CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 606	Date: December 11, 2009
	Change Request 6738

SUBJECT: 5010-D.0 Project Healthcare Claims Acknowledgement 277CA Generator Implementation (FISS and MCS ONLY)

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is a follow up to CR 6622 to describe the business functions to be developed by the Part A Shared System Maintainer for the Fiscal Intermediary Shared System (FISS) and the Part B Shared System Maintainer for the Multi-Carrier System (MCS) to identify the controls covering the 277 Healthcare Claim Acknowledgement (277CA) transaction generator. This generator shall reside at the A/B MAC Local Data Center (LDC) and shall generate the 277CA flat file, comprising claim control numbers for accepted claims as well as Claim Status Category Codes (CSCC) and Claim Status Codes (CSC) for rejected claims.

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:
Not Applicable

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.

IV. ATTACHMENTS:

One-Time Notification

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

Attachment – One-Time Notification

Pub. 100-20	Transmittal: 606	Date: December 11, 2009	Change Request: 6738

SUBJECT: 5010-D.0 Project Healthcare Claims Acknowledgement 277CA Generator Implementation (FISS and MCS ONLY)

EFFECTIVE DATE: April 1, 2010

IMPLEMENTATION DATE: April 5, 2010

I.   GENERAL INFORMATION

A.   Background: The Centers for Medicare and Medicaid Services (CMS) is in the process of implementing the next version of the Health Insurance Portability and Accountability Act (HIPAA) transactions.

The Secretary of the Department of Health and Human Services (DHHS) has promulgated in the Final Rules provisions which permit dual use of existing standards Accredited Standards Committee (ASC) X12 version 004010A1 and the new version of the ASC X12 standards version 005010 from the March 17, 2009, effective date until the January 1, 2012 compliance date to facilitate testing subject to trading partner agreement.

CMS is directing the development of Common Edits and Enhancements modules (CEM) software to establish consistent editing, acknowledgement, and error handling of electronic transactions across Medicare Administrative Contractor (MAC) jurisdictions. This software will be developed by the Medicare Shared System Maintainer, and implemented by each A/B MAC in their local data center. This software will be executed during electronic data interchange (EDI) transaction exchange. Each A/B MAC will integrate the CEM into their Front-End Systems for both inbound and outbound EDI transaction processing. Inbound transactions (e.g. claim, claim status inquiry) will be processed by the A/B MAC translator and use the supplied modules for detailed editing. When errors are determined by the supplied modules, a 005010X214 277 Health Care Claim Acknowledgment (277CA) acknowledgement flat file will be returned to the A/B MAC translator; A/B MACs will need to use their translator to produce the ASC X12 277CA transaction as the standard explanation of error conditions. In addition, the supplied modules will assign claim control numbers to accepted claims and perform overall balancing and control reporting for HIPAA EDI files exchanged with the Enterprise Data Center (EDC).

The purpose of this Change Request (CR) is a follow up to CR 6622 to describe the business functions to be developed by the Part A Shared System Maintainer for the Fiscal Intermediary Shared System (FISS) and the Part B Shared System Maintainer for the Multi-Carrier System (MCS) to identify the controls covering the 277 Healthcare Claim Acknowledgement (277CA) transaction generator. This generator shall reside at the A/B MAC Local Data Center (LDC) and shall generate the 277CA flat file, comprising claim control numbers for accepted claims as well as Claim Status Category Codes (CSCC) and Claim Status Codes (CSC) for rejected claims.

B.   Policy: Health Insurance Reform: Modifications to the Health Insurance Portability and Accountability Act (HIPAA): Final Rules published in the Federal Register on January 16, 2009 by the Department of Health and Human Services 45 CFR Part 162.

II.   BUSINESS REQUIREMENTS TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)

		A/B MAC	DME MAC	FI	CARRIER	RHHI	Shared-System Maintainer				OTHER
							FISS	MCS	VMS	CWF	
6738.1	The Shared System Maintainer shall generate from the CEM, the outbound Health Care Claim Acknowledgement (277CA) flat file for Part A processing as documented in the attached 277CA Flat File.						X				
6738.2	The Shared System Maintainer shall generate from the CEM, the outbound Health Care Claim Acknowledgement (277CA) flat file for Part B processing as documented in the attached 277CA Flat File.							X			
6738.3	The Shared System Maintainer CEM module shall populate the 2200A.TRN02 data element of the 277CA with a unique 19 character identifier: - Positions 01 through 05 shall be the Workload Number - Positions 06 through 13 shall be the Processing Date, in format CCYYMMDD - Positions 14 through 19 shall be the Sequence Number, formatted to be right justified, zero filled, and starting with 1 for the current processing date (000001)						X	X			
6738.4	The Shared System maintainer CEM module shall populate 2200C.TRN02 of the 277CA flat file with the first 837 2300.CLM for the billing provider. If an error occurred before the 837 2300.CLM use the value of "0" (zero).						X	X			
6738.5	The Shared System Maintainer CEM module shall generate one 277CA flat file per ST-SE from the inbound 837 claim transaction.						X	X			
6738.6	The Shared System Maintainer CEM shall map/generate STC segments for the 277CA flat file as noted is the Institutional and Professional Edits spreadsheets as distributed in CR 6676.						X	X			
6738.6.1	The Shared System Maintainer CEM shall accept and map inbound STC segments, as inserted into the 837 institutional and professional claim by the A/B MACs, for use on the outbound 277CA flat file.						X	X			
6738.6.2	The Shared System Maintainer CEM module shall create a single STC segment (one error and like category codes, up to three claim status codes provide) when only a single 277CA edit is noted per error condition.						X	X			
6738.6.3	The Shared System Maintainer CEM module shall create multiple STC segments (multiple errors, or different category codes for a single error, or more than 3 claim status codes) when multiple 277CA edits are noted per error condition noted.						X	X			

Number	Requirement	A/B MAC	DME MAC	FI	CARRIER	RHHI	FISS	MCS	VMS	CWF	OTHER
							Shared-System Maintainer				
6738.7	The Shared System Maintainer CEM module shall have the ability to generate 277CA responses based up multiple levels of rejection: - Information receiver level rejection - Billing Provider level rejection - Claim level rejection (default) - Transaction level (Note – the initiation of this level of rejection might be from an inbound STC segments generated by the A/B MAC)						X	X			
6738.8	The Shared System Maintainer CEM module shall not suppress duplicate STC segments.						X	X			

III.   PROVIDER EDUCATION TABLE

Number	Requirement	A/B MAC	DME MAC	FI	CARRIER	RHHI	FISS	MCS	VMS	CWF	OTHER
							Shared-System Maintainer				
	None										

IV.   SUPPORTING INFORMATION

Section A: For any recommendations and supporting information associated with listed requirements:

X-Ref Requirement Number	Recommendations or other supporting information:

Section B: For all other recommendations and supporting information:

V. CONTACTS

Pre-Implementation Contacts: Jason Jackson   (410) 786-6156   jason.jackson3@cms.hhs.gov
                                  Michael Cabral   (410) 786-6168   michael.cabral@cms.hhs.gov

Post-Implementation Contacts: Jason Jackson   (410) 786-6156   jason.jackson3@cms.hhs.gov
Michael Cabral   (410) 786-6168   michael.cabral@cms.hhs.gov

VI. FUNDING

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

Not applicable.

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.

ATTACHMENT: 277CA Flat File

Transaction Set ID: 277 Health Care Claim Acknowledgment
EDI Standards: ASC X12
Version/Release: 005010
Direction: Outbound

277 5010	Description	COBOL PIC	ID	Min./ Max.	Usage Reg.	Loop	Loop / Segment Repeat	Values	Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat	Outbound Mapping Instructions (Flat file and/or 277)	Triggering Event
Element Identifier	Description	COBOL PIC	ID	Min./ Max.	Usage Reg.	Loop	Loop / Segment Repeat	Values	Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat		
ISA	**INTERCHANGE CONTROL HEADER**		1		R	___	1				ISA		1	18	1		
ISA01	Authorization Information Qualifier	X(2)	ID	2-2	R			00					19	2			
ISA02	Authorization Information	X(10)	AN	10-10	R								21	10			
ISA03	Security Information Qualifier	X(2)	ID	2-2	R			00					31	2			
ISA04	Security Information	X(10)	AN	10-10	R								33	10			
ISA05	Interchange ID Qualifier	X(2)	ID	2-2	R			ZZ					43	2			
ISA06	Interchange Sender ID	X(15)	AN	15-15	R								45	15		**837 Inbound ISA08**	
ISA07	Interchange ID Qualifier	X(2)	ID	2-2	R			ZZ					60	2			
ISA08	Interchange Receiver ID	X(15)	AN	15-15	R								62	15		**837 Inbound ISA06**	
ISA09	Interchange Date	X(6)	DT	6-6	R			YYMMDD					77	6		**Current system date**	
ISA10	Interchange Time	X(4)	TM	4-4	R			HHMM					83	4		**Current system time**	
ISA11	Repetition Separator	X(1)		1-1	R								87	1		**^**	
ISA12	Interchange Control Version Number	X(5)	ID	5-5	R			00501					88	5			
ISA13	Interchange Control Number	X(9)	N0	9-9	R								93	9			
ISA14	Acknowledgement Requested	X(1)	ID	1-1	R			0					102	1			
ISA15	Usage Indicator	X(1)	ID	1-1	R			P, T					103	1			
ISA16	Component Element Separator	X(1)		1-1	R								104	1		**Defined by submitter. Any character except a character contained in business data content**	
GS	**FUNCTIONAL GROUP HEADER**		1		R	___	1				GS		1	18	1		
GS01	Functional Identifier Code	X(2)	ID	2-2	R			HN					19	2			
GS02	Application Sender Code	X(15)	AN	2-15	R								21	15			

Transaction Set ID: 277 Health Care Claim Acknowledgment
EDI Standards: ASC X12
Version/Release: 005010
Direction: Outbound

277 5010	Description		X12 Element Attributes							X12 Flat File							Outbound Mapping Instructions (Flat file and/or 277)	Triggering Event
Element Identifier	Description	COBOL PIC	ID	Min./ Max.	Usage Reg.	Loop	Loop / Segment Repeat	Values		Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat		
GS03	Application Receiver Code	X(15)	AN	2-15	R									36	15			
GS04	Date	X(8)	DT	8-8	R			CCYYMMDD						51	8			
GS05	Time	X(8)	TM	4-8	R			HHMMSS						59	8			
GS06	Group Control Number	X(9)	N0	1-9	R									67	9			
GS07	Responsible Agency Code	X(2)	ID	1-2	R			X						76	2			
GS08	Version Identifier Code	X(12)	AN	1-12	R			005010X214						78	12			
ST	**TRANSACTION SET HEADER**			1	**R**	___	1					ST		1	18	1		
ST01	Transaction Set Identifier Code	X(3)	ID	3-3	R			277						19	3			
ST02	Transaction Set Control Number	X(9)	AN	4-9	R									22	9			
ST03	Version, Release, or Industry Identifier	9(12)	AN	1-35	R			005010X214						31	12			
BHT	**Beginning of Hierarchical Transaction**			1	**R**	___	1					BHT		1	18	1		
BHT01	Hierarchical Structure Code	X(4)	ID	4-4	R			0085						19	4			
BHT02	Transaction Set Purpose Code	X(2)	ID	2-2	R			08						23	2			
BHT03	Reference Identification	X(30)	AN	1-50	R									25	30			
BHT04	Transaction Set Creation Date	X(8)	DT	8-8	R			CCYYMMDD (is the current cycle date)						55	8			
BHT05	Transaction Set Creation Time	X(8)	TM	4-8	R			HHMMSS						63	8			
BHT06	Transaction Type Code	X(2)	ID	2-2	R			TH						71	2			
HL	**Information Source Level**			1	**R**	2000A	1			2000A		HL		1	18	1		
HL01	Hierarchical ID Number	X(12)	AN	1-12	R									19	12			
HL02	Hierarchical Parent ID Number	X(12)	AN	1-12	N/U									31	12			

Transaction Set ID: 277 Health Care Claim Acknowledgment
EDI Standards: ASC X12
Version/Release: 005010
Direction: Outbound

277 5010 Element Identifier	Description	COBOL PIC	ID	Min./ Max.	Usage Reg.	Loop	Loop / Segment Repeat	Values	Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat	Outbound Mapping Instructions (Flat file and/or 277)	Triggering Event
HL03	Hierarchical Level Code	X(2)	ID	1-2	R			20					43	2			
HL04	Hierarchical Child Code	X(1)	ID	1-1	R			1					45	1			
NM1	**Information Source Name**			1	R	2100A	1		2100A		NM1		1	18	1		
NM101	Entity Identifier Code	X(3)	ID	2-3	R			AY, PR					19	3			
NM102	Entity Type Qualifier	X(1)	ID	1-1	R			2					22	1			
NM103	Information Source Name	X(60)	AN	1-60	R			Name of MAC/State Workload					23	60			
NM104	Name First	X(35)	AN	1-35	N/U								83	35			
NM105	Name Middle	X(25)	AN	1-25	N/U								118	25			
NM106	Name Prefix		AN	1-10	N/U								143	0			
NM107	Name Suffix	X(10)	AN	1-10	N/U								143	10			
NM108	Identification Code Qualifier	X(2)	ID	1-2	R			46,FI,PI,XV					153	2			
NM109	Information Source Identifier	X(80)	AN	2-80	R			Number assigned to State Workload					155	80			
NM110	Entity Relationship Code		ID	2-2	N/U												
NM111	Entity Identifier Code		ID	2-3	N/U												
NM112	Name Last or Organization Name		AN	1-60	N/U												
TRN	**Transmission Receipt Control Identifier**			1	R	2200A	1		2200A		TRN		1	18	1		
TRN01	Trace Type Code	X(2)	ID	1-2	R			1					19	2			

Transaction Set ID: 277 Health Care Claim Acknowledgment
EDI Standards: ASC X12
Version/Release: 005010
Direction: Outbound

277 5010	Description	X12 Element Attributes							X12 Flat File							Outbound Mapping Instructions (Flat file and/or 277)	Triggering Event
Element Identifier	Description	COBOL PIC	ID	Min./ Max.	Usage Reg.	Loop	Loop / Segment Repeat	Values	Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat		
TRN02	Information Source Application Trace Identifier	X(50)	AN	1-50	R								21	50		For all MACs except CEDI this value will be: Workload Number Current Processing Date 6 digit number (right justified, zero filled) starting with 1 for the current processing date 01-05 Workload Number 06-13 Processing Date (CCYYMMDD) 14-19 Sequence Number For CEDI the value will be CEDI01 in positions 1 to 5.	
TRN03	Originating Company Identifier		AN	10-10	N/U												
TRN04	Reference Identification		AN	1-50	N/U												
DTP	**Information Source Receipt Date**			1	R	2200A	1		2200A		DTP		1	18	1		
DTP01	Date/Time Qualifier	X(3)	ID	3-3	R			050					19	3			
DTP02	Date Time Period Format Qualifier	X(3)	ID	2-3	R			D8					22	3			
DTP03	Information Source Receipt Date	X(17)	AN	1-35	R			Format CCYYMMDD (Business DOR Value)					25	17			
DTP	**Information Source Process Date**			1	R	2200A	1		2200A		DTP		1	18	1		
DTP01	Date/Time Qualifier	X(3)	ID	3-3	R			009					19	3			
DTP02	Date Time Period Format Qualifier	X(2)	ID	2-3	R			D8					22	3			
DTP03	Information Source Process Date	X(17)	AN	1-35	R			Format CCYYMMDD (Cycle Date)					25	17			
HL	**Information Receiver Level**			1	R	2000B	1		2000B		HL		1	18	1		

Transaction Set ID: 277 Health Care Claim Acknowledgment
EDI Standards: ASC X12
Version/Release: 005010
Direction: Outbound

277 5010 Element Identifier	Description	COBOL PIC	ID	Min./ Max.	Usage Reg.	Loop	Loop / Segment Repeat	Values	Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat	Outbound Mapping Instructions (Flat file and/or 277)	Triggering Event
									X12 Flat File								
HL01	Hierarchical ID Number	X(12)	AN	1-12	R								19	12			
HL02	Herarchical Parent ID Number	X(12)	AN	1-12	R			HL01 Info. Source Value					31	12			
HL03	Hierarchical Level Code	X(2)	ID	1-2	R			21					43	2			
HL04	Herarchical Child Code	X(1)	ID	1-1	R			0,1					45	1			
NM1	**Information Receiver Name**			1	R	2100B	1		2100B		NM1		1	18	1		
NM101	Entity Identifier Code	X(3)	ID	2-3	R			41					19	3			
NM102	Entity Type Qualifier	X(1)	ID	1-1	R			1, 2					22	1			
NM103	Information Receiver Last or Organization Name	X(60)	AN	1-60	R								23	60			
NM104	Information Receiver First Name	X(35)	AN	1-35	S								83	35			
NM105	Information Receiver Middle Name	X(25)	AN	1-25	S								118	25			
NM106	Name Prefix		AN	1-10	N/U								143	0			
NM107	Name Suffix		AN	1-10	N/U								143	10			
NM108	Identification Code Qualifier	X(2)	ID	1-2	R			46					153	2			
NM109	Information Receiver Primary Identifier	X(80)	AN	2-80	R								155	80			
NM110	Entity Relationship Code		ID	2-2	N/U												
NM111	Entity Identifier Code		ID	2-3	N/U												
NM112	Name Last or Organization Name		AN	1-60	N/U												
TRN	**Information Receiver Application Trace Identifier**			1	R	2200B	1		2200B		TRN		1	18	1		
TRN01	Trace Type Code	X(2)	ID	1-2	R			2					19	2			

Transaction Set ID: 277 Health Care Claim Acknowledgment
EDI Standards: ASC X12
Version/Release: 005010
Direction: Outbound

277 5010 Element Identifier	Description	COBOL PIC	ID	Min./ Max.	Usage Reg.	Loop	Loop / Segment Repeat	Values	Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat	Outbound Mapping Instructions (Flat file and/or 277)	Triggering Event
TRN02	Claim Transaction Batch Number	X(50)	AN	1-50	R								21	50		This element contains the value submitted in the BHT03 data element from the 837.	
TRN03	Originating Company Identifier		AN	10-10	N/U												
TRN04	Refernce Identification		AN	1-50	N/U												
STC	**Information Receiver Status Information**			1	R	2200B	>1		2200B		STC		1	18	1		
STC01	Health Care Claim Status				R												
STC01 - 1	Health Care Claim Status Category Code	X(5)	AN	1-30	R								19	5		When there are no errors use CSCC A1 (STC01-1), CSC 19 (STC01-2), and EIC PR (STC01-3)	
STC01 - 2	Health Care Claim Status Code	X(5)	AN	1-30	R								24	5			
STC01 - 3	Entity Identifier Code	X(3)	ID	2-3	S			36, 40, 41, AY, PR					29	3			
STC01 - 4	Code List Qualifier Code		ID	1-3	N/U												
STC02	Status Information Effective Date	X(8)	DT	8-8	R			CCYYMMDD					32	8			
STC03	Action Code	X(2)	ID	1-2	R			U, WQ					40	2			
STC04	Total Submitted Charges for Unit Work	S9(8)V99	R	1-18	R								42	10			
STC05	Monetary Amount		R	1-18	N/U												
STC06	Date		DT	8-8	N/U												
STC07	Payment Method Code		ID	3-3	N/U												
STC08	Date		DT	8-8	N/U												
STC09	Check Number		AN	1-16	N/U												
STC10	HEALTH CARE CLAIM STATUS				S												
STC10 - 1	Health Care Claim Status Category Code	X(5)	AN	1-30	R								52	5			
STC10 - 2	Health Care Claim Status Code	X(5)	AN	1-30	R								57	5			
STC10 - 3	Entity Identifier Code	X(3)	ID	2-3	R			36, 40, 41, AY, PR					62	3			
STC10 - 4	Code List Qualifier Code		ID	1-3	N/U												

Transaction Set ID: 277 Health Care Claim Acknowledgment
EDI Standards: ASC X12
Version/Release: 005010
Direction: Outbound

277 5010	Description		X12 Element Attributes							X12 Flat File							Outbound Mapping Instructions (Flat file and/or 277)	Triggering Event
Element Identifier	Description	COBOL PIC	ID	Min./ Max.	Usage Reg.	Loop	Loop / Segment Repeat	Values		Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat		
STC11	HEALTH CARE CLAIM STATUS				S													
STC11 - 1	Health Care Claim Status Category Code	X(5)	AN	1-30	R									65	5			
STC11 - 2	Health Care Claim Status Code	X(5)	AN	1-30	R									70	5			
STC11 - 3	Entity Identifier Code	X(3)	ID	2-3	R			36, 40, 41, AY, PR						75	3			
STC11 - 4	Code List Qualifier Code		ID	1-3	N/U													
STC12	Free-form Message Text		AN	1-264	N/U													
QTY	**Total Accepted Quantity**			1	**S**	2200B	1			2200B		QTY		1	18	1		
QTY01	Quantity Qualifier	X(2)	ID	2-2	R			90						19	2			
QTY02	Total Accepted Quantity	9(15)	R	1-15	R									21	15			
QTY03	Composite Unit of Measure				N/U													
QTY04	Free-form Information		AN	1-30	N/U													
QTY	**Total Rejected Quantity**			1	**S**	2200B	1			2200B		QTY		1	18	1		
QTY01	Quantity Qualifier	X(2)	ID	2-2	R			AA						19	2			
QTY02	Total Rejected Quantity	9(15)	R	1-15	R									21	15			
QTY03	Composite Unit of Measure				N/U													
QTY04	Free-form Information		AN	1-30	N/U													
AMT	**Total Accepted Amount**			1	**S**	2200B	1			2200B		AMT		1	18	1		
AMT01	Amount Qualifier Code	X(3)	ID	1-3	R			YU						19	3			
AMT02	Total Accepted Amount	S9(8)V99	R	1-18	R									22	10			
AMT03	Credit/Debit Flag Code		ID	1-1	N/U													

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Direction: Outbound

277 5010 Element Identifier	Description	COBOL PIC	ID	Min./ Max.	Usage Reg.	Loop	Loop / Segment Repeat	Values	Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat	Outbound Mapping Instructions (Flat file and/or 277)	Triggering Event
AMT	**Total Rejected Amount**			1	S	2200B	1		2200B		AMT		1	18	1		
AMT01	Amount Qualifier Code	X(3)	ID	1-3	R			YY					19	3			
AMT02	Total Rejected Amount	S9(8)V99	R	1-18	R								22	10			
AMT03	Credit/Debit Flag Code		ID	1-1	N/U												
HL	**Billing Provider of Service Level**			1	S	2000C	>1		2000C		HL		1	18	1		
HL01	Hierarchical ID Number	X(12)	AN	1-12	R			Must be HL01 (Info. Rec. +1) or (next HL +1) (Prov of Svc +1)					19	12			
HL02	Hierarchical Parent ID Number	X(12)	AN	1-12	R								31	12			
HL03	Hierarchical Level Code	X(2)	ID	1-2	R			19					43	2			
HL04	Hierarchical Child Code	X(1)	ID	1-1	R			0,1					45	1			
NM1	**Billing Provider Name**			1	R	2100C	1		2100C		NM1		1	18	1		
NM101	Entity Identifier Code	X(3)	ID	2-3	R			85					19	3			
NM102	Entity Type Qualifier	X(1)	ID	1-1	R			1, 2					22	1			
NM103	Provider Last or Organization Name	X(60)	AN	1-60	R								23	60			
NM104	Provider First Name	X(35)	AN	1-35	S								83	35			
NM105	Provider Middle Name	X(25)	AN	1-25	S								118	25			
NM106	Name Prefix		AN	1-10	N/U								143	0			
NM107	Provider Name Suffix	X(10)	AN	1-10	S								143	10			
NM108	Identification Code Qualifier	X(2)	ID	1-2	R			FI, XX					153	2			
NM109	Billing Provider Identifier	X(80)	AN	2-80	R			Billing Provider Number					155	80			
NM110	Entity Relationship Code				N/U												

Transaction Set ID: 277 Health Care Claim Acknowledgment
EDI Standards: ASC X12
Version/Release: 005010
Direction: Outbound

277 5010	Description	X12 Element Attributes							X12 Flat File							Outbound Mapping Instructions (Flat file and/or 277)	Triggering Event
Element Identifier	Description	COBOL PIC	ID	Min./ Max.	Usage Reg.	Loop	Loop / Segment Repeat	Values	Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat		
NM111	Entity Identifier Code				N/U												
NM112	Name Last or Organization Name				N/U												
TRN	**Provider of Service Information Trace Identifier**			1	S	2200C	1		2200C		TRN		1	18	1		
TRN01	Trace Type Code	X(2)	ID	1-2	R			1					19	2			
TRN02	Provider of Service Information Trace Identifier	X(50)	AN	1-50	R								21	50		First value from found in CLM01 fro the current Billing Provider. If an error occurrs before the CLM segment use the value "0" (zero). This condition needs to be documented in the companion guide.	
TRN03	Originating Company Identifier		AN	10-10	N/U												
TRN04	Reference Identification		AN	1-50	N/U												
STC	**Billing Provider Status Information**			1	S	2200C	>1		2200C		STC		1	18	1		
STC01	Health Care Claim Status				R												
STC01 - 1	Health Care Claim Status Category Code	X(5)	AN	1-30	R								19	5		When there are no errors use CSCC A1 (STC01-1), CSC 19 (STC01-2), and EIC PR (STC01-3)	
STC01 - 2	Health Care Claim Status Code	X(5)	AN	1-30	R								24	5			
STC01 - 3	Entity Identifier Code	X(3)	ID	2-3	S			36, 40, 41, 77, 82, 85, 87, AY, PR					29	3			
STC01 - 4	Code List Qualifier Code		ID	1-3	N/U												
STC02	Date	X(8)	DT	8-8	N/U								32	8			
STC03	Action Code	X(2)	ID	1-2	R			U, WQ					40	2			
STC04	Total Submitted Charges for Unit Work	S9(8)V99	R	1-18	R								42	10			
STC05	Monetary Amount		R	1-18	N/U												
STC06	Date		DT	8-8	N/U												

Transaction Set ID: 277 Health Care Claim Acknowledgment
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Direction: Outbound

277 5010	Description		X12 Element Attributes						X12 Flat File							Outbound Mapping Instructions (Flat file and/or 277)	Triggering Event
Element Identifier	Description	COBOL PIC	ID	Min./ Max.	Usage Reg.	Loop	Loop / Segment Repeat	Values	Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat		
STC07	Payment Method Code		ID	3-3	N/U												
STC08	Date		DT	8-8	N/U												
STC09	Check Number		AN	1-16	N/U												
STC10	HEALTH CARE CLAIM STATUS				S												
STC10 - 1	Health Care Claim Status Category Code	X(5)	AN	1-30	R								52	5			
STC10 - 2	Health Care Claim Status Code	X(5)	AN	1-30	R								57	5			
STC10 - 3	Entity Identifier Code	X(3)	ID	2-3	S			36, 40, 41, 77, 82, 85, 87, AY, PR					62	3			
STC10 - 4	Code List Qualifier Code		ID	1-3	N/U												
STC11	HEALTH CARE CLAIM STATUS				S												
STC11 - 1	Health Care Claim Status Category Code	X(5)	AN	1-30	R								65	5			
STC11 - 2	Health Care Claim Status Code	X(5)	AN	1-30	R								70	5			
STC11 - 3	Entity Identifier Code	X(3)	ID	2-3	S			36, 40, 41, 77, 82, 85, 87, AY, PR					75	3			
STC11 - 4	Code List Qualifier Code		ID	1-3	N/U												
STC12	Free-form Message Text		AN	1-264	N/U												
REF	**Provider Secondary Identifier**			1	**S**	**2200C**	**3**		**2200C**		**REF**		**1**	**18**	**1**		
REF01	Reference Identification Qualifier	X(3)	ID	2-3	R			0B, 1G, G2, LU, SY, TJ					19	3			
REF02	Billing Provider Additional Identifier	X(50)	AN	1-50	R								22	50			
REF03	Description		AN	1-80	N/U												
REF04	REFERENCE IDENTIFIER				N/U												

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277 5010	Description	X12 Element Attributes							X12 Flat File							Outbound Mapping Instructions (Flat file and/or 277)	Triggering Event
Element Identifier	Description	COBOL PIC	ID	Min./ Max.	Usage Reg.	Loop	Loop / Segment Repeat	Values	Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat		
QTY	**Total Accepted Quantity**			1	S	2200C	1		2200C		QTY		1	18	1		
QTY01	Quantity Qualifier	X(2)	ID	2-2	R			QA					19	2			
QTY02	Total Accepted Quantity	9(15)	R	1-15	R								21	15			
QTY03	Composite Unit of Measure				N/U												
QTY04	Free-form Information		AN	1-30	N/U												
QTY	**Total Rejected Quantity**			1	S	2200C	1		2200C		QTY		1	18	1		
QTY01	Quantity Qualifier	X(2)	ID	2-2	R			QC					19	2			
QTY02	Total Rejected Quantity	9(15)	R	1-15	R								21	15			
QTY03	Composite Unit of Measure				N/U												
QTY04	Free-form Information		AN	1-30	N/U												
AMT	**Total Accepted Amount**			1	S	2200C	1		2200C		AMT		1	18	1		
AMT01	Amount Qualifier Code	X(3)	ID	1-3	R			YU					19	3			
AMT02	Total Accepted Amount	S9(8)V99	R	1-18	R								22	10			
AMT03	Credit/Debit Flag Code		ID	1-1	N/U												
AMT	**Total Rejected Amount**			1	S	2200C	1		2200C		AMT		1	18	1		
AMT01	Amount Qualifier Code	X(3)	ID	1-3	R			YY					19	3			
AMT02	Total Rejected Amount	S9(8)V99	R	1-18	R								22	10			
AMT03	Credit/Debit Flag Code		ID	1-1	N/U												
HL	**Patient Level**			1	S	2000D	>1		2000D		HL		1	18	1		
HL01	Hierarchical ID Number	X(12)	AN	1-12	R								19	12			
HL02	Hierarchical Patient ID Number	X(12)	AN	1-12	R								31	12			

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277 5010	Description		X12 Element Attributes						X12 Flat File							Outbound Mapping Instructions (Flat file and/or 277)	Triggering Event
Element Identifier	Description	COBOL PIC	ID	Min./ Max.	Usage Reg.	Loop	Loop / Segment Repeat	Values	Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat		
HL03	Hierarchical Level Code	X(2)	ID	1-2	R			PT					43	2			
HL04	Hierarchical Child Code	X(1)	ID	1-1	N/U								45	1			
NM1	**Patient Name**			1	R	2100D	1		2100D		NM1		1	18	1		
NM101	Entity Identifier Code	X(3)	ID	2-3	R			QC					19	3			
NM102	Entity Type Qualifier	X(1)	ID	1-1	R			1					22	1			
NM103	Patient Last Name	X(60)	AN	1-60	R								23	60			
NM104	Patient First Name	X(35)	AN	1-35	S								83	35			
NM105	Patient Middle Name or Initial	X(25)	AN	1-25	S								118	25			
NM106	Name Prefix		AN	1-10	N/U								143	0			
NM107	Patient Name Suffix	X(10)	AN	1-10	S								143	10			
NM108	Identification Code Qualifier	X(2)	ID	1-2	R			II, MI					153	2			
NM109	Patient Identification Number	X(80)	AN	2-80	R								155	80			
NM110	Entity Relationship Code		ID	2-2	N/U												
NM111	Entity Identifier Code		ID	2-3	N/U												
NM112	Name Last or Organization Name		AN	1-60	N/U												
TRN	**Claim Status Tracking Number**			1	R	2200D	>1		2200D		TRN		1	18	1		
TRN01	Trace Type Code	X(2)	ID	1-2	R			2					19	2			
TRN02	Patient Control Number	X(50)	AN	1-50	R								21	50			
TRN03	Originating Company Identifier		AN	10-10	N/U												
TRN04	Reference Identification		AN	1-50	N/U												
STC	**Claim Level Status Information**			1	R	2200D	>1		2200D		STC		1	18	>1		
STC01	Health Care Claim Status				R												

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277 5010 Element Identifier	Description	COBOL PIC	ID	Min./ Max.	Usage Reg.	Loop	Loop / Segment Repeat	Values	Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat	Outbound Mapping Instructions (Flat file and/or 277)	Triggering Event
STC01 - 1	Health Care Claim Status Category Code	X(5)	AN	1-30	R								19	5		When there are no errors (claim or service line), use CSCC A2 (STC01-1) and CSC 20 (STC01-2) When there are no errors at the claim level and errors at the line level, use CSCC A1 (STC01-1), CSC 19 (STC01-2) , and EIC PR (STC01-3).	
STC01 - 2	Health Care Claim Status Code	X(5)	AN	1-30	R								24	5			
STC01 - 3	Entity Identifier Code	X(3)	ID	2-3	S			03, 1P, 1Z, 40, 41, 71, 72, 73, 77, 82, 85, 87, DK, DN, DQ, FA, GB, HK, IL, LI, MSC, PR, PRP, QB, QC, QD, SEP, TL, TTP, TU					29	3			
STC01 - 4	Code List Qualifier Code		ID	1-3	N/U								32	0			
STC02	Date	X(8)	DT	8-8	R								32	8			
STC03	Status Information Action Code	X(2)	ID	1-2	R			U, WQ					40	2			
STC04	Total Claim Charge Amount	S9(8)V99	R	1-18	R								42	10			
STC05	Monetary Amount		R	1-18	N/U												
STC06	Date		DT	8-8	N/U												
STC07	Payment Method Code		ID	3-3	N/U												
STC08	Date		DT	8-8	N/U												
STC09	Check Number		AN	1-16	N/U												
STC10	HEALTH CARE CLAIM STATUS				S												
STC10 - 1	Health Care Claim Status Category Code	X(5)	AN	1-30	R								52	5			
STC10 - 2	Health Care Claim Status Code	X(5)	AN	1-30	R								57	5			

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277 5010	Description	X12 Element Attributes							X12 Flat File							Outbound Mapping Instructions (Flat file and/or 277)	Triggering Event
Element Identifier	Description	COBOL PIC	ID	Min./ Max.	Usage Reg.	Loop	Loop / Segment Repeat	Values	Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat		
STC10 - 3	Entity Identifier Code	X(3)	ID	2-3	S			03, 1P, 1Z, 40, 41, 71, 72, 73, 77, 82, 85, 87, DK, DN, DQ, FA, GB, HK, IL, LI, MSC, PR, PRP, QB, QC, QD, SEP, TL, TTP, TU					62	3			
STC10 - 4	Code List Qualifier Code		ID	1-3	N/U												
STC11	HEALTH CARE CLAIM STATUS				S												
STC11 - 1	Health Care Claim Status Category Code	X(5)	AN	1-30	R								65	5			
STC11 - 2	Health Care Claim Status Code	X(5)	AN	1-30	R								70	5			
STC11 - 3	Entity Identifier Code	X(3)	ID	2-3	S			03, 1P, 1Z, 40, 41, 71, 72, 73, 77, 82, 85, 87, DK, DN, DQ, FA, GB, HK, IL, LI, MSC, PR, PRP, QB, QC, QD, SEP, TL, TTP, TU					75	3			
STC11 - 4	Code List Qualifier Code		ID	1-3	N/U												
STC12	Free-form Message Text		AN	1-264	N/U												
REF	**Payer Claim Control Number**			1	**S**	**2200D**	1		**2200D**		**REF**		1	18	1		
REF01	Reference Identification Qualifier	X(3)	ID	2-3	R			1K					19	3			
REF02	Payer Claim Control Number	X(50)	AN	1-50	R								22	50			
REF03	Description		AN	1-80	N/U												
REF04	Reference Identifier				N/U												

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277 5010	Description	X12 Element Attributes							X12 Flat File							Outbound Mapping Instructions (Flat file and/or 277)	Triggering Event
Element Identifier	Description	COBOL PIC	ID	Min./ Max.	Usage Reg.	Loop	Loop / Segment Repeat	Values	Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat		
REF	**Claim Identifier Number for Clearinghouse and Other Transmission Intermediaries**			1	S	2200D	1		2200D		REF		1	18	1		
REF01	Reference Identification Qualifier	X(3)	ID	2-3	R			D9					19	3			
REF02	Clearinghouse Trace Number	X(50)	AN	1-50	R								22	50			
REF03	Description		AN	1-80	N/U												
REF04	Reference Identifier				N/U												
REF	**Institutional Bill Type Identification**			1	S	2200D	1		2200D		REF		1	18	1		
REF01	Reference Identification Qualifier	X(3)	ID	2-3	R			BLT					19	3			
REF02	Bill Type Identifier	X(50)	AN	1-50	R								22	50			
REF03	Description		AN	1-80	N/U												
REF04	Reference Identifier				N/U												
DTP	**Claim Level Service Date**			1	R	2200D	1		2200D		DTP		1	18	1		
DTP01	Date Time Qualifier	X(3)	ID	3-3	R			472					19	3			
DTP02	Date Time Period Format Qualifier	X(3)	ID	2-3	R			D8, RD8					22	3			
DTP03	Claim Service Period	X(17)	AN	1-35	R			CCYYMMDD or CCYYMMDD-CCYYMMDD					25	17			
SVC	**Service Line Information**			1	S	2220D	>1		2220D		SVC		1	18	1		
SVC01	Composite Medical Procedure Identifier				R												
SVC01 - 1	Procedure Code	X(2)	ID	2-2	R			AD, ER, HC, HP, IV, NU, WK					19	2			
SVC01 - 2	Procedure Code	X(48)	AN	1-48	R								21	48			

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277 5010 Element Identifier	Description	COBOL PIC	ID	Min./ Max.	Usage Reg.	Loop	Loop / Segment Repeat	Values	Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat	Outbound Mapping Instructions (Flat file and/or 277)	Triggering Event
SVC01 - 3	Procedure Modifier	X(2)	AN	2-2	S								69	2			
SVC01 - 4	Procedure Modifier	X(2)	AN	2-2	S								71	2			
SVC01 - 5	Procedure Modifier	X(2)	AN	2-2	S								73	2			
SVC01 - 6	Procedure Modifier	X(2)	AN	2-2	S								75	2			
SVC01 - 7	Description		AN	1-80	N/U												
SVC01 - 8	Product/Service ID		AN	1-48	N/U												
SVC02	Line Item Charge Amount	S9(8)V99	R	1-18	R								77	10			
SVC03	Monetary Amount		R	1-18	N/U												
SVC04	Revenue Code	X(48)	AN	1-48	S								87	48			
SVC05	Quantity		R	1-15	N/U												
SVC06	Composite Medical Procedure Identifier				N/U												
SVC07	Original Units of Service Count	S9(7)V999	R	1-15	S								135	10			
STC	**Service Line Level Status Information**			1	R	2220D	>1		2220D		STC		1	18	>1		
STC01	Health Care Claim Status				R												
STC01 - 1	Health Care Claim Status Category Code	X(5)	AN	1-30	R								19	5			
STC01 - 2	Health Care Claim Status Code	X(5)	AN	1-30	R								24	5			
STC01 - 3	Entity Identifier Code	X(3)	ID	2-3	S			03, 1P, 1Z, 40, 41, 71, 72, 73, 77, 82, 85, 87, DK, DN, DQ, FA, GB, HK, IL, LI, MSC, PR, PRP, QB, QC, QD, SEP, TL, TTP, TU					29	3			
STC01 - 4	Code List Qualifier Code		ID	1-3	N/U												
STC02	Date	X(8)	DT	8-8	N/U								32	8			
STC03	Action Code	X(2)	ID	1-2	R			U					40	2			
STC04	Monetary Amount	S9(8)V99	R	1-18	N/U								42	10			

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277 5010	Description	COBOL PIC	ID	Min./ Max.	Usage Reg.	Loop	Loop / Segment Repeat	Values	Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat	Outbound Mapping Instructions (Flat file and/or 277)	Triggering Event
Element Identifier	Description																
STC05	Monetary Amount		R	1-18	N/U												
STC06	Date		DT	8-8	N/U												
STC07	Payment Method Code		ID	3-3	N/U												
STC08	Date		DT	8-8	N/U												
STC09	Check Number		AN	1-16	N/U												
STC10	HEALTH CARE CLAIM STATUS				S												
STC10 - 1	Health Care Claim Status Category Code	X(5)	AN	1-30	R								52	5			
STC10 - 2	Health Care Claim Status Code	X(5)	AN	1-30	R								57	5			
STC10 - 3	Entity Identifier Code	X(3)	ID	2-3	S			03, 1P, 1Z, 40, 41, 71, 72, 73, 77, 82, 85, 87, DK, DN, DQ, FA, GB, HK, IL, LI, MSC, PR, PRP, QB, QC, QD, SEP, TL, TTP, TU					62	3			
STC10 - 4	Code List Qualifier Code		ID	1-3	N/U												
STC11	HEALTH CARE CLAIM STATUS				S												
STC11 - 1	Health Care Claim Status Category Code	X(5)	AN	1-30	R								65	5			
STC11 - 2	Health Care Claim Status Code	X(5)	AN	1-30	R								70	5			
STC11 - 3	Entity Identifier Code	X(3)	ID	2-3	S			03, 1P, 1Z, 40, 41, 71, 72, 73, 77, 82, 85, 87, DK, DN, DQ, FA, GB, HK, IL, LI, MSC, PR, PRP, QB, QC, QD, SEP, TL, TTP, TU					75	3			
STC11 - 4	Code List Qualifier Code		ID	1-3	N/U												
STC12	Free-form Message Text		AN	1-264	N/U												

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277 5010	Description		X12 Element Attributes						X12 Flat File							Outbound Mapping Instructions (Flat file and/or 277)	Triggering Event
Element Identifier	Description	COBOL PIC	ID	Min./ Max.	Usage Reg.	Loop	Loop / Segment Repeat	Values	Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat		
REF	Service Line Item Identification			1	R	2220D	1		2220D		REF		1	18	1		
REF01	Reference Identification Qualifier	X(3)	ID	2-3	R			FJ					19	3			
REF02	Line Item Control Number	X(50)	AN	1-50	R								22	50			
REF03	Description		AN	1-80	N/U												
REF04	Reference Identifier				N/U												
REF	Pharmacy Prescription Number			1	S	2220D	1		2220D		REF		1	18	1		
REF01	Reference Identification Qualifier	X(3)	ID	2-3	R			XZ					19	3			
REF02	Pharmacy Prescription Number	X(50)	AN	1-50	R								22	50			
REF03	Description		AN	1-80	N/U												
REF04	Reference Identifier				N/U												
DTP	Service Line Date			1	S	2220D	1		2220D		DTP		1	18	1		
DTP01	Date Time Qualifier	X(3)	ID	3-3	R			472					19	3			
DTP02	DateTime Period Format Qualifier	X(3)	ID	2-3	R			D8, RD8					22	3			
DTP03	Service Line Date	X(17)	AN	1-35	R			CCYYMMDD or CCYYMMDD-CCYYMMDD					25	17			
SE	Transaction Set Trailer			1	R	___	>1						1	18	1		
SE01	Transaction Segment Count	9(10)	N0	1-10	R								19	10			
SE02	Transaction Set Control Number	X(9)	AN	4-9	R								29	9			
GE	FUNCTION GROUP TRAILER			1	R	___	1						1	18	1		

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277 5010	Description		X12 Element Attributes							X12 Flat File							Outbound Mapping Instructions (Flat file and/or 277)	Triggering Event
Element Identifier	Description	COBOL PIC	ID	Min./ Max.	Usage Reg.	Loop	Loop / Segment Repeat	Values	Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat		
GE01	Number of Transaction Sets Included	9(6)	N0	1-6	R								19	6			
GE02	Group Control Number	9(9)	N0	1-9	R								25	9			
IEA	**INTERCHANGE CONTROL TRAILER**			1	R	___	1						1	18	1		
IEA01	Number of Included Functional Groups	9(5)	N0	1-5	R								19	5			
IEA02	Interchange Control Number	9(9)	N0	9-9	R								24	9			

Misc. Notes

Misc. Notes

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Misc. Notes

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Misc. Notes
All dates are either D8 or RD8. No dates are larger than 17 characters.
All dates are either D8 or RD8. No dates are larger than 17 characters.

Misc. Notes

Misc. Notes

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Misc. Notes

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Misc. Notes

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Version/Release: 005010
Direction: Outbound

Misc. Notes

Transaction Set ID: 277 Health Care Claim Acknowledgment
EDI Standards: ASC X12
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All dates are either D8 or RD8. No dates are larger than 17 characters.

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Misc. Notes

Element Identifier	This field contains the segment or element identifier
Description	This field indicates the element name or the industry name describing the element
COBOL PIC	This field indicates the the COBOL picture clause, which is an element in programming language that is used to indicate the item characteristics and size of the numeric data element.
ID	This field indicates the attributes of the data element (ie. ID, AN, R, TM, and DT) see rows 5-9 for definitions of each type
ID (identifier)	An identifier data element always contains a value from a predefined list of codes that is maintained by the ASC Committee or some other body recognized by the Committee. Trailing spaces must be suppressed unless they are necessary to satisfy a minimum legnth. An identifier is always left justified. The representation for this data element type is "ID".
AN (string)	A string data element is a sequence of any characters from the basic or extended character sets. The string data element must contain at least one non-space character. The significant chracters shall be left justified. Leading spaces, when they occur, are presumed to be significant characters.Trailing spaces must be suppressed unless they are necessary to satisfy a minimum legnth. The representation for this data element type is "AN".
R (decimal)	A decimal data element may contain an explicit decimal point and is used for numeric values that have a varying number of decimal positions. This data element type is represented as "R". The decimal point always appears in the character stream if the decimal point is at any place other than the right end. If the value is an integer (decimal point at the right end), the decimal point must be omitted. For negative values, the leading minus sign (-) is used. Absence of a sign indicates a positive value. The plus sign (+) must not be transmitted. Leading zeros must be suppressed unless necessary to satisfy a minimum length requirement. Trailing zeros following the decimal point must be suppressed unless necessary to indicate precision. The use of triad separators (for example commas in 1,000,000) is expressly prohibited. The length of a decimal type element does not include the optional leading sign or decimal point.
N (numeric)	A numeric data element is represented by one or more digits with an optional leading sign representing a value in the normal base of 10. The value of a numeric data element includes an implied decimal point. Leading zeros must be suppressed unless necessary to satisfy a minimum length requirement.
TM (time)	A time data element is used to express the ISO standard time HHMMSSd..d format in which HH is the hour for a 24 hour clock (00-23), MM is the minute (00-59), SS is the second (00-59), and d..d is decimal seconds. The representation for this data element type is "TM". The length of the data element determines the format of the transmitted time.
DT (date)	A date data element is used to express the standard date is either YYMMDD or CCYYMMDD format in which CC is the first two digits of the calendar year, YY is the last two digits of the calendar year, MM is the month (01-12), and DD is the day in the month (01-31). The representation for this data element type is "DT".
Min. Max.	This field identifies the minimum and maximum size of a data element (ie. A value of 1-2 means the element can be either 1 byte or 2 bytes. A value of 5-5 means that the element must be 5 bytes)
Usage Reg.	The field indicates whether a segment or element is REQUIRED, SITUATIONAL, or NOT USED
Loop	This field contains the loop ID, if applicable.
Loop Repeat	This field contains the value indicating the number of times the loop may be repeated.
Values	This field contains the value or values which can be submitted in this element.

Loop ID	Loop ID (6 bytes) - This field contain positions 1 through 6 of the 18 byte record key used to identify the loop when used as a record key in a computer program (ie. "2010AA"). Left justify and space fill. Note: the total size of the record key is 18 bytes.
Loop Seq.	Loop Seq. (4 bytes) - This field contain positions 7 through 10 of the 18 byte record key used to identify the numeric sequence of the loop when used as a record key in a computer program (ie. "0001"). Right justify and zero fill. Note: the total size of the record key is 18 bytes.
Seg. ID	Seg. ID (4 bytes) - This field contains positions 11 through 14 of the 18 byte record key used to identify the segment when used as a record key in a computer program (ie."REF "). Left justify and space fill. Note: the total size of the record key is 18 bytes.
Seg. Seq.	Seg. Seq.(4 bytes) - This field contains positions 15 through 18 of the 18 byte record key used to identify the numeric sequence of the segment when used as a record key in a computer program (ie. "0001"). Right justify and zero fill. Note: the total size of the record key is 18 bytes.
Start	This field shows the data element's starting position within the record.
Length	This field shows the data element's length with the record.
Record Repeat	If the record repeats, this field indicates the number of times the record may repeat.
Field Justification	The starting point of any field (R, ID, TM etc) is the first position of the defined length. For the numerically defined dollar R types it is in the left most with the length of 9(08)v99 and for 18 byte X12 standard defined fields it has 8 bytes of filler. If it is 15 bytes in X12 then 5 bytes of filler.

04/16/2009 Initial Draft
10/19/2009 Changed the FF lengths for all NM105 from 35 to 25 also corrected all 5010 min/max sizes
10/19/2009 Modified 2100B NM101 from 4 to 41 for the Submitter per the TR3
10/19/2009 2000C HL03 added value of 19
10/19/2009 2000C HL04 added values 0 and 1
10/19/2009 2200C STC03 changed from WG to WQ
10/19/2009 2200D DTP02 Moved to DCT03 format in column I
10/19/2009 2200D DTP02 chnaged to "D8, RD8"
10/19/2009 SVC through DTP modified loop references from 2200D to 2220D
10/19/2009 Modified Column H to include segment repeat
10/19/2009 Modified STC record in 2200D and 2220D to repeat from 1 to >1
10/19/2009 2000A HL01 - "1" has been removed from the Values column (I) since this is just the value that would be associated with the first 2000A HL01 - not all occurrences of 2000A HL01.
10/19/2009 Removed "Must be HL01 (Info. Source) + 1" from 2000B HL01
10/19/2009 Removed "Relationship to NM102, NM104, NM105" 2100B NM103 through NM105
10/19/2009 Removed "Zero" from 2200B QTY02 and AMT02
10/19/2009 Removed Comment on 2000C HL01 "Must be HL01 (Info. Rec. +1) or (next HL +1) (Prov of Svc +1)"
10/19/2009 2100A NM108 Added other qualifiers (FI,PI,XV) from the TR3 in X12 Values column
10/19/2009 Change ISA13 picture clause from X(9) to 9(9). Cannot be signed based upon TR3.
10/19/2009 Changed GS06 picture clause from X(9) to 9(9).
10/19/2009 Change ST02 picture clause from 9(9) to X(9).
10/19/2009 Removed note on ST02 reading "SE02 on <10 Characters (must be reset after IEA), 0001"
10/19/2009 Changed ST03 picture clause from 9(12) to X(12). Must match GS08 which has a max of 12.
10/19/2009 Change length of BHT03 to match picture clause and TR3 max size of 50.
10/19/2009 2000A HL02 changed length to 0 since this is a "not use" element. Adjusted positions of remaining fields.
10/19/2009 2000B HL04 Replaced with possible code values from TR3 "0,1"
10/19/2009 STC04, Loop 2200B, changed picture clause to S9(8)V99.
10/19/2009 AMT01, Loop 2200B, Total Accepted Amount: the valid value in the value field changed from YY to YU.
10/19/2009 AMT02, Loop 2200B Total Accepted Amount removed "Zero"
10/19/2009 AMT02, Loop 2200B, Total Accepted Amount changed picture clause to S9(8)V99.
10/19/2009 AMT02, Loop 2200B Total Rejected Amount removed "Zero"
10/19/2009 AMT02, Loop 2200B, Total Rejected Amount changed picture clause to S9(8)V99.
10/19/2009 STC02, Loop 2200C change length to zero to reflect "Not Used"
10/19/2009 STC04, Loop 2200C, changed picture clause to S9(8)V99.
10/19/2009 AMT02, Loop 2200C, Total Accepted Amount changed picture clause to S9(8)V99.
10/19/2009 AMT02, Loop 2200C, Total Rejected Amount changed picture clause to S9(8)V99.
10/19/2009 HL04, Loop 2000D changed length to 0 to reflect "Not Used"
10/19/2009 STC04, Loop 2200D, changed picture clause to S9(8)V99.
10/19/2009 SVC02, Loop 2220D, changed picture clause to S9(8)V99.
10/19/2009 STC02, Loop 2220D changed length to 0 to reflect "Not Used"
10/19/2009 GE01 changed picture clause from X(6) to 9(6).
10/19/2009 GE02 changed picture clause from X(9) to 9(9).
10/19/2009 IEA01 changed picture clause from X(5) to 9(5).
10/19/2009 IEA02 changed picture clause from X(9) to 9(9).
10/19/2009 Modified all STC01, STC10, and STC11 picture clauses and lengths to reflect sizes defined in the STC flat file.
10/19/2009 ST03 changed picture clause from 9(12) to X(12).
10/30/2009 ISA03 Removed code 01 for password.
10/30/2009 2200C STC04 removed word zero from column I

1	Column I is limited to those codes used for FFS processing.
2	When STC segments are required on the 277CA and there are no edits at that level, use the following:

2200B STC (Information Receiver Level)
CSCC - A1 Acknowledgement/Receipt - The claim/encounter has benn received. This does not mean that the claim has been accepted for adjudication.
CSC - 19 Entity acknowldeges receipt of claim/encounter.
EIC - PR Payer

2200C STC (Billing Provider Level)
CSCC - A1 Acknowledgement/Receipt - The claim/encounter has benn received. This does not mean that the claim has been accepted for adjudication.
CSC - 19 Entity acknowldeges receipt of claim/encounter.
EIC - PR Payer

2200D STC (Claim Level)
CSCC - A2 Acknowledgement/Acceptance into adjudication system, the claim/encounter has been accepted into the adjudication system.