

<b>CMS Manual System</b>	<b>Department of Health &amp; Human Services (DHHS)</b>
<b>Pub 100-20 One-Time Notification</b>	<b>Centers for Medicare &amp; Medicaid Services (CMS)</b>
<b>Transmittal 1066</b>	<b>Date: April 27, 2012</b>
	<b>Change Request 7804</b>

**SUBJECT: Implementation of the HIPAA Version 5010 276/277 Claim Status Edits October 2012 Release**

**I. SUMMARY OF CHANGES:** This Change Request (CR) is related to the implementation of the October 2012 Edits for the Health Insurance Portability and Accountability Act (HIPAA) of 1996 for the Accredited Standards Committee (ASC) X12 Version 005010 Health Care Claim Status Request and Response (276/277) transaction sets.

**EFFECTIVE DATE: October 1, 2012**

**IMPLEMENTATION DATE: October 1, 2012**

*Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revise information only, and not the entire table of contents.*

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

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

<b>R/N/D</b>	<b>CHAPTER / SECTION / SUBSECTION / TITLE</b>
N/A	

**III. FUNDING:**

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

No additional funding will be provided by CMS; Contractor activities are to be carried out within their operating budgets.

**For Medicare Administrative Contractors (MACs):**

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

**IV. ATTACHMENTS:**

**One-Time Notification**

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

# Attachment – One-Time Notification

Pub. 100-20	Transmittal: 1066	Date: April 27, 2012	Change Request: 7804
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**SUBJECT: Implementation of the HIPAA Version 5010 276/277 Claim Status Edits October 2012 Release**

**EFFECTIVE DATE: October 1, 2012**

**IMPLEMENTATION DATE: October 1, 2012**

## I. GENERAL INFORMATION

**A. Background:** This Change Request (CR) is related to the implementation of the October 2012 Edits for the Health Insurance Portability and Accountability Act (HIPAA) of 1996 for the Accredited Standards Committee (ASC) X12 Version 005010 Health Care Claim Status Request and Response (276/277) transaction sets.

This CR provides direction to the following stakeholders:

1. Shared System Maintainers (SSM) for:
  - a. Fiscal Intermediary Standard System (FISS),
  - b. Multi Carrier System (MCS),
  - c. ViPS Medicare System (VMS),
2. The Durable Medical Equipment (DME) Common Electronic Data Interchange (CEDI) contractor,
3. The following Part A and Part B (A/B) Medicare Administrative Contractors (MACs) and their subcontractors as appropriate:
  - a. Jurisdiction 1 – Palmetto Government Benefits Administrator,
  - b. Jurisdiction F – Noridian Administrative Services,
  - c. Jurisdiction 4 – TrailBlazer Health Enterprise,
  - d. Jurisdiction H – Novitas Solutions,
  - e. Jurisdiction 5 – Wisconsin Physicians Services,
  - f. Jurisdiction 8 – Wisconsin Physicians Services,
  - g. Jurisdiction 9 – First Coast Service Options (FCSO),
  - h. Jurisdiction 10 – Cahaba Government Benefit Administrators,
  - i. Jurisdiction 11 – Palmetto Government Benefits Administrator,
  - j. Jurisdiction 12 – Novitas Solutions,
  - k. Jurisdiction 13 – National Government Services,
  - l. Jurisdiction 14 – National Heritage Insurance Corp,
  - m. Jurisdiction 15 – CGS Administrators, LLC.

Additionally, this CR addresses the Common Edits and Enhancement Module (CEM) software for the inbound Claim Status Inquiry process. The FISS Part A and MCS Part B Shared System Maintainer shall update any changes in the distribution process in order for the A/B MACs to retrieve, install and execute the CEM software and associated reference files for inbound claims status transactions at the Local Data Center. For the Durable Medical Equipment process the CEDI contractor shall be responsible for the creation of similar software within the CEDI processing environment.

This CR also provides guidance to SSMs related to the following CRs:

1. All – CR 6940 – Transmittal 704
2. FISS – CR 6299 - Transmittal 425

3. MCS – CR 6411 – Transmittal 476
4. VMS – CR 6399 – Transmittal 519

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

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

**\*NOTE:** The Pre-Implementation/CR Review costs will not be funded under the unique funding situation for the 5010/D.0 project, but instead out of the MAC’s allotted hours for Pre-Implementation/CR Review.\*

**B. Policy:** Health Insurance Portability and Accountability Act of 1996 (HIPAA), the Final Rule as published in the Federal Register on January 16, 2009, by the Department of Health and Human Services, 45 CFR Part 162, Subpart N-Health Care Claim Status.

**II. BUSINESS REQUIREMENTS TABLE**

Use “Shall” to denote a mandatory requirement

Number	Requirement	Responsibility (place an “X” in each applicable column)									
		A / B  M A C	D M E  M A C	F I  M A C	C A R R I E R	R H I  I S S	Shared-System Maintainers				OTH ER
							F I S S	M C S	V M S	C W F	
7804.1	The A/B MAC, CEDI and the Shared System Maintainer shall insure that they comply with the CMS Edits Spreadsheet attached to this Change Request for the 276/277 transaction sets.	X					X	X			CEDI CEM A CEM B
7804.1.1	The contractor shall insure that they comply with the CMS Edits Spreadsheet attached to this Change Request for the 276/277 transaction sets specifically related to the Beneficiary Health Insurance Claim number configuration edits for both Medicare Part B and Railroad Retirement Board (RRB).										CEDI
7804.2	The A/B MAC, CEDI and the Shared System Maintainer shall address any findings uncovered during the installation and testing periods of the April and July 2012 release associated with the 276/277 transaction sets.	X					X				CEDI CEM A CEM B
7804.3	The contractor shall provide analysis to begin support for processing of internet based batch and real time Claim Status Request transaction (276) and response	X	X	X	X	X	X	X	X		CEDI CEM A

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B	D M E	F I	C A R R I E R	R H I	Shared-System Maintainers				OTH ER
							F I S S	M C S	V M S	C W F	
	information in the outbound Claim Status Response transaction (277).										CEM B
7804.3.1	The contractor shall provide Rough Order of Magnitude (ROM) costing information to begin support for processing in their current environments, inclusive of any operational portals, for batch based, and if currently supported real time processing of, Claim Status Request transaction (276) and response information in the outbound Claim Status Response transaction (277).	X	X	X	X	X					
7804.3.1.1	The contractor shall provide documentation related to any "screen-scraping" activities for the processing in their current environments which simulates Claim Status Request information and Claim Status Response information.	X	X	X	X	X					
7804.3.1.2	The contractor shall provide documentation related to any activities for the processing in their current environments which utilizes the HIPAA Claim Status Request and Claim Status Response transaction sets (276/277).	X	X	X	X	X					
7804.3.2	The contractor shall perform analysis activity and if capable, provide Rough Order of Magnitude (ROM) costing information to begin support for processing batch based, and real time based, Claim Status Request transaction (276) and response information in the outbound Claim Status Response transaction (277).  <b>NOTE:</b> Assume the solution shall comply with CMS Technical Reference Architecture (TRA) specifications related to transportation of data between locations.						X	X	X		CEM A CEM B
7804.4	The contractor shall perform analysis activity to begin compliance with security aspects of internet based batch and real time Claim Status Request transaction (276) and response information in the outbound Claim Status Response transaction (277).	X	X	X	X	X					CEDI
7804.4.1	The contractor shall perform analysis activity to begin support of security aspects for internet based batch and real time Claim Status Request transaction (276) and response information in the outbound Claim Status Response transaction (277).						X	X	X		CEM A CEM B
7804.5	The contractor shall perform analysis activity and provide ROM costing information to begin compliance with Council for Affordable Quality Healthcare	X	X	X	X	X					CEDI

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B	D M E	F I	C A R R I E R	R H I	Shared-System Maintainers				OTH ER
							F I S S	M C S	V M S	C W F	
	(CAQH) Committee on Operating Rules for Information Exchange (CORE) for internet based batch and real time Claim Status Request transaction (276) and response information in the outbound Claim Status Response transaction (277).										
7804.5.1	The contractor shall perform analysis activity and if capable, provide ROM costing information to begin compliance with Council for Affordable Quality Healthcare (CAQH) Committee on Operating Rules for Information Exchange (CORE) for internet based batch and real time Claim Status Request transaction (276) and response information in the outbound Claim Status Response transaction (277).						X	X	X		CEM A CEM B
7804.6	The contractor shall perform analysis activity and provide costing information to begin compliance with Council for Affordable Quality Healthcare (CAQH) Committee on Operating Rules for Information Exchange (CORE) related to infrastructure changes required to support internet based batch and real time Claim Status Request transaction (276) and response information in the outbound Claim Status Response transaction (277).	X	X	X	X	X					CEDI
7804.6.1	The contractor shall perform analysis activity and if capable, provide ROM costing information to begin compliance with Council for Affordable Quality Healthcare (CAQH) Committee on Operating Rules for Information Exchange (CORE) related to infrastructure changes required to support internet based batch and real time Claim Status Request transaction (276) and response information in the outbound Claim Status Response transaction (277).						X	X	X		CEM A CEM B
7804.7	The contractor shall perform analysis activity and provide costing information to begin compliance with Council for Affordable Quality Healthcare (CAQH) Committee on Operating Rules for Information Exchange (CORE) related to infrastructure changes required to support returning the Implementation Acknowledgement for Health Care Insurance (999) for internet based batch Claim Status Request transaction (276) when accepted for processing.	X	X	X	X	X					CEDI
7804.7.1	The contractor shall perform analysis activity to begin compliance with Council for Affordable Quality Healthcare (CAQH) Committee on Operating Rules for						X	X	X		CEM A CEM

Number	Requirement	Responsibility (place an "X" in each applicable column)										
		A / B	D M E	F I	C A R R I E R	R H I	Shared-System Maintainers				OTH ER	
							F I S S	M C S	V M S	C W F		
	Information Exchange (CORE) related to infrastructure changes required to support returning the Implementation Acknowledgement for Health Care Insurance (999) for internet based batch Claim Status Request transaction (276) when accepted for processing.											B
7804.8	The contractor shall provide impact information for Companion Guide(s) to CMS related to compliance with Council for Affordable Quality Healthcare (CAQH) Committee on Operating Rules for Information Exchange (CORE) related to infrastructure changes, operational changes, or other application changes.	X	X	X	X	X	X	X	X			CEDI CEM A CEM B

**III. PROVIDER EDUCATION TABLE**

Number	Requirement	Responsibility (place an "X" in each applicable column)										
		A / B	D M E	F I	C A R R I E R	R H I	Shared-System Maintainers				OTH ER	
							F I S S	M C S	V M S	C W F		
	None											

**IV. SUPPORTING INFORMATION**

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

*Use "Should" to denote a recommendation.*

X-Ref Requirement Number	Recommendations or other supporting information:
	None

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

**V. CONTACTS**

**Pre-Implementation Contact(s):** Jason Jackson, (410) 786-6156, [jason.jackson3@cms.hhs.gov](mailto:jason.jackson3@cms.hhs.gov)

Candace Kraus, (410) 786-0377, [candace.kraus@cms.hhs.gov](mailto:candace.kraus@cms.hhs.gov)  
Michael Cabral, (410) 786-6168, [michael.cabral@cms.hhs.gov](mailto:michael.cabral@cms.hhs.gov)

**Post-Implementation Contact(s):** Contact your Contracting Officer's Representative (COR) or Contractor Manager, and Pre-Implementation Contacts(s) as applicable.

## **VI. FUNDING**

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

No additional funding will be provided by CMS; Contractor activities are to be carried out within their operating budgets.

### **Section B: For *Medicare Administrative Contractors (MACs)*:**

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

**Attachment(s):** Two (2)

**READ ME**

- 1 This document provides a general checklist of system and business requirements necessary to conform with the CAQH CORE Operating Rules. The checklist on Tab 2 can be used by entities preparing for voluntary CORE Certification in order to identify system(s) that may require remediation in order to conform with CAQH CORE Operating Rules.
- 2 The CAQH CORE rule requirements are also tied to the stakeholder type that is required to conform to the CAQH CORE rule. The stakeholder types are provider, health plan, clearinghouse, and vendor. Note that the applicability of a specific CAQH CORE rule requirement may vary according to trading partner relationship, contracted services, and other arrangements. This document provides guidance. If you have specific questions concerning applicability, please contact CAQH CORE staff.
- 3 In the case of a conflict between this document and the actual text in the CAQH CORE rule, the text in the CAQH CORE rule takes precedence.
- 4 CAQH CORE Operating Rules are written, agreed to, and implemented in Phases. Each successive CAQH CORE Phase builds on the prior phase. There are currently two approved Phases of CAQH CORE Operating Rules: I and II (with a third in the late stages of the approval process). The following checklist is divided into requirements by Phase. Since an entity must be Phase I\* CORE-certified in order to become Phase II CORE-certified, certain requirements may not be listed in the Phase II checklist as it is assumed entities are compliant with all applicable\*\* requirements listed in Phase I.
- 5 Gap analysis and system remediation in order to become voluntarily CORE-certified is the responsibility of the entity seeking CORE Certification. CAQH CORE staff cannot assist an organization with its internal analysis or provide interpretation of that analysis. CAQH CORE staff will assist with questions relating to the actual CAQH CORE Operating Rules but not the implementation of those rules within an organization.
- 6 References are made to key rule requirements where applicable. These requirements are found in the CAQH CORE Operating Rules and tabulated in the voluntary CORE Test Suite for each Phase: Phase I is located here: <http://www.caqh.org/pdf/CLEAN5010/CORECertificationTestSuite-v5010.pdf>. Phase II is located here: <http://www.caqh.org/pdf/CLEAN5010/COREPIITestSuite-v5010.pdf>  
\*CORE Certification remains voluntary, though compliance with most of the Phase I and Phase II CAQH CORE Operating Rules has been mandated under the Affordable Care Act ([http://www.cms.gov/Affordable-Care-Act/02\\_OperatingRulesforHIPAATransactions.asp](http://www.cms.gov/Affordable-Care-Act/02_OperatingRulesforHIPAATransactions.asp)). Voluntary CORE Certification is for entities that use, create, or transmit eligibility and/or claim status data. In seeking Voluntary CORE Certification, an organization must conform with all the operating rules applicable to the organization. Phase I CAQH CORE Operating Rules focus on the 270/271 transaction whereas Phase II CAQH CORE Operating Rules focus on 270/271 and the claim status 276/277 transaction. CORE Certification for Phase II assumes that entities are Phase I certified, although concurrent certification testing is possible. An entity may certify in Phase II for only the transactions it offers (e.g., vendor which conducts only 276/277 transactions may certify its product in Phase II).

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\*\*CORE Certification is stakeholder specific. There are four stakeholder categories for which certification test scripts exist: clearinghouse, health plan, vendor and provider. Entities are required to conform with all rules applicable to their stakeholder type and are required to complete the CORE test scripts necessary to show compliance with the rules. Note: Voluntary CORE Certification testing is not exhaustive, but rather tests for key rule requirements as approved by CAQH CORE Participants.

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	Rule	CAQH CORE Rule Requirement	Applicable Yes/No	Compliant Yes/No	Gaps Identified	Business Processes/Documentation Revisions Required and Effort Estimates
1	CORE 250: 276/277 Claims Status Rule	<p>For batch, the receiver of a v5010 276 or a v5010 277 must always return a v5010 999 implementation acknowledgement to indicate that the Functional Group was either accepted, accepted with errors, or rejected and v5010 999 must not be returned during the initial communications session in which the v5010 276 batch is submitted</p> <p><u>Exclusion per 45 CFR:</u> Section 162.1403 Phase II CORE 250 Claim Status Rule, version 2.1.0, March 2011, and CORE v5010 Master Companion Guide, 00510, 1.2 March 2011. Excluding where the CAQH CORE rule reference and pertain to acknowledgements and CORE certification</p>	No			
2	CORE 250: 276/277 Claims Status Rule	<p>For real time, a v5010 999 is returned only to indicate a v5010 276 Functional Group (including the enclosed Transaction Set) error resulting in the rejection of the entire Functional Group (a v5010 999 must not be returned if the v5010 276 Functional Group and enclosed Transaction Set is not rejected) and v5010 277 must always be returned for an Interchange, Functional Group and Transaction Set that complies with ASC X12 v5010 276 requirements</p> <p><u>Exclusion per 45 CFR:</u> Section 162.1403 Phase II CORE 250 Claim Status Rule, version 2.1.0, March 2011, and CORE v5010 Master Companion Guide, 00510, 1.2 March 2011. Excluding where the CAQH CORE rule reference and pertain to acknowledgements and CORE certification</p>	No			
3	250: 276/277 Claims Status Rule	All Phase II CORE-certified entities' Companion Guides covering the v5010 276/277 claim status inquiry and response transactions must follow the format/flow as defined in the CORE v5010 Master Companion Guide Template for HIPAA Transactions	Yes			

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	Rule	CAQH CORE Rule Requirement	Applicable Yes/No	Compliant Yes/No	Gaps Identified	Business Processes/Documentation Revisions Required and Effort Estimates
4	250: 276/277 Claims Status Rule	Maximum response time when processing in batch mode for the receipt of a v5010 277 response to a v5010 276 inquiry submitted by a provider or on a provider's behalf by a clearinghouse/switch by 9:00 pm Eastern time of a business day must be returned by 7:00 am Eastern time the following business day. A business day consists of the 24 hours commencing with 12:00 am (Midnight or 0000 hours) of each designated day through 11:59 pm (2359 hours) of that same designated day. The actual calendar day(s) constituting business days are defined by and at the discretion of each health plan or information source	Yes			
5	250: 276/277 Claims Status Rule	v5010 999 responses must be available to the submitter within one hour of receipt of the batch: to the provider in the case of a batch of v5010 276 inquiries and to the health plan (or information source) in the case of a batch of v5010 277 responses  <u>Exclusion per 45 CFR:</u> Section 162.1403 Phase II CORE 250 Claim Status Rule, version 2.1.0, March 2011, and CORE v5010 Master Companion Guide, 00510, 1.2 March 2011. Excluding where the CAQH CORE rule reference and pertain to acknowledgements and CORE certification	No			
6	CORE 250: 276/277 Claims Status Rule	Conformance with this maximum response time rule shall be considered achieved if 90 percent of all required responses as specified in the Phase II CORE 250: Claim Status Rule Batch Acknowledgement version 2.1.0 are returned within the specified maximum response time as measured within a calendar month	Yes			
7	CORE 250: 276/277 Claims Status Rule	Each CORE-certified entity must demonstrate its conformance with this maximum response time rule by demonstrating its ability to capture, log, audit, match and report the date (YYYYMMDD), time (HHMMSS) and control numbers from its own internal systems and the corresponding data received from its trading partners  <u>Exclusion per 45 CFR:</u> Section 162.1403 Phase II CORE 250 Claim Status Rule, version 2.1.0, March 2011, and CORE v5010 Master Companion Guide, 00510, 1.2 March 2011. Excluding where the CAQH CORE rule reference and pertain to acknowledgements and CORE certification	No			

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	Rule	CAQH CORE Rule Requirement	Applicable Yes/No	Compliant Yes/No	Gaps Identified	Business Processes/Documentation Revisions Required and Effort Estimates
8	CORE 250: 276/277 Claims Status Rule	Must report HTTP server errors with a HTTP 500 Internal Service Error or an HTTP 503 Service Unavailable error message.	Yes			
9	CORE 250: 276/277 Claims Status Rule	<p>Maximum response time when processing in real time mode for the receipt of a v5010 277 or in the case of an error, a v5010 999 response from the time of submission of a v5010 276 inquiry must be 20 seconds (or less). v5010 999 response rejections must be returned within the same response timeframe</p> <p><u>Exclusion per 45 CFR:</u> Section 162.1403 Phase II CORE 250 Claim Status Rule, version 2.1.0, March 2011, and CORE v5010 Master Companion Guide, 00510, 1.2 March 2011. Excluding where the CAQH CORE rule reference and pertain to acknowledgements and CORE certification</p>	No			
10	CORE 250: 276/277 Claims Status Rule	Conformance with this maximum response time rule shall be considered achieved if 90 percent of all required responses are returned within the specified maximum response time as measured within a calendar month	Yes			
11	CORE 250: 276/277 Claims Status Rule	System availability must be no less than 86 percent per calendar week for both real-time and batch processing modes. This will allow for health plan, (or other information source) clearinghouse/switch or other intermediary system updates to take place within a maximum of 24 hours per calendar week for regularly scheduled downtime	Yes			

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	Rule	CAQH CORE Rule Requirement	Applicable Yes/No	Compliant Yes/No	Gaps Identified	Business Processes/Documentation Revisions Required and Effort Estimates
12	CORE 250: 276/277 Claims Status Rule	CORE-certified health plans (or information sources), clearinghouses/switches or other intermediaries must publish their regularly scheduled system downtime in an appropriate manner (e.g., on websites or in companion guides) such that the healthcare provider can determine the health plan's system availability so that staffing levels can be effectively managed; No response is required during scheduled downtime(s)  <u>Exclusion per 45 CFR:</u> Section 162.1403 Phase II CORE 250 Claim Status Rule, version 2.1.0, March 2011, and CORE v5010 Master Companion Guide, 00510, 1.2 March 2011. Excluding where the CAQH CORE rule reference and pertain to acknowledgements and CORE certification				
13	CORE 250: 276/277 Claims Status Rule	For non-routine downtime (e.g., system upgrade), an information source must publish the schedule of non-routine downtime at least one week in advance	Yes			
14	CORE 250: 276/277 Claims Status Rule	For unscheduled/emergency downtime (e.g., system crash), an information source will be required to provide information within one hour of realizing downtime will be needed	Yes			
15	CORE 250: 276/277 Claims Status Rule	Each health plan, (or other information source) clearinghouse/switch or other intermediary will establish its own holiday schedule and publish it	Yes			
16	CORE 270: Connectivity Rule	Implement Server capability to support both Message Envelope Standards and Message Exchanges specified in the rule for real time	Yes			
17	CORE 270: Connectivity Rule	Implement Server capability to support both Message Envelope Standards and Message Exchanges specified for batch if batch is offered	Yes			

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	Rule	CAQH CORE Rule Requirement	Applicable Yes/No	Compliant Yes/No	Gaps Identified	Business Processes/Docu mentation Revisions Required and Effort Estimates
18	CORE 270: Connectivity Rule	Implement Server capability and enforce one of two specified Submitter Authentication Standards for both real time and/or batch	Yes			
19	CORE 270: Connectivity Rule	Have a capacity plan such that it can receive and process a large number of single concurrent real-time transactions via an equivalent number of concurrent connections	Yes			
20	CORE 270: Connectivity Rule	Publish detailed specifications in a Connectivity Companion Guide on its public web site as required by the appropriate Phase I or Phase II CORE Companion Guide Rule	Yes			
21	CORE 270: Connectivity Rule	Implement Client capability to support one of two Message Envelope Standards and Message Exchanges specified in the rule for real time	Yes			
22	CORE 270: Connectivity Rule	Implement Client capability to support one of two Message Envelope Standards and Message Exchanges specified for batch if batch is offered	Yes			
23	CORE 270: Connectivity Rule	Implement Client capability to support both specified Submitter Authentication Standards for both real time and/or batch	Yes			
24	CORE 270: Connectivity Rule	Track the times of any received inbound messages	Yes			
25	CORE 270: Connectivity Rule	Respond with the outbound message for the received inbound message	Yes			
26	CORE 270: Connectivity Rule	Include the date and time the message was sent in HTTP+MIME or SOAP+WSDL Message Header tags	Yes			

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	Rule	CAQH CORE Rule Requirement	Page Number	Applicable Yes/No	Conformance YES No	CMS Current Business Processes	Gap Analysis	Business Processes/ Document ation Revisions Required and Effort Estimates
1	<b>Draft: 276/277 Claim History Availability Rule</b>	A CORE certified health plan or information source must provide real time access to claim history a minimum of 24 months from the date that a claim is accepted into the health plan's adjudication system as indicated by the acceptance date specified in the X214 Health Care Claim Acknowledgement (277). The date of submission of a claim is not used to determine the beginning date of the 24-month availability time period	6					
2	<b>Assumptions of this Rule</b>	Real time response time of 20 seconds or less. Consistent X212 276/277 a real time 276 claim status request must contain only one status request, whether or not the 276 submitted is based on v4010A1 or v5010 of HIPAA mandated transactions	6					
3	<b>Draft: 276/277 Uniform Use of Claim Status Category &amp; Claim Status Codes</b>	A CORE certified health plan must map its internal codes and corresponding business scenarios to the CORE-Defined Claims Status Business Scenarios and the claim status category and claims status code combinations specified in this rule	11					
4	<b>Assumptions of Rule</b>	Real time response time of 20 seconds or less Consistent with x212 276/277 TR3, a real time 276 claim status request must contain only one status request	10 & 11					
5	<b>Draft: Acknowledgements for v5010 for 837 Claims Rule -- Rule Requirements</b>	Use of the 999 and 277 Claims Acknowledgements The requirements in this rule section address the requirements for a CORE certified health plan when it receives an ASC X12 EDI Interchange contain one or more Functional Groups of v5010 837 Claims, submitted either in batch or in real time without adjudication. The requirements in this section do not apply to the conduct of Real Time Adjudication process in which a health care claim (v5010 837) is submitted to a health plan in real time and the health plan adjudicates that claim in real time during the same communications session and returns a single response to the submitter.	10					

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	Rule	CAQH CORE Rule Requirement	Page Number	Applicable Yes/No	Conformance YES No	CMS Current Business Processes	Gap Analysis	Business Processes/ Documentation Revisions Required and Effort Estimates
6	<p style="text-align: center;"><b>Draft: Acknowledgements for v5010 for 837 Claims Rule What This Rule Does Not Require</b></p>	<p>*Support the real time submission of v5010 837 claims *Adjudicate a claim submitted in real time *Engage in the Conduct of Real Time Claim Adjudication *Apply any of the Phase I or Phase II infrastructure rules (e.g., the Phase II Connectivity or Identifiers rules) to the conduct of the v5010 837 claim transactions. However, if any entity wishes to apply the Phase II infrastructure rules to the conduct of the claim transactions, it may do so at its own discretion. * Integrate its current claim processing system components into its current eligibility or claim status processing system if they are not currently integrated.</p>	10					
7	<p style="text-align: center;"><b>Draft: Acknowledgements for v5010 for 837 Claims Rule -- Rule Requirements Submitted in Batch</b></p>	<p>Functional Group and Transaction Set Acknowledgement (Requirements when v5010 837 Claims are submitted in Batch) A CORE certified health plan must return: x231 Implementation Acknowledgment for Health Care Insurance (999) for each Functional Group of v5010 837 Claim Transactions to indicate that the Functional Group was either accepted, accepted with errors or rejected. AND to specify for each included v5010 837 Claim Transaction Set was either accepted, accepted with errors or rejected When a Functional Group of v5010 837 Claim Transaction Sets and a v5010 837 Claim Transaction Set is either accepted with errors or rejected, the 005010X231 Implementation Acknowledgment for Health Care Insurance (999) must report each error detected to the most specific level of detail supported by the 999 Implementation Acknowledgement.</p>						

CMS Initial Draft Analysis for Claim Status Operating Rules  
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	Rule	CAQH CORE Rule Requirement	Page Number	Applicable Yes/No	Conformance YES No	CMS Current Business Processes	Gap Analysis	Business Processes/ Documentation Revisions Required and Effort Estimates
8	<p style="text-align: center;"><b>Draft: Acknowledgements for v5010 for 837 Claims Rule -- Rule Requirements Submitted in Real Time Without Adjudication</b></p>	<p>A CORE-certified health plan must return: a 005010X231 999 Implementation Acknowledgement for each Functional Group of v5010 837 Claim Transactions only when the Functional Group is rejected OR only when an included v5010 837 Claim Transaction Set is rejected When a Functional Group of v5010 837 Claim Transaction Sets and a v5010 837 Claim Transaction Set is rejected, the 005010X231 999 Implementation Acknowledgement must report each error detected to the most specific level of detail supported by the 999 Implementation Acknowledgement.</p>	10					
9	<p style="text-align: center;"><b>Draft: Acknowledgements for v5010 for 837 Claims Rule -- Claim Acknowledgement</b></p>	<p>A CORE-certified health plan must acknowledge each claim received in an v5010 837 claim transaction set using the ASC X12 005010X214 Claim Acknowledgement (277CA) unless previous processing resulted in a rejection of the Interchange or a Transaction Set in a Functional Group.</p>	11					

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10	Draft: v5010 for 837 Claims Rule Claim Acknowledgement Response Time Requirement	<p>Response Time Requirements for Availability of Acknowledgement: Maximum elapsed time for the availability of a 999 or 277CA acknowledgement to a v5010 837 claim transaction set that is submitted by a provider, or on a provider's behalf by a clearinghouse/switch, by 9:00 pm Eastern time of a business day must be no later than 7:00 am Eastern time the second business day following submission</p> <p>A business day consists of the 24 hours commencing with 12:00 am (Midnight or 0000 hours) of each designated day through 11:59 pm (23hrs 59mins) of that same designated day. The actual calendar day(s) constituting business days are defined by and at the discretion of each health plan.</p>	11					
11	Draft: v5010 for 837 Claims Rule System Availability Reporting	<p>System Availability Reporting Requirements:</p> <p><b>Scheduled Downtime:</b> — a CORE-certified health plan must publish its regularly scheduled system downtime in an appropriate manner</p> <p><b>Non-Routine Downtime:</b> — a CORE-certified health plan must publish its schedule of non-routine downtime at least one week in advance</p> <p><b>Unscheduled Downtime:</b> — a CORE-certified health plan must provide information for unscheduled/emergency downtime within one hour of realizing downtime will be needed</p> <p><b>No Response Required:</b> — a CORE-certified health plan is not required to acknowledge claims during scheduled downtime(s)</p> <p><b>Holiday Schedule:</b> — a CORE-certified health plan may establish its own holiday schedule and publish it in accordance with the above</p>	11					

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12	<p><b>Draft: v5010 for 837 Claims Rule Receivers of Acknowledgements</b></p>	<p>Basic Requirements for Receivers of Acknowledgments The receiver of a X231 Implementation Acknowledgement for Health Care Insurance (999) and a X214 Health Care Claim Acknowledgement (277) is required <b>To</b> recognize all error conditions that can be specified using all standard acknowledgements named in this rule <b>AND</b> <b>To</b> pass all such error conditions to the end user as appropriate <b>OR</b> <b>To</b> display to the end user text that uniquely describes the specific error condition(s), ensuring that the actual wording of the text displayed accurately represents the error code and the corresponding error description specified in the related ASC X12 acknowledgement specification without changing the meaning and intent of the error condition</p>	11					

## Transaction Set ID: 276/277

ASC X12 005010

## Edits Spreadsheet

Location	Change	Date	Reason for Change
Change Log Worksheet	Added change log	04/07/2020	
Column A	Added "Edit Reference" to Column A This Edit Reference is a calculated value that is stored in <b>hidden columns</b> B through E	04/07/2010	
Column N	Added to designate the disposition of the edit if it is going to Reject / CEM edit / translator edit	04/07/2010	
X212.C7. .GS04.020	Added the "TA1" and "R" for consistency with the 837 edit worksheets for these elements.	04/07/2010	
X212.C7. .GS04.030	Added the "TA1" and "R" for consistency with the 837 edit worksheets for these elements.	04/07/2010	
X212.C7. .GS05.010	Added the "TA1" and "R" for consistency with the 837 edit worksheets for these elements.	04/07/2010	
X212.C7. .GS05.020	Added the "TA1" and "R" for consistency with the 837 edit worksheets for these elements.	04/07/2010	
X212.C7. .GS07.010	Added the "TA1" and "R" for consistency with the 837 edit worksheets for these elements.	04/07/2010	
X212.C7. .GS07.020	Added the "TA1" and "R" for consistency with the 837 edit worksheets for these elements.	04/07/2010	
X212.C3. .ISA06.010	Removed misc. note "04/09: Need to create a canned 277 to flip back if rejected here."		
X212.45/118.2100B.NM104.020	Changed to CEM edit	04/27/2010	
X212.45/118.2100B.NM109.020	Added comment to clarify when translator vs. CEM edit	04/27/2010	
X212.45/118.2100B.NM109.030	Added comment to clarify when translator vs. CEM edit	04/27/2010	
X212.49/126.2100C.NM109.020	Changed to CEM edit	04/27/2010	
X212.49/126.2100C.NM109.030	Changed to CEM edit	04/27/2010	
X212.49/126.2100C.NM109.040	Added comment to clarify when translator vs. CEM edit	04/27/2010	
X212.49/126.2100C.NM109.050	Added comment to clarify when translator vs. CEM edit	04/27/2010	
X212.56/135.2100D.NM104.010	Changed to CEM edit	04/27/2010	
X212.69/157.2210D.SVC01-2.040	Added comment to clarify this is a FISS only edit	04/27/2010	
X212.74/172.2210D.DTP03.040	Changed to CEM edit	04/27/2010	
X212.61/NA.2200D.REF.020	Changed to CEM edit	04/27/2010	
X212.NA/113.2100A.PER.010	Add to Comment column for DME and value of "FX" not used	04/27/2010	
X212.41/111.2100A.NM109.010	Changed 2010BB to 2100A	09/24//2010	
X212.45/118.2100B.NM104.030	Changed NM105 to NM104	09/24//2010	
X212.45/118.2100B.NM104.040	Changed NM105 to NM104	09/24//2010	
X212.45/118.2100B.NM104.050	Changed NM105 to NM104	09/24//2010	
X212.66/NA.2200D.AMT.010	Changed qualifier value reference from "D9" to "T3"	09/24//2010	
X212.69/157.2210D.SVC07.010	Changed reference from "SV104" to "SVC07"	09/24//2010	
X212.69/157.2210D.SVC07.020	Changed reference from "SV104" to "SVC07"	09/24//2010	
X212.C7. .GS.010	Added clarification to only allow 1 GS segment per GS-GE pairing	09/24//2010	
X212.C7. .GS.020	Added clarification to only allow 1 GS segment per GS-GE pairing	09/24//2010	

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## Edits Spreadsheet

X212.C9..GE.010	Added clarification to only allow 1 GE segment per GS-GE pairing	09/24//2010	
X212.C9..GE.020	Added clarification to only allow 1 GE segment per GS-GE pairing	09/24//2010	
entry 117 on the assumptions tab	Added entry to document to explain usage of D0 275 in the 2220D loop of 277 transaction when level contained no error	12/22/2010	
entry 118 on the assumptions tab	Added entry to document to explain usage of D0 247 in the 2200D loop of 277 transaction when level contained no error	12/22/2010	
X212.49/126.2100C.NM109.040	Requested commentary for 2100C NM109 NPI Crosswalk edit	03/21/2011	
X212.73/171.2210D.REF02.020	Changed edit requirements to 999R from 277 of Service Line Information for Service Line Control Number	03/21/2011	
X212.49/126.2100C.PN Loop.010	Changed edit required added E4 CSCC and Codes to Identify provider information	04/11/2011	
X212.49/126.2100C.NM108.020	Changed edit required added E4 CSCC and Codes to Identify provider Information	04/11/2011	
X212.49/126.2100C.NM109.040	Changed edit required added E4 CSCC and Codes to Identify provider information	04/11/2011	
X212.69/157.2210D.SSL Loop.010	Changeed for Part A only edit	04/11/2011	
X212.69/157.2210D.SVC01-1.020	Changeed for Invalid Qualifier Edit	04/11/2011	
X212.69/157.2210D.SVC01-1.030	Changeed for Invalid Qualifier Edit	04/11/2011	
X212.69/157.2210D.SVC01-1.040	Changeed for Invalid Qualifier Edit	04/11/2011	
X212.69/157.2210D.SVC02.030	Changed edit requirements to 999R from 277 of Service Line Information for Amount - Reversed decision back to 277 because the 999 messages do not support this	04/11/2011	
X212.69/157.2210D.SVC02.040	Changed edit requirements to 999R from 277 of Service Line Information for Amount - Reversed decision back to 277 because the 999 messages do not support this	04/11/2011	
X212.61/NA.2200D.REF.020	Correction to code(s)/message should have had Claim Status Category Code E4	12/12/2011	
X212.73/171.2210D.REF02.020	Correction should have been 277 not a 999 IN Column M	12/12/2011	
X212.61/NA.2200D.REF02.050	Correction to code(s)/message should have had Claim Status Category Code E4	12/12/2011	
X212.56/135.2100D.NM109.030	Clarification note that the CEDI contractor must allow both Part B and RRB formatted HIC numbers on valid 276 Inquires.	03/01/2012	

**Transaction Set ID: 276/277  
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Edits Spreadsheet**

If alternative formats of the 5010 Edits spreadsheet are required, please use the "Submit Feedback" feature at the bottom of the table.  
[http://www.cms.gov/MFFS5010D0/20\\_TechnicalDocumentation.asp#TopOfPage](http://www.cms.gov/MFFS5010D0/20_TechnicalDocumentation.asp#TopOfPage)

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Edit Reference	Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	TA1/ 999/ 277	2 T 7 C 6 E R	Disposition / Error Code	Proposed 276 5010 Edits	Outbound Mapping Instructions		Triggering Event	Misc. Notes
												(Flat file and/or 277) Found Condition	(Flat file and/or 277) Not Found Condition		
X212.C3..ISA.010	ISA	INTERCHANGE CONTROL HEADER		1	R		1	TA1	R	TA105: 024 "Invalid Interchange Content".	ISA must be present.	ISA must be present.			
X212.C3..ISA.020	ISA							TA1	R	TA105: 024 "Invalid Interchange Content".	Only one iteration of ISA is allowed.	Only one iteration of ISA is allowed.			
X212.C3..ISA01.010	ISA01	Authorization Information Qualifier	ID	2-2	R			TA1	R	TA105: 010 "Invalid Authorization Information Qualifier Value".	ISA01 must be present.	ISA01 must be present.			
X212.C3..ISA01.020	ISA01							TA1	R	TA105: 010 "Invalid Authorization Information Qualifier Value".	ISA01 must be "00" or "03".	ISA01 must be "00" or "03".			
X212.C3..ISA02.010	ISA02	Authorization Information	AN	10-10	R			TA1	R	TA105: 011 "Invalid Authorization Information Value".	ISA02 must be present.	ISA02 must be present.			
X212.C3..ISA02.020	ISA02							TA1	R	TA105: 011 "Invalid Authorization Information Value".	ISA02 must be 10 characters.	ISA02 must be 10 characters.			
X212.C3..ISA02.030	ISA02							TA1	R	TA105: 011 "Invalid Authorization Information Value".	ISA02 must be populated with accepted AN characters.	ISA02 must be populated with accepted AN characters.			
X212.C3..ISA03.010	ISA03	Security Information Qualifier	ID	2-2	R			TA1	R	TA105: 012 "Security Information Qualifier Value".	ISA03 must be present.	ISA03 must be present.			
X212.C3..ISA03.020	ISA03							TA1	R	TA105: 012 "Security Information Qualifier Value".	ISA03 must be "00" or "01".	ISA03 must be "00" or "01".			
X212.C3..ISA04.010	ISA04	Security Information	AN	10-10	R			TA1	R	TA105: 013 "Security Information Value".	ISA04 must be present.	ISA04 must be present.			
X212.C3..ISA04.020	ISA04							TA1	R	TA105: 013 "Security Information Value".	ISA04 must be 10 characters.	ISA04 must be 10 characters.			
X212.C3..ISA04.030	ISA04							TA1	R	TA105: 013 "Security Information Value".	ISA04 must be populated with accepted AN characters.	ISA04 must be populated with accepted AN characters.			
X212.C3..ISA05.010	ISA05	Interchange ID Qualifier	ID	2-2	R			TA1	R	TA105: 005 "Invalid Interchange ID Qualifier for Sender".	ISA05 must be present.	ISA05 must be present.			
X212.C3..ISA05.020	ISA05							TA1	R	TA105: 005 "Invalid Interchange ID Qualifier for Sender".	ISA05 must be valid values.	ISA05 must be "ZZ".			04/09: 276 Companion Guide note needed.
X212.C3..ISA06.010	ISA06	Interchange Sender ID	AN	15-15	R			TA1	R	TA105: 006 "Invalid Interchange Sender ID".	ISA06 must be present.	ISA06 must be present.			
X212.C3..ISA06.020	ISA06							TA1	R	TA105: 006 "Invalid Interchange Sender ID".	ISA06 must be a valid sender id.	ISA06 must be a valid sender id.			04/09: Valid reference file required for this edit.
X212.C3..ISA07.010	ISA07	Interchange ID Qualifier	ID	2-2	R			TA1	R	TA105: 007 "Invalid Interchange ID Qualifier for Receiver".	ISA07 must be present.	ISA07 must be present.			
X212.C3..ISA07.020	ISA07							TA1	R	TA105: 007 "Invalid Interchange ID Qualifier for Receiver".	ISA07 must be valid values.	ISA07 must be "ZZ".			04/09: 276 Companion Guide note needed.
X212.C3..ISA08.010	ISA08	Interchange Receiver ID	AN	15-15	R			TA1	R	TA105: 008 "Invalid Interchange Receiver ID".	ISA08 must be present.	ISA08 must be present.			
X212.C3..ISA08.020	ISA08							TA1	R	TA105: 008 "Invalid Interchange Receiver ID".	ISA08 must be a valid receiver id.	ISA08 must be a valid receiver id.			04/09: Valid reference file required for this edit.
X212.C3..ISA09.010	ISA09	Interchange Date	DT	6-6	R			TA1	R	TA105: 014 "Invalid Interchange Date Value".	ISA09 must be present.	ISA09 must be present.			
X212.C3..ISA09.020	ISA09							TA1	R	TA105: 014 "Invalid Interchange Date Value".	ISA09 must be a valid date in YYMMDD format.	ISA09 must be a valid date in YYMMDD format.			

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Edits Spreadsheet

Edit Reference	Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	TA1/999/277	2 T 7 C 6 E R	Disposition / Error Code	Proposed 276 5010 Edits	Outbound Mapping Instructions		Triggering Event	Misc. Notes
												(Flat file and/or 277) Found Condition	(Flat file and/or 277) Not Found Condition		
X212.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.	ISA09 must be a the date of the interchange; must not be a future date.			
X212.C3..ISA10.010	ISA10	Interchange Time	TM	4-4	R			TA1	R	TA105: 015 "Invalid Interchange Time Value".	ISA10 must be present.	ISA10 must be present.			
X212.C3..ISA10.020	ISA10							TA1	R	TA105: 015 "Invalid Interchange Time Value".	ISA10 must be a valid time in HHMM format.	ISA10 must be a valid time in HHMM format.			
X212.C3..ISA11.010	ISA11	Repetition Separator	AN	1-1	R			TA1	R	TA105: 024 "Invalid Interchange Content".	ISA11 must be present.	ISA11 must be present.			
X212.C3..ISA11.020	ISA11							TA1	R	TA105: 024 "Invalid Interchange Content".	ISA11 must be 1 character.	ISA11 must be 1 character.			
X212.C3..ISA11.030	ISA11							TA1	R	TA105: 024 "Invalid Interchange Content".	ISA11 must contain at least one non-space character.	ISA11 must contain at least one non-space character.			
X212.C3..ISA12.010	ISA12	Interchange Control Version Number	ID	5-5	R			TA1	R	TA105: 017 "Invalid Interchange Version ID Value".	ISA12 must be present.	ISA12 must be present.			
X212.C3..ISA12.020	ISA12							TA1	R	TA105: 017 "Invalid Interchange Version ID Value".	ISA12 must be "00501".	ISA12 must be "00501".			
X212.C3..ISA13.010	ISA13	Interchange Control Number	N0	9-9	R			TA1	R	TA105: 018 "Invalid Interchange Control Number Value".	ISA13 must be present.	ISA13 must be present.			
X212.C3..ISA13.020	ISA13							TA1	R	TA105: 018 "Invalid Interchange Control Number Value".	ISA13 must be numeric.	ISA13 must be numeric.			
X212.C3..ISA13.030	ISA13							TA1	R	TA105: 018 "Invalid Interchange Control Number Value".	ISA13 must be 9 characters.	ISA13 must be 9 characters.			
X212.C3..ISA13.040	ISA13							TA1	R	TA105: 018 "Invalid Interchange Control Number Value".	ISA13 must be > 0.	ISA13 must be > 0.			
X212.C3..ISA13.050	ISA13							TA1	R	TA105: 018 "Invalid Interchange Control Number Value".	ISA13 must be unsigned.	ISA13 must be unsigned.			
X212.C3..ISA14.010	ISA14	Acknowledgment Requested	ID	1-1	R			TA1	R	TA105: 019 "Invalid Acknowledgment Requested Value".	ISA14 must be present.	ISA14 must be present.			
X212.C3..ISA14.020	ISA14							TA1	R	TA105: 019 "Invalid Acknowledgment Requested Value".	ISA14 must be valid values.	ISA14 must be valid values.			
X212.C3..ISA15.010	ISA15	Usage Indicator	ID	1-1	R			TA1	R	TA105: 020 "Invalid Test Indicator Value".	ISA15 must be present.	ISA15 must be present.			
X212.C3..ISA15.020	ISA15							TA1	R	TA105: 020 "Invalid Test Indicator Value".	ISA15 must be "P" or "T".	ISA15 must be "P" or "T".			
X212.C3..ISA16.010	ISA16	Component Element Separator	AN	1-1	R			TA1	R	TA105: 027 "Invalid Component Element Separator"	ISA16 must be present.	ISA16 must be present.			
X212.C3..ISA16.020	ISA16							TA1	R	TA105: 027 "Invalid Component Element Separator"	ISA16 must be 1 character.	ISA16 must be 1 character.			
X212.C3..ISA16.030	ISA16							TA1	R	TA105: 027 "Invalid Component Element Separator"	ISA16 must contain at least one non-space character.	ISA16 must contain at least one non-space character.			
X212.C3..ISA16.040	ISA16							TA1	R	TA105: 027 "Invalid Component Element Separator"	ISA16 must be populated with accepted AN characters.	ISA16 must be populated with accepted AN characters.			
X212.C7..GS.010	GS	FUNCTIONAL GROUP HEADER		1	R		>1	999	R	AK905: 1 "Functional Group Not Supported".	GS must be present within a single Functional group boundary (GS-GE) pairing.	GS must be present within a single Functional group boundary (GS-GE) pairing.			

Transaction Set ID: 276/277  
ASC X12 005010  
Edits Spreadsheet

Edit Reference	Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	TA1/999/277	2 T 7 C 6 E R	Disposition / Error Code	Proposed 276 5010 Edits	Outbound Mapping Instructions		Triggering Event	Misc. Notes
												(Flat file and/or 277) Found Condition	(Flat file and/or 277) Not Found Condition		
X212.C7..GS020	GS							999	R	AK905: 1 "Functional Group Not Supported".	Only one iteration of GS is allowed within a single Functional group boundary (GS-GE) pairing.	Only one iteration of GS is allowed within a single Functional group boundary (GS-GE) pairing.			
X212.C7..GS01.010	GS01	Functional Identifier Code	ID	2-2	R			999	R	AK905: 1 "Functional Group Not Supported".	GS01 must be present.	GS01 must be present.			
X212.C7..GS01.020	GS01							999	R	AK905: 1 "Functional Group Not Supported".	GS01 must be "HR".	GS01 must be "HN".			
X212.C7..GS02.010	GS02	Application Sender Code	AN	2-15	R			999	R	AK905: 14 "Unknown Security Originator".	GS02 must be present.	GS02 must be present.			04/09: 276 Companion Guide note needed.
X212.C7..GS02.020	GS02							999	R	AK905: 14 "Unknown Security Originator".	GS02 must be a valid sender id.	GS02 must be a valid sender id.			04/09: Valid reference file required for this edit.
X212.C7..GS03.010	GS03	Application Receiver Code	AN	2-15	R			999	R	AK905: 13 "Unknown Security Recipient".	GS03 must be present.	GS03 must be present.			04/09: 276 Companion Guide note needed.
X212.C7..GS03.020	GS03							999	R	AK905: 13 "Unknown Security Recipient".	GS03 must be a valid receiver id.	GS03 must be a valid receiver id.			04/09: Valid reference file required for this edit.
X212.C7..GS04.010	GS04	Date	DT	8-8	R			TA1	R	TA105: 024 Invalid GS Segment	GS04 must be the date the functional group is created; must not be a future date.	GS04 must be the date the functional group is created; must not be a future date.			3/24: Codes for this error are not in the 005050 standard but will be added in the next version.
X212.C7..GS04.020	GS04							TA1	R	TA105: 024 Invalid GS Segment	GS04 must be a valid date in CCYYMMDD format.	GS04 must be the current (system) date in CCYYMMDD format.			
X212.C7..GS04.030	GS04							TA1	R	TA105: 024 Invalid GS Segment	GS04 must be a the date the functional group is created; must not be a future date.				
X212.C7..GS05.010	GS05	Time	TM	4-8	R			TA1	R	TA105: 024 Invalid GS Segment	GS05 must be present.	GS05 must be present.			3/24: Codes for this error are not in the 005050 standard but will be added in the next version.
X212.C7..GS05.020	GS05							TA1	R	TA105: 024 Invalid GS Segment	GS05 must be a valid time in a valid value format.	GS05 must be the current (system) time in a valid value format.			
X212.C7..GS06.010	GS06	Group Control Number	N0	1-9	R			999	R	AK905: 6 "Group Control Number Violates Syntax".	GS06 must be present.	GS06 must be present.			
X212.C7..GS06.020	GS06							999	R	AK905: 6 "Group Control Number Violates Syntax".	GS06 must be numeric.	GS06 must be numeric.			
X212.C7..GS06.030	GS06							999	R	AK905: 6 "Group Control Number Violates Syntax".	GS06 must be > 0 and < =999,999,999	GS06 must be > 0 and < =999,999,999			
X212.C7..GS06.040	GS06							999	R	AK905: 19 "Functional Group Control Number not Unique within Interchange.	GS06 must be unique within the interchange.	GS06 must be unique within the interchange.			
X212.C7..GS07.010	GS07	Responsible Agency Code	ID	1-2	R			TA1	R	TA105: 024 Invalid GS Segment	GS07 must be present.	GS07 must be present.			3/24: Codes for this error are not in the 005050 standard but will be added in the next version.
X212.C7..GS07.020	GS07							TA1	R	TA105: 024 Invalid GS Segment	GS07 must be "X".	GS07 must be "X".			
X212.C7..GS08.010	GS08	Version Identifier Code	AN	1-12	R			999	R	AK905: 2 "Functional Group Version Not Supported"	GS08 must be present.	GS08 must be present.			
X212.C7..GS08.020	GS08							999	R	AK905: 2 "Functional Group Version Not Supported"	GS08 must be "005010X212".	GS08 must be "005010X212".			04/09: Type 2 errata doesn't change the version code, both errata are Type 2, so this value is correct.
X212.36/106..ST.010	ST	TRANSACTION SET HEADER		1	R			>1	999	R	IK502: 1 "Transaction Set Not Supported".	ST must be present.	ST must be present.		
X212.36/106..ST.020	ST								999	R	IK502: 1 "Transaction Set Not Supported".	Only one iteration of ST is allowed.	Only one iteration of ST is allowed.		
X212.36/106..ST01.010	ST01	Transaction Set Identifier Code	ID	3-3	R				999	R	IK502: 6 "Missing or Invalid Transaction Set Identifier".	ST01 must be present.	ST01 must be present.		

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Edit Reference	Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	TA1/999/277	2 T 7 C 6 E R	Disposition / Error Code	Outbound Mapping Instructions		Triggering Event	Misc. Notes
											Proposed 276 5010 Edits	(Flat file and/or 277) Found Condition		
X212.36/106...ST01.020	ST01							999	R	IK502: 6 "Missing or Invalid Transaction Set Identifier".	ST01 must be "276".	ST01 must be "277".		
X212.36/106...ST02.010	ST02	Transaction Set Control Number	AN	4-9	R			999	R	IK502: 7 "Missing or Invalid Transaction Set Control Number".	ST02 must be present.	ST02 must be present.		
X212.36/106...ST02.020	ST02							999	R	IK502: 7 "Missing or Invalid Transaction Set Control Number".	ST02 must be 4-9 characters.	ST02 must be the concatenated value of three zeroes and a sequential number, the sequential portion will start with 1 and increment by 1. Example: "0001" followed by "0002"... "0010".		
X212.36/106...ST02.030	ST02							999	R	IK502: 7 "Missing or Invalid Transaction Set Control Number".	ST02 must contain at least four non-space characters.			
X212.36/106...ST02.040	ST02							999	R	IK502: 7 "Missing or Invalid Transaction Set Control Number".	ST02 must be populated with accepted AN characters.			
X212.36/106...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 ISA-IEA envelope.			
X212.36/106...ST03.010	ST03	Implementation Convention Reference	AN	1-35	R			999	R	IK502: I6 "Implementation Convention Not Supported".	ST03 must be present.	ST03 must be present.		
X212.36/106...ST03.020	ST03							999	R	IK502: I6 "Implementation Convention Not Supported".	ST03 must be "005010X212".	ST03 must be "005010X212".		04/09: Type 2 errata doesn't change the version code, both errata are Type 2, so this value is correct.
X212.37/107...BHT.010	BHT	<b>BEGINNING OF HIERARCHICAL TRANSACTION</b>		1	R		1	999	R	IK304 = 3: "Required Segment Missing"	BHT must be present.	BHT must be present.		
X212.37/107...BHT.020	BHT							999	R	IK304 = 5: "Segment Exceeds Maximum Use"	Only one iteration of BHT is allowed.	Only one iteration of BHT is allowed.		
X212.37/107...BHT01.010	BHT01	Hierarchical Structure Code	ID	4-4	R			999	R	IK403 = 1: "Required Data Element Missing"	BHT01 must be present.	BHT01 must be present.		
X212.37/107...BHT01.020	BHT01							999	R	IK403 = 7: "Invalid Code Value"	BHT01 must be "0010".	BHT01 must be "0010".		
X212.37/107...BHT02.010	BHT02	Transaction Set Purpose Code	ID	2-2	R			999	R	IK403 = 1: "Required Data Element Missing"	BHT02 must be present.	BHT02 must be present.		
X212.37/107...BHT02.020	BHT02							999	R	IK403 = 7: "Invalid Code Value"	BHT02 must be "13".	BHT02 must be "08".		
X212.37/107...BHT03.010	BHT03	Reference Identification	AN	1-50	R			999	R	IK403 = 1: "Required Data Element Missing"	BHT03 must be present.	BHT03 must be present.		
X212.37/107...BHT03.020	BHT03							999	R	IK403 = 5: "Data Element Too Long"	BHT03 must be 1-50 characters.	BHT03 must be the cycle date in CCYDDDD Julian date format concatenated with value from ST02. Example: "20091560001"		06/18: Cycle date is defined in other CMS instructions, available to all implementers. It will not be redefined as part of this task.
X212.37/107...BHT03.030	BHT03							999	R	IK403 = 6: "Invalid Character in Data Element"	BHT03 must contain at least one non-space character.			
X212.37/107...BHT03.040	BHT03							999	R	IK403 = 6: "Invalid Character in Data Element"	BHT03 must be populated with accepted AN characters.			
X212.37/107...BHT04.010	BHT04	Transaction Set Creation Date	DT	8-8	R			999	R	IK403 = 1: "Required Data Element Missing"	BHT04 must be present.	BHT04 must be present.		
X212.37/107...BHT04.020	BHT04							999	R	IK403 = 8: "Invalid Date"	BHT04 must be a valid date in CCYMMDD format.	BHT04 must be the current (system) date in CCYMMDD format.		
X212.37/107...BHT04.030	BHT04							277	C	CSC 510: "Future date"	BHT04 must not be a future date.			

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Edit Reference	Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	TA1/999/277	2 T 7 C 6 E R	Disposition / Error Code	Proposed 276 5010 Edits	Outbound Mapping Instructions		Triggering Event	Misc. Notes
												(Flat file and/or 277) Found Condition	(Flat file and/or 277) Not Found Condition		
X212.37/107..BHT05.010	BHT05	Transaction Set Creation Time	TM	4-8	R			999	R	IK403 = 1: "Required Data Element Missing"	BHT05 must be present.	BHT05 must be present.			
X212.37/107..BHT05.020	BHT05							999	R	IK403 = 9: "Invalid Time"	BHT05 must be a valid time in a valid time format.	BHT05 must be the current (system) time in HHMMSS format.			6/16: edit revised.
X212.37/107..BHT06.010	BHT06	Transaction Type Code	ID	2-2	N/U			999	R	IK403 = 110: "Implementation "Not Used" Element Present"	Must not be present.	BHT06 must be present.			
X212.37/107..BHT06.020	BHT06											BHT06 must be "DG".			
X212.39/109.2000A.IS Loop.010	IS Loop	Information Source Loop				2000A	>1								
X212.39/109.2000A.HL.010	HL	INFORMATION SOURCE LEVEL		1	R	2000A	1	999	R	IK304 = 3: "Required Segment Missing"	2000A.HL must be present.	2000A.HL must be present.			
X212.39/109.2000A.HL.020	HL							999	R	IK304 = 5: "Segment Exceeds Maximum Use"	Only one iteration of 2000A.HL is allowed.	Only one iteration of 2000A.HL is allowed.			
X212.39/109.2000A.HL01.010	HL01	Hierarchical ID Number	AN	1-12	R			999	R	IK403 = 1: "Required Data Element Missing"	2000A.HL01 must be present.	2000A.HL01 must be present.			
X212.39/109.2000A.HL01.020	HL01							999	R	IK403 = 5: "Data Element Too Long"	2000A.HL01 must be 1 - 12 characters.				
X212.39/109.2000A.HL01.030	HL01							999	R	IK403 = 6: "Invalid Character in Data Element"	2000A.HL01 must be numeric.				
X212.39/109.2000A.HL01.040	HL01							999	R	IK403 = 7: "Invalid Code Value"	The first HL01 must be "1".	The first HL01 must be "1".			
X212.39/109.2000A.HL02.010	HL02	Hierarchical Parent ID Number	AN	1-12	N/U			999	R	IK403 = 110: "Implementation "Not Used" Element Present"	Must not be present.	Must not be present.			
X212.39/109.2000A.HL03.010	HL03	Hierarchical Level Code	ID	1-2	R			999	R	IK403 = 1: "Required Data Element Missing"	2000A.HL03 must be present.	2000A.HL03 must be present.			
X212.39/109.2000A.HL03.020	HL03							999	R	IK403 = 7: "Invalid Code Value"	2000A.HL03 must be "20".	2000A.HL03 must be "20".			
X212.39/109.2000A.HL04.010	HL04	Hierarchical Child Code	ID	1-1	R			999	R	IK403 = 1: "Required Data Element Missing"	2000A.HL04 must be present.	2000A.HL04 must be present.			
X212.39/109.2000A.HL04.020	HL04							999	R	IK403 = 7: "Invalid Code Value"	2000A.HL04 must be "1".	2000A.HL04 must be "1".			
X212.41/111.2100A.NM1.010	NM1	PAYER NAME		1	R	2100A	1	999	R	IK304 = 3: "Required Segment Missing"	2100A.NM1 must be present.	2100A.NM1 must be present.			
X212.41/111.2100A.NM1.020	NM1							999	R	IK304 = 4: "Loop Occurs Over Maximum Times"	Only one iteration of 2100A.NM1 with NM101 "PR" is allowed.	Only one iteration of 2100A.NM1 with NM101 "PR" is allowed.			
X212.41/111.2100A.NM101.010	NM101	Entity Identifier Code	ID	2-3	R			999	R	IK403 = 1: "Required Data Element Missing"	2100A.NM101 must be present.	2100A.NM101 must be present.			
X212.41/111.2100A.NM101.020	NM101							999	R	IK403 = 7: "Invalid Code Value"	2100A.NM101 must be "PR".	2100A.NM101 must be "PR".			

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Edit Reference	Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	TA1/999/277	2 T 7 C 6 E R	Disposition / Error Code	Proposed 276 5010 Edits	Outbound Mapping Instructions		Triggering Event	Misc. Notes
												(Flat file and/or 277) Found Condition	(Flat file and/or 277) Not Found Condition		
X212.41/111.2100A.NM102.010	NM102	Entity Type Qualifier	ID	1-1	R			999	R	IK403 = 1: "Required Data Element Missing"	2100A.NM102 must be present.	2100A.NM102 must be present.			
X212.41/111.2100A.NM102.020	NM102							999	R	IK403 = 7: "Invalid Code Value"	2100A.NM102 must be "2".	2100A.NM102 must be "2".			
X212.41/111.2100A.NM103.010	NM103	Payer Name	AN	1-60	R			999	R	IK403 = 1: "Required Data Element Missing"	2100A.NM103 must be present.	2100A.NM103 must be present.			
X212.41/111.2100A.NM103.020	NM103							999	R	IK403 = 5: "Data Element Too Long"	2100A.NM103 must be 1 - 60 characters.	2100A.NM103 is pulled from the system reference file that designates the workload.			
X212.41/111.2100A.NM103.030	NM103							999	R	IK403 = 6: "Invalid Character in Data Element"	2100A.NM103 must contain at least one non-space character.				
X212.41/111.2100A.NM103.040	NM103							999	R	IK403 = 6: "Invalid Character in Data Element"	2100A.NM103 must be populated with accepted AN characters.				
X212.41/111.2100A.NM104.010	NM104	Name First	AN	1-35	N/U			999	R	IK403 = I10: "Implementation "Not Used" Element Present"	Must not be present.	Must not be present.			
X212.41/111.2100A.NM105.010	NM105	Name Middle	AN	1-25	N/U			999	R	IK403 = I10: "Implementation "Not Used" Element Present"	Must not be present.	Must not be present.			
X212.41/111.2100A.NM106.010	NM106	Name Prefix	AN	1-10	N/U			999	R	IK403 = I10: "Implementation "Not Used" Element Present"	Must not be present.	Must not be present.			
X212.41/111.2100A.NM107.010	NM107	Name Suffix	AN	1-10	N/U			999	R	IK403 = I10: "Implementation "Not Used" Element Present"	Must not be present.	Must not be present.			
X212.41/111.2100A.NM108.010	NM108	Identification Code Qualifier	ID	1-2	R			999	R	IK403 = 1: "Required Data Element Missing"	2100A.NM108 must be present.	2100A..NM108 must be present.			
X212.41/111.2100A.NM108.020	NM108							999	R	IK403 = 7: "Invalid Code Value"	2100A.NM108 must be "PI".	2100A..NM108 must be "PI".			
X212.41/111.2100A.NM109.010	NM109	Payer Identifier	AN	2-80	R			999	R	IK403 = 1: "Required Data Element Missing"	2100A.NM109 must be present.	2100A..NM109 must be present.			
X212.41/111.2100A.NM109.020	NM109							277	T/C	CSC26: "Entity not found"	2100A..NM109 must be a valid payer id according to the trading partner management system.	2100A..NM109 must be the transmitted value from the associated 276.			
X212.41/111.2100A.NM110.010	NM110	Entity Relationship Code	ID	2-2	N/U			999	R	IK403 = I10: "Implementation "Not Used" Element Present"	Must not be present.	Must not be present.			
X212.41/111.2100A.NM111.010	NM111	Entity Identifier Code	ID	2-3	N/U			999	R	IK403 = I10: "Implementation "Not Used" Element Present"	Must not be present.	Must not be present.			
X212.41/111.2100A.NM112.010	NM112	Last Name	AN	1-60	N/U			999	R	IK403 = I10: "Implementation "Not Used" Element Present"	Must not be present.	Must not be present.			

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Edit Reference	Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	TA1/999/277	2 T 7 C 6 E R	Disposition / Error Code	Proposed 276 5010 Edits	Outbound Mapping Instructions		Triggering Event	Misc. Notes
												Found Condition	Not Found Condition		
X212.NA/113.2100A.PER.010	PER	PAYER CONTACT INFORMATION		1	S	2100A						Only one iteration of 2100A.PER is allowed.			06/18: The telephone number will always be transmitted in the first communication number set, an email address will be sent in the 2nd communication number set, if the information is applicable and available. The 3rd communication number set will not be transmitted. For DME the value "FX" will not be used
X212.NA/113.2100A.PER01.010	PER01	Contact Function Code	ID	2-2	R							2100A.PER01 must be present.			
X212.NA/113.2100A.PER01.020	PER01											2100A.PER01 must be "IC".			
X212.NA/113.2100A.PER02.010	PER02	Payer Contact Name	AN	1-60	S							For Part A: 2100A.PER02 must be the value in Parm 01022. For VMS - 2100A.PER02 must be the value in VANS/277 Contact. For MCS - 2100A.PER02 must			
X212.NA/113.2100A.PER03.010	PER03	Communication Number Qualifier	ID	2-2	R							2100A.PER03 must be present.			
X212.NA/113.2100A.PER03.020	PER03											2100A.PER03 must be "TE".			
X212.NA/113.2100A.PER04.010	PER04	Communication Number	AN	1-256	R							2100A.PER04 must be present.			
X212.NA/113.2100A.PER04.020	PER04											2100A.PER04 must be 10 digits.			06/18: The phone number must include the area code and phone number, in AAAPPPPPP format.
X212.NA/113.2100A.PER05.010	PER05	Communication Number Qualifier	ID	2-2	S							2100A.PER05 must be "EM".			
X212.NA/113.2100A.PER06.010	PER06	Communication Number	AN	1-256	S							If 2100A.PER06 is present, 2100A.PER05 must be present.			
X212.NA/113.2100A.PER06.020	PER06											2100A.PER06 must be 1 - 256 characters.			
X212.NA/113.2100A.PER07.010	PER07	Communication Number Qualifier	ID	2-2	S							Must not be present.			
X212.NA/113.2100A.PER08.010	PER08	Communication Number	AN	1-256	S							Must not be present.			
X212.NA/113.2100A.PER09.010	PER09	Contact Inquiry Reference	AN	1-20	N/U							Must not be present.			
X212.43/116.2000B.IR Loop.010	IR Loop	Information Receiver Loop				2000B	>1								

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Edit Reference	Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	TA1/999/277	2 T 7 C 6 E R	Disposition / Error Code	Proposed 276 5010 Edits	Outbound Mapping Instructions		Triggering Event	Misc. Notes
												(Flat file and/or 277) Found Condition	(Flat file and/or 277) Not Found Condition		
X212.43/116.2000B.HL.010	HL	INFORMATION RECEIVER LEVEL		1	R	2000B	1	999	R	IK304 = 3: "Required Segment Missing"	2000B.HL must be present.	2000B.HL must be present.			
X212.43/116.2000B.HL.020	HL							999	R	IK304 = 5: "Segment Exceeds Maximum Use"	Only one iteration of 2000B.HL is allowed.	Only one iteration of 2000B.HL is allowed.			
X212.43/116.2000B.HL01.010	HL01	Hierarchical ID Number	AN	1-12	R			999	R	IK403 = 1: "Required Data Element Missing"	2000B.HL01 must be present.	2000B.HL01 must be present.			
X212.43/116.2000B.HL01.020	HL01							999	R	IK403 = 5: "Data Element Too Long"	2000B.HL01 must be 1-12 characters.				
X212.43/116.2000B.HL01.030	HL01							999	R	IK403 = 6: "Invalid Character in Data Element"	2000B.HL01 must be numeric.				
X212.43/116.2000B.HL01.040	HL01							999	R	IK403 = 7: "Invalid Code Value"	2000B.HL01 must equal the value of the previous HL01 plus one.	2000B.HL01 must equal the value of the previous HL01 plus one.			
X212.43/116.2000B.HL02.010	HL02	Hierarchical Parent ID Number	AN	1-12	R			999	R	IK403 = 1: "Required Data Element Missing"	2000B.HL02 must be present.	2000B.HL02 must be present.			
X212.43/116.2000B.HL02.020	HL02							999	R	IK403 = I12: "Implementation Pattern Match Failure"	2000B.HL02 must be equal the value of the HL01 (2000A.HL01) of the parent HL.	2000B.HL02 must be equal the value of the HL01 (2000A.HL01) of the parent HL.			
X212.43/116.2000B.HL03.010	HL03	Hierarchical Level Code	ID	1-2	R			999	R	IK403 = 1: "Required Data Element Missing"	2000B.HL03 must be present.	2000B.HL03 must be present.			
X212.43/116.2000B.HL03.020	HL03							999	R	IK403 = 7: "Invalid Code Value"	2000B.HL03 must be "21".	2000B.HL03 must be "21".			
X212.43/116.2000B.HL04.010	HL04	Hierarchical Child Code	ID	1-1	R			999	R	IK403 = 1: "Required Data Element Missing"	2000B.HL04 must be present.	2000B.HL04 must be present.			
X212.43/116.2000B.HL04.020	HL04							999	R	IK403 = 7: "Invalid Code Value"	2000B.HL04 must be "1".	2000B.HL04 must be "0" when rejecting the status request for errors at the Information Source or Information Receiver levels. Otherwise, 2000B.HL04 must be "4".	Triggering error example: 2100B.NM109 NE ISA06.		
X212.45/118.2100B.NM1.010	NM1	INFORMATION RECEIVER NAME		1	R	2100B	1	999	R	IK304 = 3: "Required Segment Missing"	2100B.NM1 must be present.	2100B.NM1 must be present.			
X212.45/118.2100B.NM1.020	NM1							999	R	IK304 = 4: "Loop Occurs Over Maximum Times"	Only one iteration of 2100B.NM1 is allowed with NM101="41".	Only one iteration of 2100B.NM1 is allowed with NM101="41".			
X212.45/118.2100B.NM101.010	NM101	Entity Identifier Code	ID	2-3	R			999	R	IK403 = 1: "Required Data Element Missing"	2100B.NM101 must be present.	2100B.NM101 must be present.			
X212.45/118.2100B.NM101.020	NM101							999	R	IK403 = 7: "Invalid Code Value"	2100B.NM101 must be "41".	2100B.NM101 must be the transmitted value from the associated 276.			
X212.45/118.2100B.NM102.010	NM102	Entity Type Qualifier	ID	1-1	R			999	R	IK403 = 1: "Required Data Element Missing"	2100B.NM102 must be present.	2100B.NM102 must be present.			
X212.45/118.2100B.NM102.020	NM102							999	R	IK403 = 7: "Invalid Code Value"	2100B.NM102 must be valid values	2100B.NM102 must be the transmitted value from the associated 276.			

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Edit Reference	Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	TA1/999/277	2 T 7 C 6 E R	Disposition / Error Code	Proposed 276 5010 Edits	Outbound Mapping Instructions		Triggering Event	Misc. Notes
												(Flat file and/or 277) Found Condition	(Flat file and/or 277) Not Found Condition		
X212.45/118.2100B.NM103.010	NM103	Information Receiver Last Name or Organization Name	AN	1-60	S			999	R	IK403 = 1: "Required Data Element Missing"	2100B.NM103 must be present.	2100B.NM103 must be present.			
X212.45/118.2100B.NM103.020	NM103							999	R	IK403 = 5: "Data Element Too Long"	2100B.NM103 must be 1-60 characters.	2100B.NM103 must be the transmitted value from the associated 276.			
X212.45/118.2100B.NM103.030	NM103							999	R	IK403 = 6: "Invalid Character in Data Element"	2100B.NM103 must be populated with accepted A/N characters.				
X212.45/118.2100B.NM103.040	NM103							999	R	IK403 = 6: "Invalid Character in Data Element"	2100B.NM103 must contain at least one non-space character.				
X212.45/118.2100B.NM104.010	NM104	Information Receiver First Name	AN	1-35	S			999	R	IK403 = I13: "Implementation Dependent 'not used' Data Element Present"	If 2100B.NM102 is "2", 2100B.NM104 must not be present	2100B.NM104 must be the transmitted value from the associated 276.			
X212.45/118.2100B.NM104.020	NM104							277	C	CSC 505: "Entity's First Name"	If 2100B.NM102 is "1", 2100B.NM104 must be present.				
X212.45/118.2100B.NM104.030	NM104							999	R	IK403 = 5: "Data Element Too Long"	2100B.NM104 must be 1 - 35 characters.				
X212.45/118.2100B.NM104.040	NM104							999	R	IK403 = 6: "Invalid Character in Data Element"	2100B.NM104 must contain at least one non-space character.				
X212.45/118.2100B.NM104.050	NM104							999	R	IK403 = 6: "Invalid Character in Data Element"	2100B.NM105 must be populated with accepted AN characters.				
X212.45/118.2100B.NM105.010	NM105	Information Receiver Middle Name	AN	1-25	S			999	R	IK403 = I13: "Implementation Dependent 'not used' Data Element Present"	If 2100B.NM102 is "2", 2100B.NM105 must not be present	2100B.NM105 must be the transmitted value from the associated 276.			
X212.45/118.2100B.NM105.020	NM105							999	R	IK403 = 5: "Data Element Too Long"	2100B.NM105 must be 1 - 25 characters.				
X212.45/118.2100B.NM105.030	NM105							999	R	IK403 = 6: "Invalid Character in Data Element"	2100B.NM105 must contain at least one non-space character.				
X212.45/118.2100B.NM105.040	NM105							999	R	IK403 = 6: "Invalid Character in Data Element"	2100B.NM105 must be populated with accepted AN characters.				
X212.45/118.2100B.NM106.010	NM106	Name Prefix	AN	1-10	N/U			999	R	IK403 = I10: "Implementation 'Not Used' Element Present"	Must not be present.	Must not be present.			
X212.45/118.2100B.NM107.010	NM107	Information Receiver Name Suffix	AN	1-10	N/U			999	R	IK403 = I10: "Implementation 'Not Used' Element Present"	Must not be present.	Must not be present.			
X212.45/118.2100B.NM108.010	NM108	Identification Code Qualifier	ID	1-2	R			999	R	IK403 = 1: "Required Data Element Missing"	2100B.NM108 must be present.	2100B.NM108 must be present.			
X212.45/118.2100B.NM108.020	NM108							999	R	IK403 = 7: "Invalid Code Value"	2100B.NM108 must be "46".	2100B.NM108 must be the transmitted value from the associated 276.			
X212.45/118.2100B.NM109.010	NM109	Information Receiver Identification Number	AN	2-80	R			999	R	IK403 = 1: "Required Data Element Missing"	2100B.NM109 must be present.	2100B.NM109 must be present.			
X212.45/118.2100B.NM109.020	NM109							277	T/C	CSC26: "Entity not found"	2100B.NM109 must be the same as GS02.	2100B.NM109 must be the transmitted value from the associated 276.			Part A (T) Part B Either (PCF) T/C

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												(Flat file and/or 277) Found Condition	(Flat file and/or 277) Not Found Condition		
X212.45/118.2100B.NM109.030	NM109							277	T/C	CSC 24: "Entity not approved as an electronic submitter "	2100B..NM109 must be a valid submitter id according to the trading partner management system.	2100A..NM109 must be the transmitted value from the associated 276.			Part A (T) Part B Either (PCF) T/C
X212.45/118.2100B.NM110.010	NM110	Entity Relationship Code	ID	2-2	N/U			999	R	IK403 = I10: "Implementation "Not Used" Element Present"	Must not be present.	Must not be present.			
X212.45/118.2100B.NM111.010	NM111	Entity Identifier Code	ID	2-3	N/U			999	R	IK403 = I10: "Implementation "Not Used" Element Present"	Must not be present.	Must not be present.			
X212.45/118.2100B.NM112.010	NM112	Last Name	AN	1-60	N/U			999	R	IK403 = I10: "Implementation "Not Used" Element Present"	Must not be present.	Must not be present.			
X212.NA/120.2200B.TRN.010	TRN	Receiver CLAIM STATUS TRACKING NUMBER		1	S	2200B	1					Translator level: When 2000B.HL04 = "0", one iteration of 2200B.TRN is required. Otherwise, 2200B.TRN is not allowed.			
X212.NA/120.2200B.TRN01.010	TRN01	Trace Type Code	ID	1-2	R							2200B.TRN01 must be present.			
X212.NA/120.2200B.TRN01.020	TRN01											2200B.TRN01 must be "2".			
X212.NA/120.2200B.TRN02.010	TRN02	Trace Number	AN	1-50	R							2200B.TRN02 must be present.			
X212.NA/120.2200B.TRN02.020	TRN02											2200B.TRN02 must be the BHT03 value from the associated 276.			
X212.NA/120.2200B.TRN03.010	TRN03	Originating Company Identifier	AN	10-10	N/U							Must not be present.			
X212.NA/120.2200B.TRN04.010	TRN04	Reference Identifier	AN	1-50	N/U							Must not be present.			
X212.NA/121.2200B.STC.010	STC	INFORMATION RECEIVER STATUS INFORMATION		1	R	2200B						Translator level: When 2000B.HL04 = "0", one iteration of 2200B.STC is required. When not triggered, 2200B.STC is not allowed.			04/23: Medicare limitation: Up to five iterations of the STC will be allowed for all occurrences in these transactions.
X212.NA/121.2200B.STC01.010	STC01	HEALTH CARE CLAIM STATUS			R										
X212.NA/121.2200B.STC01-1.010	STC01-1	Health Care Claim Status Category Code	AN	1-30	R							2200B.STC01-1 must be "D0" or "E".			Triggering error example: 2100B.NM109 NE ISA06 - STC01-1 = "E0"
X212.NA/121.2200B.STC01-2.010	STC01-2	Health Care Claim Status Code	AN	1-30	R							2200B.STC01-2 must be present.			
X212.NA/121.2200B.STC01-2.020	STC01-2											2200B.STC01-2 must be a valid Claim Status Code.			Triggering error example: 2100B.NM109 NE ISA06 - STC01-2 = "24"
X212.NA/121.2200B.STC01-3.010	STC01-3	Entity Identifier Code	ID	2-3	S							2200B.STC01-3 must be "41".			

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Edit Reference	Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	TA1/999/277	2 T 7 C 6 E R	Disposition / Error Code	Proposed 276 5010 Edits	Outbound Mapping Instructions		Triggering Event	Misc. Notes
												Found Condition	Not Found Condition		
X212.NA/121.2200B.STC01-4.010	STC01-4	Code List Qualifier Code	ID	1-3	N/U							Must not be present.			
X212.NA/121.2200B.STC02.010	STC02	Status Information Effective Date	DT	8-8	R							2200B.STC02 must the current (system) date in CCYYMMDD format.			
X212.NA/121.2200B.STC03.010	STC03	Action Code	ID	1-2	N/U							Must not be present.			
X212.NA/121.2200B.STC04.010	STC04	Monetary Amount	R	1-18	N/U							Must not be present.			
X212.NA/121.2200B.STC05.010	STC05	Monetary Amount	R	1-18	N/U							Must not be present.			
X212.NA/121.2200B.STC06.010	STC06	Date	DT	8-8	N/U							Must not be present.			
X212.NA/121.2200B.STC07.010	STC07	Payment Method Code	ID	3-3	N/U							Must not be present.			
X212.NA/121.2200B.STC08.010	STC08	Date	DT	8-8	N/U							Must not be present.			
X212.NA/121.2200B.STC09.010	STC09	Check Number	AN	1-16	N/U							Must not be present.			
X212.NA/121.2200B.STC10.010	STC10	HEALTH CARE CLAIM STATUS			S										
X212.NA/121.2200B.STC10-1.010	STC10-1	Health Care Claim Status Category Code	AN	1-30	R							2200B.STC10-1 may be present if 2200B.STC01-1 is present			This "bucket" not used in this location.
X212.NA/121.2200B.STC10-1.020	STC10-1											2200B.STC01-1 must be "D0" or "E".			
X212.NA/121.2200B.STC10-2.010	STC10-2	Health Care Claim Status Code	AN	1-30	R							2200B.STC10-2 must be present.			
X212.NA/121.2200B.STC10-2.020	STC10-2											2200B.STC10-2 must be a valid Claim Status Code.			Valid Claim Status Request reference must be available for this edit.
X212.NA/121.2200B.STC10-3.010	STC10-3	Entity Identifier Code	ID	2-3	S							2200B.STC10-3 must be present.			
X212.NA/121.2200B.STC10-3.020	STC10-3											2200B.STC10-3 must be valid values.			
X212.NA/121.2200B.STC10-4.010	STC10-4	Code List Qualifier Code	ID	1-3	N/U							Must not be present.			
X212.NA/121.2200B.STC11.010	STC11	HEALTH CARE CLAIM STATUS			S										
X212.NA/121.2200B.STC11-1.010	STC11-1	Health Care Claim Status Category Code	AN	1-30	R							2200B.STC11-1 may be present if 2200B.STC01-1 is present			This "bucket" not used in this location.

Transaction Set ID: 276/277  
ASC X12 005010  
Edits Spreadsheet

Edit Reference	Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	TA1/999/277	2 T 7 C 6 E R	Disposition / Error Code	Proposed 276 5010 Edits	Outbound Mapping Instructions		Triggering Event	Misc. Notes
												(Flat file and/or 277) Found Condition	(Flat file and/or 277) Not Found Condition		
X212.NA/121.2200B.STC11-1.020	STC11-1											2200B.STC11-1 must be "D0" or "E".			
X212.NA/121.2200B.STC11-2.010	STC11-2	Health Care Claim Status Code	AN	1-30	R							2200B.STC11-2 must be present.			
X212.NA/121.2200B.STC11-2.020	STC11-2											2200B.STC11-2 must be a valid Claim Status Code.			Valid Claim Status Request reference must be available for this edit.
X212.NA/121.2200B.STC11-3.010	STC11-3	Entity Identifier Code	ID	2-3	S							2200B.STC11-3 must be present.			
X212.NA/121.2200B.STC11-3.020	STC11-3											2200B.STC11-3 must be valid values.			
X212.NA/121.2200B.STC11-4.010	STC11-4	Code List Qualifier Code	ID	1-3	N/U							Must not be present.			
X212.NA/121.2200B.STC12.010	STC12	Free-Form Message Text	AN	1-264	N/U							Must not be present.			
X212.47/124.2000C.SP Loop.010	SP Loop	Service Provider Loop				2000C	>1								
X212.47/124.2000C.HL.010	HL	SERVICE PROVIDER LEVEL		1	R	2000C	1	999	R	IK304 = 3: "Required Segment Missing"	2000C.HL must be present.	2000C.HL must be present.			
X212.47/124.2000C.HL.020	HL							999	R	IK304 = 5: "Segment Exceeds Maximum Use"	Only one iteration of 2000C.HL is allowed.	Only one iteration of 2000C.HL is allowed.			
X212.47/124.2000C.HL01.010	HL01	Hierarchical ID Number	AN	1-12	R			999	R	IK403 = 1: "Required Data Element Missing"	2000C.HL01 must be present.	2000C.HL01 must be present.			
X212.47/124.2000C.HL01.020	HL01							999	R	IK403 = 5: "Data Element Too Long"	2000C.HL01 must be 1-12 characters.				
X212.47/124.2000C.HL01.030	HL01							999	R	IK403 = 6: "Invalid Character in Data Element"	2000C.HL01 must be numeric.				
X212.47/124.2000C.HL01.040	HL01							999	R	IK403 = 7: "Invalid Code Value"	2000C.HL01 must equal the value of the previous HL01 plus one.	2000C.HL01 must equal the value of the previous HL01 plus one.			
X212.47/124.2000C.HL02.010	HL02	Hierarchical Parent ID Number	AN	1-12	R			999	R	IK403 = 1: "Required Data Element Missing"	2000C.HL02 must be present.	2000C.HL02 must be present.			
X212.47/124.2000C.HL02.020	HL02							999	R	IK403 = 112: "Implementation Pattern Match Failure"	2000C.HL02 must equal the value of the HL01 (2000B.HL01) of the parent HL.	2000C.HL02 must equal the value of the HL01 of the parent HL.			
X212.47/124.2000C.HL03.010	HL03	Hierarchical Level Code	ID	1-2	R			999	R	IK403 = 1: "Required Data Element Missing"	2000C.HL03 must be present.	2000C.HL03 must be present.			
X212.47/124.2000C.HL03.020	HL03							999	R	IK403 = 7: "Invalid Code Value"	2000C.HL03 must be "19".	2000C.HL03 must be "19".			
X212.47/124.2000C.HL04.010	HL04	Hierarchical Child Code	ID	1-1	R			999	R	IK403 = 1: "Required Data Element Missing"	2000C.HL04 must be present.	2000C.HL04 must be present.			

Transaction Set ID: 276/277  
ASC X12 005010  
Edits Spreadsheet

Edit Reference	Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	TA1/999/277	2 T 7 C 6 E R	Disposition / Error Code	Proposed 276 5010 Edits	Outbound Mapping Instructions		Triggering Event	Misc. Notes
												(Flat file and/or 277) Found Condition	(Flat file and/or 277) Not Found Condition		
X212.47/124.2000C.HL04.020	HL04							999	R	IK403 = 7: "Invalid Code Value"	2000C.HL04 must be "1".	2000C.HL04 must be "0" when rejecting because the provider is not found. Otherwise, 2000C.HL04 must be "1".		Triggering error example: 2100C.NM109 not matched in the internal system.	
X212.49/126.2100C.PN Loop.010	PN Loop	Provider Name Loop				2100C	2	277	T	CSCC - E4 "Trading partner agreement specific requirement not met: Data correction required: CSC: 504" Entity's Last Name " DE98 = 1P - Provider CSC: 505" Entity's First Name " DE98 = 1P - Provider CSC: 153" Entity's ID " DE98 = 1P - Provider	Only one iteration of 2100C is allowed.				04/20: Medicare limitation, 276 Companion Guide note needed.
X212.49/126.2100C.NM1.010	NM1	PROVIDER NAME		1	R	2100C	1	999	R	IK304 = 3: "Required Segment Missing"	2100C.NM1 must be present.	2100C.NM1 must be present.			
X212.49/126.2100C.NM1.020	NM1							999	R	IK304 = 5: "Segment Exceeds Maximum Use"	Only one iteration of 2100C.NM1 is allowed with NM101="1P".	Only one iteration of 2100C.NM1 is allowed with NM101="1P".			
X212.49/126.2100C.NM101.010	NM101	Entity Identifier Code	ID	2-3	R			999	R	IK403 = 1: "Required Data Element Missing"	2100C.NM101 must be present.	2100C.NM101 must be present.			
X212.49/126.2100C.NM101.020	NM101							999	R	IK403 = 7: "Invalid Code Value"	2100C.NM101 must be "1P".	2100C.NM101 must be the transmitted value from the associated 276.			
X212.49/126.2100C.NM102.010	NM102	Entity Type Qualifier	ID	1-1	R			999	R	IK403 = 1: "Required Data Element Missing"	2100C.NM102 must be present.	2100C.NM102 must be present.			
X212.49/126.2100C.NM102.020	NM102							999	R	IK403 = 7: "Invalid Code Value"	2100C.NM102 must be valid values	2100C.NM102 must be the transmitted value from the associated 276.			
X212.49/126.2100C.NM103.010	NM103	Provider Last or Organization Name	AN	1-60	S			999	R	IK403 = 1: "Required Data Element Missing"	2100C.NM103 must be present.	2100C.NM103 must be present.			
X212.49/126.2100C.NM103.020	NM103							999	R	IK403 = 5: "Data Element Too Long"	2100C.NM103 must be 1 - 60 characters.	2100C.NM103 must be the transmitted value from the associated 276.			
X212.49/126.2100C.NM103.030	NM103							999	R	IK403 = 6: "Invalid Character in Data Element"	2100C.NM103 must contain at least one non-space character.				
X212.49/126.2100C.NM103.040	NM103							999	R	IK403 = 6: "Invalid Character in Data Element"	2100C.NM103 must be populated with accepted AN characters.				
X212.49/126.2100C.NM104.010	NM104	Provider First Name	AN	1-35	S			999	R	IK403 = I13: "Implementation Dependent 'not used' Data Element Present"	If 2100C.NM102 is "2" 2100C.NM104 must not be present	2100C.NM104 must be the transmitted value from the associated 276.			
X212.49/126.2100C.NM104.020	NM104							277	T	CSC 505: "Entity's First Name"	If 2100C.NM102 is "1", 2100C.NM104 must be present.				
X212.49/126.2100C.NM104.030	NM104							999	R	IK403 = 5: "Data Element Too Long"	2100C.NM104 must be 1 - 35 characters.				

**Transaction Set ID: 276/277  
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Edit Reference	Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	TA1/999/277	2 T 7 C 6 E R	Disposition / Error Code	Proposed 276 5010 Edits	Outbound Mapping Instructions		Triggering Event	Misc. Notes
												(Flat file and/or 277) Found Condition	(Flat file and/or 277) Not Found Condition		
X212.49/126.2100C.NM104.040	NM104							999	R	IK403 = 6: "Invalid Character in Data Element"	2100C.NM104 must contain at least one non-space character.				
X212.49/126.2100C.NM104.050	NM104							999	R	IK403 = 6: "Invalid Character in Data Element"	2100C.NM104 must be populated with accepted AN characters.				
X212.49/126.2100C.NM105.010	NM105	Provider Middle Name	AN	1-25	S			999	R	IK403 = I13: "Implementation Dependent 'not used' Data Element Present"	If 2100C.NM102 is "2", 2100C.NM105 must not be present	2100C.NM105 must be the transmitted value from the associated 276.			
X212.49/126.2100C.NM105.020	NM105							999	R	IK403 = 5: "Data Element Too Long"	2100C.NM105 must be 1 - 25 characters.				
X212.49/126.2100C.NM105.030	NM105							999	R	IK403 = 6: "Invalid Character in Data Element"	2100C.NM105 must contain at least one non-space character.				
X212.49/126.2100C.NM105.040	NM105							999	R	IK403 = 6: "Invalid Character in Data Element"	2100C.NM105 must be populated with accepted AN characters.				
X212.49/126.2100C.NM106.010	NM106	Provider Name Prefix	AN	1-10	N/U			999	R	IK403 = I10: "Implementation 'Not Used' Element Present"	Must not be present.	Must not be present.			
X212.49/126.2100C.NM107.010	NM107	Provider Name Suffix	AN	1-10	S			999	R	IK403 = I13: "Implementation Dependent 'not used' Data Element Present"	If 2100C.NM102 is "2", 2100C.NM107 must not be present	2100C.NM107 must be the transmitted value from the associated 276.			
X212.49/126.2100C.NM107.020	NM107							999	R	IK403 = 5: "Data Element Too Long"	2100C.NM107 must be 1 - 10 characters.				
X212.49/126.2100C.NM107.030	NM107							999	R	IK403 = 6: "Invalid Character in Data Element"	2100C.NM107 must contain at least one non-space character.				
X212.49/126.2100C.NM107.040	NM107							999	R	IK403 = 6: "Invalid Character in Data Element"	2100C.NM107 must be populated with accepted AN characters.				
X212.49/126.2100C.NM108.010	NM108	Identification Code Qualifier	ID	1-2	R			999	R	IK403 = 1: "Required Data Element Missing"	2100C.NM108 must be present.	2100C.NM108 must be present.			
X212.49/126.2100C.NM108.020	NM108							277	T/C	CSCC - E4 "Trading partner agreement specific requirement not met: Data correction required: CSC:745 "Identifier qualifier" & CSC 562: "Entity's National Provider Identifier (NPI)" & DE98 = 1P	For everyone except VA, 2100C.NM108 must be "XX".	2100C.NM108 must be the transmitted value from the associated 276.			04/21: 276: Everyone except VA. 276 Companion Guide note needed.
X212.49/126.2100C.NM108.030	NM108							277	T/C	CSCC - E4 "Trading partner agreement specific requirement not met: Data correction required: CSC:745 "Identifier qualifier" & CSC 562: "Entity's National Provider Identifier (NPI)" & DE98 = 1P	For VA, 2100C.NM108 must be "XX" or "SV"				04/21: 276: VA only exception. 276 Companion Guide note needed.

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ASC X12 005010  
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Edit Reference	Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	TA1/ 999/ 277	2 T 7 C 6 E R	Disposition / Error Code	Proposed 276 5010 Edits	Outbound Mapping Instructions		Triggering Event	Misc. Notes
												(Flat file and/or 277) Found Condition	(Flat file and/or 277) Not Found Condition		
X212.49/126.2100C.NM109.010	NM109	Provider Identifier	AN	2-80	R			999	R	IK403 = 2: "Conditional Required Data Element Missing"	2100C.NM108 is present, 2100C.NM109 must be present.	2100C.NM109 must be present.		If the NPI in the 276 2100C NM109 is not found on the NPI crosswalk, then build the 277 response up to and including 2200C TRN and 2200C STC, do not build additional loops after the 2200C STC segment.	
X212.49/126.2100C.NM109.020	NM109							277	C	CSC 562: "Entity's National Provider Identifier (NPI)"	2100C.NM109 must be valid according to the NPI algorithm.	2100C.NM109 must be the transmitted value from the associated 276.			
X212.49/126.2100C.NM109.030	NM109							277	C	CSC 562: "Entity's National Provider Identifier (NPI)"	The first position of 2100C.NM109 must be a "1".				
X212.49/126.2100C.NM109.040	NM109							277	T/C	CSCC - E4 "Trading partner agreement specific requirement not met: Data correction required:CSC 562: "Entity's National Provider Identifier (NPI)"	2100C.NM109 must be a valid NPI on the Crosswalk.			04/21: new edit. Valid NPI Crosswalk source for the 276/277 transaction sets in the Contractor Front End Service must be available for this edit.  Part A (Trans) Part B (C) [40 is T/C B side CEM Edit]	
X212.49/126.2100C.NM109.050	NM109							277	T/C	CSC 496: "Submitter not approved for electronic claim submission on behalf of this entity"	2100C.NM109 must be associated with a valid submitter from 2100B NM109 according to the trading partner management system	2100A.NM109 must be the transmitted value from the associated 276.		Part A (Trans) Part B (C) [40 is T/C B side CEM Edit]	
X212.49/126.2100C.NM110.010	NM110	Entity Relationship Code	ID	2-2	N/U			999	R	IK403 = 110: "Implementation "Not Used" Element Present"	Must not be present.	Must not be present.			
X212.49/126.2100C.NM111.010	NM111	Entity Identifier Code	ID	2-3	N/U			999	R	IK403 = 110: "Implementation "Not Used" Element Present"	Must not be present.	Must not be present.			
X212.49/126.2100C.NM112.010	NM112	Last Name	AN	1-60	N/U			999	R	IK403 = 110: "Implementation "Not Used" Element Present"	Must not be present.	Must not be present.			
X212.NA/129.2200C.TRN.010	TRN	Provider CLAIM STATUS TRACKING NUMBER		1	S	2200C	1					When 2000C.HL04 = "0", one iteration of 2200C.TRN is allowed. Otherwise, 2200B.TRN is not allowed.		If reporting error status at this level, the 2000D and 2000E Loops related to this provider are not used.	
X212.NA/129.2200C.TRN01.010	TRN01	Trace Type Code	ID	1-2	R							2200C.TRN01 must be present.			
X212.NA/129.2200C.TRN01.020	TRN01											2200C.TRN01 must be "1".			
X212.NA/129.2200C.TRN02.010	TRN02	Trace Number	AN	1-50	R							2000C.TRN02 must be present.			

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Edit Reference	Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	TA1/999/277	2 T 7 C 6 E R	Disposition / Error Code	Proposed 276 5010 Edits	Outbound Mapping Instructions		Triggering Event	Misc. Notes
												(Flat file and/or 277) Found Condition	(Flat file and/or 277) Not Found Condition		
X212.NA/129.2200C.TRN02.020	TRN02											2200C.TRN02 must be "0".			
X212.NA/129.2200C.TRN03.010	TRN03	Originating Company Identifier	AN	10-10	N/U							Must not be present.			
X212.NA/129.2200C.TRN04.010	TRN04	Reference Identifier	AN	1-50	N/U							Must not be present.			
X212.NA/130.2200C.STC.010	STC	Provider STATUS INFORMATION		1	R	2200C						When 2000C.HL04 = "0", 2200C.STC must be present. Otherwise, 2200C.STC is not allowed.			If status is being provided at this level, the 2000D loop is not sent.
X212.NA/130.2200C.STC.020	STC											Five iterations of 2200C.STC are allowed.			04/23: Medicare limitation: Up to five iterations of the STC will be allowed for all occurrences in these transactions.
X212.NA/130.2200C.STC01.010	STC01	HEALTH CARE CLAIM STATUS			R										
X212.NA/130.2200C.STC01-1.010	STC01-1	Health Care Claim Status Category Code	AN	1-30	R							2200C.STC01-1 must be "D0" or "E".			Triggering error example: Provider not matched in the internal system. - STC01-1 = "D0"
X212.NA/130.2200C.STC01-2.010	STC01-2	Health Care Claim Status Code	AN	1-30	R							2200C.STC01-2 must be present.			
X212.NA/130.2200C.STC01-2.020	STC01-2											2200C.STC01-2 must be a valid Claim Status Code.			Triggering error example: 2100B.NM109 NE ISA06 - STC01-2 = "24"
X212.NA/130.2200C.STC01-3.010	STC01-3	Entity Identifier Code	ID	2-3	S							2200C.STC01-3 must be "1P".			
X212.NA/130.2200C.STC01-4.010	STC01-4	Code List Qualifier Code	ID	1-3	N/U							Must not be present.			
X212.NA/130.2200C.STC02.010	STC02	Status Information Effective Date	DT	8-8	R							2200C.STC02 must the current (system) date in CCYYMMDD format.			
X212.NA/130.2200C.STC03.010	STC03	Action Code	ID	1-2	N/U							Must not be present.			
X212.NA/130.2200C.STC04.010	STC04	Monetary Amount	R	1-18	N/U							Must not be present.			
X212.NA/130.2200C.STC05.010	STC05	Monetary Amount	R	1-18	N/U							Must not be present.			
X212.NA/130.2200C.STC06.010	STC06	Date	DT	8-8	N/U							Must not be present.			
X212.NA/130.2200C.STC07.010	STC07	Payment Method Code	ID	3-3	N/U							Must not be present.			
X212.NA/130.2200C.STC08.010	STC08	Date	DT	8-8	N/U							Must not be present.			

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Edit Reference	Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	TA1/999/277	2 T 7 C 6 E R	Disposition / Error Code	Proposed 276 5010 Edits	Outbound Mapping Instructions	Outbound Mapping Instructions	Triggering Event	Misc. Notes
												(Flat file and/or 277) Found Condition	(Flat file and/or 277) Not Found Condition		
X212.NA/130.2200C.STC09.010	STC09	Check Number	AN	1-16	N/U							Must not be present.			
X212.NA/130.2200C.STC10.010	STC10	HEALTH CARE CLAIM STATUS			S										
X212.NA/130.2200C.STC10-1.010	STC10-1	Health Care Claim Status Category Code	AN	1-30	R							2200C.STC10-1 may be present if 2200C.STC01-1 is present			
X212.NA/130.2200C.STC10-1.020	STC10-1											2200C.STC01-1 must be "D0" or "E".			
X212.NA/130.2200C.STC10-2.010	STC10-2	Health Care Claim Status Code	AN	1-30	R							2200C.STC10-2 must be present.			
X212.NA/130.2200C.STC10-2.020	STC10-2											2200C.STC10-2 must be a valid Claim Status Code.			Valid Claim Status Request reference must be available for this edit.
X212.NA/130.2200C.STC10-3.010	STC10-3	Entity Identifier Code	ID	2-3	S							2200C.STC10-3 must be valid values.			
X212.NA/130.2200C.STC10-4.010	STC10-4	Code List Qualifier Code	ID	1-3	N/U							Must not be present.			
X212.NA/130.2200C.STC11.010	STC11	HEALTH CARE CLAIM STATUS			S										
X212.NA/130.2200C.STC11-1.010	STC11-1	Health Care Claim Status Category Code	AN	1-30	R							2200C.STC11-1 may be present if 2200C.STC10-1 is present			
X212.NA/130.2200C.STC11-1.020	STC11-1											2200C.STC11-1 must be "D0" or "E".			
X212.NA/130.2200C.STC11-2.010	STC11-2	Health Care Claim Status Code	AN	1-30	R							2200C.STC11-2 must be present.			
X212.NA/130.2200C.STC11-2.020	STC11-2											2200C.STC11-2 must be a valid Claim Status Code.			Valid Claim Status Request reference must be available for this edit.
X212.NA/130.2200C.STC11-3.010	STC11-3	Entity Identifier Code	ID	2-3	S							2200C.STC11-3 must be valid values.			
X212.NA/130.2200C.STC11-4.010	STC11-4	Code List Qualifier Code	ID	1-3	N/U							Must not be present.			
X212.NA/130.2200C.STC12.010	STC12	Free-Form Message Text	AN	1-264	N/U							Must not be present.			
X212.52/133.2000D.Sub Loop.010	<b>Sub Loop</b>	<b>Subscriber Loop</b>				<b>2000D</b>	<b>&gt;1</b>								
X212.52/133.2000D.HL.010	<b>HL</b>	<b>SUBSCRIBER LEVEL</b>		<b>1</b>	<b>R</b>	<b>2000D</b>	<b>1</b>	<b>999</b>	<b>R</b>	<b>IK304 = 3: "Required Segment Missing"</b>	<b>2000D.HL must be present.</b>	<b>If status information was not reported in the 2200B or 2200C loop, 2000D.HL must be present.</b>			<b>For Medicare, the patient is always the subscriber.</b>

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Edit Reference	Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	TA1/999/277	2 T 7 C 6 E R	Disposition / Error Code	Proposed 276 5010 Edits	Outbound Mapping Instructions		Triggering Event	Misc. Notes
												Found Condition	Not Found Condition		
X212.52/133.2000D.HL.020	HL							999	R	IK304 = 5: "Segment Exceeds Maximum Use"	Only one iteration of 2000D.HL is allowed.	Only one iteration of 2000D.HL is allowed.			
X212.52/133.2000D.HL01.010	HL01	Hierarchical ID Number	AN	1-12	R			999	R	IK403 = 1: "Required Data Element Missing"	2000D.HL01 must be present.	2000D.HL01 must be present.			
X212.52/133.2000D.HL01.020	HL01							999	R	IK403 = 5: "Data Element Too Long"	2000D.HL01 must be 1-12 characters.				
X212.52/133.2000D.HL01.030	HL01							999	R	IK403 = 6: "Invalid Character in Data Element"	2000D.HL01 must be numeric value.				
X212.52/133.2000D.HL01.040	HL01							999	R	IK403 = 7: "Invalid Code Value"	2000D.HL01 must equal the value of the previous HL01 plus one.	2000D.HL01 must equal the value of the previous HL01 plus one.			
X212.52/133.2000D.HL02.010	HL02	Hierarchical Parent ID Number	AN	1-12	R			999	R	IK403 = 1: "Required Data Element Missing"	2000D.HL02 must be present.	2000D.HL02 must be present.			
X212.52/133.2000D.HL02.020	HL02							999	R	IK403 = I12: "Implementation Pattern Match Failure"	2000D.HL02 must be equal the value of the HL01 (2000C.HL01) of the parent HL.	2000D.HL02 must be equal the value of the HL01 (2000C.HL01) of the parent HL.			
X212.52/133.2000D.HL03.010	HL03	Hierarchical Level Code	ID	1-2	R			999	R	IK403 = 1: "Required Data Element Missing"	2000D.HL03 must be present.	2000D.HL03 must be present.			
X212.52/133.2000D.HL03.020	HL03							999	R	IK403 = 7: "Invalid Code Value"	2000D.HL03 must be "22".	2000D.HL03 must be "22".			
X212.52/133.2000D.HL04.010	HL04	Hierarchical Child Code	ID	1-1	R			999	R	IK403 = 1: "Required Data Element Missing"	2000D.HL04 must be present.	2000D.HL04 must be present.			
X212.52/133.2000D.HL04.020	HL04							999	R	IK403 = 7: "Invalid Code Value"	2000D.HL04 must be valid values.	2000D.HL04 must be "0".			For Medicare, the 2000E loop is never used.
X212.54/NA.2000D.DMG.010	DMG	<b>SUBSCRIBER DEMOGRAPHIC INFORMATION</b>		1	S	2000D		999	R	IK304=5: "Segment Exceeds Maximum Use"	Only one iteration of 2000D.DMG is allowed.				
X212.54/NA.2000D.DMG01.010	DMG01	Date Time Period Format Qualifier	ID	2-3	R			999	R	IK403 = 1: "Required Data Element Missing"	2000D.DMG01 must be present.				
X212.54/NA.2000D.DMG01.020	DMG01							999	R	IK403 = 7: "Invalid Code Value"	2000D.DMG01 must be "D8".				
X212.54/NA.2000D.DMG02.010	DMG02	Subscriber Birth Date	AN	1-35	R			999	R	IK403 = 1: "Required Data Element Missing"	2000D.DMG02 must be present.				
X212.54/NA.2000D.DMG02.020	DMG02							999	R	IK403 = 8: "Invalid Date"	2000D.DMG02 must be a valid date in format CCYYMMDD format.				
X212.54/NA.2000D.DMG02.030	DMG02							277	C	CSC 510: "Future date" CSC 158: "Entity's date of birth"	2000D.DMG02 must not be a future date.				
X212.54/NA.2000D.DMG03.010	DMG03	Subscriber Gender Code	ID	1-1	S			999	R	IK403 = 1: "Required Data Element Missing"	2000D.DMG03 must be present.				
X212.54/NA.2000D.DMG03.020	DMG03							999	R	IK403 = 7: "Invalid Code Value"	2000D.DMG03 must be valid values.				

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Edit Reference	Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	TA1/ 999/ 277	2 T 7 C 6 E R	Disposition / Error Code	Proposed 276 5010 Edits	Outbound Mapping Instructions		Triggering Event	Misc. Notes
												(Flat file and/or 277) Found Condition	(Flat file and/or 277) Not Found Condition		
X212.54/NA.2000D.DMG04.010	DMG04	Marital Status Code	ID	1-1	N/U			999	R	IK403 = I10: "Implementation "Not Used" Element Present"	Must not be present.				
X212.54/NA.2000D.DMG05.010	DMG05	Race or Ethnicity Code	ID	1-1	N/U			999	R	IK403 = I10: "Implementation "Not Used" Element Present"	Must not be present.				
X212.54/NA.2000D.DMG06.010	DMG06	Citizenship Status Code	ID	1-2	N/U			999	R	IK403 = I10: "Implementation "Not Used" Element Present"	Must not be present.				
X212.54/NA.2000D.DMG07.010	DMG07	Country Code	ID	2-3	N/U			999	R	IK403 = I10: "Implementation "Not Used" Element Present"	Must not be present.				
X212.54/NA.2000D.DMG08.010	DMG08	Basis of Verification Code	ID	1-2	N/U			999	R	IK403 = I10: "Implementation "Not Used" Element Present"	Must not be present.				
X212.54/NA.2000D.DMG09.010	DMG09	Quantity	R	1-15	N/U			999	R	IK403 = I10: "Implementation "Not Used" Element Present"	Must not be present.				
X212.54/NA.2000D.DMG10.010	DMG10	Code List Qualifier Code	ID	1-3	N/U			999	R	IK403 = I10: "Implementation "Not Used" Element Present"	Must not be present.				
X212.54/NA.2000D.DMG11.010	DMG11	Industry Code	AN	1-30	N/U			999	R	IK403 = I10: "Implementation "Not Used" Element Present"	Must not be present.				
X212.56/135.2100D.NM1.010	NM1	SUBSCRIBER NAME		1	R	2100D	1	999	R	IK304 = 3: "Required Segment Missing"	2100D.NM1 must be present.	2100D.NM1 must be present.			
X212.56/135.2100D.NM1.020	NM1							999	R	IK304 = 4: "Loop Occurs Over Maximum Times"	Only one iteration of 2100D.NM1 allowed.	Only one iteration of 2100D.NM1 allowed.			
X212.56/135.2100D.NM101.010	NM101	Entity Identifier Code	ID	2-3	R			999	R	IK403 = 1: "Required Data Element Missing"	2100D.NM101 must be present.	2100D.NM101 must be present.			
X212.56/135.2100D.NM101.020	NM101							999	R	IK403 = 7: "Invalid Code Value"	2100D.NM101 must be "IL".	2100D.NM101 must be "IL".			
X212.56/135.2100D.NM102.010	NM102	Entity Type Qualifier	ID	1-1	R			999	R	IK403 = 1: "Required Data Element Missing"	2100D.NM102 must be present.	2100D.NM102 must be present.			
X212.56/135.2100D.NM102.020	NM102							999	R	IK403 = 7: "Invalid Code Value"	2100D.NM102 must be "1".	2100D.NM102 must be "1".			
X212.56/135.2100D.NM103.010	NM103	Subscriber Last Name	AN	1-60	R			999	R	IK403 = 1: "Required Data Element Missing"	2100D.NM103 must be present.	2100D.NM103 must be present.			
X212.56/135.2100D.NM103.020	NM103							999	R	IK403 = 5: "Data Element Too Long"	2100D.NM103 must be 1 - 60 characters.	2100D.NM103 must be the transmitted value from the associated 276.			
X212.56/135.2100D.NM103.030	NM103							999	R	IK403 = 6: "Invalid Character in Data Element"	2100D.NM103 must contain at least one non-space character.				
X212.56/135.2100D.NM103.040	NM103							999	R	IK403 = 6: "Invalid Character in Data Element"	2100D.NM103 must be populated with accepted AN characters.				
X212.56/135.2100D.NM104.010	NM104	Subscriber First Name	AN	1-35	S			277	C	CSC 505: "Entity's First Name"	2100D.NM104 must be present.	2100D.NM104 must be present.			First name required by CMS. 276 Companion Guide note needed.

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Edit Reference	Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	TA1/999/277	2 T 7 C 6 E R	Disposition / Error Code	Proposed 276 5010 Edits	Outbound Mapping Instructions		Triggering Event	Misc. Notes
												(Flat file and/or 277) Found Condition	(Flat file and/or 277) Not Found Condition		
X212.56/135.2100D.NM104.020	NM104							999	R	IK403 = 5: "Data Element Too Long"	2100D.NM104 must be 1 - 35 characters.	2100D.NM104 must be the transmitted value from the associated 276.			
X212.56/135.2100D.NM104.030	NM104							999	R	IK403 = 6: "Invalid Character in Data Element"	2100D.NM104 must contain at least one non-space character.				
X212.56/135.2100D.NM104.040	NM104							999	R	IK403 = 6: "Invalid Character in Data Element"	2100D.NM104 must be populated with accepted AN characters.				
X212.56/135.2100D.NM105.010	NM105	Subscriber Middle Name	AN	1-25	S			999	R	IK403 = 5: "Data Element Too Long"	2100D.NM105 must be 1 - 25 characters.	2100D.NM105 must be the transmitted value from the associated 276.			
X212.56/135.2100D.NM105.020	NM105							999	R	IK403 = 6: "Invalid Character in Data Element"	2100D.NM105 must contain at least one non-space character.				
X212.56/135.2100D.NM105.030	NM105							999	R	IK403 = 6: "Invalid Character in Data Element"	2100D.NM105 must be populated with accepted AN characters.				
X212.56/135.2100D.NM106.010	NM106	Subscriber Name Prefix	AN	1-10	N/U			999	R	IK403 = I10: "Implementation "Not Used" Element Present"	Must not be present.	Must not be present.			
X212.56/135.2100D.NM107.010	NM107	Subscriber Name Suffix	AN	1-10	S			999	R	IK403 = 5: "Data Element Too Long"	2100D.NM107 must be 1 - 10 characters.	2100D.NM107 must be the transmitted value from the associated 276.			
X212.56/135.2100D.NM107.020	NM107							999	R	IK403 = 6: "Invalid Character in Data Element"	2100D.NM107 must contain at least one non-space character.				
X212.56/135.2100D.NM107.030	NM107							999	R	IK403 = 6: "Invalid Character in Data Element"	2100D.NM107 must be populated with accepted AN characters.				
X212.56/135.2100D.NM108.010	NM108	Identification Code Qualifier	ID	1-2	R			999	R	IK403 = 1: "Required Data Element Missing"	2100D.NM108 must be present.	2100D.NM108 must be present.			
X212.56/135.2100D.NM108.020	NM108							999	R	IK403 = 7: "Invalid Code Value"	2100D.NM108 must be "MI".	2100D.NM108 must be the transmitted value from the associated 276.			276 Companion Guide note needed.
X212.56/135.2100D.NM109.010	NM109	Subscriber Identifier	AN	2-80	R			999	R	IK403 = 1: "Required Data Element Missing"	2100D.NM109 must be present.	2100D.NM109 must be present.			
X212.56/135.2100D.NM109.020	NM109							277	C	CSC 164: "Entity's contract/member number"	2100D.NM109 must be 10 - 11 positions in the format of NNNNNNNNNNA or NNNNNNNNNAA or NNNNNNNNNAN where "A" represents an alpha character and "N" represents a numeric digit.	2100D.NM108 must be the transmitted value from the associated 276.			For CEDI only the contractor must allow valid HIC configurations for both Part B and RRB configured HICs to enter the system.in X212.56/135.2100D.NM109.020 and X212.56/135.2100D.NM109.030
X212.56/135.2100D.NM109.030	NM109							277	C	CSC 164: "Entity's contract/member number"	2100D.NM109 must be 7 - 12 positions in the format of ANNNNNNN or AANNNNNN or AANNNNNNNN or AAANNNNNN or AAANNNNNNNN or ANNNNNNNNN where "A" represents an alpha character and "N" represents a numeric digit.				For CEDI only the contractor must allow valid HIC configurations for both Part B and RRB configured HICs to enter the system.in X212.56/135.2100D.NM109.020 and X212.56/135.2100D.NM109.030

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Edit Reference	Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	TA1/999/277	2 T 7 C 6 E R	Disposition / Error Code	Proposed 276 5010 Edits	Outbound Mapping Instructions		Triggering Event	Misc. Notes
												(Flat file and/or 277) Found Condition	(Flat file and/or 277) Not Found Condition		
X212.56/135.2100D.NM110.010	NM110	Entity Relationship Code	ID	2-2	N/U			999	R	IK403 = I10: "Implementation "Not Used" Element Present"	Must not be present.	Must not be present.			
X212.56/135.2100D.NM111.010	NM111	Entity Identifier Code	ID	2-3	N/U			999	R	IK403 = I10: "Implementation "Not Used" Element Present"	Must not be present.	Must not be present.			
X212.56/135.2100D.NM112.010	NM112	Last Name	AN	1-60	N/U			999	R	IK403 = I10: "Implementation "Not Used" Element Present"	Must not be present.	Must not be present.			
X212.58/137.2200D.SCST Loop.010	SCST Loop	Subscriber Claim Status Tracking Loop				2200D	>1								
X212.58/137.2200D.TRN.010	TRN	Subscriber CLAIM STATUS TRACKING NUMBER		1	S	2200D	1	999	R	IK304 = I6: "Implementation Dependent Segment Missing"	2200D.TRN must be present.	2200D.TRN must be present.			
X212.58/137.2200D.TRN.020	TRN							999	R	IK304=5: "Segment Exceeds Maximum Use"	Only one iteration of 2200D.TRN with TRN01 = "1" is allowed.	Only one iteration of 2200D.TRN with TRN01 = "1" is allowed.			
X212.58/137.2200D.TRN01.010	TRN01	Trace Type Code	ID	1-2	R			999	R	IK403 = 1: "Required Data Element Missing"	2200D.TRN01 must be present.	2200D.TRN01 must be present.			
X212.58/137.2200D.TRN01.020	TRN01							999	R	IK403 = 7: "Invalid Code Value"	2200D.TRN01 must be "1".	2200D.TRN01 must be "2".			
X212.58/137.2200D.TRN02.010	TRN02	Trace Number	AN	1-50	R			999	R	IK403 = 1: "Required Data Element Missing"	2200D.TRN02 must be present.	2000D.TRN02 must be present.			
X212.58/137.2200D.TRN02.020	TRN02							999	R	IK403 = 5: "Data Element Too Long"	2200D.TRN02 must be 1-50 characters.	2000D.TRN02 must be the transmitted value from the associated 276.			
X212.58/137.2200D.TRN02.030	TRN02							999	R	IK403 = 6: "Invalid Character in Data Element"	2200D.TRN02 must be populated with accepted AN characters.				
X212.58/137.2200D.TRN02.040	TRN02							999	R	IK403 = 6: "Invalid Character in Data Element"	2200D.TRN02 must contain at least one non-space character.				
X212.58/137.2200D.TRN03.010	TRN03	Originating Company Identifier	AN	10-10	N/U			999	R	IK403 = I10: "Implementation "Not Used" Element Present"	Must not be present.	Must not be present.			
X212.58/137.2200D.TRN04.010	TRN04	Reference Identifier	AN	1-50	N/U			999	R	IK403 = I10: "Implementation "Not Used" Element Present"	Must not be present.	Must not be present.			
X212.NA/138.2200D.STC.010	STC	Claim STATUS INFORMATION		1	R	2200D						Claim found: 2200D.STC must be present.	Claim not found: 2200D.STC must be present.		5/12: 276 Companion Guide note needed. Part A will be returning claim level status information, but not line level status information.
X212.NA/138.2200D.STC.020	STC											Claim found: Five iterations of 2200D.STC are allowed.	Claim not found: Five iterations of 2200D.STC are allowed.		04/23: Medicare limitation: Up to five iterations of the STC will be allowed for all occurrences in these transactions.
X212.NA/138.2200D.STC01.010	STC01	HEALTH CARE CLAIM STATUS			R										

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Edit Reference	Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	TA1/999/277	2 T 7 C 6 E R	Disposition / Error Code	Proposed 276 5010 Edits	Outbound Mapping Instructions		Triggering Event	Misc. Notes
												(Flat file and/or 277) Found Condition	(Flat file and/or 277) Not Found Condition		
X212.NA/138.2200D.STC01-1.010	STC01-1	Health Care Claim Status Category Code	AN	1-30	R							Claim found: 2200D.STC01-1 must be present.	Claim not found: 2200D.STC01-1 must be present.		Valid Health Care Claim Status Code Category reference must be available for this edit.
X212.NA/138.2200D.STC01-1.020	STC01-1											Claim found: 2200D.STC01-1 must be any valid Health Care Claim Status Code Category, except "R".	Claim not found: 2200D.STC01-1 must be "A4".		Valid Health Care Claim Status Code Category reference must be available for this edit.
X212.NA/138.2200D.STC01-2.010	STC01-2	Health Care Claim Status Code	AN	1-30	R							Claim found: 2200D.STC01-2 must be present.	Claim not found: 2200D.STC01-2 must be present.		
X212.NA/138.2200D.STC01-2.020	STC01-2											Claim found: 2200D.STC01-2 must be a valid Claim Status Code.	Claim not found: 2200D.STC01-2 must be "35".		Valid Claim Status Code reference must be available for this edit.
X212.NA/138.2200D.STC01-3.010	STC01-3	Entity Identifier Code	ID	2-3	S							Claim found: 2200D.STC01-3 must be valid values.	Claim not found: 2200D.STC01-3 must be valid values.		
X212.NA/138.2200D.STC01-4.010	STC01-4	Code List Qualifier Code	ID	1-3	S							Must not be present.	Must not be present.		277: Companion Guide note needed, not used by Medicare FFS.
X212.NA/138.2200D.STC02.010	STC02	Status Information Effective Date	DT	8-8	R							Claim found: 2200D.STC02 must be the date the claim moved to the current location status from the internal system, in	Claim not found: 2200D.STC02 must be the current (system) date, in CCYYMMDD format.		
X212.NA/138.2200D.STC03.010	STC03	Action Code	ID	1-2	N/U							Must not be present.			
X212.NA/138.2200D.STC04.010	STC04	Total Claim Charge Amount	R	1-18	S							Claim found: If available, 2200D.STC04 must be the claim charge amount from the internal system.	Claim not found (if the flat file value is zero): 2200D.STC04 must not be present.		
X212.NA/138.2200D.STC05.010	STC05	Claim payment Amount	R	1-18	S							Claim found: If available, 2200D.STC05 must be the claim payment amount from the internal system.	Claim not found: 2200D.STC05 must not be present.		
X212.NA/138.2200D.STC06.010	STC06	Adjudication or Payment Date	DT	8-8	S							If available, 2200D.ST06 must be the final adjudication date from the internal system, in CCYYMMDD format.	Claim not found: 2200D.STC06 must not be present.		
X212.NA/138.2200D.STC07.010	STC07	Payment Method Code	ID	3-3	N/U							Must not be present.	Must not be present.		
X212.NA/138.2200D.STC08.010	STC08	Remittance Date	DT	8-8	S							Claim found: If available, 2200D.STC08 must be the payment date from the internal system, in CCYYMMDD format.	Claim not found: 2200D.STC07 must not be present.		
X212.NA/138.2200D.STC09.010	STC09	Remittance Trace Number	AN	1-16	S							Claim found: If available, 2200D.STC09 must be the check or EFT Trace Number from the internal system.	Claim not found: 2200D.STC08 must not be present.		
X212.NA/138.2200D.STC10.010	STC10	HEALTH CARE CLAIM STATUS			S										

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Edit Reference	Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	TA1/ 999/ 277	2 T 7 C 6 E R	Disposition / Error Code	Proposed 276 5010 Edits	Outbound Mapping Instructions		Triggering Event	Misc. Notes
												(Flat file and/or 277) Found Condition	(Flat file and/or 277) Not Found Condition		
X212.NA/138.2200D.STC10-1.010	STC10-1	Health Care Claim Status Category Code	AN	1-30	R							Claim found: 2200D.STC10-1 must be any valid Health Care Claim Status Code Category, except "R".	Claim not found: 2200D.STC10-1 must be any valid Health Care Claim Status Code Category, except "R".		
X212.NA/138.2200D.STC10-2.010	STC10-2	Health Care Claim Status Code	AN	1-30	R							Claim found: 2200D.STC10-2 must be present.	Claim found: 2200D.STC10-2 must be present.		
X212.NA/138.2200D.STC10-2.020	STC10-2											Claim found: 2200D.STC10-2 must be a valid Claim Status Code.	Claim not found: 2200D.STC10-2 must be a valid Claim Status Code.		Valid Claim Status Code reference must be available for this edit.
X212.NA/138.2200D.STC10-3.010	STC10-3	Entity Identifier Code	ID	2-3	S							Claim found: 2200D.STC10-3 must be valid values.	Claim not found: 2200D.STC10-3 must be valid values.		
X212.NA/138.2200D.STC10-4.010	STC10-4	Code List Qualifier Code	ID	1-3	S							Must not be present.			277: Companion Guide note needed, not used by Medicare FFS.
X212.NA/138.2200D.STC11.010	STC11	HEALTH CARE CLAIM STATUS			S										
X212.NA/138.2200D.STC11-1.010	STC11-1	Health Care Claim Status Category Code	AN	1-30	R							Claim found: 2200D.STC11-1 must be any valid Health Care Claim Status Code Category, except "R".	Claim not found: 2200D.STC11-1 must be any valid Health Care Claim Status Code Category, except "R".		Valid Health Care Claim Status Code Category reference must be available for this edit.
X212.NA/138.2200D.STC11-2.010	STC11-2	Health Care Claim Status Code	AN	1-30	R							Claim found: 2200D.STC11-2 must be present.	Claim not found: 2200D.STC11-2 must be present.		
X212.NA/138.2200D.STC11-2.020	STC11-2											Claim found: 2200D.STC11-2 must be a valid Claim Status Code.	Claim not found: 2200D.STC11-2 must be a valid Claim Status Code.		Valid Claim Status Code reference must be available for this edit.
X212.NA/138.2200D.STC11-3.010	STC11-3	Entity Identifier Code	ID	2-3	S							Claim found: 2200D.STC11-3 must be valid values.	Claim not found: 2200D.STC11-3 must be valid values.		
X212.NA/138.2200D.STC11-4.010	STC11-4	Code List Qualifier Code	ID	1-3	S							Must not be present.			277: Companion Guide note needed, not used by Medicare FFS.
X212.NA/138.2200D.STC12.010	STC12	Free-Form Message Text	AN	1-264	N/U							Must not be present.			
X212.59/149.2200D.REF.010	REF	PAYER CLAIM CONTROL NUMBER		1	S	2200D		999	R	IK304=5: "Segment Exceeds Maximum Use"	Only 1 iteration of 2200D.REF with REF01 = "IK" is allowed.	Claim found: Only 1 iteration of 2200D.REF with REF01 = "IK" is allowed.	Claim not found: 2200D.REF with REF01 = "IK" must not be present.		
X212.59/149.2200D.REF.020	REF											Claim found: 2200D.REF must be present when the claim is found in the internal system.			
X212.59/149.2200D.REF01.010	REF01	Reference Identification Qualifier	ID	2-3	R			999	R	IK403 = 1: "Required Data Element Missing"	2200D.REF01 must be present.	Claim found: 2200D.REF01 must be present.			
X212.59/149.2200D.REF01.020	REF01							999	R	IK403 = 7: "Invalid Code Value"	2200D.REF01 must be "1K".	Claim found: 2200D.REF01 must be "1K".			
X212.59/149.2200D.REF02.010	REF02	Payer Claim Control Number	AN	1-50	R			999	R	IK403 = 1: "Required Data Element Missing"	2200D.REF02 must be present.	Claim found: 2000D.REF02 must be present.			

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Edit Reference	Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	TA1/999/277	2 T 7 C 6 E R	Disposition / Error Code	Proposed 276 5010 Edits	Outbound Mapping Instructions		Triggering Event	Misc. Notes
												(Flat file and/or 277) Found Condition	(Flat file and/or 277) Not Found Condition		
X212.59/149.2200D.REF02.020	REF02							277	T	CSC 464: "Payer Assigned Claim Control Number" CSC 512: "Length invalid for receiver's application system"	For VMS, 2200D.REF02 must be 14 digits.	Claim found: 2000D.REF02 must be the payer claim control number from the internal system.			
X212.59/149.2200D.REF02.030	REF02							277	T	CSC 464: "Payer Assigned Claim Control Number" CSC 512: "Length invalid for receiver's application system"	For MCS 2200D.REF02 must be 13 digits.				
X212.59/149.2200D.REF02.040	REF02							277	T	CSC 464: "Payer Assigned Claim Control Number" CSC 512: "Length invalid for receiver's application system"	For FISS, 2200D.REF02 must be 14 - 23 characters.				
X212.59/149.2200D.REF02.050	REF02							999	R	IK403 = 6: "Invalid Character in Data Element"	2200D.REF02 must be populated with accepted AN characters.				
X212.59/149.2200D.REF02.060	REF02							999	R	IK403 = 6: "Invalid Character in Data Element"	2200D.REF02 must contain at least one non-space character.				
X212.59/149.2200D.REF03.010	REF03	Description	AN	1-80	N/U			999	R	IK403 = 110: "Implementation 'Not Used' Element Present"	Must not be present.				
X212.59/149.2200D.REF04.010	REF04	Reference Identifier			N/U			999	R	IK403 = 110: "Implementation 'Not Used' Element Present"	Must not be present.				
X212.60/150.2200D.REF.010	REF	INSTITUTIONAL BILL TYPE IDENTIFICATION		1	S	2200D		999	R	IK304=5: "Segment Exceeds Maximum Use"	Only 1 iteration of 2200D.REF with REF01 = "BLT" is allowed for Part A.	Claim found: Only 1 iteration of 2200D.REF with REF01 = "BLT" is allowed.	Claim not found: 2200D.REF with REF01 = "BLT" must not be present.		04/30: 276 Companion Guide note needed. FISS will use this info if provided. This segment will not be returned in the 277, except from Part A.
X212.60/150.2200D.REF.020	REF							277	C	For Part B and CEDI the CSCC = E3 and the CSC(1) = 535 & CSC(2) = 228 & CSC(3) =138 and DE98 = MR	2200D.REF with REF01 = "BLT" is not allowed for Part B and CEDI.	Claim found: 2200D.REF must not be present for non-institutional claims.			For Part B and CEDI only. For Part A Not Applicable
X212.60/150.2200D.REF.030	REF											Claim found: 2200D.REF must be present on Part A claims when the internal system value is different than the transmitted value from the associated 276.			
X212.60/150.2200D.REF01.010	REF01	Reference Identification Qualifier	ID	2-3	R			999	R	IK403 = 1: "Required Data Element Missing"	2200D.REF01 must be present.	Claim found: 2200D.REF01 must be present.			
X212.60/150.2200D.REF01.020	REF01							999	R	IK403 = 7: "Invalid Code Value"	2200D.REF01 must be "BLT".	Claim found: 2200D.REF01 must be "BLT".			

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Edit Reference	Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	TA1/ 999/ 277	2 T 7 C 6 E R	Disposition / Error Code	Proposed 276 5010 Edits	Outbound Mapping Instructions		Triggering Event	Misc. Notes
												(Flat file and/or 277) Found Condition	(Flat file and/or 277) Not Found Condition		
X212.60/150.2200D.REF02.010	REF02	Bill Type Identifier	AN	1-50	R			999	R	IK403 = 1: "Required Data Element Missing"	2200D.REF02 must be present.	Claim found: 2200D.REF02 must be present.			
X212.60/150.2200D.REF02.020	REF02							277	C	CSC = 228: "Type of bill for UB claim"	The first two positions of 2200D.REF02 must be a valid Facility Type Code and the third position must contain a valid Claim Frequency Code.	Claim found: 2200D.REF02 must be the concatenated value of the Facility Type Code and Claim Frequency Code from the internal system.			
X212.60/150.2200D.REF03.010	REF03	Description	AN	1-80	N/U			999	R	IK403 = I10: "Implementation "Not Used" Element Present"	Must not be present.	Must not be present.			
X212.60/150.2200D.REF04.010	REF04	Reference Identifier			N/U			999	R	IK403 = I10: "Implementation "Not Used" Element Present"	Must not be present.	Must not be present.			
X212.61/NA.2200D.REF.010	REF	APPLICATION OR LOCATION SYSTEM IDENTIFIER		1	S	2200D		999	R	IK304=5: "Segment Exceeds Maximum Use"	Only 1 iteration of 2200D.REF with REF01 = "LU" is allowed.				
X212.61/NA.2200D.REF.020	REF							277	C	CSCC:E4 "Trading partner agreement specific requirement not met: Data correction required" and CSC = 560 "Entity's Additional/Secondary Identifier" and DE98 = QC - Patient	For VA, 2200D.REF with REF01 = "LU" must be present.				
X212.61/NA.2200D.REF01.010	REF01	Reference Identification Qualifier	ID	2-3	R			999	R	IK403 = 1: "Required Data Element Missing"	2200D.REF01 must be present.				
X212.61/NA.2200D.REF01.020	REF01							999	R	IK403 = 7: "Invalid Code Value"	2200D.REF01 must be "LU".				
X212.61/NA.2200D.REF02.010	REF02	Application or Location System Identifier	AN	1-50	R			999	R	IK403 = 1: "Required Data Element Missing"	2200D.REF02 must be present.				
X212.61/NA.2200D.REF02.020	REF02							999	R	IK403 = 5: "Data Element Too Long"	For everyone except VA, 2200D.REF02 must be 1-50 characters.				04/21: Noted as a non-VA edit.
X212.61/NA.2200D.REF02.030	REF02							999	R	IK403 = 6: "Invalid Character in Data Element"	For everyone except VA, 2200D.REF02 must contain at least two non-space characters.				04/21: Noted as a non-VA edit.
X212.61/NA.2200D.REF02.040	REF02							999	R	IK403 = 6: "Invalid Character in Data Element"	For everyone except VA, 2200D.REF02 must be populated with accepted AN characters.				04/21: Noted as a non-VA edit.
X212.61/NA.2200D.REF02.050	REF02							277	C	CSCC:E4 "Trading partner agreement specific requirement not met: Data correction required" and CSC = 560 "Entity's Additional/Secondary Identifier" and DE98 = QC - Patient	For VA, 2200D.REF02 must be a code authorized by the VA.				
X212.61/NA.2200D.REF03.010	REF03	Description	AN	1-80	N/U			999	R	IK403 = I10: "Implementation "Not Used" Element Present"	Must not be present.				
X212.61/NA.2200D.REF04.010	REF04	Reference Identifier			N/U			999	R	IK403 = I10: "Implementation "Not Used" Element Present"	Must not be present.				

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Edit Reference	Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	TA1/999/277	2 T 7 C 6 E R	Disposition / Error Code	Proposed 276 5010 Edits	Outbound Mapping Instructions		Triggering Event	Misc. Notes
												(Flat file and/or 277) Found Condition	(Flat file and/or 277) Not Found Condition		
X212.62/NA.2200D.REF.010	REF	GROUP NUMBER		1	S	2200D		999	R	IK304=5: "Segment Exceeds Maximum Use"	Only 1 iteration of 2200D.REF with REF01 = "6P" is allowed.				
X212.62/NA.2200D.REF01.010	REF01	Reference Identification Qualifier	ID	2-3	R			999	R	IK403 = 1: "Required Data Element Missing"	2200D.REF01 must be present.				
X212.62/NA.2200D.REF01.020	REF01							999	R	IK403 = 7: "Invalid Code Value"	2200D.REF01 must be "6P".				
X212.62/NA.2200D.REF02.010	REF02	Group Number	AN	1-50	R			999	R	IK403 = 1: "Required Data Element Missing"	2200D.REF02 must be present.				
X212.62/NA.2200D.REF02.020	REF02							999	R	IK403 = 5: "Data Element Too Long"	2200D.REF02 must be 1-50 characters.				
X212.62/NA.2200D.REF02.030	REF02							999	R	IK403 = 6: "Invalid Character in Data Element"	2200D.REF02 must contain at least two non-space characters.				
X212.62/NA.2200D.REF02.040	REF02							999	R	IK403 = 6: "Invalid Character in Data Element"	2200D.REF02 must be populated with accepted AN characters.				
X212.62/NA.2200D.REF03.010	REF03	Description	AN	1-80	N/U			999	R	IK403 = I10: "Implementation "Not Used" Element Present"	Must not be present.				
X212.62/NA.2200D.REF04.010	REF04	Reference Identifier			N/U			999	R	IK403 = I10: "Implementation "Not Used" Element Present"	Must not be present.				
X212.63/151.2200D.REF.010	REF	PATIENT CONTROL NUMBER		1	S	2200D		999	R	IK304=5: "Segment Exceeds Maximum Use"	Only 1 iteration of 2200D.REF with REF01 = "EJ" is allowed.	Only 1 iteration of 2200D.REF with REF01 = "EJ" is allowed.			
X212.63/151.2200D..010												2200D.REF with REF01 = "EJ" must be present when the Patient Control Number was transmitted on the associated 276 or when available in the internal system.			
X212.63/151.2200D.REF01.010	REF01	Reference Identification Qualifier	ID	2-3	R			999	R	IK403 = 1: "Required Data Element Missing"	2200D.REF01 must be present.	2200D.REF01 must be present.			
X212.63/151.2200D.REF01.020	REF01							999	R	IK403 = 7: "Invalid Code Value"	2200D.REF01 must be "EJ".	2200D.REF01 must be "EJ".			
X212.63/151.2200D.REF02.010	REF02	Patient Account Number	AN	1-50	R			999	R	IK403 = 1: "Required Data Element Missing"	2200D.REF02 must be present.	2200D.REF02 must be present.			
X212.63/151.2200D.REF02.020	REF02							999	R	IK403 = 5: "Data Element Too Long"	2200D.REF02 must be 1-50 characters.	2200D.REF02 must be the transmitted value from the associated 276. If not transmitted from the 276 and claim found, must be the patient account number from the internal system.			
X212.63/151.2200D.REF02.030	REF02							999	R	IK403 = 6: "Invalid Character in Data Element"	2200D.REF02 must contain at least two non-space characters.				

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Edit Reference	Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	TA1/999/277	2 T 7 C 6 E R	Disposition / Error Code	Proposed 276 5010 Edits	Outbound Mapping Instructions		Triggering Event	Misc. Notes
												(Flat file and/or 277) Found Condition	(Flat file and/or 277) Not Found Condition		
X212.63/151.2200D.REF02.040	REF02							999	R	IK403 = 6: "Invalid Character in Data Element"	2200D.REF02 must be populated with accepted AN characters.				
X212.63/151.2200D.REF03.010	REF03	Description	AN	1-80	N/U			999	R	IK403 = I10: "Implementation "Not Used" Element Present"	Must not be present.	Must not be present.			
X212.63/151.2200D.REF04.010	REF04	Reference Identifier			N/U			999	R	IK403 = I10: "Implementation "Not Used" Element Present"	Must not be present.	Must not be present.			
X212.64/152.2200D.REF.010	REF	PHARMACY PRESCRIPTION NUMBER		1	S	2200D		999	R	IK304=5: "Segment Exceeds Maximum Use"	Only 1 iteration of 2200D.REF with REF01 = "XZ" is allowed.	Only 1 iteration of 2200D.REF with REF01 = "XZ" is allowed.			
X212.64/152.2200D..010												2200D.REF with REF01 = "XZ" must be present when the Pharmacy Prescription Number was transmitted on the associated 276 or when available in the internal system.			
X212.64/152.2200D.REF01.010	REF01	Reference Identification Qualifier	ID	2-3	R			999	R	IK403 = 1: "Required Data Element Missing"	2200D.REF01 must be present.	2200D.REF01 must be present.			
X212.64/152.2200D.REF01.020	REF01							999	R	IK403 = 7: "Invalid Code Value"	2200D.REF01 must be "XZ".	2200D.REF01 must be "XZ".			
X212.64/152.2200D.REF02.010	REF02	Pharmacy Prescription Number	AN	1-50	R			999	R	IK403 = 1: "Required Data Element Missing"	2200D.REF02 must be present.	2200D.REF02 must be present.			
X212.64/152.2200D.REF02.020	REF02							999	R	IK403 = 5: "Data Element Too Long"	2200D.REF02 must be 1-50 characters.	2200D.REF02 must be the transmitted value from the associated 276. If not transmitted from the 276, must be the pharmacy prescription number from the internal system.			
X212.64/152.2200D.REF02.030	REF02							999	R	IK403 = 6: "Invalid Character in Data Element"	2200D.REF02 must contain at least two non-space characters.				
X212.64/152.2200D.REF02.040	REF02							999	R	IK403 = 6: "Invalid Character in Data Element"	2200D.REF02 must be populated with accepted AN characters.				
X212.64/152.2200D.REF03.010	REF03	Description	AN	1-80	N/U			999	R	IK403 = I10: "Implementation "Not Used" Element Present"	Must not be present.				
X212.64/152.2200D.REF04.010	REF04	Reference Identifier			N/U			999	R	IK403 = I10: "Implementation "Not Used" Element Present"	Must not be present.				
X212.NA/153.2200D.REF.010	REF	VOUCHER IDENTIFIER		1	S	2200D						2200D.REF with REF01 = "VV" must not be present.			07/02: 277 Companion Guide note needed, this segment not used by Medicare FFS.
X212.NA/153.2200D.REF01.010	REF01	Reference Identification Qualifier	ID	2-3	R										
X212.NA/153.2200D.REF02.010	REF02	Voucher Identifier	AN	1-50	R										

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Edit Reference	Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	TA1/999/277	2 T 7 C 6 E R	Disposition / Error Code	Proposed 276 5010 Edits	Outbound Mapping Instructions		Triggering Event	Misc. Notes
												(Flat file and/or 277) Found Condition	(Flat file and/or 277) Not Found Condition		
X212.NA/153.2200D.REF03.010	REF03	Description	AN	1-80	N/U										
X212.NA/153.2200D.REF04.010	REF04	Reference Identifier			N/U										
X212.65/154.2200D.REF.010	REF	CLAIM ID FOR CLEARINGHOUSES AND OTHER TRANSMISSION INTERMEDIARIES		1	S	2200D		999	R	IK304=5: "Segment Exceeds Maximum Use"	Only 1 iteration of 2200D.REF with REF01 = "D9" is allowed.	Only 1 iteration of 2200D.REF with REF01 = "D9" is allowed.			
X212.65/154.2200D.REF.020	REF											2200D.REF with REF01 = "D9" must be present when Clearinghouse Trace number was transmitted on the associated 276.			
X212.65/154.2200D.REF01.010	REF01	Reference Identification Qualifier	ID	2-3	R			999	R	IK403 = 1: "Required Data Element Missing"	2200D.REF01 must be present.	2200D.REF01 must be present.			
X212.65/154.2200D.REF01.020	REF01							999	R	IK403 = 7: "Invalid Code Value"	2200D.REF01 must be "D9".	2200D.REF01 must be "D9".			
X212.65/154.2200D.REF02.010	REF02	Clearinghouse Trace Number	AN	1-50	R			999	R	IK403 = 1: "Required Data Element Missing"	2200D.REF02 must be present.	2200D.REF02 must be present.			
X212.65/154.2200D.REF02.020	REF02							999	R	IK403 = 5: "Data Element Too Long"	2200D.REF02 must be 1-50 characters.	2200D.REF02 must be the transmitted value from the associated 276.			
X212.65/154.2200D.REF02.030	REF02							999	R	IK403 = 6: "Invalid Character in Data Element"	2200D.REF02 must contain at least two non-space characters.				
X212.65/154.2200D.REF02.040	REF02							999	R	IK403 = 6: "Invalid Character in Data Element"	2200D.REF02 must be populated with accepted AN characters.				
X212.65/154.2200D.REF03.010	REF03	Description	AN	1-80	N/U			999	R	IK403 = 110: "Implementation "Not Used" Element Present"	Must not be present.				
X212.65/154.2200D.REF04.010	REF04	Reference Identifier			N/U			999	R	IK403 = 110: "Implementation "Not Used" Element Present"	Must not be present.				
X212.66/NA.2200D.AMT.010	AMT	CLAIM SUBMITTED CHARGES		1	S	2200D		999	R	IK304=5: "Segment Exceeds Maximum Use"	Only 1 iteration of 2200D.AMT with AMT01 = "T3" is allowed.				
X212.66/NA.2200D.AMT01.010	AMT01	Amount Qualifier Code	ID	1-3	R			999	R	IK403 = 1: "Required Data Element Missing"	2200D.REF01 must be present.				
X212.66/NA.2200D.AMT01.020	AMT01							999	R	IK403 = 7: "Invalid Code Value"	2200D.REF01 must be "T3".				
X212.66/NA.2200D.AMT02.010	AMT02	Total Claim Charge Amount	R	1-18	R			999	R	IK403 = 1: "Required Data Element Missing"	2200D.AMT02 must be present.				
X212.66/NA.2200D.AMT02.020	AMT02							999	R	IK403 = 6: "Invalid Character in Data Element"	2200D.AMT02 must be numeric				
X212.66/NA.2200D.AMT02.030	AMT02							277	T	CSC = 178: "Submitted charges"	2200D.AMT02 must be <= 99,999,999.99.				

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Edit Reference	Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	TA1/ 999/ 277	2 T 7 C 6 E R	Disposition / Error Code	Proposed 276 5010 Edits	Outbound Mapping Instructions		Triggering Event	Misc. Notes
												(Flat file and/or 277) Found Condition	(Flat file and/or 277) Not Found Condition		
X212.66/NA.2200D.AMT03.010	AMT03	Credit/Debit Flag Code	ID	1-1	N/U			999	R	IK403 = I10: "Implementation "Not Used" Element Present"	Must not be present.				
X212.67/155.2200D.DTP.010	DTP	CLAIM SERVICE DATE		1	S	2200D		999	R	IK304 = I6: "Implementation Dependent Segment Missing"	For institutional claims, 2200D.DTP with DTP01 = "472" must be present.	For Part A, 2200D.DTP with DTP01 = "472" must be present.			05/05: 276 Companion guide note needed - will only use a date submitted here for searching, will not use a date submitted in 2210D for the search.
X212.67/155.2200D.DTP.020	DTP							999	R	IK304 = I6: "Implementation Dependent Segment Missing"	For professional claims, 2200D.DTP with DTP01 = "472" must be present when 2210D.DTP with DTP01 = "472" is not present.	For professional claims, 2200D.DTP with DTP01 = "472" must be present when 2210D.DTP with DTP01 = "472" is not present.			
X212.67/155.2200D.DTP.030	DTP							999	R	IK304=5: "Segment Exceeds Maximum Use"	Only one iteration of 2200D.DTP with DTP01 = "472" is allowed.	Only one iteration of 2200D.DTP with DTP01 = "472" is allowed.			
X212.67/155.2200D.DTP01.010	DTP01	Date Time Qualifier	ID	3-3	R			999	R	IK403 = 1: "Required Data Element Missing"	2200D..DTP01 must be present.	2200D..DTP01 must be present.			
X212.67/155.2200D.DTP01.020	DTP01							999	R	IK403 = 7: "Invalid Code Value"	2200D.DTP01 must be "472".	2200D.DTP01 must be "472".			
X212.67/155.2200D.DTP02.010	DTP02	Date Time Period Format Qualifier	ID	2-3	R			999	R	IK403 = 1: "Required Data Element Missing"	2200D.DTP02 must be present.	2200D.DTP02 must be present.			
X212.67/155.2200D.DTP02.020	DTP02							999	R	IK403 = 7: "Invalid Code Value"	2200D.DTP02 must be valid values.	2200D.DTP02 must be the transmitted value from the associated 276.			
X212.67/155.2200D.DTP03.010	DTP03	Claim Service Period	AN	1-35	R			999	R	IK403 = 1: "Required Data Element Missing"	2200D.DTP03 must be present.	2200D.DTP03 must be present.			
X212.67/155.2200D.DTP03.020	DTP03							999	R	IK403 = 8: "Invalid Date"	If 2200D.DTP02 = "D8" then 2200D.DTP03 must be a valid date in CCYYMMDD format.	2200D.DTP03 must be the transmitted value from the associated 276.			
X212.67/155.2200D.DTP03.030	DTP03							999	R	IK403 = 8: "Invalid Date"	If 2200D.DTP02 = "RD8" then 220D.DTP03 must be a valid date in CCYYMMDD-CCYYMMDD format.				
X212.67/155.2200D.DTP03.040	DTP03							277	C	CSC 187: "Date(s) of service"	If 2200D.DTP02 = "RD8" then the 2nd date listed in 2200.DTP03 must be >= the 1st date listed in 2200.DTP03.				
X212.69/157.2210D.SSL Loop.010	SSL Loop	Subscriber Service Line Loop				2210D	>1	277		CSCC = E4 "Trading partner agreement specific requirement not met: Data correction required: CSC = 247: "Line Information"		Claim not found: Part A: do not create the 2220D Loop.  Claim found: Part A: do not create the 2220D loop. Otherwise: Create the 2220D loop for each service line.	Otherwise: If the 276 did not contain line info, do not create 2220D loop  If the 276 did contain line info, create the 2220D loop for each service line.	Note: This loop is 2210D in the 276 and 2220D in the 277. Note: The appropriate Part A (Claim Level Only Processing = E4 Cat & 247 - Claim Status Code to indicate only claim level processing to occur.	

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Edit Reference	Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	TA1/999/277	2 T 7 C 6 E R	Disposition / Error Code	Proposed 276 5010 Edits	Outbound Mapping Instructions		Triggering Event	Misc. Notes
												(Flat file and/or 277) Found Condition	(Flat file and/or 277) Not Found Condition		
X212.69/157.2210D.SVC.010	SVC	SERVICE LINE INFORMATION		1	S	2210D	1	999	R	CSC: 504" Entity's Last Name "	One iteration of 2210D.SVC is allowed per 2210D loop.	Claim found: One iteration of 2220D.SVC is allowed per 2220D loop.	Claim not found: One iteration of 2220D.SVC is allowed per 2220D loop.		
X212.69/157.2210D.SVC.020	SVC											Claim found: 2220D.SVC must be present for each service line for which status is being transmitted.	Claim not found: If the 276 did contain line info, 2220D.SVC must be present for each service line for which status is being transmitted.		
X212.69/157.2210D.SVC01.010	SVC01	Composite Medical Procedure Identifier			R										
X212.69/157.2210D.SVC01-1.010	SVC01-1	Product/Service ID Qualifier	ID	2-2	R			999	R	IK403 = 1: "Required Data Element Missing"	2210D.SVC01-1 must be present.	Claim found: 2220D.SVC01-1 must be present.	Claim not found: 2220D.SVC01-1 must be present.		
X212.69/157.2210D.SVC01-1.020	SVC01-1							277	C	CSCC = E0: "Response not possible - error on submitted request data" CSC = 745: "Identifier Qualifier" CSC = 455: "Revenue code for services rendered:"	For Part A, 2210D.SVC01-1 must be 'HC', 'HP', or 'NU'.	Claim found: 2220D.SVC01-1 must be the transmitted value from the associated 276.	Claim not found: 2220D.SVC01-1 must be the transmitted value from the associated 276.		05/05: 276 Companion Guide note needed.
X212.69/157.2210D.SVC01-1.030	SVC01-1							277	C	CSCC = E0: "Response not possible - error on submitted request data" CSC = 745: "Identifier Qualifier" 454 CSC "Procedure code for services rendered:"	For Part B, 2210D.SVC01-1 must be 'HC'.				05/05: Revised edit. Changed to 277 error code. 276 Companion Guide note needed. Needs group confirmation.
X212.69/157.2210D.SVC01-1.040	SVC01-1							277	C	CSCC = E0: "Response not possible - error on submitted request data" CSC = 745: "Identifier Qualifier" CSC = 454: "Procedure code for services rendered: (CEDI ONLY For Drugs: CSC = 218: "NDC Number" instead of CSC = 454)	For CEDI, 2210D.SVC01-1 must be 'HC' or 'N4'.				05/05: 276 Companion Guide note needed. Needs group confirmation.
X212.69/157.2210D.SVC01-2.010	SVC01-2	Procedure Code	AN	1-48	R			999	R	IK403 = 1: "Required Data Element Missing"	2210D.SVC01-2 must be present.	Claim found: 2220D.SVC01-2 must be present.	Claim not found: 2220D.SVC01-2 must be present.		
X212.69/157.2210D.SVC01-2.020	SVC01-2							277	C	CSC 507: "HCPCS"	When 2210D.SVC01-1 = "HC", 2210D.SVC01-2 must be a valid HCPCS Code.	Claim found: 2220D.SVC01-2 must be the procedure code used to adjudicate the claim (from the internal system)	Claim not found: 2220D.SVC01-2 must be the transmitted value from the associated 276.		276: Valid HCPCS reference must be available for this edit.

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Edit Reference	Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	TA1/ 999/ 277	2 T 7 C 6 E R	Disposition / Error Code	Proposed 276 5010 Edits	Outbound Mapping Instructions		Triggering Event	Misc. Notes
												(Flat file and/or 277) Found Condition	(Flat file and/or 277) Not Found Condition		
X212.69/157.2210D.SVC01-2.030	SVC01-2							277	C	CSC = 513: "HIPPS Rate Code for services Rendered"	When 2210D.SVC01-1 = "HP", 2210D.SVC01-2 must be a valid HIPPS Skilled Nursing Facility Rate Code.				276: Valid HIPPS Code reference must be available for this edit.  FISS Edit
X212.69/157.2210D.SVC01-2.040	SVC01-2							277	C	CSC 454: "Procedure code for services rendered."	When 2210D.SVC01-1 = "NU", 2210D.SVC01-2 must be a valid National Uniform Billing Committee (NUBC) UB92 Code.				276: Valid National Uniform Billing Committee (NUBC) UB92 Codes reference must be available for this edit.  FISS Edit
X212.69/157.2210D.SVC01-2.050	SVC01-2							277	T	CSC = 218: "NDC number"	When 2210D.SVC01-1 = "N4", 2210D.SVC01-2 must be 1 - 11 digits.				DME/CEDI Edit only.
X212.69/157.2210D.SVC01-3.010	SVC01-3	Procedure Modifier	AN	2-2	S			277	C	CSC 453: "Procedure Code Modifier(s) for Service(s) Rendered"	2210D.SVC01-3 must be valid procedure modifier.	Claim found: If applicable, 2220D.SVC01-3 must be the first procedure modifier used to adjudicate the claim (from the internal system)	Claim not found: 2220D.SVC01-3 must be the transmitted value from the associated 276.		276: Valid Procedure Code Modifier reference must be available for this edit. 05/12: This edit will be simpler than the claim side because the data is not used in the search or in the 277; no validation of modifier to procedure code or date of service
X212.69/157.2210D.SVC01-4.010	SVC01-4	Procedure Modifier	AN	2-2	S			999	R	IK403 = 2 "Conditional Required Data Element Missing"	If 2210D.SVC01-4 is present, 2210D.SVC01-3 must be present.	Claim found: If 2220D.SVC01-4 is present, 2220D.SVC01-3 must be present.	Claim not found: If 2220D.SVC01-4 is present, 2220D.SVC01-3 must be present.		
X212.69/157.2210D.SVC01-4.020	SVC01-4							277	C	CSC 453: "Procedure Code Modifier(s) for Service(s) Rendered"	2210D.SVC01-4 must be valid procedure modifier.	Claim found: If applicable, 2220D.SVC01-4 must be the second procedure modifier used to adjudicate the claim (from the internal system)	Claim not found: 2220D.SVC01-4 must be the transmitted value from the associated 276.		276: Valid Procedure Code Modifier reference must be available for this edit.
X212.69/157.2210D.SVC01-5.010	SVC01-5	Procedure Modifier	AN	2-2	S			999	R	IK403 = 2 "Conditional Required Data Element Missing"	If 2210D.SVC01-5 is present, 2210D.SVC01-4 must be present.	Claim found: If 2220D.SVC01-5 is present, 2220D.SVC01-4 must be present.	Claim not found: If 2220D.SVC01-5 is present, 2220D.SVC01-4 must be present.		
X212.69/157.2210D.SVC01-5.020	SVC01-5							277	C	CSC 453: "Procedure Code Modifier(s) for Service(s) Rendered"	2210D.SVC01-5 must be valid procedure modifier.	Claim found: If applicable, 2220D.SVC01-5 must be the third procedure modifier used to adjudicate the claim (from the internal system)	Claim not found: 2220D.SVC01-5 must be the transmitted value from the associated 276.		276: Valid Procedure Code Modifier reference must be available for this edit.
X212.69/157.2210D.SVC01-6.010	SVC01-6	Procedure Modifier	AN	2-2	S			999	R	IK403 = 2 "Conditional Required Data Element Missing"	If 2210D.SVC01-6 is present, 2210D.SVC01-5 must be present.	Claim found: If 2220D.SVC01-6 is present, 2220D.SVC01-5 must be present.	Claim not found: If 2220D.SVC01-6 is present, 2220D.SVC01-5 must be present.		
X212.69/157.2210D.SVC01-6.020	SVC01-6							277	C	CSC 453: "Procedure Code Modifier(s) for Service(s) Rendered"	2210D.SVC01-6 must be valid procedure modifier.	Claim found: If applicable, 2220D.SVC01-6 must be the third procedure modifier used to adjudicate the claim (from the internal system)	Claim not found: 2220D.SVC01-6 must be the transmitted value from the associated 276.		276: Valid Procedure Code Modifier reference must be available for this edit.
X212.69/157.2210D.SVC01-7.010	SVC01-7	Description	AN	1-80	N/U			999	R	IK403 = 110: "Implementation "Not Used" Element Present"	Must not be present.	Must not be present.			

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Edit Reference	Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	TA1/999/277	2 T 7 C 6 E R	Disposition / Error Code	Proposed 276 5010 Edits	Outbound Mapping Instructions		Triggering Event	Misc. Notes
												(Flat file and/or 277) Found Condition	(Flat file and/or 277) Not Found Condition		
X212.69/157.2210D.SVC01-8.010	SVC01-8	Product Service ID	AN	1-48	N/U			999	R	IK403 = I10: "Implementation "Not Used" Element Present"	Must not be present.	Must not be present.			
X212.69/157.2210D.SVC02.010	SVC02	Line Item Charge Amount	R	1-18	R			999	R	IK403 = 1: "Required Data Element Missing"	2210D.SVC02 must be present.	Claim found: 2220D.SVC02 must be present.	Claim not found: 2220D.SVC02 must be present.		Valid NUBC reference must be available for this edit.
X212.69/157.2210D.SVC02.020	SVC02							999	R	IK403 = 6: "Invalid Character in Data Element"	2210D.SVC02 must be numeric.	Claim found: 2220D.SVC02 must be the line charge amount from the internal system.	Claim not found: 2220D.SVC02 must be the transmitted value from the associated 276.		
X212.69/157.2210D.SVC02.030	SVC02							277	T	CSCC = E4 "Trading partner agreement specific requirement not met: Data correction required CSC = 583: "Line Item Charge Amount"	2200D.SVC02 must be <= 99,999,999.99.				Medicare specific limitation. 276 Companion Guide note needed.
X212.69/157.2210D.SVC02.040	SVC02							277	T	CSCC = E4 "Trading partner agreement specific requirement not met: Data correction required CSC = 583: "Line Item Charge Amount" CSC = 402: "Amount must be greater than zero"	2210D.SVC02 must be >= 0				
X212.69/157.2210D.SVC03.010	SVC03	Line Item Payment Amount	R	1-18	R			999	R	IK403 = I10: "Implementation "Not Used" Element Present"	Must not be present.	Claim found: 2220D.SVC03 must be present.	Claim not found: 2220D.SVC03 must be present.		
X212.69/157.2210D.SVC03.020	SVC03											Claim found: 2220D.SVC03 must be the line payment amount from the internal system.	Claim not found: 2220D.SVC03 must be zero.		
X212.69/157.2210D.SVC04.010	SVC04	Revenue Code	AN	1-48	S			999	R	IK403 = 1: "Required Data Element Missing"	If 2210D.SVC01-2 is present then SVC04 may be present.	Claim found: If 2220D.SVC01-2 is present then SVC04 may be present.	Claim not found: If 2220D.SVC01-2 is present then SVC04 may be present.		
X212.69/157.2210D.SVC04.020	SVC04							277	C	CSC 507: "National Uniform Billing Committee (NUBC) UB92 Codes"	2210D.SVC04 must be a valid NUBC Code.	Claim found: If applicable, 2220D.SVC04 must be the Revenue Code from the internal system, used in addition to the listed Procedure Code.	Claim not found: 2220D.SVC04 must be the transmitted value from the associated 276.		276: Valid NUBC reference must be available for this edit. FISS Edit
X212.69/157.2210D.SVC05.010	SVC05	Quantity	R	1-15	N/U			999	R	IK403 = I10: "Implementation "Not Used" Element Present"	Must not be present.				
X212.69/157.2210D.SVC06.010	SVC06	Composite Medical Procedure Identifier			N/U			999	R	IK403 = I10: "Implementation "Not Used" Element Present"	Must not be present.				
X212.69/157.2210D.SVC07.010	SVC07	Units of Service Count	R	1-15	R			999	R	IK403 = 1: "Required Data Element Missing"	2210D.SVC07 must be present.	Claim found: 2220D.SVC07 must be present.	Claim not found: 2220D.SVC07 must be present.		
X212.69/157.2210D.SVC07.020	SVC07							999	R	IK403 = 6: "Invalid Character in Data Element"	2210D.SVC07 must be numeric.	Claim found: 2220D.SVC07 must be Units from the internal system.	Claim not found: 2220D.SVC07 must be the transmitted value from the associated 276.		

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Edit Reference	Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	TA1/999/277	2 T 7 C 6 E R	Disposition / Error Code	Proposed 276 5010 Edits	Outbound Mapping Instructions		Triggering Event	Misc. Notes
												(Flat file and/or 277) Found Condition	(Flat file and/or 277) Not Found Condition		
X212.NA/161.2220D.STC.010	STC	Service Line STATUS INFORMATION		1	R	2220D						Line found: 2220D.STC must be present.	Line not found: 2220D.STC must be present.		5/12: 276 Companion Guide note needed. Part A will be returning claim level status information, but not line level status information.
X212.NA/161.2220D.STC.020	STC											Line found: Five iterations of 2220D.STC are allowed.	Line not found: Five iterations of 2220D.STC are allowed.		04/23: Medicare limitation: Up to five iterations of the STC will be allowed for all occurrences in these transactions.
X212.NA/161.2220D.STC01.010	STC01	HEALTH CARE CLAIM STATUS			R							Line found: 2220D.STC01-1 must be present.	Line not found: 2220D.STC01-1 must be present.		
X212.NA/161.2220D.STC01-1.010	STC01-1	Health Care Claim Status Category Code	AN	1-30	R							Line found: 2220D.STC01-1 must be any valid Health Care Claim Status Code Category, except "R".	Line not found: 2220D.STC01-1 must be "A4".		Valid Health Care Claim Status Code Category reference must be available for this edit.
X212.NA/161.2220D.STC01-2.010	STC01-2	Health Care Claim Status Code	AN	1-30	R							Line found: 2220D.STC01-2 must be present.	Line not found: 2220D.STC01-2 must be present.		
X212.NA/161.2220D.STC01-2.020	STC01-2											Line found: PART A: 2220D.STC01-2 must be "247". Otherwise, 2220D.STC01-2 must be a valid Claim Status Code.	Line not found: PART A: 2220D.STC01-2 must be "247". PART B & CEDI: 2220D.STC01-2 must be "35".		Valid Claim Status Code reference must be available for this edit.
X212.NA/161.2220D.STC01-3.010	STC01-3	Entity Identifier Code	ID	2-3	S							Line found: 2220D.STC01-3 must be valid values.	Line not found: 2220D.STC01-3 must be valid values.		
X212.NA/161.2220D.STC01-4.010	STC01-4	Code List Qualifier Code	ID	1-3	S							Must not be present.	Must not be present.		277: Companion Guide note needed, not used by Medicare.
X212.NA/161.2220D.STC02.010	STC02	Status Information Effective Date	DT	8-8	R							Line found: 2220D.STC02 must be the date the claim moved to the current location status from the internal system, in CCYYMMDD format.	Line not found: 2220D.STC02 must be the current (system) date, in CCYYMMDD format.		
X212.NA/161.2220D.STC03.010	STC03	Action Code	ID	1-2	N/U							Must not be present.			
X212.NA/161.2220D.STC04.010	STC04	Monetary Amount	R	1-18	N/U							Must not be present.			
X212.NA/161.2220D.STC05.010	STC05	Monetary Amount	R	1-18	N/U							Must not be present.			
X212.NA/161.2220D.STC06.010	STC06	Date	DT	8-8	N/U							Must not be present.			
X212.NA/161.2220D.STC07.010	STC07	Payment Method Code	ID	3-3	N/U							Must not be present.			
X212.NA/161.2220D.STC08.010	STC08	Date	DT	8-8	N/U							Must not be present.			
X212.NA/161.2220D.STC09.010	STC09	Check Number	AN	1-16	N/U							Must not be present.			

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Edit Reference	Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	TA1/ 999/ 277	2 T 7 C 6 E R	Disposition / Error Code	Proposed 276 5010 Edits	Outbound Mapping Instructions		Triggering Event	Misc. Notes
												(Flat file and/or 277) Found Condition	(Flat file and/or 277) Not Found Condition		
X212.NA/161.2220D.STC10.010	STC10	HEALTH CARE CLAIM STATUS			S										
X212.NA/161.2220D.STC10-1.010	STC10-1	Health Care Claim Status Category Code	AN	1-30	R							Line found: 2220D.STC10-1 must be any valid Health Care Claim Status Code Category, except "R".	Line not found: 2220D.STC10-1 must be any valid Health Care Claim Status Code Category, except "R".		Valid Health Care Claim Status Code Category reference must be available for this edit.
X212.NA/161.2220D.STC10-2.010	STC10-2	Health Care Claim Status Code	AN	1-30	R							Line found: 2220D.STC10-2 must be present.	Line not found: 2220D.STC10-2 must be present.		
X212.NA/161.2220D.STC10-2.020	STC10-2											Line found: 2220D.STC10-2 must be a valid Claim Status Code.	Line not found: 2220D.STC10-2 must be a valid Claim Status Code.		Valid Claim Status Code reference must be available for this edit.
X212.NA/161.2220D.STC10-3.010	STC10-3	Entity Identifier Code	ID	2-3	S							Line found: 2220D.STC10-3 must be valid values.	Line not found: 2220D.STC10-3 must be valid values.		
X212.NA/161.2220D.STC10-4.010	STC10-4	Code List Qualifier Code	ID	1-3	S										277: Companion Guide note needed, not used by Medicare.
X212.NA/161.2220D.STC11.010	STC11	HEALTH CARE CLAIM STATUS			S										
X212.NA/161.2220D.STC11-1.010	STC11-1	Health Care Claim Status Category Code	AN	1-30	R							Line found: 2220D.STC11-1 must be any valid Health Care Claim Status Code Category, except "R".	Line not found: 2220D.STC11-1 must be any valid Health Care Claim Status Code Category, except "R".		Valid Health Care Claim Status Code Category reference must be available for this edit.
X212.NA/161.2220D.STC11-2.010	STC11-2	Health Care Claim Status Code	AN	1-30	R							Line found: 2220D.STC11-2 must be present.	Line not found: 2220D.STC11-2 must be present.		
X212.NA/161.2220D.STC11-2.020	STC11-2											Line found: 2220D.STC11-2 must be a valid Claim Status Code.	Line not found: 2220D.STC11-2 must be a valid Claim Status Code.		Valid Claim Status Code reference must be available for this edit.
X212.NA/161.2220D.STC11-3.010	STC11-3	Entity Identifier Code	ID	2-3	S							Line found: 2220D.STC11-3 must be valid values.	Line not found: 2220D.STC11-3 must be valid values.		
X212.NA/161.2220D.STC11-4.010	STC11-4	Code List Qualifier Code	ID	1-3	S										277: Companion Guide note needed, not used by Medicare.
X212.NA/161.2220D.STC12.010	STC12	Free-Form Message Text	AN	1-264	N/U										
X212.73/171.2210D.REF.010	REF	SERVICE LINE ITEM IDENTIFICATION		1	S	2210D		999	R	IK304 = 5: "Segment Exceeds Maximum Use"	Only 1 iteration of 2210D.REF with REF01 = "FJ" is allowed.	Only 1 iteration of 2220D.REF with REF01 = "FJ" is allowed.			
X212.73/171.2210D..010												2220D.REF with REF01 = "FJ" must be present when Line Item Control number was transmitted on the associated 276 and service level status is being returned.			
X212.73/171.2210D.REF01.010	REF01	Reference Identification Qualifier	ID	2-3	R			999	R	IK403 = 1: "Required Data Element Missing"	2210D.REF01 must be present.	2220D.REF01 must be present.			

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Edit Reference	Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	TA1/999/277	2 T 7 C 6 E R	Disposition / Error Code	Proposed 276 5010 Edits	Outbound Mapping Instructions		Triggering Event	Misc. Notes
												(Flat file and/or 277) Found Condition	(Flat file and/or 277) Not Found Condition		
X212.73/171.2210D.REF01.020	REF01							999	R	IK403 = 7: "Invalid Code Value"	2210D.REF01 must be "FJ".	2220D.REF01 must be "FJ".			
X212.73/171.2210D.REF02.010	REF02	Line Item Control Number	AN	1-50	R			999	R	IK403 = 1: "Required Data Element Missing"	2210D.REF02 must be present.	2220D.REF02 must be present.			
X212.73/171.2210D.REF02.020	REF02							277	C	CSC 584: "Line Item Control Number"	2210D.REF02 must be 1 - 50 characters.	2220D.REF02 must be the transmitted value from the associated 276.			
X212.73/171.2210D.REF02.030	REF02							999	R	IK403 = 6: "Invalid Character in Data Element"	2210D.REF02 must be populated with accepted AN characters.				
X212.73/171.2210D.REF02.040	REF02							999	R	IK403 = 6: "Invalid Character in Data Element"	2210D.REF02 must contain at least one non-space character.				
X212.73/171.2210D.REF03.010	REF03	Description	AN	1-80	N/U			999	R	IK403 = I10: "Implementation "Not Used" Element Present"	Must not be present.	Must not be present.			
X212.73/171.2210D.REF04.010	REF04	Reference Identifier			N/U			999	R	IK403 = I10: "Implementation "Not Used" Element Present"	Must not be present.	Must not be present.			
X212.74/172.2210D.DTP.010	DTP	SERVICE LINE DATE		1	R	2210D		999	R	IK304 = 3: "Required Segment Missing"	2210D.DTP must be present.	2220D.DTP must be present.			
X212.74/172.2210D.DTP.020	DTP							999	R	IK304 = 5: "Segment Exceeds Maximum Use"	Only one iteration of 2210D.DTP are allowed.	Only one iteration of 2220D.DTP are allowed.			
X212.74/172.2210D.DTP01.010	DTP01	Date Time Qualifier	ID	3-3	R			999	R	IK403 = 1: "Required Data Element Missing"	2210D.DTP01 must be present.	2220D.DTP01 must be present.			
X212.74/172.2210D.DTP01.020	DTP01							999	R	IK403 = 7: "Invalid Code Value"	2210D.DTP01 must be "472".	2220D.DTP01 must be "472".			
X212.74/172.2210D.DTP02.010	DTP02	Date Time Period Format Qualifier	ID	2-3	R			999	R	IK403 = 1: "Required Data Element Missing"	2210D.DTP02 must be present.	2220D.DTP02 must be present.			
X212.74/172.2210D.DTP02.020	DTP02							999	R	IK403 = 7: "Invalid Code Value"	2210D.DTP02 must be valid values.	2220D.DTP02 must be the transmitted value from the associated 276.			
X212.74/172.2210D.DTP03.010	DTP03	Service Line Date	AN	1-35	R			999	R	IK403 = 1: "Required Data Element Missing"	2210D.DTP03 must be present.	2220D.DTP03 must be present.			
X212.74/172.2210D.DTP03.020	DTP03							999	R	IK403 = 8: "Invalid Date"	If 2210D.DTP02 = "D8" then 2210D.DTP03 must be a valid date in CCYYMMDD format.	2220D.DTP02 must be the transmitted value from the associated 276.			
X212.74/172.2210D.DTP03.030	DTP03							999	R	IK403 = 8: "Invalid Date"	If 2210D.DTP02 = "RD8" then 2210D.DTP03 must be a valid date in CCYYMMDD-CCYYMMDD format.				
X212.74/172.2210D.DTP03.040	DTP03							277	C	CSC 187: "Date(s) of service"	If 2210D.DTP02 = "RD8" then the 2nd date listed in 2210.DTP03 must be >= the 1st date listed in 2210.DTP03.				
X212.75/173.2200E.Dep Loop.010	Dep Loop	Dependent Loop				2200E	>1	999	R	IK304 = I9 "Implementation Dependent Not Used Segment Present"	Loop must not be present.	Loop must not be present.			04/06: Medicare specific limitation. 276 Companion Guide Note needed.

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												(Flat file and/or 277) Found Condition	(Flat file and/or 277) Not Found Condition		
X212.75/173.2000E.HL.010	HL	DEPENDENT LEVEL		1	S	2000E	1	999	R	IK304 = I9 "Implementation Dependent Not Used Segment Present"	Segment must not be present.	Segment must not be present.			
X212.77/NA.2000E.DMG.010	DMG	DEPENDENT DEMOGRAPHIC INFORMATION		1	R	2000E		999	R	IK304 = I9 "Implementation Dependent Not Used Segment Present"	Segment must not be present.	Segment must not be present.			
X212.79/175.2100E.NM1.010	NM1	DEPENDENT NAME		1	R	2100E	1	999	R	IK304 = I9 "Implementation Dependent Not Used Segment Present"	Segment must not be present.	Segment must not be present.			
X212.81/177.2200E.TRN.010	TRN	Dependent CLAIM STATUS TRACKING NUMBER		1	R	2200E	1	999	R	IK304 = I9 "Implementation Dependent Not Used Segment Present"	Segment must not be present.	Segment must not be present.			
X212.82/189.2200E.REF.010	REF	PAYER CLAIM CONTROL NUMBER		1	S	2200E		999	R	IK304 = I9 "Implementation Dependent Not Used Segment Present"	Segment must not be present.	Segment must not be present.			
X212.83/190.2200E.REF.020	REF	INSTITUTIONAL BILL TYPE IDENTIFICATION		1	S	2200E		999	R	IK304 = I9 "Implementation Dependent Not Used Segment Present"	Segment must not be present.	Segment must not be present.			
X212.84/NA.2200E.REF.030	REF	APPLICATION OR LOCATION SYSTEM IDENTIFIER		1	S	2200E		999	R	IK304 = I9 "Implementation Dependent Not Used Segment Present"	Segment must not be present.	Segment must not be present.			
X212.85/NA.2200E.REF.040	REF	GROUP NUMBER		1	S	2200E		999	R	IK304 = I9 "Implementation Dependent Not Used Segment Present"	Segment must not be present.	Segment must not be present.			
X212.86/191.2200E.REF.050	REF	PATIENT ACCOUNT NUMBER		1	S	2200E		999	R	IK304 = I9 "Implementation Dependent Not Used Segment Present"	Segment must not be present.	Segment must not be present.			
X212.87/192.2200E.REF.060	REF	PHARMACY PRESCRIPTION NUMBER		1	S	2200E		999	R	IK304 = I9 "Implementation Dependent Not Used Segment Present"	Segment must not be present.	Segment must not be present.			
X212.88/194.2200E.REF.070	REF	CLAIM ID FOR CLEARINGHOUSES AND OTHER TRANSMISSION INTERMEDIARIES		1	S	2200E		999	R	IK304 = I9 "Implementation Dependent Not Used Segment Present"	Segment must not be present.	Segment must not be present.			
X212.89/NA.2200E.AMT.010	AMT	CLAIM SUBMITTED CHARGES		1	S	2200E		999	R	IK304 = I9 "Implementation Dependent Not Used Segment Present"	Segment must not be present.	Segment must not be present.			
X212.90/195.2200E.DTP.010	DTP	CLAIM SERVICE DATE		1	S	2200E		999	R	IK304 = I9 "Implementation Dependent Not Used Segment Present"	Segment must not be present.	Segment must not be present.			
X212.92/197.2210E.SVC.010	SVC	SERVICE LINE INFORMATION		1	S	2210E	1	999	R	IK304 = I9 "Implementation Dependent Not Used Segment Present"	Segment must not be present.	Segment must not be present.			
X212.96/211.2210E.REF.010	REF	SERVICE LINE ITEM IDENTIFICATION		1	S	2210E		999	R	IK304 = I9 "Implementation Dependent Not Used Segment Present"	Segment must not be present.	Segment must not be present.			

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Edit Reference	Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	TA1/999/277	2 T 7 C 6 E R	Disposition / Error Code	Proposed 276 5010 Edits	Outbound Mapping Instructions		Triggering Event	Misc. Notes
												(Flat file and/or 277) Found Condition	(Flat file and/or 277) Not Found Condition		
X212.97/212.2210E.DTP.010	DTP	SERVICE LINE DATE		1	R	2210E		999	R	IK304 = I9 "Implementation Dependent Not Used Segment Present"	Segment must not be present.	Segment must not be present.			
X212.98/213..SE.010	SE	TRANSACTION SET TRAILER		1	R			999	R	IK502: 2 "Transaction Set Trailer Missing".	SE must be present.	SE must be present.			
X212.98/213..SE.020	SE							999	R		Only one iteration of SE is allowed.	Only one iteration of SE is allowed.			
X212.98/213..SE01.010	SE01	Transaction Segment Count	NO	1-10	R			999	R	IK502: 4 "Number of Included Segments Does Not Match Actual Count".	SE01 must be present.	SE01 must be present.			
X212.98/213..SE01.020	SE01							999	R	IK502: 4 "Number of Included Segments Does Not Match Actual Count".	SE01 must be numeric.	SE01 must be numeric.			
X212.98/213..SE01.030	SE01							999	R	IK502: 4 "Number of Included Segments Does Not Match Actual Count".	SE01 must equal the transaction segment count.	SE01 must equal the transaction segment count.			
X212.98/213..SE01.040	SE01							999	R	IK502: 4 "Number of Included Segments Does Not Match Actual Count".	SE01 must be > 0.	SE01 must be > 0.			
X212.98/213..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.	SE02 must be present.			
X212.98/213..SE02.020	SE02							999	R	IK502: 3 "Transaction Set Control Number in Header and Trailer Do Not Match".	SE02 must = ST02.	SE02 must = ST02.			
X212.C9..GE.010	GE	FUNCTIONAL GROUP TRAILER		1	R		1	999	R	AK905: 3 "Functional Group Trailer Missing"	GE must be present within a single Functional group boundary (GS-GE) pairing.	GE must be present within a single Functional group boundary (GS-GE) pairing.			
X212.C9..GE.020	GE										Only one iteration of GE is allowed within a single Functional group boundary (GS-GE) pairing	Only one iteration of GE is allowed within a single Functional group boundary (GS-GE) pairing.			
X212.C9..GE01.010	GE01	Number of Transaction Sets Included	NO	1-6	R			999	R	AK905: 5 "Number of Included Transaction Sets Does Not Match Actual Count".	GE01 must be present.	GE01 must be present.			
X212.C9..GE01.020	GE01							999	R	AK905: 5 "Number of Included Transaction Sets Does Not Match Actual Count".	GE01 must be numeric.	GE01 must be numeric.			
X212.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.	GE01 must equal the number of transaction sets included in the functional group.			
X212.C9..GE01.040	GE01							999	R	AK905: 5 "Number of Included Transaction Sets Does Not Match Actual Count".	GE01 must be > 0.	GE01 must be > 0.			
X212.C9..GE02.010	GE02	Group Control Number	NO	1-9	R			999	R	AK905: 4 "Group Control Number in the Functional Group Header and Trailer Do Not Agree".	GE02 must be present.	GE02 must be present.			
X212.C9..GE02.020	GE02							999	R	AK905: 4 "Group Control Number in the Functional Group Header and Trailer Do Not Agree".	GE02 must = GS06.	GE02 must = GS06.			
X212.C10..IEA.010	IEA	INTERCHANGE CONTROL TRAILER		1	R		1	TA1	R	TA105: 024 "Invalid Interchange Content".	IEA must be present.	IEA must be present.			

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Edit Reference	Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	TA1/999/277	2 T 7 C 6 E R	Disposition / Error Code	Proposed 276 5010 Edits		Outbound Mapping Instructions (Flat file and/or 277) Found Condition		Outbound Mapping Instructions (Flat file and/or 277) Not Found Condition		Triggering Event	Misc. Notes
X212.C10..IEA.020	IEA							TA1	R	TA105: 024 "Invalid Interchange Content".	Only one iteration of IEA is allowed.	Only one iteration of IEA is allowed.						
X212.C10..IEA01.010	IEA01	Number of Included Functional Groups	N0	1-5	R			TA1	R	TA105: 021 "Invalid Number of Included Groups Value".	IEA01 must be present.	IEA01 must be present.						
X212.C10..IEA01.020	IEA01							TA1	R	TA105: 021 "Invalid Number of Included Groups Value".	IEA01 must be numeric.	IEA01 must be numeric.						
X212.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.	IEA01 must equal the number of functional groups included in the interchange.						
X212.C10..IEA01.040	IEA01							TA1	R	TA105: 021 "Invalid Number of Included Groups Value".	IEA01 must be > 0.	IEA01 must be > 0.						
X212.C10..IEA02.010	IEA02	Interchange Control Number	N0	9-9	R			TA1	R	TA105: 001 "The Interchange Control Number in the Header and Trailer Do Not Match".	IEA02 must be present.	IEA02 must be present.						
X212.C10..IEA02.020	IEA02							TA1	R	TA105: 001 "The Interchange Control Number in the Header and Trailer Do Not Match".	IEA02 must = ISA13.	IEA02 must = ISA13.						

### Assumptions

10	The response to a 005010X12 276.request will always be the paired 005010X12 277 response. The 005010X214 277 Claim Acknowledgement will never be used to respond to a 005010X12 276.request.
20	Ill-formed transactions, those that do not meet the syntax/semantic/situational rules of the IG, will return a 999 and cause rejection of the entire transaction set (ST/SE).
100	If a segment/element/composite is required, based on either guide usage or by situational rule interpretation, there will be an edit that indicates it must be present. If a segment/element/composite is not used, based on either guide usage or by situational rule interpretation, there will be an edit that indicates that it must not be present. If a segment/element/composite does not have either of those explicit notations, the edits listed will apply when the segment/element/component is present.
101	Any numeric value with an edit that indicates it must be $\geq 0$ means that negative numbers are not allowed. Any numeric value with an edit that indicates it must be $> 0$ means that neither zero nor negative numbers are allowed. If neither of these explicit edit are present, negative, zero, and positive numbers are allowed.
102	If a segment is repeated at the same location with different qualifiers, the segment edit will include a qualifier clause (Only one iteration of 2300.HI with HI01-1 = "DR" is allowed), otherwise the segment edit will just include the number of iterations allowed (Only one iteration of 2310C.NM1 is allowed).
103	The Front End translators will determine billing criteria (inpatient, outpatient, POA, etc.) based on the NUBC manual. Specific criteria will not be included in this document.
104	The 999 will be used whenever possible; the 277 will be used when there is no 999 error code and for external code set messages.
105	When CMS does not use a segment for internal processing the spreadsheet will include basic syntax edit and the segment will be processed as "store and forward", except for the Patient Level loop. A submission that includes the Patient Level loop will be rejected at the translator level.
106	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 a 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

107	If the data for an AN element/composite is from an external code list, the standard AN edits will not be included.
108	Format definitions, rules, restrictions, guidance, or instructions published by the code set owner of an external code set must be met for a code from an external code set to be noted as "valid".
109	Valid dates - dates must be valid according to the calendar for the specific year. Only 01 - 12 are valid for the month positions of the date field. 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.
110	Edits restricting a date field from being a "future date" should be evaluated against the current date (processing date).
111	The words "digit" or "digits" in an edit implies numeric content. The words "character" or "characters" in an edit implies alphanumeric content.
112	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.
113	Edits that are specific to the period when ICD-9 is allowed are highlighted in pink. Edits that are specific to the period when ICD-10 is allowed are highlighted in turquoise.
114	Segments noted as "Pass through, syntax only" will not include CMS specific edits based on system constraints or business rules. This notation indicates that the information is stored on the repository but not used in any CMS system processing.
115	Acknowledgement information in columns I and J (titled "TA1/999/277CA" and "Disposition / Error Code") qualify the edit information found in column K (titled "") and do not apply to information in any other column in the spreadsheet.
116	In column "N" of the spreadsheet: T - Translator Edit C - CEM Edit
117	When a 276 is received that triggered a 2200D (claim level) edit and at least one 2210D (service line level) loop is error-free; the Part B System will return a CSCC D0 [Data Search Unsuccessful...] and CSC 275 [Claim] in the error-free 2220D (service line level) STC segment. The Part B System will continue to report the 2200D (claim level) edit in the 277's 2200D (claim level) STC and will continue to report any applicable 2210D (service line level) loops that generated edits in the applicable 277 2220D STC (service line level).

118	When a 276 is received and <i>did not</i> trigger an edit(s) at the 2200D (claim level) loop and contained at least one 2210D (service line level) that <i>did</i> set an edit, the Part B System will report CSCC D0 [Data Search Unsuccessful...] and CSC 247 [Line information] in the corresponding 2200D (claim level) loop within the 277. Additionally, the Part B System will populate CSCC D0 [Data Search Unsuccessful...] and CSC 275 [Claim] in the 277 2220D (service line level) STC segment(s) that correspond to any error-free 2210D (service line level) that were received on the 276.
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### Segment level edits

Cat	Desc.	Edit text	Edit #
<b>Depends on claim info</b>	Implementation dependent segment missing.	Example text: 2310E.NM1 must be present when the location of the service is different than the location in Loop 2010AA.	IK304 = 16
<b>Depends on the presence of another segment</b>	Implementation dependent segment missing.	Example text: If 2310E.N3 is present, 2301E.N4 must be present.	IK304 = 16
<b>Element Errors</b>	Segment has element errors.		IK304 = 8
<b>Repeats</b>	Loop level - maximum occurs exceeded.	Example - Only one iteration of 2010AA is allowed.	IK304 = 4
<b>Repeats</b>	Segment level - maximum occurs exceeded.	Example - Only one iteration of 2010AA is allowed.	IK304 = 5
<b>Repeats</b>	Loop level - implementation guide required minimum occurs not present.	Example - Only one iteration of 2010AA is allowed.	IK304 = 17
<b>Repeats</b>	Segment level - implementation guide required minimum occurs not present.	Example - Only one iteration of 2010AA is allowed.	IK304 = 18
<b>Usage</b>	Segment ID not recognized.		IK304 = 1
<b>Usage</b>	Segment unexpected.		IK304 = 2
<b>Usage</b>	Must be present - required segment.	Example - 2010AA.N4 must be present.	IK304 = 3
<b>Usage</b>	Must not be present - segment not in the transaction.		IK304 = 6
<b>Usage</b>	Segment out of sequence.		IK304 = 7
<b>Usage</b>	Must not be present per the implementation guide.	Example - Must not be present.	IK304 = 14

<b>Usage</b>	Must not be present per the implementation guide situational rules.	Example - Must not be present.	IK304 = 19
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<b>Element level edits</b>			
<b>Cat</b>	<b>Desc.</b>	<b>Edit text</b>	<b>Edit #</b>
<b>Attributes</b>	Invalid character in element.	Must be numeric.	IK403 = 6
<b>Attributes</b>	No significant character in the element.	Must contain at least one non-space character.	IK403 = 6
<b>Attributes</b>	Invalid character in the element.	Must be populated with accepted AN characters.	IK403 = 6
<b>Attributes</b>	Invalid code value.	When there are multiple qualifiers use the generic statement. "Must be valid values."	IK403 = 7
<b>Attributes</b>	Invalid code value.	When there is only one qualifier, list the qualifier: Example: 1000A.NM108 must be "46".	IK403 = 7
<b>Content</b>	Implementation pattern match failure. (Format doesn't match expected format.)		IK403 = 112
<b>Date/Time</b>	Invalid date or format.	If DTP02 equals D8, then DTP03 must be a valid date in CCYYMMDD format	IK403 = 8
<b>Date/Time</b>	Invalid date or format.	If DTP02 equals RD8, then DTP03 must be a valid date in CCYYMMDD-CCYYMMDD format	IK403 = 8
<b>Date/Time</b>	Invalid date/time or format.	If DTP02 equals DT, then DTP03 must be a valid date/time in CCYYMMDDHHMM format	IK403 = 8
<b>Date/Time</b>	Invalid date/time or format.	If DTP02 equals DT, then DTP03 must be a valid date/time in CCYYMMDDHHMM format	IK403 = 9
<b>Dollar Amt</b>	Dollar amount must be greater than or equal to zero.	Must be >= 0	277
<b>Dollar Amt</b>	Dollar amount must be greater than zero.	Must be > 0	277
<b>Dollar Amt</b>	Dollar amount exceeded.	Must be <= 99999999.99	IK403 = 5
<b>Dollar Amt</b>	Non-numeric data in a numeric element.	Must be numeric	IK403 = 6
<b>Dollar Amt</b>	dollar amounts with decimal values allowed.	Limited to 0, 1 or 2 decimal positions.	277
<b>Non Dollar Numeric</b>	Numeric element must be greater than or equal to zero.	Must be >= 0	277
<b>Non Dollar Numeric</b>	Numeric element must be greater than zero.	Must be > 0	277
<b>Non Dollar Numeric</b>	Numeric element exceeds maximum length.	must be # - ## digits.	IK403 = 4

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<b>Non Dollar Numeric</b>	Numeric element less than minimum length.	must be # - ## digits.	IK403 = 5
<b>Non Dollar Numeric</b>	Numeric element not formatted correctly, or invalid length.	must be # - ## digits, excluding the decimal.	IK403 = 5
<b>Non Dollar Numeric</b>	Numeric element not formatted correctly.	When a decimal is used in <<field name>>, the maximum digits to the right of the decimal is #.	IK403 = 5
<b>Non Dollar Numeric</b>	Non-numeric data in a numeric element.	Must be numeric	IK403 = 6
<b>Sizing</b>	Element less than minimum length.	Must be X - X characters	IK403 = 4
<b>Sizing</b>	Element exceeds maximum length.	Must be X - X characters	IK403 = 5
<b>Usage</b>	Required element missing.	Must be present.	IK403 = 1
<b>Usage</b>	Must be present per the implementation guide situational rules.	Must be present.	IK403 = 1
<b>Usage</b>	Conditional Required Data Element missing.		IK403 = 2
<b>Usage</b>	Too many data elements		IK403 = 3
<b>Usage</b>	Exclusion Condition Violated		IK403 = 10
<b>Usage</b>	Too many repetitions		IK403 = 12
<b>Usage</b>	Too many components		IK403 = 13
<b>Usage</b>	Must not be present - not used element.	Must not be present	IK403 = I10
<b>Usage</b>	Must not be present per the implementation guide situational rules.	Must not be present	IK403 = I10
<b>Usage</b>	Implementation too few repetitions.		IK403 = I11
<b>Usage</b>	Implementation Dependent "not used" element present.		IK403 = I13
<b>External Code Source</b>		Valid <code set name>> reference must be available for this edit.  Example: Valid Procedure Code Modifier reference must be available for this edit.	