CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 623	Date: January 15, 2010
	Change Request 6721

Transmittal 610, dated December 18, 2009, is rescinded and replaced by Transmittal 623, dated January 15, 2010. There was an error in the 276/277 CMS defined flat file. The definition of SVC07 in the 277 should be S9(07)v999. This also changes the length of SVC07-1 to 5 bytes. All other information remains the same.

SUBJECT: Implementation of the HIPAA Version 5010 276/277 Claim Status Second Phase

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

New / Revised Material
Effective Date: April 1, 2010 (July 1, 2010 - Jurisdiction 9 only)
Implementation Date: April 5, 2010 (July 6, 2010 – Jurisdiction 9 only)

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

R/N/D	CHAPTER/SECTION/SUBSECTION/TITLE
N/A	

III. FUNDING:
SECTION A: For Fiscal Intermediaries and Carriers: N/A

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

Entities covered - A/B MACs, CEDI

IV. ATTACHMENTS:

One-Time Notification

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

Attachment – One-Time Notification

Pub. 100-20	Transmittal: 623	Date: January 15, 2010	Change Request: 6721

Transmittal 610, dated December 18, 2009, is rescinded and replaced by Transmittal 623, dated January 15, 2010. There was an error in the 276/277 CMS defined flat file. The definition of SVC07 in the 277 should be S9(07)v999. This also changes the length of SVC07-1 to 5 bytes. All other information remains the same.

SUBJECT: Implementation of the HIPAA Version 5010 276/277 Claim Status Second Phase

Effective Date: April 1, 2010, (July 1, 2010 - Jurisdiction 9 only)
Implementation Date: April 5, 2010, (July 6, 2010 – Jurisdiction 9 only)

I.   GENERAL INFORMATION

A.   Background: This Change Request (CR) is related to the implementation of the second phase of 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 Change Request (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 (GBA),
    b. Jurisdiction 3 – Noridian Administrative Services (NAS),
    c. Jurisdiction 4 – TrailBlazer Health Enterprise,
    d. Jurisdiction 5 – Wisconsin Physicians Service (WPS),
    e. Jurisdiction 9 – First Coast Service Options (FCSO),
    f. Jurisdiction 10 – Cahaba Government Benefit Administrators,
    g. Jurisdiction 12 – Highmark Medicare Services (HMS),
    h. Jurisdiction 13 – National Government Services (NGS)
    i. Jurisdiction 14 – National Heritage Insurance Corp. (NHIC),

NOTE: Jurisdiction 9 (FSCO) will have separate effective and implementation dates for this CR due to the discussions between CMS and FSCO and coordination of efforts for catch-up change request(s) specifically required for Jurisdiction 9.

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 create and document a 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 (LDC). 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. FISS – CR 6299
2. MCS – CR 6411
3. VMS – CR 6399

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 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 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	A/B MAC	DME MAC	FI	CARRIER	RHHI	FISS	MCS	VMS	CWF	OTHER
							Shared-System Maintainers				
6721.1	The FISS Maintainer shall accept in ISA05 value "ZZ" which adds to Business Requirement of previously installed CR 6299 for the 276/277.						X				
6721.2	The A/B MAC, CEDI and the Shared System Maintainer shall insure that all transactions must be compliant with the ASC X12 Version 005010	X					X	X	X		CEDI

Number	Requirement	A/B MAC	DME MAC	FI	CARRIER	RHHI	FISS	MCS	VMS	CWF	OTHER
	Technical Report Type 3 (TR3) and that files exchanged between the A/B MACS, CEDI and Shared System Maintainer be in balance in order to comply with Business Requirement of previously installed CR 6299 (FISS), CR 6399 (VMS), CR 6411 (MCS) for the 276/277.										
6721.2.1	For inbound 276 Claim Status Inquiry transactions, the A/B MAC or CEDI contractor shall ensure the flat file created as output from translation of ASC X12 format to the CMS defined flat file format continues to be in balance. Specifically examples include but are not limited to the SE01 segment count counts the number of segments between the ST segment and the SE segment. Other examples of balancing include the GE01 count, and the IEA01 counts.	X									CEDI
6721.2.2	For outbound 277 Claim Status Response transactions, the SSM contractor shall ensure the flat file created as output from backend Claim Status Inquiry application which creates the CMS defined flat file format is in balance. Specifically examples include but are not limited to the SE01 segment count counts the number of segments between the ST segment and the SE segment. Other examples of balancing include the GE01 count, and the IEA01 counts.						X	X	X		
6721.3	The A/B MAC, CEDI and the Shared System Maintainer shall identify National Provider Id (NPI) Provider look up for the Veterans Administration (VA) and demonstration projects.	X					X				CEDI
6721.4	The A/B MAC, CEDI and the Shared System Maintainer shall change the definition of data element ST03 to correspond to the inbound claim length, which has it as a length of 12. See attached CMS defined Flat File.	X					X	X	X		CEDI
6721.5	The A/B MAC, CEDI and the Shared System Maintainer shall use the updated flat file to expand dollar field in the 276 transaction 2210D SVC02 data element of the segment. Note: the Line Item Charge Amount field is 2220D SVC02 in the 277 definition. See attached CMS defined Flat File.	X					X	X	X		CEDI
6721.6	The A/B MAC, CEDI and the Shared System Maintainer shall confirm during testing phases (User	X						X	X		CEDI

Number	Requirement	A / B MAC	D M E MAC	F I	C A R R I E R	R H H I	FISS	MCS	VMS	CWF	OTHER
	Acceptance Testing – UAT) that the exchange of line item control number in the 276 transaction (and CMS defined flat file) is returned in the 277 CMS defined flat file and transaction.										
6721.7	The A/B MAC, CEDI and the Shared System Maintainer shall count instances of TRN02 at the claim level and insert that count in the Control Record field CTR28 to identify the number of patients being serviced.	X					X	X	X		CEDI
6721.8	The A/B MAC, CEDI and the Shared System Maintainer shall assign the value in data element ST02 of the 277 CMS defined flat file and subsequent ASC X12 transaction as follows: • Start with three zeroes and a 1 (e.g., 0001), • Assign the next value with three zeroes and a 2 (e.g., 0002), • Assign the next value with three zeroes and a 3,(e.g., 0003) up to 9 (0009), • Assign the next value with two zeroes and a 10 (e.g., 0010). The field length will be four digits. The numbering process shall reset to the beginning number (0001) each time a GS-GE grouping is encountered.	X					X	X	X		CEDI
6721.9	The A/B MAC, CEDI and the Shared System Maintainer shall use the current Central Processing Unit (CPU) date for BHT04 in files generated.	X					X	X	X		CEDI
6721.10	The A/B MAC, CEDI and the Shared System Maintainer shall populate the data element BHT03 with the cycle date in Julian format (CCYYDDD) with the value from data element ST02 appended to it in files generated.	X					X	X	X		CEDI
6721.11	The A/B MAC, CEDI and the Shared System Maintainer shall populate the data element BHT05 in HHMMSS format in files generated.	X					X	X	X		CEDI
6721.12	The A/B MAC, CEDI and the Shared System Maintainer shall populate the 2100A PER segment in order to accommodate a telephone number, extension, and email address and to document that FAX number	X							X		CEDI

Number	Requirement	A / B MAC	D M E MAC	F I	C A R R I E R	R H H I	F I S S	M C S	V M S	C W F	OTHER
	Responsibility (place an "X" in each applicable column)						Shared-System Maintainers				OTHER
	is no longer needed in this segment. Further, this requirement specifically instructs the VMS maintainer to remove the FAX requirement from the VMS system.										
6721.13	The A/B MAC, CEDI and the Shared System Maintainer shall not create a REF segment where the REF01 is equal to "BLT" under 5010 for non institutional claims in files generated.	X							X		CEDI
6721.14	The Shared System Maintainer shall update the value in data element STC02 at the claim level with the date (format CCYYMMDD) the claim moved to the current location status in the adjudication system.							X			
6721.15	The A/B MAC, CEDI and the Shared System Maintainer shall insure that when translating from the CMS defined 277 claim status response Flat File Format to ASC X12 format, that the Claim Level STC04 data element shall not be populated under the claim(s) not found. This condition occurs when Claim Level data elements STC01-1 = "A4" and STC01-2 = "35".	X							X		CEDI
6721.16	The Shared System Maintainer shall remove the ability to create the 2220D Loop for the Part A system (FISS).						X				
6721.17	The A/B MAC, CEDI and the Shared System Maintainer shall use the following conventions: • Receiver and Sender Trading Partner IDs shall match between the ISA – Interchange Envelope, GS – Functional Group, and the appropriate NM109 (either sender or receive level) • The Trading Partner Ids that are to be sent out on the 277 use the inbound 276 value only. • The swapping of the trading partner ids from inbound sender id to outbound sender id (as well as inbound receiver id and outbound receiver id) by the back end application shall be completed by the shared system. Furthermore, the A/B MACs and CEDI shall confirm that this swapping of the information	X					X	X	X		CEDI

Number	Requirement	A/B MAC	DME MAC	FI	CARRIER	RHHI	FISS	MCS	VMS	CWF	OTHER
	in the CMS defined flat files exchanged between the back end application and the MACS/CEDI is correctly using the described configuration.										
6721.18	The A/B MAC, CEDI and the Shared System Maintainer shall populate the payer name and number in the 2100A NM1 to utilize the state workload information (name and number) versus the overall jurisdiction roll-up information in files generated.	X					X	X			CEDI
6721.19	A/B MACs and CEDI shall, as documented in their individual Statement of Work (SOW), accept and translate the ASC X12 Version 005010 Health Care Claim Status Request transaction (276) in conformance with the Technical Report Type 3 guideline for Level I and Level II and create the CMS defined Flat File, inclusive of the skeleton Control Record (CTR).	X									CEDI
6721.20	A/B MACs and CEDI shall, as documented in their individual Statement of Work (SOW), accept and translate the CMS defined Flat File, inclusive of the Control Record (CTR) which shall be stripped off during the outbound translation process to the ASC X12 Version 005010 Health Care Claim Status Response transaction (277) to be in conformance with the Technical Report Type 3 guideline.	X									CEDI
6721.21	The Shared System Maintainer shall generate the Common Edits and Enhancement Module (CEM) for the inbound Health Care Claim Status response (276) for Part A processes as documented in the attached Edits Spreadsheet. This requirement shall include documentation for the retrieval, set-up, and operation and on-going maintenance aspects of the CEM software.						X				
6721.22	The Shared System Maintainer shall generate the Common Edits and Enhancement Module (CEM) for the outbound Health Care Claim Status response (277) for Part A processes as documented in the attached Edits Spreadsheet. This requirement shall include documentation for the retrieval, set-up, and operation and on-going maintenance aspects of the CEM software.						X				
6721.23	The Shared System Maintainer shall generate the							X			

Number	Requirement	A/B MAC	DME MAC	FI	CARRIER	RHHI	FISS	MCS	VMS	CWF	OTHER
	Common Edits and Enhancement Module (CEM) for the inbound Health Care Claim Status response (276) for Part B processes as documented in the attached Edits Spreadsheet. This requirement shall include documentation for the retrieval, set-up, and operation and on-going maintenance aspects of the CEM software.										
6721.24	The Shared System Maintainer shall generate the Common Edits and Enhancement Module (CEM) for the outbound Health Care Claim Status response (277) for Part B processes as documented in the attached Edits Spreadsheet. This requirement shall include documentation for the retrieval, set-up, and operation and on-going maintenance aspects of the CEM software.							X			
6721.25	The CEDI shall generate the translation map for the inbound Health Care Claim Status response (276) for DME processes as documented in the attached Edits Spreadsheet.										CEDI
6721.26	The CEDI shall generate the translation map for the outbound Health Care Claim Status response (277) for DME processes as documented in the attached Edits Spreadsheet.										CEDI
6721.27	The A/B MACs and CEDI shall review and update as necessary any maintenance required to establish the Claim Status Category and Claim Status code set for the 5010 version of the 277 transaction. In subsequent instructions either via Change Request and/or a yet to be established on-going workgroup/user group, the stakeholders (A/B MACs, CEDI, SSMs and CMS components) shall review such set up activity and on-going maintenance of these code set mappings.	X									CEDI
6721.28	The Shared System maintainers shall review and update as necessary the any maintenance required to establish the Claim Status Category and Claim Status code set for the 5010 version of the 277 transaction. In subsequent instructions either via Change Request and/or a yet to be established on-going workgroup/user group, the stakeholders (A/B MACs, CEDI, SSMs and CMS components) shall review such set up activity and on-going maintenance of these code set mappings						X	X	X		

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B MAC	D M E MAC	F I	C A R R I E R	R H H I	Shared-System Maintainers				OTHER
							FISS	MCS	VMS	CWF	
6721.29	A provider education article related to this instruction will be available at www.cms.hhs.gov/medlearn/matters shortly after the CR is released. You will receive notification of the article release via the established "medlearn matters" listserv. Contractors shall post this article, or a direct link to this article, on their Web site and include information about it in a listserv message within 1 week of the availability of the provider education article. In addition, the provider education article shall be included in your next regularly scheduled bulletin and incorporated into any educational events on this topic. Contractors are free to supplement Medlearn Matters articles with localized information that would benefit their provider community in billing and administering the Medicare program correctly.	X	X								CEDI

IV. SUPPORTING INFORMATION

Section A: For any recommendations and supporting information associated with listed requirements, use the box below:
Use "Should" to denote a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:
N/A	.

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

V. CONTACTS

Pre-Implementation Contact(s):   Michael Cabral, (410) 786-6168, michael.cabral@cms.hhs.gov
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Post-Implementation Contact(s):   Michael Cabral, (410) 786-6168, michael.cabral@cms.hhs.gov
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***:**

Unique Funding Situation: N/A.

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

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

Unique Funding Situation: Entities covered: A/B MACs, CEDI.

2 Attachments

Element Identifier	Description	Usage Reg.	Loop	Loop Repeat	TA1/ 999/ 277CA	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
						If alternative formats of the 5010 Edits spreadsheet are required, please use the "Submit Feedback" feature at the bottom of the Technical Documentation web page, from which these documents were downloaded.					
						http://www.cms.hhs.gov/MFFS5010D0/20_Technical%20Documentation.asp#TopOfPage					
ISA	INTERCHANGE CONTROL HEADER	R		1	TA1	TA105: 024 "Invalid Interchange Content".	ISA must be present.	ISA must be present.			
ISA					TA1	TA105: 024 "Invalid Interchange Content".	Only one iteration of ISA is allowed.	Only one iteration of ISA is allowed.			
ISA01	Authorization Information Qualifier	R			TA1	TA105: 010 "Invalid Authorization Information Qualifier Value".	ISA01 must be present.	ISA01 must be present.			
ISA01					TA1	TA105: 010 "Invalid Authorization Information Qualifier Value".	ISA01 must be "00" or "03".	ISA01 must be "00" or "03".			
ISA02	Authorization Information	R			TA1	TA105: 011 "Invalid Authorization Information Value".	ISA02 must be present.	ISA02 must be present.			
ISA02					TA1	TA105: 011 "Invalid Authorization Information Value".	ISA02 must be 10 characters.	ISA02 must be 10 characters.			
ISA02					TA1	TA105: 011 "Invalid Authorization Information Value".	ISA02 must be populated with accepted AN characters.	ISA02 must be populated with accepted AN characters.			
ISA03	Security Information Qualifier	R			TA1	TA105: 012 "Security Information Qualifier Value".	ISA03 must be present.	ISA03 must be present.			
ISA03					TA1	TA105: 012 "Security Information Qualifier Value".	ISA03 must be "00" or "01".	ISA03 must be "00" or "01".			
ISA04	Security Information	R			TA1	TA105: 013 "Security Information Value".	ISA04 must be present.	ISA04 must be present.			
ISA04					TA1	TA105: 013 "Security Information Value".	ISA04 must be 10 characters.	ISA04 must be 10 characters.			
ISA04					TA1	TA105: 013 "Security Information Value".	ISA04 must be populated with accepted AN characters.	ISA04 must be populated with accepted AN characters.			
ISA05	Interchange ID Qualifier	R			TA1	TA105: 005 "Invalid Interchange ID Qualifier for Sender".	ISA05 must be present.	ISA05 must be present.			
ISA05					TA1	TA105: 005 "Invalid Interchange ID Qualifier for Sender".	ISA05 must be valid values.	ISA05 must be "ZZ".			04/09: 276 Companion Guide note needed.
ISA06	Interchange Sender ID	R			TA1	TA105: 006 "Invalid Interchange Sender ID".	ISA06 must be present.	ISA06 must be present.			04/09: Need to create a canned 277 to flip back if rejected here.
ISA06					TA1	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.
ISA07	Interchange ID Qualifier	R			TA1	TA105: 007 "Invalid Interchange ID Qualifier for Receiver".	ISA07 must be present.	ISA07 must be present.			
ISA07					TA1	TA105: 007 "Invalid Interchange ID Qualifier for Receiver".	ISA07 must be valid values.	ISA07 must be "ZZ".			04/09: 276 Companion Guide note needed.
ISA08	Interchange Receiver ID	R			TA1	TA105: 008 "Invalid Interchange Receiver ID".	ISA08 must be present.	ISA08 must be present.			
ISA08					TA1	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.
ISA09	Interchange Date	R			TA1	TA105: 014 "Invalid Interchange Date Value".	ISA09 must be present.	ISA09 must be present.			
ISA09					TA1	TA105: 014 "Invalid Interchange Date Value".	ISA09 must be a valid date in YYMMDD format.	ISA09 must be a valid date in YYMMDD format.			
ISA09					TA1	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.			
ISA10	Interchange Time	R			TA1	TA105: 015 "Invalid Interchange Time Value".	ISA10 must be present.	ISA10 must be present.			
ISA10					TA1	TA105: 015 "Invalid Interchange Time Value".	ISA10 must be a valid time in HHMM format.	ISA10 must be a valid time in HHMM format.			
ISA11	Repetition Seperator	R			TA1	TA105: 024 "Invalid Interchange Content".	ISA11 must be present.	ISA11 must be present.			
ISA11					TA1	TA105: 024 "Invalid Interchange Content".	ISA11 must be 1 character.	ISA11 must be 1 character.			
ISA11					TA1	TA105: 024 "Invalid Interchange Content".	ISA11 must contain at least one non-space character.	ISA11 must contain at least one non-space character.			
ISA12	Interchange Control Version Number	R			TA1	TA105: 017 "Invalid Interchange Version ID Value".	ISA12 must be present.	ISA12 must be present.			

Element Identifier	Description	Usage Req.	Loop	Loop Repeat	TA1/ 999/ 277CA	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
ISA12					TA1	TA105: 017 "Invalid Interchange Version ID Value".	ISA12 must be "00501".	ISA12 must be "00501".			
ISA13	Interchange Control Number	R			TA1	TA105: 018 "Invalid Interchange Control Number Value".	ISA13 must be present.	ISA13 must be present.			
ISA13					TA1	TA105: 018 "Invalid Interchange Control Number Value".	ISA13 must be numeric.	ISA13 must be numeric.			
ISA13					TA1	TA105: 018 "Invalid Interchange Control Number Value".	ISA13 must be 9 characters.	ISA13 must be 9 characters.			
ISA13					TA1	TA105: 018 "Invalid Interchange Control Number Value".	ISA13 must be > 0.	ISA13 must be > 0.			
ISA13					TA1	TA105: 018 "Invalid Interchange Control Number Value".	ISA13 must be unsigned.	ISA13 must be unsigned.			
ISA14	Acknowledgement Requested	R			TA1	TA105: 019 "Invalid Acknowledgment Requested Value".	ISA14 must be present.	ISA14 must be present.			
ISA14					TA1	TA105: 019 "Invalid Acknowledgment Requested Value".	ISA14 must be valid values.	ISA14 must be valid values.			
ISA15	Usage Indicator	R			TA1	TA105: 020 "Invalid Test Indicator Value".	ISA15 must be present.	ISA15 must be present.			
ISA15					TA1	TA105: 020 "Invalid Test Indicator Value".	ISA15 must be"P" or "T".	ISA15 must be"P" or "T".			
ISA16	Component Element Separator	R			TA1	TA105: 027 "Invalid Component Element Separator"	ISA16 must be present.	ISA16 must be present.			
ISA16					TA1	TA105: 027 "Invalid Component Element Separator"	ISA16 must be 1 character.	ISA16 must be 1 character.			
ISA16					TA1	TA105: 027 "Invalid Component Element Separator"	ISA16 must contain at least one non-space character.	ISA16 must contain at least one non-space character.			
ISA16					TA1	TA105: 027 "Invalid Component Element Separator"	ISA16 must be populated with accepted AN characters.	ISA16 must be populated with accepted AN characters.			
GS	**FUNCTIONAL GROUP HEADER**	**R**		**>1**	**999**	**AK905: 1 "Functional Group Not Supported".**	**GS must be present.**	**GS must be present.**			
GS					**999**	**AK905: 1 "Functional Group Not Supported".**	**Only one iteration of GS is allowed.**	**Only one iteration of GS is allowed.**			
GS01	Functional Identifier Code	R			999	AK905: 1 "Functional Group Not Supported".	GS01 must be present.	GS01 must be present.			
GS01					999	AK905: 1 "Functional Group Not Supported".	GS01 must be "HR".	GS01 must be "HN".			
GS02	Application Sender Code	R			999	AK905: 14 "Unknown Security Originator".	GS02 must be present.	GS02 must be present.			04/09: 276 Companion Guide note needed.
GS02					999	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.
GS03	Application Receiver Code	R			999	AK905: 13 "Unknown Security Recipient".	GS03 must be present.	GS03 must be present.			04/09: 276 Companion Guide note needed.
GS03					999	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.
GS04	Date	R			999		GS04 must be present.	GS04 must be present.			3/24: Codes for this error are not in the 005050 standard but will be added in the next version.
GS04					999		GS04 must be a valid date in CCYYMMDD format.	GS04 must be the current (system) date in CCYYMMDD format.			
GS04					999		GS04 must be a the date the functional group is created; must not be a future date.				
GS05	Time	R			999		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.
GS05					999		GS05 must be a valid time in a valid value format.	GS05 must be the current (system) time in a valid value format.			
GS06	Group Control Number	R			999	AK905: 6 "Group Control Number Violates Syntax".	GS06 must be present.	GS06 must be present.			
GS06					999	AK905: 6 "Group Control Number Violates Syntax".	GS06 must be numeric.	GS06 must be numeric.			
GS06					999	AK905: 6 "Group Control Number Violates Syntax".	GS06 must be > 0 and < =999,999,999	GS06 must be > 0 and < =999,999,999			

Element Identifier	Description	Usage Reg.	Loop	Loop Repeat	TA1/ 999/ 277CA	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
GS06						AK905: 19 "Functional Group Control Number not Unique within Interchange.	GS06 must be unique within the interchange.	GS06 must be unique within the interchange.			
GS07	Responsible Agency Code	R			999		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.
GS07					999		GS07 must be "X".	GS07 must be "X".			
GS08	Version Identifier Code	R			999	AK905: 2 "Functional Group Version Not Supported"	GS08 must be present.	GS08 must be present.			
GS08					999	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.
ST	**TRANSACTION SET HEADER**	**R**		**>1**	**999**	**IK502: 1 "Transaction Set Not Supported".**	**ST must be present.**	**ST must be present.**			
ST					**999**	**IK502: 1 "Transaction Set Not Supported".**	**Only one iteration of ST is allowed.**	**Only one iteration of ST is allowed.**			
ST01	Transaction Set Identifier Code	R			999	IK502: 6 "Missing or Invalid Transaction Set Identifier".	ST01 must be present.	ST01 must be present.			
ST01					999	IK502: 6 "Missing or Invalid Transaction Set Identifier".	ST01 must be "276".	ST01 must be "277".			
ST02	Transaction Set Control Number	R			999	IK502: 7 "Missing or Invalid Transaction Set Control Number".	ST02 must be present.	ST02 must be present.			
ST02					999	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".			
ST02					999	IK502: 7 "Missing or Invalid Transaction Set Control Number".	ST02 must contain at least four non-space characters.				
ST02					999	IK502: 7 "Missing or Invalid Transaction Set Control Number".	ST02 must be populated with accepted AN characters.				
ST02					999	IK502: 23 "Transaction Set Control Number Not Unique within the Functional Group".	ST02 must be a unique number within the ISA-IEA envelope.				
ST03	Implementation Convention Reference	R			999	IK502: I6 "Implementation Convention Not Supported".	ST03 must be present.	ST03 must be present.			
ST03					999	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.
BHT	**BEGINNING OF HIERARCHICAL TRANSACTION**	**R**		**1**	**999**	**IK304 = 3: "Required Segment Missing"**	**BHT must be present.**	**BHT must be present.**			
BHT					**999**	**IK304 = 5: "Segment Exceeds Maximum Use"**	**Only one iteration of BHT is allowed.**	**Only one iteration of BHT is allowed.**			
BHT01	Hierarchical Structure Code	R			999	IK403 = 1: "Required Data Element Missing"	BHT01 must be present.	BHT01 must be present.			
BHT01					999	IK403 = 7: "Invalid Code Value"	BHT01 must be "0010".	BHT01 must be "0010".			
BHT02	Transaction Set Purpose Code	R			999	IK403 = 1: "Required Data Element Missing"	BHT02 must be present.	BHT02 must be present.			
BHT02					999	IK403 = 7: "Invalid Code Value"	BHT02 must be "13".	BHT02 must be "08".			
BHT03	Reference Identification	R			999	IK403 = 1: "Required Data Element Missing"	BHT03 must be present.	BHT03 must be present.			
BHT03					999	IK403 = 5: "Data Element Too Long"	BHT03 must be 1-50 characters.	BHT03 must be the cycle date in CCYYDDD 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.
BHT03					999	IK403 = 6: "Invalid Character in Data Element"	BHT03 must contain at least one non-space character.				
BHT03					999	IK403 = 6: "Invalid Character in Data Element"	BHT03 must be populated with accepted AN characters.				

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Element Identifier	Description	Usage Reg.	Loop	Loop Repeat	TA1/ 999/ 277CA	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
BHT04	Transaction Set Creation Date	R			999	IK403 = 1: "Required Data Element Missing"	BHT04 must be present.	BHT04 must be present.			
BHT04					999	IK403 = 8: "Invalid Date"	BHT04 must be a valid date in CCYYMMDD format.	BHT04 must be the current (system) date in CCYYMMDD format.			
BHT04					277	CSC 510: "Future date"	BHT04 must not be a future date.				
BHT05	Transaction Set Creation Time	R			999	IK403 = 1: "Required Data Element Missing"	BHT05 must be present.	BHT05 must be present.			
BHT05					999	IK403 = 9: "Invalid Time"	BHT05 must a valid time in a valid time format.	BHT05 must be the current (sytem) time in HHMMSS format.			6/16: edit revised.
BHT06	Transaction Type Code	N/U			999	IK403 = I10: "Implementation "Not Used" Element Present"	Must not be present.	BHT06 must be present.			
BHT06								BHT06 must be "DG".			
IS Loop	**Information Source Loop**		**2000A**	**>1**							
HL	**INFORMATION SOURCE LEVEL**	**R**	**2000A**	**1**	**999**	**IK304 = 3: "Required Segment Missing"**	**2000A.HL must be present.**	**2000A.HL must be present.**			
HL					**999**	**IK304 = 5: "Segment Exceeds Maximum Use"**	**Only one iteration of 2000A.HL is allowed.**	**Only one iteration of 2000A.HL is allowed.**			
HL01	Hierarchical ID Number	R			999	IK403 = 1: "Required Data Element Missing"	2000A.HL01 must be present.	2000A.HL01 must be present.			
HL01					999	IK403 = 5: "Data Element Too Long"	2000A.HL01 must be 1 - 12 characters.				
HL01					999	IK403 = 6: "Invalid Character in Data Element"	2000A.HL01 must be numeric.				
HL01					999	IK403 = 7: "Invalid Code Value"	The first HL01 must be "1".	The first HL01 must be "1".			
HL02	Hierarchical Parent ID Number	N/U			999	IK403 = I10: "Implementation "Not Used" Element Present"	Must not be present.	Must not be present.			
HL03	Hierarchical Level Code	R			999	IK403 = 1: "Required Data Element Missing"	2000A.HL03 must be present.	2000A.HL03 must be present.			
HL03					999	IK403 = 7: "Invalid Code Value"	2000A.HL03 must be "20".	2000A.HL03 must be "20".			
HL04	Hierarchical Child Code	R			999	IK403 = 1: "Required Data Element Missing"	2000A.HL04 must be present.	2000A.HL04 must be present.			
HL04					999	IK403 = 7: "Invalid Code Value"	2000A.HL04 must be "1'.	2000A.HL04 must be "1'.			
NM1	**PAYER NAME**	**R**	**2100A**	**1**	**999**	**IK304 = 3: "Required Segment Missing"**	**2100A.NM1 must be present.**	**2100A.NM1 must be present.**			
NM1					**999**	**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.**			
NM101	Entity Identifier Code	R			999	IK403 = 1: "Required Data Element Missing"	2100A.NM101 must be present.	2100A.NM101 must be present.			
NM101					999	IK403 = 7: "Invalid Code Value"	2100A.NM101 must be "PR".	2100A.NM101 must be "PR".			
NM102	Entity Type Qualifier	R			999	IK403 = 1: "Required Data Element Missing"	2100A.NM102 must be present.	2100A.NM102 must be present.			
NM102					999	IK403 = 7: "Invalid Code Value"	2100A.NM102 must be "2".	2100A.NM102 must be "2".			
NM103	Payer Name	R			999	IK403 = 1: "Required Data Element Missing"	2100A.NM103 must be present.	2100A.NM103 must be present.			
NM103					999	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.			
NM103					999	IK403 = 6: "Invalid Character in Data Element"	2100A.NM103 must contain at least one non-space character.				
NM103					999	IK403 = 6: "Invalid Character in Data Element"	2100A.NM103 must be populated with accepted AN characters.				
NM104	Name First	N/U			999	IK403 = I10: "Implementation "Not Used" Element Present"	Must not be present.	Must not be present.			
NM105	Name Middle	N/U			999	IK403 = I10: "Implementation "Not Used" Element Present"	Must not be present.	Must not be present.			
NM106	Name Prefix	N/U			999	IK403 = I10: "Implementation "Not Used" Element Present"	Must not be present.	Must not be present.			
NM107	Name Suffix	N/U			999	IK403 = I10: "Implementation "Not Used" Element Present"	Must not be present.	Must not be present.			
NM108	Identification Code Qualifier	R			999	IK403 = 1: "Required Data Element Missing"	2100A.NM108 must be present.	2100A..NM108 must be present.			
NM108					999	IK403 = 7: "Invalid Code Value"	2100A.NM108 must be "PI".	2100A..NM108 must be "PI".			

Element Identifier	Description	Usage Req.	Loop	Loop Repeat	TA1/ 999/ 277CA	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
NM109	Payer Identifier	R			999	IK403 = 1: "Required Data Element Missing"	2010BB.NM109 must be present.	2100A..NM109 must be present.			
NM109					277	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.			
NM110	Entity Relationship Code	N/U			999	IK403 = I10: "Implementation "Not Used" Element Present"	Must not be present.	Must not be present.			
NM111	Entity Identifier Code	N/U			999	IK403 = I10: "Implementation "Not Used" Element Present"	Must not be present.	Must not be present.			
NM112	Last Name	N/U			999	IK403 = I10: "Implementation "Not Used" Element Present"	Must not be present.	Must not be present.			
PER	**PAYER CONTACT INFORMATION**	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.
PER01	Contact Function Code	R						2100A.PER01 must be present.			
PER01								2100A.PER01 must be "IC".			
PER02	Payer Contact Name	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 be the value in APPYUCON.			
PER03	Communication Number Qualifier	R						2100A.PER03 must be present.			
PER03								2100A.PER03 must be "TE".			
PER04	Communication Number	R						2100A.PER04 must be present.			
PER04								2100A.PER04 must be 10 digits.			06/18: The phone number must include the area code and phone number, in AAAPPPPPPP format.
PER05	Communication Number Qualifier	S						2100A.PER05 must be "EM".			
PER06	Communication Number	S						If 2100A.PER06 is present, 2100A.PER05 must be present.			
PER06								2100A.PER06 must be 1 - 256 characters.			
PER07	Communication Number Qualifier	S						Must not be present.			
PER08	Communication Number	S						Must not be present.			
PER09	Contact Inquiry Reference	N/U						Must not be present.			
IR Loop	Information Receiver Loop		2000B	>1							
HL	**INFORMATION RECEIVER LEVEL**	R	2000B	1	999	IK304 = 3: "Required Segment Missing"	2000B.HL must be present.	2000B.HL must be present.			
HL					999	IK304 = 5: "Segment Exceeds Maximum Use"	Only one iteration of 2000B.HL is allowed.	Only one iteration of 2000B.HL is allowed.			
HL01	Hierarchical ID Number	R			999	IK403 = 1: "Required Data Element Missing"	2000B.HL01 must be present.	2000B.HL01 must be present.			
HL01					999	IK403 = 5: "Data Element Too Long"	2000B.HL01 must be 1-12 characters.				
HL01					999	IK403 = 6: "Invalid Character in Data Element"	2000B.HL01 must be numeric.				
HL01					999	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.			

Element Identifier	Description	Usage Reg.	Loop	Loop Repeat	TA1/ 999/ 277CA	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
HL02	Hierarchical Parent ID Number	R			999	IK403 = 1: "Required Data Element Missing"	2000B.HL02 must be present.	2000B.HL02 must be present.			
HL02					999	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.			
HL03	Hierarchical Level Code	R			999	IK403 = 1: "Required Data Element Missing"	2000B.HL03 must be present.	2000B.HL03 must be present.			
HL03					999	IK403 = 7: "Invalid Code Value"	2000B.HL03 must be "21".	2000B.HL03 must be "21".			
HL04	Hierarchical Child Code	R			999	IK403 = 1: "Required Data Element Missing"	2000B.HL04 must be present.	2000B.HL04 must be present.			
HL04					999	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 "1".		Triggering error example: 2100B.NM109 NE ISA06.	
NM1	**INFORMATION RECEIVER NAME**	**R**	**2100B**	**1**	**999**	**IK304 = 3: "Required Segment Missing"**	**2100B.NM1 must be present.**	**2100B.NM1 must be present.**			
NM1					**999**	**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".**			
NM101	Entity Identifier Code	R			999	IK403 = 1: "Required Data Element Missing"	2100B.NM101 must be present.	2100B.NM101 must be present.			
NM101					999	IK403 = 7: "Invalid Code Value"	2100B.NM101 must be "41".	2100B.NM101 must be the transmitted value from the associated 276.			
NM102	Entity Type Qualifier	R			999	IK403 = 1: "Required Data Element Missing"	2100B.NM102 must be present.	2100B.NM102 must be present.			
NM102					999	IK403 = 7: "Invalid Code Value"	2100B.NM102 must be valid values	2100B.NM102 must be the transmitted value from the associated 276.			
NM103	Information Receiver Last Name or Organization Name	S			999	IK403 = 1: "Required Data Element Missing"	2100B.NM103 must be present.	2100B.NM103 must be present.			
NM103					999	IK403 = 5: "Data Element Too Long"	2100B.NM103 must be 1-60 characters.	2100B.NM103 must be the transmitted value from the associated 276.			
NM103					999	IK403 = 6: "Invalid Character in Data Element"	2100B.NM103 must be popoulated with accepted A/N characters.				
NM103					999	IK403 = 6: "Invalid Character in Data Element"	2100B.NM103 must contain at least one non-space character.				
NM104	Information Receiver First Name	S			999	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.			
NM104					277	CSC 505: "Entity's First Name"	If 2100B.NM102 is "1", 2100B.NM104 must be present.				
NM104					999	IK403 = 5: "Data Element Too Long"	2100B.NM104 must be 1 - 35 characters.				
NM104					999	IK403 = 6: "Invalid Character in Data Element"	2100B.NM104 must contain at least one non-space character.				
NM104					999	IK403 = 6: "Invalid Character in Data Element"	2100B.NM104 must be populated with accepted AN characters.				
NM105	Information Receiver Middle Name	S			999	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.			
NM105					999	IK403 = 5: "Data Element Too Long"	2100B.NM105 must be 1 - 25 characters.				
NM105					999	IK403 = 6: "Invalid Character in Data Element"	2100B.NM105 must contain at least one non-space character.				
NM105					999	IK403 = 6: "Invalid Character in Data Element"	2100B.NM105 must be populated with accepted AN characters.				
NM106	Name Prefix	N/U			999	IK403 = I10: "Implementation "Not Used" Element Present"	Must not be present.	Must not be present.			
NM107	Information Receiver Name Suffix	N/U			999	IK403 = I10: "Implementation "Not Used" Element Present"	Must not be present.	Must not be present.			
NM108	Identification Code Qualifier	R			999	IK403 = 1: "Required Data Element Missing"	2100B.NM108 must be present.	2100B.NM108 must be present.			
NM108					999	IK403 = 7: "Invalid Code Value"	2100B.NM108 must be "46".	2100B.NM108 must be the transmitted value from the associated 276.			

Element Identifier	Description	Usage Reg.	Loop	Loop Repeat	TA1/ 999/ 277CA	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
NM109	Information Receiver Identification Number	R			999	IK403 = 1: "Required Data Element Missing"	2100B.NM109 must be present.	2100B.NM109 must be present.			
NM109					277	CSC26: "Entity not found"	2100B.NM109 must be the same as GS02.	2100B.NM109 must be the transmitted value from the associated 276.			
NM109					277	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.			
NM110	Entity Relationship Code	N/U			999	IK403 = I10: "Implementation "Not Used" Element Present"	Must not be present.	Must not be present.			
NM111	Entity Identifier Code	N/U			999	IK403 = I10: "Implementation "Not Used" Element Present"	Must not be present.	Must not be present.			
NM112	Last Name	N/U			999	IK403 = I10: "Implementation "Not Used" Element Present"	Must not be present.	Must not be present.			
TRN	**Receiver CLAIM STATUS TRACKING NUMBER**	**S**	**2200B**	**1**				**Translator level:** **When 2000B.HL04 = "0", one iteration of 2200B.TRN is required.** **Otherwise, 2200B.TRN is not allowed.**			
TRN01	Trace Type Code	R						2200B.TRN01 must be present.			
TRN01								2200B.TRN01 must be "2".			
TRN02	Trace Number	R						2200B.TRN02 must be present.			
TRN02								2200B.TRN02 must be the BHT03 value from the associated 276.			
TRN03	Originating Company Identifier	N/U						Must not be present.			
TRN04	Reference Identifier	N/U						Must not be present.			
STC	**INFORMATION RECEIVER STATUS INFORMATION**	**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.
STC01	HEALTH CARE CLAIM STATUS	R									
STC01-1	Health Care Claim Status Category Code	R						2200B.STC01-1 must be "D0" or "E".			Triggering error example: 2100B.NM109 NE ISA06 - STC01-1 = "E0"
STC01-2	Health Care Claim Status Code	R						2200B.STC01-2 must be present.			
STC01-2								2200B.STC01-2 must be a valid Claim Status Code.			Triggering error example: 2100B.NM109 NE ISA06 - STC01-2 = "24"
STC01-3	Entity Identifier Code	S						2200B.STC01-3 must be "41".			
STC01-4	Code List Qualifier Code	N/U						Must not be present.			
STC02	Status Information Effective Date	R						2200B.STC02 must the current (system) date in CCYYMMDD format.			
STC03	Action Code	N/U						Must not be present.			
STC04	Monetary Amount	N/U						Must not be present.			
STC05	Monetary Amount	N/U						Must not be present.			
STC06	Date	N/U						Must not be present.			
STC07	Payment Method Code	N/U						Must not be present.			
STC08	Date	N/U						Must not be present.			
STC09	Check Number	N/U						Must not be present.			
STC10	HEALTH CARE CLAIM STATUS	S									
STC10-1	Health Care Claim Status Category Code	R						2200B.STC10-1 may be present if 2200B.STC01-1 is present			This "bucket" not used in this location.
STC10-1								2200B.STC01-1 must be "D0" or "E".			
STC10-2	Health Care Claim Status Code	R						2200B.STC10-2 must be present.			

Element Identifier	Description	Usage Reg.	Loop	Loop Repeat	TA1/ 999/ 277CA	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
STC10-2								2200B.STC10-2 must be a valid Claim Status Code.			Valid Claim Status Request reference must be available for this edit.
STC10-3	Entity Identifier Code	S						2200B.STC10-3 must be present.			
STC10-3								2200B.STC10-3 must be valid values.			
STC10-4	Code List Qualifier Code	N/U					Must not be present.				
STC11	HEALTH CARE CLAIM STATUS	S									
STC11-1	Health Care Claim Status Category Code	R						2200B.STC11-1 may be present if 2200B.STC01-1 is present			This "bucket" not used in this location.
STC11-1								2200B.STC11-1 must be "D0" or "E".			
STC11-2	Health Care Claim Status Code	R						2200B.STC11-2 must be present.			
STC11-2								2200B.STC11-2 must be a valid Claim Status Code.			Valid Claim Status Request reference must be available for this edit.
STC11-3	Entity Identifier Code	S						2200B.STC11-3 must be present.			
STC11-3								2200B.STC11-3 must be valid values.			
STC11-4	Code List Qualifier Code	N/U					Must not be present.				
STC12	Free-Form Message Text	N/U					Must not be present.				
SP Loop	**Service Provider Loop**		2000C	>1							
HL	**SERVICE PROVIDER LEVEL**	**R**	**2000C**	**1**	**999**	IK304 = 3: "Required Segment Missing"	**2000C.HL must be present.**	**2000C.HL must be present.**			
HL					**999**	IK304 = 5: "Segment Exceeds Maximum Use"	**Only one iteration of 2000C.HL is allowed.**	**Only one iteration of 2000C.HL is allowed.**			
HL01	Hierarchical ID Number	R			999	IK403 = 1: "Required Data Element Missing"	2000C.HL01 must be present.	2000C.HL01 must be present.			
HL01					999	IK403 = 5: "Data Element Too Long"	2000C.HL01 must be 1-12 characters.				
HL01					999	IK403 = 6: "Invalid Character in Data Element"	2000C.HL01 must be numeric.				
HL01					999	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.			
HL02	Hierarchical Parent ID Number	R			999	IK403 = 1: "Required Data Element Missing"	2000C.HL02 must be present.	2000C.HL02 must be present.			
HL02					999	IK403 = I12: "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.			
HL03	Hierarchical Level Code	R			999	IK403 = 1: "Required Data Element Missing"	2000C.HL03 must be present.	2000C.HL03 must be present.			
HL03					999	IK403 = 7: "Invalid Code Value"	2000C.HL03 must be "19".	2000C.HL03 must be "19".			
HL04	Hierarchical Child Code	R			999	IK403 = 1: "Required Data Element Missing"	2000C.HL04 must be present.	2000C.HL04 must be present.			
HL04					999	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.	
PN Loop	**Provider Name Loop**		2100C	2	277	New CSC: "Payer specific restrictions on the number of repetitions"	**Only one iteration of 2100C is allowed.**				04/20: Medicare limitation, 276 Companion Guide note needed.
NM1	**PROVIDER NAME**	**R**	**2100C**	**1**	**999**	IK304 = 3: "Required Segment Missing"	**2100C.NM1 must be present.**	**2100C.NM1 must be present.**			
NM1					**999**	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".**			
NM101	Entity Identifier Code	R			999	IK403 = 1: "Required Data Element Missing"	2100C.NM101 must be present.	2100C.NM101 must be present.			
NM101					999	IK403 = 7: "Invalid Code Value"	2100C.NM101 must be "1P".	2100C.NM101 must be the transmitted value from the associated 276.			

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Element Identifier	Description	Usage Reg.	Loop	Loop Repeat	TA1/ 999/ 277CA	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
NM102	Entity Type Qualifier	R			999	IK403 = 1: "Required Data Element Missing"	2100C.NM102 must be present.	2100C.NM102 must be present.			
NM102					999	IK403 = 7: "Invalid Code Value"	2100C.NM102 must be valid values	2100C.NM102 must be the transmitted value from the associated 276.			
NM103	Provider Last or Organization Name	S			999	IK403 = 1: "Required Data Element Missing"	2100C.NM103 must be present.	2100C.NM103 must be present.			
NM103					999	IK403 = 5: "Data Element Too Long"	2100C.NM103 must be 1 - 60 characters.	2100C.NM103 must be the transmitted value from the associated 276.			
NM103					999	IK403 = 6: "Invalid Character in Data Element"	2100C.NM103 must contain at least one non-space character.				
NM103					999	IK403 = 6: "Invalid Character in Data Element"	2100C.NM103 must be populated with accepted AN characters.				
NM104	Provider First Name	S			999	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.			
NM104					277	CSC 505: "Entity's First Name"	If 2100C.NM102 is "1", 2100C.NM104 must be present.				
NM104					999	IK403 = 5: "Data Element Too Long"	2100C.NM104 must be 1 - 35 characters.				
NM104					999	IK403 = 6: "Invalid Character in Data Element"	2100C.NM104 must contain at least one non-space character.				
NM104					999	IK403 = 6: "Invalid Character in Data Element"	2100C.NM104 must be populated with accepted AN characters.				
NM105	Provider Middle Name	S			999	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.			
NM105					999	IK403 = 5: "Data Element Too Long"	2100C.NM105 must be 1 - 25 characters.				
NM105					999	IK403 = 6: "Invalid Character in Data Element"	2100C.NM105 must contain at least one non-space character.				
NM105					999	IK403 = 6: "Invalid Character in Data Element"	2100C.NM105 must be populated with accepted AN characters.				
NM106	Provider Name Prefix	N/U			999	IK403 = I10: "Implementation "Not Used" Element Present"	Must not be present.	Must not be present.			
NM107	Provider Name Suffix	S			999	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.			
NM107					999	IK403 = 5: "Data Element Too Long"	2100C.NM107 must be 1 - 10 characters.				
NM107					999	IK403 = 6: "Invalid Character in Data Element"	2100C.NM107 must contain at least one non-space character.				
NM107					999	IK403 = 6: "Invalid Character in Data Element"	2100C.NM107 must be populated with accepted AN characters.				
NM108	Identification Code Qualifier	R			999	IK403 = 1: "Required Data Element Missing"	2100C.NM108 must be present.	2100C.NM108 must be present.			
NM108					277	New CSC: "Payer specific restriction on compliant qualifiers"	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.
NM108					277	New CSC: "Payer specific restriction on compliant qualifiers"	For VA, 2100C.NM108 must be "XX" or "SV"				04/21: 276: VA only exception. 276 Companion Guide note needed.
NM109	Provider Identifier	R			999	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.	

Element Identifier	Description	Usage Reg.	Loop	Loop Repeat	TA1/ 999/ 277CA	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
NM109					277	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.			
NM109					277	CSC 562: "Entity's National Provider Identifier (NPI)"	The first position of 2100C.NM109 must be a "1".				5/19/2009 - this information should not be published in the spreadsheet or in the 276 Companion Guide.
NM109					277	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 must be available for this edit.
NM109					277	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.			
NM110	Entity Relationship Code	N/U			999	IK403 = I10: "Implementation "Not Used" Element Present"	Must not be present.	Must not be present.			
NM111	Entity Identifier Code	N/U			999	IK403 = I10: "Implementation "Not Used" Element Present"	Must not be present.	Must not be present.			
NM112	Last Name	N/U			999	IK403 = I10: "Implementation "Not Used" Element Present"	Must not be present.	Must not be present.			
TRN	Provider CLAIM STATUS TRACKING NUMBER	S	2200C	1				When 2000C.HL04 = "0", one iteration of 2200C.TRN is allowed. Otherwise, 2200C.TRN is not allowed.			If reporting error status at this level, the 2000D and 2000E Loops related to this provider are not used.
TRN01	Trace Type Code	R						2200C.TRN01 must be present.			
TRN01								2200C.TRN01 must be "1".			
TRN02	Trace Number	R						2000C.TRN02 must be present.			
TRN02								2200C.TRN02 must be "0".			
TRN03	Originating Company Identifier	N/U						Must not be present.			
TRN04	Reference Identifier	N/U						Must not be present.			
STC	**Provider STATUS INFORMATION**	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.
STC		R						**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.
STC01	HEALTH CARE CLAIM STATUS	R									
STC01-1	Health Care Claim Status Category Code	R						2200C.STC01-1 must be "D0" or "E".			Triggering error example: Provider not matched in the internal system. - STC01-1 = "D0"
STC01-2	Health Care Claim Status Code	R						2200C.STC01-2 must be present.			
STC01-2								2200C.STC01-2 must be a valid Claim Status Code.			Triggering error example: 2100B.NM109 NE ISA06 - STC01-2 = "24"
STC01-3	Entity Identifier Code	S						2200C.STC01-3 must be "1P".			
STC01-4	Code List Qualifier Code	N/U						Must not be present.			
STC02	Status Information Effective Date	R						2200C.STC02 must the current (system) date in CCYYMMDD format.			
STC03	Action Code	N/U						Must not be present.			
STC04	Monetary Amount	N/U						Must not be present.			
STC05	Monetary Amount	N/U						Must not be present.			
STC06	Date	N/U						Must not be present.			
STC07	Payment Method Code	N/U						Must not be present.			
STC08	Date	N/U						Must not be present.			
STC09	Check Number	N/U						Must not be present.			
STC10	HEALTH CARE CLAIM STATUS	S									

Element Identifier	Description	Usage Reg.	Loop	Loop Repeat	TA1/ 999/ 277CA	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
STC10-1	Health Care Claim Status Category Code	R						2200C.STC10-1 may be present if 2200C.STC01-1 is present			
STC10-1								2200C.STC01-1 must be "D0" or "E".			
STC10-2	Health Care Claim Status Code	R						2200C.STC10-2 must be present.			
STC10-2								2200C.STC10-2 must be a valid Claim Status Code.			Valid Claim Status Request reference must be available for this edit.
STC10-3	Entity Identifier Code	S						2200C.STC10-3 must be valid values.			
STC10-4	Code List Qualifier Code	N/U						Must not be present.			
STC11	HEALTH CARE CLAIM STATUS	S									
STC11-1	Health Care Claim Status Category Code	R						2200C.STC11-1 may be present if 2200C.STC10-1 is present			
STC11-1								2200C.STC11-1 must be "D0" or "E".			
STC11-2	Health Care Claim Status Code	R						2200C.STC11-2 must be present.			
STC11-2								2200C.STC11-2 must be a valid Claim Status Code.			Valid Claim Status Request reference must be available for this edit.
STC11-3	Entity Identifier Code	S						2200C.STC11-3 must be valid values.			
STC11-4	Code List Qualifier Code	N/U						Must not be present.			
STC12	Free-Form Message Text	N/U						Must not be present.			
Sub Loop	Subscriber Loop		2000D	>1							
HL	SUBSCRIBER LEVEL	R	2000D	1	999	IK304 = 3: "Required Segment Missing"	2000D.HL must be present.	If status information was not reported in the 2200B or 2200C loop, 2000D.HL must be present.			For Medicare, the patient is always the subscriber.
HL					999	IK304 = 5: "Segment Exceeds Maximum Use"	Only one iteration of 2000D.HL is allowed.	Only one iteration of 2000D.HL is allowed.			
HL01	Hierarchical ID Number	R			999	IK403 = 1: "Required Data Element Missing"	2000D.HL01 must be present.	2000D.HL01 must be present.			
HL01					999	IK403 = 5: "Data Element Too Long"	2000D.HL01 must be 1-12 characters.				
HL01					999	IK403 = 6: "Invalid Character in Data Element"	2000D.HL01 must be numeric value.				
HL01					999	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.			
HL02	Hierarchical Parent ID Number	R			999	IK403 = 1: "Required Data Element Missing"	2000D.HL02 must be present.	2000D.HL02 must be present.			
HL02					999	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.			
HL03	Hierarchical Level Code	R			999	IK403 = 1: "Required Data Element Missing"	2000D.HL03 must be present.	2000D.HL03 must be present.			
HL03					999	IK403 = 7: "Invalid Code Value"	2000D.HL03 must be "22".	2000D.HL03 must be "22".			
HL04	Hierarchical Child Code	R			999	IK403 = 1: "Required Data Element Missing"	2000D.HL04 must be present.	2000D.HL04 must be present.			
HL04					999	IK403 = 7: "Invalid Code Value"	2000D.HL04 must be valid values.	2000D.HL04 must be "0".			For Medicare, the 2000E loop is never used.
DMG	SUBSCRIBER DEMOGRAPHIC INFORMATION	S	2000D		999	IK304=5: "Segment Exceeds Maximum Use"	Only one iteration of 2000D.DMG is allowed.				
DMG01	Date Time Period Format Qualifier	R			999	IK403 = 1: "Required Data Element Missing"	2000D.DMG01 must be present.				
DMG01					999	IK403 = 7: "Invalid Code Value"	2000D.DMG01 must be "D8".				
DMG02	Subscriber Birth Date	R			999	IK403 = 1: "Required Data Element Missing"	2000D.DMG02 must be present.				

Element Identifier	Description	Usage Req.	Loop	Loop Repeat	TA1/ 999/ 277CA	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
DMG02					999	IK403 = 8: "Invalid Date"	2000D.DMG02 must be a valid date in format CCYYMMDD format.				
DMG02					277	CSC 510: "Future date" CSC 158: "Entity's date of birth"	2000D.DMG02 must not be a future date.				
DMG03	Subscriber Gender Code	S			999	IK403 = 1: "Required Data Element Missing"	2000D.DMG03 must be present.				
DMG03					999	IK403 = 7: "Invalid Code Value"	2000D.DMG03 must be valid values.				
DMG04	Marital Status Code	N/U			999	IK403 = I10: "Implementation "Not Used" Element Present"	Must not be present.				
DMG05	Race or Ethnicity Code	N/U			999	IK403 = I10: "Implementation "Not Used" Element Present"	Must not be present.				
DMG06	Citizenship Status Code	N/U			999	IK403 = I10: "Implementation "Not Used" Element Present"	Must not be present.				
DMG07	Country Code	N/U			999	IK403 = I10: "Implementation "Not Used" Element Present"	Must not be present.				
DMG08	Basis of Verification Code	N/U			999	IK403 = I10: "Implementation "Not Used" Element Present"	Must not be present.				
DMG09	Quantity	N/U			999	IK403 = I10: "Implementation "Not Used" Element Present"	Must not be present.				
DMG10	Code List Qualifier Code	N/U			999	IK403 = I10: "Implementation "Not Used" Element Present"	Must not be present.				
DMG11	Industry Code	N/U			999	IK403 = I10: "Implementation "Not Used" Element Present"	Must not be present.				
NM1	**SUBSCRIBER NAME**	**R**	**2100D**	**1**	**999**	**IK304 = 3: "Required Segment Missing"**	**2100D.NM1 must be present.**	**2100D.NM1 must be present.**			
NM1					**999**	**IK304 = 4: "Loop Occurs Over Maximum Times"**	**Only one iteration of 2100D.NM1 allowed.**	**Only one iteration of 2100D.NM1 allowed.**			
NM101	Entity Identifier Code	R			999	IK403 = 1: "Required Data Element Missing"	2100D.NM101 must be present.	2100D.NM101 must be present.			
NM101					999	IK403 = 7: "Invalid Code Value"	2100D.NM101 must be "IL".	2100D.NM101 must be "IL".			
NM102	Entity Type Qualifier	R			999	IK403 = 1: "Required Data Element Missing"	2100D.NM102 must be present.	2100D.NM102 must be present.			
NM102					999	IK403 = 7: "Invalid Code Value"	2100D.NM102 must be "1".	2100D.NM102 must be "1".			
NM103	Subscriber Last Name	R			999	IK403 = 1: "Required Data Element Missing"	2100D.NM103 must be present.	2100D.NM103 must be present.			
NM103					999	IK403 = 5: "Data Element Too Long"	2100D.NM103 must be 1 - 60 characters.	2100D.NM103 must be the transmitted value from the associated 276.			
NM103					999	IK403 = 6: "Invalid Character in Data Element"	2100D.NM103 must contain at least one non-space character.				
NM103					999	IK403 = 6: "Invalid Character in Data Element"	2100D.NM103 must be populated with accepted AN characters.				
NM104	Subscriber First Name	S			277	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.
NM104					999	IK403 = 5: "Data Element Too Long"	2100D.NM104 must be 1 - 35 characters.	2100D.NM104 must be the transmitted value from the associated 276.			
NM104					999	IK403 = 6: "Invalid Character in Data Element"	2100D.NM104 must contain at least one non-space character.				
NM104					999	IK403 = 6: "Invalid Character in Data Element"	2100D.NM104 must be populated with accepted AN characters.				
NM105	Subscriber Middle Name	S			999	IK403 = 5: "Data Element Too Long"	2100D.NM105 must be 1 - 25 characters.	2100D.NM105 must be the transmitted value from the associated 276.			
NM105					999	IK403 = 6: "Invalid Character in Data Element"	2100D.NM105 must contain at least one non-space character.				
NM105					999	IK403 = 6: "Invalid Character in Data Element"	2100D.NM105 must be populated with accepted AN characters.				
NM106	Subscriber Name Prefix	N/U			999	IK403 = I10: "Implementation "Not Used" Element Present"	Must not be present.	Must not be present.			
NM107	Subscriber Name Suffix	S			999	IK403 = 5: "Data Element Too Long"	2100D.NM107 must be 1 - 10 characters.	2100D.NM107 must be the transmitted value from the associated 276.			

Element Identifier	Description	Usage Reg.	Loop	Loop Repeat	TA1/ 999/ 277CA	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
NM107					999	IK403 = 6: "Invalid Character in Data Element"	2100D.NM107 must contain at least one non-space character.				
NM107					999	IK403 = 6: "Invalid Character in Data Element"	2100D.NM107 must be populated with accepted AN characters.				
NM108	Identification Code Qualifier	R			999	IK403 = 1: "Required Data Element Missing"	2100D.NM108 must be present.	2100D.NM108 must be present.			
NM108					999	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.
NM109	Subscriber Identifier	R			999	IK403 = 1: "Required Data Element Missing"	2100D.NM109 must be present.	2100D.NM109 must be present.			
NM109					277	CSC 164: "Entity's contract/member number"	2100D.NM109 must be 10 - 11 positions in the format of NNNNNNNNNA or NNNNNNNNNNAA or NNNNNNNNNAN where "A" represents an alpha character and "N" represents a numeric digit.	2100D.NM109 must be the transmitted value from the associated 276.			276 Companion Guide note needed.
NM109					277	CSC 164: "Entity's contract/member number"	2100D.NM109 must be 7 - 12 positions in the format of ANNNNNN or AANNNNNN or AANNNNNNNNN or AAAANNNNN or AAAANNNNNNNNN where "A" represents an alpha character and "N" represents a numeric digit.				276 Companion Guide note needed.
NM110	Entity Relationship Code	N/U			999	IK403 = I10: "Implementation "Not Used" Element Present"	Must not be present.	Must not be present.			
NM111	Entity Identifier Code	N/U			999	IK403 = I10: "Implementation "Not Used" Element Present"	Must not be present.	Must not be present.			
NM112	Last Name	N/U			999	IK403 = I10: "Implementation "Not Used" Element Present"	Must not be present.	Must not be present.			
SCST Loop	**Subscriber Claim Status Tracking Loop**		2200D	>1							
TRN	**Subscriber CLAIM STATUS TRACKING NUMBER**	S	2200D	1	999	**IK304 = I6: "Implementation Dependent Segment Missing"**	**2200D.TRN must be present.**	**2200D.TRN must be present.**			
TRN					999	**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.**			
TRN01	Trace Type Code	R			999	IK403 = 1: "Required Data Element Missing"	2200D.TRN01 must be present.	2200D.TRN01 must be present.			
TRN01					999	IK403 = 7: "Invalid Code Value"	2200D.TRN01 must be "1".	2200D.TRN01 must be "2".			
TRN02	Trace Number	R			999	IK403 = 1: "Required Data Element Missing"	2000D.TRN02 must be present.	2000D.TRN02 must be present.			
TRN02					999	IK403 = 5: "Data Element Too Long"	2000D.TRN02 must be 1-50 characters.	2000D.TRN02 must be the transmitted value from the associated 276.			
TRN02					999	IK403 = 6: "Invalid Character in Data Element"	2000D.TRN02 must be populated with accepted AN characters.				
TRN02					999	IK403 = 6: "Invalid Character in Data Element"	2200D.TRN02 must contain at least one non-space character.				
TRN03	Originating Company Identifier	N/U				IK403 = I10: "Implementation "Not Used" Element Present"	Must not be present.	Must not be present.			
TRN04	Reference Identifier	N/U				IK403 = I10: "Implementation "Not Used" Element Present"	Must not be present.	Must not be present.			
STC	**Claim STATUS INFORMATION**	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.
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.
STC01	HEALTH CARE CLAIM STATUS	R									
STC01-1	Health Care Claim Status Category Code	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.

Element Identifier	Description	Usage Reg.	Loop	Loop Repeat	TA1/ 999/ 277CA	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
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.
STC01-2	Health Care Claim Status Code	R						Claim found: 2200D.STC01-2 must be present.	Claim not found: 2200D.STC01-2 must be present.		
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.
STC01-3	Entity Identifier Code	S						Claim found: 2200D.STC01-3 must be valid values.	Claim not found: 2200D.STC01-3 must be valid values.		
STC01-4	Code List Qualifier Code	S						Must not be present.	Must not be present.		277: Companion Guide note needed, not used by Medicare.
STC02	Status Information Effective Date	R						Claim found: 2200D.STC02 must be the date the claim moved to the current location status from the internal system, in CCYYMMDD format.	Claim not found: 2200D.STC02 must be the current (system) date, in CCYYMMDD format.		
STC03	Action Code	N/U						Must not be present.			
STC04	Total Claim Charge Amount	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.		
STC05	Claim payment Amount	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.		
STC06	Adjudication or Payment Date	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.		
STC07	Payment Method Code	N/U						Must not be present.	Must not be present.		
STC08	Remittance Date	S						Claim found: If available, 2200D.STC08 must be the payment date from the internal system, in CCYYMMDD format.	Claim not found: 2200D.STC08 must not be present.		
STC09	Remittance Trace Number	S						Claim found: If available, 2200D.STC09 must be the check or EFT Trace Number from the internal system.	Claim not found: 2200D.STC09 must not be present.		
STC10	HEALTH CARE CLAIM STATUS	S									
STC10-1	Health Care Claim Status Category Code	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".		
STC10-2	Health Care Claim Status Code	R						Claim found: 2200D.STC10-2 must be present if STC10-1 is used	Claim found: 2200D.STC10-2 must be present. If STC 10-1 is used		
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.
STC10-3	Entity Identifier Code	S						Claim found: 2200D.STC10-3 must be valid values.	Claim not found: 2200D.STC10-3 must be valid values.		
STC10-4	Code List Qualifier Code	S						Must not be present.			277: Companion Guide note needed, not used by Medicare.
STC11	HEALTH CARE CLAIM STATUS	S									

Element Identifier	Description	Usage Reg.	Loop	Loop Repeat	TA1/ 999/ 277CA	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
STC11-1	Health Care Claim Status Category Code	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.
STC11-2	Health Care Claim Status Code	R						Claim found: 2200D.STC11-2 must be present if STC11-1 is used.	Claim not found: 2200D.STC11-2 must be present if STC11-1 is used		
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.
STC11-3	Entity Identifier Code	S						Claim found: 2200D.STC11-3 must be valid values.	Claim not found: 2200D.STC11-3 must be valid values.		
STC11-4	Code List Qualifier Code	S						Must not be present.			277: Companion Guide note needed, not used by Medicare.
STC12	Free-Form Message Text	N/U						Must not be present.			
REF	**PAYER CLAIM CONTROL NUMBER**	S	2200D		999	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.**		
REF								**Claim found: 2200D.REF must be present when the claim is found in the internal system.**			
REF01	Reference Identification Qualifier	R			999	IK403 = 1: "Required Data Element Missing"	2200D.REF01 must be present.	Claim found: 2200D.REF01 must be present.			
REF01					999	IK403 = 7: "Invalid Code Value"	2200D.REF01 must be "1K".	Claim found: 2200D.REF01 must be "1K".			
REF02	Payer Claim Control Number	R			999	IK403 = 1: "Required Data Element Missing"	2000D.REF02 must be present.	Claim found: 2000D.REF02 must be present.			
REF02					277	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.			
REF02					277	CSC 464: "Payer Assigned Claim Control Number" CSC 512: "Length invalid for receiver's application system"	For MCS 2200D.REF02 must be 13 digits.				
REF02					277	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.				
REF02					999	IK403 = 6: "Invalid Character in Data Element"	2000D.REF02 must be populated with accepted AN characters.				
REF02					999	IK403 = 6: "Invalid Character in Data Element"	2200D.REF02 must contain at least one non-space character.				
REF03	Description	N/U			999	IK403 = I10: "Implementation "Not Used" Element Present"	Must not be present.				
REF04	Reference Identifier	N/U			999	IK403 = I10: "Implementation "Not Used" Element Present"	Must not be present.				

Element Identifier	Description	Usage Reg.	Loop	Loop Repeat	TA1/ 999/ 277CA	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
REF	**INSTITUTIONAL BILL TYPE IDENTIFICATION**	**S**	**2200D**		**999**	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. FIS will use this info if provided. This segment will not be returned in the 277, except from Part A.
REF					**999**	**IK304 = I9 "Implementation Dependent Not Used Segment Present"**	**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.			
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.			
REF01	Reference Identification Qualifier	R			999	IK403 = 1: "Required Data Element Missing"	2200D.REF01 must be present.	Claim found: 2200D.REF01 must be present.			
REF01					999	IK403 = 7: "Invalid Code Value"	2200.REF01 must be "BLT".	Claim found: 2200.REF01 must be "BLT".			
REF02	Bill Type Identifier	R			999	IK403 = 1: "Required Data Element Missing"	2200D.REF02 must be present.	Claim found: 2200D.REF02 must be present.			
REF02					277	CSC = 228: "Type of bill for UB claim"	The first two positions of 2200DREF02 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.			
REF03	Description	N/U			999	IK403 = I10: "Implementation "Not Used" Element Present"	Must not be present.	Must not be present.			
REF04	Reference Identifier	N/U			999	IK403 = I10: "Implementation "Not Used" Element Present"	Must not be present.	Must not be present.			
REF	**APPLICATION OR LOCATION SYSTEM IDENTIFIER**	**S**	**2200D**		**999**	IK304=5: "Segment Exceeds Maximum Use"	**Only 1 iteration of 2200D.REF with REF01 = "LU' is allowed.**				
REF					**277**	New CSC: "Situational segment/element required for adjudication."	**For VA, 2200D.REF with REF01 = "LU' must be present.**				04/21: 276 Companion Guide note needed.. Required for VA. Group decision to be silent on non-VA use.
REF01	Reference Identification Qualifier	R			999	IK403 = 1: "Required Data Element Missing"	2200D.REF01 must be present.				
REF01					999	IK403 = 7: "Invalid Code Value"	2200.REF01 must be "LU".				
REF02	Application or Location System Identifier	R			999	IK403 = 1: "Required Data Element Missing"	2200D.REF02 must be present.				
REF02					999	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.
REF02					999	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.
REF02					999	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.
REF02					277	New CSC: "Situational segment/element required for adjudication."	For VA, 2200.REF02 must be a code authorized by the VA.				04/21: Required for VA, don't include in 276 companion guide instructions.
REF03	Description	N/U			999	IK403 = I10: "Implementation "Not Used" Element Present"	Must not be present.				
REF04	Reference Identifier	N/U			999	IK403 = I10: "Implementation "Not Used" Element Present"	Must not be present.				
REF	**GROUP NUMBER**	**S**	**2200D**		**999**	IK304=5: "Segment Exceeds Maximum Use"	**Only 1 iteration of 2200D.REF with REF01 = "6P' is allowed.**				
REF01	Reference Identification Qualifier	R			999	IK403 = 1: "Required Data Element Missing"	2200D.REF01 must be present.				
REF01					999	IK403 = 7: "Invalid Code Value"	2200.REF01 must be "6P".				
REF02	Group Number	R			999	IK403 = 1: "Required Data Element Missing"	2200D.REF02 must be present.				
REF02					999	IK403 = 5: "Data Element Too Long"	2200D.REF02 must be 1-50 characters.				

Element Identifier	Description	Usage Req.	Loop	Loop Repeat	TA1/ 999/ 277CA	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
REF02					999	IK403 = 6: "Invalid Character in Data Element"	2200D.REF02 must contain at least two non-space characters.				
REF02					999	IK403 = 6: "Invalid Character in Data Element"	2200D.REF02 must be populated with accepted AN characters.				
REF03	Description	N/U			999	IK403 = I10: "Implementation "Not Used" Element Present"	Must not be present.				
REF04	Reference Identifier	N/U			999	IK403 = I10: "Implementation "Not Used" Element Present"	Must not be present.				
REF	**PATIENT CONTROL NUMBER**	**S**	**2200D**		**999**	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.**			
								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.			
REF01	Reference Identification Qualifier	R			999	IK403 = 1: "Required Data Element Missing"	2200D.REF01 must be present.	2200D.REF01 must be present.			
REF01					999	IK403 = 7: "Invalid Code Value"	2200.REF01 must be "EJ".	2200.REF01 must be "EJ".			
REF02	Patient Account Number	R			999	IK403 = 1: "Required Data Element Missing"	2200D.REF02 must be present.	2200D.REF02 must be present.			
REF02					999	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 accout number from the internal system.			
REF02					999	IK403 = 6: "Invalid Character in Data Element"	2200D.REF02 must contain at least two non-space characters.				
REF02					999	IK403 = 6: "Invalid Character in Data Element"	2200D.REF02 must be populated with accepted AN characters.				
REF03	Description	N/U			999	IK403 = I10: "Implementation "Not Used" Element Present"	Must not be present.	Must not be present.			
REF04	Reference Identifier	N/U			999	IK403 = I10: "Implementation "Not Used" Element Present"	Must not be present.	Must not be present.			
REF	**PHARMACY PRESCRIPTION NUMBER**	**S**	**2200D**		**999**	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.**			
								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.			
REF01	Reference Identification Qualifier	R			999	IK403 = 1: "Required Data Element Missing"	2200D.REF01 must be present.	2200D.REF01 must be present.			
REF01					999	IK403 = 7: "Invalid Code Value"	2200.REF01 must be "XZ".	2200.REF01 must be "XZ".			
REF02	Pharmacy Prescription Number	R			999	IK403 = 1: "Required Data Element Missing"	2200D.REF02 must be present.	2200D.REF02 must be present.			
REF02					999	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.			
REF02					999	IK403 = 6: "Invalid Character in Data Element"	2200D.REF02 must contain at least two non-space characters.				
REF02					999	IK403 = 6: "Invalid Character in Data Element"	2200D.REF02 must be populated with accepted AN characters.				
REF03	Description	N/U			999	IK403 = I10: "Implementation "Not Used" Element Present"	Must not be present.				
REF04	Reference Identifier	N/U			999	IK403 = I10: "Implementation "Not Used" Element Present"	Must not be present.				

Element Identifier	Description	Usage Reg.	Loop	Loop Repeat	TA1/ 999/ 277CA	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
REF	VOUCHER IDENTIFIER	S	2200D					2200D.REF with REF01 = "VV" must not be present.			07/02: 277 Companion Guide note needed, this segment not used by Medicare.
REF01	Reference Identification Qualifier	R									
REF02	Voucher Identifier	R									
REF03	Description	N/U									
REF04	Reference Identifier	N/U									
REF	CLAIM ID FOR CLEARINGHOUSES AND OTHER TRANSMISSION INTERMEDIARIES	S	2200D		999	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.			
REF								2200D.REF with REF01 = "D9' must be present when Clearinghouse Trace number was transmitted on the associated 276.			
REF01	Reference Identification Qualifier	R			999	IK403 = 1: "Required Data Element Missing"	2200D.REF01 must be present.	2200D.REF01 must be present.			
REF01					999	IK403 = 7: "Invalid Code Value"	2200.REF01 must be "D9".	2200.REF01 must be "D9".			
REF02	Clearinghouse Trace Number	R			999	IK403 = 1: "Required Data Element Missing"	2200D.REF02 must be present.	2200D.REF02 must be present.			
REF02					999	IK403 = 5: "Data Element Too Long"	2200D.REF02 must be 1-50 characters.	2200D.REF02 must be the transmitted value from the associated 276.			
REF02					999	IK403 = 6: "Invalid Character in Data Element"	2200D.REF02 must contain at least two non-space characters.				
REF02					999	IK403 = 6: "Invalid Character in Data Element"	2200D.REF02 must be populated with accepted AN characters.				
REF03	Description	N/U			999	IK403 = I10: "Implementation "Not Used" Element Present"	Must not be present.				
REF04	Reference Identifier	N/U			999	IK403 = I10: "Implementation "Not Used" Element Present"	Must not be present.				
AMT	CLAIM SUBMITTED CHARGES	S	2200D		999	IK304=5: "Segment Exceeds Maximum Use"	Only 1 iteration of 2200D.AMT with AMT01 = "D9' is allowed.				
AMT01	Amount Qualifier Code	R			999	IK403 = 1: "Required Data Element Missing"	2200D.REF01 must be present.				
AMT01					999	IK403 = 7: "Invalid Code Value"	2200.REF01 must be "T3".				
AMT02	Total Claim Charge Amount	R			999	IK403 = 1: "Required Data Element Missing"	2200D.AMT02 must be present.				
AMT02					999	IK403 = 6: "Invalid Character in Data Element"	2200D.AMT02 must be numeric				
AMT02					277	IK403 = 5178 "Submitted charges."	2200D.AMT02 must be <= 99,999,999.99.				
AMT03	Credit/Debit Flag Code	N/U			999	IK403 = I10: "Implementation "Not Used" Element Present"	Must not be present.				
DTP	CLAIM SERVICE DATE	S	2200D		999	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.
DTP					999	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.			
DTP					999	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.			
DTP01	Date Time Qualifier	R			999	IK403 = 1: "Required Data Element Missing"	2200D..DTP01 must be present.	2200D..DTP01 must be present.			
DTP01					999	IK403 = 7: "Invalid Code Value"	2200D.DTP01 must be "472".	2200D.DTP01 must be "472".			

Element Identifier	Description	Usage Reg.	Loop	Loop Repeat	TA1/ 999/ 277CA	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
DTP02	Date Time Period Format Qualifier	R			999	IK403 = 1: "Required Data Element Missing"	2200D.DTP02 must be present.	2200D.DTP02 must be present.			
DTP02					999	IK403 = 7: "Invalid Code Value"	2200D.DTP02 must be valid values.	2200D.DTP02 must be the transmitted value from the associated 276.			
DTP03	Claim Service Period	R			999	IK403 = 1: "Required Data Element Missing"	2200D.DTP03 must be present.	2200D.DTP03 must be present.			
DTP03					999	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.			
DTP03					999	IK403 = 8: "Invalid Date"	If 2200D.DTP02 = "RD8" then 220D.DTP03 must be a valid date in CCYYMMDD-CCYYMMDD format.				
DTP03					277	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.				
SSL Loop	**Subscriber Service Line Loop**		2210D	>1				**Claim found:** **Part A: do not create the 2220D loop.** **Otherwise: Create the 2220D loop for each service line.**	**Claim not found:** **Part A: do not create the 2220D Loop.** **Otherwise: If the 276 did not contain line info, do not create 2220D loop** **If the 276 did contain line info, create the**		**Note: This loop is 2210D in the 276 and 2220D in the 277.** **Note: need to determine the appropriate Cat & Claim Status Code - MJC**
SVC	**SERVICE LINE INFORMATION**	S	2210D	1	**999**	IK304=5: "Segment Exceeds Maximum Use"	**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.**		
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.**		
SVC01	Composite Medical Procedure Identifier	R									
SVC01-1	Product/Service ID Qualifier	R			999	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.		
SVC01-1					277	New CSC: "Payer specific restriction on compliant qualifiers"	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. Needs group confirmation.
SVC01-1					277	New CSC: "Payer specific restriction on compliant qualifiers"	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.

Element Identifier	Description	Usage Reg.	Loop	Loop Repeat	TA1/ 999/ 277CA	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
SVC01-1					277	New CSC: "Payer specific restriction on compliant qualifiers"	For CEDI, 2210D.SVC01-1 must be 'HC' or "N4".				05/05: 276 Companion Guide note needed. Needs group confirmation.
SVC01-2	Procedure Code	R			999	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.		
SVC01-2					277	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.
SVC01-2					277	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.
SVC01-2					277	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.
SVC01-2					277	CSC = 218: "NDC number"	When 2210D.SVC01-1 = "N4", 2210D.SVC01-2 must be 1 - 11 digits.				
SVC01-3	Procedure Modifier	S			277	CSC 453: "Procedure Code Modifier(s) for Service(s) Rendered"	2210D.SVC01-3 must be valid procedure modlfier.	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 Modlfier 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.
SVC01-4	Procedure Modifier	S			999	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.		
SVC01-4					277	CSC 453: "Procedure Code Modifier(s) for Service(s) Rendered"	2210D.SVC01-4 must be valid procedure modlfier.	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 Modlfier reference must be available for this edit.
SVC01-5	Procedure Modifier	S			999	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.		
SVC01-5					277	CSC 453: "Procedure Code Modifier(s) for Service(s) Rendered"	2210D.SVC01-5 must be valid procedure modlfier.	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 Modlfier reference must be available for this edit.
SVC01-6	Procedure Modifier	S			999	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.		
SVC01-6					277	CSC 453: "Procedure Code Modifier(s) for Service(s) Rendered"	2210D.SVC01-6 must be valid procedure modlfier.	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 Modlfier reference must be available for this edit.
SVC01-7	Description	N/U			999	IK403 = I10: "Implementation "Not Used" Element Present"	Must not be present.	Must not be present.			

Element Identifier	Description	Usage Reg.	Loop	Loop Repeat	TA1/ 999/ 277CA	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
SVC01-8	Product Service ID	N/U			999	IK403 = I10: "Implementation "Not Used" Element Present"	Must not be present.	Must not be present.			
SVC02.	Line Item Charge Amount	R			999	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.
SVC02					999	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.		
SVC02					277	CSC583: "Line Item Charge Amount"	2200D.SVC02 must be <= 99,999,999.99.				Medicare specific limitation. 276 Companion Guide note needed.
SVC02					277	New CSC: "Amount must be greater than or equal to zero"	2210D.SVC02 must be >= 0				
SVC03	Line Item Payment Amount	R			999	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.		
SVC03								Claim found: 2220D.SVC03 must be the line payment amount from the internal system.	Claim not found: 2220D.SVC03 must be zero.		
SVC04	Revenue Code	S			999	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.		
SVC04					277	CSC 507: "National Uniform Billing Commttee (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.
SVC05	Quanity	N/U			999	IK403 = I10: "Implementation "Not Used" Element Present"	Must not be present.				
SVC06	Composite Medical Procedure Identifier	N/U			999	IK403 = I10: "Implementation "Not Used" Element Present"	Must not be present.				
SVC07	Units of Service Count	R			999	IK403 = 1: "Required Data Element Missing"	2210D.SV104 must be present.	Claim found: 2220D.SVC07 must be present.	Claim not found: 2220D.SVC07 must be present.		
SVC07					999	IK403 = 6: "Invalid Character in Data Element"	2210D.SV104 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.		
STC	**Service Line STATUS INFORMATION**	**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.
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.
STC01	HEALTH CARE CLAIM STATUS	R						Line found: 2220D.STC01-1 must be present.	Line not found: 2220D.STC01-1 must be present.		
STC01-1	Health Care Claim Status Category Code	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.
STC01-2	Health Care Claim Status Code	R						Line found: 2220D.STC01-2 must be present.	Line not found: 2220D.STC01-2 must be present.		

Element Identifier	Description	Usage Reg.	Loop	Loop Repeat	TA1/ 999/ 277CA	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
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". PARTB & CEDI: 2220D.STC01-2 must be "35".		Valid Claim Status Code reference must be available for this edit.
STC01-3	Entity Identifier Code	S						Line found: 2200D.STC01-3 must be valid values.	Line not found: 2220D.STC01-3 must be valid values.		
STC01-4	Code List Qualifier Code	S						Must not be present.	Must not be present.		277: Companion Guide note needed, not used by Medicare.
STC02	Status Information Effective Date	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.		
STC03	Action Code	N/U						Must not be present.			
STC04	Monetary Amount	N/U						Must not be present.			
STC05	Monetary Amount	N/U						Must not be present.			
STC06	Date	N/U						Must not be present.			
STC07	Payment Method Code	N/U						Must not be present.			
STC08	Date	N/U						Must not be present.			
STC09	Check Number	N/U						Must not be present.			
STC10	HEALTH CARE CLAIM STATUS	S									
STC10-1	Health Care Claim Status Category Code	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.
STC10-2	Health Care Claim Status Code	R						Line found: 2220D.STC10-2 must be present.	Line not found: 2220D.STC10-2 must be present.		
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.
STC10-3	Entity Identifier Code	S						Line found: 2220D.STC10-3 must be valid values.	Line not found: 2220D.STC10-3 must be valid values.		
STC10-4	Code List Qualifier Code	S									277: Companion Guide note needed, not used by Medicare.
STC11	HEALTH CARE CLAIM STATUS	S									
STC11-1	Health Care Claim Status Category Code	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.
STC11-2	Health Care Claim Status Code	R						Line found: 2220D.STC11-2 must be present.	Line not found: 2220D.STC11-2 must be present.		
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.

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Element Identifier	Description	Usage Reg.	Loop	Loop Repeat	TA1/ 999/ 277CA	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
STC11-3	Entity Identifier Code	S						Line found: 2220D.STC11-3 must be valid values.	Line not found: 2220D.STC11-3 must be valid values.		
STC11-4	Code List Qualifier Code	S									277: Companion Guide note needed, not used by Medicare.
STC12	Free-Form Message Text	N/U									
REF	**SERVICE LINE ITEM IDENTIFICATION**	**S**	**2210D**		**999**	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.**			
								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.			
REF01	Reference Identification Qualifier	R			999	IK403 = 1: "Required Data Element Missing"	2210D.REF01 must be present.	2220D.REF01 must be present.			
REF01					999	IK403 = 7: "Invalid Code Value"	2210DREF01 must be "FJ".	2220DREF01 must be "FJ".			
REF02	Line Item Control Number	R			999	IK403 = 1: "Required Data Element Missing"	2210D.REF02 must be present.	2220D.REF02 must be present.			
REF02					277	CSC 584: "Line Item Control Number"	2210D.REF02 must be 1 - 50 characters.	2220D.REF02 must be the transmitted value from the associated 276.			
REF02					999	IK403 = 6: "Invalid Character in Data Element"	2210D.REF02 must be populated with accepted AN characters.				
REF02					999	IK403 = 6: "Invalid Character in Data Element"	2210D.REF02 must contain at least one non-space character.				
REF03	Description	N/U			999	IK403 = I10: "Implementation "Not Used" Element Present"	Must not be present.	Must not be present.			
REF04	Reference Identifier	N/U			999	IK403 = I10: "Implementation "Not Used" Element Present"	Must not be present.	Must not be present.			
DTP	**SERVICE LINE DATE**	**R**	**2210D**		**999**	IK304 = 3: "Required Segment Missing"	**2210D.DTP must be present.**	**2220D.DTP must be present.**			
DTP					**999**	IK304 = 5: "Segment Exceeds Maximum Use"	**Only one iteration of 2210D.DTP are allowed.**	**Only one iteration of 2220D.DTP are allowed.**			
DTP01	Date Time Qualifier	R			999	IK403 = 1: "Required Data Element Missing"	2210D.DTP01 must be present.	2220D.DTP01 must be present.			
DTP01					999	IK403 = 7: "Invalid Code Value"	2210D.DTP01 must be "472".	2220D.DTP01 must be "472".			
DTP02	Date Time Period Format Qualifier	R			999	IK403 = 1: "Required Data Element Missing"	2210D.DTP02 must be present.	2220D.DTP02 must be present.			
DTP02					999	IK403 = 7: "Invalid Code Value"	2210D.DTP02 must be valid values.	2220D.DTP02 must be the transmitted value from the associated 276.			
DTP03	Service Line Date	R			999	IK403 = 1: "Required Data Element Missing"	2210D.DTP03 must be present.	2220D.DTP03 must be present.			
DTP03					999	IK403 = 8: "Invalid Date"	If 2210D.DTP02 = "D8" then 2210D.DTP03 must be a valid date in CCYYMMDD format.	2220D.DTP03 must be the transmitted value from the associated 276.			
DTP03					999	IK403 = 8: "Invalid Date"	If 2210D.DTP02 = "RD8" then 2210D.DTP03 must be a valid date in CCYYMMDD-CCYYMMDD format.				
DTP03					277	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 2210D.DTP03.				
Dep Loop	**Dependent Loop**		**2000E**	**>1**	**999**	**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.**
HL	**DEPENDENT LEVEL**	**S**	**2000E**	**1**	**999**	IK304 = I9 "Implementation Dependent Not Used Segment Present"	**Segment must not be present.**	**Segment must not be present.**			

Element Identifier	Description	Usage Reg.	Loop	Loop Repeat	TA1/ 999/ 277CA	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
DMG	DEPENDENT DEMOGRAPHIC INFORMATION	R	2000E		999	IK304 = I9 "Implementation Dependent Not Used Segment Present"	Segment must not be present.	Segment must not be present.			
NM1	DEPENDENT NAME	R	2100E	1	999	IK304 = I9 "Implementation Dependent Not Used Segment Present"	Segment must not be present.	Segment must not be present.			
TRN	Dependent CLAIM STATUS TRACKING NUMBER	R	2200E	1	999	IK304 = I9 "Implementation Dependent Not Used Segment Present"	Segment must not be present.	Segment must not be present.			
REF	PAYER CLAIM CONTROL NUMBER	S	2200E		999	IK304 = I9 "Implementation Dependent Not Used Segment Present"	Segment must not be present.	Segment must not be present.			
REF	INSTITUTIONAL BILL TYPE IDENTIFICATION	S	2200E		999	IK304 = I9 "Implementation Dependent Not Used Segment Present"	Segment must not be present.	Segment must not be present.			
REF	APPLICATION OR LOCATION SYSTEM IDENTIFIER	S	2200E		999	IK304 = I9 "Implementation Dependent Not Used Segment Present"	Segment must not be present.	Segment must not be present.			
REF	GROUP NUMBER	S	2200E		999	IK304 = I9 "Implementation Dependent Not Used Segment Present"	Segment must not be present.	Segment must not be present.			
REF	PATIENT ACCOUNT NUMBER	S	2200E		999	IK304 = I9 "Implementation Dependent Not Used Segment Present"	Segment must not be present.	Segment must not be present.			
REF	PHARMACY PRESCRIPTION NUMBER	S	2200E		999	IK304 = I9 "Implementation Dependent Not Used Segment Present"	Segment must not be present.	Segment must not be present.			
REF	CLAIM ID FOR CLEARINGHOUSES AND OTHER TRANSMISSION INTERMEDIARIES	S	2200E		999	IK304 = I9 "Implementation Dependent Not Used Segment Present"	Segment must not be present.	Segment must not be present.			
AMT	CLAIM SUBMITTED CHARGES	S	2200E		999	IK304 = I9 "Implementation Dependent Not Used Segment Present"	Segment must not be present.	Segment must not be present.			
DTP	CLAIM SERVICE DATE	S	2200E		999	IK304 = I9 "Implementation Dependent Not Used Segment Present"	Segment must not be present.	Segment must not be present.			
SVC	SERVICE LINE INFORMATION	S	2210E	1	999	IK304 = I9 "Implementation Dependent Not Used Segment Present"	Segment must not be present.	Segment must not be present.			
REF	SERVICE LINE ITEM IDENTIFICATION	S	2210E		999	IK304 = I9 "Implementation Dependent Not Used Segment Present"	Segment must not be present.	Segment must not be present.			
DTP	SERVICE LINE DATE	R	2210E		999	IK304 = I9 "Implementation Dependent Not Used Segment Present"	Segment must not be present.	Segment must not be present.			
SE	TRANSACTION SET TRAILER	R			999	IK502: 2 "Transaction Set Trailer Missing".	SE must be present.	SE must be present.			
SE					999		Only one iteration of SE is allowed.	Only one iteration of SE is allowed.			
SE01	Transaction Segment Count	R			999	IK502: 4 "Number of Included Segments Does Not Match Actual Count".	SE01 must be present.	SE01 must be present.			
SE01					999	IK502: 4 "Number of Included Segments Does Not Match Actual Count".	SE01 must be numeric.	SE01 must be numeric.			
SE01					999	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.			
SE01					999	IK502: 4 "Number of Included Segments Does Not Match Actual Count".	SE01 must be > 0.	SE01 must be > 0.			

Element Identifier	Description	Usage Reg.	Loop	Loop Repeat	TA1/ 999/ 277CA	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
SE02	Transaction Set Control Number	R			999	IK502: 3 "Transaction Set Control Number in Header and Trailer Do Not Match".	SE02 must be present.	SE02 must be present.			
SE02					999	IK502: 3 "Transaction Set Control Number in Header and Trailer Do Not Match".	SE02 must = ST02.	SE02 must = ST02.			
GE	**FUNCTIONAL GROUP TRAILER**	**R**		**1**	**999**	**AK905: 3 "Functional Group Trailer Missing"**	**GE must be present.**	**GE must be present.**			
GE							**Only one iteration of GE is allowed.**	**Only one iteration of GE is allowed.**			
GE01	Number of Transaction Sets Included	R			999	AK905: 5 "Number of Included Transaction Sets Does Not Match Actual Count".	GE01 must be present.	GE01 must be present.			
GE01					999	AK905: 5 "Number of Included Transaction Sets Does Not Match Actual Count".	GE01 must be numeric.	GE01 must be numeric.			
GE01					999	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.			
GE01					999	AK905: 5 "Number of Included Transaction Sets Does Not Match Actual Count".	GE01 must be > 0.	GE01 must be > 0.			
GE02	Group Control Number	R			999	AK905: 4 "Group Control Number in the Functional Group Header and Trailer Do Not Agree".	GE02 must be present.	GE02 must be present.			
GE02					999	AK905: 4 "Group Control Number in the Functional Group Header and Trailer Do Not Agree".	GE02 must = GS06.	GE02 must = GS06.			
IEA	**INTERCHANGE CONTROL TRAILER**	**R**		**1**	**TA1**	**TA105: 024 "Invalid Interchange Content".**	**IEA must be present.**	**IEA must be present.**			
IEA					**TA1**	**TA105: 024 "Invalid Interchange Content".**	**Only one iteration of IEA is allowed.**	**Only one iteration of IEA is allowed.**			
IEA01	Number of Included Functional Groups	R			TA1	TA105: 021 "Invalid Number of Included Groups Value".	IEA01 must be present.	IEA01 must be present.			
IEA01					TA1	TA105: 021 "Invalid Number of Included Groups Value".	IEA01 must be numeric.	IEA01 must be numeric.			
IEA01					TA1	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.			
IEA01					TA1	TA105: 021 "Invalid Number of Included Groups Value".	IEA01 must be > 0.	IEA01 must be > 0.			
IEA02	Interchange Control Number	R			TA1	TA105: 001 "The Interchange Control Number in the Header and Trailer Do Not Match".	IEA02 must be present.	IEA02 must be present.			
IEA02					TA1	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 Acknoledgement 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 >= 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 trasaction receiver. In the absence of a consistently enforceable critera, 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.

Segment level edits			
Cat	**Desc.**	**Edit text**	**Edit #**
Depends on claim info	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 = I6

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Direction: Inbound

Depends on the presence of another segment	Implementation dependent segment missing.	Example text: If 2310E.N3 is present, 2301E.N4 must be present.	IK304 = I6
Element Errors	Segement has element errors.		IK304 = 8
Repeats	Loop level - maximum occurs exceeded.	Example - Only one iteration of 2010AA is allowed.	IK304 = 4
Repeats	Segment level - maximum occurs exceeded.	Example - Only one iteration of 2010AA is allowed.	IK304 = 5
Repeats	Loop level - implementation guide required minimum occurs not present.	Example - Only one iteration of 2010AA is allowed.	IK304 = I7
Repeats	Segment level - implementation guide required minimum occurs not present.	Example - Only one iteration of 2010AA is allowed.	IK304 = I8
Usage	Segment ID not recognized.		IK304 = 1
Usage	Segment unexpected.		IK304 = 2
Usage	Must be present - required segment.	Example - 2010AA.N4 must be present.	IK304 = 3
Usage	Must not be present - segment not in the transaction.		IK304 = 6
Usage	Segment out of sequence.		IK304 = 7
Usage	Must not be present per the implementation guide.	Example - Must not be present.	IK304 = I4
Usage	Must not be present per the implementation guide situational rules.	Example - Must not be present.	IK304 = I9

Element level edits

Cat	Desc.	Edit text	Edit #
Attributes	Invalid character in element.	Must be numeric.	IK403 = 6
Attributes	No significant character in the element.	Must contain at least one non-space character.	IK403 = 6
Attributes	Invalid character in the element.	Must be populated with accepted AN characters.	IK403 = 6
Attributes	Invalid code value.	When there are multiple qualifiers use the generic statement. "Must be valid values."	IK403 = 7

Attributes	Invalid code value.	When there is only one qualifier, list the qualifier: Example: 1000A.NM108 must be "46".	IK403 = 7
Content	Implementation pattern match failure. (Format doesn't match expected format.)		IK403 = I12
Date/Time	Invalid date or format.	If DTP02 equals D8, then DTP03 must be a valid date in CCYYMMDD format	IK403 = 8
Date/Time	Invalid date or format.	If DTP02 equals RD8, then DTP03 must be a valid date in CCYYMMDD-CCYYMMDD format	IK403 = 8
Date/Time	Invalid date/time or format.	If DTP02 equals DT, then DTP03 must be a valid date/time in CCYYMMDDHHMM format	IK403 = 8
Date/Time	Invalid date/time or format.	If DTP02 equals DT, then DTP03 must be a valid date/time in CCYYMMDDHHMM format	IK403 = 9
Dollar Amt	Dollar amount must be greater than or equal to aero.	Must be >= 0	277
Dollar Amt	Dollar amount must be greater than zero.	Must be > 0	277
Dollar Amt	Dollar amount exceeded.	Must be <= 99999999.99	IK403 = 5
Dollar Amt	Non-numeric data in a numeric element.	Must be numeric	IK403 = 6
Dollar Amt	dollar amounts with decimal values allowed.	Limited to 0, 1 or 2 decimal positions.	277
Non Dollar Numeric	Numeric element must be greater than or equal to aero.	Must be >= 0	277
Non Dollar Numeric	Numeric element must be greater than zero.	Must be > 0	277
Non Dollar Numeric	Numeric element exceeds maximum length.	must be # - ## digits.	IK403 = 4
Non Dollar Numeric	Numeric element less than minumim length.	must be # - ## digits.	IK403 = 5
Non Dollar Numeric	Numeric element not formatted correctly, or invalid length.	must be # - ## digits, excluding the decimal.	IK403 = 5
Non Dollar Numeric	Numeric element not formatted correctly.	When a decimal is used in <<field name>>, the maximum digits to the right of the decimal is #.	IK403 = 5
Non Dollar Numeric	Non-numeric data in a numeric element.	Must be numeric	IK403 = 6
Sizing	Element less than minumim length.	Must be X - X characters	IK403 = 4
Sizing	Element exceeds maximum length.	Must be X - X characters	IK403 = 5
Usage	Required element missing.	Must be present.	IK403 = 1

Usage	Must be present per the implementation guide situational rules.	Must be present.	IK403 = 1
Usage	Conditional Requied Data Element missing.		IK403 = 2
Usage	Too many data elements		IK403 = 3
Usage	Exclusion Condition Violated		IK403 = 10
Usage	Too many repetitions		IK403 = 12
Usage	Too many components		IK403 = 13
Usage	Must not be present - not used element.	Must not be present	IK403 = I10
Usage	Must not be present per the implementation guide situational rules.	Must not be present	IK403 = I10
Usage	Implementation too few repetitions.		IK403 = I11
Usage	Implementation Dependent "not used" element present.		IK403 = I13
External Code Source		Valid <code set name>> reference must be available for this edit. Example: Valid Procedure Code Modifier reference must be available for this edit.	

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ASC X12 005010
Direction: Inbound

Location	Change	Date
Filename (included in Footer of document)	Changed filename from 1005 reference to 11/13/2009	11/13/2009
2100D NM109 line 364	Change typo from NM108 to NM109	11/13/2009
2210D SVC07	Changed invalid SV107 references to SVC07	11/13/2009
2200D STC 10-2 and STC 11-2	Clarified the must be present condition by including the usage of STC10-1 and STC11-2 respectively	11/13/2009
2100B NM105	Corrected reference from NM104 to NM105	11/13/2009
2200C Intructional note line 273	Corrected reference from 2200B to 2200C in mapping instruction	11/13/2009
2000E Loop Line 587	Changed from 2200E to 2000E	11/13/2009
2200D STC08 & STC09 lines 395&396	Changed invalid STC07 references to STC08 and STC08 to STC09	11/13/2009

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
3	**276 5010**						X12 Element Attributes					X12 Flat File				
4	Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values	X12 Page No.	Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat
5										6	4	4	4			
6	**ISA**	**INTERCHANGE CONTROL HEADER**		**1**	**R**		**1**					**ISA**		**1**	**18**	**1**
7	ISA01	Authorization Information Qualifier	ID	2-2	R			00, 03						19	2	
8	ISA02	Authorization Information	AN	10-10	R									21	10	
9	ISA03	Security Information Qualifier	ID	2-2	R			00, 01						31	2	
10	ISA04	Security Information	AN	10-10	R									33	10	
11	ISA05	Interchange ID Qualifier	ID	2-2	R			01, 14, 20, 27, 28, 29, 30, 33, ZZ						43	2	
12	ISA06	Interchange Sender ID	AN	15-15	R									45	15	
13	ISA07	Interchange ID Qualifier	ID	2-2	R			01, 14, 20, 27, 28, 29, 30, 33, ZZ						60	2	
14	ISA08	Interchange Receiver ID	AN	15-15	R									62	15	
15	ISA09	Interchange Date	DT	6-6	R			YYMMDD						77	6	
16	ISA10	Interchange Time	TM	4-4	R			HHMM						83	4	
17	ISA11	Repetition Seperator	AN	1-1	R									87	1	
18	ISA12	Interchange Control Version Number	ID	5-5	R			00501						88	5	
19	ISA13	Interchange Control Number	N0	9-9	R									93	9	
20	ISA14	Acknowledgement Requested	ID	1-1	R			0, 1						102	1	
21	ISA15	Usage Indicator	ID	1-1	R			P, T						103	1	
22	ISA16	Component Element Separator	AN	1-1	R									104	1	
23																
24	**GS**	**FUNCTIONAL GROUP HEADER**		**1**	**R**		**>1**					**GS**		**1**	**18**	**1**
25	GS01	Functional Identifier Code	ID	2-2	R			HR						19	2	
26	GS02	Application Sender Code	AN	2-15	R									21	15	
27	GS03	Application Receiver Code	AN	2-15	R									36	15	
28	GS04	Date	DT	8-8	R			CCYYMMDD						51	8	
29	GS05	Time	TM	4-8	R			HHMM, HHMMSS, HHMMSSD, HHMMSSDD						59	8	
30	GS06	Group Control Number	N0	1-9	R									67	9	
31	GS07	Responsible Agency Code	ID	1-2	R			X						76	2	
32	GS08	Version Identifier Code	AN	1-12	R			005010X212						78	12	
33																
34	**ST**	**TRANSACTION SET HEADER**		**1**	**R**		**>1**					**ST**		**1**	**18**	**1**
35	ST01	Transaction Set Identifier Code	ID	3-3	R			276						19	3	
36	ST02	Transaction Set Control Number	AN	4-9	R									22	9	

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
								X12 Element Attributes						X12 Flat File		
3	276 5010															
4	Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values	X12 Page No.	Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat
37	ST03	Implementation Convention Reference	AN	1-12	R			005010X212						31	12	
38																
39	**BHT**	**BEGINNING OF HIERARCHICAL TRANSACTION**		**1**	**R**		**1**					**BHT**		**1**	**18**	**1**
40	BHT01	Hierarchical Structure Code	ID	4-4	R			0010						19	4	
41	BHT02	Transaction Set Purpose Code	ID	2-2	R			13						23	2	
42	BHT03	Reference Identification	AN	1-50	R									25	50	
43	BHT04	Transaction Set Creation Date	DT	8-8	R			CCYYMMDD						75	8	
44	BHT05	Transaction Set Creation Time	TM	4-8	R			HHMM, HHMMSS, HHMMSSD, or HHMMSSDD						83	8	
45	BHT06	Transaction Type Code	ID	2-2	N/U									91	2	
46																
47	**HL**	**INFORMATION SOURCE LEVEL**		**1**	**R**	**2000A**	**>1**			**2000A**		**HL**		**1**	**18**	**1**
48	HL01	Hierarchical ID Number	AN	1-12	R									19	12	
49	HL02	Hierarchical Parent ID Number	AN	1-12	N/U									31	12	
50	HL03	Hierarchical Level Code	ID	1-2	R			20						43	2	
51	HL04	Hierarchical Child Code	ID	1-1	R			1						45	1	
52																
53	**NM1**	**PAYER NAME**		**1**	**R**	**2100A**	**1**			**2100A**		**NM1**		**1**	**18**	**1**
54	NM101	Entity Identifier Code	ID	2-3	R			PR						19	3	
55	NM102	Entity Type Qualifier	ID	1-1	R			2						22	1	
56	NM103	Payer Name	AN	1-60	R									23	60	
57	NM104	Name First	AN	1-35	N/U									83	35	
58	NM105	Name Middle	AN	1-25	N/U									118	25	
59	NM106	Name Prefix	AN	1-10	N/U											
60	NM107	Name Suffix	AN	1-10	N/U									143	10	
61	NM108	Identification Code Qualifier	ID	1-2	R			PI, XV						153	2	
62	NM109	Payer Identifier	AN	2-80	R									155	80	
63	NM110	Entity Relationship Code	ID	2-2	N/U											
64	NM111	Entity Identifier Code	ID	2-3	N/U											
65	NM112	Last Name	AN	1-60	N/U											
66																
67	**HL**	**INFORMATION RECEIVER LEVEL**		**1**	**R**	**2000B**	**>1**			**2000B**		**HL**		**1**	**18**	**1**
68	HL01	Hierarchical ID Number	AN	1-12	R									19	12	
69	HL02	Hierarchical Parent ID Number	AN	1-12	R									31	12	
70	HL03	Hierarchical Level Code	ID	1-2	R			21						43	2	
71	HL04	Hierarchical Child Code	ID	1-1	R			1						45	1	
72																

	Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values	X12 Page No.	Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat
	276 5010		X12 Element Attributes							X12 Flat File						
73	**NM1**	**INFORMATION RECEIVER NAME**		**1**	**R**	**2100B**	**1**			**2100B**		**NM1**		**1**	**18**	**1**
74	NM101	Entity Identifier Code	ID	2-3	R			41						19	3	
75	NM102	Entity Type Qualifier	ID	1-1	R			1, 2						22	1	
76	NM103	Information Receiver Last Name or Organization Name	AN	1-60	S									23	60	
77	NM104	Information Receiver First Name	AN	1-35	S									83	35	
78	NM105	Information Receiver Middle Name	AN	1-25	S									118	25	
79	NM106	Name Prefix	AN	1-10	N/U											
80	NM107	Information Receiver Name Suffix	AN	1-10	N/U									143	10	
81	NM108	Identification Code Qualifier	ID	1-2	R			46						153	2	
82	NM109	Information Receiver Identification Number	AN	2-80	R									155	80	
83	NM110	Entity Relationship Code	ID	2-2	N/U											
84	NM111	Entity Identifier Code	ID	2-3	N/U											
85	NM112	Last Name	AN	1-60	N/U											
86																
87	**STC**	**INFORMATION RECEIVER STATUS INFORMATION**		**1**	**R**	**2100B**				**2100B**		**STC**		**1**	**18**	**1**
88	STC01	HEALTH CARE CLAIM STATUS			R											
89	STC01-1	Health Care Claim Status Category Code	AN	1-30	R			D0, E						19	30	
90	STC01-2	Health Care Claim Status Code	AN	1-30	R									49	30	
91	STC01-3	Entity Identifier Code	ID	2-3	S			41,AY,PR						79	3	
92	STC01-4	Code List Qualifier Code	ID	1-3	R									82	3	
93	STC02	Status Information Effective Date	DT	8-8	R			CCYYMMDD						85	8	
94	STC03	Action Code	ID	1-2	N/U											
95	STC04	Monetary Amount	R	1-18	N/U									93	18	
96	STC05	Monetary Amount	R	1-18	N/U									111	18	
97	STC06	Date	DT	8-8	N/U									129	8	
98	STC07	Payment Method Code	ID	3-3	N/U											
99	STC08	Date	DT	8-8	N/U									137	8	
100	STC09	Check Number	AN	1-16	N/U									145	16	
101	STC10	HEALTH CARE CLAIM STATUS			S											
102	STC10-1	Health Care Claim Status Category Code	AN	1-30	R			D0, E						161	30	
103	STC10-2	Health Care Claim Status Code	AN	1-30	R									191	30	
104	STC10-3	Entity Identifier Code	ID	2-3	S									221	3	
105	STC10-4	Code List Qualifier Code	ID	1-3	N/U									224	3	
106	STC11	HEALTH CARE CLAIM STATUS			S											
107	STC11-1	Health Care Claim Status Category Code	AN	1-30	R			D0, E						227	30	

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
3	276 5010						X12 Element Attributes						X12 Flat File			
4	Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values	X12 Page No.	Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat
108	STC11-2	Health Care Claim Status Code	AN	1-30	R									257	30	
109	STC11-3	Entity Identifier Code	ID	2-3	S			41,AY,PR						287	3	
110	STC11-4	Code List Qualifier Code	ID	1-3	N/U									290	3	
111	STC12	Free-Form Message Text	AN	1-264	N/U											
112																
113	HL	SERVICE PROVIDER LEVEL		1	R	2000C	>1			2000C		HL		1	18	1
114	HL01	Hierarchical ID Number	AN	1-12	R									19	12	
115	HL02	Hierarchical Parent ID Number	AN	1-12	R									31	12	
116	HL03	Hierarchical Level Code	ID	1-2	R			19						43	2	
117	HL04	Hierarchical Child Code	ID	1-1	R			1						45	1	
118																
119	NM1	PROVIDER NAME		1	R	2100C	2			2100C		NM1		1	18	1
120	NM101	Entity Identifier Code	ID	2-3	R			1P						19	3	
121	NM102	Entity Type Qualifier	ID	1-1	R			1, 2						22	1	
122	NM103	Provider Last or Organization Name	AN	1-60	S									23	60	
123	NM104	Provider First Name	AN	1-35	S									83	35	
124	NM105	Provider Middle Name	AN	1-25	S									118	25	
125	NM106	Provider Name Prefix	AN	1-10	N/U											
126	NM107	Provider Name Suffix	AN	1-10	S									143	10	
127	NM108	Identification Code Qualifier	ID	1-2	R			FI, SV, XX						153	2	
128	NM109	Provider Identifier	AN	2-80	R									155	80	
129	NM110	Entity Relationship Code	ID	2-2	N/U											
130	NM111	Entity Identifier Code	ID	2-3	N/U											
131	NM112	Last Name	AN	1-60	N/U											
132																
133																
134	STC	PROVIDER STATUS INFORMATION		1	R	2100C				2200C		STC		1	18	1
135	STC01	HEALTH CARE CLAIM STATUS			R											
136	STC01-1	Health Care Claim Status Category Code	AN	1-30	R			D0, E						19	30	
137	STC01-2	Health Care Claim Status Code	AN	1-30	R									49	30	
138	STC01-3	Entity Identifier Code	ID	2-3	S			1P						79	3	
139	STC01-4	Code List Qualifier Code	ID	1-3	N/U									82	3	
140	STC02	Status Information Effective Date	DT	8-8	R			CCYYMMDD						85	8	
141	STC03	Action Code	ID	1-2	N/U											
142	STC04	Monetary Amount	R	1-18	N/U									93	18	
143	STC05	Monetary Amount	R	1-18	N/U									111	18	
144	STC06	Date	DT	8-8	N/U									129	8	
145	STC07	Payment Method Code	ID	3-3	N/U											
146	STC08	Date	DT	8-8	N/U									137	8	
147	STC09	Check Number	AN	1-16	N/U									145	16	
148	STC10	HEALTH CARE CLAIM STATUS			S											

Transaction Set ID: 276
EDI Flat File Standard:
ASC X12 005010
Direction: Inbound

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
3	276 5010					X12 Element Attributes				X12 Flat File						
4	Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values	X12 Page No.	Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat
149	STC10-1	Health Care Claim Status Category Code	AN	1-30	R			D0, E						161	30	
150	STC10-2	Health Care Claim Status Code	AN	1-30	R									191	30	
151	STC10-3	Entity Identifier Code	ID	2-3	S			1P						221	3	
152	STC10-4	Code List Qualifier Code	ID	1-3	N/U									224	3	
153	STC11	HEALTH CARE CLAIM STATUS			S											
154	STC11-1	Health Care Claim Status Category Code	AN	1-30	R			D0, E						227	30	
155	STC11-2	Health Care Claim Status Code	AN	1-30	R									257	30	
156	STC11-3	Entity Identifier Code	ID	2-3	S			1P						287	3	
157	STC11-4	Code List Qualifier Code	ID	1-3	N/U									290	3	
158	STC12	Free-Form Message Text	AN	1-264	N/U											
159																
160	HL	SUBSCRIBER LEVEL		1	R	2000D	>1			2000D		HL		1	18	1
161	HL01	Hierarchical ID Number	AN	1-12	R									19	12	
162	HL02	Hierarchical Parent ID Number	AN	1-12	R									31	12	
163	HL03	Hierarchical Level Code	ID	1-2	R			22						43	2	
164	HL04	Hierarchical Child Code	ID	1-1	R			0, 1						45	1	
165																
166	DMG	SUBSCRIBER DEMOGRAPHIC INFORMATION		1	S	2000D				2000D		DMG		1	18	1
167	DMG01	Date Time Period Format Qualifier	ID	2-3	R			D8						19	3	
168	DMG02	Subscriber Birth Date	AN	1-35	R			CCYYMMDD						22	35	
169	DMG03	Subscriber Gender Code	ID	1-1	S			F, M						57	1	
170	DMG04	Marital Status Code	ID	1-1	N/U											
171	DMG05	Race or Ethnicity Code	ID	1-1	N/U											
172	DMG06	Citizenship Status Code	ID	1-2	N/U											
173	DMG07	Country Code	ID	2-3	N/U											
174	DMG08	Basis of Verification Code	ID	1-2	N/U											
175	DMG09	Quantity	R	1-15	N/U											
176	DMG10	Code List Qualifier Code	ID	1-3	N/U											
177	DMG11	Industry Code	AN	1-30	N/U											
178																
179	NM1	SUBSCRIBER NAME		1	R	2100D	1			2100D		NM1		1	18	1
180	NM101	Entity Identifier Code	ID	2-3	R			IL						19	3	
181	NM102	Entity Type Qualifier	ID	1-1	R			1, 2						22	1	
182	NM103	Subscriber Last Name	AN	1-60	R									23	60	
183	NM104	Subscriber First Name	AN	1-35	S									83	35	
184	NM105	Subscriber Middle Name	AN	1-25	S									118	25	

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
3	**276 5010**							**X12 Element Attributes**						**X12 Flat File**		
4	Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values	X12 Page No.	Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat
185	NM106	Subscriber Name Prefix	AN	1-10	N/U											
186	NM107	Subscriber Name Suffix	AN	1-10	S									143	10	
187	NM108	Identification Code Qualifier	ID	1-2	R			24, II, MI						153	2	
188	NM109	Subscriber Identifier	AN	2-80	R									155	80	
189	NM110	Entity Relationship Code	ID	2-2	N/U											
190	NM111	Entity Identifier Code	ID	2-3	N/U											
191	NM112	Last Name	AN	1-60	N/U											
192																
193	**TRN**	**CLAIM STATUS TRACKING NUMBER**		1	S	2200D	>1			2200D		TRN		1	18	1
194	TRN01	Trace Type Code	ID	1-2	R			1						19	2	
195	TRN02	Trace Number	AN	1-50	R									21	50	
196	TRN03	Originating Company Identifier	AN	10-10	N/U											
197	TRN04	Reference Identifier	AN	1-50	N/U											
198																
199																
200	**STC**	**CLAIM STATUS INFORMATION**		1	R	2200D				2200D		STC		1	18	1
201	STC01	HEALTH CARE CLAIM STATUS			R											
202	STC01-1	Health Care Claim Status Category Code	AN	1-30	R			D0, E						19	30	
203	STC01-2	Health Care Claim Status Code	AN	1-30	R									49	30	
204	STC01-3	Entity Identifier Code	ID	2-3	S			See TR3 for All Valid values						79	3	
205	STC01-4	Code List Qualifier Code	ID	1-3	N/U									82	3	
206	STC02	Status Information Effective Date	DT	8-8	R			CCYYMMDD						85	8	
207	STC03	Action Code	ID	1-2	N/U											
208	STC04	Monetary Amount	R	1-18	N/U									93	18	
209	STC05	Monetary Amount	R	1-18	N/U									111	18	
210	STC06	Date	DT	8-8	N/U									129	8	
211	STC07	Payment Method Code	ID	3-3	N/U											
212	STC08	Date	DT	8-8	N/U									137	8	
213	STC09	Check Number	AN	1-16	N/U									145	16	
214	STC10	HEALTH CARE CLAIM STATUS			S											
215	STC10-1	Health Care Claim Status Category Code	AN	1-30	R			D0, E						161	30	
216	STC10-2	Health Care Claim Status Code	AN	1-30	R									191	30	
217	STC10-3	Entity Identifier Code	ID	2-3	S			1P						221	3	
218	STC10-4	Code List Qualifier Code	ID	1-3	N/U									224	3	
219	STC11	HEALTH CARE CLAIM STATUS			S											
220	STC11-1	Health Care Claim Status Category Code	AN	1-30	R			D0, E						227	30	
221	STC11-2	Health Care Claim Status Code	AN	1-30	R									257	30	

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
3	**276 5010**						X12 Element Attributes						X12 Flat File			
4	Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values	X12 Page No.	Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat
222	STC11-3	Entity Identifier Code	ID	2-3	S			1P						287	3	
223	STC11-4	Code List Qualifier Code	ID	1-3	N/U									290	3	
224	STC12	Free-Form Message Text	AN	1-264	N/U											
225																
226	**REF**	**INSTITUTIONAL BILL TYPE IDENTIFICATION**		1	S	2200D				2200D		REF		1	18	1
227	REF01	Reference Identification Qualifier	ID	2-3	R			BLT						19	3	
228	REF02	Bill Type Identifier	AN	1-50	R									22	50	
229	REF03	Description	AN	1-80	N/U											
230	REF04	Reference Identifier			N/U											
231																
232	**REF**	**APPLICATION OR LOCATION SYSTEM IDENTIFIER**		1	S	2200D				2200D		REF		1	18	1
233	REF01	Reference Identification Qualifier	ID	2-3	R			LU						19	3	
234	REF02	Application or Location System Identifier	AN	1-50	R									22	50	
235	REF03	Description	AN	1-80	N/U											
236	REF04	Reference Identifier			N/U											
237																
238	**REF**	**GROUP NUMBER**		1	S	2200D				2200D		REF		1	18	1
239	REF01	Reference Identification Qualifier	ID	2-3	R			6P						19	3	
240	REF02	Group Number	AN	1-50	R									22	50	
241	REF03	Description	AN	1-80	N/U											
242	REF04	Reference Identifier			N/U											
243																
244	**REF**	**PATIENT ACCOUNT NUMBER**		1	S	2200D				2200D		REF		1	18	1
245	REF01	Reference Identification Qualifier	ID	2-3	R			EJ						19	3	
246	REF02	Patient Account Number	AN	1-50	R									22	50	
247	REF03	Description	AN	1-80	N/U											
248	REF04	Reference Identifier			N/U											
249																
250	**REF**	**PHARMACY PRESCRIPTION NUMBER**		1	S	2200D				2200D		REF		1	18	1
251	REF01	Reference Identification Qualifier	ID	2-3	R			XZ						19	3	
252	REF02	Pharmacy Prescription Number	AN	1-50	R									22	50	
253	REF03	Description	AN	1-80	N/U											
254	REF04	Reference Identifier			N/U											
255																
256	**REF**	**CLAIM ID FOR CLEARINGHOUSES AND OTHER TRANSMISSION INTERMEDIARIES**		1	S	2200D				2200D		REF		1	18	1
257	REF01	Reference Identification Qualifier	ID	2-3	R			D9						19	3	
258	REF02	Clearinghouse Trace Number	AN	1-50	R									22	50	

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
3	276 5010					X12 Element Attributes						X12 Flat File				
4	Element Identifier	Description	ID	Min. Max.	Usage Req.	Loop	Loop Repeat	Values	X12 Page No.	Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat
259	REF03	Description	AN	1-80	N/U											
260	REF04	Reference Identifier			N/U											
261																
262	AMT	CLAIM SUBMITTED CHARGES		1	S	2200D				2200D		AMT		1	18	1
263	AMT01	Amount Qualifier Code	ID	1-3	R			T3						19	3	
264	AMT02	Total Claim Charge Amount S9(8)V99	R	1-10	R									22	10	
265	AMT02-1	Total Claim Charge Amount Filler	A/N	1-8	R									32	8	
266	AMT03	Credit/Debit Flag Code	ID	1-1	N/U											
267																
268	DTP	CLAIM SERVICE DATE		1	S	2200D				2200D		DTP		1	18	1
269	DTP01	Date Time Qualifier	ID	3-3	R			472						19	3	
270	DTP02	Date Time Period Format Qualifier	ID	2-3	R			D8, RD8						22	3	
271	DTP03	Claim Service Period	AN	1-35	R			CCYYMMDD, CCYYMMDD-CCYYMMDD						25	35	
272																
273	SVC	SERVICE LINE INFORMATION		1	S	2210D	>1			2210D		SVC		1	18	1
274	SVC01	Composite Medical Procedure Identifier			R											
275	SVC01-1	Product/Service ID Qualifier	ID	2-2	R			AD, ER, HC, HP, IV, N4, NU, WK						19	2	
276	SVC01-2	Procedure Code	AN	1-48	R									21	48	
277	SVC01-3	Procedure Modifier	AN	2-2	S									69	2	
278	SVC01-4	Procedure Modifier	AN	2-2	S									71	2	
279	SVC01-5	Procedure Modifier	AN	2-2	S									73	2	
280	SVC01-6	Procedure Modifier	AN	2-2	S									75	2	
281	SVC01-7	Description	AN	1-80	N/U											
282	SVC01-8	Product Service ID	AN	1-48	N/U											
283	SVC02	Line Item Charge Amount S9(8)V99	R	1-10	R									77	10	
284	SVC02-1	Line Item Charge Amount Filler	A/N	1-8	R									87	8	
285	SVC03	Monetary Amount	R	1-18	N/U									95	18	
286	SVC04	Revenue Code	AN	1-48	S									113	48	
287	SVC05	Quanity	R	1-15	N/U											
288	SVC06	Composite Medical Procedure Identifier			N/U											
289	SVC07	Units of Service Count S9(7)V999	R	1-10	R									161	10	
290	SVC07-1	Units of Service Count Filler	A/N	1-5	R									171	5	
291																
292	REF	SERVICE LINE ITEM IDENTIFICATION		1	S	2210D				2210D		REF		1	18	1
293	REF01	Reference Identification Qualifier	ID	2-3	R			FJ						19	3	
294	REF02	Line Item Control Number	AN	1-50	R									22	50	
295	REF03	Description	AN	1-80	N/U											
296	REF04	Reference Identifier			N/U											
297																
298	DTP	SERVICE LINE DATE		1	R	2210D				2210D		DTP		1	18	1
299	DTP01	Date Time Qualifier	ID	3-3	R			472						19	3	

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
3	**276 5010**					**X12 Element Attributes**							**X12 Flat File**			
4	Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values	X12 Page No.	Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat
300	DTP02	Date Time Period Format Qualifier	ID	2-3	R			D8, RD8						22	3	
301	DTP03	Service Line Date	AN	1-35	R			CCYYMMDD, CCYYMMDD-CCYYMMDD						25	35	
302																
303	**HL**	**DEPENDENT LEVEL**		1	S	2000E	>1			2000E		HL		1	18	1
304	HL01	Hierarchical ID Number	AN	1-12	R									19	12	
305	HL02	Hierarchical Parent ID Number	AN	1-12	R									31	12	
306	HL03	Hierarchical Level Code	ID	1-2	R			23						43	2	
307	HL04	Hierarchical Child Code	ID	1-1	N/U									45	1	
308																
309	**DMG**	**DEPENDENT DEMOGRAPHIC INFORMATION**		1	R	2000E				2000E		DMG		1	18	1
310	DMG01	Date Time Period Format Qualifier	ID	2-3	R			D8						19	3	
311	DMG02	Patient Birth Date	AN	1-35	R			CCYYMMDD						22	35	
312	DMG03	Patient Gender Code	ID	1-1	S			F, M						57	1	
313	DMG04	Marital Status Code	ID	1-1	N/U											
314	DMG05	Race or Ethnicity Code	ID	1-1	N/U											
315	DMG06	Citizenship Status Code	ID	1-2	N/U											
316	DMG07	Country Code	ID	2-3	N/U											
317	DMG08	Basis of Verification Code	ID	1-2	N/U											
318	DMG09	Quantity	R	1-15	N/U											
319	DMG10	Code List Qualifier Code	ID	1-3	N/U											
320	DMG11	Industry Code	AN	1-30	N/U											
321																
322	**NM1**	**DEPENDENT NAME**		1	R	2100E	>1			2100E		NM1		1	18	1
323	NM101	Entity Identifier Code	ID	2-3	R			QC						19	3	
324	NM102	Entity Type Qualifier	ID	1-1	R			1						22	1	
325	NM103	Patient Last Name	AN	1-60	R									23	60	
326	NM104	Patient First Name	AN	1-35	S									83	35	
327	NM105	Patient Middle Name	AN	1-25	S									118	25	
328	NM106	Patient Name Prefix	AN	1-10	N/U											
329	NM107	Patient Name Suffix	AN	1-10	S									143	10	
330	NM108	Identification Code Qualifier	ID	1-2	N/U									153	2	
331	NM109	Patient Primary Identifier	AN	2-80	N/U									155	80	
332	NM110	Entity Relationship Code	ID	2-2	N/U											
333	NM111	Entity Identifier Code	ID	2-3	N/U											
334	NM112	Last Name	AN	1-60	N/U											
335																
336	**TRN**	**CLAIM STATUS TRACKING NUMBER**		1	R	2200E	>1			2200E		TRN		1	18	1
337	TRN01	Trace Type Code	ID	1-2	R			1						19	2	
338	TRN02	Trace Number	AN	1-50	R									21	50	
339	TRN03	Originating Company Identifier	AN	10-10	N/U											
340	TRN04	Reference Identification	AN	1-50	N/U											

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
3	276 5010					X12 Element Attributes							X12 Flat File			
4	Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values	X12 Page No.	Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat
341																
342	REF	PAYER CLAIM CONTROL NUMBER		1	S	2200E				2200E		REF		1	18	1
343	REF01	Reference Identification Qualifier	ID	2-3	R			1K						19	3	
344	REF02	Payer Claim Control Number	AN	1-50	R									22	50	
345	REF03	Description	AN	1-80	N/U											
346	REF04	Reference Identifier			N/U											
347																
348	REF	INSTITUTIONAL BILL TYPE IDENTIFICATION		1	S	2200E				2200E		REF		1	18	1
349	REF01	Reference Identification Qualifier	ID	2-3	R			BLT						19	3	
350	REF02	Bill Type Identifier	AN	1-50	R									22	50	
351	REF03	Description	AN	1-80	N/U											
352	REF04	Reference Identifier			N/U											
353																
354	REF	APPLICATION OR LOCATION SYSTEM IDENTIFIER		1	S	2200E				2200E		REF		1	18	1
355	REF01	Reference Identification Qualifier	ID	2-3	R			LU						19	3	
356	REF02	Application or Location System Identifier	AN	1-50	R									22	50	
357	REF03	Description	AN	1-80	N/U											
358	REF04	Reference Identifier			N/U											
359																
360	REF	GROUP NUMBER		1	S	2200E				2200E		REF		1	18	1
361	REF01	Reference Identification Qualifier	ID	2-3	R			6P						19	3	
362	REF02	Group Number	AN	1-50	R									22	50	
363	REF03	Description	AN	1-80	N/U											
364	REF04	Reference Identifier			N/U											
365																
366	REF	PATIENT ACCOUNT NUMBER		1	S	2200E				2200E		REF		1	18	1
367	REF01	Reference Identification Qualifier	ID	2-3	R			EJ						19	3	
368	REF02	Patient Account Number	AN	1-50	R									22	50	
369	REF03	Description	AN	1-80	N/U											
370	REF04	Reference Identifier			N/U											
371																
372	REF	PHARMACY PRESCRIPTION NUMBER		1	S	2200E				2200E		REF		1	18	1
373	REF01	Reference Identification Qualifier	ID	2-3	R			XZ						19	3	
374	REF02	Pharmacy Prescription Number	AN	1-50	R									22	50	
375	REF03	Description	AN	1-80	N/U											
376	REF04	Reference Identifier			N/U											
377																
378	REF	CLAIM ID FOR CLEARINGHOUSES AND OTHER TRANSMISSION INTERMEDIARIES		1	S	2200E				2200E		REF		1	18	1

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
3	276 5010					X12 Element Attributes						X12 Flat File				
4	Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values	X12 Page No.	Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat
379	REF01	Reference Identification Qualifier	ID	2-3	R			D9						19	3	
380	REF02	Clearinghouse Trace Number	AN	1-50	R									22	50	
381	REF03	Description	AN	1-80	N/U											
382	REF04	Reference Identifier			N/U											
383																
384	**AMT**	**CLAIM SUBMITTED CHARGES**		1	S	2200E				2200E		AMT		1	18	1
385	AMT01	Amount Qualifier Code	ID	1-3	R			T3						19	3	
386	AMT02	Total Claim Charge Amount S9(8)V99	R	1-10	R									22	10	
387	AMT02-1	Total Claim Charge Amount Filler	AN	1-8	R									32	8	
388	AMT03	Credit/Debit Flag Code	ID	1-1	N/U											
389																
390	**DTP**	**CLAIM SERVICE DATE**		1	S	2200E				2200E		DTP		1	18	1
391	DTP01	Date Time Qualifier	ID	3-3	R			472						19	3	
392	DTP02	Date Time Period Format Qualifier	ID	2-3	R			D8, RD8						22	3	
393	DTP03	Claim Service Period	AN	1-35	R			CCYYMMDD, CCYYMMDD-CCYYMMDD						25	35	
394																
395	**SVC**	**SERVICE LINE INFORMATION**		1	S	2210E	>1			2210E		SVC		1	18	1
396	SVC01	Composite Medical Procedure Identifier			R											
397	SVC01-1	Product Service ID	ID	2-2	R			AD, ER, HC, HP, IV, N4, NU, WK						19	2	
398	SVC01-2	Service Identification Code	AN	1-48	R									21	48	
399	SVC01-3	Procedure Modifier	AN	2-2	S									69	2	
400	SVC01-4	Procedure Modifier	AN	2-2	S									71	2	
401	SVC01-5	Procedure Modifier	AN	2-2	S									73	2	
402	SVC01-6	Procedure Modifier	AN	2-2	S									75	2	
403	SVC01-7	Description	AN	1-80	N/U											
404	SVC01-8	Product Service ID	AN	1-48	N/U											
405	SVC02	Line Item Charge Amount S9(8)V99	R	1-10	R									77	10	
406	SVC02-1	Line Item Charge Amount Filler	AN	1-8	R									87	8	
407	SVC03	Monetary Amount	R	1-18	N/U									95	18	
408	SVC04	Revenue Code	AN	1-48	S									113	48	
409	SVC05	Quanity	R	1-15	N/U											
410	SVC06	Composite Medical Procedure Identifier			N/U											
411	SVC07	Units of Service Count S9(7)V999	R	1-10	R									161	10	
412	SVC07-1	Units of Service Count Filler	AN	1-5	R									171	5	
413																
414	**REF**	**SERVICE LINE ITEM IDENTIFICATION**		1	S	2210E				2210E		REF		1	18	1
415	REF01	Reference Identification Qualifier	ID	2-3	R			FJ						19	3	
416	REF02	Line Item Control Number	AN	1-50	R									22	50	
417	REF03	Description	AN	1-80	N/U											

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
3	**276 5010**				**X12 Element Attributes**							**X12 Flat File**				
4	Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values	X12 Page No.	Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat
418	REF04	Reference Identifier			N/U											
419																
420	**DTP**	**SERVICE LINE DATE**		1	R	2210E				2210E		DTP		1	18	1
421	DTP01	Date Time Qualifier	ID	3-3	R			472						19	3	
422	DTP02	Date Time Period Format Qualifier	ID	2-3	R			D8, RD8						22	3	
423	DTP03	Service Line Date	AN	1-35	R			CCYYMMDD, CCYYMMDD-CCYYMMDD						25	35	
424																
425	**SE**	**TRANSACTION SET TRAILER**		1	R							SE		1	18	1
426	SE01	Transaction Segment Count	N0	1-10	R									19	10	
427	SE02	Transaction Set Control Number	AN	4-9	R			Must=ST02						29	9	
428																
429	**GE**	**FUNCTIONAL GROUP TRAILER**		1	R		1					GE		1	18	1
430	GE01	Number of Transaction Sets Included	N0	1-6	R									19	6	
431	GE02	Group Control Number	N0	1-9	R			Must=GS06						25	9	
432																
433	**IEA**	**INTERCHANGE CONTROL TRAILER**		1	R		1					IEA		1	18	1
434	IEA01	Number of Included Functional Groups	N0	1-5	R									19	5	
435	IEA02	Interchange Control Number	N0	9-9	R			Must=ISA13						24	9	

Transaction Set ID: 277
EDI Flat File Standard:
ASC X12 005010
Direction: Outbound

277 5010					X12 Element Attributes					X12 Flat File					
Element Identifier	Description	ID	Min Max	Usage Reg.	Loop	Loop Repeat	Values	X12 Page No.	Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat
								6	4	4	4				
ISA	INTERCHANGE CONTROL HEADER		1	R		1					ISA		1	18	1
ISA01	Authorization Information Qualifier	ID	2-2	R			00, 03						19	2	
ISA02	Authorization Information	AN	10-10	R									21	10	
ISA03	Security Information Qualifier	ID	2-2	R			00, 01						31	2	
ISA04	Security Information	AN	10-10	R									33	10	
ISA05	Interchange ID Qualifier	ID	2-2	R			01, 14, 20, 27, 28, 29, 30, 33, ZZ						43	2	
ISA06	Interchange Sender ID	AN	15-15	R									45	15	
ISA07	Interchange ID Qualifier	ID	2-2	R			01, 14, 20, 27, 28, 29, 30, 33, ZZ						60	2	
ISA08	Interchange Receiver ID	AN	15-15	R									62	15	
ISA09	Interchange Date	DT	6-6	R			YYMMDD						77	6	
ISA10	Interchange Time	TM	4-4	R			HHMM						83	4	
ISA11	Repetition Seperator	AN	1-1	R									87	1	
ISA12	Interchange Control Version Number	ID	5-5	R			00501						88	5	
ISA13	Interchange Control Number	N0	9-9	R									93	9	
ISA14	Acknowledgement Requested	ID	1-1	R			0, 1						102	1	
ISA15	Usage Indicator	ID	1-1	R			P, T						103	1	
ISA16	Component Element Separator	AN	1-1	R									104	1	
GS	FUNCTIONAL GROUP HEADER		1	R		>1					GS		1	18	1
GS01	Functional Identifier Code	ID	2-2	R			HN						19	2	
GS02	Application Sender Code	AN	2-15	R									21	15	
GS03	Application Receiver Code	AN	2-15	R									36	15	
GS04	Date	DT	8-8	R			CCYYMMDD						51	8	
GS05	Time	TM	4-8	R			HHMM, HHMMSS, HHMMSSD, HHMMSSDD						59	8	
GS06	Group Control Number	N0	1-9	R									67	9	
GS07	Responsible Agency Code	ID	1-2	R			X						76	2	
GS08	Version Identifier Code	AN	1-12	R			005010X212						78	12	
ST	TRANSACTION SET HEADER		1	R		>1					ST		1	18	1
ST01	Transaction Set Identifier Code	ID	3-3	R			277						19	3	
ST02	Transaction Set Control Number	AN	4-9	R									22	9	
ST03	Implementation Convention Reference	AN	1-35	R			005010X212						31	12	

277 5010					X12 Element Attributes					X12 Flat File					
Element Identifier	Description	ID	Min Max	Usage Reg.	Loop	Loop Repeat	Values	X12 Page No.	Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat
								6	4	4	4				
BHT	**BEGINNING OF HIERARCHICAL TRANSACTION**		**1**	**R**							**BHT**		**1**	**18**	**1**
BHT01	Hierarchical Structure Code	ID	4-4	R			0010						19	4	
BHT02	Transaction Set Purpose Code	ID	2-2	R			08						23	2	
BHT03	Originator Application Transaction Identifier	AN	1-50	R									25	50	
BHT04	Transaction Set Creation Date	DT	8-8	R			CCYYMMDD						75	8	
BHT05	Transaction Set Creation Time	TM	4-8	R			HHMM, HHMMSS, HHMMSSD, or HHMMSSDD						83	8	
BHT06	Transaction Type Code	ID	2-2	R			DG						91	2	
HL	**INFORMATION SOURCE LEVEL**		**1**	**R**	**2000A**	**>1**			**2000A**		**HL**		**1**	**18**	**1**
HL01	Hierarchical ID Number	AN	1-12	R									19	12	
HL02	Hierarchical Parent ID Number	AN	1-12	N/U									31	12	
HL03	Hierarchical Level Code	ID	1-2	R			20						43	2	
HL04	Hierarchical Child Code	ID	1-1	R			1						45	1	
NM1	**PAYER NAME**		**1**	**R**	**2100A**	**1**			**2100A**		**NM1**		**1**	**18**	**1**
NM101	Entity Identifier Code	ID	2-3	R			PR						19	3	
NM102	Entity Type Qualifier	ID	1-1	R			2						22	1	
NM103	Payer Name	AN	1-60	R									23	60	
NM104	Name First	AN	1-35	N/U									83	35	
NM105	Name Middle	AN	1-25	N/U									118	25	
NM106	Name Prefix	AN	1-10	N/U									143	10	
NM107	Name Suffix	AN	1-10	N/U									143	10	
NM108	Identification Code Qualifier	ID	1-2	R			PI, XV						153	2	
NM109	Payer Identifier	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	Last Name	AN	1-60	N/U											
PER	**PAYER CONTACT INFORMATION**		**1**	**S**	**2100A**				**2100A**		**PER**		**1**	**18**	**1**
PER01	Contact Function Code	ID	2-2	R			IC						19	2	
PER02	Payer Contact Name	AN	1-60	S									21	60	
PER03	Communication Number Qualifier	ID	2-2	R			ED, EM, TE, FX						81	2	
PER04	Communication Number	AN	1-256	R									83	256	
PER05	Communication Number Qualifier	ID	2-2	S			ED, EM, TE, FX, EX						339	2	
PER06	Communication Number	AN	1-256	S									341	256	
PER07	Communication Number Qualifier	ID	2-2	S			ED, EM, TE, FX, EX						597	2	

277 5010				X12 Element Attributes							X12 Flat File						
Element Identifier	Description	ID	Min Max	Usage Req.	Loop	Loop Repeat	Values	X12 Page No.	Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat
									6	4	4	4			
PER08	Communication Number	AN	1-256	S									599	256	
PER09	Contact Inquiry Reference	AN	1-20	N/U											
HL	**INFORMATION RECEIVER LEVEL**		**1**	**R**	**2000B**	**>1**			**2000B**		**HL**		**1**	**18**	**1**
HL01	Hierarchical ID Number	AN	1-12	R									19	12	
HL02	Hierarchical Parent ID Number	AN	1-12	R									31	12	
HL03	Hierarchical Level Code	ID	1-2	R			21						43	2	
HL04	Hierarchical Child Code	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	ID	2-3	R			41						19	3	
NM102	Entity Type Qualifier	ID	1-1	R			1, 2						22	1	
NM103	Information Receiver Last or Organization Name	AN	1-60	R									23	60	
NM104	Information Receiver First Name	AN	1-35	S									83	35	
NM105	Information Receiver Middle Name	AN	1-25	S									118	25	
NM106	Information Receiver Name Prefix	AN	1-10	N/U											
NM107	Information Receiver Name Suffix	AN	1-10	N/U									143	10	
NM108	Identification Code Qualifier	ID	1-2	R			46						153	2	
NM109	Information Receiver Identification Number	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	Last Name	AN	1-60	N/U											
TRN	**INFORMATION RECEIVER TRACE IDENTIFIER**		**1**	**S**	**2200B**	**1**			**2200B**		**TRN**		**1**	**18**	**1**
TRN01	Referenced Transaction Trace Number	ID	1-2	R			2						19	2	
TRN02	Claim Transaction Batch Number	AN	1-50	R									21	50	
TRN03	Originating Company Identifier	AN	10-10	N/U											
TRN04	Reference Identifier	AN	1-50	N/U											
STC	**INFORMATION RECEIVER STATUS INFORMATION**		**1**	**R**	**2200B**				**2200B**		**STC**		**1**	**18**	**1**
STC01	HEALTH CARE CLAIM STATUS			R											
STC01-1	Health Care Claim Status Category Code	AN	1-30	R			D0, E						19	30	

277 5010				X12 Element Attributes					X12 Flat File						
Element Identifier	Description	ID	Min Max	Usage Req.	Loop	Loop Repeat	Values	X12 Page No.	Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat
								6	4	4	4				
STC01-2	Health Care Claim Status Code	AN	1-30	R									49	30	
STC01-3	Entity Identifier Code	ID	2-3	S			41, AY, PR						79	3	
STC01-4	Code List Qualifier Code	ID	1-3	N/U									82	3	
STC02	Status Information Effective Date	DT	8-8	R			CCYYMMDD						85	8	
STC03	Action Code	ID	1-2	N/U											
STC04	Monetary Amount	R	1-18	N/U									93	18	
STC05	Monetary Amount	R	1-18	N/U									111	18	
STC06	Date	DT	8-8	N/U									129	8	
STC07	Payment Method Code	ID	3-3	N/U											
STC08	Date	DT	8-8	N/U									137	8	
STC09	Check Number	AN	1-16	N/U									145	16	
STC10	HEALTH CARE CLAIM STATUS			S											
STC10-1	Health Care Claim Status Category Code	AN	1-30	R			D0, E						161	30	
STC10-2	Health Care Claim Status Code	AN	1-30	R									191	30	
STC10-3	Entity Identifier Code	ID	2-3	S			41, AY, PR						221	3	
STC10-4	Code List Qualifier Code	ID	1-3	N/U									224	3	
STC11	HEALTH CARE CLAIM STATUS			S											
STC11-1	Health Care Claim Status Category Code	AN	1-30	R			D0, E						227	30	
STC11-2	Health Care Claim Status Code	AN	1-30	R									257	30	
STC11-3	Entity Identifier Code	ID	2-3	S			41, AY, PR						287	3	
STC11-4	Code List Qualifier Code	ID	1-3	N/U									290	3	
STC12	Free-Form Message Text	AN	1-264	N/U											
HL	**SERVICE PROVIDER LEVEL**		**1**	**R**	2000C	>1			2000C		HL		1	18	1
HL01	Hierarchical ID Number	AN	1-12	R									19	12	
HL02	Hierarchical Parent ID Number	AN	1-12	R									31	12	
HL03	Hierarchical Level Code	ID	1-2	R			19						43	2	
HL04	Hierarchical Child Code	ID	1-1	R			0, 1						45	1	
NM1	**PROVIDER NAME**		**1**	**R**	2100C	2			2100C		NM1		1	18	1
NM101	Entity Identifier Code	ID	2-3	R			1P						19	3	
NM102	Entity Type Qualifier	ID	1-1	R			1, 2						22	1	
NM103	Provider Last or Organization Name	AN	1-60	S									23	60	
NM104	Provider First Name	AN	1-35	S									83	35	
NM105	Provider Middle Name	AN	1-25	S									118	25	
NM106	Provider Name Prefix	AN	1-10	N/U											
NM107	Provider Name Suffix	AN	1-10	S									143	10	
NM108	Identification Code Qualifier	ID	1-2	R			FI, SV, XX						153	2	
NM109	Provider Identifier	AN	2-80	R									155	80	

Transaction Set ID: 277
EDI Flat File Standard:
ASC X12 005010
Direction: Outbound

277 5010 Element Identifier	Description	ID	Min Max	Usage Reg.	Loop	Loop Repeat	Values	X12 Page No.	Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat
									6	4	4	4			
NM110	Entity Relationship Code	ID	2-2	N/U											
NM111	Entity Identifier Code	ID	2-3	N/U											
NM112	Last Name	AN	1-60	N/U											
TRN	**PROVIDER OF SERVICE TRACE IDENTIFIER**		1	S	2200C	1			2200C		TRN		1	18	1
TRN01	Current Transaction Trace Number	ID	1-2	R			1						19	2	
TRN02	Provider of Service Information Trace Identifier	AN	1-50	R									21	50	
TRN03	Originating Company Identifier	AN	10-10	N/U											
TRN04	Reference Identifier	AN	1-50	N/U											
STC	**PROVIDER STATUS INFORMATION**		1	R	2200C				2200C		STC		1	18	1
STC01	HEALTH CARE CLAIM STATUS			R											
STC01-1	Health Care Claim Status Category Code	AN	1-30	R			D0, E						19	30	
STC01-2	Health Care Claim Status Code	AN	1-30	R									49	30	
STC01-3	Entity Identifier Code	ID	2-3	S			1P						79	3	
STC01-4	Code List Qualifier Code	ID	1-3	N/U									82	3	
STC02	Status Information Effective Date	DT	8-8	R			CCYYMMDD						85	8	
STC03	Action Code	ID	1-2	N/U											
STC04	Monetary Amount	R	1-18	N/U									93	18	
STC05	Monetary Amount	R	1-18	N/U									111	18	
STC06	Date	DT	8-8	N/U									129	8	
STC07	Payment Method Code	ID	3-3	N/U											
STC08	Date	DT	8-8	N/U									137	8	
STC09	Check Number	AN	1-16	N/U									145	16	
STC10	HEALTH CARE CLAIM STATUS			S											
STC10-1	Health Care Claim Status Category Code	AN	1-30	R			D0, E						161	30	
STC10-2	Health Care Claim Status Code	AN	1-30	R									191	30	
STC10-3	Entity Identifier Code	ID	2-3	S			1P						221	3	
STC10-4	Code List Qualifier Code	ID	1-3	N/U									224	3	
STC11	HEALTH CARE CLAIM STATUS			S											
STC11-1	Health Care Claim Status Category Code	AN	1-30	R			D0, E						227	30	
STC11-2	Health Care Claim Status Code	AN	1-30	R									257	30	
STC11-3	Entity Identifier Code	ID	2-3	S			1P						287	3	
STC11-4	Code List Qualifier Code	ID	1-3	N/U									290	3	
STC12	Free-Form Message Text	AN	1-264	N/U											

277 5010					X12 Element Attributes							X12 Flat File			
Element Identifier	Description	ID	Min Max	Usage Reg.	Loop	Loop Repeat	Values	X12 Page No.	Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat
									6	4	4	4			
HL	**SUBSCRIBER LEVEL**		**1**	**R**	**2000D**	**>1**			**2000D**		**HL**		**1**	**18**	**1**
HL01	Hierarchical ID Number	AN	1-12	R									19	12	
HL02	Hierarchical Parent ID Number	AN	1-12	R									31	12	
HL03	Hierarchical Level Code	ID	1-2	R			22						43	2	
HL04	Hierarchical Child Code	ID	1-1	R			0, 1						45	1	
NM1	**SUBSCRIBER NAME**		**1**	**R**	**2100D**	**1**			**2100D**		**NM1**		**1**	**18**	**1**
NM101	Entity Identifier Code	ID	2-3	R			IL						19	3	
NM102	Entity Type Qualifier	ID	1-1	R			1, 2						22	1	
NM103	Subscriber Last Name	AN	1-60	R									23	60	
NM104	Subscriber First Name	AN	1-35	S									83	35	
NM105	Subscriber Middle Name	AN	1-25	S									118	25	
NM106	Subscriber Name Prefix	AN	1-10	N/U											
NM107	Subscriber Name Suffix	AN	1-10	S									143	10	
NM108	Identification Code Qualifier	ID	1-2	R			24, II, MI						153	2	
NM109	Subscriber Identifier	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	Last Name	AN	1-60	N/U											
TRN	**CLAIM STATUS TRACKING NUMBER**		**1**	**R**	**2200D**	**>1**			**2200D**		**TRN**		**1**	**18**	**1**
TRN01	Referenced Transaction Trace Number	ID	1-2	R			2						19	2	
TRN02	Trace Number	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**				**2200D**		**STC**		**1**	**18**	**1**
STC01	HEALTH CARE CLAIM STATUS			R											
STC01-1	Health Care Claim Status Category Code	AN	1-30	R									19	30	
STC01-2	Health Care Claim Status Code	AN	1-30	R									49	30	

277 5010	X12 Element Attributes								X12 Flat File						
Element Identifier	Description	ID	Min Max	Usage Req.	Loop	Loop Repeat	Values	X12 Page No.	Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat
									6	4	4	4			
STC01-3	Entity Identifier Code	ID	2-3	S			03, 13, 17, 1E, 1G, 1H, 1I, 1O, 1P, 1Q, 1R, 1S, 1T, 1U, 1V, 1W,1X, 1Y, 1Z, 28, 2A, 2B, 2D, 2E, 2I, 2K, 2P, 2Q, 2S, 2Z, 30, 36, 3A, 3C, 3D, 3E, 3F, 3G, 3H, 3I, 3J, 3K, 3L, 3M, 3N, 3O, 3P, 3Q, 3R, 3S, 3T, 3U, 3V, 3W, 3X, 3Y, 3Z, 40, 43, 44, 4A, 4B, 4C, 4D, 4E, 4F, 4G, 4H, 4I, 4J, 4L, 4M, 4N, 4O, 4P, 4Q, 4R, 4S, 4U, 4V, 4W, 4X, 4Y, 4Z, 5A, 5B, 5C, 5D, 5E, 5F, 5G, 5H, 5I, 5J, 5K, 5L, 5M, 5N, 5O, 5P, 5Q, 5R, 5S, 5T, 5U, 5V, 5W, 5X, 5Y, 5Z, 61, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H, 6I, 6J continued on next row						79	3	

Transaction Set ID: 277
EDI Flat File Standard:
ASC X12 005010
Direction: Outbound

277 5010		X12 Element Attributes							X12 Flat File						
Element Identifier	Description	ID	Min Max	Usage Req.	Loop	Loop Repeat	Values	X12 Page No.	Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat
									6	4	4	4			
							continued 6K, 6L, 6M, 6N, 6O, 6P, 6Q, 6R, 6S, 6U, 6V, 6W, 6X, 6Y, 71, 72, 73, 74, 77, 7C, 80, 82, 84, 85, 87, 95, CK, CZ, D2, DD, DJ, DK, DN, DO, DQ, E1, E2, E7, E9, FA, FD, FE, G0, G3, GB, GD, GI, GJ, GK, GM, GY, HF, HH, I3, IJ, IL, IN, LI, LR, MR, MSC, OB, OD, OX, P0, P2, P3, P4, P6, P7, PRP, PT, PV, PW, QA, QB, QC, QD, QE, QH, QK, QL, QN, QO, QS, QV, QY, RC, RW, S4, SEP, SJ, SU, T4, TL, TQ, TT, TTP, TU, UH, X3, X4, X5, ZZ end of list								
STC01-4	Code List Qualifier Code	ID	1-3	S			RX						82	3	
STC02	Status Information Effective Date	DT	8-8	R			CCYYMMDD						85	8	
STC03	Action Code	ID	1-2	N/U											
STC04	Total Claim Charge Amount S9(8)V99	R	1-10	R									93	10	
STC04-1	Total Claim Charge Amount Filler	AN	1-8	R									103	8	
STC05	Claim payment Amount S9(8)V99	R	1-10	R									111	10	
STC05-1	Claim payment Amount Filler	AN	1-8	R									121	8	
STC06	Adjudication or Payment Date	DT	8-8	S			CCYYMMDD						129	8	
STC07	Payment Method Code	ID	3-3	N/U											
STC08	Remittance Date	DT	8-8	S			CCYYMMDD						137	8	
STC09	Remittance Trace Number	AN	1-16	S									145	16	
STC10	HEALTH CARE CLAIM STATUS			S											
STC10-1	Health Care Claim Status Category Code	AN	1-30	R									161	30	
STC10-2	Health Care Claim Status Code	AN	1-30	R									191	30	
STC10-3	Entity Identifier Code	AN	2-3	S									221	3	

277 5010					X12 Element Attributes				X12 Flat File						
Element Identifier	Description	ID	Min Max	Usage Req.	Loop	Loop Repeat	Values	X12 Page No.	Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat
								6	4	4	4				
STC10-4	Code List Qualifier Code	ID	1-3	S			RX						224	3	
STC11	HEALTH CARE CLAIM STATUS			S											
STC11-1	Health Care Claim Status Category Code	AN	1-30	R									227	30	
STC11-2	Health Care Claim Status Code	AN	1-30	R									257	30	
STC11-3	Entity Identifier Code	ID	2-3	S									287	3	
STC11-4	Code List Qualifier Code	ID	1-3	S			RX						290	3	
STC12	Free-Form Message Text	AN	1-264	N/U											
REF	**PAYER CLAIM CONTROL NUMBER**		**1**	**S**	**2200D**				**2200D**		**REF**		**1**	**18**	**1**
REF01	Reference Identification Qualifier	ID	2-3	R			1K						19	3	
REF02	Payer Claim Control Number	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**				**2200D**		**REF**		**1**	**18**	**1**
REF01	Reference Identification Qualifier	ID	2-3	R			BLT						19	3	
REF02	Bill Type Identifier	AN	1-50	R									22	50	
REF03	Description	AN	1-80	N/U											
REF04	REFERENCE IDENTIFIER			N/U											
REF	**PATIENT CONTROL NUMBER**		**1**	**S**	**2200D**				**2200D**		**REF**		**1**	**18**	**1**
REF01	Reference Identification Qualifier	ID	2-3	R			EJ						19	3	
REF02	Patient Account Number	AN	1-50	R									22	50	
REF03	Description	AN	1-80	N/U											
REF04	REFERENCE IDENTIFIER			N/U											
REF	**PHARMACY PRESCRIPTION NUMBER**		**1**	**S**	**2200D**				**2200D**		**REF**		**1**	**18**	**1**
REF01	Reference Identification Qualifier	ID	2-3	R			XZ						19	3	
REF02	Pharmacy Prescription Number	AN	1-50	R									22	50	
REF03	Description	AN	1-80	N/U											
REF04	REFERENCE IDENTIFIER			N/U											
REF	**VOUCHER IDENTIFIER**		**1**	**S**	**2200D**				**2200D**		**REF**		**1**	**18**	**1**
REF01	Reference Identification Qualifier	ID	2-3	R			VV						19	3	
REF02	Voucher Identifier	AN	1-50	R									22	50	

277 5010					X12 Element Attributes				X12 Flat File						
Element Identifier	Description	ID	Min Max	Usage Reg.	Loop	Loop Repeat	Values	X12 Page No.	Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat
								6	4	4	4				
REF03	Description	AN	1-80	N/U											
REF04	REFERENCE IDENTIFIER			N/U											
REF	CLAIM IDENTIFICATION NUMBER FOR CLEARINGHOUSES AND OTHER TRANSMISSION INTERMEDIARIES		1	S	2200D				2200D		REF		1	18	1
REF01	Reference Identification Qualifier	ID	2-3	R			D9						19	3	
REF02	Clearinghouse Trace Number	AN	1-50	R									22	50	
REF03	Description	AN	1-80	N/U											
REF04	REFERENCE IDENTIFIER			N/U											
DTP	CLAIM SERVICE DATE		1	S	2200D				2200D		DTP		1	18	1
DTP01	Date Time Qualifier	ID	3-3	R			472						19	3	
DTP02	Date Time Period Format Qualifier	ID	2-3	R			D8, RD8						22	3	
DTP03	Claim Service Period	AN	1-35	R			CCYYMMDD, CCYYMMDD-CCYYMMDD						25	35	
SVC	SERVICE LINE INFORMATION		1	S	2220D	>1			2220D		SVC		1	18	1
SVC01	COMPOSITE MEDICAL PROCEDURE INDENTIFIER			R											
SVC01-1	Product/Service ID Qualifier	ID	2-2	R			AD, ER, HC, HP, IV, N4, NU, WK						19	2	
SVC01-2	Service Identification Code	AN	1-48	R									21	48	
SVC01-3	Procedure Modifier	AN	2-2	S									69	2	
SVC01-4	Procedure Modifier	AN	2-2	S									71	2	
SVC01-5	Procedure Modifier	AN	2-2	S									73	2	
SVC01-6	Procedure Modifier	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	1-10	R									77	10	
SVC02-1	Line Item Charge Amount Filler	AN	1-8	R									87	8	
SVC03	Line Item Payment Amount S9(8)V99	R	1-10	R									95	10	
SVC03-1	Line Item Payment Amount Filler	AN	1-8	R									105	8	
SVC04	Revenue Code	AN	1-48	S									113	48	
SVC05	Quantity	R	1-15	N/U											
SVC06	COMPOSITE MEDICAL PROCEDURE INDENTIFIER			N/U											
SVC07	Units of Service Count S9(7)V999	R	1-10	S									161	10	

277 5010	X12 Element Attributes							X12 Flat File						
Element Identifier	Description	ID	Min Max	Usage Req.	Loop	Loop Repeat	Values	X12 Page No.	Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat
								6	4	4	4			
SVC07-1	Units of Service Count Filler	AN	1-5	S									171	5	
STC	CLAIM LEVEL STATUS INFORMATION		>1	R	2220D				2220D		STC		1	18	1
STC01	HEALTH CARE CLAIM STATUS			R											
STC01-1	Health Care Claim Status Category Code	AN	1-30	R									19	30	
STC01-2	Health Care Claim Status Code	AN	1-30	R									49	30	
STC01-3	Entity Identifier Code	ID	2-3	S			03, 13, 17, 1E, 1G, 1H, 1I, 1O, 1P, 1Q, 1R, 1S, 1T, 1U, 1V, 1W,1X, 1Y, 1Z, 28, 2A, 2B, 2D, 2E, 2I, 2K, 2P, 2Q, 2S, 2Z, 30, 36, 3A, 3C, 3D, 3E, 3F, 3G, 3H, 3I, 3J, 3K, 3L, 3M, 3N, 3O, 3P, 3Q, 3R, 3S, 3T, 3U, 3V, 3W, 3X, 3Y, 3Z, 40, 43, 44, 4A, 4B, 4C, 4D, 4E, 4F, 4G, 4H, 4I, 4J, 4L, 4M, 4N, 4O, 4P, 4Q, 4R, 4S, 4U, 4V, 4W, 4X, 4Y, 4Z, 5A, 5B, 5C, 5D, 5E, 5F, 5G, 5H, 5I, 5J, 5K, 5L, 5M, 5N, 5O, 5P, 5Q, 5R, 5S, 5T, 5U, 5V, 5W, 5X, 5Y, 5Z, 61, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H, 6I, 6J continued on next row						79	3	

277 5010					X12 Element Attributes					X12 Flat File					
Element Identifier	Description	ID	Min Max	Usage Reg.	Loop	Loop Repeat	Values	X12 Page No.	Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat
								6	4	4	4			
						continued 6K, 6L, 6M, 6N, 6O, 6P, 6Q, 6R, 6S, 6U, 6V, 6W, 6X, 6Y, 71, 72, 73, 74, 77, 7C, 80, 82, 84, 85, 87, 95, CK, CZ, D2, DD, DJ, DK, DN, DO, DQ, E1, E2, E7, E9, FA, FD, FE, G0, G3, GB, GD, GI, GJ, GK, GM, GY, HF, HH, I3, IJ, IL, IN, LI, LR, MR, MSC, OB, OD, OX, P0, P2, P3, P4, P6, P7, PRP, PT, PV, PW, QA, QB, QC, QD, QE, QH, QK, QL, QN, QO, QS, QV, QY, RC, RW, S4, SEP, SJ, SU, T4, TL, TQ, TT, TTP, TU, UH, X3, X4, X5, ZZ end of list								
STC01-4	Code List Qualifier Code	ID	1-3	S			RX						82	3	
STC02	Status Information Effective Date	DT	8-8	R			CCYYMMDD						85	8	
STC03	Action Code	ID	1-2	N/U											
STC04	Monetary Amount S9(8)V99	R	1-10	N/U									93	10	
STC04-1	Monetary Amount Filler	AN	1-8	N/U									103	8	
STC05	Monetary Amount S9(8)V99	R	1-10	N/U									111	10	
STC05-1	Monetary Amount Filler	AN	1-8	N/U									121	8	
STC06	Date	DT	8-8	N/U									129	8	
STC07	Payment Method Code	ID	3-3	N/U											
STC08	Date	DT	8-8	N/U									137	8	
STC09	Check Number	AN	1-16	N/U									145	16	
STC10	HEALTH CARE CLAIM STATUS			S											
STC10-1	Health Care Claim Status Category Code	AN	1-30	R									161	30	
STC10-2	Health Care Claim Status Code	AN	1-30	R									191	30	
STC10-3	Entity Identifier Code	AN	2-3	S									221	3	
STC10-4	Code List Qualifier Code	ID	1-3	S			RX						224	3	

277 5010	X12 Element Attributes								X12 Flat File						
Element Identifier	Description	ID	Min Max	Usage Reg.	Loop	Loop Repeat	Values	X12 Page No.	Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat
								6		4	4	4			
STC11	HEALTH CARE CLAIM STATUS			S											
STC11-1	Health Care Claim Status Category Code	AN	1-30	R									227	30	
STC11-2	Health Care Claim Status Code	AN	1-30	R									257	30	
STC11-3	Entity Identifier Code	ID	2-3	S									287	3	
STC11-4	Code List Qualifier Code	ID	1-3	S			RX						290	3	
STC12	Free-Form Message Text	AN	1-264	N/U											
REF	SERVICE LINE ITEM IDENTIFICATION		1	S	2220D				2220D		REF		1	18	1
REF01	Reference Identification Qualifier	ID	2-3	R			FJ						19	3	
REF02	Line Item Control Number	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				2220D		DTP		1	18	1
DTP01	Date Time Qualifier	ID	3-3	R			472						19	3	
DTP02	Date Time Period Format Qualifier	ID	2-3	R			R8, RD8						22	3	
DTP03	Service Line Date	AN	1-35	R			CCYYMMDD, CCYYMMDD-CCYYMMDD						25	35	
HL	DEPENDENT LEVEL		1	S	2000E	>1			2000E		HL		1	18	1
HL01	Hierarchical ID Number	AN	1-12	R									19	12	
HL02	Hierarchical Parent ID Number	AN	1-12	R									31	12	
HL03	Hierarchical Level Code	ID	1-2	R			23						43	2	
HL04	Hierarchical Child Code	ID	1-1	N/U									45	1	
NM1	DEPENDENT NAME		1	R	2100E	1			2100E		NM1		1	18	1
NM101	Entity Identifier Code	ID	2-3	R			QC						19	3	
NM102	Entity Type Qualifier	ID	1-1	R			1						22	1	
NM103	Dependent Last Name	AN	1-60	R									23	60	
NM104	Dependent First Name	AN	1-35	S									83	35	
NM105	Dependent Middle Name	AN	1-25	S									118	25	
NM106	Dependent Name Prefix	AN	1-10	N/U											
NM107	Dependent Name Suffix	AN	1-10	S									143	10	
NM108	Identification Code Qualifier	ID	1-2	N/U									153	2	
NM109	Dependent Identifier	AN	2-80	N/U									155	80	
NM110	Entity Relationship Code	ID	2-2	N/U											
NM111	Entity Identifier Code	ID	2-3	N/U											
NM112	Last Name	AN	1-60	N/U											

277 5010					X12 Element Attributes						X12 Flat File						
Element Identifier	Description	ID	Min Max	Usage Req.	Loop	Loop Repeat	Values	X12 Page No.	Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat
									6	4	4	4			
TRN	**CLAIM STATUS TRACKING NUMBER**		1	R	2200E	>1			2200E		TRN		1	18	1
TRN01	Referenced Transaction Trace Number	ID	1-2	R			2						19	2	
TRN02	Trace Number	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	2200E				2200E		STC		1	18	1
STC01	HEALTH CARE CLAIM STATUS			R											
STC01-1	Health Care Claim Status Category Code	AN	1-30	R			<> R						19	30	
STC01-2	Health Care Claim Status Code	AN	1-30	R									49	30	
STC01-3	Entity Identifier Code	ID	2-3	S			03, 13, 17, 1E, 1G, 1H, 1I, 1O, 1P, 1Q, 1R, 1S, 1T, 1U, 1V, 1W,1X, 1Y, 1Z, 28, 2A, 2B, 2D, 2E, 2I, 2K, 2P, 2Q, 2S, 2Z, 30, 36, 3A, 3C, 3D, 3E, 3F, 3G, 3H, 3I, 3J, 3K, 3L, 3M, 3N, 3O, 3P, 3Q, 3R, 3S, 3T, 3U, 3V, 3W, 3X, 3Y, 3Z, 40, 43, 44, 4A, 4B, 4C, 4D, 4E, 4F, 4G, 4H, 4I, 4J, 4L, 4M, 4N, 4O, 4P, 4Q, 4R, 4S, 4U, 4V, 4W, 4X, 4Y, 4Z, 5A, 5B, 5C, 5D, 5E, 5F, 5G, 5H, 5I, 5J, 5K, 5L, 5M, 5N, 5O, 5P, 5Q, 5R, 5S, 5T, 5U, 5V, 5W, 5X, 5Y, 5Z, 61, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H, 6I, 6J continued on next row						79	3	

277 5010				X12 Element Attributes						X12 Flat File						
Element Identifier	Description	ID	Min Max	Usage Reg.	Loop	Loop Repeat	Values	X12 Page No.	Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat
									6	4	4	4			
							continued 6K, 6L, 6M, 6N, 6O, 6P, 6Q, 6R, 6S, 6U, 6V, 6W, 6X, 6Y, 71, 72, 73, 74, 77, 7C, 80, 82, 84, 85, 87, 95, CK, CZ, D2, DD, DJ, DK, DN, DO, DQ, E1, E2, E7, E9, FA, FD, FE, G0, G3, GB, GD, GI, GJ, GK, GM, GY, HF, HH, I3, IJ, IL, IN, LI, LR, MR, MSC, OB, OD, OX, P0, P2, P3, P4, P6, P7, PRP, PT, PV, PW, QA, QB, QC, QD, QE, QH, QK, QL, QN, QO, QS, QV, QY, RC, RW, S4, SEP, SJ, SU, T4, TL, TQ, TT, TTP, TU, UH, X3, X4, X5, ZZ end of list									
STC01-4	Code List Qualifier Code	ID	1-3	S			RX						82	3	
STC02	Status Information Effective Date	DT	8-8	R			CCYYMMDD						85	8	
STC03	Action Code	ID	1-2	N/U											
STC04	Total Claim Charge Amount S9(8)V99	R	1-10	S									93	10	
STC04-1	Total Claim Charge Amount Filler	AN	1-8	S									103	8	
STC05	Claim payment Amount S9(8)V99	R	1-10	S									111	10	
STC05-1	Claim payment Amount Filler	AN	1-8	S									121	8	
STC06	Adjudication or Payment Date	DT	8-8	S			CCYYMMDD						129	8	
STC07	Payment Method Code	ID	3-3	N/U											
STC08	Remittance Date	DT	8-8	S			CCYYMMDD						137	8	
STC09	Remittance Trace Number	AN	1-16	S									145	16	
STC10	HEALTH CARE CLAIM STATUS			S											
STC10-1	Health Care Claim Status Category Code	AN	1-30	R									161	30	
STC10-2	Health Care Claim Status Code	AN	1-30	R									191	30	
STC10-3	Entity Identifier Code	AN	2-3	S									221	3	

277 5010				X12 Element Attributes						X12 Flat File						
Element Identifier	Description	ID	Min Max	Usage Req.	Loop	Loop Repeat	Values	X12 Page No.	Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat
								6	4	4	4				
STC10-4	Code List Qualifier Code	ID	1-3	S			RX						224	3	
STC11	HEALTH CARE CLAIM STATUS			S											
STC11-1	Health Care Claim Status Category Code	AN	1-30	R									227	30	
STC11-2	Health Care Claim Status Code	AN	1-30	R									257	30	
STC11-3	Entity Identifier Code	ID	2-3	S									287	3	
STC11-4	Code List Qualifier Code	ID	1-3	S			RX						290	3	
STC12	Free-Form Message Text	AN	1-264	N/U											
REF	**PAYER CLAIM CONTROL NUMBER**		1	S	2200E				2200E		REF		1	18	1
REF01	Reference Identification Qualifier	ID	2-3	R			1K						19	3	
REF02	Payer Claim Control Number	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	2200E				2200E		REF		1	18	1
REF01	Reference Identification Qualifier	ID	2-3	R			BLT						19	3	
REF02	Bill Type Identifier	AN	1-50	R									22	50	
REF03	Description	AN	1-80	N/U											
REF04	REFERENCE IDENTIFIER			N/U											
REF	**PATIENT CONTROL NUMBER**		1	S	2200E				2200E		REF		1	18	1
REF01	Reference Identification Qualifier	ID	2-3	R			EJ						19	3	
REF02	Patient Account Number	AN	1-50	R									22	50	
REF03	Description	AN	1-80	N/U											
REF04	REFERENCE IDENTIFIER			N/U											
REF	**PHARMACY PRESCRIPTION NUMBER**		1	S	2200E				2200E		REF		1	18	1
REF01	Reference Identification Qualifier	ID	2-3	R			XZ						19	3	
REF02	Pharmacy Prescription Number	AN	1-50	R									22	50	
REF03	Description	AN	1-80	N/U											
REF04	REFERENCE IDENTIFIER			N/U											
REF	**VOUCHER IDENTIFIER**		1	S	2200E				2200E		REF		1	18	1
REF01	Reference Identification Qualifier	ID	2-3	R			VV						19	3	
REF02	Voucher Identifier	AN	1-50	R									22	50	

277 5010					X12 Element Attributes					X12 Flat File					
Element Identifier	Description	ID	Min Max	Usage Req.	Loop	Loop Repeat	Values	X12 Page No.	Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat
								6	4	4	4				
REF03	Description	AN	1-80	N/U											
REF04	REFERENCE IDENTIFIER			N/U											
REF	CLAIM IDENTIFICATION NUMBER FOR CLEARINGHOUSES AND OTHER TRANSMISSION INTERMEDIARIES		1	S	2200E				2200E		REF		1	18	1
REF01	Reference Identification Qualifier	ID	2-3	R			D9						19	3	
REF02	Clearinghouse Trace Number	AN	1-50	R									22	50	
REF03	Description	AN	1-80	N/U											
REF04	REFERENCE IDENTIFIER			N/U											
DTP	CLAIM SERVICE DATE		1	S	2200E				2200E		DTP		1	18	1
DTP01	Date Time Qualifier	ID	3-3	R			472						19	3	
DTP02	Date Time Period Format Qualifier	ID	2-3	R			D8, RD8						22	3	
DTP03	Claim Service Period	AN	1-35	R			CCYYMMDD, CCYYMMDD-CCYYMMDD						25	35	
SVC	SERVICE LINE INFORMATION		1	S	2220E	>1			2220E		SVC		1	18	1
SVC01	COMPOSITE MEDICAL PROCEDURE INDENTIFIER			R											
SVC01-1	Product/Service ID Qualifier	ID	2-2	R			AD, ER, HC, HP, IV, N4, NU, WK						19	2	
SVC01-2	Service Identification Code	AN	1-48	R									21	48	
SVC01-3	Procedure Modifier	AN	2-2	S									69	2	
SVC01-4	Procedure Modifier	AN	2-2	S									71	2	
SVC01-5	Procedure Modifier	AN	2-2	S									73	2	
SVC01-6	Procedure Modifier	AN	2-2	S									75	2	
SVC01-7	Description	AN	1-80	N/U											
SVC01-8	Product Service ID	AN	1-80	N/U											
SVC02	Line Item Charge Amount S9(8)V99	R	1-10	R									77	10	
SVC02-1	Line Item Charge Amount Filler	AN	1-8	R									87	8	
SVC03	Line Item Payment Amount S9(8)V99	R	1-10	R									95	10	
SVC03-1	Line Item Payment Amount Filler	AN	1-8	R									105	8	
SVC04	Revenue Code	AN	1-48	S									113	48	
SVC05	Quantity	R	1-15	N/U											
SVC06	COMPOSITE MEDICAL PROCEDURE INDENTIFIER			N/U											
SVC07	Units of Service Count S9(7)V999	R	1-10	S									161	10	

277 5010					X12 Element Attributes						X12 Flat File					
Element Identifier	Description	ID	Min Max	Usage Reg.	Loop	Loop Repeat	Values	X12 Page No.	Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat
								6	4	4	4	4			
SVC07-1	Units of Service Count Filler	AN	1-5	S									171	5	
STC	CLAIM LEVEL STATUS INFORMATION		>1	R	2220E				2220E		STC		1	18	1
STC01	HEALTH CARE CLAIM STATUS			R											
STC01-1	Health Care Claim Status Category Code	AN	1-30	R									19	30	
STC01-2	Health Care Claim Status Code	AN	1-30	R									49	30	
STC01-3	Entity Identifier Code	ID	2-3	S			03, 13, 17, 1E, 1G, 1H, 1I, 1O, 1P, 1Q, 1R, 1S, 1T, 1U, 1V, 1W,1X, 1Y, 1Z, 28, 2A, 2B, 2D, 2E, 2I, 2K, 2P, 2Q, 2S, 2Z, 30, 36, 3A, 3C, 3D, 3E, 3F, 3G, 3H, 3I, 3J, 3K, 3L, 3M, 3N, 3O, 3P, 3Q, 3R, 3S, 3T, 3U, 3V, 3W, 3X, 3Y, 3Z, 40, 43, 44, 4A, 4B, 4C, 4D, 4E, 4F, 4G, 4H, 4I, 4J, 4L, 4M, 4N, 4O, 4P, 4Q, 4R, 4S, 4U, 4V, 4W, 4X, 4Y, 4Z, 5A, 5B, 5C, 5D, 5E, 5F, 5G, 5H, 5I, 5J, 5K, 5L, 5M, 5N, 5O, 5P, 5Q, 5R, 5S, 5T, 5U, 5V, 5W, 5X, 5Y, 5Z, 61, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H, 6I, 6J continued on next row						79	3	

277 5010	X12 Element Attributes								X12 Flat File						
Element Identifier	Description	ID	Min Max	Usage Reg.	Loop	Loop Repeat	Values	X12 Page No.	Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat
									6	4	4	4			
							continued 6K, 6L, 6M, 6N, 6O, 6P, 6Q, 6R, 6S, 6U, 6V, 6W, 6X, 6Y, 71, 72, 73, 74, 77, 7C, 80, 82, 84, 85, 87, 95, CK, CZ, D2, DD, DJ, DK, DN, DO, DQ, E1, E2, E7, E9, FA, FD, FE, G0, G3, GB, GD, GI, GJ, GK, GM, GY, HF, HH, I3, IJ, IL, IN, LI, LR, MR, MSC, OB, OD, OX, P0, P2, P3, P4, P6, P7, PRP, PT, PV, PW, QA, QB, QC, QD, QE, QH, QK, QL, QN, QO, QS, QV, QY, RC, RW, S4, SEP, SJ, SU, T4, TL, TQ, TT, TTP, TU, UH, X3, X4, X5, ZZ end of list								
STC01-4	Code List Qualifier Code	ID	1-3	S			RX						82	3	
STC02	Status Information Effective Date	DT	8-8	R			CCYYMMDD						85	8	
STC03	Action Code	ID	1-2	N/U											
STC04	Total Claim Charge Amount S9(8)V99	R	1-10	N/U									93	10	
STC04-1	Total Claim Charge Amount Filler	AN	1-8	N/U									103	8	
STC05	Claim payment Amount S9(8)V99	R	1-10	N/U									111	10	
STC05-1	Claim payment Amount Filler	AN	1-8	N/U									121	8	
STC06	Adjudication or Payment Date	DT	8-8	N/U									129	8	
STC07	Payment Method Code	ID	3-3	N/U											
STC08	Remittance Date	DT	8-8	N/U									137	8	
STC09	Remittance Trace Number	AN	1-16	N/U									145	16	
STC10	HEALTH CARE CLAIM STATUS			S											
STC10-1	Health Care Claim Status Category Code	AN	1-30	R									161	30	
STC10-2	Health Care Claim Status Code	AN	1-30	R									191	30	
STC10-3	Entity Identifier Code	AN	2-3	S									221	3	

277 5010 Element Identifier	Description	ID	Min Max	Usage Req.	Loop	Loop Repeat	Values	X12 Page No.	Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat
								6	4	4	4				
STC10-4	Code List Qualifier Code	ID	1-3	S			RX						224	3	
STC11	HEALTH CARE CLAIM STATUS			S											
STC11-1	Health Care Claim Status Category Code	AN	1-30	R									227	30	
STC11-2	Health Care Claim Status Code	AN	1-30	R									257	30	
STC11-3	Entity Identifier Code	ID	2-3	S									287	3	
STC11-4	Code List Qualifier Code	ID	1-3	S			RX						290	3	
STC12	Free-Form Message Text	AN	1-264	N/U											
REF	**SERVICE LINE ITEM IDENTIFICATION**		1	90	2220E				2220E		REF		1	18	1
REF01	Reference Identification Qualifier	ID	2-3	R			FJ						19	3	
REF02	Line Item Control Number	AN	1-50	R									22	50	
REF03	Description	AN	1-80	N/U											
REF04	REFERENCE IDENTIFIER			N/U											
DTP	**SERVICE LINE DATE**		1	S	2220E				2220E		DTP		1	18	1
DTP01	Date Time Qualifier	ID	3-3	R			472						19	3	
DTP02	Date Time Period Format Qualifier	ID	2-3	R			R8, RD8						22	3	
DTP03	Service Line Date	AN	1-35	R			CCYYMMDD, CCYYMMDD-CCYYMMDD						25	35	
SE	**TRANSACTION SET TRAILER**		1	R							SE		1	18	1
SE01	Transaction Segment Count	N0	1-10	R									19	10	
SE02	Transaction Set Control Number	AN	4-9	R			Must=ST02						29	9	
GE	**FUNCTIONAL GROUP TRAILER**		1	R		1					GE		1	18	1
GE01	Number of Transaction Sets Included	N0	1-6	R									19	6	
GE02	Group Control Number	N0	1-9	R			Must=GS06						25	9	
IEA	**INTERCHANGE CONTROL TRAILER**		1	R		1					IEA		1	18	1
IEA01	Number of Included Functional Groups	N0	1-5	R									19	5	
IEA02	Interchange Control Number	N0	9-9	R			Must=ISA13						24	9	

276/277 Legend for
EDI Flat File Standard:
ASC X12 005010

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Element Identifier	This field contains the segment or element identifier	
Description	This field indicates the element name or the industry name describing the element	
COBOL PIC	This field indicates the the COBOL picture clause, which is an element in programming language that is used to indicate the item characteristics and size of the numeric data element.	
ID	This field indicates the attributes of the data element (ie. ID, AN, R, TM, and DT) see rows 5-9 for definitions of each type	
ID (identifier)	An identifier data element always contains a value from a predefined list of codes that is maintained by the ASC Committee or some other body recognized by the Committee. Trailing spaces must be suppressed unless they are necessary to satisfy a minimum legnth. An identifier is always left justified. The representation for this data element type is "ID".	
AN (string)	A string data element is a sequence of any characters from the basic or extended character sets. The string data element must contain at least one non-space character. The significant chracters shall be left justified. Leading spaces, when they occur, are presumed to be significant characters.Trailing spaces must be suppressed unless they are necessary to satisfy a minimum legnth. The representation for this data element type is "AN".	

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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.

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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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	Change Log	
10/05/09	Base file definitions for 276-277 from 2008 versions	276 & 277 transaction
10/05/09	Adds language to top of 276 and 277 worksheet for 508 compliance purposes	276 & 277 transaction
10/05/09	Changes the ST03 length to 12 bytes	276
10/05/09	Adds STC segemnt to 276 transaction for Information Receiver level	276
10/05/09	Adds STC segemnt to 276 transaction for Provider of Service level	276
10/05/09	Changes the legth of 2200D AMT02 to Pic 9(08) v99	276
10/05/09	Adds new filler field and length of 2200D AMT02-1 for Pic X(08)	276
10/05/09	Changes length of 2210D SVC02 to Pic 9(08)v99	276
10/05/09	Adds new filler field and length of 2210D SVC02-1 for Pic X(08)	276
10/05/09	Changes length of 2210D SVC07 to Pic 9(03)v999	276
10/05/09	Adds new filler field and length of 2210D SVC07-1 for Pic X(09)	276
10/05/09	Changes the legth of 2200E AMT02 to Pic 9(08) v99	276
10/05/09	Adds new filler field and length of 2200E AMT02-1 for Pic X(08)	276
10/05/09	Changes length of 2210E SVC02 to Pic 9(08)v99	276
10/05/09	Adds new filler field and length of 2210E SVC02-1 for Pic X(08)	276
10/05/09	Changes length of 2210E SVC07 to Pic 9(03)v999	276
10/05/09	Adds new filler field and length of 2210E SVC07-1 for Pic X(09)	276
10/05/09	Changes the ST03 length to 12 bytes	277
10/05/09	Changes length of 2200D STC04 to Pic 9(08) v99	277
10/05/09	Add new filler field to 2200D STC04-1 length of Pic X(08)	277
10/05/09	Changes length of 2200D STC05 to Pic 9(08) v99	277
10/05/09	Add new filler field to 2200D STC05-1 length of Pic X(08)	277
10/05/09	Changes length of 2220D SVC02 to Pic 9(08)v99	276
10/05/09	Adds new filler field and length of 2220D SVC02-1 for Pic X(08)	276
10/05/09	Changes length of 2220D SVC03 to Pic 9(08)v99	276
10/05/09	Adds new filler field and length of 2220D SVC03-1 for Pic X(08)	276
10/05/09	Changes length of 2220D SVC07 to Pic 9(03)v999	276
10/05/09	Adds new filler field and length of 2220D SVC07-1 for Pic X(09)	276
10/05/09	Changes length of 2220D STC04 to Pic 9(08) v99	277
10/05/09	Add new filler field to 2220D STC04-1 length of Pic X(08)	277
10/05/09	Changes length of 2220D STC05 to Pic 9(08) v99	277

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	Change Log	
10/05/09	Add new filler field to 2220D STC05-1 length of Pic X(08)	277
10/05/09	Changes length of 2220E STC04 to Pic 9(08) v99	277
10/05/09	Add new filler field to 2220E STC04-1 length of Pic X(08)	277
10/05/09	Changes length of 2220E STC05 to Pic 9(08) v99	277
10/05/09	Add new filler field to 2220E STC05-1 length of Pic X(08)	277
10/05/09	Changes length of 2220E SVC02 to Pic 9(08)v99	276
10/05/09	Adds new filler field and length of 2220E SVC02-1 for Pic X(08)	276
10/05/09	Changes length of 2220E SVC03 to Pic 9(08)v99	276
10/05/09	Adds new filler field and length of 2220E SVC03-1 for Pic X(08)	276
10/05/09	Changes length of 2220E SVC07 to Pic 9(03)v999	276
10/05/09	Adds new filler field and length of 2220E SVC07-1 for Pic X(09)	276
11/05/09	Adds STC segment at loopID 2200D for storage of inbound 276 error messages are needed for EIC conference call of 11/05/2009	276
11/05/09	Add legend from 837P to 2767/277 workbook	Legend
01/12/10	Changes length of 2220E SVC07 to Pic 9(07)v999	277