| Version EA20122V01 | If alternative formats of the 5010 Edits spreadsheet are required, please use the "Submit Feedback" feature at the bottom of the Technical Documentation web page, from which these documents were downloaded. <br> http://www.cms.gov/MFFS5010D0/20 TechnicalDocumentation.asp |  |  |  |  |  |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | The Data Interchange Standards Association(DISA) holds a copyright on the TR3 documents: Copyright (c) 2009, Data Interchange Standards Association on behalf of ASC X12. Format (c) 2009, http://store.x12.org/ |  |  |  |  |  |  |  |  |  |  |  |  |
| $\begin{gathered} 8371 \\ \text { Edit Reference } \\ \hline \end{gathered}$ | Segment or Element | Description | ID | $\begin{aligned} & \text { Min. } \\ & \text { Max. } \end{aligned}$ | $\begin{array}{\|c} \text { Usage } \\ \text { Req. } \end{array}$ | Loop | $\begin{gathered} \text { Loop } \\ \text { Repeat } \\ \hline \end{gathered}$ | $\begin{gathered} 5010 \\ \text { Values } \\ \hline \end{gathered}$ | $\begin{gathered} \text { TA11 } \\ \text { 999/ } \\ 277 C A \\ \hline \end{gathered}$ | Accept/ Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| X223.C3..ISA. 010 | ISA | INTERCHANGE CONTROL_HEADER |  | 1 | R | - | 1 |  | TA1 | R | TA105: 024 "Invalid Interchange Content", | ISA must be present. |  |
| X222.C3..ISA. 015 | ISA |  |  |  |  |  |  |  | TA1 | R | TA105: 022 Invalid Control Structure | Only one iteration of ISA is allowed. -OR- | Contractors are free to choose the edit that best fits their translator functionality. |
|  |  |  |  |  |  |  |  |  | TA1 | R | TA105: 023 Improper (Premature) End-of-File (Transmission) | Only one iteration of ISA is allowed. |  |
| X223.C3.ISA. 020 <br> Edit Deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.C3..ISA01.010 | ISA01 | Authorization Information Qualifier | ID | 2-2 | R |  |  | 00, 03 | TA1 | R | TA105: 010 "Invalid Authorization Information Qualifier Value". | ISA01 must be present. |  |
| X223.C3..ISA01.020 | ISA01 |  |  |  |  |  |  |  | TA1 | R | TA105: 010 "Invalid Authorization Information Qualifier Value". | ISA01 must be valid values. |  |
| X223.C3..ISA02.010 | ISA02 | Authorization Information | AN | 10-10 | R |  |  |  | TA1 | R | $\begin{aligned} & \text { TA105: } 011 \text { "Invalid Authorization } \\ & \text { Information Value". } \end{aligned}$ | ISA02 must be present. |  |
| X223.C3..ISA02.020 | ISA02 |  |  |  |  |  |  |  | TA1 | R | TA105: 011 "Invalid Authorization Information Value". | ISA02 must be 10 characters. |  |
| X223.C3..ISA02.030 | ISA02 |  |  |  |  |  |  |  | TA1 | R | TA105: 011 "Invalid Authorization Information Value". Information Value". | ISA02 must be populated with accepted AN characters <br> OR ISA02 must be populated with all spaces. |  |
| X223.C3..ISA03.010 | ISA03 | Security Information Qualifier | ID | 2-2 | R |  |  | 00, 01 | TA1 | R | $\begin{aligned} & \text { TA105: } 012 \text { "Security Information } \\ & \text { Qualifier Value". } \\ & \hline \end{aligned}$ | ISA03 must be present. |  |
| X223.C3..ISA03.020 | ISA03 |  |  |  |  |  |  |  | TA1 | R | TA105: 012 "Security Information Qualifier Value". | ISA03 must be vaild values. |  |
| X223.C3..ISA04.010 | ISA04 | Security Information | AN | 10-10 | R |  |  |  | TA1 | R | TA105: 013 "Security Information Value". | ISA04 must be present. |  |
| X223.C3..ISA04.020 | ISA04 |  |  |  |  |  |  |  | TA1 | R | TA105: 013 "Security Information Value". | ISA04 must be 10 characters. |  |
| X223.C3.IISA04.030 | ISA04 |  |  |  |  |  |  |  | TA1 | R | TA105: 013 "Security Information Value". | ISA04 must be populated with accepted AN characters <br> OR <br> ISA04 must be populated with all spaces. |  |
| X223.C3..ISA05.010 | ISA05 | Interchange ID Qualifier | ID | 2-2 | R |  |  | $\begin{gathered} \hline 01,14,20,27,28,29,30,33, \\ \mathrm{zz} \end{gathered}$ | TA1 | R | TA105: 005 "Invalid Interchange ID Qualifier for Sender". | ISA05 must be present. |  |
| X223.C3..ISA05.020 | ISA05 |  |  |  |  |  |  |  | TA1 | R | TA105: 005 "Invalid Interchange ID Qualifier for Sender". | ISA05 must be "27", "28" or "ZZ". | Companion Guide Note needed. |
| X223.C3..ISA06.010 | ISA06 | Interchange Sender ID | AN | 15-15 | R |  |  |  | TA1 | R | TA105: 006 "Invalid Interchange Sender ID". | ISA06 must be present. |  |
| X223.C3..ISA06.020 | ISA06 |  |  |  |  |  |  |  | TA1 | R | TA105: 006 "Invalid Interchange Sender ID". | ISA06 must be 15 characters. |  |
| X223.C3..ISA06.030 | ISA06 |  |  |  |  |  |  |  | TA1 | R | TA105: 006 "Invalid Interchange Sender ID". | ISA06 must contain at least one non-space character. |  |
| X223.C3..ISA06.040 | ISA06 |  |  |  |  |  |  |  | TA1 | R | TA105: 006 "Invalid Interchange Sender ID". | ISA06 must be populated with accepted AN characters. |  |
| X223.C3..ISA07.010 | ISA07 | Interchange ID Qualifier | ID | 2-2 | R |  |  | $\begin{gathered} \hline 01,14,20,27,28,29,30,33, \\ z z \\ \hline \end{gathered}$ | TA1 | R | TA105: 007 "Invalid Interchange ID Qualifier for Receiver". | ISA07 must be present. |  |


| 8371 Edit Reference | Segment or Element | Description | ID | Min. Max. | Usage | Loop | $\underset{\text { Repeat }}{\text { Loop }}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\left\|\begin{array}{c} \text { TA1/ } \\ \text { 999/ } \\ \text { 277CA } \end{array}\right\|$ | Accept/ | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.C3.ISA07.020 | ISA07 |  |  |  |  |  |  |  | TA1 | R | TA105: 007 "Invalid Interchange ID Qualifier for Receiver". | ISA07 must be "27", "28" or "ZZ". | Companion Guide Note needed. |
| X223.C3.IISA08.010 | ISA08 | Interchange Receiver ID | AN | 15-15 | R |  |  |  | TA1 | R | TA105: 008 "Invalid Interchange Receiver ID". | ISA08 must be present. |  |
| X223.C3.IISA08.020 | ISA08 |  |  |  |  |  |  |  | TA1 | R | TA105: 008 "Invalid Interchange Receiver ID". | ISA08 must be 15 characters. |  |
| X223.C3..ISA08.030 | ISA08 |  |  |  |  |  |  |  | TA1 | R | TA105: 008 "Invalid Interchange Receiver ID". | ISA08 must contain at least one non-space character. |  |
| X223.C3.IISA08.040 | ISA08 |  |  |  |  |  |  |  | TA1 | R | TA105: 008 "Invalid Interchange Receiver ID". | ISA08 must be populated with accepted AN characters. |  |
| X223.C3..ISA09.010 | ISA09 | Interchange Date | DT | 6-6 | R |  |  |  | TA1 | R | TA105: 014 "Invalid Interchange Date Value". | ISA09 must be present. |  |
| X223.C3..ISA09.020 | ISA09 |  |  |  |  |  |  |  | TA1 | R | TA105: 014 "Invalid Interchange Date Value". | ISA09 must be a valid date in YYMMDD format. |  |
| X223.C3..ISA09.030 | ISA09 |  |  |  |  |  |  |  | TA1 | R | TA105: 014 "Invalid Interchange Date Value". | ISA09 must be a the date of the interchange; must not be a future date. |  |
| X223.C3..ISA10.010 | ISA10 | Interchange Time | тм | 4-4 | R |  |  | HHMM | TA1 | R | TA105: 015 "Invalid Interchange Time Value". | ISA10 must be present. |  |
| X223.C3..ISA10.020 | ISA10 |  |  |  |  |  |  |  | TA1 | R | TA105: 015 "Invalid Interchange Time Value". | ISA10 must be a valid time in HHMM format. |  |
| X223.C3..ISA11.010 | ISA11 | Repetiton Seperator |  | 1-1 | R |  |  |  | TA1 | R | TA105: 024 "Invalid Interchange Content". | ISA11 must be present. | 01/20: Companion Guide Note |
| X223.C3..ISA11.020 | ISA11 |  |  |  |  |  |  |  | TA1 | R | TA105: 024 "Invalid Interchange Content". | ISA11 must be 1 character. |  |
| X223.C3..ISA11.030 | ISA11 |  |  |  |  |  |  |  | TA1 | R | TA105: 024 "Invalid Interchange Content". | ISA11 must contain at least one non-space character. |  |
| X223.C3..ISA12.010 | ISA12 | Interchange Control Version Number | ID | 5-5 | R |  |  | 00501 | TA1 | R | TA105: 017 "Invalid Interchange Version ID Value". | ISA12 must be present. |  |
| X223.C3..ISA12.020 | ISA12 |  |  |  |  |  |  |  | TA1 | R | TA105: 017 "Invalid Interchange Version ID Value". | ISA12 must be "00501". |  |
| X223.C3..ISA13.010 | ISA13 | $\begin{gathered} \hline \text { Interchange Control } \\ \text { Number } \end{gathered}$ | N0 | 9-9 | R |  |  |  | TA1 | R | TA105: 018 "Invalid Interchange | ISA13 must be present. |  |
| X223.C3..ISA13.020 | ISA13 |  |  |  |  |  |  |  | TA1 | R | TA105: 018 "Invalid Interchange Conrol Number Value". | ISA13 must be numeric. |  |
| X223.C3..ISA13.030 | ISA13 |  |  |  |  |  |  |  | TA1 | R | TA105: 018 "Invalid Interchange Conrol Number Value". | ISA13 must be 9 characters. |  |
| X223.C3..ISA13.040 | ISA13 |  |  |  |  |  |  |  | TA1 | R | TA105: 018 "Invalid Interchange | ISA13 must be > 0 . |  |
| X223.C3..ISA13.050 | ISA13 |  |  |  |  |  |  |  | TA1 | R | TA105: 018 "Invalid Interchange Conrol Number Value". | ISA13 must be unsigned. |  |
| X223.C3..ISA14.010 | ISA14 | Acknowledgement Requested | ID | 1-1 | R |  |  | 0, 1 | TA1 | R | TA105: 019 "Invalid Acknowledgment Requested Value". | ISA14 must be present. |  |
| X223.C3..ISA14.020 | ISA14 |  |  |  |  |  |  |  | TA1 | R | TA105: 019 "Invalid Acknowledgment Requested Value". | ISA14 must be valid values. |  |
| X223.C3.ISA15.010 | ISA15 | Usage Indicator | ID | 1-1 | R |  |  | P, T | TA1 | R | TA105: 020 "Invalid Test Indicator Value". | ISA15 must be present. |  |
| X223.C3..ISA15.020 | ISA15 |  |  |  |  |  |  |  | TA1 | R | TA105: 020 "Invalid Test Indicator Value". | ISA15 must be valid values. |  |
| X223.C3..ISA16.010 | ISA16 | $\begin{array}{\|c} \hline \text { Component Element } \\ \text { Separator } \end{array}$ |  | 1-1 | R |  |  |  | TA1 | R | TA105: 027 "Invalid Component Element Separator" | ISA16 must be present. |  |
| X223.C3..ISA16.020 | ISA16 |  |  |  |  |  |  |  | TA1 | R | TA105: 027 "Invalid Component Element Separator" | ISA16 must be 1 character |  |
| X223.C3.IISA16.030 | ISA16 |  |  |  |  |  |  |  | TA1 | R | TA105: 027 "Invalid Component Element Separator" | ISA16 must contain at least one non-space character. |  |
| $\begin{aligned} & \begin{array}{l} \text { X223.C3..ISA16.040 } \\ \text { (edit deactivated) } \end{array} \\ & \hline \end{aligned}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \\ \hline \end{gathered}$ | Segment or Element | Description | ID | $\begin{aligned} & \text { Min. } \\ & \text { Max. } \end{aligned}$ | $\begin{gathered} \text { Usage } \\ \text { Req. } \end{gathered}$ | Loop | $\begin{gathered} \text { Loop } \\ \text { Repeat } \\ \hline \end{gathered}$ | $\begin{gathered} 5010 \\ \text { Values } \\ \hline \end{gathered}$ | $\begin{array}{\|c\|} \hline \text { TA11 } \\ \text { 999/ } \\ 277 C A \\ \hline \end{array}$ | Accept/ | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | GS | Functional Groups |  |  |  |  | >1 |  |  |  |  |  |  |
| X223.C7..GS.010 | GS | FUNCTIONAL GROUP HEADER |  | 1 | R | - | 1 |  | TA1 | R | TA105: 024 "Invalid Interchange Content". | GS must be present. |  |
| X223.C7..GS. 020 | GS |  |  |  |  |  |  |  | 999 | R | AK905: 1 "Functional Group Not Supported". | Only one iteration of GS is allowed. |  |
| X223.C7..GS01.010 | GS01 | Functional Identifier Code | ID | 2-2 | R |  |  | HC | 999 | R | AK905: 1 "Functional Group Not Supported". | GS01 must be present. |  |
| X223.C7..GS01.020 | GS01 |  |  |  |  |  |  |  | 999 | R | AK905: 1 "Functional Group Not Supported". | GS01 must be "HC". |  |
| X223.C7..GS02.010 | GS02 | Application Sender Code | AN | 2-15 | R |  |  |  | 999 | R | $\begin{aligned} & \text { AK905: } 14 \text { "Unknown Security } \\ & \text { Originator". } \end{aligned}$ | 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". | GSO2 must be populated with accepted AN characters. |  |
| X223.C7..GS03.010 | GS03 | Application Receiver Code | AN | 2-15 | R |  |  |  | 999 | R | AK905: 13 "Unknown Security Recipient". | GS03 must be present. |  |
| X223.C7..GS03.020 | GS03 |  |  |  |  |  |  |  | 999 | R | AK905: 13 "Unknown Security Recipient". | GS03 must be 2-15 characters. |  |
| X223.C7..GS03.030 | GS03 |  |  |  |  |  |  |  | 999 | R | AK905: 13 "Unknown Security Recipient". | GS03 must contain at least two non-space characters. |  |
| X223.C7..GS03.040 | GS03 |  |  |  |  |  |  |  | 999 | R | AK905: 13 "Unknown Security Recipient". | GS03 must be populated with accepted AN characters. |  |
| X223.C7..GS04.010 | GS04 | Date | DT | 8-8 | R |  |  | CCYYMMDD | TA1 | R | TA105: 024 "Invalid Interchange Content". | GS04 must be present. |  |
| X223.C7..GS04.020 | GS04 |  |  |  |  |  |  |  | TA1 | R | TA105: 024 "Invalid Interchange Content". | GS04 must be a valid date in CCYYMMDD format. |  |
| X223.C7..GS04.030 | GS04 |  |  |  |  |  |  |  | TA1 | R | TA105: 024 "Invalid Interchange Content". | GS04 must be the date the functional group is created; must not be a future date. |  |
| X223.C7..GS05.010 | GS05 | Time | тм | 4-8 | R |  |  | HHMM, HHMMSS HHMMSSD, HHMMSSDD | TA1 | R | TA105: 024 "Invalid Interchange Content". | GS05 must be present. |  |
| X223.C7..GS05.020 | GS05 |  |  |  |  |  |  |  | TA1 | R | TA105: 024 "Invalid Interchange Content". | GS05 must be a valid time in a valid format. |  |
| X223.C7..GS06.010 | GS06 | Group Control Number | N0 | 1-9 | R |  |  |  | 999 | R | AK905: 6 "Group Control Number Violates Syntax". | GS06 must be present. |  |
| X223.C7..GS06.020 | GS06 |  |  |  |  |  |  |  | 999 | R | AK905: 6 "Group Control Number Violates Syntax". | GS06 must be numeric. |  |
| X223.C7..GS06.030 | GS06 |  |  |  |  |  |  |  | 999 | R | AK905: 6 "Group Control Number Violates Syntax". | GS06 must be > 0 . |  |
| X223.C7..GS06.040 | GS06 |  |  |  |  |  |  |  | 999 | R | AK905: 6 "Group Control Number Violates Syntax" | GS06 must be < =999,999,999. |  |
| X223.C7..GS06.050 | GS06 |  |  |  |  |  |  |  | 999 | R | AK905: 19 "Functional Group Control Number not Unique within Interchange. | GS06 must be unique within the interchange. |  |
| X223.C7..GS06.055 | GS06 |  |  |  |  |  |  |  | 999 | R | AK905: 4 "Group Control Number in the Functional Group Header and Trailer Do Not Agree". | GS06 must = GE02. |  |
| X223.C7..GS07.010 | GS07 | Responsible Agency Code | ID | 1-2 | R |  |  | x | TA1 | R | TA105: 024 "Invalid Interchange Content". | GS07 must be present. |  |
| X223.C7..GS07.020 | GS07 |  |  |  |  |  |  |  | TA1 | R | TA105: 024 "Invalid Interchange Content". | GS07 must be "X". |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | Segment or | Description | ID | $\begin{aligned} & \text { Min. } \\ & \text { Max. } \end{aligned}$ | $\begin{array}{\|c\|c\|} \hline \text { Usage } \\ \text { Req. } \end{array}$ | Loop | $\begin{gathered} \text { Loop } \\ \text { Repeat } \end{gathered}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\left\|\begin{array}{c} \text { TA11 } \\ \text { 999/ } \\ 277 C A \end{array}\right\|$ | Accept Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223A2.41..GS08.010 | GS08 | Version Identifier Code | AN | 1-12 | R |  |  | 005010x223A2 | 999 | R | AK905: 2 "Functional Group Version Not Supported" | GS08 must be present. |  |
| $\begin{aligned} & \text { X223A1.23..GS08.010 } \\ & \text { edit deactivated } \end{aligned}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223A2.41..GS08.020 | GS08 |  |  |  |  |  |  |  | 999 | R | AK905: 2 "Functional Group Version Not Supported" | GS08 must be "005010X223A2". |  |
| $\begin{array}{\|l\|} \hline \begin{array}{l} \text { X223.C7..GS08.020 } \\ \text { edit deactivated } \end{array} \\ \hline \end{array}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | ST | Transaction Sets |  |  |  |  | $>1$ |  |  |  |  |  |  |
| X223.067..ST. 010 | ST | TRANSACTION SET |  | 1 | R | - | >1 |  | 999 | R | IK502: 6 "Missing or Invalid Transaction Set Identifier". | ST must be present. |  |
| X223.067..ST. 020 | ST |  |  |  |  |  |  |  | 999 | R | IK502= 1 "Transaction Set Not Supported" <br> OR <br> AK905=5 "Number Included Transaction Sets Does Not Match Actual Count" <br> OR <br> IK502 = 6 "Missing or Invalid Transaction Set Identifier" <br> OR <br> IK502= 15 "Implementation One or More Segments in Error" | Only one iteration of ST is allowed. | This error means there can't be more than one ST segment in this set, not that there can't be more than 1 within the GS. |
| X223.067..ST01.010 | ST01 | Transaction Set Identifier Code | ID | 3-3 | R |  |  | 837 | 999 | R | IK502: 6 "Missing or Invalid Transaction Set Identifier". | ST01 must be present. |  |
| X223.067..ST01.020 | ST01 |  |  |  |  |  |  |  | 999 | R | IK502: 6 "Missing or Invalid Transaction Set Identifier". | ST01 must be "837". |  |
| X223.067..ST02.010 | ST02 | $\begin{gathered} \hline \text { Transaction Set Control } \\ \text { Number } \\ \hline \end{gathered}$ | AN | 4-9 | R |  |  |  | 999 | R | IK502: 7 "Missing or Invalid Transaction Set Control Number". | ST02 must be present. |  |
| X223.067..ST02.020 | ST02 |  |  |  |  |  |  |  | 999 | R | IK502: 7 "Missing or Invalid Transaction Set Control Number" | ST02 must be 4-9 characters. |  |
| X223.067..ST02.030 | ST02 |  |  |  |  |  |  |  | 999 | R | IK502: 7 "Missing or Invalid Transaction Set Control Number" | STO2 must contain at least four non-space characters. |  |
| X223.067..ST02.040 | ST02 |  |  |  |  |  |  |  | 999 | R | IK502: 7 "Missing or Invalid Transaction Set Control Number". | ST02 must be populated with accepted AN characters |  |
| X223.067..ST02.050 | ST02 |  |  |  |  |  |  |  | 999 | R | IK502: 23 "Transaction Set Control Number Not Unique within the Functional Group". | ST02 must be a unique number within the functional group. |  |
| X223A2.14..ST03.010 | ST03 | Version, Release, or Industry Identifier | AN | 1-35 | R |  |  | 005010X223A2 | 999 | R | IK502: 16 "Implementation Convention Not Supported". | ST03 must be present. |  |
| $\begin{array}{\|l\|} \hline \text { X223A1.11..ST03.010 } \\ \text { edit deactivated } \\ \hline \end{array}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223A2.14..ST03.020 | ST03 |  |  |  |  |  |  |  | 999 | R | IK502: 19 "Invalid Transaction Set Implementation Convention reference" | ST03 must be "005010X223A2". |  |
| $\begin{aligned} & \begin{array}{l} \text { X223.067..ST03.020 } \\ \text { edit deactivated } \end{array} \\ & \hline \end{aligned}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | Segment or Element | Description | ID | Min. | Usage | Loop | $\begin{gathered} \text { Loop } \\ \text { Repeat } \end{gathered}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\left\|\begin{array}{c} \text { TA11 } \\ \text { 999/ } \\ 277 C A \end{array}\right\|$ | $\begin{gathered} \text { Accept/ } \\ \text { Reject } \end{gathered}$ | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| х223.068..Внт. 010 | BHT | BEGINNING OF HIERARCHICAL TRANSACTION |  | 1 | R | - | 1 |  | 999 | R | IK304 = 3: "Required Segment Missing" | BHT must be present. |  |
| X223.068. В В ${ }^{\text {® }}$. 020 | BHT |  |  |  |  |  |  |  | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only iteration of BHT is allowed. |  |
| X223.068..BHT01.010 | в ${ }^{\text {top }}$ | Hierarchical Structure Code | ID | 4-4 | R |  |  | 0019 | 999 | R | IK403 = 1: "Required Data Element Missing" | BHT01 must be present. |  |
| х223.068..ВHT01.020 | BHT01 |  |  |  |  |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | BHT01 must be "019". |  |
| X223.068..BHT02.010 | BHT02 | Transaction Set Purpose | ID | 2-2 | R |  |  | 00, 18 | 999 | R | IK403 = 1: "Required Data Element Missinq" | BHTO2 must be present. |  |
| х223.068..ВHT02.020 | ВНт02 |  |  |  |  |  |  |  | 999 | R | 11403 = 7: "Invalid Code Value" | BHT02 must be valid values. |  |
| Х223.068..ВНT03.010 | BHT03 | $\begin{gathered} \hline \text { Originator Application } \\ \text { Transaction ID } \\ \hline \end{gathered}$ | AN | 1-30 | R |  |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" | BHT03 must be present. |  |
| Х223.068..ВНто3.020 | внтоз |  |  |  |  |  |  |  | 999 | R | 1K403 = 5: "Data Element Too Long" | BHTO3 must be 1-30 characters. |  |
| Х223.068..ВНT03.030 | внтоз |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | BHT03 must be populated with accepted AN characters. |  |
| Х223.068..ВНT04.010 | BHT04 | Transaction Set Creation Date | DT | 8-8 | R |  |  | CCYYMMDD | 999 | R | IK403 = 1: "Required Data Element Missing" | BHT04 must be present. |  |
| Х223.068..ВНT04.020 | BHT04 |  |  |  |  |  |  |  | 999 | R | IK403 = 8: "Invalid Date" | BHT04 must be a valid date in CCYYMMDD format. |  |
| Х223.068..ВНT05.010 | BнT05 | Transaction Set Creation Time | тм | 4-8 | R |  |  | $\begin{gathered} \text { HHMM, HHMMSS, } \\ \text { HHMMSSD, HHMMSSDD } \end{gathered}$ | 999 | R | IK403 = 1: "Required Data Element Missing" | BHT05 must be present. |  |
| х223.068..ВНт05.020 | в ${ }^{\text {TT05 }}$ |  |  |  |  |  |  |  | 999 | R | IK403 = 9: "IIvalid Time" | BHT05 must be a valid time in a valid time format. |  |
| Х223.068..ВНT06.010 | BHT06 | Claim or Encounter ID | ID | 2-2 | R |  |  | 31, CH, RP | 999 | R | IK403 = 1: "Required Data Element Missing" | BHT06 must be present. |  |
| Х223.068..ВНT06.020 | вНT06 |  |  |  |  |  |  |  | 999 | R | 1 K 403 = 7 : "Invalid Code Value" | BHT06 must be"CH". |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.071.1000A.010 |  | SUBMITTER NAME LOOP |  | 1 | R | 1000A | 1 |  | 999 | R | IK304 = 4: "Loop Occurs Over Maximum Times" | Only one iteration of 1000A is allowed. |  |
| X223.071.1000A.NM1.010 | NM1 | SUBMITTER NAME |  |  |  |  |  |  | 999 | R | IK304 = 3: "Required Segment Missing" | 1000A.NM1 must be present. |  |
| X223.071.1000A.NM101.010 | NM101 | Entity Identifier Code | ID | 2-3 | R |  |  | 41 | 999 | R | IK403 = 1: "Required Data Element Missinq" | 1000A.NM101 must be present. |  |
| X223.071.1000A.NM101.020 | NM101 |  |  |  |  |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 1000A.NM101 must be "41". |  |
| X223.071.1000A.NM102.010 | NM102 | Entity Type Qualifier | ID | 1-1 | R |  |  | 1,2 | 999 | R | IK403 = 1: "Required Data Element Missinq" | 1000A.NM102 must be present. |  |
| X223.071.1000A.NM102.020 | NM102 |  |  |  |  |  |  |  | 999 | R | IK403 = 7: "Invalid Code Value" | 1000A.NM102 must be valid values. |  |
| X223.071.1000A.NM103.010 | NM103 | Submitter Last or Organization Name | AN | 1-60 | R |  |  |  | 999 | R | IK403 = 1: "Required Data Element Missinq" | 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 | R | IK403 = 6: "Invalid Character in Data Element" | 1000A.NM103 must be populated with accepted AN |  |
| $\begin{aligned} & \text { X223.071.1000A.NM103.040 } \\ & \text { edit deactivated } \\ & \hline \end{aligned}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.071.1000A.NM103.050 | NM103 |  |  |  |  |  |  |  | 999 | R | 1K403 = 5: "Data Element Too Long" | 1000A.NM103 must be 1-60 characters. |  |
| $\begin{aligned} & \text { X223.071.1000A.NM103.060 } \\ & \text { edit deactivated } \\ & \hline \end{aligned}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | Segment or | Description | ID | $\begin{aligned} & \text { Min. } \\ & \text { Max. } \end{aligned}$ | $\begin{gathered} \text { Usage } \\ \text { Req. } \end{gathered}$ | Loop | $\begin{gathered} \text { Loop } \\ \text { Repeat } \end{gathered}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\left.\begin{gathered} \text { TA111 } \\ \text { 999/ } \\ 277 \mathrm{CA} \end{gathered} \right\rvert\,$ | Accept/ Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.071.1000A.NM104.010 | NM104 | Submitter First Name | AN | 1-35 | s |  |  |  | 999 | R | IK403 = I13: "Implementation Dependent 'not used' Data Element Present" | If 1000A.NM102 is "2", 1000A.NM104 must not be present. |  |
| X223.071.1000A.NM104.020 <br> edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.071.1000A.NM104.030 | NM104 |  |  |  |  |  |  |  | 999 | R | IK403 = 5: "Data Element Too Long" | 1000A.NM104 must be 1-35 characters. |  |
| $\begin{aligned} & \text { X223.071.1000A.NM104.040 } \\ & \text { edit deactivated } \\ & \hline \end{aligned}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.071.1000A.NM104.050 | NM104 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data | 1000A.NM104 must contain at least one non-space character. |  |
| X223.071.1000A.NM104.060 | NM104 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 1000A.NM104 must be populated with accepted AN characters. |  |
| $\begin{aligned} & \text { X223.071.1000A.NM104.070 } \\ & \text { edit deactivated } \\ & \hline \end{aligned}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.071.1000A.NM105.010 | NM105 | Submitter Middle Name | AN | 1-25 | s |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" Element" | 1000A.NM105 must contain at least one non-space character. |  |
| X223.071.1000A.NM105.020 | NM105 |  |  |  |  |  |  |  | 999 | R | 1K403 = I13: "Implementation Dependent 'not used' Data Element Present" | If 1000A.NM102 is "2", 1000A.NM105 must not be present. |  |
| X223.071.1000A.NM105.030 <br> edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.071.1000A.NM105.040 | NM105 |  |  |  |  |  |  |  | 999 | R | IK403 = 5: "Data Element Too Long" | 1000A.NM105 must be 1-25 characters. |  |
| $\begin{aligned} & \text { X223.071.1000A.NM105.050 } \\ & \text { edit deactivated } \\ & \hline \end{aligned}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.071.1000A.NM105.060 | NM105 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data | 1000A.NM105 must be populated with accepted AN characters. |  |
| $\begin{aligned} & \text { X223.071.1000A.NM105.070 } \\ & \text { edit deactivated } \\ & \hline \end{aligned}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.071.1000A.NM106.010 | NM106 | Name Prefix | AN | 1-10 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 1000A.NM106 must not be present. |  |
| X223.071.1000A.NM107.010 | NM107 | Name Suffix | AN | 1-10 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 1000A.NM107 must not be present. |  |
| X223.071.1000A.NM108.010 | NM108 | $\begin{gathered} \hline \text { Identification Code } \\ \text { Qualifier } \\ \hline \end{gathered}$ | ID | 1-2 | R |  |  | 46 | 999 | R | IK403 = 1: "Required Data Element Missing" | 1000A.NM108 must be present. |  |
| X223.071.1000A.NM108.020 | NM108 |  |  |  |  |  |  |  | 999 | R | 1 K 403 = 7: "Invalid Code Value" | 1000A.NM108 must be "46". |  |
| X223.071.1000A.NM109.010 | NM109 | Submitter Identifier | AN | 2-80 | R |  |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 1000A.NM109 must be present. |  |
| X223.071.1000A.NM109.020 | NM109 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data <br> Element" | 1000A.NM109 must contain at least two non-space characters. |  |
| X223.071.1000A.NM109.030 | NM109 |  |  |  |  |  |  |  | 999 | R | IK403 = 4: "Data Element Too Short" IK403 = 5: "Data Element Too Long" | 1000A.NM109 must be 2-80 characters. |  |
| X223.071.1000A.NM109.040 <br> edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.071.1000A.NM109.050 | NM109 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 1000A.NM109 must be populated with accepted AN characters. |  |
| X223.071.1000A.NM109.060 <br> edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.071.1000A.NM109.070 | NM109 |  |  |  |  |  |  |  | 999 | R | IK403 = I12: "Implementation Pattern Match Failure" | 1000A.NM109 must be an approved electronic submitter. |  |
| X223.071.1000A.NM110.010 | NM110 | Entity Relationship Code | ID | 2-2 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 1000A.NM110 must not be present. |  |
| X223.071.1000A.NM111.010 | NM111 | Entity Identifier Code | ID | 2-3 | N/U |  |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 1000A.NM111 must not be present. |  |


| 8371 Edit Reference | Segment or Element | Description | ID | Min. Max. | Usage | Loop | $\begin{aligned} & \text { Loop } \\ & \text { Repeat } \end{aligned}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\left\|\begin{array}{c} \text { TA1/ } \\ \text { 999/ } \\ \text { 277CA } \end{array}\right\|$ | Accept/ | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.071.1000A.NM112.010 | NM112 | Name Last or Organization <br> Name | AN | 1-60 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 1000A.NM112 must not be present. |  |
| X223.073.1000A.PER. 010 | PER | SUBMITTER ED CONTACT INFORMATION |  | 2 | R | 1000A |  |  | 999 | R | IK304 = 3: "Required Segment Missing" | 1000A.PER must be present. |  |
| X223.073.1000A.PER.020 | PER |  |  |  |  |  |  |  | 999 | R | 1K304 = 5: "Segment Exceeds Maximum Use" | Only two iterations of 1000A.PER are allowed. |  |
| X223.073.1000A.PER01.010 | PER01 | Contact Function Code | ID | 2-2 | R |  |  | IC | 999 | R | IK403 = 1: "Required Data Element Missing" | 1000A.PER01 must be present. |  |
| X223.073.1000A.PER01.020 | PER01 |  |  |  |  |  |  |  | 999 | R | 11403 = 7: "Invalid Code Value" | 1000A.PER01 must be "IC". |  |
| X223.073.1000A.PER02.010 | PER02 | Submitter Contact Name | AN | 1-60 | s |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 1000A.PER02 must contain at least one non-space |  |
| X223.073.1000A.PER02.020 | PER02 |  |  |  |  |  |  |  | 999 | R | IK403 = I12: "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 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.073.1000A.PER02.040 | PER02 |  |  |  |  |  |  |  | 999 | R | IK403 = I13: "Implementation Dependent 'not used' Data Element Present" | For the 2nd 1000A.PER transmitted, 1000A.PER02 must not be present. |  |
| X223.073.1000A.PER02.050 <br> edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.073.1000A.PER02.060 | PER02 |  |  |  |  |  |  |  | 999 | R | IK403 = 5: "Data Element Too Long" | 1000A.PER02 must be 1-60 characters. |  |
| X223.073.1000A.PER02.070 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.073.1000A.PER02.080 | PER02 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 1000A.PER02 must be populated with accepted AN |  |
| X223.073.1000A.PER02.090 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.073.1000A.PER03.010 | PER03 | Communication Number Qualifier | ID | 2-2 | R |  |  | EM, FX. TE | 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 | AN | 1-256 | R |  |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 1000A.PER04 must be present. |  |
| X223.073.1000A.PER04.020 | PER04 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 1000A.PER04 must contain at least one non-space character. |  |
| X223.073.1000A.PER04.030 | PER04 |  |  |  |  |  |  |  | 999 | R | IK403 = 5: "Data Element Too Long" | 1000A.PER04 must be 1-256 characters. |  |
| $\begin{array}{\|l\|} \hline \text { X223.073.1000A.PER04.040 } \\ \text { edit deactivated } \\ \hline \end{array}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.073.1000A.PER04.050 | PER04 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 1000A.PER04 must be populated with accepted AN characters. |  |
| X223.073.1000A.PER04.060 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.073.1000A.PER05.010 | PER05 | Communication Number Qualifier | ID | 2-2 | s |  |  | EM, EX, FX, TE | 999 | R | $11403=7$ : "Invalid Code Value" | 1000A.PER05 must be valid values. |  |
| X223.073.1000A.PER05.020 | PER05 |  |  |  |  |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | If 1000A.PER05 is "EX", 1000A.PER03 must be "TE". |  |
| X223.073.1000A.PER06.010 | PER06 | Communication Number | AN | 1-256 | s |  |  |  | 999 | R | \|K403 = 2: "Conditional Required Data Element Missing" | If 1000A.PER06 is present, 1000A.PER05 must be present. |  |
| X223.073.1000A.PER06.020 | PER06 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 1000A.PER06 must contain at least one non-space character. |  |
| X223.073.1000A.PER06.030 | PER06 |  |  |  |  |  |  |  | 999 | R | 1K403 = 5: "Data Element Too Long" | 1000A.PER06 must be 1-256 characters. |  |
| $\begin{array}{l}\text { X223.073.1000A.PER06.040 } \\ \text { edit deactivated }\end{array}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | Segment or Element | Description | ID | Min. Max. | Usage Req. | Loop | $\underset{\text { Repeat }}{\text { Loop }}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\begin{gathered} \text { TA1/ } \\ \text { 999/ } \\ \text { 277CA } \end{gathered}$ | Accept/ Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.073.1000A.PER06.050 | PER06 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 1000A.PER06 must be populated with accepted AN characters. |  |
| X223.073.1000A.PER06.060 <br> edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.073.1000A.PER07.010 | PER07 | Communication Number | ID | 2-2 | s |  |  | EM, EX, FX, TE | 999 | R | IK403 = 2: "Conditional Required Data Element Missinq" | If 1000A.PER07 is present, 1000A.PER05 must 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 | 11403 = 7: "Invalid Code Value" | If 1000A.PER07 is "EX", 1000A.PER05 must be "TE". |  |
| X223.073.1000A.PER08.010 | PER08 | Communication Number | AN | 1-256 | s |  |  |  | 999 | R | 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 | R | IK403 = 5: "Data Element Too Long" | 1000A.PER08 must be 1-256 characters. |  |
| X223.073.1000A.PER08.040 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.073.1000A.PER08.050 | PER08 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 1000A.PER08 must be populated with accepted AN characters. |  |
| X223.073.1000A.PER08.060 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.073.1000A.PER09.010 | PER09 | Contact Inquiry Reference | AN | 1-20 | N/U |  |  |  | 999 | E | 1K403 = I10: "Implementation "Not Used" Element Present" | 1000A.PER09 must not be present. |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.076.1000B. 010 |  | RECEIVER NAME Loop |  | 1 | R | 1000B | 1 |  | 999 | R | IK304 = 4: "Loop Occurs Over | Only one iteration of 10008 is allowed. |  |
| X223.076.1000B.NM1.010 | NM1 | RECEIVER NAME |  |  |  |  |  |  | 999 | R | IK304 = 3: "Required Segment Missing" | 10008.NM1 must be present. |  |
| X223.076.1000B.NM101.010 | NM101 | Entity Identifier Code | ID | 2-3 | R |  |  | 40 | 999 | R | IK403 = 1: "Required Data Element Missing" | 1000B.NM101 must be present. |  |
| X223.076.1000B.NM101.020 | NM101 |  |  |  |  |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 1000B.NM101 must be "40". |  |
| X223.076.1000B.NM102.010 | NM102 | Entity Type Qualifier | ID | 1-1 | R |  |  | 2 | 999 | R | IK403 = 1: "Required Data Element Missing" | 1000B.NM102 must be present. |  |
| X223.076.1000B.NM102.020 | NM102 |  |  |  |  |  |  |  | 999 | R | IK403 = 7: "Invalid Code Value" | 1000B.NM102 must be "2". |  |
| X223.076.1000B.NM103.010 | NM103 | Receiver Name | AN | 1-60 | R |  |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 1000B.NM103 must be present. |  |
| X223.076.1000B.NM103.020 | NM103 |  |  |  |  |  |  |  | 999 | R | 1K403 = 5: "Data Element Too Long" | 1000B. NM103 must be 1-60 characters. |  |
| X223.076.1000B.NM103.030 | NM103 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 1000B.NM103 must be popoulated with accepted AN characters. |  |
| 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 | AN | 1-35 | N/U |  |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.076.1000B.NM105.010 | NM105 | Name Middle | AN | 1-25 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.076.1000B.NM106.010 | NM106 | Name Prefix | AN | 1-10 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.076.1000B.NM107.010 | NM107 | Name Suffix | AN | 1-10 | N/U |  |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.076.1000B.NM108.010 | NM108 | Identification Code Qualifier | ID | 1-2 | R |  |  | 46 | 999 | R | IK403 = 1: "Required Data Element Missing" | 1000B.NM108 must be present. |  |
| X223.076.1000B.NM108.020 | NM108 |  |  |  |  |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 1000B.NM108 must be "46". |  |
| X223.076.1000B.NM109.010 | NM109 | Receiver Primary Identifier | AN | 2-80 | R |  |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 1000B.NM109 must be present. |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | Segment or | Description | ID | Min. Max. | Usage | Loop | $\begin{aligned} & \text { Loop } \\ & \text { Repeat } \end{aligned}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\left\|\begin{array}{c} \text { TA11 } \\ \text { 999/ } \\ 277 C A \end{array}\right\|$ | Accept/ Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.076.1000B.NM109.020 | NM109 |  |  |  |  |  |  |  | 999 | R | IK403 = I12: "Implementation Pattern Match Failure" | 1000B.NM109 must be [contractor put receiver code herel. |  |
| X223.076.1000B.NM110.010 | NM110 | Entity Relationship Code | ID | 2-2 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.076.1000B.NM111.010 | NM111 | Entity Identifier Code | ID | 2-3 | N/U |  |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.076.1000B.NM112.010 | NM112 | Name Last or Organization <br> Name | AN | 1-60 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \\ & \hline \end{aligned}$ | Must not be present. |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| $\begin{aligned} & \text { X223.078.2000A.. } 010 \\ & \text { edit deactivated } \\ & \hline \end{aligned}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| $\begin{aligned} & \text { X223.078.2000A.. } 020 \\ & \text { edit deactivated } \end{aligned}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.078.2000A.HL. 010 | HL | BILLINGIPAY-TO PROVIDER hierarchical level |  | 1 | R | 2000A |  |  | 999 | R | IK304 = 3: "Required Segment Missing" | 2000A.HL must be present. |  |
| X223.078.2000A.HL. 020 | HL |  |  |  |  |  |  |  | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2000A.HL is allowed. | This error means there can only be one HL in each iteration of the loop. |
| X223.078.2000A.HL01.010 | HL01 | Hierarchical ID Number | AN | 1-12 | R |  |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2000A. HL01 must be present. |  |
| х223.078.2000А.HL01.020 | HL01 |  |  |  |  |  |  |  | 999 | R | IK403 = 5: "Data Element Too Long" | 2000A.HLO1 must be 1-12 characters. |  |
| X223.078.2000A.HL01.030 | HL01 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2000A.HL01 must be numeric value. |  |
| Х223.078.2000А.HL01.040 | HL01 |  |  |  |  |  |  |  | 999 | R | IK403 = 7: "Invalid Code Value" | The first HL01 must be "1". |  |
| X223.078.2000A.HL02.010 | HL02 | Hierarchical Parent ID Number | AN | 1-12 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| х223.078.2000A.HL03.010 | HL03 | Hierarchical Level Code | ID | 1-2 | R |  |  | 20 | 999 | R | IK403 = 1: "Required Data Element Missing" | 2000A. HLO3 must be present. |  |
| х223.078.2000А.HL03.020 | HL03 |  |  |  |  |  |  |  | 999 | R | IK403 = 7: "Invalid Code Value" | 2000A.HL03 must be "20". |  |
| X223.078.2000A.HL04.010 | HL04 | Hierarchical Child Code | ID | 1-1 | R |  |  | 1 | 999 | R | IK403 = 1: "Required Data Element Missing" | 2000A.HL04 must be present. |  |
| X223.078.2000A.HL04.020 | HL04 |  |  |  |  |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2000A.HL04 must be "1". |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.080.2000A.PRV. 010 | PRV | BILLING/PAY-TO PROVIDER SPECIALTY information |  | 1 | s | 2000A |  |  | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2000A.PRV is allowed. |  |
| X223.080.2000A.PRV01.010 | PRV01 | Provider Code | ID | 1-3 | R |  |  | BI | 999 | R | IK403 = 1: "Required Data Element Missing" | 2000A PRV01 must be present. |  |
| X223.080.2000A.PRV01.020 | PRV01 |  |  |  |  |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2000A.PRV01 must be "BI". |  |
| X223.080.2000A.PRV02.010 | PRV02 | $\begin{gathered} \hline \text { Reference Identification } \\ \text { Qualifier } \\ \hline \end{gathered}$ | ID | 2-3 | R |  |  | PXC | 999 | R | IK403 = 1: "Required Data Element Missing" | 2000A.PRV02 must be present. |  |
| X223.080.2000A.PRV02.020 | PRV02 |  |  |  |  |  |  |  | 999 | R | IK403 = 7: "Invalid Code Value" | 2000A.PRV02 must be "PXC". |  |
| X223.080.2000A.PRV03.010 | PRV03 | Provider Taxonomy Code | AN | 1-50 | R |  |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2000A.PRV03 must be present. |  |
| X223.080.2000A.PRV03.020 | PRV03 |  |  |  |  |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 145: "Entity's specialty/taxonomy code" ElC: 85_Billing-Provider | 2000A.PRV03 Must be a valid Provider Taxonomy Code. | Valid Provider Taxonomy Code reference must be available for this edit. |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | Segment or Element | Description | ID | Min. | Usage | Loop | $\begin{aligned} & \text { Loop } \\ & \text { Repeat } \end{aligned}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\left\|\begin{array}{c} \text { TA11 } \\ \text { 999/ } \\ 277 C A \end{array}\right\|$ | Accept/ Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.080.2000A.PRV04.010 | PRV04 | State or Province Code | ID | 2-2 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.080.2000A.PRV05.010 | PRV05 | PROVIDER SPECIALTY INFORMATION |  |  | N/U |  |  |  | 999 | E |  | Must not be present. |  |
| X223.080.2000A.PRV06.010 | PRV06 | $\begin{gathered} \text { Provider Organization } \\ \text { Code } \\ \hline \end{gathered}$ | ID | 3-3 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \\ & \hline \end{aligned}$ | Must not be present. |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.081.2000A.CUR. 010 | CUR | FOREIGN CURRENCY INFORMATION |  | 1 | s | 2000A |  |  | 999 | E | IK304 = 14: "Implementation "Not Used" Segment Present" | 2000A.CUR must not be present. | 01/20: Companion Guide Note needed. |
| X223.081.2000A.CUR.020 | CUR |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 681: "Claim Currency Not Supported" |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.084.2010AA.. 010 |  | $\underset{\substack{\text { Billing Provider Name } \\ \text { Loop }}}{ }$ |  | 1 | R | 2010AA | 1 |  | 999 | R | $\begin{aligned} & \text { IK304 = 4: "Loop Occurs Over } \\ & \text { Maximum Times" } \end{aligned}$ | Only one iteration of 2010AA is allowed. |  |
| X223.084.2010AA.NM1.010 | NM1 | Billing Provider Name |  |  |  |  |  |  | 999 | R | IK $304=3:$ "Required Segment Missing" | 2010AA.NM1 must be present. |  |
| X223.084.2010AA.NM101.010 | NM101 | Entity Identifier Code | ID | 2-3 | R |  |  | 85 | 999 | R | IK403 = 1: "Required Data Element Missing" | 2010AA.NM101 must be present. |  |
| X223.084.2010AA.NM101.020 | NM101 |  |  |  |  |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2010AA.NM101 must be "85". |  |
| X223.084.2010AA.NM102.010 | NM102 | Entity Type Qualifier | ID | 1-1 | R |  |  | 2 | 999 | R | IK403 = 1: "Required Data Element Missing" | 2010AA.NM102 must be present. |  |
| X223.084.2010AA.NM102.020 | NM102 |  |  |  |  |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2010AA.NM102 must be "2". |  |
| X223.084.2010AA.NM103.010 | NM103 | $\begin{gathered} \text { Billing Provider Last } \\ \text { or Organizational Name } \\ \hline \end{gathered}$ | AN | 1-60 | R |  |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2010AA.NM103 must be present. |  |
| X223.084.2010AA.NM103.020 | NM103 |  |  |  |  |  |  |  | 999 | R | $\begin{aligned} & \text { IK403 = 6: "Invalid Character in Data } \\ & \text { Element" } \end{aligned}$ | 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 for receiver's application system" CSC 504: "Entity's Last Name" FIC. 85 - Billino Provider |  |  |
| X223.084.2010AA.NM103.050 | NM103 |  |  |  |  |  |  |  | 999 | R | IK403=6: "Invalid Character in Data Element" | 2010AA.NM103 must be populated with accepted AN characters. |  |
| X223.084.2010AA.NM103.060 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.084.2010AA.NM104.010 | NM104 | Name First | AN | 1-35 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.084.2010AA.NM105.010 | NM105 | Name Middle | AN | 1-25 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { 1K403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.084.2010AA.NM106.010 | NM106 | Name Prefix | AN | 1-10 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { 1K403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.084.2010AA.NM107.010 | NM107 | Name Suffix | AN | 1-10 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { 1K403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | Segment or Element | Description | ID | $\begin{aligned} & \text { Min. } \\ & \text { Max. } \end{aligned}$ | $\begin{array}{\|c} \text { Usage } \\ \text { Req. } \end{array}$ | Loop | $\begin{aligned} & \text { Loop } \\ & \text { Repeat } \end{aligned}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\begin{array}{\|c} \text { TA1/ } \\ \text { 999/ } \\ \text { 277CA } \\ \hline \end{array}$ | Accept/ Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.084.2010AA.NM108.010 | NM108 | Identification Code Qualifier | ID | 1-2 | s |  |  | xx | 277 | c | CSCC A8: "Acknowledgement / Rejected for relational field in error." CSC 745: "Identifier Qualifier" CSC 562: "Entity's National Provider Identifier (NPI)" EIC: 85 Billing Provider | 2010AA.NM108 must not be present when 2300.REF with REF01 = "P4" and REF02 is a valid VA identifier. | Trailblazer Only 01/20: Companion Guide Note needed. |
| X223.084.2010AA.NM108.020 | NM108 |  |  |  |  |  |  |  | 277 | c | CSCC A6: <br> "Acknowledgement/Rejected for Missing Information..." <br> CSC 745: "Identifier Qualifier" CSC 562: "Entity's National Provider Identifier (NPI)" FIC. 85 Billina Provider | 2010AA.NM108 must be present. | Everyone but Trailblazer. <br> 01/20: Companion Guide Note needed. |
| X223.084.2010AA.NM108.030 | NM108 |  |  |  |  |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2010AA.NM108 must be "XX". | Does not apply to Trailblazer VA claims. |
| X223.084.2010AA.NM109.010 | NM109 | Billing Provider Identifier | AN | 2-80 | s |  |  |  | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | If 2010AA.NM108 is present, 2010AA.NM109 must be present. |  |
| X223.084.2010AA.NM109.020 | NM109 |  |  |  |  |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 562: "Entity's National Provider Identifier (NPI)" FIC. 85 Billina Provider | 2010AA.NM109 must be valid according to the NPI algorithm. |  |
| X223.084.2010AA.NM109.030 | NM109 |  |  |  |  |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 562: "Entity's National Provider Identifier (NPI)" FIC: 85 Billing Provider | 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)" FIC. 85 Billina Provider | 2010AA.NM109 must be a valid NPI on the Crosswalk when evaluated with 1000B.NM109. | Valid NPI Crosswalk must be available for this edit. |
| х223.084.2010AA.NM109.050 | Nм109 |  |  |  |  |  |  |  | 277 | T | CSCC A8: "Acknowledgement / Rejected for relational field in error" CSC 496 "Submitter not approved for electronic claim submissions on behalf of this entity." <br> FIC. 85 Billina 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 | ID | 2-2 | N/U |  |  |  | 999 | E | IK403 = 110: "Implementation "Not | Must not be present. |  |
| X223.084.2010AA.NM111.010 | NM111 | Entity Identifier Code | ID | 2-3 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not | Must not be present. |  |
| X223.084.2010AA.NM112.010 | NM112 | Name Last or Organization Name | AN | 1-60 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.087.2010AA.N3.010 | N3 | BILLING PROVIDER ADDRESS |  | 1 | R | 2010AA |  |  | 999 | R | IK304 = 3: "Required Segment Missing" | 2010AA.N3 must be present. |  |
| X223.087.2010AA.N3.020 | N3 |  |  |  |  |  |  |  | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2010AA.N3 is allowed. |  |
| X223.087.2010AA.N301.010 | N301 | Billing Provider Address Line | AN | 1-55 | R |  |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2010AA.N301 must be present. |  |
| X223.087.2010AA.N301.020 | N301 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data | 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. |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | Segment or Element | Description | ID | Min. | Usage | Loop | $\begin{gathered} \text { Loop } \\ \text { Repeat } \end{gathered}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\left.\begin{array}{\|c\|} \text { TA1/ } \\ \text { 999/ } \\ 277 C A \end{array} \right\rvert\,$ | Accept/ Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.087.2010AA.N301.040 | N301 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 126: "Entity's Address" FIC. 85 _Billino Provider |  |  |
| X223.087.2010AA.N301.050 | N301 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2010AA.N301 must be populated with accepted AN |  |
| X223.087.2010AA.N301.060 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.087.2010AA.N301.070 | N301 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information. CSC 503: "Entity's Street Address" EIC: 85 Billina Provider | 2010AA.N301 must not contain the following exact phrases (not case sensitive): "Post Office Box", "P.O. BOX", "PO BOX", "LOCK BOX", "LOCK BIN", "P O BOX". | N301 must be a street address, not a post office box or lock box. |
|  <br> X223.087.2010AA.N302.010 <br> edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.087.2010AA.N302.012 | N302 | $\underset{\substack{\text { Billing Provider Address } \\ \text { Line }}}{ }$ | AN | 1-55 | s |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | If present, 2010AA.N302 must contain at least one non-space character. |  |
| X223.087.2010AA.N302.015 | N302 |  |  |  |  |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" | 2010AA.N302 must be 1-55 characters. |  |
| X223.087.2010AA.N302.020 | N302 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement <br> Rejected for Invalid Information..." <br> CSC 512: "Length invalid for receiver's <br> application system" <br> CSC 126 " "nitity's Address" <br> FIC: 85 Billino Provider |  |  |
| X223.087.2010AA.N302.030 | N302 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2010AA.N302 must be populated with accepted AN characters. |  |
| X223.087.2010AA.N302.040 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| $\begin{array}{\|l\|} \begin{array}{l} \text { 2223.087.2010AA.N302.050 } \\ \text { edit deactivated } \end{array} \\ \hline \end{array}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.087.2010AA.N302.060 <br> edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.088.2010AA.N4.010 | N4 | BILLING PROVIDER CITYISTATEIZIP CODE |  | 1 | R | 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 | AN | 2-30 | R |  |  |  | 999 | R | IK403 = 1: "Required Data Element Missinq" | 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. |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | Segment or Element | Description | ID | $\begin{aligned} & \text { min. } \\ & \text { Max. } \end{aligned}$ | Usage Req. | Loop | $\underset{\text { Repeat }}{\text { Loop }}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\left\|\begin{array}{c} \text { TA1/ } \\ \text { 999/ } \\ \text { 277CA } \end{array}\right\|$ | Accept/ Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.088.2010AA.N401.040 | N401 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 502: "Entity's City" FIC. 85 Billing Provider |  |  |
| X223.088.2010AA.N401.050 | N401 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2010AA.N401 must be populated with accepted AN characters. |  |
| X223.088.2010AA.N401.060 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.088.2010AA.N402.010 | N402 | Billing Provider State or Province Code | ID | 2-2 | s |  |  |  | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | If 2010AA.N404 is not present, 2010AA.N402 must be present. |  |
| X223.088.2010AA.N402.020 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.088.2010AA.N402.030 | N402 |  |  |  |  |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information... CSC 501: "Entity's State/Province" ElC: 85 Billina Provider | 2010AA.N402 must be a valid state code. | Valid State Code reference must be available for this edit. |
| X223.088.2010AA.N403.010 | N403 | Billing Provider Postal Zone or ZIP Code | ID | 3-15 | s |  |  |  | 999 | R | 1K403 = 2: "Conditional Required Data Element Missing" | If 2010AA.N404 is not present, 2010AA.N403 must be present. |  |
| $\begin{array}{\|l\|} \hline \text { X223.088.2010AA.N403.020 } \\ \text { edit deactivated } \\ \hline \end{array}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ×223.088.2010AA.N403.030 | N403 |  |  |  |  |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 500: "Entity's Postal/Zip Code" EIC: 85 Billing Provider | 2010AA.N403 must be a valid 9 digit zip code. | Valid Zip Code reference must be available for this edit. |
| X223.088.2010AA.N404.010 | N404 | Country Code | ID | 2-3 | s |  |  |  | 999 | E | IK403 = I10: "Implementation "Not | Must not be present. |  |
| X223.088.2010AA.N405.010 | N405 | Location Qualifier | ID | 1-2 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.088.2010AA.N406.010 | N406 | Location Identifier | AN | 1-30 | N/U |  |  |  | 999 | E | 1K403 = 110: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.088.2010AA.N407.010 | N407 | Country Subdivision Code | ID | 1-3 | s |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.088.2010AA.N407.020 |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.090.2010AA.REF. 010 | REF | BILLING PROVIDER TAX IDENTIFICATION |  | 1 | R | 2010AA |  |  | 999 | R | IK304 = 3: "Required Segment Missing" | 2010AA.REF must be present. |  |
| X223.090.2010AA.REF. 020 | REF |  |  |  |  |  |  |  | 999 | R | 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 | ID | 2-3 | R |  |  | EI | 999 | R | IK403 = 1: "Required Data Element Missing" | 2010AA.REF01 must be present. |  |
| X223.090.2010AA.REF01.020 | REF01 |  |  |  |  |  |  |  | 999 | R | 1 1403 = 7: "Invalid Code Value" | 2010AA.REF01 must be "El". |  |
| X223.090.2010AA.REF02.010 | REF02 | Billing Provider Additional Identifier | AN | 1-50 | R |  |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2010AA.REF02 must be present. |  |
| X223.090.2010AA.REF02.020 | REF02 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2010AA.REF02 must be populated with accepted AN characters. |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | Segment or Element | Description | ID | Min. | Usage | Loop | $\begin{gathered} \text { Loop } \\ \text { Repeat } \end{gathered}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\left.\begin{array}{\|c\|} \text { TA1/ } \\ \text { 999/ } \\ 277 C A \end{array} \right\rvert\,$ | Accept Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.090.2010AA.REF02.030 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.090.2010AA.REF02.040 | REF02 |  |  |  |  |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 128: "Entity's tax id" EIC: 85 Billina Provider | 2010AA.REF02 must be 9 digits with no punctuation. | pass through, syntax only. |
| X223.090.2010AA.REF02.050 | REF02 |  |  |  |  |  |  |  | 277 | c | CSCC A8: "Acknowledgement / Rejected for relational field in error" CSC 562: "Entity's National Provider Identifier (NPI)" CSC 128: "Entity's tax id" FIC - 85 -Billing Provider | 2010AA.REF must be associated with the provider identified in 2010AA.NM109 |  |
| X223.090.2010AA.REFO3.010 | REF03 | Description | AN | 1-80 | N/U |  |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.090.2010AA.REF04.010 | REF04 | REFERENCE IDENTIFIER |  |  | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.091.2010AA.PER.010 | PER | BILLING PROVIDER CONTACT INFORMATION |  | 2 | s | 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 | ID | 2-2 | R |  |  | IC | 999 | R | IK403 = 1: "Required Data Element Missing" | 2010AA.PER01 must be present. |  |
| X223.091.2010AA.PER01.020 | PER01 |  |  |  |  |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2010AA.PER01 must be "IC". |  |
| X223.091.2010AA.PERO2.010 | PER02 | $\begin{array}{c}\text { Billing Provider Contact } \\ \text { Name }\end{array}$ | AN | 1-60 | s |  |  |  | 999 | R | IK403 = 2: "Conditional Required Data Element Missinq" | 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.PERO2 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 for receiver's application system" CSC 561: "Entity's Contact Name" FIC. 85 Billino Provider |  |  |
| X223.091.2010AA.PER02.070 | PER02 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2010AA.PER02 must be populated with accepted AN characters. |  |
| X223.091.2010AA.PER02.080 edit deactivated <br> edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.091.2010AA.PER03.010 | PER03 | Communication Number Qualifier | ID | 2-2 | R |  |  | EM, FX, TE | 999 | R | IK403 = 1: "Required Data Element Missing" | 2010AA.PER03 must be present. |  |


| 8371 Edit Reference | Segment or Element | Description | ID | Min. Max. | Usage Req. | Loop | $\underset{\text { Repeat }}{\text { Loop }}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\begin{gathered} \text { TA11 } \\ \text { 999/ } \\ \text { 277CA } \end{gathered}$ | Accept/ Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.091.2010AA.PER03.020 | PER03 |  |  |  |  |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2010AA.PER03 must be valid values. |  |
| X223.091.2010AA.PER04.010 | PER04 | Communication Number | AN | 1-256 | R |  |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2010AA.PER04 must be present. |  |
| X223.091.2010AA.PER04.020 | PER04 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 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 /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 127: "Entity's Phone Number" FIC. 85 Billing Provider |  |  |
| X223.091.2010AA.PER04.050 | PER04 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data | 2010AA.PER04 must be populated with accepted AN characters. |  |
| X223.091.2010AA.PER04.060 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.091.2010AA.PER05.010 | PER05 | Communication Number Qualifier | ID | 2-2 | s |  |  | Em, EX, FX, TE | 999 | R | 1K403 = 7: "Invalid Code Value" | 2010AA.PER05 must be valid values. |  |
| X223.091.2010AA.PER05.020 | PER05 |  |  |  |  |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | If 2010AA.PER05 is "EX" 2010AA.PER03 must be |  |
| X223.091.2010AA.PER06.010 | PER06 | Communication Number | AN | 1-256 | s |  |  |  | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | If 2010AA.PER05 is present 2010AA.PER06 must be |  |
| X223.091.2010AA.PER06.020 | PER06 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data | 2010AA.PER06 must contain at least one non-space |  |
| X223.091.2010AA.PER06.030 | PER06 |  |  |  |  |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" | 2010AA.PER06 must be 1-256 characters. |  |
| X223.091.2010AA.PER06.035 | PER06 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 127: "Entity's Phone Number" FIC. 85 Billing Provide |  |  |
| X223.091.2010AA.PER06.040 | PER06 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2010AA.PERO6 must be populated with accepted AN characters. |  |
| X223.091.2010AA.PER06.050 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.091.2010AA.PER07.010 | PER07 | Communication Number Qualifier | ID | 2-2 | s |  |  | EM, EX, FX, TE | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | If 2010AA.PER07 is present, 2010AA.PER05 must be present. |  |
| X223.091.2010AA.PER07.020 | PER07 |  |  |  |  |  |  |  | 999 | R | 11403 = 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 |  |
| X223.091.2010AA.PER08.010 | PER08 | Communication Number | AN | 1-256 | s |  |  |  | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | If 2010AA.PER07 is present, 2010AA.PER08 must be present. |  |
| X223.091.2010AA.PER08.015 | PER08 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2010AA.PER08 must contain at least one non-space |  |
| X223.091.2010AA.PER08.020 | PER08 |  |  |  |  |  |  |  | 999 | E | 1K403 = 5: "Data Element Too Long" | 2010AA.PER08 must be 1-256 characters. |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | Segment or | Description | ID | Min. Max. | $\begin{aligned} & \text { Usage } \\ & \text { Req. } \end{aligned}$ | Loop | $\begin{aligned} & \text { Loop } \\ & \text { Repeat } \end{aligned}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\left\|\begin{array}{c} \text { TA11 } \\ 999 / \\ 277 C A \end{array}\right\|$ | Accept/ Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.091.2010AA.PER08.025 | PER08 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 127: "Entity's Phone Number" FIC. 85 Billino Provider |  |  |
| X223.091.2010AA.PER08.030 <br> edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.091.2010AA.PER08.040 | PER08 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" Element" | 2010AA.PER08 must be populated with accepted AN characters. |  |
| X223.091.2010AA.PER08.050 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.091.2010AA.PER09.010 | PER09 | Contact Inquiry Reference | AN | 1-20 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2010AA.PER09 must not be present. |  |
| X223.094.2010AB.NM1.010 | NM1 | PAY TO ADDRESS NAME |  | 1 | s | 2010AB | 1 |  | 999 | R | IK304 = 4: "Loop Occurs Over Maximum Times" | One iteration of 2010AB.NM1 is allowed. |  |
| X223.094.2010AB.NM101.010 | NM101 | Entity Identifier Code | ID | 2-3 | R |  |  | 87 | 999 | R | IK 403 = 1: "Required Data Element Missing" | 2010AB.NM101 must be preset. |  |
| X223.094.2010AB.NM101.020 | NM101 |  |  |  |  |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2010AB.NM101 must be "87". |  |
| X223.094.2010AB.NM102.010 | NM102 | Entity Type Qualifier | ID | 1-1 | R |  |  | 2 | 999 | R | IK403 = 1: "Required Data Element Missing" | 2010AB.NM102 must be present. |  |
| X223.094.2010AB.NM102.020 | NM102 |  |  |  |  |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2010AB.NM102 must be "2". |  |
| X223.094.2010AB.NM103.010 | NM103 | Pay-to Provider Last or Organization Name | AN | 1-60 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.094.2010AB.NM104.010 | NM104 | Name First | AN | 1-35 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.094.2010AB.NM105.010 | NM105 | Name Middle | AN | 1-25 | N/U |  |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.094.2010AB.NM106.010 | NM106 | Name Prefix | AN | 1-10 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.094.2010AB.NM107.010 | NM107 | Name Suffix | AN | 1-10 | N/U |  |  |  | 999 | E | 1K403 = 110: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.094.2010AB.NM108.010 | NM108 | $\begin{gathered} \hline \text { Identification Code } \\ \text { Qualifier } \\ \hline \end{gathered}$ | ID | 1-2 | R |  |  |  | 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 | AN | 2-80 | R |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.094.2010AB.NM110.010 | NM110 | Entity Relationship Code | ID | 2-2 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.094.2010AB.NM111.010 | NM111 | Entity Identifier Code | ID | 2-3 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.094.2010AB.NM112.010 | NM112 | Name Last or Organization Name | AN | 1-60 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \\ & \hline \end{aligned}$ | Must not be present. |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.096.2010AB.N3.010 | N3 | PAY-TO ADDRESS |  | 1 | R | 2010AB |  |  | 999 | R | IK304 = 16: "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. |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \\ \hline \end{gathered}$ | $\underset{\text { Elegment or }}{\text { Element }}$ | Description | ID | $\begin{aligned} & \text { Min. } \\ & \text { Max. } \end{aligned}$ | $\begin{gathered} \text { Usage } \\ \text { Req. } \end{gathered}$ | Loop | $\begin{gathered} \text { Loop } \\ \text { Repeat } \end{gathered}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\left\|\begin{array}{c} \text { TA11 } \\ \text { 999/ } \\ 277 C A \end{array}\right\|$ | $\begin{gathered} \text { Accept } / \\ \text { Reject } \end{gathered}$ | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.096.2010AB.N301.010 | N301 | Pay-to Address Line | AN | 1-55 | R |  |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2010AB. 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. ${ }^{\text {N301.030 }}$ | N301 |  |  |  |  |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" | 2010AB. 3001 must be 1-55 characters. |  |
| X223.096.2010AB.N301.040 | N301 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement 1Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 126: "nntitys Address" FIC. 87 Pav_-to Provider |  |  |
| X223.096.2010AB.N301.050 | N301 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2010AB.N301 must be populated with accepted AN characters. |  |
| X223.096.2010AB.N301.060 <br> edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.096.2010AB.N302.010 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.096.2010AB.N302.020 | N302 | $\begin{array}{\|l\|} \hline \text { Pay-to Provider Address } \\ \text { Line } \end{array}$ | AN | 1-55 | s |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | If present, 2010AB.N302 must be at least one nonspace character. |  |
| $\begin{array}{\|l\|} \hline \begin{array}{l} \text { 223.096.2010AB.N302.030 } \\ \text { edit deactivated } \end{array} \\ \hline \end{array}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.096.2010AB.N302.040 | N302 |  |  |  |  |  |  |  | 999 | E | 1K403 = 5: "Data Element Too Long" | 2010AB. N302 must be 1-55 characters. |  |
| X223.096.2010AB.N302.050 | N302 |  |  |  |  |  |  |  | 277 | T | $\begin{aligned} & \text { CSCC A7: "Acknowledgement } \\ & \text { Rejected for Invalid Information..." } \\ & \text { CSC 512: "Length invalid for receiver's } \\ & \text { application system" } \\ & \text { CSC 126: "Entity's Address" } \\ & \text { EIC. } 87 \text { Pavery Provider } \end{aligned}$ |  |  |
| X223.096.2010AB.N302.060 | N302 |  |  |  |  |  |  |  | 999 | R | $\begin{aligned} & \text { IK403 = 6: "Invalid Character in Data } \\ & \text { Element" } \end{aligned}$ | 2010AB.N302 must be populated with accepted AN characters. |  |
| X223.096.2010AB.N302.070 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.097.2010AB.N4.010 | N4 | PAY-TO ADDRESS CITYISTATEIZIP CODE |  | 1 | R | 2010AB |  |  | 999 | R | IK304 = 16: "Implementation Dependent Segment Missing" | If 2010AB.NM1 is present, 2010AB.N4 must be present. |  |
| X223.097.2010AB.N4.020 | N4 |  |  |  |  |  |  |  | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2010AB.N4 is allowed. |  |
| X223.097.2010AB.N401.010 | N401 | Pay-to Adress City Name | AN | 2-30 | R |  |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2010AB.N401 must be present. |  |
| X223.097.2010AB.N401.020 | N401 |  |  |  |  |  |  |  | 999 | R | $\underset{\substack{\text { IK403 = 6: "Invalid Character in Data } \\ \text { Element" }}}{\substack{ \\\hline}}$ | 2010AB. N401 must contain at least two non-space characters. |  |
| X223.097.2010AB.N401.030 | N401 |  |  |  |  |  |  |  | 999 | E | IK403 = 4: "Data Element Too Short" IK403 = 5: "Data Element Too Long" | 2010AB.N401 must be 2-30 characters. |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | Segment or Element | Description | ID | $\begin{aligned} & \text { Min. } \\ & \text { Max. } \end{aligned}$ | $\begin{gathered} \text { Usage } \\ \text { Req. } \end{gathered}$ | Loop | $\begin{gathered} \text { Loop } \\ \text { Repeat } \end{gathered}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\begin{gathered} \text { TA11 } \\ 999 / \\ 277 C A \\ \hline \end{gathered}$ | Accept/ Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.097.2010AB.N401.040 | N401 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 502: "Entity's City" FIC. 87 Pav-to Provider |  |  |
| X223.097.2010AB.N401.050 | N401 |  |  |  |  |  |  |  | 999 | R | $\begin{aligned} & \text { IK403 = 6: "Invalid Character in Data } \\ & \text { Element" } \end{aligned}$ | 2010AB.N401 must be populated with accepted AN characters. |  |
| X223.097.2010AB.N401.060 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.097.2010AB.N402.010 | N402 | Pay-to-Address State Code | ID | 2-2 | s |  |  |  | 999 | R | $\begin{aligned} & \text { IK403 = 2: "Conditional Required Data } \\ & \text { Element Missing" } \end{aligned}$ | If 2010AB.N404 is not present, 2010AB.N402 must be present. |  |
| X223.097.2010AB.N402.020 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.097.2010AB.N402.030 | N402 |  |  |  |  |  |  |  | 277 | c | $\begin{aligned} & \text { CSCC A7: "Acknowledgement } \\ & \text { /Rejected for Invalid Information..."" } \\ & \text { CSC 501: "Entity's State/Province" } \\ & \text { IEC: } 87 \text { Pav-to Provider } \end{aligned}$ | 2010AB.N402 must be a valid state code. | Valid State Code reference must be available for this edit. |
| X223.097.2010AB.N403.010 | N403 | Pay-to Address Postal Zone or ZIP Code | ID | 3-15 | s |  |  |  | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | If 2010AB.N404 is not present, 2010AB.N403 must be |  |
| $\begin{array}{\|l} \hline \text { 223.097.2010AB.N403.020 } \\ \text { edit deactivated } \\ \hline \end{array}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.097.2010AB.N403.030 | N403 |  |  |  |  |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information... CSC 500: "Entity's Postal/Zip Code" EIC: 87 Pay-to Provider | 2010AB.N403 must be a valid zip code. | Valid Zip Code reference must be available for this edit. |
| X223.097.2010AB.N404.010 | N404 | Country Code | ID | 2-3 | s |  |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.097.2010AB.N405.010 | N405 | Location Qualifier | ID | 1-2 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.097.2010AB.N406.010 | N406 | Location Identifier | AN | 1-30 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.097.2010AB.N407.010 | N407 | Country Subdivision Code | ID | 1-3 | s |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| $\begin{array}{l}\text { 2223.097.2010AB.N407.020 } \\ \text { edit deactivated }\end{array}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| $\begin{aligned} & \begin{array}{l} \text { X223.099.2010AC.. } 010 \\ \text { edit deactivated } \end{array} \end{aligned}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| $\begin{aligned} & \text { X223.099.2010AC.NM1.010 } \\ & \text { edit deactivated } \end{aligned}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.099.2010AC.NM1.020 | NM1 | PAY-TO PLAN NAME |  | 1 | s | 2010AC |  |  | 277 | T | CSCC A3: "Acknowledgement /Returned as unprocessable claim" CSC 732: "Information submitted inconsistent with billing guidelines." CSC 125: "Entity's name." EIC 87: "Pay-to Provider" | 2010AC.NM1 must not be present |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \\ \hline \end{gathered}$ | Segment or Element | Description | ID | Min. | Usage | Loop | $\begin{gathered} \text { Loop } \\ \text { Repeat } \\ \hline \end{gathered}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\begin{gathered} \text { TA11 } \\ \text { T999/ } \\ 277 C A \end{gathered}$ | Accept/ Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.101.2010AC.N3.010 | N3 | PAY-TO PLAN ADDRESS |  | 1 | R | 2010AC |  |  | 277 | T | CSCC A3: "Acknowledgement IReturned as unprocessable claim" CSC 732: "Information submitted inconsistent with billing guidelines." CSC 503: "Entity's Street Address." EIC 87: "Pay-to Provider" | 2010AC.N3 must not be present. |  |
| X223.102.2010AC.N4.010 | N4 | PAY-TO PLAN CITYISTATEIZIP CODE |  | 1 | R | 2010AC |  |  | 277 | T | CSCC A3: "Acknowledgement IReturned as unprocessable claim" CSC 732: "Information submitted inconsistent with billing guidelines." CSC 126: "Entity's Address." EIC 87: "Pay-to Provider" | 2010AC.N4 must not be present. |  |
| X223.104.2010AC.REF.010 | REF | PAY-TO PLAN SECONDARY IDENTIFICATION |  | 1 | s | 2010AC |  |  | 277 | T | CSCC A3: "Acknowledgement /Returned as unprocessable claim" CSC 732: "Information submitted inconsistent with billing guidelines." CSC 560: "Entity's Additional/Secondary Identifier. " EIC 87: "Pay-to Provider" | 2010AC.REF with REF01 = 2U, FY, or NF must not be present. |  |
| X223.106.2010AC.REF.020 | REF | PAY-TO PLAN TAX IDENTIFICATION |  | 1 | R | 2010AC |  |  | 277 | T | CSCC A3: "Acknowledgement /Returned as unprocessable claim" CSC 732: "Information submitted inconsistent with billing guidelines." CSC 128: "Entity's tax id." EIC 87: "Pay-to Provider" | 2010AC.REF with REF01 = El must not be present. |  |
| X223.078.2000B.. 010 <br> . deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.078.2000B.HL. 010 | HL | SUBSCRIBER hierarchical level |  | 1 | R | 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" Maximum Use" | Only one iteration of 20008.HL is allowed. | This error means there can only be one HL in each iteration of the loop. |
| X223.107.2000B.HL01.010 | HL01 | Hierarchical ID Number | AN | 1-12 | R |  |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2000B.HL01 must be present. |  |
| X223.107.2000B.HL01.020 | HL01 |  |  |  |  |  |  |  | 999 | R | IK403 = 5: "Data Element Too Long" | 2000B. HL01 must be 1-12 characters. |  |
| 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 HL01 (2000A.HL01) plus one. |  |
| х223.107.2000B.HL02.010 | HL02 | Hierarchical Parent ID Number | AN | 1-12 | R |  |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 20008. HL 02 must be present. |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | Segment or Element | Description | ID | $\begin{aligned} & \text { min. } \\ & \text { Max. } \end{aligned}$ | Usage Req. | Loop | $\underset{\text { Repeat }}{\text { Loop }}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\left\|\begin{array}{c} \text { TA1/ } \\ \text { 999/ } \\ \text { 277CA } \end{array}\right\|$ | Accept/ | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.107.2000B.HL02.020 | HL02 |  |  |  |  |  |  |  | 999 | R | IK403 = I12: "Implementation Pattern Match Failure" | 2000B.HL02 must equal the value of the HLO1 (2000A. HL01) of the parent HL. |  |
| X223.107.2000B.HL03.010 | HL03 | Hierarchical Level Code | ID | 1-2 | R |  |  | 22 | 999 | R | IK403 = 1: "Required Data Element Missing" | 2000B. HL03 must be present. |  |
| Х223.107.2000B.HL03.020 | HL03 |  |  |  |  |  |  |  | 999 | R | IK403 = 7: "Invalid Code Value" | 2000B. HL03 must be "22". |  |
| X223.107.2000B.HL04.010 | HL04 | Hierarchical Child Code | ID | 1-1 | R |  |  | 0, 1 | 999 | R | IK403 = 1: "Required Data Element Missing" | 2000B. HL04 must be present. |  |
| х223.107.2000B.HL04.020 | HL04 |  |  |  |  |  |  |  | 999 | E | 1K403 = 7: "Invalid Code Value" | 2000B. HL04 must be "0". |  |
| X223.107.2000B.HL04.030 | HL04 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 732 "Information submitted inconsistent with billing guidelines." CSC 109 "Entity not eligible." FIC: 03 "Denendent" | 2000B.HL04 must be "0". | Companion Guide Note needed. |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.109.2000B.SBR. 010 | SBR | SUBSCRIBER INFORMATION |  | 1 | R | 2000B |  |  | 999 | R | IK304 = 3: "Required Segment Missing" | 2000B.SBR must be present. |  |
| X223.109.2000B.SBR.020 | SBR |  |  |  |  |  |  |  | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2000B.SBR is allowed. |  |
| X223.109.2000B.SBR01.010 | SBR01 | Payer Responsibility Sequence Number Code | ID | 1-1 | R |  |  | $\underset{U}{\mathrm{~A}, \mathrm{~B}, \mathrm{C}, \mathrm{D}, \mathrm{E}, \mathrm{~F}, \mathrm{G}, \mathrm{H}, \mathrm{P}, \mathrm{~S}, \mathrm{~T},}$ | 999 | R | IK403 = 1: "Required Data Element Missinq" | 2000B.SBR01 must be present. |  |
| X223.109.2000B.SBR01.020 | SBR01 |  |  |  |  |  |  |  | 999 | E | 1K403 = 7: "Invalid Code Value" | 2000B.SBR01 must be "S" or "P". |  |
| X223.109.2000B.SBR01.030 | SBR01 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 732 "Information submitted inconsistent with billing guidelines." CSC 742 "Payer Responsibility Sequence Number Code." |  | Companion Guide Note needed. |
| X223.109.2000B.SBR01.040 | SBR01 |  |  |  |  |  |  |  | 277 | c | CSCC A6: <br> "Acknowledgement/Rejected for Missing Information..." <br> CSC 286: "Other payer's <br> Explanation of Benefits/payment information" | If 2000B.SBR01 = "S" there must be at least one 2320.SBR01 with a value equal to "P". |  |
| X223.109.2000B.SBR02.010 | SBR02 | Individual Relationship Code | ID | 2-2 | s |  |  | 18 | 999 | R | IK403 = 1: "Required Data Element Missinq" | 2000B.SBR02 must be present. |  |
| X223.109.2000B.SBR02.020 | SBR02 |  |  |  |  |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2000B.SBR02 must be "18". |  |
| X223.109.2000B.SBR03.010 | SBR03 | $\begin{gathered} \hline \text { Insured Group or Policy } \\ \text { Number } \\ \hline \end{gathered}$ | AN | 1-50 | s |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2000B.SBR03 must contain at least one non-space character. |  |
| X223.109.2000B.SBR03.020 | SBR03 |  |  |  |  |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" | 2000B.SBR03 must be 1-50 characters. |  |
| X223.109.2000B.SBR03.030 | SBR03 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 163: "Entity's Policy Number" FIC. Il Subscriber |  |  |
| X223.109.2000B.SBR03.040 | SBR03 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2000B.SBR03 must be populated with accepted AN characters. |  |
| X223.109.2000B.SBR03.050 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | Segment or | Description | ID | Min. <br> Max | $\begin{array}{\|c} \text { Usage } \\ \text { Req. } \end{array}$ | Loop | $\begin{aligned} & \text { Loop } \\ & \text { Repeat } \\ & \hline \end{aligned}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\left.\begin{gathered} \text { TA11 } \\ \text { 999/ } \\ 277 C A \end{gathered} \right\rvert\,$ | Accept/ Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.109.2000B.SBR04.010 | SBR04 | Insured Group Name | AN | 1-60 | s |  |  |  | 999 | R | IK403 = 10: "Exclusion Condition Violated" | If 2000B.SBR04 is present, 2000B.SBR03 must not be present. |  |
| X223.109.2000B.SBR04.015 | SBR04 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2000B.SBR04 must contain at least one non-space character. | 999 |
| X223.109.2000B.SBR04.020 | SBR04 |  |  |  |  |  |  |  | 999 | E | 1K403 = 5: "Data Element Too Long" | 2000B.SBR04 must be 1-60 characters. |  |
| X223.109.2000B.SBR04.030 | SBR04 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 663: "Entity's Group Name" FIC. 1 . Subscriher |  |  |
| X223.109.2000B.SBR04.040 | SBR04 |  |  |  |  |  |  |  | 999 | R | $\begin{aligned} & \text { IK403 =6: "Invalid Character in Data } \\ & \text { Element" } \end{aligned}$ | 2000B.SBR04 must be populated with accepted AN characters. |  |
| X223.109.2000B.SBR04.050 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.109.2000B.SBR04.060 <br> edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.109.2000B.SBR04.070 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.109.2000B.SBR05.010 | SBR05 | Insurance Type Code | ID | 1-3 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not | 2000B.SBR05 must not be present. |  |
| X223.109.2000B.SBR06.010 | SBR06 | Coordination of Benefits Code | ID | 1-1 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2000B.SBR06 must not be present. |  |
| X223.109.2000B.SBR07.010 | SBR07 | $\begin{aligned} & \text { Yes/No Condition or } \\ & \text { Response Code } \\ & \hline \end{aligned}$ | ID | 1-1 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2000B.SBR07 must not be present. |  |
| X223.109.2000B.SBR08.010 | SBR08 | Employment Status Code | ID | 2-2 | N/U |  |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2000B.SBR08 must not be present. |  |
| x223.109.2000B.SBR09.010 | SBR09 | Claim Filing Indicator Code | ID | 1-2 | s |  |  | 11, 12, 13, 14, 15, 16, 17, AM, <br> BL, CH, CI, DS, FI, HM, LM, $M A, M B, M C, O F, T V, V A, W C$ $Z Z$ | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 732 "Information submitted inconsistent with billing guidelines." CSC 480 "Entity's claim filing indicator." EIC. PR "Paver" | 2000B.SBR09 must be "MA". |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.112.2010BA.NM1.010 | NM1 | SUBSCRIBER NAME |  | 1 | R | 2010BA | 1 |  | 999 | R | IK304 = 3: "Required Segment | 2010BA.NM1 must be present. |  |
| x223.112.2010BA.NM1.020 | NM1 |  |  |  |  |  |  |  | 999 | R | $\begin{aligned} & \text { IK304=4: "Loop Occurs Over } \\ & \text { Maximum Times" } \end{aligned}$ | Only one iteration of 2010BA.NM1 is allowed. |  |
| X223.112.2010BA.NM101.010 | NM101 | Entity Identifier Code | ID | 2-3 | R |  |  | IL | 999 | R | IK403 = 1: "Required Data Element Missing" | 2010BA.NM101 must be present. |  |
| х223.112.2010BA.NM101.020 | nM101 |  |  |  |  |  |  |  | 999 | R | 1 1403 = 7: "Invalid Code Value" | 2010BA.NM101 must be "LL". |  |
| X223.112.2010BA.NM102.010 | NM102 | Entity Type Qualifier | ID | 1-1 | R |  |  | 1,2 | 999 | R | IK403 = 1: "Required Data Element Missing" | 2010BA.NM102 must be present. |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | Segment or Element | Description | ID | Min. | $\begin{aligned} & \text { Usage } \\ & \text { Reg. } \end{aligned}$ | Loop | $\begin{aligned} & \text { Loop } \\ & \text { Repeat } \end{aligned}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\begin{array}{\|c} \text { TA1/ } \\ \text { 999/ } \\ 277 \mathrm{CA} \\ \hline \end{array}$ | Accept/ Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.112.2010BA.NM102.020 | NM102 |  |  |  |  |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information... CSC 732: "Information submitted inconsistent with billing guidelines." CSC741 "Entity must be a person." FIC. 1 - Subscriber | 2010BA.NM102 must be "1". | Companion guide note needed |
| X223.112.2010BA.NM103.010 | NM103 | Subscriber Last Name | AN | 1-60 | R |  |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 20108A.NM103 must be present. |  |
| X223.112.2010BA.NM103.020 | NM103 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2010BA.NM103 must contain at least one non-space character. |  |
| X223.112.2010BA.NM103.030 | NM103 |  |  |  |  |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" | 2010BA.NM103 must be 1-60 characters. |  |
| X223.112.2010BA.NM103.040 | NM103 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 504: "Entity's Last Name" FIC. لl Subscriher |  |  |
| X223.112.2010BA.NM103.050 | NM103 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2010BA.NM103 must be populated with accepted AN characters. |  |
| X223.112.2010BA.NM103.060 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.112.2010BA.NM104.010 | NM104 | Subscriber First Name | AN | 1-35 | s |  |  |  | 277 | c | CSCC A6: <br> "Acknowledgement/Rejected for Missing Information..." CSC 505: "Entity's First Name" EIC: IL Subscriber | 2010BA.NM104 must be present. |  |
| X223.112.2010BA.NM104.020 | NM104 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2010BA.NM104 must contain at least one non-space character. |  |
| X223.112.2010BA.NM104.030 | NM104 |  |  |  |  |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" | 2010BA.NM104 must be 1-35 characters. |  |
| X223.112.2010BA.NM104.040 | NM104 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 505: "Entity's First Name" FIC. Il Subscriher |  |  |
| X223.112.2010BA.NM104.050 | NM104 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2010BA.NM104 must be populated with accepted AN characters. |  |
| X223.112.2010BA.NM104.060 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.112.2010BA.NM105.010 | NM105 | Subscriber Middle Name | AN | 1-25 | s |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2010BA.NM105 must contain at least one non-space character. |  |
| X223.112.2010BA.NM105.020 | NM105 |  |  |  |  |  |  |  | 999 | E | 1K403 = 5: "Data Element Too Long" | 2010BA.Nm105 must be 1-25 characters. |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | Segment or Element | Description | ID | $\begin{aligned} & \operatorname{Min} . \\ & \text { Max. } \end{aligned}$ | $\begin{array}{\|c} \text { Usage } \\ \text { Req. } \end{array}$ | Loop | $\begin{gathered} \text { Loop } \\ \text { Repeat } \end{gathered}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\left\|\begin{array}{c} \text { TA11 } \\ \text { 999/ } \\ 277 C A \end{array}\right\|$ | Accept/ Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.112.2010BA.NM105.030 | NM105 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 514: "Entity's Middle Name" FIC. 1 - Subscriher |  |  |
| X223.112.2010BA.NM105.040 | NM105 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2010BA.NM105 must be populated with accepted AN characters. |  |
| X223.112.2010BA.NM105.050 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.112.2010BA.NM106.010 | NM106 | Name Prefix | AN | 1-10 | N/U |  |  |  | 999 | E | 1K403 = I10: "Implementation "Not Used" Element Present" | 2010BA.NM106 must not be present. |  |
| X223.112.2010BA.NM107.010 | NM107 | Subscriber Name Suffix | AN | 1-10 | s |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2010BA.NM107 must contain at least one non-space character. |  |
| х223.112.2010BA.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 <br> RRejected for Invalid Information..." <br> CSC 512: "Length invalid for receiver's <br> application system" <br> CSC 125: "Entity's Name" <br> FIC. 1 . Suhscriher |  |  |
| X223.112.2010BA.NM107.040 | NM107 |  |  |  |  |  |  |  | 999 | R | $\begin{aligned} & \text { IK } 403=6: \text { "Invalid Character in Data } \\ & \text { Element" } \end{aligned}$ | 2010BA.NM107 must be populated with accepted AN characters. |  |
| X223.112.2010BA.NM107.050 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223A2.15.2010BA.NM108.010 | NM108 | $\begin{gathered} \hline \text { Identification Code } \\ \text { Qualifier } \\ \hline \end{gathered}$ | ID | 1-2 | s |  |  | II, MI | 999 | R | IK403 = 1: "Required Data Element | 2010BA.NM108 must be present. | Companion Guide Note needed. |
| $\begin{array}{\|l} \hline \text { 223.112.2010BA.NM108.010 } \\ \text { edit deactivated } \\ \hline \end{array}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| х223.112.2010BA.NM108.020 | NM108 |  |  |  |  |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2010BA.NM108 must be "MI'. | Companion Guide Note needed. |
| X223A2.16.2010BA.NM109.010 | NM109 | Subscriber Primary Identifier | AN | 2-80 | s |  |  |  | 999 | R | IK403 = 1: "Required Data Element Missinq" | 2010BA.NM109 must be present. | Companion Guide Note needed. |
| X223.112.2010BA.NM109.010 <br> edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.112.2010BA.NM109.020 | NM109 |  |  |  |  |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 164: "Entity's contract/member number" EIC: IL Subscriber | 2010BA.NM109 must be $7-12$ positions in the format of ANNNNNN, AANNNNNN, ANNNNNNNNN, AANNNNNNNNN, AAANNNNNN, or AAANNNNNNNNN where " $A$ " represents an alpha character and " N " represents a numeric digit. | 01/20: Companion Guide Note needed. |
| $\begin{aligned} & \text { X223.112.2010BA.NM109.030 } \\ & \text { edit deactivated } \\ & \hline \end{aligned}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.112.2010BA.NM110.010 | NM110 | Entity Relationship Code | ID | 2-2 | N/U |  |  |  | 999 | E | 10: "Implementation "Not Used" Elemen | 2010BA.NM110 must not be present. |  |
| X223.112.2010BA.NM111.010 | NM111 | Entity Identifier Code | ID | 2-3 | N/U |  |  |  | 999 | E | 10: "Implementation "Not Used" Elemen | 20108A.NM111 must not be present. |  |
| X223.112.2010BA.NM112.010 | NM112 | $\begin{array}{\|c\|} \hline \text { Name Last or Organization } \\ \text { Name } \\ \hline \end{array}$ | AN | 1-60 | N/U |  |  |  | 999 | E | 10: "Implementation "Not Used" Elemen | 2010BA.NM112 must not be present. |  |


| $\stackrel{8371}{\text { Edit Reference }}$ | Segment or Element | Description | ID | Min. | Usage Req | Loop | $\begin{aligned} & \text { Loop } \\ & \text { Repeat } \end{aligned}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\begin{gathered} \text { TA11/ } \\ \text { 999/ } \\ \text { 277CA } \\ \hline \end{gathered}$ | Accept/ Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.115.2010BA.N3.005 | N3 | SUBSCRIBER ADDRESS |  | 1 | s | 2010BA |  |  | 999 | R | IK304 = 16: "Implementation Dependent Segment Missing" | 2010BA.N3 must be present when 2000B.SBR02 is " 18 ". |  |
| X223.115.2010BA.N3.010 |  |  |  |  |  |  |  |  | 999 | R | IK304 = 5: "Segment Exceeds | Only one iteration of 2010BA.N3 is allowed. |  |
| X223.115.2010BA.N301.010 | N301 | Subscriber Address Line | AN | 1-55 | R |  |  |  | 999 | R | IK403 = 1: "Required Data Element Missinq" | 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. 3001 must be 1-55 characters. |  |
| X223.115.2010BA.N301.040 | N301 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 503: "Entity's Street Address" |  |  |
| X223.115.2010BA.N301.050 | N301 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2010BA.N301 must be populated with accepted AN |  |
| X223.115.2010BA.N301.060 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.115.2010BA.N302.010 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.115.2010BA.N302.020 | N302 | Subscriber Address Line | AN | 1-55 | s |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | If present 2010BA.N302 must contain at least one non- |  |
| X223.115.2010BA.N302.030 | N302 |  |  |  |  |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" | 2010BA. 3302 must be 1-55 characters. |  |
| X223.115.2010BA.N302.040 | N302 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 503: "Entity's Street Address" FIC. Il Subscribe |  |  |
| X223.115.2010BA.N302.050 | N302 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2010BA.N302 must be populated with accepted AN characters. |  |
| X223.115.2010BA.N302.060 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223A2.17.2010BA.N4.005 | N4 | SUBSCRIBER CITYISTATEIZIP CODE |  | 1 | s | 2010BA |  |  | 999 | R | IK304 = 16: "Implementation Dependent Segment Missing" | 2010BA.N4 must be present when 2000B.SBR02 is "18". |  |
| X223.116.2010BA.N4.010 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.116.2010BA.N4.020 | N4 |  |  |  |  |  |  |  | 999 | R | IK304 = 5: "Segment Exceeds | Only one iteration of 2010BA.N4 is allowed. |  |
| X223.116.2010BA.N401.010 | N401 | Subscriber City Name | AN | 2-30 | R |  |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2010BA.N401 must be present. |  |
| X223.116.2010BA.N401.020 | N401 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2010BA.N401 must contain at least two non-space characters. |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | Segment or | Description | ID | Min. | $\begin{gathered} \text { Usage } \\ \text { Req. } \end{gathered}$ | Loop | $\begin{gathered} \text { Loop } \\ \text { Repeat } \end{gathered}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\begin{array}{\|c} \text { TA1/ } \\ \text { 999/ } \\ 277 C A \end{array}$ | Accept/ Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.116.2010BA.N401.030 | N401 |  |  |  |  |  |  |  | 999 | E | IK403 = 4: "Data Element Too Short" IK403 = 5: "Data Element Too Long" | 2010BA. N401 must be 2-30 characters. |  |
| X223.116.2010BA.N401.040 | N401 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 502: "Entity's City" FIC. Il Subscriber |  |  |
| X223.116.2010BA.N401.050 | N401 |  |  |  |  |  |  |  | 999 | R | $\begin{aligned} & \text { IK403 = 6: "Invalid Character in Data } \\ & \text { Element" } \end{aligned}$ | 2010BA.N401 must be populated with accepted AN characters. |  |
| X223.116.2010BA.N401.060 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.116.2010BA.N402.010 | N402 | Subscriber State Code | ID | 2-2 | s |  |  |  | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | If 2010BA.N404 is not present, 2010BA.N402 must be present. |  |
| $\begin{aligned} & \text { X223.116.2010BA.N402.020 } \\ & \text { edit deactivated } \\ & \hline \end{aligned}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.116.2010BA.N402.030 | N402 |  |  |  |  |  |  |  | 277 | c | CSCC A7: "Acknowledgement 1Rejected 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 | ID | 3-15 | s |  |  |  | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | If 2010BA.N404 is not present, 2010BA.N403 must be present. |  |
| $\begin{array}{\|l\|} \hline \text { X223.116.2010BA.N403.020 } \\ \text { edit deactivated } \\ \hline \end{array}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.116.2010BA.N403.030 | N403 |  |  |  |  |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information CSC 500: "Entity's Postal/Zip Code" EIC: IL Subscriber | 2010BA.N403 must be a valid zip code. | Valid Zip Code reference must be available for this edit. |
| X223.116.2010BA.N404.010 | N404 | Country Code | ID | 2-3 | s |  |  |  | 277 | c | $\begin{aligned} & \text { CSC A7: "Acknowledgement } \\ & \text { IRejected for Invalid Information..." } \\ & \text { CSC 680: "Entity's Country" } \\ & \text { EEC.iLL Susscriber } \end{aligned}$ | 2010BA.N404 must be a valid 2 character Country Code. | Valid alpha-2 Country Code reference must be available for this edit. (from Part 1 of ISO 3166) |
| X223.116.2010BA.N405.010 | N405 | Location Qualifier | ID | 1-2 | N/U |  |  |  | 999 | E | IK403 = 110: "Implementation "Not | 2010BA.N405 must not be present. |  |
| X223.116.2010BA.N406.010 | N406 | Location Identifier | AN | 1-30 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.116.2010BA.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" EIC: IL Subscriber | 2010BA.N407 must be a valid Country Subdivision Code. |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.118.2010BA.DMG. 010 | DMG | SUBSCRIBER DEMOGRAPHIC INFORMATION |  | 1 | s | 2010BA |  |  | 999 | R | IK304 = 16: "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 | $\begin{array}{\|c\|} \hline \begin{array}{c} \text { Date Time Period Format } \\ \text { Qualifier } \end{array} \\ \hline \end{array}$ | ID | 2-3 | R |  |  | D8 | 999 | R | IK403 = 1: "Required Data Element Missing" | 2010BA.DMG01 must be present. |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | Segment or | Description | ID | Min. <br> Max | $\begin{gathered} \text { Usage } \\ \text { Req. } \end{gathered}$ | Loop | $\underset{\text { Repeat }}{\text { Loop }}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\left\|\begin{array}{c} \text { TA111 } \\ \text { 999/ } \\ 277 C A \end{array}\right\|$ | Accept/ Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.118.2010BA.DMG01.020 | DMG01 |  |  |  |  |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2010BA.DMG01 must be "D8". |  |
| X223.118.2010BA.DMG02.010 | DMG02 | Subscriber Birth Date | AN | 1-35 | R |  |  | CCYYMMDD | 999 | R | IK403 = 1: "Required Data Element Missing" | 2010BA.DMG02 must be present. |  |
| X223.118.2010BA.DMG02.020 | DMG02 |  |  |  |  |  |  |  | 999 | R | 1K403 = 8: "Invalid Date" | 2010BA.DMG02 must be a valid date in CCYYMMDD |  |
| X223.118.2010BA.DMG02.030 | DMG02 |  |  |  |  |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information. CSC 510: "Future date" CSC 158: "Entity's date of birth" FIC. Il Subscriher | 2010BA.DMG02 must not be a future date. | 01/20: Companion Guide Note needed. |
| X223.118.2010BA.DMG03.010 | DMG03 | Subscriber Gender Code | ID | 1-1 | R |  |  | F, M, U | 999 | R | IK403 = 1: "Required Data Element Missing" | 2010BA.DMG03 must be present. |  |
| X223.118.2010BA.DMG03.020 | DMG03 |  |  |  |  |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2010BA.DMG03 must be valid values. |  |
| X223.118.2010BA.DMG04.010 | DMG04 | Marital Status Code | ID | 1-1 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = 110: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.118.2010BA.DMG05.010 | DMG05 | Race or Ethnicity Code | ID | 1-1 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.118.2010BA.DMG06.010 | DMG06 | Citizenship Status Code | ID | 1-2 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.118.2010BA.DMG07.010 | DMG07 | Country Code | ID | 2-3 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.118.2010BA.DMG08.010 | DMG68 | Basis of Verification Code | ID | 1-2 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.118.2010BA.DMG09.010 | DMG09 | Quantity | R | 1-15 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.118.2010BA.DMG10.010 | DMG10 | Code List Qualifier Code | ID | 1-3 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.118.2010BA.DMG11.010 | DMG11 | Industry Code | AN | 1-30 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.120.2010BA.REF. 010 | REF | SUBSCRIBER <br> SECONDARY IDENTIFICATION |  | 1 | s | 2010BA |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 732: "Information submitted inconsistent with billing guidelines." CSC 560: "Entity's Additional/Secondary Identifier." EIC: HK "Subscriber" | 2010BA.REF with REF01 = "SY" must not be present. present. | Companion Guide Note needed. |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.121.2010BA.REF. 010 | REF | PROPERTY AND CASUALTY CLAIM NUMBER |  | 1 | s | 2010BA |  |  | 999 | R | 1K304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2010BA.REF with REF01 = "Y4" is allowed. | pass-through |
| X223.121.2010BA.REF01.010 | REF01 | Reference Identification Qualifier | ID | 2-3 | R |  |  | Y4 | 999 | R | IK403 = 1: "Required Data Element Missing" | 2010BA.REF01 must be present. |  |
| X223.121.2010BA.REF01.020 | REF01 |  |  |  |  |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2010BA.REF01 must be "Y4". |  |
| X223.121.2010BA.REF02.010 | REF02 | $\begin{gathered} \hline \text { Property Casualty Claim } \\ \text { Number } \\ \hline \end{gathered}$ | AN | 1-50 | R |  |  |  | 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. |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \\ \hline \end{gathered}$ | Segment or | Description | ID | $\begin{aligned} & \text { Min. } \\ & \text { Max. } \end{aligned}$ | $\begin{gathered} \text { Usage } \\ \text { Req. } \end{gathered}$ | Loop | $\begin{gathered} \text { Loop } \\ \text { Repeat } \\ \hline \end{gathered}$ | $\begin{gathered} 5010 \\ \text { Values } \\ \hline \end{gathered}$ | $\begin{gathered} \text { TA11 } \\ \text { 999/ } \\ \text { 277CA } \end{gathered}$ | $\begin{array}{\|l\|l\|} \hline \text { Accept } / \\ \text { Reject } \end{array}$ | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.121.2010BA.REF02.030 | REF02 |  |  |  |  |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" | 2010BA.REF02 must be 1-50 characters. |  |
| X223.121.2010BA.REF02.040 | REF02 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 629: "Property Casualty Claim Number" FIC. Suhariber |  |  |
| X223.121.2010BA.REF02.050 | REF02 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2010BA.REF02 must be populated with accepted AN characters. |  |
| X223.121.2010BA.REF02.060 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.121.2010BA.REF03.010 | REF03 | Description | AN | 1-80 | N/U |  |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.121.2010BA.REF04.010 | REF04 | REFERENCE IDENTIFIER |  |  | N/U |  |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.122.20108B.NM1.010 | NM1 | PAYER NAME |  | 1 | R | 20108B | 1 |  | 999 | R | IK304 = 3: "Required Segment Missing" | 2010BB.NM1 must be present. |  |
| X223.122.2010BB.NM1.020 | NM1 |  |  |  |  |  |  |  | 999 | R | $\begin{aligned} & \text { IK304=4: "Loop Occurs Over } \\ & \text { Maximum Times" } \end{aligned}$ | Only one iteration of 2010BB.NM1 is allowed. |  |
| х223.122.20108B.NM101.010 | NM101 | Entity Identifier Code | ID | 2-3 | R |  |  | PR | 999 | R | IK403 = 1: "Required Data Element Missing" | 20108B.NM101 must be present. |  |
| х223.122.20108B.NM101.020 | NM101 |  |  |  |  |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 20108B.NM101 must be "PR". |  |
| х223.122.20108B.NM102.010 | NM102 | Entity Type Qualifier | ID | 1-1 | R |  |  | 2 | 999 | R | IK403 = 1: "Required Data Element Missinq" | 2010BB,NM102 must be present. |  |
| х223.122.20108B.NM102.020 | NM102 |  |  |  |  |  |  |  | 999 | R | 1 1403 = 7: "Invalid Code Value" | 2010BB.NM102 must be "2". |  |
| X223.122.2010BB.NM103.010 | NM103 | Payer Name | AN | 1-60 | R |  |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2010BB.NM103 must be present. |  |
| X223.122.2010BB.NM103.020 | NM103 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data | 2010BB.NM103 must contain at least one non-space character. |  |
| х223.122.20108B.NM103.030 | NM103 |  |  |  |  |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" | 20108B.NM103 must be 1-60 characters. |  |
| х223.122.20108B.NM103.040 | NM103 |  |  |  |  |  |  |  | 277 | T | $\begin{aligned} & \text { CSCC A7: "Acknowledgement } \\ & \text { 1Rejected for Invalid Information..." } \\ & \text { CSC 512: "Length invalid for receiver's } \\ & \text { application system" } \\ & \text { CSC 504: "Entity's Last Name" } \\ & \text { FIC. PR Paver } \end{aligned}$ |  |  |
| х223.122.20108B.NM103.050 | NM103 |  |  |  |  |  |  |  | 999 | R | $\begin{aligned} & \text { IK403 = 6: "Invalid Character in Data } \\ & \text { Element" } \\ & \hline \end{aligned}$ | 2010BB.NM103 must be populated with accepted AN characters. |  |
| X223.122.2010BB.NM103.060 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.122.2010BB.NM104.010 | NM104 | Name First | AN | 1-35 | N/U |  |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | Must not be present. |  |


| 8371 Edit Reference | Segment or | Description | ID | $\begin{aligned} & \text { Min. } \\ & \text { Max. } \end{aligned}$ | Usage | Loop | $\begin{aligned} & \text { Loop } \\ & \text { Repeat } \end{aligned}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\left\|\begin{array}{c} \text { TA1I } \\ \text { 999/ } \\ 277 C A \end{array}\right\|$ | Accept/ Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| х223.122.20108B.NM105.010 | NM105 | Name Middle | AN | 1-25 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| х223.122.20108B.NM106.010 | NM106 | Name Prefix | AN | 1-10 | N/U |  |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | Must not be present. |  |
| х223.122.20108B.NM107.010 | NM107 | Name Suffix | AN | 1-10 | N/U |  |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | Must not be present. |  |
| х223.122.20108B.NM108.010 | NM108 | $\begin{gathered} \hline \text { Identification Code } \\ \text { Qualifier } \\ \hline \end{gathered}$ | ID | 1-2 | R |  |  | PI, XV | 999 | R | IK403 = 1: "Required Data Element Missing" | 20108B.NM108 must be present. |  |
| х223.122.20108B.NM108.020 | NM108 |  |  |  |  |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 20108B.NM108 must be "PI". |  |
| х223.122.20108B.NM109.010 | NM109 | Payer Identifier | AN | 2-80 | R |  |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 20108B.NM109 must be present. |  |
| х223.122.20108B.NM109.020 | NM109 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2010BB.NM109 must contain at least two non-space characters. |  |
| ×223.122.2010BB.NM109.030 | NM109 |  |  |  |  |  |  |  | 999 | E | IK403 = 4: "Data Element Too Short" IK403 = 5: "Data Element Too Long" | 2010BB.NM109 must be 2-80 characters. |  |
| х223.122.20108B.NM109.040 | NM109 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 53: "Entity ID Number" EIC: PR Payer |  |  |
| X223.122.2010BB.NM109.050 | NM109 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2010BB.NM109 must be populated with accepted AN characters. |  |
| X223.122.2010BB.NM109.060 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.122.20108B.NM110.010 | NM110 | Entity Relationship Code | ID | 2-2 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| х223.122.2010BB.NM111.010 | NM111 | Entity Identifier Code | ID | 2-3 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I } 10 \text { : "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| х223.122.2010BB.NM112.010 | NM112 | Name Last or Organization Name | AN | 1-60 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \\ & \hline \end{aligned}$ | Must not be present. |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.124.2010BB.N3.010 | N3 | PAYER ADDRESS |  | 1 | s | 2010BB |  |  | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 20108B.N3 is allowed. |  |
| X223.124.2010BB.N301.010 | N301 | Payer Address Line | AN | 1-55 | R |  |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2010BB.N301 must be present. |  |
| X223.124.20108B.N301.020 | N301 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data | 2010BB.N301 must contain at least one non-space character. |  |
| X223.124.2010BB.N301.030 | N301 |  |  |  |  |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" | 20108B. N301 must be 1-55 characters. |  |
| X223.124.20108B.N301.040 | N301 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 503: "Entity's Street Address" FIC. PR Paver |  |  |
| X223.124.2010BB.N301.050 | N301 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data | 2010BB.N301 must be populated with accepted AN characters. |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \\ \hline \end{gathered}$ | Segment or | Description | ID | $\begin{aligned} & \text { Min. } \\ & \text { Max. } \end{aligned}$ | $\begin{array}{\|c} \hline \text { Usage } \\ \text { Req. } \\ \hline \end{array}$ | Loop | $\begin{gathered} \text { Loop } \\ \text { Repeat } \\ \hline \end{gathered}$ | $\begin{gathered} 5010 \\ \text { Values } \\ \hline \end{gathered}$ | $\begin{gathered} \text { TA11 } \\ \text { 999/ } \\ \text { 277CA } \end{gathered}$ | Accept/ Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.124.2010BB.N301.060 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.124.2010BB.N302.010 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| х223.124.2010BB.N302.020 | N302 | Payer Address Line | AN | 1-55 | s |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | If present, 2010BB.N302 must contain at least one non-space character. |  |
| X223.124.2010BB.N302.030 | N302 |  |  |  |  |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" | 2010BB.N302 must be 1-55 characters. |  |
| X223.124.20108B.N302.040 | N302 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 503: "Entity's Street Address" FIC. PR Paver |  |  |
| X223.124.2010BB.N302.050 | N302 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2010BB.N302 must be populated with accepted AN |  |
| X223.124.2010BB.N302.060 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.125.2010BB.N4.010 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.125.2010BB.N4.020 | N4 | PAYER CITYISTATEIZIP CODE |  | 1 | s | 2010BB |  |  | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2010BB.N4 is allowed. |  |
| X223.125.20108B.N401.010 | N401 | Payer City Name | AN | 2-30 | R |  |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2010BB. 4401 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 |  |
| X223.125.2010BB.N401.030 | N401 |  |  |  |  |  |  |  | 999 | E | IK403 = 4: "Data Element Too Short" IK403 = 5: "Data Element Too Long" | 2010BB.N401 must be 2 -30 characters. |  |
| X223.125.2010BB.N401.040 | N401 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 502: "Entity's City" FIC. PR Paver |  |  |
| X223.125.2010BB.N401.050 | N401 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2010BB.N401 must be populated with accepted AN |  |
| X223.125.2010BB.N401.060 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.125.2010BB.N402.010 | N402 | Payer State Code | ID | 2-2 | s |  |  |  | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | If 2010BB.N404 is not present, 2010BB.N402 must be present. |  |
| X223.125.2010BB.N402.020 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \\ \hline \end{gathered}$ | Segment or | Description | ID | $\begin{aligned} & \text { Min. } \\ & \text { Max. } \end{aligned}$ | $\begin{array}{\|c} \hline \text { Usage } \\ \text { Req. } \\ \hline \end{array}$ | Loop | $\begin{gathered} \text { Loop } \\ \text { Repeat } \\ \hline \end{gathered}$ | $\begin{gathered} 5010 \\ \text { Values } \\ \hline \end{gathered}$ | $\begin{gathered} \text { TA11 } \\ \text { 999/ } \\ \text { 277CA } \end{gathered}$ | Accept/ | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.125.2010BB.N402.030 | N402 |  |  |  |  |  |  |  | 277 | c | $\begin{array}{\|l\|} \hline \text { CSCC A7: "Acknowledgement } \\ \text { /Rejected for Invalid Information..." } \\ \text { CSC 501: "Entity's State/Province" } \\ \text { EIC: PR Paver } \\ \hline \end{array}$ | 2010BB. N402 must be a valid state code. | Valid State Code reference must be available for this edit. |
| X223.125.2010BB.N403.010 | N403 | Payer Postal Zone or ZIP Code | ID | 3-15 | s |  |  |  | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | If 2010BB.N404 is not present, 2010BB.N403 must be |  |
| X223.125.2010BB.N403.020 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.125.20108B.N403.030 | N403 |  |  |  |  |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 500: "Entity's Postal/Zip Code" EIC: PR Payer | 2010BB.N403 must be a valid zip code. | Valid Zip Code reference must be available for this edit. |
| X223.125.20108B.N404.010 | N404 | Country Code | ID | 2-3 | s |  |  |  | 999 | E | IK403 = I10: "Implementation "Not | Must not be present. |  |
| X223.125.2010BB.N405.010 | N405 | Location Qualifier | ID | 1-2 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.125.2010BB.N406.010 | N406 | Location Identifier | AN | 1-30 | N/U |  |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | Must not be present. |  |
| х223.125.2010BB.N407.010 | N407 | Country Subdivision Code | ID | 1-3 | s |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.127.2010BB.REF. 010 | REF | PAYER SECONDARY IDENTIFICATION |  | 3 | s | 2010BB |  |  | 277 | c | CSCC A7: "Acknowledgement IRejected for Invalid Information..." CSC 732: "Information submitted inconsistent with billing guidelines." CSC 560: "Entity's Additional/Secondary Identifier." EIC: PR "Payer" | 2010Bb.REF with REF01 = "2U", "EI", "FY", or "NF" must not be present. | Companion Guide Note needed. |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.129.2010BB.REF. 010 | REF | BILLING PROVIDER SECONDARY IDENTIFICATION |  | 1 | s | 2010Bb |  |  | 999 | R | IK304 = 2: "Unexpected Segment" | 2010BB.REF with REF01 = "G2" must be present when 2010AA.NM109 is not present. | Trailblazer Only o1/20: 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 nieeded |
| X223.129.2010BB.REF. 030 | REF |  |  |  |  |  |  |  | 999 | R | IK304 = 19: "Implementation Dependent 'not used' Segment Present" | 2010BB.REF must not be present. | Everyone but Trailblazer. 01/20: Companion Guide Note needed. |
| X223.129.2010BB.REF01.010 | REF01 | $\begin{gathered} \hline \text { Reference Identification } \\ \text { Qualifier } \\ \hline \end{gathered}$ | ID | 2-3 | R |  |  | G2, LU | 999 | R | IK 403 = 1: "Required Data Element Missing" | 2010BB.REF01 must be present. |  |
| х223.129.2010BB.REF01.020 | REF01 |  |  |  |  |  |  |  | 999 | R | 1 1403 = 7 : "Invalid Code Value" | 2010BB.REF01 must be valid values. |  |
| X223.129.2010BB.REF02.010 | REF02 | Payer Additional Identifier | AN | 1-50 | R |  |  |  | 999 | R | 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. |  |
| X223.129.2010BB.REF02.030 | REF02 |  |  |  |  |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" | 20108B.REF02 must be 1-50 characters. |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | Segment or | Description | ID | $\begin{aligned} & \text { Min. } \\ & \text { Max. } \end{aligned}$ | $\begin{array}{\|c} \text { Usage } \\ \text { Req. } \end{array}$ | Loop | $\begin{gathered} \text { Loop } \\ \text { Repeat } \end{gathered}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\begin{array}{\|c} \text { TA1/ } \\ \text { 999/ } \\ 277 C A \\ \hline \end{array}$ | Accept/ | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.129.2010BB.REF02.040 | REF02 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 560: "Entity's Additional/Secondary Identifier" FIC. PD Paver |  |  |
| X223.129.2010BB.REF02.050 | REF02 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2010BB.REF02 must be populated with accepted AN characters. |  |
| X223.129.2010BB.REF02.060 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.129.2010BB.REF02.070 | REF02 |  |  |  |  |  |  |  | 999 | R | IK403 = I12: "Implementation Pattern Match Failure" | 2010BB.REF02 billing provider must be "associated" to the submitter (from a trading partner management perspective) in 1000A.NM109. |  |
| X223.129.2010BB.REF03.010 | REF03 | Description | AN | 1-80 | N/U |  |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.129.2010BB.REF04.010 | REF04 | REFERENCE IDENTIFIER |  |  | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \\ & \hline \end{aligned}$ | Must not be present. |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.131.2000C.HL. 010 | HL | PATIENT HIERARCHICAL LEVEL |  | 1 | s | 2000C | >1 |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 732: "Information submitted inconsistent with billing guidelines." CSC 173: "Entity's name, address, phone, gender, DOB, marital status, employment status and relation to subscriber." <br> EIC: QC "Patient" | 2000C.HL must not be present. | 01/20: Companion Guide Note needed. |
| X223.133.2000C.PAT. 010 | PAT | PATIENT Information | ID | 1 | R | 2000C |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 732: "Information submitted inconsistent with billing guidelines." CSC 156: "Patient relationship to subscriber." | 2000C.PAT must not be present. |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | Segment or | Description | ID | Min. | Usage | Loop | $\begin{aligned} & \text { Loop } \\ & \text { Repeat } \\ & \hline \end{aligned}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\begin{gathered} \text { TA11 } \\ \text { 999/ } \\ 277 C A \end{gathered}$ | Accept/ Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| х223.135.2010CA.NM1.010 | NM1 | PATIENT NAME | ID | 1 | R | 2010CA |  |  | 277 | T | CSCC A7: "Acknowledgement IRejected for Invalid Information..." CSC 732: "Information submitted inconsistent with billing guidelines." CSC 125: "Entity's name." EIC: QC "Patient." | 2010CA.NM1 must not be present. |  |
| X223.137.2010CA.N3.010 | N3 | Patient Address |  | 1 | R | 2010CA |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 732: "Information submitted inconsistent with billing guidelines." CSC 503: "Entity's Street Address." EIC QC: "Patient" | 2010CA.N3 must not be present. |  |
| X223.138.2010CA.N4.010 | N4 | PATIENT CITYISTATEIZIP CODE |  | 1 | R | 2010CA |  |  | 277 | T | CsCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 732: "Information submitted inconsistent with billing guidelines." CSC 126: "Entity's Address." EIC QC: "Patient" | 2010CA.N4 must not be present. |  |
| X223.140.2010CA.DMG. 010 | DMG | PATIENT DEMOGRAPHIC INFORMATION |  | 1 | R | 2010CA |  |  | 277 | T | CSCC A7: "Acknowledgement IRejected for Invalid Information..." CSC 732: "Information submitted inconsistent with billing guidelines." CSC 157:"Entity's Gender." CSC 158: "Entity's date of birth." EIC QC: "Patient' | 2010CA.DMG must not be present. |  |
| X223.142.2010CA.REF. 010 | REF | PROPERTY AND CASUALTY CLAIM NUMBER |  | 1 | s | 2010CA |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 732: "Information submitted inconsistent with billing guidelines." CSC 629: "Property Casualty Claim Number." | 2010CA.REF with REF01 = "Y4" must not be present. |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | Segment or Element | Description | ID | $\begin{aligned} & \text { Min. } \\ & \text { Max. } \end{aligned}$ | $\begin{gathered} \text { Usage } \\ \text { Req. } \end{gathered}$ | Loop | $\begin{gathered} \text { Loop } \\ \text { Repeat } \end{gathered}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\begin{gathered} \text { TA11 } \\ 999 / \\ 277 C A \\ \hline \end{gathered}$ | Accept/ Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223A2.19.2010CA.REF. 010 | REF | PROPERTY AND CASUALTY PATIENT IDENTIFIER |  | 1 | s | 2010CA |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 732: "Information submitted inconsistent with billing guidelines." CSC 560: "Entity's Additional/Secondary Identifier." EIC: QC "Patient" | 2010CA.REF with REF01 = "1W" or "SY" must not be present. |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.143.2300.CLM. 010 | cLM | CLAIM INFORMATION Loop |  |  |  | 2300 | 100 |  | 999 | R | IK304 = 4: "Loop Occurs Over Maximum Times" | Only 100 iterations of the 2300 loop are allowed. |  |
| х223.143.2300.CLM. 020 | cLM | CLAIM INFORMATION |  | 1 | R | 2300 | 1 |  | 999 | R | IK304 = 3: "Required Segment Missing" | 2300.CLM must be present. |  |
| х223.143.2300.CLM.030 | CLM |  |  |  |  |  |  |  | 999 | R | $\begin{aligned} & \text { IK304 = 5: "Segment Exceeds } \\ & \text { Maximum Use" } \end{aligned}$ | Only 1 iteration of 2300.CLM is allowed. |  |
| X223.143.2300.CLM01.010 | cLm01 | Patient Control Number | AN | 1-38 | R |  |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2300.CLM01 must be present. |  |
| X223.143.2300.CLM01.020 | CLM01 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2300.CLM01 must contain at least one-non-space character. |  |
| X223.143.2300.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.CLM01.040 | CLM01 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 478: Claim submitter's identifier |  |  |
| X223.143.2300.CLM01.050 | CLM01 |  |  |  |  |  |  |  | 999 | R | $\begin{aligned} & \text { IK403 = 6: "Invalid Character in Data } \\ & \text { Element" } \end{aligned}$ | 2300.CLM01 must be populated with accepted AN characters. |  |
| X223.143.2300.CLM01.060 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.143.2300.CLM02.010 | CLM02 | $\begin{gathered} \hline \text { Total Claim Charge } \\ \text { Amount } \\ \hline \end{gathered}$ | R | 1-18 | R |  |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2300.CLM02 must be present. |  |
| X223.143.2300.CLM02.020 | CLM02 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2300.CLM02 must be numeric. |  |
| $\begin{array}{\|l\|} \hline \text { X223.143.2300.CLM02.030 } \\ \text { edit deactivated } \\ \hline \end{array}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.143.2300.CLM02.040 | CLM02 |  |  |  |  |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" | 2300.CLM02 must be >= 0 and <= 99,999,999.99. |  |
| X223.143.2300.CLM02.050 | CLM02 |  |  |  |  |  |  |  | 277 | ${ }^{\top}$ | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 178: "Submitted Charges" |  |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | Segment or Element | Description | ID | $\begin{aligned} & \text { Min. } \\ & \text { Max. } \end{aligned}$ | Usage | Loop | $\begin{aligned} & \text { Loop } \\ & \text { Repeat } \end{aligned}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\left\|\begin{array}{c} \text { TA11 } \\ \text { 999/ } \\ 277 C A \end{array}\right\|$ | Accept/ Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.143.2300.CLM02.060 | CLM02 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information... CSC 697: "Too many decimal positions" <br> CSC 178: "Submitted Charaes" | 2300.CLM02 is limited to 0,1 or 2 decimal positions. |  |
| X223.143.2300.CLM02.070 | CLM02 |  |  |  |  |  |  |  | 277 | c | $\begin{aligned} & \hline \text { CSCC A7: "Acknowledgement } \\ & \text { /Rejected for Invalid Information..." } \\ & \text { CSC 400: "Claim is out of balance" } \\ & \text { CSC 178: "Submitted Charges" } \\ & \hline \end{aligned}$ | 2300.CLM02 must equal the sum of all $2400 . \mathrm{SV} 203$ amounts. |  |
| X223.143.2300.CLM02.080 | CLM02 |  |  |  |  |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 400: "Claim is out of Balance" CSC 672 "Payer's payment information is out of balance" | CLM02 must equal the sum of all 2320 CAS amounts \& all 2430 CAS amounts and 2320 AMT02 (when AMT01=D). |  |
| X223.143.2300.CLM03.010 | CLM03 | Claim Filing Indicator Code | ID | 1-2 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.143.2300.CLM04.010 | CLM04 | $\begin{aligned} & \text { Non-Institutional Claim } \\ & \text { Type Code } \\ & \hline \end{aligned}$ | ID | 1-2 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| $\begin{aligned} & \begin{array}{l} \text { 2223.143.2300.CLM05.010 } \\ \text { edit deactivated } \end{array} \\ & \hline \end{aligned}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.143.2300.CLM05-1.010 | CLM05-1 | Facility Type Code | AN | 1-2 | R |  |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2300.CLM05-1 must be present. |  |
| X223.143.2300.CLM05-1.020 | CLM05-1 |  |  |  |  |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 228: "Type of bill for UB claim" | 2300.CLM05-1 must be the 1st and 2nd positions of a valid Uniform Bill Type Code. | Valid Uniform Bill Type Code reference must be available for this edit. |
| X223.143.2300.CLM05-2.010 | CLM05-2 | Facility Code Qualifier | ID | 1-2 | R |  |  | A | 999 | R | 1K403 = 1: "Required Data Element Missing" | 2300.CLM05-2 must be present. |  |
| X223.143.2300.CLM05-2.020 | CLM05-2 |  |  |  |  |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.CLM05-2 must be"A". |  |
| X223.143.2300.CLM05-3.010 | CLM05-3 | Claim Frequency Code | ID | 1-1 | R |  |  |  | 999 | R | IK403 = 1: "Required Data Element Missinq" | 2300.CLM05-3 must be present. |  |
| X223.143.2300.CLM05-3.020 | CLM05-3 |  |  |  |  |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 228:"Type of bill for UB claim" | 2300.CLM05-3 must be the 3rd position of a valid Uniform Bill Type Code. | Valid Uniform Bill Type Code reference must be available for this edit. |
| X223.143.2300.CLM06.010 | CLM06 | Provider or Supplier Signature Indicator | ID | 1-1 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.143.2300.CLM07.010 | CLM07 | $\begin{aligned} & \text { Medicare Assignment } \\ & \text { Code } \end{aligned}$ | ID | 1-1 | R |  |  | A, B, C | 999 | R | IK403 = 1: "Required Data Element Missing" | 2300.CLM07 must be present. |  |
| X223.143.2300.CLM07.020 | CLM07 |  |  |  |  |  |  |  | 999 | R | 11403 = 7: "Invalid Code Value" | 2300.CLM07 must be valid values. |  |
| X223.143.2300.CLM08.010 | CLM08 | Benefits Assignment Certification Indicator | ID | 1-1 | R |  |  | N, W, Y | 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.CLM08 must be valid values. |  |
| X223.143.2300.CLM09.010 | CLM09 | $\begin{aligned} & \text { Release of Information } \\ & \text { Code } \end{aligned}$ | ID | 1-1 | R |  |  | I, Y | 999 | R | IK403 = 1: "Required Data Element Missing" | 2300.CLM09 must be present. |  |
| X223.143.2300.CLM09.020 | CLM09 |  |  |  |  |  |  |  | 999 | R | $1 \mathrm{~K} 403=7$ : "Invalid Code Value" | 2300.CLM09 must be valid values. |  |
| X223.143.2300.CLM10.010 | CLM10 | Patient Signature Source Code | ID | 1-1 | N/U |  |  | P | 999 | E | IK403 = I10: "Implementation "Not | Must not be present. |  |
| X223.143.2300.CLM11.010 | CLM11 | RELATED CAUSES INFORMATION |  |  | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.143.2300.CLM12.010 | CLM12 | Special Program Indicator | ID | 2-3 | N/U |  |  | 02, 03, 05, 09 | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.143.2300.CLM13.010 | CLM13 | Yes/No Condition or Response Code | ID | 1-1 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.143.2300.CLM14.010 | CLM14 | Level of Service Code | ID | 1-3 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \\ \hline \end{gathered}$ | Segment or | Description | ID | $\begin{aligned} & \text { Min. } \\ & \text { Max. } \end{aligned}$ | $\begin{array}{\|c} \hline \text { Usage } \\ \text { Req. } \end{array}$ | Loop | $\begin{gathered} \text { Loop } \\ \text { Repeat } \\ \hline \end{gathered}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\begin{gathered} \text { TA11 } \\ \text { 999/ } \\ \text { 277CA } \end{gathered}$ | Accept/ | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.143.2300.CLM15.010 | CLM15 | Yes/No Condition or Response Code | ID | 1-1 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.143.2300.CLM16.010 | CLM16 | Participation Agreement | ID | 1-1 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not | Must not be present. |  |
| X223.143.2300.CLM17.010 | CLM17 | Claim Status Code | ID | 1-2 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.143.2300.CLM18.010 | CLM18 | Yes/No Condition or Response Code | ID | 1-1 | R |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I } 10 \text { : "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.143.2300.CLM19.010 | CLM19 | Claim Submission Reason Code | ID | 2-2 | N/U |  |  |  | 999 | E | 1K403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.143.2300.CLM20.010 | CLM20 | Delay Reason Code | ID | 1-2 | s |  |  | 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, | 999 | R | 1K403 = 7: "Invalid Code Value" | $2300 . C L M 20$ must be valid values. |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.149.2300.DTP. 010 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.149.2300.DTP. 020 | DTP | DATE- DISCHARGE |  | 1 | s | 2300 |  |  | 999 | R | 1K304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2300.DTP with DTP01 = "096" is allowed. |  |
| X223.149.2300.DTP01.010 | DTP01 | Date Time Qualifier | ID | 3-3 | R |  |  | 096 | 999 | R | 403 = 1: "Required Data Element Missir | 2300. DTP01 must be present. |  |
| X223.149.2300.DTP01.020 | DTP01 |  |  |  |  |  |  |  | 999 | R | IK403 = 7: "Invalid Code Value" | 2300.DTP01 must be "096". |  |
| X223.149.2300.DTP02.010 | DTP02 | Date Time Period Format Oualifier | ID | 2-3 | R |  |  | TM | 999 | R | K 403 = 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 | AN | 1-35 | R |  |  | ннмм | 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 | ID | 1 | R | 2300 |  |  | 999 | R | IK304 = 3: "Required Segment Missing" | 2300.DTP must be present. |  |
| X223.150.2300.DTP. 020 | DTP |  |  |  |  |  |  |  | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2300.DTP with DTP01 = "434" is allowed. |  |
| X223.150.2300.DTP01.010 | DTP01 | Date Time Qualifier | ID | 3-3 | R |  |  | 434 | 999 | R | IK403 = 1: "Required Data Element Missing" | 2300.DTP01 must be present. |  |
| X223.150.2300.DTP01.020 | DTP01 |  |  |  |  |  |  |  | 999 | R | IK403 = 7: "Invalid Code Value" | 2300.DTP01 must be "434". |  |
| X223.150.2300.DTP02.010 | DTP02 | Date Time Period Format <br> Qualifier | AN | 2-3 | R |  |  | RD8 | 999 | R | IK403 = 1: "Required Data Element Missinq" | 2300.DTP02 must be present. |  |
| X223.150.2300.DTP02.020 | DTP02 |  |  |  |  |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.DTP02 must be "RD*". |  |
| X223.150.2300.DTP03.010 | DTP03 | $\begin{gathered} \text { Statement From or To } \\ \text { Date } \end{gathered}$ | AN | 1-35 | R |  |  | CCYYMMDD-CCYYMMDD | 999 | R | \|K403 = 1: "Required Data Element Missinq" | 2300.DTP03 must be present. |  |
| X223.150.2300.DTP03.020 | DTP03 |  |  |  |  |  |  |  | 999 | R | 1K403 = 8: "Invalid Date" | 2300.DTP03 must be a valid date in CCYYMMDD- CCYYMMDD format. |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.151.2300.DTP. 010 <br> edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.151.2300.DTP. 020 | DTP | DATE - ADMISSION |  | 1 | s | 2300 |  |  | 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 | ID | 3-3 | R |  |  | 435 | 999 | R | IK403 = 1: "Required Data Element Missing" | 2300.DTP01 must be present. |  |
| X223.151.2300.DTP01.020 | DTP01 |  |  |  |  |  |  |  | 999 | R | IK403 = 7: "Invalid Code Value" | 2300.DTP01 must be "435". |  |
| X223.151.2300.DTP02.010 | DTP02 | Date Time Period Format Qualifier | ID | 2-3 | R |  |  | D8, DT | 999 | R | IK403 = 1: "Required Data Element Missing" | 2300.DTP02 must be present. |  |


| 8371 Edit Reference | Segment or Element | Description | ID | $\begin{aligned} & \text { Min. } \\ & \text { Max. } \end{aligned}$ | $\begin{gathered} \text { Usage } \\ \text { Reg. } \end{gathered}$ | Loop | $\underset{\text { Repeat }}{\text { Loop }}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\begin{gathered} \text { TA11 } \\ \text { 999/ } \\ \text { 277CA } \end{gathered}$ | Accept/ Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.151.2300.DTP02.020 | DTP02 |  |  |  |  |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.DTP02 must be valid values. |  |
| X223.151.2300.DTP03.010 | DTP03 | Admission Date and Hour | AN | 1-35 | R |  |  | CCYYMMDD, CCYYMMDDHHMM | 999 | R | 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 | 1K403 = 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 |  | 1 | s | 2300 |  |  | 999 | R | $\begin{aligned} & \text { IK304 = 5: "Segment Exceeds } \\ & \text { Maximum Use" } \end{aligned}$ | Only one iteration of 2300.DTP is allowed. | pass through, syntax only. |
| X223.152.2300.DTP01.010 | DTP01 | Date Time Qualifier | ID | 3-3 | R |  |  | 050 | 999 | R | 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 | Date Time Period Format Qualifier | ID | 2-3 | R |  |  | D8 | 999 | R | IK403 = 1: "Required Data Element Missing" | 2300.DTP02 must be present. |  |
| X223.152.2300.DTP02.020 | DTP02 |  |  |  |  |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.DTP02 must be "D8". |  |
| X223.152.2300.DTP03.010 | DTP03 | Order Date | AN | 1-35 | R |  |  | CCYYMMDD | 999 | R | IK403 = 1: "Required Data Element Missing" | 2300.DTP03 must be present. |  |
| X223.152.2300.DTP03.020 | DTP03 |  |  |  |  |  |  |  | 999 | R | \|K403 = 8: "Invalid Date" | 2300.DTP03 must be a valid date in CCYYMMDD format. |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.153.2300.CL1.010 | CL1 | $\qquad$ |  | 1 | R | 2300 |  |  | 999 | R | IK304 = 3: "Required Segment Missing" | 2300.CL1 must be present. |  |
| X223.153.2300.CL1.020 | CL1 |  |  |  |  |  |  |  | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2300.CL1 is allowed. |  |
| X223A2.20.2300.CL101.010 | CL101 | Priority (Type) of Admission or Visit Code | ID | 1-1 | R |  |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2300.CL101 must be present. |  |
| $\begin{array}{\|l} \hline \text { X223.153.2300.CL101.010 } \\ \text { edit deactivated } \\ \hline \end{array}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.153.2300.CL101.020 | CL101 |  |  |  |  |  |  |  | 999 | R | 1K403 = 5: "Data Element Too Long" | 2300.CL101 must be 1 character. |  |
| X223.153.2300.CL101.030 | CL101 |  |  |  |  |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 231: "Hospital admission type" | 2300.CL101 must be a valid Priority (Type) of Admission or Visit code. | Valid Priority (Type) of Admission or Visit Code reference must be available for this edit. |
| X223A2.20.2300.CL102.010 | CL102 | Point of Origin for Admission or Visit Code | ID | 1-1 | s |  |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2300.CL102 must be present when 2300.CLM05-1 is not "14". | per NUBC |
| $\begin{aligned} & \text { X223.153.2300.CL102.010 } \\ & \text { edit deactivated } \\ & \hline \end{aligned}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.153.2300.CL102.020 | CL102 |  |  |  |  |  |  |  | 999 | R | 1K403 = 5: "Data Element Too Long" | 2300.CL102 must be 1 character. |  |
| X223.153.2300.CL102.030 | CL102 |  |  |  |  |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 229: "Hospital admission source" | 2300.CL102 must be a valid Point of Origin for Admission or Visit Code. | Valid Point of Origin for Admission or Visit Code reference must be available for this edit. |
| X223.153.2300.CL103.010 | CL103 | Patient Status Code | ID | 1-2 | R |  |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2300.CL103 must be present. |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | Segment or Element | Description | ID | Min. | Usage | Loop | $\begin{aligned} & \text { Loop } \\ & \text { Repeat } \end{aligned}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\left\|\begin{array}{c} \text { TA1/ } \\ \text { 999/ } \\ \text { 277CA } \end{array}\right\|$ | Accept/ | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.153.2300.CL103.020 | CL103 |  |  |  |  |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 234: "Patient discharge status" | 2300.CL103 must be a valid Patient Status Code. | Valid Patient Status Code reference must be available for this edit. |
| X223.153.2300.CL104.010 | CL104 | Nursing Home Code | ID | 1-1 | N/U |  |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.154.2300.PWK.010 | PWK | CLAIM SUPPLEMENTAL INFORMATION |  | 10 | s | 2300 |  |  | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only ten iterations of 2300.PWK are allowed. | pass through, syntax only. |
| X223.154.2300.PWK01.010 | PWK01 | Attachment Report Type Code | ID | 2-2 | R |  |  | 03, 04, 05, 06, 07, 08, 09, 10, 11, 13, 15, 21, A3, A4, AM, AS B2, B3, B4, BR, BS, BT, CB, CK, CT, D2, DA, DB, DG, DJ, DS, EB, HC, HR, I5, IR, LA, M1, MT, NN, OB, OC, OD, OE, OX, OZ, P4, P5, PE, PN, PO, PQ, PY, PZ, RB, RR, RT, RX, | 999 | R | IK403 = 1: "Required Data Element Missing" | 2300.PWK01 must be present. |  |
| X223.154.2300.PWK01.020 | PWK01 |  |  |  |  |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.PWK01 must be valid values. |  |
| X223.154.2300.PWK02.010 | PWK02 | Attachment Transmission Code | ID | 1-2 | R |  |  | AA, BM, EL, EM, FT, FX | 999 | R | IK403 = 1: "Required Data Element Missing" | 2300.PWK02 must be present. |  |
| X223.154.2300.PWK02.020 | PWK02 |  |  |  |  |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.PWK02 must be valid values. |  |
| X223.154.2300.PWK03.010 | PWK03 | Report Copies Needed | No | 1-2 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.154.2300.PWK04.010 | PWK04 | Entity Identifier Code | ID | 2-3 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not | Must not be present. |  |
| X223.154.2300.PWK05.010 | PWK05 | $\begin{aligned} & \text { Identification Code } \\ & \text { Oualifier } \end{aligned}$ | ID | 1-2 | s |  |  | AC | 999 | R | IK403 = 2:"Conditional Required Data Element Missinq" | When 2300.PWK05 is present, 2300.PWK02 must be "BM", "EL", "EM", "FX" or "FT". |  |
| X223.154.2300.PWK05.020 | PWK05 |  |  |  |  |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.PWK05 must be "AC". |  |
| X223.154.2300.PWK06.010 | PWK06 | Attachment Control Number | AN | 2-80 | s |  |  |  | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | When 2300.PWK06 is present, 2300.PWK02 must be "BM", "EL", "EM", "FX" or "FT". |  |
| X223.154.2300.PWK06.020 | PWK06 |  |  |  |  |  |  |  | 999 | E | IK403 = 4: "Data Element Too Short" IK403 = 5: "Data Element Too Long" | 2300.PWK06 must be 2 -50 characters. |  |
| X223.154.2300.PWK06.030 | PWK06 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 489: "Attachment Control Number" |  |  |
| X223.154.2300.PWK06.040 | PWK06 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data <br> Element" | 2300.PWK06 must be populated with accepted AN characters. |  |
| X223.154.2300.PWK06.050 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.154.2300.PWK06.060 | PWK06 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data | 2300.PWK06 must contain at least two non-space characters. |  |
| X223.154.2300.PWK07.010 | PWK07 | Description | AN | 1-80 | N/U |  |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.154.2300.PWK08.010 | PWK08 | ACTIONS INDICATED |  |  | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.154.2300.PWK09.010 | PWK09 | Request Category Code | ID | 1-2 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |


| 8371 Edit Reference | Segment or Element | Description | ID | Min. | Usage Req. | Loop | $\begin{gathered} \text { Loop } \\ \text { Repeat } \\ \hline \end{gathered}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\begin{gathered} \text { TA11 } \\ \text { 999/ } \\ \text { 277CA } \end{gathered}$ | Accept/ Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.158.2300.CN1.010 | CN1 | CONTRACT INFORMATION | ID | 1 | s | 2300 |  |  | 999 | R | IK304 = 19: "Implementation Dependent "Not Used" Segment Present" | 2300.CN1 must not be present. | IG note that CN1 is not for HIPAA claims. claims. |
| X223.160.2300.AMT. 010 | AMT | PATIENT ESTIMATED AMOUNT DUE |  | 1 | s | 2300 |  |  | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2300.AMT is allowed. |  |
| X223.160.2300.AMT01.010 | AMT01 | Amount Qualifier Code | ID | 1-3 | R |  |  | F3 | 999 | R | IK403 = 1: "Required Data Element Missing" | 2300.AMT01 must be present. |  |
| X223.160.2300.AMT01.020 | AMT01 |  |  |  |  |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.AMT01 must be "F3". |  |
| X223.160.2300.AMT02.010 | AMT02 | Patient Responsibility Amount | R | 1-18 | R |  |  |  | 999 | R | IK403 = 1: "Required Data Element Missinq" | 2300.AMT02 must be present. |  |
| X223.160.2300.AMT02.020 | AMT02 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | AMT02 must be numeric. |  |
| X223.160.2300.AMT02.030 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.160.2300.AMT02.040 | AMT02 |  |  |  |  |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" | 2300.AMT02 must be >= 0 and <=99,999,999.99. |  |
| X223.160.2300.AMT02.050 | AMT02 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 565: "Estimated Claim Due Amount" FIC. OC "Datient" |  |  |
| X223.160.2300.AMT02.060 | AMT02 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information... CSC 697: "Too many decimal positions" <br> CSC 565: "Estimated Claim Due Amount" | 2300.AMTO2 is limited to 0,1 or 2 decimal positions. |  |
| X223.160.2300.AMT03.010 | AMT03 | Credit/Debit Flag Code | ID | 1-1 | N/U |  |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.161.2300.REF. 010 | REF | $\begin{gathered} \text { SERVICE } \\ \text { AUTHORIZATION } \\ \text { EXCEPTION CODE } \end{gathered}$ |  | 1 | s | 2300 |  |  | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2300. REF with REF01 $=$ " $4 \mathrm{~N} "$ is allowed. | pass through, syntax only. |
| X223.161.2300.REF01.010 | REF01 | Reference Identification Qualifier |  |  |  |  |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2300. REF01 must be present. |  |
| X223.161.2300.REF01.020 | REF01 |  | ID | 2-3 | R |  |  | 4 N | 999 | R | 1 K 403 = 7 : "Invalid Code Value" | 2300.REF01 must be "4N". |  |
| X223.161.2300.REFO2.030 | REF02 | Service Authorization Exception Code | ID | 1-50 | R |  |  | 1, 2, 3, 4, 5, 6, 7 | 999 | R | IK403 = 1: "Required Data Element Missing" | 2300.REF02 must be present. |  |
| X223.161.2300.REF02.040 | REF02 |  |  |  |  |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300. REF02 must be valid values. |  |
| X223.161.2300.REF03.010 | REF03 | Description | AN | 1-80 | N/U |  |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.161.2300.REF04.010 | REF04 | REFERENCE IDENTIFIER | AN |  | N/U |  |  |  | 999 | E | 1K403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | Segment or Element | Description | ID | Min. | Usage | Loop | $\begin{gathered} \text { Loop } \\ \text { Repeat } \end{gathered}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\left\|\begin{array}{c} \text { TA11 } \\ \text { 999/ } \\ 277 C A \end{array}\right\|$ | Accept/ Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.163.2300.REF. 010 | REF | REFERRAL NUMBER |  | 1 | s | 2300 |  |  | 999 | R | 1K304 = 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 | ID | 2-3 | R |  |  | 9 F | 999 | R | IK403 = 1: "Required Data Element Missing" | 2300.REF01 must be present. |  |
| X223.163.2300.REF01.020 | REF01 |  |  |  |  |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.REF01 must be "9F". |  |
| X223.163.2300.REF02.010 | REF02 | Prior Authorization or Referral Number | AN | 1-50 | R |  |  |  | 999 | R | 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 | 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 for receiver's application system" CSC 48: "referral/Authorization" |  |  |
| X223.163.2300.REF02.050 | REF02 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2300.REF02 must be populated with accepted AN characters. |  |
| X223.163.2300.REF02.060 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.163.2300.REF03.010 | REF03 | Description | AN | 1-80 | N/U |  |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.163.2300.REF04.010 | REF04 | REFERENCE IDENTIFIER |  |  | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.164.2300.REF. 010 | REF | PRIOR AUTHORIZATION |  | 1 | s | 2300 |  |  | 999 | R | IK304 = 5: "Segment Exceeds | Only one iteration of 2300.REF with REF01 = "G1" is allowed. |  |
| X223.164.2300.REF01.010 | REF01 | Reference Identification Qualifier | ID | 2-3 | R |  |  | G1 | 999 | R | 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 | AN | 1-50 | R |  |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2300.REF02 must be present. |  |
| X223.164.2300.REF02.020 | REFF2 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data | 2300.REF02 must contain at least one non-space character. |  |
| X223.164.2300.REF02.030 | REF02 |  |  |  |  |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" | 2300.REF02 must be 1-50 characters. |  |
| X223.164.2300.REF02.040 | REF02 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 252: "Authorization/Certification Number" |  |  |
| X223.164.2300.REF02.050 | REF02 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2300.REF02 must be populated with accepted AN characters. |  |
| X223.164.2300.REF02.060 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.164.2300.REF03.010 | REF03 | Description | AN | 1-80 | N/U |  |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.164.2300.REF04.010 | REF04 | REFERENCE IDENTIFIER |  |  | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | Segment or | Description | ID | $\begin{aligned} & \text { Min. } \\ & \text { Max. } \end{aligned}$ | $\begin{array}{\|c} \text { Usage } \\ \text { Req. } \end{array}$ | Loop | $\begin{gathered} \text { Loop } \\ \text { Repeat } \end{gathered}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\begin{gathered} \text { TA11 } \\ \text { 999/ } \\ 277 C A \end{gathered}$ | Accept/ Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.166.2300.REF. 010 | REF | PAYER CLAIM CONTROL NUMBER | ID | 1 | s | 2300 |  |  | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2300 .REF with REF01 $=$ "F8" is allowed. | Required when CLM05-3 (Claim Frequency Code) indicates this claim is a replacement or void to a previously adjudicated claim. |
| X223.166.2300.REF01.010 | REF01 | Reference Identification Qualifier | ID | 2-3 | R |  |  | F8 | 999 | R | IK403 = 1: "Required Data Element Missing" | 2300.REF01 must be present. |  |
| X223.166.2300.REF01.020 | REF01 |  |  |  |  |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300. REF01 must be "F8". |  |
| X223.166.2300.REF02.010 | REF02 | PAYER CLAIM CONTROL <br> NUMBER | AN | 1-50 | R |  |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2300.REF02 must be present. |  |
| X223.166.2300.REF02.020 | REF02 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2300.REF02 must contain at least one non-space character. |  |
| X223.166.2300.REF02.030 | REF02 |  |  |  |  |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" | 2300.REF02 must be $1-50$ characters. |  |
| X223.166.2300.REF02.040 | REF02 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 464: "Payer Assigned Claim Control Number" |  |  |
| X223.166.2300.REF02.050 | REF02 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2300.REF02 must be populated with accepted AN characters. |  |
| X223.166.2300.REF02.060 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.166.2300.REF03.010 | REF03 | Description | AN | 1-80 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.166.2300.REF04.010 | REF04 | REFERENCE IDENTIFIER |  |  | N/U |  |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | Must not be present. |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.167.2300.REF. 010 | REF | REPRICED CLAIM NUMBER |  | 1 | s | 2300 |  |  | 999 | R | IK304 = 5: "Segment Exceeds | Only one iteration of 2300.REF with REF01 = "9A" is allowed. | pass through, syntax only. |
| X223.167.2300.REF01.010 | REF01 | Reference Identification Qualifier | ID | 2-3 | R |  |  | 9A | 999 | R | IK403 = 1: "Required Data Element Missing" | 2300.REF01 must be present. |  |
| X223.167.2300.REF01.020 | REF01 |  |  |  |  |  |  |  | 999 | R | 11403 = 7: "Invalid Code Value" | 2300.REF01 must be "9A". |  |
| X223.167.2300.REF02.010 | REF02 | $\begin{array}{\|c\|} \hline \text { Repriced Claim Reference } \\ \text { Number } \end{array}$ | AN | 1-50 | R |  |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2300.REF02 must be present. |  |
| X223.167.2300.REF02.020 | REF02 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2300. REF02 must contain at least one non-space character. |  |
| X223.167.2300.REF02.030 | REF02 |  |  |  |  |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" | 2300.REF02 must be 1-50 characters. |  |
| X223.167.2300.REF02.040 | REF02 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 702. "Renriced Claim Reference |  |  |
| X223.167.2300.REF02.050 | REF02 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2300.REF02 must be populated with accepted AN characters. |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \\ \hline \end{gathered}$ | Segment or Element | Description | ID | $\begin{aligned} & \text { Min. } \\ & \text { Max. } \end{aligned}$ | $\begin{gathered} \text { Usage } \\ \text { Req. } \end{gathered}$ | Loop | $\begin{gathered} \text { Loop } \\ \text { Repeat } \\ \hline \end{gathered}$ | $\begin{gathered} 5010 \\ \text { Values } \\ \hline \end{gathered}$ | $\begin{array}{\|c\|c\|} \hline \text { TA111 } \\ \text { 999/ } \\ \text { 277CA } \\ \hline \end{array}$ | Accept/ Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.167.2300.REF02.060 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.167.2300.REF03.010 | REF03 | Description | AN | 1-80 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.167.2300.REF04.010 | REF04 | REFERENCE IDENTIFIER |  |  | N/L |  |  |  | 999 | E | IK403 = I10: "Implementation "Not | Must not be present. |  |
| X223.168.2300.REF. 010 | REF | ADJUSTED REPRICED CLAIM NUMBER |  | 1 | s | 2300 |  |  | 999 | R | 1K304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2300 .REF with REF01 $=$ " $9 \mathrm{C} "$ is allowed. | pass through, syntax only. |
| X223.168.2300.REF01.010 | REF01 | Reference Identification Oualifier | ID | 2-3 | R |  |  | 9 C | 999 | R | IK403 = 1: "Required Data Element Missing" | 2300.REF01 must be present. |  |
| X223.168.2300.REF01.020 | REF01 |  |  |  |  |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.REF01 must be "9C". |  |
| X223.168.2300.REF02.010 | REF02 | Adjusted Repriced Claim Reference Number | AN | 1-50 | R |  |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2300.REF02 must be present. |  |
| X223.168.2300.REF02.020 | REF02 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2300.REF02 must contain at least one non-space |  |
| X223.168.2300.REF02.030 | REF02 |  |  |  |  |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" | 2300.REF02 must be 1-50 characters. |  |
| X223.168.2300.REF02.040 | REF02 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 517: "Adjusted Repriced Claim Reference Number" |  |  |
| X223.168.2300.REF02.050 | REF02 |  |  |  |  |  |  |  | 999 | R | $\begin{aligned} & \text { IK403=6: "Invalid Character in Data } \\ & \text { Element" } \end{aligned}$ | 2300.REF02 must be populated with accepted AN characters. |  |
| X223.168.2300.REF02.060 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.168.2300.REF03.010 | REF03 | Description | AN | 1-80 | N/U |  |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.168.2300.REF04.010 | REF04 | REFERENCE IDENTIFIER |  |  | N/U |  |  |  | 999 | E | 1K403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.169.2300.REF. 010 | REF | INVESTIGATIONAL DEVICE EXEMPTION NUMBER |  | 5 | s | 2300 |  |  | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2300 .REF with REF01 = "LX" is allowed. | CMS is only accepting one iteration. |
| X223.169.2300.REF01.010 | REF01 | Reference Identification Oualifier | ID | 2-3 | R |  |  | LX | 999 | R | IK403 = 1: "Required Data Element Missing" | 2300.REF01 must be present. | 03/30: Companion Guide Note needed. |
| X223.169.2300.REF01.020 | REF01 |  |  |  |  |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.REF01 must be "LX". |  |
| X223.169.2300.REF02.010 | REF02 | Investigational Device Exemption Number | AN | 1-50 | R |  |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2300.REF02 must be present. |  |
| X223.169.2300.REF02.020 | REF02 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data | 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. |  |


| 8371 Edit Reference | Segment or Element | Description | ID | $\begin{gathered} \text { Min. } \\ \text {. } \end{gathered}$ | Usage Req. | Loop | $\begin{aligned} & \text { Loop } \\ & \text { Repeat } \end{aligned}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\left\|\begin{array}{c} \text { TA1/ } \\ \text { 999/ } \\ \text { 277CA } \end{array}\right\|$ | Accept | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.169.2300.REF02.040 | REF02 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 579: "Investigational Device Exemntion Identifior" |  |  |
| X223.169.2300.REF02.050 | REF02 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2300.REF02 must be populated with accepted AN characters. |  |
| X223.169.2300.REF02.060 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.169.2300.REF03.010 | REF03 | Description | AN | 1-80 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.169.2300.REF04.010 | REF04 | REFERENCE IDENTIFIER |  |  | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.170.2300.REF. 010 | REF | CLAIM IDENTIFIER FOR TRANSMISSION INTERMEDIARIES |  | 1 | s | 2300 |  |  | 999 | R | IK 304 = 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 Oualifier | ID | 2-3 | R |  |  | D9 | 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 | AN | 1-50 | R |  |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2300.REF02 must be present. |  |
| X223.170.2300.REF02.020 | REF02 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2300.REF02 must contain at least one non-space |  |
| X223.170.2300.REF02.030 | REF02 |  |  |  |  |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" | 2300.REF02 must be 1-20 characters. |  |
| X223.170.2300.REF02.040 | REF02 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 543: "Clearinghouse or Value Added Network Trace" |  |  |
| X223.170.2300.REF02.050 | REF02 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2300.REF02 must be populated with accepted AN |  |
| X223.170.2300.REF02.060 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.170.2300.REF03.010 | REF03 | Description | AN | 1-80 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.170.2300.REF04.010 | REF04 | REFERENCE IDENTIFIER |  |  | N/U |  |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.172.2300.REF. 010 | REF | AUTO ACCIDENT STATE |  | 1 | s | 2300 |  |  | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2300.REF with REF01 = "LU" is allowed. | pass through, syntax only. |
| X223.172.2300.REF01.010 | REF01 | Reference Identification Qualifier | ID | 2-3 | R |  |  | LU | 999 | R | IK403 = 1: "Required Data Element Missing" | 2300.REF01 must be present. |  |
| X223.172.2300.REF01.020 | REF01 |  |  |  |  |  |  |  | 999 | R | 1 K 403 = 7 : "Invalid Code Value" | 2300.REF01 must be "LU". |  |


| 8371 Edit Reference | Segment or Element | Description | ID | Min. | Usage | Loop | $\begin{aligned} & \text { Loop } \\ & \text { Repeat } \end{aligned}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\left\|\begin{array}{c} \text { TA1/ } \\ \text { 999/ } \\ \text { 277CA } \end{array}\right\|$ | Accept/ | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.172.2300.REF02.010 | REF02 | Auto Accident State or Province | AN | 1-50 | R |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 501: "Entity's State/Province" CSC 171: Other insurance coverage information (health, liability, auto, etc.) FlC. PR Paver | 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 | AN | 1-80 | N/U |  |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.172.2300.REF04.010 | REF04 | REFERENCE IDENTIFIER |  |  | N/U |  |  |  | 999 | E | IK403 = 110: "Implementation "Not | Must not be present. |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.173.2300.REF. 010 | REF | $\begin{gathered} \hline \text { MEDICAL RECORD } \\ \text { NUMBER } \\ \hline \end{gathered}$ |  | 1 | s | 2300 |  |  | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2300.REF with REF01 = "EA" is allowed. |  |
| X223.173.2300.REF01.010 | REF01 | Reference Identification | ID | 2-3 | R |  |  | EA | 999 | R | IK403 = 1: "Required Data Element Missing" | 2300.REF01 must be present. |  |
| X223.173.2300.REF01.020 | REF01 |  |  |  |  |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.REF01 must be "EA". |  |
| X223.173.2300.REF02.010 | REF02 | Medical Record Number | AN | 1-50 | R |  |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2300.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 | IK403 = 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 for receiver's application system" CSC 588: "medical Record Number" |  |  |
| X223.173.2300.REF02.050 | REF02 |  |  |  |  |  |  |  | 999 | R | IK403 $=6$ : "Invalid Character in Data Element" | 2300.REFO2 must be populated with accepted AN characters. |  |
| X223.173.2300.REF02.060 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.173.2300.REF03.010 | REF03 | Description | AN | 1-80 | N/U |  |  |  | 999 | E | 1K403 = 110: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.173.2300.REF04.010 | REF04 | REFERENCE IDENTIFIER |  |  | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.174.2300.REF. 010 | REF | DEMONSTRATION PROJECT IDENTIFIER |  | 1 | s | 2300 |  |  | 999 | R | IK304=5: "Segment Exceeds Maximum Use" | Only one iteration of 2300.REF with REF01 = "P4" is allowed. |  |
| X223.174.2300.REF01.010 | REF01 | $\begin{gathered} \hline \text { Reference Identification } \\ \text { Qualifier } \\ \hline \end{gathered}$ | ID | 2-3 | R |  |  | P4 | 999 | R | IK403 = 1: "Required Data Element Missing" | 2300.REF01 must be present. |  |
| X223.174.2300.REF01.020 | REF01 |  |  |  |  |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.REF01 must be "P4". |  |
| X223.174.2300.REF02.010 | REF02 | Demonstration Project Identifier | AN | 1-50 | R |  |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2300. REF02 must be present. |  |
| X223.174.2300.REF02.020 | REF02 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2300.REF02 must contain at least one non-space character. |  |
| X223.174.2300.REF02.030 | REF02 |  |  |  |  |  |  |  | 999 | E | 1K403 = 5: "Data Element Too Long" | 2300.REF02 must be 1-50 characters. |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | Segment or | Description | ID | $\begin{aligned} & \text { Min. } \\ & \text { Max. } \end{aligned}$ | $\begin{array}{\|c\|} \hline \text { Usage } \\ \text { Req. } \end{array}$ | Loop | $\underset{\text { Repeat }}{\text { Loop }}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\left\|\begin{array}{c} \text { TA11 } \\ \text { 999/ } \\ 277 C A \end{array}\right\|$ | Accept/ Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.174.2300.REF02.040 | REF02 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 556: "Demonstration Project Identifier" |  |  |
| X223.174.2300.REF02.050 | REF02 |  |  |  |  |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 732: Information submitted inconsistent with billing guidelines CSC 556: Demonstration Project Identifier | If 2300.REF02 (REF01=P4) is a valid VA demonstration project identifier, 1000B.NM109 must be 04001. |  |
| X223.174.2300.REF03.010 | REF03 | Description | AN | 1-80 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.174.2300.REF04.010 | REF04 | REFERENCE IDENTIFIER |  |  | N/U |  |  |  | 999 | E | IK403 $=$ I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.175.2300.REF. 010 | REF | PEER REVIEW ORGANIZATION (PRO) APPROVAL NUMBER |  | 1 | s | 2300 |  |  | 999 | R | 1K304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2300. REF with REF01 = "G4" is allowed. |  |
| X223.175.2300.REF01.010 | REF01 | Reference Identification Qualifier | ID | 2-3 | R |  |  | G4 | 999 | R | IK403 = 1: "Required Data Element Missinq" | 2300.REF01 must be present. |  |
| X223.175.2300.REF01.020 | REF01 |  |  |  |  |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.REF01 must be "G4". |  |
| X223.175.2300.REF02.010 | REF02 | PRO Number | AN | 1-50 | R |  |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2300.REF02 must be present. |  |
| X223.175.2300.REF02.020 | REF02 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2300.REF02 must contain at least one non-space character. |  |
| X223.175.2300.REF02.030 | REF02 |  |  |  |  |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" | 2300.REF02 must be 1-50 characters. |  |
| X223.175.2300.REF02.040 | REF02 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 611: "Peer Review Authorization Number" |  |  |
| X223.175.2300.REF02.050 | REF02 |  |  |  |  |  |  |  | 999 | R | $\begin{aligned} & \text { IK403=6: "Invalid Character in Data } \\ & \text { Element" } \end{aligned}$ | 2300.REF02 must be populated with accepted AN characters. |  |
| X223.175.2300.REF02.060 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.175.2300.REF03.010 | REF03 | Description | AN | 1-80 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.175.2300.REF04.010 | REF04 | REFERENCE IDENTIFIER |  |  | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { 1K403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \\ & \hline \end{aligned}$ | Must not be present. |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.176.2300.K3.010 | K3 | FILE INFORMATION |  | 10 | s | 2300 |  |  | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only ten iterations of K3 are allowed. |  |
| X223.176.2300.K301.010 | K301 | Fixed Format Information | AN | 1-80 | R |  |  |  | 999 | R | IK 203 = 1: "Required Data Element Misssing" | $2300 . \mathrm{K} 301$ 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 |  |
| х223.176.2300.K301.030 | K301 |  |  |  |  |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" | 2300.K301 must be 1-80 characters. |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | Segment or Element | Description | ID | Min. | Usage | Loop | $\begin{gathered} \text { Loop } \\ \text { Repeat } \end{gathered}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\left\|\begin{array}{c} \text { TA11 } \\ \text { 999/ } \\ 277 C A \end{array}\right\|$ | Accept/ Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.176.2300.K301.040 | K301 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 569: "Fixed Format Information" |  |  |
| X223.176.2300.K301.050 | K301 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2300.K301 must be populated with accepted AN characters. |  |
| X223.176.2300.K301.060 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.176.2300.K302.010 | K302 | Record Format Code | ID | 1-2 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.176.2300.K303.010 | K303 | COMPOSITE UNIT OF MEASURE |  |  | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.178.2300.NTE.010 | NTE | CLAIM NOTE |  | 10 | s | 2300 |  |  | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only ten iterations of 2300.NTE are allowed. |  |
| X223.178.2300.NTE01.010 | NTE01 | Note Reference Code | ID | 3-3 | R |  |  | ALG, DCP, DGN, DME, MED, NTR, ODT, RHB, RLH, RNH, SET, SFM, SPT, UPI | 999 | R | IK403 = 1: "Required Data Element Missing" | 2300.NTE01 must be present. |  |
| X223.178.2300.NTE01.020 | NTE01 |  |  |  |  |  |  |  | 999 | R | 11403 = 7: "Invalid Code Value" | 2300.NTE01 must be valid values. |  |
| X223.178.2300.NTE02.010 | NTE02 | Claim Note Text | AN | 1-80 | R |  |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2300. $\mathrm{NTE02}$ 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 for receiver's application system" <br> CSC 297. "Medical Notes/Renort" |  |  |
| X223.178.2300.NTE02.050 | NTE02 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2300.NTE02 must be populated with accepted AN characters. |  |
| X223.178.2300.NTE02.060 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.180.2300.NTE. 010 | NTE | BILLING NOTE |  | 1 | s | 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 | ID | 3-3 | R |  |  | ADD | 999 | R | IK403 = 1: "Required Data Element Missinq" | 2300.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 | AN | 1-80 | R |  |  |  | 999 | R | K 403 = 1: "Required Data Element Missing" | 2300. NTE02 must be present. |  |
| X223.180.2300.NTE02.020 | NTE02 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2300.NTE02 must be at least one non-space character. |  |
| X223.180.2300.NTE02.030 | NTE02 |  |  |  |  |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" | 2300.NTE02 must be 1-80 characters. |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | Segment or Element | Description | ID | Min. | Usage | Loop | $\begin{aligned} & \text { Loop } \\ & \text { Repeat } \end{aligned}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\left\|\begin{array}{c} \text { TA1/ } \\ \text { 999/ } \\ \text { 277CA } \end{array}\right\|$ | Accept/ | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.180.2300.NTE02.040 | NTE02 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 704: "Claim Note Text" |  |  |
| X223.180.2300.NTE02.050 | NTE02 |  |  |  |  |  |  |  | 999 | R | $\begin{aligned} & 1 \text { IK403=6: "Invalid Character in Data } \\ & \text { Element" } \\ & \hline \end{aligned}$ | 2300.NTEO2 must be populated with accepted AN characters. |  |
| X223.180.2300.NTE02.060 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.181.2300.CRC. 010 | CRC | EPSDT REFERRAL |  | 1 | s | 2300 |  |  | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2300.CRC with CRC01 = "ZZ" is allowed. | pass through, syntax only. |
| X223.181.2300.CRC01.010 | CRC01 | Code Category | ID | 2-2 | R |  |  | zz | 999 | R | IK403 = 1: "Required Data Element Missinq" | 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 | ID | 1-1 | R |  |  | N, Y | 999 | R | IK403 = 1: "Required Data Element Missinq" | 2300.CRC02 must be present. |  |
| X223.181.2300.CRC02.020 | CRC02 |  |  |  |  |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | $2300 . C R C 02$ must be valid values. |  |
| X223.181.2300.CRC03.010 | CRC03 | Condition Code | ID | 2-3 | R |  |  | AV, NU, S2, ST | 999 | R | IK403 = 1: "Required Data Element Missinq" | 2300.CRC03 must be present. |  |
| X223.181.2300.CRC03.020 | CRC03 |  |  |  |  |  |  |  | 999 | R | IK403 = 7: "Invalid Code Value" | $2300 . C R C 03$ must be valid values. |  |
| X223.181.2300.CRC03.025 | CRC03 |  |  |  |  |  |  |  | 999 | R | 11403 = 7: "Invalid Code Value" | If 2300.CRC02 is "N", 2300.CRC03 must be "NU". |  |
| X223.181.2300.CRC04.010 | CRC04 | Condition Code | ID | 2-3 | s |  |  | AV, NU, S2, ST | 999 | R | IK403 = 7: "Invalid Code Value" | $2300 . C R C 04$ must be valid values. |  |
| $\times 223.181 .2300 . \mathrm{CRC05.010}$ | CRC05 | Condition Code | ID | 2-3 | s |  |  | AV, NU, S2, ST | 999 | R | IK403 $=7$ : "Invalid Code Value" | $2300 . C R C 05$ must be valid values. |  |
| X223.181.2300.CRC06.010 | CRC06 | Condition Indicator | ID | 2-3 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.181.2300.CRC07.010 | CRC07 | Condition Indicator | ID | 2-3 | N/U |  |  |  | 999 | E | IK403 = 110 : "Implementation "Not Used" Element Present" | Must not be present. |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.184.2300.H1.010 | HI | PRINCIPAL DIAGNOSIS |  | 1 | R | 2300 |  |  | 999 | R | IK304 = 3: "Required Segment Missing" | 2300.HI with H01-1 = "BK" must be present. | ICD-9 Only period |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.184.2300.H1.030 | HI |  |  |  |  |  |  |  | 999 | R | IK304 = 3: "Required Segment Missing" | 2300.HI with H01-1 = "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.HI with H101-1 = "BK" is allowed. | ICD-9 Only period |
| X223.184.2300.HI. 050 <br> edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.184.2300.H1.060 | H |  |  |  |  |  |  |  | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of $2300 . \mathrm{HI}$ with H101-1 = "ABK" is allowed. | ICD-10 Only period - assumes no dual-use after mandated date. |
|  | H01 | $\begin{aligned} & \hline \text { HEALTH CARE CODE } \\ & \text { INFORMATION } \\ & \hline \end{aligned}$ |  |  | R |  |  |  |  |  |  |  |  |
| X223.184.2300.H01-1.010 | H01-1 | Code List Qualifier Code | ID | 1-3 | R |  |  | ABK, BK | 999 | R | IK403 = 1: "Required Data Element Missing" | 2300. H 0101 l must be present. |  |
| X223.184.2300.H101-1.020 | H01-1 |  |  |  |  |  |  |  | 999 | R | \|K403 = 7: "Invalid Code Value" | $2300 . \mathrm{HIO1-1}$ must be valid values. |  |
| X223.184.2300.H101-1.030 | H01-1 |  |  |  |  |  |  |  | 999 | R | IK403 =7: "Invalid Code Value" | 2300. $\mathrm{H} 101-1$ must = "BK". | ICD-9 Only period |
| X223.184.2300.H101-1.040 | H01-1 |  |  |  |  |  |  |  | 999 | R | IK403 = 7: "Invalid Code Value" | 2300.H01-1 must = "ABK". | ICD-10 Only period - assumes no dual-use after mandated date. |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | Segment or Element | Description | ID | Min. <br> Max | $\begin{gathered} \text { Usage } \\ \text { Req. } \end{gathered}$ | Loop | $\underset{\text { Repeat }}{\text { Loop }}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\left\|\begin{array}{c} \text { TA111 } \\ \text { 999/ } \\ 277 C A \end{array}\right\|$ | Accept/ Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.184.2300.H101-2.010 | H01-2 | Industry Code | AN | 1-30 | R |  |  |  | 999 | R | IK403 = 1: "Required Data Element Missinq" | 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 .HI01-2 must be a valid ICD-9 Diagnosis code (based on date of service). | ```ICD-9 Only period. Valid ICD-9 Diagnosis Code reference must be available for this edit``` |
| X223.184.2300.H101-2.030 | H01-2 |  |  |  |  |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 254: "Primary diagnosis code" | If 2300. HIO1-1 is "ABK" then 2300.HI01-2 must be a valid ICD-10 Diagnosis code. | ICD-10 Only period. <br> Valid ICD-10 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 | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 511: "Invalid character" CSC 254: "Primary diagnosis code" |  |  |
| X223.184.2300.H101-2.060 | H01-2 |  |  |  |  |  |  |  | 277 | c | cSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 254: Primary Diagnosis Code CSC 509: E-Code | If 2300. HIO1-1 $=$ BK then 2300 . HI01-2 must not begin with " F ". with "E". |  |
| X223.184.2300.H101-3.010 | H01-3 | Date Time Period Format Qualifier | ID | 2-3 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = 110: "Implementation "Not } \\ & \text { Used" Element Present" } \\ & \hline \end{aligned}$ | 2300. H101-3 must not be present. |  |
| X223.184.2300.H101-4.010 | H101-4 | Date Time Period | AN | 1-35 | N/U |  |  |  | 999 | E | 1K403 = 110: "Implementation "Not Used" Element Present" | 2300. H101-4 must not be present. |  |
| X223.184.2300.H101-5.010 | H101-5 | Monetary Amount | R | 1-18 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300. H101-5 must not be present. |  |
| X223.184.2300.H101-6.010 | H01-6 | Quantity | R | 1-15 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300. H101-6 must not be present. |  |
| X223.184.2300.H101-7.010 | H01-7 | Version Identifier | AN | 1-30 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H101-7 must not be present. |  |
| X223.184.2300.H101-8.010 | H101-8 | Industry code | AN | 1-30 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \\ & \hline \end{aligned}$ | 2300. H101-8 must not be present. |  |
| X223.184.2300.H101-9.010 | H01-9 | Present on Admission indicator | ID | 1-1 | S |  |  | N, U, W, Y | 999 | R | IK403 = 7: "Invalid Code Value" | 2300.H101-9 must be valid values. |  |
| X223.184.2300.H102.010 | H02 | HEALTH CARE CODE INFORMATION |  |  | s |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300. H H02 must not be present. |  |
| X223.184.2300. H 103.010 | H103 | HEALTH CARE CODE INFORMATION |  |  | s |  |  |  | 999 | E | $\begin{aligned} & \text { 1K403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300. H103 must not be present. |  |
| X223.184.2300.H104.010 | H104 | HEALTH CARE CODE |  |  | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { 1K403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300. H104 must not be present. |  |
| X223.184.2300.H105.010 | H105 | HEALTH CARE CODE INFORMATION |  |  | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300. H105 must not be present. |  |
| X223.184.2300.H106.010 | H106 | HEALTH CARE CODE INFORMATION |  |  | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300. H106 must not be present. |  |
| х223.184.2300.H107.010 | H107 | HEALTH CARE CODE INFORMATION |  |  | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H107 must not be present. |  |
| X223.184.2300.H108.010 | H108 | HEALTH CARE CODE INFORMATION |  |  | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { 1K403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300. H H08 must not be present. |  |
| X223.184.2300.H109.010 | H109 | HEALTH CARE CODE INFORMATION |  |  | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300. H I09 must not be present. |  |
| X223.184.2300. H 110.010 | H10 | HEALTH CARE CODE INFORMATION |  |  | N/U |  |  |  | 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 |  |  | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300. H111 must not be present. |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | Segment or Element | Description | ID | $\begin{aligned} & \text { Min. } \\ & \text { Max. } \end{aligned}$ | $\begin{array}{\|c} \text { Usage } \\ \text { Req. } \end{array}$ | Loop | $\begin{gathered} \text { Loop } \\ \text { Repeat } \end{gathered}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\begin{array}{\|c} \text { TA1/ } \\ \text { 999/ } \\ 277 C A \\ \hline \end{array}$ | Accept/ Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.184.2300.H112.010 | H112 | HEALTH CARE CODE INFORMATION |  |  | N/U |  |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300.H112 must not be present. |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.187.2300.HI.010 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.187.2300.HI.020 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.187.2300.HI.030 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| $\text { X223.187.2300.HI. } 040$ <br> edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.187.2300.H1.050 | HI | ADMITTING DIAGNOSIS |  | 1 | R | 2300 |  |  | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of $2300 . \mathrm{HI}$ with HI01-1 = "BJ" is allowed. | ICD-9 Only period |
| $\begin{aligned} & \text { X223.187.2300.HI. } 060 \\ & \text { edit deactivated } \\ & \hline \end{aligned}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.187.2300.H1.070 | HI |  |  |  |  |  |  |  | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of $2300 . \mathrm{HI}$ with $\mathrm{HIO1}-1=$ "ABJ" is allowed. | ICD-10 Only period - assumes no dual-use after mandated date. |
| X223.187.2300.H101.010 | H01 | HEALTH CARE CODE INFORMATION |  |  | R |  |  |  |  |  |  |  |  |
| х223.187.2300.H101-1.010 | H01-1 | Diagnosis Type Code | ID | 1-3 | R |  |  | ABJ, BJ | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H01-1 must be valid values. |  |
| X223.187.2300.H101-1.020 | H01-1 |  |  |  |  |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300. $\mathrm{H} 101-1 \mathrm{must}=$ "BJ". | ICD-9 Only period |
| X223.187.2300.H101-1.030 | H101-1 |  |  |  |  |  |  |  | 999 | R | IK403 = 7: "Invalid Code Value" | 2300. H I01-1 must = "ABJ". | ICD-10 Only period - assumes no dual-use after mandated date. |
| х223.187.2300.H101-2.010 | H01-2 | Admitting Diagnosis Code | AN | 1-30 | R |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 232: "Admitting Diagnosis" | If 2300.HI01-1 is "BJ" then 2300. HI01-2 must be a valid ICD-9 Diagnosis code. | ICD-9 Only period. <br> Valid ICD-9 Diagnosis Code reference must be available for this edit |
| X223.187.2300.H101-2.020 | H01-2 |  |  |  |  |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 232: "Admitting Diagnosis" | If 2300.HIO1-1 is "ABJ" then 2300.HI01-2 must be a valid ICD-10 Diagnosis code. | ICD-10 Only period. <br> Valid ICD-10 Diagnosis Code reference must be available for this edit. |
| х223.187.2300.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 /Rejected for Invalid Information..." CSC 511: "Invalid character" CSC 232: "Admittina Diaanosis" |  |  |
| X223.187.2300.H101-3.010 | H01-3 | $\begin{array}{\|c\|} \hline \begin{array}{c} \text { Date Time Period Format } \\ \text { Qualifier } \end{array} \\ \hline \end{array}$ | ID | 2-3 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300. H101-3 must not be present. |  |
| X223.187.2300.H101-4.010 | H01-4 | Date Time Period | AN | 1-35 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { 1K403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H101-4 must not be present. |  |
| X223.187.2300.H101-5.010 | H01-5 | Monetary Amount | R | 1-18 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H101-5 must not be present. |  |
| X223.187.2300.H101-6.010 | H01-6 | Quantity | R | 1-15 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H101-6 must not be present. |  |
| Х223.187.2300.H101-7.010 | H01-7 | Version Identifier | AN | 1-30 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { lKen = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \\ & \hline \end{aligned}$ | 2300.H101-7 must not be present. |  |
| X223.187.2300.H101-8.010 | H01-8 | Industry code | AN | 1-30 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I11: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H101-8 must not be present. |  |
| X223.187.2300.H101-9.010 | H01-9 | Yes/No Condition or response Code | ID | 1-1 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \\ & \hline \end{aligned}$ | 2300. $\mathrm{H} 101-9$ must not be present. |  |
| X223.187.2300. H 102.010 | H102 | HEALTH CARE CODE INFORMATION |  |  | N/U |  |  |  | 999 | E | 1K403 = 110: "Implementation "Not Used" Element Present" | 2300.H102 must not be present. |  |


| 8371 Edit Reference | Segment or Element | Description | ID | Min. | Usage Req. | Loop | $\underset{\text { Repeat }}{\text { Loop }}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\left\|\begin{array}{c} \text { TA1/ } \\ \text { 999/ } \\ \text { 277CA } \end{array}\right\|$ | Accept/ Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.187.2300.H103.010 | H103 | HEALTH CARE CODE INFORMATION |  |  | N/U |  |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300.H103 must not be present. |  |
| X223.187.2300.H104.010 | H104 | HEALTH CARE CODE INFORMATION |  |  | N/U |  |  |  | 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 |  |  | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H105 must not be present. |  |
| X223.187.2300.H106.010 | H106 | $\begin{aligned} & \text { HEALTH CARE CODE } \\ & \text { INFORMATION } \end{aligned}$ |  |  | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300.H06 must not be present. |  |
| X223.187.2300.H107.010 | H107 | $\begin{aligned} & \text { HEALTH CARE CODE } \\ & \text { INFORMATIN } \end{aligned}$ |  |  | N/U |  |  |  | 999 | E | 1K403 = 110: "Implementation "Not Used" Element Present" | 2300. H107 must not be present. |  |
| X223.187.2300.H108.010 | H108 | $\begin{aligned} & \text { HEALTH CARE CODE } \\ & \text { INFORMATION } \end{aligned}$ |  |  | N/U |  |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300.H08 must not be present. |  |
| X223.187.2300.H109.010 | H109 | HEALTH CARE CODE INFORMATION |  |  | N/U |  |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300.H109 must not be present. |  |
| X223.187.2300. H 110.010 | H10 | $\begin{aligned} & \text { HEALTH CARE CODE } \\ & \text { INFORMATION } \\ & \hline \end{aligned}$ |  |  | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H110 must not be present. |  |
| X223.187.2300.H111.010 | H111 | HEALTH CARE CODE INFORMATION |  |  | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H111 must not be present. |  |
| X223.187.2300.H112.010 | H112 | HEALTH CARE CODE INFORMATION |  |  | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H112 must not be present. |  |
| X223.189.2300.HI.010 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| $\begin{array}{\|l} \text { X223.189.2300.HI. } 020 \\ \text { edit deactivated } \\ \hline \end{array}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| $\begin{aligned} & \text { X223.189.2300.HI. } 030 \\ & \text { edit deactivated } \\ & \hline \end{aligned}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| $\begin{aligned} & \text { X223.189.2300.HI. } 040 \\ & \text { edit deactivated } \end{aligned}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.189.2300.H1.050 | HI | PATIENT REASON FOR VISIT |  | 1 | s | 2300 |  |  | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2300.HI with H101-1 = "PR" is allowed. | ICD-9 Only period |
| $\begin{array}{\|l} \hline \begin{array}{l} \text { X223.189.2300.HII. } 060 \\ \text { edit deactivated } \end{array} \\ \hline \end{array}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.189.2300.H1.070 | HI |  |  |  |  |  |  |  | 999 | R | 1K304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of $2300 . \mathrm{HI}$ with H101-1 = "APR" is allowed. | ICD-10 Only period - assumes no dual-use after mandated date. |
| X223.189.2300.H101.010 | H101 | HEALTH CARE CODE |  |  | R |  |  |  |  |  |  |  |  |
| X223.189.2300.H01-1.010 | H01-1 | Diagnosis Type Code | ID | 1-3 | R |  |  | APR, PR | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H01-1 must be valid values. |  |
| X223.189.2300.H01-1.020 | H01-1 |  |  |  |  |  |  |  | 999 | R | 1 K 403 = 7: "Invalid Code Value" | 2300.H101-1 must = "PR". | ICD-9 Only period |
| X223.189.2300.H101-1.030 | H01-1 |  |  |  |  |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300. H101-1 must = "APR". | ICD-10 Only period - assumes no dual-use after mandated date. |
| X223.189.2300.H01-2.010 | H01-2 | Patient Reason For Visit | AN | 1-30 | R |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information... CSC 673: "Patient reason for visit" | If 2300.HIO1-1 is "PR" then 2300. HIO1-2 must be a valid ICD-9 Patient Reason for Visit code. | ICD-9 Only period. <br> Valid ICD-9 Patient's Reason for Visit Code reference must be available for this edit |
| X223.189.2300.H101-2.020 | H01-2 |  |  |  |  |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information... CSC 673: "Patient reason for visit" | If 2300.HI01-1 is "APR" then 2300 .HIO1-2 must be a valid ICD-10 Patient Reason for Visit code. | ICD-10 Only period. <br> Valid ICD-10 Patient's Reason for Visit Code reference must be available for this edit. |
| X223.189.2300.H101-2.030 | H101-2 |  |  |  |  |  |  |  | 999 | E | IK403 = 6: "Invalid Character in Data Element" | 2300.H101-2 must not contain a ".". |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | Segment or Element | Description | ID | Min. | Usage | Loop | $\begin{aligned} & \text { Loop } \\ & \text { Repeat } \end{aligned}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\begin{array}{\|c} \text { TA1/ } \\ \text { 999/ } \\ \text { 277CA } \end{array}$ | Accept/ | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.189.2300.H101-2.040 | H01-2 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information CSC 511: "Invalid character" CSC 673: "Patient reason for visit" |  |  |
| X223.189.2300.H101-3.010 | H101-3 | $\begin{array}{\|c\|} \hline \begin{array}{c} \text { Date Time Period Format } \\ \text { Qualifier } \end{array} \\ \hline \end{array}$ | ID | 2-3 | N/U |  |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300. H101-3 must not be present. |  |
| X223.189.2300.H101-4.010 | H01-4 | Date Time Period | AN | 1-35 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not | 2300. H101-4 must not be present. |  |
| X223.189.2300.H101-5.010 | H101-5 | Monetary Amount | R | 1-18 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300.H101-5 must not be present. |  |
| X223.189.2300.H101-6.010 | H01-6 | Quantity | R | 1-15 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300.H01-6 must not be present. |  |
| X223.189.2300.H101-7.010 | H01-7 | Version Identifier | AN | 1-30 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300.H101-7 must not be present. |  |
| X223.189.2300.H101-8.010 | H01-8 | Industry code | AN | 1-30 | N/U |  |  |  | 999 | E | IK403 = 110 : "Implementation "Not Used" Element Present" | 2300.H101-8 must not be present. |  |
| X223.189.2300.H102.010 | H02 | HEALTH CARE CODE INFORMATION |  |  | s |  |  |  | 999 | R | IK403 = 2:"Conditional Required Data Element Missing" | $2300 . \mathrm{HIO2}$ can only be present if $2300 . \mathrm{HIO}$ is present. |  |
| х223.189.2300.H102-1.010 | H102-1 | Diagnosis Type Code | ID | 1-3 | R |  |  | APR, PR | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H102-1 must be valid values. |  |
| Х223.189.2300.H102-1.020 | H102-1 |  |  |  |  |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H102-1 must = "PR". | ICD-9 Only period |
| X223.189.2300.H102-1.030 | H02-1 |  |  |  |  |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300. H102-1 must = "APR". | ICD-10 Only period - assumes no dual-use after mandated date. |
| X223.189.2300.H102-2.010 | H102-2 | Patient Reason For Visit | AN | 1-30 | R |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 673: "Patient reason for visit" | If $2300 . \mathrm{HIO2}-1$ is "PR" then 2300 .HIO2-2 must be a valid ICD-9 Patient Reason for Visit code. | ICD-9 Only period. <br> Valid ICD-9 Patient's Reason for Visit Code reference must be available for this edit. |
| X223.189.2300.H102-2.020 | H02-2 |  |  |  |  |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 673: "Patient reason for visit" | If 2300. HIO2-1 is "APR" then 2300. HIO2-2 must be a valid ICD-10 Patient Reason for Visit code. valid ICD-10 Patient Reason for Visit code. | ICD-10 Only period. <br> Valid ICD-10 Patient's Reason for Visit Code reference must be available for this edit. |
| X223.189.2300.H102-2.030 | H02-2 |  |  |  |  |  |  |  | 999 | E | IK403 = 6: "Invalid Character in Data Element" | 2300.H02-2 must not contain a ".". |  |
| X223.189.2300.H102-2.040 | H02-2 |  |  |  |  |  |  |  | 277 | T | CSC AT: "Acknowledgement IRejected for Invalid Information..." CSC 511: "Invalid character" CSC 673: "Patientreason for visiti" |  |  |
| X223.189.2300.H102-3.010 | H102-3 | $\begin{array}{\|c\|} \hline \begin{array}{c} \text { Date Time Period Format } \\ \text { Qualifier } \end{array} \\ \hline \end{array}$ | ID | 2-3 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not | 2300. H102-3 must not be present. |  |
| X223.189.2300.H102-4.010 | H102-4 | Date Time Period | AN | 1-35 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300.H102-4 must not be present. |  |
| X223.189.2300.H102-5.010 | H102-5 | Monetary Amount | R | 1-18 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300.H102-5 must not be present. |  |
| X223.189.2300.H102-6.010 | H102-6 | Quantity | R | 1-15 | N/U |  |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300.H102-6 must not be present. |  |
| X223.189.2300.H102-7.010 | H02-7 | Version Identifier | AN | 1-30 | N/U |  |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300.H102-7 must not be present. |  |
| X223.189.2300.H102-8.010 | H102-8 | Industry code | AN | 1-30 | N/U |  |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300.H102-8 must not be present. |  |
| X223.189.2300.H102-9.010 | H102-9 | Yes/No Condition or response Code | ID | 1-1 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H102-9 must not be present. |  |
| X223.189.2300.H103.010 | H03 | HEALTH CARE CODE INFORMATION |  |  | s |  |  |  | 999 | R | $\begin{aligned} & \text { IK403 = 2:"Conditional Required Data } \\ & \text { Element Missing" } \\ & \hline \end{aligned}$ | $2300 . \mathrm{HIO3}$ can only be present if 2300 .HIO2 is present. |  |
| Х223.189.2300.H103-1.010 | H03-1 | Diagnosis Type Code | ID | 1-3 | R |  |  | APR, PR | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H03-1 must be valid values. |  |
| Х223.189.2300.H103-1.020 | H03-1 |  |  |  |  |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H103-1 must = "PR". | ICD-9 Only period |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \\ \hline \end{gathered}$ | Segment or | Description | ID | Min. <br> Max. | $\begin{array}{\|c} \text { Usage } \\ \text { Req. } \\ \hline \end{array}$ | Loop | $\begin{gathered} \text { Loop } \\ \text { Repeat } \\ \hline \end{gathered}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\begin{array}{\|c} \text { TA1/ } \\ 999 / \\ 277 C A \\ \hline \end{array}$ | Accept/ Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.189.2300.H103-1.030 | H03-1 |  |  |  |  |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300. H IO3-1 must = "APR". | ICD-10 Only period - assumes no dual-use after mandated date. |
| X223.189.2300.H103-2.010 | H103-2 | Patient Reason For Visit | AN | 1-30 | R |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 673: "Patient reason for visit" | If 2300 HIO3-1 is "PR" then 2300 .HIO3-2 must be a valid ICD-9 Patient Reason for Visit code. | ICD-9 Only period. <br> Valid ICD-9 Patient's Reason for Visit Code reference must be available for this edit |
| X223.189.2300.H103-2.020 | H103-2 |  |  |  |  |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 673: "Patient reason for visit" | If 2300.HIO3-1 is "APR" then 2300.HIO3-2 must be a valid ICD-10 Patient Reason for Visit code. | ICD-10 Only period. Valid ICD-10 Patient's Reason for Visit Code reference must be available for this edit. |
| х223.189.2300.H103-2.030 | H103-2 |  |  |  |  |  |  |  | 999 | E | IK403 = 6: "Invalid Character in Data Element" | 2300.H103-2 must not contain a ".". |  |
| X223.189.2300.H103-2.040 | H03-2 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information CSC 511: "Invalid character" CSC 673: "Patient reason for visit" |  |  |
| X223.189.2300.H103-3.010 | H003-3 | $\begin{array}{\|c\|} \hline \text { Date Time Period Format } \\ \text { Qualifier } \\ \hline \end{array}$ | ID | 2-3 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = = } 110 \text { : "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300. H103-3 must not be present. |  |
| х223.189.2300.H103-4.010 | H103-4 | Date Time Period | AN | 1-35 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300.H103-4 must not be present. |  |
| X223.189.2300.H103-5.010 | H03-5 | Monetary Amount | R | 1-18 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Flement Present" | 2300. H 103-5 must not be present. |  |
| х223.189.2300.H103-6.010 | H103-6 | Quantity | R | 1-15 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300. H103-6 must not be present. |  |
| X223.189.2300.H103-7.010 | H03-7 | Version Identifier | AN | 1-30 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300.H103-7 must not be present. |  |
| X223.189.2300.H103-8.010 | H103-8 | Industry code | AN | 1-30 | N/U |  |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300.H103-8 must not be present. |  |
| х223.189.2300.H103-9.010 | H103-9 | Yes/No Condition or response Code | ID | 1-1 | N/U |  |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300.H103-9 must not be present. |  |
| X223.189.2300.H104.010 | H104 | HEALTH CARE CODE INFORMATION |  |  | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300.H04 must not be present. |  |
| X223.189.2300. H 105.010 | H105 | HEALTH CARE CODE INFORMATION |  |  | N/U |  |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300.H05 must not be present. |  |
| X223.189.2300. H I06.010 | H106 | HEALTH CARE CODE INFORMATION |  |  | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300.H106 must not be present. |  |
| X223.189.2300.HI07.010 | H107 | HEALTH CARE CODE INFORMATION |  |  | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H07 must not be present. |  |
| X223.189.2300. $\mathrm{HIO8.010}$ | H108 | HEALTH CARE CODE INFORMATION |  |  | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300.H108 must not be present. |  |
| X223.189.2300.H109.010 | H109 | HEALTH CARE CODE INFORMATION |  |  | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H109 must not be present. |  |
| X223.189.2300.H110.010 | H10 | HEALTH CARE CODE INFORMATION |  |  | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H110 must not be present. |  |
| X223.189.2300.H111.010 | H111 | HEALTH CARE CODE INFORMATION |  |  | N/U |  |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300.H111 must not be present. |  |
| X223.189.2300.H112.010 | H112 | HEALTH CARE CODE INFORMATION |  |  | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H112 must not be present. |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.193.2300.H1.010 | HI | EXTERNAL CAUSE OF INJURY |  | 1 | s | 2300 |  |  | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of $2300 . \mathrm{HI}$ with H101-1 = "BN" is allowed. | ICD-9 Only period |
| $\begin{aligned} & \begin{array}{l} \text { X223.193.2300.HI. } 020 \\ \text { edit deactivated } \end{array} \\ & \hline \end{aligned}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.193.2300.H1.030 | HI |  |  |  |  |  |  |  | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of $2300 . \mathrm{HI}$ with HIO1-1 = "ABN" is allowed. | ICD-10 Only period - assumes no dual-use after mandated date. |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | Segment or | Description | ID | $\begin{aligned} & \text { Min. } \\ & \text { Max. } \end{aligned}$ | $\begin{gathered} \text { Usage } \\ \text { Req. } \end{gathered}$ | Loop | $\underset{\text { Repeat }}{\text { Loop }}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\begin{array}{\|c} \text { TA1/ } \\ \text { 999/ } \\ \text { 277CA } \end{array}$ | Accept/ | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.193.2300.H01.010 | H01 | HEALTH CARE CODE INFORMATION |  |  | R |  |  |  |  |  |  |  |  |
| X223.193.2300.H01-1.010 | H01-1 | Diagnosis Type Code | ID | 1-3 | R |  |  | ABN, BN | 999 | R | 1 K 403 = 7 : "Invalid Code Value" | 2300. H01-1 must be valid values. |  |
| X223.193.2300.H101-1.020 | H01-1 |  |  |  |  |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300. $\mathrm{HlO1-1}$ must = "BN". | ICD-9 Only period |
| X223.193.2300.H101-1.030 | H01-1 |  |  |  |  |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300. $\mathrm{H} 01 \mathrm{1}-1$ must = "ABN". | ICD-10 Only period - assumes no dual-use after mandated date. |
| X223.193.2300.H101-2.010 | H01-2 | External Cause of Injury Code | AN | 1-30 | R |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 509: "E-Code" | If 2300.HIO1-1 is "BN" then 2300.HIO1-2 must be a valid ICD-9 External Cause of Injury code. | ICD-9 Only period. Valid ICD-9 Diagnosis Code reference must be available for this edit |
| X223.193.2300.H101-2.020 | H01-2 |  |  |  |  |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 509: "E-Code" | If 2300. HI01-1 is "ABN" then 2300. HI01-2 must be a valid ICD-10 External Cause of Injury code. valid ICD-10 External Cause of Injury code. | ICD-10 Only period. <br> Valid ICD-10 External Cause of Injury Code reference must be available for this edit |
| х223.193.2300.H101-2.030 | H101-2 |  |  |  |  |  |  |  | 999 | E | IK403 = 6: "Invalid Character in Data Element" | 2300.H01-2 must not contain a ".". |  |
| X223.193.2300.H101-2.040 | H01-2 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information... CSC 511: "Invalid character" CSC 509: "E-Code" |  |  |
| X223.193.2300.H101-2.050 | H101-2 |  |  |  |  |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information... CSC 511: "Invalid character" CSC 509: "E-Code" | If $2300 . \mathrm{HIO1}-1=\mathrm{BN}$ then $2300 . \mathrm{HIO1}-2$ must begin with " E ". |  |
| X223.193.2300.H101-3.010 | H01-3 | Date Time Period Format Qualifier | ID | 2-3 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { 1K403 = 110: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H101-3 must not be present. |  |
| х223.193.2300.H101-4.010 | H01-4 | Date Time Period | AN | 1-35 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not | 2300.H101-4 must not be present. |  |
| X223.193.2300.H101-5.010 | H01-5 | Monetary Amount | R | 1-18 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300. H101-5 must not be present. |  |
| х223.193.2300.H101-6.010 | H01-6 | Quantity | R | 1-15 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H101-6 must not be present. |  |
| X223.193.2300.H101-7.010 | H01-7 | Version Identifier | AN | 1-30 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300.H101-7 must not be present. |  |
| X223.193.2300.H101-8.010 | H01-8 | Industry code | AN | 1-30 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300.H101-8 must not be present. |  |
| X223.193.2300.H101-9.010 | H01-9 | Present on Admission indicator | ID | 1-1 | S |  |  | N, U, W, Y | 999 | R | 1 1403 = 7: "Invalid Code Value" | $2300 . \mathrm{H} 01-9$ must be valid values. |  |
| X223.193.2300.H102.010 | H02 | $\begin{aligned} & \hline \text { HEALTH CARE CODE } \\ & \text { INFORMATION } \\ & \hline \end{aligned}$ |  |  | S |  |  |  | 999 | R | IK403 = 2:"Conditional Required Data Element Missing" | $2300 . \mathrm{HIO}$ can only be present if $2300 . \mathrm{HIO}$ is present. |  |
| X223.193.2300.H102-1.010 | H102-1 | Diagnosis Type Code | ID | 1-3 | R |  |  | ABN, BN | 999 | R | 1K403 = 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 | H02-1 |  |  |  |  |  |  |  | 999 | R | 1K403 = 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 | AN | 1-30 | R |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 509: "E-Code" | If 2300. HIO2-1 is "BN" then 2300. HIO2-2 must be a valid ICD-9 External Cause of Injury code. | ICD-9 Only period. <br> Valid ICD-9 Diagnosis Code reference must be available for this edit |
| X223.193.2300.H102-2.020 | H02-2 |  |  |  |  |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 509: "E-Code" | If 2300.HIO2-1 is "ABN" then $2300 . \mathrm{HIO2}-2$ must be a valid ICD-10 External Cause of Injury code. | ICD-10 Only period. Valid ICD-10 Diagnosis Code reference must be available for this edit. |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \\ \hline \end{gathered}$ | Segment or Element | Description | ID | $\begin{aligned} & \text { Min. } \\ & \text { Max. } \end{aligned}$ | $\begin{array}{\|c} \text { Usage } \\ \text { Req. } \\ \hline \end{array}$ | Loop | $\begin{gathered} \text { Loop } \\ \text { Repeat } \\ \hline \end{gathered}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\begin{gathered} \text { TA11 } \\ \text { 999/ } \\ \text { 277CA } \end{gathered}$ | Accept/ Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.193.2300.H102-2.030 | H102-2 |  |  |  |  |  |  |  | 999 | E | IK403 = 6: "Invalid Character in Data Element" | 2300.H102-2 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.H102-2.050 | H102-2 |  |  |  |  |  |  |  | 277 | c |  | If $2300 . \mathrm{HIOL}-1=\mathrm{BN}$ then $2300 . \mathrm{H} 102-2$ must begin with "E". |  |
| X223.193.2300.H102-3.010 | H102-3 | $\begin{array}{\|c\|} \hline \begin{array}{c} \text { Date Time Period Format } \\ \text { Qualifier } \end{array} \\ \hline \end{array}$ | ID | 2-3 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300.H102-3 must not be present. |  |
| X223.193.2300.H102-4.010 | H102-4 | Date Time Period | AN | 1-35 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H102-4 must not be present. |  |
| X223.193.2300. $\mathrm{H} 102-5.010$ | H102-5 | Monetary Amount | R | 1-18 | N/U |  |  |  | 999 | E | 1K403 = I10: "Implementation "Not Used" Element Present" | 2300. $\mathrm{H} 102-5$ must not be present. |  |
| X223.193.2300.H102-6.010 | H102-6 | Quantity | R | 1-15 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300. H102-6 must not be present. |  |
| X223.193.2300. H 102 Z 7.010 | H02-7 | Version Identifier | AN | 1-30 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300. H102-7 must not be present. |  |
| X223.193.2300. $\mathrm{H} 102-8.010$ | H102-8 | Industry code | AN | 1-30 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300. H102-8 must not be present. |  |
| X223.193.2300.H102-9.010 | H102-9 | Present on Admission indicator | ID | 1-1 | s |  |  | N, U, W, Y | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H102-9 must be valid values. |  |
| X223.193.2300.H103.010 | H03 | HEALTH CARE CODE INFORMATION |  |  | s |  |  |  | 999 | R | IK403 = 2:"Conditional Required Data Element Missinq" | 2300 .HI03 can only be present if 2300 . HIO2 is present. |  |
| X223.193.2300.H103-1.010 | H03-1 | Diagnosis Type Code | ID | 1-3 | R |  |  | ABN, BN | 999 | R | 11403 = 7: "Invalid Code Value" | 2300.H03-1 must be valid values. |  |
| X223.193.2300.H103-1.020 | H003-1 |  |  |  |  |  |  |  | 999 | R | 11403 = 7: "Invalid Code Value" | 2300.H103-1 must = "BN". | ICD-9 Only period |
| X223.193.2300.H103-1.030 | H03-1 |  |  |  |  |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300. H O03-1 must = "ABN". | ICD-10 Only period - assumes no dual-use after mandated date. |
| X223.193.2300.H103-2.010 | H103-2 | External Cause of Injury Code | AN | 1-30 | R |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 509: "E-Code" | If $2300 . \mathrm{HIO} 03-1$ is "BN" then $2300 . \mathrm{HIO} 0-2$ must be a valid ICD-9 External Cause of Injury code. | ICD-9 Only period. <br> Valid ICD-9 Diagnosis Code <br> reference must be available for this <br> edit |
| X223.193.2300.H103-2.020 | H103-2 |  |  |  |  |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information. CSC 509: "E-Code" | If $2300 . \mathrm{HIO}-1$ is "ABN" then $2300 . \mathrm{HIO} 3-2$ must be a valid ICD-10 External Cause of Injury code. | $\begin{aligned} & \text { ICD-10 Only period. } \\ & \text { Valid ICD-10 Diagnosis Code } \\ & \text { reference must be available for this } \\ & \text { edit. } \end{aligned}$ |
| X223.193.2300.H103-2.030 | H03-2 |  |  |  |  |  |  |  | 999 | E | IK403 = 6: "Invalid Character in Data Element" | 2300.H103-2 must not contain a ".". |  |
| X223.193.2300.H103-2.040 | H03-2 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information. CSC 511: "Invalid character" CSC 509; "E-Code" |  |  |
| X223.193.2300.H103-2.050 | H103-2 |  |  |  |  |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information. CSC 511: "Invalid character" CSC 509: "E-Code" | If $2300 . \mathrm{HIOS}-1=\mathrm{BN}$ then $2300 . \mathrm{H} 103-2$ must begin with "E". |  |
| X223.193.2300.H103-3.010 | H103-3 | Date Time Period Format Qualifier | ID | 2-3 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300.H103-3 must not be present. |  |
| X223.193.2300.H103-4.010 | H03-4 | Date Time Period | AN | 1-35 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { 1K403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H103-4 must not be present. |  |
| X223.193.2300.H103-5.010 | H103-5 | Monetary Amount | R | 1-18 | N/U |  |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300.H103-5 must not be present. |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | Segment or Element | Description | ID | $\begin{aligned} & \text { Min. } \\ & \text { Max. } \end{aligned}$ | $\begin{gathered} \text { Usage } \\ \text { Req. } \end{gathered}$ | Loop | $\begin{aligned} & \text { Loop } \\ & \text { Repeat } \end{aligned}$ | $\begin{gathered} 5010 \\ \text { Values } \\ \hline \end{gathered}$ | $\begin{array}{\|c} \text { TA1/ } \\ \text { 999/ } \\ 277 \mathrm{CA} \\ \hline \end{array}$ | Accept/ Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.193.2300.H103-6.010 | H103-6 | Quantity | R | 1-15 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300. H103-6 must not be present. |  |
| X223.193.2300.H103-7.010 | H103-7 | Version Identifier | AN | 1-30 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not | 2300.H103-7 must not be present. |  |
| X223.193.2300.H103-8.010 | H03-8 | Industry code | AN | 1-30 | N/U |  |  |  | 999 | E | IK403 = 110: "Implementation "Not | 2300.H103-8 must not be present. |  |
| X223.193.2300.H103-9.010 | H03-9 | Present on Admission indicator | ID | 1-1 | s |  |  | N, U, W, Y | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H103-9 must be valid values. |  |
| X223.193.2300.H104.010 | H104 | HEALTH CARE CODE INFORMATION |  |  | s |  |  |  | 999 | R | IK403 = 2: "Conditional Required Data Element Missinq" | 2300 .HI04 can only be present if 2300 . HI03 is present. |  |
| Х223.193.2300.H104-1.010 | H104-1 | Diagnosis Type Code | ID | 1-3 | R |  |  | ABN, BN | 999 | R | 1 K403 = 7: "Invalid Code Value" | 2300.H104-1 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 | H04-1 |  |  |  |  |  |  |  | 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 | AN | 1-30 | R |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 509: "E-Code" | If $2300 . \mathrm{HIO4-1}$ is "BN" then $2300 . \mathrm{HIO4-2}$ must be a valid ICD-9 External Cause of Injury code. | ICD-9 Only period. <br> Valid ICD-9 Diagnosis Code <br> reference must be available for this <br> edit. |
| X223.193.2300.H104-2.020 | H104-2 |  |  |  |  |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 509: "E-Code" | If 2300.HI04-1 is "ABN" then 2300.HIO4-2 must be a valid ICD-10 External Cause of Injury code. | $\begin{aligned} & \text { eald } \\ & \text { ICD-10 Only period. } \\ & \text { Valid ICD-10 Diagnosis Code } \\ & \text { reference must be available for this } \\ & \text { edit. } \\ & \hline \end{aligned}$ |
| X223.193.2300.H104-2.030 | H104-2 |  |  |  |  |  |  |  | 999 | E | IK403 = 6: "Invalid Character in Data Element" | 2300.H04-2 must not contain a ".". |  |
| X223.193.2300.H104-2.040 | H104-2 |  |  |  |  |  |  |  | 277 | T |  |  |  |
| X223.193.2300.H104-2.050 | H104-2 |  |  |  |  |  |  |  | 277 | c | CSCC AT: "Aconnowledgement <br> IRejected for Invalid Information..." <br> CSC 511: "Invalid character" <br> CSC 509: "E-Code" | If $2300 . \mathrm{HIO4-1}=\mathrm{BN}$ then 2300 .H104-2 must begin with "E". |  |
| X223.193.2300.H104-3.010 | H104-3 | $\begin{array}{\|c\|} \hline \begin{array}{c} \text { Date Time Period Format } \\ \text { Qualifier } \end{array} \\ \hline \end{array}$ | ID | 2-3 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not | 2300. H104-3 must not be present. |  |
| X223.193.2300.H104-4.010 | H104-4 | Date Time Period | AN | 1-35 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not | 2300.H104-4 must not be present. |  |
| X223.193.2300.H104-5.010 | H104-5 | Monetary Amount | R | 1-18 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H104-5 must not be present. |  |
| X223.193.2300.H104-6.010 | H104-6 | Quantity | R | 1-15 | N/U |  |  |  | 999 | E | IK403 = 110: "Implementation "Not | 2300.H104-6 must not be present. |  |
| X223.193.2300.H104-7.010 | H104-7 | Version Identifier | AN | 1-30 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H104-7 must not be present. |  |
| X223.193.2300.H104-8.010 | H104-8 | Industry code | AN | 1-30 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300.H104-8 must not be present. |  |
| X223.193.2300.H104-9.010 | H04-9 | $\begin{gathered} \text { Present on Admission } \\ \text { indicator } \end{gathered}$ | ID | 1-1 | s |  |  | N, U, W, Y | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H104-9 must be valid values. |  |
| X223.193.2300.H105.010 | H105 | HEALTH CARE CODE INFORMATION |  |  | s |  |  |  | 999 | R | IK403 = 2: "Conditional Required Data | 2300.H105 can only be present if 2300 . HIO 04 is |  |
| X223.193.2300.H105-1.010 | H105-1 | Diagnosis Type Code | ID | 1-3 | R |  |  | ABN, BN | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H105-1 must be valid values. |  |
| X223.193.2300.H105-1.020 | H105-1 |  |  |  |  |  |  |  | 999 | R | 1 K 403 = 7 : "Invalid Code Value" | 2300. $\mathrm{HlO5-1}$ must = "BN". | ICD-9 Only period |
| X223.193.2300.H105-1.030 | H105-1 |  |  |  |  |  |  |  | 999 | R | IK403 = 7: "Invalid Code Value" | 2300. $\mathrm{Hl05-1}$ must = "ABN". | $\begin{aligned} & \text { ICD-10 Only period - assumes no } \\ & \text { dual-use after mandated date. } \end{aligned}$ |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | Segment or Element | Description | ID | Min. <br> Max | $\begin{gathered} \text { Usage } \\ \text { Req. } \end{gathered}$ | Loop | $\underset{\text { Repeat }}{\text { Loop }}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\left\|\begin{array}{c} \text { TA111 } \\ \text { 999/ } \\ 277 C A \end{array}\right\|$ | Accept/ Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.193.2300.H105-2.010 | H105-2 | External Cause of Injury Code | AN | 1-30 | R |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 509: "E-Code" | If $2300 . \mathrm{HIO5-1}$ is "BN" then $2300 . \mathrm{HIO5}-2$ must be a valid ICD-9 External Cause of Injury code. | ```ICD-9 Only period. Valid ICD-9 Diagnosis Code reference must be available for this edit``` |
| X223.193.2300.H105-2.020 | H105-2 |  |  |  |  |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 509: "E-Code" | If 2300. HIO5-1 is "ABN" then 2300 .H105-2 must be a valid ICD-10 External Cause of Injury code. | $\begin{aligned} & \text { ICD-10 Only period. } \\ & \text { Valid ICD-10 Diagnosis Code } \\ & \text { reference must be available for this } \\ & \text { edit. } \end{aligned}$ |
| X223.193.2300.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 | H05-2 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement <br> /Rejected for Invalid Information..." <br> CSC 511: "Invalid character" <br> CSC 509: "E-Code" <br> CSC A. |  |  |
| X223.193.2300.H105-2.050 | H105-2 |  |  |  |  |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 511: "Invalid character" CSC 509: "E-Code" | If $2300 . \mathrm{HIO5}-1=\mathrm{BN}$ then 2300. $\mathrm{H} 105-2$ must begin with "E". |  |
| X223.193.2300.H105-3.010 | H105-3 | Date Time Period Format Qualifier | ID | 2-3 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \\ & \hline \end{aligned}$ | 2300. H105-3 must not be present. |  |
| X223.193.2300.H105-4.010 | H105-4 | Date Time Period | AN | 1-35 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { 1K403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H105-4 must not be present. |  |
| X223.193.2300.H105-5.010 | H105-5 | Monetary Amount | R | 1-18 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H105-5 must not be present. |  |
| X223.193.2300.H105-6.010 | H105-6 | Quantity | R | 1-15 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H105-6 must not be present. |  |
| X223.193.2300.H105-7.010 | H105-7 | Version Identifier | AN | 1-30 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H105-7 must not be present. |  |
| X223.193.2300.H105-8.010 | H105-8 | Industry code | AN | 1-30 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { 1K403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \\ & \hline \end{aligned}$ | 2300.H105-8 must not be present. |  |
| х223.193.2300.H105-9.010 | H105-9 | Present on Admission indicator | ID | 1-1 | s |  |  | N, U, W, Y | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300. $\mathrm{H} 105-9$ must be valid values. |  |
| х223.193.2300.H106.010 | H06 | HEALTH CARE CODE INFORMATION |  |  | s |  |  |  | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | $2300 . \mathrm{HIO6}$ can only be present if 2300 . HIO is present. |  |
| X223.193.2300.H106-1.010 | H106-1 | Diagnosis Type Code | ID | 1-3 | R |  |  | ABN, BN | 999 | R | 1K403 = 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.H106-1 must = "BN". | ICD-9 Only period |
| X223.193.2300.H106-1.030 | H106-1 |  |  |  |  |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H106-1 must = "ABN". | ICD-10 Only period - assumes no dual-use after mandated date. |
| X223.193.2300.H106-2.010 | H106-2 | External Cause of Injury Code | AN | 1-30 | R |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 509: "E-Code" | If 2300.HIO6-1 is "BN" then 2300. HIO6-2 must be a valid ICD-9 External Cause of Injury code. | ICD-9 Only period. Valid ICD-9 Diagnosis Code reference must be available for this edit |
| X223.193.2300.H106-2.020 | H006-2 |  |  |  |  |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information... CSC 509: "E-Code" | If 2300 .HIO6-1 is "ABN" then 2300 .HIO6-2 must be a valid ICD-10 External Cause of Injury code. | $\begin{aligned} & \text { eair } \\ & \text { ICD-10 Only period. } \\ & \text { Valid ICD-10 Diagnosis Code } \\ & \text { reference must be available for this } \\ & \text { edit. } \\ & \hline \end{aligned}$ |
| X223.193.2300.H106-2.030 | H106-2 |  |  |  |  |  |  |  | 999 | E | IK403 = 6: "Invalid Character in Data Element" | 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" |  |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | Segment or Element | Description | ID | $\begin{aligned} & \text { Min. } \\ & \text { Max. } \end{aligned}$ | Usage | Loop | Loop Repeat | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\left.\begin{array}{\|c\|} \text { TA1/ } \\ \text { 999/ } \\ 277 C A \end{array} \right\rvert\,$ | Accept/ Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.193.2300.H106-2.050 | H106-2 |  |  |  |  |  |  |  | 277 | c | $\begin{aligned} & \text { CSCC AT: "ACknowledgement } \\ & \text { RRejected for Invalid Information..." } \\ & \text { CSC 5110: Invalid character" } \\ & \text { CSC 509. "E Code" } \end{aligned}$ | If $2300 . \mathrm{HIO6}-1=\mathrm{BN}$ then $2300 . \mathrm{H} 106-2$ must begin with "E". |  |
| X223.193.2300.H106-3.010 | H106-3 | $\qquad$ | ID | 2-3 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = 110: "Implementation "Not } \\ & \text { Used" Flement Present" } \end{aligned}$ | 2300. H106-3 must not be present. |  |
| X223.193.2300.H106-4.010 | H06-4 | Date Time Period | AN | 1-35 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { 1K403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H106-4 must not be present. |  |
| X223.193.2300.H106-5.010 | H106-5 | Monetary Amount | R | 1-18 | N/U |  |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300.H106-5 must not be present. |  |
| X223.193.2300.H106-6.010 | H106-6 | Quantity | R | 1-15 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300.H106-6 must not be present. |  |
| X223.193.2300.H106-7.010 | H106-7 | Version Identifier | AN | 1-30 | N/U |  |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300.H106-7 must not be present. |  |
| X223.193.2300.H106-8.010 | H106-8 | Industry code | AN | 1-30 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300.H106-8 must not be present. |  |
| X223.193.2300.H106-9.010 | H06-9 | Present on Admission | ID | 1-1 | s |  |  | N, U, W, Y | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H06-9 must be valid values. |  |
| X223.193.2300.H107.010 | H07 | HEALTH CARE CODE INFORMATION |  |  | s |  |  |  | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | 2300 .HI07 can only be present if 2300 . H106 is present. |  |
| X223.193.2300.H107-1.010 | H007-1 | Diagnosis Type Code | ID | 1-3 | R |  |  | ABN, BN | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H07-1 must be valid values. |  |
| X223.193.2300.H107-1.020 | H107-1 |  |  |  |  |  |  |  | 999 | R | 11403 = 7: "Invalid Code Value" | 2300.H107-1 must = "BN". | ICD-9 Only period |
| X223.193.2300.H107-1.030 | H107-1 |  |  |  |  |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300. H I07-1 must = "ABN". | ICD-10 Only period - assumes no dual-use after mandated date. |
| X223.193.2300.H107-2.010 | H107-2 | External Cause of Injury Code | AN | 1-30 | R |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 509: "E-Code" | If 2300.HIO7-1 is "BN" then 2300 .HIOT-2 must be a valid ICD-9 External Cause of Injury code. | ICD-9 Only period. <br> Valid ICD-9 Diagnosis Code reference must be available for this edit |
| X223.193.2300.H107-2.020 | H07-2 |  |  |  |  |  |  |  | 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 External Cause of Injury code. | $\begin{aligned} & \text { edit } \\ & \text { ICD-10 Only period. } \\ & \text { Valid ICD-10 Diagnosis Code } \\ & \text { reference must be available for this } \\ & \text { edit. } \\ & \hline \end{aligned}$ |
| X223.193.2300.H107-2.030 | H107-2 |  |  |  |  |  |  |  | 999 | E | IK403 = 6: "Invalid Character in Data | 2300.H107-2 must not contain a ".." |  |
| X223.193.2300.H107-2.040 | H07-2 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information. CSC 511: "Invalid character" CSC 509; "E-Code" |  |  |
| X223.193.2300.H107-2.050 | H07-2 |  |  |  |  |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information. CSC 511: "Invalid character" CSC 509: "E-Code" | If 2300. HI07-1 $=\mathrm{BN}$ then 2300 . H107-2 must begin with "E". |  |
| X223.193.2300.H107-3.010 | H07-3 | $\begin{array}{\|c\|} \hline \begin{array}{c} \text { Date Time Period Format } \\ \text { Qualifier } \end{array} \\ \hline \end{array}$ | ID | 2-3 | N/U |  |  |  | 999 | E | IK403 = 110 : "Implementation "Not Used" Element Present" | 2300.H107-3 must not be present. |  |
| X223.193.2300.H107-4.010 | H107-4 | Date Time Period | AN | 1-35 | N/U |  |  |  | 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 | R | 1-18 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H107-5 must not be present. |  |
| X223.193.2300.H107-6.010 | H107-6 | Quantity | R | 1-15 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H107-6 must not be present. |  |
| X223.193.2300.H107-7.010 | H07-7 | Version Identifier | AN | 1-30 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H107-7 must not be present. |  |
| X223.193.2300.H107-8.010 | H107-8 | Industry code | AN | 1-30 | N/U |  |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Flement Present" | 2300.H107-8 must not be present. |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | Segment or Element | Description | ID | $\begin{aligned} & \text { Min. } \\ & \text { Max. } \end{aligned}$ | Usage | Loop | Loop Repeat | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\left\|\begin{array}{c} \text { TA11 } \\ \text { T99/ } \\ 277 C A \end{array}\right\|$ | Accept/ Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.193.2300.H107-9.010 | H107-9 | Present on Admission indicator | ID | 1-1 | s |  |  | N, U, W, Y | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H107-9 must be valid values. |  |
| X223.193.2300.H08.010 | H08 | HEALTH CARE CODE INFORMATION |  |  | s |  |  |  | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | $2300 . \mathrm{H} 108$ can only be present if $2300 . \mathrm{H} 107$ is present. |  |
| X223.193.2300.H108-1.010 | H08-1 | Diagnosis Type Code | ID | 1-3 | R |  |  | ABN, BN | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H108-1 must be valid values. |  |
| X223.193.2300.H108-1.020 | H108-1 |  |  |  |  |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H108-1 must = "BN". | CD-9 Only period |
| X223.193.2300.H108-1.030 | H08-1 |  |  |  |  |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300. H 108 -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 | AN | 1-30 | R |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 509: "E-Code" | If $2300 . \mathrm{HIO} 0-1$ is "BN" then $2300 . \mathrm{HIO} 0-2$ must be a valid ICD-9 External Cause of Injury code. | ICD-9 Only period. <br> Valid ICD-9 Diagnosis Code reference must be available for this edit |
| X223.193.2300.H108-2.020 | H08-2 |  |  |  |  |  |  |  | 277 | C | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 509: "E-Code" | If 2300.HI08-1 is "ABN" then 2300 .HI08-2 must be a valid ICD-10 External Cause of Injury code. | $\begin{aligned} & \text { edit } \\ & \text { ICD-10 Only period. } \\ & \text { Valid ICD-y Diagnosis Code } \\ & \text { reference must be available for this } \\ & \text { edit. } \\ & \hline \end{aligned}$ |
| X223.193.2300.H108-2.030 | H08-2 |  |  |  |  |  |  |  | 999 | E | IK403 = 6: "Invalid Character in Data Element" | 2300.H108-2 must not contain a ".". |  |
| X223.193.2300.H108-2.040 | H08-2 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 511: "Invalid character" CSC 509: "E-Code" |  |  |
| X223.193.2300.H108-2.050 | H008-2 |  |  |  |  |  |  |  | 277 | c | $\begin{aligned} & \text { CSCC A7: "Acknowledgement } \\ & \text { /Rejected for Invalid Information..." } \\ & \text { CSC 511: "Invalid character" } \\ & \text { CSC 509: "E-Code" } \end{aligned}$ | If $2300 . \mathrm{HIOB}-1=\mathrm{BN}$ then $2300 . \mathrm{H} 108-2$ must begin with "E". |  |
| X223.193.2300.H108-3.010 | H008-3 | Date Time Period Format Qualifier | ID | 2-3 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not | 2300. $\mathrm{H} 108-3$ must not be present. |  |
| X223.193.2300.H108-4.010 | H008-4 | Date Time Period | AN | 1-35 | N/U |  |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300.H108-4 must not be present. |  |
| X223.193.2300.H108-5.010 | H08-5 | Monetary Amount | R | 1-18 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { 1K403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H108-5 must not be present. |  |
| X223.193.2300.H108-6.010 | H008-6 | Quantity | R | 1-15 | N/U |  |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300.H108-6 must not be present. |  |
| X223.193.2300.H108-7.010 | H008-7 | Version Identifier | AN | 1-30 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300.H108-7 must not be present. |  |
| х223.193.2300.H108-8.010 | H108-8 | Industry code | AN | 1-30 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300.H108-8 must not be present. |  |
| X223.193.2300.H108-9.010 | H08-9 | $\begin{aligned} & \text { Present on Admission } \\ & \text { indicator } \end{aligned}$ | ID | 1-1 | s |  |  | N, U, W, Y | 999 | R | 11403 = 7: "Invalid Code Value" | 2300. H 108 -9 must be valid values. |  |
| X223.193.2300.H109.010 | H09 | HEALTH CARE CODE INFORMATION |  |  | s |  |  |  | 999 | R | IK403 = 2: "Conditional Required Data Element Missinq" | $2300 . \mathrm{HIO} 0$ present. |  |
| х223.193.2300.H109-1.010 | H09-1 | Diagnosis Type Code | ID | 1-3 | R |  |  | ABN, BN | 999 | R | IK403 = 7: "Invalid Code Value" | 2300.H09-1 must be valid values. |  |
| X223.193.2300.H109-1.020 | H09-1 |  |  |  |  |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H109-1 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 | AN | 1-30 | R |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 509: "E-Code" | If 2300. HIO9-1 is "BN" then 2300. HIO9-2 must be a valid ICD-9 External Cause of Injury code. | ICD-9 Only period. <br> Valid ICD-9 Diagnosis Code reference must be available for this edit |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | Segment or Element | Description | ID | Min. <br> Max | $\begin{gathered} \text { Usage } \\ \text { Req. } \end{gathered}$ | Loop | $\underset{\text { Repeat }}{\text { Loop }}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\left\|\begin{array}{c} \text { TA111 } \\ \text { 999/ } \\ 277 C A \end{array}\right\|$ | Accept/ Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.193.2300.H109-2.020 | H09-2 |  |  |  |  |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information... CSC 509: "E-Code" | If 2300.HI09-1 is "ABN" then 2300.HIO9-2 must be a valid ICD-10 External Cause of Injury code. | ICD-10 Only period. <br> Valid ICD-10 Diagnosis Code reference must be available for this edit. |
| X223.193.2300.H109-2.030 | H09-2 |  |  |  |  |  |  |  | 999 | E | IK403 = 6: "Invalid Character in Data Element" | 2300.H109-2 must not contain a ".". |  |
| X223.193.2300.H109-2.040 | H09-2 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 511: "Invalid character" CSC 509: "E-Code" |  |  |
| X223.193.2300.H109-2.050 | H09-2 |  |  |  |  |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information. CSC 511: "Invalid character" CSC 509: "E-Code" | If 2300.HI09-1 = BN then 2300.HI09-2 must begin with "E". with "E". |  |
| X223.193.2300.H109-3.010 | H09-3 | $\begin{array}{\|c\|} \hline \begin{array}{c} \text { Date Time Period Format } \\ \text { Qualifier } \end{array} \\ \hline \end{array}$ | ID | 2-3 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300.H109-3 must not be present. |  |
| X223.193.2300.H109-4.010 | H109-4 | Date Time Period | AN | 1-35 | N/U |  |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300.H109-4 must not be present. |  |
| X223.193.2300.H109-5.010 | H109-5 | Monetary Amount | R | 1-18 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300.H109-5 must not be present. |  |
| X223.193.2300.H109-6.010 | H109-6 | Quantity | R | 1-15 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300. H109-6 must not be present. |  |
| X223.193.2300.H109-7.010 | H109-7 | Version Identifier | AN | 1-30 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300.H109-7 must not be present. |  |
| X223.193.2300.H109-8.010 | H109-8 | Industry code | AN | 1-30 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \\ & \hline \end{aligned}$ | 2300.H109-8 must not be present. |  |
| X223.193.2300.H109-9.010 | H09-9 | Present on Admission indicator | ID | 1-1 | S |  |  | N, U, W, Y | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H109-9 must be valid values. |  |
| X223.193.2300.H110.010 | H10 | HEALTH CARE CODE INFORMATION |  |  | S |  |  |  | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | $2300 . \mathrm{H} 110$ can only be present if $2300 . \mathrm{H} 109$ is present. |  |
| X223.193.2300.H110-1.010 | H110-1 | Diagnosis Type Code | ID | 1-3 | R |  |  | ABN, BN | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H110-1 must be valid values. |  |
| X223.193.2300.H110-1.020 | H110-1 |  |  |  |  |  |  |  | 999 | R | $1 \mathrm{~K} 403=7$ : "Invalid Code Value" | 2300.H110-1 must = "BN". | ICD-9 Only period |
| X223.193.2300.H110-1.030 | H110-1 |  |  |  |  |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H110-1 must = "ABN". | ICD-10 Only period - assumes no dual-use after mandated date. |
| X223.193.2300.H110-2.010 | H110-2 | External Cause of Injury Code | AN | 1-30 | R |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information... CSC 509: "E-Code" | If 2300.HI10-1 is "BN" then 2300.HIO10-2 must be a valid ICD-9 External Cause of Injury code. | ICD-9 Only period. <br> Valid ICD-9 Diagnosis Code reference must be available for this edit. |
| X223.193.2300.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 $2300 . \mathrm{HIO10}-2$ must be a valid ICD-10 External Cause of Injury code. | ICD-10 Only period. <br> Valid ICD-10 Diagnosis Code reference must be available for this 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 /Rejected for Invalid Information..." CSC 511: "Invalid character" CSC 509: "E-Code" |  |  |
| X223.193.2300.H110-2.050 | H110-2 |  |  |  |  |  |  |  | 277 | C | CSCC A7: "Acknowledgement /Rejected for Invalid Information.. CSC 511: "Invalid character" CSC 509: "E-Code" | If $2300 . \mathrm{HI} 10-1=\mathrm{BN}$ then 2300 . $\mathrm{H} 110-2$ must begin with "E". |  |
| X223.193.2300.H110-3.010 | H110-3 | Date Time Period Format Qualifier | ID | 2-3 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300. H110-3 must not be present. |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | Segment or Element | Description | ID | $\begin{aligned} & \text { Min. } \\ & \text { Max. } \end{aligned}$ | $\begin{gathered} \text { Usage } \\ \text { Req. } \end{gathered}$ | Loop | $\begin{aligned} & \text { Loop } \\ & \text { Repeat } \end{aligned}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\begin{array}{\|c} \text { TA1/ } \\ \text { 999/ } \\ \text { 277CA } \end{array}$ | Accept/ Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.193.2300.H110-4.010 | H110-4 | Date Time Period | AN | 1-35 | N/U |  |  |  | 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 | R | 1-18 | N/U |  |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300.H110-5 must not be present. |  |
| х223.193.2300.H110-6.010 | H110-6 | Quantity | R | 1-15 | N/U |  |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300.H110-6 must not be present. |  |
| X223.193.2300.H110-7.010 | H110-7 | Version Identifier | AN | 1-30 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H110-7 must not be present. |  |
| X223.193.2300.H110-8.010 | H110-8 | Industry code | AN | 1-30 | N/U |  |  |  | 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 | ID | 1-1 | s |  |  | N, U, W, Y | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H110-9 must be valid values. |  |
| X223.193.2300.H111.010 | H111 | HEALTH CARE CODE INFORMATION |  |  | s |  |  |  | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | $2300 . \mathrm{H} 111$ can only be present if $2300 . \mathrm{H} 110$ is present |  |
| Х223.193.2300.H111-1.010 | H111-1 | Diagnosis Type Code | ID | 1-3 | R |  |  | ABN, BN | 999 | R | 1 K 403 = 7 : "Invalid Code Value" | 2300.H111-1 must be valid values. |  |
| Х223.193.2300.H111-1.020 | H111-1 |  |  |  |  |  |  |  | 999 | R | $1 \mathrm{~K} 403=7$ : "Invalid Code Value" | 2300.H111-1 must = "BN". | ICD-9 Only period |
| X223.193.2300.H111-1.030 | H111-1 |  |  |  |  |  |  |  | 999 | R | $1 \mathrm{~K} 403=7$ : "Invalid Code Value" | 2300. $\mathrm{H} 111-1$ must = "ABN". | ICD-10 Only period - assumes no dual-use after mandated date. |
| X223.193.2300.H111-2.010 | H111-2 | External Cause of Injury Code | AN | 1-30 | R |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 509: "E-Code" | If $2300 . \mathrm{HI} 11-1$ is "BN" then $2300 . \mathrm{H} 111-2$ must be a valid ICD-9 External Cause of Injury code. |  |
| X223.193.2300.H111-2.020 | H111-2 |  |  |  |  |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 509: "E-Code" | If 2300.HI11-1 is "ABN" then 2300.HI11-2 must be a valid ICD-10 External Cause of Injury code. | ICD-10 Only period. Valid ICD-10 Diagnosis Code reference must be available for this edit. |
| X223.193.2300.H111-2.030 | H111-2 |  |  |  |  |  |  |  | 999 | E | IK403 = 6: "Invalid Character in Data Element" | 2300.H11-2 must not contain a ".". |  |
| X223.193.2300.H111-2.040 | H111-2 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement <br> /Rejected for Invalid Information..." <br> CSC 511: "Invalid character" <br> CSC 509: "E-Code" <br> CSCCA: |  |  |
| X223.193.2300.H111-2.050 | H111-2 |  |  |  |  |  |  |  | 277 | c | CSCC A7: "Acknowledgement Rejected for Invalid Information..." CSC 511: "Invalid character" CSC 509: "E-Code" | If $2300 . \mathrm{H} 111-1=\mathrm{BN}$ then 2300 . H111-2 must begin with "E". |  |
| X223.193.2300.H111-3.010 | H111-3 | $\begin{array}{\|c\|} \hline \begin{array}{c} \text { Date Time Period Format } \\ \text { Qualifier } \end{array} \\ \hline \end{array}$ | ID | 2-3 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H111-3 must not be present. |  |
| X223.193.2300.H111-4.010 | H111-4 | Date Time Period | AN | 1-35 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H111-4 must not be present. |  |
| Х223.193.2300.H111-5.010 | H111-5 | Monetary Amount | R | 1-18 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H111-5 must not be present. |  |
| X223.193.2300.H111-6.010 | H111-6 | Quantity | R | 1-15 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300.H111-6 must not be present. |  |
| X223.193.2300.H111-7.010 | H111-7 | Version Identifier | AN | 1-30 | N/U |  |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300. H111-7 must not be present. |  |
| X223.193.2300.H111-8.010 | H111-8 | Industry code | AN | 1-30 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not | 2300.H111-8 must not be present. |  |
| X223.193.2300.H111-9.010 | H111-9 | Present on Admission indicator | ID | 1-1 | s |  |  | N, U, W, Y | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H111-9 must be valid values. |  |
| X223.193.2300.H112.010 | H12 | HEALTH CARE CODE INFORMATION |  |  | s |  |  |  | 999 | R | IK403 = 2: "Conditional Required Data Element Missina" | 2300. HI12 can only be present if 2300 .HI11 is present. |  |
| Х223.193.2300.H112-1.010 | H112-1 | Diagnosis Type Code | ID | 1-3 | R |  |  | ABN, BN | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H112-1 must be valid values. |  |
| X223.193.2300.H112-1.020 | H112-1 |  |  |  |  |  |  |  | 999 | R | 11403 = 7: "Invalid Code Value" | 2300.H112-1 must = "BN". | ICD-9 Only period |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | Segment or Element | Description | ID | $\begin{aligned} & \text { Min. } \\ & \text { Max. } \end{aligned}$ | Usage | Loop | Loop Repeat | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\left\|\begin{array}{c} \text { TA11 } \\ \text { T99/ } \\ 277 C A \end{array}\right\|$ | Accept/ Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.193.2300.H112-1.030 | H12-1 |  |  |  |  |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H12-1 must = "ABN". | ICD-10 Only period - assumes no dual-use after mandated date. |
| X223.193.2300.H112-2.010 | H112-2 | External Cause of Injury Code | AN | 1-30 | R |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 509: "E-Code" | If $2300 . \mathrm{HI} 12-1$ is "BN" then $2300 . \mathrm{H} 112-2$ must be a valid ICD-9 External Cause of Injury code. | ICD-9 Only period. <br> Valid ICD-9 Diagnosis Code reference must be available for this edit |
| X223.193.2300.H112-2.020 | H112-2 |  |  |  |  |  |  |  | 277 | C | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 509: "E-Code" | If 2300. H112-1 is "ABN" then 2300 .HI12-2 must be a valid ICD-10 External Cause of Injury code. | ICD-10 Only period. Valid ICD-10 Diagnosis Code reference must be available for this edit. |
| X223.193.2300.H112-2.030 | H112-2 |  |  |  |  |  |  |  | 999 | E | IK403 = 6: "Invalid Character in Data Element" | 2300.H112-2 must not contain a ".". |  |
| X223.193.2300.H112-2.040 | H112-2 |  |  |  |  |  |  |  | 277 | T |  |  |  |
| X223.193.2300.H112-2.050 | H112-2 |  |  |  |  |  |  |  | 277 | c |  | If $2300 . \mathrm{HI} 12-1=\mathrm{BN}$ then 2300 . $\mathrm{H} 112-2$ must begin with "E". |  |
| X223.193.2300.H112-3.010 | H12-3 | Date Time Period Format Oualifier | ID | 2-3 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300.H112-3 must not be present. |  |
| X223.193.2300.H112-4.010 | H112-4 | Date Time Period | AN | 1-35 | N/U |  |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300.H112-4 must not be present. |  |
| X223.193.2300. $\mathrm{H} 112-5.010$ | H112-5 | Monetary Amount | R | 1-18 | N/U |  |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300.H112-5 must not be present. |  |
| X223.193.2300.H112-6.010 | H112-6 | Quantity | R | 1-15 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not | 2300.H112-6 must not be present. |  |
| X223.193.2300.H112-7.010 | H112-7 | Version Identifier | AN | 1-30 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300.H112-7 must not be present. |  |
| X223.193.2300.H112-8.010 | H112-8 | Industry code | AN | 1-30 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not | 2300.H1012-8 must not be present. |  |
| X223.193.2300.H112-9.010 | H12-9 | Present on Admission indicator | ID | 1-1 | s |  |  | N, U, W, Y | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H112-9 must be valid values. |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.218.2300.H1.010 | HI | diAgnosis related GROUP (DRG) information |  | 1 | s | 2300 |  |  | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of $2300 . \mathrm{HI}$ with $\mathrm{H} 101-1=$ "DR" is allowed. | 03/27: not pass through |
| X223.218.2300.H101.010 | H01 | HEALTH CARE CODE INFORMATION |  |  | R |  |  |  |  |  |  |  |  |
| х223.218.2300.H101-1.010 | H01-1 | Code List Qualifier Code | ID | 1-3 | R |  |  | DR | 999 | R | 11403 = 7: "Invalid Code Value" | 2300.H01-1 must be "DR". |  |
| X223.218.2300.H101-2.010 | H01-2 | DRG Code | AN | 1-30 | R |  |  |  | 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 | ID | 2-3 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H101-3 must not be present. |  |
| X223.218.2300.H101-4.010 | H01-4 | Date Time Period | AN | 1-35 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H101-4 must not be present. |  |
| X223.218.2300.H101-5.010 | H01-5 | Monetary Amount | R | 1-18 | N/U |  |  |  | 999 | E | IK403 = 110: "Implementation "Not | 2300.H101-5 must not be present. |  |
| X223.218.2300.H101-6.010 | H01-6 | Quantity | R | 1-15 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300.H101-6 must not be present. |  |
| X223.218.2300.H101-7.010 | H01-7 | Version Identifier | AN | 1-30 | N/U |  |  |  | 999 | E | IK403 = 110: "Implementation "Not | 2300.H101-7 must not be present. |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | Segment or | Description | ID | Min. <br> Max | $\begin{gathered} \text { Usage } \\ \text { Req. } \end{gathered}$ | Loop | $\underset{\text { Repeat }}{\text { Loop }}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\left\|\begin{array}{c} \text { TA11 } \\ \text { 999/ } \\ 277 C A \end{array}\right\|$ | Accept/ | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.218.2300.H101-8.010 | H01-8 | Industry code | AN | 1-30 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = 110: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H101-8 must not be present. |  |
| X223.218.2300.H101-9.010 | H01-9 | Yes/No Condition or response Code | ID | 1-1 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300.H101-9 must not be present. |  |
| X223.218.2300.H102.010 | H102 | HEALTH CARE CODE INFORMATION |  |  | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H102 must not be present. |  |
| X223.218.2300.H103.010 | H103 | HEALTH CARE CODE INFORMATION |  |  | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300.H03 must not be present. |  |
| X223.218.2300.H104.010 | H04 | $\qquad$ |  |  | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300.H04 must not be present. |  |
| X223.218.2300.H105.010 | H105 | HEALTH CARE CODE INFORMATION |  |  | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { 1K403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H105 must not be present. |  |
| X223.218.2300.H106.010 | H106 | HEALTH CARE CODE INFORMATION |  |  | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300.H106 must not be present. |  |
| X223.218.2300.H107.010 | H07 | HEALTH CARE CODE INFORMATION |  |  | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300.HI07 must not be present. |  |
| X223.218.2300.H108.010 | H108 | HEALTH CARE CODE INFORMATION |  |  | N/U |  |  |  | 999 | E | 1K403 = I10: "Implementation "Not Used" Element Present" | 2300.H08 must not be present. |  |
| X223.218.2300.H109.010 | H109 | HEALTH CARE CODE INFORMATION |  |  | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H109 must not be present. |  |
| X223.218.2300.H110.010 | H10 | $\qquad$ |  |  | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300.H110 must not be present. |  |
| X223.218.2300. H 111.010 | H111 | HEALTH CARE CODE INFORMATION |  |  | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H111 must not be present. |  |
| X223.218.2300.H112.010 | H112 | HEALTH CARE CODE INFORMATION |  |  | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H112 must not be present. |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.220.2300.H1.010 | HI | OTHER DIAGNOSIS INFORMATION |  | 2 | s | 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 |
| $\begin{array}{\|l} \text { X223.220.2300.HII.020 } \\ \text { edit deactivated } \end{array}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.220.2300.H1.030 | нI |  |  |  |  |  |  |  | 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.H01.010 | H01 | HEALTH CARE CODE INFORMATION |  |  | R |  |  |  |  |  |  |  |  |
| X223.220.2300.H101-1.010 | H101-1 | Code List Qualifier Code | ID | 1-3 | R |  |  | ABF, BF | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H01-1 must be valid values. |  |
| X223.220.2300.H101-1.020 | H01-1 |  |  |  |  |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H101-1 must = "BF". | ICD-9 Only period |
| X223.220.2300.H101-1.030 | H101-1 |  |  |  |  |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300. $\mathrm{H} 101-1$ must = "ABF". | ICD-10 Only period - assumes no dual-use after mandated date. |
| X223.220.2300.H101-2.010 | H101-2 | Other Diagnosis | AN | 1-30 | R |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 255: "Diagnosis Code" | If $2300 . \mathrm{HIO1}-1$ is "BF" then $2300 . \mathrm{HIO1}-2$ must be a valid ICD-9 Diagnosis code. | ICD-9 Only period. <br> Valid ICD-9 Diagnosis Code reference must be available for this edit |
| X223.220.2300.H101-2.020 | H01-2 |  |  |  |  |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information.. CSC 255: "Diagnosis Code" | If $2300 . \mathrm{HIO1-1}$ is "ABF" then 2300 .HIO1-2 must be a valid ICD-10 Diagnosis code. | ICD-10 Only period. Valid ICD-10 Diagnosis code reference must be available for this edit. |
| X223.220.2300.H101-2.030 | H01-2 |  |  |  |  |  |  |  | 999 | E | IK403 = 6: "Invalid Character in Data Element" | 2300.H01-2 must not contain a ".". |  |
| X223.220.2300.H101-2.040 | H01-2 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 511: "Invalid character" CSC 255: "Diaanosis Code" |  |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \\ \hline \end{gathered}$ | Segment or Element | Description | ID | $\begin{aligned} & \text { Min. } \\ & \text { Max. } \end{aligned}$ | $\begin{array}{\|c\|} \hline \text { Usage } \\ \text { Req. } \end{array}$ | Loop | $\begin{aligned} & \text { Loop } \\ & \text { Repeat } \end{aligned}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\left.\begin{gathered} \text { TAA11 } \\ \text { TA99/ } \\ 277 \mathrm{CA} \end{gathered} \right\rvert\,$ | Accept/ | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.220.2300.H101-3.010 | H01-3 | Date Time Period Format Qualifier | ID | 2-3 | N/U |  |  |  | 999 | E | IK403 = 110: "Implementation "Not | 2300. $\mathrm{H} 101-3$ must not be present. |  |
| X223.220.2300.H101-4.010 | H01-4 | Date Time Period | AN | 1-35 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300.H101-4 must not be present. |  |
| х223.220.2300.H101-5.010 | H01-5 | Monetary Amount | R | 1-18 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300.H101-5 must not be present. |  |
| X223.220.2300.H101-6.010 | H01-6 | Quantity | R | 1-15 | N/L |  |  |  | 999 | E | IK403 = I10: "Implementation "Not | 2300.H101-6 must not be present. |  |
| X223.220.2300.H101-7.010 | H01-7 | Version Identifier | AN | 1-30 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300.H101-7 must not be present. |  |
| X223.220.2300.H101-8.010 | H01-8 | Industry code | AN | 1-30 | N/U |  |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300. H 101-8 must not be present. |  |
| X223.220.2300.H101-9.010 | H01-9 | Present on Admission indicator | ID | 1-1 | s |  |  | N, U, W, Y | 999 | R | 1 K 403 = 7 : "Invalid Code Value" | $2300 . \mathrm{H101-9}$ must be valid values. |  |
| X223.220.2300.H102.010 | H02 | HEALTH CARE CODE INFORMATION |  |  | S |  |  |  | 999 | R | IK403 = 2: "Conditional Required Data Element Missina" | $2300 . \mathrm{HIO2}$ can only be present if 2300 . HIO is present. |  |
| х223.220.2300.H102-1.010 | H102-1 | Code List Qualifier Code | ID | 1-3 | R |  |  | ABF, BF | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H102-1 must be valid values. |  |
| х223.220.2300.H102-1.020 | H02-1 |  |  |  |  |  |  |  | 999 | R | 1 1403 = 7: "Invalid Code Value" | 2300.H102-1 must = "BF". | ICD-9 Only period |
| X223.220.2300.H102-1.030 | H102-1 |  |  |  |  |  |  |  | 999 | R | 1 K 403 = 7: "Invalid Code Value" | 2300. H I02-1 must = "ABF". | ICD-10 Only period - assumes no dual-use after mandated date. |
| X223.220.2300.H102-2.010 | H102-2 | Other Diagnosis | AN | 1-30 | R |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 255: "Diagnosis Code" | If $2300 . \mathrm{HIO2-1}$ is "BF" then 2300. HIO2-2 must be a valid ICD-9 Diagnosis code. | ICD-9 Only period. <br> Valid ICD-9 Diagnosis Code reference must be available for this edit |
| X223.220.2300.H102-2.020 | H102-2 |  |  |  |  |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 255: "Diagnosis Code" | If 2300.HIO2-1 is "ABF" then 2300. HIO2-2 must be a valid ICD-10 Diagnosis code. | ICD-10 Only period. <br> Valid ICD-10 Diagnosis code reference must be available for this edit. |
| X223.220.2300.H102-2.030 | H102-2 |  |  |  |  |  |  |  | 999 | E | IK403 = 6: "Invalid Character in Data Element" | 2300.H102-2 must not contain a ".". |  |
| х223.220.2300.H102-2.040 | H02-2 |  |  |  |  |  |  |  | 277 | T | $\begin{aligned} & \text { CISCC A7: "Acknowledgement } \\ & \text { CRejected for Invalid Information..." } \\ & \text { CSC 511: "Invalid character" } \\ & \text { CSS 255: "Diagnosis code" } \end{aligned}$ |  |  |
| Х223.220.2300.H102-3.010 | H102-3 | $\begin{array}{\|c\|} \hline \text { Date Time Period Format } \\ \text { Qualifier } \end{array}$ | ID | 2-3 | N/U |  |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300.H102-3 must not be present. |  |
| X223.220.2300.H102-4.010 | H102-4 | Date Time Period | AN | 1-35 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300.H102-4 must not be present. |  |
| X223.220.2300.H102-5.010 | H102-5 | Monetary Amount | R | 1-18 | N/U |  |  |  | 999 | E | 1K403 = 110: "Implementation "Not Used" Element Present" | 2300.H102-5 must not be present. |  |
| X223.220.2300. $\mathrm{H} 102-6.010$ | H02-6 | Quantity | R | 1-15 | N/U |  |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300.H102-6 must not be present. |  |
| X223.220.2300.H102-7.010 | H02-7 | Version Identifier | AN | 1-30 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H102-7 must not be present. |  |
| X223.220.2300.H102-8.010 | H102-8 | Industry code | AN | 1-30 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H102-8 must not be present. |  |
| х223.220.2300.H102-9.010 | H02-9 | $\begin{gathered} \text { Present on Admission } \\ \text { indicator } \end{gathered}$ | ID | 1-1 | S |  |  | N, U, W, Y | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H102-9 must be valid values. |  |
| X223.220.2300.H103.010 | H03 | HEALTH CARE CODE INFORMATION |  |  | s |  |  |  | 999 | R | $\begin{aligned} & \text { IK403 = 2: "Conditional Required Data } \\ & \text { Element Missinq" } \\ & \hline \end{aligned}$ | 2300 .HI03 can only be present if 2300 . HIO2 is present. |  |
| X223.220.2300.H103-1.010 | н $103-1$ | Code List Qualifier Code | ID | 1-3 | R |  |  | ABF, BF | 999 | R | $1 \mathrm{~K} 403=7$ : "Invalid Code Value" | 2300. $\mathrm{H} 103-1$ must be valid values. |  |
| х223.220.2300.H103-1.020 | H03-1 |  |  |  |  |  |  |  | 999 | R | 11403 = 7: "Invalid Code Value" | 2300.H103-1 must = "BF". | ICD-9 Only period |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | Segment or Element | Description | ID | $\begin{aligned} & \text { Min. } \\ & \text { Max. } \end{aligned}$ | Usage | Loop | $\begin{aligned} & \text { Loop } \\ & \text { Repeat } \end{aligned}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\left\|\begin{array}{c} \text { TA11 } \\ \text { 999/ } \\ 277 C A \end{array}\right\|$ | Accept/ Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.220.2300.H103-1.030 | H03-1 |  |  |  |  |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H03-1 must = "ABF". | ICD-10 Only period - assumes no dual-use after mandated date. |
| X223.220.2300.H103-2.010 | H03-2 | Other Diagnosis | AN | 1-30 | R |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 255: "Diagnosis Code" | If $2300 . \mathrm{HIO} 0-1$ is "BF" then $2300 . \mathrm{HIO} 3-2$ must be a valid ICD-9 Diagnosis code. | ICD-9 Only period. <br> Valid ICD-9 Diagnosis Code reference must be available for this edit |
| X223.220.2300.H103-2.020 | H03-2 |  |  |  |  |  |  |  | 277 | C | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 255: "Diagnosis Code" | If 2300. HIO3-1 is "ABF" then 2300 . HIO3-2 must be a valid ICD-10 Diagnosis code. | $\begin{array}{\|l} \hline \text { ICD-10 Only period. } \\ \text { Valid ICD-10 Diagnosis code } \\ \text { reference must be available for this } \\ \text { edit. } \\ \hline \end{array}$ |
| X223.220.2300.H103-2.030 | H03-2 |  |  |  |  |  |  |  | 999 | E | IK403 = 6: "Invalid Character in Data Element" | 2300.H103-2 must not contain a ".". |  |
| X223.220.2300.H103-2.040 | H03-2 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information. CSC 511: "Invalid character" CSC 255: "Diagnosis Code" |  |  |
| X223.220.2300.H103-3.010 | H03-3 | $\begin{array}{\|c\|} \hline \begin{array}{c} \text { Date Time Period Format } \\ \text { Qualifier } \end{array} \\ \hline \end{array}$ | ID | 2-3 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { 1K403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300. H IO3-3 must not be present. |  |
| X223.220.2300.H103-4.010 | H103-4 | Date Time Period | AN | 1-35 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { 1K403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H103-4 must not be present. |  |
| X223.220.2300.H103-5.010 | H103-5 | Monetary Amount | R | 1-18 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { 1K403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H103-5 must not be present. |  |
| X223.220.2300.H103-6.010 | H03-6 | Quantity | R | 1-15 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { \|K403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H103-6 must not be present. |  |
| X223.220.2300.H103-7.010 | H03-7 | Version Identifier | AN | 1-30 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { \|K403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H103-7 must not be present. |  |
| X223.220.2300.H103-8.010 | H03-8 | Industry code | AN | 1-30 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { 1K403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \\ & \hline \end{aligned}$ | 2300.H103-8 must not be present. |  |
| X223.220.2300.H103-9.010 | H03-9 | Present on Admission indicator | ID | 1-1 | s |  |  | N, U, W, Y | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300. H O3-9 9 must be valid values. |  |
| X223.220.2300.H104.010 | H104 | HEALTH CARE CODE INFORMATION |  |  | s |  |  |  | 999 | R | $\begin{aligned} & \text { IK403 = 2: "Conditional Required Data } \\ & \text { Element Missing" } \\ & \hline \end{aligned}$ | $2300 . \mathrm{HIO4}$ can only be present if 2300 . H 003 is present. |  |
| $\times 223.220 .2300 . \mathrm{H104-1.010}$ | H104-1 | Code List Qualifier Code | ID | 1-3 | R |  |  | ABF, BF | 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.H104-1 must = "BF". | ICD-9 Only period |
| X223.220.2300.H104-1.030 | H04-1 |  |  |  |  |  |  |  | 999 | R | IK403 = 7: "Invalid Code Value" | 2300. H104-1 must = "ABF". | ICD-10 Only period - assumes no dual-use after mandated date. |
| X223.220.2300.H104-2.010 | H104-2 | Other Diagnosis | AN | 1-30 | R |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 255: "Diagnosis Code" | If $2300 . \mathrm{HIO4-1}$ is "BF" then 2300. HIO4-2 must be a valid ICD-9 Diagnosis code. | ICD-9 Only period. <br> Valid ICD-9 Diagnosis Code reference must be available for this edit. |
| X223.220.2300.H104-2.020 | H104-2 |  |  |  |  |  |  |  | 277 | C | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 255: "Diagnosis Code" | If 2300. HIO4-1 is "ABF" then 2300 .HI04-2 must be a valid ICD-10 Diagnosis code. | $\begin{array}{\|l} \hline \text { ICD-10 Only period. } \\ \text { Valid ICD-10 Diagnosis code } \\ \text { reference must be available for this } \\ \text { edit. } \end{array}$ |
| X223.220.2300.H104-2.030 | H104-2 |  |  |  |  |  |  |  | 999 | E | IK403 = 6: "Invalid Character in Data Element" | 2300.H104-2 must not contain a ".". |  |
| X223.220.2300.H104-2.040 | H104-2 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information. CSC 511: "Invalid character" CSC 255: "Diagnosis Code" |  |  |
| X223.220.2300.H104-3.010 | H104-3 | Date Time Period Format Qualifier | ID | 2-3 | N/U |  |  |  | 999 | E | $\begin{aligned} & 1 \text { K403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H104-3 must not be present. |  |
| X223.220.2300.H104-4.010 | H104-4 | Date Time Period | AN | 1-35 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H104-4 must not be present. |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | Segment or Element | Description | ID | Min. Max. | $\begin{gathered} \text { Usage } \\ \text { Req. } \end{gathered}$ | Loop | $\underset{\text { Repeat }}{\text { Loop }}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\left\|\begin{array}{c} \text { TA111 } \\ \text { 999/ } \\ 277 C A \end{array}\right\|$ | Accept/ Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.220.2300.H104-5.010 | H104-5 | Monetary Amount | R | 1-18 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = 110: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H104-5 must not be present. |  |
| X223.220.2300.H104-6.010 | H104-6 | Quantity | R | 1-15 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300.H104-6 must not be present. |  |
| X223.220.2300.H104-7.010 | H104-7 | Version Identifier | AN | 1-30 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H104-7 must not be present. |  |
| X223.220.2300.H104-8.010 | H104-8 | Industry code | AN | 1-30 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { 1K403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \\ & \hline \end{aligned}$ | 2300.H104-8 must not be present. |  |
| X223.220.2300.H104-9.010 | H104-9 | Present on Admission indicator | ID | 1-1 | s |  |  | N, U, W, Y | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H104-9 must be valid values. |  |
| X223.220.2300.H105.010 | H05 | HEALTH CARE CODE INFORMATION |  |  | s |  |  |  | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | 2300 .HI05 can only be present if 2300 . HI04 is present. |  |
| X223.220.2300.H105-1.010 | H105-1 | Code List Qualifier Code | ID | 1-3 | R |  |  | ABF, BF | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H105-1 must be valid values. |  |
| $\times 223.220 .2300 . \mathrm{H105-1.020}$ | H105-1 |  |  |  |  |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H105-1 must = "BF". | ICD-9 Only period |
| X223.220.2300.H105-1.030 | H105-1 |  |  |  |  |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300. H105-1 must = "ABF". | ICD-10 Only period - assumes no dual-use after mandated date. |
| X223.220.2300.H105-2.010 | H105-2 | Other Diagnosis | AN | 1-30 | R |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 255: "Diagnosis Code" | If $2300 . \mathrm{HIO} 0-1$ is "BF" then $2300 . \mathrm{HIO5}-2$ must be a valid ICD-9 Diagnosis code. | ICD-9 Only period. <br> Valid ICD-9 Diagnosis Code reference must be available for this edit |
| X223.220.2300.H105-2.020 | H105-2 |  |  |  |  |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 255: "Diagnosis Code" | If $2300 . \mathrm{HIO5}-1$ is "ABF" then 2300 .HIO5-2 must be a valid ICD-10 Diagnosis code. | $\begin{aligned} & \text { ICD-10 Only period. } \\ & \text { Valid ICD-10 Diagnosis code } \\ & \text { reference must be available for this } \\ & \text { edit. } \end{aligned}$ |
| X223.220.2300.H105-2.030 | H05-2 |  |  |  |  |  |  |  | 999 | E | IK403 = 6: "Invalid Character in Data Element" | 2300.H105-2 must not contain a ".". |  |
| X223.220.2300.H105-2.040 | H105-2 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 511: "Invalid character" CSC 255:"Diaanosis Code" |  |  |
| X223.220.2300.H105-3.010 | H105-3 | Date Time Period Format Qualifier | ID | 2-3 | N/U |  |  |  | 999 | E | IK403 = =10: "Implementation "Not <br> Used" Element Present" | 2300.H105-3 must not be present. |  |
| X223.220.2300.H105-4.010 | H105-4 | Date Time Period | AN | 1-35 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H105-4 must not be present. |  |
| X223.220.2300.H105-5.010 | H105-5 | Monetary Amount | R | 1-18 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { 1K403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H105-5 must not be present. |  |
| X223.220.2300.H105-6.010 | H105-6 | Quantity | R | 1-15 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H105-6 must not be present. |  |
| X223.220.2300.H105-7.010 | H105-7 | Version Identifier | AN | 1-30 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I } 10 \text { : "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H105-7 must not be present. |  |
| X223.220.2300.H105-8.010 | H105-8 | Industry code | AN | 1-30 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300.H105-8 must not be present. |  |
| х223.220.2300.H105-9.010 | H105-9 | Present on Admission indicator | ID | 1-1 | S |  |  | N, U, W, Y | 999 | R | $11403=7$ : "Invalid Code Value" | 2300. $\mathrm{H} 105-9$ must be valid values. |  |
| X223.220.2300.H106.010 | H106 | HEALTH CARE CODE INFORMATION |  |  | S |  |  |  | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | 2300 .HI06 can only be present if 2300 . H 105 is present. |  |
| X223.220.2300.H106-1.010 | H06-1 | Code List Qualifier Code | ID | 1-3 | R |  |  | ABF, BF | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300. $\mathrm{H} 106-1$ must be valid values. |  |
| X223.220.2300.H106-1.020 | H106-1 |  |  |  |  |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H106-1 must = "BF". | ICD-9 Only period |
| X223.220.2300.H106-1.030 | H066-1 |  |  |  |  |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300. H H06-1 must = "ABF". | ICD-10 Only period - assumes no dual-use after mandated date. |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \\ \hline \end{gathered}$ | Segment or Element | Description | ID | $\begin{aligned} & \text { Min. } \\ & \text { Max. } \end{aligned}$ | $\begin{array}{\|c} \hline \text { Usage } \\ \text { Req. } \end{array}$ | Loop | $\begin{gathered} \text { Loop } \\ \text { Repeat } \\ \hline \end{gathered}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\begin{array}{\|c\|c\|} \hline \text { TA111 } \\ \text { 999/ } \\ \text { 277CA } \\ \hline \end{array}$ | Accept/ Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.220.2300.H106-2.010 | H106-2 | Other Diagnosis | AN | 1-30 | R |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 255: "Diagnosis Code" | If $2300 . \mathrm{HI} 06-1$ is "BF" then 2300. HI06-2 must be a valid ICD-9 Diagnosis code. | ICD-9 Only period. Valid ICD-9 Diagnosis Code reference must be available for this edit. |
| X223.220.2300.H106-2.020 | H106-2 |  |  |  |  |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information... CSC 255: "Diagnosis Code" | If $2300 . \mathrm{HIO}-1$ is "ABF" then $2300 . \mathrm{HI} 06-2$ must be a valid ICD-10 Diagnosis code. | ICD-10 Only period. Valid ICD-10 Diagnosis code reference must be available for this edit |
| х223.220.2300.H106-2.030 | H106-2 |  |  |  |  |  |  |  | 999 | E | IK403 = 6: "Invalid Character in Data Element" | 2300.H106-2 must not contain a ".". |  |
| X223.220.2300.H106-2.040 | H06-2 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information... CSC 511: "Invalid character" CSC 255: "Diaanosis Code" |  |  |
| X223.220.2300.H106-3.010 | H106-3 | $\begin{array}{\|c\|} \hline \begin{array}{c} \text { Date Time Period Format } \\ \text { Qualifier } \end{array} \\ \hline \end{array}$ | ID | 2-3 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = } 110: \text { "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300. H106-3 must not be present. |  |
| X223.220.2300.H106-4.010 | H106-4 | Date Time Period | AN | 1-35 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not | 2300.H106-4 must not be present. |  |
| X223.220.2300.H106-5.010 | H106-5 | Monetary Amount | R | 1-18 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300.H106-5 must not be present. |  |
| X223.220.2300.H106-6.010 | H06-6 | Quantity | R | 1-15 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not | 2300.H106-6 must not be present. |  |
| X223.220.2300.H106-7.010 | H106-7 | Version Identifier | AN | 1-30 | N/U |  |  |  | 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 | AN | 1-30 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \\ & \hline \end{aligned}$ | 2300. H106-8 must not be present. |  |
| X223.220.2300.H106-9.010 | H006-9 | Present on Admission indicator | ID | 1-1 | s |  |  | N, U, W, Y | 999 | R | 1 1403 = 7: "Invalid Code Value" | 2300.H106-9 must be valid values. |  |
| X223.220.2300.H107.010 | H107 | HEALTH CARE CODE INFORMATION |  |  | s |  |  |  | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | $2300 . \mathrm{HIO} 07$ can only be present if $2300 . \mathrm{HIO6}$ is present. |  |
| $\times 223.220 .2300 . \mathrm{H107-1.010}$ | H107-1 | Code List Qualifier Code | ID | 1-3 | R |  |  | ABF, BF | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300. $\mathrm{H} 107-1$ must be valid values. |  |
| $\times 223.220 .2300 . \mathrm{H107-1.020}$ | H07-1 |  |  |  |  |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H107-1 must = "BF". | ICD-9 Only period |
| X223.220.2300.H107-1.030 | H107-1 |  |  |  |  |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H107-1 must = "ABF". | ICD-10 Only period - assumes no dual-use after mandated date. |
| X223.220.2300.H107-2.010 | H07-2 | Other Diagnosis | AN | 1-30 | R |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 255: "Diagnosis Code" | If $2300 . \mathrm{HIO7-1}$ is "BF" then 2300. HIO1-2 must be a valid ICD-9 Diagnosis code. | ICD-9 Only period. <br> Valid ICD-9 Diagnosis Code reference must be available for this edit |
| X223.220.2300.H107-2.020 | H07-2 |  |  |  |  |  |  |  | 277 | C | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 255: "Diagnosis Code" | If 2300. HIO7-1 is "ABF" then 2300. HIO7-2 must be a valid ICD-10 Diagnosis code. | $\begin{aligned} & \text { eal--10 Only period. } \\ & \text { ICDalid ICD-10 Diagnosis code } \\ & \text { reference must be available for this } \\ & \text { edit. } \\ & \hline \end{aligned}$ |
| X223.220.2300.H107-2.030 | H07-2 |  |  |  |  |  |  |  | 999 | E | IK403 = 6: "Invalid Character in Data Element" | 2300.H07-2 must not contain a ".". |  |
| X223.220.2300.H107-2.040 | H07-2 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement 1Rejected for Invalid Information..." CSC 511: "nvalid character" CSC 255:"Diaanosis Code" |  |  |
| X223.220.2300.H107-3.010 | H07-3 | Date Time Period Format Qualifier | ID | 2-3 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300.H107-3 must not be present. |  |
| X223.220.2300.H107-4.010 | H07-4 | Date Time Period | AN | 1-35 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300.H107-4 must not be present. |  |
| X223.220.2300.H107-5.010 | H07-5 | Monetary Amount | R | 1-18 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300.H107-5 must not be present. |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | Segment or Element | Description | ID | $\begin{aligned} & \text { Min. } \\ & \text { Max. } \end{aligned}$ | Usage | Loop | $\underset{\text { Repeat }}{\text { Loop }}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\begin{gathered} \text { TA1/ } \\ \text { 999/ } \\ \text { 277CA } \end{gathered}$ | Accept/ | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.220.2300.H107-6.010 | H107-6 | Quantity | R | 1-15 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300. H107-6 must not be present. |  |
| X223.220.2300.H107-7.010 | H07-7 | Version Identifier | AN | 1-30 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H107-7 must not be present. |  |
| X223.220.2300.H107-8.010 | H007-8 | Industry code | AN | 1-30 | N/U |  |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300. H107-8 must not be present. |  |
| х223.220.2300.H107-9.010 | H107-9 | Present on Admission indicator | ID | 1-1 | s |  |  | N, U, W, Y | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H107-9 must be valid values. |  |
| X223.220.2300.H108.010 | H08 | HEALTH CARE CODE INFORMATION |  |  | s |  |  |  | 999 | R | IK403 = 2: "Conditional Required Data Element Missind" | $2300 . \mathrm{HI} 08$ can only be present if 2300 . $\mathrm{HIO7}$ is present. |  |
| х223.220.2300.H108-1.010 | H008-1 | Code List Qualifier Code | ID | 1-3 | R |  |  | ABF, BF | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300. $\mathrm{H} 108-1$ must be valid values. |  |
| х223.220.2300.H108-1.020 | H108-1 |  |  |  |  |  |  |  | 999 | R | 1 K 403 = 7: "Invalid Code Value" | 2300. $\mathrm{Hl108-1}$ must = "BF". | ICD-9 Only period |
| х223.220.2300.H108-1.030 | H08-1 |  |  |  |  |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300. H (08-1 must = "ABF". | ICD-10 Only period - assumes no dual-use after mandated date. |
| X223.220.2300.H108-2.010 | H008-2 | Other Diagnosis | AN | 1-30 | R |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 255: "Diagnosis Code" | If $2300 . \mathrm{HI} 08-1$ is "BF" then $2300 . \mathrm{H} 108-2$ must be a valid ICD-9 Diagnosis code. | ICD-9 Only period. <br> Valid ICD-9 Diagnosis Code reference must be available for this edit |
| X223.220.2300.H108-2.020 | H008-2 |  |  |  |  |  |  |  | 277 | C | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 255: "Diagnosis Code" | If 2300. HIO8-1 is "ABF" then 2300 . HI08-2 must be a valid ICD-10 Diagnosis code. | ICD-10 Only period. Valid ICD-10 Diagnosis code reference must be available for this edit |
| X223.220.2300.H108-2.030 | H008-2 |  |  |  |  |  |  |  | 999 | E | IK403 = 6: "Invalid Character in Data Element" | 2300.H108-2 must not contain a ".". |  |
| X223.220.2300.H108-2.040 | H08-2 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 511: "Invalid character" CSC 255: "Diaanosis Code" |  |  |
| X223.220.2300.H108-3.010 | H108-3 | $\begin{array}{\|c\|} \hline \begin{array}{c} \text { Date Time Period Format } \\ \text { Qualifier } \end{array} \\ \hline \end{array}$ | ID | 2-3 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { 1K403 = =110: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H108-3 must not be present. |  |
| х223.220.2300.H108-4.010 | H008-4 | Date Time Period | AN | 1-35 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300.H108-4 must not be present. |  |
| х223.220.2300.H108-5.010 | H108-5 | Monetary Amount | R | 1-18 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H108-5 must not be present. |  |
| X223.220.2300.H108-6.010 | H108-6 | Quantity | R | 1-15 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300.H108-6 must not be present. |  |
| X223.220.2300.H108-7.010 | H008-7 | Version Identifier | AN | 1-30 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300.H108-7 must not be present. |  |
| X223.220.2300.H108-8.010 | H108-8 | Industry code | AN | 1-30 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H108-8 must not be present. |  |
| X223.220.2300.H108-9.010 | H08-9 | Present on Admission indicator | ID | 1-1 | s |  |  | N, U, W, Y | 999 | R | 1 K 403 = 7 : "Invalid Code Value" | $2300 . \mathrm{H} 108-9$ must be valid values. |  |
| X223.220.2300.H109.010 | H09 | HEALTH CARE CODE INFORMATION |  |  | s |  |  |  | 999 | R | IK403 = 2: "Conditional Required Data Element Missind" | 2300. H109 can only be present if 2300 . H108 is present. |  |
| х223.220.2300.H109-1.010 | H109-1 | Code List Qualifier Code | ID | 1-3 | R |  |  | ABF, BF | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H109-1 must be valid values. |  |
| х223.220.2300.H109-1.020 | H109-1 |  |  |  |  |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H109-1 must = "BF". | ICD-9 Only period |
| X223.220.2300.H109-1.030 | H09-1 |  |  |  |  |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300. H Iog-1 must = "ABF". | ICD-10 Only period - assumes no dual-use after mandated date. |
| X223.220.2300.H109-2.010 | H109-2 | Other Diagnosis | AN | 1-30 | R |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 255: "Diagnosis Code" | If $2300 . \mathrm{HIO9-1}$ is "BF" then 2300. HIO9-2 must be a valid ICD-9 Diagnosis code. valid ICD-9 Diagnosis code. | ICD-9 Only period. <br> Valid ICD-9 Diagnosis Code reference must be available for this |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | Segment or Element | Description | ID | $\begin{aligned} & \text { Min. } \\ & \text { Max. } \end{aligned}$ | Usage | Loop | Loop Repeat | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\left.\begin{array}{\|c\|} \text { TA1/ } \\ \text { 999/ } \\ 277 C A \end{array} \right\rvert\,$ | $\begin{array}{\|l\|l\|} \hline \text { Accept } / \\ \text { Reject } \end{array}$ | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.220.2300.H109-2.020 | H09-2 |  |  |  |  |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 255: "Diagnosis Code" | If 2300.HIO9-1 is "ABF" then 2300. HI09-2 must be a valid ICD-10 Diagnosis code. | $\begin{array}{\|l} \hline \text { ICD-10 Only period. } \\ \text { Valid ICD-10 Diagnosis code } \\ \text { reference must be available for this } \\ \text { edit. } \end{array}$ |
| X223.220.2300.H109-2.030 | H09-2 |  |  |  |  |  |  |  | 999 | E | IK403 = 6: "Invalid Character in Data Element" | 2300.H109-2 must not contain a ".." |  |
| X223.220.2300.H109-2.040 | H109-2 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information... CSC 511: "Invalid character" CSC 255: "Diaanosis Code" |  |  |
| X223.220.2300.H109-3.010 | H109-3 | $\qquad$ | ID | 2-3 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = =110: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H109-3 must not be present. |  |
| X223.220.2300.H109-4.010 | H109-4 | Date Time Period | AN | 1-35 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H109-4 must not be present. |  |
| X223.220.2300.H109-5.010 | H09-5 | Monetary Amount | R | 1-18 | N/U |  |  |  | 999 | E | 1K403 = I10: "Implementation "Not Used" Element Present" | 2300. H109-5 must not be present. |  |
| X223.220.2300.H109-6.010 | H109-6 | Quantity | R | 1-15 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300. H109-6 must not be present. |  |
| X223.220.2300.H109-7.010 | H09-7 | Version Identifier | AN | 1-30 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H109-7 must not be present. |  |
| X223.220.2300.H109-8.010 | H109-8 | Industry code | AN | 1-30 | N/U |  |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300.H109-8 must not be present. |  |
| X223.220.2300.H109-9.010 | H09-9 | Present on Admission indicator | ID | 1-1 | s |  |  | N, U, W, Y | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H109-9 must be valid values. |  |
| X223.220.2300.H110.010 | H10 | HEALTH CARE CODE INFORMATION |  |  | s |  |  |  | 999 | R | IK403 = 2: "Conditional Required Data Element Missinq" | 2300 .HI10 can only be present if 2300 . HIO9 is present. |  |
| X223.220.2300.H110-1.010 | H110-1 | Code List Qualifier Code | ID | 1-3 | R |  |  | ABF, BF | 999 | R | 11403 = 7: "Invalid Code Value" | 2300.H110-1 must be valid values. |  |
| X223.220.2300.H110-1.020 | H110-1 |  |  |  |  |  |  |  | 999 | R | 11403 = 7: "Invalid Code Value" | 2300.H110-1 must = "BF". | ICD-9 Only period |
| X223.220.2300.H110-1.030 | H110-1 |  |  |  |  |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300. $\mathrm{H} 110-1$ must = "ABF". | ICD-10 Only period - assumes no dual-use after mandated date. |
| X223.220.2300.H110-2.010 | H110-2 | Other Diagnosis | AN | 1-30 | R |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 255: "Diagnosis Code" | If $2300 . \mathrm{HI} 10-1$ is "BF" then 2300 . H110-2 must be a valid ICD- 9 Diagnosis code. | ICD-9 Only period. <br> Valid ICD-9 Diagnosis Code <br> reference must be available for this <br> edit |
| X223.220.2300.H110-2.020 | H110-2 |  |  |  |  |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 255: "Diagnosis Code" | If 2300. H110-1 is "ABF" then 2300. HI10-2 must be a valid ICD-10 Diagnosis code. | ICD-10 Only period. Valid ICD-10 Diagnosis code reference must be available for this edit. |
| X223.220.2300.H110-2.030 | H110-2 |  |  |  |  |  |  |  | 999 | E | IK403 = 6: "Invalid Character in Data Element" | 2300.H110-2 must not contain a ".". |  |
| X223.220.2300.H110-2.040 | H110-2 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information... CSC 511: "Invalid character" CSC 255: "Diadnosis Code" |  |  |
| X223.220.2300.H110-3.010 | H110-3 | Date Time Period Format Qualifier | ID | 2-3 | N/U |  |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300.H110-3 must not be present. |  |
| X223.220.2300.H110-4.010 | H110-4 | Date Time Period | AN | 1-35 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300.H110-4 must not be present. |  |
| X223.220.2300.H110-5.010 | H110-5 | Monetary Amount | R | 1-18 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H110-5 must not be present. |  |
| X223.220.2300.H110-6.010 | H110-6 | Quantity | R | 1-15 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H110-6 must not be present. |  |
| X223.220.2300.H110-7.010 | H110-7 | Version Identifier | AN | 1-30 | N/U |  |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Flement Present" | 2300.H110-7 must not be present. |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | Segment or Element | Description | ID | Min. Max. | $\begin{gathered} \text { Usage } \\ \text { Req. } \end{gathered}$ | Loop | $\underset{\text { Repeat }}{\text { Loop }}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\left\|\begin{array}{c} \text { TA111 } \\ \text { 999/ } \\ 277 C A \end{array}\right\|$ | Accept/ Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.220.2300.H110-8.010 | H110-8 | Industry code | AN | 1-30 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = 110: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300. H110-8 must not be present. |  |
| X223.220.2300.H110-9.010 | H110-9 | Present on Admission indicator | ID | 1-1 | s |  |  | N, U, W, Y | 999 | R | $1 \mathrm{~K} 403=7$ : "Invalid Code Value" | 2300.H110-9 must be valid values. |  |
| X223.220.2300.H111.010 | H11 | HEALTH CARE CODE INFORMATION |  |  | s |  |  |  | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | $2300 . \mathrm{H} 111$ can only be present if 2300 .H110 is present. |  |
| X223.220.2300.H111-1.010 | H111-1 | Code List Qualifier Code | ID | 1-3 | R |  |  | ABF, BF | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300. H111-1 must be valid values. |  |
| Х223.220.2300.H111-1.020 | H111-1 |  |  |  |  |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300. $\mathrm{H} 111-1$ must = "BF". | ICD-9 Only period |
| X223.220.2300.H111-1.030 | H111-1 |  |  |  |  |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H111-1 must = "ABF". | ICD-10 Only period - assumes no dual-use after mandated date. |
| X223.220.2300.H111-2.010 | H111-2 | Other Diagnosis | AN | 1-30 | R |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 255: "Diagnosis Code" | If $2300 . \mathrm{HI} 11-1$ is "BF" then 2300 . $\mathrm{H} 111-2$ must be a valid ICD- 9 Diagnosis code. | ICD-9 Only period. <br> Valid ICD-9 Diagnosis Code 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.H111-1 is "ABF" then 2300. HI11-2 must be a valid ICD-10 Diagnosis code. | ICD-10 Only period. <br> Valid ICD- 10 Diagnosis code <br> reference must be available for this <br> edit. |
| X223.220.2300.H111-2.030 | H111-2 |  |  |  |  |  |  |  | 999 | E | IK403 = 6: "Invalid Character in Data Element" | 2300.H111-2 must not contain a ".". |  |
| X223.220.2300.H111-2.040 | H111-2 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement <br> /Rejected for Invalid Information..." <br> CSC 511: "Invalid character" <br> CSC 255: "Diaanosis Code" |  |  |
| X223.220.2300.H111-3.010 | H111-3 | Date Time Period Format Qualifier | ID | 2-3 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = 110: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300. H111-3 must not be present. |  |
| X223.220.2300.H111-4.010 | H111-4 | Date Time Period | AN | 1-35 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H111-4 must not be present. |  |
| X223.220.2300.H111-5.010 | H111-5 | Monetary Amount | R | 1-18 | N/U |  |  |  | 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 | R | 1-15 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300.H111-6 must not be present. |  |
| X223.220.2300.H111-7.010 | H111-7 | Version Identifier | AN | 1-30 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H111-7 must not be present. |  |
| X223.220.2300.H111-8.010 | H111-8 | Industry code | AN | 1-30 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H111-8 must not be present. |  |
| X223.220.2300.H111-9.010 | H111-9 | $\begin{gathered} \hline \begin{array}{c} \text { Present on Admission } \\ \text { indicator } \end{array} \\ \hline \end{gathered}$ | ID | 1-1 | s |  |  | N, U, W, Y | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H111-9 must be valid values. |  |
| X223.220.2300.H112.010 | H12 | HEALTH CARE CODE INFORMATION |  |  | S |  |  |  | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | 2300.H112 can only be present if $2300 . \mathrm{H} 111$ is present. |  |
| х223.220.2300.H112-1.010 | H112-1 | Code List Qualifier Code | ID | 1-3 | R |  |  | ABF, BF | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H112-1 must be valid values. |  |
| X223.220.2300.H112-1.020 | H112-1 |  |  |  |  |  |  |  | 999 | R | $1 \mathrm{~K} 403=7$ : "Invalid Code Value" | 2300.H112-1 must = "BF". | ICD-9 Only period |
| X223.220.2300.H112-1.030 | H12-1 |  |  |  |  |  |  |  | 999 | R | 1K403 = 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 | AN | 1-30 | R |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 255: "Diagnosis Code" | If $2300 . \mathrm{HI} 12-1$ is "BF" then 2300 . H112-2 must be a valid ICD-9 Diagnosis code. | ICD-9 Only period. <br> Valid ICD-9 Diagnosis Code reference must be available for this edit |
| X223.220.2300.H112-2.020 | H112-2 |  |  |  |  |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information... CSC 255: "Diagnosis Code" | If 2300. H112-1 is "ABF" then 2300. HI12-2 must be a valid ICD-10 Diagnosis code. | ICD-10 Only period. <br> Valid ICD-10 Diagnosis code <br> reference must be available for this <br> edit. |


| 8371 Edit Reference | Segment or Element | Description | ID | Min. | Usage | Loop | $\begin{aligned} & \text { Loop } \\ & \text { Repeat } \end{aligned}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\left\|\begin{array}{c} \text { TA1/ } \\ \text { 999/ } \\ \text { 277CA } \end{array}\right\|$ | Accept/ | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.220.2300.H112-2.030 | H12-2 |  |  |  |  |  |  |  | 999 | E | IK403 = 6: "Invalid Character in Data Element" | 2300.H112-2 must not contain a ".". |  |
| X223.220.2300.H112-2.040 | H112-2 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information... CSC 511: "Invalid character" CSC 255: "Diaanosis Code" |  |  |
| Х223.220.2300.H112-3.010 | H112-3 | $\begin{array}{\|c\|} \hline \begin{array}{c} \text { Date Time Period Format } \\ \text { Qualifier } \end{array} \\ \hline \end{array}$ | ID | 2-3 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H112-3 must not be present. |  |
| X223.220.2300.H112-4.010 | H12-4 | Date Time Period | AN | 1-35 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I } 10 \text { : "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H112-4 must not be present. |  |
| X223.220.2300.H112-5.010 | H12-5 | Monetary Amount | R | 1-18 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300.H112-5 must not be present. |  |
| X223.220.2300.H112-6.010 | H112-6 | Quantity | R | 1-15 | N/U |  |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300.H112-6 must not be present. |  |
| X223.220.2300.H112-7.010 | H122-7 | Version Identifier | AN | 1-30 | N/U |  |  |  | 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 | AN | 1-30 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not | 2300.H1012-8 must not be present. |  |
| X223.220.2300.H112-9.010 | H112-9 | Present on Admission indicator indicator | ID | 1-1 | s |  |  | N, U, W, Y | 999 | R | 11403 = 7: "Invalid Code Value" | 2300. H112-9 must be valid values. |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| $\begin{array}{\|l} \hline \text { X223.239.2300.HI.010 } \\ \text { edit deactivated } \end{array}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.239.2300.HI.020 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| $\begin{aligned} & \text { X222.239.2300.HII.030 } \\ & \text { eddit deactivated } \end{aligned}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| $\begin{aligned} & \text { X223.239.2300.HII } 040 \\ & \text { edit deactivated } \end{aligned}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.239.2300.H1.050 | HI | PRINCIPAL PROCEDURE INFORMATION |  | 1 | s | 2300 |  |  | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of $2300 . \mathrm{HI}$ with $\mathrm{H} 101-1=$ "BR" is allowed. | ICD-9 Only period |
| X223.239.2300.HI. 060 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.239.2300.H1.070 | HI |  |  |  |  |  |  |  | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2300 .HI with HI01-1 = "BBR" or is allowed. | ICD-10 Only period - assumes no dual-use after mandated date. |
| X223.239.2300.H101.010 | H01 | HEALTH CARE CODE INFORMATION |  |  | R |  |  |  |  |  |  |  |  |
| х223.239.2300.H101-1.010 | H01-1 | Code List Qualifier Code | ID | 1-3 | R |  |  | BBR, BR | 999 | R | 11403 = 7: "Invalid Code Value" | 2300. H01-1 must be valid values. |  |
| х223.239.2300.H101-1.020 | H01-1 |  |  |  |  |  |  |  | 999 | R | 1 K 403 = 7: "Invalid Code Value" | 2300. $\mathrm{H} 101-1$ must = "BR" | ICD-9 Only period |
| X223.239.2300.H101-1.030 | H01-1 |  |  |  |  |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300. $\mathrm{H} 101-1$ must = "BBR" | ICD-10 Only period - assumes no dual-use after mandated date. |
| х223.239.2300.H101-2.010 | H01-2 | Principal Procedure Code | AN | 1-30 | R |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information. CSC 465: "Principal Procedure Code for Service(s) Rendered" | If 2300.HIO1-1 is "BR" then 2300.HIO1-2 must be a valid ICD-9 Procedure code. | ICD-9 Only period. <br> Valid ICD-9 Procedure Code reference must be available for this edit |
| X223.239.2300.H101-2.020 | H01-2 |  |  |  |  |  |  |  | 277 | c | CSCC A7: "Acknowledgement <br> 1Rejected for Invalid Information..." <br> CSC 465: "Principal Procedure <br> Code for Service(s) Rendered" | If 2300. HO101-1 is "BBR" then 2300.HIO1-2 must be a valid ICD-10 Procedure code. | ICD-10 Only period. Valid ICD-10 Procedure Code reference must be available for this edit. |
| $\begin{aligned} & \text { X223.239.2300.HI01-2.030 } \\ & \text { edit deactivated } \\ & \hline \end{aligned}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.239.2300.H101-2.040 | H01-2 |  |  |  |  |  |  |  | 999 | E | IK403 = 6: "Invalid Character in Data Element" | 2300.H101-2 must not contain a ".". |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \\ \hline \end{gathered}$ | Segment or Element | Description | ID | $\begin{aligned} & \text { Min. } \\ & \text { Max. } \end{aligned}$ | $\begin{array}{\|c} \text { Usage } \\ \text { Req. } \\ \hline \end{array}$ | Loop | $\begin{gathered} \begin{array}{c} \text { Loop } \\ \text { Repeat } \end{array} \\ \hline \end{gathered}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\begin{array}{\|c} \text { TA1/ } \\ \text { 999/ } \\ 277 \mathrm{CA} \\ \hline \end{array}$ | Accept/ Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.239.2300.H101-2.050 | H01-2 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 511: "Invalid character" CSC 703: "Advanced Billing Concepts (ABC) code" |  |  |
| X223.239.2300.H101-3.010 | H01-3 | Date Time Period Format Qualifier | ID | 2-3 | s |  |  | D8 | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H101-3 must be valid values. |  |
| х223.239.2300.H101-4.010 | H001-4 | Date Time Period | AN | 1-35 | s |  |  |  | 999 | R | IK403 = 8: "Invalid Date" | 2300.HI01-4 must be a valid date in CCYYMMDD format. |  |
| х223.239.2300.H101-5.010 | H01-5 | Monetary Amount | R | 1-18 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300.H101-5 must not be present. |  |
| х223.239.2300.H101-6.010 | H01-6 | Quantity | R | 1-15 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300.H101-6 must not be present. |  |
| X223.239.2300.H101-7.010 | H01-7 | Version Identifier | AN | 1-30 | N/U |  |  |  | 999 | E | 1K403 = 110: "Implementation "Not Used" Element Present" | 2300.H101-7 must not be present. |  |
| X223.239.2300.H101-8.010 | H01-8 | Industry code | AN | 1-30 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H101-8 must not be present. |  |
| X223.239.2300.H101-9.010 | H01-9 | Present on Admission indicator | ID | 1-1 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { 1K403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H101-9 must not be present. |  |
| X223.239.2300.H102.010 | H102 | HEALTH CARE CODE INFORMATION |  |  | N/U |  |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300.H102 must not be present. |  |
| х223.239.2300. H 103.010 | H103 | $\begin{aligned} & \text { HEALTH CARE CODE } \\ & \text { INFORMATIN } \end{aligned}$ |  |  | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300.HIO3 must not be present. |  |
| X223.239.2300. H 104.010 | H104 | $\begin{aligned} & \text { HEALTH CARE CODE } \\ & \text { INFORMATIN } \end{aligned}$ |  |  | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300. H104 must not be present. |  |
| X223.239.2300.H105.010 | H105 | $\begin{aligned} & \text { HEALTH CARE CODE } \\ & \text { INFORMATION } \end{aligned}$ |  |  | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300. H105 must not be present. |  |
| X223.239.2300.H106.010 | H106 | $\begin{aligned} & \text { HEALTH CARE CODE } \\ & \text { INFORMATION } \\ & \hline \end{aligned}$ |  |  | N/U |  |  |  | 999 | E | 1K403 = 110: "Implementation "Not Used" Element Present" | 2300.H106 must not be present. |  |
| X223.239.2300.H107.010 | H107 | HEALTH CARE CODE INFORMATION |  |  | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H007 must not be present. |  |
| X223.239.2300.H108.010 | H108 | HEALTH CARE CODE INFORMATION |  |  | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H108 must not be present. |  |
| X223.239.2300. H 109.010 | H109 | HEALTH CARE CODE INFORMATION |  |  | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H109 must not be present. |  |
| X223.239.2300. H 110.010 | H110 | HEALTH CARE CODE INFORMATION |  |  | N/U |  |  |  | 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 |  |  | N/U |  |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300. H111 must not be present. |  |
| X223.239.2300.H112.010 | H112 | HEALTH CARE CODE INFORMATION |  |  | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \\ & \hline \end{aligned}$ | 2300. H112 must not be present. |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.242.2300.HI. 010 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| $\begin{aligned} & \text { X223.242.2300.HI. } 020 \\ & \text { edit deactivated } \\ & \hline \end{aligned}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.242.2300.HI.030 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| $\begin{array}{\|l} \hline \begin{array}{l} \text { X223.242.2300.HI. } 040 \\ \text { edit deactivated } \end{array} \\ \hline \end{array}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| х223.242.2300.H1.050 | HI | OTHER PROCEDURE INFORMATION |  | 2 | s | 2300 |  |  | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only two iterations of 2300.HI with H101-1 = "BQ" are allowed. | ICD-9 Only period |
| $\begin{aligned} & \text { X223.242.2300.HI. } 060 \\ & \text { edit teactivated } \end{aligned}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | Segment or | Description | ID | $\begin{aligned} & \text { Min. } \\ & \text { Max. } \end{aligned}$ | $\begin{array}{\|c} \text { Usage } \\ \text { Req. } \end{array}$ | Loop | $\begin{aligned} & \text { Loop } \\ & \text { Repeat } \end{aligned}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\begin{array}{\|c} \text { TA1/ } \\ \text { 999/ } \\ \text { 277CA } \\ \hline \end{array}$ | Accept/ Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.242.2300.H1.070 | HI |  |  |  |  |  |  |  | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only two iterations of $2300 . \mathrm{HI}$ with HIO1-1 = "BBQ" are allowed. | ICD-10 Only period - assumes no dual-use after mandated date. |
| X223.242.2300.H01.010 | H01 | HEALTH CARE CODE INFORMATION |  |  | R |  |  |  |  |  |  |  |  |
| х223.242.2300.H101-1.010 | H01-1 | Code List Qualifier Code | ID | 1-3 | R |  |  | BBQ, BQ | 999 | R | 11403 = 7: "Invalid Code Value" | 2300.H01-1 must be valid values. |  |
| х223.242.2300.H101-1.020 | H01-1 |  |  |  |  |  |  |  | 999 | R | 1 K 403 = 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 | 1K403 = 7: "Invalid Code Value" | 2300. H H01-1 $\mathrm{must}=$ "BBQ" . | ICD-10 Only period - assumes no dual-use after mandated date. |
| X223.242.2300.H101-2.010 | H01-2 | Procedure Code | AN | 1-30 | R |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 490: "Other Procedure Code for Service(s) Rendered" | If $2300 . \mathrm{HIO1}-1$ is "BQ" then $2300 . \mathrm{HIO1}-2$ must be a valid ICD-9 Procedure code. | ICD-9 Only period. <br> Valid ICD-9 Procedure Code reference must be available for this edit |
| X223.242.2300.H101-2.020 | H01-2 |  |  |  |  |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information... CSC 490: "Other Procedure Code for Service(s) Rendered" | If $2300 . \mathrm{HOO1-1}$ is "BBQ" then 2300. HI01-2 must be a valid ICD-10 Other Procedure code. | ICD-10 Only period. Valid ICD-10 Procedure Code reference must be available for this edit |
| X223.242.2300.H101-2.030 | H01-2 |  |  |  |  |  |  |  | 999 | E | IK403 = 6: "Invalid Character in Data | 2300.H01-2 must not contain a ".". |  |
| X223.242.2300.H101-2.040 | H01-2 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 511: "Invalid character" CSC 490: "Other Procedure Code for Service(s) Rendered" |  |  |
| X223.242.2300.H101-3.010 | H01-3 | Date Time Period Format Oualifier | ID | 2-3 | s |  |  | D8 | 999 | R | 1 K403 = 7: "Invalid Code Value" | 2300.H01-3 must be "D8". |  |
| X223.242.2300.H101-4.010 | H01-4 | Date Time Period | AN | 1-35 | s |  |  | CCYYMMDD | 999 | R | 1K403 = 8: "Invalid Date" | 2300.HI01-4 must be a valid date in CCYYMMDD |  |
| X223.242.2300.H101-5.010 | H01-5 | Monetary Amount | R | 1-18 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300. H101-5 must not be present. |  |
| Х223.242.2300.H101-6.010 | H01-6 | Quantity | R | 1-15 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300.H101-6 must not be present. |  |
| X223.242.2300.H101-7.010 | H01-7 | Version Identifier | AN | 1-30 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300.H101-7 must not be present. |  |
| X223.242.2300.H101-8.010 | H01-8 | Industry code | AN | 1-30 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300.H101-8 must not be present. |  |
| X223.242.2300.H101-9.010 | H01-9 | Yes/No Condition or response Code | ID | 1-1 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H101-9 must not be present. |  |
| X223.242.2300.H102.010 | H02 | HEALTH CARE CODE INFORMATION |  |  | s |  |  |  | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | $2300 . \mathrm{HIO}$ can only be present if $2300 . \mathrm{HIO}$ is present. |  |
| X223.242.2300.H102-1.010 | H102-1 | Code List Qualifier Code | ID | 1-3 | R |  |  | BBQ, BQ | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H102-1 must be valid values. |  |
| X223.242.2300.H102-1.020 | H102-1 |  |  |  |  |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H102-1 must = "BQ". | ICD-9 Only period |
| х223.242.2300.H102-1.030 | H02-1 |  |  |  |  |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300. H I02-1 must = "BBQ" . | ICD-10 Only period - assumes no dual-use after mandated date. |
| X223.242.2300.H102-2.010 | H02-2 | Procedure Code | AN | 1-30 | R |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 490: "Other Procedure Code for Service(s) Rendered" | If 2300.H102-1 is "BQ" then 2300. H102-2 must be a valid ICD-9 Procedure code. | ICD-9 Only period. <br> Valid ICD-9 Procedure Code reference must be available for this edit. |
| X223.242.2300.H102-2.020 | H102-2 |  |  |  |  |  |  |  | 277 | c | $\begin{aligned} & \hline \text { CSCC A7: "Acknowledgement } \\ & \text { /Rejected for Invalid Information..." } \\ & \text { CSC 490: "Other Procedure Code for } \\ & \text { Service(s) Rendered" } \\ & \hline \end{aligned}$ | If 2300.HIO2-1 is "BBQ" then 2300 .HIO2-2 must be a valid ICD-10 Procedure code. | ICD-10 Only period. Valid ICD-10 Procedure Code reference must be available for this edit. |
| X223.242.2300.H102-2.030 | H102-2 |  |  |  |  |  |  |  | 999 | E | IK403 = 6: "Invalid Character in Data | 2300.H02-2 must not contain a ".". |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \\ \hline \end{gathered}$ | Segment or Element | Description | ID | $\begin{aligned} & \text { Min. } \\ & \text { Max. } \end{aligned}$ | $\begin{array}{\|c} \text { Usage } \\ \text { Req. } \\ \hline \end{array}$ | Loop | $\begin{gathered} \text { Loop } \\ \text { Repeat } \\ \hline \end{gathered}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\begin{array}{\|c} \text { TA1/ } \\ 999 / \\ 277 C A \\ \hline \end{array}$ | Accept/ Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.242.2300.H102-2.040 | H102-2 |  |  |  |  |  |  |  | 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.H102-3.010 | H102-3 | Date Time Period Format Qualifier | ID | 2-3 | s |  |  | D8 | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H102-3 must be "D8". |  |
| х223.242.2300.H102-4.010 | H102-4 | Date Time Period | AN | 1-35 | s |  |  | CCYYMMDD | 999 | R | IK403 = 8: "Invalid Date" | 2300.HIO2-4 must be a valid date in CCYYMMDD format. |  |
| х223.242.2300.H102-5.010 | H102-5 | Monetary Amount | R | 1-18 | N/U |  |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300.H102-5 must not be present. |  |
| X223.242.2300.H102-6.010 | H102-6 | Quantity | R | 1-15 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300.H102-6 must not be present. |  |
| X223.242.2300.H102-7.010 | H102-7 | Version Identifier | AN | 1-30 | N/U |  |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300.H102-7 must not be present. |  |
| X223.242.2300.H102-8.010 | H102-8 | Industry code | AN | 1-30 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H102-8 must not be present. |  |
| X223.242.2300.H102-9.010 | H02-9 | Yes/No Condition or response Code | ID | 1-1 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK } 403 \text { = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H102-9 must not be present. |  |
| X223.242.2300.H103.010 | H03 | HEALTH CARE CODE INFORMATION |  |  | s |  |  |  | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | 2300 HIO3 can only be present if 2300 . HI02 is present. |  |
| X223.242.2300.H103-1.010 | H03-1 | Code List Qualifier Code | ID | 1-3 | R |  |  | BBQ, BQ | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H103-1 must be valid values. |  |
| х223.242.2300.H103-1.020 | H103-1 |  |  |  |  |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H103-1 must = "BQ". | ICD-9 Only period |
| х223.242.2300.H103-1.030 | H03-1 |  |  |  |  |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300. H IO3-1 must = "BBQ" . | ICD-10 Only period - assumes no dual-use after mandated date. |
| X223.242.2300.H103-2.010 | H03-2 | Procedure Code | AN | 1-30 | R |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information. CSC 490: "Other Procedure Code for Service(s) Rendered" | If 2300.HIO3-1 is "BQ" then 2300 .HIO3-2 must be a valid ICD-9 Procedure code. | ICD-9 Only period. <br> Valid ICD-9 Procedure Code reference must be available for this |
| X223.242.2300.H103-2.020 | H03-2 |  |  |  |  |  |  |  | 277 | c | $\begin{aligned} & \text { CSCC A7: "Acknowledgement } \\ & \text { /Rejected for Invalid Information..." } \\ & \text { CSC 490: "Other Procedure Code for } \\ & \text { Service(s) Rendered" } \\ & \hline \end{aligned}$ | If 2300.HIO3-1 is "BBQ" then 2300.HIO3-2 must be a valid ICD-10 Procedure code. | $\begin{array}{\|l} \hline \text { ICD- } 10 \text { Only period. } \\ \text { Valid ICD-10 Procedure Code } \\ \text { reference must be available for this } \\ \text { edit. } \end{array}$ |
| 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 | H03-3 | $\begin{array}{\|c\|} \hline \text { Date Time Period Format } \\ \text { Qualifier } \\ \hline \end{array}$ | ID | 2-3 | s |  |  | D8 | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300. H103-3 must be "D8". |  |
| X223.242.2300.H103-4.010 | H03-4 | Date Time Period | AN | 1-35 | s |  |  | CCYYMMDD | 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 | R | 1-18 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H103-5 must not be present. |  |
| X223.242.2300.H103-6.010 | H03-6 | Quantity | R | 1-15 | N/U |  |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300.H103-6 must not be present. |  |
| х223.242.2300.H103-7.010 | H103-7 | Version Identifier | AN | 1-30 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H103-7 must not be present. |  |
| X223.242.2300.H103-8.010 | H103-8 | Industry code | AN | 1-30 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H103-8 must not be present. |  |
| X223.242.2300.H103-9.010 | H03-9 | Yes/No Condition or response Code | ID | 1-1 | N/U |  |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300.H103-9 must not be present. |  |


| 8371 Edit Reference | Segment or Element | Description | ID | Min. | Usage | Loop | $\begin{aligned} & \text { Loop } \\ & \text { Repeat } \end{aligned}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\left\|\begin{array}{c} \text { TA1/ } \\ \text { 999/ } \\ \text { 277CA } \end{array}\right\|$ | Accept/ | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.242.2300.H104.010 | H04 | HEALTH CARE CODE INFORMATION |  |  | s |  |  |  | 999 | R | IK403 = 2: "Conditional Required Data Element Missinq" | $2300 . \mathrm{HIO4}$ can only be present if $2300 . \mathrm{HIO}$ is present. |  |
| х223.242.2300.H104-1.010 | H104-1 | Code List Qualifier Code | ID | 1-3 | R |  |  | BBQ, BQ | 999 | R | 1 K 403 = 7 : "Invalid Code Value" | 2300. H104-1 must be valid values. |  |
| X223.242.2300.H104-1.020 | H104-1 |  |  |  |  |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H104-1 must = "BQ". | ICD-9 Only period |
| X223.242.2300.H104-1.030 | H104-1 |  |  |  |  |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H104-1 must = "BBQ" . | ICD-10 Only period - assumes no dual-use after mandated date. |
| X223.242.2300.H104-2.010 | H104-2 | Procedure Code | AN | 1-30 | R |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 490: "Other Procedure Code for Service(s) Rendered" | If 2300.H104-1 is "BQ" then 2300. H104-2 must be a valid ICD-9 Procedure code. | ICD-9 Only period. Valid ICD-9 Procedure Code reference must be available for this edit |
| X223.242.2300.H104-2.020 | H104-2 |  |  |  |  |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information.... CSC 490: "Other Procedure Code for Service(s) Rendered" | If $2300 . \mathrm{HIO4-1}$ is "BBQ" then 2300 . HIO4-2 must be a valid ICD-10 Procedure code. | ICD-10 Only period. <br> Valid ICD-10 Procedure Code reference must be available for this edit. |
| X223.242.2300.H104-2.030 | H104-2 |  |  |  |  |  |  |  | 999 | E | IK403 = 6: "Invalid Character in Data Element" | 2300.H104-2 must not contain a ".". |  |
| 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 | ID | 2-3 | s |  |  | D8 | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H104-3 must be "D8". |  |
| X223.242.2300.H104-4.010 | H104-4 | Date Time Period | AN | 1-35 | s |  |  | CCYYMMDD | 999 | R | IK403 = 8: "Invalid Date" | 2300. HIO4-4 must be a valid date in CCYYMMDD |  |
| X223.242.2300.H104-5.010 | H104-5 | Monetary Amount | R | 1-18 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not | 2300. H104-5 must not be present. |  |
| X223.242.2300.H104-6.010 | H104-6 | Quantity | R | 1-15 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not | 2300.H104-6 must not be present. |  |
| X223.242.2300.H104-7.010 | H104-7 | Version Identifier | AN | 1-30 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H104-7 must not be present. |  |
| X223.242.2300. $\mathrm{H} 104-8.010$ | H104-8 | Industry code | AN | 1-30 | N/U |  |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300. H104-8 must not be present. |  |
| X223.242.2300.H104-9.010 | H104-9 | Yes/No Condition or response Code | ID | 1-1 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not <br> Used" Element Present" | 2300. H 104-9 must not be present. |  |
| X223.242.2300.H105.010 | H105 | HEALTH CARE CODE INFORMATION |  |  | S |  |  |  | 999 | R | IK403 = 2: "Conditional Required Data Element Missinq" | 2300. HI05 can only be present if 2300 . HIO4 is |  |
| X223.242.2300.H105-1.010 | H105-1 | Code List Qualifier Code | ID | 1-3 | R |  |  | BBQ, BQ | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300. H I05-1 l must be valid values. |  |
| х223.242.2300.H105-1.020 | H105-1 |  |  |  |  |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H105-1 must = "BQ". | ICD-9 Only period |
| X223.242.2300.H105-1.030 | H105-1 |  |  |  |  |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300. $\mathrm{H} 105-1$ must = "BBQ" | ICD-10 Only period - assumes no dual-use after mandated date. |
| X223.242.2300.H105-2.010 | H105-2 | Procedure Code | AN | 1-30 | R |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 490: "Other Procedure Code for Service(s) Rendered" | If 2300. H105-1 is "BQ" then 2300. H105-2 must be a valid ICD-9 Procedure code. | ICD-9 Only period. <br> Valid ICD-9 Procedure Code reference must be available for this edit |
| X223.242.2300.H105-2.020 | H105-2 |  |  |  |  |  |  |  | 277 | C | $\begin{aligned} & \hline \text { CSCC A7: "Acknowledgement } \\ & \text { 1Rejected for Invalid Information..." } \\ & \text { CSC 490: "Other Procedure Code for } \\ & \text { Service(s) Rendered" } \\ & \hline \text { IV 100 - C. HInvalid } \end{aligned}$ | If 2300. HIO5-1 is "BBQ" then 2300 . HIO5-2 must be a valid ICD-10 Procedure code. | ICD-10 Only period. <br> Valid ICD-10 Procedure Code reference must be available for this edit. |
| X223.242.2300.H105-2.030 | H05-2 |  |  |  |  |  |  |  | 999 | E | IK403 = 6: "Invalid Character in Data | 2300.H105-2 must not contain a ".". |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \\ \hline \end{gathered}$ | Segment or Element | Description | ID | $\begin{aligned} & \text { Min. } \\ & \text { Max. } \end{aligned}$ | $\begin{array}{\|c} \text { Usage } \\ \text { Req. } \\ \hline \end{array}$ | Loop | $\begin{gathered} \text { Loop } \\ \text { Repeat } \\ \hline \end{gathered}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\begin{array}{\|c} \text { TA1/ } \\ 999 / \\ 277 C A \\ \hline \end{array}$ | Accept/ Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.242.2300.H105-2.040 | H105-2 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information... CSC 511: "Invalid character" CSC 490: "Other Procedure Code for Service(s) Rendered" |  |  |
| X223.242.2300.H105-3.010 | H105-3 | Date Time Period Format Qualifier | ID | 2-3 | s |  |  | D8 | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H105-3 must be "D8". |  |
| х223.242.2300.H105-4.010 | H105-4 | Date Time Period | AN | 1-35 | s |  |  | CCYYMMDD | 999 | R | IK403 = 8: "Invalid Date" | 2300. HIO5-4 must be a valid date in CCYYMMDD format. |  |
| х223.242.2300.H105-5.010 | H105-5 | Monetary Amount | R | 1-18 | N/U |  |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300.H105-5 must not be present. |  |
| X223.242.2300.H105-6.010 | H105-6 | Quantity | R | 1-15 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300.H105-6 must not be present. |  |
| X223.242.2300.H105-7.010 | H105-7 | Version Identifier | AN | 1-30 | N/U |  |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300.H105-7 must not be present. |  |
| X223.242.2300.H105-8.010 | H105-8 | Industry code | AN | 1-30 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H105-8 must not be present. |  |
| X223.242.2300.H105-9.010 | H105-9 | Yes/No Condition or response Code | ID | 1-1 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK } 403 \text { = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300. $\mathrm{H} 105-9$ must not be present. |  |
| X223.242.2300.H106.010 | H06 | HEALTH CARE CODE INFORMATION |  |  | s |  |  |  | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | $2300 . \mathrm{HIO}$ can only be present if 2300 . HIO 5 is present. |  |
| X223.242.2300.H106-1.010 | H06-1 | Code List Qualifier Code | ID | 1-3 | R |  |  | BBQ, BQ | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300. $\mathrm{H} 106-1$ must be valid values. |  |
| х223.242.2300.H106-1.020 | H106-1 |  |  |  |  |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300. $\mathrm{HlO6-1}$ must = "BQ". | ICD-9 Only period |
| X223.242.2300.H106-1.030 | H06-1 |  |  |  |  |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300. $\mathrm{Hl06}$-1 must = "BBQ" . | ICD-10 Only period - assumes no dual-use after mandated date. |
| X223.242.2300.H106-2.010 | H106-2 | Procedure Code | AN | 1-30 | R |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information. CSC 490: "Other Procedure Code for Service(s) Rendered" | If $2300 . \mathrm{HI} 06-1$ is "BQ" then $2300 . \mathrm{HIO6}-2$ must be a valid ICD-9 Procedure code. | ICD-9 Only period. <br> Valid ICD-9 Procedure Code reference must be available for this |
| X223.242.2300.H106-2.020 | H106-2 |  |  |  |  |  |  |  | 277 | c | $\begin{aligned} & \text { CSCC A7: "Acknowledgement } \\ & \text { /Rejected for Invalid Information..." } \\ & \text { CSC 490: "Other Procedure Code for } \\ & \text { Service(s) Rendered" } \\ & \hline \end{aligned}$ | If 2300.HIO6-1 is "BBQ" then 2300.HIO6-2 must be a valid ICD-10 Procedure code. | $\begin{array}{\|l} \hline \text { ICD- } 10 \text { Only period. } \\ \text { Valid ICD-10 Procedure Code } \\ \text { reference must be available for this } \\ \text { edit. } \end{array}$ |
| X223.242.2300.H106-2.030 | H06-2 |  |  |  |  |  |  |  | 999 | E | IK403 = 6: "Invalid Character in Data Element" | 2300.H106-2 must not contain a ".." |  |
| X223.242.2300.H106-2.040 | H06-2 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 511: "Invalid character" CSC 490: "Other Procedure Code for Service(s) Rendered" |  |  |
| X223.242.2300.H106-3.010 | H06-3 | $\begin{array}{\|c\|} \hline \text { Date Time Period Format } \\ \text { Qualifier } \\ \hline \end{array}$ | ID | 2-3 | s |  |  | D8 | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300. H106-3 must be "D8". |  |
| X223.242.2300.H106-4.010 | H06-4 | Date Time Period | AN | 1-35 | s |  |  | CCYYMMDD | 999 | R | IK403 = 8: "Invalid Date" | 2300. HIO6-4 must be a valid date in CCYYMMDD format. |  |
| X223.242.2300.H106-5.010 | H106-5 | Monetary Amount | R | 1-18 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H106-5 must not be present. |  |
| X223.242.2300.H106-6.010 | H06-6 | Quantity | R | 1-15 | N/U |  |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300.H106-6 must not be present. |  |
| X223.242.2300.H106-7.010 | H106-7 | Version Identifier | AN | 1-30 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H106-7 must not be present. |  |
| X223.242.2300.H106-8.010 | H106-8 | Industry code | AN | 1-30 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H106-8 must not be present. |  |
| X223.242.2300.H106-9.010 | H106-9 | Yes/No Condition or response Code | ID | 1-1 | N/U |  |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300.H106-9 must not be present. |  |


| 8371 Edit Reference | Segment or Element | Description | ID | Min. | Usage | Loop | $\begin{aligned} & \text { Loop } \\ & \text { Repeat } \end{aligned}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\left\|\begin{array}{c} \text { TA1/ } \\ \text { 999/ } \\ \text { 277CA } \end{array}\right\|$ | Accept/ | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.242.2300.H107.010 | H07 | HEALTH CARE CODE INFORMATION |  |  | s |  |  |  | 999 | R | IK403 = 2: "Conditional Required Data Element Missinq" | $2300 . \mathrm{HIO7}$ can only be present if 2300 . HI06 is present. |  |
| х223.242.2300.H107-1.010 | H107-1 | Code List Qualifier Code | ID | 1-3 | R |  |  | BBQ, BQ | 999 | R | 1 K 403 = 7 : "Invalid Code Value" | 2300.H107-1 must be valid values. |  |
| х223.242.2300.H107-1.020 | H107-1 |  |  |  |  |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H107-1 must = "BQ". | ICD-9 Only period |
| X223.242.2300.H107-1.030 | H107-1 |  |  |  |  |  |  |  | 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 | AN | 1-30 | R |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 490: "Other Procedure Code for Service(s) Rendered" | If 2300.HIOT-1 is "BQ" then 2300 .HIOT-2 must be a valid ICD-9 Procedure code. | ICD-9 Only period. Valid ICD-9 Procedure Code reference must be available for this edit |
| X223.242.2300.H107-2.020 | H07-2 |  |  |  |  |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information.... CSC 490: "Other Procedure Code for Service(s) Rendered" | If 2300. HIO7-1 is "BBQ" then 2300. HIO7-2 must be a valid ICD-10 Procedure code. | ICD-10 Only period. <br> Valid ICD-10 Procedure Code reference must be available for this edit. |
| X223.242.2300.H107-2.030 | H07-2 |  |  |  |  |  |  |  | 999 | E | IK403 = 6: "Invalid Character in Data Element" | 2300.H107-2 must not contain a ".". |  |
| X223.242.2300.H107-2.040 | H07-2 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 511: "Invalid character" CSC 490: "Other Procedure Code for Service(s) Rendered" |  |  |
| X223.242.2300.H107-3.010 | H07-3 | Date Time Period Format Qualifier | ID | 2-3 | s |  |  | D8 | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H107-3 must be "D8". |  |
| X223.242.2300.H107-4.010 | H107-4 | Date Time Period | AN | 1-35 | s |  |  | CCYYMMDD | 999 | R | IK403 = 8: "Invalid Date" | 2300. HIO7-4 must be a valid date in CCYYMMDD |  |
| X223.242.2300.H107-5.010 | H07-5 | Monetary Amount | R | 1-18 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not | 2300. H107-5 must not be present. |  |
| X223.242.2300.H107-6.010 | H107-6 | Quantity | R | 1-15 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not | 2300.H107-6 must not be present. |  |
| X223.242.2300.H107-7.010 | H107-7 | Version Identifier | AN | 1-30 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H107-7 must not be present. |  |
| X223.242.2300.H107-8.010 | H107-8 | Industry code | AN | 1-30 | N/U |  |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300.H107-8 must not be present. |  |
| X223.242.2300.H107-9.010 | H107-9 | Yes/No Condition or response Code | ID | 1-1 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not <br> Used" Element Present" | 2300.H107-9 must not be present. |  |
| X223.242.2300.H108.010 | H108 | HEALTH CARE CODE INFORMATION |  |  | S |  |  |  | 999 | R | IK403 = 2: "Conditional Required Data Element Missinq" | 2300.HI08 can only be present if 2300 . HIO is |  |
| X223.242.2300.H108-1.010 | H108-1 | Code List Qualifier Code | ID | 1-3 | R |  |  | BBQ, BQ | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300. $\mathrm{H} 108-1$ must be valid values. |  |
| х223.242.2300.H108-1.020 | H08-1 |  |  |  |  |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H108-1 must = "BQ". | ICD-9 Only period |
| X223.242.2300.H108-1.030 | H08-1 |  |  |  |  |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300. H 108 -1 must = "BBQ" | ICD-10 Only period - assumes no dual-use after mandated date. |
| X223.242.2300.H108-2.010 | H008-2 | Procedure Code | AN | 1-30 | R |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 490: "Other Procedure Code for Service(s) Rendered" | If $2300 . \mathrm{HIO}-1$ is "BQ" then $2300 . \mathrm{HIO} 0-2$ must be a valid ICD-9 Procedure code. | ICD-9 Only period. <br> Valid ICD-9 Procedure Code reference must be available for this edit |
| X223.242.2300.H108-2.020 | H108-2 |  |  |  |  |  |  |  | 277 | C | $\begin{aligned} & \hline \text { CSCC A7: "Acknowledgement } \\ & \text { 1Rejected for Invalid Information..." } \\ & \text { CSC 490: "Other Procedure Code for } \\ & \text { Service(s) Rendered" } \\ & \hline \text { IV 100 - C. HInvalid } \end{aligned}$ | If 2300. HIO8-1 is "BBQ" then 2300. HI08-2 must be a valid ICD-10 Procedure code. | ICD-10 Only period. <br> Valid ICD-10 Procedure Code reference must be available for this edit. |
| X223.242.2300.H108-2.030 | H08-2 |  |  |  |  |  |  |  | 999 | E | IK403 = 6: "Invalid Character in Data | 2300.H108-2 must not contain a ".". |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \\ \hline \end{gathered}$ | Segment or Element | Description | ID | $\begin{aligned} & \text { Min. } \\ & \text { Max. } \end{aligned}$ | $\begin{array}{\|c} \text { Usage } \\ \text { Req. } \\ \hline \end{array}$ | Loop | $\begin{gathered} \text { Loop } \\ \text { Repeat } \\ \hline \end{gathered}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\begin{array}{\|c} \text { TA1/ } \\ 999 / \\ 277 C A \\ \hline \end{array}$ | Accept/ Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.242.2300.H108-2.040 | H108-2 |  |  |  |  |  |  |  | 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.H108-3.010 | H108-3 | Date Time Period Format Qualifier | ID | 2-3 | s |  |  | D8 | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H108-3 must be "D8". |  |
| х223.242.2300.H108-4.010 | H008-4 | Date Time Period | AN | 1-35 | s |  |  | CCYYMMDD | 999 | R | IK403 = 8: "Invalid Date" | 2300.HIO8-4 must be a valid date in CCYYMMDD format. |  |
| х223.242.2300. H 108 -5.010 | H108-5 | Monetary Amount | R | 1-18 | N/U |  |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300.H108-5 must not be present. |  |
| X223.242.2300.H108-6.010 | H108-6 | Quantity | R | 1-15 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300.H108-6 must not be present. |  |
| X223.242.2300.H108-7.010 | H108-7 | Version Identifier | AN | 1-30 | N/U |  |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300.H108-7 must not be present. |  |
| X223.242.2300.H108-8.010 | H108-8 | Industry code | AN | 1-30 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H108-8 must not be present. |  |
| х223.242.2300.H108-9.010 | H108-9 | Yes/No Condition or response Code | ID | 1-1 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK } 403 \text { = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H108-9 must not be present. |  |
| X223.242.2300.H109.010 | H09 | HEALTH CARE CODE INFORMATION |  |  | s |  |  |  | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | 2300 HI09 can only be present if 2300 . HI08 is present. |  |
| X223.242.2300.H109-1.010 | H09-1 | Code List Qualifier Code | ID | 1-3 | R |  |  | BBQ, BQ | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H109-1 must be valid values. |  |
| х223.242.2300.H109-1.020 | H109-1 |  |  |  |  |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H109-1 must = "BQ". | ICD-9 Only period |
| х223.242.2300.H109-1.030 | H09-1 |  |  |  |  |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300. Hlog -1 must = "BBQ" . | ICD-10 Only period - assumes no dual-use after mandated date. |
| X223.242.2300.H109-2.010 | H09-2 | Procedure Code | AN | 1-30 | R |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information. CSC 490: "Other Procedure Code for Service(s) Rendered" | If 2300.HIO9-1 is "BQ" then $2300 . \mathrm{HIO9-2}$ must be a valid ICD-9 Procedure code. | ICD-9 Only period. <br> Valid ICD-9 Procedure Code reference must be available for this |
| X223.242.2300.H109-2.020 | H09-2 |  |  |  |  |  |  |  | 277 | c | $\begin{aligned} & \text { CSCC A7: "Acknowledgement } \\ & \text { /Rejected for Invalid Information..." } \\ & \text { CSC 490: "Other Procedure Code for } \\ & \text { Service(s) Rendered" } \\ & \hline \end{aligned}$ | If 2300.HIO9-1 is "BBQ" then 2300.HIO9-2 must be a valid ICD-10 Procedure code. | ICD-10 Only period. Valid ICD-10 Procedure Code reference must be available for this edit. |
| X223.242.2300.H109-2.030 | H099-2 |  |  |  |  |  |  |  | 999 | E | IK403 = 6: "Invalid Character in Data Element" | 2300.H109-2 must not contain a ".." |  |
| X223.242.2300.H109-2.040 | H09-2 |  |  |  |  |  |  |  | 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.H109-3.010 | H09-3 | $\begin{array}{\|c\|} \hline \text { Date Time Period Format } \\ \text { Qualifier } \\ \hline \end{array}$ | ID | 2-3 | s |  |  | D8 | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300. H109-3 must be "D8". |  |
| X223.242.2300.H109-4.010 | H099-4 | Date Time Period | AN | 1-35 | s |  |  | CCYYMMDD | 999 | R | IK403 = 8: "Invalid Date" | 2300. HIO9-4 must be a valid date in CCYYMMDD format. |  |
| X223.242.2300.H109-5.010 | H109-5 | Monetary Amount | R | 1-18 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H109-5 must not be present. |  |
| X223.242.2300.H109-6.010 | H109-6 | Quantity | R | 1-15 | N/U |  |  |  | 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 | AN | 1-30 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H109-7 must not be present. |  |
| X223.242.2300.H109-8.010 | H109-8 | Industry code | AN | 1-30 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H109-8 must not be present. |  |
| X223.242.2300.H109-9.010 | H09-9 | Yes/No Condition or response Code | ID | 1-1 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300.H109-9 must not be present. |  |


| 8371 Edit Reference | Segment or Element | Description | ID | Min. | Usage | Loop | $\begin{aligned} & \text { Loop } \\ & \text { Repeat } \end{aligned}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\left\|\begin{array}{c} \text { TA1/ } \\ \text { 999/ } \\ \text { 277CA } \end{array}\right\|$ | Accept/ | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.242.2300.H110.010 | H10 | HEALTH CARE CODE INFORMATION |  |  | S |  |  |  | 999 | R | IK403 = 2: "Conditional Required Data Element Missinq" | 2300. H110 can only be present if 2300 . HIO 0 is |  |
| х223.242.2300.H110-1.010 | H110-1 | Code List Qualifier Code | ID | 1-3 | R |  |  | BBQ, BQ | 999 | R | 1 K 403 = 7 : "Invalid Code Value" | 2300.H110-1 must be valid values. |  |
| X223.242.2300.H110-1.020 | H110-1 |  |  |  |  |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H110-1 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 | AN | 1-30 | R |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 490: "Other Procedure Code for Service(s) Rendered" | If $2300 . \mathrm{HI} 10-1$ is "BQ" then 2300 . $\mathrm{H} 110-2$ must be a valid ICD-9 Procedure code. | ICD-9 Only period. Valid ICD-9 Procedure Code reference must be available for this edit |
| X223.242.2300.H110-2.020 | H110-2 |  |  |  |  |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information.... CSC 490: "Other Procedure Code for Service(s) Rendered" | If $2300 . \mathrm{H} 10-1$ is "BBQ" then 2300 . $\mathrm{HI} 10-2$ must be a valid ICD-10 Procedure code. | ICD-10 Only period. <br> Valid ICD-10 Procedure Code reference must be available for this edit. |
| X223.242.2300.H110-2.030 | H110-2 |  |  |  |  |  |  |  | 999 | E | IK403 = 6: "Invalid Character in Data Element" | 2300.H110-2 must not contain a ".". |  |
| X223.242.2300.H110-2.040 | H110-2 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 511: "Invalid character" CSC 490: "Other Procedure Code for Service(s) Rendered" |  |  |
| X223.242.2300.H110-3.010 | H110-3 | $\begin{array}{\|c\|} \hline \text { Date Time Period Format } \\ \text { Qualifier } \end{array}$ | ID | 2-3 | s |  |  | D8 | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H110-3 must be "D8". |  |
| X223.242.2300.H110-4.010 | H110-4 | Date Time Period | AN | 1-35 | s |  |  | CCYYMMDD | 999 | R | IK403 = 8: "Invalid Date" | 2300.HI10-4 must be a valid date in CCYYMMDD format. |  |
| X223.242.2300.H110-5.010 | H110-5 | Monetary Amount | R | 1-18 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not | 2300. H110-5 must not be present. |  |
| X223.242.2300.H110-6.010 | H110-6 | Quantity | R | 1-15 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not | 2300. H110-6 must not be present. |  |
| X223.242.2300.H110-7.010 | H110-7 | Version Identifier | AN | 1-30 | N/U |  |  |  | 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 | AN | 1-30 | N/U |  |  |  | 999 | E | IK403 = 110: "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 | ID | 1-1 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not <br> Used" Element Present" | 2300.H110-9 must not be present. |  |
| X223.242.2300.H111.010 | H111 | HEALTH CARE CODE INFORMATION |  |  | S |  |  |  | 999 | R | IK403 = 2: "Conditional Required Data Element Missinq" | 2300. H111 can only be present if 2300 . HI10 is |  |
| х223.242.2300.H111-1.010 | H111-1 | Code List Qualifier Code | ID | 1-3 | R |  |  | BBQ, BQ | 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 | AN | 1-30 | R |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 490: "Other Procedure Code for Service(s) Rendered" | If 2300.HI11-1 is "BQ" then 2300. H111-2 must be a valid ICD-9 Procedure code. | ICD-9 Only period. <br> Valid ICD-9 Procedure Code reference must be available for this edit |
| X223.242.2300.H111-2.020 | H111-2 |  |  |  |  |  |  |  | 277 | C | $\begin{aligned} & \hline \text { CSCC A7: "Acknowledgement } \\ & \text { 1Rejected for Invalid Information..." } \\ & \text { CSC 490: "Other Procedure Code for } \\ & \text { Service(s) Rendered" } \\ & \hline \text { IV 100 - C. HInvalid } \end{aligned}$ | If 2300. HI11-1 is "BBQ" then 2300 . HI11-2 must be a valid ICD-10 Procedure code. | ICD-10 Only period. <br> Valid ICD-10 Procedure Code reference must be available for this edit. |
| X223.242.2300.H111-2.030 | H111-2 |  |  |  |  |  |  |  | 999 | E | IK403 = 6: "Invalid Character in Data | 2300.H111-2 must not contain a ".". |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \\ \hline \end{gathered}$ | Segment or Element | Description | ID | $\begin{aligned} & \text { Min. } \\ & \text { Max. } \end{aligned}$ | $\begin{array}{\|c} \text { Usage } \\ \text { Req. } \\ \hline \end{array}$ | Loop | $\begin{gathered} \text { Loop } \\ \text { Repeat } \\ \hline \end{gathered}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\begin{array}{\|c} \text { TA1/ } \\ 999 / \\ 277 C A \\ \hline \end{array}$ | Accept/ | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.242.2300.H111-2.040 | H111-2 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information... CSC 511: "Invalid character" CSC 490: "Other Procedure Code for Service(s) Rendered" |  |  |
| X223.242.2300.H111-3.010 | H111-3 | Date Time Period Format Qualifier | ID | 2-3 | s |  |  | D8 | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H111-3 must be "D8". |  |
| х223.242.2300.H111-4.010 | H111-4 | Date Time Period | AN | 1-35 | s |  |  | CCYYMMDD | 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 | R | 1-18 | N/U |  |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300.H111-5 must not be present. |  |
| X223.242.2300.H111-6.010 | H111-6 | Quantity | R | 1-15 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300.H111-6 must not be present. |  |
| X223.242.2300.H111-7.010 | H111-7 | Version Identifier | AN | 1-30 | N/U |  |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300.H111-7 must not be present. |  |
| X223.242.2300.H111-8.010 | H111-8 | Industry code | AN | 1-30 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H111-8 must not be present. |  |
| X223.242.2300.H111-9.010 | H111-9 | Yes/No Condition or response Code | ID | 1-1 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK } 403 \text { = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H111-9 must not be present. |  |
| X223.242.2300.H112.010 | H112 | HEALTH CARE CODE INFORMATION |  |  | s |  |  |  | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | $2300 . \mathrm{HI} 12$ can only be present if 2300 .HI11 is present. |  |
| X223.242.2300.H112-1.010 | H12-1 | Code List Qualifier Code | ID | 1-3 | R |  |  | BBQ, BQ | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H112-1 must be valid values. |  |
| х223.242.2300.H112-1.020 | H112-1 |  |  |  |  |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H112-1 must = "BQ". | ICD-9 Only period |
| X223.242.2300.H112-1.030 | H12-1 |  |  |  |  |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300. H (12-1 must = "BBQ" . | ICD-10 Only period - assumes no dual-use after mandated date. |
| X223.242.2300.H112-2.010 | H112-2 | Procedure Code | AN | 1-30 | R |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information. CSC 490: "Other Procedure Code for Service(s) Rendered" | If $2300 . \mathrm{HI} 12-1$ is "BQ" then 2300 . $\mathrm{H} 112-2$ must be a valid ICD-9 Procedure code. | ICD-9 Only period. <br> Valid ICD-9 Procedure Code reference must be available for this |
| X223.242.2300.H112-2.020 | H112-2 |  |  |  |  |  |  |  | 277 | c | $\begin{aligned} & \text { CSCC A7: "Acknowledgement } \\ & \text { /Rejected for Invalid Information..." } \\ & \text { CSC 490: "Other Procedure Code for } \\ & \text { Service(s) Rendered" } \\ & \hline \end{aligned}$ | If 2300.H112-1 is "BBQ" then 2300.HI12-2 must be a valid ICD-10 Procedure code. | ICD-10 Only period. Valid ICD-10 Procedure Code reference must be available for this edit. |
| X223.242.2300.H112-2.030 | H112-2 |  |  |  |  |  |  |  | 999 | E | IK403 = 6: "Invalid Character in Data Element" | 2300.H112-2 must not contain a ".." |  |
| X223.242.2300.H112-2.040 | H112-2 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 511: "Invalid character" CSC 490: "Other Procedure Code for Service(s) Rendered" |  |  |
| X223.242.2300.H112-3.010 | H12-3 | $\begin{array}{\|c\|} \hline \text { Date Time Period Format } \\ \text { Qualifier } \\ \hline \end{array}$ | ID | 2-3 | s |  |  | D8 | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H112-3 must be "D8". |  |
| X223.242.2300.H112-4.010 | H12-4 | Date Time Period | AN | 1-35 | s |  |  | CCYYMMDD | 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 | R | 1-18 | N/U |  |  |  | 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 | H12-6 | Quantity | R | 1-15 | N/U |  |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300.H112-6 must not be present. |  |
| X223.242.2300.H112-7.010 | H12-7 | Version Identifier | AN | 1-30 | N/U |  |  |  | 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 | AN | 1-30 | N/U |  |  |  | 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 | ID | 1-1 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300.H112-9 must not be present. |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | Segment or Element | Description | ID | $\begin{aligned} & \text { Min. } \\ & \text { Max. } \end{aligned}$ | Usage | Loop | $\begin{gathered} \text { Loop } \\ \text { Repeat } \\ \hline \end{gathered}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\left\|\begin{array}{c} \text { TA11 } \\ \text { 999/ } \\ 277 C A \end{array}\right\|$ | Accept/ Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.258.2300.HI.010 | HI | occurrence span INFORMATION |  | 2 | s | 2300 |  |  | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only two iterations of $2300 . \mathrm{HI}$ with HI01-1 = "BI" are allowed. |  |
| X223.258.2300.H101.010 | H01 | HEALTH CARE CODE INFORMATION |  |  | R |  |  |  |  |  |  |  |  |
| X223.258.2300.H101-1.010 | H01-1 | Code List Qualifier Code | ID | 1-3 | R |  |  | BI | 999 | R | IK403 = 7: "Invalid Code Value" | 2300. H101-1 must be "BI". |  |
| X223.258.2300.H01-2.010 | H01-2 | Occurrence Span Code | AN | 1-30 | R |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information... CSC 462: "NUBC Occrrence Span Code(s) and Date(s)" | If $2300 . \mathrm{HIO1-1}$ is "BI" then $2300 . \mathrm{H} 01-2$ 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 | Date Time Period Format Qualifier | ID | 2-3 | R |  |  | RD8 | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H101-3 must be "RD8". |  |
| X223.258.2300.H101-4.010 | H01-4 | Date Time Period | AN | 1-35 | R |  |  | CCYYMMDD-CCYYMMDD | 999 | R | IK403 = 8: "IIvalid Date" | 2300.HIO1-4 must be a valid date in CCYYMMDDCCYYMMDD format. |  |
| X223.258.2300.H101-5.010 | H01-5 | Monetary Amount | R | 1-18 | N/U |  |  |  | 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 | R | 1-15 | N/U |  |  |  | 999 | E | 1K403 = I10: "Implementation "Not Used" Element Present" | 2300. H101-6 must not be present. |  |
| X223.258.2300.H101-7.010 | H01-7 | Version Identifier | AN | 1-30 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { 1K403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H101-7 must not be present. |  |
| X223.258.2300.H101-8.010 | H101-8 | Industry code | AN | 1-30 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H101-8 must not be present. |  |
| X223.258.2300.H101-9.010 | H01-9 | Yes/No Condition or response Code | ID | 1-1 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { 1K403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300. $\mathrm{H} 101-9$ must not be present. |  |
| X223.258.2300.H102.010 | H02 | HEALTH CARE CODE INFORMATION |  |  | s |  |  |  | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | $2300 . \mathrm{HIO}$ can only be present if $2300 . \mathrm{HIO}$ is present. |  |
| X223.258.2300.H102-1.010 | H02-1 | Code List Qualifier Code | ID | 1-3 | R |  |  | BI | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H102-1 must be "BII". |  |
| X223.258.2300.H102-2.010 | H02-2 | Occurrence Span Code | AN | 1-30 | R |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information.. CSC 462: "NUBC Occrrence Span Code(s) and Date(s)" | If $2300 . \mathrm{HIO2}-1$ is "Bl" then $2300 . \mathrm{HIO} 2-2$ must be a valid Occurrence Span code. | Valid Occurrence Span Code reference must be available for this edit. |
| X223.258.2300.H02-3.010 | H02-3 | Date Time Period Format Qualifier | ID | 2-3 | R |  |  | RD8 | 999 | R | IK403 = 7: "Invalid Code Value" | 2300.H02-3 must be "RD8". |  |
| X223.258.2300.H102-4.010 | H02-4 | Date Time Period | AN | 1-35 | R |  |  | CCYYMMDD-CCYYMMDD | 999 | R | 1K403 = 8: "Invalid Date" | 2300.HIO2-4 must be a valid date in CCYYMMDDCCYYMMDD format. |  |
| X223.258.2300.H102-5.010 | H02-5 | Monetary Amount | R | 1-18 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { lK403 = 110: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300. $\mathrm{H} 102-5$ must not be present. |  |
| X223.258.2300.H102-6.010 | H022-6 | Quantity | R | 1-15 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300.H102-6 must not be present. |  |
| X223.258.2300.H102-7.010 | H02-7 | Version Identifier | AN | 1-30 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { LK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H102-7 must not be present. |  |
| X223.258.2300.H102-8.010 | H102-8 | Industry code | AN | 1-30 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { K403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H102-8 must not be present. |  |
| X223.258.2300.H102-9.010 | H102-9 | Yes/No Condition or response Code | ID | 1-1 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { 1K403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H102-9 must not be present. |  |
| X223.258.2300.H103.010 | H03 | HEALTH CARE CODE |  |  | s |  |  |  | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | 2300 .HIO3 can only be present if 2300 . HIO is present. |  |
| х223.258.2300.H103-1.010 | H03-1 | Code List Qualifier Code | ID | 1-3 | R |  |  | BI | 999 | R | \|K403 = 7: "Invalid Code Value" | 2300.HIO3-1 must be "BII". |  |
| X223.258.2300.H103-2.010 | H103-2 | Occurrence Span Code | AN | 1-30 | R |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information.. CSC 462: "NUBC Occrrence Span Code(s) and Date(s)" | If 2300 .HIO3-1 is "BI" then 2300.HIO3-2 must be a valid Occurrence Span code. | Valid Occurrence Span Code reference must be available for this edit. |
| X223.258.2300.H103-3.010 | H03-3 | $\underset{\substack{\text { Date Time Period Format } \\ \text { Oualifier }}}{ }$ | ID | 2-3 | R |  |  | RD8 | 999 | R | IK403 = 7: "Invalid Code Value" | 2300.H103-3 must be "RD8. |  |


| 8371 Edit Reference | Segment or | Description | ID | Min. Max. | Usage | Loop | $\begin{aligned} & \text { Loop } \\ & \text { Repeat } \end{aligned}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\left.\begin{gathered} \text { TA11 } \\ 999 / \\ 277 C A \end{gathered} \right\rvert\,$ | Accept/ | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.258.2300.H103-4.010 | H103-4 | Date Time Period | AN | 1-35 | R |  |  | CCYYMMDD-CCYYMMDD | 999 | R | IK403 = 8: "Invalid Date" | 2300.HIO3-4 must be a valid date in CCYYMMDDCCYYMMDD format. |  |
| X223.258.2300.H103-5.010 | H103-5 | Monetary Amount | R | 1-18 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300.H103-5 must not be present. |  |
| х223.258.2300.H103-6.010 | H103-6 | Quantity | R | 1-15 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H103-6 must not be present. |  |
| х223.258.2300.H103-7.010 | H103-7 | Version Identifier | AN | 1-30 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300.H103-7 must not be present. |  |
| X223.258.2300.H103-8.010 | H103-8 | Industry code | AN | 1-30 | N/U |  |  |  | 999 | E | 1K403 = 110: "Implementation "Not Used" Element Present" | 2300.H103-8 must not be present. |  |
| X223.258.2300.H103-9.010 | H103-9 | Yes/No Condition or response Code | ID | 1-1 | N/U |  |  |  | 999 | E | 1K403 = 110: "Implementation "Not Used" Element Present" | 2300.H103-9 must not be present. |  |
| X223.258.2300.H104.010 | H104 | HEALTH CARE CODE INFORMATION |  |  | S |  |  |  | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | $2300 . \mathrm{HIO4}$ can only be present if $2300 . \mathrm{HIO3}$ is present. |  |
| х223.258.2300.H104-1.010 | H104-1 | Code List Qualifier Code | ID | 1-3 | R |  |  | BI | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H104-1 must be "BII". |  |
| X223.258.2300.H104-2.010 | H104-2 | Occurrence Span Code | AN | 1-30 | R |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information... CSC 462: "NUBC Occrrence Span Code(s) and Date(s)" | If 2300 .HIO4-1 is "Bl" then 2300 .HI04-2 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 | ID | 2-3 | R |  |  | RD8 | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H104-3 must be "RD8. |  |
| X223.258.2300.H104-4.010 | H04-4 | Date Time Period | AN | 1-35 | R |  |  | CCYYMMDD-CCYYMMDD | 999 | R | IK403 = 8: "Invalid Date" | 2300.HI04-4 must be a valid date in CCYYMMDDCCYYMMDD format. |  |
| х223.258.2300.H104-5.010 | H104-5 | Monetary Amount | R | 1-18 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { 1K403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300. H104-5 must not be present. |  |
| X223.258.2300.H104-6.010 | H104-6 | Quantity | R | 1-15 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300.H104-6 must not be present. |  |
| X223.258.2300.H104-7.010 | H104-7 | Version Identifier | AN | 1-30 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300.H104-7 must not be present. |  |
| X223.258.2300.H104-8.010 | H104-8 | Industry code | AN | 1-30 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300.H104-8 must not be present. |  |
| X223.258.2300.H104-9.010 | H104-9 | Yes/No Condition or response Code | ID | 1-1 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300.H104-9 must not be present. |  |
| X223.258.2300. H 05.010 | H105 | HEALTH CARE CODE INFORMATION |  |  | s |  |  |  | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | 2300.H105 can only be present if $2300 . \mathrm{HIO} 04$ is present. |  |
| X223.258.2300.H105-1.010 | H105-1 | Code List Qualifier Code | ID | 1-3 | R |  |  | BI | 999 | R | 1 K 403 = 7: "Invalid Code Value" | 2300.H105-1 must be "B1". |  |
| X223.258.2300.H105-2.010 | H105-2 | Occurrence Span Code | AN | 1-30 | R |  |  |  | 277 | c | CSCC A7: "Acknowledgement 1Rejected for Invalid Information..." CSC 462: "NUBC Occrrence Span Code(s) and Date(s)" | If 2300 . HI05-1 is "BI" then 2300. H105-2 must be a valid Occurrence Span code. | Valid Occurrence Span Code reference must be available for this edit |
| X223.258.2300.H105-3.010 | H05-3 | $\begin{array}{\|c\|} \hline \begin{array}{c} \text { Date Time Period Format } \\ \text { Qualifier } \end{array} \\ \hline \end{array}$ | ID | 2-3 | R |  |  | RD8 | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H105-3 must be "RD8". |  |
| X223.258.2300.H105-4.010 | H105-4 | Date Time Period | AN | 1-35 | R |  |  | CCYYMMDD-CCYYMMDD | 999 | R | 1K403 = 8: "Invalid Date" | 2300. HIO5-4 must be a valid date in CCYYMMDDCCYYMMDD format. |  |
| X223.258.2300.H105-5.010 | H105-5 | Monetary Amount | R | 1-18 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not | 2300. H105-5 must not be present. |  |
| X223.258.2300.H105-6.010 | H105-6 | Quantity | R | 1-15 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300. H105-6 must not be present. |  |
| X223.258.2300.H105-7.010 | H105-7 | Version Identifier | AN | 1-30 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { 1K403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H105-7 must not be present. |  |
| X223.258.2300.H105-8.010 | H105-8 | Industry code | AN | 1-30 | N/U |  |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300.H105-8 must not be present. |  |
| X223.258.2300.H105-9.010 | H105-9 | Yes/No Condition or response Code | ID | 1-1 | N/U |  |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300.H105-9 must not be present. |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | $\underset{\text { Elegment or }}{\text { Element }}$ | Description | ID | $\begin{aligned} & \text { Min. } \\ & \text { Max. } \end{aligned}$ | $\begin{array}{\|c\|} \text { Usage } \\ \text { Req. } \end{array}$ | Loop | $\begin{aligned} & \text { Loop } \\ & \text { Repeat } \\ & \hline \end{aligned}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\left.\begin{gathered} \text { TA111 } \\ \text { 999/ } \\ 277 \mathrm{CA} \end{gathered} \right\rvert\,$ | Accept/ Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.258.2300.H106.010 | H06 | HEALTH CARE CODE |  |  | s |  |  |  | 999 | R | IK403 = 2: "Conditional Required Data Element Missinq" | 2300.H106 can only be present if 2300 . HIO 0 is |  |
| X223.258.2300.H106-1.010 | H106-1 | Code List Qualifier Code | ID | 1-3 | R |  |  | BI | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300. H106-1 must be "BI". |  |
| X223.258.2300.H106-2.010 | H06-2 | Occurrence Span Code | AN | 1-30 | R |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information... CSC 462: "NUBC Occrrence Span Code(s) and Date(s)" | If $2300 . \mathrm{HIO6}-1$ is "Bl" then $2300 . \mathrm{HIO6}-2$ 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 | ID | 2-3 | R |  |  | RD8 | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H106-3 must be "RD8". |  |
| х223.258.2300. $\mathrm{H} 106-4.010$ | H06-4 | Date Time Period | AN | 1-35 | R |  |  | CCYYMMDD-CCYYMMDD | 999 | R | IK403 = 8: "Invalid Date" | 2300. HIO6-4 must be a valid date in CCYYMMDDCCYYMMDD format. |  |
| X223.258.2300.H106-5.010 | H06-5 | Monetary Amount | R | 1-18 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300.H106-5 must not be present. |  |
| X223.258.2300.H106-6.010 | H106-6 | Quantity | R | 1-15 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300.H106-6 must not be present. |  |
| X223.258.2300.H106-7.010 | H106-7 | Version Identifier | AN | 1-30 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H106-7 must not be present. |  |
| X223.258.2300.H106-8.010 | H106-8 | Industry code | AN | 1-30 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { 1K403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H106-8 must not be present. |  |
| X223.258.2300.H106-9.010 | H06-9 | Yes/No Condition or response Code | ID | 1-1 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { 1K403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H106-9 must not be present. |  |
| X223.258.2300.H107.010 | H007 | HEALTH CARE CODE INFORMATION |  |  | S |  |  |  | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" Element Missing" | $2300 . \mathrm{HIO7}$ can only be present if 2300 . H106 is present. |  |
| X223.258.2300.H107-1.010 | H107-1 | Code List Qualifier Code | ID | 1-3 | R |  |  | BI | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H107-1 must be "BII". |  |
| X223.258.2300.H107-2.010 | H07-2 | Occurrence Span Code | AN | 1-30 | R |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information... CSC 462: "NUBC Occrrence Span Code(s) and Date(s)" | If 2300. 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 | Date Time Period Format Qualifier | ID | 2-3 | R |  |  | RD8 | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H07-3 must be "RD8". |  |
| X223.258.2300.H107-4.010 | H107-4 | Date Time Period | AN | 1-35 | R |  |  | CCYYMMDD-CCYYMMDD | 999 | R | \|K403 = 8: "Invalid Date" | 2300.HIO7-4 must be a valid date in CCYYMMDDCCYYMMDD format. |  |
| X223.258.2300.H107-5.010 | H107-5 | Monetary Amount | R | 1-18 | N/U |  |  |  | 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 | R | 1-15 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H107-6 must not be present. |  |
| X223.258.2300.H107-7.010 | H07-7 | Version Identifier | AN | 1-30 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300.H107-7 must not be present. |  |
| X223.258.2300.H107-8.010 | H07-8 | Industry code | AN | 1-30 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300.H107-8 must not be present. |  |
| X223.258.2300.H107-9.010 | H107-9 | Yes/No Condition or response Code | ID | 1-1 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { 1K403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H107-9 must not be present. |  |
| X223.258.2300.H108.010 | H08 | HEALTH CARE CODE INFORMATION |  |  | S |  |  |  | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | $2300 . \mathrm{HIO} 08$ can only be present if $2300 . \mathrm{HIO}$ is present. |  |
| X223.258.2300.H108-1.010 | H08-1 | Code List Qualifier Code | ID | 1-3 | R |  |  | BI | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H108-1 must be "BII". |  |
| X223.258.2300.H108-2.010 | H08-2 | Occurrence Span Code | AN | 1-30 | R |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information... CSC 462: "NUBC Occrrence Span Code(s) and Date(s)" | If 2300. HI08-1 is "BI" then 2300. HIO8-2 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 | ID | 2-3 | R |  |  | RD8 | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H108-3 must be "RD8". |  |
| X223.258.2300.H108-4.010 | H008-4 | Date Time Period | AN | 1-35 | R |  |  | CCYYMMDD-CCYYMMDD | 999 | R | 1K403 = 8: "Invalid Date" | 2300.HI08-4 must be a valid date in CCYYMMDDCCYYMMDD format. |  |
| X223.258.2300.H108-5.010 | H108-5 | Monetary Amount | R | 1-18 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300. H108-5 must not be present. |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | Segment or Element | Description | ID | $\begin{aligned} & \text { Min. } \\ & \text { Max. } \end{aligned}$ | $\begin{gathered} \text { Usage } \\ \text { Req. } \end{gathered}$ | Loop | $\begin{aligned} & \text { Loop } \\ & \text { Repeat } \end{aligned}$ | $\begin{gathered} 5010 \\ \text { Values } \\ \hline \end{gathered}$ | $\begin{array}{\|c} \text { TA1/ } \\ \text { 999/ } \\ 277 \mathrm{CA} \\ \hline \end{array}$ | Accept/ | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.258.2300.H108-6.010 | H108-6 | Quantity | R | 1-15 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not | 2300.H108-6 must not be present. |  |
| X223.258.2300.H108-7.010 | H108-7 | Version Identifier | AN | 1-30 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not | 2300.H108-7 must not be present. |  |
| X223.258.2300.H108-8.010 | H008-8 | Industry code | AN | 1-30 | N/U |  |  |  | 999 | E | IK403 = 110: "Implementation "Not | 2300.H108-8 must not be present. |  |
| X223.258.2300.H108-9.010 | H08-9 | Yes/No Condition or response Code | ID | 1-1 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not | 2300.H108-9 must not be present. |  |
| X223.258.2300.H109.010 | H109 | HEALTH CARE CODE INFORMATION |  |  | S |  |  |  | 999 | R | IK403 = 2: "Conditional Required Data Element Missinq" | 2300 .HI09 can only be present if 2300 . H108 is present. |  |
| х223.258.2300.H109-1.010 | H09-1 | Code List Qualifier Code | ID | 1-3 | R |  |  | BI | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H109-1 must be "BI". |  |
| X223.258.2300.H109-2.010 | H09-2 | Occurrence Span Code | AN | 1-30 | R |  |  |  | 277 | c | CSCC A7: "Acknowledgement <br> /Rejected for Invalid Information..." <br> CSC 462: "NUBC Occrrence Span <br> Code(s) and Date(s)" | If $2300 . \mathrm{HIO9}-1$ is "BI" then 2300.HI09-2 must be a valid Occurrence Span code. | Valid Occurrence Span Code reference must be available for this edit. |
| X223.258.2300.H109-3.010 | H09-3 | Date Time Period Format Qualifier | ID | 2-3 | R |  |  | RD8 | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H109-3 must be "RD8". |  |
| X223.258.2300.H109-4.010 | H09-4 | Date Time Period | AN | 1-35 | R |  |  | CCYYMMDD-CCYYMMDD | 999 | R | 1K403 = 8: "Invalid Date" | 2300.HIO9-4 must be a valid date in CCYYMMDDCCYYMMDD format. |  |
| X223.258.2300.H109-5.010 | H109-5 | Monetary Amount | R | 1-18 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = 110: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H109-5 must not be present. |  |
| X223.258.2300.H109-6.010 | H109-6 | Quantity | R | 1-15 | N/U |  |  |  | 999 | E | IK403 = 110: "Implementation "Not | 2300.H109-6 must not be present. |  |
| X223.258.2300.H109-7.010 | H109-7 | Version Identifier | AN | 1-30 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300.H109-7 must not be present. |  |
| X223.258.2300.H109-8.010 | H109-8 | Industry code | AN | 1-30 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H109-8 must not be present. |  |
| X223.258.2300.H109-9.010 | H109-9 | Yes/No Condition or response Code | ID | 1-1 | N/U |  |  |  | 999 | E | IK403 = 110: "Implementation "Not | 2300.H109-9 must not be present. |  |
| X223.258.2300.H110.010 | H10 | HEALTH CARE CODE INFORMATION |  |  | s |  |  |  | 999 | R | $\begin{aligned} & \text { IK403 = 2: "Conditional Required Data } \\ & \text { Element Missing" } \\ & \hline \end{aligned}$ | $2300 . \mathrm{H} 110$ can only be present if 2300 .H109 is |  |
| х223.258.2300.H110-1.010 | H110-1 | Code List Qualifier Code | ID | 1-3 | R |  |  | BI | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H110-1 must be "BI". |  |
| X223.258.2300.H110-2.010 | H110-2 | Occurrence Span Code | AN | 1-30 | R |  |  |  | 277 | C | CSCC A7: "Acknowledgement IRejected for Invalid Information..." CSC 462: "NUBC Occrrence Span Codels) and Date(s)" | If $2300 . \mathrm{HI} 10-1$ is "BI" then $2300 . \mathrm{H} 110-2$ must be a valid Occurrence Span code. | Valid Occurrence Span Code reference must be available for this edit. |
| X223.258.2300.H110-3.010 | H110-3 | Date Time Period Format Qualifier | ID | 2-3 | R |  |  | RD8 | 999 | R | IK403 = 7: "Invalid Code Value" | 2300.H110-3 must be "RD8". |  |
| X223.258.2300.H110-4.010 | H110-4 | Date Time Period | AN | 1-35 | R |  |  | CCYYMMDD-CCYYMMDD | 999 | R | IK403 = 8: "Invalid Date" | 2300.HI10-4 must be a valid date in CCYYMMDDCCYYMMDD format. |  |
| X223.258.2300.H110-5.010 | H110-5 | Monetary Amount | R | 1-18 | N/U |  |  |  | 999 | E | 1K403 = 110: "Implementation "Not Used" Element Present" | 2300.H110-5 must not be present. |  |
| X223.258.2300.H110-6.010 | H110-6 | Quantity | R | 1-15 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300.H110-6 must not be present. |  |
| X223.258.2300.H110-7.010 | H110-7 | Version Identifier | AN | 1-30 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H110-7 must not be present. |  |
| X223.258.2300.H110-8.010 | H110-8 | Industry code | AN | 1-30 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H110-8 must not be present. |  |
| X223.258.2300.H110-9.010 | H110-9 | Yes/No Condition or response Code | ID | 1-1 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H110-9 must not be present. |  |
| X223.258.2300.H111.010 | H11 | HEALTH CARE CODE INFORMATION |  |  | S |  |  |  | 999 | R | $\begin{aligned} & \text { IK403 = 2: "Conditional Required Data } \\ & \text { Element Missing" } \\ & \hline \end{aligned}$ | $2300 . \mathrm{H} 111$ can only be present if 2300 .H110 is |  |
| X223.258.2300.H111-1.010 | H111-1 | Code List Qualifier Code | ID | 1-3 | R |  |  | BI | 999 | R | \|1K403 = 7: "Invalid Code Value" | 2300.H111-1 must be "BI". |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | Segment or Element | Description | ID | Min. | $\begin{array}{\|c} \text { Usage } \\ \text { Req. } \end{array}$ | Loop | $\begin{aligned} & \text { Loop } \\ & \text { Repeat } \\ & \hline \end{aligned}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\left.\begin{gathered} \text { TA111 } \\ \text { 999/ } \\ 277 \mathrm{CA} \end{gathered} \right\rvert\,$ | $\begin{aligned} & \text { Accept/ } \\ & \text { Reject } \end{aligned}$ | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.258.2300.H111-2.010 | H111-2 | Occurrence Span Code | AN | 1-30 | R |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information... CSC 462: "NUBC Occrrence Span 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 | Date Time Period Format Qualifier | ID | 2-3 | R |  |  | RD8 | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H111-3 must be "RD8". |  |
| X223.258.2300.H111-4.010 | H111-4 | Date Time Period | AN | 1-35 | R |  |  | CCYYMMDD-CCYYMMDD | 999 | R | 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 | R | 1-18 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300. H111-5 must not be present. |  |
| X223.258.2300.H111-6.010 | H111-6 | Quantity | R | 1-15 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I } 10 \text { : "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H111-6 must not be present. |  |
| X223.258.2300.H111-7.010 | H111-7 | Version Identifier | AN | 1-30 | N/U |  |  |  | 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 | AN | 1-30 | N/U |  |  |  | 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 | ID | 1-1 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H111-9 must not be present. |  |
| X223.258.2300. H 112.010 | H12 | HEALTH CARE CODE INFORMATION |  |  | S |  |  |  | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | 2300 .HI12 can only be present if 2300 .HI11 is present. |  |
| X223.258.2300.H112-1.010 | H112-1 | Code List Qualifier Code | ID | 1-3 | R |  |  | BI | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H112-1 must be "BI". |  |
| X223.258.2300.H112-2.010 | H112-2 | Occurrence Span Code | AN | 1-30 | R |  |  |  | 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 $2300 . \mathrm{H} 112-2$ must be a valid Occurrence Span code. | Valid Occurrence Span Code reference must be available for this edit. |
| X223.258.2300.H112-3.010 | H12-3 | Date Time Period Format Qualifier | ID | 2-3 | R |  |  | RD8 | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H112-3 must be "RD8". |  |
| X223.258.2300.H112-4.010 | H12-4 | Date Time Period | AN | 1-35 | R |  |  | CCYYMMDD-CCYYMMDD | 999 | R | IK403 = 8: "Invalid Date" | 2300.HI12-4 must be a valid date in CCYYMMDDCCYYMMDD format. |  |
| X223.258.2300.H112-5.010 | H12-5 | Monetary Amount | R | 1-18 | N/U |  |  |  | 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 | R | 1-15 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H112-6 must not be present. |  |
| X223.258.2300.H112-7.010 | H112-7 | Version Identifier | AN | 1-30 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H112-7 must not be present. |  |
| X223.258.2300.H112-8.010 | H112-8 | Industry code | AN | 1-30 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H112-8 must not be present. |  |
| X223.258.2300.H112-9.010 | H112-9 | Yes/No Condition or response Code | ID | 1-1 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \\ & \hline \end{aligned}$ | 2300.H112-9 must not be present. |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.271.2300.HI.010 | HI | OCCURRENCE INFORMATION |  | 2 | s | 2300 |  |  | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only two iterations of $2300 . \mathrm{HI}$ with H01-1 = "BH" are allowed. |  |
| х223.271.2300.H101.010 | H01 | HEALTH CARE CODE INFORMATION |  |  | R |  |  |  |  |  |  |  |  |
| X223.271.2300.H101-1.010 | H01-1 | Code List Qualifier Code | ID | 1-3 | R |  |  | BH | 999 | R | 11403 = 7: "Invalid Code Value" | 2300.H01-1 must be "BH". |  |
| X223.271.2300.H101-2.010 | H01-2 | Occurrence Code | AN | 1-30 | R |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information... CSC 461: "NUBC Occurrence Code(s) and Date(s)" | If 2300.HIO1-1 is "BH" then 2300. HIO1-2 must be a valid Occurrence code. | Valid Occurrence Code reference must be available for this edit. |
| X223.271.2300.H101-3.010 | H01-3 | $\begin{array}{\|c\|} \hline \begin{array}{c} \text { Date Time Period Format } \\ \text { Qualifier } \end{array} \\ \hline \end{array}$ | ID | 2-3 | R |  |  | D8 | 999 | R | IK403 = 7: "Invalid Code Value" | 2300.H01-3 must be "D8". |  |
| X223.271.2300.H101-4.010 | H01-4 | Date Time Period | AN | 1-35 | R |  |  | CCYYMMDD | 999 | R | 1K403 = 8: "Invalid Date" | 2300.HIO1-4 must be a valid date in CCYYMMDD |  |
| X223.271.2300.H101-5.010 | H101-5 | Monetary Amount | R | 1-18 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300. H101-5 must not be present. |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | Segment or Element | Description | ID | $\begin{aligned} & \text { Min. } \\ & \text { Max. } \end{aligned}$ | $\begin{gathered} \text { Usage } \\ \text { Req. } \end{gathered}$ | Loop | $\begin{aligned} & \text { Loop } \\ & \text { Repeat } \end{aligned}$ | $\begin{gathered} 5010 \\ \text { Values } \\ \hline \end{gathered}$ | $\begin{array}{\|c} \text { TA1/ } \\ \text { 999/ } \\ 277 \mathrm{CA} \\ \hline \end{array}$ | Accept/ | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.271.2300.H101-6.010 | H101-6 | Quantity | R | 1-15 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not | 2300.H101-6 must not be present. |  |
| X223.271.2300.H101-7.010 | H01-7 | Version Identifier | AN | 1-30 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not | 2300.H101-7 must not be present. |  |
| X223.271.2300.H101-8.010 | H01-8 | Industry code | AN | 1-30 | N/U |  |  |  | 999 | E | IK403 = 110: "Implementation "Not | 2300.H101-8 must not be present. |  |
| X223.271.2300.H101-9.010 | H01-9 | Yes/No Condition or response Code | ID | 1-1 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not | 2300.H101-9 must not be present. |  |
| X223.271.2300.H102.010 | H02 | HEALTH CARE CODE INFORMATION |  |  | S |  |  |  | 999 | R | IK403 = 2: "Conditional Required Data Element Missinq" | $2300 . \mathrm{HIO2}$ can only be present if 2300 . HIO1 is present. |  |
| X223.271.2300.H102-1.010 | H02-1 | Code List Qualifier Code | ID | 1-3 | R |  |  | BH | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H102-1 must be "ВН". |  |
| X223.271.2300.H102-2.010 | H02-2 | Occurrence Code | AN | 1-30 | R |  |  |  | 277 | c | CSCC A7: "Acknowledgement IRejected 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 | ID | 2-3 | R |  |  | D8 | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H02-3 must be "D8". |  |
| X223.271.2300.H102-4.010 | H02-4 | Date Time Period | AN | 1-35 | R |  |  | CCYYMMDD | 999 | R | 1K403 = 8: "Invalid Date" | 2300.HIO2-4 must be a valid date in CCYYMMDD format. |  |
| X223.271.2300.H102-5.010 | H102-5 | Monetary Amount | R | 1-18 | N/U |  |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300. H102-5 must not be present. |  |
| X223.271.2300.H102-6.010 | H02-6 | Quantity | R | 1-15 | N/U |  |  |  | 999 | E | IK403 = 110: "Implementation "Not | 2300.H102-6 must not be present. |  |
| X223.271.2300.H102-7.010 | H02-7 | Version Identifier | AN | 1-30 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300.H102-7 must not be present. |  |
| X223.271.2300.H102-8.010 | H02-8 | Industry code | AN | 1-30 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H102-8 must not be present. |  |
| X223.271.2300.H102-9.010 | H02-9 | Yes/No Condition or response Code | ID | 1-1 | N/U |  |  |  | 999 | E | IK403 = 110: "Implementation "Not | 2300.H102-9 must not be present. |  |
| X223.271.2300.H03.010 | H03 | HEALTH CARE CODE INFORMATION |  |  | s |  |  |  | 999 | R | $\begin{aligned} & \text { IK403 = 2: "Conditional Required Data } \\ & \text { Element Missing" } \\ & \hline \end{aligned}$ | 2300 . H103 can only be present if 2300 .H102 is present. |  |
| X223.271.2300.H103-1.010 | H03-1 | Code List Qualifier Code | ID | 1-3 | R |  |  | BH | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H103-1 must be "ВН". |  |
| X223.271.2300.H103-2.010 | H03-2 | Occurrence Code | AN | 1-30 | R |  |  |  | 277 | C | CSCC A7: "Acknowledgement 1Rejected for Invalid Information..." CSC 461: "NUBC Occurrence Code(s) and Date(s)" | If $2300 . \mathrm{HIO3}-1$ is "BH" then 2300 . $\mathrm{H} 103-2$ 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 | ID | 2-3 | R |  |  | D8 | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300. H103-3 must be "D8". |  |
| X223.271.2300.H103-4.010 | H03-4 | Date Time Period | AN | 1-35 | R |  |  | CCYYMMDD | 999 | R | IK403 = 8: "Invalid Date" | 2300. HIO3-4 must be a valid date in CCYYMMDD format. |  |
| X223.271.2300.H103-5.010 | H03-5 | Monetary Amount | R | 1-18 | N/U |  |  |  | 999 | E | 1K403 = 110: "Implementation "Not Used" Element Present" | 2300.H103-5 must not be present. |  |
| X223.271.2300.H103-6.010 | H03-6 | Quantity | R | 1-15 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300.H103-6 must not be present. |  |
| X223.271.2300.H103-7.010 | H03-7 | Version Identifier | AN | 1-30 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300.H103-7 must not be present. |  |
| X223.271.2300.H103-8.010 | H003-8 | Industry code | AN | 1-30 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300. H103-8 must not be present. |  |
| X223.271.2300.H103-9.010 | H03-9 | Yes/No Condition or response Code | ID | 1-1 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = } 110 \text { : "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300. H103-9 must not be present. |  |
| X223.271.2300.H104.010 | H04 | HEALTH CARE CODE INFORMATION |  |  | S |  |  |  | 999 | R | $\begin{aligned} & \text { IK403 = 2: "Conditional Required Data } \\ & \text { Element Missing" } \\ & \hline \end{aligned}$ | $2300 . \mathrm{HIO} 04$ can only be present if 2300 .H103 is present. |  |
| X223.271.2300.H104-1.010 | H104-1 | Code List Qualifier Code | ID | 1-3 | R |  |  | BH | 999 | R | IK403 = 7: "Invalid Code Value" | 2300.H104-1 must be "BH". |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | Segment or Element | Description | ID | $\begin{aligned} & \text { Min. } \\ & \text { Max. } \end{aligned}$ | Usage Req | Loop | $\begin{aligned} & \text { Loop } \\ & \text { Repeat } \\ & \hline \end{aligned}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\left.\begin{gathered} \text { TA11 } \\ 9991 \\ 277 C A \end{gathered} \right\rvert\,$ | Accept/ Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.271.2300.H104-2.010 | H104-2 | Occurrence Code | AN | 1-30 | R |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 461: "NUBC Occurrence Code(s) and Date(s)" | If $2300 . \mathrm{HIO4-1}$ is "BH" then 2300 . H104-2 must be a valid Occurrence code. | Valid Occurrence Code reference must be available for this edit. |
| X223.271.2300.H104-3.010 | H104-3 | $\begin{array}{\|c\|} \hline \text { Date Time Period Format } \\ \text { Qualifier } \\ \hline \end{array}$ | ID | 2-3 | R |  |  | D8 | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H104-3 must be "D8". |  |
| X223.271.2300.H104-4.010 | H104-4 | Date Time Period | AN | 1-35 | R |  |  | CCYYMMDD | 999 | R | 1K403 = 8: "Invalid Date" | 2300.HI04-4 must be a valid date in CCYYMMDD format. |  |
| X223.271.2300.H104-5.010 | H104-5 | Monetary Amount | R | 1-18 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = 110: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300. $\mathrm{H} 104-5$ must not be present. |  |
| X223.271.2300.H104-6.010 | H104-6 | Quantity | R | 1-15 | N/U |  |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300.H104-6 must not be present. |  |
| X223.271.2300.H104-7.010 | H104-7 | Version Identifier | AN | 1-30 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300.H104-7 must not be present. |  |
| X223.271.2300.H104-8.010 | H104-8 | Industry code | AN | 1-30 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I } 10 \text { : "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H104-8 must not be present. |  |
| X223.271.2300.H104-9.010 | H104-9 | Yes/No Condition or response Code | ID | 1-1 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I IO: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H104-9 must not be present. |  |
| X223.271.2300.H105.010 | H105 | HEALTH CARE CODE INFORMATION |  |  | S |  |  |  | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | $2300 . \mathrm{HIO5}$ can only be present if 2300 . HI04 is present. |  |
| х223.271.2300.H105-1.010 | H105-1 | Code List Qualifier Code | ID | 1-3 | R |  |  | BH | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H105-1 must be "BH". |  |
| X223.271.2300.H105-2.010 | H105-2 | Occurrence Code | AN | 1-30 | R |  |  |  | 277 | c | $\begin{aligned} & \text { CSCC A7: "Acknowledgement } \\ & \text { /Rejected for Invalid Information..." } \\ & \text { CSC 461: "NUBC Occurrence Code(s) } \\ & \text { and Date(s)" } \end{aligned}$ | If 2300. H105-1 is "BH" then 2300. HIO5-2 must be a valid Occurrence code. | Valid Occurrence Code reference must be available for this edit. |
| X223.271.2300.H105-3.010 | H105-3 | $\begin{array}{\|c\|} \hline \begin{array}{c} \text { Date Time Period Format } \\ \text { Qualifier } \end{array} \\ \hline \end{array}$ | ID | 2-3 | R |  |  | D8 | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300. H105-3 must be "D8". |  |
| X223.271.2300.H105-4.010 | H105-4 | Date Time Period | AN | 1-35 | R |  |  | CCYYMMDD | 999 | R | IK403 = 8: "Invalid Date" | 2300. HIO5-4 must be a valid date in CCYYMMDD format. |  |
| X223.271.2300.H105-5.010 | H105-5 | Monetary Amount | R | 1-18 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not | 2300. H105-5 must not be present. |  |
| X223.271.2300.H105-6.010 | H105-6 | Quantity | R | 1-15 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H105-6 must not be present. |  |
| X223.271.2300.H105-7.010 | H105-7 | Version Identifier | AN | 1-30 | N/U |  |  |  | 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 | AN | 1-30 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300.H105-8 must not be present. |  |
| X223.271.2300.H105-9.010 | H105-9 | Yes/No Condition or response Code | ID | 1-1 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300. $\mathrm{H} 105-9$ must not be present. |  |
| X223.271.2300.H06.010 | H106 | $\begin{aligned} & \text { HEALTH CARE CODE } \\ & \text { INFORMATION } \\ & \hline \end{aligned}$ |  |  | s |  |  |  | 999 | R | $\begin{aligned} & \text { IK403 = 2: "Conditional Required Data } \\ & \text { Element Missing" } \\ & \hline \end{aligned}$ | $2300 . \mathrm{H} 106$ can only be present if 2300 .H105 is present. |  |
| х223.271.2300.H106-1.010 | H106-1 | Code List Qualifier Code | ID | 1-3 | R |  |  | BH | 999 | R | 11403 = 7: "Invalid Code Value" | 2300.H106-1 must be "BH". |  |
| X223.271.2300.H106-2.010 | H06-2 | Occurrence Code | AN | 1-30 | R |  |  |  | 277 | c | CSCC A7: "Acknowledgement 1Rejected for Invalid Information..." CSC 461: "NUBC Occurrence Code(s) and Date(s)" | If $2300 . \mathrm{HIO6}-1$ is "BH" then 2300 . HIO6-2 must be a valid Occurrence code. | Valid Occurrence Code reference must be available for this edit. |
| X223.271.2300.H106-3.010 | H06-3 | $\begin{array}{\|c\|} \hline \begin{array}{c} \text { Date Time Period Format } \\ \text { Qualifier } \end{array} \\ \hline \end{array}$ | ID | 2-3 | R |  |  | D8 | 999 | R | IK403 = 7: "Invalid Code Value" | 2300.H106-3 must be "D8". |  |
| X223.271.2300.H106-4.010 | H06-4 | Date Time Period | AN | 1-35 | R |  |  | CCYYMMDD | 999 | R | 1K403 = 8: "Invalid Date" | 2300. HIO6-4 must be a valid date in CCYYMMDD format. |  |
| X223.271.2300.H106-5.010 | H106-5 | Monetary Amount | R | 1-18 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = 110: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300. H 106-5 must not be present. |  |
| X223.271.2300.H106-6.010 | H106-6 | Quantity | R | 1-15 | N/U |  |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300.H106-6 must not be present. |  |
| х223.271.2300.H106-7.010 | H106-7 | Version Identifier | AN | 1-30 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300.H106-7 must not be present. |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | Segment or Element | Description | ID | Min. <br> Max | $\begin{gathered} \text { Usage } \\ \text { Req. } \end{gathered}$ | Loop | $\underset{\text { Repeat }}{\text { Loop }}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\left\|\begin{array}{c} \text { TA111 } \\ \text { 999/ } \\ 277 C A \end{array}\right\|$ | Accept/ | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.271.2300.H106-8.010 | H106-8 | Industry code | AN | 1-30 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { 1K403 = 110: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H106-8 must not be present. |  |
| X223.271.2300.H106-9.010 | H106-9 | Yes/No Condition or response Code | ID | 1-1 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I } 10 \text { : "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H106-9 must not be present. |  |
| X223.271.2300.H107.010 | H007 | $\begin{aligned} & \text { HEALTHOLISARECODE } \\ & \text { INFORMATION } \\ & \hline \end{aligned}$ |  |  | s |  |  |  | 999 | R | $\begin{aligned} & \text { 1K403 = 2: "Conditional Required Data } \\ & \text { Element Missing" } \\ & \hline \end{aligned}$ | $2300 . \mathrm{HIO}$ can only be present if 2300 . H106 is present. |  |
| х223.271.2300.H107-1.010 | H107-1 | Code List Qualifier Code | ID | 1-3 | R |  |  | BH | 999 | R | IK403 = 7: "Invalid Code Value" | 2300.H107-1 must be "BH". |  |
| X223.271.2300.H107-2.010 | H107-2 | Occurrence Code | AN | 1-30 | R |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 461: "NUBC Occurrence Code(s) and Date(s)" | If 2300. HIO7-1 is "BH" then 2300 .HIO7-2 must be a valid Occurrence code. | Valid Occurrence Code reference must be available for this edit. |
| х223.271.2300.H107-3.010 | H107-3 | Date Time Period Format Qualifier | ID | 2-3 | R |  |  | D8 | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H107-3 must be "D8". |  |
| X223.271.2300.H107-4.010 | H107-4 | Date Time Period | AN | 1-35 | R |  |  | CCYYMMDD | 999 | R | IK403 = 8: "Invalid Date" | 2300.HIO7-4 must be a valid date in CCYYMMDD format. |  |
| X223.271.2300.H107-5.010 | H107-5 | Monetary Amount | R | 1-18 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300.H107-5 must not be present. |  |
| X223.271.2300.H107-6.010 | H07-6 | Quantity | R | 1-15 | N/U |  |  |  | 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 | AN | 1-30 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300.H107-7 must not be present. |  |
| х223.271.2300.H107-8.010 | H107-8 | Industry code | AN | 1-30 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not | 2300.H107-8 must not be present. |  |
| X223.271.2300.H107-9.010 | H07-9 | Yes/No Condition or response Code | ID | 1-1 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H107-9 must not be present. |  |
| X223.271.2300.H108.010 | H108 | HEALTH CARE CODE INFORMATION |  |  | S |  |  |  | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | $2300 . \mathrm{HIO8}$ can only be present if 2300 . HIO is present. |  |
| х223.271.2300.H108-1.010 | H108-1 | Code List Qualifier Code | ID | 1-3 | R |  |  | BH | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300. H I08-1 must be "BH". |  |
| X223.271.2300.H108-2.010 | H008-2 | Occurrence Code | AN | 1-30 | R |  |  |  | 277 | c | CSCC A7: "Acknowledgement 1Rejected for Invalid Information..." CSC 461: "NUBC Occurrence Code(s) and Date(s)" | If $2300 . \mathrm{HIO}-1$ 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.H108-3.010 | H108-3 | $\begin{array}{\|c\|} \hline \begin{array}{c} \text { Date Time Period Format } \\ \text { Qualifier } \end{array} \\ \hline \end{array}$ | ID | 2-3 | R |  |  | D8 | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H108-3 must be "D8". |  |
| X223.271.2300.H108-4.010 | H08-4 | Date Time Period | AN | 1-35 | R |  |  | CCYYMMDD | 999 | R | 1K403 = 8: "Invalid Date" | 2300.HI08-4 must be a valid date in CCYYMMDD format. |  |
| X223.271.2300.H108-5.010 | H008-5 | Monetary Amount | R | 1-18 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300.H108-5 must not be present. |  |
| X223.271.2300.H108-6.010 | H008-6 | Quantity | R | 1-15 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not | 2300.H108-6 must not be present. |  |
| X223.271.2300.H108-7.010 | H008-7 | Version Identifier | AN | 1-30 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H108-7 must not be present. |  |
| X223.271.2300.H108-8.010 | H008-8 | Industry code | AN | 1-30 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300. H108-8 must not be present. |  |
| х223.271.2300. H 108 -9.010 | H108-9 | Yes/No Condition or response Code | ID | 1-1 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H108-9 must not be present. |  |
| X223.271.2300.H109.010 | H09 | HEALTH CARE CODE INFORMATION |  |  | s |  |  |  | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | $2300 . \mathrm{HIO9}$ can only be present if 2300 . H108 is present. |  |
| X223.271.2300.H109-1.010 | H09-1 | Code List Qualifier Code | ID | 1-3 | R |  |  | BH | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H09-1 must be "BH". |  |
| X223.271.2300.H109-2.010 | H09-2 | Occurrence Code | AN | 1-30 | R |  |  |  | 277 | c | CSCC A7: "Acknowledgement 1Rejected for Invalid Information..." CSC 461: "NUBC Occurrence Code(s) and Date(s)" | If 2300. HIO9-1 is "BH" then 2300.HIO9-2 must be a valid Occurrence code. | Valid Occurrence Code reference must be available for this edit. |
| X223.271.2300.H109-3.010 | H109-3 | Date Time Period Format Qualifier | ID | 2-3 | R |  |  | D8 | 999 | R | 1 K 403 = 7 : "Invalid Code Value" | 2300.H109-3 must be "D8". |  |


| 8371 Edit Reference | Segment or | Description | ID | Min. Max. | Usage | Loop | $\begin{aligned} & \text { Loop } \\ & \text { Repeat } \end{aligned}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\left.\begin{gathered} \text { TA11 } \\ 999 / \\ 277 C A \end{gathered} \right\rvert\,$ | Accept/ | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.271.2300.H109-4.010 | H09-4 | Date Time Period | AN | 1-35 | R |  |  | CCYYMMDD | 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 | R | 1-18 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300. H109-5 must not be present. |  |
| X223.271.2300.H109-6.010 | H109-6 | Quantity | R | 1-15 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H109-6 must not be present. |  |
| X223.271.2300.H109-7.010 | H109-7 | Version Identifier | AN | 1-30 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300.H109-7 must not be present. |  |
| X223.271.2300.H109-8.010 | H109-8 | Industry code | AN | 1-30 | N/U |  |  |  | 999 | E | 1K403 = 110: "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 | ID | 1-1 | N/U |  |  |  | 999 | E | 1K403 = 110: "Implementation "Not Used" Element Present" | 2300.H109-9 must not be present. |  |
| X223.271.2300.H110.010 | H10 | HEALTH CARE CODE INFORMATION |  |  | S |  |  |  | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | $2300 . \mathrm{HI} 10$ can only be present if $2300 . \mathrm{HIO9}$ is present. |  |
| X223.271.2300.H110-1.010 | H110-1 | Code List Qualifier Code | ID | 1-3 | R |  |  | BH | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H110-1 must be "ВН". |  |
| X223.271.2300.H110-2.010 | H110-2 | Occurrence Code | AN | 1-30 | R |  |  |  | 277 | c | $\begin{array}{\|l\|} \hline \text { CSCC A7: "Acknowledgement } \\ \text { /Rejected for Invalid Information..." } \\ \text { CSC 461: "NUBC Occurrence Code(s) } \\ \text { and Date(s)" } \\ \hline \end{array}$ | If $2300 . \mathrm{HI} 10-1$ is "BH" then $2300 . \mathrm{HI} 10-2$ must be a valid Occurrence code. | Valid Occurrence Code reference must be available for this edit. |
| X223.271.2300.H110-3.010 | H110-3 | Date Time Period Format Qualifier | ID | 2-3 | R |  |  | D8 | 999 | R | IK403 = 7: "Invalid Code Value" | 2300.H110-3 must be "D8". |  |
| X223.271.2300.H110-4.010 | H110-4 | Date Time Period | AN | 1-35 | R |  |  | CCYYMMDD | 999 | R | IK403 = 8: "Invalid Date" | 2300.HI10-4 must be a valid date in CCYYMMDD format. |  |
| X223.271.2300.H110-5.010 | H110-5 | Monetary Amount | R | 1-18 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { 1K403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H110-5 must not be present. |  |
| X223.271.2300.H110-6.010 | H110-6 | Quantity | R | 1-15 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300.H110-6 must not be present. |  |
| X223.271.2300.H110-7.010 | H110-7 | Version Identifier | AN | 1-30 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300.H110-7 must not be present. |  |
| X223.271.2300.H110-8.010 | H110-8 | Industry code | AN | 1-30 | N/U |  |  |  | 999 | E | IK403 = I10: "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 | ID | 1-1 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H110-9 must not be present. |  |
| X223.271.2300.H111.010 | H111 | HEALTH CARE CODE INFORMATION |  |  | s |  |  |  | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | 2300.H111 can only be present if 2300 . H 110 is present. |  |
| X223.271.2300.H111-1.010 | H111-1 | Code List Qualifier Code | ID | 1-3 | R |  |  | BH | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H111-1 must be "ВН". |  |
| X223.271.2300.H111-2.010 | H111-2 | Occurrence Code | AN | 1-30 | R |  |  |  | 277 | c | $\begin{aligned} & \hline \text { CSCC A7: "Acknowledgement } \\ & \text { /Rejected for Invalid Information..." } \\ & \text { CSC 461: "NUBC Occurrence Code(s) } \\ & \text { and Date(s)" } \\ & \hline \end{aligned}$ | If $2300 . \mathrm{H} 111-1$ is "BH" then $2300 . \mathrm{HI} 11-2$ must be a valid Occurrence code. | Valid Occurrence Code reference must be available for this edit. |
| X223.271.2300.H111-3.010 | H111-3 | Date Time Period Format Qualifier | ID | 2-3 | R |  |  | D8 | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H111-3 must be "D8". |  |
| X223.271.2300.H111-4.010 | H111-4 | Date Time Period | AN | 1-35 | R |  |  | CCYYMMDD | 999 | R | 1K403 = 8: "Invalid Date" | 2300.HI11-4 must be a valid date in CCYYMMDD format. |  |
| X223.271.2300.H111-5.010 | H111-5 | Monetary Amount | R | 1-18 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not | 2300.H111-5 must not be present. |  |
| X223.271.2300.H111-6.010 | H111-6 | Quantity | R | 1-15 | N/U |  |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300.H111-6 must not be present. |  |
| X223.271.2300.H111-7.010 | H111-7 | Version Identifier | AN | 1-30 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H111-7 must not be present. |  |
| X223.271.2300.H111-8.010 | H111-8 | Industry code | AN | 1-30 | N/U |  |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300.H111-8 must not be present. |  |
| X223.271.2300.H111-9.010 | H111-9 | Yes/No Condition or response Code | ID | 1-1 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H111-9 must not be present. |  |
| X223.271.2300.H112.010 | H12 | $\begin{aligned} & \text { HEALTH CARE CODE } \\ & \text { INFORMATION } \\ & \hline \end{aligned}$ |  |  | s |  |  |  | 999 | R | IK403 = 2: "Conditional Required Data Element Missina" | 2300.H12 can only be present if 2300 . H 111 is present. |  |


| 8371 Edit Reference | Segment or | Description | ID | Min. Max. | Usage | Loop | $\underset{\text { Repeat }}{\text { Loop }}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\left.\begin{gathered} \text { TA11 } \\ 999 / \\ 277 C A \end{gathered} \right\rvert\,$ | Accept/ | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.271.2300.H112-1.010 | H112-1 | Code List Qualifier Code | ID | 1-3 | R |  |  | BH | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H112-1 must be "BH". |  |
| X223.271.2300.H112-2.010 | H112-2 | Occurrence Code | AN | 1-30 | R |  |  |  | 277 | c | $\begin{aligned} & \hline \text { CSCC A7: "Acknowledgement } \\ & \text { 1Rejected for Invalid Information..." } \\ & \text { CSC 461: "NUBC Occurrence Code(s) } \\ & \text { and Date(s)" } \\ & \hline \end{aligned}$ | If 2300.HI12-1 is "BH" then 2300. HI12-2 must be a valid Occurrence code. | Valid Occurrence Code reference must be available for this edit. |
| X223.271.2300.H112-3.010 | H112-3 | Date Time Period Format Qualifier | ID | 2-3 | R |  |  | D8 | 999 | R | IK403 = 7: "Invalid Code Value" | 2300.H112-3 must be "D8". |  |
| X223.271.2300.H112-4.010 | H12-4 | Date Time Period | AN | 1-35 | R |  |  | CCYYMMDD | 999 | R | IK403 = 8: "Invalid Date" | 2300. HI12-4 must be a valid date in CCYYMMDD |  |
| X223.271.2300.H112-5.010 | H112-5 | Monetary Amount | R | 1-18 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300.H112-5 must not be present. |  |
| X223.271.2300.H112-6.010 | H12-6 | Quantity | R | 1-15 | N/U |  |  |  | 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 | AN | 1-30 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300.H112-7 must not be present. |  |
| X223.271.2300.H112-8.010 | H112-8 | Industry code | AN | 1-30 | N/U |  |  |  | 999 | E | IK403 = 110: "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 | ID | 1-1 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \\ & \hline \end{aligned}$ | 2300.H112-9 must not be present. |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.284.2300.HI.010 | HI | VALUE Information |  | 2 | s | 2300 |  |  | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only two iterations of 2300 .HI with HI01-1 = "BE" are allowed. |  |
| X223.284.2300.H01.010 | H01 | $\qquad$ |  |  | R |  |  |  |  |  |  |  |  |
| X223.284.2300.H101-1.010 | H01-1 | Code List Qualifier Code | ID | 1-3 | R |  |  | BE | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300. H101-1 must be "BE". |  |
| X223.284.2300.H101-2.010 | H01-2 | Value Code | AN | 1-30 | R |  |  |  | 277 | c | $\begin{aligned} & \hline \text { CSCC A7: "Acknowledgement } \\ & \text { /Rejected for Invalid Information..." } \\ & \text { CSC 463: "NUBC Value Code(s) } \\ & \text { and/or Amount(s)" } \\ & \hline \end{aligned}$ | If $2300 . \mathrm{HIO1}-1$ 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 | $\begin{array}{\|c\|} \hline \text { Date Time Period Format } \\ \text { Oualifier } \end{array}$ | ID | 2-3 | N/U |  |  |  | 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 | H101-4 | Date Time Period | AN | 1-35 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300. H101-4 must not be present. |  |
| X223.284.2300.H01-5.010 | H01-5 | Value Code Associated Amount | R | 1-18 | R |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2300.H01-5 must be numeric. |  |
| $\begin{aligned} & \text { X223.284.2300.HI01-5.020 } \\ & \text { edit deactivated } \\ & \hline \end{aligned}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.284.2300.H01-5.030 | H01-5 |  |  |  |  |  |  |  | 999 | E | 1K403 = 5: "Data Element Too Long" | 2300.H01-5 must be >= 0 and < $=99,999,999.99$. |  |
| X223.284.2300.H101-5.035 | H01-5 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 463: "NUBC Value Code(s) and/or Amount(s)" |  |  |
| X223.284.2300.H101-6.010 | H01-6 | Quantity | R | 1-15 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H101-6 must not be present. |  |
| X223.284.2300.H101-7.010 | H01-7 | Version Identifier | AN | 1-30 | N/U |  |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300.H101-7 must not be present. |  |
| X223.284.2300.H101-8.010 | H101-8 | Industry code | AN | 1-30 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not | 2300.H101-8 must not be present. |  |
| X223.284.2300.H101-9.010 | H101-9 | Yes/No Condition or esponse Code | ID | 1-1 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H101-9 must not be present. |  |
| X223.284.2300.H102.010 | H02 | $\begin{aligned} & \text { HEALTHUIDE CARE CODE } \\ & \text { INFORMATION } \\ & \hline \end{aligned}$ |  |  | S |  |  |  | 999 | R | IK403 = 2: "Conditional Required Data | $2300 . \mathrm{HIO2}$ can only be present if 2300 .HI01 is present. |  |
| X223.284.2300.H102-1.010 | H102-1 | Code List Qualifier Code | ID | 1-3 | R |  |  | BE | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300. H (02-1 must be "BE". |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | Segment or Element | Description | ID | $\begin{aligned} & \text { Min. } \\ & \text { Max. } \end{aligned}$ | Usage | Loop | $\begin{gathered} \text { Loop } \\ \text { Repeat } \\ \hline \end{gathered}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\left\|\begin{array}{c} \text { TA11 } \\ \text { 999/ } \\ 277 C A \end{array}\right\|$ | Accept/ Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.284.2300.H102-2.010 | H102-2 | Value Code | AN | 1-30 | R |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 463: "NUBC Value Code(s) and/or Amount(s)" | If $2300 . \mathrm{HIO2}-1$ 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 | ID | 2-3 | N/U |  |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300.H102-3 must not be present. |  |
| X223.284.2300.H102-4.010 | H02-4 | Date Time Period | AN | 1-35 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not | 2300. $\mathrm{H} 102-4$ must not be present. |  |
| X223.284.2300.H102-5.010 | H02-5 | Value Code Associated Amount | R | 1-18 | R |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2300. H102-5 must be numeric. |  |
| $\begin{aligned} & \text { X223.284.2300.HI02-5.020 } \\ & \text { edit deactivated } \\ & \hline \end{aligned}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.284.2300.H102-5.030 | H102-5 |  |  |  |  |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" | 2300.H102-5 must be > $>0$ and << $99,999,999.99$. |  |
| X223.284.2300.H102-5.035 | H02-5 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement <br> /Rejected for Invalid Information..." <br> CSC 512: "Length invalid for receiver's <br> application system" <br> CSC 463: "NBC Value Code(s) <br> and/or Amount(s)" |  |  |
| X223.284.2300.H102-6.010 | H102-6 | Quantity | R | 1-15 | N/U |  |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300. H102-6 must not be present. |  |
| X223.284.2300.H102-7.010 | H102-7 | Version Identifier | AN | 1-30 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300.H102-7 must not be present. |  |
| X223.284.2300.H102-8.010 | H102-8 | Industry code | AN | 1-30 | N/U |  |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300.H102-8 must not be present. |  |
| X223.284.2300.H102-9.010 | H02-9 | Yes/No Condition or response Code | ID | 1-1 | N/U |  |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300.H102-9 must not be present. |  |
| X223.284.2300.H03.010 | H103 | $\begin{aligned} & \text { HEALTH CARE CODE } \\ & \text { INFORMATION } \\ & \hline \end{aligned}$ |  |  | s |  |  |  | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | $2300 . \mathrm{HIO3}$ can only be present if 2300 . HIO is present present. |  |
| X223.284.2300.H103-1.010 | H03-1 | Code List Qualifier Code | ID | 1-3 | R |  |  | BE | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H03-1 must be "BE". |  |
| X223.284.2300.H103-2.010 | H03-2 | Value Code | AN | 1-30 | R |  |  |  | 277 | C | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 463: "NUBC Value Code(s) and/or Amount(s)" | If $2300 . \mathrm{HIO3}-1$ is "BE" then $2300 . \mathrm{HIO} 0-2$ must be a valid Value code. | Valid Value Code reference must be available for this edit. |
| X223.284.2300.H103-3.010 | H003-3 | $\qquad$ | ID | 2-3 | N/U |  |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300.H103-3 must not be present. |  |
| X223.284.2300.H103-4.010 | H03-4 | Date Time Period | AN | 1-35 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300. $\mathrm{H} 103-4$ must not be present. |  |
| X223.284.2300.H103-5.010 | H03-5 | Value Code Associated Amount | R | 1-18 | R |  |  |  | 999 | R | $\begin{aligned} & \text { IK403 = 6: "Invalid Character in Data } \\ & \text { Element" } \\ & \hline \end{aligned}$ | 2300. H IO3-5 must be numeric. |  |
| $\begin{aligned} & \text { X223.284.2300.HI03-5.020 } \\ & \text { edit deactivated } \\ & \hline \end{aligned}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.284.2300.H103-5.030 | H03-5 |  |  |  |  |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" | 2300.H03-5 must be $>=0$ and $<=99,999,999.99$. |  |
| X223.284.2300.H103-5.035 | H03-5 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement <br> /Rejected for Invalid Information..." <br> CSC 512: "Length invalid for receiver's <br> application system" <br> CSC 463: "NBC Value Code(s) <br> andl/or Amounts)" |  |  |
| X223.284.2300.H103-6.010 | H03-6 | Quantity | R | 1-15 | N/U |  |  |  | 999 | E | IK403 = 110 : "Implementation "Not Used" Element Present" | 2300.H103-6 must not be present. |  |
| X223.284.2300.H103-7.010 | H03-7 | Version Identifier | AN | 1-30 | N/U |  |  |  | 999 | E | IK403 = 110: "Implementation "Not | 2300.H103-7 must not be present. |  |
| X223.284.2300.H103-8.010 | H03-8 | Industry code | AN | 1-30 | N/U |  |  |  | 999 | E | IK403 = 110: "Implementation "Not | 2300.H103-8 must not be present. |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | Segment or Element | Description | ID | $\begin{gathered} \text { Min. } \\ \text { Max. } \end{gathered}$ | $\begin{gathered} \text { Usage } \\ \text { Req. } \end{gathered}$ | Loop | $\begin{aligned} & \text { Loop } \\ & \text { Repeat } \end{aligned}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\left\|\begin{array}{c} \text { TA11 } \\ \text { 999/ } \\ 277 C A \end{array}\right\|$ | Accept/ Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.284.2300.H103-9.010 | H103-9 | Yes/No Condition or response Code | ID | 1-1 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H103-9 must not be present. |  |
| X223.284.2300.H104.010 | H04 | HEALTH CARE CODE INFORMATION |  |  | s |  |  |  | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | $2300 . \mathrm{HIO4}$ can only be present if 2300 . HI03 is |  |
| X223.284.2300.H104-1.010 | H104-1 | Code List Qualifier Code | ID | 1-3 | R |  |  | BE | 999 | R | IK403 = 7: "Invalid Code Value" | 2300.H104-1 must be "BE". |  |
| X223.284.2300.H104-2.010 | H04-2 | Value Code | AN | 1-30 | R |  |  |  | 277 | C | CSCC A7: "Acknowledgement /Rejected for Invalid Information. CSC 463: "NUBC Value Code(s) and/or Amount(s)" | If $2300 . \mathrm{HIO4-1}$ is "BE" then 2300.HIO4-2 must be a valid Value code. | Valid Value Code reference must be available for this edit. |
| X223.284.2300.H104-3.010 | H104-3 | Date Time Period Format Oualifier | ID | 2-3 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { 1K403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300. $\mathrm{H} 104-3$ must not be present. |  |
| X223.284.2300.H104-4.010 | H104-4 | Date Time Period | AN | 1-35 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300. H104-4 must not be present. |  |
| X223.284.2300.H104-5.010 | H104-5 | Value Code Associated Amount | R | 1-18 | R |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2300. H104-5 must be numeric. |  |
| $\begin{aligned} & \text { 2223.284.2300.H104-5.020 } \\ & \text { edit deactivated } \\ & \hline \end{aligned}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.284.2300.H104-5.030 | H104-5 |  |  |  |  |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" | 2300.H104-5 must be $>=0$ and $<=99,999,999.99$. |  |
| X223.284.2300.H104-5.035 | H04-5 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 463: "NUBC Value Code(s) and/or Amount(s)" |  |  |
| X223.284.2300.H104-6.010 | H104-6 | Quantity | R | 1-15 | N/U |  |  |  | 999 | E | IK403 = = 110: "Implementation "Not Used" Element Present" | 2300.H104-6 must not be present. |  |
| X223.284.2300.H104-7.010 | H104-7 | Version Identifier | AN | 1-30 | N/U |  |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300.H104-7 must not be present. |  |
| X223.284.2300.H104-8.010 | H104-8 | Industry code | AN | 1-30 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H104-8 must not be present. |  |
| X223.284.2300.H104-9.010 | H104-9 | Yes/No Condition or response Code | ID | 1-1 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H104-9 must not be present. |  |
| X223.284.2300.H105.010 | H105 | HEALTH CARE CODE INFORMATION |  |  | s |  |  |  | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | 2300. H105 can only be present if 2300 .H104 is present. |  |
| X223.284.2300.H105-1.010 | H105-1 | Code List Qualifier Code | ID | 1-3 | R |  |  | BE | 999 | R | \|1403 = 7: "Invalid Code Value" | 2300. H105-1 must be "BE". |  |
| X223.284.2300.H105-2.010 | H05-2 | Value Code | AN | 1-30 | R |  |  |  | 277 | C | $\begin{aligned} & \hline \text { CSCC A7: "Acknowledgement } \\ & \text { /Rejected for Invalid Information..." } \\ & \text { CSC 463: "NUBC Value Code(s) } \\ & \text { and/or Amount(s)" } \\ & \hline \end{aligned}$ | If 2300 . HIO5-1 is "BE" then 2300. HIO5-2 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 Oualifier | ID | 2-3 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300. H105-3 must not be present. |  |
| X223.284.2300.H105-4.010 | H105-4 | Date Time Period | AN | 1-35 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300. H105-4 must not be present. |  |
| X223.284.2300.H105-5.010 | H105-5 | Value Code Associated Amount | R | 1-18 | R |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2300. H (105-5 must be numeric. |  |
| $\begin{aligned} & \text { X223.284.2300.H } 105-5.020 \\ & \text { edit deactivated } \\ & \hline \end{aligned}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.284.2300.H105-5.030 | H105-5 |  |  |  |  |  |  |  | 999 | E | 1K403 = 5: "Data Element Too Long" | 2300.H105-5 must be >= 0 and < $=99,999,999.99$. |  |
| X223.284.2300.H105-5.035 |  |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 463: "NUBC Value Code(s) and/or_Amount(s)" |  |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | Segment or Element | Description | ID | $\begin{aligned} & \text { Min. } \\ & \text { Max. } \end{aligned}$ | $\begin{gathered} \text { Usage } \\ \text { Req. } \end{gathered}$ | Loop | $\begin{aligned} & \text { Loop } \\ & \text { Repeat } \end{aligned}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\begin{array}{\|c} \text { TA1/ } \\ \text { 999/ } \\ 277 \mathrm{CA} \\ \hline \end{array}$ | Accept/ | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.284.2300.H105-6.010 | H105-6 | Quantity | R | 1-15 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300. H105-6 must not be present. |  |
| X223.284.2300.H105-7.010 | H105-7 | Version Identifier | AN | 1-30 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300. H105-7 must not be present. |  |
| X223.284.2300.H105-8.010 | H105-8 | Industry code | AN | 1-30 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H105-8 must not be present. |  |
| X223.284.2300.H105-9.010 | H105-9 | Yes/No Condition or response Code | ID | 1-1 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300.H105-9 must not be present. |  |
| X223.284.2300.H106.010 | H106 | HEALTH CARE CODE INFORMATION |  |  | S |  |  |  | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | 2300 .HI06 can only be present if 2300 . HIO5 is present. |  |
| X223.284.2300.H106-1.010 | H106-1 | Code List Qualifier Code | ID | 1-3 | R |  |  | BE | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300. $\mathrm{H} 106-1$ must be "BE". |  |
| X223.284.2300.H106-2.010 | H106-2 | Value Code | AN | 1-30 | R |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information... CSC 463: "NUBC Value Code(s) and/or Amount(s)" | If 2300. HIO6-1 is "BE" then 2300.HIO6-2 must be a valid Value code. | Valid Value Code reference must be available for this edit. |
| X223.284.2300.H106-3.010 | H06-3 | $\begin{array}{\|c\|} \hline \begin{array}{c} \text { Date Time Period Format } \\ \text { Qualifier } \end{array} \\ \hline \end{array}$ | ID | 2-3 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { lK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H106-3 must not be present. |  |
| X223.284.2300. H 106 -4.010 | H06-4 | Date Time Period | AN | 1-35 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H106-4 must not be present. |  |
| X223.284.2300.H106-5.010 | H106-5 | $\underset{\text { Amount }}{\substack{\text { Value Code Associated } \\ \text { Amon }}}$ | R | 1-18 | R |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2300. H106-5 must be numeric. |  |
| $\begin{aligned} & \text { X223.284.2300.H106-5.020 } \\ & \text { edit deactivated } \\ & \hline \end{aligned}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.284.2300.H106-5.030 | H106-5 |  |  |  |  |  |  |  | 999 | E | 1K403 = 5: "Data Element Too Long" | 2300.H106-5 must be >= 0 and <= 99,999,999.99. |  |
| X223.284.2300.H106-5.035 | H106-5 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 463: "NUBC Value Code(s) and/or Amount(s)" |  |  |
| X223.284.2300.H106-6.010 | H106-6 | Quantity | R | 1-15 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { 1K403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300. H IO6-6 must not be present. |  |
| X223.284.2300.H106-7.010 | H06-7 | Version Identifier | AN | 1-30 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { 1K403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H106-7 must not be present. |  |
| X223.284.2300.H106-8.010 | H106-8 | Industry code | AN | 1-30 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300. H O6-8 8 must not be present. |  |
| X223.284.2300.H106-9.010 | H06-9 | $\begin{aligned} & \text { Yes/No Condition or } \\ & \text { response Code } \end{aligned}$ | ID | 1-1 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { 1K403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H106-9 must not be present. |  |
| X223.284.2300.H107.010 | H007 | HEALTH CARE CODE INFORMATION |  |  | s |  |  |  | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | $2300 . \mathrm{HIO} 07$ can only be present if $2300 . \mathrm{HIO}$ is present. |  |
| X223.284.2300.H107-1.010 | H107-1 | Code List Qualifier Code | ID | 1-3 | R |  |  | BE | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H007-1 must be "BE". |  |
| X223.284.2300.H107-2.010 | H107-2 | Value Code | AN | 1-30 | R |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information. CSC 463: "NUBC Value Code(s) and/or Amount(s)" | If 2300. HIOT- 1 is "BE" then 2300.HIO7-2 must be a valid Value code. | Valid Value Code reference must be available for this edit. |
| X223.284.2300.H107-3.010 | H07-3 | $\qquad$ | ID | 2-3 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H107-3 must not be present. |  |
| X223.284.2300.H107-4.010 | H107-4 | Date Time Period | AN | 1-35 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { 1K403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H107-4 must not be present. |  |
| X223.284.2300.H107-5.010 | H07-5 | Value Code Associated Amount | R | 1-18 | R |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2300. H 107-5 must be numeric. |  |
| $\begin{aligned} & \text { X223.284.2300.H107-5.020 } \\ & \text { edit deactivated } \\ & \hline \end{aligned}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.284.2300.H107-5.030 | H07-5 |  |  |  |  |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" | 2300.H107-5 must be >= 0 and < $=99,999,999.99$. |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | Segment or | Description | ID | Min. Max. | Usage | Loop | $\underset{\text { Repeat }}{\text { Loop }}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\left.\begin{gathered} \text { TA11 } \\ 999 / \\ 277 C A \end{gathered} \right\rvert\,$ | Accept/ | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Х223.284.2300.H107-5.035 | H107-5 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 463: "NUBC Value Code(s) and/or_Amount(s)" |  |  |
| X223.284.2300.H107-6.010 | H107-6 | Quantity | R | 1-15 | N/U |  |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300.H107-6 must not be present. |  |
| х223.284.2300.H107-7.010 | H107-7 | Version Identifier | AN | 1-30 | N/U |  |  |  | 999 | E | IK403 = 110: "Implementation "Not | 2300.H107-7 must not be present. |  |
| X223.284.2300.H107-8.010 | H107-8 | Industry code | AN | 1-30 | N/U |  |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300.H107-8 must not be present. |  |
| х223.284.2300.H107-9.010 | H07-9 | Yes/No Condition or response Code | ID | 1-1 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H107-9 must not be present. |  |
| X223.284.2300.H108.010 | H108 | HEALTH CARE CODE INFORMATION |  |  | s |  |  |  | 999 | R | IK403 = 2: "Conditional Required Data Element Missinq" | $2300 . \mathrm{HIO}$ can only be present if $2300 . \mathrm{HIO7}$ is |  |
| х223.284.2300.H108-1.010 | H108-1 | Code List Qualifier Code | ID | 1-3 | R |  |  | BE | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H108-1 must be "BE". |  |
| X223.284.2300.H108-2.010 | H108-2 | Value Code | AN | 1-30 | R |  |  |  | 277 | C | CSCC A7: "Acknowledgement /Rejected for Invalid Information. CSC 463: "NUBC Value Code(s) and/or Amount(s)" | If 2300. HIO8-1 is "BE" then 2300. HIO8-2 must be a valid Value code. | Valid Value Code reference must be available for this edit. |
| Х223.284.2300.H108-3.010 | H108-3 | Date Time Period Format Qualifier | ID | 2-3 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H108-3 must not be present. |  |
| Х223.284.2300.H108-4.010 | H108-4 | Date Time Period | AN | 1-35 | N/U |  |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300. H I08-4 must not be present. |  |
| X223.284.2300.H108-5.010 | H108-5 | Value Code Associated Amount | R | 1-18 | R |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2300. $\mathrm{H} 108-5$ must be numeric. |  |
| $\begin{array}{\|l\|} \hline \begin{array}{l} \text { 2223.284.2300.H108-5.020 } \\ \text { edit deactivated } \end{array} \\ \hline \end{array}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| х223.284.2300.H108-5.030 | H108-5 |  |  |  |  |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" | 2300.H108-5 must be >= 0 and $<=99,999,999.99$. |  |
| х223.284.2300.H108-5.035 | H108-5 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 463: "NUBC Value Code(s) and/or Amount(s)" |  |  |
| Х223.284.2300.H108-6.010 | H108-6 | Quantity | R | 1-15 | N/U |  |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300. H108-6 must not be present. |  |
| х223.284.2300.H108-7.010 | H008-7 | Version Identifier | AN | 1-30 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300.H108-7 must not be present. |  |
| х223.284.2300.H108-8.010 | H108-8 | Industry code | AN | 1-30 | N/U |  |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300.H08-8 must not be present. |  |
| х223.284.2300.H108-9.010 | H108-9 | Yes/No Condition or response Code | ID | 1-1 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H108-9 must not be present. |  |
| X223.284.2300.H109.010 | H09 | HEALTH CARE CODE INFORMATION |  |  | s |  |  |  | 999 | R | IK403 = 2: "Conditional Required Data Element Missinq" | 2300. HI09 can only be present if $2300 . \mathrm{HIO8}$ is |  |
| х223.284.2300.H109-1.010 | H109-1 | Code List Qualifier Code | ID | 1-3 | R |  |  | BE | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H09-1 must be "BE". |  |
| X223.284.2300.H109-2.010 | H09-2 | Value Code | AN | 1-30 | R |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 463: "NUBC Value Code(s) and/or Amount(s)" | If $2300 . \mathrm{HIO} 09-1$ is "BE" then 2300. HIO9-2 must be a valid Value code. | Valid Value Code reference must be available for this edit. |
| Х223.284.2300.H109-3.010 | H109-3 | Date Time Period Format Qualifier | ID | 2-3 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300. H109-3 must not be present. |  |
| х223.284.2300.H109-4.010 | H109-4 | Date Time Period | AN | 1-35 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300.H109-4 must not be present. |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | Segment or Element | Description | ID | $\begin{aligned} & \text { Min. } \\ & \text { Max. } \end{aligned}$ | $\begin{gathered} \text { Usage } \\ \text { Req. } \end{gathered}$ | Loop | $\begin{gathered} \text { Loop } \\ \text { Repeat } \end{gathered}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\begin{array}{\|c} \text { TA1/ } \\ \text { 999/ } \\ \text { 277CA } \end{array}$ | Accept/ Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.284.2300.H109-5.010 | H109-5 | Value Code Associated Amount | R | 1-18 | R |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2300. H109-5 must be numeric. |  |
| $\begin{aligned} & \text { X223.284.2300.HI09-5.020 } \\ & \text { edit deactivated } \\ & \hline \end{aligned}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| х223.284.2300.H109-5.030 | H109-5 |  |  |  |  |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" | 2300. H109-5 must be > $=0$ and << 99,999,999.99. |  |
| X223.284.2300.H109-5.035 | H09-5 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 463: "NUBC Value Code(s) and/or Amount(s)" |  |  |
| X223.284.2300.H109-6.010 | H109-6 | Quantity | R | 1-15 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300.H109-6 must not be present. |  |
| х223.284.2300.H109-7.010 | H109-7 | Version Identifier | AN | 1-30 | N/U |  |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300.H109-7 must not be present. |  |
| X223.284.2300.H109-8.010 | H109-8 | Industry code | AN | 1-30 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300.H109-8 must not be present. |  |
| X223.284.2300.H109-9.010 | H109-9 | Yes/No Condition or response Code | ID | 1-1 | N/U |  |  |  | 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 |  |  | s |  |  |  | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | 2300 .HI10 can only be present if 2300 .HI09 is present. |  |
| х223.284.2300.H110-1.010 | H110-1 | Code List Qualifier Code | ID | 1-3 | R |  |  | BE | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H110-1 must be "BE". |  |
| X223.284.2300.H110-2.010 | H110-2 | Value Code | AN | 1-30 | R |  |  |  | 277 | c | CSCC A7: "Acknowledgement Rejected for Invalid Information. CSC 463: "NUBC Value Code(s) and/or Amount(s)" | If $2300 . \mathrm{HI} 10-1$ is "BE" then $2300 . \mathrm{H} 110-2$ must be a valid Value code. | Valid Value Code reference must be available for this edit. |
| X223.284.2300.H110-3.010 | H110-3 | Date Time Period Format Qualifier | ID | 2-3 | N/U |  |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300.H110-3 must not be present. |  |
| X223.284.2300.H110-4.010 | H110-4 | Date Time Period | AN | 1-35 | N/U |  |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300.H110-4 must not be present. |  |
| X223.284.2300.H110-5.010 | H110-5 | Value Code Associated Amount | R | 1-18 | R |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2300.H110-5 must be numeric. |  |
| $\begin{aligned} & \text { X223.284.2300.HI10-5.020 } \\ & \text { edit deactivated } \end{aligned}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.284.2300.H110-5.030 | H110-5 |  |  |  |  |  |  |  | 999 | E | 1K403 = 5: "Data Element Too Long" | 2300.H110-5 must be >= 0 and < $=99,999,999.99$. |  |
| X223.284.2300.H110-5.035 | H110-5 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 463: "NUBC Value Code(s) and/or Amount(s)" |  |  |
| Х223.284.2300.H110-6.010 | H110-6 | Quantity | R | 1-15 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = } 110: \text { "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H110-6 must not be present. |  |
| X223.284.2300.H110-7.010 | H110-7 | Version Identifier | AN | 1-30 | N/U |  |  |  | 999 | E | IK403 = 110: "Implementation "Not | 2300.H110-7 must not be present. |  |
| X223.284.2300.H110-8.010 | H110-8 | Industry code | AN | 1-30 | N/U |  |  |  | 999 | E | IK403 = I10: "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 | ID | 1-1 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300.H110-9 must not be present. |  |
| X223.284.2300.H111.010 | H111 | HEALTH CARE CODE INFORMATION |  |  | s |  |  |  | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | 2300 .HI11 can only be present if 2300 . H110 is present. |  |
| х223.284.2300.H111-1.010 | H111-1 | Code List Qualifier Code | ID | 1-3 | R |  |  | BE | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H111-1 must be "BE". |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | Segment or Element | Description | ID | Min. <br> Max | $\begin{gathered} \text { Usage } \\ \text { Req. } \end{gathered}$ | Loop | $\underset{\text { Repeat }}{\text { Loop }}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\left\|\begin{array}{c} \text { TA111 } \\ \text { 999/ } \\ 277 C A \end{array}\right\|$ | Accept/ Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.284.2300.H111-2.010 | H111-2 | Value Code | AN | 1-30 | R |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information. CSC 463: "NUBC Value Code(s) and/or Amount(s)" | If 2300.HI11-1 is "BE" then 2300.HI11-2 must be a valid Value code. | Valid Value Code reference must be available for this edit. |
| X223.284.2300.H111-3.010 | H111-3 | Date Time Period Format Qualifier | ID | 2-3 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not | 2300.H111-3 must not be present. |  |
| X223.284.2300.H111-4.010 | H111-4 | Date Time Period | AN | 1-35 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300.H111-4 must not be present. |  |
| X223.284.2300.H111-5.010 | H111-5 | Value Code Associated Amount | R | 1-18 | R |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2300. H111-5 must be numeric. |  |
| $\begin{aligned} & \text { X223.284.2300.H111-5.020 } \\ & \text { edit deactivated } \\ & \hline \end{aligned}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.284.2300.H111-5.030 | H111-5 |  |  |  |  |  |  |  | 999 | E | 1K403 = 5: "Data Element Too Long" | 2300.H111-5 must be >= 0 and $<=99,999,999.99$. |  |
| X223.284.2300.H111-5.035 | H111-5 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 463: "NUBC Value Code(s) and/or Amount(s)" |  |  |
| X223.284.2300.H111-6.010 | H111-6 | Quantity | R | 1-15 | N/U |  |  |  | 999 | E | IK403 = = 110: "Implementation "Not | 2300. H111-6 must not be present. |  |
| X223.284.2300.H111-7.010 | H111-7 | Version Identifier | AN | 1-30 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H111-7 must not be present. |  |
| X223.284.2300.H111-8.010 | H111-8 | Industry code | AN | 1-30 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not | 2300.H111-8 must not be present. |  |
| X223.284.2300.H111-9.010 | H111-9 | Yes/No Condition or response Code | ID | 1-1 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H111-9 must not be present. |  |
| X223.284.2300.H112.010 | H112 | $\begin{aligned} & \text { HEALTH CARE CODE } \\ & \text { INFORMATION } \\ & \hline \end{aligned}$ |  |  | s |  |  |  | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | 2300.H112 can only be present if $2300 . \mathrm{H} 111$ is |  |
| X223.284.2300.H112-1.010 | H12-1 | Code List Qualifier Code | ID | 1-3 | R |  |  | BE | 999 | R | 11403 = 7: "Invalid Code Value" | 2300.H112-1 must be "BE". |  |
| X223.284.2300.H112-2.010 | H112-2 | Value Code | AN | 1-30 | R |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information. CSC 463: "NUBC Value Code(s) and/or Amount(s)" | If $2300 . \mathrm{HI} 12-1$ is "BE" then 2300. $\mathrm{H} 112-2$ must be a valid Value code. | Valid Value Code reference must be available for this edit. |
| X223.284.2300.H112-3.010 | H112-3 | $\qquad$ | ID | 2-3 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = = 110: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H112-3 must not be present. |  |
| X223.284.2300.H112-4.010 | H112-4 | Date Time Period | AN | 1-35 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300. H112-4 must not be present. |  |
| X223.284.2300.H112-5.010 | H12-5 | Value Code Associated Amount | R | 1-18 | R |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2300.H112-5 must be numeric. |  |
| $\begin{aligned} & \text { X223.284.2300.HI12-5.020 } \\ & \text { edit deactivated } \end{aligned}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.284.2300.H112-5.030 | H112-5 |  |  |  |  |  |  |  | 999 | E | 1K403 = 5: "Data Element Too Long" | 2300.H112-5 must be >= 0 and \ll 99,999,999.99. |  |
| X223.284.2300.H112-5.035 | H12-5 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 463: "NUBC Value Code(s) and/or Amount(s)" |  |  |
| X223.284.2300.H112-6.010 | H12-6 | Quantity | R | 1-15 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H112-6 must not be present. |  |
| X223.284.2300.H112-7.010 | H12-7 | Version Identifier | AN | 1-30 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H112-7 must not be present. |  |
| X223.284.2300.H112-8.010 | H112-8 | Industry code | AN | 1-30 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not | 2300. H112-8 must not be present. |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | Segment or | Description | ID | $\begin{aligned} & \text { Min. } \\ & \text {.ax. } \end{aligned}$ | Usage Req. | Loop | $\underset{\text { Repeat }}{\text { Loop }}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\begin{gathered} \text { TA1/ } \\ \text { 999/ } \\ \text { 277CA } \end{gathered}$ | Accept/ Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.284.2300.H112-9.010 | H12-9 | Yes/No Condition or response Code | ID | 1-1 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \\ & \hline \end{aligned}$ | 2300.H112-9 must not be present. |  |
| X223.294.2300.HI.010 | HI | $\begin{aligned} & \text { CONDITION } \\ & \text { INFORMATION } \\ & \hline \end{aligned}$ |  | 2 | s | 2300 |  |  | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only two iterations of $2300 . \mathrm{HI}$ with H01-1 = "BG" are allowed. |  |
| X223.294.2300.H101.010 | H01 | HEALTH CARE CODE INFORMATION |  |  | R |  |  |  |  |  |  |  |  |
| х223.294.2300.H101-1.010 | H01-1 | Code List Qualifier Code | ID | 1-3 | R |  |  | BG | 999 | R | 11403 = 7: "Invalid Code Value" | 2300.H01-1 must be "BG". |  |
| X223.294.2300.H01-2.010 | H01-2 | Condition Code | AN | 1-30 | R |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 460: "NUBC Condition Code(s)" | If 2300 .HIO1-1 is "BG" then 2300. HIO1-2 must be a valid Condition code. | Valid Condition Code reference must be available for this edit. |
| х223.294.2300.H101-3.010 | H01-3 | $\begin{array}{\|c\|} \hline \text { Date Time Period Format } \\ \text { Qualifier } \\ \hline \end{array}$ | ID | 2-3 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not | 2300. H101-3 must not be present. |  |
| X223.294.2300.H101-4.010 | H01-4 | Date Time Period | AN | 1-35 | N/U |  |  |  | 999 | E | IK403 = 110: "Implementation "Not | 2300.H101-4 must not be present. |  |
| х223.294.2300.H101-5.010 | H101-5 | Monetary Amount | R | 1-18 | /U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300.H101-5 must not be present. |  |
| х223.294.2300.H101-6.010 | H101-6 | Quantity | R | 1-15 | v/U |  |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300.H101-6 must not be present. |  |
| X223.304.2300.H101-7.010 | H001-7 | Version Identifier | AN | 1-30 | N/U |  |  |  | 999 | E | 1K403 = I10: "Implementation "Not Used" Element Present" | 2300.H101-7 must not be present. |  |
| X223.294.2300.H101-8.010 | H01-8 | Industry code | AN | 1-30 | N/U |  |  |  | 999 | E | 1K403 = 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 | ID | 1-1 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300.H101-9 must not be present. |  |
| X223.294.2300.H102.010 | H102 | HEALTH CARE CODE INFORMATION |  |  | S |  |  |  | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | 2300.HIO2 can only be present if 2300 .HIO1 is present. |  |
| х223.294.2300.H102-1.010 | H102-1 | Code List Qualifier Code | ID | 1-3 | R |  |  | BG | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H102-1 must be "BG". |  |
| X223.294.2300.H102-2.010 | H102-2 | Condition Code | AN | 1-30 | R |  |  |  | 277 | C | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 460: "NUBC Condition Code(s)" | If $2300 . \mathrm{HIO2}-1$ is "BG" then 2300. HIO2-2 must be a valid Condition code. | Valid Condition Code reference must be available for this edit. |
| X223.294.2300.H102-3.010 | H102-3 | Date Time Period Format Qualifier | ID | 2-3 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H102-3 must not be present. |  |
| X223.294.2300.H102-4.010 | H02-4 | Date Time Period | AN | 1-35 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not | 2300.H102-4 must not be present. |  |
| X223.294.2300.H102-5.010 | H102-5 | Monetary Amount | R | 1-18 | N/U |  |  |  | 999 | E | IK403 = 110: "Implementation "Not | 2300.H102-5 must not be present. |  |
| х223.294.2300.H102-6.010 | H02-6 | Quantity | R | 1-15 | N/U |  |  |  | 999 | E | 1K403 = I10: "Implementation "Not Used" Element Present" | 2300.H102-6 must not be present. |  |
| X223.294.2300.H102-7.010 | H102-7 | Version Identifier | AN | 1-30 | N/U |  |  |  | 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 | AN | 1-30 | N/U |  |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300.H102-8 must not be present. |  |
| х223.294.2300.H102-9.010 | H102-9 | Yes/No Condition or response Code | ID | 1-1 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H102-9 must not be present. |  |
| X223.294.2300.H103.010 | H03 | HEALTH CARE CODE INFORMATION |  |  | s |  |  |  | 999 | R | IK403 = 2: "Conditional Required Data Element Missinq" | $2300 . \mathrm{HIO3}$ can only be present if 2300 .HI02 is present. |  |
| Х223.294.2300.H103-1.010 | H103-1 | Code List Qualifier Code | ID | 1-3 | R |  |  | BG | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.HIO3-1 must be "BG". |  |
| X223.294.2300.H103-2.010 | H103-2 | Condition Code | AN | 1-30 | R |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 460: "NUBC Condition Code(s)" | If $2300 . \mathrm{HIO} 03-1$ is "BG" then $2300 . \mathrm{HIO} 0-2$ must be a valid Condition code. | Valid Condition Code reference must be available for this edit. |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | Segment or Element | Description | ID | $\begin{aligned} & \text { Min. } \\ & \text { Max. } \end{aligned}$ | $\begin{array}{\|c} \text { Usage } \\ \text { Req. } \\ \hline \end{array}$ | Loop | $\begin{aligned} & \text { Loop } \\ & \text { Repeat } \\ & \hline \end{aligned}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\begin{array}{\|c} \text { TA1/ } \\ \text { 999/ } \\ 277 C A \\ \hline \end{array}$ | Accept/ | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.294.2300.H103-3.010 | H103-3 | $\begin{array}{\|c\|} \hline \begin{array}{c} \text { Date Time Period Format } \\ \text { Qualifier } \end{array} \\ \hline \end{array}$ | ID | 2-3 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300. H103-3 must not be present. |  |
| х223.294.2300. $\mathrm{H} 103-4.010$ | H103-4 | Date Time Period | AN | 1-35 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300.H103-4 must not be present. |  |
| X223.294.2300.H103-5.010 | H03-5 | Monetary Amount | R | 1-18 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300. H103-5 must not be present. |  |
| X223.294.2300.H103-6.010 | H03-6 | Quantity | R | 1-15 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H103-6 must not be present. |  |
| X223.294.2300.H103-7.010 | H03-7 | Version Identifier | AN | 1-30 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { 1K403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H103-7 must not be present. |  |
| X223.294.2300.H103-8.010 | H103-8 | Industry code | AN | 1-30 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300. H103-8 must not be present. |  |
| X223.294.2300.H103-9.010 | H03-9 | Yes/No Condition or response Code | ID | 1-1 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H103-9 must not be present. |  |
| X223.294.2300.H104.010 | H104 | $\begin{aligned} & \text { HEALTHCARE CODE } \\ & \text { INFORMATION } \\ & \hline \end{aligned}$ |  |  | S |  |  |  | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | 2300 .HI04 can only be present if 2300 . HI03 is present. |  |
| X223.294.2300.H104-1.010 | H04-1 | Code List Qualifier Code | ID | 1-3 | R |  |  | BG | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H104-1 must be "BG". |  |
| X223.294.2300.H104-2.010 | H104-2 | Condition Code | AN | 1-30 | R |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information... CSC 460: "NUBC Condition Code(s)" | If $2300 . \mathrm{HIO4-1}$ is "BG" then 2300. $\mathrm{HIO4-2}$ must be a valid Condition code. | Valid Condition Code reference must be available for this edit. |
| X223.294.2300.H104-3.010 | H104-3 | $\begin{array}{\|c\|} \hline \text { Date Time Period Format } \\ \text { Qualifier } \end{array}$ | ID | 2-3 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H104-3 must not be present. |  |
| X223.294.2300.H104-4.010 | H104-4 | Date Time Period | AN | 1-35 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300. H104-4 must not be present. |  |
| X223.294.2300.H104-5.010 | H104-5 | Monetary Amount | R | 1-18 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I } 10 \text { : "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300. H104-5 must not be present. |  |
| X223.294.2300.H104-6.010 | H104-6 | Quantity | R | 1-15 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300. H104-6 must not be present. |  |
| X223.294.2300.H104-7.010 | H104-7 | Version Identifier | AN | 1-30 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H104-7 must not be present. |  |
| X223.294.2300.H104-8.010 | H104-8 | Industry code | AN | 1-30 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H104-8 must not be present. |  |
| X223.294.2300.H104-9.010 | H104-9 | Yes/No Condition or response Code | ID | 1-1 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H104-9 must not be present. |  |
| X223.294.2300.H105.010 | H105 | HEALTH CARE CODE INFORMATION |  |  | S |  |  |  | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | 2300.HI05 can only be present if 2300 .HI04 is |  |
| $\times$ X223.294.2300.H105-1.010 | H105-1 | Code List Qualifier Code | ID | 1-3 | R |  |  | BG | 999 | R | IK403 = 7: "Invalid Code Value" | 2300.H105-1 must be "BG". |  |
| X223.294.2300.H105-2.010 | H05-2 | Condition Code | AN | 1-30 | R |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 460: "NUBC Condition Code(s)" | If 2300. H105-1 is "BG" then 2300. HIO5-2 must be a valid Condition code. | Valid Condition Code reference must be available for this edit. |
| X223.294.2300.H105-3.010 | H105-3 | $\begin{array}{\|c\|} \hline \text { Date Time Period Format } \\ \text { Qualifier } \end{array}$ | ID | 2-3 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H105-3 must not be present. |  |
| X223.294.2300.H105-4.010 | H105-4 | Date Time Period | AN | 1-35 | N/U |  |  |  | 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 | R | 1-18 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H105-5 must not be present. |  |
| X223.294.2300.H105-6.010 | H105-6 | Quantity | R | 1-15 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H105-6 must not be present. |  |
| X223.294.2300.H105-7.010 | H105-7 | Version Identifier | AN | 1-30 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300. H105-7 must not be present. |  |
| X223.294.2300.H105-8.010 | H105-8 | Industry code | AN | 1-30 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300. H105-8 must not be present. |  |
| X223.294.2300.H105-9.010 | H105-9 | Yes/No Condition or response Code | ID | 1-1 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H105-9 must not be present. |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | Segment or Element | Description | ID | Min. | Usage | Loop | $\begin{aligned} & \text { Loop } \\ & \text { Repeat } \end{aligned}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\begin{gathered} \text { TA11 } \\ \text { 999/ } \\ \text { 277CA } \end{gathered}$ | $\begin{gathered} \text { Accept/ } \\ \text { Reject } \end{gathered}$ | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.294.2300.H06.010 | H06 | HEALTH CARE CODE INFORMATION |  |  | s |  |  |  | 999 | R | IK403 = 2: "Conditional Required Data Element Missinq" | $2300 . \mathrm{HIO}$ can only be present if $2300 . \mathrm{HIO}$ is present. |  |
| х223.294.2300.H106-1.010 | H106-1 | Code List Qualifier Code | ID | 1-3 | R |  |  | BG | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H106-1 must be "BG". |  |
| X223.294.2300.H106-2.010 | H06-2 | Condition Code | AN | 1-30 | R |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 460: "NUBC Condition Code(s)" | If 2300. HIO6-1 is "BG" then 2300. HIO6-2 must be a valid Condition code. | Valid Condition Code reference must be available for this edit. |
| Х223.294.2300.H106-3.010 | H106-3 | $\begin{array}{\|c\|} \hline \begin{array}{c} \text { Date Time Period Format } \\ \text { Qualifier } \end{array} \\ \hline \end{array}$ | ID | 2-3 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H106-3 must not be present. |  |
| Х223.294.2300.H106-4.010 | H106-4 | Date Time Period | AN | 1-35 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not | 2300.H106-4 must not be present. |  |
| X223.294.2300.H106-5.010 | H106-5 | Monetary Amount | R | 1-18 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300.H106-5 must not be present. |  |
| х223.294.2300.H106-6.010 | H106-6 | Quantity | R | 1-15 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300.H106-6 must not be present. |  |
| X223.294.2300.H106-7.010 | H106-7 | Version Identifier | AN | 1-30 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H106-7 must not be present. |  |
| X223.294.2300.H106-8.010 | H106-8 | Industry code | AN | 1-30 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H106-8 must not be present. |  |
| х223.294.2300.H106-9.010 | H106-9 | Yes/No Condition or response Code | ID | 1-1 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H106-9 must not be present. |  |
| X223.294.2300.H107.010 | H107 | health Care code INFORMATION |  |  | s |  |  |  | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | 2300 .HI07 can only be present if 2300 .HI06 is present. |  |
| х223.294.2300.H107-1.010 | H107-1 | Code List Qualifier Code | ID | 1-3 | R |  |  | BG | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H107-1 must be "BG". |  |
| X223.294.2300.H107-2.010 | H07-2 | Condition Code | AN | 1-30 | R |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 460: "NUBC Condition Code(s)" | If 2300. 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 | H007-3 | $\begin{array}{\|c\|} \hline \begin{array}{c} \text { Date Time Period Format } \\ \text { Qualifier } \end{array} \\ \hline \end{array}$ | ID | 2-3 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H107-3 must not be present. |  |
| х223.294.2300.H107-4.010 | H07-4 | Date Time Period | AN | 1-35 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300.H107-4 must not be present. |  |
| X223.294.2300.H107-5.010 | H107-5 | Monetary Amount | R | 1-18 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H107-5 must not be present. |  |
| Х223.294.2300.H107-6.010 | H107-6 | Quantity | R | 1-15 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300.H107-6 must not be present. |  |
| X223.294.2300.H107-7.010 | H07-7 | Version Identifier | AN | 1-30 | N/U |  |  |  | 999 | E | IK403 = =110: "Implementation "Not Used" Element Present" | 2300.H107-7 must not be present. |  |
| X223.294.2300.H107-8.010 | H107-8 | Industry code | AN | 1-30 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300.H107-8 must not be present. |  |
| X223.294.2300.H107-9.010 | H07-9 | Yes/No Condition or response Code | ID | 1-1 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H107-9 must not be present. |  |
| X223.294.2300.H08.010 | H008 | HEALTH CARE CODE INFORMATION |  |  | S |  |  |  | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | 2300 .HI08 can only be present if 2300 .HI07 is present. |  |
| Х223.294.2300.H108-1.010 | H08-1 | Code List Qualifier Code | ID | 1-3 | R |  |  | BG | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.HI08-1 must be "BG". |  |
| х223.294.2300.H108-2.010 | H108-2 | Condition Code | AN | 1-30 | R |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 460: "NUBC Condition Code(s)" | If 2300 . $\mathrm{HI} 08-1$ is "BG" then 2300 . $\mathrm{HIO} 0-2$ must be a valid Condition code. | Valid Condition Code reference must be available for this edit. |
| х223.294.2300.H108-3.010 | H108-3 | $\begin{array}{\|c\|} \hline \begin{array}{c} \text { Date Time Period Format } \\ \text { Qualifier } \end{array} \\ \hline \end{array}$ | ID | 2-3 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H108-3 must not be present. |  |
| X223.294.2300. $\mathrm{H108} \mathbf{0 - 4 . 0 1 0}$ | H108-4 | Date Time Period | AN | 1-35 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { K } 403 \text { = I } 10 \text { : "Implementation "Not } \end{aligned}$ Used" Element Present" | 2300.H108-4 must not be present. |  |
| X223.294.2300.H108-5.010 | H08-5 | Monetary Amount | R | 1-18 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H108-5 must not be present. |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | Segment or Element | Description | ID | $\begin{aligned} & \text { Min. } \\ & \text { Max. } \end{aligned}$ | $\begin{array}{\|c} \text { Usage } \\ \text { Req. } \\ \hline \end{array}$ | Loop | $\begin{aligned} & \text { Loop } \\ & \text { Repeat } \\ & \hline \end{aligned}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\begin{array}{\|c} \text { TA1/ } \\ \text { 999/ } \\ 277 C A \\ \hline \end{array}$ | Accept/ | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.294.2300.H108-6.010 | H108-6 | Quantity | R | 1-15 | N/U |  |  |  | 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 | AN | 1-30 | N/U |  |  |  | 999 | E | IK403 = 110: "Implementation "Not | 2300.H108-7 must not be present. |  |
| X223.294.2300.H108-8.010 | H008-8 | Industry code | AN | 1-30 | N/U |  |  |  | 999 | E | IK403 = 110: "Implementation "Not | 2300. H108-8 must not be present. |  |
| X223.294.2300.H108-9.010 | H08-9 | Yes/No Condition or response Code | ID | 1-1 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H108-9 must not be present. |  |
| X223.294.2300.H109.010 | H09 | HEALTH CARE CODE INFORMATION |  |  | S |  |  |  | 999 | R | 1 K 403 = 2: "Conditional Required Data Element Missing" | $2300 . \mathrm{HIO9}$ can only be present if 2300 . H108 is present. |  |
| X223.294.2300.H109-1.010 | H109-1 | Code List Qualifier Code | ID | 1-3 | R |  |  | BG | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H109-1 must be "BG". |  |
| X223.294.2300.H109-2.010 | H09-2 | Condition Code | AN | 1-30 | R |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 460: "NUBC Condition Code(s)" | If 2300 .HIO9-1 is "BG" then 2300 .HIO9-2 must be a valid Condition code. | Valid Condition Code reference must be available for this edit. |
| Х223.294.2300.H109-3.010 | H109-3 | $\begin{array}{\|c\|} \hline \begin{array}{c} \text { Date Time Period Format } \\ \text { Qualifier } \end{array} \\ \hline \end{array}$ | ID | 2-3 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H109-3 must not be present. |  |
| X223.294.2300.H109-4.010 | H109-4 | Date Time Period | AN | 1-35 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H109-4 must not be present. |  |
| X223.294.2300.H109-5.010 | H109-5 | Monetary Amount | R | 1-18 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H109-5 must not be present. |  |
| X223.294.2300.H109-6.010 | H109-6 | Quantity | R | 1-15 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H109-6 must not be present. |  |
| X223.294.2300.H109-7.010 | H099-7 | Version Identifier | AN | 1-30 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H109-7 must not be present. |  |
| X223.294.2300.H109-8.010 | H109-8 | Industry code | AN | 1-30 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300. H109-8 must not be present. |  |
| X223.294.2300.H109-9.010 | H109-9 | Yes/No Condition or response Code | ID | 1-1 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300. H109-9 must not be present. |  |
| X223.294.2300.H110.010 | H10 | HEALTH CARE CODE INFORMATION |  |  | S |  |  |  | 999 | R | IK403 = 2: "Conditional Required Data | 2300.H110 can only be present if 2300 . H109 is present. |  |
| X223.294.2300.H110-1.010 | H110-1 | Code List Qualifier Code | ID | 1-3 | R |  |  | BG | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H110-1 must be "BG". |  |
| X223.294.2300.H110-2.010 | H110-2 | Condition Code | AN | 1-30 | R |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 460: "NUBC Condition Code(s)" | If $2300 . \mathrm{HI} 10-1$ is "BG" then 2300 .HI10-2 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 | ID | 2-3 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = 110: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H110-3 must not be present. |  |
| X223.294.2300.H110-4.010 | H110-4 | Date Time Period | AN | 1-35 | N/U |  |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300.H110-4 must not be present. |  |
| X223.294.2300.H110-5.010 | H110-5 | Monetary Amount | R | 1-18 | N/U |  |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300.H110-5 must not be present. |  |
| X223.294.2300.H110-6.010 | H110-6 | Quantity | R | 1-15 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300. H110-6 must not be present. |  |
| X223.294.2300.H110-7.010 | H110-7 | Version Identifier | AN | 1-30 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H110-7 must not be present. |  |
| X223.294.2300.H110-8.010 | H110-8 | Industry code | AN | 1-30 | N/U |  |  |  | 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 | ID | 1-1 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | $2300 . \mathrm{H} 110-9$ must not be present. |  |
| X223.294.2300.H111.010 | H11 | HEALTH CARE CODE INFORMATION |  |  | S |  |  |  | 999 | R | IK403 = 2: "Conditional Required Data | 2300.H111 can only be present if 2300 .H110 is |  |
| х223.294.2300.H111-1.010 | H111-1 | Code List Qualifier Code | ID | 1-3 | R |  |  | BG | 999 | R | 11403 = 7: "Invalid Code Value" | 2300.H111-1 must be "BG". |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | Segment or Element | Description | ID | $\begin{aligned} & \text { Min. } \\ & \text { Max. } \end{aligned}$ | $\begin{array}{\|c\|} \text { Usage } \\ \text { Req. } \end{array}$ | Loop | $\begin{gathered} \text { Loop } \\ \text { Repeat } \\ \hline \end{gathered}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\left\|\begin{array}{c} \text { TA11 } \\ \text { 999/ } \\ 277 C A \end{array}\right\|$ | Accept/ Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.294.2300.H111-2.010 | H111-2 | Condition Code | AN | 1-30 | R |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 460: "NUBC Condition Code(s)" | If 2300.H111-1 is "BG" then 2300.H111-2 must be a valid Condition code. | Valid Condition Code reference must be available for this edit. |
| X223.294.2300.H111-3.010 | H111-3 | Date Time Period Format Qualifier | ID | 2-3 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300. H111-3 must not be present. |  |
| X223.294.2300.H111-4.010 | H111-4 | Date Time Period | AN | 1-35 | N/U |  |  |  | 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 | R | 1-18 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300.H111-5 must not be present. |  |
| X223.294.2300.H111-6.010 | H111-6 | Quantity | R | 1-15 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300.H111-6 must not be present. |  |
| X223.294.2300.H111-7.010 | H111-7 | Version Identifier | AN | 1-30 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300.H111-7 must not be present. |  |
| X223.294.2300.H111-8.010 | H111-8 | Industry code | AN | 1-30 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300.H111-8 must not be present. |  |
| X223.294.2300.H111-9.010 | H111-9 | Yes/No Condition or response Code | ID | 1-1 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I IO: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H111-9 must not be present. |  |
| X223.294.2300.H112.010 | H12 | HEALTH CARE CODE IFORMATION |  |  | s |  |  |  | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | $2300 . \mathrm{H} 112$ can only be present if 2300 .H111 is present. |  |
| X223.294.2300.H112-1.010 | H112-1 | Code List Qualifier Code | ID | 1-3 | R |  |  | BG | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H112-1 must be "BG". |  |
| X223.294.2300.H112-2.010 | H112-2 | Condition Code | AN | 1-30 | R |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 460: "NUBC Condition Code(s)" | If 2300 .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 | H12-3 | $\begin{array}{\|c\|} \hline \begin{array}{c} \text { Date Time Period Format } \\ \text { Qualifier } \end{array} \\ \hline \end{array}$ | ID | 2-3 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H112-3 must not be present. |  |
| X223.294.2300.H112-4.010 | H12-4 | Date Time Period | AN | 1-35 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300. H112-4 must not be present. |  |
| X223.294.2300.H112-5.010 | H12-5 | Monetary Amount | R | 1-18 | N/U |  |  |  | 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 | H12-6 | Quantity | R | 1-15 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H112-6 must not be present. |  |
| X223.294.2300.H112-7.010 | H12-7 | Version Identifier | AN | 1-30 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300.H112-7 must not be present. |  |
| X223.294.2300.H112-8.010 | H12-8 | Industry code | AN | 1-30 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300. H112-8 must not be present. |  |
| X223.294.2300.H112-9.010 | H112-9 | Yes/No Condition or response Code | ID | 1-1 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \\ & \hline \end{aligned}$ | 2300.H112-9 must not be present. |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| $\begin{aligned} & \text { X223.304.2300.HI. } 010 \\ & \text { edit deactivated } \\ & \hline \end{aligned}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| $\begin{aligned} & \text { X223.304.2300.H1. } 020 \\ & \text { deactivated } \\ & \hline \end{aligned}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Х223.304.2300.H1.030 | HI | TREATMENT CODE INFORMATION |  | 2 | s | 2300 |  |  | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only two iterations of 2300.HI with H101-1 = "TC" are allowed. | pass through, syntax only. |
| X223.304.2300.H01.010 | H01 | HEALTH CARE CODE INFORMATION |  |  | R |  |  |  |  |  |  |  |  |
| Х223.304.2300.H101-1.010 | H01-1 | Code List Qualifier Code | ID | 1-3 | R |  |  | TC | 999 | R | IK403 = 7: "Invalid Code Value" | 2300.H01-1 must be "TC". |  |
| X223.304.2300.H101-2.010 | H01-2 | Treatment Code | AN | 1-30 | R |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2300.H01-2 must contain at least one non-space character. |  |
| $\times 223.304 .2300 . \mathrm{HIO1-2.020}$ | H101-2 |  |  |  |  |  |  |  | 999 | R | 1K403 = 5: "Data Element Too Long" | 2300.H101-2 must be 1-30 characters. |  |
| X223.304.2300.H101-3.010 | H01-3 | $\begin{array}{\|c\|} \hline \begin{array}{c} \text { Date Time Period Format } \\ \text { Qualifier } \end{array} \\ \hline \end{array}$ | ID | 2-3 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300. H101-3 must not be present. |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | Segment or Element | Description | ID | Min. Max. | $\begin{gathered} \text { Usage } \\ \text { Req. } \end{gathered}$ | Loop | $\underset{\text { Repeat }}{\text { Loop }}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\begin{gathered} \text { TA1/ } \\ \text { 999/ } \\ \text { 277CA } \end{gathered}$ | $\begin{array}{\|l\|l\|} \hline \text { Accept/ } \\ \text { Reject } \end{array}$ | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.304.2300.H101-4.010 | H01-4 | Date Time Period | AN | 1-35 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = 110: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300. H101-4 must not be present. |  |
| х223.304.2300.H101-5.010 | H01-5 | Monetary Amount | R | 1-18 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300.H101-5 must not be present. |  |
| х223.304.2300.H101-6.010 | H01-6 | Quantity | R | 1-15 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not | 2300.H101-6 must not be present. |  |
| X223.304.2300.H101-7.010 | H01-7 | Version Identifier | AN | 1-30 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300.H101-7 must not be present. |  |
| X223.304.2300.H101-8.010 | H01-8 | Industry code | AN | 1-30 | N/U |  |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300.H101-8 must not be present. |  |
| X223.304.2300.H101-9.010 | H01-9 | Yes/No Condition or response Code | ID | 1-1 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { 1K403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H101-9 must not be present. |  |
| X223.304.2300.H102.010 | H02 | HEALTH CARE CODE INFORMATION |  |  | s |  |  |  | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | 2300 .HIO2 can only be present if 2300 . HIO1 is present. |  |
| х223.304.2300.H102-1.010 | H02-1 | Code List Qualifier Code | ID | 1-3 | R |  |  | TC | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H102-1 must be "TC". |  |
| X223.304.2300.H102-2.010 | H02-2 | Treatment Code | AN | 1-30 | R |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2300.HIO2-2 must contain at least one non-space character. |  |
| Х223.304.2300.H102-2.020 | H102-2 |  |  |  |  |  |  |  | 999 | R | 1K403 = 5: "Data Element Too Long" | 2300.H102-2 must be 1-30 characters. |  |
| Х223.304.2300.H102-3.010 | H02-3 | Date Time Period Format Qualifier | ID | 2-3 | N/U |  |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300.H102-3 must not be present. |  |
| X223.304.2300.H102-4.010 | H102-4 | Date Time Period | AN | 1-35 | N/U |  |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300.H102-4 must not be present. |  |
| X223.304.2300.H102-5.010 | H102-5 | Monetary Amount | R | 1-18 | N/U |  |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300.H102-5 must not be present. |  |
| х223.304.2300.H102-6.010 | H102-6 | Quantity | R | 1-15 | N/U |  |  |  | 999 | E | 1K403 = I10: "Implementation "Not Used" Element Present" | 2300.H102-6 must not be present. |  |
| X223.304.2300.H102-7.010 | H102-7 | Version Identifier | AN | 1-30 | N/U |  |  |  | 999 | E | IK403 = 110: "Implementation "Not | 2300.H102-7 must not be present. |  |
| X223.304.2300.H102-8.010 | H102-8 | Industry code | AN | 1-30 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I } 10 \text { : "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H102-8 must not be present. |  |
| х223.304.2300.H102-9.010 | H102-9 | Yes/No Condition or response Code | ID | 1-1 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I } 10 \text { : "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H102-9 must not be present. |  |
| X223.304.2300.H03.010 | H03 | HEALTH CARE CODE INFORMATION |  |  | S |  |  |  | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | $2300 . \mathrm{H} 103$ can only be present if $2300 . \mathrm{H} 102$ is present. |  |
| Х223.304.2300.H103-1.010 | H03-1 | Code List Qualifier Code | ID | 1-3 | R |  |  | TC | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H03-1 must be "TC". |  |
| Х223.304.2300.H103-2.010 | H03-2 | Treatment Code | AN | 1-30 | R |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2300.HIO3-2 must contain at least one non-space character. |  |
| х223.304.2300.Н103-2.020 | H103-2 |  |  |  |  |  |  |  | 999 | R | IK403 = 5: "Data Element Too Long" | 2300.HI03-2 must be 1-30 characters. |  |
| х223.304.2300.H103-3.010 | H103-3 | Date Time Period Format Qualifier | ID | 2-3 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = 110: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300. H IO3-3 must not be present. |  |
| X223.304.2300.H103-4.010 | H03-4 | Date Time Period | AN | 1-35 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H103-4 must not be present. |  |
| X223.304.2300.H103-5.010 | H103-5 | Monetary Amount | R | 1-18 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H103-5 must not be present. |  |
| X223.304.2300.H103-6.010 | H03-6 | Quantity | R | 1-15 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H103-6 must not be present. |  |
| X223.304.2300.H103-7.010 | H103-7 | Version Identifier | AN | 1-30 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300.H103-7 must not be present. |  |
| X223.304.2300.H103-8.010 | H103-8 | Industry code | AN | 1-30 | N/U |  |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300. $\mathrm{H} 103-8$ must not be present. |  |
| X223.304.2300.H103-9.010 | H103-9 | Yes/No Condition or response Code | ID | 1-1 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300. H103-9 must not be present. |  |
| X223.304.2300.H104.010 | H04 | health Care code INFORMATION |  |  | S |  |  |  | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | $2300 . \mathrm{HIO}$ can only be present if 2300 . HIO3 is present. |  |
| х223.304.2300.H104-1.010 | H104-1 | Code List Qualifier Code | ID | 1-3 | R |  |  | TC | 999 | R | IK403 = 7: "Invalid Code Value" | 2300.H104-1 must be "TC". |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \\ \hline \end{gathered}$ | Segment or | Description | ID | Min. Max. | $\begin{array}{\|c} \text { Usage } \\ \text { Req. } \end{array}$ | Loop | $\begin{gathered} \text { Loop } \\ \text { Repeat } \\ \hline \end{gathered}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\begin{array}{\|c} \text { TA1/ } \\ \text { 999/ } \\ 277 \mathrm{CA} \\ \hline \end{array}$ | $\begin{array}{\|l\|l\|} \hline \text { Accept/ } \\ \text { Reject } \end{array}$ | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.304.2300.H104-2.010 | H104-2 | Treatment Code | AN | 1-30 | R |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2300.HI04-2 must contain at least one non-space character. |  |
| $\times 223.304 .2300 . \mathrm{H104-2.020}$ | H104-2 |  |  |  |  |  |  |  | 999 | R | 1K403 = 5: "Data Element Too Long" | 2300.H104-2 must be 1-30 characters. |  |
| X223.304.2300.H104-3.010 | H104-3 | $\begin{array}{\|c\|} \hline \begin{array}{c} \text { Date Time Period Format } \\ \text { Qualifier } \end{array} \\ \hline \end{array}$ | ID | 2-3 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300. H104-3 must not be present. |  |
| X223.304.2300.H104-4.010 | H104-4 | Date Time Period | AN | 1-35 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300.H104-4 must not be present. |  |
| X223.304.2300.H104-5.010 | H104-5 | Monetary Amount | R | 1-18 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK } 403=\text { I 10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300. H104-5 must not be present. |  |
| X223.304.2300.H104-6.010 | H104-6 | Quantity | R | 1-15 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300. H104-6 must not be present. |  |
| X223.304.2300.H104-7.010 | H104-7 | Version Identifier | AN | 1-30 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not | 2300. H104-7 must not be present. |  |
| X223.304.2300.H104-8.010 | H104-8 | Industry code | AN | 1-30 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300. H104-8 must not be present. |  |
| X223.304.2300.H104-9.010 | H104-9 | Yes/No Condition or response Code | ID | 1-1 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H104-9 must not be present. |  |
| X223.304.2300.H105.010 | H05 | HEALTH CARE CODE INFORMATION |  |  | s |  |  |  | 999 | R | $\begin{aligned} & \text { IK403 = 2: "Conditional Required Data } \\ & \text { Element Missing" } \\ & \hline \end{aligned}$ | 2300 . HIO5 can only be present if 2300 . H104 is present. |  |
| X223.304.2300.H105-1.010 | H105-1 | Code List Qualifier Code | ID | 1-3 | R |  |  | TC | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H105-1 must be "TC". |  |
| X223.304.2300.H105-2.010 | H05-2 | Treatment Code | AN | 1-30 | R |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2300.HI05-2 must contain at least one non-space 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 | $\begin{array}{\|c\|} \hline \begin{array}{c} \text { Date Time Period Format } \\ \text { Qualifier } \end{array} \\ \hline \end{array}$ | ID | 2-3 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H105-3 must not be present. |  |
| X223.304.2300.H105-4.010 | H105-4 | Date Time Period | AN | 1-35 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not | 2300. H105-4 must not be present. |  |
| X223.304.2300.H105-5.010 | H105-5 | Monetary Amount | R | 1-18 | N/U |  |  |  | 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 | R | 1-15 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H105-6 must not be present. |  |
| X223.304.2300.H105-7.010 | H105-7 | Version Identifier | AN | 1-30 | N/U |  |  |  | 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 | AN | 1-30 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H105-8 must not be present. |  |
| X223.304.2300.H105-9.010 | H105-9 | Yes/No Condition or response Code | ID | 1-1 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H105-9 must not be present. |  |
| X223.304.2300.H106.010 | H06 | HEALTH CARE CODE INFORMATION |  |  | S |  |  |  | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | $2300 . \mathrm{HIO} 06$ can only be present if 2300 . HIO5 is present. |  |
| X223.304.2300.H106-1.010 | H106-1 | Code List Qualifier Code | ID | 1-3 | R |  |  | TC | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H106-1 must be "TC". |  |
| X223.304.2300.H106-2.010 | H06-2 | Treatment Code | AN | 1-30 | R |  |  |  | 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 character. |  |
| X223.304.2300.H106-2.020 | H106-2 |  |  |  |  |  |  |  | 999 | R | 1K403 = 5: "Data Element Too Long" | 2300.H106-2 must be 1-30 characters. |  |
| X223.304.2300.H106-3.010 | H06-3 | Date Time Period Format Qualifier | ID | 2-3 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = 110: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300. H I06-3 must not be present. |  |
| X223.304.2300.H106-4.010 | H106-4 | Date Time Period | AN | 1-35 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H106-4 must not be present. |  |
| X223.304.2300.H106-5.010 | H06-5 | Monetary Amount | R | 1-18 | N/U |  |  |  | 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 | H06-6 | Quantity | R | 1-15 | N/U |  |  |  | 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 | H06-7 | Version Identifier | AN | 1-30 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300.H106-7 must not be present. |  |
| X223.304.2300. H 106 -8.010 | H066-8 | Industry code | AN | 1-30 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H106-8 must not be present. |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \\ \hline \end{gathered}$ | Segment or Element | Description | ID | $\begin{aligned} & \text { Min. } \\ & \text { Max. } \end{aligned}$ | $\begin{array}{\|c} \text { Usage } \\ \text { Req. } \\ \hline \end{array}$ | Loop | $\begin{gathered} \text { Loop } \\ \text { Repeat } \\ \hline \end{gathered}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\begin{array}{\|c} \text { TA1/ } \\ \text { 999/ } \\ 277 \mathrm{CA} \\ \hline \end{array}$ | $\begin{aligned} & \text { Accept// } \\ & \text { Reject } \end{aligned}$ | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.304.2300.H106-9.010 | H106-9 | Yes/No Condition or response Code | ID | 1-1 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300. $\mathrm{H} 106-9$ must not be present. |  |
| X223.304.2300.H107.010 | H07 | HEALTH CARE CODE INFORMATION |  |  | S |  |  |  | 999 | R | $\begin{aligned} & \text { 1K403 = 2: "Conditional Required Data } \\ & \text { Element Missing" } \\ & \hline \end{aligned}$ | $2300 . \mathrm{HIO7}$ can only be present if 2300 . H 106 is present. |  |
| X223.304.2300.H107-1.010 | H107-1 | Code List Qualifier Code | ID | 1-3 | R |  |  | TC | 999 | R | IK403 = 7: "Invalid Code Value" | 2300.H107-1 must be "TC". |  |
| X223.304.2300.H107-2.010 | H107-2 | Treatment Code | AN | 1-30 | R |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2300.HI07-2 must contain at least one non-space character. |  |
| Х223.304.2300.H107-2.020 | H107-2 |  |  |  |  |  |  |  | 999 | R | IK403 = 5: "Data Element Too Long" | 2300.H107-2 must be 1-30 characters. |  |
| X223.304.2300.H107-3.010 | H07-3 | Date Time Period Format Qualifier | ID | 2-3 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { lK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H107-3 must not be present. |  |
| X223.304.2300.H107-4.010 | H07-4 | Date Time Period | AN | 1-35 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300.H107-4 must not be present. |  |
| X223.304.2300.H107-5.010 | H07-5 | Monetary Amount | R | 1-18 | N/U |  |  |  | 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.H107-6.010 | H07-6 | Quantity | R | 1-15 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { 1K403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H107-6 must not be present. |  |
| X223.304.2300.H107-7.010 | H07-7 | Version Identifier | AN | 1-30 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300.H107-7 must not be present. |  |
| X223.304.2300.H107-8.010 | H107-8 | Industry code | AN | 1-30 | N/U |  |  |  | 999 | E | 1K403 = I10: "Implementation "Not Used" Element Present" | 2300.H107-8 must not be present. |  |
| X223.304.2300.H107-9.010 | H107-9 | Yes/No Condition or response Code | ID | 1-1 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { 1K403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H107-9 must not be present. |  |
| X223.304.2300.H108.010 | H108 | HEALTH CARE CODE INFORMATION |  |  | s |  |  |  | 999 | R | $\begin{aligned} & \text { IK03 = 2: "Conditional Required Data } \\ & \text { Element Missing" } \\ & \hline \end{aligned}$ | $2300 . \mathrm{HIO8}$ can only be present if 2300 . HIO is present. |  |
| х223.304.2300.H108-1.010 | H108-1 | Code List Qualifier Code | ID | 1-3 | R |  |  | TC | 999 | R | \|K403 = 7: "Invalid Code Value" | 2300.H108-1 must be "TC". |  |
| X223.304.2300.H108-2.010 | H08-2 | Treatment Code | AN | 1-30 | R |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2300.HI08-2 must contain at least one non-space character. |  |
| X223.304.2300.H108-2.020 | H108-2 |  |  |  |  |  |  |  | 999 | R | 1K403 = 5: "Data Element Too Long" | 2300.H108-2 must be 1-30 characters. |  |
| X223.304.2300.H108-3.010 | H008-3 | Date Time Period Format Qualifier | ID | 2-3 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { lK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300. $\mathrm{H} 108-3$ must not be present. |  |
| X223.304.2300.H108-4.010 | H108-4 | Date Time Period | AN | 1-35 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H108-4 must not be present. |  |
| X223.304.2300.H108-5.010 | H108-5 | Monetary Amount | R | 1-18 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { 1K403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H108-5 must not be present. |  |
| X223.304.2300.H108-6.010 | H008-6 | Quantity | R | 1-15 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300. H108-6 must not be present. |  |
| X223.304.2300.H108-7.010 | H008-7 | Version Identifier | AN | 1-30 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H108-7 must not be present. |  |
| X223.304.2300.H108-8.010 | H008-8 | Industry code | AN | 1-30 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300. H108-8 must not be present. |  |
| X223.304.2300.H108-9.010 | H08-9 | Yes/No Condition or response Code | ID | 1-1 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { 1K403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300. $\mathrm{H} 108-9$ must not be present. |  |
| X223.304.2300.H109.010 | H09 | HEALTH CARE CODE INFORMATION |  |  | s |  |  |  | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" Element Missing" | 2300 .HI09 can only be present if 2300 . H108 is present. |  |
| X223.304.2300.H109-1.010 | H109-1 | Code List Qualifier Code | ID | 1-3 | R |  |  | TC | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H09-1 must be "TC". |  |
| X223.304.2300.H109-2.010 | H09-2 | Treatment Code | AN | 1-30 | R |  |  |  | 999 | R | $\begin{aligned} & \text { IK403 = 6: "Invalid Character in Data } \\ & \text { Element" } \end{aligned}$ | 2300.HI09-2 must contain at least one non-space character. |  |
| X223.304.2300.H109-2.020 | H109-2 |  |  |  |  |  |  |  | 999 | R | 1K403 = 5: "Data Element Too Long" | 2300.H109-2 must be 1-30 characters. |  |
| X223.304.2300.H109-3.010 | H09-3 | Date Time Period Format Qualifier | ID | 2-3 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H109-3 must not be present. |  |
| X223.304.2300.H109-4.010 | H109-4 | Date Time Period | AN | 1-35 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { 1K403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H109-4 must not be present. |  |
| X223.304.2300.H109-5.010 | H109-5 | Monetary Amount | R | 1-18 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300.H109-5 must not be present. |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | Segment or Element | Description | ID | Min. Max. | $\begin{gathered} \text { Usage } \\ \text { Req. } \end{gathered}$ | Loop | $\underset{\text { Repeat }}{\text { Loop }}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\left\|\begin{array}{c} \text { TA111 } \\ \text { 999/ } \\ 277 C A \end{array}\right\|$ | Accept/ Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.304.2300.H109-6.010 | H109-6 | Quantity | R | 1-15 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = 110: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300. H109-6 must not be present. |  |
| X223.304.2300.H109-7.010 | H109-7 | Version Identifier | AN | 1-30 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H109-7 must not be present. |  |
| X223.304.2300.H109-8.010 | H109-8 | Industry code | AN | 1-30 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300.H109-8 must not be present. |  |
| X223.304.2300.H109-9.010 | H109-9 | Yes/No Condition or response Code | ID | 1-1 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H109-9 must not be present. |  |
| X223.304.2300.H110.010 | H10 | HEALTH CARE CODE INFORMATION |  |  | S |  |  |  | 999 | R | IK403 = 2: "Conditional Required Data Element Missinq" | 2300. HI10 can only be present if $2300 . \mathrm{HIO}$ is present. |  |
| х223.304.2300.H110-1.010 | H110-1 | Code List Qualifier Code | ID | 1-3 | R |  |  | TC | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H110-1 must be "TC". |  |
| X223.304.2300.H110-2.010 | H110-2 | Treatment Code | AN | 1-30 | R |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data | 2300.HI10-2 must contain at least one non-space |  |
| X223.304.2300.H110-2.020 | H110-2 |  |  |  |  |  |  |  | 999 | R | 1K403 = 5: "Data Element Too Long" | 2300.H110-2 must be 1-30 characters. |  |
| X223.304.2300.H110-3.010 | H110-3 | $\begin{array}{\|c\|} \hline \begin{array}{c} \text { Date Time Period Format } \\ \text { Qualifier } \end{array} \\ \hline \end{array}$ | ID | 2-3 | N/U |  |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | $2300 . \mathrm{H} 110-3$ must not be present. |  |
| X223.304.2300.H110-4.010 | H110-4 | Date Time Period | AN | 1-35 | N/U |  |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300.H110-4 must not be present. |  |
| X223.304.2300.H110-5.010 | H110-5 | Monetary Amount | R | 1-18 | N/U |  |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300.H110-5 must not be present. |  |
| X223.304.2300.H110-6.010 | H110-6 | Quantity | R | 1-15 | N/U |  |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300.H110-6 must not be present. |  |
| X223.304.2300.H110-7.010 | H110-7 | Version Identifier | AN | 1-30 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H110-7 must not be present. |  |
| X223.304.2300.H110-8.010 | H110-8 | Industry code | AN | 1-30 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H110-8 must not be present. |  |
| X223.304.2300.H110-9.010 | H110-9 | Yes/No Condition or response Code | ID | 1-1 | N/U |  |  |  | 999 | E | IK403 = 110 : "Implementation "Not Used" Flement Present" | 2300.H110-9 must not be present. |  |
| X223.304.2300.H111.010 | H11 | HEALTH CARE CODE INFORMATION |  |  | S |  |  |  | 999 | R | $\begin{aligned} & \text { IK03 = 2: "Conditional Required Data } \\ & \text { Element Missing" } \\ & \hline \end{aligned}$ | $2300 . \mathrm{H} 111$ can only be present if 2300 .H110 is present. |  |
| X223.304.2300.H111-1.010 | H111-1 | Code List Qualifier Code | ID | 1-3 | R |  |  | TC | 999 | R | 11403 = 7: "Invalid Code Value" | 2300.H111-1 must be "TC". |  |
| X223.304.2300.H111-2.010 | H111-2 | Treatment Code | AN | 1-30 | R |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2300.HI11-2 must contain at least one non-space |  |
| X223.304.2300.H111-2.020 | H111-2 |  |  |  |  |  |  |  | 999 | R | IK403 = 5: "Data Element Too Long" | 2300.H111-2 must be 1-30 characters. |  |
| X223.304.2300.H111-3.010 | H111-3 | Date Time Period Format Qualifier | ID | 2-3 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = 110: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H111-3 must not be present. |  |
| X223.304.2300.H111-4.010 | H111-4 | Date Time Period | AN | 1-35 | N/U |  |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300.H111-4 must not be present. |  |
| X223.304.2300.H111-5.010 | H111-5 | Monetary Amount | R | 1-18 | N/U |  |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300.H111-5 must not be present. |  |
| X223.304.2300.H111-6.010 | H111-6 | Quantity | R | 1-15 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H111-6 must not be present. |  |
| X223.304.2300.H111-7.010 | H111-7 | Version Identifier | AN | 1-30 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300.H111-7 must not be present. |  |
| X223.304.2300.H111-8.010 | H111-8 | Industry code | AN | 1-30 | N/U |  |  |  | 999 | E | IK403 = 110: "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 | ID | 1-1 | N/U |  |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300.H111-9 must not be present. |  |
| X223.304.2300.H112.010 | H12 | HEALTH CARE CODE INFORMATION |  |  | s |  |  |  | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | 2300 .HI12 can only be present if 2300 .HI11 is present. |  |
| X223.304.2300.H112-1.010 | H12-1 | Code List Qualifier Code | ID | 1-3 | R |  |  | TC | 999 | R | 1K403 = 7: "Invalid Code Value" | 2300.H112-1 must be "TC". |  |
| X223.304.2300.H112-2.010 | H112-2 | Treatment Code | AN | 1-30 | R |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2300. H112-2 must contain at least one non-space character. |  |
| х223.304.2300.H112-2.020 | H112-2 |  |  |  |  |  |  |  | 999 | R | 1K403 = 5: "Data Element Too Long" | 2300.H112-2 must be 1-30 characters. |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \\ \hline \end{gathered}$ | Segment or Element | Description | ID | Min. Max. | $\begin{array}{\|c} \text { Usage } \\ \text { Req. } \end{array}$ | Loop | $\begin{gathered} \text { Loop } \\ \text { Repeat } \end{gathered}$ | $\begin{gathered} 5010 \\ \text { Values } \\ \hline \end{gathered}$ | $\begin{gathered} \text { TA1/ } \\ \text { T99/ } \\ 277 C A \\ \hline \end{gathered}$ | Accept/ Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.304.2300.H112-3.010 | H112-3 | Date Time Period Format Qualifier | ID | 2-3 | N/U |  |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300.H112-3 must not be present. |  |
| X223.304.2300.H112-4.010 | H112-4 | Date Time Period | AN | 1-35 | N/U |  |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2300.H112-4 must not be present. |  |
| X223.304.2300.H112-5.010 | H12-5 | Monetary Amount | R | 1-18 | N/U |  |  |  | 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 | R | 1-15 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { \|K403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H112-6 must not be present. |  |
| X223.304.2300.H112-7.010 | H122-7 | Version Identifier | AN | 1-30 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | 2300.H112-7 must not be present. |  |
| X223.304.2300.H112-8.010 | H112-8 | Industry code | AN | 1-30 | N/U |  |  |  | 999 | E | 1K403 = 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 | ID | 1-1 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2300.H112-9 must not be present. |  |
| X223.313.2300.HCP. 010 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.313.2300.HCP. 015 | HCP | CLAIM PRICINGIREPRICING INFORMATION |  | 1 | s | 2300 |  |  | 277 | T | CSCC A7: "Acknowledgement IRejected for Invalid Information..." CSC 732: "Information submitted | Segment must not be present. |  |
| X223.313.2300.HCP01.010 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| $\begin{aligned} & \text { X223.313.2300.HCP01.020 } \\ & \text { edit deactivated } \\ & \hline \end{aligned}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| $\begin{aligned} & \text { X223.313.2300.HCP02.010 } \\ & \text { edit deactivated } \end{aligned}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| $\begin{aligned} & \text { X223.313.2300.HCP02.020 } \\ & \text { edit deactivated } \\ & \hline \end{aligned}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| $\begin{aligned} & \text { X223.313.2300.HCP02.030 } \\ & \text { edit deactivated } \\ & \hline \end{aligned}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.313.2300.HCP03.010 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| $\begin{aligned} & \text { X223.313.2300.HCP03.020 } \\ & \text { edit deactivated } \\ & \hline \end{aligned}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.313.2300.HCP04.010 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.313.2300.HCP04.020 <br> edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.313.2300.HCP04.030 <br> edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.313.2300.HCP04.040 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| $\begin{aligned} & \text { X223.313.2300.HCP04.050 } \\ & \text { edit deactivated } \end{aligned}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| $\begin{aligned} & \text { X223.313.2300.HCP05.010 } \\ & \text { edit deactivated } \\ & \hline \end{aligned}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.313.2300.HCP05.020 <br> edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| $\begin{aligned} & \text { X223.313.2300.HCP06.010 } \\ & \text { edit deactivated } \end{aligned}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| $\begin{aligned} & \text { X223.313.2300.HCP06.020 } \\ & \text { edit deactivated } \end{aligned}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | Segment or Element | Description | ID | $\begin{aligned} & \text { Min. } \\ & \text { Max. } \end{aligned}$ | $\begin{gathered} \text { Usage } \\ \text { Req. } \end{gathered}$ | Loop | $\begin{gathered} \text { Loop } \\ \text { Repeat } \end{gathered}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\begin{array}{\|c\|c\|} \hline \text { TA111 } \\ \text { 999/ } \\ \text { 277CA } \\ \hline \end{array}$ | Accept/ Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.313.2300.HCP06.030 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.313.2300.HCP06.040 <br> edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.313.2300.HCP06.050 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.313.2300.HCP07.010 <br> edit deactivated <br> x22.31.230. |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.313.2300.HCP07.020 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| $\begin{aligned} & \text { X223.313.2300.HCP08.010 } \\ & \text { edit deactivated } \\ & \hline \end{aligned}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.313.2300.HCP08.020 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| $\begin{aligned} & \text { X223.313.2300.HCP08.030 } \\ & \text { edit deactivated } \\ & \hline \end{aligned}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.313.2300.HCP08.040 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.313.2300.HCP09.010 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.313.2300.HCP10.010 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.313.2300.HCP11.010 <br> edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.313.2300.HCP11.020 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.313.2300.HCP12.010 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.313.2300.HCP12.020 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.313.2300.HCP12.025 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.313.2300.HCP12.030 <br> edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| $\begin{aligned} & \text { 2223.313.2300.HCP12.050 } \\ & \text { edit deactivated } \\ & \hline \end{aligned}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.313.2300.HCP13.010 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.313.2300.HCP14.010 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.313.2300.HCP15.010 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| x223.319.2310A.NM1.010 | NM1 | ATTENDING PROVIDER <br> NAME |  | 1 | s | 2310A | 1 |  | 999 | R | IK304 = 4: "Loop Occurs Over Maximum Times" | Only one iteration of 2310A.NM1 is allowed. |  |
| X223.319.2310A.NM 101.010 | NM101 | Entity Identifier Code | ID | 2-3 | R |  |  | 71 | 999 | R | IK403 = 1: "Required Data Element Missing" | 2310A.NM101 must be present. |  |
| X223.319.2310A.NM101.020 | NM101 |  |  |  |  |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2310A.NM101 must be "71". |  |
| X223.319.2310A.NM102.010 | NM102 | Entity Type Qualifier | ID | 1-1 | R |  |  | 1 | 999 | R | IK403 = 1: "Required Data Element Missinq" | 2310A.NM102 must be present. |  |
| x223.319.2310A.NM102.020 | NM102 |  |  |  |  |  |  |  | 999 | R | IK403 = 7: "Invalid Code Value" | 2310A.NM102 must be "1". |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | Segment or | Description | ID | $\begin{aligned} & \text { Min. } \\ & \text { Max. } \end{aligned}$ | $\begin{array}{\|c} \text { Usage } \\ \text { Req. } \end{array}$ | Loop | $\begin{gathered} \text { Loop } \\ \text { Repeat } \end{gathered}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\begin{array}{\|c} \text { TA1/ } \\ \text { 999/ } \\ 277 C A \\ \hline \end{array}$ | Accept/ | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.319.2310A.NM103.010 | NM103 | Name Last | AN | 1-60 | R |  |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2310A.NM103 must be present. |  |
| X223.319.2310A.NM103.020 | NM103 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data | 2310A.NM103 must contain at least one non-space |  |
| X223.319.2310A.NM103.030 | NM103 |  |  |  |  |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" | 2310A.NM103 must be 1-60 characters. |  |
| X223.319.2310A.NM103.040 | NM103 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 504: "Entity's Last Name" FIC. 71 Attendino Phvsician |  |  |
| х223.319.2310A.NM103.050 | NM103 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2310A.NM103 must be populated with accepted AN characters. |  |
| X223.319.2310A.NM103.060 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.319.2310A.NM104.010 | NM104 | Name First | AN | 1-35 | S |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" | 2310A.NM104 must be 1 - 35 characters. |  |
| X223.319.2310A.NM104.020 | NM104 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 505: "Entity's First Name" FIC. 71 Attendina Phvsician |  |  |
| X223.319.2310A.NM104.030 | NM104 |  |  |  |  |  |  |  | 999 | R | $\begin{aligned} & \text { IK403 = }: \text { :"Invalid Character in Data } \\ & \text { Element" } \end{aligned}$ | 2310A.NM104 must be populated with accepted AN characters. |  |
| X223.319.2310A.NM104.040 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.319.2310A.NM105.010 | NM105 | Name Middle | AN | 1-25 | s |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2310A.NM105 must contain at least one non-space |  |
| $\begin{aligned} & \text { X223.319.2310A.NM105.020 } \\ & \text { edit deactivated } \\ & \hline \end{aligned}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.319.2310A.NM105.030 | NM105 |  |  |  |  |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" | 2310A.NM105 must be 1-25 characters. |  |
| X223.319.2310A.NM105.040 | NM105 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 514: "Entity's Middle Name" FIC. 71 Attendina Phvsician |  |  |
| X223.319.2310A.NM105.050 | NM105 |  |  |  |  |  |  |  | 999 | R | $\begin{aligned} & \text { FIC. } \\ & \text { K403 = 6: "Invalid Character in Data } \\ & \text { Element" } \end{aligned}$ | 2310A.NM105 must be populated with accepted AN characters. |  |
| X223.319.2310A.NM105.060 <br> edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.319.2310A.NM106.010 | NM106 | Name Prefix | AN | 1-10 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2310A.NM106 must not be present. |  |
| X223.319.2310A.NM107.005 | NM107 | Name Suffix | AN | 1-10 | s |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data | 2310A.NM107 must contain at least one non-space character. |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \\ \hline \end{gathered}$ | Segment or | Description | ID | Min. Max. | Usage | Loop | $\begin{gathered} \text { Loop } \\ \text { Repeat } \end{gathered}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\begin{gathered} \text { TA11 } \\ \text { 999/ } \\ \text { 277CA } \end{gathered}$ | Accept/ Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.319.2310A.NM107.010 | NM107 |  |  |  |  |  |  |  | 999 | E | 1K403 = 5: "Data Element Too Long" | 2310A.NM107 must be 1 - 10 characters. |  |
| X223.319.2310A.NM107.015 | NM107 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 125: "Entity's Name" FIC. 71_Attendina Physician |  |  |
| X223.319.2310A.NM107.020 | NM107 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data | 2310A.NM107 must be populated with accepted AN |  |
| X223.319.2310A.NM107.030 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.319.2310A.NM108.010 | NM108 | Identification Code Qualifier | ID | 1-2 | s |  |  | xX | 277 | c | CSCC A8: "Acknowledgement / Rejected for relational field in error" CSC 745: "Identifier Qualifier" CSC 562: "Entity's National Provider Identifier (NPI)" FIC. 71 Attendina Phvsician | 2310A.NM108 must not be present when 2300.REF with REF01 = "P4" and REF02 is a valid VA identifier. | Trailblazer Only 01/20: Companion Guide Note needed. |
| X223.319.2310A.NM108.020 | NM108 |  |  |  |  |  |  |  | 277 | c | CSCC A6: <br> "Acknowledgement/Rejected for Missing Information..." CSC 745: "Identifier Qualifier" CSC 562: "Entity's National Provider Identifier (NPI)" EIC. 71 Attendino Phusician | 2310A.NM108 must be present. | Everyone but Trailblazer. 01/20: Companion Guide Note needed. |
| X223.319.2310A.NM108.030 | NM108 |  |  |  |  |  |  |  | 999 | R | IK403 = 7: "Invalid Code Value" | 2310A.NM108 must be "XX". | Does not apply to Trailblazer VA |
| X223.319.2310A.NM109.010 | NM109 | Identifier | AN | 2-80 | s |  |  |  | 277 | c | CSCC A7: "Acknowledgement IRejected for Invalid Information..." CSC 562: "Entity's National Provider Identifier (NPI)" EIC. 71 Attendina Phvsician | 2310A.NM109 must be valid according to the NPI algorithm. |  |
| X223.319.2310A.NM109.020 | NM109 |  |  |  |  |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 562: "Entity's National Provider Identifier (NPI)" <br> FIC. 71 Attendina Physician | The first position of 2310A.NM109 must be a "1". |  |
| X223.319.2310A.NM110.010 | NM110 | Entity Relationship Code | ID | 2-2 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2310A.NM110 must not be present. |  |
| X223.319.2310A.NM111.010 | NM111 | Entity Identifier Code | ID | 2-3 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2310A.NM111 must not be present. |  |
| X223.319.2310A.NM112.010 | NM112 | Name Last or Organization Name | AN | 1-60 | N/U |  |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | 2310A.NM112 must not be present. |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.322.2310A.PRV. 010 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.322.2310A.PRV. 020 | PRV | ATTENDING PROVIDER SPECIALTY INFORMATION |  | 1 | s | 2310A |  |  | 999 | R | 1K304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2310A.PRV is allowed. |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | Segment or | Description | ID | $\begin{aligned} & \text { Min. } \\ & \text { Max. } \end{aligned}$ | Usage | Loop | $\begin{aligned} & \text { Loop } \\ & \text { Repeat } \end{aligned}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\left\|\begin{array}{c} \text { TA11 } \\ \text { 999/ } \\ 277 C A \end{array}\right\|$ | Accept Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.322.2310A.PRV01.010 | PRV01 | Provider Code | ID | 1-3 | R |  |  | AT | 999 | R | IK403 = 1: "Required Data Element Missing" | 2310A .PRV01 must be present. |  |
| X223.322.2310A.PRV01.020 | PRV01 |  |  |  |  |  |  |  | 999 | R | 11403 = 7: "Invalid Code Value" | 2310A . PRV01 must be "AT". |  |
| X223.322.2310A.PRV02.010 | PRV02 | Reference Identification Qualifier | ID | 2-3 | R |  |  | PXC | 999 | R | IK403 = 1: "Required Data Element Missing" | 2310A .PRV02 must be present. |  |
| X223.322.2310A.PRV02.020 | PRV02 |  |  |  |  |  |  |  | 999 | R | 1K403 = 7: "IIvalid Code Value" | 2310A . PRV02 must be "PXC". |  |
| X223.322.2310A.PRV03.010 | PRV03 | Provider Taxonomy Code | AN | 1-50 | R |  |  |  | 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> FIC. 71 Attendina Phvsician | 2310A .PRV03 must be a valid Provider Taxonomy Code. | Valid Provider Taxonomy Code reference must be available for this edit. |
| X223.322.2310A.PRV04.010 | PRV04 | State or Province Code | ID | 2-2 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | 2310A.PRV04 must not be present. |  |
| X223.322.2310A.PRV05.010 | PRV05 | $\begin{gathered} \hline \text { PROVIDER SPECIALTY } \\ \text { INFORMATION } \\ \hline \end{gathered}$ |  |  | N/U |  |  |  | 999 | E | IK403 $=$ I10: "Implementation "Not Used" "lement Present" | 2310A.PRV05 must not be present. |  |
| X223.322.2310A.PRV06.010 | PRV06 | $\begin{aligned} & \text { Provider Organization } \\ & \text { Code } \end{aligned}$ | ID | 3-3 | N/U |  |  |  | 999 | E | IK403 $=1110:$ "Implementation "Not Used" Element Present" | 2310A.PRV06 must not be present. |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.324.2310A.REF. 010 | REF | ATTENDING PROVIDER SECONDARY IDENTIFICATION |  | 4 | s | 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 01/20: Companion Guide Note needed. |
| X223.324.2310A.REF. 020 | REF |  |  |  |  |  |  |  | 277 | c | CSCC A7: "Acknowledgement IRejected for Invalid Information..." CSC 732: "Information submitted inconsistent with billing guidelines. CSC 560: "Entity's Additional/Secondary Identifier." EIC: 71 Attending Physician | Only 1 iteration of 2310A.REF with REF01 $=$ " $1 \mathrm{G} "$ is allowed. | Trailblazer Only 01/20: Companion Guide Note needed. |
| X223.324.2310A.REF.030 | REF |  |  |  |  |  |  |  | 999 | R | IK304 = 19: "Implementation Dependent "Not Used" Segment Present" | 2310A.REF must be present if 2300. REF01 $=$ P4 and 2300. REF02 $=31$. | Trailblazer Only o1/20: Companion Guide Note needed. |
| X223.324.2310A.REF. 040 | REF |  |  |  |  |  |  |  | 999 | R | IK304 = 19: "Implementation Dependent "Not Used" Segment Present" | 2310A.REF must not be present. | Everyone but Trailblazer. 01/20: Companion Guide Note needed. |
| X223.324.2310A.REF01.010 | REF01 | $\begin{array}{\|c\|} \hline \begin{array}{c} \text { Reference Identification } \\ \text { Qualifier } \end{array} \\ \hline \end{array}$ | ID | 2-3 | R |  |  | OB, 1G, G2, LU | 999 | R | IK403 = 1: "Required Data Element Missing" | 2310A . REF01 must be present. |  |
| X223.324.2310A.REF01.020 | REF01 |  |  |  |  |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 21: Missing or invalid information CSC 560: Entity's Additional/Secondary Identifier EIC: 71 Attending Physician | 2310A.REF01 must be "1G". |  |
| X223.324.2310A.REF02.010 | REF02 | Attending Provider Secondary Identifier | AN | 1-50 | R |  |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2310A . REF02 must be present. |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \\ \hline \end{gathered}$ | Segment or Element | Description | ID | $\begin{aligned} & \text { Min. } \\ & \text { Max. } \end{aligned}$ | $\begin{gathered} \text { Usage } \\ \text { Req. } \end{gathered}$ | Loop | $\begin{gathered} \text { Loop } \\ \text { Repeat } \\ \hline \end{gathered}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\begin{array}{\|c\|} \hline \text { TA11 } \\ \text { 999/ } \\ 277 C A \\ \hline \end{array}$ | Accept/ | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.324.2310A.REF02.020 | REF02 |  |  |  |  |  |  |  | 277 | C | $\begin{aligned} & \text { CSCC A7: "Acknowledgement } \\ & \text { IRejected for Invalid Information..." } \\ & \text { CSC 133: "Entity's UPIN" } \\ & \text { EEC. } 1 \text { IAttendina Phusician } \end{aligned}$ | 2310A.REFO2 must be in format ANNNNN or AAANNN (where A is an alpha character and N is a numeric digit). |  |
| X223.324.2310A.REF03.010 | REF03 | Description | AN | 1-80 | N/U |  |  |  | 999 | E | IK403 = $110:$ "Implementation "Not Used" Element Present" | 2310A.REF03 must not be present. |  |
| X223.324.2310A.REF04.010 | REF04 | REFERENCE IDENTIFIER |  |  | N/U |  |  |  | 999 | E | IK403 $=110: ~ " I m p l e m e n t a t i o n ~ " N o t ~$ Used" Element Present" | 2310A.REF04 must not be present. |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| х223.326.2310B.NM1.010 | NM1 | OPERATING PHYSICIAN NAME |  | 1 | s | 2310B | 1 |  | 999 | R | $\begin{aligned} & \text { IK304 = 4: "Loop Occurs Over } \\ & \text { Maximum Times" } \\ & \hline \end{aligned}$ | Only one iteration of 2310B.NM1 is allowed. |  |
| х223.326.2310B.NM101.010 | NM101 | Entity Identifier Code | ID | 2-3 | R |  |  | 72 | 999 | R | IK403 = 1: "Required Data Element Missing" | 2310B.NM101 must be present. |  |
| X223.326.2310B.NM101.020 | NM101 |  |  |  |  |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2310B.NM101 must be "72". |  |
| X223.326.2310B.NM102.010 | NM102 | Entity Type Qualifier | ID | 1-1 | R |  |  | 1 | 999 | R | IK403 = 1: "Required Data Element Missing" | 2310B.NM102 must be present. |  |
| X223.326.2310B.NM 102.020 | NM102 |  |  |  |  |  |  |  | 999 | R | 11403 = 7: "Invalid Code Value" | 2310B.NM102 must be "1". |  |
| X223.326.2310B.NM103.010 | NM103 | Last or Organization Name | AN | 1-60 | R |  |  |  | 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.NM103.040 | NM103 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 504: "Entity's Last Name" FIC. 72 Oneratino Phvsician |  |  |
| X223.326.2310B.NM103.050 | NM103 |  |  |  |  |  |  |  | 999 | R | $\begin{aligned} & \text { IK403 = 6: "lnvalid Character in Data } \\ & \text { Element" } \\ & \hline \end{aligned}$ | 2310B.NM103 must be populated with accepted AN characters. |  |
| X223.326.2310B.NM103.060 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.326.2310B.NM104.010 | NM104 | Name First | AN | 1-35 | s |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data | 2310B.NM104 must contain at least one non-space character. |  |
| X223.326.2310B.NM104.020 | NM104 |  | AN | 1-35 | s |  |  |  | 999 | E | 1K403 = 5: "Data Element Too Long" | 2310B.NM104 must be 1-35 characters. |  |
| X223.326.2310B.NM104.030 | NM104 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement <br> Rejected for Invalid Information..." <br> CSC 12: "Length inavalid for receiver's <br> application system" <br> CSC 505: "Entity's First Name" <br> EIC. 72 Onoratina Phvicician |  |  |
| X223.326.2310B.NM104.040 | NM104 |  |  |  |  |  |  |  | 999 | R | $\begin{aligned} & \text { IK403 = 6: "Invalid Character in Data } \\ & \text { Element" } \end{aligned}$ | 2310B.NM104 must be populated with accepted AN characters. |  |
| X223.326.2310B.NM104.050 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.326.2310B.NM105.010 | NM105 | Middle Name | AN | 1-25 | s |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2310B.NM105 must contain at least one non-space character. |  |
| X223.326.2310B.NM105.020 | NM105 |  | AN | 1-25 | s |  |  |  | 999 | E | 1K403 = 5: "Data Element Too Long" | 2310B.NM105 must be 1-25 characters. |  |


| 8371 Edit Reference | Segment or | Description | ID | Min. | Usage | Loop | $\begin{aligned} & \text { Loop } \\ & \text { Repeat } \end{aligned}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\begin{gathered} \text { TA1/ } \\ \text { 999/ } \\ \text { 277CA } \end{gathered}$ | $\begin{array}{\|l\|l\|} \hline \text { Accept } / \\ \text { Reject } \end{array}$ | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.326.2310B.NM105.030 | NM105 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 514: "Entity's Middle Name" FIC. 72 Oneratino Physician |  |  |
| X223.326.2310B.NM105.040 | NM105 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2310B.NM105 must be populated with accepted AN |  |
| X223.326.2310B.NM105.050 deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.326.2310B.NM106.010 | NM106 | Name Prefix | AN | 1-10 | N/U |  |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.326.2310B.NM107.010 | NM107 | Name Suffix | AN | 1-10 | S |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2310B.NM107 must contain at least one non-space character. |  |
| X223.326.2310B.NM107.020 | NM107 |  | AN | 1-10 | S |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" | 2310B.NM107 must be 1-10 characters. |  |
| X223.326.2310B.NM107.030 | NM107 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 125: "Entity's Name" FIC. 72 Oneratinn Phvsician |  |  |
| X223.326.2310B.NM107.040 | NM107 |  |  |  |  |  |  |  | 999 | R | $\begin{aligned} & \text { IK } 403=6: \text { "Invalid Character in Data } \\ & \text { Element" } \end{aligned}$ | 2310B.NM107 must be populated with accepted AN characters. |  |
| X223.326.2310B.NM107.050 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.326.2310B.NM108.010 | NM108 | Identification Code Qualifier | ID | 1-2 | s |  |  | xx | 277 | c | CSCC A8: "Acknowledgement / Rejected for relational field in error" CSC 745: "Identifier Qualifier" CSC 562: "Entity's National Provider Identifier (NPI)" <br> FIC. 72 Oneratina Phvsician | 2310B.NM108 must not be present when 2300.REF with REF01 = "P4" and REF02 is a valid VA identifier. | Trailblazer Only 01/20: Companion Guide Note needed. |
| X223.326.2310B.NM108.020 | NM108 |  |  |  |  |  |  |  | 277 | c | CSCC A6: <br> "Acknowledgement/Rejected for Missing Information..." CSC 745: "Identifier Qualifier" CSC 562: "Entity's National Provider Identifier (NPI)" <br> FlC. 72 Oneratina Phvsician | 2310B.NM108 must be present. | Everyone but Trailblazer. 01/20: Companion Guide Note needed. |
| X223.326.2310B.NM108.030 | NM108 |  |  |  |  |  |  |  | 999 | R | 1 K403 = 7: "Invalid Code Value" | 2310B.NM108 must be "XX". | Does not apply to Trailblazer VA |
| X223.326.2310B.NM109.010 | NM109 | Identifier | AN | 2-80 | s |  |  |  | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | 2310B.NM109 must be present if 2310B.NM108 is present. present. |  |
| X223.326.2310B.NM109.020 | NM109 |  |  |  |  |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 562: "Entity's National Provider Identifier (NPI)" EIC: 72 Oneratino Phusician | 2310B.NM109 must be valid according to the NPI algorithm. |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | Segment or Element | Description | ID | Min. | Usage | Loop | $\begin{gathered} \text { Loop } \\ \text { Repeat } \end{gathered}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\begin{gathered} \text { TA1/ } \\ \text { 999/ } \\ \text { 277CA } \end{gathered}$ | Accept/ Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.326.2310B.NM109.030 | NM109 |  |  |  |  |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 562: "Entity's National Provider Identifier (NPI)" <br> EIC. 72 Oneratino Physician | The first position of 2310 B.NM109 must be a "1". |  |
| X223.326.2310B.NM110.010 | NM110 | Entity Relationship Code | ID | 2-2 | N/U |  |  |  | 999 | E | IK403 = I 10 : "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.326.2310B.NM111.010 | NM111 | Entity Identifier Code | ID | 2-3 | N/U |  |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.326.2310B.NM112.010 | NM112 | Name Last or Organization Name | AN | 1-60 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not | Must not be present. |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.329.2310B.REF. 010 | REF | OPERATING PHYSICIAN SECONDARY IDENTIFICATION |  | 4 | s | 2310B |  |  | 999 | R | IK304 = 19: "Implementation Dependent 'not used' Segment Present" | 2310B.REF with REF01 = " 1 G " may be present when 2310B.NM1 is present and 2310B.NM109 is not present. | Trailblazer Only 01/20: Companion Guide Note needed. |
| X223.329.2310B.REF.020 | REF |  |  |  |  |  |  |  | 277 | c | CSCC A7: "Acknowledgement IRejected for Invalid Information..." CSC 732: "Information submitted inconsistent with billing guidelines." CSC 560: Entity's Additional/Secondary Identifier EIC: 72 Operating Physician | Only 1 iteration of 2310B.REF with REF01 = "1G" is allowed. | Trailblazer Only 01/20: Companion Guide Note needed. |
| X223.329.2310B.REF.030 | REF |  |  |  |  |  |  |  | 999 | R | IK304 = 19: "Implementation Dependent "Not Used" Segment Present" | 2310B.REF must not be present. | Everyone but Trailblazer. 01/20: Companion Guide Note needed. |
| X223.329.2310B.REF01.010 | REF01 | $\begin{gathered} \text { Reference Identification } \\ \text { Qualifier } \\ \hline \end{gathered}$ | ID | 2-3 | R |  |  | OB, 1G, G2, LU | 999 | R | IK403 = 1: "Required Data Element | 2310B.REF01 must be present. |  |
| X223.329.2310B.REF01.020 | REF01 |  |  |  |  |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 21: Missing or invalid information CSC 560: Entity's Additional/Secondary Identifier EIC: 72 Operating Physician | 2310B.REF01 must be "1G". |  |
| X223.329.2310B.REF02.010 | REF02 | Secondary Identifier | AN | 1-50 | R |  |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2310B.REF02 must be present. |  |
| X223.329.2310B.REF02.020 | REF02 |  |  |  |  |  |  |  | 277 | c | $\begin{aligned} & \text { Crscc A7: "Acknowledgement } \\ & \text { CRejected for Invalid Information..." } \\ & \text { CSC 133: "Entity's UPIN" } \\ & \text { EEC. .2 Onerating Pivsician } \end{aligned}$ | 2310B.REF02 must be in format ANNNNN or AAANNN (where A is an alpha character and N is a numeric digit). |  |
| X223.329.2310B.REF03.010 | REF03 | Description | AN | 1-80 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = } 110 \text { : "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.329.2310B.REF04.010 | REF04 | REFERENCE IDENTIFIER |  |  | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| х223.331.2310C.NM1.010 | NM1 | other operating PHYSICIAN NAME |  | 1 | s | 2310C | 1 |  | 999 | R | IK304 = 19: "Implementation Dependent 'not used' Segment Present" | If 2310C.NM1 is present 2310B.NM1 must be present. |  |
| X223.331.2310C.NM1.020 | NM1 |  |  |  |  |  |  |  | 999 | R | IK304 = 4: "Loop Occurs Over Maximum Times" | Only one iteration of 2310C.NM1 is allowed. |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | Segment or Element | Description | ID | Min. | Usage | Loop | Loop <br> Repeat | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\begin{gathered} \text { TA11 } \\ \text { 999/ } \\ 277 C A \end{gathered}$ | $\begin{gathered} \text { Accept } / \\ \text { Reject } \end{gathered}$ | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.331.2310C.NM101.010 | NM101 | Entity Identifier Code | ID | 2-3 | R |  |  | zz | 999 | R | IK403 = 1: "Required Data Element Missing" | 2310C.NM101 must be present. |  |
| X223.331.2310C.NM101.020 | NM101 |  |  |  |  |  |  |  | 999 | R | IK403 = 7: "Invalid Code Value" | 2310C.NM101 must be "ZZ". |  |
| X223.331.2310C.NM102.010 | NM102 | Entity Type Qualifier | ID | 1-1 | R |  |  | 1 | 999 | R | IK403 = 1: "Required Data Element Missing" | 2310C.NM102 must be present. |  |
| X223.331.2310C.NM102.020 | NM102 |  |  |  |  |  |  |  | 999 | R | IK403 = 7: "Invalid Code Value" | 2310C.NM102 must be "1". |  |
| X223.331.2310C.NM 103.010 | NM103 | $\begin{array}{\|c\|} \hline \begin{array}{c} \text { Other Operating Physician } \\ \text { Last Name } \end{array} \\ \hline \end{array}$ | AN | 1-60 | R |  |  |  | 999 | R | IK403 = 1: "Required Data Element Missinq" | 2310C.NM103 must be present. |  |
| x223.331.2310C.NM 103.020 | NM103 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2310C.NM103 must contain at least one non-space character. |  |
| X223.331.2310C.NM103.030 | NM103 |  |  |  |  |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" | 2310C.NM103 must be 1-60 characters. |  |
| X223.331.2310C.NM103.040 | NM103 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 504: "Entity's Last Name" FIC. 72 Oneratina Phvsician |  |  |
| X223.331.2310C.NM103.050 | NM103 |  |  |  |  |  |  |  | 999 | R | $\begin{aligned} & \text { IK403 = 6: "Invalid Character in Data } \\ & \text { Element" } \end{aligned}$ | 2310 C. NM103 must be populated with accepted AN characters. |  |
| X223.331.2310C.NM103.060 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.331.2310C.NM104.010 | NM104 | $\begin{array}{\|c\|} \hline \text { Other Operating Physician } \\ \text { First Name } \\ \hline \end{array}$ | AN | 1-35 | s |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2310C.NM104 must contain at least one non-space character. |  |
| X223.331.2310C.NM104.020 | NM104 |  | AN | 1-35 | s |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" | 2310C.NM104 must be 1 - 35 characters. |  |
| X223.331.2310C.NM104.030 | NM104 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 505: "Entity's First Name" FIC. 72 Oneratino Physician |  |  |
| X223.331.2310C.NM104.040 | NM104 |  |  |  |  |  |  |  | 999 | R | $\begin{aligned} & \text { IK403 = 6: "Invalid Character in Data } \\ & \text { Element" } \end{aligned}$ | 2310C.NM104 must be populated with accepted AN characters. |  |
| X223.331.2310C.NM104.050 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.331.2310C.NM105.010 | NM105 | Other Operating Physician Middle Name or Initial | AN | 1-25 | s |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2310C.NM105 must contain at least one non-space character. |  |
| X223.331.2310C.NM105.020 | NM105 |  | AN | 1-25 | s |  |  |  | 999 | E | 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 for receiver's application system" CSC 514: "Entity's Middle Name" FIC. 72 Oneratinn Phvsician |  |  |
| X223.331.2310C.NM105.040 | NM105 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2310C.NM105 must be populated with accepted AN characters. |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | Segment or Element | Description | ID | $\begin{gathered} \text { Min. } \\ \text { anx. } \end{gathered}$ | $\begin{array}{\|c} \text { Usage } \\ \text { Req. } \end{array}$ | Loop | $\begin{gathered} \text { Loop } \\ \text { Repeat } \\ \hline \end{gathered}$ | $\begin{gathered} 5010 \\ \text { Values } \\ \hline \end{gathered}$ | $\begin{gathered} \text { TA11 } \\ \text { 999/ } \\ \text { 277CA } \end{gathered}$ | Accept/ Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.331.2310C.NM105.050 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.331.2310C.NM106.010 | NM106 | Name Prefix | AN | 1-10 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not sed" Element Present" | Must not be present. |  |
| X223.331.2310C.NM107.010 | NM107 | Other Operating Physician Name Suffix | AN | 1-10 | s |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2310C.NM107 must contain at least one non-space |  |
| X223.331.2310C.NM107.020 | NM107 |  | AN | 1-10 | s |  |  |  | 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 for receiver's application system" CSC 125: "Entity's Name" FIC. 72 Oneratina Physician |  |  |
| X223.331.2310C.NM107.040 | NM107 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2310C.NM107 must be populated with accepted AN characters. |  |
| X223.331.2310C.NM107.050 <br>  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.331.2310C.NM108.010 | NM108 | Identification Code Qualifier | ID | 1-2 | s |  |  | xx | 277 | c | CSCC A8: "Acknowledgement / Rejected for relational field in error" CSC 745: "Identifier Qualifier" CSC 562: "Entity's National Provider Identifier (NPI)" FIC. 72 oneratinn_Phvsician | 2310C.NM108 must not be present when 2300.REF with REF01 = "P4" and REF02 is a valid VA identifier. | Trailblazer Only 01/20: Companion Guide Note needed. |
| X223.331.2310C.NM108.020 | NM108 |  |  |  |  |  |  |  | 277 | c | CSCC A6: <br> "Acknowledgement/Rejected for Missing Information..." <br> CSC 745: "Identifier Qualifier" CSC 562: "Entity's National Provider Identifier (NPI)" <br> FIC. 73 Oneratina Phusician | 2310C.NM108 must be present. | Everyone but Trailblazer. <br> 01/20: Companion Guide Note needed. |
| X223.331.2310C.NM108.030 | NM108 |  |  |  |  |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2310C.NM108 must be "XX". | Does not apply to Trailblazer VA claims. |
| X223.331.2310C.NM109.010 | NM109 | Identifier | AN | 2-80 | s |  |  |  | 999 | R | IK403 = 2: "Conditional Required Data Element Missinq" | $2310 C . N M 109$ must be present if 2310C.NM108 is present. |  |
| X223.331.2310C.NM109.020 | NM109 |  |  |  |  |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 562: "Entity's National Provider Identifier (NPI)" <br> FIC. 72 Oneratino 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 Oneratina Phvsician | The first position of 2310C.NM109 must be a "1". |  |
| X223.331.2310C.NM110.010 | NM110 | Entity Relationship Code | ID | 2-2 | N/U |  |  |  | 999 | E | 1K403 = 110: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.331.2310C.NM111.010 | NM111 | Entity Identifier Code | ID | 2-3 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.331.2310C.NM112.010 | NM112 | $\begin{gathered} \hline \begin{array}{c} \text { Name Last or Organization } \\ \text { Name } \end{array} \\ \hline \end{gathered}$ | AN | 1-60 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | Segment or Element | Description | ID | $\begin{aligned} & \text { Min. } \\ & \text { Max. } \end{aligned}$ | $\begin{gathered} \text { Usage } \\ \text { Req. } \end{gathered}$ | Loop | $\begin{gathered} \text { Loop } \\ \text { Repeat } \\ \hline \end{gathered}$ | $\begin{gathered} 5010 \\ \text { Values } \\ \hline \end{gathered}$ | $\begin{array}{\|c\|} \hline \text { TA11 } \\ \text { 999/ } \\ 277 C A \\ \hline \end{array}$ | Accept/ | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.334.2310C.REF. 010 | REF | OTHER OPERATING PHYSICIAN SECONDARY IDENTIFICATION |  | 4 | s | 2310 C |  |  | 999 | R | IK304 = 19: "Implementation Dependent 'not used' Segment Present" | 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..." CSC 732: "Information submitted inconsistent with billing guidelines." CSC 560: "Entity's Additional/Secondary Identifier." EIC: 72 Operating Physician | Only 1 iteration of 2310 C .REF with REF01 = " $1 \mathrm{G} "$ is allowed. | Trailblazer Only 01/20: Companion Guide Note needed. |
| X223.334.2310C.REF.030 | REF |  |  |  |  |  |  |  | 999 | R | IK304 = 19: "Implementation Dependent "Not Used" Segment Present" | 2310C.REF must not be present. | Everyone but Trailblazer. 01/20: Companion Guide Note needed. |
| X223.334.2310C.REF01.010 | REF01 | Reference Identification Oualifier | ID | 2-3 | R |  |  | OB, 1G, G2, LU | 999 | R | 1K403 = 1: "Required Data Element Missinq" | 2310C.REF01 must be present. |  |
| X223.334.2310C.REF01.020 | REF01 |  |  |  |  |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 21: Missing or invalid information CSC 560: Entity's Additional/Secondary Identifier EIC: 72 Operating Physician | 2310C.REF01 must be "1G". |  |
| X223.334.2310C.REF02.010 | REF02 | Secondary Identifier | AN | 1-50 | R |  |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2310C.REF02 must be present. |  |
| X223.334.2310C.REF02.020 | REF02 |  |  |  |  |  |  |  | 277 | c | $\begin{aligned} & \text { CSCC AT: "Acknowledgement } \\ & \text { RRejected for Invalid Information..." } \\ & \text { CSC 133: "Entity's UPN" } \\ & \text { EIC. } 72 \text { Oevaraina Phvsician } \end{aligned}$ | 2310C.REF02 must be in format ANNNNN or AAANNN (where A is an alpha character and N is a numeric digit). |  |
| X223.334.2310C.REF03.010 | REF03 | Description | AN | 1-80 | N/U |  |  |  | 999 | E | IK403 $=110: ~ " I m p l e m e n t a t i o n ~ " N o t ~$ Used" Element Prasent" | Must not be present. |  |
| X223.334.2310C.REF04.010 | REF04 | REFERENCE IDENTIFIER |  |  | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.336.2310D.NM1.010 | NM1 | RENDERING PROVIDER NAME |  | 1 | s | 2310D | 1 |  | 999 | R | $\begin{aligned} & \text { \|K304 = 4: "Loop Occurs Over } \\ & \text { Maximum Times" } \\ & \hline \end{aligned}$ | Only one iteration of 2310D.NM1 is allowed. |  |
| X223.336.2310D.NM101.010 | NM101 | Entity Identifier Code | ID | 2-3 | R |  |  | 82 | 999 | R | IK403 = 1: "Required Data Element Missing" | 2310D.NM101 must be present. |  |
| X223.336.2310D.NM101.020 | NM101 |  |  |  |  |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2310D.NM101 must be "82". |  |
| X223.336.2310D.NM102.010 | NM102 | Entity Type Qualifier | ID | 1-1 | R |  |  | 1 | 999 | R | IK403 = 1: "Required Data Element Missing" | 2310D.NM102 must be present. |  |
| X223.336.2310D.NM102.020 | NM102 |  |  |  |  |  |  |  | 999 | R | \|K403 = 7: "Invalid Code Value" | 2310D.NM102 must be "1". |  |
| X223.336.2310D.NM103.010 | NM103 | Rendering Provider Last Name | AN | 1-60 | R |  |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2310D.NM103 must be present. |  |
| X223.336.2310D.NM103.020 | NM103 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data | 2310D.NM103 must contain at least one non-space character. |  |
| x223.336.2310D.NM103.030 | NM103 |  |  |  |  |  |  |  | 999 | E | 1K403 = 5: "Data Element Too Long" | 2310D.NM103 must be 1-60 characters. |  |


| 8371 Edit Reference | Segment or | Description | ID | Min. Max. | Usage | Loop | $\underset{\text { Repeat }}{\text { Loop }}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\begin{gathered} \text { TA1/ } \\ \text { 999/ } \\ \text { 277CA } \end{gathered}$ | Accept/ | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.336.2310D.NM103.040 | NM103 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 504: "Entity's Last Name" FIC. 82 Renderino Provider |  |  |
| X223.336.2310D.NM103.050 | NM103 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2310D.NM103 must be populated with accepted AN characters. |  |
| X223.336.2310D.NM103.060 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.336.2310D.NM104.010 | NM104 | Rendering Provider First Name | AN | 1-35 | s |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2310D.NM104 must contain at least one non-space |  |
| X223.336.2310D.NM104.020 | NM104 |  | AN | 1-35 | s |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" | 2310D.NM104 must be 1-35 characters. |  |
| X223.336.2310D.NM104.030 | NM104 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 505: "Entity's First Name" FIC. 82 Renderino Provider |  |  |
| X223.336.2310D.NM104.040 | NM104 |  |  |  |  |  |  |  | 999 | R | $\begin{aligned} & \text { IK } 403=6: \text { "Invalid Character in Data } \\ & \text { Element" } \end{aligned}$ | 2310D.NM104 must be populated with accepted AN characters. |  |
| X223.336.2310D.NM104.050 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.336.2310D.NM105.010 | NM105 | Rendering Provider Middle | AN | 1-25 | S |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data | 2310D.NM105 must contain at least one non-space |  |
| x223.336.2310D.NM105.020 | NM105 |  | AN | 1-25 | s |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" | 2310D.NM105 must be 1-25 characters. |  |
| X223.336.2310D.NM105.030 | NM105 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 514: "Entity's Middle Name" FIC. 82 Renderino Provider |  |  |
| X223.336.2310D.NM105.040 | NM105 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2310D.NM105 must be populated with accepted AN characters. |  |
| X223.336.2310D.NM105.050 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.336.2310D.NM106.010 | NM106 | Name Prefix | AN | 1-10 | N/U |  |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.336.2310D.NM107.010 | NM107 | Rendering Provider Name <br> Suffix | AN | 1-10 | s |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2310D.NM107 must contain at least one non-space |  |
| X223.336.2310D.NM107.020 | NM107 |  | AN | 1-10 | s |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" | 2310D.NM107 must be 1-10 characters. |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | Segment or Element | Description | ID | Min. | Usage | Loop | $\begin{gathered} \text { Loop } \\ \text { Repeat } \end{gathered}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\begin{gathered} \text { TA11 } \\ \text { 999/ } \\ \text { 277CA } \end{gathered}$ | $\begin{gathered} \text { Accept/ } \\ \text { Reject } \end{gathered}$ | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.336.2310D.Nm107.030 | NM107 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 125: "Entity's Name" FIC. 82 Renderina Provider |  |  |
| X223.336.2310D.NM107.040 | NM107 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2310D.NM107 must be populated with accepted AN characters. |  |
| X223.336.2310D.NM107.050 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.336.2310D.Nm108.010 | NM108 | Identtication CodeQualifier | ID | 1-2 | s |  |  | xx | 277 | c | CSCC A8: "Acknowledgement / Rejected for relational field in error" CSC 745: "Identifier Qualifier" CSC 562: "Entity's National Provider Identifier (NPI)" <br> FIC. 82 Renderino Provider | 2310D.NM108 must not be present when 2300.REF with REF01 = "P4" and REF02 is a valid VA identifier. | Trailblazer Only 01/20: Companion Guide Note needed. |
| X223.336.2310D.NM108.020 | NM108 |  |  |  |  |  |  |  | 277 | c | CSCC A6: <br> "Acknowledgement/Rejected for Missing Information..." <br> CSC 745: "Identifier Qualifier" CSC 562: "Entity's National Provider Identifier (NPI)" <br> FIC. 82 Renderino Provider | 2310D.NM108 must be present. | Everyone but Trailblazer. 01/20: Companion Guide Note needed. |
| X223.336.2310D.NM108.030 | NM108 |  |  |  |  |  |  |  | 999 | R | $1 \mathrm{~K} 403=7$ : "Invalid Code Value" | 2310D.NM108 must be "XX". | Does not apply to Trailblazer VA claims. |
| X223.336.2310D.NM109.010 | NM109 | Rendering Provider Identifier | AN | 2-80 | s |  |  |  | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | 2310D.NM109 must be present if 2310D.NM108 is present. |  |
| x223.336.2310D.Nm109.020 | NM109 |  |  |  |  |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 562: "Entity's National Provider Identifier (NPI)" EIC. 82 Renderino Provider | 2310D.NM109 must be valid according to the NPI algorithm. |  |
| x223.336.2310D.Nm109.030 | NM109 |  |  |  |  |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 562: "Entity's National Provider Identifier (NPI)" <br> FIC. 82 Renderina Provider | The first position of 2310D.NM109 must be a "1". |  |
| X223.336.2310D.NM110.010 | NM110 | Entity Relationship Code | ID | 2-2 | N/U |  |  |  | 999 | E | 1K403 = 110: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.336.2310D.NM111.010 | NM111 | Entity Identifier Code | ID | 2-3 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.336.2310D.NM112.010 | NM112 | $\begin{array}{\|c\|} \hline \text { Name Last or Organization } \\ \text { Name } \\ \hline \end{array}$ | AN | 1-60 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.339.2310D.REF. 010 | REF | RENDERING PROVIDER SECONDARY IDENTIFICATION |  | 4 | s | 2310D |  |  | 999 | R | IK304 = 19: "Implementation Dependent 'not used' Segment Present" | 2310D.REF with REF01 = " 1 G " may be present when 2310D.NM1 is present and 2310D.NM109 is not present. | Trailblazer Only 01/20: Companion Guide Note needed. |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | Segment or Element | Description | ID | Min. | Usage | Loop | $\begin{gathered} \text { Loop } \\ \text { Repeat } \end{gathered}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\left\|\begin{array}{c} \text { TA11 } \\ \text { 999/ } \\ 277 C A \end{array}\right\|$ | $\begin{gathered} \text { Accept/ } \\ \text { Reject } \end{gathered}$ | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.339.2310D.REF.020 | REF |  |  |  |  |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 732: "Information submitted inconsistent with billing guidelines." CSC 560: "Entity's Additional/Secondary Identifier." EIC: $\mathbf{8 2}$ 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 but Trailblazer. 01/20: Companion Guide Note needed. |
| X223.339.2310D.REF01.010 | REF01 | Reference Identification Qualifier | ID | 2-3 | R |  |  | 0B, 1G, G2, LU | 999 | R | IK403 = 1: "Required Data Element Missing" | 2310D.REF01 must be present. |  |
| X223.339.2310D.REF01.020 | REF01 |  |  |  |  |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information... CSC 732: "Information submitted inconsistent with billing guidelines." CSC 560: "Entity's Additional/Secondary Identifier." FIC. 82 Renderina Provider | 2310D.REF01 must be "1G". |  |
| X223.339.2310D.REF02.010 | REF02 | Rendering Provider Secondary Identifier | AN | 1-50 | R |  |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2310D.REF02 must be present. |  |
| X223.339.2310D.REF02.020 | REF02 |  |  |  |  |  |  |  | 277 | C | CSCC A7: "Acknowledgement /Rejected for Invalid Information... CSC 133: "Entity's UPIN" EIC: 82 Renderina Provider | 2310D.REF02 must be in format ANNNNN or AAANNN (where A is an alpha character and N is a numeric digit). |  |
| X223.339.2310D.REF03.010 | REF03 | Description | AN | 1-80 | N/U |  |  |  | 999 | E | 1K403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.339.2310D.REF04.010 | REF04 | REFERENCE IDENTIFIER |  |  | N/U |  |  |  | 999 | E | IK403 $=110: ~ " I m p l e m e n t a t i o n ~ " N o t ~$ Used" Element Present" | Must not be present. |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.341.2310E.NM1.010 | NM1 | SERVICE FACILITY LOCATION NAME |  | 1 | s | 2310E | 1 |  | 999 | R | IK304 = 4: "Loop Occurs Over Maximum Times" | Only one iteration of 2310E.NM1 is allowed. |  |
| X223.341.2310E.NM101.010 | NM101 | Entity Identifier Code | ID | 2-3 | R |  |  | 77 | 999 | R | IK403 = 1: "Required Data Element Missing" | 2310E.NM101 must be present. |  |
| X223.341.2310E.NM101.020 | NM101 |  |  |  |  |  |  |  | 999 | R | 1 K 403 = 7 : "Invalid Code Value" | 2310E.NM101 must be "77". |  |
| X223.341.2310E.NM102.010 | NM102 | Entity Type Qualifier | ID | 1-1 | R |  |  | 2 | 999 | R | IK403 = 1: "Required Data Element Missinq" | 2310E.NM102 must be present. |  |
| X223.341.2310E.NM102.020 | NM102 |  |  |  |  |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2310E.NM102 must be "2". |  |
| X223.341.2310E.NM103.010 | NM103 | $\begin{gathered} \hline \text { Laboratory or Facility } \\ \text { Name } \\ \hline \end{gathered}$ | AN | 1-60 | R |  |  |  | 999 | R | K 403 = 1: "Required Data Element Missing" | 2310E.NM103 must be present. |  |
| X223.341.2310E.NM103.020 | NM103 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2310E.NM103 must contain at least one non-space character. |  |
| X223.341.2310E.NM103.030 | NM103 |  |  |  |  |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" | 2310E.NM103 must be 1-60 characters. |  |
| X223.341.2310E.NM103.040 | NM103 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 125 "Entity's name." FIC. 77 Service Incation |  |  |
| X223.341.2310E.NM103.050 | NM103 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data | 2310E.NM103 must be populated with accepted AN characters. |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | $\begin{gathered} \text { Segment or } \\ \text { Element } \end{gathered}$ | Description | ID | $\begin{aligned} & \text { Min. } \\ & \text { Max. } \end{aligned}$ | $\begin{gathered} \text { Usage } \\ \text { Req. } \\ \hline \end{gathered}$ | Loop | $\begin{gathered} \text { Loop } \\ \text { Repeat } \end{gathered}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\begin{array}{\|c} \text { TA1I } \\ \text { 999/ } \\ 277 \mathrm{CA} \\ \hline \end{array}$ | Accept/ Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.341.2310E.NM103.060 <br> edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.341.2310E.NM104.010 | NM104 | Name First | AN | 1-35 | N/U |  |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.341.2310E.NM105.010 | NM105 | Name Middle | AN | 1-25 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.341.2310E.NM106.010 | NM106 | Name Prefix | AN | 1-10 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not | Must not be present. |  |
| X223.341.2310E.NM107.010 | NM107 | Name Suffix | AN | 1-10 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.341.2310E.NM 108.010 | NM108 | Identtication CodeQualifier | ID | 1-2 | s |  |  | xx | 999 | R | $1 \mathrm{~K} 403=7$ : "Invalid Code Value" | 2310E.NM108 must be "XX". |  |
| X223.341.2310E.NM109.010 | NM109 | Laboratory or Facility Primary Identifier | AN | 2-80 | s |  |  |  | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | 2310E.NM109 must be present if 2310E.NM108 is present. |  |
| X223.341.2310E.NM109.020 | NM109 |  |  |  |  |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 562: "Entity's National Provider Identifier (NPI)" <br> FIC: 77 Service ـ ocation | 2310E.NM109 must be valid according to the NPI algorithm. |  |
| X223.341.2310E.NM109.030 | NM109 |  |  |  |  |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 562: "Entity's National Provider Identifier (NPI)" <br> FIC: 77 Service Location | The first position of 2310E.NM109 must be a "1". |  |
| X223.341.2310E.NM110.010 | NM110 | Entity Relationship Code | ID | 2-2 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.341.2310E.NM111.010 | NM111 | Entity Identifier Code | ID | 2-3 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.341.2310E.NM112.010 | NM112 | Name Last or Organization <br> Name | AN | 1-60 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.344.2310E.N3.010 | N3 | SERVICE FACILITY LOCATION ADDRESS |  | 1 | R | 2310E |  |  | 999 | R | IK304 = 16: "Implementation Dependent Segment Missing" | If 2310E.NM1 is present, 2310.N3 must be present. |  |
| X223.344.2310E.N3.020 | N3 |  |  |  |  |  |  |  | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2310E.N3 is allowed. |  |
| X223.344.2310E.N301.010 | N301 | $\begin{gathered} \hline \text { Laboratory or Facility } \\ \text { Address Line } \\ \hline \end{gathered}$ | AN | 1-55 | R |  |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2310E.N301 must be present. |  |
| X223.344.2310E.N301.020 | N301 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2310E.N301 must contain at least one non-space character. |  |
| X223.344.2310E.N301.030 | N301 |  |  |  |  |  |  |  | 999 | E | 1K403 = 5: "Data Element Too Long" | 2310E.N301 must be 1-55 characters. |  |
| X223.344.2310E.N301.040 | N301 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 503: "Entity's Street address" FIC. 77 Service ocation |  |  |
| X223.344.2310E.N301.050 | N301 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2310E.N301 must be populated with accepted AN characters. |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \\ \hline \end{gathered}$ | Segment or | Description | ID | $\begin{aligned} & \text { Min. } \\ & \text { Max. } \end{aligned}$ | $\begin{array}{\|c} \text { Usage } \\ \text { Req. } \end{array}$ | Loop | $\begin{gathered} \text { Loop } \\ \text { Repeat } \\ \hline \end{gathered}$ | $\begin{gathered} 5010 \\ \text { Values } \\ \hline \end{gathered}$ | $\begin{gathered} \text { TA11 } \\ \text { 999/ } \\ \text { 277CA } \end{gathered}$ | Accept/ Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.344.2310E.N301.060 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| $\begin{aligned} & \text { X223.344.2310E.N302.010 } \\ & \text { edit deactivated } \\ & \hline \end{aligned}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.344.2310E.N302.020 | N302 | Laboratory or Facility Address Line | AN | 1-55 | s |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | If present, 2310E.N302 must contain at least one non- space character. |  |
| X223.344.2310E.N302.030 | N302 |  |  |  |  |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" | 2310E.N302 must be 1-55 characters. |  |
| X223.344.2310E.N302.040 | N302 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 503: "Entity's Street address" FIC. 77 Service Iocation |  |  |
| X223.344.2310E.N302.050 | N302 |  |  |  |  |  |  |  | 999 | R | $\begin{aligned} & \text { IK403 = } 6: \text { "Invalid Character in Data } \\ & \text { Element" } \end{aligned}$ | 2310E.N302 must be populated with accepted AN characters. |  |
| X223.344.2310E.N302.060 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.345.2310E.N4.010 | N4 | SERVICE FACILITY LOCATION CITY, STATE, ZIP CODE |  | 1 | R | 2310E |  |  | 999 | R | IK304 = I6: "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 | $\begin{gathered} \hline \text { Laboratory or Facility City } \\ \text { Name } \\ \hline \end{gathered}$ | AN | 2-30 | R |  |  |  | 999 | R | IK403 = 1: "Required Data Element Missinq" | 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 | IK403 = 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 |  |  |  |
| X223.345.2310E.N401.050 | N401 |  |  |  |  |  |  |  | 999 | R | $\begin{aligned} & \text { IK403 = 6: "Invalid Character in Data } \\ & \text { Element" } \end{aligned}$ | 2310E.N401 must be populated with accepted AN characters. |  |
| X223.345.2310E.N401.060 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.345.2310E.N402.010 | N402 | $\begin{array}{\|c\|} \hline \text { Laboratory or Facility State } \\ \text { or Province Code } \\ \hline \end{array}$ | ID | 2-2 | s |  |  |  | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | If 2310E.N404 is not present, 2310E.N402 must be present. |  |
| X223.345.2310E.N402.020 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |


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


| 8371 Edit Reference | Segment or | Description | ID | Min. | Usage | Loop | $\underset{\text { Repeat }}{\text { Loop }}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\begin{gathered} \text { TA1/ } \\ \text { 999/ } \\ \text { 277CA } \end{gathered}$ | Accept/ | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.349.2310F.NM103.040 | NM103 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 504: "Entity's Last Name" FIC. ON Refarrino Provider |  |  |
| X223.349.2310F.NM103.050 | NM103 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2310F.NM103 must be populated with accepted AN characters. |  |
| X223.349.2310F.NM103.060 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.349.2310F.NM104.010 | NM104 | Referring Provider First Name | AN | 1-35 | s |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2310F.NM104 must contain at least one non-space |  |
| X223.349.2310F.NM104.020 | NM104 |  |  |  |  |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" | 2310F.NM104 must be 1 - 35 characters. |  |
| X223.349.2310F.NM104.030 | NM104 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 505: "Entity's First Name" FIC. DN Referrino Provider |  |  |
| X223.349.2310F.NM104.040 | NM104 |  |  |  |  |  |  |  | 999 | R | $\begin{aligned} & \text { IK } 403=6 \text { : "Invalid Character in Data } \\ & \text { Element" } \end{aligned}$ | 2310F.NM104 must be populated with accepted AN characters. |  |
| X223.349.2310F.NM104.050 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.349.2310F.NM105.010 | NM105 | Referring Provider Middle Name | AN | 1-25 | s |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data | 2310F.NM105 must contain at least one non-space |  |
| X223.349.2310F.NM105.020 | NM105 |  |  |  |  |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" | 2310F.NM105 must be 1-25 characters. |  |
| X223.349.2310F.NM105.030 | NM105 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 514: "Entity's Middle Name" FIC. DN Referrina Provider |  |  |
| X223.349.2310F.NM105.040 | NM105 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2310F.NM105 must be populated with accepted AN characters. |  |
| X223.349.2310F.NM105.050 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.349.2310F.NM106.010 | NM106 | Name Prefix | AN | 1-10 | N/U |  |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.349.2310F.NM107.010 | NM107 | $\underset{\substack{\text { Referring Provider Name } \\ \text { Suffix }}}{ }$ | AN | 1-10 | s |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2310F.NM107 must contain at least one non-space |  |
| X223.349.2310F.NM107.020 | NM107 |  |  |  |  |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" | 2310F.NM107 must be 1-10 characters. |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | Segment or Element | Description | ID | $\begin{aligned} & \text { Min. } \\ & \text { Max. } \end{aligned}$ | Usage | Loop | $\begin{gathered} \text { Loop } \\ \text { Repeat } \end{gathered}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\left\|\begin{array}{c} \text { TA11 } \\ \text { 999/ } \\ 277 C A \end{array}\right\|$ | $\begin{gathered} \text { Accept/ } \\ \text { Reject } \end{gathered}$ | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.349.2310F.NM107.030 | NM107 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 125: "Entity's Name" FIC. DN-Reforrino Provider |  |  |
| X223.349.2310F.NM107.040 | NM107 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2310F.NM107 must be populated with accepted AN characters. |  |
| X223.349.2310F.NM107.050 <br> edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.349.2310F.NM108.010 | NM108 | Identfication CodeQualifier | ID | 1-2 | s |  |  | xx | 277 | c | CSCC A8: "Acknowledgement / Rejected for relational field in error" CSC 745: "Identifier Qualifier" CSC 562: "Entity's National Provider Identifier (NPI)" <br> FIC. DN Referrino Provider | 2310F.NM108 must not be present when 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: <br> "Acknowledgement/Rejected for Missing Information..." <br> CSC 745: "Identifier Qualifier" CSC 562: "Entity's National Provider Identifier (NPI)" <br> FlC. DN Referrina Provider | 2310F.NM108 must be present. | Everyone but Trailblazer 01/20: Companion Guide Note needed. |
| X223.349.2310F.NM108.030 | NM108 |  |  |  |  |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2310F.NM108 must be "XX". | Does not apply to Trailblazer VA claims. |
| X223.349.2310F.NM109.010 | NM109 | Referring Provider Identifier | AN | 2-80 | s |  |  |  | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | 2310F.NM109 must be present if 2310F.NM108 is present. |  |
| X223.349.2310F.NM109.020 | NM109 |  |  |  |  |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 562: "Entity's National Provider Identifier (NPI)" <br> EIC: DN Referrina Provider | 2310F.NM109 must be valid according to the NPI algorithm. |  |
| X223.349.2310F.NM109.030 | NM109 |  |  |  |  |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information... CSC 562: "Entity's National Provider Identifier (NPI)" <br> EIC: DN Referrina Provider | The first position of 2310F.NM109 must be a "1". |  |
| X223.349.2310F.NM110.010 | NM110 | Entity Relationship Code | ID | 2-2 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.349.2310F.NM111.010 | NM111 | Entity Identifier Code | ID | 2-3 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.349.2310F.NM112.010 | NM112 | Name Last or Organization Name | AN | 1-60 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.352.2310F.REF.010 | REF | REFERRING PROVIDER SECONDARY IDENTIFICATION |  | 3 | s | 2310F |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected 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. |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | Segment or Element | Description | ID | $\begin{aligned} & \text { min. } \\ & \text { Max. } \end{aligned}$ | Usage Req. | Loop | $\underset{\text { Repeat }}{\text { Loop }}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\left\|\begin{array}{c} \text { TA11 } \\ \text { T99/ } \\ 277 C A \end{array}\right\|$ | Accept/ | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.354.2320..010 |  | OTHER 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 |  | 1 | s | 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 | ID | 1-1 | R |  |  | $\mathrm{A}, \mathrm{~B}, \mathrm{C}, \mathrm{D}, \mathrm{E}, \mathrm{~F}, \mathrm{G}, \mathrm{H}, \mathrm{P}, \mathrm{~S}, \mathrm{~T},$ | 999 | R | IK403 = 1: "Required Data Element Missing" | 2320.SBR01 must be present. |  |
| X223.354.2320.SBR01.020 | SBR01 |  |  |  |  |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | $2320 . S 8 R 01$ 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: <br> "Acknowledgement/Rejected for Missing Information..." <br> CSC 286: "Other payer's <br> Explanation of Benefits/payment information" | If 2000B.SBR01 = "S", 2320.SBR01 ="P" must be present. |  |
| X223.354.2320.SBR02.010 | SBR02 | Individual Relationship Code | ID | 2-2 | R |  |  | $\begin{gathered} \hline 01,18,19,20,21,39,40,53, \\ G 8 \\ \hline \end{gathered}$ | 999 | R | IK403 = 1: "Required Data Element Missing" | 2320.SBR02 must be present. |  |
| X223.354.2320.SBR02.020 | SBR02 |  |  |  |  |  |  |  | 999 | R | 1K403 = 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 Element" | 2320.SBR03 must contain at least one non-space character. |  |
| X223.354.2320.SBR03.020 | SBR03 |  | AN | 1-50 | s |  |  |  | 999 | E | 1K403 = 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 for receiver's application system" CSC 163: "Entity's policy number" FIC. GB Other Incured |  |  |
| X223.354.2320.SBR03.040 | SBR03 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2320.SBR03 must be populated with accepted AN characters. |  |
| X223.354.2320.SBR03.050 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.354.2320.SBR04.010 | SBR04 | Other Insured Group Name | AN | 1-60 | s |  |  |  | 999 | R | IK403 = 10: "Exclusion Condition Violated" | 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. | 999 |
| 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 for receiver's application system" CSC 663: "Entity's Group Name" FIC. GR Other Insured |  |  |
| X223.354.2320.SBR04.050 | SBR04 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2320.SBR04 must be populated with accepted AN characters. |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | Segment or Element | Description | ID | Min. | Usage | Loop | $\begin{gathered} \text { Loop } \\ \text { Repeat } \end{gathered}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\left\|\begin{array}{c} \text { TA11 } \\ \text { 999/ } \\ 277 C A \end{array}\right\|$ | $\begin{gathered} \text { Accept/ } \\ \text { Reject } \end{gathered}$ | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.354.2320.SBR04.060 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.354.2320.SBR05.010 | SBR05 | Insurance Type Code | ID | 1-3 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Flement Present" | Must not be present. |  |
| X223.354.2320.SBR06.010 | SBR06 | Coordination of Benefits Code | ID | 1-1 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not | Must not be present. |  |
| X223.354.2320.SBR07.010 | SBR07 | Yes/No Condition or Response Code | ID | 1-1 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { 1K403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.354.2320.SBR08.010 | SBR08 | Employment Status Code | ID | 2-2 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.354.2320.SBR09.010 | SBR09 | Claim Filing Indicator Code | ID | 1-2 | s |  |  | 11, 12, 13, 14, 15, 16, 17, AM, BL, CH, CI, DS, FI, HM, LM, MA, MB, MC, OF, TV, VA, WC, | 999 | R | IK403 = 7: "Invalid Code Value" | 2320.SBR09 must be valid values. |  |
| X223.354.2320.SBR09.020 | SBR09 |  |  |  |  |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information... CSC 480: Other Carrier Claim filing indicator is missinnorinvalid | 2320.SBR09 must not be = "MA" or "MB". |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.358.2320.CAS. 010 | CAS | CLAIM LEVEL ADJUSTMENTS |  | 5 | s | 2320 |  |  | 999 | R | IK304 = 19: "Implementation Dependent 'not used' Segment Present" <br> OR <br> IK 304 = 2: "Unexpected Segment" | If 2320.CAS is present, 2320.SBR must be present. |  |
| X223.358.2320.CAS. 020 | CAS |  |  |  |  |  |  |  | 999 | R | 1K304 = 5: "Segment Exceeds Maximum Use" | Only 5 iterations of 2320.CAS are allowed. |  |
| X223.358.2320.CAS01.010 | CAS01 | Claim Adjustment Group Code | ID | 1-2 | R |  |  | CO, CR, OA, PI, PR | 999 | R | IK403 = 1: "Required Data Element Missing" | 2320.CAS01 must be present. |  |
| X223.358.2320.CAS01.020 | CAS01 |  |  |  |  |  |  |  | 999 | R | IK403 = 7: "Invalid Code Value" | $2320 . C A S 01$ 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" <br> FIC: 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 | ID | 1-5 | R |  |  |  | 999 | R | IK403 = 1: "Required Data Element Missinq" | $2320 . \mathrm{CAS02}$ must be present. |  |
| X223.358.2320.CAS02.020 | CAS02 |  |  |  |  |  |  |  | 277 | c | CSCC A8 Acknowledgement / Rejected for relational field in error. CSC 521: Adjustment Reason Code CSC 516: Adjudication or Payment Date FIC. GR Other Insured | If 2330B.DTP03 with DTP01 $=$ " 573 " is present, 2320.CAS02 must be a valid Claim Adjustment Reason Code on the date in 2330B.DTP03 when DTP01 = "573". | Valid Claim Adjustment Reason Code reference must be available for this edit. |
| X223.358.2320.CAS02.030 | CAS02 |  |  |  |  |  |  |  | 277 | c | CSCC A8 Acknowledgement / Rejected for relational field in error. CSC 521: Adjustment Reason Code CSC 516: Adjudication or Payment Date EIC. GR Other Insured | If 2330B.DTP03 with DTP01 $=$ " 573 " is not present, 2320.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. |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | Segment or Element | Description | ID | Min. Max. | Usage | Loop | $\begin{gathered} \text { Loop } \\ \text { Repeat } \\ \hline \end{gathered}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\left\|\begin{array}{c} \text { TA11 } \\ \text { 999/ } \\ 277 C A \end{array}\right\|$ | Accept/ Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.358.2320.CAS03.010 | CAS03 | Adjustment Amount | R | 1-18 | R |  |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2320.CAS03 must be present. |  |
| X223.358.2320.CAS03.020 | CAS03 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2320.CAS03 must be numeric. |  |
| X223.358.2320.CAS03.030 | CAS03 |  |  |  |  |  |  |  | 999 | E | 1K403 = 5: "Data Element Too Long" | $\begin{aligned} & \text { 2320.CAS03 must be >=-99,999,999.99. and } \\ & <=99,999,999.99 . \end{aligned}$ |  |
| X223.358.2320.CAS03.040 | CAS03 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" <br> CSC 519: "Adjustment Amount" EIC: GB Other Insured |  |  |
| X223.358.2320.CAS03.050 | 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 | 2320.CAS03 must not $=0$. |  |
| X223.358.2320.CAS03.060 | CAS03 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 697: "Too many decimal positions" CSC 519: "Adjustment Amount" FIC. GB Other Insured | 2320.CAS03 is limited to 0,1 or 2 decimal positions. |  |
| X223.358.2320.CAS04.010 | CAS04 | Adjustment Quantity | R | 1-15 | s |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" | 2320.CAS04 must be 1-15 digits. | 01/08: Not brought into Core System, so no Medicare size limit is needed. |
| X223.358.2320.CAS04.015 | CAS04 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 519: "Adjustment Amount" FlC. GB مther Incured |  |  |
| X223.358.2320.CAS04.020 | CAS04 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 694: "Amount must not be equal to zero" <br> CSC 520: "Adjustment Quantity" FIC. GR مther Insured | 2320.CAS04 must not $=0$. |  |
| X223.358.2320.CAS05.010 | CAS05 | Adjustment Reason Code | ID | 1-5 | s |  |  |  | 999 | R | IK403-2: "Conditional Required Data Element Missing" | If 2320.CAS05 is present, 2320.CAS02 must be present. |  |
| X223.358.2320.CAS05.020 | CAS05 |  |  |  |  |  |  |  | 277 | c | CSCC A8 Acknowledgement / Rejected for relational field in error. CSC 521: Adjustment Reason Code CSC 516: Adjudication or Payment Date <br> FIC. GB Other Insured | If 2330B.DTP03 with DTP01 = " 573 " is present, 2320.CAS05 must be a valid Claim Adjustment Reason Code on the date in 2330B.DTP03 when DTP01 = "573". | Valid Claim Adjustment Reason Code reference must be available for this edit. 01/08: Add clause to check for the 2330B.DTP. |
| X223.358.2320.CAS05.030 | CAS05 |  |  |  |  |  |  |  | 277 | c | CSCC A8 Acknowledgement / Rejected for relational field in error. CSC 521: Adjustment Reason Code CSC 516: Adjudication or Payment Date FIC. GB Other Insured | If 2330B.DTP03 with DTP01 = " 573 " is not present, 2320.CAS05 must be a valid Claim Adjustment Reason Code on the date in 2430. DTP03 when DTP01 = "573" DTP01 = "573". | Valid Claim Adjustment Reason Code reference must be available for this edit. |
| X223.358.2320.CAS06.010 | CAS06 | Adjustment Amount | R | 1-18 | s |  |  |  | 999 | R | IK403 = 2: "Conditional Required Data Element Missinq" | If 2320. CAS06 is present, 2320. CAS05 must be present. |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | Segment or | Description | ID | $\begin{aligned} & \text { Min. } \\ & \text { Max. } \end{aligned}$ | Usage | Loop | $\begin{gathered} \text { Loop } \\ \text { Repeat } \\ \hline \end{gathered}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\left\|\begin{array}{c} \text { TA1/ } \\ \text { 999/ } \\ \text { 277CA } \end{array}\right\|$ | Accept/ Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| $\times 223.358 .2320 . C A S 06.020$ | CAS06 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data | 2320.CAS06 must be numeric. |  |
| X223.358.2320.CAS06.030 | CAS06 |  |  |  |  |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" | $\begin{aligned} & \text { 2320.CAS06 must be >=-99,999,999.99. and } \\ & <=99,999,999.99 . \end{aligned}$ |  |
| 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: "dajustment Amount" FIC. CB Other Insured |  |  |
| X223.358.2320.CAS06.050 | CAS06 |  |  |  |  |  |  |  | 277 | T | CSCC AT: "Acknowledgement IRejected for Invalid Information..." CSC 69: "Amount must not be equal to zero": CSC 519: "Adjustment Amount" FIC. GROther Insured | $2320 . C A S 06$ 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" FIC. GR Other Insured | 2320.CAS06 is limited to 0, 1 or 2 decimal positions. |  |
| X223.358.2320.CAS07.010 | CAS07 | Adjustment Quantity | R | 1-15 | s |  |  |  | 999 | R | IK403-2: "Conditional Required Data Element Missing" | If 2320.CAS07 is present, 2320.CAS05 must be present. |  |
| X223.358.2320.CAS07.020 | CAS07 |  |  |  |  |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" | 2320.CAS07 must be 1-15 digits. | 01/08: Not brought into Core System, so no Medicare size limit is needed. |
| X223.358.2320.CAS07.025 | CAS07 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 519: "Adjustment Amount" FIC. GR Other Insured |  |  |
| X223.358.2320.CAS07.030 | CAS07 |  |  |  |  |  |  |  | 277 | T | $\begin{aligned} & \text { CSCC A7: "Acknowledgement } \\ & \text { IRejected for Invalid Information..." } \\ & \text { CSC 694: "Amount must not be equal } \\ & \text { to zero": "Adjustment Quantity" } \\ & \text { CSC 520: "Adjust } \\ & \text { FEC. GB OUher Incured } \end{aligned}$ | 2320.CAS07 must not $=0$. |  |
| X223.358.2320.CAS08.010 | CAS08 | Adjustment Reason Code | ID | 1-5 | s |  |  |  | 999 | R | $\begin{aligned} & \text { IK403-2: "Conditional Required Data } \\ & \text { Element Missing" } \end{aligned}$ | If 2320.CAS08 is present, 2320.CAS05 must be present. |  |
| X223.358.2320.CAS08.020 | CAS08 |  |  |  |  |  |  |  | 277 | c | CSCC A8 Acknowledgement / Rejected for relational field in error. CSC 521: Adjustment Reason Code CSC 516: Adjudication or Payment Date FIC. GB Other Insured | If 2330B.DTP03 with DTP01 $=$ " 573 " is present, 2320.CAS08 must be a valid Claim Adjustment Reason Code on the date in 2330B.DTP03 when DTP01 = "573". | Valid Claim Adjustment Reason Code reference must be available for this edit. |
| X223.358.2320.CAS08.030 | CAS08 |  |  |  |  |  |  |  | 277 | c | CSCC A8 Acknowledgement / Rejected for relational field in error. CSC 521: Adjustment Reason Code CSC 516: Adjudication or Payment Date FIC. GB Other Insured | If 2330B.DTP03 with DTP01 = " 573 " is not present, <br> 2320.CAS08 must be a valid Claim Adjustment Reason Code on the date in 2430.DTP03 when DTP01 = "573". | Valid Claim Adjustment Reason Code reference must be available for this edit. |
| X223.358.2320.CAS09.010 | CAS09 | Adjustment Amount | R | 1-18 | s |  |  |  | 999 | R | $\begin{aligned} & \text { IK } 403=2 \text { : "Conditional Required Data } \\ & \text { Element Missing" } \end{aligned}$ | If 2320.CAS09 is present, 2320.CAS08 must be present. |  |
| X223.358.2320.CAS09.020 | CAS09 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2320.CAS09 must be numeric. |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \\ \hline \end{gathered}$ | Segment or Element | Description | ID | $\begin{aligned} & \text { Min. } \\ & \text { Max. } \end{aligned}$ | $\begin{gathered} \text { Usage } \\ \text { Req. } \end{gathered}$ | Loop | $\begin{gathered} \text { Loop } \\ \text { Repeat } \\ \hline \end{gathered}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\begin{array}{\|c\|} \hline \text { TA11 } \\ \text { 999/ } \\ 277 C A \\ \hline \end{array}$ | Accept/ | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.358.2320.CAS09.030 | CAS09 |  |  |  |  |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" | $\begin{aligned} & \text { 2320.CASO9 must be }>=-99,999,999.99 \text {. and } \\ & <=99,999,999.99 . \end{aligned}$ |  |
| 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" FIC. GB Other Insured |  |  |
| X223.358.2320.CAS09.050 | CAS09 |  |  |  |  |  |  |  | 277 | T | $\begin{aligned} & \text { CSCC A7: "Acknowledgement } \\ & \text { IRejected for Invalid Information..." } \\ & \text { CSC 694: "Amount must not be equal } \\ & \text { to zero" } \\ & \text { CSC 519: "Adjustment Amount" } \\ & \text { FIC. GB GOther Insured. } \end{aligned}$ | 2320.CAS09 must not $=0$. |  |
| X223.358.2320.CAS09.060 | CAS09 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 697: "Too many decimal positions" CSC 519: "Adjustment Amount" FIC. GB Other Insured | 2320.CAS09 is limited to 0, 1 or 2 decimal positions. |  |
| X223.358.2320.CAS10.010 | CAS10 | Adjustment Quantity | R | 1-15 | s |  |  |  | 999 | R | IK 403-2: "Conditional Required Data | If 2320.CAS10 is present, 2320.CAS08 must be present. |  |
| X223.358.2320.CAS10.020 | CAS10 |  |  |  |  |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" | 2320.CAS10 must be 1-15 digits. | 01/08: Not brought into Core System, so no Medicare size limit is needed. |
| X223.358.2320.CAS10.025 | CAS10 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 519: "Adjustment Amount" FIC. GB Other Insured |  |  |
| X223.358.2320.CAS10.030 | CAS10 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 694: "Amount must not be equal to zero" <br> CSC 520: "Adjustment Quantity" FIC. GB Other Insured | 2320. CAS10 must not $=0$. |  |
| X223.358.2320.CAS11.010 | CAS11 | Adjustment Reason Code | ID | 1-5 | s |  |  |  | 999 | R | IK403-2: "Conditional Required Data | If 2320.CAS11 is present, 2320.CAS08 must be present. |  |
| X223.358.2320.CAS11.020 | CAS11 |  |  |  |  |  |  |  | 277 | c | CSCC A8 Acknowledgement / Rejected for relational field in error. CSC 521: Adjustment Reason Code CSC 516: Adjudication or Payment Date FIC. GB Other Insured | If 2330B.DTP03 with DTP01 $=$ " 573 " is present, 2320.CAS11 must be a valid Claim Adjustment Reason Code on the date in 2330B.DTP03 when DTP01 = "573". | Valid Claim Adjustment Reason Code reference must be available for this edit. |
| X223.358.2320.CAS11.030 | CAS11 |  |  |  |  |  |  |  | 277 | C | CSCC A8 Acknowledgement / Rejected for relational field in error. CSC 521: Adjustment Reason Code CSC 516: Adjudication or Payment Date FIC. GB Other Insured | If 2330B.DTP03 with DTP01 $=$ " 573 " is not present, 2320.CAS11 must be a valid Claim Adjustment Reason Code on the date in 2430.DTP03 when DTP01 = "573". | Valid Claim Adjustment Reason Code reference must be available for this edit. |
| X223.358.2320.CAS12.010 | CAS12 | Adjustment Amount | R | 1-18 | s |  |  |  | 999 | R | IK 403 = 2: "Conditional Required Data Element Missing" | If 2320.CAS12 is present, 2320.CAS11 must be present. |  |
| X223.358.2320.CAS12.020 | CAS12 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2320.CAS12 must be numeric. |  |
| X223.358.2320.CAS12.030 | CAS12 |  |  |  |  |  |  |  | 999 | E | 1K403 = 5: "Data Element Too Long" | 2320.CAS12 must be >=-99,999,999.99. and |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | Segment or | Description | ID | Min. | Usage | Loop | $\underset{\text { Repeat }}{\text { Loop }}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\begin{gathered} \text { TA1/ } \\ \text { 999/ } \\ \text { 277CA } \end{gathered}$ | Accept/ Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.358.2320.CAS12.040 | CAS12 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 519: "Adjustment Amount" FIC. GR مther Insured |  |  |
| X223.358.2320.CAS12.050 | CAS12 |  |  |  |  |  |  |  | 277 | T | $\begin{aligned} & \text { CSCC A7: "Acknowledgement } \\ & \text { /Rejected for Invalid Information..." } \\ & \text { CSC 694: "Amount must not be equal } \\ & \text { to zero": } \\ & \text { CSC 519: "Adjustment Amount" } \\ & \text { FEC. GB Other Insured } \\ & \hline \end{aligned}$ | 2320.CAS12 must not $=0$. |  |
| 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" FIC. GB Other Incured | 2320.CAS12 is limited to 0, 1 or 2 decimal positions. |  |
| X223.358.2320.CAS13.010 | CAS13 | Adjustment Quantity | R | 1-15 | s |  |  |  | 999 | R | \|K403-2: "Conditional Required Data Element Missing" | If 2320.CAS13 is present, 2320.CAS11 must be present. |  |
| X223.358.2320.CAS13.020 | CAS13 |  |  |  |  |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" | 2320.CAS13 must be 1 -15 digits. | 01/08: Not brought into Core System, so no Medicare size limit is needed. |
| X223.358.2320.CAS13.025 | CAS13 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement Rejected for Invalid Information..." CSC 512: "Length hinalid for receiver's application system" CS5 519: "Adjustment Amount" FIC. GB Other Insured |  |  |
| X223.358.2320.CAS13.030 | CAS13 |  |  |  |  |  |  |  | 277 | T | $\qquad$ <br> CSCC A7: "Acknowledgement Rejected for Invalid Information... to zero" <br> CSC 520: "Adjustment Quantity" FIC. GB Other Insured | $2320 . \mathrm{CAS13}$ must not $=0$. |  |
| X223.358.2320.CAS14.010 | CAS14 | Adjustment Reason Code | ID | 1-5 | s |  |  |  | 999 | R | IK403-2: "Conditional Required Data | If $2320 . \mathrm{CAS14}$ is present, $2320 . \mathrm{CAS11}$ must be present. |  |
| X223.358.2320.CAS14.020 | CAS14 |  |  |  |  |  |  |  | 277 | c | CSCC A8 Acknowledgement / Rejected for relational field in error. CSC 521: Adjustment Reason Code CSC 516: Adjudication or Payment Date FIC. GR Other Insured | If 2330B.DTP03 with DTP01 $=$ " 573 " is present, 2320.CAS14 must be a valid Claim Adjustment Reason Code on the date in 2330B.DTP03 when DTP01 = "573" | Valid Claim Adjustment Reason Code reference must be available for this edit. |
| X223.358.2320.CAS14.030 | CAS14 |  |  |  |  |  |  |  | 277 | c | CSCC A8 Acknowledgement / Rejected for relational field in error. CSC 521: Adjustment Reason Code CSC 516: Adjudication or Payment Date FIC. GR Other Insured | If 2330B.DTP03 with DTP01 = " 573 " is not present, <br> 2320.CAS14 must be a valid Claim Adjustment Reason Code on the date in 2430.DTP03 when DTP01 = " 573 " | Valid Claim Adjustment Reason Code reference must be available for this edit. |
| X223.358.2320.CAS15.010 | CAS15 | Adjustment Amount | R | 1-18 | s |  |  |  | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | If 2320.CAS15 is present, 2320.CAS14 must be present. |  |
| X223.358.2320.CAS15.020 | CAS15 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data | 2320.CAS15 must be numeric. |  |
| X223.358.2320.CAS15.030 | CAS15 |  |  |  |  |  |  |  | 999 | E | IK403 = 5: "Data Element Too Lona" | 2320.CAS15 must be >=-99,999,999.99. and $<=99.999,999.99$. |  |


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


| $\begin{gathered} 8371 \\ \text { Edit Reference } \\ \hline \end{gathered}$ | Segment or Element | Description | ID | $\begin{aligned} & \text { Min. } \\ & \text { Max. } \end{aligned}$ | $\begin{array}{\|c} \hline \text { Usage } \\ \text { Req. } \\ \hline \end{array}$ | Loop | $\begin{gathered} \text { Loop } \\ \text { Repeat } \\ \hline \end{gathered}$ | $\begin{gathered} 5010 \\ \text { Values } \\ \hline \end{gathered}$ | $\begin{gathered} \text { TA11 } \\ \text { 999/ } \\ \text { 277CA } \end{gathered}$ | Accept/ Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.358.2320.CAS18.040 | CAS18 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 519: "Adjustment Amount" FIC. GB Other Insured |  |  |
| X223.358.2320.CAS18.050 | CAS18 |  |  |  |  |  |  |  | 277 | T | $\begin{aligned} & \text { CSCC A7: "Acknowledgement } \\ & \text { /Rejected for Invalid Information..." } \\ & \text { CSC 694: "Amount must not be equal } \\ & \text { to zero": } \\ & \text { CSC 519: "Adjustment Amount" } \\ & \text { FEC. GB Other Insured } \\ & \hline \end{aligned}$ | $2320 . C A S 18$ 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" FIC. GB Other Incured | 2320.CAS18 is limited to 0, 1 or 2 decimal positions. |  |
| X223.358.2320.CAS19.010 | CAS19 | Adjustment Quantity | R | 1-15 | s |  |  |  | 999 | R | \|K403-2: "Conditional Required Data Element Missing" | 2If 2320. CAS19 is present, 2320. CAS17 must be present. |  |
| X223.358.2320.CAS19.020 | CAS19 |  |  |  |  |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" | 2320.CAS19 must be 1 -15 digits. | 01/08: Not brought into Core System, so no Medicare size limit is needed. |
| X223.358.2320.CAS19.025 | 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 |  |  |
| X223.358.2320.CAS19.030 | CAS19 |  |  |  |  |  |  |  | 277 | T | $\begin{aligned} & \text { CSCC A7: "Acknowledgement } \\ & \text { 1Rejected for Invalid Information..." } \\ & \text { CSC 694: "Amount must not be equal } \\ & \text { to zero" } \\ & \text { CSC 520: "Adjustment Quantity" } \\ & \text { FIC. GB مther Insured } \end{aligned}$ | $2320 . C A S 19$ must not $=0$. |  |
| $\begin{aligned} & \text { x223.364.2320.AMT. } 010 \\ & \text { edit deactivated } \\ & \hline \end{aligned}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.364.2320.AMT. 020 | AMT | COB PAYER PAID AMOUNT |  | 1 | s | 2320 |  |  | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | $\begin{aligned} & \text { Only one iteration of 2320.AMT with AMT01 = "D" } \\ & \text { is allowed. } \end{aligned}$ |  |
| X223.364.2320.AMT. 030 | AMT |  |  |  |  |  |  |  | 277 | c | CSCC A6: <br> "Acknowledgement/Rejected for Missing Information..." <br> CSC 286: "Other payer's <br> 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 | ID | 1-3 | R |  |  | D | 999 | R | IK403 = 1: "Required Data Element Missing" | 2320.AMT01 must be present. |  |
| X223.364.2320.AMT01.020 | AMT01 |  |  |  |  |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2320.AMT01 must be "D". |  |
| X223.364.2320.AMT02.005 | AMT02 | Payer Paid Amount | R | 1-18 | R |  |  |  | 999 | R | IK403 = 1: "Required Data Element | 2320.AMT02 must be present. |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | Segment or Element | Description | ID | Min. Max. | $\begin{array}{\|c} \begin{array}{c} \text { Usage } \\ \text { Req. } \end{array} \\ \hline \end{array}$ | Loop | $\begin{gathered} \text { Loop } \\ \text { Repeat } \\ \hline \end{gathered}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\begin{gathered} \text { TA11 } \\ \text { 999/ } \\ \text { 277CA } \end{gathered}$ | Accept/ Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.364.2320.AMT02.010 | Амто2 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2320.AMT02 must be numeric. |  |
| X223.364.2320.AMT02.015 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.364.2320.AMT02.020 | AMT02 |  |  |  |  |  |  |  | 999 | E | 1K403 = 5: "Data Element Too Long" | 2320.AMT02 must be > $>0$ and <= 99,999,999.99. |  |
| х223.364.2320.AMT02.030 | AmT02 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 183: "Amount entity has paid" CSC 286: "Other payer's Explanation of Benefits/payment information" ElC: PR Paver |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.364.2320.AMT02.050 | AMT02 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement <br> 1Rejected for Invalid Information..." <br> CSC 697: "Too many decimal <br> positions" <br> CSC 183: "Amount entity has paid" <br> CSC 286: "Other payer's Explanation <br> of Benefits/payment information" <br> EIC: PR Payer | 2320.AMT02 is limited to 0,1 or 2 decimal positions. |  |
| X223.364.2320.AMT02.060 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.364.2320.AMT03.010 | Амто3 | Credit/Debit Flag Code | ID | 1-1 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.365.2320.AMT. 010 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| х223.365.2320.AMT. 020 | AMT | REMAINING PATIENT LIABILITY |  | 1 | s | 2320 |  |  | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2320.AMT with AMT01 = "EAF" is allowed. | pass-thru, syntax only. |
| х223.365.2320.AMT. 025 | AMT |  |  |  |  |  |  |  | 277 | T | CSCC: A8 "Acknowledgement I Rejected for relational field..." CSC 6: Balance due from the subscriber EIC: GB Other Insured | If 2430 AMT (EAF) is present for the same payer, the 2320 AMT (EAF) must not be present. |  |
| X223.365.2320.AMT01.010 | AMT01 | AmountQualifier Code | ID | 1-3 | R |  |  | EAF | 999 | R | IK403 = 1: "Required Data Element Missing" | 2320.AMT01 must be present. |  |
| X223.365.2320.AMT01.020 | AMT01 |  |  |  |  |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2320.AMT01 must be "EAF". |  |
| X223.365.2320.AMT02.005 | AмT02 | $\underset{\text { Amount Liability }}{\text { Remaining Patient }}$ | R | 1-18 | R |  |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2320.AMT02 must be present. |  |
| X223.365.2320.AMT02.010 | AMT02 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2320 .AMT02 must be numeric. |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | Segment or Element | Description | ID | Min. | Usage | Loop | $\begin{gathered} \text { Loop } \\ \text { Repeat } \end{gathered}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\begin{gathered} \text { TA1/ } \\ \text { 999/ } \\ \text { 277CA } \end{gathered}$ | Accept/ Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.365.2320.AMT02.015 | AMT02 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 693: "Amount must be greater than or equal to zero" CSC 6: "Balance due from the subscriber" FIC. GR Other Incured | 2320.AMT02 must be >= 0 . |  |
| X223.365.2320.AMT02.020 | AMT02 |  |  |  |  |  |  |  | 999 | E | 1K403 = 5: "Data Element Too Long" | 2320.AMT02 must be <= 99,999,999.99. |  |
| X223.365.2320.AMT02.030 | AmT02 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 6: "Balance due from the subscriber" FIC. GR Other Incured |  |  |
| X223.365.2320.AMT02.040 | AmT02 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information... CSC 697: "Too many decimal positions" <br> CSC 6: "Balance due from the subscriber" <br> FIC. GB Other Incured | 2320.AMT02 is limited to 0,1 or 2 decimal positions. |  |
| X223.365.2320.AMT03.010 | AMT03 | Credit/Debit Flag Code | ID | 1-1 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| х223.366.2320.AMT.010 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| х223.366.2320.AMT. 020 | Amt | COB TOTAL NONcovered amount |  | 1 | s | 2320 |  |  | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2320.AMT with AMT01 = "A8" is allowed. |  |
| X223.366.2320.AMT01.010 | AMT01 | AmountQualifier Code | ID | 1-3 | R |  |  | A8 | 999 | R | IK403 = 1: "Required Data Element Missing" | 2320.AMT01 must be present. |  |
| X223.366.2320.AMT01.020 | AMT01 |  |  |  |  |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2320.AMT01 must be "A8". |  |
| X223.366.2320.AMT02.005 | AмT02 | Non-Covered Amount | R | 1-18 | R |  |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2320.AMT02 must be present. |  |
| X223.366.2320.AMT02.010 | Амто2 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2320.AMT02 must be numeric. |  |
| X223.366.2320.AMT02.015 <br> edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.366.2320.AMT02.020 | Амто2 |  |  |  |  |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" | 2320.AMT02 must be >= 0 and <= 99,999,999.99. |  |
| X223.366.2320.AMT02.030 | AMT02 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 596: "Non-covered Charge Amount" EIC. AROther naured |  |  |
| X223.366.2320.AMT02.040 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | Segment or Element | Description | ID | Min. | Usage | Loop | $\begin{gathered} \text { Loop } \\ \text { Repeat } \end{gathered}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\left\|\begin{array}{c} \text { TA11 } \\ \text { 999/ } \\ 277 C A \end{array}\right\|$ | Accept/ Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.366.2320.AMT02.050 | AMT02 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 697: "Too many decimal positions" <br> CSC 596: "Non-covered Charge Amount" <br> FIC. GR Other Incured | 2320.AMT02 is limited to 0,1 or 2 decimal positions. |  |
| X223.366.2320.AMT02.060 | AMT02 |  |  |  |  |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 596: "Non-covered Charge Amount" <br> FIC. GB Other Insured | The sum of all 2320.AMT02 (with AMT01 = "A8") elements must $=2300$. CLM02. |  |
| X223.366.2320.AMT03.010 | Амто3 | Credit/Debit Flag Code | ID | 1-1 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not <br> Used" Element Present" | Must not be present. |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.367.2320.01.010 | ol | OTHER INSURANCE COVERAGE INFORMATION |  | 1 | R | 2320 |  |  | 999 | R | IK304 = 16: "Implementation Dependent Segment Missing" | If $2320 . \mathrm{SBR}$ is present, 2320.01 must be present. |  |
| X223.367.2320.01.020 | 이 |  |  |  |  |  |  |  | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2320.01 is allowed. |  |
| X223.367.2320.0101.010 | 0101 | Claim Filing Indicator Code | ID | 1-2 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { 1K403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| x223.367.2320.0102.010 | 0102 | Claim Submission Reason Code | ID | 2-2 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.367.2320.0103.010 | 0103 | Benefits Assignment Certlfication Indicator | ID | 1-1 | R |  |  | N, W, Y | 999 | R | IK403 = 1: "Required Data Element Missing" | 2320.0103 must be present. |  |
| X223.367.2320.OIO3.010 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ×223.367.2320.0103.020 | 0103 |  |  |  |  |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2320.0103 must be valid values. |  |
| X223.367.2320.0104.010 | 0104 | $\begin{array}{\|c\|} \hline \begin{array}{c} \text { Patient Signature Source } \\ \text { Code } \end{array} \\ \hline \end{array}$ | ID | 1-1 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.367.2320.0105.010 | 0105 | Provider Agreement Code | ID | 1-1 | N/U |  |  |  | 999 | E | IK403 = I 10 : "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.367.2320.0106.010 | 0106 | $\begin{gathered} \text { Release of Information } \\ \text { Code } \\ \hline \end{gathered}$ | ID | 1-1 | R |  |  | I, Y | 999 | R | IK403 = 1: "Required Data Element Missing" | 2320.0106 must be present. |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.367.2320.0106.020 | 0106 |  |  |  |  |  |  |  | 999 | R | IK403 = 7: "Invalid Code Value" | 2320.0106 must be valid values. |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.369.2320.MIA. 010 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.369.2320.MIA.020 | MIA | INPATIENT ADJUDICATION INFORMATION |  | 1 | s | 2320 |  |  | 999 | R | IK 304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2320.MIA is allowed. |  |
| X223.369.2320.MIA01.010 | MIA01 | Covered Days or Visits Count | R | 1-15 | R |  |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2320.MIA01 must be present. |  |
| X223.369.2320.M1A01.020 | MIA01 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2320.MIA01 must be numeric. |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | Segment or | Description | ID | Min. | Usage | Loop | $\begin{aligned} & \text { Loop } \\ & \text { Repeat } \end{aligned}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\begin{gathered} \text { TA1/ } \\ \text { 999/ } \\ \text { 277CA } \end{gathered}$ | Accept/ | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.369.2320.MIA01.030 | MIA01 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 693: "Amount must be greater than or equal to zero" CSC 456: "Covered Dav(s)" | 2320. MIA01 must be >= 0 . |  |
| X223.369.2320.M1A02.010 | M1A02 | Monetary Amount | R | 1-15 | N/U |  |  |  | 999 | E | $\begin{aligned} & 1 K 403=\text { = } 110 \text { : "Implementation "Not } \\ & \hline \end{aligned}$ | Must not be present. |  |
| х223.369.2320.M1A03.010 | MIA03 | Llfetime Psychiatric Days | R | 1-15 | s |  |  |  | 999 | R | IK403 = 5: "Data Element Too Long" | 2320.MIA03 must be 1-15 characters. |  |
| х223.369.2320.M1A03.020 | MIA03 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2320.MIA03 must be numeric. |  |
| X223.369.2320.M1A03.030 | 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 " | 2320.MIA03 must be >= 0 . |  |
| X223.369.2320.M1A04.010 | MIA04 | Claim DRG Amount | R | 1-18 | s |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" | 2320.MIA04 must be >= 0 and <= 99,999,999.99. |  |
| X223.369.2320.MIA04.015 | MIA04 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 532: "Claim DRG Amount" |  |  |
| $\begin{aligned} & \text { X223.369.2320.MIA04.020 } \\ & \text { edit deactivated } \\ & \hline \end{aligned}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.369.2320.MIA04.030 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.369.2320.MIA04.040 | MIA04 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information... CSC 697: "Too many decimal positions" <br> CSC 532. "Claim DRG Amount" | 2320.MIA04 is limited to 0,1 or 2 decimal positions. |  |
| X223.369.2320.MIA05.010 | MIA05 | Claim Payment Remark Code | AN | 1-50 | s |  |  |  | 277 | c | 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.MIA05 must be a valid Remark Code on the date in 2330B.DTP03 when DTP01 = "573". | Valid Remittance Advice Remark Code reference must be available for this edit. |
| X223.369.2320.MIA05.015 | MIA05 |  |  |  |  |  |  |  | 277 | c | CSCC A8 "Acknowledgement / Rejected for relational field in error." CSC 634: "Remark Code" CSC 187: "Date(s) of service. | If DTP03 with DTP01 = "573" is not present, 2320.MIA05 must be a valid Remark Code on the date in 2430.DTP03 when DTP01 = " 573 ". | Valid Remittance Advice Remark Code reference must be available for this edit. |
| X223.369.2320.MIA06.010 | MIA06 | Claim Disproportionate Share Amount | R | 1-18 | s |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" | 2320.MIA06 must be >= 0 and <= 99,999,999.99. |  |
| X223.369.2320.MIA06.015 | MIA06 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 531: "Claim Disproportionate Share_Amount" |  |  |
| $\begin{aligned} & \text { X223.369.2320.MIA06.020 } \\ & \text { edit deactivated } \end{aligned}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.369.2320.MIA06.030 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | Segment or Element | Description | ID | Min. | $\begin{gathered} \text { Usage } \\ \text { Req. } \end{gathered}$ | Loop | $\begin{aligned} & \text { Loop } \\ & \text { Repeat } \end{aligned}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\begin{gathered} \text { TA11 } \\ 999 / \\ 277 C A \\ \hline \end{gathered}$ | Accept/ Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.369.2320.MIA06.040 | MIA06 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 697: "Too many decimal positions" <br> CSC 531: "Claim Disproportionate Share Amount" | 2320.MIA06 is limited to 0,1 or 2 decimal positions. |  |
| X223.369.2320.M1A07.010 | M1A07 | Claim MSP Pass-through Amount | R | 1-18 | s |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" | 2320.MIA07 must be >= 0 and <= 99,999,999.99. |  |
| X223.369.2320.MIA07.015 | MIA07 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 537: "Claim MSP Pass-through Amaunt" |  |  |
| $\begin{aligned} & \text { X223.369.2320.MIA07.020 } \\ & \text { edit deactivated } \\ & \hline \end{aligned}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| $\begin{aligned} & \text { X223.369.2320.MIA07.030 } \\ & \text { edit deactivated } \\ & \hline \end{aligned}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.369.2320.MIA07.040 | MIA07 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 697: "Too many decimal positions" <br> CSC 537: "Claim MSP Pass-through Amount" | 2320.MIA07 is limited to 0,1 or 2 decimal positions. |  |
| X223.369.2320.M1A08.010 | MIA08 | Claim PPS Capital Amount | R | 1-18 | s |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" | 2320.MIA08 must be >= 0 and <= 99,999,999.99. |  |
| X223.369.2320.MIA08.015 | MIA08 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 539: "Claim PPS Capital Amount" |  |  |
| $\begin{array}{\|l\|} \hline \text { X223.369.2320.MIA08.020 } \\ \text { edit deactivated } \\ \hline \end{array}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| $\begin{aligned} & \text { 2223.369.2320.MIA08.030 } \\ & \text { edit deactivated } \\ & \hline \end{aligned}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.369.2320.MIA08.040 | MIA08 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." <br> CSC 697: "Too many decimal positions" <br> CSC 539: "Claim PPS Capital Amount" | 2320.MIA08 is limited to 0,1 or 2 decimal positions. |  |
| X223.369.2320.MIA09.010 | MIA09 | PPS-Capital FSP DRG Amount | R | 1-18 | s |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" | 2320.MIA09 must be >= 0 and <= 99,999,999.99. |  |
| X223.369.2320.MIA09.015 | MIA09 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 620: "PPS-Capital FSP DRG Amount" |  |  |
| X223.369.2320.MIA09.020 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| $\begin{aligned} & \text { X223.369.2320.MIA09.030 } \\ & \text { edit deactivated } \\ & \hline \end{aligned}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | Segment or Element | Description | ID | $\begin{aligned} & \text { Min. } \\ & \text { Max. } \end{aligned}$ | $\begin{array}{\|c} \text { Usage } \\ \text { Req. } \end{array}$ | Loop | $\begin{aligned} & \text { Loop } \\ & \text { Repeat } \end{aligned}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\begin{gathered} \text { TAA1 } \\ \text { TA99/ } \\ 277 C A \end{gathered}$ | Accept/ | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.369.2320.MIA09.040 | MIA09 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." <br> CSC 697: "Too many decimal positions" <br> CSC 620: "PPS-Capital FSP DRG Amonnt" | 2320.MIA09 is limited to 0, 1 or 2 decimal positions. |  |
| X223.369.2320.MIA10.010 | MIA10 | $\underset{\substack{\text { PPS-Capital HSP DRG } \\ \text { Amount }}}{\text { Pr }}$ | R | 1-18 | s |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" | 2320.MIA10 must be >= 0 and <= 99,999,999.99. |  |
| X223.369.2320.MIA10.015 | MIA10 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 621: "PPS-Capital HSP DRG Amount" |  |  |
| $\begin{aligned} & \text { X223.369.2320.MIA10.020 } \\ & \text { edit deactivated } \\ & \hline \end{aligned}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| $\begin{aligned} & \text { X223.369.2320.MIA10.030 } \\ & \text { edit deactivated } \\ & \hline \end{aligned}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.369.2320.MIA10.040 | MIA10 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 697: "Too many decimal positions" CSC 621: "PPS-Capital HSP DRG Amount" | 2320.MIA10 is limited to 0, 1 or 2 decimal positions. |  |
| X223.369.2320.MIA11.010 | MIA11 | $\begin{gathered} \hline \text { PPS-Capital DSH DRG } \\ \text { Amount } \\ \hline \end{gathered}$ | R | 1-18 | s |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" | 2320.MIA11 must be >= 0 and << 99,999,999.99. |  |
| X223.369.2320.MIA11.015 | MIA11 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 618: "PPS-Capital DSH DRG Amمunt" |  |  |
| $\begin{aligned} & \text { X223.369.2320.MIA11.020 } \\ & \text { edit deactivated } \end{aligned}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.369.2320.MIA11.040 | MIA11 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 697: "Too many decimal positions" <br> CSC 618: "PPS-Capital DSH DRG Amount" | 2320.MIA11 is limited to 0, 1 or 2 decimal positions. |  |
| X223.369.2320.M1A12.010 | MIA12 | Old Capital Amount | R | 1-18 | s |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" | 2320.M1A12 must be >= 0 and <= 99,999,999.99. |  |
| X223.369.2320.MIA12.015 | MIA12 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" csc 603: "OldCabital_Amount" |  |  |
| X223.369.2320.MIA12.020 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| $\begin{aligned} & \text { X223.369.2320.MIA12.030 } \\ & \text { edit deactivated } \\ & \hline \end{aligned}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | Segment or | Description | ID | Min. | Usage | Loop | $\begin{aligned} & \text { Loop } \\ & \text { Repeat } \\ & \hline \end{aligned}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\begin{gathered} \text { TA11 } \\ \text { 999/ } \\ 277 C A \end{gathered}$ | Accept/ Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.369.2320.MIA12.040 | MIA12 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information... CSC 697: "Too many decimal positions" <br> CSC 603: "Old Canital Amount" | 2320.MIA12 is limited to 0,1 or 2 decimal positions. |  |
| X223.369.2320.M1A13.010 | MIA13 | PPS-Capital IME Amount | R | 1-18 | s |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" | 2320.MIA13 must be >= 0 and << 99,999,999.99. |  |
| X223.369.2320.MIA13.015 | MIA13 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 622: "PPS-Capital IME Amount" |  |  |
| $\begin{aligned} & \begin{array}{l} \text { X223.369.2320.MIA13.020 } \\ \text { edit deactivated } \end{array} \\ & \hline \end{aligned}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.369.2320.MIA13.030 <br> edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.369.2320.M1A13.040 | MIA13 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 697: "Too many decimal positions" CSC 622: "PPS-Capital IME Amount" | 2320.MIA13 is limited to 0,1 or 2 decimal positions. |  |
| х223.369.2320.M1A14.010 | MIA14 | PPS-Operating Hospital Speclfic DRG Amount | R | 1-18 | s |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" | 2320.MIA14 must be >= 0 and $<=99,999,999.99$. |  |
| X223.369.2320.M1A14.015 | MIA14 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 624: "PPS-Operating Hospital Snecific DRG_Amount" |  |  |
| X223.369.2320.MIA14.020 <br> edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.369.2320.MIA14.030 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.369.2320.M1A14.040 | MIA14 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 697: "Too many decimal positions" <br> CSC 624: "PPS-Operating Hospital Snecific DRG Amount" | 2320.MIA14 is limited to 0,1 or 2 decimal positions. |  |
| X223.369.2320.M1A15.010 | MIA15 | Cost Report Day Count | R | 1-15 | s |  |  |  | 999 | R | 1K403 = 5: "Data Element Too Long" | 2320.MIA15 must be 1-15 characters. |  |
| X223.369.2320.MIA15.020 | MIA15 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data | 2320 .MIA15 must be numeric. |  |
| X223.369.2320.M1A15.030 | MIA15 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information... CSC 693: "Amount must be greater than or equal to zero" CSC 552: "Cost Renort Dav Count" | 2320.MIA15 must be >= 0 . |  |
| X223.369.2320.M1A16.010 | MIA16 | PPS-Operating Federal Specific DRG Amount | R | 1-18 | s |  |  |  | 999 | E | 1K403 = 5: "Data Element Too Long" | 2320.MIA16 must be >= 0 and < $<99,999,999.99$. |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | Segment or Element | Description | ID | Min. <br> Max | $\begin{gathered} \text { Usage } \\ \text { Req. } \end{gathered}$ | Loop | $\begin{aligned} & \text { Loop } \\ & \text { Repeat } \end{aligned}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\begin{array}{\|c} \text { TA1/ } \\ \text { 999/ } \\ \text { 277CA } \end{array}$ | Accept/ Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.369.2320.MIA16.015 | MIA16 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 623: "PPS-Operating Federal Snecific DRG_Amount" |  |  |
| X223.369.2320.MIA16.020 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.369.2320.MIA16.030 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.369.2320.MIA16.040 | MIA16 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 697: "Too many decimal positions" <br> CSC 623: "PPS-Operating Federal Snecific DRGAmount" | 2320.MIA16 is limited to 0,1 or 2 decimal positions. |  |
| X223.369.2320.MIA17.010 | MIA17 | Claim PPS Capital Outlier Amount | R | 1-18 | s |  |  |  | 999 | E | 1K403 = 5: "Data Element Too Long" | 2320.MIA17 must be >= 0 and $<=99,999,999.99$. |  |
| X223.369.2320.MIA17.015 | MIA17 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 540: "Claim PPS Capital Outlier Amمunt" |  |  |
| X223.369.2320.MIA17.020 <br> edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| $\begin{aligned} & \begin{array}{l} \text { X223.369.2320.MIA17.030 } \\ \text { edit deactivated } \end{array} \\ & \hline \end{aligned}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.369.2320.MIA17.040 | MIA17 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement 1Rejected for Invalid Information..." CSC 679:"Too many decimal positions" CSC 540: "Claim PPS Capital Outtier Amount" | 2320.MIA17 is limited to 0,1 or 2 decimal positions. |  |
| X223.369.2320.MIA18.010 | MIA18 | Claim Indirect Teaching Amount | R | 1-18 | s |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" | 2320.MIA18 must be > $=0$ and <= 99,999,999.99. |  |
| X223.369.2320.MIA18.015 | MIA18 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 536: "Claim Indirect Teaching Amount" |  |  |
| X223.369.2320.MIA18.020 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.369.2320.MIA18.030 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.369.2320.MIA18.040 | MIA18 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 697: "Too many decimal positions" CSC 536: "Claim Indirect Teaching Amount" | 2320.MIA18 is limited to 0,1 or 2 decimal positions. |  |
| X223.369.2320.MIA19.010 | MIA19 | Non-Payable Professional Component Amount | R | 1-18 | s |  |  |  | 999 | E | 1K403 = 5: "Data Element Too Long" | 2320.MIA19 must be > $=0$ and $<=99,999,999.99$. |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \\ \hline \end{gathered}$ | Segment or Element | Description | ID | Min. | Usage | Loop | $\begin{gathered} \text { Loop } \\ \text { Repeat } \\ \hline \end{gathered}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\begin{gathered} \text { TA11 } \\ \text { T999/ } \\ 277 C A \end{gathered}$ | Accept/ Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.369.2320.MIA19.015 | MIA19 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 597: "Non-payable Professional Component Amount" |  |  |
| $\begin{aligned} & \text { X223.369.2320.MIA19.020 } \\ & \text { edit deactivated } \end{aligned}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| $\begin{aligned} & \text { X223.369.2320.MIA19.030 } \\ & \text { edit deactivated } \end{aligned}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| х223.369.2320.MIA19.040 | MIA19 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 697: "Too many decimal positions" <br> CSC 597: "Non-payable Professional Comnonent Amount" | 2320.MIA19 is limited to 0,1 or 2 decimal positions. |  |
| X223.369.2320.MIA20.010 | MIA2O | Remark Code | AN | 1-50 | s |  |  |  | 277 | c | CSCC A8 "Acknowledgement / <br> Rejected for relational field in error." <br> CSC 634: "Remark Code" <br> CSC 187: "Date(s) of service." <br> CSCC " | If 2330B.DTP03 with DTP01 = " 573 " is present, 2320.MIA20 must be a valid Remark Code on the date in 2330B.DTP03 when DTP01 = " 573 ". | Valid Remittance Advice Remark Code reference must be available for this edit. |
| X223.369.2320.MIA20.020 | MIA20 |  |  |  |  |  |  |  | 277 | c | CSCC A8 "Acknowledgement I Rejected for relationa field in error." CSC 634: "Remark Code" CSC 187: "Date(s) of service." | If DTP03 with DTP01 = "573" is not present, 2320.MIA20 must be a valid Remark Code on the date in 2430.DTP03 when DTP01 = " 573 ". | Valid Remittance Advice Remark Code reference must be available for this edit. |
| X223.369.2320.MIA21.010 | MIA21 | Remark Code | AN | 1-50 | s |  |  |  | 277 | c | CSCC A8 "Acknowledgement <br> Rejected for relationa field in error." <br> CSC 634: "Remark Code" <br> CSC 187: "Date(s) Cof service." | If 2330B.DTP03 with DTP01 $=$ " 573 " is present, 2320.MIA21 must be a valid Remark Code on the date in 2330B.DTP03 when DTP01 = " 573 ". | Valid Remittance Advice Remark Code reference must be available for this edit. |
| X223.369.2320.MIA21.020 | MIA21 |  |  |  |  |  |  |  | 277 | c | CRCC A8 "Acknowlengement / Rejected for relationa field in error." CSC 634: "Remark Code" CSC 187: "Date(s) of service." | If DTP03 with DTP01 = " 573 " is not present, 2320.MIA21 must be a valid Remark Code on the date in 2430.DTP03 when DTP01 = " 573 ". | Valid Remittance Advice Remark Code reference must be available for this edit. |
| X223.369.2320.MIA22.010 | MIA22 | Remark Code | AN | 1-50 | s |  |  |  | 277 | c | CSCC A8 "Acknowlengement <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 present, 2320.MIA22 must be a valid Remark Code on the date in 2330B.DTP03 when DTP01 = " 573 ". | Valid Remittance Advice Remark Code reference must be available for this edit. |
| X223.369.2320.MIA22.020 | MIA22 |  |  |  |  |  |  |  | 277 | c | CSCC A8 "Acknowledgement Rejected for relational field in error." CSC 634: "Remark Code" CSC 187: "Date(s) of service." | If DTP03 with DTP01 = " 573 " is not present, 2320.MIA22 must be a valid Remark Code on the date in 2430.DTP03 when DTP01 = " 573 ". | Valid Remittance Advice Remark Code reference must be available for this edit. |
| X223.369.2320.M1A23.010 | MIA23 | Remark Code | AN | 1-50 | s |  |  |  | 277 | c | CSCC A8 "Acknowledgement t <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 present, 2320.MIA23 must be a valid Remark Code on the date in 2330B.DTP03 when DTP01 = " 573 ". | Valid Remittance Advice Remark Code reference must be available for this edit. |
| X223.369.2320.MIA23.020 | MIA23 |  |  |  |  |  |  |  | 277 | c | CSCC A8 "ACknowledgement / <br> Rejected for relational field in error." <br> CSC 634: "Remark Code" <br> CSC 18: "Rate | If DTP03 with DTP01 = " 573 " is not present, 2320.MIA23 must be a valid Remark Code on the date in 2430.DTP03 when DTP01 = "573". | Valid Remittance Advice Remark Code reference must be available for this edit. |
| X223.369.2320.M1A24.010 | MIA24 | $\begin{gathered} \text { PPS-Capital Exception } \\ \text { Amount } \end{gathered}$ | R | 1-18 | s |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" | 2320.MIA24 must be >= 0 and < $=99,999,999.99$. |  |
| X223.369.2320.MIA24.015 | MIA24 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 619: "PPS-Capital Exception Amount" |  |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \\ \hline \end{gathered}$ | Segment or Element | Description | ID | $\begin{aligned} & \text { Min. } \\ & \text { Max. } \end{aligned}$ | $\begin{gathered} \text { Usage } \\ \text { Req. } \end{gathered}$ | Loop | $\begin{gathered} \text { Loop } \\ \text { Repeat } \\ \hline \end{gathered}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\begin{array}{\|c\|c\|} \hline \text { TA111 } \\ \text { 999/ } \\ \text { 277CA } \\ \hline \end{array}$ | Accept/ Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.369.2320.MIA24.020 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.369.2320.MIA24.030 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.369.2320.MIA24.040 | MIA24 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 697: "Too many decimal positions" <br> CSC 619: "PPS-Capital Exception Amount" | 2320.MIA24 is limited to 0, 1 or 2 decimal positions. |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.374.2320.MOA. 010 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| х223.374.2320.MOA. 020 | MOA | OUTPATIENT ADJUDICATION |  | 1 | s | 2320 |  |  | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2320.MOA is allowed. |  |
| X223.374.2320.MOA01.010 | MOA01 | Reimbursement Rate | R | 1-10 | s |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2320 . MOA01 must be numeric. |  |
| X223.374.2320.MOA01.020 | MOA01 |  |  |  |  |  |  |  | 999 | R | IK403 = I12: "Implementation Pattern Match Failure" | 2320 MOA01 must be >= 0.0 and $<=1.0$. | 2320.MOA01 must be a percentage expressed as a decimal. |
| X223.374.2320.MOA01.030 | MOA01 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 697: "Too many decimal positions" | 2320.MOA01 is limited to 0,1 or 2 decimal positions. |  |
| $\begin{array}{\|l} \hline \text { 2223.374.2320.MOA02.010 } \\ \text { edit deactivated } \\ \hline \end{array}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.374.2320.MOA02.020 | MOA02 | $\begin{gathered} \text { Claim HCPCS Payable } \\ \text { Amount } \end{gathered}$ | R | 1-18 | S |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" | 2320.MOA02 must be >= 0 and <= 99,999,999.99. |  |
| х223.374.2320.MOA02.030 | MOA02 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 574: "HCPCS Payable Amount HomeHeallh" |  |  |
| $\begin{array}{\|l\|} \hline \text { 2223.374.2320.MOA02.040 } \\ \text { edit deactivated } \\ \hline \end{array}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 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 | AN | 1-50 | s |  |  |  | 277 | c | CSCC A8 "Acknowledgement / Rejected for relational field in error." CSC 634: "Remark Code" CSC 187: "Date(s) of service." | If 2330B.DTP03 with DTP01 $=$ " 573 " is present, 2320.MOA03 must be a valid Remark Code on the date in 2330B.DTP03 when DTP01 = "573". | Valid Remittance Advice Remark Code reference must be available for this edit. |
| X223.374.2320.MOA03.020 | MOA03 |  |  |  |  |  |  |  | 277 | c | $\begin{aligned} & \text { CSCC AB "Acknowledgement } \\ & \text { Rejected for relational field in error." } \\ & \text { CSC 634: "Remark Code" } \\ & \text { CSC 187: "Date(s) of service." } \\ & \hline \end{aligned}$ | If DTP03 with DTP01 = "573" is not present, 2320.MOA03 must be a valid Remark Code on the date in 2430.DTP03 when DTP01 = "573". | Valid Remittance Advice Remark Code reference must be available for this edit. |
| X223.374.2320.MOA04.010 | MOA04 | Remark Code | AN | 1-50 | s |  |  |  | 277 | c | CSCC A8 "Acknowledgement / Rejected for relational field in error." CSC 634: "Remark Code" CSC 187. "Date(s) of service" | If 2330B.DTP03 with DTP01 $=$ " 573 " is present, 2320.MOA04 must be a valid Remark Code on the date in 2330B.DTP03 when DTP01 $=$ " 573 ". | Valid Remittance Advice Remark Code reference must be available for this edit. |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | Segment or | Description | ID | $\begin{aligned} & \operatorname{Min.} \\ & \text { Max. } \end{aligned}$ | $\begin{gathered} \text { Usage } \\ \text { Req. } \end{gathered}$ | Loop | $\underset{\text { Repeat }}{\text { Loop }}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\begin{gathered} \text { TA11 } \\ 999 / \\ 277 C A \\ \hline \end{gathered}$ | Accept/ Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.374.2320.MOA04.020 | MOA04 |  |  |  |  |  |  |  | 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> CSCC | If DTP03 with DTP01 = "573" is not present, 2320.MOA04 must be a valid Remark Code on the date in 2430.DTP03 when DTP01 = " 573 ". | Valid Remittance Advice Remark Code reference must be available for this edit. |
| X223.374.2320.MOA05.010 | MOA05 | Remark Code | AN | 1-50 | s |  |  |  | 277 | c | CSCC A8 "Acknowledgement / Rejected for relational field in error." CSC 634: "Remark Code" CSC 187: "Date(s) of service." | If 2330B.DTP03 with DTP01 $=$ " 573 " is present, 2320.MOA05 must be a valid Remark Code on the date in 2330B.DTP03 when DTP01 = "573". | Valid Remittance Advice Remark Code reference must be available for this edit. |
| X223.374.2320.MOA05.020 | MOA05 |  |  |  |  |  |  |  | 277 | c | CSCC A8 "Acknowledgement / Rejected for relational field in error." CSC 634: "Remark Code" CSC 187: "Date(s) of service." | If DTP03 with DTP01 = "573" is not present, 2320.MOA05 must be a valid Remark Code on the date in 2430.DTP03 when DTP01 = " 573 ". | Valid Remittance Advice Remark Code reference must be available for this edit. |
| X223.374.2320.MOA06.010 | MOA06 | Remark Code | AN | 1-50 | s |  |  |  | 277 | c | CSCC A8 "Acknowledgement / <br> Rejected for relational field in error." <br> CSC 634: "Remark Code" <br> CSC 187: "Date(s) of service." <br> CSCC | If 2330B.DTP03 with DTP01 $=$ " 573 " is present, 2320.MOA06 must be a valid Remark Code on the date in 2330B.DTP03 when DTP01 = " 573 ". | Valid Remittance Advice Remark Code reference must be available for this edit. |
| X223.374.2320.MOA06.020 | MOA06 |  |  |  |  |  |  |  | 277 | C | CSCC A8 "Acknowledgement / Rejected for relational field in error." CSC 634: "Remark Code" CSC 187: "Date(s) of service." | If DTP03 with DTP01 = "573" is not present, 2320.MOA06 must be a valid Remark Code on the date in 2430.DTP03 when DTP01 = " 573 ". | Valid Remittance Advice Remark Code reference must be available for this edit. |
| X223.374.2320.MOA07.010 | MOA07 | Remark Code | AN | 1-50 | s |  |  |  | 277 | c | CSCC A8 "Acknowledgement / Rejected for relational field in error CSC 634: "Remark Code" CSC 187: "Date(s) of service." | If 2330B.DTP03 with DTP01 $=$ " 573 " is present, 2320.MOA07 must be a valid Remark Code on the date in 2330B.DTP03 when DTP01 = "573". | Valid Remittance Advice Remark Code reference must be available for this edit. |
| X223.374.2320.MOA07.020 | MOA07 |  |  |  |  |  |  |  | 277 | C | CSCC A8 "Acknowledgement / Rejected for relational field in error." CSC 634: "Remark Code" CSC 187: "Date(s) of service." | If DTP03 with DTP01 = "573" is not present, 2320.MOA07 must be a valid Remark Code on the date in 2430.DTP03 when DTP01 = " 573 ". | Valid Remittance Advice Remark Code reference must be available for this edit. |
| $\begin{array}{\|l} \text { X223.374.2320.MOA08.010 } \\ \text { edit deactivated } \\ \hline \end{array}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.374.2320.MOA08.020 | MOA08 | Claim ESRD Payment Amount | R | 1-18 | s |  |  |  | 999 | E | 1K403 = 5: "Data Element Too Long" | 2320.MOA08 must be >= 0 and $<=99,999,999.99$. |  |
| X223.374.2320.MOA08.030 | MOA08 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 534: "Claim ESRD Payment Amount" |  |  |
| $\begin{array}{\|l} \hline \text { X223.374.2320.MOA08.040 } \\ \text { edit deactivated } \\ \hline \end{array}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.374.2320.MOA08.050 | MOA08 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information... CSC 697: "Too many decimal positions" CSC 534: "Claim ESRD Payment Amمunt" | 2320.MOA08 is limited to 0, 1 or 2 decimal positions. |  |
| X223.374.2320.MOA09.010 <br> edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.374.2320.MOA09.020 | MOA09 | Non-Payable Professional Component Amount | R | 1-18 | s |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" | 2320.MOA09 must be >= 0 and <= 99,999,999.99. |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | Segment or | Description | ID | Min. Max. | $\begin{gathered} \text { Usage } \\ \text { Reg. } \end{gathered}$ | Loop | $\begin{aligned} & \text { Loop } \\ & \text { Repeat } \end{aligned}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\left\|\begin{array}{c} \text { TA11 } \\ 999 / \\ 277 C A \end{array}\right\|$ | Accept Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.374.2320.MOA09.030 | MOA09 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 598: "Non-payable Professional Component Billed Amount" |  |  |
| $\begin{array}{\|l\|} \hline \text { 2223.374.2320.MOA09.040 } \\ \text { edit deactivated } \\ \hline \end{array}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.374.2320.MOA09.050 | MOA09 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 697: "Too many decimal positions" <br> CSC 598: "Non-payable Professional Component Billed Amount" | 2320.MOA09 is limited to 0,1 or 2 decimal positions. |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.377.2330A.NM1.010 | NM1 | OTHER SUBSCRIBER NAME |  | 1 | R | 2330A | 1 |  | 999 | R | IK304 = 16: "Implementation Dependent Segment Missing" | If 2320.SBR is present, 2330A.NM1 must be present. |  |
| X223.377.2330A.NM1.020 | NM1 |  |  |  |  |  |  |  | 999 | R | IK304 = 4: "Loop Occurs Over | Only one iteration of 2330A.NM1 is allowed. |  |
| X223.377.2330A.NM101.010 | NM101 | Entity Identifier Code | ID | 2-3 | R |  |  | IL | 999 | R | IK403 = 1: "Required Data Element Missing" | 2330A.NM101 must be present. |  |
| X223.377.2330A.NM101.020 | NM101 |  |  |  |  |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2330A.NM101 must be "LL". |  |
| X223.377.2330A.NM102.010 | NM102 | Entity Type Qualifier | ID | 1-1 | R |  |  | 1,2 | 999 | R | IK403 = 1: "Required Data Element Missing" | 2330A.NM102 must be present. |  |
| X223.377.2330A.NM102.020 | NM102 |  |  |  |  |  |  |  | 999 | R | 1 K 403 = 7 : "Invalid Code Value" | 2330A.NM102 must be valid values. |  |
| х223.377.2330A.NM103.010 | NM103 | Other Insured Last Name | AN | 1-60 | R |  |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2330A.NM103 must be present. |  |
| X223.377.2330A.NM103.020 | NM103 |  |  |  |  |  |  |  | 999 | E | 1K403 = 5: "Data Element Too Long" | 2330A.NM103 must be 1-60 characters. |  |
| X223.377.2330A.NM103.030 | NM103 |  |  |  |  |  |  |  | 277 | T | $\begin{aligned} & \text { CSCC A7: "Acknowledgement } \\ & \text { Rejected for Invalid Information..." } \\ & \text { CSS 512: "Length invalid for receiver's } \\ & \text { application system" } \\ & \text { CSC 504: "Entity's Last Name" } \\ & \text { EIC. CB Otherysured } \\ & \hline \end{aligned}$ |  |  |
| X223.377.2330A.NM103.040 | NM103 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2330A.NM103 must be populated with accepted AN characters. |  |
| X223.377.2330A.NM103.050 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.377.2330A.NM103.060 | NM103 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2330A.NM103 must contain at least one non-space character. |  |
| X223.377.2330A.NM104.010 | NM104 | Other Insured First Name | AN | 1-35 | s |  |  |  | 999 | R | 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 |  |
| х223.377.2330A.NM104.030 | NM104 |  |  |  |  |  |  |  | 999 | E | 1K403 = 5: "Data Element Too Long" | 2330A.NM104 must be 1-35 characters. |  |


| 8371 Edit Reference | Segment or | Description | ID | Min. | Usage | Loop | $\begin{aligned} & \text { Loop } \\ & \text { Repeat } \end{aligned}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\begin{gathered} \text { TA1/ } \\ \text { 999/ } \\ \text { 277CA } \end{gathered}$ | Accept/ Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.377.2330A.NM104.040 | NM104 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 504: "Entity's First Name" FIC. GR Other Insured |  |  |
| X223.377.2330A.NM104.050 | NM104 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2330A.NM104 must be populated with accepted AN characters. |  |
| X223.377.2330A.NM104.060 edit deactivated edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.377.2330A.NM105.010 | NM105 | Other Insured Middle Name | AN | 1-25 | s |  |  |  | 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 for receiver's application system" CSC 514: "Entity's Middle Name" FIC. GB Other Insured |  |  |
| X223.377.2330A.NM105.050 | NM105 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2330A.NM105 must be populated with accepted AN characters. |  |
| X223.377.2330A.NM105.060 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.377.2330A.NM106.010 | NM106 | Name Prefix | AN | 1-10 | N/U |  |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.377.2330A.NM107.010 | NM107 | Other Insured Name Suffix | AN | 1-10 | s |  |  |  | 999 | R | IK403 = I13: "Implementation Dependent 'not used' Data Element Present" | If 2330A.NM102 is "2", 2330A.NM107 must not be present. |  |
| X223.377.2330A.NM107.020 | NM107 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2330A.NM107 must contain at least one non-space character. |  |
| X223.377.2330A.NM107.030 | NM107 |  |  |  |  |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" | 2330A.NM107 must be 1-10 characters. |  |
| X223.377.2330A.NM107.040 | NM107 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement <br> Rejected for Invalid Information..." <br> CSC 512: "Length hinalid for receiver's <br> application system" <br> CSC 125: "Entity's Name" <br> EIC. CB Otherysured |  |  |
| X223.377.2330A.NM107.050 | NM107 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data | 2330A.NM107 must be populated with accepted AN characters. |  |
| X223.377.2330A.NM107.060 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.377.2330A.NM108.010 | NM108 | Identlication CodeQualifier | ID | 1-2 | R |  |  | II, MI | 999 | R | 1K403 = 1: "Required Data Element Missing" | 2330A.NM108 must be present. |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | Segment or Element | Description | ID | $\begin{aligned} & \text { Min. } \\ & \text { Max. } \end{aligned}$ | Usage Req | Loop | $\begin{aligned} & \text { Loop } \\ & \text { Reneat } \end{aligned}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\begin{gathered} \text { TA11 } \\ \text { 999/ } \\ \text { 277CA } \end{gathered}$ | Accept/ Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.377.2330A.NM108.020 | NM108 |  |  |  |  |  |  |  | 999 | R | 11403 = 7: "Invalid Code Value" | 2330A.NM108 must be valid values. |  |
| X223.377.2330A.NM109.010 | NM109 | Other Insured Identifier | AN | 2-80 | R |  |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2330A.NM109 must be present. |  |
| X223.377.2330A.NM109.020 | NM109 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2330A.NM109 must contain at least two non-space characters. |  |
| X223.377.2330A.NM109.030 | NM109 |  |  |  |  |  |  |  | 999 | E | K403 = 4: "Data Element Too Short" IK403 = 5: "Data Element Too Long" | 2330A.NM109 must be $2-80$ characters. |  |
| X223.377.2330A.NM109.040 | NM109 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 153: "Entity's ID Number" FIC. GR مther Insured |  |  |
| X223.377.2330A.NM109.050 | NM109 |  |  |  |  |  |  |  | 999 | R | $\begin{aligned} & \text { IK403 }=6: \text { "Invalid Character in Data } \\ & \text { Element" } \end{aligned}$ | 2330A.NM109 must be populated with accepted AN |  |
| X223.377.2330A.NM109.060 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.377.2330A.NM110.010 | NM110 | Entity Relationship Code | ID | 2-2 | N/U |  |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.377.2330A.NM111.010 | NM111 | Entity Identifier Code | ID | 2-3 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.377.2330A.NM112.010 | NM112 | $\begin{array}{c}\text { Name Last or Organization } \\ \text { Name }\end{array}$ | AN | 1-60 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \\ & \hline \end{aligned}$ | Must not be present. |  |
| X223.380.2330A.N3.010 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| x223.380.2330A.N3.020 | N3 | OTHER SUBSCRIBER ADDRESS |  | 1 | s | 2330A |  |  | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2330A.N3 is allowed. |  |
| X223.380.2330A.N301.010 | N301 | $\begin{gathered} \hline \text { Other Insured Address } \\ \text { Line } \\ \hline \end{gathered}$ | AN | 1-55 | R |  |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2330A.N301 must be present. |  |
| X223.380.2330A.N301.020 | N301 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2330AN301 must contain at least one non-space character. |  |
| х223.380.2330A.N301.030 | N301 |  |  |  |  |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" | 2330A.N301 must be 1-55 characters. |  |
| X223.380.2330A.N301.040 | N301 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 503: "Entity's Street address" FIC. GB Other Insured |  |  |
| X223.380.2330A.N301.050 | N301 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2330A.N301 must be populated with accepted AN characters. |  |
| X223.380.2330A.N301.060 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| $\begin{aligned} & \text { X223.380.2330A.N302.010 } \\ & \text { edit deactivated } \\ & \hline \end{aligned}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.380.2330A.N302.020 | N302 | Other Insured Address Line | AN | 1-55 | s |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | If present, 2330A.N302 must contain at least one nonspace character. |  |


| 8371 Edit Reference | Segment or | Description | ID | Min. | $\begin{gathered} \text { Usage } \\ \text { Req. } \end{gathered}$ | Loop | $\begin{gathered} \text { Loop } \\ \text { Repeat } \end{gathered}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\left\|\begin{array}{c} \text { TA1/ } \\ \text { 999/ } \\ \text { 277CA } \end{array}\right\|$ | Accept/ | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.380.2330A.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 for receiver's application system" CSC 503: "Entity's Street address" FIC. GB Other Insured |  |  |
| X223.380.2330A.N302.050 | N302 |  |  |  |  |  |  |  | 999 | R | $\begin{aligned} & \text { IK403 = 6: "Invalid Character in Data } \\ & \text { Element" } \\ & \hline \end{aligned}$ | 2330A.N302 must be populated with accepted AN characters. |  |
| X223.380.2330A.N302.060edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| $\begin{array}{\|l\|} \hline \text { X223.381.2330A.N4.010 } \\ \text { edit deactivated } \\ \hline \end{array}$ | N4 |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.381.2330A.N4.010 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223A2.21.2330A.N4.020 | N4 | OTHER SUBSCRIBER CITYISTATEIZIP CODE |  | 1 | s | 2330A |  |  | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2330A.N4 is allowed. |  |
| $\begin{array}{\|l\|} \hline \text { X223.381.2330A.N4.020 } \\ \text { edit deactivated } \\ \hline \end{array}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.381.2330A.N401.010 | N401 | Other Insured City Name | AN | 2-30 | R |  |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2330A.N401 must be present. |  |
| X223.381.2330A.N401.020 | N401 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2330A.N401 must contain at least two non-space characters. |  |
| x223.381.2330A.N401.030 | N401 |  |  |  |  |  |  |  | 999 | E | IK403 = 4: "Data Element Too Short" <br> 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 for receiver's application system" CSC 502: "Entity's City" FIC. GB Other Insured |  |  |
| X223.381.2330A.N401.050 | N401 |  |  |  |  |  |  |  | 999 | R | IK403 =6: "Invalid Character in Data Element" | 2330A.N401 must be populated with accepted AN characters. |  |
| X223.381.2330A.N401.060 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.381.2330A.N402.010 | N402 | Other Insured State Code | ID | 2-2 | s |  |  |  | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | If 2330A.N404 is not present, 2330A.N402 must be |  |
| $\begin{aligned} & \text { X223.381.2330A.N402.020 } \\ & \text { edit deactivated } \\ & \hline \end{aligned}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| x223.381.2330A.N402.030 | N402 |  |  |  |  |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information. CSC 501: "Entity's State/Province" EIC: GB Other Insured | 2330A.N402 must be a valid state code. | Valid State Code reference must be available for this edit. |
| X223.381.2330A.N403.010 | N403 | $\begin{array}{\|c\|} \hline \text { Other Insured Postal Zone } \\ \text { or ZIP Code } \\ \hline \end{array}$ | ID | 3-15 | s |  |  |  | 999 | R | IKC $03=2$ : "Conditional Required Data Element Missinq" | If 2330A.N404 is not present, 2330A.N403 must be present. |  |


| 8371 Edit Reference | Segment or Element | Description | ID | $\begin{aligned} & \text { Min. } \\ & \text { Max. } \end{aligned}$ | $\begin{gathered} \text { Usage } \\ \text { Req. } \end{gathered}$ | Loop | $\begin{gathered} \text { Loop } \\ \text { Repeat } \end{gathered}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\begin{array}{\|c\|} \hline \text { TA11 } \\ \text { 999/ } \\ 277 C A \\ \hline \end{array}$ | Accept/ | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.381.2330A.N403.020 <br> edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.381.2330A.N403.030 | N403 |  |  |  |  |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information... CSC 500: "Entity's Postal/Zip Code" EIC: GB Other Insured | 2330A.N403 must be a valid zip code. | Valid Zip Code reference must be available for this edit. |
| X223.381.2330A.N404.010 | N404 | Country Code | ID | 2-3 | s |  |  |  | 277 | c | $\begin{aligned} & \text { CsCC A7: "Acknowledgement } \\ & \text { RRejected for Invalid Information..." } \\ & \text { Csc 680: "Entity's Country" } \\ & \text { EIC:ㄴ․ Subscriber } \end{aligned}$ | 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 | ID | 1-2 | N/U |  |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.381.2330A.N406.010 | N406 | Location Identifier | AN | 1-30 | N/U |  |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.381.2330A.N407.010 | N407 | Location Identifier | AN | 1-30 | s |  |  |  | 277 | c | $\begin{array}{\|l\|} \hline \text { CSCC A7: "Acknowledgement } \\ \text { /Rejected for Invalid Information..." } \\ \text { CSC 695: "Entity's Country Subdivision } \\ \text { Code" } \\ \text { EIC: IL Subscriber } \\ \hline \end{array}$ | 2330A.N407 must be a valid Country Subdivision Code. |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.383.2330A.REF. 010 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.383.2330A.REF. 020 | REF | OTHER SUBSCRIBER SECONDARY IDENTIFICATION |  | 2 | s | 2330 A |  |  | 999 | R | 1K304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2330A.REF is allowed. | Guide says two iterations, but subscribers can't have two SSNs, so we used one here. |
| X223.383.2330A.REF01.010 | REF01 | Reference Identification Qualifier | ID | 2-3 | R |  |  | SY | 999 | R | IK403 = 1: "Required Data Element | 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 | AN | 1-50 | R |  |  |  | 999 | R | IK403 = 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> FIC. 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 |  |  | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.383.2330A.REF04.010 | REF04 | REFERENCE IDENTIFIER |  |  | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.384.2330B.NM1.010 | NM1 | OTHER PAYER NAME |  | 1 | R | 2330B | 1 |  | 999 | R | IK304 = 16: "Implementation Dependent Segment Missing" | If 2320.SBR is present, 2330B.NM1 must be present. |  |
| х223.384.2330B.NM1.020 | NM1 |  |  |  |  |  |  |  | 999 | R | IK304 = 4: "Loop Occurs Over Maximum Times" | Only one iteration of 2330B.NM1 is allowed. |  |
| x223.384.2330B.NM1.020 | NM1 |  |  |  |  |  |  |  | 999 | R | $\begin{aligned} & \text { IK304 = 4: "Loop Occurs Over } \\ & \text { Maximum Times" } \end{aligned}$ | Only one iteration of $2330 . \mathrm{NM} 1$ is allowed. |  |
| х223.384.2330B.NM101.010 | NM101 | Entity Identifier Code | ID | 2-3 | R |  |  | PR | 999 | R | IK403 = 1: "Required Data Element Missing" | 2330B.NM101 must be present. |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | Segment or Element | Description | ID | Min. | Usage | Loop | $\begin{aligned} & \text { Loop } \\ & \text { Repeat } \end{aligned}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\left\|\begin{array}{c} \text { TA1/ } \\ \text { 999/ } \\ \text { 277CA } \end{array}\right\|$ | Accept/ | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.384.2330B.NM101.020 | NM101 |  |  |  |  |  |  |  | 999 | R | IK403 = 7: "Invalid Code Value" | 2330B.NM101 must be "PR". |  |
| X223.384.2330B.NM102.010 | NM102 | Entity Type Qualifier | ID | 1-1 | R |  |  | 2 | 999 | R | 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 | AN | 1-60 | R |  |  |  | 999 | R | \|K403 = 1: "Required Data Element Missing" | 2330B.NM103 must be present. |  |
| X223.384.2330B.NM103.020 | NM103 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2330B.NM103 must contain at least one non-space character. |  |
| х223.384.2330B.NM103.030 | NM103 |  |  |  |  |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" | 2300B.NM103 must be 1-60 characters. |  |
| X223.384.2330B.NM103.040 | NM103 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 504: "Entity's Last Name" CSC 286: Other payer's Explanation of Benefits/payment information FIC. pr Paver |  |  |
| X223.384.2330B.NM103.050 | NM103 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2330B.NM103 must be populated with accepted AN characters. |  |
| X223.384.2330B.NM103.060 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| х223.384.2330B.NM104.010 | NM104 | Name First | AN | 1-35 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.384.2330B.NM105.010 | NM105 | Name Middle | AN | 1-25 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { 1K403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.384.2330B.NM106.010 | NM106 | Name Prefix | AN | 1-10 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { 1K403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.384.2330B.NM107.010 | NM107 | Name Suffix | AN | 1-10 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.384.2330B.NM108.010 | NM108 | Identfication CodeQualifier | ID | 1-2 | R |  |  | PI, XV | 999 | R | IK403 = 1: "Required Data Element Missinq" | 2330B.NM108 must be present. |  |
| X223.384.2330B.NM108.020 | NM108 |  |  |  |  |  |  |  | 999 | R | IK403 = 7: "Invalid Code Value" | 2330B.NM108 must be valid values. |  |
| X223.384.2330B.NM109.010 | NM109 | $\begin{gathered} \hline \text { Other Payer Primary } \\ \text { Identifier } \end{gathered}$ | AN | 2-80 | R |  |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2330B.NM109 must be present. |  |
| $\begin{array}{\|l\|} \hline \begin{array}{l} \text { 2223.384.2330B. } 010 \\ \text { edit deactivated } \end{array} \\ \hline \end{array}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.384.2330B.NM109.020 | NM109 |  |  |  |  |  |  |  | 999 | R | IK403 = I12: "Implementation Pattern Match Failure" | 2330B.NM109 must = 2430.SVD01. |  |
| х223.384.2330B.NM110.010 | NM110 | Entity Relationship Code | ID | 2-2 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { 1K403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| х223.384.2330B.NM111.010 | NM111 | Entity Identifier Code | ID | 2-3 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.384.2330B.NM112.010 | NM112 | Name Last or Organization Name | AN | 1-60 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \\ & \hline \end{aligned}$ | Must not be present. |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| $\begin{array}{\|l\|} \hline \text { 2223.386.2330B.N3.010 } \\ \text { edit deactivated } \\ \hline \end{array}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.386.2330B.N3.020 | N3 | OTHER PAYER ADDRESS |  | 1 | s | 2330B |  |  | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 23308.N3 is allowed. |  |


| 8371 Edit Reference | Segment or | Description | ID | Min. | Usage | Loop | $\underset{\text { Repeat }}{\stackrel{\text { Loop }}{ }}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\begin{array}{\|c} \text { TA1/ } \\ \text { 999/ } \\ \text { 277CA } \end{array}$ | Accept Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.386.2330B.N301.010 | N301 | Other Payer Address Line | AN | 1-55 | R |  |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2330B.N301 must be present. |  |
| X223.386.2330B.N301.020 | N301 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2330B.N301 must contain at least one non-space character. |  |
| х223.386.2330B.N301.030 | N301 |  |  |  |  |  |  |  | 999 | E | 1K403 = 5: "Data Element Too Long" | 2330B.N301 must be 1-55 characters. |  |
| X223.386.2330B.N301.040 | N301 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 503: "Entity's Street address" CSC 286: Other payer's Explanation of Benefits/payment information EIC: PR Paver |  |  |
| х223.386.2330B.N301.050 | N301 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2330B.N301 must be populated with accepted AN characters. |  |
| X223.386.2330B.N301.060 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.386.2330B.N302.010 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.386.2330B.N302.020 | N302 | Other Payer Address Line | AN | 1-55 | s |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | If present, 2330B.N302 must contain at least one non- space character. |  |
| х223.386.2330B.N302.030 | N302 |  |  |  |  |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" | 2330B. N 302 must be 1-55 characters. |  |
| X223.386.2330B.N302.040 | N302 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 503: "Entity's Street address" CSC 286: Other payer's Explanation o Benefits/payment information EIC: PR Payer |  |  |
| X223.386.2330B.N302.050 | N302 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2330B.N302 must be populated with accepted AN characters. |  |
| X223.386.2330B.N302.060 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.387.2330B.N4.010 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.387.2330B.N4.010 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223A2.22.2330B.N4.020 | N4 | OTHER PAYER CITYISTATEIZIP CODE |  | 1 | s | 2330B |  |  | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2330B.N4 is allowed. |  |
| X223.387.2330B.N4.020 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.387.2330B.N401.010 | N401 | Other Payer City Name | AN | 2-30 | R |  |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2330B.N401 must be present. |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | Segment or Element | Description | ID | Min. | Usage Req. | Loop | $\underset{\text { Repeat }}{\text { Loop }}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\left\|\begin{array}{c} \text { TA1/ } \\ \text { 999/ } \\ \text { 277CA } \end{array}\right\|$ | Accept/ Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.387.2330B.N401.020 | N401 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2330B.N401 must contain at least two non-space characters. |  |
| X223.387.2330B.N401.030 | N401 |  |  |  |  |  |  |  | 999 | E | IK403 = 4: "Data Element Too Short" IK403 = 5: "Data Element Too Long" | 2330B.N401 must be 2-30 characters. |  |
| X223.387.2330B.N401.040 | N401 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information... CSC 512: "Length invalid for receiver's application system" CSC 502: "Entity's City" CSC 286: Other payer's Explanation of Benefits/payment information |  |  |
| X223.387.2330B.N401.050 | N401 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2330B. N401 must be populated with accepted AN characters. |  |
| X223.387.2330B.N401.060 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.387.2330B.N402.010 | N402 | Other Payer State Code | ID | 2-2 | s |  |  |  | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | If 2330B.N404 is not present, 2330B.N402 must be present. |  |
| $\begin{aligned} & \text { X223.387.2330B.N402.020 } \\ & \text { edit deactivated } \\ & \hline \end{aligned}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.387.2330B.N402.030 | N402 |  |  |  |  |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 501: "Entity's State/Province" CSC 286: Other payer's Explanation of Benefits/payment information FIC. PR Paver | 2330B.N402 must be a valid state code. | Valid State Code reference must be available for this edit. |
| X223.387.2330B.N403.010 | N403 | Other Payer Postal Zone or ZIP Code | ID | 3-15 | s |  |  |  | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | If 2330B.N404 is not present, 2330B.N403 must be present. |  |
| X223.387.2330B.N403.020 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.387.2330B.N403.030 | N403 |  |  |  |  |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 500: "Entity's Postal/Zip Code" CSC 286: Other payer's Explanation of Benefits/payment information FIC. PR Paver | 2330B.N403 must be a valid zip code. | Valid Zip Code reference must be available for this edit. |
| X223.387.2330B.N404.010 | N404 | Country Code | ID | 2-3 | s |  |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.387.2330B.N405.010 | N405 | LocationQualifier | ID | 1-2 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.387.2330B.N406.010 | N406 | Location Identifier | AN | 1-30 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.387.2330B.N407.010 | N407 | Location Identifier | AN | 1-30 | s |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \\ & \hline \end{aligned}$ | Must not be present. |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.389.2330B.DTP. 010 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.389.2330B.DTP. 020 | DTP | CLAIM CHECK OR REMITTANCE DATE |  | 1 | s | 2330B |  |  | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2330B.DTP is allowed. |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \\ \hline \end{gathered}$ | Segment or Element | Description | ID | $\begin{aligned} & \text { Min. } \\ & \text { Max. } \end{aligned}$ | $\begin{gathered} \text { Usage } \\ \text { Req. } \end{gathered}$ | Loop | $\begin{gathered} \text { Loop } \\ \text { Repeat } \\ \hline \end{gathered}$ | $\begin{gathered} 5010 \\ \text { Values } \\ \hline \end{gathered}$ | $\begin{array}{\|c\|} \hline \text { TA11 } \\ \text { 999/ } \\ 277 C A \\ \hline \end{array}$ | Accept/ | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.389.2330B.DTP.030 | DTP |  |  |  |  |  |  |  | 999 | R | IK304 = 2: "Unexpected Segment" | If 2330B.NM1 is present and 2430.DTP with DTP01 $=$ " 573 " is not present, 2330B.DTP may be present. |  |
| X223.389.2330B.DTP01.010 | DTP01 | Date TimeQualifier | ID | 3-3 | R |  |  | 573 | 999 | R | IK403 = 1: "Required Data Element Missing" | 2330B.DTP01 must be present. |  |
| X223.389.2330B.DTP01.020 | DTP01 |  |  |  |  |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2330B.DTP01 must be "573" |  |
| х223.389.2330B.DTP02.010 | DTP02 | $\begin{gathered} \hline \begin{array}{c} \text { Date Time Period Format } \\ \text { Qualifier } \end{array} \\ \hline \end{gathered}$ | ID | 2-3 | R |  |  | D8 | 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". |  |
| X223.389.2330B.DTP03.010 | DTP03 | Adjudication or Payment Date | AN | 1-35 | R |  |  | CCYYMMDD | 999 | R | 1K403 = 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" | 2330B.DTP03 must not be a future date. | companion guide note needed |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.390.2330B.REF. 010 | REF | OTHER PAYER SECONDARY IDENTIFIER |  | 2 | s | 2330B |  |  | 999 | R | IK304 = 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", "El", "FY" or "NF" are allowed. |  |
| X223.390.2330B.REF01.010 | REF01 | Reference Identification Qualifier | ID | 2-3 | R |  |  | 2U, EI, FY, NF | 999 | R | IK403 = 1: "Required Data Element Missing" | 2330B.REF01 must be present. |  |
| X223.390.2330B.REF01.020 | REF01 |  |  |  |  |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2330B.REF01 must be valid values. |  |
| X223.390.2330B.REF02.010 | REF02 | $\begin{gathered} \hline \begin{array}{c} \text { Other Payer Secondary } \\ \text { Identifier } \end{array} \\ \hline \end{gathered}$ | AN | 1-50 | R |  |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2330B.REF02 must be present. |  |
| X223.390.2330B.REF02.020 | REF02 |  |  |  |  |  |  |  | 277 | C | CSCC A7: "Acknowledgement /Rejected for Invalid Information... CSC 128: "Entity's tax id" EIC: PR Payer | If 2330B.REF01 = "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. |  |
| X223.390.2330B.REF02.040 | REF02 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | If 2330B.REF01 = "2U", "FY" or "NF", 2330B.REF02 must be populated with accepted AN characters. |  |
| X223.390.2330B.REF02.050 | REF02 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | If 2330B.REF01 = "2U", "FY" or "NF", 2330B.REF02 must contain at least one non-space character. |  |
| X223.390.2330B.REF03.010 | REF03 | Description | AN | 1-80 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.390.2330B.REF04.010 | REF04 | REFERENCE IDENTIFIER |  |  | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.392.2330B.REF.010 | REF | OTHER PAYER PRIOR AUTHORIZATION NUMBER |  | 1 | s | 2330B |  |  | 999 | R | IK304 = 16: "Implementation Dependent Segment Missing" | If 2330B.NM1 is present, 2330B. REF with REF01 = "G1" may be present. |  |
| X223.392.2330B.REF.020 | REF |  |  |  |  |  |  |  | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2330B.REF with REF01 = "G1" is allowed. |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | $\underset{\text { Elegment or }}{\text { Element }}$ | Description | ID | $\begin{aligned} & \text { Min. } \\ & \text { Max. } \end{aligned}$ | $\begin{array}{\|c\|c\|} \hline \text { Usage } \\ \text { Req. } \end{array}$ | Loop | $\underset{\text { Repeat }}{\text { Loop }}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\left\|\begin{array}{c} \text { TA11 } \\ \text { 999/ } \\ 277 C A \end{array}\right\|$ | Accept/ Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.392.2330B.REF01.010 | REF01 | Reference Identification | ID | 2-3 | R |  |  | G1 | 999 | R | K 403 = 1: "Required Data Element Missinq" | 2330B.REF01 must be present. |  |
| X223.392.2330B.REF01.020 | REF01 |  |  |  |  |  |  |  | 999 | R | \|K403 7 7: "Invalid Code Value" | 2330B.REF01 must be "G1". |  |
| X223.392.2330B.REF02.010 | REF02 | Other Payer Prior Authorization or Referral | AN | 1-50 | R |  |  |  | 999 | R | K 403 = 1: "Required Data Element Missing" | 2330B. REF02 must be present. |  |
| X223.392.2330B.REF02.020 | REF02 |  |  |  |  |  |  |  | 999 | R | IK403 = 5: "Data Element Too Long" | 2330B.REF02 must be 1-50 characters. |  |
| X223.392.2330B.REF02.030 | REF02 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2330B.REFO2 must be populated with accepted AN characters. |  |
| X223.392.2330B.REF02.040 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.392.2330B.REF02.050 | REF02 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2330B.REF02 must contain at least one non-space |  |
| X223.392.2330B.REF03.010 | REF03 | Description | AN | 1-80 | N/U |  |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.392.2330B.REF04.010 | REF04 | REFERENCE IDENTIFIER |  |  | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not | Must not be present. |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.393.2330B.REF. 010 | REF | OTHER PAYER REFERRAL NUMBER |  | 1 | s | 2330B |  |  | 999 | R | IK304 = I6: "Implementation Dependent Segment Missing" | If 2330B.NM1 is present, 2330B.REF with REF01 $=$ "9F" may be present. |  |
| X223.393.2330B.REF. 020 | REF |  |  |  |  |  |  |  | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2330B.REF with REF01 = "9F" is allowed. |  |
| X223.393.2330B.REF01.010 | REFO1 | Reference Identification Oualifier | ID | 2-3 | R |  |  | 9 F | 999 | R | IK403 = 1: "Required Data Element Missinq" | 2330B.REF01 must be present. |  |
| X223.393.2330B.REF01.020 | REF01 |  |  |  |  |  |  |  | 999 | R | IK403 = 7: "Invalid Code Value" | 2330B.REF01 must be "9F". |  |
| X223.393.2330B.REF02.010 | REF02 | Other Payer Referral Number | AN | 1-50 | R |  |  |  | 999 | R | IK403 = 1: "Required Data Element Missinq" | 2330B.REF02 must be present. |  |
| X223.393.2330B.REF02.020 | REF02 |  |  |  |  |  |  |  | 999 | R | IK403 = 5: "Data Element Too Long" | 2330B.REF02 must be 1-50 characters. |  |
| X223.393.2330B.REF02.030 | REF02 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2330.REF02 must be populated with accepted AN |  |
| X223.393.2330B.REF02.040 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.393.2330B.REF02.050 | REF02 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2300.REF02 must contain at least one non-space character. |  |
| X223.393.2330B.REF03.010 | REF03 | Description | AN | 1-80 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not | Must not be present. |  |
| X223.393.2330B.REF04.010 | REF04 | REFERENCE IDENTIFIER |  |  | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \\ & \hline \end{aligned}$ | Must not be present. |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.394.2330B.REF.010 | REF | OTHER PAYER CLAIM ADJUSTMENT INDICATOR |  | 1 | s | 2330B |  |  | 999 | R | IK304 = 16: "Implementation Dependent Segment Missing" | If 2330B.NM1 is present, 2330B.REF with REF01 $=$ "T4" may be present. |  |
| X223.394.2330B.REF. 020 | REF |  |  |  |  |  |  |  | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2330B.REF with REF01 = "T4" is allowed. |  |
| X223.394.2330B.REF01.010 | REF01 | $\begin{gathered} \hline \text { Reference Identification } \\ \text { Qualifier } \\ \hline \end{gathered}$ | ID | 2-3 | R |  |  | T4 | 999 | R | IK403 = 1: "Required Data Element Missinq" | 2330B.REF01 must be present. |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | Segment or Element | Description | ID | Min. Max. | Usage | Loop | $\underset{\text { Repeat }}{\text { Loop }}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\left\|\begin{array}{c} \text { TA1/ } \\ \text { 999/ } \\ \text { 277CA } \end{array}\right\|$ | Accept/ Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.394.2330B.REF01.020 | REF01 |  |  |  |  |  |  |  | 999 | R | 1 K 403 = 7: "Invalid Code Value" | 2330B.REF01 must be "T4". |  |
| X223.394.2330B.REF02.010 | REF02 | Other Payer Claim Adjustment Indicator | AN | 1-50 | R |  |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2330B.REF02 must be present. |  |
| X223.394.2330B.REF02.020 | REF02 |  |  |  |  |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2330B.REF02 must be = "Y". |  |
| X223.394.2330B.REF03.010 | REF03 | Description | AN | 1-80 | N/U |  |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.394.2330B.REF04.010 | REF04 | REFERENCE IDENTIFIER |  |  | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.395.2330B.REF. 010 | REF | OTHER PAYER CLAIM CONTROL NUMBER |  | 1 | s | 23308 |  |  | 999 | R | IK304 = I6: "Implementation Dependent Segment Missing" | If 2330B.NM1 is present, 2330B.REF with REF01 = "F8" may be present. |  |
| X223.395.2330B.REF.020 | REF |  |  |  |  |  |  |  | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2330B.REF with REF01 = "F8" is allowed. |  |
| X223.395.2330B.REF01.010 | REF01 | Reference Identification Qualifier | ID | 2-3 | R |  |  | F8 | 999 | R | IK403 = 1: "Required Data Element Missing" | 2330B.REF01 must be present. |  |
| X223.395.2330B.REF01.020 | REF01 |  |  |  |  |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2330B.REF01 must be "F8". |  |
| X223.395.2330B.REF02.010 | REF02 | Other Payer Claim Control Number | AN | 1-50 | R |  |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2330B.REF02 must be present. |  |
| X223.395.2330B.REF02.020 | REF02 |  |  |  |  |  |  |  | 999 | R | 1K403 = 5: "Data Element Too Long" | 2330B.REF02 must be 1-50 characters. |  |
| X223.395.2330B.REF02.030 | REF02 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2330B.REF02 must be populated with accepted AN characters. |  |
| X223.395.2330B.REF02.040 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.395.2330B.REF02.050 | REF02 |  |  |  |  |  |  |  | 999 | R | 1K403 = 6: "IIvalid Character in Data Element" | 2330B.REF02 must contain at least one non-space character. |  |
| X223.395.2330B.REF03.010 | REF03 | Description | AN | 1-80 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.395.2330B.REF04.010 | REF04 | REFERENCE IDENTIFIER |  |  | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| $\begin{array}{\|l\|} \hline \text { X223.396.2330C.. } 010 \\ \text { edit deactivated } \end{array}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.396.2330C.NM1.010 | NM1 | OTHER PAYER ATTENDING PROVIDER |  | 1 | s | 2330 C |  |  | 277 | T | CSCC A7: "Acknowledgement IRejected for Invalid Information..." CSC 732: "Information submitted inconsistent with billing guidelines." CSC 562: "Entity's National Provider Identifier (NPI)." EIC: 71 Attending Physician | 2330C.NM1 must not be present. |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | Segment or Element | Description | ID | Min. | Usage | Loop | $\begin{gathered} \text { Loop } \\ \text { Repeat } \end{gathered}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\begin{gathered} \text { TA11 } \\ \text { 999/ } \\ \text { 277CA } \end{gathered}$ | Accept/ Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.398.2330C.REF. 010 | REF | OTHER PAYER ATTENDING PROVIDER SECONDARY identification |  | 4 | R | 2330 C |  |  | 277 | T | CSCC A7: "Acknowledgement IRejected for Invalid Information..." CSC 732: "Information submitted inconsistent with billing guidelines." CSC 560: "Entity's Additional/Secondary Identifier." EIC: 71 Attending Physician | 2330C.REF must not be present. |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| $\begin{aligned} & \text { X223.400.2330D.. } 010 \\ & \text { edit deactivated. } \end{aligned}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.400.2330D.NM1.010 | NM1 | OTHER PAYER OPERATING PHYSICIAN |  | 1 | s | 2330D | 1 |  | 277 | T | CSCC A7: "Acknowledgement IRejected for Invalid Information..." CSC 732: "Information submitted inconsistent with billing guidelines." CSC 562: "Entity's National Provider Identifier (NPI)." <br> EIC: 72 Operating Physician | 2330D.NM1 must not be present. |  |
| X223.402.2330D.REF. 010 | REF | OTHER PAYER OPERATING PHYSICIAN SECONDARY IDENTIFICATION |  | 4 | R | 2330D |  |  | 277 | T | CSCC A7: "Acknowledgement IRejected for Invalid Information..." CSC 732: "Information submitted inconsistent with billing guidelines." CSC 560: "Entity's Additional/Secondary Identifier." EIC: 72 Operating Physician | 2330D.REF must not be present. |  |
| X223.404.2330E. 010 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.404.2330E.NM1.010 | NM1 | OTHER PAYER OTHER OPERATING PHYSICIAN |  | 1 | s | 2330E | 1 |  | 277 | T | CSCC A7: "Acknowledgement IRejected for Invalid Information..." CSC 732: "Information submitted inconsistent with billing guidelines." CSC 562: "Entity's National Provider Identifier (NPI)." <br> EIC: 72 Operating Physician | 2330E.NM1 must not be present. |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | Segment or | Description | ID | Min. | $\begin{array}{\|c} \hline \text { Usage } \\ \text { Req. } \\ \hline \end{array}$ | Loop | $\begin{gathered} \text { Loop } \\ \text { Repeat } \end{gathered}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\begin{gathered} \text { TA11 } \\ \text { 999/ } \\ \text { 277CA } \end{gathered}$ | Accept/ Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.406.2330E.REF. 010 | REF | $\begin{aligned} & \text { OTHER PAYER OTHER } \\ & \text { OPERATING } \\ & \text { PHYSICIAN SECONDARY } \\ & \text { IDENTIFICATION } \end{aligned}$ |  | 4 | R | 2330E |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 732: "Information submitted inconsistent with billing guidelines." CSC 560: "Entity's Additional/Secondary Identifier." EIC: 72 Operating Physician | 2330E.REF must not be present. |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.408.2330F.. 010 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.408.2330F.NM1.010 | NM1 | other payer service FACIIITY LOCATION |  | 1 | s | 2330F | 1 |  | 277 | T | CSCC A7: "Acknowledgement IRejected for Invalid Information..." CSC 732: "Information submitted inconsistent with billing guidelines." CSC 562: "Entity's National Provider Identifier (NPI)." <br> EIC: 77 "Service Location" | 2330F.NM1 must not be present. |  |
| X223.410.2330F.REF. 010 | REF | other payer service FACILITY Location secondary IDENTIFICATION |  | 3 | R | 2330F |  |  | 277 | T | CsCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 732: "Information submitted inconsistent with billing guidelines." CSC 560: "Entity's Additional/Secondary Identifier." EIC: 77 "Service Location" | 2330F.REF must not be present. |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| led |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.412.2330G.NM1.010 | NM1 | OTHER PAYER RENDERING PROVIDER NAME |  | 1 | s | 2330 G | 1 |  | 277 | T | CSCC A7: "Acknowledgement IRejected for Invalid Information..." CSC 732: "Information submitted inconsistent with billing guidelines." CSC 562: "Entity's National Provider Identifier (NPI)." <br> EIC: 82 "Rendering Provider" | 2330G.NM1 must not be present. |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | Segment or Element | Description | ID | $\begin{aligned} & \text { Min. } \\ & \text { Max. } \end{aligned}$ | $\begin{gathered} \begin{array}{c} \text { Usage } \\ \text { Req. } \end{array} \end{gathered}$ | Loop | $\begin{aligned} & \text { Loop } \\ & \text { Repeat } \end{aligned}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\begin{array}{\|c\|} \hline \text { TA11 } \\ \text { 999/ } \\ 277 C A \\ \hline \end{array}$ | $\begin{aligned} & \text { Accept } \\ & \text { Reject } \end{aligned}$ | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.414.2330G.REF. 010 | REF | OTHER PAYER RENDERING PROVIDER SECONDARY IDENTIFIER |  | 4 | R | 2330G |  |  | 277 | T | CsCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 732: "Information submitted inconsistent with billing guidelines." CSC 560: "Entity's Additional/Secondary Identifier." EIC: 82 "Rendering Provider" | 2330G.REF must not be present. |  |
| X223.416.2330H..010 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.416.2330H.NM1.010 | NM1 | OTHER PAYER REFERRING PROVIDER |  | 1 | s | 2330H | 1 |  | 277 | T | CSCC A7: "Acknowledgement IRejected for Invalid Information..." CSC 732: "Information submitted inconsistent with billing guidelines." CSC 562: "Entity's National Provider Identifier (NPI)." <br> EIC: DN "Referring Provider" | 2330H.NM1 must not be present. |  |
| X223.418.2330H.REF. 010 | REF | OTHER PAYER REFERRING PROVIDER SECONDARY IDENTIFIER |  | 3 | R | 2330H |  |  | 277 | T | CSCC A7: "Acknowledgement IRejected for Invalid Information..." CSC 732: "Information submitted inconsistent with billing guidelines." CSC 560: "Entity's Additional/Secondary Identifier." EIC: DN "Referring Provider" | 2330H.REF must not be present. |  |
| X223.420.23301. 010 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| x223.420.23301.Nm1.010 | NM1 | OTHER PAYER BILLING PROVIDER |  | 1 | s | 23301 | 1 |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 732: "Information submitted inconsistent with billing guidelines." CSC 562: "Entity's National Provider Identifier (NPI)." <br> EIC: 85 "Billing Provider" | 23301.NM1 must not be present. |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | Segment or | Description | ID | $\begin{aligned} & \text { Min. } \\ & \text { Max. } \end{aligned}$ | $\begin{gathered} \text { Usage } \\ \text { Reg. } \end{gathered}$ | Loop | Loop <br> Repeat | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\left\|\begin{array}{c} \text { TA11 } \\ 999 / \\ 277 C A \end{array}\right\|$ | Accept Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.422.23301.REF. 010 | REF | OTHER PAYER BILLING PROVIDER SECONDARY identification |  | 2 | R | 23301 |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 732: "Information submitted inconsistent with billing guidelines." CSC 560: "Entity's Additional/Secondary Identifier." EIC: 85 "Billing Provider" | 23301.REF must not be present. |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.423.2400.010 |  | Service Line Loop |  |  |  | 2400 |  |  | 999 | E | IK304 = 4: "Loop Occurs Over Maximum Times" | Only 449 iterations of the $\mathbf{2 4 0 0}$ loop are allowed. | CMS policy limit is 449 |
| X223.423.2400.015 |  | Service Line Loop |  |  |  | 2400 |  |  | 277 | T | CSCC A3: "Acknowledgement /Returned as unprocessable claim" CSC 121: "Service line number greater than maximum allowable for payer" |  | CMS policy limit is 449 |
| X223.423.2400.LX. 010 | Lx | SERVICE LINE NUMBER |  | 1 | R | 2400 | 999 |  | 999 | R | IK304 = 3: "Required Segment Missing" | 2400.LX must be present. |  |
| X223.423.2400.LX.020 | Lx |  |  |  |  |  |  |  | 999 | R | 1K304=5: "Segment Exceeds Maximum Use" | Only one iteration of $2400 . \mathrm{LX}$ is allowed. |  |
| X223.423.2400.LX01.010 | LX01 | Assigned Number | No | 1-6 | R |  |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" | $2400 . L \times 01$ must be present. |  |
| X223.423.2400.LX01.020 | Lx01 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2400.LX01 must be numeric. |  |
| X223.423.2400.LX01.030 | LX01 |  |  |  |  |  |  |  | 277 | c | CSCC A3: "Acknowledgement /Returned as unprocessable claim" CSC 121: "Service line number greater than maximum allowable for naver" | 2400.LX01 must be > 0 and << 449 . |  |
| X223.423.2400.LX01.040 | Lx01 |  |  |  |  |  |  |  | 999 | R | IK403 = I12: "Implementation Pattern Match Failure" | The first 2400.LX01 must be "1". |  |
| X223.423.2400.LX01.050 | LX01 |  |  |  |  |  |  |  | 999 | R | IK403 = I12: "Implementation Pattern Match Failure" | Subsequent 2400.LX01 values must increment by 1. |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| x223.424.2400.sV2.010 | Sv2 | INSTITUTIONAL SERVICE LINE |  | 1 | R | 2400 |  |  | 999 | R | IK304 = 3: "Required Segment Missing" | 2400.SV2 must be present. |  |
| X223.424.2400.SV2.020 | Sv2 |  |  |  |  |  |  |  | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of $2400 . \mathrm{SV} 2$ is allowed. |  |
| X223.424.2400.SV201.010 | SV201 | Revenue Code | AN | 1-48 | R |  |  |  | 999 | R | IK403 = 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 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.424.2400.SV202-1.010 | SV202-1 | Product or Service IDQualifier | ID | 2-2 | R |  |  | ER, HC, HP, IV, WK | 999 | R | IK403 = 1: "Required Data Element Missing" | 2400.SV202-1 must be present. |  |
| X223.424.2400.SV202-1.020 | SV202-1 |  |  |  |  |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2400.SV202-1 must be "HP" or "HC". |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | Segment or Elemen | Description | ID | Min. | Usage | Loop | $\begin{gathered} \text { Loop } \\ \text { Repeat } \end{gathered}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\begin{gathered} \text { TA11 } \\ \text { 999/ } \\ \text { 277CA } \end{gathered}$ | Accept/ Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.424.2400.SV202-2.010 | SV202-2 | Procedure Code | AN | 1-48 | R |  |  |  | 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. | 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 Code. | Valid HIPPS Code reference must be available for this edit. |
| X223.424.2400.SV202-3.010 | SV202-3 | Procedure Modlfier | AN | 2-2 | s |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 453: "Procedure Code Modifier(s) for Service(s) Rendered" | 2400.SV202-3 must be a valid HCPCS modifier Code. | Valid Procedure Code Modifier reference must be available for this edit. |
| X223.424.2400.SV202-4.010 | SV202-4 | Procedure Modlfier | AN | 2-2 | s |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 453: "Procedure Code Modifier(s) for Service(s) Rendered" | 2400.SV202-4 must be a valid HCPCS modifier Code. | Valid Procedure Code Modifier reference must be available for this edit. |
| X223.424.2400.SV202-5.010 | SV202-5 | Procedure Modlfier | AN | 2-2 | s |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 453: "Procedure Code Modifier(s) for Service(s) Rendered" | 2400.SV202-5 must be a valid HCPCS modifier Code. | Valid Procedure Code Modifier reference must be available for this edit. |
| X223.424.2400.SV202-6.010 | SV202-6 | Procedure Modlfier | AN | 2-2 | s |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information... CSC 453: "Procedure Code Modifier(s) for Service(s) Rendered" | 2400.SV202-6 must be a valid HCPCS modifier Code. | Valid Procedure Code Modifier reference must be available for this edit. |
| $\begin{array}{\|l} \hline \begin{array}{l} \text { X223.424.2400.SV202-7.010 } \\ \text { edit deactivated } \end{array} \\ \hline \end{array}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.424.2400.SV202-7.020 | SV202-7 | Description | AN | 1-80 | s |  |  |  | 999 | R | $\begin{aligned} & \text { IK403 = 6: "Invalid Character in Data } \\ & \text { Element" } \end{aligned}$ | 2400.SV202-7 must contain at least one non-space character. |  |
| X223.424.2400.SV202-7.025 |  |  |  |  |  |  |  |  | 277 | c | CSCC A8: "Acknowledgement / Rejected for relational field in error" CSC 306 Detailed description of service | 2400.SV202-7 must be present. when 2400.SV202-2 contains a non-specific procedure code. | Valid Non-Sprecific Procedure Code reference must be available for this edit. |
| X223.424.2400.SV202-7.030 | SV202-7 |  |  |  |  |  |  |  | 999 | E | 1K403 = 5: "Data Element Too Long" | 2400.SV202-7 must be 1-80 characters. |  |
| X223.424.2400.SV202-7.040 | SV202-7 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 306: "Detailed description of service" |  |  |
| X223.424.2400.SV202-7.050 | SV202-7 |  |  |  |  |  |  |  | 999 | R |  | 2400.SV202-7 must be populated with accepted AN characters. |  |
| $\begin{aligned} & \text { X223.424.2400.SV202-7.060 } \\ & \text { edit deactivated } \end{aligned}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.424.2400.SV203.010 | SV203 | Line Item Charge Amount | R | 1-18 | R |  |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2400.SV203 must be present. |  |
| X223.424.2400.SV203.020 | SV203 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data | 2400.SV203 must be numeric. |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | Segment or | Description | ID | $\begin{aligned} & \text { Min. } \\ & \text { Max. } \end{aligned}$ | $\begin{array}{\|c} \text { Usage } \\ \text { Req. } \end{array}$ | Loop | $\begin{aligned} & \text { Loop } \\ & \text { Repeat } \end{aligned}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\begin{gathered} \text { TA11 } \\ \text { 999/ } \\ \text { 277CA } \end{gathered}$ | Accept/ Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.424.2400.SV203.030 | SV203 |  |  |  |  |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" | 2400.SV203 must be <= 99,999,999.99. |  |
| X223.424.2400.SV203.040 | SV203 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 693: "Amount must be greater than or equal to zero" CSC 583: "Line Item Charge Amount" | $2400 . S V 203$ must be $>=0$. |  |
| X223.424.2400.SV203.050 | SV203 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 697: "Too many decimal positions" <br> CSC 583: "Line Item Charge Amount" | $2400 . \mathrm{SV} 203$ is limited to 0, 1 or 2 decimal positions. |  |
| X223.424.2400.SV203.060 | SV203 |  |  |  |  |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 400: "Claim is out of balance: CSC 583:"Line Item Charge Amount" CSC 643: "Service Line Paid Amount" | SV203 must = the sum of all payer amounts paid found in 2430 SVD02 and the sum of all line adjustments found in 2430 CAS Adjustment Amounts. | Companion guide note needed. |
| X223.424.2400.SV204.010 | SV204 | Unit or Basis for Measurement Code | ID | 2-2 | R |  |  | DA, UN | 999 | R | IK403 = 1: "Required Data Element Missing" | 2400.SV204 must be present. |  |
| X223.424.2400.SV204.020 | SV204 |  |  |  |  |  |  |  | 999 | R | 1 K 403 = 7 : "Invalid Code Value" | $2400 . S \mathrm{~S} 204$ must be valid values. |  |
| X223.424.2400.SV205.010 | SV205 | Service Unit Count | R | 1-15 | R |  |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" | $2400 . \mathrm{SV} 205$ must be present. |  |
| X223.424.2400.SV205.020 | SV205 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2400.SV205 must be numeric. |  |
| X223.424.2400.SV205.030 | SV205 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 402: "Amount must be greater than zero" CSC 476: "Missing or invalid units of service" | 2400.SV205 must be > 0 . | Companion guide note needed. |
| X223.424.2400.SV205.040 | SV205 |  |  |  |  |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" | 2400.SV205 must be <= 999,999.9. | 07/29: format is 9(6)V9 (per CR 7065). <br> Companion Guide Note needed. |
| X223.424.2400.SV205.045 | SV205 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 258: "Days/units for procedure/revenue code." | 2400.SV205 must be <= 999,999.9. |  |
| X223.424.2400.SV205.050 | SV205 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 697: "Too many decimal positions" <br> CSC 476: "Missing or invalid units of senvice" | 2400.SV205 is limited to 0 or 1 decimal position. | 3126: Companion Guide Note needed. |
| X223.424.2400.SV206.010 | SV206 | Unit Rate | ID | 1-10 | N/U |  |  |  | 999 | E | IK403 = 110 : "Implementation "Not Used" Flement Present" | Must not be present. |  |
| $\begin{array}{\|l\|} \hline \begin{array}{l} \text { 2223.424.2400.SV207.010 } \\ \text { edit deactivated } \end{array} \\ \hline \end{array}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | Segment or Element | Description | ID | Min. Max. | Usage | Loop | $\begin{gathered} \text { Loop } \\ \text { Repeat } \end{gathered}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\left\|\begin{array}{c} \text { TA1/ } \\ \text { 999/ } \\ \text { 277CA } \end{array}\right\|$ | Accept/ | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.424.2400.SV207.020 | SV207 | Monetary Amount | R | 1-18 | S |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2400.SV207 must be numeric. |  |
| X223.424.2400.SV207.030 | sV207 |  |  |  |  |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" | 2400.SV207 must be <= 99,999,999.99. |  |
| X223.424.2400.SV207.040 | SV207 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 693: "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 /Rejected for Invalid Information... CSC 697: "Too many decimal positions" <br> CSC 596: "Non-covered Charge Amمunt" | $2400 . \mathrm{SV} 207$ is limited to 0,1 or 2 decimal positions. |  |
| X223.429.2400.PWK.010 | PWK | LINE SUPPLEMENTAL INFORMATION |  | 10 | s | 2400 |  |  | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only ten iterations of 2400.PWK are allowed. | pass thru, syntax only |
| X223.429.2400.PWK01.010 | PWK01 | Attachment Report Type Code | ID | 2-2 | R |  |  | 03, 04, 05, 06, 07, 08, 09, 10, 11, 13, 15, 21, A3, A4, AM, AS, B2, B3, B4, BR, BS, BT, CB, CK, CT, D2, DA, DB, DG, DJ, DS, EB, HC, HR, I5, IR, LA, M1, MT, NN, OB, OC, OD, OE, $\mathrm{OX}, \mathrm{OZ}, \mathrm{P} 4, \mathrm{P}, \mathrm{PE}, \mathrm{PN}, \mathrm{PO}$, PQ, PY, PZ, RB, RR, RT, RX, | 999 | R | IK 403 = 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 | ID | 1-2 | R |  |  | AA, BM, EL, EM, FT, FX | 999 | R | IK403 = 1: "Required Data Element Missing" | 2400.PWK02 must be present. |  |
| X223.429.2400.PWK02.020 | PWK02 |  |  |  |  |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2400.PWK02 must be valid values. |  |
| X223.429.2400.PWK03.010 | PWK03 | Report Copies Needed | No | 1-2 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = 110: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.429.2400.PWK04.010 | PWK04 | Entity Identifier Code | ID | 2-3 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I } 10 \text { : "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.429.2400.PWK05.010 | PWK05 | Identfication CodeQualifier | ID | 1-2 | s |  |  | AC | 999 | R | IK403 = 2: "Conditional Required Data Element Missinq" | When 2400.PWK05 is present, 2400.PWK02 must be "BM", "EL", "EM", "FX" or "FT" |  |
| Х223.429.2400.PWK05.020 | PWK05 |  |  |  |  |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2400.PWK05 must be "AC". |  |
| X223.429.2400.PWK06.010 | PWK06 | Identfication Code | AN | 2-80 | s |  |  |  | 999 | R | \|K403 = 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 | $\begin{aligned} & \text { IK403 = 6: "Invalid Character in Data } \\ & \text { Element" } \end{aligned}$ | 2400.PWK06 must contain at least two non-space characters. |  |
| X223.429.2400.PWK06.030 | PWK06 |  |  |  |  |  |  |  | 999 | E | IK403 = 4: "Data Element Too Short" IK403 = 5: "Data Element Too Long" | 2400.PWK06 must be 2-50 characters. |  |
| X223.429.2400.PWK06.040 | PWK06 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 489: "Attachment Control Number" |  |  |
| X223.429.2400.PWK06.050 | PWK06 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data | 2400.PWK06 must be populated with accepted AN characters. |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \\ \hline \end{gathered}$ | Segment or | Description | ID | $\begin{aligned} & \text { Min. } \\ & \text { Max. } \end{aligned}$ | $\begin{gathered} \text { Usage } \\ \text { Req. } \end{gathered}$ | Loop | $\begin{gathered} \text { Loop } \\ \text { Repeat } \\ \hline \end{gathered}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\begin{array}{\|c\|} \hline \text { TA11 } \\ \text { 9991 } \\ 277 C A \\ \hline \end{array}$ | Accept/ Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.429.2400.PWK06.060 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.429.2400.PWK07.010 | PWK07 | Description | AN | 1-80 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.429.2400.PWK08.010 | PWK08 | ACTIONS INDICATED |  |  | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.429.2400.PWK09.010 | PWK09 | Request Category Code | ID | 1-2 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.433.2400.DTP. 010 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.433.2400.DTP. 020 | DTP | SERVICE LINE DATE |  | 1 | s | 2400 |  |  | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2400.DTP with DTP01 = "472" is allowed. |  |
| X223.433.2400.DTP01.010 | DTP01 | Date TimeQualifier | ID | 3-3 | R |  |  | 472 | 999 | R | IK403 = 1: "Required Data Element Missinq" | 2400.DTP01 must be "472". |  |
| X223.433.2400.DTP02.010 | DTP02 | Date Time Period FormatQualifier | ID | 2-3 | R |  |  | D8, RD8 | 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. TTP02 must be valid values. |  |
| X223.433.2400.DTP03.010 | DTP03 | Service Date | AN | 1-35 | R |  |  | CYYMMDD, CCYYMMDD-CCYYMMDD | 999 | R | IK403 = 1: "Required Data Element Missing" | 2400.DTP03 must be present. |  |
| X223.433.2400.DTP03.020 | DTP03 |  |  |  |  |  |  |  | 999 | R | 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 | CSCC A7: "Acknowledgement <br> /Rejected for Invalid Information..." <br> CSC 510: "Future date" <br> CSC 187: "Date(s) of service" | 2400. DPT03 may not be a future date. | CMS business edit. <br> 02/04: Companion Guide Note needed |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.435.2400.REF. 010 | REF | LINE ITEM CONTROL NUMBER |  | 1 | s | 2400 |  |  | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2400. REF with REF01 $=$ " 6 R" is allowed. |  |
| X223.435.2400.REF01.010 | REF01 | Reference Identification Qualifier | ID | 2-3 | R |  |  | 6R | 999 | R | IK403 = 1: "Required Data Element Missing" | 2400.REF01 must be present. |  |
| X223.435.2400.REF01.020 | REF01 |  |  |  |  |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2400. REF01 must be "6R". |  |
| X223.435.2400.REF02.010 | REF02 | Line Item Control Number | AN | 1-30 | R |  |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2400.REF02 must be present. |  |
| X223.435.2400.REF02.020 | REF02 |  |  |  |  |  |  |  | 999 | R | 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 | IK403 = 5: "Data Element Too Long" | 2400.REF02 must be 1-30 characters. |  |
| X223.435.2400.REF02.040 | REF02 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 584: "Line Item Control Number" |  |  |
| X223.435.2400.REF02.050 | REF02 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2400.REF02 must be populated with accepted AN characters. |  |


| 8371 Edit Reference | Segment or Element | Description | ID | Min. | Usage | Loop | $\begin{gathered} \text { Loop } \\ \text { Repeat } \end{gathered}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\left\|\begin{array}{c} \text { TA11 } \\ \text { 999/ } \\ 277 C A \end{array}\right\|$ | $\begin{gathered} \text { Accept/ } \\ \text { Reject } \end{gathered}$ | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.435.2400.REF02.060 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.435.2400.REF02.070 | REF02 |  |  |  |  |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 584: "Line Item Control Number" | 2400.REF02 must be unique within a single iteration of 2300.CLM01. |  |
| X223.435.2400.REF03.010 | REF03 | Description | AN | 1-80 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { lK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.435.2400.REF04.010 | REF04 | REFERENCE IDENTIFIER |  |  | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { 1K403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \\ & \hline \end{aligned}$ | Must not be present. |  |
| X223.437.2400.REF. 010 | REF | REPRICED LINE ITEM REFERENCE NUMBER |  | 1 | s | 2400 |  |  | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2400.REF with REF01 = "9B" is allowed. | pass through, syntax only |
| X223.437.2400.REF01.010 | REF01 | $\begin{gathered} \text { Reference Identification } \\ \text { Qualifier } \\ \hline \end{gathered}$ | ID | 2-3 | R |  |  | 9 B | 999 | R | IK403 = 1: "Required Data Element Missing" | 2400.REF01 must be present. |  |
| X223.437.2400.REF01.020 | REF01 |  |  |  |  |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2400.REF01 must be "9B". |  |
| X223.437.2400.REF02.010 | REF02 | Repriced Line Item Reference Number | AN | 1-50 | R |  |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2400.REFO2 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 for receiver's application system" CSC 636: "Repriced Line Item Reference Number" |  |  |
| X223.437.2400.REF02.050 | REF02 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2400.REF02 must be populated with accepted AN characters. |  |
| X223.437.2400.REF02.060 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.437.2400.REF03.010 | REF03 | Description | AN | 1-80 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.437.2400.REF04.010 | REF04 | REFERENCE IDENTIFIER |  |  | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \\ & \hline \end{aligned}$ | Must not be present. |  |
| X223.438.2400.REF. 010 | REF | ADJUSTED REPRICED LINE ITEM REFERENCE NUMBER |  | 1 | s | 2400 |  |  | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2400 .REF with REF01 = "9D" is allowed. | pass through, syntax only |
| X223.438.2400.REF01.010 | REF01 | $\begin{gathered} \text { Reference Identification } \\ \text { Qualifier } \\ \hline \end{gathered}$ | ID | 2-3 | R |  |  | 9 D | 999 | R | IK403 = 1: "Required Data Element Missing" | 2400.REF01 must be present. |  |
| X223.438.2400.REF01.020 | REF01 |  |  |  |  |  |  |  | 999 | R | IK403 = 7: "Invalid Code Value" | 2400.REF01 must be "9D". |  |
| X223.438.2400.REF02.010 | REF02 | Adjusted Repriced Line Item Reference Number | AN | 1-50 | R |  |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2400.REF02 must be present. |  |
| X223.438.2400.REF02.020 | REF02 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2400.REF02 must contain at least one non-space character. |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | Segment or | Description | ID | Min. <br> Max | $\begin{gathered} \text { Usage } \\ \text { Req. } \end{gathered}$ | Loop | $\underset{\text { Repeat }}{\text { Loop }}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\left\|\begin{array}{c} \text { TA111 } \\ \text { 999/ } \\ 277 C A \end{array}\right\|$ | Accept/ Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 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 for receiver's application system" CSC 518: "Adjusted Repriced Line item Reference Number" |  |  |
| X223.438.2400.REF02.050 | REF02 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2400.REF02 must be populated with accepted AN |  |
| X223.438.2400.REF02.060 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.438.2400.REF03.010 | REF03 | Description | AN | 1-80 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.438.2400.REF04.010 | REF04 | REFERENCE IDENTIFIER |  |  | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { 1K403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \\ & \hline \end{aligned}$ | Must not be present. |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.439.2400.AMT. 010 | AMT | SERVICE TAX AMOUNT |  | 1 | s | 2400 |  |  | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2400.AMT with AMT01 = "GT" is allowed. | pass through, syntax only |
| х223.439.2400.AMT01.010 | AMT01 | AmountQualifier Code | ID | 1-3 | R |  |  | GT | 999 | R | IK403 = 1: "Required Data Element Missing" | 2400.AMT01 must be present. |  |
| X223.439.2400.AMT01.020 | AMT01 |  |  |  |  |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2400.AMT01 must be "GT". |  |
| X223.439.2400.AMT02.010 | AMT02 | Service Tax Amount | R | 1-18 | R |  |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2400.AMT02 must be present. |  |
| X223.439.2400.AMT02.020 | AMT02 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2400.AMT02 must be numeric. |  |
| X223.439.2400.AMT02.025 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.439.2400.AMT02.030 | AMT02 |  |  |  |  |  |  |  | 999 | E | 1K403 = 5: "Data Element Too Long" | 2400.AMT02 must be >= 0 and \ll 99,999,999.99. |  |
| X223.439.2400.AMT02.040 | AMT02 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 645: "Service Tax Amount" |  |  |
| X223.439.2400.AMT02.050 | AMT02 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information. CSC 697: "Too many decimal positions" CSC 645: "Service Tax Amount" | 2400.AMT02 is limited to 0,1 or 2 decimal positions. | 2400.AMT02 is limited to 0,1 or 2 decimal positions. |
| X223.439.2400.AMT03.010 | AMT03 | CreditDebit Flag Code | ID | 1-1 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = = } 110: \text { "Implementation "Not } \\ & \text { Used" Element Present" } \\ & \hline \end{aligned}$ | Must not be present. |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.440.2400.AMT. 010 | AMT | FACILITY TAX AMOUNT |  | 1 | s | 2400 |  |  | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2400 .AMT with AMT01 = "N8" is allowed. is allowed. | pass through, syntax only |
| X223.440.2400.AMT01.010 | AMT01 | AmountQualifier Code | ID | 1-3 | R |  |  | N8 | 999 | R | IK403 = 1: "Required Data Element Missinq" | 2400.AMT01 must be present. |  |
| X223.440.2400.AMT01.020 | AMT01 |  |  |  |  |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2400.AMT01 must be "N8". |  |
| X223.440.2400.AMT02.010 | AMT02 | Facility Tax Amount | R | 1-18 | R |  |  |  | 999 | R | IK403 = 1: "Required Data Element Missina" | 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. |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \\ \hline \end{gathered}$ | Segment or Element | Description | ID | $\begin{aligned} & \text { Min. } \\ & \text { Max. } \end{aligned}$ | $\begin{array}{\|c} \text { Usage } \\ \text { Req. } \end{array}$ | Loop | $\begin{gathered} \text { Loop } \\ \text { Repeat } \\ \hline \end{gathered}$ | $\begin{gathered} 5010 \\ \text { Values } \\ \hline \end{gathered}$ | $\begin{gathered} \text { TA11 } \\ \text { 999/ } \\ \text { 277CA } \end{gathered}$ | Accept/ Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.440.2400.AMT02.025 | AMT02 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information... CSC 693: "Amount must be greater than or equal to zero" CSC 563: "Entity's Tax Amount" EIC: FA Facility | 2400.AMT02 must be >= 0 . |  |
| X223.440.2400.AMT02.030 | AMT02 |  |  |  |  |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" | 2400.AMTO2 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 for receiver's application system" CSC 563: "Entity's Tax Amount" FIC. FA Facility |  |  |
| X223.440.2400.AMT02.045 | AMT02 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 697: "Too many decimal positions" <br> CSC 563: "Entity's Tax Amount" FIC. EA Eacility | 2400.AMT02 is limited to 0,1 or 2 decimal positions. |  |
| X223.440.2400.AMT03.010 | Амтоз | Credit/Debit Flag Code | ID | 1-1 | N/U |  |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | Must not be present. |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.441.2400.NTE. 010 | NTE | THIRD PARTY ORGANIZATION NOTES |  | 1 | s | 2400 |  |  | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2400.NTE is allowed. | pass through, syntax only |
| X223.441.2400.NTE01.010 | NTE01 | Note Reference Code | ID | 3-3 | R |  |  | TPO | 999 | R | IK403 = 1: "Required Data Element Missing" | 2400.NTE01 must be present. |  |
| X223.441.2400.NTE01.020 | NTE01 |  |  |  |  |  |  |  | 999 | R | $1 \mathrm{~K} 403=7$ : "Invalid Code Value" | 2400.NTE01 must be "TPO". |  |
| X223.441.2400.NTE02.010 | NTE02 | Line Note Text | AN | 1-80 | R |  |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2400.NTE02 must be present. |  |
| X223.441.2400.NTE02.020 | NTE02 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2400.NTE02 must contain at least one non-space |  |
| 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 /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 586: "Line Note Text" |  |  |
| X223.441.2400.NTE02.050 | NTE02 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2400.NTEO2 must be populated with accepted AN characters. |  |
| $\begin{aligned} & \text { X223.441.2400.NTE02.060 } \\ & \text { edit deactivated } \end{aligned}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.442.2400.HCP. 010 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | Segment or Element | Description | ID | Min. | $\begin{array}{\|c} \text { Usage } \\ \text { Req. } \end{array}$ | Loop | $\begin{gathered} \text { Loop } \\ \text { Repeat } \end{gathered}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\begin{gathered} \text { TA11 } \\ 999 / \\ 277 C A \end{gathered}$ | Accept/ Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.442.2400.HCP. 015 | HCP | LINE PRICING/REPRICING information |  | 1 | s | 2400 |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 732: "Information submitted inconsistent with billing guidelines." CSC 64: "Re-pricing information." | Segment must not be present. |  |
| $\begin{aligned} & \text { X223.442.2400.HCP01.010 } \\ & \text { edit deactivated } \\ & \hline \end{aligned}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| $\begin{aligned} & \text { X223.442.2400.HCP01.020 } \\ & \text { edit deactivated } \\ & \hline \end{aligned}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| $\begin{aligned} & \text { X223.442.2400.HCP02.010 } \\ & \text { edit deactivated } \end{aligned}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.442.2400.HCP02.020 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.442.2400.HCP02.030 <br> edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.442.2400.HCP02.030 <br> edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| $\begin{aligned} & \begin{array}{l} \text { 2223.442.2400.HCP03.010 } \\ \text { edit deactivated } \\ \hline \end{array} \\ & \hline \end{aligned}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.442.2400.HCP03.020 <br> edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.442.2400.HCP03.030 <br> edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| $\begin{aligned} & \text { X223.442.2400.HCP04.010 } \\ & \text { edit deactivated } \\ & \hline \end{aligned}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.442.2400.HCP04.020 <br> edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| $\begin{array}{\|l} \hline \begin{array}{l} \text { X223.442.2400.HCP04.030 } \\ \text { edit deactivated } \end{array} \\ \hline \end{array}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| $\begin{aligned} & \text { X223.442.2400.HCP04.040 } \\ & \text { edit deactivated } \\ & \hline \end{aligned}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.442.2400.HCP04.050 <br> edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| $\begin{aligned} & \text { X223.442.2400.HCP05.010 } \\ & \text { edit deactivated } \\ & \hline \end{aligned}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2223.442.2400.HCP05.020 <br> edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| $\begin{aligned} & \text { X223.442.2400.HCP06.010 } \\ & \text { edit deactivated } \\ & \hline \end{aligned}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| $\begin{aligned} & \text { X223.442.2400.HCP06.020 } \\ & \text { edit deactivated } \\ & \hline \end{aligned}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.442.2400.HCP06.030 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.442.2400.HCP06.040 <br> edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.442.2400.HCP06.050 <br> edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| $\begin{aligned} & \text { X223.442.2400.HCP07.010 } \\ & \text { edit deactivated } \end{aligned}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | Segment or Element | Description | ID | Min. | $\begin{array}{\|c} \text { Usage } \\ \text { Req. } \end{array}$ | Loop | $\begin{gathered} \text { Loop } \\ \text { Repeat } \end{gathered}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\begin{gathered} \text { TA11 } \\ 999 / \\ 277 C A \end{gathered}$ | Accept/ Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| $\begin{aligned} & \text { X223.442.2400.HCP07.020 } \\ & \text { edit deactivated } \\ & \hline \end{aligned}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.442.2400.HCP07.030 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| $\begin{aligned} & \begin{array}{l} \text { X223.442.2400.HCP08.010 } \\ \text { edit deactivated } \end{array} \\ & \hline \end{aligned}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| $\begin{aligned} & \text { X223.442.2400.HCP09.010 } \\ & \text { edit deactivated } \\ & \hline \end{aligned}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| $\begin{aligned} & \text { X223.442.2400.HCP09.020 } \\ & \text { edit deactivated } \\ & \hline \end{aligned}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| $\begin{aligned} & \text { X223.442.2400.HCP10.010 } \\ & \text { edit deactivated } \\ & \hline \end{aligned}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| $\begin{aligned} & \text { X223.442.2400.HCP10.020 } \\ & \text { edit deactivated } \\ & \hline \end{aligned}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.442.2400.HCP10.030 <br> edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| $\begin{aligned} & \text { 攵223.442.2400.HCP11.010 } \\ & \text { edit deactivated } \\ & \hline \end{aligned}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| $\begin{aligned} & \text { X223.442.2400.HCP11.020 } \\ & \text { edit deactivated } \\ & \hline \end{aligned}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| $\begin{aligned} & \text { X223.442.2400.HCP12.010 } \\ & \text { edit deactivated } \\ & \hline \end{aligned}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| $\begin{aligned} & \text { X223.442.2400.HCP12.015 } \\ & \text { edit deactivated } \\ & \hline \end{aligned}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.442.2400.HCP12.020 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| $\begin{aligned} & \text { Eunt ueaculvateu } \\ & \text { X223.442.200.HCP12.030 } \\ & \text { edit deactivated } \end{aligned}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.442.2400.HCP12.040 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.442.2400.HCP13.010 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| $\begin{aligned} & \text { X223.442.2400.HCP14.010 } \\ & \text { edit deactivated } \\ & \hline \end{aligned}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| $\begin{aligned} & \text { X223.442.2400.HCP15.010 } \\ & \text { edit deactivated } \end{aligned}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.449.2410.LIN. 010 | LIN | drug identification |  | 1 | s | 2410 | 1 |  | 999 | R | 1K304 = 4: "Loop Occurs Over Maximum Times" | Only one iteration of 2410.LIN is allowed. |  |
| X223.449.2410.LIN01.010 | LIN01 | Assigned Identlication | AN | 1-20 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.449.2410.LIN02.010 | LIN02 | $\begin{gathered} \hline \text { Product or Service } \\ \text { IDQualifier } \\ \hline \end{gathered}$ | ID | 2-2 | R |  |  | N4 | 999 | R | IK403 = 1: "Required Data Element Missing" | 2410.LIN02 must be present. |  |
| X223.449.2410.LIN02.020 | LIN02 |  |  |  |  |  |  |  | 999 | R | IK403 = 7: "Invalid Code Value" | 2410.LIN02 must be "N4". |  |
| X223.449.2410.LIN03.010 | LIN03 | National Drug Code | AN | 1-48 | R |  |  |  | 999 | R | 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.LINO3 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 | ID | 2-2 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.4499.2410.LIN05.010 | LIN05 | Product/Service ID | AN | 1-48 | N/U |  |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | Must not be present. |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | Segment or Element | Description | ID | Min. Max. | Usage | Loop | $\begin{gathered} \text { Loop } \\ \text { Repeat } \end{gathered}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\begin{gathered} \text { TA1/ } \\ \text { 999/ } \\ \text { 277CA } \end{gathered}$ | Accept/ | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.449.2410.LIN06.010 | LIN06 | Product/Service IDQualifier | ID | 2-2 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = 110: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.449.2410.LINO7.010 | LIN07 | Produc/Service ID | AN | 1-48 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.449.2410.LIN08.010 | LIN08 | Product/Service IDQualifier | ID | 2-2 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.449.2410.LIN09.010 | LIN09 | Produc/Service ID | AN | 1-48 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.449.2410.LIN10.010 | LIN10 | Product/Service IDQualifier | ID | 2-2 | N/U |  |  |  | 999 | E | 1K403 = 110: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.449.2410.LIN11.010 | LIN11 | Produc/Service ID | AN | 1-48 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.449.2410.LIN12.010 | LIN12 | Product/Service IDQualifier | ID | 2-2 | N/U |  |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.449.2410.LIN13.010 | LIN13 | Produc/Service ID | AN | 1-48 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.449.2410.LIN14.010 | LIN14 | Product/Service IDQualifier | ID | 2-2 | N/U |  |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.449.2410.LIN15.010 | LIN15 | Produc/Service ID | AN | 1-48 | N/U |  |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.449.2410.LIN16.010 | LIN16 | Product/Service IDQualifier | ID | 2-2 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.449.2410.LIN17.010 | LIN17 | Produc/Service ID | AN | 1-48 | N/U |  |  |  | 999 | E | IK403 = 110: "Implementation "Not | Must not be present. |  |
| X223.449.2410.LIN18.010 | LIN18 | ProductService IDQualifier | ID | 2-2 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.449.2410.LIN19.010 | LIN19 | Produc/Service ID | AN | 1-48 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.449.2410.LIN20.010 | LIN20 | Product/Service IDQualifier | ID | 2-2 | N/U |  |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.449.2410.LIN21.010 | LIN21 | Product/Service ID | AN | 1-48 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.449.2410.LIN22.010 | LIN22 | Product/Service IDQualifier | ID | 2-2 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.449.2410.LIN23.010 | LIN23 | Produc/Service ID | AN | 1-48 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.449.2410.LIN24.010 | LIN24 | Product/Service IDQualifier | ID | 2-2 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.449.2410.LIN25.010 | LIN25 | Product/Service ID | AN | 1-48 | N/U |  |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.449.2410.LIN26.010 | LIN26 | Product/Service IDQualifier | ID | 2-2 | N/U |  |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.449.2410.LIN27.010 | LIN27 | Product/Service ID | AN | 1-48 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.449.2410.LIN28.010 | LIN28 | Product/Service IDQualifier | ID | 2-2 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.449.2410.LIN29.010 | LIN29 | Product/Service ID | AN | 1-48 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.449.2410.LIN30.010 | LIN30 | Product/Service IDQualifier | ID | 2-2 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.449.2410.LIN31.010 | LIN31 | Product/Service ID | AN | 1-48 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \\ & \hline \end{aligned}$ | Must not be present. |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.452.2410.CTP. 010 | CTP | drug quantity |  | 1 | R | 2410 |  |  | 999 | R | IK304 = 16: "Implementation Dependent Segment Missing" | If 2410.LIN is present, 2410.CTP must be present. |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | Segment or | Description | ID | Min. <br> Max | $\begin{array}{\|c} \text { Usage } \\ \text { Req. } \end{array}$ | Loop | $\begin{gathered} \text { Loop } \\ \text { Repeat } \end{gathered}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\left\|\begin{array}{c} \text { TA11 } \\ \text { 999/ } \\ 277 C A \end{array}\right\|$ | Accept/ Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.452.2410.CTP. 020 | CTP |  |  |  |  |  |  |  | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2410.CTP is allowed. |  |
| X223.452.2410.CTP01.010 | CTP01 | Class of Trade Code | ID | 2-2 | N/U |  |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.452.2410.CTP02.010 | CTP02 | Price Identifier Code | ID | 3-3 | N/U |  |  |  | 999 | E | IK403 = 110: "Implementation "Not | Must not be present. |  |
| $\times 223.452 .2410 . \mathrm{CTP03.010}$ | CTP03 | Unit Price | R | 1-17 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not | Must not be present. |  |
| X223.452.2410.CTP04.010 | CTP04 | National Drug Unit Count | R | 1-15 | R |  |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2410.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 $9(7) \mathrm{V} 999$ (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: "Drua information" | 2410.CTP04 is limited to 3 decimal positions. | Companion Guide Note needed. |
| $\begin{aligned} & \text { X223.452.2410.CTP05.010 } \\ & \text { edit deactivated } \\ & \hline \end{aligned}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.452.2410.CTP05-1.010 | CTP05-1 | Unit or Basis For Measurement Code | ID | 2-2 | R |  |  | F2, GR, ME, ML, UN | 999 | R | IK403 = 1: "Required Data Element Missing" | 2410.CTP05-1 must be present. |  |
| X223.452.2410.CTP05-1.020 | CTP05-1 |  |  |  |  |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2410.CTP05-1 must be valid values. |  |
| X223.452.2410.CTP05-2.010 | CTP05-2 | Exponent | R | 1-15 | N/U |  |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.452.2410.CTP05-3.010 | CTP05-3 | Multiplier | R | 1-10 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not | Must not be present. |  |
| X223.452.2410.CTP05-4.010 | CTP05-4 | Unit or Basis For Measurement Code | ID | 2-2 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.452.2410.CTP05-5.010 | CTP05-5 | Exponent | R | 1-15 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.452.2410.CTP05-6.010 | CTP05-6 | Multiplier | R | 1-10 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.452.2410.CTP05-7.010 | CTP05-7 | Unit or Basis For Measurement Code | ID | 2-2 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not | Must not be present. |  |
| X223.452.2410.CTP05-8.010 | CTP05-8 | Exponent | R | 1-15 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not | Must not be present. |  |
| X223.452.2410.CTP05-9.010 | CTP05-9 | Multiplier | R | 1-10 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.452.2410.CTP05-10.010 | CTP05-10 | Unit or Basis For Measurement Code | ID | 2-2 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.452.2410.CTP05-11.010 | CTP05-11 | Exponent | R | 1-15 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.452.2410.CTP05-12.010 | CTP05-12 | Multiplier | R | 1-10 | N/U |  |  |  | 999 | E | IK403 = 110: "Implementation "Not | Must not be present. |  |
| X223.452.2410.CTP05-13.010 | CTP05-13 | Unit or Basis For Measurement Code | ID | 2-2 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.452.2410.CTP05-14.010 | CTP05-14 | Exponent | R | 1-15 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.452.2410.CTP05-15.010 | CTP05-15 | Multiplier | R | 1-10 | N/U |  |  |  | 999 | E | IK403 = 110: "Implementation "Not | Must not be present. |  |
| X223.452.2410.CTP06.010 | CTP06 | Price MultiplierQualifier | ID | 3-3 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not | Must not be present. |  |
| X223.452.2410.CTP07.010 | CTP07 | Multiplier | R | 1-10 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \\ \hline \end{gathered}$ | Segment or Element | Description | ID | $\begin{aligned} & \text { Min. } \\ & \text { Max. } \end{aligned}$ | $\begin{array}{\|c} \hline \text { Usage } \\ \text { Req. } \\ \hline \end{array}$ | Loop | $\begin{gathered} \text { Loop } \\ \text { Repeat } \\ \hline \end{gathered}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\begin{gathered} \text { TA11 } \\ \text { 999/ } \\ \text { 277CA } \end{gathered}$ | Accept/ Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.452.2410.CTP08.010 | CTP08 | Monetary Amount | R | 1-18 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.452.2410.CTP09.010 | CTP09 | Basis of Unit Price Code | ID | 2-2 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.452.2410.CTP10.010 | CTP10 | Condition Value | AN | 1-10 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.452.2410.CTP11.010 | CTP11 | Multiple Price Quantity | No | 1-2 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| 2223.454.2410.REF. 010 <br> edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.454.2410.REF. 020 | REF | PRESCRIPTION OR COMPOUND DRUG Acsocintinn wimared |  | 1 | s | 2410 |  |  | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2410.REF is allowed. | 06/04: Pass-through, syntax only. |
| X223.454.2410.REF01.010 | REF01 | $\begin{gathered} \text { Reference Identification } \\ \text { Qualifier } \end{gathered}$ | ID | 2-3 | R |  |  | VY, Xz | 999 | R | IK403 = 1: "Required Data Element Missing" | 2410.REF01 must be present. |  |
| X223.454.2410.REF01.020 | REF01 |  |  |  |  |  |  |  | 999 | R | 11403 = 7: "Invalid Code Value" | 2410. REF01 must be valid values. |  |
| X223.454.2410.REF02.010 | REF02 | Prescription Number | AN | 1-50 | R |  |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2410.REF02 must be present. |  |
| X223.454.2410.REF02.020 | REF02 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2410.REFO2 must contain at least one non-space character. |  |
| X223.454.2410.REF02.030 | REF02 |  |  |  |  |  |  |  | 999 | E | 1K403 = 5: "Data Element Too Long" | 2410.REF02 must be 1-50 characters. |  |
| X223.454.2410.REF02.040 | REF02 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 219: "Prescrintion number" |  |  |
| X223.454.2410.REF02.050 | REF02 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2410.REF02 must be populated with accepted AN characters. |  |
| X223.454.2410.REF02.060 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.454.2410.REF03.010 | REF03 | Desciption | AN | 1-80 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.454.2410.REF04.010 | REF04 | REFERENCE IDENTIFIER |  |  | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.456.2420A.NM1.010 | NM1 | $\underset{\text { NAME }}{\substack{\text { OPERATING PHYSICIAN }}}$ |  | 1 | s | 2420A | 1 |  | 999 | R | IK304 = 4: "Loop Occurs Over Maximum Times" | Only one iteration of 2420A.NM1 is allowed. | pass through, syntax only |
| X223.456.2420A.NM1.020 | NM1 |  |  |  |  |  |  |  | 999 | R | IK304 = 16: "Implementation Dependent Segment Missing" | If 2420A.NM1 is present, 2310B.NM1 must be present. |  |
| X223.456.2420A.NM101.010 | NM101 | Entity Identifier Code | ID | 2-3 | R |  |  | 72 | 999 | R | IK403 = 1: "Required Data Element Missing" | 2420A.NM101 must be present. |  |
| X223.456.2420A.NM101.020 | NM101 |  |  |  |  |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2420A.NM101 must be "72". |  |
| X223.456.2420A.NM102.010 | NM102 | Entity Type Qualifier | ID | 1-1 | R |  |  | 1 | 999 | R | IK403 = 1: "Required Data Element Missinq" | 2420A.NM102 must be present. |  |
| X223.456.2420A.NM102.020 | NM102 |  |  |  |  |  |  |  | 999 | R | IK 403 = 7: "Invalid Code Value" | 2420A.NM102 must be "1". |  |
| X223.456.2420A.NM103.010 | NM103 | Last Name | AN | 1-60 | R |  |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2420A.NM103 must be present. |  |
| X223.456.2420A.NM103.020 | NM103 |  |  |  |  |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" | 2420A.NM103 must be 1-60 characters. |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \\ \hline \end{gathered}$ | Segment or Element | Description | ID | $\begin{gathered} \text { Min. } \\ \text { anx. } \end{gathered}$ | $\begin{array}{\|c} \text { Usage } \\ \text { Req. } \end{array}$ | Loop | $\begin{gathered} \text { Loop } \\ \text { Repeat } \\ \hline \end{gathered}$ | $\begin{gathered} 5010 \\ \text { Values } \\ \hline \end{gathered}$ | $\left\|\begin{array}{c} \text { TA1/ } \\ \text { T99/ } \\ 277 C A \end{array}\right\|$ | Accept/ Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.456.2420A.NM103.030 | NM103 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 504: "Entity's Last Name" FIC. 72 Oneratino Physician |  |  |
| X223.456.2420A.NM103.040 | NM103 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2420A.NM103 must be populated with accepted AN characters. |  |
| X223.456.2420A.NM103.050 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.456.2420A.NM103.060 | NM103 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2420A.NM103 must contain at least one non-space |  |
| X223.456.2420A.NM104.010 | NM104 | First Name | AN | 1-35 | s |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2420A.NM104 must contain at least one non-space character. |  |
| 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 for receiver's application system" CSC 505: "Entity's First Name" Fle. 72 nneratino Phvsician |  |  |
| X223.456.2420A.NM104.040 | NM104 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2420A.NM104 must be populated with accepted AN characters. |  |
| X223.456.2420A.NM104.050 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.456.2420A.NM105.010 | NM105 | Middle Name | AN | 1-25 | s |  |  |  | 999 | R | 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 | IK403 = 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 for receiver's application system" CSC 514: "Entity's Middle Name" FIC. 72 Onerating Phusician |  |  |
| X223.456.2420A.NM105.040 | NM105 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2420A.NM105 must be populated with accepted AN characters. |  |
| X223.456.2420A.NM105.050 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.456.2420A.NM106.010 | NM106 | Name Prefix | AN | 1-10 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.456.2420A.NM107.010 | NM107 | Name Suffix | AN | 1-10 | S |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2420A.NM107 must contain at least one non-space character. |  |
| X223.456.2420A.NM107.020 | NM107 |  |  |  |  |  |  |  | 999 | E | 1K403 = 5: "Data Element Too Long" | 2420A.NM107 must be 1-10 characters. |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | Segment or Element | Description | ID | Min. | $\begin{array}{\|c} \text { Usage } \\ \text { Reg. } \end{array}$ | Loop | $\begin{gathered} \text { Loop } \\ \text { Repeat } \\ \hline \end{gathered}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\begin{gathered} \text { TA11 } \\ 999 / \\ 277 C A \end{gathered}$ | Accept/ Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.456.2420A.NM107.030 | NM107 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement RRejected for Invalid Information..." CSC 512: "Lentt invalid for receiver's application system" CSC 125: "Entity's Name" INC |  |  |
| х223.456.2420A.NM107.040 | NM107 |  |  |  |  |  |  |  | 999 | R | $\begin{aligned} & \text { IK403 = 6: "Invalid Character in Data } \\ & \text { Element" } \end{aligned}$ | 2420A.NM107 must be populated with accepted AN characters. |  |
| X223.456.2420A.NM107.050 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.456.2420A.NM108.010 | NM108 | Identtication CodeQualifier | ID | 1-2 | s |  |  | xX | 277 | c |  | 2420A.NM108 must not be present when 2300.REF with REF01 = "P4" and REF02 is a valid VA identifier. | Trailblazer Only 01/20: Companion Guide Note needed. |
| X223.456.2420A.NM108.020 | NM108 |  |  |  |  |  |  |  | 277 | c | CSCC A6: <br> 'Acknowledgement/Rejected for Missing Information..." CSC 745: "Identifier Qualifier" CSC 562: "Entity's National Provider Identifier (NPI)" | 2420A.NM108 must be present. | Everyone but Trailblazer. 01/20: Companion Guide Note needed. |
| X223.456.2420A.NM108.030 | NM108 |  |  |  |  |  |  |  | 999 | R | IK403 = 7: "Invalid Code Value" | 2420A.NM108 must be "XX". | Does not apply to Trailblazer VA claims. |
| X223.456.2420A.NM109.010 | NM109 | Identifier | AN | 2-80 | s |  |  |  | 277 | c | CSCC A7: "Acknowledgement Rejected for Invalid Information..." CSC 562: "Entity's National Provider Identifier (NPI)" <br> FIC. 72 Oneratina Phusician | 2420A.NM109 must be valid according to the NPI algorithm. |  |
| X223.456.2420A.NM109.020 | NM109 |  |  |  |  |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 562: "Entity's National Provider Identifier (NPI)" <br> FIC: 72 Oneratina Phvsician | The first position of 2420A.NM109 must be a "1". |  |
| X223.456.2420A.NM110.010 | NM110 | Entity Relationship Code | ID | 2-2 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { \|1KC03 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \\ & \hline \end{aligned}$ | Must not be present. |  |
| X223.456.2420A.NM111.010 | NM111 | Entity Identifier Code | ID | 2-3 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.456.2420A.NM112.010 | NM112 | Name Last or Organization <br> Name | AN | 1-60 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.459.2420A.REF.010 | REF | OPERATING PHYSICIAN SECONDARY IDENTIFICATION |  | 20 | s | 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. |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | Segment or Element | Description | ID | $\begin{aligned} & \text { Min. } \\ & \text { Max. } \end{aligned}$ | $\begin{array}{\|c} \text { Usage } \\ \text { Req. } \end{array}$ | Loop | $\begin{gathered} \text { Loop } \\ \text { Repeat } \end{gathered}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\begin{array}{\|c} \text { TA1/ } \\ \text { 999/ } \\ 277 C A \\ \hline \end{array}$ | Accept/ Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.459.2420A.REF.020 | REF |  |  |  |  |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 732: "Information submitted inconsistent with billing guidelines." CSC 560: Entity's Additional/Secondary Identifier EIC: 72 Operating Physician | Only 1 iteration of 2420A.REF with REF01 = "1G" is allowed. | Trailblazer Only 01/20: Companion Guide Note needed. |
| X223.459.2420A.REF.030 | REF |  |  |  |  |  |  |  | 999 | R | IK304 = 19: "Implementation Dependent "Not Used" Segment Present" | 2420A.REF must not be present. | Everyone but Trailblazer. 01/20: Companion Guide Note needed. |
| X223.459.2420A.REF01.010 | REF01 | $\begin{gathered} \hline \text { Reference Identification } \\ \text { Qualifier } \\ \hline \end{gathered}$ | ID | 2-3 | R |  |  | OB, 1G, G2, LU | 999 | R | IK403 = 1: "Required Data Element Missing" | 2420A.REF01 must be present. |  |
| X223.459.2420A.REF01.020 | REF01 |  |  |  |  |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2420A.REF01 must be "1G". |  |
| X223.459.2420A.REF02.010 | REF02 | Reference Identifier | AN | 1-50 | R |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information CSC 133: "Entity's UPIN" EIC: 72 Operating Physician | 2420A.REF02 must be in format ANNNNN or AAANNN (where A is an alpha character and N is a numeric digit). |  |
| X223.459.2420A.REF03.010 | REF03 | Description | AN | 1-80 | N/U |  |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.459.2420A.REF04.010 | REF04 | COMPOSITE UNIT OF MEASURE |  |  | S |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.461.2420B.NM1.010 | NM1 | OTHER OPERATING PHYSICIAN NAME |  | 1 | s | 2420B | 1 |  | 999 | R | IK304 = 4: "Loop Occurs Over Maximum Times" | Only one iteration of 2420B.NM1 is allowed. |  |
| X223.461.2420B.NM1.020 | NM1 |  |  |  |  |  |  |  | 999 | R | IK304 = I6: "Implementation Dependent Segment Missing" | If 2420B.NM1 is present, 2310C.NM1 must be present. |  |
| X223.461.2420B.NM101.010 | NM101 | Entity Identifier Code | ID | 2-3 | R |  |  | zz | 999 | R | IK403 = 1: "Required Data Element Missing" | 2420B.NM101 must be present. |  |
| X223.461.2420B.NM101.020 | NM101 |  |  |  |  |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2420B.NM101 must be "ZZ". |  |
| X223.461.2420B.NM102.010 | NM102 | Entity Type Qualifier | ID | 1-1 | R |  |  | 1 | 999 | R | IK403 = 1: "Required Data Element Missing" | 2420B.Nm102 must be present. |  |
| X223.461.2420B.NM102.020 | NM102 |  |  |  |  |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2420B.NM102 must be "1". |  |
| X223.461.2420B.NM103.010 | NM103 | Last Name | AN | 1-60 | R |  |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2420B.NM103 must be present. |  |
| X223.461.2420B.NM103.020 | NM103 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2420B.NM103 must contain at least one non-space character. |  |
| X223.461.2420B.NM103.030 | NM103 |  |  |  |  |  |  |  | 999 | E | 1K403 = 5: "Data Element Too Long" | 2420B.NM103 must be 1-60 characters. |  |
| X223.461.2420B.NM103.040 | NM103 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 504: "Entity's Last Name" FIC. 72 Oneratina Phvsician |  |  |
| X223.461.2420B.NM103.050 | NM103 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2420B.NM103 must be populated with accepted AN characters. |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \\ \hline \end{gathered}$ | Segment or Element | Description | ID | $\begin{aligned} & \operatorname{Min} . \\ & \text { Max. } \end{aligned}$ | $\begin{array}{\|c} \text { Usage } \\ \text { Req. } \end{array}$ | Loop | $\begin{gathered} \text { Loop } \\ \text { Repeat } \end{gathered}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\left\|\begin{array}{c} \text { TA11 } \\ \text { 999/ } \\ 277 C A \end{array}\right\|$ | Accept/ Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.461.2420B.NM103.060 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.461.2420B.NM104.010 | NM104 | First Name | AN | 1-35 | s |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data | 2420B.NM104 must contain at least one non-space character. |  |
| X223.461.2420B.NM104.020 | NM104 |  |  |  |  |  |  |  | 999 | E | 1K403 = 5: "Data Element Too Long" | 2420B.NM104 must be 1-35 characters. |  |
| X223.461.2420B.NM104.030 | NM104 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 505: "Entity's First Name" FIC. 72 Oneratina Phvsician |  |  |
| x223.461.2420B.Nm104.040 | NM104 |  |  |  |  |  |  |  | 999 | R | $\begin{aligned} & \text { IK403 = 6: "Invalid Character in Data } \\ & \text { Element" } \end{aligned}$ | 2420B.NM104 must be populated with accepted AN characters. |  |
| X223.461.2420B.NM104.050 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.461.2420B.NM105.010 | NM105 | Middle Name | AN | 1-25 | s |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2420B.NM105 must contain at least one non-space character. |  |
| X223.461.2420B.NM105.020 | NM105 |  |  |  |  |  |  |  | 999 | E | 1K403 = 5: "Data Element Too Long" | 2420B.NM105 must be 1-25 characters. |  |
| X223.461.2420B.NM105.030 | NM105 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 514: "Entity's Middle Name" FIC. 72 Oneratino Phusician |  |  |
| X223.461.2420B.NM105.040 | NM105 |  |  |  |  |  |  |  | 999 | R | $\begin{aligned} & \text { IK403 = 6: "Invalid Character in Data } \\ & \text { Element" } \\ & \hline \end{aligned}$ | 2420B.NM105 must be populated with accepted AN characters. |  |
| X223.461.2420B.NM105.050 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.461.2420B.NM106.010 | NM106 | Name Prefix | AN | 1-10 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.461.2420B.NM107.010 | NM107 | Name Suffix | AN | 1-10 | s |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data | 2420B.NM107 must contain at least one non-space character. |  |
| X223.461.2420B.NM107.020 | NM107 |  |  |  |  |  |  |  | 999 | E | 1K403 = 5: "Data Element Too Long" | 2420B.NM107 must be 1-10 characters. |  |
| X223.461.2420B.NM107.030 | NM107 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement <br> /Rejected for Invalid Information..." <br> CSC 512: "Length invalid for receiver's <br> application system" <br> CSC 125: "Entity's Name" <br> FIC . 22 Onoratino Phusician |  |  |
| X223.461.2420B.NM107.040 | NM107 |  |  |  |  |  |  |  | 999 | R | $\begin{aligned} & \text { IK403 = 6: "Invalid Character in Data } \\ & \text { Element" } \end{aligned}$ | 2420B.NM107 must be populated with accepted AN characters. |  |
| X223.461.2420B.NM107.050 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | Segment or | Description | ID | Min. | Usage | Loop | $\underset{\text { Repeat }}{\text { Loop }}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\begin{array}{\|c} \text { TA1/ } \\ \text { 999/ } \\ \text { 277CA } \end{array}$ | Accept/ Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| x223.461.2420B.NM108.010 | NM108 | Identfication CodeQualifier | ID | 1-2 | s |  |  | xx | 277 | c | CSCC A8: "Acknowledgement / Rejected for relational field in error" CSC 745: "Identifier Qualifier" CSC 562: "Entity's National Provider Identifier (NPI)" <br> FIC. 72 Oneratino Physician | 2420B.NM108 must not be present when 2300.REF with REF01 = "P4" and REF02 is a valid VA identifier. | Trailblazer Only 01/20: Companion Guide Note needed. |
| х223.461.2420B.NM108.020 | NM108 |  |  |  |  |  |  |  | 277 | c | CSCC A6: <br> "Acknowledgement/Rejected for Missing Information..." CSC 745: "Identifier Qualifier" CSC 562: "Entity's National Provider Identifier (NPI)" $\qquad$ | 2420B.NM108 must be present. | Everyone but Trailblazer. 01/20: Companion Guide Note needed. |
| X223.461.2420B.NM108.030 | NM108 |  |  |  |  |  |  |  | 999 | R | $1 \mathrm{~K} 403=7$ : "Invalid Code Value" | 2420B.NM108 must be "XX". | Does not apply to Trailblazer VA claims. |
| х223.461.2420B.NM109.010 | NM109 | Identifier | AN | 2-80 | s |  |  |  | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | 2420B.NM109 must be present when 2420B.NM108 |  |
| 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 Oneratina Physician | 2420B.NM109 must be valid according to the NPI algorithm. |  |
| X223.461.2420B.NM109.030 | NM109 |  |  |  |  |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 562: "Entity's National Provider Identifier (NPI)" <br> FIC: 72 Oneratina Phvsician | The first position of 2420B.NM109 must be a "1". |  |
| X223.461.2420B.NM110.010 | NM110 | Entity Relationship Code | ID | 2-2 | N/U |  |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.461.2420B.NM111.010 | NM111 | Entity Identifier Code | ID | 2-3 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not | Must not be present. |  |
| X223.461.2420B.NM112.010 | NM112 | Name Last or Organization Name | AN | 1-60 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.464.2420B.REF. 010 | REF | other operating PHYSICIAN SECONDARY IDENTIFICATION |  | 20 | s | 2420B |  |  | 999 | R | IK304 = 19: "Implementation Dependent 'not used' Segment Present" | 2420B.REF with REF01 = "1G" may be present when 2420B.NM1 is present and 2420B.NM109 is not present. | Trailblazer Only 01/20: Companion Guide Note needed. |
| X223.464.2420B.REF.020 | REF |  |  |  |  |  |  |  | 277 | c | CSCC A7: "Acknowledgement IRejected for Invalid Information..." CSC 732: "Information submitted inconsistent with billing guidelines." CSC 560: Entity's Additional/Secondary Identifier EIC: 72 Operating Physician | Only 1 iteration of 2420B.REF with REF01 $=$ " $1 \mathrm{G} "$ is allowed. | Trailblazer Only 01/20: Companion Guide Note needed. |
| X223.464.2420B.REF.030 | REF |  |  |  |  |  |  |  | 999 | R | IK304 = 19: "Implementation Dependent "Not Used" Segment Present" | 2420B.REF must not be present. | Everyone but Trailblazer. 01/20: Companion Guide Note needed. |
| X223.464.2420B.REF01.010 | REF01 | $\begin{gathered} \hline \text { Reference Identification } \\ \text { Qualifier } \\ \hline \end{gathered}$ | ID | 2-3 | R |  |  | ${ }^{\text {OB, 1G, G2, LU }}$ | 999 | R | IK403 = 1: "Required Data Element Missing" | 2420B.REF01 must be present. |  |
| X223.464.2420B.REF01.020 | REF01 |  |  |  |  |  |  |  | 999 | R | 11403 = 7: "Invalid Code Value" | 2420B.REF01 must be "1G". | Trailblazer Only |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | Segment or | Description | ID | Min. Max. | $\begin{array}{\|c} \text { Usage } \\ \text { Rea. } \end{array}$ | Loop | $\begin{aligned} & \text { Loop } \\ & \text { Repeat } \end{aligned}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\left\|\begin{array}{c} \text { TA11 } \\ \text { 999/ } \\ 277 C A \end{array}\right\|$ | Accept/ Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.464.2420B.REF02.010 | REF02 | Reference Identifier | AN | 1-50 | R |  |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2420B.REF02 must be present. |  |
| X223.464.2420B.REF02.020 | REF02 |  |  |  |  |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information... CSC 133: "Entity's UPIN" EIC: 72 Onerating Phvsician | 2420B.REF02 must be in format ANNNNN or AAANNN (where A is an alpha character and N is a numeric digit). |  |
| X223.464.2420B.REF03.010 | REF03 | Description | AN | 1-80 | N/U |  |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.464.2420B.REF04.010 | REF04 | REFERENCE IDENTIFIER |  |  | s |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.466.2420C.NM1.010 | NM1 | RENDERING PROVIDER NAME |  | 1 | s | 2420C | 1 |  | 999 | R | IK304 = 4: "Loop Occurs Over Maximum Times" | Only one iteration of 2420 C .NM1 is allowed. | 03/27: CR 6289 is analysis only (no changes) - no revisit needed until implementation CR |
| X223.466.2420C.NM1.020 | NM1 |  |  |  |  |  |  |  | 999 | R | IK304 = I6: "Implementation Dependent Segment Missing" | If 2420 C . NM 1 is present, 2310A.NM1 must be present. |  |
| X223.466.2420C.NM101.010 | NM101 | Entity Identifier Code | ID | 2-3 | R |  |  | 82 | 999 | R | IK403 = 1: "Required Data Element Missing" | 2420C.NM101 must be present. |  |
| X223.466.2420C.NM101.020 | NM101 |  |  |  |  |  |  |  | 999 | R | IK403 = 7: "Invalid Code Value" | 2420C.NM101 must be "82". |  |
| X223.466.2420C.NM102.010 | NM102 | Entity Type Qualifier | ID | 1-1 | R |  |  | 1 | 999 | R | IK403 = 1: "Required Data Element Missing" | 2420C.NM102 must be present. |  |
| X223.466.2420C.NM102.020 | NM102 |  |  |  |  |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2420C.NM102 must be "1". |  |
| X223.466.2420C.NM103.010 | NM103 | Rendering Provider Last or Organization Name | AN | 1-60 | R |  |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2420C.NM103 must be present. |  |
| X223.466.2420C.NM103.020 | NM103 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2420C.NM103 must contain at least one non-space |  |
| X223.466.2420C.NM103.030 | NM103 |  |  |  |  |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" | 2420C.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 for receiver's application system" CSC 504: "Entity's Last Name" FIC. 82 Renderino Provider |  |  |
| X223.466.2420C.NM103.050 | NM103 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2420C.NM103 must be populated with accepted AN characters |  |
| X223.466.2420C.NM103.060 <br> edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.466.2420C.NM104.010 | NM104 | $\substack{\text { Rendering Provider First } \\ \text { Name }}$ | AN | 1-35 | s |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2420C.NM104 must contain at least one non-space character. |  |
| X223.466.2420C.NM104.020 | NM104 |  |  |  |  |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" | 2420C.NM104 must be 1-35 characters. |  |
| X223.466.2420C.NM104.030 | NM104 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 505: "Entity's First Name" FIC. 82 Renderino Provider |  |  |
| X223.466.2420C.NM104.040 | NM104 |  |  |  |  |  |  |  | 999 | R | $\begin{aligned} & \text { IK403 = 6: "Invalid Character in Data } \\ & \text { Element" } \end{aligned}$ | 2420C.NM104 must be populated with accepted AN |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \\ \hline \end{gathered}$ | Segment or | Description | ID | $\begin{aligned} & \text { Min. } \\ & \text { Max. } \end{aligned}$ | $\begin{array}{\|c} \hline \text { Usage } \\ \text { Req. } \\ \hline \end{array}$ | Loop | $\begin{gathered} \text { Loop } \\ \text { Repeat } \\ \hline \end{gathered}$ | $\begin{gathered} 5010 \\ \text { Values } \\ \hline \end{gathered}$ | $\begin{gathered} \text { TA11 } \\ \text { 999/ } \\ \text { 277CA } \end{gathered}$ | Accept/ Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.466.2420C.NM104.050 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.466.2420C.NM105.010 | NM105 | Rendering Provider Middle <br> Name | AN | 1-25 | s |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2420C.NM105 must contain at least one non-space character. |  |
| X223.466.2420C.NM105.020 | NM105 |  |  |  |  |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" | 2420C.NM105 must be 1-25 characters. |  |
| X223.466.2420C.NM105.030 | NM105 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 514: "Entity's Middle Name" FIC. 82 Renderino Provider |  |  |
| X223.466.2420C.NM105.040 | NM105 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | $2420 \mathrm{C} . \mathrm{NM} 105$ must be populated with accepted AN characters. |  |
| X223.466.2420C.NM105.050 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.466.2420C.NM106.010 | NM106 | Name Prefix | AN | 1-10 | N/U |  |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.466.2420C.NM107.005 | NM107 | $\underset{\text { Sundering Provider Name }}{\text { Sutix }}$ | AN | 1-10 | s |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2420C.NM107 must contain at least one non-space character. |  |
| X223.466.2420C.NM107.010 | NM107 |  |  |  |  |  |  |  | 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 /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 125: "Entity's Name" FIC. 82 Renderino Provider |  |  |
| X223.466.2420C.NM107.030 | NM107 |  |  |  |  |  |  |  | 999 | R | IK403 = $6:$ "Invalid Character in Data Element" | 2420C.NM107 must be populated with accepted AN characters. |  |
| X223.466.2420C.NM107.040 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.466.2420C.NM108.010 | NM108 | Identfication CodeQualifier | ID | 1-2 | s |  |  | xx | 277 | c | CSCC A8: "Acknowledgement / Rejected for relational field in error" CSC 745: "Identifier Qualifier" CSC 562: "Entity's National Provider Identifier (NPI)" <br> FIC. 82 Renderina Provider | 2420C.NM108 must not be present when 2300.REF with REF01 = "P4" and REF02 is a valid VA identifier. | Trailblazer Only 01/20: Companion Guide Note needed. |
| X223.466.2420C.NM108.020 | NM108 |  |  |  |  |  |  |  | 277 | c | CSCC A6: <br> "Acknowledgement/Rejected for Missing Information..." CSC 745: "Identifier Qualifier" CSC 562: "Entity's National Provider Identifier (NPI)" <br> FIC. 82 Renderina Provider | 2420C.NM108 must be present. | Everyone but Trailblazer. <br> 01/20: Companion Guide Note needed. |
| X223.466.2420C.NM108.030 | NM108 |  |  |  |  |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2420C.NM108 must be "XX". | Does not apply to Trailblazer VA claims. |
| X223.466.2420C.NM109.010 | NM109 | Rendering Provider Identifier | AN | 2-80 | s |  |  |  | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | 2420C.NM109 must be present when 2420C.NM108 |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | Segment or Element | Description | ID | $\begin{aligned} & \text { min. } \\ & \text { Max. } \end{aligned}$ | Usage Req. | Loop | $\underset{\text { Repeat }}{\text { Loop }}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\left\|\begin{array}{c} \text { TA1/ } \\ \text { 999/ } \\ \text { 277CA } \end{array}\right\|$ | Accept/ Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.466.2420C.NM109.020 | NM109 |  |  |  |  |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 562: "Entity's National Provider Identifier (NPI)" FIC: 82 Renderina Provider | 2420C.NM109 must be valid according to the NPI algorithm. |  |
| X223.466.2420C.NM109.030 | NM109 |  |  |  |  |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 562: "Entity's National Provider Identifier (NPI)" <br> FIC. 82 Renderina Provider | The first position of 2420C.NM109 must be a "1". |  |
| X223.466.2420C.NM110.010 | NM110 | Entity Relationship Code | ID | 2-2 | N/U |  |  |  | 999 | E | IK403 = 110: "Implementation "Not | Must not be present. |  |
| X223.466.2420C.NM111.010 | NM111 | Entity Identifier Code | ID | 2-3 | N/U |  |  |  | 999 | E | 1K403 = 110: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.466.2420C.NM112.010 | NM112 | $\substack{\text { Name Last or Organization } \\ \text { Name }}$ | AN | 1-60 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.469.2420C.REF. 010 | REF | RENDERING PROVIDER SECONDARY IDENTIFICATION |  | 20 | s | 2420 C |  |  | 999 | R | IK304 = 19: "Implementation Dependent 'not used' Segment Present" | 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 /Rejected for Invalid Information..." CSC 732: "Information submitted inconsistent with billing guidelines." CSC 560: "Entity's Additional/Secondary Identifier." EIC: 82 "Rendering Provider" | Only 1 iteration of 2420 C .REF with REF01 $=$ " $1 \mathrm{G} "$ is allowed. | Trailblazer Only 01/20: Companion Guide Note needed. |
| X223.469.2420C.REF.030 | REF |  |  |  |  |  |  |  | 999 | R | IK304 = 19: "Implementation Dependent "Not Used" Segment Present" | 2420C.REF must not be present. | Everyone but Trailblazer. 01/20: Companion Guide Note needed. |
| X223.469.2420C.REF01.010 | REF01 | Reference Identification Qualifier | ID | 2-3 | R |  |  | OB, 1G, G2, LU | 999 | R | IK403 = 1: "Required Data Element Missing" | 2420C.REF01 must be present. |  |
| X223.469.2420C.REF01.020 | REF01 |  |  |  |  |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2420C.REF01 must be "1G". |  |
| X223.469.2420C.REF02.010 | REF02 | Rendering Provider Secondary Identifier | AN | 1-50 | R |  |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2420 C . REF02 must be present. |  |
| X223.469.2420C.REF02.020 | REF02 |  |  |  |  |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 133: "Entity's UPIN" CSC 560: "Entity's Additional/Secondary Identifier" FIC. 82 Renderino Provider | 2420C.REF02 must be in format ANNNNN or AAANNN (where A is an alpha character and N is a numeric digit). |  |
| X223.469.2420C.REF03.010 | REF03 | Description | AN | 1-80 | N/U |  |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.469.2420C.REF04.010 | REF04 | REFERENCE IDENTIFIER |  |  | s |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \\ & \hline \end{aligned}$ | Must not be present. |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.471.2420D.NM1.010 | NM1 | REFERRING PROVIDER NAME |  | 1 | s | 2420D | 1 |  | 999 | R | IK304 = 4: "Loop Occurs Over Maximum Times" | Only one iteration of 2420D.NM1 is allowed. |  |
| X223.471.2420D.NM1.020 | NM1 |  |  |  |  |  |  |  | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2420D.NM1 is allowed. |  |


| 8371 Edit Reference | Segment or Element | Description | ID | Min. | Usage Req. | Loop | $\begin{aligned} & \text { Loop } \\ & \text { Repeat } \end{aligned}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\begin{array}{\|c} \text { TA1/ } \\ \text { 999/ } \\ \text { 277CA } \end{array}$ | Accept Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.471.2420D.NM101.010 | NM101 | Entity Identifier Code | ID | 2-3 | R |  |  | DN | 999 | R | IK403 = 1: "Required Data Element Missing" | 24200.NM101 must be present. |  |
| X223.471.2420D.NM101.020 | NM101 |  |  |  |  |  |  |  | 999 | R | IK403 = 7: "Invalid Code Value" | 2420D.NM101 must be "DN". |  |
| X223.471.2420D.NM102.010 | NM102 | Entity Type Qualifier | ID | 1-1 | R |  |  | 1 | 999 | R | IK403 = 1: "Required Data Element Missing" | 2420D.NM102 must be present. |  |
| X223.471.2420D.NM102.020 | NM102 |  |  |  |  |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2420D.NM102 must be "1". |  |
| X223.471.2420D.NM103.010 | NM103 | Referring Provider Last Name | AN | 1-60 | R |  |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2420D.NM103 must be present. |  |
| X223.471.2420D.NM103.020 | NM103 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2420D.NM103 must contain at least one non-space |  |
| X223.471.2420D.NM103.030 | NM103 |  |  |  |  |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" | 2420D.NM103 must be 1-60 characters. |  |
| X223.471.2420D.NM103.040 | NM103 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 504: "Entity's Last Name" FIC. DN Referrino Provider |  |  |
| X223.471.2420D.NM103.050 | NM103 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2420D.NM103 must be populated with accepted AN characters. |  |
| X223.471.2420D.NM103.060 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.471.2420D.NM104.010 | NM104 | Referring Provider First Name | AN | 1-35 | s |  |  |  | 999 | R | 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 for receiver's application system" CSC 505: "Entity's First Name" FIC. DN Reforrino Provider |  |  |
| X223.471.2420D.NM104.040 | NM104 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "IIvalid Character in Data Element" | 2420D.NM104 must be populated with accepted AN characters. |  |
| X223.471.2420D.NM104.050 <br> edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.471.2420D.NM105.010 | NM105 | $\begin{array}{\|c} \hline \text { Referring Provider Middle } \\ \text { Name or Initial } \\ \hline \end{array}$ | AN | 1-25 | s |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2420D.NM105 must contain at least one non-space character. |  |
| X223.471.2420D.NM105.020 | NM105 |  |  |  |  |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" | 2420D.NM105 must be 1-25 characters. |  |
| X223.471.2420D.NM105.030 | NM105 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 514: "Entity's Middle Name" FIC- DN Referrino Provider |  |  |
| X223.471.2420D.NM105.040 | NM105 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2420D.NM105 must be populated with accepted AN characters. |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | Segment or Element | Description | ID | $\begin{aligned} & \text { Min. } \\ & \text { Max. } \end{aligned}$ | $\begin{array}{\|c} \text { Usage } \\ \text { Req. } \end{array}$ | Loop | $\begin{gathered} \text { Loop } \\ \text { Repeat } \\ \hline \end{gathered}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\left\|\begin{array}{c} \text { TA1/ } \\ \text { T99/ } \\ 277 C A \end{array}\right\|$ | Accept/ Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.471.2420D.NM105.050 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.471.2420D.NM106.010 | NM106 | Name Prefix | AN | 1-10 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.471.2420D.Nm107.010 | NM107 | Referring Provider Name Suffix | AN | 1-10 | s |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data | 2420D.NM107 must contain at least one non-space character. |  |
| X223.471.2420D.NM107.020 | NM107 |  |  |  |  |  |  |  | 999 | E | IK403 = 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 for receiver's application system" CSC 125: "Entity's Name" FIC. DN Referrina Provider |  |  |
| X223.471.2420D.NM107.040 | NM107 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2420D.NM107 must be populated with accepted AN characters. |  |
| X223.471.2420D.NM107.050 - |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.471.2420D.NM108.010 | NM108 | Identlfication CodeQualifier | ID | 1-2 | s |  |  | xx | 277 | c | CSCC A8: "Acknowledgement / Rejected for relational field in error" CSC 745: "Identifier Qualifier" CSC 562: "Entity's National Provider Identifier (NPI)" <br> FIC. DN Referrino Provider | 2420D.NM108 must not be present when 2300.REF with REF01 = "P4" and REF02 is a valid VA identifier. | Trailblazer Only 01/20: Companion Guide Note needed. |
| X223.471.2420D.NM108.020 | NM108 |  |  |  |  |  |  |  | 277 | c | CSCC A6: <br> "Acknowledgement/Rejected for Missing Information..." <br> CSC 745: "Identifier Qualifier" CSC 562: "Entity's National Provider Identifier (NPI)" FIC. R Reforrino Provider | 2420D.NM108 must be present. | Everyone but Trailblazer. <br> 01/20: Companion Guide Note needed. |
| X223.471.2420D.NM108.030 | NM108 |  |  |  |  |  |  |  | 999 | R | 1 K 403 = 7: "Invalid Code Value" | 2420D.NM108 must be "XX". | Does not apply to Trailblazer VA claims. |
| X223.471.2420D.NM109.010 | NM109 | $\begin{gathered} \hline \text { Referring Provider } \\ \text { Identifier } \\ \hline \end{gathered}$ | AN | 2-80 | s |  |  |  | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | 2420D.NM109 must be present when 2420D.NM108 |  |
| X223.471.2420D.NM109.020 | NM109 |  |  |  |  |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 562: "Entity's National Provider Identifier (NPI)" FIC. DN Referrina Provider | 2420D.NM109 must be valid according to the NPI algorithm. |  |
| X223.471.2420D.NM109.030 | NM109 |  |  |  |  |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 562: "Entity's National Provider Identifier (NPI)" FIC: DN Referrina Provider | The first position of 2420D.NM109 must be a "1". |  |
| X223.471.2420D.NM109.050 | NM109 |  |  |  |  |  |  |  | 999 | R | IK403 = I12: "Implementation Pattern Match Failure" | 2420D. NM109 must not $=2310 \mathrm{~A}$. 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 | ID | 2-2 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | Segment or | Description | ID | Min. Max. | $\begin{gathered} \text { Usage } \\ \text { Req. } \end{gathered}$ | Loop | $\underset{\text { Repeat }}{\text { Loop }}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\left\|\begin{array}{c} \text { TA111 } \\ \text { 999/ } \\ 277 C A \end{array}\right\|$ | Accept/ | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.471.2420D.NM111.010 | NM111 | Entity Identifier Code | ID | 2-3 | N/U |  |  |  | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223.471.2420D.NM112.010 | NM112 | Name Last or Organization <br> Name | AN | 1-60 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { 1K403 = 110: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.474.2420D.REF. 010 | REF | REFERRING PROVIDER SECONDARY IDENTIFICATION |  | 20 | s | 2420D |  |  | 999 | R | IK304 = 19: "Implementation Dependent 'not used' Segment Present" | 2420D.REF with REF01 = " 1 G " 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 IRejected for Invalid Information..." CSC 732: "Information submitted inconsistent with billing guidelines." CSC 560: "Entity's Additional/Secondary Identifier." EIC: DN "Referring Provider" | Only 1 iteration of 2420D.REF with REF01 = "1G" is allowed. | Trailblazer Only 01/20: Companion Guide Note needed. |
| X223.474.2420D.REF. 030 | REF |  |  |  |  |  |  |  | 999 | R | IK304 = 19: "Implementation Dependent "Not Used" Segment Present" | 2420D.REF must not be present. | Everyone but Trailblazer. 01/20: Companion Guide Note needed. |
| X223.474.2420D.REF01.010 | REF01 | Reference Identification Qualifier | ID | 2-3 | R |  |  | OB, 1G, G2 | 999 | R | 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 | AN | 1-50 | R |  |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2420D.REF02 must be present. |  |
| X223.474.2420D.REF02.020 | REF02 |  |  |  |  |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 133: "Entity's UPIN" CSC 560: "Entity's Additional/Secondary Identifier" FIC. DN Referring Provider | 2420D.REF02 must be in format ANNNNN or AAANNN (where A is an alpha character and N is a numeric digit). |  |
| X223.474.2420D.REF03.010 | REF03 | Description | AN | 1-80 | N/U |  |  |  | 999 | E | $\begin{aligned} & \text { K403 = =110: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
| X223.474.2420D.REF04.010 | REF04 | REFERENCE IDENTIFIER |  |  | S |  |  |  | 999 | E | $\begin{aligned} & \text { IK403 = I10: "Implementation "Not } \\ & \text { Used" Element Present" } \end{aligned}$ | Must not be present. |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.476.2430.010 |  | $\underset{\substack{\text { LINE ADJUDICATION } \\ \text { LOOP }}}{\text { LIS ADI }}$ |  |  |  | 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 |  | 1 | s | 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 | AN | 2-80 | R |  |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2430.SVD01 must be present. |  |
| X223.476.2430.SVD01.020 | SVD01 |  |  |  |  |  |  |  | 999 | R | IK403 $=112: ~ " I m p l e m e n t a t i o n ~ P a t t e r n ~$ Match Failure" | 2430.SVD01 must = 2330B.NM109 (for the same payer). |  |
| X223.476.2430.SVD02.010 | SVD02 | Service Line Paid Amount | R | 1-18 | R |  |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2430.SVD02 must be present. |  |
| x223.476.2430.SVD02.020 | SVD02 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data | 2430.SVD02 must be numeric. |  |
| x223.476.2430.SVD02.030 | SVD02 |  |  |  |  |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" | 2430.SVD02 must be >= 0 and $<=99,999,999.99$. |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | Segment or Element | Description | ID | Min. | $\begin{aligned} & \text { Usage } \\ & \text { Reg. } \end{aligned}$ | Loop | $\begin{aligned} & \text { Loop } \\ & \text { Repeat } \end{aligned}$ | $\begin{gathered} 5010 \\ \text { Values } \\ \hline \end{gathered}$ | $\begin{array}{\|c\|} \hline \text { TA11 } \\ \text { 9991 } \\ 277 C A \\ \hline \end{array}$ | Accept/ Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.476.2430.SVD02.040 | SVD02 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's apolication svstem" |  |  |
| $\begin{aligned} & \text { X223.476.2430.SVD02.050 } \\ & \text { edit deactivated } \\ & \hline \end{aligned}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 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. |  |
| $\begin{aligned} & \text { X223A2.25.2430.SVD03.010 } \\ & \text { edit deactivated } \\ & \hline \end{aligned}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| $\begin{aligned} & \text { 2223.476.2430.SVD03.010 } \\ & \text { edit deactivated } \\ & \hline \end{aligned}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.476.2430.SVD03-1.010 | SVD03-1 | Product or Service IDOualifier DQualifier | ID | 2-2 | R |  |  | ER, HC, HP, IV, WK | 999 | R | IK403 = 1: "Required Data Element Missing" | 2430.SVD03-1 must be present. |  |
| X223.476.2430.SVD03-1.020 | SVD03-1 |  |  |  |  |  |  |  | 999 | R | \|K403 = 7: "Invalid Code Value" | 2400.SVD03-1 must be "HP" or "HC". |  |
| X223.476.2430.SVD03-2.010 | SVD03-2 | Procedure Code | AN | 1-48 | R |  |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2430.SVD03-2 must be present. |  |
| X223.476.2430.SVD03-2.020 | SVD03-2 |  |  |  |  |  |  |  | 277 | C | CSCC A7: "Acknowledgement /Rejected for Invalid Information. CSC 507: "HCPCS" CSC 710: "Line Adjudication Information" | When 2430.SVD03-1 = "HC", 2430.SVD03-2 must be a valid HCPCS Code. | 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" CSC 710: "Line Adjudication information" | When 2430.SVD03-1 = "HP", 2430.SVD03-2 must be a valid HIPPS Skilled Nursing Facility Rate Code | Valid HIPPS Code reference must be available for this edit. |
| X223.476.2430.SVD03-3.010 | SVD03-3 | Procedure Modlfier | AN | 2-2 | s |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 453: "Procedure Code Modifier(s) for Service(s) Rendered" CSC 710: "Line Adjudication Information" | 2430.SVD03-3 must be valid procedure modifier. | Valid Procedure Code Modlfier reference must be available for this edit. |
| X223.476.2430.SVD03-4.010 | SVD03-4 | Procedure Modlfier | AN | 2-2 | s |  |  |  | 999 | R | IK403 = 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" CSC 710: "Line Adjudication Information" | 2430.SVD03-4 must be valid procedure modifier. | Valid Procedure Code Modlfier reference must be available for this edit. |
| X223.476.2430.SVD03-5.010 | SVD03-5 | Procedure Modlfier | AN | 2-2 | s |  |  |  | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | 2430.SVD03-5 is present, 2430.SVD03-4 must be |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | Segment or Element | Description | ID | $\begin{aligned} & \text { min. } \\ & \text { Max. } \end{aligned}$ | Usage Req. | Loop | $\begin{gathered} \text { Loop } \\ \text { Repeat } \end{gathered}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\left\|\begin{array}{c} \text { TA1/ } \\ \text { 999/ } \\ \text { 277CA } \end{array}\right\|$ | Accept/ Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.476.2430.SVD03-5.020 | SVD03-5 |  |  |  |  |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 453: "Procedure Code Modifier(s) for Service(s) Rendered" CSC 710: "Line Adjudication Information" | 2430.SVD03-5 must be valid procedure modifier. | Valid Procedure Code Modifier reference must be available for this edit. |
| X223.476.2430.SVD03-6.010 | SVD03-6 | Procedure Modlfier | AN | 2-2 | s |  |  |  | 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" CSC 710: "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 | $\begin{gathered} \hline \text { Procedure Code } \\ \text { Description } \\ \hline \end{gathered}$ | AN | 1-80 | s |  |  |  | 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 for receiver's application system" CSC 306: "Detailed description of service" CSC 710: "Line Adjudication Information" |  |  |
| X223.476.2430.SVD03-7.040 | sVD03-7 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2430.SVD03-7 must be populated with accepted AN characters. |  |
| X223.476.2430.SVD03-7.050 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.476.2430.SVD03-8.010 | SVD03-8 | Product/Service ID | AN | 1-48 | N/U |  |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | Must not be present. |  |
| X223A2.26.2430.SVD04.010 | SvD04 | Product or Service ID | AN | 1-48 | R |  |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2430.SVD04 must be present. |  |
| $\begin{array}{\|l} \hline \begin{array}{l} \text { 2223.476.2430.SVD04.010 } \\ \text { edit deactivated } \end{array} \\ \hline \end{array}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223A2.26.2430.SVD04.020 | SVD04 |  |  |  |  |  |  |  | 277 | C | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 455: "Revenue code for services rendered" | 2430.SVD04 must be a valid revenue code. | Valid Revenue Code reference must be available for this edit. |
| X223.476.2430.SVD05.010 | SVD05 | Paid Service Unit Count | R | 1-15 | R |  |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2430.SVD05 must be present. |  |
| X223A2.26.2430.SVD05.020 | SVD05 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data | 2430.SVD05 must be numeric. |  |
| $\begin{array}{\|l\|} \hline \begin{array}{l} \text { X223.476.2430.SVD05.030 } \\ \text { edit deactivated } \end{array} \\ \hline \end{array}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.476.2430.SVD05.040 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| $\begin{aligned} & \text { X223.476.2430.SVD05.045 } \\ & \text { edit deactivated } \\ & \hline \end{aligned}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \\ \hline \end{gathered}$ | Segment or | Description | ID | Min. | $\begin{array}{\|c} \text { Usage } \\ \text { Req. } \end{array}$ | Loop | $\begin{gathered} \text { Loop } \\ \text { Repeat } \end{gathered}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\begin{gathered} \text { TA11 } \\ \text { 999/ } \\ \text { 277CA } \end{gathered}$ | Accept/ Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| $\begin{aligned} & \text { X223.476.2430.SVD05.050 } \\ & \text { edit deactivated } \\ & \hline \end{aligned}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.476.2430.SVD05.060 | SVD05 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 402: "Amount must be greater than zero" CSC 476: "Missing or invalid units of service" | 2400.SVD05 must be > 0 . | Companion guide note needed. |
| X223.476.2430.SVD05.065 | SVD05 |  |  |  |  |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" | 2400.SVD05 must be $<=999,999.9$. | format is 9(6)V9 (per CR 7065). Companion Guide Note needed. |
| X223.476.2430.SVD05.070 | SVD05 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 608: "Paid Service Unit Count" CSC 710: "Line Adjudication Information" | 2400.SVD05 must be <= 999,999.9. |  |
| X223.476.2430.SVD05.075 | SVD05 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 697: "Too many decimal positions" CSC 476: "Missing or invalid units of service" | 2400.SVD05 is limited to 0 or 1 decimal position. | 3/26: Companion Guide Note needed. |
| X223.476.2430.SVD06.010 | SVD06 | Bundled or Unbundled Line <br> Number | N0 | 1-6 | s |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2430.SVD06 must be numeric. |  |
| X223.476.2430.SVD06.020 | SvD06 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2430.SVD06 must be a integer (no decimals). | Companion Guide Note needed. |
| $\begin{aligned} & \begin{array}{l} \text { 2223.476.2430.SVD06.030 } \\ \text { edit deactivated } \end{array} \\ & \hline \end{aligned}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.476.2430.SVD06.040 | SVD06 |  |  |  |  |  |  |  | 999 | E | 1K403 = 5: "Data Element Too Long" | 2430.SVD06 must 1-6 digits. |  |
| X223.476.2430.SVD06.050 | SVD06 |  |  |  |  |  |  |  | 277 | T | $\begin{aligned} & \text { CSCC A7: "Acknowledgement } \\ & \text { lRejected for Invalid Information..." } \\ & \text { CSC 522: "Length invalid for receiver's } \\ & \text { application system" } \\ & \hline \end{aligned}$ |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.480.2430.CAS. 010 | CAS | LINE ADJUSTMENT |  | 5 | s | 2430 |  |  | 999 | R | IK304 = 19: "Implementation Dependent 'not used' Segment Present" <br> OR <br> IK 304 = 2: "Unexpected Segment" | If 2430.CAS is present, 2430.SVD must be present. |  |
| X223.480.2430.CAS. 020 | CAS |  |  |  |  |  |  |  | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only 5 iterations of 2430.CAS are allowed. |  |
| X223.480.2430.CAS01.010 | CAS01 | $\begin{aligned} & \hline \text { Claim Adjustment Group } \\ & \text { Code } \end{aligned}$ | ID | 1-2 | R |  |  | CO, CR, OA, PI, PR | 999 | R | IK403 = 1: "Required Data Element Missing" | $2430 . \mathrm{CAS01}$ 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 | CAS01 |  |  |  |  |  |  |  | 277 | c | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 696: "Claim Adjustment Group Code" <br> FIC: GB Other Insured | If 2430. CAS01 $=$ "CR" then 2430.DTP with DTP01 $=$ "573" must be prior to 01/01/2012. "573" must be prior to 01/01/2012. |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \\ \hline \end{gathered}$ | Segment or Element | Description | ID | $\begin{aligned} & \text { Min. } \\ & \text { Max. } \end{aligned}$ | $\begin{gathered} \text { Usage } \\ \text { Req. } \\ \hline \end{gathered}$ | Loop | $\begin{gathered} \text { Loop } \\ \text { Repeat } \\ \hline \end{gathered}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\begin{array}{\|c} \text { TA111 } \\ \text { 999/ } \\ \text { 277CA } \end{array}$ | Accept/ | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.480.2430.CAS02.010 | CAS02 | Adjustment Reason Code | ID | 1-5 | R |  |  |  | 999 | R | IK403 = 1: "Required Data Element Missinq" | 2430.CAS02 must be present. |  |
| X223.480.2430.CAS02.020 | CAS02 |  |  |  |  |  |  |  | 277 | c | CSCC A8 Acknowledgement / Rejected for relational field in error. CSC 521: Adjustment Reason Code CSC 516: Adjudication or Payment Date FIC. GB Other Insured | 2430.CAS02 must be a valid Claim Adjustment Reason Code on the date in 2430.DTP03 when DTP01 = "573". | Valid Claim Adjustment Reason Code reference must be available for this edit. |
| X223.480.2430.CAS03.010 | CAS03 | Adjustment Amount | R | 1-18 | R |  |  |  | 999 | R | K 403 = 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" | $2430 . C A S 03$ must be numeric. |  |
| $\begin{array}{\|l\|} \hline \text { 2223.480.2430.CAS03.030 } \\ \text { edit deactivated } \\ \hline \end{array}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.480.2430.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 | 2430.CAS03 is limited to 0,1 or 2 decimal positions. |  |
| X223.480.2430.CAS03.050 | CAS03 |  |  |  |  |  |  |  | 999 | E | 1K403 = 5: "Data Element Too Lona" | $\begin{aligned} & \text { 2430.CAS03 must be >=-99,999,999.99 and } \\ & \langle=99,999,999.99 \end{aligned}$ |  |
| X223.480.2430.CAS03.060 | CAS03 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" FIC. GB Other Insured |  |  |
| X223.480.2430.CAS03.065 | CAS03 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 694: "Amount must not be equal to zero" <br> CSC 519: "Adjustment Amount" FIC. GB Other Insured | 2430. CAS03 must not $=0$. |  |
| X223.480.2430.CAS04.010 | CAS04 | Adjustment Quantity | R | 1-15 | s |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" | 2430.CAS04 must be $1-15$ digits. | 01/08: Not brought into Core System, so no Medicare size limit is needed. |
| X223.480.2430.CAS04.015 | CAS04 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 519: "Adjustment Amount" FIC. GR Other Insured |  |  |
| X223.480.2430.CAS04.020 | CAS04 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 694: "Amount must not be equal to zero" <br> CSC 520: "Adjustment Quantity" FIC. GBمther Insured | 2430. CAS04 must not $=0$. |  |
| X223.480.2430.CAS05.010 | CAS05 | Adjustment Reason Code | ID | 1-5 | s |  |  |  | 999 | R | IK403-2: "Conditional Required Data Element Missing" | If 2430.CAS05 is present, 2430.CAS02 must be present. |  |
| X223.480.2430.CAS05.020 | CAS05 |  |  |  |  |  |  |  | 277 | c | CSCC A8 Acknowledgement / Rejected for relational field in error. CSC 521: Adjustment Reason Code CSC 516: Adjudication or Payment Date FIC. GB Other Insured | 2430.CAS05 must be a valid Claim Adjustment Reason Code on the date in 2430.DTP03 when DTP01 = "573". | Valid Claim Adjustment Reason Code reference must be available for this edit. |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | Segment or | Description | ID | $\begin{aligned} & \text { Min. } \\ & \text { Max. } \end{aligned}$ | Usage Req | Loop | Loop <br> Repeat | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\begin{gathered} \text { TA11 } \\ \text { 999/ } \\ 277 C A \end{gathered}$ | $\begin{gathered} \text { Accept } / \\ \text { Reject } \end{gathered}$ | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.480.2430.CAS06.010 | CAS06 | Adjustment Amount | R | 1-18 | s |  |  |  | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | If 2430.CAS06 is present, 2430. CAS05 must be present. |  |
| X223.480.2430.CAS06.020 | CAS06 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2430.CAS06 must be numeric. |  |
| X223.480.2430.CAS06.030 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.480.2430.CAS06.040 | CAS06 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 697: "Too many decimal positions" CSC 519: "Adjustment Amount" FIC. GB Other Insured | 2320.CAS06 is limited to 0, 1 or 2 decimal positions. |  |
| X223.480.2430.CAS06.050 | CAS06 |  |  |  |  |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" | $\begin{aligned} & \text { 2430.CAS06 must be >=-99,999,999.99 and } \\ & \langle=99,999,999.99 \end{aligned}$ |  |
| X223.480.2430.CAS06.060 | CAS06 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 519: "Adjustment Amount" FIC. GB Other Insured |  |  |
| X223.480.2430.CAS06.065 | CAS06 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 694: "Amount must not be equal to zero" <br> CSC 520: "Adjustment Quantity" FIC. GR Other Insured | 2430.CAS06 must not $=0$. |  |
| X223.480.2430.CAS07.010 | CAS07 | Adjustment Quantity | R | 1-15 | s |  |  |  | 999 | R | IK403-2: "Conditional Required Data Element Missinq" | If 2430.CAS07 is present, 2430.CAS05 must be present. |  |
| X223.480.2430.CAS07.020 | CAS07 |  |  |  |  |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" | 2320.CAS07 must be 1-15 digits. |  |
| X223.480.2430.CAS07.025 | CAS07 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 519: "Adjustment Amount" FIC. GB Other Insured |  |  |
| X223.480.2430.CAS07.030 | CAS07 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 694: "Amount must not be equal to zero" <br> CSC 520: "Adjustment Quantity" FIC. GR Other Insured | 2430.CAS07 must not $=0$. | 01/08: Not brought into Core System, so no Medicare size limit is needed. |
| X223.480.2430.CAS08.010 | CAS08 | Adjustment Reason Code | ID | 1-5 | s |  |  |  | 999 | R | $\begin{aligned} & \text { FIC GB Ninpr nstured } \\ & \text { IK403-2: "Conditional Required Data } \\ & \text { Element Missing" } \end{aligned}$ | If 2430.CAS08 is present, 2430.CAS05 must be present. |  |
| X223.480.2430.CAS08.020 | CAS08 |  |  |  |  |  |  |  | 277 | c | CSCC A8 Acknowledgement/ Rejected for relational field in error. CSC 521: Adjustment Reason Code CSC 516: Adjudication or Payment Date <br> FIC. GBOther Insured | 2430.CAS08 must be a valid Claim Adjustment Reason Code on the date in 2430.DTP03 when DTP01 = "573". | Valid Claim Adjustment Reason Code reference must be available for this edit. |
| X223.480.2430.CAS09.010 | CAS09 | Adjustment Amount | R | 1-18 | s |  |  |  | 999 | R | $\begin{aligned} & \text { IK403=2: "Conditional Required Data } \\ & \text { Element Missing" } \end{aligned}$ | If 2430.CAS09 is present, 2430.CAS08 must be present. |  |
| X223.480.2430.CAS09.020 | CAS09 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2430.CAS09 must be numeric. |  |
| $\begin{aligned} & \text { X223.480.2430.CAS09.030 } \\ & \text { edit deactivated } \\ & \hline \end{aligned}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | Segment or Element | Description | ID | Min. | Usage Req. | Loop | $\underset{\text { Repeat }}{\text { Loop }}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\left\|\begin{array}{c} \text { TA1/ } \\ \text { 999/ } \\ \text { 277CA } \end{array}\right\|$ | Accept/ Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.480.2430.CAS09.040 | CAS09 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 697: "Too many decimal positions" <br> CSC 519: "Adjustment Amount" FIC. GR مther Insured | 2430.CAS09 is limited to 0, 1 or 2 decimal positions. |  |
| X223.480.2430.CAS09.050 | CAS09 |  |  |  |  |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" | $\begin{aligned} & \text { 2430.CAS09 must be >=-99,999,999.99 and } \\ & <=99,999,999.99 \end{aligned}$ |  |
| X223.480.2430.CAS09.060 | CAS09 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 519: "Adjustment Amount" FIC. GB Other Insured |  |  |
| X223.480.2430.CAS09.065 | CAS09 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 694: "Amount must not be equal to zero": CSC 520: "Adjustment Quantity" FIC. GR Other Insured | 2430.CAS09 must not $=0$. |  |
| X223.480.2430.CAS09.070 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.480.2430.CAS10.010 | CAS10 | Adjustment Quantity | R | 1-15 | s |  |  |  | 999 | R | IK403 - 2: "Conditional Required Data Element Missing" | If 2430. CAS10 is present, 2430. CAS08 may be present. |  |
| X223.480.2430.CAS10.020 | CAS10 |  |  |  |  |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" | $2430 . C A S 10$ must be $1-15$ digits. | 01/08: Not brought into Core System, so no Medicare size limit is needed. |
| X223.480.2430.CAS10.025 | 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 مther Insured |  |  |
| X223.480.2430.CAS10.030 | CAS10 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 694: "Amount must not be equal to zero" <br> CSC 520: "Adjustment Quantity" FIC. GB Other Insured | $2430 . \mathrm{CAS10}$ must not $=0$. |  |
| $\begin{array}{\|l\|} \hline \text { 223.480.2430.CAS011.010 } \\ \text { edit deactivated } \\ \hline \end{array}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.480.2430.CAS11.010 | CAS011 | Adjustment Reason Code | ID | 1-5 | s |  |  |  | 999 | R | IK403-2: "Conditional Required Data Element Missing" | If 2320.CAS11 is present, 2320.CAS08 must be present. |  |
| $\begin{aligned} & \text { X223.480.2430.CAS11.010 } \\ & \text { edit deactivated } \end{aligned}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.480.2430.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 | 2430.CAS11 must be a valid Claim Adjustment Reason Code on the date in 2430.DTP03 when DTP01 = "573". | Valid Claim Adjustment Reason Code reference must be available for this edit. |
| X223.480.2430.CAS12.010 | CAS12 | Adjustment Amount | R | 1-18 | s |  |  |  | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | If 2430.CAS12 is present, 2430.CAS11 must be present. |  |
| X223.480.2430.CAS12.020 | CAS12 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2430.CAS12 must be numeric. |  |


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


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | Segment or Element | Description | ID | Min. | Usage Req. | Loop | $\underset{\text { Repeat }}{\text { Loop }}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\left\|\begin{array}{c} \text { TA1/ } \\ \text { 999/ } \\ \text { 277CA } \end{array}\right\|$ | Accept/ Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.480.2430.CAS15.040 | CAS15 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 697: "Too many decimal positions" <br> CSC 519: "Adjustment Amount" FIC. GR مther Insured | 2430.CAS15 is limited to 0,1 or 2 decimal positions. |  |
| X223.480.2430.CAS15.050 | CAS15 |  |  |  |  |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" | $\begin{aligned} & \begin{array}{l} \text { 2430.CAS15 must be }>=-99,999,999.99 \text { and } \\ <=99,999,999.99 \end{array} \end{aligned}$ |  |
| X223.480.2430.CAS15.060 | CAS15 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 519: "Adjustment Amount" FIC. GB Other Insured |  |  |
| X223.480.2430.CAS15.065 | CAS15 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 694: "Amount must not be equal to zero" <br> CSC 520: "Adjustment Quantity" FIC. GB Other Insured | $2430 . \mathrm{CAS15}$ must not $=0$. |  |
| X223.480.2430.CAS16.010 | CAS16 | Adjustment Quantity | R | 1-15 | s |  |  |  | 999 | R | 1K403-2: "Conditional Required Data Element Missinq" | If 2430. CAS16 is present, 2430.CAS14 must be present. |  |
| X223.480.2430.CAS16.020 | CAS16 |  |  |  |  |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" | 2430.CAS16 must be $1-15$ digits. | 01/08: Not brought into Core System, so no Medicare size limit is needed. |
| X223.480.2430.CAS16.025 | CAS16 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 519: "Adjustment Amount" FIC. GB Other Insured |  |  |
| X223.480.2430.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" FIC. GB Other Insured | $2430 . \mathrm{CAS16}$ must not $=0$. |  |
| X223.480.2430.CAS17.010 | CAS17 | Adjustment Reason Code | ID | 1-5 | s |  |  |  | 999 | R | IK403-2: "Conditional Required Data Element Missing" | If 2430.CAS17 is present, 2430.CAS14 must be present. |  |
| X223.480.2430.CAS17.020 | CAS17 |  |  |  |  |  |  |  | 277 | c | CSCC A8 Acknowledgement/ Rejected for relational field in error. CSC 521: Adjustment Reason Code CSC 516: Adjudication or Payment Date <br> FIC. GB Other Insured | 2430.CAS17 must be a valid Claim Adjustment Reason Code on the date in 2430.DTP03 when DTP01 = " 573 ". | Valid Claim Adjustment Reason Code reference must be available for this edit. |
| X223.480.2430.CAS18.010 | CAS18 | Adjustment Amount | R | 1-18 | s |  |  |  | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | If 2430.CAS18 is present, 2430.CAS17 must be present. |  |
| X223.480.2430.CAS18.020 | CAS18 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2430.CAS18 must be numeric. |  |
| $\begin{array}{\|l} \hline \text { 2223.480.2430.CAS18.030 } \\ \text { edit deactivated } \\ \hline \end{array}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.480.2430.CAS18.040 | CAS18 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." <br> CSC 697: "Too many decimal positions" <br> CSC 519: "Adjustment Amount" FIC. GB Other Insured | 2430.CAS18 is limited to 0,1 or 2 decimal positions. |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \\ \hline \end{gathered}$ | Segment or Element | Description | ID | Min. | Usage Req. | Loop | $\begin{gathered} \text { Loop } \\ \text { Repeat } \end{gathered}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\begin{gathered} \text { TA11/ } \\ \text { T999/ } \\ \text { 277CA } \end{gathered}$ | Accept/ Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.480.2430.CAS18.050 | CAS18 |  |  |  |  |  |  |  | 999 | E | 1K403 = 5: "Data Element Too Long" | $\begin{aligned} & \text { 2430.CAS18 must be }>=-99,999,999.99 \text { and } \\ & \langle=99,999,999.99 \end{aligned}$ |  |
| X223.480.2430.CAS18.060 | CAS18 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 519: "Adjustment Amount" FIC. GB Other Insured |  |  |
| X223.480.2430.CAS18.065 | CAS18 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 694: "Amount must not be equal to zero" <br> CSC 520: "Adjustment Quantity" FIC. GB Other-Insured | 2430.CAS18 must not $=0$. |  |
| X223.480.2430.CAS19.010 | CAS19 | Adjustment Quantity | R | 1-15 | S |  |  |  | 999 | R | IK403-2: "Conditional Required Data Element Missing" | If 2430.CAS19 is present, 2430.CAS17 must be |  |
| X223.480.2430.CAS19.020 | CAS19 |  |  |  |  |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" | 2430.CAS19 must be $1-15$ digits. | 01/08: Not brought into Core System, so no Medicare size limit is needed. |
| X223.480.2430.CAS19.025 | CAS19 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 519: "Adjustment Amount" FIC. GB Other Insured |  |  |
| X223.480.2430.CAS19.030 | CAS19 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 694: "Amount must not be equal to zero" <br> CSC 520: "Adjustment Quantity" FIC. GB Other-Insured | 2430.CAS19 must not $=0$. |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.486.2430.DTP. 010 | DTP | LINE CHECK OR REMITTANCE DATE |  | 1 | R | 2430 |  |  | 999 | R | IK304 = I6: "Implementation Dependent Segment Missing" | If 2430.SVD is present, 2430.DTP must be present. |  |
| X223.486.2430.DTP. 020 | DTP |  |  |  |  |  |  |  | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2430.DTP is allowed. |  |
| X223.486.2430.DTP01.010 | DTP01 | Date /TimeQualifier | ID | 3-3 | R |  |  | 573 | 999 | R | IK403 = 1: "Required Data Element Missing" | 2430.DTP01 must be present. |  |
| X223.486.2430.DTP01.020 | DTP01 |  |  |  |  |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2430.DTP01 must be "573". |  |
| X223.486.2430.DTP02.010 | DTP02 | Date /Time FormatQualifier | ID | 2-3 | R |  |  | D8 | 999 | R | IK403 = 1: "Required Data Element Missing" | 2430.DTP02 must be present. |  |
| X223.486.2430.DTP02.020 | DTP02 |  |  |  |  |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2430.DTP02 must be "D8". |  |
| X223.486.2430.DTP03.010 | DTP03 | Adjudication or Payment | AN | 1-35 | R |  |  | CCYYMMDD | 999 | R | IK403 = 1: "Required Data Element Missinq" | 2430.DTP03 must be present. |  |
| X223.486.2430.DTP03.020 | DTP03 |  |  |  |  |  |  |  | 999 | R | IK403 = 8: "Invalid Date" | 2430.DTP03 must be a valid date in CCYYMMDD format. |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| х223.487.2430.AMT.010 edit deactivated |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.487.2430.AMT. 020 | AMT | REMAINING PATIENT LIABILITY |  | 1 | s | 2430 |  |  | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2430.AMT is allowed | pass-through, syntax only |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | $\underset{\substack{\text { Segment or } \\ \text { Element }}}{ }$ | Description | ID | $\begin{aligned} & \text { Min. } \\ & \text { max. } \end{aligned}$ | Usage | Loop | $\begin{aligned} & \text { Loop } \\ & \text { Repeat } \\ & \hline \end{aligned}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\begin{array}{\|c} \text { TA1/ } \\ \text { 999/ } \\ 277 C A \\ \hline \end{array}$ | Accept/ Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| х223.487.2430.AMT.025 | AMT |  |  |  |  |  |  |  | 277 | T | cscC: A8 "Acknowledgement / Rejected for relational field..." CSC 6: Balance due from the subscriber <br> EIC: GB Other Insured | If 2320 AMT (EAF) is present for the same payer, the 2430 AMT (EAF) must not be present. |  |
| X223.487.2430.AMT01.010 | AMT01 | AmountQualifier Code | ID | 1-3 | R |  |  | EAF | 999 | R | IK403 = 1: "Required Data Element Missing" | 2430.AMT01 must be present. |  |
| X223.487.2430.AMT01.020 | AMT01 |  |  |  |  |  |  |  | 999 | R | 1K403 = 7: "Invalid Code Value" | 2430.AMT01 must be "EAF". |  |
| х223.487.2430.AMT02.005 | AMT02 | Non-Covered Amount | R | 1-18 | R |  |  |  | 999 | R | IK403 = 1: "Required Data Element Missing" | 2430.AMT02 must be present. |  |
| X223.487.2430.AMT02.010 | AMT02 |  |  |  |  |  |  |  | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2430 .AMT02 must be numeric. |  |
| х223.487.2430.Амт02.015 | AmT02 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 693: "Amount must be greater than or equal to zero" CSC 596: "Non-covered Charge Amount" | 2430.AMT02 must be >= 0 . |  |
| X223.487.2430.AMT02.020 | AMT02 |  |  |  |  |  |  |  | 999 | E | IK403 = 5: "Data Element Too Long" | 2430.AMTO2 must be <= 99,999,999.99. |  |
| х223.487.2430.Амт02.025 | 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" |  |  |
| X223.487.2430.AMT02.030 | AMT02 |  |  |  |  |  |  |  | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 596: "Non-covered Charge Amount" | 2430.AMT02 is limited to 0, 1 or 2 decimal positions. |  |
| X223.487.2430.АМТ03.010 | AмT03 | Credit/Debit Flag Code | ID | 1-1 | N/U |  |  |  | 999 | E | IK403 = 110: "Implementation "Not Used" Element Present" | Must not be present. |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.488..SE. 010 | SE | $\begin{gathered} \hline \text { TRANSACTION SET } \\ \text { TRAILER } \\ \hline \end{gathered}$ |  | 1 | R |  |  |  | 999 | R | IK502: 2 "Transaction Set Trailer Missing". | SE must be present. |  |
| $\begin{array}{\|l} \hline \text { X223.488.SE. } 020 \\ \text { deactivated } \\ \hline \end{array}$ | SE |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.488.SE01.010 | SE01 | Ttansaction Segment Count | No | 1-10 | R |  |  |  | 999 | R | IK502: 4 "Number of Included Segments Does Not Match Actual Count". | SE01 must be present. |  |
| X223.488..SE01.020 | SE01 |  |  |  |  |  |  |  | 999 | R | IK502: 4 "Number of Included Segments Does Not Match Actual Count". | SE01 must be numeric. |  |
| X223.488..SE01.030 | SE01 |  |  |  |  |  |  |  | 999 | R | IK502: 4 "Number of Included Segments Does Not Match Actual Count". | SE01 must equal the transaction segment count. |  |


| $\begin{gathered} 8371 \\ \text { Edit Reference } \\ \hline \end{gathered}$ | Segment or | Description | ID | $\begin{aligned} & \operatorname{Min} . \\ & \text { Max. } \end{aligned}$ | $\begin{array}{\|c} \text { Usage } \\ \text { Req. } \end{array}$ | Loop | $\begin{gathered} \text { Loop } \\ \text { Repeat } \end{gathered}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\left\|\begin{array}{c} \text { TA11 } \\ \text { 999/ } \\ 277 C A \end{array}\right\|$ | Accept/ Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| X223.488..SE01.040 | SE01 |  |  |  |  |  |  |  | 999 | R | IK502: 4 "Number of Included Segments Does Not Match Actual Count". | SE01 must be > 0 . |  |
| ×223.488..SE02.010 | SE02 | Transaction Set Control Number | AN | 4-9 | R |  |  |  | 999 | R | IK502: 3 "Transaction Set Control Number in Header and Trailer Do Not Match". | SE02 must be present. |  |
| X223.488..SE02.020 | SE02 |  |  |  |  |  |  |  | 999 | R | IK502: 3 "Transaction Set Control Number in Header and Trailer Do Not Match". | SE02 must = ST02. |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.C9..GE. 010 | GE | Functional Group Trailer |  | 1 | R | - |  |  | 999 | R | AK905: 3 "Functional Group Trailer Missing" | GE must be present. |  |
| X223.C9..GE. 020 | GE |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.C9..GE01.010 | GE01 | Number of Transaction Sets Included | N0 | 1-6 | R |  |  |  | 999 | R | AK905: 5 "Number of Included Transaction Sets Does Not Match Actual Count". | GE01 must be present. |  |
| X223.C9..GE01.020 | GE01 |  |  |  |  |  |  |  | 999 | R | AK905: 5 "Number of Included Transaction Sets Does Not Match Actual Count". | GE01 must be numeric. |  |
| X223.C9..GE01.030 | GE01 |  |  |  |  |  |  |  | 999 | R | AK905: 5 "Number of Included Transaction Sets Does Not Match Actual Count". | GE01 must equal the number of transaction sets included in the functional group. |  |
| X223.C9..GE01.040 | GE01 |  |  |  |  |  |  |  | 999 | R | AK905: 5 "Number of Included Transaction Sets Does Not Match Actual Count". | GE01 must be > 0 . |  |
| X223.C9..GE02.010 | GE02 | Group Control Number | N0 | 1-9 | R |  |  |  | 999 | R | AK905: 4 "Group Control Number in the Functional Group Header and Trailer Do Not Agree". | GE02 must be present. |  |
| X223.C9..GE02.020 | GE02 |  |  |  |  |  |  |  | 999 | R | AK905: 4 "Group Control Number in the Functional Group Header and Trailer Do Not Agree". | GE02 must = GS06. |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X223.C10..IEA. 010 | IEA | Interchange Control Header |  | 1 | R |  |  |  | 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 | No | 1-5 | R |  |  |  | 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 | No | 9-9 | R |  |  |  | TA1 | R | TA105: 001 "The Interchange Control Number in the Header and Trailer Do Not Match". | IEA02 must be present. |  |
| X223.C10..IEA02.020 | IEA02 |  |  |  |  |  |  |  | TA1 | R | TA105: 001 "The Interchange Control Number in the Header and Trailer Do Not Match". | IEA02 must = ISA13 |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |

## 837 - Institutional Edits

| $\begin{gathered} 8371 \\ \text { Edit Reference } \end{gathered}$ | Segment or | Description | ID | Min. Max. | $\begin{gathered} \text { Usage } \\ \text { Req. } \end{gathered}$ | Loop | $\begin{gathered} \text { Loop } \\ \text { Repeat } \\ \hline \end{gathered}$ | $\begin{gathered} 5010 \\ \text { Values } \end{gathered}$ | $\begin{gathered} \text { TA11 } \\ \text { 999/ } \\ \text { 277CA } \end{gathered}$ | Accept/ Reject | Disposition / Error Code | Proposed 5010 Edits | Misc. Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Color Coding |  | $\begin{gathered} \text { Indicates a CSC or EIC } \\ \text { code is TBD } \\ \hline \end{gathered}$ |  |  |  |  |  |  |  |  |  |  |  |
| Color Coding |  | ICD-9 Only period |  |  |  |  |  |  |  |  |  |  |  |
| Color Coding |  | ICD-10 Only period assumes no dual-use after mandated date. |  |  |  |  |  |  |  |  |  |  |  |
| Color Coding |  | Not Used or Must Not be Present |  |  |  |  |  |  |  |  |  |  |  |

Change Log
Changes to the version included for POC Review

| Edit Reference | Change | Date | Reason |
| :---: | :---: | :---: | :---: |
| X223.364.2320.AMT02.020 | Added ">" to the following edit: 2320.AMT02 must be >= 0 and <= 99,999,999.99. | 08/15/2011 | to fix an error |
| X223.181.2300.CRC03.025 | added 999 R edit; IK403 = 7: "Invalid Code Value"; "If 2300.CRC02 is "N", 2300.CRC03 must be | 09/06/2011 | to align with the 837p |
| X223.C9..GE02.010 | changed ID AN to NO; changed MIN to 1 | 09/06/2011 | WPS 9/6 e-mail |
| X223.C10..IEA02.010 | changed ID AN to N0; changed MIN to 9 | 09/06/2011 | WPS 9/6 e-mail |
| X223.C7..GS06.055 | added edit "GS06 must = GE02" | 09/06/2011 | WPS 9/6 e-mail |
| X223.313.2300.HCP. 010 | edit deactivated | 09/06/2011 | 9/6 workgroup e-mail |
| X223.313.2300.HCP. 015 | added edit | 09/06/2011 | 9/6 workgroup e-mail |
| X223.442.2400.HCP. 010 | edit deactivated | 09/07/2011 | 9/6 workgroup e-mail |
| X223.442.2400.HCP. 015 | added edit | 09/07/2011 | 9/6 workgroup e-mail |
| X223.313.2300.HCP01.010 | edit deactivated | 09/07/2011 | TR3 note |
| X223.313.2300.HCP01.020 | edit deactivated | 09/07/2011 | TR3 note |
| X223.313.2300.HCP02.010 | edit deactivated | 09/07/2011 | TR3 note |
| X223.313.2300.HCP02.020 | edit deactivated | 09/07/2011 | TR3 note |
| X223.313.2300.HCP02.030 | edit deactivated | 09/07/2011 | TR3 note |
| X223.313.2300.HCP03.010 | edit deactivated | 09/07/2011 | TR3 note |
| X223.313.2300.HCP03.020 | edit deactivated | 09/07/2011 | TR3 note |
| X223.313.2300.HCP04.010 | edit deactivated | 09/07/2011 | TR3 note |
| X223.313.2300.HCP04.020 | edit deactivated | 09/07/2011 | TR3 note |
| X223.313.2300.HCP04.030 | edit deactivated | 09/07/2011 | TR3 note |
| X223.313.2300.HCP04.040 | edit deactivated | 09/07/2011 | TR3 note |
| X223.313.2300.HCP05.010 | edit deactivated | 09/07/2011 | TR3 note |
| X223.313.2300.HCP05.020 | edit deactivated | 09/07/2011 | TR3 note |
| X223.313.2300.HCP06.010 | edit deactivated | 09/07/2011 | TR3 note |
| X223.313.2300.HCP06.020 | edit deactivated | 09/07/2011 | TR3 note |
| X223.313.2300.HCP06.030 | edit deactivated | 09/07/2011 | TR3 note |
| X223.313.2300.HCP06.040 | edit deactivated | 09/07/2011 | TR3 note |
| X223.313.2300.HCP07.010 | edit deactivated | 09/07/2011 | TR3 note |
| X223.313.2300.HCP07.020 | edit deactivated | 09/07/2011 | TR3 note |
| X223.313.2300.HCP08.010 | edit deactivated | 09/07/2011 | TR3 note |
| X223.313.2300.HCP08.020 | edit deactivated | 09/07/2011 | TR3 note |
| X223.313.2300.HCP08.030 | edit deactivated | 09/07/2011 | TR3 note |
| X223.313.2300.HCP09.010 | edit deactivated | 09/07/2011 | TR3 note |
| X223.313.2300.HCP10.010 | edit deactivated | 09/07/2011 | TR3 note |
| X223.313.2300.HCP11.010 | edit deactivated | 09/07/2011 | TR3 note |
| X223.313.2300.HCP11.020 | edit deactivated | 09/07/2011 | TR3 note |
| X223.313.2300.HCP12.010 | edit deactivated | 09/07/2011 | TR3 note |
| X223.313.2300.HCP12.020 | edit deactivated | 09/07/2011 | TR3 note |
| X223.313.2300.HCP12.025 | edit deactivated | 09/07/2011 | TR3 note |
| X223.313.2300.HCP12.030 | edit deactivated | 09/07/2011 | TR3 note |
| X223.313.2300.HCP13.010 | edit deactivated | 09/07/2011 | TR3 note |
| X223.313.2300.HCP14.010 | edit deactivated | 09/07/2011 | TR3 note |
| X223.313.2300.HCP15.010 | edit deactivated | 09/07/2011 | TR3 note |

Change Log
Changes to the version included for POC Review

| X223.442.2400.HCP01.010 | edit deactivated | 09/07/2011 | TR3 note |
| :---: | :---: | :---: | :---: |
| X223.442.2400.HCP01.020 | edit deactivated | 09/07/2011 | TR3 note |
| X223.442.2400. НСР02.010 | edit deactivated | 09/07/2011 | TR3 note |
| X223.442.2400.HCP02.020 | edit deactivated | 09/07/2011 | TR3 note |
| X223.442.2400.HCP02.030 | edit deactivated | 09/07/2011 | TR3 note |
| Х223.442.2400.HCP02.030 | edit deactivated | 09/07/2011 | TR3 note |
| Х223.442.2400.НСР03.010 | edit deactivated | 09/07/2011 | TR3 note |
| Х223.442.2400.НСР03.020 | edit deactivated | 09/07/2011 | TR3 note |
| X223.442.2400. HCP 03.030 | edit deactivated | 09/07/2011 | TR3 note |
| X223.442.2400.HCP04.010 | edit deactivated | 09/07/2011 | TR3 note |
| Х223.442.2400.HCP04.020 | edit deactivated | 09/07/2011 | TR3 note |
| X223.442.2400.HCP04.030 | edit deactivated | 09/07/2011 | TR3 note |
| X223.442.2400.HCP04.040 | edit deactivated | 09/07/2011 | TR3 note |
| Х223.442.2400.HCP05.010 | edit deactivated | 09/07/2011 | TR3 note |
| Х223.442.2400.HCP05.020 | edit deactivated | 09/07/2011 | TR3 note |
| X223.442.2400.НСР06.010 | edit deactivated | 09/07/2011 | TR3 note |
| X223.442.2400.НСР06.020 | edit deactivated | 09/07/2011 | TR3 note |
| Х223.442.2400.НСР06.030 | edit deactivated | 09/07/2011 | TR3 note |
| Х223.442.2400.НСР06.040 | edit deactivated | 09/07/2011 | TR3 note |
| X223.442.2400.HCP07.010 | edit deactivated | 09/07/2011 | TR3 note |
| X223.442.2400.HCP07.020 | edit deactivated | 09/07/2011 | TR3 note |
| Х223.442.2400.HCP07.030 | edit deactivated | 09/07/2011 | TR3 note |
| Х223.442.2400.HCP08.010 | edit deactivated | 09/07/2011 | TR3 note |
| X223.442.2400.HCP09.010 | edit deactivated | 09/07/2011 | TR3 note |
| X223.442.2400.НСР09.020 | edit deactivated | 09/07/2011 | TR3 note |
| X223.442.2400. $\mathrm{HCP10.010}$ | edit deactivated | 09/07/2011 | TR3 note |
| X223.442.2400.HCP10.020 | edit deactivated | 09/07/2011 | TR3 note |
| X223.442.2400.HCP10.030 | edit deactivated | 09/07/2011 | TR3 note |
| X223.442.2400.HCP11.010 | edit deactivated | 09/07/2011 | TR3 note |
| X223.442.2400.HCP11.020 | edit deactivated | 09/07/2011 | TR3 note |
| X223.442.2400.HCP12.010 | edit deactivated | 09/07/2011 | TR3 note |
| X223.442.2400.HCP12.015 | edit deactivated | 09/07/2011 | TR3 note |
| X223.442.2400.HCP12.030 | edit deactivated | 09/07/2011 | TR3 note |
| X223.442.2400.HCP12.040 | edit deactivated | 09/07/2011 | TR3 note |
| X223.442.2400.HCP13.010 | edit deactivated | 09/07/2011 | TR3 note |
| X223.442.2400.HCP14.010 | edit deactivated | 09/07/2011 | TR3 note |
| X223.442.2400.HCP15.010 | edit deactivated | 09/07/2011 | TR3 note |
| X223.150.2300.DTP02.020 | added fix dupe edit | 09/08/2011 | fix |
| X223.166.2300.REF01.010 | fixed for continuity | 09/08/2011 | fixed for continuity |
| X223.166.2300.REF01.020 | fixed for continuity | 09/08/2011 | fixed for continuity |
| X223.384.2330B.. 010 | edit deactivated | 09/08/2011 | fix |
| X223.384.2330B.NM1.020 | added | 09/08/2011 | to align with the 837p |
| X223.384.2330B.NM109.020 | added | 09/08/2011 | to align with the 837p |
| X223.480.2430.CAS011.010 | edit deactivated | 09/08/2011 | there is no CAS011 |

## Change Log

Changes to the version included for POC Review

| X223.480.2430.CAS11.010 | edit deactivated | 09/08/2011 | fix |
| :---: | :---: | :---: | :---: |
| X223.480.2430.CAS11.020 | new edit (replacement for X223.480.2430.CAS11.010) | 09/08/2011 | fix |
| X223.480.2430.CAS11.010 | new edit (replacement for X223.480.2430.CAS011.010) | 09/08/2011 | fix |
| X223.389.2330B.DTP. 030 | changed edit to: If 2330B.NM1 is present and 2430.DTP with DTP01 = "573" is not present, 2330B.DTP may be present. | 09/26/2011 | to align with the 837p |
| X223.C3..ISA02.030 | Proposed edit language modified to read "ISA02 must be populated with accepted AN characters OR <br> ISA02 must be populated with all spaces." | 9/27/2011 | NGS POC Comment |
| X223.C3..ISA04.030 | Proposed edit language modified to read "ISA04 must be populated with accepted AN characters OR <br> ISA04 must be populated with all spaces." | 9/27/2011 | NGS POC Comment |
| X223.184.2300.HIO1-2.060 | NEW EDIT: 277C "CSCC A7: "Acknowledgement /Rejected for Invalid Information... <br> CSC 254: Primary Diagnosis Code <br> CSC 509: E-Code | 9/27/2011 | CMS decision to reject E-codes as a principle diagnosis, per ICD9 guidelines |
| X223.193.2300.HI01-2.050 | added 277C edit: If 2300.HI01-1 = BN then 2300.H101-2 must begin with "E". | 9/27/2011 | tighten edit |
| X223.193.2300.HI02-2.050 | added 277C edit: If $2300 . \mathrm{HIO2-1}=\mathrm{BN}$ then $2300 . \mathrm{HIO2-2}$ must begin with "E". | 9/27/2011 | tighten edit |
| X223.193.2300.HI03-2.050 | added 277C edit: If $2300 . \mathrm{H} 103-1=$ BN then $2300 . \mathrm{H} 103-2$ must begin with "E". | 9/27/2011 | tighten edit |
| X223.193.2300.HI04-2.050 | added 277C edit: If $2300 . \mathrm{H} 104-1=$ BN then $2300 . \mathrm{H} 104-2$ must begin with "E". | 9/27/2011 | tighten edit |
| X223.193.2300.HIO5-2.050 | added 277C edit: If $2300 . \mathrm{HIO5}-1=\mathrm{BN}$ then $2300 . \mathrm{HIO5-2}$ must begin with "E". | 9/27/2011 | tighten edit |
| X223.193.2300.HI06-2.050 | added 277 C edit: If $2300 . \mathrm{H} 106-1=\mathrm{BN}$ then $2300 . \mathrm{H} 106-2$ must begin with "E". | 9/27/2011 | tighten edit |
| X223.193.2300.HI07-2.050 | added 277C edit: If $2300 . \mathrm{HIO7-1}=\mathrm{BN}$ then 2300.H107-2 must begin with "E". | 9/27/2011 | tighten edit |
| X223.193.2300.HIO8-2.050 | added 277C edit: If $2300 . \mathrm{HI} 08-1=$ BN then $2300 . \mathrm{H} 108-2$ must begin with "E". | 9/27/2011 | tighten edit |
| X223.193.2300.HIO9-2.050 | added 277C edit: If $2300 . \mathrm{HI} 09-1=\mathrm{BN}$ then $2300 . \mathrm{HIO9-2}$ must begin with "E". | 9/27/2011 | tighten edit |
| X223.193.2300.HI10-2.050 | added 277C edit: If $2300 . \mathrm{Hl10}-1=\mathrm{BN}$ then $2300 . \mathrm{Hl10} 2$ 2 must begin with "E". | 9/27/2011 | tighten edit |
| X223.193.2300.HI11-2.050 | added 277C edit: If 2300.H111-1 = BN then 2300.H111-2 must begin with "E". | 9/27/2011 | tighten edit |
| X223.193.2300.HI12-2.050 | added 277C edit: If $2300 . \mathrm{HI} 12-1=$ BN then $2300 . \mathrm{HI12-2}$ must begin with "E". | 9/27/2011 | tighten edit |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

## Spreadsheet Details

- An Edit Identifier is used to uniquely identify each row in an Edit Spreadsheet. It consists of the following fields separated by periods:
* TR3 Identifier.
* TR3 Page reference for the segment identified
* TR3 Loop ID (if there is no loop ID there will be two periods together)
* Segment ID and Element Position.
* Edit Number (within the Segment ID / Element Position).
. The "Accept/Reject" Column will be populated with one of the following values as indicated below:
* R - The transaction set (ST-SE) is rejected back to the submitter.
* E - The transaction set (ST-SE) is passed to the CEM where additional validation occurs. Rejections for both syntax and business reasons will occur at the claim level within the CEM.
* T - The error is identified in the translator and an STC record is added to the 837 flat file following the segment that had the error.
* C - The error is identified in the CEM, a 277CA flat file, including the business error information, will be generated.


## - Acronyms:

* CSC - Claim Status Code
* CSCC - Claim Status Category Code.
* EIC - Entity Identifier Code.


## - Edit inclusion methodology:

* 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.


## . Assumptions:

* The edits included in the spreadsheet are intended to clarify the X12N Implementation Guide instructions or add Medicare specific requirements. Unless otherwise explicitly specified in the EDITS worksheet, all X12 IG instructions must be followed.
* Segments noted as "Pass through, syntax only" will not include CMS specific edits based on system constraints or business rules. This notation indicates that the information is stored on the repository but not used in any CMS system processing.
* Front End processing will determine billing criteria (inpatient, outpatient, POA, etc.) based on the NUBC manual. Specific criteria will not be included in this document. * Conditional statements regarding inclusion or exclusion of segment/element/composites will be included when they can be consistently enforced by a transaction receiver. In the absence of consistently enforceable criteria, no edit will be included to control inclusion/exclusion.
Example: 2320 COB Payer Amt Paid - there is no way for the receiver to determine whether the claim has been adjudicated by the payer in Loop 2330 B , so no edit will be included for that criteria.
* Format definitions, rules, restrictions, guidance, or instructions published by the code set owner of an external code set must be met for a code from an external code set to be noted as "valid".
* If a segment is repeated at the same location with different qualifiers, the segment edit will include a qualifier clause (Only one iteration of $2300 . \mathrm{HI}$ with $\mathrm{HIO1}-1=$ "DR" is allowed), otherwise the segment edit will just include the number of iterations allowed (Only one iteration of 2310C.NM1 is allowed).
- 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
* 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 during leap years (2008 was a leap year, leap years occur every 4 years) when the day positions may be populated with 01-29.
* If month is "03", the day positions may be populated with 01-31
* If month is "04", the day positions may be populated with 01-30
* If month is " 05 ", the day positions may be populated with 01-31
* If month is " 06 ", the day positions may be populated with $01-30$.
* If month is "07", the day positions may be populated with 01-31
* If month is " 08 ", the day positions may be populated with 01-31
* If month is "09", the day positions may be populated with 01-30
* If month is " 10 ", the day positions may be populated with 01-31
* If month is " 11 ", the day positions may be populated with $01-30$
* If month is "12", the day positions may be populated with 01-31


## - Future Date edits:

* Edits restricting a date field from being a "future date" should be evaluated against the date the file was received.

ICD Codes:

* 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 are highlighted in turquoise.
- Numeric edits:
* Positive/Negative/Zero


## - 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.
* If an edit references a numeric value (must be $>=,<=$ or $=$ with a numeric limitation) implies a numeric content requirement so the standard numeric check will not be included.
* The words "digit" or "digits" in an edit implies numeric content.

Alphanumeric edits:

* The words "character" or "characters" in an edit implies alphanumeric content.
* If the data of an AN element or composite is from an external code list, the standard AN edits will not be included.
- If an edit contains a bracketed clause, [clause], each contractor must supply the information noted in the edit (e.g. receiver code).


## Terms and Definitions

The flow of the transactions is:

* Front end processing - commercial translator edits, specific to each contractor
- EDI syntax integrity validation

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

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

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

* Common edit module - identical processing across contractors

External code source validation

- All CMS business rule validation that is evaluated post-translation
- Balancing edits
- Situation based edits
- Code Set edits

Product Type/Type of Service edits

* Shared system - CMS claims processing system.

277 - Denotes that a 277 acknowledgement will be returned to the submitter.

* 277 T - This designation is used when an error is identified in front end processing (before the common edit module is invoked). When this type of error is identified an STC record is added to the 837 flat file following the segment with the identified error.
* 277 C - This designation is used when an error is identified in the common edit module. When this type of error is identified an STC record is added to the 277 flat file following the segment with the identified error

999 - Denotes that a 999 acknowledgement will be returned to the submitter.

* 999R - This designation is used when an identified error causes the transaction set (ST-SE) to be rejected back to the submitter. If multiple transaction sets are included in one functional group, only the transaction set with an identified 999R error will be rejected, not all the transaction sets in the functional group.
* 999E - This designation is used when processing continues after an error is identified; the transaction set (ST-SE) will continue to be evaluated against the translator errors before being passed to the CEM for additional validation. When an error is identified an STC record is added to the 837 flat file following the segment with the identified error. Exception: If the 999 E is based on usage of a "Not Used" element only a 999 E will be generated and sent back to the submitter. No corresponding 277 will be created in the flat file for this type of error


## Assumptions

277 acknowledgements and 999 acknowledgements are not mutually exclusive.

## General Edit Rules:

Duplicate ST-SE transaction sets shall be rejected as follows.
CSCC A8: Acknowledgement / Rejected for relational field in error
CSC 746: Duplicate Submission. Note: use only at the information receiver level in the Health Care Claim Acknowledgement transaction
EIC: 40: Receive
These are the priority rules. They supersede the secondary rules whenever there is a conflict between the instructions.
999R edits stand alone. They are not associated with a corresponding 277 error

## 999E edits are always followed by a 277 T edit.

* Exception: a 999E based on usage of a "Not Used" element stands alone

277C edits stand alone. They are not associated with a corresponding 999 error.
277T edits are usually preceded by a 999E edit but can stand alone

* Special Case: When an element has more than one error that can be identified in the translator, there can be multiple 277Ts following one 999E. Envelope edits - if a transaction is recognized as an X12 transaction with envelope errors, it must be acknowledged as shown in the spreadsheet. If envelope errors result in a transaction not being recognized as an X12 transaction, contractors have flexibilty on how to acknowlege the transaction.

All Table 1 edits result in a 999R or TA1 rejection

* Exception: "Not Used" elements will be associated with stand-alone 999E edits
All Table 2 edits related to CMS business constraints will be associated with a 277 edit.
* EDI Syntax Integrity Validation (WEDI Level 1) or HIPAA Syntax Integrity Validation, which includes Situational Rule Validation (WEDI Level 2) edits will be associated with a 277T edit.
* Common Edit Module validation (WEDI Levels 3 through 6) edits will be associated with a 277C edit.

$$
\text { All Table } 2 \text { edits related to CMS technical constraints will be associated with a 999E followed by a } 277 \mathrm{~T} \text { edit. }
$$

* Examples: amounts or quantities for which CMS's internal system size is smaller than the IG allowed maximum


## Specific Edit Rules:

## These are the secondary rules. They apply only when they do not violate the priority rules.

Loops that are not accepted based on Medicare business rules will be associated with a stand-alone 277T edit.

- Segments that are not accepted based on Medicare business rules will be associated with a stand-alone 277T edit.
. All "... must be populated with accepted AN characters" edits will be associated with a 999R (IK403=6).
All "...must be \# - \#\# characters" edits will be associated with a 999E (IK403=4 or IK403=5)/277T edit combination.
All "...must be $\{<,>,=,<=,>=\}$ " edits that establish element length will be associated with a 999E (IK403=4 or IK403=5)/277T edit combination.
All "...must contain at least \#\# non-space characters" edits will be associated with a 999R edit (IK403=6).
All "...must be present" edits at the segment level will be associated with a 999R edit (IK304=3).
Exception: if the edit reflects Medicare business rules instead of X 12 syntax rules, the edit will be associated with a 277 T edit. All "...must be present" edits at the element level will be associated with a 999R edit (IK403=1).

Exception: if the edit reflects Medicare business rules instead of X12 syntax rules, the edit will be associated with a 277 T edit.
All "If ... is not present, ... must be present" edits at the segment level will be associated with a 999R edit (IK304=16).
All "If ... is present, ... must be present" edits referring to a relationship between two elements within the same segment will be associated with a 999R edit (IK403=2).
All "If ... is present, ... must be present" edits referring to a relationship between two different segments will be associated with a 277 C edit.

- All "If ...is present, ....may be present" edits referring to a relationship between two elements within the same segment will be associated with a 999R edit (IK403=10).

All "If ... is present, ... may be present" edits referring to a relationship between two different segments will be associated with a 999R edit (IK304=19).
All "...must be valid values" edits will be associated with a 999R edit (IK403=7).

- All "...must be \{explicit value\}" edits will be associated with a 999R edit (IK403=7).
. All "...must be numeric" edits will be associated with a 999R edit (IK403=6).
All external code source edits will be associated with a 277C edit.
All "must be an integer" edits will be associated with a 999R edit (IK403=6).
All "must be a valid date" edits will be associated with a 999R edit (IK403=8).
All "must be a valid time" edits will be associated with a 999R edit (IK403=8).
All "must not be present" edits at the segment level will be associated with a 277 T edit.
All "must not be present" edits at the element level will be associated with a 999E edit (IK403=I10).
All "If ...NM102 is " 2 ", ... must not be present" edits will be associated with a 999R edit (IK403=I13).
All dollar amounts or numeric elements that use $<,>,=,<=$, or $>=$ to establish value limits will be associated with a 277T edit.
All edits limiting the number of iterations of a segment will be associated with a 999R (IK304=5).
* Exception: All edits limiting the number of iterations of the first segment of a loop will be associated with a 999R (IK304=4).


## Segment or Element Specific Edit Rules:

## These are the tertiary rules. They apply only when they do not violate the priority or secondary rules.

In Loops 1000A and 2010AA, NM109 edits referring to "approved electronic submitter" (trading partner management edits) will be associated with a 999R edit (trading partner management edits).
. Elements that are situational in the TR3 but listed as "must not be present" and shaded gray on the edits spreadsheets are not to be mapped to the flat file.

