

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 633	Date: February 4, 2010
	Change Request 6783

SUBJECT: Implementation of the Health Insurance Portability and Accountability Act (HIPAA) Version 5010 – Acknowledgements Instructions

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to provide the usage and implementation instructions of the acknowledgements transactions to specific Part A and Part B (A/B) Medicare Administrative Contractors (MAC) which are, as of this time, in a position to implement Version 5010. Specifically, Jurisdictions 1 (J1), J3, J4, J5, J9, J10, J12, J13, J14 and the Common Electronic Data Interchange (CEDI) Contractor. Other A/B MACs, not currently in a position to implement 5010, currently in Corrective Action Plan (CAP), or under a protest condition need not reply. Specifically, J2, J6, J7, J8, J11, and J15 are not affected by this CR. A future CR will address these MAC jurisdictions.

New / Revised Material

Effective Date: April 1, 2010 - A/B MAC Jurisdictions 1, 3, 4, 5, 10, 12, 13, 14, and DME MAC's CEDI Contractor; July 1, 2010 – A/B MAC Jurisdiction 9

Implementation Date: April 5, 2010 - A/B MAC Jurisdictions 1, 3, 4, 5, 10, 12, 13, 14, and DME MAC's CEDI Contractor; July 6, 2010 – A/B MAC Jurisdiction 9

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

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

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

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

III. FUNDING:

SECTION A: For Fiscal Intermediaries and Carriers:

Not Applicable

SECTION B: For Medicare Administrative Contractors (MACs):

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

IV. ATTACHMENT:

One-Time Notification

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

Attachment – One-Time Notification

Pub. 100-20	Transmittal: 633	Date: February 4, 2010	Change Request: 6783
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SUBJECT: Implementation of the Health Insurance Portability and Accountability Act (HIPAA) Version 5010 – Acknowledgements Instructions

Effective Date: April 1, 2010 - A/B MAC Jurisdictions 1, 3, 4, 5, 10, 12, 13, 14, and DME MAC's CEDI Contractor; **July 1, 2010** – A/B MAC Jurisdiction 9

Implementation Date: April 5, 2010 - A/B MAC Jurisdictions 1, 3, 4, 5, 10, 12, 13, 14, and DME MAC's CEDI Contractor; **July 5, 2010** – A/B MAC Jurisdiction 9

I. GENERAL INFORMATION

A. Background: The Centers for Medicare & Medicaid Services (CMS) is in the process of implementing the next version of the Health Insurance Portability and Accountability Act transactions. The Secretary of the Department of Health and Human Services (DHHS) has adopted Accredited Standards Committee (ASC) X12 Version 5010 and the National Council for Prescription Drug Programs (NCPDP) Version D.0 as the next HIPAA transaction standards for covered entities to exchange HIPAA transactions. The final rule was published on January 16, 2009. Some of the important dates in the implementation process are:

Effective Date of the regulation:	March 17, 2009
Level I compliance by:	December 31, 2010
Level II Compliance by:	December 31, 2011
All covered entities have to be fully compliant on:	January 1, 2012

Level I compliance means “that a covered entity can demonstrate that it could create and receive compliant transactions, resulting from the compliance of all design/build activities and internal testing.”

Level II compliance means “that a covered entity has completed end-to-end testing with each of its trading partners, and is able to operate in production mode with the new versions of the standards.”

DHHS has promulgated in the Final Rules provisions which permit dual use of existing standards (ASC X12 4010A1 and NCPDP 5.1) and the new standards (5010 and D.0) from the March 17, 2009, effective date until the January 1, 2012 compliance date to facilitate testing subject to trading partner agreement.

The purpose of this Change Request (CR) is to provide the usage and implementation instructions of the acknowledgements transactions to specific Part A and Part B (A/B) Medicare Administrative Contractors (MAC) which are, as of this time, in a position to implement Version 5010. Specifically, Jurisdictions 1 (J1), J3, J4, J5, J9, J10, J12, J13, J14 and the Common Electronic Data Interchange (CEDI) Contractor. Other A/B MACs, not currently in a position to implement 5010, currently in Corrective Action Plan (CAP), or under a protest condition need not reply. Specifically, J2, J6, J7, J8, J11, and J15 are not affected by this CR. A future CR will address these MAC jurisdictions.

Due to the dependency of the this scope of change on the implementation, CMS recognizes that part of the work effort to complete requirements 6783.1 through 6783.10 will have to be completed in stages, as testing of these requirements cannot be completed until after the CEM application has been delivered by the shared system maintainers.

The ASC X12 999 Implementation Acknowledgment for Health Care Insurance reports the syntactical and relational analysis of an implementation guideline (TR3), or acknowledges receipt of an error-free transaction

set. The edits spreadsheets from change request 6676 describe the implementation of the 999 by identifying which 999 errors will be accepted via the “Accepted with Errors” 999 and identifying which 999 errors will be rejected via the “Rejected” 999. The “Accepted with Errors” 999 allows for an entire batch of claims not to be rejected because one or a few claims have syntax errors. Note that under this scenario, any claim that is accepted with a syntax error will be rejected in the CEM, with the exception of “Not Used” data elements. The edits spreadsheets from change request 6676 also describe the ASC X12 005010X214 277 Health Care Claim Acknowledgment (277CA) edits used to report the data content status of claim submission transactions (837s). For all edits labeled 277CA, CMS has identified the Claim Status Codes and Claim Status Category Codes to be used when generating the STC error handling segments for the 277CA flat file. The spreadsheets also include a notation of which 277CA edits are generated by the translator, denoted by “T”, and which 277CA edits are generated by the CEM, denoted by a “C”.

The following files have been attached as reference files for creating and handling the acknowledgement transactions: 999 Flat File, 277CA Flat File, and the STC example spreadsheet.

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		

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

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

II. BUSINESS REQUIREMENTS TABLE

Number	Requirement	Responsibility (place an “X” in each applicable column)								
		A / B M A C	D M M A C	F I	C A R R I E R	R H I	Shared-System Maintainers			
						F I S S	M C S	V M S	C W F	
6783.1	The A/B MACs front end translator shall continue editing the file to report as many errors as possible to the CEM.	X								
6783.2	The A/B MACs shall expect the 2200A.TRN02 data element of the 277CA to be populated by the CEM module with a unique 19 character identifier: <ul style="list-style-type: none"> - Positions 01 through 05 shall be the Workload Number - Positions 06 through 13 shall be the Processing Date, in format CCYYMMDD - Positions 14 through 19 shall be the Sequence 	X								

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B M A C	D M E M A C	F I	C A R R I E R	R H I	Shared-System Maintainers				OTHER
							F I S S	M C S	V M S	C W F	
	edit is noted per error condition.										
6783.18	The DME MAC's CEDI Contractor shall create multiple STC segments (multiple errors, or different category codes for a single error, or more than 3 claim status codes) when multiple 277CA edits are noted per error condition noted.									CEDI	
6783.19	The DME MAC's CEDI Contractor shall have the ability to generate 277CA responses based up multiple levels of rejection: <ul style="list-style-type: none"> - Information receiver level rejection - Billing Provider level rejection - Claim level rejection (default) 									CEDI	
6783.20	The DME MAC's CEDI Contractor shall not suppress duplicate STC segments.									CEDI	

III. PROVIDER EDUCATION TABLE

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

X-Ref Requirement Number	Recommendations or other supporting information:
6783.1	Medicare Administrative Contractors (MACs) will be funded through special 5010/D.0 project funding initiative. This CR falls within the parameters of said funding.

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
Brian Reitz (410) 786-5001 brian.reitz@cms.hhs.gov

Post-Implementation Contact(s): Jason Jackson (410) 786-6156 jason.jackson3@cms.hhs.gov

VI. FUNDING

Section A: For *Fiscal Intermediaries (FIs)*, *Regional Home Health Intermediaries (RHHIs)*, and/or *Carriers*: Not Applicable

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

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

STC04	Submitted Charges for					42
STC05	Not Used					
STC06	Not Used					
STC07	Not Used					
STC08	Not Used					
STC09	Not Used					
STC10-1	Claim Status Category Code					52
STC10-2	Claim Status Code					57
STC10-3	Entity Identifier Code					62
STC10-4	Not Used					
STC11-1	Claim Status Category Code					65
STC11-2	Claim Status Code					70
STC11-3	Entity Identifier Code					75
STC11-4	Not Used					
STC12	Not Used					

999 Example

ST>999>000000001>005010X231~
AK1>HC>000000001>005010X222~
AK2>837>000000001>005010X222~
IK3>CLM>120>>8~
IK4>2>782>I12>92.511~
IK3>N4>127>>8~
IK4>3>116>6>90033-2414~
IK5>E~
AK9>E>1>1>1~
SE>10>000000001~

277CA Example

ST>277>000000001>005010X214~
BHT>0085>08>BATCH0001>20090721>1350>TH~
HL>1>>20>1~
NM1>PR>2>J1 MEDICARE 'B' - CA, HI, NV>>>>>PI>PPPPP~
TRN>1>SOURCETR0001~

DTP>050>D8>20090721~
DTP>009>D8>20090721~
HL>2>1>21>1~
NM1>41>2>ABBEY MEMORIAL MEDICAL CLN>>>>>46>NNNNNNNNNN~
TRN>2>0123~
STC>A1+19+PR>20090721>WQ>1597.36~
QTY>90>23~
QTY>AA>1~
AMT>YU>1504.86~
AMT>YY>
HL>3>2>19>1~
NM1>85>2>ABBEY MEMORIAL MEDICAL CLN>>>>>XX>NNNNNNNNNN~
HL>4>3>PT~
NM1>QC>1>TEST>PART>B>>JR.>MI>111111111F~
TRN>2>PARTB~
STC>A7+697>20090721>U>92.51>>>>>A7+178~
STC>A7+500+77>20090721>U>92.51~
STC>A7+400>20090721>U>92.51 ~
REF>D9>CLEARINGHOUSEID~
DTP>472>D8>20090701~
SE>23>000000001~

Notes:

1. The first STC was generated by the CEM for claim being out of balance. This is not
2. Second and third STC were generated from the STC records passed to the CEM fro

oo many decimal positions
 A7 - Acknowledgement/Rejected for Invalid Information
 697 - Invalid Decimal Precision
 A7 - Acknowledgement/Rejected for Invalid Information
 178 - Submitted charges.
 invalid character (dash) in the postal code
 A7 - Acknowledgement/Rejected for Invalid Information
 500 - Entity's Postal/Zip Code
 77 - Service Location

ng the errors:

===

rors which are being passed from the COTS translator to the CEM.

Length	Record Repeat	Picture
18	>1	
5		X(5)
5		X(5)
3		X(3)
8		9(8)
2		X(2)

10		S9(8)V99
5		X(5)
5		X(5)
3		X(3)
5		X(5)
5		X(5)
3		X(3)

found by the COTS translator.
m the COTS translator.

Excerpt from original 837I from the provider	Errors
CLM>PARTA>92.511>>>11+A+1>Y>Y> DTP>434>RD8>20090701-20090701 CL1>7>30 REF>D9>CLEARINGHOUSEID HI>ABK+J020 NM1>71>1>KAHN>BEN>>>>XX>NNNNNNNNNN PRV>PE>PXC>203BF0100Y NM1>77>2>ABBEY MEMORIAL>>>>XX>NNNNNNNNNN N3>9999A STEVE D SMITHY AVE N4>LOS ANGELES>CA>90033-2414 LX>1 SV2>0300>HC+99201>65.00>UN>1 DTP>472>D8>20090701 REF>6R>1 LX>2 SV2>0300>HC+87880>33.50>UN>1 DTP>472>D8>20090701 REF>6R>2	<ul style="list-style-type: none"> • CLM02 has t • • • • • N403 has an • • •

Sample segments from Flat File from the COTS translator to CEM with the new STC records identifyii

```

1      2      3      4      5      6      7      8
1234567890123456789012345678901234567890123456789012345678901234567890
=====
2300 0001CLM 0120PARTA      000000521A      11B 1YAYYP
2300 0001STC 0120A7 697   20090819U 000000925AA7 178
2310E 0001N4 0127LOS ANGELES      CA90033-2414
2310E 0001STC 0127A7 500 77 20090819U 000000925A

```

Flat File definition for the STC error records. These records are added after any segment that has err

STC	Description	Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start
		6	4	4	4	
				STC		1
STC01-1	Claim Status Category Code					19
STC01-2	Claim Status Code					24
STC01-3	Entity Identifier Code					29
STC01-4	Not Used					
STC02	Status Info Effective Date					32

STC03	Action Code					40
STC04	Submitted Charges for					42
STC05	Not Used					
STC06	Not Used					
STC07	Not Used					
STC08	Not Used					
STC09	Not Used					
STC10-1	Claim Status Category Code					52
STC10-2	Claim Status Code					57
STC10-3	Entity Identifier Code					62
STC10-4	Not Used					
STC11-1	Claim Status Category Code					65
STC11-2	Claim Status Code					70
STC11-3	Entity Identifier Code					75
STC11-4	Not Used					
STC12	Not Used					

999 Example

ST>999>000000001>005010X231~
AK1>HC>000000001>005010X223A1~
AK2>837>000000001>005010X223A1~
IK3>CLM>120>>8~
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IK3>N4>127>>8~
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277CA Example

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BHT>0085>08>BATCH0001>20090721>1350>TH~
HL>1>>20>1~
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DTP>009>D8>20090721~
HL>2>1>21>1~
NM1>41>2>ABBEY MEMORIAL MEDICAL CLN>>>>46>NNNNNNNNNN~
TRN>2>0123~
STC>A1+19+PR>20090721>WQ>1597.36~
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TRN>2>PARTA~
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STC>A7+500+77>20090721>U>92.51~
STC>A7+400>20090721>U>92.51~
REF>D9>CLEARINGHOUSEID~
DTP>472>D8>20090701~
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5		X(5)
3		X(3)
8		9(8)

2		X(2)
10		S9(8)V99
5		X(5)
5		X(5)
3		X(3)
5		X(5)
5		X(5)
3		X(3)

found by the COTS translator.
m the COTS translator.

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

277 5010	Description		X12 Element Attributes						X12 Flat File						Outbound Mapping Instructions (Flat file and/or 277)	Triggering Event	
Element Identifier	Description	COBOL PIC	ID	Min./ Max.	Usage Reg.	Loop	Loop / Segment Repeat	Values	Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat		
ISA	INTERCHANGE CONTROL HEADER			1	R	—	1				ISA		1	18	1		
ISA01	Authorization Information Qualifier	X(2)	ID	2-2	R			00					19	2			
ISA02	Authorization Information	X(10)	AN	10-10	R								21	10			
ISA03	Security Information Qualifier	X(2)	ID	2-2	R			00					31	2			
ISA04	Security Information	X(10)	AN	10-10	R								33	10			
ISA05	Interchange ID Qualifier	X(2)	ID	2-2	R			ZZ					43	2			
ISA06	Interchange Sender ID	X(15)	AN	15-15	R								45	15			837 Inbound ISA08
ISA07	Interchange ID Qualifier	X(2)	ID	2-2	R			ZZ					60	2			
ISA08	Interchange Receiver ID	X(15)	AN	15-15	R								62	15			837 Inbound ISA06
ISA09	Interchange Date	X(6)	DT	6-6	R			YYMMDD					77	6			Current system date
ISA10	Interchange Time	X(4)	TM	4-4	R			HHMM					83	4			Current system time
ISA11	Repetition Separator	X(1)		1-1	R								87	1			^
ISA12	Interchange Control Version Number	X(5)	ID	5-5	R			00501					88	5			
ISA13	Interchange Control Number	X(9)	N0	9-9	R								93	9			
ISA14	Acknowledgement Requested	X(1)	ID	1-1	R			0					102	1			
ISA15	Usage Indicator	X(1)	ID	1-1	R			P, T					103	1			
ISA16	Component Element Separator	X(1)		1-1	R								104	1			Defined by submitter. Any character except a character contained in business data content
GS	FUNCTIONAL GROUP HEADER			1	R	—	1				GS		1	18	1		
GS01	Functional Identifier Code	X(2)	ID	2-2	R			HN					19	2			
GS02	Application Sender Code	X(15)	AN	2-15	R								21	15			

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

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

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

277 5010	Description		X12 Element Attributes						X12 Flat File						Outbound Mapping Instructions (Flat file and/or 277)	Triggering Event	
Element Identifier	Description	COBOL PIC	ID	Min./ Max.	Usage Reg.	Loop	Loop / Segment Repeat	Values	Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat		
HL03	Hierarchical Level Code	X(2)	ID	1-2	R			20					43	2			
HL04	Hierarchical Child Code	X(1)	ID	1-1	R			1					45	1			
NM1	Information Source Name			1	R	2100A	1		2100A		NM1		1	18	1		
NM101	Entity Identifier Code	X(3)	ID	2-3	R			AY, PR					19	3			
NM102	Entity Type Qualifier	X(1)	ID	1-1	R			2					22	1			
NM103	Information Source Name	X(60)	AN	1-60	R			Name of MAC/State Workload					23	60			
NM104	Name First	X(35)	AN	1-35	N/U								83	35			
NM105	Name Middle	X(25)	AN	1-25	N/U								118	25			
NM106	Name Prefix		AN	1-10	N/U												
NM107	Name Suffix	X(10)	AN	1-10	N/U								143	10			
NM108	Identification Code Qualifier	X(2)	ID	1-2	R			46,FI,PI,XV					153	2			
NM109	Information Source Identifier	X(80)	AN	2-80	R			Number assigned to State Workload					155	80			
NM110	Entity Relationship Code		ID	2-2	N/U												
NM111	Entity Identifier Code		ID	2-3	N/U												
NM112	Name Last or Organization Name		AN	1-60	N/U												
TRN	Transmission Receipt Control Identifier			1	R	2200A	1		2200A		TRN		1	18	1		
TRN01	Trace Type Code	X(2)	ID	1-2	R			1					19	2			

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

277 5010	Description		X12 Element Attributes						X12 Flat File						Outbound Mapping Instructions (Flat file and/or 277)	Triggering Event	
Element Identifier	Description	COBOL PIC	ID	Min./ Max.	Usage Reg.	Loop	Loop / Segment Repeat	Values	Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat		
TRN02	Information Source Application Trace Identifier	X(50)	AN	1-50	R								21	50		For all MACs except CEDI this value will be: Workload Number Current Processing Date 6 digit number (right justified, zero filled) starting with 1 for the current processing date 01-05 Workload Number 06-13 Processing Date (CCYYMMDD) 14-19 Sequence Number For CEDI the value will be CED1 in positions 1 to 5.	
TRN03	Originating Company Identifier		AN	10-10	N/U												
TRN04	Reference Identification		AN	1-50	N/U												
DTP	Information Source Receipt Date			1	R	2200A	1		2200A		DTP		1	18	1		
DTP01	Date/Time Qualifier	X(3)	ID	3-3	R			050					19	3			
DTP02	Date Time Period Format Qualifier	X(3)	ID	2-3	R			D8					22	3			
DTP03	Information Source Receipt Date	X(17)	AN	1-35	R			Format CCYYMMDD (Business DOR Value)					25	17			
DTP	Information Source Process Date			1	R	2200A	1		2200A		DTP		1	18	1		
DTP01	Date/Time Qualifier	X(3)	ID	3-3	R			009					19	3			
DTP02	Date Time Period Format Qualifier	X(2)	ID	2-3	R			D8					22	3			
DTP03	Information Source Process Date	X(17)	AN	1-35	R			Format CCYYMMDD (Cycle Date)					25	17			
HL	Information Receiver Level			1	R	2000B	1		2000B		HL		1	18	1		

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

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277 5010	Description		X12 Element Attributes						X12 Flat File						Outbound Mapping Instructions (Flat file and/or 277)	Triggering Event	
Element Identifier	Description	COBOL PIC	ID	Min./ Max.	Usage Reg.	Loop	Loop / Segment Repeat	Values	Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat		
TRN02	Claim Transaction Batch Number	X(50)	AN	1-50	R								21	50		This element contains the value submitted in the BHT03 data element from the 837.	
TRN03	Originating Company Identifier		AN	10-10	N/U												
TRN04	Reference Identification		AN	1-50	N/U												
STC	Information Receiver Status Information			1	R	2200B	>1		2200B		STC		1	18	1		
STC01	Health Care Claim Status				R												
STC01 - 1	Health Care Claim Status Category Code	X(5)	AN	1-30	R								19	5		When there are no errors use CSCC A1 (STC01-1), CSC 19 (STC01-2), and EIC PR (STC01-3)	
STC01 - 2	Health Care Claim Status Code	X(5)	AN	1-30	R								24	5			
STC01 - 3	Entity Identifier Code	X(3)	ID	2-3	S			36, 40, 41, AY, PR					29	3			
STC01 - 4	Code List Qualifier Code		ID	1-3	N/U												
STC02	Status Information Effective Date	X(8)	DT	8-8	R			CCYYMMDD					32	8			
STC03	Action Code	X(2)	ID	1-2	R			U, WQ					40	2			
STC04	Total Submitted Charges for Unit Work	S9(8)V99	R	1-18	R								42	10			
STC05	Monetary Amount		R	1-18	N/U												
STC06	Date		DT	8-8	N/U												
STC07	Payment Method Code		ID	3-3	N/U												
STC08	Date		DT	8-8	N/U												
STC09	Check Number		AN	1-16	N/U												
STC10	HEALTH CARE CLAIM STATUS				S												
STC10 - 1	Health Care Claim Status Category Code	X(5)	AN	1-30	R								52	5			
STC10 - 2	Health Care Claim Status Code	X(5)	AN	1-30	R								57	5			
STC10 - 3	Entity Identifier Code	X(3)	ID	2-3	R			36, 40, 41, AY, PR					62	3			
STC10 - 4	Code List Qualifier Code		ID	1-3	N/U												

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

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277 5010	Description		X12 Element Attributes						X12 Flat File						Outbound Mapping Instructions (Flat file and/or 277)	Triggering Event	
Element Identifier	Description	COBOL PIC	ID	Min./ Max.	Usage Reg.	Loop	Loop / Segment Repeat	Values	Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat		
AMT	Total Rejected Amount			1	S	2200B	1		2200B		AMT		1	18	1		
AMT01	Amount Qualifier Code	X(3)	ID	1-3	R			YY					19	3			
AMT02	Total Rejected Amount	S9(8)V99	R	1-18	R								22	10			
AMT03	Credit/Debit Flag Code		ID	1-1	N/U												
HL	Billing Provider of Service Level			1	S	2000C	>1		2000C		HL		1	18	1		
HL01	Hierarchical ID Number	X(12)	AN	1-12	R			Must be HL01 (Info. Rec. +1) or (next HL +1) (Prov of Svc +1)					19	12			
HL02	Hierarchical Parent ID Number	X(12)	AN	1-12	R								31	12			
HL03	Hierarchical Level Code	X(2)	ID	1-2	R			19					43	2			
HL04	Hierarchical Child Code	X(1)	ID	1-1	R			0,1					45	1			
NM1	Billing Provider Name			1	R	2100C	1		2100C		NM1		1	18	1		
NM101	Entity Identifier Code	X(3)	ID	2-3	R			85					19	3			
NM102	Entity Type Qualifier	X(1)	ID	1-1	R			1, 2					22	1			
NM103	Provider Last or Organization Name	X(60)	AN	1-60	R								23	60			
NM104	Provider First Name	X(35)	AN	1-35	S								83	35			
NM105	Provider Middle Name	X(25)	AN	1-25	S								118	25			
NM106	Name Prefix		AN	1-10	N/U												
NM107	Provider Name Suffix	X(10)	AN	1-10	S								143	10			
NM108	Identification Code Qualifier	X(2)	ID	1-2	R			FI, XX					153	2			
NM109	Billing Provider Identifier	X(80)	AN	2-80	R			Billing Provider Number					155	80			
NM110	Entity Relationship Code				N/U												

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

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

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

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

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277 5010	Description		X12 Element Attributes						X12 Flat File						Outbound Mapping Instructions (Flat file and/or 277)	Triggering Event	
Element Identifier	Description	COBOL PIC	ID	Min./ Max.	Usage Reg.	Loop	Loop / Segment Repeat	Values	Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat		
STC01 - 1	Health Care Claim Status Category Code	X(5)	AN	1-30	R								19	5		When there are no errors (claim or service line), use CSCC A2 (STC01-1) and CSC 20 (STC01-2) When there are no errors at the claim level and errors at the line level, use CSCC A1 (STC01-1), CSC 19 (STC01-2) and EIC PR (STC01-3).	
STC01 - 2	Health Care Claim Status Code	X(5)	AN	1-30	R								24	5			
STC01 - 3	Entity Identifier Code	X(3)	ID	2-3	S			03, 1P, 1Z, 40, 41, 71, 72, 73, 77, 82, 85, 87, DK, DN, DQ, FA, GB, HK, IL, LI, MSC, PR, PRP, QB, QC, QD, SEP, TL, TTP, TU					29	3			
STC01 - 4	Code List Qualifier Code		ID	1-3	N/U												
STC02	Date	X(8)	DT	8-8	R								32	8			
STC03	Status Information Action Code	X(2)	ID	1-2	R			U, WQ					40	2			
STC04	Total Claim Charge Amount	S9(8)V99	R	1-18	R								42	10			
STC05	Monetary Amount		R	1-18	N/U												
STC06	Date		DT	8-8	N/U												
STC07	Payment Method Code		ID	3-3	N/U												
STC08	Date		DT	8-8	N/U												
STC09	Check Number		AN	1-16	N/U												
STC10	HEALTH CARE CLAIM STATUS				S												
STC10 - 1	Health Care Claim Status Category Code	X(5)	AN	1-30	R								52	5			
STC10 - 2	Health Care Claim Status Code	X(5)	AN	1-30	R								57	5			

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

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

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 EDI Standards: ASC X12
 Version/Release: 005010
 Direction: Outbound

277 5010	Description		X12 Element Attributes						X12 Flat File						Outbound Mapping Instructions (Flat file and/or 277)	Triggering Event	
Element Identifier	Description	COBOL PIC	ID	Min./ Max.	Usage Reg.	Loop	Loop / Segment Repeat	Values	Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat		
SVC01 - 3	Procedure Modifier	X(2)	AN	2-2	S								69	2			
SVC01 - 4	Procedure Modifier	X(2)	AN	2-2	S								71	2			
SVC01 - 5	Procedure Modifier	X(2)	AN	2-2	S								73	2			
SVC01 - 6	Procedure Modifier	X(2)	AN	2-2	S								75	2			
SVC01 - 7	Description		AN	1-80	N/U												
SVC01 - 8	Product/Service ID		AN	1-48	N/U												
SVC02	Line Item Charge Amount	S9(8)V99	R	1-18	R								77	10			
SVC03	Monetary Amount		R	1-18	N/U												
SVC04	Revenue Code	X(48)	AN	1-48	S								87	48			
SVC05	Quantity		R	1-15	N/U												
SVC06	Composite Medical Procedure Identifier				N/U												
SVC07	Original Units of Service Count	S9(7)V999	R	1-15	S								135	10			
STC	Service Line Level Status Information			1	R	2220D	>1		2220D		STC		1	18	>1		
STC01	Health Care Claim Status				R												
STC01 - 1	Health Care Claim Status Category Code	X(5)	AN	1-30	R								19	5			
STC01 - 2	Health Care Claim Status Code	X(5)	AN	1-30	R								24	5			
STC01 - 3	Entity Identifier Code	X(3)	ID	2-3	S			03, 1P, 1Z, 40, 41, 71, 72, 73, 77, 82, 85, 87, DK, DN, DQ, FA, GB, HK, IL, LI, MSC, PR, PRP, QB, QC, QD, SEP, TL, TTP, TU					29	3			
STC01 - 4	Code List Qualifier Code		ID	1-3	N/U												
STC02	Date	X(8)	DT	8-8	N/U								32	8			
STC03	Action Code	X(2)	ID	1-2	R			U					40	2			
STC04	Monetary Amount	S9(8)V99	R	1-18	N/U								42	10			

Transaction Set ID: 277 Health Care Claim Acknowledgment
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 Version/Release: 005010
 Direction: Outbound

277 5010	Description		X12 Element Attributes						X12 Flat File						Outbound Mapping Instructions (Flat file and/or 277)	Triggering Event	
Element Identifier	Description	COBOL PIC	ID	Min./ Max.	Usage Reg.	Loop	Loop / Segment Repeat	Values	Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat		
STC05	Monetary Amount		R	1-18	N/U												
STC06	Date		DT	8-8	N/U												
STC07	Payment Method Code		ID	3-3	N/U												
STC08	Date		DT	8-8	N/U												
STC09	Check Number		AN	1-16	N/U												
STC10	HEALTH CARE CLAIM STATUS				S												
STC10 - 1	Health Care Claim Status Category Code	X(5)	AN	1-30	R								52	5			
STC10 - 2	Health Care Claim Status Code	X(5)	AN	1-30	R								57	5			
STC10 - 3	Entity Identifier Code	X(3)	ID	2-3	S			03, 1P, 1Z, 40, 41, 71, 72, 73, 77, 82, 85, 87, DK, DN, DQ, FA, GB, HK, IL, LI, MSC, PR, PRP, QB, QC, QD, SEP, TL, TTP, TU					62	3			
STC10 - 4	Code List Qualifier Code		ID	1-3	N/U												
STC11	HEALTH CARE CLAIM STATUS				S												
STC11 - 1	Health Care Claim Status Category Code	X(5)	AN	1-30	R								65	5			
STC11 - 2	Health Care Claim Status Code	X(5)	AN	1-30	R								70	5			
STC11 - 3	Entity Identifier Code	X(3)	ID	2-3	S			03, 1P, 1Z, 40, 41, 71, 72, 73, 77, 82, 85, 87, DK, DN, DQ, FA, GB, HK, IL, LI, MSC, PR, PRP, QB, QC, QD, SEP, TL, TTP, TU					75	3			
STC11 - 4	Code List Qualifier Code		ID	1-3	N/U												
STC12	Free-form Message Text		AN	1-264	N/U												

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 Direction: Outbound

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

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

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

Transaction Set ID: 277 Health Care Claim Acknowledgment
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Misc. Notes
All dates are either D8 or RD8. No dates are larger than 17 characters.
All dates are either D8 or RD8. No dates are larger than 17 characters.

Transaction Set ID: 277 Health Care Claim Acknowledgment
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Misc. Notes

Element Identifier	This field contains the segment or element identifier
Description	This field indicates the element name or the industry name describing the element
COBOL PIC	This field indicates the the COBOL picture clause, which is an element in programming language that is used to indicate the item characteristics and size of the numeric data element.
ID	This field indicates the attributes of the data element (ie. ID, AN, R, TM, and DT) see rows 5-9 for definitions of each type
ID (identifier)	An identifier data element always contains a value from a predefined list of codes that is maintained by the ASC Committee or some other body recognized by the Committee. Trailing spaces must be suppressed unless they are necessary to satisfy a minimum length. An identifier is always left justified. The representation for this data element type is "ID".
AN (string)	A string data element is a sequence of any characters from the basic or extended character sets. The string data element must contain at least one non-space character. The significant characters shall be left justified. Leading spaces, when they occur, are presumed to be significant characters. Trailing spaces must be suppressed unless they are necessary to satisfy a minimum length. The representation for this data element type is "AN".
R (decimal)	A decimal data element may contain an explicit decimal point and is used for numeric values that have a varying number of decimal positions. This data element type is represented as "R". The decimal point always appears in the character stream if the decimal point is at any place other than the right end. If the value is an integer (decimal point at the right end), the decimal point must be omitted. For negative values, the leading minus sign (-) is used. Absence of a sign indicates a positive value. The plus sign (+) must not be transmitted. Leading zeros must be suppressed unless necessary to satisfy a minimum length requirement. Trailing zeros following the decimal point must be suppressed unless necessary to indicate precision. The use of triad separators (for example commas in 1,000,000) is expressly prohibited. The length of a decimal type element does not include the optional leading sign or decimal point.
N (numeric)	A numeric data element is represented by one or more digits with an optional leading sign representing a value in the normal base of 10. The value of a numeric data element includes an implied decimal point. Leading zeros must be suppressed unless necessary to satisfy a minimum length requirement.
TM (time)	A time data element is used to express the ISO standard time HHMMSSd.d format in which HH is the hour for a 24 hour clock (00-23), MM is the minute (00-59), SS is the second (00-59), and d.d is decimal seconds. The representation for this data element type is "TM". The length of the data element determines the format of the transmitted time.
DT (date)	A date data element is used to express the standard date is either YYMMDD or CCYYMMDD format in which CC is the first two digits of the calendar year, YY is the last two digits of the calendar year, MM is the month (01-12), and DD is the day in the month (01-31). The representation for this data element type is "DT".
Min. Max.	This field identifies the minimum and maximum size of a data element (ie. A value of 1-2 means the element can be either 1 byte or 2 bytes. A value of 5-5 means that the element must be 5 bytes)
Usage Reg.	The field indicates whether a segment or element is REQUIRED, SITUATIONAL, or NOT USED
Loop	This field contains the loop ID, if applicable.
Loop Repeat	This field contains the value indicating the number of times the loop may be repeated.
Values	This field contains the value or values which can be submitted in this element.
Loop ID	Loop ID (6 bytes) - This field contain positions 1 through 6 of the 18 byte record key used to identify the loop when used as a record key in a computer program (ie. "2010AA"). Left justify and space fill. Note: the total size of the record key is 18 bytes.

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

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

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

2200B STC (Information Receiver Level)

CSCC - A1 Acknowledgement/Receipt - The claim/encounter has been received. This does not mean that the claim has been accepted for adjudication.

CSC - 19 Entity acknowledges receipt of claim/encounter.

EIC - PR Payer

2200C STC (Billing Provider Level)

CSCC - A1 Acknowledgement/Receipt - The claim/encounter has been received. This does not mean that the claim has been accepted for adjudication.

CSC - 19 Entity acknowledges receipt of claim/encounter.

EIC - PR Payer

2200D STC (Claim Level)

CSCC - A2 Acknowledgement/Acceptance into adjudication system, the claim/encounter has been accepted into the adjudication system.

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999 5010	X12 Element Attributes								X12 Flat File						Outbound Mapping Instructions	Triggering Event	
Element Identifier	Description	COBOL PIC	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values	Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat		
ISA	INTERCHANGE CONTROL HEADER			1	R	—	1				ISA		1	18	1		
ISA01	Authorization Information Qualifier	X(2)	ID	2-2	R			00					19	2			
ISA02	Authorization Information	X(10)	AN	10-10	R								21	10			
ISA03	Security Information Qualifier	X(2)	ID	2-2	R			00, 01					31	2			
ISA04	Security Information	X(10)	AN	10-10	R								33	10			
ISA05	Interchange ID Qualifier	X(2)	ID	2-2	R			27, 28, ZZ					43	2			
ISA06	Interchange Sender ID	X(15)	AN	15-15	R								45	15			
ISA07	Interchange ID Qualifier	X(2)	ID	2-2	R			27, 28, ZZ					60	2			
ISA08	Interchange Receiver ID	X(15)	AN	15-15	R								62	15			
ISA09	Interchange Date	X(6)	DT	6-6	R			YYMMDD					77	6			
ISA10	Interchange Time	X(4)	TM	4-4	R			HHMM					83	4			
ISA11	Repetition Separator	X(1)		1-1	R								87	1			
ISA12	Interchange Control Version Number	X(5)	ID	5-5	R			00501					88	5			
ISA13	Interchange Control Number	X(9)	N0	9-9	R								93	9			
ISA14	Acknowledgement Requested	X(1)	ID	1-1	R			0					102	1			
ISA15	Usage Indicator	X(1)	ID	1-1	R			P, T					103	1			
ISA16	Component Element Separator	X(1)		1-1	R								104	1			
TA1	Interchange Acknowledgment			1	S	—	1						1	18			
TA101	Interchange Control Number	X(9)	N0	9-9	R								19	9			
TA102	Interchange Date	X(6)	DT	6-6	R								28	6			

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999 5010	X12 Element Attributes								X12 Flat File						Outbound Mapping Instructions	Triggering Event	
Element Identifier	Description	COBOL PIC	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values	Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat		
TA103	Interchange Time	X(4)	TM	4-4	R								34	4			
TA104	Interchange Acknowledgment Code	X(1)	ID	1-1	R			A, E, R					38	1			
TA105	Interchange Note Code	X(3)	ID	3-3	R			006, 007, 008, 009, 010, 011, 012, 013, 014, 015, 016, 017, 018, 019, 020, 021, 022, 023, 024, 025, 026, 027, 028, 029, 030, 031					39	3			
GS	FUNCTIONAL GROUP HEADER			1	R	___	1				GS		1	18	1		
GS01	Functional Identifier Code	X(2)	ID	2-2	R								19	2			
GS02	Application Sender Code	X(15)	AN	2-15	R								21	15			
GS03	Application Receiver Code	X(15)	AN	2-15	R								36	15			
GS04	Date	X(8)	DT	8-8	R			CCYYMMDD					51	8			
GS05	Time	X(8)	TM	4-8	R			HHMM, HHMMSS, HHMMSSD, HHMMSSDD					59	8			
GS06	Group Control Number	X(9)	N0	1-9	R								67	9			
GS07	Responsible Agency Code	X(2)	ID	1-2	R			X					76	2			
GS08	Version Identifier Code	X(12)	AN	1-12	R			005010X231					78	12			
ST	TRANSACTION SET HEADER			1	R	___	1				ST		1	18	1		
ST01	Transaction Set Identifier Code	X(3)	ID	3-3	R			999					19	3			
ST02	Transaction Set Control Number	X(9)	AN	4-9	R								22	9			
ST03	Version, Release, or Industry Identifier	X(12)	AN	1-35	R			005010X231					31	12			
AK1	Functional Group Response Header			1	R	___	1				AK1		1	18	1		

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Direction: Outbound

999 5010		X12 Element Attributes							X12 Flat File						Outbound Mapping Instructions	Triggering Event	
Element Identifier	Description	COBOL PIC	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values	Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat		
AK101	Functional Identifier Code	X(2)	ID	2-2	R								19	2			
AK102	Group Control Number	X(9)	N0	1-9	R								21	9			
AK103	Version, Release, or Identifier Code	X(2)	AN	1-12	R								30	12			
AK2	Transaction Set Response Header			1	S	2000	>1		2000		AK2		1	18	1		
AK201	Transaction Set Identifier Code	X(3)	ID	3-3	R								19	3			
AK202	Transaction Set Control Number	X(9)	AN	4-9	R								22	9			
AK203	Implementation Convention Reference	X(35)	AN	1-35	S								31	35			
IK3	Error Identification			1	S	2100	>1		2100		IK3		1	18	1		
IK301	Segment ID Code	X(3)	ID	2-3	R								19	3			
IK302	Segment Position in Transaction Set	X(10)	N0	1-10	R								22	10			
IK303	Loop Identifier Code	X(4)	AN	1-4	S								32	4			
IK304	Implementation Segment Syntax Error Code	X(3)	ID	1-3	R			1, 2, 3, 4, 5, 6, 7, 8, 14, 16, 17, 18, 19					36	3			
CTX	Segment Context			1	S	2100	9		2100		CTX		1	18	1		
CTX01	Context Identification				R												
CTX01 - 1	Context Name	X(35)	AN	1-35	R								19	35			
CTX01 - 2	Context Reference	X(35)	AN	1-35	N/U								54	35			
CTX02	Segment ID Code	X(3)	ID	2-3	R								89	3			
CTX03	Segment Position in Transaction Set	X(10)	N0	1-10	R								92	10			

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Direction: Outbound

999 5010			X12 Element Attributes						X12 Flat File						Outbound Mapping Instructions	Triggering Event	
Element Identifier	Description	COBOL PIC	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values	Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat		
CTX04	Loop Identifier Code	X(4)	AN	1-4	S								102	4			
CTX05	Position in Segment				S												
CTX05 - 1	Element Position in Segment	X(2)	N0	1-2	R								106	2			
CTX05 - 2	Component Data Element Position in Composite	X(2)	N0	1-2	S								108	2			
CTX05 - 3	Reporting Dat Element Position	X(4)	N0	1-4	S								110	4			
CTX06	Reference in Segment				S												
CTX06 - 1	Data Element Reference Number	X(4)	N0	1-4	R								114	4			
CTX06 - 2	Component Data Element Reference Number	X(4)	N0	1-4	S								118	4			
CTX	Business Unit Identifier			1	S	2100	1		2100		CTX		1	18	1		
CTX01	Context Identification				R												
CTX01 - 1	Context Name	X(35)	AN	1-35	R								19	35			
CTX01 - 2	Context Reference	X(35)	AN	1-35	R								54	35			
CTX02	Segment ID Code		ID	2-3	N/U								89	3			
CTX03	Segment Position in Transaction Set		N0	1-10	N/U								92	10			
CTX04	Loop Identifier Code		AN	1-4	N/U								102	4			
CTX05	Position in Segment				N/U												
CTX06	Reference in Segment				N/U												
IK4	Implementation Data Element Note			1	S	2110	>1		2110		IK4		1	18	1		
IK401	Position Segment				R												

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Version/Release: 005010
Direction: Outbound

999 5010			X12 Element Attributes						X12 Flat File						Outbound Mapping Instructions	Triggering Event	
Element Identifier	Description	COBOL PIC	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values	Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat		
IK401 - 1	Element Position in Segment	X(2)	N0	1-2	R								19	2			
IK401 - 2	Component Data Element Position in Composite	X(2)	N0	1-2	S								21	2			
IK401 - 3	Repeating Data Element Position	X(2)	N0	1-4	S								23	4			
IK402	Data Element Reference Number	X(4)	N0	1-4	S								27	4			
IK403	Implementation Data Element Syntax Error Code	X(3)	ID	1-3	R			1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 12, 13, I10, I11, I12, I13, I6, I9					31	3			
IK404	Copy of Bad Data Element	X(99)	AN	1-99	S								34	99			
CTX	Element Context			1	S	2110	10		2110		CTX		1	18	1		
CTX01	Context Identification				R												
CTX01 - 1	Context Name	X(35)	AN	1-35	R								19	35			
CTX01 - 2	Context Reference		AN	1-35	N/U								54	35			
CTX02	Segment ID Code	X(3)	ID	2-3	R								89	3			
CTX03	Segment Position in Transaction Set	X(10)	N0	1-10	R								92	10			
CTX04	Loop Identifier Code	X(4)	AN	1-4	S								102	4			
CTX05	Position in Segment				S												
CTX05 - 1	Element Position in Segment	X(2)	N0	1-2	R								106	2			
CTX05 - 2	Component Data Element Position in Composite	X(2)	N0	1-2	S								108	2			
CTX05 - 3	Repeating Data Element Position	X(4)	N0	1-4	S								110	4			
CTX06	Reference in Segment				S												
CTX06 - 1	Data Element Reference Number	X(4)	N0	1-4	R								114	4			
CTX06 - 2	Data Element Reference Number		N0	1-4	N/U								118	4			

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999 5010		X12 Element Attributes							X12 Flat File						Outbound Mapping Instructions	Triggering Event	
Element Identifier	Description	COBOL PIC	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values	Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat		
IK5	Transaction Set Response Trailer			1	R	2000	1		2000		IK5		1	18	1		
IK501	Transaction Set Acknowledgment Code	X(1)	ID	1-1	R			A, E, M, R, W, X					19	1			
IK502	Implementation Transaction Set Syntax Error	X(3)	ID	1-3	S			12, 13, 15, 16, 17, 18, 19, 23, 24, 25, 26, 27, I6					20	3			
IK503	Implementation Transaction Set Syntax Error Code	X(3)	ID	1-3	S								23	3			
IK504	Implementation Transaction Set Syntax Error Code	X(3)	ID	1-3	S								26	3			
IK505	Implementation Transaction Set Syntax Error Code	X(3)	ID	1-3	S								29	3			
IK506	Implementation Transaction Set Syntax Error Code	X(3)	ID	1-3	S								32	3			
AK9	Functional Group Response Trailer			1	R						AK9		1	18	1		
AK901	Functional Group Acknowledge Code	X(1)	ID	1-1	R			A, E, M, P, R, W, X					19	1			
AK902	Number of Transaction Sets Included	X(6)	N0	1-6	R								20	6			
AK903	Number of Received Transaction Sets	X(6)	N0	1-6	R								26	6			
AK904	Number of Accepted Transaction Sets	X(6)	N0	1-6	R								32	6			
AK905	Functional Group Syntax Error Code	X(3)	ID	1-3	S			14, 15, 16, 17, 18, 19, 23, 24, 25, 26					38	3			
AK906	Functional Group Syntax Error Code	X(3)	ID	1-3	S								41	3			
AK907	Functional Group Syntax Error Code	X(3)	ID	1-3	S								44	3			
AK908	Functional Group Syntax Error Code	X(3)	ID	1-3	S								47	3			
AK909	Functional Group Syntax Error Code	X(3)	ID	1-3	S								50	3			
SE	Transaction Set Trailer			1	R		>1				SE		1	18	1		

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999 5010		X12 Element Attributes							X12 Flat File						Outbound Mapping Instructions	Triggering Event	
Element Identifier	Description	COBOL PIC	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values	Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat		
SE01	Number of Included Segments	X(10)	N0	1-10	R								19	10			
SE02	Transaction Set Control Number	X(9)	AN	4-9	R								29	9			
GE	FUNCTION GROUP TRAILER			1	R	---	1				GE		1	18	1		
GE01	Number of Transaction Sets Included	X(6)	N0	1-6	R								19	6			
GE02	Group Control Number	X(9)	N0	1-9	R								25	9			
IEA	INTERCHANGE CONTROL TRAILER			1	R	---	1				IEA		1	18	1		
IEA01	Number of Included Functional Groups	X(5)	N0	1-5	R								19	5			
IEA02	Interchange Control Number	X(9)	N0	9-9	R								24	9			

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Misc. Notes

Element Identifier	This field contains the segment or element identifier
Description	This field indicates the element name or the industry name describing the element
COBOL PIC	This field indicates the the COBOL picture clause, which is an element in programming language that is used to indicate the item characteristics and size of the numeric data element.
ID	This field indicates the attributes of the data element (ie. ID, AN, R, TM, and DT) see rows 5-9 for definitions of each type
ID (identifier)	An identifier data element always contains a value from a predefined list of codes that is maintained by the ASC Committee or some other body recognized by the Committee. Trailing spaces must be suppressed unless they are necessary to satisfy a minimum length. An identifier is always left justified. The representation for this data element type is "ID".
AN (string)	A string data element is a sequence of any characters from the basic or extended character sets. The string data element must contain at least one non-space character. The significant characters shall be left justified. Leading spaces, when they occur, are presumed to be significant characters. Trailing spaces must be suppressed unless they are necessary to satisfy a minimum length. The representation for this data element type is "AN".
R (decimal)	A decimal data element may contain an explicit decimal point and is used for numeric values that have a varying number of decimal positions. This data element type is represented as "R". The decimal point always appears in the character stream if the decimal point is at any place other than the right end. If the value is an integer (decimal point at the right end), the decimal point must be omitted. For negative values, the leading minus sign (-) is used. Absence of a sign indicates a positive value. The plus sign (+) must not be transmitted. Leading zeros must be suppressed unless necessary to satisfy a minimum length requirement. Trailing zeros following the decimal point must be suppressed unless necessary to indicate precision. The use of triad separators (for example commas in 1,000,000) is expressly prohibited. The length of a decimal type element does not include the optional leading sign or decimal point.
TM (time)	A time data element is used to express the ISO standard time HHMMSSd.d format in which HH is the hour for a 24 hour clock (00-23), MM is the minute (00-59), SS is the second (00-59), and d.d is decimal seconds. The representation for this data element type is "TM". The length of the data element determines the format of the transmitted time.
DT (date)	A date data element is used to express the standard date is either YYMMDD or CCYYMMDD format in which CC is the first two digits of the calendar year, YY is the last two digits of the calendar year, MM is the month (01-12), and DD is the day in the month (01-31). The representation for this data element type is "DT".
Min. Max.	This field identifies the minimum and maximum size of a data element (ie. A value of 1-2 means the element can be either 1 byte or 2 bytes. A value of 5-5 means that the element must be 5 bytes)
Usage Reg.	The field indicates whether a segment or element is REQUIRED, SITUATIONAL, or NOT USED
Loop	This field contains the loop ID, if applicable.
Loop Repeat	This field contains the value indicating the number of times the loop may be repeated.
Values	This field contains the value or values which can be submitted in this element.
Loop ID	Loop ID (6 bytes) - This field contain positions 1 through 6 of the 18 byte record key used to identify the loop when used as a record key in a computer program (ie. "2010AA"). Left justify and space fill. Note: the total size of the record key is 18 bytes.
Loop Seq.	Loop Seq. (4 bytes) - This field contain positions 7 through 10 of the 18 byte record key used to identify the numeric sequence of the loop when used as a record key in a computer program (ie. "0001"). Right justify and zero fill. Note: the total size of the record key is 18 bytes.

Seg. ID	Seq. ID (4 bytes) - This field contains positions 11 through 14 of the 18 byte record key used to identify the segment when used as a record key in a computer program (ie."REF "). Left justify and space fill. Note: the total size of the record key is 18 bytes.
Seg. Seq.	Seg. Seq.(4 bytes) - This field contains positions 15 through 18 of the 18 byte record key used to identify the numeric sequence of the segment when used as a record key in a computer program (ie. "0001"). Right justify and zero fill. Note: the total size of the record key is 18 bytes.
Start	This field shows the data element's starting position within the record.
Length	This field shows the data element's length with the record.
Record Repeat	If the record repeats, this field indicates the number of times the record may repeat.

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