. |
| 2300.HCP08 | Added standard "non-space" edit. |
| 2300.HCP08 | Corrected maximum length. |
| 2310A.NM103 | Added new row for a 277 instruction. |
| 2310A.NM104 | Added new row for a 277 instruction. |
| 2310A.NM105 | Added new row for a 277 instruction. |
| 2310A.NM107 | Added new row for a 277 instruction. |
| 2310A.NM108 | Changed to 277/situational data required. |
| 2310A.NM108 | Added CSCC. |
| 2310A.NM109 | Added CSCCs. |
| 2310A.PRV | Corrected segment name. |
| 2310A.PRV01 | Added explicit value. |
| 2310A.PRV02 | Added explicit value. |
| 2310A.PRV03 | Added CSCC. |
| 2310A.REF (1G) | Corrected segment name. Corrected location references in the edit. |
| 2310A.REF (1G) | Added CSCC. |
| 2310A.REF01 (1G) | Added CSCC. |
| 2310B.NM103 | Added new row for a 277 instruction. |


| 2310B.NM104 | Added new row for a 277 instruction. |
| :---: | :---: |
| 2310B.NM105 | Added new row for a 277 instruction. |
| 2310B.NM107 | Added new row for a 277 instruction. |
| 2310B.NM108 | Changed to 277/situational data required. |
| 2310B.NM108 | Changed "= 31" to "is a valid VA identifier". |
| 2310B.NM108 | Added CSCC. |
| 2310B.NM109 | Added CSCCs. |
| 2310B.REF (1G) | Added CSCC. |
| 2310B.REF01 (1G) | Added CSCC. |
| 2310B.REF02 (1G) | Added CSCC. |
| 2310C.NM103 | Added new row for a 277 instruction. |
| 2310C.NM104 | Added new row for a 277 instruction. |
| 2310C.NM105 | Added new row for a 277 instruction. |
| 2310C.NM107 | Added new row for a 277 instruction. |
| 2310C.NM108 | Added explicit value. |
| 2310C.NM108 | Changed to 277/situational data required. |
| 2310C.NM108 | Changed "= 31" to "is a valid VA identifier". |
| 2310C.NM108 | Added CSCC. |
| 2310C.NM109 | Added CSCCs. |
| 2310C.REF (1G) | Added CSCC. |
| 2310C.REF01 (1G) | Added CSCC. |
| 2310C.REF02 (1G) | Added CSCC. |
| 2310D.NM103 | Added new row for a 277 instruction. |
| 2310D.NM104 | Added new row for a 277 instruction. |
| 2310D.NM105 | Added new row for a 277 instruction. |
| 2310D.NM107 | Added new row for a 277 instruction. |
| 2310D.NM108 | Added explicit value. |
| 2310D.NM108 | Changed to 277/situational data required. |
| 2310D.NM108 | Changed "= 31" to "is a valid VA identifier". |
| 2310D.NM108 | Added CSCCs, corrected the location reference. |
| 2310D.NM109 | Added CSCCs. |
| 2310D.REF (1G) | Added CSCC. |
| 2310D.REF01 (1G) | Added CSCC. |
| 2310D.REF02 (1G) | Added CSCC. |
| 2310E.NM103 | Added new row for a 277 instruction. |
| 2310E.NM104 | Added new row for a 277 instruction. |
| 2310E.NM105 | Added new row for a 277 instruction. |
| 2310E.NM108 | Added explicit value. |
| 2310E.NM109 | Deleted edit "2310E.NM109 must be a valid NPI on the Crosswalk when evaluated with 1000B.NM109". |
| 2310E.NM109 | Added CSCCs. |
| 2310E.N301 | Added a new row for 277 instructions. |


| 2310E.N302 | Added a new row for 277 instructions. |
| :---: | :---: |
| 2310E.N401 | Added new row for a 277 instruction. |
| 2310E.N402 | Added CSCCs. |
| 2310E.N403 | Added CSCCs. |
| 2310E.N404 | Added CSCCs. |
| 2310E.REF (1G) | Added CSCC. |
| 2310E.REF01 (1G) | Added CSCC. |
| 2310E.REF02 (1G) | Added CSCC. |
| 2310F.NM1 | Changed iteration number to match 837 errata. |
| 2310F.NM103 | Changed to match the Professional edits. |
| 2310F.NM103 | Added new row for a 277 instruction. |
| 2310F.NM104 | Changed to match the Professional edits. |
| 2310F.NM104 | Added new row for a 277 instruction. |
| 2310F.NM105 | Changed to match the Professional edits. |
| 2310F.NM105 | Added new row for a 277 instruction. |
| 2310F.NM107 | Changed to match the Professional edits. |
| 2310F.NM107 | Added new row for a 277 instruction. |
| 2310F.NM108 | Changed to match the Professional edits. |
| 2310F.NM108 | Added explicit value. |
| 2310F.NM108 | Changed to 277/situational data required. |
| 2310F.NM108 | Changed "= 31" to "is a valid VA identifier". |
| 2310F.NM108 | Added CSCCs, corrected the location reference. |
| 2310F.NM109 | Changed to match the Professional edits. |
| 2310F.NM109 | Added CSCCs. |
| 2310F.REF (1G) | Added CSCC. |
| 2310F.REF01 (1G) | Added CSCC. |
| 2310F.REF02 (1G) | Added CSCC. |
| 2320.SBR01 | Deleted the T-H edits |
| 2320.SBR01 | Added CSCC. |
| 2320.SBR03 | Corrected the maximum length. |
| 2320 SBR03 | Added new row for a 277 instruction. |
| 2320 SBR04 | Added new row for a 277 instruction. |
| 2320.SBR09 | Changed to match the Professional edits. |
| 2320.SBR09 | Added CSCC. |
| 2320.CAS01 | Added CSCC. |
| 2320.CAS02 | Added CSCC. |
| 2320.CAS03 | Added 2nd CSC code (519). |
| 2320.CAS03 | Changed the CSC code to the code approved by the committee (697) |
| 2320.CAS03 | Added CSCC. |
| 2320.CAS04 | Added CSCC. |
| 2320.CAS05 | Added CSCCs. |


| 2320.CAS06 | Changed the CSC code to the code approved by the committee (697) |
| :---: | :---: |
| 2320.CAS06 | Added CSCC. |
| 2320.CAS07 | Added CSCCs. |
| 2320.CAS08 | Added CSCCs. |
| 2320.CAS09 | Added 2nd CSC code (519). |
| 2320.CAS09 | Changed the CSC code to the code approved by the committee (697) |
| 2320.CAS09 | Added CSCCs. |
| 2320.CAS10 | Added CSCCs. |
| 2320.CAS11 | Added CSCCs. |
| 2320.CAS12 | Added 2nd CSC code (519). |
| 2320.CAS12 | Changed the CSC code to the code approved by the committee (697) |
| 2320.CAS12 | Added CSCCs. |
| 2320.CAS13 | Added CSCCs. |
| 2320.CAS14 | Added CSCCs. |
| 2320.CAS15 | Added 2nd CSC code (519). |
| 2320.CAS15 | Changed the CSC code to the code approved by the committee (697) |
| 2320.CAS15 | Added CSCCs. |
| 2320.CAS16 | Added CSCCs. |
| 2320.CAS17 | Added CSCCs. |
| 2320.CAS18 | Added 2nd CSC code (519). |
| 2320.CAS18 | Changed the CSC code to the code approved by the committee (697) |
| 2320.CAS18 | Added CSCCs. |
| 2320.CAS19 | Added CSCCs. |
| 2320.AMT (D) | Deleted the T-H edits |
| 2320.AMT (D) | Added CSCCs. |
| 2320.AMT01 (D) | Added explicit value. |
| 2320.AMT02 (D) | Changed to match the Professional error code. |
| 2320.AMT02 (D) | Changed the CSC code to the code approved by the committee (697) |
| 2320.AMT02 (D) | Added CSCCs. |
| 2320.AMT (EAF) | Added explicit value. |
| 2320.AMT01 (A8) | Added explicit value. |
| 2320.AMT01 (A8) | Changed the CSC code to the code approved by the committee (697) |
| 2320.AMT02 (A8) | Added CSCCs. |
| 2320.MIA01 | Added CSCCs. |
| 2320.MIA03 | Added CSCCs. |
| 2320.MIA04 | Changed the CSC code to the code approved by the committee (697) |
| 2320.MIA04 | Added CSCCs. |
| 2320.MIA05 | Corrected the maximum length. |
| 2320.MIA05 | Added CSCCs. |
| 2320.MIA06 | Changed the CSC code to the code approved by the committee (697) |
| 2320.MIA06 | Added CSCCs. |


| 2320.MIA07 | Changed the CSC code to the code approved by the committee (697) |
| :---: | :---: |
| 2320.MIA07 | Added CSCCs. |
| 2320.MIA08 | Changed the CSC code to the code approved by the committee (697) |
| 2320.MIA08 | Added CSCCs. |
| 2320.MIA09 | Added CSCCs. |
| 2320.MIA10 | Corrected the maximum length. |
| 2320.MIA10 | Added CSCCs. |
| 2320.MIA11 | Changed the CSC code to the code approved by the committee (697) |
| 2320.MIA11 | Added CSCCs. |
| 2320.MIA12 | Changed the CSC code to the code approved by the committee (697) |
| 2320.MIA12 | Added CSCCs. |
| 2320.MIA13 | Changed the CSC code to the code approved by the committee (697) |
| 2320.MIA13 | Added CSCCs. |
| 2320.MIA14 | Changed the CSC code to the code approved by the committee (697) |
| 2320.MIA14 | Added CSCCs. |
| 2320.MIA15 | Added CSCCs. |
| 2320.MIA16 | Changed the CSC code to the code approved by the committee (697) |
| 2320.MIA16 | Added CSCCs. |
| 2320.MIA17 | Changed the CSC code to the code approved by the committee (697) |
| 2320.MIA17 | Added CSCCs. |
| 2320.MIA18 | Changed the CSC code to the code approved by the committee (697) |
| 2320.MIA18 | Added CSCCs. |
| 2320.MIA19 | Changed the CSC code to the code approved by the committee (697) |
| 2320.MIA19 | Added CSCCs. |
| 2320.MIA20 | Added CSCCs. |
| 2320.MIA22 | Added CSCCs. |
| 2320.MIA23 | Added CSCCs. |
| 2320.MIA21 | Added CSCCs. |
| 2320.MIA24 | Changed the CSC code to the code approved by the committee (697) |
| 2320.MIA24 | Added CSCCs. |
| 2320.MOA | Corrected segment name. |
| 2320.MOA01 | Changed to match the Professional edits. |
| 2320.MOA01 | Changed the CSC code to the code approved by the committee (697) |
| 2320.MOA01 | Added CSCCs. |
| 2320.MOA02 | Changed the CSC code to the code approved by the committee (697) |
| 2320.MOA02 | Added CSCCs. |
| 2320.MOA03 | Added CSCCs. |
| 2320.MOA04 | Added CSCCs. |
| 2320.MOA05 | Added CSCCs. |
| 2320.MOA06 | Added CSCCs. |
| 2320.MOA07 | Added CSCCs. |


| 2320.MOA08 | Changed the CSC code to the code approved by the committee (697) |
| :---: | :---: |
| 2320.MOA08 | Added CSCCs. |
| 2320.MOA09 | Changed the CSC code to the code approved by the committee (697) |
| 2320.MOA09 | Added CSCCs. |
| 2330A.NM103 | Added new row for a 277 instruction. |
| 2330A.NM104 | Added new row for a 277 instruction. |
| 2330A.NM105 | Added new row for a 277 instruction. |
| 2330A.NM106 | Changed to match the Professional edits. |
| 2330A.NM107 | Added new row for a 277 instruction. |
| 2330A.NM109 | Added new row for a 277 instruction. |
| 2330A.N301 | Added a new row for 277 instructions. |
| 2330A.N302 | Added a new row for 277 instructions. |
| 2330A.N401 | Added new row for a 277 instruction. |
| 2330A.N402 | Added CSCCs. |
| 2330A.N403 | Added CSCCs. |
| 2330A.N404 | Added CSCCs. |
| 2330A.REF02 | Added CSCCs. |
| 2330B.NM103 | Added new row for a 277 instruction. |
| 2330B.NM104 | Added new row for a 277 instruction. |
| 2330B.NM105 | Added new row for a 277 instruction. |
| 2330B.N301 | Added a new row for 277 instructions. |
| 2330B.N302 | Added a new row for 277 instructions. |
| 2330B.N401 | Added new row for a 277 instruction. |
| 2330B.N402 | Added CSCCs. |
| 2330B.N403 | Added CSCCs. |
| 2330B.N404 | Added CSCCs. |
| 2330B.DTP (573) | Changed to match the Professional edits. |
| 2330B.DTP01 (573) | Added explicit value. |
| 2330B.DTP02 (573) | Added explicit value. |
| 2330B.DTP03 (573) | Changed to match the Professional edits. |
| 2330B.DTP03 (573) | Added CSCCs. |
| 2330B.REF01 (2U, EI, FY, NF) | Added CSCCs. |
| 2330B.REF01 (G1) | Added explicit value. |
| 2330B.REF01 (9F) | Added explicit value. |
| 2330B.REF01 (T4) | Added explicit value. |
| 2330B.REF01 (F8) | Added explicit value. |
| 2330C Loop | Added CSCCs. |
| 2330D Loop | Added CSCCs. |
| 2330E Loop | Added CSCCs. |
| 2330F Loop | Added CSCCs. |
| 2330G Loop | Added CSCCs. |


| 2330H Loop | Added CSCCs. |
| :---: | :---: |
| 23301 Loop | Added CSCCs. |
| 2400 Loop | Added CSCCs. |
| 2400.LX01 | Added CSCCs. |
| 2400.SV203 | Added triad separators. |
| 2400.SV203 | Changed the CSC code to the code approved by the committee (697) |
| 2400.SV205 | Changed the CSC code to the code approved by the committee (697) |
| 2400.SV207 | Added triad separators. |
| 2400.SV207 | Changed the CSC code to the code approved by the committee (697) |
| 2400.PWK | Corrected segment repetitions. |
| 2400.PWK05 | Copied the error code from P to I |
| 2400.PWK05 | Added explicit value. |
| 2400.PWK06 | Copied the error code from P to I |
| 2400.PWK06 | Added new row for a 277 instruction. |
| 2400.DTP (472) | Changed to match the Professional edits. |
| 2400.DTP01 (472) | Added explicit value. |
| 2400.DTP03 (573) | Added CSCCs. |
| 2400.REF01 (6R) | Added explicit value. |
| 2400.REF01 (9B) | Added explicit value. |
| 2400.REF01 (9D) | Added explicit value. |
| 2400.AMT01 (GT) | Added explicit value. |
| 2400.AMT02 (GT) | Added triad separators. |
| 2400.AMT01 (N8) | Added explicit value. |
| 2400.AMT02 (N8) | \|Added triad separators. |
| 2400.NTE01 (TPO) | Added explicit value. |
| 2400.HCP | Changed to match the Professional edits. |
| 2400.HCP02 | Added triad separators. |
| 2400.HCP03 | Added triad separators. |
| 2400.HCP04 | Changed to match the Professional edits. |
| 2400.HCP05 | Added triad separators. |
| 2400.HCP05 | Changed to match the Professional edits. |
| 2400.HCP06 | Changed to match the Professional edits. |
| 2400.HCP07 | Added triad separators. |
| 2400.HCP12 | Added triad separators. |
| 2410.LIN02 | Added explicit value. |
| 2410.CTP04 | Changed to match the Professional edits. Added triad separators. |
| 2410.CTP04 | Changed the CSC code to the code approved by the committee (697) |
| 2410.CTP04 | Added CSCCs. |
| 2410.REF (VY/XZ) | Added "pass-thru" note. |
| 2420A.NM103 | Added new row for a 277 instruction. |
| 2420A.NM104 | Added new row for a 277 instruction. |


| 2420A.NM105 | Added new row for a 277 instruction. |
| :---: | :---: |
| 2420A.NM108 | Changed to 277/situational data required. |
| 2420A.NM108 | Changed "= 31" to "is a valid VA identifier". |
| 2420A.NM108 | Added CSCCs, corrected the location reference. |
| 2420A.NM109 | Added CSCCs. |
| 2420A.REF (1G) | Added CSCC. |
| 2420A.REF02 (1G) | Added CSCC. |
| 2420B.NM103 | Added new row for a 277 instruction. |
| 2420B.NM104 | Added new row for a 277 instruction. |
| 2420B.NM105 | Added new row for a 277 instruction. |
| 2420B.NM108 | Changed to 277/situational data required. |
| 2420B.NM108 | Changed "= 31" to "is a valid VA identifier". |
| 2420B.NM108 | Added CSCCs, corrected the location reference. |
| 2420B.NM109 | Added CSCCs. |
| 2420B.REF (1G) | Added CSCC. |
| 2420B.REF02 (1G) | Added CSCC. |
| 2420C.NM103 | Added new row for a 277 instruction. |
| 2420C.NM104 | Changed to match the Professional edits. |
| 2420C.NM104 | Added new row for a 277 instruction. |
| 2420C.NM105 | Changed to match the Professional edits. |
| 2420C.NM105 | Added new row for a 277 instruction. |
| 2420C.NM108 | Added explicit value. |
| 2420C.NM108 | Changed to 277/situational data required. |
| 2420C.NM108 | \|Changed "= 31" to "is a valid VA identifier". |
| 2420C.NM108 | Added CSCCs, corrected the location reference. |
| 2420C.NM109 | Added CSCCs. |
| 2420C.REF (1G) | Changed error code. |
| 2420C.REF (1G) | Added CSCC. |
| 2420C.REF02 (1G) | Added CSCC. |
| 2420D.NM1 | Changed to match the Professional edits. |
| 2420D.NM103 | Added new row for a 277 instruction. |
| 2420D.NM104 | Added new row for a 277 instruction. |
| 2420D.NM105 | Added new row for a 277 instruction. |
| 2420D.NM108 | Added explicit value. |
| 2420D.NM108 | Changed to 277/situational data required. |
| 2420D.NM108 | Added CSCCs, corrected the location reference. |
| 2420D.NM109 | Added CSCCs. |
| 2420D.REF (1G) | Added CSCC. |
| 2420D.REF02 (1G) | Added CSCC. |
| 2430.SVD01 | Changed to match the Professional edits. |
| 2430.SVD02 | Changed the CSC code to the code approved by the committee (697) |


| 2430.SVD03-2 | Corrected spelling of "modifier". |
| :---: | :---: |
| 2430.SVD03-3 | Corrected spelling of "modifier". |
| 2430.SVD03-4 | Changed to match the Professional edits. |
| 2430.SVD03-4 | Corrected spelling of "modifier". |
| 2430.SVD03-5 | Changed to match the Professional edits. |
| 2430.SVD03-5 | Corrected spelling of "modifier". |
| 2430.SVD03-6 | Changed to match the Professional edits. |
| 2430.SVD03-6 | Corrected spelling of "modifier". |
| 2430.CAS | Changed to match the Professional edits. |
| 2430.CAS02 | Changed to match the Professional error code. |
| 2430.CAS02 | Added CSCC. |
| 2430.CAS03 | Added 2nd CSC code (519). |
| 2430.CAS03 | Changed the CSC code to the code approved by the committee (697) |
| 2430.CAS05 | Changed to match the Professional error code. |
| 2430.CAS05 | Added CSCC. |
| 2430.CAS06 | Added 2nd CSC code (519). |
| 2430.CAS06 | Changed the CSC code to the code approved by the committee (697) |
| 2430.CAS08 | Changed to match the Professional error code. |
| 2430.CAS08 | Added CSCC. |
| 2430.CAS09 | Added 2nd CSC code (519). |
| 2430.CAS09 | Changed the CSC code to the code approved by the committee (697) |
| 2430.CAS11 | Changed to match the Professional error code. |
| 2430.CAS11 | Added CSCC. |
| 2430.CAS12 | Added 2nd CSC code (519). |
| 2430.CAS12 | Changed the CSC code to the code approved by the committee (697) |
| 2430.CAS14 | Changed to match the Professional error code. |
| 2430.CAS14 | Added CSCC. |
| 2430.CAS15 | Added 2nd CSC code (519). |
| 2430.CAS15 | Changed the CSC code to the code approved by the committee (697) |
| 2430.CAS17 | Changed to match the Professional error code. |
| 2430.CAS17 | Added CSCC. |
| 2430.CAS18 | Added 2nd CSC code (519). |
| 2430.CAS18 | Changed the CSC code to the code approved by the committee (697) |
| 2430.DTP01 (573) | Added explicit value. |
| 2430.DTP02 (573) | Added explicit value. |
| 2430.DTP02 (573) | Changed to match the Professional error code. |
| 2430.AMT (EAF) | Changed to match the Professional edits. |
| 2430.AMT01 (EAF) | Added explicit value. |
| 2430.AMT01 (EAF) | Deleted edit. |
| SE | Corrected location typo. |
| SE | Changed the error code to an AK502 error. |


| SE01 | Changed the error code to an AK502 error. |
| :---: | :---: |
| SE02 | Changed the error code to an AK502 error. |
| GE | Changed the error code to an AK905 error. |
| GE01 | Changed the error code to an AK905 error. |
| GE02 | Changed the error code to an AK905 error. |
| IEA | Changed to match the Professional error code. |
| IEA | Changed error code from 024 to 023 |
| IEA01 | Changed to match the Professional error code. |
| IEA02 | Changed to match the Professional error code. |
| Amout Elements | Updated all monetary amounts to reflect flat file pictures of S9(8)V99 |
| X223.364.2320.AMT02.060 | Added the inclusion of the CAS amounts for balancing |
| X223.349.2310F.NM109.040 | Removed edit for "2310A.NM109 must be a valid NPI on the Crosswalk when evaluated with 1000B.NM109." |
| X223.319.2310A.NM109.030 | Removed edit for "2310A.NM109 must be a valid NPI on the Crosswalk when evaluated with 1000B.NM109." |
| X223.326.2310B.NM109.040 | Removed edit for "2310B.NM109 must be a valid NPI on the Crosswalk when evaluated with 1000B.NM109." |
| X223.331.2310C.NM109.040 | Removed edit for "2310C.NM109 must be a valid NPI on the Crosswalk when evaluated with 1000B.NM109." |
| X223.336.2310D.NM109.040 | Removed edit for "2310D.NM109 must be a valid NPI on the Crosswalk when evaluated with 1000B.NM109." |
| X223.349.2310F.NM109.040 | Removed edit for "2310F.NM109 must be a valid NPI on the Crosswalk when evaluated with 1000B.NM109." |
| X223.456.2420A.NM109.040 | Removed edit for "2420A.NM109 must be a valid NPI on the Crosswalk when evaluated with 1000B.NM109." |
| X223.461.2420B.NM109.040 | Removed edit for "2420B.NM109 must be a valid NPI on the Crosswalk when evaluated with 1000B.NM109." |
| X223.466.2420C.NM109.040 | Removed edit for "2420C.NM109 must be a valid NPI on the Crosswalk when evaluated with 1000B.NM109." |
| X223.471.2420D.NM109.040 | Removed edit for "2420D.NM109 must be a valid NPI on the Crosswalk when evaluated with 1000B.NM109." |
| X223.383.2330A.REF02.020 | Added MCS logic for editing SSNs |
| X223.080.2000A.PRV02.010 | corrected incorrect reference to 2000B |
| X223.080.2000A.PRV02.020 | corrected incorrect reference to 2000B |
| X223.080.2000A.PRV03.010 | corrected incorrect reference to 2000B |
| X223.080.2000A.PRV03.020 | corrected incorrect reference to 2000B |
| X223.084.2010AA.NM109.040 | Removed \$ from edit description |
| X223.383.2330A.REF01.020 | Corrected reference to 2330A rather than 2310A |
| X223.387.2330B.N402.010 | Corrected reference to 2330B |
| X223.392.2330B.REF02 | Corrected typos. |
| X223.435.2400.REF02 | Corrected typos. |
| X223.341.2310E.NM103.060 | Changed CSC 504 to 125 |
| X223.090.2010AA.REF02.050 | Remvoe Misc. Note for NPI |
| X223.071.1000A.NM109.030 | Added entity identifier code |
| X223.084.2010AA.NM108.010 | Changed usage from R to S |
| X223.087.2010AA.N301.070 | Added "P O BOX" to valid values list |
| X223.087.2010AA.N302.010 | Added data type, min/max, and usage |
| X223.087.2010AA.N302.060 | Added "P O BOX" to valid values list |
| X223.143.2300.CLM02.070 | Changed CSC from 178 to 400 "Claim is out of balance" |
| X223.149.2300.DTP. 010 | Final impatient claims are ones with a TOB Freq eual to '1' or '4'. |
| X223.151.2300.DTP03.040 | Change CSC from 394 to 189 |

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| X223.153.2300.CL102.030 | Added "Source" |
| :---: | :---: |
| X223.175.2300.REF02 | Added the min/max edits and must contain one char for consistancy with other REF edits. |
| X223.369.2320.MIA05 | Changed from 2330B.DTP03 whent DTP01="573" to 2300.DTP03 when DTP01="434" |
| X223.387.2330B.N403.010 | Changed the references from 2330A to 2330B |
| X223.393.2330B.REF01.020 | Change edit reference from SF to 9F |
| X223.433.2400.DTP01.010 | Added data type, min/max, and usage |
| X223.471.2420D.NM1.020 | Removed " on a combined (facility and professional compenents) claim. " |
| X223.476.2430.SVD03-2.030 | Added "on the date in 2400.DTP03 when DTP01 = "472"." for date checking for HIPPS codes. |
| X223.088.2010AA.N402.030 | Added edit for valid state code |
| X223.088.2010AA.N403.030 | Added edit for valid zip code |
| X223.097.2010AB.N402.030 | Added edit for valid state code |
| X223.176.2300.K301.050 | Corrected reference to K301 instead of REF02 |
| X223A1.12.2310F.NM1.020 | Changed reference X223.349.2310E.NM1.010 to X223A1.12.2310F.NM1.020 due to change in repreat for referring providers in the type 1 errata. |
| X223A1.23..GS08.010 | Changed 5010 value from 005010X223 to 005010X223A1 |
| X223A1.11..ST03.010 | Changed 5010 value from 005010X223 to 005010X223A1 |
| X223.068..BHT06.020 | Added edit requiring value of "HC" |
| X223.424.2400.SV207.010 | Removed edit requiring SV207 which cannot be determined if the provider had non-covered charges. |
| X223.313.2300.HCP12.030 | Change reference in 5010 edit from 2400 to 2300 |
| X223.313.2300.HCP12.040 | Change reference in 5010 edit from 2400 to 2300 |
| X223.313.2300.HCP12.050 | Change reference in 5010 edit from 2400 to 2300 |
| Topic Parking Lot | Removed. Issue tracked provide no guidance or benefit for the implementation of the CR |
| X223.C7..GS. 020 | Changed added disposition of "TA105: 024 Invalid GS Segment" |
| X223.C7..GS04 and GS05 | Changed to TA1 rather than 999. |
| X223.358.2320.CAS06.050 | Changed Accept/Reject to E |
| X223.358.2320.CAS09.050 | Changed Accept/Reject to E |
| X223.358.2320.CAS15.050 | Changed Accept/Reject to E |
| X223.364.2320.AMT02.020 | Removed 5010 edit language |
| X223.365.2320.AMT02.020 | Removed 5010 edit language |
| X223.365.2320.AMT02.040 | Removed 5010 edit language |
| X223.366.2320.AMT02.030 | Removed 5010 edit language |
| X223.366.2320.AMT02.040 | Removed 5010 edit language |
| X223.366.2320.AMT02 | Moved edit for invalid charater (277CA) after 999E for must be numeric ( renumbered edits for AMT02) |
| X223.364.2320.AMT02.030 | Changed from 999R to 999E and added new 277CA edit for invalid character. Also renumbered remaining edits due to insert of new X223.364.2320.AMT02.040 edit. |
| X223.459.2420A.REF02.010 | changed X12 min/max from 1-30 to 1-50 |
| X223.081.2000A.CUR. 010 | Added new 999E edit for CUR segment as a not used for implementation error. This caused the current X223.081.2000A.CUR. 010 edit to be pushed down to the second edit (.020) for the CUR segment. |
| X223.122.2010BB.NM107.020 | Removed edit as 2010BB.NM107 is not used. |
| X223.476.2430.SVD06.040 | Removed - Duplicate edit to X223.476.2430.SVD06.030 |
| X223.109.2000B.SBR01.020 | Changed R to E and swapped 030 and 040 edit to get corresponding 277 under 999E |

Change Log
Changes to the version included for POC Review

| All 277 rows | Added T \& C to indicate errors which identified in the translator ( T ) and which errors are identified in the CEM ( C ) |
| :--- | :--- |
| X223.088.2010AA.N403.030 |  |
| X223.097.2010AB.N403.030 | Added check if N404 is not present then validate zip code |
| X223.464.2420B.REF01.020 | Added note "Trailblazer Only" |
| X223.239.2300.HI.010 | Added (not outpatient) per 6676 comment and Matts agreement |
| X223.242.2300.HI.010 | Added (not outpatient) per 6676 comment and Matts agreement |
| X223.067..ST.020 | changed edit to IK502: 1 "Transaction Set Not Supported". |
| X223.078.2000A.HL.020 | changed edit to IK304 = 5: "Segment Exceeds Maximum Use" |
| X223.097.2010AB.N402.010 | changed to 999R |
| all appropriate 2310A NM1 <br> elements | changed Attendee to Attending |
|  | EIC - Entitity Identifier Code added to \#113 in the style sheet |
|  | replaced all Entity Identifier Code occurences to EIC |
| all appropriate 2300 HI elements | updated treatment code edits |
| X223.364.2320.AMT02.030 | changed to 999R and deleted corresponding 277 (X223.364.2320.AMT02.040) |
| X223.365.2320.AMT02.030 | changed to 999R and deleted corresponding 277 (X223.365.2320.AMT02.040) |
| X223.366.2320.AMT02.010 | changed to 999R and deleted corresponding 277 (X223.366.2320.AMT02.040) |
| X223.367.2320.O103.010 | corrected Col F to OI03 |
| X223.367.2320.O103.010 | corrected to X223.367.2320.OI03.010 |
| X223.383.2330A.REF02.020 | changed to CSC 148: "Entity's Social Security Number" |
| X223.433.2400.DTP01.020 | deleted |
| X223.452.2410.CTP04.020 | deleted |
| X223.471.2420D.NM1.020 | changed to IK304 = 5: "Segment Exceeds Maximum Use" |
| X223.476.2430.SVD05.050 | changed to 999R and deleted corresponding 277 (X223.476.2430.SVD05.060) |
| X223.476.2430.SVD06.060 | deleted |
| X223.C10..IEA.010 | added "R" to column P |
| X223.C10..IEA.020 | added "R" to column P |
| X223.C10..IEA01.010 | added "R" to column P |
| X223.C10..IEA01.020 | added "R" to column P |
| X223.C10..IEA01.030 | added "R" to column P |
| X223.C10..IEA01.040 | added "R" to column P |
| X223.C10..IEA02.010 | added "R" to column P |
| X223.C10..IEA02.020 | added "R" to column P |
| X223.169.2300.REF.010 | changed to 999R IK304 = 5: "Segment Exceeds Maximum Use" |
| X223.354.2320.SBR.010 | added loop repeat of 10 |
| X223.358.2320.CAS02.030 | added CSC 516: Adjudication or Payment Date |
| X223.358.2320.CAS03.060 | added CSC 519: "Adjustment Amount" |
| X223.374.2320.MOA02.020 | changed to 999E |
| X223.358.2320.CAS03.030 | moved the 999E edit to follow the 999R editing |
| X223.358.2320.CAS06.030 | moved the 999E edit to follow the 999R editing |
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| X223.358.2320.CAS09.030 | moved the 999E edit to follow the 999R editing |
| :--- | :--- |
| X223.358.2320.CAS12.030 | moved the 999E edit to follow the 999R editing |
| X223.358.2320.CAS15.030 | moved the 999E edit to follow the 999R editing |
| X223.358.2320.CAS18.030 | moved the 999E edit to follow the 999R editing |
| X223.364.2320.AMT02.010 | moved the 999R edit to be before the 999E editing |
| X223.365.2320.AMT02.010 | moved the 999R edit to be before the 999E editing |
| X223.366.2320.AMT02. | Corrected the edit numbering |
| X223.380.2330A.N301.020 | moved the 999R edit to be before the 999E editing |
| X223.442.2400.HCP02.020 | Added 999R edit for Must be numeric |
| X223.442.2400.HCP03.010 | Added 999R edit for Must be numeric |
| X223.442.2400.HCP07.010 | Added 999R edit for Must be numeric |
| X223.442.2400.HCP12.030 | Added 999R edit for Must be numeric |
| X223.442.2400.HCP12 | Added 277CA T edit for greater then 0 and number of decimal positions |
| X223.476.2430.SVD02.050 | Moved the 277CA edit to follow the 999E edit |
| X223.109.2000B.SBR04 | fixed all edits |
| $2330 C-23301$ | changed to CSCC A7: "Acknowledgement /Rejected for Invalid Information...." |
| X223.441.2400.NTE02.040 | removed EIC |
| X223.441.2400.NTE02.060 | removed EIC |
| X223.476.2430.SVD05.040 | changed to 999R |
| X223.442.2400.HCP10.030 | changed to When 2400.HCP10 = "HP", 2400.HCP10 must be a valid HIPPS Skilled Nursing Facility Rate Code. |
| global | Changed all TBD10 to CSC 127: "Entity's Phone Number" |
| global | Changed all TBD011 to CSC 53: "Entity ID Number" EIC: "PR" |
| global | Changed all TBD013 to CSC 702: "Repriced Claim Reference Number" |
| global | Changed all TBD016 to CSC 153: "Entity's ID Number" |
| global | Changed all TBD020 to CSC 153: "Entity's ID Number" |
| X223.476.2430.SVD05.030 | Changed TBD023 to CSC 608: "Paid Service Unit Count" |
| X223.078.2000A..010 | added IK304 = I7: "Implementation Loop Occurs Under Minimum Times" |
| X223.078.2000A..020 | IK304 = 4: "Loop Occurs Over Maximum Times" |
| X223.078.2000B..010 | added IK304 = I7: "Implementation Loop Occurs Under Minimum Times" |
| X223.084.2010AA.NM108.010 | changed to 277C |
| X223.084.2010AA.NM108.020 | changed to 277C |
| X223.326.2310B.NM108.010 | changed to TBD01 |
| X223.326.2310B.NM108.020 | Changed to 277C |
| X223.331.2310C.NM108.010 | changed to TBD01 |
| X223.331.2310C.NM108.020 | Changed to 277C |
| X223.336.2310D.NM108.010 | changed to TBD01 |
| X223.336.2310D.NM108.020 | Changed to 277C |
| X223.349.2310F.NM108.010 | changed to TBD01 |
| X223.349.2310F.NM108.020 | Changed to 277C |
| X223.456.2420A.NM108.010 | Changed to CSCC A8 |
| X223.461.2420B.NM108.010 | Changed to CSCC A8 |

Change Log
Changes to the version included for POC Review

| X223.466.2420C.NM108.010 | Changed to CSCC A8 |
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| X223.471.2420D.NM108.010 | Changed to CSCC A8 |
| X223.480.2430.CAS.020 | Changed to IK304 = 5: "Segment Exceeds Maximum Use" |
| X223.480.2430.CAS18.060 | added CSC 519: "Adjustment Amount" |
| X223.480.2430.CAS01.030 | added EIC: GB Other Insured |
| global | sync'd up claim and line level CAS segments |
| X223.097.2010AB.N403.020 | Changed to 277C |


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Balancing

| cLm | CLAIM information |  | 1 | R | 2300 | 1 |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| CLM02 | Total Claim Charge Amount | R | 1-18 | R |  |  |  |  | 277 |  | CLM02 must equal the sum of 2430 CAS amounts and 2320 CAS amounts and 2320 AMT02 (when AMT01=D). |  |  |
| clmo2 | Total Claim Charge Amount | R | 1-18 | R |  |  |  |  | 277 |  | If no 2430 SVD amounts or 2430 CAS amounts are present, CLMO2 must equal the sum of 2320 AMT02 (when AMT01=D) and 2320 CAS amounts. |  |  |
| amt | cob payer paid amount |  | 1 | s | 2320 |  |  |  |  |  |  |  |  |
| AMTO2 | Payer Paid Amount | R | 1-18 | R |  |  |  |  | 277 |  | If only SVD amounts are present (no CAS amounts present) 2320.AMT02 all 2430 .SVD02 amounts when the value in 2430 .SVD01 is the same as the value in 2330B.NM109. | If only SVD amounts are present (no CAS amounts present) 2320.AMT02 (AMT01=D) must - the sum the 2430.SVD02 amounts when the value in 2430. SVD01 is the same as the value in 2330B.NM109. |  |
| sv2 | $\underset{\substack{\text { institutional service } \\ \text { LiNe }}}{ }$ |  | 1 | R | 2400 |  |  |  |  |  |  |  |  |
| sv203 | Line tem Charge Amount | R | 1-18 | R |  |  |  |  | 277 |  | If SVD and 2430 CAS amounts are present, 2400. SV203 must $=$ the sum of all 2430.CAS amounts plus value in 2430 .SVD01 is the same as the value in 2330B.NM109. | If SVD and 2430 CAS amounts are present, 2400. SV203 must $=$ the 2430 .SVD02 amounts when the value in 2430. SVD01 is the same as the value in 2330B. NM109. |  |


| Style Sheet |  |
| :---: | :---: |
| Assumptions |  |
| 1 | Commercial EDI Translators will perform the following editing / validation of EDI submissions: <br> EDI syntax integrity validation <br> 1. Valid Segments (e.g. valid segment identifier, number of elements, delimiters) <br> 2. Segment order (as defined by the X12 / NCPDP standard) <br> 3. Element Attributes (e.g. X12 usage, repetitions, data type, and min/max size) <br> 4. Numeric element validation (e.g. leading minus signs, decimal points for $R$ data types) <br> 5. X12 / NCPDP syntatical rules <br> HIPAA syntax integrity validation based upon adopted specifications (X12 / NCPDP) <br> 1. Repeat maximums for segments, loops, elements (when repeating element are used) <br> 2. Used and un-used qualifiers, (internal) codes, elements, and segments <br> 3. Intra-segment situational data elements (e.g. DTP for auto accident becomes required when CLM011-1 or CLM11-2 is "AA" or "OA") THIS DOES NOT INCLUDE VALIDATION OF EXTERNAL CODE SOURCES (to be validated in the CEM). <br> Commercial EDI translators must refer to the Edits Spreadsheet to determine what action to take relative to syntax integrity compliance errors. If no reference is found in the Edits Spreadsheet for the compliance error the transaction set should be rejected with a 999R. These rejections should be tracked for potential inclusion within the Edits Spreadsheet. |
| 2 | Numeric and Decimal Data Type Elements <br> In the definition of the transaction flat file, each numeric or decimal data type element will have both an alphanumeric picture clause (e.g. PIC $\mathrm{X}(18)$ ) and a redefined numeric picture clause (e.g. PIC S9(8)V99). If the numeric picture clause is shorter than the alphanumeric picture clause a filler field will be used to fill the balance of the field length. <br> Commercial EDI Translators will initialize the alphanumeric picture clause with spaces in the flat file. During EDI translation of numeric or decimal data elements the flat file field will be zero fill and justify the numeric value appropriately for the associated numeric picture clause. By doing so the CEM will be able to determine if the data element was not present (space filled) or when it was present with the correct value (zero filled). <br> e.g. CLM02 Total Submitted Charges <br> 05 CLM02-TOTAL-SUBMITTED-CHARGES-GROUP PIC X(18). <br> 05 CLM02-TOTAL-SUBMITTED-CHARGES-REDEF REDEFINES CLM02-TOTAL-SUBMITTED-CHARGES-GROUP. <br> 10 CLMO2-TOTAL-SUBMITTED-CHARGES PIC S9(8)V99. <br> 10 CLM02-TOTAL-SUBMITTED-CHARGES-FILLER PIC X(8). |
| 3 | The Edit Identifier consists of the following fields seperated by periods. <br> TR3 Identifier <br> TR3 Page reference for the segment identified <br> TR3 Loop ID (if there is no loop ID there will be two periods together) <br> Segment ID and Element Position <br> Edit Number (wihin the Segment ID / Element Position) |


|  | The Accept / Reject column can contain one of four values: <br> for 999 (Implementation Acknowledgements) <br> R - Reject will cause the transaction set (ST-SE) to be rejected back to the submitter <br> E - Accept for further processing will cause the transaction set (ST-SE) to be passed on to the CEM where additional validation can occur and <br> reject indivual claims for both syntax and business reasons. <br> NOTE: If the 999E is for usage of a "Not Used" element only a 999E will be generated and sent back to the submitter. No corresponding <br> 277 will be created in the flat file for this type of error. <br> For 277 (Implementation Acknowledgements) <br> T - The error is identified in the translator and a STC records is added to the 837 flat file following the segment that had the error <br> C - The error will be identified in the CEM where the 277CA flat file will be generated and include the business errror found. <br> If a segment/element/composite is required, based on either guide usage or by situational rule interpretation, there will be an edit that indicates <br> it must be present. If a segment/element/composite is not used, based on either guide usage or by situational rule interpretation, there will be <br> an edit that indicates that it must not be present. If a segment/element/composite does not have either of those explicit notations, the edits <br> listed will apply when the segment/element/component is present. |
| :--- | :--- |
| 100 | Any numeric value with an edit that indicates it must be >= 0 means that negative numbers are not allowed. <br> Any numeric value with an edit that indicates it must be > 0 means that neither zero nor negative numbers are allowed. <br> If neither of these explicit edit are present, negative, zero, and positive numbers are allowed. |
| 101 | If a segment is repeated at the same location with different qualifiers, the segment edit will include a qualifier clause (Only one iteration of <br> $2300 . H I ~ w i t h ~ H I o 1-1 ~=~ " D R " ~ i s ~ a l l o w e d), ~ o t h e r w i s e ~ t h e ~ s e g m e n t ~ e d i t ~ w i l l ~ j u s t ~ i n c l u d e ~ t h e ~ n u m b e r ~ o f ~ i t e r a t i o n s ~ a l l o w e d ~(O n l y ~ o n e ~ i t e r a t i o n ~ o f ~$ |
| $2310 C . N M 1 ~ i s ~ a l l o w e d) . ~$ |  | | The Front End translators will determine billing criteria (inpatient, outpatient, POA, etc.) based on the NUBC manual. Specific criteria will not |
| :--- |
| The included in this document. |


| 111 | The words "digit" or "digits" in an edit implies numeric content. The words "character" or "characters" in an edit implies alphanumeric content. <br> $12 / 11 / 2008$ <br> If an edit references a numeric value (must be $>=,<=$ or $=$ with a numeric limitation) implies a numeric content requirement so the standard <br> numeric check will not be included. <br> CSC - Claim Status Code <br> CSCC - Claim Status Category Code <br> EIC - Entity Identifier Code |
| :--- | :--- |
| 112 |  |
| 113 |  |

Style Sheet


| Segment level edits |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: |
| Cat | Desc. | Edit text | Edit \# | Notes |
| Depends on claim info | Required segment missing. | Example text: 2310E.NM1 must be present when the location of the service is different than the location in Loop 2010AA. | IK304 $=16$ |  |
| Depends on the presence of another seament | Required segment missing. | Example text: If 2310E.N3 is present, 2301E.N4 must be present. | IK304 $=16$ |  |
| Element Errors | Segement has element errors. |  | IK304 = 8 | Not a spreadsheet assigned error. |
| Repeats | Loop level - maximum occurs exceded. | Example - Only one iteration of 2010AA is allowed. | IK304 $=4$ |  |
| Repeats | Segment level - maximum occurs exceded. | Example - Only one iteration of 2010AA is allowed. | IK304 = 5 |  |
| Repeats | Loop level - implementation guide required minimum occurs not present. | Example - Only one iteration of 2010AA is allowed. | IK304 = 17 |  |
| Repeats | Segment level - implementation guide required minimum occurs not present. | Example - Only one iteration of 2010AA is allowed. | IK304 $=18$ |  |
| Usage | Segment ID not recognized. |  | IK304 = 1 | Not a spreadsheet assigned error. |
| Usage | Segment unexpected. |  | IK304 = 2 | Not a spreadsheet assigned error. |
| Usage | Must be present - required segment. | Example - 2010AA.N4 must be present. | IK304 = 3 |  |
| Usage | Must not be present - segment not in the transaction. |  | IK304 = 6 | Not a spreadsheet assigned error. |
| Usage | Segment out of sequence. |  | IK304 = 7 | Not a spreadsheet assigned error. |
| Usage | Must not be present per the implementation guide. | Example - Must not be present. | $1 \mathrm{~K} 304=14$ |  |
| Usage | Must not be present per the implementation guide situational rules. | Example - Must not be present. | IK304 $=19$ |  |

Style Sheet

| Element level edits |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: |
| Cat | Desc. | Edit text | Edit \# | Notes |
| Attributes | Invalid character in element. | Must be numeric. | IK403 = 6 | N0 and R data types |
| Attributes | No significant character in the element. | Must contain at least one non-space character. | $\mathrm{IK} 403=6$ | AN |
| Attributes | Invalid character in the element. | Must be populated with accepted AN characters. | $\mathrm{IK} 403=6$ | AN |
| Attributes | Invalid code value. | When there are multiple qualifiers use the generic statement. <br> "Must be valid values." | $\mathrm{IK} 403=7$ | ID |
| Attributes | Invalid code value. | When there is only one qualifier, list the qualifier: Example: 1000A.NM108 must be "46". | $\mathrm{IK} 403=7$ | ID |
| Content | Implementation pattern match failure. (Format doesn't match expected format.) |  | IK403 = I12 |  |
| Date/Time | Invalid date or format. | If DTP02 equals D8, then DTP03 must be a valid date in CCYYMMDD format If DTP02 equals RD8, then DTP03 must be a valid date in CCYYMMDD-CCYYMMDD format If DTP02 equals DT, then DTP03 must be a valid date/time in CCYYMMDDHHMM format If DTP02 equals DT, then DTP03 must be a valid date/time in CCYYMMDDHHMM format <br> Must be >= 0 <br> Must be >0 <br> Must be <= 99999999.99 | $\mathrm{I} 403=8$ |  |
| Date/Time | Invalid date or format. |  | $\mathrm{IK} 403=8$ |  |
| Date/Time | Invalid date/time or format. |  | $\mathrm{IK} 403=8$ |  |
| Date/Time | Invalid date/time or format. |  | $\mathrm{IK} 403=9$ |  |
| Dollar Amt | Dollar amount must be greater than or equal to aero. |  | 277 |  |
| Dollar Amt | Dollar amount must be greater than zero. |  | 277 |  |
| Dollar Amt | Dollar amount exceeded. |  | $\mathrm{I} 403=5$ | amount maximum depends on data element length or implementation guide constraints. |
| Dollar Amt | Non-numeric data in a numeric element. | Must be numeric | $\mathrm{I} 403=6$ |  |
| Dollar Amt | dollar amounts with decimal values allowed. | Limited to 0, 1 or 2 decimal positions. | 277 |  |
| Non Dollar Numeric | Numeric element must be greater than or equal to aero. | Must be >= 0 | 277 |  |
| Non Dollar Numeric | Numeric element must be greater than zero. | Must be > 0 | 277 |  |
| Non Dollar Numeric | Numeric element exceeds maximum length. | must be \#- \#\# digits. | $\mathrm{I} 403 \mathrm{~S}=4$ | too short |
| Non Dollar Numeric | Numeric element less than minumim length. | must be \#- \#\# digits. | $\mathrm{I} 403=5$ | too long |
| Non Dollar Numeric | Numeric element not formatted correctly, or invalid length. | must be \#- \#\# digits, excluding the decimal. | $\mathrm{I} 403=5$ |  |
| Non Dollar Numeric | Numeric element not formatted correctly. | When a decimal is used in <<field name>>, the maximum digits to the right of the decimal is \#. | $\mathrm{I} 403=5$ |  |
| Non Dollar Numeric | Non-numeric data in a numeric element. | Must be numeric | $\mathrm{I} 403=6$ |  |
| Sizing | Element less than minumim length. | Must be X - X characters | IK403 = 4 | Too short |
| Sizing | Element exceeds maximum length. | Must be X - X characters | IK403 = 5 | Too long |
| Usage | Required element missing. | Must be present. | IK403 = 1 |  |

Style Sheet

| Usage | Must be present per the implementation guide situational rules. | Must be present. | $\mathrm{I} 403 \mathrm{=} 1$ |  |
| :---: | :---: | :---: | :---: | :---: |
| Usage | Conditional Requied Data Element missing. |  | $\mathrm{IK} 403=2$ |  |
| Usage | Too many data elements |  | $\mathrm{I} 403=3$ | Not a spreadsheet assigned error. |
| Usage | Exclusion Condition Violated |  | $\mathrm{IK} 403=10$ |  |
| Usage | Too many repetitions |  | $\begin{aligned} & \text { IK403 }=12 \\ & \text { IK403 }=13 \end{aligned}$ | Not a spreadsheet assigned error. |
| Usage | Too many components |  |  | Not a spreadsheet assigned error. |
| Usage | Must not be present - not used element. | Must not be present | I K403 = I10 |  |
| Usage | Must not be present per the implementation guide situational rules. | Must not be present | I K403 = I10 |  |
| Usage | Implementation too few repetitions. |  | IK403 = I11 |  |
| Usage | Implementation Dependent "not used" element present. |  | I K403 = I13 |  |
| External <br> Code <br> Source |  | Valid <code set name>> reference must be available for this edit. <br> Example: Valid Procedure Code Modifier reference must be available for this edit. |  | This is not an edit, it's a reminder of when a verification/reference table is required. |
|  |  |  |  |  |

